SoHum Health

Southern Humboldt Community Healthcare District

MEETING NOTICE
Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on May 29, 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

G. Approval of Consent Agenda –

6 - 14

1. Approval of Previous Minutes
   a. Governing Board Meeting, April 24, 2025

2. SHCHD New and Updated Policies

15 - 17 **RADIOLOGY/MAMMOGRAPHY:**

a. Qualifications of Quality Assurance Personnel
b. Ultrasound Schedule

18 - 19 **MATERIALS:**

c. Product Recall and Product Hazard Report

20 - 27 **OCUPATIONAL THERAPY:**

d. OT Care Treatment and Services
e. Therapy Care, Treatment, and Services
f. Patient Education
g. Rehab - Swing Bed
h. Skilled Nursing Rehabilitation Services
i. Infection Control

28 - 31 **ENGINEERING:**

j. Hazard Communication Program
k. Hot Weather Precautions

32 - 35 **LAB:**

l. Proficiency Testing

36 - 45 **QUALITY:**

m. Abuse, Neglect, and Exploitation

3. Quarterly Reports - (Feb, May, Aug, Nov) –
   a. Quality and Risk Management – Kristen Rees, Chief Quality and Compliance Officer and Risk Manager
46 - 48 b. Human Resources – Season Bradley Koskinen, HR Manager
49 - 50 c. Foundation – Chelsea Brown, Outreach Manager
51 - 52 d. Operations – Kent Scown, Chief Operations Officer

H. Last Action Items for Discussion - None

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 – Outpatient Pharmacist Mike Bass, Project Coordinator Lexi Stowe, Clinic Manager Shawna Kloiber, and Quality Analyst Kana Voelckers 1 year.

53 - 56 c. Approval of the April Financials – Paul Eves - See Report

57 - 60 d. CNO Report – Adela Yanez – See Report

61 - 68 e. Quality and Risk Management – Kristen Rees See Report

f. Family Resource Center – Amy Terrones – Mar and Oct - None

K. Old Business - None

L. New Business

69 1. Resolution 25:02 Special Parcel Tax

M. Parking Lot

1. Sprowel Creek Campus parking

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

1. Medical Staff Committee – Thursday, June 12, 2025, at 12:30 p.m
2. Medical Staff Policy Development Committee – Tuesday, June 17, 2025, 10:00 a.m
3. QAPI Meeting – Wednesday, June 11, 2025, at 10:00 a.m.
4. Finance Committee – June 20, 2025, at 10:00 a.m.
5. Governing Board Meeting – June 26, 2025, 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 – See Reports
   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 Wright, DO - (Senior Life Solutions) Initial Appointment as Provisional Staff for Psychiatric Privileges; June 1, 2025 – May 31, 2026.

b. Dr Keith McGuire, MD - (OnRad) Initial Appointment as Provisional Staff for Diagnostic Radiology - Teleradiology Privileges; June 1, 2025 - May 31, 2026.
c. Dr.Tse Anyu, DO - (OnRad) Initial Appointment as Provisional Staff for Diagnostic Radiology - Teleradiology Privileges; June 1, 2025 - May 31, 2026.

6. Personnel Matter –Evaluation § 54957
   a. CQCO Kristen Rees
   b. 360 Evaluation Results

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

S. Resume Open Session

T. Adjourn

Abbreviations

ACHD	Association of California Healthcare Districts	*ACLS*	Advanced Cardiac Life Support Certification
AR	Accounts Receivable	*BLS*	Basic Life Support Certification
CAIR	California Immunization Registry	*CEO*	Chief Executive Officer
CFO	Chief Financial Officer	*CMS*	Centers for Medicare and Medicaid Services
CNO	Chief Nursing Officer	*COO*	Chief Operating Officer
CPHQ	Certified Professional in Healthcare Quality	*CQO*	Chief Quality and Compliance Officer
EMR	Electronic medical record	*ER*	Emergency Room
FTE	Full Time Equivalent/Full Time Employee	*HIM*	Health Information Management
HRG	Healthcare Resource Group	*HVAC*	Heating, Ventilation and Air Conditioning system
IGT	Intergovernmental transfer	*IT*	Information Technology
JPCH	Jerold Phelps Community Hospital	*LCSW*	Licensed Clinical Social Worker
LVN	Licensed Vocational Nurse	*MPH*	Master of Public Health
OBS	Observation	*PALS*	Pediatric Advanced Life Support Certification
PFS	Patient Financial Services	*QAPI*	Quality Assurance Performance Improvement
QIP	Quality Improvement Project/Program	*RN*	Registered Nurse
SHCC	Southern Humboldt Community Clinic	*SHCHD*	Southern Humboldt Community Healthcare District
SNF	Skilled Nursing Facility	*SWG*	Swing beds
DO	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 May 21, 2025

SoHum Health

Southern Humboldt Community Healthcare District

Governing Board

Date: April 24, 2025
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, Kevin Church, Yvonne Hendrix, and Galen Latsko, all in-person.

Not Present: Jay Sooter

Also in person: Administrative Assistant Darrin Guerra, CNO Adela Yanez, Grant Writer Nick Vogel, HR Manager Season Bradley-Koskinen, SLS Program Director Shawna Owsley, Chief of Staff Joseph Rogers, and COO Kent Scown

Also via Webex: Business Development Director Ryan Staples, Quality Lead Josh Andrews, and HR Manager Season Bradley-Koskinen

A. Call to Order – Board president Corinne Stromstad called the meeting to order at 1:31 pm.

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

C. Approval of the Agenda

Motion:	Galen Latsko motioned to approve the agenda with the correction to Agenda item Q.5.c., adding the words "…and inpatient..." – Dr. Leonard Ranasinghe, MD, Reapplying for Appointment as Provisional Staff for Emergency Medicine **and Inpatient** Privileges, May 1, 2025 – April 30, 2026.
Second:	Corinne Stromstad
Ayes:	Corinne Stromstad, Galen Latsko, Yvonne Hendrix and Kevin Church
Noes:	None
Not Present:	Jay Sooter
Motion Carried	

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments – None

F. Announcements
1. Board Resignation
    a. Corinne Stromstad read the following letter from Board member Jay Sooter "Attention Corinne Stromstad. I'm resigning from the SoHum Health Governing Board, effective after today's Board Meeting. - Jay Sooter"

G. Approval of Consent Agenda
1. Approval of Previous Minutes
    a. Governing Board Meeting Minutes, March 4, 2025
    b. Special Governing Board Meeting, March 27, 2025
2. SHCHD New and Updated Policies

INFECTION PREVENTION:

1. Transmission-Based Isolation

RADIOLOGY/MAMMOGRAPHY:-

1. Compression
2. Consumer Complaints
3. Responsibilities of Quality Assurance Personnel
4. Ancillary On-Call Services
5. Confidentiality Patient Privacy
6. Fluoroscopy
7. Infection Prevention in CT
8. Infection Prevention
9. Negative or Benign Mammography Reports
10. Critical Findings
11. Mandatory Reporting
12. Quality Assurance in CT
13. Scope of Practice in CT
14. Lead Interpreting Physician
15. ED/Inpatient Transport for CT Services
16. Power Outages in CT

OUTREACH:

17. Community Volunteering

MATERIALS:

18. Scope of Service
19. Back Orders
20. Infection Control
21. Inventory
22. Organizational Structure
23. Departmental Access/Visitor

ENGINEERING:

24. Equipment Inspection
25. Approved Cleaning Products List
26. Medical Waste Management
27. Occupied Room Cleaning
28. Terminal Cleaning
29. Communications During a Disaster
30. Electrical Power Outages
31. Extension Cords and Adapters

DIETARY:

32. Dishwashing
33. Cooling Large Cuts of Meat
34. Disaster Plan
35. Employee Health
36. Dietary Policy and Procedure Manual
37. Purchasing Policy
38. Equipment Maintenance
39. Food Preparation (Area)
40. Food preparation (Storage)
41. Garbage and Rubbish Disposal
42. Hiring Orientation and Training
43. Nutrition Orders
44. Nutrition Risk Screening
45. Patient Meal Service
46. Potentially Hazardous Foods
47. Processing Diet orders
48. Records, Maintenance, and Retention
49. Safe Cooking Temps
50. Safety Precautions

51. Sanitation and Safety Standards
52. Cleaning Procedures

LAB:

53. Lab Testing
54. Compliance
55. Retention of Records and Lab Specimens
56. Laboratory Use of Epic, Beaker, and Other Information Systems
57. Referring Specimens to Outside Laboratories
58. Laboratory Quality Assurance

QUALITY:

59. Data Governance

CLINIC:

60. Empanelment

POLICIES SCHEDULED FOR RETIREMENT

HOSPITAL PHARMACY:

61. Compassionate Access to Medical Cannabis
62. Compounding Medications
63. Crash Cart.
64. Defective Medications
65. Disposition of Medications
66. Drug Recall
67. End of Life Comfort Care
68. Furnishing Medication Orders
69. General Medication Room Operations
70. High-Risk Medication
71. Impaired Pharmacy Licensee
72. Loss and Diversion
73. Managing Temperature Excursion
74. Medication Administration
75. Medication Monitoring and Storage
76. Patients Own Medication
77. Prescription Pads
78. Procurement of Pharmaceuticals
79. Pyxis Medication Maintenance and Access
80. Pyxis Policy

81. Pyxis Technology Access Procedure
82. Reporting Medication Errors and Adverse Events

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

H. Last Action Items for Discussion
   1. Board Resolution 25:01 Annual Meeting Schedule

Motion:	Galen Latsko motioned to deny Resolution 25:01 and proposed that we maintain our current schedule for the Governing Board to meet on the last Thursday of the month at 1:30 PM.
Second:	Corinne Stromstad
Ayes:	Corinne Stromstad, Galen Latsko, Yvonne Hendrix and Kevin Church
Noes:	None
Not Present:	Jay Sooter
Motion Denied	

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

J. Administrator's Report – Matt Rees, CEO

Matt Rees presented the administrative report and updated the Board on several current projects. We are happy to announce that we will soon have a new pharmacist, and the Mobile Optometry Clinic has seen over 210 patients since opening. Matt also took this moment to introduce Shawna, the program director of our newest service, Senior Life Solutions, and Michelle, the new HR assistant.

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 2025 Financials – Paul Eves
   i. Paul shared the February and March 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)
   i. Amy presented her biannual report and shared the current success of the FRC, as well as the unfortunate news that, due to certain grants no longer being offered, we had to release a grant-funded position.

Motion:	Corinne Stromstad motioned to approve the February and March 2025 Financials.
Second:	Galen Latsko
Ayes:	Corinne Stromstad, Galen Latsko, Yvonne Hendrix and Kevin Church
Noes:	None
Not Present:	Jay Sooter
Motion Carried	

K. Old Business - None

L. New Business - None

M. Parking Lot
1. Sprowel Creek Campus Parking
   a. We have received our permits from Humboldt County for the Elm Street and Sprowel Creek parking lots. We are currently waiting for someone to accept the bids to begin construction.

N. Meeting Evaluation – Good Job - Galen

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 – Friday, May 23, 2025, at 10:00 a.m.
5. Governing Board Meeting – Thursday, May 26, at 1:30 p.m., 2025

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. 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 and Impatient 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. Corinne Stromstad Adjourned Closed Session

S. Corinne Stromstad Resumed Open Session

Motion:	Galen Latsko motioned to approve Dr Christopher Whitney, OD, Appointment as Provisional Staff for Optometry Privileges, May 1, 2025 – April 30, 2026, Dr. Abhijit Patil, MD, Appointment as Telemedicine for Diagnostic Radiology Privileges, May 1, 2025 – April 30, 2026, Dr. Leonard Ranasinghe, MD, Reapplying for Appointment as Provisional Staff for Emergency Medicine and Inpatient Privileges, May 1, 2025 – April 30, 2026, and Dr. David Reiner, MD, Appointment as Telemedicine for Diagnostic Radiology Privileges, May 1, 2025 – April 30, 2026.
Second:	Corinne Stromstad
Ayes:	Corinne Stromstad, Galen Latsko, Yvonne Hendrix and Kevin Church
Noes:	None
Not Present:	Jay Sooter
Motion Carried	

T. Corinne Stromstad Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

ACHD	Association of California Healthcare Districts	*ACLS*	Advanced Cardiac Life Support Certification
AR	Accounts Receivable	*BLS*	Basic Life Support Certification
CAIR	California Immunization Registry	*CEO*	Chief Executive Officer
CFO	Chief Financial Officer	*CMS*	Centers for Medicare and Medicaid Services

CNO	Chief Nursing Officer	*COO*	Chief Operating Officer
CPHQ	Certified Professional in Healthcare Quality	*CQO*	Chief Quality Officer
EMR	Electronic medical record	*ER*	Emergency Room
FTE	Full-Time Equivalent/Full-Time Employee	*HIM*	Health Information Management
HRG	Healthcare Resource Group	*HVAC*	Heating, Ventilation and Air Conditioning system
IGT	Intergovernmental transfer	*IT*	Information Technology
JPCH	Jerold Phelps Community Hospital	*LCSW*	Licensed Clinical Social Worker
LVN	Licensed Vocational Nurse	*MPH*	Master of Public Health
OBS	Observation	*PALS*	Pediatric Advanced Life Support Certification
PFS	Patient Financial Services	*QAPI*	Quality Assurance Performance Improvement
QIP	Quality Improvement Project/Program	*RN*	Registered Nurse
SHCC	Southern Humboldt Community Clinic	*SHCHD*	Southern Humboldt Community Healthcare District
SNF	Skilled Nursing Facility	*SWG*	Swing beds
DO	Doctor of Osteopathic Medicine		

SoHum Health

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

Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION
25:01
APPROVAL OF THE 2025 REGULAR BOARD MEETING SCHEDULE

WHEREAS, the Southern Humboldt Community Healthcare District (the "District") has Changed by Resolution the Scheduled Meeting Date and Time of Regular Meetings of the Governing Board.

