



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

December 8, 2023
1:30 p.m.

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

**Sprovel Creek Campus, Rm 105
286 Sprovel 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 on December 8, 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](tel:+14156550001), [25961264606##](tel:+14156550001) US Toll
Join by phone +1-415-655-0001 US Toll

Webex Link:

<https://shchd.webex.com/shchd/j.php?MTID=mf382ec693b5af88dbd976938d91e6460>

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. Approval of Consent Agenda – 1. Quarterly Quality Assurance Performance Improvement Committee

- Report – (Feb, May, Aug, Nov) - None
- 1 - 4 2. Quarterly Reports - (Feb, May, Aug, Nov)
- i. Quality and Risk Management – Kristen Rees, Chief Quality and Compliance Officer and Risk Manager – See Report
 - ii. Human Resources – Rachel Wells, HR Director - None
 - 5 - 7 iii. Foundation – Chelsea Brown, Outreach Manager - See Report
- H. Correspondence, Suggestions or Written Comments to the Board
- I. Last Action Items for Discussion
- 1. Senior Life Solutions Update – Matt Rees
 - 2. Hiring Doctors/Practitioners Update – Matt Rees
 - 3. Board Tour of Departments – Darrin Guerra
- J. Administrator’s Report – Matt Rees, CEO
- 1. Department Updates
 - a. Milestones
 - b. Monthly Department Highlight
 - 8 - 20 c. Financial Reports – Paul Eves, CFO
 - 21 - 22 d. Nursing – Adela Yanez, CNO
 - e. Quality and Risk Management – Kristen Rees, CQO
 - f. Family Resource Center – Amy Terrones – Mar and Oct
 - 23 - 25 g. CSDA Conference, Policy, and Recommendation from BBK – Darrin Guerra
 - 2. Strategic Plan
- K. Old Business
- 1. Strategic Items for Discussion
 - a. Future Facilities Planning
 - b. Services
- L. New Business
- 1. Strategic Items for Discussion
 - a. Future Facilities Planning
 - b. Services
 - 26 - 31 2. New Policy and Procedure System Transition
 - a. Approval of Resolution 23:17, Policies and Procedures – See P&P Packet
 - 3. Annual Board Luncheon
 - 27 - 36 4. Approval of Updated Employee Handbook
 - a. Pregnant Workers Fairness Act
 - b. Sick Pay Hours Effective 1/1/24

- 37 - 42
- c. Benefit Class Change for Full, Part Time, and Seasonal/Per Diem Employees.
 - 5. Approval of Changes to Allow an NP and/or a PA to Work in The Emergency Department
 - a. Approval of Medical Staff Bylaws Allowing an NP and PA to Work in the Emergency Department Under the Supervision of a Physician
 - b. Approval of the Core Emergency Department and Inpatient Privileges to be Offered to an NP and PA
 - 6. Approval of Resolution 23:18 for a Loan of \$3.6M from 5 Star Bank for Financing the Utility Upgrade project

M. Parking Lot

- 1. Sprowel Creek Campus parking

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

- 1. Medical Staff Committee – Policy Development - TBD
- 2. QAPI Meeting – TBD
- 3. Finance Committee – Friday, December 22, 2023 at 10:00 a.m.
- 4. Governing Board Meeting – Thursday, December 28, 2023 at 1:30 p.m.

Q. Adjourn to Closed Session

R. Closed Session

- 1. Reports of Quality Assurance Committees **[H&S Code § 32155]**
 - a. Compliance and Risk - Kristen Rees, CQO
 - b. Quarterly Reports - Adela Yanez, CNO
 - i. Clinic – Jan., Apr., July, Oct.
 - ii. Patient Safety – Mar., June, Sept., Dec.
 - iii. Medication Error – Feb., May, Aug., Dec.
- 2. Approval of Medical Staff Appointments/Reappointments **[H&S Code § 32155]**
 - a. Dr. Patrick McCarthy, Initial Appointment for Diagnostic Radiology as Provisional Associate, December 8, 2023, to November 30, 2025.
 - b. Dr. Fangluo Liu, Reappointment as Associate Lab Director, December 8, 2023 to November 30, 2025.
- 3. Personnel matter –Evaluation § 54957

a. CQO Kristen Rees

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

T. Resume Open Session

U. 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
<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 Saturday, December 4, 2023

Quality and Risk Management

Projects:

EPIC Implementation and Stabilization

As you are aware, the EPIC implementation and stabilization process has not been as smooth as we hoped. OCHIN has been on site multiple times to assist staff at the elbow. They have worked on access, build, and a variety of other issues. There remain risks, delays in revenue, and low confidence in workflows and build. This is improving, but it has been 5 months since the go-live date, and the lack of consistent workflows, regular issues, and lack of resolution for some problems has been and is affecting the morale and engagement of employees. That said, there has been progress and many employees have had significant improvements in their access and workflows.

EDSP Bridge to Treat Grant

Award Amount: \$375,000

Application Status: Awarded in October 2023. Final documentation is under review and will be completed in the coming weeks. Upon approval of the first set of deliverables, an initial payment of \$187,500 will be received.

Project Description: The EDSP grant spans 30 months and concludes by April 30, 2026. It supports the implementation of opt-out screening for Syphilis, HIV, and HPV in the Emergency Department.

Key Achievements/Outcomes: Funds will be allocated to acquiring a new lab analyzer. This investment will significantly enhance efficiency, testing capabilities, and space in the lab, as the current analyzers are nearing the end of their life expectancy.

CARE Grant

Award Amount: \$5,000

Application Status: Awarded and Closed

Project Description: The CARE grant, provided by DHCS, supported employee wellness events focusing on physical activity, nutrition, and emotional well-being.

Key Achievements/Outcomes: Positive feedback was received for the events, offering relief to staff during a critical period, particularly with the transition to EPIC.



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Quality and Risk Management

SHIP Grant

Award Amount: \$13,000

Application Status: Ongoing. 5 Year Award Period. Renewed yearly.

Project Description: The SHIP grant, a gateway grant, enables the district to apply for various HCAI funding opportunities.

Key Achievements/Outcomes: SHIP funding has facilitated the acquisition of I2I software, training, and ongoing enhancements.

EPT DHCS Partnership Funding Opportunity

Amount: \$375,000

Application Status: Awaiting award announcement.

Project Description: Geared towards funding quality and compliance improvements.

Key Achievements/Outcomes: Presented by Partnership Health Plan of California, this funding opportunity serves as an incentive for primary care improvement. If awarded, funds will be used to implement Partnership's proposed milestones.

MCN Healthcare

See below an overview of the upcoming implementation of MCN's innovative products - Policy Manager, Policy Library, and StayAlert!. These solutions are strategically designed to revolutionize our policy and procedure management, ensuring future regulatory compliance, and enhancing operational efficiency within our healthcare organization.

Introduction:

As we look forward to implementing MCN's solutions, we anticipate a transformative impact on our organization's document management processes. MCN's mission aligns seamlessly with our commitment to delivering exceptional patient care through enhanced policy and procedure management.

Key Offerings:

Policy Manager: Our soon-to-be-implemented Policy Manager, powered by MCN, is an intelligent document control and workflow management tool. It will automate policy access, review, approval, and attestation, providing 24/7 access to policies,



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Quality and Risk Management

robust search functionality, and automated tracking for an audit trail, ensuring future regulatory compliance.

Policy Library: Exclusive to our Policy Manager, the Policy Library will offer a comprehensive set of customizable policies and procedures tailored for diverse healthcare settings. Backed by over 33 years of healthcare experience, MCN will support us in staying compliant with future regulatory and accreditation requirements.

StayAlert!: StayAlert! is a regulatory update service that will keep our healthcare organization informed about changes, recalls, and best practices. Developed by healthcare experts, StayAlert! will ensure quick and accurate responses to evolving regulatory landscapes.

Anticipated Benefits:

- **Future Regulatory Compliance:** MCN's solutions, particularly Policy Manager and StayAlert!, will enable our healthcare organization to proactively maintain continuous compliance with various regulatory bodies, including CMS, HHS, TJC, DNV, CIHQ, AAAHC, CHAP, ACHC, FDA, CDC, OIG, HIPAA, and more.
- **Operational Efficiency:** Through automation, MCN's tools will significantly reduce the time, effort, and resources required for future policy-related processes and staying abreast of regulatory changes.
- **Collaboration and Accessibility:** The cloud-based nature of MCN's solutions will facilitate seamless collaboration among healthcare professionals within our organization, allowing for real-time updates, approvals, and document access from anywhere.
- **Cost Savings:** MCN's solutions will contribute to future cost savings by streamlining workflows, reducing the need for physical paperwork, and providing efficient tools for future compliance management.

Implementation Outlook:

As we prepare for the upcoming implementation of MCN's document management solutions, we are eager to explore and leverage these innovations to enhance our own operational efficiency and commitment to exceptional patient care.

In conclusion, the strategic adoption of MCN's solutions holds immense promise for our organization's future success. We look forward to collectively supporting initiatives that integrate these solutions, contributing to our continued excellence in providing outstanding healthcare services.



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Quality and Risk Management

Implementation Timeline Overview

1. Manual Inventory Spreadsheet:

- Organizations are requested to complete and return the Manual Inventory Spreadsheet, aiding in understanding document needs and potential requirements from MCN's Policy Library.

2. Organize and Structure Documents/Manuals:

- Begin the process of organizing and structuring existing documents and manuals for import into the MCN Policy Manager system. This step lays the foundation for a seamless transition to the new document management system.

3. Automated User Management:

- A separate email will be sent to the IT contact, providing necessary documentation to initiate LDAP/SSO integration. This integration streamlines user management, ensuring efficiency and accuracy in user access.

This phased approach ensures a systematic and organized transition to the MCN Policy Manager system, aligning with organizational goals and priorities. It sets the stage for a successful implementation, emphasizing collaboration and engagement from all stakeholders involved in the process.

Right now, we are in step one: Manual Inventory Spreadsheet.

We are expecting potential surveys any day after the prolonged hiatus due to the enduring impact of the pandemic. That is why we are asking for your approval of these policies today. Even though we recognize that these policies may need minor edits, I have been assured that the content reflects current practice. That is why your timely approval is paramount.

In the unfortunate event of that we are surveyed and there is a violation, we find ourselves constrained by a narrow, up to 30-day window to address and rectify any issues. We find ourselves in December with its many activities and reduced working days. Your prompt consideration and approval of these updates are integral to maintaining our high standards of compliance and readiness for impending surveys.



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Governing Board Report

Submitted by Chelsea Brown,
Development Director & Outreach Manager
November 2023



Foundation Report:

- The Foundation held their first ever Board Retreat on September 29th at Benbow Inn where they did strategic planning, training on donor stewardship, and spent time getting to know each other. The Board will vote to adopt their new 3-year strategic plan at their December meeting.
- The Benbow Wine auction on Saturday, November 11th was an incredible success bringing in over \$123,000 for the new hospital campaign. Members of the Ratcliff Architect team were there with displays of the draft plans and to talk with attendees. The live auction was high energy and brought in \$21,200 during the “fund-a-need” portion. The Foundation received an additional \$50,000 anonymous gift during the event. We look forward to hosting this event annually on the 2nd weekend in November.

Sponsorships	\$21,000.00
Live auction items	\$17,300.00
Fund a need	\$21,230.00
Anonymous gift	\$50,000.00
Silent auction	\$9,550.00
Tickets	\$4,095.00
	\$123,175.00

- The Foundation has found a new CPA firm for our required tax filings based in Fortuna.
- We’re continuing to work closely with our substance use navigator Leo Ramirez to supply items for the local unhoused population, through a special grant received from the Christine and Jalmer Berg Foundation. These items are helping to build trust with the local community to see our facility as a safe place to receive care.
- The Healthcare District has requested their first paydown of capital campaign funds to cover the costs of architect planning and design fees. The Foundation will vote to release this first installment at their December meeting.

- The Healthcare District is hosting a Public information Meeting with Ratcliff Architects on Wednesday, December 6th at 5:30pm in Sprowel Creek, Room 106. Community members and interested parties are invited to see plan progress on the new hospital/clinic build and have a Q&A session.

End of Third Quarter (September 30) account balances:

HAF Mid-term Fund	\$661,889.66
HAF Long-term Fund	\$728,424.18
Vocality accounts	\$467,733.98
Total Assets	\$1,858,047.82

Outstanding Capital Campaign pledges:

Donor Type	Outstanding Pledges
Board Members (District & Foundation)	\$31,704.00
Employees	\$50,000.00
Foundation grants	\$40,000.00
Individuals & Businesses	\$999,533.96
Total	\$1,121,237.96

Outreach Report:

- The mobile clinic has begun their rotation again after a hiatus in the fall. They are now going to Shelter Cove once a month and Rio Dell once a month. Outreach is working hard to get the word out about these services.
- We held a COVID/Flu shot clinic at the Healy Senior Center on November 8th and one at Mattole Valley Community Center on November 15th. Both were very well received.
- Outreach is now partnering very closely with the team at the Family Resource Center to support their special events and services for the community. We currently have holiday food donation bins staged in the clinic lobby and at Garberville Pharmacy and will be helping at their holiday food distribution on December 15th.
- Special Events & Tabling: October was Breast Cancer Awareness month and we tabled at the farmer's market, gave out special patient gifts, and put our streetlight banners around town. The Holding Space Suicide Awareness event in September was wonderful with many people sharing their stories and coming together to support each other. Outreach also tabled at the Halloween event at the Town

Square, Fortuna Apple Harvest Festival, and hosted a chamber mixer in the hospital courtyard in September.

