



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

August 25, 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: Thursday August 25, 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

Time*	Page	Item
1:30 p.m.		A. Call to Order
		B. Public Comment See below for Public Comment Guidelines
1:35 p.m.		C. Board Member Comments Board members are invited to address issues not on the agenda and to submit items within the subject jurisdiction of the Board for future consideration. Please limit individual comments to three minutes.
1:40 p.m.		D. Announcements
1:45 p.m.	1-18	E. Consent Agenda
		1. Approval of Agenda
		2. Approval of Previous Meeting Minutes
		a. Special Governing Board Meeting July 22 2022
		b. Governing Board Meeting July 29 2022
		3. Approval of Resolution 22:19 – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day extension until September 27, 2022.

- 1:50 p.m. F. Correspondence, Suggestions or Written Comments to the Board
- 2:00 p.m. 19-35 G. Finance Report – Corinne Stromstad, Barbara Truitt, Paul Eves and Matt Rees
1. Approval of July, 2022 Finances - Paul Eves
 2. PFS report/Provider Printout – July, 2022 – Marie Brown/Remy Quinn
 - HRG report –Remy Quinn
- H. Chief Nursing Officer’s Report – Adela Yanez, CNO- Nos Report
- 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
- 2:30 p.m. 36-40 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.)
 3. Strategic Plan Committee reports
 4. Committee reports – Barbara Truitt
- K. Old Business - None
- 3:45 p.m. L. New Business
1. Determining the Boards November and December holiday Schedule
 2. Policies and Procedures. (**See separate packet- Medstaff Policy Development Committee A**)
 3. Medical Staff Bylaws and Rules and Regulations -See Separate packet
 4. Updated Employee Handbook -See Handbook
 5. SHCHD Conditional Will Serve Letter- Corinne to sign or to Grant Matt Rees Authorization.
- M. Meeting Evaluation
- N. Parking Lot

1. Governing Board retreat

O. Next Meetings

1. Medical Staff Committee - Policy Development, Wednesday, September 14, 2022, 11:00 a.m.
2. QAPI Meeting – TBD
3. Medical Staff Committee, Wednesday, September 21, 2022, 12:00 p.m.
4. Governing Board Meeting October 26, 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 July 29, 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, CNO
4. MERP Report [H&S Code § 32155] – Adela Yanez, CNO
5. Medical Staff Appointments/Reappointments [Gov. Code § 54957] –
 - a. Surender Kurapati, MD, Reappointment to Associate for Diagnostic Teleradiology privileges, 09/01/2022 to 08/31/2024
 - b. PeiLin Reed, MD, Reappointment to Associate for Diagnostic Teleradiology privileges, 09/01/2022 to 08/31/2024
6. Next regular Meeting Thursday October 26, 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

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

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

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

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

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

Posted Monday, August 22, 2022



Governing Board – Special Meeting

Date: Friday, April 22, 2022
Time: 10:00 a.m.
Location: Sprowel Creek and Webex
Facilitator: Corinne Stromstad, Board President

Minutes

Governing Board: Barbara Truitt, **Via Webex** – Corinne Stromstad and Kevin Church

Not Present: Jessica Willis and Galen Latsko

Also present: Marie Brown, Remy Quinn, Paul Eves CFO, and Darrin Guerra

Also Present Webex: Matt Rees, CEO, Heidi Holterman, Karen Johnson, and CNO Adela Yanez

- A. Call to order – 10:07 a.m.
- B. Public Comment –None
- C. Board Member Comments – none
- D. Announcements –None
- E. New Business –

Approval of Resolution 22:16 - Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30 day extension until, August 21, 2022.

Motion: Kevin Church made a motion to adopt Resolution 22:16, as described above.

Second: Corinne Stromstad seconded the motion

Ayes: Corinne Stromstad, Barbara Truitt, and Kevin Church

Noes: None

Not Present: Galen Latsko and Jessica Willis



Motion carried.

F. Adjourned at: 10:09 a.m.

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<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
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Submitted by Darrin Guerra

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

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, Jessica Willis and Barbara Truitt.
Also via Webex: Galen Latsko

Not Present: None

Also in person: Darrin Guerra, Governing Board Clerk; CEO Matt Rees, Marie Brown, PFS Manager; Remy Quinn, HIM Manager; COO Kent Scown CFO Paul Eves, CQO Kristen Rees, Heidi Holterman, Graham Russell, Dorothy Russell, Rio Anderson, Josh Grain, Monica Pereine, Charles Anderson and Karen Johnson, Medical Staff Coordinator.

Also via Webex: CNO Adela Yanez, Director of HR Jennifer Baskin, Marvin Cohen, Amy Terrones, Angela Quail, Michael Newdow and Andrew Saighian

Call to Order – Board president Corinne Stromstad called the meeting to order at 1:30 p.m.

A. Public Comment - None

B. Board Member Comments – Jessica Informed the Public that this meeting held on the 29th day of July would be her final meeting. Attached is her signed letter of resignation dated July 23, 2022 reading –

“I am sorry to give you my notice, but I have to resign from the SHCHD governing board. I have taken a full-time position at SHUSD and will not be able to attend morning and midafternoon meetings. I have enjoyed my time on this board. I appreciate all that I have learned and all the wonderful people I have had the privilege to work with. This board meeting in July will be my last, my official end date will be July 31, 2022.”

C. Announcements -None

D. Consent Agenda

1. Approval of Agenda

2. Approval of Previous Meeting Minutes

a. Governing Board meeting June 23, 2022

Motion: Barbara Truitt moved to approve the previous minutes of June 23, 2022 as amended to include the Board Committees and other Consent Agenda items.

Second: Kevin church

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

Noes: None

Not Present: None

Motion carried.

Barbara Truitt and Kevin Church agreed to be in a committee to schedule Board Training and Education from Govern Well

The 2nd committee is to discuss financing with the Foundation. Barbara Truitt and Kevin Church will also be in this committee

3. **Approval of Resolution 22:18** – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day Extension until August 28, 2022.

Motion: Barbara Truitt made a motion to adopt Resolution 22:18, as described above.

Second: Kevin Church

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

Noes: None

Not Present: None

Motion carried.

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

G. Finance Report – Paul Eves

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

- This month we had only 3 swing beds days which is a major reduction from previous years. We anticipate that if we hire a full time discharge planner we will then be able to increase those days by accepting new referrals.
- Outpatient labs remain high due to Covid and are starting to rise. We anticipate this may be due to all the events in the area and summer starting.
- June also saw a large number of EKGs in comparison to previous months
- Coincidentally the EKG machine went down, and we are currently using a replacement until we receive a new machine.
- June was the third month in a row that we collected more than 1 million dollars in patient AR
- The pharmacy filled 3,279 prescriptions in the month of June.
- Total patient revenue was \$1.4M in June, \$200,000 from the Pharmacy
- Interest income is listed every 3 months. It's posted at the month's end after a quarter.
- Humboldt County Property Tax account remains inaccurate. It's been years since we've been able to get a figure from the county. Paul has had a response in the past month and he's hopeful that it is a sign that they are catching up.
- We continue to pay down the Medicare accelerated payment and expect to pay it off within the next 2 years. We have paid more than \$200,000 off the last few months in a row.
- Our net income for the year is 4.797 million!

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

Second: Jessica Willis

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

Noes: None

Not Present: None

Motion carried.

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

Motion: Barbara Truitt moved to approve Resolution 22:15 as submitted.

Second: Kevin Church

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

Noes: None

Not Present: None

Motion carried.

3. PFS report –June, 2022 –Marie Brown – See report
 - a. HRG report – June, 2022 – Remy Quinn – See report
 - There is an error on the 1st page of the PFS report. The 1st bullet should note June not May.
 - PFS continues to make improvements in processes. This continues to show lower AR days.
 - PFS has offered two letters of employment both of which have been accepted. The 1st PFS rep is already training in the ED and the 2nd will begin at the beginning of August in the clinic.
 - Additionally, the night time PFS rep in the ED had requested some time off and we finally got to see the outcome of the new position. Overall, it seemed to affect workflow into the day. Marie feels confident that the evening position has proven to be a tremendous asset to the team and there has been a clear increase in patient information received, reducing billing errors.
 - The Ochin/Epic teams continue to make improvements but have shown to be very time demanding, with some members of the team being in 11 hours of meetings weekly. It will be a lot of work from different members in the District, but we believe it will all be worth it once our integration is completed and we have received our new personalized systems.
 - PFS is now finally fully staffed. There are plans to potentially move some of staff members around and train them on more of the back-office work. Roles and daily workflows will change after the integration and PFS is waiting to see how these processes play out.
 - We were surprised to find out that coding was behind significantly. We anticipated that they were at least 5 days behind. Unfortunately, the clinic was month behind, and other areas were 2-3 weeks behind. The reason they have been backed up has been attributed to a combination of new management, lack of staffing, and they claim that they had multiple people out on vacation. We have had a meeting with them and set expectations We will reevaluate in a few months and if there isn't much improvement we may have to seek other coding agencies.

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

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

- Quality is currently in the process of applying for 3 ship grants.
- Quality had a call with the American Medical Association, and they would like to partner with us on a Blood Pressure control program. They are interested in the population we serve and the programs we offer. They have done some pilot programs in larger hospitals and have decided to partner with 4 or 5 hospitals across the nation. We are currently negotiating terms with them.
- The Quality lead position has been filled and will start in August.

J. Administrator's Report –Matt Rees, CEO

1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.) - See report
2. Foundation Report – Chelsea Brown - (May, Aug., Nov., Feb.) -No Report
3. Strategic Plan – No Report
4. Committee Reports – No Report
5. Department report –FRC– Amy Terrones – New Job Description Approval
 - Family Support Specialist
 - This position would be funded through the Department of Health and Human Services. Their primary duty will be to provide case management services for our child welfare service clients.
 - Youth Prevention Coordinator
 - This person would be a full-time employee stationed at the middle school or high school with a team of service providers. Their primary goal would be to provide drug and alcohol intervention as well as one on one intervention and prevention.

Motion: Barbara Truitt moved to approve the hiring of two new Grant Funded positions for the FRC with the Change of the title and posting to "Youth Diversion Coordinator".

Second: Jessica Willis

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

Noes: None

Not Present: None

Motion carried.

6. Angela Quail -Table Group Consultant- Admin Offsite Training

- Angela Quail spoke briefly about the July 25, offsite training that took place in shelter cove. She covered the process of how they try to build the team up and help them learn how to be a more cohesive team. She mentioned that over the last four months she has seen a profound change and is proud to say that it was one of the fastest improvements she has seen at an organization.

K. Old Business - None

L. New Business

1. Policies and Procedures – **See Packet**

Motion: Barbara Truitt moved to approve the Policies and Procedures as submitted.

Second: Jessica Willis

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

Noes: None

Not Present: None

Motion carried.

2. 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.

- Andrew Saighian from BBK Law opened the hearing for the resolution of necessity. Andrew stated that the purpose of this hearing is to make findings to allow the District to

file a lawsuit to exercise its eminent domain powers, the hearing is not to negotiate a definitive price or to make any other decision regarding the property.

- The Clerk of the Board then Noted the proof of mailing and the notice of hearing dated July 11, 2022 (on page 55-57 of the Governing Board Packet).
- Kent Scown, COO gave a brief description of what the project would intel. The project involves rebuilding a retaining wall around the property, clearing the land in its entirety, including the foundation, buildings, and tree for space for a parking lot.
- Andrew notified the Board that there was contact for public comment. He reminded the public that this hearing is just to adopt a resolution of necessity to have the ability to file a lawsuit for eminent domain. The district isn't taking the property out right, they intend to acquire the property at fair market value. The hearing is not to negotiate a definitive price or to make any other decision regarding the property. He then opened the floor to Dorothy Russel and her peers to speak publicly.
- Dorothy Russel – Church owner. She spoke about the property being considered an R4 property. She believes the best use for the property would be to build housing on it. She mentioned prices of other properties in the area and believes that the parcel is worth more than previously appraised. She spoke about the trouble the church has faced with vandalism through the years and hopes that this situation will turn out to be a blessing.
- Graham Russel -Church Treasurer. Russel believes the best use for the property would be for housing for the public. He then spoke about how the District and his party "...just need to come up with a fair agreement".
- Kevin Dolan – Property Owner. Kevin spoke that the district should caution themselves with these types of processes. He believes it sets a dangerous precedence in the community. He believes the District and Mrs. Russel should come to an agreement.
- Monica Pereine – Former Planner for the city of San Francisco and CAL Trans- She stated that from a planner's perspective that the property should be used for housing. She also mentioned that it sets a dangerous precedent. She would like to see the District and Mrs. Russel come to an agreement.
- Charles Anderson – Public Member. Charles spoke about how wherever there is money there is corruption and that he is not sure about the process that is taking place and asked that the board "...just hold off for a while".

- Rio Anderson – Property Owner. Rio believes that the property would be best suited for senior or low-income housing. He would like to advocate that the District and Dorothy come to a fair agreement.

3. Board questions and comments:

- Board member Kevin Church reminded the public that the eminent domain process does not hinder any negotiations and actually helps to ensure a fair market price for both parties. If the property owner is unsatisfied with the appraisal, they are allowed to hire their own appraiser at which the district will pay up to \$5,000 for, to ensure fair market price. He had also asked Matt Rees how long the district has been trying to acquire this parcel for and how responsive the property owner has been. Matt explained that the District has been trying to acquire it for about 3 years and has made multiple offers which have been “left on the table”.
- Board member Barbara Truitt asked CEO Matt Rees to inform the public of the current housing projects the District has planned. Matt informed the public that the District currently has a property across the street from the Sprowel Creek Campus, the district intends to build a housing unit that has up to 13 different living quarters. This would be primarily for hospital employees that travel and need to stay overnight. The District also owns a property behind Ray’s that they intend on building 7 apartments on for district employees, freeing up housing in the community.
- Kevin Church wanted to reiterate that if the independent appraiser the property owner hires finds information that the District’s appraiser did not consider in their 1st estimate, it opens up more room for negotiations and the District would be required by law to update their estimate.
- Barbara Truitt asked Andrew if there was a Mandated timeline if the process is started and in the following stages. Andrew replied that typically a lawsuit would need to be filed within 60 days of a resolution being adopted. The steps after that would depend on the county and how busy the court is, though eminent domain laws strictly forbid trials within 1 year of the lawsuit.
- At this point Andrew closed the hearing.

4. **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**

Motion: Kevin Church made a motion to adopt Resolution 22:17, as described above.

Second: Jessica Willis

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

Noes: None

Not Present: None

Motion carried.

M. Meeting Evaluation – Good meeting

N. Parking Lot - None

O. Next Meetings:

1. Medical Staff Committee - Policy Development, Wednesday, August 10, 2022, 10:00 a.m.
2. QAPI Meeting - September TBD
3. Finance Committee will be held August 23, 2022 at 10:00 a.m.
4. Governing Board Meeting August 25, 2022 at 1:30 p.m.

P. Adjourn to Closed Session – 2:33 p.m.

Q. Closed Session opened at 3:03 p.m.

1. Approval of Previous Closed Session Minutes

a. Closed Session Special 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. 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] -None
6. Personnel matter – Chief Quality Officer Evaluation – Pursuant to Gov. Code § 54957
7. Conference with Legal Counsel – Existing Litigation (§ 54956.9(d)(1) – Cheryl Wik
8. Next Regular Meeting:
 - a. Governing Board Meeting, Thursday, August 25, 2022

R. Adjourned Closed Session at 4:33 p.m.

S. Resumed Open Session at 4:33 p.m.

1. The following actions were taken at closed session

Motion: Barbara Truitt moved to approve the Previous closed session minutes June 23, 2022 with corrections.

Second: Corinne Stromstad

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

Noes: None

Not Present: None

Motion carried.

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

All recordings of Board meetings are held on file for 1 year and are available upon request.

Submitted by Darrin Guerra

Abbreviations

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Governing Board Meeting Minutes

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**Southern Humboldt Community
Healthcare District**

	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Current 12 Month AVG	Year to Date- Current Year
In Patient Statistics														
Total Acute Patient Days	1	16	9	5	11	3	18	15	5	3	7	6	8	6
Total Swing Patient Days	25	56	66	30	39	35	65	95	98	54	3	3	47	3
Total SNF Patient Days	229	240	231	191	237	223	190	217	228	221	215	248	223	248
Total Patient Days	255	312	306	226	287	261	273	327	331	278	225	257	278	257
Total Acute Discharges	1	5	4	2	5	1	7	3	3	1	3	1	3	1
Total Swing Discharges	1	4	5	0	2	2	2	5	5	3	2	1	3	1
Total SNF Discharges	2	0	1	1	2	1	1	0	0	2	0	4	1	4
	4	9	10	3	9	4	10	8	8	6	5	6	7	6
Acute Length of Stay	1.00	3.20	2.25	2.50	2.20	3.00	2.57	5.00	1.67	3.00	2.33	6.00	2.89	6
ER Admits	1	5	4	2	5	1	7	4	3	2	3	1	3	1
I/P Lab Visits	12	23	14	7	10	23	26	14	17	22	23	41	19	41
I/P Radiology Visits	4	3	2	2	4	2	5	6	6	10	3	3	4	3
I/P EKG's	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Out Patient Statistics														
ER Visits	298	250	220	260	206	233	188	218	219	248	270	278	241	278
Clinic Visits	427	459	471	495	453	449	380	509	452	500	479	466	462	466
SLS Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Medical	1143	1570	1871	1302	1644	2278	2597	1042	1049	1453	1853	1859	1,638	1,859
Laboratory Visits	1041	740	546	640	839	1009	455	589	574	681	702	753	714	753
Radiology	156	209	152	167	179	121	182	170	161	154	193	162	167	162
Mammography	25	6	11	19	9	17	9	14	13	28	9	18	15	18
CT Scans	55	76	63	70	66	73	77	88	72	80	88	63	73	63
EKG's	23	42	38	25	44	48	55	37	34	59	64	28	41	28
Total O/P Visits	3,168	3,352	3,372	2,978	3,440	4,228	3,943	2,667	2,574	3,203	3,658	3,627	-	3,627
Retail Pharmacy Rx's Sold	1,607	2,001	2,358	2,566	2,249	2,573	2,455	2,999	2,983	3,237	3,279		2,446	
Salary Statistics														
Productive FTE's	75.1	76.8	79.2	80.5	79.2	71.7	79.1	77.4	79.7	81.1	81.2	81.2	79	
Paid FTE's	84.9	85.0	87.1	87.8	87.9	85.4	87.0	88.0	87.8	88.2	92.0	91.8	88	
Salaries & Ben as % of Net Rev	68.4%	59.2%	77.6%	64.5%	94.4%	50.1%	72.8%	71.23%	70.03%	71.65%	48.15%	2867.64%	301.31%	
Benefits as % of Salaries	46.4%	32.0%	64.4%	32.2%	11.6%	28.1%	43.9%	11.55%	43.42%	47.12%	-24.13%	11.55%	29.00%	
Revenue Statistics														
Gross A/R > 120 Days	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	1,676,234	1,772,854	
A/R>120 Days as % of Total AR	41%	34%	34%		42%	42%	42%	42%	42%	42%	42%	42%	0	
Gross Days in A/R	79.2	85.1	85.9	86.3	94.7	91.6	86.5	86.5	88.5	84.9	82.9	83.4	86	
Net Days in A/R	73.4	79.8	81.6	79.8	87.5	84.4	79.9	79.9	80.0	78.6	75.0	77.3	80	
A/R Cash Collections	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	801,517	897,974	
Collections as % of Net Rev	62.0%	67.2%	70.8%	68.8%	63.1%	58.0%	59.5%	69.3%	61.6%	91.6%	95.1%	54.9%	68.5%	
Accounts Payable Days	3.8	8.8	2.1	1.9	0.8	6.4	6.2	6.5	7.0	7.6	3.9	2.1	4.8	
Cash Collections per Cal Day	32,987	25,257	27,327	27,261	23,522	23,471	27,740	24,853	33,036	36,702	39,591	25,855	28,967	347,603
Cash Disburs. per Cal Day	38,603	41,262	458,718	40,600	42,521	41,846	54,626	58,544	46,099	53,257	53,859	58,544	82,373	934,618

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

Current Month			Year to Date				
\$						\$	%
Variance	Budget	Actual		Actual	Budget	Variance	Variance
(34,006)	237,500	203,494	GROSS PATIENT REVENUE				
21,125	41,670	62,795	INPATIENT	203,494	237,500	(34,006)	-14%
292,185	1,202,080	1,494,265	INPATIENT ANCILLARY	62,795	41,670	21,125	51%
279,304	1,481,250	1,760,554	OUTPATIENT ANCILLARY	1,494,265	1,202,080	292,185	24%
			TOTAL PATIENT REVENUE	1,760,554	1,481,250	279,304	19%
			DEDUCTIONS FROM REVENUE				
(371,412)	515,630	144,218	CONTRACTUAL ALLOWANCES	144,218	515,630	(371,412)	-72%
4,519	71,670	76,189	PROVISION FOR BAD DEBTS	76,189	71,670	4,519	6%
155,920	36,000	191,920	OTHER ALLOWANCES/DEDUCTIONS	191,920	36,000	155,920	433%
	-300,000	(300,000)	OTHER OPERATING IGTs & SUPPLEMENTAL	(300,000)	(300,000)		
(210,973)	323,300	112,327	TOTAL DEDUCTIONS	112,327	323,300	(210,973)	-65%
490,277	1,157,950	1,648,227	NET PATIENT REVENUE	1,648,227	1,157,950	490,277	42%
3,449	12,000	15,449	OTHER OPERATING REVENUE	15,449	12,000	3,449	29%
493,726	1,169,950	1,663,676	TOTAL OPERATING REVENUE	1,663,676	1,169,950	493,726	42%
330,612	731,670	1,062,282	SALARIES & WAGES	1,062,282	731,670	330,612	45%
(35,588)	158,330	122,742	EMPLOYEE BENEFITS	122,742	158,330	(35,588)	-22%
52,085	123,330	175,415	PROFESSIONAL FEES	175,415	123,330	52,085	42%
(8,513)	112,500	103,987	SUPPLIES	103,987	112,500	(8,513)	-8%
26,681	21,670	48,351	REPAIRS & MAINTENANCE	48,351	21,670	26,681	123%
79,613	110,000	189,613	PURCHASED SERVICES	189,613	110,000	79,613	72%
(4,979)	14,170	9,191	UTILITIES	9,191	14,170	(4,979)	-35%
(10,213)	23,330	13,117	INSURANCE	13,117	23,330	(10,213)	-44%
0		0	INTEREST	0	0	0	#DIV/0!
8,880	38,330	47,210	DEPRECIATION/ AMORTIZATION	47,210	38,330	8,880	23%
9,614	33,330	42,944	OTHER	42,944	33,330	9,614	29%
448,192	1,366,660	1,814,852	TOTAL OPERATING EXPENSES	1,814,852	1,366,660	448,192	33%
45,534	(196,710)	(151,176)	OPERATING PROFIT (LOSS)	(151,176)	(196,710)	45,534	-23%
(2,500)	95,000	92,500	TAX REVENUE	92,500	95,000	(2,500)	-3%
60,000	40,000	100,000	OTHER NONOPERATING REV (EXP)	100,000	40,000	60,000	150%
		0	INTEREST INCOME	0			
57,500	135,000	192,500	NET NON OPERATING REV (EXP)	192,500	135,000	57,500	43%
103,034	(61,710)	41,324	NET INCOME (LOSS)	41,324	(61,710)	103,034	-167%

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

	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	12 Month AVG: Mar '21-Feb 22	YTD - Current Year
Inpatient Daily Hospital Services	154,457	244,718	219,424	170,256	217,954	170,724	226,213	263,867	217,261	192,011	175,686	203,494	204,672	203,494
Ancillary Revenue	54,355	72,321	45,472	40,036	51,743	54,178	57,688	86,204	71,057	64,210	41,791	62,795	58,488	62,795
Outpatient Revenue	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	1,494,265	1,371,631	1,494,265
Total Hospital Revenue	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	1,760,554	1,634,791	1,760,554
Contractual Allowances	457,567	404,071	324,712	415,578	447,106	501,660	508,013	761,987	556,716	615,921	472,276	144,218	467,485	144,218
Provision for Bad Debts	210,892	48,684	140,689	54,169	137,821	117,448	118,631	10,157	49,676	17,220	43,045	76,189	85,385	76,189
Other Allowances/Deductions	76,635	4,829	39,931	63,107	100,622	38,322	67,521	90,994	52,827	61,168	21,290	191,920	67,431	191,920
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)	(300,000)
Total Deductions	445,094	157,584	205,332	232,854	385,549	357,430	394,165	563,138	359,219	394,309	236,611	112,327	320,301	112,327
Contractual %													20%	6%
Net Patient Revenue	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	1,648,227	1,314,490	1,648,227
Net Revenue %	72%	91%	87%	83%	76%	80%	74%	69%	77%	76%	86%	94%	80%	94%
Other Operating Revenue	14,615	15,318	14,551	15,668	14,753	34,137	14,219	14,964	26,619	14,215	15,242	15,449	17,479	15,449
Total Revenue	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	1,663,676	1,331,969	1,663,676
Salaries & Wages	543,935	536,284	579,710	564,028	627,862	565,381	562,777	634,230	606,216	628,652	926,391	1,062,282	653,146	1,062,282
Employee Benefits	158,608	171,366	373,211	181,430	134,580	159,058	247,085	271,899	263,210	296,245	(223,582)	122,742	179,654	122,742
Professional Fees	118,353	112,847	112,883	180,917	109,637	112,547	278,975	310,402	178,201	228,761	214,234	175,415	177,764	175,415
Supplies	109,110	61,224	106,131	109,659	101,501	182,616	107,907	93,932	68,106	119,328	64,935	103,987	102,370	103,987
Repairs & Maintenance	6,638	25,766	20,930	13,640	8,884	12,666	27,885	16,373	43,108	21,161	24,467	48,351	22,489	48,351
Purchased Services	94,063	140,865	125,499	70,442	66,996	132,609	159,060	109,754	87,732	221,948	427,722	189,613	152,192	189,613
Utilities	18,077	24,502	30,677	5,875	6,943	4,079	39,491	6,414	32,704	18,898	42,146	9,191	19,916	9,191
Insurance	10,075	11,755	12,982	12,703	13,521	13,112	13,112	13,112	13,112	13,112	13,111	13,117	12,735	13,117
Interest													0	0
Depreciation	45,896	45,896	37,258	45,975	37,021	38,614	49,177	48,603	48,603	48,603	48,603	47,210	45,122	47,210
Other Expense	44,214	152,351	30,170	33,332	211,206	76,536	44,049	55,565	41,975	54,246	77,739	42,944	72,027	42,944
Total Expenses	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	1,814,852	1,437,416	1,814,852
Expenses %	99%	83%	106%	105%	105%	88%	138%	122%	111%	128%	111%	109%	108%	3%
Profit/Loss from Operations	15,646	256,264	(81,967)	(62,624)	(62,979)	181,890	(417,237)	(285,545)	(141,458)	(360,074)	(156,097)	(151,176)	(105,446)	(151,176)
Tax Revenue	95,000	95,000	92,500	92,500	92,500	100,855	92,500	92,500	92,500	92,500	92,500	92,500	93,613	92,500
Other Non Operating Rev (Exp)	3,903	1,574,676	311,075	40,160	244,733	327,636	347,670	383,116	301,936	365,465	724,752	100,000	393,760	100,000
Interest Income		14,173	31	1,064		6,789			9,031				6,218	0
Net Non-operating Rev/(Exp)	98,903	1,683,849	403,606	133,724	337,233	435,280	440,170	475,616	403,467	457,965	817,252	192,500	493,591	192,500
NET INCOME/ (LOSS)	114,549	1,940,113	321,639	71,100	274,254	617,170	22,933	190,071	262,009	97,891	661,155	41,324	388,144	41,324

Southern Humboldt Community Healthcare District
Balance Sheet
July 2022

ASSETS		LIABILITIES & FUND BALANCE	
Current Assets		Current Liabilities	
Cash- Checking & Investments	824,853	Accounts Payable	117,291
LAIF Account	9,599,344	Accrued Payroll & Related costs	3,162,083
Humboldt County Property Tax Acct	1,119,622		
Patient Accounts Receivable	3,737,262	Other Current Liabilities	
Less Allowances	2,261,149	Deferd revenue IGT	
Accounts Receivable- Net	1,476,113	A/R Credit balances	
		Medicare Accelerated Payments	1,746,296
		Medicare Contingency	2,000,000
Other Receivables	2,519,903	Current Portion-Long Term Debt	
Inventories	165,420	Other Short Term Debt - PPP Loan	
Estimated 3rd Party Settlements		Accrued interest	
Prepaid expenses and Deposits	1,192,142		
Total current assets	16,897,397	Total current Liabilities	7,025,670
Property and Equipment		Long Term Debt, Less Current Portion	
Land	959,877		
Land improvements	553,251	HELP II Loan	511,000
Buildings	2,516,797		
Equipment	6,117,944		
Construction in progress	2,175,021	Total Long-term debt	511,000
Total property and equipment	12,322,890	Less: Current Portion-Long Term Debt	
Less : accumulated depreciation	(6,839,367)	Net Long Term Debt	511,000
Net property and equipment	5,483,523		
Other Assets		Equity	
		Unrestricted Fund Balance--Prior Years	14,808,778
Investments	5,852	Net Income (Loss)--Current Year	41,324
Total Other Assets	5,852	Restricted Fund Balance	
		Total fund balance	14,850,102
Total Assets	22,386,772	Total Liabilities and Fund Balance	22,386,771

Revenue Cycle / Patient Financial Services

July 2022 Finance Committee Report

HRG - Key Items:

- July closed at 77.3 AR days or \$3.7M in Gross AR
- Gross AR reduced by 5.6 days or \$200K
- Cash collections totaled \$787K, 88% of June's net revenue
- Third Party Aging increased by \$32K, up to 19.7%
- Unbilled AR decreased by 2.6 days

Accounts Receivable – AR days are now at their lowest since August 2021 and we continue to see improvement. We hope to see this trend continue in a positive direction.

Third Party Aging – Accounts aged over 90 days have been identified and have either been resolved and billed or are in process. There were some delays on the payer side with several nursing home authorizations that prevented billing. These have since been billed.

Training – We have hired two new PFS staff members that have begun training in the Clinic and the Hospital registration areas. They both are local and have prior experience, we are very fortunate to have added them to our team. With this we are looking to resume planning on some of our cross-training initiatives.

We also conducted some ad-hoc training with our evening shift staff regarding EMTALA, communication after hours, and ran through a variety of situational issues and best practice responses.

OCHIN Epic – We continue to spend time weekly in Design Team sessions with OCHIN and Epic staff. We will transition from the build phase to the testing phase toward the end of the year. We will have our new Pivot Point PM join us on site in August.

Treatment Authorization – The changes we have made to the treatment authorization process and the FTE split responsibility between PFS and HIM staff has continued to show positive improvement. The amount of revenue pending for authorizations remains at an all time low and requests are processed timely and in line with payer requirements.

OSHPD ED REPORT – The quarterly ED OSHPD Report was completed, submitted, and accepted by the state for the reporting period of 4/1/22 – 6/30/22.

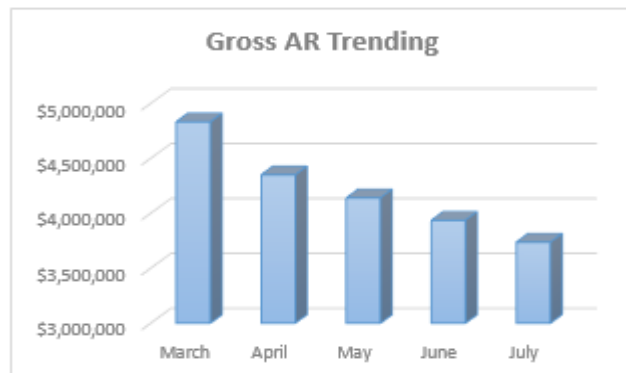
UR - PFS Management continues to work with the UR team on SWG and SNF placement. We continue to advocate for full time case management staff, as on the days we have no case manager this responsibility falls to other staff members who are already spread thin and wearing multiple hats. This is an ongoing issue that presents new and complex challenges every week.

Southern Humboldt July 2022



Key Items

- ➡ July closed at 77.3 AR days or \$3.7M in Gross AR
- ➡ Gross AR reduced by 5.6 days or \$200K
- ➡ Cash collections totaled \$787K, 88% of June's net revenue
- ➡ Third Party Aging increased by \$32K, up to 19.7%
- ➡ Unbilled AR decreased by 2.6 days



Detailed Initiatives & Obstacles

- **Overall AR:** July closed with \$3.7M in Gross AR or 77.3 AR days. AR is down 5.6 days from last month and 16.7 days compared to March where AR was up to 94 days. Third Party AR came in at 32.4 AR days, which is an increase of 0.7 days since June. Although Third Party AR did rise, we are still under our goal of 34 AR days for the second month in a row. Unbilled AR decreased 2.6 AR days coming in at 4.3 AR days for the month of July and is now only 1.3 days from hitting goal which is set at 3 days. Self Pay AR continues to decrease and ended July at 40.5 days in AR which is 14.5 days from goal. Cash collections came in at \$787K, falling short of net revenue by \$106K. The Medi-Cal/PHC cash came in low as there were a few Nursing Home (NH) accounts that were pending for coding to be finalized before the claims could be billed. The delay in coding created a delay in cash collections. The NH accounts that were pending coding in July have since been billed and payment is expected in August.
- **Self Pay (SP) AR:** July closed with 2,957 accounts for \$1.95M in Self Pay equating to 40.5 days in AR. Self Pay collections came in at \$39K; which is a decrease of 8K since June. SHCHD sent nearly \$12K to collections and adjusted \$148K to untimely in July. HRG identified nearly 3 days in AR that was eligible for untimely adjustments due to lack of recent statements. The issue has been corrected and will be monitored going forward. 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:** July closed with \$362K in Third Party balances aged over 90 days, totaling 19.7%. There was an increase of \$32K from June, increasing the total percentage of aged accounts by 2.2%. Medicare aging increased by \$22K, and currently sits at 18%. Two high dollar Medicare claims aged in July, one for overlapping charges and another for delayed coding. Medi-Cal aging increased by \$54K, and is at 18%. There were 3 NH accounts pending TARs, all of which have since been billed. Commercial aging decreased by \$52K and ended July at 22.3%. Workers Compensation increased by \$8K ending at 57.8%. Overall, Third Party aging is now 4.7% from goal which is set at 15%.

Industry Updates CMS Confirms Delay on In-person Visit Requirements for Mental Health Telehealth

Effective January 1, 2022, mental health visits can be provided using interactive, real-time telecommunications technology. RHCs and FQHCs can provide telecommunications for mental health visits using both audio-video technology and audio-only technology.

In-person visit requirements apply only to a patient getting mental health visits via telecommunications at home:

There must be an in-person mental health visit 6 months before the telecommunications visit

In general, there must be an in-person mental health visit at least every 12 months while the patient is getting services from you via telecommunications to diagnose, evaluate, or treat mental health disorders

In June, CMS clarified section 304 of the Consolidated Appropriations Act (CAA), 2022, delaying in-person visit requirements under Medicare for mental health visits that RHCs and FQHCs provide via telecommunications technology. For RHCs and FQHCs, in-person visits won't be required until the 152nd day after the end of the COVID-19 PHE.

To review the full article, please visit [MLN SE22001](https://www.fda.gov/oc/2022/01/mln-se22001).

Amanda Hornby | Revenue Cycle Director

Healthcare Resource Group

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Southern Humboldt Community Healthcare District



MONTH END FINANCE REPORT

July 2022

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FINANCE DASHBOARD

Revenue Cycle Performance

	Target	February-22	March-22	April-22	May-22	June-22	July-22
REVENUE							
Net Revenue		\$789,633	\$956,179	\$818,902	\$836,078	\$892,707	\$790,511
Gross Revenue		\$1,350,122	\$1,639,234	\$1,384,159	\$1,464,711	\$1,474,557	\$1,510,151
CASH							
Cash Collections as a % of Net Revenue	100%	98%	98%	107%	139%	146%	88%
Cash Collections		\$859,954	\$770,454	\$1,024,101	\$1,137,769	\$1,217,580	\$786,503
ACCOUNTS RECEIVABLE							
Net AR		\$2,279,087	\$2,466,209	\$2,143,062	\$1,774,113	\$1,696,446	\$1,476,113
Gross AR		\$4,322,972	\$4,832,867	\$4,350,642	\$4,140,558	\$3,936,767	\$3,737,262
Unbilled	3	7.1	4.8	6.9	6.1	6.9	4.3
Third Party	34	34.7	45.1	36.0	33.4	31.7	32.4
Self Pay	26	44.7	44.0	45.6	45.4	44.3	40.5
Total Days in AR	63	86.5	94.0	88.5	84.9	82.9	77.3
Days in AR - Credit Balances	< 1	2.09	2.10	2.25	1.87	1.90	1.93
UNBILLED							
In-house	< 2 Days	0.7	0.2	0.0	0.0	0.2	0.0
DNFB	< 1 Day	6.4	4.6	6.9	6.1	6.7	4.3
Total Unbilled	<3 Days	7.1	4.8	6.9	6.1	6.9	4.3

Third Party

	Target	February-22	March-22	April-22	May-22	June-22	July-22
AGING (excluding credits)							
Medicare Aging > 90 Days	9%	17.6% \$ 148,883	11.5% \$ 117,577	11.6% \$ 100,944	12.6% \$ 104,764	11.8% \$ 70,384	18.0% \$ 92,227
Medicaid Aging > 90 Days	16%	20.9% \$ 182,375	18.7% \$ 217,453	21.0% \$ 198,832	17.9% \$ 131,848	12.7% \$ 112,593	18.0% \$ 165,977
Commercial Aging > 90 Days	18%	19.3% \$ 81,095	31.0% \$ 131,036	30.0% \$ 95,549	33.5% \$ 123,298	35.7% \$ 132,930	22.3% \$ 81,128
Work Comp Aging > 90 Days	36%	53.5% \$ 16,105	56.4% \$ 25,652	49.9% \$ 26,297	33.5% \$ 14,992	47.4% \$ 14,065	57.8% \$ 22,197
Total Third Party Aging > 90 Days	15%	19.8% \$ 428,458	18.5% \$ 491,718	19.3% \$ 421,622	18.9% \$ 374,902	17.5% \$ 329,972	19.7% \$ 361,528
CLAIM SUBMISSION EFFICIENCY							
Claims Submission		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	1,486 \$ 1,682,882
Clean Claims	85%	85%	83%	83%	81%	84%	83%
Denial Percent	5%	5%	3%	7%	5%	5%	4%
Total Denial Rate	Count Amt	85 \$ 78,246	79 \$ 50,437	136 \$ 98,978	120 \$ 112,468	99 \$ 72,659	87 \$ 75,394
Late Charges	Count Amt	0 \$ 15,617	3 \$ 186	150 \$ 35,391	76 \$ 8,701	28 \$ 902	66 \$ 24,528
Communication Log Backlog		90 \$ 156,568	26 \$ 146,746	21 \$ 58,931	77 \$ 154,303	100 \$ 157,069	50 \$ 70,186

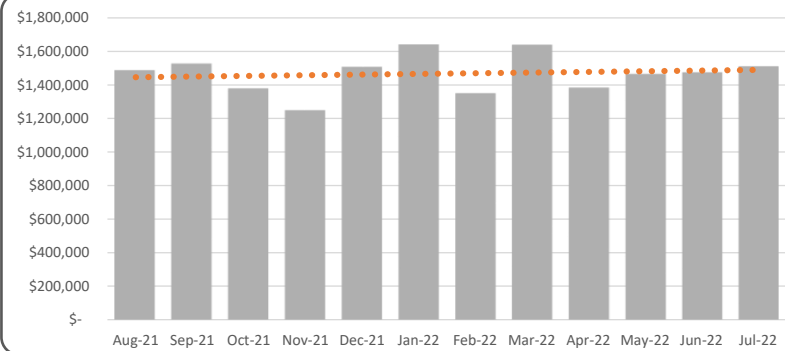
Self Pay

	Target	February-22	March-22	April-22	May-22	June-22	July-22
INVENTORY & QUALITY							
Total Inventory		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	2,957 \$ 1,959,428
New		271 \$ 110,187	313 \$ 110,984	384 \$ 129,050	364 \$ 123,986	422 \$ 196,662	317 \$ 93,596
Resolved		219 \$ 27,153	485 \$ 152,376	1,103 \$ 66,875	459 \$ 114,812	610 \$ 332,592	524 \$ 223,952
Aged >180 days from Assignment	< 25%	72.2% \$ 1,611,788	71.7% \$ 1,623,121	71.6% \$ 1,605,165	63.4% \$ 1,405,722	60.2% \$ 1,266,992	59.4% \$ 1,164,657
Total Payment Plans over 120 days		\$18,425	\$8,967	\$9,637	\$23,479	\$28,312	\$24,661
Average Speed to Answer	< 60 seconds	134	150	137	112	129	145
STATEMENTS & LETTERS							
Statements & Letters		270	1,380	897	394	1,110	1,850
Charity Care Applications In Process		0 \$ -	0 \$ -	33 \$ 19,674	14 \$ 16,699	37 \$ 26,461	7 \$ 12,385
Inbound and Outbound Calls	In Out	99 152	326 154	305 455	260 800	231 770	184 310
WRITE OFFS							
Bad Debt as a % of Gross Revenue	< 2%	0.0% \$ -	2.2% \$ 35,941	0.0% \$ -	1.9% \$ 27,754	1.4% \$ 21,026	0.8% \$ 11,557
Charity as a % of Gross Revenue	< 2%	0.2% \$ 2,062	5.6% \$ 92,241	6.3% \$ 87,222	3.1% \$ 45,909	13.5% \$ 199,419	3.5% \$ 53,600