Regular Meetings

1. Time of Regular Meetings. Regular meetings of the Board of Directors of the District in the year 2025 shall be held on the FIRST Tuesday of every month at the hour of 2:30 p.m.
2. Place of Regular Meetings. The regular meeting place of the Board of Directors in the year 2025 shall be at the Sprowel Creek Campus, 286 Sprowel Creek Rd, Garberville, CA 95542.

PASSED AND ADOPTED by the Board of Directors of SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, this 24th day of April, 2025, by the following vote:

Ayes: _____

Noes: Corinne Stromstad, Kevin Church, Galen Latska, Yvonne Hendrix

Abstain: _____

Absent: _____

_____
Witnessed by: Kevin Church, President

_____
Witnessed by: Corinne Stromstad, Vice President/Secretary

SoHum Health

Subject: Qualifications of Quality Assurance Personnel	Manual: Mammography

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide qualifications of quality assessment personnel.

- Lead Interpreting Physician and/or Audit Reviewing Physician:
    - Possession of a current and valid Radiology supervisor and Operator certificate issued by the State of California, Department of Public Health.
    - American Board of Radiology (ABR) certification.
    - Completion of forty **(40)** hours of continuing medical education (CME) in mammography.
    - Initial experience in reading/interpretation of 240 mammograms in six **(6)** months.
    - Continued reading/interpretation of at least **960** mammography examinations during the 24-month immediately preceding the date of the facility's annual MQSA inspection, or the last day of the calendar quarter preceding the inspection, or any date in between the two.

      The beginning date for meeting the continuing experience requirements is the later of October 1, 1994, or the individual's actual starting date (the date on which an individual met all applicable requirements to begin independently providing mammography services). Failure to meet the continuing experience requirement will be considered a noncompliance until at least 24 months after the individual's starting date.
    - Earn at least 15 Category 1 CME credits in mammography during the 36 months immediately preceding the date of the facility's annual MQSA inspection, or the last day of the calendar quarter preceding the inspection, or any date in between the two. CME credits earned through teaching a course can be counted only once toward meeting the 15 credits required in any 36-month period. Such training shall include at least 6 credits of category 1 CME in each mammography modality used by the interpreting physician.

- Mammography Technologist
    - Possession of a current and valid California certificate in Diagnostic Radiologic Technology (CRT).
    - Possession of a current and valid California certificate in Mammographic Radiologic Technology.
    - Produce documentation of at least fifteen **(15)** hours of continuing education in mammography every two (2) years.
    - Perform a minimum of 200 mammograms in the preceding twenty-four (24) months and have taught or completed at least 15 continuing education units in mammography during the 36 months immediately preceding the date of the facility's annual MQSA inspection, or the last day of the calendar quarter preceding the inspection, or any date in between the two.
    - Technologists initially qualifying on or after April 28, 1999 must meet the mammography-specific training requirements by having at least 40 hours of documented training in mammography, including:
    - o Training in breast anatomy and physiology, positioning and compression, QA/QC techniques, and imaging of patients with breast implants; and
    - o Performance of a minimum of 25 mammography examinations under direct supervision of an appropriate MQSA-qualified individual; and
    - o At least eight hours of training using a digital mammographic modality (i.e. digital tomography) before beginning to perform mammography independently.

- Medical Physicist

INITIAL:

- Registered with the State of California, Department of Public Health as a state-approved mammography physicist
- Possession of a Bachelor's Degree in physical science at least 10 semester hours (15 quarter hours) of graduate or undergraduate physics.

- Produce documentation of at least fifteen **(15)** hours of continuing education units (CEU's) in mammography during the preceding 36 months.

- Have a minimum of two (2) years' experience in conducting mammography equipment performance evaluations.

- Must have surveyed at least two (2) facilities and six (6) units over twenty-four (24) months.

PROCEDURE:
N/A

DEFINITIONS:
None

SoHum Health

Subject:	Manual:
Ultra Sound Scheduling	**Radiology**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") that scheduling protocols in radiology/ultrasound shall be maintained to provide optimum patient service and safety.

PROCEDURE:

- Ultrasound examinations require a valid order and shall be scheduled through the scheduling department.
  - Patients will be given the first available appointment, unless otherwise requested.
  - Specific requests will be honored if possible.
  - Appointments may be made by the physician, patient, or patient representative.
- Completed orders must be received at least 48 before the scheduled exam. If a completed order is not received, the patient will be rescheduled.
- Scheduled Exams: Scheduled examinations are performed between 8:15 a.m. and 5:45 p.m. Mondays, Tuesdays, Thursdays, and Fridays excluding major holidays.* Wednesday exams offered at discretion of department.
- Add-on Exams: Add-on examinations are performed between 8:15a.m. and 5:45 p.m. Mondays, Tuesdays, Thursdays, and Fridays excluding major holidays when space in the daily schedule is available.
- Priorities: Prioritization will be as follows:
  - scheduled exams
  - add-on exams

DEFINITIONS:

None

SoHum Health

Subject:	Manual:
Product Recall and Product Hazard Report	**Materials Management**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to ~~that will~~ maintain a system to gather, disseminate, track, follow-up, and document action taken for all product safety recalls and alerts.

DEFINITIONS:

Product Recall: A product recall, alert, or safety notification is a warning notice sent by a manufacturer or other independent party, which communicates a known or potential defect or dangerous condition detected in a product.

- The purpose of the communication may be:
    - To advise users to immediately stop all use and withdraw from distribution all suspect stock
    - To alert users of a potential hazard, or
    - To notify users to return known defective material, through proper channels, to the manufacturer for replacement. Notice is usually accompanied by the necessary corrective action to be taken by the manufacturer and the user.

Product Hazard Report:

- Reports of known problems with medical devices (e.g., user errors) that have caused harm to patients and/or healthcare personnel but that have not resulted in a product recall
- Some hazard reports are "product specific" and others apply to general areas of technology. Examples include ECRI Hazard Reports, FDA Public Health Advisories, and The Joint Commission Sentinel Event Reports.

PROCEDURE:

- Materials Management will receive medical product, device and drug safety alerts and recalls via multiple sources: letter, facsimile, telephone, e-mail, or through subscription with independent services.
- ~~The Manager will take appropriate action to resolve these notifications by following the corporate policy's provisions concerning medical product device and drug alerts and recalls.~~
- Upon receipt of a recall or alert notice, the ~~manager~~ materials staff will review the information provided and determine what, if any, action to take.
- ~~The Manager will notify the Materials technician of any product recalls.~~ The Materials Technician will check for inventory of recalled product and pull from shelves if needed. The Materials Technician will keep a binder with all product recalls and actions taken. This binder will include the materials technicians name and initials as well as the date it was completed. The Materials Technician will scan documentation into Shared drive and notify Manager once completed. After scanning the documentation and actions taken into the shared drive the original paperwork is discarded.
- Inventory Products and Stocked Intravenous Solutions
    - Upon receipt of a product recall, alert or safety notification of a stock inventory product, the Materials Technician, shall check all storage locations under the control of the Materials Management Department.
    - All affected products will be removed, segregated from the other stock and appropriately identified with warning notices.
    - All products being recalled will be exchanged as necessary by the Materials Management Department. The products being recalled that are essential to the hospital's operation will be replaced by a substitute product as soon as possible.
    - The substitution of products will be coordinated by the Materials Management Department. Any product that cannot be replaced with the exact manufacturer product will be replaced

with a product that is comparable. This change will be communicated to the affected departments.

- All recall documentation will be maintained by ~~in~~ the Materials Management Department in ~~and~~ the Materials shared file.

SoHum Health

Subject:	Manual:
Occupational Therapy Care, Treatment, and Services	**Occupational Therapy**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") that Occupational therapy staff shall provide care, treatment, and services as needed and appropriate.

DEFINITIONS:
ADLs: Activities of Daily Living
IADLs: Instrumental Activities of Daily Living
OT: Occupational Therapist/Therapy
AE: Adaptive Equipment
DME: Durable Medical Equipment
ROM: Passive Range of Motion
HEP: Home Exercise Program

PROCEDURE:

- Occupational Therapy Evaluation and Care Planning
    - Evaluation of factors affecting ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation ("occupations"), including client factors (ie. body structures and functions), performance skills (eg. coordination, cognition, activity tolerance, etc.), contexts, and activity demands that affect performance.
    - Evaluation to include establishment of an occupational profile, medical and therapy history, relevant assessments, and development of care plan that reflects patient goals and OTs clinical reasoning and interpretation of data.
    - Focus of OT care plan is to facilitate and optimize patient engagement in occupations to improve health, well-being, and quality of life via knowledge of the transactional relationship between the patient, their desired occupations, and the contexts in which they perform them.
    - Collaboration with patient, support person(s), and interdisciplinary team as needed for coordination of care.
- Therapeutic Use of Occupations and Activities
    - Facilitate interventions to promote or enhance safety and performance in ADLs, IADLs, health management (ie. medication management and health routines), rest and sleep, education, work, play, leisure, and social participation.
    - Interventions to facilitate participation in daily occupations and activities and to address therapeutic goals, including underlying physical, cognitive, and psychosocial concerns.
    - Compensation, modification, or adaptation of occupations, activities, and contexts to improve or enhance performance, included but not limited to training and education regarding AE/DME, energy conservation, and compensatory strategies.
    - Graded ADLs and activities to improve activity tolerance and underlying personal factors limiting performance and participation (eg. endurance, strength, functional reach, balance, cognitive functions, visuoperceptual skills, etc..)
    - Train patients and support person(s) in adaptive and compensatory techniques, energy conservation strategies, DME, and AE as appropriate to optimize safety and participation in activities.
- Functional Therapeutic Exercise

    - Graded activity that requires active assistive, active, or resistive movements to develop strength, endurance, range of motion, balance and coordination, and neuromuscular reeducation.
    - Development, remediation or maintenance of strength, ROM, and functional activity tolerance to improve or prevent decline in performance in everyday life occupations.
    - Create and train in patient and support person(s) in HEP.
- Pain Management
    - Note underlying causes of pain and pain science education when appropriate.
    - Provide hands on and manual techniques and modalities including but not limited to passive ROM, joint mobilization, heat/ice, etc. to affected area when appropriate.
    - Provide joint immobilization techniques and devices for affected extremity as appropriate.
    - Provide a supportive atmosphere to facilitate patient's optimum functioning, independence, and self-efficacy.
    - Recommend and/or provide relaxation techniques.
    - Provide graded functional training to identify activity tolerance level of the patient.
    - Train body mechanics, posture, and proper joint protection techniques to assist in decreased pain, increased function, and prevention of secondary impairments.
    - Address edema through hands on techniques, positioning, and recommendation of compression garments as appropriate.
- DME
    - Recommend and/or provide DME/AE as necessary to increase independence and safety.
    - Train patient and relevant support person(s) (eg. partner, family members, caregivers, staff etc.) in proper use of equipment.
    - Assessment, recommendation, and training in techniques to enhance functional mobility, including fitting and management of wheelchairs and other mobility devices.

~~**DEFINITIONS:**~~
~~**ADLs**: Activities of Daily Living~~
~~**IADLs**: Instrumental Activities of Daily Living~~
~~**OT**: Occupational Therapist/Therapy~~
~~**AE:** Adaptive Equipment~~
~~**DME:** Durable Medical Equipment~~
~~**ROM:** Passive Range of Motion~~
~~**HEP:** Home Exercise Program~~

SoHum Health

Subject:	Manual:
Physical Therapy Care, Treatment, and Services	**Physical Therapy**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") that Physical therapy staff shall provide care, treatment, and services as needed and appropriate.