- Our staff did a training for South Fork High School staff on the use of Narcan and Epi Pens. There were over 100 attendees at the all staff training.
- Increased social media outreach by joining and participating in facebook groups like "Fortuna Happenings," "Rio Dell Community Watch", "What's Up Whitethorn." We also became Fortuna, Rio Dell/Scotia and Ferndale Chamber members to increase communications that way.
- The Fall Senior Circle Newsletter went out to 1200 patients 65+ and featured a story about Jay Sooter.
- We're creating graphics to improve Fortuna Optometry.
- Our staff will have a truck in the Small Town Christmas parade on 12/16. We continue to sponsor a number of community events and non-profits, giving thousands back to the community each year.

Southern Humboldt Community Healthcare District

October 2023 – Centriq & Epic Combined



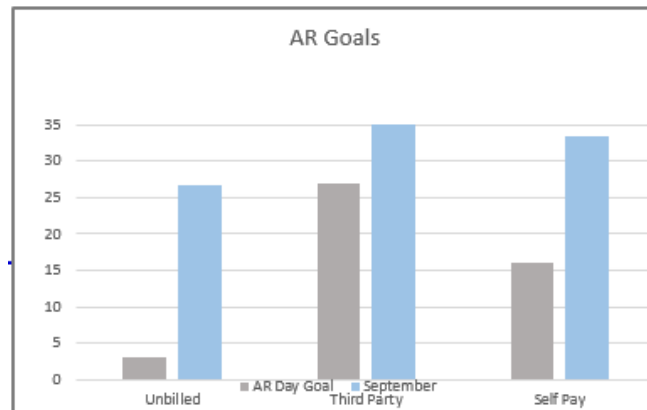
SoHum Health

Key Items

- ➡ Cash totaled \$1.1M, 112% of net revenue
- ➡ AR decreased to 99.3 days
- ➡ Third Party aging increased \$463K, to 21.9%
- ➡ Unbilled AR decreased 4.6 days, ending at 22.1 days

Detailed Initiatives & Obstacles

- **Overall AR:** SoHum went live in Epic at the beginning of July, 2023. The figures calculated include both the legacy system (Centriq) and Epic figures combined. The month of October closed with \$5.9M in gross AR or 99.3 days. Revenue came in \$208K higher than what was reported in September ending at \$2.1M. Third Party AR remains steady at 44.4 days. Unbilled AR decreased 4.6 days ending at 22.1 AR days. Cash collections came in high coming in at \$1.1M or 112% of net revenue. HRG has a 30 minute HB (hospital billing) claims call with OCHIN/Epic every Tuesday and Thursday to discuss potential claims issues that HRG discovers and have recently added an additional call every Monday for PB (professional billing) claims related issues. These calls allow conversation and corrections to the build to ensure claims are going out clean to ensure quick processing and paid claims. With Epic still being quite new for SoHum, we still run into issues which causes delays in getting the claims out the door to the payers, causing a delay in cash and an increase in AR. In October we work with Ochin to set LTC claims to bill weekly, this will ensure steady cash months and a reduced AR month over month. The build itself for the SNF claims now look good, but the claims now appear to be rejecting once submitted to the payers electronically. HRG has printed and mailed these claims as of 9/25/23 to get these SNF claims out to the payers to prevent any further delay in cash. We saw an increase in cash due to mailing paper claims and expect to see this continue through November. As of October month end we continue to mail via paper while Ochin works on a permanent fix. There was also a build issue with the swing bed claims. HRG was able to manually manipulate and correct the claims to get these out the door to prevent any further delay in cash and inflation in AR. Currently our biggest obstacle is billing under incorrect payers, we continue to work with the Ochin and SoHum team to resolve this.
- **Self Pay:** Self Pay AR reduced a little over half a day in AR since the month of September. Self Pay collections came in at \$41K, which is \$20K more than what was collected in September. In September we sent \$108K to SoHum for approval and expect to see this adjusted in November. We continue to work with COCC to ensure accounts can be transferred to Bad Debt via Epic timely.
- **Third Party Aging:** October closed with \$891K in Third Party balances aged over 90 days, totaling 21.9%. Due to SoHum's EHR conversion, we are now in the wind down phase of Centriq—cleaning up all outstanding and aged balances. As cash is increasing and system issues resolved we anticipate the aging over 90 to decrease over the next 60 days. HRG staff are focused on rebilling/working denials timely as well as working follow up based on age and dollar amount of the claim. We are adding an additional team member in November to assist in follow up and reducing the aged over 90.



We just recently started seeing accounts age over 90 days in Epic. Medicare is sitting at \$178K aged over 90 days or 12.6%, this is an overall increase of 149K from September. Medicaid increased by \$175K to 12.9% - as the SNF claims process, we expect to see this decrease. Commercial is up \$77K to 28.9%.

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

October 2023

Table of Contents

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

FINANCE DASHBOARD

Revenue Cycle Performance	Target		May-23		June-23		July-23		August-23		September-23		October-23	
	REVENUE													
	Net Revenue		\$965,364		\$1,050,498		\$879,001		\$969,043		\$1,008,581		\$1,057,684	
	Gross Revenue		\$1,801,881		\$2,088,494		\$1,600,297		\$1,781,158		\$1,922,299		\$2,130,187	
	CASH													
	Cash Collections as a % of Net Revenue		100%		79%		99%		122%		60%		55%	
	Cash Collections		\$756,460		\$958,114		\$1,285,280		\$523,891		\$535,583		\$1,131,808	
	ACCOUNTS RECEIVABLE													
	Net AR		\$1,608,490		\$1,714,258		\$1,813,211		\$2,556,189		\$3,334,591		\$3,318,523	
	Gross AR		\$3,388,967		\$3,496,943		\$3,591,307		\$4,558,438		\$5,850,618		\$5,974,477	
Unbilled		3		4.7		2.3		17.8		27.0		26.8		
Third Party		27		34.7		32.8		16.6		22.0		44.5		
Self Pay		16		22.5		22.5		25.8		28.5		33.5		
Total Days in AR		46		61.8		57.6		60.2		77.5		104.8		
Days in AR - Credit Balances		< 1		1.81		1.69		1.73		2.43		1.94		
UNBILLED														
In-house		< 2 Days		0.0		0.0		0.5		1.0		0.6		
DNFB		< 1 Day		4.6		2.3		17.3		26.0		26.2		
Total Unbilled		<3 Days		4.7		2.3		17.8		27.0		26.8		

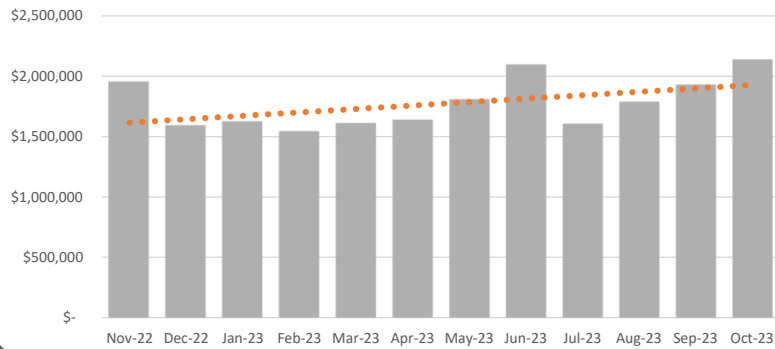
Third Party	Target		May-23		June-23		July-23		August-23		September-23		October-23	
	AGING (excluding credits)													
	Medicare Aging > 90 Days		11%		5.8%		\$ 34,050		5.5%		\$ 43,417		3.6%	
	Medicaid Aging > 90 Days		12%		13.3%		\$ 164,444		17.0%		\$ 161,365		23.3%	
	Commercial Aging > 90 Days		20%		19.0%		\$ 66,265		12.4%		\$ 50,228		19.4%	
	Work Comp Aging > 90 Days		35%		21.4%		\$ 11,123		14.4%		\$ 7,790		5.6%	
	Total Third Party Aging > 90 Days		13%		12.4%		\$ 275,883		12.0%		\$ 262,799		16.0%	
	CLAIM SUBMISSION EFFICIENCY													
	Claims Submission		1,585		\$ 2,207,031		1,765		\$ 2,264,169		1,052		\$ 1,167,844	
	Clean Claims		85%		85%		83%		97%		87%		97%	
Denial Percent		5%		7%		5%		4%		9%		11%		
Total Denial Rate		Count Amt		137 \$ 139,801		143 \$ 104,704		139 \$ 90,479		111 \$ 105,119		108 \$ 159,615		
Late Charges		Count Amt		1 \$ 112		21 \$ 3,932		136 \$ 35,493		22 \$ 5,276		12 \$ 13,051		
Communication Log Backlog		80		\$ 113,243		27		\$ 65,924		40		\$ 74,811		

Self Pay	Target		May-23		June-23		July-23		August-23		September-23		October-23	
	INVENTORY & QUALITY													
	Total Inventory		2,461		\$ 1,232,411		2,584		\$ 1,367,447		2,752		\$ 1,539,006	
	New		352		\$ 144,470		341		\$ 156,924		313		\$ 126,039	
	Resolved		165		\$ 41,652		251		\$ 84,051		181		\$ 44,947	
	Aged >180 days from Assignment		< 25%		52.9%		\$ 651,755		52.4%		\$ 716,215		48.9%	
	Total Payment Plans over 120 days				\$4,065		\$8,031		\$4,714		\$8,825		\$7,827	
	Average Speed to Answer		< 60 seconds		239		53		21		11		23	
	STATEMENTS & LETTERS													
	Statements & Letters		849		803		232		749		763		374	
Charity Care Applications In Process		4		\$ 5,318		11		\$ 9,230		8		\$ 3,351		
Inbound and Outbound Calls		In Out		97 169		2 222		149 555		140 169		123 192		
WRITE OFFS														
Bad Debt as a % of Gross Revenue		< 2%		0.0%		\$ -		0.0%		\$ -		0.0%		
Charity as a % of Gross Revenue		< 2%		1.2%		\$ 21,551		0.5%		\$ 9,633		0.7%		

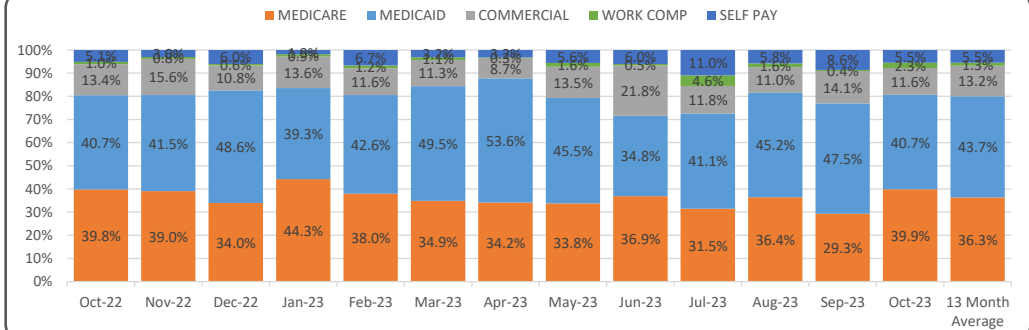
GROSS REVENUE

PAYER	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
MEDICARE	\$ 606,856	\$ 760,302	\$ 539,320	\$ 717,741	\$ 584,209	\$ 560,965	\$ 557,768	\$ 608,991	\$ 770,520	\$ 504,094	\$ 648,555	\$ 563,819	\$ 849,853	\$ 636,384
MEDICAID	\$ 620,393	\$ 808,367	\$ 770,467	\$ 636,332	\$ 654,199	\$ 794,626	\$ 874,406	\$ 819,312	\$ 726,128	\$ 658,441	\$ 805,092	\$ 913,825	\$ 867,885	\$ 765,344
COMMERCIAL	\$ 204,841	\$ 304,163	\$ 170,862	\$ 220,365	\$ 178,568	\$ 182,374	\$ 142,791	\$ 243,074	\$ 454,637	\$ 189,003	\$ 196,363	\$ 271,079	\$ 247,190	\$ 231,178
WORK COMP	\$ 14,805	\$ 15,345	\$ 9,587	\$ 15,137	\$ 17,996	\$ 18,086	\$ 5,119	\$ 29,663	\$ 10,915	\$ 73,141	\$ 28,402	\$ 8,619	\$ 48,010	\$ 22,679
SELF PAY	\$ 78,345	\$ 58,989	\$ 95,876	\$ 30,494	\$ 102,332	\$ 50,784	\$ 52,413	\$ 100,841	\$ 126,294	\$ 175,618	\$ 102,746	\$ 164,957	\$ 117,250	\$ 96,688
TOTAL	\$ 1,525,240	\$ 1,947,165	\$ 1,586,113	\$ 1,620,070	\$ 1,537,305	\$ 1,606,835	\$ 1,632,497	\$ 1,801,881	\$ 2,088,494	\$ 1,600,297	\$ 1,781,158	\$ 1,922,299	\$ 2,130,187	\$ 1,752,272
AVERAGE DAILY REVENUE	\$ 51,582	\$ 56,153	\$ 54,984	\$ 56,015	\$ 52,705	\$ 52,936	\$ 53,670	\$ 54,796	\$ 60,691	\$ 59,681	\$ 58,817	\$ 55,829	\$ 60,141	\$ 56,000

