

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on April 24, 2025, at 1:30 p.m., by teleconference and in-person. Members of the public may participate virtually via Webex or telephone, or appear in person at the Sprowel Creek Campus at 286 Sprowel Creek Road, Garberville, California 95542.

Call-In Information: Join by phone +1-415-655-0001 US Toll

Webex Link:

<https://shchd.webex.com/shchd/j.php?MTID=m65c1024281b4ef67076bbe032ec5f0d9>

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 Agendas
	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
	1. Board Resignation

G. Approval of Consent Agenda –

PG 8 - 18

1. Approval of Previous Minutes
 - a. Governing Board Meeting, March 4, 2025
 - b. Special Governing Board Meeting, March 27, 2025
2. SHCHD New and Updated Policies
 - a. New Policies and Procedures
 - INFECTION PREVENTION:** Supplemental PG 4-6
 1. Transmission Based Isolation
 - RADIOLOGY/MAMMOGRAPHY:-** Supplemental PG 7-24
 2. Compression
 3. Consumer Complaints
 4. Responsibilities of Quality Assurance Personnel
 5. Ancillary On-Call Services
 6. Confidentiality Patient Privacy
 7. Fluoroscopy
 8. Infection Prevention in CT
 9. Infection Prevention
 10. Negative or Benign Mammography Reports
 11. Critical Findings
 12. Mandatory Reporting
 13. Quality Assurance in CT
 14. Scope of Practice in CT
 15. Lead Interpreting Physician
 16. ED/Inpatient Transport for CT Services
 17. Power Outages in CT
 - OUTREACH:** Supplemental PG 25
 18. Community Volunteering
 - MATERIALS:** Supplemental PG 26-31
 19. Scope of Service
 20. Back Orders
 21. Infection Control
 22. Inventory
 23. Organizational Structure

24. Departmental Access/Visitor

ENGINEERING: Supplemental PG 32 - 49

25. Equipment Inspection

26. Approved Cleaning Products List

27. Medical Waste Management

28. Occupied Room Cleaning

29. Terminal Cleaning

30. Communications During a Disaster

31. Electrical Power Outages

32. Extension Cords and Adapters

DIETARY: Supplemental PG 50 - 91

33. Dishwashing

34. Cooling Large Cuts of Meat

35. Disaster Plan

36. Employee Health

37. Dietary Policy and Procedure Manual

38. Purchasing Policy

39. Equipment Maintenance

40. Food Preparation (Area)

41. Food preparation (Storage)

42. Garbage and Rubbish Disposal

43. Hiring Orientation and Training

44. Nutrition Orders

45. Nutrition Risk Screening

46. Patient Meal Service

47. Potentially Hazardous Foods

48. Processing Diet orders

49. Records, Maintenance, and Retention

50. Safe Cooking Temps

51. Safety Precautions

52. Sanitation and Safety Standards

53. Cleaning Procedures

LAB: Supplemental PG 92- 110

54. Lab Testing

- 55. Compliance
- 56. Retention of Records and Lab Specimens**
- 57. Laboratory Use of Epic, Beaker, and Other Information Systems
- 58. Referring Specimens to Outside Laboratories
- 59. Laboratory Quality Assurance
 - QUALITY:** Supplemental PG 111 - 112
- 60. Data Governance
 - CLINIC:** Supplemental PG 113 - 114
- 61. Empanelment
 - POLICIES SCHEDULED FOR RETIREMENT**
 - HOSPITAL PHARMACY:** Supplemental PG 115 - 143
- 62. Compassionate Access to Medical Cannabis
- 63. Compounding Medications
- 64. Crash Cart.
- 65. Defective Medications
- 66. Disposition of Medications
- 67. Drug Recall
- 68. End of Life Comfort Care
- 69. Furnishing Medication Orders
- 70. General Medication Room Operations
- 71. High-Risk Medication
- 72. Impaired Pharmacy Licensee
- 73. Loss and Diversion
- 74. Managing Temperature Excursion
- 75. Medication Administration
- 76. Medication Monitoring and Storage
- 77. Patients Own Medication
- 78. Prescription Pads
- 79. Procurement of Pharmaceuticals
- 80. Pyxis Medication Maintenance and Access
- 81. Pyxis Policy
- 82. Pyxis Technology Access Procedure
- 83. Reporting Medication Errors and Adverse Events

