



**SoHum** Health

Southern Humboldt Community Healthcare District

# **GOVERNING BOARD MEETING**

July 29, 2022  
1:30 p.m.

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

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

## Governing Board

**Date:** Friday, July 29, 2022

**Time:** 1:30 p.m.

**Location:** Sprowel Creek Campus and Via Webex Conferencing

**Facilitator:** Board President, Corinne Stromstad

**Link:** <https://shchd.webex.com/shchd/j.php?MTID=md0e5417adc4fa471b0eb48c7badd96e5>

## Agenda

<b>Time*</b>	<b>Page</b>	<b>Item</b>
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 June 23 2022</li></ol></li><li>3. <b>Approval of Resolution 22:18</b> – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day extension until August 28, 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 June, 2022 Finances - Paul Eves
  2. **Approval of Resolution 22:15- Annual Parcel tax Resolution-**  
A resolution of the Board of the Southern Humboldt Community Healthcare District ordering the levy of a special tax and approving collection of a special tax for fiscal year 2022-2023
  3. PFS report/Provider Printout – June, 2022 – Marie Brown/Remy Quinn
    - HRG report –Remy Quinn
      - This is a note that on the 1<sup>st</sup> page of the HRG report there is an error on the month stating May. This report is in fact for June.
- 25-27      H. Chief Nursing Officer’s Report – Adela Yanez, Interim CNO
- 28-41      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.) – See Report
- 2:30 p.m.      42-47      J. Administrator’s Report –Matt Rees
1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.) – No Report
  2. Foundation Report – Chelsea Brown – (May, Aug., Nov., Feb.)- No Report
  3. Strategic Plan Committee reports - No Report
  4. Committee reports – Barbara Truitt - No Report
  5. FRC Report- New Job Descriptions Approval- Amy Terrones
- K. Old Business - None
- 3:45 p.m.      48-59      L. New Business
1. HEARING ON PROPOSED RESOLUTION OF NECESSITY FOR ACQUISITION, BY EMINENT DOMAIN, OF A FEE SIMPLE INTEREST IN CERTAIN REAL PROPERTY LOCATED AT 531 ELM STREET, GARBERVILLE, CALIFORNIA, FOR THE CONSTRUCTION AND MAINTENANCE OF ADDITIONAL PUBLIC PARKING FOR THE JEROLD PHELPS COMMUNITY HOSPITAL PROJECT
    - **Approval of Resolution 22:17 – RESOLUTION OF NECESSITY FOR THE ACQUISITION, BY EMINENT**

DOMAIN, OF A FEE SIMPLE INTEREST IN CERTAIN REAL PROPERTY LOCATED AT 531 ELM STREET, GARBERVILLE, CALIFORNIA, FOR THE CONSTRUCTION AND MAINTENANCE OF ADDITIONAL PUBLIC PARKING FOR THE JEROLD PHELPS COMMUNITY HOSPITAL PROJECT

- Proof of mailing of the notice of hearing to the affected property owner (sent July 11, 2022 by Marvin Cohen pg.55-57)

2. Policies and Procedures. (see separate packet- June 13, Medstaff Policy Development Committee)

M. Meeting Evaluation

N. Parking Lot

1. Governing Board retreat

O. Next Meetings

1. Medical Staff Committee - Policy Development, Wednesday, August 10, 2022, 11:00 a.m.
2. QAPI Meeting – TBD
3. Medical Staff Committee, Wednesday, August 17, 2022, 12:00 p.m.
4. Governing Board Meeting August 25, 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 June 23, 2022
2. Compliance and Risk Report [H&S Code § 32155] – Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
3. Chief Quality Officer Job Description and Expectations
4. Clinic Service Review [H&S Code § 32155] – Adela Yanez, CNO
5. MERP Report [H&S Code § 32155] – Adela Yanez, Interim CNO

6. Conference with Legal Counsel – Existing Litigation (§ 54956.9(d)(1) – Cheryl Wik –
7. Medical Staff Appointments/Reappointments [Gov. Code § 54957] - None
8. Next regular Meeting Thursday, August 25, 2022

R. Adjourn Closed Session

S. Resume Open Session

T. Adjourn

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>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, July 25, 2022

## Governing Board

**Date:** Thursday, June 23, 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, Kevin Church, Galen Latsko and Barbara Truitt.

**Not Present:** Jessica Willis

**Also in person:** Darrin Guerra, Governing Board Clerk; CEO Matt Rees, Marie Brown, PFS Manager; Remy Quinn, HIM Manager; CNO Adela Yanez, CFO Paul Eves, CQO Kristen Rees, Heidi Holterman and Karen Johnson, Medical Staff Coordinator.

Also via Webex: Chelsea brown Outreach Manager, COO Kent Scown, Director of HR Jennifer Baskin, and Barbara Lorschach and Larry Walker from Govern-Well

- A. Call to Order – Board president Corinne Stromstad called the meeting to order at 1:30 p.m.
- B. Public Comment - None
- C. Board Member Comments – None
- D. Announcements -None
- E. Consent Agenda
  - 1. Approval of Agenda
  - 2. Approval of Previous Meeting Minutes
    - a. Governing Board meeting May 26, 2022

**Motion:** Barbara Truitt moved to approve the previous minutes of April 28, 2022 with the revised wording of the CEO’s Oral reading and other Consent Agenda items.

**Second:** Kevin church

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

**Noes:** None

**Not Present:** Jessica Willis

**Motion carried.**

**Wording changed from:**

- “Based on our CEO’s Performance and introducing more programs, maintaining and improving the district’s financial stability, leaving us in long range planning including new Hospital and work force housing and improving employee retention and moral I move we raise his salary to \$299,000 a year effective March 1<sup>st</sup>.”
- Revised -“Based on our CEO Matt Rees’s performance in introducing new programs, maintaining and improving the District’s financial stability, leading us in long-range planning-- including plans for the new hospital and work force housing--, and improving employee retention and morale, I move we raise his salary to \$299,000 per year, effective March 1<sup>st</sup>, 2022 as this is when his evaluation was to have been completed.”

3. **Approval of Resolution 22:14** – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day Extension until July 23, 2022.

**Motion:** Galen Latsko made a motion to adopt Resolution 22:13, as described above.

**Second:** Barbara Truitt

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

**Noes:** None

**Not Present:** Jessica Willis

**Motion carried.**

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

G. Finance Report – Paul Eves

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

- Balance Sheet - Humboldt County Property Tax account is still an estimate.

- We continue to pay down the Medicare accelerated payment and expect to pay it off within the next 2 years, In the month of May we paid down another \$220,000 putting our current balance at \$2.42 M.
- This month of June is our Fiscal year with the hospital

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

Second: Kevin Church

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

Noes: None

Not Present: Jessica Willis

**Motion carried.**

2. Approval of The Operating Budget – See report

- Paul created an operating budget that he believes is “pretty conservative.” He acknowledges that the district is doing very well but doesn’t want to over spend. He believes the budget should be accurate, but it is an estimate based off of previous financials, cost of new hires, and projects that are planned to be completed in the coming year.

**Motion:** Barbara Truitt moved to approve the Operating Budget as submitted.

Second: Kevin Church

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

Noes: None

Not Present: Jessica Willis

**Motion carried.**

3. PFS report –April, 2022 –Marie Brown – See report

a. HRG report – April, 2022 – Remy Quinn – See report

- PFS has 2 more interviews scheduled in the following weeks with some Garberville locals. Unfortunately, the 2 interviews from last month were not viable candidates
- We have received 1 payer to allow Katy to see Medicare patients, for her preference she will schedule her own patients at first.
- We are working to enroll our facility in the behavioral health program Beacon. This will allow the facility to bill out different health codes under our providers without having to enroll the specific providers
- The Ochin/Epic teams were here in the last week and have been helping different departments build up their systems. Remy and Marie anticipate to start building their HER system soon. Within the district we have had 22 separate design team meeting that took place in the previous week between various departments.
- We have hired a 3<sup>rd</sup> party company to do an external coding review to help us



ensure the accuracy of our current coding company we have.

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

- COVID cases and ER patients have gone up in the past month, this is expected with the summer months coming. Unfortunately, covid has hit our nursing staff which has complicated scheduling with the CNO and DON covering various shifts. Fortunately, the SNF residents have managed to stay covid free. We will continue to test nursing staff 2x a week to ensure the safety of our residents
- The DON has started more weekly activities with the residents which is having a positive affect on the residents. Additionally they have started having group lunch 5 days a week opposed to just 1.
- We Have also just hired a driver for the Mobile Clinic and we anticipate to start scheduling in the near future.

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 -See "Board Update"

- Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.) - No Report.
- Foundation Report – Chelsea Brown - (May, Aug., Nov., Feb.) -No Report
- Strategic Plan – See Report
- Committee Reports – None
- Department report – Out Patient Pharmacy – Cyn Aguilar
  - the pharmacy has just celebrated their 1 year anniversary!
  - We have just contracted with Humana, the last large insurance carrier that we do not possess.
  - We are averaging about 3,000 Rx's a day and with the new insurance we anticipate a influx of patients.
  - With the pharmacy growing we have added on 1 more technician and a new pharmacist expected to start in July.
  - The Pharmacy and outreach will work together to create new advertisements to

inform the community on these exciting new achievements.

- Matt Rees
  - We have been in contact with our attorneys regarding the eminent domain of the land by the hospital. They should be drafting up the next steps to take in the next week. We anticipate we may have to schedule a Special Board Meeting in the near future to pass a resolution.
  - Matt has been in contact with Surprise Valley, a smaller hospital bordering Nevada, they have been going through some hardships and he had suggested programs they could apply for as well as providing general advice from another small hospital.
  - We have been in contact with a company that creates dialysis machines and we will be exploring the need and current services available in our area.
  - With Dr. Seth leaving Dr. Emily has decided to be the link for the UC Davis PA program as well as being the Clinic Medical Director.
  - Matt spoke about Redwood Adventure Camp down south in Leggit. They are looking for a medical director and Emily has shown an interest. We also intent to try and have Scott Sullivan go down and give the consoler's substance abuse training.
  - Matt handed out packets for the annual ACHD meeting inviting the Board to attend.

#### K. Old Business

1. Board Education – Barbara Lorbach and Larry Walker from Govern-Well gave a brief presentation. It was decided Barbara Truitt and Kevin Church will form a small committee and arrange a time to meet with Governwell to ask questions and get a better understanding of the programs they offer.

#### L. New Business

1. Policies and Procedures – **No Report**

#### M. Meeting Evaluation – Good meeting

#### N. Parking Lot - None

#### O. Next Meetings:

1. Medical Staff Committee - Policy Development, Wednesday, July 13, 2022, 10:00 a.m. – Barbara Truitt will be attending.

2. QAPI Meeting -July 6, 2022, 10:00a.m.
3. Finance Committee will be held July 22, 2022 at 10:00 a.m.
4. Governing Board Meeting July 29, 2022 at 1:30 p.m.

P. Adjourn to Closed Session – 3:08 p.m.

Q. Closed Session opened at 3:08 p.m.

1. Approval of Previous Closed Session Minutes
  - a. Closed Session Governing Board Meeting May 26, 2022
  - b. Closed Session Special Governing Board Meeting June 8, 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. Medication Error Reduction Plan Report [H&S Code § 32155] – Adela Yanez, Interim CNO
5. Medical Staff Appointments/Reappointments [Gov. Code § 54957]
  - a. Dr. Joseph Rogers appointment/reappointment dates clarification for the record
  - b. Dr. Daniel Merges, Reappointment to Active status, Emergency Room and Inpatient privileges, July 1, 2022 to June 30, 2024
6. Personnel matter – Chief Quality Officer Evaluation – Pursuant to Gov. Code § 54957
7. Next Regular Meeting:
  - a. Governing Board Meeting, Thursday, July 29, 2022

R. Adjourned Closed Session at 4:16 p.m.

S. Resumed Open Session at 4:16 p.m.

1. The following actions were taken at closed session

**Motion:** Kevin Church moved to approve the Previous closed session minutes of May 26 and June 8, 2022.

Second: Galen Latsko

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

Noes: None

Not Present: Jessica Willis

**Motion carried.**

**Motion:** Barbara Truitt moved to approve Dr. Daniel Merges, Reappointment to Active status, Emergency Room and Inpatient privileges, July 1, 2022 to June 30, 2024

Second: Galen Latsko

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

Noes: None

Not Present: Jessica Willis

**Motion carried.**

T. Adjourned Open Session at 4:16 p.m.

*Submitted by Darrin Guerra*

## Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
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<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
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<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
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**Southern Humboldt Community  
Healthcare District**

	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22	May 22	June 22	Current 12 Month AVG	Year to Date- Current Year
<b>In Patient Statistics</b>														
Total Acute Patient Days	8	1	16	9	5	11	3	18	15	5	3	7	8	101
Total Swing Patient Days	38	25	56	66	30	39	35	65	95	98	54	3	50	604
Total SNF Patient Days	236	229	240	231	191	237	223	190	217	228	221	215	222	2,658
<b>Total Patient Days</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>278</b>	<b>225</b>	<b>280</b>	<b>3,363</b>
Total Acute Discharges	3	1	5	4	2	5	1	7	3	3	1	3	3	38
Total Swing Discharges	3	1	4	5	0	2	2	2	5	5	3	2	3	34
Total SNF Discharges	1	2	0	1	1	2	1	1	0	0	2	0	1	11
	7	4	9	10	3	9	4	10	8	8	6	5	7	83
<b>Acute Length of Stay</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>3.00</b>	<b>2.33</b>	<b>2.62</b>	
ER Admits	3	1	5	4	2	5	1	7	4	3	2	3	3	40
I/P Lab Visits	12	12	23	14	7	10	23	26	14	17	22	23	17	203
I/P Radiology Visits	6	4	3	2	2	4	2	5	6	6	10	3	4	53
I/P EKG's	0	0	0	0	0	1	0	0	0	0	0	0	0	1
<b>Out Patient Statistics</b>														
ER Visits	335	298	250	220	260	206	233	188	218	219	248	270	245	2,945
Clinic Visits	414	427	459	471	495	453	449	380	509	452	500	479	457	5,488
SLS Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Medical	1134	1143	1570	1871	1302	1644	2278	2597	1042	1049	1453	1853	1,578	18,936
Laboratory Visits	682	1041	740	546	640	839	1009	455	589	574	681	702	708	8,498
Radiology	206	156	209	152	167	179	121	182	170	161	154	193	171	2,050
Mammography	27	25	6	11	19	9	17	9	14	13	28	9	16	187
CT Scans	89	55	76	63	70	66	73	77	88	72	80	88	75	897
EKG's	40	23	42	38	25	44	48	55	37	34	59	64	42	509
<b>Total O/P Visits</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>3,203</b>	<b>3,658</b>	<b>-</b>	<b>39,510</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	3,237	3,279	2,446	29,347
<b>Salary Statistics</b>														
Productive FTE's	75.1	75.1	76.8	79.2	80.5	79.2	71.7	79.1	77.4	79.7	81.1	81.2	78	
Paid FTE's	85.0	84.9	85.0	87.1	87.8	87.9	85.4	87.0	88.0	87.8	88.2	92.0	85	
Salaries & Ben as % of Net Rev	21.4%	68.4%	59.2%	77.6%	64.5%	56.0%	50.1%	72.8%	48.15%	70.03%	71.65%	48.15%	58.01%	
Benefits as % of Salaries	-41.9%	46.4%	32.0%	64.4%	32.2%	-24.1%	28.1%	43.9%	-24.13%	43.42%	47.12%	-24.13%	20.17%	
<b>Revenue Statistics</b>														
Gross A/R > 120 Days	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	1,997,956	1,799,059	1,671,326	
A/R>120 Days as % of Total AR	41%	41%	34%	34%	42%	42%	42%	42%	42%	42%	42%	42%	40%	
Gross Days in A/R	75.6	79.2	85.1	85.9	86.3	94.7	91.6	86.5	86.5	88.5	84.9	82.9	84.2	
Net Days in A/R	69.8	73.4	79.8	81.6	79.8	87.5	84.4	79.9	79.9	80.0	78.6	75.0	78.0	
A/R Cash Collections	667,778	1,022,607	782,980	847,125	845,077	729,186	727,607	859,954	770,454	1,024,101	1,137,769	1,227,309	861,171	
Collections as % of Net Rev	32.7%	70.8%	67.2%	70.8%	68.8%	63.1%	58.0%	59.5%	69.3%	70.2%	91.6%	95.1%	66.3%	
Accounts Payable Days	0.7	4.0	9.2	2.1	1.9	0.8	6.4	6.2	6.8	7.3	7.9	3.9	6	
Cash Collections per Cal Day	21,541	32,987	25,257	27,327	27,261	23,522	23,471	27,740	24,853	33,036	36,702	39,591	27,780	303,698
Cash Disburs. per Cal Day	52,121	38,603	41,262	458,718	40,600	42,521	41,846	54,626	52,121	46,099	53,257	53,859	80,134	921,774

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

Current Month			Year to Date				
\$ Variance	Budget	Actual		Actual	Budget	\$ Variance	% Variance
			<b>GROSS PATIENT REVENUE</b>				
(61,814)	237,500	175,686	INPATIENT	2,476,244	2,850,000	(373,756)	-13%
121	41,670	41,791	INPATIENT ANCILLARY	683,854	500,040	183,814	37%
261,481	1,202,080	1,463,561	OUTPATIENT ANCILLARY	16,317,764	14,424,960	1,892,804	13%
199,788	1,481,250	1,681,038	<b>TOTAL PATIENT REVENUE</b>	19,477,862	17,775,000	1,702,862	10%
			<b>DEDUCTIONS FROM REVENUE</b>				
(43,354)	515,630	472,276	CONTRACTUAL ALLOWANCES	5,690,484	6,187,560	(497,076)	-8%
(28,625)	71,670	43,045	PROVISION FOR BAD DEBTS	1,104,249	860,040	244,209	28%
(14,710)	36,000	21,290	OTHER ALLOWANCES/DEDUCTIONS	700,263	432,000	268,263	62%
	-300,000	(300,000)	OTHER OPERATING IGTs & SUPPLEMENTAL	(3,600,000)	(3,600,000)		
(86,689)	323,300	236,611	<b>TOTAL DEDUCTIONS</b>	3,894,996	3,879,600	15,396	0%
286,477	1,157,950	1,444,427	<b>NET PATIENT REVENUE</b>	15,582,866	13,895,400	1,687,466	12%
3,242	12,000	15,242	OTHER OPERATING REVENUE	208,305	144,000	64,305	45%
289,719	1,169,950	1,459,669	<b>TOTAL OPERATING REVENUE</b>	15,791,171	14,039,400	1,751,771	12%
194,721	731,670	926,391	SALARIES & WAGES	7,308,744	8,780,040	(1,471,296)	-17%
(381,912)	158,330	(223,582)	EMPLOYEE BENEFITS	2,182,796	1,899,960	282,836	15%
90,904	123,330	214,234	PROFESSIONAL FEES	2,100,058	1,479,960	620,098	42%
(47,565)	112,500	64,935	SUPPLIES	1,281,672	1,350,000	(68,328)	-5%
2,797	21,670	24,467	REPAIRS & MAINTENANCE	238,403	260,040	(21,637)	-8%
317,722	110,000	427,722	PURCHASED SERVICES	1,776,516	1,320,000	456,516	35%
27,976	14,170	42,146	UTILITIES	247,577	170,040	77,537	46%
(10,219)	23,330	13,111	INSURANCE	163,137	279,960	(116,823)	-42%
0		0	INTEREST	0	0	0	#DIV/0!
10,273	38,330	48,603	DEPRECIATION/ AMORTIZATION	540,145	459,960	80,185	17%
44,409	33,330	77,739	OTHER	942,432	399,960	542,472	136%
249,106	1,366,660	1,615,766	<b>TOTAL OPERATING EXPENSES</b>	16,781,480	16,399,920	381,560	2%
40,613	(196,710)	(156,097)	<b>OPERATING PROFIT (LOSS)</b>	(990,309)	(2,360,520)	1,370,211	-58%
(2,500)	95,000	92,500	TAX REVENUE	1,125,855	1,140,000	(14,145)	-1%
684,752	40,000	724,752	OTHER NONOPERATING REV (EXP)	4,631,161	480,000	4,151,161	865%
		0	INTEREST INCOME	31,088			
682,252	135,000	817,252	<b>NET NON OPERATING REV (EXP)</b>	5,788,104	1,620,000	4,168,104	257%
722,865	(61,710)	661,155	<b>NET INCOME (LOSS)</b>	4,797,794	(740,520)	5,538,314	-748%

