



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

June 6, 2024
1:30 p.m.

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

**Sprovel Creek Campus, Rm 105
286 Sprovel Creek Road
Garberville, CA 95542**

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on June 6, 2024, at 10:00 a.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=m3cc23c577695867c0ef45da9f033efe4>

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 - 4 1. Approval of Previous Minutes
 - a. Governing Board Meeting Minutes, April 26, 2024
- 6 - 21 2. SHCHD New and Updated Policies
 - a. Monthly Drug Regimine and Review
 - b. Clinic-Late Arrival, Cancelled, & No Show Appointment
 - c. Emergency Contact List
 - d. Emergency Preparedness County-Wide Resources
- 22 - 34 3. Quarterly Quality Assurance Performance Improvement Committee Report – (Feb, May, Aug, Nov) – See Report
- 35 - 37 4. Quarterly Reports - (Feb, May, Aug, Nov)
 - a. Quality and Risk Management – Kristen Rees, Chief Quality and Compliance Officer and Risk Manager – None
 - b. Human Resources – Rachel Wells, HR Director – None
 - c. Foundation – Chelsea Brown, Outreach Manager – See attached

H. Correspondence, Suggestions, or Written Comments to the Board

I. Last Action Items for Discussion

- 1. Hiring Doctors/Practitioners Update – Matt Rees
- 2. Advocacy/Legislation Conferences

J. Administrator’s Report – Matt Rees, CEO

- 38 - 50 1. Department Updates
 - a. Milestones
 - b. Monthly Department Highlight
 - c. Senior Life Solutions
- 51 - 53 d. Financial Reports – Paul Eves, CFO -See Report
- e. Nursing – Adela Yanez, CNO – See Report
- f. Quality and Risk Management – Kristen Rees, CQO
- g. Family Resource Center – Amy Terrones – Mar and Oct
- 35 - 37 2. Strategic Plan
 - a. Community Needs Assessment Update

K. Old Business

- 1. Strategic Items for Discussion
 - a. Future Facilities Planning
 - b. Services
 - i. Senior Life Solutions update

L. New Business

- 1. Approval of Medical Staff Bylaws – clarification of voting rights and

54 -57

- addition of Credentialing By Proxy.
- 2. Strategic Items for Discussion
 - a. Future Facilities Planning
 - b. Services
- 3. Governing Board Bylaws
- 4. Approval of Resolution 24:08 – Lease Agreement
- M. Parking Lot
 - 1. Sprowel Creek Campus parking
- N. Meeting Evaluation
- O. New Action Items
- P. Next Meetings
 - 1. Medical Staff Committee – Policy Development – Thursday, June 6, 2024, at 3:00 p.m..
 - 2. QAPI Meeting – Wednesday, June 12, 2024, at 10:00 a.m.
 - 3. Finance Committee – Friday, June 21, 2024, at 10:00 a.m.
 - 4. Governing Board Meeting – Thursday, June 28, 2024, at 1:30 p.m.
- Q. Adjourn to Closed Session
 - 1. Closed Session
 - 2. Reports of Quality Assurance Committees **[H&S Code § 32155]**
 - 3. Compliance and Risk - Kristen Rees, CQO
 - 4. Quarterly Reports - Adela Yanez, CNO
 - a. Clinic – Jan., Apr., July, Oct. - None
 - b. Patient Safety – Mar., June, Sept., Dec. – None
 - c. Medication Error – Feb., May, Aug., Dec. – None
 - 5. Approval of Medical Staff Appointments/Reappointments **[H&S Code § 32155]** - None
 - 6. Personnel matter –Evaluation § 54957
 - a. CQO Kristen Rees
- R. Adjourn Closed Session; Report on Any Action Taken, If Needed
- S. Resume Open Session
- T. Adjourn

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
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Governing Board Meeting Agenda

June 6, 2024

Page 4 of 5

<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>OIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

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.

Governing Board

Date: Thursday, April 25, 2024
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad

Minutes

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Barbara Truitt, Galen Latsko (1:53 p.m.), Kevin Church, and Jay Sooter, all in-person

Not Present: None

Also in person: CEO Matt Rees, HIM Manager Remy Quinn, PFS manager Marie Brown, CQO Kristen Rees, Administrative Assistant Darrin Guerra, PFS Manager Marie Brown, CNO Adela Yanez, Constance Paul, and Med Staff Coordinator Karen Johnson

Also via Webex: COO Kent Scown, Outreach Coordinator Chelsea Brown, and Dr Joseph Rogers

A. Call to Order – Board president Corinne Stromstad called the meeting to order.

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

C. Approval of the Agenda

Motion: Barbara Truitt motioned to approve the agenda.
Second: Kevin Church
Ayes: Corinne Stromstad, Kevin Church, Jay Sooter, and Barbara Truitt
Noes: None
Not Present: Galen Latsko
Motion Carried

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments – None

F. Announcements

G. Consent Agenda

1. Approval of Previous Minutes
 - a. Governing Board Meeting Minutes, March 28, 2024
2. SHCHD New and Updated Policies
 - a. Internal Data Requests
 - b. Charity Care
 - c. Hazard Communication Program and MSDS
 - d. High Winds
 - e. Hot Weather Precautions
 - f. Infant and Child Security
 - g. Key and Code Distributions
 - h. Lockdown of the Facility
 - i. Panic and Code Buttons
 - j. Patient Safety Committee
 - k. Patient Safety Plans
3. Approval of Quarterly Quality Assurance Performance Improvement Committee Report (Feb, May, Aug, Nov) - None
4. Quarterly Reports – (Feb., May., Aug., Nov) - None
 - a. Quality and Risk Management – Kristen Rees, Chief Quality and Compliance Officer and Risk Manager
 - b. Human Resources – Rachel Wells, Interim HR Manager - None
 - c. Foundation – Chelsea Brown - None

Motion: Kevin Church motioned to approve the Consent Agenda with corrections to the “Hazard Communication Program and MSDS” Policy

Second: Barbara Truitt

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

Noes: None

Not Present: Galen Latsko

Motion Carried

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

I. Action Items for Discussion

1. Hiring doctors/Practitioners update
 - a. Unfortunately, the Optometrist we were in communications with has declined our offer.
 - b. The Admin team interviewed an Occupational therapist in mid-April and is happy to announce that she has accepted the District's offer.
2. Advocacy/Legislation Conferences
 - a. Matt shared that Senate Bill 1423 (Reimbursement) and 1432 (Seismic) have both passed the Health Committee and are moving to appropriations.

J. Administrator's Report – Matt Rees, CEO

Matt Rees introduced Items 1-2 and presented his staff report.

1. Department Updates

- a. Milestones – None
- b. Monthly Department Highlight - None
- c. Financial Reports – Remy Quinn and Marie Brown
 - i. Marie Brown and Remy Quinn shared the March Financials with the public and the Governing Board.

Motion: Barbara Truitt motioned to approve the March HRG report.

Second: Kevin Church

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

Noes: None

Not Present: Galen Latsko

Motion Carried

- d. Nursing – Adela Yanez, CNO
 - i. Adela Yanez presented her staff report.
- e. Quality and Risk Management – Kristen Rees, CQO
 - i. Kristen Rees presented her staff report.
- f. Family Resource Center – Amy Terrones – (Mar and Oct)
- g. Mobile Optometry Unit
 - i. Galen Latsko Arrived at 1:53 p.m.
 - ii. The Board took a brief recess from 1:56 p.m. to 2:09 p.m.

2. Strategic Plan

- a. Advocacy

K. Old Business

1. Strategic Items for Discussion

- a. Future Facilities Planning
 - i. Board discussion ensued about the recent Steering Committee
- b. Services

L. New Business

1. Strategic Items for Discussion – None

- a. Future Facilities Planning
- b. Services

M. Parking Lot

N. Meeting Evaluation - Good

O. New Action Items - None

P. Next Meetings

1. Medical Staff Committee – PDC – Thursday, May 2, 2024, at 3:00 pm
2. QAPI Meeting – Wednesday, May 8, at 10:00 am
3. Finance Committee – Friday, May 24, 2024, at 10:00 a.m.
4. Governing Board Meeting – Friday, June 6, 2024, at 1:30 p.m.

Q. Corinne Stromstad Adjourn to Closed Session

1. Closed Session Opened
2. Reports of Quality Assurance Committees [**H&S Code § 32155**]
3. Compliance and Risk - Kristen Rees, CQO
4. Quarterly Reports - Adela Yanez, CNO
 - a. Clinic – Jan., Apr., July, Oct.
 - b. Patient Safety – Mar., June, Sept., Dec.
 - c. Medication Error – Feb., May, Aug., Nov
5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
 - a. Linda Candiotti, Active Status Allied Health Professional, Clinic/Ambulatory Privileges, May 1, 2024, to April 30, 2026.
6. Personnel matter –Evaluation § 54957
 - a. CEO Kristen Rees
7. Conference with Labor Negotiators §54957.6

R. Corinne Stromstad Adjourned Closed Session

S. Corinne Stromstad Resumed Open Session

1. The following actions were taken in closed session.
 - a. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]

Motion: Galen Latsko made a motion to approve Linda Candiotti, Active Status Allied Health Professional, Clinic/Ambulatory Privileges, from May 1, 2024, to April 30, 2026.

Second: Jay Sooter

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

Noes: None

Not Present: None

T. Corinne Stromstad Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

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DEPARTMENT: Skilled Nursing Facility	APPROVED:	Page 1 of 1
SUBJECT: Monthly Resident Drug Regimen Review	EFFECTIVE DATE: 4/25/2024	SUPERCEDES: New

POLICY:

This policy of SHCHD is to declare that a Drug Regimen of each resident of the Skilled Nursing Facility shall be reviewed once monthly by a licensed pharmacist and include the resident's medical chart. The pharmacist shall report any irregularities to the attending provider, the facility's medical director and director of nursing (DON), and these reports must be acted upon.

Irregularities include, but are not limited to, any drug that meets the criteria unnecessary drug. An unnecessary drug is any drug when used—

- (1) In excessive dose (including duplicate drug therapy); or
- (2) For excessive duration; or
- (3) Without adequate monitoring; or
- (4) Without adequate indications for its use; or
- (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or

Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician, the facility's medical director, and director of nursing. The report shall list at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

The facility must ensure that residents who have not used psychotropic drugs are not given these drugs unless,

1. The medication is necessary to treat a specific condition as diagnosed and documented in the clinical record.
2. Residents should also receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
3. Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and
4. PRN orders for psychotropic drugs are limited to 14 days. Except as provided in § 483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.
5. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

DEFINITIONS:

Psychotropic medications are medications that affect the mind, emotions, and behavior.

REFERENCES:

The Federal Register. Federal Register :: Request Access. (n.d.). <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.45>

List of psychotropic medications and Side Effects. (n.d.-a).
<https://www.lhhs.texas.gov/sites/default/files/documents/List-of-Psychotropic-Medications-and-Side-Effects.pdf>

Open Resources for Nursing (Open RN). (1970, January 1). *Chapter 6 psychotropic medications*. Nursing: Mental Health and Community Concepts [Internet].
<https://www.ncbi.nlm.nih.gov/books/NBK590034/>

REVIEWED BY:

Medical Staff

Governing Board

Pharmacist

Skilled Nursing Manager

Chief Nursing Officer

Director of Patient Care Services

ER/Acute Nurse Manager

CEO/Administrator



DEPARTMENT: Skille Nursing Facility	APPROVED:	Page 1 of 1
SUBJECT: Monthly Resident Drug Regimen Review	EFFECTIVE DATE: 4/25/2024	SUPERCEDES: New

PROCEDURE:

1. The pharmacist shall perform a monthly medication regimen review of each resident in the Skilled Nursing Facility within the first week of each month. This review shall include their medical chart.
2. The pharmacist shall report via e-mail any irregularities to the attending provider, the facility's medical director and director of nursing.
3. Any irregularities noted by the pharmacist during this review shall also be documented on a separate, written report referred to as the, "Monthly Drug Regimen Review" found in the respective folder for each resident.
4. The Monthly Drug Regimen Review includes the date, pharmacist's findings, pharmacist's recommendations, action taken, and signature of both the pharmacist and attending physician.
5. It is the responsibility of the DON and attending physician to make sure that the "Monthly Drug Regimen Review" form is reviewed and signed by the attending physician within an appropriate time frame.
6. The findings must acted upon and documented in the resident's medical chart.
7. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.
8. The DON shall be responsible to able to identify psychotropic medications from non-psychotropics. See "List of Psychotropic Medications and Side Effects" supplied and attached by the pharmacist.
9. The DON shall ensure that residents who are prescribed psychotropic drugs meet the following conditions:
 - The medication is necessary to treat a specific condition as diagnosed and documented in the clinical record.
 - Residents should also receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
 - Ensure that a PRN order is medically necessary and limited to 14 days, unless the physician believes it is appropriate beyond 14 days and documents their rationale in the resident's medical record.

DEFINITIONS:

Psychotropic medications are medications that affect the mind, emotions, and behavior.

REFERENCES:

List of psychotropic medications and Side Effects. (n.d.-a).

<https://www.hhs.texas.gov/sites/default/files/documents/List-of-Psychotropic-Medications-and-Side-Effects.pdf>

Open Resources for Nursing (Open RN). (1970, January 1). *Chapter 6 psychotropic medications*. Nursing: Mental Health and Community Concepts [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK590034/>

REVIEWED BY:

Medical Staff

Pharmacist

Materials Manager

Skilled Nursing Manager

Chief Nursing Officer



**SoHum
Health**

Southern Humboldt
Community Healthcare District
733 CEDAR STREET
GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Clinic	APPROVED:	Page 1 of 1
SUBJECT: Late Arrival, Cancelled, & No-Show Appointments	EFFECTIVE DATE:	SUPERCEDES: 09/24/2020

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to prevent delays in patient treatment while respecting the schedule of clinic practitioners.

PURPOSE:

The purpose of this policy and procedure is to define a Late Arrival, Cancelled, and No-Show appointment while also delineating the steps taken when these occur.

REVIEWED BY:

Clinic Manager



SUBJECT: Late Arrival, Cancelled & No-Show Appointments	Department: Clinic	EFFECTIVE DATE:
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PROCEDURE

PROCEDURE:

1. Late Arrival:

- Is a scheduled appointment that a patient arrives:
- More than five minutes after scheduled time Accommodation for the tardy patient may vary depending on the present circumstances. The options available for are as follows:
 - Next or later available time slot with provider at provider discretion
 - Next or later available time slot with another provider at provider discretion
 - Provider is behind schedule and/or a late arrival would not be noticed/harmful to their workflow
 - Provider willingness to see patient based upon own judgement

The existing appointment is documented as a Canceled appointment through the Scheduling module. The appointment in reference is chosen and "Cancel" is selected. The "Reason" for cancellation (i.e. late arrival) and "Retain Episode?" is required. All episodes shall be retained unless it is due to scheduling error

2. Cancelled Appointment:

- Is a scheduled appointment that a patient cancels by phone or walk-in prior to their scheduled appointment time.
- Patients are expected and instructed by scheduling staff to call and cancel their scheduled appointment 24 hours prior to the scheduled appointment time.
- Patients that cancel their scheduled appointment less than 24 hours prior to the scheduled appointment time due to "illness" or unforeseen circumstances will be considered a cancelled appointment.
- Is documented through the Scheduling module. The appointment in reference is chosen and "Cancel" is selected. The "Reason" for cancellation and "Retain Episode?" is required. All episodes shall be retained unless it is due to scheduling error.

3. No-Show Appointment:

- Is defined as a patient who does not arrive for nor calls to cancel their scheduled appointment time.
- Is documented through the Scheduling module. The appointment in reference is chosen and "No Show" is selected.
- 1st No-Show
 - Patients who no show on their "new patient appointment" should only be rescheduled if approved by provider
 - Patient Financial Services ("PFS") Scheduler will try and notify the patient by phone that they have missed a scheduled appointment. In addition, the PFS Scheduler will send the patient the *Missed Appointment 1* letter. All communication and/or attempted communication in regards to scheduling will be documented in the Scheduling module.
- 2nd No-Show
 - PFS Scheduler will follow the same steps for 1st No-Show with the exception of sending the patient the *Missed Appointment 2* letter.
- 3rd No-Show
 - PFS Scheduler will follow the same steps for 1st No-Show with the exception of sending the patient the *Missed Appointment 3* letter.

- ii. Patient will be seen only on a walk-in basis for the next six months. The PFS Scheduler will input "Walk-in till (date)" in the *Comments* box in Master Patient Index in the Registration Module. The Clinic Nurse Manager and/or a Clinic Provider may override the 6 month walk-in basis at their discretion depending on medical circumstance and situation.
- f. New patients
 - i. Who have missed their first appointment will be called by the PFS Scheduler to reschedule their appointment and at that time will be informed that should they miss their second scheduled appointment; they will not be rescheduled again.

REVIEWED BY:

Clinic Manager

DEFINITIONS

None



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 33
SUBJECT: No 13 Emergency Contact List	EFFECTIVE DATE: 6/29/2023	SUPERCEDES: Complied 6/2018

Same as "Emergency Preparedness County Wide Resources."
It has been consolidated into "Emergency Preparedness County Wide Resources Contact List."