DEFINITIONS:

HEP: Home Exercise Program
DME: Durable Medical Equipment
PROM: Passive Range of Motion
AD: Assistive Devices

PROCEDURE:

- Coordination and Control Training
  - Graded activity to improve muscular coordination
  - Recommended positioning for optimal function
  - Train in body positioning and posture to facilitate motor control and increase or maintain motor patterns
  - Train in recovery and compensatory techniques as appropriate
- Functional Therapeutic Exercise
  - Graded activity that requires active assistive, active, or resistive movements
  - Graded activities of daily life to improve strength (ex. Functional transfers, bed mobility, sit-to-stand, etc.)
  - Instruction to patient and family/caregivers regarding range of motion techniques and therapeutic exercise/HEP
  - Utilize techniques to inhibit abnormal reflexes and movement patterns
  - Techniques to facilitate reduced muscle tone
  - Techniques to inhibit increased muscle tone
  - Techniques to reduce edema
- Endurance Training and Energy Conservation
  - Train in energy conservation techniques and activity modification/pacing
  - Provide graded activities and progressions to increase level of muscular and cardiovascular endurance
  - Train and educate on proper body mechanics during functional activity
  - Provide functional activities for patient to identify activity tolerance level
- Pain Management
  - Note underlying causes of pain and pain science education when appropriate
  - Provide joint mobilization techniques, PROM, and muscle energy techniques when indicated to affected area
  - When indicated, provide joint immobilization techniques and devices for affected extremity
  - Provide a supportive atmosphere to facilitate patient's optimum functioning, independence, and self-efficacy
  - Recommend and/or provide relaxation techniques
  - Provide functional training to identify activity tolerance level of the patient
  - Train body mechanics, posture, and proper joint protection techniques to assist in decreased pain, increased function, and prevention of secondary impairments.
- Gait Training
  - Provide AD to decrease fall risk and increase patient independence with ambulation
  - Adjust equipment to appropriate patient height

    - Assess gait patterns and make corrections to increase gait efficiency, decrease fall risk, decrease energy expenditure, and prevent further impairment
    - Advance to least restrictive AD as deemed safe by physical therapist
    - Provide balance training for any/all of three balance systems – vestibular, visual, and proprioceptive
- DME
    - Recommend and/or provide DME/adaptive equipment as necessary to increase function and independence
    - Train patient, family/caregivers, and other hospital staff, when necessary, in proper use of equipment

SoHum Health

Subject:	Manual:
Patient and Family Education	**Rehabilitation Services**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to educate patients and their support person(s) on the disease process in relation to occupational therapy treatment techniques, equipment, and issues pertinent to each individual patient.

DEFINITIONS:
PT: physical therapist
OT: occupational therapist
SLP: speech-language pathologist
DME: durable medical equipment

PROCEDURE:

- PT, OT, and SLP shall meet informally, or in a structured meeting as needed, with the patient and support person(s), including but not limited to family, partners and/or caregivers to assist in their educational process.
- The learning needs of the patient and support person(s) shall be assessed, making note of any barriers to ability, desire, or motivation to learn.
- Visual, auditory, and/or kinesthetic educational approaches shall be utilized to aid in learning based on patient learning needs.
- "Hands on" and "teach back" learning techniques shall be utilized to educate patients and support person(s) in safe use of equipment and/or adaptive strategies in the home environment.
    - For inpatients, training both patients and family/caregivers to safely care for patients at home including transfers, use of DME and adaptive equipment/techniques, and self-care.
- All therapists providing learning instruction shall evaluate the effectiveness of their educational efforts and re-educate as necessary.
- As appropriate, education shall be provided as a collaborative effort with all members of the healthcare team.

~~**DEFINITIONS:**~~
~~**PT:** physical therapist~~
~~**OT:** occupational therapist~~
~~**SLP:** speech-language pathologist~~
~~**DME:** durable medical equipment~~

SoHum Health

Subject:	Manual:
Rehabilitation Services – Swing Beds	**Rehabilitation Services**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide rehabilitation services to assist residents to attain, maintain, or restore their highest practicable level of physical, mental, functional, and psychosocial well-being.

DEFINITIONS:

PT: Physical Therapy
OT: Occupational Therapy
SLP: Speech-Language Pathologist

PROCEDURE:

- Rehabilitation services shall include but are not limited to physical therapy, speech-language pathology, and occupational therapy.
- Rehabilitation services shall be provided under the order of physician by qualified personnel.
    - Qualified personnel are defined as a PT, OT, SLP, physical therapy assistant, or occupational therapy assistant.
- Rehabilitative services shall be provided according to the individual's assessed rehabilitative needs and goals based on their comprehensive plan of care.
- In the event of a swing bed patient whose primary impairment is deconditioning or otherwise musculoskeletal in nature, necessitating the need for inpatient rehabilitation as primary reason for swing bed stay, the patient must participate in PT and/or OT five times per week.

~~**DEFINITIONS:**~~

~~**PT:** Physical Therapy~~
~~**OT:** Occupational Therapy~~
~~**SLP:** Speech-Language Pathologist~~

SoHum Health

Subject:	Manual:
Skilled Nursing – Rehabilitation Services	**Rehabilitation Services**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to ensure that specialized services such as physical therapy, speech-language pathology, and occupational therapy meet the rehabilitation and functional needs of all patients and are readily available.

DEFINITIONS:

POC: Plan of Care

PROCEDURE:

- Services shall be provided in accordance with accepted professional practices by qualified professionals such as physical therapists, speech-language pathologists, occupational therapists, or by qualified assistants or other support staff under the supervision of such qualified professionals.
- Each patient with verified physician orders for rehabilitation services shall receive a functional rehabilitation assessment.
- Subsequent treatment sessions shall emphasize patient's goals and address deficits while also allowing patient to make autonomous decisions regarding their treatment sessions and POC.
- Rehabilitation services shall be provided in a manner consistent with professional licensure laws, regulations, registration, and certification.
- Reassessments will be performed every 30 days or when there is a significant change in condition necessitating changes to treatment and POC.
- Orders for rehabilitation services, services rendered (assessment and subsequent treatment notes), re-evaluations, and other pertinent information shall be recorded in the patient's medical record. Entries will be dated and signed.

~~**DEFINITIONS:**~~

~~**POC:** Plan of Care~~

SoHum Health

Subject:	Manual:
Infection Prevention and Control	**Rehabilitation Services**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to reduce incidence of, and potential risk for, the occurrence of infection in patients, visitors, and staff.

PROCEDURE:

- Southern Humboldt Community Healthcare District and Jerold Phelps Community Hospital's infection, prevention, and control policies and procedures will be followed.
- Standard Precautions are observed for all patients.
- The department shall use hospital-approved disinfectant for cleaning and disinfection of surfaces and equipment.
- Hand Hygiene
    - When hands are visibly dirty or contaminated, wash hands with soap and water
        - Wet hands first with water, apply soap, rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers
        - Rinse hands with water and dry thoroughly with a disposable towel
        - Use towel to turn off faucet
    - When decontaminating hands with an alcohol-based rub, apply product to palm of one hand and rub hands together, covering all surfaces of hand and fingers, until hands are dry.
    - Decontaminate hands before having direct contact with patients
    - Decontaminate hands after contact with a patient's intact skin, nonintact skin, body fluids/excretions, and wound dressings
    - Decontaminate hands if moving from contaminated-body site to a clean-body site during patient care
    - Decontaminate hands after removing gloves
    - Wash hands with soap and water before eating and after using the restroom
- Reusable Items/Supplies
    - Ensure that walkers, canes, crutches, wheelchairs, therapeutic activity and exercise equipment are cleaned thoroughly between patients
    - Treatment tables shall be wiped down between patients with hospital-approved disinfectant
    - Gym equipment shall be wiped daily with hospital-approved disinfectant
- Additional Infection Precautions
    - Occupational therapy staff will monitor for infection precautions of hospital patients via chart review, posted notices at patient room, and per infection preventionist guidelines
    - Use of additional PPE including masks, gowns, and gloves as required according to precaution with proper donning and doffing technique
    - Ensuring that patient on modified contact precautions is changed into clean clothes or hospital gown and performs appropriate hand hygiene prior to exiting room
    - Use of gown, gloves, and surgical mask when providing treatment to a patient with droplet precautions
    - Use of gown and gloves when providing treatment to a patient with contact precautions
    - Use of fit-tested N95 respirator, gloves, gown, and face shield when providing treatment to a patient with airborne precautions

DEFINITIONS:
None

SoHum Health

Subject:	Manual:
Hazard Communication Program and SDS	**Safety and Emergency Preparedness**

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a program to comply with the requirements and intent of the California Hazard Communications Standard.

PURPOSE:

The purpose of this policy and procedure is to describe the process by which the Hazard Communications Program and Safety Data Sheet (SDS) will be followed.

DEFINITIONS:

The purpose of the Hazard Communications Program (HCP) is to ensue employees are aware of the hazardous chemicals in the workplace and are provided information regarding the potential hazards associated with exposure to these chemicals.

An SDS (formerly known as MSDS) includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical.

PROCEDURE:

The Engineering ~~Environmental Services~~ Manager is also the Hazard Communications Program Director. All questions regarding the program must be directed to the Program Director.

Beyond the administrative requirements of this program, every employee and manager will take an active role in implementing this program. The program requires the full support and cooperation of all employees and managers.

The program is available to all SHCHD employees, their designated representatives, representatives of the Division of Occupational Safety and Health, representatives of the National Institute for Safety and Health, outside contractors and their employees who are performing work at SHCHD, and others who may have a right for such information.
Employees will have access to the ~~Material~~ Safety Data Sheets (~~M~~SDS), this program, and all related information during working hours. Emergency requests will be honored at any time.

A. **~~Material~~ Safety Data Sheet Master Notebook:**

Location-Hospital Nurses' Station

SHCHD maintains ~~an~~a ~~M~~SDS notebook for all products containing hazardous substances. The Environmental Services Manager updates this notebook as new products are introduced to the facility, or a product is no longer used.

All products must have a ~~an~~ SDS~~MSDS~~. The Materials Management and Department Managers are responsible for providing a copy of any new SDS~~MSDS~~ to the Engineering ~~Environmental Services~~ Manager for ~~his~~ review and inclusion into the Master SDS~~MSDS~~ notebook, if appropriate. ~~Material~~ Safety Data Sheets will be reviewed and evaluated at the time of their receipt for appropriateness of information to our operations. In writing, questions and requests for additional information will be communicated to the Manufacturer/Importer.

Laboratory, Radiology, Engineering, Construction and Dietary have a SDS~~MSDS~~ for products specific to their individual departments. These departments will maintain a file/notebook for these SDS~~MSDS~~; however, a copy of each new SDS~~MSDS~~ will be provided to the Engineering~~Environmental Services~~ Manager for inclusion in the SDS~~MSDS~~ Notebook located at the Nurses' Station, if appropriate.

B. **Labeling:**

The labels for all products will be evaluated at the time of receipt for compliance with the Hazard Communication Standard. All products currently in stock have been evaluated to verify proper labeling.

Manufacturers/Importers will be notified in writing of discrepancies in their labeling.

Each manager and employee will ensure that every hazardous substance transferred from its original container is properly labeled.

The following Universal Biohazard warning label is available upon request:

C. **Employee Training:**

All employees will be familiarized with the contents of the Hazard Communication Program and the ~~Material~~ Safety Data Sheets and Labels. Employees will be trained to recognize and effectively use hazard warnings and other information on material safety data sheets and labels.

1. Hazard Communications Program:
   The Human Resources Director will instruct new employees on this program and the use of MSDS during their orientation to the facility.

2. ~~Material~~ Safety Data Sheets (SDS~~MSDS~~):
   The Supervisor of the department for which the new employee is assigned will provide additional instruction on the hazardous materials in their department.

A mandatory Annual In-service for all staff members is held in November each year and contains updated information and a review of the Hazard Communications Program and ~~Material~~ Safety Data Sheets.

D. Non-Routine Tasks:
Management will identify non-routine tasks as encountered and ensure employees receive training in the unique hazards and procedures necessary to perform the task safely.

If an employee is assigned a non-routine task for which they have not received training, they should notify their supervisor immediately.

E. Outside Contractors:
All outside contractors performing work at Southern Humboldt Community Healthcare District will be requested to supply, as may be appropriate for the project, a list of all hazardous substances that will be brought into the facility, supply a ~~Material~~ Safety Data Sheet for each substance and submit timetables of anticipated use of these products along with precautions employees should observe.

F. Hospital Potential to Exposure to Outside Contractors:
All outside contractors performing work at Southern Humboldt Community Healthcare District will be notified of hazardous substances used at our facility. As appropriate, outside contractors will be provided with written restrictions and precautions the contractor and his/her employees must observe when

performing work at our facility. Copies of ~~Material~~ Safety Data Sheets will be made available to outside contractors.

SoHum Health

Subject:	Manual:
Hot Weather Precautions	**Safety and Emergency Preparedness**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District to anticipate possible health issues in the elderly related to hot weather.

PURPOSE:

The purpose of this policy and procedure is to define the actions to take to protect the elderly against the effects of hot weather.

PROCEDURE:

1. The elderly and other health-compromised individuals are more susceptible to extremes in temperature and frequently are affected subtly by the effects of the heat. Certain signs and symptoms in the elderly resident or patient to be aware of are:
    a. A different level of mentation in which confusion increases or the level of consciousness decreases.
    b. Sudden changes in eating and drinking patterns that coincide with periods of extreme heat.
    c. Decreased urine output or urine with a concentrated odor or color.
    d. Dry lips and skin.
    e. Refusal to accept fluids.
    f. Headaches, often headaches, are a response to dehydration.