3. 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 – Season Bradley Koskinen, HR Manager
 - c. Foundation – Chelsea Brown, Outreach Manager
 - d. Operations – Kent Scown, Chief Operations Officer

H. Last Action Items for Discussion

PG 19

1. Board Meeting Schedule Resolution 25:01

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

J. Administrator's Report – Matt Rees, CEO

1. Department Updates
 - a. Milestones
 - b. April Employee Anniversaries – Nanine Beal, LVN, Sierra Early Physical Therapist, and PJ Simanian, Inpatient Pharmacist, 10 years
 - c. Approval of the February and March Financials – Paul Eves - See Report
 - d. CNO Report – Adela Yanez – See Report
 - e. Quality and Risk Management – Kristen Rees
 - f. Family Resource Center – Amy Terrones – Mar and Oct See Report

PG 20 - 23

PG 24 - 25

PG 26 - 27

K. Old Business - None

L. New Business - None

M. Parking Lot

1. Sprowel Creek Campus parking

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

1. Medical Staff Committee – Thursday, May 8, 2025, at 12:30 p.m
2. Medical Staff Policy Development Committee – Tuesday, May 13,

2025, 10:00 a.m

3. QAPI Meeting – Wednesday, May 14, 2025, at 10:00 a.m.
4. Finance Committee – TBD, 2025
5. Governing Board Meeting – TBD, 2025

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 - None
 - a. Patient Safety – Mar., June, Sept., Dec.
 - b. Medication Error – Feb., May, Aug., Dec.
5. Approval of Medical Staff Appointments/Reappointments **[H&S Code § 32155]**
 - a. Dr. Christopher Whitney, OD Appointment as Provisional Staff for Optometry Privileges, May 1, 2025 – April 30, 2026.
 - b. Dr. Abhijit Patil, MD, Appointment as Telemedicine for Diagnostic Radiology Privileges, May 1, 2025 – April 30, 2026.
 - c. Dr. Leonard Ranasinghe, MD, Reapplying for Appointment as Provisional Staff for Emergency Medicine Privileges, May 1, 2025 – April 30, 2026.
 - d. Dr. David Reiner, MD, Appointment as Telemedicine for Diagnostic Radiology Privileges, May 1, 2025 – April 30, 2026
6. Personnel Matter –Evaluation § 54957
 - a. CEO Matt 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
<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>CPHO</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>OAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

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

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

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

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, if you require special accommodations to participate in a District meeting, please contact the District Clerk at 707-923-3921, ext. 1276 at least 48 hours prior to the meeting."

**Times are estimated*

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

Posted April 21, 2025

Governing Board

Date: March 4, 2025
Time: 2:30 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, Kevin Church, and Galen Latsko, all in-person.

Not Present: Jay Sooter

Also in person: CFO Paul Eves, Administrative Assistant Darrin Guerra, CNO Adela Yanez, and CEO Matt Rees

Also via Webex: HIM Manager Remy Quinn, COO Kent Scown, Vice Chief of Staff Dr. Carl Hsu, Chief of Staff Joseph Rogers, Grant Writer Nick Vogel, Business Development Director Ryan Staples, Quality Lead Josh Andrews, Lab Manager Adam Summers, FRC Director Amy Terrones, HR Manager Season Bradley-Koskinen and CQO Kristen Rees

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

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments – “Hi” – Galen Latsko

F. Announcements - None

G. Consent Agenda

1. Approval of Previous Minutes
 - a. Governing Board Meeting Minutes, January 30, 2025
2. SHCHD New and Updated Policies

New Policies and Procedures

RADIOLOGY/MAMMOGRAPHY:

- a. Disposal of Contrast Media and Components
- b. Abnormal Mammogram Reports
- c. Augmented Breast Mammogram
- d. Diagnostic Mammography
- e. Image Quality (Phantom)
- f. Mammography Technique Chart
- g. OnRAD Teleradiology Mammography Protocol
- h. Patient History
- i. Patient Selection Criteria
- j. Qualified Responsible Personnel
- k. Quality Control Equipment
- l. Radiation Dosimeter Badge