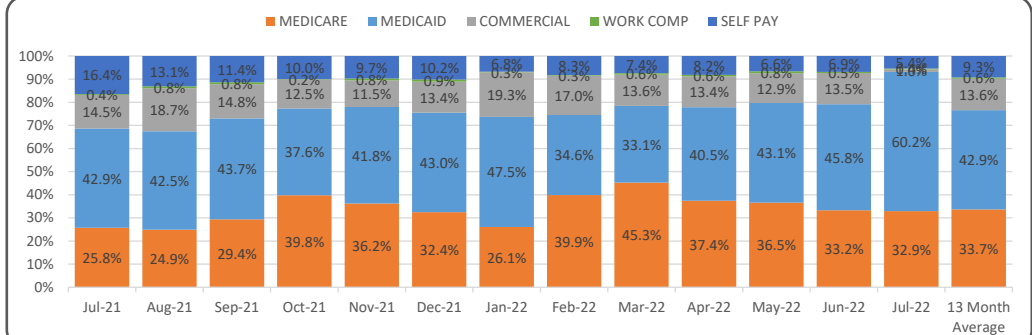
GROSS REVENUE

PAYER	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
MEDICARE	\$ 409,439	\$ 370,915	\$ 448,301	\$ 548,436	\$ 452,536	\$ 489,231	\$ 427,748	\$ 538,639	\$ 742,459	\$ 517,108	\$ 535,226	\$ 490,275	\$ 497,277	\$ 497,507
MEDICAID	\$ 681,573	\$ 632,322	\$ 666,353	\$ 518,532	\$ 522,097	\$ 649,245	\$ 779,456	\$ 466,921	\$ 542,632	\$ 559,974	\$ 631,339	\$ 676,074	\$ 909,474	\$ 633,538
COMMERCIAL	\$ 230,932	\$ 277,534	\$ 225,873	\$ 172,566	\$ 144,086	\$ 202,524	\$ 316,007	\$ 229,347	\$ 222,294	\$ 185,153	\$ 188,623	\$ 199,337	\$ 15,645	\$ 200,763
WORK COMP	\$ 6,551	\$ 12,495	\$ 12,387	\$ 2,285	\$ 10,340	\$ 14,240	\$ 4,843	\$ 3,414	\$ 10,258	\$ 8,879	\$ 12,311	\$ 6,889	\$ 6,454	\$ 8,565
SELF PAY	\$ 261,501	\$ 194,690	\$ 173,622	\$ 137,550	\$ 120,951	\$ 153,177	\$ 111,825	\$ 111,801	\$ 121,591	\$ 113,045	\$ 97,212	\$ 101,982	\$ 81,299	\$ 136,942
TOTAL	\$ 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	\$ 1,510,151	\$ 1,477,315
AVERAGE DAILY REVENUE	\$ 47,594	\$ 50,096	\$ 50,049	\$ 47,759	\$ 45,669	\$ 44,976	\$ 47,808	\$ 49,982	\$ 51,436	\$ 49,141	\$ 48,784	\$ 47,510	\$ 48,363	\$ 48,398

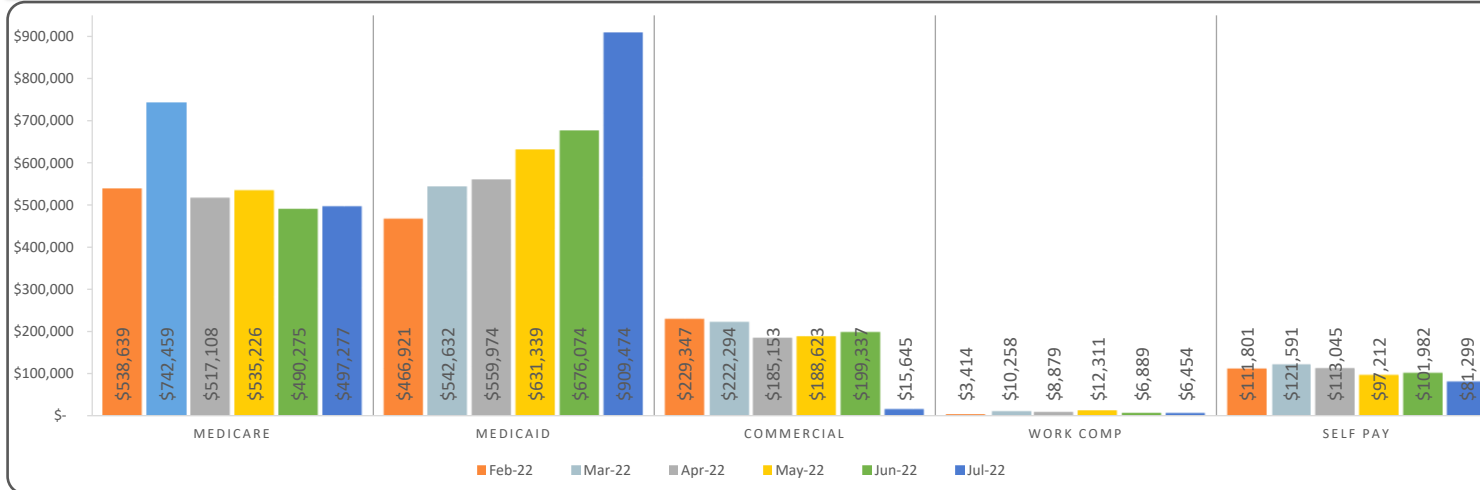
Gross Revenue



Payer Mix



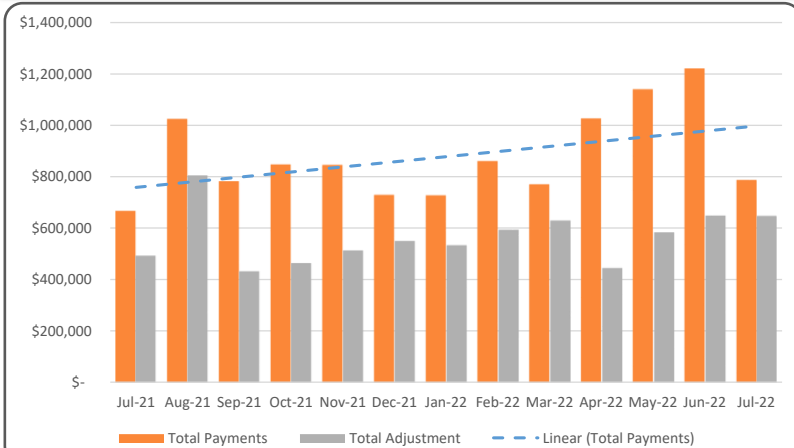
Revenue Trending By Payer



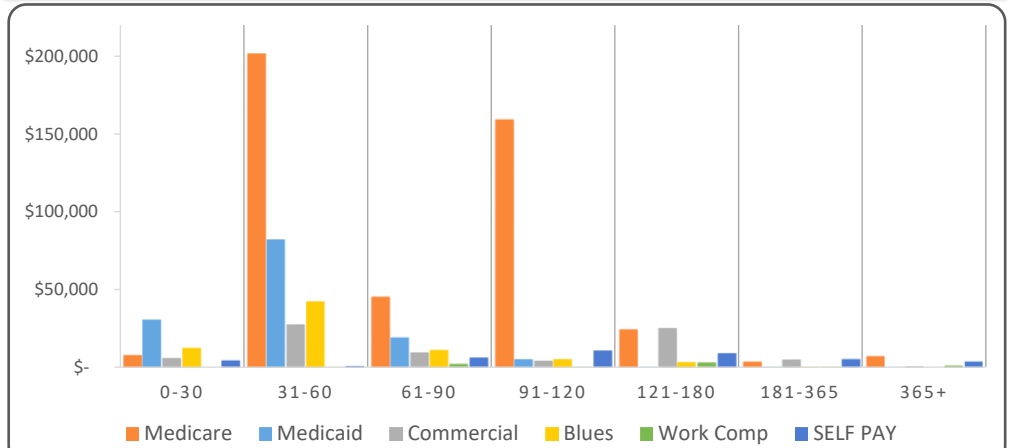
CASH DETAIL

PAYER	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
MEDICARE														
Payments	\$ 312,313	\$ 434,639	\$ 302,872	\$ 324,436	\$ 505,109	\$ 382,225	\$ 353,842	\$ 398,314	\$ 450,962	\$ 491,736	\$ 653,772	\$ 743,061	\$ 450,340	\$ 446,432
Adjustments	\$ 2,174	\$ (43,612)	\$ (9,988)	\$ 6,310	\$ (103,551)	\$ 97,705	\$ 66,441	\$ 65,484	\$ 85,982	\$ (48,508)	\$ (48,202)	\$ (155,707)	\$ 20,576	\$ (4,992)
Collection %	99%	111%	103%	98%	126%	80%	84%	86%	84%	111%	108%	127%	96%	101%
MEDICAID														
Payments	\$ 200,717	\$ 347,502	\$ 253,418	\$ 317,123	\$ 173,863	\$ 200,547	\$ 212,315	\$ 275,251	\$ 131,928	\$ 327,277	\$ 306,596	\$ 243,359	\$ 137,465	\$ 240,566
Adjustments	\$ 303,594	\$ 482,578	\$ 353,823	\$ 360,075	\$ 273,521	\$ 338,117	\$ 396,591	\$ 445,733	\$ 311,968	\$ 296,009	\$ 471,305	\$ 476,678	\$ 288,197	\$ 369,091
Collection %	40%	42%	42%	47%	39%	37%	35%	38%	30%	53%	39%	34%	32%	39%
COMMERCIAL														
Payments	\$ 44,139	\$ 79,233	\$ 73,099	\$ 90,785	\$ 23,057	\$ 32,890	\$ 42,329	\$ 45,115	\$ 55,397	\$ 94,255	\$ 35,661	\$ 49,987	\$ 78,377	\$ 57,256
Adjustments	\$ 11,792	\$ 30,259	\$ 22,192	\$ 38,548	\$ 15,162	\$ 11,202	\$ 12,751	\$ 9,930	\$ 27,215	\$ 34,954	\$ 19,183	\$ 15,330	\$ 186,466	\$ 33,460
Collection %	79%	72%	77%	70%	60%	75%	77%	82%	67%	73%	65%	77%	30%	69%
BLUES														
Payments	\$ 75,666	\$ 115,131	\$ 97,873	\$ 71,400	\$ 109,199	\$ 88,547	\$ 95,349	\$ 107,252	\$ 95,023	\$ 66,073	\$ 86,067	\$ 125,891	\$ 74,430	\$ 92,915
Adjustments	\$ 51,912	\$ 48,423	\$ 37,614	\$ 31,797	\$ 46,032	\$ 35,632	\$ 34,181	\$ 58,967	\$ 39,602	\$ 35,755	\$ 42,946	\$ 57,868	\$ 40,415	\$ 43,165
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	71%	65%	67%	69%	65%	67%
WORK COMP														
Payments	\$ 2,700	\$ 2,674	\$ 12,018	\$ 7,004	\$ 8,873	\$ 5,181	\$ 4,469	\$ 1,631	\$ 7,429	\$ 1,482	\$ 9,756	\$ 7,723	\$ 6,841	\$ 5,983
Adjustments	\$ 1,073	\$ 4,080	\$ 2,958	\$ 3,282	\$ 5,576	\$ 3,131	\$ 1,731	\$ 1,688	\$ 3,695	\$ 1,463	\$ 4,651	\$ 5,630	\$ 2,719	\$ 3,206
Collection %	72%	40%	80%	68%	61%	62%	72%	49%	67%	50%	68%	58%	72%	63%
SELF PAY														
Payments	\$ 25,468	\$ 39,318	\$ 40,860	\$ 32,085	\$ 24,686	\$ 17,085	\$ 18,553	\$ 29,302	\$ 29,539	\$ 42,539	\$ 45,773	\$ 47,380	\$ 38,993	\$ 33,199
Bad Debt Recoveries	\$ 6,775	\$ 4,111	\$ 1,927	\$ 4,291	\$ 291	\$ 2,711	\$ 751	\$ 3,090	\$ 174	\$ 739	\$ 144	\$ 179	\$ 57	\$ 1,942
Adjustments	\$ 39,124	\$ 24,880	\$ 10,968	\$ 11,569	\$ 8,579	\$ 23,588	\$ 12,037	\$ 7,658	\$ 29,539	\$ 36,623	\$ 18,153	\$ 26,050	\$ 41,268	\$ 22,310
Charity Care	\$ 5,845	\$ 210,892	\$ 5,495	\$ 3,409	\$ 107,586	\$ 6,325	\$ 7,646	\$ 2,062	\$ 92,241	\$ 87,222	\$ 45,909	\$ 199,419	\$ 53,600	\$ 63,666
Bad Debt	\$ 75,234	\$ 43,004	\$ 7,470	\$ 6,828	\$ 158,775	\$ 31,967	\$ -	\$ -	\$ 35,941	\$ -	\$ 27,754	\$ 21,026	\$ 11,557	\$ 32,274
Total SP Adjustments	\$ 120,203	\$ 278,776	\$ 23,933	\$ 21,806	\$ 274,940	\$ 61,879	\$ 19,682	\$ 9,721	\$ 157,722	\$ 123,845	\$ 91,816	\$ 246,494	\$ 106,424	\$ 118,249
Collection %	17%	12%	63%	60%	8%	22%	49%	75%	16%	26%	33%	16%	27%	33%
TOTAL														
Total Payments	\$ 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	\$ 786,503	\$ 878,293
Total Adjustment	\$ 490,749	\$ 800,505	\$ 430,532	\$ 461,817	\$ 511,680	\$ 547,667	\$ 531,378	\$ 591,522	\$ 626,184	\$ 443,517	\$ 581,700	\$ 646,293	\$ 644,797	\$ 443,931
Total Collection %	58%	56%	64%	65%	62%	57%	58%	59%	55%	70%	66%	65%	55%	61%

Cash & Adjustment Trending

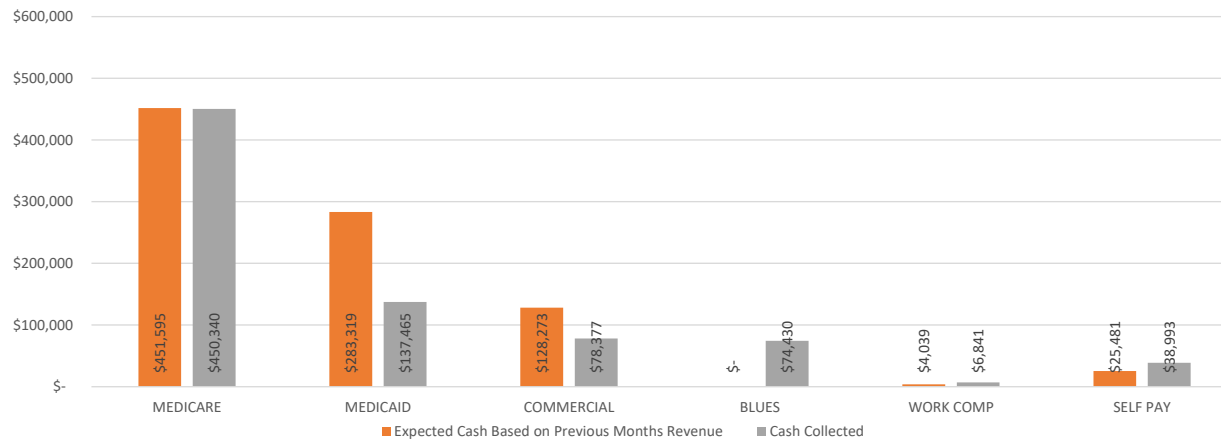


Cash Collections by Discharge Date

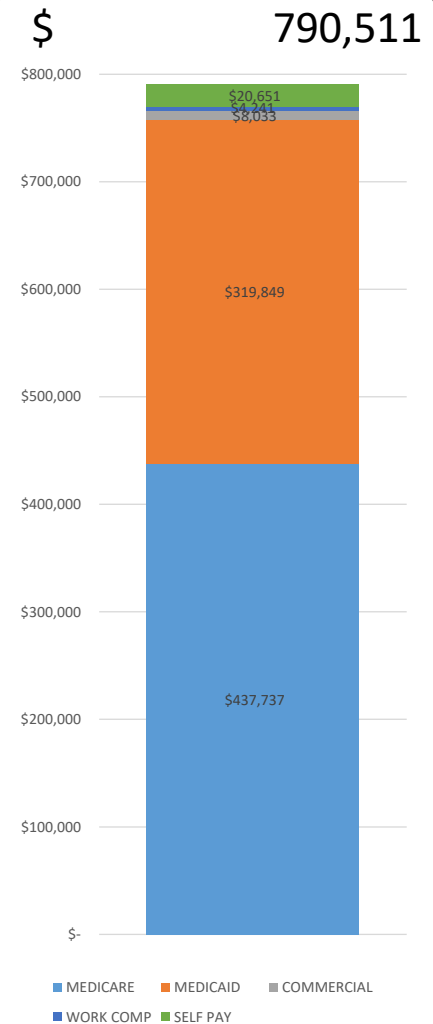


CASH FORECASTING

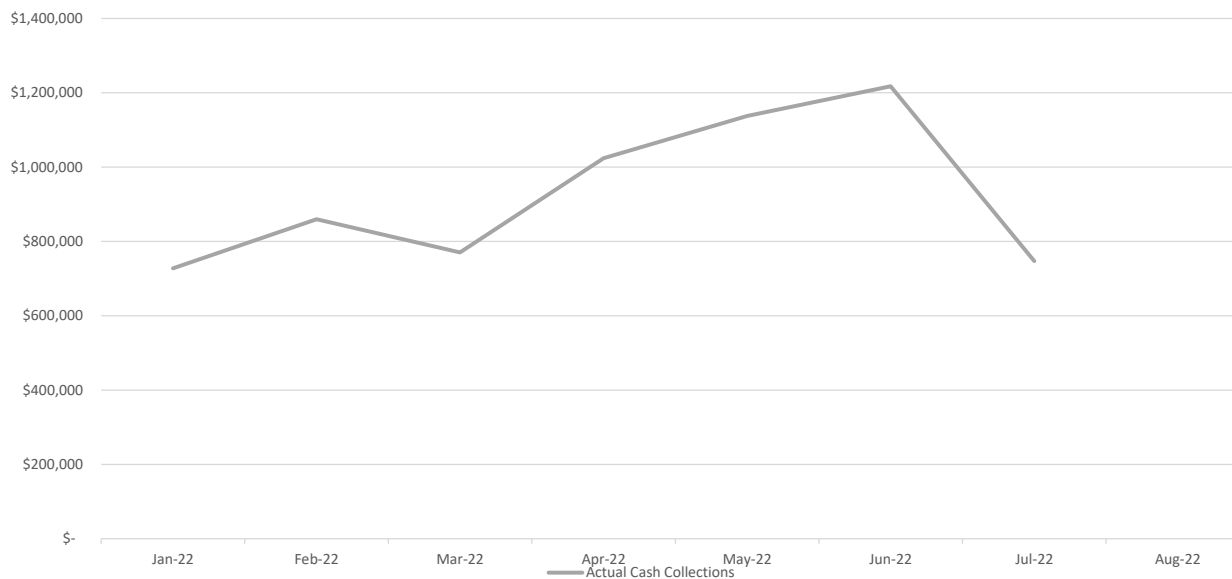
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month
(Based on this Months Revenue)



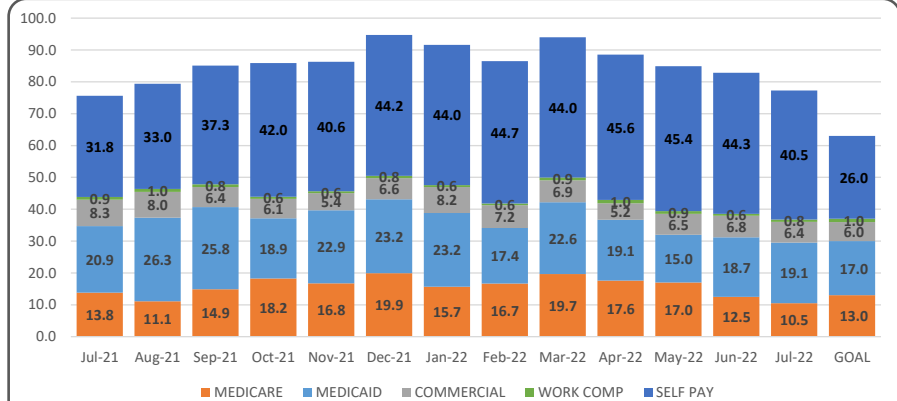
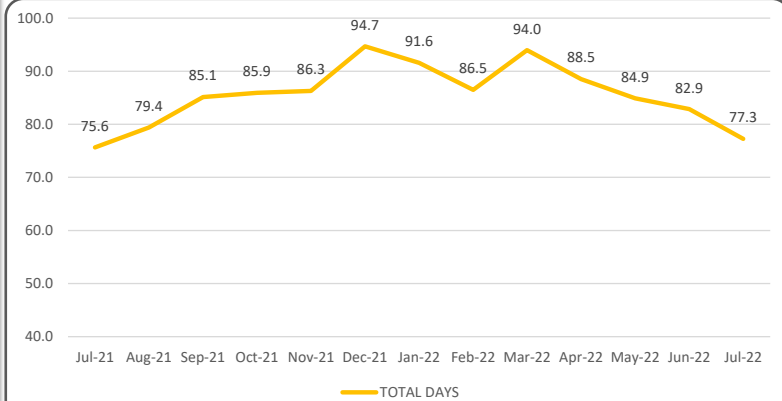
Expected Cash Based on Claim Submissions and Historical Collections



ACCOUNTS RECEIVABLE

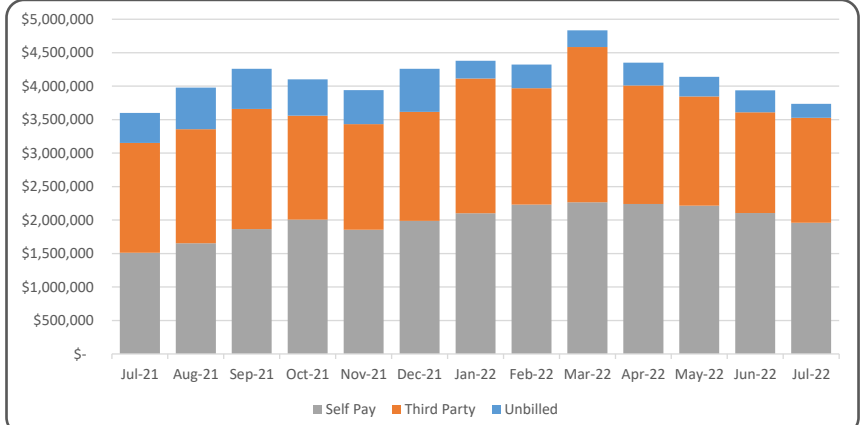
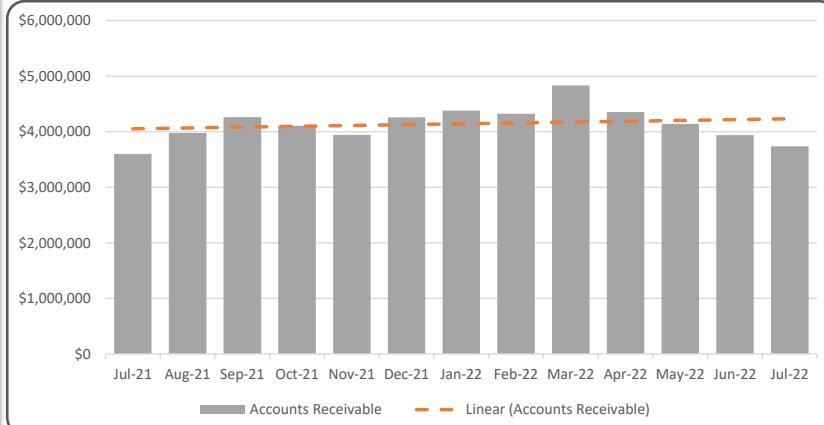
AR Days

PAYER	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
MEDICARE	13.8	11.1	14.9	18.2	16.8	19.9	15.7	16.7	19.7	17.6	17.0	12.5	10.5	15.7
MEDICAID	20.9	26.3	25.8	18.9	22.9	23.2	23.2	17.4	22.6	19.1	15.0	18.7	19.1	21.0
COMMERCIAL	8.3	8.0	6.4	6.1	5.4	6.6	8.2	7.2	6.9	5.2	6.5	6.8	6.4	6.8
WORK COMP	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	0.8
SELF PAY	31.8	33.0	37.3	42.0	40.6	44.2	44.0	44.7	44.0	45.6	45.4	44.3	40.5	41.3
TOTAL DAYS	75.6	79.4	85.1	85.9	86.3	94.7	91.6	86.5	94.0	88.5	84.9	82.9	77.3	85.6



AR Balance

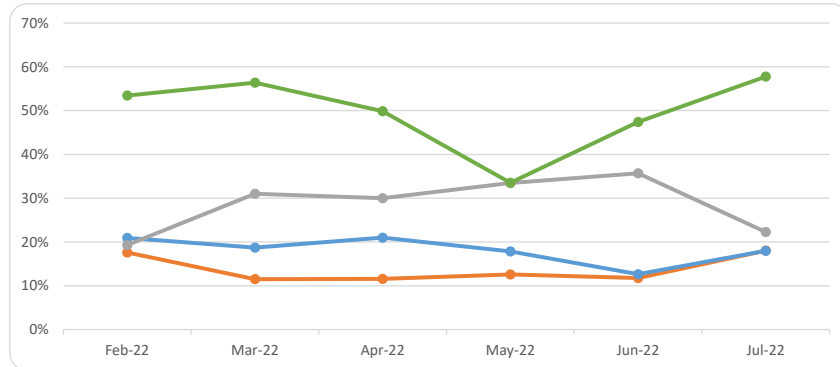
PAYER	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
MEDICARE	\$ 658,291	\$ 557,543	\$ 744,813	\$ 871,052	\$ 765,280	\$ 895,860	\$ 748,436	\$ 834,221	\$ 1,011,373	\$ 864,590	\$ 828,105	\$ 593,780	\$ 507,839	\$ 760,091
MEDICAID	\$ 992,726	\$ 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	\$ 921,687	\$ 1,016,475
COMMERCIAL	\$ 396,231	\$ 403,116	\$ 318,247	\$ 290,697	\$ 245,343	\$ 297,214	\$ 390,942	\$ 357,842	\$ 352,803	\$ 255,074	\$ 319,138	\$ 321,984	\$ 311,717	\$ 327,719
WORK COMP	\$ 41,719	\$ 48,151	\$ 42,074	\$ 30,405	\$ 26,812	\$ 29,721	\$ 28,217	\$ 44,031	\$ 50,949	\$ 42,910	\$ 27,858	\$ 27,858	\$ 36,591	\$ 37,223
SELF PAY	\$ 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	\$ 1,959,428	\$ 2,000,175
TOTAL	\$ 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	\$ 3,737,262	\$ 4,141,683



ACCOUNTS RECEIVABLE AGING

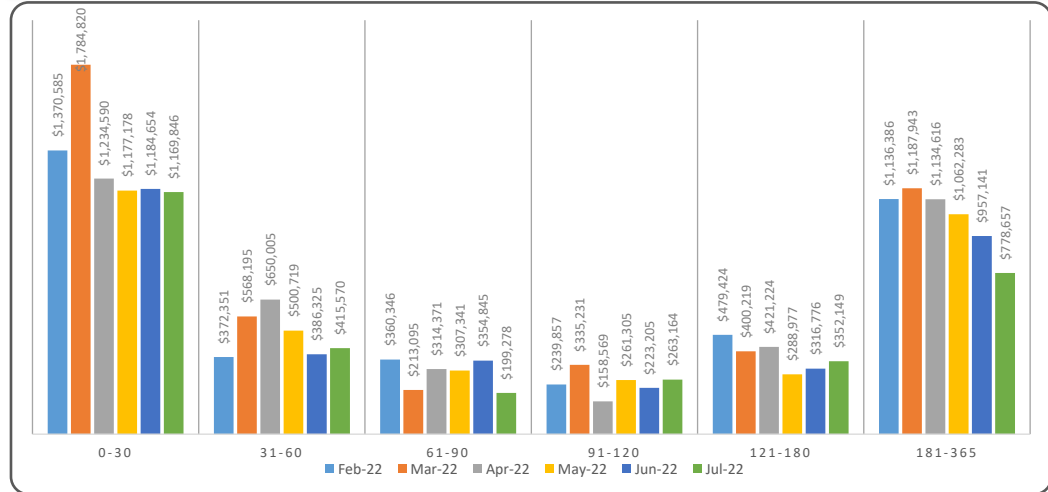
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	206	\$ 314,863	103	\$ 71,845	14	\$ 32,722	12	\$ 18,394	10	\$ 42,210	5	\$ 7,944	9	\$ 23,680	359	\$ 511,657
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	1	\$ (167)	0	\$ -	2	\$ (3,652)	3	\$ (3,819)
TOTAL	206	\$ 314,863	103	\$ 71,845	14	\$ 32,722	12	\$ 18,394	11	\$ 42,043	5	\$ 7,944	11	\$ 20,027	362	\$ 507,839
MEDICAID																
Non-Credit	256	\$ 561,730	166	\$ 156,969	84	\$ 37,825	58	\$ 95,998	26	\$ 14,906	34	\$ 34,919	20	\$ 20,153	644	\$ 922,500
Credit	1	\$ (63)	0	\$ -	0	\$ -	1	\$ (122)	0	\$ -	1	\$ (15)	9	\$ (613)	12	\$ (814)
TOTAL	257	\$ 561,667	166	\$ 156,969	84	\$ 37,825	59	\$ 95,876	26	\$ 14,906	35	\$ 34,904	29	\$ 19,540	656	\$ 921,687
COMMERCIAL																
Non-Credit	322	\$ 215,431	129	\$ 50,020	48	\$ 17,090	23	\$ 14,971	32	\$ 17,546	34	\$ 20,278	38	\$ 28,332	626	\$ 363,670
Credit	20	\$ (1,148)	3	\$ (237)	1	\$ (8)	5	\$ (1,153)	14	\$ (3,634)	30	\$ (3,233)	298	\$ (42,539)	371	\$ (51,952)
TOTAL	342	\$ 214,283	132	\$ 49,784	49	\$ 17,083	28	\$ 13,818	46	\$ 13,913	64	\$ 17,045	336	\$ (14,207)	997	\$ 311,717
WORK COMP																
Non-Credit	6	\$ 3,172	25	\$ 6,818	7	\$ 6,238	9	\$ 11,921	8	\$ 6,577	4	\$ 3,164	2	\$ 535	61	\$ 38,424
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	1	\$ (33)	3	\$ (478)	5	\$ (1,322)	9	\$ (1,833)
TOTAL	6	\$ 3,172	25	\$ 6,818	7	\$ 6,238	9	\$ 11,921	9	\$ 6,544	7	\$ 2,686	7	\$ (787)	70	\$ 36,591
SELF PAY																
Non-Credit	132	\$ 78,406	221	\$ 130,522	186	\$ 105,859	191	\$ 124,564	344	\$ 275,770	949	\$ 725,681	638	\$ 553,761	2661	\$ 1,994,563
Credit	21	\$ (2,545)	1	\$ (367)	5	\$ (448)	7	\$ (1,409)	7	\$ (1,027)	39	\$ (9,602)	216	\$ (19,736)	296	\$ (35,135)
TOTAL	153	\$ 75,861	222	\$ 130,155	191	\$ 105,411	198	\$ 123,156	351	\$ 274,743	988	\$ 716,079	854	\$ 534,025	2957	\$ 1,959,428
ACCOUNTS RECEIVABLE																
Non-Credit	922	\$ 1,173,602	644	\$ 416,173	339	\$ 199,734	293	\$ 265,849	420	\$ 357,010	1026	\$ 791,986	707	\$ 626,461	4351	\$ 3,830,814
Credit	42	\$ (3,756)	4	\$ (604)	6	\$ (456)	13	\$ (2,685)	23	\$ (4,861)	73	\$ (13,329)	530	\$ (67,863)	691	\$ (93,553)
GRAND TOTAL	964	\$ 1,169,846	648	\$ 415,570	345	\$ 199,278	306	\$ 263,164	443	\$ 352,149	1099	\$ 778,657	1237	\$ 558,597	5042	\$ 3,737,262

Aged Over 90 Days Trending (excluding Credits)



	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Medicare	17.6%	11.5%	11.6%	12.6%	11.8%	18.0%
Medicaid	20.9%	18.7%	21.0%	17.9%	12.7%	18.0%
Commercial	19.3%	31.0%	30.0%	33.5%	35.7%	22.3%
Work Comp	53.5%	56.4%	49.9%	33.5%	47.4%	57.8%

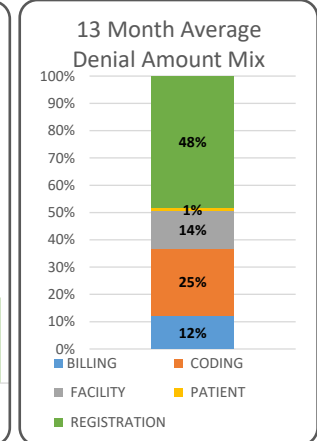
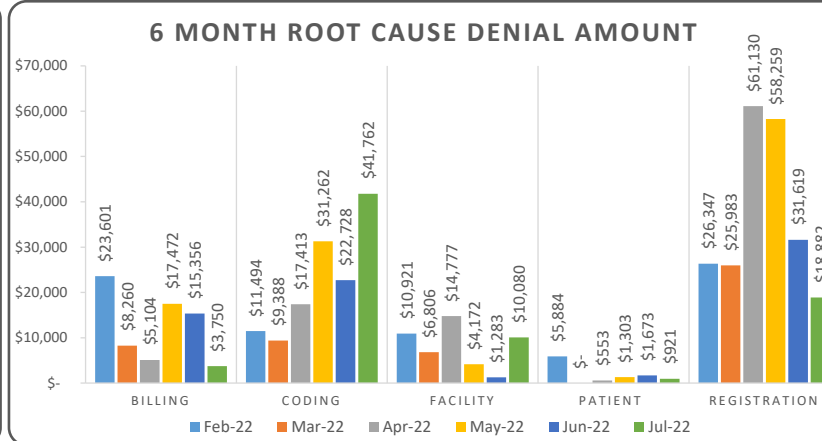
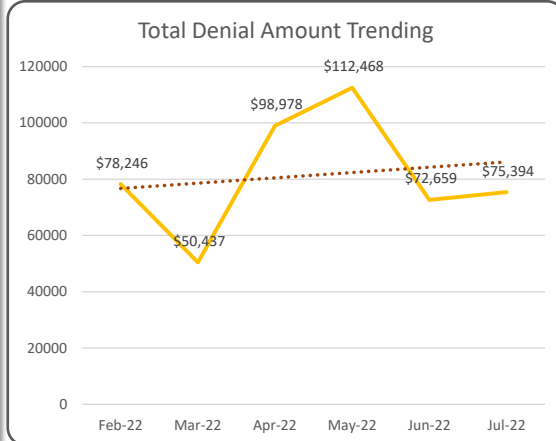
6 Month Aging



DENIAL MANAGEMENT

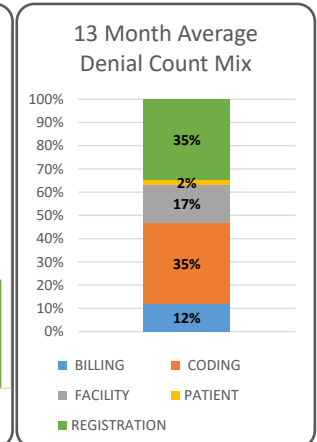
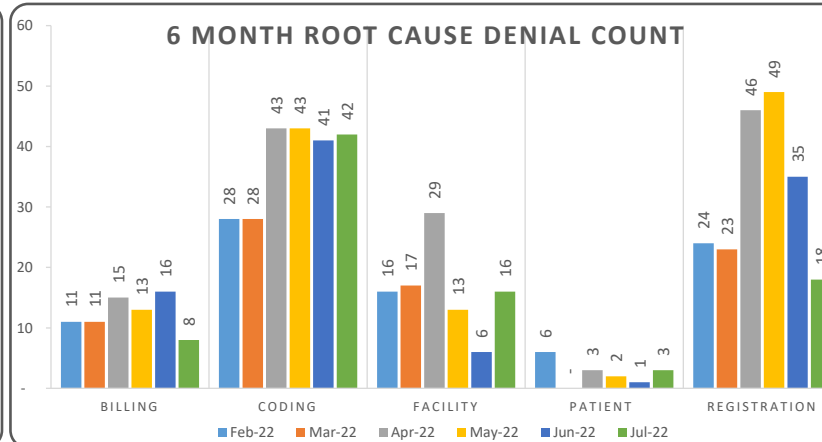
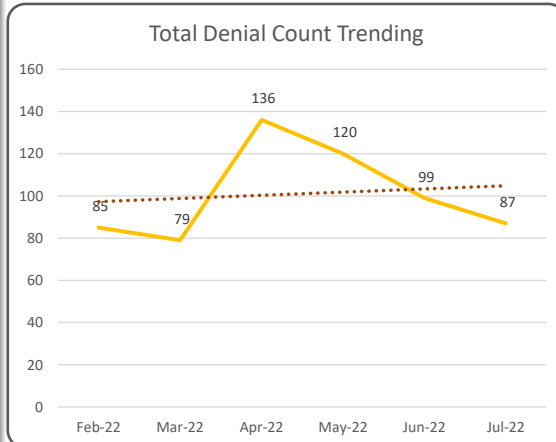
Denial Amount

AMOUNT	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
BILLING	\$ 1,998	\$ 3,398	\$ 117	\$ 2,474	\$ 10,145	\$ 1,101	\$ 25,646	\$ 23,601	\$ 8,260	\$ 5,104	\$ 17,472	\$ 15,356	\$ 3,750	\$ 9,109
CODING	\$ 9,608	\$ 14,195	\$ 21,686	\$ 21,682	\$ 15,242	\$ 8,452	\$ 14,335	\$ 11,494	\$ 9,388	\$ 17,413	\$ 31,262	\$ 22,728	\$ 41,762	\$ 18,404
FACILITY	\$ 17,957	\$ 4,483	\$ 14,765	\$ 25,690	\$ 14,464	\$ 1,136	\$ 6,063	\$ 10,921	\$ 6,806	\$ 14,777	\$ 4,172	\$ 1,283	\$ 10,080	\$ 10,200
PATIENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 427	\$ 2,818	\$ 5,884	\$ -	\$ 553	\$ 1,303	\$ 1,673	\$ 921	\$ 1,045
REGISTRATION	\$ 37,102	\$ 9,177	\$ 37,299	\$ 16,405	\$ 25,601	\$ 53,474	\$ 65,613	\$ 26,347	\$ 25,983	\$ 61,130	\$ 58,259	\$ 31,619	\$ 18,882	\$ 35,915
TOTAL	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,475	\$ 78,246	\$ 50,437	\$ 98,978	\$ 112,468	\$ 72,659	\$ 75,394	\$ 74,672



Denial Count

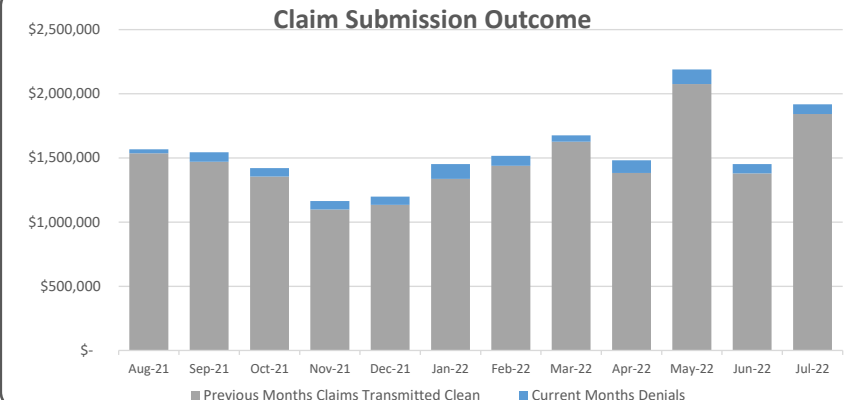
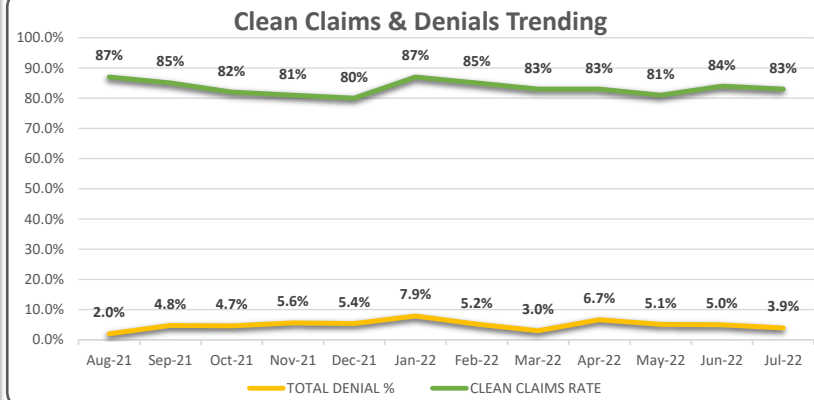
COUNT	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
BILLING	7	16	1	11	13	7	18	11	11	15	13	16	8	11
CODING	24	39	22	31	28	22	31	28	28	43	43	41	42	32
FACILITY	18	14	21	15	12	5	20	16	17	29	13	6	16	16
PATIENT	-	-	-	-	-	1	9	6	-	3	2	1	3	2
REGISTRATION	27	37	49	24	37	26	28	24	23	46	49	35	18	33
TOTAL	76	106	93	81	90	61	106	85	79	136	120	99	87	94



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

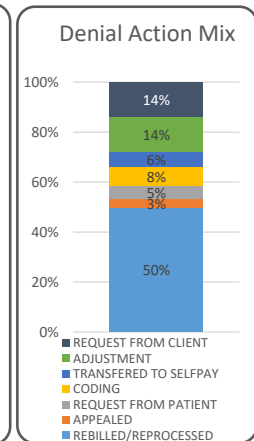
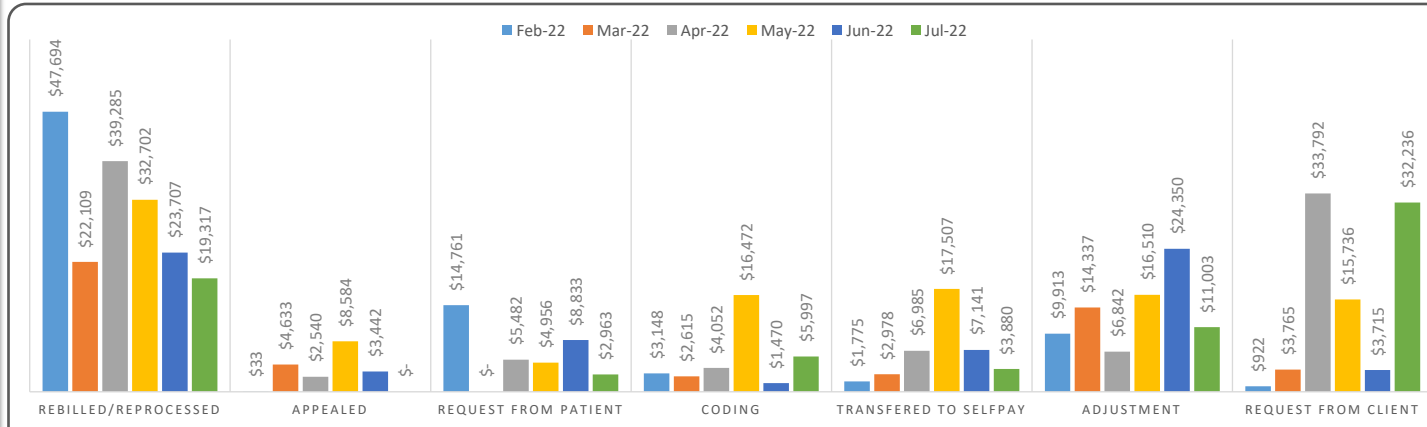
Denial & Clean Claim Trending