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

	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22	May 22	June 22	12 Month AVG: Mar '21-Feb 22	YTD - Current Year
Inpatient Daily Hospital Services	223,673	154,457	244,718	219,424	170,256	217,954	170,724	226,213	263,867	217,261	192,011	175,686	206,354	2,476,244
Ancillary Revenue	44,799	54,355	72,321	45,472	40,036	51,743	54,178	57,688	86,204	71,057	64,210	41,791	56,988	683,854
Outpatient Revenue	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	1,414,753	1,463,561	1,359,814	16,317,764
<b>Total Hospital Revenue</b>	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	1,670,974	1,681,038	1,623,155	19,477,862
Contractual Allowances	224,877	457,567	404,071	324,712	415,578	447,106	501,660	508,013	761,987	556,716	615,921	472,276	474,207	5,690,484
Provision for Bad Debts	155,817	210,892	48,684	140,689	54,169	137,821	117,448	118,631	10,157	49,676	17,220	43,045	92,021	1,104,249
Other Allowances/Deductions	83,017	76,635	4,829	39,931	63,107	100,622	38,322	67,521	90,994	52,827	61,168	21,290	58,355	700,263
Other Operating: IGTs & Supplemental	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(3,600,000)
<b>Total Deductions</b>	163,711	445,094	157,584	205,332	232,854	385,549	357,430	394,165	563,138	359,219	394,309	236,611	324,583	3,894,996
Contractual %													20%	20%
<b>Net Patient Revenue</b>	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	1,276,665	1,444,427	1,351,435	15,582,866
Net Revenue %	90%	72%	91%	87%	83%	76%	80%	74%	69%	77%	76%	86%	83%	80%
Other Operating Revenue	14,004	14,615	15,318	14,551	15,668	14,753	34,137	14,219	14,964	26,619	14,215	15,242	17,359	208,305
<b>Total Revenue</b>	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	1,290,880	1,459,669	1,368,794	15,791,171
Salaries & Wages	533,278	543,935	536,284	579,710	564,028	627,862	565,381	562,777	634,230	606,216	628,652	926,391	609,062	7,308,744
Employee Benefits	149,686	158,608	171,366	373,211	181,430	134,580	159,058	247,085	271,899	263,210	296,245	(223,582)	181,900	2,182,796
Professional Fees	142,301	118,353	112,847	112,883	180,917	109,637	112,547	278,975	310,402	178,201	228,761	214,234	175,005	2,100,058
Supplies	157,223	109,110	61,224	106,131	109,659	101,501	182,616	107,907	93,932	68,106	119,328	64,935	106,806	1,281,672
Repairs & Maintenance	16,885	6,638	25,766	20,930	13,640	8,884	12,666	27,885	16,373	43,108	21,161	24,467	19,867	238,403
Purchased Services	139,826	94,063	140,865	125,499	70,442	66,996	132,609	159,060	109,754	87,732	221,948	427,722	148,043	1,776,516
Utilities	17,771	18,077	24,502	30,677	5,875	6,943	4,079	39,491	6,414	32,704	18,898	42,146	20,631	247,577
Insurance	23,430	10,075	11,755	12,982	12,703	13,521	13,112	13,112	13,112	13,112	13,112	13,111	13,595	163,137
Interest														
Depreciation	45,896	45,896	45,896	37,258	45,975	37,021	38,614	49,177	48,603	48,603	48,603	48,603	45,012	540,145
Other Expense	121,049	44,214	152,351	30,170	33,332	211,206	76,536	44,049	55,565	41,975	54,246	77,739	78,536	942,432
<b>Total Expenses</b>	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	1,650,954	1,615,766	1,398,457	16,781,480
Expenses %	92%	99%	83%	106%	105%	105%	88%	138%	122%	111%	128%	111%	102%	6%
<b>Profit/Loss from Operations</b>	123,872	15,646	256,264	(81,967)	(62,624)	(62,979)	181,890	(417,237)	(285,545)	(141,458)	(360,074)	(156,097)	(29,663)	(990,309)
Tax Revenue	95,000	95,000	95,000	92,500	92,500	92,500	100,855	92,500	92,500	92,500	92,500	92,500	93,821	1,125,855
Other Non Operating Rev (Exp)	6,039	3,903	1,574,676	311,075	40,160	244,733	327,636	347,670	383,116	301,936	365,465	724,752	385,930	4,631,161
Interest Income			14,173	31	1,064		6,789			9,031			6,218	31,088
<b>Net Non-operating Rev/(Exp)</b>	101,039	98,903	1,683,849	403,606	133,724	337,233	435,280	440,170	475,616	403,467	457,965	817,252	485,969	5,788,104
<b>NET INCOME/ (LOSS)</b>	224,911	114,549	1,940,113	321,639	71,100	274,254	617,170	22,933	190,071	262,009	97,891	661,155	456,306	4,797,794

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

<b>ASSETS</b>	
<b>Current Assets</b>	
Cash- Checking & Investments	1,227,309
LAIF Account	10,599,344
Humboldt County Property Tax Acct	1,119,622
Patient Accounts Receivable	3,936,767
Less Allowances	2,240,321
Accounts Receivable- Net	1,696,446
Other Receivables	1,019,903
Inventories	184,022
Estimated 3rd Party Settlements	
Prepaid expenses and Deposits	1,169,245
<b>Total current assets</b>	<b>17,015,891</b>
<b>Property and Equipment</b>	
Land	959,877
Land improvements	553,251
Buildings	2,516,797
Equipment	6,117,944
Construction in progress	3,901,331
Total property and equipment	14,049,200
Less : accumulated depreciation	(6,345,119)
Net property and equipment	7,704,081
<b>Other Assets</b>	
Investments	5,852
Total Other Assets	5,852
<b>Total Assets</b>	<b>24,725,824</b>

<b>LIABILITIES &amp; FUND BALANCE</b>	
<b>Current Liabilities</b>	
Accounts Payable	197,742
Accrued Payroll & Related costs	379,621
<b>Other Current Liabilities</b>	
Deferd revenue IGT	
A/R Credit balances	
Medicare Accelerated Payments	2,030,889
Medicare Contingency	2,000,000
Current Portion-Long Term Debt	
Other Short Term Debt - PPP Loan	
Accrued interest	
<b>Total current Liabilities</b>	<b>4,608,252</b>
<b>Long Term Debt, Less Current Portion</b>	
Bonds payable	
HELP II Loan	511,000
Patient Monitor	
GE Finance - CT Scanner	
<b>Total Long-term debt</b>	<b>511,000</b>
<b>Less: Current Portion-Long Term Debt</b>	
<b>Net Long Term Debt</b>	<b>511,000</b>
<b>Equity</b>	
Unrestricted Fund Balance--Prior Years	14,808,778
Net Income (Loss)--Current Year	4,797,794
Restricted Fund Balance	
<b>Total fund balance</b>	<b>19,606,573</b>
<b>Total Liabilities and Fund Balance</b>	<b>24,725,824</b>



**HRG - Key Items:**

- May closed at 82.9 AR days or \$3.9M in Gross AR
- Gross AR reduced by 2.0 days or \$204K
- Cash collections totaled \$1.2M, or 146% of May's net revenue
- Third Party Aging decreased by \$45K, down to 17.5%
- Unbilled AR increased by 0.8 days

**Accounts Receivable** – We are excited to see multiple aspects of the AR trending in a positive direction toward our goals. Notably the reduction in Gross AR, as well as third-party AR which is now under goal and the lowest it has been since last year. Unbilled AR also saw a reduction, and focus is now on the self-pay AR as we try to move that closer to goal.

**Coding Review** — All records have been uploaded for review by third-party coding company. We should have the results of the audit back for our August report as we anticipated.

**Registration Update** – We sent offer letters out to two very promising new PFS staff members and they both accepted. They will begin training simultaneously in the Clinic and the Hospital over the next 6 to 8 weeks. This will allow us to improve our cross-training initiatives and start meeting some of the internal benchmarks we established at the beginning of the year.

**Evening shift** - We have seen the expected improvement in data collection during the added registration shift. This is going help with red flags in our state reporting and gaps in our quality initiatives. The addition of this position has also notability improved process and workflow concerns for Hospital Registration during our day shift.

**OCHIN Epic Update** – Revenue Cycle leadership has completed the required EPIC Hospital Billing (HB) and Cadence/Scheduling training for certification. We will still need to sit for the HB certification exam in the coming weeks. Dr. Marshall is also on course to complete the required physician component which will help us move into the next phase of our training timeline. We are working through some data collection issues and technical concerns, but our project is still on track. We will be inviting our PivotPoint Project Manager to join us on site sometime in July / August and he is looking forward to meeting with the staff to better familiarize himself with their needs.

**Behavioral Health** – The program has officially started, and we saw our first Medicare patient before the end of the fiscal year. Medi-cal and PHC enrollments are still pending, but we should see those within the next month.

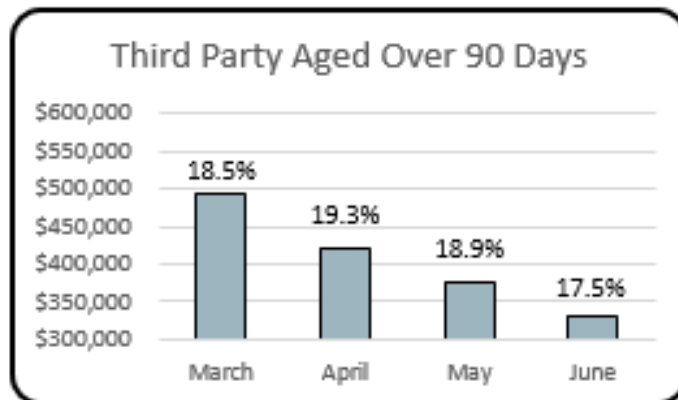
**Mobile Clinic** – The schedule for the mobile clinic has been built and we will begin scheduling for our first Shelter Cove visit in the coming weeks. We will work with the Clinic and Outreach on this project and ensure they have everything they need to be successful.

## Southern Humboldt June 2022



### Key Items

- ➔ May closed at 82.9 AR days or \$3.9M in Gross AR
- ➔ Gross AR reduced by 2.0 days or \$204K
- ➔ Cash collections totaled \$1.2M, or 146% of May's net revenue
- ➔ Third Party Aging decreased by \$45K, down to 17.5%
- ➔ Unbilled AR increased by 0.8 days



### Detailed Initiatives & Obstacles

- **Overall AR:** June closed with \$3.9M in Gross AR or 82.9 AR days. AR is down 2 days from last month and 11.1 days compared to March where AR was up to 94 days. Third Party AR is now well under goal closing with 31.7 days. Unbilled AR is just under 7 days and 4 days outside of goal. Self Pay AR is at 44.3 days and is nearly 20 days from goal. Cash collections came in at \$1.2M, exceeding net revenue by \$382K. Medicare and Blues cash collections both came in well over goal. Based off of the \$1.47M in revenue from June, cash collections are expected to reach \$893K in July.
- **Self Pay (SP) AR:** June closed with 3,173 accounts for \$2.1M in Self Pay equating to 44.3 days in AR. Self Pay collections exceeded \$47K; which is the highest on record this fiscal year. SHCHD sent \$21K to collections and adjusted \$199K off to charity in June. HRG identified nearly 3 days in AR that may be eligible for untimely adjustments due to lack of recent statements, these accounts are currently under review. Self Pay AR has been a focal point in recent months and will continue to be until we reach goal of 26 days.
- **Third Party Aging:** June closed with \$330K in Third Party balances aged over 90 days, totaling 17.5%. There was a decrease of \$45K from May, decreasing the total percentage of aged accounts by 1.4%. Medicare aging decreased by \$34K, and currently sits at 11.8%. Medi-Cal aging decreased by \$19K, and is at 12.7%. This is the lowest we have seen in well over 6 months, and we are within the Medi-Cal goal of 16%. Commercial aging increased by \$10K and ended June at 35.7%. Workers Compensation slightly decreased by about \$1K. Overall, Third Party aging is only now only 2.5% from goal which is set at 15%.

### Industry Updates CMS Terminates Several Waivers Under 1135 Blanket Waiver

In response to the COVID-19 PHE and under the Secretary's authority set out at section 1135 of the Social Security Act, CMS enacted several temporary emergency declaration blanket waivers which were intended to provide health care providers with extra flexibilities required to respond to the COVID-19 pandemic. CMS continues to evaluate the impact of these waivers on patient care and providers along with corresponding data

In May and June, CMS released additional revisions to the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers document terminating several waivers related to Long-Term Care, Skilled Nursing and End-Stage Renal Dialysis facilities.

To review the full changes, please visit <https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf>

Amanda Hornby | Revenue Cycle Director

**Healthcare Resource Group**

Office 509.209.2078 | ahornby@hrgpros.com



# Southern Humboldt Community Healthcare District



## MONTH END FINANCE REPORT

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# June 2022

### Table of Contents

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

# FINANCE DASHBOARD

	Target	January-22	February-22	March-22	April-22	May-22	June-22
<b>REVENUE</b>							
Net Revenue		\$874,317	\$789,633	\$956,179	\$784,060	\$836,078	\$892,707
Gross Revenue		\$1,639,879	\$1,350,122	\$1,639,234	\$1,384,159	\$1,464,711	\$1,474,557
<b>CASH</b>							
Cash Collections as a % of Net Revenue	100%	84%	98%	98%	107%	145%	146%
Cash Collections		\$727,607	\$859,954	\$770,454	\$1,024,101	\$1,137,769	\$1,217,580
<b>ACCOUNTS RECEIVABLE</b>							
Net AR		\$1,835,655	\$2,279,087	\$2,466,209	\$2,143,062	\$1,774,113	\$1,696,446
Gross AR		\$4,379,072	\$4,322,972	\$4,832,867	\$4,350,642	\$4,140,558	\$3,936,767
Unbilled	3	5.5	7.1	4.8	6.9	6.1	6.9
Third Party	34	42.1	34.7	45.1	36.0	33.4	31.7
Self Pay	26	44.0	44.7	44.0	45.6	45.4	44.3
<b>Total Days in AR</b>	<b>63</b>	<b>91.6</b>	<b>86.5</b>	<b>94.0</b>	<b>88.5</b>	<b>84.9</b>	<b>82.9</b>
Days in AR - Credit Balances	< 1	2.04	2.09	2.10	2.25	1.87	1.90
<b>UNBILLED</b>							
In-house	< 2 Days	0.4	0.7	0.2	0.0	0.0	0.2
DNFB	< 1 Day	5.1	6.4	4.6	6.9	6.1	6.7
<b>Total Unbilled</b>	<b>&lt;3 Days</b>	<b>5.5</b>	<b>7.1</b>	<b>4.8</b>	<b>6.9</b>	<b>6.1</b>	<b>6.9</b>

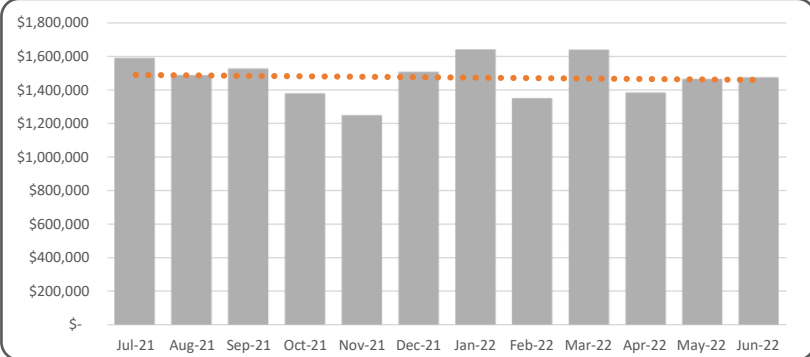
	Target	January-22	February-22	March-22	April-22	May-22	June-22
<b>AGING (excluding credits)</b>							
Medicare Aging > 90 Days	9%	28.4%	17.6%	11.5%	11.6%	12.6%	11.8%
Medicaid Aging > 90 Days	16%	18.3%	20.9%	18.7%	21.0%	17.9%	12.7%
Commercial Aging > 90 Days	18%	20.1%	19.3%	31.0%	30.0%	33.5%	35.7%
Work Comp Aging > 90 Days	36%	29.7%	53.5%	56.4%	49.9%	33.5%	47.4%
<b>Total Third Party Aging &gt; 90 Days</b>	<b>15%</b>	<b>22.1%</b>	<b>19.8%</b>	<b>18.5%</b>	<b>19.3%</b>	<b>18.9%</b>	<b>17.5%</b>
<b>CLAIM SUBMISSION EFFICIENCY</b>							
Claims Submission		2,717   \$ 1,516,636	1,790   \$ 1,676,470	1,501   \$ 1,481,392	2,003   \$ 2,189,220	1,263   \$ 1,451,713	1,794   \$ 1,918,330
Clean Claims	85%	87%	85%	83%	83%	81%	84%
Denial Percent	5%	8%	5%	3%	7%	5%	5%
Total Denial Rate	Count   Amt	106   \$ 114,475	85   \$ 78,246	79   \$ 50,437	136   \$ 98,978	120   \$ 112,468	99   \$ 72,659
Late Charges	Count   Amt	16   \$ 4,924	0   \$ 15,617	3   \$ 186	150   \$ 35,391	76   \$ 8,701	0   \$ 902
Communication Log Backlog		144   \$ 276,915	90   \$ 156,568	26   \$ 146,746	21   \$ 58,931	77   \$ 154,303	100   \$ 157,069

	Target	January-22	February-22	March-22	April-22	May-22	June-22
<b>INVENTORY &amp; QUALITY</b>							
Total Inventory		4,293   \$ 2,103,148	4,408   \$ 2,232,314	3,527   \$ 2,264,662	3,505   \$ 2,240,554	3,344   \$ 2,216,895	3,173   \$ 2,105,043
New		463   \$ 98,347	271   \$ 110,187	313   \$ 110,984	384   \$ 129,050	364   \$ 123,986	422   \$ 196,662
Resolved		128   \$ 13,825	219   \$ 27,153	485   \$ 152,376	1,103   \$ 66,875	459   \$ 114,812	610   \$ 332,592
Aged >120 days from Assignment	< 25%	20.9%	72.2%	71.7%	71.6%	63.4%	60.2%
Total Payment Plans over 120 days		\$19,934	\$18,425	\$8,967	\$9,637	\$23,479	\$28,312
Average Speed to Answer	< 60 seconds	206	134	150	137	112	129
<b>STATEMENTS &amp; LETTERS</b>							
Statements & Letters		248	270	1,380	897	394	1,110
Charity Care Applications In Process		0   \$ -	0   \$ -	0   \$ -	33   \$ 19,674	14   \$ 16,699	37   \$ 26,461
Inbound and Outbound Calls	In   Out	80   67	99   152	326   154	305   455	260   800	231   770
<b>WRITE OFFS</b>							
Bad Debt as a % of Gross Revenue	< 2%	0.0%	0.0%	2.2%	0.0%	1.9%	1.4%
Charity as a % of Gross Revenue	< 2%	0.5%	0.2%	5.6%	6.3%	3.1%	13.5%