COMPLIANCE:

- m. Complaints and Grievances

LAB:

- n. General Laboratory Systems

Obsolete Policies for Retirement

Clinic Manual:

- o. Blood Pressure Monitoring
- p. Cervical Cancer Screening
- q. Chaperones
- r. Clinic Intake Work Aid
- s. Colposcopy Cervical Biopsy
- t. Confidentiality of Patient Information
- u. Endometrial Biopsy
- v. Guidelines for Preventative Healthcare Services
- w. Hypertension Diagnosis & Treatment
- x. Immunization Policy and Procedure
- y. Mantoux Tuberculin Skin Testing
- z. Minor Surgical Procedures
- aa. Oxygen Administration

- bb. Protime Dosing Guidelines
- cc. Referrals
- dd. Specialists
- ee. Test Results
- ff. Tobacco Cessation Monitoring & Education
- gg. Employee Vaccination & TB Testing
- hh. Animal Bite Treatment
- ii. Code Blue
- jj. Electrical Power Failure
- kk. Key Access
- ll. Abusive and/or Assaultive Patients
- mm. Allergy Injections

Skilled Nursing:

- nn. Care of Diabetic Patient
- oo. Care of Resident with Cardiovascular Disease
- pp. Care of Resident with Genitourinary Tract Disorders
- qq. Care of Resident with Neurological Disorders
- rr. CNA Documentation
- ss. Elastic Bandages
- tt. Notification of a Change in a Resident's Condition or Status
- uu. Oral Hygiene
- vv. Orientation of a Blind Resident

ER Manual:

- ww. Administration of Potassium Chloride Intravenously
- xx. Assessment and Vital Signs Guidelines
- yy. Assisting with Abdominal Paracentesis
- zz. Care of the Patient W Burns
- aaa. Caregiver-Child Separation During a Disaster
- bbb. Central Venous Catheter Care
- ccc. Chest Pain
- ddd. Chest Tube Insertion in the ED
- eee. Controlled Substance and Ambulances
- fff. Crash Carts and Emergency Patient Care Equipment
- ggg. Discharge Instructions
- hhh. ED Triage
- iii. ED Follow Up
- jjj. Envenomation Rattlesnake Bites
- kkk. Initial Management of Amputations
- lll. Observation of Patients
- mmm. Pediatric Medication Safety
- nnn. Pediatric Standards of Care

ooo. Pelvic Exams in the ED
ppp. Penetrating Injuries from Missile
qqq. Postmortem Care
rrr. Precipitous Delivery
sss. Procedural Sedation
ttt. Referrals from the ED
uuu. Stroke
vvv. Valuables and Personal Effects

Nursing Manual:

www. Discharge Instructions for Acute In-Patients and Swing Patients
xxx. Enteral Tube Feeding
yyy. Insertion and Maintenance of Peripheral Intravenous Catheters
zzz. Patient or Resident Fall
aaaa. Abusive and/or Assaultive Patients

3. 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 – Season Bradley Koskinen, HR Manager - None
 - c. Foundation – Chelsea Brown, Outreach Manager - None
 - d. Operations – Kent Scown, Chief Operations Officer

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

H. Last Action Items for Discussion

1. 360 Reviews
 - a. Discussions between the Governing Board, Admin, and HR ensued. Some of the Reviews for Kristen and Matt had gone out to the appropriate employees. More information will be shared at the next regular meeting of the Governing Board.
No action taken.

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

J. Administrator's Report – Matt Rees, CEO

Matt Rees presented the administrative report and provided the Board with updates on several current projects and what he learned while lobbying in Washington. We are happy to announce

that SLS (Senior Life Solutions) should be starting on April 17 and Optometry is currently functioning well.

