



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

February 23, 2023
1:30 p.m.

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

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

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held February 23, 2023, at 1:30 p.m., by teleconference and in-person. Members of the public may participate virtually via Webex or telephone, or appear in person at the Sprowel Creek Campus at 286 Sprowel Creek Road, Garberville, California 95542.

Call-In Information:

Tap to join from a mobile device (attendees only) [+1-415-655-0001, 2594 045 1486##](tel:+14156550001) US Toll
Join by phone +1-415-655-0001 US Toll

Webex Link:

<https://shchd.webex.com/shchd/j.php?MTID=mf5a118df48fbcdcb79343f0015629acb>

Written comments may also be sent to boardcomments@shchd.org. Comments received no later than two hours prior to the start of the meeting will be provided to the Board or may be read aloud or summarized during the meeting. Members of the public may also comment in real time during the meeting by attending in person or via Webex or phone.

Agenda

| Page | Item |
|------|--|
| | A. Call to Order |
| | B. Approval of the Teleconferencing of a Board Member |
| | C. Approval of the Agenda |
| | D. Public Comment on Non-Agendized Items See below for Public Comment Guidelines |
| | E. 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. |
| | F. Announcements |
| | G. Consent Agenda |
| | 1. Approval of Previous Minutes |

- 1-7 a. Governing Board Meeting Minutes, January 26, 2023
- 8-9 b. Special Governing Board Meeting Minutes, February 13, 2023
- 10-26 2. Approval of the Finance Report
- 3. Approval of Quarterly Quality Assurance Performance Improvement
 Committee Report – (Feb, May, Aug, Nov)

H. Correspondence, Suggestions or Written Comments to the Board

I. Administrator's Report – Matt Rees, CEO

- 1. Department Updates
 - a. Monthly Department Highlight
 - b. Finance – Paul Eves, CFO – See report
 - c. Nursing – Adela Yanez, CNO –
 - d. Quarterly
 - i. Quality and Risk Management – Kristen Rees, MPH, CPHQ, LSSBB, RHCEOC, Chief Quality and Compliance Officer and Risk Manager – Feb., May, Aug., Nov.
 - 27-28 ii. Human Resources – Kimberly Schiebelhut, Interim HR Manager – Feb., May, Aug., Nov. – See attached
 - 29-30 iii. Foundation – Chelsea Brown – Feb., May, Aug., Nov.
 - e. Family Resource Center – Amy Terrones – Mar and Oct
 - 31-41 f. IP Annual Report – Katherine Anderson, Infection Prevention
- 2. Strategic Plan Committee reports

J. Old Business

- 1. Strategic Items for Discussion
 - a. Future Facilities Planning
 - b. Services

K. New Business

- 1. Schedule annual Quality, Risk, and Compliance training for board members
- 2. Strategic Items for Discussion
 - a. Future Facilities Planning
 - 42 i. 745 Redwood Dr, Garberville, CA, Owner Warren Haase and Linda Scott Trust, Parcel # 032042007
 - 43 ii. 412 Maple Ln, Garberville, CA, Owner Fresh Air Solutions, LLC, parcel # 032051009
 - b. Services
- 3. Sprowel Creek Campus parking

L. Meeting Evaluation

M. Next Meetings

1. Medical Staff Committee – Policy Development Wednesday, March 1, 2023 at 11:00 a.m.
2. QAPI Meeting – March 8, 2023
3. Special Board Meeting – Strategic Planning, March 29, 2023 in afternoon
4. Special Board Meeting – Strategic Planning, March 30, 2023 in AM.
5. Governing Board Meeting – Thursday, March 30, 2023 at 1:30 p.m.

N. Adjourn to Closed Session

O. Closed Session

- 1-2 1. Approval of Previous Closed Session Minutes
 - a. Closed Session Governing Board Meeting, January 26, 2023
2. Reports
 - a. Compliance and Risk Report [H&S Code § 32155] - Kristen Rees, MPH, CPHQ, LSSBB, RHCEOC, Chief Quality and Compliance Officer and Risk Manager
 - b. Quarterly Reports [H&S Code § 32155] - Adela Yanez, CNO
 - i. Clinic Service Review – Mar., June, Sept., Dec.
 - ii. Patient Safety – Jan., Apr., July, Oct. – See report
 - iii. **Medication Error Reduction Plan – Feb., May, Aug., Nov**
- 3-5 3. Medical Staff Appointments/Reappointments [Gov. Code § 54957] – None
4. Next regular meeting, Thursday, March 30, 2023
5. Personnel matter –Evaluation § 54957
 - i. CEO Matt Rees (Feb, Apr, June, Aug, Oct, Dec)
 - ii. CQO Kristen Rees (Jan, Mar, May, July, Sept, Nov)

P. Adjourn Closed Session; Report on Any Action Taken, If Needed

Q. Resume Open Session

R. Adjourn

Abbreviations

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

Governing Board Meeting Agenda

February 23, 2023

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| | | | |
|-------------|-------------------------------------|--------------|---|
| <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. Comments are limited to three minutes per person per agenda item, at the discretion of the Chair of the Board.

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. 1276 at least 48 hours prior to the meeting."

**Times are estimated*

COPIES OF OPEN SESSION AGENDA ITEMS: Members of the public are welcome to see and obtain copies of the open session regular meeting documents by contacting SHCHD Administration at (707) 923-3921 ext. 1276 or stopping by 291 Sprowel Creek Rd, Garberville, CA 95542 during regular business hours. Copies may also be obtained on the District's website, sohumhealth.org.

Posted Thursday, February 16, 2023

Governing Board

Date: Thursday, January 26, 2023
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad

Minutes

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

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Barbara Truitt, Galen Latsko, Kevin Church and Jay Sooter in-person

Not Present: none

Also in person: CEO Matt Rees; CNO Adela Yanez; CQO Kristen Rees; CFO Paul Eves; Pejman Simanian, Pharmacist; Marie Brown, PFS Manager; Remy Quinn, HIM Manager; and Karen Johnson, Board Clerk and Medical Staff Coordinator.

Also via Webex: COO Kent Scown; Darrin Guerra, Administrative Assistant; Kimmy Schiebelhut, Interim HR Manager; Ryan Stock and Rob Eskridge, Growth Management Center, and Chief of Staff Dr. Michael Newdow.

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

B. Approval of the Teleconferencing of a Board Member – None

C. Approval of the Agenda

Motion: Barbara Truitt made a motion to approve the agenda, with the exception of #4, Resolution 23:01 for AB361, which is moved out of consent agenda.
Second: Kevin Church
Ayes: Corinne Stromstad, Jay Sooter, Kevin Church, Galen Latsko, and Barbara Truitt
Noes: None
Not Present: None
Motion carried

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments - None

F. Announcements - None

G. Consent Agenda

1. Approval of Previous Meeting Minutes

- a. Governing Board Meeting Minutes, December 1, 2022
- b. Special Governing Board Meeting Minutes, December 16, 2022
- c. Special Governing Board Meeting Minutes, December 28, 2022

2. Approval of the Finance Report

3. Approval of Quarterly Quality Assurance Performance Improvement Committee Report (Feb, May, Aug, Nov)

4. Motion to Reconfirm the Findings and Determinations Made in Resolution 21:17 Under Assembly Bill 361 for the Continuation of Virtual Meetings. Resolution 23:01 to provide a 30-day Extension until February 25, 2023. – This agenda item has been recommended to be removed from consent agenda for further discussion.

5. Approval of Resolution 23:02, Adoption of a meeting schedule for 2023.

Motion: Barbara Truitt made a motion to approve consent agenda, as described above, with the exception of item 4, Resolution 23:01, AB361, which is being removed from consent agenda.

Second: Galen Latsko

Ayes: Corinne Stromstad, Galen Latsko, and Barbara Truitt

Noes: None

Not Present: Kevin Church

Motion carried

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

I. Administrator's Report – Matt Rees, CEO

- Matt discussed the recent votes for the employee awards.
- Mobile clinic will be going to Shelter Cove tomorrow.
- Architects for the new hospital were interviewed. A decision will be made soon.
- CT doesn't work during a power outage. The cost would be too great for a backup power supply to operate it. Ambulance will by-pass us on certain calls.
- Discussed the cost of the hospital and how we'll pay for it. Shown was Medicare percentage

of usage of various departments, as well as depreciation and cost reimbursement.

1. Department Updates

- a. Monthly Department Highlight – Kent Scown provided an update on various construction projects.

Per the court, we can now take possession of the property at 531 Elm St in Garberville, a future parking lot. The negotiations will continue.

Growth Management Center – Discussed scheduling the Board members with the various providers and the questions/topics to be covered. Also, a meeting with GMC will be held in future months, but the board would prefer it not be in association with the regular board meetings.

- b. Finance – Paul Eves, CFO

November Finance Report was discussed.

- i. Approval of Resolution 23:03, Approval of Healthcare Expansion HELP II Loan

Motion: Barbara Truitt made a motion to approve Resolution 23:03, Approval of Healthcare Expansion HELP II Loan

Second: Kevin Church

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

Noes: None

Not Present: None

Motion carried

- c. Nursing – Adela Yanez, CNO – See written report

- d. Quarterly

- i. Quality and Risk Management – Kristen Rees, MPH, CPHQ, LSSBB, RHCEOC, Chief Quality and Compliance Officer and Risk Manager – Feb., May, Aug., Nov. - None

- ii. Human Resources – Kimberly Schiebelhut, Interim HR Manager – Feb., May, Aug., Nov. - None

- iii. Foundation – Chelsea Brown – Feb., May, Aug., Nov. – None

- e. Family Resource Center – Amy Terrones – March and October – None

2. Strategic Plan Committee reports - None

J. Old Business

From Consent Agenda: Motion to Reconfirm the Findings and Determinations Made in Resolution 21:17 Under Assembly Bill 361 for the Continuation of Virtual Meetings. Resolution 23:01 to provide a 30-day Extension until February 25, 2023.

We've confirmed with the County's Public Health that the conditions required for AB 361 to be passed do not exist at this time. This Resolution will be removed from the Board's consideration. We will be using AB 2449 from this point forward. Differences between AB 361 and AB 2449 were discussed.

1. Providers to be interviewed for the Strategic Plan – Discussed. Each board member has a list of names they'll interview and the questions/topics to discuss.
2. Approval of **Resolution 23:04** for the offer, purchase price of \$1M, up to an additional \$200,000 for the cost of remodeling expenses, and granting signature authority for Kent Scown, COO, for the following Real Properties – Matt Rees, CEO
 - a. 273, 275, 277 and 285 Sprowel Creek Rd, Garberville, CA, parcel number 032063007000
 - b. 887 Sunnybank Ln, Garberville, CA, parcel number 032063005000

Motion: Barbara Truitt made a motion to approve Resolution 23:04 for the offer, purchase price of \$1M, up to an additional amount of \$200,000 for the cost of the remodeling expenses, and granting signature authority for Kent Scown, COO, for the Real Properties listed above.

Second: Galen Latsko

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

Noes: None

Not Present: None

Motion carried

K. New Business

1. Election of Officers: President and Vice President/Secretary

Motion: Kevin Church made a motion to nominate Corinne Stromstad for President and Barbara Truitt for Vice President/Secretary.

Second: Galen Latsko

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

Noes: None

Not Present: None

Motion carried

2. Governing Board Bylaws – See draft

Changes requested were:

- a. Section 6 – Agenda of Business, number 7, d and e, Family Resource Center Report and Foundation Report, should be under the CEO’s report, not Consent Agenda.
- b. Article III – The Board, Section 11, Removal of Officers. The wording should be changed to read, “...by the affirmative vote of ALL members of the Board, not counting...” The word “All” will replace the draft version “four”, referring to the number of members.

Motion: Barbara Truitt made a motion to approve the Governing Board Bylaws, with the above-mentioned changes to the draft that was presented.

Second: Kevin Church

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

Noes: None

Not Present: None

Motion carried

3. Committee Assignments

Finance Committee will continue to be the only standing committee. Corinne will continue to chair it, and Kevin Church will now take Barbara Truitt’s place.

Board Policy and Bylaws Committee, Board Education with GovernWell, and Exploring Housing Options - Scher were all ad hoc committee and are no longer needed.

New Facility Advisory Committee and Community Outreach Committee are actually administrative meeting, and Administration will invite one or two board members when needed.

4. Approval of Interim financing of \$1M thru RREDC, Headwaters Fund and Humboldt Area Foundation – Matt Rees, CEO

Motion: Barbara Truitt made a motion to approve interim financing of \$1M thru RREDC, Headwaters Fund and Humboldt Area Foundation.

Second: Galen Latsko

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

Noes: None

Not Present: None

Motion carried

- L. Meeting Evaluation – Learned a lot. The board would like the verbal reports shortened, if possible. The details should be in the written reports and don't generally need to be repeated.

M. Next Meetings

1. Medical Staff Committee - Policy Development, Wednesday, February 1, 2023, 11:00 a.m. – Barbara will attend.
2. QAPI Meeting - No meeting in February. Next is the 2nd Wednesday of March.
3. Governing Board Meeting Thursday, February 23, 2023 at 1:30 p.m.
4. Ethics training is February 8, 2023 from 10:00 – 12:00, Sprowel Creek Campus room 106.

N. Adjourn to Closed Session at 3:21 p.m.

O. Closed Session opened at 3:31 p.m.

1. Approval of Previous Closed Session Minutes
 - a. Closed Session Governing Board Meeting, December 1, 2022
 - b. Closed Session Special Governing Board Meeting, December 28, 2022
2. Reports
 - a. Compliance and Risk Report [H&S Code § 32155] - Kristen Rees, MPH, CPHQ, LSSBB, RHCEOC, Chief Quality and Compliance Officer and Risk Manager
 - b. Quarterly Reports [H&S Code § 32155] - Adela Yanez, CNO
 - i. Clinic Service Review – Mar., June, Sept., Dec.
 - ii. Patient Safety – Jan., Apr., July, Oct. – See report
 - iii. Medication Error Reduction Plan – Feb., May, Aug., Nov
3. Medical Staff Appointments/Reappointments [Gov. Code § 54957]
 - a. Jessie Bugbee, NP, updated clinical privileges, effective 1/26/2023 to 12/31/2023
4. Next regular meeting, Thursday, February 23, 2023

P. Adjourned Closed Session at 3:58 p.m.

Q. Resumed Open Session at 3:58 p.m.

1. The following actions were taken at closed session

Motion: Barbara Truitt moved to approve the Previous closed session minutes of December 1, 2022 and December 28, 2022.

Second: Galen Latsko

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

Noes: None

Not Present: None

Motion carried.

Motion: Galen Latsko moved to approve the updated privileges for Jessie Bugbee, NP, as presented for January 26, 2023 to December 31, 2023.

Second: Barbara Truitt

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

Noes: None

Not Present: None

Motion carried

R. Adjourned Open Session at 3:58 p.m.

Submitted by Karen Johnson

Abbreviations

| | | | |
|-------------|--|--------------|--|
| <i>ACHD</i> | Association of California Healthcare Districts | <i>ACLS</i> | Advanced Cardiac Life Support Certification |
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| <i>CAIR</i> | California Immunization Registry | <i>CEO</i> | Chief Executive Officer |
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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>OIP</i> | Quality Improvement Project/Program | <i>RN</i> | Registered Nurse |
| <i>SHCC</i> | Southern Humboldt Community Clinic | <i>SHCHD</i> | Southern Humboldt Community Healthcare District |
| <i>SNF</i> | Skilled Nursing Facility | <i>SWG</i> | Swing beds |
| <i>DO</i> | Doctor of Osteopathic Medicine | | |

Special Governing Board Meeting

Date: Monday, February 13, 2023
Time: 10:00 a.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad

Minutes

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Barbara Truitt, Galen Latsko, Kevin Church and Jay Sooter in-person

Not Present: none

Also in person: CEO Matt Rees; COO Kent Scown, and Karen Johnson, Board Clerk and Medical Staff Coordinator.

Also via Webex: Bryan Coleman, Pharmacist; Heidi Holtermann and Chelsea Brown, Outreach; and Darrin Guerra, Administrative Assistant.

- A. Call to Order – Board president Corinne Stromstad called the meeting to order at 10:00 a.m.
- B. Approval of the Teleconferencing of a Board Member – None
- C. Approval of the Agenda - None
- D. Public Comment on Non-Agendized Items - None
- E. Board Member Comments - None
- F. Announcements - None
- G. New Business
 - 1. Discussion on relocating the retail pharmacy

Garberville Pharmacy is outgrowing its space, which is currently 700-800 square feet. Various options for relocating the pharmacy were discussed, including available office spaces in Garberville, their approximate square footage and parking.