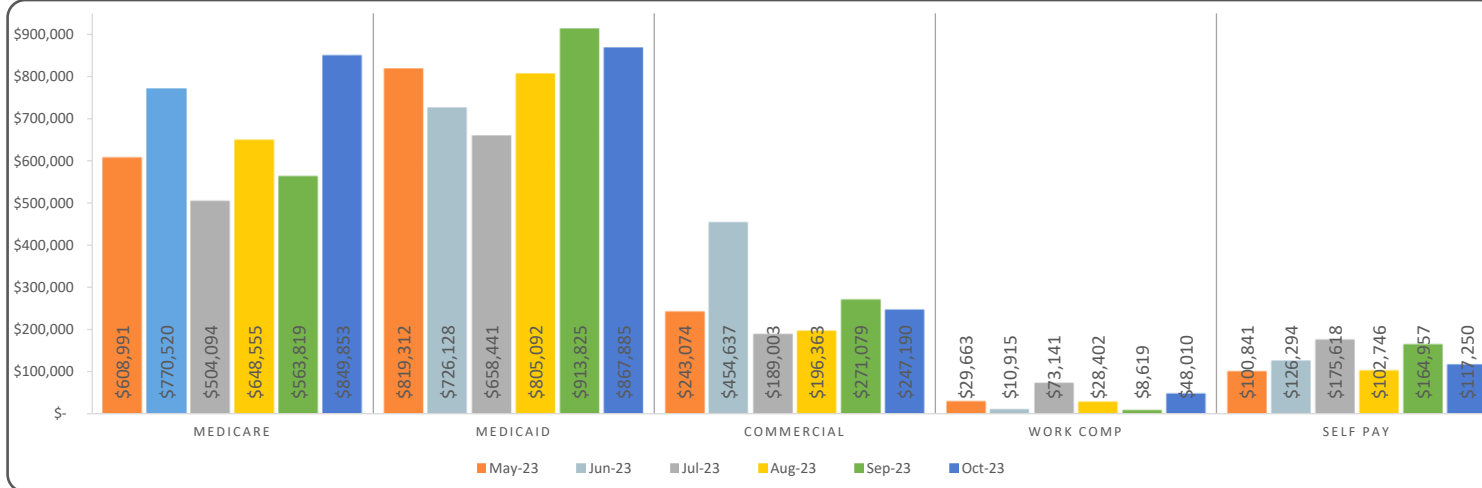
Gross Revenue



Payer Mix



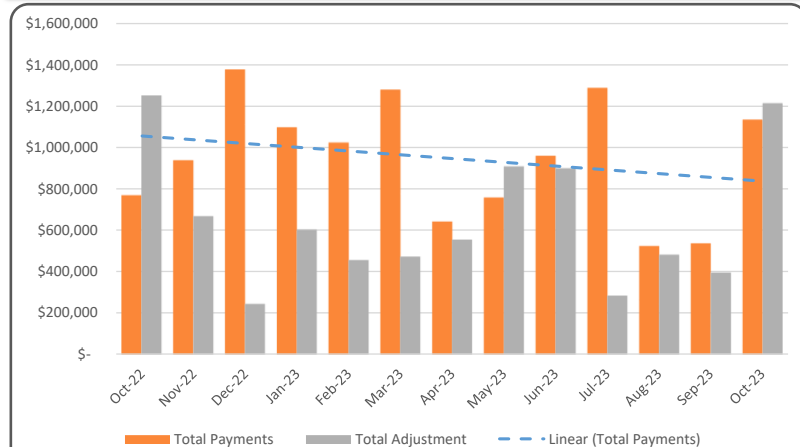
Revenue Trending By Payer



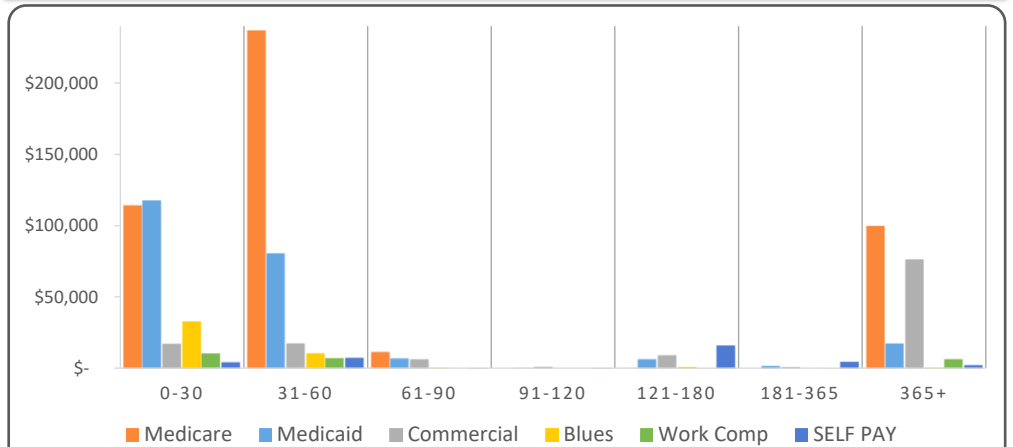
CASH DETAIL

PAYER	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
MEDICARE														
Payments	\$ 313,604	\$ 441,248	\$ 904,435	\$ 591,668	\$ 592,859	\$ 743,922	\$ 310,558	\$ 300,837	\$ 380,113	\$ 851,353	\$ 273,732	\$ 303,327	\$ 572,057	\$ 506,132
Adjustments	\$ 163,209	\$ 59,652	\$ (305,051)	\$ (87,776)	\$ (99,709)	\$ (134,234)	\$ 106,519	\$ 138,215	\$ 166,800	\$ (297,566)	\$ 14,075	\$ 40,065	\$ 133,024	\$ (7,906)
Collection %	66%	88%	151%	117%	120%	122%	74%	69%	70%	154%	95%	88%	81%	100%
MEDICAID														
Payments	\$ 247,066	\$ 308,165	\$ 264,924	\$ 314,806	\$ 255,109	\$ 277,640	\$ 193,806	\$ 300,483	\$ 275,555	\$ 192,283	\$ 90,923	\$ 92,296	\$ 313,889	\$ 240,534
Adjustments	\$ 502,029	\$ 451,692	\$ 433,745	\$ 547,064	\$ 449,945	\$ 461,105	\$ 361,576	\$ 609,604	\$ 571,141	\$ 466,985	\$ 399,800	\$ 295,314	\$ 971,132	\$ 501,626
Collection %	33%	41%	38%	37%	36%	38%	35%	33%	33%	29%	19%	24%	24%	32%
COMMERCIAL														
Payments	\$ 61,199	\$ 61,572	\$ 52,160	\$ 48,629	\$ 73,731	\$ 117,204	\$ 36,603	\$ 42,946	\$ 90,936	\$ 120,614	\$ 46,506	\$ 40,074	\$ 66,438	\$ 66,047
Adjustments	\$ 33,117	\$ 38,841	\$ 16,336	\$ 21,767	\$ 27,065	\$ 30,397	\$ 24,802	\$ 26,556	\$ 66,876	\$ 27,237	\$ 17,350	\$ 20,479	\$ 29,216	\$ 29,234
Collection %	65%	61%	76%	69%	73%	79%	60%	62%	58%	82%	73%	66%	69%	69%
BLUES														
Payments	\$ 95,374	\$ 76,431	\$ 116,673	\$ 92,264	\$ 63,385	\$ 96,727	\$ 54,673	\$ 79,624	\$ 162,086	\$ 89,306	\$ 55,087	\$ 76,601	\$ 120,414	\$ 90,665
Adjustments	\$ 41,878	\$ 42,420	\$ 44,446	\$ 44,703	\$ 43,122	\$ 51,765	\$ 30,285	\$ 68,579	\$ 62,281	\$ 55,589	\$ 28,987	\$ 29,422	\$ 43,963	\$ 45,188
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	72%	62%	66%	72%	73%	69%
WORK COMP														
Payments	\$ 6,447	\$ 1,565	\$ 5,615	\$ 17,126	\$ 4,638	\$ 7,853	\$ 17,944	\$ 4,105	\$ 6,593	\$ 11,971	\$ 34,920	\$ 2,990	\$ 18,118	\$ 10,760
Adjustments	\$ 3,708	\$ 879	\$ 2,189	\$ 6,198	\$ 1,926	\$ 8,982	\$ 8,713	\$ 9,697	\$ 2,215	\$ 7,288	\$ 7,277	\$ 2,489	\$ 4,838	\$ 5,108
Collection %	63%	64%	72%	73%	71%	47%	67%	30%	75%	62%	83%	55%	79%	65%
SELF PAY														
Payments	\$ 43,947	\$ 48,022	\$ 29,312	\$ 30,943	\$ 31,426	\$ 33,213	\$ 27,729	\$ 28,466	\$ 42,832	\$ 19,754	\$ 22,724	\$ 20,294	\$ 40,894	\$ 32,274
Bad Debt Recoveries	\$ 21	\$ 44	\$ 694	\$ 44	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 62
Adjustments	\$ 30,031	\$ 14,039	\$ 13,402	\$ 6,237	\$ 17,897	\$ 30,789	\$ 21,095	\$ 31,837	\$ 17,525	\$ 14,103	\$ 9,683	\$ 5,797	\$ 23,642	\$ 18,160
Charity Care	\$ 54,563	\$ 36,963	\$ 33,516	\$ 63,113	\$ 14,747	\$ 23,556	\$ 973	\$ 21,551	\$ 9,633	\$ 10,549	\$ 4,244	\$ 1,705	\$ 5,068	\$ 21,552
Bad Debt	\$ 419,473	\$ 22,287	\$ 5,920	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,437
Total SP Adjustments	\$ 504,067	\$ 73,289	\$ 52,838	\$ 69,350	\$ 32,644	\$ 54,346	\$ 22,067	\$ 53,388	\$ 27,157	\$ 24,653	\$ 13,927	\$ 7,502	\$ 28,710	\$ 74,149
Collection %	8%	40%	36%	31%	49%	38%	56%	35%	61%	44%	62%	73%	59%	45%
TOTAL														
Total Payments	\$ 767,658	\$ 937,047	\$ 1,373,812	\$ 1,095,480	\$ 1,021,149	\$ 1,276,559	\$ 641,314	\$ 756,460	\$ 958,114	\$ 1,285,280	\$ 523,891	\$ 535,583	\$ 1,131,808	\$ 946,474
Total Adjustment	\$ 1,248,008	\$ 666,773	\$ 244,503	\$ 601,307	\$ 454,994	\$ 472,360	\$ 553,962	\$ 906,039	\$ 896,471	\$ 284,186	\$ 481,416	\$ 395,270	\$ 1,210,884	\$ 573,249
Total Collection %	38%	58%	85%	65%	69%	73%	54%	46%	52%	82%	52%	58%	48%	60%