2. The District has central airconditioning which will keep patients and visitors cool and comfortable. Incases of warm temperatures, 80 degrees or above, patients should be kept indoors.~~portable air conditioning units that can be placed in patient care areas. We have 4 portable air conditioning units. One unit is stored in the Environmental Services closet between rooms 107 and 108. This unit can be used to cool the SNF area. Another unit is in the storage shed in the CT Parking Lot. The third unit is in the Environmental Services Bin at Sprowel Creek. The fourth unit is in the closet in Room 101 at Sprowel Creek. The engineering department will perform maintenance according to the manufacturer's recommendations on a weekly basis. Specific procedures should still be followed to assist in keeping the areas cool.~~
    a. During the heat of the day, blinds should be closed on the hot side of the building.
    b. Fans should be available in each room for each resident and in the activities area.
    c. When residents go outside, they should be covered with light clothing and kept in the shade, under a tree or umbrella, at all times.

3. In the event that residents or patients appear to be becoming dehydrated, they should be rehydrated by instituting extra fluids offered on a regular basis.

4. Activities requiring physical exertion should be curtailed or kept to a minimum during the hottest part of the day.

DEFINITIONS:
None

SoHum Health

Subject:	Manual:
Policy: Proficiency Testing	**MCN / Laboratory**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to maintain continuous enrollment in a CMS approved PT program that meets the criteria of Subpart I for each specialty and subspeciality for which the laboratory provides patient testing.

The laboratory will test all proficiency testing samples in the same manner as patient specimens.

The laboratory will notify AHCH of the approved program (API) to meet PT requirements. If there is a change in PT programs, the laboratory will participate in the approved PT program for one year before designating a new program and will notify ACHC promptly before any change in designation.

The laboratory will authorize the API to release to CMS and ACHC all data to determine compliance and make PT results available to the public.

DEFINITIONS:

Unsuccessful performance by analyte: Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.

Unsuccessful performance by testing event: Failure to achieve an overall testing event score of satisfactory performance for two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.

Proficiency testing personnel

PT samples will be tested with the laboratory's regular patient workload by personnel that routinely perform testing.

PT samples will not be tested by only one tech, samples will be tested by all personnel performing testing on the bench.

Testing records will indicate who performed the testing on which samples for each testing event.

Attestation statements

The individual performing testing on the samples and the laboratory director (LD) will attest to the routine integration of PT samples into the regular patient workload using routine methods.

- For moderate complexity testing, the LD may delegate the responsibility of signing the attestation to a qualified technical consultant (TC).[1]

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[1] See: **Policy: Laboratory Personnel** for individual requirements

- For high complexity testing, the LD may delegate the responsibility of signing the attestation to a qualified technical supervisor.[2]

TESTING OF PT SAMPLES

- PT samples must be tested in the same manner as patient samples.
    - Document any necessary reconstitution, longer mixing times, unit conversion of results, etc.
- All samples for one analyte received in a shipment must be tested on the same instrument.
- PT samples must be run on the same day as regular patient workloads[3].

Inter-laboratory communication

The laboratory will not engage in ANY inter-laboratory communication pertaining to the results of PT samples until after the due date by which the PT samples are submitted to API for the testing event in which the samples were sent.

This includes:

- Other employees of laboratories enrolled in API PT testing
- LD's who direct other laboratories also using API PT samples
- Employees who perform consultation for other laboratories

Proficiency Testing Referral

The laboratory will not refer any PT samples to other laboratories for testing.

For PT samples pertaining to only presumptive or screening testing methodologies, the PT sample must NOT be referred to another laboratory for confirmation, regardless of regular patient testing protocol.

PROFICIENCY TESTING DOCUMENTATION

The laboratory will document the handling, preparation, processing, examination, and each step in the testing and reporting process for all PT samples.

The laboratory will retain a copy of all records, including a copy of the API report forms that include the attestation statement provided by API signed by the analyst and LD or designee, documenting that PT samples were tested in the same manner as patient specimens for a minimum of three years from the date of the PT event.

These records include but are not limited to:

- Instrument tapes
- Work cards
- Computer print outs
- Evaluation reports
- Evidence of review
- Records of investigative or remedial action

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[2] For Immunohematology, the TS must be a licensed physician in the state of California. At SoHum Health, the LD serves as the immunohematology TS

[3] For some low volume tests, PT samples may be run on a day where there weren't any patient samples run to ensure PT results are submitted on time

Evaluation of proficiency testing and satisfactory performance by event or analyte

The laboratory and LD will routinely review PT results against API's participant summary result for each testing event. See **Table: Proficiency Testing Passing Thresholds** below.

Table: Proficiency Testing Passing Thresholds

Subspeciality	Overall Event Score Requirement	Analyte or Test Score Requirement
Bacteriology	80% or >	N/A
Routine Chemistry	80% or >	80% or >
Mycobacteriology	80% or >	N/A
Endocrinology	80% or >	80% or >
Mycology	80% or >	N/A
Toxicology	80% or >	80% or >
Parasitology	80% or >	N/A
Hematology	80% or >	80% or >
Virology	80% or >	N/A
General Immunology	80% or >	80% or >
Syphilis Serology	80% or >	N/A
Unexpected Antibody Detection	80% or >	N/A
Antibody ID	80% or >	N/A
ABO Group and D Typing	100%	100%
Compatibility Testing	100%	100%

In the event of failure to achieve the above criteria, the laboratory will follow the PT failure investigation procedure.

FAILURE TO PARTICIPATE IN A TESTING EVENT

Failure to participate in a testing event results in unsatisfactory performance and results in a score of zero for the testing event.[4]

Consideration may be given in the following circumstances:

[4] Failure to return PT results to the PT program within the time frame specified by the program is unsatisfactory performance and results in a score of zero for the testing event.

- Patient testing was suspended during the timeframe allotted for testing and reporting PT sample results.
- ACHC and API have been promptly notified within the timeframe for submitting PT results and include the circumstances associated with failure to perform testing on PT samples.
- The laboratory has participated in in the previous two PT events.

PROCEDURE:

Proficiency Testing Failure Investigation

When a PT failure occurs, the TS for that section of the lab will:

- Open the "Proficiency Testing Deficiency Investigation Report" form from ACHC.
- Fill out the Laboratory Information and Survey Information sections.
- Identify and check deficiency type on the form.
- Fill out the assessment review, checking a response for each item in the section (Yes, No, or N/A).
    - If "Yes" was checked for any section, explain in the "Investigation Results" area of the form with all pertinent details.
- Fill out the "Review of Patient Test Results to Determine if Affected" section on the form.
    - If patient test results were determined to be affected, include supporting documentation of the corrective action implemented along with proof of the appropriate individuals notified.
- Fill out the "Corrective Action" area of the form.
- Gather all supporting documentation and list the names of the supporting documents in the "Proof of Corrective Action" area of the form.
- Send the completed investigation form, API evaluation form, and attach all supporting documents to: reports@achc.org

SoHum Health

Subject:	Manual:
Preventing, Identifying, and Reporting Abuse, Neglect, and Exploitation	**Compliance**

Policy:

It is the policy of Southern Humboldt Community Healthcare District ("facility", "District", "SoHum Health") to prevent, identify, report, and follow up promptly and appropriately regarding actual or suspected abuse, neglect, and exploitation. SoHum Health strives to foster a culture where everyone feels safe, secure, and valued. Prompt, appropriate actions ensure the safety and well-being of patients and residents. All personnel are mandated reporters and are required to adhere to the established procedures for reporting suspected abuse, neglect, and exploitation in compliance with federal and state laws. In an effort to prevent misconduct and criminal behavior, all personnel are subject to a background check prior to working at SoHum Health. SoHum Health maintains a zero-tolerance policy regarding misconduct and criminal behavior. Such actions will result in the disciplinary action, up to and including termination. This policy outlines patient and resident rights, preventative measures taken, potential manifestations of abuse/neglect/exploitation to assist personnel in identifying abuse/neglect/exploitation, reporting guidelines, and investigation guidelines. All personnel are encouraged to prevent, identify, and report all suspected or actual incidents of abuse, neglect, or exploitation.

Patients/Residents have the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation. Patients/Residents have the right to be free from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the patient's/resident's symptoms. Patients/residents do not have the right to refuse mandated reporting.

SoHum Health personnel shall protect residents and patients from real or perceived abuse, neglect, misappropriation of patient/resident property, and or exploitation from anyone, including staff members, students, volunteers, other residents and patients, visitors, or family members. SoHum Health mandates that, under the guidance of applicable laws, any healthcare worker having reasonable cause to believe that any person is in the state of abuse, exploitation, or neglect shall report the information to the appropriate regulatory agency.

Allegations, observations, or suspected cases of abuse, neglect, or exploitation that occur in the facility shall be investigated by SoHum Health. SoHum Health provides in-service training upon hire, annually, and as needed, designed to assist staff and healthcare providers associated with SoHum Health in identifying patient and resident abuse and neglect or of illegal, unprofessional, or unethical conduct by or in the facility.

Emotional/Verbal/Psychological Abuse:

- Involves rejection, criticism, terrorizing, degrading and isolation
- Mental or emotional injury to the person that results in an observable impairment in growth, development, or psychological functioning
- Causing or permitting the person to be in a situation in which the person
- Sustains a mental or emotional injury that results in an observable and material impairment in growth, development, or psychological functioning

Physical Abuse:

- Physical injury that results in substantial harm to the person, or the genuine threat of substantial harm from physical injury to the person, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian or managing possessory conservator that does not expose the person to a substantial risk of harm
- Failure to make a reasonable effort to prevent an action by another person that results in physical injury and substantial harm to the person

Sexual Abuse:

- Sexual contact, sexual intercourse, sexual conduct, sexual penetration with a foreign object, incest, sexual assault, or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify the sexual desires of any person
- Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, sexual conduct, sexual assault, or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify the sexual desires of a person
- Compelling or encouraging the person to engage in sexual conduct
- Causing, permitting, encouraging, or allowing the photographing, filming or depicting of the person if the person knew or should have known that the resulting photograph, film, or depiction is obscene or pornographic

Abandonment: The leaving of the person in a situation where he/she would be exposed to substantial risk of harm without arranging for the necessary care and demonstration of an intent not to return by a parent, guardian, or managing possessory conservator

Neglectful Supervision: Placing in, or failing to remove, the person from a situation that a reasonable individual would realize required judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or substantial risk of immediate harm to the person

Medical Neglect: The failure to seek, obtain or to follow through with medical care for the person, with the failure resulting in an observable material impairment to the growth, development, and/or functioning of the person

Physical Neglect: The failure to provide the person with food, clothing or shelter necessary to sustain the life or health of the person but excluding failure caused primarily by financial inability unless relief services had been offered and refused

The following criteria may be used to assist in the identification of abuse.

<u>Physical Abuse</u>
Physical abuse is the willful infliction of injury, unreasonable confinement, or cruel punishment. Physical abuse may be suspected if the following are identified:

- Scratches, cuts, bruises, or burns
- Welts, scalp injury or gag marks
- Sprains, punctures, broken bones, or bedsores
- Confinement
- In children under three (3) years:
    - The caregiver of an injured child reports a change in the child (such as decreased mobility) instead of reporting an accident
    - The extent of the injury is more severe than the reported cause would indicate
    - A child under one (1) year old suffers a fracture of the radius, ulna, tibia/fibula, or femur
- In persons 65 years of age and older or disabled persons:
    - Contusions or lacerations inconsistent with the patient's, resident's, or caregiver's explanation of the injury
    - Contusions or lacerations are found where people are not usually injured, such as the inner thigh
    - Injuries from different causes occur at the same time (e.g., stab wound and contusion)
    - Wounds or lesions are not properly attended
    - The patient or resident is dehydrated or malnourished
    - The caregiver has provided improper levels of prescription medication
    - The patient or resident is wearing blood-stained undergarments
    - The patient or resident has suffered a spiral long bone fracture from a direct blow

    - Symmetrical wounds or fractures are present
    - Multiple bruises appear to be in the same evolutionary state
- Rape/other forms of sexual abuse:
- Trauma to the penis, vulvar, and/or anal region
- Sexual manipulation of penis, vulvar, and/or anal region with a foreign
- object
- Diagnosis of sexually transmitted disease in children and non-sexually
- active adolescents

Neglect
The failure to provide for basic needs or services necessary, or placing a person's health or welfare at reasonable risk.