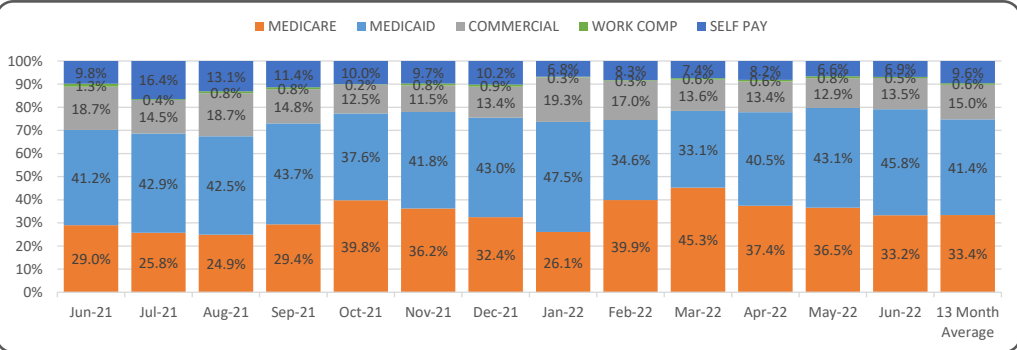
# GROSS REVENUE

PAYER	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
MEDICARE	\$ 443,866	\$ 409,439	\$ 370,915	\$ 448,301	\$ 548,436	\$ 452,536	\$ 489,231	\$ 427,748	\$ 538,639	\$ 742,459	\$ 517,108	\$ 535,226	\$ 490,275	\$ 493,398
MEDICAID	\$ 630,039	\$ 681,573	\$ 632,322	\$ 666,353	\$ 518,532	\$ 522,097	\$ 649,245	\$ 779,456	\$ 466,921	\$ 542,632	\$ 559,974	\$ 631,339	\$ 676,074	\$ 612,043
COMMERCIAL	\$ 286,590	\$ 230,932	\$ 277,534	\$ 225,873	\$ 172,566	\$ 144,086	\$ 202,524	\$ 316,007	\$ 229,347	\$ 222,294	\$ 185,153	\$ 188,623	\$ 199,337	\$ 221,605
WORK COMP	\$ 19,930	\$ 6,551	\$ 12,495	\$ 12,387	\$ 2,285	\$ 10,340	\$ 14,240	\$ 4,843	\$ 3,414	\$ 10,258	\$ 8,879	\$ 12,311	\$ 6,889	\$ 9,602
SELF PAY	\$ 150,492	\$ 261,501	\$ 194,690	\$ 173,622	\$ 137,550	\$ 120,951	\$ 153,177	\$ 111,825	\$ 111,801	\$ 121,591	\$ 113,045	\$ 97,212	\$ 101,982	\$ 142,265
<b>TOTAL</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>\$ 1,464,711</b>	<b>\$ 1,474,557</b>	<b>\$ 1,478,912</b>
<b>AVERAGE DAILY REVENUE</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>\$ 48,784</b>	<b>\$ 47,510</b>	<b>\$ 48,186</b>

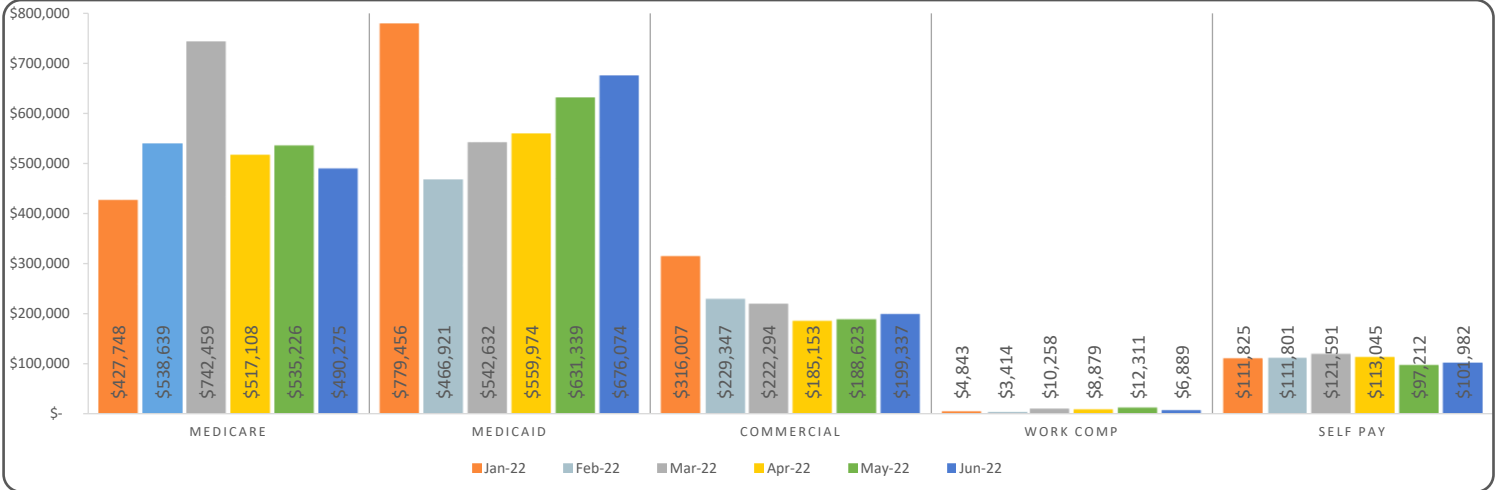
## Gross Revenue



## Payer Mix



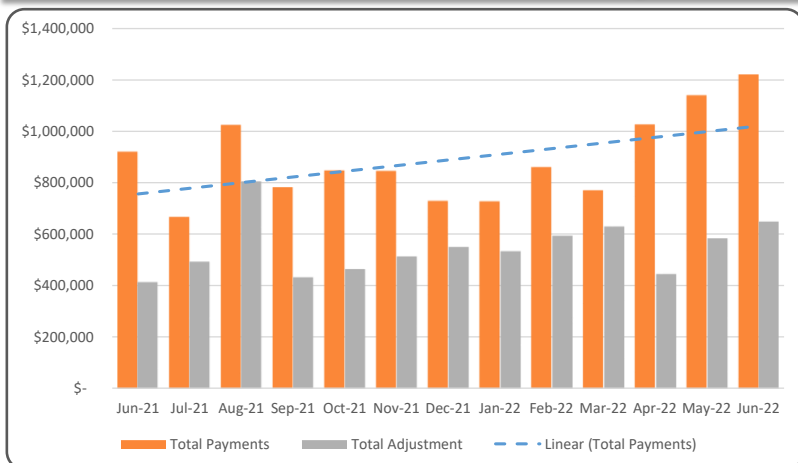
## Revenue Trending By Payer



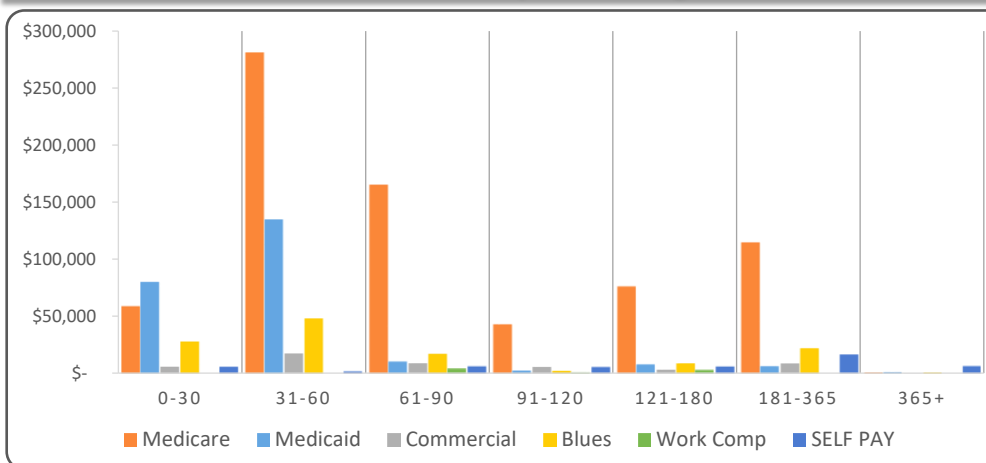
# CASH DETAIL

PAYER	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
<b>MEDICARE</b>														
Payments	\$ 453,734	\$ 312,313	\$ 434,639	\$ 302,872	\$ 324,436	\$ 505,109	\$ 382,225	\$ 353,842	\$ 398,314	\$ 450,962	\$ 491,736	\$ 653,772	\$ 743,061	\$ 446,693
Adjustments	\$ (85,608)	\$ 2,174	\$ (43,612)	\$ (9,988)	\$ 6,310	\$ (103,551)	\$ 97,705	\$ 66,441	\$ 65,484	\$ 85,982	\$ (48,508)	\$ (48,202)	\$ (155,707)	\$ (13,160)
Collection %	123%	99%	111%	103%	98%	126%	80%	84%	86%	84%	111%	108%	127%	103%
<b>MEDICAID</b>														
Payments	\$ 217,061	\$ 200,717	\$ 347,502	\$ 253,418	\$ 317,123	\$ 173,863	\$ 200,547	\$ 212,315	\$ 275,251	\$ 131,928	\$ 327,277	\$ 306,596	\$ 243,359	\$ 246,689
Adjustments	\$ 314,982	\$ 303,594	\$ 482,578	\$ 353,823	\$ 360,075	\$ 273,521	\$ 338,117	\$ 396,591	\$ 445,733	\$ 311,968	\$ 296,009	\$ 471,305	\$ 476,678	\$ 371,152
Collection %	41%	40%	42%	42%	47%	39%	37%	35%	38%	30%	53%	39%	34%	40%
<b>COMMERCIAL</b>														
Payments	\$ 79,894	\$ 44,139	\$ 79,233	\$ 73,099	\$ 90,785	\$ 23,057	\$ 32,890	\$ 42,329	\$ 45,115	\$ 55,397	\$ 94,255	\$ 35,661	\$ 49,987	\$ 57,372
Adjustments	\$ 40,773	\$ 11,792	\$ 30,259	\$ 22,192	\$ 38,548	\$ 15,162	\$ 11,202	\$ 12,751	\$ 9,930	\$ 27,215	\$ 34,954	\$ 19,183	\$ 15,330	\$ 22,253
Collection %	66%	79%	72%	77%	70%	60%	75%	77%	82%	67%	73%	65%	77%	72%
<b>BLUES</b>														
Payments	\$ 118,932	\$ 75,666	\$ 115,131	\$ 97,873	\$ 71,400	\$ 109,199	\$ 88,547	\$ 95,349	\$ 107,252	\$ 95,023	\$ 66,073	\$ 86,067	\$ 125,891	\$ 96,339
Adjustments	\$ 26,324	\$ 51,912	\$ 48,423	\$ 37,614	\$ 31,797	\$ 46,032	\$ 35,632	\$ 34,181	\$ 58,967	\$ 39,602	\$ 35,755	\$ 42,946	\$ 57,868	\$ 42,081
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	65%	71%	65%	67%	69%	67%
<b>WORK COMP</b>														
Payments	\$ 5,617	\$ 2,700	\$ 2,674	\$ 12,018	\$ 7,004	\$ 8,873	\$ 5,181	\$ 4,469	\$ 1,631	\$ 7,429	\$ 1,482	\$ 9,756	\$ 7,723	\$ 5,889
Adjustments	\$ 1,441	\$ 1,073	\$ 4,080	\$ 2,958	\$ 3,282	\$ 5,576	\$ 3,131	\$ 1,731	\$ 1,688	\$ 3,695	\$ 1,463	\$ 4,651	\$ 5,630	\$ 3,108
Collection %	80%	72%	40%	80%	68%	61%	62%	72%	49%	67%	50%	68%	58%	64%
<b>SELF PAY</b>														
Payments	\$ 37,654	\$ 25,468	\$ 39,318	\$ 40,860	\$ 32,085	\$ 24,686	\$ 17,085	\$ 18,553	\$ 29,302	\$ 29,539	\$ 42,539	\$ 45,773	\$ 47,380	\$ 33,096
Bad Debt Recoveries	\$ 6,515	\$ 6,775	\$ 4,111	\$ 1,927	\$ 4,291	\$ 291	\$ 2,711	\$ 751	\$ 3,090	\$ 174	\$ 739	\$ 144	\$ 179	\$ 2,438
Adjustments	\$ 25,627	\$ 39,124	\$ 24,880	\$ 10,968	\$ 11,569	\$ 8,579	\$ 23,588	\$ 12,037	\$ 7,658	\$ 29,539	\$ 36,623	\$ 18,153	\$ 26,050	\$ 21,107
Charity Care	\$ 9,813	\$ 5,845	\$ 210,892	\$ 5,495	\$ 3,409	\$ 107,586	\$ 6,325	\$ 7,646	\$ 2,062	\$ 92,241	\$ 87,222	\$ 45,909	\$ 199,419	\$ 60,297
Bad Debt	\$ 78,584	\$ 75,234	\$ 43,004	\$ 7,470	\$ 6,828	\$ 158,775	\$ 31,967	\$ -	\$ -	\$ 35,941	\$ -	\$ 27,754	\$ 21,026	\$ 37,430
Total SP Adjustments	\$ 114,024	\$ 120,203	\$ 278,776	\$ 23,933	\$ 21,806	\$ 274,940	\$ 61,879	\$ 19,682	\$ 9,721	\$ 157,722	\$ 123,845	\$ 91,816	\$ 246,494	\$ 118,834
Collection %	25%	17%	12%	63%	60%	8%	22%	49%	75%	16%	26%	33%	16%	32%
<b>TOTAL</b>														
Total Payments	\$ 919,408	\$ 667,778	\$ 1,022,607	\$ 782,067	\$ 847,125	\$ 845,077	\$ 729,186	\$ 727,607	\$ 859,954	\$ 770,454	\$ 1,024,101	\$ 1,137,769	\$ 1,217,580	\$ 888,516
Total Adjustment	\$ 411,937	\$ 490,749	\$ 800,505	\$ 430,532	\$ 461,817	\$ 511,680	\$ 547,667	\$ 531,378	\$ 591,522	\$ 626,184	\$ 443,517	\$ 581,700	\$ 646,293	\$ 425,434
Total Collection %	69%	58%	56%	64%	65%	62%	57%	58%	59%	55%	70%	66%	65%	62%

### Cash & Adjustment Trending

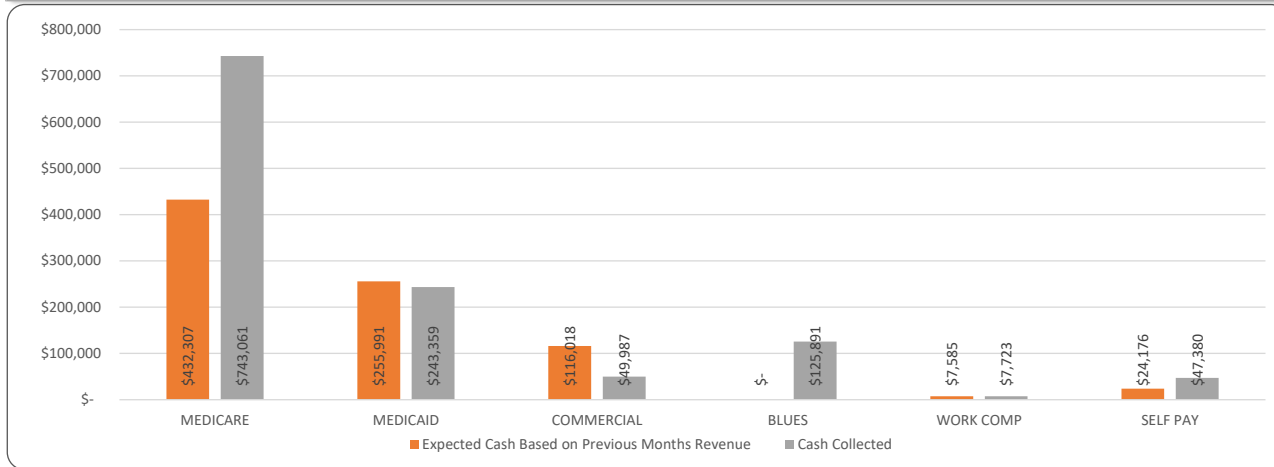


### Cash Collections by Discharge Date

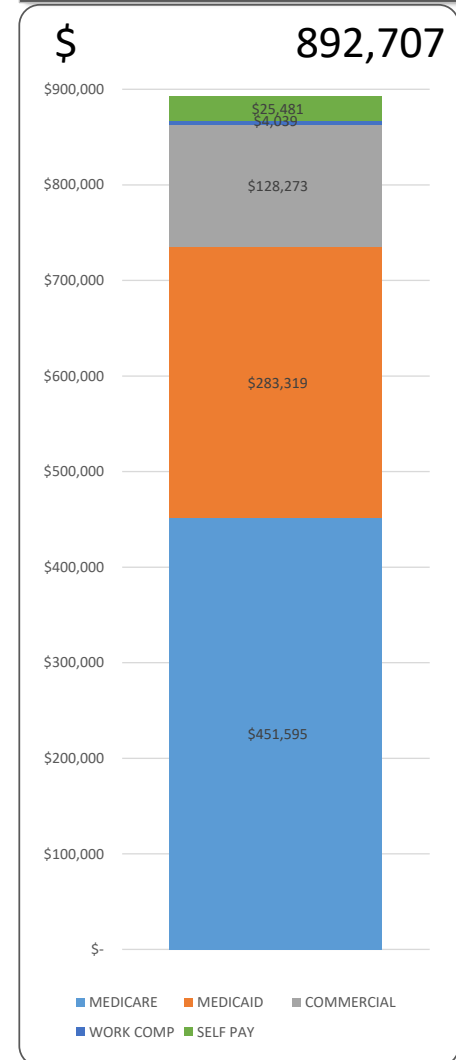


# CASH FORECASTING

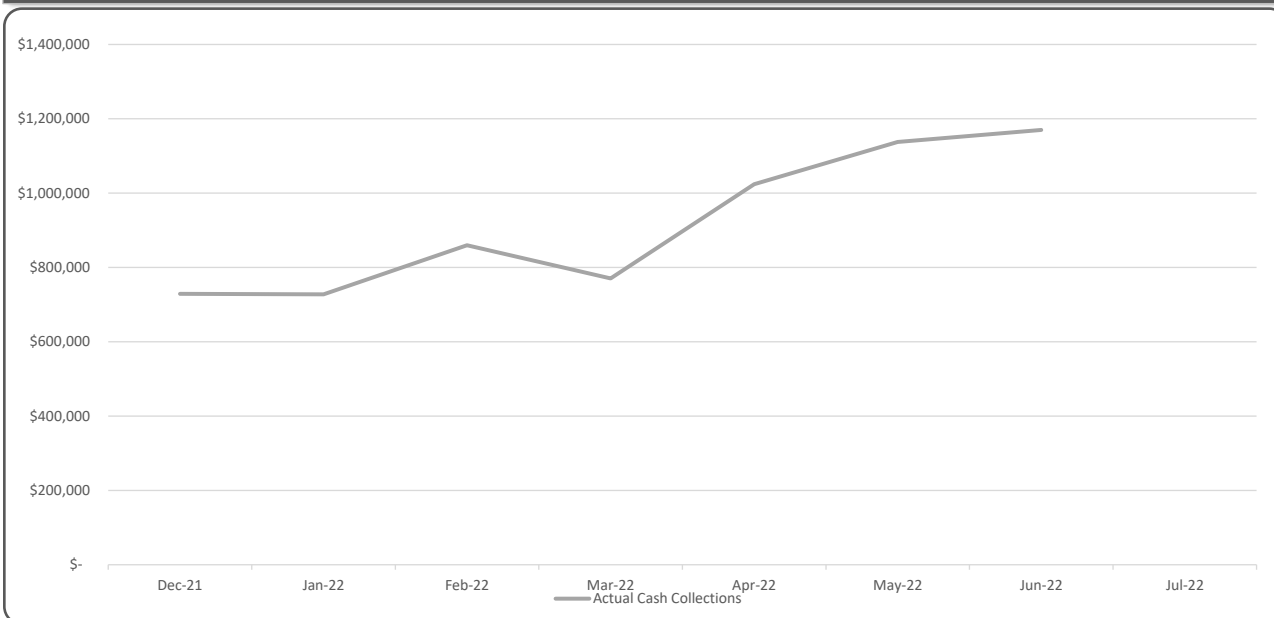
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month (Based on this Months Revenue)