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
DENIAL AMOUNT	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,475	\$ 78,246	\$ 50,437	\$ 98,978	\$ 112,468	\$ 72,659	\$ 75,394	\$ 74,672
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 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	\$ 1,918,330	\$ 1,522,446
TOTAL DENIAL %	5.5%	2.0%	4.8%	4.7%	5.6%	5.4%	7.9%	5.2%	3.0%	6.7%	5.1%	5.0%	3.9%	5.0%
CLEAN CLAIMS RATE	80%	87%	85%	82%	81%	80%	87%	85%	83%	83%	81%	84%	83%	83%



Action Taken on Denials

DENIAL ACTION	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
REBILLED/REPROCESSED	\$ 30,251	\$ 14,702	\$ 51,694	\$ 38,681	\$ 35,679	\$ 52,815	\$ 75,335	\$ 47,694	\$ 22,109	\$ 39,285	\$ 32,702	\$ 23,707	\$ 19,317	\$ 37,229
APPEALED	\$ 366	\$ 2,365	\$ 330	\$ 388	\$ 937	\$ 2,706	\$ 7,000	\$ 33	\$ 4,633	\$ 2,540	\$ 8,584	\$ 3,442	\$ -	\$ 2,563
REQUEST FROM PATIENT	\$ -	\$ -	\$ 267	\$ 8,508	\$ -	\$ 939	\$ 3,802	\$ 14,761	\$ -	\$ 5,482	\$ 4,956	\$ 8,833	\$ 2,963	\$ 3,885
CODING	\$ 16,350	\$ 844	\$ 13,297	\$ 3,478	\$ 4,435	\$ 109	\$ 2,332	\$ 3,148	\$ 2,615	\$ 4,052	\$ 16,472	\$ 1,470	\$ 5,997	\$ 5,738
TRANSFERRED TO SELFPAY	\$ 1,586	\$ 3,224	\$ 2,706	\$ 2,064	\$ 2,757	\$ 509	\$ 3,184	\$ 1,775	\$ 2,978	\$ 6,985	\$ 17,507	\$ 7,141	\$ 3,880	\$ 4,330
ADJUSTMENT	\$ 9,083	\$ 4,031	\$ 3,538	\$ 7,752	\$ 13,772	\$ 6,476	\$ 10,909	\$ 9,913	\$ 14,337	\$ 6,842	\$ 16,510	\$ 24,350	\$ 11,003	\$ 10,655
REQUEST FROM CLIENT	\$ 9,030	\$ 6,086	\$ 2,034	\$ 5,379	\$ 7,873	\$ 1,034	\$ 12,220	\$ 922	\$ 3,765	\$ 33,792	\$ 15,736	\$ 3,715	\$ 32,236	\$ 10,294
TOTAL	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,782	\$ 78,246	\$ 50,437	\$ 98,978	\$ 112,468	\$ 72,659	\$ 75,394	\$ 74,695

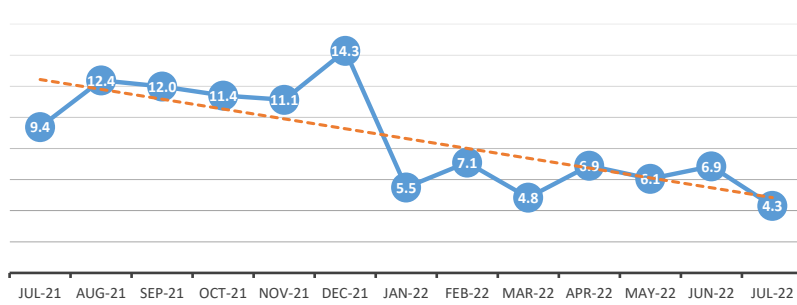


UNBILLED & INVENTORY

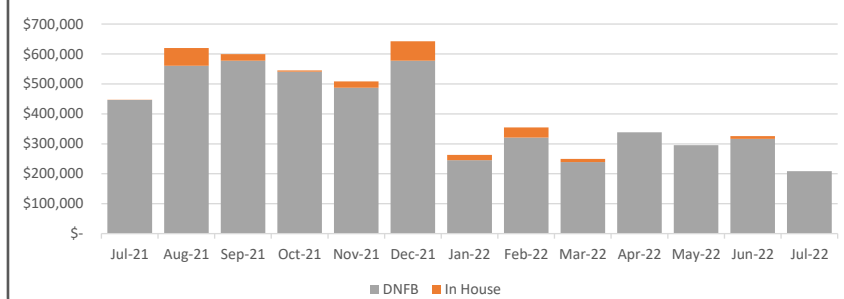
Unbilled

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
In House	\$ 267	\$ 59,277	\$ 22,170	\$ 3,706	\$ 20,857	\$ 64,355	\$ 17,753	\$ 34,167	\$ 10,466	\$ -	\$ -	\$ 9,182	\$ -	\$ 18,631
DNFB	\$ 446,371	\$ 560,649	\$ 577,639	\$ 541,096	\$ 487,338	\$ 577,901	\$ 245,224	\$ 320,765	\$ 238,954	\$ 338,650	\$ 295,441	\$ 316,709	\$ 208,502	\$ 396,557
Total Unbilled	\$ 446,637	\$ 619,925	\$ 599,809	\$ 544,802	\$ 508,195	\$ 642,256	\$ 262,978	\$ 354,932	\$ 249,420	\$ 338,650	\$ 295,441	\$ 325,891	\$ 208,502	\$ 415,188
Unbilled Days	9.4	12.4	12.0	11.4	11.1	14.3	5.5	7.1	4.8	6.9	6.1	6.9	4.3	8.6

Total Unbilled Days



Unbilled Dollars

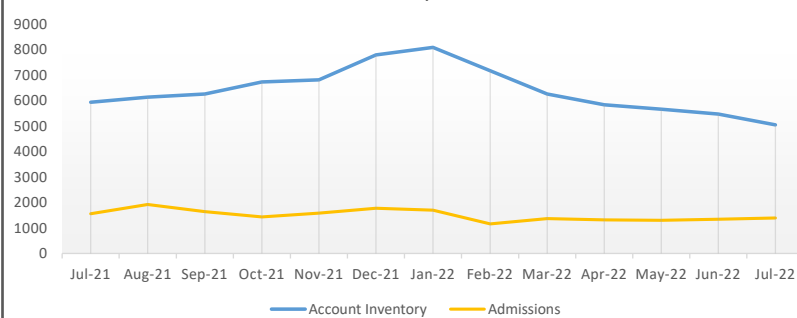


Admissions & Account Inventory

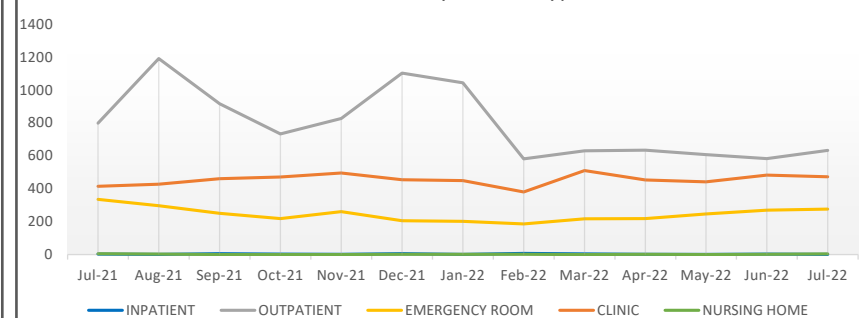
ADMISSIONS	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
INPATIENT	3	1	6	3	2	5	1	7	4	2	1	3	1	3
SWINGBED	2	2	3	5	2	3	1	4	5	5	1	1	1	3
OUTPATIENT	798	1,190	916	733	826	1,102	1,043	581	630	634	607	582	633	790
EMERGENCY ROOM	335	297	250	218	260	205	202	186	217	218	246	270	276	245
CLINIC	414	427	461	471	495	454	449	380	510	453	442	482	472	455
NURSING HOME	5	3	0	0	0	1	1	1	0	1	0	2	4	1
TOTAL	1,557	1,920	1,636	1,430	1,585	1,770	1,697	1,159	1,366	1,313	1,297	1,340	1,387	1497

ACCOUNT INVENTORY	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	13 Month Average
MEDICARE	796	632	657	886	869	1,543	1,294	662	578	556	561	468	362	759
MEDICAID	856	922	832	779	862	911	1,073	799	1,010	714	726	731	656	836
COMMERCIAL	1,377	1,201	1,117	1,111	1,119	1,193	1,339	1,214	1,046	964	938	1,020	997	1126
WORK COMP	99	103	100	89	83	80	81	82	95	95	85	71	70	87
SELF PAY	2,805	3,271	3,545	3,862	3,872	4,058	4,293	4,408	3,527	3,505	3,344	3,173	2,957	3586
TOTAL	5933	6129	6251	6727	6805	7785	8080	7165	6256	5834	5654	5463	5042	6394

Account Inventory & Admissions



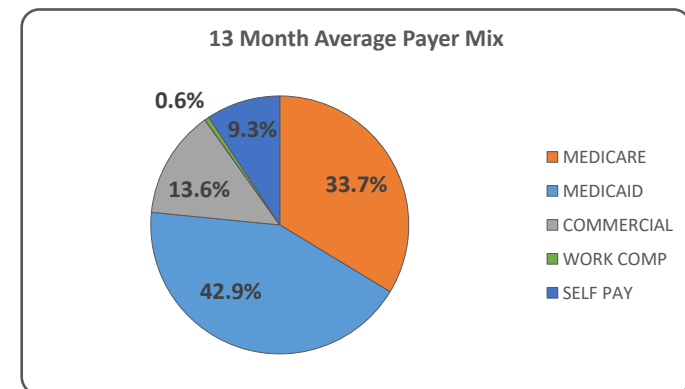
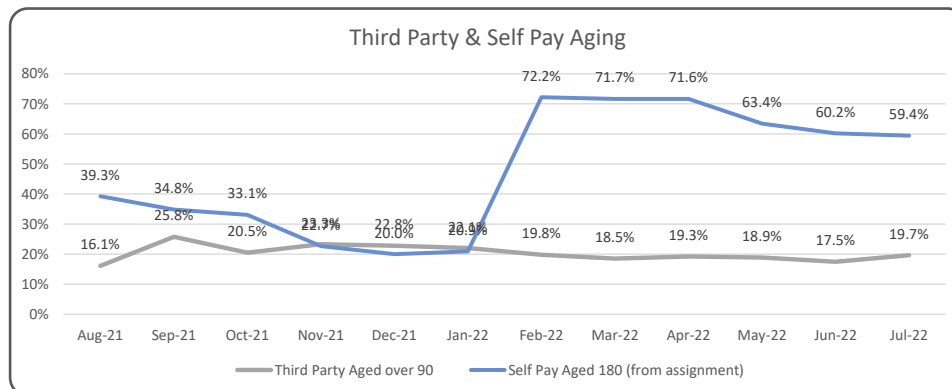
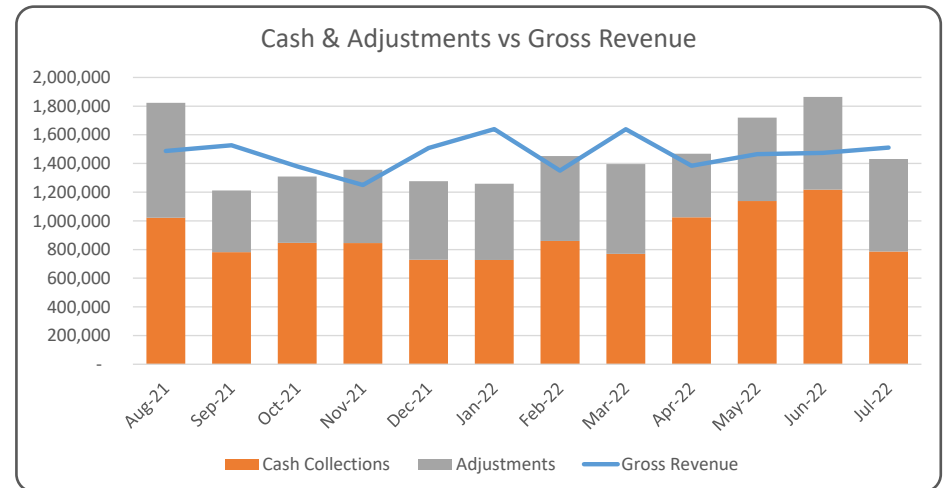
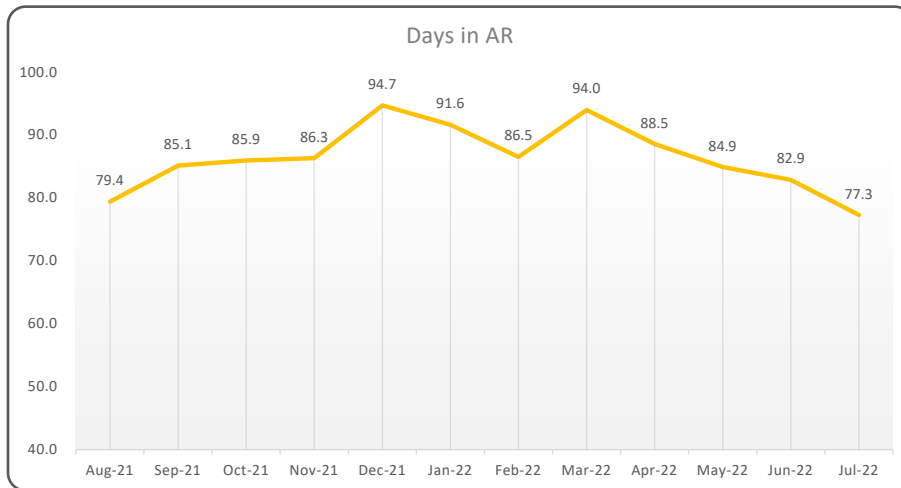
Admissions by Service Type



Southern Humboldt Community Healthcare District

Executive Dashboard

	TARGET	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Days in AR	63.0	79.4	85.1	85.9	86.3	94.7	91.6	86.5	94.0	88.5	84.9	82.9	77.3
Gross AR		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	3,737,262
Gross Revenue		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	1,510,151
Cash Collections		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	786,503
Adjustments		800,505	430,532	461,817	511,680	547,667	531,378	591,522	626,184	443,517	581,700	646,293	644,797
Collection %		56.1%	64.5%	64.7%	62.3%	57.1%	57.8%	59.2%	55.2%	69.8%	66.2%	65.3%	55.0%
Late Charges	1%	-0.1%	0.0%	0.0%	2.2%	1.4%	0.3%	1.2%	0.0%	2.6%	0.6%	0.1%	1.6%
Bad Debt	3%	2.9%	0.5%	0.5%	12.7%	2.1%	0.0%	0.0%	0.0%	0.0%	1.9%	1.4%	0.8%
Charity Care	3%	14.2%	0.4%	0.2%	8.6%	0.4%	0.5%	0.2%	5.6%	6.3%	3.1%	13.5%	3.5%
Third Party Aged over 90	15%	16.1%	25.8%	20.5%	23.3%	22.8%	22.1%	19.8%	18.5%	19.3%	18.9%	17.5%	19.7%
Self Pay Aged 180 (from assignment)	25%	39.3%	34.8%	33.1%	22.7%	20.0%	20.9%	72.2%	71.7%	71.6%	63.4%	60.2%	59.4%



District Board Report

Submitted by Chelsea Brown
August 18, 2022



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

Foundation Report:

- The Foundation continues to follow up with donors who have long-term capital campaign pledges. At this time there is \$1.4M in outstanding pledges and grants.
- Planning is underway for a Wine Auction at Benbow Inn on Saturday, November 12th. The planning committee is determining what special project or piece of equipment at the hospital, that the proceeds will go towards. Committee members will be soliciting auction items and monetary sponsorships over the next two months.
- The Foundation sent out a fundraising letter at the beginning of August and have received several donations and monthly donor sign ups in response so far.

Outreach Report:

- Back to School supply drive is underway. We have donations bins out at several locations to collect school supplies that will be distributed to local students by the Family Resource Center.
- Suicide awareness event on Friday, September 9th at Garberville Town Square called Holding Space. The event is being put on by our behavioral health team, the FRC, and outreach. There will be speakers, a large canvas where attendees can write their reasons why, and other community orgs are invited to table and provide support.
- Preparing for Breast Cancer Awareness month in October. Staff are getting pink sohum health shirts and we will be tabling at the Farmer's Market, and giving away pink water bottles and pins. Unfortunately our new 3D mammogram machine is not slated to arrive until November.

- The next issue of the Senior Circle Newsletter will be mailed out in the coming weeks. This is a partnership between the Clinic and Outreach to develop content that is pertinent to our older patients. It will be mailed to all of our patients 65+.
- We're beginning preparations for a Districtwide mailer that will highlight our new services – ultrasound, behavioral health, mobile clinic, and more. This will go out when ultrasound is ready to launch, which will be the end of September at the earliest.
- Outreach & HR are partnering to do outreach specific to hiring. We will be tabling 3 times in September at the Friday Night Market in Eureka with the hope of recruiting more medical staff. We also tabled at Wildwood Days in Rio Dell earlier this month. Outreach assists HR with posting open positions on various local forums including The Independent, LoCo Jobs, facebook, KMUD and our website.
- Heidi has been working on getting all of our internal forms switched over to the correct logo. We are also updating all internal signage to reflect our branding style.
- Best of Humboldt Awards: Garberville Pharmacy was voted Best Pharmacy and Laura Mojica, PNP was voted Best Pediatrician in the North Coast Journal Best of Humboldt contest. We have ordered signage to display in our clinic and pharmacy about the awards.

SHCHF 2nd Quarter Finance Report – 4/1/2022 to date 6/8/2022								
Submitted by Justin Crellin								
BEGINNING BALANCE – 4/1/2022								\$113,116.56
GROSS INCOME REVENUE								
Donations:								
April 2022 donations						\$25.00		
May 2022 donations						\$1,287.00		
June 2022 donations thru 6/8/22						\$5,087.00		
Amazon Smile Donation						\$68.90		
May Paypal transfer						\$485.13		
Grants Received:								
Gaming:								
Auction Event								
FUND-RAISING EVENT(S)*								
Pints for Non-Profits						\$0	\$53.18	
Milestone Celebration						\$0	\$130.21	
						\$0	\$183.39	
Total Income							\$(183.39)	
Less: direct expenses from gaming and fundraising events								
Net income or (loss) from gaming and fundraising events								
*Not including \$649.00 of contributions from fundraising events reported in “Donations” above								
Total Gross Income Revenue:						\$6,953.03		\$120,069.59
EXPENSES:								
Grants paid: #2022-1 Exercise equipment balance						12475.27		
Professional fees, independent contractors:								
Other expenses:								
cardstock Paper Mill						\$24.51		
mailer/ream paper Fed Ex Office						\$8.46		
Milestone event expenses						\$130.21		
Pints for Non Profits expenses						\$53.18		
Recurring Auto Bill Pay						\$360.00		
Total Expenses:						\$13,051.63		\$13,051.63
ENDING BALANCE as of 6/8/2022								\$107,017.96
Checks issued but not yet cleared:								
RESTRICTED FUNDS:								
EMERGENCY DEPT								\$5,000.00
STAFF								\$78.83
SNF								\$0.00
UNRESTRICTED FUNDS:								
GENERAL								\$101,939.13
TOTAL ALL FUNDS:								\$107,017.96
Humboldt Area Foundation Fund								
April 2022 Statement Balance								\$1,391,299.17



Back to School Drive

Stop by The Paper Mill to donate by purchasing \$5, \$10 or \$20 bundles of preselected school supplies. All donations will be distributed to local students!

Have school supplies to donate?

Drop off locations:



SoHum Community Clinic



Redwoods Rural Health Center



Vocality CCU



Garberville Pharmacy



The Paper Mill



Family Resource Center in Redway

Suggested Donation Items:

- | | |
|--------------|---------------------------------------|
| Highlighters | No. 2 Pencils |
| Calculators | Loose Leaf Notebook Paper |
| Index Cards | Spiral-bound or Composition Notebooks |
| Backpacks | Folders |
| Crayons | Three Ring Binders |
| Erasers | Rulers |



**Southern Humboldt
Family Resource Center**

Southern Humboldt Family Resource Center
& SoHum Health present

HOLDING SPACE:

for suicide prevention & awareness

Friday, September 9th
Garberville Town Square
5-7pm

*To support the ones we love and
remember the ones we've lost.*

With music by Yard Duties, food, and a community
space to hold each other up. Opening blessing by
Native Health in Native Hands & a candlelight vigil.

Bring a photo or item to remember your loved one,
if you wish. Mental health resources and onsite
counselling will be available.

If you are interested in volunteering or speaking at
this event, please contact (707) 923-1147
or outreach@shchd.org.



MEDICAL STAFF COMMITTEE

POLICY

DEVELOPMENT

UPDATED FOR THE BOARD
Packet "A"
New and Revised

August 10, 2022



SoHum Health

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



SoHum Health

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

Table of Contents Packet "A" – New and Revised Policy and Procedures – August 10, 2022

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	REVISED
	<u>Materials</u>
4	Inventory
5	Scope of Services
	<u>Quality</u>
7-9	Medical Staff Credentialing and Privileges – DRAFT
10-11	Medical Staff Credentialing and Privileges – CURRENT
12	Peer Review Program

New Policy

Quality



SoHum Health

Southern Humboldt
Community Healthcare District
733 Cedar St
Garberville, CA 95542
(707) 932-3921

DEPARTMENT: Quality	APPROVED:	Page 1 of 1
SUBJECT: Notary Services	EFFECTIVE DATE: 08/25/2022	SUPERCEDES: New

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SoHum Health" or "District") to provide health-related services. SoHum Health may provide notary services when a qualified notary public is on staff and able and willing to provide notary services.

PROCEDURE:

- A. A notary public on staff may notarize District-related documents for District employees operating in their District role(s) at no cost.
- B. A notary public on staff may notarize Advance Directive, Power of Attorney, or other health-related documents for patients at no cost.
 - a. If a notary public on staff is notarizing documents for a resident of the Skilled Nursing Facility, the ombudsman must be present, and the notary must be aware of and comfortable with relevant state and facility regulations.
 - b. Signer must show willingness and awareness of the tasks at hand. If this cannot be determined by the notary public on staff, the notarization must be declined.
- C. A notary public on staff may notarize non-District-related documents for employees or patients at their discretion.

REFERENCES:

National Notary Association (2019). *California notary primer: The NNA's handbook for California notaries* (44 edition). National Notary Association.

National Notary Association (2017). The complete how-to guide for notaries: Your notary practices resource from A-Z. National Notary Association.

REVIEWED BY:

Chief Quality and Compliance Officer

Revised Policies

Materials



SoHum Health

Southern Humboldt
Community Healthcare District
733 Cedar St
Garberville, CA 95542
(707) 932-3921

DEPARTMENT: Materials Management	APPROVED:	Page 1 of 1
SUBJECT: Inventory	EFFECTIVE DATE: 08/25/2022	SUPERCEDES: 08/26/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") Materials Management Department to make sure all inventory will be maintained to ensure adequate supplies are available for general patient care.

PROCEDURE:

- A. Materials Management will hold all supplies needed to ensure adequate inventory for Hospital, Clinic and SNF patient care.
- B. Materials Management team will establish PAR levels for all materials according to drug usage report.
- C. Reordering will be accomplished through ~~Healthland Evident~~ EMR reports of PAR levels and ordering through primary wholesaler.
 1. If for any reason a material is unavailable from primary wholesaler an alternative item may be ordered with approval of Operations Manager.
 2. Any item needed to ensure adequate materials for the patients of SHCHD may be ordered from alternative wholesaler if not available from primary wholesaler. Operations manager approval is needed prior to ordering.
- ~~D.~~ Items will be stored in Materials by shelf and row labeling. Materials Management will maintain a list of all materials in Materials room and their locations. ~~These lists will be attached to each shelving unit. This list will be kept in the pocket folder attached to supply room door.~~
- E. Operations manager along with department managers will determine what items are kept in Materials. If new items are requested by department managers, the following guidelines will be considered before ordering:
 1. Items used by multiple departments
 2. Items used by multiple patients
 3. Fast moving items
 4. Slow moving items used as a necessity with no other alternative available
- F. Items will not be deleted from inventory without prior notification to any known users of the item. ~~If an item is no longer used it will be inactivated not deleted.~~

REFERENCES:



SoHum Health

Southern Humboldt
Community Healthcare District
733 Cedar St
Garberville, CA 95542
(707) 932-3921

DEPARTMENT: Materials Management	APPROVED:	Page 1 of 1
SUBJECT: Scope of Service	EFFECTIVE DATE: 08/25/2022	SUPERCEDES: 08/26/2021

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") Materials Management Department to be directly or indirectly responsible for some of the major supply chain activities within the institution.

PROCEDURE:

- A. The Materials Management – Supply Process Distribution Department is directly responsible for the following activities:
 1. Receiving of supplies and equipment
 2. Shipping of supplies and equipment
 3. Supply storage and inventory control
 4. Distribution of supplies (including the Periodic Automatic Replenishment [PAR] level program) and equipment
 5. Monitoring of supply and service usage
 6. Supply contract renewal and review through GPO and Primary wholesaler
- B. The Materials Management – Supply Process Distribution Department is indirectly responsible for the following activities:
 1. Product assessment, evaluation, and standardization
 2. Cost savings activities
 3. Code, Disaster, isolation cart inventory, replenishment, and distribution. Materials works with Pharmacy department to replenish and distribute these supplies.

REFERENCES:

Revised Policies

Quality



SoHum
Health

Southern Humboldt
Community Healthcare District
733 Cedar St
Garberville, CA 95542
(707) 932-3921

DEPARTMENT: Quality	APPROVED:	Page 1 of 3
SUBJECT: Medical Staff Credentialing and Privileging	EFFECTIVE DATE: 08/25/2022	SUPERCEDES: 05/24/2018

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to assure all medical practitioners are credentialed and privileged to provide medical care to the standards of Centers for Medicare and Medicaid Services (CMS) and all other federal and state laws.

PURPOSE:

To delineate the methods used to credential and privilege practitioners to ensure the patients receive the highest level of care from SHCHD's practitioners who have undergone evaluation and inquiry regarding their ability to practice medicine.

PROCEDURE:

1. It is the responsibility of the Medical Staff Coordinator to obtain all information necessary to assure an appropriate appointment and privileging decision regarding the applicant can be made by the Medical Staff Committee.
2. Each physician file will be reviewed by the Chief of Staff or Vice Chief of Staff for the character, competence, training, experience, judgement and ability to perform the requested privileges. References will be checked, and the physician reviewer will sign the request indicating recommendation for granting of these privileges.
3. Once the Chief of Staff or Vice Chief of Staff signs the requested

- privileges forms, the file will be taken to the Medical Staff Committee meeting where it is reviewed by the Medical Staff Committee members. A vote will be taken as to the recommendation to the Governing Board for approval. Each file sent to the Governing Board for approval will be shared with the Governing Board before their decision is made. The Governing Board will make the decision for its approval, denial, or deferment of the appointment.
4. Requests for Emergency and Locum Tenens credentials may be granted as per the Medical Staff Bylaws, Rules and Regulations, and Appointment Process Supplemental Attachment.
 5. All practitioner credential files will contain the following:
 - A signed application
 - Copy of physician's current California Medical license
 - Copy of current DEA certificate
 - National Practitioner Data Bank Profile
 - Diplomas and/or Certificates for the medical school education, internship, residency (if applicable), and fellowship (if applicable).
 - Signed authorization for release of information
 - BLS, ACLS, ATLS, and PALS documentation, if available
 - Request for Privileges signed by the applicant
 - Other documentation as required
 6. All medical staff files are kept secure.
 7. All locum tenens privileges are valid for a period of no more than two months. If a continuation is requested, the Medical Staff Coordinator will resubmit the file for an additional two months as a locum. If the locum tenens wishes to apply for Medical Staff membership, an initial application will need to be submitted for processing.
 8. Upon the approval of the Governing Board, practitioners will be granted Provisional status for the first 12 months of their initial appointment. After a successful provisional period, they can apply for a two-year appointment to Medical Staff.
 9. At least every 24 months, practitioners are required to be re-credentialed and re-privileged. A re-appointment application will need

to be submitted by the practitioner prior to the end of their appointment period, with all necessary documentation for further consideration of the Medical Staff membership.

REVIEWED BY:

Chief Quality and Compliance Officer

Medical Staff Coordinator

Chief Nursing Officer

Chief Executive Officer



SoHum Health

Southern Humboldt
Community Healthcare District
733 Cedar Street
Garberville, CA 95542
(707) 923-3921

DEPARTMENT: Quality	NO:	Page 1 of 2
SUBJECT: Medical Staff Credentialing and Privileging	EFFECTIVE DATE: 05/24/18	SUPERCEDES: 10/04/01

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to assure all medical practitioners are credentialed and privileged to provide medical care.

PURPOSE:

To delineate the methods used to credential and privilege practitioners.

PROCEDURE:

1. It is the responsibility of the Medical Staff Coordinator to obtain all information required to assure appropriate credentialing and privileging.
2. Each physician file will be reviewed by a member of the medical staff, usually the Chief of Staff, for appropriateness of the privilege requests. References will be checked and the physician reviewer will sign the request indicating recommendation for granting of these privileges.
3. Each completed file will be taken to the Medical Staff meeting where it is reviewed and recommendation made to the Governing Board for approval. Each file is taken to the Governing Board for approval and signed by President of the Board.
4. Requests for Emergency and Locum Tenens credentials may be granted by the Chief of Staff, the Administrator, and the President of the Governing Board in lieu of going to the Medical Staff and Board meetings.
5. No physician may be in practice at SHCHD until his credentials and privilege file has been signed by the Governing Board President.
6. All physician credential files will contain the following:
 - Application
 - Copy of physician's current CA medical license
 - Confirmation of license
 - Copy of current DEA certificate
 - National Practitioner Data Bank Profile
 - Confirmation of medical school
 - Confirmation of internship
 - Confirmation of residency (if applicable)
 - Confirmation of fellowship (if applicable)
 - Confirmation of affiliations
 - References
 - Health status forms
 - Signed authorization for release of information
 - Continuing education documentation
 - BLS, ACLS, ATLS, and PALS documentation if available
 - Billing authorization forms
 - Request for privileges forms
7. All medical staff files are kept in a file cabinet in the locked Medical Staff Coordinator's office. Access to the file cabinets is limited to the Medical Staff Coordinator, CEO/Administrator and the Chief Nursing Officer.
8. All locum tenens privileges are valid for a period of no more than two months, at which time, the Medical Staff Coordinator will resubmit the file for an additional two months as a locum or submit it for Provisional status.
9. Physicians will be granted Provisional status for the first 6 months of their initial appointment. After that time they are eligible to be granted a two-year Medical Staff membership.

10. At the end of the two-year appointment period, physicians require re-credentialing and re-privileging. The Medical Staff Coordinator will contact the physician and update the files as appropriate. Updated files will go through the same process of approval as new files.

REVIEWED BY:

Quality Data Coordinator

Administrative Assistant/Medical Staff Coordinator/Governing Board Clerk

Chief Nursing Officer

Chief Executive Officer



**Southern Humboldt
Community Healthcare
District**

733 Cedar Street
Garberville, CA 95542
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DEPARTMENT: Quality	NO:	Page 1 of 1
SUBJECT: Peer Review Program	EFFECTIVE DATE: 05/24/18 <u>08/25/2022</u> 08/25/11 <u>05/24/2018</u>	SUPERCEDES:

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a peer review program throughout the district to ensure individual character, competence, experience, training and judgment of medical staff and to identify policy and procedure changes that need reviewed.

PROCEDURE:

Hospital:

1. ED "Pick 5": On the first day of the ED provider's shift the provider will be given five charts to review by the Chief Nursing Officer. These charts are to be completed and returned by the end of their shift. Five charts will be chosen by HIM using their weekly process of identifying one chart from each of 5 ER physicians. All charts with concerns will be added to the five charts chosen by HIM, not to exceed 7 total charts per week to be reviewed. If more than 2 have been identified as concerns, the number chosen by HIM will be reduced accordingly. If any of the charts to be reviewed produce a large number of pages then HIM will reduce the total number of charts to be reviewed. These charts selected to be reviewed will be given weekly to the ER physician on staff for review and will be returned at the end of their ER shift.
~~1. —~~
2. Inpatient, skilled nursing facility, and swing bed charts identified with concerns will be shared with appropriate staff timely~~are reviewed by nursing and sent to the medical staff on an as-needed basis.~~

Clinic:

1. See "DELEGATION OF SERVICES AGREEMENT BETWEEN SUPERVISING PHYSICIAN AND PHYSICIAN ASSISTANT (TITLE 16, CCR, SECTION 1399.540)"
2. See "STANDARDIZED PROCEDURES AND PROTOCOLS FOR NURSE PRACTITIONERS"
3. All other periodic chart reviews as part of chart audits are on an as-needed basis by peers and the Medical Staff.

REVIEWED BY:

~~Quality Data Coordinator~~
Medical Staff Coordinator
Chief of Staff
Clinic Nurse Manager
Chief Nursing Officer
Chief Quality and Compliance Officer
Chief Executive Officer



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MEDICAL STAFF BYLAWS, RULES AND REGULATIONS AND SUPPLEMENTAL ATTACHMENTS

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MEDICAL STAFF BYLAWS

INTRODUCTION

These Bylaws constitute a structure for the self-governance of the Medical Staff of Southern Humboldt Community Healthcare District. Through the Bylaws and the supplemental attachments the Medical Staff will address its responsibilities regarding the quality of medical care, the orderly resolution of Medical Staff issues, the conduct of specific Medical Staff functions, and the Medical Staff accountability to the District governing body.

DEFINITION OF TERMS

Administrator means the person appointed by the governing body to act on its behalf in the overall management of the District. An Administrator designee means a person responsible directly to the Administrator.

Chief of Staff means the chief officer of the Medical Staff.

Committee of the Whole (CW) means the executive body of the Medical Staff that carries out the legal and District responsibilities as defined in these Bylaws and state law for the Medical Staff.

Date of receipt means the date any special notice or other communication was delivered personally; or if such special notice or communication was sent by US mail, it shall mean 48 hours after the special notice or communication was deposited in a post office, mailbox, substation, or mail chute, or other like facility regularly maintained by the United States Postal Service, in a sealed envelope, with postage paid, addressed to the person on whom it is to be served, at the office address as last given by that person on any document provided to the Administrator or its designee.

District means Southern Humboldt Community Healthcare District.

Governing body means the Southern Humboldt Community Healthcare District Board of Directors. As appropriate to the context and consistent with the District Bylaws, it may also mean any governing body committee or individual authorized to act on behalf of the governing body.

Limited license practitioner means a practitioner who is licensed as a dentist, podiatrist or clinical psychologist.

Medical Staff means the organizational component of the District that includes all physicians (MD or DO), dentists, podiatrists, and clinical psychologists who have been granted recognition

as members pursuant to these Bylaws.

Medical Staff year means the period from January 1 to December 31.

Medico-Administrative Officer means a practitioner, employed by or otherwise serving the District on a full or part-time basis, whose duties include certain responsibilities that are both administrative and clinical in nature. Clinical responsibilities, as used herein, are those responsibilities that require a practitioner to exercise clinical judgment with respect to patient care, including the supervision of professional activities of practitioners under his or her direction.

Member means any physician, dentist, or podiatrist that has qualified for membership in the District Medical Staff.

Non Physician Provider means an individual, other than a licensed physician, dentist, or podiatrist, who exercises independent judgment within the areas of the non-physician provider's competence and the limits established by the governing body, the Medical Staff, and the applicable state practice acts. A qualified non-physician provider renders direct or indirect medical or pediatric care under the supervision or direction of a Medical Staff member possessing privileges to provide such care in the District facilities. Non physician providers are not eligible for Medical Staff membership.

Physician means an individual with a M.D. or D.O. degree who is currently licensed to practice medicine in the State of California.

Practitioner means, unless otherwise expressly limited, any currently licensed physician (MD or DO), dentist, podiatrist, clinical psychologist, family nurse practitioner (FNP), and physician assistant (PA).

Prerogative means a participatory right granted to a Medical Staff member, by virtue of staff category or otherwise, that is exercisable subject to and in accordance with the conditions imposed by these Bylaws and by other District and Medical Staff rules, regulations, or policies.

Privileges or clinical privileges means the permission granted to a Medical Staff member to render specific diagnostic, therapeutic, medical, dental, podiatric, or surgical-services.

Special notice means a written communication sent by certified mail return receipt requested.

Supplemental attachment means those documents, in addition to these Bylaws, that govern the Medical Staff. Special attachments include Medical Staff rules, procedures for credentialing and privileging Medical Staff members.



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MEDICAL STAFF BYLAWS

ARTICLE 1 NAME AND PURPOSES

1.1 ORGANIZATIONAL NAME

The name of the Medical Staff organization is the Southern Humboldt Community Healthcare District (SHCHD) Medical Staff.

1.2 MEDICAL STAFF MISSION AND RESPONSIBILITIES

The SHCHD Medical Staff organization has been established to assure the provision of high quality health care to the citizens of Southern Humboldt who seek services from Southern Humboldt Community Healthcare District. Towards accomplishing this end the Medical Staff shall:

Assure that all patients treated in any of in any of the facilities or departments of the District in receive a level of professional care at or above a level of quality consistent with generally accepted standards that are attainable within the District's means and circumstances.

Support professional education and community health education.

Initiate and enforce the rules that guide the conduct of practitioners pursuant to the authority delegated to it by the governing body.

Assist the governing body and administration with resolving health care issues of mutual concern to the Medical Staff and District governance.

Keep the governing body fully informed of Medical Staff activities, needs and patient care changes which impact the Community as a whole.

Participate in the District's quality improvement program.

ARTICLE 2 MEDICAL STAFF ORGANIZATION

2.1 ORGANIZATION OF MEDICAL STAFF SERVICES

Medical Staff members shall conduct Medical Staff affairs as a Committee of the Whole. As such, it will carry out all functions of the Medical Staff that are required by state law, these Bylaws, and, as deemed appropriate by the Medical Staff and CMS standards. The CW may appoint ad hoc task forces to address specialized Medical Staff issues.

2.2 DUTIES OF THE COMMITTEE OF THE WHOLE

The CW shall perform the duties specified in state law, the Medical Staff Bylaws and as

specified in 2.1 of the Medical Staff Rules and Regulations.

2.3 MEETINGS

The CW shall meet as often as necessary, but no less than once in each two-month period.

2.4 MEETING ATTENDANCE

Active Staff members and Provisional Active Staff members to attend department, committee, CW and Medical Staff meetings, however, there are no specific meeting attendance requirements. Associate Members, Associate Provisional Members and Courtesy Members may attend CW meetings without vote.

ARTICLE 3 CATEGORIES OF MEDICAL STAFF MEMBERSHIP

3.1 CATEGORIES

The categories of the Medical Staff shall be Active membership, Associate membership and Courtesy membership. Each practitioner shall be assigned to a Medical Staff category based upon the criteria contained in these Bylaws and the Credentialing and Privileging Supplemental Attachment. The members of each Medical Staff category shall have the prerogatives and carry out the duties defined in the Bylaws and supplemental attachment. Action may be initiated to change the Medical Staff category or terminate the membership of any member who fails to meet the qualifications or fulfill the duties described in these Bylaws and supplemental attachments. Changes in Medical Staff category shall not be grounds for a hearing unless they adversely affect the member's privileges.

3.2 MEMBERSHIP

3.2-1 Active

Active Medical Staff Members may vote, hold positions of leadership, and exercise approved privileges within District inpatient and outpatient programs. Qualifications for membership in this category include:

- (1) Satisfactory performance for at least ~~six~~ twelve months on an initial appointment as a provisional member of the Medical Staff.
- (2) Commitment to support the District's patient care programs.
- (3) Participate in Medical Staff governance activities addressed in these Bylaws.

3.2-2 Associate

Associate Medical Staff members may exercise approved privileges within District outpatient and inpatient services. They may not vote or hold positions of leadership.

Qualifications for membership in this category include:

- (1) Satisfactory performance for at least ~~six~~ twelve months on an initial appointment as a provisional member of the Medical Staff.
- (2) Commitment to support the District's patient care programs.
- (3) Current possession of staff membership at another health care organization.

3.2-3 Courtesy

Courtesy Medical Staff members may order laboratory and radiological tests, and observe procedures performed by Active or Associate members. Courtesy members will not be granted clinical privileges and must be currently practicing at a health care organization.

3.2-4 Provisional Period

During the provisional period, the membership categories shall be designated Provisional Active and Provisional Associate.

3.3 GENERAL EXCEPTIONS TO MEMBERSHIP PREROGATIVES

Regardless of the category of membership in the Medical Staff, limited license members may not hold any general Medical Staff office. A limited licensed practitioner may only admit and treat patients by co-admitting each patient with a physician member of the Medical Staff who has privileges to admit patients and who assumes responsibility for the medical care of the patient.

ARTICLE 4 MEMBERSHIP

4.1 NATURE OF MEMBERSHIP

A practitioner, including one who has a contract with the District to provide medical care, can provide patient care within District services only if the practitioner is a member of the Medical Staff or has been granted temporary privileges in accordance with these Bylaws and supplemental documents. Appointment to the Medical Staff shall confer only such privileges and prerogatives as granted by the governing body.

4.2 QUALIFICATIONS FOR MEMBERSHIP

4.2-1 General Qualifications

Medical Staff membership and the granting of clinical privileges shall be extended only to practitioners who are professionally competent and continuously meet the qualifications, standards, and requirements set forth in these Medical Staff Bylaws and supplemental attachments. Medical Staff membership shall be limited to practitioners who are currently licensed to practice medicine, dentistry, podiatry or clinical psychology in California. No person shall be entitled to Medical Staff membership in the District merely because that person holds a certain degree or is licensed to practice in the state of California or any other state. No person will be entitled to Medical Staff membership due solely to professional organization membership, certification by any clinical specialty board, or membership in a Medical Staff of another health care organization.