H. Adjourned at 10:59 a.m.

Submitted by Karen Johnson

Abbreviations

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| <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 |
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| <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 |
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**Southern Humboldt Community
Healthcare District**

| | Jan 22 | Feb 22 | March 22 | April 22 | May 22 | June 22 | July 22 | Aug 22 | Sept 22 | Oct 22 | Nov 22 | Dec 22 | Current 12 Month AVG | Year to Date- Current Year |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------------------|-------------------------------|
| In Patient Statistics | | | | | | | | | | | | | | |
| Total Acute Patient Days | 3 | 18 | 15 | 5 | 3 | 7 | 6 | 6 | 10 | 8 | 22 | 8 | 10 | 52 |
| Total Swing Patient Days | 35 | 65 | 95 | 98 | 54 | 3 | 3 | 26 | 37 | 51 | 91 | 95 | 50 | 208 |
| Total SNF Patient Days | 223 | 190 | 217 | 228 | 221 | 215 | 248 | 248 | 214 | 241 | 240 | 235 | 227 | 1,191 |
| Total Patient Days | 261 | 273 | 327 | 331 | 278 | 225 | 257 | 280 | 261 | 300 | 353 | 338 | 286 | 1,451 |
| Total Acute Discharges | 1 | 7 | 3 | 3 | 1 | 3 | 1 | 2 | 3 | 2 | 8 | 3 | 3 | 16 |
| Total Swing Discharges | 2 | 2 | 5 | 5 | 3 | 2 | 1 | 1 | 3 | 3 | 4 | 5 | 3 | 12 |
| Total SNF Discharges | 1 | 1 | 0 | 0 | 2 | 0 | 4 | 0 | 1 | 0 | 0 | 2 | 1 | 5 |
| | 4 | 10 | 8 | 8 | 6 | 5 | 6 | 3 | 7 | 5 | 12 | 10 | 7 | 33 |
| Acute Length of Stay | 3.00 | 2.57 | 5.00 | 1.67 | 3.00 | 2.33 | 6.00 | 3.00 | 3.33 | 4.00 | 2.75 | 2.67 | 3.07 | 12 |
| ER Admits | 1 | 7 | 4 | 3 | 2 | 3 | 1 | 2 | 3 | 2 | 8 | 5 | 3 | 16 |
| I/P Lab Visits | 23 | 26 | 14 | 17 | 22 | 23 | 41 | 61 | 15 | 20 | 27 | 27 | 25 | 164 |
| I/P Radiology Visits | 2 | 5 | 6 | 6 | 10 | 3 | 3 | 5 | 5 | 3 | 6 | 2 | 5 | 22 |
| I/P EKG's | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 0 | 3 |
| Out Patient Statistics | | | | | | | | | | | | | | |
| ER Visits | 233 | 188 | 218 | 219 | 248 | 270 | 278 | 287 | 259 | 226 | 271 | 277 | 242 | 1,321 |
| Clinic Visits | 449 | 380 | 509 | 452 | 500 | 479 | 466 | 581 | 415 | 467 | 463 | 468 | 468 | 2,392 |
| SLS Visits | 0 | 0 | | 0 | 0 | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Outpatient Medical | 2278 | 2597 | 1042 | 1049 | 1453 | 1853 | 1859 | 2005 | 1184 | 839 | 905 | 701 | 1,559 | 6,792 |
| Laboratory Visits | 1009 | 455 | 589 | 574 | 681 | 702 | 753 | 1351 | 507 | 401 | 481 | 437 | 695 | 3,493 |
| Radiology | 121 | 182 | 170 | 161 | 154 | 193 | 162 | 160 | 173 | 171 | 166 | 147 | 166 | 832 |
| Mammography | 17 | 9 | 14 | 13 | 28 | 9 | 18 | 30 | 18 | 19 | 9 | 28 | 16 | 94 |
| CT Scans | 73 | 77 | 88 | 72 | 80 | 88 | 63 | 80 | 77 | 60 | 90 | 57 | 76 | 370 |
| Ultra Sonography | | | | | | | | | | 8 | 30 | 75 | | |
| EKG's | 48 | 55 | 37 | 34 | 59 | 64 | 28 | 47 | 62 | 40 | 77 | 56 | 50 | 254 |
| Total O/P Visits | 4,228 | 3,943 | 2,667 | 2,574 | 3,203 | 3,658 | 3,627 | 4,541 | 2,695 | 2,231 | 2,492 | 2,246 | - | 15,548 |
| Retail Pharmacy Rxs Sold | 2,573 | 2,455 | 2,999 | 2,983 | 3,237 | 3,279 | 3,512 | 3,693 | 3,472 | 3,468 | 3,314 | 3,404 | 3,041 | 14,145 |
| Salary Statistics | | | | | | | | | | | | | | |
| Productive FTE's | 71.7 | 79.1 | 77.4 | 79.7 | 81.1 | 81.2 | 81.2 | 80.2 | 87.4 | 90.7 | 98.4 | | 82 | |
| Paid FTE's | 85.4 | 87.0 | 88.0 | 87.8 | 88.2 | 92.0 | 91.8 | 94.5 | 97.3 | 101.6 | 101.3 | | 92 | |
| Salaries & Ben as % of Net Rev | 50.1% | 72.8% | 69.71% | 70.03% | 71.65% | 48.15% | 2867.64% | 56.79% | 63.27% | 82.33% | 55.64% | #DIV/0! | 300.87% | |
| Benefits as % of Salaries | 28.1% | 43.9% | 23.86% | 43.42% | 47.12% | -24.13% | 11.55% | 23.93% | 19.68% | 32.98% | 38.32% | #DIV/0! | 26.05% | |
| Revenue Statistics | | | | | | | | | | | | | | |
| Gross A/R > 120 Days | 2,040,686 | 2,152,505 | 2,071,508 | 2,181,976 | 1,997,956 | 1,799,059 | 1,676,234 | 1,718,059 | 1,160,605 | 794,385 | 751,731 | 532,080 | 1,674,273 | |
| A/R>120 Days as % of Total AR | 41.8% | 41.8% | 41.8% | 41.8% | 41.8% | 41.8% | 43.8% | 43.8% | 39.3% | 26.8% | 26.8% | 23.9% | 0 | |
| Gross Days in A/R | 91.6 | 86.5 | 86.5 | 88.5 | 84.9 | 82.9 | 83.4 | 77.0 | 72.0 | 60.0 | 55.0 | 54.9 | 86 | |
| Net Days in A/R | 84.4 | 79.9 | 79.9 | 80.0 | 78.6 | 75.0 | 77.3 | 71.0 | 67.0 | 54.0 | 49.0 | 49.0 | 80 | |
| A/R Cash Collections | 727,607 | 859,954 | 770,454 | 1,024,101 | 1,137,769 | 1,227,309 | 801,517 | 1,182,187 | 815,275 | 767,658 | 937,047 | 1,319,235 | 915,005 | |
| Collections as % of Net Rev | 58.0% | 59.5% | 69.3% | 55.6% | 91.6% | 95.1% | 54.9% | 2860.8% | 55.6% | 57.6% | 82.0% | 79.2% | 67.5% | |
| Accounts Payable Days | 6.4 | 6.2 | 6.2 | 6.7 | 7.3 | 3.9 | 2.1 | 1.1 | 0.8 | 2.2 | 2.2 | 2.2 | 4.7 | |
| Cash Collections per Cal Day | 23,471 | 27,740 | 24,853 | 33,036 | 36,702 | 39,591 | 25,855 | 38,135 | 26,299 | 24,763 | 30,227 | 42,556 | 29,516 | 347,603 |
| Cash Disburs. per Cal Day | 41,846 | 54,626 | 64,461 | 46,099 | 53,257 | 53,859 | 58,544 | 50,307 | 50,270 | 54,701 | 55,648 | - | 52,178 | 946,453 |
| DATA Entry/Details/Calcs | | | | | | | | | | | | | | |
| Calendar Days | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | | |

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

| Current Month | | | Year to Date | | | |
|---------------|-----------|-----------|-------------------------------------|-------------|-------------|-----------|
| \$ | | | | | \$ | % |
| Variance | Budget | Actual | | Actual | Budget | Variance |
| | | | GROSS PATIENT REVENUE | | | |
| 37,351 | 237,500 | 274,851 | INPATIENT | 855,586 | 950,000 | (94,414) |
| 7,504 | 41,670 | 49,174 | INPATIENT ANCILLARY | 218,649 | 166,680 | 51,969 |
| 311,991 | 1,202,080 | 1,514,071 | OUTPATIENT ANCILLARY | 6,165,487 | 4,808,320 | 1,357,167 |
| 356,846 | 1,481,250 | 1,838,096 | TOTAL PATIENT REVENUE | 7,239,722 | 5,925,000 | 1,314,722 |
| | | | DEDUCTIONS FROM REVENUE | | | |
| (334,216) | 515,630 | 181,414 | CONTRACTUAL ALLOWANCES | 2,227,544 | 2,062,520 | 165,024 |
| (18,447) | 71,670 | 53,223 | PROVISION FOR BAD DEBTS | 219,575 | 286,680 | (67,105) |
| 42,020 | 36,000 | 78,020 | OTHER ALLOWANCES/DEDUCTIONS | 434,989 | 144,000 | 290,989 |
| | -300,000 | (300,000) | OTHER OPERATING IGTs & SUPPLEMENTAL | (1,200,000) | (1,200,000) | |
| (310,643) | 323,300 | 12,657 | TOTAL DEDUCTIONS | 1,682,108 | 1,293,200 | 388,908 |
| 667,489 | 1,157,950 | 1,825,439 | NET PATIENT REVENUE | 5,557,614 | 4,631,800 | 925,814 |
| 4,490 | 12,000 | 16,490 | OTHER OPERATING REVENUE | 68,633 | 48,000 | 20,633 |
| 671,979 | 1,169,950 | 1,841,929 | TOTAL OPERATING REVENUE | 5,626,247 | 4,679,800 | 946,447 |
| | | | | | | |
| 304,979 | 731,670 | 1,036,649 | SALARIES & WAGES | 3,147,026 | 2,926,680 | 220,346 |
| 89,016 | 158,330 | 247,346 | EMPLOYEE BENEFITS | 655,707 | 633,320 | 22,387 |
| 17,986 | 123,330 | 141,316 | PROFESSIONAL FEES | 886,430 | 493,320 | 393,110 |
| 38,119 | 112,500 | 150,619 | SUPPLIES | 464,087 | 450,000 | 14,087 |
| (3,310) | 21,670 | 18,360 | REPAIRS & MAINTENANCE | 86,522 | 86,680 | (158) |
| 83,708 | 110,000 | 193,708 | PURCHASED SERVICES | 784,221 | 440,000 | 344,221 |
| 5,747 | 14,170 | 19,917 | UTILITIES | 65,629 | 56,680 | 8,949 |
| (10,304) | 23,330 | 13,026 | INSURANCE | 52,286 | 93,320 | (41,034) |
| 0 | | 0 | INTEREST | 0 | 0 | 0 |
| 9,798 | 38,330 | 48,128 | DEPRECIATION/ AMORTIZATION | 190,670 | 153,320 | 37,350 |
| 95,901 | 33,330 | 129,231 | OTHER | 245,636 | 133,320 | 112,316 |
| 631,640 | 1,366,660 | 1,998,300 | TOTAL OPERATING EXPENSES | 6,578,214 | 5,466,640 | 1,111,574 |
| 40,339 | (196,710) | (156,371) | OPERATING PROFIT (LOSS) | (951,967) | (786,840) | (165,127) |
| (2,500) | 95,000 | 92,500 | TAX REVENUE | 370,000 | 380,000 | (10,000) |
| 45,913 | 40,000 | 85,913 | OTHER NONOPERATING REV (EXP) | 240,923 | 160,000 | 80,923 |
| | | 28,450 | INTEREST INCOME | 27,704 | | |
| 71,863 | 135,000 | 206,863 | NET NON OPERATING REV (EXP) | 638,627 | 540,000 | 98,627 |
| 112,202 | (61,710) | 50,492 | NET INCOME (LOSS) | (313,340) | (246,840) | (66,500) |

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

| | Jan 22 | Feb 22 | March 22 | April 22 | May 22 | June 22 | July 22 | Aug 22 | Sept 22 | Oct 22 | Nov 22 | Dec 22 | 12 Month AVG: Jan '22-Dec 22 | YTD - Current Year |
|--------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------------------------|-----------------------|
| Inpatient Daily Hospital Services | 170,724 | 226,213 | 263,867 | 217,261 | 192,011 | 175,686 | 203,494 | 195,530 | 226,636 | 229,926 | 312,161 | 274,851 | 207,463 | 855,586 |
| Ancillary Revenue | 54,178 | 57,688 | 86,204 | 71,057 | 64,210 | 41,791 | 62,795 | 46,574 | 49,420 | 59,860 | 97,151 | 49,174 | 57,130 | 218,649 |
| Outpatient Revenue | 1,577,499 | 1,208,326 | 1,472,842 | 1,285,791 | 1,414,753 | 1,463,561 | 1,494,265 | 1,585,012 | 1,608,495 | 1,477,715 | 1,791,368 | 1,514,071 | 1,425,567 | 6,165,487 |
| Total Hospital Revenue | 1,802,401 | 1,492,227 | 1,822,913 | 1,574,109 | 1,670,974 | 1,681,038 | 1,760,554 | 1,827,116 | 1,884,551 | 1,767,501 | 2,200,680 | 1,838,096 | 1,690,160 | 7,239,722 |
| Contractual Allowances | 501,660 | 508,013 | 761,987 | 556,716 | 615,921 | 472,276 | 144,218 | 594,051 | 673,790 | 815,485 | 701,700 | 181,414 | 542,233 | 2,227,544 |
| Provision for Bad Debts | 117,448 | 118,631 | 10,157 | 49,676 | 17,220 | 43,045 | 76,189 | 12,288 | 96,895 | 34,203 | 64,639 | 53,223 | 63,979 | 219,575 |
| Other Allowances/Deductions | 38,322 | 67,521 | 90,994 | 52,827 | 61,168 | 21,290 | 191,920 | 73,992 | 78,939 | 90,138 | 84,880 | 78,020 | 78,124 | 434,989 |
| 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) | (1,200,000) |
| Total Deductions | 357,430 | 394,165 | 563,138 | 359,219 | 394,309 | 236,611 | 112,327 | 380,331 | 549,624 | 639,826 | 551,219 | 12,657 | 384,336 | 1,682,108 |
| Contractual % | | | | | | | | | | | | | 23% | 23% |
| Net Patient Revenue | 1,444,971 | 1,098,062 | 1,259,775 | 1,214,890 | 1,276,665 | 1,444,427 | 1,648,227 | 1,446,785 | 1,334,927 | 1,127,675 | 1,649,461 | 1,825,439 | 1,314,490 | 5,557,614 |
| Net Revenue % | 80% | 74% | 69% | 77% | 76% | 86% | 94% | 79% | 71% | 64% | 75% | 99% | 78% | 77% |
| Other Operating Revenue | 34,137 | 14,219 | 14,964 | 26,619 | 14,215 | 15,242 | 15,449 | 20,822 | 16,920 | 15,442 | 15,842 | 16,490 | 18,204 | 68,633 |
| Total Revenue | 1,479,108 | 1,112,281 | 1,274,739 | 1,241,509 | 1,290,880 | 1,459,669 | 1,663,676 | 1,467,607 | 1,351,847 | 1,143,117 | 1,665,303 | 1,841,929 | 1,332,694 | 5,626,247 |
| Salaries & Wages | 565,381 | 562,777 | 634,230 | 606,216 | 628,652 | 926,391 | 1,062,282 | 672,518 | 704,531 | 707,695 | 669,912 | 1,036,649 | 688,547 | 3,147,026 |
| Employee Benefits | 159,058 | 247,085 | 271,899 | 263,210 | 296,245 | (223,582) | 122,742 | 160,924 | 138,636 | 233,405 | 256,697 | 247,346 | 165,469 | 655,707 |
| Professional Fees | 112,547 | 278,975 | 310,402 | 178,201 | 228,761 | 214,234 | 175,415 | 224,275 | 217,692 | 269,048 | 233,284 | 141,316 | 208,342 | 886,430 |
| Supplies | 182,616 | 107,907 | 93,932 | 68,106 | 119,328 | 64,935 | 103,987 | 132,886 | 89,573 | 137,641 | 164,621 | 150,619 | 109,339 | 464,087 |
| Repairs & Maintenance | 12,666 | 27,885 | 16,373 | 43,108 | 21,161 | 24,467 | 48,351 | 15,083 | 12,430 | 10,658 | 15,757 | 18,360 | 21,226 | 86,522 |
| Purchased Services | 132,609 | 159,060 | 109,754 | 87,732 | 221,948 | 427,722 | 189,613 | 202,305 | 195,034 | 197,269 | 169,223 | 193,708 | 171,707 | 784,221 |
| Utilities | 4,079 | 39,491 | 6,414 | 32,704 | 18,898 | 42,146 | 9,191 | 17,557 | 18,992 | 19,889 | 16,375 | 19,917 | 18,515 | 65,629 |
| Insurance | 13,112 | 13,112 | 13,112 | 13,112 | 13,112 | 13,111 | 13,117 | 13,117 | 13,026 | 13,026 | 13,026 | 13,026 | 13,098 | 52,286 |
| Interest | | | | | | | | | | | | | | 0 |
| Depreciation | 38,614 | 49,177 | 48,603 | 48,603 | 48,603 | 48,603 | 47,210 | 47,210 | 48,125 | 48,125 | 48,127 | 48,128 | 46,322 | 190,670 |
| Other Expense | 76,536 | 44,049 | 55,565 | 41,975 | 54,246 | 77,739 | 42,944 | 73,651 | 70,056 | 58,985 | 82,417 | 129,231 | 70,024 | 245,636 |
| Total Expenses | 1,297,218 | 1,529,518 | 1,560,284 | 1,382,967 | 1,650,954 | 1,615,766 | 1,814,852 | 1,559,526 | 1,508,095 | 1,695,741 | 1,669,439 | 1,998,300 | 1,512,589 | 6,578,214 |
| Expenses % | 88% | 138% | 122% | 111% | 128% | 111% | 109% | 106% | 112% | 148% | 100% | 108% | 113% | 4% |
| Profit/Loss from Operations | 181,890 | (417,237) | (285,545) | (141,458) | (360,074) | (156,097) | (151,176) | (91,919) | (156,248) | (552,624) | (4,136) | (156,371) | (179,895) | (951,967) |
| Tax Revenue | 100,855 | 92,500 | 92,500 | 92,500 | 92,500 | 92,500 | 92,500 | 92,500 | 92,500 | 92,500 | 92,500 | 92,500 | 93,196 | 370,000 |
| Other Non Operating Rev (Exp) | 327,636 | 347,670 | 383,116 | 301,936 | 365,465 | 724,752 | 100,000 | 12,035 | 73,376 | 55,512 | | 85,913 | 248,033 | 240,923 |
| Interest Income | 6,789 | | | 9,031 | | | | | 27,704 | | 143 | 28,450 | 11,147 | 27,704 |
| Net Non-operating Rev/(Exp) | 435,280 | 440,170 | 475,616 | 403,467 | 457,965 | 817,252 | 192,500 | 104,535 | 193,580 | 148,012 | 92,643 | 206,863 | 352,376 | 638,627 |
| NET INCOME/ (LOSS) | 617,170 | 22,933 | 190,071 | 262,009 | 97,891 | 661,155 | 41,324 | 12,616 | 37,332 | (404,612) | 88,507 | 50,492 | 172,480 | (313,340) |

Southern Humboldt Community Healthcare District
Balance Sheet
November 2022

| ASSETS | | LIABILITIES & FUND BALANCE | |
|-----------------------------------|-------------------|---|-------------------|
| Current Assets | | Current Liabilities | |
| Cash- Checking & Investments | 1,565,107 | Accounts Payable | 281,313 |
| LAIF Account | 3,553,783 | Accrued Payroll & Related costs | 782,565 |
| Humboldt County Property Tax Acct | 2,029,700 | | |
| Patient Accounts Receivable | 3,016,738 | Other Current Liabilities | |
| Less Allowances | 1,583,181 | Deferred revenue IGT | |
| Accounts Receivable- Net | 1,433,557 | A/R Credit balances | |
| | | Medicare Accelerated Payments | |
| Other Receivables | 2,565,015 | Medicare Contingency | 2,000,000 |
| Inventories | 48,701 | Current Portion-Long Term Debt | |
| Estimated 3rd Party Settlements | | Other Short Term Debt - PPP Loan | |
| Prepaid expenses and Deposits | 783,843 | Accrued interest | |
| Total current assets | 11,979,705 | Total current Liabilities | 3,063,878 |
| Property and Equipment | | Long Term Debt, Less Current Portion | |
| Land | 959,877 | | |
| Land improvements | 553,251 | CHFFA Bridge Loan | 511,000 |
| Buildings | 2,465,451 | | |
| Equipment | 6,409,249 | | |
| Construction in progress | 2,640,567 | Total Long-term debt | 511,000 |
| Total property and equipment | 13,028,395 | Less: Current Portion-Long Term Debt | |
| Less : accumulated depreciation | (6,646,821) | Net Long Term Debt | 511,000 |
| Net property and equipment | 6,381,574 | | |
| Other Assets | | Equity | |
| Investments | 5,852 | Unrestricted Fund Balance--Prior Years | 15,105,592 |
| Total Other Assets | 5,852 | Net Income (Loss)--Current Year | (313,340) |
| | | Restricted Fund Balance | |
| Total Assets | 18,367,131 | Total fund balance | 14,792,252 |
| | | Total Liabilities and Fund Balance | 18,367,131 |