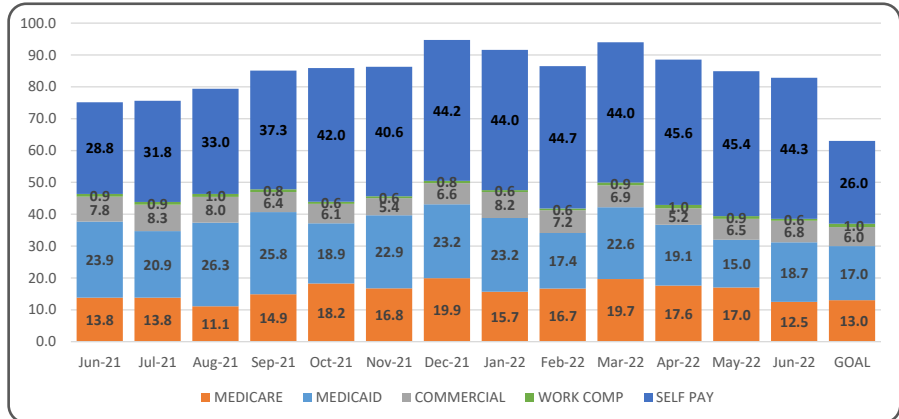
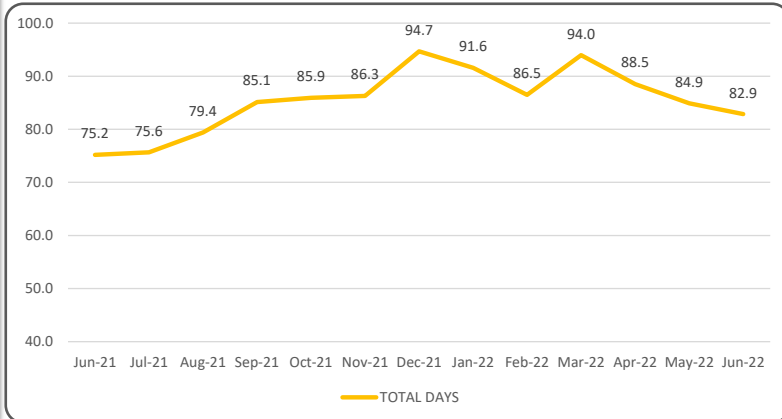
Expected Cash Based on Claim Submissions and Historical Collections



# ACCOUNTS RECEIVABLE

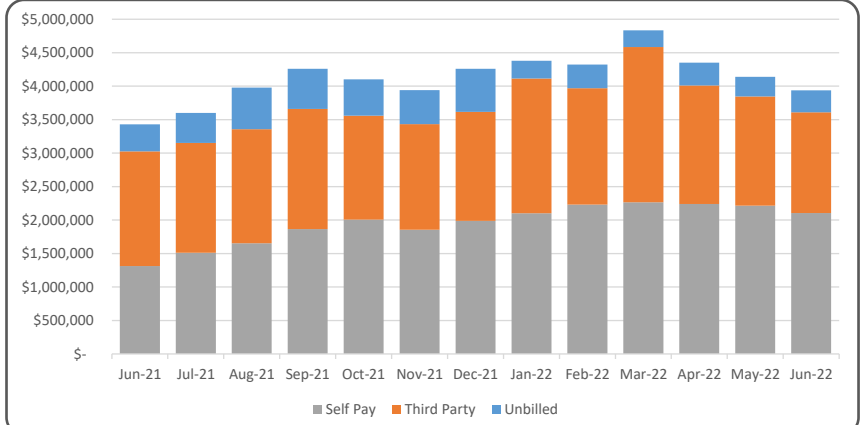
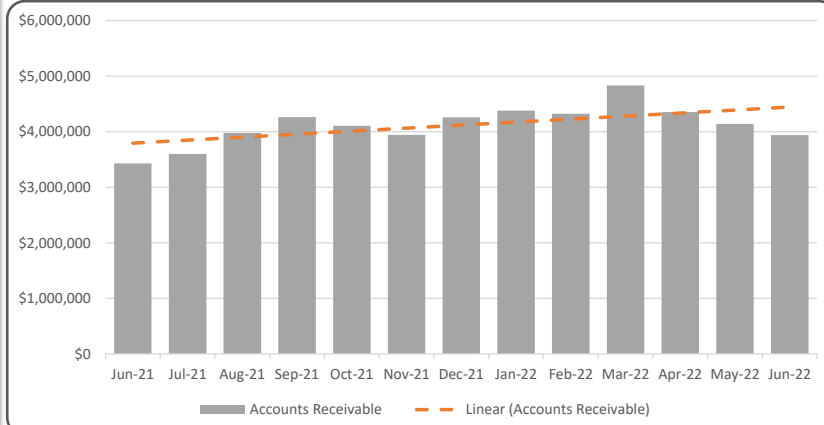
AR Days

PAYER	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
MEDICARE	13.8	13.8	11.1	14.9	18.2	16.8	19.9	15.7	16.7	19.7	17.6	17.0	12.5	16.0
MEDICAID	23.9	20.9	26.3	25.8	18.9	22.9	23.2	23.2	17.4	22.6	19.1	15.0	18.7	21.4
COMMERCIAL	7.8	8.3	8.0	6.4	6.1	5.4	6.6	8.2	7.2	6.9	5.2	6.5	6.8	6.9
WORK COMP	0.9	0.9	1.0	0.8	0.6	0.6	0.8	0.6	0.6	0.9	1.0	0.9	0.6	0.8
SELF PAY	28.8	31.8	33.0	37.3	42.0	40.6	44.2	44.0	44.7	44.0	45.6	45.4	44.3	40.4
<b>TOTAL DAYS</b>	<b>75.2</b>	<b>75.6</b>	<b>79.4</b>	<b>85.1</b>	<b>85.9</b>	<b>86.3</b>	<b>94.7</b>	<b>91.6</b>	<b>86.5</b>	<b>94.0</b>	<b>88.5</b>	<b>84.9</b>	<b>82.9</b>	<b>85.4</b>



AR Balance

PAYER	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
MEDICARE	\$ 630,044	\$ 658,291	\$ 557,543	\$ 744,813	\$ 871,052	\$ 765,280	\$ 895,860	\$ 748,436	\$ 834,221	\$ 1,011,373	\$ 864,590	\$ 828,105	\$ 593,780	\$ 769,491
MEDICAID	\$ 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	\$ 733,511	\$ 888,101	\$ 1,029,462
COMMERCIAL	\$ 355,123	\$ 396,231	\$ 403,116	\$ 318,247	\$ 290,697	\$ 245,343	\$ 297,214	\$ 390,942	\$ 357,842	\$ 352,803	\$ 255,074	\$ 319,138	\$ 321,984	\$ 331,058
WORK COMP	\$ 40,405	\$ 41,719	\$ 48,151	\$ 42,074	\$ 30,405	\$ 26,812	\$ 34,458	\$ 29,721	\$ 28,217	\$ 44,031	\$ 50,949	\$ 42,910	\$ 27,858	\$ 37,516
SELF PAY	\$ 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	\$ 2,216,895	\$ 2,105,043	\$ 1,950,464
<b>TOTAL</b>	<b>\$ 3,429,267</b>	<b>\$ 3,600,312</b>	<b>\$ 3,977,473</b>	<b>\$ 4,260,844</b>	<b>\$ 4,103,537</b>	<b>\$ 3,941,004</b>	<b>\$ 4,258,570</b>	<b>\$ 4,379,072</b>	<b>\$ 4,322,972</b>	<b>\$ 4,832,867</b>	<b>\$ 4,350,642</b>	<b>\$ 4,140,558</b>	<b>\$ 3,936,767</b>	<b>\$ 4,117,991</b>

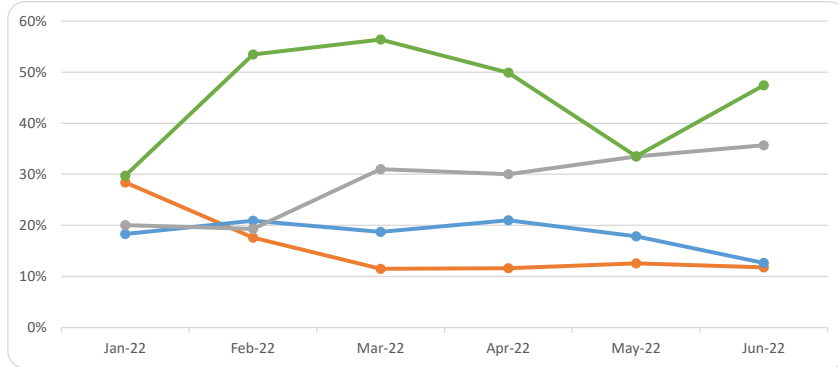




# ACCOUNTS RECEIVABLE AGING

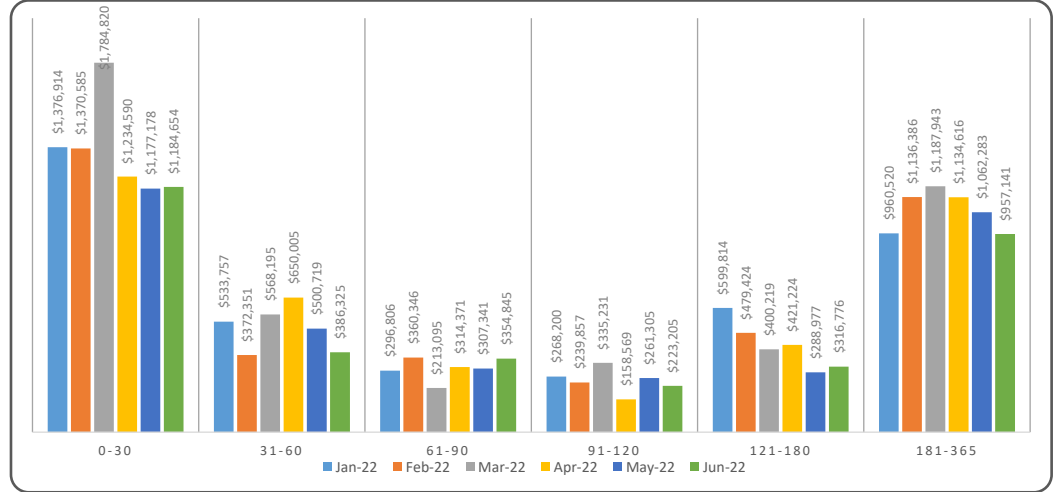
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
<b>MEDICARE</b>																
Non-Credit	297	\$ 352,454	87	\$ 77,193	48	\$ 97,690	10	\$ 48,248	7	\$ 4,431	5	\$ 13,363	8	\$ 4,342	462	\$ 597,722
Credit	0	\$ -	0	\$ -	0	\$ -	1	\$ (10)	2	\$ (183)	1	\$ (97)	2	\$ (3,652)	6	\$ (3,941)
<b>TOTAL</b>	<b>297</b>	<b>\$ 352,454</b>	<b>87</b>	<b>\$ 77,193</b>	<b>48</b>	<b>\$ 97,690</b>	<b>11</b>	<b>\$ 48,238</b>	<b>9</b>	<b>\$ 4,248</b>	<b>6</b>	<b>\$ 13,267</b>	<b>10</b>	<b>\$ 690</b>	<b>468</b>	<b>\$ 593,780</b>
<b>MEDICAID</b>																
Non-Credit	317	\$ 548,888	174	\$ 144,899	119	\$ 83,510	33	\$ 16,213	22	\$ 32,653	29	\$ 33,478	24	\$ 30,250	718	\$ 889,890
Credit	1	\$ (198)	1	\$ (81)	0	\$ -	0	\$ -	0	\$ -	2	\$ (897)	9	\$ (613)	13	\$ (1,789)
<b>TOTAL</b>	<b>318</b>	<b>\$ 548,691</b>	<b>175</b>	<b>\$ 144,818</b>	<b>119</b>	<b>\$ 83,510</b>	<b>33</b>	<b>\$ 16,213</b>	<b>22</b>	<b>\$ 32,653</b>	<b>31</b>	<b>\$ 32,580</b>	<b>33</b>	<b>\$ 29,637</b>	<b>731</b>	<b>\$ 888,101</b>
<b>COMMERCIAL</b>																
Non-Credit	284	\$ 169,409	164	\$ 45,614	53	\$ 24,492	28	\$ 30,721	41	\$ 48,236	50	\$ 29,331	37	\$ 24,642	657	\$ 372,445
Credit	12	\$ (270)	3	\$ (108)	5	\$ (1,153)	6	\$ (579)	13	\$ (3,531)	27	\$ (2,858)	297	\$ (41,961)	363	\$ (50,461)
<b>TOTAL</b>	<b>296</b>	<b>\$ 169,139</b>	<b>167</b>	<b>\$ 45,506</b>	<b>58</b>	<b>\$ 23,338</b>	<b>34</b>	<b>\$ 30,142</b>	<b>54</b>	<b>\$ 44,705</b>	<b>77</b>	<b>\$ 26,473</b>	<b>334</b>	<b>\$ (17,320)</b>	<b>1020</b>	<b>\$ 321,984</b>
<b>WORK COMP</b>																
Non-Credit	18	\$ 3,612	13	\$ 8,926	9	\$ 3,055	3	\$ 4,331	4	\$ 1,127	9	\$ 6,116	6	\$ 2,492	62	\$ 29,658
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	1	\$ (295)	4	\$ (282)	4	\$ (1,224)	9	\$ (1,801)
<b>TOTAL</b>	<b>18</b>	<b>\$ 3,612</b>	<b>13</b>	<b>\$ 8,926</b>	<b>9</b>	<b>\$ 3,055</b>	<b>3</b>	<b>\$ 4,331</b>	<b>5</b>	<b>\$ 832</b>	<b>13</b>	<b>\$ 5,833</b>	<b>10</b>	<b>\$ 1,269</b>	<b>71</b>	<b>\$ 27,858</b>
<b>SELF PAY</b>																
Non-Credit	145	\$ 112,473	217	\$ 110,191	222	\$ 147,966	237	\$ 124,586	338	\$ 234,950	1043	\$ 888,382	698	\$ 518,887	2900	\$ 2,137,435
Credit	9	\$ (1,714)	2	\$ (310)	6	\$ (714)	3	\$ (303)	9	\$ (612)	30	\$ (9,394)	214	\$ (19,343)	273	\$ (32,391)
<b>TOTAL</b>	<b>154</b>	<b>\$ 110,759</b>	<b>219</b>	<b>\$ 109,881</b>	<b>228</b>	<b>\$ 147,252</b>	<b>240</b>	<b>\$ 124,282</b>	<b>347</b>	<b>\$ 234,338</b>	<b>1073</b>	<b>\$ 878,988</b>	<b>912</b>	<b>\$ 499,544</b>	<b>3173</b>	<b>\$ 2,105,043</b>
<b>ACCOUNTS RECEIVABLE</b>																
Non-Credit	1061	\$ 1,186,836	655	\$ 386,824	451	\$ 356,713	311	\$ 224,098	412	\$ 321,397	1136	\$ 970,669	773	\$ 580,613	4799	\$ 4,027,150
Credit	22	\$ (2,182)	6	\$ (499)	11	\$ (1,868)	10	\$ (893)	25	\$ (4,621)	64	\$ (13,528)	526	\$ (66,793)	664	\$ (90,383)
<b>GRAND TOTAL</b>	<b>1083</b>	<b>\$ 1,184,654</b>	<b>661</b>	<b>\$ 386,325</b>	<b>462</b>	<b>\$ 354,845</b>	<b>321</b>	<b>\$ 223,205</b>	<b>437</b>	<b>\$ 316,776</b>	<b>1200</b>	<b>\$ 957,141</b>	<b>1299</b>	<b>\$ 513,820</b>	<b>5463</b>	<b>\$ 3,936,767</b>

## Aged Over 90 Days Trending (excluding Credits)



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Medicare	28.4%	17.6%	11.5%	11.6%	12.6%	11.8%
Medicaid	18.3%	20.9%	18.7%	21.0%	17.9%	12.7%
Commercial	20.1%	19.3%	31.0%	30.0%	33.5%	35.7%
Work Comp	29.7%	53.5%	56.4%	49.9%	33.5%	47.4%

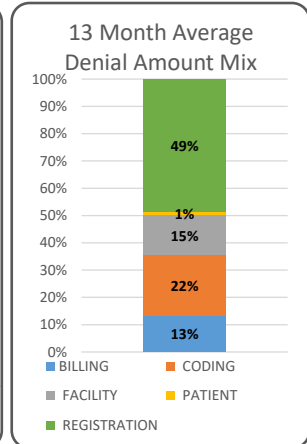
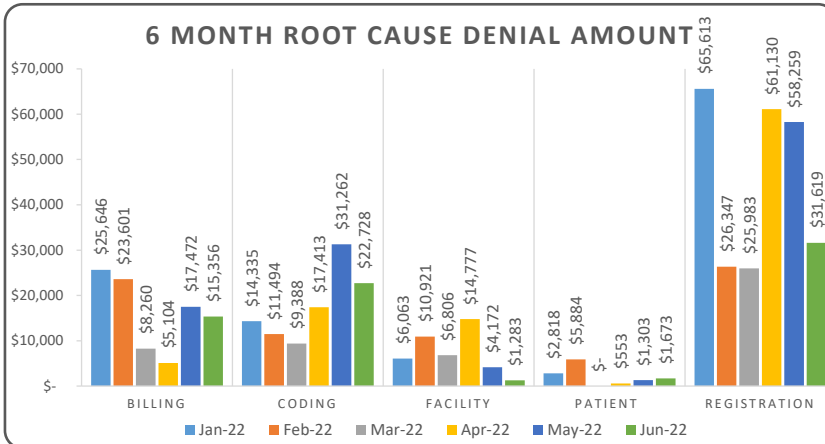
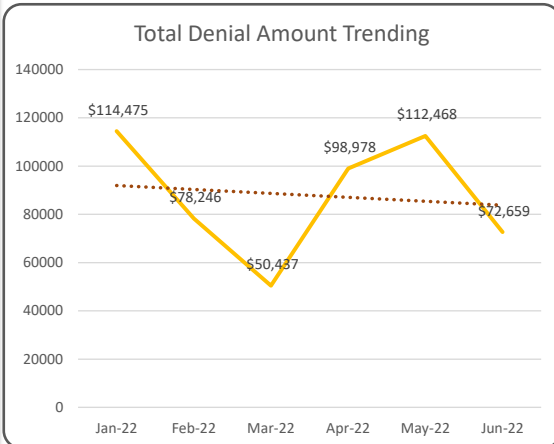
## 6 Month Aging