Formatted: Centered

To be used in the event of an emergency or disaster of any kind and is applicable to all
Hospital Departments In-Patient, Skilled Nursing
and Out-Patient Services

- **Administrative Analyst & Hospital Preparedness Program Coordinator**
 - Sofia Pereira
 - Humboldt County Dept. of Health and Human Services
 - Public Health Branch, Emergency Preparedness
 - 529 I Street
 - Eureka, Ca. 95501
 - 707-476-4957
- **Office of Emergency Services Humboldt County**
 - 862 4th Street
 - Eureka, CA. 95501
 - 707-268-2500 Business Hours (Business Hours Monday through Friday, 8 AM to 5 PM
 - 707-445-7251 after Hours
- **Emergency Services Manager** (Dorie Lanni)
 - 826 4th Street
 - Eureka, CA. 95501
 - Main Line 707-268-2527
 - Cell Line 707-273-3500
 - Website humboldtgov.org/oes
- **Federal Emergency Management Agency (FEMA)**
 - 1111 Broadway #1200
 - Oakland, CA. 94607
 - Phone 510-627-7100
 - Hours: Open 24 hours**
- **Humboldt County Sheriff's Office**
 - William Honsal; Sheriff/Coroner
 - 707-268-3611
- **Local Garberville Sheriff Sub-Station**
 - 707-923-2761
- **California Highway Patrol**
 - 707-268-2000
- **Mad River Hospital**
 - Emergency Preparedness Coordinator**

Emergency Contact List

Angelina Gregorio
Cell Phone 707-362-7624

- **Northcoast Emergency Medical Services**
Emergency Preparedness Liaison
Elizabeth Wardell, RN
- **Redwood Memorial Hospital**
Emergency Preparedness Liaison
Elizabeth Wardell, RN

Ambulance Companies/Air Ambulance

- **Arcata-Mad River Ambulance**
1654 Murray Road
Phone 707-822-3353
- **City Ambulance Company**
135 West 7th Street
Eureka, CA. 95501
Phone 707-445-4907 (Dispatch)
- **Garberville Ambulance One (City Ambulance)**
814 Redwood Drive
Garberville, CA. 95542
Phone 707-923-2855 (no calls after 10 PM)
- **CAL-ORE Life Flight**
Dispatch Office
Phone 1916-426-4808
- **REACH Air Medical**
Dispatch Office
Phone 1-800-338-4045

Fire Departments

- **Garberville Fire Protection**
Fire Chief/Tim Tietz
680 Locust Street
Garberville, CA. 95542
Phone 707-923-3196
- **Briceland Volunteer Fire Department**
4438 Briceland Thorn Road
Garberville, CA. 95542
Phone 707-923-7204
- **Cal Fire/Humboldt Del Norte Unit Thorn Fire Station**
Fire Chief/Tom Hein
13298 Briceland Thorn Road
Whitethorn, CA. 95589
Phone 707-986-7553
- **California Department of Forestry**
Garberville Forest Fire Station
324 Alderpoint Road
Garberville, CA. 95542

Emergency Contact List

Phone 707-923-2645

Forestry Department/Redway

3850 Redway Drive
Redway, CA. 95560
Phone 707-923-2757

- **Shelter Cove Volunteer Fire Rescue**

9126 Shelter Cove Road
Whitethorn, CA. 95589
Phone 707-986-7507
FAX 707-9867852

Utilities

- **Pacific Gas And Electric Company**

Emergency Phone 1-800-743-5000
24-hour Power Outage Information Center
1-800-743-5002
1000 King Salmon Avenue
Eureka, CA.

- **Benbow Water Company**

Garberville, CA. 95542
Phone 707-923-2417

- **Garberville Sanitary District**

919 Redwood Drive
Garberville, CA. 95542
Phone 707-923-9566

- **Blue Star Gas**

1333 Redwood Drive
Garberville, CA 95542
Phone 707- 923-7827

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Emergency Contact List

- **Forestry Department/Redway**
3850-Redway-Drive
Redway, CA-95560
Phone 707-923-2757
- **Shelter Cove Volunteer Fire Rescue**
9126-Shelter-Cove-Road
Whitethorn, CA- 95589
Phone 707-986-7507
FAX-707-9867852

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DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 5
SUBJECT: No 14 Emergency Preparedness County Wide Resources <u>Contact List</u>	EFFECTIVE DATE: <i>6/29/2023</i>	SUPERCEDES: Complied 6/2018

~~To Be Used in the Event of an Emergency or Disaster of any kind and is applicable to all Hospital Departments In Patient, Skilled Nursing and Out Patient Services~~

To Be Used during an Emergency or Disaster Event in SoHum Health District.

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- **Administrative Analyst & Hospital Preparedness Program Coordinator**
Sofia Pereira
Humboldt County Dept. of Health and Human Services
Public Health Branch, Emergency Preparedness
529 I Street
Eureka, Ca. 95501
707-476-4957
- **Office of Emergency Services Humboldt County**
862 4th Street
Eureka, CA. 95501
707-268-2500 Business Hours (Business Hours Monday through Friday, 8 AM to 5 PM
707-445-7251 after Hours
- **Emergency Services Manager (Dorie Lanni)**
826 4th Street
Eureka, CA. 95501
Main Line 707-268-2527
Cell Line 707-273-3500
Website humboldtgov.org/oes
- **Federal Emergency Management Agency (FEMA)**

1111Broadway #1200
Oakland, CA. 94607
Phone 510-627-7100
Hours: Open 24 hours

- **Humboldt County Sherriff's Office**
William Honsal; Sheriff/Coroner
707-268-3611
- **Local Garberville Sheriff Sub-Station**
707-923-2761
- **California Highway Patrol**
707-268-2000
- **Mad River Hospital**
Emergency Preparedness Coordinator
Angelina Gregorio
Cell Phone 707-362-7624
- **Northcoast Emergency Medical Services**
Emergency Preparedness Liaison
Elizabeth Wardell, RN
- **Redwood Memorial Hospital**
Emergency Preparedness Liaison
Elizabeth Wardell, RN

Ambulance Companies/Air Ambulance

- **Arcata-Mad River Ambulance**
1654 Murray Road
Phone 707-822-3353

- **City Ambulance Company**
135 West 7th Street
Eureka, CA. 95501
Phone 707-445-4907 (Dispatch)
- **Garberville Ambulance One (City Ambulance)**
814 Redwood Drive
Garberville, CA. 95542
Phone 707-923-2855 (no calls after 10 PM)
- **CAL-ORE Life Flight**
Dispatch Office
Phone 1916-426-4808
- **REACH Air Medical**
Dispatch Office
Phone 1-800-338-4045

Fire Departments

- **Garberville Fire Protection**
Fire Chief/Tim Tietz
680 Locust Street
Garberville, CA. 95542
Phone 707-923-3196
- **Briceland Volunteer Fire Department**
4438 Briceland Thorn Road
Garberville, CA. 95542
Phone 707-923-7204
- **Cal Fire/Humboldt Del Norte Unit Thorn Fire Station**
Fire Chief/Tom Hein

13298 Briceland Thorn Road
Whitethorn, CA. 95589
Phone 707-986-7553

- **California Department of Forestry**
Garberville Forest Fire Station
324 Alderpoint Road
Garberville, CA. 95542
Phone 707-923-2645
- **Forestry Department/Redway**
3850 Redway Drive
Redway, CA. 95560
Phone 707-923-2757
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QAPIC

Quality Assurance Performance Improvement Committee

Acute Department

Project: IP-OBS Admission Assessment

What are we trying to accomplish?

History of Project: Started in October of 2021 due to a deficiency found during state survey for missing required admission assessments. This quality measure began with the goal to ensure all new Acute and OBS patients get an initial admission assessment upon admit. This initial admission assessment is the first step of the five stages of the nursing process that helps tailor a proper care plan for the patient, ensuring that the patient gets the highest quality of care. Promoting optimal health is part of SoHum Health's mission.

Project team: Acute nurses will be reminded of the importance of the admission assessment and the critical part it plays in providing the patient with the proper plan of care. Nurses will be required to complete an admission checklist and mark off the admission assessment. The Nurse Manager will monitor all the IP and OBS admissions to ensure that admission assessments are completed to maintain 100% compliance.

How will we know improvement when we see it?

The Acute manager will create continuous monitoring and monthly reports to monitor the progress and reach the goal of 100% Admission Assessment completion in all IP and OBS admissions for one year.

What changes can or should be made to result in improvement?

Nurses will be educated on the importance of the Admission Assessment, complete the admission checklist, and Acute Manager will review the patient's chart for Admission Assessment.

Possible challenges:

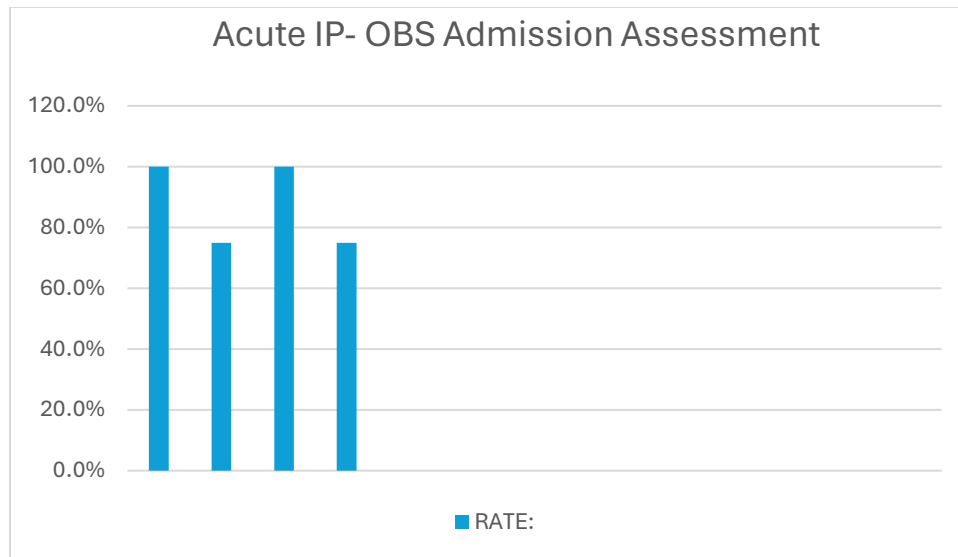
The main challenge has been a lack of education and consistency in the admission process. It will continue to be the main challenge until consistent teaching and practice can change the existing culture.

How we will celebrate success:

We will celebrate success by getting an "Excellence" nurse pin for all the nurses after successfully getting 100% for one year.

2024 Data: Acute manager will collect data monthly.

- January 2024, 100% 5 out of 5
- February 2024, 75% 3 out of 4
- March 2024, 100% 6 out of 6
- April 2024, 75% 3 out of 4



The numerator represents how many patients were seen, and the denominator represents how many admission assessments were completed each month. Overall percentage for Q1 2024 is 93.3%. Due to last year's EPIC implementation and district wide policy and procedures review, there is little data from 2023 and unfortunately 2022 collection ended in September. Acute nursing staff now use EPIC EMR system for all documentation and EPIC displays a circle icon clockface on the "brain" which turns green when required documentation is completed and the clockface indicates that a time requirement exists. This useful tool works as a reminder and helps to guide the nurses during the admission process.

Clinic

Goal: To increase the number of patients who are signed up on MyChart

What do you want to accomplish? Who needs to be included? When do you want to do this? Why is this a goal?

To increase by 50% the number of clinic patients who are signed up for MyChart. This will allow the patients to have access to their health information in a more timely and efficient manner.

How can you measure progress and know if you have successfully met your goal?

Will run an initial report to see how many patients are currently signed up and then monthly thereafter to see how many have signed up throughout each month.

Do you have the skills required to achieve the goal? If not, can you obtain them? What is the motivation for this goal? Is the amount of effort required on par with what the goal will achieve?

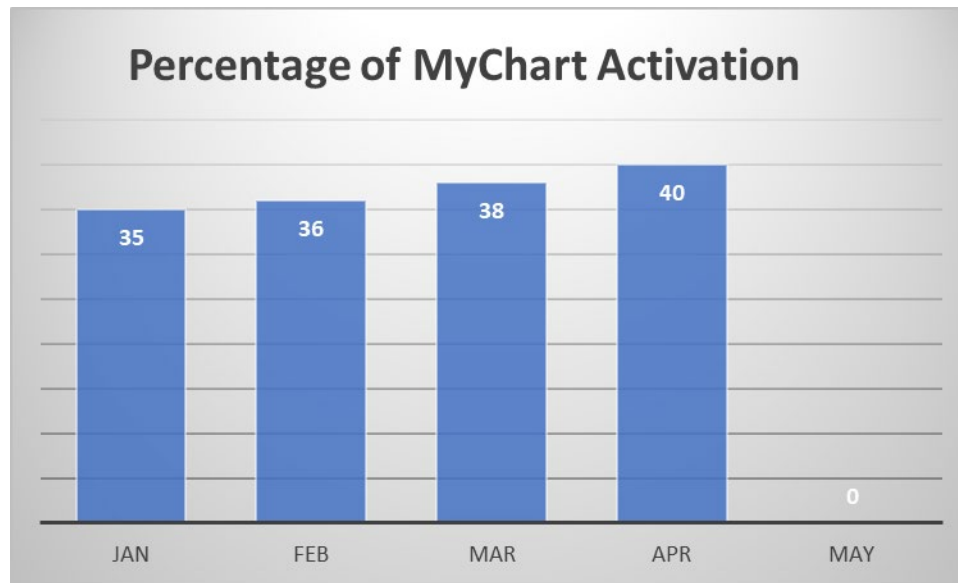
Staff is trained on how to send patients the link on how to sign up and staff can assist patients with getting started if needed. Our motivation is patient satisfaction and access to their health information.

Why am I setting this goal now? Is it aligned with overall objectives?

To empower the patients to take an active part in their healthcare and to improve communication between patients and their providers.

What is the deadline and is it realistic?

We will continue this goal until 12/31/24.



Progress:

The percentage of MyChart activation continues to increase each month. May is still to be determined and will be calculated next time.

Emergency Department

Project: Pediatric Temperatures and Weights

What are we trying to accomplish?

Goal: Improve pediatric patients' care by ensuring ED staff obtain an accurate temperature and weight taken. Ensuring temperatures and weights are taken will ensure that we are providing proper treatment and correct medication calculations and administration. The goal is to provide high-quality care and safe medication administration.

Project team:

The ED nurses and pediatric coordinators will meet monthly to review pediatric charts and address the quality measures.

How will we know improvement when we see it?

The goal is to get 95% to 100% of temperatures and weights for all the pediatric patients from birth to 10 years of age.

What changes can or should be made to result in improvement?

Nursing education and reward incentives to encourage nurses and ED techs to take all the vital signs. New pediatric temperature probes and an easy-to-use pediatric scale for weights.

Possible challenges:

The biggest challenge for compliance is going to be time and engagement. Taking vital signs for pediatrics can take longer due to issues related to things such as communication difficulties and/or understanding due to age of the patient. Nursing and/or the ED Techs skill or comfort level working with this age group. Another possible challenge could be parent or caregiver interference caused by concern seeing their child, already not feeling well, in further distress due to interactions with an

unfamiliar person in an unfamiliar environment. Nurses and ED techs must be dedicated and engaged in the process to get accurate data.

How we will celebrate success:

We will celebrate by having a luncheon with the team after one year of compliance.

2024 Data: ED manager will collect data monthly.

- January 2024, 94.4% 17 out of 18
- February 2024, 84.0% 21 out of 25
- March 2024, 78.3% 18 out of 23
- April 2024, 81.3% 13 out of 16

Previous data review did not involve making note of the nurse or tech working with that patient. Overall percentage for Q1 2024 is 84.8%. Beginning in Q1, note is now being taken of which nurse and/or tech was involved to determine if this plays a role in whether accurate temperature or weights are obtained. With this information a better determination can be made as to if specific staff needs additional education and/or training.

Environmental Service

1st Quarter Environmental Service QAPI Monitoring Report

For this quarter I really do not have anything to report. It took a couple of months to figure out a QAPI. I will have more for you in the next Quarter. Until next time!!!

H.I.M.

2024 Goal: By the end of calendar year 2024 the HIM Department will ensure that our departmental policies and process comply with applicable federal and state regulations. We will review and update our policies to adhere to the most up-to-date laws and regulations.

How this will be measured: We will quantify our progress via percentage completion of total policies and procedures overhauled/reviewed.

Monthly Updates

February: 51 Policies or Procedures are identified as needing updating.

March: 9 additional policies missing procedures are identified.

April: Drafts sent to Remy for approval.

May: We have now identified 62 items needing updates/review.

Monthly Progress

Month	February	March	April	May
Policies complete	0	20	8	4
Policies Identified	51	60	60	62
Percent Complete to	0	33.3%	46.6%	51.6%

Possible Challenges

Other projects continue to pop up and take priority away from the Goal. Upcoming HIM Department personnel changes will leave us shorthanded. Additional employees being onboarded will help to free up resources.

Infection Prevention**Current Projects:****Project 1: MRSA**

Swing/inpatient/SNF clients to be swabbed within first 24 hours of admission.

Project 2: Hand hygiene compliance

Continue to enlist more staff to help observe and collect data.

MRSA Screening Project

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

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

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

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

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

Past CY data: The QAPI project started in April 2018 and overall compliance for 2018 (April-December) improved to 98% by the end of the year. In 2019, compliance was at 89.7%. In 2020, compliance was again at 78.8%. In 2021 compliance fell to 86%. At the end of 2022 Compliance was 83%.