Cash & Adjustment Trending

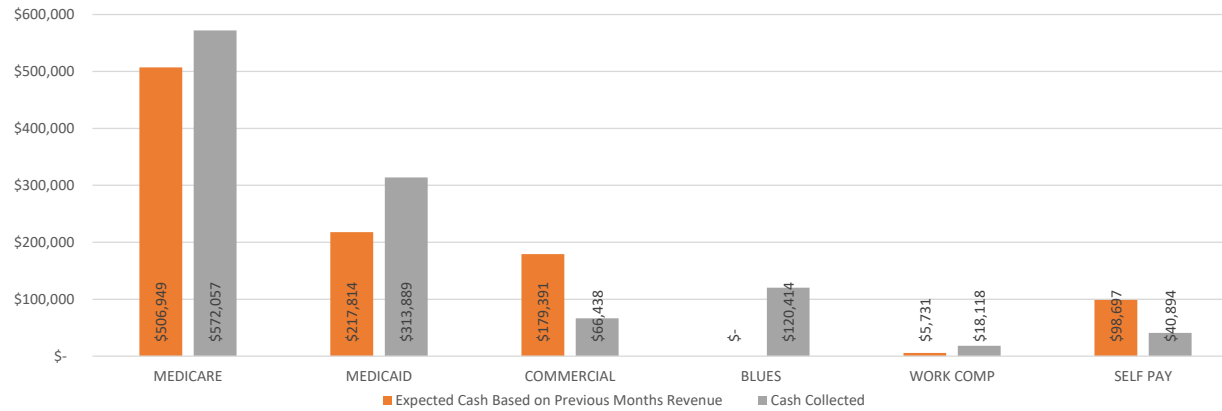


Cash Collections by Discharge Date

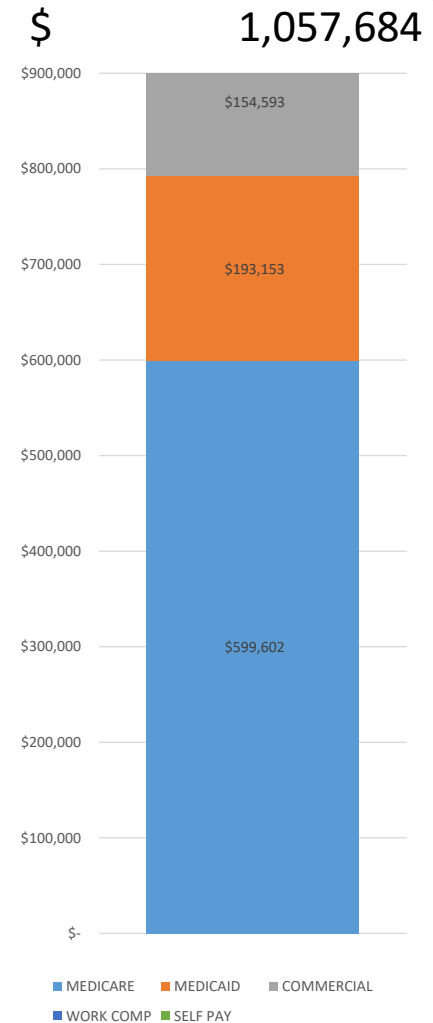


CASH FORECASTING

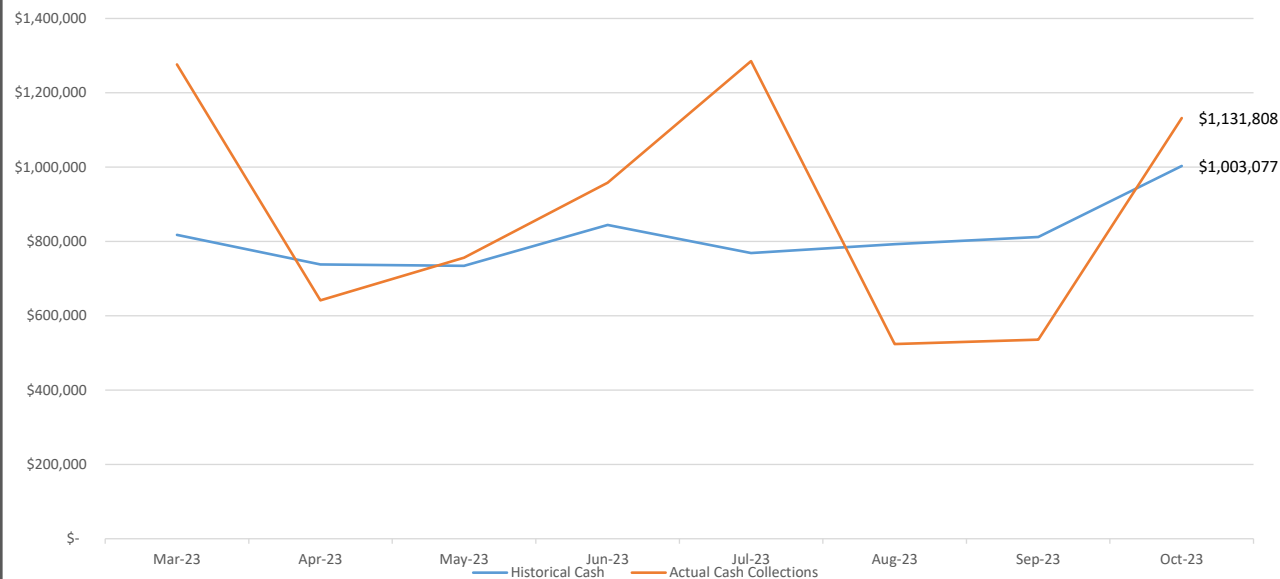
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month
(Based on this Months Revenue)



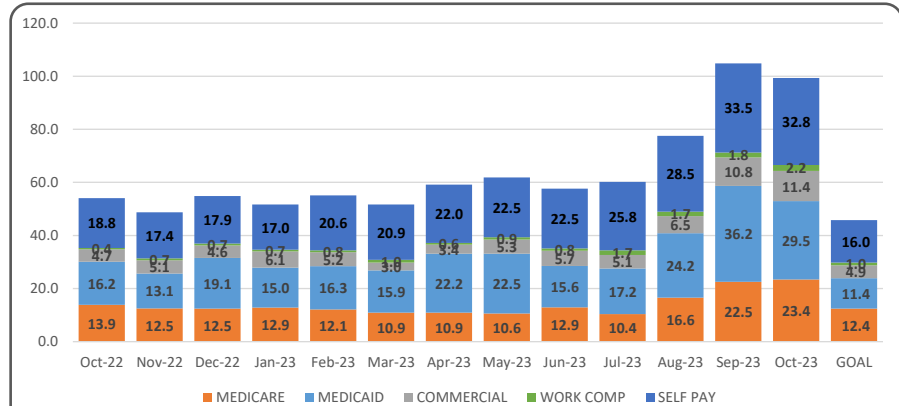
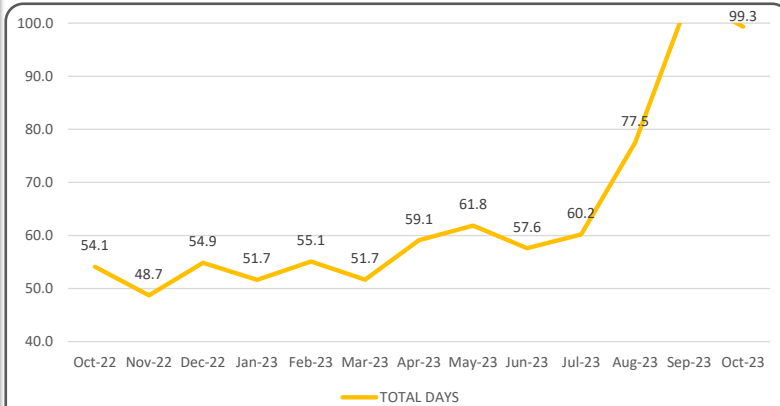
Actual Cash Based on Historical Collections



ACCOUNTS RECEIVABLE

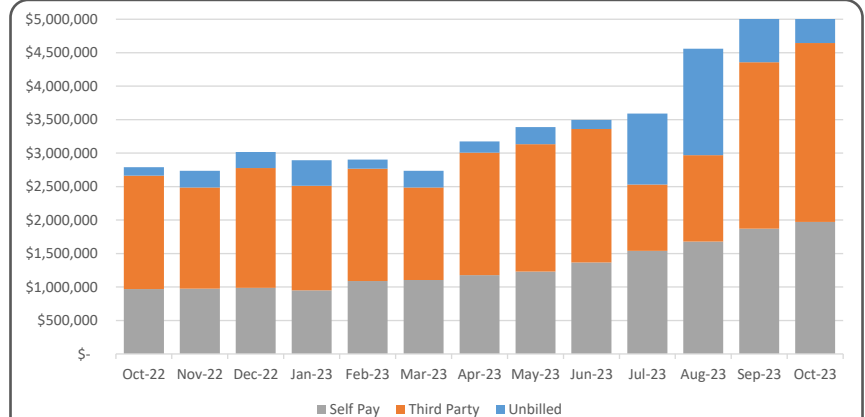
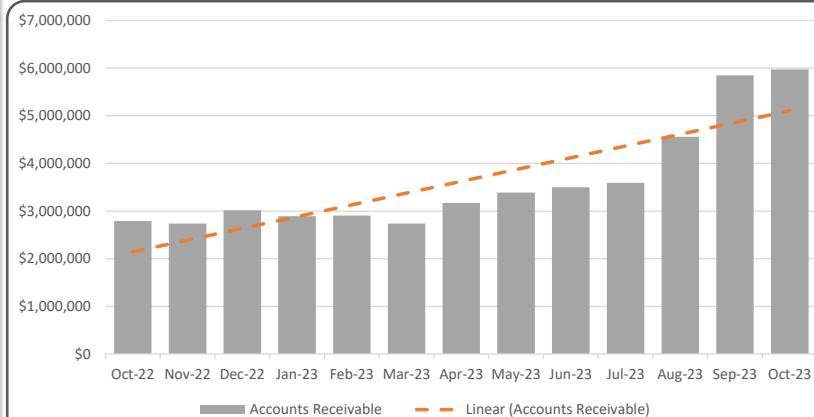
AR Days

PAYER	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
MEDICARE	13.9	12.5	12.5	12.9	12.1	10.9	10.9	10.6	12.9	10.4	16.6	22.5	23.4	14.0
MEDICAID	16.2	13.1	19.1	15.0	16.3	15.9	22.2	22.5	15.6	17.2	24.2	36.2	29.5	20.2
COMMERCIAL	4.7	5.1	4.6	6.1	5.2	3.0	3.4	5.3	5.7	5.1	6.5	10.8	11.4	5.9
WORK COMP	0.4	0.7	0.7	0.7	0.8	1.0	0.6	0.9	0.8	1.7	1.7	1.8	2.2	1.1
SELF PAY	18.8	17.4	17.9	17.0	20.6	20.9	22.0	22.5	22.5	25.8	28.5	33.5	32.8	23.1
TOTAL DAYS	54.1	48.7	54.9	51.7	55.1	51.7	59.1	61.8	57.6	60.2	77.5	104.8	99.3	64.3



AR Balance

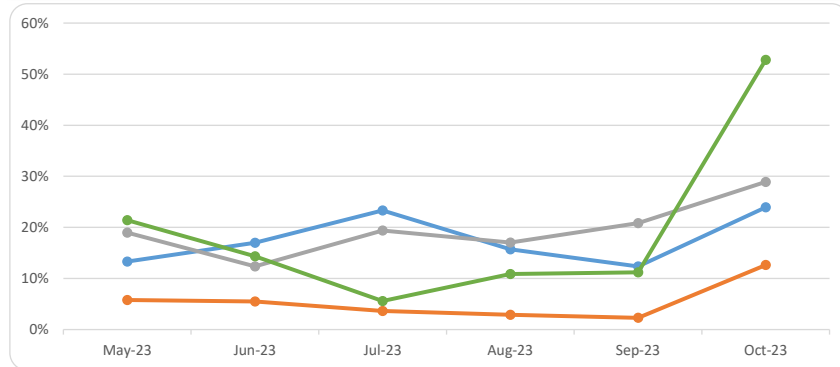
PAYER	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
MEDICARE	\$ 715,189	\$ 702,322	\$ 685,997	\$ 721,466	\$ 640,281	\$ 577,661	\$ 586,779	\$ 583,176	\$ 783,065	\$ 619,122	\$ 977,025	\$ 1,257,444	\$ 1,408,379	\$ 789,070
MEDICAID	\$ 837,689	\$ 737,438	\$ 1,050,271	\$ 840,983	\$ 858,761	\$ 841,757	\$ 1,191,120	\$ 1,231,780	\$ 946,990	\$ 1,024,807	\$ 1,425,127	\$ 2,019,041	\$ 1,774,925	\$ 1,136,976
COMMERCIAL	\$ 244,212	\$ 284,569	\$ 254,521	\$ 340,591	\$ 275,168	\$ 157,304	\$ 184,884	\$ 292,678	\$ 348,563	\$ 306,012	\$ 380,817	\$ 600,808	\$ 684,736	\$ 334,989
WORK COMP	\$ 23,134	\$ 37,379	\$ 39,097	\$ 38,788	\$ 40,808	\$ 55,187	\$ 31,871	\$ 48,923	\$ 50,878	\$ 102,360	\$ 97,414	\$ 101,908	\$ 133,125	\$ 61,606
SELF PAY	\$ 970,309	\$ 974,408	\$ 986,852	\$ 951,571	\$ 1,088,045	\$ 1,104,091	\$ 1,178,370	\$ 1,232,411	\$ 1,367,447	\$ 1,539,006	\$ 1,678,055	\$ 1,871,417	\$ 1,973,313	\$ 1,301,176
TOTAL	\$ 2,790,532	\$ 2,736,117	\$ 3,016,738	\$ 2,893,400	\$ 2,903,063	\$ 2,736,001	\$ 3,173,025	\$ 3,388,967	\$ 3,496,943	\$ 3,591,307	\$ 4,558,438	\$ 5,850,618	\$ 5,974,477	\$ 3,623,817