1. Department Updates

- a. Milestones
- b. February Employee Anniversaries – Tommy Graney, Security, and Menchie Crosiar, CNA 5 years and Amy Terrones, Community Resources Director 10 years
- c. Approval of the January 2025 Financials – Paul Eves
 - i. Paul shared the January Financials with the Board and answered corresponding questions.
- d. Nursing – Adela Yanez, CNO
 - i. Adela Yanez presented her Board report.
- e. Quality and Risk Management – Kristen Rees, CQO
 - i. Kristen presented her verbal Board report
- f. Family Resource Center – Amy Terrones – (Mar and Oct)

Motion: Galen Latsko motioned to approve the January 2025 Financials.

Second: Corinne Stromstad

Ayes: Corinne Stromstad, Galen Latsko, and Kevin Church

Noes: None

Not Present: Jay Sooter

Motion Carried

K. Old Business - None

L. New Business

1. Board Orientation Process – Darrin Guerra
 - a. Darrin presented a sample orientation process he wants to implement with future Board members to ensure their success and that of the District's.

M. Parking Lot - None

N. Meeting Evaluation – Good

O. New Action Items

1. New Board Meeting schedule

P. Next Meetings

1. QAPI Meeting – Wednesday, March 12, 2025, at 10:00 a.m.
2. Medical Staff Committee – Thursday, March 13, 2025, at 12:30 p.m.
3. Medical Staff Policy Development Committee – Tuesday, March 18, 2025, 10:00 a.m.
4. Finance Committee – March 27, 2025, 10:00 a.m.
5. Governing Board Meeting – April 1, 2025, 2:30 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]** - None
6. Personnel matter –Evaluation § 54957 - None
 - a. CEO Matt Rees

R. Corinne Stromstad Adjourned Closed Session

S. Corinne Stromstad Resumed Open Session

Motion: Galen Latsko motioned to approve a 5% merit increase for Matt Rees with the intention Matt of implementing better pharmacy costumer work flow and continued communication between Med Staff, Admin, and the Governing Board.

Second: Corinne Stromstad

Ayes: Corinne Stromstad, Galen Latsko, and Kevin Church

Noes: None

Not Present: Jay Sooter

Motion Carried

T. Corinne Stromstad Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full-Time Equivalent/Full-Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District

Governing Board Meeting Minutes

March 4, 2025

Page 7 of 7

<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

Governing Board: Special

Date: March 27, 2025
Time: 11:00 a.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad

Minutes

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Jay Sooter, and Galen Latsko, all in-person.

Not Present: Kevin Church

Also in person: Administrative Assistant Darrin Guerra, Chief of Staff Joseph Rogers, CNO Adela Yanez, and CEO Matt Rees

Also via Webex: COO Kent Scown, Vice Chief of Staff Dr. Carl Hsu, CFO Paul Eves, HR Manager Season Bradley-Koskinen, and Medical Staff Coordinator Megan Howley

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

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments – None

F. Announcements - None

G. Consent Agenda - None

H. Last Action Items for Discussion - none

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

J. Administrator's Report – Matt Rees, CEO - None

K. Old Business - None

L. New Business

1. Appointment and Swearing in of a New Board Member to fill the remaining period ending on December 1, 2026

Motion: Jay Sooter motioned to appoint Yvonne Hendrix to the Board to fill the remainder of the 2-year term, ending December 1, 2026

Second: Galen Latsko

Ayes: Corinne Stromstad, Galen Latsko, and Jay Sooter

Noes: None

Not Present: Kevin Church

Motion Carried

Yvonne Hendrix took the Oath of Office

M. Parking Lot - None

N. Meeting Evaluation – Good

O. New Action Items – None

P. Next Meetings - TBD

Q. Corinne Stromstad Adjourn to Closed Session

1. Closed Session Opened
2. Reports of Quality Assurance Committees **[H&S Code § 32155]- None**
3. Compliance and Risk - Kristen Rees, CQO - None
4. Quarterly Reports - Adela Yanez, CNO- None
5. Approval of Medical Staff Appointments/Reappointments **[H&S Code § 32155]**
 - a. Dr. Steven Kushal MD, Appointment as Provisional Staff for Emergency Medicine and Inpatient Privileges, April 1, 2025 - March 31, 2026
 - b. Dr. Steven White MD, Appointment as Telemedicine for Diagnostic Radiology Privileges, April 1, 2025 - March 31, 2026