# DENIAL MANAGEMENT

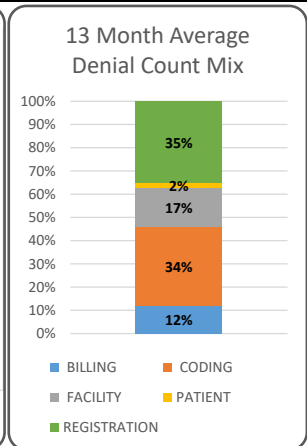
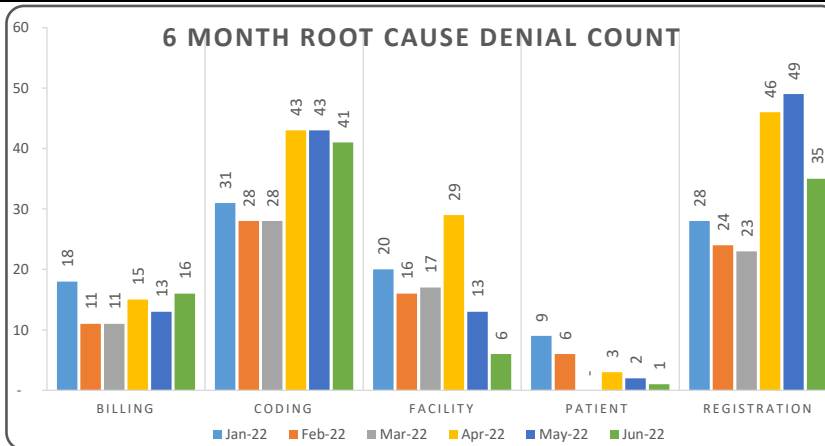
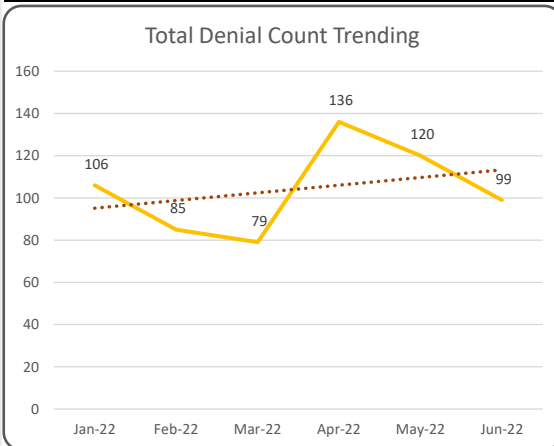
Denial Amount

AMOUNT	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
BILLING	\$ 11,792	\$ 1,998	\$ 3,398	\$ 117	\$ 2,474	\$ 10,145	\$ 1,101	\$ 25,646	\$ 23,601	\$ 8,260	\$ 5,104	\$ 17,472	\$ 15,356	\$ 9,728
CODING	\$ 12,287	\$ 9,608	\$ 14,195	\$ 21,686	\$ 21,682	\$ 15,242	\$ 8,452	\$ 14,335	\$ 11,494	\$ 9,388	\$ 17,413	\$ 31,262	\$ 22,728	\$ 16,136
FACILITY	\$ 16,009	\$ 17,957	\$ 4,483	\$ 14,765	\$ 25,690	\$ 14,464	\$ 1,136	\$ 6,063	\$ 10,921	\$ 6,806	\$ 14,777	\$ 4,172	\$ 1,283	\$ 10,656
PATIENT	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 427	\$ 2,818	\$ 5,884	\$ -	\$ 553	\$ 1,303	\$ 1,673	\$ 984
REGISTRATION	\$ 11,848	\$ 37,102	\$ 9,177	\$ 37,299	\$ 16,405	\$ 25,601	\$ 53,474	\$ 65,613	\$ 26,347	\$ 25,983	\$ 61,130	\$ 58,259	\$ 31,619	\$ 35,374
<b>TOTAL</b>	<b>\$ 52,070</b>	<b>\$ 66,666</b>	<b>\$ 31,251</b>	<b>\$ 73,865</b>	<b>\$ 66,251</b>	<b>\$ 65,452</b>	<b>\$ 64,589</b>	<b>\$ 114,475</b>	<b>\$ 78,246</b>	<b>\$ 50,437</b>	<b>\$ 98,978</b>	<b>\$ 112,468</b>	<b>\$ 72,659</b>	<b>\$ 72,877</b>



Denial Count

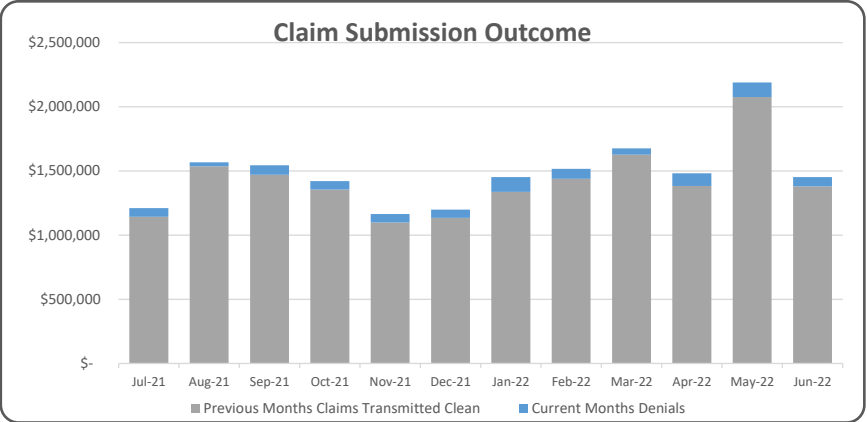
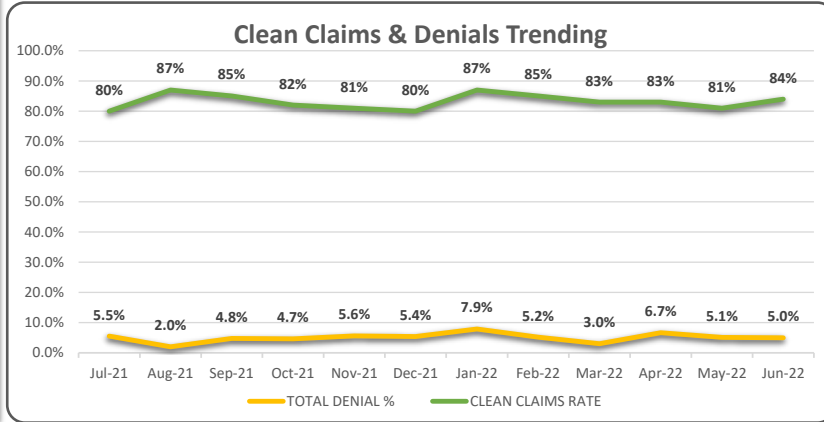
COUNT	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
BILLING	6	7	16	1	11	13	7	18	11	11	15	13	16	11
CODING	31	24	39	22	31	28	22	31	28	28	43	43	41	32
FACILITY	19	18	14	21	15	12	5	20	16	17	29	13	6	16
PATIENT	1	-	-	-	-	-	1	9	6	-	3	2	1	2
REGISTRATION	22	27	37	49	24	37	26	28	24	23	46	49	35	33
<b>TOTAL</b>	<b>79</b>	<b>76</b>	<b>106</b>	<b>93</b>	<b>81</b>	<b>90</b>	<b>61</b>	<b>106</b>	<b>85</b>	<b>79</b>	<b>136</b>	<b>120</b>	<b>99</b>	<b>93</b>



# CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

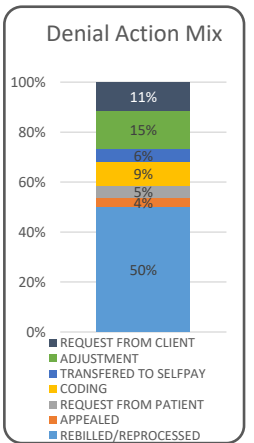
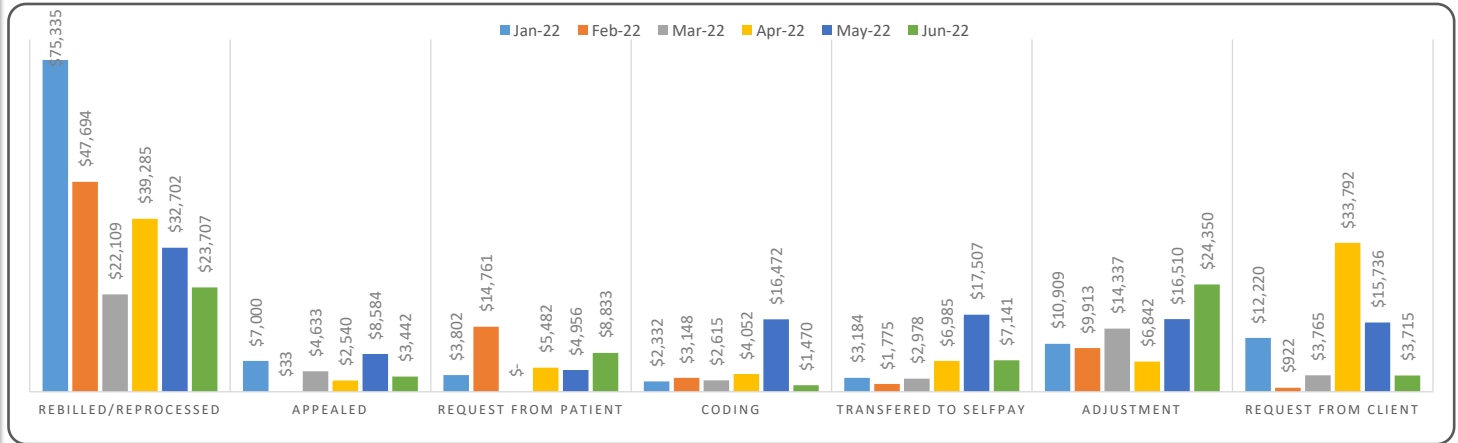
Denial & Clean Claim Trending

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
<b>DENIAL AMOUNT</b>	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,475	\$ 78,246	\$ 50,437	\$ 98,978	\$ 112,468	\$ 72,659	\$ 72,877
<b>PREVIOUS MONTH'S TRANSMITTED CLAIMS</b>	\$ 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	\$ 2,189,220	\$ 1,451,713	\$ 1,482,827
<b>TOTAL DENIAL %</b>	3.7%	5.5%	2.0%	4.8%	4.7%	5.6%	5.4%	7.9%	5.2%	3.0%	6.7%	5.1%	5.0%	5.0%
<b>CLEAN CLAIMS RATE</b>	86%	80%	87%	85%	82%	81%	80%	87%	85%	83%	83%	81%	84%	83%



Action Taken on Denials

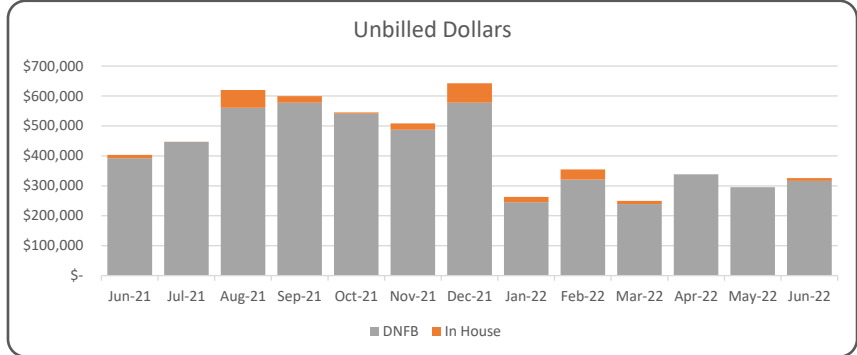
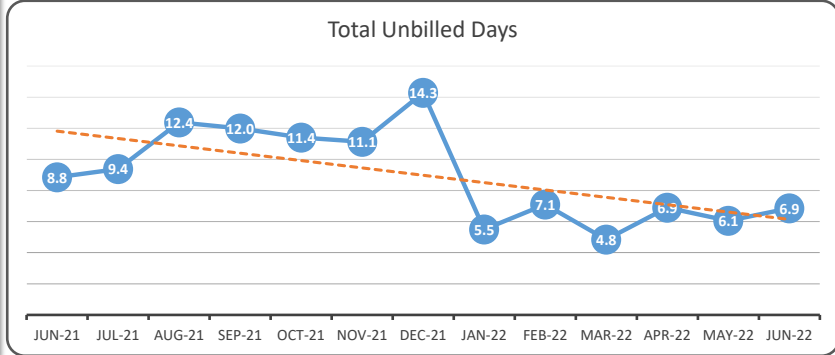
DENIAL ACTION	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
<b>REBILLED/REPROCESSED</b>	\$ 10,611	\$ 30,251	\$ 14,702	\$ 51,694	\$ 38,681	\$ 35,679	\$ 52,815	\$ 75,335	\$ 47,694	\$ 22,109	\$ 39,285	\$ 32,702	\$ 23,707	\$ 36,559
<b>APPEALED</b>	\$ 207	\$ 366	\$ 2,365	\$ 330	\$ 388	\$ 937	\$ 2,706	\$ 7,000	\$ 33	\$ 4,633	\$ 2,540	\$ 8,584	\$ 3,442	\$ 2,579
<b>REQUEST FROM PATIENT</b>	\$ 133	\$ -	\$ -	\$ 267	\$ 8,508	\$ -	\$ 939	\$ 3,802	\$ 14,761	\$ -	\$ 5,482	\$ 4,956	\$ 8,833	\$ 3,668
<b>CODING</b>	\$ 18,699	\$ 16,350	\$ 844	\$ 13,297	\$ 3,478	\$ 4,435	\$ 109	\$ 2,332	\$ 3,148	\$ 2,615	\$ 4,052	\$ 16,472	\$ 1,470	\$ 6,715
<b>TRANSFERRED TO SELFPAY</b>	\$ 220	\$ 1,586	\$ 3,224	\$ 2,706	\$ 2,064	\$ 2,757	\$ 509	\$ 3,184	\$ 1,775	\$ 2,978	\$ 6,985	\$ 17,507	\$ 7,141	\$ 4,049
<b>ADJUSTMENT</b>	\$ 17,602	\$ 9,083	\$ 4,031	\$ 3,538	\$ 7,752	\$ 13,772	\$ 6,476	\$ 10,909	\$ 9,913	\$ 14,337	\$ 6,842	\$ 16,510	\$ 24,350	\$ 11,163
<b>REQUEST FROM CLIENT</b>	\$ 4,598	\$ 9,030	\$ 6,086	\$ 2,034	\$ 5,379	\$ 7,873	\$ 1,034	\$ 12,220	\$ 922	\$ 3,765	\$ 33,792	\$ 15,736	\$ 3,715	\$ 8,168
<b>TOTAL</b>	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,782	\$ 78,246	\$ 50,437	\$ 98,978	\$ 112,468	\$ 72,659	\$ 72,901



# UNBILLED & INVENTORY

Unbilled

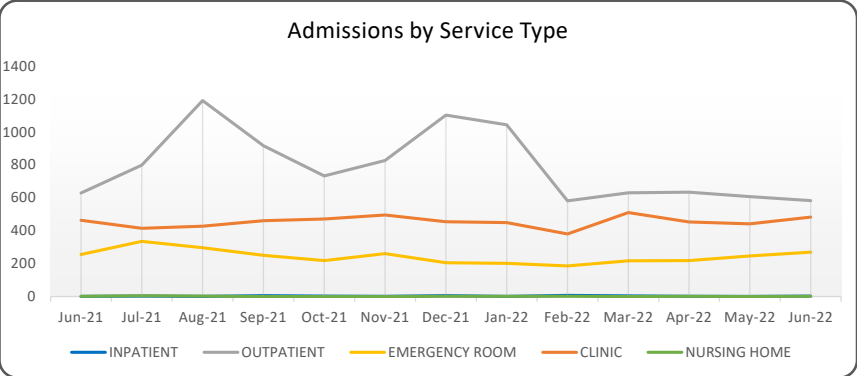
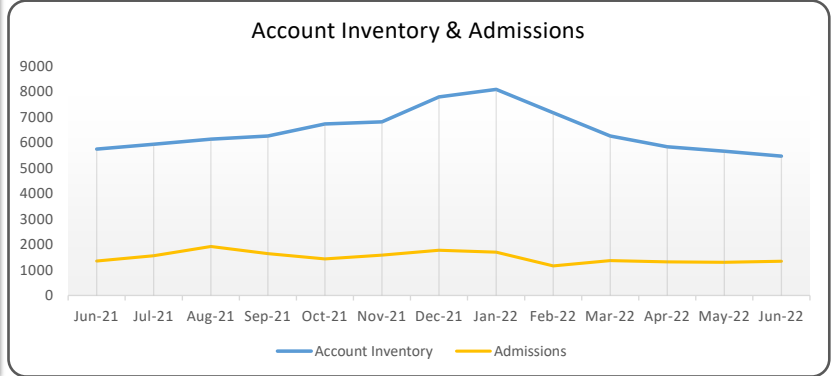
	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
<b>In House</b>	\$ 11,541	\$ 267	\$ 59,277	\$ 22,170	\$ 3,706	\$ 20,857	\$ 64,355	\$ 17,753	\$ 34,167	\$ 10,466	\$ -	\$ -	\$ 9,182	\$ 19,519
<b>DNFB</b>	\$ 392,046	\$ 446,371	\$ 560,649	\$ 577,639	\$ 541,096	\$ 487,338	\$ 577,901	\$ 245,224	\$ 320,765	\$ 238,954	\$ 338,650	\$ 295,441	\$ 316,709	\$ 410,676
<b>Total Unbilled</b>	\$ 403,587	\$ 446,637	\$ 619,925	\$ 599,809	\$ 544,802	\$ 508,195	\$ 642,256	\$ 262,978	\$ 354,932	\$ 249,420	\$ 338,650	\$ 295,441	\$ 325,891	\$ 430,194
<b>Unbilled Days</b>	8.8	9.4	12.4	12.0	11.4	11.1	14.3	5.5	7.1	4.8	6.9	6.1	6.9	9.0