ACCOUNTS RECEIVABLE AGING

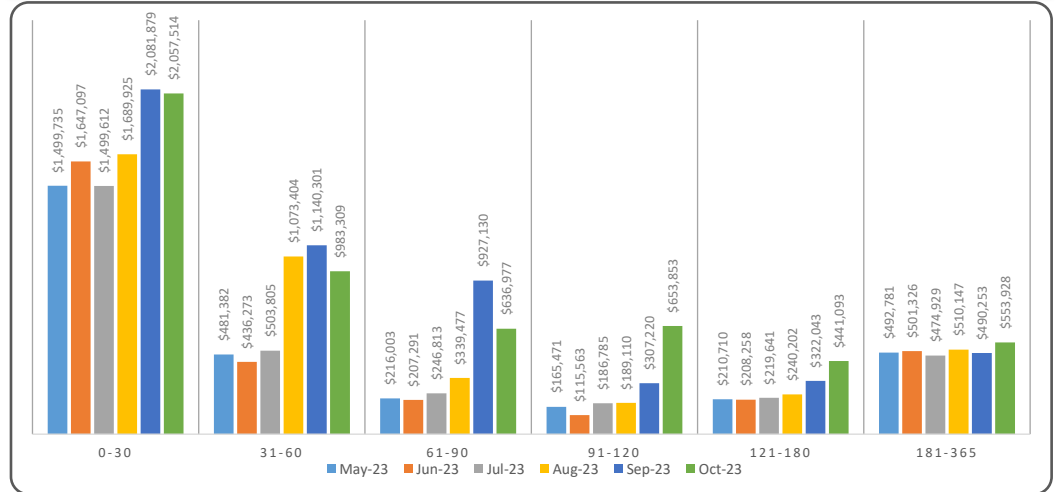
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	315	\$ 839,338	100	\$ 221,207	51	\$ 174,210	66	\$ 152,037	19	\$ 14,137	12	\$ 9,168	7	\$ 3,185	570	\$ 1,413,282
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	1	\$ (122)	0	\$ -	8	\$ (4,781)	9	\$ (4,903)
TOTAL	315	\$ 839,338	100	\$ 221,207	51	\$ 174,210	66	\$ 152,037	20	\$ 14,014	12	\$ 9,168	15	\$ (1,596)	579	\$ 1,408,379
MEDICAID																
Non-Credit	196	\$ 752,041	152	\$ 385,873	110	\$ 214,008	87	\$ 190,611	41	\$ 75,591	87	\$ 125,309	45	\$ 33,770	718	\$ 1,777,204
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	2	\$ (377)	12	\$ (1,903)	14	\$ (2,279)
TOTAL	196	\$ 752,041	152	\$ 385,873	110	\$ 214,008	87	\$ 190,611	41	\$ 75,591	89	\$ 124,933	57	\$ 31,868	732	\$ 1,774,925
COMMERCIAL																
Non-Credit	119	\$ 264,155	87	\$ 171,545	58	\$ 93,601	48	\$ 80,542	105	\$ 68,447	52	\$ 37,292	63	\$ 28,980	532	\$ 744,561
Credit	0	\$ -	0	\$ -	0	\$ -	1	\$ (24)	7	\$ (2,025)	31	\$ (5,617)	326	\$ (52,159)	365	\$ (59,826)
TOTAL	119	\$ 264,155	87	\$ 171,545	58	\$ 93,601	49	\$ 80,518	112	\$ 66,423	83	\$ 31,674	389	\$ (23,180)	897	\$ 684,736
WORK COMP																
Non-Credit	5	\$ 47,962	2	\$ 9,093	3	\$ 7,365	4	\$ 58,538	8	\$ 8,423	10	\$ 4,128	7	\$ 992	39	\$ 136,500
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	2	\$ (632)	14	\$ (2,744)	16	\$ (3,376)
TOTAL	5	\$ 47,962	2	\$ 9,093	3	\$ 7,365	4	\$ 58,538	8	\$ 8,423	12	\$ 3,496	21	\$ (1,752)	55	\$ 133,125
SELF PAY																
Non-Credit	75	\$ 154,551	102	\$ 195,590	115	\$ 148,002	124	\$ 172,148	398	\$ 277,779	604	\$ 391,565	985	\$ 670,657	2403	\$ 2,010,292
Credit	4	\$ (532)	0	\$ -	2	\$ (208)	0	\$ -	10	\$ (1,137)	47	\$ (6,908)	242	\$ (28,194)	305	\$ (36,979)
TOTAL	79	\$ 154,018	102	\$ 195,590	117	\$ 147,794	124	\$ 172,148	408	\$ 276,642	651	\$ 384,657	1227	\$ 642,464	2708	\$ 1,973,313
ACCOUNTS RECEIVABLE																
Non-Credit	710	\$ 2,058,046	443	\$ 983,309	337	\$ 637,186	329	\$ 653,877	571	\$ 444,377	765	\$ 567,463	1107	\$ 737,584	4262	\$ 6,081,841
Credit	4	\$ (532)	0	\$ -	2	\$ (208)	1	\$ (24)	18	\$ (3,284)	82	\$ (13,534)	602	\$ (89,780)	709	\$ (107,363)
GRAND TOTAL	714	\$ 2,057,514	443	\$ 983,309	339	\$ 636,977	330	\$ 653,853	589	\$ 441,093	847	\$ 553,928	1709	\$ 647,804	4971	\$ 5,974,477

Aged Over 90 Days Trending (excluding Credits)



	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Medicare	5.8%	5.5%	3.6%	2.9%	2.3%	12.6%
Medicaid	13.3%	17.0%	23.3%	15.7%	12.4%	23.9%
Commercial	19.0%	12.4%	19.4%	17.0%	20.8%	28.9%
Work Comp	21.4%	14.4%	5.6%	10.9%	11.2%	52.8%

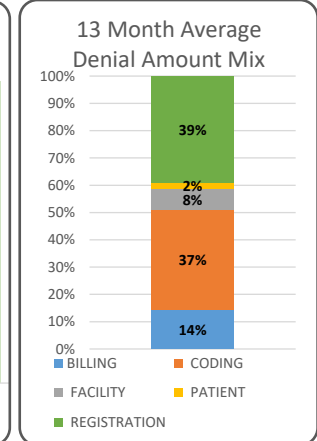
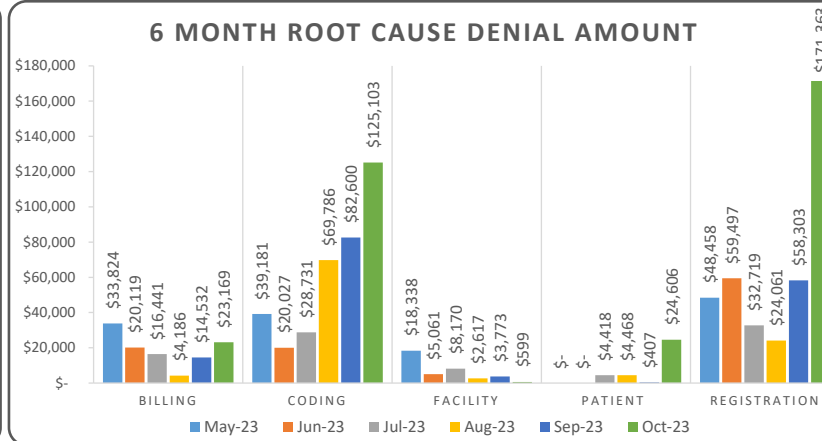
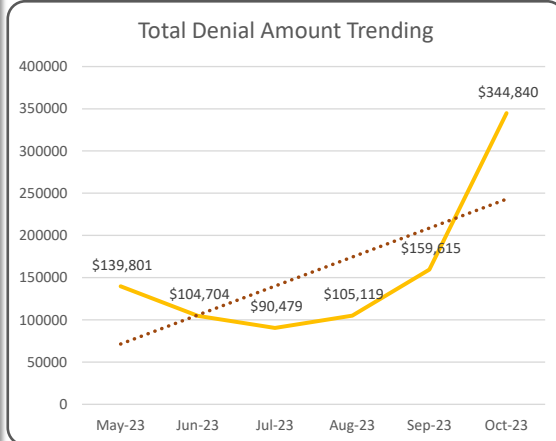
6 Month Aging



DENIAL MANAGEMENT

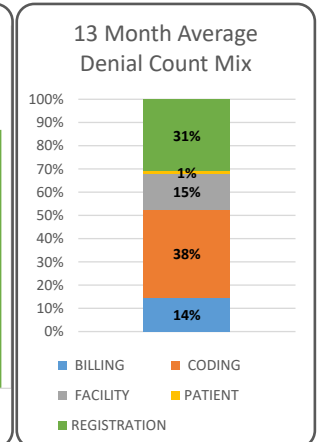
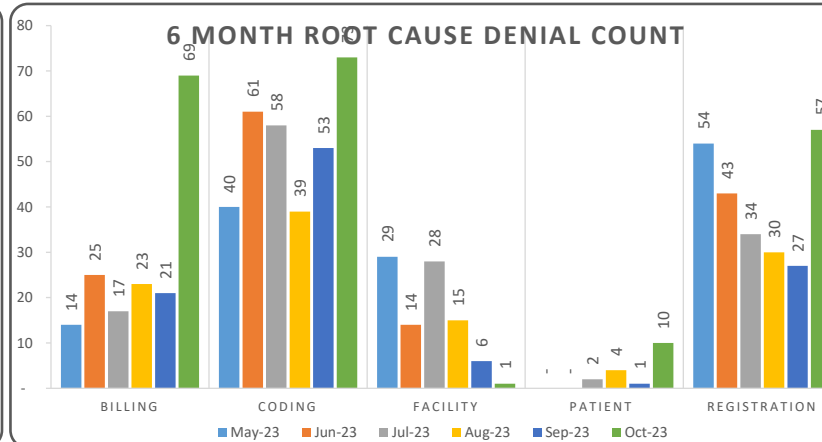
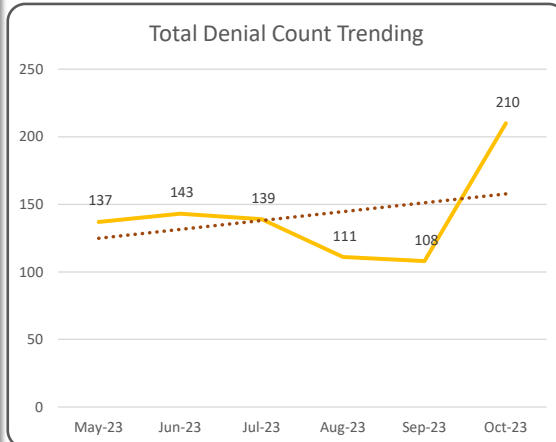
Denial Amount

AMOUNT	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
BILLING	\$ 16,338	\$ 17,355	\$ 37,445	\$ 14,934	\$ 15,559	\$ 11,555	\$ 16,802	\$ 33,824	\$ 20,119	\$ 16,441	\$ 4,186	\$ 14,532	\$ 23,169	\$ 18,635
CODING	\$ 38,291	\$ 74,734	\$ 14,065	\$ 29,838	\$ 30,929	\$ 44,001	\$ 24,264	\$ 39,181	\$ 20,027	\$ 28,731	\$ 69,786	\$ 82,600	\$ 125,103	\$ 47,812
FACILITY	\$ 7,861	\$ 4,175	\$ 15,113	\$ 27,920	\$ 17,826	\$ 8,818	\$ 7,016	\$ 18,338	\$ 5,061	\$ 8,170	\$ 2,617	\$ 3,773	\$ 599	\$ 9,791
PATIENT	\$ 416	\$ 2,047	\$ -	\$ 180	\$ 35	\$ -	\$ -	\$ -	\$ -	\$ 4,418	\$ 4,468	\$ 407	\$ 24,606	\$ 2,814
REGISTRATION	\$ 54,543	\$ 35,218	\$ 41,552	\$ 39,405	\$ 22,693	\$ 29,947	\$ 44,238	\$ 48,458	\$ 59,497	\$ 32,719	\$ 24,061	\$ 58,303	\$ 171,363	\$ 50,923
TOTAL	\$ 117,448	\$ 133,529	\$ 108,174	\$ 112,276	\$ 87,041	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 129,975



Denial Count

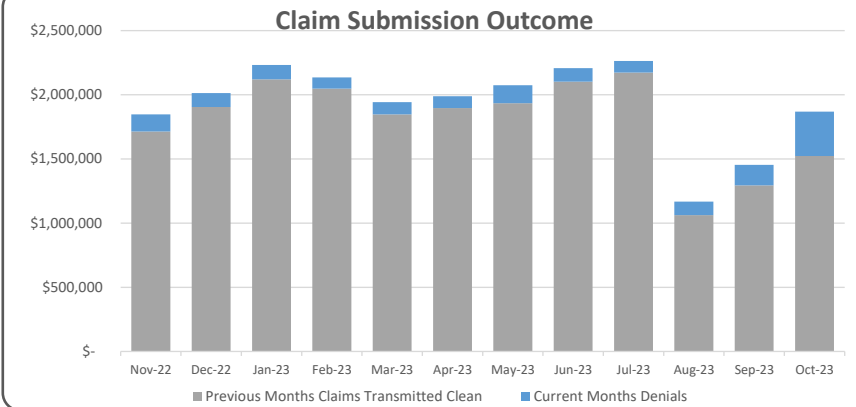
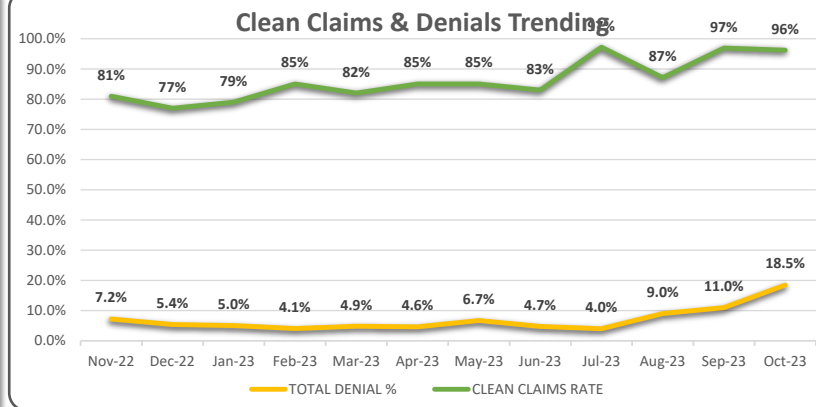
COUNT	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
BILLING	15	13	26	9	16	17	22	14	25	17	23	21	69	22
CODING	61	76	56	52	64	63	64	40	61	58	39	53	73	58
FACILITY	37	19	17	43	41	30	27	29	14	28	15	6	1	24
PATIENT	1	3	-	1	1	-	-	-	-	2	4	1	10	2
REGISTRATION	75	57	57	57	44	40	44	54	43	34	30	27	57	48
TOTAL	189	168	156	162	166	150	157	137	143	139	111	108	210	154



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

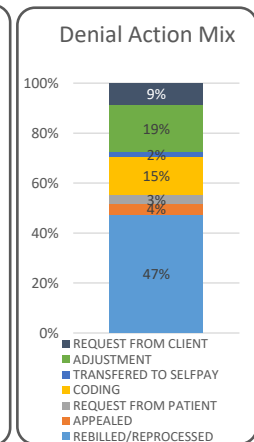
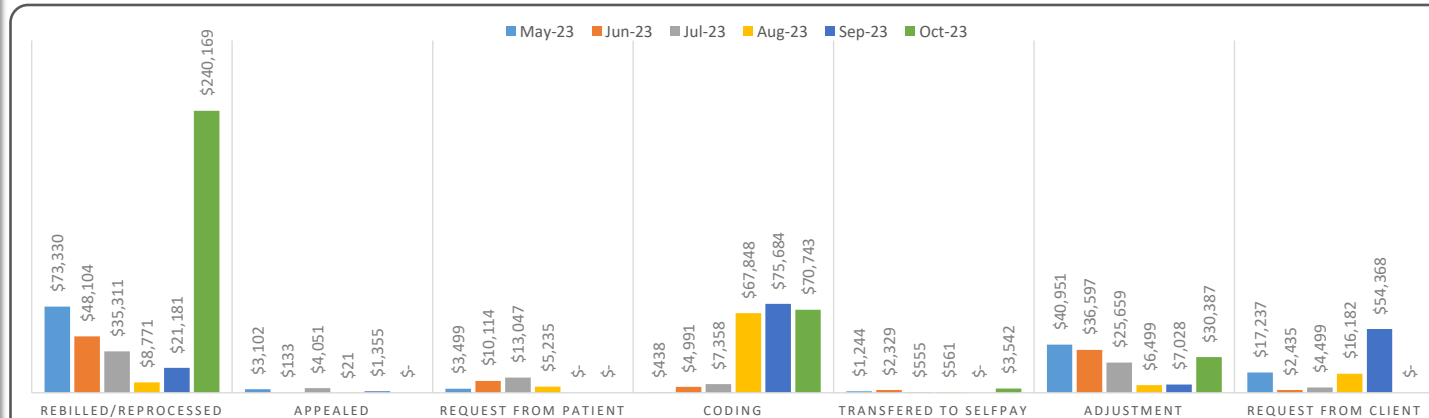
Denial & Clean Claim Trending

