



**SoHum** Health

Southern Humboldt Community Healthcare District

# **GOVERNING BOARD MEETING**

May 26, 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

**Date:** Thursday, May 26, 2022  
**Time:** 1:30 p.m.  
**Location:** Sprowel Creek Campus and Via Webex Conferencing  
**Facilitator:** Board President, Corinne Stromstad

**Link:**

## Agenda - Revised

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.	1-7	E. Consent Agenda <ol style="list-style-type: none"><li>1. Approval of Agenda</li><li>2. Approval of Previous Meeting Minutes<ol style="list-style-type: none"><li>a. Governing Board Meeting April 28, 2022</li></ol></li><li>3. <b>Approval of Resolution 22:13</b> – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day extension until June 25, 2022.</li></ol>
1:50 p.m.		F. Correspondence, Suggestions or Written Comments to the Board

- 2:00 p.m.      8-24      G. Finance Report – Corinne Stromstad, Barbara Truitt, Paul Eves and Matt Rees
1. Approval of April, 2022 Finances - Paul Eves
  2. Approval of The Capital Budget – See separate packet
  3. PFS report/Provider Printout – April, 2022 – Marie Brown/Remy Quinn
    - HRG report –Remy Quinn
- 25-26      H. Chief Nursing Officer’s Report – Adela Yanez, Interim CNO
- 27-36      I. Quality Assurance Performance Improvement Committee Report [H&S Code § 32155]– Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager– (Jan., April, July, Oct.)
- 2:30 p.m.      37-42      J. Administrator’s Report –Matt Rees
1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.)
  2. Foundation Report – Chelsea Brown – (May, Aug., Nov., Feb.)
  3. Strategic Plan Committee reports
  4. Committee reports – Barbara Truitt
- 43-56      K. Old Business
1. Board Education – GovernWell
- 3:45 p.m.      57-66      L. New Business
1. Policies and Procedures.
    - a. New
      - i. Travel and Travel Reimbursement 2019
    - b. Obsolete
      - i. Travel Expense Reimbursement 2019
      - ii. Travel Policy Nonexempt Pay 2019
- M. Meeting Evaluation
- N. Parking Lot

1. Governing Board retreat

O. Next Meetings

1. Medical Staff Committee - Policy Development, Wednesday, June 15, 2022, 11:00 a.m.
2. QAPI Meeting – June 1, 2022, 10:00 a.m.
3. Medical Staff Committee, Wednesday, June 22, 2022, 12:00 p.m.
4. Governing Board Meeting June 30, 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 April 28, 2022
  - b. Closed Session Special Governing Board Meeting May 9, 2022
  - c. Closed Session Special Governing Board Meeting May 10, 2022
2. Compliance and Risk Report [H&S Code § 32155] – Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
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]
  - a. Core Privileges
  - b. Dr. Daniel Merges, Reappointment to Active status, 60 day extension to July 22, 2022.
6. Personnel matter – Chief Executive Officer Evaluation – pursuant to Government Code § 54957
7. Next regular Meeting Thursday, June 30, 2022
8. Conference with Labor Negotiators (§54957.6)

R. Adjourn Closed Session

S. Resume Open Session

1. CEO Compensation – Oral reading and approval.

## T. Adjourn

### Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>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 Monday, May 23, 2022

## Governing Board

**Date:** Thursday, April 28, 2022  
**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 Kevin Church. Galen Latsko (Webex)

**Not Present:** None

**Also in person:** Darrin Guerra, Governing Board Clerk; Marie Brown, PFS Manager; Remy Quinn, HIM Manager; Interim CNO Adela Yanez, CFO Paul Eves, and Karen Johnson.

Also via Webex: CEO Matt Rees, COO Kent Scown, and Adam Summers, Lab Manager

- A. Call to Order – Board president Corinne Stromstad called the meeting to order at 1:31p.m.
- B. Public Comment
- C. Board Member Comments
  - 1. Jessica requested that we hold a Special Board Meeting the following week to discuss attending conferences, hiring of higher-level positions, salaries, Board Expectations for attending meetings and the Board Clerk.
- D. Announcements – Appointment of a New Board Member has been moved to an action item.
- E. Consent Agenda

1. Appointment of a New Board Member. – Moved from Announcements

**Motion:** Barbara Truitt made a motion to appoint Kevin Church to the Board to fill the remainder of the 2 year term, ending December 2, 2022.

**Second:** Jessica Willis

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

Noes: None

Not present: **Motion carried.**

**Kevin Church took the Oath of Office**

2. Approval of Agenda

3. Approval of Previous Meeting Minutes

a. Special Governing Board meeting March 23, 2022

b. Governing Board meeting March 24, 2022

c. Special Governing Board meeting April 22, 2022

**Motion:** Barbara Truitt moved to approve the previous minutes of March 23, March 24, and April 22, 2022 minutes and Agenda.

**Second:** Jessica Willis

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

Noes: None

Not Present: None

**Motion carried.**

4. **Approval of Resolution 22:12** – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day Extension until May 26, 2022.

**Motion:** Jessica Willis made a motion to adopt Resolution 22:12, as described above.

**Second:** Barbara Truitt seconded the motion

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

Noes: None

Not Present: None

**Motion carried.**

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

G. Finance Report – Matt Rees

1. Approval of March, 2022 Finances - Paul Eves – see report

- The pharmacy's revenue was \$177,000 and they filled 2,999 prescriptions in March.
- Net Income for the current fiscal year is \$3,776,740.
- Balance Sheet-Humboldt County Property Tax account is still an estimate.
- Received the funds from the Cost Report settlement, about \$750K, on March 31, 2022,

**Motion:** Barbara Truitt moved to approve the Financials, submitted for March, 2022.

Second: Kevin Church

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

Noes: None

Not Present: None

**Motion carried.**

2. PFS report –March, 2022 –Marie Brown – See report

- a. HRG report – March, 2022 – Remy Quinn – See report

Partnership Health Plan went down mid-March, which will affect the entire Revenue cycle for March and April.

H. Chief Nursing Officer's Reports – Adela Yanez, Interim CNO – No Report. Her report will be submitted to the board in a Special Board meeting next week.

I. Quality Assurance Performance Improvement Committee Report [H&S Code § 32155]–Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager – (Jan., April, July, Oct.) – No report

J. Administrator's Report –Matt Rees, CEO

1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.) - No report. Her report will be submitted to the board in a Special Board meeting next week.
2. Foundation Report – Chelsea Brown - (May, Aug., Nov., Feb.) – No report
3. Strategic Plan – No report
4. Committee Reports - None



5. Matt Rees

- We have a new Clinic Manager that started earlier in the month, as well as a new LCSW.
- We are currently in the process of credentialing the new LCSW so that she may see patients and bill their insurances for the visit. Her provider enrollment is in process, and could take at least 90 days before she could see patients with commercial insurances.
- Matt showed the Board some of the training that the Table Group helped them to accomplish. Matt will be presenting Board training from The Table Group at the next Board Meeting.
- Matt spoke about the CHA (California Hospital Association) conference he went to. One of the primary focuses was the bill for new seismic requirements in California and how it may impact our hospital.
- In the future the Board would like to possibly have a Board member go to some of the conferences. The one Matt recently was specifically for CEO's. The Board would like to be notified of future.

K. Old Business - none

L. New Business

1. Policies and Procedures – (See packet)

- Patient Financial Services – Charity Care Financial Assistance Payment Plans and 2022 Sliding Fee Scale – Remy Quinn
- Outreach - Community Volunteering – Chelsea Brown - Moved to a Special Board meeting due to questions the board had.

**Motion:** Jessica Willis made a motion to approve the Policy and Procedure – Charity Care Financial Assistance Payment Plans and 2022 Sliding Fee Scale.

**Second:** Barbara Truitt

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

Noes: None

Not Present: none

**Motion Carried**

2. These two policies are the first that are not going thru Medical Staff Committee, due to not being Medical Staff related. They are going from the Manager straight to the Board. There will be more policies in the future that will follow this new path to approval.
3. Karen notified the Board that we are doing more Resolutions than are needed – Resolutions are only needed when certain real estate actions (some loan companies will require it, as well

as Eminent Domain) and occasional situations where we have an application and know ahead of time, we will need a resolution. Resolutions must be drafted before the board can pass it and be available to the board at the time a motion to approve it is made. Some resolutions that we've done in the past that were not necessary are Policies and Procedures and Medical Staff Appointments/Reappointments.

iPassport was discussed, as related to Policies and Procedures. An electronic workflow is being developed and will have the Medical Staff Committee and Board approvals process will be included.

**At this time the Board moved to Agenda Line "P" and adjourned to Closed Session.**

M. Meeting Evaluation

1. Having the reporting manager appear in person for the board meetings is now expected by the Board. Written reports are required from everyone that needs to report to the Board, but they would like the reporting manager to summarize the report and not read it.
2. The Board requested that Dr Newdow join the Board meetings as the Chief of Staff and to report on Medical Staff Committee. He may need to join virtually. A Board member will begin joining the Medical Staff Committee meetings, in the non-executive session portion.
3. The Policy Development portion of Medical Staff Committee process is being changed with the implementation of iPassport. The board will be informed of the process.
4. Kevin and Barbara both expressed the need for additional training for the Board. Quotes from the table group will be brought to the next meeting.
5. It was also discussed to keep recordings of the meetings on the computer for future reference. We will begin trying to record the meetings via Webex also, which will capture shared screens, etc. Darrin will be creating a folder in the Shared Board Files and the Board Clerk will determine how long to keep them, but we'll start with keeping them 1 year.

N. Parking Lot

1. Governing Board retreat – Matt will ask a company he's been in contact with about what they suggest for Board training and the cost. He will report back to the Board with more information.

O. Next Meetings:

1. Policy Development Committee, Wednesday, May 11, 2022, 10:00 a.m. – Barbara Truitt will be attending.
2. QAPI Meeting Wednesday May 11, 2022 at 10:am – Barbara Truitt will be attending.
3. Governing Board Meeting May 26, 2022 at 1:30 p.m.

P. Adjourn to Closed Session – 2:59 p.m.

Q. Closed Session opened at 2:59 p.m.

1. Conference with Real Property Negotiations (§ 54956.8)
2. Approval of Previous Closed Session Minutes
  - a. Closed Session Governing Board Meeting March 28, 2022
3. Compliance and Risk Report [H&S Code § 32155] – Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
4. Clinic Service Review [H&S Code § 32155] – Adela Yanez, Interim CNO
5. Medication Error Reduction Plan Report [H&S Code § 32155] – Adela Yanez, Interim CNO
6. Medical Staff Appointments/Reappointments [Gov. Code § 54957]
7. Next Regular Meeting:
  - a. Governing Board Meeting, Thursday, May 26, 2022

R. Adjourned Closed Session at 3:37 p.m.

S. Resumed Open Session at 3:37 p.m.

1. The following actions were taken at closed session

**Motion:** Barbara Truitt moved to approve the Previous closed session minutes of March 28, 2022.

Second: Galen Latsko

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

Noes: None

Not Present: None

**Motion carried.**

T. Adjourned Open Session at 4:04 p.m.

*Submitted by Darrin Guerra and Karen Johnson*

## Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
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**Southern Humboldt Community  
Healthcare District**

	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22	Current 12 Month AVG	Year to Date- Current Year
<b>In Patient Statistics</b>														
Total Acute Patient Days	4	4	8	1	16	9	5	11	3	18	15	5	8	91
Total Swing Patient Days	75	70	38	25	56	66	30	39	35	65	95	98	58	547
Total SNF Patient Days	248	240	236	229	240	231	191	237	223	190	217	228	226	2,222
<b>Total Patient Days</b>	<b>327</b>	<b>314</b>	<b>282</b>	<b>255</b>	<b>312</b>	<b>306</b>	<b>226</b>	<b>287</b>	<b>261</b>	<b>273</b>	<b>327</b>	<b>331</b>	<b>292</b>	<b>2,860</b>
Total Acute Discharges	2	1	3	1	5	4	2	5	1	7	3	3	3	34
Total Swing Discharges	3	3	3	1	4	5	0	2	2	2	5	5	3	29
Total SNF Discharges	0	1	1	2	0	1	1	2	1	1	0	0	1	9
	5	5	7	4	9	10	3	9	4	10	8	8	7	72
<b>Acute Length of Stay</b>	<b>2.00</b>	<b>4.00</b>	<b>2.67</b>	<b>1.00</b>	<b>3.20</b>	<b>2.25</b>	<b>2.50</b>	<b>2.20</b>	<b>3.00</b>	<b>2.57</b>	<b>5.00</b>	<b>1.67</b>	<b>2.67</b>	<b>26.05</b>
ER Admits	2	1	3	1	5	4	2	5	1	7	4	3	3	35
I/P Lab Visits	12	20	12	12	23	14	7	10	23	26	14	17	16	158
I/P Radiology Visits	1	2	6	4	3	2	2	4	2	5	6	6	4	40
I/P EKG's	0	0	0	0	0	0	0	1	0	0	0	0	0	1
<b>Out Patient Statistics</b>														
ER Visits	258	257	335	298	250	220	260	206	233	188	218	219	245	2,427
Clinic Visits	436	463	414	427	459	471	495	453	449	380	509	452	451	4,509
SLS Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Medical	3068	1611	1134	1143	1570	1871	1302	1644	2278	2597	1042	1049	1,692	15,630
Laboratory Visits	617	476	682	1041	740	546	640	839	1009	455	589	574	684	7,115
Radiology	190	219	206	156	209	152	167	179	121	182	170	161	176	1,703
Mammography	24	4	27	25	6	11	19	9	17	9	14	13	15	150
CT Scans	80	71	89	55	76	63	70	66	73	77	88	72	73	729
EKG's	39	46	40	23	42	38	25	44	48	55	37	34	39	386
<b>Total O/P Visits</b>	<b>4,712</b>	<b>3,147</b>	<b>2,927</b>	<b>3,168</b>	<b>3,352</b>	<b>3,372</b>	<b>2,978</b>	<b>3,440</b>	<b>4,228</b>	<b>3,943</b>	<b>2,667</b>	<b>2,574</b>	<b>1,279</b>	<b>32,649</b>
Retail Pharmacy Rx's Sold			1,040	1,607	2,001	2,358	2,566	2,249	2,573	2,455	2,999	2,983	2,283	22,831
<b>Salary Statistics</b>														
Productive FTE's	77.9	76.6	75.1	75.1	76.8	79.2	80.5	79.2	71.7	79.1	77.4	79.7	78	
Paid FTE's	72.1	71.4	85.0	84.9	85.0	87.1	87.8	87.9	85.4	87.0	88.0	87.8	83	
Salaries & Ben as % of Net Rev	67.1%	60.4%	65.6%	68.4%	59.2%	77.6%	64.5%	69.3%	50.1%	72.8%	70.03%	70.03%	65.50%	
Benefits as % of Salaries	42.7%	19.7%	49.4%	46.4%	32.0%	64.4%	32.2%	43.4%	28.1%	43.9%	43.42%	43.42%	39.04%	
<b>Revenue Statistics</b>														
Gross A/R > 120 Days	1,217,068	1,234,083	1,022,868	1,313,144	1,336,739	1,505,869	1,451,996	1,746,576	2,040,686	2,152,505	2,071,508	2,181,976	1,606,252	
A/R>120 Days as % of Total AR	41%	41%	41%	41%	34%	34%		42%	42%	42%	42%	42%	40%	
Gross Days in A/R	75.2	75.2	75.6	79.2	85.1	85.9	86.3	94.7	91.6	86.5	86.5	88.5	84.2	
Net Days in A/R	69.7	69.9	69.8	73.4	79.8	81.6	79.8	87.5	84.4	79.9	79.9	80.0	78.0	
A/R Cash Collections	757,474	919,408	667,778	1,022,607	782,980	847,125	845,077	729,186	727,607	859,954	770,454	1,024,101	829,479	
Collections as % of Net Rev	59.8%	75.7%	32.7%	84.2%	67.2%	70.8%	68.8%	63.1%	58.0%	59.5%	69.3%	82.5%	68.5%	
Accounts Payable Days	5.1	15.9	0.7	4.3	9.8	2.1	1.9	0.8	5.4	5.0	4.9	4.8	5.1	
Cash Collections per Cal Day	24,435	29,658	21,541	32,987	25,257	27,327	27,261	23,522	23,471	27,740	24,853	33,036	26,757	107,113
Cash Disburs. per Cal Day	38,553	39,838	44,612	38,603	41,262	458,718	40,600	42,521	41,846	54,626	44,612	46,099	77,657	583,195
<b>DATA Entry/Details/Calcs</b>														
Calendar Days	31	30	31	31	30	31	30	31	31	28	31	30		

**Southern Humboldt Community  
Healthcare District  
Income Statement  
April 2022**

Current Month			Year to Date				
\$ Variance	Budget	Actual		Actual	Budget	\$ Variance	% Variance
(20,239)	237,500	217,261	GROSS PATIENT REVENUE				
29,387	41,670	71,057	INPATIENT	2,108,547	2,375,000	(266,453)	-11%
83,711	1,202,080	1,285,791	INPATIENT ANCILLARY	577,853	416,700	161,153	39%
92,859	1,481,250	1,574,109	OUTPATIENT ANCILLARY	13,439,450	12,020,800	1,418,650	12%
			TOTAL PATIENT REVENUE	16,125,850	14,812,500	1,313,350	9%
			DEDUCTIONS FROM REVENUE				
41,086	515,630	556,716	CONTRACTUAL ALLOWANCES	4,602,287	5,156,300	(554,013)	-11%
(21,994)	71,670	49,676	PROVISION FOR BAD DEBTS	1,043,984	716,700	327,284	46%
16,827	36,000	52,827	OTHER ALLOWANCES/DEDUCTIONS	617,805	360,000	257,805	72%
	-300,000	(300,000)	OTHER OPERATING IGTs & SUPPLEMENTAL	(3,000,000)	(3,000,000)		
35,919	323,300	359,219	TOTAL DEDUCTIONS	3,264,076	3,233,000	31,076	1%
56,940	1,157,950	1,214,890	NET PATIENT REVENUE	12,861,774	11,579,500	1,282,274	11%
14,619	12,000	26,619	OTHER OPERATING REVENUE	152,229	120,000	32,229	27%
71,559	1,169,950	1,241,509	TOTAL OPERATING REVENUE	13,014,003	11,699,500	1,314,503	11%
(125,454)	731,670	606,216	SALARIES & WAGES	5,753,701	7,316,700	(1,562,999)	-21%
104,880	158,330	263,210	EMPLOYEE BENEFITS	2,110,133	1,583,300	526,833	33%
54,871	123,330	178,201	PROFESSIONAL FEES	1,657,063	1,233,300	423,763	34%
(44,394)	112,500	68,106	SUPPLIES	1,097,409	1,125,000	(27,591)	-2%
21,438	21,670	43,108	REPAIRS & MAINTENANCE	192,775	216,700	(23,925)	-11%
(22,268)	110,000	87,732	PURCHASED SERVICES	1,126,846	1,100,000	26,846	2%
18,534	14,170	32,704	UTILITIES	186,533	141,700	44,833	32%
(10,218)	23,330	13,112	INSURANCE	136,914	233,300	(96,386)	-41%
0		0	INTEREST	0	0	0	#DIV/0!
10,273	38,330	48,603	DEPRECIATION/ AMORTIZATION	442,939	383,300	59,639	16%
8,645	33,330	41,975	OTHER	810,447	333,300	477,147	143%
16,307	1,366,660	1,382,967	TOTAL OPERATING EXPENSES	13,514,760	13,666,600	(151,840)	-1%
55,252	(196,710)	(141,458)	OPERATING PROFIT (LOSS)	(500,757)	(1,967,100)	1,466,343	-75%
(2,500)	95,000	92,500	TAX REVENUE	940,855	950,000	(9,145)	-1%
261,936	40,000	301,936	OTHER NONOPERATING REV (EXP)	3,540,944	400,000	3,140,944	785%
		0	INTEREST INCOME	31,088			
259,436	135,000	394,436	NET NON OPERATING REV (EXP)	4,512,887	1,350,000	3,162,887	234%
314,688	(61,710)	252,978	NET INCOME (LOSS)	4,012,129	(617,100)	4,629,229	-750%