Q1 2024: ACUTE IP/SWB/ SNF

MRSA screening	Jan 2024	Feb 2024	Mar 2024	2024 Q1
# of screenings completed	2	3	4	9
# of screenings required	3	3	4	10
% Compliance	66.6%	100%	100%	90%

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

What has been tried so far: Feedback to managers and staff on missed and late screenings with reporting at every staff meeting. Nurse managers now link MRSA screening compliance to annual employee evaluations. MRSA admit kits are made up and in Nursing Unit Med room with instructions ready to use.

Plan: Continue with reminders to staff. Monthly results will be sent to the nurse department manager and will be shared in the nursing staff meetings and included in the Patient Safety Report.

Hand Hygiene Compliance Project

Goal: Increase Hand hygiene compliance >80% overall within next month and then increase to >90% by end of the quarter 4 in 2022. Goal not achieved.

What is being measured: Hand hygiene performed at right moment for right reason.

Why does it matter: Missed opportunity for hand hygiene and suboptimal hand hygiene can cause a hospital acquired infection which can lead to longer hospital stays, increased health care costs, and are linked with high morbidity and mortality. Also, by staff not in compliance with hand hygiene, hospital policy is not being followed and patients are put at risk for hospital acquired infections.

How will this metric be measured: Visual observation surveillance to be performed. Clinical departments leaders will be asked will collect a minimum of 30 visual observations every month. Since we are such a small facility, each clinical nursing manager is asked to participate in conducting observations. When there is an observed missed moments for hand hygiene, the manager can then perform just-in-time (JIT) coaching at the time of the missed opportunity.

Baseline data: For the 1st Quarter of 2024 there were 92 observations in the SNF/Acute/EVS unit and in 89 of those observations health care workers perform HH appropriately for a HH rate of 96.7%. In January 2024, the focus was Policy and Procedures and Epic/OCHIN. February 2024 had a 30/30 observation score, and all data came from EVS. March numbers were 59/62 for a compliance rate of 95.2%.

Q4 2023: Acute/SNF/EVS

Hand Hygiene Compliance	Jan 2024	Feb 2024	Mar 2024	2024 Q1
Total # HH Successful	n/a	30	59	89
Total # HH observations	n/a	30	62	92
RATE:	n/a	100%	95.2%	96.7%

Goal revision: Hand hygiene compliance will remain >95% for 2nd quarter 2024.

Evaluation: Goal met for Q1 2024.

Plan: Continue to enlist help from managers to perform surveillance. Reminder emails to be sent out which will hopefully increase the number of observations. Results to be reviewed with nursing staff at monthly meeting and with managers at the Patient Safety Committee and Infection Prevention Committee.

Materials Management

I am working on the Chargeable items issue. I am working with OCHIN, Netsuite, and EPIC to create a mark-up table in EPIC.

Also, working to implement scanning for chargeable items.

Contracting:

I have had a lot of contracts coming up for renewal or needing new contracts signed and loaded.

I would like to start a QAPI on expired and renewed contracts with Cardinal reports of contract price changes.

340B

Starting a new QAPI on 340B Split use audits in June of 2024.

Eligible cash claims and payments from Cervey.

Patient Financial Services

Patient Financial Services added three new team members in March. One in emergency department and the other two in the clinic. They have been training in the basics of registration and getting familiar with the different insurance we use in the district. Attending biweekly HRG meetings, we have made progress in getting our work queues in order and making sure things are correctly routing.

We have also been able to close multiple JIRA's that have been holding up revenue, for example the name mismatch for our corporate guarantor accounts has been closed. Marie has attended the OchIn Learning Forum, broadening her knowledge of the EPIC platform. Thanks to OchIn for their help making it easier for the front desk staff to work through any registration errors.

PFS is working with the consultant and new Clinic Manager on policy & procedures for better communication within the department to assist our patients. Additionally, we are working with multiple departments on the Hospital Fair Billing regulations.

Mara has been hard at work on our QAPI project to ensure that we are capturing the correct consents every time with every patient. This has helped us in identifying some of the gaps we may be experiencing with getting the correct forms signed with every patient encounter. We have begun implementing a more hands on approach and intend to see improvements within the next quarter as our new ED Registration Clerk will begin night shift coverage.

Pharmacy-In House

Pharmacy is continuing our barcode scanning monitoring. We are actively engaged to determine why our percentages do not match OCHIN'S. A JIRA exists but the responses from OCHIN are spaced and sporadic.

Pharmacy has determined it is warranted to pursue tracking the proper usage and more importantly administration completion of "Overrides". An override refers to forcing the Pyxis machine to dispense a medication which then appears on the patient's MAR. When and how we close the circle is vital for inventory as well as revenue capture. We will run a weekly report on all hospital and LTC overrides to verify all the necessary elements. Our findings will then be formulated in a monthly report. This new report will be found in S:\Quality\QAPIC Department Reports\ZPharmacy Accounting

SNF Activities

The residents' abilities are shifting as conditions progress. I have begun creating projects that do not rely on fine motor skills. I just purchased some rubber stamps to go with the Gelli plate printing we started.

I generally know when residents need something like socks or shirts. I will either order or pick up these items in town. I also will suggest when someone needs appointments such as eyes, ears, or teeth, and follow up on the appointment. I will also transport our residents for doctor appointments as it gives me the chance to take them out for lunch.

The residents love eating out or having take-out brought in. We usually accompany this with a drive on the avenue or out to the cove. With the weather shifting, we are getting out more often.

This also means that the garden has begun to be a part of the life here. I have a new gardener tasked with watering and I took her to get new plants to put in our planters.

Another item is I designated the foyer the "tv room". It has been great for the less mobile to sit there with the big window and visitors passing by.

We talk about movies and music a lot and enjoy when someone mentions a band we have not heard of. We pull it up and talk about how we liked it.

We began Friday afternoon movies which have been a hit, even attracting several past residents to join us. I moved it to Thursday to avoid bumping up to the live music on Fridays which are also well attended.

I have been working with our PT on how I can reinforce her work. I instituted regular stretching, and we even stop for a chair dance when good music hits us.

I have also gone to do workshops with 4H and to share what our residents are like. They have been a consistent friend to the SNF bringing cards and gifts to the residents 3 times a year for certain holidays.

I curate a lot of conversations, create spontaneous parties, and will grab a resident out of their funk whenever I can.

No Report Submitted

Accounting, Behavioral Health, Dietary, Information Technology, Laboratory, Radiology, Skilled Nursing Facility

Quality and Compliance Department

Below is a list of highlighted projects. This is only a portion of the current projects, but some of the most important projects include:

1. MCN- Policy & Procedure (P&P) Project

- *Project Manager:* Adam Dias
- *Status:* Ongoing
- *Description:* The transition to compliance with regulations and standards for policy and procedure is a significant project managed by our department. This project's

impact extends across all aspects of our facility, including planned initiatives like building a new hospital, transportation, optometry, and mobile health. Despite its importance, this project lacks a defined budget or revenue stream, making its cost and savings unknown.

- *Full-Time Equivalent (FTE):* 1.50

2. **Emergency Department Screening Program (EDSP)**

- *Project Manager:* Adam Dias
- *Funding:* \$375,000 State Grant
- *Description:* Upgrade Lab equipment, implement opt-out testing for HIV, Syphilis, and HCV (Hep-c) testing in ED. The project represents a critical addition to our services, facilitating opt-out testing for sexually transmitted diseases in our community.
- *Duration:* 2.5 years
- *FTE:* 1.00

3. **UCLA Clinical Trial**

- *Project Managers:* Kristen Rees, Adam Dias, and Lexi Stowe
- *Funding:* \$400,000 Federal Grant
- *Description:* Clinical Trial with UCLA. This study presents a rare opportunity with national implications, albeit under a non-disclosure agreement.
- *Grant Responsibilities:* Research Assistant and project manager overseeing site implementation.
- *Duration:* 2 years
- *FTE:* 1.50

4. **Equity, Practice, Transformation (EPT) Quality Improvement Program**

- *Project Manager:* Adam Dias, transitioning to James Dement
- *Funding:* \$375,000 State Funding Mechanism (subject to Governor's budget)
- *Description:* Project management for clinic practice transformation state grant.
- *Duration:* 5 years
- *FTE:* 0.2

5. **Small Rural Hospitals Improvement Program (SHIP)**

- *Project Manager:* Kristen Rees, transitioning to Adam Dias
- *Funding:* \$13,832 State Grant
- *Description:* Grant for process improvements in rural facilities. We are contracted to participate in this grant for 5 years. We are in year two. Each year the funding amount is different, but similar. This year it is \$13,832. This program can be frustrating, especially for how relatively small the amount is and the reporting requirements. That said, it is a grant that allows us to apply for other grants. We were able to win COVID and ARP SHIP grants in the past because we participate in this program.
- *Duration:* 5 years (amount renewed annually, contract renewed every 5 years)
- *FTE:* 0.10

6. FLEX Grant

- *Project Manager:* Kristen Rees and Adam Dias
- *Funding:* \$6,342.60 State Grant
- *Description:* This competitive grant is for quality and operational improvements and requires a different focus area each year.
- *Duration:* 1 year
- *FTE:* 0.05

7. New Hospital Funding

- *Project Manager:* Adam Dias
- *Description:* Search for additional funding mechanisms including USDA grant funding, foundation funding, and grant funding for new hospital. Kristen and Adam had a meeting with OCHIN about tapping into OCHIN's programs and knowledge, which may assist in capital campaign efforts.
- *FTE:* 0.05

8. Equine Therapy Program Funding

- *Project Manager:* Adam Dias
- *Description:* Currently unfunded, built project overview, developed cost analysis, have explored some potential funding streams
- *Status:* On hold now due to time constraints, but constantly looking out for opportunities as it is a focus area for Behavioral Health
- *Potential Community Benefits:* Mental health services, family counseling, and park improvements

9. Paperwork Updates

- *Project Manager:* Kristen Rees
- *Description:* Kristen has been updating documents across the district to be more compliant with current regulation and best practices. Remy has been incredibly involved in reviewing these updates and making changes with Kristen. Adela, Katherine, and Season have also given valuable feedback. Some documents which have been updated include the Notice of Privacy Practices (NPP), Acknowledgement of Notice of Privacy Practices, Consent, Permission to Share, Admission Agreement, Business Associate Agreement, and the Compliance Plan. References for these documents include the Health Care Compliance Association (HCCA), California Hospital Association, and the District's legal counsel.
- *Duration:* Ongoing, but documents on the project list currently should be updated by 8/31/2024.
- *Potential benefits:* legal protection and clarity for staff, patients, vendors, and family members

10. Investigation Process

- *Project Manager:* Kristen Rees
- *Description:* The investigation process at SoHum Health has been ill-defined or organized to this point. Given complexities identified in recent investigations and

issues Season, Karen, and Kristen are working on better-defined processes, investigation scripts, and investigation tools/documents.

11. Partnership Health Plan of California Grant Opportunity

- *Project Manager:* Kristen Rees
- *Funding Potential:* \$ 100,000
- *Description:* Partnership reached out with a potential funding opportunity for an emergency department community health worker. We will send a letter of intent.

12. QIP

- *Project Manager:* Kristen Rees
- Funding potential this year: \$ 750,000 (more in years with more measures committed/ reported)
- Funding earned this year: \$ 0
- *Description:* QIP is a big project with intensive reporting and auditing involved. We have historically done well with this program, but with challenges related to the electronic health record transition and strained resources, no funds were received this year. That said, the report and audit still must be completed if we are going to stay part of the program, so we are working on that. The deadline for reporting is June 15. The audit will begin immediately following the report submission. We have been preparing for the audit all year and believe we will be well prepared.

13. OCHIN/EPIC/ESA

- *Project Manager:* Joshua Andrews
- *Description:* Going live with the new electronic health record has not been an easy endeavor. Josh and Kristen have expended significant effort in meeting attendance, documentation, resolving issues, and supporting the project in general. Support is ongoing, but should lessen as the new ESA Lead, Kana, is brought up to speed and the project stabilizes.

14. Cologuard

- *Project Manager:* James Dement
- *Description:* Interfacing the electronic health record with Cologuard and working with them to communicate with and get kits to patients for colorectal cancer screening has been a big undertaking by the Clinic and Quality Department.

15. Partnership QIP projects

- *Description:* Partnership Health Plan of California has multiple QIP programs of which we are a part. There are long-term care, primary care, and hospital QIP programs. All have unique measures and requirements. These programs are tracked and reported in various departments and involve the Quality team and the departments in which the services are provided.

16. American Medical Association Blood Pressure Program

- *Project Manager:* James Dement
- *Description:* We are working with the American Medical Association to implement a blood pressure monitoring, acting, and partnering with patients (MAP). It had significant hiccups as we went live with the new EHR and purchased new equipment but has progressed as well as it could otherwise. This may lead to future involvement with the American Medical Association.

17. Compliance Training

- *Project Manager:* Kristen Rees
- *Description:* Compliance Training for 2024 was published and the due date has passed. Those who are not compliant have received multiple emails and have been made aware that continued non-compliance will result in a meeting with Kristen and HR, as well as a write-up in their employee file.

18. Event Reporting

- *Project Manager:* Kristen Rees
- *Description:* May 6th, we went live with a new software, Performance Health Partners, or PHP, for event reporting. The new software will significantly streamline processes, enhance user-friendliness, and make form management much easier. So far there have been minor changes and issues, but it has gone well.

19. Policy and Procedure for the Quality and Compliance Department

- *Project Manager:* Kristen Rees
- *Description:* There are several policies and procedures which need development in the quality and compliance department. This includes revisions as well as completely new policies and procedures. These are being developed as time allows but constitute an important project for the department.

20. i2i Re-Implementation

- *Project Manager:* Joshua Andrews
- *Description:* i2i is a population health tool utilized by multiple departments. It integrates with the electronic health record and helps to run reports involving multiple service lines. It allows patient list upload for those who are assigned to us but have not had a visit. The software can also print or send letters, emails, and text messages to patients. Integration with the electronic health record took considerable time. Validation continues.

21. California Fair Billing Act Compliance

- *Project Manager:* Marie Brown, Remy Quinn, Kristen Rees
- *Description:* There are multiple required postings online and onsite, as well as processes to be updated in order to follow this regulation. You may have noticed new postings on the SoHumHealth.org website or on site at registration.

22. Compliance Committee, Cybersecurity Sub-committee, and Audit Sub-committee

- *Project Manager:* Kristen Rees
- *Description:* Kristen completed a draft compliance committee charter, the compliance committee met to discuss a variety of projects

23. Business Associate Agreements (BAA)

- *Project Manager:* Kristen Rees, Remy Quinn
- *Description:* Recently, a new emphasis on ensuring all business associates have a BAA in place, and that it utilizes updated language has been a project Remy and Kristen have undertaken. We will create a District-specific BAA and audit, update, and organize BAAs. This may take some time but will improve processes and serve as a protection for the District.

24. Medicare Beneficiary Quality Improvement Program

- *Project Manager:* Coral Ciarabellini
- *Description:* Reporting for this program is required for some funding programs in which we participate. Data is reported to various entities on various schedules.

25. Data Request Process

- *Project Manager:* Kristen Rees, Joshua Andrews
- *Description:* Created and implemented a data request process to define who is responsible for creating and approving reports. The form was built and put into PHP, the event reporting software. After reviewing the report requirements, data requested, and privacy level involved, an appropriate resource is assigned, the report is developed, and appropriate information is shared.

26. Improvement Suggestion Form

- *Project Manager:* Kristen Rees, James Dement
- *Description:* This is also another form that was developed and entered into the new event reporting software. This allows us to review improvement suggestions from employees and decide what action is appropriate. We look forward to meaningful and positive change as a result.

27. Medical Staff Bylaws

- *Project Manager:* Karen Johnson
- *Description:* There have been multiple medical staff bylaw changes which must be combined and approved. Many updates have been made and it is likely this will be an ongoing project as updates are needed.

28. Medical Staff Credentialing

- *Project Manager:* Karen Johnson, Kristen Rees
- *Description:* The work of incorporating proxy credentialing has been challenging and legal counsel has provided valuable insight. While we move to this possibly time-saving solution, the work of credentialing all new and current providers continues. Some of the Bylaws' changes will allow for proxy credentialing. We need to build that process as we work with each business associate.

29. Peer Review

- *Project Manager:* Kristen Rees, Karen Johnson
- *Description:* Peer review, both ongoing and focused for clinicians is an important process that has changed multiple times in recent years. Ongoing peer review refers to regular, random chart reviews done to ensure quality of care. Focused refers to peer reviews done as the result of a complaint or other identified issue. To streamline this process and remove ambiguity, we are putting a software management solution in place. This is through the same organization as the event reporting solution. Updates and build to the software are in progress. Draft questions have been approved for the emergency department providers and the clinic draft questions are in progress.

30. Medical Staff Updates

- *Project Manager:* Karen Johnson
- *Description:* Documents including privileges, scope of practice, policies and procedures, and others are in progress as the medical staff makes multiple changes to improve their effectiveness and workability.

