



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

December 28, 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 on December 28, 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

2. Quarterly Reports - (Feb, May, Aug, Nov) - None
 - i. Quality and Risk Management – Kristen Rees, Chief Quality and Compliance Officer and Risk Manager –
 - ii. Human Resources – Rachel Wells, HR Director -
 - iii. Foundation – Chelsea Brown, Outreach Manager -

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 IT, FRC – Darrin Guerra

J. Administrator’s Report – Matt Rees, CEO

1. Department Updates
 - a. Milestones
 - b. Monthly Department Highlight
 - c. Financial Reports – Paul Eves, CFO
 - d. Nursing – Adela Yanez, CNO
 - e. Quality and Risk Management – Kristen Rees, CQO
 - f. Family Resource Center – Amy Terrones – Mar and Oct
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
2. Approval of Resolution 23:19, Policies and Procedures – See P&P Packet
3. Annual Board Luncheon
4. Approval of Draft Medical Staff Bylaws – Allowing AHP to Vote and Adding Optometry to AHP – See Draft Bylaws
5. Approval of the Core Privileges – See Attached
 - a. ER, Inpatient, and Clinic
 - b. Optometry
6. Approval to Apply for a Loan of up to \$4 Million to Fund the Rate Range IGT
7. 2024 Governing Board and Finance Meeting Schedule

1-13
16-39

40-53

8. Approval to Use Credentialing by Proxy Services for Offsite Providers.

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 –TBD.
4. Governing Board Meeting – TBD

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. David Irvine, Reappointment as Active for Emergency Medicine and Inpatient Privileges, January 1, 2024, to December 31, 2025.
 - b. Dr. Michael Newdow, Reappointment as Active for Emergency Medicine and Inpatient Privileges, January 1, 2024, to December 31, 2025.
 - c. Dr. Emily Marshall, Time-Limited Reappointment as Active for Emergency Medicine, Inpatient, and Clinic/Ambulatory Privileges, December 13, 2023, to February 11, 2024.
 - d. Dr. Phillip Scheel, Reappointment as Courtesy, January 1, 2024, to December 31, 2025.
 - e. Jessie Bugbee, NP, Reappointment as Active to AHP Staff, January 1, 2024, to December 31, 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>COO</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 Friday, December 22, 2023

Southern Humboldt Community Healthcare District

November 2023 – Centriq & Epic Combined



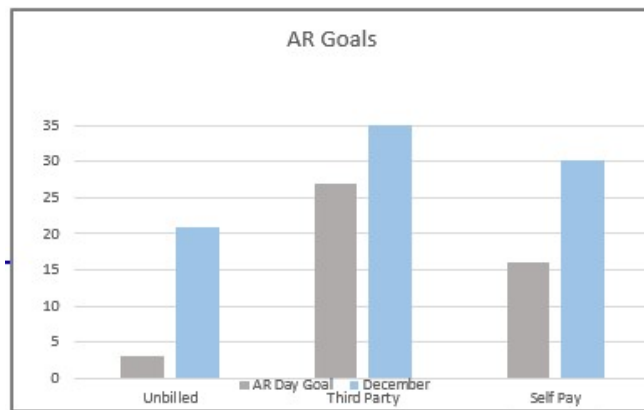
SoHum Health

Key Items

- ➡ Cash totaled \$958K, 91% of net revenue
- ➡ AR decreased to 92.6 days
- ➡ Third Party aging increased \$172K, to 25.5%
- ➡ Unbilled AR decreased 0.8 days, ending at 20.9 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 November closed with \$6.0M in gross AR or 92.6 days. Revenue came in \$19K lower than what was reported in October ending at \$2.0M. Third Party AR saw a decrease of 2.0 days ending at 41.5 days. Unbilled AR decreased 0.8 days ending at 20.9 AR days. Cash collections came in slightly lower than what was seen in October—coming in at \$958M or 91% of net revenue. HRG has a 30 minute HB (hospital billing) claims call with OCHIN/Epic every Thursday to discuss potential claims issues that HRG discovers and continue to also have a PB (professional billing) claims related issues call every Thursday as well. 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 were able to get many LTC claims out that were previously pending coding late in November, and we anticipate December to be a strong cash month.
- **Self Pay:** Self Pay AR reduced 1.9 days since October. Self Pay collections came in at \$47K, which is \$6K more than what was collected in October. SHCHD approved a bad debt list of 100 accounts for \$108K— this file was transferred to CCOC, the bad debt agency, in November. We continue to work with COCC to ensure accounts can be transferred to Bad Debt via Epic timely.
- **Third Party Aging:** November closed with \$1M in Third Party balances aged over 90 days, totaling 25.5%. 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 added an additional team member in November to assist in follow up and reducing the aged over 90.



Medicare is sitting at \$251K aged over 90 days or 18.3%, this is an overall increase of \$73K from September. Medicaid increased by \$69K to 26.3% - as the SNF claims process, we expect to see this decrease. Commercial is up \$4K to 47.7%.

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

November 2023



SoHum Health

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FINANCE DASHBOARD

Revenue Cycle Performance		Target	June-23		July-23		August-23		September-23		October-23		November-23	
	REVENUE													
	Net Revenue		\$1,050,498		\$879,001		\$1,037,572		\$1,008,581		\$1,057,684		\$943,736	
	Gross Revenue		\$2,088,494		\$1,600,297		\$1,781,158		\$1,922,299		\$2,130,187		\$2,037,494	
	CASH													
	Cash Collections as a % of Net Revenue	100%	99%		122%		60%		52%		112%		91%	
	Cash Collections		\$958,114		\$1,285,280		\$523,891		\$535,583		\$1,131,808		\$958,049	
	ACCOUNTS RECEIVABLE													
	Net AR		\$1,714,258		\$1,813,211		\$2,556,189		\$3,334,591		\$3,318,523		\$3,071,787	
	Gross AR		\$3,496,943		\$3,591,307		\$4,558,438		\$5,850,618		\$5,974,477		\$6,060,571	
Unbilled	3	2.3		17.8		27.0		26.8		21.7		20.9		
Third Party	27	32.8		16.6		22.0		44.5		43.5		41.5		
Self Pay	16	22.5		25.8		28.5		33.5		32.1		30.2		
Total Days in AR	46	57.6		60.2		77.5		104.8		97.3		92.6		
Days in AR - Credit Balances	< 1	1.69		1.73		2.43		1.94		1.75		1.78		
UNBILLED														
In-house	< 2 Days	0.0		0.5		1.0		0.6		0.9		1.7		
DNFB	< 1 Day	2.3		17.3		26.0		26.2		20.7		19.2		
Total Unbilled	<3 Days	2.3		17.8		27.0		26.8		21.7		20.9		

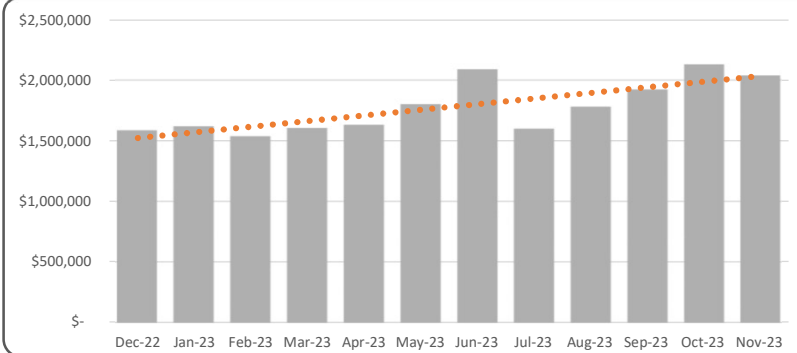
Third Party		Target	June-23		July-23		August-23		September-23		October-23		November-23	
	AGING (excluding credits)													
	Medicare Aging > 90 Days	11%	5.5%	\$ 43,417	3.6%	\$ 22,718	2.9%	\$ 28,545	2.3%	\$ 28,992	12.6%	\$ 178,527	18.3%	\$ 251,559
	Medicaid Aging > 90 Days	12%	17.0%	\$ 161,365	23.3%	\$ 239,865	15.7%	\$ 224,776	12.4%	\$ 249,962	23.9%	\$ 425,283	26.3%	\$ 494,426
	Commercial Aging > 90 Days	20%	12.4%	\$ 50,228	19.4%	\$ 70,411	17.0%	\$ 81,080	20.8%	\$ 137,530	28.9%	\$ 215,261	32.1%	\$ 241,142
	Work Comp Aging > 90 Days	35%	14.4%	\$ 7,790	5.6%	\$ 5,907	10.9%	\$ 10,958	11.2%	\$ 11,804	52.8%	\$ 72,081	47.7%	\$ 75,722
	Total Third Party Aging > 90 Days	13%	12.0%	\$ 262,799	16.0%	\$ 338,901	11.6%	\$ 345,359	10.6%	\$ 428,288	21.9%	\$ 891,151	25.5%	\$ 1,062,849
	CLAIM SUBMISSION EFFICIENCY													
	Claims Submission		1,765	\$ 2,264,169	1,052	\$ 1,167,844	1,320	\$ 1,454,165	1,079	\$ 1,867,928	2,100	\$ 2,411,329	1,674	\$ 2,241,921
	Clean Claims	85%	83%		97%		87%		97%		96%		98%	
Denial Percent	5%	5%		4%		9%		11%		18%		8%		
Total Denial Rate	Count Amt	143	\$ 104,704	139	\$ 90,479	111	\$ 105,119	108	\$ 159,615	210	\$ 344,840	215	\$ 185,849	
Late Charges	Count Amt	21	\$ 3,932	136	\$ 35,493	22	\$ 5,276	12	\$ 13,051	122	\$ 16,253	13	\$ 3,811	
Communication Log Backlog		27	\$ 65,924	40	\$ 74,811	53	\$ 81,404	85	\$ 86,724	85	\$ 81,140	84	\$ 81,109	

Self Pay		Target	June-23		July-23		August-23		September-23		October-23		November-23	
	INVENTORY & QUALITY													
	Total Inventory		2,584	\$ 1,367,447	2,752	\$ 1,539,006	2,767	\$ 1,678,055	2,772	\$ 1,871,417	2,708	\$ 1,973,313	2,527	\$ 1,975,406
	New		341	\$ 156,924	313	\$ 126,039	70	\$ 19,995	31	\$ 11,604	8	\$ 1,882	3	\$ 4,428
	Resolved		251	\$ 84,051	181	\$ 44,947	140	\$ 18,863	123	\$ 16,210	161	\$ 22,561	139	\$ 15,241
	Aged >180 days from Assignment	< 25%	52.4%	\$ 716,215	48.9%	\$ 753,151	51.6%	\$ 866,361	48.7%	\$ 910,447	49.0%	\$ 966,614	54.6%	\$ 1,079,326
	Total Payment Plans over 120 days		\$8,031		\$4,714		\$8,825		\$7,827		\$19,957		\$21,990	
	Average Speed to Answer	< 60 seconds	53		21		11		23		25		0	
	STATEMENTS & LETTERS													
	Statements & Letters		803		232		749		763		374		594	
Charity Care Applications In Process		11	\$ 9,230	8	\$ 3,351	9	\$ 3,364	0	\$ -	5	\$ 5,842	0	\$ -	
Inbound and Outbound Calls	In Out	2	222	149	555	140	169	123	192	145	204	3	230	
WRITE OFFS														
Bad Debt as a % of Gross Revenue	< 2%	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	5.3%	\$ 108,610	
Charity as a % of Gross Revenue	< 2%	0.5%	\$ 9,633	0.7%	\$ 10,549	0.2%	\$ 4,244	0.1%	\$ 1,705	0.2%	\$ 5,068	0.0%	\$ -	

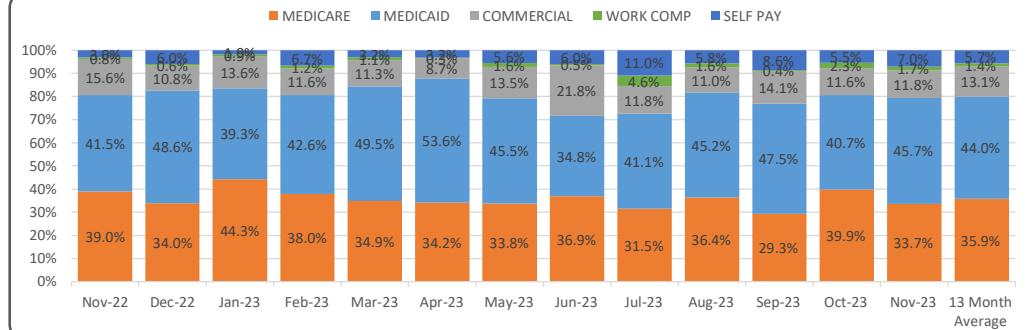
GROSS REVENUE

PAYER	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
MEDICARE	\$ 760,302	\$ 539,320	\$ 717,741	\$ 584,209	\$ 560,965	\$ 557,768	\$ 608,991	\$ 770,520	\$ 504,094	\$ 648,555	\$ 563,819	\$ 849,853	\$ 686,408	\$ 642,503
MEDICAID	\$ 808,367	\$ 770,467	\$ 636,332	\$ 654,199	\$ 794,626	\$ 874,406	\$ 819,312	\$ 726,128	\$ 658,441	\$ 805,092	\$ 913,825	\$ 867,885	\$ 930,946	\$ 789,233
COMMERCIAL	\$ 304,163	\$ 170,862	\$ 220,365	\$ 178,568	\$ 182,374	\$ 142,791	\$ 243,074	\$ 454,637	\$ 189,003	\$ 196,363	\$ 271,079	\$ 247,190	\$ 241,360	\$ 233,987
WORK COMP	\$ 15,345	\$ 9,587	\$ 15,137	\$ 17,996	\$ 18,086	\$ 5,119	\$ 29,663	\$ 10,915	\$ 73,141	\$ 28,402	\$ 8,619	\$ 48,010	\$ 35,245	\$ 24,251
SELF PAY	\$ 58,989	\$ 95,876	\$ 30,494	\$ 102,332	\$ 50,784	\$ 52,413	\$ 100,841	\$ 126,294	\$ 175,618	\$ 102,746	\$ 164,957	\$ 117,250	\$ 143,534	\$ 101,702
TOTAL	\$ 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	\$ 2,037,494	\$ 1,791,677
AVERAGE DAILY REVENUE	\$ 56,153	\$ 54,984	\$ 56,015	\$ 52,705	\$ 52,936	\$ 53,670	\$ 54,796	\$ 60,691	\$ 59,681	\$ 58,817	\$ 55,829	\$ 61,407	\$ 65,484	\$ 57,167