- c. Dr. Evan Wythe, MD, Appointment as Provisional Staff for Emergency Medicine and Inpatient Privileges April 1, 2025 - March 31, 2026
- d. Heather Grant, NP, Appointment as Provisional Staff for AHP Privileges, April 1, 2025 - March 31, 2026
- e. Dr. Jeffery Zuckerman, MD, Appointment as Telemedicine for Diagnostic Radiology Privileges, April 1, 2025 - March 31, 2026
- 6. Personnel matter –Evaluation § 54957 - None
 - a. CQCO Kristen Rees

R. Corinne Stromstad Adjourned Closed Session

S. Corinne Stromstad Resumed Open Session

Motion: Galen Latsko motioned to approve Dr. Jeffery Zuckerman, MD, Appointment as Telemedicine for Diagnostic Radiology Privileges, April 1, 2025 - March 31, 2026, Heather Grant, NP, Appointment as Provisional Staff for AHP Privileges, April 1, 2025 - March 31, 2026, Dr. Evan Wythe, MD, Appointment as Provisional Staff for Emergency Medicine and Inpatient Privileges April 1, 2025 - March 31, 2026, Dr. Steven White MD, Appointment as Telemedicine for Diagnostic Radiology Privileges, April 1, 2025 - March 31, 2026, and Dr. Steven Kushal MD, Appointment as Provisional Staff for Emergency Medicine and Inpatient Privileges, April 1, 2025 - March 31, 2026.

Second: Yvonne Hendrix

Ayes: Corinne Stromstad, Galen Latsko, Yvonne Hendrix, and Jay Sooter

Noes: None

Not Present: Kevin Church

Motion Carried

T. Corinne Stromstad Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
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<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full-Time Equivalent/Full-Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health

Special Governing Board Meeting Minutes

March 27, 2025

Page 4 of 4

<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

Southern Humboldt Community Healthcare District
SoHum Balance Sheet
End of Feb 2025

Financial Row	Amount
Assets	
Current Assets	
Cash - Checking & Investments	\$8,001,964.54
Patients Accounts Receivable	\$25,190,397.09
Less Allowances	(\$18,672,115.18)
Other Receivables	\$2,843,988.56
Inventories	\$697,520.70
Prepaid Expenses and Deposits	\$1,013,118.28
Total Current Assets	\$19,074,873.99
Property and Equipment	
Land	\$1,193,526.09
Land Improvements	\$553,251.44
Buildings	\$5,679,477.37
Equipment	\$7,798,618.74
Construction in progress	\$13,319,558.81
Less: Accumulated Depreciation	(\$9,473,891.15)
Net Property and Equipment	\$19,070,541.30
Total Assets	\$38,145,415.29
Liabilities & Fund Balance	
Current Liabilities	
Accounts Payable	\$1,023,835.28
Accrued Payroll & Related costs	\$864,942.08
Other Current Liabilities	
Deferred Revenue IGT	\$1,463,588.76
Loans & Current Portion of Lease Obligations	\$122,529.00
Reimbursement/Settlement	(\$265,298.71)
Other	
Accrued Purchases	\$2,879.23
Other Current Liabilities	\$2,879.23
Total Other Current Liabilities	\$1,323,698.28
Total Current Liabilities	\$3,212,475.64
Long Term Debt, Less Current Portion	
LEAF Data Backup Liability	\$53,134.90
Maple Lane Loan	\$204,160.64
ELGA Lease Loan	
2250-030 - ELGA Lease Loan	\$1,850,536.07
Total - ELGA Lease Loan	\$1,850,536.07
CHFFA Help II Loan	\$1,851,311.76
Lease Obligations	\$236,003.00
Net Long Term Debt	\$4,195,146.37
Equity	
Unrestricted Fund Balance - Prior Years	\$2,830,961.19
Retained Earnings	\$25,963,137.08
Net Income	\$1,943,695.01
Total Fund Balance	\$30,737,793.28
Total Liabilities & Fund Balance	\$38,145,415.29