Governing Board Report

Submitted by Chelsea Brown

Development Director & Outreach Manager

May 2024



Foundation Report:

- The Foundation has made two capital campaign payments to the Healthcare District in 2024 for invoices from Ratcliff Architects totaling \$536,236.57.
- Now that the most recent cost estimate for constructing the new hospital and clinic has come in, the foundation is actively seeking grants and new funding opportunities to contribute as much as possible towards the downpayment.
- The Foundation Board is interested in holding a joint social gathering with the governing board to strengthen our partnership.
- The Foundation will be sending out a fundraising mailer to all SoHum Health's active patients in June.
- We are planning our annual board retreat on Friday, July 12th.

Outreach Report:

- The Community Health Needs Assessment survey and interviews are complete, and we are now finalizing the full report which can be a tool for future strategic planning discussions. The full report is expected to be complete in June and will be shared with the Governing Board.
- The Family Resource Center will host their Annual Touch-a-Truck event on June 1st at Redway Elementary. This is a free family friendly event where kids can explore and learn about trucks, vehicles, and rigs of all types. There will be free BBQ and raffles for attendees. Open to all.
- We are finalizing visuals to put in the empty storefronts at the former Humboldt Hunnies building. It will be a stylized map of the area to promote tourism for passersby.
- *Staff recruitment:* Outreach has developed new materials to assist with the recruitment of an optometrist and are partnering with Redwood Rural to increase our efforts. Matt and Darrin attended a job fair at Pacific University in May and

SoHum Health representatives will be attending two other optometry recruitment fairs in June (Pacific University and UC Davis). Outreach and HR also attended College of the Redwoods Career Fairs in March and April.

- *New Hospital Outreach:* We sent a postcard to all of the neighbors adjacent to the new hospital site inviting them to contact us with questions and to meet with our design team and received one response so far. We will be posting the latest draft of the hospital design on our sohumhealth.org website and printing copies to post around our buildings and in town.
- *Disaster Preparedness:* Heidi and Chelsea are attending a training on Social Media Engagement Strategies for disaster response on June 5th in Blue Lake that is being put on by FEMA's National Training and Education Division. We will be incorporating this information into the Hospital Evacuation Drill tentatively scheduled for June 19th. **SoHum Health is seeking volunteers to act as mock-patients for the drill if any board members are interested in participating.**
- *Summer events:* SoHum Health will be participating in Summer Arts and Music Festival, Garberville Rodeo Parade, and SoHum Pride in June. We tabled at the Garberville and Miranda Farmer's Markets in May.

SoHum Health Foundation – First Quarter Financial Summary

1st Quarter (Jan-Feb-Mar)	Beginning Balance	Income	Expense	Quarterly Ending Balance
HAF Mid-Term	\$ 709,602.11	\$ 25,647.63	\$ (3,123.01)	\$ 732,126.73
HAF Long-Term	\$ 800,437.78	\$ 2,174.48	\$ (802,612.26)	\$ -
Vocality Savings	\$ 81.57	\$ 0.03	\$ -	\$ 81.60
Vocality Checking	\$ 48,324.13	\$ 321,664.68	\$ (342,528.78)	\$ 27,460.03
Vocality Money Market	\$ 302,471.71	\$ 886,389.26	\$ (320,000.00)	\$ 868,860.97
Vocality CD 01 (24mo)	\$ 193,879.76	\$ 1,918.64	\$ -	\$ 195,798.40
Vocality CD 02 (18mo)	\$ 52,160.56	\$ 639.77	\$ -	\$ 52,800.33
Coast Central Savings	\$ 25.00	\$ -	\$ -	\$ 25.00
Totals	\$ 2,106,982.62	\$ 1,238,434.49	\$ (1,468,264.05)	\$ 1,877,153.06

Southern Humboldt Community Healthcare District

March 2024 – Centriq & Epic Combined



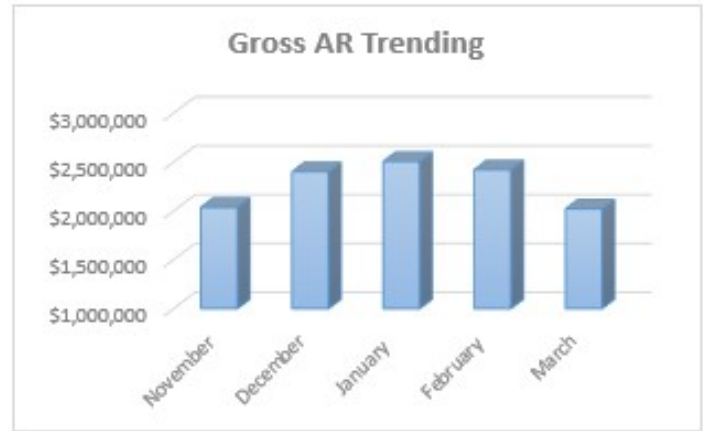
SoHum Health

Key Items

- ➔ **Cash totaled \$1.1M, 84% of net revenue**
- ➔ **AR increased to 90.9 days**
- ➔ **Third Party aging increased \$137K, to 40.5%**
- ➔ **Unbilled AR increased 1.10 days, ending at 14.9 days**

Detailed Initiatives & Obstacles

- **Overall AR:** SoHum went live in Epic at the beginning of July, 2023. The figures calculated continue to include both the legacy system (Centriq) and Epic figures combined. The month of March closed with \$6.9M in gross AR or 90.9 days. Revenue came in \$402K lower than what was reported in February, ending at \$2.0M. Third Party AR saw a decrease of 0.5 days ending at 46.9 days. Unbilled AR increased 1.1 days ending at 14.9 AR days. Cash collections came in roughly \$295K lower than what was collected in February, still exceeding \$1M. Cash collections came in at \$1.1M or 84% of net revenue. In the Month of March, HRG and SHCHD continued to have a 30 minute HB (hospital billing) claims call with OCHIN/Epic every Thursday to discuss current and 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. We continue to work through billing related build issues with OCHIN, these issues primarily laying on the PB side of epic.
- **Self Pay:** Self Pay AR increased 2.9 days since February. Self Pay collections came in at \$31K, which is \$2K more than what was collected in February. A bad debt file was sent over in November, however, a file was not sent in the month of December nor January due to an AB1020 requirement that were not met. Per AB1020 requirements, the financial assistance application (FAA) is required to be sent with the final Goodbye Letter—the FAA was not set up to be sent with this final Goodbye Letter. This issue has been corrected, and new Goodbye Letters with the FAA attached have been sent to patients who are eligible for bad debt. A new bad debt file was generated and sent in February. We continue to work with COCC to ensure accounts can be transferred to Bad Debt via Epic timely. In the month of March, we discovered another HRG system issue which prevented us from being able to send a file in March. When the charity care letter was added to the statement it caused issues with patients who had multiple accounts that were eligible for bad debt. This issue was fixed in late March, but did not hit the 10-days they need prior to sending to bad debt. We anticipate a significantly large bad debt file being sent in the month of April as this issue has been resolved and a notable amount of bad debt letters were sent out to patients.
- **Third Party Aging:** March closed with \$1.9M in Third Party balances aged over 90 days, totaling 40.5%. Due to SoHum's EHR conversion, we are now in the wind down phase of Centriq—cleaning up all outstanding and aged balances. HRG staff are focused on rebilling/working denials timely as well as working follow up based on age and dollar amount of the claim. Medicare is sitting at \$473K aged over 90 days or 33.1%, this is an overall decrease of \$37K from February. Medicaid increased by \$67K to 37.7%. Commercial is increased 106K up to 53.8%, and Work Comp decreased under \$1K to 55%. The third party aging includes balances that are out of billings control due to discharged not billed (DNB) errors which are preventing the claim from being billed. The more common DNB errors are Laboratory Review Needed, Lab Orders Not Resulted, Coding Not Complete, Radiology Review Needed etc. There are also issues that HRG/SHCHD is working with OCHIN on that will help bring down the aging once the issues are resolved—the biggest issues being the PB COVID issues. Another big issue HRG has been working on resolving is the Anthem Calpers issue. They were issuing checks to SoHum's old PO Box. They have corrected the address and we are working with the payer to get all those claims reprocessed and paid to the correct PO Box. We are seeing payments come in for the accounts as this issue is being.



There is roughly \$202K that is aged over 90+ days due to this Anthem issue, and roughly \$51K less than 90 days.

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

SoHum Health

MONTH END FINANCE REPORT

March 2024



Table of Contents

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

FINANCE DASHBOARD

Revenue Cycle Performance	Target		October-23		November-23		December-23		January-24		February-24		March-24			
	REVENUE															
	Net Revenue		\$1,145,123		\$1,000,216		\$1,254,406		\$1,313,381		\$1,310,811		\$991,365			
	Gross Revenue		\$2,130,187		\$2,037,494		\$2,402,068		\$2,506,331		\$2,422,995		\$2,021,182			
	CASH															
	Cash Collections as a % of Net Revenue		100%		105%		84%		121%		91%		106%		84%	
	Cash Collections		\$1,131,808		\$958,049		\$1,214,685		\$1,139,209		\$1,391,162		\$1,095,888			
	ACCOUNTS RECEIVABLE															
	Net AR		\$3,318,523		\$3,071,787		\$3,409,568		\$3,484,000		\$3,723,159		\$3,427,020			
	Gross AR		\$5,974,477		\$6,060,571		\$6,475,740		\$6,787,249		\$7,052,380		\$6,946,485			
Unbilled		3		21.7		20.9		25.1		22.8		13.8		14.9		
Third Party		26		43.5		41.5		36.7		39.5		47.4		46.9		
Self Pay		16		32.1		30.2		29.0		27.6		26.3		29.2		
Total Days in AR		45		97.3		92.6		90.7		89.9		87.5		90.9		
Days in AR - Credit Balances		< 1		1.75		1.78		2.19		3.85		3.83		1.96		
UNBILLED																
In-house		< 2 Days		0.9		1.7		0.7		1.1		0.7		0.5		
DNFB		< 1 Day		20.7		19.2		24.4		21.7		13.1		14.4		
Total Unbilled		<3 Days		21.7		20.9		25.1		22.8		13.8		14.9		

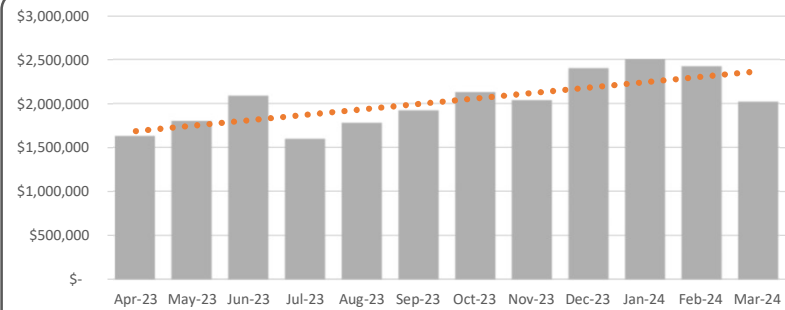
Third Party	Target		October-23		November-23		December-23		January-24		February-24		March-24															
	AGING (excluding credits)																											
	Medicare Aging > 90 Days		11%		12.6%		\$ 178,527		18.3%		\$ 251,559		23.3%		\$ 341,575		26.5%		\$ 452,974		30.5%		\$ 509,631		33.1%		\$ 473,118	
	Medicaid Aging > 90 Days		12%		23.9%		\$ 425,283		26.3%		\$ 494,426		32.1%		\$ 656,471		33.8%		\$ 701,925		32.3%		\$ 744,284		37.7%		\$ 811,695	
	Commercial Aging > 90 Days		20%		28.9%		\$ 215,261		32.1%		\$ 241,142		40.4%		\$ 372,247		48.5%		\$ 511,603		46.7%		\$ 528,055		53.8%		\$ 634,113	
	Work Comp Aging > 90 Days		35%		52.8%		\$ 72,081		47.7%		\$ 75,722		34.1%		\$ 30,991		64.2%		\$ 66,629		42.9%		\$ 34,505		55.0%		\$ 34,266	
	Total Third Party Aging > 90 Days		13%		21.9%		\$ 891,151		25.5%		\$ 1,062,849		31.0%		\$ 1,401,283		35.1%		\$ 1,733,132		35.0%		\$ 1,816,474		40.5%		\$ 1,953,191	
	CLAIM SUBMISSION EFFICIENCY																											
	Claims Submission				2,100		\$ 2,411,329		1,674		\$ 2,241,921		1,560		\$ 2,184,032		1,993		\$ 2,676,735		1,727		\$ 3,091,516		1,538		\$ 2,803,341	
	Clean Claims		85%		96%				98%				98%				97%				96%				97%			
Denial Percent		5%		18%				8%				3%				7%				9%				9%				
Total Denial Rate		Count Amt		210		\$ 344,840		215		\$ 185,849		142		\$ 62,881		270		\$ 154,975		308		\$ 249,006		234		\$ 279,308		
Late Charges		Count Amt		122		\$ 16,253		13		\$ 3,811		43		\$ 14,541		67		\$ 7,612		28		\$ 7,746		52		\$ (8,444)		
Communication Log Backlog				85		\$ 81,140		84		\$ 81,109		83		\$ 57,862		83		\$ 86,122		21		\$ 40,392		34		\$ 49,032		

Self Pay	Target		October-23		November-23		December-23		January-24		February-24		March-24															
	INVENTORY & QUALITY																											
	Total Inventory				2,708		\$ 1,973,313		2,527		\$ 1,975,406		2,524		\$ 2,068,907		2,528		\$ 2,087,543		2,500		\$ 2,122,365		2,537		\$ 2,228,193	
	New				8		\$ 1,882		3		\$ 4,428		8		\$ 2,313		7		\$ 4,842		5		\$ 2,109		12		\$ 6,485	
	Resolved				161		\$ 22,561		139		\$ 15,241		66		\$ 7,528		79		\$ 66,023		117		\$ 108,550		124		\$ 73,203	
	Aged >180 days from Assignment		< 25%		49.0%		\$ 966,614		54.6%		\$ 1,079,326		58.4%		\$ 1,208,432		52.1%		\$ 1,088,207		48.6%		\$ 1,032,447		45.4%		\$ 1,011,471	
	Total Payment Plans over 120 days				\$19,957				\$21,990				\$21,317				\$19,292				\$18,662				\$19,950			
	Average Speed to Answer		< 60 seconds		25				0				23				7				7				10			
	STATEMENTS & LETTERS																											
	Statements & Letters				374				594				172				102				296				250			
Charity Care Applications In Process				5		\$ 5,842		0		\$ -		0		\$ -		0		\$ -		26		\$ 70,997		80		\$ 30,398		
Inbound and Outbound Calls		In Out		145		204		3		230		135		259		129		152		136		209		140		190		
WRITE OFFS																												
Bad Debt as a % of Gross Revenue		< 2%		0.0%		\$ -		5.3%		\$ 108,610		0.0%		\$ -		0.0%		\$ -		2.2%		\$ 54,417		0.0%		\$ -		
Charity as a % of Gross Revenue		< 2%		0.2%		\$ 5,068		0.0%		\$ -		0.0%		\$ -		2.3%		\$ 56,527		0.4%		\$ 10,025		0.5%		\$ 9,508		

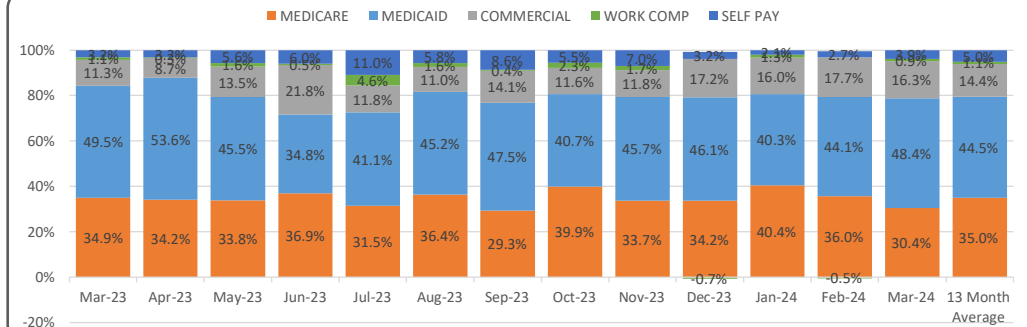
GROSS REVENUE

PAYER	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE	\$ 560,965	\$ 557,768	\$ 608,991	\$ 770,520	\$ 504,094	\$ 648,555	\$ 563,819	\$ 849,853	\$ 686,408	\$ 820,695	\$ 1,011,885	\$ 873,176	\$ 615,389	\$ 697,855
MEDICAID	\$ 794,626	\$ 874,406	\$ 819,312	\$ 726,128	\$ 658,441	\$ 805,092	\$ 913,825	\$ 867,885	\$ 930,946	\$ 1,108,246	\$ 1,008,861	\$ 1,067,416	\$ 978,875	\$ 888,774
COMMERCIAL	\$ 182,374	\$ 142,791	\$ 243,074	\$ 454,637	\$ 189,003	\$ 196,363	\$ 271,079	\$ 247,190	\$ 241,360	\$ 413,697	\$ 402,037	\$ 429,688	\$ 329,806	\$ 287,931
WORK COMP	\$ 18,086	\$ 5,119	\$ 29,663	\$ 10,915	\$ 73,141	\$ 28,402	\$ 8,619	\$ 48,010	\$ 35,245	\$ (17,130)	\$ 32,033	\$ (12,352)	\$ 18,728	\$ 21,421
SELF PAY	\$ 50,784	\$ 52,413	\$ 100,841	\$ 126,294	\$ 175,618	\$ 102,746	\$ 164,957	\$ 117,250	\$ 143,534	\$ 76,560	\$ 51,516	\$ 65,067	\$ 78,384	\$ 100,459
TOTAL	\$ 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	\$ 2,402,068	\$ 2,506,331	\$ 2,422,995	\$ 2,021,182	\$ 1,996,440
AVERAGE DAILY REVENUE	\$ 52,936	\$ 53,670	\$ 54,796	\$ 60,691	\$ 59,681	\$ 58,817	\$ 55,829	\$ 61,407	\$ 65,484	\$ 71,410	\$ 75,499	\$ 80,565	\$ 76,379	\$ 63,628