4.2-2 Professional Qualifications

An application for Medical Staff membership must meet the following membership standards:

Education and Licensure

Physicians: must hold a MD or DO degree, or the equivalent, and a valid and unsuspended license issued by the Medical Board of California or Board of Osteopathic Examiners. The term “or equivalent” means any degree (i.e. foreign) recognized by the Medical Board of California or the Board of Osteopathic Examiners.

Dentists: Must hold a DDS degree, or the equivalent, and a valid and unsuspended license issued by the Board of Dental Examiners of California. The term “or equivalent” means any degree (i.e. foreign) recognized by the Board of Dental Examiners of California.

Podiatrists: Must hold a DPM degree, or the equivalent, and a valid unsuspended license issued by the Medical Board of California. The term “or equivalent” means any degree (i.e. foreign) recognized by the Medical Board of California.

Clinical Psychologist: Must hold a clinical psychologist degree, or equivalent, and a valid and unsuspended license issued by the Medical Board of California. The term “or equivalent” means any degree (i.e. foreign) recognized by the Medical Board of California.

Nurse Practitioner: Must be a licensed nurse in the State of California and must meet the standards for a nurse practitioner as established by the California Board of Registered Nursing (BRN).

Physician Assistant: Must be certified by the State of California and must meet the standards for a physician assistant as established by the California Physician Assistant Board (CAB).

Provide a complete Application for Appointment including all requested documentation. (See Medical Staff Appointment Process 2.1 in Medical Staff [Appointment Process, A Supplemental Attachment to the Southern Humboldt Community Healthcare District Medical Staff](#) Rules & Regulations for further details.) Applications which are incomplete in any manner or form will not be forwarded to the Medical Staff for review and are not covered under the Fair Hearing Process.

Provide evidence of performance that corresponds to District Medical Staff expectations and standards for experience, training, current clinical competence, good judgment, current adequate physical and mental status and ability to work cooperatively with others in District facilities.

Conduct an individual medical practice in accordance with the following Medical Staff requirements: (1) adhere to the lawful ethics of the medical profession, (2) work cooperatively with others in the District setting so as not to

adversely affect patient care or hospital operations; and (3) be willing to participate in and properly discharge Medical Staff responsibilities.

4.2-3 Maintain professional liability insurance coverage in amounts not less than \$1,000,000/\$3,000,000. The CW for good cause shown, may waive this requirement with regard to such member as long as such waiver is not granted or withheld on an arbitrary, discriminatory or capricious basis.

4.2-4 Failure to meet all standards for membership
If for any reason it is determined during the membership application review process that an applicant does not meet all of the professional qualifications indicated in sections ~~42~~.2-1 through ~~42~~.2-3, the review of the application shall be discontinued. An applicant who does not meet the basic standards is not entitled to the procedural rights of appeal as set forth in the Fair Hearing Process. But a practitioner may submit comments to the Chief of Staff and a request for reconsideration for the specific qualification that disqualified the application. These comments shall be reviewed by the Committee of the Whole (CW).

4.2-5 Waiver of Qualifications
Insofar as is consistent with applicable laws and governing body policies, the Chief of Staff, after consulting with the CW, has the discretion to deem a practitioner to have satisfied any questionable qualification, providing that the practitioner has demonstrated the possession of substantially comparable qualifications and that the waiver is in the best interests of the District. A waiver may be granted by the governing body after consultation with the Chief of Staff. There is no obligation to grant any such waiver, and practitioners have no right to have a waiver considered and/or granted. A practitioner who is denied a waiver or consideration of a waiver shall not be entitled to any hearing and appeal rights under these Bylaws and supplemental attachments.

4.3 NONDISCRIMINATION

Medical Staff membership or privileges shall not be denied on the basis of sex, race, age, creed, religion, color, national origin, or any physical or mental impairment if, after any necessary reasonable accommodation, the applicant complies with the Bylaws or supplemental attachments of the Medical Staff or District Bylaws.

4.4 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

Each Medical Staff member and each practitioner exercising temporary privileges shall continuously meet all of the following responsibilities:

- ❖ Provide patients with care at or exceeding the generally recognized professional level of quality.
- ❖ Retain responsibility, within the practitioner's area of professional competence, for the continuous care and supervision of each District patient to which the practitioner is providing services. If there is an interruption in the care provided by a practitioner, the practitioner must arrange for a suitable replacement that can assure

continuous care and supervision of the patient.

- ❖ Abide by the Medical Staff Bylaws and supplemental attachments and all other reasonable and lawful standards, policies, rules and regulations of the Medical Staff and the District. This includes cooperating with the implementation of electronic methods of communicating and executing daily business, such as the use of electronic records. Further, this includes timely providing information, including that required for reappointment to the Medical Staff.
- ❖ Abide by all applicable laws and regulations of governmental agencies and comply with applicable CMS and state standards as designated by the CW and governing body.
- ❖ Regularly cooperate and support the Medical Staff and District in monitoring and improving patient care. The practitioner's participation in patient monitoring and quality improvement activities includes but is not limited to peer review of medical records, tissue removal, infection control compliance, utilization management, and pharmacy and therapeutics utilization.
- ❖ Prepare and complete in a timely and legible manner patient's medical records.
- ❖ Complete continuing medical education (CME) that meets all licensing requirements and is appropriate to the practitioner's specialty.
- ❖ Refrain from unlawful fee splitting or unlawful inducements relating to patient referrals.
- ❖ Refrain from any unlawful harassment or discrimination against any person (including any patient, District employee, District independent contractor, Medical Staff member, volunteer, or visitor) based upon the person's age, sex, religion, race, creed, color, national origin, health status, ability to pay, or source of payment.
- ❖ Refrain from delegating the responsibility for diagnosis or care of patients to a practitioner or non-physician provider who is not qualified to undertake this responsibility or who is not adequately supervised.
- ❖ Seek consultation whenever warranted by the patient's condition or when required by these Bylaws and rules.
- ❖ Upon request, provide information from the practitioner's office records or from outside sources as necessary to facilitate the provision of care or review of the care of specific patients.
- ❖ Immediately communicate with appropriate Medical Staff officers when obtaining credible information indicating that a fellow Medical Staff member may have engaged in unprofessional or unethical conduct, or may have a health condition that poses a significant risk to the wellbeing of patients. The practitioner shall cooperate, as necessary, toward the appropriate resolution of any such matter.
- ❖ Accept responsibility for participating in Medical Staff proctoring in accordance with the Supplemental Attachment on Credentialing and Privileging.
- ❖ Work cooperatively with Medical Staff members, nurses, District administrative staff, and others so as not to adversely affect patient care or District operations.
- ❖ Cooperate with the Medical Staff in assisting the District to meet its uncompensated or partially compensated patient care obligations.
- ❖ Continuously inform the Medical Staff of any significant changes in the information relative to the appointment and reappointment documents.
- ❖ Continuously meet the qualifications for membership as set forth in these Bylaws.

4.2 DEMONSTRATED PERFORMANCE

Upon the reasonable request, but no later than 10 days after the request of the CW, a member may be required to demonstrate satisfactory compliance with any of the basic responsibilities of the Medical Staff Bylaws. A member may be required to make a special appearance before the CW to discuss the compliance level of all or any of the above Medical Staff responsibilities.

4.6 DURATION OF APPOINTMENT

Initial appointments to the Medical Staff shall be for a period of no more than 24 months. ~~Reappointment shall be for a period of one or two Medical Staff years.~~

The Nurse Practitioners and Physician Assistants are credentialed every two years by the Human Resource Department Manager. Evidence of credentialing is kept in each personnel file in the Human Resource Department.

4.7 LEAVE OF ABSENCE

Members may obtain a voluntary leave of absence from the Medical Staff by notifying the Chief of Staff in writing. The request should state the approximate period of time of the leave. A leave cannot exceed an absence of more than two years. Reinstatement at the end of the leave must be approved in accordance with the standards and procedures set forth in the credentialing and privileging procedures for reappointment review. The member must provide information regarding professional activities during the leave of absence. During the period of the leave, the member shall not exercise privileges at District facilities, and membership rights and responsibilities shall be inactive.

ARTICLE 5 OFFICERS

5.1 OFFICER DESIGNATIONS

There shall be the following general officers of the Medical Staff:

Chief of Staff

Vice Chief of Staff

5.2 QUALIFICATIONS

Officers must be members of the Active Medical Staff at the time of nomination and election and they must remain members in good standing during their terms of office. At the discretion of the active Medical Staff members, failure to maintain such status may create a vacancy in the office involved.

5.3 NOMINATIONS

Nominations for the office of Vice Chief of Staff may be made from the floor by any member of the CW at the last meeting of the Medical Staff year. When there are three or more candidates for the office and no candidate receives a majority, there shall be successive balloting, whereby the name of the candidate receiving the fewest votes will be omitted from each successive slate until one candidate obtains a majority vote.

5.4 ELECTION

Upon approval of a majority of the active Medical Staff members present at the CW meeting, the current Vice Chief of Staff will be advanced to the office of Chief of Staff and a new Vice Chair will be elected. If the existing Vice Chief of Staff fails to receive a majority vote to advance to Chief of Staff, the above nomination procedures shall be followed. Officers will take office on the first day of the Medical Staff year.

5.5 TERM OF ELECTED OFFICER

The Chief of Staff and the Vice Chief of Staff each shall serve a one-year term. Each officer shall serve until the end of his or her term or until a successor is elected, unless the officer dies, resigns or is removed from office.

5.6 REMOVAL OF ELECTED OFFICER

A Medical Staff officer may be recalled from office for failure to carry out the duties of the office. Except as otherwise provided, removal of a Medical Staff officer may be initiated by a petition signed by at least 50 percent of the members of the Medical Staff eligible to vote for officers. Removal shall be considered at a special meeting called for that purpose. Removal shall require a majority vote of the active Medical Staff members.

5.7 FILLING VACANCIES

Vacancies created by resignation, removal, death, or disability shall be filled as follows: The Vice Chief of Staff shall fill a vacancy in the office of Chief of Staff. A vacancy in the office of Vice Chief of Staff shall be filled by special election held in general accordance with these Bylaws.

5.8 CHIEF OF STAFF DUTIES

The Chief of Staff shall serve as the chief officer of the Medical Staff. The duties of the Chief of Staff shall include, but not be limited to:

- ❖ Enforce the Medical Staff Bylaws and supplemental attachments;
- ❖ Call and preside at CW meetings and be responsible for the agenda preparation of all meetings of the CW;
- ❖ Appoint Medical Staff ad hoc, liaison, or multidisciplinary committees and designate the chairs of these committees;
- ❖ In the interim between CW meetings, perform those responsibilities of the CW that in the opinion of the Chief of Staff must be accomplished prior to the next regular or special meeting of the CW;
- ❖ Perform such other functions as may be assigned to the office by these Bylaws and supplemental attachments or the CW;
- ❖ Consult with the Administrator regarding medico-administrative matters.
- ❖ Serve on liaison committees with the governing body and administration;
- ❖ Regularly report to the governing body on the performance of Medical Staff functions and communicate to the Medical Staff any concerns expressed by the governing body;

5.9 VICE CHIEF OF STAFF

The Vice Chief of Staff shall perform the duties of secretary/treasurer of the CW. This office shall also perform such other duties as the Chief of Staff may assign. In the absence of the Chief of Staff, the Vice Chief of Staff shall assume all duties and authority of the office.

ARTICLE 6 COMMITTEES

6.1 GENERAL

6.1-1 CW Responsibilities

The CW serves as the executive body of the Medical Staff. The CW will address all the functions often associated with standing Medical Staff committees. The CW may appoint members to ad hoc task forces and by law the CW must appoint members to the Interdisciplinary Practice Committee (IDPC).

All Medical Staff committees or task forces will conduct their business in accordance with the following procedures:

6.1-2 Appointments

Appointments to the CW are addressed in Section 6.4 of these Bylaws and not subject to the approval of the Chief of Staff. The chief of staff will appoint all Medical Staff members to the IDPC and any Medical Staff task force. The appointments may include any category of Medical Staff member. As appropriate, appointments may include non-physician providers, District administration, representatives of the community, and anyone with special expertise.

6.1-3 Removal of Committee or Task Force Members

A member who ceases to be in good standing, loses a contractual relationship with the District, suffers a significant limitation of privileges, or any other good cause may be removed by the Chief of Staff. A member may also be removed if after review of the circumstances which prompts consideration of removal, the Chief of Staff in his exclusive review finds good cause.

6.1-4 Records of Meetings

Minutes of the CW and ad hoc task force meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of members and the recommendations, conclusions, or actions adopted by the CW or ad hoc task force. The chairperson of the committee or task force shall review and signify by signature that the minutes are an accurate representation of the proceedings of the meeting.

6.1-5 Quorum

A quorum will consist of the voting members present for CW meetings. For all other meetings, a quorum shall consist of 33 percent of the voting members but in no event less than two voting members.

6.1-6 Manner of Action

Except as otherwise specified, the actions of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members. Committee action may be conducted by telephone conference that shall be deemed to constitute a meeting for the matters then discussed.

6.1-7 Rules of Order

Unless otherwise specified, meetings shall be conducted according to Robert's Rules of Order; however, technical failures to follow such rules will not invalidate action taken at such a meeting.

6.1-8 Hospital Representation

The CEO/Administrator or designee shall be a member without vote of the CW and may serve on any task force of the Medical Staff.

6.2 REPRESENTATION ON DISTRICT COMMITTEES AND PARTICIPATION IN DISTRICT DELIBERATIONS

The Medical Staff may discharge duties delegated to it by the District relating to licensure, certification, disaster planning, facility and services planning, and physical plant safety by providing Medical Staff representation on District committees established to perform such functions.

6.3 COMBINED OR JOINT COMMITTEE MEETINGS

The members of the CW collectively or individually may participate in combined or joint committee meetings with staff members from other healthcare entities, the county Medical Society or other groups deemed appropriate by the Chief of Staff and the governing body. Precautions shall be taken to assure that confidential Medical Staff information is not inappropriately disclosed. Participation in external meetings is contingent upon access to and approval authority of all minutes prepared in conjunction with any such meetings by the District Medical Staff representative.

6.4 COMMITTEE OF THE WHOLE COMPOSITION

The CW shall be composed of the Medical Staff officers listed in these Bylaws, including both active and provisional active members. Associate, associate provisional and courtesy members may attend CW meetings without the right to vote. In addition to the Administrator, other administrative representatives and/or governing body representatives may serve, without vote, on the CW if approved by the CW.

6.5 PHYSICIAN ~~WELL-BEINGS~~SUPPORT COMMITTEE

In accordance with state law, this ad hoc committee shall serve as a resource for Medical Staff members who have concerns regarding potential chemical, substance abuse, or disability impairments, or comparable health limitations. Given the very limited size of the Medical Staff and the mode of operation as a Committee of the Whole, this ad hoc

committee will consist of members from the Humboldt-Del Norte County Medical Society Physician Well-BeingSupport Committee. Concerns will be directed to the Chief of Staff who shall, as appropriate, enlist the help of the Medical Society's resources.

Annually, the Medical Staff may appoint or reappoint a Medical Staff member as our representative for the Physician Well-BeingSupport Committee.

6.6 HUMBOLDT-DEL NORTE CONSORTIUM FOR CME

The Medical Staff recognizes the Humboldt-Del Norte Medical Society as a provider of Continuing Medical Education. Annually, the Medical Staff may appoint or reappoint a Medical Staff member to act as our representative for the consortium.

ARTICLE 7 CONFIDENTIALITY, IMMUNITY, AND RELEASES

7.1 GENERAL

The CW and Medical Staff ad hoc task force minutes, files and records, including information regarding any member or applicant to this Medical Staff shall, to the fullest extent permitted by law, be considered confidential. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall become a part of the CW files and shall not become part of any particular patient's file or of the general District records. Dissemination of such information and records shall be made only when expressly required by law, or pursuant to officially adopted policies of the Medical Staff or District. When no officially adopted policy exists, release of material will only be made with the expressed approval of the Chief of Staff, the Administrator, or designee and any involved Medical Staff member or applicant.

7.2 BREACH OF CONFIDENTIALITY

Effective credentialing, quality improvement, peer review, and consideration of the qualifications of Medical Staff members and applicants to perform specific procedures must be based on free, candid, and confidential discussions. Practitioners and others who participate in credentialing, quality improvement, and peer review activities may assume that confidentiality will be preserved and maintained, unless in conflict with applicable state law. Any breach of confidentiality by members of the CW or member of an ad hoc task forces when participating in activities related to credentialing, quality assurance, peer review, or qualifications of individuals for Medical Staff membership and privileges, is outside the appropriate standard of conduct for this Medical Staff. Approved dissemination of confidential information to another health facility, professional society, or licensing authority, or peer review activities will not be considered a breach of confidentiality. If it is determined by the Chief of Staff that a breach of confidentiality has occurred, corrective action will be taken by the CW or referred to the governing body for action if non-members of the Medical Staff are involved.

7.3 IMMUNITY AND RELEASES

- 7.3-1 Immunity from Liability for Providing Information or Taking Action
Each representative of the Medical Staff or District and all third parties shall be exempt from liability to an applicant, member, or practitioner for damages or other relief by reason of providing information to a representative of the Medical Staff, District, or any other health-related organization. This exemption extends to information regarding an individual who is, or has been, an applicant to or member of the Medical Staff or who did, or does, exercise privileges or provide services within the District. The exemption also extends to individuals who otherwise participate in Medical Staff or District credentialing, quality improvement, or peer review activities.

7.3-2 Activities and Information Covered

Activities

The immunity provided by this Article shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with District or any other health-related organization's activities. Activities included with the scope of this section include, but are not limited to, the following:

- ❖ Applications for appointment
- ❖ Requests for privileges, or specified services
- ❖ Periodic reappraisals for reappointment
- ❖ Corrective action
- ❖ Hearings and appellate reviews
- ❖ Quality assurance review, including patient care audits
- ❖ Peer review
- ❖ Utilization reviews
- ❖ Morbidity and mortality conferences
- ❖ Other District or committee activities related to monitoring and improving quality of patient care and appropriate professional conduct

Information

The acts, communications, reports, recommendations, disclosures, and other information referred to in this Article may relate to a practitioner's professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or other matters that might directly or indirectly affect patient care.

7.4 CUMULATIVE EFFECT

Provisions in these Bylaws and in Medical Staff application forms relating to authorizations, confidentiality of information and immunities from liability shall be in addition to other protections provided by law and not in limitation thereof.

ARTICLE 8 DISCIPLINARY ACTION

8.1 CAUSE AND NOTICE OF ACTION

Any person may provide information to the Medical Staff regarding the conduct, performance, or competence of its members. When reliable information indicates a member may have exhibited acts, demeanor, or conduct either within or outside the District that are reasonably likely to be: (1) Detrimental to patient safety or to the delivery of quality patient care within the District, (2) unethical, (3) inappropriate, (4) contrary to the Medical Staff Bylaws or supplemental documents, (5) below applicable professional standards, (6) disruptive of Medical Staff or District operations, or (7) an improper utilization of District resources, as determined by the Medical Staff and District board there shall be a proposal for disciplinary action or the request for an investigation.

The proposal for disciplinary action, or the request for an investigation, must be submitted to an officer of the Medical Staff. The request must identify the specific activities or conducts that are alleged to constitute the grounds for proposing an investigation or specific corrective action. The Medical Staff officer shall promptly notify the Administrator of all requests for corrective action and the Medical Staff officer shall continue to keep the Administrator fully informed of actions taken in conjunction with corrective action activities.

8.2 INVESTIGATION

8.2-1 Conducting an Investigation

Upon receipt of a request for corrective action or investigation, the Medical Staff officer shall, in consultation with other members, decide whether to act on the proposal and direct that an investigation be undertaken. If the situation warrants, the medical staff officer may immediately initiate an expedited review without seeking consultation from CW members. The results of the expedited review will be presented to the CW for a decision to initiate a corrective action investigation. If an investigation is undertaken, a Medical Staff officer not connected with the alleged offense or an ad hoc Medical Staff task force may conduct the investigation. If the practitioner being investigated is on the CW, then the practitioner will be removed from the corrective action investigation team. A Medical Staff officer, or a consensus thereof, will decide who will conduct the investigation. The investigating process shall, within 30 days of initiation of the investigation, include an interview with the affected practitioner who shall be advised of the reasons for the investigation. The practitioner shall be given an opportunity to comment on the charges. The investigative process shall not be deemed as a “hearing” as that term is used in the Fair Hearing Process. An investigation shall be conducted expeditiously and it will be brought to a conclusion as quickly as a thorough investigation permits, but no later than 90 days after initiation of the investigation.

In a complaint involving patient harassment or discrimination, an expedited review shall be conducted as referenced earlier in Section 8.2-1 of this article. The Administrator or designee shall participate in the expedited review. When the Medical Staff officer receives a non-patient complaint from sources within or without the Medical Staff regarding harassment or discrimination by a Medical

Staff member, the Administrator or designee will participate in an expedited joint review.

8.2-2 Written Report

The investigator shall forward a written report on all investigation to the CW as soon as is practicable after completion of the assignment. The CW may at any time within its discretion terminate the investigative process and proceed with action as provided below.

Information obtained in a joint expedited review regarding a complaint of harassment or discrimination may be used, as necessary, to meet District legal obligations when a charge of harassment or discrimination is made. The findings or recommendations of an expedited report must be submitted to the CW within 30 days after completing the investigation(s). If additional time is required to complete the investigation, an interim report shall be forwarded to the CW and it shall specifically request additional time to complete the investigation.

8.3 COMMITTEE OF THE WHOLE ACTION/RECOMMENDATION

As soon as is practicable after the conclusion of the investigative process the CW shall act thereon. Such actions may include the following options:

- ❖ No corrective action to be taken and, if the CW determines that no credible evidence existed for the complaint, the removal of the complaint and any related information from the member's file. If the CW recommends that no corrective action be taken, such recommendation, together with such supporting documentation as may be required by the governing body, shall be transmitted thereto;
 - Rejection or modification by the CW of a proposed corrective action by an investigator;
 - Letters of admonition, censure, reprimand, or warning;
 - Prepare recommendations for corrective action that are presented to the Governing body for approval. The range of potential recommendations include:
 - (1) Probation or special limitations or restrictions to be imposed on continued Medical Staff membership or exercise of privileges, including, without limitation, requirements for co-admissions, mandatory consultation, or monitoring.
 - (2) Reduction or revocation of privileges;
 - (3) Suspension of privileges until completion of specific conditions or requirements;
 - (4) Reduction of membership status or limitation of any prerogatives directly related to the practitioner's delivery of patient care;
 - (5) Suspension of Medical Staff membership until completion of specific condition or requirements;
 - (6) Revocation of Medical Staff membership;
 - (7) Other actions appropriate to the facts that prompted the investigation.

If the CW recommends an admonition, reprimand, or warning to a practitioner, it shall, at the practitioner's request, grant an interview with the CW. Following the interview, the CW will consider the merits of the information divulged in the interview. If the CW decides to issue an admonition, reprimand, or warning, this shall conclude the matter and notice of the final decision shall be provided to the practitioner.

8.4 INTERVIEWS

Interviews or meetings that are preliminary to corrective action involving a Medical Staff member shall neither constitute nor be deemed a "hearing," as that term is used in the fair hearing process. They shall be preliminary in nature and shall not be conducted according to the procedural rules applicable to a fair hearing process. The CW shall be required, at the practitioner's request, to grant the practitioner an interview or meeting only when so specified in the fair hearing process. In all other cases and when the CW has before it an adverse recommendation, it may, but shall not be required to, furnish the member an interview. In the event an interview or meeting is granted, the practitioner shall be informed of the general nature of the circumstance leading to such recommendation or action and may present information relevant thereto. A record of the matters discussed and findings shall be made.

8.5 PROCEDURAL RIGHTS

Any recommendation by the CW that constitutes grounds for a hearing shall entitle the practitioner to the procedural rights provided in the fair hearing process. In such cases, the Chief of Staff shall give the practitioner written notice of the adverse recommendation and of the practitioner's right to request a hearing in the manner specified.

8.6 OTHER ACTION BY THE GOVERNING BODY

Any action of the governing body that constitutes grounds for a hearing as set forth in the Bylaws of the governing body shall entitle the practitioner to procedural rights incorporating, as much as practicable, the rights provided in the Fair Hearing Supplemental Attachment. In such cases, the governing body shall give the practitioner written notice of the tentative adverse recommendation and the right to request a hearing.

Should the governing body determine that the CW failure to investigate, or initiate disciplinary action, is contrary to the weight of the evidence, the governing body may direct the CW to initiate an investigation or a disciplinary action after consultation with the CW. In the event that the CW fails to take action in response to a direction from the governing body, the governing body, after notifying the CW in writing, may take action on its own initiative. If such action is unfavorable to the practitioner, or constitutes an admonition, reprimand or warning to the practitioner, it shall become effective as of the final decision of the governing body. If such action is one of those set forth the Fair Hearing Supplemental Attachment, the governing body shall give the practitioner written notice of the adverse recommendation. The practitioner shall also be advised of the right to request a hearing incorporating, as much as possible, the rights provided in the Fair Hearing Procedure.

8.7 SUMMARY SUSPENSION

8.7-1 Medical Staff Initiation of a Suspension

The Chief of Staff or Vice Chief may suspend a practitioner's membership status or suspend or restrict a member's privileges if, in their exclusive judgment an immediate or potential act would result in a clear and imminent threat to the health or safety of any patient, prospective patient, employee, or other persons present in a District facility.

8.7-2 Non-Medical Staff Initiation of a Suspension

The Administrator or the governing body shall also have the authority to suspend a practitioner's membership or suspend or restrict privileges if, in their exclusive judgment an immediate or potential act would result in a clear and imminent threat to the health or safety of any patient, prospective patient, employee, or other persons present in a District facility. However, the governing body or CEO/Administrator must make a reasonable attempt to contact the Chief of Staff or Vice Chief of Staff before the suspension or restriction becomes effective. A suspension or restriction by the governing body or CEO/Administrator that has not been ratified by the CW within two working days after the suspension or restriction shall automatically terminate.

8.7-3 Notice

Summary suspension or restrictions by a Medical Staff officer or the CW shall become effective immediately upon imposition. Prompt written notice shall be given to the practitioner, governing body, Administrator, and others of the Medical Staff as appropriate. The notice of the suspension or restriction given to the practitioner shall constitute a request for corrective action or a corrective action investigation as provided in the procedures set forth in the Supplemental Attachment.

8.7-4 Assignment of Patients

In the event of any suspension or restriction, a Medical Staff officer shall assign the practitioner's patients whose treatment by such practitioner is affected by the summary suspension or restriction to another practitioner. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

8.7-5 CW Action

After such summary suspension or restriction, the affected practitioner may request a meeting with the CW. The meeting shall be scheduled as soon as reasonably possible. The CW may, at any time, before or after that meeting, modify, continue, or terminate the terms of the summary suspension or restriction order and shall give the practitioner written notice of its decision.

8.7-6 Procedural Rights

Non-terminated suspensions or restrictions shall remain in effect until completion of the corrective action process and any subsequent hearing and appellate review. Until the CW or the governing body takes an adverse action against a practitioner regarding a suspension or restriction of privileges, the practitioner shall not be entitled to the procedural rights afforded by the fair hearing process. The practitioner may request a hearing when the adverse action is within the scope of the fair hearing process. Reportable actions to the Medical Board of California under the provisions of Section 805 of the Business and Professional Code are an exception to this rule. The practitioner may request a hearing upon notice of the reportable action

8.7 AUTOMATIC DISCIPLINARY ACTION

8.8-1 State Licensure

Whenever a practitioner's license authorizing practice in this state is revoked, suspended, restricted, expired (without an application pending for renewal) or the practitioner is placed on probation, Medical Staff membership or privileges shall automatically change to correspond to the state action as of the date such action becomes effective. The change in the practitioner's membership status or privileges shall last for at least the term of the state action. The practitioner shall not be entitled to the procedural rights afforded by the fair hearing process.

8.8-2 DEA Certificate

Whenever a practitioner's Drug Enforcement Administration (DEA) certificate is revoked, suspended or has expired, practitioner shall immediately and automatically be divested of the right to prescribe medications covered by the certificate. The District suspension becomes effective upon the DEA effective date and it shall last for at least the term of the DEA suspension. The practitioner shall not be entitled to the procedural rights afforded by the fair hearing process.

8.8-3 Failure to Satisfy Special Appearance Requirement

A member, who fails without good cause, to appear before state and federal authorities or the CW and satisfy the requirements of these Bylaws and supplemental attachments, shall automatically be suspended from exercising all or such portion of privileges as specified by the CW. Corrective action may be initiated at the discretion of the CW.

8.8-4 Removal of Medical Records

Unauthorized removal of patient charts/medical records from the District facilities by a member shall result in the automatic suspension of the privileges to admit or treat patients in District facilities. Once the records have been returned to the District, admitting privileges shall resume although corrective action may be initiated at the discretion of the CW.

8.8-5 Cancellation of Professional Liability Insurance

Failure to maintain professional liability insurance as required by these Bylaws shall be grounds for automatic suspension of a member's privileges. Failure to maintain professional liability insurance for certain procedures shall result in the automatic suspension of privileges to perform those procedures. The suspension shall be effective until appropriate coverage is reinstated, including coverage of any acts or potential liabilities that may have occurred or arisen during the period of any lapse in coverage. Such practitioners shall not be entitled to the procedural rights afforded by the fair hearing process.

ARTICLE 9 FAIR HEARING

9.1 PREAMBLE AND DEFINITIONS

9.1-1 Intra Organizational Remedies

The intra-organizational remedies and the hearing and appellate review bodies provided for in this document are quasi-judicial in structure and function. No participant in the Fair Hearing Procedure (FHP) shall have power or authority to hold quasi-legislative, notice and comment type hearings or to make legislative determinations, or determinations as to the substantive validity of Bylaws, rules, regulations or other intra-organizational legislation. Notwithstanding the foregoing, the governing body otherwise may entertain challenges to the substantive validity of intra-organizational legislation and in all proper cases shall hear and decide those questions. Where the substantive validity question is the sole issue, the practitioner may be permitted a direct meeting, in the first instance, with the governing body. The final determination by the governing body shall be a condition precedent to practitioner's right to seek judicial review in a court of law.

9.1-2 Exceptions to Hearing Rights

The procedures described herein do not apply to a practitioner whose application for Medical Staff membership or privileges was denied on the basis that the privileges the applicant sought were the subject of an agreement or arrangement providing for exclusive or limited access to a particular service. Such practitioners shall have the right, however, to request that the governing body review the denial. The governing body shall have the discretion to determine:

- ❖ Whether to review such request;
- ❖ To determine whether the practitioner may personally appear before and/or submit a statement in support of the practitioner's position.

9.1-3 Exhaustion of Remedies

An applicant or Medical Staff member who receives an adverse decision regarding staff membership, staff status, or privileges must exhaust the intra-organizational remedies afforded by the Bylaws, rules, and the FHP before resorting to formal legal action. Exhausting intra-organizational remedies applies to a decision, the procedure used to arrive at a decision, or a

practitioner's claim against the District or participants in the decision making process.

9.1-4 Definitions

Except as otherwise provided in the Bylaws, the following definitions shall apply:

Responsibility for decision that prompted the hearing decision refers to:

- ❖ The Medical Staff's Chief of Staff or authorized officer, who took the action or rendered the decision that resulted in a hearing being requested.
- ❖ The governing body in all cases where the governing body or authorized officers, directors, or committees of the governing body took the action or rendered the decision which resulted in a hearing being requested.

Notice refers to a written communication delivered personally to the required addressee or sent by United States Postal Service, certified mail, return receipt requested, addressed to the required addressee at the address as it appears in the records of the District.

Practitioner refers to the practitioner who has requested a hearing pursuant to this document.

Date of receipt of any notice or other communication shall be deemed to be the date such notice or communication was delivered personally to the required addressee. Or, if delivered by mail, such notice or communication shall be deemed received 48 hours after being deposited, postage prepaid, in the United States Postal Service in compliance with paragraph 2 above.

9.2 CAUSE FOR HEARING

9.2-1 Causes

- ❖ Any one or more of the following actions or recommended actions shall constitute grounds for a hearing unless otherwise expressly provided in the Bylaws or herein:
- ❖ Denial of Medical Staff membership;
- ❖ Denial of requested advancement in Medical Staff membership status;
- ❖ Denial of Medical Staff reappointment;
- ❖ Demotion to a Medical Staff category or membership status which has significantly fewer prerogatives or privileges;
- ❖ Suspension of Medical Staff membership until completion of specific conditions or requirements;
- ❖ Suspension or restriction of Medical Staff membership;
- ❖ Expulsion from Medical Staff membership;
- ❖ Denial of requested privileges;

- ❖ Reduction in privileges;
- ❖ Suspension of privileges;
- ❖ Summary suspension or restriction of privileges;
- ❖ Termination of privileges;
- ❖ Consultation requirement;
- ❖ Medical Staff or governing body action that requires the District to report an incident to the Medical Board of California under the provisions of Section 805 of the California Business and Professions Code.

9.3.1 ADVERSE RECOMMENDATIONS

Recommendation of any of the above actions shall constitute an "adverse recommendation" for the purposes of the FHP.

9.4 REQUESTS FOR A HEARING

9.4-1 NOTICE OF ACTION OR PROPOSED ACTION

Under the FHP, the person or body that has the authority and pursuant to that authority has recommended or taken any of the actions constituting grounds for hearing as set forth above, shall provide the affected practitioner with the following:

- ❖ Notice of an adverse recommendation, or action;
- ❖ Whether the action will be reported pursuant to California Business and Professions Code Section 805;
- ❖ Notice of the applicant's or member's right to request a hearing pursuant to paragraph 9.4-2;
- ❖ The right to representation by legal counsel.

9.4-2 REQUEST FOR HEARING TIME LIMITS

The practitioner shall have 30 days, following the date of receipt of notice of such action, to request a hearing by the CW. Said request shall be affected by notice to the Chief of Staff with a copy to the Administrator. In the event the practitioner does not request a hearing within the time and in the manner herein above set forth, the practitioner shall be deemed to have accepted the recommendation or action involved and it shall thereupon become final.

9.4-3 TIMES AND PLACE FOR HEARING

Upon receiving a request for hearing, the Chief of Staff, on behalf of the CW, shall schedule and arrange for a hearing and give notice to the practitioner of the time, place, and date of the hearing. The practitioner may choose to appear in person, by telephone or video conference. The date of the commencement of the hearing shall not be fewer than 30 calendar days from the date of the notice of hearing, or more than 60 calendar days after the receipt of the request for a hearing by the Chief of Staff. However, a practitioner who is under a suspension, which is then in effect, has the right to a hearing as soon as the arrangements can reasonably be made. The date of the hearing for a suspended practitioner shall not exceed 30 calendar days from the date of receipt of the request for hearing by

the Chief of Staff.

The date of a hearing may be postponed upon a decision issued by the Chief of Staff based upon good cause and in accord with this FHP.

9.4-4 NOTICE OF CHARGES OR GROUNDS FOR ACTION

As a part of or together with the notice of hearing required by paragraph 9.4-1, the Chief of Staff shall state in writing the acts or omissions with which the practitioner is charged. The Chief of Staff's statement shall include a list of the charts being questioned, or the grounds upon which the application or request was denied.

9.4-5 FAILURE TO APPEAR

Failure of the practitioner to appear without good cause and failure of the practitioner to be prepared to proceed at a set hearing time and date shall be deemed to constitute voluntary acceptance of the recommendations or actions involved and it shall thereupon become final.

9.4-6 CONTINUANCES

The presiding hearing officer on a showing of good cause may grant continuances upon agreement of the parties.

9.5 HEARING PROCEDURE

9.5-1 JUDICIAL HEARING OFFICER

When a hearing is requested, the CW and governing body shall jointly appoint a Judicial Hearing Officer who is qualified by experience or training to conduct a fair hearing. The Judicial Hearing Officer shall:

- ❖ Have no direct financial interest in the outcome of the hearing;
- ❖ Has not acted as accusers, investigators, fact finders, or initial decision-makers in the matter;
- ❖ Where feasible, be knowledgeable regarding the appellant practitioner's specialty.

The governing body and the CW will jointly appoint a hearing officer to conduct the hearing and report to the governing body and CW on findings and recommendations. The hearing officer may be an attorney at law or otherwise qualified individual who can preside over a quasi-judicial hearing, preferably with experience in Medical Staff matters. The hearing officer shall gain no direct financial benefit from the outcome of the hearing. The hearing officer must not act as a prosecuting officer, or as an advocate for the governing body, CW, or the practitioner. The hearing officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner and that proper decorum is maintained.

The hearing officer shall be entitled to determine the order and procedure for presenting evidence and arguments during the hearing. The hearing officer shall have the authority and discretion to make all rulings on question pertaining to matters of law, procedure, or the admissibility of evidence.

If the hearing officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the hearing officer may take action, including disciplinary action as seems warranted by the circumstances. The CW and governing body may authorize legal counsel for consultation by the hearing officer, as appropriate.

The hearing officer shall prepare a written report of the findings of the hearings and recommendations for action. The hearing officer will present the report to the CW. A copy of the report will be sent to the governing body.

The hearing officer shall maintain a record of the hearing by one of the following methods:

- ❖ A certified shorthand reporter present to make a record of the hearing;
- ❖ A recording of the proceedings.

The cost of attendance of the shorthand reporter shall be borne by the District, but the cost of the transcript, if any, shall be borne by the party requesting it. The hearing officer may order that oral evidence shall be taken only on oath administered by any person entitled to notarize documents in California or by affirmation, under penalty of perjury, to the hearing officer.

The cost of conducting hearing will be born by the District.

9.5-2 PRE-HEARING PROCEDURE

9.5-1a At the request of either party, an exchange witness lists of individuals expected to testify shall be made available to requesting parties. Copies of all documents that are expected to be introduced as part of the hearing shall be made available to requesting parties. If witnesses are added after this list has been provided, it shall be the duty to notify the other party of the change. Failure to disclose the identity of a witness or produce copies of all documents used as part of the hearing at least ten days before the commencement of the hearing shall constitute good cause for a continuance.

9.5-1b It shall be the duty of the practitioner and the Chief of Staff or authorized Medical Staff officer, to exercise reasonable diligence in notifying the hearing officer of any pending or anticipated procedural disputes. Notification should be as far in advance of the scheduled hearing as possible so that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing

decisions may be made at the hearing.

- 9.5-1c The practitioner shall have the right to inspect and copy, at the practitioner's expense, any documentation relevant to the charges and in possession, or under control of the Chief of Staff. The aforementioned individuals will provide the requested information as soon as practicable.
- 9.5-1d The Chief of Staff shall have the right to inspect and copy, at the District's expense, any documentation relevant to the charges in possession or control of the practitioner. The practitioner will provide the requested information to the aforementioned individuals as soon as practicable.
- 9.5-1e The failure by either party to provide access to such information at least 30 days before the hearing shall constitute good cause for a continuance.
- 9.5-1f The right to inspect and copy by either party does not extend to confidential information referring to individually identifiable practitioners other than the practitioner involved in the hearing.

The hearing officer shall consider and rule upon any request for access to information, and the hearing officer may impose any safeguards for the protection of the peer review process. When ruling upon requests for access to information and determining the relevancy thereof, the Hearing Officer shall, among other factors, consider at least the following:

- ❖ Whether the information sought may be introduced to support or defend the charges;
- ❖ The exculpatory or inculpatory nature of the information sought, if any;
- ❖ The burden imposed on the party in possession of the information sought, if access is granted;
- ❖ Any previous requests for access to information submitted or resisted by the parties to the same proceeding.

9.5-2 REPRESENTATION AT THE JUDICIAL HEARING

The practitioner and District shall be entitled to representation by legal counsel in any phase of the hearing, and the practitioner shall receive notice of the right to obtain representation. In the absence of legal counsel, the practitioner shall be entitled to be accompanied by and represented at the hearing by a practitioner licensed to practice in the State of California who is not an attorney at law. If the practitioner is not so represented by legal counsel, legal counsel shall not represent the District.

9.5-3 RIGHTS OF THE PARTIES

Both sides shall have the following rights during the fair hearing process:

- ❖ To question the qualification and impartiality of the hearing officer to serve in accordance with this FHP procedure;
- ❖ To call and examine witnesses;
- ❖ To introduce exhibits or other documents;
- ❖ To cross-examine or otherwise attempt to impeach any witness who shall have testified orally on any matter relevant to the issues, and otherwise to rebut any evidence;
- ❖ To be provided with all information made available during the hearing and to the hearing officer;
- ❖ The practitioner may be called by the body whose decision prompted the hearing and examined as if under cross-examination;
- ❖ Ruling on any challenge directed at the hearing officer shall be done by a knowledgeable and impartial resource.

9.5-4 MISCELLANEOUS RULES

The rules of law relating to the examination of witnesses and presentation of evidence shall not apply in any hearing conducted under these procedures. Any relevant evidence, including hearsay, shall be admitted by the hearing officer provided the evidence can be characterized as information commonly accepted or used by responsible persons in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a written statement supportive of each party's respective position. The hearing officer may request a statement to be filed following the conclusion of the presentation of oral testimony. The hearing officer may question witnesses or call additional witnesses as a means of obtaining a full and complete exposition of the relevant facts. The Administrator or designee may attend and observe FHP and CW meetings.

9.5-5 BURDENS OF PRESENTING EVIDENCE AND PROOF

- ❖ The Chief of Staff or authorized Medical Staff officer shall have the initial burden to present evidence that reasonably supports the corrective action.
- ❖ An applicant shall bear the burden of presenting evidence that clearly allows for an evaluation and resolution of reasonable doubt regarding the applicant's ability and earnestness to perform requested privileges and fitness for Medical Staff membership. Initial applicants shall not be permitted to introduce information not produced upon request of the CW during the credentialing process, unless the initial applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.

9.5-6 ADJOURNMENT AND CONCLUSION

The hearing officer may adjourn the hearing and reconvene the same at the

convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence and argument, the hearing shall be closed.

9.5-7 HEARING OFFICER DECISION

Within 30 working days after final adjournment of the hearing (in the event the practitioner is currently under suspension, this time shall be 15 calendar days), the hearing officer shall render a written decision. The decision report shall include findings of fact and any conclusions explaining the connection between the evidence and the decision of the hearing officer. The decision report shall be delivered to the Chief of Staff, the Administrator, and the governing body. At the same time, a copy of the report and decision shall be delivered to the practitioner by certified mail, return receipt requested. The practitioner shall be advised of the appeal rights to the governing body. The decision of the hearing officer shall be considered final, subject only to the right of appeal to the governing body as provided below.

