



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

January 27, 2022
1:30 p.m.

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

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

Governing Board - Revised

Date: Thursday, January 27, 2022

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=m4f70a78d89b013df8c0a6cd9002a167b>

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.	1-13	E. Consent Agenda <ol style="list-style-type: none">1. Approval of Agenda2. Approval of Previous Meeting Minutes<ol style="list-style-type: none">a. Governing Board Meeting December 2, 2021b. Special Board Meeting AB 361 December 16, 2021c. Special Board Meeting AB 361 January 10, 20223. Approval of Resolution 22:02-Nondesignated Public Hospital Bridge Loan Program
1:50 p.m.		F. Correspondence, Suggestions or Written Comments to the Board

- 2:00 p.m. 14-25 G. Finance Report – Corinne Stromstad, Barbara Truitt, Paul Eves and Matt Rees
1. December, 2021 Finances - Paul Eves – see report
 2. Approval of SB 165 Parcel Tax Summary Report (see Report)
 3. PFS report/Provider Printout – December, 2021 – Marie Brown/Remy Quinn – see report
 - HRG report –Remy Quinn – See separate report
 4. Staff Pay Scale
- 24-25 H. Chief Nursing Officer’s Report – Adela Yanez, Interim CNO
- 26-43 **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.) – no report submitted**
 2. Foundation Report – Chelsea Brown – (May, Aug., Nov., Feb.)
 3. Strategic Plan Spotlight
- K. Old Business – none
- 3:00 p.m. L. New Business
1. **Approval of Resolution 22:03 – Policies and Procedures** (See separate Packet)
 2. **Approval of Resolution 22:04 – Check signature authority**
 - a. Removing Judy Gallagher and adding Adela Yanez
 3. AB 992 Social Media reminder: Liking, Sharing and Serial Meetings
 4. Community Outreach communication and Board Policy (see Policy: Board Community Outreach)
 5. Creating a process for hiring a Board Clerk (see Policy: Hiring of Second Level Administrative Positions)
 6. After Action Plan/Review Great California ShakeOut 2021 (see report)
 7. Annual Hospital Periodic Evaluation (see report)
- M. Meeting Evaluation
- N. Parking Lot

1. Governing Board retreat
- O. Next Meeting:
 1. Policy Development Committee, Wednesday, February 9, 2022, 11:00 a.m.
 2. QAPI Meeting Wednesday, February 9, 2022 at 1:00 p.m.
 3. Governing Board Meeting February 24, 2022 at 1:30 p.m.
- P. Adjourn to Closed Session
- Q. Closed Session
 1. Approval of Previous Closed Session Minutes
 - a. Closed Session Governing Board Meeting December 2, 2021
 - b. Closed Session Special Board Meeting appointment of Lab Director, December 16, 2021
 2. Compliance and Risk Report [H&S Code § 32155] – None
 3. Clinic Service Review [H&S Code § 32155] – Adela Yanez, Interim CNO
 4. MERP Report [H&S Code § 32155] – Adela Yanez, Interim CNO
 5. Medical Staff Appointments/Reappointments [Gov. Code § 54957]
 - Approval of Resolution 22:05**
 - a. Dr. Mahdiah Assar, Reappointment as Associate, Diagnostic Teleradiology, 1/27/2022 to 1/26/2024.
 - b. Dr. Ari Plosker, Reappointment as Associate, Diagnostic Teleradiology, 1/27/2022 to 1/26/2024.
 - c. Dr. John Sanico, Appointment as Provisional Associate for 6 months, then Associate the remainder of the term, Diagnostic Teleradiology, 1/27/2022 to 1/26/2024.
6. Next regular Meeting Thursday, February 24, 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>CPHO</i>	Certified Professional in Healthcare Quality	<i>COO</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 Wednesday, January 26, 2022

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

Minutes

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

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Barbara Truitt, Jessica Willis and Galen Latsko (Webex)

Not Present: Katie McGuire

Also in person: CEO Matt Rees; CFO Paul Eves; Karen Johnson, Governing Board Clerk; Adela Yanez, Interim CNO; Marie Brown, PFS Manager; Remy Quinn, HIM Manager; Chelsea Brown, Community Outreach; Scott Sullivan, Behavioral Health; and Lora Simone, Radiology Manager.

Also via Webex: COO Kent Scown

- A. Call to Order – Board president Corinne Stromstad called the meeting to order at 1:31 p.m.
- B. Public Comment – None
- C. Board Member Comments – None
- D. Announcements – We welcome Adela Yanez as CNO (Interim). She also received the Healthcare Hero Award, one of only 12 people in the state. She received a crystal plaque for the award. Adela began working as the Interim CNO on November 19, 2021. We also welcome Laura Mojica, new Pediatric Nurse Practitioner.
- E. Consent Agenda
 - 1. Approval of Agenda

2. Approval of Previous Meeting Minutes

- a. Governing Board Meeting Tuesday, October 28, 2021
- b. Special Board Meeting AB361 November 22, 2021

Motion: Barbara Truitt moved to approve the previous minutes of October 28, 2021 and November 22, 2021 and other consent agenda items.

Second: Galen Latsko

Ayes: Corinne Stromstad, Barbara Truitt, and Galen Latsko

Noes: None

Not Present: Jessica Willis and Katie McGuire

Motion carried.

F. Correspondence, Suggestions or Written Comments to the Board - None

G. Finance Report –Paul Eves

1. October, 2021 Finances –Paul Eves – See reports

- We received a letter from Wells Fargo forgiving 100% of the PPP loan and all interest that would have accrued.
- Humboldt County property tax amount has not been updated for several months. The county is not responding to our requests for an updated account balance.
- Provider Relief funding report has been submitted and accepted. Now undergoing an audit.
- We filed the Cost Report which was due November 30, 2021, and are due back over \$500,000.
- The new tent has been donated to us for a time by the state.
- Paul will bring in a list quarterly of things purchased by the district

Motion: Jessica Willis moved to approve the Financials as submitted for October, 2021.

Second: Barbara Truitt

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

Noes: None

Not Present: Katie McGuire

Motion carried.

2. PFS report – October, 2021 –Marie Brown – See report

3. HRG report – October, 2021 – Remy Quinn – See report

- HRG is having issue with the technical interface. We've had an improvement since Tuesday's call Marie and Remy were on addressing each concern. They received detailed explanation from HRG. We will be seeing more improvements. Will have a few work-a-

rounds until the software is back up bug free, expect for refunds, those will be on hold.

H. Chief Nursing Officer's Reports – Adela Yanez, Interim CNO

- Doing environmental rounds now, getting ready for a state survey that is due.
- Working with Marie and Kristen on high quality patient care and patient satisfaction.

I. Quality Assurance Performance Improvement Committee Report [H&S Code § 32155]–Kristen Rees, Chief Quality and Compliance Officer – (Jan., April, July, Oct.) - see report

- Healthcare Quality week at the beginning of November.
- We don't know what QIP will look like next year. Using 2020 as a base line. The years 2020 and 2021 are very different and are hard to compare.

J. Administrator's Report –Matt Rees, CEO

1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.) – No report

2. Foundation Report – Chelsea Brown - (May, Aug., Nov., Feb.) – See report

- We are very close to meeting our goal with the Capital Campaign now. We should reach our goal of \$4M by the end of the year (2021). Looking for ideas for celebrating with the community. Sixty percent of the money pledged has not been received, as many are multi-year pledges. USDA still counts that money anyway.
- Costs are going up, so we will need more money for SNF upgrades. Chelsea will continue to do fund raising. Later on, the Foundation will set another goal for the SNF expansion, but it's too soon now. This expansion won't happen until after the new hospital is built.
- The Foundation is working on their Policies and Procedures. They're working with more money than they have in the past, so they want to make sure their processes are up-to-date.
- Hoping to do Benbow Inn Charity Wine Auction next year.

3. Strategic Plan Spotlight – Mental Health, Scott Sullivan, Behavioral Health Program

- Scott was hired by the Bridge Grant and has developed flier, signs, pamphlets, and a process for referrals.
- Working on getting an LCSW still (full time) for Senior Life Solutions (SLS) and Behavioral Health programs. He's looking via the National Association of Social Workers, Facebook, LinkedIn and schools for recruitment of the LCSW.
- He sees patients by referral from the ED and clinic, also from school.
- Future: He'd like to have a once a week food, showers, clothing, shelter for the locals. A building would be necessary. Remy: We could donate a couple hours of nursing time for wound care.

4. Matt Rees

- Started Heart-to-heart meetings, and we're encouraging staff to attend.
- Started children's vaccines. We've given some, but not as many as we thought we would.
- Laura Mojica, our new Pediatric Nurse Practitioner will be here 1.5 days a week. She also works at St. Joseph Hospital (Eureka) lives in the county.
- COVID testing is running about 15 tests per day and a fair amount is positive (15-20% rate). In the past, the tests are about 50% from our community.
- The new COVID tent is better than last one and the HVAC is quieter. The new tent is insulated.
- We are still waiting for 4th round of Provider Relief funds. We've submitted the application.
- Working with WipFli for the (USDA) loan process. App should be in by June 30, 2022 and receive funding by September, 2022.
- Working with UC Davis. They're sending some PA's here starting in January, 2022. They will rotate every 2 months. UC Davis will put them up in housing locally.

K. Old Business - none

L. New Business

1. Policies and Procedures –

Approval of Resolution 21:21 Policy and Procedure packet dated November 10, 2021.

- Education policy. Question: What about a work requirement for after they receive it? Matt Rees will send it back for an addition to standardize the policy on this matter so it isn't on a case-by-case basis. Something like a Retention bonus for each period of time after. This policy would cover current employees and their student loan repayment for education required for their current position, as a part of the CARES act. Money comes from the CARES act. Current job or one they could get with the District.
- Emergency Medication Supply (Crash Cart) has a department listing of Pharmacy. Change the department to Medication Room to distinguish it from the retail Pharmacy.

Motion: Barbara Truitt made a motion to approve Resolution 21:21 Policy and Procedure Packet with the above noted corrections to be made. Neither the Education Reimbursement/Student Loan Debt Repayment Policy nor the Emergency Medication Supply (Crash Cart) policy need to come back for approval once these changes are made.

Second: Jessica Willis

Ayes: Barbara Truitt, Galen Latsko, Jessica Willis and Corinne Stromstad.

Noes: None

Not Present: Katie McGuire

Motion carried.

2. Updating policies for Acting Administrator and Administrator time off notifications. – Administration Team is still working on this.
3. Approval of purchase of 3D Mammography for \$300,000
 - 3D Mammography has a 40% higher breast cancer detection
 - Small amount of additional radiation
 - Lower recall and false positives.
 - We will send it out for reading since we don't have a Diagnostic Radiologist
 - Some patients will benefit from 3D due to the density they have in the breast tissue. Currently those with high breast tissue density are been recommended to go to St. Joseph, so if we have 3D Mammography we can recapture those patients.
 - Current 2D machine is at end of life due to Windows 7 and can't get parts for it.

Motion: Barbara Truitt made a motion to approve the purchase of 3D Mammography for \$300,000.

Second: Galen Latsko

Ayes: Barbara Truitt, Galen Latsko, Jessica Willis and Corinne Stromstad.

Noes: None

Not Present: Katie McGuire

Motion carried.

4. EPIC EHR software – Centriq will not be supported in the future.
 - We don't have a price for EPIC yet. We expect it may take 4-6 weeks to get a quote.
 - Interfaces will need to be created.
 - Other facilities around us use EPIC.
 - OCHIN will be doing build out but not in 2022. They're already booked up until 2023.

Motion: Jessica Willis made a motion to approve the continued researching for a new Electronic Health Record software to replace the current Centriq.

Second: Barbara Truitt

Ayes: Barbara Truitt, Galen Latsko, Jessica Willis and Corinne Stromstad.

Noes: None

Not Present: Katie McGuire

Motion carried

5. Approval of i2i data software - \$65,000 for the first year and \$31,000 each year thereafter
 - This data mining software makes it much quicker to extract data needed for quality

measures and reporting.

- \$65,000 initial and new HER software implementation, then \$31K
- Can send text, letters and emails to patients
- Referral system built in
- You can create customized reports
- An example of its usage is it can send letters to patients who received a certain diagnosis code in a specified period of time.
- Will have licenses for 20 users.

Motion: Barbara Truitt made a motion to approve i2i data software at \$65,000 for the first year and \$31,000 each year thereafter with the understanding that additional builds will cost extra.

Second: Galen Latsko

Ayes: Barbara Truitt, Galen Latsko, Jessica Willis and Corinne Stromstad.

Noes: None

Not Present: Katie McGuire

Motion carried.

6. Committee assignments – Bring these reports back to the board each month

- Community Outreach Committee: Galen & Jessica – Include in the committee Scott Sullivan, Behavioral Health, Chelsea Brown and Kristen Rees. The Patient and Family Advisory Council (PFAC) will also be included in the scope of Community Outreach.
- Finance Committee: Corinne and Barbara
- New Facility Advisory Committee: Galen, and maybe Katie if she wants
- Policy Development Committee and Bylaws: Corrine and Barbara

7. Board communications

- Board Clerk is asking for the Board members to read their emails and also respond, as appropriate.
- Email went out about the stipend and a response is needed by emailed from each Board member.

M. Meeting Evaluation – good meeting

N. Parking Lot

1. Governing Board retreat - Maybe look at February or March. Matt, Corinne, and Barbara will look into different options a come up with a plan.

2. Holiday Dinner for staff? Last year did a summer barbeque. Dec 20th at Noon was decided – Matt Rees will pick up tri tip and grill it up. Serving will include masks and gloves for all handling or near food and boxes for staff will be made to pick up.

O. Next Meetings:

1. Special Board Meeting AB361 Monday, December 20, 2021 at 10:00 a.m. – This meeting will be hybrid, in person at Sprowel Creek and by Webex.
2. QAPI Meeting Wednesday, December 8, 2021 at 1:00 p.m. Corinne Stromstad will attend.
3. Policy Development Committee – January 12, 2022 at 11:00 a.m. – by Webex and in person at Sprowel Creek Campus. – Barbara Truitt will attend.
4. Special Board Meeting AB361 Monday, January 17, 2022 at 10:00 a.m.
5. Governing Board Meeting, Thursday, January 27, 2022 at 1:30 p.m. at Sprowel Creek Campus and virtual.

P. Adjourn to Closed Session – 3:53 p.m.

Q. Closed Session opened at 3:58 p.m.

1. Approval of Previous Closed Session Minutes
 - a. Governing Board Meeting October 28, 2021
2. Compliance and Risk Report [H&S Code § 32155] – Kristen Rees, MPH, CPHQ
3. Clinic Service Review [H&S Code § 32155] –CNO
4. Medication Error Reduction Plan Report [H&S Code § 32155] –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:

- a. Governing Board Meeting, Thursday, January 27, 2022 at 1:30 p.m.

R. Adjourned Closed Session at 4:59 p.m.

S. Resumed Open Session at 4:59 p.m.

1. The following actions were taken at closed session

Motion: Barbara Truitt moved to approve the Previous closed session minutes of October 28, 2021.

Second: Galen Latsko

Ayes: Galen Latsko, Barbara Truitt, and Corinne Stromstad

Noes: None

Not Present: Jessica Willis and Katie McGuire

Motion carried.

Motion: Barbara Truitt moved to approve Resolution 21:22 for the Reappointment of Dr. Michael Newdow, Dr. David Irvine and Dr. Philip Scheel, as submitted.

Second: Galen Latsko

Ayes: Barbara Truitt, Galen Latsko and Corinne Stromstad

Noes: None

Not Present: Jessica Willis and Katie McGuire

Motion carried.

T. Adjourned Open Session at 4:59 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		

Special Governing Board Meeting

Date: Thursday, December 16, 2021
Time: 9:30 a.m.
Location: Webex
Facilitator: Board President Corinne Stromstad

Closed Session Minutes

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

The following people attended via Webex

Governing Board: Corrine Stromstad, Barbara Truitt (by phone), Katie McGuire (by phone), Jessica Willis and Galen Latsko

Not Present: None

Also via Webex: Karen Johnson; Matt Rees, CEO; Paul Eves, CFO; and Adam Summers, Lab Manager

G. Closed Session was opened at 9:45 a.m. by Board President Corinne Stromstad

1. Medical Staff Appointments/Reappointments [Gov. Code § 54957]

Approval of Resolution 21:24

- a. Dr. Fangluo Liu, Appointment for Ambulatory and Clinical Pathology, Active status, from 12/16/2021 to 12/15/2023.

Motion: Katie McGuire made a motion to adopt Resolution 21:24, for the appointment of Dr. Fangluo Liu as Lab Director, as described above.
Second: Barbara Truitt seconded the motion
Ayes: Corinne Stromstad, Katie McGuire, Barbara Truitt, Jessica Willis and Galen Latsko
Noes: None
Not Present: None
Motion carried.

H. Adjourn Closed Session – 9:48 a.m.

I. Resume Open Session – 9:48 a.m.

J. Adjourned Open Session – 9:48 a.m.



Governing Board – Special Meeting

Date: Monday, January 10, 2022
Time: 10:00 a.m.
Location: via Webex Conferencing
Facilitator: Corinne Stromstad, Board President

Minutes

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

The following people attended via Webex

Governing Board: Corinne Stromstad, Barbara Truitt, and Jessica Willis

Not Present: Katie McGuire and Galen Latsko

Also present: Karen Johnson; Matt Rees, CEO; Adela Yanez, Interim CNO

A. Call to order – 10:04 a.m.

B. Public Comment –None

C. Board Member Comments –None

D. Announcements –None

E. New Business –

1. Approval of Resolution 22:01 – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30 day extension until February 9, 2022.

Motion: Barbara Truitt made a motion to adopt Resolution 22:01, as described above.

Second: Jessica Willis seconded the motion

Ayes: Corinne Stromstad, Barbara Truitt, and Jessica Willis

Noes: None

Not Present: Katie McGuire and Galen Latsko



Motion carried.

F. Adjourned at: 10:07 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>COO</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		



SoHum Health

733 Cedar Street
Garberville, CA 95542
(707) 923-3921
shchd.org

Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION 22:02

APPROVAL OF NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM

A RESOLUTION OF SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT, PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION THEREWITH FOR THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM.

WHEREAS, Southern Humboldt Community Healthcare District (the “Borrower”) is a nondesignated public hospital as defined in Welfare and Institutions Code Section 14165.55, subdivision (l), excluding those affiliated with county health systems pursuant to Chapter 240, Statutes of 2021 (SB 170), Section 25; and

WHEREAS, Borrower has determined that it is in the best interest to borrow an aggregate amount not to exceed **\$511,000.00** from the California Health Facilities Financing Authority (the “Lender”), such loan to be funded with the proceeds of the Lender’s Nondesignated Public Hospital Bridge Loan Program; and

WHEREAS, the Borrower intends to use the funds solely to fund its working capital needs to support its operations;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Borrower as follows:

Section 1. The Board of Directors of Borrower hereby ratifies the submission of the application for a loan from the Nondesignated Public Hospital Bridge Loan Program;

Section 2. Matt Rees, CEO, and Paul Eves, CFO (each an “Authorized Officer”) are hereby authorized and directed, for and on behalf of the Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officers deem necessary or advisable in order to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 3. The proposed form of Loan and Security Agreement (the “Agreement”), which contains the terms of the loan is hereby approved. The loan shall be in a principal amount not to exceed **\$511,000.00**, shall not bear interest, and shall mature 24 months from the date of the executed Loan and Security Agreement between the Borrower and the Lender. Each Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in substantially said form that includes the redirection of up to 20% of Medi-Cal reimbursements (checkwrite payments) to Lender in

the event of default, with such changes therein as the Authorized Officers may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 4. The proposed form of Promissory Note (the “Note”) as evidence of the Borrower’s obligations to repay the loan is hereby approved. The Authorized Officers are hereby authorized and directed, for and on behalf of the Borrower, to execute the Note in substantially said form, with such changes therein as the Authorized Officers may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

PASSED AND ADOPTED by the Board of Directors of SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, this 27th day of January, 2022, by the following vote:

Ayes: _____

Noes: _____

Abstain: _____

Absent: _____

Witnessed by: Corinne Stromstad, President

Witnessed by: Jessica Willis, Vice-President/Secretary

DRAFT

**Southern Humboldt Community
Healthcare District**

	Dec 20	Jan 21	Feb 21	March 21	April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Current 12 Month AVG	Year to Date- Current Year
In Patient Statistics														
Total Acute Patient Days	18	10	0	0	6	4	4	8	1	16	9	5	7	39
Total Swing Patient Days	78	117	94	106	101	75	70	38	25	56	66	30	71	215
Total SNF Patient Days	246	227	196	234	240	248	240	236	229	240	231	191	230	1,127
Total Patient Days	342	354	290	340	347	327	314	282	255	312	306	226	308	1,381
Total Acute Discharges	6	3	0	0	2	2	1	3	1	5	4	2	2	15
Total Swing Discharges	0	5	2	1	30	3	3	3	1	4	5	0	5	13
Total SNF Discharges	0	2	0	0	0	0	1	1	2	0	1	1	1	5
	6	10	2	1	32	5	5	7	4	9	10	3	8	33
Acute Length of Stay														
	3.00	3.33	0.00	0.00	3.00	2.00	4.00	2.67	1.00	3.20	2.25	2.50	2.25	11.62
ER Admits	6	3	0	0	2	2	1	3	1	5	4	2	2	15
I/P Lab Visits	21	15	6	8	11	12	20	12	12	23	14	7	13	68
I/P Radiology Visits	4	11	5	2	2	1	2	6	4	3	2	2	4	17
I/P EKG's	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Out Patient Statistics														
ER Visits	178	164	197	194	219	258	257	335	298	250	220	260	236	1,363
Clinic Visits	431	328	346	433	451	436	463	414	427	459	471	495	430	2,266
SLS Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Medical	631	1582	809	3656	2967	3068	1611	1134	1143	1570	1871	1302	1,779	7,020
Laboratory Visits	696	810	440	474	468	617	476	682	1041	740	546	640	636	3,649
Radiology	123	116	159	46	171	190	219	206	156	209	152	167	160	890
Mammography	14	4	10	10	22	24	4	27	25	6	11	19	15	88
CT Scans	50	71	66	56	82	80	71	89	55	76	63	70	69	353
EKG's	30	45	28	27	43	39	46	40	23	42	38	25	36	168
Retail Pharmacy Rx's Sold								1040	1607	2001	2358	2566	1,914	9,572
Total O/P Visits	2,153	3,120	2,055	4,896	4,423	4,712	3,147	2,927	3,168	3,352	3,372	2,978	1,279	15,797
Salary Statistics														
Productive FTE's	69.8	70.6	71.3	81.3	83.7	77.9	76.6	75.1	75.1	76.8	79.2	80.5	76	
Paid FTE's	74.7	78.0	77.3	73.8	76.3	72.1	71.4	85.0	84.9	85.0	87.1	87.8	79	
Salaries & Ben as % of Net Rev	65.1%	63.0%	62.0%	91.1%	61.1%	71.6%	60.4%	79.5%	68.4%	59.2%	77.6%	64.5%	68.6%	
BeneGits as % of Salaries	28.1%	26.3%	32.3%	30.7%	22.9%	42.7%	19.7%	70.0%	46.4%	32.0%	64.4%	32.2%	37.3%	
Revenue Statistics														
Gross A/R > 120 Days	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	1,451,996	1,052,111	
A/R>120 Days as % of Total AR	41%	41%	41%	41%	41%	41%	41%	41%	41%	34%	34%		40%	
Gross Days in A/R	75.6	75.6	75.6	75.2	75.2	75.2	75.2	75.6	79.2	85.1	85.9	86.3	78.3	
Net Days in A/R	68.9	68.9	68.9	69.7	69.7	69.7	69.9	69.8	73.4	79.8	81.6	79.8	72.5	
A/R Cash Collections	982,756	609,963	720,895	847,144	948,282	757,474	919,408	667,778	1,022,607	782,980	847,125	845,077	867,817.8	
Collections as % of Net Rev	80.9%	53.3%	63.3%	73.3%	112.4%	59.8%	80.7%	32.7%	89.7%	67.2%	70.8%	68.8%	76.8%	
Accounts Payable Days	4.7	1.0	0.5	4.6	6.6	5.1	15.9	0.7	4.2	9.7	2.1	0.0	4.6	
Cash Collections per Cal Day	31,702	19,676	23,255	27,327	30,590	24,435	29,658	21,541	32,987	25,257	27,327	27,261	26,751	107,113
Cash Disburs. per Cal Day	42,237	40,566	50,492	44,803	45,848	38,553	39,838	45,605	38,603	41,262	458,718	40,600	77,260	584,188
DATA Entry/Details/Calcs														
Calendar Days	31	31	28	31	30	31	30	31	31	30	31	30		

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

Current Month			Year to Date				
\$ Variance	Budget	Actual		Actual	Budget	\$ Variance	% Variance
			GROSS PATIENT REVENUE				
(67,244)	237,500	170,256	INPATIENT	842,272	1,187,500	(345,228)	-29%
(1,634)	41,670	40,036	INPATIENT ANCILLARY	216,947	208,350	8,597	4%
(39,809)	1,202,080	1,162,271	OUTPATIENT ANCILLARY	5,376,450	6,010,400	(633,950)	-11%
(108,687)	1,481,250	1,372,563	TOTAL PATIENT REVENUE	6,435,669	7,406,250	(970,581)	-13%
			DEDUCTIONS FROM REVENUE				
(100,052)	515,630	415,578	CONTRACTUAL ALLOWANCES	1,411,227	2,578,150	(1,166,923)	-45%
(17,501)	71,670	54,169	PROVISION FOR BAD DEBTS	556,082	358,350	197,732	55%
27,107	36,000	63,107	OTHER ALLOWANCES/DEDUCTIONS	204,412	180,000	24,412	14%
	-300,000	(300,000)	OTHER OPERATING IGTs & SUPPLEMENTAL	(1,200,000)	(1,500,000)		
(90,446)	323,300	232,854	TOTAL DEDUCTIONS	971,721	1,616,500	(644,779)	-40%
(18,241)	1,157,950	1,139,709	NET PATIENT REVENUE	5,463,948	5,789,750	(325,802)	-6%
3,668	12,000	15,668	OTHER OPERATING REVENUE	58,488	60,000	(1,512)	-3%
(14,573)	1,169,950	1,155,377	TOTAL OPERATING REVENUE	5,522,436	5,849,750	(327,314)	-6%
(167,642)	731,670	564,028	SALARIES & WAGES	2,193,207	3,658,350	(1,465,143)	-40%
214,881	158,330	373,211	EMPLOYEE BENEFITS	852,871	791,650	61,221	8%
(10,447)	123,330	112,883	PROFESSIONAL FEES	486,384	616,650	(130,266)	-21%
(6,369)	112,500	106,131	SUPPLIES	433,688	562,500	(128,812)	-23%
(740)	21,670	20,930	REPAIRS & MAINTENANCE	70,219	108,350	(38,131)	-35%
15,499	110,000	125,499	PURCHASED SERVICES	500,253	550,000	(49,747)	-9%
16,507	14,170	30,677	UTILITIES	91,027	70,850	20,177	28%
(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	191,650	(16,704)	-9%
(3,160)	33,330	30,170	OTHER	347,784	166,650	181,134	109%
47,109	1,366,660	1,413,769	TOTAL OPERATING EXPENSES	5,208,621	6,809,970	(1,601,349)	-24%
(61,682)	(196,710)	(258,392)	OPERATING PROFIT (LOSS)	313,815	(960,220)	1,274,035	-133%
(2,500)	95,000	92,500	TAX REVENUE	377,500	475,000	(97,500)	-21%
271,075	40,000	311,075	OTHER NONOPERATING REV (EXP)	1,895,693	200,000	1,695,693	848%
		0	INTEREST INCOME	14,204			
268,575	135,000	403,575	NET NON OPERATING REV (EXP)	2,287,397	675,000	1,612,397	239%
206,893	(61,710)	145,183	NET INCOME (LOSS)	2,601,212	(285,220)	2,886,432	-1012%

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

	Dec 20	Jan 21	Feb 21	March 21	April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	12 Month AVG: Oct '20-Sept 21	YTD - Current Year
Inpatient Daily Hospital Services	281,318	244,894	174,231	211,394	239,276	197,597	231,202	223,673	154,457	244,718	219,424	170,256	218,421	842,272
Ancillary Revenue	55,844	49,416	46,657	38,910	49,414	45,356	40,690	44,799	54,355	72,321	45,472	40,036	48,738	216,947
Outpatient Revenue	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	1,162,271	1,103,232	5,376,450
Total Hospital Revenue	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	1,372,563	1,370,390	6,435,669
Contractual Allowances	185,681	338,189	529,284	523,160	155,981	252,235	388,721	224,877	457,567	404,071	324,712	415,578	321,967	1,411,227
Provision for Bad Debts	96,128	116,592	73,530	161,600	176,861	115,056	84,411	155,817	210,892	48,684	140,689	54,169	118,007	556,082
Other Allowances/Deductions	14,850	18,903	51,310	40,302	64,858	25,201	34,185	83,017	76,635	4,829	39,931	63,107	43,876	204,412
Other Operating: IGTs & Supplemental	(300,000)	(300,000)	(627,987)	(363,854)	(300,000)	(444,764)	(996,499)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(402,759)	(1,200,000)
Total Deductions	(3,341)	173,684	26,137	361,208	97,700	(52,272)	(489,182)	163,711	445,094	157,584	205,332	232,854	81,090	971,721
Contractual %													6%	15%
Net Patient Revenue	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	1,139,709	1,289,299	5,463,948
Net Revenue %	100%	86%	98%	70%	93%	104%	131%	90%	72%	91%	87%	83%	94%	85%
Other Operating Revenue	13,858	13,291	13,333	14,401	16,355	15,173	14,595	14,004	14,615	15,318	14,551	15,668	14,432	58,488
Total Revenue	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	1,155,377	1,303,732	5,522,436
Salaries & Wages	580,979	568,545	541,262	588,389	629,663	571,404	1,030,764	533,278	543,935	536,284	579,710	564,028	599,976	2,193,207
Employee Benefits	163,156	149,383	174,606	180,531	143,898	244,263	203,497	149,686	158,608	171,366	373,211	181,430	189,070	852,871
Professional Fees	180,987	208,385	221,195	242,144	150,240	148,383	173,721	142,301	118,353	112,847	112,883	180,917	166,406	486,384
Supplies	118,004	94,843	112,189	120,817	129,018	13,552	131,829	157,223	109,110	61,224	106,131	109,659	105,775	433,688
Repairs & Maintenance	25,401	23,843	32,625	43,832	14,960	50,554	42,013	16,885	6,638	25,766	20,930	13,640	27,067	70,219
Purchased Services	117,385	107,922	94,625	124,045	146,846	70,047	161,073	139,826	94,063	140,865	125,499	70,442	121,303	500,253
Utilities	8,693	15,050	19,190	16,004	17,793	10,182	13,427	17,771	18,077	24,502	30,677	5,875	16,517	91,027
Insurance	11,755	11,755	11,755	11,755	11,755	11,755	11,878	23,430	10,075	11,755	12,982	12,703	12,700	58,242
Interest														0
Depreciation	45,720	45,720	45,720	45,720	45,896	45,896	45,896	45,896	45,896	45,896	37,258	45,975	45,092	174,946
Other Expense	57,282	32,113	16,852	15,641	85,361	29,111	57,639	121,049	44,214	152,351	30,170	33,332	56,815	347,784
Total Expenses	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	1,218,001	1,340,721	5,208,621
Expenses %	115%	120%	113%	162%	107%	90%	91%	92%	99%	83%	106%	105%	103%	6%
Profit/Loss from Operations	(165,989)	(205,377)	(146,954)	(530,681)	(93,223)	130,444	187,888	123,872	15,646	256,264	(81,967)	(62,624)	(36,989)	313,815
Tax Revenue	95,500	92,500	92,500	92,500	92,500	94,920	92,500	95,000	95,000	95,000	92,500	92,500	93,827	377,500
Other Non Operating Rev (Exp)	40,000	146,563	50,000	81,574	88,340	40,000	19,949	6,039	3,903	1,574,676	311,075	40,160	200,177	1,895,693
Interest Income	20,636	217					12,005			14,173	31	1,064	7,850	14,204
Net Non-operating Rev/(Exp)	156,136	239,280	142,500	174,074	180,840	134,920	124,454	101,039	98,903	1,683,849	403,606	133,724	301,853	2,287,397
NET INCOME/ (LOSS)	(9,853)	33,903	(4,454)	(356,607)	87,617	265,364	312,342	224,911	114,549	1,940,113	321,639	71,100	264,863	2,601,212