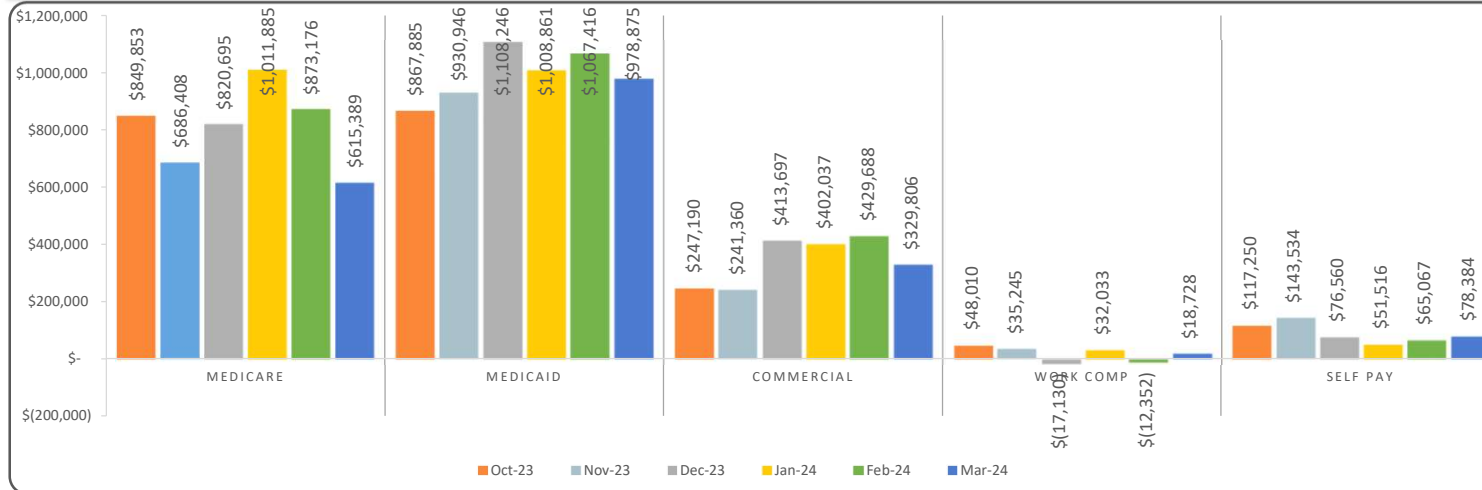
Gross Revenue



Payer Mix



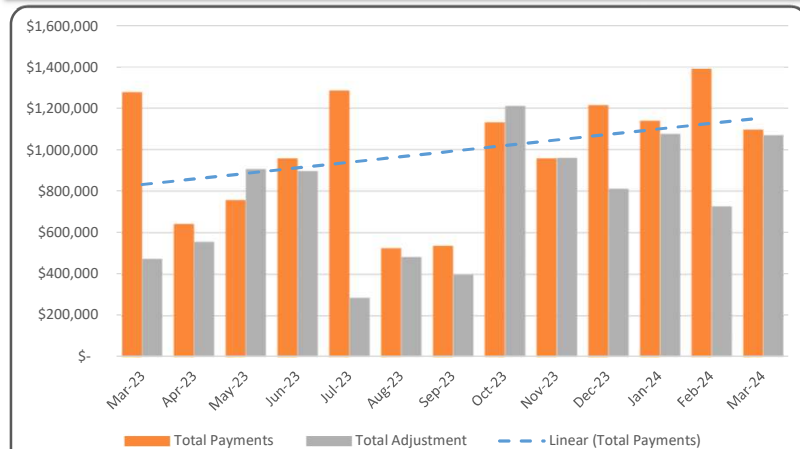
Revenue Trending By Payer



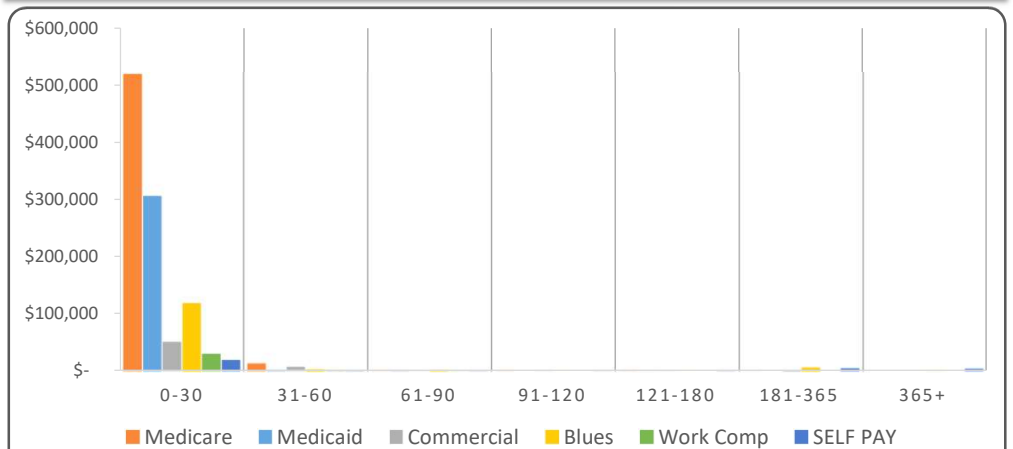
CASH DETAIL

PAYER	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE														
Payments	\$ 743,922	\$ 310,558	\$ 300,837	\$ 380,113	\$ 851,353	\$ 273,732	\$ 303,327	\$ 572,057	\$ 539,621	\$ 656,043	\$ 661,118	\$ 918,553	\$ 534,506	\$ 541,980
Adjustments	\$ (134,234)	\$ 106,519	\$ 138,215	\$ 166,800	\$ (297,566)	\$ 14,075	\$ 40,065	\$ 133,024	\$ 129,515	\$ 2,826	\$ 137,240	\$ (178,481)	\$ 75,696	\$ 25,669
Collection %	122%	74%	69%	70%	154%	95%	88%	81%	81%	100%	83%	124%	88%	94%
MEDICAID														
Payments	\$ 277,640	\$ 193,806	\$ 300,483	\$ 275,555	\$ 192,283	\$ 90,923	\$ 92,296	\$ 313,889	\$ 229,010	\$ 310,938	\$ 242,089	\$ 202,951	\$ 308,231	\$ 233,084
Adjustments	\$ 461,105	\$ 361,576	\$ 609,604	\$ 571,141	\$ 466,985	\$ 399,800	\$ 295,314	\$ 971,132	\$ 641,672	\$ 700,680	\$ 799,319	\$ 712,729	\$ 868,417	\$ 604,575
Collection %	38%	35%	33%	33%	29%	19%	24%	24%	26%	31%	23%	22%	26%	28%
COMMERCIAL														
Payments	\$ 117,204	\$ 36,603	\$ 42,946	\$ 90,936	\$ 120,614	\$ 46,506	\$ 40,074	\$ 66,438	\$ 65,228	\$ 55,591	\$ 86,125	\$ 102,537	\$ 58,154	\$ 71,458
Adjustments	\$ 30,397	\$ 24,802	\$ 26,556	\$ 66,876	\$ 27,237	\$ 17,350	\$ 20,479	\$ 29,216	\$ 22,136	\$ 14,629	\$ 16,620	\$ 38,483	\$ 19,189	\$ 27,228
Collection %	79%	60%	62%	58%	82%	73%	66%	69%	75%	79%	84%	73%	75%	72%
BLUES														
Payments	\$ 96,727	\$ 54,673	\$ 79,624	\$ 162,086	\$ 89,306	\$ 55,087	\$ 76,601	\$ 120,414	\$ 68,971	\$ 137,865	\$ 98,826	\$ 132,852	\$ 131,552	\$ 100,353
Adjustments	\$ 51,765	\$ 30,285	\$ 68,579	\$ 62,281	\$ 55,589	\$ 28,987	\$ 29,422	\$ 43,963	\$ 37,046	\$ 59,992	\$ 50,618	\$ 74,352	\$ 73,694	\$ 51,275
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	65%	70%	66%	64%	64%	66%
WORK COMP														
Payments	\$ 7,853	\$ 17,944	\$ 4,105	\$ 6,593	\$ 11,971	\$ 34,920	\$ 2,990	\$ 18,118	\$ 7,910	\$ 30,109	\$ 13,561	\$ 4,542	\$ 31,805	\$ 14,802
Adjustments	\$ 8,982	\$ 8,713	\$ 9,697	\$ 2,215	\$ 7,288	\$ 7,277	\$ 2,489	\$ 9,838	\$ 739	\$ 24,588	\$ 5,401	\$ 2,553	\$ 8,362	\$ 7,165
Collection %	47%	67%	30%	75%	62%	83%	55%	79%	91%	55%	72%	64%	79%	66%
SELF PAY														
Payments	\$ 33,213	\$ 27,729	\$ 28,466	\$ 42,832	\$ 19,754	\$ 22,724	\$ 20,294	\$ 40,894	\$ 47,308	\$ 24,138	\$ 37,492	\$ 29,727	\$ 31,640	\$ 31,247
Bad Debt Recoveries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Adjustments	\$ 30,789	\$ 21,095	\$ 31,837	\$ 17,525	\$ 14,103	\$ 9,683	\$ 5,797	\$ 23,642	\$ 19,912	\$ 7,961	\$ 9,710	\$ 12,066	\$ 14,080	\$ 16,785
Charity Care	\$ 23,556	\$ 973	\$ 21,551	\$ 9,633	\$ 10,549	\$ 4,244	\$ 1,705	\$ 5,068	\$ -	\$ -	\$ 56,527	\$ 10,025	\$ 9,508	\$ 11,795
Bad Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 108,610	\$ -	\$ -	\$ 54,417	\$ -	\$ 12,541
Total SP Adjustments	\$ 54,346	\$ 22,067	\$ 53,388	\$ 27,157	\$ 24,653	\$ 13,927	\$ 7,502	\$ 28,710	\$ 128,522	\$ 7,961	\$ 66,236	\$ 76,509	\$ 23,588	\$ 41,121
Collection %	38%	56%	35%	61%	44%	62%	73%	59%	27%	75%	36%	28%	57%	50%
TOTAL														
Total Payments	\$ 1,276,559	\$ 641,314	\$ 756,460	\$ 958,114	\$ 1,285,280	\$ 523,891	\$ 535,583	\$ 1,131,808	\$ 958,049	\$ 1,214,685	\$ 1,139,209	\$ 1,391,162	\$ 1,095,888	\$ 992,923
Total Adjustment	\$ 472,360	\$ 553,962	\$ 906,039	\$ 896,471	\$ 284,186	\$ 481,416	\$ 395,270	\$ 1,210,884	\$ 959,630	\$ 810,676	\$ 1,075,435	\$ 726,145	\$ 1,068,946	\$ 715,912
Total Collection %	73%	54%	46%	52%	82%	52%	58%	48%	50%	60%	51%	66%	51%	57%

Cash & Adjustment Trending

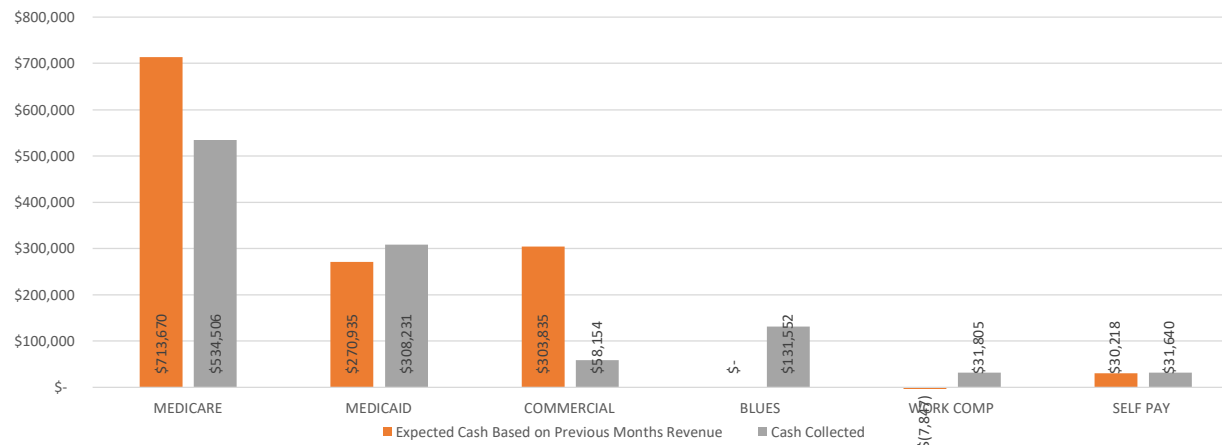


Cash Collections by Discharge Date

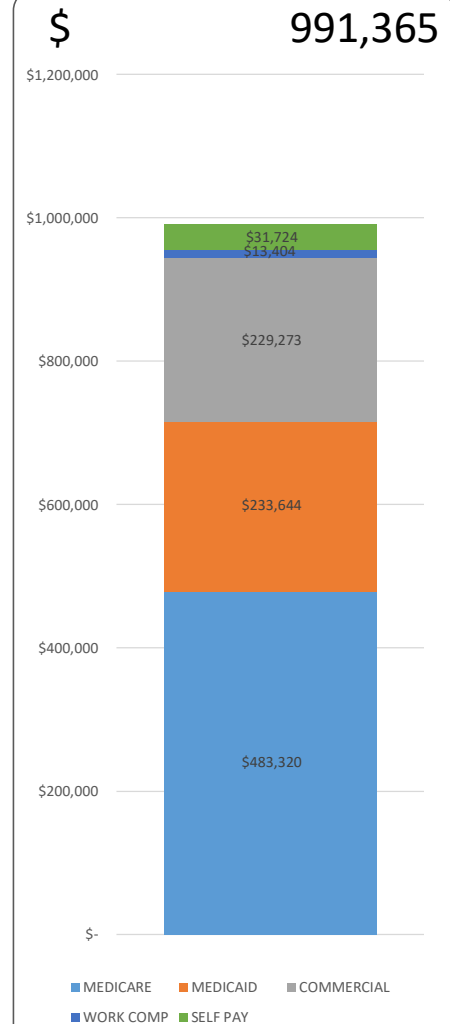


CASH FORECASTING

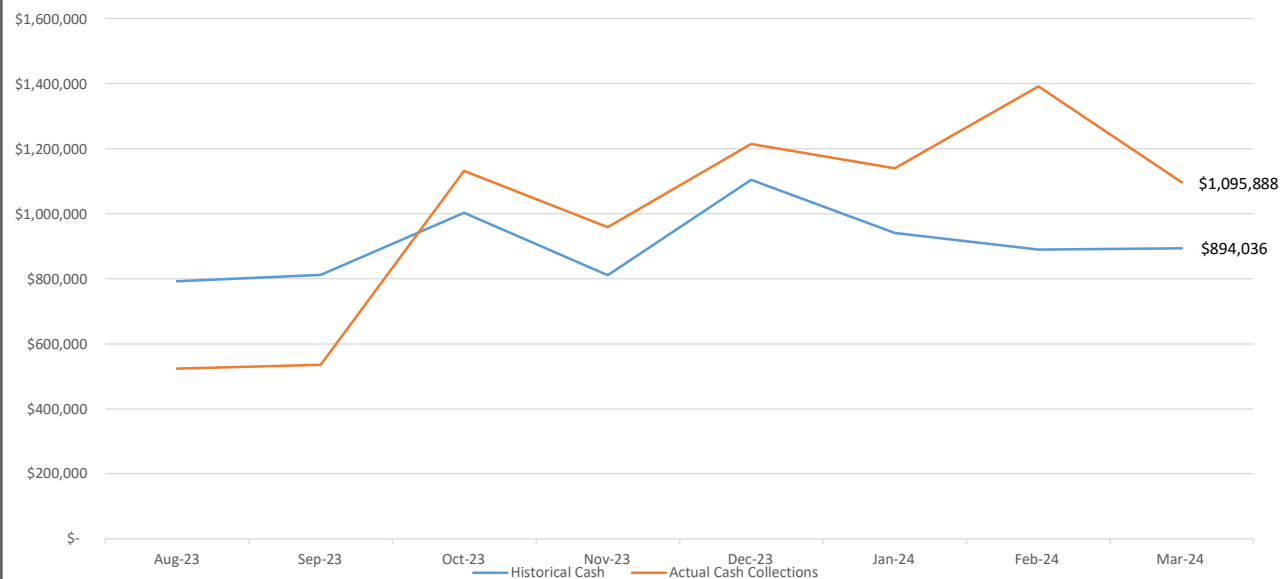
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month
(Based on this Months Revenue)