- Malnourishment, dehydration
- Over/under medication
- Lack of heat and/or running water
- Lack of medical care
- Lack of personal hygiene and/or appropriate clothing

Exploitation
The illegal or improper act or process of using the resources of a child or an elderly or disabled person for monetary or personal benefit and/or taking unjust advantage of another for one's own advantage or benefit, including, but not limited to:

- Taking the social security/SSI check
- Abusing joint checking account privileges
- Taking property and/or other resources
- Borrowing money or property from the patient or resident
- Incitement of the patient or resident by the offender to commit acts that are or may be detrimental to the resident however may gratify the offender (e.g., one resident [the offender] may incite another patient/resident [victim] to refuse their meal with the offender taking the untouched meal for their own consumption or inciting the victim into aggressive or combative behavior toward others for the personal gratification/amusement of the offender).
- Involving the patient/resident in any practice or scheme of conduct that may include sexual contact for the purposes of arousal or gratification of the offender

Emotional/Verbal/Psychological Abuse
This type of abuse is based on power and control. It is a pattern of behavior that may seriously impact a person's positive emotional development and could lead to a significant detriment to the person's self-esteem and emotional well-being. It is the willful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal conduct. Emotional abuse may accompany other types of abuse, such as physical and sexual abuse. Emotional abuse is difficult to identify due to lack of outward signs. A person may manifest emotional abuse in many different ways, such as:

- Avoidance of eye contact
- Destructive behavior
- Depression
- Difficulty forming positive attachments
- Fearfulness/anxiety
- Feelings of shame/guilt
- Insecurity
- Poor self-esteem
- Self-depreciation
- Self-harm
- Social withdrawal/isolation
- Substance abuse
- Tendency to be overly passive/compliant
- Unstable work history

Procedure:

All cases of suspected abuse/neglect must be reported to authorities. Personnel who reasonably believe or who know of information that would reasonably cause a person to believe that the physical or mental health or welfare of a patient/resident of the facility, who is receiving medical services, has been, is, or will be adversely affected by abuse or neglect by any person shall, as soon as possible, report the information supporting the belief to the Department of Public Health, or the appropriate healthcare regulatory agency, by telephone, in writing, or by personal visit.

When domestic violence has occurred, always notify law enforcement officials, even if the patient/resident does not want to press charges. A healthcare provider who fails to report shall be referred by the Department of Public Health to the individual's licensing board for appropriate disciplinary action. The Social Service Department shall maintain a list of private and public community agencies that can arrange for ongoing assessment and care of any patient/resident who is a suspected/actual victim of abuse or neglect.

Reporting

To report suspected or actual abuse, neglect, or exploitation follow the below reporting guidelines.
In many instances, the healthcare provider may suspect the possibility of an inflicted injury before the physician. Careful assessment and documentation of physical findings can help provide the data that is believed to confirm the diagnosis. History taking and examination of all patients/residents shall be done promptly and in privacy.

A nonjudgmental approach shall be maintained toward personnel, residents, patients, and family members at all times. A judgmental attitude may hamper the level of cooperation. The family shall be kept informed of what is happening to the patient/resident. All reports received by any local or state law enforcement agency shall be referred to the appropriate department providing protective regulatory services or the county agency responsible for the protection of human rights.

SoHum Health will not suspend or terminate the employment of or discipline or otherwise discriminate against an employee for reporting the employee's supervisor, an administrator of the facility, a state regulatory agency or a law enforcement agency for a violation of the law. SoHum Health will not retaliate against a person who is not an employee for reporting a violation of the law.

SoHum Health will prominently and conspicuously post for display in a public area of the facility (that is readily available for residents, patients, visitors, staff, physicians, and volunteers) a statement that staff and non-employees are protected from discrimination or retaliation for reporting a violation of the law. The statement shall be in English and/or a second language appropriate to the demographic makeup of the community served (if 5% or more of the total population reflects the second language).

In cases of imminent danger to anyone, please call 911.

Reporting Known or Suspected Child Abuse
To report suspected child abuse or neglect contact Humboldt County's Child Welfare Services (CWS) at 707-445-6180. You can also report to sheriff's department at 707-445-7251. Complete the Department of Justice (DOJ) SS 8572 form for known or suspected physical abuse of a child. Penal Code § 11166 requires all professional medical personnel to report suspected child abuse and neglect, defined by Penal Code § 11165, immediately by telephone and to submit a written report (DOJ SS 8572) within 36 hours to a local law enforcement agency OR a child protective services agency. The Cal OES 2-900 may be used by medical personnel to document physical findings and is part of the medical treatment record (Penal Code § 11171.2(d) and does not replace the DOJ SS 8572 Suspected Child Abuse and Neglect Report. The SS 8572 is used by all mandated reporters to report suspected child abuse and neglect. The Cal OES 2-900 is only used by medical

personnel to document physical findings and is part of the medical treatment record (Penal Code § 11171.2(d)).

Parental consent is not required to examine, treat or collect evidence for suspected child abuse. In the absence of parental consent or in the case of parental refusal, children must be taken into protective custody by a child protective agency (e.g. law enforcement agency or county child protective services agency) in order to perform the examination. Follow local policy regarding placement of children in protective custody.

Welfare and Institutions Code Section 324.5 states:

> "Whenever allegations of physical or sexual abuse of a child come to the attention of a local law enforcement agency or the local child welfare department and the child is taken into protective custody, the local law enforcement agency or child welfare department may, as soon as practically possible, consult with a medical practitioner, who has specialized training in detecting and treating child abuse injuries and neglect, to determine whether a physical examination of the child is appropriate. If deemed appropriate, the local law enforcement agency, or the child welfare department, shall cause the child to undergo a physical examination performed by a medical practitioner who has specialized training in detecting and treating child abuse injuries and neglect, and whenever possible, shall ensure that this examination takes place within 72 hours of the time the child was taken into protective custody. In the event the allegations are made while the child is in custody, the physical examination shall be performed within 72 hours of the time the allegations were made."

Penal Code Section 11171.2 and 11171.5 state:

> "A physician, surgeon, or dentist or their agents, and by their direction, may take skeletal x-rays of the child without the consent of the child's parent or guardian, but only for purposes of diagnosing the case as one of possible child abuse or neglect and determining the extent of the child abuse or neglect."
>
> "If a peace officer, in the course of an investigation of child abuse or neglect, has reasonable cause to believe that the child has been the victim of physical abuse, the officer may apply to a magistrate for an order directing that the victim be x-rayed without parental consent. Any x-ray taken pursuant to this subdivision shall be administered by a physician, surgeon, or dentist or their agents. With respect to the cost of an x-ray taken by the county coroner or at the request of the county coroner in suspected child abuse or neglect cases, the county may charge the parent or legal guardian of the child victim the costs incurred by the county for the x-ray. No person who administers an x-ray pursuant to this section shall be entitled to reimbursement from the county for an administrative cost that exceeds 5 percent of the cost of the x-ray."

<u>Reporting known or suspected elder or dependent adult abuse</u>

Contact Adult Protective Services (APS) immediately or as soon as possible. If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately but also no later than within two (2) hours. The written report shall be completed within two (2) working days. For incidents not resulting in serious bodily injury, a telephone report to law enforcement must be made within 24 hours.

- Contact Humboldt County APS
  - Ph: 707-476-2100
  - Ph: 866-527-8614
  - Office: 808 E St.
    Eureka, CA 95501
- Complete and submit the SOC 341 form

Reporting known or suspected elder or dependent adult abuse in the Long-Term Care (LTC) Facility

When to Report

LTC facilities have specific reporting timeframes and reporting entities, as required by Title 42 CFR section 483.12(c)(1) and WIC section 15630 (b)(1)(A)(i & ii). Below is a description of the regulatory timeframes for reporting suspected or known abuse, neglect, exploitation and/or mistreatment of elders and dependent adults. Reportable incidents can include, but are not limited to, physical abuse, abandonment, abduction, deprivation, financial abuse, mental suffering, or neglect.

Pursuant to Title 42 CFR section 483.12(c)(1) for incidents that involve abuse or result in serious bodily injury, facilities must:

- Call local law enforcement immediately, but no later than two hours after the allegation is made.
- File a written or electronic report to the LTC ombudsman, local law enforcement, and DO within two hours.

Pursuant to Title 42 CFR section 483.12(c)(1) for any other reasonable suspicion that does not result in abuse or serious bodily injury, facilities must:

- Call local law enforcement as soon as possible, but no later than 24 hours after the allegation is made.
- File a written or electronic report to the LTC ombudsman, local law enforcement and DO within 24 hours.

How to Report

Facilities should use the "Report of Suspected Dependent Adult/Elder Abuse" (SOC 341) (PDF).

Please provide as much information as possible so receiving entities can best assist as needed. The written report should include the following:

- Name, address, telephone number, and occupation of the person reporting
- Name and address of the victim
- Date, time, and place of the alleged incident
- Other details, including the reporter's observations and beliefs concerning the incident
- Any statement relating to the alleged incident made by the victim
- Name of any individuals believed to have knowledge of the alleged incident
- Name of the individuals believed to be responsible for the alleged incident and their connection to the victim

Reporting Adverse Events to the California Department of Public Health

If an event meets the criteria for an adverse event as described in Health and Safety Code, Section 1279.1 (b) (1) – (7), SoHum Health shall report to the California Department of Public Health through a secure internet website maintained by the Department pursuant to the following time lines:

- Adverse events that are ongoing urgent or emergent, threatening the welfare, health, or safety of patients, personnel, or visitors, shall be reported within 24 hours after the adverse event is detected.
- Sexual assault of a patient, including allegations of sexual assault of a patient, provided for under Health and Safety Code section 1279.1(b)(6)(C), shall be reported within 24 hours after detection.
- All other adverse events shall be reported to the Department no later than five (5) calendar days after the adverse event is detected.

When reporting adverse events, SoHum Health shall provide to the Department the following information:

- Name and address of the hospital.
- Location and service area where the adverse event occurred.
- Date and time the adverse event occurred and was detected, if known.
- Name of each individual affected by the adverse event and any patients,
- personnel, and visitors involved or a witness to the adverse event, if known.

- Description of the circumstances surrounding the adverse event, including the
- nature and extent of injury or harm.
- If an individual affected by the adverse event is a patient, the date the patient, or
- the party responsible for the patient, was informed of the adverse event. This date shall
- not be later than the date the hospital reported the adverse event to the Department.
- Name, title, area code, and telephone number of a hospital representative for the Department to contact for additional information.
- Hospital's immediate corrective or mitigating action in response to the adverse event.
- Any additional information as it becomes available regarding the adverse event.

In the event the Department's secure internet website is not operational, the hospital shall report an adverse event to the Department by email or telephone. The California Department of Public Health Licensing and Certification Division Santa Rosa Office email is CDPH-LNC-SANTAROSA@cdph.ca.gov and the phone number is (707) 576-6775 or toll Free at (866) 784-0703.

Reporting Certified Nursing Assistant (CNA) Misconduct or Abuse

Submit the Complaint Form (CDPH 318) to the California Department of Public Health to report a CNAs for misconduct or abuse.

- Email: cnamisconduct@cdph.ca.gov
- Message Center: (916) 492-8232 (calls returned by next business day)
- Main Line: (916) 445-4423
- Fax: (916) 636-6108
- Mail: Investigation Branch/Investigation Section
  P.O. Box 997416, MS 3303
  Sacramento, CA 95889-7416

Reporting Suspicious Injuries and Domestic Abuse

Suspicious injuries, not classified as child, elder, or dependent adult abuse, should be reported to the appropriate authorities. Penal Code Section 11160 mandates the following regarding suspicious injuries:

- Internal procedures established to facilitate reporting and apprise supervisors and administrators of reports shall be consistent with the reporting requirements of PC Section 11160. The internal procedures shall not require any employee who must make a report to disclose his or her identity to the employer.
- Report suspicious injuries to your local law enforcement agency by telephone immediately, or as soon as practically possible.
- Submit the required completed written report to your local law enforcement agency within two working days of discovering a suspicious injury, whether or not:
  - The person has expired;
  - The injury was a factor contributing to the person's death; or
  - Evidence of the conduct of the perpetrator is discovered during an autopsy.
- Complete the CalEMA 2-923 form for sexual assault of an adult as directed. Complete the Suspicious Injury Report CalEMA 2-920 for suspicious injuries of an adult as directed.
- Two or more health practitioners with knowledge of a suspicious injury may mutually select a team member to make the telephone report and one written report signed by the selected team member. A team member who knows that the selected team member has not made the telephone call or submitted the written report shall make the report(s).
- No supervisor or administrator shall impede or inhibit the required reporting duties, and no person making a report pursuant to this section shall be subject to any sanction for making the report.
- If it is determined that an employee fails to complete the appropriate reporting, they may be subject to Adverse Employment Action.

Investigation of Allegations Against a Staff Member

If there are allegations that a patient or resident is experiencing abuse, neglect, or exploitation by a staff member, the following steps shall be taken:

Immediate Action:

- The staff member will be placed on paid administrative leave while a thorough investigation is conducted.
- A complete investigation to validate the allegation will be performed by Compliance, HR, and Nursing Administration.
- All necessary reports should be filed
- Appropriate agencies will conduct their own investigation

Outcome of Investigation:

If the allegations are disproved, the employee may return to duty under a 90-day supervision period.

- During this period, the immediate supervisor will:
- Monitor the employee's performance.
- Conduct monthly check-ins.
- Assign additional training as needed.

If the allegations are proven accurate:

- The staff member may be subject to immediate adverse employment action, up to and including termination.
- The staff member may be subject to legal action
- The staff member may be reported to the appropriate licensing board

To protect the patient/resident from real or suspected mental, physical, sexual, and verbal abuse, neglect, and/or exploitation, staff shall safeguard the patient/resident from the offending individual(s). This "safeguarding" may be overt or covert, dependent upon the patient's/resident's mental and physical sense of well-being. If any type of abuse or exploitation is proven legitimate (witnessed and obvious), the offending individual shall be restricted from access to the patient/resident. If the abuse is suspected, however unproven, staff shall be present at all times when the patient/resident receives visitors. Allegations, Observations, or suspected cases of abuse, neglect, or exploitation shall be reported in accordance with the reporting guidelines set forth above.