Southern Humboldt Community Healthcare District

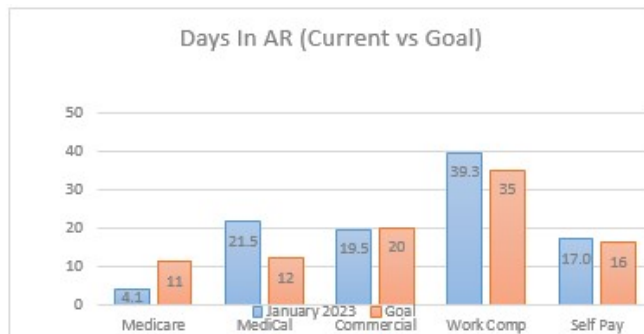
January 2023



SoHum Health

Key Items

- ➡ Cash totaled \$1.1M, 127% of net revenue
- ➡ AR decreased 123K to 51.7 days
- ➡ Third Party aging decreased \$8K, to 15.2%
- ➡ Unbilled AR increased 2.5 days, ending at 6.8 days



Detailed Initiatives & Obstacles

- **Overall AR:** January closed with \$2.9M in gross AR or 51.7 days. This is an overall decrease of 3.2 days from December. Revenue came in at \$1.6M, a slight increase of \$34K over what was reported in December. Gross AR was decreased by \$123K. Third Party AR saw an overall reduction of 4.7 days, coming in at 27.9 days. Unbilled AR increased 2.5 days coming in at 6.8 AR days. The unbilled AR continues to be a discussion topic in the bi-weekly conference calls between SHCHD and HRG. Cash collections came in slightly lower than what we saw in December, however, the cash collections for January is still quite higher than we typically see for the second consecutive month in a row—coming in at \$1.1M, or 127% of December's net revenue. With the current AR goals that are in place, we are just 5.7 days from hitting our overall AR target of 46 days.
- **Self Pay:** Self Pay AR saw a slight decrease of 0.9 AR days. We are now just 1 AR day away from our goal of 16 AR days. Self Pay collections came in roughly \$2K more than what was seen in December to \$30K. It was anticipated back in December that there would be a larger file sent to collections in the month of January, however, that did not happen. Unfortunately, our current collections agency, Arcadia Recovery Bureau, notified us at the beginning/middle of January that they are no longer able to collect within the state of California and have relinquished their capabilities to work with SHCHD. With that being said, SHCHD will not be able send anyone to collections until a new agency has been established. This will likely negatively affect the self pay AR in the coming future months. We will continue to do all we can to ensure this bad debt obstacle does not create too severe of a setback in the self pay AR.
- **Third Party Aging:** January closed with \$304K in Third Party balances aged over 90 days, totaling 15.2%. This is a decrease of \$8K from December. Medicare decreased by just \$4K, decreasing 0.8% to 4.1%. Medi-Cal aging decreased by \$29K, at 21.5%. Commercial aging increased by \$23K and ended January at 19.5%. Workers Compensation also increased by \$3K, to 39.3%. Third Party aging is now 2.2% away from our goal and will continue to be an area of focus until that goal is met.

Industry Updates

Balance Billing Patients for COVID-19 Testing, Treatment and Vaccines

With the March 27, 2020, signing of the Provider Relief Fund, all COVID-19 testing, related care and testing would be covered if the patient had no insurance or was under insured. Providers could submit claims to the Health Resources and Services Administration (HRSA) Uninsured Program (UIP) and expect reimbursement for testing, vaccines and treatment related to COVID-19.

In April 2022, HRSA announced funding for the Uninsured Program had been depleted and claims would no longer be paid. Deadline for submitting testing and/or treatment claims was March 22, 2022. Vaccine administration claim submission deadline was April 5, 2022.



How does exhaustion of funding affect providers? *HRSA has different recommendations depending on the services provided...*

*For COVID-19 tests and related care, providers are allowed to balance bill the patient for any out of pocket related to a COVID-19 test and/or treatment. To assist uninsured or underinsured patients with their out of pocket, they can be referred to resources such as applying for Medicaid, enrolling in a healthcare marketplace plan, or accessing tests or care from a HRSA health center.

*For COVID-19 vaccine administration reimbursement, CDC strongly encourages providers to stay in the CDC COVID-19 Vaccination Program and CDC expects participating providers will continue to administer vaccines at no cost to patients to ensure equitable access for all individuals. For more information on CDC COVID-19 Vaccination Program Provider Requirements, visit the CDC [Vaccine & Immunizations fact page](#).

For more information, please visit the [HRSA COVID-19 Uninsured Program FAQ page](#).

If you have any questions, concerns, or points you wish to discuss after reviewing the enclosed information, please feel free to contact me.

Sydni Thomas | Revenue Cycle Supervisor

Healthcare Resource Group

Office 509-703-4920 | sythomas@hrgpros.com

**Southern Humboldt Community
Healthcare District
MONTH END FINANCE REPORT**



SoHum Health

January 2023

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FINANCE DASHBOARD

| Revenue Cycle Performance | Target | | August-22 | | September-22 | | October-22 | | November-22 | | December-22 | | January-23 | |
|------------------------------|--|----------|-------------|------|--------------|------|-------------|------|-------------|------|-------------|------|-------------|--|
| | REVENUE | | | | | | | | | | | | | |
| | Net Revenue | | \$898,039 | | \$831,489 | | \$753,900 | | \$956,833 | | \$861,257 | | \$1,083,979 | |
| | Gross Revenue | | \$1,582,735 | | \$1,637,530 | | \$1,525,240 | | \$1,947,165 | | \$1,586,113 | | \$1,620,070 | |
| | CASH | | | | | | | | | | | | | |
| | Cash Collections as a % of Net Revenue | | 100% | | 136% | | 91% | | 92% | | 124% | | 127% | |
| | Cash Collections | | \$1,182,187 | | \$815,275 | | \$767,658 | | \$937,047 | | \$1,373,812 | | \$1,095,480 | |
| | ACCOUNTS RECEIVABLE | | | | | | | | | | | | | |
| | Net AR | | \$1,422,763 | | \$1,329,887 | | \$1,076,184 | | \$1,085,157 | | \$1,433,557 | | \$1,632,047 | |
| | Gross AR | | \$3,708,255 | | \$3,418,601 | | \$2,790,532 | | \$2,736,117 | | \$3,016,738 | | \$2,893,400 | |
| Unbilled | | 3 | | 5.6 | | 4.5 | | 2.5 | | 4.4 | | 6.8 | | |
| Third Party | | 27 | | 30.8 | | 35.0 | | 32.8 | | 26.9 | | 27.9 | | |
| Self Pay | | 16 | | 38.3 | | 27.0 | | 18.8 | | 17.4 | | 17.0 | | |
| Total Days in AR | | 46 | | 74.7 | | 66.5 | | 54.1 | | 48.7 | | 51.7 | | |
| Days in AR - Credit Balances | | < 1 | | 1.98 | | 1.80 | | 1.79 | | 1.74 | | 1.80 | | |
| UNBILLED | | | | | | | | | | | | | | |
| In-house | | < 2 Days | | 0.4 | | 0.8 | | 0.4 | | 0.0 | | 0.3 | | |
| DNFB | | < 1 Day | | 5.2 | | 3.6 | | 2.0 | | 4.4 | | 4.1 | | |
| Total Unbilled | | <3 Days | | 5.6 | | 4.5 | | 2.5 | | 4.4 | | 4.3 | | |

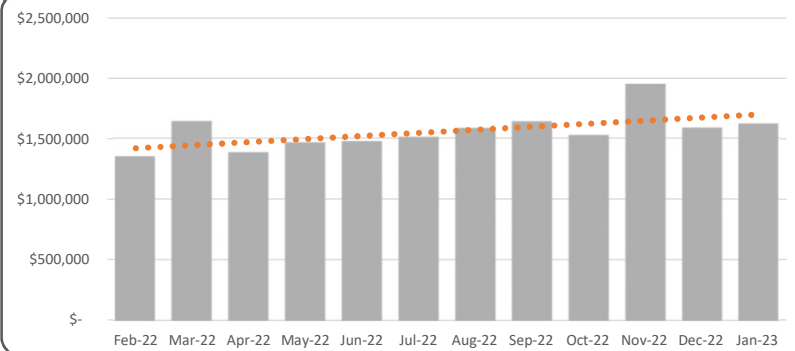
| Third Party | Target | | August-22 | | September-22 | | October-22 | | November-22 | | December-22 | | January-23 | | | | | | | | | | | | | | | |
|---------------------------|-----------------------------------|-------------|-----------|-----|--------------|-----------|--------------|----|-------------|-----------|--------------|-----|------------|------------|--------------|-----|-------|------------|--------------|-----|-------|------------|--------------|-----|-------|------------|--------------|--|
| | AGING (excluding credits) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Medicare Aging > 90 Days | | 11% | | 16.5% | | \$ 97,731 | | 23.8% | | \$ 187,548 | | 30.3% | | \$ 217,965 | | 4.8% | | \$ 33,877 | | 4.9% | | \$ 34,121 | | 4.1% | | \$ 29,966 | |
| | Medicaid Aging > 90 Days | | 12% | | 18.6% | | \$ 171,806 | | 18.4% | | \$ 178,375 | | 21.2% | | \$ 177,556 | | 21.0% | | \$ 155,056 | | 20.0% | | \$ 210,268 | | 21.5% | | \$ 181,351 | |
| | Commercial Aging > 90 Days | | 20% | | 21.5% | | \$ 69,362 | | 29.9% | | \$ 91,726 | | 27.4% | | \$ 80,217 | | 17.4% | | \$ 57,667 | | 17.6% | | \$ 54,079 | | 19.5% | | \$ 76,719 | |
| | Work Comp Aging > 90 Days | | 35% | | 57.4% | | \$ 17,596 | | 61.9% | | \$ 12,949 | | 37.6% | | \$ 9,393 | | 26.9% | | \$ 10,592 | | 32.9% | | \$ 13,486 | | 39.3% | | \$ 16,409 | |
| | Total Third Party Aging > 90 Days | | 13% | | 19.1% | | \$ 356,496 | | 22.6% | | \$ 470,598 | | 25.9% | | \$ 485,130 | | 14.1% | | \$ 257,193 | | 14.9% | | \$ 311,954 | | 15.2% | | \$ 304,445 | |
| | CLAIM SUBMISSION EFFICIENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Claims Submission | | | | 1,380 | | \$ 2,222,145 | | 1,350 | | \$ 1,789,190 | | 1,934 | | \$ 1,847,952 | | 1,974 | | \$ 2,012,812 | | 1,847 | | \$ 2,232,303 | | 1,682 | | \$ 2,135,776 | |
| | Clean Claims | | 85% | | 81% | | | | 80% | | | | 82% | | | | 81% | | | | 77% | | | | 79% | | | |
| Denial Percent | | 5% | | 4% | | | | 3% | | | | 7% | | | | 7% | | | | 5% | | | | 5% | | | | |
| Total Denial Rate | | Count Amt | | 107 | | \$ 63,681 | | 83 | | \$ 60,855 | | 189 | | \$ 117,448 | | 168 | | \$ 133,529 | | 156 | | \$ 108,174 | | 162 | | \$ 112,276 | | |
| Late Charges | | Count Amt | | 42 | | \$ 9,335 | | 99 | | \$ 18,532 | | 16 | | \$ 230 | | 10 | | \$ 94 | | 49 | | \$ 438 | | 11 | | \$ 380 | | |
| Communication Log Backlog | | | | 79 | | \$ 58,426 | | 44 | | \$ 50,450 | | 41 | | \$ 69,888 | | 12 | | \$ 26,345 | | 49 | | \$ 85,257 | | 59 | | \$ 111,814 | | |

| Self Pay | Target | | August-22 | | September-22 | | October-22 | | November-22 | | December-22 | | January-23 | | | | | | | | | | | | | | | |
|--------------------------------------|-----------------------------------|----------|--------------|------|--------------|-----------|--------------|-------|-------------|------------|--------------|-------|------------|------------|------------|------|----------|-----------|------------|------|----------|-----------|------------|------|----------|-----------|------------|--|
| | INVENTORY & QUALITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total Inventory | | | | 2,855 | | \$ 1,899,559 | | 2,425 | | \$ 1,388,640 | | 2,016 | | \$ 970,309 | | 2,088 | | \$ 974,408 | | 2,136 | | \$ 986,852 | | 2,139 | | \$ 951,571 | |
| | New | | | | 374 | | \$ 122,268 | | 297 | | \$ 146,884 | | 338 | | \$ 134,608 | | 383 | | \$ 113,046 | | 321 | | \$ 124,494 | | 304 | | \$ 103,514 | |
| | Resolved | | | | 447 | | \$ 173,344 | | 707 | | \$ 622,665 | | 762 | | \$ 512,299 | | 276 | | \$ 67,863 | | 253 | | \$ 91,261 | | 206 | | \$ 37,835 | |
| | Aged >180 days from Assignment | | < 25% | | 62.5% | | \$ 1,187,446 | | 47.1% | | \$ 654,076 | | 23.7% | | \$ 229,604 | | 28.6% | | \$ 278,517 | | 35.4% | | \$ 348,985 | | 41.5% | | \$ 395,331 | |
| | Total Payment Plans over 120 days | | | | \$39,557 | | | | \$25,127 | | | | \$23,960 | | | | \$15,425 | | | | \$21,273 | | | | \$26,015 | | | |
| | Average Speed to Answer | | < 60 seconds | | 32 | | | | 48 | | | | 135 | | | | 124 | | | | 211 | | | | 215 | | | |
| | STATEMENTS & LETTERS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Statements & Letters | | | | 1,492 | | | | 970 | | | | 518 | | | | 697 | | | | 648 | | | | 676 | | | |
| Charity Care Applications In Process | | | | 29 | | \$ 32,537 | | 37 | | \$ 46,793 | | 15 | | \$ 10,652 | | 27 | | \$ 27,564 | | 0 | | \$ - | | 9 | | \$ 402 | | |
| Inbound and Outbound Calls | | In Out | | 284 | | 847 | | 269 | | 461 | | 158 | | 185 | | 147 | | 348 | | 24 | | 120 | | 156 | | 304 | | |
| WRITE OFFS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bad Debt as a % of Gross Revenue | | < 2% | | 1.4% | | \$ 21,643 | | 31.3% | | \$ 512,826 | | 27.5% | | \$ 419,473 | | 1.1% | | \$ 22,287 | | 0.4% | | \$ 5,920 | | 0.0% | | \$ - | | |
| Charity as a % of Gross Revenue | | < 2% | | 5.1% | | \$ 81,379 | | 4.4% | | \$ 72,800 | | 3.6% | | \$ 54,563 | | 1.9% | | \$ 36,963 | | 2.1% | | \$ 33,516 | | 3.9% | | \$ 63,113 | | |

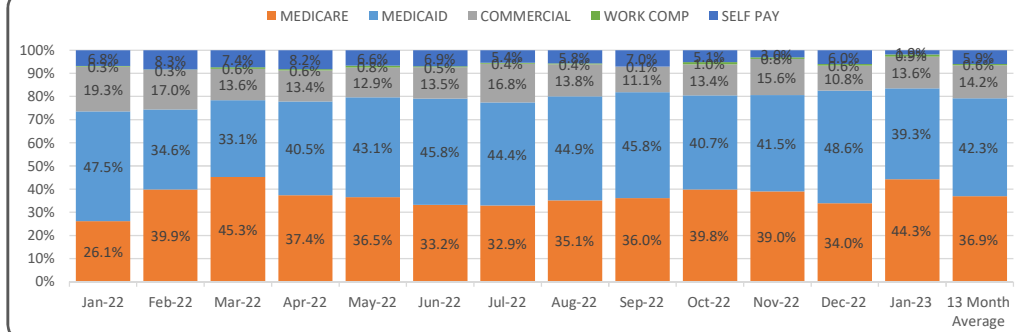
GROSS REVENUE

| PAYER | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| MEDICARE | \$ 427,748 | \$ 538,639 | \$ 742,459 | \$ 517,108 | \$ 535,226 | \$ 490,275 | \$ 497,277 | \$ 555,868 | \$ 590,200 | \$ 606,856 | \$ 760,302 | \$ 539,320 | \$ 717,741 | \$ 578,386 |
| MEDICAID | \$ 779,456 | \$ 466,921 | \$ 542,632 | \$ 559,974 | \$ 631,339 | \$ 676,074 | \$ 670,704 | \$ 710,829 | \$ 749,538 | \$ 620,393 | \$ 808,367 | \$ 770,467 | \$ 636,332 | \$ 663,310 |
| COMMERCIAL | \$ 316,007 | \$ 229,347 | \$ 222,294 | \$ 185,153 | \$ 188,623 | \$ 199,337 | \$ 254,416 | \$ 218,738 | \$ 181,491 | \$ 204,841 | \$ 304,163 | \$ 170,862 | \$ 220,365 | \$ 222,741 |
| WORK COMP | \$ 4,843 | \$ 3,414 | \$ 10,258 | \$ 8,879 | \$ 12,311 | \$ 6,889 | \$ 6,454 | \$ 6,147 | \$ 1,698 | \$ 14,805 | \$ 15,345 | \$ 9,587 | \$ 15,137 | \$ 8,905 |
| SELF PAY | \$ 111,825 | \$ 111,801 | \$ 121,591 | \$ 113,045 | \$ 97,212 | \$ 101,982 | \$ 81,299 | \$ 91,154 | \$ 114,603 | \$ 78,345 | \$ 58,989 | \$ 95,876 | \$ 30,494 | \$ 92,940 |
| TOTAL | \$ 1,639,879 | \$ 1,350,122 | \$ 1,639,234 | \$ 1,384,159 | \$ 1,464,711 | \$ 1,474,557 | \$ 1,510,151 | \$ 1,582,735 | \$ 1,637,530 | \$ 1,525,240 | \$ 1,947,165 | \$ 1,586,113 | \$ 1,620,070 | \$ 1,566,282 |
| AVERAGE DAILY REVENUE | \$ 47,808 | \$ 49,982 | \$ 51,436 | \$ 49,141 | \$ 48,784 | \$ 47,510 | \$ 48,363 | \$ 49,646 | \$ 51,418 | \$ 51,582 | \$ 56,153 | \$ 54,984 | \$ 56,015 | \$ 50,986 |