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

	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22	12 Month AVG: Mar '21-Feb 22	YTD - Current Year
Inpatient Daily Hospital Services	197,597	231,202	223,673	154,457	244,718	219,424	170,256	217,954	170,724	226,213	263,867	217,261	211,446	2,108,547
Ancillary Revenue	45,356	40,690	44,799	54,355	72,321	45,472	40,036	51,743	54,178	57,688	86,204	71,057	55,325	577,853
Outpatient Revenue	1,015,193	1,283,956	1,352,452	1,386,282	1,364,347	1,273,369	1,162,271	1,356,271	1,577,499	1,208,326	1,472,842	1,285,791	1,311,550	13,439,450
<b>Total Hospital Revenue</b>	1,258,146	1,555,848	1,620,924	1,595,094	1,681,386	1,538,265	1,372,563	1,625,968	1,802,401	1,492,227	1,822,913	1,574,109	1,578,320	16,125,850
Contractual Allowances	252,235	388,721	224,877	457,567	404,071	324,712	415,578	447,106	501,660	508,013	761,987	556,716	436,937	4,602,287
Provision for Bad Debts	115,056	84,411	155,817	210,892	48,684	140,689	54,169	137,821	117,448	118,631	10,157	49,676	103,621	1,043,984
Other Allowances/Deductions	25,201	34,185	83,017	76,635	4,829	39,931	63,107	100,622	38,322	67,521	90,994	52,827	56,433	617,805
Other Operating: IGTs & Supplemental	(444,764)	(996,499)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(370,105)	(3,000,000)
<b>Total Deductions</b>	(52,272)	(489,182)	163,711	445,094	157,584	205,332	232,854	385,549	357,430	394,165	563,138	359,219	226,885	3,264,076
Contractual %													14%	20%
<b>Net Patient Revenue</b>	1,310,418	2,045,030	1,457,213	1,150,000	1,523,802	1,332,933	1,139,709	1,240,419	1,444,971	1,098,062	1,259,775	1,214,890	1,351,435	12,861,774
Net Revenue %	104%	131%	90%	72%	91%	87%	83%	76%	80%	74%	69%	77%	86%	80%
Other Operating Revenue	15,173	14,595	14,004	14,615	15,318	14,551	15,668	14,753	34,137	14,219	14,964	26,619	16,529	152,229
<b>Total Revenue</b>	1,325,591	2,059,625	1,471,217	1,164,615	1,539,120	1,347,484	1,155,377	1,255,172	1,479,108	1,112,281	1,274,739	1,241,509	1,367,965	13,014,003
Salaries & Wages	571,404	1,030,764	533,278	543,935	536,284	579,710	564,028	627,862	565,381	562,777	634,230	606,216	612,989	5,753,701
Employee Benefits	244,263	203,497	149,686	158,608	171,366	373,211	181,430	134,580	159,058	247,085	271,899	263,210	213,158	2,110,133
Professional Fees	148,383	173,721	142,301	118,353	112,847	112,883	180,917	109,637	112,547	278,975	310,402	178,201	164,931	1,657,063
Supplies	13,552	131,829	157,223	109,110	61,224	106,131	109,659	101,501	182,616	107,907	93,932	68,106	103,566	1,097,409
Repairs & Maintenance	50,554	42,013	16,885	6,638	25,766	20,930	13,640	8,884	12,666	27,885	16,373	43,108	23,779	192,775
Purchased Services	70,047	161,073	139,826	94,063	140,865	125,499	70,442	66,996	132,609	159,060	109,754	87,732	113,164	1,126,846
Utilities	10,182	13,427	17,771	18,077	24,502	30,677	5,875	6,943	4,079	39,491	6,414	32,704	17,512	186,533
Insurance	11,755	11,878	23,430	10,075	11,755	12,982	12,703	13,521	13,112	13,112	13,112	13,112	13,379	136,914
Interest													0	0
Depreciation	45,896	45,896	45,896	45,896	45,896	37,258	45,975	37,021	38,614	49,177	48,603	48,603	44,561	442,939
Other Expense	29,111	57,639	121,049	44,214	152,351	30,170	33,332	211,206	76,536	44,049	55,565	41,975	74,766	810,447
<b>Total Expenses</b>	1,195,147	1,871,737	1,347,345	1,148,969	1,282,856	1,429,451	1,218,001	1,318,151	1,297,218	1,529,518	1,560,284	1,382,967	1,381,804	13,514,760
Expenses %	90%	91%	92%	99%	83%	106%	105%	105%	88%	138%	122%	111%	101%	6%
<b>Profit/Loss from Operations</b>	130,444	187,888	123,872	15,646	256,264	(81,967)	(62,624)	(62,979)	181,890	(417,237)	(285,545)	(141,458)	(13,839)	(500,757)
Tax Revenue	94,920	92,500	95,000	95,000	95,000	92,500	92,500	92,500	100,855	92,500	92,500	92,500	94,023	940,855
Other Non Operating Rev (Exp)	40,000	19,949	6,039	3,903	1,574,676	311,075	40,160	244,733	327,636	347,670	383,116	301,936	300,074	3,540,944
Interest Income		12,005			14,173	31	1,064		6,789			9,031	7,182	31,088
<b>Net Non-operating Rev/(Exp)</b>	134,920	124,454	101,039	98,903	1,683,849	403,606	133,724	337,233	435,280	440,170	475,616	403,467	401,279	4,512,887
<b>NET INCOME/ (LOSS)</b>	265,364	312,342	224,911	114,549	1,940,113	321,639	71,100	274,254	617,170	22,933	190,071	262,009	387,440	4,012,129

**Southern Humboldt Community Healthcare District**  
**Balance Sheet**  
**April 2022**

<b>ASSETS</b>	
<b>Current Assets</b>	
Cash- Checking & Investments	780,615
LAIF Account	12,190,314
Humboldt County Property Tax Acct	800,000
Patient Accounts Receivable	4,350,642
Less Allowances	2,207,580
Accounts Receivable- Net	2,143,062
Other Receivables	677,637
Inventories	299,208
Estimated 3rd Party Settlements	
Prepaid expenses and Deposits	1,070,663
<b>Total current assets</b>	<b>17,961,499</b>
<b>Property and Equipment</b>	
Land	959,877
Land improvements	553,251
Buildings	2,516,797
Equipment	6,117,944
Construction in progress	2,142,781
Total property and equipment	12,290,650
Less : accumulated depreciation	(6,037,310)
Net property and equipment	6,253,340
<b>Other Assets</b>	
Investments	5,852
Total Other Assets	5,852
<b>Total Assets</b>	<b>24,220,690</b>

<b>LIABILITIES &amp; FUND BALANCE</b>	
<b>Current Liabilities</b>	
Accounts Payable	225,901
Accrued Payroll & Related costs	322,535
<b>Other Current Liabilities</b>	
Deferd revenue IGT	218,179
A/R Credit balances	
Medicare Accelerated Payments	2,633,168
Medicare Contingency	2,000,000
Current Portion-Long Term Debt	
Other Short Term Debt - PPP Loan	
Accrued interest	
<b>Total current Liabilities</b>	<b>5,399,783</b>
<b>Long Term Debt, Less Current Portion</b>	
Bonds payable	
HELP II Loan	
Patient Monitor	
GE Finance - CT Scanner	
<b>Total Long-term debt</b>	<b>-</b>
<b>Less: Current Portion-Long Term Debt</b>	
<b>Net Long Term Debt</b>	<b>-</b>
<b>Equity</b>	
Unrestricted Fund Balance--Prior Years	14,808,778
Net Income (Loss)--Current Year	4,012,129
Restricted Fund Balance	
<b>Total fund balance</b>	<b>18,820,908</b>
<b>Total Liabilities and Fund Balance</b>	<b>24,220,690</b>



# Revenue Cycle / Patient Financial Services

## April 2022 Finance Committee Report

### **HRG - Key Items:**

- AR reduced by 5.5 days
- April closed at 88.5 AR days or \$4.4M in Gross AR
- Cash collections totaled \$1M, or 113% of March's net revenue
- Third Party Aging decreased by \$70K, and is now at 19.3%
- Unbilled AR increased by 2.1 days

**PHC Website** – While functionality has been restored, we continued to deal with 'ripple-effect' issues throughout the month of April with claims, appeals, and authorizations. This should stabilize in May as the backlog of work should be processed.

**HRG Self-Pay Issues** — In the last two months we have had a notable increase in calls to the hospital regarding issues with HRG. These complaints have involved four primary factors: delayed billing, calls going to voicemail, wait times, and not getting return calls. We raised our concerns to HRG, and they did an internal review to identify the root causes of the issues. They are now working with their self-pay team to remediate, and we will monitor for improvement.

**Coding Review** — There have been some concerns with DNFB in relation to coding volume and turn-around time. We have asked the coding team to provide us with some detailed information about staffing, distribution of work, and any barriers they may be facing. We will also be arranging for an outside coding audit to be performed by another coding firm. It is recommended best practice to do this annually.

**Self-Pay Aging** – Continued delays caused by AB1020 requirements for final notices have sustained the inflated percentage of accounts not being forwarded to bad debt that are aged over 120 days. We anticipate this will be resolved by June, though discussions between HRG and Arcadia remain ongoing regarding file type and transfer processes.

**Registration Updates** – We continue to search for suitable candidates to begin training in Hospital and Clinic registration to further our goal of being able to provide evening registration coverage for the Hospital. We have had a few interviews, but so far have not found the correct candidate. We continue to hold interviews and are hopeful to get these positions filled as soon as possible.

## Southern Humboldt April 2022

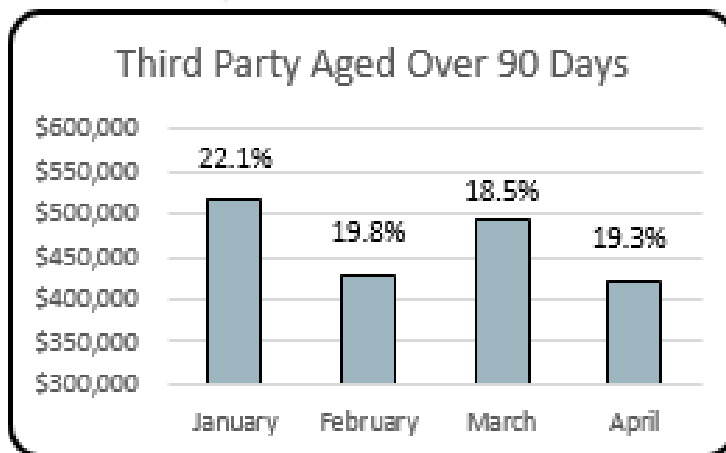


### Key Items

- ➔ **AR reduced by 5.5 days**
- ➔ **April closed at 88.5 AR days or \$4.4M in Gross AR**
- ➔ **Cash collections totaled \$1M, or 113% of March's net revenue**
- ➔ **Third Party Aging decreased by \$70K, and is now at 19.3%**
- ➔ **Unbilled AR increased by 2.1 days**

### Detailed Initiatives & Obstacles

- **Overall AR:** April closed with \$4.4M in Gross AR or 88.5 AR days; a 5.5 day reduction compared to March. Gross Revenue decreased by \$255K coming in at \$1.4M in April. Cash collections exceeded net revenue by \$122K. SHCHD's second largest payer (Partnership Healthplan/PHP) was down in March, but was back up and running in mid-April. They were able to process claims and issue payments. This tremendously helped cash collections in April, but also helped reduce the third party AR by 9.1 days. Self Pay AR is at 45.6 days which is an increase of 1.6 AR days since March. Bad Debt turns have been on hold pending the updated Final Notice as required under AB1020 which has aided in the increase in Self Pay AR. There is roughly 3 days in AR that is expected to be eligible for Bad Debt by the end of May.
- **Third Party Aging:** April closed with \$422K in Third Party balances aged over 90 days, totaling 19.3%. Although there was a decrease of \$70K from March, the total percentage of aged accounts increased due to a decrease of balances in the 0-90 aging categories. Medicare aging decreased by \$17K and is down to 11.6%. Medi-Cal aging decreased by \$19K. Commercial aging decreased by \$35K and is back down under \$100K. There is still an outstanding inpatient Blues claims just rolled over 90 days for \$25K that was recently billed. We hope to get this claim resolved in May, which will help more with the commercial aging. Workers Compensation increased by \$645. Overall, Third Party aging is only 4.3% from goal which is set at 15%.
- **Unbilled AR:** Unbilled balances increased by 2.1 days, closing the month with 6.9 days in AR. HRG and SHCHD continue to monitor and discuss the unbilled AR to ensure accounts are coded and released timely for billing. Unbilled AR goal has been set at 3 days and we are currently less than 3.9 days from goal.



### Industry Updates No Surprises Act: Additional Remittance Codes Released

Under the federal No Surprises Act (NSA), out of network payers are required to process claims using state or federal NSA reimbursement methodology. Using specific Remittance Advise Remark Codes (RARC), payers will indicate when claims process under these provisions.

Last November, three codes were available and an additional 17 codes added in April 2022. These new codes, approved by the RARC Committee are effective March 1, 2022 and include initial and final payment, cost share, denial and consent, and miscellaneous categories.

To view the full list, please visit <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/CAA-NSA-RARC-Codes.pdf>

Amanda Hornby | Revenue Cycle Director

**Healthcare Resource Group**

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# Southern Humboldt Community Healthcare District



## MONTH END FINANCE REPORT

# April 2022

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# FINANCE DASHBOARD

## Revenue Cycle Performance

	Target	November-21	December-21	January-22	February-22	March-22	April-22
<b>REVENUE</b>							
Net Revenue		\$804,636	\$868,700	\$874,317	\$747,125	\$902,438	\$784,060
Gross Revenue		\$1,250,010	\$1,508,417	\$1,639,879	\$1,350,122	\$1,639,234	\$1,384,159
<b>CASH</b>							
Cash Collections as a % of Net Revenue	100%	93%	91%	84%	98%	103%	113%
Cash Collections		\$845,077	\$729,186	\$727,607	\$859,954	\$770,454	\$1,024,101
<b>ACCOUNTS RECEIVABLE</b>							
Net AR		\$2,152,522	\$1,993,772	\$1,835,655	\$2,279,087	\$2,466,209	\$2,143,062
Gross AR		\$3,941,004	\$4,258,570	\$4,379,072	\$4,322,972	\$4,832,867	\$4,350,642
Unbilled	3	11.1	14.3	5.5	7.1	4.8	6.9
Third Party	34	34.5	36.2	42.1	34.7	45.1	36.0
Self Pay	26	40.6	44.2	44.0	44.7	44.0	45.6
Total Days in AR	63	86.3	94.7	91.6	86.5	94.0	88.5
Days in AR - Credit Balances	< 1	2.10	2.08	2.04	2.09	2.10	2.25
<b>UNBILLED</b>							
In-house	< 2 Days	0.5	1.4	0.4	0.7	0.2	0.0
DNFB	< 1 Day	10.7	12.8	5.1	6.4	4.6	6.9
Total Unbilled	<3 Days	11.1	14.3	5.5	7.1	4.8	6.9

## Third Party

	Target	November-21	December-21	January-22	February-22	March-22	April-22
<b>AGING (excluding credits)</b>							
Medicare Aging > 90 Days	9%	15.6% \$ 120,983	27.1% \$ 246,065	28.4% \$ 215,914	17.6% \$ 148,883	11.5% \$ 117,577	11.6% \$ 100,944
Medicaid Aging > 90 Days	16%	26.3% \$ 276,293	17.6% \$ 183,535	18.3% \$ 202,918	20.9% \$ 182,375	18.7% \$ 217,453	21.0% \$ 198,832
Commercial Aging > 90 Days	18%	30.1% \$ 90,713	26.5% \$ 92,817	20.1% \$ 89,062	19.3% \$ 81,095	31.0% \$ 131,036	30.0% \$ 95,549
Work Comp Aging > 90 Days	36%	48.9% \$ 13,827	30.9% \$ 11,187	29.7% \$ 9,351	53.5% \$ 16,105	56.4% \$ 25,652	49.9% \$ 26,297
Total Third Party Aging > 90 Days	15%	23.3% \$ 501,816	22.8% \$ 533,604	22.1% \$ 517,245	19.8% \$ 428,458	18.5% \$ 491,718	19.3% \$ 421,622
<b>CLAIM SUBMISSION EFFICIENCY</b>							
Claims Submission		1,488 \$ 1,198,525	1,365 \$ 1,451,836	2,717 \$ 1,516,636	1,790 \$ 1,676,470	1,501 \$ 1,481,392	2,003 \$ 2,189,220
Clean Claims	85%	81%	80%	87%	85%	83%	83%
Denial Percent	5%	6%	5%	8%	5%	3%	7%
Total Denial Rate	Count   Amt	90 \$ 65,452	61 \$ 64,589	106 \$ 114,475	85 \$ 78,246	79 \$ 50,437	136 \$ 98,978
Late Charges	Count   Amt	50 \$ 27,619	65 \$ 20,619	16 \$ 4,924	0 \$ 15,617	3 \$ 186	2 \$ 35,391
Communication Log Backlog		201 \$ 300,643	77 \$ 138,984	144 \$ 276,915	90 \$ 156,568	26 \$ 146,746	21 \$ 58,931

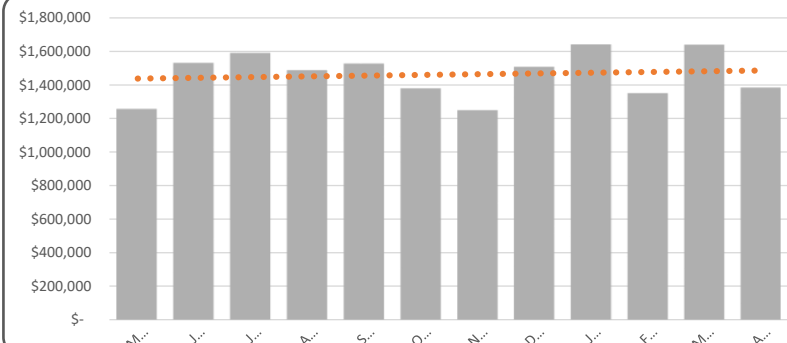
## Self Pay

	Target	November-21	December-21	January-22	February-22	March-22	April-22
<b>INVENTORY &amp; QUALITY</b>							
Total Inventory		3,872 \$ 1,855,738	4,058 \$ 1,987,106	4,293 \$ 2,103,148	4,408 \$ 2,232,314	3,527 \$ 2,264,662	3,505 \$ 2,240,554
New		423 \$ 116,312	35 \$ 100,641	463 \$ 98,347	271 \$ 110,187	313 \$ 110,984	384 \$ 129,050
Resolved		147 \$ 16,190	372 \$ 308,580	128 \$ 13,825	219 \$ 27,153	485 \$ 152,376	1,103 \$ 66,875
Aged >120 days from Assignment	< 25%	22.7% \$ 421,465	20.0% \$ 397,548	20.9% \$ 439,319	72.2% \$ 1,611,788	71.7% \$ 1,623,121	71.6% \$ 1,605,165
Total Payment Plans over 120 days		\$18,274	\$18,185	\$19,934	\$18,425	\$8,967	\$9,637
Average Speed to Answer	< 60 seconds	119	221	206	134	150	137
<b>STATEMENTS &amp; LETTERS</b>							
Statements & Letters		312	217	248	270	1,380	897
Charity Care Applications In Process		16 \$ 3,509	0 \$ -	0 \$ -	0 \$ -	0 \$ -	33 \$ 19,674
Inbound and Outbound Calls	In   Out	125   147	86   85	80   67	99   152	326   154	305   455
<b>WRITE OFFS</b>							
Bad Debt as a % of Gross Revenue	< 2%	12.7% \$ 158,775	2.1% \$ 31,967	0.0% \$ -	0.0% \$ -	2.2% \$ 35,941	0.0% \$ -
Charity as a % of Gross Revenue	< 2%	8.6% \$ 107,586	0.4% \$ 6,325	0.5% \$ 7,646	0.2% \$ 2,062	5.6% \$ 92,241	6.3% \$ 87,222

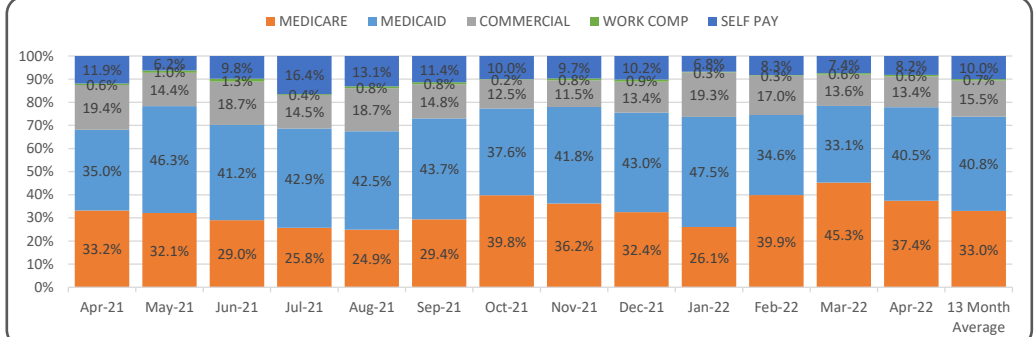
# GROSS REVENUE

PAYER	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
MEDICARE	\$ 451,623	\$ 403,310	\$ 443,866	\$ 409,439	\$ 370,915	\$ 448,301	\$ 548,436	\$ 452,536	\$ 489,231	\$ 427,748	\$ 538,639	\$ 742,459	\$ 517,108	\$ 480,278
MEDICAID	\$ 476,146	\$ 582,132	\$ 630,039	\$ 681,573	\$ 632,322	\$ 666,353	\$ 518,532	\$ 522,097	\$ 649,245	\$ 779,456	\$ 466,921	\$ 542,632	\$ 559,974	\$ 592,879
COMMERCIAL	\$ 263,926	\$ 180,952	\$ 286,590	\$ 230,932	\$ 277,534	\$ 225,873	\$ 172,566	\$ 144,086	\$ 202,524	\$ 316,007	\$ 229,347	\$ 222,294	\$ 185,153	\$ 225,983
WORK COMP	\$ 7,980	\$ 13,119	\$ 19,930	\$ 6,551	\$ 12,495	\$ 12,387	\$ 2,285	\$ 10,340	\$ 14,240	\$ 4,843	\$ 3,414	\$ 10,258	\$ 8,879	\$ 9,748
SELF PAY	\$ 162,349	\$ 78,203	\$ 150,492	\$ 261,501	\$ 194,690	\$ 173,622	\$ 137,550	\$ 120,951	\$ 153,177	\$ 111,825	\$ 111,801	\$ 121,591	\$ 113,045	\$ 145,446
<b>TOTAL</b>	<b>\$ 1,362,024</b>	<b>\$ 1,257,716</b>	<b>\$ 1,530,917</b>	<b>\$ 1,589,996</b>	<b>\$ 1,487,956</b>	<b>\$ 1,526,536</b>	<b>\$ 1,379,368</b>	<b>\$ 1,250,010</b>	<b>\$ 1,508,417</b>	<b>\$ 1,639,879</b>	<b>\$ 1,350,122</b>	<b>\$ 1,639,234</b>	<b>\$ 1,384,159</b>	<b>\$ 1,454,333</b>
<b>AVERAGE DAILY REVENUE</b>	<b>\$ 41,569</b>	<b>\$ 41,548</b>	<b>\$ 45,612</b>	<b>\$ 47,594</b>	<b>\$ 50,096</b>	<b>\$ 50,049</b>	<b>\$ 47,759</b>	<b>\$ 45,669</b>	<b>\$ 44,976</b>	<b>\$ 47,808</b>	<b>\$ 49,982</b>	<b>\$ 51,436</b>	<b>\$ 49,141</b>	<b>\$ 47,172</b>