Admissions & Account Inventory

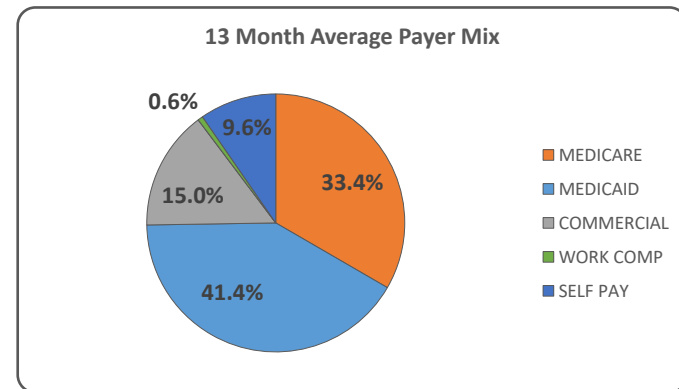
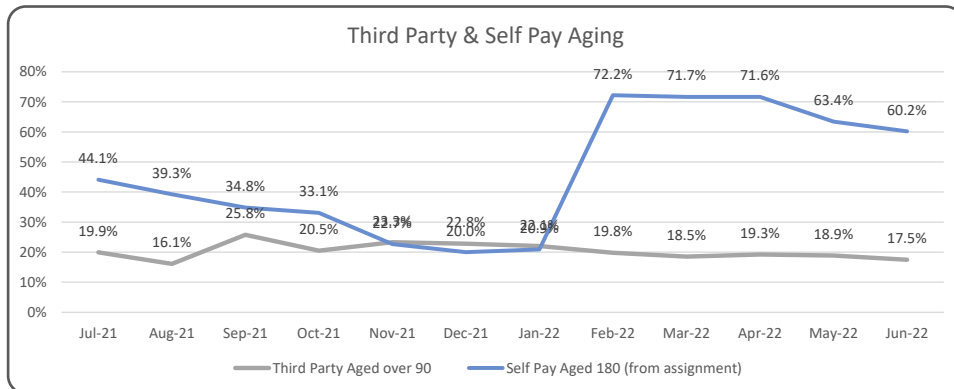
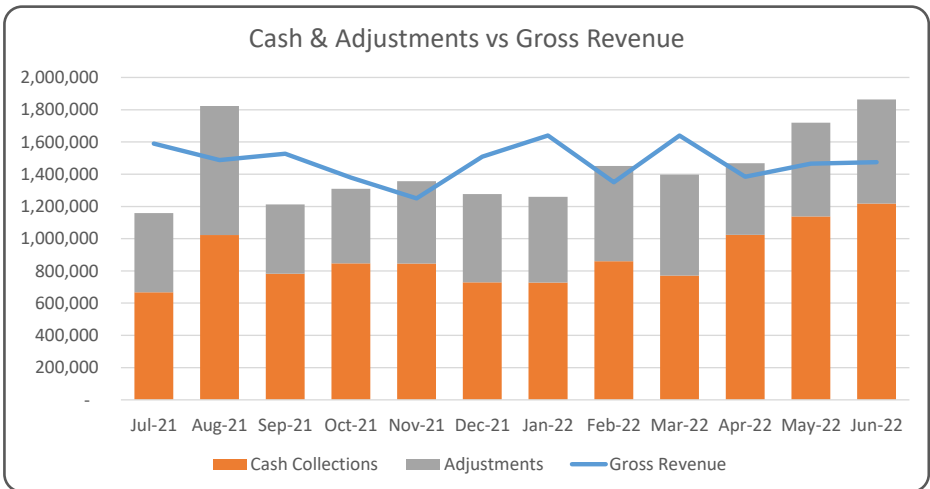
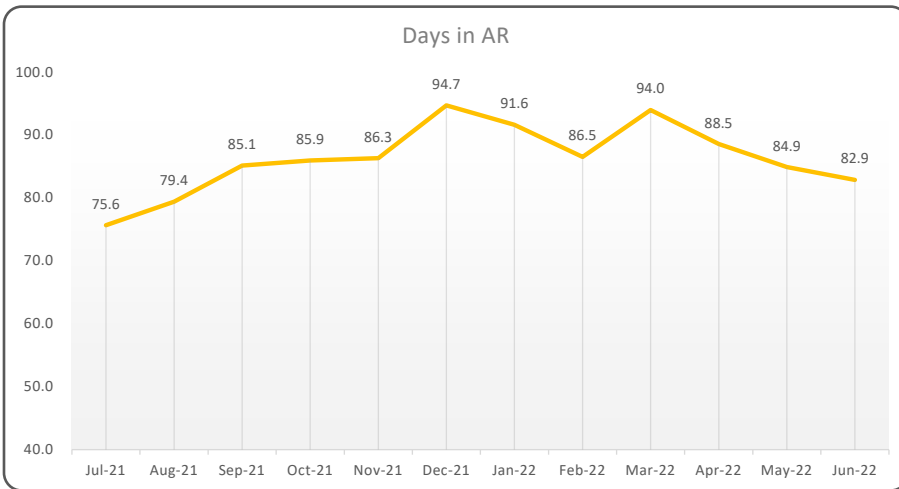
ADMISSIONS	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
<b>INPATIENT</b>	1	3	1	6	3	2	5	1	7	4	2	1	3	3
<b>SWINGBED</b>	2	2	2	3	5	2	3	1	4	5	5	1	1	3
<b>OUTPATIENT</b>	629	798	1,190	916	733	826	1,102	1,043	581	630	634	607	582	790
<b>EMERGENCY ROOM</b>	256	335	297	250	218	260	205	202	186	217	218	246	270	243
<b>CLINIC</b>	463	414	427	461	471	495	454	449	380	510	453	442	482	454
<b>NURSING HOME</b>	1	5	3	0	0	0	1	1	1	0	1	0	2	1
<b>TOTAL</b>	1,352	1,557	1,920	1,636	1,430	1,585	1,770	1,697	1,159	1,366	1,313	1,297	1,340	1494

ACCOUNT INVENTORY	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	13 Month Average
<b>MEDICARE</b>	1,434	796	632	657	886	869	1,543	1,294	662	578	556	561	468	841
<b>MEDICAID</b>	808	856	922	832	779	862	911	1,073	799	1,010	714	726	731	848
<b>COMMERCIAL</b>	1,039	1,377	1,201	1,117	1,111	1,119	1,193	1,339	1,214	1,046	964	938	1,020	1,129
<b>WORK COMP</b>	113	99	103	100	89	83	80	81	82	95	95	85	71	90
<b>SELF PAY</b>	2,344	2,805	3,271	3,545	3,862	3,872	4,058	4,293	4,408	3,527	3,505	3,344	3,173	3,539
<b>TOTAL</b>	5,738	5,933	6,129	6,251	6,727	6,805	7,785	8,080	7,165	6,256	5,834	5,654	5,463	6,448



# Southern Humboldt Community Healthcare District Executive Dashboard

	TARGET	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
<b>Days in AR</b>	<b>63.0</b>	<b>75.6</b>	<b>79.4</b>	<b>85.1</b>	<b>85.9</b>	<b>86.3</b>	<b>94.7</b>	<b>91.6</b>	<b>86.5</b>	<b>94.0</b>	<b>88.5</b>	<b>84.9</b>	<b>82.9</b>
Gross AR		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	4,140,558	3,936,767
Gross Revenue		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	1,464,711	1,474,557
Cash Collections		667,778	1,022,607	782,067	847,125	845,077	729,186	727,607	859,954	770,454	1,024,101	1,137,769	1,217,580
Adjustments		490,749	800,505	430,532	461,817	511,680	547,667	531,378	591,522	626,184	443,517	581,700	646,293
Collection %		57.6%	56.1%	64.5%	64.7%	62.3%	57.1%	57.8%	59.2%	55.2%	69.8%	66.2%	65.3%
Late Charges	<b>1%</b>	0.1%	-0.1%	0.0%	0.0%	2.2%	1.4%	0.3%	1.2%	0.0%	2.6%	0.6%	0.1%
Bad Debt	<b>3%</b>	4.7%	2.9%	0.5%	0.5%	12.7%	2.1%	0.0%	0.0%	2.2%	0.0%	1.9%	1.4%
Charity Care	<b>3%</b>	0.4%	14.2%	0.4%	0.2%	8.6%	0.4%	0.5%	0.2%	5.6%	6.3%	3.1%	13.5%
Third Party Aged over 90	<b>15%</b>	<b>19.9%</b>	<b>16.1%</b>	<b>25.8%</b>	<b>20.5%</b>	<b>23.3%</b>	<b>22.8%</b>	<b>22.1%</b>	<b>19.8%</b>	<b>18.5%</b>	<b>19.3%</b>	<b>18.9%</b>	<b>17.5%</b>
Self Pay Aged 180 (from assignment)	<b>25%</b>	<b>44.1%</b>	<b>39.3%</b>	<b>34.8%</b>	<b>33.1%</b>	<b>22.7%</b>	<b>20.0%</b>	<b>20.9%</b>	<b>72.2%</b>	<b>71.7%</b>	<b>71.6%</b>	<b>63.4%</b>	<b>60.2%</b>



CNO BOARD REPORT June 2022  
Thursday, July 2022

**COVID update:**

**Covid 19 What's new?**

Covid continues to contribute to staff shortages we had 6 Covid positive staff in June and 12 Covid positives staff members in the first two weeks of July.

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. Several nurses have tested positive, but we still have zero cases among the residents and Swing/Acute patients.

**ED/Acute**

The ED had 270 ED visits in June and 10 OBS/Inpatients. Nursing shortages have been the main concern for all the departments, but the ED has been fully staffed since June. We have two new Registered nurses that just passed their nursing boards and are now licensed RNs, and we have one more nurse that will be testing on 7/22/22. Two new RNs have joined the team and will start working within the next two weeks. One traveler ED nurse will be finishing her contract on 7/22/22. We continue looking for an ED/Acute manager, and HR will reach out to an agency to find candidates to fill that position.

The ED EKG machine stopped working a few days ago, and a new EKG has been ordered, and it will be here in a few days (after 07/25/22). The ED continues to provide EKG services with an EKG provided by REACH (Thanks to Kent for reaching out to REACH). As I mentioned before, "we continue to do our monthly nursing and patient safety meetings to ensure communication and teamwork and work on finding new ways to improve patient care and satisfaction. We continue to support the goal of excellence, compassion, and loving care.

**Laboratory:**

**“Gratitudes**

The lab team is grateful to Jennifer Henry, who temporarily joined our team as a clinical lab scientist. She has been a huge relief to the rest of us, and we appreciate the opportunity she's given us to make some time for projects and to take a little time off.

**Projects & Activities**

**New Projects:**

We have had an offer letter accepted by a new CLS.

She is still in school – expected to graduate in June and have her license in July. Her name is Shyanna Francis. We cannot wait for you to meet her!

**Ongoing Projects**

### Accreditation Survey

Several deficiencies cited during the survey were removed upon review by the accreditation agency for being unfounded.

We are participating in the process of quality improvements to satisfy the remaining citations.

### CDPH Lab License Renewal

Renewal received by CDPH Lab Field Services in June; we got our state license renewed for another year.

We have completed the hiring of Shyanna Francis, our new clinical laboratory scientist.

Training is going well, and she is a great fit.

### Lab director change

CDPH notified us that our accreditation agency failed to inform CDPH of this change.

We have initiated the official changeover with our lab license renewal.

Dr. Liu came for an onsite visit last week and met the team.

### New microscope

New prospect for a bio-med engineer to set it up – hoping for news this week.

### Completed Projects

iPassport

All current P&P has been loaded

Configuration workflows for controlled documents (policies, procedures, vendor documents, etc.) are complete.

Further implementation of some of iPassports many features will continue.

PCR COVID-19 We're live!"

### Skilled Nursing Facility:

“The month of June has been an exciting one for our SNF residents. The floors have been stripped and waxed, making everything so much brighter! We have been enjoying the weather and eating our lunch with the residents outside, and you'll often find us playing some sort of trivia game during our meal. We are currently at full capacity with eight residents. The outdoor space around the SNF has been spruced up with some new planters and flowers, and thanks to Kent Scown, we have adequate watering spigots to keep everything thriving. The residents continue to paint rocks for our memorial garden. With our activity director not doing appointment drives, he has been spending more time with the residents and purchasing activities that they can enjoy. Our upcoming quality improvement project will focus on dental care as we develop a new plan of care around oral hygiene.”

## **Clinic**

“The clinic continues to provide COVID vaccines by appt only on each Wednesday of every week. We now have the pediatric dose as well for kids six mos to 4 yrs old.

We have seen an increase in COVID cases lately, and Dr. Emily and staff have been busy providing "Paxlovid" oral treatment to patients who meet the criteria.

The mobile medical unit will make its "maiden voyage" on Tuesday, 7/26/22, from 9 am -1 pm. Dr. Emily will be the provider for that day. We will be located at the "Clubhouse" out at Shelter Cove, and as of this date, the schedule for that day is over half full.

Katy, our LCSW, and Scott, our substance use navigator, are moving along with our behavioral health program. Currently, Katy can see Mcare and Mcal patients. We are still awaiting full credentialing from Partnership and other private payors.

The clinic is also underway in developing a suboxone program to help with the treatment of substance use disorders.

In the pediatric realm of things, our pediatric clientele continues to grow. We are in the process of training with county public health to get back "Lead testing" for our kiddos in the community. This has been on hold for two years due to the pandemic and the unavailability of "lead testing supplies."

The clinic and the hospital are working on a lengthy project of changing over to complete disposable and recyclable medical instruments. The reasoning is to avoid infection control issues when using autoclaved instruments. While we were researching this project, we wanted to make sure we were using the disposable instruments we could (but also not over costly), and it was important to us that the instruments were able to be recycled. Thanks to Jennifer Guterrez for her great contribution to helping with this undertaking.

Lastly, and on a “sadder” note, we are actively recruiting for a new MD/DO and likely another midlevel provider, as Dr. Seth's time here is nearing the end.”

## **Radiology**

“In the month of June, we performed 190 x-ray exams, 91 CTs and 8 mammograms.

The new mammography equipment installation has been delayed due to the world-wide computer chip shortage. Hologic to give update mid-July.

Ultrasound equipment and workstation equipment are being configured in the ultrasound room. New policies are pending approval. We will apply for the new service with the CDPH and wait for their inspection.

This fiscal year Radiology performed 926 CTs, 188 mammograms and 2,128 x-ray exams. This is an increase in all modalities when compared to the previous year; 865 CTs, 168 mammograms and 1,972 x-ray exams.”

Adelaida Vargas de Yanez, CNO



# QAPIC

## Quality Assurance Performance Improvement Committee

### Accounting

No report this quarter.

-Paul Eves/Rachel Wells

### Acute Nursing

No report this quarter.

-Adela Yanez, RN

### Dietary

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

Goal: Dietary Department Manager will monitor/track and document dietary staff while in the process of washing and sanitizing Pt. meal trays. This is to ensure the correct procedures for washing their hands is followed. A minimum of 30 observations will be completed per month by Dietary Department Manager. This is part of our Plan of Correction submitted to CDPH from our last SNF survey conducted in May 2021. Goal is to have a 100% compliance rate for a continuous four- 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 27 compliant hand washings 28 Total observations 96.4%	August 2021 29 compliant hand washings 29 Total observations 100%	Sept. 2021 32 compliant hand washings 33 Total observations 97%
Oct. 2021 28 compliant hand washings 28 total observations 100%	November 2021 27 compliant hand washings 27 total observations 100%	December 2021 19 compliant hand washings 19 total observations 100%
Jan. 2022 28 compliant hand washings 28 total observations 100%	Feb. 2022 28 compliant hand washings 28 total observations 100%	March 2022 28 compliant hand washings 29 total observations 96.6%
April 2022 25 Compliant hand washings 25 Total observations 100%	May 2022 21 compliant hand washings 21 total observations 100%	June 2022 17 compliant hand washings 17 total observations 100%

What has been tried: Baseline data was collected in June 2021 87%. Observations have been documented. If Dietary Department Manager observes handwashing process not being followed correctly. Department Manager will stop the employee explain the correct procedure employee will wash their hands and dishes that were handled incorrectly will be re-washed and sanitized. All Dietary staff have been given training/in-service in June 2021 on the correct procedures for employee handwashing between handling dirty and then clean dishes. All dietary employees were given another in-service in March 2022 covering the correct procedures for hand washing compliance.

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

Reporting and Collaboration:

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

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

Archived Goals:

- Monitoring of Patient Meal Tray Return Times
- Monitoring of Medications Returned on Patient Meal Trays
- Labeling of Food Items Placed in Resident Refrigerator
- Safe Freezer Storage archived Dec. 31st 2021

~ Margo Acuna CDM

## **Emergency Department**

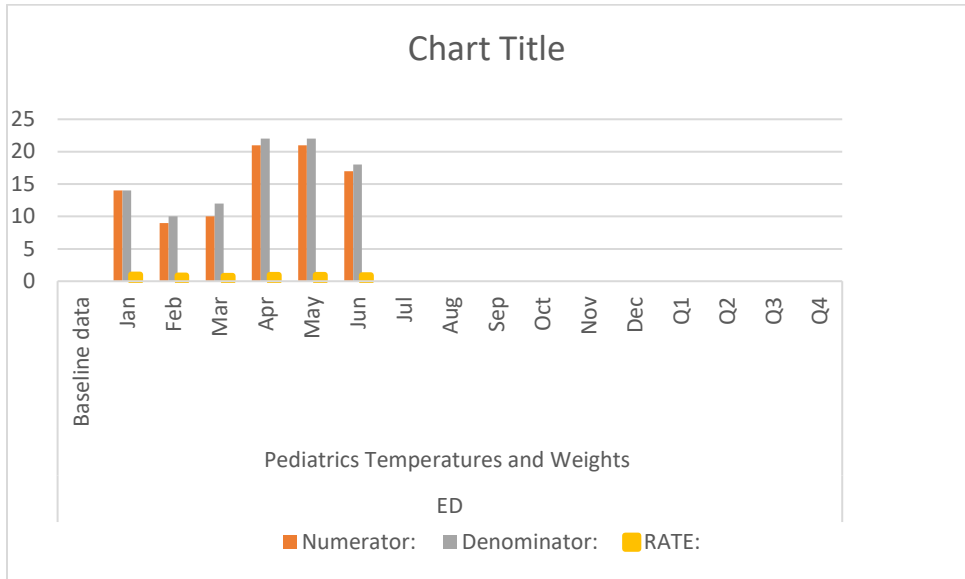
### **What are we trying to accomplish?**

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 are providing proper treatment and correct medication calculations and administration. The goal is to provide high-quality care and safe medication administration.

### **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 in the process.

	Jan	Feb	Mar	Apr	May	Jun
<b>Numerator:</b>	14	9	10	21	21	17
<b>Denominator:</b>	14	10	12	22	22	18
<b>RATE:</b>	<b>100.0%</b>	<b>90.0%</b>	<b>83.3%</b>	<b>95.5%</b>	<b>95.5%</b>	<b>94.4%</b>



~ Adela Yanez, RN, Acute/ED Manager.

## Environmental Services

Assessment is Blossoming! April, I did 1 Assessment. Missed 2 in the Clinic Patient Room. Going to do a little training. May came, and we were in bloom. I did 2 Assessments and EVS did 1. I thought it would be fun for training, to do an Assessment on me! EVSers were a little sneaky. Assessment went Amazing and learned a lot as well! June got away from us as we were short-staffed and there was simply too much to do!!! July we will be doing 2 or 3 Assessments. We are cleaning, cleaning!!! Stay tuned same bat time, same bat station!! LOL 😊

~ Shannon Bauman

## Infection Prevention

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

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

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

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

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

**Baseline data:** In calendar year 2017, compliance was 90% (36 of 40 patients were screened within the first 24 hours).

**Past CY data:** The QAPI project started in April 2018 and overall compliance for 2018 (April-December) improved to 98% by the end of the year. In 2019, compliance was at 89.7%. In 2020, compliance was again at 78.8%. In 2021 compliance fell to 86%.

2rd quarter 2022 by month:

Month	Apr 2022	May 2022	June 2022
# of screenings completed	5	1	6
# of screenings required	5	1	6
% Compliance	100%	100%	100%

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

**What has been tried so far:** Feedback to managers and staff on missed and late screenings with reporting at every staff meeting. A prompt was added to the HealthLand Admission assessment. Nurse managers now link MRSA screening compliance to annual employee evaluations. MRSA admit kits made up and in Nursing Unit Med room with instructions ready to go.

**What will be tried next:** Continue with reminders and review of protocol.

## **Project 2: Inspection of sterile instrument packs**

**Goal:** 100% of instrument packs autoclaved and still on the shelf will meet visual criteria for proper sterile processing.

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

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

**Inspection criteria:**

A. Absence of moisture/rust/water marks ("wet packs")

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

**Baseline data:** The QAPI project started in April 2018 and overall compliance for 2018 (April-December) improved to 99.2% by the end of the year.

**Past CY data:** In 2019, compliance was at 97.9%. In 2020, compliance was again at 97.3%. In 2021 compliance fell to 95%.

2nd quarter 2022 by month:

Month	Apr 2022	May 2022	June 2022
# of packs passed inspection	130	110	106
# of total packs inspected	137	113	107
% Passed inspection	95%	97%	99%

**What has been tried so far:** Last February 2021, the sterile processing tech felt he could no longer incorporate processing into his routine, so he resigned from this position. A MA from the clinic began the AAMI training and completed the didactic portion. The Materials tech, who is also certified to do sterile processing, has worked with this employee to document competency, but the employee was no longer available to perform the job. A new sterile processing tech had taken over August 2021 but transferred to HR and would like to resign this position to focus on her new position. A clinic MA had agreed to go through the training but then changed her mind. We had a employee from Quality assist for a short time while the district decided whether to continue to search for someone to take over the position (which is only a part time position), clinic MA's were again approached but feel they are too busy to have this responsibility added to the current workload.

**What will be tried next:** Infection Prevention will continue to monitor and provide feedback. Currently the current HR employee continues to perform the sterile processing, but Materials is exploring the switch to disposable equipment and have ordered samples for the providers to review.

### **Project 3: Oral Hygiene**

In progress. Continue to work on gathering data for project that will involve improving oral hygiene.

A survey was made on SurveyMonkey and received 7 out of 8 responses from the SNF staff.