SoHum Health has the obligation and responsibility to protect both the rights of the staff member and the rights of the patient/resident. An investigation of a staff member shall be conducted fairly and confidentially, involving only those individuals who have a need to know. The staff member shall not be unjustly accused because an allegation has been made.

Allegations shall be immediately and thoroughly investigated until a conclusion is reached. However, the rights and protection of the patient/resident shall not be compromised in the interest of fairness toward the staff member. Therefore, it is the responsibility of SoHum Health to separate the staff member and the patient/resident until the conclusion of the investigation.

SoHum Health has the obligation and responsibility to protect both the rights of the staff member and the rights of the patient/resident. Investigation of staff member shall be conducted fairly and in a confidential manner, involving only those individuals in the investigation that have a need to know. The staff member shall not be unjustly accused because an allegation has been rendered.

Allegations against patient visitor or other non-staff member
To protect the patient/resident from real or suspected mental, physical, sexual, and verbal abuse, neglect, and, dependent upon the patient's/resident's mental and physical sense of well-being. If any type of abuse or exploitation is proven legitimate (witnessed and obvious), the offending individual shall be restricted from access to the patient/resident.

Patient/Resident Care Plan

In the event of a confirmed or suspected incident of abuse, SoHum Health shall revise the patient's/resident's care plan to ensure the patient's/resident's medical, nursing, physical, mental, or psychosocial needs and preferences are understood and reflected in the plan of care.

Staff Education

Personnel shall receive education at orientation, annually, and as needed, addressing how to recognize signs, report, and follow-up on actual or suspected abuse, neglect, or exploitation.

Definitions:

Abuse: The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish. Abuse includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

Verbal abuse: The use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to patients/residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of abuse include, but are not limited to:

- Threats of harm and saying things to frighten a patient/resident, such as telling a resident that they will never be able to see their family again
- Harassing a patient/resident
- Mocking, insulting, and/or ridiculing
- Yelling or hoovering over a patient/resident with the intent to intimidate
- Isolating a patient/resident from social interaction or activities

Sexual abuse: Includes any non-consensual sexual contact of any type with a patient/resident including:

- Unwanted intimate touching of any kind especially of breast or perineal area
- All types of sexual assault or battery, such as rape, sodomy, and coerced nudity
- Forced observation of masturbation and/or pornography
- Taking sexually explicit photographs and/or audio/video recordings of a patient(s)/resident(s) and maintaining and/or distributing them (e.g., posting on social media).

Physical abuse: Includes hitting, slapping, punching, and kicking. It also includes controlling behavior through corporal punishment. Corporeal punishment is physical abuse that is used as a means to correct or control behavior.

Mental abuse: Includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. This also includes abuse that is facilitated or enabled through the use of technology, such as smartphones and other personal electronic devices. This would include but would not be limited to: Photographs or recordings of patients/residents that contain nudity, sexual and intimate relations, bathing, showering, using the bathroom, providing perineal care such as after an incontinence episode, agitating a patient/resident to solicit a response, derogatory statements directed to the patient/resident, showing a part such breasts or buttocks without the patient's/resident's face, labeling patient's/resident's pictures and/or providing comments in a demeaning manner, directing a patient/resident to use inappropriate language, and showing the patient/resident in a compromised position. This could also include physical and/or sexual abuse depending on what was photographed or recorded.

Involuntary seclusion: Is defined as separation of a patient/resident from other patients/residents or from their room or confinement to their room (with or without roommates) against the patient's/resident's will or the will of the patient's/resident's legal representative. Emergency or short-term monitored separation from other patients/residents is not considered involuntary seclusion and may be permitted if used for a limited period as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the patient's/resident's needs.

Neglect: The failure of SoHum Health, its employees, or service providers to provide goods, activities, and services to a patient/resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

Personnel: SoHum Health personnel includes all individuals employed by or contracted with SoHum Health, including both healthcare professionals and support staff.

Suspicious Injury: Includes any wound or other physical injury that either was inflicted by the injured person's own act or by another where the injury is by means of a firearm or is suspected to be the result of assaultive or abusive conduct inflicted upon the injured person.

Assaultive/Abusive Conduct: Assaultive/abusive conduct includes committing, or an attempt to commit, any of the following Penal Code violations:

- Abuse of spouse or cohabitant
- Aggravated mayhem
- Administering controlled sub stances or anesthetic to aid in the commission of a felony
- Assault with a stun gun or taser
- Assault with a deadly weapon, firearm, assault weapon or machine gun, or by means likely to produce great bodily injury
- Assault with intent to commit mayhem, rape, sodomy, or oral copulation
- Battery
- Child abuse or endangerment (including Statutory Rape)
- Elder abuse
- Incest
- Lewd and lascivious acts with a child
- Murder
- Manslaughter
- Mayhem
- Oral copulation
- Rape
- Sexual battery
- Sexual penetration
- Sodomy
- Spousal rape
- Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure
- Torture CAL

SoHum Health

HUMAN RESOURCES QUARTERLY REPORT
Q1

Statistics

	Jan	Feb	March	Qtr. Total
New Hires	7	1	3	11
Separations from Employment	1	3	1	5
Reportable Injuries/Illness	1	2	0	3

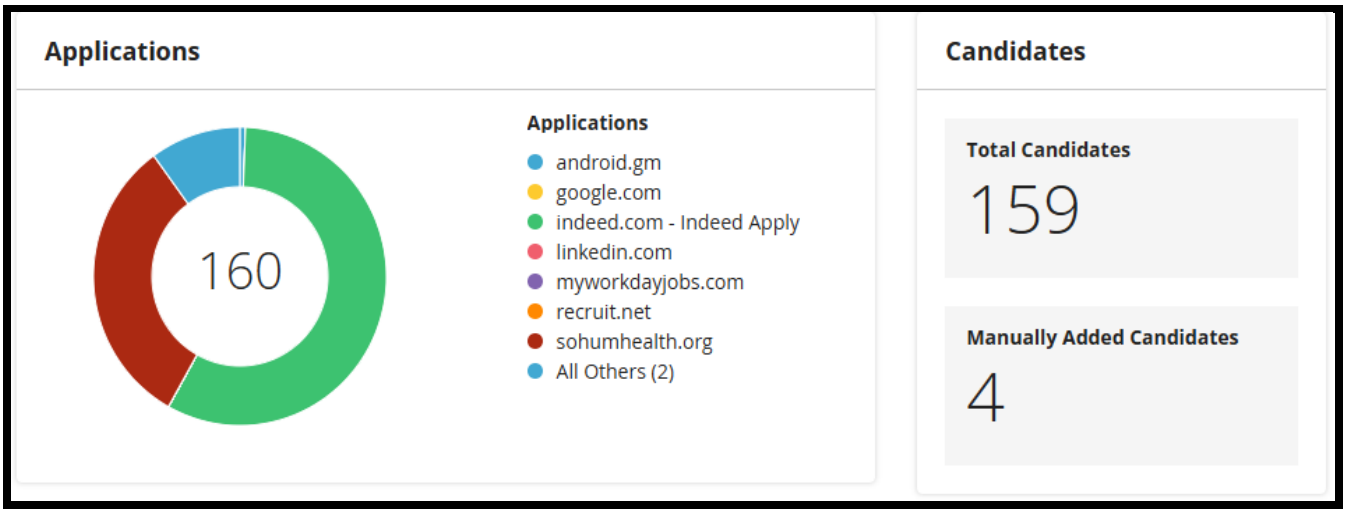
Second Quarter Separation Reasons
Moved – 1; Retired – 0; Other -- 1

We had five employees leave the District during Q1, and their exit interview reasons were other (1).

Recruiting

We posted 8 new jobs and had 25 total published jobs during Quarter One.

One of HR's key focus areas is to broaden the reach of our job postings, thereby expanding our pool of applicants to include a more diverse and extensive range of candidates. This initiative aims to provide our hiring managers with a larger selection of highly qualified applicants to choose from and fill the open position faster.



We received applications from the following sources:

Source*	Visits	Applications	Hired
android.gm	2	1	0
google.com	17	0	1
indeed.com - Indeed Apply	92	92	3
linkedin.com	4	0	0
myworkdayjobs.com	379	0	0
recruit.net	1	0	0
sohumhealth.org	1,865	51	7
All Others (2)	4,130	16	3

* Top 10 sources displayed.

Recruitment and Hiring Update

The security officer position was filled in the fastest time this quarter, with one role filled in just 12 days. In contrast, the Registered Nurse (RN) position took the longest time to fill, averaging 251 days for a single hire.

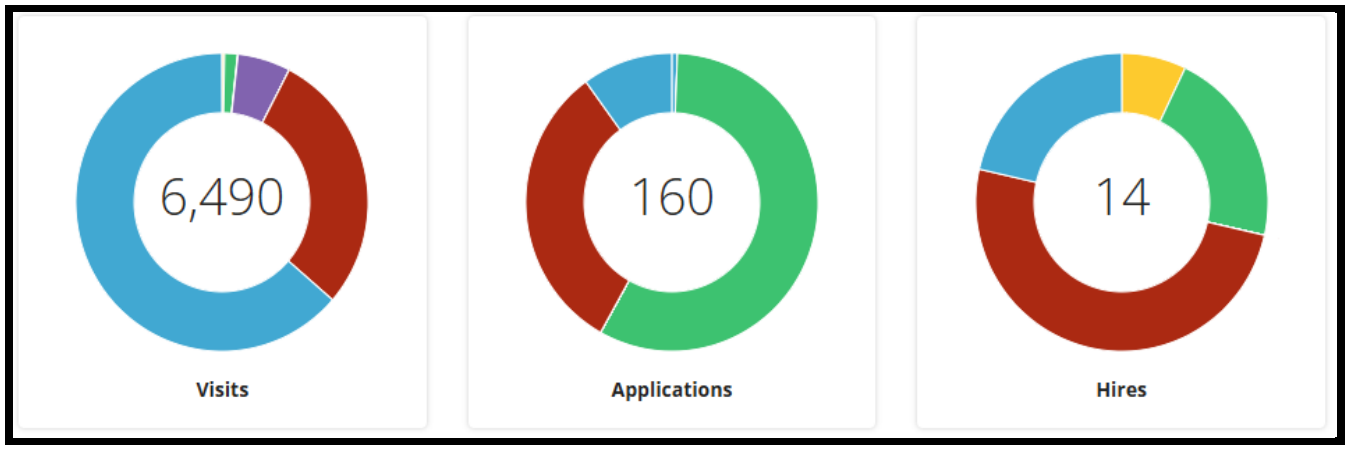
Our current average time to fill a position is 54 days, a significant improvement from the previous quarter. We are also seeing a notable increase in the number of applications received, reflecting improved outreach and interest in our openings.

It is important to note that time-to-fill averages exclude the duration required for background checks and employee health physicals, which occur after a candidate reaches onboarding status. While background checks do add time to the onboarding process, they remain a critical step. To help reduce delays between offer and onboarding, we have transitioned to a new background check provider. We now have access to the new background check system, which has recently been integrated into Paylocity. We are already seeing a faster turnaround time for background checks. Additionally, have taken education verifications and reference checks back in-house, which allows us to prioritize getting them completed more quickly. We have also updated our process to request Employee Physicals be scheduled as soon as the offer letter is signed. With these changes, we anticipate a reduction in time from offer to onboarding.

Candidate Sourcing Efforts

To expand our recruitment reach, we have launched targeted email campaigns for hard-to-fill positions, including Optometrist and Radiology Technician roles. These campaigns are directed toward individuals licensed in the state of California, allowing us to connect directly with qualified professionals.

We are excited for the opportunity to highlight the unique benefits of working in our County and to promote the value of the District to prospective applicants.



Talent Acquisition and Pipeline Development Update

Filling entry-level positions continues to be more manageable than recruiting for credentialed, licensed, and highly specialized roles. This trend is reflected in the District's Average Time to Fill data. To address these ongoing challenges, Human Resources remains focused on strengthening talent pipelines across Humboldt and neighboring counties.

We are actively participating in regional college and university career fairs and utilizing high-visibility platforms such as Indeed, which consistently yields the highest volume of applicants. Job postings are regularly updated to appeal to new graduates and emerging professionals. In addition, we are exploring expanded networking opportunities to ensure SoHum Health remains top-of-mind among local talent.

This year, the District has been represented at career fairs hosted by College of the Redwoods and the University of Houston College of Optometry. We also plan to attend the upcoming Practice Networking Fair at the College of Optometry in Oregon.

Internally, we continue to invest in career pathing for staff, supporting upward mobility and building a sustainable internal pipeline. As the CARES Act student loan reimbursement benefit sunsets on December 31, 2025, HR is actively evaluating alternative recruitment incentives. Given the effectiveness of student loan repayment in attracting talent, extending similar support post-CARES could significantly enhance our recruitment strategy.