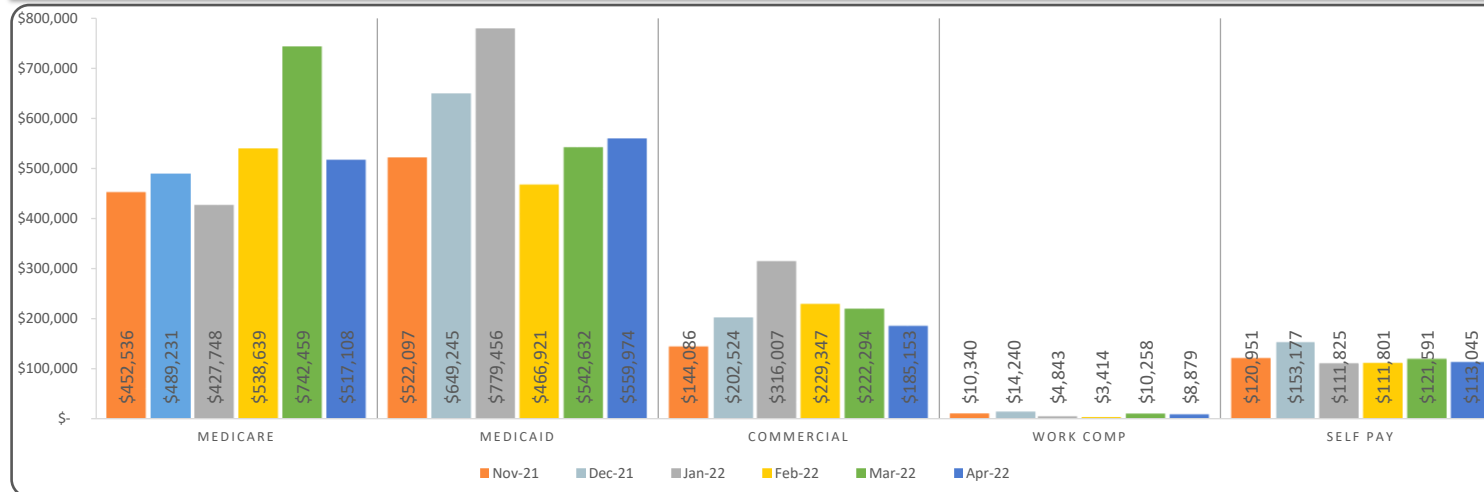
## Gross Revenue



## Payer Mix



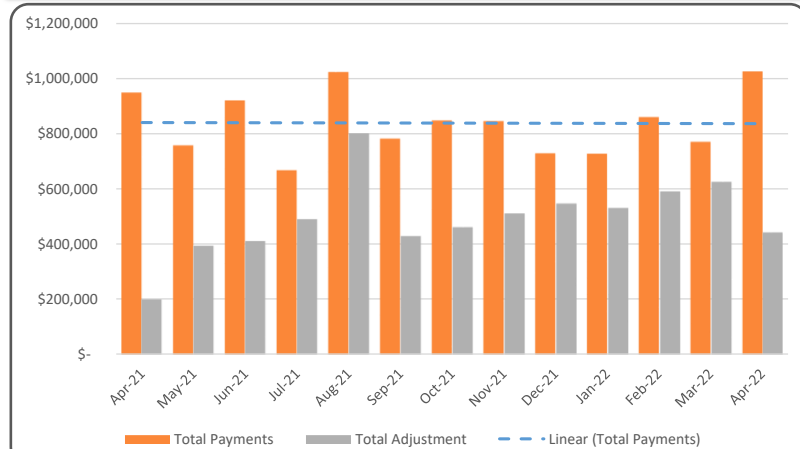
## Revenue Trending By Payer



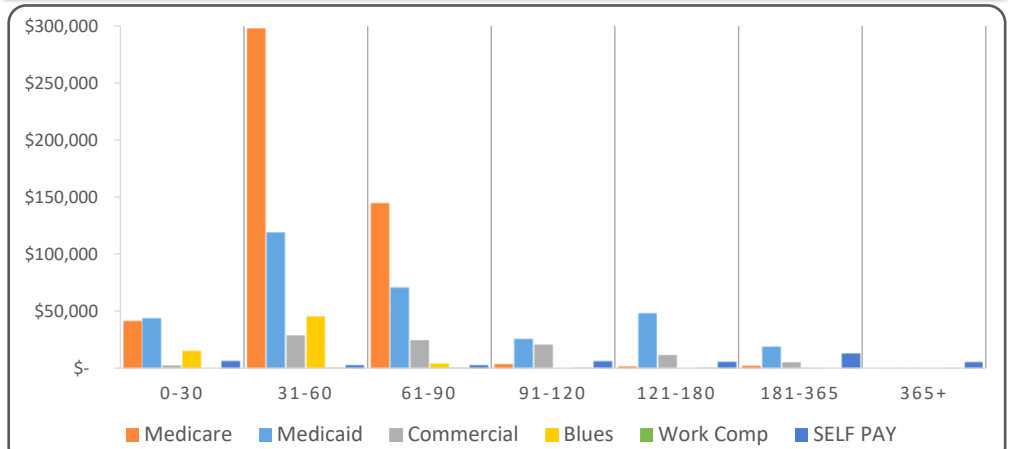
# CASH DETAIL

PAYER	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
<b>MEDICARE</b>														
Payments	\$ 571,263	\$ 406,006	\$ 453,734	\$ 312,313	\$ 434,639	\$ 302,872	\$ 324,436	\$ 505,109	\$ 382,225	\$ 353,842	\$ 398,314	\$ 450,962	\$ 491,736	\$ 414,419
Adjustments	\$ (255,470)	\$ (53,574)	\$ (85,608)	\$ 2,174	\$ (43,612)	\$ (9,988)	\$ 6,310	\$ (103,551)	\$ 97,705	\$ 66,441	\$ 65,484	\$ 85,982	\$ (48,508)	\$ (21,247)
Collection %	181%	115%	123%	99%	111%	103%	98%	126%	80%	84%	86%	84%	111%	108%
<b>MEDICAID</b>														
Payments	\$ 182,937	\$ 164,512	\$ 217,061	\$ 200,717	\$ 347,502	\$ 253,418	\$ 317,123	\$ 173,863	\$ 200,547	\$ 212,315	\$ 275,251	\$ 131,928	\$ 327,277	\$ 231,112
Adjustments	\$ 274,829	\$ 235,943	\$ 314,982	\$ 303,594	\$ 482,578	\$ 353,823	\$ 360,075	\$ 273,521	\$ 338,117	\$ 396,591	\$ 445,733	\$ 311,968	\$ 296,009	\$ 337,520
Collection %	40%	41%	41%	40%	42%	42%	47%	39%	37%	35%	38%	30%	53%	40%
<b>COMMERCIAL</b>														
Payments	\$ 62,265	\$ 50,004	\$ 79,894	\$ 44,139	\$ 79,233	\$ 73,099	\$ 90,785	\$ 23,057	\$ 32,890	\$ 42,329	\$ 45,115	\$ 55,397	\$ 94,255	\$ 59,420
Adjustments	\$ 34,791	\$ 20,617	\$ 40,773	\$ 11,792	\$ 30,259	\$ 22,192	\$ 38,548	\$ 15,162	\$ 11,202	\$ 12,751	\$ 9,930	\$ 27,215	\$ 34,954	\$ 23,861
Collection %	64%	71%	66%	79%	72%	77%	70%	60%	75%	77%	82%	67%	73%	72%
<b>BLUES</b>														
Payments	\$ 78,665	\$ 86,510	\$ 118,932	\$ 75,666	\$ 115,131	\$ 97,873	\$ 71,400	\$ 109,199	\$ 88,547	\$ 95,349	\$ 107,252	\$ 95,023	\$ 66,073	\$ 92,740
Adjustments	\$ 36,462	\$ 38,598	\$ 26,324	\$ 51,912	\$ 48,423	\$ 37,614	\$ 31,797	\$ 46,032	\$ 35,632	\$ 34,181	\$ 58,967	\$ 39,602	\$ 35,755	\$ 40,100
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	71%	74%	65%	71%	65%	69%
<b>WORK COMP</b>														
Payments	\$ 10,873	\$ 7,073	\$ 5,617	\$ 2,700	\$ 2,674	\$ 12,018	\$ 7,004	\$ 8,873	\$ 5,181	\$ 4,469	\$ 1,631	\$ 7,429	\$ 1,482	\$ 5,925
Adjustments	\$ 6,398	\$ 2,464	\$ 1,441	\$ 1,073	\$ 4,080	\$ 2,958	\$ 3,282	\$ 5,576	\$ 3,131	\$ 1,731	\$ 1,688	\$ 3,695	\$ 1,463	\$ 2,998
Collection %	63%	74%	80%	72%	40%	80%	68%	61%	62%	72%	49%	67%	50%	64%
<b>SELF PAY</b>														
Payments	\$ 37,376	\$ 40,142	\$ 37,654	\$ 25,468	\$ 39,318	\$ 40,860	\$ 32,085	\$ 24,686	\$ 17,085	\$ 18,553	\$ 29,302	\$ 29,539	\$ 42,539	\$ 31,893
Bad Debt Recoveries	\$ 4,903	\$ 3,226	\$ 6,515	\$ 6,775	\$ 4,111	\$ 1,927	\$ 4,291	\$ 291	\$ 2,711	\$ 751	\$ 3,090	\$ 174	\$ 739	\$ 3,039
Adjustments	\$ 26,379	\$ 7,216	\$ 25,627	\$ 39,124	\$ 24,880	\$ 10,968	\$ 11,569	\$ 8,579	\$ 23,588	\$ 12,037	\$ 7,658	\$ 29,539	\$ 36,623	\$ 20,291
Charity Care	\$ 580	\$ 1,973	\$ 9,813	\$ 5,845	\$ 210,892	\$ 5,495	\$ 3,409	\$ 107,586	\$ 6,325	\$ 7,646	\$ 2,062	\$ 92,241	\$ 87,222	\$ 41,622
Bad Debt	\$ 76,235	\$ 141,507	\$ 78,584	\$ 75,234	\$ 43,004	\$ 7,470	\$ 6,828	\$ 158,775	\$ 31,967	\$ -	\$ -	\$ 35,941	\$ -	\$ 50,427
Total SP Adjustments	\$ 103,194	\$ 150,696	\$ 114,024	\$ 120,203	\$ 278,776	\$ 23,933	\$ 21,806	\$ 274,940	\$ 61,879	\$ 19,682	\$ 9,721	\$ 157,722	\$ 123,845	\$ 112,340
Collection %	27%	21%	25%	17%	12%	63%	60%	8%	22%	49%	75%	16%	26%	32%
<b>TOTAL</b>														
Total Payments	\$ 948,282	\$ 757,474	\$ 919,408	\$ 667,778	\$ 1,022,607	\$ 782,067	\$ 847,125	\$ 845,077	\$ 729,186	\$ 727,607	\$ 859,954	\$ 770,454	\$ 1,024,101	\$ 838,548
Total Adjustment	\$ 200,204	\$ 394,744	\$ 411,937	\$ 490,749	\$ 800,505	\$ 430,532	\$ 461,817	\$ 511,680	\$ 547,667	\$ 531,378	\$ 591,522	\$ 626,184	\$ 443,517	\$ 383,232
Total Collection %	83%	66%	69%	58%	56%	64%	65%	62%	57%	58%	59%	55%	70%	63%

## Cash & Adjustment Trending

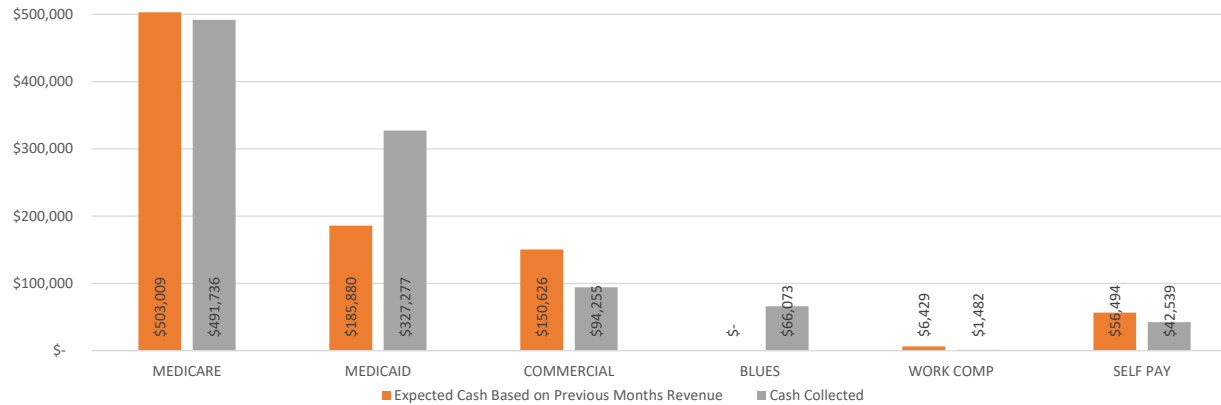


## Cash Collections by Discharge Date

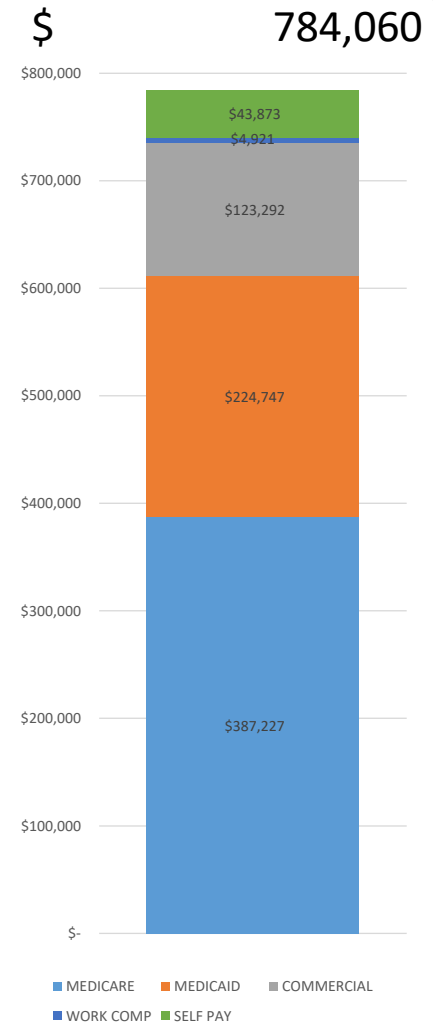


# CASH FORECASTING

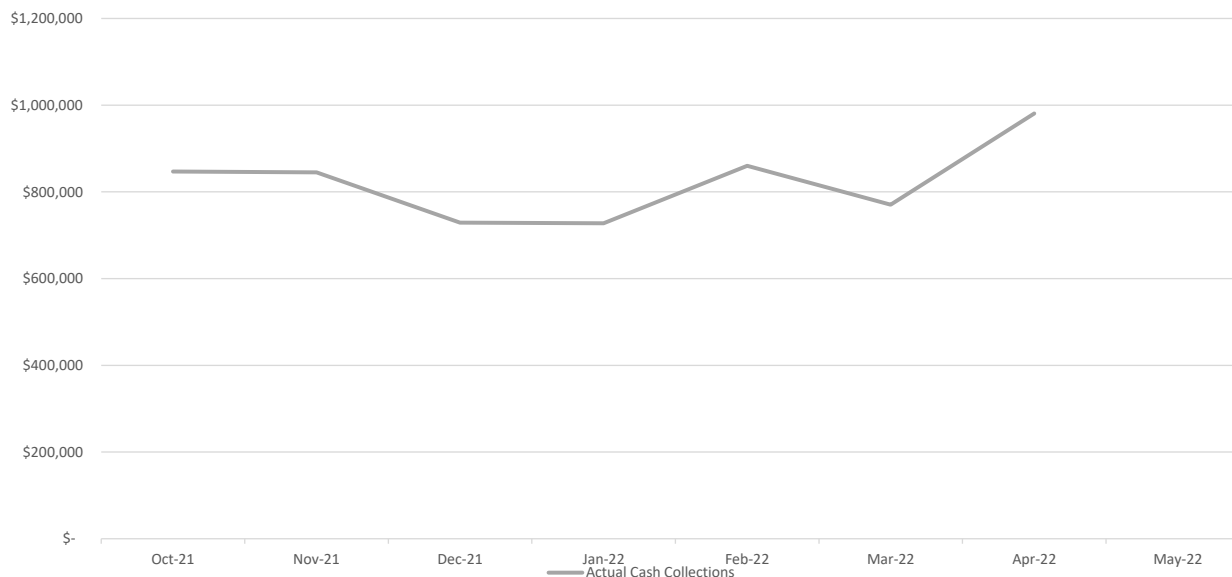
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month  
(Based on this Months Revenue)



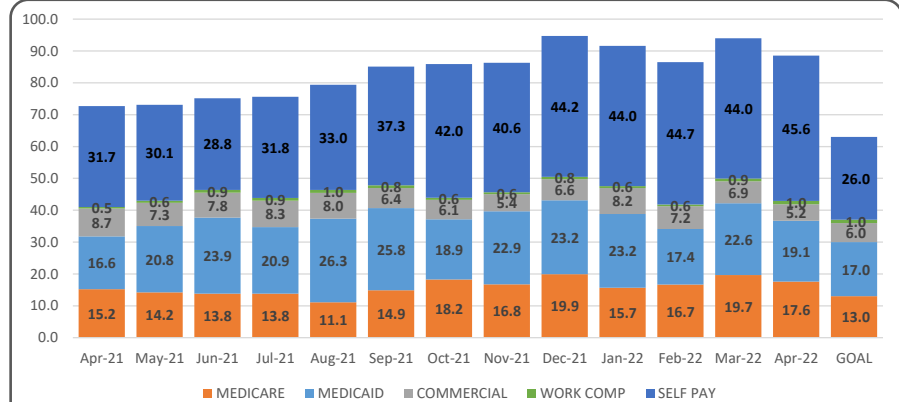
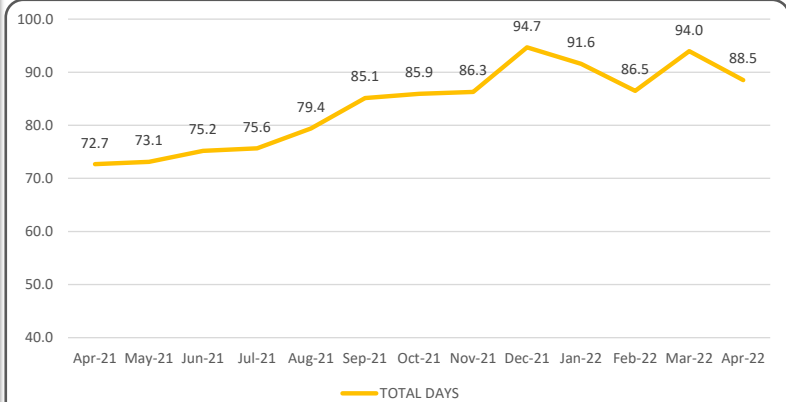
Expected Cash Based on Claim Submissions and Historical Collections