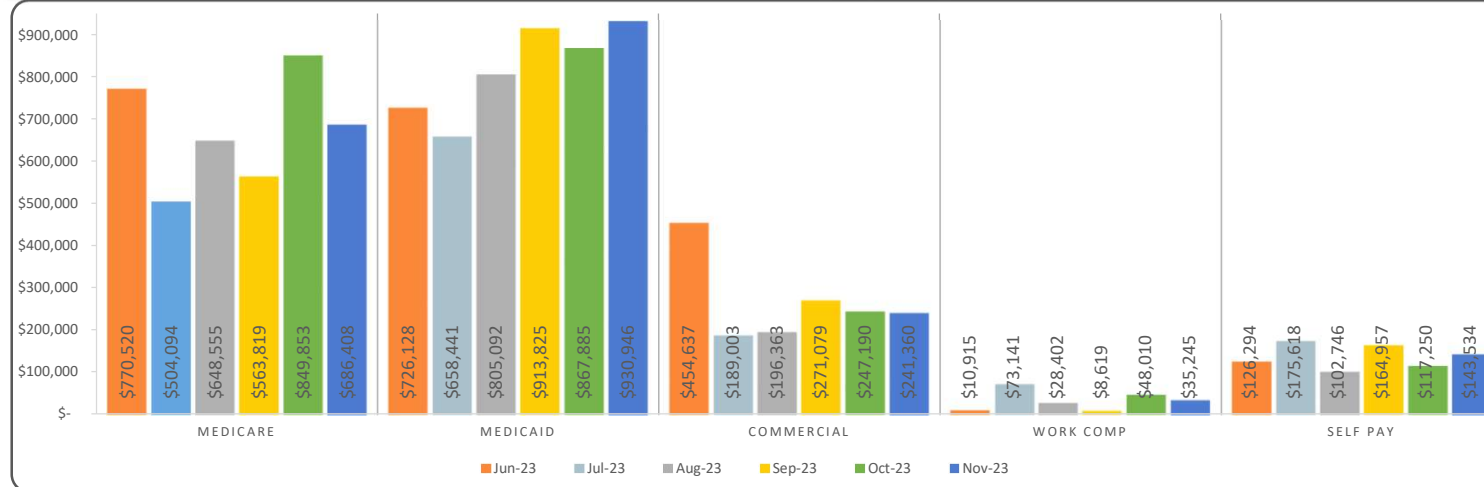
Gross Revenue



Payer Mix



Revenue Trending By Payer



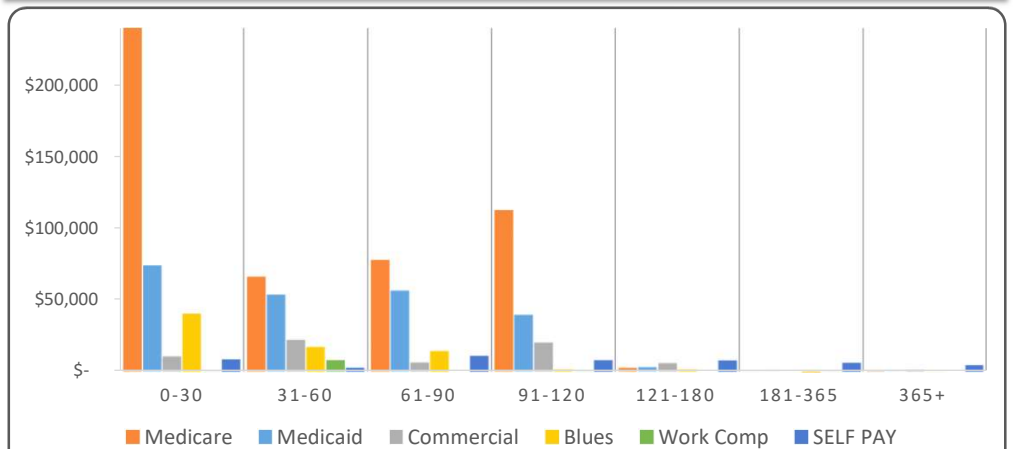
CASH DETAIL

PAYER	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
MEDICARE														
Payments	\$ 441,248	\$ 904,435	\$ 591,668	\$ 592,859	\$ 743,922	\$ 310,558	\$ 300,837	\$ 380,113	\$ 851,353	\$ 273,732	\$ 303,327	\$ 572,057	\$ 539,621	\$ 523,518
Adjustments	\$ 59,652	\$ (305,051)	\$ (87,776)	\$ (99,709)	\$ (134,234)	\$ 106,519	\$ 138,215	\$ 166,800	\$ (297,566)	\$ 14,075	\$ 40,065	\$ 133,024	\$ 129,515	\$ (10,498)
Collection %	88%	151%	117%	120%	122%	74%	69%	70%	154%	95%	88%	81%	81%	101%
MEDICAID														
Payments	\$ 308,165	\$ 264,924	\$ 314,806	\$ 255,109	\$ 277,640	\$ 193,806	\$ 300,483	\$ 275,555	\$ 192,283	\$ 90,923	\$ 92,296	\$ 313,889	\$ 229,010	\$ 239,145
Adjustments	\$ 451,692	\$ 433,745	\$ 547,064	\$ 449,945	\$ 461,105	\$ 361,576	\$ 609,604	\$ 571,141	\$ 466,985	\$ 399,800	\$ 295,314	\$ 971,132	\$ 641,672	\$ 512,367
Collection %	41%	38%	37%	36%	38%	35%	33%	33%	29%	19%	24%	24%	26%	32%
COMMERCIAL														
Payments	\$ 61,572	\$ 52,160	\$ 48,629	\$ 73,731	\$ 117,204	\$ 36,603	\$ 42,946	\$ 90,936	\$ 120,614	\$ 46,506	\$ 40,074	\$ 66,438	\$ 65,228	\$ 66,357
Adjustments	\$ 38,841	\$ 16,336	\$ 21,767	\$ 27,065	\$ 30,397	\$ 24,802	\$ 26,556	\$ 66,876	\$ 27,237	\$ 17,350	\$ 20,479	\$ 29,216	\$ 22,136	\$ 28,389
Collection %	61%	76%	69%	73%	79%	60%	62%	58%	82%	73%	66%	69%	75%	69%
BLUES														
Payments	\$ 76,431	\$ 116,673	\$ 92,264	\$ 63,385	\$ 96,727	\$ 54,673	\$ 79,624	\$ 162,086	\$ 89,306	\$ 55,087	\$ 76,601	\$ 120,414	\$ 68,971	\$ 88,634
Adjustments	\$ 42,420	\$ 44,446	\$ 44,703	\$ 43,122	\$ 51,765	\$ 30,285	\$ 68,579	\$ 62,281	\$ 55,589	\$ 28,987	\$ 29,422	\$ 43,963	\$ 37,046	\$ 44,816
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	62%	66%	72%	73%	65%	68%
WORK COMP														
Payments	\$ 1,565	\$ 5,615	\$ 17,126	\$ 4,638	\$ 7,853	\$ 17,944	\$ 4,105	\$ 6,593	\$ 11,971	\$ 34,920	\$ 2,990	\$ 18,118	\$ 7,910	\$ 10,873
Adjustments	\$ 879	\$ 2,189	\$ 6,198	\$ 1,926	\$ 8,982	\$ 8,713	\$ 9,697	\$ 2,215	\$ 7,288	\$ 7,277	\$ 2,489	\$ 4,838	\$ 739	\$ 4,879
Collection %	64%	72%	73%	71%	47%	67%	30%	75%	62%	83%	55%	79%	91%	67%
SELF PAY														
Payments	\$ 48,022	\$ 29,312	\$ 30,943	\$ 31,426	\$ 33,213	\$ 27,729	\$ 28,466	\$ 42,832	\$ 19,754	\$ 22,724	\$ 20,294	\$ 40,894	\$ 47,308	\$ 32,532
Bad Debt Recoveries	\$ 44	\$ 694	\$ 44	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60
Adjustments	\$ 14,039	\$ 13,402	\$ 6,237	\$ 17,897	\$ 30,789	\$ 21,095	\$ 31,837	\$ 17,525	\$ 14,103	\$ 9,683	\$ 5,797	\$ 23,642	\$ 19,912	\$ 17,381
Charity Care	\$ 36,963	\$ 33,516	\$ 63,113	\$ 14,747	\$ 23,556	\$ 973	\$ 21,551	\$ 9,633	\$ 10,549	\$ 4,244	\$ 1,705	\$ 5,068	\$ -	\$ 17,355
Bad Debt	\$ 22,287	\$ 5,920	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 108,610	\$ 10,524
Total SP Adjustments	\$ 73,289	\$ 52,838	\$ 69,350	\$ 32,644	\$ 54,346	\$ 22,067	\$ 53,388	\$ 27,157	\$ 24,653	\$ 13,927	\$ 7,502	\$ 28,710	\$ 128,522	\$ 45,261
Collection %	40%	36%	31%	49%	38%	56%	35%	61%	44%	62%	73%	59%	27%	47%
TOTAL														
Total Payments	\$ 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	\$ 958,049	\$ 961,119
Total Adjustment	\$ 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	\$ 959,630	\$ 579,954
Total Collection %	58%	85%	65%	69%	73%	54%	46%	52%	82%	52%	58%	48%	50%	61%

Cash & Adjustment Trending

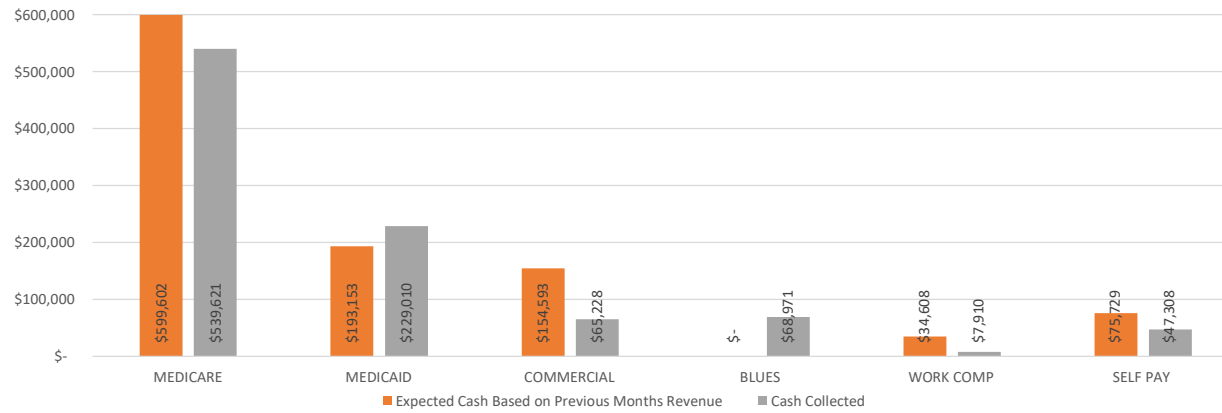


Cash Collections by Discharge Date

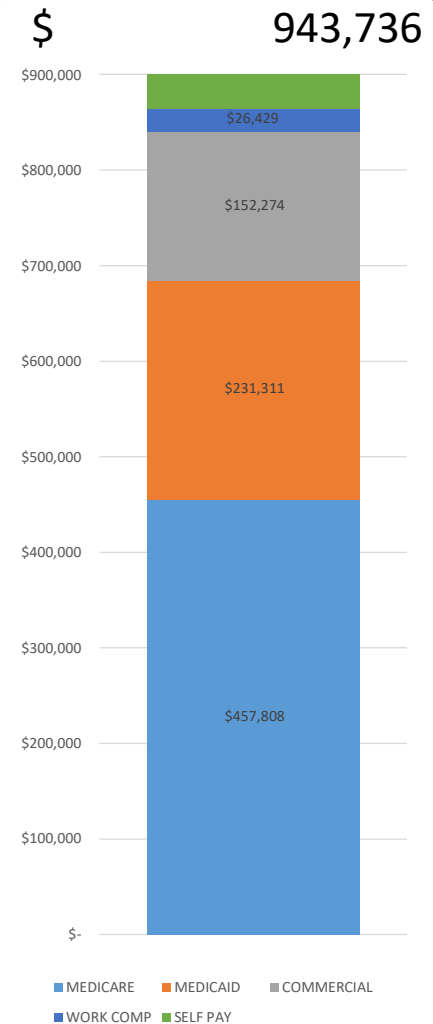


CASH FORECASTING

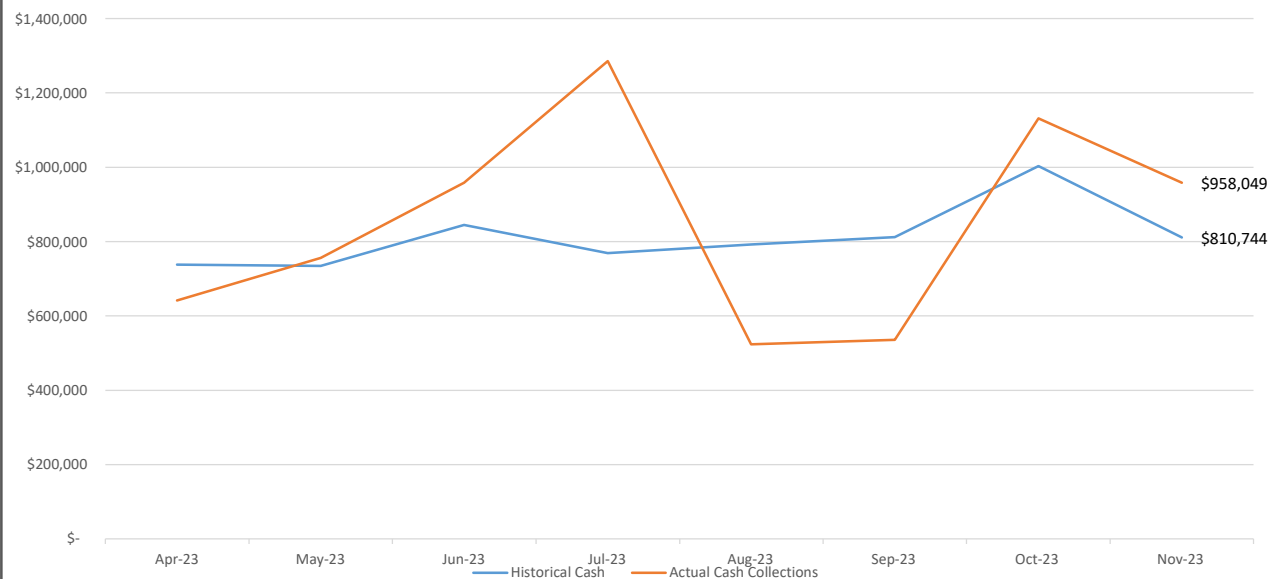
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month
(Based on this Months Revenue)



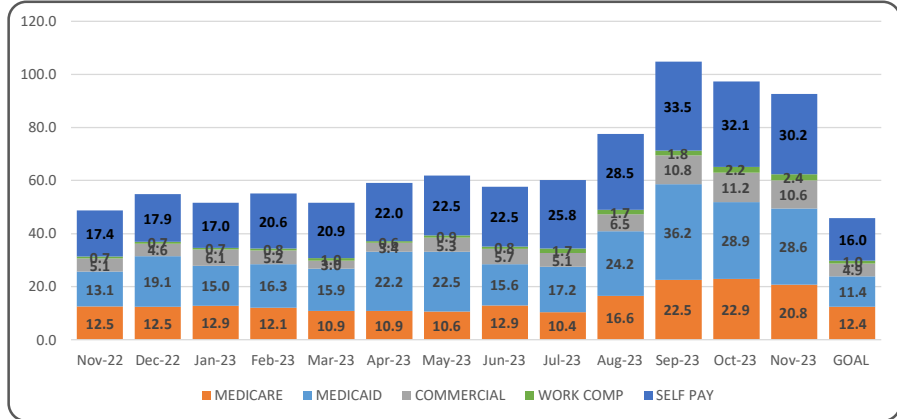
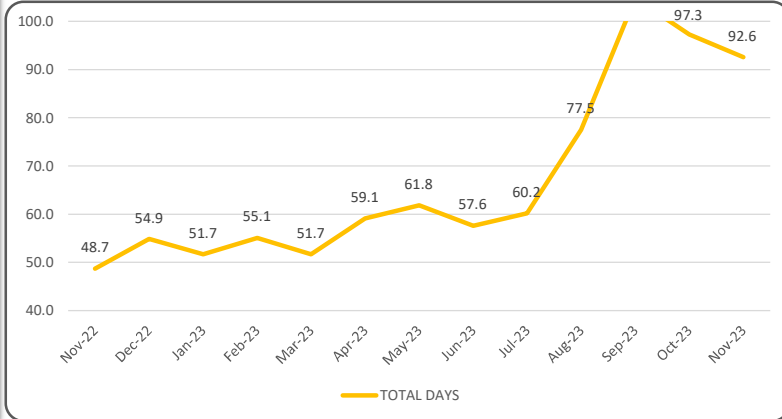
Actual Cash Based on Historical Collections



ACCOUNTS RECEIVABLE

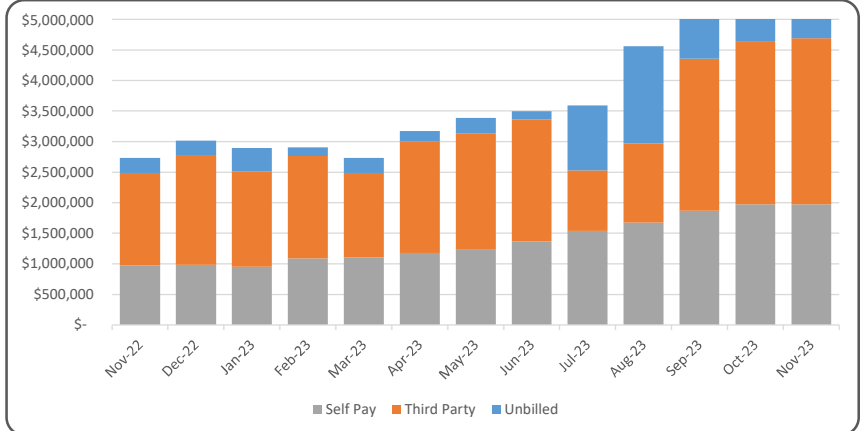
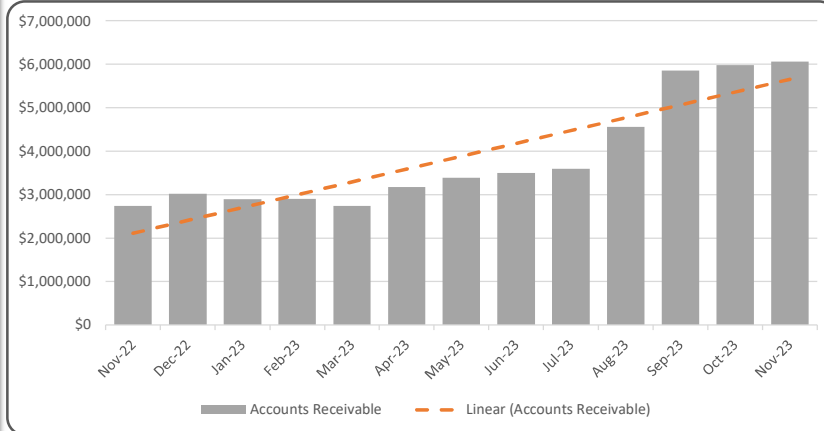
AR Days