Governing Board Report

Submitted by Chelsea Brown
Foundation Development Director & Outreach Manager
May 2025

SoHum Health
FOUNDATION

Foundation Report:

2025 Income & Expense Statement

1st Quarter (Jan-Feb-Mar)	Beginning Balance	Income	Expense	Quarterly Ending Balance
HAF Mid-Term	$ 786,044.24	$ 15,200.98	$ (3,492.74)	$ 797,752.48
Vocality Savings	$ 81.69	$ 0.03	$ -	$ 81.72
Vocality Checking	$ 19,027.88	$ 6,870.42	$ (1,264.53)	$ 24,633.77
Vocality Money Market	$ 631,577.60	$ 91,081.45	$ -	$ 722,659.05
Vocality CD 02 (18mo)	$ 62,535.20	$ 483.79	$ (63,018.99)	$ -
Coast Central Savings	$ 25.41	$ 0.09	$ -	$ 25.50
Coast Central CD3 (6mo)	$ 255,161.30	$ 2,717.27	$ -	$ 257,878.57
Coast Central CD4 (6mo)	$ 200,910.31	$ 2,062.90	$ -	$ 202,973.21
Totals	**$ 1,955,363.63**	**$ 118,416.93**	**$ (67,776.26)**	**$ 2,006,004.30**

- **Capital Campaign:** The Foundation continues to steward capital campaign funds and is keeping assets in low-risk, short-term investments in preparation to release 50% of the money to the Healthcare District upon meeting their first established milestone.

- The Board is actively seeking new members and will hold officer elections at their June meeting.

- The Foundation sent out a new hospital update postcard to donors and community groups. We plan to send out a fundraising appeal letter in July.

- **Office Hours:** The Foundation is making an effort to have more consistent open office hours so that the public can drop in and have more contact with our staff. Starting in mid-June, the Foundation office located at Sprowel Creek Campus, Room 108 will be open Wednesday-Friday from 10am-4pm. Once Heidi returns from maternity leave, we will increase to four days a week.

- **Save the Date:** We are confirmed to be the beneficiary of the Benbow Wine Auction again on Saturday, November 8th. The auction planning committee will begin meeting in August.

Outreach Report:

- Outreach has been busy assisting with recruitment for our new programs, including Garberville Optometry, Senior Life Solutions, and participants for the Opioid Use Disorder Clinical Trial.

- **Grants:** Our grant writer submitted applications for two different grants for funding to start a CalAIM case management program for Partnership patients. We expect to hear if we have received the awards in July. We are now preparing an application for the Small Rural Hospital Relief Program (SRHRP) to request funding for the new hospital construction. Letters of intent have been sent to various other Foundations requesting capital campaign support as well.

- Community outreach events:
    - First Garberville Farmer's Market on May 2nd with staff from behavioral health and quality.
    - Leggett School Health Fair on May 15th - made some great connections with Mendocino County services.
    - Senior Life Solutions and outreach presented at the Healy Senior Center on May 20th.

Operations Report as of 05/19/2025

Project status

Utility Infrastructure Upgrades project: Work at the hospital and skilled nursing unit is now complete.

New hospital design process: We remain in the Construction Design phase of the project. Input and clarification from department heads continues. Other work includes interior wayfinding, landscape and exterior design consideration, Caltrans consultation (preparing for traffic studies to be completed), Caltrans and FAA information work around the helistop location, low voltage systems design, radiation protection design, fire sprinkler and alarm scope, elevator design, nurse call and paging design, additional civil engineering work regarding property line verification, etc. The architects are also sorting through CDPH and HCAI preliminary review comments. Currently, the project timeline remains on track as follows:

CD's

- March 28, 2025 – 50% CD Pricing Set to Cost Estimator
- May 23, 2025 – 95% Pricing Set to Cost Estimator
- June 27, 2025 – 100% CD's to HCAI (Hospital) and County (Clinic Building)

AGENCY REVIEW/BIDDING – 11 months

- June 30, 2025 – May 29, 2026 – HCAI Review (11 months)
- March 1, 2026 – May 29, 2026 – Bidding (overlaps the last 3 months of HCAI review)
- We assume Agency Review/Bidding for the Clinic Building and for the small Playhouse package would occur within this time, too

- CONSTRUCTION ADMINISTRATION – 24 months
    - June 1, 2026 – June 2, 2028 – CA for both the Hospital and Clinic Building – assuming 1 GC for both
- CLOSEOUT – 2 months – June 5, 2028 – July 28, 2028
- OWNER MOVE-IN (EARLY) – 5-month buffer max. – July 31, 2028, at the earliest
- OWNER MOVE-IN (LATE) – January 1, 2029, at the latest

Employee Rental Housing

Three of the five houses have been remodeled and are occupied by providers as temporary residences. A fourth is well underway in its remodel and is ready for painting, cabinet installation, and finishes. The

fifth is scheduled for renovation after the relocation of HR and Quality has been completed, likely by the end of 2025-spring 2026.

Maple Lane and Redwood Drive Properties

Permits have been obtained for Maple Lane/Connie's Corner. Redwood Drive property is in final design process. These are local jurisdiction projects. Department leaders have approved the layout for OP therapies. Pharmacy and business function areas are planned to be free-standing furnishings primarily. Layouts will be designed once the required elements and proposed elevations are completed. Interior demolition is underway in preparation for the construction of new interiors.

Parking Lots

The Elm Street and Garberville Pharmacy parking lot designs are complete and permitted. We are currently working on obtaining bids for construction. We are now preparing to circulate the project through the Builder's Exchange pending receipt of the bid contract from legal.

Dishwasher Replacement

The project is closed with HCAI.

X-Ray Remodel

Door re-hang and cabinet work remain. It should be wrapped up soon.

As always, please feel free to stop in if you have questions or comments.

-Kent

Southern Humboldt Community Healthcare District

SoHum Income Statement

Apr 2025 Only

Financial Row	Amount
Revenue	
Gross Patient Revenue	
Inpatient	$233,551
Inpatient Ancillary	$74,248
Outpatient	$1,710,957
Outpatient Ancillary	$926,921
Total Patient Revenue	$2,945,678
Deductions from Revenue	
9060-913 - Supplemental Revenue	($1,336,033)
Contractual Allowances	$1,397,285
Provision for Bad Debts	$157,841
Other Allowances / Deductions	$39,290
Total Deductions	$258,383
Net Patient Revenue	$2,687,295
Other Operating Revenue	$618,449
Total Operating Revenue	$3,305,745
Expenses	
Salaries & Wages	$1,160,872
Employee Benefits	$374,441
Professional Fees	$398,783
Supplies	$515,488
Repairs & Maintenance	$41,166
Purchased Services	$192,012
Utilities	$28,667
Insurance	$18,539
Depreciation/ Amortization	$61,624
Other	$70,554
Total Operating Expenses	$2,862,145
Operating Profit (Loss)	$443,599
Tax Revenue	$503,834
Other Non Operating Revenue (Expense)	$29,863
Interest Income	$638
Net Non Operating Revenue (Expense)	$534,335
Net Income (Loss)	$977,934

Southern Humboldt Community Healthcare District

SoHum Income Statement

From Jul 2024 to Apr 2025

Financial Row	Amount
Revenue	
Gross Patient Revenue	
Inpatient	$2,807,032
Inpatient Ancillary	$442,187
Outpatient	$15,605,398
Outpatient Ancillary	$7,771,406
Total Patient Revenue	$26,626,023
Deductions from Revenue	
9060-913 - Supplemental Revenue	($8,381,462)
Contractual Allowances	$10,365,824
Provision for Bad Debts	$997,704
Other Allowances / Deductions	$277,542
Cost Of Sales	$103
Total Deductions	$3,259,711
Net Patient Revenue	$23,366,312
Other Operating Revenue	$4,753,065
Total Operating Revenue	$28,119,376
Expenses	
Salaries & Wages	$9,950,497
Employee Benefits	$3,589,567
Professional Fees	$4,311,070
Supplies	$5,115,210
Repairs & Maintenance	$315,169
Purchased Services	$2,159,577
Utilities	$301,844
Insurance	$197,703
Depreciation/ Amortization	$632,718
Other	$955,701
Total Operating Expenses	$27,529,055
Operating Profit (Loss)	$590,321
Tax Revenue	$2,146,378
Other Non Operating Revenue (Expense)	$86,211
Interest Income	$6,845
Net Non Operating Revenue (Expense)	$2,239,434
Net Income (Loss)	$2,829,755

Southern Humboldt Community Healthcare District

SoHum Balance Sheet

End of Apr 2025

Financial Row	Amount
Assets	
Current Assets	
Cash - Checking & Investments	$7,038,841.27
Patients Accounts Receivable	$27,200,273.81
Less Allowances	($21,728,986.48)
Other Receivables	$4,759,124.56
Inventories	$718,307.89
Prepaid Expenses and Deposits	$1,213,392.95
Total Current Assets	$19,200,954.00
Property and Equipment	
Land	$1,193,526.09
Land Improvements	$553,251.44
Buildings	$5,720,831.33
Equipment	$8,411,269.98
Construction in progress	$13,575,927.97
Less: Accumulated Depreciation	($9,609,073.62)
Net Property and Equipment	$19,845,733.19
Total Assets	$39,046,687.19
Liabilities & Fund Balance	
Current Liabilities	
Accounts Payable	$1,187,193.75
Accrued Payroll & Related costs	$1,435,582.38
Other Current Liabilities	
Deferred Revenue IGT	$733,408.94
Loans & Current Portion of Lease Obligations	$122,529.00
Reimbursement/Settlement	($265,298.71)
Other	
Accrued Purchases	$1,569.08
Other Current Liabilities	$1,569.08
Total Other Current Liabilities	$592,208.31
Total Current Liabilities	$3,214,984.44
Long Term Debt, Less Current Portion	
LEAF Data Backup Liability	$53,134.90
Maple Lane Loan	$198,186.31
ELGA Lease Loan	
2250-030 - ELGA Lease Loan	$1,800,256.45
Total - ELGA Lease Loan	$1,800,256.45
CHFFA Help II Loan	$1,837,044.76
Lease Obligations	$236,003.00
Net Long Term Debt	$4,124,625.42
Equity	
Unrestricted Fund Balance - Prior Years	$2,830,961.19
Retained Earnings	$26,046,361.08
Net Income	$2,829,755.06
Total Fund Balance	$31,707,077.33
Total Liabilities & Fund Balance	$39,046,687.19

Southern Humboldt Community Healthcare District
April 2025

EPIC

Overall A/R Health

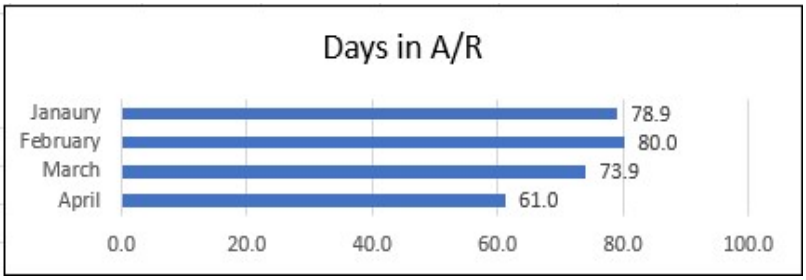
- **Overall AR:** *Excellent* progress—days in A/R decreased 12.9 days.

[+2.1 (Unbilled*) -1.3 (Self-Pay**) -13.7 (3rd-party***)]

- SoHum Target: **55** Days

April days in A/R: **61.0**

Total AR by Financial Class	April Total	March Total	Overall Decrease/Increase
Blue Cross	172,347.19	282,897.56	(110,550.37)
Blue Shield	150,985.17	182,656.45	(31,671.28)
Commercial	264,496.75	193,311.62	71,185.13
Medicaid	2,057,318.59	2,651,290.81	(593,972.22)
Medicare	1,800,409.79	1,956,198.26	(155,788.47)
Other	1,624.30	6,375.29	(4,750.99)
Self-Pay	1,364,688.84	1,407,582.25	(42,893.41)
Tricare	52,284.64	59,826.35	(7,541.71)
Worker's Comp	62,506.28	49,296.13	13,210.15
Undistributed	(25,642.82)	(48,869.95)	23,227.13
Grand Total	**5,901,018.73**	**6,740,564.77**	(839,546.04)



- ****Self-Pay:** Self-pay decreased 1.3 days from March, we continue to look for new ways to streamline processes and keep self-pay AR minimal.
- *****Third-Party (Insurance):** The outstanding issues mentioned as roadblocks below continue to contribute to the increase in this category. We continue to prioritize high dollar aged accounts and are actively working with payers on the roadblocks below.

Roadblocks

- **Medicare:** Despite the reduction in Medicare AR the balance remains high. As a result of an ongoing internal audit, we have identified several issues causing Medicare delays. Two notable issues are open JIRA's with Ochin and lack of escalated payer responses. We are nearing the end of our Medicare Audit and will provide details to around existing A/R.
- **Anthem Issue:** We are almost complete with the Anthem repayment issue.
  Original total: ≈$447,000 Remaining balance: ≈$7,500
- **PHP LTC:** In April we resolved the PHP issue with denials contributing to the $594K decrease in Medi-Cal AR. Once the Medicare Audit is complete we will move to a top to bottom Medi-Cal audit for both HB and PB.