Southern Humboldt Community Healthcare District
Balance Sheet
November 2021

ASSETS	
Current Assets	
Cash- Checking & Investments	422,474
LAIF Account	11,683,528
Humboldt County Property Tax Acct	701,068
Patient Accounts Receivable	3,941,004
Less Allowances	1,788,482
Accounts Receivable- Net	2,152,522
Other Receivables	1,507,900
Inventories	68,863
Estimated 3rd Party Settlements	
Prepaid expenses and Deposits	1,644,626
Total current assets	18,180,981
Property and Equipment	
Land	959,877
Land improvements	553,251
Buildings	2,496,362
Equipment	6,048,905
Construction in progress	2,092,887
Total property and equipment	12,151,282
Less : accumulated depreciation	(5,815,292)
Net property and equipment	6,335,990
Other Assets	
Investments	5,852
Total Other Assets	5,852
Total Assets	24,522,824

LIABILITIES & FUND BALANCE	
Current Liabilities	
Accounts Payable	213,270
Accrued Payroll & Related costs	1,122,103
Other Current Liabilities	
Deferd revenue IGT	
A/R Credit balances	
Medicare Accelerated Payments	3,777,277
Medicare Contingency	2,000,000
Current Portion-Long Term Debt	
Other Short Term Debt - PPP Loan	
Accrued interest	
Total current Liabilities	7,112,650
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	14,808,963
Net Income (Loss)--Current Year	2,601,212
Restricted Fund Balance	
Total fund balance	17,410,175
Total Liabilities and Fund Balance	24,522,824

**Southern Humboldt Community
Healthcare District**

	Jan 21	Feb 21	March 21	April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Current 12 Month AVG	Year to Date- Current Year
In Patient Statistics														
Total Acute Patient Days	10	0	0	6	4	4	8	1	16	9	5	11	6	50
Total Swing Patient Days	117	94	106	101	75	70	38	25	56	66	30	39	68	254
Total SNF Patient Days	227	196	234	240	248	240	236	229	240	231	191	237	229	1,364
Total Patient Days	354	290	340	347	327	314	282	255	312	306	226	287	303	1,668
Total Acute Discharges	3	0	0	2	2	1	3	1	5	4	2	5	2	20
Total Swing Discharges	5	2	1	30	3	3	3	1	4	5	0	2	5	15
Total SNF Discharges	2	0	0	0	0	1	1	2	0	1	1	2	1	7
	10	2	1	32	5	5	7	4	9	10	3	9	8	42
Acute Length of Stay	3.33	0.00	0.00	3.00	2.00	4.00	2.67	1.00	3.20	2.25	2.50	2.20	2.25	11.62
ER Admits	3	0	0	2	2	1	3	1	5	4	2	5	2	20
I/P Lab Visits	15	6	8	11	12	20	12	12	23	14	7	10	13	78
I/P Radiology Visits	11	5	2	2	1	2	6	4	3	2	2	4	4	21
I/P EKG's	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Out Patient Statistics														
ER Visits	164	197	194	219	258	257	335	298	250	220	260	206	238	1,569
Clinic Visits	328	346	433	451	436	463	414	427	459	471	495	453	431	2,719
SLS Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Medical	1582	809	3656	2967	3068	1611	1134	1143	1570	1871	1302	1644	1,863	8,664
Laboratory Visits	810	440	474	468	617	476	682	1041	740	546	640	839	648	4,488
Radiology	116	159	46	171	190	219	206	156	209	152	167	179	164	1,069
Mammography	4	10	10	22	24	4	27	25	6	11	19	9	14	97
CT Scans	71	66	56	82	80	71	89	55	76	63	70	66	70	419
EKG's	45	28	27	43	39	46	40	23	42	38	25	44	37	212
Retail Pharmacy Rx's Sold							1040	1607	2001	2358	2566	2249	1,970	11,821
Total O/P Visits	3,120	2,055	4,896	4,423	4,712	3,147	2,927	3,168	3,352	3,372	2,978	3,440	1,279	19,237
Salary Statistics														
Productive FTE's	70.6	71.3	81.3	83.7	77.9	76.6	75.1	75.1	76.8	79.2	80.5	79.2	77.3	
Paid FTE's	78.0	77.3	73.8	76.3	72.1	71.4	85.0	84.9	85.0	87.1	87.8	87.9	80.5	
Salaries & Ben as % of Net Rev	63.0%	57.0%	91.1%	61.1%	65.8%	60.4%	53.8%	68.4%	59.2%	77.6%	64.5%	60.7%	65.2%	
BeneGits as % of Salaries	26.3%	32.3%	30.7%	22.9%	42.7%	19.7%	25.2%	46.4%	32.0%	64.4%	32.2%	21.4%	33.0%	
Revenue Statistics														
Gross A/R > 120 Days	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	1,451,996	1,746,576	1,227,259	
A/R>120 Days as % of Total AR	41%	41%	41%	41%	41%	41%	41%	41%	34%	34%	42%	42%	39.6%	
Gross Days in A/R	75.6	75.6	75.2	75.2	75.2	75.2	75.6	79.2	85.1	85.9	86.3	94.7	78.3	
Net Days in A/R	68.9	68.9	69.7	69.7	69.7	69.9	69.8	73.4	79.8	81.6	79.8	87.5	72.5	
A/R Cash Collections	609,963	720,895	847,144	948,282	757,474	919,408	667,778	1,022,607	782,980	847,125	845,077	729,186	808,160	
Collections as % of Net Rev	53.3%	63.3%	67.5%	112.4%	59.8%	74.1%	32.7%	82.4%	67.2%	70.8%	68.8%	63.1%	68.0%	
Accounts Payable Days	1.0	0.5	4.8	6.7	5.1	15.9	0.7	4.3	9.9	2.1	1.9	0.8	4.8	
Cash Collections per Cal Day	19,676	23,255	27,327	30,590	24,435	29,658	21,541	32,987	25,257	27,327	27,261	23,522	26,751	107,113
Cash Disburs. per Cal Day	40,566	47,077	44,803	45,848	38,553	39,838	42,521	38,603	41,262	458,718	40,600	42,521	76,719	581,104
DATA Entry/Details/Calcs														
Calendar Days	31	28	31	30	31	30	31	31	30	31	30	31		

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

Current Month			Year to Date				
\$					\$	%	
Variance	Budget	Actual		Actual	Budget	Variance	Variance
(19,546)	237,500	217,954	GROSS PATIENT REVENUE	1,230,482	1,187,500	42,982	4%
10,073	41,670	51,743	INPATIENT	308,726	208,350	100,376	48%
154,191	1,202,080	1,356,271	INPATIENT ANCILLARY	7,894,992	6,010,400	1,884,592	31%
144,718	1,481,250	1,625,968	OUTPATIENT ANCILLARY	9,434,200	7,406,250	2,027,950	27%
TOTAL PATIENT REVENUE							
DEDUCTIONS FROM REVENUE							
(68,524)	515,630	447,106	CONTRACTUAL ALLOWANCES	2,273,911	2,578,150	(304,239)	-12%
66,151	71,670	137,821	PROVISION FOR BAD DEBTS	748,072	358,350	389,722	109%
64,622	36,000	100,622	OTHER ALLOWANCES/DEDUCTIONS	368,141	180,000	188,141	105%
	-300,000	(300,000)	OTHER OPERATING IGTs & SUPPLEMENTAL	(1,800,000)	(1,500,000)		
62,249	323,300	385,549	TOTAL DEDUCTIONS	1,590,124	1,616,500	(26,376)	-2%
82,469	1,157,950	1,240,419	NET PATIENT REVENUE	7,844,076	5,789,750	2,054,326	35%
2,753	12,000	14,753	OTHER OPERATING REVENUE	88,909	60,000	28,909	48%
85,222	1,169,950	1,255,172	TOTAL OPERATING REVENUE	7,932,985	5,849,750	2,083,235	36%
(103,808)	731,670	627,862	SALARIES & WAGES	3,385,097	3,658,350	(273,253)	-7%
(23,750)	158,330	134,580	EMPLOYEE BENEFITS	1,168,881	791,650	377,231	48%
(13,693)	123,330	109,637	PROFESSIONAL FEES	776,938	616,650	160,288	26%
(10,999)	112,500	101,501	SUPPLIES	644,848	562,500	82,348	15%
(12,786)	21,670	8,884	REPAIRS & MAINTENANCE	92,743	108,350	(15,607)	-14%
(43,004)	110,000	66,996	PURCHASED SERVICES	637,691	550,000	87,691	16%
(7,227)	14,170	6,943	UTILITIES	103,845	70,850	32,995	47%
(9,809)	23,330	13,521	INSURANCE	84,466	93,320	(8,854)	-9%
0		0	INTEREST	0	0	0	#DIV/0!
(1,309)	38,330	37,021	DEPRECIATION/ AMORTIZATION	257,942	191,650	66,292	35%
177,876	33,330	211,206	OTHER	592,322	166,650	425,672	255%
(48,509)	1,366,660	1,318,151	TOTAL OPERATING EXPENSES	7,744,773	6,809,970	934,803	14%
133,731	(196,710)	(62,979)	OPERATING PROFIT (LOSS)	188,212	(960,220)	1,148,432	-120%
(2,500)	95,000	92,500	TAX REVENUE	562,500	475,000	87,500	18%
204,733	40,000	244,733	OTHER NONOPERATING REV (EXP)	2,180,586	200,000	1,980,586	990%
		0	INTEREST INCOME	15,268			
202,233	135,000	337,233	NET NON OPERATING REV (EXP)	2,758,354	675,000	2,083,354	309%
335,964	(61,710)	274,254	NET INCOME (LOSS)	2,946,566	(285,220)	3,231,786	-1133%

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

	Jan 21	Feb 21	March 21	April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	12 Month AVG: Oct '20-Sept 21	YTD - Current Year
Inpatient Daily Hospital Services	244,894	174,231	211,394	239,276	197,597	231,202	223,673	154,457	244,718	219,424	170,256	217,954	210,756	1,230,482
Ancillary Revenue	49,416	46,657	38,910	49,414	45,356	40,690	44,799	54,355	72,321	45,472	40,036	51,743	48,264	308,726
Outpatient Revenue	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	1,162,271	1,356,271	1,171,412	7,894,992
Total Hospital Revenue	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	1,372,563	1,625,968	1,430,433	9,434,200
Contractual Allowances	338,189	529,284	523,160	155,981	252,235	388,721	224,877	457,567	404,071	324,712	415,578	447,106	371,790	2,273,911
Provision for Bad Debts	116,592	73,530	161,600	176,861	115,056	84,411	155,817	210,892	48,684	140,689	54,169	137,821	123,010	748,072
Other Allowances/Deductions	18,903	51,310	40,302	64,858	25,201	34,185	83,017	76,635	4,829	39,931	63,107	100,622	50,242	368,141
Other Operating: IGTs & Supplemental	(300,000)	(627,987)	(363,854)	(300,000)	(444,764)	(996,499)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(402,759)	(1,800,000)
Total Deductions	173,684	26,137	361,208	97,700	(52,272)	(489,182)	163,711	445,094	157,584	205,332	232,854	385,549	142,283	1,590,124
Contractual %													10%	17%
Net Patient Revenue	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	1,139,709	1,240,419	1,288,150	7,844,076
Net Revenue %	86%	98%	70%	93%	104%	131%	90%	72%	91%	87%	83%	76%	90%	83%
Other Operating Revenue	13,291	13,333	14,401	16,355	15,173	14,595	14,004	14,615	15,318	14,551	15,668	14,753	14,671	88,909
Total Revenue	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	1,155,377	1,255,172	1,302,821	7,932,985
Salaries & Wages	568,545	541,262	588,389	629,663	571,404	1,030,764	533,278	543,935	536,284	579,710	564,028	627,862	609,594	3,385,097
Employee Benefits	149,383	174,606	180,531	143,898	244,263	203,497	149,686	158,608	171,366	373,211	181,430	134,580	188,755	1,168,881
Professional Fees	208,385	221,195	242,144	150,240	148,383	173,721	142,301	118,353	112,847	112,883	180,917	109,637	160,084	776,938
Supplies	94,843	112,189	120,817	129,018	13,552	131,829	157,223	109,110	61,224	106,131	109,659	101,501	103,925	644,848
Repairs & Maintenance	23,843	32,625	43,832	14,960	50,554	42,013	16,885	6,638	25,766	20,930	13,640	8,884	25,048	92,743
Purchased Services	107,922	94,625	124,045	146,846	70,047	161,073	139,826	94,063	140,865	125,499	70,442	66,996	111,854	637,691
Utilities	15,050	19,190	16,004	17,793	10,182	13,427	17,771	18,077	24,502	30,677	5,875	6,943	16,291	103,845
Insurance	11,755	11,755	11,755	11,755	11,755	11,878	23,430	10,075	11,755	12,982	12,703	13,521	12,927	84,466
Interest														0
Depreciation	45,720	45,720	45,720	45,896	45,896	45,896	45,896	45,896	45,896	37,258	45,975	37,021	44,399	257,942
Other Expense	32,113	16,852	15,641	85,361	29,111	57,639	121,049	44,214	152,351	30,170	33,332	211,206	69,087	592,322
Total Expenses	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	1,218,001	1,318,151	1,341,962	7,744,773
Expenses %	120%	113%	162%	107%	90%	91%	92%	99%	83%	106%	105%	105%	103%	7%
Profit/Loss from Operations	(205,377)	(146,954)	(530,681)	(93,223)	130,444	187,888	123,872	15,646	256,264	(81,967)	(62,624)	(62,979)	(39,141)	188,212
Tax Revenue	92,500	92,500	92,500	92,500	94,920	92,500	95,000	95,000	95,000	92,500	92,500	92,500	93,327	562,500
Other Non Operating Rev (Exp)	146,563	50,000	81,574	88,340	40,000	19,949	6,039	3,903	1,574,676	311,075	40,160	244,733	217,251	2,180,586
Interest Income	217					12,005			14,173	31	1,064		5,498	15,268
Net Non-operating Rev/(Exp)	239,280	142,500	174,074	180,840	134,920	124,454	101,039	98,903	1,683,849	403,606	133,724	337,233	316,076	2,758,354
NET INCOME/ (LOSS)	33,903	(4,454)	(356,607)	87,617	265,364	312,342	224,911	114,549	1,940,113	321,639	71,100	274,254	276,935	2,946,566

**Southern Humboldt Community Healthcare District
Balance Sheet
November 2021**

ASSETS	
Current Assets	
Cash- Checking & Investments	1,028,525
LAIF Account	11,675,009
Humboldt County Property Tax Acct	800,000
Patient Accounts Receivable	4,258,570
Less Allowances	2,264,798
Accounts Receivable- Net	1,993,772
Other Receivables	1,854,179
Inventories	208,786
Estimated 3rd Party Settlements	
Prepaid expenses and Deposits	1,855,191
Total current assets	19,415,461
Property and Equipment	
Land	959,877
Land improvements	553,251
Buildings	2,516,797
Equipment	6,029,930
Construction in progress	2,102,291
Total property and equipment	12,162,145
Less : accumulated depreciation	(5,852,312)
Net property and equipment	6,309,833
Other Assets	
Investments	5,852
Total Other Assets	5,852
Total Assets	25,731,146

LIABILITIES & FUND BALANCE	
Current Liabilities	
Accounts Payable	144,897
Accrued Payroll & Related costs	2,132,672
Other Current Liabilities	
Deferd revenue IGT	
A/R Credit balances	
Medicare Accelerated Payments	3,688,937
Medicare Contingency	2,000,000
Current Portion-Long Term Debt	
Other Short Term Debt - PPP Loan	
Accrued interest	
Total current Liabilities	7,966,506
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	14,818,076
Net Income (Loss)--Current Year	2,946,566
Restricted Fund Balance	
Total fund balance	17,764,642
Total Liabilities and Fund Balance	25,731,146

LOCAL AGENCY SPECIAL TAX AND BOND ACCOUNTABILITY ACT

Senate Bill 165, filed with the Secretary of State on September 19, 2000, enacted the Local Agency Special Tax and Bond Accountability Act (the "Act"). This Act requires that any local special tax or local bond measure subject to voter approval contain a statement indicating the specific purposes of the special tax, require that the proceeds of the special tax be applied to those purposes, require the creation of an account into which the proceeds shall be deposited, and require an annual report containing specified information concerning the use of the proceeds. The Act only applies to any local special tax measure or local bond measure adopted on or after January 1, 2001, in accordance with Section 50075.1 or Section 53410 of the California Government Code.

Some of the requirements of the Act are handled at the formation of the Special Tax District and others are handled through annual reports. This section of this report intends to comply with Section 50075.3 of the California Government Code that states:

"The chief fiscal officer of the issuing local agency shall file a report with its governing body no later than January 1, 2002, and at least once a year thereafter. The annual report shall contain all of the following:

1. The amount of funds collected and expended.
2. The status of any project required or authorized to be funded as identified in subdivision (a) of Section 50075.1."

The requirements of the Act apply to the Funds for the following:

Southern Humboldt Community Healthcare District
Special Parcel Tax
June 5, 2018

Purpose of Special Tax

The special tax provides for continued local access to emergency room care, acute hospital care, community clinic, skilled nursing facility, laboratory services, physical therapy, CT, x-ray, mammography imaging services, visiting nurse program, and other health care services for residents of the District and visitors to the area. The service projects are ongoing.

Collections & Expenditures

Fund	Initial Deposit	Total Amount Collected ⁽¹⁾	6/30/2021 Balance	Amount Expended ⁽²⁾
Humboldt County	\$0.00	\$1,104,541.46	\$0.00	\$1,104,541.46
Mendocino County	0.00	17,750.00	0.00	17,750.00

(1) Reflects amount enrolled to Fiscal Year 2020/21 tax roll, not accounting for levy rejections or delinquencies, if any.

(2) Equal to (Total Amount Collected) – (6/30/2021 Balance).

Revenue Cycle / Patient Financial Services

November / December 2021 Finance Committee Report

HRG - Key Items:

<u>NOVEMBER</u>	<u>DECEMBER</u>
November closed at 86.3 AR Days or \$3.9M in Gross AR Cash collections totaled \$845K, or 98% of October's net revenue Third Party Aging increased by \$58K, and is now at 23.3% Unbilled AR closed at 11.1 days or \$487K	December closed at 94.7 AR Days or \$4.25M in Gross AR Cash collections totaled \$729K, or 95% of November's net revenue Third Party Aging increased by \$32K, and is now at 22.8% Unbilled AR closed at 14.3 days or \$578K

Visit Volume Highlights – * (prior year)

	<u>NOVEMBER</u>	<u>DECEMBER</u>
OP	799 (519)	1053 (631)
ED	260 (204)	205 (178)
CL	495 (374)	453 (431)

Accounts Receivable –

Staffing – While visit volume went up in several key categories this year, we maintained the same number of staff in integrally related departments (e.g., coding, billing, PFS), which contributed in part to the rising # of uncoded and unbilled accounts.

Internal Processes – We continue to review and revise internal processes that directly effect the Revenue Cycle, including charge entry, coding management, TAR capture, and billing procedures.

Highlights – Trained additional staff to monitor, review, and submit needed Inpatient treatment authorizations. Conducted PFS staff meeting with an emphasis on education related to clean claims, denials, and registration related errors.

Closed Months Additional Revenue – We have now completed entering all charges related to early 2021 Covid Vaccination Clinics. We have also shored up all related processes, from paperwork to workflow, to ensure this does not fall behind again. As this was an inherited process, that was not thought through or enacted well, this clean-up has taken a lot of time and effort from multiple staff members. We are happy to be closing this chapter. We do not anticipate adding any additional charges to these closed months post December.

Treatment Authorizations – All LTC TARs have been captured and are now up to date. We have worked with the transitional nursing leadership team to ensure all documentation requirements for TAR submission have been captured and current processes are working for all involved.

HRG Communication / Spreadsheets – As documented in the October report, we have not had functional access to the HRG communication log for some time. This has caused us to create work-around processes that are more time intensive for our staff and this has directly contributed to delays in the correction of errors and the obtaining of required documentation. This, in turn, has had an impact on delays to coding completion and bill drop.

Starting on a positive note:

Staffing shortages:

All hospitals are struggling with staffing shortages for many reasons, but the scarcity has increased due to the Omicron outbreaks. We are fortunate to continue fully staff with the help of a few traveler nurses. Three new nurses have joined our team in the last two weeks, two full-time nurses and one traveler nurse. Also, one new lab technician has been hired in the lab.

COVID update:

Covid 19 Vaccine and Booster:

The hospital continues to provide the COVID 19 vaccine to the employees and the community. Over 93% of the employees have been vaccinated and received the booster vaccine. SHCHD requires that all traveler nurses must be fully vaccinated.

Laboratory:

The lab continues to provide COVID 19 testing to the community with appointments and some walking emergencies. Due to the recent increase in positive COVID 19 cases among the staff, the SHCHD is testing all the employees once a week to prevent exposing the residents, patients, and staff members. Thank you to the lab personnel for their hard work and dedication.

Skills Nursing Facility:

The SNF continues to be a primary focus during this pandemic due to the vulnerability of the residents. All visiting has been limited to fully vaccinating people with a negative COVID test within 24 hrs or 48 hrs for PCR test, and limited personnel going to the SNF to only those providing care to patients and residents. Also, the residents and the Swing patients will be tested weekly with the rest of the staff. On another note, The SNF needed a DON after Cheryl Wik parted ways with SHCHD, and Chelsea Hebard, RN, stepped in to help.

Thank you, Chelsea Hebard, RN, for accepting to be the Interim DON for the SNF until a new DON comes along. Chelsea is doing a great job, and we will continue to work together to ensure that the residents are safe and protected.

ED/Acute

The ED continues to provide care to the community during this pandemic. We continue to keep COVID-positive patients out in the COVID 19 tent. The tent is working wonderfully, and patients are happy with their care and comfort in the tent. The tent is well insulated and has an air conditioning system that keeps the tent comfortable even with extreme weather outside. The ED nurses continue to help with collecting COVID 19 samples for the OP COVID-19 testing. The ED and Acute will be working together with the Clinic on a Suboxone program that will benefit the community greatly. The state survey for the ED/Acute is past due, and we continue to do monthly environmental rounds with infection prevention to prepare for the survey.

Radiology:

Radiology is looking forward to getting the new 3D mammography machine delivered to replace our current machine, the current machine is outdated, and replacement parts are not being manufactured anymore.

Clinic:

We have Matt Rees and Jennifer Baskin continue to oversee the Clinic. The Clinic saw 453 patients in December and started to see more pediatric patients thanks to our excellent addition to the team, Laura Mojica, Pediatric NP. Also, Laura has been helping with the vaccine clinics providing a safe place for the pediatric patients to come and get the covid vaccine and answering the patients' parent's questions. Dr. Emily Marshall has had a full schedule, plus she has been helping with Inpatients, Swing, and the SNF residents. The visiting nurse resigned in December, and Susy Scott and Adela Yanez have been doing home visitations until a new visiting nurse is found. We have three students doing their rotations in the clinic, Helen Cheung is a PA student from UC Davis, and Daisy Yanez and Camelia McIlwain are RN students from CR.

We continue to look for a clinic manager and a clinic nurse.

Adelaida Yanez, BSN, RN

Acute/ ED manager, Interim CNO

QAPIC

Quality Assurance Performance Improvement Committee

Accounting

No report submitted this quarter.

Acute Nursing

Project: IP-OBS Admission Assessment

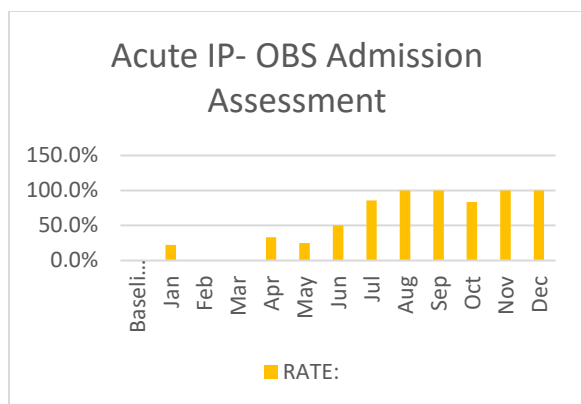
What are we trying to accomplish?

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%
- October 2021, 83.3%.
- November 2021, 100%.
- December 2021, 100%.

	Baseline data	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4
Numerator:		2		0	3	1	2	6	9	10	5	4	6	5	9	25	14
Denominator:		9	0	2	9	4	4	7	9	10	6	4	6	20	15	26	15
RATE:	#DIV/0!	22.2%	#DIV/0!	0.0%	33.3%	25.0%	50.0%	85.7%	100.0%	100.0%	83.3%	100.0%	100.0%	25.0%	60.0%	96.2%	93.3%



The numerator represents how many patients were seen, and the denominator represents how many admission assessments were completed each month.

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

Administration

No report submitted this quarter.

Dietary

Handwashing OBS. QAPI Goal Dietary Quarterly Report

Months Covered: July 2021-December 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 part of 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 hand washings	29 compliant hand washings	32 compliant hand washings
28 Total observations	29 Total observations	33 Total observations
96.4%	100%	97%
Oct. 2021	November 2021	December 2021
28 compliant hand washings	27 compliant hand washings	19 compliant hand washings
28 total observations	27 total observations	19 total observations
100%	100%	100%

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
- Safe Freezer Storage archived Dec. 31st 2021

-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. The Triage level has been successfully kept at a 100% for the last three months. The goal is to keep 100% for one year. Three months completed and nine months to go. Providing high-quality care and promoting 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:

- 86.0 %-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%
- October 2021, 93.5%
- November 2021, 100%
- December 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 educate nurses 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, watch the Emergency Severity Index Triage Level video, and take the certification test.

Possible challenges:

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

How we'll celebrate success:

We celebrated January 20, 2022. We provided \$10 chamber dollars to each ED nurse and tech.

-Adela Yanez, RN, Acute/ED Manager.

Environmental Services

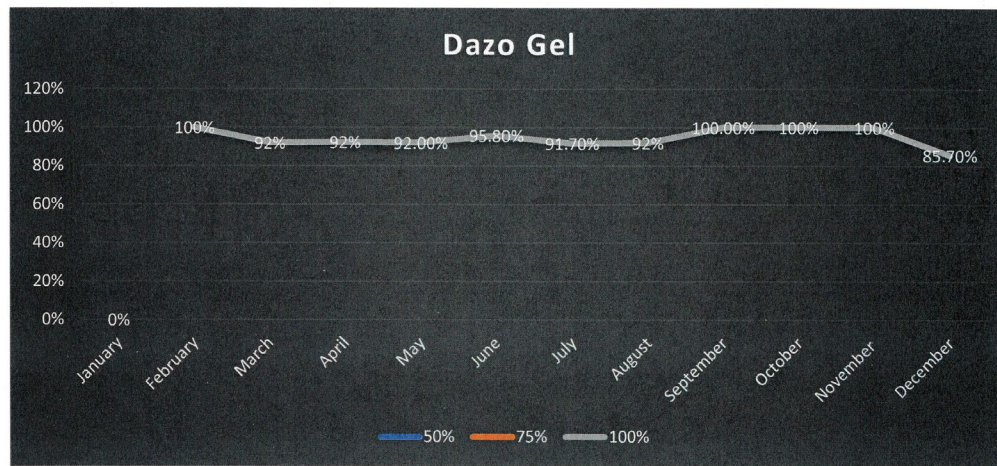
December 2021

Environmental Services

Project: Dazo Gel

What are we trying to accomplish?

Making the Hospital shine. EVS started cleaning Clinic offices in March of 2021. The offices haven't looked **Soo Clean!!!** Our goal is to have the whole Hospital shine. In 2022, I'm going to change project to cleaning the patient rooms. I think that will be a great place to start.



Project Team:

More Training & Projects

How will we know improvement when we see it?

The Hospital & Clinic will shine.

What changes can or should be made in improvement?

Monthly Training & Videos

Possible Challenges:

Time Restraints & Short Staff

How we celebrate success:

Every 3 Months if above 90%. We will be having a Pizza Party or getting Gas Cards.

-Shannon Bauman

Infection Prevention

Project 1: MRSA screening of In-patient/Swing 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). In 2020, compliance was erratic, with several months being 100%, then several falling below this and one month dropping as low as 28.6%.

4th Quarter 2021 by month:

Month	Oct	Nov	Dec	4 th Q totals
# of screenings completed	2	2	6	10
# of screenings required	3	2	6	11
% compliance	67%	100%	100%	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 a legal requirement, it will continue to be monitored for the 2022 calendar year. In 2021, we achieved 100% compliance in 8 out of 12 months.

What has been tried so far: Feedback to managers and staff on missed and late screenings are reported directly to nurse manager and staff at time of findings now rather than waiting for staff meetings. A prompt was added to the HealthLand Admission assessment forms. At the beginning of December, MRSA collection kits (swab in biohazard bag with instructions) have been made and are located in the Medication Room in the nursing unit.

What will be tried next: Will continue to monitor whether the MRSA swab kits are useful as a visual reminder to test. If not, will discuss revision of the paper admission checklist. Continue with direct feedback to nursing staff as needed rather than waiting for monthly staff meeting.

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 and unexpired sterile packs.

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 from the preceding month that remain on the ED and Clinic shelves. The IP inspects packaging for evidence of proper instrument cleaning, packaging, autoclaving and that the pack is not expired. Any packs that fail or are expired are returned for reprocessing. Troubleshooting 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)
- I: Sterile Pack not expired.

Baseline data: The QAPI project began in April of 2018. Compliance was approximately 99.2% overall at the end of that year. In 2019, year-end compliance was 97.9%; in 2020, year-end compliance was 97.9%

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 4th quarter of 2021 is 96% and Year-end compliance for 2021 is 95%.

Note: All sterile packs are now being inspected monthly, not just those processed the previous month. This allows those sterile packs that are not used frequently to be inspected monthly. The longer sterile packs are kept in the bins, the greater the chance for small tears or holes to occur that compromise the integrity of the package.

Fourth Quarter 2021

	October	November	December	4 th Qtr
Acceptable/Examined	112/123	118/121	107/108	337/352
Percentage	91%	98%	99%	96%

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 and continues to process the instruments. 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.

Reported by Katherine Anderson, IP

Information Technology

IT continues to install the newest version of Windows on computers. They are closing the gap to having all the computers migrated. They have also been busy initiating the implementation of i2i and other softwares.

-Kristen Rees, MPH, CPHQ, LSSGB *on behalf of the IT department*

Laboratory

The laboratory has been busier than ever with testing. Testing for this month will likely quadruple the previous average. They are also working to implement document control software and new machines. Adam and the team have also assisted with a grant to implement PCR testing in the laboratory. Current quality project consists of keeping up with constant updates, staff and community testing, and ensuring priorities are understood and executed.

-Kristen Rees, MPH, CPHQ, LSSGB *on behalf of the Laboratory department*

Materials

Measured By: Weekly valuation reports

Baseline Data: First quarter 250 adjustments made to inventory on hand qty.

Current Data: Oct:25, Nov:23, Dec:30

Timeline to reaching goal: We would like to have less than 25 adjustments monthly reached by July of 2022

What has been tried so far: Constant reminders to all staff to sign out materials. Nechia is replenishing and keeping supplies stocked to reduce the need for extra trips to the supply room. Reviewing valuation reports together to find qty adjustments weekly.

What will be tried next: Continue to identify issues with material quantities and package accuracy. Amount of adjustments has decreased by over 50% in 6 months.

~ Jennifer Gutierrez

340B

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

Baseline Data: 87/191 OP dispensations missing UD modifiers.

Current Data: Oct: 60/291, Nov: 72/348, Dec: 57/321

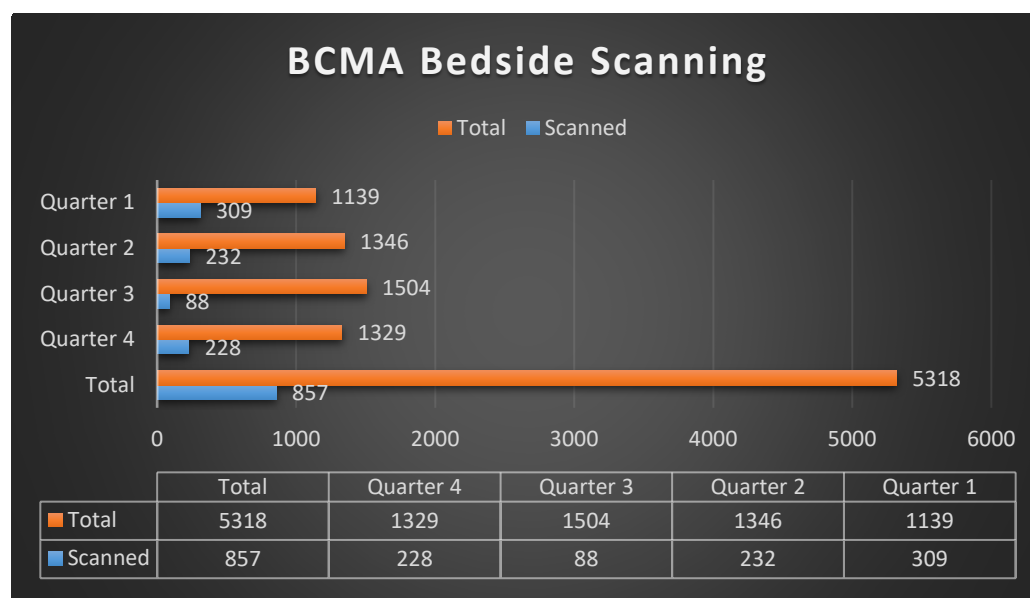
Timeline to reaching goal: Would like to only have secondary claims by July of 2022

What has been tried so far: Worked with Diane to attach UD modifiers to existing Pharmacy formulary for FFS and MMC claims. Identifying secondary claims and sending to Diane to be resubmitted with UD mod.