PAYER	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
MEDICARE	12.5	12.5	12.9	12.1	10.9	10.9	10.6	12.9	10.4	16.6	22.5	22.9	20.8	14.5
MEDICAID	13.1	19.1	15.0	16.3	15.9	22.2	22.5	15.6	17.2	24.2	36.2	28.9	28.6	21.1
COMMERCIAL	5.1	4.6	6.1	5.2	3.0	3.4	5.3	5.7	5.1	6.5	10.8	11.2	10.6	6.4
WORK COMP	0.7	0.7	0.7	0.8	1.0	0.6	0.9	0.8	1.7	1.7	1.8	2.2	2.4	1.2
SELF PAY	17.4	17.9	17.0	20.6	20.9	22.0	22.5	22.5	25.8	28.5	33.5	32.1	30.2	23.9
TOTAL DAYS	48.7	54.9	51.7	55.1	51.7	59.1	61.8	57.6	60.2	77.5	104.8	97.3	92.6	67.1



AR Balance

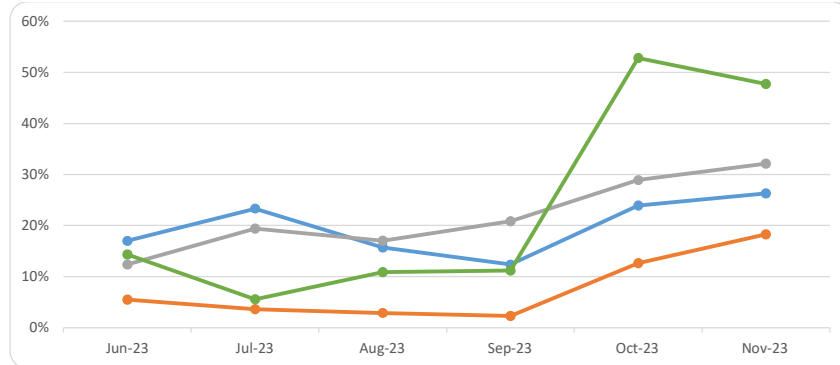
PAYER	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
MEDICARE	\$ 702,322	\$ 685,997	\$ 721,466	\$ 640,281	\$ 577,661	\$ 586,779	\$ 583,176	\$ 783,065	\$ 619,122	\$ 977,025	\$ 1,257,444	\$ 1,408,379	\$ 1,364,196	\$ 838,993
MEDICAID	\$ 737,438	\$ 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	\$ 1,873,656	\$ 1,216,666
COMMERCIAL	\$ 284,569	\$ 254,521	\$ 340,591	\$ 275,168	\$ 157,304	\$ 184,884	\$ 292,678	\$ 348,563	\$ 306,012	\$ 380,817	\$ 600,808	\$ 684,736	\$ 692,018	\$ 369,436
WORK COMP	\$ 37,379	\$ 39,097	\$ 38,788	\$ 40,808	\$ 55,187	\$ 31,871	\$ 48,923	\$ 50,878	\$ 102,360	\$ 97,414	\$ 101,908	\$ 133,125	\$ 155,295	\$ 71,772
SELF PAY	\$ 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	\$ 1,975,406	\$ 1,378,492
TOTAL	\$ 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	\$ 6,060,571	\$ 3,875,359



ACCOUNTS RECEIVABLE AGING

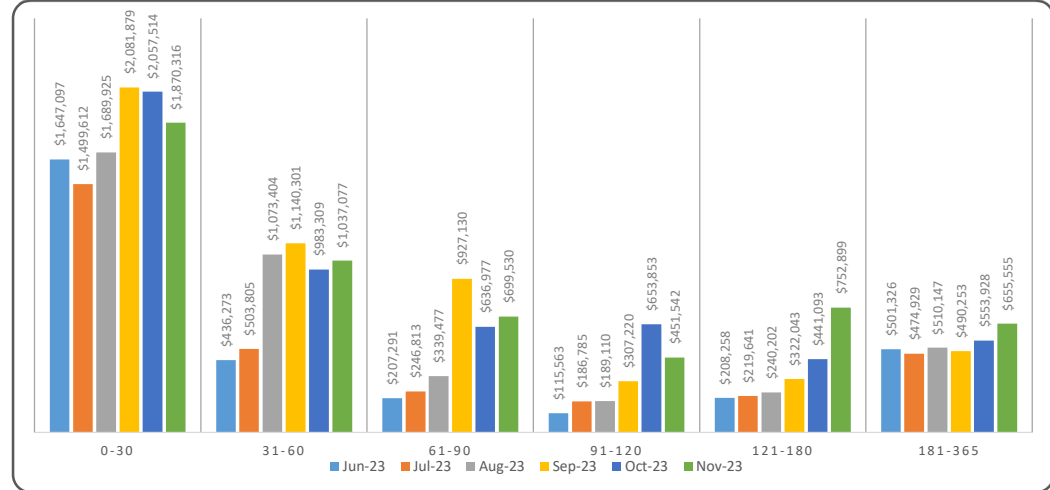
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	233	\$ 676,158	111	\$ 335,849	54	\$ 112,864	40	\$ 83,131	56	\$ 127,465	21	\$ 37,356	9	\$ 3,608	524	\$ 1,376,430
Credit	0	\$ -	1	\$ (7,274)	16	\$ (33)	1	\$ (3)	6	\$ (143)	0	\$ -	8	\$ (4,781)	32	\$ (12,235)
TOTAL	233	\$ 676,158	112	\$ 328,575	70	\$ 112,831	41	\$ 83,128	62	\$ 127,321	21	\$ 37,356	17	\$ (1,173)	556	\$ 1,364,196
MEDICAID																
Non-Credit	202	\$ 817,935	97	\$ 307,972	117	\$ 258,977	85	\$ 144,807	99	\$ 173,690	86	\$ 128,780	55	\$ 47,148	741	\$ 1,879,310
Credit	0	\$ -	2	\$ (2,568)	0	\$ -	1	\$ (58)	1	\$ (742)	2	\$ (377)	12	\$ (1,909)	18	\$ (5,653)
TOTAL	202	\$ 817,935	99	\$ 305,405	117	\$ 258,977	86	\$ 144,750	100	\$ 172,948	88	\$ 128,403	67	\$ 45,239	759	\$ 1,873,656
COMMERCIAL																
Non-Credit	106	\$ 183,670	86	\$ 196,694	67	\$ 129,353	56	\$ 83,269	120	\$ 99,067	74	\$ 29,239	70	\$ 29,567	579	\$ 750,860
Credit	0	\$ -	2	\$ (384)	0	\$ -	0	\$ -	5	\$ (1,028)	33	\$ (5,265)	323	\$ (52,164)	363	\$ (58,841)
TOTAL	106	\$ 183,670	88	\$ 196,310	67	\$ 129,353	56	\$ 83,269	125	\$ 98,039	107	\$ 23,974	393	\$ (22,597)	942	\$ 692,018
WORK COMP																
Non-Credit	4	\$ 32,048	6	\$ 47,999	2	\$ 2,901	3	\$ 7,383	9	\$ 56,721	12	\$ 9,577	9	\$ 2,042	45	\$ 158,670
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	1	\$ (127)	15	\$ (3,248)	16	\$ (3,376)
TOTAL	4	\$ 32,048	6	\$ 47,999	2	\$ 2,901	3	\$ 7,383	9	\$ 56,721	13	\$ 9,450	24	\$ (1,207)	61	\$ 155,295
SELF PAY																
Non-Credit	65	\$ 161,139	93	\$ 158,788	84	\$ 195,468	97	\$ 133,220	285	\$ 298,384	648	\$ 463,349	951	\$ 601,423	2223	\$ 2,011,771
Credit	5	\$ (634)	0	\$ -	0	\$ -	2	\$ (208)	8	\$ (513)	44	\$ (6,977)	245	\$ (28,033)	304	\$ (36,365)
TOTAL	70	\$ 160,505	93	\$ 158,788	84	\$ 195,468	99	\$ 133,012	293	\$ 297,871	692	\$ 456,372	1196	\$ 573,390	2527	\$ 1,975,406
ACCOUNTS RECEIVABLE																
Non-Credit	610	\$ 1,870,950	393	\$ 1,047,303	324	\$ 699,563	281	\$ 451,811	569	\$ 755,325	841	\$ 668,301	1094	\$ 683,788	4112	\$ 6,177,041
Credit	5	\$ (634)	5	\$ (10,226)	16	\$ (33)	4	\$ (269)	20	\$ (2,426)	80	\$ (12,746)	603	\$ (90,135)	733	\$ (116,470)
GRAND TOTAL	615	\$ 1,870,316	398	\$ 1,037,077	340	\$ 699,530	285	\$ 451,542	589	\$ 752,899	921	\$ 655,555	1697	\$ 593,653	4845	\$ 6,060,571

Aged Over 90 Days Trending (excluding Credits)



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Medicare	5.5%	3.6%	2.9%	2.3%	12.6%	18.3%
Medicaid	17.0%	23.3%	15.7%	12.4%	23.9%	26.3%
Commercial	12.4%	19.4%	17.0%	20.8%	28.9%	32.1%
Work Comp	14.4%	5.6%	10.9%	11.2%	52.8%	47.7%

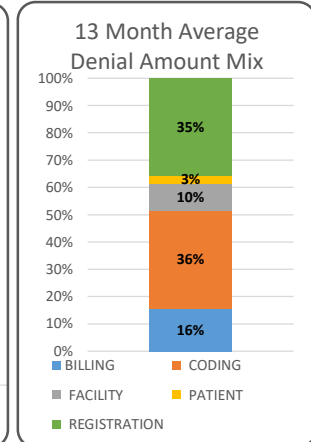
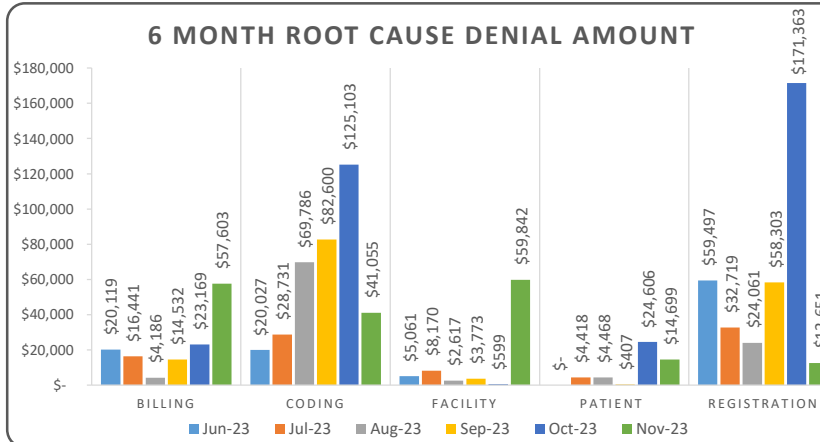
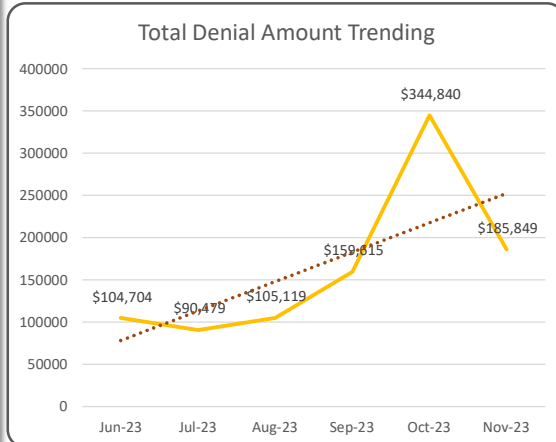
6 Month Aging



DENIAL MANAGEMENT

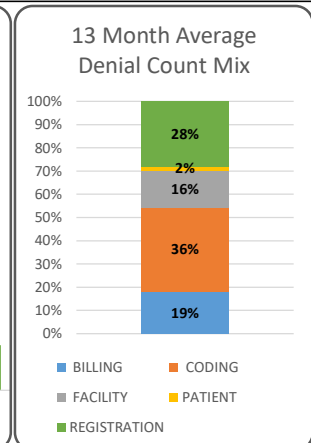
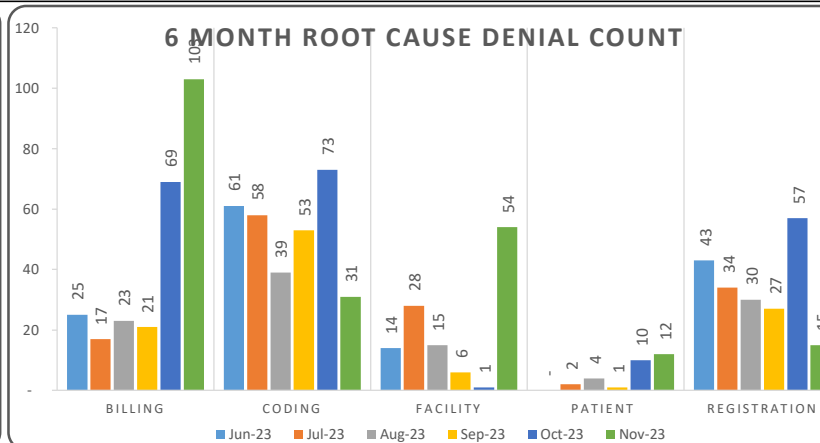
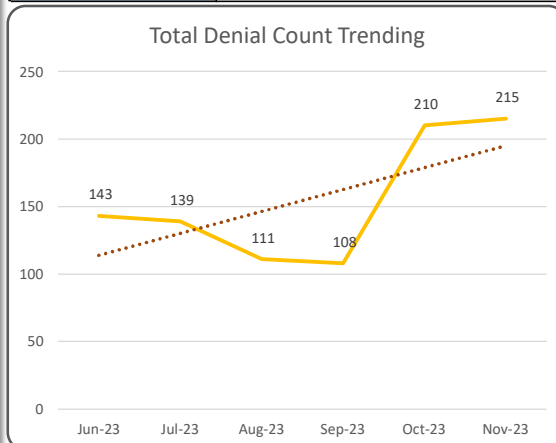
Denial Amount

AMOUNT	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
BILLING	\$ 17,355	\$ 37,445	\$ 14,934	\$ 15,559	\$ 11,555	\$ 16,802	\$ 33,824	\$ 20,119	\$ 16,441	\$ 4,186	\$ 14,532	\$ 23,169	\$ 57,603	\$ 21,810
CODING	\$ 74,734	\$ 14,065	\$ 29,838	\$ 30,929	\$ 44,001	\$ 24,264	\$ 39,181	\$ 20,027	\$ 28,731	\$ 69,786	\$ 82,600	\$ 125,103	\$ 41,055	\$ 48,024
FACILITY	\$ 4,175	\$ 15,113	\$ 27,920	\$ 17,826	\$ 8,818	\$ 7,016	\$ 18,338	\$ 5,061	\$ 8,170	\$ 2,617	\$ 3,773	\$ 599	\$ 59,842	\$ 13,790
PATIENT	\$ 2,047	\$ -	\$ 180	\$ 35	\$ -	\$ -	\$ -	\$ -	\$ 4,418	\$ 4,468	\$ 407	\$ 24,606	\$ 14,699	\$ 3,912
REGISTRATION	\$ 35,218	\$ 41,552	\$ 39,405	\$ 22,693	\$ 29,947	\$ 44,238	\$ 48,458	\$ 59,497	\$ 32,719	\$ 24,061	\$ 58,303	\$ 171,363	\$ 12,651	\$ 47,700
TOTAL	\$ 133,529	\$ 108,174	\$ 112,276	\$ 87,041	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 185,849	\$ 135,236