# ACCOUNTS RECEIVABLE

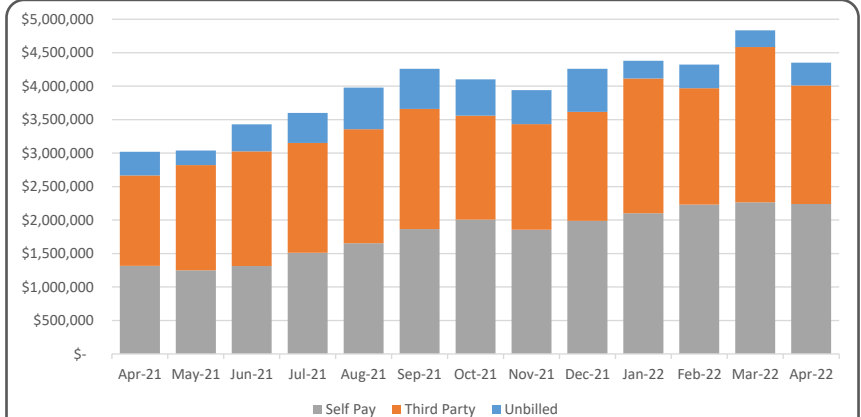
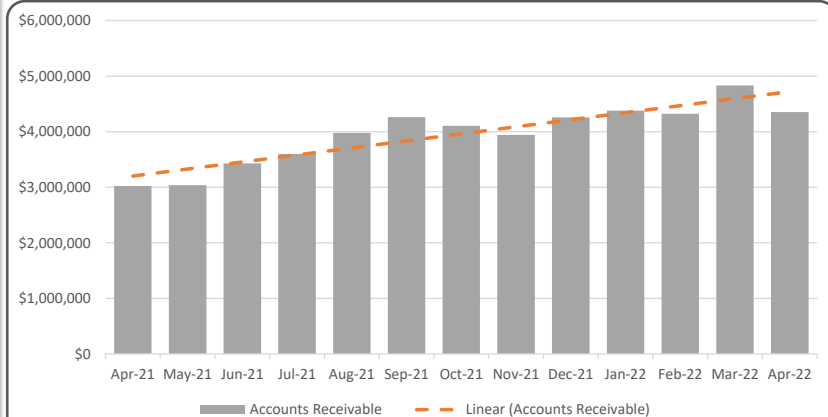
AR Days

PAYER	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
MEDICARE	15.2	14.2	13.8	13.8	11.1	14.9	18.2	16.8	19.9	15.7	16.7	19.7	17.6	16.0
MEDICAID	16.6	20.8	23.9	20.9	26.3	25.8	18.9	22.9	23.2	23.2	17.4	22.6	19.1	21.7
COMMERCIAL	8.7	7.3	7.8	8.3	8.0	6.4	6.1	5.4	6.6	8.2	7.2	6.9	5.2	7.1
WORK COMP	0.5	0.6	0.9	0.9	1.0	0.8	0.6	0.6	0.8	0.6	0.6	0.9	1.0	0.7
SELF PAY	31.7	30.1	28.8	31.8	33.0	37.3	42.0	40.6	44.2	44.0	44.7	44.0	45.6	38.3
TOTAL DAYS	72.7	73.1	75.2	75.6	79.4	85.1	85.9	86.3	94.7	91.6	86.5	94.0	88.5	83.7



AR Balance

PAYER	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
MEDICARE	\$ 633,863	\$ 591,567	\$ 630,044	\$ 658,291	\$ 557,543	\$ 744,813	\$ 871,052	\$ 765,280	\$ 895,860	\$ 748,436	\$ 834,221	\$ 1,011,373	\$ 864,590	\$ 754,379
MEDICAID	\$ 688,724	\$ 863,638	\$ 1,090,509	\$ 992,726	\$ 1,315,195	\$ 1,289,536	\$ 904,985	\$ 1,047,831	\$ 1,043,932	\$ 1,106,825	\$ 870,378	\$ 1,159,997	\$ 939,475	\$ 1,024,135
COMMERCIAL	\$ 361,943	\$ 304,915	\$ 355,123	\$ 396,231	\$ 403,116	\$ 318,247	\$ 290,697	\$ 245,343	\$ 297,214	\$ 390,942	\$ 357,842	\$ 352,803	\$ 255,074	\$ 333,038
WORK COMP	\$ 19,610	\$ 26,567	\$ 40,405	\$ 41,719	\$ 48,151	\$ 42,074	\$ 30,405	\$ 26,812	\$ 34,458	\$ 29,721	\$ 28,217	\$ 44,031	\$ 50,949	\$ 35,625
SELF PAY	\$ 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	\$ 2,103,148	\$ 2,232,314	\$ 2,264,662	\$ 2,240,554	\$ 1,815,554
TOTAL	\$ 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	\$ 4,379,072	\$ 4,322,972	\$ 4,832,867	\$ 4,350,642	\$ 3,962,731

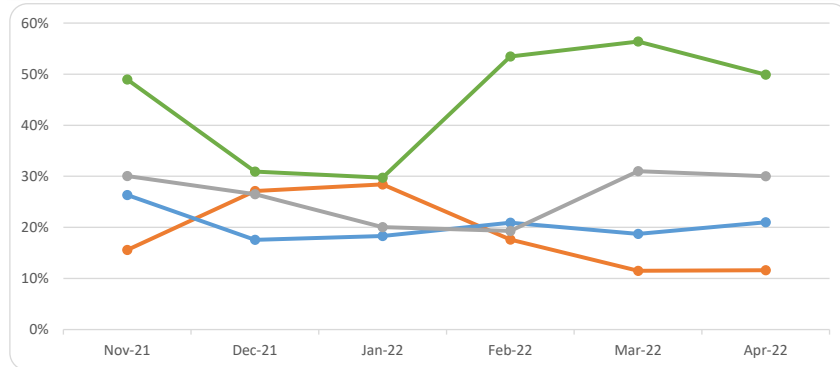




# ACCOUNTS RECEIVABLE AGING

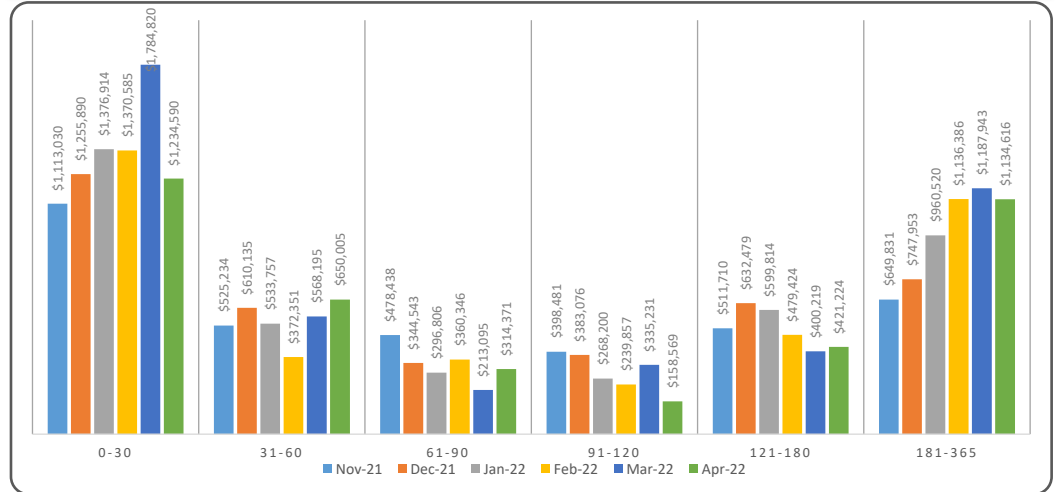
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
<b>MEDICARE</b>																
Non-Credit	396	\$ 513,805	82	\$ 212,802	27	\$ 42,614	11	\$ 1,169	7	\$ 57,824	14	\$ 37,767	11	\$ 4,183	548	\$ 870,165
Credit	0	\$ -	2	\$ (1,212)	0	\$ -	1	\$ (84)	1	\$ (1)	0	\$ -	4	\$ (4,278)	8	\$ (5,575)
<b>TOTAL</b>	<b>396</b>	<b>\$ 513,805</b>	<b>84</b>	<b>\$ 211,590</b>	<b>27</b>	<b>\$ 42,614</b>	<b>12</b>	<b>\$ 1,085</b>	<b>8</b>	<b>\$ 57,823</b>	<b>14</b>	<b>\$ 37,767</b>	<b>15</b>	<b>\$ (94)</b>	<b>556</b>	<b>\$ 864,590</b>
<b>MEDICAID</b>																
Non-Credit	271	\$ 473,437	180	\$ 222,289	100	\$ 52,100	58	\$ 50,264	38	\$ 75,308	34	\$ 57,125	22	\$ 16,135	703	\$ 946,658
Credit	1	\$ (2,417)	0	\$ -	0	\$ -	0	\$ -	1	\$ (3,982)	1	\$ (347)	8	\$ (436)	11	\$ (7,183)
<b>TOTAL</b>	<b>272</b>	<b>\$ 471,019</b>	<b>180</b>	<b>\$ 222,289</b>	<b>100</b>	<b>\$ 52,100</b>	<b>58</b>	<b>\$ 50,264</b>	<b>39</b>	<b>\$ 71,326</b>	<b>35</b>	<b>\$ 56,778</b>	<b>30</b>	<b>\$ 15,698</b>	<b>714</b>	<b>\$ 939,475</b>
<b>COMMERCIAL</b>																
Non-Credit	228	\$ 109,330	140	\$ 62,033	41	\$ 51,455	20	\$ 6,237	25	\$ 34,157	59	\$ 35,235	32	\$ 19,920	545	\$ 318,367
Credit	14	\$ (1,036)	6	\$ (578)	4	\$ (908)	4	\$ (116)	5	\$ (618)	28	\$ (13,022)	358	\$ (47,015)	419	\$ (63,293)
<b>TOTAL</b>	<b>242</b>	<b>\$ 108,294</b>	<b>146</b>	<b>\$ 61,455</b>	<b>45</b>	<b>\$ 50,547</b>	<b>24</b>	<b>\$ 6,121</b>	<b>30</b>	<b>\$ 33,539</b>	<b>87</b>	<b>\$ 22,214</b>	<b>390</b>	<b>\$ (27,095)</b>	<b>964</b>	<b>\$ 255,074</b>
<b>WORK COMP</b>																
Non-Credit	15	\$ 7,317	18	\$ 13,494	6	\$ 5,604	7	\$ 2,579	13	\$ 14,643	24	\$ 7,043	4	\$ 2,033	87	\$ 52,712
Credit	0	\$ -	0	\$ -	0	\$ -	1	\$ (295)	1	\$ (92)	3	\$ (191)	3	\$ (1,186)	8	\$ (1,764)
<b>TOTAL</b>	<b>15</b>	<b>\$ 7,317</b>	<b>18</b>	<b>\$ 13,494</b>	<b>6</b>	<b>\$ 5,604</b>	<b>8</b>	<b>\$ 2,284</b>	<b>14</b>	<b>\$ 14,551</b>	<b>27</b>	<b>\$ 6,853</b>	<b>7</b>	<b>\$ 846</b>	<b>95</b>	<b>\$ 50,949</b>
<b>SELF PAY</b>																
Non-Credit	161	\$ 136,113	291	\$ 141,345	219	\$ 163,582	224	\$ 99,012	374	\$ 244,621	1246	\$ 1,019,772	670	\$ 469,096	3185	\$ 2,273,540
Credit	10	\$ (1,958)	2	\$ (167)	2	\$ (76)	4	\$ (197)	10	\$ (636)	33	\$ (8,768)	259	\$ (21,184)	320	\$ (32,986)
<b>TOTAL</b>	<b>171</b>	<b>\$ 134,155</b>	<b>293</b>	<b>\$ 141,178</b>	<b>221</b>	<b>\$ 163,506</b>	<b>228</b>	<b>\$ 98,815</b>	<b>384</b>	<b>\$ 243,985</b>	<b>1279</b>	<b>\$ 1,011,004</b>	<b>929</b>	<b>\$ 447,912</b>	<b>3505</b>	<b>\$ 2,240,554</b>
<b>ACCOUNTS RECEIVABLE</b>																
Non-Credit	1071	\$ 1,240,002	711	\$ 651,963	393	\$ 315,355	320	\$ 159,260	457	\$ 426,552	1377	\$ 1,156,943	739	\$ 511,367	5068	\$ 4,461,442
Credit	25	\$ (5,412)	10	\$ (1,957)	6	\$ (984)	10	\$ (692)	18	\$ (5,328)	65	\$ (22,328)	632	\$ (74,099)	766	\$ (110,800)
<b>GRAND TOTAL</b>	<b>1096</b>	<b>\$ 1,234,590</b>	<b>721</b>	<b>\$ 650,005</b>	<b>399</b>	<b>\$ 314,371</b>	<b>330</b>	<b>\$ 158,569</b>	<b>475</b>	<b>\$ 421,224</b>	<b>1442</b>	<b>\$ 1,134,616</b>	<b>1371</b>	<b>\$ 437,267</b>	<b>5834</b>	<b>\$ 4,350,642</b>

## Aged Over 90 Days Trending (excluding Credits)



	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Medicare	15.6%	27.1%	28.4%	17.6%	11.5%	11.6%
Medicaid	26.3%	17.6%	18.3%	20.9%	18.7%	21.0%
Commercial	30.1%	26.5%	20.1%	19.3%	31.0%	30.0%
Work Comp	48.9%	30.9%	29.7%	53.5%	56.4%	49.9%

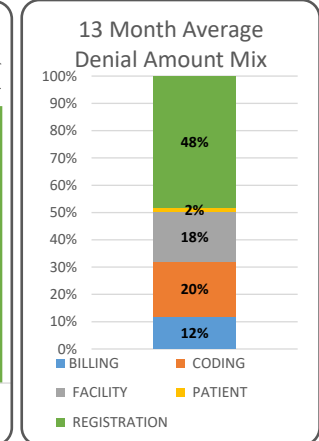
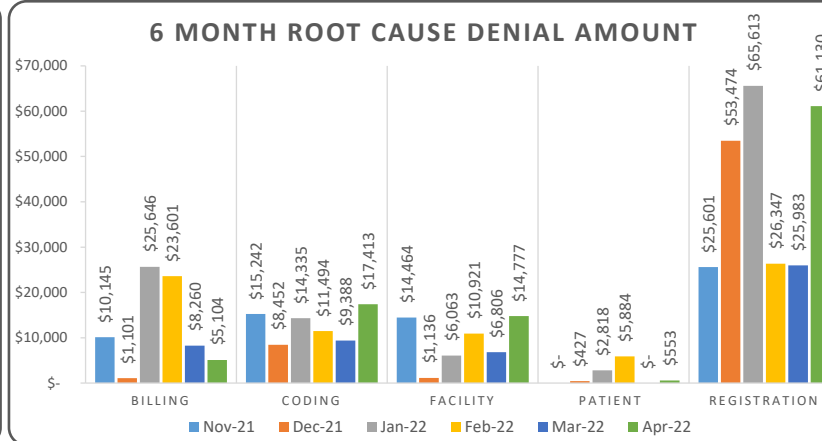
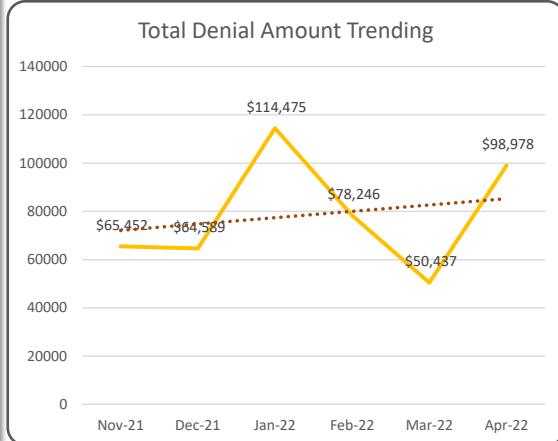
## 6 Month Aging



# DENIAL MANAGEMENT

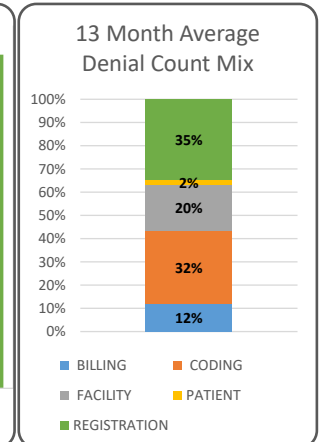
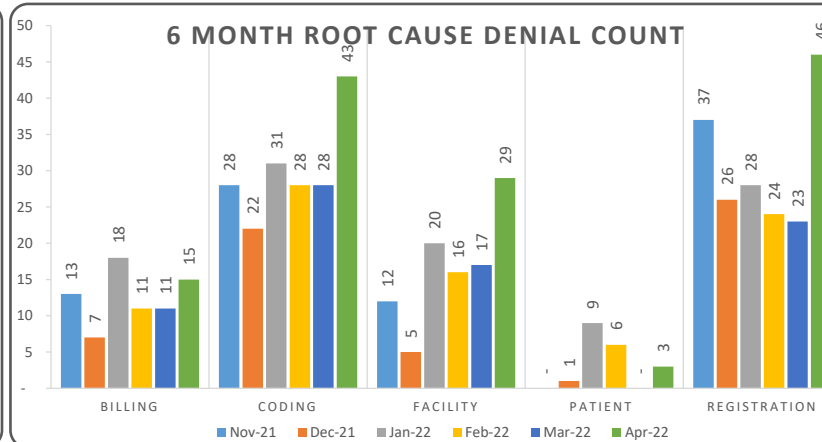
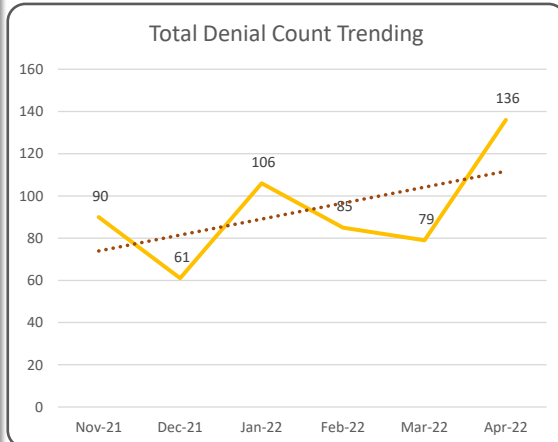
Denial Amount

AMOUNT	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
BILLING	\$ 4,792	\$ 2,881	\$ 11,792	\$ 1,998	\$ 3,398	\$ 117	\$ 2,474	\$ 10,145	\$ 1,101	\$ 25,646	\$ 23,601	\$ 8,260	\$ 5,104	\$ 7,793
CODING	\$ 6,192	\$ 4,375	\$ 12,287	\$ 9,608	\$ 14,195	\$ 21,686	\$ 21,682	\$ 15,242	\$ 8,452	\$ 14,335	\$ 11,494	\$ 9,388	\$ 17,413	\$ 12,796
FACILITY	\$ 12,419	\$ 8,265	\$ 16,009	\$ 17,957	\$ 4,483	\$ 14,765	\$ 25,690	\$ 14,464	\$ 1,136	\$ 6,063	\$ 10,921	\$ 6,806	\$ 14,777	\$ 11,827
PATIENT	\$ -	\$ 3,871	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 427	\$ 2,818	\$ 5,884	\$ -	\$ 553	\$ 1,053
REGISTRATION	\$ 25,658	\$ 7,953	\$ 11,848	\$ 37,102	\$ 9,177	\$ 37,299	\$ 16,405	\$ 25,601	\$ 53,474	\$ 65,613	\$ 26,347	\$ 25,983	\$ 61,130	\$ 31,045
TOTAL	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,475	\$ 78,246	\$ 50,437	\$ 98,978	\$ 64,514



Denial Count

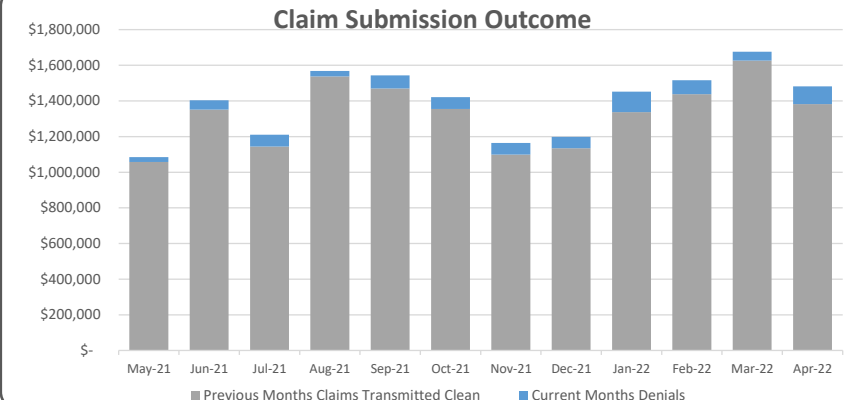
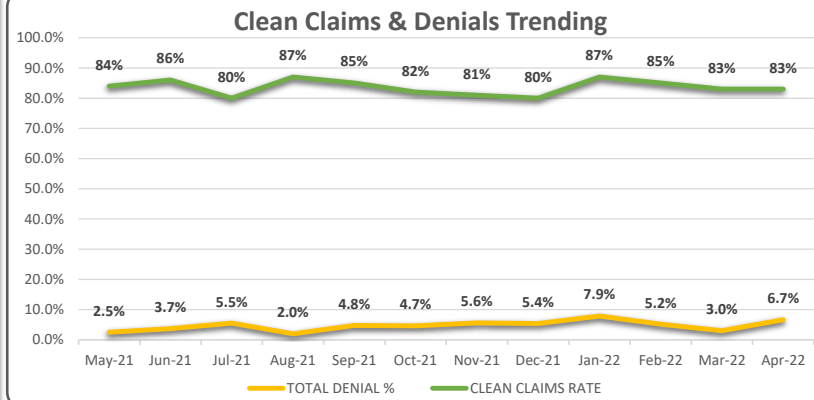
COUNT	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
BILLING	16	3	6	7	16	1	11	13	7	18	11	11	15	10
CODING	22	10	31	24	39	22	31	28	22	31	28	28	43	28
FACILITY	21	15	19	18	14	21	15	12	5	20	16	17	29	17
PATIENT	-	6	1	-	-	-	-	-	1	9	6	-	3	2
REGISTRATION	33	16	22	27	37	49	24	37	26	28	24	23	46	30
TOTAL	92	50	79	76	106	93	81	90	61	106	85	79	136	87



# CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

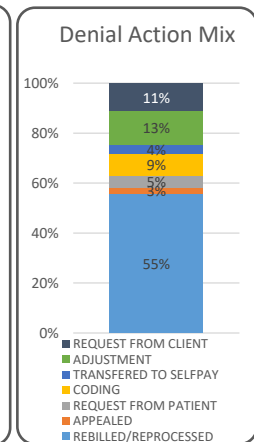
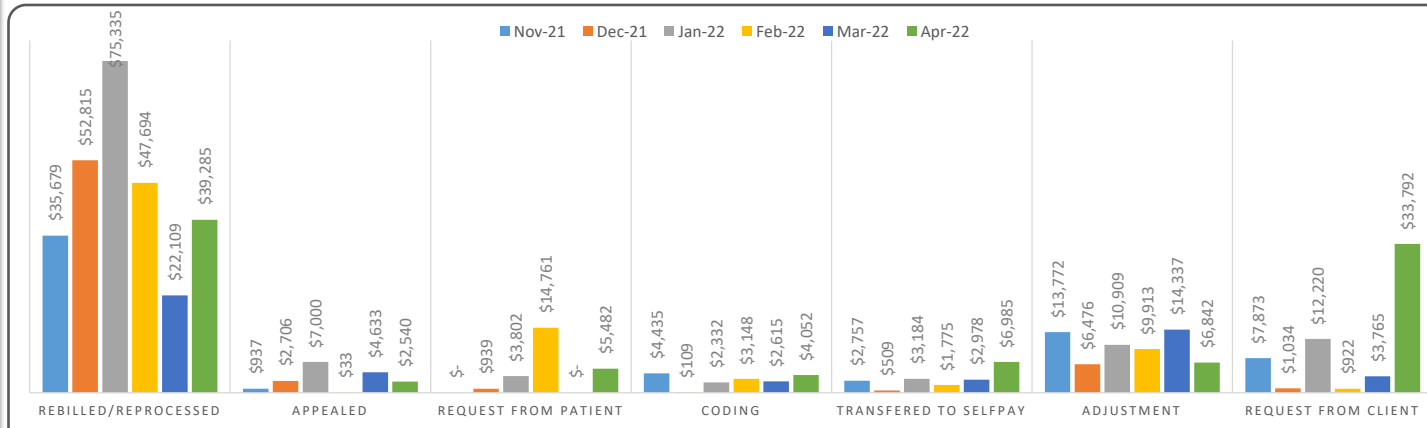
## Denial & Clean Claim Trending

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
<b>DENIAL AMOUNT</b>	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,475	\$ 78,246	\$ 50,437	\$ 98,978	\$ 64,514
<b>PREVIOUS MONTH'S TRANSMITTED CLAIMS</b>	\$ 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	\$ 1,451,836	\$ 1,516,636	\$ 1,676,470	\$ 1,481,392	\$ 1,374,725
<b>TOTAL DENIAL %</b>	4.3%	2.5%	3.7%	5.5%	2.0%	4.8%	4.7%	5.6%	5.4%	7.9%	5.2%	3.0%	6.7%	4.7%
<b>CLEAN CLAIMS RATE</b>	85%	84%	86%	80%	87%	85%	82%	81%	80%	87%	85%	83%	83%	84%



## Action Taken on Denials

DENIAL ACTION	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
<b>REBILLED/REPROCESSED</b>	\$ 32,078	\$ 14,118	\$ 10,611	\$ 30,251	\$ 14,702	\$ 51,694	\$ 38,681	\$ 35,679	\$ 52,815	\$ 75,335	\$ 47,694	\$ 22,109	\$ 39,285	\$ 35,773
<b>APPEALED</b>	\$ 2,391	\$ -	\$ 207	\$ 366	\$ 2,365	\$ 330	\$ 388	\$ 937	\$ 2,706	\$ 7,000	\$ 33	\$ 4,633	\$ 2,540	\$ 1,838
<b>REQUEST FROM PATIENT</b>	\$ 1,853	\$ 3,871	\$ 133	\$ -	\$ -	\$ 267	\$ 8,508	\$ -	\$ 939	\$ 3,802	\$ 14,761	\$ -	\$ 5,482	\$ 3,047
<b>CODING</b>	\$ 2,954	\$ 1,679	\$ 18,699	\$ 16,350	\$ 844	\$ 13,297	\$ 3,478	\$ 4,435	\$ 109	\$ 2,332	\$ 3,148	\$ 2,615	\$ 4,052	\$ 5,692
<b>TRANSFERRED TO SELFPAY</b>	\$ 2,072	\$ 500	\$ 220	\$ 1,586	\$ 3,224	\$ 2,706	\$ 2,064	\$ 2,757	\$ 509	\$ 3,184	\$ 1,775	\$ 2,978	\$ 6,985	\$ 2,351
<b>ADJUSTMENT</b>	\$ 2,783	\$ 5,009	\$ 17,602	\$ 9,083	\$ 4,031	\$ 3,538	\$ 7,752	\$ 13,772	\$ 6,476	\$ 10,909	\$ 9,913	\$ 14,337	\$ 6,842	\$ 8,619
<b>REQUEST FROM CLIENT</b>	\$ 4,929	\$ 2,168	\$ 4,598	\$ 9,030	\$ 6,086	\$ 2,034	\$ 5,379	\$ 7,873	\$ 1,034	\$ 12,220	\$ 922	\$ 3,765	\$ 33,792	\$ 7,218
<b>TOTAL</b>	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,782	\$ 78,246	\$ 50,437	\$ 98,978	\$ 64,538

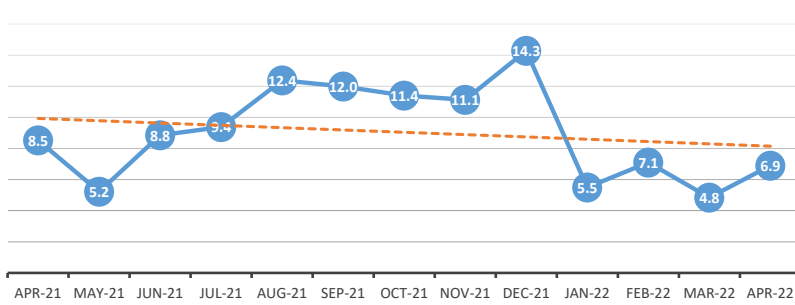


# UNBILLED & INVENTORY

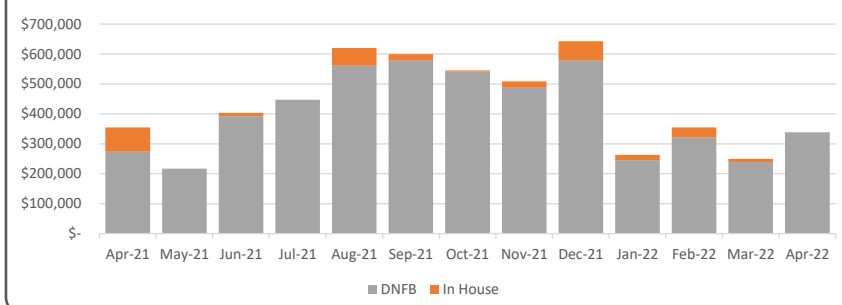
## Unbilled

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
<b>In House</b>	\$ 80,746	\$ -	\$ 11,541	\$ 267	\$ 59,277	\$ 22,170	\$ 3,706	\$ 20,857	\$ 64,355	\$ 17,753	\$ 34,167	\$ 10,466	\$ -	\$ 25,023
<b>DNFB</b>	\$ 273,604	\$ 217,275	\$ 392,046	\$ 446,371	\$ 560,649	\$ 577,639	\$ 541,096	\$ 487,338	\$ 577,901	\$ 245,224	\$ 320,765	\$ 238,954	\$ 338,650	\$ 401,347
<b>Total Unbilled</b>	\$ 354,350	\$ 217,275	\$ 403,587	\$ 446,637	\$ 619,925	\$ 599,809	\$ 544,802	\$ 508,195	\$ 642,256	\$ 262,978	\$ 354,932	\$ 249,420	\$ 338,650	\$ 426,371
<b>Unbilled Days</b>	8.5	5.2	8.8	9.4	12.4	12.0	11.4	11.1	14.3	5.5	7.1	4.8	6.9	9.0

Total Unbilled Days



Unbilled Dollars

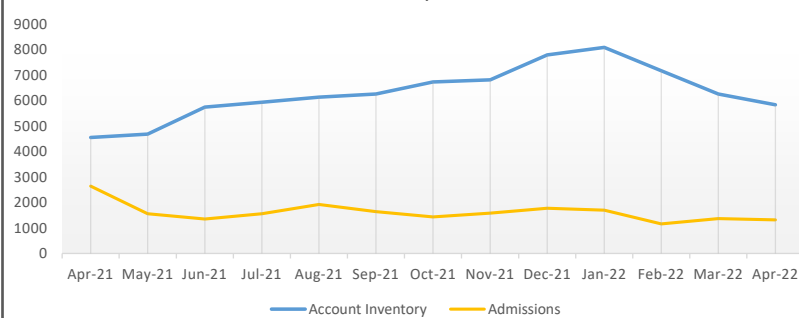


## Admissions & Account Inventory

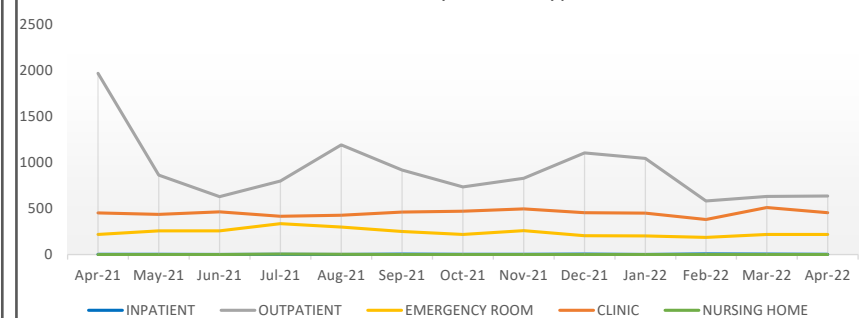
ADMISSIONS	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
<b>INPATIENT</b>	2	2	1	3	1	6	3	2	5	1	7	4	2	3
<b>SWINGBED</b>	2	3	2	2	2	3	5	2	3	1	4	5	5	3
<b>OUTPATIENT</b>	1,965	861	629	798	1,190	916	733	826	1,102	1,043	581	630	634	916
<b>EMERGENCY ROOM</b>	219	258	256	335	297	250	218	260	205	202	186	217	218	240
<b>CLINIC</b>	451	436	463	414	427	461	471	495	454	449	380	510	453	451
<b>NURSING HOME</b>	0	0	1	5	3	0	0	0	1	1	1	0	1	1
<b>TOTAL</b>	2,639	1,560	1,352	1,557	1,920	1,636	1,430	1,585	1,770	1,697	1,159	1,366	1,313	1614

ACCOUNT INVENTORY	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	13 Month Average
<b>MEDICARE</b>	523	578	1,434	796	632	657	886	869	1,543	1,294	662	578	556	847
<b>MEDICAID</b>	686	656	808	856	922	832	779	862	911	1,073	799	1,010	714	839
<b>COMMERCIAL</b>	1,029	1,018	1,039	1,377	1,201	1,117	1,111	1,119	1,193	1,339	1,214	1,046	964	1136
<b>WORK COMP</b>	55	81	113	99	103	100	89	83	80	81	82	95	95	89
<b>SELF PAY</b>	2,255	2,349	2,344	2,805	3,271	3,545	3,862	3,872	4,058	4,293	4,408	3,527	3,505	3392
<b>TOTAL</b>	4548	4682	5738	5933	6129	6251	6727	6805	7785	8080	7165	6256	5834	6303

Account Inventory & Admissions



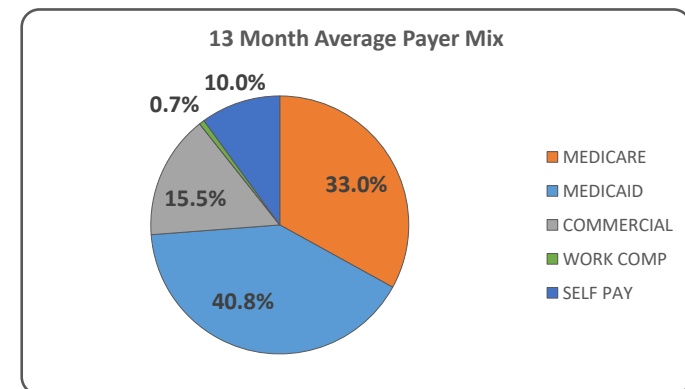
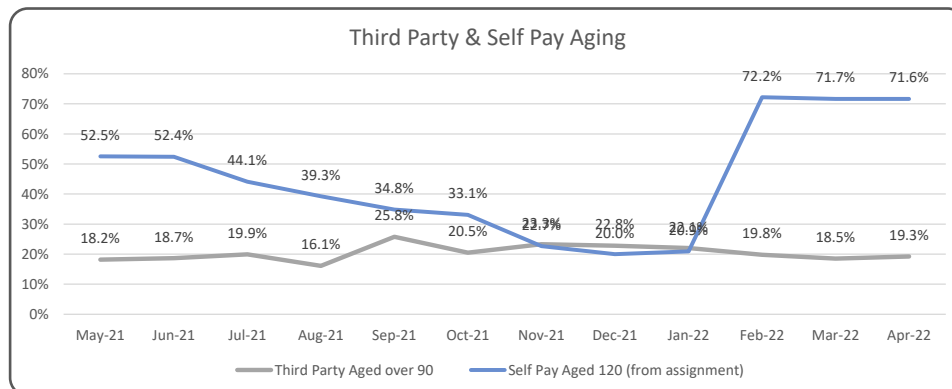
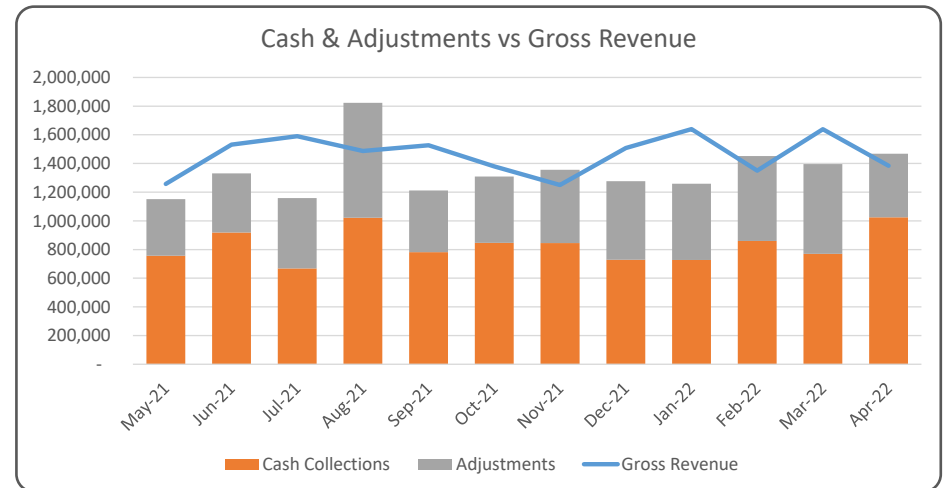
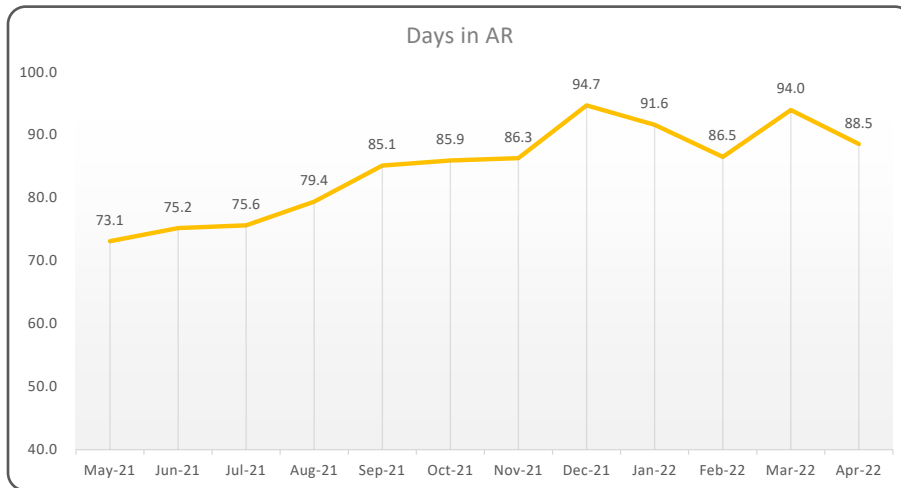
Admissions by Service Type



# Southern Humboldt Community Healthcare District

## Executive Dashboard

	TARGET	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Days in AR	63.0	73.1	75.2	75.6	79.4	85.1	85.9	86.3	94.7	91.6	86.5	94.0	88.5
Gross AR		3,037,601	3,429,267	3,600,312	3,977,473	4,260,844	4,103,537	3,941,004	4,258,570	4,379,072	4,322,972	4,832,867	4,350,642
Gross Revenue		1,257,716	1,530,917	1,589,996	1,487,956	1,526,536	1,379,368	1,250,010	1,508,417	1,639,879	1,350,122	1,639,234	1,384,159
Cash Collections		757,474	919,408	667,778	1,022,607	782,067	847,125	845,077	729,186	727,607	859,954	770,454	1,024,101
Adjustments		394,744	411,937	490,749	800,505	430,532	461,817	511,680	547,667	531,378	591,522	626,184	443,517
Collection %		65.7%	69.1%	57.6%	56.1%	64.5%	64.7%	62.3%	57.1%	57.8%	59.2%	55.2%	69.8%
Late Charges	1%	0.0%	-1.1%	0.1%	-0.1%	0.0%	0.0%	2.2%	1.4%	0.3%	1.2%	0.0%	2.6%
Bad Debt	3%	11.3%	5.1%	4.7%	2.9%	0.5%	0.5%	12.7%	2.1%	0.0%	0.0%	2.2%	0.0%
Charity Care	3%	0.2%	0.6%	0.4%	14.2%	0.4%	0.2%	8.6%	0.4%	0.5%	0.2%	5.6%	6.3%
Third Party Aged over 90	15%	18.2%	18.7%	19.9%	16.1%	25.8%	20.5%	23.3%	22.8%	22.1%	19.8%	18.5%	19.3%
Self Pay Aged 120 (from assignment)	25%	52.5%	52.4%	44.1%	39.3%	34.8%	33.1%	22.7%	20.0%	20.9%	72.2%	71.7%	71.6%



CNO BOARD REPORT April 2022  
Thursday, May 2022

### **COVID update:**

#### **Covid 19 What's new?:**

There are not many changes. We continue to follow the CDC guidelines to protect patients and health care providers by using appropriate PPE and requiring proof of vaccines or negative Covid test for all the unvaccinated staff or visitors. There continue to be positive cases in the community, but we have managed to keep the SNF Residents and Acute/Swing patients Covid-free.

#### **ED/Acute**

The ED continues to serve the community by providing emergency care and outpatient services 24/7. There were 218 ED patients seen in the ED in April and two Inpatients. The ED continues to be fully staffed and has only one traveler nurse. We continue to use the Covid Tent for all the Covid positive patients and patients with Covid symptoms. The Tent continues to be in excellent condition.

We want to congratulate two of our LVN nurses who graduated from the College of the Redwoods (CR) as Registered Nurses. In addition, we have one new RN graduate who accepted a position as a full-time nurse in the Acute/ER. She did her clinical rotation at the SoHum Clinic and decided she would like to be a part of the team. We will continue to work with CR to provide clinical practice to the students and allow them to experience the joy that comes with serving the community in a small critical access hospital.

We received confirmation from EMS that after reviewing the Emergency Department Approved for Pediatrics (EDAP) plan of correction, they have approved Jerold Phelps Hospital to continue to be designated as an EDAP facility. They will follow up with a full site visit to ensure compliance within the next three years.

#### **Laboratory:**

The lab continues to serve the community seven days a week. The lab is now offering PCR-based Covid testing with results available the same day.

The lab has reached out to a new graduate Clinical Laboratory Scientist and she has accepted the position. She will be joining us soon.