What will be tried next: We will continue monitoring for secondary payors and report any primary issues to Diane for rectification.

~ Jennifer Gutierrez

Pharmacy

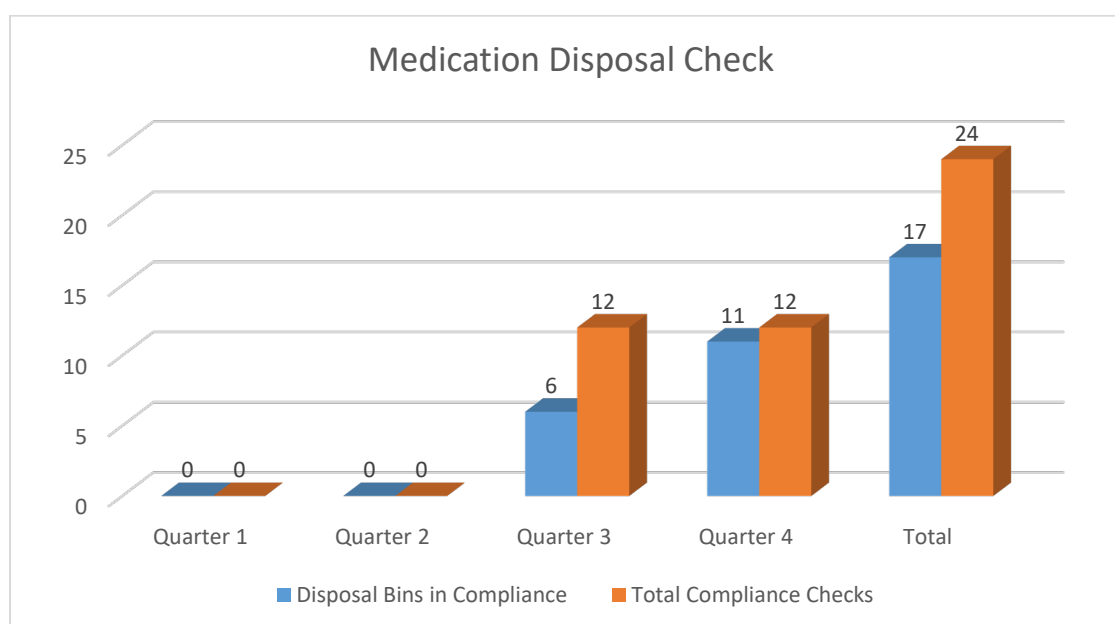


Throughout the last year, nurses in the Emergency Department have scanned 16.1% of medications being given to their patients.

While a 100% scan rate is ideal, it is not realistic. I believe a 50% scan rate is a reasonable goal to strive for at this point.

An effort has been made to ensure that medications are, in fact, scannable when being administered. During this project, some medications were missed or were not entered correctly. As such, a continuous effort on the part of both the Med Room Staff and ED Nurses is required to ensure medication safety and curtail medication errors.

Proper Medication Disposal-

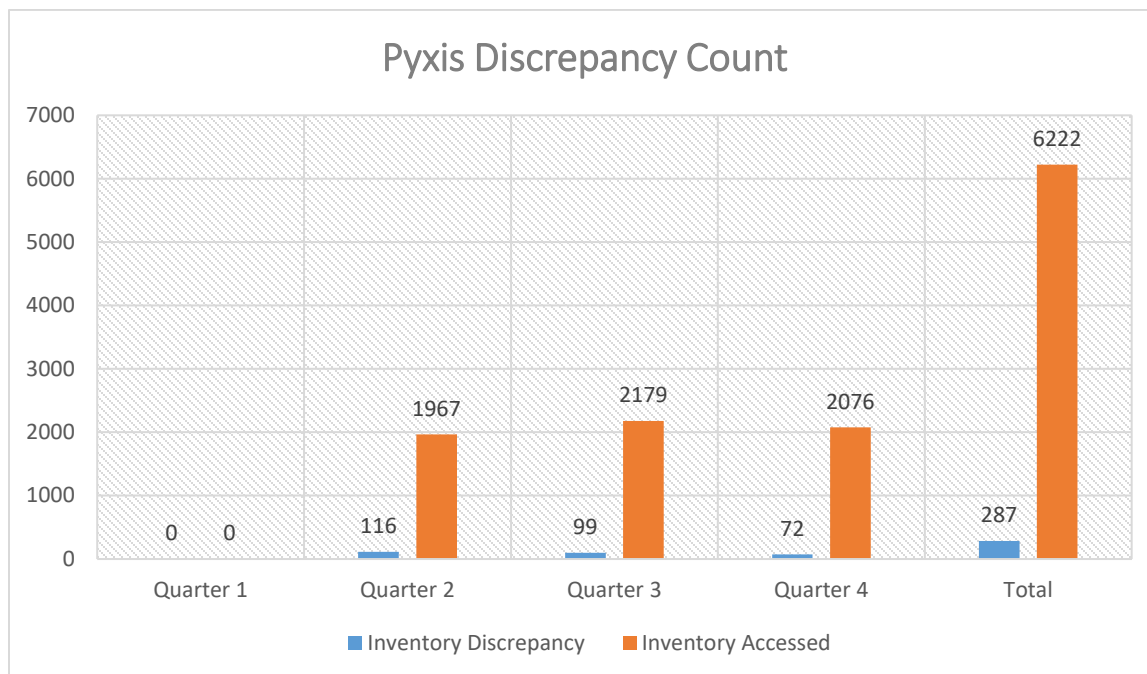




Weekly inspections of waste bins to ensure proper disposal of medications. Medication vials should be the only waste in the blue bins pictured above.

Tablets, patches, and liquids should be disposed of in the Cactus Smart Sink in the “Solids”, “Patches” and “Liquids” compartments respectively.

Discrepancy Report-



The goal of this project is to monitor the number of times an incorrect number of medications was removed from the Pyxis machine.

We have done very well this year. We've kept the average discrepancy rate below 5%. I believe the next reasonable goal is to get below 3%.

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, 14 have been deemed optimal.

-Lora Simone

Revenue Cycle

Revenue cycle continues to ensure document accuracy and signing. Due to insufficient staffing, they were unable to complete their report this quarter. You can hear updates from them in the QAPI meeting.

-Kristen Rees, MPH, CPHQ, LSSGB *on behalf of the Revenue Cycle department*

Skilled Nursing Facility

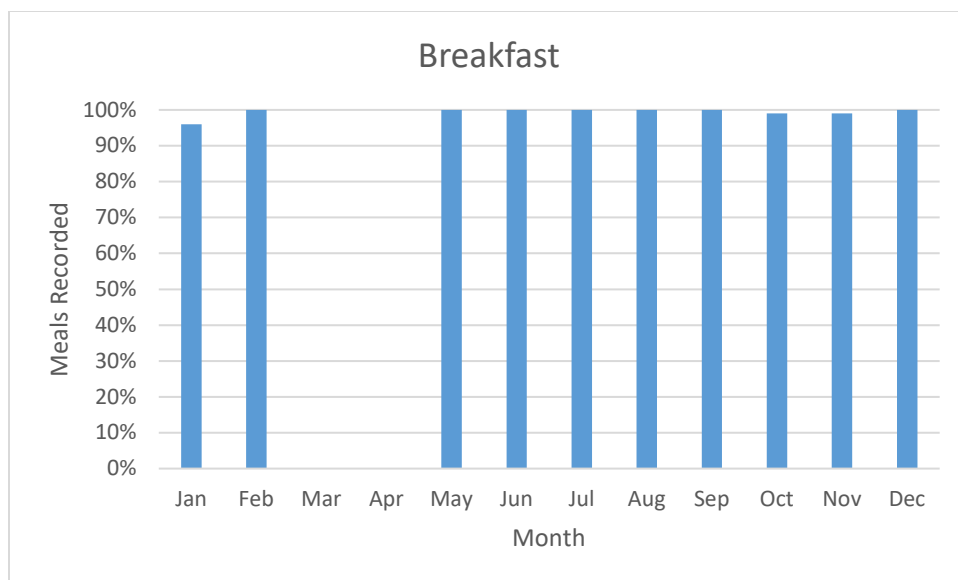
Project: Meal Percentages

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.

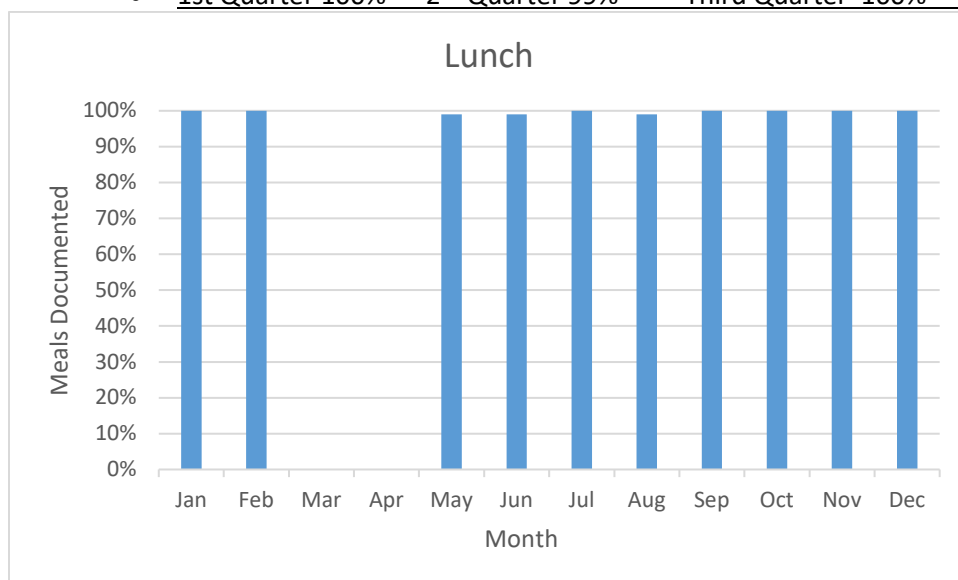
BREAKFAST

• Jan '21	96%	April '21	No data	July '21	100%	October '21	99%
• Feb '21	100%	May '21	100%	August '21	100%	November '21	99%
• Mar '21	No data	June '21	100%	September '21	100%	December '21	100 %
• <u>1st Quarter</u>	98%	<u>2nd Quarter</u>	100%	<u>Third Quarter</u>	100%	<u>Fourth Quarter</u>	100%



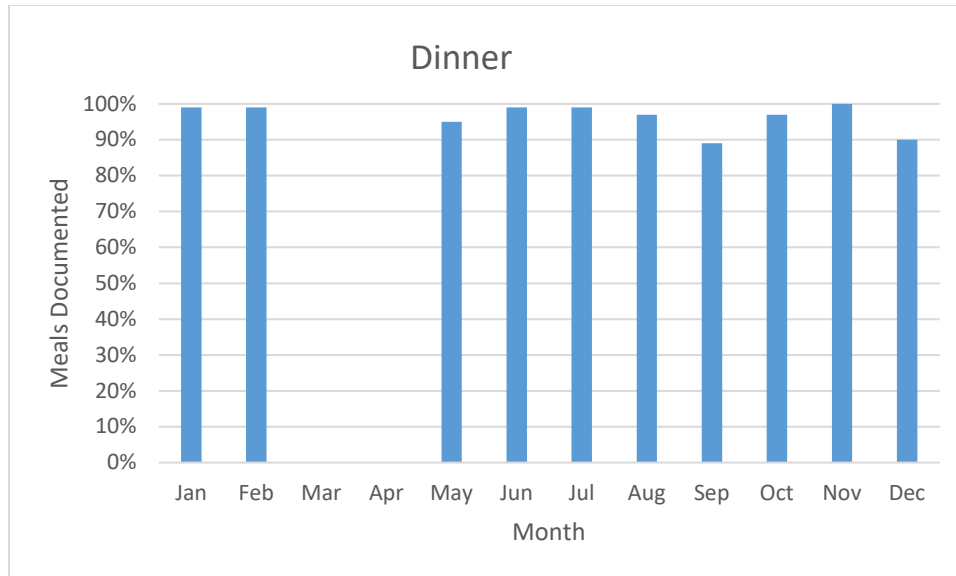
LUNCH

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



DINNER

- Jan '21 99% April' 21 No data July '21 99% October '21 97%
- Feb '21 99% May '21 95% August '21 97% November '21 100%
- Mar '21 No data June '21 99% September '21 89% December '21 90%
- 1st Quarter 99% 2nd Quarter 97% Third Quarter 95% Fourth Quarter 96%



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. We have met our goals each quarter this year . 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% | October '21 93% |
| • Feb '21 93% | May '21 100% | August '21 100% | November '21 96% |
| • Mar '21 No data | June '21 91% | September '21 94% | December '21 89% |

- 1st Quarter 95% 2nd Quarter 96% Third Quarter 98% Fourth Quarter 93%

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.

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% October '21 89%
- Feb '21 96% May '21 59% August '21 89% November '21 93%
- Mar '21 No data June '21 83% September '21 97% December '21 82%
- 1st Quarter 91 % 2nd Quarter 71% Third Quarter 92% Fourth quarter 88%

Why we are doing this: 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. It has been very helpful to have additional staff trained in this area and we have met our goals this quarter.

• June '21 100%	October 100%
• July '21 100%	November 100%
• August '21 100%	December 100%
• September '21 100%	
Third Quarter 100%	Fourth Quarter 100%

-Chelsea Hebard RN, Interim Director of Nursing

Quality Projects and Grants

SHIP grant

There are currently 3 SHIP, or Small Hospital Improvement Program, grants. One we chose to use for COVID testing supplies, another will pay for some quality and cost report training, and the last will hopefully cover the implementation of PCR testing. These will all benefit the district and two of the three are not funds we would normally receive, but were covered under the American Rescue Plan and other COVID-related funding.

Rural Health Clinic Vaccine Confidence Grant

This is a grant PJ and Glen have been instrumental in helping to achieve. The grant has been written to allow for incentives and materials for vaccines. This includes all vaccines – shingles, influenza, COVID, pneumococcal, and all the childhood vaccines. You will see more about this in February as we begin distributing information about the program and incentives.

Behavioral Health

More funds are also becoming available for behavioral health. There will be another Bridge Program grant this spring. Scott and I are excited to use it to improve our behavioral health program.

Rural Health Clinic COVID Vaccine Grant/Report

This program was a small amount of funding for which they wanted some reporting done. We have one more year of reporting.

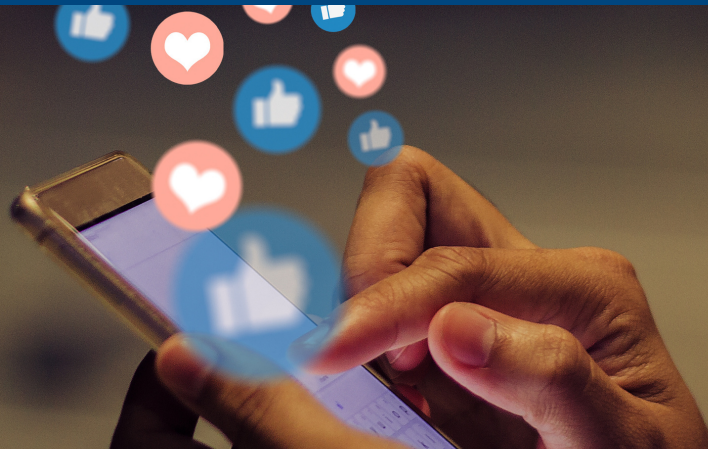
There are many more programs and projects going on in the quality department, but this covers the main programs and projects. We are excited to have so much going on, but it also limits the amount of time which can be spent writing reports. 😊

Quality Incentive Pool (State QIP Program)

New manual – a new manual will be out soon for PY 5

Next Report – This upcoming report will have a lot of changes from what the program was originally going to look like. However, this is mostly due to the intense amount of advocacy work we have done to include in this year's report provisions for COVID. This means more reporting work, but it will also allow us to obtain more funds as some of the metrics will be pay-for-reporting instead of pay-for-performance.

Speaking Assignment – Matt, Amy, Jessica and I (Kristen) spoke at the annual QIP conference Tuesday January 25th. Oral update to be given after presentation is given.



09/21/20

AB 992: Open Meeting Laws and Social Media

New California Law Addresses Prohibition on Serial Meetings on Social Media

California public officials could run afoul of the Brown Act if they communicate with legislative members of the same body on social media under the recently enacted Assembly Bill 992. Now, even giving a “thumbs up” to another official’s social media post on a topic within the legislative body’s subject matter jurisdiction could violate the law. AB 992, signed by Gov. Gavin Newsom late Friday, is the first amendment to the Brown Act to address public officials’ use of social media.

The Brown Act generally requires that a legislative body’s meetings be open and public, including advance notice, posting of the agenda and accessibility by the public. The Act prohibits a majority of members of a legislative body from engaging in a “series of communications,” directly or through intermediaries, to “discuss, deliberate, or take action on an item” that is within the legislative body’s subject matter jurisdiction.

AB 992, which amends Government Code section 54952.2, clarifies what kind of communications a public official may have via social media and what kind of communications are prohibited.

First, AB 992 clarifies that a public official may communicate on social media platforms to answer questions, provide information to the public or to solicit information from the public regarding a matter within the legislative body’s subject matter jurisdiction. However, the latter types of communications are only allowed as long as a majority of the members of the legislative body do not use any social media platform to “discuss among themselves” official business.

According to AB 992, “discuss among themselves” includes making posts, commenting and even using digital icons that express reactions to communications (i.e., emojis) made by other members of the legislative body.

Second, a single contact between one public official and another normally would not constitute a prohibited serial meeting. However, AB 992’s social media prohibitions go further. It prohibits a member of a legislative body from responding “directly to any communication on an Internet-based social media platform regarding a matter that is within the subject matter jurisdiction of the legislative body that is made, posted, or shared by any other member of the legislative body.” Now, if one public official posted a comment in response to another public official’s social media post about an agency issue, that could be a Brown Act violation, assuming the two serve on the same legislative body.

The bill applies to Internet-based social media platforms that are open and accessible to the public. According to the bill, “open and accessible to the public” means “that members of the general public have the ability to access and participate, free of charge, in the social media platform without the approval by the social media platform or a person or entity other than the social media platform, including any forum and chatroom, and cannot be blocked from doing so, except when the Internet-based social media platform determines that an individual violated its protocols or rules.”



AB 992 encompasses activity on many types of social media platforms, including, but not limited to, Snapchat, Instagram, Facebook, Twitter, blogs, TikTok and Reddit. That means it could affect social media commenting, retweeting, liking, disliking, responding with positive or negative emojis and/or screenshotting (photographing) and reposting.

Unanswered Questions and Practical Considerations

Though AB 992 relates directly to the Brown Act, it indirectly touches on other transparency laws. For example, if a public official's social media comments could lead to Brown Act violations, does that mean that the officials' posts and comments are now subject to the California Public Records Act and potential disclosure? Do agencies need to retain public officials' social media posts, particularly to demonstrate whether a Brown Act violation occurred?

The bill may also indirectly affect due process concerns. AB 992 allows public officials to provide information to the public on social media. If the information that's posted is how a public official intends to vote on a development project, for example, could an applicant raise a claim that the applicant was denied a fair hearing?

Finally, as more public officials use social media to communicate with constituents and the general public, questions have arisen whether these places have become "public forums." AB 992, which sanctions certain uses of social media, could amplify this issue.

If you have any questions, please contact the authors of this Legal Alert.

Disclaimer: BB&K Legal Alerts are not intended as legal advice. Additional facts, facts specific to your situation or future developments may affect subjects contained herein. Seek the advice of an attorney before acting or relying upon any information herein.



HongDao Nguyen

Partner

(949) 263-2614

hongdao.nguyen@bbklaw.com



Albert J. Maldonado

Associate

(909) 466-4901

albert.maldonado@bbklaw.com



DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Board Community Outreach Policy	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to communicate with the public according to the guidelines and procedures listed below.

PURPOSE:

As stated in Article I, Section 1. of the SHCHD Bylaws, "The District shall encourage the practice of preventive medicine and the education of both health service workers and the general public." The purpose of this policy is to ensure that board members communicate with the general public in ways that are both consistent with the District's Vision and Mission and in conformance with relevant laws and regulations

PROCEDURE:

Board members are encouraged to offer suggestions to the Board's representatives on the District's Community Outreach Committee (COC) for ideas on topics that they or the committee representatives might address.

Board members are encouraged to seek guidance and review from the Board's COC representatives before addressing the public, but it is understood that each board member has the right to communicate his/her views directly to the public without Board review.

In conformance with the Brown Act, a Board member may advocate for a position on an issue that may come before the Board for action, but s/he must limit discussion on that issue to only one other Board member except at publicly noticed meetings of the board.

The Board's representatives on the COC shall endeavor to maintain an archive of all Board members' public communications. With the permission of the author and the approval of the COC, these communications may be posted on the District's website and/or used in other ways in support of District community outreach efforts.

Board members will make clear that all communications, whether written or oral, are expressions of their individual views rather than those of the Board as a whole or the District, unless the content has received specific prior authorization through a vote of the Board in a public meeting.

Communication can be via letters to the editors of newspapers or magazines, via radio, TV or other electronic media, or through presentations to local community organizations or governmental bodies.

REVIEWED BY:

Community Outreach Committee Members
 Board President
 Board Vice-President/Secretary
 Board Members
 CEO/Administrator
 ARCHER NORRIS



DEPARTMENT: Governing Board	NO:	Page 1 of 1
SUBJECT: Hiring of Second Level Administrative Positions	EFFECTIVE DATE: 03/25/2021	SUPERCEDES: 03/28/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") that all applicants being considered for Second Level Administrative positions shall submit their applications and resumes to the CEO for consideration. All applicants being considered and the CEO's recommendations shall be submitted to the Governing Board, but the CEO will have the final decision.

Second Level Administrative Positions at the District are as follows:

- Chief Financial Officer
- Chief Operations Officer
- Chief Nursing Officer
- Chief Quality and Compliance Officer
- Director of Patient Care Services
- Human Resources Manager and/or Director
- Medical Director of the E.R./Hospital
- Medical Director of the Clinic
- Administrative Assistant/Medical Staff Coordinator/Board Clerk

REVIEWED BY:

President
Vice-President/Secretary
Board Member
Board Member
Board Member
CEO/Administrator



After Action Review/Plan

Great California ShakeOut/Earthquake Drill

October 21, 2021

Planning/Preparation

- An email was sent out to all staff one week prior to the event announcing the date and time of the event
- The coordinator of the event asked registration staff about making the announcement the actual day of; shared that a script would be provided for the overhead announcement on the morning of the event
- All staff were encouraged to participate during the ShakeOut event; it was announced prior to the event that pictures of those staff participating would be taken; a contest for best pictures would take place with a \$25 gift card for the best four pictures as chosen by staff
- An email reminder was sent Monday morning October 18th with an electronic link to www.shakeout.org website for resources and information for staff to review
- All Residents of the Skilled Nursing Facility and the patients in the hospital were apprised that a drill would be taking place on Thursday morning the 21st.
- The coordinator of the event announced at the manager huddle on both Tuesday and Thursday as a reminder
- On Tuesday at the manager huddle, four observers were chosen for various areas in the Facility; the administrative offices, the rural health clinic wing, the emergency department and the hospital wing

Incident Overview

- All Residents of the Skilled Nursing Facility and the patients in the hospital were reminded of the earthquake drill early in the shift
- The announcement was made overhead through the hospital intercom at 10:21; this is a drill, this is a drill, "our area is experiencing an earthquake, please duck, cover and hold on", this announcement was made twice. After two minutes the all clear was



called; “the shaking has stopped, the earthquake is over; this was a drill”, repeated twice

- During this time the four observers were in their respective areas making observations and taking pictures of all participants
- It was noted that all staff present participated during the drill; many staff took cover under their desks, two staff took cover in a doorway and held on
- Staff were very receptive to feedback and answered questions readily; also good feedback from staff regarding next steps
- After the drill was completed a sign-in sheet was sent around and all staff were asked to sign in

Following the Drill/Probable hazard areas

- The participants were asked to look around in their respective areas to observe what could have been a hazard should there be an actual earthquake that affected the Facility.
 - In the hospital nursing station; books could have fallen off of shelves and been a hazard to those in the area
 - In some Resident rooms there are items on top on the closets that could fall off and possibly injure someone
 - Mounted televisions could come loose from the ceilings of resident and/or patient rooms and cause injury
 - Bookshelves not secured to the walls in the nurse manager office could possibly topple over and/or books and binders fly off the shelves
 - In the Materials storage area the shelving is not secured and items and/or shelves could be subject to toppling over and send items falling
 - In the EVS area shelving is not secured and the subject to toppling and/or items falling
 - In the Emergency department there are some open shelves and items could fall
 - Mounted equipment in the Emergency department could come loose and possibly cause injury to patients on adjacent gurneys
 - In the clinic treatment room there are cupboards with glass doors that could possibly cause a hazard if they were to come



- open and or items fall or hit the cupboard glass doors
- In the clinic nursing station there are also glass cupboards That could possibly cause a problem if the glass doors were to break or items were to fall against them
- There is one office in the administrative wing that has a lot of things on shelving that could pose a problem by falling or flying off the shelves
- In the administrative offices common area there are boxes stacked that could fall and possibly cause an injury

What Went Well

- Staff stated they were well informed regarding the date and time of the event
- Staff knew what to expect and what preparations were made; the reminders regarding the event were helpful. The link to the Great California ShakeOut was helpful and feedback was that it was helpful for planning at home for an earthquake as well
- Staff knew what the expectation was regarding participation
- Scripting for the page overhead was very helpful for registration staff
- All areas of the Facility participated at some level

What Improvements/Recommendations

- Staff working in the hospital proper stated it would have been helpful to review the evacuation plan and routes for various exits
- Review where to take Skilled Nursing Residents and patients in the event of damage to the building
- Review the telephone tree and who the point person would actually be during such an event (Review the Emergency Preparedness Plan policy and procedure)
- Review where and when the Emergency Operations Command Center would be located and open (Review the Emergency Preparedness Plan policy and procedure)
- Secure books and binders on shelves
- Secure the items in the Materials storage area as well as EVS area
- Offices to be cleared of all unnecessary clutter on shelves
- Skilled Nursing Resident rooms to be cleared of all unnecessary clutter

Conclusion

Overall the Great California ShakeOut drill went well. Participation was very good; all staff had a good attitude regarding having such an event during their shift work. Staff felt they were well informed regarding the event with plenty of advance notice. The items under Improvements/Recommendations need to be discussed with management and administration. The Emergency Preparedness Plan/Policy needs to be reviewed and shared with all staff. It was suggested by some staff that a drill with a simulated evacuation be carried out as well as opening up the Command Center. This will give staff the opportunity to become familiar with all aspects of the Emergency Preparedness Plan and the roles staff may be asked to undertake should a true disaster take place.

Submitted by Judy Gallagher, MSN, RN to Medical Staff and the Board of Directors as an FYI November 2021

Annual Periodic Evaluation and Quality Assurance Review FY 2021

June 1, 2020-June 30, 2021

Introduction

Southern Humboldt Community Health Care District (SHCHD) is located in Garberville California. SHCHD serves a diverse population of Southern Humboldt, Mendocino, and Trinity County residents. The area supports a large rural area of approximately 775 square miles and includes the communities of Alderpoint, Blocksburg, Garberville, Harris, Honeydew, Miranda, Meyers Flat, Leggett, Petrolia, Phillipsville, Piercy, Redcrest, Redway, Shelter Cover, Weott, Whitethorn, and Zenia. This service area has a population of about 10,365 full-time residents. In addition to the local community, the hospital and clinic serves a number of tourists traveling through the area. SHCHD is comprised of the Jerold Phelps Community Hospital, the Southern Humboldt Community Clinic which is a certified rural health clinic and the Family Resource Center as well as a retail pharmacy located on the District's Sprowel Creek Campus at 286 Sprowel Creek Road. Jerold Phelps Community Hospital is a small Critical Access hospital licensed for nine acute care beds which can alternately serve as a Swing Bed Program for orthopedic rehabilitation or any patient who may need a longer recovery period from a surgical procedure or an illness. Jerold Phelps Community Hospital also encompasses a Distinct Part Skilled Nursing Facility (SNF) with 8 licensed beds. Jerold Phelps Community Hospital operates a stand by Emergency Department (ED) with four patient care beds and an Emergency Department Physician 24 hours a day, seven days a week. Radiology and laboratory services are available 24 hours a day seven days a week through the Emergency department as well as on an outpatient basis either through the clinic or upon presentation of an order from a provider-patient relationship during business hours. SHCHD does not offer specialty services but does transfer patients from the ED and/or the acute beds if a patient should need a higher level of care. Referrals can be made through the ED as well as through the Rural Health Clinic for any number of services not offered through the District.



Southern Humboldt Community Healthcare Foundation

Southern Humboldt Community Healthcare Foundation, or SoHum Health Foundation, is a 501(c)(3) non-profit organization that supports the District in sustaining high-quality healthcare services in our rural community. The Foundation Board of Directors has 10 members who conduct quarterly board meetings. The Board has several subcommittees including Finance, Auction, and Capital Campaign committees. Foundation members engage in fundraising events, community outreach, and the solicitation of donations and long-term pledges.

Capital Campaign

SoHum Health Foundation is currently spearheading the capital campaign to raise \$4M towards a down payment on a 40-year USDA loan. The building loan will be used to construct a new hospital and clinic at the Sprowel Creek Campus in Garberville, which the District purchased from College of the Redwoods in 2019. The Development team successfully garnered \$529,258 in grants from local charitable foundations in the 2020 fiscal year. District employees have donated and pledged a total of \$114,158.88 towards the capital campaign. Foundation volunteers and staff have successfully raised an additional \$1,925,846.89 in donations and pledges from community members and local businesses. The total raised towards the capital campaign at the end of FY 2020 was \$2,569,263.77. This combined with the \$1.1M which was already invested for the property purchase, puts the grand total at \$3,669,263.77, 91.7% of the way toward the fundraising goal.

Outreach Department

The Foundation's Development Director also serves as the Outreach Manager, with additional help of a Foundation Clerk. The Outreach Department is crucial in nurturing community partnerships and collaborations, as well as providing ongoing communications to promote health, dispel misinformation, and address community concerns. This has been especially critical during the COVID-19 pandemic, when health services at the District were continually changing. The Outreach department produces weekly articles for its Healthy SoHum column in The Independent, as well as branded print ads. Outreach manages SoHum Health's Facebook page, keeps the website up to date, produces ongoing press releases to local media outlets, and produces advertisements for radio, online news blogs,

and print media. Outreach also sponsors free exercise classes for the community 5-days a week – Restorative Movement on Tuesdays and Thursdays, and Tabata on Mondays, Wednesdays and Fridays. These classes have taken place via Zoom for the majority of the fiscal year due to the pandemic.

Plans/Goals FY 2021

Continuing to engage the community to reach the \$4M fundraising goal for the capital campaign. With greater understanding of the health services provided, a bolstered donor database, and a strong network of support, we are well positioned for building a new healthcare facility, and bringing our current facility up to necessary standards in the years ahead. The USDA loan should be secured by the Finance department by the end of the new fiscal year. Once the loan is secured, the District has one-year to break ground.

Acute Care

Jerold Phelps Community Hospital is licensed for 9 Acute Care beds; 8 of which are active and the 9th could be made available within several hours during an emergent or surge event. Patient diagnoses served in the Acute Care facility are Pneumonia, Exacerbation of Congestive Heart Failure, Exacerbation of Chronic Obstructive Pulmonary Disease, and Urinary Tract Infection, Pyelonephritis, Cellulitis, Sepsis, Chest Pain, and Shortness of Breath. This is not an all-inclusive list of admission diagnoses; in order to serve the needs of the community a holistic approach to patient care is assumed. If the admitting physician determines that the facility has the capacity and capability to meet the needs of the patient based on Facility services offered, patients will be admitted. Jerold Phelps Community Hospital does not have the capability to offer specialty services and to that end the Facility collaborates with other Humboldt County Hospitals in a Community Wide Call Plan to fulfill the EMTALA requirements for specialty physician on-call requirements.