Denial Count

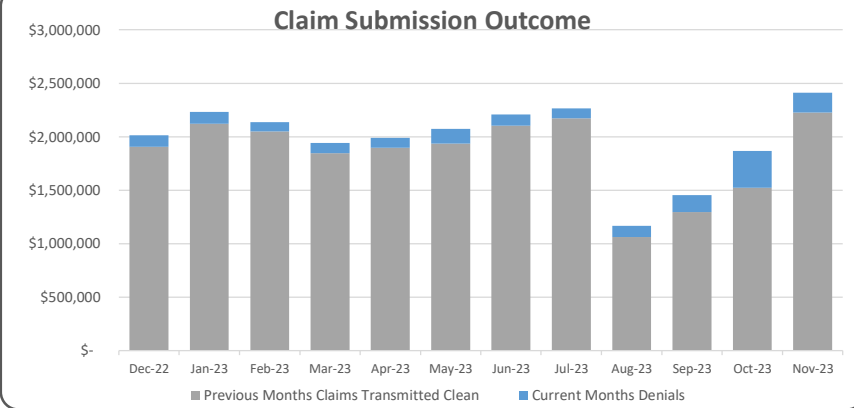
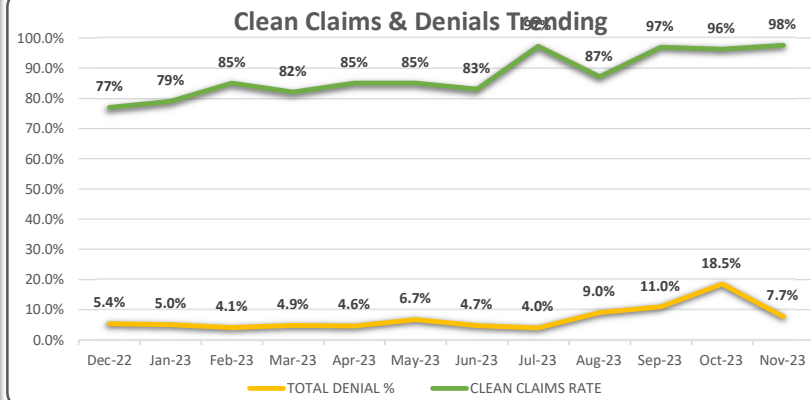
COUNT	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
BILLING	13	26	9	16	17	22	14	25	17	23	21	69	103	29
CODING	76	56	52	64	63	64	40	61	58	39	53	73	31	56
FACILITY	19	17	43	41	30	27	29	14	28	15	6	1	54	25
PATIENT	3	-	1	1	-	-	-	-	2	4	1	10	12	3
REGISTRATION	57	57	57	44	40	44	54	43	34	30	27	57	15	43
TOTAL	168	156	162	166	150	157	137	143	139	111	108	210	215	156



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

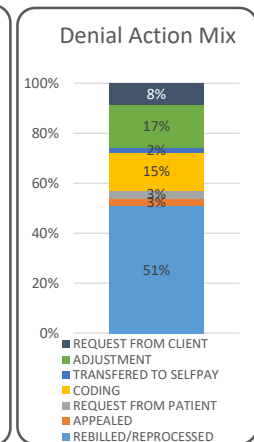
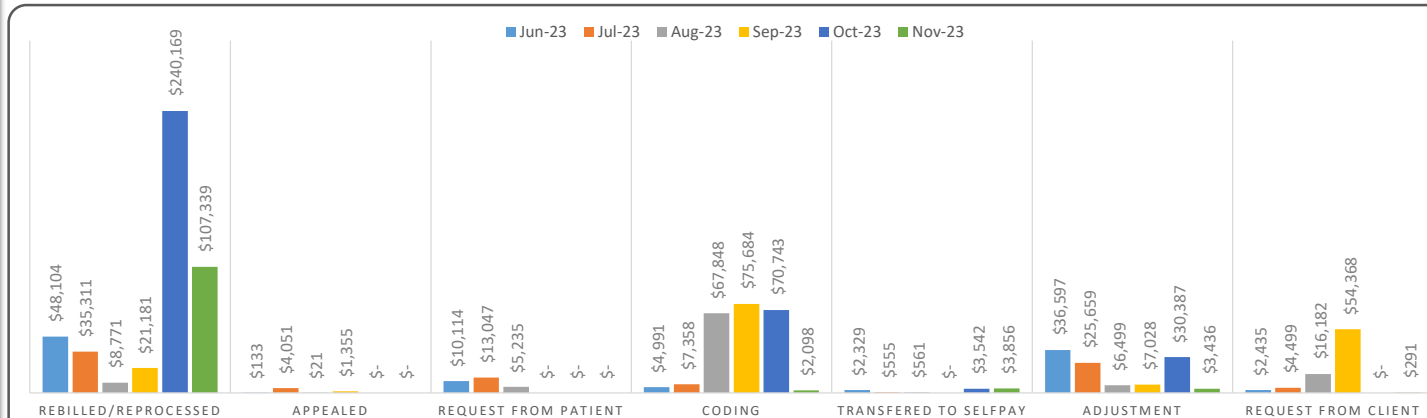
Denial & Clean Claim Trending

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
DENIAL AMOUNT	\$ 133,529	\$ 108,174	\$ 112,276	\$ 87,041	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 185,849	\$ 135,236
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 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	\$ 2,411,329	\$ 1,969,689
TOTAL DENIAL %	7.2%	5.4%	5.0%	4.1%	4.9%	4.6%	6.7%	4.7%	4.0%	9.0%	11.0%	18.5%	7.7%	7.1%
CLEAN CLAIMS RATE	81%	77%	79%	85%	82%	85%	85%	83%	97%	87%	97%	96%	98%	87%



Action Taken on Denials

DENIAL ACTION	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
REBILLED/REPROCESSED	\$ 92,434	\$ 65,189	\$ 37,987	\$ 33,295	\$ 55,495	\$ 49,608	\$ 73,330	\$ 48,104	\$ 35,311	\$ 8,771	\$ 21,181	\$ 240,169	\$ 107,339	\$ 66,785
APPEALED	\$ 10,035	\$ 11,926	\$ 2,121	\$ 2,973	\$ 2,164	\$ 11,305	\$ 3,102	\$ 133	\$ 4,051	\$ 21	\$ 1,355	\$ -	\$ -	\$ 3,783
REQUEST FROM PATIENT	\$ 157	\$ 3,128	\$ 12,289	\$ 2,001	\$ 1,293	\$ 1,180	\$ 3,499	\$ 10,114	\$ 13,047	\$ 5,235	\$ -	\$ -	\$ -	\$ 3,996
CODING	\$ 2,726	\$ 2,836	\$ 13,654	\$ 4,149	\$ 2,209	\$ 2,394	\$ 438	\$ 4,991	\$ 7,358	\$ 67,848	\$ 75,684	\$ 70,743	\$ 2,098	\$ 19,779
TRANSFERRED TO SELFPAY	\$ 3,120	\$ 4,163	\$ 2,355	\$ 5,688	\$ 2,222	\$ 682	\$ 1,244	\$ 2,329	\$ 555	\$ 561	\$ -	\$ 3,542	\$ 3,856	\$ 2,332
ADJUSTMENT	\$ 14,251	\$ 12,458	\$ 35,153	\$ 30,601	\$ 28,772	\$ 21,417	\$ 40,951	\$ 36,597	\$ 25,659	\$ 6,499	\$ 7,028	\$ 30,387	\$ 3,436	\$ 22,555
REQUEST FROM CLIENT	\$ 10,805	\$ 8,474	\$ 8,718	\$ 8,334	\$ 2,166	\$ 5,734	\$ 17,237	\$ 2,435	\$ 4,499	\$ 16,182	\$ 54,368	\$ -	\$ 291	\$ 10,711
TOTAL	\$ 133,529	\$ 108,174	\$ 112,277	\$ 87,041	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,116	\$ 159,615	\$ 344,842	\$ 117,020	\$ 129,942

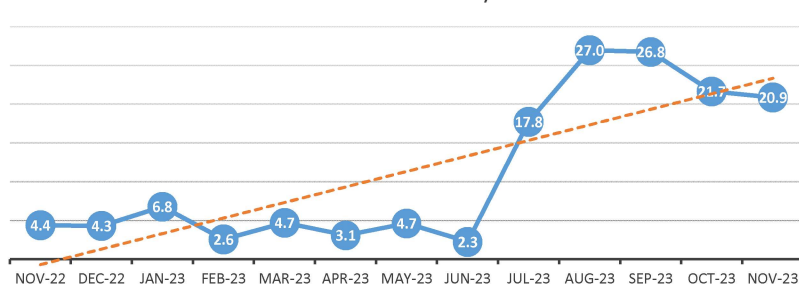


UNBILLED & INVENTORY

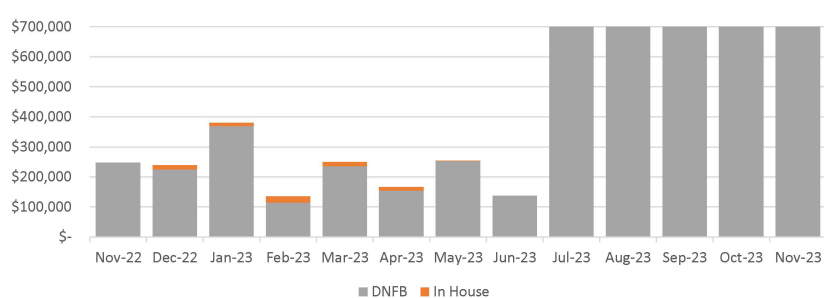
Unbilled

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
In House	\$ -	\$ 13,804	\$ 11,990	\$ 21,812	\$ 15,908	\$ 13,120	\$ 2,240	\$ -	\$ 27,926	\$ 59,290	\$ 34,128	\$ 58,121	\$ 108,806	\$ 28,242
DNFB	\$ 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	\$ 1,259,714	\$ 637,531
Total Unbilled	\$ 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	\$ 1,368,520	\$ 665,773
Unbilled Days	4.4	4.3	6.8	2.6	4.7	3.1	4.7	2.3	17.8	27.0	26.8	21.7	20.9	11.3

Total Unbilled Days



Unbilled Dollars

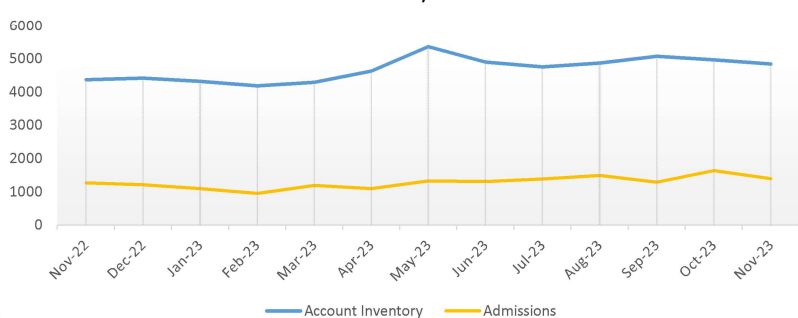


Admissions & Account Inventory

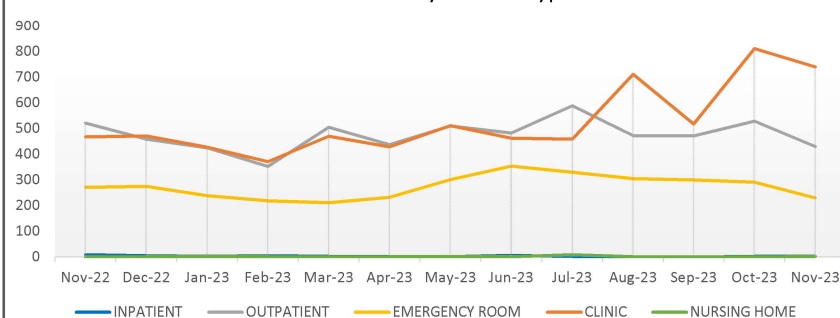
ADMISSIONS	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
INPATIENT	8	5	3	4	3	1	1	6	2	1	0	3	2	3
SWINGBED	5	4	2	4	4	4	0	4	2	7	1	4	1	3
OUTPATIENT	520	458	425	352	505	437	510	482	588	472	471	528	430	475
EMERGENCY ROOM	271	275	238	219	211	233	300	353	330	304	299	291	229	273
CLINIC	467	471	426	371	470	428	511	462	458	710	517	810	739	526
NURSING HOME	0	1	2	1	0	1	1	1	8	1	0	0	2	1
TOTAL	1,271	1,214	1,096	951	1,193	1,104	1,323	1,308	1,388	1,495	1,288	1,636	1,403	1,282

ACCOUNT INVENTORY	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	13 Month Average
MEDICARE	498	453	497	417	438	494	547	485	387	519	598	579	556	498
MEDICAID	750	840	739	692	645	855	794	748	682	688	762	732	759	745
COMMERCIAL	957	912	871	814	857	903	914	997	862	838	887	897	942	896
WORK COMP	78	73	73	72	91	77	87	89	75	59	57	55	61	73
SELF PAY	2,088	2,136	2,139	2,191	2,260	2,303	2,461	2,584	2,752	2,767	2,772	2,708	2,527	2,438
TOTAL	4,371	4,414	4,319	4,186	4,291	4,632	5,363	4,903	4,758	4,871	5,076	4,971	4,845	4,692

Account Inventory & Admissions



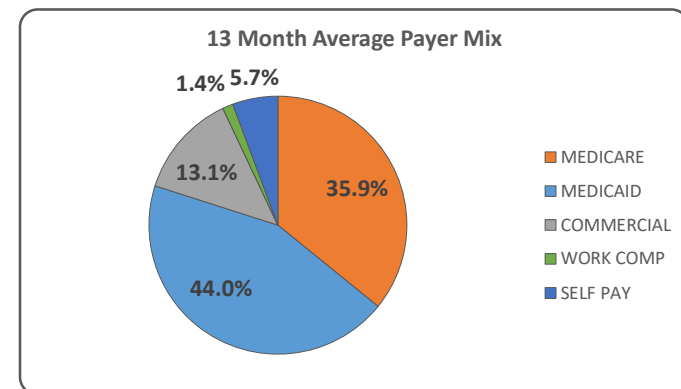
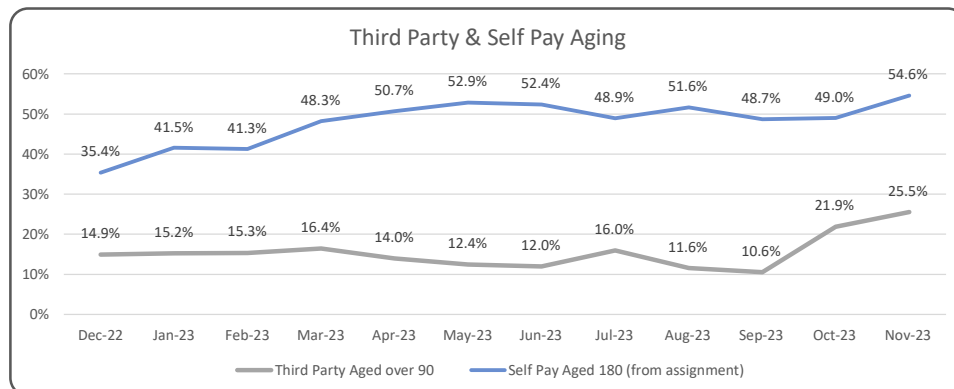
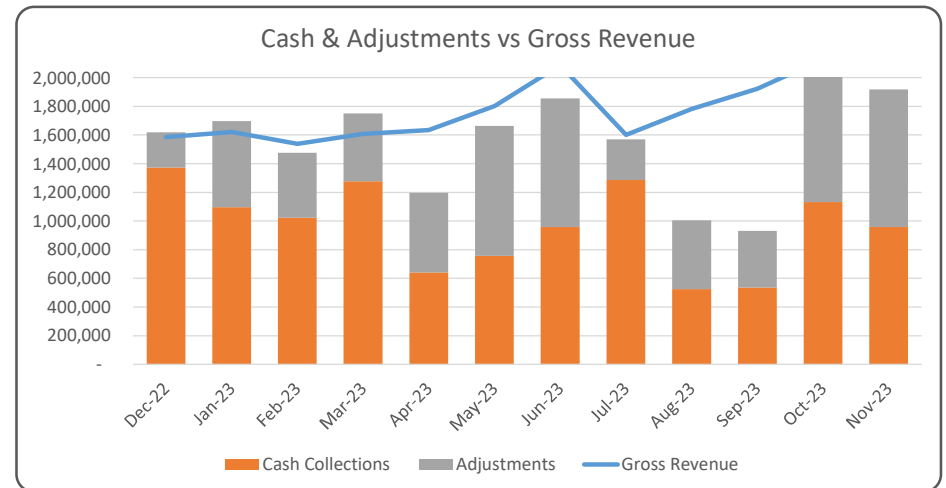
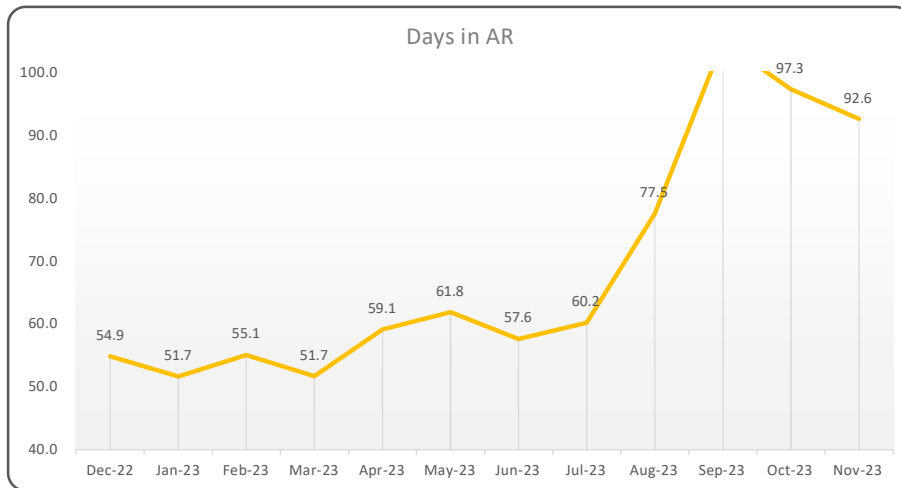
Admissions by Service Type



Southern Humboldt Community Healthcare District

Executive Dashboard

	TARGET	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Days in AR	45.8	54.9	51.7	55.1	51.7	59.1	61.8	57.6	60.2	77.5	104.8	97.3	92.6
Gross AR		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	6,060,571
Gross Revenue		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	2,037,494
Cash Collections		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	958,049
Adjustments		244,503	601,307	454,994	472,360	553,962	906,039	896,471	284,186	481,416	395,270	1,210,884	959,630
Collection %		84.9%	64.6%	69.2%	73.0%	53.7%	45.5%	51.7%	81.9%	52.1%	57.5%	48.3%	50.0%
Late Charges	1%	0.0%	0.0%	0.1%	0.3%	0.0%	0.0%	0.2%	2.2%	0.3%	0.7%	0.8%	0.2%
Bad Debt	3%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%
Charity Care	3%	2.1%	3.9%	1.0%	1.5%	0.1%	1.2%	0.5%	0.7%	0.2%	0.1%	0.2%	0.0%
Third Party Aged over 90	13%	14.9%	15.2%	15.3%	16.4%	14.0%	12.4%	12.0%	16.0%	11.6%	10.6%	21.9%	25.5%
Self Pay Aged 180 (from assignment)	25%	35.4%	41.5%	41.3%	48.3%	50.7%	52.9%	52.4%	48.9%	51.6%	48.7%	49.0%	54.6%



CNO Report November 2023
December 2023

Updates

EPIC is now our new electronic health records system and although we continue to encounter some struggles with the new system, we are fully embracing the program and taking advantages of some of the new tool's EPIC is providing. For example, we have the "Care Everywhere," that allows us to have information about the patients' medical history which helps with the patients' continuation of care and helps us to provide a better, more focused care for our patients. In addition, EPIC has "MyChart," that empowers patients to be part of their health care and to get healthy and stay healthy.