**Oral Care is currently provided to residents with enough frequency and quality to ensure a healthy mouth:**

Strongly Agree: 16.67%

Agree: 50%

**Oral Care is a high priority in caring for a skilled nursing resident:**

Strongly Agree: 57.14

Agree 42.86%

**What time is oral care usually performed on your unit:**

Before Breakfast: 42.86%

After Breakfast: 57.14%

Before/After Lunch: 0%

Before/After Dinner: 0%

Before/After Bedtime: 0%

**I have adequate time to provide comprehensive oral care on a daily basis:**

Strongly Agree 28.57%

Agree: 42.86%

Neither agree nor disagree: 14.29%

Disagree: 14.29%

**Barriers to oral care:**

Lack of time: 14.29%

Lack of Support Staff: 28.57%

Patient refusal: 71.43%

**Toothbrushes are routinely changed out every 3-4 months:**

Yes: 71.43%

No: 28.57%

**Documentation of toothbrush on changes:**

In Centriq: 28.57%

In Hard Chart: 14.29%

**HUMAN RESOURCES QUARTERLY REPORT  
Fourth Quarter FYE 2022**

**Statistics**

	Apr	May	June	Qtr. Total
New Hires	1	3	1	5
Separations from Employment	1	0	0	1

**Fourth Quarter Hired Positions**

LCSW (Licensed Clinical Social Worker), Accounting Assistant, Retail Pharmacy Technician, CLS (Clinical Lab Scientist), Outreach Coordinator and contracted for an interim DON

**Quarter Separation Reasons**

1 – Other

**Current Open Positions**

Quality Lead, X-Ray/CT Radiological Technologist, ED/Acute Nurse Manager, Occupational Therapist, Speech Therapist, RN, CNA, DON, EMT, LVN

**Injuries**

4 injuries reported

2 - First aide/self-administered, 2 - minor but needing follow up.

**Fourth Quarter Activities Summary**

We were able to screen and hire an interim DON. Kim has been amazing in assisting us to better the lives of our residents and oversee the SNF staff. We hope to retain her long term and move her to full time employment.

I have almost completed updating all the P&P for the Human Resources Department as well as the employee handbook all of which will be coming to the board for approval next month.

The Human Resources Department attended the SHRM Annual Conference. Jamie the HR Assistant was able to attend all benefits and basic HR classes to assist in her role. Jennifer the HR Director was able to attend California law updates, employment investigations, COVID, putting the human back in Human Resources, overcoming healthcare burnout, advanced benefits, reporting requirements and much more.

This quarter held many challenges and rewards for HR department in the continued growth and development of the healthcare district. We continue to add jobs to the community and expand departments. We have started holding one monthly welcome lunch for all new hires in that month. We are streamlining and working on the hire and orientation process with excitement to the transition to Paylocity which will all payroll and Human resources functions to be in one place. The new background screening company we moved to has consistently given us a one-week turnaround which has been essential in getting positions filled quickly.

Upcoming news: I have asked the Outreach department to team up this summer to attend a few local events to reach the community better in person for job opportunities. Development and succession plans are in full swing, in many departments I am working with the department manager in identifying who internally to train and assist in taking other roles and focusing on cross training more. Lastly, we have planned a very large appreciation campout in July, with attendance of more than half our staff and their families. Look out for all the updates in the next quarter report.

**The Managers PMQ training**

The PMQ training has been a success it has assisted very experienced people managers as well as new people managers. 15 managers have completed this training and received their certificate, 4 managers are in progress.

Nowhere: 14.29%

**Which of the following factors influence the need for an oral assessment to be completed every shift:**

Level of cognition: 71.43%

Prescribed Medications: 28.57%

Diet Modifications: 42.86%

Motor Impairment: 85.71%

What??, I am supposed to document that: 42.86%

**In a 24-hour period, how often in oral care usually performed on your unit:**

Once a day: 28.57%

Twice a day: 28.57%

Three times a day: 42.86%

**Lemon Glycerin swabs are useful in moisturizing the oral mucosa:**

Yes: 85.71%

No: 14.29%

**Nursing and nursing assistants perform hand hygiene prior to the start of care:**

Strongly Agree: 85.71%

Agree: 14.29%

**Residents are offered and encouraged to perform hand hygiene prior to the start of oral care:**

Strongly Agree: 42.86%

Agree: 54.14%

**Oral care is performed the same way regardless of if resident has their own teeth or dentures:**

Yes 28.57%

No: 71.43%

**How fast do germs in the mouth replicate in a 24-hour period:**

2X: 14.29%

8X: 14.29%

4X: 14.29%



5X: 57.14%

**Percentage of healthy adults that micro-aspirate in their sleep:**

10%: 14.29%

22%: 28.57%

35%: 28.57%

45%: 28.57%

Next step: Working with Kim to move forward with this new project. Need to assign it to nursing for view. Working with Kristen to make this a course in Relias, otherwise it will need to be watched on the thumb drive only.

~ Katherine Anderson, RN IP

## **Information Technology**

**Project:** Cisco VOIP Phone System

**Measured By:** Progression in the project with equipment being installed

**Baseline Data:** Baseline Data consisted of how many phones, network switches, and firewalls, we needed to replace

**Current Data:** Most phones are out to employees

The project has been on a slow progression as there have been many hurdles to cross. One hurdle was having the needed internet bandwidth in place to support a VOIP system. That hurdle is still in the works as there have been multiple delays from a vendor to connect our side of the network to the now active connection outside the building. The other hurdle has been the procurement of equipment due to supply chain issues. We have struggled with ordering network switches, and firewalls, we have seen delays of up to 400 days. Most switches have now been received and placed in their respective homes. We are still waiting on a firewall for the hospital, along with the needed equipment to make the paging system work.

~ Jason Dockins, IT Manager

## **Laboratory**

### Current Lab Quality Initiatives- July 2022

- COLA Survey
  - Drafting a plan of corrective actions in response to the COLA lab accreditation survey
- Quality Metrics
  - We have determined that we need a new quality metric for timely review of immunohematology records.
  - The lab manager and lab director are working toward a process for performing these reviews and reporting compliance.
- Increased involvement of the CLIA Lab Director

- Lab will begin holding scheduled department meetings and including the lab director in person or via Webex
- Lab director consultations by the staff will now be logged
- The director will have an on-site visit July 14<sup>th</sup>.
- These activities will be documented and available for review by the quality staff and surveyors.

- Adam Summers

## Materials

No report this quarter.

~ Jennifer Gutierrez

## 340B

No report this quarter.

~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.

	CY 22	Jan	Feb	Mar	Apr	May	Jun
<b>Numerator: Scanned Medications</b>	<b>857</b>	29	12	51	129	182	114
<b>Denominator: Total Administered Medications</b>	<b>5318</b>	373	447	503	434	622	472
<b>RATE</b>	<b>16.1%</b>	7.8%	2.7%	10.1%	29.7%	29.3%	24.2%

~ 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.

~ Marie Brown and Remy Quinn

## **Skilled Nursing Facility**

**Project:** Meal Percentages

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

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

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

### **What has been done:**

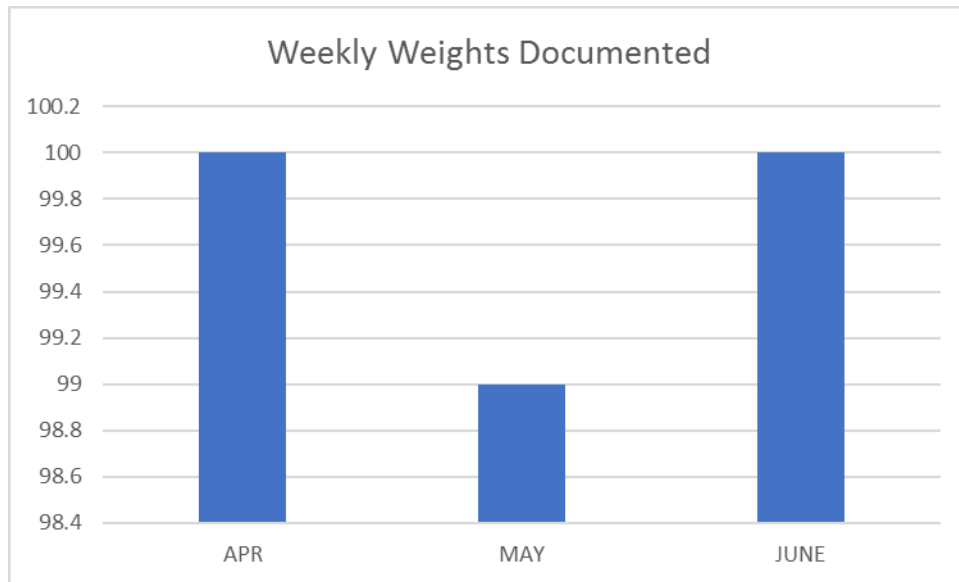
- At each employee's year end annual evaluation, the Director of Nursing, (DON), reiterated the importance/necessity of reviewing documentation at the end of every shift. It is the CNAs' task to collect this data and document this quality measure in the Electronic Health Record, (EHR) under intake, but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

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

**Project:** Weekly Weights

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

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



**What has been tried?**

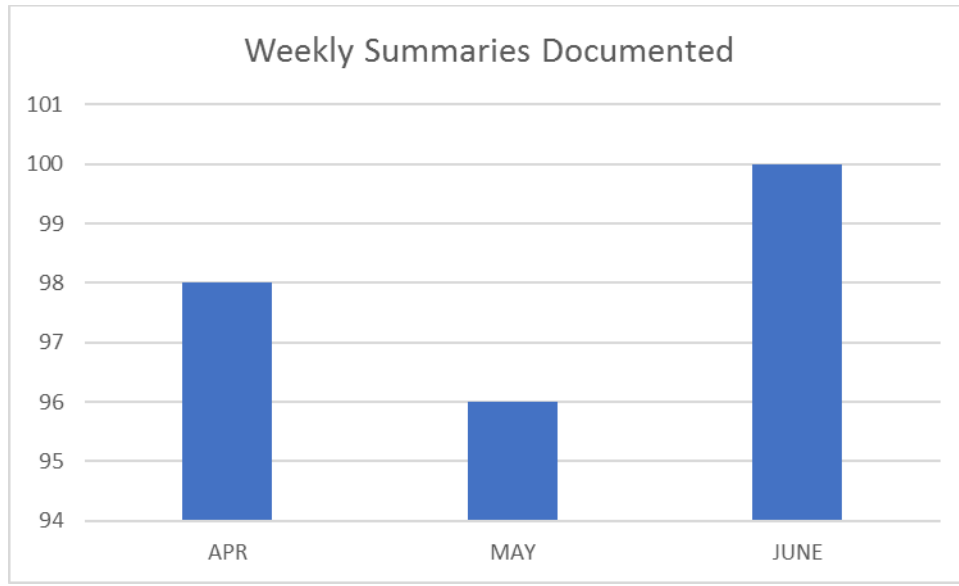
- The *Daily Report Sheet* has a specific reminder to obtain a weight when the residents receive their showers.
- At each employee’s year end annual evaluation, the Director of Nursing, (DON), reiterated the importance of reviewing documentation at the end of every shift. It is the CNAs’ task to document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

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

**Project:** Weekly Summaries

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

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



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

## Quality Funding Opportunities

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

There are several SHIP grants for which we are finishing our reports.

### **Behavioral Health grant**

We had the opportunity to apply for additional behavioral health funding and were successful in our application.

### **Vaccine Confidence grant**

Final reporting for the vaccine confidence program has been submitted and accepted and funding has been received.

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

## QIP

**New manual** – Review of the new manual is under review as well as the reporting benchmarks we must meet to earn funding. The clinic will have a meeting to discuss improvement strategies and measures for this year and next.

**Report** – The report for QIP PY4 is complete. We will, when funds are dispersed, net approximately 1.3 million. The work of many made this possible.

Implementing i2i has already been beneficial with QIP and with daily chart scrubbing in the clinic. We hope to see other ways in which it can be used to help us increase population health. Currently, we are considering a partnership with the American Medical Association and i2i in a blood pressure management program.

<b>DEPARTMENT:</b> FRC	<b>Hire Date:</b>	<b>Page 1 of 3</b>
<b>Job Description:</b> <b>FRC Family Support Worker</b>	<b>Supervisor: Amy Terrones</b>	

**Job Title:** Family Support Worker

**Classification:** Part-time, hourly

**Reports to:** Community Resources Director/ Family Resource Center Coordinator

**Date:** July 6, 2022

## **JOB DESCRIPTION**

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### **Summary/Objective**

The FRC Family Support Worker will provide specific services and track outcomes in connection with Humboldt County's Social Services programs including, but not limited to: Child Welfare Services, CalWORKs, CalFresh, as well as, Southern Humboldt Unified School District, So Hum Health District, and the Humboldt Network of Family Resource Centers programs.

### **Essential Functions**

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

In carrying out the program specific goals as set out below, the FRC Family Specialist will do the following:

1. Strengthen families through family-centered, community-based, culturally and linguistically responsive, trauma-informed approaches and buffering supports, including expanded access to home visiting and support to parents/caregivers.
2. Support community to increase immediate access to basic needs and promote integrated systems that result in more accessible and responsive services for children and families.
3. Create a comprehensive and integrated delivery system of information and services to promote early childhood development.
4. Support parenting education, child health and wellness, early childcare and education, and family support services.
5. Carry caseload of referred families from Child Welfares Services, Differential Response Program.

### **Competencies**

1. Emotional intelligence and empathy when working with clients.
2. Effective communication skills to work with a variety of clients, including active listening skills
3. Critical-thinking skills to evaluate all the dynamics of a family or service needed.
4. Organizational skills to often work with multiple families at once. Organize paperwork and electronic files and make sure each case is updated with the correct information, even across different systems. Will need to prioritize cases based on client needs and emergency status.

5. Advocacy to verbally represent their families in order to be able to connect them with the services, resources and opportunities that they might need from both government and nonprofit organizations. Promoting social justice through the advocacy of new programs, revision of outdated policies and expansions of underserving programs.
6. Boundary setting ability for oneself. As this can be a demanding, stressful work, setting boundaries to establish a work-life balance is important based on your available time and resources with families and other professionals to prevent burnout and maintain positive relationships.
7. Professionalism to constantly be learning and developing better ways to serve your clients and the community through classes and hands-on learning.

### **Supervisory Responsibility**

The Community Resources Director will provide consistent, high-quality supervision, training, and technical assistance to staff with knowledge, skills, and resources that help employees provides the best services and supports to the community.

### **Work Environment**

The FRC work environment promotes open and honest communication, the building of trust, and a sense of safety among its staff. The Community Resources Director is responsible to support staff experiencing complex problems and/or challenging circumstances, and provide support and encouragement, and assist with problem solving. Individual staff coaching, and opportunities for inquiry and personal reflection are provided.

### **Physical Abilities/Requirements**

Able to work with 0-8 year-olds in a physical setting, work on a computer. Must have valid driver's license.

### **Position Type/Expected Hours of Work**

24-32 hours a week, in person, at the Family Resource Center

### **Required Education and Experience**

Experience in Social Work field or Family Systems support and 0-8 human development.

### **Preferred Education and Experience**

Bachelor's degree in Social Work or related field

### **Other Duties**

This job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.



**Signatures**

I have reviewed these job description and requirements and verify that I can perform the minimum requirements and essential functions of this position.

**Employee Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>DEPARTMENT:</b> FRC	<b>Hire Date:</b>	<b>Page 1 of 3</b>
<b>Job Description:</b> <b>Youth Prevention Coordinator</b>	<b>Supervisor: Amy Terrones</b>	

**Job Title:** Youth Prevention Coordinator

**Classification:** Full-time, hourly

**Reports to:** Amy Terrones, Community Resources Director

**Date:** 7/6/2022

## **JOB DESCRIPTION**

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### **Summary/Objective**

The Youth Prevention Coordinator will provide services focused on youth outreach, prevention, and education. They will facilitate various activities that will make a meaningful difference in Southern Humboldt's youth. and help foster opportunities to develop the skills needed to become successful adults. The Youth Prevention Coordinator will act as a mentor to at-risk students, addressing substance use/misuse and career exploration, in addition to intervening to promote healthy behaviors.

### **Essential Functions**

In carrying out the program specific goals as set out below, the FRC Youth Prevention Coordinator will do the following:

1. Facilitate trauma-informed, culturally relevant, developmentally appropriate, and community-driven youth prevention and intervention programs that address substance use/misuse.
2. Promote healthy behaviors and environments that minimize harm associated with substance use.
3. Engage youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive while also recognizing, utilizing, and enhancing youth's strengths.
4. Promote positive outcomes for youth by providing opportunities, fostering positive relationships, and support needed to build on their strengths.
5. Increase individual's protective factors such as positive family support, caring adults, positive peer groups, strong sense of self/self-esteem, and engagement in school/community activities.
6. Create opportunities for career exploration and engagement with community agencies such as the Fire Departments, Sheriff's office, and community service providers.
7. Improve the lives of children and adolescents by meeting their basic physical, developmental, and social needs
8. Support youth in building the competencies needed to become successful adults.

### **Competencies**

1. Emotional intelligence and empathy when working with clients.

2. Effective communication skills to work with a variety of clients, mental health care professionals and others in their field.
3. Critical-thinking skills to evaluate all the dynamics of a family or service needed. They often work with families in need of assistance and need to find the best possible solution. In many cases, they need to use creative problem-solving as part of the critical-thinking process to find the best available options for their clients.
4. Organizational skills to often work with multiple families at once. Organize paperwork and electronic files and make sure each case is updated with the correct information, even across different systems. Will need to prioritize cases based on client needs and emergency status.
5. Advocacy to verbally represent their families in order to be able to connect them with the services, resources and opportunities that they might need from both government and nonprofit organizations. Promoting social justice through the advocacy of new programs, revision of outdated policies and expansions of underserving programs.
6. Boundary setting ability for oneself. As this can be a demanding, stressful work, setting boundaries to establish a work-life balance is important based on your available time and resources with families and other professionals to prevent burnout and maintain positive relationships.
7. Professionalism to constantly be learning and developing better ways to serve your clients and the community through classes and hands-on learning. Taking this knowledge and applying it in a professional manner to the individuals, families and groups you serve will help you to improve what and how you offer underserved populations.

### **Supervisory Responsibility**

The Community Resources Director will provide consistent, high-quality supervision, training, and technical assistance to staff with knowledge, skills, and resources that help employees provide the best services and supports to the community.

### **Work Environment**

The FRC work environment promotes open and honest communication, the building of trust, and a sense of safety among its staff. The Community Resources Director is responsible to support staff experiencing complex problems and/or challenging circumstances, and provide support and encouragement, and assist with problem solving. Individual staff coaching, an assigned mentor, and systematic, scheduled opportunities for inquiry and personal reflection detailed by an annual evaluation per employee.

### **Physical Abilities/Requirements**

Must have a valid driver's license

### **Position Type/Expected Hours of Work**

24-32 hours a week

### **Required Education and Experience**

Certificated Substance Abuse Counseling, or Bachelor's degree in Social Work, or related field, 5 years' experience in field.

### **Preferred Education and Experience**

Master's degree in Social Work, School Counseling, or related field, Pupil Personnel Services Credential

**Other Duties**

This job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

**Signatures**

I have reviewed these job description and requirements and verify that I can perform the minimum requirements and essential functions of this position.

**Employee Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**SUBJECT: RESOLUTION OF NECESSITY OF THE GOVERNING BOARD OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT FOR THE ACQUISITION BY EMINENT DOMAIN OF A FEE SIMPLE INTEREST IN CERTAIN REAL PROPERTY LOCATED AT 531 ELM STREET, GARBERVILLE, HUMBOLDT COUNTY, CALIFORNIA, MORE PARTICULARLY DESCRIBED AS ASSESSOR PARCEL NUMBER 032-133-002-000 FOR THE CONSTRUCTION AND MAINTENANCE OF ADDITIONAL PUBLIC PARKING FOR THE JEROLD PHELPS COMMUNITY HOSPITAL PROJECT**

**RECOMMENDATION:** That the Governing Board conduct a public hearing and adopt a Resolution of Necessity declaring that the acquisition by eminent domain of a fee simple interest in certain real property located at 531 Elm Street, Garberville, California, more particularly described as Assessor Parcel Number 032-133-002-000 (the “Property”), is necessary for the construction and maintenance of additional public parking for the Jerold Phelps Community Hospital (the “Project”).