9.6 APPEAL TO GOVERNING BODY

9.6-1 TIME FOR APPEAL

Within 30 calendar days after the date of receipt of the CW decision, either the practitioner or the Chief of Staff or authorized Medical Staff officer whose decision prompted the hearing may request an appellate review by the governing body. Said request shall be delivered to the Administrator in writing either in person, or by certified mail, return receipt requested. The request shall include a brief statement of the reasons for the appeal. If such appellate review is not requested within such period, both sides shall be deemed to have accepted the action involved and it shall thereupon become the final action of the Medical Staff.

9.6-2 GROUNDS FOR APPEAL

The written request for an appeal shall include the grounds for appeal, and a clear and concise statement of the facts that support the appeal. The grounds for appeal from the hearing shall be:

- ❖ Substantial noncompliance with the procedures that are required by the FHP or applicable law so as to deny a fair hearing;
- ❖ The decision was not supported by substantial evidence based on the hearing record or such additional information as may be permitted.

9.6-3 TIME, PLACE, AND NOTICE

The governing body shall schedule and arrange for an appellate review. The governing body shall give the practitioner notice of the time, place, and date of the meeting with the parties that are to be included in the appellate review. The date of an appellate review meeting shall not be less than 30 calendar days or more than 60 calendar days from the date of receipt of the request for appellate

review. However, when a request for appellate review is from a practitioner who is under suspension then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made. The review shall not exceed 30 days from the date of receipt of the request for appellate review. The time for appellate review may be extended for good cause by the governing body, its chair or its designee.

9.6-4 APPEAL BOARD

When an appellate review is requested, the governing body shall sit as the appeal board. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board, so long as that person did not take part in a prior investigation or hearing on the same matter.

9.6-5 APPELLATE PROCEDURE

The proceedings by the governing body shall be an appellate hearing that is based upon the record of the hearing before the hearing officer. The appeal board may accept additional oral or written evidence, subject to the condition that such evidence could not have been made available to the hearing officer consistent with reasonable diligence. New evidence is subject to the same rights of cross-examination or confrontation provided at the hearing. The governing body may remand the matter to the CW for the taking of further evidence and for decision. Each party shall have the right:

- ❖ To present a written statement in support of the party's position on appeal;
- ❖ To appear and respond; and
- ❖ To be represented by an attorney or any other representative designated by the party.

At the conclusion of the arguments, the governing body may thereupon conduct deliberations, at a time convenient to itself, outside the presence of the appellant and respondent and their representatives.

9.6-6 DECISION

Within 30 working days after the conclusion of the appellate review proceedings, the governing body shall render a final decision in writing. The governing body may affirm, modify, or reverse the Hearing Officer's decision, or, in its discretion, remand the matter for further review and recommendation by the CW. Copies of the decision shall be delivered to the practitioner, Chief of Staff, and the Administrator by personal delivery or by certified mail, return receipt requested.

9.6-7 FURTHER REVIEW

Except where the matter is remanded for further review and recommendation the final decision of the governing body following the appeal procedures set forth herein shall be effective immediately and shall not be subject to further review.

However, if the matter is remanded to the CW, it shall promptly conduct its review and render its decision to the governing body in accordance with the instructions given by the governing body.

9.6-8 RIGHT TO ONE HEARING

Notwithstanding any other provision of this FHP, no practitioner shall be entitled to more than one hearing and one appellate review on any matter that shall have been the subject of action by either the CW or the governing body or by both.

ARTICLE 10 GENERAL PROVISIONS

10.1 DUES OR ASSESSMENTS

Active and Provisional Active Medical Staff members may be required to pay annual dues at the beginning of the Medical Staff year. The CW shall have the power to set the amount of annual dues or assessments, if any, for each category of Medical Staff membership. The CW shall determine the manner of expenditure of funds received. At the end of six (6) months, members with unpaid staff dues are reported to the Chief of Staff for further action.

10.2 AUTHORITY TO ACT

Any member who acts in the name of this Medical Staff without proper authority shall be subject to such disciplinary action, as the CW may deem appropriate.

10.3 CONSTRUCTION OF TERMS AND HEADINGS

The captions and headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

10.4 DISCLOSURE OF INTEREST

All nominees for election or appointment to Medical Staff offices shall disclose in writing to the CW those foreseeable personal, professional, financial affiliations or relationships, that could result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff. The conflict of interest statement shall be sent to the CW at least 20 days prior to the date of election or appointment.

10.5 MEDICAL STAFF ROLE IN EXCLUSIVE CONTRACTING

The Medical Staff shall be notified and may make recommendations to the governing body regarding quality of care issues related to exclusive arrangements for physician and/or professional services prior to a decision being made, in the following situations:

A decision to execute an exclusive contract in a previously open service;

A decision to renew or modify an exclusive contract in a particular service;

A decision to terminate an exclusive contract in a particular service.

ARTICLE 11 ACCESSORY DOCUMENTS

In addition to the Bylaws, the Medical Staff shall be directed by supplemental attachments. The attachments include the following:

- ❖ Medical Staff Rules contain the specific information regarding conduct and requirements expected of all members.
- ❖ Medical Staff credentialing of members.
- ❖ Delineation of Medical Staff privileges.

Upon adoption by the CW and the governing body, such additional documents as occur in this section are incorporated by reference as part of these Bylaws.

ARTICLE 12 AMENDMENTS, FORMATTING AND ADOPTION

12.1 AMENDMENTS

12.1-1 Bylaws

These Bylaws are amended when a majority vote of those voting from the active staff is sustained by the governing body. The member voting shall occur at a CW meeting.

12.1-2 Rules and Regulations, Supplemental Attachments

Amendments to the Medical Staff Rules, the Appointment and Privileging Attachments, and any other supplemental attachments pertaining to the operation of the Medical Staff are amended when a majority of the voting members of the CW are sustained by the governing body. The member voting shall occur at a CW meeting.

12.2 FORMATTING

These Bylaws, Rules and Regulations and any other supplemental attachments can be corrected for typographical errors, adding previously approved wording or reformatting, without approval of the Medical Staff as long as content is not changed.

12.3 ADOPTION

These Bylaws, upon adoption by the SHCHD Medical Staff, shall replace any previous Bylaws and they shall become effective when approved by the governing body. They shall, when adopted by the Medical Staff and approved by the governing body, be equally binding on the governing body and the Medical Staff, subject, however, to the rights of the governing body to require that these Bylaws be amended.

MEDICAL STAFF BYLAWS ADOPTION AND APPROVAL

Adopted _____, 202~~2~~¹

Michael Newdow, M.D., Chief of Staff

Approved _____, 202~~2~~¹

Corinne Stromstad, President, SHCHD Board of Directors



SoHum Health

MEDICAL STAFF RULES & REGULATIONS

INTRODUCTION

The following Medical Staff rules and regulations serve as a part of the SHCHD Medical Staff Bylaws. As such, the rules and regulations shall be interpreted in a manner to be consistent with the bylaws.

ARTICLE 1 CONDUCT OF MEDICAL CARE

1.1 ADMISSIONS TO DISTRICT SERVICES

1.1-1 General Requirements

- ❖ The responsibility for admitting and providing medical care or supervising the care of all patients seeking services in District programs shall be limited to appropriately privileged physicians who are members of the SHCHD Medical Staff.
- ❖ A physician assigned to “on call” responsibility will admit or care for patients who have no established relationship with a Medical Staff member and who have an urgent need for medical care. Upon a patient’s request, transfer to an appropriate alternative practitioner shall be made consistent with Medical Staff rules (Section 1.6-8 below) as soon as possible.
- ❖ Practitioners who have been granted temporary privileges under appropriate Medical Staff procedures may admit or care for patients in all District facilities as deemed appropriate by the practitioner.
- ❖ Except for emergencies, no patient shall be admitted to the hospital until a provisional diagnosis has been stated. In case of emergency, the provisional diagnosis shall be stated as soon after admission as possible.

1.1-2 Suicidal Patients

Suicidal patients are referred to a qualified practitioner or hospital designated as appropriate for such a patient. If referral of the patient is not immediately possible, the following guidelines are followed:

- ❖ The patient is admitted to the hospital with documented suicide precautions.
- ❖ Consultation with a psychiatrist is recommended. Further, the attending physician must offer such consultation to the patient or patient's representative.
- ❖ To assure the protection of the patient from self-harm, the attending physician shall order, if necessary, observation and application of restraints for the patient. An order for constraints shall be made in accordance with hospital policy.

1.2 CONTINUOUS MEDICAL COVERAGE

In accordance with the law and SHCHD Medical Staff Bylaws, practitioners will provide uninterrupted medical services by adhering to the following guidelines:

1.2-1 Inpatients (Acute and Skilled Nursing Services)

To provide continuous inpatient care at District facilities, physicians shall be called in the following order: (1) primary physician, (2) physician designated by the primary practitioner as being on-call for the primary physician, and (3) the Chief of Staff.

1.2-2 Emergency Service Patients

Physician coverage for emergency service patients shall be provided as follows: (1) emergency contract service physician, when scheduled, (2) District assigned Medical Staff member when scheduled, and (3) the Chief of Staff.

Physicians who are regularly scheduled to work in the Emergency Department will be available to respond within a 30-minute timeframe as dictated by/in the Medical Staff Bylaws, Rules and Regulations which are reviewed and overseen by the District's Governing Board of Directors.

It is the policy of Southern Humboldt Community Healthcare District (SHCHD) to maintain a list of credentialed physicians, nurse practitioners, and physician assistants who are on staff in the hospital and the Southern Humboldt Community Clinic (SHCC) and available to be on-call and who can respond to the Emergency Department to complete a Medical Screening Examination (MSE) and stabilizing treatment under the following circumstances: (1) when the Emergency Department physician is unavailable due to unforeseen circumstances or becomes incapacitated. (2) when the Emergency Department physician is already caring for a critical patient and is not able to leave the bedside. (3) during a local emergency situation or a community wide disaster when an influx of patients dictates the need for more than one provider to complete a MSE to rule out an Emergency Medical Condition (EMC) and provide stabilizing treatment.

1.2-3 District Outpatient Services

Regarding District outpatient services, the practitioner shall maintain continuity of care through appropriate patient scheduling or, in the absence of the primary practitioner, designation of an alternate practitioner to provide or supervise medical services to patients.

1.2-4 Transfer to Another Physician

When care of a patient(s) is transferred from the primary physician to an alternate physician, the primary physician must so state in clear language on the progress and order sheets of the patient's medical record. The primary practitioner must take the additional step of informing the nursing staff of the change in coverage. Nursing staff will notify others as appropriate. Verbal and

telephone orders to nursing staff regarding a change in physician coverage must be signed by the transferring physician within 24 hours, if possible.

It is the responsibility of the primary physician to ensure that the alternate physician assuming responsibility for providing care to the transferred patient has the necessary clinical privileges.

1.3 CONSULTATION

The primary practitioner is responsible for requesting consultations when indicated, and for contacting a qualified consultant.

1.3-1 Consultation Guidelines

Except in emergency conditions, the primary physician shall seek a consultation with another qualified physician under the following circumstances:

- ❖ The patient is not a good risk for treatment;
- ❖ The diagnosis is obscure;
- ❖ There is doubt as to the best therapeutic measures;
- ❖ Upon request of the patient or such other individual who is acting for the patient when the condition of the patient precludes such responsibility.

1.3-2 Consultant Qualifications

Consistent with a practitioner's expertise, any District Medical Staff member with Medical Staff privileges can be called for consultation. Non-member consultants must be qualified to give an opinion in the field in which an opinion is being sought. The Medical Staff shall determine the qualifications of a consultant on the basis of the individual's training, experience and competence.

1.3-3 Consultation Documentation.

A complete consultation shall include the following documentation:

- ❖ Evidence of the review of- the patient's medical record by the consultant;
- Pertinent findings on examination of the patient;
- ❖ The consultant's opinion and recommendations.

The consultant's report shall be part of the permanent medical record. When the consultation is obtained by telephone, it is recorded and signed by the physician who receives the telephone consultation. When invasive procedures are involved, consultation notes, except in emergencies, are recorded prior to the performance of the procedure.

1.3-4 ~~Non-Physician~~Non-Physician Request for Consultation

The Administrator has the right to request a consultation. If the Administrator believes that appropriate consultation is needed and has not been obtained, the Administrator will call this to the attention of the Chief of Staff who will determine the appropriateness of the request for a consultation.

A nurse who believes that appropriate consultation is needed but it has not been

obtained shall first call the concern to the attention of the physician caring for the patient. In the absence of appropriate action by the physician, the matter will be referred to the nurse's supervisor, who in turn will refer the matter to the Chief of Staff.

1.4 DISCHARGE AND TRANSFER

Medical Staff members shall follow the guidelines presented below for discharges and transfers from District facilities:

1.4-1 Discharges

- ❖ Discharge of patients should occur as soon as medically stable and reasonably practical. When a patient leaves a District inpatient facility against the advice of the primary physician or without proper discharge procedures, a notation of the incident will be made in the patient's medical record by the primary physician. Nursing Service will complete an Against Medical Advice form and a Quality Review form.
- ❖ Inpatients shall be discharged only by order of the primary practitioner. A patient may be discharged by telephone order if the primary practitioner has seen the patient that day or an alternate physician or the patient meets predetermined discharge criteria as documented by the primary practitioner.

1.4-2 Inter-Facility Transfers

- ❖ No patient will be transferred to an outside facility without approval of the responsible primary District practitioner and the receiving institution. Consent of receiving physician and confirmation by the receiving facility will be obtained by telephone and documented by the transferring practitioner prior to the patient's release. The receiving facility's consent including the time and date thereof, will be documented in the patient's chart. Such documentation shall identify the physician and facility representative who has consented to accept the patient. The transferring practitioner will determine when a patient is appropriate for transfer.
- ❖ The patient or the patient's authorized representative will be advised, if possible, of the need and the reason for the transfer and the alternatives, if any, to the transfer. Additionally, the proposed transportation plans and the benefits and risks of the proposed transfer will be divulged to the patient or authorized representative. A note will be made in the patient's medical record regarding the discussion with the patient or patient representative.
- ❖ Appropriate transfer forms and/or copies of all medical records shall accompany patients transferred to other facilities for acute or convalescent care to assure adequate continuity of care.

1.5 DISTRICT SERVICES POLICIES AND PROCEDURES

Individual District clinical services develop policies and procedures in collaboration with other district departments and the medical staff. All policies and procedures are discussed at and approved by the CW. When these policies and procedures contain practice guidelines, they must be followed by all practitioners.

1.6 MEDICAL RECORDS

1.6-1 Contents

Physicians responsible for providing overall patient care management or supervision of a patient's care shall provide sufficient data to support the diagnosis, justify the treatment, document the course and results of treatment and promote continuity of care among health care providers. Specific practitioner provided data to be included in the medical record as per the following table:

Required Medical Record Data	Inpatient	Outpatient
Emergency care prior to patients <u>patients</u> ' arrival	Y	Y
Record and findings of patient assessment (physical, social, psychological)	Y	Y
Conclusions or impressions drawn from medical history and physical examination	Y	Y
Diagnosis or diagnostic impression	Y	Y
Reason for admission or treatment	Y	
Goals for treatment and treatment plan	Y	Y
Evidence of known Advanced Directive	Y	
Evidence of Informed Consent	Y	Y
Diagnostic and therapeutic orders	Y	Y
Diagnostic and therapeutic procedures and test results	Y	Y
Progress notes made by practitioner and other authorized individuals	Y	Y
Reassessments and revisions of treatment plans	Y	Y
Patient's response to care	Y	Y
All medications ordered, prescribed, or dispensed	Y	Y
Medications administered and any drug reaction	Y	Y
All relevant diagnoses established during course of care	Y	Y
Any referrals and communications from and communications made to external providers or community agencies	Y	Y
Clinical observations	Y	Y
Conclusions at termination of treatment	Y	Y
Discharge instructions to patients and family	Y	Y
Clinical resume and discharge summary, or final progress note, or transfer summary (see section 1.6-8 for details)	Y	Y
A summary list containing significant diagnosis, procedures, drug allergies and medications (established after third visit)	Y	Y

1.6-2 History and Physical

If a complete history and physical examination was performed and recorded within 30 days prior to the patient's admission to the District hospital, a durable, legible copy of the report may be provided as part of the hospital medical record. H&P conducted prior to admission to inpatient status must contain the required elements as defined by the Medical Staff. The record shall be included in the

medical record in lieu of the admission history and physical examination. In such instances, an interval history and physical examination must be performed and recorded within 24 hours of admission. The interval note must include all additions to the history and changes in the physical findings. If no additions or changes were found, the practitioner must so record in the medical record. History and physicals are to be dictated no later than 24 hours after the patient is admitted to District inpatient facilities.

1.6-3 Progress Notes

Pertinent progress notes shall try to be recorded at the time of observation and they shall be sufficient to clearly establish a record of the progress of a patient undergoing treatment in any District service. Whenever possible, each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. Progress notes shall be written at least daily on all acute-care patients. Progress notes for skilled nursing patients shall be in accordance with the law.

1.6-4 Physician's Orders

- ❖ **Written:** Practitioners are encouraged to ensure orders be written clearly, legibly, and completely. Orders that are illegible or unclearly written will not be carried out until clearly understood by the nurse. The order must be signed by the responsible practitioner or alternate practitioner designated by the primary practitioner.
- ❖ **Verbal.** Verbal orders for medications may be received and recorded by a registered nurses, licensed vocational nurses, pharmacist or physician assistant. The person receiving the telephone order shall sign orders dictated over the telephone. The name of the ordering physician must also be noted on the order. The medication ordered must be limited to those approved by the Medical Staff. The ordering practitioner must authenticate the order within 48 hours.
- ❖ **Verbal orders** for diagnostic laboratory, x-ray, dietary, physical therapy and other clinical support services provided by the District may be received by authorized employees for support department when these orders are clearly from a person recognized as an authorized representative of a Medical Staff member.

1.6-5 Standing, Specialty, or Protocol Orders

Standing orders, specialty orders, protocol orders or a practitioner's routine orders, when applicable to a given patient, shall be reproduced in detail on the order sheet in the patient's record, dated and signed by the practitioner. Standing orders shall be reviewed and authenticated by the physician on an annual basis.

1.6-6 Authentication

All clinical entries in the patient's medical record shall be legible, accurately dated, timed, and signed by the responsible practitioner.

1.6-7 Final Diagnosis

A final diagnosis shall be recorded for inpatients. The documentation is made without the use of symbols or abbreviations. The entry of the final diagnosis is dated and signed by the responsible practitioner at the time of discharge of all patients.

1.6-8 Discharge Documentation

Clinical resumes or summaries shall be completed at the time of discharge for all inpatients. The content of the discharge summary shall be sufficient to justify the diagnosis, treatment and end result. The summary should be concise and include the following information:

- ❖ The reason for the hospitalization;
- ❖ Significant findings;
- ❖ Procedure performed and treatments rendered;
- ❖ Consultations;
- ❖ Final diagnosis;
- ❖ The patient's condition at discharge;
- ❖ Instructions to the patient and family, if any;
- ❖ Signature of primary practitioner.

Progress note instead of a clinical resume may be substituted for normal newborns or minor problems requiring less than 48-hour hospitalization. The progress note includes:

- ❖ Patient's condition on discharge;
- ❖ Discharge instructions;
- ❖ Follow up care required.

Internal transfer of a patient from hospital care to skilled nursing care with continuing care provided by the same practitioner may be documented by a progress note.

Transfer summary can be substituted for the clinical resume when a patient is transferred to another practitioner for any reason. The transfer summary shall include:

- ❖ The patient's condition at the time of transfer; and
- ❖ The reason for the transfer.

1.6-9 Completion of the Medical Record

Medical record completion shall be in accordance with the following provisions:

- ❖ The medical record shall not be permanently filed until it is completed by the primary practitioner or is authorized for filing by the Chief of Staff.
- ❖ An inpatient medical record shall be completed promptly and authenticated or signed by the primary practitioner within two weeks following an inpatient discharge. The Director of Medical Records notifies the primary practitioner of incomplete records. The Chief of Staff and the Administrator are also be notified in writing. The practitioner is placed on automatic suspension within four days following notification if delinquent records are not promptly

completed.

- ❖ Failure to complete an inpatient history and physical within three days following admission to inpatient care by the responsible primary practitioner may lead to automatic suspension of the practitioner.
- ❖ Emergency room and outpatient medical records are completed at the time care is provided or within 24 hours of the provision of care. A dictated history and physical and course of treatment note are acceptable.

1.6-10 Members' Access to the Medical Record

Access to District medical records by Medical Staff members shall be in accordance with the following provisions:

- ❖ A member of the Medical Staff shall be permitted access to a patient's medical records for periods during or before the time the member provides medical services to a patient. In case of return of a patient to the District for medical services, all previous records shall be available for the use of the responsible practitioner.
- ❖ Access to medical records by the Chief of Staff, and the CW shall be permitted for quality of care review purposes.
- ❖ Access to all medical records of all patients shall be permitted to members of the Medical Staff for bona fide clinical studies when done in a manner consistent with preserving the confidentiality of personal information concerning the individual patients. The Administrator and CW shall approve all such projects. Subject to the discretion of the Administrator, former members of the Medical Staff shall be permitted free access to information from the medical records of their patients covering all periods during which the practitioner provided medical services in District facilities.

1.6-11 Release/Removal of Medical Records

The following provisions will govern release and removal of medical records:

- ❖ Original records may be removed from District facilities only in accordance with a court order, subpoena, or statute. All records are the property of the District and shall not be taken off premises without permission of the Administrator or designate. Unauthorized removal of original charts from District facilities by a practitioner is grounds for withdrawal of staff privileges for a period to be determined by the CW.
- ❖ Written consent of the patient is required for release of medical information to persons or agencies not otherwise authorized by law, regulation, statute or contract to receive such information.

1.6-12 Utilization Review

Regarding inpatient care, the attending physician shall document the need for continued care as defined in the District utilization review plan for all inpatients. This documentation contains:

- ❖ An adequate written record of the reason for continued hospitalization (a simple reconfirmation of the patient's diagnosis is not sufficient evidence for continued hospitalization).

- ❖ The estimated period of time the patient required for inpatient care and plans for care post-discharge.

1.7 DEATHS

1.7-1 Inpatient and Emergency Services

A deceased patient shall be pronounced dead by the primary physician or alternate physician designee within a reasonable time. The body shall not be released until a practitioner has completed a signed and dated entry in the medical record of the deceased. Exceptions shall be made in those instances of incontrovertible and irreversible terminal disease wherein the patient's course had already been adequately documented to within a few hours of death. Policies with respect to release of the body shall conform to local law and District policies.

1.7-2 Autopsies

Medical Staff members should actively attempt to secure permission to do an autopsy in all cases of unusual deaths and of medical-legal and educational interest. Discussion with family for the purposes of education and to obtain permission must be documented in the Physician Progress Notes or the Discharge Summary of the patient's hospital medical record. Results of autopsies are sent, by the pathologist or coroner, to the hospital medical records department. A copy will be forwarded to the attending physician and ordering physician and the Medical Staff Coordinator will be notified that an autopsy has been done. The Medical Staff Coordinator will notify the Medical Staff of the autopsy at the next Medical Staff meeting.

1.7-3 Organ Donation and -Transplantation

Medical Staff members must follow hospital policy and procedure in regards to identifying patients who are potential organ donors. This policy was written in conjunction with the contracted tissue and transplantation service and clearly defines donor criteria as well as procedures for referral and obtaining consents. Medical Staff members must assure that the family of each potential donor knows its options in regards to donation. Discussions with the patient and/or family must be documented in the Physician Progress Notes or in the Discharge Summary of the patient's hospital medical record.

1.8 DRUGS AND MEDICATIONS

Drugs and medications administered to patients shall be listed in the latest edition of United States Pharmacopoeia, National Formulary, American Hospital Formulary Service, or A.M.A. Drug Evaluations. Other provisions regarding drugs and medications follow below:

- ❖ Medications brought to the hospital by patients are labeled and stored at the nurse's station. In special cases in which patients are allowed to administer their own medication, District policies established for these cases are followed.
- ❖ Only physicians, physician assistants or the pharmacist may dispense medication

from the emergency service. The amounts of medications dispensed must be limited to meet the immediate needs of the patient or until a local retail pharmacy is open. Under no circumstances will more than a seventy-two (72) hour supply be dispensed. Directions for administration must be clearly written on each envelope given to the patient.

- ❖ Medications and I.V. solutions will be renewed as follows:
 - (1) IV solutions will be reordered every three (3) days in conjunction with I.V. medication renewals. **Exception:** Hyperalimentation and intra lipids are reordered daily.
 - (2) IV additives and any IV push or IV piggyback medications must be reordered every three (3) days.
 - (3) Oral anticoagulants, antibiotics, narcotics, or hypnotics must be reordered every five (5) days.
- ❖ Orders that specify total days or doses of therapy are administered as ordered.
- ❖ All prior drug orders are cancelled when the patient is transferred to another District service.
- ❖ Hold orders must specify the date and time of restart. If the date and time are not specified, the order is considered an order to discontinue.
- ❖ A registered nurse that has reason to question the dosage of medication ordered directs such question or doubt to the primary physician. If the nurse still feels that the question has not been resolved, the nurse's supervisor is contacted. The supervisor shall contact the Chief of Staff who considers the nurse's concern.

1.9 DNR ORDERS

1.9-1 Definition and Policy

The definition of DNR is that no cardiopulmonary resuscitation will be performed. It is the policy of the Medical Staff that a physician is not required to give a DNR order. In the event a physician wishes to do so the order must be written in the patient's medical record. The Code Status form is completed for all inpatients with exceptions documented in the progress notes.

1.9-2 DNR Guidelines

The Medical Staff recognizes that certain circumstances exist under which a DNR order is medically justified. The following are suggested guidelines for such an order:

- (1) When a patient is at the end stage of an irreversible and/or incurable disease process and death is inevitable, a DNR order is medically justified.
- (2) If an order is written, the physician must discuss the order with the patient and/or family member(s) and indicate such communication in the progress notes of the patient's medical record.
- (3) The DNR order must be written in the patient's medical record.

1.9-3 DNR Order Time Limits

A DNR order for an acute patient automatically expires seven (7) days from the time that it is entered in the medical record unless renewed in writing by the primary physician. A DNR order for a DP/SNF patient automatically expires thirty (30) days from the time that it was entered in the medical record unless renewed in writing by the primary physician.

ARTICLE 2 COMMITTEES

2.1 COMMITTEE OF THE WHOLE

2.1-1 Role

The CW coordinates and implements the professional and organizational activities and policies of the Medical Staff as required by law and these Bylaws. It serves in the capacity of a Medical Staff executive committee thereby assuming the responsibilities of an executive committee required by law and convention.

2.1-2 Assigned Responsibilities of the CW

- ❖ Appoint ad hoc task forces and consider and, as appropriate, act on their recommendations.
- ❖ Provide liaison between the Medical Staff and the governing body and its designees.
- ❖ Make recommendations to the governing body on matters of a medico-administrative nature.
- ❖ Participate in the development of all District policy, practice, and planning relevant to the Medical Staff.
- ❖ Review and evaluate practitioners' performance for at least but not limited to removal of tissue, infection control compliance, pharmacy and therapeutic utilization, and completeness, timeliness and accuracy of patient medical record entries. As appropriate, establish generic screens to identify problematic situations in the above review and evaluate the results of the screening process.
- ❖ Make specific recommendations to the governing body regarding:
 - (1) The structure of the Medical Staff;
 - (2) A mechanism to evaluate credentials and to delineate individual clinical privileges for members of the Medical Staff;
 - (3) A mechanism to determine the suitability of individuals for Medical Staff membership;
 - (4) Recommendations for clinical privileges for each eligible individual;
 - (5) Participation in the District's Quality Assessment and Improvement Program;
 - (6) A mechanism by which a Medical Staff member can be terminated;
 - (7) A process for fair hearing procedures for Medical Staff members.
 - ❖ As required by these Bylaws and state and federal law, investigate and take corrective action, when indicated, regarding a member's ethical conduct or

- clinical competence.
- ❖ Take steps to develop continuing education activities and programs for the Medical Staff;
- ❖ Review the quality and appropriateness of services provided by contract physicians;
- ❖ Assist Medical Staff members impaired by chemical dependency and/or mental illness to obtain rehabilitation services;
- ❖ Review at least biennially the Bylaws and Supplemental Attachments of the Medical Staff and recommend any revisions therein as may be necessary to meet licensing regulations or changes in Medical Staff procedures or structure;
- ❖ Perform any other functions arising from these Bylaws and related documents assigned by the Governing Board;
- ❖ Approve credentials and privileges of Physician Assistants who provide patient care in District facilities;
- ❖ Conduct in-service training, as appropriate, for District staff.

2.2 INTERDISCIPLINARY PRACTICES COMMITTEE

2.2-1 Role

Develop policies, procedures and oversee implementation of standardized procedures for nursing staff and, as appropriate, other healing arts professionals that are not members of the Medical Staff. The committee shall report to the governing body through the CW.

2.2-2 Responsibilities

- ❖ Perform functions consistent with the requirements of the law.
- ❖ The Interdisciplinary Practice Committee shall be responsible for policies and procedures recommendations that address granting of privileges to registered nurses and other healing arts professionals as appropriate.
- ❖ The committee shall also review credentials and make recommendations to the governing body, through the CW, for granting or rescinding of privileges.

2.2-3 Committee Composition and Meeting Schedule

The committee provides a joint conference mechanism between the Medical Staff, nursing service and non-physician practitioners. The committee shall be composed of the Director of Nursing, Administrator or designee, and an equal number of registered nurses and members of the Medical Staff. Non-physician providers may also serve as members of the committee, as appropriate. The chairperson of the committee shall be a member of the Medical Staff appointed by the Chief of Staff. The committee shall meet on the call of the chairperson.



SoHum Health

MEDICAL STAFF APPOINTMENT PROCESS A SUPPLEMENTAL ATTACHMENT TO THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT MEDICAL STAFF RULES & REGULATIONS

ARTICLE 1. GENERAL PROVISIONS

1.1. EFFECT OF APPLICATION

By applying for appointment to the Medical Staff, reappointment, advancement or modification of privileges, each applicant signifies a willingness to appear for interviews as required by the CW or governing body.

With reference to evaluation of an applicant for membership and requested privileges, the applicant authorizes the District Medical Staff or its designee to consult with members of Medical Staffs at other health organizations or knowledgeable persons who may have information bearing on the following attributes of the applicant:

- ❖ Current competence (skill, knowledge, training, and judgment);
- ❖ Character;
- ❖ Professional ethical qualifications;
- ❖ Ability to cooperate with others;
- ❖ Physical and mental ability to carry out requested privileges.

The applicant authorizes that all contacts made with external sources provide information requested by the District for evaluation purposes. A request for information from external sources includes the right to inspect and copy records and documents pertinent to the Medical Staff's evaluation of the applicant's request for membership and privileges.

The applicant releases from any liability, to the fullest extent permitted by law, all individuals and organizations providing information to the District Medical Staff concerning the applicant. And the applicant releases from any liability all District representatives, to the fullest extent permitted by law, for their acts performed in connection with evaluating the applicant's credentials.

ARTICLE 2. MEDICAL STAFF APPOINTMENT

2.1 MEDICAL STAFF APPLICATION

All applications for appointment to the Medical Staff shall be in writing with all requested data completed (or an explanation of why data are unavailable). The applicant must sign the application. To orient the applicant to the requirements, duties, rights, and

procedures of a Medical Staff member, a copy of the Bylaws will be given to the applicant undergoing initial appointment.

2.2 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application to the Administrator or designee who shall, in timely fashion, seek to collect or verify the references, licensure, and other evidence submitted in support of the application. Information from the Medical Board of California and the National Practitioner Data Bank will be included as part of the information collected regarding the applicant. The Administrator or designee shall promptly notify the applicant of any problems in obtaining the required information. The burden of collecting this information shall be an obligation of the applicant.

2.3 TIME LIMITATIONS

All individuals and groups required to act thereon shall consider applications in a timely and good faith manner. The application process shall ordinarily be completed within 90 working days or less. The Administrator or designee shall transmit the application to the Chief of Staff after all collected and verified information has been completed. In the event of a delay in collecting information and materials that is outside the control of the Administrator or designee, the applicant and Chief of Staff shall be notified. The application shall remain pending until the Administrator or designee has received the material or the expiration of four months from the date of application, whichever is later. If not all materials have been received after 3 months from the date of application, a letter to the applicant will be mailed notifying them of the deadline. After 4 months from the date of application, a single extension of up to 6 additional months may be granted. Applications not completed within four months after receipt or the extension date, whichever is later, shall automatically be removed from consideration. Withdrawal of the application by the applicant shall not be considered an adverse decision. The time period specified for the expected application processing is a guideline and it shall not create any right for the applicant to have an application processed within the specified times.

2.4 CHIEF OF STAFF ACTION

2.4-1 Upon receipt of a completed application from the Administrator, the Chief of Staff shall review and evaluate the application and supporting documentation in consultation with CW members.

2.4-2 Effect of Chief of Staff Action

❖ **Interviews, Further Documentation, Deferral.** Action by the Chief of Staff to interview the applicant, seek further documentation, or defer the application for further consideration must be followed up within a reasonable period of time. Based on the findings and in consultation with the CW, a written recommendation will be prepared by the Chief of Staff. The Chief of Staff shall clearly state the recommended action with respect to membership and requested privileges.

- ❖ **Favorable Recommendation.** If the Chief of Staff recommendation is favorable to the applicant, the Administrator or designee shall promptly forward the application together with all supporting documentation to the governing body for a decision.
- ❖ **Adverse Recommendation.** When the Chief of Staff recommends an adverse action in respect to the applicant's appointment or requested privileges, the Chief of Staff shall give the applicant written notice of the adverse recommendation. The applicant shall be entitled to the procedural rights as provided in the Fair Hearing Procedures. An "adverse recommendation" by the Chief of Staff is as defined in the Fair Hearing Procedures. The governing body shall be informed, but no action shall be taken until the fair hearing procedural rights have been exhausted or waived by the applicant.

2.5 EFFECT OF ACTION BY THE GOVERNING BODY

2.5-1 Favorable Recommendation from Chief of Staff

The Governing Body shall, within a reasonable period of time approve or disapprove, in whole or in part, a favorable recommendation of the Chief of Staff. If the recommendation is rejected in whole or part, it will be referred back to the Chief of Staff for further interviews, documentation, or consideration in consultation with the CW. The governing body will state in writing the reason(s) for the return of the recommendation. The governing body will set a time limit within which the Chief of Staff shall make a subsequent recommendation to the governing body. If the governing body action is adverse to the applicant and the governing body's action falls within the scope of the Fair Hearing Process, the Administrator or designee shall promptly give the applicant written notice of the tentative adverse action of the governing body. The Administrator or designee shall also advise the applicant of the right to request a hearing in the manner specified in the Fair Hearing Process. The applicant shall be entitled to a hearing that precedes in general conformity to the procedural rights in the Fair Hearing Process.

2.5-2 Without Benefit of Chief of Staff Recommendation

An application that is not received by the governing body within 90 working days of the date of submission of the completed application may cause the governing body to issue the Chief of Staff a written notice of such unwarranted delay. The notice will contain a date certain upon which the Chief of Staff should send a recommendation to the governing body. The date certain shall be within 60 days after the Chief of Staff receives the date notice from the governing body. If the Chief of Staff fails to act by date certain, the governing body may take action on its own initiative. If such action is favorable, it shall become effective as the date of the final action of the governing body. If the governing body's action is adverse as defined in Fair Hearing Process, the Administrator or designee shall promptly inform the applicant by written notice and the matter shall precede in general conformity with the provisions of the Fair Hearing Process.

2.5-3 After Procedural Rights

In the case of an adverse Chief of Staff recommendation an adverse governing body action as noted above, the governing body shall take final action in the matter only after the applicant has exhausted or has waived the procedural rights as provided in the Fair Hearing Process. Action taken shall be the final and conclusive decision of the governing body. However, the governing body may defer final determination and refer the matter, in writing, back for further reconsideration by the Chief of Staff. The referral notice shall state:

- ❖ The reasons therefore;
- ❖ A time limit within which a subsequent recommendation to the governing body shall be made; and
- ❖ An optional directive that an additional hearing be conducted to clarify those issues that are in doubt.

After governing body receipt of the Chief of Staff's recommendation, the governing body shall make a final decision.

2.6 NOTICE OF FINAL DECISION

Notice of the governing body's final decision shall be given, through the Administrator, to the Chief of Staff, and the applicant. A decision and notice to appoint shall include:

- ❖ The Staff category to which the applicant is appointed;
- ❖ The privileges that may be exercised by the applicant;
- ❖ Any special conditions attached to the appointment.

For the purpose of this section, an adverse decision shall be considered final:

- ❖ At the time of completion of all hearing, appellate review, and other quasi-judicial proceedings conducted by the District and that have a bearing on the applicant.
- ❖ At the completion of all judicial proceedings bearing upon the decision that are filed and served after the completion of the District proceedings described above.

2.7 REAPPLICATION

2.7-1 Conditions for Reapplication

An applicant or member who has received a final adverse decision, under circumstances listed below, may not reapply for Medical Staff membership and/or additional privileges for ~~one~~five years from the date of the final adverse decision. Conditions subject to the one-year requirement are as follows:

- ❖ Denial of membership to an initial request for Medical Staff membership
- ❖ Withdrawal of an application for membership and privileges subsequent to an adverse recommendation by the Chief of Staff or decision by the governing body.
- ❖ Termination of Medical Staff membership
- ❖ Resignation of a member from the Medical Staff following the issuance of a Medical Staff recommendation or governing body decision adverse to the

- member's Medical Staff membership or privileges;
- ❖ Termination or restriction of a member's privileges
- ❖ Denial of a member's request for additional privileges.

2.7-2 Date of Reapplication

The date for reapplication is governed by the date of application withdrawal, date of final adverse decision, or resignation date ~~which ever~~whichever is applicable.

2.7-3 Consideration of Reapplication

After the ~~one~~five-year period, the former applicant, former Medical Staff member, or Medical Staff member may submit an application for Medical Staff membership and/or privileges. The application shall be processed as an initial application, ~~and the applicant shall have all the rights granted under the Bylaws, rules and regulations, and other documents supporting the Bylaws.~~. A former applicant or former Medical Staff member shall also furnish evidence that the basis for the earlier adverse recommendation or action no longer exists. Satisfactory evidence shall be presented to the Chief of Staff that indicates that the specific cause(s) related to an adverse decision has been satisfactorily addressed. In the absence of satisfactory evidence, no action will be initiated by the Chief of Staff to process an application.

2.7-4 Waiver of Waiting Period

The governing body, in consultation with the Chief of Staff, may waive the one-year waiting period when the applicant can present compelling evidence that the cause(s) of an adverse decision has been remedied.

2.8 PROVISIONAL APPOINTMENTS

Each initial appointment of an applicant for Active Staff or Associate Staff Medical Staff membership shall be a provisional appointment for at least ~~six~~ twelve (12) months. The governing body may extend the provisional status (after recommendation from the Chief of Staff) if further evaluation is necessary up to a period of two years following appointment to the provisional staff.

ARTICLE 3. REAPPOINTMENTS

3.1 APPLICATION FOR REAPPOINTMENT

- 3.1-1 One hundred and twenty days prior to expiration of their current appointment, each Staff member shall submit to the Medical Staff Administration Department an application for renewal of the member's appointment to the Medical Staff for the coming period, and for addition, renewal or modification of clinical privileges. The application for renewal shall be in writing and on a form prescribed by the Medical Staff. It is expected that, at the time of submission, the applicant will include all information requested in the application.
- 3.1-2 In addition to meeting the requirements of an initial applicant, recommendation for reappointment to the Medical Staff for renewal of privileges shall be based upon reappraisal of the professional performance, competence, and clinical

judgment in the treatment, care and services provided to patients; clinical and technical skill; the member's health status; and current proficiency in the Hospital's general competencies in light of his/her performance at the Hospital and in other settings. The reappraisal is to include confirmation of adherence to Medical Staff membership requirements as stated in these Bylaws, Rules and Regulations, Medical Staff policies, and Hospital policies applicable to Medical Staff members.

- 3.1-3 Such reappraisal should also include relevant member-specific information, such as OPPE, FPPE (if any), performance improvement activities and, where appropriate, comparisons to aggregate information about performance, morbidity, and mortality reviews, judgment and clinical or technical skills, reappraisal of the Hospital's patient care needs and ability to provide adequate support services and facilities for the practitioner. Consideration shall be given to the practitioner's ethics and conduct, attendance at required staff and department meetings and participation in Medical Staff affairs, compliance with the Medical Staff Bylaws, Rules and Regulations, continuing medical education, cardiopulmonary resuscitation training, utilization of the Hospital's facilities for patients, cooperative relations with other practitioners, service on Medical Staff or Hospital, and general attitude towards patients, the Hospital and the public.
- 3.1-4 Where applicable, the results of specific peer review activities shall also be considered. If sufficient review information is unavailable, information provided by the hospital(s) where the practitioner routinely practices may be considered.
- 3.1-5 The applicant is required to provide detailed information concerning any changes in his/her qualifications since the last appointment, and any other information relevant to his/her qualifications, including that which was not disclosed previously.
- 3.1-6 The applicant must provide a specific request for clinical privileges, including:
- a. A request for reduction in, or deletion of, and specified privileges previously granted; and
 - b. If the applicant's request includes any additional privileges to be granted, it shall be supported by the type and nature of evidence that would be necessary for such privileges to be granted in an initial application for same.
- 3.1-7 Both an initial applicant and an applicant for reappointment are required to submit at least three (3) peer references. Peer recommendations shall be obtained from a practitioner who holds a license in the same professional licensure as the applicant, and at least one of whom is from the same specialty; all of whom shall have observed and worked with the applicant, have personal knowledge of the applicant's ability to practice and be able to provide information pertaining to the applicant's relevant training, experience, current professional competence, and ethical character in the past two years and any effects of health status on privileges being requested. Peer recommendations cannot be relatives (whether by blood, marriage or cohabitation).
- 3.1-8 The applicant must attest, certify and acknowledge that everything in the application is true, correct and complete.

3.21 VERIFICATION OF INFORMATION

The Administrator or designee shall seek to collect or verify the additional information made available on each reappointment application. The Administrator or designee will also collect additional materials and information that includes:

- ❖ The Medical Staff member's professional improvement activities;
- ❖ Performance and conduct within District medical programs;
- ❖ Fulfillment of Medical Staff membership obligations;
- ❖ Performance in the exercise of privileges;
- ❖ A written statement from a knowledgeable Medical Staff member regarding the performance of clinical activities of the applicant;
- ❖ A statement regarding the physical and mental ability of the applicant to perform the requested privileges.