Infection Prevention/Employee Health

The focus of infection prevention during the past month and a half 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 vaccine. As of 11/08/2023, employees have a FLU vaccine rate = 61% and 23-24 Updated covid vaccine rate = 41%.

At the beginning of October, infection prevention participated in a disaster planning conference in Sacramento where they received some 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, and nursing was able to review and practice all the IP mandatory skills.

ED/Acute:

The ED had 237 ED visits in the month of November. There were seven SWING patients and two IP in November. We continue to work on expanding the SWING bed program and working on bringing more nurses to be able to open more beds availability. We continue doing monthly nursing and daily UR meetings to ensure communication and teamwork. We continue to work on finding new ways to improve patient care and patient satisfaction. The team continues striving for a culture of excellence, and we continue finding ways to improve patients care and overall visit experience. Our goal is that our patients and the community get the highest quality of care, and when they come to our hospital, they can see that the care reflects excellence, compassion, kindness, and love.

Laboratory

The lab has had some wins with EPIC and OCHIN that is 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 as Adam mentions, “will allow us to test for high-priority infectious diseases like HIV, hepatitis, and syphilis in our own lab on an urgent basis. The state is offering this grant support in recognition 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 Six residents, with two 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

The Clinic offers flu and COVID-19 vaccines for the community on Wednesdays and at the Mobile clinic. The Visiting Nurse program continues to serve the community, and 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.

Radiology

In November, Radiology conducted 172X-ray exams, 71 CTs, 40 ultrasounds, and 21 mammograms. The old X-ray room equipment is being removed, and issues in the new system are being identified and addressed.

Adela Yanez, RN, BSN, CNO



After Action Review/Plan

Great California Shakeout/Earthquake Drill

October 19, 2023

Planning/Preparation

- An email was sent out to all staff one week before the event announcing the date and time of the event.
- The event coordinator asked registration staff about announcing the day of, and shared that a script would be provided for the overhead information on the morning of the event.
- All staff were encouraged to participate during the Shakeout event; it was announced before the event that pictures of those staff participating would be taken; a contest for the best images would take place with a \$25 gift card for the best four pictures chosen by the team.
- An email reminder was sent Monday morning, October 18, with an electronic link to www.shakeout.org website for resources and information for staff to review.
- All Residents of the Skilled Nursing Facility and the patients in the Hospital were apprised that a drill would be taking place on Thursday morning, the 19th.
- As a reminder, the event coordinator announced this at the manager huddle on Tuesday and Thursday.
- On Tuesday, at the manager huddle, four observers were chosen for various areas in the Facility: the administrative offices, the rural health clinic wing, the emergency department, and the hospital wing.

Incident Overview

- All Residents of the Skilled Nursing Facility and the patients in the the Hospital were reminded of the earthquake drill early in the shift.
- The announcement was made overhead through the hospital intercom at 10:19: "this is a drill, this is a drill. Our area is experiencing an earthquake, please duck, cover, and hold on." this announcement was made twice. After two minutes, the all-clear was given.

Called, "The shaking has stopped; the earthquake is over; this was a drill," repeated twice

- During this time, the four observers were in their respective areas, observing and taking pictures of all participants.
- It was noted that all staff present participated during the drill; many staff took cover under their desks and in doorways and held on.
 - Staff were very receptive to feedback and answered questions readily; there was



good feedback regarding the next steps.

- After the drill was completed, a sign-in sheet was sent around, and all staff were asked to sign in.

Following the Drill/Probable hazard areas

- The participants were asked to look around in their respective areas to observe what could have been a hazard should an actual earthquake have affected the Facility.
- Books could have fallen off shelves in the hospital nursing station and been a hazard to those in the area.
- In some Resident rooms, items on top of the closets could fall off and injure someone.
- Mounted televisions could come loose from the ceilings of resident and patient rooms and cause injury.
- Bookshelves not secured to the nurse manager's office walls could topple over, and books and binders could fly off the shelves.
- The shelving needs to be secured in the Materials storage area, and items and shelves could be subject to toppling over and falling.
- In the EVS area, shelving is not secured and is subject to toppling and falling items.
- There are some open shelves in the Emergency Department, and items could fall.
- Mounted equipment in the Emergency department could come loose and possibly cause injury to patients on adjacent gurneys.
- In the clinic treatment room, cupboards with glass doors could cause a hazard if they were to break.

Items that could fall or hit the cupboard glass doors.

- In the clinic nursing station, there are also glass cupboards that could cause a problem if the glass doors break, or items fall against them.
- There is one office in the administrative wing with many things on shelving that could pose a problem by falling or flying off the shelves.
- In the administrative office common area, there are boxes stacked that could fall and possibly cause an injury.

What Went Well

- Staff stated they were well informed regarding the date and time of the event.
- Staff knew what to expect and what preparations were made; the reminders regarding the event were helpful. The link to the Great California Shakeout was valid; the feedback was that it also helped plan at home for an earthquake.
- Staff knew what the expectation was regarding participation.
- Scripting for the page overhead was very helpful for the registration staff.
 - All areas of the Facility participated at some level.

What Improvements/Recommendations

- Staff working in the Hospital stated it would have been helpful to review the evacuation plan and routes for various exits.
- Review where to take Skilled Nursing Residents and patients in the event of damage to the building.
- Review the telephone tree and who the point person would be during such an event (Review the Emergency Preparedness Plan policy and procedure)
- Review where and when the Emergency Operations Command Center would be located and open (Review the Emergency Preparedness Plan policy and procedure)
- Secure books and binders on shelves
- Secure the items in the Materials storage area and the EVS area.
- Offices are to be cleared of all unnecessary clutter on shelves.
- Skilled Nursing Resident rooms are to be cleared of all unnecessary.

clutter

Conclusion

Overall, the Great California Shakeout drill went well. Participation was outstanding; all staff had a good attitude regarding having such an event during their shift work. The team felt they were well informed regarding the event with plenty of advance notice. The items under Improvements/Recommendations must be discussed with management and administration. The Emergency Preparedness Plan/Policy must be reviewed and shared with all staff. It was suggested by some staff that a drill with a simulated evacuation be carried out, as well as opening the Command Center. This will allow the team to become familiar with all aspects of the Emergency Preparedness Plan and the roles staff may be asked to undertake should an actual disaster occur.

Submitted it to the medical staff and the board of directors as an FYI by Adelaida Vargas de Yanez, BSN, RN, in December 2023.



Annual Periodic Evaluation and Quality Assurance Review FY 2023

June 1, 2022-June 30, 2023

Introduction

Southern Humboldt Community Health Care District (SHCHD) is located in Garberville California. SHCHD serves a diverse population of Southern Humboldt, Mendocino, and Trinity County residents. The area supports a large rural area of approximately 775 square miles and includes the communities of Alderpoint, Blocksburg, Garberville, Harris, Honeydew, Miranda, Meyers Flat, Leggett, Petrolia, Phillipsville, Piercy, Redcrest, Redway, Shelter Cover, Weott, Whitethorn, and Zenia. This service area has a population of about 10,365 full-time residents. In addition to the local community, the hospital and clinic serves a number of tourists traveling through the area. SHCHD is comprised of the Jerold Phelps Community Hospital, the Southern Humboldt Community Clinic which is a certified rural health clinic and the Family Resource Center as well as a retail pharmacy located on the District's Sprowel Creek Campus at 286 Sprowel Creek Road. Jerold Phelps Community Hospital is a small Critical Access hospital licensed for nine acute care beds which can alternately serve as a Swing Bed Program for orthopedic rehabilitation or any patient who may need a longer recovery period from a surgical procedure or an illness. Jerold Phelps Community Hospital also encompasses a Distinct Part Skilled Nursing Facility (SNF) with 8 licensed beds. Jerold Phelps Community Hospital operates a standby Emergency Department (ED) with four patient care beds and an Emergency Department Physician 24 hours a day, seven days a week. Radiology and laboratory services are available 24 hours a day seven days a week through the Emergency department as well as on an outpatient basis either through the clinic or upon presentation of an order from a provider-patient relationship during business hours. SHCHD does not offer specialty services but does transfer patients from the ED and/or the acute beds if a patient should need a higher level of care. Referrals can be made through the ED as well as through the Rural Health Clinic for any number of services not offered through the District.

Southern Humboldt Community Healthcare Foundation

Southern Humboldt Community Healthcare Foundation, or SoHum Health Foundation, is a 501(c)(3) non-profit organization that supports the District in sustaining high-quality healthcare services in our rural community. The Foundation Board of Directors has 8 members who conduct quarterly board meetings. The Board has three subcommittees including Finance, Auction, and Executive committees. Foundation members engage in special events, community outreach, and the solicitation of donations and long-term pledges. The Foundation also hosts an annual auction fundraiser in November, which provides significant income and goodwill for the

Hospital District.

Capital Campaign

SoHum Health Foundation is continuing to spearhead the capital campaign to raise \$3M towards a down payment on a 40-year USDA loan. The building loan will be used to construct a new hospital and clinic at the Sprowel Creek Campus in Garberville, which the District purchased from College of the Redwoods in 2019. The Foundation currently holds \$1,858,047.82 which was secured by Board Members and staff through a variety of avenues including grants, individual donors, business sponsorships, employee giving, and fundraising events. There is currently over \$1M in outstanding capital campaign pledges which the Foundation Board continues to steward and maintain donor relationships to ensure these long-term pledges come to fruition.

Outreach Department

The Foundation's Development Director also serves as the Outreach Manager, with additional support of a full-time Outreach Coordinator and a part-time Foundation Clerk. The Outreach Department is crucial in nurturing community partnerships and collaborations, as well as providing ongoing communications to promote health, dispel misinformation, and address community concerns. The Outreach Department attends community events, produces articles and advertisements for radio, online news blogs, and print media, manages SoHum Health's social media and website, and produces ongoing press releases to local media outlets. The Outreach Manager regularly appears on KMUD, Redheaded Blackbelt, and other local news outlets and produces print and email newsletters. Outreach also supports other local organizations through sponsorships and banners. Outreach sponsors free exercise classes for the community – Restorative Movement on Tuesdays and Thursdays, and Tabata on Tuesdays, Wednesdays and Thursdays. As SoHum Health has continued to grow and evolve the need for timely and compelling communications is more important than ever. Outreach plays a critical role in promoting the mobile clinic, optometry, Garberville Pharmacy, new services, radiology, laboratory and other services. They collaborate closely with the Family Resource Center to support their efforts, and keep the community informed on progress related to the new hospital build and other undertakings.

Plans/Goals FY 2024

SoHum Health Foundation has adopted a strategic plan that includes four priority objectives:

1. Develop and maintain a diverse fundraising program.
2. Maintain robust and productive relationship with the Healthcare District
3. Support Healthcare District values, goals, and projects to promote optimal patient and community health.
4. Continue to build and strengthen a sustainable Foundation.

The Foundation will continue to engage the community to ensure long-term capital campaign pledges are completed and develop new fundraising streams. With greater understanding of

the health services provided and a strong network of support, we are well positioned for building a new healthcare facility and bringing our current facility up to necessary standards in the years ahead.

Acute Care

Jerold Phelps Community Hospital is licensed for nine acute care beds, of which eight are currently in operation. The ninth bed can be made available within a few hours during an emergency or surge event. The hospital treats patients with various diagnoses, including Pneumonia, Exacerbation of Congestive Heart Failure, Exacerbation of Chronic Obstructive Pulmonary Disease, Urinary Tract Infection, Pyelonephritis, Cellulitis Sepsis, Chest Pain, and Shortness of Breath. However, the hospital's admission diagnoses are not limited to these conditions. The hospital takes a holistic approach to patient care and accepts patients if the admitting physician deems that the facility can meet their needs based on the services it offers.

Jerold Phelps Community Hospital does not provide specialty services. Instead, it collaborates with other hospitals in Humboldt County through a Community-Wide Call Plan to fulfill the EMTALA requirements for specialty physician on-call requirements.

The staffing for the acute care beds is set per the California Staffing Ratio Law AB 394, which mandates a maximum of one registered nurse for every five patients (1:5). The Acute Care Nurse Manager oversees Quality Assurance Performance Improvement (Q.A.P.I.) initiatives in conjunction with the Quality Assurance Performance Improvement Committee. The hospital develops quality initiatives for acute care using S.M.A.R.T. goals (Specific, Measurable, Achievable, Realistic, and Time-anchored). Examples of SMART goals for acute care include monitoring Physician Orders for Life-Sustaining Treatment (P.O.S.L.T.) forms, screening for Influenza, Pneumonia, and Tuberculosis on admission, and ensuring that patients are vaccinated against COVID-19.

The Infection Preventionist reviews the vaccination status of each patient to ensure that the hospital offers appropriate vaccination to the community to address population health positively and protect Skilled Nursing residents who may not be able to receive various vaccinations due to allergies or pre-existing conditions. The Q.A.P.I. initiatives for the Acute Care department are fully integrated into the Hospital-wide Q.A.P.I. program, overseen by the Quality Assurance Performance Improvement Committee, and reported to the Board of Directors every quarter.

Goals for Acute Care Department in 2021 include increasing local outreach for nursing staff, improving retention of nursing staff, decreasing the number of traveling nurses, and always maintaining a patient census of 6-7, which is a combination of In-patients and Swing Bed status.

Emergency Services

Jerold Phelps Community Hospital runs a standby emergency department. This is a medical service that has a doctor on call to provide emergency medical care in a designated part of the hospital. This area is always equipped and ready to receive patients with urgent medical needs and can provide physician services in a timely manner. (22 CA ADC 70649)

The Emergency Department (ED) at Jerold Phelps Hospital is open 24/7 and has a general Emergency Physician on call. The ED Registered Nurses are certified and trained to triage patients using the Emergency Severity Index triage tool, which prioritizes patients based on the severity of their condition and required resources. All ED staff must maintain Advanced Cardiac Life Support (ACLS) and Pediatric Advance Life Support (PALS) training every two years.

In FY 2022, the ED physicians and nurses cared for an average of seven patients per day, totaling 2540 patients. The top ten diagnoses seen in the ED were: 1. Allergic contact dermatitis due to plants, except food, 2. Urinary tract infection, site not specified, 3. Unspecified asthma, uncomplicated, 4. Periapical abscess without sinus, 5. Chest pain, unspecified, 6. Acute pharyngitis, unspecified, 7. Low back pain, 8. Unspecified abdominal pain, 9. Rash and other nonspecific skin eruption, and 10. Unspecified asthma with (acute) exacerbation.

The Emergency Department at Jerold Phelps Hospital is certified and compliant with North Coast Emergency Medical Services Emergency Department Approved for Pediatric (EDAP) Level II standards. This means that it has all the necessary emergency medical equipment to care for pediatric patients during an urgent or emergent situation. All staff who work in the ED are certified in advanced pediatric life support (PALS) and receive ongoing pediatric emergency education.

The Emergency Department has provided essential care to the community during the COVID-19 pandemic and will continue to do so in the future. Its goals for 2021 include:

- Supporting the community during the COVID-19 pandemic
- Having all staff take the Trauma Nursing Core Course (TNCC) and become certified
- ED staff completing the Emergency Nursing Pediatric Course (ENPC)
- Beginning work on Certified Emergency Nursing (CEN) certification
- All staff completing their NIHSS stroke certification within 30 days of hire.