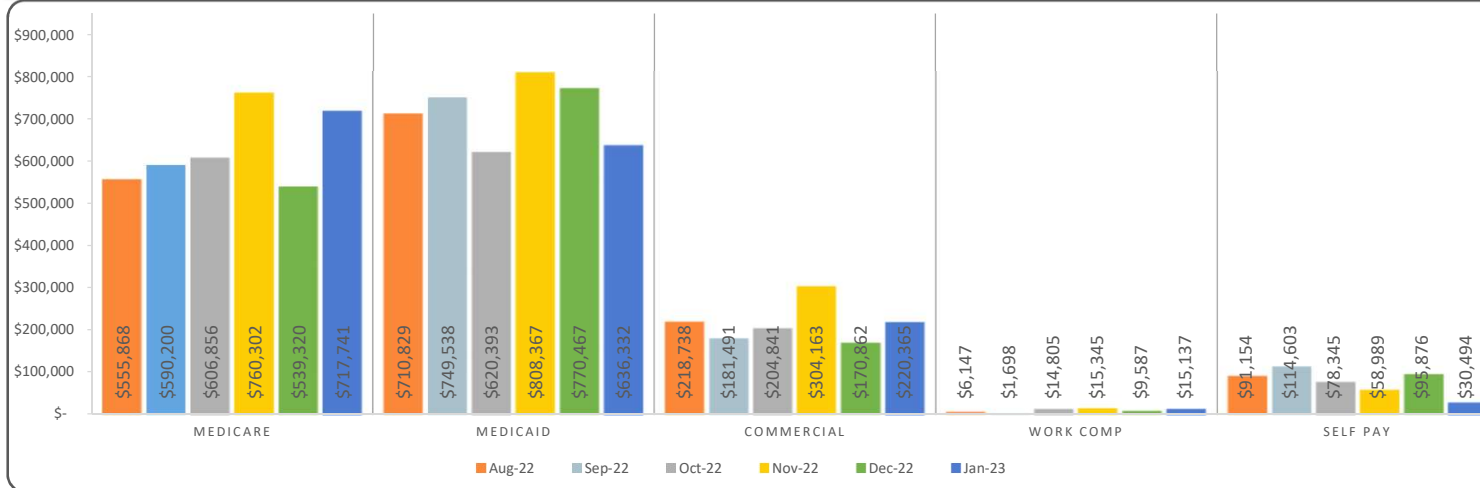
Gross Revenue



Payer Mix



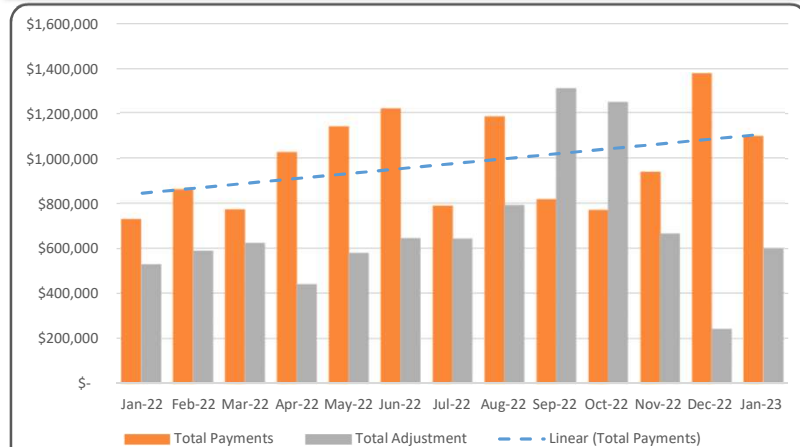
Revenue Trending By Payer



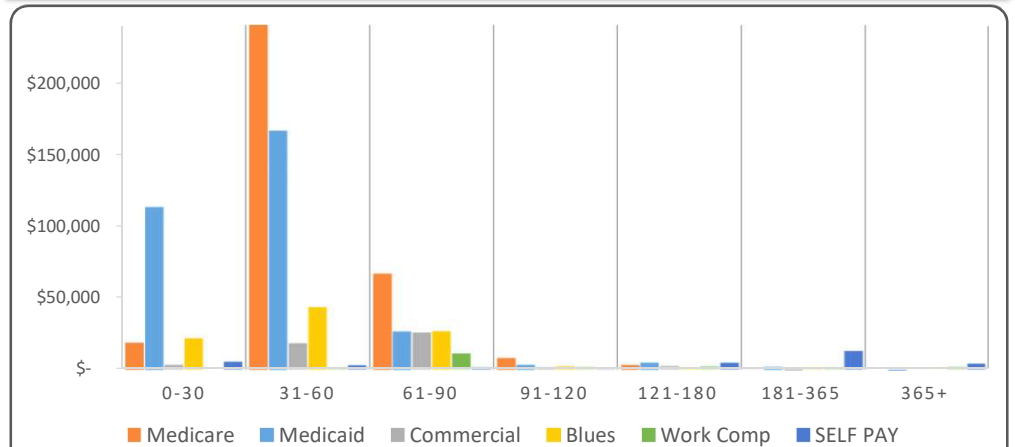
CASH DETAIL

| PAYER | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|----------------------|------------|------------|------------|--------------|--------------|--------------|------------|--------------|--------------|--------------|------------|--------------|--------------|------------------|
| MEDICARE | | | | | | | | | | | | | | |
| Payments | \$ 353,842 | \$ 398,314 | \$ 450,962 | \$ 491,736 | \$ 653,772 | \$ 743,061 | \$ 450,340 | \$ 268,672 | \$ 272,770 | \$ 313,604 | \$ 441,248 | \$ 904,435 | \$ 591,668 | \$ 487,263 |
| Adjustments | \$ 66,441 | \$ 65,484 | \$ 85,982 | \$ (48,508) | \$ (48,202) | \$ (155,707) | \$ 20,576 | \$ 186,886 | \$ 153,735 | \$ 163,209 | \$ 59,652 | \$ (305,051) | \$ (87,776) | \$ 12,055 |
| Collection % | 84% | 86% | 84% | 111% | 108% | 127% | 96% | 59% | 64% | 66% | 88% | 151% | 117% | 95% |
| MEDICAID | | | | | | | | | | | | | | |
| Payments | \$ 212,315 | \$ 275,251 | \$ 131,928 | \$ 327,277 | \$ 306,596 | \$ 243,359 | \$ 137,465 | \$ 623,479 | \$ 319,979 | \$ 247,066 | \$ 308,165 | \$ 264,924 | \$ 314,806 | \$ 285,585 |
| Adjustments | \$ 396,591 | \$ 445,733 | \$ 311,968 | \$ 296,009 | \$ 471,305 | \$ 476,678 | \$ 288,197 | \$ 355,444 | \$ 456,542 | \$ 502,029 | \$ 451,692 | \$ 433,745 | \$ 547,064 | \$ 417,923 |
| Collection % | 35% | 38% | 30% | 53% | 39% | 34% | 32% | 64% | 41% | 33% | 41% | 38% | 37% | 40% |
| COMMERCIAL | | | | | | | | | | | | | | |
| Payments | \$ 42,329 | \$ 45,115 | \$ 55,397 | \$ 94,255 | \$ 35,661 | \$ 49,987 | \$ 78,377 | \$ 90,192 | \$ 83,210 | \$ 61,199 | \$ 61,572 | \$ 52,160 | \$ 48,629 | \$ 61,391 |
| Adjustments | \$ 12,751 | \$ 9,930 | \$ 27,215 | \$ 34,954 | \$ 19,183 | \$ 15,330 | \$ 67,108 | \$ 37,478 | \$ 26,028 | \$ 33,117 | \$ 38,841 | \$ 16,336 | \$ 21,767 | \$ 27,695 |
| Collection % | 77% | 82% | 67% | 73% | 65% | 77% | 54% | 71% | 76% | 65% | 61% | 76% | 69% | 70% |
| BLUES | | | | | | | | | | | | | | |
| Payments | \$ 95,349 | \$ 107,252 | \$ 95,023 | \$ 66,073 | \$ 86,067 | \$ 125,891 | \$ 74,430 | \$ 127,658 | \$ 75,087 | \$ 95,374 | \$ 76,431 | \$ 116,673 | \$ 92,264 | \$ 94,890 |
| Adjustments | \$ 34,181 | \$ 58,967 | \$ 39,602 | \$ 35,755 | \$ 42,946 | \$ 57,868 | \$ 40,415 | \$ 54,789 | \$ 40,371 | \$ 41,878 | \$ 42,420 | \$ 44,446 | \$ 44,703 | \$ 44,488 |
| Collection % | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 65% | 69% | 64% | 72% | 67% | 68% |
| WORK COMP | | | | | | | | | | | | | | |
| Payments | \$ 4,469 | \$ 1,631 | \$ 7,429 | \$ 1,482 | \$ 9,756 | \$ 7,723 | \$ 6,841 | \$ 6,504 | \$ 6,931 | \$ 6,447 | \$ 1,565 | \$ 5,615 | \$ 17,126 | \$ 6,425 |
| Adjustments | \$ 1,731 | \$ 1,688 | \$ 3,695 | \$ 1,463 | \$ 4,651 | \$ 5,630 | \$ 2,719 | \$ 4,325 | \$ 2,288 | \$ 3,708 | \$ 879 | \$ 2,189 | \$ 6,198 | \$ 3,166 |
| Collection % | 72% | 49% | 67% | 50% | 68% | 58% | 72% | 60% | 75% | 63% | 64% | 72% | 73% | 65% |
| SELF PAY | | | | | | | | | | | | | | |
| Payments | \$ 18,553 | \$ 29,302 | \$ 29,539 | \$ 42,539 | \$ 45,773 | \$ 47,380 | \$ 38,993 | \$ 65,640 | \$ 57,009 | \$ 43,947 | \$ 48,022 | \$ 29,312 | \$ 30,943 | \$ 40,535 |
| Bad Debt Recoveries | \$ 751 | \$ 3,090 | \$ 174 | \$ 739 | \$ 144 | \$ 179 | \$ 57 | \$ 44 | \$ 288 | \$ 21 | \$ 44 | \$ 694 | \$ 44 | \$ 482 |
| Adjustments | \$ 12,037 | \$ 7,658 | \$ 29,539 | \$ 36,623 | \$ 18,153 | \$ 26,050 | \$ 160,625 | \$ 50,805 | \$ 43,691 | \$ 30,031 | \$ 14,039 | \$ 13,402 | \$ 6,237 | \$ 34,530 |
| Charity Care | \$ 7,646 | \$ 2,062 | \$ 92,241 | \$ 87,222 | \$ 45,909 | \$ 199,419 | \$ 53,600 | \$ 81,379 | \$ 72,800 | \$ 54,563 | \$ 36,963 | \$ 33,516 | \$ 63,113 | \$ 63,879 |
| Bad Debt | \$ - | \$ - | \$ 35,941 | \$ - | \$ 27,754 | \$ 21,026 | \$ 11,557 | \$ 21,643 | \$ 512,826 | \$ 419,473 | \$ 22,287 | \$ 5,920 | \$ - | \$ 82,956 |
| Total SP Adjustments | \$ 19,682 | \$ 9,721 | \$ 157,722 | \$ 123,845 | \$ 91,816 | \$ 246,494 | \$ 225,781 | \$ 153,827 | \$ 629,317 | \$ 504,067 | \$ 73,289 | \$ 52,838 | \$ 69,350 | \$ 181,365 |
| Collection % | 49% | 75% | 16% | 26% | 33% | 16% | 15% | 30% | 8% | 8% | 40% | 36% | 31% | 29% |
| TOTAL | | | | | | | | | | | | | | |
| Total Payments | \$ 727,607 | \$ 859,954 | \$ 770,454 | \$ 1,024,101 | \$ 1,137,769 | \$ 1,217,580 | \$ 786,503 | \$ 1,182,187 | \$ 815,275 | \$ 767,658 | \$ 937,047 | \$ 1,373,812 | \$ 1,095,480 | \$ 976,571 |
| Total Adjustment | \$ 531,378 | \$ 591,522 | \$ 626,184 | \$ 443,517 | \$ 581,700 | \$ 646,293 | \$ 644,797 | \$ 792,749 | \$ 1,308,282 | \$ 1,248,008 | \$ 666,773 | \$ 244,503 | \$ 601,307 | \$ 505,328 |
| Total Collection % | 58% | 59% | 55% | 70% | 66% | 65% | 55% | 60% | 38% | 38% | 58% | 85% | 65% | 59% |

Cash & Adjustment Trending

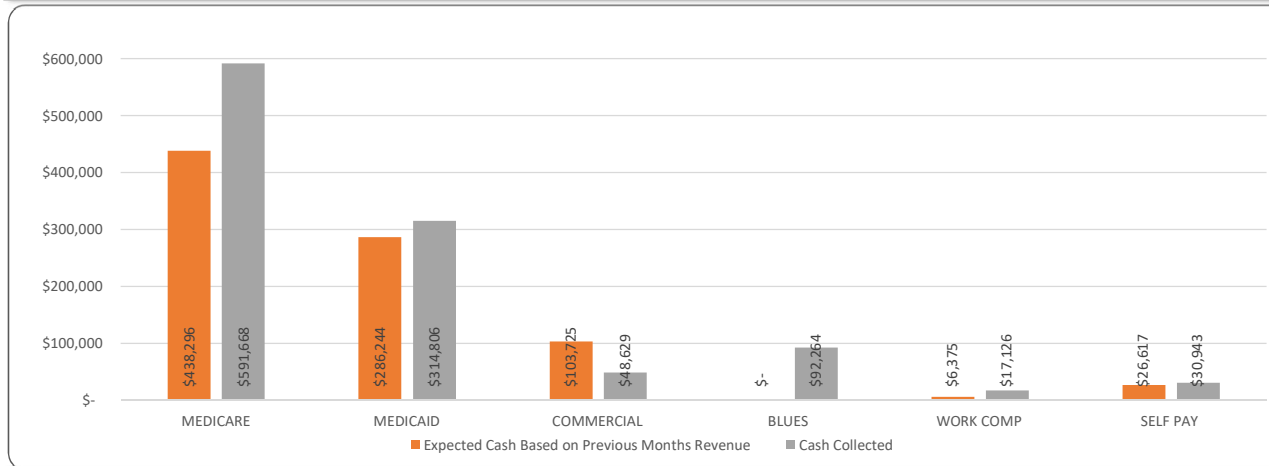


Cash Collections by Discharge Date

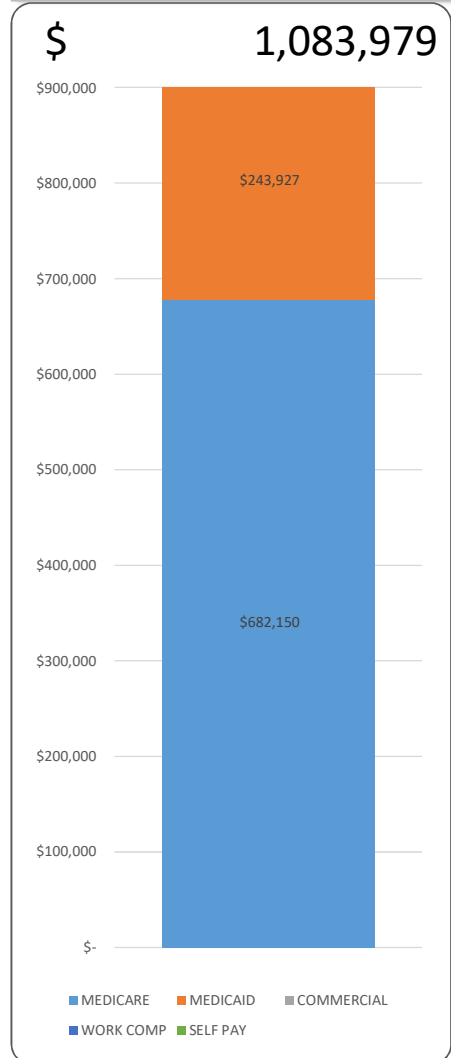


CASH FORECASTING

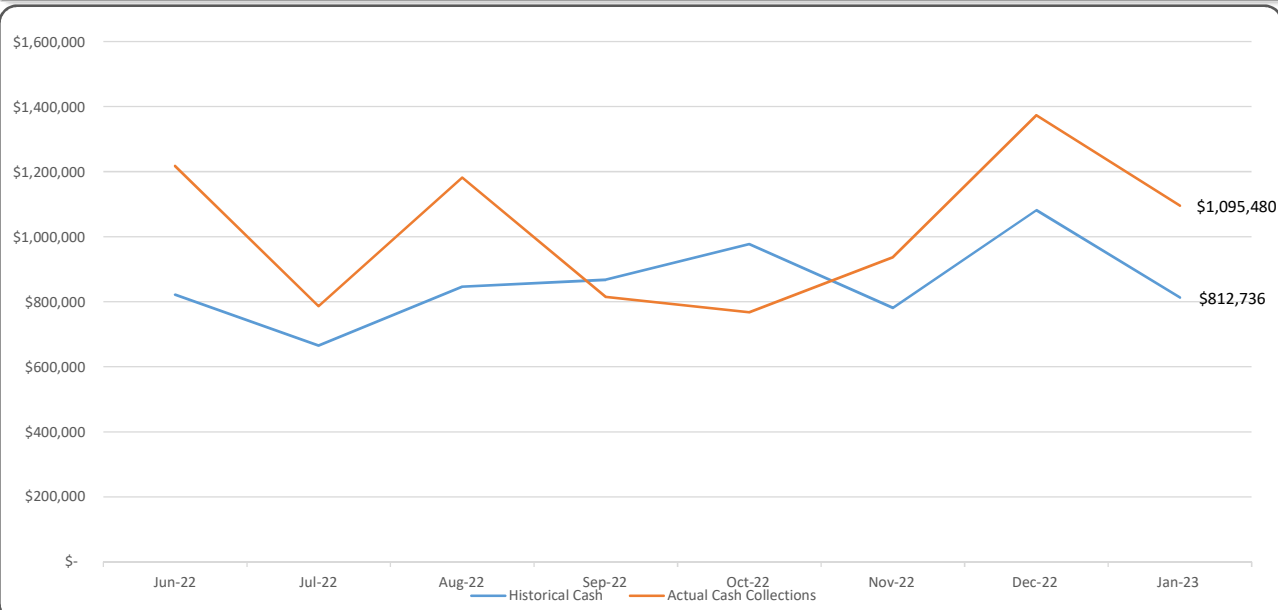
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month
(Based on this Months Revenue)



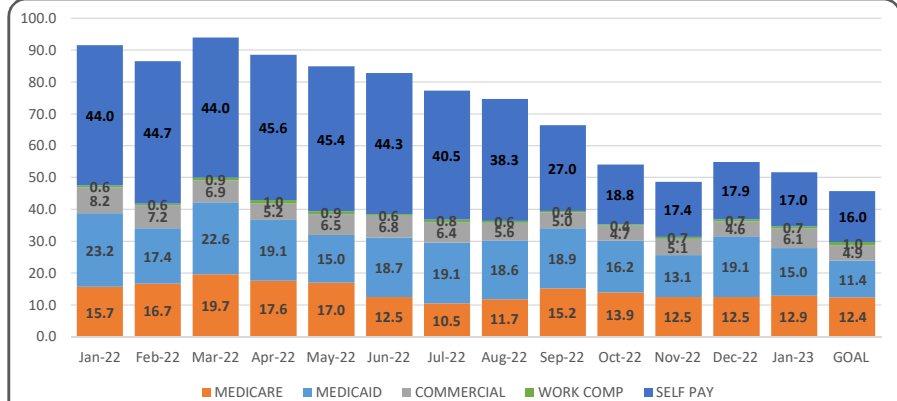
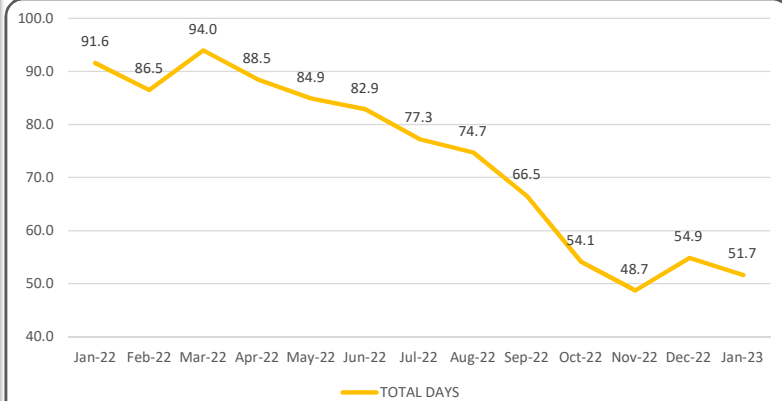
Actual Cash Based on Historical Collections