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
DENIAL AMOUNT	\$ 117,448	\$ 133,529	\$ 108,174	\$ 112,276	\$ 87,041	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 129,975
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 1,789,190	\$ 1,847,952	\$ 2,012,812	\$ 2,232,303	\$ 2,135,776	\$ 1,941,893	\$ 1,988,632	\$ 2,074,118	\$ 2,207,031	\$ 2,264,169	\$ 1,167,844	\$ 1,454,165	\$ 1,867,928	\$ 1,921,832
TOTAL DENIAL %	6.6%	7.2%	5.4%	5.0%	4.1%	4.9%	4.6%	6.7%	4.7%	4.0%	9.0%	11.0%	18.5%	7.1%
CLEAN CLAIMS RATE	82%	81%	77%	79%	85%	82%	85%	85%	83%	97%	87%	97%	96%	86%



Action Taken on Denials

DENIAL ACTION	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
REBILLED/REPROCESSED	\$ 40,727	\$ 92,434	\$ 65,189	\$ 37,987	\$ 33,295	\$ 55,495	\$ 49,608	\$ 73,330	\$ 48,104	\$ 35,311	\$ 8,771	\$ 21,181	\$ 240,169	\$ 61,661
APPEALED	\$ 26,106	\$ 10,035	\$ 11,926	\$ 2,121	\$ 2,973	\$ 2,164	\$ 11,305	\$ 3,102	\$ 133	\$ 4,051	\$ 21	\$ 1,355	\$ -	\$ 5,792
REQUEST FROM PATIENT	\$ 4,642	\$ 157	\$ 3,128	\$ 12,289	\$ 2,001	\$ 1,293	\$ 1,180	\$ 3,499	\$ 10,114	\$ 13,047	\$ 5,235	\$ -	\$ -	\$ 4,353
CODING	\$ 4,695	\$ 2,726	\$ 2,836	\$ 13,654	\$ 4,149	\$ 2,209	\$ 2,394	\$ 438	\$ 4,991	\$ 7,358	\$ 67,848	\$ 75,684	\$ 70,743	\$ 19,979
TRANSFERRED TO SELFPAY	\$ 1,092	\$ 3,120	\$ 4,163	\$ 2,355	\$ 5,688	\$ 2,222	\$ 682	\$ 1,244	\$ 2,329	\$ 555	\$ 561	\$ -	\$ 3,542	\$ 2,120
ADJUSTMENT	\$ 34,311	\$ 14,251	\$ 12,458	\$ 35,153	\$ 30,601	\$ 28,772	\$ 21,417	\$ 40,951	\$ 36,597	\$ 25,659	\$ 6,499	\$ 7,028	\$ 30,387	\$ 24,930
REQUEST FROM CLIENT	\$ 5,874	\$ 10,805	\$ 8,474	\$ 8,718	\$ 8,334	\$ 2,166	\$ 5,734	\$ 17,237	\$ 2,435	\$ 4,499	\$ 16,182	\$ 54,368	\$ -	\$ 11,140
TOTAL	\$ 117,448	\$ 133,529	\$ 108,174	\$ 112,277	\$ 87,041	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,116	\$ 159,615	\$ 344,842	\$ 129,974

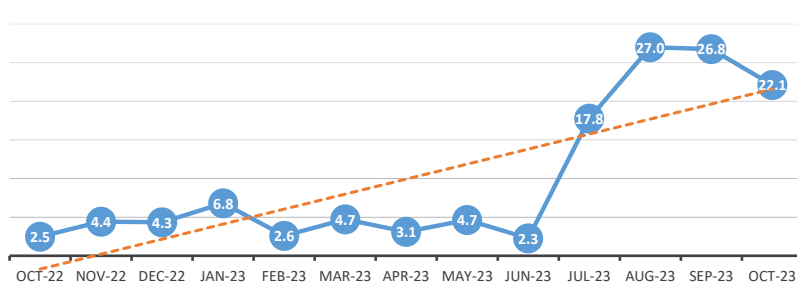


UNBILLED & INVENTORY

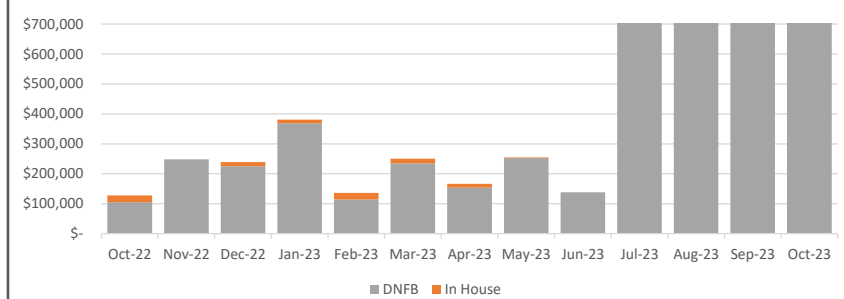
Unbilled

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
In House	\$ 22,609	\$ -	\$ 13,804	\$ 11,990	\$ 21,812	\$ 15,908	\$ 13,120	\$ 2,240	\$ -	\$ 27,926	\$ 59,290	\$ 34,128	\$ 58,121	\$ 21,611
DNFB	\$ 104,807	\$ 248,431	\$ 224,970	\$ 368,997	\$ 114,332	\$ 234,498	\$ 153,558	\$ 252,579	\$ 137,865	\$ 1,032,055	\$ 1,528,438	\$ 1,460,193	\$ 1,272,278	\$ 548,692
Total Unbilled	\$ 127,416	\$ 248,431	\$ 238,775	\$ 380,987	\$ 136,143	\$ 250,407	\$ 166,678	\$ 254,819	\$ 137,865	\$ 1,059,981	\$ 1,587,728	\$ 1,494,321	\$ 1,330,399	\$ 570,304
Unbilled Days	2.5	4.4	4.3	6.8	2.6	4.7	3.1	4.7	2.3	17.8	27.0	26.8	22.1	9.9

Total Unbilled Days



Unbilled Dollars

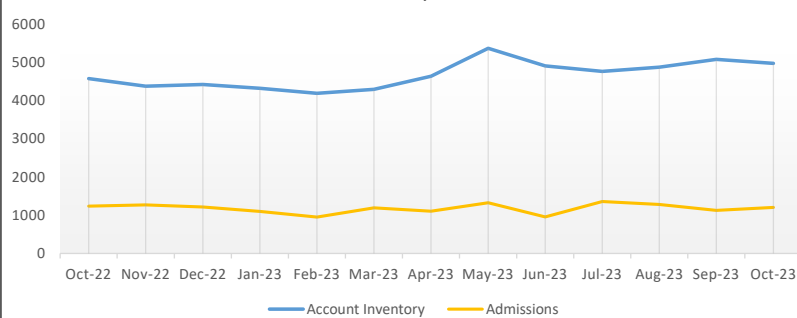


Admissions & Account Inventory

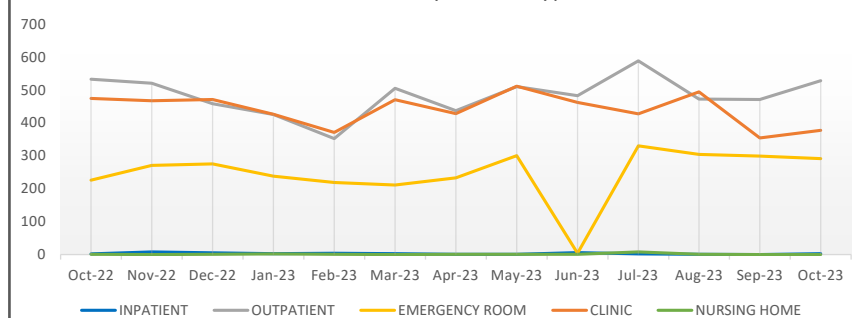
ADMISSIONS	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
INPATIENT	2	8	5	3	4	3	1	1	6	2	1	0	3	3
SWINGBED	4	5	4	2	4	4	4	0	1	2	7	1	4	3
OUTPATIENT	532	520	458	425	352	505	437	510	482	588	472	471	528	483
EMERGENCY ROOM	226	271	275	238	219	211	233	300	4	330	304	299	291	246
CLINIC	474	467	471	426	371	470	428	511	462	427	494	354	377	441
NURSING HOME	1	0	1	2	1	0	1	1	1	8	1	0	0	1
TOTAL	1,239	1,271	1,214	1,096	951	1,193	1,104	1,323	956	1,357	1,279	1,125	1,203	1,178

ACCOUNT INVENTORY	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	13 Month Average
MEDICARE	687	498	453	497	417	438	494	547	485	387	519	598	579	508
MEDICAID	804	750	840	739	692	645	855	794	748	682	688	762	732	749
COMMERCIAL	1,006	957	912	871	814	857	903	914	997	862	838	887	897	901
WORK COMP	60	78	73	73	72	91	77	87	89	75	59	57	55	73
SELF PAY	2,016	2,088	2,136	2,139	2,191	2,260	2,303	2,461	2,584	2,752	2,767	2,772	2,708	2,398
TOTAL	4,573	4,371	4,414	4,319	4,186	4,291	4,632	5,363	4,903	4,758	4,871	5,076	4,971	4,671

Account Inventory & Admissions



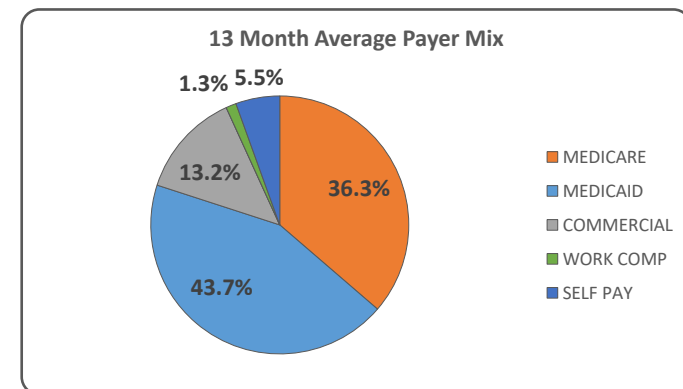
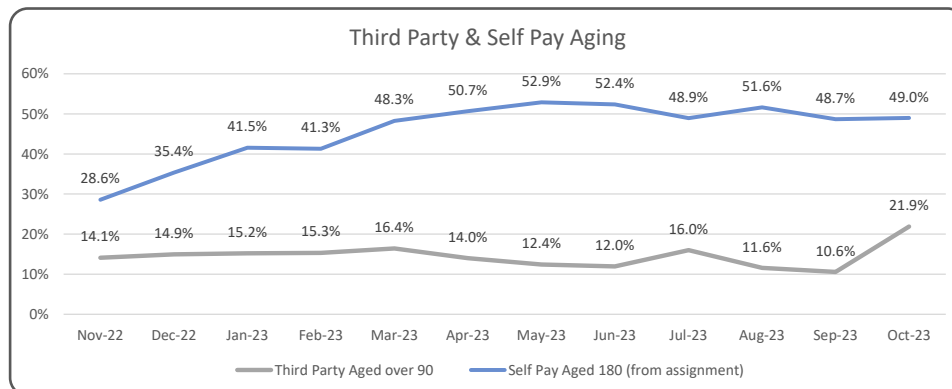
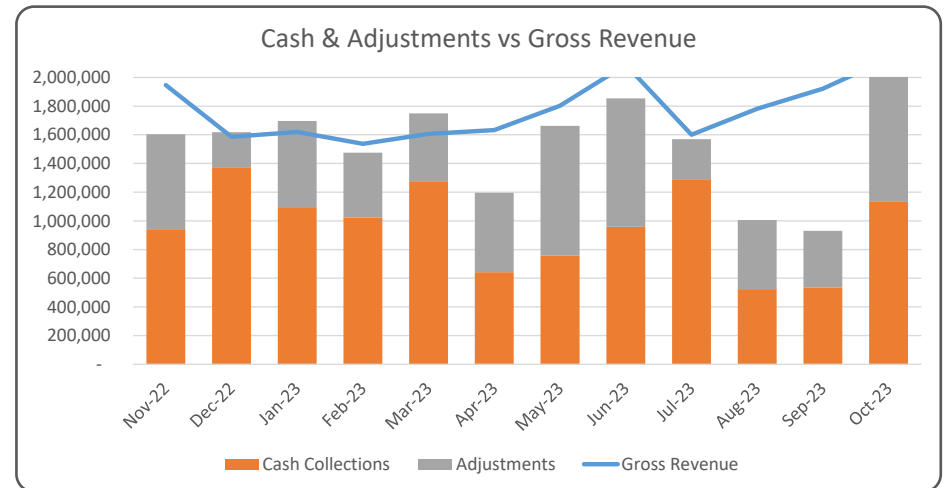
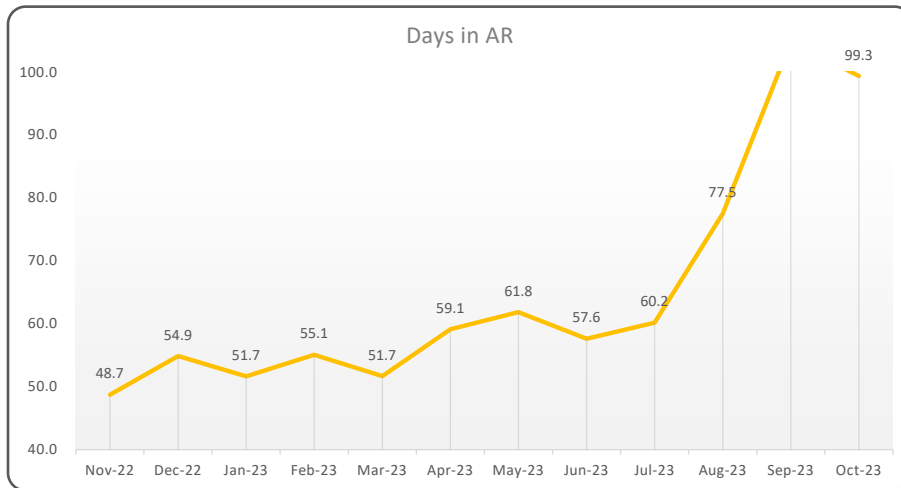
Admissions by Service Type