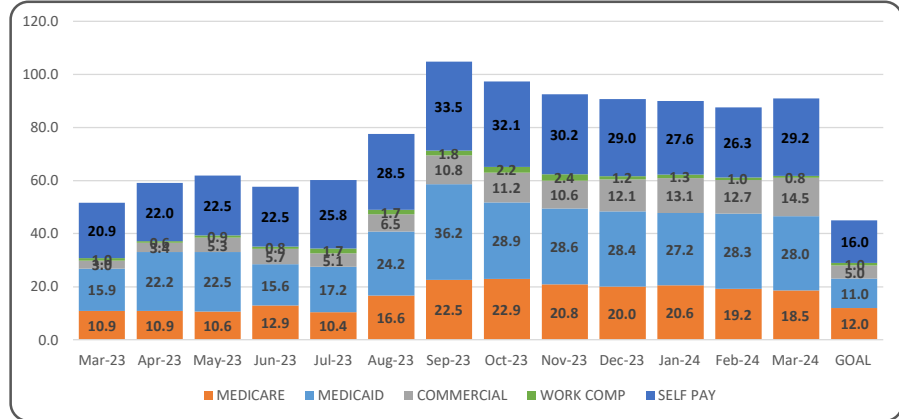
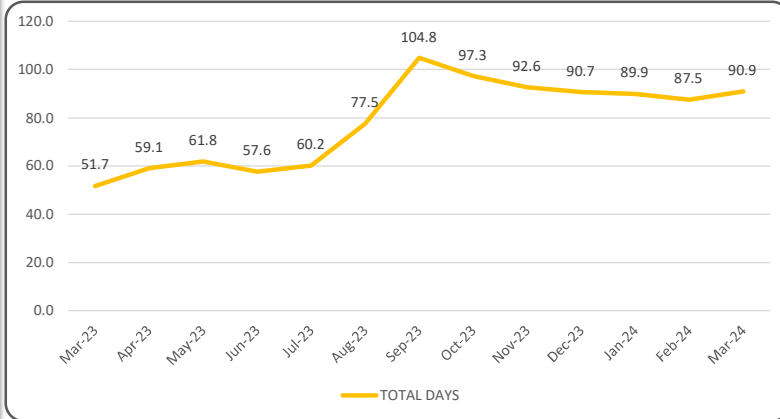
Actual Cash Based on Historical Collections



ACCOUNTS RECEIVABLE

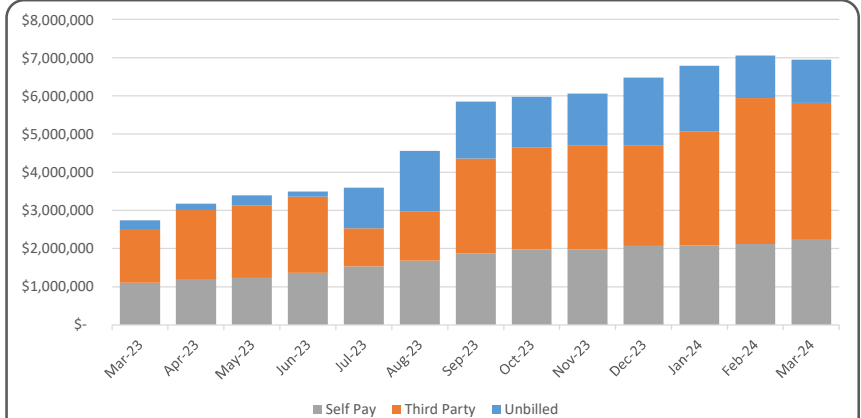
AR Days

PAYER	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE	10.9	10.9	10.6	12.9	10.4	16.6	22.5	22.9	20.8	20.0	20.6	19.2	18.5	16.7
MEDICAID	15.9	22.2	22.5	15.6	17.2	24.2	36.2	28.9	28.6	28.4	27.2	28.3	28.0	24.9
COMMERCIAL	3.0	3.4	5.3	5.7	5.1	6.5	10.8	11.2	10.6	12.1	13.1	12.7	14.5	8.8
WORK COMP	1.0	0.6	0.9	0.8	1.7	1.7	1.8	2.2	2.4	1.2	1.3	1.0	0.8	1.3
SELF PAY	20.9	22.0	22.5	22.5	25.8	28.5	33.5	32.1	30.2	29.0	27.6	26.3	29.2	26.9
TOTAL DAYS	51.7	59.1	61.8	57.6	60.2	77.5	104.8	97.3	92.6	90.7	89.9	87.5	90.9	78.6



AR Balance

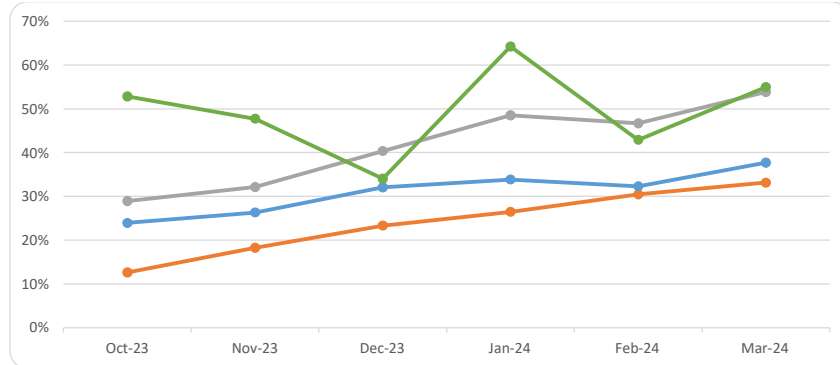
PAYER	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE	\$ 577,661	\$ 586,779	\$ 583,176	\$ 783,065	\$ 619,122	\$ 977,025	\$ 1,257,444	\$ 1,408,379	\$ 1,364,196	\$ 1,430,057	\$ 1,552,239	\$ 1,546,696	\$ 1,414,285	\$ 1,084,625
MEDICAID	\$ 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	\$ 2,027,427	\$ 2,056,249	\$ 2,281,795	\$ 2,139,446	\$ 1,602,625
COMMERCIAL	\$ 157,304	\$ 184,884	\$ 292,678	\$ 348,563	\$ 306,012	\$ 380,817	\$ 600,808	\$ 684,736	\$ 692,018	\$ 861,736	\$ 990,874	\$ 1,024,848	\$ 1,105,847	\$ 587,010
WORK COMP	\$ 55,187	\$ 31,871	\$ 48,923	\$ 50,878	\$ 102,360	\$ 97,414	\$ 101,908	\$ 133,125	\$ 155,295	\$ 87,612	\$ 100,345	\$ 76,676	\$ 58,713	\$ 84,639
SELF PAY	\$ 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	\$ 2,068,907	\$ 2,087,543	\$ 2,122,365	\$ 2,228,193	\$ 1,725,117
TOTAL	\$ 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	\$ 6,475,740	\$ 6,787,249	\$ 7,052,380	\$ 6,946,485	\$ 5,084,015



ACCOUNTS RECEIVABLE AGING

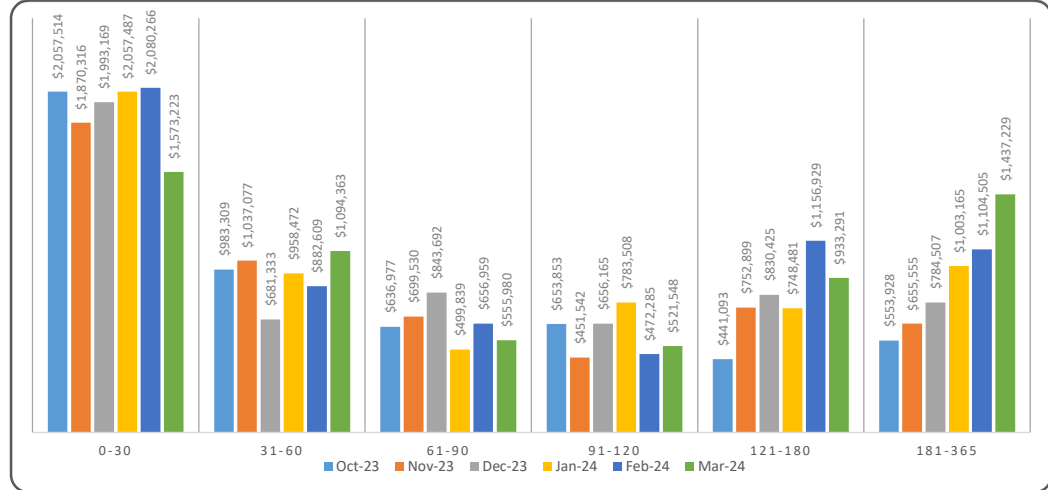
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	219	\$ 498,852	44	\$ 262,513	33	\$ 193,581	25	\$ 113,354	41	\$ 201,731	52	\$ 123,291	25	\$ 34,741	439	\$ 1,428,064
Credit	0	\$ -	0	\$ -	1	\$ (157)	1	\$ (8,581)	0	\$ -	4	\$ (260)	8	\$ (4,781)	14	\$ (13,779)
TOTAL	219	\$ 498,852	44	\$ 262,513	34	\$ 193,424	26	\$ 104,773	41	\$ 201,731	56	\$ 123,031	33	\$ 29,961	453	\$ 1,414,285
MEDICAID																
Non-Credit	231	\$ 728,232	164	\$ 487,752	114	\$ 124,302	80	\$ 156,641	100	\$ 270,982	169	\$ 310,888	104	\$ 73,184	962	\$ 2,151,981
Credit	0	\$ -	0	\$ -	5	\$ (1,627)	2	\$ (242)	6	\$ (5,799)	15	\$ (4,868)	0	\$ -	28	\$ (12,535)
TOTAL	231	\$ 728,232	164	\$ 487,752	119	\$ 122,675	82	\$ 156,399	106	\$ 265,183	184	\$ 306,020	104	\$ 73,184	990	\$ 2,139,446
COMMERCIAL																
Non-Credit	126	\$ 229,015	114	\$ 183,505	75	\$ 131,282	57	\$ 108,054	100	\$ 224,482	243	\$ 267,677	75	\$ 33,900	790	\$ 1,177,915
Credit	0	\$ -	0	\$ -	2	\$ (1,964)	3	\$ (1,021)	6	\$ (3,438)	14	\$ (7,789)	358	\$ (57,856)	383	\$ (72,068)
TOTAL	126	\$ 229,015	114	\$ 183,505	77	\$ 129,318	60	\$ 107,033	106	\$ 221,043	257	\$ 259,888	433	\$ (23,956)	1173	\$ 1,105,847
WORK COMP																
Non-Credit	5	\$ 15,298	2	\$ 6,953	2	\$ 5,817	2	\$ 10,013	3	\$ 5,645	9	\$ 12,270	18	\$ 6,337	41	\$ 62,334
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	1	\$ (245)	16	\$ (3,376)	17	\$ (3,620)
TOTAL	5	\$ 15,298	2	\$ 6,953	2	\$ 5,817	2	\$ 10,013	3	\$ 5,645	10	\$ 12,026	34	\$ 2,961	58	\$ 58,713
SELF PAY																
Non-Credit	55	\$ 103,204	105	\$ 156,222	95	\$ 105,322	61	\$ 144,109	133	\$ 242,755	597	\$ 740,375	1166	\$ 783,974	2212	\$ 2,275,961
Credit	7	\$ (1,378)	3	\$ (2,583)	1	\$ (577)	2	\$ (780)	2	\$ (3,067)	25	\$ (4,111)	285	\$ (35,273)	325	\$ (47,768)
TOTAL	62	\$ 101,826	108	\$ 153,639	96	\$ 104,746	63	\$ 143,329	135	\$ 239,689	622	\$ 736,263	1451	\$ 748,701	2537	\$ 2,228,193
ACCOUNTS RECEIVABLE																
Non-Credit	636	\$ 1,574,601	429	\$ 1,096,946	319	\$ 560,304	225	\$ 532,171	377	\$ 945,595	1070	\$ 1,454,502	1388	\$ 932,137	4444	\$ 7,096,255
Credit	7	\$ (1,378)	3	\$ (2,583)	9	\$ (4,324)	8	\$ (10,623)	14	\$ (12,304)	59	\$ (17,273)	667	\$ (101,285)	767	\$ (149,770)
GRAND TOTAL	643	\$ 1,573,223	432	\$ 1,094,363	328	\$ 555,980	233	\$ 521,548	391	\$ 933,291	1129	\$ 1,437,229	2055	\$ 830,852	5211	\$ 6,946,485

Aged Over 90 Days Trending (excluding Credits)



	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Medicare	12.6%	18.3%	23.3%	26.5%	30.5%	33.1%
Medicaid	23.9%	26.3%	32.1%	33.8%	32.3%	37.7%
Commercial	28.9%	32.1%	40.4%	48.5%	46.7%	53.8%
Work Comp	52.8%	47.7%	34.1%	64.2%	42.9%	55.0%

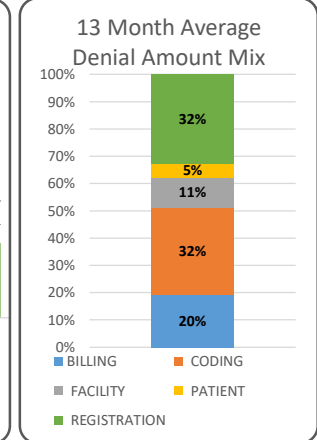
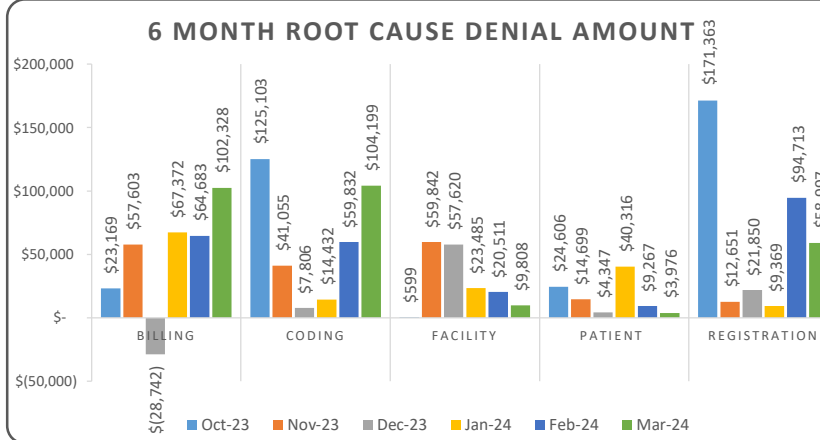
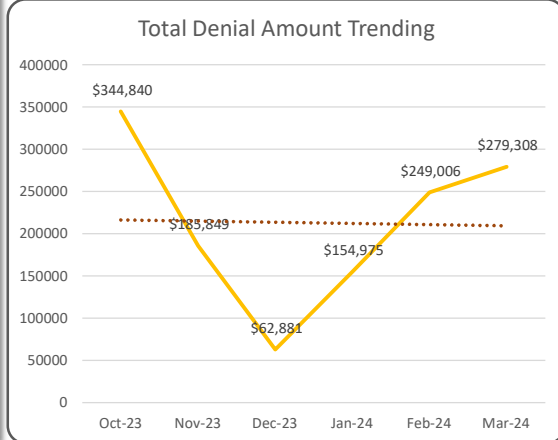
6 Month Aging



DENIAL MANAGEMENT

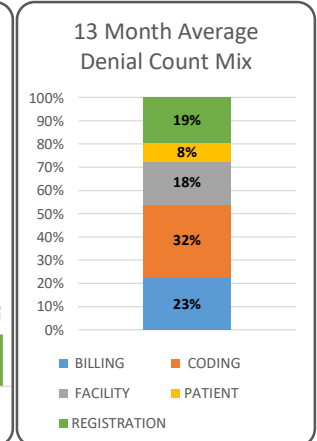
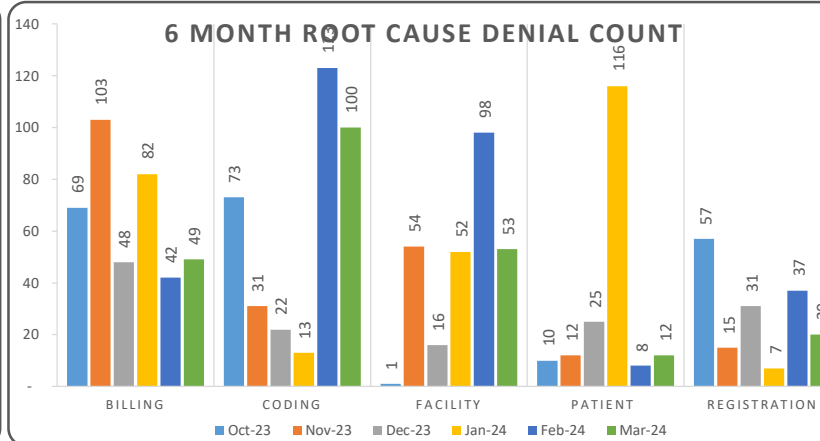
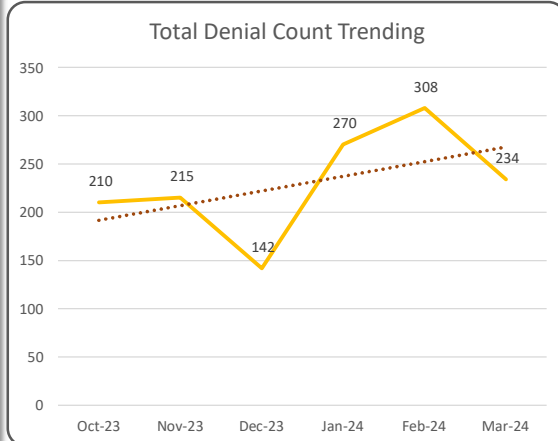
Denial Amount