ACCOUNTS RECEIVABLE

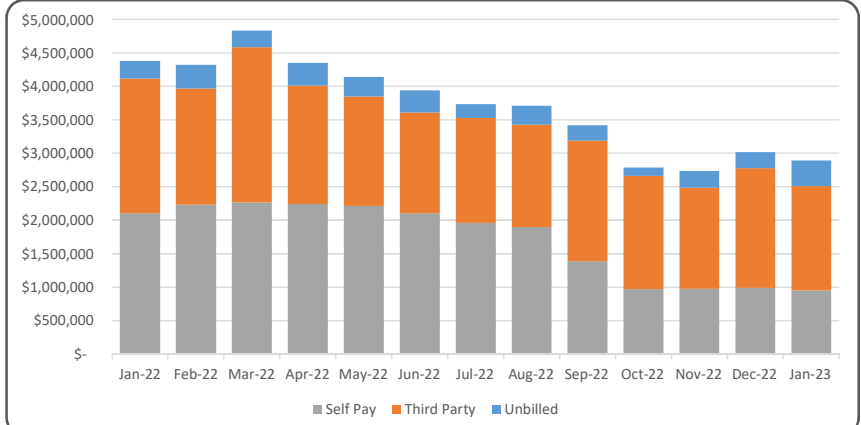
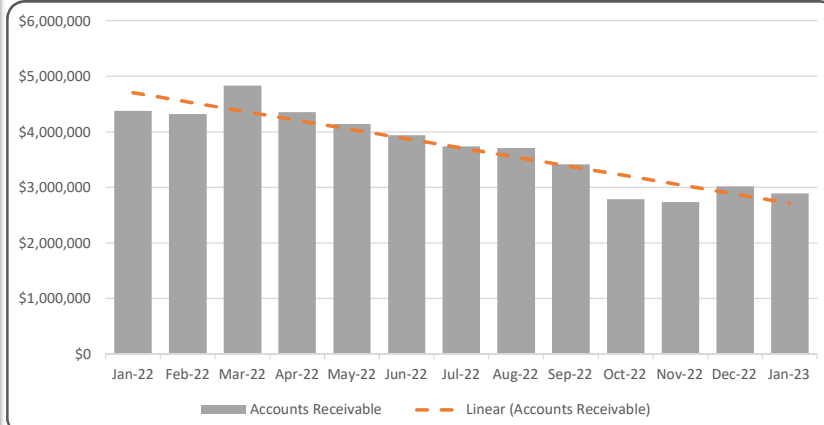
AR Days

| PAYER | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|
| MEDICARE | 15.7 | 16.7 | 19.7 | 17.6 | 17.0 | 12.5 | 10.5 | 11.7 | 15.2 | 13.9 | 12.5 | 12.5 | 12.9 | 14.5 |
| MEDICAID | 23.2 | 17.4 | 22.6 | 19.1 | 15.0 | 18.7 | 19.1 | 18.6 | 18.9 | 16.2 | 13.1 | 19.1 | 15.0 | 18.1 |
| COMMERCIAL | 8.2 | 7.2 | 6.9 | 5.2 | 6.5 | 6.8 | 6.4 | 5.6 | 5.0 | 4.7 | 5.1 | 4.6 | 6.1 | 6.0 |
| WORK COMP | 0.6 | 0.6 | 0.9 | 1.0 | 0.9 | 0.6 | 0.8 | 0.6 | 0.4 | 0.4 | 0.7 | 0.7 | 0.7 | 0.7 |
| SELF PAY | 44.0 | 44.7 | 44.0 | 45.6 | 45.4 | 44.3 | 40.5 | 38.3 | 27.0 | 18.8 | 17.4 | 17.9 | 17.0 | 34.2 |
| TOTAL DAYS | 91.6 | 86.5 | 94.0 | 88.5 | 84.9 | 82.9 | 77.3 | 74.7 | 66.5 | 54.1 | 48.7 | 54.9 | 51.7 | 73.5 |



AR Balance

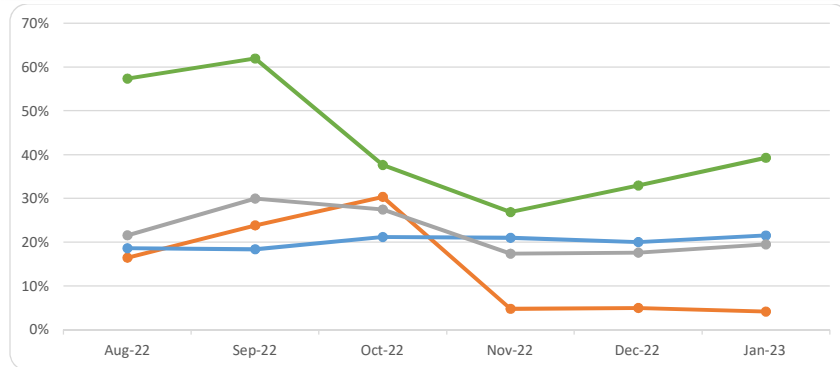
| PAYER | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------------|
| MEDICARE | \$ 748,436 | \$ 834,221 | \$ 1,011,373 | \$ 864,590 | \$ 828,105 | \$ 593,780 | \$ 507,839 | \$ 582,895 | \$ 783,406 | \$ 715,189 | \$ 702,322 | \$ 685,997 | \$ 721,466 | \$ 736,894 |
| MEDICAID | \$ 1,106,825 | \$ 870,378 | \$ 1,159,997 | \$ 939,475 | \$ 733,511 | \$ 888,101 | \$ 921,687 | \$ 921,244 | \$ 969,381 | \$ 837,689 | \$ 737,438 | \$ 1,050,271 | \$ 840,983 | \$ 921,306 |
| COMMERCIAL | \$ 390,942 | \$ 357,842 | \$ 352,803 | \$ 255,074 | \$ 319,138 | \$ 321,984 | \$ 311,717 | \$ 275,712 | \$ 258,102 | \$ 244,212 | \$ 284,569 | \$ 254,521 | \$ 340,591 | \$ 305,170 |
| WORK COMP | \$ 29,721 | \$ 28,217 | \$ 44,031 | \$ 50,949 | \$ 42,910 | \$ 27,858 | \$ 36,591 | \$ 28,844 | \$ 19,071 | \$ 23,134 | \$ 37,379 | \$ 39,097 | \$ 38,788 | \$ 34,353 |
| SELF PAY | \$ 2,103,148 | \$ 2,232,314 | \$ 2,264,662 | \$ 2,240,554 | \$ 2,216,895 | \$ 2,105,043 | \$ 1,959,428 | \$ 1,899,559 | \$ 1,388,640 | \$ 970,309 | \$ 974,408 | \$ 986,852 | \$ 951,571 | \$ 1,714,876 |
| TOTAL | \$ 4,379,072 | \$ 4,322,972 | \$ 4,832,867 | \$ 4,350,642 | \$ 4,140,558 | \$ 3,936,767 | \$ 3,737,262 | \$ 3,708,255 | \$ 3,418,601 | \$ 2,790,532 | \$ 2,736,117 | \$ 3,016,738 | \$ 2,893,400 | \$ 3,712,599 |



ACCOUNTS RECEIVABLE AGING

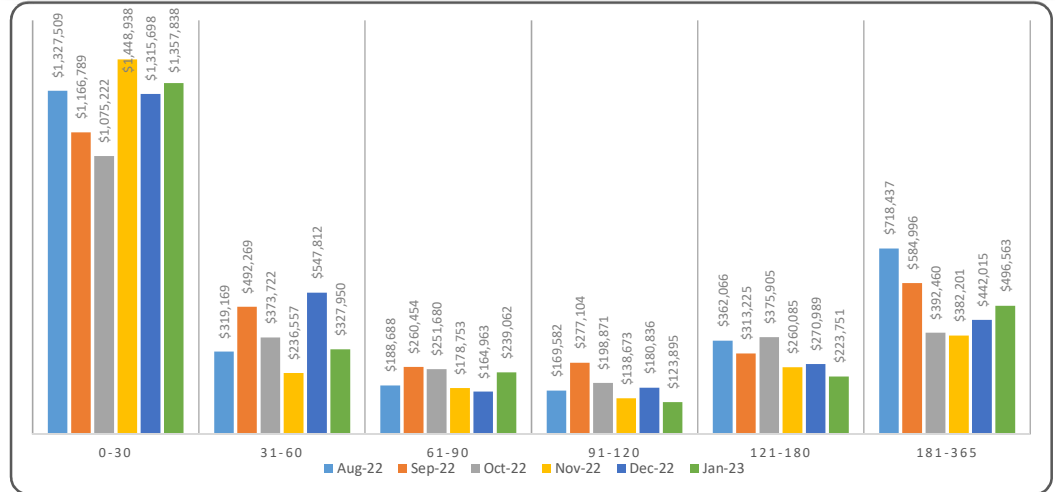
| | 0-30 Days | | 31-60 Days | | 61-90 Days | | 91-120 Days | | 121-180 Days | | 181-365 Days | | 366+ Days | | Grand Totals | |
|----------------------------|------------|---------------------|------------|-------------------|------------|-------------------|-------------|-------------------|--------------|-------------------|--------------|-------------------|------------|--------------------|--------------|---------------------|
| | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ | # Acts | \$ |
| MEDICARE | | | | | | | | | | | | | | | | |
| Non-Credit | 356 | \$ 609,869 | 80 | \$ 45,293 | 16 | \$ 40,125 | 5 | \$ 5,265 | 21 | \$ 4,307 | 8 | \$ 9,341 | 8 | \$ 11,053 | 494 | \$ 725,253 |
| Credit | 0 | \$ - | 0 | \$ - | 0 | \$ - | 1 | \$ (134) | 0 | \$ - | 0 | \$ - | 2 | \$ (3,652) | 3 | \$ (3,786) |
| TOTAL | 356 | \$ 609,869 | 80 | \$ 45,293 | 16 | \$ 40,125 | 6 | \$ 5,131 | 21 | \$ 4,307 | 8 | \$ 9,341 | 10 | \$ 7,401 | 497 | \$ 721,466 |
| MEDICAID | | | | | | | | | | | | | | | | |
| Non-Credit | 263 | \$ 462,730 | 164 | \$ 137,674 | 87 | \$ 60,549 | 34 | \$ 13,692 | 63 | \$ 35,886 | 85 | \$ 106,103 | 29 | \$ 25,670 | 725 | \$ 842,304 |
| Credit | 1 | \$ (25) | 1 | \$ (112) | 0 | \$ - | 1 | \$ (35) | 1 | \$ (521) | 0 | \$ - | 10 | \$ (628) | 14 | \$ (1,321) |
| TOTAL | 264 | \$ 462,705 | 165 | \$ 137,562 | 87 | \$ 60,549 | 35 | \$ 13,657 | 64 | \$ 35,365 | 85 | \$ 106,103 | 39 | \$ 25,042 | 739 | \$ 840,983 |
| COMMERCIAL | | | | | | | | | | | | | | | | |
| Non-Credit | 215 | \$ 232,663 | 103 | \$ 35,633 | 45 | \$ 48,272 | 27 | \$ 24,670 | 29 | \$ 9,577 | 41 | \$ 24,022 | 30 | \$ 18,451 | 490 | \$ 393,286 |
| Credit | 11 | \$ (375) | 11 | \$ (358) | 1 | \$ (33) | 4 | \$ (423) | 5 | \$ (768) | 34 | \$ (13,086) | 315 | \$ (37,653) | 381 | \$ (52,695) |
| TOTAL | 226 | \$ 232,288 | 114 | \$ 35,275 | 46 | \$ 48,239 | 31 | \$ 24,247 | 34 | \$ 8,809 | 75 | \$ 10,936 | 345 | \$ (19,202) | 871 | \$ 340,591 |
| WORK COMP | | | | | | | | | | | | | | | | |
| Non-Credit | 18 | \$ 14,823 | 12 | \$ 7,106 | 8 | \$ 3,443 | 5 | \$ 5,415 | 11 | \$ 2,642 | 5 | \$ 7,817 | 2 | \$ 535 | 61 | \$ 41,781 |
| Credit | 0 | \$ - | 0 | \$ - | 1 | \$ (504) | 0 | \$ - | 0 | \$ - | 3 | \$ (689) | 8 | \$ (1,800) | 12 | \$ (2,993) |
| TOTAL | 18 | \$ 14,823 | 12 | \$ 7,106 | 9 | \$ 2,939 | 5 | \$ 5,415 | 11 | \$ 2,642 | 8 | \$ 7,128 | 10 | \$ (1,265) | 73 | \$ 38,788 |
| SELF PAY | | | | | | | | | | | | | | | | |
| Non-Credit | 99 | \$ 39,540 | 209 | \$ 103,694 | 185 | \$ 87,524 | 167 | \$ 76,696 | 292 | \$ 173,551 | 617 | \$ 369,179 | 240 | \$ 141,174 | 1809 | \$ 991,358 |
| Credit | 8 | \$ (1,387) | 8 | \$ (980) | 4 | \$ (314) | 5 | \$ (1,250) | 10 | \$ (922) | 46 | \$ (6,123) | 249 | \$ (28,810) | 330 | \$ (39,787) |
| TOTAL | 107 | \$ 38,154 | 217 | \$ 102,713 | 189 | \$ 87,210 | 172 | \$ 75,445 | 302 | \$ 172,628 | 663 | \$ 363,056 | 489 | \$ 112,365 | 2139 | \$ 951,571 |
| ACCOUNTS RECEIVABLE | | | | | | | | | | | | | | | | |
| Non-Credit | 951 | \$ 1,359,625 | 568 | \$ 329,400 | 341 | \$ 239,913 | 238 | \$ 125,738 | 416 | \$ 225,962 | 756 | \$ 516,461 | 309 | \$ 196,884 | 3579 | \$ 2,993,982 |
| Credit | 20 | \$ (1,787) | 20 | \$ (1,450) | 6 | \$ (851) | 11 | \$ (1,842) | 16 | \$ (2,211) | 83 | \$ (19,898) | 584 | \$ (72,543) | 740 | \$ (100,582) |
| GRAND TOTAL | 971 | \$ 1,357,838 | 588 | \$ 327,950 | 347 | \$ 239,062 | 249 | \$ 123,895 | 432 | \$ 223,751 | 839 | \$ 496,563 | 893 | \$ 124,341 | 4319 | \$ 2,893,400 |

Aged Over 90 Days Trending (excluding Credits)



| | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 |
|------------|--------|--------|--------|--------|--------|--------|
| Medicare | 16.5% | 23.8% | 30.3% | 4.8% | 4.9% | 4.1% |
| Medicaid | 18.6% | 18.4% | 21.2% | 21.0% | 20.0% | 21.5% |
| Commercial | 21.5% | 29.9% | 27.4% | 17.4% | 17.6% | 19.5% |
| Work Comp | 57.4% | 61.9% | 37.6% | 26.9% | 32.9% | 39.3% |

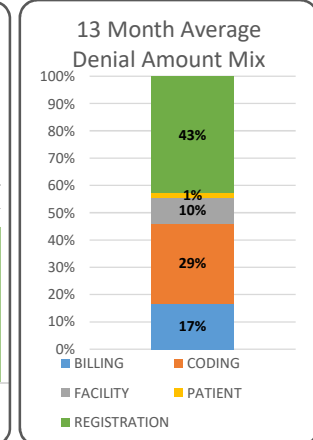
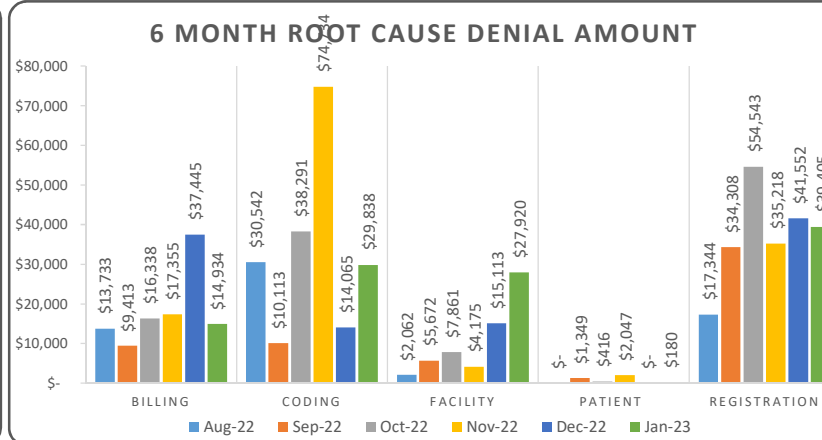
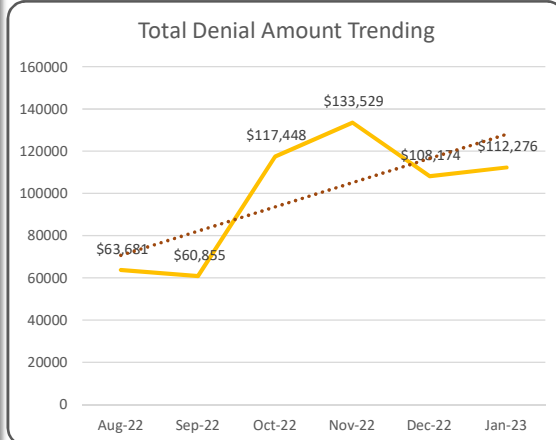
6 Month Aging