Staffing for the Acute Care beds are set per the California Staffing Ratio Law AB 394 which passed in 1999 and fully implemented on January 1, 2004 and are a maximum of one Registered Nurse for every five patients (1:5).

Quality Assurance Performance Improvement (QAPI) Initiatives are overseen by the Acute Care Nurse Manager in concert with the Quality Assurance Performance Improvement Committee. The Quality Initiatives for Acute Care are developed using S.M.A.R.T. Goals; specific, measurable, achievable, realistic and time anchored. Examples of S.M.A.R.T. Goals for Acute Care have been the monitoring of POSLT forms; the Physician Orders for Life Sustaining Treatment and monitoring the Vaccination Status of patients on admission; historically Influenza, Pneumonia and Tuberculosis screening; more relevant to this Fiscal Year has been COVID-19 vaccination. Vaccination status of each admitted patient is reviewed by the Infection Preventionist, this is to make sure that the District offers appropriate vaccination to the community to address Population Health in a positive manner and to protect the Skilled Nursing residents who may not be able to receive various vaccinations due to allergies or other pre-existing conditions. The QAPI initiatives for the Acute Care department are fully integrated into the Hospital Wide QAPI program overseen by the Quality Assurance Performance Improvement Committee and reported to the Board of Directors on a quarterly basis.

Goals for Acute Care Department 2021

- Increase local outreach for nursing staff
- Improve Retention of nursing staff
- Decrease number of traveling nurses
- Maintain a patient census of 6-7 at all times; combination of In-patient and Swing Bed status

Emergency Services

Jerold Phelps Community Hospital operates a standby emergency department which is defined as an emergency medical service with a physician on call to carry out the provision of emergency medical care in a specifically designated area of the hospital which is equipped and maintained



at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable time. (22 CA ADC 70649) The Emergency Department (ED) at Jerold Phelps hospital is available 24 hours per day 7 days a week with an on-call Emergency Physician available. The ED Registered Nurses who are certified and trained to triage patients using the Emergency Severity Index triage tool, a five level triage scale that is used to prioritize patients based on severity of condition and resources needed. All staff working in the ED are required to maintain Advanced Cardiac Life Support (ACLS) as well as Pediatric Advance Life Support (PALS) training every two years. FY 2020 the ED Physicians and Nurses cared for 2540 patients, which is an average daily census (ADC) of approximate 7 patients per day. The top ten ED Diagnoses FY 2020:

1. Allergic contact dermatitis due to plants, except food
2. Urinary tract infection, site not specified
3. Unspecified asthma, uncomplicated
4. Periapical abscess without sinus
5. Chest pain, unspecified
6. Acute pharyngitis, unspecified
7. Low back pain
8. Unspecified abdominal pain
9. Rash and other nonspecific skin eruption
10. Unspecified asthma with (acute) exacerbation

The Emergency Department at Jerold Phelps Hospital continues to be certified and in compliance with North Coast Emergency Medical Services Emergency Department Approved for Pediatric (EDAP) Level II standards. This designation demonstrates that the Jerold Phelps ED has all the necessary emergency medical equipment needed to care for pediatric patients during an urgent to emergent situation. All staff who work in the ED are certified in advanced pediatric life support (PALS) and receive on-going pediatric emergency education.

The Emergency Department has provided essential care to the community during the COVID -19 pandemic, and it is committed to continuing the support during the next phase of the COVID pandemic.

Emergency Department Goals for 2021

- Continue to support the community during the COVID Pandemic
- All staff to take the Trauma Nursing Core Course (TNCC) and become certified
- ED staff will complete the Emergency Nursing Pediatric Course (ENPC)
- Begin working on Certified Emergency Nursing (CEN) certification
- All staff will complete their NIHSS stroke certification within 30 days of hire.

Swing Bed Program

The Swing Bed Program which can be utilized by Critical Access Hospitals and for which Jerold Phelps Community Hospital is approved for by the Centers for Medicare and Medicaid Services (CMS), under this agreement the Critical Access Hospital can use its beds as needed to provide Acute or post-hospital Skilled Nursing Facility (SNF) care and as such must meet certain requirements set forth by CMS.

Jerold Phelps Community Hospital chooses to staff the Swing Bed Program at the same level as the Acute Care beds, maintaining a ratio of one Registered Nurse for each five patients (1:5).

Quality Assurance/Performance Improvement (QAPI) Initiatives for the Swing Bed Program are overseen by the Director of Nursing for the Skilled Nursing Facility (SNF). Currently the S.M.A.R.T. Goals for the Swing Bed program consist of monitoring patient's weights for timeliness in obtaining weekly weights and monitoring for percentage of meals taken in on a daily basis. Tracking of these two elements for patients will alert the nursing staff as to whether or not the patient's intake is adequate to maintain a healthy weight conducive to optimal health for age. This information is additionally monitored by the Registered Dietician to make determinations as to whether or not to add dietary supplements to any resident or patient diet. The QAPI

initiatives for the SWG Bed Program are fully integrated into the Hospital Wide QAPI program overseen by the Quality Assurance Performance Improvement Committee and reported to the Board of Directors on a quarterly basis.

Distinct-Part Skilled Nursing Facility

The Distinct-Part Skilled Nursing Facility DP/SNF is an eight bed residential unit licensed by the California Department of Public Health and Certified by the Centers for Medicare and Medicaid Services (CMS). The SNF has maintained an average daily census of 8.0 residents this past fiscal year. The Skilled Nursing Facility is open to anyone in the County of Humboldt and beyond, yet preference is given to the immediate needs of long term District community members. Currently all eight beds are full and the District does maintain a waiting list.

On May 24th, 2021 the California Department of Public Health conducted the annual Life Safety Survey. The Plan of Correction for Life Safety Survey was submitted on June 6th, 2021, finalized and accepted that same day by CDPH. On May 17th, 2021 through May 20th, 2021, California Department of Public Health (CDPH) conducted the annual Re-Licensing and Certification Survey. All deficiencies were addressed timely and the Plan of Corrections was accepted on June 30th, 2021.

Quality Improvement Initiatives for the Skilled Nursing Facility consist of monitoring patient's weights for timeliness in obtaining weekly weights and monitoring for percentage of meals taken in on a daily basis. Tracking of these two elements for patients will alert the nursing staff as to whether or not the patient's intake is adequate to maintain a healthy weight conducive to optimal health for age. This information is additionally monitored by the Registered Dietician to make determinations as to whether or not to add dietary supplements to any resident or patient diet.

Assembly Bill (AB) 2079 dictates that California Skilled Nursing Facilities staff with a minimum of 3.2 Nursing hours per patient day. Jerold Phelps Community Hospital Skilled Nursing Facility exceeds that ratio by 1.3 Nursing hours per patient day, maintaining 4.5 Nursing hours per patient day, these hours are dedicated to direct patient care. The Skilled Nursing Facility has received an overall 3-Star Quality Rating, a 5-Star Quality Rating for Staffing in general which is inclusive of Licensed Vocational Nurses,

Certified Nursing Assistants and Activities Director and a 5-Star Quality Rating for Registered Nurses for this past Fiscal Year from Medicare.gov. The Five-Star Quality Rating System is based on three areas; Health Inspections that are carried out by trained objective inspectors, staffing based on hours of care provided on average to each resident each day by nursing staff and quality measure rating that gathers information from 11 different physical and clinical measures for nursing home residents. The quality measures offer information about how well nursing homes are caring for their residents' needs. Jerold Phelps Community Hospital Distinct Part Skilled Nursing Facility is proud of these achievements it is a testament to the Staff working and caring for the residents on a daily basis. The QAPI initiatives for the DP/SNF are fully integrated into the Hospital Wide QAPI program overseen by the Quality Assurance Performance Improvement Committee and reported to the Board of Directors on a quarterly basis.

Dietary

Months Covered: Jan-June 2021

Dietary Food Temperature Log

Dietary Staff are responsible for taking and recording their cooked and cold food temperatures. Dietary staff then must record those temperature readings on the food temperature log. Both hot and cold foods must have temperatures checked prior to serving the food to our patients/residents. This also must be done to meet regulatory compliance. This is to ensure that our patient population is receiving safe food. Dietary staff are trained on what the minimum cooked and maximum cold food temperatures must be prior to food service. The food temperature log is monitored weekly by department manager. If any temperatures are missed/incorrect then Department Manager reviews with employee process for taking and recording food temperatures. Department Manager tracks this information weekly on department checklist. Upon hire and annually thereafter each dietary employee completes in-service training that includes taking and recording food temperatures. Below are my findings. The missed recording on 1/3/2021 employee responsible for missed entry was made aware and reminded of process on 1/6/2021. She stated she "was in a hurry and forgot to record them." I found one missed entry on 5/5/2021 for dinner

menu. I spoke with employee responsible on 6/1/2021 " she stated I must of forgot to record them but I know that I took the temperatures of all my foods served." Both incidences involved two different employees. Started using a new food temperature form this is why some foods were missed and not recorded in August. Spoke with employee responsible and reminded them of when and how to fill out the form 8/26/2021. One day in September employee just completely forgot to record temperatures spoke with this employee on 10/12/2021.

	January 2021	February 2021	March 2021
1st	31 days tracked	28 days tracked	31 days tracked
Quarter	31 days correct	28 days correct	31 days correct
	97%	100%	100%
	April 2021	May 2021	June 2021
2nd	30 Days tracked	31 Days tracked	30 Days tracked
Quarter	30 Days correct	30 Days correct	30 Days correct
	100%	97%	100%
	July 2021	August 2021	September 2021
3rd	31 days tracked	31 days tracked	30 days tracked
Quarter	31 Days correct	27 Days correct	29 Days correct
	100%	87%	97%

Infection Prevention/Employee Health

Covid-19 Immunization/Testing

The Infection Prevention Program in concert with the Infection Prevention Registered Nurse oversaw and offered COVID immunizations to all employees who requested one. The Infection Prevention Program with the assistance from nursing personnel vaccinated all Skilled Nursing Residents (SNF). As mandated by the both the Centers for Disease Control (CDC) and

the California Department of Public Health (CDPH) a COVID Risk Mitigation Plan was developed and implemented based on guidelines from those regulatory bodies. All new admissions to the Facility must test negative for COVID prior to being accepted and are re-tested for COVID and placed on isolation until the 2nd test returns negative. For those admits who are unvaccinated, we offer education and the vaccine for those who request one.

Employees and Visitation

All employees are screened (temperature and symptom screening) at the beginning of their work day. All entry into hospital is through the Emergency Department entrance. At the early onset of the Pandemic, visitation was quite limited. Once those restriction were lifted by both the CDC and CDPH, visitors to the Acute/SNF facility were screened upon entry to hospital and then again at the nursing unit. Visitors to the In-patient Unit as well as the Skilled Nursing Facility must present a COVID Vaccination card exhibiting full vaccination or show proof of a negative COVID test within the past 72 hours in order to gain entry to the hospital wing for visitation. Those visitors exhibiting Influenza Like Illness (ILI) symptoms or COVID symptoms are asked to refrain from visiting until they are symptom free.

For unvaccinated employees, they undergo weekly testing with results kept by the lab manager and forwarded to IP.

Rate for Hospital: 86% vaccination rate.

11% of hospital employees were unvaccinated.

Influenza Immunization Program:

- We continued with the policy requiring surgical masks for unvaccinated healthcare personnel that was implemented in November of the 2020-2021 influenza season.
- Approximately 65% of employees, contract staff, and licensed independent practitioners had received the seasonal influenza vaccination.
- All Skilled Nursing Residents were vaccinated and we had zero residents identified with Influenza Like Illness (ILI) in late 2019-2020 Flu Season.



Evaluation: The staff vaccination rate of 65% fell short of the Healthy People 2020 revised goal of 90% for the influenza season. For the facility, this rate represents a decrease over the 2019-2020 influenza season vaccination rate of 77%. Suspect, that for some employee's, since all were required to mask due to COVID, there was no deterrent to get the vaccine to avoid having to wear mask.

- 87 employees received Flu vaccination.

New Employees:

30 new employees were hired in 2021 FYE. All were screened for immunity (by vaccination or titer) to measles, mumps, rubella, and varicella. Non immune employees were offered the appropriate vaccine(s) at no cost. All employees were offered Tdap vaccine if they had not previously received it. Those with occupational risk for bloodborne pathogen exposure were screened for immunity to hepatitis B and offered the vaccine series if not immune.

Evaluation: The vaccine screening process is functioning well. There will be no changes at this time.

N-95 Particulate Respirator Program:

As required by the Aerosol Transmissible Disease program, all employees who have potential to come into contact with aerosol transmissible diseases must be fit-tested to respiratory protection to decrease the possibility of disease transmission. Employees must be fit-tested upon hire and annually. The facility does not have negative airflow rooms for patients with suspected airborne disease. Therefore patients with airborne conditions are transferred as soon as possible.

- 23 employees were successfully fit tested for N-95 respirators in FY 2021.

Evaluation: Annual FIT testing will be performed upon hire and then annually each year in March and September.

Infection Prevention Program:

FYE 2021 Accomplishments

- Healthcare Associated infections: Zero publicly reportable healthcare acquired infections occurred in FYE 2021.
- Policies and Procedures: The Infection Prevention department's Policy and Procedure Manual was reviewed and updated as appropriate in March 2021 (35+ policies).
- Infection Prevention Committee: The newly created Infection Prevention Committee had its first meeting in May as a subcommittee of the Medical Staff and will continue to meet quarterly.
- Sterile Processing: Monthly instrument and log audits indicate that the new process is continuing to function well. Infection Prevention continues to perform monthly instrument and log audits. The video based training protocol with post testing and return demonstration of competency continues to function extremely well.
- Antibiotic Stewardship Program: Monitoring and tracking of in-patient antimicrobial orders continues and Infection Prevention continues to follow-up with positive ED, Acute, Inpatient, Observation, Swing, and SNF cultures with communication to MD/NP's and patient if an ineffective antibiotic has been prescribed. The plan is for the Antibiotic Stewardship Committee to hold quarterly meetings. In FYE 2021, only three meetings were held. The last Quarter of the FY there was no meeting. Meeting reports go to the Medical Staff quarterly. Antibiotic resistance rates are trended and also reported to Medical Staff.
- Water Program: The Water Program has not been a priority during the pandemic, plans are being made to revisit this program in the next fiscal year.
- Environmental Rounds: There was one Environmental Round performed in the June of 2021 with IP, Department Managers of Skilled/Swing and Acute/OBS and physical environment for cleanliness, safety, supply outdates, repair, and other issues were inspected. Findings were sent to the appropriate managers for correction with results being reported to Medical Staff quarterly. The

plan going forward with the new Infection Preventionist will be for quarterly environmental rounds to be performed with areas to be divided up into 4 major areas: hospital, clinic/lab, administration, and Sprowel Creek Campus.

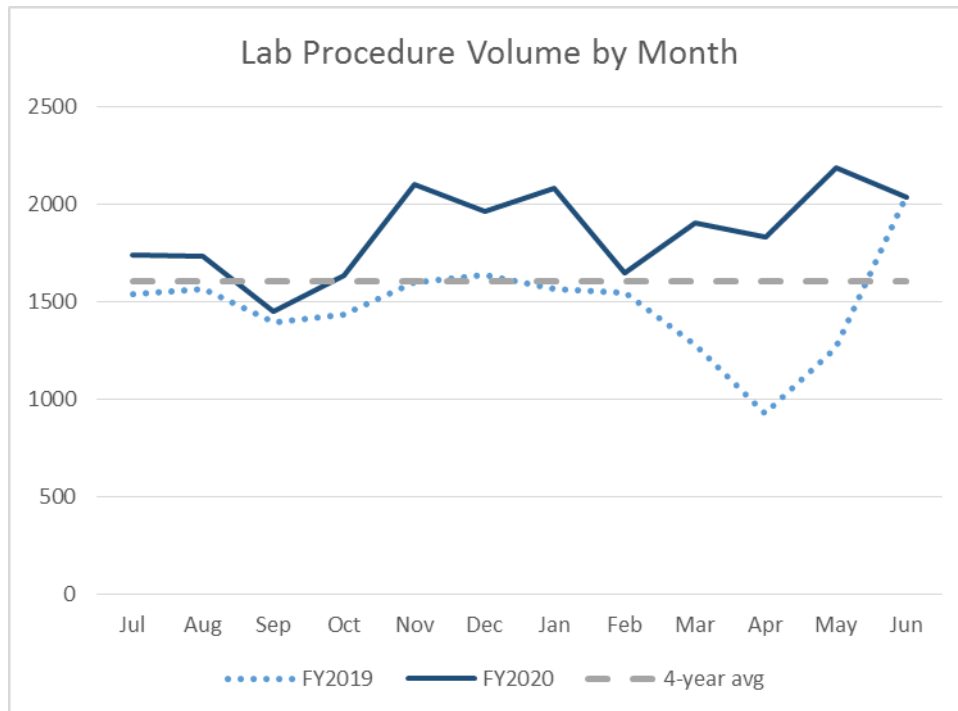
Ancillary Services

Laboratory

COVID-19

The SARS-CoV-2 pandemic was the dominant force shaping everything the laboratory did during FY2021. Its defining feature was continual disruption. Processes, workload, personnel, quality improvements, capital projects – everything was subject to not only changes but changing changes. Despite the disruptions and challenges, the pandemic also became an opportunity to rise to the challenge and bring laboratory medicine as a tool for protecting patients and supporting overall public health.

The disruption can be partially visualized by graphing the lab's monthly procedure volume. FY2021 was the highest-volume year for lab procedures in at least the last five years. We completed 22,294 procedures compared to 17,763 in FY2020 – an increase of 25.5%. Volume was higher in every month except one. Also in every month except one, the monthly volume exceeded the average monthly volume for the previous four fiscal years.

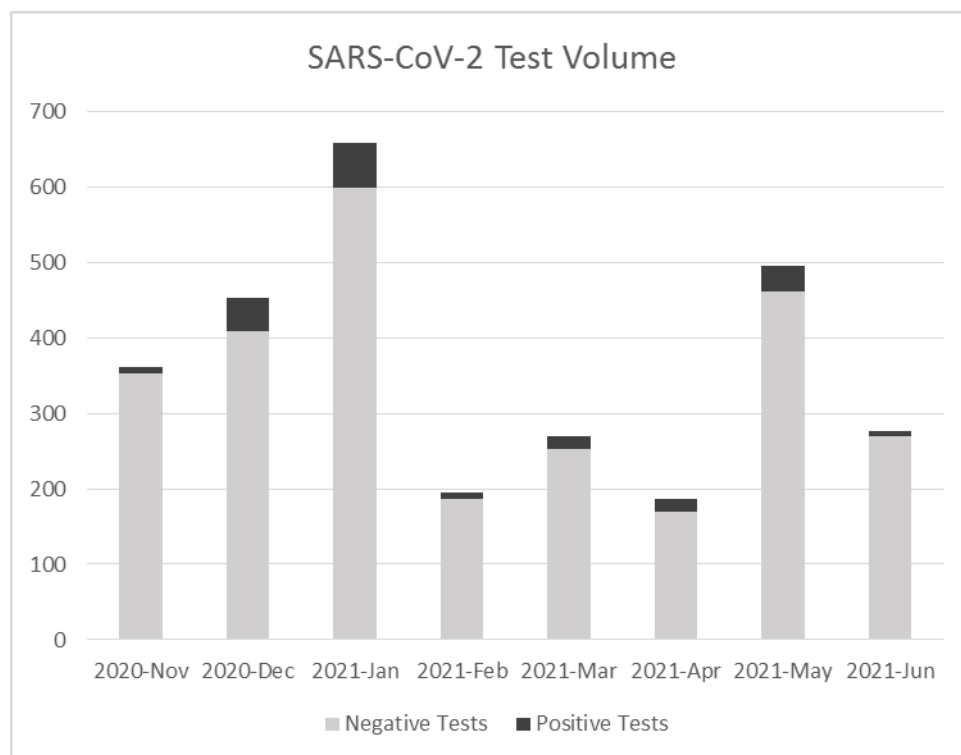


The higher volume was not uniform however. In the winter months, volume shot up as newly available in-house SARS-CoV-2 testing was in high demand – a demand SoHum met by offering testing to everyone by written protocol rather than requiring a physician’s written order. It dropped to normal levels in February as the holiday surge of COVID-19 cases subsided. In the spring, it shot up again as SoHum performed hundreds of SARS-CoV-2 tests for local sports teams.

The changes in procedure volume came with little notice, making them more difficult to manage. In October 2020, we committed to delivery of a new cell counter for CBC and related testing. By the time it arrived in December, we were unable to do the verification studies, training, and other tasks required to bring it into use. There would have been time in February, but by the time we realized we had time to work on the project, some of the needed supplies had expired. Many efforts proceeded in fits and starts because of this pandemic-driven problem of unpredictable procedure volume.

Testing for SARS-CoV-2 was our great triumph for the year, despite the disruptions it caused. We brought testing into use in late October, and by November we were offering tests without a written provider order. We were

the only testing provider in Humboldt County offering same-day, rapid, molecularly based SARS-CoV-2 testing to anyone concerned about having possibly contracted the virus. By June 30, 2020, we had detected 195 positive cases. **We estimate that providing very rapid positive test results prevented thousands of cases in our community and saved on the order of 20 lives.**



Accreditation and Licensure

The biennial renewal survey for the laboratory's COLA accreditation renewal was due in December. Travel deferrals caused repeated delays, and eventually COLA renewed the accreditation based on electronic interview with the laboratory manager.

Annual state laboratory licensure renewal was completed timely in June.

Personnel

At the beginning of FY2021, the laboratory manager position was vacant. It was filled in July by Adam Summers, who has managed or directed laboratories at Kern Valley Hospital, Delano Regional Medical Center, Sutter Lakeside Hospital, and Northern California Community Blood Bank.

Joy Rubia, Paul Laceda, and Todd Gregory continued in their positions throughout the year. Their contributions remain the backbone of our laboratory services. Each of them has stepped up to the challenges created by the pandemic and ensured that quality laboratory services remain available for our patients.

The increase in laboratory procedure volume, combined with the additional efforts required to respond to the COVID-19 pandemic, have left the lab staff chronically overworked. Administration has acknowledged the problem. We are working toward adding an additional staff member in the first half of FY2022.

Test Systems and Test Menu

The new DxH 690T cell counter arrived in December. It could not be put into use in FY2021. Errors by the manufacturer in its initial setup, combined with a lack of lab scientist time, pushed work on the project into FY2022. (As of September 2021, the project is nearly complete.)

Three new Abbott ID NOW devices were loaned to us by Abbott Rapid Diagnostics and placed into use. A fourth is in local storage in case one of the others malfunctions. These devices allowed us to begin SARS-CoV-2 virus testing in our laboratory.

We selected the Diesse Minicube test system for erythrocyte sedimentation testing. Our existing system from Streck is being sunsetted in FY2022. The Minicube has arrived, but a lack of lab scientist time has prevented any work on the system.

Similarly, we purchased a quality data management system called iPassport from Genial Compliance Systems. It has many functions that could enable

faster, easier, more complete, and more consistent quality activities, ranging from revising policies and procedures to documenting maintenance activities. Work on developing iPassport for our use was making good progress early on but stopped in March 2021 when we were called on to develop and run a program of SARS-CoV-2 testing for local student athletes. It will be our highest-priority project once the DxH 690T project is complete.

Radiology

From 7/1/20 until 6/30/21, the Radiology department provided diagnostic x-rays utilizing DR (direct radiography) and CT scan services utilizing a 64 slice GE Revolution Evo 770 CT machine. The department also provides screening mammography utilizing a Hologic Full-Field Digital 2D mammography machine.

For the fiscal year 2021 the radiology department performed a total of 3,004 exams:

- 920 x-ray exams for ED patients
- 1,015 x-ray exams for outpatients
- 36 exams for inpatients
- 168 screening mammograms
- 569 CT scans for ED patients
- 13 CT scans for inpatients
- 283 CT scans for outpatients including 58 low dose lung screenings

Quality Assurance/Performance Improvement (QAPI) Initiatives for Radiology are overseen by the Radiology Manager. Currently the S.M.A.R.T.

Goals for Radiology consist of optimizing general x-ray techniques for high image quality with the lowest possible radiation dose to the patient.

Radiology goal FY 2022

The Radiology department is hoping to add outpatient MRI services for FY 2022.



Materials Management

We have had a difficult year in Materials with the short supply of PPE products and constantly taking extra time to procure the materials needed for our hospital due to Covid-19.

- We have signed up for supply assurance contracts to ensure that we maintain a 90 day supply of certain products on hand.
- We have done a complete Analysis of contracts with Vizient and Cardinal. We will be finishing this up in the next couple of months. Cardinal will be issuing a credit rebill for contracts not loaded.
- Due to the implementation of Pyxis in the pharmacy there was a need for a full time Pharmacy technician and full time Materials technician. We have recently hired a Full time Materials technician.
- With the opening of the new Garberville pharmacy we have assisted by purchasing all items needed for this pharmacy. Along with setting up all new accounts for QS1 and Cardinal purchasing.
- We have continued to monitor expired materials but will be changing the process over the next year.

Goals for FY 2021

- Organize the Materials stock room by making sure all areas are marked with Item numbers.
- Performing valuation reports weekly to adjust quantities as needed.
- Materials technician will be stocking all locations daily and working with each department to make sure items being used consistently are stocked in the appropriate areas.
- Monitoring Materials outdates monthly in Materials, Acute, Clinic, ED and 123 rooms.
- Monitor purchasing for items purchased off of contract and rectifying when needed.

340B Program

SHCHD has implemented a 340B program that went live on October 31st 2017. The purpose of the 340B program is to be able to help our community by providing lower cost medications to our cash paying customers. We receive discounts through our 340B program which we pass onto our cash paying customers. Since we are a very rural health center this is helping our patients receive their medications and be more compliant on taking their medications.

- We have lost 2 contract pharmacies due to closure.
- We have changed 340B TPA (Third Party Administrators)
- We have implemented a new TPA Cervey. We will have Split Billing and Contract modules.
- We have been using 340B in our entity owned Garberville pharmacy and we are seeing the capture rates improve with weekly auditing of our program.
- We have implemented a 340B savings card for patients without insurance to receive their medications at a discounted rate.
- The split billing module is now capturing all eligible Outpatient dispensations for the hospital and we are seeing the potential for significant savings on the hospital side.

Goals for FY 2021

- Continue to monitor closely with monthly audits and weekly reviews of both the Split billing and contract programs.
- Currently contracting with RRHC. We should be able to start the contract pharmacy relationship with them in August.
- Will be working with Hospital and Garberville pharmacy to optimize our capture. This will in turn help us to provide more services for our patients.
- Will be starting a new Quality report on UD modifiers. This will help us to identify any claims that have not automatically dropped the UD mod on the claim and work with PFS and HIM to rectify.
- I will also be adding auditing for the Out Patient Pharmacy to make sure that we are being paid by the third party insurances. I will work with the Chief Financial Officer and Accounts payable.

Patient Financial Services

General:

The Revenue Cycle; including registration/ PFS for the clinic, emergency department, and hospital; is responsible for assisting patients while in the facility, handling the flow of information, paperwork, and follow-up to ensure that patients are billed appropriately and the facility operates within compliance with the law and CMS guidelines.

- Register patients for the full range of services offered by SoHum Health. This includes verifying the patient's identity, updating all demographic and relevant information, obtaining patient insurance information and determining how to properly order and bill the services provided to the payor(s).
- Request, verify, and file patient medical records. Work with patients and providers to ensure we have all needed documentation in the patient's chart.
- Work with staff in all departments to ensure legal and compliance requirements are being met and proper documentation has been obtained.

FYE 2020 Summary:

The first half of FYE 2020 proceeded as expected in regards to volume and was in line with historical trends. Starting in March of 2020, with the outbreak of the COVID 19 pandemic, the Patient Financial Services department, along with the rest of the hospital, was forced to re-evaluate all internal processes and procedures. Every process that we had in place,

every script and every piece of paperwork we used, had to be overhauled, adjusted, and continuously monitored for accuracy as new information became available and the regulations changed from day to day.

Accomplishments:

- We drafted and implemented new and innovative ways to communicate with patients, help them navigate the changes, and provide the same quality of service that our community members have come to expect from our staff.
- Researched, proposed, and implemented DocuSign digital forms to obtain legally required forms from patients who could no longer enter the facility.
- Consolidated positions, re-wrote work lists, and daily duties for PFS staff to accommodate the COVID 19 required leave.
- Created an entire new process to facilitate telehealth and video visits for our clinic patients who needed essential primary care services, but were unable to enter the facility.
- Partnered with other departments in a detailed and meaningful way to ensure that changes in process and work flow would not result in a negative impact for patients or staff.
- It took every available registration staff member that we have trained, every hour that we could get from them, including working late and on the weekends, to keep up with the additional workload as a result of the COVID 19 pandemic.

Goals:

- To refine processes and procedures as information and guidelines change, with the end goal of matching or improving the in-person patient experience as the COVID 19 pandemic continues to change the landscape of health care.
- To support staff and other departments in their efforts to provide excellent patient care.
- To transition PFS staff training and reference material to a new platform, which will be friendlier for end users and trainers.
- Hire additional staff for PFS in both the hospital and the clinic.
- Resolve process “bottle-necks” by cross-training staff to handle a wider scope of daily tasks that are currently, and unsustainably, the responsibility of a single staff member.

As required by CMS Conditions of Participation; C330, C331, C332; 485.641, Periodic Evaluation and Quality Assurance Review; Submitted by Judy Gallagher, MSN, CNO for Medical Staff and the Board December 2021

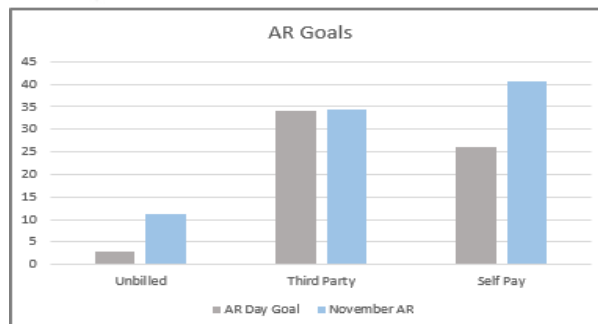
Addendum: *attachment; Quality Assurance Performance Improvement report; most recent Quarterly Report*

Southern Humboldt November 2021



Key Items

- ➔ **November closed at 86.3 AR Days or \$3.9M in Gross AR**
- ➔ **Cash collections totaled \$845K, or 98% of October's net revenue**
- ➔ **Third Party Aging increased by \$58K, and is now at 23.3%**
- ➔ **Unbilled AR closed at 11.1 days or \$487K**



Detailed Initiatives & Obstacles

- **Overall AR:** November closed with 86.3 AR days or \$3.9M in Gross AR. Although gross AR was reduced by \$163K, the AR days increased by .4 days due to the decrease in revenue. Revenue is down for the second consecutive month in a row, and came in \$129K less compared to October. Self-pay AR ended November at 40.6 AR days which is a decrease of 1.4 AR days since October and puts us 14.6 days from goal. The Unbilled AR continues to trend high and ended November at 11.1 AR days or \$487K. This puts the unbilled AR 8.1 days away from goal. Third Party AR increased by 2.0 days and is sitting at 34.5 AR days which falls slightly above the goal of 34 days. Cash collections totaled \$845K or 98% of net revenue.
- **Third Party Aging:** Third Party Aging increased by \$58K in November leaving \$502K in aged balances. Medicare saw an increase of \$18K which put the Medicare financial class at 15.6% aged over 90 days in November. Medi-Cal saw a large increase of \$74K which is a 4.2% increase since September and is currently at 26.3% aged over 90 days. Overall, the delay in coding encounters in a timely manner has aided in the growth of both AR and aging, primarily impacting the Medicare and Medicaid financial classes. There were multiple high dollar claims in the Medicare and Medicaid financial classes that were already aged over 90 days by the time they were coded and billed towards the end of November. This is a topic on our agenda during our bi-weekly calls. Along with the delay in coding, we have multiple (ten) Medicaid claims which are pending for TAR's. We ended November with \$50K in aged Medicaid claims which are all pending Medicaid TAR's. Commercial aging also saw a decrease of \$31K and is now at 30.1%, and Workers Comp decreased by \$3K and is now at 48.9%. Overall aging is now 8.3% outside of goal.
- **Unbilled AR:** Unbilled AR is significantly high for the sixth month in a row, ending November with 11.1 days or \$487K in unbilled charges. The delay in coding and submitting claims is negatively impacting the AR as well as the cash collections. The delay in charges has also been adding revenue to closed months which is inflating the AR days by understating the revenue. If the unbilled AR remained within goal of 3 days, the likelihood of collecting net revenue increases substantially and reduces the chance of the AR aging over 90 days from discharge. We ended November 8.1 days away from our goal.

Industry Updates COVID Vaccine and Monoclonal Antibody Products Billing Changes

Effective January 1, 2022, the Centers for Medicare and Medicaid Services will change the way physicians bill and are paid for COVID-19 vaccine administration and monoclonal antibody product for Medicare Advantage enrollees.