The Administrator or designee shall promptly notify the Medical Staff member of any problems in obtaining the information required, and it shall be the Medical Staff member's burden to furnish the required information. When collection and verification are accomplished, the Administrator or designee shall transmit the completed reappointment application form and supporting materials to the Chief of Staff.

3.32 TIME LIMITATIONS

All individuals required to act thereon shall consider reappointment applications in a timely and good faith manner. Except for good cause, the reappointment application shall be processed within the time period specified above for new applications.

Reapplication requests should be processed in the same manner as specified above for new applications.

3.43 EFFECT OF CHIEF OF STAFF ACTION

3.41-1 Favorable Recommendation

Prior to expiration of the Medical Staff member's appointment date, the Chief of Staff, in consultation with other voting members of the CW, shall review all relevant information available regarding a member reappointment. For favorable findings, the Chief of Staff shall prepare a corresponding recommendation that is forwarded to the governing body, for approval.

3.1-2 3.4-2 Adverse Recommendation

When the Chief of Staff makes an adverse recommendation with respect to reappointment or privileges, the applicant will be sent a written notice of the adverse recommendation and the right of the applicant to request a hearing in accordance with the Fair Hearing Procedures. The governing body shall be informed thereof, but no action shall be taken regarding the Chief of Staff's recommendation until the applicant has exhausted or waived all procedural rights. Thereafter, the procedures specified in the Fair Hearing Procedure shall be followed.

3.54 EXTENSION OF APPOINTMENT

If it appears that an application for reappointment will not be completely processed by the expiration date of the member's appointment, the Chief of Staff will recommend to

the governing body an extension of time not to exceed 60 working days. The extension will be available when a delay is not attributable to the applicant's failure to provide information or documentation regarding reappointment. Any extension of an appointment pursuant to this section does not create a vested right in the member for continued appointment into the next term. The extension only applies to the application-processing period for reappointment.

~~3.5~~ 3.6 FAILURE TO FILE REAPPOINTMENT APPLICATION

- ~~3.6-1~~ If a member has not submitted an application for reappointment 30 days before the end of their appointment period, a notice will be mailed to them notifying them of the deadline and if the application is not received, it'll be considered resignation of his/her membership in the Medical Staff. This notice will be mailed by Certified Mail thru the USPS to the address on record and, if available, by email. If the member fails to submit a completed application for reappointment on or before the expiration date of the member's appointment, the member shall be deemed to have resigned membership in the Medical Staff. Applications for reappointment must be submitted at least one hundred twenty (120) days before expiration of current appointment. Failure to have a complete application for reappointment, at least sixty (60) days prior to the expiration of current appointment shall be deemed a voluntary resignation from the Medical Staff at the end of the current Medical Staff appointment. The MEC may, in its sole discretion and based upon good cause, extend the time by which an application must be complete. The hearing and appeal procedures set forth in Article nine (9) shall not apply for actions taken pursuant to this subsection.
- ~~3.6-2~~ A member who has resigned for failure to submit a reappointment application may, unless resignation occurred under adverse action, reapply as an initial applicant, including payment of all application fees, and if appointed, will be subject to a provisional period.
- ~~3.6-3~~ A practitioner who, while under investigation for a medical disciplinary cause or reason, resigned or whose appointment expired, is subject to the provisions of reapplication after adverse action.

ARTICLE 4 LEAVES OF ABSENCE

4.1 LEAVE STATUS

At the discretion of the Chief of Staff, a Medical Staff member may obtain a voluntary leave of absence from the Medical Staff. The request for voluntary leave must be submitted in writing to the Chief of Staff. The request will state the reason for the leave and the approximate length of time. The governing body will be advised of the member's leave status. Voluntary leaves cannot exceed six months unless approved for good cause by the governing body. During the leave period, the member shall not exercise clinical privileges in District facilities. Membership rights and responsibilities shall be inactive.

4.2 TERMINATION OF LEAVE OF ABSENCE

Prior to returning from leave, the member will notify the Chief of Staff, in writing, of the date of return. Based on the member's activity during the leave period, the Chief of Staff will determine the status of the member's privileges and prerogatives. The Chief of Staff determination will be guided by the reappointment procedures addressed in these Bylaws.

4.3 FAILURE TO REQUEST REINSTATEMENT

A member's failure to request reinstatement, without good cause, shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of membership, privileges, and prerogatives. A member whose membership is automatically terminated shall be entitled to the procedural rights provided in the Fair Hearing Procedure for the sole purpose of determining whether or not the failure to request reinstatement was unintentional or excusable. A subsequent request for Medical Staff membership that is received from a member so terminated shall be submitted and processed in the manner specified for applications for initial appointments.

4.4 MILITARY LEAVE

The Chief of Staff upon written notice shall grant a member's request for leave to fulfill a military obligation from the member. The Chief of Staff shall grant reactivation of the membership and privileges previously held by the member. However, the reactivation of the privileges may be subject to monitoring as determined by the Chief of Staff.



SoHum Health

CLINICAL PRIVILEGE DELINEATION PROCESS A SUPPLEMENTAL ATTACHMENT TO THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT MEDICAL STAFF RULES & REGULATIONS

ARTICLE 1 CLINICAL PRIVILEGES

1.1 EXERCISE OF PRIVILEGES

Except as otherwise provided in these Bylaws or Rules, every practitioner or non-physician provider, nurse practitioner or physician assistant rendering direct clinical services in District facilities shall be entitled to exercise only those privileges specifically granted to the practitioner.

1.2 DELINEATION OF PRIVILEGES IN GENERAL

1.2-1 Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the privileges desired by the applicant. A request for privileges or modification of privileges must be supported by documentation of training and/or experience supportive of the request.

1.2-2 Basis for Privileges Determination

Requests for Privileges shall be evaluated on the basis of the practitioner's education, training, experience, demonstrated professional competence and judgment. The evaluation will also include the documented results of patient care and other quality improvement review and monitoring activities. Privilege determinations shall also be based on pertinent information concerning clinical performance obtained from other sources, especially other health care settings where the practitioner exercises privileges.

1.3 DELINEATION OF LIMITED LICENSED PRACTITIONERS' PRIVILEGES

1.3-1 Admissions

Dentists, podiatrists and clinical psychologists that are members of the Medical Staff may only admit and treat patients by co-admitting each patient with a physician member of the Medical Staff. The physician must have admitting privileges and assume responsibility for the care of the patient's medical condition. The physician member must conduct or directly supervise the admitting history and physical examination (except the portion related to dentistry or podiatry).

1.3-2 Medical Appraisal

All patients admitted by a dentist or podiatrist for care shall receive the same

basic medical appraisal as patients admitted for medical services. A physician member shall determine the risk and effect of any proposed treatment on the general health status of the patient. Dispute between a physician member and a limited licensed practitioner regarding a proposed treatment shall be resolved by seeking appropriate consultation.

1.4 TEMPORARY PRIVILEGES

1.4-1 Care of Specific Patients

Temporary clinical privileges may be granted to a physician or limited licensed practitioner for the care of a specific patient when justified by the needs of the patient and the special qualifications of the practitioner.

1.4-2 Locum Tenens

Temporary clinical privileges may be granted to a physician or limited licensed practitioner who serves as a locum tenens for a current member of the Medical Staff. A review of the practitioner's credentials will be conducted as indicated below. Locum tenens status shall not exceed six months unless approved by the governing body.

1.4-3 Pending Applications

Temporary clinical privileges may be granted to a physician or limited licensed practitioner who has completed a Medical Staff application. A review of the practitioner's credentials will be conducted as indicated below. A determination to grant temporary privileges shall not be binding or conclusive with respect to an applicant's request for appointment to the Medical Staff.

1.4-4 Process for Granting Temporary Privileges

Request for temporary privileges addressed above will be accompanied by a completed application and supporting documentation. The applicant must be authorized to practice in California. The governing body or its designee may grant temporary privileges to an applicant after receiving favorable information on the following sources:

- ❖ The National Practitioner Data Bank will be queried regarding the applicant's request for temporary privileges;
- ❖ The Chief of Staff will interview the applicant and contact at least one person who has worked with the applicant. The individual contacted should be able to reliably comment on the applicant's current competence, ethical character, and ability to work with others;
- ❖ Proof of current professional liability insurance.

1.4-5 Granting Temporary Privileges

After the Chief of Staff has collected and evaluated all relevant information regarding the applicant, a recommendation shall be prepared for the governing body's approval. Or, on the recommendation of the Chief of Staff, the

Administrator may grant temporary privileges if authorized by the governing body.

1.5 EMERGENCY PRIVILEGES

“Emergency” is defined as a condition in which a patient is in imminent danger of serious permanent harm or death and any delay in administering treatment would add to that danger. In the case of an emergency, any practitioner, family nurse practitioner (FNP) or physician assistant (PA), to the degree permitted by law, and regardless of Medical Staff status or privileges, shall be permitted to do everything possible to protect a patient from such danger. District personnel shall assist the practitioner, FNP or PA who is treating the patient. When an emergency situation no longer exists, the Chief of Staff shall assign the patient to an appropriate member of the staff if the practitioner, FNP or PA treating an emergent condition does not have appropriate privileges for ongoing treatment. Or, the practitioner may request the privileges necessary to continue to treat the patient.

1.6 DISASTER PRIVILEGES

“Disaster” is defined as any officially declared emergency, whether it is local, state, or national. Any practitioner who volunteers to assist the District shall be asked to present a current license to practice, photo identification, and the name and telephone numbers of health care organization at which the practitioner practices.

The Chief of Staff or designee, or the Administrator or designee, shall attempt to contact the facility where the practitioner has recently practiced to verify that the practitioner is in good standing. The Administrator or designee shall also attempt to verify that the practitioner holds a presently valid license to practice. To the extent that such contacts cannot be made in a timely manner given the circumstances, the Administrator or designee may still issue disaster privileges.

Disaster privileges shall be exercised consistent with the District’s disaster plan and under the supervision of a Medical Staff member or a District employee. The Administrator, designee, or the Chief of Staff may rescind privileges at any time. Fair hearing rights shall not be available to volunteer practitioners.

ARTICLE 2 PROCTORING

2.1 GENERAL PROCTORING REQUIREMENTS

2.1-1 Proctoring Requirements

Except as otherwise recommended by the CW and approved by the governing body, all initial appointees to the Medical Staff and all members granted new privileges shall be subject to a period of proctoring. The term of proctoring for initial appointment shall extend for a minimum period of six months and for a minimum of ten cases, whichever takes longer.

2.1-2 Time Limits

The period of proctoring may be extended for a total proctoring period of not

more than 24 months. Proctoring may be implemented whenever the CW determines that additional information is needed to assess a practitioner's performance. Proctoring is not viewed as a disciplinary measure. It is an information gathering measure. Therefore, it should be imposed only for such period as is reasonably necessary to complete the assessment of the Medical Staff member.

2.1-3 Appeals

Proctoring does not ordinarily give rise to the procedural rights described in these Bylaws and rules. If, however, a member, due to the lack of a qualified proctor, cannot exercise privileges, the member has recourse to the Fair Hearing Procedures.

2.1-4 Monitoring Mechanisms

Proctoring may include direct observation of the practitioner's performance and chart review. Practitioners providing locum tenens coverage are not required to obtain concurrent proctoring if the applicant currently holds active staff privileges of a like nature without monitoring at another facility. Retrospective monitoring will be done through the usual quality assessment process.

During the proctoring period, practitioners must demonstrate they are qualified to exercise the privileges that were granted and they are carrying out the duties of their Medical Staff category.

2.2 COMPLETION OF PROCTORING

Proctoring shall be deemed successfully completed when the practitioner completes the required number of proctored cases within the timeframe established in these Bylaws. The practitioner's professional performance must meet the standard of care of the District for the proctored cases.

2.3 EFFECT OF FAILURE TO COMPLETE PROCTORING

Any Member who fails to complete the required number of proctored cases within the timeframe established in the Bylaws and rules shall be deemed to have voluntarily withdrawn his or her request for membership (or the relevant privileges). The applicant shall not be afforded the procedural rights provided in these Bylaws. However, the CW has the discretion to extend the time for completion of proctoring in appropriate cases. The inability to obtain such an extension shall not give rise to procedural rights described in these Bylaws and rules.

If a practitioner completes the necessary volume of proctored cases but fails to perform satisfactorily during proctoring, the practitioner may be terminated (or the relevant privileges may be revoked), and the practitioner shall be afforded the procedural rights as provided in the Fair Hearing Procedures.

The failure to complete proctoring for any specific privilege shall not, by itself, preclude advancement from provisional staff. If advancement is approved prior to completion of

proctoring, the proctoring will continue for the specific privileges. The specific privileges may be voluntarily relinquished or terminated if proctoring is not completed thereafter within a reasonable time.



SoHum Health

EMPLOYEE HANDBOOK

–Final –

**Effective
September 1, 2022**

**733 Cedar St
Garberville, CA
707-923-3921**

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INTRODUCTION

This Employee Handbook has been prepared for employees of SoHum.

One of our objectives is to provide a work environment that is conducive to both personal and professional growth. This handbook is designed to acquaint you with SoHum and to provide you with information about working conditions, your benefits and some of these policies affecting your employment. The policies contained in this Employee Handbook dated August 2022 apply to all employees and supersede and replace all previously communicated policies both in written and verbal form. This handbook does not create a contract, expressed or implied.

You should read, seek necessary clarification, and comply with all provisions of the handbook. It describes many of your responsibilities as an employee and outlines the programs developed to benefit you.

No employee handbook can anticipate every circumstance or question about policy. As we continue to grow, the need may arise to change policies described in the handbook. SoHum therefore reserves the right to revise, supplement, or rescind any policies or portion of the handbook, other than the policy of at-will employment, from time to time as is deemed appropriate. Employees will be notified of revisions/updates to these policies.

Understandably, you will have questions throughout the course of your employment. We encourage you to first ask these questions of your supervisor. If your supervisor is unable to answer your questions, or you do not feel appropriate asking such questions of him/her, you should then speak with the department manager, department director, HR Director or the CEO.

Congratulations on being part of our team!

BRIEF HISTORY ON OUR FACILITY

Dating back to 1949, healthcare services have been available at the current site of SoHum in Garberville, California.

Dr. Jerold Phelps (for whom the hospital is named) arrived in Garberville in 1955, shortly after the small hospital was added to the community medical center. In 1960 Dr. Phelps, along with his business partner, purchased the hospital and renamed it Southern Humboldt Community Hospital. Together they ran the hospital for 20 years, until the district was formed in 1979.

Dr. Phelps was trained as a surgeon and was able to handle a vast array of medical emergencies from injuries as simple as a dislocated shoulder to complex traumas. Within the medical community, Dr. Phelps developed a reputation for being a good, careful surgeon and a thoughtful diagnostician. He also developed a devoted following amongst his patients in and around the community due to the care and treatment he provided. Dr. Phelps was known for his open-mindedness and his calm approach to the practice of medicine and treatment of illness.

SoHum includes:

1. Jerold Phelps Community Hospital with its attached skilled nursing unit;
2. Southern Humboldt Community Clinic, a certified rural health clinic
3. And the Family Resource Center

Our service area is approximately 775 square miles and includes the communities of Alderpoint, Garberville, Harris, Honeydew, Miranda, Myers Flat, Leggett, Petrolia, Phillipsville, Piercy, Redcrest, Redway, Shelter Cove, Weott, Whitethorn, and Zenia. This service area has a population of about 10,365 full-time residents that can grow to over 30,000 during summer months. With strong community support, including a supplemental property tax, SoHum Health continues to work to assure quality healthcare for residents and visitors alike. SoHum Health is governed by a five-member board of directors elected by registered voters who reside within District boundaries.

The hospital received Critical Access Hospital (CAH) designation status in March 2002 helping position SoHum for a more sustainable future.

Direct services include an acute care hospital, 24/7 emergency room, laboratory, radiology, physical therapy, mammography, home health/visiting nurse program, swing-bed, visiting specialists, skilled nursing, a rural health clinic and the Family Resource Center.

Employees of the District serve a vital role in the commitment to provide the finest healthcare possible to the community we serve. We expect you, as an employee, to share in our commitment to this goal.

OUR VISION, MISSION AND VALUES

OUR MISSION

It is the mission of the SoHum 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.

OUR VISION

Our vision is to empower individuals to live longer, healthier lives through the use of information, relationships and technology.

OUR CORE VALUES

The core values that drive SOHUM are:

- **Caring:** We bring warmth and professionalism to all aspects of patient care
- **Quality:** We are committed to our patients, to our services and to enriching the communities of Southern Humboldt
- **Teamwork:** We prioritize working together within our hospital as well as the larger community and healthcare network.
- **Positivity:** We believe in supporting an environment where healthy attitudes and respect fuel our culture

PATIENT SERVICE POLICY

At SoHum our goal is to leave a positive, lasting impression with the Patients who choose to do business with us. We accomplish this through caring and professional employees who strive to provide exceptional Patient service by not only meeting but *exceeding* our Patients' expectations in every way possible. By providing excellent quality Patient service, many of our Patients will choose SoHum again and again and will recommend us to others.

What we say to our Patients and *how* we say it are the basic building blocks to exceptional Patient service. All of us should constantly look for opportunities to enhance the satisfaction of our Patients. This requires a committed, team approach. We are all expected to accommodate Patient requests and needs as they arise. The primary tools in accomplishing this are *knowledge* of your job, the products and services we provide our Patients, and your *attitude* when delivering that knowledge, service or product. Remember to always interact with our Patients in the most pleasant and efficient manner.

DISCUSSING ORGANIZATION BUSINESS

Whenever you are on duty or on SoHum property it is important that you not discuss organization business, work difficulties, or any work matters with a patient, which might place SoHum in a negative light. Understandably, our patients are interested in courteous, prompt service and high-quality products, not excuses or complaints from any of us. Our primary concern at all times should be patient satisfaction. Our patients neither want nor need to learn of our internal affairs. If problems or difficulties arise, communicate directly with management, who will work with you to resolve them.

EMPLOYMENT POLICIES

NATURE OF EMPLOYMENT

Employment is at-will; neither employees nor SoHum are bound to continue the employment relationship if either chooses, at its will, to end the relationship at any time, with or without advance notice and with or without cause. Additionally, other terms and conditions of employment such as compensation, benefits, title, duties, and corrective action may be modified at the discretion of SOHUM. The policy of at-will employment may be modified only in writing signed by both the CEO and the employee, which specifically cites that it is a modification to the at-will policy.

DISCRIMINATION, HARASSMENT AND RETALIATION PREVENTION POLICY

Equal Employment Opportunity

SoHum is an equal opportunity employer. In accordance with applicable law, we prohibit discrimination and harassment against employees, applicants for employment, individuals providing services in the workplace pursuant to a contract, volunteers, and unpaid interns based on their actual or perceived: race (including, but not limited to, hair texture and protective hairstyles. Protective hairstyles includes, but is not limited to, such hairstyles as braids, locks, and twists), religious creed, color, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status (including registered domestic partnership status), sex and gender (including pregnancy, childbirth, lactation and related medical conditions), gender identity and gender expression (including transgender individuals who are transitioning, have transitioned, or are perceived to be transitioning to the gender with which they identify), age (40 and over), sexual orientation, Civil Air Patrol status, military and veteran status and any other consideration protected by federal, state or local law (collectively referred to as "protected characteristics").

For purposes of this policy, discrimination on the basis of "national origin" also includes discrimination against an individual because that person holds or presents the California driver's license issued to those who cannot document their lawful presence in the United States. An employee's or applicant for employment's immigration status will not be considered for any employment purpose except as necessary to comply with federal, state or local law. Our commitment to equal opportunity employment applies to all persons involved in our operations and prohibits unlawful discrimination and harassment by any employee, including supervisors and co-workers.

SoHum allows employees to self-identify their preferred gender, name and/or pronoun, including gender-neutral pronouns. SoHum will use an employee's gender or legal name as indicated on a government-issued identification document, only as necessary to meet an obligation mandated by law. Otherwise, SoHum will identify the employee in accordance with the employee's current gender identity and preferred name.

SoHum will not tolerate discrimination or harassment based upon these characteristics or any other characteristic protected by applicable federal, state or local law. SoHum also does not retaliate or otherwise discriminate against applicants or employees who request a reasonable accommodation for reasons related to disability or religion.

Prohibited Harassment

SoHum is committed to providing a work environment that is free of unlawful harassment based on any protected characteristics. As a result, SoHum maintains a strict policy prohibiting sexual harassment and harassment based on any legally-recognized basis, including, but not limited to, their actual or perceived race (including, but not limited to, hair texture and protective hairstyles. Protective hairstyles includes, but is not limited to, such hairstyles as braids, locks, and twists), religious creed, color, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status (including registered domestic partnership status), sex and gender (including pregnancy, childbirth, lactation and related medical conditions), gender identity and gender expression (including transgender individuals who are transitioning, have transitioned, or are perceived to be transitioning to the gender with which they identify), age (40 or over), sexual orientation, Civil Air Patrol status, military and veteran status, immigration status or any other consideration protected by federal, state or local law. For purposes of this policy, discrimination on the basis of "national origin" also includes harassment against an individual because that person holds or presents the California driver's license issued to those who cannot document their lawful presence in the United States. All such harassment is prohibited.

This policy applies to all persons involved in our operations, including coworkers, supervisors, managers, temporary or seasonal workers, agents, patients, vendors, applicants for employment, interns, volunteers, or any other third party interacting with SoHum ("third parties") and prohibits prohibited harassing conduct by any employee or third party of SoHum, including nonsupervisory employees, supervisors and managers. If such harassment occurs on SoHum's premises or is directed toward an employee or a third party interacting with SoHum, the procedures in this policy should be followed.

Sexual Harassment Defined

Sexual harassment includes unwanted sexual advances, requests for sexual favors or visual, verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made a term or condition of employment; or
- Submission to, or rejection of, such conduct is used as a basis for employment decisions affecting the individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment also includes various forms of offensive behavior based on sex and includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list:

- Unwanted sexual advances.
- Offering employment benefits in exchange for sexual favors.
- Making or threatening reprisals after a negative response to sexual advances.
- Visual conduct: leering; making sexual gestures; displaying sexually suggestive objects or pictures, cartoons, posters, websites, emails or text messages.

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- Verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, or comments about an employee's body or dress.
 - Verbal sexual advances or propositions.
 - Verbal abuse of a sexual nature; graphic verbal commentary about an individual's body; sexually degrading words to describe an individual; suggestive or obscene letters, notes or invitations.
 - Physical conduct: touching, assault, impeding or blocking movements.
 - Retaliation for reporting harassment or threatening to report sexual harassment.

An employee may be liable for harassment based on sex even if the alleged harassing conduct was not motivated by sexual desire. An employee who engages in unlawful harassment may be personally liable for harassment even if SOHUM had no knowledge of such conduct.

Other Types of Harassment

Harassment on the basis of any legally protected classification is prohibited, including harassment based on: race, color, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status (including domestic partnership status), age (40 or over), sexual orientation, Civil Air Patrol status, military and veteran status, immigration status or any other consideration protected by federal, state or local law. Prohibited harassment may include behavior similar to the illustrations above pertaining to sexual harassment. This includes conduct such as:

- Verbal conduct including threats, epithets, derogatory comments or slurs based on an individual's protected classification;
- Visual conduct, including derogatory posters, photographs, cartoons, drawings or gestures based on protected classification; and
- Physical conduct, including assault, unwanted touching or blocking normal movement because of an individual's protected status.

Abusive Conduct Prevention

It is expected that SoHum and persons in the workplace perform their jobs productively as assigned, and in a manner that meets all of managements' expectations, during work times, and that they refrain from any malicious, patently offensive or abusive conduct including but not limited to conduct that a reasonable person would find offensive based on any of the protected characteristics described above. Examples of abusive conduct include repeated infliction of verbal abuse, such as the use of malicious, derogatory remarks, insults, and epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the intentional sabotage or undermining of a person's work performance.

Protection Against Retaliation

Retaliation is prohibited against any **person** by another employee or by SoHum for using the complaint procedure, reporting proscribed discrimination or harassment or filing, testifying, assisting or participating in any manner in any investigation, proceeding or hearing conducted by a governmental enforcement agency. Prohibited retaliation includes, but is not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions or otherwise denying any employment benefit.

***Discrimination, Harassment, Retaliation and
Abusive Conduct Complaint Procedure***

Any employee who believes that he or she has been harassed, discriminated against, or subjected to retaliation or abusive conduct by a co-worker, supervisor, agent, patient, vendor, customer, or any other third party interacting with SoHum in violation of the foregoing policies, or who is aware of such behavior against others, should immediately provide a written or verbal report to your own supervisor, a member of the management team, the HR Director or to the CEO of SoHum.

Employees are not required to make a complaint directly to their immediate supervisor. Supervisors and managers who receive complaints of misconduct must immediately report such complaints to the HR Director who will attempt to resolve issues internally; the HR Director must immediately inform the CEO of all harassment complaints. When a report is received, SoHum will conduct a fair, timely, thorough and objective investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected. SoHum expects all employees to fully cooperate with any investigation conducted by SoHum into a complaint of proscribed harassment, discrimination or retaliation, or regarding the alleged violation of any other Organization policies. SoHum will maintain confidentiality surrounding the investigation to the extent possible and to the extent permitted under applicable federal and state law.

Upon completion of the investigation, SoHum will communicate its conclusion as soon as practical. If SoHum determines that this policy has been violated, remedial action will be taken, commensurate with the severity of the offense, up to and including termination of employment. Appropriate action will also be taken to deter any such conduct in the future.

The federal Equal Employment Opportunity Commission (EEOC) and the California Department of Fair Employment and Housing (DFEH) will accept and investigate charges of unlawful discrimination or harassment at no charge to the complaining party. Information may be located by visiting the agency website at www.eeoc.gov or www.dfeh.ca.gov.

Training

In keeping with our commitment to a harassment free environment, SoHum will comply with all applicable rules and regulations regarding the training of employees.

INTERACTIVE COMMUNICATION PROCESS

We are committed to engaging in ongoing, meaningful dialogue regarding all matters of employment and therefore we encourage employees to bring any issues and concerns to us before discussing such matters with persons outside of SoHum. Such issues and concerns should immediately be brought to the attention of your supervisor, the department manager, department director, or the HR Director of SoHum in order to begin the process of an interactive dialogue in a timely manner. SoHum will make every effort to develop a reasonable solution based on a variety of factors, including, but not limited to: employee recommendation, specific circumstances and available resources. The Problem-solving policy described later in this Employee Handbook provides additional details on the preferred process.

IMMIGRATION LAW COMPLIANCE

We are committed to full compliance with federal immigration laws and will not unlawfully discriminate on the basis of citizenship or national origin. In compliance with the Immigration Reform and Control Act of 1986:

New employees, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present original documentation establishing identity and employment eligibility. Required documentation must be presented within 72 hours of a new employee's first report to work. Failure to present documentation within 72 hours will preclude the employee from returning to work without the required documentation.

Existing employees whose I-9 requires recertification, reverification or update are required to provide documentation in a timely manner; failure to do so has disciplinary consequences, up to separation of employment.

Former employees who are rehired must also complete the form if they have not completed an I-9 with SoHum within the past three years, or if their previous I-9 is no longer retained or valid.

Employees may raise questions or complaints about immigration law compliance without fear of reprisal by SoHum.

EMPLOYEE RELATIONS

This employee handbook outlines our expectations of you as an employee. We also want you to know what you can expect of us. We strongly believe that the working conditions, wages and benefits we offer to you are competitive with those offered by other employers in this industry. If you have concerns about working conditions or compensation, you are encouraged to voice these concerns openly and directly with your supervisor, the department manager, department director or the HR Director.

Our experience has shown that when employees deal openly and directly with one another, the work environment can be excellent, communications can be clear, and attitudes can be positive. Open communication is a "two way street," so speak with us if you have any concerns or need questions answered.

EMPLOYMENT APPLICATIONS

All employees are required to fully complete SoHum's Employment Application. We rely upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if the person has been hired, termination from employment.

EMPLOYMENT CATEGORIES

There are employment classifications that determine your employment status and benefits eligibility, though these classifications do not guarantee employment for any specified period of time. Your position is designated as either non-exempt or exempt from federal FLSA wage and hour laws. Employees in non-exempt positions are entitled to overtime pay as specified by federal FLSA wage and hour laws. Employees in exempt

positions are excluded from overtime and other specific provisions of federal FLSA wage and hour laws. Compensatory "Comp" time may be provided in lieu of pay for employees in exempt positions only but must be approved by the HR Director and the CEO or CFO. You will be advised of the exempt or non-exempt status of your position upon hire.

In addition to the above classifications, each employee will belong to one of the following employment categories:

INTRODUCTORY

The initial 90 days (3 months) of employment for newly hired, promoted or transferred employees is when management and the new employee closely evaluate the compatibility, abilities, and interest in the position. See Introductory Period below for more detailed information.

**REGULAR
FULL-TIME**

Regular full-time employees are those who are not in a temporary or introductory status and who are regularly scheduled to work at least 32 hours per week. Eligibility for benefits will be listed in each benefit policy later in this handbook.

PART-TIME

Part-time employees are those who are not assigned to a temporary or introductory status and who are regularly scheduled to work less than 32 hours per week. Eligibility for benefits will be listed in each benefit policy later in this handbook.

TEMPORARY

Temporary employees are those who are hired on a part-time or full-time basis: to provide an interim replacement during a leave of absence; to temporarily supplement the work force (i.e.: peak season); or to assist in the completion of a specific project. Employment assignments in this category are of a limited duration usually lasting not more than 6 months and though a temporary position has an established length of time, there is no guarantee that if an employee is hired to perform a temporary position, the employee will be retained throughout the entire period of the assignment. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees retain that status unless and until notified of a change. Eligibility for benefits will be listed in each benefit policy later in this handbook.

PER DIEM STATUS

Employees who are regularly scheduled to work less than 20 hours per week, or who are hired on an on-call or relief basis at the discretion of the facility. Employees who are classified as per diem are not eligible for employee benefits.

ADVANCED PRACTITIONER STATUS

Physician Assistants and Family Nurse Practitioners who are regularly scheduled to see patients in the hospital or clinic three days or more per week and who are designated as advanced practitioners. Advanced practitioners are eligible for all employee benefits.

INTRODUCTORY PERIOD

All new and rehired employees work on an introductory basis for the first 90 days (3 months) after hire. The introductory period is intended to give you,

as a new employee, the opportunity to demonstrate your ability to achieve a satisfactory level of performance and to determine whether the new position meets your expectations. This period is used to evaluate your capabilities, work habits, and overall performance. However, successful completion of the introductory period does not guarantee continued employment. Either you or SoHum may end the employment relationship at will, at any time during or after the introductory period, with or without cause or advance notice.

Any significant absence will automatically extend an introductory period by the length of the absence. If SoHum determines that the designated introductory period does not allow sufficient time to thoroughly evaluate your performance, the introductory period may be extended one or more times in SoHum's discretion. Upon satisfactory completion of the initial introductory period, employees enter the "regular" employment classification.

Employees who are promoted or transferred must complete a new introductory period with each reassignment to a new position. In cases of promotions or transfers within SoHum, an employee who, in the sole judgment of management, is not successful in the new position can be removed from that position at any time during the secondary introductory period. If this occurs, you may be allowed to return to your former job or to a comparable job for which you are qualified, depending on the availability of such positions and the needs of SoHum. Benefits eligibility and employment status are not changed during the secondary introductory period that results from a promotion or transfer within SoHum.

PERFORMANCE REVIEWS

We all strive for a common goal of excellence, therefore the informal review (and possible discussion) of your performance is an ongoing process. In addition, formal performance reviews are conducted on a regular basis. The purpose of these reviews is to let you know those areas in which you have performed well, in addition to areas where improvement is needed to meet the established standards.

We will endeavor to conduct a written review of your performance on or about the completion of your introductory period, and annually in December to be delivered no later than January 31. Performance reviews may also be conducted at other appropriate times during your employment at SoHum. It is important to note that while raises based on performance may occur, satisfactory performance reviews do not guarantee increases in salary, promotions or continued employment.

Performance Reviews will be discussed in a private meeting between you and management. You will see the review, have the opportunity to make your written comments, sign the review and receive a copy. You are welcome to discuss your review further with your supervisor, if you wish.

This formal review is not necessarily the only time job performance is discussed. If you have any questions about how you are doing, or what you can do to improve your performance, please ask us to discuss this with you in private. We attempt to maintain an "open door" policy with regard to personnel matters and welcome your comments anytime.

WORK SCHEDULES

Work schedules for employees vary throughout our organization. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. Your supervisor will notify you of your work schedule.

ACCESS TO PERSONNEL FILES

Personnel files are the property of SoHum and access to the information they contain is restricted. Generally only members of management of SoHum, who have a legitimate reason to review information in a personnel file, are allowed to do so. If you wish to review your own personnel file, you may do so with reasonable advance notice, and in the presence of authorized management personnel.

INFORMATION CHANGES

It is your responsibility to promptly notify us of any changes in important information such as: name, address, telephone number and person(s) to be notified in case of an emergency. Other information such as changes in marital status or dependents may affect the number of exemptions claimed for income tax withholding purposes and/or benefits. If you change any information electronically, please print a copy for HR or notify them of change made immediately.

SECURITY INSPECTIONS

It is our policy to maintain a work environment that is free of illegal drugs, alcohol, firearms, explosives, or other improper materials. To this end, the possession, transfer, sale, or use of such materials on SoHum premises is strictly prohibited. We ask for the cooperation of all employees in administering this policy. Desks or other storage devices may be provided for the convenience of employees but remain the sole property of SoHum. Accordingly, they, as well as any articles found within them, SoHum, and be inspected by any agent or authorized representative of SoHum at any time, either with or without prior notice.

SURVEILLANCE CAMERAS

SoHum has video surveillance cameras which are recording at all times and the video content is subject to review at any time by management.

The purpose of such surveillance is to: Prevent and/or record security problems such as theft and improper use of company property by patients, guests, visitors and/or employees. surveillance devices are strategically placed in conspicuous locations and are recording at all times. Currently surveillance devices are located at all entrances, exits, all public access areas, and hallways of all SoHum locations, (additional sites may be added as appropriate) Employees need to be aware that any activity recorded on these devices can be reviewed and (when applicable) be used to make employment decisions.

EMPLOYMENT SEPARATION

We hope you find your employment relationship with SoHum rewarding and satisfying. However, separation of employment is an inevitable part of the personnel activity within any organization. Upon separation, all organization property, including keys, laptops, electronic devices, uniforms, handbooks, manuals, and other organization items and documents, must be returned. Management may schedule an Exit Interview as part of your separation

from SoHum. This interview will allow you to communicate your views on the work experience with our organization including the job requirements, general operations, and training needs.

Below are examples of the more common circumstances under which employment is separated:

Resignation — employment separation initiated by an employee who chooses to leave SoHum voluntarily. Resigning employees must submit a written Notice of Resignation (available from your supervisor) and are asked to give no less than 2 weeks written notice. Managers and employees in key positions are asked to provide 4 weeks written notice of their intention to resign employment. This advance notice does not include PTO or other non-compensated time off from work.

Circumstances may exist where SoHum, in its sole and absolute discretion, may exercise its right to accept a resignation immediately or to accelerate the final date of employment. Whether the date designated by the employee or a date selected by SoHum becomes the employee's last day of work, the employee's personnel records will normally indicate voluntary resignation.

Employees who fail to report to work for three (3) consecutive work shifts without proper notification will be considered to have abandoned their job and to have voluntarily resigned from SoHum.

Termination — employment separation initiated by SoHum either during or after the introductory status.

Layoff / Reduction in Force — involuntary employment separation initiated by SoHum. Under some circumstances, SoHum may need to restructure or reduce its workforce. If it becomes necessary to restructure our operations or reduce the number of employees, we will attempt to provide advance notice, if possible, so as to minimize the impact on those affected. If possible, employees subject to restructure or reductions will be informed of the nature and the foreseeable duration of the restructure or reduction, whether short-term, long-term or permanent.

In determining which employees will be subject to a restructure or reduction, we will take into account, among other things, operational requirements, the skills, productivity, ability and past performance of those involved and also, where feasible, the employee's length of service.

Retirement — employee initiated voluntary retirement from active employment. While SoHum does not have a mandatory retirement age, employees who would like to discuss retirement are encouraged to do so with management. Retiring employees are asked to provide the same notification required of employees who voluntarily resign.

EMPLOYMENT REFERENCE CHECKS

We are extremely concerned about the accuracy of information provided to individuals outside our organization regarding current or former employees. Any inquiries, which are received either by telephone or in writing regarding a present or past employee, are to be referred to the HR representative or HR Director for proper handling. No other employees of SoHum may provide (either on or off-the-record) any information regarding current or former employees.

REHIRE POLICY

If you voluntarily leave the employment of SoHum in good standing, and after having provided proper notice, you are encouraged to re-apply for employment at a future date. Re-employment is not guaranteed, rather, management may, at its sole discretion, evaluate and determine whether an offer of re-employment is appropriate. Employees who are involuntarily terminated, whose work record is unsatisfactory, or who do not provide proper notice will generally not be considered eligible for rehire for any position within SoHum.

EMPLOYEE CONDUCT AND WORK RULES

CODE OF CONDUCT

To assure orderly operations and provide the best possible work environment, we expect all employees to follow the rules of conduct listed below, that will protect the interests and safety of you, your co-workers, patients and SoHum. It is, of course, not feasible to list all the forms of behavior that are considered unacceptable in the workplace. Accordingly, conduct that is unacceptable in SoHum's opinion, whether specifically listed below or not, may result in corrective action up to and including termination.

- Theft or inappropriate removal or possession of organization property
- Falsification of employment records, employment information, timekeeping records or other SoHum records
- Borrowing or stealing from patients
- Disclosure of confidential patient information to unauthorized persons
- Mistreatment of patients
- Harmful gossip regarding members of medical staff, fellow employees, district programs and/or patients
- Working under the influence of alcohol or illegal drugs
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment
- Fighting or threatening violence in the workplace
- Boisterous or disruptive activity in the workplace
- Negligence or improper conduct leading to damage or destruction of organization-owned or patient-owned property
- Insubordination or other disrespectful conduct
- Using abusive language at any time when on SoHum premises or while performing work
- Violation of safety or health rules
- Sexual or other unlawful harassment
- Possession of dangerous or unauthorized materials, such as explosives or firearms, in the workplace
- Excessive absenteeism or any absence without notice
- Unauthorized absence from workstation during the workday
- Failure to provide healthcare provider or medical certification when requested or required to do so
- Sleeping or malingering while on-duty
- Unauthorized use of telephones, fax machines, mail system, copiers, computers, or other organization-owned equipment, time, materials, or facilities

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- Making or accepting excessive personal calls during working hours, except in cases of emergency or extreme circumstances
 - Working overtime without authorization or refusing to work assigned overtime
 - Unauthorized disclosure of business "secrets" or confidential information
 - Committing a fraudulent act or a breach of trust under any circumstances
 - Violation of personnel policies or unsatisfactory performance or conduct
 - Engaging in criminal conduct

DISCIPLINARY ACTION

Purpose

The purpose of this policy is to clarify guidelines for employee conduct.

Employment with SoHum is "at will," which means it is subject to termination by either SoHum or the employee at any time, for any reason. There are no contractual relationships between SoHum and an employee, and letters, benefits or policy statements, performance appraisals, employee handbooks or other employee communications should not be interpreted as such. No one has the authority to enter into any oral or written employment contract without the signed explicit written approval of a SoHum Administrator, and no written employment contract will be valid without the signature of the Chief Executive Officer of SoHum. To monitor this at-will relationship, SoHum has developed guidelines to track performance.

Responsibilities of Employees

It is the duty and the responsibility of every SoHum employee to be aware of and abide by existing policies and work rules.

It is also the responsibility of employees to perform their duties to the best of their ability and to the standards set forth in their job descriptions or as otherwise established. Employees are encouraged to take advantage of all learning opportunities available and to request additional instruction when needed.

Responsibilities of Supervisors, Managers and Directors

The immediate supervisor, manager or director should approach corrective measures in an objective manner.

If the employee's performance of assigned tasks is the issue, the supervisor, manager or director should confirm that proper instructions, appropriate orientation and training have been given and that the employee is aware of job expectations. Not only single incidents, but also patterns of poor performance, should be of concern as these are indicative of overall performance.

If misconduct is the issue, the supervisor, manager or director should take steps to ensure that the employee has been made aware of the company's policies and regulations regarding the infraction.

If, in either case, appropriate instruction or information was not communicated, a plan for such communication should be immediately developed and reviewed with the employee.

Progressive Discipline Process

SoHum supports the use of progressive discipline to address conduct issues such as poor work performance or misconduct to encourage employees to become more productive workers and to adapt their behavior to company standards and expectations. Generally, a supervisor gives a warning to an employee to explain behavior that the supervisor has found unacceptable. There are two types of warnings: verbal and written. A verbal warning occurs when a supervisor verbally counsels an employee about an issue of concern. A written record of the discussion, noting the date, event and recommended action, is usually placed in the employee's file for future reference.

Written warnings are used for behavior or violations that a supervisor considers serious or when a verbal warning has not helped change unacceptable behavior.

Whenever an employee has been involved in a disciplinary situation that has not been readily resolved or when the employee has demonstrated an inability to perform assigned work responsibilities efficiently, the department head, in consultation with the human resource (HR) department or designate, may place the employee on a performance improvement plan. This status will last for a predetermined amount of time not to exceed 90 days. Within this time period, the employee must demonstrate a willingness and ability to meet and maintain the conduct and work requirements specified by the supervisor and the organization. At the end of the performance improvement period, the employee will either be returned to regular employee status, or, if established goals are not met, dismissal may occur.

SoHum reserves the right to administer appropriate disciplinary action for all forms of disruptive or inappropriate behavior. Each situation will be dealt with on an individual basis.

Employee Conduct That Can Result in Disciplinary Action

SoHum has established general guidelines to govern the conduct of its employees. No list of rules can include all instances of conduct that can result in discipline, and the examples below do not replace sound judgment or common-sense behavior.

Examples of employee conduct that would lead to discipline and the usual course of disciplinary action have been separated into four groups, according to the usual severity and impact of the infraction. Different violations may be handled differently depending on the group they are in. SoHum reserves the right to determine the appropriate level of discipline for any inappropriate conduct, including demotion, oral and written warnings, suspension with or without pay, and discharge. Because of Fair Labor Standards Act (FLSA) requirements, exempt employees should not be suspended without pay for less than a week.

Group 1

Disciplinary process:

1st offense: Documented verbal warning.