Southern Humboldt Community Healthcare District

SoHum Income Statement

From Jul 2024 to Feb 2025

Financial Row	Amount
Revenue	
Gross Patient Revenue	
Inpatient	\$2,306,443
Inpatient Ancillary	\$338,872
Outpatient	\$12,212,057
Outpatient Ancillary	\$5,918,127
Total Patient Revenue	\$20,775,500
Deductions from Revenue	
9060-913 - Supplemental Revenue	(\$5,813,971)
Contractual Allowances	\$7,432,526
Provision for Bad Debts	\$802,507
Other Allowances / Deductions	\$208,502
Cost Of Sales	\$103
Total Deductions	\$2,629,667
Net Patient Revenue	\$18,145,833
Other Operating Revenue	\$3,456,372
Total Operating Revenue	\$21,602,205
Expenses	
Salaries & Wages	\$7,352,460
Employee Benefits	\$2,749,469
Professional Fees	\$3,270,655
Supplies	\$4,185,041
Repairs & Maintenance	\$251,867
Purchased Services	\$1,764,538
Utilities	\$238,753
Insurance	\$160,624
Depreciation/ Amortization	\$497,536
Other	\$805,450
Total Operating Expenses	\$21,276,393
Operating Profit (Loss)	\$325,812
Tax Revenue	\$1,545,732
Other Non Operating Revenue (Expense)	\$66,539
Interest Income	\$5,612
Net Non Operating Revenue (Expense)	\$1,617,883
Net Income (Loss)	\$1,943,695

Southern Humboldt Community Healthcare District
SoHum Balance Sheet
End of Mar 2025

Financial Row	Amount
Assets	
Current Assets	
Cash - Checking & Investments	\$7,004,548.13
Patients Accounts Receivable	\$26,395,853.44
Less Allowances	(\$20,279,084.46)
Other Receivables	\$3,801,556.56
Inventories	\$707,442.28
Prepaid Expenses and Deposits	\$1,059,540.20
Total Current Assets	\$18,689,856.15
Property and Equipment	
Land	\$1,193,526.09
Land Improvements	\$553,251.44
Buildings	\$5,679,477.37
Equipment	\$7,798,618.74
Construction in progress	\$13,846,814.45
Less: Accumulated Depreciation	(\$9,530,065.40)
Net Property and Equipment	\$19,541,622.69
Total Assets	\$38,231,478.84
Liabilities & Fund Balance	
Current Liabilities	
Accounts Payable	\$1,015,447.59
Accrued Payroll & Related costs	\$1,447,366.67
Other Current Liabilities	
Deferred Revenue IGT	\$1,098,453.12
Loans & Current Portion of Lease Obligations	\$122,529.00
Reimbursement/Settlement	(\$265,298.71)
Other	
Accrued Purchases	\$1,466.16
Other Current Liabilities	\$1,466.16
Total Other Current Liabilities	\$957,149.57
Total Current Liabilities	\$3,419,963.83
Long Term Debt, Less Current Portion	
LEAF Data Backup Liability	\$53,134.90
Maple Lane Loan	\$201,181.63
ELGA Lease Loan	
2250-030 - ELGA Lease Loan	\$1,825,499.06
Total - ELGA Lease Loan	\$1,825,499.06
CHFFA Help II Loan	\$1,844,184.20
Lease Obligations	\$236,003.00
Net Long Term Debt	\$4,160,002.79
Equity	
Unrestricted Fund Balance - Prior Years	\$2,830,961.19
Retained Earnings	\$25,963,137.08
Net Income	\$1,857,413.95
Total Fund Balance	\$30,651,512.22
Total Liabilities & Fund Balance	\$38,231,478.84