For Medicare Advantage patients treated on or after January 1, 2022, COVID-19 vaccine administration and monoclonal antibody claims should be submitted to the patient's Medicare Advantage plan. Fee-for-service (FFS) Medicare will no longer pay these claims.

Currently and for services provided through the end of 2021, Medicare Advantage claims must be submitted directly to the applicable Medicare FFS Administrative Contractor in order to be paid

For more information, please review [MLN Connects 2021-11-04](#)

Amanda Hornby | Revenue Cycle Director

Healthcare Resource Group

Office 509.209.2078 | ahornby@hrgpros.com

Patient Financial Services (PFS) | Health Information Management (HIM) | Revenue Cycle Integrity (RCI)

Largest employee-owned revenue cycle management company in the nation.



Southern Humboldt Community Healthcare District



MONTH END FINANCE REPORT

November 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	June-21	July-21	August-21	September-21	October-21	November-21
REVENUE							
Net Revenue		\$1,004,099	\$873,692	\$828,034	\$865,473	\$859,516	\$766,278
Gross Revenue		\$1,530,917	\$1,589,996	\$1,487,956	\$1,526,536	\$1,379,368	\$1,250,010
CASH							
Cash Collections as a % of Net Revenue	100%	109%	67%	117%	94%	98%	98%
Cash Collections		\$919,408	\$667,778	\$1,022,607	\$782,067	\$847,125	\$845,077
ACCOUNTS RECEIVABLE							
Net AR		\$1,742,644	\$1,628,273	\$1,646,539	\$2,015,550	\$2,298,768	\$2,152,522
Gross AR		\$3,429,267	\$3,600,312	\$3,977,473	\$4,260,844	\$4,103,537	\$3,941,004
Unbilled	3	8.8	9.4	12.4	12.0	11.4	11.1
Third Party	34	37.5	34.5	34.0	35.9	32.5	34.5
Self Pay	26	28.8	31.8	33.0	37.3	42.0	40.6
Total Days in AR	63	75.2	75.6	79.4	85.1	85.9	86.3
Days in AR - Credit Balances	< 1	2.10	1.93	1.72	1.94	1.99	2.10
UNBILLED							
In-house	< 2 Days	0.3	0.0	1.2	0.4	0.1	0.5
DNFB	< 1 Day	8.6	9.4	11.2	11.5	11.3	10.7
Total Unbilled	<3 Days	8.8	9.4	12.4	12.0	11.4	11.1

Third Party

	Target	June-21	July-21	August-21	September-21	October-21	November-21
AGING (excluding credits)							
Medicare Aging > 90 Days	9%	18.9% \$ 120,018	18.8% \$ 124,809	16.8% \$ 94,348	11.7% \$ 88,085	11.8% \$ 103,070	15.6% \$ 120,983
Medicaid Aging > 90 Days	16%	16.7% \$ 182,397	18.1% \$ 179,476	12.6% \$ 166,192	29.6% \$ 381,545	22.1% \$ 202,685	26.3% \$ 276,293
Commercial Aging > 90 Days	18%	23.3% \$ 96,731	25.2% \$ 114,745	23.8% \$ 109,064	39.2% \$ 149,793	35.4% \$ 121,430	30.1% \$ 90,713
Work Comp Aging > 90 Days	36%	22.3% \$ 9,196	24.0% \$ 10,144	29.6% \$ 14,392	37.6% \$ 16,007	55.1% \$ 17,005	48.9% \$ 13,827
Total Third Party Aging > 90 Days	15%	18.7% \$ 408,342	19.9% \$ 429,174	16.1% \$ 383,996	25.8% \$ 635,430	20.5% \$ 444,190	23.3% \$ 501,816
CLAIM SUBMISSION EFFICIENCY							
Claims Submission		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	1,488 \$ 1,198,525
Clean Claims	85%	86%	80%	87%	85%	82%	81%
Denial Percent	5%	4%	6%	2%	5%	5%	6%
Total Denial Rate	Count Amt	79 \$ 52,070	76 \$ 66,666	106 \$ 31,251	93 \$ 73,865	81 \$ 66,251	90 \$ 65,452
Late Charges	Count Amt	12 \$ (16,174)	36 \$ 2,131	14 \$ (888)	59 \$ (179)	4 \$ 442	50 \$ 27,619
Communication Log Backlog		228 \$ 183,554	200 \$ 190,188	196 \$ 178,436	177 \$ 163,425	152 \$ 280,519	201 \$ 300,643

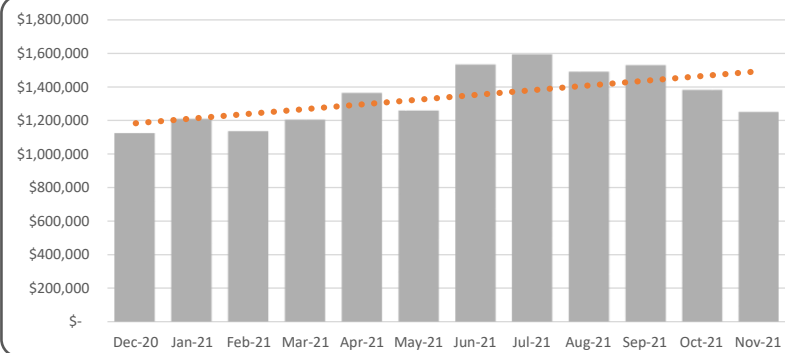
Self Pay

	Target	June-21	July-21	August-21	September-21	October-21	November-21
INVENTORY & QUALITY							
Total Inventory		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	3,872 \$ 1,855,738
New		341 \$ 123,757	648 \$ 158,139	742 \$ 119,678	328 \$ 117,508	501 \$ 120,469	423 \$ 116,312
Resolved		261 \$ 103,198	276 \$ 101,147	222 \$ 65,720	184 \$ 19,746	198 \$ 34,137	147 \$ 16,190
Aged >120 days from Assignment	< 25%	52.4% \$ 687,610	44.1% \$ 666,192	39.3% \$ 649,510	34.8% \$ 650,082	33.1% \$ 664,210	22.7% \$ 421,465
Total Payment Plans over 120 days		\$12,321	\$16,519	\$14,093	\$19,364	\$12,744	\$18,274
Average Speed to Answer	< 60 seconds	57	137	134	139	225	119
STATEMENTS & LETTERS							
Statements & Letters		572	337	314	247	262	312
Charity Care Applications In Process		0 \$ -	0 \$ -	0 \$ -	0 \$ -	0 \$ -	16 \$ 3,509
Inbound and Outbound Calls	In Out	120 127	40 216	156 152	139 29	119 39	125 147
WRITE OFFS							
Bad Debt as a % of Gross Revenue	< 2%	5.1% \$ 78,584	4.7% \$ 75,234	2.9% \$ 43,004	0.5% \$ 7,470	0.5% \$ 6,828	12.7% \$ 158,775
Charity as a % of Gross Revenue	< 2%	0.6% \$ 9,813	0.4% \$ 5,845	14.2% \$ 210,892	0.4% \$ 5,495	0.2% \$ 3,409	8.6% \$ 107,586

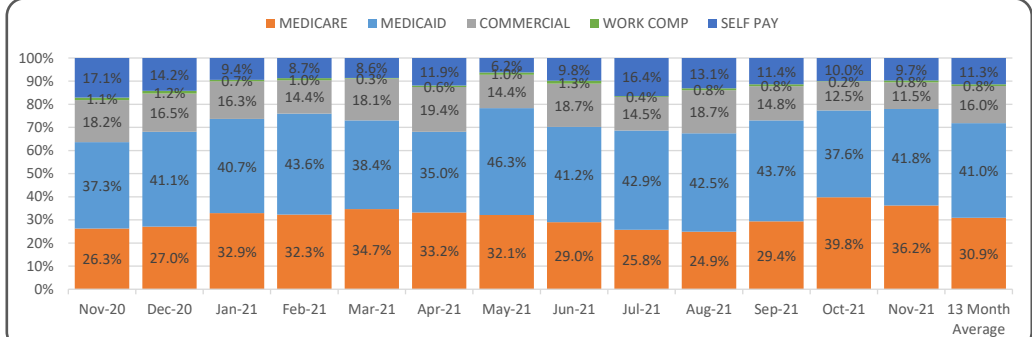
GROSS REVENUE

PAYER	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
MEDICARE	\$ 301,461	\$ 303,877	\$ 397,801	\$ 366,846	\$ 416,998	\$ 451,623	\$ 403,310	\$ 443,866	\$ 409,439	\$ 370,915	\$ 448,301	\$ 548,436	\$ 452,536	\$ 408,878
MEDICAID	\$ 427,392	\$ 461,230	\$ 491,997	\$ 495,282	\$ 461,354	\$ 476,146	\$ 582,132	\$ 630,039	\$ 681,573	\$ 632,322	\$ 666,353	\$ 518,532	\$ 522,097	\$ 542,034
COMMERCIAL	\$ 208,357	\$ 185,906	\$ 196,588	\$ 163,035	\$ 217,456	\$ 263,926	\$ 180,952	\$ 286,590	\$ 230,932	\$ 277,534	\$ 225,873	\$ 172,566	\$ 144,086	\$ 211,831
WORK COMP	\$ 13,054	\$ 13,392	\$ 7,988	\$ 11,290	\$ 3,431	\$ 7,980	\$ 13,119	\$ 19,930	\$ 6,551	\$ 12,495	\$ 12,387	\$ 2,285	\$ 10,340	\$ 10,326
SELF PAY	\$ 195,759	\$ 158,995	\$ 113,949	\$ 98,464	\$ 103,453	\$ 162,349	\$ 78,203	\$ 150,492	\$ 261,501	\$ 194,690	\$ 173,622	\$ 137,550	\$ 120,951	\$ 149,998
TOTAL	\$ 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	\$ 1,250,010	\$ 1,323,067
AVERAGE DAILY REVENUE	\$ 41,222	\$ 37,983	\$ 37,802	\$ 38,518	\$ 39,399	\$ 41,569	\$ 41,548	\$ 45,612	\$ 47,594	\$ 50,096	\$ 50,049	\$ 47,759	\$ 45,669	\$ 43,448

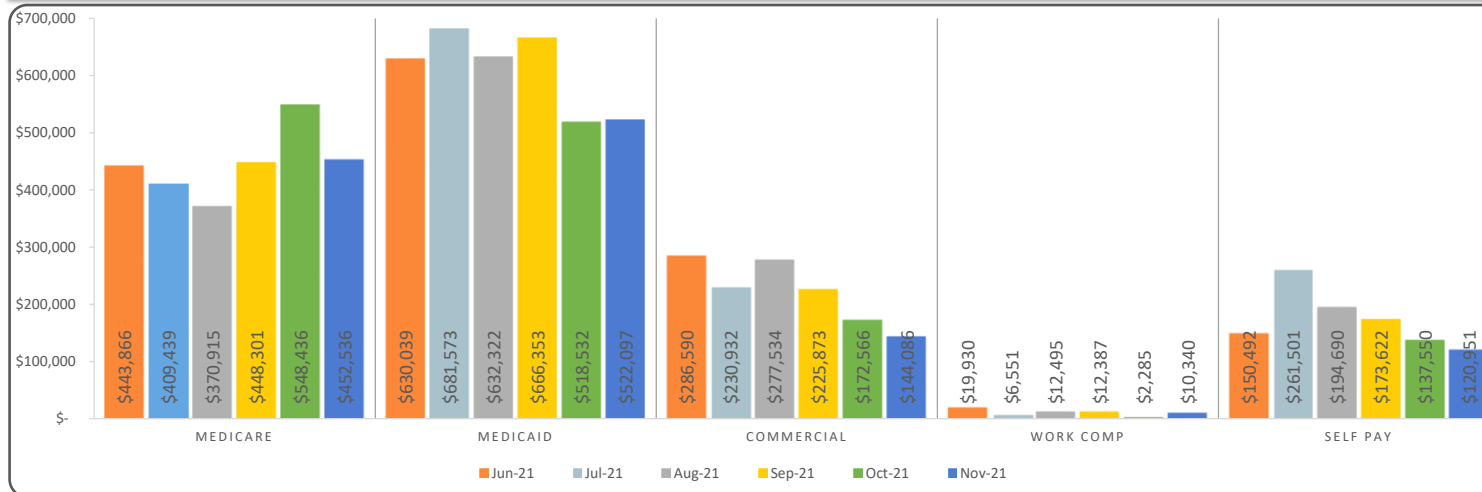
Gross Revenue



Payer Mix



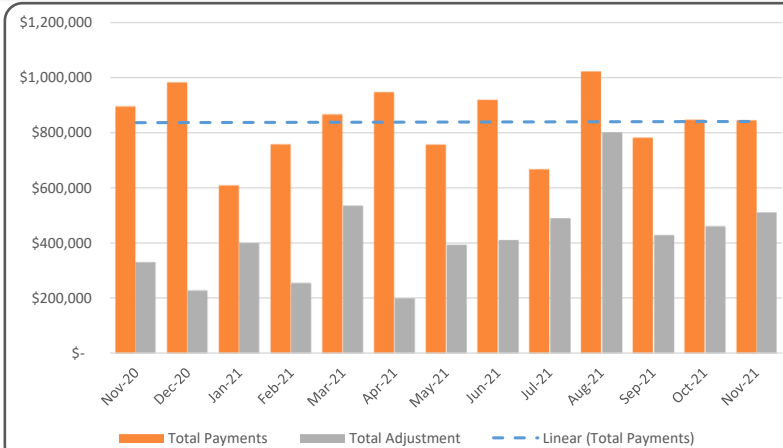
Revenue Trending By Payer



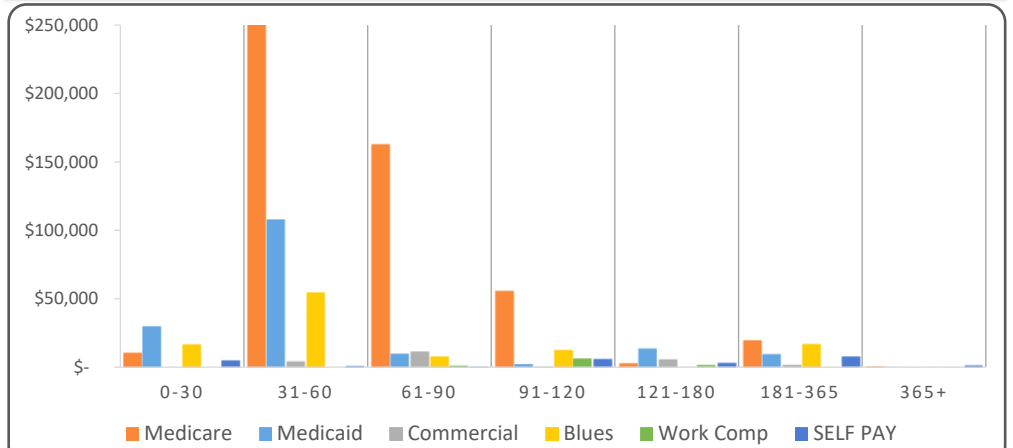
CASH DETAIL

PAYER	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
MEDICARE														
Payments	\$ 495,811	\$ 577,059	\$ 257,268	\$ 406,285	\$ 463,695	\$ 571,263	\$ 406,006	\$ 453,734	\$ 312,313	\$ 434,639	\$ 302,872	\$ 324,436	\$ 505,109	\$ 423,884
Adjustments	\$ (168,475)	\$ (254,641)	\$ (77,684)	\$ (74,352)	\$ (93,462)	\$ (255,470)	\$ (53,574)	\$ (85,608)	\$ 2,174	\$ (43,612)	\$ (9,988)	\$ 6,310	\$ (103,551)	\$ (93,226)
Collection %	151%	179%	143%	122%	125%	181%	115%	123%	99%	111%	103%	98%	126%	129%
MEDICAID														
Payments	\$ 221,152	\$ 160,074	\$ 171,139	\$ 199,789	\$ 235,677	\$ 182,937	\$ 164,512	\$ 217,061	\$ 200,717	\$ 347,502	\$ 253,418	\$ 317,123	\$ 173,863	\$ 218,843
Adjustments	\$ 275,714	\$ 290,758	\$ 237,643	\$ 237,317	\$ 366,205	\$ 274,829	\$ 235,943	\$ 314,982	\$ 303,594	\$ 482,578	\$ 353,823	\$ 360,075	\$ 273,521	\$ 308,230
Collection %	45%	36%	42%	46%	39%	40%	41%	41%	40%	42%	42%	47%	39%	41%
COMMERCIAL														
Payments	\$ 45,190	\$ 92,109	\$ 48,563	\$ 51,231	\$ 49,668	\$ 62,265	\$ 50,004	\$ 79,894	\$ 44,139	\$ 79,233	\$ 73,099	\$ 90,785	\$ 23,057	\$ 60,711
Adjustments	\$ 11,420	\$ 40,214	\$ 29,750	\$ 16,833	\$ 22,668	\$ 34,791	\$ 20,617	\$ 40,773	\$ 11,792	\$ 30,259	\$ 22,192	\$ 38,548	\$ 15,162	\$ 25,771
Collection %	80%	70%	62%	75%	69%	64%	71%	66%	79%	72%	77%	70%	60%	70%
BLUES														
Payments	\$ 50,010	\$ 75,502	\$ 67,970	\$ 71,767	\$ 64,062	\$ 78,665	\$ 86,510	\$ 118,932	\$ 75,666	\$ 115,131	\$ 97,873	\$ 71,400	\$ 109,199	\$ 83,284
Adjustments	\$ 34,879	\$ 34,909	\$ 31,616	\$ 35,361	\$ 31,343	\$ 36,462	\$ 38,598	\$ 26,324	\$ 51,912	\$ 48,423	\$ 37,614	\$ 31,797	\$ 46,032	\$ 37,328
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	59%	70%	72%	69%	70%	68%
WORK COMP														
Payments	\$ 39,141	\$ 11,479	\$ 10,193	\$ 2,303	\$ 1,166	\$ 10,873	\$ 7,073	\$ 5,617	\$ 2,700	\$ 2,674	\$ 12,018	\$ 7,004	\$ 8,873	\$ 9,316
Adjustments	\$ 10,484	\$ 7,255	\$ 6,318	\$ 4,051	\$ 1,093	\$ 6,398	\$ 2,464	\$ 1,441	\$ 1,073	\$ 4,080	\$ 2,958	\$ 3,282	\$ 5,576	\$ 4,344
Collection %	79%	61%	62%	36%	52%	63%	74%	80%	72%	40%	80%	68%	61%	64%
SELF PAY														
Payments	\$ 42,761	\$ 61,487	\$ 47,532	\$ 25,429	\$ 47,003	\$ 37,376	\$ 40,142	\$ 37,654	\$ 25,468	\$ 39,318	\$ 40,860	\$ 32,085	\$ 24,686	\$ 38,600
Bad Debt Recoveries	\$ 1,773	\$ 5,046	\$ 7,298	\$ 1,602	\$ 5,126	\$ 4,903	\$ 3,226	\$ 6,515	\$ 6,775	\$ 4,111	\$ 1,927	\$ 4,291	\$ 291	\$ 4,068
Adjustments	\$ 52,501	\$ 52,707	\$ 32,351	\$ 23,114	\$ 2,051	\$ 26,379	\$ 7,216	\$ 25,627	\$ 39,124	\$ 24,880	\$ 10,968	\$ 11,569	\$ 8,579	\$ 24,390
Charity Care	\$ 51,441	\$ 1,809	\$ 15,633	\$ 14,071	\$ 5,744	\$ 580	\$ 1,973	\$ 9,813	\$ 5,845	\$ 210,892	\$ 5,495	\$ 3,409	\$ 107,586	\$ 33,407
Bad Debt	\$ 63,838	\$ 56,328	\$ 125,709	\$ -	\$ 200,583	\$ 76,235	\$ 141,507	\$ 78,584	\$ 75,234	\$ 43,004	\$ 7,470	\$ 6,828	\$ 158,775	\$ 79,546
Total SP Adjustments	\$ 167,780	\$ 110,843	\$ 173,693	\$ 37,185	\$ 208,378	\$ 103,194	\$ 150,696	\$ 114,024	\$ 120,203	\$ 278,776	\$ 23,933	\$ 21,806	\$ 274,940	\$ 137,342
Collection %	20%	36%	21%	41%	18%	27%	21%	25%	17%	12%	63%	60%	8%	28%
TOTAL														
Total Payments	\$ 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	\$ 845,077	\$ 838,706
Total Adjustment	\$ 331,802	\$ 229,338	\$ 401,336	\$ 256,395	\$ 536,225	\$ 200,204	\$ 394,744	\$ 411,937	\$ 490,749	\$ 800,505	\$ 430,532	\$ 461,817	\$ 511,680	\$ 282,447
Total Collection %	73%	81%	60%	75%	62%	83%	66%	69%	58%	56%	64%	65%	62%	67%

Cash & Adjustment Trending

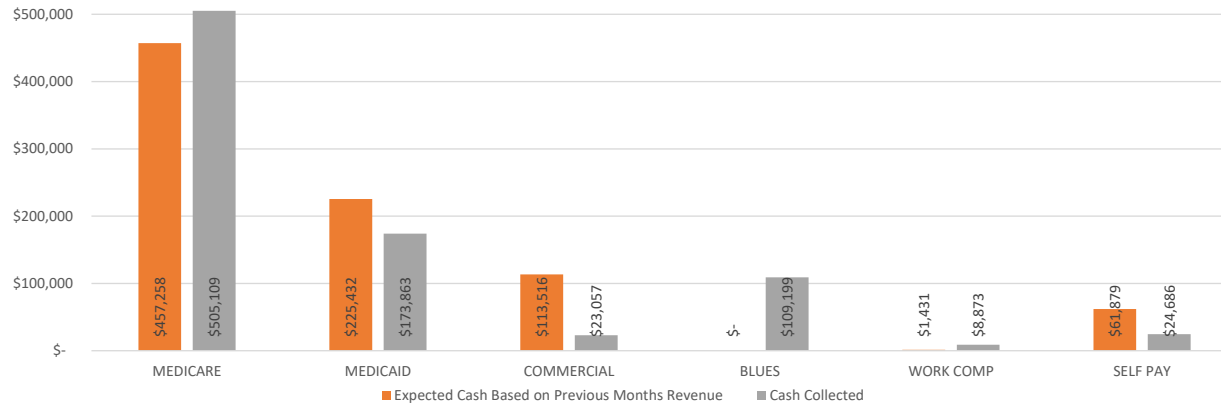


Cash Collections by Discharge Date

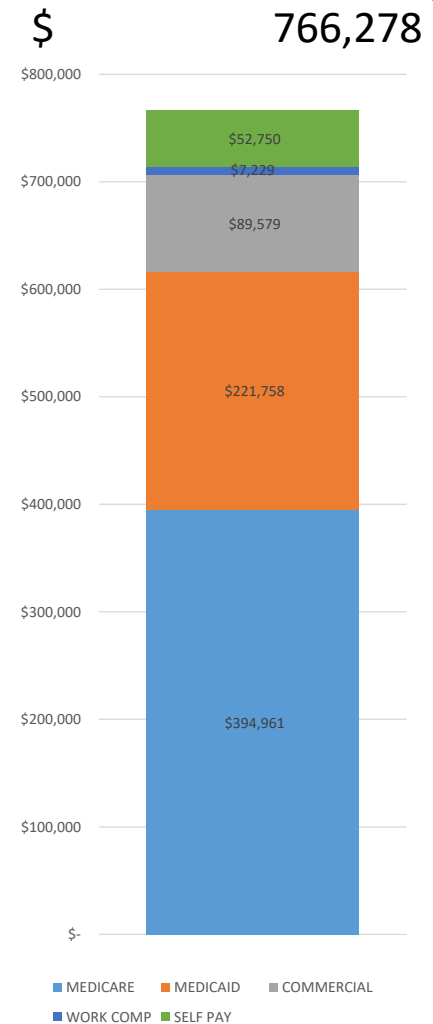


CASH FORECASTING

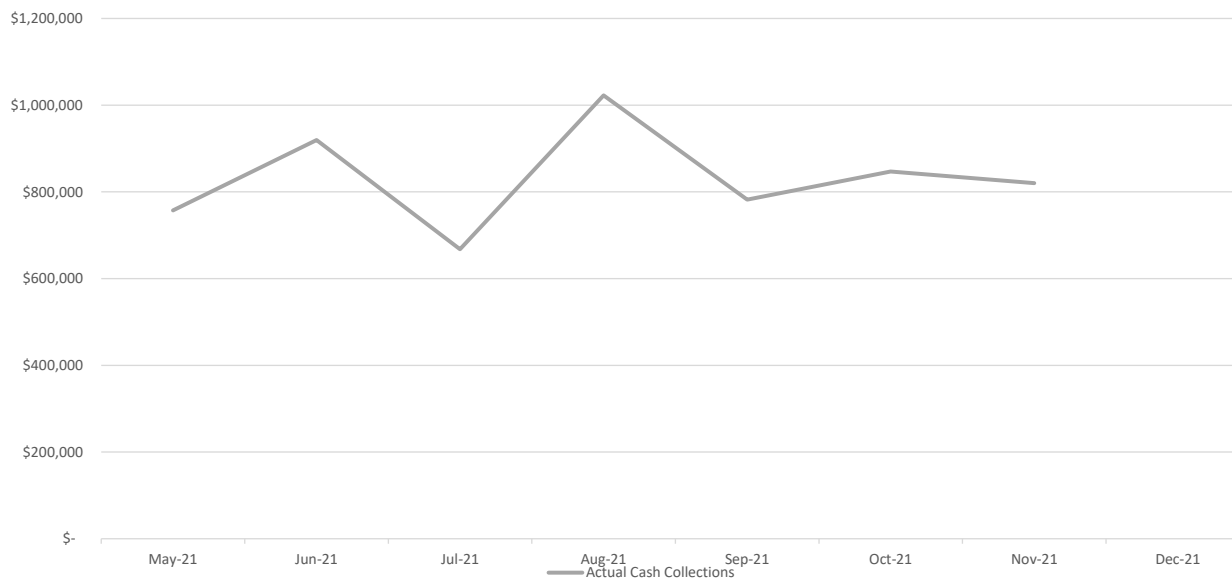
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month
(Based on this Months Revenue)



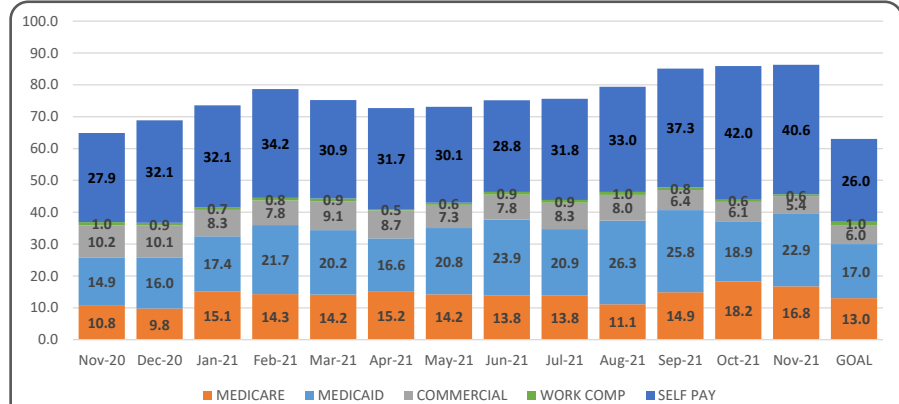
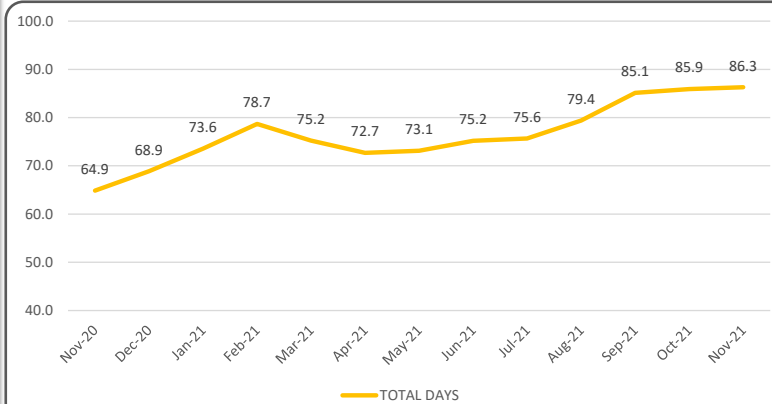
Expected Cash Based on Claim Submissions and Historical Collections



ACCOUNTS RECEIVABLE

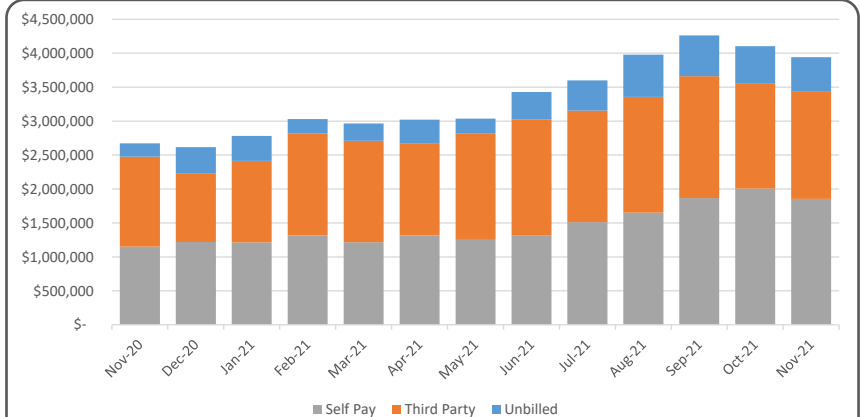
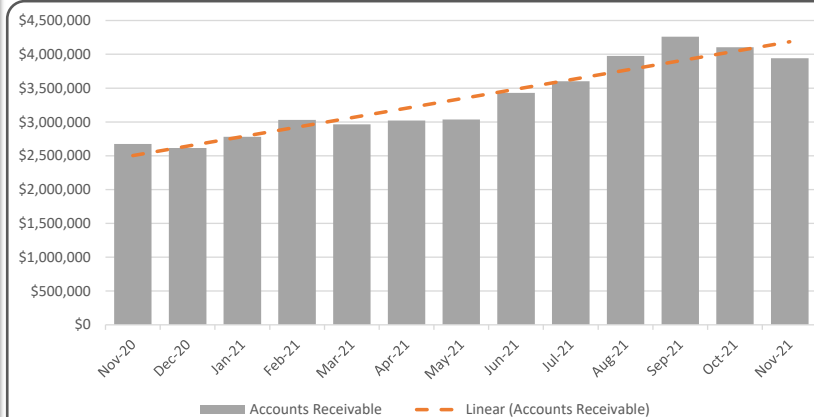
AR Days

PAYER	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
MEDICARE	10.8	9.8	15.1	14.3	14.2	15.2	14.2	13.8	13.8	11.1	14.9	18.2	16.8	14.0
MEDICAID	14.9	16.0	17.4	21.7	20.2	16.6	20.8	23.9	20.9	26.3	25.8	18.9	22.9	20.5
COMMERCIAL	10.2	10.1	8.3	7.8	9.1	8.7	7.3	7.8	8.3	8.0	6.4	6.1	5.4	8.0
WORK COMP	1.0	0.9	0.7	0.8	0.9	0.5	0.6	0.9	0.9	1.0	0.8	0.6	0.6	0.8
SELF PAY	27.9	32.1	32.1	34.2	30.9	31.7	30.1	28.8	31.8	33.0	37.3	42.0	40.6	33.3
TOTAL DAYS	64.9	68.9	73.6	78.7	75.2	72.7	73.1	75.2	75.6	79.4	85.1	85.9	86.3	76.5