AMOUNT	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
BILLING	\$ 11,555	\$ 16,802	\$ 33,824	\$ 20,119	\$ 16,441	\$ 4,186	\$ 14,532	\$ 23,169	\$ 57,603	\$ (28,742)	\$ 67,372	\$ 64,683	\$ 102,328	\$ 31,067
CODING	\$ 44,001	\$ 24,264	\$ 39,181	\$ 20,027	\$ 28,731	\$ 69,786	\$ 82,600	\$ 125,103	\$ 41,055	\$ 7,806	\$ 14,432	\$ 59,832	\$ 104,199	\$ 50,847
FACILITY	\$ 8,818	\$ 7,016	\$ 18,338	\$ 5,061	\$ 8,170	\$ 2,617	\$ 3,773	\$ 599	\$ 59,842	\$ 57,620	\$ 23,485	\$ 20,511	\$ 9,808	\$ 17,358
PATIENT	\$ -	\$ -	\$ -	\$ -	\$ 4,418	\$ 4,468	\$ 407	\$ 24,606	\$ 14,699	\$ 4,347	\$ 40,316	\$ 9,267	\$ 3,976	\$ 8,193
REGISTRATION	\$ 29,947	\$ 44,238	\$ 48,458	\$ 59,497	\$ 32,719	\$ 24,061	\$ 58,303	\$ 171,363	\$ 12,651	\$ 21,850	\$ 9,369	\$ 94,713	\$ 58,997	\$ 51,244
TOTAL	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 185,849	\$ 62,881	\$ 154,975	\$ 249,006	\$ 279,308	\$ 158,709



Denial Count

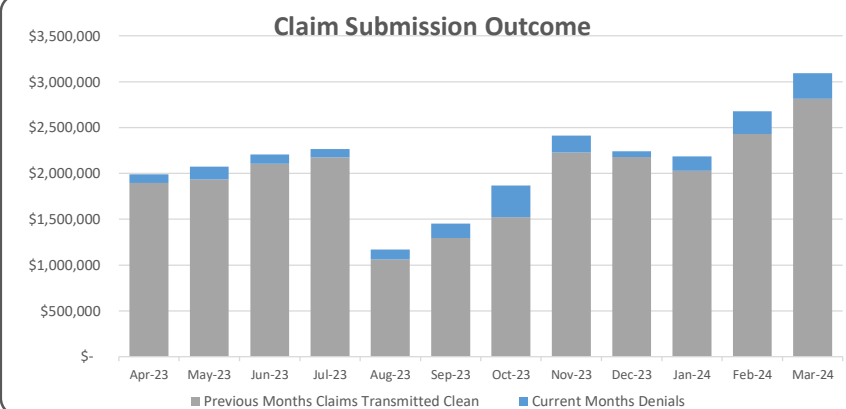
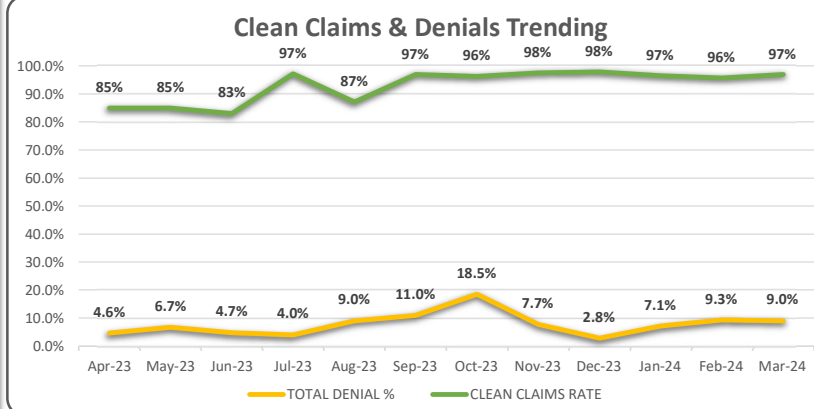
COUNT	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
BILLING	17	22	14	25	17	23	21	69	103	48	82	42	49	41
CODING	63	64	40	61	58	39	53	73	31	22	13	123	100	57
FACILITY	30	27	29	14	28	15	6	1	54	16	52	98	53	33
PATIENT	-	-	-	-	2	4	1	10	12	25	116	8	12	15
REGISTRATION	40	44	54	43	34	30	27	57	15	31	7	37	20	34
TOTAL	150	157	137	143	139	111	108	210	215	142	270	308	234	179



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

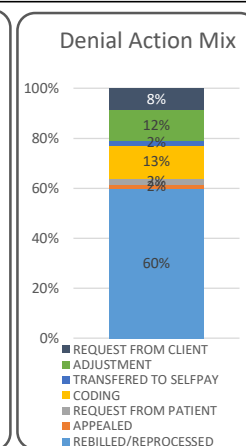
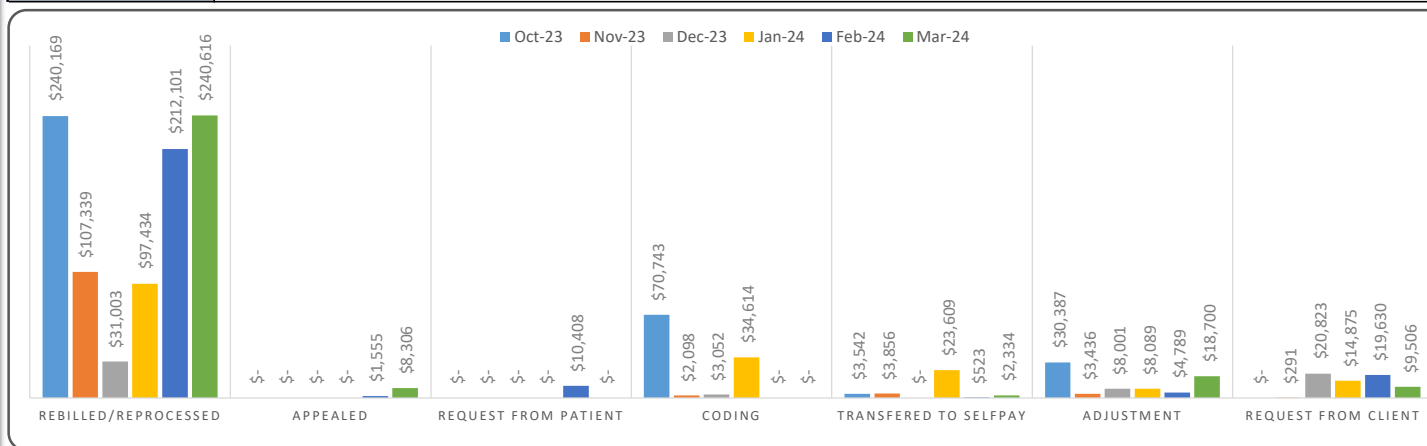
Denial & Clean Claim Trending

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
DENIAL AMOUNT	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 185,849	\$ 62,881	\$ 154,975	\$ 249,006	\$ 279,308	\$ 158,709
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 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	\$ 2,241,921	\$ 2,184,032	\$ 2,676,735	\$ 3,091,516	\$ 2,120,870
TOTAL DENIAL %	4.9%	4.6%	6.7%	4.7%	4.0%	9.0%	11.0%	18.5%	7.7%	2.8%	7.1%	9.3%	9.0%	7.6%
CLEAN CLAIMS RATE	82%	85%	85%	83%	97%	87%	97%	96%	98%	98%	97%	96%	97%	92%



Action Taken on Denials

DENIAL ACTION	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
REBILLED/REPROCESSED	\$ 55,495	\$ 49,608	\$ 73,330	\$ 48,104	\$ 35,311	\$ 8,771	\$ 21,181	\$ 240,169	\$ 107,339	\$ 31,003	\$ 97,434	\$ 212,101	\$ 240,616	\$ 93,882
APPEALED	\$ 2,164	\$ 11,305	\$ 3,102	\$ 133	\$ 4,051	\$ 21	\$ 1,355	\$ -	\$ -	\$ -	\$ -	\$ 1,555	\$ 8,306	\$ 2,461
REQUEST FROM PATIENT	\$ 1,293	\$ 1,180	\$ 3,499	\$ 10,114	\$ 13,047	\$ 5,235	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,408	\$ -	\$ 3,444
CODING	\$ 2,209	\$ 2,394	\$ 438	\$ 4,991	\$ 7,358	\$ 67,848	\$ 75,684	\$ 70,743	\$ 2,098	\$ 3,052	\$ 34,614	\$ -	\$ -	\$ 20,879
TRANSFERRED TO SELF-PAY	\$ 2,222	\$ 682	\$ 1,244	\$ 2,329	\$ 555	\$ 561	\$ -	\$ 3,542	\$ 3,856	\$ -	\$ 23,609	\$ 523	\$ 2,334	\$ 3,189
ADJUSTMENT	\$ 28,772	\$ 21,417	\$ 40,951	\$ 36,597	\$ 25,659	\$ 6,499	\$ 7,028	\$ 30,387	\$ 3,436	\$ 8,001	\$ 8,089	\$ 4,789	\$ 18,700	\$ 18,487
REQUEST FROM CLIENT	\$ 2,166	\$ 5,734	\$ 17,237	\$ 2,435	\$ 4,499	\$ 16,182	\$ 54,368	\$ -	\$ 291	\$ 20,823	\$ 14,875	\$ 19,630	\$ 9,506	\$ 12,904
TOTAL	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,116	\$ 159,615	\$ 344,842	\$ 117,020	\$ 62,880	\$ 178,621	\$ 249,006	\$ 279,461	\$ 155,245



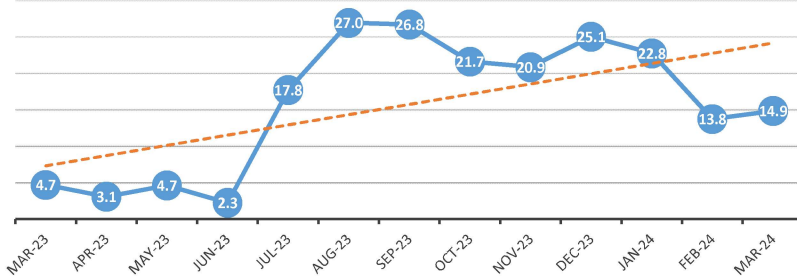
*NOTE: We are unable to get denial figures in February due to a reporting issue. We are working to get this issue resolved

UNBILLED & INVENTORY

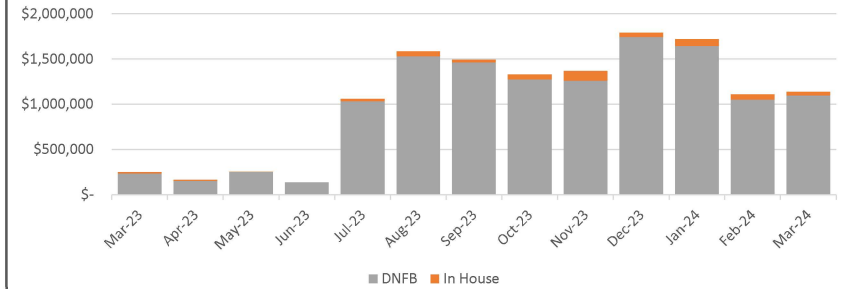
Unbilled

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
In House	\$ 15,908	\$ 13,120	\$ 2,240	\$ -	\$ 27,926	\$ 59,290	\$ 34,128	\$ 58,121	\$ 108,806	\$ 49,158	\$ 81,326	\$ 57,589	\$ 40,091	\$ 42,131
DNFB	\$ 234,498	\$ 153,558	\$ 252,579	\$ 137,865	\$ 1,032,055	\$ 1,528,438	\$ 1,460,193	\$ 1,272,278	\$ 1,259,714	\$ 1,740,429	\$ 1,639,771	\$ 1,052,041	\$ 1,097,004	\$ 989,263
Total Unbilled	\$ 250,407	\$ 166,678	\$ 254,819	\$ 137,865	\$ 1,059,981	\$ 1,587,728	\$ 1,494,321	\$ 1,330,399	\$ 1,368,520	\$ 1,789,587	\$ 1,721,097	\$ 1,109,630	\$ 1,137,095	\$ 1,031,394
Unbilled Days	4.7	3.1	4.7	2.3	17.8	27.0	26.8	21.7	20.9	25.1	22.8	13.8	14.9	15.8

Total Unbilled Days



Unbilled Dollars

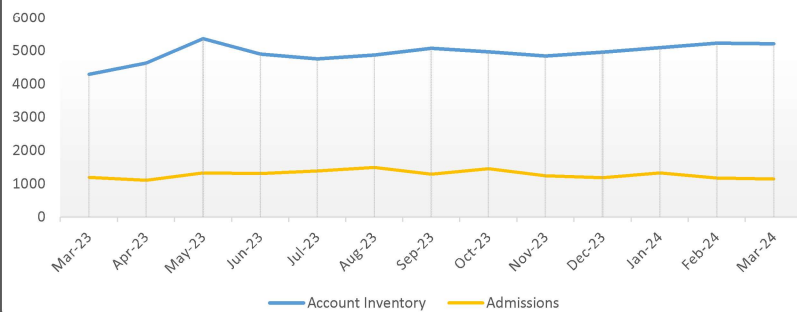


Admissions & Account Inventory

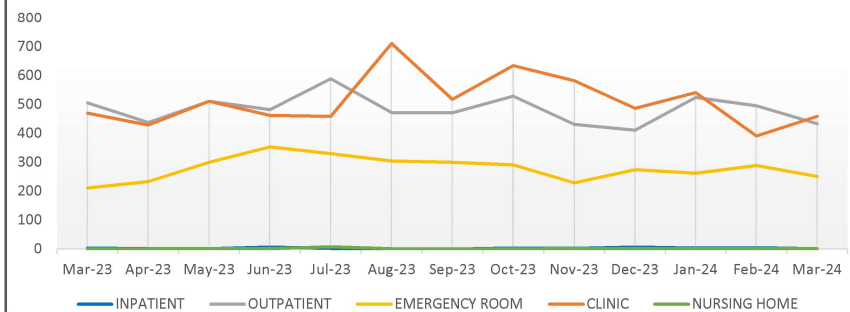
ADMISSIONS	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
INPATIENT	3	1	1	6	2	1	0	3	2	6	3	4	1	3
SWINGBED	4	4	0	4	2	7	1	4	1	5	2	2	1	3
OUTPATIENT	505	437	510	482	588	472	471	528	430	411	524	495	433	484
EMERGENCY ROOM	211	233	300	353	330	304	299	291	229	274	262	289	251	279
CLINIC	470	428	511	462	458	710	517	634	582	486	540	391	458	511
NURSING HOME	0	1	1	1	8	1	0	0	2	1	1	1	1	1
TOTAL	1,193	1,104	1,323	1,308	1,388	1,495	1,288	1,460	1,246	1,183	1,332	1,182	1,145	1281

ACCOUNT INVENTORY	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE	438	494	547	485	387	519	598	579	556	633	583	601	453	529
MEDICAID	645	855	794	748	682	688	762	732	759	756	874	940	990	787
COMMERCIAL	857	903	914	997	862	838	887	897	942	997	1,052	1,131	1,173	958
WORK COMP	91	77	87	89	75	59	57	55	61	56	58	54	58	67
SELF PAY	2,260	2,303	2,461	2,584	2,752	2,767	2,772	2,708	2,527	2,524	2,528	2,500	2,537	2556
TOTAL	4291	4632	5363	4903	4758	4871	5076	4971	4845	4966	5095	5226	5211	4939