Southern Humboldt Community Healthcare District

SoHum Income Statement

From Jul 2024 to Mar 2025

Financial Row	Amount
Revenue	
Gross Patient Revenue	
Inpatient	\$2,573,481
Inpatient Ancillary	\$367,938
Outpatient	\$13,894,441
Outpatient Ancillary	\$6,844,484
Total Patient Revenue	\$23,680,344
Deductions from Revenue	
9060-913 - Supplemental Revenue	(\$7,045,429)
Contractual Allowances	\$8,968,539
Provision for Bad Debts	\$839,863
Other Allowances / Deductions	\$238,252
Cost Of Sales	\$103
Total Deductions	\$3,001,328
Net Patient Revenue	\$20,679,017
Other Operating Revenue	\$3,877,995
Total Operating Revenue	\$24,557,012
Expenses	
Salaries & Wages	\$8,789,625
Employee Benefits	\$3,215,126
Professional Fees	\$3,805,355
Supplies	\$4,515,198
Repairs & Maintenance	\$271,028
Purchased Services	\$1,949,089
Utilities	\$270,611
Insurance	\$179,164
Depreciation/ Amortization	\$553,710
Other	\$855,791
Total Operating Expenses	\$24,404,697
Operating Profit (Loss)	\$152,315
Tax Revenue	\$1,642,544
Other Non Operating Revenue (Expense)	\$56,348
Interest Income	\$6,207
Net Non Operating Revenue (Expense)	\$1,705,099
Net Income (Loss)	\$1,857,414

Infection Prevention:

We welcome Ben Larkey as our new Infection Preventionist. He is doing a great job submitting all the required reports and working with all the different departments to ensure we comply with all the infection prevention regulations. We continue to enforce mask regulations during patient care. All employees and visitors must wear masks when they are in close contact with patients and residents. The Infection Prevention Department actively manages hospital surveys by conducting regular hand hygiene surveillance, auditing compliance with transmission-based isolation precautions, and holding frequent Infection Prevention Committee (IPC) and antibiotic stewardship meetings.

ED/Acute Care:

In February, the Emergency Department (ED) treated 309 patients, including nine swing-bed and three inpatient admissions. We have expanded our capacity for swing-bed patients and now have the appropriate nursing staff to care for more than five acute patients. Each shift is staffed with one registered nurse (RN) and one licensed vocational nurse (LVN) to meet nurse-to-patient ratio requirements.

We remain committed to delivering high-quality care to our patients. Additionally, we take pride in supporting our community by allowing local residents to recover in their hospital when they need outside medical care.

Laboratory:

The lab has received its CLIA certificate from the CDPH LFS and has been preparing for the survey since the annual renewal process will begin in April. While the lab is well-staffed, it could benefit from per-diem scientists to cover vacations or time off as needed. The team continues to advance various projects, including the EDSP program, blood cultures, CSF testing, and more. Additionally, the lab team takes the time to celebrate successes, personal milestones, and birthdays, fostering a positive and uplifting environment.

Skilled Nursing:

The Skilled Nursing Facility (SNF) continues to provide excellent care for residents and serve the community. Our dedicated nursing staff is fully committed to delivering exceptional care. We strive to create an environment where residents can thrive and enjoy life to the fullest, with a focus on their well-being. Daily activities are organized to keep residents engaged and active. Currently, one bed is available, and the team is going through the waiting list to find the next resident who will become part of the Sohum family and join the SNF community.

Clinic:

The clinic is pleased to be fully staffed with Dr. Murphy, Dr. Raison, Linda (Physician Assistant), and Heather (Family Nurse Practitioner). We are working diligently to enroll some providers with various insurance companies and payers. This process may temporarily limit certain providers to seeing specific patients. We sincerely appreciate your understanding during this time and assure you that you will be seen by one of our

qualified providers. Please be aware that a patient's insurance may play a role in determining the assigned provider.

Our new patient navigator is actively continuing his training and is available to assist with any issues related to MyChart. Additionally, we are delighted to share that Linda Candiotti has postponed her retirement and will continue her valuable contributions to the community until June, with a possible extension. Dr. Murphy has also graciously agreed to extend his stay for an additional six months and is contemplating becoming a permanent member of our team.

We are excited to report that the optometry mobile unit is operating successfully. Now that we have our entire staff in place, we look forward to promptly addressing our waiting list for new patients. Thank you for your continued support and cooperation.

Radiology:

In the month of March, Radiology performed 189 x-ray exams, 102 CTs, 49 ultrasounds and 24 mammograms.