AR Balance

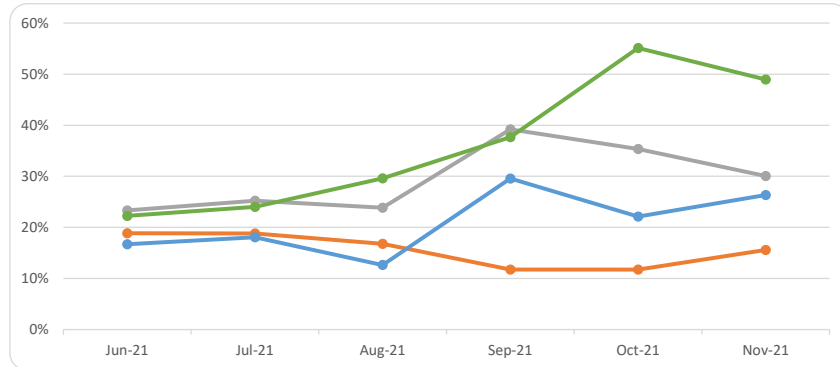
PAYER	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
MEDICARE	\$ 446,675	\$ 372,289	\$ 570,425	\$ 550,291	\$ 557,849	\$ 633,863	\$ 591,567	\$ 630,044	\$ 658,291	\$ 557,543	\$ 744,813	\$ 871,052	\$ 765,280	\$ 611,537
MEDICAID	\$ 613,254	\$ 607,802	\$ 656,521	\$ 834,503	\$ 795,784	\$ 688,724	\$ 863,638	\$ 1,090,509	\$ 992,726	\$ 1,315,195	\$ 1,289,536	\$ 904,985	\$ 1,047,831	\$ 900,078
COMMERCIAL	\$ 420,793	\$ 381,909	\$ 313,456	\$ 300,566	\$ 357,604	\$ 361,943	\$ 304,915	\$ 355,123	\$ 396,231	\$ 403,116	\$ 318,247	\$ 290,697	\$ 245,343	\$ 342,303
WORK COMP	\$ 41,087	\$ 33,185	\$ 27,222	\$ 29,092	\$ 35,071	\$ 19,610	\$ 26,567	\$ 40,405	\$ 41,719	\$ 48,151	\$ 42,074	\$ 30,405	\$ 26,812	\$ 33,954
SELF PAY	\$ 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	\$ 1,855,738	\$ 1,453,415
TOTAL	\$ 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	\$ 3,941,004	\$ 3,341,287



ACCOUNTS RECEIVABLE AGING

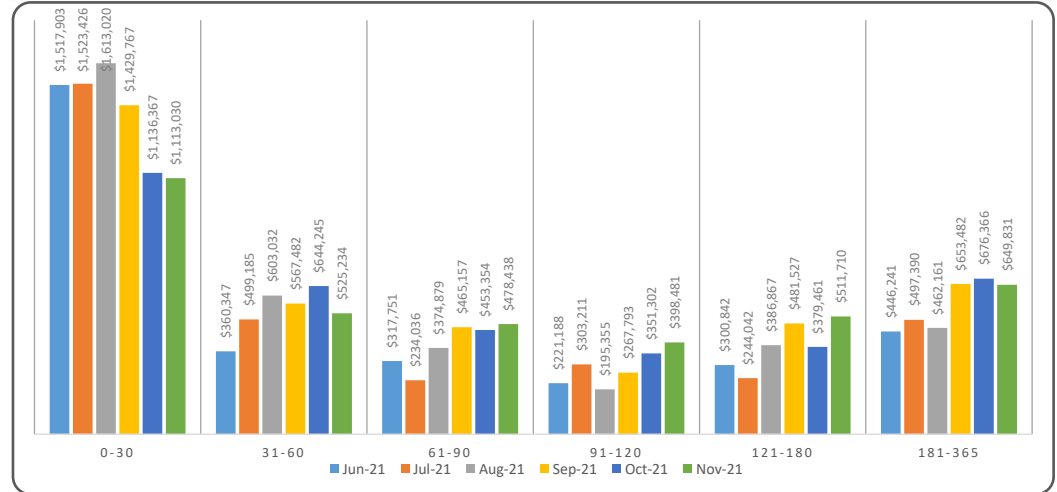
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	480	\$ 386,323	43	\$ 161,830	29	\$ 107,468	18	\$ 74,139	9	\$ 13,775	271	\$ 28,473	9	\$ 4,596	859	\$ 776,604
Credit	0	\$ -	0	\$ -	1	\$ (5,946)	0	\$ -	0	\$ -	1	\$ (101)	8	\$ (5,277)	10	\$ (11,324)
TOTAL	480	\$ 386,323	43	\$ 161,830	30	\$ 101,522	18	\$ 74,139	9	\$ 13,775	272	\$ 28,372	17	\$ (681)	869	\$ 765,280
MEDICAID																
Non-Credit	458	\$ 500,824	139	\$ 154,405	97	\$ 117,302	59	\$ 116,630	39	\$ 47,608	42	\$ 99,418	13	\$ 12,637	847	\$ 1,048,824
Credit	1	\$ (21)	2	\$ (42)	2	\$ (363)	0	\$ -	0	\$ -	5	\$ (184)	5	\$ (383)	15	\$ (993)
TOTAL	459	\$ 500,803	141	\$ 154,363	99	\$ 116,939	59	\$ 116,630	39	\$ 47,608	47	\$ 99,234	18	\$ 12,254	862	\$ 1,047,831
COMMERCIAL																
Non-Credit	364	\$ 124,839	137	\$ 51,621	73	\$ 34,427	24	\$ 16,959	39	\$ 22,569	29	\$ 15,538	42	\$ 35,647	708	\$ 301,600
Credit	2	\$ (80)	2	\$ (120)	6	\$ (543)	4	\$ (180)	8	\$ (10,900)	33	\$ (2,745)	356	\$ (41,689)	411	\$ (56,257)
TOTAL	366	\$ 124,759	139	\$ 51,501	79	\$ 33,884	28	\$ 16,779	47	\$ 11,669	62	\$ 12,793	398	\$ (6,042)	1119	\$ 245,343
WORK COMP																
Non-Credit	23	\$ 10,544	8	\$ 1,550	9	\$ 2,329	3	\$ 939	3	\$ 1,822	24	\$ 6,612	8	\$ 4,454	78	\$ 28,250
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	2	\$ (99)	1	\$ (895)	2	\$ (444)	5	\$ (1,438)
TOTAL	23	\$ 10,544	8	\$ 1,550	9	\$ 2,329	3	\$ 939	5	\$ 1,723	25	\$ 5,717	10	\$ 4,010	83	\$ 26,812
SELF PAY																
Non-Credit	158	\$ 91,337	318	\$ 156,146	414	\$ 223,927	363	\$ 190,388	568	\$ 438,211	1227	\$ 507,495	503	\$ 274,351	3551	\$ 1,881,855
Credit	7	\$ (736)	3	\$ (156)	2	\$ (163)	4	\$ (394)	11	\$ (1,276)	37	\$ (3,780)	257	\$ (19,612)	321	\$ (26,117)
TOTAL	165	\$ 90,601	321	\$ 155,990	416	\$ 223,764	367	\$ 189,994	579	\$ 436,935	1264	\$ 503,715	760	\$ 254,739	3872	\$ 1,855,738
ACCOUNTS RECEIVABLE																
Non-Credit	1483	\$ 1,113,867	645	\$ 525,552	622	\$ 485,453	467	\$ 399,055	658	\$ 523,985	1593	\$ 657,536	575	\$ 331,685	6043	\$ 4,037,133
Credit	10	\$ (837)	7	\$ (318)	11	\$ (7,015)	8	\$ (574)	21	\$ (12,275)	77	\$ (7,705)	628	\$ (67,405)	762	\$ (96,129)
GRAND TOTAL	1493	\$ 1,113,030	652	\$ 525,234	633	\$ 478,438	475	\$ 398,481	679	\$ 511,710	1670	\$ 649,831	1203	\$ 264,280	6805	\$ 3,941,004

Aged Over 90 Days Trending (excluding Credits)



	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Medicare	18.9%	18.8%	16.8%	11.7%	11.8%	15.6%
Medicaid	16.7%	18.1%	12.6%	29.6%	22.1%	26.3%
Commercial	23.3%	25.2%	23.8%	39.2%	35.4%	30.1%
Work Comp	22.3%	24.0%	29.6%	37.6%	55.1%	48.9%

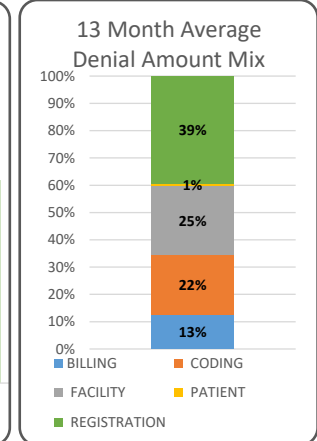
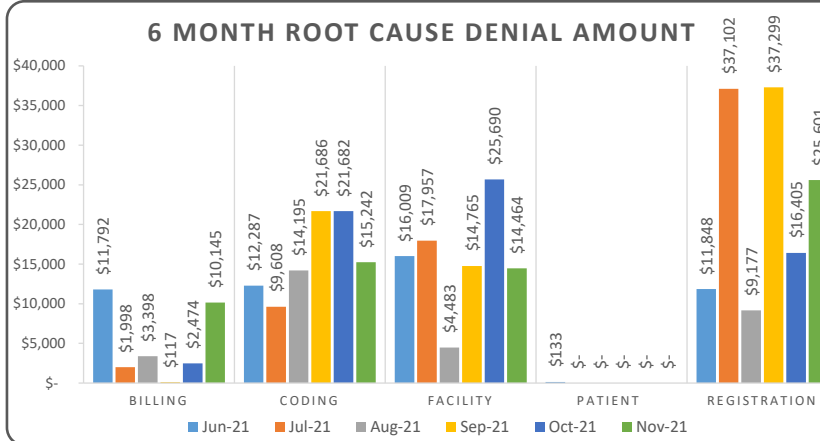
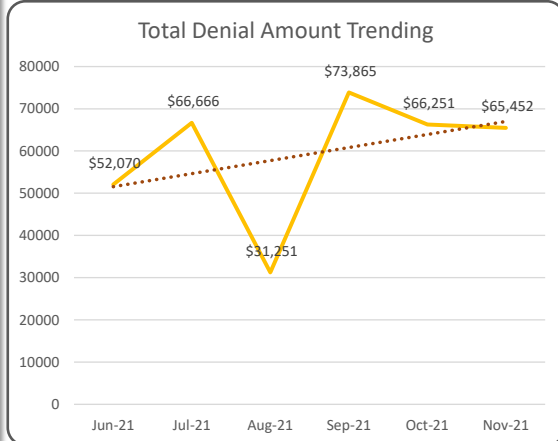
6 Month Aging



DENIAL MANAGEMENT

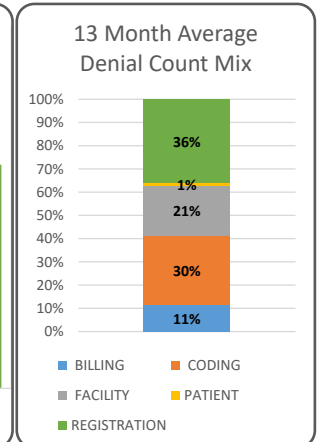
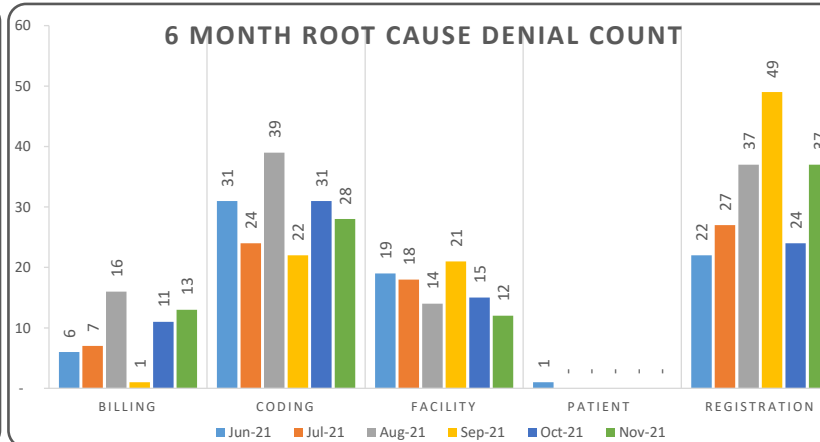
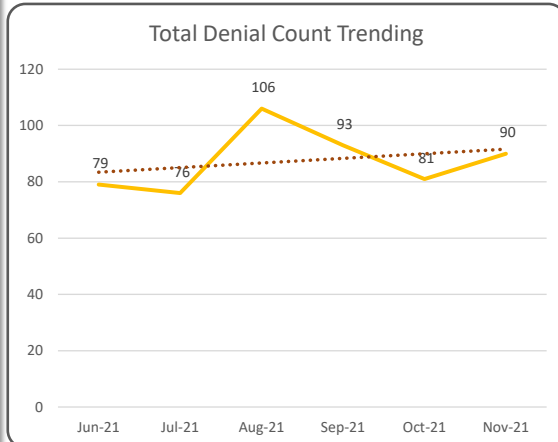
Denial Amount

AMOUNT	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
BILLING	\$ 20,365	\$ 3,842	\$ 1,496	\$ 5,392	\$ 19,523	\$ 4,792	\$ 2,881	\$ 11,792	\$ 1,998	\$ 3,398	\$ 117	\$ 2,474	\$ 10,145	\$ 6,786
CODING	\$ 12,223	\$ 7,094	\$ 1,751	\$ 8,456	\$ 17,039	\$ 6,192	\$ 4,375	\$ 12,287	\$ 9,608	\$ 14,195	\$ 21,686	\$ 21,682	\$ 15,242	\$ 11,679
FACILITY	\$ 23,698	\$ 14,266	\$ 17,199	\$ 1,339	\$ 7,082	\$ 12,419	\$ 8,265	\$ 16,009	\$ 17,957	\$ 4,483	\$ 14,765	\$ 25,690	\$ 14,464	\$ 13,664
PATIENT	\$ 143	\$ 334	\$ -	\$ 238	\$ -	\$ -	\$ 3,871	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 363
REGISTRATION	\$ 18,029	\$ 17,011	\$ 32,929	\$ 11,944	\$ 23,606	\$ 25,658	\$ 7,953	\$ 11,848	\$ 37,102	\$ 9,177	\$ 37,299	\$ 16,405	\$ 25,601	\$ 21,120
TOTAL	\$ 74,457	\$ 42,546	\$ 53,375	\$ 27,370	\$ 67,250	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 53,612



Denial Count

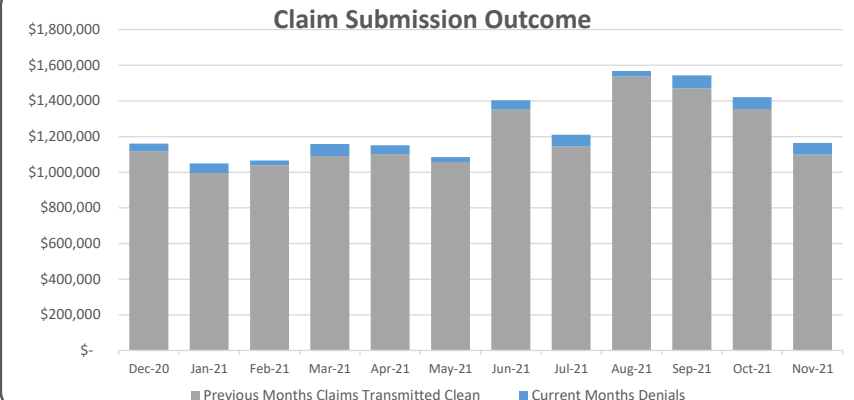
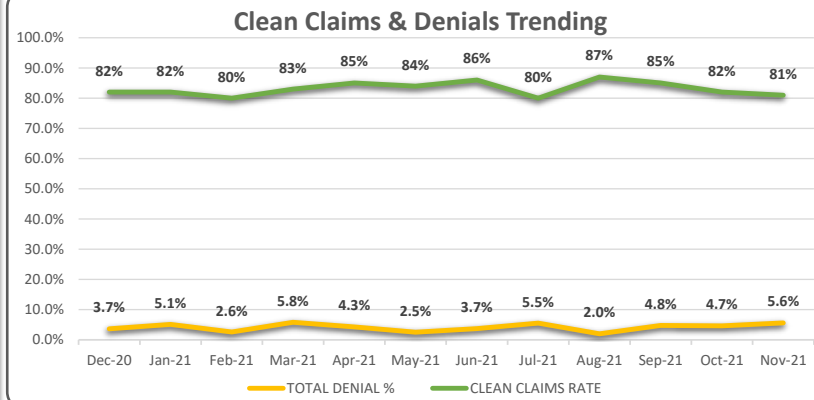
COUNT	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
BILLING	18	8	4	5	4	16	3	6	7	16	1	11	13	9
CODING	21	27	12	11	20	22	10	31	24	39	22	31	28	23
FACILITY	20	10	14	17	15	21	15	19	18	14	21	15	12	16
PATIENT	1	2	-	2	-	-	6	1	-	-	-	-	-	1
REGISTRATION	16	20	25	16	35	33	16	22	27	37	49	24	37	27
TOTAL	76	67	55	51	74	92	50	79	76	106	93	81	90	76



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

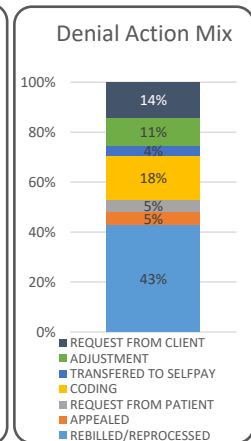
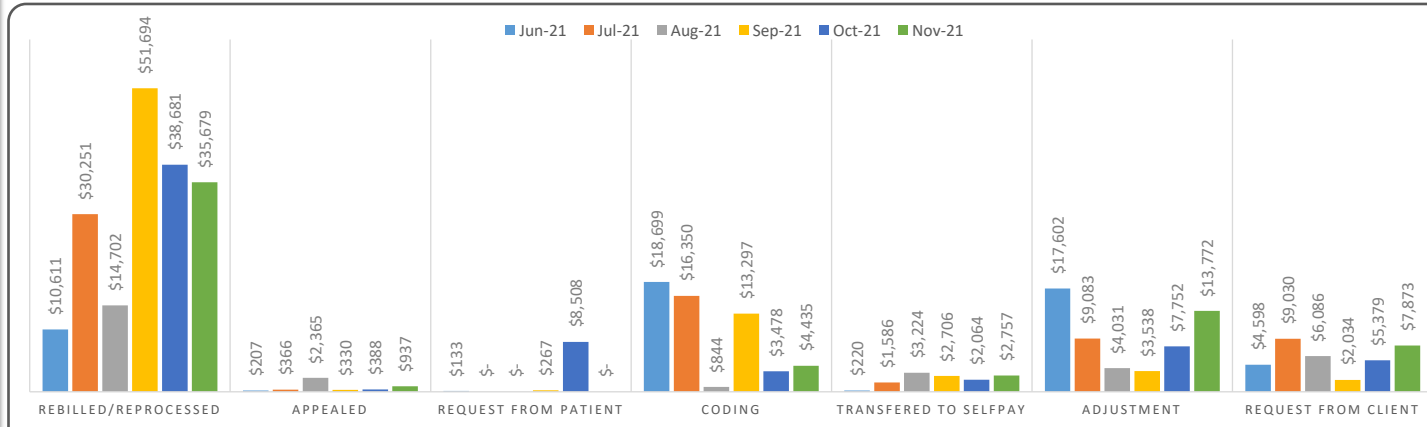
Denial & Clean Claim Trending

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
DENIAL AMOUNT	\$ 74,457	\$ 42,546	\$ 53,375	\$ 27,370	\$ 67,250	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 53,612
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 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	\$ 1,164,069	\$ 1,255,639
TOTAL DENIAL %	5.5%	3.7%	5.1%	2.6%	5.8%	4.3%	2.5%	3.7%	5.5%	2.0%	4.8%	4.7%	5.6%	4.3%
CLEAN CLAIMS RATE	82%	82%	82%	80%	83%	85%	84%	86%	80%	87%	85%	82%	81%	83%



Action Taken on Denials

DENIAL ACTION	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
REBILLED/REPROCESSED	\$ 16,978	\$ 8,229	\$ 3,123	\$ 13,267	\$ 29,439	\$ 32,078	\$ 14,118	\$ 10,611	\$ 30,251	\$ 14,702	\$ 51,694	\$ 38,681	\$ 35,679	\$ 22,988
APPEALED	\$ 4,243	\$ 1,553	\$ 23,761	\$ 1,172	\$ -	\$ 2,391	\$ -	\$ 207	\$ 366	\$ 2,365	\$ 330	\$ 388	\$ 937	\$ 2,901
REQUEST FROM PATIENT	\$ 531	\$ 496	\$ 252	\$ 568	\$ 15,192	\$ 1,853	\$ 3,871	\$ 133	\$ -	\$ -	\$ 267	\$ 8,508	\$ -	\$ 2,436
CODING	\$ 26,723	\$ 12,470	\$ 19,231	\$ 637	\$ 2,790	\$ 2,954	\$ 1,679	\$ 18,699	\$ 16,350	\$ 844	\$ 13,297	\$ 3,478	\$ 4,435	\$ 9,507
TRANSFERRED TO SELFPAY	\$ 2,379	\$ 6,395	\$ 3,057	\$ 433	\$ 931	\$ 2,072	\$ 500	\$ 220	\$ 1,586	\$ 3,224	\$ 2,706	\$ 2,064	\$ 2,757	\$ 2,179
ADJUSTMENT	\$ 2,619	\$ 2,929	\$ 3,179	\$ 1,992	\$ 4,018	\$ 2,783	\$ 5,009	\$ 17,602	\$ 9,083	\$ 4,031	\$ 3,538	\$ 7,752	\$ 13,772	\$ 6,024
REQUEST FROM CLIENT	\$ 20,985	\$ 10,473	\$ 772	\$ 9,302	\$ 14,880	\$ 4,929	\$ 2,168	\$ 4,598	\$ 9,030	\$ 6,086	\$ 2,034	\$ 5,379	\$ 7,873	\$ 7,578
TOTAL	\$ 74,457	\$ 42,546	\$ 53,375	\$ 27,370	\$ 67,250	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 53,612

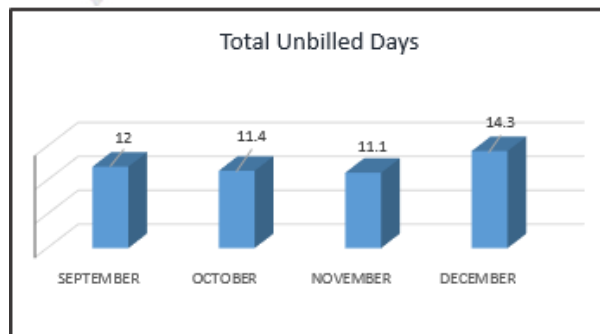


Southern Humboldt December 2021



Key Items

- ➔ December closed at 94.7 AR Days or \$4.25M in Gross AR
- ➔ Cash collections totaled \$729K, or 95% of November's net revenue
- ➔ Third Party Aging increased by \$32K, and is now at 22.8%
- ➔ Unbilled AR closed at 14.3 days or \$578K



Detailed Initiatives & Obstacles

- **Overall AR:** December closed with 94.7 AR days or \$4.3M in Gross AR. Gross AR increased by \$318K, increasing the total AR days 8.4 days due to the increased revenue and the rise in unbilled charges. Revenue is up for the first time since September, and came in \$258K above November's revenue. Self-pay AR ended at 44.2 AR days which is an increase of 3.6 AR days since November and puts us 18.2 days from goal. The Unbilled AR continues to remain high and ended December at 14.3 AR days or \$578K. Third Party AR increased by 1.7 days and is sitting at 36.2 AR days which puts us 2.2 AR days above the goal of 34 days. Cash collections totaled \$729K or 95% of net revenue.
- **Third Party Aging:** Third Party Aging increased by \$32K in December leaving \$534K in aged balances. Although there was an increase in third party aging, the overall percentage decreased by 0.5% due to the increase in front end revenue. Medicare saw an increase of \$125K which put the Medicare financial class at 27.1% aged over 90 days in December. There are multiple high dollar claims in the Medicare financial class that were already aged over 90 days by the time they were coded and released for billing. At month end there were \$62.5K or 1.4 days in AR that had already aged over 90 days from discharge. Medi-Cal saw a large decrease of \$93K which is a decrease of 8.7% since November and is currently sitting at 17.6% aged over 90 days, and is just 1.6 days from our goal. This is the lowest the Medicaid financial class has been since August 2021. Authorizations/TAR's continue to be hurdle, but have seen slight movement on these towards the end of December. Commercial aging also saw an increase of \$2K, with the overall percentage dropping to 26.5% due to the increase in revenue.
- **Unbilled AR:** Unbilled AR is significantly high for the seventh month in a row, ending December with 14.1 days or \$578K in unbilled charges. The high trending unbilled AR has negatively impacted cash flow and increases overall AR. The delay in charges has also been adding revenue to closed months which is inflating the AR days by understating the revenue. Historical charges are still being posted for COVID Vaccines. There are currently 386 claims for \$9.5K from January and February 2021. If the unbilled AR remained within goal of 3 days, the likelihood of collecting net revenue increases substantially and reduces the chance of the AR aging over 90 days from discharge. We ended December 11.3 days away from our goal. The unbilled AR is a topic of discussion on all of our bi-weekly conference calls.

Industry Updates CMS Releases FY2021 Report on Rural Health Initiatives

Rural communities face unique challenges, particularly in disadvantaged communities. In response, CMS deployed an innovative Rural Health Strategy. Their FY2021 year in review examines programs, policies, and outreach CMS used to improve outcomes in rural areas, including in-depth discussions on promoting COVID-19 vaccine administration, providing extended postpartum coverage and completing the first national analysis on why rural patients may choose to bypass their local hospital. Additionally, the report shares CMS's work on Medicare payments, LTSS, equity in health care, and other topics central to their long-term strategy.

To review the full report, please visit <https://www.cms.gov/files/document/fy-21-improving-health-rural-communities508compliant.pdf>

Amanda Hornby | Revenue Cycle Director

Healthcare Resource Group

Office 509.209.2078 | ahornby@hrgpros.com



Southern Humboldt Community Healthcare District



MONTH END FINANCE REPORT

December 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	July-21		August-21		September-21		October-21		November-21		December-21		
	REVENUE													
	Net Revenue		\$873,692		\$828,034		\$893,497		\$859,516		\$766,278		\$841,382	
	Gross Revenue		\$1,589,996		\$1,487,956		\$1,526,536		\$1,379,368		\$1,250,010		\$1,508,417	
	CASH													
	Cash Collections as a % of Net Revenue	100%	67%		117%		94%		95%		98%		95%	
	Cash Collections		\$667,778		\$1,022,607		\$782,067		\$847,125		\$845,077		\$729,186	
	ACCOUNTS RECEIVABLE													
	Net AR		\$1,628,273		\$1,646,539		\$2,015,550		\$2,298,768		\$2,152,522		\$1,993,772	
	Gross AR		\$3,600,312		\$3,977,473		\$4,260,844		\$4,103,537		\$3,941,004		\$4,258,570	
Unbilled	3	9.4		12.4		12.0		11.4		11.1		14.3		
Third Party	34	34.5		34.0		35.9		32.5		34.5		36.2		
Self Pay	26	31.8		33.0		37.3		42.0		40.6		44.2		
Total Days in AR	63	75.6		79.4		85.1		85.9		86.3		94.7		
Days in AR - Credit Balances	< 1	1.93		1.72		1.94		1.99		2.10		2.08		
UNBILLED														
In-house	< 2 Days	0.0		1.2		0.4		0.1		0.5		1.4		
DNFB	< 1 Day	9.4		11.2		11.5		11.3		10.7		12.8		
Total Unbilled	<3 Days	9.4		12.4		12.0		11.4		11.1		14.3		

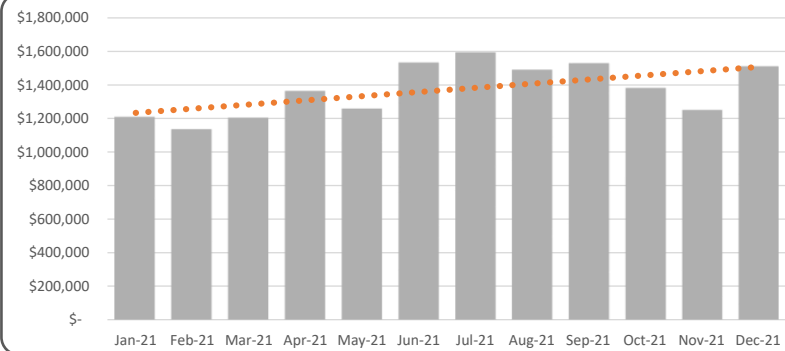
Third Party	Target	July-21		August-21		September-21		October-21		November-21		December-21		
	AGING (excluding credits)													
	Medicare Aging > 90 Days	9%	18.8%	\$ 124,809	16.8%	\$ 94,348	11.7%	\$ 88,085	11.8%	\$ 103,070	15.6%	\$ 120,983	27.1%	\$ 246,065
	Medicaid Aging > 90 Days	16%	18.1%	\$ 179,476	12.6%	\$ 166,192	29.6%	\$ 381,545	22.1%	\$ 202,685	26.3%	\$ 276,293	17.6%	\$ 183,535
	Commercial Aging > 90 Days	18%	25.2%	\$ 114,745	23.8%	\$ 109,064	39.2%	\$ 149,793	35.4%	\$ 121,430	30.1%	\$ 90,713	26.5%	\$ 92,817
	Work Comp Aging > 90 Days	36%	24.0%	\$ 10,144	29.6%	\$ 14,392	37.6%	\$ 16,007	55.1%	\$ 17,005	48.9%	\$ 13,827	30.9%	\$ 11,187
	Total Third Party Aging > 90 Days	15%	19.9%	\$ 429,174	16.1%	\$ 383,996	25.8%	\$ 635,430	20.5%	\$ 444,190	23.3%	\$ 501,816	22.8%	\$ 533,604
	CLAIM SUBMISSION EFFICIENCY													
	Claims Submission		2,032	\$ 1,568,158	2,357	\$ 1,543,681	1,820	\$ 1,421,703	1,579	\$ 1,164,069	1,488	\$ 1,198,525	1,365	\$ 1,451,836
	Clean Claims	85%	80%		87%		85%		82%		81%		80%	
Denial Percent	5%	6%		2%		5%		5%		6%		5%		
Total Denial Rate	Count Amt	76	\$ 66,666	106	\$ 31,251	93	\$ 73,865	81	\$ 66,251	90	\$ 65,452	61	\$ 64,589	
Late Charges	Count Amt	36	\$ 2,131	14	\$ (888)	59	\$ (179)	4	\$ 442	50	\$ 27,619	1	\$ 20,619	
Communication Log Backlog		200	\$ 190,188	196	\$ 178,436	177	\$ 163,425	152	\$ 280,519	201	\$ 300,643	77	\$ 138,984	

Self Pay	Target	July-21		August-21		September-21		October-21		November-21		December-21		
	INVENTORY & QUALITY													
	Total Inventory		2,805	\$ 1,511,345	3,271	\$ 1,653,468	3,545	\$ 1,866,174	3,862	\$ 2,006,398	3,872	\$ 1,855,738	4,058	\$ 1,987,106
	New		648	\$ 158,139	742	\$ 119,678	328	\$ 117,508	501	\$ 120,469	423	\$ 116,312	35	\$ 100,641
	Resolved		276	\$ 101,147	222	\$ 65,720	184	\$ 19,746	198	\$ 34,137	147	\$ 16,190	372	\$ 308,580
	Aged >120 days from Assignment	< 25%	44.1%	\$ 666,192	39.3%	\$ 649,510	34.8%	\$ 650,082	33.1%	\$ 664,210	22.7%	\$ 421,465	20.0%	\$ 397,548
	Total Payment Plans over 120 days		\$16,519		\$14,093		\$19,364		\$12,744		\$18,274		\$18,185	
	Average Speed to Answer	< 60 seconds	137		134		139		225		119		221	
	STATEMENTS & LETTERS													
	Statements & Letters		337		314		247		262		312		217	
Charity Care Applications In Process		0	\$ -	0	\$ -	0	\$ -	0	\$ -	16	\$ 3,509	0	\$ -	
Inbound and Outbound Calls	In Out	40	216	156	152	139	29	119	39	125	147	86	85	
WRITE OFFS														
Bad Debt as a % of Gross Revenue	< 2%	4.7%	\$ 75,234	2.9%	\$ 43,004	0.5%	\$ 7,470	0.5%	\$ 6,828	12.7%	\$ 158,775	2.1%	\$ 31,967	
Charity as a % of Gross Revenue	< 2%	0.4%	\$ 5,845	14.2%	\$ 210,892	0.4%	\$ 5,495	0.2%	\$ 3,409	8.6%	\$ 107,586	0.4%	\$ 6,322	