DENIAL MANAGEMENT

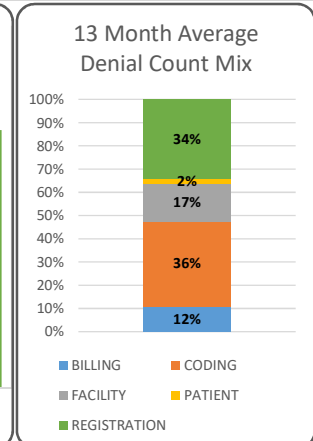
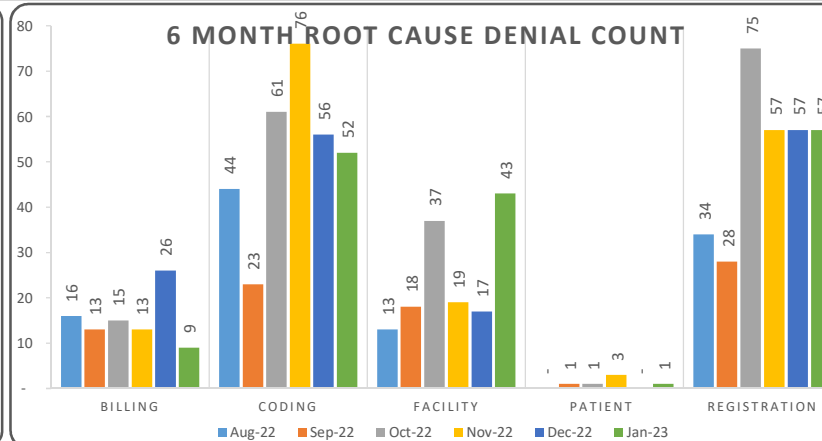
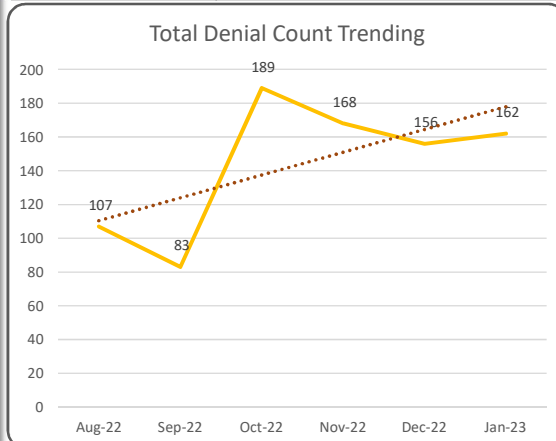
Denial Amount

| AMOUNT | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|--------------|------------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------------|
| BILLING | \$ 25,646 | \$ 23,601 | \$ 8,260 | \$ 5,104 | \$ 17,472 | \$ 15,356 | \$ 3,750 | \$ 13,733 | \$ 9,413 | \$ 16,338 | \$ 17,355 | \$ 37,445 | \$ 14,934 | \$ 16,031 |
| CODING | \$ 14,335 | \$ 11,494 | \$ 9,388 | \$ 17,413 | \$ 31,262 | \$ 22,728 | \$ 41,762 | \$ 30,542 | \$ 10,113 | \$ 38,291 | \$ 74,734 | \$ 14,065 | \$ 29,838 | \$ 26,613 |
| FACILITY | \$ 6,063 | \$ 10,921 | \$ 6,806 | \$ 14,777 | \$ 4,172 | \$ 1,283 | \$ 10,080 | \$ 2,062 | \$ 5,672 | \$ 7,861 | \$ 4,175 | \$ 15,113 | \$ 27,920 | \$ 8,993 |
| PATIENT | \$ 2,818 | \$ 5,884 | \$ - | \$ 553 | \$ 1,303 | \$ 1,673 | \$ 921 | \$ - | \$ 1,349 | \$ 416 | \$ 2,047 | \$ - | \$ 180 | \$ 1,319 |
| REGISTRATION | \$ 65,613 | \$ 26,347 | \$ 25,983 | \$ 61,130 | \$ 58,259 | \$ 31,619 | \$ 18,882 | \$ 17,344 | \$ 34,308 | \$ 54,543 | \$ 35,218 | \$ 41,552 | \$ 39,405 | \$ 39,246 |
| TOTAL | \$ 114,475 | \$ 78,246 | \$ 50,437 | \$ 98,978 | \$ 112,468 | \$ 72,659 | \$ 75,394 | \$ 63,681 | \$ 60,855 | \$ 117,448 | \$ 133,529 | \$ 108,174 | \$ 112,276 | \$ 92,202 |



Denial Count

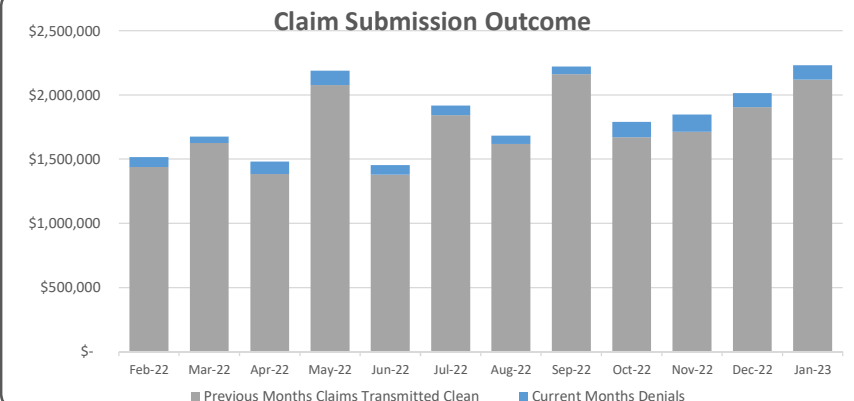
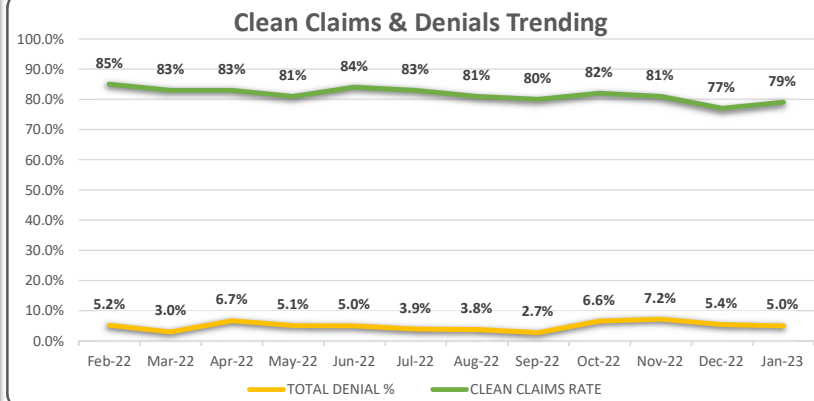
| COUNT | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|
| BILLING | 18 | 11 | 11 | 15 | 13 | 16 | 8 | 16 | 13 | 15 | 13 | 26 | 9 | 14 |
| CODING | 31 | 28 | 28 | 43 | 43 | 41 | 42 | 44 | 23 | 61 | 76 | 56 | 52 | 44 |
| FACILITY | 20 | 16 | 17 | 29 | 13 | 6 | 16 | 13 | 18 | 37 | 19 | 17 | 43 | 20 |
| PATIENT | 9 | 6 | - | 3 | 2 | 1 | 3 | - | 1 | 1 | 3 | - | 1 | 2 |
| REGISTRATION | 28 | 24 | 23 | 46 | 49 | 35 | 18 | 34 | 28 | 75 | 57 | 57 | 57 | 41 |
| TOTAL | 106 | 85 | 79 | 136 | 120 | 99 | 87 | 107 | 83 | 189 | 168 | 156 | 162 | 121 |



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

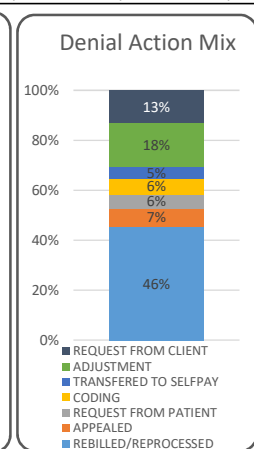
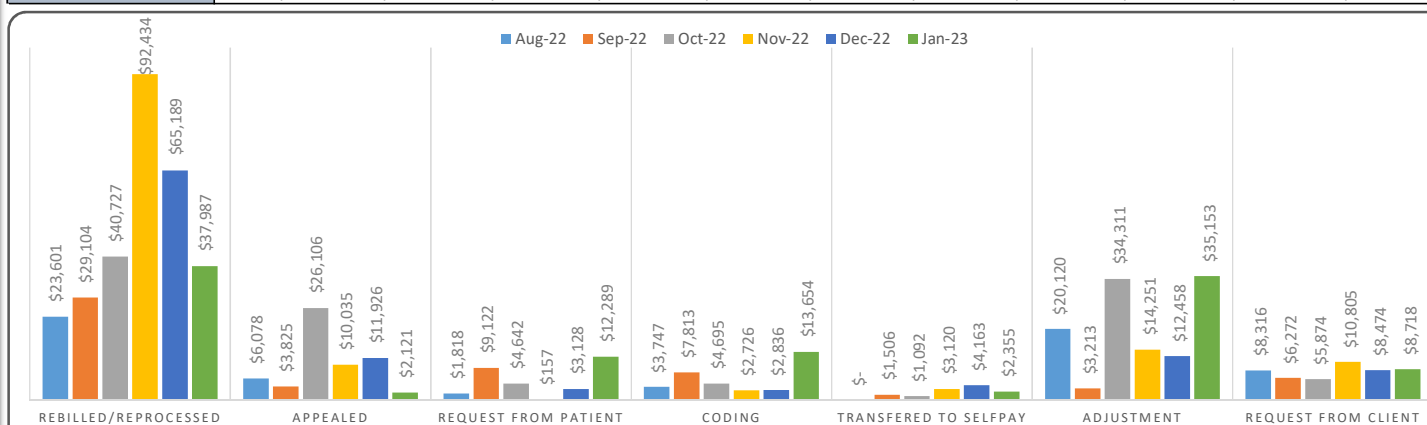
Denial & Clean Claim Trending

| | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------------|
| DENIAL AMOUNT | \$ 114,475 | \$ 78,246 | \$ 50,437 | \$ 98,978 | \$ 112,468 | \$ 72,659 | \$ 75,394 | \$ 63,681 | \$ 60,855 | \$ 117,448 | \$ 133,529 | \$ 108,174 | \$ 112,276 | \$ 92,202 |
| PREVIOUS MONTH'S TRANSMITTED CLAIMS | \$ 1,451,836 | \$ 1,516,636 | \$ 1,676,470 | \$ 1,481,392 | \$ 2,189,220 | \$ 1,451,713 | \$ 1,918,330 | \$ 1,682,882 | \$ 2,222,145 | \$ 1,789,190 | \$ 1,847,952 | \$ 2,012,812 | \$ 2,232,303 | \$ 1,805,606 |
| TOTAL DENIAL % | 7.9% | 5.2% | 3.0% | 6.7% | 5.1% | 5.0% | 3.9% | 3.8% | 2.7% | 6.6% | 7.2% | 5.4% | 5.0% | 5.2% |
| CLEAN CLAIMS RATE | 87% | 85% | 83% | 83% | 81% | 84% | 83% | 81% | 80% | 82% | 81% | 77% | 79% | 82% |



Action Taken on Denials

| DENIAL ACTION | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|--------------------------------|------------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------------|
| REBILLED/REPROCESSED | \$ 75,335 | \$ 47,694 | \$ 22,109 | \$ 39,285 | \$ 32,702 | \$ 23,707 | \$ 19,317 | \$ 23,601 | \$ 29,104 | \$ 40,727 | \$ 92,434 | \$ 65,189 | \$ 37,987 | \$ 42,245 |
| APPEALED | \$ 7,000 | \$ 33 | \$ 4,633 | \$ 2,540 | \$ 8,584 | \$ 3,442 | \$ - | \$ 6,078 | \$ 3,825 | \$ 26,106 | \$ 10,035 | \$ 11,926 | \$ 2,121 | \$ 6,640 |
| REQUEST FROM PATIENT | \$ 3,802 | \$ 14,761 | \$ - | \$ 5,482 | \$ 4,956 | \$ 8,833 | \$ 2,963 | \$ 1,818 | \$ 9,122 | \$ 4,642 | \$ 157 | \$ 3,128 | \$ 12,289 | \$ 5,535 |
| CODING | \$ 2,332 | \$ 3,148 | \$ 2,615 | \$ 4,052 | \$ 16,472 | \$ 1,470 | \$ 5,997 | \$ 3,747 | \$ 7,813 | \$ 4,695 | \$ 2,726 | \$ 2,836 | \$ 13,654 | \$ 5,504 |
| TRANSFERRED TO SELF-PAY | \$ 3,184 | \$ 1,775 | \$ 2,978 | \$ 6,985 | \$ 17,507 | \$ 7,141 | \$ 3,880 | \$ - | \$ 1,506 | \$ 1,092 | \$ 3,120 | \$ 4,163 | \$ 2,355 | \$ 4,284 |
| ADJUSTMENT | \$ 10,909 | \$ 9,913 | \$ 14,337 | \$ 6,842 | \$ 16,510 | \$ 24,350 | \$ 11,003 | \$ 20,120 | \$ 3,213 | \$ 34,311 | \$ 14,251 | \$ 12,458 | \$ 35,153 | \$ 16,413 |
| REQUEST FROM CLIENT | \$ 12,220 | \$ 922 | \$ 3,765 | \$ 33,792 | \$ 15,736 | \$ 3,715 | \$ 32,236 | \$ 8,316 | \$ 6,272 | \$ 5,874 | \$ 10,805 | \$ 8,474 | \$ 8,718 | \$ 11,603 |
| TOTAL | \$ 114,782 | \$ 78,246 | \$ 50,437 | \$ 98,978 | \$ 112,468 | \$ 72,659 | \$ 75,394 | \$ 63,681 | \$ 60,855 | \$ 117,448 | \$ 133,529 | \$ 108,174 | \$ 112,277 | \$ 92,225 |

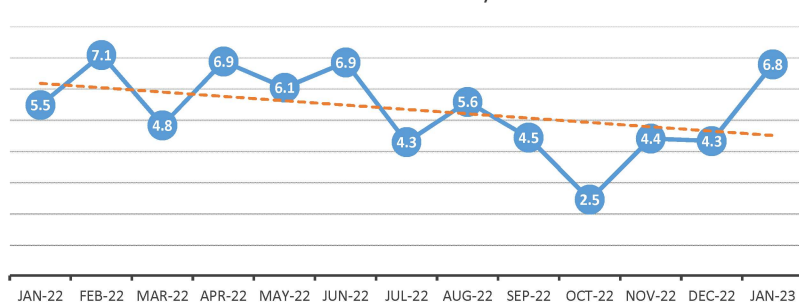


UNBILLED & INVENTORY

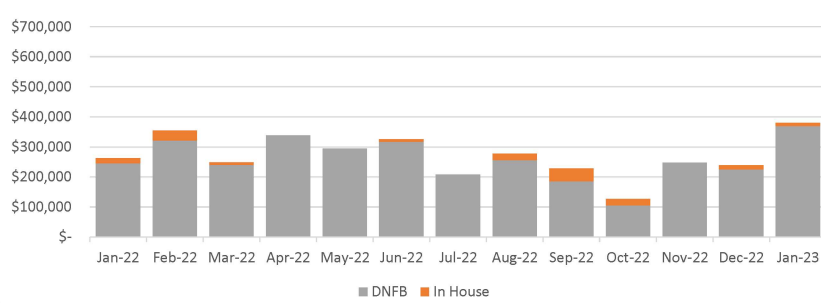
Unbilled

| | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|-----------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| In House | \$ 17,753 | \$ 34,167 | \$ 10,466 | \$ - | \$ - | \$ 9,182 | \$ - | \$ 22,251 | \$ 43,554 | \$ 22,609 | \$ - | \$ 13,804 | \$ 11,990 | \$ 14,291 |
| DNFB | \$ 245,224 | \$ 320,765 | \$ 238,954 | \$ 338,650 | \$ 295,441 | \$ 316,709 | \$ 208,502 | \$ 255,911 | \$ 185,499 | \$ 104,807 | \$ 248,431 | \$ 224,970 | \$ 368,997 | \$ 257,912 |
| Total Unbilled | \$ 262,978 | \$ 354,932 | \$ 249,420 | \$ 338,650 | \$ 295,441 | \$ 325,891 | \$ 208,502 | \$ 278,162 | \$ 229,053 | \$ 127,416 | \$ 248,431 | \$ 238,775 | \$ 380,987 | \$ 272,203 |
| Unbilled Days | 5.5 | 7.1 | 4.8 | 6.9 | 6.1 | 6.9 | 4.3 | 5.6 | 4.5 | 2.5 | 4.4 | 4.3 | 6.8 | 5.4 |

Total Unbilled Days



Unbilled Dollars

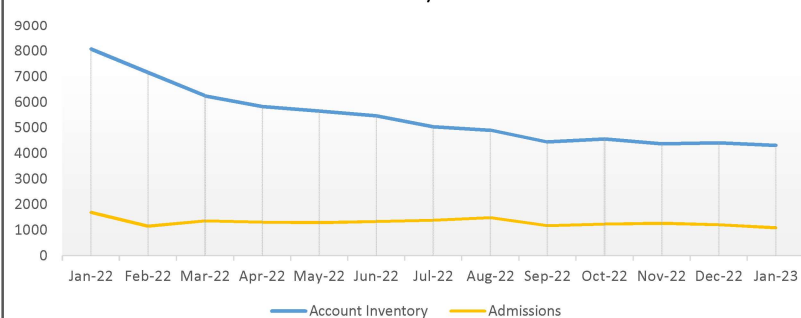


Admissions & Account Inventory

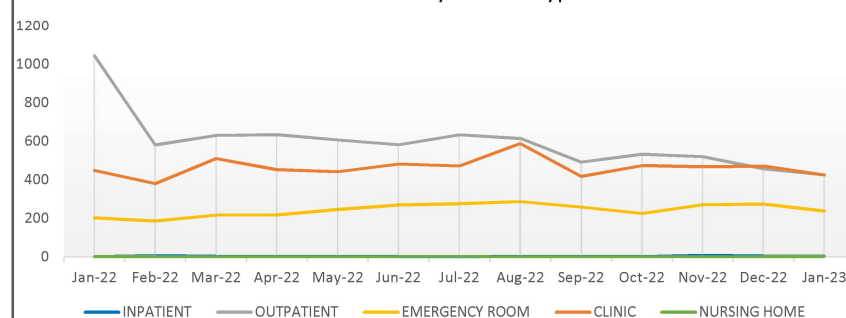
| ADMISSIONS | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------------|
| INPATIENT | 1 | 7 | 4 | 2 | 1 | 3 | 1 | 2 | 3 | 2 | 8 | 5 | 3 | 3 |
| SWINGBED | 1 | 4 | 5 | 5 | 1 | 1 | 1 | 2 | 2 | 4 | 5 | 4 | 2 | 3 |
| OUTPATIENT | 1,043 | 581 | 630 | 634 | 607 | 582 | 633 | 615 | 492 | 532 | 520 | 458 | 425 | 596 |
| EMERGENCY ROOM | 202 | 186 | 217 | 218 | 246 | 270 | 276 | 287 | 259 | 226 | 271 | 275 | 238 | 244 |
| CLINIC | 449 | 380 | 510 | 453 | 442 | 482 | 472 | 588 | 418 | 474 | 467 | 471 | 426 | 464 |
| NURSING HOME | 1 | 1 | 0 | 1 | 0 | 2 | 4 | 0 | 0 | 1 | 0 | 1 | 2 | 1 |
| TOTAL | 1,697 | 1,159 | 1,366 | 1,313 | 1,297 | 1,340 | 1,387 | 1,494 | 1,174 | 1,239 | 1,271 | 1,214 | 1,096 | 1311 |

| ACCOUNT INVENTORY | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | 13 Month Average |
|-------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------|
| MEDICARE | 1,294 | 662 | 578 | 556 | 561 | 468 | 362 | 394 | 388 | 687 | 498 | 453 | 497 | 569 |
| MEDICAID | 1,073 | 799 | 1,010 | 714 | 726 | 731 | 656 | 700 | 678 | 804 | 750 | 840 | 739 | 786 |
| COMMERCIAL | 1,339 | 1,214 | 1,046 | 964 | 938 | 1,020 | 997 | 904 | 909 | 1,006 | 957 | 912 | 871 | 1006 |
| WORK COMP | 81 | 82 | 95 | 95 | 85 | 71 | 70 | 57 | 48 | 60 | 78 | 73 | 73 | 74 |
| SELF PAY | 4,293 | 4,408 | 3,527 | 3,505 | 3,344 | 3,173 | 2,957 | 2,855 | 2,425 | 2,016 | 2,088 | 2,136 | 2,139 | 2990 |
| TOTAL | 8080 | 7165 | 6256 | 5834 | 5654 | 5463 | 5042 | 4910 | 4448 | 4573 | 4371 | 4414 | 4319 | 5425 |