Southern Humboldt Community Healthcare District

Executive Dashboard

	TARGET	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Days in AR	45.8	48.7	54.9	51.7	55.1	51.7	59.1	61.8	57.6	60.2	77.5	104.8	99.3
Gross AR		2,736,117	3,016,738	2,893,400	2,903,063	2,736,001	3,173,025	3,388,967	3,496,943	3,591,307	4,558,438	5,850,618	5,974,477
Gross Revenue		1,947,165	1,586,113	1,620,070	1,537,305	1,606,835	1,632,497	1,801,881	2,088,494	1,600,297	1,781,158	1,922,299	2,130,187
Cash Collections		937,047	1,373,812	1,095,480	1,021,149	1,276,559	641,314	756,460	958,114	1,285,280	523,891	535,583	1,131,808
Adjustments		666,773	244,503	601,307	454,994	472,360	553,962	906,039	896,471	284,186	481,416	395,270	1,210,884
Collection %		58.4%	84.9%	64.6%	69.2%	73.0%	53.7%	45.5%	51.7%	81.9%	52.1%	57.5%	48.3%
Late Charges	1%	0.0%	0.0%	0.0%	0.1%	0.3%	0.0%	0.0%	0.2%	2.2%	0.3%	0.7%	0.8%
Bad Debt	3%	1.1%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Charity Care	3%	1.9%	2.1%	3.9%	1.0%	1.5%	0.1%	1.2%	0.5%	0.7%	0.2%	0.1%	0.2%
Third Party Aged over 90	13%	14.1%	14.9%	15.2%	15.3%	16.4%	14.0%	12.4%	12.0%	16.0%	11.6%	10.6%	21.9%
Self Pay Aged 180 (from assignment)	25%	28.6%	35.4%	41.5%	41.3%	48.3%	50.7%	52.9%	52.4%	48.9%	51.6%	48.7%	49.0%



Updates:

EPIC is now our new electronic health records system. Although we have had some struggles with the new system, we are fully embracing the program and taking advantage of some of the latest tools that EPIC provides. One such tool is "Care Everywhere," which allows us to access information about the patient's medical history and helps us provide better, more focused care. Additionally, EPIC has "MyChart" which empowers patients to participate in their health care, get healthy, and stay fit.

Infection Prevention/Employee Health:

During the past month and a half, infection prevention has been focused on employee health-related issues, including ensuring employees comply with annual TB screening and providing employee vaccination clinics for FLU and the 2023-2024 updated COVID-19 vaccine. As of 11/08/2023, employees have a FLU vaccine rate of 61% and a 23-24 updated COVID vaccine rate of 41%.

I participated in a disaster planning conference in Sacramento at the beginning of October. I acquired great ideas on what to consider when preparing for disasters in more rural areas.

Katherine continues to submit state and public health reports. Nursing Skills Day was a success; nurses could review and practice all the IP mandatory skills.

ED/Acute:

The ED had 297 ED visits in the month of November. There were five SWING bed patients and no IP in October. We are working on expanding the SWING bed program and bringing more nurses to open more bed availability. We continue to hold monthly nursing and daily UR meetings to ensure communication and teamwork. We are always finding new ways to improve patient care and patient satisfaction. We strive for a culture of excellence and continue finding ways to improve patient care and overall visit experience. Our goal is to provide the highest quality of care to our patients and the community, and we hope they can see that the care reflects excellence, compassion, kindness, and love.

Laboratory:

The lab has had great wins with EPIC and OCHIN worth celebrating. The OCHIN team was able to send a team to work onsite and provided remote support to the lab to help resolve multiple issues the lab has been struggling with since the EPIC go-live day. The lab continues to work with the Quality team with the new grant that will "allow us to test for high-priority infectious diseases like HIV, hepatitis, and syphilis in our lab on an urgent basis. The state is offering this grant support in recognition of the fact that quick test results and immediate treatment can significantly reduce the spread of these diseases and save lives. Our lab is excited to be a part of this effort! While implementing this grant would require significant changes to our lab's instrumentation, we are fortunate that our existing analyzers are over four years old and need an update. The state's support in covering some of the costs is a welcome opportunity for us."

Skilled Nursing:

At Skilled Nursing, we are committed to delivering exceptional care to our community. We currently have five residents, with three open beds that we are actively working to fill. Our case management team is contacting those on our waiting list to find suitable candidates. Despite the ongoing pandemic, we proudly report that our facility has remained COVID-free, with no reported cases among our residents. Residents continue to come together daily for lunch and engage in various activities.

Clinic:

Our Clinic manager, April, states, "The mobile clinic is back in action. We will go to Shelter Cove on the last Thursday of the month. We will also take it to Rio Dell on the 2nd Tuesday of the month starting in December. This week, we provided flu and COVID vaccines at the Healy Center during their Sr. Luncheon. We will also be doing a flu/COVID clinic in Petrolia next Wednesday. The visiting nurse program is progressing, and Shane is doing great. We are thankful for having such a great nurse caring for the patients at their homes. Dr. Emily and Leo continue to have the Suboxone Clinic on Mondays from 2:00 p.m. to 5:00 p.m., accepting walk-in patients. Everything else is going smoothly."

Radiology:

In October, Radiology performed 179 X-ray exams, 90 CTs, 41 ultrasounds, and 38 mammograms. We are still working on the X-ray room. We are working with the state to submit our annual Program Flex requests for CT and Fluoroscopy. We are preparing for our yearly MQSA, FDA, and CA State mammography inspection.

Adela Yanez, RN, BSN, CNO

CITY CLERKS ASSOCIATION OF CALIFORNIA
GUIDELINES FOR
PREPARING MINUTES FOR GOVERNMENTAL AGENCIES

PURPOSE

The City Clerks Association of California issues these guidelines as a tool for government agencies to transition to minutes styles that are efficient, succinct, cost-effective for staff to prepare, and more appropriately aligned with the intent of the Government Code.

FINDINGS

- Legislative bodies must act, and must be *seen* to act, within the laws of the State of California and local charters, if applicable. Being *seen* to act within the law is important, because the legislative body's decisions may be subject to external scrutiny by the public, auditors, or judicial inquiry. Minutes *testify* that the correct procedures for decision-making were followed.
- Legislative body minutes shall be prepared in a manner consistent with the intent of the Government Code. Relevant Government Codes are as follows:
 - Government Code 40801. The city clerk shall keep an accurate record of the proceeding of the legislative body and the board of equalization in books bearing appropriate titles and devoted exclusively to such purposes, respectively. The books shall have a comprehensive general index.
 - Government Code 36814. The council shall cause the clerk to keep a correct record of its proceedings. At the request of a member, the city clerk shall enter the ayes and noes in the journal.
 - Government Code 54953(c)(2). The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.
 - Government Code 53232.3(d). Members of a legislative body shall provide brief reports on meetings attended at the expense of the local agency at the next regular meeting of the legislative body.
- All components of minutes shall be for the primary purpose of memorializing decisions made by the *legislative body*. Any minute component that does not serve this primary purpose should be minimized or eliminated; this includes comments made by *individual* body members and members of the *public*.

GUIDELINES

- Minutes should provide a record of a) when and where a meeting took place, and who was present (including member absences, late arrivals, departures, adjournment time); b) type of meeting (Regular/Special/Adjourned Regular); c) what was considered; d) what was decided; and e) agreed upon follow-up action. Pursuant to Government Code 54953(c)(2), minutes shall report any action taken and the vote or abstention on that action of each member present for the action.
- Appropriate styles are *action* minutes or *brief summary* minutes. Verbatim style minutes should not be used, because verbatim or lengthy summary minutes do not serve the intent of the Government Code, which is to record the proceedings of the *legislative body*.
- *Action* minutes merely record final decisions made.

- *Brief summary* minutes, at a minimum, record the final decisions made; and, at a maximum, may record what advice the body was given to enable it to make its decisions, the body's thought process in making the decision, and the final decisions made. Emphasis is given on the body's thought process, not individual members' thought processes. The minutes should summarize only the main points which arose in discussion if and only if they are relevant to the decision.
- Comments made by members such as "for the record" or "for the minutes" have no bearing on the content of minutes and are given no greater and no lesser consideration than other comments made at the public meeting. Members seeking to memorialize comments should incorporate such verbiage into the language of the motion. As an alternative, members may submit written statements to be retained with the agenda item.
- Since the main purpose of minutes is to record the legislative body's decision, summary minutes should be brief. By concentrating on the legislative body's decision, brief summary minutes will provide only a select recording of what was discussed at the meeting. Brief summary minutes should not attempt to reproduce, however summarily, what every speaker said. It should only record the essence of the discussion and include the main threads that lead to the body's conclusion.
- To the fullest extent possible, brief summary minutes should be impersonal and should not attribute views to individual persons. Only the positions and decisions taken by the whole legislative body are relevant, not those of individual members. The passive voice is favored i.e. "It was suggested that...", "It was generally felt that...", "It was questioned whether...", "During discussion, it was clarified..."
- There are reasons for not attributing comments to specific speakers. First, it makes for brevity--a point can be recorded more concisely in impersonal form. Second, a point raised by one speaker will often be further developed by others—in impersonal brief summary minutes, only the fully-developed point is recorded in its final form. Third, points by several speakers can be consolidated into a single paragraph. Fourth, the impersonal style averts future corrections to minutes.
- While the primary purpose of minutes is to memorialize decisions made by the legislative body as a whole, under limited circumstances it is necessary and/or appropriate to attribute comments to individual members including:
 - Individual member's reports pursuant to Government Code 53232.3(d) (enacted by AB 1234, 2005). The minute record shall include the type of meeting attended at the expense of the local agency and the subject matter.
 - Individual member's reports on intergovernmental agencies. Brief summary minutes should include the type of meeting at a minimum, and, at the maximum, include the subject matter.
 - Individuals speaking under public comment. Brief summary minutes shall, at a minimum, list the public member's name (if provided); and, at a maximum, include the overall topic and stance/position. Such as Mr. Jones spoke in opposition to the Project X. Being mindful that the minutes are recordings of the legislative body's proceedings, it is not appropriate to include detail of individual comments. There is an exception for public testimony provided during public hearings, for which the minutes shall include the speaker's name (if provided) and a summary position of the speaker (i.e., supported or opposed).
- For purposes of meeting Government Code 36814 and/or 54953(c)(2), the city clerk should enter the ayes and noes in the minutes. For informal consensus (i.e. providing staff direction), it is appropriate to note the dissention of one or more members by, at a minimum, stating the dissenting member's name and dissention, such as "Mr. Jones dissented," and at a maximum to also include a brief reason, such as "Mr. Jones dissented citing budget concerns."
- While the primary purpose of legislative body meetings is for the legislative body to take legislative action and make decisions to advance agency business, it is acknowledged that agency meetings also

serve as platforms for ceremonial presentations and reports on social and community events. At a minimum, brief summary minutes should identify that presentations were made and event reports were given; and, at a maximum, report only the subject matter of the presentation or event.

- For community workshops and town hall meetings subject to the Brown Act, brief summary minutes, at a maximum, record the overall topic, provided that no legislative actions were taken. It is advisable to note in the minutes that no legislative action was taken.
- The guidelines contained herein are applicable to committees and commissions subject to the Brown Act. It is acknowledged that many boards and commissions take few legislative actions, and the tendency is to include more detail in the minutes on event reports and planning. At a maximum, brief summary minutes may include key points of the final reports or determinations, and all comments shall be attributable to the entire body and not attributable to individual members.
- Brief summary minutes shall serve to clarify decisions taken and who is expected to execute the decisions. It is not necessary to write down all action points or all tasks identified. Minutes shall not serve as a substitute for task lists, and the focus shall remain on the final decisions made by the *legislative body*.
- The language of brief summary minutes should be relatively restrained and neutral, however impassioned the discussion. Brief summary minutes will record the substance of the point in an intemperate way.
- To the fullest extent possible, minutes should be self-contained to be intelligible without reference to other documents.
- As a general rule, individual member comments are not identified in the brief summary minutes of discussions, and minutes should concentrate on the collective body's thought process and the collective decisions made by the majority, not individuals.
- Brief summary minutes should concentrate on central issues germane to the final decision. The record of the discussion should be presented in a logical sequence, rather than reproduced in the actual order they were made in discussion.
- The legislative body may wish to choose more, substantive (summary) minutes if there's no archival audio/video backup recording available of its proceedings. If audio/video recording is available for future reference, minute notations can be more limited (action).