**GOVERNING BOARD GOALS:** To provide high-quality local medical services, to engage community members with education, activities and lifestyle opportunities which promote optimal health, and to assist our patients in navigating access to services throughout the healthcare system.

**FINANCIAL IMPACT:** The District has funding for this Project held in reserve and collected through ordinary revenues.

**BACKGROUND:** The Jerold Phelps Community Hospital, located at 733 Cedar Street, Garberville, California operates a nine-bed acute care facility and an eight-bed skilled nursing facility together with a rural health clinic of 3,592 square feet. There are two-off street parking lots serving the hospital with a total of 27 spaces between them and one lot of 13 spaces serving the clinic for a total of 40 spaces. Section 313-109.1.4.2 of the Humboldt County Code sets the

minimum requirements for hospitals to provide parking. Current required parking for the hospital and clinic are 62 spaces.

A potential expansion of the Jerold Phelps Community Hospital is being considered. The expansion will remove the current acute care facility and expand the skilled nursing facility and utilize the current rural health clinic for new clinical services. The current clinic operation will be moved into a new facility adjacent to a new hospital across town. Administrative staff will remain. As a result, the proposed required parking for the potential expansion of the hospital and clinic will be 77 spaces.

A parking analysis for the Jerold Phelps Community Hospital was completed by the consulting firm, W-Trans. Current and anticipated parking demands were evaluated using parking survey data and industry standards, which were then compared to Humboldt County Municipal Code parking requirements. W-Trans concluded that the hospital and clinic's current and future parking supply of 40 spaces does not meet Humboldt County Municipal Code requirements.

To increase the number of off-street parking spaces to comply with the Humboldt County Municipal Code it is necessary for the Hospital to acquire property for such a purpose. It would benefit the community if the property were in close proximity to the Hospital. This would save patients time and energy and provide easier access to medical care.

The District has identified such a property. The property is adjacent to the Hospital. The property consists of a single parcel which totals 10,019 Square Feet. The property is rectangular in shape with frontage on Elm Street and Redwood Street, as well as the hospital's main driveway. The property contains a portion of a concrete foundation and stem walls. A building on the foundation was destroyed by fire. There is a wood framed shed on the Northeast corner of the property. The shed is in poor condition. Development of the site would require removal of the concrete foundation, stem walls and shed. The site is accessible for vehicular and pedestrian traffic from Elm Street. Utilities are available on the site.

The District obtained an appraisal of the Property from George R. Dutton of Dutton Appraisal and Consulting and then made an offer of just compensation to the property owner for the acquisition pursuant to California Government Code section 7267.2. Following standard public records and due diligence searches for ownership information, a notice of this public hearing was mailed to the property owner. The Property is owned by First Church of Christ, Scientist, Garberville, California, a California corporation. The Property is vacant with a situs address of 531 Elm Street, Garberville, California and is identified as Assessor Parcel Number 032-133-002-000.

The power of eminent domain is used by the District only as a last resort to obtain interests necessary for projects after 1) negotiations have stalled; or 2) the owner has requested that the District proceed directly to eminent domain for tax or other advantages; or 3) the eminent domain process is necessary to clear title to the property. In this case, an offer of just compensation was made to the owner for the full Fair Market Value as determined by an independent appraisal. District staff has attempted to reach an amicable settlement in good faith and will continue to do so throughout the process.

**DESCRIPTION OF PROPERTY TO BE ACQUIRED:** The property affected by the proposed acquisition is located at 531 Elm Street, within the Town of Garberville. The District is seeking to acquire the property for additional public parking for the Jerold Phelps Community Hospital.

**HEARINGS AND REQUIRED FINDINGS:** The recommended actions of the Governing Board pertain to the acquisition of property owned by:

**First Church of Christ, Scientist, Garberville, California, a California Corporation  
Assessor Parcel No. 032-133-002-000**

California eminent domain law provides that a public entity may not commence an eminent domain proceeding until its governing body has adopted a Resolution of Necessity, which resolution may only be adopted after the governing body has given each party with an interest in the affected property or their representatives a reasonable opportunity to appear and be heard on the following matters:

1. The public interest and necessity require the proposed project.
2. The project is planned or located in the manner that will be most compatible with the greatest public good and the least private injury.
3. The real property to be acquired is necessary for the project.
4. The offer of just compensation has been made to the property owner.

The notice of hearing was mailed on July 11, 2022 by first class mail to the property owner in accordance with Section 1245.235 of the California Code of Civil Procedure.

The above four required findings are addressed as follows:

**1. The Public Interest and Necessity Require the Proposed Project**

The District commissioned W-Trans, a traffic engineering consulting firm to prepare a parking analysis for the Jerold Phelps Community Hospital. The analysis looked at the current and potential expansion needs of the hospital under Humboldt County's Municipal Code.

The County's Municipal Code requires hospitals to provide parking at a rate of one space per bed, plus one space for every three employees and medical staff members. Clinics are required to provide one space per 300 square feet, plus one space for every employee, doctor, or other professional attendant (with a minimum of four spaces required.)

W-Trans submitted its parking analysis report to the District on May 26, 2022. In its analysis, W-Trans, using current data, listed the hospital as having 17 beds and 55 employees and the clinic having a building area of 3,592 square feet and having 15 employees. Based on the County's Municipal Code requirement and the data compiled, the current required off-street parking total is 62 spaces.

The W-Trans report also analyzed the required parking needs for a potential expansion of the hospital and clinic. In that analysis, the hospital would expand to 24 beds and 62 employees while the building area of the clinic would remain the same, the number of employees would

increase to 20. Based on the County’s Municipal Code requirement and the increase in beds and employees, the potential expansion required off-street parking total is 77 spaces.

Currently, there are two off-street parking lots serving the hospital with a total of 27 spaces between them and one lot of 13 spaces serving the clinic for a total of 40 spaces. Current off-street parking for the Jerold Phelps Community Hospital fails to meet the minimum requirements of the County’s Municipal Code.

Currently, patients with mobility issues are often required to walk distances that not optimal or safe for their existing physical condition. The public interest and necessity are served by making additional parking available to meet the County’s Municipal Code and are further served when that parking is in close proximity to patient medical provider’s offices and outpatient services offered at the hospital. For patients, easier access to medical care is both a necessity and in the public interest.

**2. The Project is Planned or Located in a Manner That Will be Most Compatible With the Greatest Public Good and the Least Private Injury**

The property the District is seeking to acquire is adjacent to the hospital and is vacant. There are no other vacant properties within the area. All surrounding lots are built out with residential housing.

**3. The Real Property to be Acquired is Necessary for the Proposed Project**

The property affected by the proposed acquisition is located within the Town of Garberville and is located at 531 Elm Street. The property is adjacent to the Jerold Phelps Community Hospital and is needed to allow for the construction and maintenance of additional public parking for the Jerold Phelps Community Hospital.

**4. The Offer of Just Compensation Has Been Made**

An appraisal was prepared by George R. Dutton of Dutton Appraisal and Consulting, to establish the fair market value of the property the District is seeking to acquire. An offer of just compensation was made to the record owner to purchase the fee interest in the property to be acquired, as established by the approved appraisal and as required by Section 7267.2 of the California Government Code. Although a negotiated settlement may still be possible for the fee interest cited above, it would be appropriate to commence the procedures to acquire the necessary interest through eminent domain.

***ENVIRONMENTAL ANALYSIS:***

The Project is exempt from further review under the California Environmental Quality Act (“CEQA”) pursuant to State CEQA Guidelines Section 15311 (Class 11 – Accessory Structures), which exempts from further CEQA review the construction, or placement of minor structures accessory to institutional facilities, including parking lots. The Project involves the acquisition of vacant property for use as a parking lot for the Jerold Phelps Community Hospital. Further, the Project is exempt pursuant to State CEQA Guidelines Section 15304 (Class 4 – Minor



Alterations to Land), which exempts minor public or private alterations in the condition of land which do not involve removal of healthy, mature, scenic trees. The Project involves replacement of the existing concrete foundation, stem walls and shed, and grading for parking lot use.

None of the exceptions to the use of the Class 11 or Class 4 categorical exemptions identified in State CEQA Guidelines Section 15300.2 apply to the Project. The Project site is not considered a sensitive location, as it was previously developed and surrounded by development. The Project will not result in a cumulative impact from successive projects of the same type in the same place, as this is the only vacant parcel suitable for development to accommodate parking for the existing hospital and future hospital expansion. There are no unusual circumstances surrounding the Project that would result in a reasonable possibility of significant impact, as development of the Project would occur on a previously disturbed area. The Project would not damage resources within a state scenic highway, is not a hazardous waste site, and would not cause a substantial adverse change in the significance of a historical resource.

**EXHIBIT A**  
**LEGAL DESCRIPTION**

**(Fee Simple)**

That real property situated in the unincorporated Town of Garberville, County of Humboldt, State of California, bounded and described as follows, to wit:

That portion of Block 5 of the Town of Garberville, as shown on the official map thereof recorded in Book 11 page 10 of Surveys, in the Office of the County Recorder of said County, described as follows:

BEGINNING at a point on the north line of said Block 5 located south 88 degrees 31 minutes east 150 feet from the east line of Cedar Street; and running thence south 88 degrees 31 minutes east 130 feet to the west line of a 30 foot lane;

thence south 2 degrees 09 minutes west along said lane 77 feet to the north line of a 40 foot street designated as Elm Street;

thence north 88 degrees 31 minutes west along said street 130 feet to the southeast corner of the land conveyed to Leland S. Loewen and wife by Deed recorded October 28, 1948, as Serial No. 10622 in Book 70 page 14 Official Records;

thence north 2 degrees 09 minutes east along the east line of the land described in said Deed 77 feet to the point of beginning.

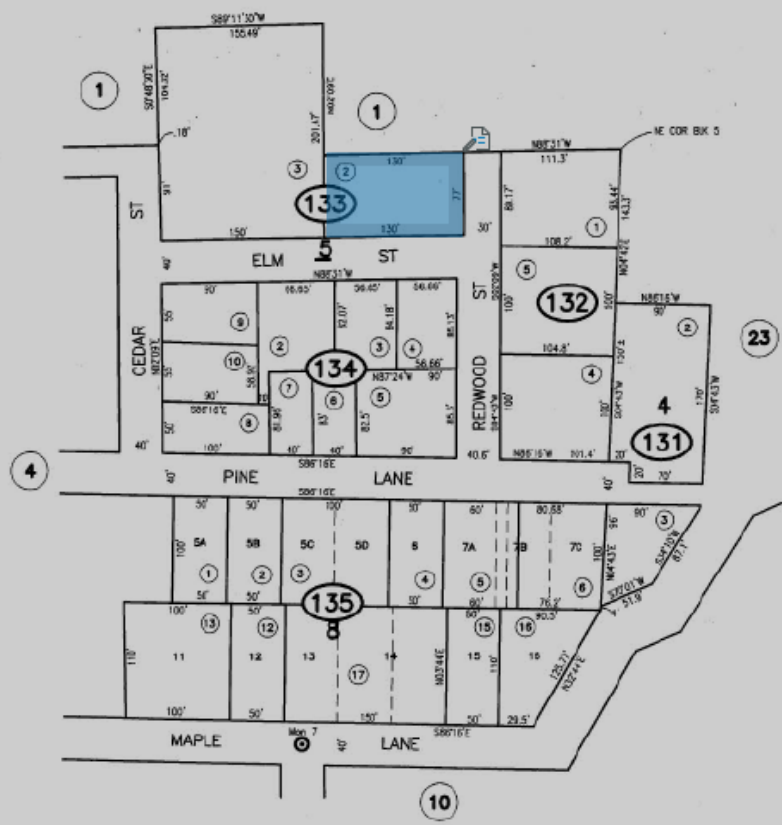
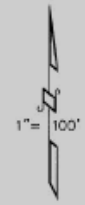
Subject to encumbrances of record.

APN: 032-133-002-000

# EXHIBIT A

## GARBERVILLE

32-13

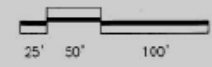


**ASSESSOR'S PARCEL MAP**  
 1. THIS MAP WAS PREPARED FOR ASSESSMENT PURPOSES ONLY.  
 2. NO LIABILITY IS ASSUMED FOR THE ACCURACY OF THE DATA SHOWN.  
 3. ASSESSOR'S PARCELS MAY NOT COMPLY WITH LOCAL LOT-SPLIT OR BUILDING SITE ORDINANCES.

RS, Bk 62 of surveys, Pg 69

NOTE - Assessor's Block Numbers Shown in Ellipses  
 Assessor's Parcel Numbers Shown in Circles.

Assessor's Map Bk. 32, Pg.13  
 County of Humboldt, CA.



4 Jan 12, 2005

## NOTICE OF HEARING TO PROPERTY OWNER

Pursuant to Section 1245.235 of the California Code of Civil Procedure, you are hereby notified that at a regular meeting to be held on Friday, July 29, 2022, at 1:30 P.M., at the Sprowel Creek Campus, Room 106, 286 Sprowel Creek Road, Garberville, California, the Southern Humboldt Community Healthcare District intends to consider adopting a Resolution of Necessity, authorizing the commencement of eminent domain proceedings for the acquisition, for public use, of a fee interest in certain real property which, according to the last equalized county assessment roll, you own. The public use for which this resolution of necessity will be considered is for the construction of additional parking for the Jerold Phelps Community Hospital. The description of the property to be acquired is attached to this Notice as Exhibit A.

A hearing will be held at the time and place mentioned above. You have the right to appear and be heard on the following matters:

1. Whether the public interest and necessity require the project for which the property is sought to be acquired.
2. Whether the project is planned or located in the manner that will be most compatible with the greatest public good and least private injury.
3. Whether the property is necessary for the proposed project.
4. Whether the offer required by section 7267.2 of the California Government Code has been made.

This is a public meeting and in lieu of appearing in person you may attend the hearing virtually at:

<https://shchd.webex.com/shchd/j.php?MTID=md0e5417adc4fa471b0eb48c7badd96e5> or:

Go to Webex.com

Click on Join a meeting (top right of page)

Enter Meeting number (access code): 2596 537 7615 and click on Continue

Enter Meeting password: Zif4xFbdE99 (94349323 from video systems) and click on OK

Please note that your failure to file a written request to appear and be heard within

15 days after the mailing of this notice may result in the waiver of your right to appear and be heard.

ALL COMMUNICATIONS SHOULD BE ADDRESSED TO:


Darrin Guerra  
Clerk of the Governing Board  
Southern Humboldt Community Healthcare District  
733 Cedar Street  
Garberville, California 95542

DATE OF HEARING: Friday, July 29, 2022  
1:30 P.M.

PLACE OF HEARING: Sprowel Creek Campus  
Room 106  
286 Sprowel Creek Road  
Garberville, California 95542

DATED: July 11, 2022

BEST BEST & KRIEGER LLP

By:   
Mark A. Easter  
Attorneys for Southern Humboldt Community  
Healthcare District

PROOF OF MAILING NOTICE

I, Marvin Cohen, acting on behalf of the Southern Humboldt Community Healthcare District, hereby certify that on July 11, 2022, I mailed a copy of the attached notice by first-class mail to the following owner of real property located in the County of Humboldt, State of California, more particularly described as Assessor Parcel No. 032-133-002-000:

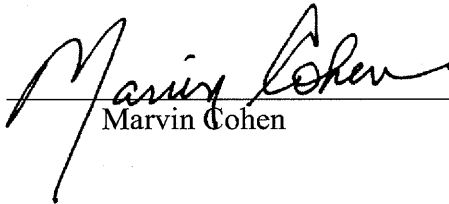
First Church of Christ, Scientist, Garberville, California  
438 Maple Lane  
Garberville, CA 95542-3406

First Church of Christ, Scientist, Garberville, California  
P.O. Box 156  
Phillipsville, CA 95559

First Church of Christ, Scientist, Garberville, California  
Dorothy A. Russell  
Agent for Service of Process  
6216 Avenue of the Giants  
Miranda, CA 95553

Courtesy Copy to Dottie Russell via email at: [GD@Dotti.com](mailto:GD@Dotti.com)

DATED: July 11, 2022

  
\_\_\_\_\_  
Marvin Cohen

## **EXHIBIT A**

### **LEGAL DESCRIPTION**

#### **(Fee Simple)**

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thence south 2 degrees 09 minutes west along said lane 77 feet to the north line of a 40 foot street designated as Elm Street;

thence north 88 degrees 31 minutes west along said street 130 feet to the southeast corner of the land conveyed to Leland S. Loewen and wife by Deed recorded October 28, 1948, as Serial No. 10622 in Book 70 page 14 Official Records;

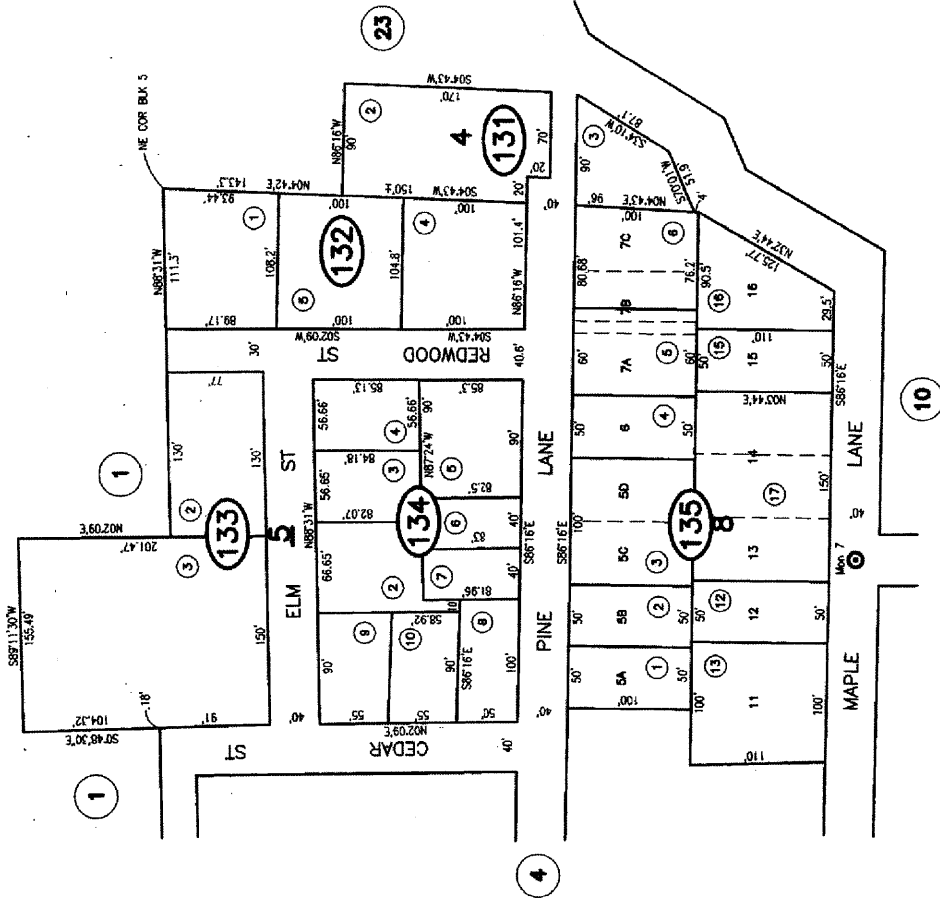
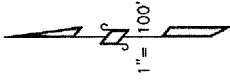
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Subject to encumbrances of record.

APN: 032-133-002-000

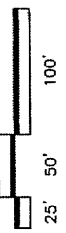
# GARBERVILLE

32-13



RS, Bk 62 of surveys, Pg 69

**ASSESSOR'S PARCEL MAP**  
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25' 50' 100'  
 4  
 Jan 12, 2005

Assessor's Map Bk. 32, Pg.13  
 County of Humboldt, CA.

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 Assessor's Parcel Numbers Shown in Circles.