## **Skills Nursing Facility:**

We are happy to announce that we have a traveler DON who is an excellent addition to our team. Kim is a fantastic leader and manager who is working hard with the rest of the team to prepare for the state survey. We had a surveyor visit the SNF for a follow-up visit and an infection prevention Covid follow-up visit. The survey went well and we are still waiting for the survey report. There was one finding that the surveyor verbally reported, however it was not about one of our employees, but one of our contract workers. We are working on a protocol to ensure that contract workers get the proper training before working with patients or residents.

The SNF continues to look for ways to improve the residents' quality of life and provide the highest quality and safe care for the residents. Now with more flexible Covid restrictions, new and fun activities are being planned and will be introduced soon under the supervision of the new DON and the Activities director. The residents are excited to have chair exercises, outdoor community music, and more.

## **Clinic**

The Clinic has some exciting things going on, such as the new mobile clinic coming very soon. Also, there are open slots for the Moderna vaccine first and second doses (booster). The vaccines are available Wednesday between 10 am and 5 pm.

Lora Mojica, Pediatric FMP continues to care for pediatric patients in this community.

The clinic continues to move forward with the "Senior Life Solution Program." The program includes an LCSW and a Behavior Health Substance Use Disorder Certified Counselor working together to provide services to the community. Patients with different needs are referred from the ED/Acute to the SoHum clinic for follow-up and assistance.

## **Radiology**

Radiology is happy to inform you that the new 3D mammogram will be here in June 2022. As for the new ultrasound machine, the goal is to have it up and running by August 2022. Lora is working hard on getting all the required certifications and accreditations at this time.

Adelaida Yanez, BSN, RN  
CNO, Acute/ ED manager

# QAPIC

## Quality Assurance Performance Improvement Committee

### Accounting

No report this month.

-Paul Eves

### Acute Nursing

#### Acute Department

Project: IP-OBS Admission Assessment

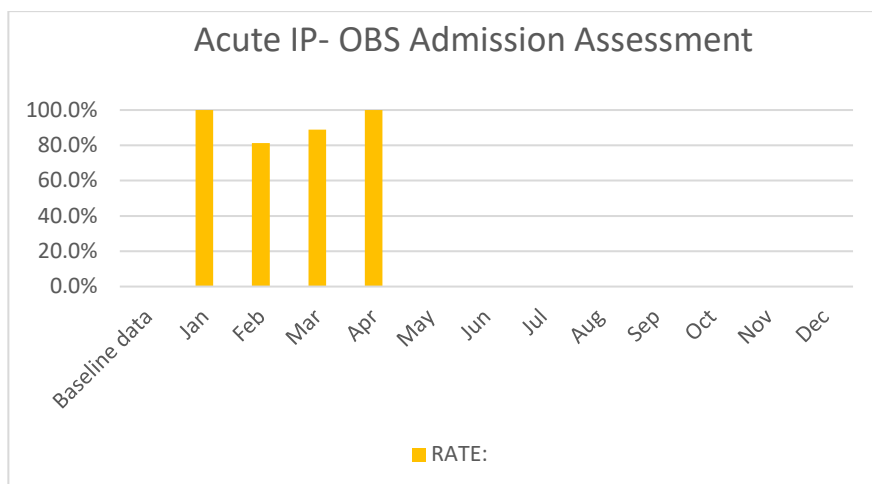
#### What are we trying to accomplish?

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 2022, 100%
- February 2022, 81.3%
- March 2022, 88.9%
- April 2022, 100%

	Baseline data	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4
Numerator:		5	13	8	2									28			
Denominator:		5	16	9	2									32			
RATE:	#DIV/0!	100.0%	81.3%	88.9%	100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	87.5%	#DIV/0!	#DIV/0!	#DIV/0!





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

## Acute Department

**Project:** IP-OBS Admission Assessment

**What are we trying to accomplish?**

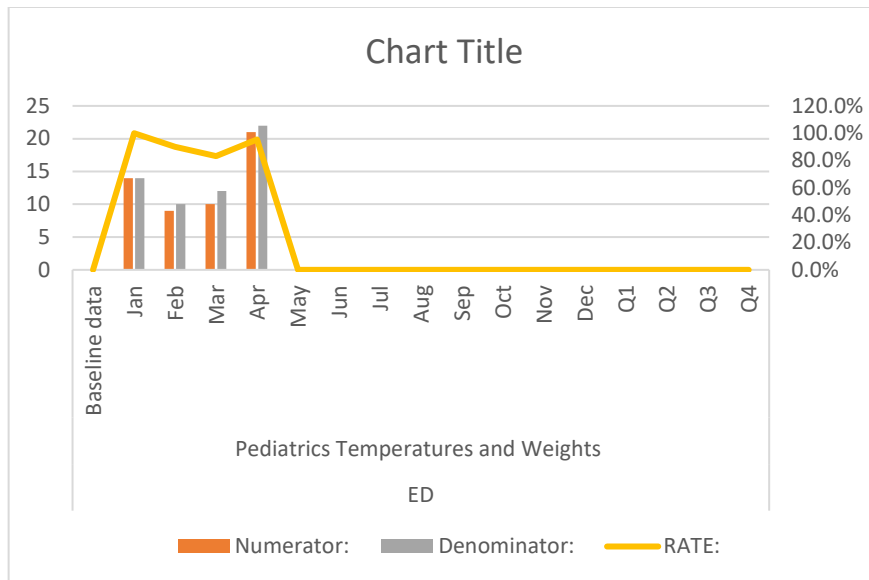
EMS requires that we perform Quality Improvement Measures for the Emergency Department Approved for Pediatrics (EDAP); this quality measure will satisfy the requirement and help us improve the quality of pediatric patients' care.

The goal is to improve pediatric patients' care by ensuring all the patients get their temperature and weight taken. Ensuring temperatures and weights are taken will ensure that we provide proper treatment and correct medication calculations and administration. The goal is to provide high-quality care and safe medication administration.

**Data from 2022:** ED manager will collect data monthly.

- January 2022, 100%
- February 2022, 90%
- March 2022, 83%
- April 2022, 95.5%

Quality Improvement Programs																		
Department:	ED																	
Project Name:	Pediatrics Temperatures and Weights																	
	Baseline data	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	
Numerator:		14	9	10	21													
Denominator:		14	10	12	22													
RATE:	#DIV/0!	100.0%	90.0%	83.3%	95.5%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



The numerator represents how many patients got their temperature and weights completed each month.

The denominator represents how many patients were seen.

#### **Project team:**

Emergency Department nurses will be reminded to take temperatures and get the appropriate weight for each patient. The goal is to get 95% to 100% of temperatures and weights for all the pediatric patients from zero to 10 years old.

#### **How will we know improvement when we see it?**

We will do monthly reports to compare data and follow improvements and monitor the progress and reach the goal of 100% for one year.

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

Nursing education and reward incentives to encourage nurses and ED techs to take all the vital signs. New pediatric temperature probes and an easy-to-use pediatric scale for weights.

#### **Possible challenges:**

The biggest challenge for compliance is going to be time and engagement. Taking VS for pediatrics can be time-consuming, and nurses and ED techs must be dedicated and engaged.

#### **How we'll celebrate success:**

We will celebrate by rewarding the nurses and the ED techs with a \$15.00 gift card in 6 months and having a luncheon with the team after one year of compliance.

-Adela Yanez, RN

## **Dietary**

### **Current Project: Handwashing Observations**

**Months Covered:** July 2021-March 2022

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%

**Jan. 2022 Feb. 2022 March 2022**

28 compliant hand washings 28 compliant hand washings 28 compliant observations

28 total observations 28 total observations 29 total observations

100% 100% 96.6%

**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

-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 %-2021-year average.

**Data form 2022:** ED manager will collect data monthly.

- January 2022, 100%
- February 2022, 100%
- March 2022, 93.5%
- April 2022, 96.7%

Project Name: ED Triage																	
	Baseline data	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4
Numerator:		31	28	29	29												
Denominator:		31	28	31	30												
RATE:	#DIV/0!	100.0%	100.0%	93.5%	96.7%												

### 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 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 greater than 90% for the last 10 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 three 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:

In two months, we will celebrate one year of maintaining the Triage level at 100% to 90%.

We will give each ER nurse a \$25 gift card, and a pizza party.

-Adela Yanez, RN, Acute/ED Manager.

## Environmental Services

Too start off the year, we were Sooo busy!!! Time wasn't on our side for January... An assessment didn't get done this month. On to February, I did Dazo 3 times this month. We were still in Clinic Offices; we got an 97%. Missed 1 in the 3 offices. Now that it is March, we moved on too another Dazo Project. We are doing Clinic Patient Rooms. For the 1<sup>st</sup> month of assessments, we did outstanding!!! I did Dazo 2 times this month and we only missed one in the 2 new areas. March, we got a 96%. We are Cleaning and taking Dirt's Names!!! LOL 😊

-Shannon Bauman

## **Infection Prevention**

IP has been continuing to monitor our MRSA admit tests and sterile packs but also have been working on new quality improvement program. With approval from the district, we are purchasing a program called Mouth Care without a Battle which is designed to give nursing staff the tools to provide high quality oral care for our residents/patients and teaches tools to help deal with more challenging situations such as the resident with dementia. High quality oral care not only improves quality of life in terms of making a person feel better but also can help reduce risk of respiratory infection and can help reduce pneumonia rates in nursing homes. Poor oral hygiene leads to an increase in dental plaque which then get released in saliva and aspirated into the lungs. Poor oral hygiene also leads to poor nutrition, promotes tooth loss, and leads to gingivitis which can cause pain and discomfort making it even more painful to eat. I have been interviewing staff to see what they feel are barriers to providing good oral hygiene, I have examined the types of mouth care products we have available for them to use. Currently I am waiting for the training thumb drive that was recently purchased to arrive so we can begin training the staff.

-Reported by Katherine Anderson, RN

## **Information Technology**

Due to increasing security threats from bad actors in the information technology space, IT and Compliance have partnered together to work with a vendor on creating a fake Phishing and overall information technology security program for all employees. The first Phishing email was the same and sent to all employees. The baseline result was that 47% of employees clicked on or entered information they should not have. The second test, so far, after employees were made aware of the fake phishing attempts, has had a much lower rate of people who clicked on or entered in information that they should not have. Training will be organization-wide and extra training will be provided to those who fail phishing tests.

-Kristen Rees, MPH, CPHQ, LSSGB

## **Laboratory**

The laboratory has been preparing for the COLA survey. It occurred the week of 5/9 to 5/13. We should be receiving the report from that in the next two weeks. Their efforts have been focused on preparation for that survey. The other project has been the implementation of PCR testing. This testing will be beneficial for the district, see below for Adam's summary of the DiaSorin analyzers and their benefits to our community.

The DiaSorin Liaison MDx analyzers test for the COVID-19 virus using RT-PCR, the most accurate method available. Now we can do COVID-19 testing for ED patients needing transfer to inpatient psychiatric care, outpatients having out-of-town procedures, and international travelers. We've also increased our ability to detect COVID-19 in early infections. Recently we used this improved sensitivity during a possible COVID-19 outbreak in the SNF to quickly and confidently rule out COVID-19 in all the residents. The new method also lets us store specimens for many hours, extending our ability to support testing in farther outlying parts of the district and enabling mass off-site collections if needed. In a true emergency, we could surge testing to as many as 175 specimens per day – we're ready for the next wave if it comes.

-Kristen Rees and Adam Summers

## **Materials**

**Measured By:** Weekly valuation reports

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

**Current Data:** Jan:161, Feb:224, Mar: 362 We have a lot more this quarter due to tier and shelf assignments. Nechia completed and all material items are now organized cart and shelf.

**Timeline to reaching goal:** We would like to have less than 25 adjustments monthly reached by December 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 qtys and pkg accuracy. Amount of adjustments has decreased by over 50% in 6 months. We will start to see the qty adjustment decrease over the next 3 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:** Jan:85/382 22.3%, Feb:108/472 22.9%, Mar:94/426 22.1%

**Timeline to reaching goal:** Would like to only have secondary claims by December 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. Going to meet with Diane to see if we can put UD modifiers on Z7610 code.

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

-Jennifer Gutierrez

## **Pharmacy**

**Project name:** BCMA BEDSIDE SCANNING

**What are we trying to accomplish?**

We are trying to improve the administration phase of medication use by confirming a patient's medication at bedside to ensure the 5 rights of medication administration- right patient, drug, dose, time, and route.

	CY22	Jan	Feb	Mar
<b>Numerator: Scanned Medications</b>	<b>857</b>	29	12	51
<b>Denominator: Total Administered Medications</b>	<b>5318</b>	373	447	503
<b>RATE</b>	<b>16.1%</b>	7.8%	2.7%	10.1%

Jan-22: Notable decrease in scanning.

Feb-22: Scanning has hit an all-time low. We will attempt to coordinate with MERP reports and stress the importance of scanning medications.

Mar-22: Minor improvement since last month. Will continue to monitor and discuss with nursing.

**Project: Proper Medication Disposal-**

	CY22	Jan	Feb	Mar
Numerator: Proper Medication Disposal	17	4	4	4
Denominator: Total Administered Medications	24	4	4	4
RATE	70.8%	100%	100%	100%

**What do you plan to track/improve?**

We plan to improve adherence to medication disposition by performing random weekly inspection audits of Pharmaceutical Waste Bins and Smart Sinks to ensure they are used as indicated for safety and diversion.



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.

-PJ Simanian, Director of Pharmacy Services

## **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, 16 have been deemed optimal.

-Lora Simone, Radiology Manager

## **Revenue Cycle**

No report this quarter.

## **Skilled Nursing Facility**

No report this quarter, please welcome Kimberly Simms, our new interim Director of Nursing for the Skilled Nursing Facility.

-Kristen Rees, MPH, CPHQ, LSSGB

# **Quality Funding Opportunities**

## **SHIP (Small Hospital Improvement Program) grant**

There are several SHIP grants currently out for reporting. We are gathering information for reporting and submitting the reports that must be completed this month and next. The American Rescue Plan SHIP grant will cover the costs of implementing PCR testing in the laboratory. This will expand our testing capabilities going forward. For more information see the Laboratory section above.

## **Behavioral Health grant**

We have the opportunity to apply for additional behavioral health grant funding by the end of the month. I will work with Katy to complete the application. We should hear back by the end of July as to whether we have been successful in our application.

## **Vaccine Confidence grant**

Final reporting for the vaccine confidence program is due this month. This money was used to promote vaccines (all, not just COVID) and thank those who had already received them. Incentives such as gift cards and Girl Scout cookies were distributed. PJ, Glen, Coral, Sasha, Jessica, Chelsea, and I all put in lots of time to put together events and complete reporting. The events were fun and a good way to thank our community for helping to keep themselves and our friends and neighbors safe.

There are other funding opportunities we participate in and report to, if you have questions, please let me know.



## QIP

**New manual** – The new manual for the PY5 measurement year (Calendar year 2022) has recently been released, as well as the reporting benchmarks we must meet to earn funding.

**Report** – The report for QIP PY4 is due June 15, 2021 and could be worth over 1 million dollars this year and in years to come (though that will not come to us for at least a year after the report is submitted). The reporting is tedious and the other hospitals and us have had to get together to work out some of the issues with the District Hospital Leadership Forum (DHLF) and the Department of Health Care Services (DHCS, “state”). We hope to be able to work out these differences and issues in a way that will be beneficial to all. The report for this next year will be all pay for performance, meaning we will have to perform well on 6 measures to get paid the entire sum. I am currently working with Matt, April, and the rest of the clinic team to determine and implement improvement strategies. New software that has been purchased should help with auditing and performance of some of these measures. i2i and EPIC in particular will be helpful. i2i is nearly implemented now. We really look forward to utilizing this software to aid us in our population health improvement endeavors.

# District Board Report

Submitted by Chelsea Brown  
May 23, 2022



**SoHum Health**  
F O U N D A T I O N

## Capital Campaign Update

Donor Type	Pledged	Received	Outstanding Pledges
Board Members (District & Foundation)	\$140,200.00	\$73,205.00	\$66,995.00
Business Donors	\$373,180.00	\$250,180.00	\$123,000.00
Employees	\$150,019.20	\$81,925.38	\$68,093.82
Foundations	\$849,925.00	\$650,667.00	\$199,258.00
Community Members	\$1,541,184.39	\$557,698.31	\$983,486.08
<b>Total raised by Foundation</b>	<b>\$3,054,508.59</b>	<b>\$1,613,675.69</b>	<b>\$1,440,832.90</b>
Property purchase	\$1,100,000.00	\$1,100,000.00	
<b>Total Down Payment</b>	<b>\$4,154,508.59</b>	<b>\$2,713,675.69</b>	<b>\$1,440,832.90</b>

- The Foundation held a Capital Campaign Milestone event on May 19<sup>th</sup> that was well attended. Representatives from several Foundations, reps from Jim Wood and Mike McGuire, local media, board members, and staff attended. Despite the wind, a good time was had and people are excited about the progress we have made.
- The Foundation will continue following up with donors who have long-term outstanding pledges, and hold meetings soon to determine our next priorities.
- The weak bond markets and stock markets are affecting our investment fund at Humboldt Area Foundation. As of the March statement, we have unrealized losses totaling over \$65,000 for the fiscal YTD. In order to diversify, the Foundation Board voted to open a 2<sup>nd</sup> fund at Humboldt Area Foundation in their long-term investment pool. We will move half of our medium-term fund balance into the long-term fund and direct any new donations to the long-term fund, which has been performing better. By diversifying our investments, we hope to mitigate our losses in the weakening economy.

**Outreach Report:**

- The Outreach Department has a new employee starting on June 1<sup>st</sup>. Heidi Holtermann is a South Fork High Grad, with fundraising and event experience through Feet First. We are excited to be able to increase our community outreach efforts with her help.
- Preparations are being made to launch Mobile Clinic services this summer. Our first site will be Shelter Cove on a monthly basis, with more locations to be added over time.
- SoHum Health will have a booth at Summer Arts Festival and plans to table at upcoming Farmer's markets in Garberville and Miranda.
- A community update document was prepared and handed out at the milestone event, which lays out the new services we will be promoting in the coming months (enclosed in the following pages)

SHCHF 1st Quarter Financial Statement – 1/1/2022 to 3/31/2022											
Submitted by Justin Crellin											
BEGINNING BALANCE – 1/1/2022											\$157,463.80
GROSS INCOME REVENUE											
Donations:											
Jan 2022 donations										\$13,390.00	
Feb 2022 donations										\$136,282.50	
Mar 2022 donations										\$5,005.00	
Amazon Smile Donation										\$71.90	
Jan 2022 Paypal transfer										\$6,072.19	
Grants Received:											
1/5/22 Smullin Foundation Grant										\$50,000.00	
1/21/22 McLean Foundation Grant										\$40,000.00	
2/15/22 Grace US Foundation Grant										\$100,000.00	



363 Indianola Road, Bayside, CA 95524  
info@hafoundation.org  
(707) 442-2993

Dennis & Carolyn Bourassa  
PO Box 246  
Garberville, CA 95542

## ***Southern Humboldt Community Healthcare Foundation***

Mar. 2022 - Fund Statement

<b>Summary:</b>	Current Period 03/01/2022 - 03/31/2022	Year to Date 07/01/21 - 03/31/22
<b>Beginning Fund Balance</b>	<b>1,334,114.89</b>	<b>743,204.27</b>
Gifts	133,800.26	777,559.12
Total Investment Return	(6,552.49)	(47,088.37)
Grants, Payments & Fees	(2,130.40)	(14,442.76)
Total Other Activity	0.00	0.00
<b>Ending Fund Balance</b>	<b>1,459,232.26</b>	<b>1,459,232.26</b>

### **Details:**

#### Investment Activity:

Interest	0.16	2.20
Dividends	3,017.14	18,818.39
Realized Capital Gains/Losses	0.00	0.22
Unrealized Capital Gains/Losses	(9,569.79)	(65,909.18)
Other Income	0.00	0.00
<b>Total Investment Return</b>	<b>(6,552.49)</b>	<b>(47,088.37)</b>

#### Grants, Payments & Fees:

Grants/Scholarships	0.00	0.00
Foundation Support Fees	(2,130.40)	(13,791.07)
Fundraising Expense	0.00	0.00
Quarterly Investment Consulting Fee	0.00	(651.69)
<b>Total Grants, Payments &amp; Fees</b>	<b>(2,130.40)</b>	<b>(14,442.76)</b>

#### Other Activity

Grants Canceled/Reduced	0.00	0.00
<b>Total Other Activity</b>	<b>0.00</b>	<b>0.00</b>

<b>Ending Fund Balance</b>	<b>1,459,232.26</b>	<b>1,459,232.26</b>
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*If you'd like to receive your statement via email - please call or email us anytime.*

# PROGRESS TOWARDS SOUTHERN HUMBOLDT'S NEW HOSPITAL

## FINANCING

Through the generosity of our community, SoHum Health Foundation has raised over \$3M in donations and long-term pledges for the capital campaign. The Healthcare District has invested another \$3M towards the project to purchase the property, conduct feasibility studies, and begin the CEQA (California Environmental Quality Act) review process. These investments provide the necessary community support to secure a low interest USDA Building Loan.