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- Anesthesia
- Assisted Living
- Behavioral Health Environment of Care
- Biomedical Engineering
- Cardiac and Pulmonary Rehabilitation
- Cardiac Cath Lab
- Cardiopulmonary Services
- Central Service
- Clinical Laboratory
- Community Mental Health Centers
- Compounded Sterile Preparation - USP 797 and USP 800 Compliance
- Comprehensive Compliance Plans for Healthcare Organizations
- Dialysis
- Durable and Home Medical Equipment Compliance
- Emergency Department
- Emergency Management and Bioterrorism
- Environmental Services
- GI Laboratory
- Guide to Medical Staff Credentialing and Privileging
- Hazardous Materials and Waste Management
- HIPAA Guidelines
- Home Health
- Home Infusion Therapy Services
- Hospice
- Human Resources
- Imaging Services
- Individual Rights and Responsibilities
- Infection Prevention and Control
- Influenza Pandemic Preparedness Guide
- Information Management
- Inpatient Behavioral Health
- International Hospital
- Job Descriptions
- Labor and Delivery
- Leadership
- Life Safety and Interim Life Safety Management
- Long Term Care Environment of Care
- Long Term Care
- Materials Management
- Medical Office/Clinics
- Medical Records Health Information Management
- Neonatal Intensive Care Unit
- Nursery
- Nutritional Services
- OSHA Compliance
- Outpatient Rehabilitation
- Pain Management
- Pathology
- Patient and Family Education
- Patient Care Services (Critical Care, Med-Surg, Telemetry)
- Patient Safety Goals Reference Guide
- Pediatric Unit
- Performance Improvement
- Pharmacy and Medication Management
- Post Anesthesia Care
- Postpartum
- Provision of Care, Treatment and Services
- Rehabilitation Services
- Risk Management
- Rural Health Clinic
- Safety Management
- Security Management
- Sentinel Event Solutions Resource
- Sleep Lab Services
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- Surgical Services
- Utilities and Equipment Management
- Volunteer Services Orientation Handbook: What You Need to Know
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but must be approved by the HR Director and the CEO or CFO. You will be advised of the exempt or non-exempt status of your position upon hire.

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

INTRODUCTORY

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

**REGULAR
FULL-TIME**

Regular full-time employees are those who are not in a temporary or introductory status and who are regularly scheduled to work at least 30 hours per week. Eligibility for benefits is available from HR.

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PART-TIME

Part-time employees are those who are not assigned to a temporary or introductory status and who are regularly scheduled to work 29 to 20 hours per week. Eligibility for benefits is available from HR.

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TEMPORARY

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

PER DIEM STATUS

Employees who are regularly scheduled to work 19 or less hours per week, or who are hired on an on-call or relief basis at the discretion of the facility. Employees who are classified as per diem are not eligible for employee benefits.

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ADVANCED PRACTITIONER STATUS

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

INTRODUCTORY PERIOD

All new and rehired employees work on an introductory basis for the first 90 days (3 months) after hire. The introductory period is intended to give you, as a new employee, the opportunity to demonstrate your ability to achieve a satisfactory level of performance and to determine whether the new position meets your expectations. This period is used to evaluate your capabilities, work habits, and overall performance. However, successful completion of

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

UNPAID TIME-OFF

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

PTO BENEFITS

Paid Time Off (PTO) time off with pay is available to regular, full-time employees to provide opportunities for rest, relaxation and personal pursuits as described in this policy.

These days can be used for such things as vacation, sick time, preventative healthcare appointments, to care for an ill/injured family member, if the employee is a victim of domestic assault, sexual violence or stalking, etc.

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

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

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

PTO Earning Schedule

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

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

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

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of absence.

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

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

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

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

PTO time off is paid as follows:

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

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

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

As stated above, you are encouraged to use available PTO time for rest,

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

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

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

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

PTO accrual rates are subject to change at The District's discretion.

PAID SICK LEAVE (PSL)

The District provides Paid Sick Leave (PSL) to all. Following are additional details:

- **Employees** will receive a lump sum of 40 hours on their date of hire and then a new lump sum of 40 hours on January every year thereafter (never more than 40 hours in the PSL bank at one time).
- PSL is credited upon hire and may be used after working 30 days and being employed for 90 days.
- PSL may only be used on days an employee is scheduled to work.
- Employees may use accumulated PSL for their own health condition; a family member's (child, spouse, registered domestic partner, parent, parent-in-law, grandparent, grandchild, and sibling) health condition; and if the employee is a victim of domestic assault, sexual violence or stalking.
- Employees may use PSL for an actual health condition or for preventative care.
- When PSL is used in full day increments, the employee will be paid for the number of hours that they would normally have worked that day. PSL can also be used in minimum increments of 1 hours.
- Employee will be paid as follows:
 - Non-exempt, Hourly Positions: The regular rate of pay.
 - Exempt, Salary Positions: Calculated in the same manner as other forms of paid leave time, which is the base salary with no special forms of compensation such as incentives,

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commissions, or bonuses.

- The District will not discriminate or retaliate against an employee who requests/uses PSL.
- Failure to follow reporting procedures outlined in the Attendance and Punctuality policy may result in an unexcused absence. If the need for paid sick leave is foreseeable, an employee must provide "reasonable" advance notice. If not, the employee must provide notice as soon as practicable. A healthcare provider's certificate may be required for absences of more than five consecutive work shifts and/or to medically release you to return to work.
- Unused PSL will **not** be paid upon separation of employment.
- If rehired, employees will have a new lump sum of 40 hours of PSL provided.

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HOLIDAYS

It is the policy of the The District to observe the following holidays:

- **New Year's Day – (January 1st)***
- Martin Luther King Day (Third Monday in January)
- President's Day (Third Monday in February)
- **Memorial Day (Last Monday in May)***
- **Independence Day (July 4th)***
- **Labor Day (First Monday in September)***
- **Thanksgiving Day (Fourth Thursday in November)***
- Day after Thanksgiving (Fourth Friday in November)
- **Christmas Day (December 25)***

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

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

BEREAVEMENT POLICY

A leave of absence with paid for up to 5 days will be granted to all regular full-time employees, who have completed their introductory period in the event of death of an immediate family member of an employee (immediate family members are defined as spouse, child, parent, sibling, grandparent, grandchild, and all "step" and "in-law" variations of the preceding list, in addition to an individual who was a member of your immediate household at the time of death). At the discretion of your manager, this leave may be extended with or without pay in cases of great distance or severe emotional hardship. Part-time, seasonal/temporary and on-call employees are not eligible to participate in this paid benefit (see Unpaid Time-Off for more information).

Deleted: who regularly work at least 32 hours per week



SoHum Health

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GARBERVILLE, CA
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(707) 923-3921

MEDICAL STAFF BYLAWS

RULES

AND

REGULATIONS

ADOPTED by the Medical Staff on:

March 8, 2023

APPROVED by the Board of Directors on:

April 27, 2023



SoHum Health

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

MEDICAL STAFF BYLAWS, RULES AND REGULATIONS AND SUPPLEMENTAL ATTACHMENTS

TABLE OF CONTENTS

MEDICAL STAFF BYLAWS.....	4
INTRODUCTION.....	4
DEFINITION OF TERMS.....	4
ARTICLE 1 NAME AND PURPOSES	6
1.1 ORGANIZATIONAL NAME	6
1.2 MEDICAL STAFF MISSION AND RESPONSIBILITIES	6
ARTICLE 2 MEDICAL STAFF ORGANIZATION.....	6
2.1 ORGANIZATION OF MEDICAL STAFF SERVICES.....	6
2.2 DUTIES OF THE COMMITTEE OF THE WHOLE	6
2.3 MEETINGS	6 7
2.4 MEETING ATTENDANCE	7
ARTICLE 3 CATEGORIES OF MEDICAL STAFF MEMBERSHIP	7
3.1 CATEGORIES.....	7
3.2 MEMBERSHIP	7
3.3 GENERAL EXCEPTIONS TO MEMBERSHIP PREROGATIVES	10 11
ARTICLE 4 MEMBERSHIP	1011
4.1 NATURE OF MEMBERSHIP.....	10 11
4.2 QUALIFICATIONS FOR MEMBERSHIP	10 11
4.3 NONDISCRIMINATION	14 15

4.4	BASIC RESPONSIBILITIES	14 5
4.5	DEMONSTRATED PERFORMANCE	17
4.6	DURATION OF APPOINTMENT	17 8
4.7	LEAVE OF ABSENCE	17 8
ARTICLE 5 OFFICERS.....		178
5.1	OFFICER DESIGNATIONS	17 8
5.2	QUALIFICATIONS	17 8
5.3	NOMINATIONS	17 8
5.4	ELECTION	18
5.5	TERM OF ELECTED OFFICER	18
5.6	REMOVAL OF ELECTED OFFICER	18 9
5.7	FILLING VACANCIES	18 9
5.8	CHIEF OF STAFF DUTIES	18 9
5.9	VICE CHIEF OF STAFF	19
ARTICLE 6 COMMITTEES.....		19
6.1	GENERAL	19
6.2	REPRESENTATION ON DISTRICT COMMITTEES AND PARTICIPATION IN DISTRICT DELIBERATIONS	20 21
6.3	COMBINED OR JOINT COMMITTEE MEETINGS	20 21
6.4	COMMITTEE OF THE WHOLE COMPOSITION	20 21
6.5	PHYSICIAN SUPPORT COMMITTEE	20 21
6.6	HUMBOLDT-DEL NORTE CONSORTIUM FOR CME.....	21
ARTICLE 7 CONFIDENTIALITY, IMMUNITY, AND RELEASES		21
7.1	GENERAL	21
7.2	BREACH OF CONFIDENTIALITY	21 22
7.3	IMMUNITY AND RELEASES.....	21 22
7.4	CUMULATIVE EFFECT	22 23
ARTICLE 8 DISCIPLINARY ACTION.....		2223
8.1	CAUSE AND NOTICE OF ACTION	22 23
8.2	INVESTIGATION	23
8.3	COMMITTEE OF THE WHOLE ACTION/RECOMMENDATION	24
8.4	INTERVIEWS	24 25
8.5	PROCEDURAL RIGHTS.....	25

8.6	OTHER ACTION BY THE GOVERNING BODY	25
8.7	SUMMARY SUSPENSION	25 <u>26</u>
8.8	AUTOMATIC DISCIPLINARY ACTION.....	26 <u>27</u>
ARTICLE 9 FAIR HEARING		27 <u>28</u>
9.1	PREAMBLE AND DEFINITIONS	27 <u>28</u>
9.2	CAUSE FOR HEARING	28 <u>29</u>
9.3	ADVERSE RECOMMENDATIONS	29 <u>30</u>
9.4	REQUESTS FOR A HEARING	29 <u>30</u>
9.5	HEARING PROCEDURE	30 <u>31</u>
9.6	APPEAL TO GOVERNING BODY.....	34
ARTICLE 10 GENERAL PROVISIONS		35 <u>36</u>
10.1	DUES OR ASSESSMENTS	35 <u>36</u>
10.2	AUTHORITY TO ACT	35 <u>36</u>
10.3	CONSTRUCTION OF TERMS AND HEADINGS.....	35 <u>36</u>
10.4	DISCLOSURE OF INTEREST	36
10.5	MEDICAL STAFF ROLE IN EXCLUSIVE CONTRACTING.....	36 <u>37</u>
ARTICLE 11 ACCESSORY DOCUMENTS.....		36 <u>37</u>
ARTICLE 12 AMENDMENTS, FORMATTING AND ADOPTION.....		36 <u>37</u>
12.1	AMENDMENTS.....	36 <u>37</u>
12.2	FORMATTING.....	36 <u>37</u>
12.3	ADOPTION	37
MEDICAL STAFF RULES & REGULATIONS		38 <u>39</u>
MEDICAL STAFF APPOINTMENT PROCESS		50 <u>51</u>
CLINICAL PRIVILEGE DELINEATION PROCESS		60 <u>61</u>

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

1.2-1 Inpatients (Acute and Skilled Nursing Services)

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

1.2-2 Emergency Service Patients

~~Physician~~ Coverage for emergency service patients shall be provided as follows: (1) emergency contract service physician, nurse practitioner or physician assistant, when scheduled, (2) District assigned Medical Staff member, nurse practitioner or physician assistant -when scheduled, and (3) the Chief of Staff.

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

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

1.2-3 District Outpatient Services

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

1.2-4 Transfer to Another Physician

When care of a patient(s) is transferred from the primary physician to an alternate physician, the primary physician must so state in clear language on the progress and order sheets of the patient's medical record. The primary practitioner must take the additional step of informing the nursing staff of the change in coverage. Nursing staff will notify others as appropriate. Verbal and telephone orders to nursing staff regarding a change in physician coverage must be signed by the transferring physician within 24 hours, if possible.

It is the responsibility of the primary physician to ensure that the alternate

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

1.4 TEMPORARY PRIVILEGES

1.4-1 Care of Specific Patients

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

1.4-2 Locum Tenens

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

1.4-3 Pending Applications

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

1.4-4 Process for Granting Temporary Privileges

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

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

1.4-5 Granting Temporary Privileges

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