2nd offense: Documented written warning.

3rd offense: Three-day suspension.

4th offense: Termination of employment.

Examples:

- Creating conflict with co-workers, supervisors, visitors or volunteers.
- Failing to follow practices as needed for the specific job assignment.
- Contributing to unsafe conditions.
- Smoking in nonsmoking areas.
- Leaving the assigned work area or facility without the supervisor's permission.
- Loitering or loafing while on duty.
- Using facility telephones for unauthorized purposes.
- Disregarding the organization's dress code.
- Damaging or using organization-owned equipment without authorization.
- Abusing lunch and break periods.
- Removing, posting or altering notices on any bulletin board on company property without permission from the employee's manager or HR department.
- Eating food or drinking beverages in undesignated areas.
- Violating other rules or policies not specifically listed.

Group 2

Disciplinary process:

1st offense: Documented Written warning

2nd offense: Suspension

3rd offense: Termination

Examples:

- Failing to report injuries, damage to or an accident involving company equipment.
- Violating any safety rule.
- Acting negligently.
- Engaging in horseplay that results in personal injury or equipment damage.
- Spreading malicious rumors.
- Engaging in vulgar or abusive language or conduct toward others.
- Copying facility documents for personal use.
- Using facility communication systems inappropriately.
- Treating customers, patients or co-workers in a discourteous, inattentive or unprofessional manner.

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- Being absent for less than three days without notification or permission.
 - Not complying with personnel file maintenance.
 - Not following department guidelines concerning notification of absenteeism.

Group 3

Disciplinary process:

1st offense: Dismissal.

Dismissal is an immediate termination of employees for serious breaches of responsibility, unsatisfactory performance or misconduct. A supervisor or department head may impose dismissal after consultation with the HR department.

Examples:

- Quitting early without notification or permission.
- Being absent for three or more days without notification or permission (also referred to as a voluntary quit or job abandonment).
- Fighting
- Demonstrating insubordination, including:
- Refusal to do an assigned job.
- Refusal to work overtime when required.
- Refusal to render assistance.
- Refusal to accept holiday work when assigned.
- Insolent response to a work order.
- Delay in carrying out an assignment.
- Being dishonest, including deception, fraud, lying, cheating or theft.
- Having timecard violations.
- Sabotaging the facility, grounds or equipment.
- Falsifying company records, such as employment applications and timecards, in any way.
- Engaging in indecent behavior.
- Possessing, being under the influence of or drinking intoxicants on the job.
- Sleeping while on duty.
- Concealing defective work.
- Carrying a weapon on company property, including in the parking lot.
- Disclosing confidential records or information.
- Soliciting gifts or tips from business-related contracts.
- Using the facility's computer systems, including accessing confidential computer files and data, without authorization.
- Demonstrating gross misconduct or other serious violations of SoHum policies or procedures.

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- Failing to comply with licensure and certification requirements.

Group 4

Unscheduled, unexcused absences due to injury or illness, even when following appropriate guidelines, may still be deemed excessive.

Discipline for otherwise unexcused tardiness and absenteeism is generally applied as follows: the first violation will result in a documented verbal warning; the second violations will result in written warning; the third, a three-day suspension; and the fourth, dismissal.

ATTENDANCE AND PUNCTUALITY

To maintain a safe and productive work environment, SoHum expects all employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on working operations. In the event that you become aware of an anticipated tardiness or absence please notify your supervisor or the HR Representative, or Manager as soon as possible, and no later than one hour prior to the beginning of your scheduled shift. If it is after normal working hours, you should notify your supervisor by leaving a message with a return number.

Excessive absenteeism and tardiness (excused or not) may result in counseling or corrective action up to and including termination of employment. Each situation of excessive absenteeism or tardiness shall be evaluated on a case-by-case basis. However, even one unexcused absence may be considered excessive, depending on the circumstances. A healthcare provider's certificate may be required as documentation of need for absence of more than four consecutive work shifts and/or to medically release you to return to work. Employees who fail to report for work without any notification to management for a period of three (3) consecutive work shifts will be considered to have abandoned his/her employment and have voluntarily resigned. Abandonment of duties prior to the end of the employees scheduled working hours is considered voluntary resignation of employment.

EXCHANGING SHIFTS

Understandably there will be times when personal conflicts may arise with your scheduled work shift. Management will work with you, whenever possible, to help resolve the problem. If you would like to exchange shifts, contact your Supervisor for approval and to arrange for appropriate coverage. Authorization to exchange shifts will depend on many factors including the frequency of request, interference with organization operations, and overtime considerations.

PERSONAL APPEARANCE

A professional appearance is essential to a favorable impression with patients, visitors, vendors and all members of the community. Good grooming and appropriate dress reflect employee pride and inspire confidence on the part of such persons. All personnel must comply with this policy.

Staff attire and grooming shall be neat, clean, and professional in appearance. It should in no way interfere with the technical or professional requirements of the position or work assignment. SoHum department managers may exercise reasonable discretion to determine

appropriateness in employee dress and appearance. Employees who do not meet a professional standard may be sent home to change, employees will not be paid for that time off. Reasonable accommodations will be made where required.

We expect staff to wear business casual or proper attire for their position and duties. Basic elements for appropriate business attire include clothing that is in neat and clean condition. Management may make exceptions for special occasions or in a case of inclement weather, at which time employees will be notified in advance. An employee unsure of what is appropriate should check with his or her manager or supervisor.

The following general guidelines are observed by all staff:

- Clothing: Attire is clean, neat and free of holes or tears. Clothing must fit properly and appropriately for the type of work being performed.
- Hats are not permitted to be worn inside the facility, unless designated for safety or religious beliefs.
- No logos, slogans, pictures or writing on attire, unless District provided attire.
- Employee Identification Badge: The identification badge is provided by the District and is worn at all times above the waist, fully visible, while on duty.
- Personal hygiene: Employees must keep their bodies, hair and clothing clean and well-groomed at all times while on duty. Dietary staff must follow prescribed health regulations and codes.
- Shoes: Shoes must be in good, clean condition. Provide safe, secure footing and offer protection against hazards. Shoes should be appropriate for the work being performed by the employee.
- Appropriate department uniforms or scrubs are required for some staff. Scrubs must be neat, clean and appropriate for professional work.
- Jeans are permitted as long as they are clean, neat, not faded or stained and free of holes or tears.
- Employees may be required to remove facial/body jewelry, or to cover the tattoos while working where they may be reasonably perceived as excessive, a safety concern, offensive, or against organization standards

Department supervisors are responsible for overseeing compliance with this policy and with appropriate dress and appearance requirements. Department supervisors are required to submit their own department's adjustments or changes to this policy to the Administrative Team for review and approval. Employees who are found to be inappropriately dressed or groomed may be sent home and directed to return to work appropriately attired or groomed. Such employees are not compensated for the time away from the workplace. Violation of established dress and appearance policy may be subject to progressive, corrective counseling up to and including suspension and/or termination.

USE OF EQUIPMENT

Equipment essential in accomplishing job duties is often expensive and may be difficult to replace. When using the organization's property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

Please notify your manager if any equipment, machines, or tools appear to be damaged, defective, or in need of repair. Prompt reporting of damages, defects, and the need for repairs can prevent deterioration of equipment and possible injury to employees or others. Your manager can answer any questions about an employee's responsibility for maintenance and care of equipment used on the job.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment can result in corrective action, up to and including termination of employment.

ORGANIZATION PROPERTY

Employees are responsible for all property, materials, or written information issued to them or in their possession or control. All organization property, including desks, storage areas, work areas, lockers, file cabinets, computer systems, office telephones, modems, fax/copy machines and organization vehicles must be kept clean and neat and maintained in good working order. All organization property may be used only for business purposes. Employees who lose, misuse or misappropriate organization property may be personally liable for replacing or fixing the item and may be subject to corrective action, up to and including termination of employment. You must return all organization property immediately upon request or upon separation of employment. SoHum may take all action deemed appropriate to recover or protect its property.

CONFIDENTIALITY

The protection of confidential business information and HIPAA governed information is vital to our success. Such confidential information includes, but is not limited to, the following examples:

- Patient personal, medical and financial information
- Patient Transaction Information
- Patient Lists
- Vendor Lists & Information (i.e.: price sheets)
- Patient Preference Data

Any employee who discloses patient information of any kind or confidential business information will be subject to corrective action, up to and including possible termination of employment, even if he or she does not actually benefit from the disclosed information. All employees are required to follow all privacy requirements of HIPAA.

WHISTLEBLOWER

A whistleblower as defined by this policy is an employee of SoHum Health who reports an activity that they consider to be illegal or dishonest to one or more of the parties specified in this Policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities.

Examples of illegal or dishonest activities are violations of federal, state or local laws; billing for services not performed or for goods not delivered; and other fraudulent financial reporting.

If an employee has knowledge of, or a concern of, illegal or dishonest fraudulent activity, the employee is to contact their immediate supervisor or the Human Resources Director. The employee must exercise sound judgment to avoid baseless allegations. An employee who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination.

Whistleblower protections are provided in two important areas -- confidentiality and against retaliation. Insofar as possible, the confidentiality of the whistleblower will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. The company will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistleblower who believes they are being retaliated against must contact the Human Resources Director immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

Defend Trade Secrets Act (DTSA) Compliance: "Immunity from Liability for Confidential Disclosure of a Trade Secret to the Government or in a Court Filing:

- (1) Immunity — An individual shall not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that—(A) is made—(i) in confidence to a federal, state or local government official, either directly or indirectly, or to an attorney; and (ii) solely for the purpose of reporting or investigating a suspected violation of law; or (B) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal.
- (2) Use of Trade Secret Information in Anti-Retaliation Lawsuit—An individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual—(A) files any document containing the trade secret under seal; and (B) does not disclose the trade secret, except pursuant to court order."

All reports of illegal and dishonest activities will be promptly submitted to the Director of Human Resources who is responsible for investigating and coordinating corrective action.

Employees with any questions regarding this policy should contact the Director of Human Resources.

CONFLICTS OF INTEREST

All SoHum employees have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. Transactions with outside firms must be conducted within a framework established and controlled by the CEO, CFO and HR. Business dealings with outside firms should not result in unusual gains for those firms. Unusual gain refers to bribes, product bonuses, special fringe benefits, unusual price breaks, and

other windfalls designed to ultimately benefit the employer, the employee, or both.

An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in personal gain for that employee or for a relative as a result of SoHum 's business dealings. For purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with an employee is similar to that of persons related by blood or marriage.

If you have any influence on transactions involving purchases, contracts, or leases, it is imperative that you disclose to the CEO, CFO and HR as soon as possible the existence of any actual or potential conflicts of interest so that safeguards can be established to protect all parties.

The materials, products, designs, plans, ideas, and data of SoHum are the property of SoHum and should never be given to an outside firm or individual except through normal channels and with appropriate authorization. Any improper transfer of materials or disclosure of information, even though it is not apparent that you have personally gained by such action, constitutes unacceptable conduct. Employees who participate in such a practice will be subject to corrective action, up to and including possible termination of employment.

SMOKE-FREE WORKPLACE

In compliance with CA regulations, smoking (including e-cigarettes and vaping devices) of tobacco (including nicotine or other vaporized liquids) is not permitted in SoHum buildings. Employees who wish to smoke or use other tobacco related products (including chew or snuff) may do so on designated breaks in designated outside locations, however, it is not allowed on organization property (including parking lots or in organization vehicles), or in the presence of SoHum's patients and visitors.

DRUG AND ALCOHOL USE

SOHUM is committed to providing a drug-free, healthful, and safe workplace. To promote this goal, all employees are required to report to work fit to perform their jobs in a satisfactory manner. While on SoHum premises and while conducting business-related activities off SoHum premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or engage in the unlawful manufacture, sale, purchase, distribution, dispensation, possession, or use of illegal drugs.

Violations of this policy may lead to corrective action, up to and including immediate termination of employment, and/or referral to participation in a substance abuse rehabilitation or treatment program.

If an employee is suspended from work due to unsatisfactory job performance resulting from alcohol and/or drug dependency or abuse, such employee may be referred for counseling and/or treatment. If such an option is provided, the employee may be required to provide written verification that arrangements have been made for professional counseling. Additionally, the employee may be asked to provide periodic verifications of continued counseling sessions. Failure to provide such documentation or a repeat of occurrence of unsatisfactory job performance resulting from alcohol and/or drug dependency or abuse while at work may result in termination. Employees participating in a rehabilitation program will be required to meet all job performance standards and work rules.

The legal use of prescribed drugs is permitted on the job only if it does not impair the employee's ability to perform the essential functions of his/her job effectively and in a safe manner that does not endanger other individuals in the workplace.

Where an employees' ability to do their job appears to be impaired they may be required to undergo testing for Fitness for Duty, when there are concerns for their safety, the safety of others and the safety of patients. If you have questions about your fitness for duty testing see your HR Director

Marijuana/cannabis: The use of marijuana/cannabis violates SoHum's drug policy when the employee tests positive for marijuana/cannabis or shows signs of being under the influence or any impairment due to side effects. Being under the influence of marijuana/cannabis may impair an employee's ability to safely perform their job or may affect the safety or well-being of others. Neither the issuance of a medical marijuana/cannabis card nor that CA allows recreational use of marijuana/cannabis excuses the employee for violating SoHum's drug policy. CA employers are not required to allow marijuana/cannabis use while working and can also take corrective measures with employees who are under the influence at work.

FEDERAL DRUG-FREE WORKPLACE ACT OF 1988

In addition to the above Drug and Alcohol statement, SoHum complies with the Federal Drug-free Workplace Act of 1988. Employers who enter into a federal contract for the procurement of property or services valued at \$100,000 or more, or who receive any federal grant, must follow the regulations of the Drug-free Workplace Act.

Through SoHum's ongoing awareness program, employees are made aware of the dangers of drug use in the workplace as it relates to disciplinary measures, harm drug use can cause to an individual's well-being, and safety concerns in the workplace. The awareness program consists of educational seminars and literature warning of the dangers of drug use. This literature may be posted in the work environment and distributed to employees at work and/or home.

If an employee is convicted of any criminal drug statute for a drug violation occurring in the workplace, he/she must notify their supervisor and the HR Director within five (5) days of such a conviction. In turn, SoHum must report the violation to the government contracting office within 10 days of receiving notice of the conviction. The notification requirement does not apply to drug offenses occurring outside of the workplace.

Violations of the Drug and Alcohol statement and the Drug-free Workplace Act will lead to corrective action, up to and including termination, and/or referral to participation in a substance abuse rehabilitation or treatment program.

INFORMATION/COMMUNICATION SYSTEMS

Monitoring & Access of SOHUM Systems/Devices — SoHum's computer, phone, and other electronic systems/devices are important assets and have been provided to facilitate business communications. Although employees may be able to use codes to restrict access to information left on systems/devices, it must be remembered that these systems/devices are intended for business use and are the property of SoHum. In keeping with this intention, we maintain the ability to access and monitor any information on the systems/devices.

Because we reserve the right to obtain access to all information on our systems/devices, including voice-mail, computer files, e-mail, text messages, Internet sites visited, etc., employees should not assume that such information is confidential or that access by SoHum or its designated representatives will not occur. Access to these systems/devices may be conducted before, during, or after working hours, and in the presence or absence of the employee.

Employees are asked to always receive prior authorization before changing any access codes that may be available. In addition, employees are prohibited from unauthorized use of access codes of other employees to gain access to voicemail or computer systems/devices.

Computer, E-mail, Internet, & Voicemail Use — some employees are provided access to SoHum's information and communication systems for business reasons. Personal use of the computer systems, e-mail, and the Internet are to be kept to an absolute minimum. Use of these systems for non-business purposes should be done only during breaks or meal periods.

At SoHum, we strive to maintain a work environment that is friendly and relaxed yet highly professional. The use of an e-mail and Voicemail system can sometimes lead to inappropriate business demeanor and inappropriate casual communication. Please make sure that conversations and electronic communications are appropriate in a work setting, and do not cross the line into areas that could offend anyone. Of course, employees are not allowed to use SoHum's information systems in any way that may be disruptive or offensive to others, including the transmission of anything that may be construed as harassment or disparaging of others. Inappropriate use of SoHum's information systems will result in corrective action up to and including termination.

Telephone Use — Incoming phone calls are an important and essential part of our business. If your job requires you to answer the phone, remember that the caller's entire impression of SoHum will be based on how you sound. Be courteous and friendly, and whenever possible refer to the caller by name.

Personal phone calls placed or received should be kept to a minimum to ensure that our Patients can effectively communicate with us. Necessary phone calls should be made during breaks or meal periods whenever possible. If it is necessary to make a personal, long distance telephone call, please keep them to a minimum and charge any toll calls to a personal calling card. Messages of an emergency nature will be delivered promptly and our telephones are always available for use on an emergency basis.

Personal Cell Phones and Communication Devices — The use of personal cell phones, wearing of ear buds, texting, surfing the Internet, etc. can be a problem while working. Such use is distracting and can portray a negative image to any individual (management, coworkers, Patients, vendors and guests) who may see employees using such devices while at work. You are asked to minimize the personal use of such devices while at work so that business needs are not compromised. If such devices are used during non-work time (breaks/meals) please do so in a way that does not interfere with coworkers and other business needs.

Cell Phone Use While Driving— While driving for SoHum business and/or SoHum time, attention to the road and safety should always take

precedence over using the phone, therefore, the personal or business use of cell phones while driving calls should be made/received with the vehicle parked in a safe location. In the event that a driver feels they must make/receive calls while operating a vehicle, CA law must be followed, and such calls must be made in a “hands free” mode via a headset or speaker. Additionally, texting is not allowed while driving per state law and SOHUM policy. Any citations received for violation of CA law will be the responsibility of the employee.

Social Media – While we understand that many of our employees may interact using various social media sites, e.g., Facebook, Linked-In, Instagram, Twitter, etc., it is important that employees keep their personal postings entirely personal. Please remember that some of these sites allow individuals you might not want to interact with see your postings and therefore you should use care in your interactions.

Employees should never suggest anything they do or say when using any internet resource represents the opinion or attitude of SoHum.

Where SoHum has decided to create accounts exclusively for business purposes, only employees expressly authorized are permitted to post information and modify the site. Such accounts are as important to the organization as the official website and as such, extreme care is needed in portraying the desired information on the site.

We also ask that employees who have concerns about actions, policies or other SoHum business address it with us directly rather than posting such concerns on social sites. Pictures, communications and other information related to SoHum business may not be posted on internet sites without the specific written consent of SoHum. If you wish to post any such items, please contact the Human Resources Director for the name of the proper authorizing manager.

Mail & Postage Use — Please do not have any personal mail sent to SOHUM. The use of organization-paid postage for personal mail is not permitted.

STUDENT INTERNSHIPS

Student Internships are temporary arranged programs that provide students with exposure to workplace activities which are related to the intern’s field of study. They consist of a supervised and structured practical experience to enhance the intern’s knowledge, skills, and abilities in health care.

Student Interns are enrolled in an educational institution for the purpose of pursuing a professional degree in health care. The intern may have also recently completed a professional degree and is in need of an internship and supervision in order to obtain a professional license in health care.

All employees are responsible for creating a welcoming environment allowing for educational, practical career-related work experience. Any concerns with regard to a Student Intern should immediately be brought to the attention of the Supervisor or Department Manager of that Student Intern.

VISITORS IN THE WORKPLACE

Authorized visitors are allowed in public areas only. Restricting access of unauthorized visitors helps maintain safety standards, protects against theft,

ensures security of equipment, protects confidential information, safeguards employee welfare, and avoids potential distractions and disturbances.

Family or friends should be advised to check in with the registration desk and request to speak with the person they are visiting, then remain in the lobby area until the person they wish to see is free of patient care or other work-related duties.

All visitors should enter SoHum at the main hospital, the clinic or emergency room admitting entrance. Side entrances should never be used by non-employees for access to the facility.

Unless otherwise preauthorized areas for non-employee visitors are limited to Lobby areas of the Hospital and clinic, business office, hospital, or ER/admitting lobby areas, The Dimmick meeting room, break room at the northwest corner of the facility and the inner courtyard. Under no circumstance is a non-employee visitor left unattended in private offices or other non-public areas of the facility.

If an unauthorized individual is observed on SoHum premises, employees should inquire if the person needs assistance, immediately notify their supervisor or, if necessary, direct the individual to the main entrance.

SUPPLEMENTAL EMPLOYMENT

We have no objection to you holding another job providing you can effectively meet the performance standards for your position with us, that such employment does not result in overtime obligations, and that the additional position does not conflict with the interests of SoHum or reflect adversely upon it. If you have/desire supplemental employment, we ask that you inform your supervisor and the HR Director to discuss the appropriateness of such employment. All employees will be held to the same standards of performance and scheduling demands. Exceptions cannot be made for employees who choose to maintain supplemental employment.

EMPLOYMENT OF RELATIVES, SPOUSES, DOMESTIC PARTNERS AND PERSONAL RELATIONSHIPS

The employment of relatives and those in personal relationships, such as a those which can be described as romantic or dating in an organization *has the potential to* cause serious conflicts and problems with employee morale *due to actual or perceived* favoritism. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried into day-to-day working relationships.

Relatives of persons currently employed by SOHUM may be employed only if:

Reporting Relationship: They will not be working directly for or supervising a relative or will not be authorized to occupy positions in certain comparable levels of management within the organization. This policy applies to any relative, higher or lower in the organization, who has the authority to review employment decisions. Employees cannot be transferred into such a reporting relationship. Exceptions require written approval signed by the HR Director and the employees in the relationship.

Non-Reporting Relationship: Again, due to the possible challenges of relatives employed in the same organization, such relationships require disclosure of the relationship to the HR Director for consideration of

potential conflicts of interest. Considerations include the positions held, if the employees work in the same houses, the performance levels of the employees, etc. If employment of the employees is allowed, it requires written approval signed by both the HR Director and the employees in the relationship.

If the relative or personal relationship is established after employment, the employees must report the relationship to HR Director or HR Representative and the parties may be separated by reassignment. If any involved employees decline reassignment, all involved employees may be subject to separation from employment.

For the purposes of this policy, relatives are defined as any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage and those in personal relationships, such as a those which can be described as romantic or dating.

PROBLEM-RESOLUTION

In any workplace, there are bound to be problems that arise in the course of employment. It is important to note that discussing or “*complaining*” about such issues with your coworkers will not lead to a solution and may even escalate the problem.

Such problems may concern working conditions, the interpretation or application of policies and procedures or any other matter related to your employment. Efforts will be made to provide you with the opportunity to raise concerns or problems in confidence.

All employees, including those employees involuntarily terminated, have access to the problem-solving procedures. We want to encourage employees to address and attempt to resolve problems as quickly as possible. There are two main steps in the problem-solving procedure, and most problems are resolved at one of these steps.

1. Informally discuss problems or complaints with your immediate supervisor* with a serious attempt to resolve the situation at that level. If after discussion, the problem or complaint is not resolved, and you wish further review,
2. Submit a written statement of the problem to your Director/Department Head* for further review, discussion and attempt to solve the problem or complaint. (r.)

If the problem or complaint is not resolved upon formal notification to your Director/Department Head you may file an appeal to the decision and, the HR Director, may get involved to work with you and the supervisor to resolve the conflict or problem. In the event that the problem is not resolved through this problem-solving process, the HR Director and CEO will make a decision. This decision will be binding and final.

Under no circumstances should a problem or complaint be discussed with a patient, guest, visitor, vendor or any other non-employee. In the event that the problem or complaint involves one of the above, your supervisor should be immediately advised.

The problem-solving procedure outlined above is intended to encourage open communication and improve working conditions. However, the procedure outlined above does not alter the at-will nature of your employment with SoHum, and either you or SoHum can terminate the employment relationship at any time without using or completing SoHum's problem-solving procedure.

** SoHum encourages all problems to be handled according to the above policy but recognizes that there may be times when the employee is not comfortable talking with his or her immediate supervisor. If at any time, you feel uncomfortable discussing a problem or complaint with your immediate supervisor; please understand that you are able to address these concerns or problems with the HR Director or the CEO.*

EMPLOYEE BENEFITS

GENERAL

There are many benefits to working for SoHum. Some apply to all employees, and others have specific eligibility requirements that are outlined in each policy. The HR Representative or HR Director can assist you in determining which benefits you are eligible for and can also provide further information regarding these benefits.

EMPLOYEE SERVICES DISCOUNT

SoHum provides discounts to employees and immediate family members of employees who have medical insurance coverage and require a medically necessary procedure or service at a SoHum facility. See HR for definition of "immediate family members" and details of available discounts.

HEALTH INSURANCE

SoHum provides and pays for a significant amount of an extensive health and welfare plan, which includes medical, vision, dental, accidental death and dismemberment, and life coverage. Health Insurance is also available to spouse/dependents/domestic partners with a portion of the premium at the employee's expense. Payroll deduction is available to accommodate this request. Eligibility begins upon first day of employment. The plans and employee premium portion available to employees will be dependent upon their hours worked and what coverage of election they choose.

Specifics of the plan are contained in official plan documents, which will be forwarded to employees as they become eligible for coverage under these plans. These documents control all aspects of the plan and are subject to change in SoHum's discretion. Additional information can also be requested from the HR Representative, or HR Director.

Once employees become eligible they must regularly maintain the minimum hours worked requirement per week designated by the plan in order to remain active. Coverage is determined on a month-to-month basis and in order to maintain coverage without lapse employees are required to work the last day of the month and the first day of the succeeding month. If your work hours fall below this requirement after you have first qualified for the plan, you may be eligible for COBRA continuation coverage, which is further described below.

BENEFITS CONTINUATION (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under SoHum's health plan when a "qualifying event" would normally result in the loss of eligibility. Some common qualifying events are resignation, separation of employment, or death of an employee; a reduction in an employee's hours or a leave of absence; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

Under COBRA, the eligible employee or beneficiary pays the full cost of coverage at SoHum's group rates plus an administration fee.

SoHum provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for coverage under our health insurance plan. The notice contains important information about the employee's rights and obligations.

UNPAID TIME-OFF

It is understandable if you occasionally request time-off without pay. To request time-off, you must make your request to your manager at the earliest convenience. All requests for time off require approval by management and will be reviewed based on a number of factors, including business needs, staffing requirements, amount of time previously taken off, availability of paid time off benefits, order of requests, and possibly seniority. If employees have available PTO/Sick, such time must be used before requesting time off.

PTO BENEFITS

Paid Time Off (PTO) time off with pay is available to regular, full-time (regularly scheduled to work 32 hours a week) employees to provide opportunities for rest, relaxation and personal pursuits as described in this policy, and also meets all the provisions of CA's Paid Sick Leave requirements. These days can be used for such things as vacation, sick time, preventative healthcare appointments, to care for an ill/injured family member, if the employee is a victim of domestic assault, sexual violence or stalking, etc.

Part-time, seasonal/temporary and on-call employees are not eligible to participate in this paid benefit (see Unpaid Time-Off for more information).

If eligible, you begin PTO accrual upon entering an eligible employment category, however accrued PTO is not available for your use until completion of the Introductory Period. Thereafter, you may request use of accrued and available PTO benefits as they are earned.

The amount of paid PTO time you earn each year increases with the length of your employment as shown in the following schedule

PTO Earning Schedule

Years of Eligible Service	PTO Hours Being Earned Each Regular (non-overtime) Hour Paid	PTO Hours/Days Being Earned Each Year*	Maximum Days Earned (PTO Cap)*
Upon Initial Eligibility	.09231 hours	192* (24 Days)	320 Hours* (40 Days)
After 4 Years (upon your 5th year)	.11539 hours	240 Hours* (30 Days)	400 Hours* (50 Days)
After 9 Years (upon your 10th year)	.13461 hours	280 Hours* (35 Days)	480 Hours* (60 Days)

**The above PTO Earning Schedule is based on an employee regularly scheduled to work 40 hours per week. If you are regularly scheduled to work less than 40 hours per week (but at least 32), you will be provided a prorated portion of PTO earnings.*

The length of eligible service is calculated on the basis of a "benefit year." This is the 12-month period that begins when you start to earn PTO time. Your benefit year will be extended for any significant leave (within of 1 year) of absence.

As a general rule, PTO time can be used in minimum increments of two hours for employees in non-exempt positions (and employees in exempt positions can request the use in minimum increments of 8 hours). The maximum amount that can be used at one time is two weeks. The maximum redemption in a week is 40 hours. To take PTO, you should request approval from your supervisor as far in advance as possible.

To request Paid Time Off, employees must complete the Out of Office Request form located in administration on the bulletin board. Managers will inform the Administrative Assistant of key personnel absences so that key employees' absences can be placed on the District PTO Calendar.

- PTO of two shifts or less, with the exception of an emergency or illness, must be scheduled 72 hours in advance with approval of the department manager.
- PTO of more than two shifts, with the exception of an emergency or illness, should be scheduled six weeks in advance with the approval of the department manager.
- Employees must indicate PTO hours on the timecard. The signed Out of Office Request form will be submitted with the employee's timecard indicating the department manager's approval.
- Employees who are unable to maintain group status by usage of accrued Paid Time Off may continue group health insurance coverage through the District by arranging to pay the premiums.

All requests will be reviewed based on a number of factors, including business needs, staffing requirements, order of requests and possibly seniority.

PTO time off is paid as follows:

- **Non-exempt, Hourly Positions** The base rate of pay
- **Exempt, Salary Positions:** Calculated in the same manner as other forms of paid leave time, which is the base salary with no special forms of compensation such as incentives, commissions, or bonuses.

When PTO is used for illness or injury, the following provisions apply:

- Employees may use accumulated PTO for their own health condition; a family member's (child, spouse, registered domestic partner, parent, parent-in-law grandparent, grandchild, and sibling) health condition; and if the employee is a victim of domestic assault, sexual violence or stalking;
- Employees may use accumulated PTO for an actual health condition or for preventative care; and
- A healthcare provider's certificate may be required as documentation of need for absence of more than five consecutive work shifts and/or to medically release you to return to work; and

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- Failure to follow reporting procedures outlined in the Attendance and Punctuality policy may result in an unexcused absence.

As stated above, you are encouraged to use available PTO time for rest, relaxation and personal pursuits. The maximum accrued benefit (PTO Cap) that you may have at any one time will not exceed 1.67 times the amount of your current annual accrual rate (as noted in the far right column of the above schedule). If the earned but unused PTO benefits reach this maximum, additional benefits will be "capped" and will not accrue until unused benefits are used or otherwise reduced as provided in this policy. When you use paid PTO time and bring the available amount below the cap, PTO accrual will begin again.

Non Exempt employees who are within 10% of their PTO Cap are allowed to take a PTO pay-out up to 80 hours which is allowed one time during a rolling 12 month period. Exempt who reach their PTO Cap may be allowed to take a PTO Pay-Out of 80 hours at the discretion of the Administrator.

Upon separation of employment, you will be paid for accrued, but unused PTO time earned through the last day of work.

Upon rehire, employees will begin to accrue PTO according to the above schedule with no carry-over of previous years of eligible service, unless the employee is rehired within 6 months in which case, previous years of employment will be credited.

PTO accrual rates are subject to change in SoHum's discretion.

* The provisions of the above PTO benefit provide for a greater accrual than that required by CA's Paid Sick Leave (PSL) benefit which only requires up to 3 days per year. Therefore, the above PTO benefit encompasses and takes the place of PSL accrual, though all other descriptive components of PSL (see next policy) also apply to employees eligible for PTO.

PAID SICK LEAVE (PSL)

SoHum, provides Paid Sick Leave (PSL) to all employees not eligible for the above PTO policy. Following are additional details:

- **Employees** will receive a lump sum of 24 hours on their date of hire date and then then a new lump sum of 24 hours on January every year thereafter (never more than 24 hours in the PSL bank at one time).
- PSL is credited upon hire and may be used after working 30 days and being employed for 90 days.
- PSL may only be used on days an employee is scheduled to work.
- Employees may use accumulated PSL for their own health condition; a family member's (child, spouse, registered domestic partner, parent, parent-in-law, grandparent, grandchild, and sibling) health condition; and if the employee is a victim of domestic assault, sexual violence or stalking.
- Employees may use PSL for an actual health condition or for preventative care.
- When PSL is used in full day increments, the employee will be paid for the number of hours that they would normally have

worked that day. PSL can also be used in minimum increments of 1 hours.

- Employee will be paid as follows:
 - Non-exempt, Hourly Positions: The regular rate of pay.
 - Exempt, Salary Positions: Calculated in the same manner as other forms of paid leave time, which is the base salary with no special forms of compensation such as incentives, commissions, or bonuses.
- SoHum will not discriminate or retaliate against an employee who requests/uses PSL.
- Failure to follow reporting procedures outlined in the Attendance and Punctuality policy may result in an unexcused absence. If the need for paid sick leave is foreseeable, an employee must provide “reasonable” advance notice. If not, the employee must provide notice as soon as practicable. A healthcare provider’s certificate may be required for absences of more than five consecutive work shifts and/or to medically release you to return to work.
- Unused PSL will **not** be paid upon separation of employment.
- If rehired, employees will have a new lump sum of 36 hours of PSL provided.

HOLIDAYS

It is the policy of the SoHum to observe the following holidays:

- New Year’s Day (January 1)
- President’s Day (Third Monday in February)
- Memorial Day (Last Monday in May)
- Independence Day (July 4)
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Day after Thanksgiving (Fourth Friday in November)
- Christmas Day (December 25)

Non-Exempt employees who do not work on the holiday, will not be paid, but can use PTO. All non-patient care areas are closed on holidays. For service areas operating on the basis of a five-day work week, holidays that fall on Saturday are observed on the Friday preceding the holiday; holidays that fall on Sunday are observed on Monday following the holiday. Observance of the holiday does not impact the employee’s full-time status.

For service areas requiring seven-day coverage, the holiday is observed on the day on which the holiday falls. Non-exempt employees scheduled to work on holidays receive holiday premium pay at time and one-half the usual hourly rate for the hours worked on the holiday. Holiday hours, for purposes of holiday premium pay, are defined as midnight to midnight.

BEREAVEMENT POLICY

A leave of absence with paid for up to 5 days will be granted to all regular full-time employees who regularly work at least 32 hours per week, who

have completed their introductory period in the event of death of an immediate family member of an employee (immediate family members are defined as spouse, child, parent, sibling, grandparent, grandchild, and all “step” and “in-law” variations of the preceding list, in addition to an individual who was a member of your immediate household at the time of death). At the discretion of your manager, this leave may be extended with or without pay in cases of great distance or severe emotional hardship. Part-time, seasonal/temporary and on-call employees are not eligible to participate in this paid benefit (see Unpaid Time-Off for more information).

With prior approval, time off without pay may be arranged for an employee who wishes to attend the funeral of other relatives or close friends or other person to whom you may be reasonably deemed to owe respect.

JURY DUTY POLICY

SoHum encourages you to fulfill your civic responsibilities by serving on a jury or as a witness when required and allows all employees time off for these purposes. Jury duty and witness leave is provided on an unpaid basis for non-exempt employees. If you receive notice to report for jury duty, please notify management immediately so arrangements can be made to accommodate your absence. You must present the Summons for Jury Duty to your supervisor prior to the beginning date of such duty. Of course, you are expected to report for work whenever the court schedule permits.

REMOTE WORK POLICY

SoHum may occasionally grant employees the privilege of voluntarily working remotely when appropriate. SoHum may consider voluntary remote work to be a viable alternative work arrangement in some cases where individual, job and supervisor characteristics are best suited to such an arrangement. Remote work allows employees to work at home, on the road or in a satellite location. It is not an entitlement, it is not a company-wide benefit, and it in no way changes the terms and conditions of employment with SoHum. The voluntary remote employee is responsible for ensuring effective communication, collaboration and participation while working remotely and for ensuring that coworkers and his/her supervisor/manager feel informed and confident about the work results being produced.

All voluntary remote employees are responsible for the following:

- Maintain consistent work hours. Non-exempt employees are required to take all rest and meal periods and record their work time as they would if they were in the office.
- Establish a routine of periodic work plans and reports to your manager/team to establish goals and document results.
- Be readily available for impromptu video, email and phone conversations.
- Maintain a dedicated home office environment free of distractions and background noise.
- Devote 100% of attention when working from home as if you were in the office.
- Comply with all requirements in the Information Technology Manual
- Store all work product on the company network and do not store it on any local storage of the home computer or laptop.
- Report to the Company's offices and/or other locations in person for meetings or other activities as required by the employee's

manager.

- Managers may require additional methods of communication and reporting to ensure employees are accessible and reliable.

Circumstantial (limited and very occasional) voluntary remote workers must have prior approval from their direct manager.

Regularly scheduled (hybrid of office and remote) voluntary remote workers must have prior approval from their Department Administrator.

Fulltime voluntary remote workers must submit their request to the HR Director and have approval from the Administrative Team.

See the HR Director for further details about voluntary remote work, requests and home office requirements.

457 (B) RETIREMENT PLAN

We currently provide a 457 (b) Plan to all eligible employees. This plan allows employees to have pretax salary deductions placed into a tax-deferred account. Saving money through the plan can reduce your tax burden now even as you set aside income for retirement. Upon eligibility, you will be provided further details.

STATE AND FEDERAL WAGE REPLACEMENT INSURANCES

STATE DISABILITY INSURANCE (SDI) – EMPLOYEE’S OWN ILLNESS/INJURY

To help provide compensation for employees who miss work due to a non-work-related accident or illness, the law requires that a small percentage of your wages be deducted each pay period for State Disability Insurance (SDI). Please refer to the leaves of absence policies that are outlined later in this handbook for procedures on requesting a leave of absence for this purpose (FMLA/CFRA, Pregnancy Disability Leave, Medical Leave, and/or Personal Leave).

PAID FAMILY LEAVE (PFL) INSURANCE – TO CARE FOR A FAMILY MEMBER

To help provide compensation for time taken off to care for a new child or to care for a family member’s (child, parent, spouse, domestic partner, grandparent, grandchild, sibling or parent-in-law) serious health condition, the law requires that a small percentage of your wages be deducted each pay period for Paid Family Leave (PFL) Insurance. Please refer to the leaves of absence policies that are outlined later in this handbook for procedures on requesting a leave of absence (FMLA/CFRA and/or Personal Leave).

SOCIAL SECURITY INSURANCE

As an employee of SoHum you are covered under the provisions of the Federal Social Security Law (FICA). Social Security benefits can provide you some retirement income. There is a deduction from your wages for social security taxes as well as an employer contribution. The total contribution by you and SOHUM is credited toward your Social Security benefits, which may be available at the time you are eligible to retire. In addition, disability and survivors’ benefits are financed through Social Security deductions.

UNEMPLOYMENT INSURANCE

If your employment separates with SOHUM, you may be eligible to receive Unemployment Insurance Benefits. This insurance is fully paid by SOHUM

and is administered by the State. In most cases, you must file a claim in order to collect this benefit. Benefits are generally available to employees who are out of work through no fault of their own (including a reduction in regular workweek). Eligibility for benefits is determined by the Employment Development Department.

WORKERS' COMPENSATION INSURANCE

A comprehensive Workers' Compensation Insurance program is provided at no cost to you. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, Workers' Compensation Insurance provides benefits after a short waiting period or, if you are hospitalized, immediately. All employees are given a pamphlet explaining their benefits upon hire.

Employees who sustain work-related injuries or illnesses must inform a supervisor *immediately*. Employees who have not completed a physician pre-designation form will be seen and treated if necessary by a qualified SoHum clinic or emergency room provider.

No matter how minor an on-the-job injury may appear, it is important that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible. You will be furnished an "Employee's Claim Form" within one (1) business day of reporting the injury, which you must complete and return to your supervisor as soon as possible. Employees have the right to report any injury/illness and the employer will not discriminate against or discharge an employee for making such a report.

In the case of a one-time treatment of **minor** scratches, cuts, burns, splinters or other minor injuries, as long as there is no lost work time beyond the date of the injury, it will be treated as a first aid case. If additional care and treatment is needed, or if time is lost from work after the date of the injury, the claim will no longer be considered a "first aid" claim but will be processed as a regular claim under Workers' Compensation Insurance.

If treatment is required, management will send (or arrange transportation, if necessary) you to the medical facility noted on the Workers' Compensation poster. You must receive medical attention from this facility unless you have notified SoHum in writing of your personal healthcare provider before the injury. A written notice by the healthcare provider is required to authorize a return to work. Should the healthcare provider indicate physical limitations upon return to work, such limitations must be discussed with and approved by management.

All employees should be aware that anti-fraud laws state that any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying Workers' Compensation benefits or payments is guilty of a felony. Neither SoHum nor the insurance carrier will be liable for the payment of Workers' Compensation benefits for injuries that occur during your voluntary participation in any off-duty recreational, social or athletic activity sponsored by SoHum.

LEAVES OF ABSENCE

WORKERS' COMPENSATION DISABILITY LEAVE

SoHum will grant an unpaid workers' compensation disability leave in accordance with state law if you incur an occupational illness or injury. As an alternative, SoHum may offer you modified work in accordance with state and federal law.

Workers' Compensation leaves will be classified as Family & Medical Leave Act (FMLA) / California Family Rights Act (CFRA) if the injured employee is otherwise qualified for FMLA/CFRA (see policy).

Subject to the terms, conditions, and limitations of the applicable plans, health insurance premiums (and dependent coverage as applicable) will continue to be paid by SoHum to the same degree it was provided before the leave began in accordance with the FMLA/CFRA policy or, for employees not yet eligible for FMLA/CFRA, for up to 12 weeks. At that time, you will become responsible for the full costs of these benefits if you wish coverage to continue (see COBRA policy). When you return from the leave, benefits will again be provided by SoHum according to the applicable plans. In some instances, SoHum may recover premiums it paid to maintain health coverage if you do not return to work following your workers' compensation disability leave.

Employees may choose to use accrued PTO or Sick time during the leave and payments will be coordinated with any temporary disability insurance payments. Fringe benefits (such as PTO, and sick time) will be suspended during the leave and will resume upon return to active employment.

Upon submission of a medical certification that you are able to return to work, you will be reinstated in accordance with applicable law. Should the healthcare provider indicate physical limitations upon return to work, such limitations must be discussed with and approved by management.

CALIFORNIA FAMILY RIGHTS ACT (CFRA) / FAMILY MEDICAL LEAVE ACT (FMLA)

Entitlement to Leave

It is the policy of SoHum to grant or designate an unpaid leave of up to 12 weeks (and an additional 14 weeks for Service Members Leave) of federal Family Medical Leave Act (FMLA), and/or California Family Rights Act (CFRA) during any 12-month period to eligible employees. An employee may take leave in consecutive weeks, may use the leave intermittently (periodically, as needed), or may use the leave to reduce the workweek or workday, resulting in a reduced work schedule.