Account Inventory & Admissions



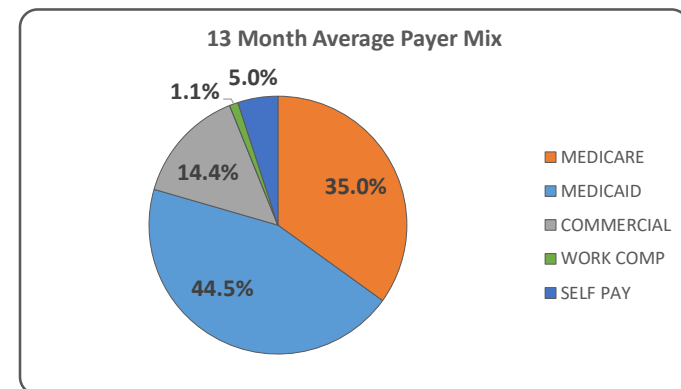
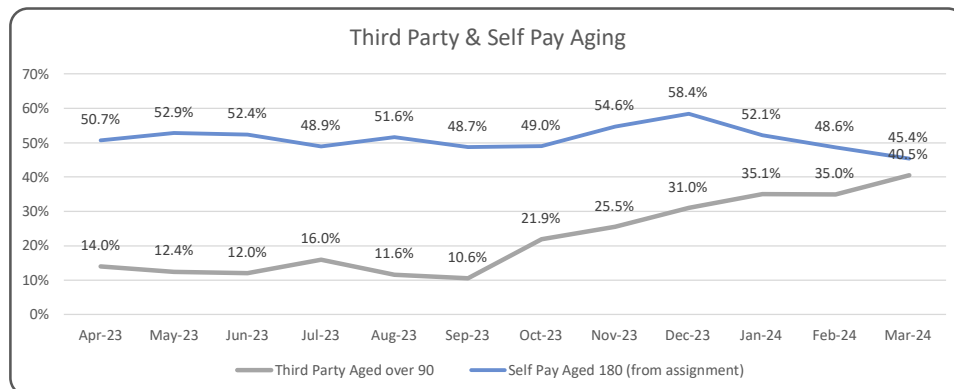
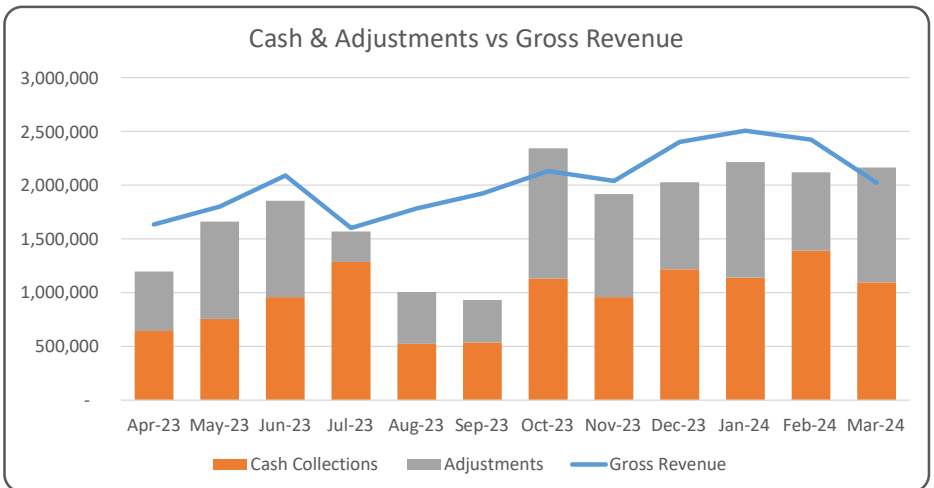
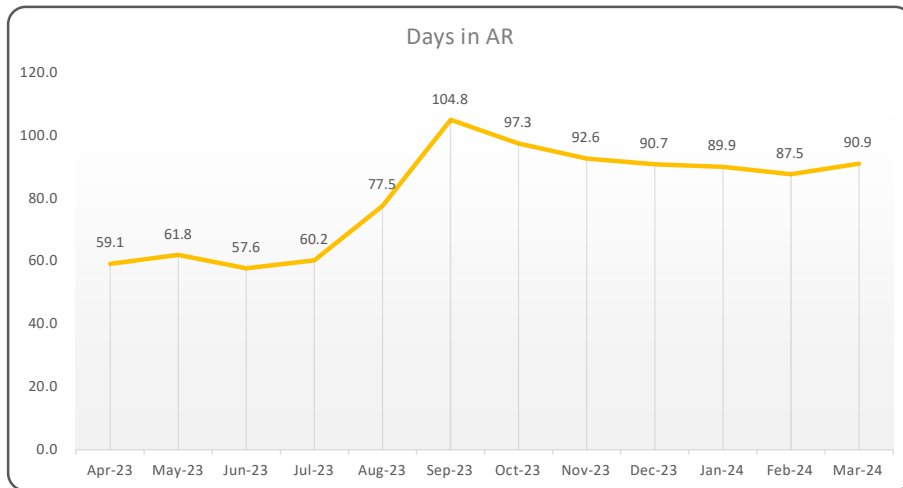
Admissions by Service Type



SoHum Health

Executive Dashboard

	TARGET	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Days in AR	45.0	59.1	61.8	57.6	60.2	77.5	104.8	97.3	92.6	90.7	89.9	87.5	90.9
Gross AR		3,173,025	3,388,967	3,496,943	3,591,307	4,558,438	5,850,618	5,974,477	6,060,571	6,475,740	6,787,249	7,052,380	6,946,485
Gross Revenue		1,632,497	1,801,881	2,088,494	1,600,297	1,781,158	1,922,299	2,130,187	2,037,494	2,402,068	2,506,331	2,422,995	2,021,182
Cash Collections		641,314	756,460	958,114	1,285,280	523,891	535,583	1,131,808	958,049	1,214,685	1,139,209	1,391,162	1,095,888
Adjustments		553,962	906,039	896,471	284,186	481,416	395,270	1,210,884	959,630	810,676	1,075,435	726,145	1,068,946
Collection %		53.7%	45.5%	51.7%	81.9%	52.1%	57.5%	48.3%	50.0%	60.0%	51.4%	65.7%	50.6%
Late Charges	1%	0.0%	0.0%	0.2%	2.2%	0.3%	0.7%	0.8%	0.2%	0.6%	0.3%	0.3%	-0.4%
Bad Debt	3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	2.2%	0.0%
Charity Care	3%	0.1%	1.2%	0.5%	0.7%	0.2%	0.1%	0.2%	0.0%	0.0%	2.3%	0.4%	0.5%
Third Party Aged over 90	13%	14.0%	12.4%	12.0%	16.0%	11.6%	10.6%	21.9%	25.5%	31.0%	35.1%	35.0%	40.5%
Self Pay Aged 180 (from assignment)	25%	50.7%	52.9%	52.4%	48.9%	51.6%	48.7%	49.0%	54.6%	58.4%	52.1%	48.6%	45.4%



Infection Prevention:

The hospital and SNF, driven by the unwavering dedication of our staff, have adopted the latest CDC recommendations. This significant step has now removed the need for a mask when at the hospital or the SNF, or when providing care to the residents.

The department is survey-ready by conducting regular hand hygiene surveillance, auditing individuals on transmission-based isolation precautions to ensure proper placement, documentation, holding infection prevention committee (IPC) and antibiotic stewardship meetings.

ED/Acute:

Katherine, with her exceptional leadership, continues to ensure patients receive the highest and safest quality of care in the ED/Acute department. Her efforts have led to some remarkable highlights: For April, the ED census had 273 patients and two SWING bed patients. We continue with monthly nursing meetings and daily Utilization Review meetings to ensure that we provide high-quality care, address any changes in patient condition, and review potential swing beds and SNF admissions. During May, we will be having Nursing skills days, and introducing the new implementation with the Philips EKG machines and EPIC.

Our SWING bed program is making significant strides. We are now able to offer a more comprehensive care plan that includes Physical Therapy, Occupational Therapy, and Speech therapy. These expanded care plans will allow us to admit patients who require all these services, broadening our scope beyond Physical therapy treatment only. Our primary goal remains unchanged-to provide high-quality care to our patients. Additionally, we are proud to serve our community by bringing local community members who need outside medical care back to recover in their local hospital.

Laboratory

We are immensely grateful for the hard work and dedication of our lab team on all the projects and their preparation for a COLA survey.

The end of Providence testing has been successfully managed, and we can continue providing high-quality care to our patients. The lab team is also collaborating with Mad River to establish a mutual reference lab agreement to provide weekend testing services as necessary.

The lab team has also been working to bring testing for sexually transmitted infections (STIs) in-house. This would enable the lab to test all emergency department patients for STIs with appropriate opt-out procedures in place. Results would be available immediately while the patient remains in the ED, and positive results would be addressed with immediate counseling

from the ED physician, followed by a treatment regimen. Follow-up care would be arranged as necessary, and primary care would be provided in the ED if required. This initiative is expected to increase testing rates, improve treatment outcomes, and decrease transmission rates.

To facilitate this testing, new test systems and the implementation of a system for culturing blood in-house will be required. The lab has successfully acquired the equipment and is working on beginning to test in-house.

Skilled Nursing

Following a comprehensive survey, the California Department of Public Health (CDPH) submitted a report outlining its recommendations. A plan of correction was completed and submitted, and it has been accepted. Only four deficiencies were found.

At Skilled Nursing, we are dedicated to ensuring the best possible care for our residents. In line with this commitment, we have introduced a significant change-a new 'Non-Smoking and No Tobacco Policy'. This policy is not just a rule, but a step towards promoting healthier living among our residents. We firmly believe that this initiative will significantly enhance the quality of life for our residents.

We are sad to announce that one of our residents passed away, and we now have seven residents under our care. We send our condolences to the family of our beloved resident, and we are honored to have been part of the care team.

The residents enjoy daily lunch gatherings and participate in movie nights and outings. Our commitment to providing a safe and comfortable environment is unwavering. We strive to create a space where our residents can thrive and enjoy life to the fullest, knowing that their well-being is our top priority.

Clinic

We are delighted to welcome Shawna, our new Clinic Manager, who joined us on May 7, 2024. Shawna has already made a significant impact on our operations. In our first clinic meeting on May 22, 2024, she led the discussion on improving workflows and communication. Her proactive approach and leadership skills are already proving to be invaluable in our efforts to reach the year Clinic Quality measures.

The Clinic now has a Clinic manager, a nurse, and two new MAs. Two doctors have expressed interest in working for the district and will visit within the next few weeks. We are still working on recruiting staff and licensing for the SLS and behavioral health programs.

Radiology- February

In April, Radiology performed 177 X-ray exams, 110 CTs, 39 ultrasounds, and 11 mammograms.

Work on the X-ray room is ongoing but should be completed soon. We will adjust hours as needed and resume regular hours upon completion of the work.

We have received our 3-year ACR, MQSA, and FDA accreditation for mammography and recently had our annual equipment physicist survey for CT. The physicist will return in June for the annual mammography equipment survey.

Adela Yanez, RN, BSN, CNO



SoHum Health

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

Southern Humboldt Community Healthcare District

Governing Board Resolution 24:08

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, AUTHORIZING THE EXECUTION AND DELIVERY OF A LEASE AGREEMENT IN AN AGGREGATE PRINCIPAL AMOUNT NOT TO EXCEED \$3,600,000 FOR THE PURPOSE OF FINANCING CERTAIN CAPITAL IMPROVEMENTS, AND AUTHORIZING THE EXECUTION OF NECESSARY DOCUMENTS AND CERTIFICATES AND RELATED ACTIONS

Section 1. Governing Board Resolution

WHEREAS, the Board of Directors (the “**Board of Directors**”) of the Southern Humboldt Community Healthcare District (the “**District**”) desires to finance a portion of the costs of certain improvements to the District’s Jerold Phelps Community Hospital and other, separate District-owned property located at the corner of Maple Avenue and Redwood Highway (the “**Project**”) by entering into a lease transaction with the CSDA Finance Corporation (the “**Corporation**”); and

WHEREAS, the lease transaction will consist of the District and the Corporation entering into a Site Lease (the “**Site Lease**”), pursuant to which the District will lease to the Corporation the real property and improvements that are described therein, consisting generally of the Jerold Phelps Community Hospital (collectively, the “**Leased Property**”), and a Lease Agreement (the “**Lease**”), pursuant to which the Corporation will sublease the Leased Property back to the District in exchange for certain lease payments (the “**Lease Payments**”); and

WHEREAS, in consideration for the provision of funds to finance the Project, the Corporation will pledge the Lease Payments to Five Star Bank (the “**Bank**”), pursuant to an Assignment Agreement (the “**Assignment Agreement**”), by and between the Bank and the Corporation; and

WHEREAS, the District has determined that the financing contemplated herein in the manner described above will result in a lower cost overall to the District than a public sale of bonds or other similar financing; and

WHEREAS, upon the execution of the Site Lease, the Lease and the Assignment Agreement, the District will cause to be recorded in the Official Records of the County of Humboldt copies of such documents or memoranda thereof; and

WHEREAS, good faith estimates of certain information relating to the lease transaction are set forth in the staff report submitted to the Board of Directors herewith as required by California Government Code Section 5852.1; such estimates were provided by the Bank; and

WHEREAS, all acts, conditions and things that are required by the laws of the State of California to exist, to have happened and to have been performed precedent to and in connection with the consummation of the financing authorized hereby do exist, have happened and have been performed in regular and due time, form and manner as required by law, and the District is now duly authorized and empowered, pursuant to each and every requirement of law, to consummate such financing for the purpose, in the manner and upon the terms herein provided.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT DOES HEREBY RESOLVE, DECLARE, DETERMINE AND ORDER AS FOLLOWS:

Section 2. The Board of Directors of the District hereby specifically finds and declares that each of the statements, findings and determinations of the District in the recitals that are set forth above and in the preambles of the documents that are approved herein are true and correct.

Section 3. The Lease in substantially the form on file with the Secretary of the Board of Directors is hereby approved. Any of the President of the Board of Directors, the Chief Financial Officer, or a designee thereof (the "Authorized Officers"), acting alone, is hereby authorized and directed, for and in the name and on behalf of the District, to execute and deliver to the Corporation the Lease in substantially said form, with such changes, insertions and omissions therein as the Authorized Officer or Officers executing the same may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof by one or more of the Authorized Officers; provided, however, that the amount of the principal component of the Lease Payments shall not exceed \$3,600,000, the initial scheduled interest components shall accrue at an interest rate of not to exceed 6.75% per annum (assuming no event of default) for the first 69 monthly payments, and thereafter shall bear interest as set forth in the Lease (provided, however, such interest rate shall not exceed 12.0% per annum, or such other maximum interest rate permitted by law as set forth in California Government Code Section 53531, as amended), and the final scheduled Lease Payment shall not be later than eleven and one-half (11.5) years from the date of execution and delivery of the Lease (subject to extension as provided in the Lease). In the event that it is determined by an Authorized Officer that there are limitations or restrictions on the ability of the District to lease or sublease any portion of the Leased Property as contemplated by the Lease, the Authorized Officers may designate other or additional real property of the District to be leased or subleased pursuant to the Lease, with such designation to be conclusively evidenced by the execution and delivery of the Lease by one or more of the Authorized Officers.

Section 4. The Site Lease in substantially the form on file with the Secretary of the Board of Directors is hereby approved. Each Authorized Officer, acting alone, is hereby authorized and directed, for and in the name and on behalf of the District, to execute and deliver to the Corporation the Site Lease in substantially said form, with such changes, insertions and omissions therein as the Authorized Officer or Officers executing the same may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof by one or more of the Authorized Officers.

Section 5. The Assignment Agreement on file with the Secretary of the Board of Directors is hereby approved for execution and delivery by the Corporation in substantially the form on file.

Section 6. The Secretary of the Board of Directors and such person or persons as may have been designated by the Secretary of the Board of Directors to act on the behalf of the Secretary of the Board of Directors are hereby authorized and directed to attest the signature of the Authorized Officers designated herein to execute any documents described herein, and to affix and attest the seal of the District, if any, as may be required or appropriate in connection with the execution and delivery of the Site Lease and the Lease.

Section 7. The Authorized Officers are each hereby authorized and directed, jointly and severally, to do any and all things and to execute and deliver any and all documents which each may deem necessary or advisable to assist the District with the financing and the payment of costs of issuance approved by the Authorized Officers in order to consummate the financing of the Project and otherwise to carry out, give effect to and comply with the terms and intent of this Resolution, the Site Lease, the Lease and the Assignment Agreement, including but not limited to, purchasing a title insurance policy with respect to the Leased Property, executing a rate lock agreement and/or term sheet with the Bank and causing the recording of the documents, or memoranda thereof, that are described herein. Such actions heretofore taken by such officers or designees are hereby ratified, confirmed and approved.

Section 8. In accordance with the requirements of Government Code Section 5852.1, the Board of Directors acknowledges that the good faith estimates of costs required by Section 5852.1 of the California Government Code are disclosed in Exhibit A attached to this Resolution and are available to the public at the meeting of the Board of Directors at which this Resolution is approved

Section 9. This Resolution shall take effect from and after its date of adoption.

ADOPTED by the Southern Humboldt Community Healthcare District Governing Board at the regular board meeting held on the 28th day of March 2024, by the following roll call vote:

Ayes:

Noes:

Abstain:

Absent:

Witnessed by: Corinne Stromstad, President

Witnessed by: Barbara Truitt, Vice-President/Secretary

EXHIBIT A

GOOD FAITH ESTIMATES

Set forth below are good faith estimates required under Section 5852.1 of the California Government Code (the “Code”) related to the Lease Agreement. The following estimates have no bearing on, and should not be misconstrued as, any not-to-exceed financial parameters authorized by resolution.

- (a) The true interest cost of the Lease Agreement is estimated at 6.60%, calculated as provided in Section 5852.1(a)(1)(A) of the Code.
- (b) The finance charge of the Lease Agreement, including all fees and charges paid to third parties, is estimated at \$81,750.
- (c) Proceeds of the Lease Agreement expected to be received by the District for the execution and delivery of the Lease Agreement, less the finance charge described in (b) above and any capitalized interest or reserves paid from proceeds of the Lease Agreement (if any), is equal to \$3,600,000.
- (d) The total payment amount calculated as provided in Section 5852.1(a)(1)(D) of the Code is estimated at \$6,154,792.39.

The foregoing are estimates and the final costs will depend on market conditions and can be expected to vary from the estimated amounts set forth above. It is the purpose of this Exhibit A to disclose the required information, which has been obtained in accordance with law.