The preapplication for the USDA loan has been submitted. This process has experienced some delays due to COVID because auditors have not been able to make onsite visits. Despite this, we expect USDA loan financing will be secured within the next year.

## HOUSING

Lack of housing makes it difficult to recruit and retain quality healthcare providers and our auxiliary staff. Our Healthcare District is actively working to mitigate this issue by building two District owned housing complexes.

**Project #1:** 12 short-term rooms, with common kitchen area will be constructed across from the new hospital site behind Les Scher's former office. Construction should begin by the end of 2022.

**Project #2:** Long-term apartments located on a lot near Ray's Food Place.

These two projects should allow us to cease renting houses in town.

## ARCHITECT

A Request for Qualifications to hire the Architect for our new Hospital and Clinic will be sent out this month. As soon as the Architect is hired (presumably this Fall) the official design phase will begin.

## ENVIRONMENTAL IMPACT

CEQA (California Environmental Quality Act) surveys are underway.

- Geotechnical study
- Historical significance review
- Caltrans & property easements

## INFRASTRUCTURE UPGRADE

This Fall, a \$5.6M utility infrastructure upgrade will begin at Jerold Phelps. The project includes improvements and upgrades to electrical, plumbing, heating, cooling, domestic hot water systems, the generator and transfer switch, along with incoming electric service and pole relocation. Drainage issues are also slated for improvements. All electric service will be connected to Emergency Power for uninterrupted services during power outages.

All told, the upgrade will take 18 months to complete with minimal disruption to patient services. This will allow for future expansion of the Skilled Nursing Facility, after our Hospital and Clinic move to their new buildings at our Sprowel Creek Campus.

*Community update: May 2022*





# WHAT'S NEW AT SOHUM HEALTH?

## BEHAVIORAL HEALTH

We now have a Licensed Clinical Social Worker and a Substance Use Counselor on staff.

### Our Behavioral Health team offers:

- Individual therapy for all ages
- Substance use counseling
- Substance use and skill building groups
- Suboxone program

Referrals can be requested from SoHum Health primary care providers. We plan to continue to add programs based on the ongoing needs of our community.

## PEDIATRICS

In 2021, we added Laura Mojica, PNP to our Clinic team. Laura is a board-certified Primary Care Pediatric Nurse Practitioner and International Board-Certified Lactation Consultant with 20 years experience working in local hospitals. She has provided obstetric, newborn, and lactation care, before transitioning to primary care. **Laura Mojica, PNP is accepting new patients!**

## 3D MAMMOGRAPHY - SUMMER 2022

A new 3D mammography machine will be installed this June. 3D mammograms provide more precise imagery and greatly reduce the number of inconclusive scans, that require additional and potentially painful follow up.

## NEW LEADERSHIP

New leaders in the Hospital and Clinic are bringing their expertise and passion to guide us in improving our medical services.

**Chief Nursing Officer:** Adelaida Yanez, RN

**Clinic Manager:** April Barnhart, RN

## MOBILE CLINIC - SUMMER 2022

Our mobile clinic plans to begin offering services in Shelter Cove this Summer, with more locations to be rolled out over time. The Mobile Clinic will offer basic clinic services including treatment for respiratory problems, minor injuries, sick visits, blood pressure, diabetes, urological concerns, and basic lab testing. More details on scheduling will be announced in the coming weeks!

## ULTRASOUND - FALL 2022

Jerold Phelps Radiology Department will begin offering ultrasound this Fall. This long desired service will greatly reduce the need for locals to travel out of the area for care.

## PCR COVID-19 TESTING

In addition to rapid, molecular testing, SoHum Health's lab now offers PCR testing for SARS-CoV-2. This allows us to support community members who need clearance for medical procedures, international travel, admission to inpatient psychiatric or substance-use treatment, or highly sensitive diagnostic testing. Results are typically available within 24 hours.

## NEW COLLABORATIONS

The Family Resource Center is expanding services for local youth and families. In partnership with Redwood Community Action Agency, we are hiring a new Family Support Specialist. We are also collaborating with the Humboldt County Sheriff's Office to start a Youth Diversion Program.

More information can be found at:  
[sohumhealth.org](https://sohumhealth.org)  
(707) 923-3921





# Essentials for Governance Excellence

*Everything needed to advance your board's knowledge, skills, structure, and capacity for success.*





## governWell™ Services

- Comprehensive director education
- Webinars, videos and written BoardBRIEFS
- In-boardroom virtual education
- Governance best practices and customizable resources
- Leadership development
- Accessed desktop, tablet, mobile, e-mail or conversation

# Program Overview



Overview of the resources and services available through the governWell™ *Essentials for Governance Excellence* program

How can we help?

Our governance advisors are available to assist you.

[Get In Touch](#)



## Essentials for Governance Excellence



# Governance Topics

- Governance Excellence
- Strategic Leadership
- Director Education
- Board Roles and Responsibilities
- Board Orientation
- Board-CEO Relationships
- Health Care Terms
- Governance Practices Modules





# Equip your board to be a knowledge asset.

The *LearnWell™* module contains over 125 governance knowledge-building educational programs including short-format videos, on-demand webinars, written BoardBRIEFs and in-boardroom virtual sessions. Topics range from basic governance responsibilities to leading issues for healthcare boards. *Tap on the blue buttons below or scroll down to view resources.*

Videos

On-Demand Webinars

BoardBRIEFs

In-Boardroom Sessions

Board Orientation Portal

Other Resources

Get Assistance Planning Your Board Education Calendar

47 of 66

## Board Education Videos

*GovernWell is pleased to collaborate with AHA Trustee Services to provide this curated video library.*

### Issues & Trends

#### ENVIRONMENTAL TRENDS

Navigating the Complexities of Today's Environment



Discussion Questions

#### BOARD COMPOSITION & SELECTION

Board Succession and Development



Discussion Questions

#### TRANSFORMING GOVERNANCE

Time for a New Model of Governance



Discussion Questions

#### TRANSFORMING GOVERNANCE

Board Leadership in a Time of Change



Discussion Questions

#### CEO RELATIONS

Effective CEO Succession Planning



Discussion Questions

#### WORKFORCE

The Board's Role in Strategic Workforce Development



Discussion Questions

# “Best of the Best”

#### QUALITY AND PATIENT SAFETY

1: The Importance of Ongoing Board Education



#### QUALITY AND PATIENT SAFETY

2: Boards Can Influence Quality Through Population Health



#### QUALITY AND PATIENT SAFETY

3: Clinician Engagement is Crucial to Improving Quality



#### Patient and Family Engagement

Agency for Healthcare Research and Quality



Importance of Person and Family Engagement in Patient Outcomes



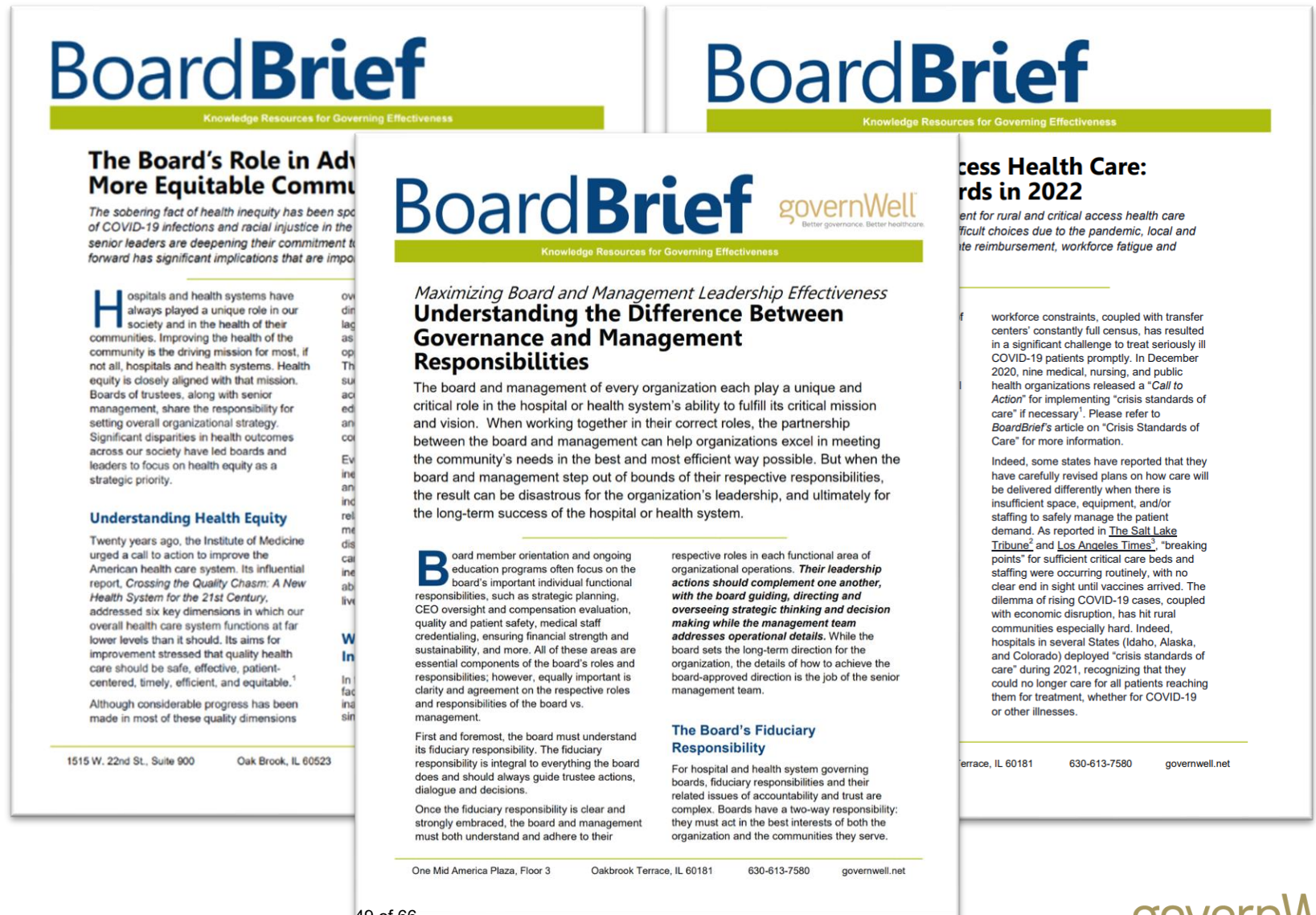
Person & Family Engagement Strategy – CMS



# Written Governance Briefings

## BoardBRIEFs

- 50+ resources
- Strategy and trends
- Boardroom fundamentals
- Financial basics
- Fiduciary duties
- Quality and patient safety
- Governance never events
- Population health
- Community centered boards
- Board/CEO relations
- Board succession planning
- Post-pandemic recovery
- Conflict of interest
- Critical questions that every board needs to be able to answer



# Sample Virtual In-Boardroom Education Topics

Each course is presented in either **Board Dialogue** format (10-minute subject matter expert presentation and 20-minute facilitated dialogue) or **traditional format** (30-minute subject matter expert presentation followed by 15 minutes of Q&A). [Contact us](#) to learn more and schedule a virtual educational session for your board. [Meet The Presenters >](#)

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[The Board's Role in Strategic Planning](#) – Presenters: Todd Linden; Barbara Lorschbach

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[2022 Key Issues and Trends and the Implications for Boards](#) – Presenter: Ann Scott Blouin; Todd Linden

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[Rural Health Care in 2022: Accelerating Challenges](#) – Presenter: Ann Scott Blouin; Todd Linden; Barbara Lorschbach

---

[Community Collaboration and Impact](#) – Presenter: Barbara Lorschbach

---

[Cybersecurity: What Trustees Need to Know](#) – Presenter: Ann Scott Blouin

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[Eliminating Health Care Disparities: Ensuring the Best Care for All](#) – Presenters: Barbara Lorschbach; Mary Sheahen

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[Looking Forward to 2022: Key Issues for Home Care & Hospice Boards](#) – Presenter: Ann Scott Blouin

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[Strategic Planning in Turbulent Times](#) – Presenter: Larry Walker; Barbara Lorschbach

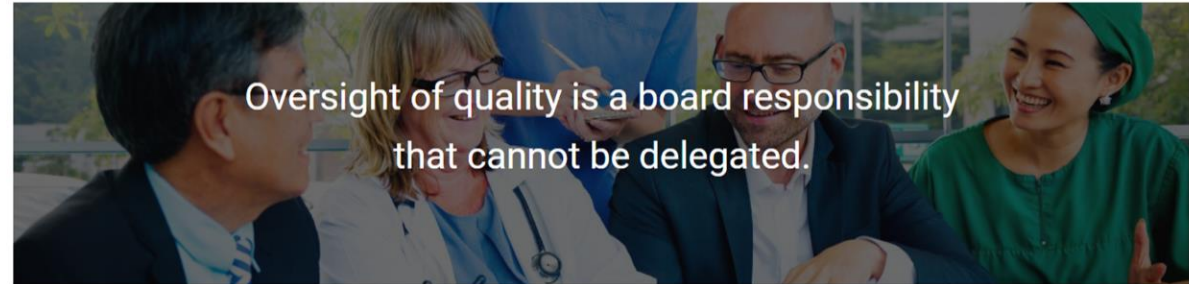
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[Strategy Sounding Board](#) – Presenter(s): All governWell Advisors

# Example: Effective Governance of Quality



- Videos and webinars
- Written BroadBRIEFs
- Key concepts and terms
- Virtual in-boardroom sessions
- Advisor consults



One of the most valuable roles of a board is oversight of quality and patient safety. The expansion of health services beyond hospital walls has created complexity in terms of what to govern to support high-quality care and how to oversee quality inside and outside of the traditional hospital setting and across the healthcare continuum.

The *Quality and Patient Safety* governance topic provides written board briefings, videos, a glossary of quality and patient safety terms, a framework for quality oversight, and virtual in-boardroom education programs.

## Trustee Learning Resources

### BoardBRIEFs

- Understanding the Board's Role in Quality
- Corporate Responsibility and Health Care Quality
- Infusing Quality Throughout the Board Agenda
- Inclusive Governance – Hospitals and Physicians
- Measuring Equity in Patient Care Access & Treatment
- Medical Staff Credentialing: The Board's Role
- Health Care Quality Terms & Key Concepts

### Board Education Videos

#### Quality and Patient Safety Series

QUALITY AND PATIENT SAFETY  
1: The Importance of Ongoing Board Education



QUALITY AND PATIENT SAFETY  
2: Boards Can Influence Quality Through Population Health



QUALITY AND PATIENT SAFETY  
3: Clinician Engagement is Crucial to Improving Quality





# Example: In-Boardroom Virtual Quality Programs



**Ann Scott Blouin**

*President & Founder*

*PSQ Advisory*

## Quality and Patient Safety

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*The Board's Role in Improving Healthcare Quality & Safety Series:*

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[The Board's Role in Quality and Patient Safety \(Overview\)](#) — Presenter: Ann Blouin

---

[Infusing Quality Throughout the Board Agenda](#) — Presenter: Ann Blouin

---

[Measuring Equity in Patient Care Access](#) — Presenter: Ann Blouin

---

[Safety Culture is Key](#) — Presenter: Ann Blouin

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[Quality Improvement Tools](#) — Presenter: Ann Blouin

---

[Quality Improvement Methods](#) — Presenter: Ann Blouin

---

[Medical Staff Credentialing: The Board's Role](#) — Presenter: Ann Blouin

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[Understanding Performance Measures](#) — Presenter: Ann Blouin

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[What Trustees Need to Know About Cybersecurity](#) — Presenter: Ann Blouin

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# Serving Your Board Through Expert Guidance



Ann Scott Blouin  
*President & Founder*  
*PSQ Advisory*



Todd Linden  
*President*  
*Linden Consulting*



Angela Linden  
*Principal*  
*Linden Consulting*



Barbara Lorschbach  
*President*  
*governWell™*



Nicole Matson  
*Board Assessment Expert*  
*governWell™*



Anne Rooney  
*President*  
*Anne Rooney & Associates*



Mary Rooney Sheahan  
*Executive Coaching and*  
*Leadership Development,*  
*President*  
*The Sheahan Group*



Debra Stock  
*President*  
*Debra Stock & Associates*



Larry Walker  
*Senior Advisor*  
*governWell™*



Cynthia Washington  
*Vice President & Senior*  
*Diversity Health Care*  
*Strategist*  
*Diversity Equity Excellence*  
*Partnership (DEEP)*

## > learnWell

*Equip your board to be a knowledge asset.*

## > recruitWell

*Align board experience, expertise and diversity with your leadership needs.*

## > orientWell

*Build a strong foundation for new trustee success.*

## > guideWell

*Set standards that will help prevent problems and manage risk exposure.*

## > taskWell

*Empower greater governance effectiveness.*

## > assessWell

*Discover your board's "governance gaps" and drive "governance gain."*

## > retreatWell

*Make the most of high-value time spent in retreats.*

## > leadWell

*Plan ahead for smooth leadership transitions.*

## > compareWell

*Hospital boards do not become excellent by chance.*

## > affiliateWell

*Assess the wisdom of strategic affiliation.*

## > measureWell

*Measuring your organization's performance is essential to success.*

# How can we help?

Our governance advisors are available to assist your executive team and board.

Contact Us



Barbara Lorsbach, FACHE  
President  
630-613-7580  
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Larry Walker  
Senior Advisor, governWell™  
630-613-7580  
[larry@governwell.net](mailto:larry@governwell.net)





# Essentials for Governance Excellence

Thank you!



<b>DEPARTMENNO:</b> <b>Human Resources</b>	<b>Page 1 of 3</b>	
<b>SUBJECT:</b> <b>Travel and Travel Reimbursement Policy</b>	<b>EFFECTIVE DATE:</b>	<b>SUPERCEDES:</b> <b>New</b>

## **POLICY:**

At the Southern Humboldt Community Healthcare District (SHCHD) there may be opportunities for outside training and attending conferences.

## **PROCEDURE:**

Employees in **non-exempt positions** who are required to travel as part of their job will be paid for all time "worked" while traveling. Recognizing that while traveling by vehicle or plane, the employee may be unable to engage in his/her own personal pursuits, the employee may consider such time as time worked and will be compensated accordingly. Employees in **exempt positions** are paid a pre-determined salary for all work performed in a week, and therefore are not provided additional compensation if travel time extends into days that are not part of the employee's regular work schedule. All business travel must be approved in advance by management. An itinerary including destination, nature of business, estimated length of time away and contact numbers to reach you, must be provided to your supervisor prior to commencing the business travel. The company will reimburse employees for reasonable travel expenses incurred while on assignments away from the normal work location, please see below for reimbursement guidelines.

## **Transportation**

### Airfare

Travelers are expected to obtain the lowest available airfare that reasonably meets business travel needs. Airfare may be prepaid by the business office. Travelers are encouraged to book flights at least 30 days in advance to avoid premium airfare pricing. For Business & First-class tickets approval must go through the Human Resources Department.

### Rail transportation

SHCHD will prepay rail transportation provided that the cost does not exceed the cost of the least expensive airfare or that the employee requires an accommodation to Rail transportation instead of airfare.

### Personal Vehicle Use

Mileage will be reimbursed at the IRS current mileage reimbursement rate from the employees home or primary worksite to the business destination. When expenses/travels are completed, employees should submit completed expense reports and submit them to management for the pay period in which they were incurred.

### Rental vehicles

SHCHD will pay for approved use of a rental vehicle at a destination city for business travel. Original receipts are required. SHCHD authorizes reimbursement for an economical vehicle. In certain circumstances larger vehicles may be rented, with prior supervisory approval. Drivers must adhere to the rental requirements, and restrictions must be followed. When vehicle rentals are necessary, SHCHD encourages travelers to purchase suitable coverage.

### Parking

Original receipts are required for parking fees (including airport parking) totaling \$25 or more. The lodging bill can be used as a receipt when charges are included as part of the overnight stay.

### Tolls

Original receipts are required for tolls totaling \$25 or more.

### Miscellaneous transportation

Original receipts are required for Uber, Lyft, taxi, bus, subway, metro, ferry, and other modes of transportation if costs are \$25 or more for each occurrence.

## **Lodging**

The cost of overnight lodging will be reimbursed to the traveler if the authorized travel is 60 miles or more from the traveler's home or primary worksite. SHCHD will reimburse lodging expenses at reasonable standard business room rates

## Meals

Per-diem allowances are reimbursable for **in-state overnight travel** that is 60 miles or more from the traveler's home or primary worksite. Per diem allowances are applicable for all **out-of-state travel** that is 60 miles or more from the traveler's home or primary worksite. SHCHD per diem rates are based on the U.S. General Services Administration Guidelines. Those guidelines are found at the following website <https://www.gsa.gov/travel/plan-book/per-diem-rates>. It is expected that the employee traveling will view those rates and follow them as closely as possible for the destination they are traveling to without exceeding \$100 per day. Reimbursement of Alcohol is limited to one drink per day with a meal. Gratuity is suggested at a rate of 15%. Pre-approval from a supervisor for a higher reimbursable rate due to a special circumstance needs to accompany all other documentation submitted.