SoHum will not interfere with, restrain, or deny the exercise of any right provided by this law, or discharge or discriminate against any employee because of involvement in any proceeding related to FMLA/CFRA. All FMLA/CFRA leaves of absence will be administered in accordance with applicable state laws.

Eligibility

To qualify to take FMLA/CFRA under this policy, the employee must meet ALL the following conditions:

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- The employee must have worked for SoHum at least 12 months, or 52 weeks. The 12 months, or 52 weeks, need not have been consecutive.
 - The employee must have worked at least 1250 hours during the 12-month period preceding the first day of the leave.
 - The employee must work for an employer who employs 5 or more for CFRA, or 50 or more employees for FMLA.
 - Employee must have given notice of need for FMLA/CFRA leave at least 30 days in advance or as many days as reasonably possible prior to the beginning of the leave.

Types of Leaves Covered

Leave under FMLA/CFRA may be taken for any one or more of the following reasons:

1. **Bonding:** Following the birth of a child or placement of a child for foster care or adoption, so long as the leave is concluded within 12 months of the birth and/or placement of the child. The basic minimum duration of intermittent leave is two weeks; however, SoHum will grant an employee's request for a leave of less than two-weeks' duration on any two occasions. If the employee is requesting an intermittent leave of less than two weeks or a reduced work schedule, the employee and SoHum must mutually agree to the schedule; SoHum will consider the request based on a variety of factors but does not guarantee that all requests will be granted.
2. **Family Care:** The care of the employee's child, parent, spouse (additionally, CFRA includes domestic partner, parent-in-law, grandparent, grandchild, and sibling) with a "serious health condition. *Note: For CFRA leaves "child" includes a minor or adult biological, adopted, foster child, a stepchild, a legal ward, a child of the employee's domestic partner, and a person to whom the employee stands in loco parentis.*
3. **Employee's Serious Health Condition:** The "serious health condition" of the employee, which prevents the employee from performing the essential functions of the employee's job.
 - a. A "serious health condition" is one that requires in-patient care in a hospital or other medical care facility, or continuing treatment or supervision by a healthcare provider. This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Employees with questions about what medical conditions are covered under FMLA/CFRA or under SoHum 's sick leave policy are encouraged to talk with the HR Representative or HR Director.
 - b. Pregnancy related disabilities are **not** considered a "serious health condition" under CFRA because they are covered under a separate Pregnancy Disability Leave (PDL) requirement. Time off from work due to pregnancy, childbirth or a related medical condition under PDL is separate and distinct from the employee's right to bond with the child under CFRA leave. Therefore, a pregnant employee may take up to a maximum of four months (the time normally worked in one-third of the year, equivalent to 17 and a third weeks) of unpaid

leave under Pregnancy Disability Leave (PDL), and **in addition**, CFRA-eligible employees may take an additional 12 weeks of CFRA leave for “bonding” with the newborn child.

- c. Pregnancy related disabilities **are** considered a “serious health condition” under FMLA and will run concurrent with PDL. Therefore, if the employee does not exhaust the full 12-week period of FMLA during a PDL, the balance may run concurrently with CFRA bonding time.
- 4. **Military Qualifying Exigencies:** For employees whose spouse, domestic partner, child, or parent is on covered active duty or call to covered active-duty status to address qualifying exigencies which may include: attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.
- 5. **Servicemember Family Leave:** Eligible employees whose spouse, child, parent or next of kin is a covered servicemember may take up to **26 weeks of FMLA** to care for that covered servicemember with a “serious injury or illness” during a single 12-month period. If the reason for the leave is also a 12-week CFRA qualifying reason the leaves will run concurrently, A covered servicemember is: 1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or 2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

Duration of Leave

Unless otherwise noted above, an eligible employee can take up to 12 weeks of FMLA or CFRA leave during a 12-month period (and for FMLA, the 14-week extension in cases of Servicemember Family Leave.) SoHum will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this policy.

Parents who are both eligible employees of SoHum for CFRA leave to care for a newborn child, for placement of a child with the employee for adoption or foster care, are each entitled to 12 weeks of leave. Parents who do not have CFRA time available and who are both eligible employees of SoHum for FMLA leave to care for a newborn child, for placement of a child with the employee for adoption or foster case, are entitled to a combined 12 weeks of leave.

Employees who are both eligible employees of SoHum for Servicemember Family leave for the same family member are entitled to a combined total of 26 weeks of such a leave.

Employees whose 1) medical leave exceeds 12 weeks, 2) who do not have another organization-approved leave, or 3) who do not return to work on the

first workday following an approved FMLA or CFRA leave may be deemed to have voluntarily resigned their employment from SoHum.

Health Insurance During Leave

While an employee is on FMLA and/or CFRA, SoHum will continue the employee's health benefits (and dependent coverage as applicable) during the leave period at the same level and under the same conditions as if the employee had continued to work. The maximum entitlement for continued health benefits for FMLA and/or CFRA is up to 12 weeks during a 12-month period of paid coverage, with an additional 14 weeks for Servicemember Family leave (for up to 26 weeks total).

Any share of health insurance premiums which are paid by the employee prior to FMLA and/or CFRA (including dependent premiums) must continue to be paid by the employee during the leave or insurance benefits may be discontinued. An employee who fails to make any payment of premiums as required must reimburse SoHum for any of those payments that may have been made by SoHum.

For leaves related to pregnancy and childbirth, the obligation to continue to pay health insurance premiums (and dependent coverage as applicable) will continue to be paid at the same level and under the same conditions as if the employee had continued to work for the duration of the Pregnancy Disability Leave (see PDL Employee Handbook policy) in addition to up to 12 weeks of CFRA to bond with the newborn child.

If the employee's leave last longer than the time benefits are continued per the policy, the employee may continue group health insurance coverage through SoHum in conjunction with COBRA.

If the employee chooses not to return to work for reasons other than a continued serious health condition or other approved leave extension or fails to work 30 calendar days once returning from leave, SOHUM will require the employee to reimburse the amount it paid for the employee's health insurance premium during the unpaid portion of the leave period.

Use of PTO and Sick Leave

Employees may use available PTO and Sick Leave during an FMLA and/or CFRA Leave. If the employee is eligible for benefits from any wage replacement insurance (SDI or PFLI), such benefits from the applicable plans will be coordinated with the FMLA and/or CFRA leave. The HR Representative or HR Director can assist in helping employees understand how these benefits work together.

Other Benefits During Leave

Fringe benefits (such as PTO and Sick Leave) are not earned during unpaid leave. However, upon return from FMLA and/or CFRA, the employee will resume the accrual schedule at the same level and under the same conditions as if the employee had continued to work.

When available, employee benefit plans, such as supplemental insurances and retirement plans are provided under the same conditions as apply to unpaid leave taken for purposes other than FMLA, and/or CFRA. With respect to retirement plans, any period of unpaid FMLA and/or CFRA shall not be treated as or counted toward a break in service but will not be treated as credited service for purposes of benefit accrual, vesting and eligibility to participate. Also, if the plan requires an employee to be employed on a specific date in order to be credited with a year of service for

vesting, contributions or participation purposes, an employee on unpaid FMLA and/or CFRA on that date shall be deemed to have been employed on that date.

Certification of Need for Leave

1. **For Serious Health Conditions:** An employee seeking FMLA and/or CFRA for the employee's own serious health condition or because of the "serious health condition" of a family member as defined above must provide SoHum with a medical certification from the patient's health care provider establishing the need for the leave. The employee should respond to such a request as soon as possible and at least within 15 calendar days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of leave. Medical certification must be provided by using the *Certification of Health Care Provider* form.

Certification of the serious health condition must include: 1) the date when the condition began; and 2) its expected duration. For medical leave for the employee's own medical condition, the certification must also include a statement that the employee is unable to perform work of any kind, or a statement that the employee is unable to perform the essential functions of the employee's position. For a seriously ill family member, the certification must include a statement that the patient requires assistance, and that the employee's presence would be beneficial or desirable.

If the employee plans to take intermittent leave or work a reduced schedule, the certification must also include dates and the duration of treatment, and a statement of medical necessity for taking intermittent leave or working a reduced schedule.

SoHum has the right to ask for a second opinion, (for employees, not family members) if there is reason to doubt the certification. We will pay for the employee to get a certification from a second health care provider, which SoHum will select. In case of a conflict between the original certification and the second opinion, we may require the opinion of a third health care provider. SoHum and the employee will jointly select the third health care provider, and we will pay for the opinion. This third opinion will be considered final.

2. **For Qualifying Military Exigencies:** An employee seeking CFRA for Qualifying Military Exigency Leave as defined above must provide SOHUM with a certification establishing the need for the leave. The employee should respond to such a request as soon as possible and at least within 15 calendar days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of leave. Exigent Circumstances certification must be provided by using the *Certification of Need for Exigent Circumstances* form. Upon return to work from CFRA Qualifying Military Exigency Leave, the employee will be required to provide SoHum with appropriate documentation of attendance or completion of required item which will include information allowing the employer to identify the actual time dedicated to such circumstances.
3. **For Servicemember Leave:** Certifications must be signed by one of the following: Department of Defense (DOD) Health Care Provider; DOD TriCare network authorized private healthcare provider; or DOD non network TriCare authorized private healthcare provider.

Reinstatement

An employee who takes leave under and meets the requirements of this policy will be able to return to the same or comparable job. A “comparable job” must be one with the same pay, benefits, schedule, shift, responsibilities, job duties, and location. SoHum may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule.

Prior to returning from FMLA and/or CFRA for an employee’s own serious health condition or pregnancy-related disability, the employee will be required to provide SoHum with a *Health Care Provider Work Status* form completed by the employee’s health care provider releasing the employee to return to work and/or listing any specific limitations. Employees will be provided either an **Analysis of Job’s Physical Demands and Environmental Conditions** or a **Job Description** which completely describes all essential functions as well as the physical demands and environmental conditions. Should the health care provider indicate limitations upon return to work, such limitations must be discussed with and approved by management. Return to work authorizations that do not either specifically identify limitations or state that the employee is able to perform all essential functions of the position will not be accepted. We are committed to engaging our employees in ongoing, meaningful dialogue regarding modifications at work.

Procedure for Requesting Leave

Except where leave is not foreseeable, all employees requesting leave under this policy must submit the request in writing to their immediate supervisor, with copy to the HR Representative or HR Director. When an employee plans to take leave under this policy, the employee must give 30 days’ notice. If it is not possible to give 30 days’ notice, the employee must give as much notice as is practicable. While not required under CFRA, an employee undergoing planned medical treatment is asked to make an effort to schedule the treatment times to minimize disruptions to SoHum’s operations.

If an employee fails to provide 30 days’ notice for foreseeable leave with no reasonable excuse for the delay, the leave request may be denied until at least 30 days from the date SoHum receives notice. While on leave, employees are requested to report periodically to the HR Representative or HR Director regarding the status of the return-to-work date and the intent to return to work.

In cases where SoHum is aware that time off may qualify for CFRA, SoHum may preliminarily designate the leave as CFRA, pending completion of any required documentation.

***The provisions for leaves under this policy can be confusing.
Employees are encouraged to seek additional information from HR
Representative or HR Director.***

PREGNANCY DISABILITY LEAVE (PDL)

Entitlement To Leave

SoHum provides and grants to pregnant employees the right to take a Pregnancy Disability Leave (PDL) during the period of time that a healthcare provider determines the employee is actually disabled by

pregnancy or a related medical condition (including breastfeeding) and is unable to perform the essential functions of her job or perform her duties without undue risk to herself or other persons for **up to** four months (the time normally work in one-third of the year, or 17 and a third weeks). It may be helpful to know that a typical pregnancy-related disability is 6-8 weeks; talk with your healthcare provider about your specific situation. Pregnancy disability leave may be taken intermittently, or on a reduced hours schedule, as medically advisable.

A pregnant employee is entitled to transfer temporarily to a less strenuous or hazardous position or to less strenuous or hazardous duties if the employee requests, the transfer request is supported by proper medical certification, and the transfer can be reasonably accommodated.

If you are also eligible for an FMLA/CFRA Leave, the leaves will be integrated.

Certification

Any request for a Pregnancy Disability Leave must be supported by medical certification from a healthcare provider, which shall provide the following information: (a) the date on which the employee became disabled due to pregnancy; (b) the probable duration of the period or periods of disability; and (c) an explanatory statement that, due to the disability, the employee is unable to work at all or is unable to perform any one or more of the essential functions of her position without undue risk to herself, her pregnancy, or to other persons.

In the case of a Pregnancy-Disability transfer, the medical certification shall provide the following information: (a) the date on which the need to transfer became medically advisable; (b) the probable duration of the period or periods of the need to transfer; and (c) an explanatory statement that, due to the employee's pregnancy, the transfer is medically advisable. Upon expiration of the time period for the leave or transfer estimated by the healthcare provider, SoHum may require the employee to provide another medical certification if additional time is requested for leave or transfer.

Notification

In instances of other than medical emergencies, the employee must provide thirty (30) days' notice in advance of the date the leave is to begin and the estimated date upon which the employee will return to work. If it is not practicable to give thirty (30) days advance notice of the need for leave or transfer, the employee must notify SoHum as soon as practicable after learning of the need for the pregnancy disability leave or transfer.

Benefits During Leave

Subject to the terms, conditions, and limitations of the applicable plans, health insurance premiums (and dependent coverage as applicable) will continue to be paid by SoHum to the same degree it was provided before the leave began for the duration of the PDL, up to 4 months. At that time, you will become responsible for the full costs of these benefits if you wish coverage to continue (see COBRA policy).

When you return from the leave, benefits will again be provided by SoHum according to the applicable plans. If you do not return to work from an unpaid Pregnancy Disability Leave or return for less than 30 days and then resign, SoHum requires you to reimburse SoHum the amount it paid for your health insurance premium during the leave period.

Fringe benefits (such as PTO and sick time,) will be suspended during the leave and will resume upon return to active employment. An employee taking PDL may use available PTO or sick time for her leave and such use will be coordinated with any wage replacement insurance payments.

Return To Duty

An employee who has taken a PDL must notify SoHum at least five days before her scheduled return to work or, as applicable, transfer back to her former position. An employee who timely returns to work at the expiration of her PDL will be reinstated to her former position, or a comparable position, whenever possible and consistent with applicable laws.

Upon completion of the leave, a written notice by the healthcare provider is required to authorize a return to work. Should the healthcare provider indicate physical limitations upon return to work, such limitations must be discussed with and approved by management. We are committed to engaging our employees in ongoing, meaningful dialogue regarding modifications at work.

An employee who takes a PDL leave may also be entitled to take an additional twelve weeks of CFRA of to bond with the baby if the employee meets requirements for such leave, please see above policy for more information.

LACTATION ACCOMMODATION

SoHum provides lactation accommodation for employees who wish to express breast milk while working. Please talk with the HR Representative or the HR Director to discuss lactation accommodation and the best solutions for your specific situation.

Employees may use paid rest break times in addition to requesting additional time (which may be on an unpaid basis), as needed. Components of our lactation accommodation include:

- The room will not be a restroom;
- The room will be in close proximity to the employee's workplace;
- Within the room, there will be an electrical outlet or a way for the lactating parent to charge a battery-operated breast pump;
- There will be a place to sit;
- There will be a shelf to place a breast pump or other personal items;
- The room will be free from intrusion;
- No toxic or hazardous materials will be present in the room; and
- The employee will have access to a sink with running water and a refrigerator (or alternative mechanism) in close proximity to the employee's work area.

PERSONAL LEAVE

SoHum may provide a leave of absence without pay to employees who wish to take time off from work duties to fulfill personal obligations. Regular full-time employees are eligible to request personal leave as described in this policy. You may request personal leave only after having completed 6 months of service. As soon as you become aware of the need for a personal leave of absence, you should request a leave from your supervisor.

Requests for personal leave will be evaluated based on a number of factors, including amount of time requested, amount of time already taken, anticipated workload requirements and staffing considerations during the proposed period of absence. Personal leave may be granted for a period of up to 30 calendar days in any 12-month period. If this initial period of absence proves insufficient, consideration will be given to a written request for a single extension of no more than 30 calendar days.

With your supervisor's approval, you may take any available sick time or PTO leave as part of the approved period of leave. Fringe benefits (such as PTO and sick time) will be suspended during the leave and will resume upon return from leave.

Subject to the terms, conditions, and limitations of the applicable plans, health insurance premiums (and dependent coverage as applicable) will continue to be paid by SoHum to the same degree it was provided before the leave began through the end of the month in which the leave began. At that time, you will become responsible for the full costs of these benefits if you wish coverage to continue (see COBRA policy). When you return from a Personal Leave, benefits will again be provided by SoHum according to the applicable plans. If you do not return to work from an unpaid Personal Leave or return for less than 30 days and then resign, SoHum requires you to reimburse SoHum the amount it paid for your health insurance premium during the leave period.

When a personal leave ends, every reasonable effort will be made to return you to the same position, if it is available, or to a similar available position for which you are qualified. However, SoHum cannot guarantee reinstatement.

Employees who accept other employment during the approved leave and/or employees who fail to report to work promptly at the expiration of the approved leave period will be considered to have resigned from SoHum.

ORGAN AND BONE MARROW DONATION

SoHum will provide a leave of absence for employees who have been employed by SoHum for a minimum of 90 days in order for them to be able to donate organs and/or bone marrow as a medical necessity. The leaves are treated as followed:

- **Organ Donation** – Paid leave up to 30 days, plus an additional 30 days of unpaid leave, for a maximum total of 60 days. Employees may utilize 2 weeks of earned but unused PTO time if available.
- **Bone Marrow** – Paid leave up to 5 days. Employees may utilize earned but unused PTO if available.

Common to both – multiple leaves may be allowed for organ and/or bone marrow donation in each 12-month period (measured backward from the date an employee uses any leave under this policy), but total amount of leave in either category may not exceed the maximum allowed during the period for that leave type. For example, an employee could take off twice during a 12-month period for Organ Donation leave as long as the total time taken did not exceed 30 days.

This time does not run concurrently with CFRA or FMLA. Employees requesting time under these programs may be required to have a healthcare provider certification prior to taking the leave stating that there is a medical necessity for the donation.

During the time the employee is off under either of these leave categories, SoHum will continue to pay for group health insurance premiums at the same level as prior to the leave. In addition, the employee will continue to accrue any benefits, credits or other rewards provided if not on leave at the same rate as before he/she took leave.

Upon completion of the leave, a written approval by the healthcare provider is required to authorize a return to work. Should the healthcare provider indicate physical limitations upon return to work, such limitations must be discussed with and approved by management. We are committed to engaging our employees in ongoing, meaningful dialogue regarding modifications at work. An employee who timely returns to work at the expiration of such leaves will be reinstated to his/her former position, or a comparable position, whenever possible and consistent with applicable laws.

ADDITIONAL LEAVES

SoHum also will make special consideration of an employee's need for the following types of leave. If the reason for your leave is one of the following, please contact the HR Director to discuss eligibility requirements and amount of time off available:

- Military Leave
- Military Reserves or National Guard
- Military Spouse Leave
- School Activities Leave
- School Discipline Leave
- Victims of: Domestic Violence, Sexual Assault and Stalking
- Crime Victims Leave
- Emergency Duty Leave (volunteer firefighter, reserve peace officer, or emergency rescue personnel) and Emergency Training Leave (fire, law enforcement, or emergency rescue training)
- Volunteer CA Wing of the Civil Air Patrol

MILITARY LEAVE

SoHum provides unpaid Military Leave to eligible employees. All non-temporary employees inducted into the U.S. Armed Forces (as defined by USERRA) will be eligible for re-employment after completing military service, provided:

1. You show your orders to your supervisor as soon as you receive them.
2. You satisfactorily complete your service.
3. You enter the military service directly from your employment with SoHum.
4. You apply for and are available for re-employment within ninety (90) days after discharge from active duty. If you are returning from up to six

(6) months of active duty for training, you must apply within thirty (30) days after discharge.

5. Subject to the terms, conditions, and limitations of the applicable plans, health insurance premiums (and dependent coverage as applicable) will continue to be paid by SoHum to the same degree it was provided before the leave began for up to 30 days. At that time, you will become responsible for the full costs of these benefits if you wish coverage to continue. When you return from a Military Leave, benefits will again be provided by SoHum according to the applicable plans.

MILITARY RESERVES OR NATIONAL GUARD LEAVE

Employees who serve in U. S. military organizations or state militia groups may take the necessary time off without pay to fulfill this obligation and will retain all of their legal rights for continued employment under existing laws. These employees may apply accrued and unused PTO time to the leave if they wish; however, they are not obliged to do so.

You are expected to notify your supervisor as soon as you are aware of the dates you will be on duty so that arrangements can be made for replacement during this absence.

MILITARY SPOUSE LEAVE

Employees who are regularly scheduled to work at least 20 hours per week and whose spouse is a member of the Armed Forces, National Guard or Reserves who is deployed to an area designated as a combat theater or combat zone during a period of military conflict, may take up to ten unpaid days off to spend time with a spouse during his/her leave from deployment.

You are required to notify Human Resources within two days of receiving official notice your spouse will be on leave requesting time off from work. SoHum may require the employee to provide a copy of the documentation certifying the spouse will be on leave from deployment. Employees may use PTO time during the leave. If an employee does not have PTO time available, the employee may take unpaid leave.

PARENTS'/GUARDIANS' SCHOOL LEAVE

Any employee who is a parent or a guardian of a child, or grandparent who has custody of a grandchild in kindergarten through twelfth grade, or whose child or grandchild is attending a licensed day care facility, may take up to forty (40) hours of unpaid time off each calendar year, not exceeding eight (8) hours in any calendar month of the calendar year for the purpose of 1) participating in activities of the school or licensed day care facility, 2) finding a school or a licensed child care provider, 3) to enroll or re-enroll a child, and 4) time off to address child care provider or school emergencies. Prior to taking the time off, employees must give reasonable notice to SoHum.

The employee does not have to be residing with the child to be entitled to this leave, however, the employee must have custody of the grandchild to be eligible for grandparent's leave. Employees must/may use PTO time during parent's/guardian's leave. If an employee does not have PTO time available, the employee may take unpaid leave.

SCHOOL DISCIPLINE LEAVE

Any employee who is the parent or guardian of a child, or grandparent who has custody of a grandchild is eligible for an unpaid school-discipline leave.

The employee must have received a written notice from the principal of the school requesting his or her attendance at a conference to discuss the child's/grandchild's suspension from school. School-discipline leave is not available to employees who voluntarily consult with school administrators regarding a child's/grandchild's performance in school.

SoHum may require the employee to provide a copy of the notice received from the school, prior to granting school-discipline leave, and may require documentation from the school as verification that the visit took place. SoHum may ask the employee or the principal to briefly reschedule the conference if the employee's attendance at work is essential at the time originally scheduled. There is no limit to how frequently employees may be provided school-discipline leave. Employees may use PTO time during school-discipline leave. If an employee does not have any PTO time available, the employee may take unpaid leave.

DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING LEAVE

If an employee is the victim of domestic violence, sexual assault or stalking, time off may be necessary to seek judicial relief to help ensure the health, safety or welfare of the employee or a child. Unpaid leave will be given to any employee who needs time off to obtain a temporary restraining order, a restraining order, or other injunctive relief from a court, to serve on a jury or to appear in court.

Unpaid leave may also be granted in conjunction with the need for victims of domestic violence, sexual assault or stalking to allow the employee to seek medical attention, to obtain services from a support program, shelter or rape crisis center, to obtain psychological counseling, or to participate in safety planning. If an employee needs time off from work for this purpose, reasonable advance notice must be provided to your supervisor in writing. If an unscheduled absence or emergency court appearance is required for the health, safety or welfare of the employee or a child, the employee must provide certification of the absence within a reasonable time after the court appearance. Certification shall be any of the following:

- A police report indicating that the employee was a victim of domestic violence, sexual assault or stalking;
- A court order protecting or separating the employee from the perpetrator of an act of domestic violence, sexual assault, or stalking;
- A court order or other evidence from the court or prosecuting attorney that the employee appeared in court; or
- Documentation from a medical professional, domestic violence or sexual assault advocate, healthcare provider, or counselor that the employee was undergoing treatment for injuries resulting from an act of domestic violence or sexual assault.

An employee may use accrued, unused, PTO/PSL for the purposes stated under this policy. SoHum will make reasonable efforts to maintain the confidentiality of an employee who requests Domestic Violence, Sexual Assault or Stalking Leave.

TIME OFF FOR VICTIMS OF VIOLENT CRIMES

SoHum will not discharge or discriminate against employees who are victims of crime if they take time off for mental/physical injuries because of the crime, or to appear in court to comply with a subpoena or other court

order as a witness in any judicial proceeding. Affected employees must give SoHum reasonable notice that they are required to appear in court, except for unscheduled or emergency court appearances. In such a case, SoHum will take no action against affected employees if, within a reasonable time after the appearance, they provide SoHum with evidence from the court or prosecuting attorney that they appeared in court. Such time off is provided on an unpaid basis, though available PTO may be used during this time.

EMERGENCY DUTY LEAVE

SoHum will provide unpaid leave to volunteer firefighters, reserve peace officers, or emergency rescue personnel when they are required to perform emergency duty. You are expected to notify your supervisor as soon as you are aware of the need to perform emergency duty. "Emergency rescue personnel" is defined as any person who is an officer, employee, or member of a fire department or fire protection or firefighting agency of the federal government, the State of California, a city, county, city and county, district, or other public or municipal corporation or political subdivision of California, or of a sheriff's department, police department, or a private fire department, whether that person is a volunteer or partly paid or fully paid, while he or she is actually engaged in providing emergency services.

EMERGENCY TRAINING LEAVE

SoHum allows for an employee who is a volunteer firefighter, reserve peace officers, or emergency rescue personnel to take temporary unpaid leaves of absence, up to a total of 14 days per calendar year, to engage in fire, law enforcement, or emergency rescue training. You are expected to notify your supervisor as soon as you are aware of the dates you will be on leave for training.

VOLUNTEER CA WING OF THE CIVIL AIR PATROL

SoHum allows for an employee who has worked at least 90 days to take up to 10 days of unpaid leave for volunteering in the CA Wing of the Civil Air Patrol (the civilian auxiliary of the US Air Force) to respond to emergency operational missions.

COMPENSATION

REST AND MEAL PERIODS (Non-exempt positions)

Rest Period (breaks): Employees are authorized and permitted to take one ten-minute rest period during each four-hour work period, or major fraction thereof. Rest periods are not provided if the total daily work schedule is less than 3½ hours. To the extent possible, rest periods are to be taken in the middle of work periods. Rest periods may not be combined or added to meal periods. Employees are not required to clock in and out for rest periods and since this time is counted and paid as time worked, you must not be absent from your workstation beyond the allotted time.

Meal Periods: Employees in non-exempt positions who are scheduled for shifts in excess of five hours are provided one unpaid meal period of 60 minutes in length where the employee has the opportunity to be relieved of all active responsibilities and restrictions; this meal period is required to be started before the end of the 5th hour of work. Meal periods are unpaid and as such, employees are required to clock in and out for meal periods.

Employees may voluntarily not take their meal periods only under the following conditions (forms are available from the HR Representative or HR Director):

1. If your work shift is completed within six hours, you may waive your meal period.
2. If you work a long shift of more than 10 hours (but less than 12 hours), you may waive the second meal period provided the first was taken.

General to both Rest Breaks and Meal Periods:

- Employee's managers may schedule employee breaks and meal periods.
- Each day you are unable to schedule your own time to take your allotted break(s) or meal period(s), it is your responsibility to notify your supervisor at least two hours prior to the end of your shift.
- In the event you are denied the opportunity to take a break and/or meal, you should note it as such on the timecard and must notify your supervisor, your supervisor's supervisor, or the HR Representative to ensure proper handling.

TIMEKEEPING (Non-exempt positions)

Accurately recording time worked is the responsibility of every non-exempt employee. Federal FLSA laws require SoHum to keep an accurate record of time worked in order to calculate pay and benefits. Time worked is all the time actually spent on the job performing assigned duties. Please accurately record the time work begins and ends, as well as the beginning and ending time of each meal period. Also record the beginning and ending time of any split shift, departure from work for personal reasons and paid time off (PTO) benefits used. Overtime work must always have prior approval. Altering, falsifying, tampering with time records, or recording time

on another employee's time record may result in corrective action, up to and including termination of employment.

It is each employee's responsibility to sign the time record to certify the accuracy of all time recorded. Time records must be approved by the employee's supervisor/manager. In addition, if corrections or modifications are made to the time record, both the employee and management must verify the accuracy of the changes by initialing the time record. Employees must submit their timecards to their supervisor/manager at the end of their last shift of the pay period.

ON CALL AND CALL BACK

Hours On Call and Called Back are recorded on the supplemental Bi-Weekly Call and Call Back Log. Total hours from the supplemental log must be transferred to the time clock for each period an employee is On Call and/or Called Back during the work period. The supplemental Bi-Weekly Call and Call Back Log is submitted to the department manager.

CALLED OFF

If the District identifies that circumstances exist that minimize the need for an employee to fill a scheduled shift, the employee may be Called Off from filling the shift. An employee who is not Called Off prior to the beginning of the shift is provided four hours of work at the regular rate of pay, or the employee may choose to go home without pay. If changing circumstances indicate that the Called Off employee's presence is required during the scheduled shift, the employee is paid for hours worked at the regular hourly rate.

TIME CHANGE

Employees are paid for all hours worked. Nonexempt employees who work the beginning of Daylight-Saving Time in the spring will be paid one hour less of pay than they would otherwise have been. An employee scheduled to work a twelve-hour shift from 7:00 am to 7:30 pm will have worked eleven hours because essentially the employee did not work from 2:00 am to 3:00 am. Nonexempt employees who work the ending of Daylight-Saving Time in the fall, will be paid one additional hour of pay unless the start/end of their shifts are adjusted in anticipation of the time change. An employee will have worked the hour from 1:00am to 2:00 am twice and will be paid accordingly.

"OFF-THE CLOCK" WORK (non-exempt positions)

We want to clarify work expectations at SoHum, particularly since electronic devices have allowed "working" while not at work for some employees in some industries. As an hourly, non-exempt employee, you are scheduled specific work shifts. Please know that employees may never work "off the clock." That means that when you are clocked-out of work during meal periods and at the end of your shift, no work can be performed. This includes checking and responding to emails and texts during non-work hours. Exceptions are when the additional time worked has been authorized by your manager or if a manager is contacting your personal phone/device about scheduling changes. In the event you have questions about this policy, please talk with the HR Director for clarification.

OVERTIME
(Non-exempt positions)

As a Special District Employer SoHum adheres to Department of Labor (DOL Fair Labor Standards Act (FLSA) When operating requirements or other needs cannot be met during regular working hours, employees in non-exempt positions will be assigned or given the opportunity to volunteer for overtime work assignments. All overtime work must receive management's prior authorization. Overtime assignments will be distributed as equitably as practical to all employees in non-exempt positions who are qualified to perform the required work.

As required by law, overtime pay is based on actual hours worked. Time off for PTO and sick pay or any leave of absence will not be considered hours worked for purposes of performing overtime calculations. Failure to work scheduled overtime or overtime worked without prior authorization (written or verbal) from management may result in corrective action, up to and including termination of employment.

Overtime is paid at one- and one-half times the base hourly rate of pay to employees in non-exempt positions. The current FLSA overtime rate is posted and can be requested from your supervisor. Currently, overtime is computed as outlined below:

<u>Weekly:</u>	Up to 40 hours	– straight time
	Over 40 hours	– time & one-half

The workweek at the SoHum is defined as Sunday through Saturday, which means it begins and ends at midnight between Saturday and Sunday of each week.

PAYDAYS

All employees are paid every other week on Fridays. Pay periods cover the previous two-week period ending the Saturday before the payday. Your paycheck will include earnings for all work performed through the end of the payroll period. When paydays don't fall on a normal business day, they will be paid as follows:

- A Holiday that SoHum Administration Payroll office is closed, the workday after the holiday will generally be the payday.

PAY DEDUCTIONS

SoHum is required by law to make certain deductions from your paycheck. Among these are applicable federal and state taxes. We are also required to deduct Social Security taxes up to a specified limit. SoHum matches the amount of Social Security taxes paid by each of our employees. If you have questions concerning why deductions were made from your paycheck or how they were calculated, management can assist in having your questions answered.

CORRECTIONS TO PAYCHECKS

SoHum makes every effort to provide accurate paychecks on the posted pay days. If there is an error in a paycheck, whether in hours paid, rate of pay, deductions taken or not taken, or any other discrepancy, the employee must bring it to the attention of his/her supervisor immediately for review and/or correction. Should the immediate supervisor not be available, any

other management person can be contacted or your HR Representative. Failure to report the discrepancy may result in a delay of payment due.

TRAVEL AND REIMBURSEMENT POLICY

At SoHum there may be opportunities for outside training and attending conferences.

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

Employees in **exempt positions** are paid a pre-determined salary for all work performed in a week, and therefore are not provided additional compensation if travel time extends into days that are not part of the employee’s regular work schedule. All business travel must be approved in advance by management. An itinerary including destination, nature of business, estimated length of time away and contact numbers to reach you, must be provided to your supervisor prior to commencing the business travel. The company will reimburse employees for reasonable travel expenses incurred while on assignments away from the normal work location, please see below for reimbursement guidelines.

Airfare transportation

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

Rail transportation

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

Personal Vehicle Use

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

Rental vehicles

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

Parking

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

Tolls

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

Miscellaneous transportation

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

Lodging

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

Meals

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

Conference registration

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

Entertainment

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

Business expenses

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

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

Company credit card use for travel

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

Travel advances and reimbursement

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

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

HEALTH AND SAFETY

SoHum is committed to providing a work environment that is safe and healthful. We have established an Illness and Injury Prevention Program (IIPP), to support our safety efforts by identifying and correcting workplace safety issues and educating our employees. SoHum's Safety Program Coordinator is Engineering Manager.

WORKPLACE VIOLENCE

SoHum is committed to providing a safe, violence-free workplace and strictly prohibits employees, patients, visitors or anyone else on SoHum premises or engaging in organization-related activity from behaving in a violent or threatening manner. As part of this policy, SoHum seeks to prevent workplace violence before it begins and reserves the right to deal with behavior that suggests a propensity towards violence even prior to any violent behavior occurring.

SoHum's policy provides "zero tolerance" for actual or threatened violence against co-workers, visitors, or any other persons on SoHum premises or attending SoHum business-related activities. Employees are required to report to their supervisor any incident involving a threat of violence or act of violence, or any violation of this policy, immediately.

Workplace violence includes, but is not limited to:

1. Threats of any kind (*including those that are meant as "humorous" or a "joke"*);
2. Threatening or violent behavior, such as intimidation of or attempts to instill fear in others;
3. Other behavior that suggests a propensity toward violence. This can include belligerent speech, excessive arguing or swearing, theft or sabotage of SoHum property, or a demonstrated pattern of refusal to follow SoHum policies and procedures;
4. Defacing SoHum property or effecting physical damage to the facilities; or
5. Bringing weapons or firearms of any kind on organization premises, in organization parking lots, or while conducting organization business.

If any employee observes or becomes aware of such actions or behavior by an employee, Patients, visitor, or anyone else, they are required to notify their supervisor immediately, and/or call the Police or 911 as appropriate. Further, an employee should notify the HR Director if any restraining order is in effect, or if a potentially violent non work-related situation exists which could result in violence in the workplace.

All reports of workplace violence will be taken seriously and will be investigated promptly and thoroughly. In appropriate circumstances, SoHum will inform the reporting individual of the results of the investigation. To the extent possible, SoHum will maintain the confidentiality of the reporting employee and of the investigation but may need to disclose results in appropriate circumstances in order to protect individual safety. SoHum will not tolerate retaliation against any employee who reports workplace violence.

If SoHum determines that workplace violence has occurred, SoHum will take appropriate corrective action. The appropriate corrective action will depend on the particular facts but may include written or oral warnings, probation, reassignment of responsibilities, suspension, or termination. If the violent behavior is that of a non-employee, SoHum will take appropriate corrective action in an attempt to ensure that such behavior is not repeated.

SAFETY RULES

SoHum is concerned with the health and safety of every employee and Patient. **SAFETY IS EVERYONE'S RESPONSIBILITY!** All employees are required to be alert to potential hazards, be well informed about specific safety requirements of their job, and to adhere to established Safety Rules.

For our safety program to be successful, every employee must participate and comply fully with the standards and practices of SOHUM to promote safety in the workplace.

If injuries occur on the job, no matter how slight, report them immediately to your supervisor. If you see unsafe conditions in any organization location, please report them IMMEDIATELY to management so they can be corrected. Employees who report unsafe work conditions or practices may do so without fear of reprisal. In addition, follow these safety guidelines which are based on the experience and suggestions of past and current employees in many industries which can be used at work, home or at any time they can be of benefit.

1. Whether anyone is hurt or not, immediately report all accidents to management. In case of injury, seek first aid at once.
2. A good worker is a safe worker. Be sure to know the safe way to perform any job given to you. If you have any doubt about the safety of a practice or procedure, talk to management.
3. Horseplay and practical jokes are dangerous and against the rules at SoHum.
4. Lift properly. Keep your back straight, then squat down at the knees to reach the object being lifted. Do not twist your body when lifting. If it is necessary to turn, shift your feet. Do not attempt to lift heavy objects alone. Get help!
5. Prevent slips and falls. Watch for spills or loose objects on floors. Clean up spills and pick up debris immediately.
6. Electrical cords are hazards. Do not allow cords to extend across doorways, aisles or other walkways. When removing plugs from receptacles, grasp the plugs, not the cords.
7. Use special safety equipment wherever provided . . . do not take a chance "just this once." That is usually when an accident happens.

SECURITY

As an employee of SoHum, one of your primary responsibilities is the protection of our Patients, their property, and the assets of SoHum. This effort requires each employee's full dedication.

The following information provides a number of ideas about what you can do to assist in the security of our grounds and buildings. While no one expects you to be an expert in security, your awareness and assistance will be a tremendous asset to this effort.

What You Should Do

1. If you notice anyone that appears to be acting suspiciously, report them to management immediately. Suspicious activity includes someone waiting or loitering in an area not designed for that purpose, i.e.: a Patient area, parking lot, or other public or restricted area. If you come upon an individual who looks surprised or nervous to see you, report them. Also, if you see a non-employee in an area designed for employees only, they should be reported.
2. If you hear any loud or unusual noises, report them. This would include mechanical noises, alarms, loud yelling, etc.
3. If you are ever confronted by a thief, don't try to be a hero! Give that person everything he/she wants. You and your safety are more important to us than anything the thief may get away with.

EMERGENCY PROCEDURES

FIRE

In case of a fire, the employees should follow this procedure:

1. Relocate Patients or visitors in immediate danger to safety.
2. **CALL 911.**
3. Close all windows and doors, shut off all fans, etc., to prevent drafts and fire from spreading. Keep fire doors closed.
4. Station people at the entrance to the area or building to guide the fire department to the fire's location.
5. Feel the door to the room in which the fire is burning. If the door is warm, DO NOT OPEN THE DOOR. Wait for the fire department to deal with the fire.
6. Follow instructions as calmly as possible
7. If you have any questions regarding this procedure, seek clarification through management.

EARTHQUAKE

In the event an earthquake strikes and affects any of SOHUM's property, the safety of Patients, visitors and employees is of paramount importance. The following guidelines should be followed:

During an Earthquake

1. If you're indoors, get under a table or desk, or brace yourself in a hallway. Hang on! Watch out for falling, flying, and sliding objects. Stay away from windows.
2. If you're outdoors, move to an open area away from buildings, power poles, and brick or block walls that could fall.
3. If you're in an automobile, stop and stay in it until the shaking stops. Avoid stopping near trees and power lines, on or under overpasses.
4. If elevators are available, do not use them; use stairs. Wait for instructions from building authorities.
5. Do not dash for the exit. Choose your exit carefully.

After an Earthquake

1. If accessible, put on heavy shoes immediately to avoid injury from stepping on glass and other debris. Look out for falling or ready-to-fall objects.
2. Check for injuries and give first aid, as you feel qualified.
3. Check emergency supplies.
4. Check for fires and fire hazards. Sniff for gas leaks. If you smell gas or suspect a leak, open windows and carefully leave the area. Do not turn lights on or off or light matches or do anything that makes a spark.
5. Go to your designated area and report on injuries and conditions. Wait for instructions.
6. Do not touch downed power lines or objects touched by downed wires.
7. Stay in undamaged areas.
8. Do not use the phone.
9. Do not go sightseeing.
10. Cooperate with public safety officials. Be prepared to evacuate when necessary.

Employees should inform their supervisors if they require assistance or accommodation in complying with the Emergency Procedures or any aspect of SoHum 's safety plan.



SoHum Health

ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE HANDBOOK

Effective September 2022

**PLEASE READ THE EMPLOYEE HANDBOOK, SIGN THIS ACKNOWLEDGMENT, AND RETURN
THIS ACKNOWLEDGMENT TO THE HR Director WITHIN ONE WEEK.**

This is to acknowledge that I have received a copy of the Employee Handbook and understand that it contains important information on many of SoHum's general personnel policies and on my privileges and obligations as an employee. The policies contained in this Employee Handbook dated August 2022 apply to all employees and supersede and replace all previously communicated policies both in written and verbal form. I acknowledge that I am expected to read, understand, and adhere to these policies and will familiarize myself with the material in the handbook. Additionally, I agree to abide by any new or revised policy. I have been given an opportunity to ask questions about policies I do not understand.

I understand that I am governed by the contents of the handbook and that other than the policy of at-will employment, SoHum may change, rescind or add to any policies, benefits or practices described in the handbook from time to time in its sole and absolute discretion with or without prior notice. SoHum will advise employees of material changes within a reasonable time. I also understand that, because SoHum cannot anticipate every issue that may arise during my employment, if I have any questions regarding any of SoHum's policies or procedures, I should contact my supervisor or the HR Director.

I further acknowledge and agree that employment with SoHum is at-will and may be terminated by either SoHum or me at any time without cause or notice. Additionally, other terms and conditions of employment such as compensation, benefits, title, duties, and corrective action may be modified at the discretion of SoHum. The terms of this Acknowledgment may not be modified or superseded except by a written agreement signed by me and the CEO with a statement that it is a modification to this Acknowledgment and at-will employment.

I understand it is my responsibility to read, understand, and comply with the provisions contained in SoHum Employee Handbook, including Discrimination, Harassment and Retaliation Prevention Policy. If I am unable to understand any part of the handbook, I will arrange to have it translated or explained to me. I further understand that if I am unable to arrange such help, I will immediately notify my supervisor who will make arrangements for needed assistance.

Employee Signature

Date

Print or Type Name