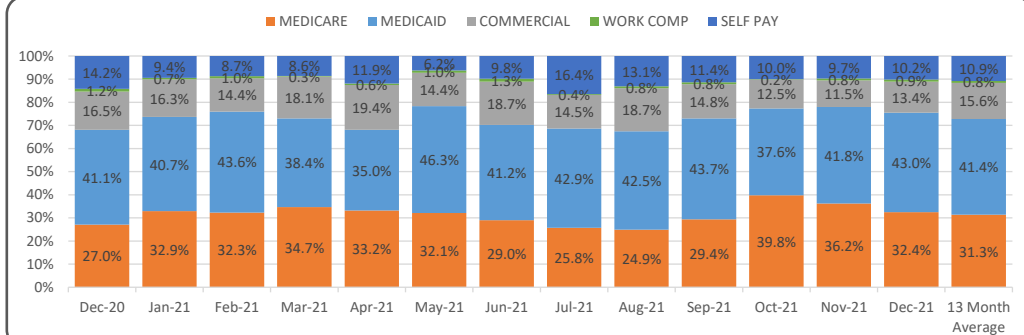
GROSS REVENUE

PAYER	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
MEDICARE	\$ 303,877	\$ 397,801	\$ 366,846	\$ 416,998	\$ 451,623	\$ 403,310	\$ 443,866	\$ 409,439	\$ 370,915	\$ 448,301	\$ 548,436	\$ 452,536	\$ 489,231	\$ 423,322
MEDICAID	\$ 461,230	\$ 491,997	\$ 495,282	\$ 461,354	\$ 476,146	\$ 582,132	\$ 630,039	\$ 681,573	\$ 632,322	\$ 666,353	\$ 518,532	\$ 522,097	\$ 649,245	\$ 559,100
COMMERCIAL	\$ 185,906	\$ 196,588	\$ 163,035	\$ 217,456	\$ 263,926	\$ 180,952	\$ 286,590	\$ 230,932	\$ 277,534	\$ 225,873	\$ 172,566	\$ 144,086	\$ 202,524	\$ 211,382
WORK COMP	\$ 13,392	\$ 7,988	\$ 11,290	\$ 3,431	\$ 7,980	\$ 13,119	\$ 19,930	\$ 6,551	\$ 12,495	\$ 12,387	\$ 2,285	\$ 10,340	\$ 14,240	\$ 10,418
SELF PAY	\$ 158,995	\$ 113,949	\$ 98,464	\$ 103,453	\$ 162,349	\$ 78,203	\$ 150,492	\$ 261,501	\$ 194,690	\$ 173,622	\$ 137,550	\$ 120,951	\$ 153,177	\$ 146,723
TOTAL	\$ 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	\$ 1,250,010	\$ 1,508,417	\$ 1,350,944
AVERAGE DAILY REVENUE	\$ 37,983	\$ 37,802	\$ 38,518	\$ 39,399	\$ 41,569	\$ 41,548	\$ 45,612	\$ 47,594	\$ 50,096	\$ 50,049	\$ 47,759	\$ 45,669	\$ 44,976	\$ 43,737

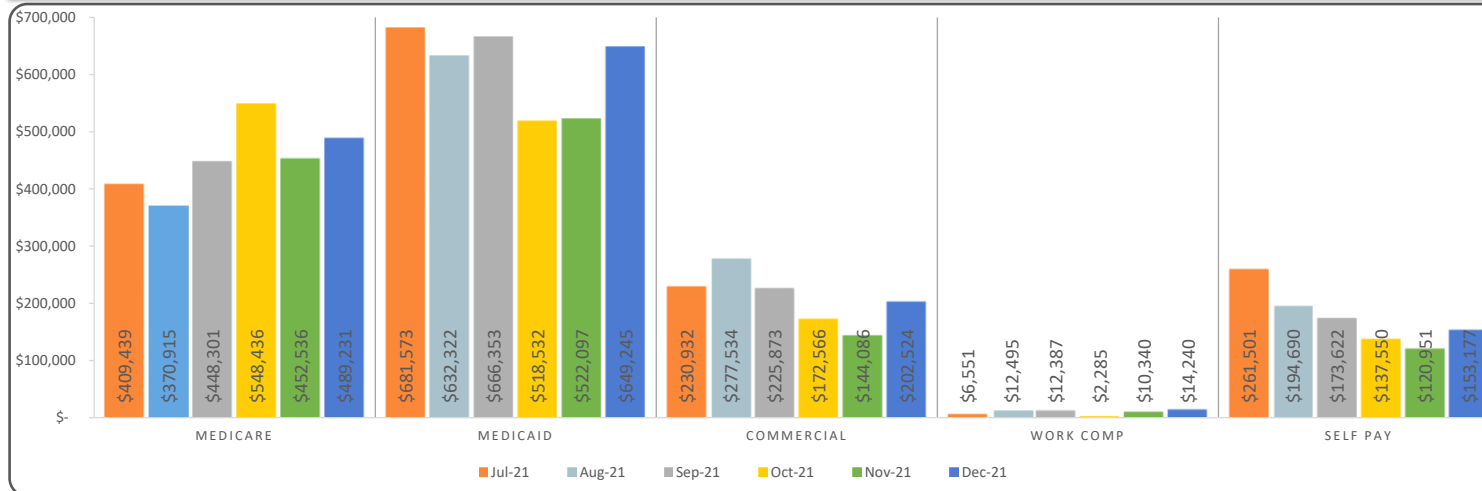
Gross Revenue



Payer Mix



Revenue Trending By Payer



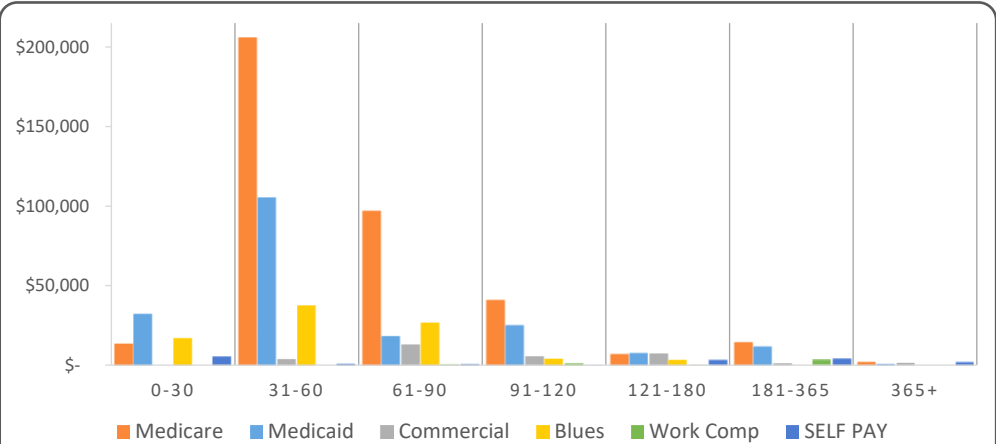
CASH DETAIL

PAYER	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
MEDICARE														
Payments	\$ 577,059	\$ 257,268	\$ 406,285	\$ 463,695	\$ 571,263	\$ 406,006	\$ 453,734	\$ 312,313	\$ 434,639	\$ 302,872	\$ 324,436	\$ 505,109	\$ 382,225	\$ 415,146
Adjustments	\$ (254,641)	\$ (77,684)	\$ (74,352)	\$ (93,462)	\$ (255,470)	\$ (53,574)	\$ (85,608)	\$ 2,174	\$ (43,612)	\$ (9,988)	\$ 6,310	\$ (103,551)	\$ 97,705	\$ (72,750)
Collection %	179%	143%	122%	125%	181%	115%	123%	99%	111%	103%	98%	126%	80%	124%
MEDICAID														
Payments	\$ 160,074	\$ 171,139	\$ 199,789	\$ 235,677	\$ 182,937	\$ 164,512	\$ 217,061	\$ 200,717	\$ 347,502	\$ 253,418	\$ 317,123	\$ 173,863	\$ 200,547	\$ 217,258
Adjustments	\$ 290,758	\$ 237,643	\$ 237,317	\$ 366,205	\$ 274,829	\$ 235,943	\$ 314,982	\$ 303,594	\$ 482,578	\$ 353,823	\$ 360,075	\$ 273,521	\$ 338,117	\$ 313,030
Collection %	36%	42%	46%	39%	40%	41%	41%	40%	42%	42%	47%	39%	37%	41%
COMMERCIAL														
Payments	\$ 92,109	\$ 48,563	\$ 51,231	\$ 49,668	\$ 62,265	\$ 50,004	\$ 79,894	\$ 44,139	\$ 79,233	\$ 73,099	\$ 90,785	\$ 23,057	\$ 32,890	\$ 59,764
Adjustments	\$ 40,214	\$ 29,750	\$ 16,833	\$ 22,668	\$ 34,791	\$ 20,617	\$ 40,773	\$ 11,792	\$ 30,259	\$ 22,192	\$ 38,548	\$ 15,162	\$ 11,202	\$ 25,754
Collection %	70%	62%	75%	69%	64%	71%	66%	79%	72%	77%	70%	60%	75%	70%
BLUES														
Payments	\$ 75,502	\$ 67,970	\$ 71,767	\$ 64,062	\$ 78,665	\$ 86,510	\$ 118,932	\$ 75,666	\$ 115,131	\$ 97,873	\$ 71,400	\$ 109,199	\$ 88,547	\$ 86,248
Adjustments	\$ 34,909	\$ 31,616	\$ 35,361	\$ 31,343	\$ 36,462	\$ 38,598	\$ 26,324	\$ 51,912	\$ 48,423	\$ 37,614	\$ 31,797	\$ 46,032	\$ 35,632	\$ 37,386
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	70%	72%	69%	70%	71%	71%
WORK COMP														
Payments	\$ 11,479	\$ 10,193	\$ 2,303	\$ 1,166	\$ 10,873	\$ 7,073	\$ 5,617	\$ 2,700	\$ 2,674	\$ 12,018	\$ 7,004	\$ 8,873	\$ 5,181	\$ 6,704
Adjustments	\$ 7,255	\$ 6,318	\$ 4,051	\$ 1,093	\$ 6,398	\$ 2,464	\$ 1,441	\$ 1,073	\$ 4,080	\$ 2,958	\$ 3,282	\$ 5,576	\$ 3,131	\$ 3,778
Collection %	61%	62%	36%	52%	63%	74%	80%	72%	40%	80%	68%	61%	62%	62%
SELF PAY														
Payments	\$ 61,487	\$ 47,532	\$ 25,429	\$ 47,003	\$ 37,376	\$ 40,142	\$ 37,654	\$ 25,468	\$ 39,318	\$ 40,860	\$ 32,085	\$ 24,686	\$ 17,085	\$ 36,625
Bad Debt Recoveries	\$ 5,046	\$ 7,298	\$ 1,602	\$ 5,126	\$ 4,903	\$ 3,226	\$ 6,515	\$ 6,775	\$ 4,111	\$ 1,927	\$ 4,291	\$ 291	\$ 2,711	\$ 4,140
Adjustments	\$ 52,707	\$ 32,351	\$ 23,114	\$ 2,051	\$ 26,379	\$ 7,216	\$ 25,627	\$ 39,124	\$ 24,880	\$ 10,968	\$ 11,569	\$ 8,579	\$ 23,588	\$ 22,165
Charity Care	\$ 1,809	\$ 15,633	\$ 14,071	\$ 5,744	\$ 580	\$ 1,973	\$ 9,813	\$ 5,845	\$ 210,892	\$ 5,495	\$ 3,409	\$ 107,586	\$ 6,325	\$ 29,937
Bad Debt	\$ 56,328	\$ 125,709	\$ -	\$ 200,583	\$ 76,235	\$ 141,507	\$ 78,584	\$ 75,234	\$ 43,004	\$ 7,470	\$ 6,828	\$ 158,775	\$ 31,967	\$ 77,094
Total SP Adjustments	\$ 110,843	\$ 173,693	\$ 37,185	\$ 208,378	\$ 103,194	\$ 150,696	\$ 114,024	\$ 120,203	\$ 278,776	\$ 23,933	\$ 21,806	\$ 274,940	\$ 61,879	\$ 129,196
Collection %	36%	21%	41%	18%	27%	21%	25%	17%	12%	63%	60%	8%	22%	29%
TOTAL														
Total Payments	\$ 982,756	\$ 609,963	\$ 758,406	\$ 866,398	\$ 948,282	\$ 757,474	\$ 919,408	\$ 667,778	\$ 1,022,607	\$ 782,067	\$ 847,125	\$ 845,077	\$ 729,186	\$ 825,887
Total Adjustment	\$ 229,338	\$ 401,336	\$ 256,395	\$ 536,225	\$ 200,204	\$ 394,744	\$ 411,937	\$ 490,749	\$ 800,505	\$ 430,532	\$ 461,817	\$ 511,680	\$ 547,667	\$ 307,199
Total Collection %	81%	60%	75%	62%	83%	66%	69%	58%	56%	64%	65%	62%	57%	66%

Cash & Adjustment Trending

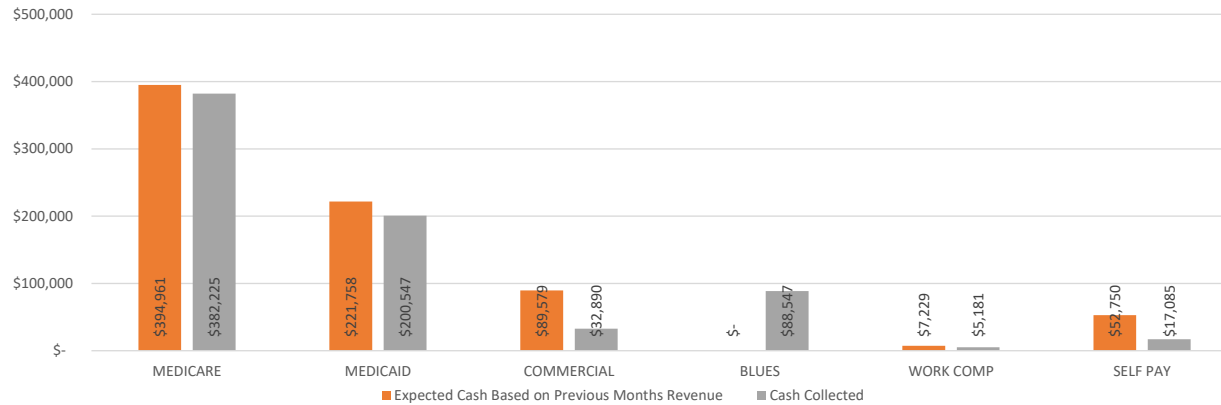


Cash Collections by Discharge Date



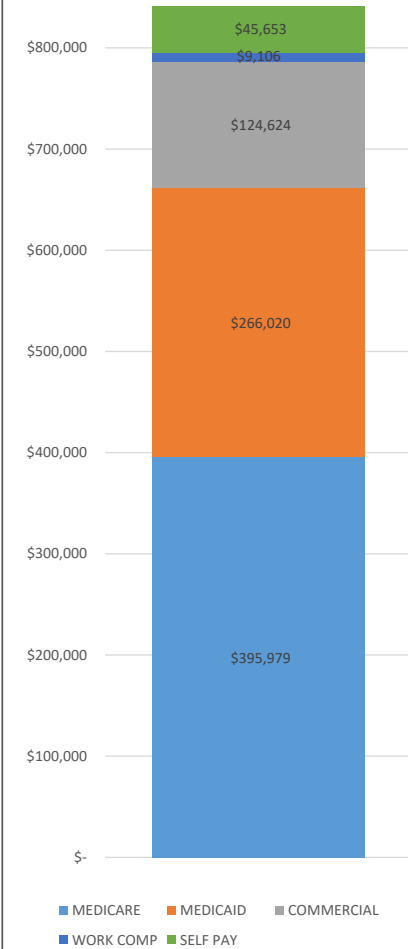
CASH FORECASTING

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

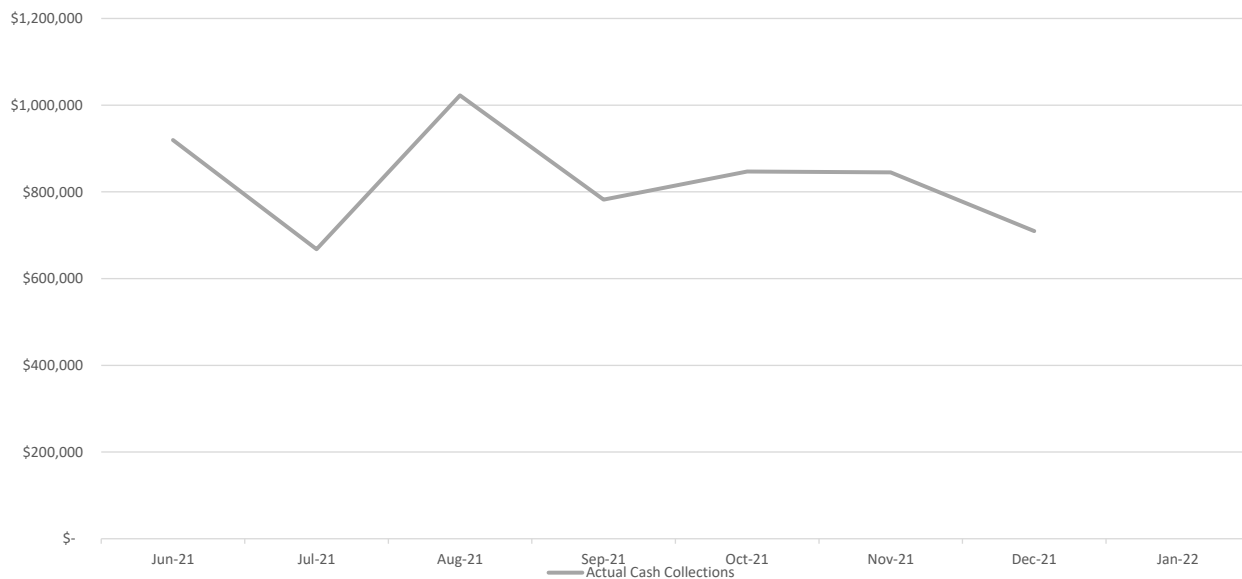


Cash Expected Next Month
(Based on this Months Revenue)

\$ 841,382



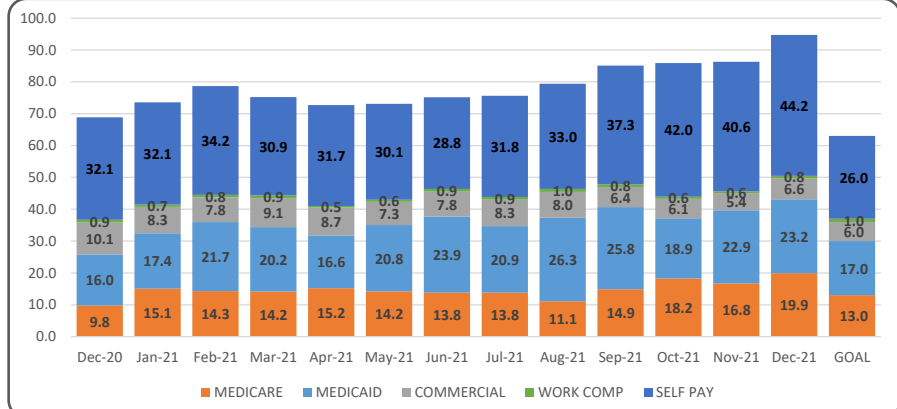
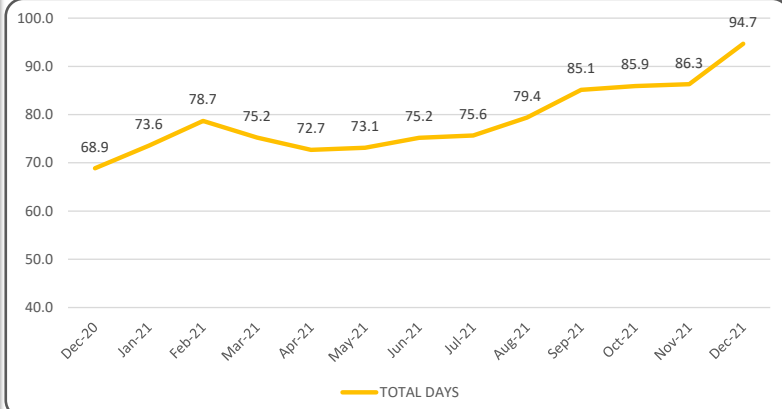
Expected Cash Based on Claim Submissions and Historical Collections



ACCOUNTS RECEIVABLE

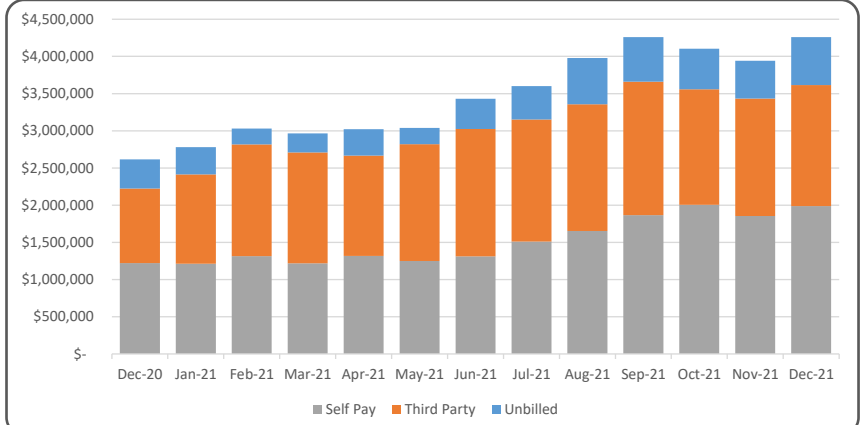
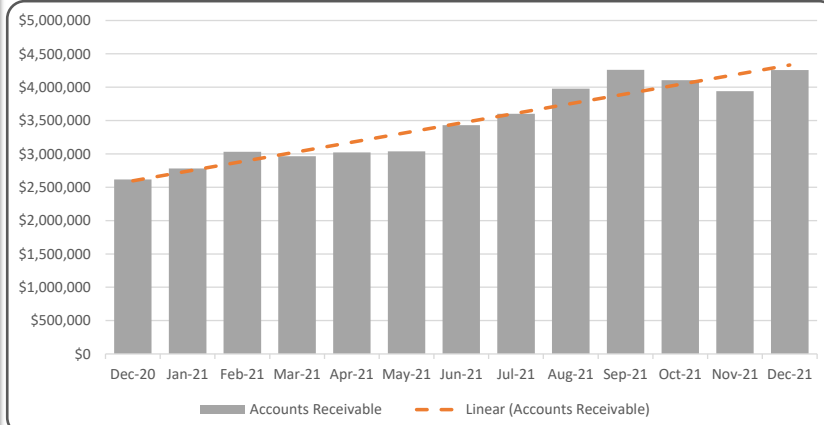
AR Days

PAYER	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
MEDICARE	9.8	15.1	14.3	14.2	15.2	14.2	13.8	13.8	11.1	14.9	18.2	16.8	19.9	14.7
MEDICAID	16.0	17.4	21.7	20.2	16.6	20.8	23.9	20.9	26.3	25.8	18.9	22.9	23.2	21.1
COMMERCIAL	10.1	8.3	7.8	9.1	8.7	7.3	7.8	8.3	8.0	6.4	6.1	5.4	6.6	7.7
WORK COMP	0.9	0.7	0.8	0.9	0.5	0.6	0.9	0.9	1.0	0.8	0.6	0.6	0.8	0.8
SELF PAY	32.1	32.1	34.2	30.9	31.7	30.1	28.8	31.8	33.0	37.3	42.0	40.6	44.2	34.5
TOTAL DAYS	68.9	73.6	78.7	75.2	72.7	73.1	75.2	75.6	79.4	85.1	85.9	86.3	94.7	78.8



AR Balance

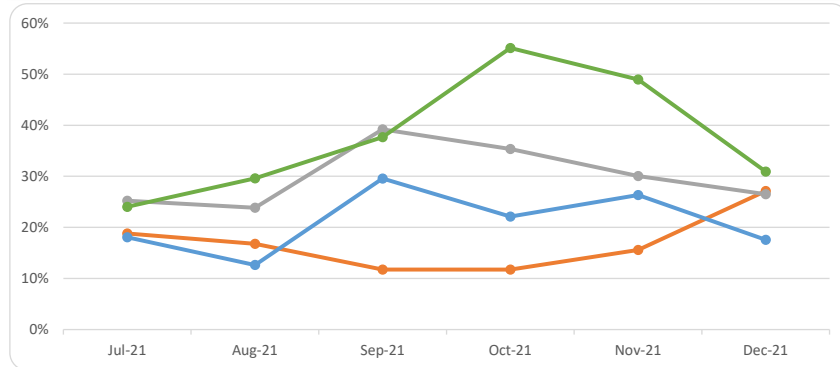
PAYER	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
MEDICARE	\$ 372,289	\$ 570,425	\$ 550,291	\$ 557,849	\$ 633,863	\$ 591,567	\$ 630,044	\$ 658,291	\$ 557,543	\$ 744,813	\$ 871,052	\$ 765,280	\$ 895,860	\$ 646,090
MEDICAID	\$ 607,802	\$ 656,521	\$ 834,503	\$ 795,784	\$ 688,724	\$ 863,638	\$ 1,090,509	\$ 992,726	\$ 1,315,195	\$ 1,289,536	\$ 904,985	\$ 1,047,831	\$ 1,043,932	\$ 933,207
COMMERCIAL	\$ 381,909	\$ 313,456	\$ 300,566	\$ 357,604	\$ 361,943	\$ 304,915	\$ 355,123	\$ 396,231	\$ 403,116	\$ 318,247	\$ 290,697	\$ 245,343	\$ 297,214	\$ 332,797
WORK COMP	\$ 33,185	\$ 27,222	\$ 29,092	\$ 35,071	\$ 19,610	\$ 26,567	\$ 40,405	\$ 41,719	\$ 48,151	\$ 42,074	\$ 30,405	\$ 26,812	\$ 34,458	\$ 33,444
SELF PAY	\$ 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	\$ 1,855,738	\$ 1,987,106	\$ 1,517,668
TOTAL	\$ 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	\$ 3,941,004	\$ 4,258,570	\$ 3,463,206



ACCOUNTS RECEIVABLE AGING

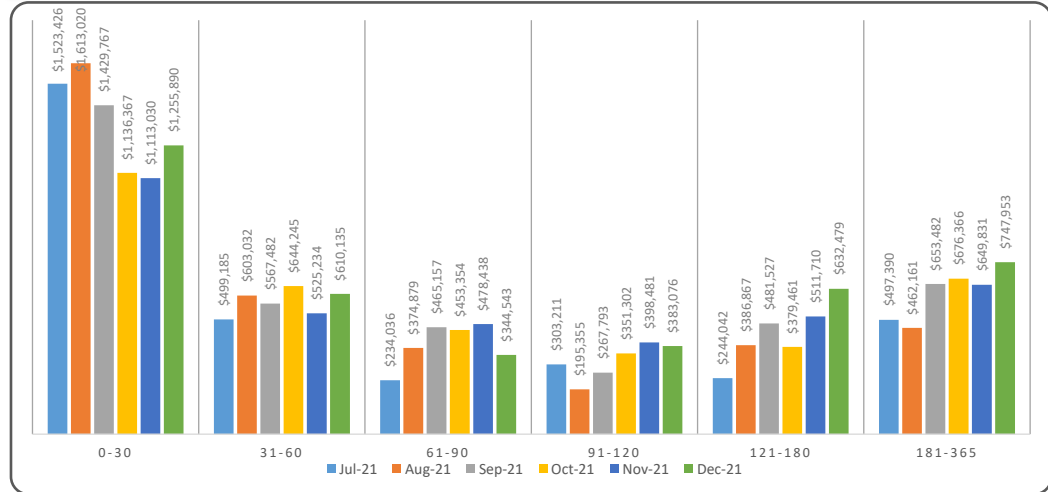
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	469	\$ 445,647	122	\$ 108,271	25	\$ 107,221	18	\$ 80,815	17	\$ 117,621	872	\$ 42,931	9	\$ 4,698	1532	\$ 907,204
Credit	0	\$ -	1	\$ (20)	0	\$ -	1	\$ (5,946)	0	\$ -	1	\$ (101)	8	\$ (5,277)	11	\$ (11,344)
TOTAL	469	\$ 445,647	123	\$ 108,251	25	\$ 107,221	19	\$ 74,869	17	\$ 117,621	873	\$ 42,830	17	\$ (579)	1543	\$ 895,860
MEDICAID																
Non-Credit	459	\$ 522,447	219	\$ 277,043	79	\$ 61,858	31	\$ 50,758	32	\$ 48,286	61	\$ 72,108	16	\$ 12,383	897	\$ 1,044,883
Credit	0	\$ -	1	\$ (21)	1	\$ -	2	\$ (363)	0	\$ -	5	\$ (184)	5	\$ (383)	14	\$ (951)
TOTAL	459	\$ 522,447	220	\$ 277,022	80	\$ 61,858	33	\$ 50,395	32	\$ 48,286	66	\$ 71,924	21	\$ 12,000	911	\$ 1,043,932
COMMERCIAL																
Non-Credit	421	\$ 163,291	142	\$ 64,201	65	\$ 29,909	37	\$ 19,262	35	\$ 21,536	46	\$ 18,617	38	\$ 33,402	784	\$ 350,218
Credit	0	\$ (35)	1	\$ (45)	2	\$ (120)	6	\$ (543)	4	\$ (180)	36	\$ (13,225)	360	\$ (38,856)	409	\$ (53,004)
TOTAL	421	\$ 163,256	143	\$ 64,156	67	\$ 29,789	43	\$ 18,719	39	\$ 21,356	82	\$ 5,392	398	\$ (5,454)	1193	\$ 297,214
WORK COMP																
Non-Credit	12	\$ 7,738	27	\$ 16,868	2	\$ 394	5	\$ 882	1	\$ 232	20	\$ 6,098	7	\$ 3,975	74	\$ 36,187
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	4	\$ (1,285)	2	\$ (444)	6	\$ (1,729)
TOTAL	12	\$ 7,738	27	\$ 16,868	2	\$ 394	5	\$ 882	1	\$ 232	24	\$ 4,813	9	\$ 3,531	80	\$ 34,458
SELF PAY																
Non-Credit	143	\$ 117,436	283	\$ 144,071	309	\$ 145,444	393	\$ 238,439	667	\$ 446,564	1409	\$ 626,412	526	\$ 295,139	3730	\$ 2,013,505
Credit	8	\$ (634)	3	\$ (233)	3	\$ (163)	6	\$ (228)	12	\$ (1,580)	33	\$ (3,418)	263	\$ (20,143)	328	\$ (26,399)
TOTAL	151	\$ 116,802	286	\$ 143,838	312	\$ 145,281	399	\$ 238,211	679	\$ 444,984	1442	\$ 622,994	789	\$ 274,996	4058	\$ 1,987,106
ACCOUNTS RECEIVABLE																
Non-Credit	1504	\$ 1,256,559	793	\$ 610,454	480	\$ 344,826	484	\$ 390,156	752	\$ 634,239	2408	\$ 766,166	596	\$ 349,597	7017	\$ 4,351,997
Credit	8	\$ (669)	6	\$ (319)	6	\$ (283)	15	\$ (7,080)	16	\$ (1,760)	79	\$ (18,213)	638	\$ (65,103)	768	\$ (93,427)
GRAND TOTAL	1512	\$ 1,255,890	799	\$ 610,135	486	\$ 344,543	499	\$ 383,076	768	\$ 632,479	2487	\$ 747,953	1234	\$ 284,494	7785	\$ 4,258,570

Aged Over 90 Days Trending (excluding Credits)



	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Medicare	18.8%	16.8%	11.7%	11.8%	15.6%	27.1%
Medicaid	18.1%	12.6%	29.6%	22.1%	26.3%	17.6%
Commercial	25.2%	23.8%	39.2%	35.4%	30.1%	26.5%
Work Comp	24.0%	29.6%	37.6%	55.1%	48.9%	30.9%

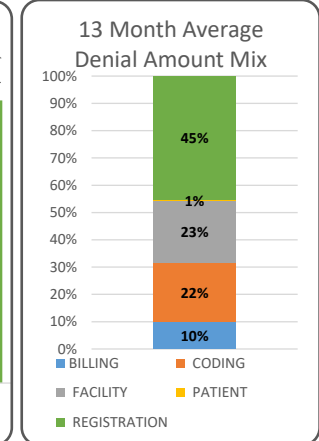
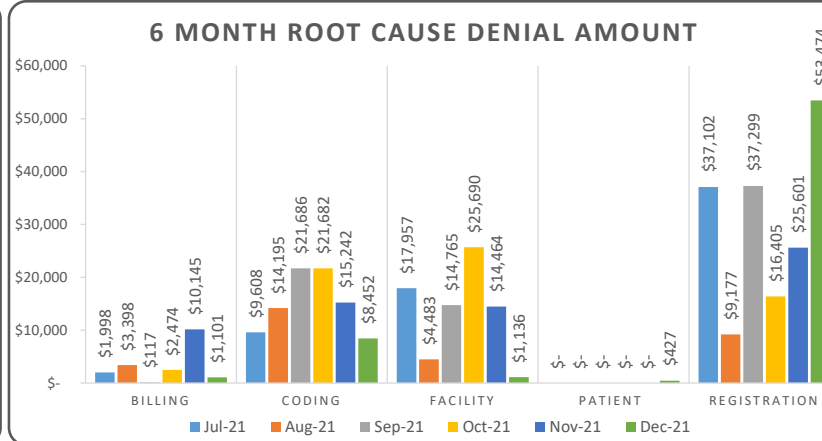
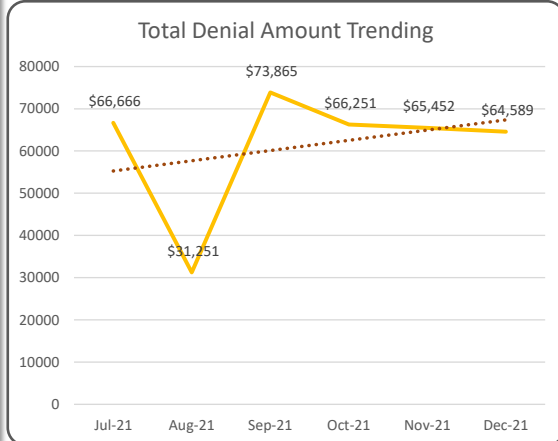
6 Month Aging