Swing Bed Program

The Swing Bed Program is available for use by Critical Access Hospitals. Jerold Phelps Community Hospital has been approved by the Centers for Medicare and Medicaid Services (CMS) to use its beds for providing Acute or post-hospital Skilled Nursing Facility (SNF) care, subject to specific requirements set forth by CMS.

At Jerold Phelps Community Hospital, the Swing Bed Program is staffed at the same level as the Acute Care beds. The hospital maintains a ratio of one Registered Nurse for every five patients (1:5) in the program.

The Director of Nursing for the Skilled Nursing Facility (SNF) oversees the Quality Assurance/Performance Improvement (QAPI) initiatives for the Swing Bed Program. Currently, the SMART goals for the program include monitoring the patient's weight for timely weekly readings and tracking the percentage of daily meals taken. These elements help alert the nursing staff if a patient's food intake is inadequate for maintaining a healthy weight conducive to optimal health for their age. The Registered Dietician also monitors this information to determine whether dietary supplements should be added to any resident or patient's diet. The QAPI initiatives for the Swing Bed Program are fully integrated into the hospital wide QAPI program. They are overseen by the Quality Assurance Performance Improvement Committee and reported to the Board of Directors every quarter. The Swing Bed Program can be utilized by Critical Access Hospitals and for which Jerold Phelps Community Hospital is approved by the Centers for Medicare and Medicaid Services (CMS); under this agreement, the Critical Access Hospital can use its beds as needed to provide Acute or post-hospital Skilled Nursing Facility (SNF) care and as such must meet specific requirements set forth by CMS.

Distinct-Part Skilled Nursing Facility

The Distinct-Part Skilled Nursing Facility DP/SNF is an eight-bed residential unit licensed by the California Department of Public Health and Certified by the Centers for Medicare and Medicaid Services (CMS). The SNF has maintained an average daily census of 8.0 residents this past fiscal year. The Skilled Nursing Facility is open to anyone in the County of Humboldt and beyond, yet preference is given to the immediate needs of long-term District community members. Currently all eight beds are full and the District does maintain a waiting list.

On February, 1st, 2023 the California Department of Public Health conducted a COVID-19 FOCUSED SURVEY FOR INFECTION CONTROL. The Plan of Correction for the Survey was submitted February 28, 2023, finalized and accepted by CDPH. On August 25th, 2022 the California Department of Public Health (CDPH) conducted an “ABBREVIATED STANDARDSURVEY for Entity-Reported Incident.” All deficiencies were addressed timely, and the Plan of Corrections was submitted and accepted by CDPH.

Quality Improvement Initiatives for the Skilled Nursing Facility consist of monitoring patient’s weights for timeliness in obtaining weekly weights and monitoring for percentage of meals taken in on a daily basis. Tracking of these two elements for patients will alert the nursing staff as to whether or not the patient’s intake is adequate to maintain a healthy weight conducive to optimal health for age. This information is additionally monitored by the Registered Dietician to make determinations as to whether or not to add dietary supplements to any resident or patient diet.

Assembly Bill (AB) 2079 dictates that California Skilled Nursing Facilities staff with a minimum of 3.2 Nursing hours per patient day. Jerold Phelps Community Hospital Skilled Nursing Facility exceeds that ratio by 1.3 Nursing hours per patient day, maintaining 4.5 Nursing hours per patient day, these hours are dedicated to direct patient care. The Skilled Nursing Facility has received an overall 3-Star Quality Rating, a 5-Star Quality Rating for Staffing in general which is inclusive of Licensed Vocational Nurses, Certified Nursing Assistants and Activities Director and a 5-Star Quality Rating for Registered Nurses for this past Fiscal Year from Medicare.gov. The Five-Star Quality Rating System is based on three areas; Health Inspections that are carried out by trained objective inspectors, staffing based on hours of care provided on average to each resident each day by nursing staff and quality measure rating that gathers information from 11 different physical and clinical measures for nursing home residents. The quality measures offer information about how well nursing homes are caring for their residents’ needs. Jerold Phelps Community Hospital Distinct Part Skilled Nursing Facility is proud of these achievements it is a testament to the Staff working and caring for the residents on a daily basis. The QAPI initiatives for the DP/SNF are fully integrated into the Hospital Wide QAPI program overseen by the Quality Assurance Performance Improvement Committee and reported to the Board of Directors on a quarterly basis.

Dietary

Months Covered: Jan-June 2021

Dietary Report for January 2023-October 2023

Dietary Food Temperature Log

All Dietary staff are responsible for taking and recording their cooked and cold food temperatures. Dietary staff then must record those temperature readings on the food temperature log posted in dietary. Both hot and cold food items must have their temperatures checked prior to being served to our resident/patient population. This also meets regulatory compliance requirements. This helps to ensure our patient population is receiving safe food. Dietary Staff are trained on what the minimum cooked and maximum food temperatures are prior to being served to our patients. This training is given to dietary employees upon hire and annually thereafter. The food temperature log is monitored by Certified Dietary Manager weekly. If any food temperatures are missed or have been entered incorrectly department manager speaks with that employee to ask what happened and review correct process. Only one missed temperature in the last 10 months. It was on 1/3/2023. Spoke with employee they stated, “just forgot to enter temperatures on the log for dinner that day.”

January 2023	February 2023	March 2023	April 2023
30 days correct	28 days correct	31 days correct	30 days correct
31 days total	28 days total	31 days total	30 days total
97%	100%	100%	100%

May 2023	June 2023	July 2023	August 2023
31 days correct	30 days correct	31 days correct	31 days correct
31 days total	30 days total	31 days total	31 days total

100%

100%

100%

100%

September 2023

October 2023

30 days correct

31 days correct

30 days total

31 days total

100%

100%

Margo Acuna CDM,CFPP

Infection Prevention/Employee Health

Covid-19 Immunization/Testing

The Infection Prevention Program, in concert with the Infection Prevention Registered Nurse, oversaw and offered COVID immunizations to all employees who requested the vaccine. The Infection Prevention Program with the assistance from nursing personnel vaccinated all Skilled Nursing Residents (SNF). All Residents were up to date by CDC definition.

During FY 2023, the federal Public Health Emergency (PHE) for COVID-19 was officially ended in May 2023. At the end of the 2nd quarter, there was a 95% vaccination rate for hospital employees. For contracted staff, the vaccination rate for primary dose is 100% and all but one had consented to receive the mandated booster vaccine. 57 employees were considered up to date by the end of the PHE.

All new admissions to the Facility are tested upon admission, then again at day 3 and day 5. As long as they remain asymptomatic, confinement to patient room is not required but masking when in the halls and other common areas is requested and encouraged. For those admits who are unvaccinated, we offer education and the vaccine for those who request one.

COVID-19 symptoms screening of SNF residents/Acute patients continue to be conducted daily.

Employees and Visitation

During FE 2023, masking mandates was lifted for both employees and visitors and they were permitted to begin self-screening for symptoms prior to entry to the hospital. Visitors were requested to not visit if having symptoms and employees were required to wear a mask and report symptoms to their manager and IP who will determine if further testing is needed. Facility masking mandate continued for the Acute/SNF unit. There was a total of 43 employees who tested positive for COVID in FYE 2023. Response testing was performed when criteria met. No cases of COVID in SNF residents was ever detected. Twice weekly testing for unvaccinated employees is no longer required if asymptomatic.

Rate for Hospital: 95% vaccination rate with a total of 58 employees who had received the bivalent vaccine and were considered up to date for an up-to-date vaccination rate of 47%.

6% of hospital employees were unvaccinated.

Influenza Immunization Program:

We continued with the policy requiring surgical masks for unvaccinated healthcare personnel for the 2022-2023 influenza season.

- Approximately 67% of employees, contract staff, and licensed independent practitioners had received the seasonal influenza vaccination.
- All Skilled Nursing Residents were vaccinated but despite being vaccinated, five residents developed Influenza Like Illness (ILI) and three of those residents tested positive for Influenza A early in the 2022-2023 Flu Season. All were vaccinated prior to their positive tests. All residents, even those who were asymptomatic, were treated with antiviral medication per hospital policy. Droplet precautions were initiated for all involved.

Evaluation: The staff vaccination rate of 72% fell short of the Healthy People 2020 revised goal

of 90% for the influenza season. Suspect that the mandatory masking during the pandemic continued to be a deterrent to get the vaccine to avoid having to wear mask.

- 85 employees received Flu vaccinations from the district

New Employees:

30 new employees were hired in 2023 FYE. All were screened for immunity (by vaccination or titer) to measles, mumps, rubella, and varicella. Nonimmune employees were offered the appropriate vaccine(s) at no cost. All employees were offered Tdap vaccine if they had not previously received it. Those with occupational risk for bloodborne pathogen exposure were screened for immunity to hepatitis B and offered the vaccine series if not immune.

Evaluation: The vaccine screening process is functioning well. There will be no changes at this time.

N-95 Particulate Respirator Program:

As required by the Aerosol Transmissible Disease program, all employees who have potential to encounter aerosol transmissible diseases must be fit-tested to respiratory protection to decrease the possibility of disease transmission. Employees must be fit-tested upon hire and annually. The facility does not have negative airflow rooms for patients with suspected airborne disease. Therefore, patients with airborne conditions are transferred as soon as possible.

- 23 employees were successfully fit tested for N-95 respirators in FY 2023.

Evaluation: Annual FIT testing to be performed upon hire and then annually each year in March and September. Have trained and enlisted Clinic LVN to assist with FIT testing of new hires, travelers, and employees.

Infection Prevention Program:

FYE 2023 Accomplishments

- Healthcare Associated infections: One publicly reportable healthcare acquired infection occurred in FYE 2023.
- Policies and Procedures: The Infection Prevention department's Policy and Procedure Manual is in the process of being reviewed and updated as appropriate. There have been numerous changes to the policy and procedure process which has delayed progress but by the end of FYE, 30+ policies have been reviewed and updated as appropriate. Final approval through med staff and the board pending.

- **Infection Prevention Committee:** The Infection Prevention Committee held three meetings in FYE 2023. Meeting reports go to Medical Staff quarterly.
- **Sterile Processing:** Sterile Processing is no longer done at the district due to challenges finding staff with the available time to train and perform the duties with enough frequency to ensure competency. The district switched to single use instruments throughout the district.
- **Antibiotic Stewardship Program:** Monitoring and tracking of in-patient antimicrobial orders continue and Infection Prevention continues to follow-up with positive ED, Acute, Inpatient, Observation, Swing, and SNF cultures with communication to MD/NP's and patient if an ineffective antibiotic has been prescribed. The plan is for the Antibiotic Stewardship Committee to hold quarterly meetings. In FYE 2023, three meetings were held. The first Quarter of the FY no meeting was held. Meeting reports go to the Medical Staff quarterly.
- **Water Program:** The Water Program has not been a priority since the pandemic, plans are being made to revisit this program in the next fiscal year. The Infection Preventionist is scheduled for a Water Management Program Development workshop to gain further understanding of the IP role. Engineering continues to keep logs of changes in water filters and weekly monitoring of the courtyard fountain when it is in use. Report is sent to the IPC meeting as part of Engineering quarterly report.
- **Environmental Rounds:** There were five Environmental Rounds performed in FYE 2023 with IP, Department Managers of Skilled/Swing and Acute/OBS, EVS lead. Acute/SNF, ED including ED entrance and registration area. Since the primary focus has been survey readiness, the ACUTE/SNF and ED physical environment were inspected for cleanliness, safety, supply outdates, repair, and other issues. Findings were sent to the appropriate managers for correction with results being reported to Medical Staff quarterly. The plan going forward with the Infection Preventionist will be for quarterly environmental rounds to be performed with areas to be divided up into 4 major areas: hospital, clinic/lab, administration, and Sprowel Creek Campus. Beginning Q1, 2024 plan to schedule each area for each specific quarter.

Laboratory

Laboratory

The End of the COVID-19 Pandemic

It strikes fear in our often-fooled hearts to say it, but data and anecdote both show that the COVID-19 pandemic is over, at least as far as the laboratory is concerned. People still get covid, and we still test for it, but there are some huge differences worth noting.

- Test volume is down dramatically. It varies greatly, but a typical day sees us running 3 to



6 tests for SARS-CoV-2, compared to our pandemic winter average of more than 30 per day.

- Exceptions to many regulations have ended. This has required us to stop making some exceptions to where and how we provide services. A recent example is that some immunocompromised patients who have preferred having their blood draws outside of the building have been told that this is no longer allowed. (Kudos to the team, particularly Kent Scown, for working out something that does meet regs while still offering some accommodation to these patients.)
- Reduced contact with the community: One of the silver linings of the pandemic was dozens of additional, face-to-face opportunities to serve our community. We're looking forward to discussing ways to keep the face-to-face without the pandemic. (See below.)
- Return to normal, predictable operations: from lockdowns to supply chain disruptions to constantly changing guidelines to nightmare staffing shortages, we weathered all kinds of disruptive forces. Across the board, these issues are either gone or nearly so.
- Return to normal funding: We will miss the pandemic-response funds that allowed us to purchase new testing equipment and defray some of the costs of providing extra services, sometimes without cost to the patients. Fortunately, the dynamic duo of Kristen Rees and Adam Dias have unearthed other sources of funds that will keep us happy and busy. (See below.)
- Return to regular accreditation and licensing surveys: details below.

The Beginning of Epic

The big story of 2023 was implementation of the Epic EMR. The overall project was long, difficult, and probably worthy of mention in other reports. Focusing on the laboratory, this has been a constant struggle, as we worked to be one of the first laboratories in the OCHIN collaborative to implement Epic's laboratory system, cutely named Beaker.

Development of the system suffered from lack of support and expertise from our vendor partners, and it was very buggy at go-live in July. Support was slow in coming, and at one point we had 35 open support tickets for identified problems with Beaker. Eventually we did receive the proper support from OCHIN, and we have only a handful of support tickets open, and they are receiving the attention they need. Just today (December 06, 2023), our project manager announced that we are transitioning from the first phase of implementation focused on finding and fixing initial problems to the next phase focused on keeping the mostly fixed system humming.

We're still counting the gains and losses. There are definitely functions we had in the legacy Centriq system that we haven't figured out how to replicate in Epic/Beaker. Some of our

workflows have already been improved by the change though, and we are looking forward to many improvements as we gain proficiency in the system.

Laboratory Services

Epic implementation has brought us MyChart, an excellent tool for putting laboratory information (and much more) directly into patients' hands. We're exploring other ways the new EMR can improve the patient experience and help their providers have better ways to manage their care.

We have been selected as an awardee for a state grant program called EDSP. This effort aims to remove barriers to providing care for patients with common infections of public health concern – HIV, hepatitis C, and syphilis. The funds we received will allow us to support a whole new paradigm of testing for these pathogens in our own lab, on a stat basis. With these results in hand, providers in the ED and clinic will be able to provide immediate access to medication and counseling. Newly diagnosed patients will leave with the prescription they need and an initial follow-up visit already scheduled. CDPH believes based on recent clinical studies that this approach will prevent transmission of these diseases and save many lives. As an added benefit, the financial support will free up other funds that will allow us to modernize most of the core test systems in our laboratory. The lab's personnel are genuinely excited by all the ways our lab will be improved through this effort.

Our capital budget also includes approvals for implementing other expansions of our test menu, when we can find the personnel time to get them done. We will begin incubating our own blood cultures – important tests performed practically every day to detect and identify bacteria and fungi that may be living in patients' blood. The current process of sending these to outside laboratories creates delays – sometimes of 24 hours or more – and wastes money on courier services. The first device we have approved will incubate these cultures and look for growth. The second will allow us to use PCR to quickly identify most of the organisms that grow. Combined with adding old-fashioned Gram staining back to our test menu, we will be able to give providers a reliable answer about the blood cultures in approximately 95% of cases. And the PCR system that identifies blood-culture pathogens will also allow us to offer testing for other pathogens, including those that cause diarrheal illness and meningitis.

With all of these improvements completed, a long-term goal for expanding our test menu is to bring back good ol' plate microbiology for urine and wound cultures. Like blood cultures, these are currently being sent to reference laboratories. With proper equipment and time for implementation, we could return to doing this testing ourselves in a cost-effective manner that would speed up results by a day or more in many cases.

Accreditation and Licensure

Our laboratory had a followup accreditation survey by our CMS-approved accreditation agency, COLA, in May. The survey gave us a chance to demonstrate quality and compliance after two turbulent years affected by the pandemic. Our 2021 biennial survey was deemed completed electronically by COLA because of covid-related travel disruptions, then COLA conducted an off-cycle survey in May 2022. The process required the followup that we had in May 2023, which went very well. We are expecting them to be back in March or April of 2024 to perform a regular biennial survey, with future surveys in spring of every even year.