Account Inventory & Admissions



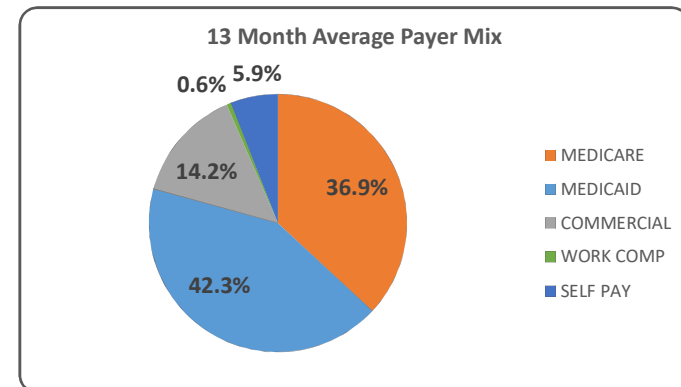
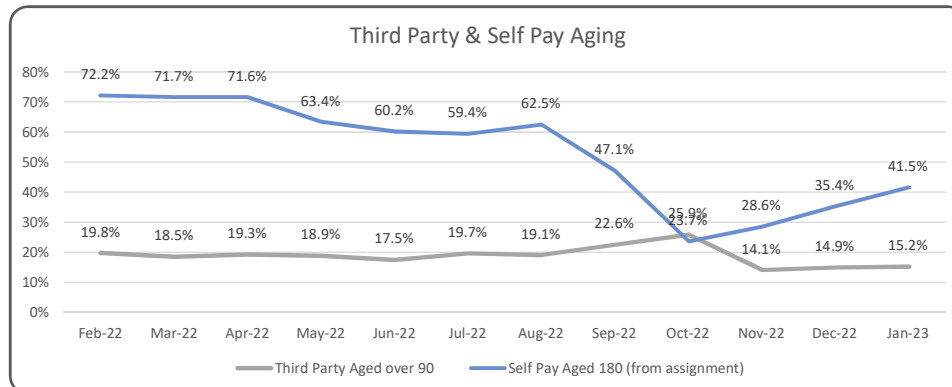
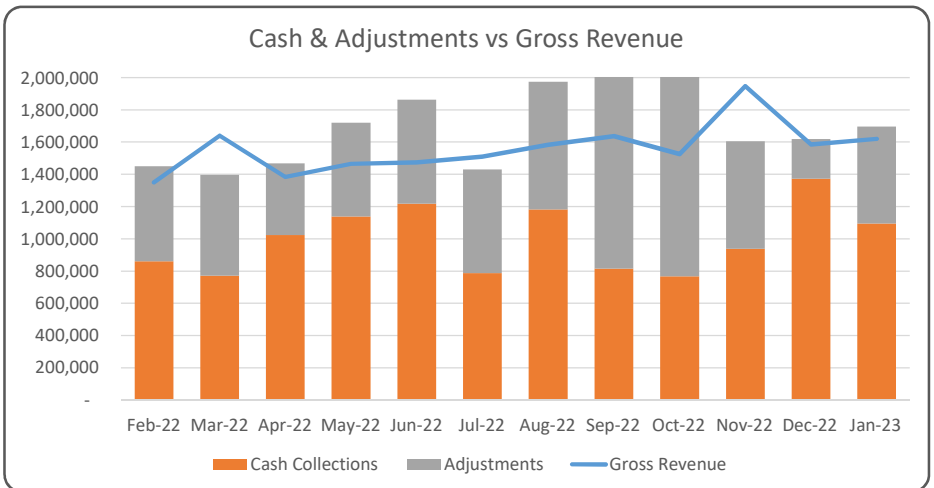
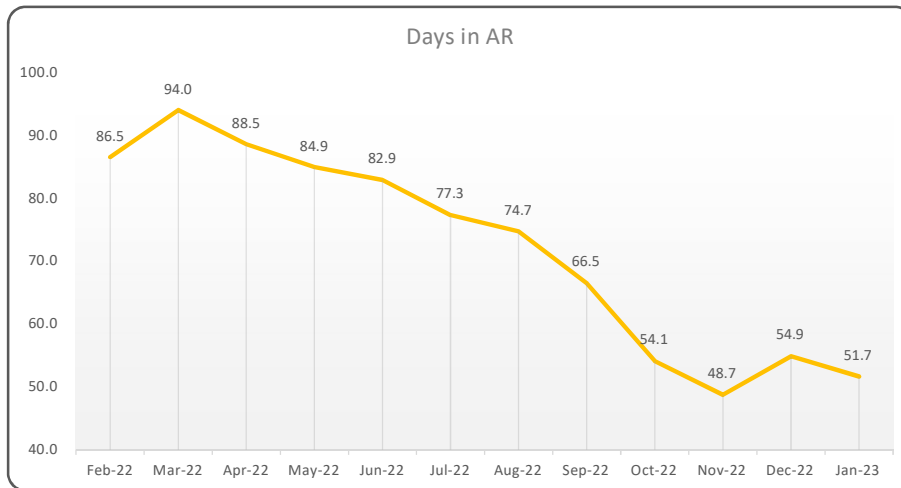
Admissions by Service Type



Southern Humboldt Community Healthcare District

Executive Dashboard

| | TARGET | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 |
|-------------------------------------|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Days in AR | 45.8 | 86.5 | 94.0 | 88.5 | 84.9 | 82.9 | 77.3 | 74.7 | 66.5 | 54.1 | 48.7 | 54.9 | 51.7 |
| Gross AR | | 4,322,972 | 4,832,867 | 4,350,642 | 4,140,558 | 3,936,767 | 3,737,262 | 3,708,255 | 3,418,601 | 2,790,532 | 2,736,117 | 3,016,738 | 2,893,400 |
| Gross Revenue | | 1,350,122 | 1,639,234 | 1,384,159 | 1,464,711 | 1,474,557 | 1,510,151 | 1,582,735 | 1,637,530 | 1,525,240 | 1,947,165 | 1,586,113 | 1,620,070 |
| Cash Collections | | 859,954 | 770,454 | 1,024,101 | 1,137,769 | 1,217,580 | 786,503 | 1,182,187 | 815,275 | 767,658 | 937,047 | 1,373,812 | 1,095,480 |
| Adjustments | | 591,522 | 626,184 | 443,517 | 581,700 | 646,293 | 644,797 | 792,749 | 1,308,282 | 1,248,008 | 666,773 | 244,503 | 601,307 |
| Collection % | | 59.2% | 55.2% | 69.8% | 66.2% | 65.3% | 55.0% | 59.9% | 38.4% | 38.1% | 58.4% | 84.9% | 64.6% |
| Late Charges | 1% | 1.2% | 0.0% | 2.6% | 0.6% | 0.1% | 1.6% | 0.6% | 1.1% | 0.0% | 0.0% | 0.0% | 0.0% |
| Bad Debt | 3% | 0.0% | 2.2% | 0.0% | 1.9% | 1.4% | 0.8% | 1.4% | 31.3% | 27.5% | 1.1% | 0.4% | 0.0% |
| Charity Care | 3% | 0.2% | 5.6% | 6.3% | 3.1% | 13.5% | 3.5% | 5.1% | 4.4% | 3.6% | 1.9% | 2.1% | 3.9% |
| Third Party Aged over 90 | 13% | 19.8% | 18.5% | 19.3% | 18.9% | 17.5% | 19.7% | 19.1% | 22.6% | 25.9% | 14.1% | 14.9% | 15.2% |
| Self Pay Aged 180 (from assignment) | 25% | 72.2% | 71.7% | 71.6% | 63.4% | 60.2% | 59.4% | 62.5% | 47.1% | 23.7% | 28.6% | 35.4% | 41.5% |



HUMAN RESOURCES QUARTERLY REPORT

Second Quarter FYE 2023

Statistics

| | October | November | December | Qtr. Total |
|-----------------------------|---------|----------|----------|------------|
| New Hires | 2 | 2 | 3 | 7 |
| Separations from Employment | 2 | 1 | 2 | 5 |

Second Quarter Hired Positions

Nurse Practitioner
Substance Use Navigator
Licensed Vocational Nurses
Registered Nurses
Maintenance Technician

Quarter Separation Reasons

3 – Relocation
2- Involuntary

Current Open Positions

- 1) LVN Skilled Nursing
- 2) RN ER/Acute
- 3) Nurse Manager ER/Acute
- 4) Speech Therapist
- 5) Occupational Therapist
- 6) DON Skilled Nursing
- 7) Physician Family Med
- 8) HR Manager
- 9) Board Clerk
- 10) Pharmacy Manager
- 11) Radiologic Tech X-Ray/CT
- 12) Health Information Management

Injuries

None

Anniversaries

Margo Acuna – 16 Years
Lula Williams – 8 Years
Michael Newdow – 8 Years
Carruth Topham – 5 Years
Constance Paul – 5 Years
Michelle Pogue – 5 Years
Michelle Brightwell – 4 Years
Maria Briseno – 3 Years
Karen Johnson – 3 Years
Jess Gardener – 3 Years
Kimberly Rigby – 2 Years
Thomas Lasbury – 2 years
Katrina Lang-Donofrio – 1 Year
Selena Meras – 1 Year
Mary Spring – 1 Year

Second Quarter Activities Summary

The launch of Paylocity began on 12/25 and is going well. Employees are getting used to clocking in and out on the new system but seem to enjoy it very much.

Kimmy is also working with Paylocity to streamline all Performance Evaluations and is meeting with managers individually as needed to help walk them through the process. It is all digital and Kimmy's goal is making the Evaluations and Performance Reviews more frequent so employees can gain more out of their time here.

Kimmy and Darrin took an Accelerated Human Resources Management class where they learned a lot about employment laws and regulations.

Governing Board Report

Submitted by Chelsea Brown,
Development Director & Outreach Manager
February 15, 2023



Foundation Report:

- The Foundation elected a new Board Member, Marisa Formosa. Marisa grew up in Southern Humboldt and has worked at Sanctuary Forest, RCAA, and is now a Development Officer at Planned Parenthood in Eureka. She brings a wealth of fundraising experience and personal connections in SoHum, and we're excited to welcome her to our team.
- The Foundation formed a Board Emeritus, with two members – Former Chair, Carolyn Hino-Bourassa and Foundation Founder, Barb Truitt. This role is reserved for volunteers who have provided extraordinary service to the Foundation. They will be kept in the loop about board activities, and provide advice and support as needed.
- Foundation staff have developed a detailed fundraising plan for 2023 with goals to expand our donor support base and bring additional revenue for the capital campaign.

| | |
|---|-----------------------|
| Humboldt Area Foundation Mid-term Fund | \$646,290.16 |
| Humboldt Area Foundation Long-term Fund | \$702,012.96 |
| Vocality accounts | \$360,483.69 |
| | \$1,708,786.81 |
| Outstanding pledges | \$1,309,869.88 |
| | \$3,018,656.69 |

Outreach Report:

- Outreach is collaborating with the Family Resource Center to put on some events for the community
 - **Touch a Truck:** Saturday, April 1st 12-3pm at Redway Elementary - Interactive event for kids & adults to explore, discover, and learn about their favorite rigs and their hard-working operators! Lawn games, food, and fun. Our mobile clinic will be there for kids to check out.

- **Community Baby Shower:** Saturday, April 29th 12-3pm at the SoHum Community Park Barn – free event for pregnant, considering to be pregnant, and parents of 0-2 years and their support people. Free baby supply giveaways, providers from all around the county will be there, games, food and fun.
 - **Mental Health Month** event in May: date and details TBD
 - **Shelter Cove Health Fair:** date and details TBD. Will be in conjunction with when our mobile clinic is out there offering services in May or June.
- The mobile clinic is expanding their schedule to be out weekly, rotating to different locations – Rio Dell, Shelter Cove, Blocksburg, are confirmed. Other locations TBD
 - Outreach continues to promote our other new services – ultrasound, 3D mammograms, pediatrics, new clinic provider, substance use counselling by doing ongoing advertising, social media, and e-newsletters.



Infection Prevention Annual Report

FYE 2022 (July 2021-June 2022)

The District

Southern Humboldt Community Healthcare District (SHCHD) is a California Special Healthcare District located at 733 Cedar Street, Garberville, California, 95542. It is comprised of the Jerold Phelps Community Hospital, the Southern Humboldt Community Clinic, and off-site Sprowel Creek Campus with retail outpatient pharmacy and Family Resource Center that provides numerous support services to the community. The hospital is a Medicare certified Critical Access Hospital consisting of 9 licensed acute/swing beds and an 8-bed “distinct part” Skilled Nursing Facility (SNF). The district has no intensive care unit (ICU), obstetrics unit, or operating room. Direct services include a 24/7 Emergency Department (ED), Laboratory, diagnostic Radiology including CT scan and screening Mammography, Behavioral Health, retail outpatient pharmacy, and a Visiting Nurse Program (currently on hold until able to hire a nurse). Additional services that are being added or expanded: Mobile Health Clinic, Behavioral Health, outpatient Ultrasound and 3D Mammography.

Service Area

Southern Humboldt Community Health Care District (SHCHD) serves populations in southern Humboldt, northern Mendocino, and western Trinity counties. It is a large rural area of approximately 775 square miles and includes the communities of Alderpoint, Blocksburg, Ettersburg, Garberville, Harris, Honeydew, Miranda, Myers Flat, Leggett, Petrolia, Phillipsville, Piercy, Redcrest, Redway, Shelter Cove, Weott, Whitethorn, and Zenia. The area has a predominantly white population of about 10,365 full-time residents that increases during summer months. The hospital provides services to the local community and seasonal tourists.

SHCHD provides the only Emergency Department in this area. Severe winter weather, rugged terrain and rough roads can make travel difficult and delay medical treatment.

SHCHD Statistics

| | FYE 2018 | FYE 2019 | FYE 2020 | FYE 2021 | FYE 2022 |
|---------------------------------|----------|----------|----------|----------|----------|
| Emergency Visits | 3102 | 3035 | 2778 | 2601 | 3126 |
| Outpatient Visits | 4223 | 3950 | 4059 | 11,436 | 9059 |
| Clinic Visits | 5504 | 5248 | 5950 | 5048 | 5067 |
| SNF patient days | 2914 | 2794 | 2890 | 2713 | 2689 |
| Acute care days | 109 | 133 | 142 | 93 | 102 |
| Swing patient days | 1091 | 1015 | 1066 | 1043 | 604 |
| Observation patient days | 58 | 67 | 91 | 100 | 117 |

Infection Preventionist Position

At the end of this fiscal year, the district has one full-time individual filling the Infection Preventionist (IP) role. The current IP is not a Certified Infection Control (CIC) Nurse but comes in with one year experience serving as the Infection Preventionist (IP)/Inpatient Certified Wound/Ostomy Nurse and Outpatient Wound Center Manager at a local General Acute Care Hospital with an additional 10 plus years of experience specializing in wound/ostomy care. Prior to the current IP's arrival, the majority of the FYE 2021 consisted of three part-time individuals who together filled the IP role. The lead CIC began orientation of the current IP late August of 2021. The new IP's goal is to become proficient in this role and then sit for the CIC exam. The previous lead CIC continues to serve as a consultant with the district to assist and ensure that the current IP is competent in all the areas important for a good infection prevention program.

Infection Prevention Reporting

The Infection Prevention program performs active surveillance for hospital-associated infections (HAI) using daily review of culture and sensitivity reports and weekly review of new antibiotic orders. All infections identified, whether requiring external reporting or not, are reported internally to the Medical Staff Committee.

NHSN Patient Safety Module

Certain infections and conditions occurring in Acute and Swing Bed patients are reportable to the Centers for Medicare and Medicaid (CMS) and the California Department of Public Health (CDPH) via the National Healthcare Safety Network (NHSN) reporting system. These include:

- Catheter-associated urinary tract infection (CAUTI)
- Central line associated bloodstream infection (CLABSI)
- Clostridium difficile infection (CDI)

Certain Lab results are reportable for both in-patients and out-patients:

- Multi-drug resistant organisms (MDROs), including methicillin resistant staphylococcus aureus (MRSA) bacteremia.
- Vancomycin resistant enterococcus (VRE) identified on lab reports.

NHSN Reporting FYE 2022 (Acute and Swing Bed units only)

| 2021-2022 => | FY Q1 | FY Q2 | FY Q3 | FY Q4 |
|---------------------------------------|-------|-------|-------------|-------|
| CLABSI | 0 | 0 | 0 | 0 |
| CAUTI | 0 | 0 | 0 | 0 |
| Clostridium difficile infection (CDI) | 0 | 0 | 2 (not HAI) | 0 |
| VRE (lab IDs events only) | 0 | 0 | 1 | 0 |
| MRSA (+ Blood Culture only) | 0 | 0 | 0 | 0 |

NHSN Device Days FYE 2018-FYE 2022

| | FYE 2018 | FYE 2019 | FYE 2020 | FYE 2021 | FYE 2022 |
|---|----------|----------|----------|----------|----------|
| Ventilator days/VAPS | N/A | N/A | N/A | N/A | N/A |
| Surgeries/Surgical site infections | N/A | N/A | N/A | N/A | N/A |
| Central Line Days (Acute/Swing*) | 100 | 60 | 0 | 14 | 0 |
| Urinary catheter days (Acute/Swing*) | 20 | 108 | 126 | 59 | 61 |

NHSN Healthcare Personnel Safety module

Healthcare personnel influenza vaccination rates are reported to NHSN every May. See Employee Health Annual Report.

Public Health Reporting

As required by Title 17, section 2500, certain conditions and diseases are reportable to the Humboldt County Public Health Department. A total of 15 California Morbidity Reports (CMR) were submitted in FYE 2022.

Of those 15 reports, a large number were STIs (sexually transmitted infections). Gonorrhea: 5; Chlamydia: 2; Hepatitis C: 1; Hepatitis B: 1; Lyme Disease: 3; Campylobacteriosis: 2; and Coccidioides: 1.

Evaluation: Mandatory reporting was completed as required in FYE 2022.

Plan: Continue surveillance and reporting as required by law.