DENIAL MANAGEMENT

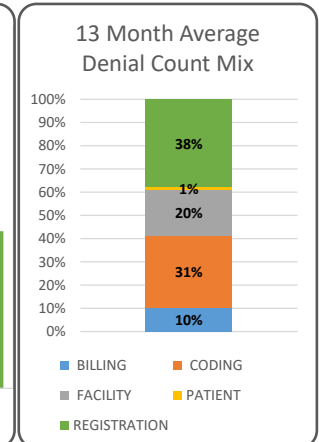
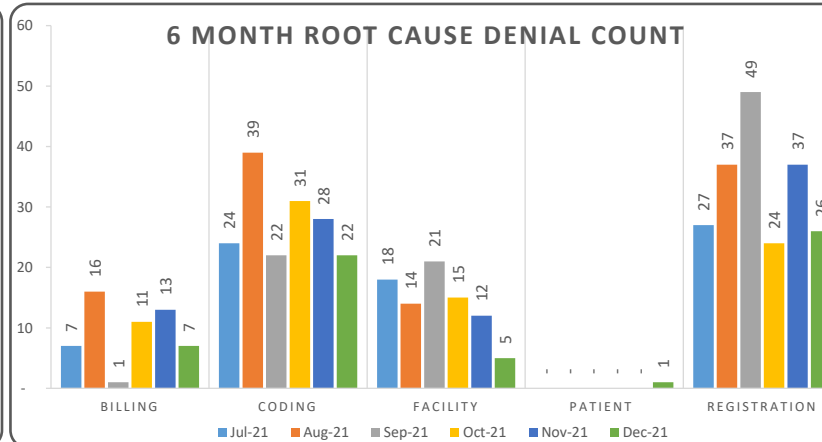
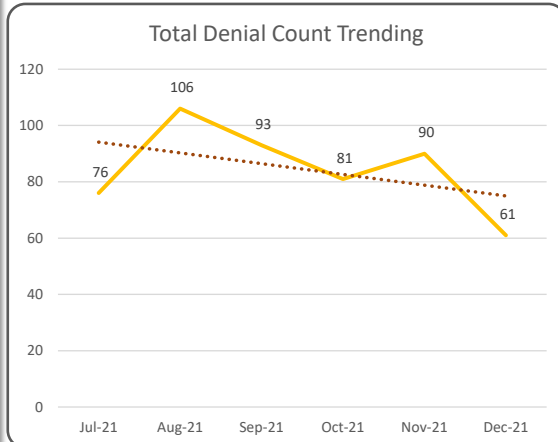
Denial Amount

AMOUNT	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
BILLING	\$ 3,842	\$ 1,496	\$ 5,392	\$ 19,523	\$ 4,792	\$ 2,881	\$ 11,792	\$ 1,998	\$ 3,398	\$ 117	\$ 2,474	\$ 10,145	\$ 1,101	\$ 5,304
CODING	\$ 7,094	\$ 1,751	\$ 8,456	\$ 17,039	\$ 6,192	\$ 4,375	\$ 12,287	\$ 9,608	\$ 14,195	\$ 21,686	\$ 21,682	\$ 15,242	\$ 8,452	\$ 11,389
FACILITY	\$ 14,266	\$ 17,199	\$ 1,339	\$ 7,082	\$ 12,419	\$ 8,265	\$ 16,009	\$ 17,957	\$ 4,483	\$ 14,765	\$ 25,690	\$ 14,464	\$ 1,136	\$ 11,929
PATIENT	\$ 334	\$ -	\$ 238	\$ -	\$ -	\$ 3,871	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 427	\$ 385
REGISTRATION	\$ 17,011	\$ 32,929	\$ 11,944	\$ 23,606	\$ 25,658	\$ 7,953	\$ 11,848	\$ 37,102	\$ 9,177	\$ 37,299	\$ 16,405	\$ 25,601	\$ 53,474	\$ 23,847
TOTAL	\$ 42,546	\$ 53,375	\$ 27,370	\$ 67,250	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 52,853



Denial Count

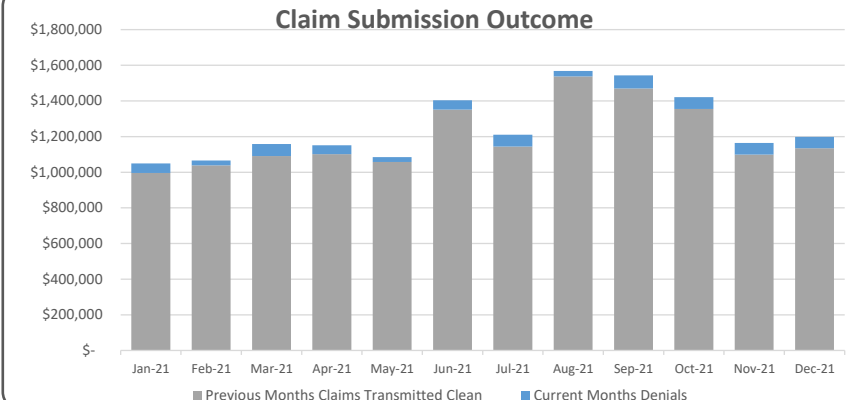
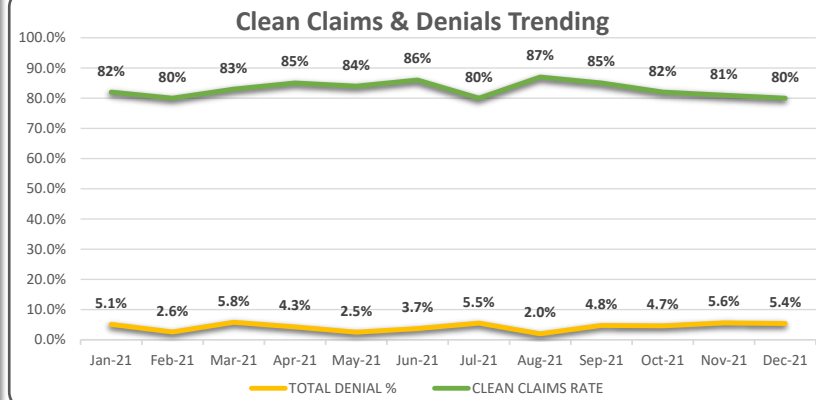
COUNT	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
BILLING	8	4	5	4	16	3	6	7	16	1	11	13	7	8
CODING	27	12	11	20	22	10	31	24	39	22	31	28	22	23
FACILITY	10	14	17	15	21	15	19	18	14	21	15	12	5	15
PATIENT	2	-	2	-	-	6	1	-	-	-	-	-	1	1
REGISTRATION	20	25	16	35	33	16	22	27	37	49	24	37	26	28
TOTAL	67	55	51	74	92	50	79	76	106	93	81	90	61	75



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

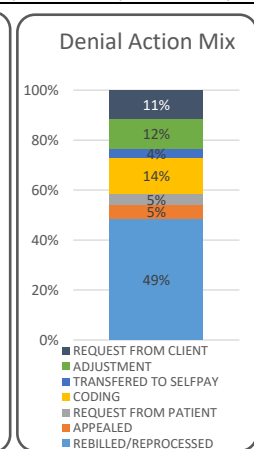
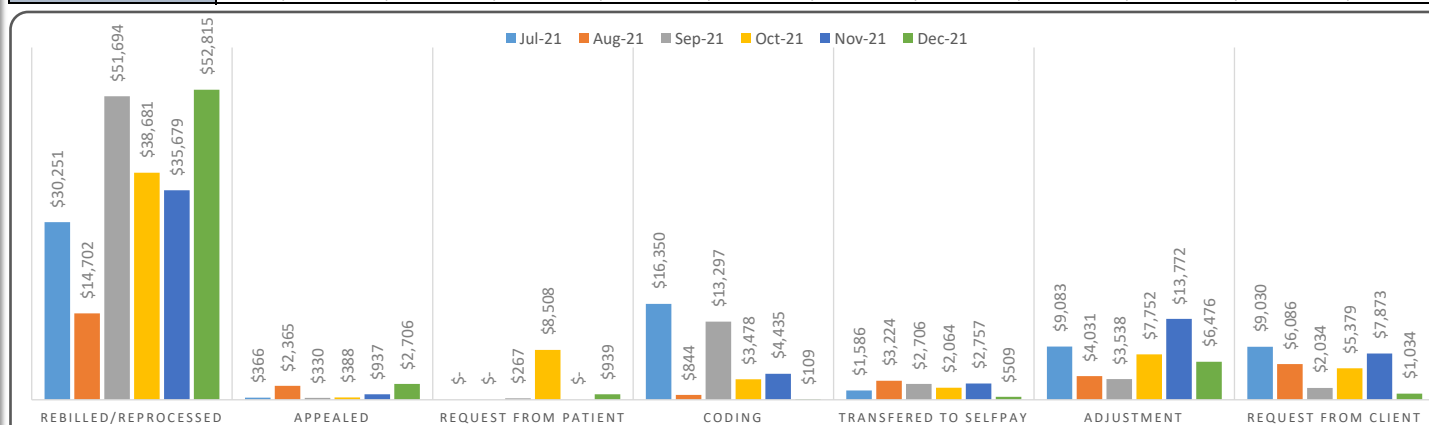
Denial & Clean Claim Trending

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
DENIAL AMOUNT	\$ 42,546	\$ 53,375	\$ 27,370	\$ 67,250	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 52,853
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 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	\$ 1,164,069	\$ 1,198,525	\$ 1,244,518
TOTAL DENIAL %	3.7%	5.1%	2.6%	5.8%	4.3%	2.5%	3.7%	5.5%	2.0%	4.8%	4.7%	5.6%	5.4%	4.3%
CLEAN CLAIMS RATE	82%	82%	80%	83%	85%	84%	86%	80%	87%	85%	82%	81%	80%	83%



Action Taken on Denials

DENIAL ACTION	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
REBILLED/REPROCESSED	\$ 8,229	\$ 3,123	\$ 13,267	\$ 29,439	\$ 32,078	\$ 14,118	\$ 10,611	\$ 30,251	\$ 14,702	\$ 51,694	\$ 38,681	\$ 35,679	\$ 52,815	\$ 25,745
APPEALED	\$ 1,553	\$ 23,761	\$ 1,172	\$ -	\$ 2,391	\$ -	\$ 207	\$ 366	\$ 2,365	\$ 330	\$ 388	\$ 937	\$ 2,706	\$ 2,783
REQUEST FROM PATIENT	\$ 496	\$ 252	\$ 568	\$ 15,192	\$ 1,853	\$ 3,871	\$ 133	\$ -	\$ -	\$ 267	\$ 8,508	\$ -	\$ 939	\$ 2,468
CODING	\$ 12,470	\$ 19,231	\$ 637	\$ 2,790	\$ 2,954	\$ 1,679	\$ 18,699	\$ 16,350	\$ 844	\$ 13,297	\$ 3,478	\$ 4,435	\$ 109	\$ 7,459
TRANSFERRED TO SELF-PAY	\$ 6,395	\$ 3,057	\$ 433	\$ 931	\$ 2,072	\$ 500	\$ 220	\$ 1,586	\$ 3,224	\$ 2,706	\$ 2,064	\$ 2,757	\$ 509	\$ 2,035
ADJUSTMENT	\$ 2,929	\$ 3,179	\$ 1,992	\$ 4,018	\$ 2,783	\$ 5,009	\$ 17,602	\$ 9,083	\$ 4,031	\$ 3,538	\$ 7,752	\$ 13,772	\$ 6,476	\$ 6,320
REQUEST FROM CLIENT	\$ 10,473	\$ 772	\$ 9,302	\$ 14,880	\$ 4,929	\$ 2,168	\$ 4,598	\$ 9,030	\$ 6,086	\$ 2,034	\$ 5,379	\$ 7,873	\$ 1,034	\$ 6,043
TOTAL	\$ 42,546	\$ 53,375	\$ 27,370	\$ 67,250	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 52,853

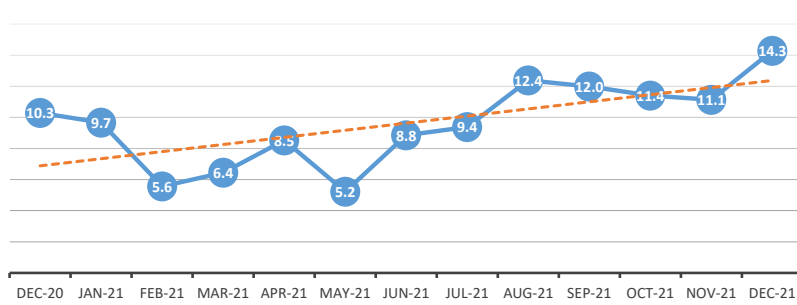


UNBILLED & INVENTORY

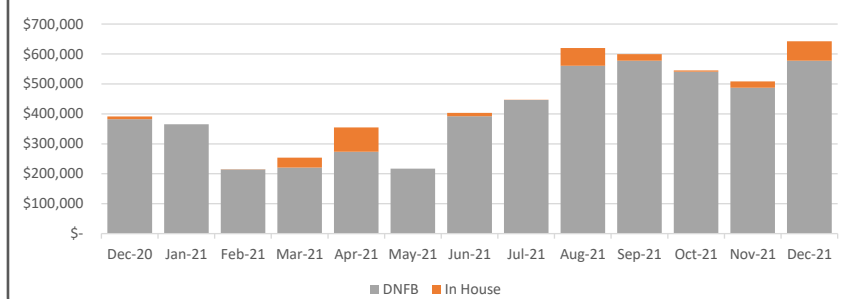
Unbilled

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
In House	\$ 8,541	\$ -	\$ 254	\$ 32,930	\$ 80,746	\$ -	\$ 11,541	\$ 267	\$ 59,277	\$ 22,170	\$ 3,706	\$ 20,857	\$ 64,355	\$ 23,434
DNFB	\$ 382,533	\$ 365,354	\$ 214,269	\$ 220,951	\$ 273,604	\$ 217,275	\$ 392,046	\$ 446,371	\$ 560,649	\$ 577,639	\$ 541,096	\$ 487,338	\$ 577,901	\$ 404,387
Total Unbilled	\$ 391,074	\$ 365,354	\$ 214,523	\$ 253,881	\$ 354,350	\$ 217,275	\$ 403,587	\$ 446,637	\$ 619,925	\$ 599,809	\$ 544,802	\$ 508,195	\$ 642,256	\$ 427,821
Unbilled Days	10.3	9.7	5.6	6.4	8.5	5.2	8.8	9.4	12.4	12.0	11.4	11.1	14.3	9.6

Total Unbilled Days



Unbilled Dollars

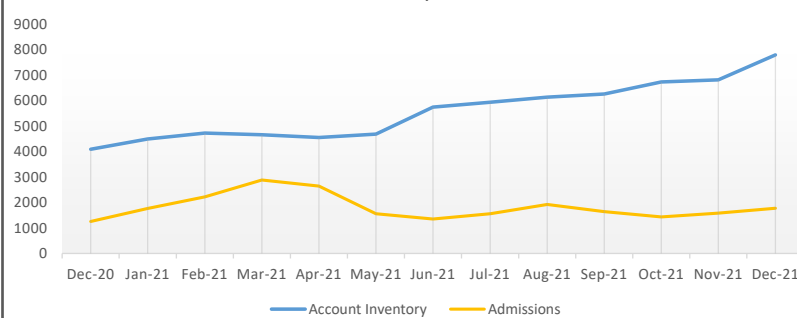


Admissions & Account Inventory

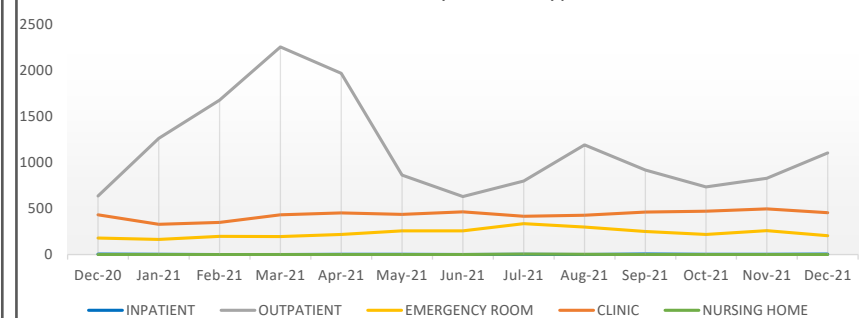
ADMISSIONS	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
INPATIENT	5	3	0	0	2	2	1	3	1	6	3	2	5	3
SWINGBED	4	4	1	2	2	3	2	2	2	3	5	2	3	3
OUTPATIENT	634	1,260	1,675	2,251	1,965	861	629	798	1,190	916	733	826	1,102	1142
EMERGENCY ROOM	178	164	197	194	219	258	256	335	297	250	218	260	205	233
CLINIC	432	328	348	432	451	436	463	414	427	461	471	495	454	432
NURSING HOME	1	1	0	1	0	0	1	5	3	0	0	0	1	1
TOTAL	1,254	1,760	2,221	2,880	2,639	1,560	1,352	1,557	1,920	1,636	1,430	1,585	1,770	1813

ACCOUNT INVENTORY	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	13 Month Average
MEDICARE	433	1,092	1,161	475	523	578	1,434	796	632	657	886	869	1,543	852
MEDICAID	598	542	585	864	686	656	808	856	922	832	779	862	911	762
COMMERCIAL	896	730	687	1,107	1,029	1,018	1,039	1,377	1,201	1,117	1,111	1,119	1,193	1048
WORK COMP	72	72	63	72	55	81	113	99	103	100	89	83	80	83
SELF PAY	2,086	2,053	2,225	2,135	2,255	2,349	2,344	2,805	3,271	3,545	3,862	3,872	4,058	2835
TOTAL	4085	4489	4721	4653	4548	4682	5738	5933	6129	6251	6727	6805	7785	5580

Account Inventory & Admissions



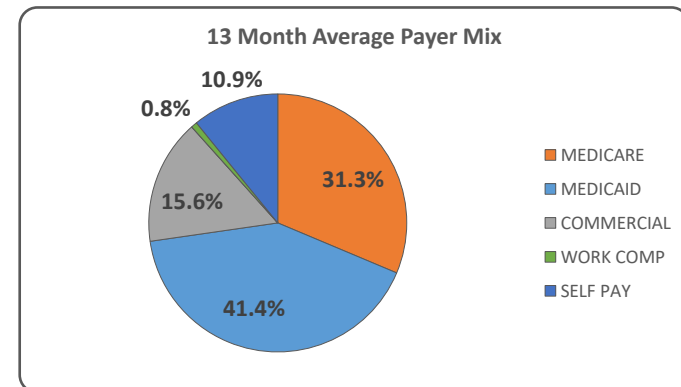
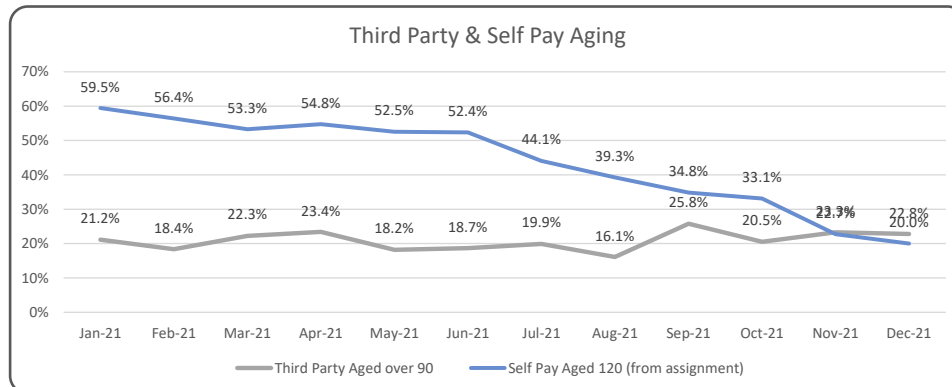
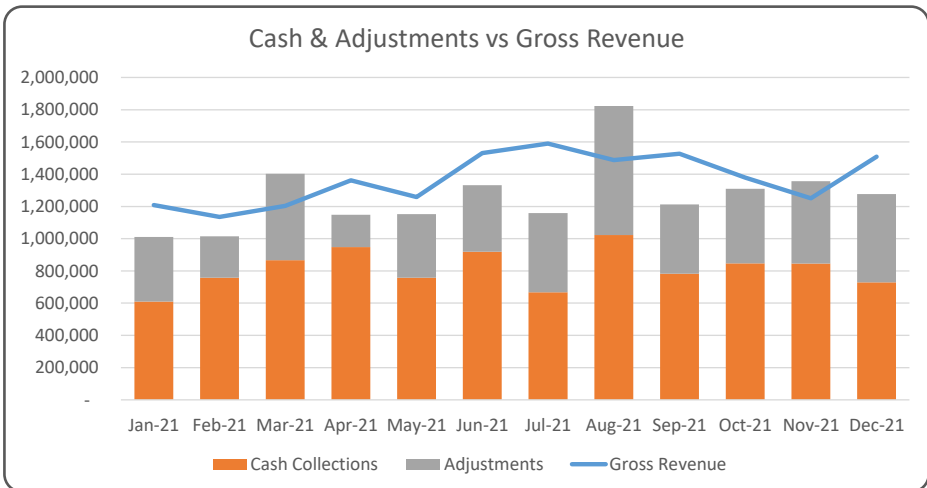
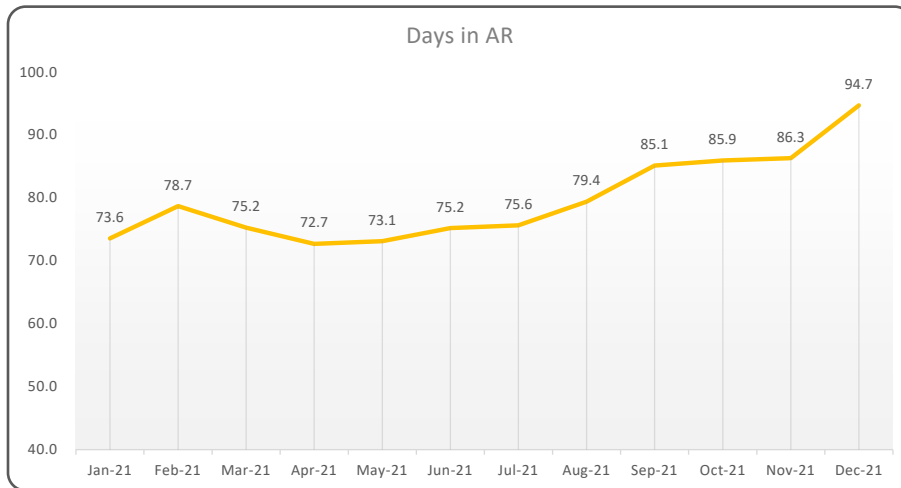
Admissions by Service Type



Southern Humboldt Community Healthcare District

Executive Dashboard

	TARGET	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Days in AR	63.0	73.6	78.7	75.2	72.7	73.1	75.2	75.6	79.4	85.1	85.9	86.3	94.7
Gross AR		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	3,941,004	4,258,570
Gross Revenue		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	1,250,010	1,508,417
Cash Collections		609,963	758,406	866,398	948,282	757,474	919,408	667,778	1,022,607	782,067	847,125	845,077	729,186
Adjustments		401,336	256,395	536,225	200,204	394,744	411,937	490,749	800,505	430,532	461,817	511,680	547,667
Collection %		60.3%	74.7%	61.8%	82.6%	65.7%	69.1%	57.6%	56.1%	64.5%	64.7%	62.3%	57.1%
Late Charges	1%	0.0%	0.1%	0.1%	0.0%	0.0%	-1.1%	0.1%	-0.1%	0.0%	0.0%	2.2%	1.4%
Bad Debt	3%	10.4%	0.0%	16.7%	5.6%	11.3%	5.1%	4.7%	2.9%	0.5%	0.5%	12.7%	2.1%
Charity Care	3%	1.3%	1.2%	0.5%	0.0%	0.2%	0.6%	0.4%	14.2%	0.4%	0.2%	8.6%	0.4%
Third Party Aged over 90	15%	21.2%	18.4%	22.3%	23.4%	18.2%	18.7%	19.9%	16.1%	25.8%	20.5%	23.3%	22.8%
Self Pay Aged 120 (from assignment)	25%	59.5%	56.4%	53.3%	54.8%	52.5%	52.4%	44.1%	39.3%	34.8%	33.1%	22.7%	20.0%

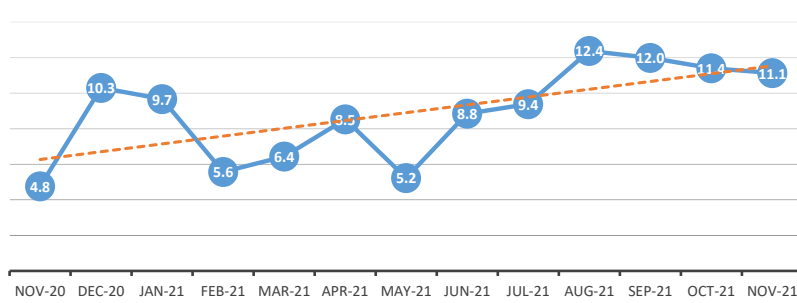


UNBILLED & INVENTORY

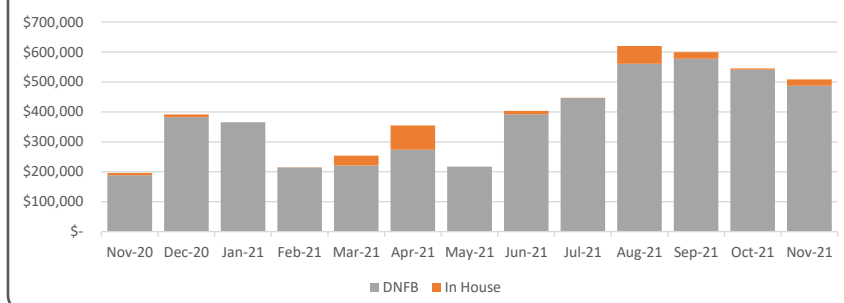
Unbilled

	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
In House	\$ 7,623	\$ 8,541	\$ -	\$ 254	\$ 32,930	\$ 80,746	\$ -	\$ 11,541	\$ 267	\$ 59,277	\$ 22,170	\$ 3,706	\$ 20,857	\$ 19,070
DNFB	\$ 188,484	\$ 382,533	\$ 365,354	\$ 214,269	\$ 220,951	\$ 273,604	\$ 217,275	\$ 392,046	\$ 446,371	\$ 560,649	\$ 577,639	\$ 541,096	\$ 487,338	\$ 374,431
Total Unbilled	\$ 196,107	\$ 391,074	\$ 365,354	\$ 214,523	\$ 253,881	\$ 354,350	\$ 217,275	\$ 403,587	\$ 446,637	\$ 619,925	\$ 599,809	\$ 544,802	\$ 508,195	\$ 393,502
Unbilled Days	4.8	10.3	9.7	5.6	6.4	8.5	5.2	8.8	9.4	12.4	12.0	11.4	11.1	8.9

Total Unbilled Days



Unbilled Dollars

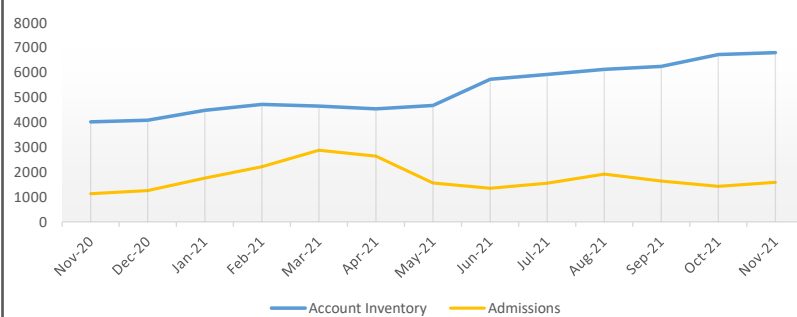


Admissions & Account Inventory

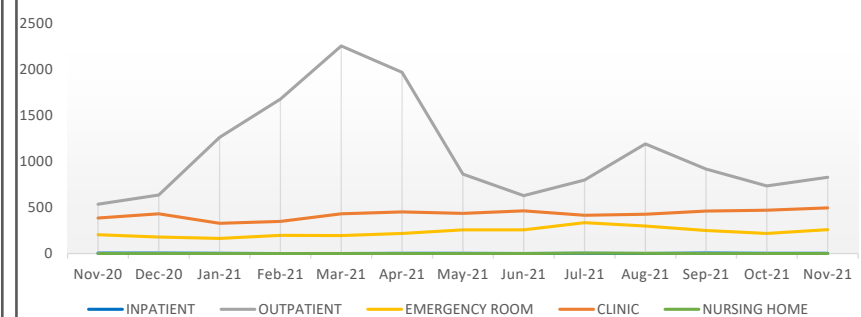
ADMISSIONS	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
INPATIENT	5	5	3	0	0	2	2	1	3	1	6	3	2	3
SWINGBED	1	4	4	1	2	2	3	2	2	2	3	5	2	3
OUTPATIENT	535	634	1,260	1,675	2,251	1,965	861	629	798	1,190	916	733	826	1098
EMERGENCY ROOM	204	178	164	197	194	219	258	256	335	297	250	218	260	233
CLINIC	385	432	328	348	432	451	436	463	414	427	461	471	495	426
NURSING HOME	1	1	1	0	1	0	0	1	5	3	0	0	0	1
TOTAL	1,131	1,254	1,760	2,221	2,880	2,639	1,560	1,352	1,557	1,920	1,636	1,430	1,585	1763

ACCOUNT INVENTORY	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	13 Month Average
MEDICARE	527	433	1,092	1,161	475	523	578	1,434	796	632	657	886	869	774
MEDICAID	546	598	542	585	864	686	656	808	856	922	832	779	862	734
COMMERCIAL	864	896	730	687	1,107	1,029	1,018	1,039	1,377	1,201	1,117	1,111	1,119	1023
WORK COMP	78	72	72	63	72	55	81	113	99	103	100	89	83	83
SELF PAY	2,006	2,086	2,053	2,225	2,135	2,255	2,349	2,344	2,805	3,271	3,545	3,862	3,872	2678
TOTAL	4021	4085	4489	4721	4653	4548	4682	5738	5933	6129	6251	6727	6805	5291

Account Inventory & Admissions



Admissions by Service Type



Southern Humboldt Community Healthcare District

Executive Dashboard

	TARGET	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Days in AR	63.0	68.9	73.6	78.7	75.2	72.7	73.1	75.2	75.6	79.4	85.1	85.9	86.3
Gross AR		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	3,941,004
Gross Revenue		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	1,250,010
Cash Collections		982,756	609,963	758,406	866,398	948,282	757,474	919,408	667,778	1,022,607	782,067	847,125	845,077
Adjustments		229,338	401,336	256,395	536,225	200,204	394,744	411,937	490,749	800,505	430,532	461,817	511,680
Collection %		81.1%	60.3%	74.7%	61.8%	82.6%	65.7%	69.1%	57.6%	56.1%	64.5%	64.7%	62.3%
Late Charges	1%	0.3%	0.0%	0.1%	0.1%	0.0%	0.0%	-1.1%	0.1%	-0.1%	0.0%	0.0%	2.2%
Bad Debt	3%	5.0%	10.4%	0.0%	16.7%	5.6%	11.3%	5.1%	4.7%	2.9%	0.5%	0.5%	12.7%
Charity Care	3%	0.2%	1.3%	1.2%	0.5%	0.0%	0.2%	0.6%	0.4%	14.2%	0.4%	0.2%	8.6%
Third Party Aged over 90	15%	26.8%	21.2%	18.4%	22.3%	23.4%	18.2%	18.7%	19.9%	16.1%	25.8%	20.5%	23.3%
Self Pay Aged 120 (from assignment)	25%	54.9%	59.5%	56.4%	53.3%	54.8%	52.5%	52.4%	44.1%	39.3%	34.8%	33.1%	22.7%