Our laboratory's state operating license has been renewed. Technical issues on the CDPH side delayed filing the application on time in June, but their personnel worked through those issues with us, and they granted us uninterrupted licensure at the end of the process. We are grateful to their team for helping us find a fair resolution to the problem.

Personnel

Our lab is fully and excellently staffed. With the Epic transition, we faced an increase in workload that required us to ask for additional help, and we were given the go-ahead to hire one full-time clinical laboratory scientist. The lab team now consists of scientists Joy Rubia, Shyanna Francis, and Jennifer Henry; phlebotomy technicians Todd Gregory and Selena Meras; lab director Dr. Fangluo Liu; and manager Adam Summers, who says often that this is the best lab team he's ever worked with. They really are rock stars at what they do.

The challenge ahead with staffing isn't hiring but sustainability. Burnout is real after the pandemic and the Epic transition. Most of the lab personnel have experienced a major personal health setback or had one in a close family member. Early in the year, there was real risk that the lab's people would not be able to meet the needs of patients while also completing critical projects and giving enough attention to their own needs. As the year ends, we're still facing these struggles, but we've received support that placed the lab on much firmer ground – the additional scientist added to the team, help from the Epic project leaders including Remy Quinn and Giridhar Doppalapudi to balance that effort with other priorities, and constant encouragement from many of our colleagues.

Gratitude

It may not be a traditional indicator of quality, but the lab team wants to quickly point out that all of our high-quality services would not be possible without a constant input of support from the entire SoHum Health organization. We are grateful to everyone who contributes to our mission of providing high-quality, meaningful laboratory medicine to our community.

Radiology

Radiology goal FY 2022

From 7/1/22 until 6/30/23, the Radiology department provided diagnostic x-rays utilizing DR (direct radiography) and CT scan services utilizing a 64 slice GE Revolution Evo 770 CT machine and screening mammography utilizing a Hologic Full-Field Digital 2D mammography machine. The department also provided Ultrasound exams utilizing our new GE LOGIQ E10 Ultrasound machine.

For the fiscal year 2022 the radiology department performed a total of 3,573 exams:

- 1,019 x-ray exams for ED patients
- 976 x-ray exams for outpatients
- 36 exams for inpatients
- 262 screening mammograms
- 591 CT scans for ED patients
- 20 CT scans for inpatients
- 370 CT scans for outpatients
- 299 US exams

Quality Assurance/Performance Improvement (QAPI) Initiatives for Radiology are overseen by the Radiology Manager. Currently the goals are to ensure smooth operation since the EPIC installation including the new PACS system, Sectra.

Radiology goal FY 2023

The Radiology department is hoping to add DEXA services for FY 2023.

Materials Management

Materials Management

We have had many changes in Materials over the last year. We have had the implementation of EPIC and Netsuite.

- Implementation of EPIC. Many meetings and time went into this.
- Implementation of Netsuite (new materials module) has brought a lot of changes to our department. We have been able to work out most of the kinks but are always finding new ways to maximize the product.
- We have been training our inpatient pharmacy tech to be back up for materials as needed.
- With the opening of the new optical office, we are seeing an increase in locations we purchase for.
- Contracting has been very time consuming. Monitoring the contracts as well as the follow up for ensuring they have been loaded has taken up a lot of my time as Materials Manager.
- We have seen quite an increase in supply chain prices especially in the shipping costs.
- Switched to all disposable instruments.

Goals for FY 2023

- Working with Ochin and EPIC to make all chargeable supplies scannable in the ED.
- Working with Vizient to implement ADS feed for purchasing. This will allow us to see if we are purchasing anything off contract, and we can apply for those as needed.
- Performing valuation reports weekly to adjust quantities as needed.
- Materials technician will be stocking all locations daily and working with each department to make sure items being used consistently are stocked in the appropriate areas.
- Monitoring Materials outdates monthly in Materials, Acute, Clinic, ED and 123 rooms.

340B Program

SHCHD has implemented a 340B program that went live on October 31st 2017. The purpose of the 340B program is to be able to help our community by providing lower cost medications to our cash paying customers. We receive discounts through our 340B program which we pass onto our cash paying customers. Since we are a very rural health center this is helping our patients receive their medications and be more compliant on taking their medications.

- Our savings/profit has increased rapidly over the last few years. We are on track to a savings/profit of over 400K this year.
- We have 2 contract pharmacies we work with currently. Garberville Pharmacy and Walgreens.
- Garberville pharmacy is contracted with Redwood Rural Health, and we have formed a great partnership to help more members of our community get what they need.
- Work with Cervey and Pharmaforce TPA's to return medications for over accumulation.

Goals for FY 2023

- Continue to monitor closely with monthly audits and weekly reviews of both the Split billing and contract programs.
- Looking into partnering with Southern trinity for Garberville Pharmacy. Have seen some capture.
- Working with EPIC and Ochin to get the appropriate reports for 340B auditing. Including UD modifiers and prescription prescribing.
- Would like to start capturing referral claims in contract pharmacy. May need to look into a part time 340B analyst position.

Jennifer Gutierrez

Operations and 340B Program Manager

I will also be adding auditing for the Outpatient Pharmacy to make sure that we are being

paid by the third party insurances. I will work with the Chief Financial Officer and Accounts payable.

Patient Financial Services

General:

The Revenue Cycle; including registration/ PFS for the clinic, emergency department, and hospital; is responsible for assisting patients while in the facility, handling the flow of information, paperwork, and follow-up to ensure that patients are billed appropriately and the facility operates within compliance with the law and CMS guidelines.

- Register patients for the full range of services offered by SoHum Health. This includes verifying the patient's identity, updating all demographic and relevant information, obtaining patient insurance information and determining how to properly order and bill the services provided to the payor(s).
- Request, verify, and file patient medical records. Work with patients and providers to ensure we have all needed documentation in the patient's chart.
- Work with staff in all departments to ensure legal and compliance requirements are being met and proper documentation has been obtained.

FYE 2020 Summary:

Patient Financial Services / Health Information

The Revenue Cycle; including registration/ PFS for the clinic, emergency department, and hospital; is responsible for assisting patients while in the facility, handling the flow of information, paperwork, and follow-up to ensure that patients are billed appropriately, and the facility operates within compliance with the law and CMS guidelines.

- Register patients for the full range of services offered by SoHum Health. This includes verifying the patient's identity, updating all demographic and relevant information, obtaining patient insurance information and determining how to properly order and bill the services provided to the payor(s).

- Request, verify, and file patient medical records. Work with patients and providers to ensure we have all needed documentation in the patient's chart.
- Work with staff in all departments to ensure legal and compliance requirements are being met and proper documentation has been obtained.

FYE 2023 Summary:

In 2023 the PFS department worked diligently to resolve employee shortages by hiring staff for the clinic as well as outpatient registration. A registration clerk was also hired for the night shift to ensure pertinent information is recorded in patient records.

In preparation for our EPIC implementation, Super Users were designated in the PFS/HIM departments and took part in training and UAT (system testing). All PFS/HIM staff were trained during End User training directly ahead of go-live. Our billing department, external coding company, and internal Business Office partnered to run down the AR balances in the legacy system and effectively move billing to the new system.

Our internal Business Office staff had to learn an additional piece of new software, NetSuite, as the new Epic system did not include all the AR functionality of the previous system.

To develop team dynamics, adhere to our core values, and keep the PFS department on track, regular meetings were planned to discuss strengths and weaknesses in the department, and reinforce skills and knowledge. Topics covered during these meetings included: MSPQ, Scripting, Morale, Scheduling, and P&Ps. We were able to streamline employee scheduling and PTO requests by utilizing Paylocity.

With the Clinic Registration and Outpatient / Emergency Registration well-staffed, PFS was also able to create a full-time position for Outpatient Scheduling and Prior Authorizations. We worked to increase the overall skills of the team by investing time and energy into various cross training initiatives.

PFS/HIM Managers met with the Ratcliff architects to discuss the needs of our department in the new hospital building.

Accomplishments:



- Trained new employees to ensure there are enough staff members to provide excellent service to the community.
- Assigned Super Users in preparation for our EPIC implementation and aided during the UAT.
- Worked with clinic back office to create a workflow for vaccination clinics.
- All PFS/HIM employees took part in EPIC training and passed their post class tests.
- Had more department meetings to ensure all PFS/HIM employees were well informed and receiving clear and consistent information and direction.
- PFS staff were able to keep a positive attitude during a very stressful EPIC implementation.
- Worked to ensure the MSPQ was being reviewed with every Medicare patient at each check in at all registration desks.
- HIM partnered with Outreach to create an online ROI for patients which was very well received and now the primary way the department receives ROIs.

Goals:

- To hone our EPIC skills and become more familiar with it as our EHR.
 - Familiarity with all assigned WQs.
 - Maintaining target CFBs
 - Managing denials and AR days
- Create comprehensive reference material for PFS/HIM staff.
 - To update work lists and check lists to reflect the changes brought forward by the EPIC implementation.
- To review and update policies and procedures for the PFS/HIM departments.
- Celebrate departmental achievements and wins more consistently.

As required by CMS Conditions of Participation; C330, C331, C332; 485.641, Periodic



*Evaluation and Quality Assurance Review; Submitted by Adelaida Vargas de Yanez, BSN, RN,
CNO for Medical Staff and the Board December 2023*

Addendum: *attachment; Quality Assurance Performance Improvement report; most recent
Quarterly Report*

Southern Humboldt Community Healthcare District

REQUEST FOR PRIVILEGES**Name of Applicant:****Medical Staff Category:** Allied Health Provider (Optometry)**Appointment Period:** TBD

I wish to request the following privileges (attach supporting documents if necessary):

Optometry Privileges (See Delineation of Privileges that follows.)

Signature: _____ Date: _____

CREDENTIALS REVIEW & RECOMMENDATION:Privileges: ☐ Should be granted ☐ Should not be granted ☐ Deferred

Physician's Signature: _____ Date: _____

MEDICAL STAFF REVIEW & RECOMMENDATION:Privileges: ☐ Should be granted ☐ Should not be granted ☐ Deferred

Chief of Staff's Signature: _____ Date: _____

GOVERNING BOARD:Privileges: ☐ Granted ☐ Not granted ☐ Deferred

President's Signature: _____ Date: _____

Physician:

Delineation of Privileges Optometry

	Requested	Approved
Diagnose vision problems and eye diseases	<input type="checkbox"/>	<input type="checkbox"/>
Perform primary care examinations, including refraction	<input type="checkbox"/>	<input type="checkbox"/>
Test patients' visual acuity	<input type="checkbox"/>	<input type="checkbox"/>
Test patients' depth and color perception	<input type="checkbox"/>	<input type="checkbox"/>
Test patients' ability to focus and coordinate their eyes	<input type="checkbox"/>	<input type="checkbox"/>
Analyze optometric test results and develop a treatment plan	<input type="checkbox"/>	<input type="checkbox"/>
Provide pre- and postoperative care to cataract patients	<input type="checkbox"/>	<input type="checkbox"/>
Provide pre- and postoperative care to patients who have had laser vision correction	<input type="checkbox"/>	<input type="checkbox"/>
Provide pre- and postoperative care to patients who have had other eye surgery	<input type="checkbox"/>	<input type="checkbox"/>
Provide emergency eye care services	<input type="checkbox"/>	<input type="checkbox"/>
Diagnose conditions due to systemic diseases such as diabetes and high blood pressure, referring patients to other health practitioners as needed	<input type="checkbox"/>	<input type="checkbox"/>
Administer topical ocular drugs for diagnostic and therapeutic purposes	<input type="checkbox"/>	<input type="checkbox"/>
Fit and prescribe eyeglasses and contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
Co-manage, in conjunction with an ophthalmologist, conditions that affect the ocular health and vision of their patients.	<input type="checkbox"/>	<input type="checkbox"/>
Screen for developmental and perceptual vision problems	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation fluorescein angiography	<input type="checkbox"/>	<input type="checkbox"/>
Examine and diagnose eye conditions that relate to Traumatic Brain Injury (TBI)	<input type="checkbox"/>	<input type="checkbox"/>
Diagnose, evaluate and manage neurosensory visual issues	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate and prescribe for low vision conditions	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy	<input type="checkbox"/>	<input type="checkbox"/>

Physician:

	Requested	Approved
Fitting of specialty contact lens (including scleral lenses)	<input type="checkbox"/>	<input type="checkbox"/>
Perform Ophthalmodynamometry	<input type="checkbox"/>	<input type="checkbox"/>
Manage trichiasis	<input type="checkbox"/>	<input type="checkbox"/>
Epilation (by forceps only}	<input type="checkbox"/>	<input type="checkbox"/>
Perform Retinal electrophysiologic studies	<input type="checkbox"/>	<input type="checkbox"/>
Perform and interpret visual evoked potentials testing	<input type="checkbox"/>	<input type="checkbox"/>

Physician Signature

Date**APPROVAL:**

Credentialing Physician Signature

Date

Chief of Staff's Signature

Date

Governing Board Signature

Date**Physician:**

Southern Humboldt Community Healthcare District

REQUEST FOR PRIVILEGES
Name of Applicant:
Medical Staff Category:
Appointment Period:

I wish to request the following privileges (attach supporting documents if necessary):

DEPARTMENT	REQUESTED	RECOMMENDED
Clinic and Ambulatory		
Emergency Department		
Inpatient		
Optometry		

Anesthesia	Criteria	Limitations	Requested	Recommended
Hematoma Block			<input type="checkbox"/>	<input type="checkbox"/>
Local infiltration			<input type="checkbox"/>	<input type="checkbox"/>
Regional block			<input type="checkbox"/>	<input type="checkbox"/>
Trigger Point Injection			<input type="checkbox"/>	<input type="checkbox"/>

Anus	Criteria	Limitations	Requested	Recommended
Anoscopy			<input type="checkbox"/>	<input type="checkbox"/>
Digital disimpaction			<input type="checkbox"/>	<input type="checkbox"/>
Excision thrombosed hemorrhoid			<input type="checkbox"/>	<input type="checkbox"/>
Fecal occult blood examination			<input type="checkbox"/>	<input type="checkbox"/>
Foreign body removal			<input type="checkbox"/>	<input type="checkbox"/>
Rectal prolapse reduction			<input type="checkbox"/>	<input type="checkbox"/>

Dermatology	Criteria	Limitations	Requested	Recommended
Punch Biopsies			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of simple and superficial skin lesions, acne, etc			<input type="checkbox"/>	<input type="checkbox"/>

Practitioner: _____

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Inpatient – PHYSICIANS ONLY	Criteria	Limitations	Requested	Recommended
Allergy:			<input type="checkbox"/>	<input type="checkbox"/>
Differential diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
Urticaria			<input type="checkbox"/>	<input type="checkbox"/>
Contact Dermatitis			<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Disease:			<input type="checkbox"/>	<input type="checkbox"/>
Differential Diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
Myocardial infarction			<input type="checkbox"/>	<input type="checkbox"/>
Myocarditis			<input type="checkbox"/>	<input type="checkbox"/>
Pericarditis			<input type="checkbox"/>	<input type="checkbox"/>
Cardioversion - medical			<input type="checkbox"/>	<input type="checkbox"/>
Cardioversion - electrical			<input type="checkbox"/>	<input type="checkbox"/>
Bacterial endocarditis			<input type="checkbox"/>	<input type="checkbox"/>
Cardiac arrhythmias			<input type="checkbox"/>	<input type="checkbox"/>
Congestive heart failure			<input type="checkbox"/>	<input type="checkbox"/>
Coronary heart disease			<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever			<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Procedures:			<input type="checkbox"/>	<input type="checkbox"/>
Cardioversion			<input type="checkbox"/>	<input type="checkbox"/>
Thrombolytic therapy			<input type="checkbox"/>	<input type="checkbox"/>
EKG interpretation			<input type="checkbox"/>	<input type="checkbox"/>
EKG Preparation			<input type="checkbox"/>	<input type="checkbox"/>
Other Cardiac Procedures			<input type="checkbox"/>	<input type="checkbox"/>
Double, triple lumen catheter or similar infusion lines for central venous access			<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal Diseases:			<input type="checkbox"/>	<input type="checkbox"/>
Differential diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
Cholecystitis			<input type="checkbox"/>	<input type="checkbox"/>
Malabsorption			<input type="checkbox"/>	<input type="checkbox"/>
Peptic ulcer			<input type="checkbox"/>	<input type="checkbox"/>
Pancreatitis			<input type="checkbox"/>	<input type="checkbox"/>
Intestinal obstruction			<input type="checkbox"/>	<input type="checkbox"/>
Regional ileitis			<input type="checkbox"/>	<input type="checkbox"/>
Ulcerative colitis			<input type="checkbox"/>	<input type="checkbox"/>
Diverticulitis			<input type="checkbox"/>	<input type="checkbox"/>
Appendicitis			<input type="checkbox"/>	<input type="checkbox"/>