Internally Reported HAIs in SNF and Swing Bed Unit FYE 2019-2022

Infections that do not currently require external reporting are reported internally to the Medical Staff Committee and include the following:

1. Infections in the Skilled Nursing Facility (SNF)
2. Non-catheter associated urinary tract infection (UTI)
3. Catheter associated urinary tract infections that DO NOT meet NHSN criteria for CAUTI
4. Hospital acquired pneumonia (HAP)
5. Skin and soft tissue infection (SSTI)

For this report, infection and census data were collected from Infection Prevention quarterly reports and Health Information Management (HIM) reports.

| Internally Reported | FYE 2019 | FYE 2020 | FYE 2021 | FYE 2022 |
|---|-----------------|-----------------|-----------------|-----------------|
| Catheter associated urinary tract infections (CAUTIs) in SNF | 0 | 0 | 0 | 0 |

| | | | | |
|--|---|---|---|---|
| Urinary tract infection (UTI)- not catheter associated in SNF and Swing | 0 | 0 | 0 | 1 |
| Hospital-Associated pneumonia (HAP) in SNF and Swing | 0 | 0 | 0 | 1 |

Evaluation: The zero incidence of CAUTI (no cases in the last five fiscal years) is largely attributable to very infrequent use of indwelling urinary catheters and prompt removal.

The Antibiotic Stewardship program encourages stricter diagnostic criteria for UTI's which may have resulted in fewer cases being diagnosed and treated. Many of those that were called UTI's in the past are asymptomatic bacteriuria's and do not require antibiotic therapy.

The facility uses the 2012 revised McGeer Criteria for HAP surveillance. Due to inconsistencies in the definition of HAP, there are no reliable, published benchmarks for long term care facilities to compare rates.

Plan: Continue surveillance and internal reporting on significant infections that do not require external reporting.

Multidrug Resistant Organisms (MDROs) and Clostridium difficile infections

| Positive Lab reports | FYE 2018 | FYE 2019 | FYE 2020 | FYE 2021 | FYE 2022 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| Methicillin Resistant Staph Aureus (MRSA) | 14/no HAI | 0 | 0 | ? | 5/ not HAI |
| Vancomycin resistant enterococci (VRE) | 1- in ED | 0 | 0 | 0 | 1 |
| Clostridium difficile infection (CDI) | 0 | 0 | 0 | 0 | 2/not HAI |
| Carbapenem resistant enterobacteriaceae (CRE) | 0 | 0 | 0 | 0 | 0 |
| MRSA bacteremia | 2- Both in ED | 0 | 0 | 0 | 0 |
| E. coli ESBL | 2/not HAI | 0 | 1/not HAI | 0 | 4/not HAI |

Evaluation: For FYE 2022, there has been one case of hospital-associated infection (or known colonization) by VRE, no cases of CRE, no cases of hospital associated MRSA bacteremia, and no cases of hospital associated Clostridium difficile infection (CDI) from this facility during the last five years for which district infection prevention records are available. The two CDI infection noted above for this fiscal year were both present on admit and involved the same patient.

A number of factors contribute to the low incidence of these and other infections in the hospital:

- Low patient acuity
- Short lengths of stay
- Low utilization of invasive devices like indwelling urinary catheters and central lines

- Few invasive procedures
- Judicious use of antibiotics
- Good staffing ratios
- Staff adherence to hand hygiene policy and equipment cleaning policy and environmental cleanliness

Plan: Continue to monitor and report.

Community Associated Infections

Infections present upon admission (POA):

In FYE 2022, there were 38 inpatient admissions. All those admitted, 18 had infections present at the time of inpatient admission. In order of frequency, these infections were:

Sepsis: 7
Cellulitis: 5
Pneumonia: 4
Urinary Tract Infection: 2

Infections diagnosed in the ED

COVID-like disease and/or potential exposure to COVID positive person was the #1 primary diagnosis in the Emergency Department this fiscal year with 78 patients. “Urinary tract infections” (62 patients) “Viral infection, unspecified” (35 patients).

Sepsis (ICD10 A41.9, Sepsis, unspecified organism)

A total of 7 patients were admitted with a diagnosis of Sepsis. All but one was present at time of admission. One SNF resident developed sepsis and was transferred to inpatient.

Community Associated MRSA

There were 12 total Staphylococcus aureus positive cultures in FYE 2022. Four of those were positive for MRSA for a 33% MRSA rate. The remaining eight were sensitive to methicillin (MSSA).

Noted in FYE 2021, there still appears to be a high local MRSA resistance to ciprofloxacin, levofloxacin, erythromycin and FYE 2022 there now appears to be high resistance to oxacillin. However, these numbers are small and are prone to variation from year to year.

| MRSA Antibiotic Resistance Profile FYE 2021 | Total # tested | Total # resistant | % resistant | % sensitive |
|--|-----------------------|--------------------------|--------------------|--------------------|
| Gentamicin | 4 | 0 | 0.0% | 100% |
| Tetracycline | 4 | 0 | 0.0% | 100% |
| Vancomycin | 4 | 0 | 0.0% | 100% |
| Clindamycin | 4 | 1 | 25% | 75% |
| Trimeth/Sulfa | 4 | 0 | 0% | 100% |
| Ciprofloxacin | 4 | 4 | 100% | 0% |
| Levofloxacin | 4 | 4 | 100% | 0% |
| Erythromycin | 4 | 4 | 100% | 0% |
| Oxacillin | 4 | 4 | 100% | 0% |

Evaluation: For the FYE 2022, the district utilized the Antibiogram from PSJH.

Plan: Continue to monitor and report on local antibiotic resistance trends.

Blood Cultures

Blood culture surveillance reports are a part of quarterly infection prevention reporting. Reports include the clinical signs/symptoms, empiric antibiotic treatment, organism(s) cultured, and sensitivity to ordered antibiotic. Follow-up with providers is done if sensitivity reports indicate resistance to ordered antibiotics.

Organisms isolated and empiric antibiotic treatment:

| FYE 2022 | Location | Blood Culture Organism(s) Isolated | Treatment |
|-----------------|---|---|---|
| Q1 | Acute/SWB transferred in for surgical aftercare | Streptococcus dysagalactiae | IV Ceftriaxone 2 gm |
| Q1 | ED/admitted | Staphylococcus epidermidis | IV Clindamycin, left AMA, RX for Clindamycin to pharmacy |
| Q1 | ED/transferred | Peptoniphilus asaccharolyticus | IM Ceftriaxone 2 gr in ED prior to transfer |
| Q1 | ED/admitted | Streptococcus pneumonia | IV Azithromycin and Ceftriaxone. Left AMA and RX for cefpodoxime sent to pharmacy |
| Q2 | ED/DC'd | Escherichia coli | Abx IV Ceftriaxone, RX for Cefdinir |
| Q2 | ED/admitted | Enterococcus faecalis | Abx IV Vancomycin and Unasyn |
| Q2 | ED/transferred out | Streptococcus pneumoniae | Transferred to higher level of care, results of BC called to other facility to report |
| Q2 | ED/elapsed | Globicatella sulfidiaciens | IV Rocephin, RX for Keflex to pharmacy |
| Q2 | ED/admitted | Streptococcus pneumoniae | IV Zosyn and Levaquin |
| Q3 | ED/DC'd | Streptococcus pneumoniae | IV Ceftriaxone. Rx for Azithromycin |
| Q3 | ED/DC'd | Staphylococcus epidermidis | IV Vancomycin and Cefepime as outpatient |
| Q3 | ED/Transferred out | Staphylococcus aureus | IV Cefepime, Gentamicin, and Vancomycin |
| Q3 | ED/Transferred out | Staphylococcus epidermidis | Transferred out for other medical issue. |
| Q3 | ED/DC'd | Staphylococcus hominis | Azithromycin, Rocephin, Cefpodoxime |
| Q4 | ED/DC'd | Micrococcus luteus | Doxycycline for UTI, CXR poss. pneumonia |

Blood culture contamination and low volume blood culture numbers for FYE 2022: 5 total for probable contamination and 8 total cultures had low volume.

Evaluation: Blood culture review and follow up to continue.

Plan: Continue surveillance and reporting.

Urine Cultures

Infection Prevention does surveillance on urine culture reports for the ED, SNF, Swing Bed, and Acute units. If the patient is being treated empirically with antibiotics and the sensitivity report shows resistance to that antibiotic, the ordering provider (or current physician, if the patient was seen in ED) is informed. An alternate antibiotic may be ordered.

In FYE 2022, a total of 433 urine culture results were received from Quest. These included cultures ordered by outside providers that use our Lab service.

Results:

No Growth or multiple organisms.

There was two positive VRE urine cultures (both on same patient).

There were four positive E. Coli (ESBL) urine cultures.

Most common urine cultures consisted of E. Coli, Proteus mirabilis, and Enterococcus faecalis.

TB Screening

SNF residents and long-term Swing Bed patients (those who will be admitted for longer than 30 days) are screened for tuberculosis (TB) upon admission and annually. Seven SNF residents were screened with QFGs in FYE 2022. All screenings were negative. One SNF resident has had a positive QFG in the past and completed the TB screening questionnaire, which was negative for TB signs and symptoms. Fifteen Swing Bed patients were screened, and all were negative.

Evaluation: The TB screening program is adequate.

Plan: Continue to screen SNF residents and Swing Bed patients (for those staying > 30 days) as needed and annually.

Antibiotic Stewardship Program (ASP)

The facility's Antibiotic Stewardship Program was started in 2015 and has been tasked with ensuring the judicious and appropriate use of antibiotics. The ASP committee is comprised of the Medical Director, Chief Nursing Officer, Pharmacist, and Infection Preventionist.

Activities in FYE 2022 included:

- Completion of an ASB course for the district infection preventionist.
- Nursing staff assigned antibiotic stewardship education through the Relias program.
- Continuing spreadsheet listing Acute, Swing Bed and SNF resident antibiotic orders, maintained by the Infection Preventionist.
- Continued ED, in-patient, and SNF culture follow-up by the Infection Preventionist with action taken when the sensitivity report indicates resistance to the ordered antibiotic.

Evaluation: Progress has been made in implementing the Antibiotic Stewardship policy, but challenges continue:

- Difficulty obtaining complete antibiotic usage data from the HealthLand system
- Difficulty convening regular meetings of the Antibiotic Stewardship Committee due to time and schedule limitations of committee members. The COVID pandemic continued to take precedence over many district functions making it challenging to meet.

Plan: Continue improving the processes and review current evidence-based protocols for antibiotics for commonly seen infections and update current protocols, as necessary.

Water Program

The Water Program Committee has not been active this last fiscal year. Committee membership is composed of the Chief of Operations, the Engineering Manager, the Chief Nursing officer, and the Infection Preventionist. The Engineering Manager continues to monitor the two areas of risk previously identified: the outdoor fountain and the inpatient shower. Neither area grew *Legionella pneumophila* (causative agent of Legionnaire's Disease) in the water system. In addition, the Engineering Manager continues to eliminate deadheads in the hospital water system.

Evaluation: Although monitoring has been done, the Water program has not been functioning as needed but engineering and infection prevention do communicate regarding any issues. The committee will begin meeting again in the first quarter of FYE 2023.

Plan: Begin holding active meetings again.

Environmental Rounds

There was a total of three Environmental Rounds performed in FY 2022. Members of the team include Infection Prevention, Nursing, Environmental Services, and Engineering. They use a written tool to inspect and evaluate the physical environment for cleanliness, safety, supply outdates, repairs, and other safety issues. Findings are sent to the appropriate managers with timelines for correction and results are reported to Medical Staff quarterly.

Evaluation: As of the end of this fiscal year, there were still corrections to be made from issues that were found during previous rounds.

Plan: Quarterly rounds will be performed follow up rounds performed to check on status of corrections. Will increase frequency if needed. Reminder emails to be sent to managers and supervisors as appropriate.

Educational Presentations and Staff Training in FYE 2022

- Video titled "Infection Prevention for General Orientation: The Ongoing Challenge" with post-test required for all new staff. Newly hired patient care staff received additional 1-on-1 instruction specific to facility policies which involves return demonstration of hand hygiene and donning and doffing PPE.
- Video titled "Preventing Occupational Exposure to Bloodborne Pathogens" with post-test required for all new staff and annually for all employees in high-risk setting.
- Video titled "Overcoming the Obstacles: Improving Hand Hygiene Compliance" with post-test required for all new staff and annually for all employees.
- UCSF video "Donning and Doffing of PPE" for all new hires and at annual nursing skills day.
- Nursing skills day covered education on hand hygiene, isolation precautions, one needle, one syringe, on time, Safe Patient Handling, and safe use of lifting devices.
- Sterile Processing training: 6 videos with post-tests and competency completed by new sterile processing tech.
- Environmental Services staff training with DVD titled "The Front Line of Infection Control" Hand Hygiene, and Bloodborne Pathogens
- "Cleaning and Disinfecting of Patient Care Equipment" ongoing with nursing and EVS
- Annual IP training is online required online by staff in July 2022.

Evaluation: Infection prevention training topics mandated by law, regulation, and facility-based need were provided to appropriate staff in FYE 2022.

Plan: Continue infection prevention training upon hire, annually, and as needed.

Policy Changes

New policies

Purewick Female External Catheter

01/28/2022

Revised policies

Cleaning and Repair of Patient Equipment

01/27/2022

Linen Handling

01/27/2022

Use of Powered Air Purifying Respirators

08/26/2021

Evaluation: The majority of reviews and revisions of all Infection Prevention policies have been completed are being switched to the updated district template and then will be sent for approval from Medical Staff.

Plan: Review and revise policies annually.

Infection Prevention Performance Improvement Projects

1. Sterile Processing (QAPI)

- The sterile processing program was completely restructured between January and March 2018 with oversight shifting to Infection Prevention. The program was revised, a training program including competencies was devised which meets AAMI standards, logs were created, MSDS's and IFU's for all instruments were gathered, and a step by step process was posted for the tech to follow. A policy and procedure was written encompassing these processes.
- One EMT and the Materials Tech completed training and sterile processing was resumed on March 26, 2018.
- Since that time, a clinic Medical Assistant (MA) completed the AAMI training and completed the didactic portion and took over the responsibilities for the day-to-day processing of the instruments. Infection Prevention has been performing monthly checks of sterile instrument packages for evidence of proper processing and checks logs for completeness and accuracy with a goal of 100%.

| | FYE 2019 | FYE 2020 | FYE 2021 | FYE 2021 | FYE 2022 |
|-----------------------|----------|----------|----------|----------|----------|
| Correct packs | 323 | 383 | 248 | 248 | 1191 |
| Number checked | 324 | 394 | 256 | 256 | 1240 |
| RATE: | 99.7% | 97.2% | 96.8% | 96.8% | 96.0% |

- Load recalls: none
- Results of auditing are reported quarterly to Medical Staff and QAPI Committees.
- Corrective action was taken on any issue identified.

Evaluation: During the FYE 2022, at the first of each new month, all sterile packs that remained in the bins in the clinic and the ED were examined and counted which explains the significant increase in numbers for this past fiscal year. The CME/Sterile Processing Tech transferred to the Human Resources (HR) department after accepting a full-time position as the HR assistant. During this time, the tech continued performing the tasks for the sterile processing on a part time basis. There were some minor issues with the sterile processing program (occasionally tip protectors falling off, water marks on packages, or exposed packs being left in the bins) but due to demands from the

other position, an official resignation letter was submitted in February 2022. Both the hospital and clinic side were unable to find someone willing to accept the additional responsibilities that this part time position involved so the district began to explore switching over to disposable instruments. During this time, the current technician has continued to perform the job responsibilities but has not officially rescinded the resignation.

Plan: Switch over to use of disposable instruments. Charges have been adjusted to incorporate the cost of the disposable instruments into the visit. The district now uses single use disposable instruments for all procedures, there are a few items that had not been able to be replaced to the providers standards (mainly on the clinic side) but single use disposable replacements have been found. There remains some discussion regarding possibility of moving autoclave equipment over to the clinic side where the clinic staff could take over the responsibility of processing the occasional instrument but space is an issue, so the equipment remains on the hospital side.

The district is now using disposable single use instruments for all procedures in clinic and the ED setting.

MRSA Admission Screening (QAPI)

State law (SB 1058) requires MRSA screening (nares swab) within 24 hours of admission for certain patient populations. The District has in the past chosen to screen all new patients and residents with the exception of 24-hour Observation patients. Compliance is reported to Medical Staff and QAPI Committees.

The rate is showing a downward trend.

47 of 57 admissions were screened (82.5%). The last fiscal year rate was 71.8%.

Evaluation: All Inpatient, Swing bed, and SNF patients are screened under this requirement. Observation patients are not included in this requirement and since many patients are admitted to observation first before being transferred to inpatient, there have been some incidents where the MRSA screening test has been missed.

Plan: Recommend that everyone admitted to the ACUTE/SNF unit be tested. Staff will be reminded of the need for the testing and the time frame. Staff will be encouraged to sustain 100% compliance and monitoring with feedback will continue.

Hand Hygiene

In August, 2016, Infection Prevention introduced a program that centers on nurse manager observations of hand hygiene with emphasis on immediate feedback to staff. This strategy makes use of the well-known Hawthorne Effect (behavior changes when observed) to help staff develop a habit of performing hand hygiene before entering a patient room and after exiting.

Each nurse manager and the Infection Preventionist is expected to contribute a minimum of ten (10) hand hygiene observations per month (24 observations per month).

- Observations are documented on a standardized worksheet and to be turned in to the Infection Preventionist at the end of each month.
- Infection Prevention compiles a quarterly summary of observations and reports to the Medical Staff, Safety Committee, and Survey Readiness Committee.

Evaluation: This program has not been followed consistently, there have been manager changes which have negatively affected the number of monthly hand hygiene observation, but the district now has filled those manager positions and hand hygiene observations have increased.

Plan: The program will be reinforced going forward and EVS has now been added to help with observations as their department plays a very important role in helping to prevent the spread of infections. Monthly reminders are again being sent to nurse managers. Also, will request help from nursing staff to assist with observations during slower times.

Evaluation of FYE 2022 Goals

Program Goal #1: Assure appropriate antibiotics and antibiotic regimens are used.

Objective #1: Improve compliance with evidence-based Antibiotic Stewardship recommendations

Objective #2: Have a functioning Antibiotic Stewardship Program

Evaluation: This goal is still ongoing. The COVID-19 pandemic had taken precedence over many of the district's routine activities and that, along with the IP position being filled previously by multiple people, consistency with following the program had been challenging. The Infection Prevention department has continued to work together with pharmacy, clinic and ED providers, and nursing to ensure patients are placed on the appropriate antibiotics per culture results at the appropriate time, for the appropriate reason. In addition, public health guidelines and CDC guidelines continue to be forwarded to providers as they were received. During this FY, the IP has successfully completed the Centers for Disease Control Antibiotic Stewardship Training and Foundations of Infection Prevention presented by California APIC Coordinating Council. These programs have both helped provide needed training to help lead this program. Regular meetings have also begun again.

Program Goal #2: Improve preparedness for outbreak management in the facility and the community.

Objective #1: Meet all standards by CDC, CDPH, HCPHD, for Mitigation of COVID-19.

Evaluation: This goal is a carry-over from the previous year and continued to be carried out throughout the entire fiscal year through maintaining a COVID Mitigation Plan, testing residents and staff for COVID-19, follow-up as appropriate for staff and patients with COVID exposures which involved appropriate isolation/quarantine and testing as needed. There continues regular monitoring of both PPE and hand sanitizer to ensure the district maintains adequate supplies necessary to keep patients and staff safe. There also was a continuation of in-servicing of staff in donning and doffing PPE and N-95 particulate respirators FIT testing or PAPR training if appropriate.

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