In May, preventative maintenance has been scheduled for US and our physicist will be here to perform annual surveys on CT and mammography.

Pharmacy:

The Inpatient Pharmacy has developed a new workflow for order renewals between Long-Term Care (LTC) and Garberville Pharmacy. Despite current shortages, we are actively managing influenza treatments for adults and children. Our pharmacists are spending more time working in the clinic and the emergency department (ED) lounge to provide live support to new providers.

We have also assisted in completing Electronic Prescribing for Controlled Substances (EPCS) for several new providers. Additionally, we have finished renewing the Vaccines for Children (VFC) program and are finalizing our policies and procedures. Orders for next year's flu season have been pre-booked.

Physical Therapy:

We are excited to announce that we are now offering outpatient services to the community. We currently accept specific insurance plans; patients can call to inquire about their coverage. If the providers do not yet approve their insurance, they can leave their name and phone number, and we will contact them once the insurance enrollment is complete. This process allows them to begin seeing our exceptional therapists for outpatient services.

Sierra and Katelyn actively engage with inpatients and residents to provide high-quality rehabilitation services to the community. Additionally, Susan continues to offer speech therapy to residents in the skilled nursing facility (SNF) and acute care patients.

Adela Yanez, RN, BSN, CNO

SHFRC Board Report March 2025

\$99,440.00- DHHS funding secured 2025-2026 Contracts in DHHS fiscal land

\$80,000.00- Grant requests pending from various funders

FRC is working with Kristen and Dr. Raisoni to get MediCal reimbursements for Community Health Outreach Worker support services. Many services are already being provided by grant funding that will be sunsetting in June.

The 10th annual Community Baby shower Saturday March 29th 12:00 to 3:00 at South Fork High Schools Wellness center.

Touch a Truck will be on Saturday April 5th 12:00 to 3:00 at Redway School. The Coast Guard Helicopter will be landing on the soccer field at 12pm!

FRC highlights:

Holiday Food Program- In collaboration with CalFRESH, Food for People, CNS Markets, Humboldt Area Foundation, and Chautauqua Natural Foods, we served over 75 families over the winter school break. Michelle Pogue coordinates our Backpack program that serves 45 families and runs consistently to support families year-round. Community Food Pantries provide monthly commodities, Alderpoint's Food Pantry serves 50 families, Myers Flat serves 80. Teen Cooking Classes are a huge hit! Our next round will be held over Spring Break giving students a healthy option and place to be. Food security is the number priority for the FRC.

Parent Project- Michelle Kaufmann and Brandy Bremer are facilitating a third round of 10-week parenting classes. This round was capped at 10 participants and filled up fast. Michelle Pogue provides childcare and dinners for all the families. These classes change families, break generational cycles, and reduce child abuse. We offer a monthly Parenting Support Night to strengthen the concepts taught in class and provide space for more connections. These nights are capped at 40 participants and are often full.

Playgroups- Piper Keener coordinates our FIRST 5 playgroup in Redway and Shelter Cove. She absolutely loves supporting new and young parents. Because of her support and guidance many Southern Humboldt 0-5 year olds are receiving early interventions with service providers, such as Redwood Coast Regional Center and the Humboldt County Office of Education, from Northern Humboldt and meeting at the FRC. Our Diaper program which is grant funded, provides 50 diapers per child per month to approximately 35 families a month.

Youth Diversion Services- Michelle Kaufmann meets with students one-on-one at various school sites or FRC, providing drug and alcohol education presentations to students, co-facilitating the Parent Project at the Family Resource Center, and assisting with a Belong

Circle at Osprey. This year we secured grant funding to provide a South Fork Class of 2025 Safe and Sober Grad Party! We will coordinate with SHJUSD to celebrate our graduating class. If you or someone you know would like to donate a raffle item, call the FRC!

School and Youth support- the FRC supports parent/school meetings regarding Special Interventions, Individual Education Plans, School Attendance Review Board, Mental Health referrals/ interventions, foster youth, family visits, child abuse reports, and any other needs that may arise. The FRC will be hosting an immunization clinic for youth and families in April.