Practitioner: _____

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Hematology/Oncology:			<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy			<input type="checkbox"/>	<input type="checkbox"/>
Hematologic/Oncological Diseases:			<input type="checkbox"/>	<input type="checkbox"/>
Differential diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhagic diathesis			<input type="checkbox"/>	<input type="checkbox"/>
Primary anemia			<input type="checkbox"/>	<input type="checkbox"/>
Leukemia - acute			<input type="checkbox"/>	<input type="checkbox"/>
Leukemia - chronic			<input type="checkbox"/>	<input type="checkbox"/>
Hypertension:			<input type="checkbox"/>	<input type="checkbox"/>
Differential diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
Essential			<input type="checkbox"/>	<input type="checkbox"/>
Malignant			<input type="checkbox"/>	<input type="checkbox"/>
Infectious Diseases:			<input type="checkbox"/>	<input type="checkbox"/>
Differential diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
HIV related diseases			<input type="checkbox"/>	<input type="checkbox"/>
Metabolic & Endocrine Diseases:			<input type="checkbox"/>	<input type="checkbox"/>
Differential diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
Parathyroid conditions			<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus			<input type="checkbox"/>	<input type="checkbox"/>
Pituitary conditions			<input type="checkbox"/>	<input type="checkbox"/>
Cushing's Syndrome			<input type="checkbox"/>	<input type="checkbox"/>
Addison's Disease			<input type="checkbox"/>	<input type="checkbox"/>
Pheochromocytoma			<input type="checkbox"/>	<input type="checkbox"/>
Hypothyroidism			<input type="checkbox"/>	<input type="checkbox"/>
Hyperthyroidism			<input type="checkbox"/>	<input type="checkbox"/>
Sex hormone abnormalities			<input type="checkbox"/>	<input type="checkbox"/>
Neurological Diseases:			<input type="checkbox"/>	<input type="checkbox"/>
Differential diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
CVA			<input type="checkbox"/>	<input type="checkbox"/>
Meningitis-Encephalitis			<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorders			<input type="checkbox"/>	<input type="checkbox"/>
Parkinsonism			<input type="checkbox"/>	<input type="checkbox"/>
Degenerative diseases			<input type="checkbox"/>	<input type="checkbox"/>
Demyelinating diseases			<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Disease:			<input type="checkbox"/>	<input type="checkbox"/>
Differential diagnosis			<input type="checkbox"/>	<input type="checkbox"/>

Management of respiratory failure			<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary embolism			<input type="checkbox"/>	<input type="checkbox"/>
Emphysema			<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia complicated			<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia uncomplicated			<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax, spontaneous			<input type="checkbox"/>	<input type="checkbox"/>
Renal Diseases:			<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis			<input type="checkbox"/>	<input type="checkbox"/>
Renal Ureteral Colic			<input type="checkbox"/>	<input type="checkbox"/>
Respiratory/Pulmonary:			<input type="checkbox"/>	<input type="checkbox"/>
Digital intubation			<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal intubation			<input type="checkbox"/>	<input type="checkbox"/>
Foreign Body Removal			<input type="checkbox"/>	<input type="checkbox"/>
Jet Insufflation			<input type="checkbox"/>	<input type="checkbox"/>
Laryngeal mask airway			<input type="checkbox"/>	<input type="checkbox"/>
Needle thoracostomy			<input type="checkbox"/>	<input type="checkbox"/>
Retrograde intubation			<input type="checkbox"/>	<input type="checkbox"/>
Trans-tracheal oxygen placement			<input type="checkbox"/>	<input type="checkbox"/>
Thoracentesis			<input type="checkbox"/>	<input type="checkbox"/>
Rheumatologic Diseases:			<input type="checkbox"/>	<input type="checkbox"/>
Differential diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic arthritis			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of collagen vascular diseases			<input type="checkbox"/>	<input type="checkbox"/>
Osteoarthritis			<input type="checkbox"/>	<input type="checkbox"/>
Gouty			<input type="checkbox"/>	<input type="checkbox"/>
Other Rheumatologic Diseases			<input type="checkbox"/>	<input type="checkbox"/>

Internal Medicine	Criteria	Limitations	Requested	Recommended
Arterial puncture			<input type="checkbox"/>	<input type="checkbox"/>
Cardio-pulmonary resuscitation			<input type="checkbox"/>	<input type="checkbox"/>
Central line placement			<input type="checkbox"/>	<input type="checkbox"/>
Emergency external pacemaker placement			<input type="checkbox"/>	<input type="checkbox"/>
Intraosseous line placement (Manual/motorized)			<input type="checkbox"/>	<input type="checkbox"/>

Practitioner: _____

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Joint aspiration/infusion			<input type="checkbox"/>	<input type="checkbox"/>
Lumbar puncture			<input type="checkbox"/>	<input type="checkbox"/>
Paracentesis			<input type="checkbox"/>	<input type="checkbox"/>
Pericardiocentesis			<input type="checkbox"/>	<input type="checkbox"/>

Medicine Diagnosis & Treatment of uncomplicated	Criteria	Limitations	Requested	Recommended
Allergy			<input type="checkbox"/>	<input type="checkbox"/>
Arthritis			<input type="checkbox"/>	<input type="checkbox"/>
Cardiac disease			<input type="checkbox"/>	<input type="checkbox"/>
Collagen diseases			<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal diseases			<input type="checkbox"/>	<input type="checkbox"/>
Hematological diseases			<input type="checkbox"/>	<input type="checkbox"/>
Hepatic diseases			<input type="checkbox"/>	<input type="checkbox"/>
Hypertension			<input type="checkbox"/>	<input type="checkbox"/>
Infectious diseases			<input type="checkbox"/>	<input type="checkbox"/>
Metabolic/endocrine disease			<input type="checkbox"/>	<input type="checkbox"/>
Neurological diseases			<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary diseases			<input type="checkbox"/>	<input type="checkbox"/>
Renal diseases			<input type="checkbox"/>	<input type="checkbox"/>

Obstetrics/Gynecology	Criteria	Limitations	Requested	Recommended
Colposcopy			<input type="checkbox"/>	<input type="checkbox"/>
Cryocautery			<input type="checkbox"/>	<input type="checkbox"/>
Eclampsia, pre-eclampsia, DKA bleeding			<input type="checkbox"/>	<input type="checkbox"/>
Emergency deliveries			<input type="checkbox"/>	<input type="checkbox"/>
Endometrial Biopsy			<input type="checkbox"/>	<input type="checkbox"/>
Episiotomy and repair			<input type="checkbox"/>	<input type="checkbox"/>
Evacuation of vulvar hematomata			<input type="checkbox"/>	<input type="checkbox"/>
I & D - Bartholin duct abscess			<input type="checkbox"/>	<input type="checkbox"/>
IUD Removal			<input type="checkbox"/>	<input type="checkbox"/>
Perform pap smears			<input type="checkbox"/>	<input type="checkbox"/>
Pessary insertion			<input type="checkbox"/>	<input type="checkbox"/>
Removal of foreign body from vagina and uterus			<input type="checkbox"/>	<input type="checkbox"/>
Repair of cervical lacerations			<input type="checkbox"/>	<input type="checkbox"/>
Routine Prenatal Care			<input type="checkbox"/>	<input type="checkbox"/>

Treat vaginitis			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of medical complications			<input type="checkbox"/>	<input type="checkbox"/>
Uterine prolapse reduction			<input type="checkbox"/>	<input type="checkbox"/>

Ophthalmology	Criteria	Limitations	Requested	Recommended
Complete medical evaluation for eye and associate structures			<input type="checkbox"/>	<input type="checkbox"/>
Cornea (removal of foreign body, superficial)			<input type="checkbox"/>	<input type="checkbox"/>
External eye examination			<input type="checkbox"/>	<input type="checkbox"/>
Eye irrigation			<input type="checkbox"/>	<input type="checkbox"/>
Lateral canthotomy			<input type="checkbox"/>	<input type="checkbox"/>
Ocular pressures (tonometry)			<input type="checkbox"/>	<input type="checkbox"/>
Removal of foreign bodies on cornea			<input type="checkbox"/>	<input type="checkbox"/>
Retinal examinations			<input type="checkbox"/>	<input type="checkbox"/>
Surgical treatment of minor lid problems			<input type="checkbox"/>	<input type="checkbox"/>
Tonometry			<input type="checkbox"/>	<input type="checkbox"/>
Treatment and diagnosis of eye disease			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of conjunctivitis			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of corneal abrasion			<input type="checkbox"/>	<input type="checkbox"/>
Visual acuity screening			<input type="checkbox"/>	<input type="checkbox"/>

Oral Surgery	Criteria	Limitations	Requested	Recommended
Abscess Drainage			<input type="checkbox"/>	<input type="checkbox"/>
Alveolar Block			<input type="checkbox"/>	<input type="checkbox"/>
Dental implantation			<input type="checkbox"/>	<input type="checkbox"/>
Mandibular Block			<input type="checkbox"/>	<input type="checkbox"/>
Maxillary Block			<input type="checkbox"/>	<input type="checkbox"/>
Reduction tempo mandibular joint dislocation			<input type="checkbox"/>	<input type="checkbox"/>

Orthopedics	Criteria	Limitations	Requested	Recommended
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Arthrocentesis			<input type="checkbox"/>	<input type="checkbox"/>
Injection of joints and tendons			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of acute back and neck strain			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of bursitis and tendonitis			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of simple closed fractures			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of simple contusions and sprains			<input type="checkbox"/>	<input type="checkbox"/>

Other Special Procedures	Criteria	Limitations	Requested	Recommended
Anoscopy			<input type="checkbox"/>	<input type="checkbox"/>
General acupuncture			<input type="checkbox"/>	<input type="checkbox"/>
Lumbar puncture			<input type="checkbox"/>	<input type="checkbox"/>
Paracentesis			<input type="checkbox"/>	<input type="checkbox"/>
Rigid sigmoidoscopy examination			<input type="checkbox"/>	<input type="checkbox"/>

Optometry	Criteria	Limitations	Requested	Recommended
(MTF) Pharmacy and Therapeutics (P&T) policy			<input type="checkbox"/>	<input type="checkbox"/>
Administer topical ocular drugs for diagnostic and therapeutic purposes			<input type="checkbox"/>	<input type="checkbox"/>
Analyze optometric test results and develop a treatment plan			<input type="checkbox"/>	<input type="checkbox"/>
Co-manage, in conjunction with an ophthalmologist, conditions that affect the ocular health and vision of their patients.			<input type="checkbox"/>	<input type="checkbox"/>
Diagnose conditions due to systemic diseases such as diabetes and high blood			<input type="checkbox"/>	<input type="checkbox"/>
Diagnose vision problems and eye diseases			<input type="checkbox"/>	<input type="checkbox"/>

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Diagnose, evaluate and manage neurosensory visual issues			<input type="checkbox"/>	<input type="checkbox"/>
Evaluate and prescribe for low vision conditions			<input type="checkbox"/>	<input type="checkbox"/>
Examine and diagnose eye conditions that relate to Traumatic Brain Injury (TBI)			<input type="checkbox"/>	<input type="checkbox"/>
Fit and prescribe eyeglasses and contact lenses			<input type="checkbox"/>	<input type="checkbox"/>
Fitting of specialty contact lens (including scleral lenses)			<input type="checkbox"/>	<input type="checkbox"/>
Interpretation fluorescein angiography			<input type="checkbox"/>	<input type="checkbox"/>
Manage trichiasis			<input type="checkbox"/>	<input type="checkbox"/>
Perform primary care examinations, including refraction			<input type="checkbox"/>	<input type="checkbox"/>
Prescribe medications in accordance with Military Treatment Facility			<input type="checkbox"/>	<input type="checkbox"/>
pressure, referring patients to other health practitioners as needed			<input type="checkbox"/>	<input type="checkbox"/>
Provide emergency eye care services			<input type="checkbox"/>	<input type="checkbox"/>
Provide pre- and postoperative care to cataract patients			<input type="checkbox"/>	<input type="checkbox"/>
Provide pre- and postoperative care to patients who have had laser vision correction			<input type="checkbox"/>	<input type="checkbox"/>
Provide pre- and postoperative care to patients who have had other eye surgery			<input type="checkbox"/>	<input type="checkbox"/>
Screen for developmental and perceptual vision problems			<input type="checkbox"/>	<input type="checkbox"/>
Test patients' visual acuity			<input type="checkbox"/>	<input type="checkbox"/>

Test patients' ability to focus and coordinate their eyes			<input type="checkbox"/>	<input type="checkbox"/>
Test patients' depth and color perception			<input type="checkbox"/>	<input type="checkbox"/>

Otorhinolaryngology	Criteria	Limitations	Requested	Recommended
Ear (minor surgery of lesions including excision and foreign body removal)			<input type="checkbox"/>	<input type="checkbox"/>
Nasal packing			<input type="checkbox"/>	<input type="checkbox"/>
Nose (minor surgery of lesions including excision and foreign body removal)			<input type="checkbox"/>	<input type="checkbox"/>
Perichondria Hematoma (Cauliflower ear) drainage			<input type="checkbox"/>	<input type="checkbox"/>
Septal Hematoma Drainage			<input type="checkbox"/>	<input type="checkbox"/>

Pediatrics	Criteria	Limitations	Requested	Recommended
Intubation and resuscitation of infant			<input type="checkbox"/>	<input type="checkbox"/>
Jet Insufflation			<input type="checkbox"/>	<input type="checkbox"/>
Lumbar puncture			<input type="checkbox"/>	<input type="checkbox"/>
Medical pediatric care, including immunizations			<input type="checkbox"/>	<input type="checkbox"/>
Routine newborn care - clinic only			<input type="checkbox"/>	<input type="checkbox"/>

Podiatry	Criteria	Limitations	Requested	Recommended
I&D abscess			<input type="checkbox"/>	<input type="checkbox"/>
I&D hematoma			<input type="checkbox"/>	<input type="checkbox"/>
I&D Paronychia			<input type="checkbox"/>	<input type="checkbox"/>
Lesion debridement			<input type="checkbox"/>	<input type="checkbox"/>
Manipulation of foot			<input type="checkbox"/>	<input type="checkbox"/>
Nail avulsion			<input type="checkbox"/>	<input type="checkbox"/>
Nail debridement			<input type="checkbox"/>	<input type="checkbox"/>
Prescription of orthotic devices			<input type="checkbox"/>	<input type="checkbox"/>

Removal foreign body			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of corns and calluses			<input type="checkbox"/>	<input type="checkbox"/>
Ulcer debridement			<input type="checkbox"/>	<input type="checkbox"/>
Wart destruction			<input type="checkbox"/>	<input type="checkbox"/>

Psychiatry	Criteria	Limitations	Requested	Recommended
Limited office based supportive counseling			<input type="checkbox"/>	<input type="checkbox"/>
Prescription of Psychotropic medication			<input type="checkbox"/>	<input type="checkbox"/>

Respiratory	Criteria	Limitations	Requested	Recommended
Cricothyrotomy			<input type="checkbox"/>	<input type="checkbox"/>
Emergency tracheotomy			<input type="checkbox"/>	<input type="checkbox"/>
Tube thoracostomy			<input type="checkbox"/>	<input type="checkbox"/>

Surgery/General Surgery	Criteria	Limitations	Requested	Recommended
Cardiorrhaphy			<input type="checkbox"/>	<input type="checkbox"/>
Craniotomy			<input type="checkbox"/>	<input type="checkbox"/>
Emergency thoracotomy			<input type="checkbox"/>	<input type="checkbox"/>
Evacuation of thrombosed hemorrhoid			<input type="checkbox"/>	<input type="checkbox"/>
Excision of lesions			<input type="checkbox"/>	<input type="checkbox"/>
Foreign body removal, uncomplicated			<input type="checkbox"/>	<input type="checkbox"/>
I & D			<input type="checkbox"/>	<input type="checkbox"/>
I & D abscess			<input type="checkbox"/>	<input type="checkbox"/>
Intravenous cutdown (infant/adult)			<input type="checkbox"/>	<input type="checkbox"/>
Open Cardiac Massage			<input type="checkbox"/>	<input type="checkbox"/>
Pericardiectomy			<input type="checkbox"/>	<input type="checkbox"/>
Pericardiotomy			<input type="checkbox"/>	<input type="checkbox"/>
Skin and subcutaneous			<input type="checkbox"/>	<input type="checkbox"/>

tissue (Minor Procedures)				
Suture lacerations-superficial			<input type="checkbox"/>	<input type="checkbox"/>
Treatment of burns			<input type="checkbox"/>	<input type="checkbox"/>
Uncomplicated deep wound closure			<input type="checkbox"/>	<input type="checkbox"/>
Vasectomy			<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Signature: _____ Date: _____

CREDENTIALS REVIEW & RECOMMENDATION:

Privileges: ☐ Should be granted ☐ Should not be granted ☐ Deferred

Physician's Signature: _____ Date: _____

MEDICAL STAFF REVIEW & RECOMMENDATION:

Privileges: ☐ Should be granted ☐ Should not be granted ☐ Deferred

Chief of Staff's Signature: _____ Date: _____

GOVERNING BOARD:

Privileges: ☐ Granted ☐ Not granted ☐ Deferred

President's Signature: _____ Date: _____

Practitioner: _____