## Conference registration

If the conference fee was not prepaid, SHCHD will reimburse these fees, including business-related banquets or meals that are part of the conference registration. Original receipts to support the payment are required. If the conference does not provide a receipt, then a cancelled check, credit card slip/statement or documentation that the amount was paid is required for reimbursement.

## Entertainment

Entertainment is defined in this policy as limited to entertainment when traveling on business. Employees will be reimbursed for the actual cost of entertainment when such expenses have been determined reasonable and beneficial to the Employee. (Example of beneficial entertainment: local attractions, museum, zoo, park, concert...) Entertainment must conform to current tax and legal requirements. Discretion must be used as to levels of entertainment. Unreasonable entertainment expenses will not be reimbursed. Spouses or partners expenses are not eligible for reimbursement. Entertainment budget is limited to \$100 no matter the duration of the business travel. Employees must remember they are representing SHCHD while away on business if discretion is not shown to be used while choosing forms of entertainment not only will it not be reimbursable, but the employee can be subject to disciplinary action.

## Business expenses

Business expenses, including faxes, photocopies, Internet charges, data ports and business telephone calls incurred while on travel status, can be reimbursed. Original itemized receipts are required.

**Visa, passport fees and immunizations.** If these items are required for international travel, their reimbursement is left to the discretion of your supervisor. If approved by the designated authority, original itemized receipts are required.

## Company credit card use for travel

Employees may choose to charge business and travel expenses to the Company credit card or may choose to be reimbursed for expenses that have been personally paid for (personal credit card or cash). The Company is responsible for all charges placed on the card; therefore, personal use of the company credit card is not allowed. Employees who use the Company credit card for personal use or for business and travel expenses that were approved in advance, will be required to reimburse the Company – there may also be corrective action consequences, up to termination of employment.

## Travel advances and reimbursement

**Cash advance requests** are authorized for specific situations that might cause undue financial hardship for business travelers. These situations are limited to staff traveling on behalf of SHCHD. A maximum of 80 percent of the total estimated cost can be advanced. The traveler must repay SHCHD for any advances in excess of the approved reimbursable expenses. The department initiating the travel is responsible for notifying the business office to deposit any excess funds into the appropriate departmental account. Travel advances are processed by submitting a completed Request for Payment form and Travel Request form to the business office.

**Regular requests for reimbursements** of travel-related expenses are submitted on a Travel Reimbursement form. This form must be accompanied by supporting documentation. If the requested reimbursement exceeds 20 percent of the total pre-trip estimate, the Travel Reimbursement form must be signed by the Administrator or the Chief Financial Officer. These forms must be submitted to the business office within two weeks after the trip is completed. Reimbursement of travel expenses is based on documentation of reasonable and actual expenses supported by the original, itemized receipts where required. Employees are expected to limit expenses to reasonable amounts, and receipts for all individual expenses should accompany expense reports and submitted to their direct supervisor. Abuse of this policy, including falsifying expense reports to reflect costs not incurred by the employee, can be grounds for corrective action, up to and including termination of employment.

**Vacation in conjunction with business travel**

In cases in which vacation time is added to a business trip, any cost variance in airfare, car rental or lodging must be clearly identified on the Travel Request form. SHCHD will not prepay any personal expenses with the intention of being "repaid" at a later time, nor will any personal expenses be reimbursed.

**Exceptions**

Occasionally it may be necessary for travelers to request exceptions to this travel policy. Requests for exceptions to the policy must be made in a form of writing and approved by the departments Administrator or by the Human Resources department. Exceptions related to the Administrator's, or the Chief Financial Officer's expenses must be submitted to the opposite person for approval.

**REVIEWED BY:**

Human Resources Director  
Chief Executive Officer





<b>DEPARTMENT:</b> <b>Human Resources</b>	<b>NO:</b>	<b>Page 1 of 5</b>
<b>SUBJECT:</b> <b>Travel Expense Reimbursement</b>	<b>EFFECTIVE DATE:</b> <b>03/28/2019</b>	<b>SUPERCEDES:</b> <b>12/10/2015</b>

#### **OVERVIEW:**

It is the policy of Southern Humboldt Community Healthcare District (SHCHD) to reimburse staff for reasonable and necessary expenses incurred in connection with approved travel on behalf of the company. SHCHD strongly encourages use of travel discounts when making travel arrangements.

Travelers seeking reimbursement should incur the lowest reasonable travel expenses and exercise care to avoid impropriety or the appearance of impropriety. Reimbursement is allowed only when reimbursement has not been, and will not be, received from other sources. If a circumstance arises that is not specifically covered in this travel policy, then the most conservative course of action should be taken.

Business travel policies are aligned with company reimbursement rules. All business-related travel paid with SHCHD funds must comply with company expenditure policies.

#### **AUTHORIZATION AND RESPONSIBILITY:**

Staff travel must be pre-authorized. Travelers should verify that planned travel is eligible for reimbursement before making travel arrangements. Within 30 days of completion of a trip, the traveler must submit a Travel Reimbursement form and supporting documentation to obtain reimbursement of expenses.

An individual may not approve his or her own travel or reimbursement. The Travel Reimbursement form must be signed by their Administrator or the Chief Financial Officer (for travel over \$1,000) or by their manager (for travel under \$1,000).

Travel and reimbursement for members of the management team must be approved by the Administrator or the Chief Financial Officer (if not for that individual), and will be reviewed annually by the internal auditor. Designated approval authorities are required to review expenditures and withhold reimbursement if there is reason to believe that the expenditures are inappropriate or extravagant.

#### **PERSONAL FUNDS:**

Travelers should review reimbursement guidelines before spending personal funds for business travel to determine if such expenses are reimbursable. SHCHD reserves the right to deny reimbursement of travel-related expenses for failure to comply with policies and procedures.

Travelers who use personal funds to facilitate travel arrangements will not be reimbursed until after the trip occurs and proper documentation is submitted.

#### **VACATION IN CONJUNCTION WITH BUSINESS TRAVEL:**

In cases in which vacation time is added to a business trip, any cost variance in airfare, car rental or lodging must be clearly identified on the Travel Request form. SHCHD will not prepay any personal expenses with the intention of being "repaid" at a later time, nor will any personal expenses be reimbursed.

#### **EXCEPTIONS:**

Occasionally it may be necessary for travelers to request exceptions to this travel policy. Requests for exceptions to the policy must be made in writing and approved by the Administrator or by the Chief Financial Officer. Exceptions related to the Administrator's or the Chief Financial Officer's expenses must be submitted to the opposite person for approval. In most instances, the expected turnaround time for review and approval is five business days.

## **Travel Expenses/Procedures**

**GENERAL INFORMATION**

Authorized business travel for staff that includes prepayments must be pre-approved.

Reimbursement of parking, mileage, gasoline in lieu of mileage and ferry or bus passes do not require requests if they are under \$10. Requests for reimbursement of expenses over \$10 are to be submitted on a Travel Reimbursement form.

**PERMISSIBLE PREPAID TRAVEL EXPENSES:**

Before the travel, SHCHD may issue prepayments for airfare, rail transportation, rental vehicles, conference registration fees and cash advances. Applicable policies and methods of payments for these prepayments follow.

**Airfare.** Travelers are expected to obtain the lowest available airfare that reasonably meets business travel needs. Airfare may be prepaid by the business office.

Travelers are encouraged to book flights at least 30 days in advance to avoid premium airfare pricing. First-class tickets are not reimbursable.

Coach class or economy tickets must be purchased for domestic or international flights (defined as flight time totaling less than five consecutive hours excluding layovers). A higher-priced coach ticket cannot be purchased for a subsequent upgrade in seating.

A less-than-first-class ticket (i.e., business class) may be purchased at SHCHD's discretion for domestic or international flights (defined as flight time exceeding five consecutive hours excluding layovers).

Airfare may be purchased with a credit card or check through the business office with a Request for Payment form.

**Rail transportation.** SHCHD will prepay rail transportation provided that the cost does not exceed the cost of the least expensive airfare.

**Rental vehicles.** SHCHD will pay for approved use of a rental vehicle. See the section on reimbursements below in this section.

**Conference registration fees.** Conference registration fees can be prepaid with a credit card or check through the business office with a Request for Payment form. Business-related banquets or meals that are considered part of the conference can be paid with the registration fees; however, such meals must be deducted from the traveler's per diem allowance. See Meals (per diem) for more detail.

**Travel advances.** Cash advances are authorized for specific situations that might cause undue financial hardship for business travelers. These situations are limited to staff traveling on behalf of SHCHD. A maximum of 80 percent of the total estimated cost can be advanced.

Expenses associated with the travel must be reconciled and substantiated within two weeks of the return date. The traveler must repay SHCHD for any advances in excess of the approved reimbursable expenses. The department initiating the travel is responsible for notifying the business office to deposit any excess funds into the appropriate departmental account.

Travel advances are processed by submitting a completed Request for Payment form and Travel Request form to the business office. Reimbursement for any remaining expenses is processed on a Travel Reimbursement form approved by the designated approval authority.

**REIMBURSEMENTS:**

Requests for reimbursements of travel-related expenses are submitted on a Travel Reimbursement form. This form must be accompanied by supporting documentation. If the requested reimbursement exceeds 20 percent of the total pre-trip estimate, the Travel Reimbursement form must be signed by the Administrator or the Chief Financial Officer. These forms must be submitted to the business office within two weeks after the trip is completed. Travel Reimbursement forms not submitted within this timeframe require exception approval from the Administrator or the Chief Financial Officer.

Reimbursement of travel expenses is based on documentation of reasonable and actual expenses supported by the original, itemized receipts where required. Reimbursements that may be paid by SHCHD are shown below.

**Airfare.** If the airfare was not prepaid by the business office, an original itemized airline receipt, an e-ticket receipt/statement or an Internet receipt/statement is required. The receipt must show the method of payment and indicate that payment was made.

Travelers are expected to obtain the lowest available airfare that reasonably meets business travel needs. Travelers are encouraged to book flights at least 30 days in advance to avoid premium pricing.

Coach class or economy tickets must be purchased for domestic or international flights (defined as flight time totaling less than five consecutive hours excluding layovers). A higher-priced coach ticket cannot be purchased for a subsequent upgrade in seating.

A less-than-first-class ticket (i.e., business class) may be purchased at SHCHD's discretion for domestic or international flights (defined as flight time exceeding five consecutive hours excluding layovers).

First-class tickets are not reimbursable.

**Rail transportation.** SHCHD will pay for rail transportation provided that the cost does not exceed the cost of the least expensive airfare.

If rail transportation was not prepaid by the business office, an original itemized receipt, original e-ticket receipt/statement or Internet receipt/statement is required. The receipt must show the method of payment and indicate that payment was made.

**Automobile (personally owned—domestic travel).** A valid driver's license issued within the United States and personal automobile insurance are required for expenses to be reimbursed. Drivers should be aware of the extent of coverage (if any) provided by his or her automobile insurance company for travel that is business or not personal in nature.

Reimbursement for use of a personal automobile is based on the SHCHD mileage rate.

The Staff Travel Reimbursement form is required for reimbursement for all vehicle-related expenses, including gasoline, wear and tear, and personal auto insurance. Staff are required to carpool if more than one employee is attending the same conference to be eligible for mileage reimbursement rate. Staff who decline to carpool with another SHCHD staff member, who is attending the same conference, will be reimbursement for gasoline in lieu of the SHCHD mileage rate. In these instances original itemized receipts are required. Staff who decline to use the company car, when it is available for their use, will be reimbursed for gasoline in lieu of the SHCHD mileage rate. In these instances original, itemized receipts are required.

**Automobile (rental—domestic travel).** Reimbursement for a commercial rental vehicle as a primary mode of transportation is authorized only if the rental vehicle is more economical than any other type of public transportation, or if the destination is not otherwise accessible. Vehicle rental at a destination city is reimbursable. Original receipts are required.

SHCHD authorizes reimbursement for the most economic vehicle available. In certain circumstances larger vehicles may be rented, with prior supervisory approval. The rental agreement must clearly show the date and the points of departure/arrival, as well as the total cost. Drivers must adhere to the rental requirements, and restrictions must be followed. Original receipts are required.

When vehicle rentals are necessary, SHCHD encourages travelers to purchase collision damage waiver (CDW) and loss damage waiver (LDW) coverage. SHCHD will reimburse the cost of CDW and LDW coverage; all other insurance reimbursements will be denied.

Drivers should be aware of the extent of a coverage (if any) provided by his or her automobile insurance company for travel that is business or not personal in nature.

Parking fees, tolls and other incidental costs associated with the vehicle use are not covered by the rental agreement. Travelers are strongly encouraged to fill the gas tank before returning the vehicle to the rental agency to avoid service fees and more expensive fuel rates.

**Conference registration fees.** If the conference fee was not prepaid, SHCHD will reimburse these fees, including business-related banquets or meals that are part of the conference registration. Original receipts to support the payment are required. If the conference does not provide a receipt, then a cancelled check, credit card slip/statement or documentation that the amount was paid is required for reimbursement.

A prorated amount for the meals provided must be deducted from the traveler's per diem. See Meals (per diem) for more detail. Entertainment activities such as golf outings and sightseeing tours will not be reimbursed.

Registration fees paid directly by an individual will not be reimbursed until the conference is completed.

**Lodging (commercial).** The cost of overnight lodging (room rate and tax only) will be reimbursed to the traveler if the authorized travel is 60 miles or more from the traveler's home or primary worksite.

Exceptions to this restriction may be approved in writing by the Administrator or by the Chief Financial Officer. SHCHD will reimburse lodging expenses at reasonable, single occupancy or standard business room rates. When the hotel or motel is located at the conference or convention site, reimbursement will be limited to the conference rate.

Only single room rates are authorized for payment or reimbursement unless the second party is representing the agency in an authorized capacity. If the lodging receipt shows more than a single occupancy, the single room rate must be noted. If reimbursement for more than the single room rate is requested, the name of the second person must be included.

**Meals (per diem).** Per diem allowances are reimbursable for in-state overnight travel that is 60 miles or more from the traveler's home or primary worksite.

Per diem allowances are applicable for all out-of-state travel that is 60 miles or more from the traveler's home or primary worksite.

SHCHD per diem rates are based on the U.S. General Services Administration Guidelines. SHCHD will reimburse up to \$76/day for meals; up to \$18 for breakfast, \$20 for lunch, and \$38 for dinner.

Per diem reimbursements are based on departure and return times over the entire 24-hour day and are prorated accordingly.

If a free meal is served on the plane, included in a conference registration fee, built in to the standard, single hotel room rate or replaced by a legitimate business meal, the per diem allowance for that meal may not be claimed. Detailed, itemized receipts are required for per diem allowances. SHCHD will not reimburse for alcoholic beverages. Per diem allowances are reimbursed after the trip is completed.

**Business meals.** Travelers are required to follow SHCHD expenditure policies when requesting reimbursement for business meals. Original itemized receipts are required.

**Business expenses.** Business expenses, including faxes, photocopies, Internet charges, data ports and business telephone calls incurred while on travel status, can be reimbursed. Original itemized receipts are required.

**Parking.** Original receipts are required for parking fees (including airport parking) totaling \$25 or more. The lodging bill can be used as a receipt when charges are included as part of the overnight stay.

**Telephone calls.** The costs of personal telephone calls are the responsibility of the individual.

**Tolls.** Original receipts are required for tolls totaling \$25 or more.

**Miscellaneous transportation.** Original receipts are required for taxi, bus, subway, metro, ferry and other modes of transportation if costs are \$25 or more for each occurrence.

**Visa, passport fees and immunizations.** If these items are required for international travel, their reimbursement is left to the discretion of your supervisor. If approved by the designated authority, original itemized receipts are required.

#### **NON-REIMBURSABLE TRAVEL EXPENSES:**

The following items that may be associated with business travel will not be reimbursed by SHCHD:

- Airline club memberships.
- Airline upgrades.
- Business class for domestic flights or first class for all flights.
- Child care, babysitting, house-sitting, or pet-sitting/kennel charges.
- Commuting between home and the primary work location.
- Costs incurred by traveler's failure to cancel travel or hotel reservations in a timely fashion.

- Evening or formal wear expenses.
- Haircuts and personal grooming.
- Laundry and dry cleaning.
- Passports, vaccinations and visas when not required as a specific and necessary condition of the travel assignment.
- Personal entertainment expenses, including in-flight movies, headsets, health club facilities, hotel pay-per-view movies, in-theater movies, social activities and related incidental costs.
- Travel accident insurance premiums or purchase of additional travel insurance.
- Other expenses not directly related to the business travel.
- Alcoholic beverages.

**TRAVEL FOR NON-EMPLOYEES:**

Additional costs for travel, lodging, meals or other travel expenses for spouses or other family members will not be reimbursed unless the individual has a bona fide company purpose for engaging in the travel or attending the event. Such travel is generally limited to senior management and should occur infrequently.

**REFERENCES:**

"Travel Expense Policy: Detailed," Society for Human Resources Management; 3/20/2014.

**REVIEWED BY:**

Human Resources  
Chief Financial Officer  
Chief Executive Officer

<b>DEPARTMENT NO:</b> <b>Human Resources</b>	<b>Page 1 of 2</b>	
<b>SUBJECT:</b> <b>Travel and Travel Reimbursement Policy</b>	<b>EFFECTIVE DATE:</b>	<b>SUPERCEDES:</b> <b>Travel Expense</b>

#### **POLICY:**

At the Southern Humboldt Community Healthcare District (SHCHD) there may be opportunities for outside training, attending conferences and participation in SHCHD events. Some of these events, employees may voluntarily choose to attend, in which case wages will not be paid. For other events, employees will be asked to attend as part of his/her job duties and to perform work at the event.

#### **PROCEDURE:**

Employees in non-exempt positions who are required to travel as part of their job will be paid for all time "worked" while traveling. Recognizing that while traveling by vehicle or plane, the employee may be unable to engage in his/her own personal pursuits, the employee may consider such time as time worked and will be compensated accordingly.

Following is a common scenario to help explain the travel pay policy:

<b>Scenario</b>	<b>Paid</b>	<b>Unpaid</b>
An employee works 3 hours at his/her regular workplace in Garberville, leaving work at 11:00 am.	3 hours regular rate	
She then drives to the Eureka Airport and flies to Los Angeles, arriving at the LA hotel at 4:00.	5 hours regular rate	
She performs no work that evening and stays the night in the hotel. In the morning, she is at the assigned workplace for the day at 8:00am.		all time unpaid
She works for 10 hours (not including a meal period on her own for a half-hour) ending at 6:00. She then immediately drives to the airport and flies into the Eureka airport, arriving at 9:30 pm.	10 hours regular rate	30 min meal period.
She drives from the Eureka airport to her home, arriving at 10:30 pm. Note: Her normal commute to work in Garberville is .75 hours.	.25 hours regular rate or travel rate*	

\*Travel rate may be agreed at a rate less than the regular rate, but in no event less than minimum wage.

Employees who are traveling will not receive less compensation than they would if they were at the regular worksite. For example, if the travel was over a three-day period and the employee normally works 24 hours in that period, the employee will at least receive 24 hours of pay, even if the actual work performed while traveling was less than 24 hours.

Employees in exempt positions are paid a pre-determined salary for all work performed in a week, and therefore are not provided additional compensation if travel time extends into days that are not part of the employee's regular work schedule.

For questions on how this policy specifically applies to your position, please talk with your manager or the Human Resources representative.

**Business Travel Expenses & Reimbursement**

All business travel must be approved in advance by management. An itinerary including destination, nature of business, estimated length of time away and contact numbers to reach you, must be provided to your supervisor prior to commencing the business travel. Additionally, you are required to report in daily to provide a status report. The company will reimburse employees for reasonable travel expenses incurred while on assignments away from the normal work location. If the employee's personal car is used mileage will be reimbursed at the IRS current mileage reimbursement rate. When expenses/travels are completed, employees should submit completed expense reports and submit them to management for the pay period in which they were incurred.

Employees may choose to charge business and travel expenses to the Company credit card or may choose to be reimbursed for expenses that have been personally paid for (personal credit card or cash). The Company is responsible for all charges placed on the card; therefore, personal use of the company credit card is not allowed. Employees who use the Company credit card for personal use or for business and travel expenses that were not approved in advance, will be required to reimburse the Company – there may also be corrective action consequences, up to termination of employment.

In the event a non-exempt employee must travel from their regular worksite to another work-site the time spent traveling to the other work site will be compensated at their base hourly rate of pay. If the employee uses their personal car, they will be reimbursed for mileage at the IRS current mileage reimbursement rate. If at the beginning of a shift the employee must report to another worksite other than where they normally work there will be no additional pay, however, if the mileage is more than what their normal commute is they may be paid for mileage. All mileage expense reimbursement records must be turned in to your supervisor by Monday 5:00 pm, with your time record, for the pay period in which the expense was incurred.

Any employee who is involved in an accident while traveling on business must promptly report the incident to the employee's immediate supervisor.

Employees are expected to limit expenses to reasonable amounts, and receipts for all individual expenses should accompany expense reports and submitted to their direct supervisor on Monday by 5:00 pm following the pay period in which they were incurred. Abuse of this business expenses policy, including falsifying expense reports to reflect costs not incurred by the employee, can be grounds for corrective action, up to and including termination of employment.

**REVIEWED BY:**

Human Resources  
Chief Executive Officer