Centriq

Overall A/R Health

We continue to successfully decrease Centriq AR balances. We are in the process of issuing refunds for remaining credit balances. We expect 3rd Party AR at zero by the end of May. Could consider moving remaining payment plans into Epic.

Remaining A/R	April	March
3rd Party Payer	2,918.06	2,918.06
Self Pay	4,503.45	4,728.45
Totals	7,421.51	7,646.51

CNO Report – May, 20252

Infection Prevention:

As of May 1, we are pleased to announce that the requirement for mandatory masking within the Acute Skilled Nursing Facility (SNF) and across the hospital and clinic has been lifted. This decision aligns with the latest CDC and county guidelines following the conclusion of the flu season. The Infection Prevention Department remains steadfast in its commitment to maintaining the highest safety standards. We achieve this through regular hand hygiene surveillance, compliance audits with transmission-based isolation precautions, and the facilitation of ongoing meetings for the Infection Prevention Committee (IPC) and antibiotic stewardship.

Emergency Department/Acute Care:

In April, our Emergency Department (ED) skillfully managed the care of 310 patients, including four swing beds and eight inpatient admissions. We are proud to report an expansion in our capacity for swing-bed patients, and we now have the necessary nursing staff to care for over five acute patients effectively. Our staffing model, which includes one registered nurse (RN) and one licensed vocational nurse (LVN) for each shift, ensures that we meet the required nurse-to-patient ratio standards.

Our unwavering commitment to providing exceptional care is complemented by our efforts to create a supportive environment for patients needing external medical care during their recovery.

Laboratory:

Adam our laboratory manager reports that "laboratory is actively pursuing several important initiatives:

- Sustainability Efforts:

We are making notable progress in our sustainability initiatives, which involve cross-training staff, documenting processes, and expanding the roles and responsibilities of our laboratory personnel. Each team member is enthusiastically engaged in enhancing their skills and capabilities.

- Accreditation Change:

The presurvey conducted on April 10 with our new accrediting agency, ACHC, yielded encouraging results. We look forward to the formal survey scheduled for June 18 and 19, and we are diligently preparing to ensure a favorable outcome.

- New Testing for Spinal Fluid:

We are well-equipped with the necessary tools and reagents for conducting cerebrospinal fluid (CSF) cell counts, glucose, protein, and cultures. We are currently developing protocols that incorporate simulated patient testing methodologies.

- New Testing for Blood Cultures:

Our Laboratory is fully prepared for blood culture testing, and finalized protocols are in place. Although the electronic medical record (EMR) test build is progressing at a measured pace, our collaboration with SoHum, OCHIN, and Quest experts is proving fruitful.

- New Testing for Carboxyhemoglobin:
We have identified a qualified vendor and analyzer, and initial cost comparisons appear promising. We are preparing a proposal for administrative review.
- Chain-of-Custody Process:
We are committed to upholding compliance by proactively identifying all submitters (such as local employers) with past or existing relationships with the district. This approach ensures that our services remain contemporary and aligned with established standards.
-EDSP Support:
The Laboratory is dedicated to enhancing testing and case management related to the EDSP grant, which focuses on screening adults in the ED for HIV, hepatitis C, and syphilis. We are collaborating with the CDPH to adopt best-practice workflows for the Epic EMR, drawing insights from the experiences of other EDSP grant recipients.
- Rural MOUD (Buprenorphine) Study:
The Laboratory has completed its preparations for the study and is poised to provide essential lab services to participants."

Skilled Nursing:

Katherine has accepted the Director of Nursing (DON) role at the Skilled Nursing Facility (SNF) and is diligently preparing for the upcoming survey process. This preparation includes thoroughly reviewing our procedures, documentation, care plans, and reporting requirements. Katherine has implemented quarterly care conferences to enhance communication about resident care, goals, and progress. These conferences have benefited residents, their families, and caregivers in addressing challenges and planning necessary adjustments. Feedback from residents and their families has been overwhelmingly positive, with many expressing gratitude for the opportunity to engage directly with their care teams. The care conferences involve professionals from therapy (PT/OT), licensed clinical social work (LCSW), activities, nursing, and dietary services if requested. It is important to note that these conferences are separate from our Interdisciplinary Team (IDT) meetings. Katherine aims to improve the efficiency and patient-centered focus of both meeting formats.
Recently, the activity director participated in a district-sponsored training course for activity leaders. This course provided valuable insights into California's regulatory requirements, including program development, leadership, management skills, documentation standards, and quality expectations for our activity initiatives. Recent activities for residents have included weekly movie nights, group dice games, a pizza party, an egg-decorating event, and an excursion to the Eureka Zoo. Our resident census is seven, with one vacancy we are looking to fill. The Skilled Nursing Facility remains committed to providing exceptional care and serving our community. Our dedicated nursing staff is focused on delivering high-quality care, creating an environment where residents can thrive and engage fully in life. Daily activities are thoughtfully organized to keep residents

active and involved, and we are reviewing the waiting list to welcome the next resident into our SoHum family and the SNF community.

Clinic:

Shawna, our clinic manager, reports that the SoHum team is diligently working to secure enrollments with various insurance companies and payers for our providers. She is pleased to announce that our waiting list for new patients has significantly decreased from over 200 to 80. This week marks an exciting milestone as we see our first patient in the clinic as part of our clinical trial, and we are committed to further enhancing our visiting nurse program.

One new Medical Assistant (MA) is transitioning from Patient Financial Services (PFS) to our clinic. Additionally, our behavioral health department is set to begin seeing Medicare and Skilled Nursing Facility (SNF) patients in the clinic, collaborating with SLS and the clinical trial team. We are also engaging with other departments, such as Health Information Management (HIM), Skilled Nursing Facility (SNF), and SWING, to refine our visit documentation and medication management workflows.

Our clinic is fully staffed, featuring Dr. Murphy, Dr. Raisoni, Linda Candiotti (Physician Assistant), and Heather Grant (Family Nurse Practitioner). Please note that our ongoing efforts to enroll additional providers with various insurance companies and payers may temporarily limit some providers to specific patient groups. We appreciate your understanding during this transitional period, and we assure you that you will be attended to by one of our experienced and qualified providers. Remembering that a patient's insurance may influence the assigned provider is also essential.

Our new patient navigator is progressing well in his training and is ready to assist with any MyChart-related concerns. Furthermore, we are thrilled to announce that Linda Candiotti has decided to postpone her retirement, allowing her to continue making invaluable contributions to our community through June, with the possibility of an extension. Dr. Murphy has thoughtfully agreed to extend his tenure by six months and is considering a more permanent role with our team.

We are excited to report the successful operation of our optometry mobile unit. With our entire staff now in place, we look forward to promptly addressing the waiting list for new patients.

Radiology:

In March, the Radiology department conducted 189 X-ray exams, 102 CT scans, 49 ultrasounds, and 24 mammograms. We performed 246 X-ray exams, 114 CT scans, 44 ultrasounds, and 27 mammograms in April. To ensure optimal performance, we have scheduled preventative maintenance for our ultrasound equipment in May. Additionally, our physicist will conduct annual surveys on the CT and mammography systems.

Pharmacy:

Our pharmacist PJ reports that the inpatient pharmacy is collaborating with local schools to establish an immunization clinic. Additionally, I am working with the team to assess our daily storage and weekly inventory requirements. We are also processing ongoing JIRAs with OCHIN to ensure Epic functions correctly. Our

responsibilities include verifying override reports, assisting with the new clinic trial, researching and updating pharmacy charge tables, and addressing medication shortages.

Physical Therapy:

We are excited to announce the launch of outpatient physical therapy services for our community. We currently accept specific insurance plans and encourage patients to contact us with any questions regarding their coverage. If your insurance approval is still pending, please provide us your name and contact number. We will contact you once the enrollment process is complete, allowing you to begin receiving care from our exceptional therapists.

Sierra and Katelyn are committed to delivering high-quality rehabilitation services to our inpatients and residents, ensuring that we effectively meet the needs of our community. Additionally, Susan continues to provide valuable speech therapy services to residents of skilled nursing facilities (SNFs) and acute care patients.

Thank you for your continued support and collaboration.

Adela Yanez, RN, BSN, CNO

Quality, Compliance, and Risk Report
May 2025

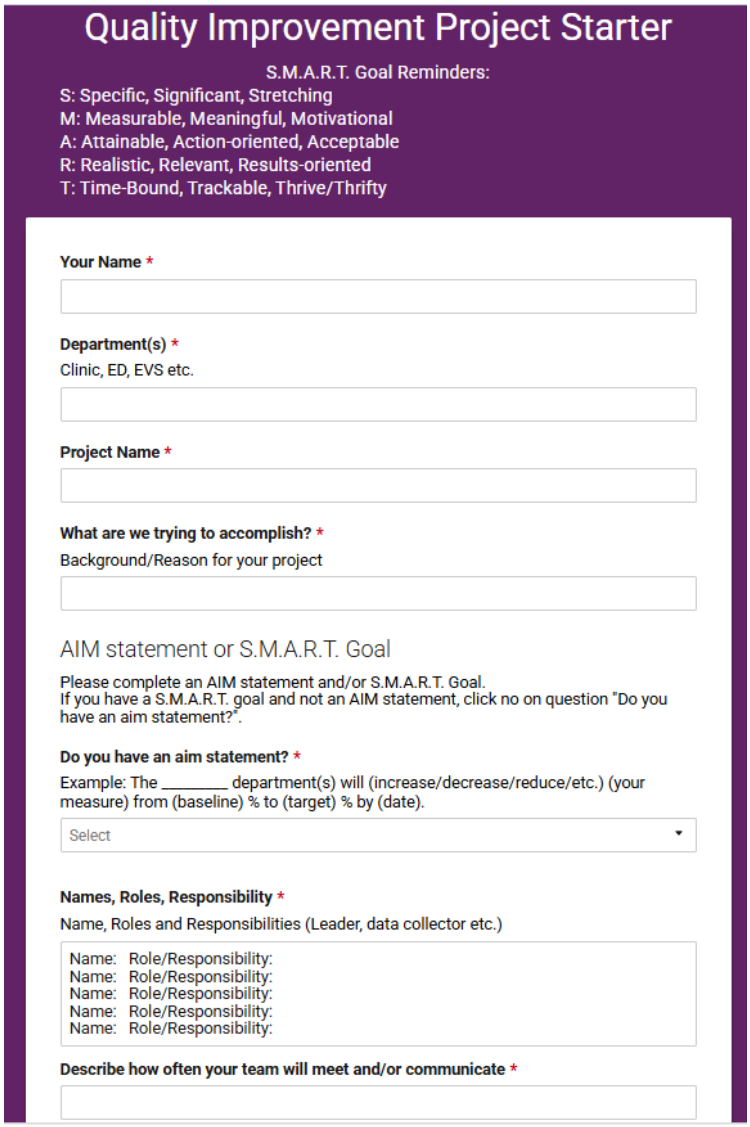
Quality Assurance Performance Improvement Committee

New Method

The Quality Department has changed the method of QAPI projects from being departmental to multi-departmental. The goal in changing our QAPI approach is to improve larger, more systemic problems, as well as to increase collaboration and buy-in from the departments involved in a QAPI project.

We have also moved our project charter and the main location for tracking and reporting QAPI projects to SmartSheets, a powerful software program that displays data and data visualizations that is accessible to members involved in the project and the Quality department.

New Project Charter



Quality Improvement Project Starter

S.M.A.R.T. Goal Reminders:
S: Specific, Significant, Stretching
M: Measurable, Meaningful, Motivational
A: Attainable, Action-oriented, Acceptable
R: Realistic, Relevant, Results-oriented
T: Time-Bound, Trackable, Thrive/Thrifty

Your Name *

Department(s) *
Clinic, ED, EVS etc.

Project Name *

What are we trying to accomplish? *
Background/Reason for your project

AIM statement or S.M.A.R.T. Goal

Please complete an AIM statement and/or S.M.A.R.T. Goal.
If you have a S.M.A.R.T. goal and not an AIM statement, click no on question "Do you have an aim statement?".

Do you have an aim statement? *
Example: The _____ department(s) will (increase/decrease/reduce/etc.) (your measure) from (baseline) % to (target) % by (date).
Select

Names, Roles, Responsibility *
Name, Roles and Responsibilities (Leader, data collector etc.)

Name: Role/Responsibility:
Name: Role/Responsibility:
Name: Role/Responsibility:
Name: Role/Responsibility:
Name: Role/Responsibility:

Describe how often your team will meet and/or communicate *

Current Projects:

Bar Code Medication Administration (BCMA)

2025 Goal:

The BCMA task force will increase BCMA compliance to 98% for six consecutive months by May 2026.

Measuring: The numbers from the BCMA report in Epic are inputted to the project in SmartSheets. The overall BCMA compliance percentages and the non-compliance by each nursing staff member will be tracked weekly.

Since we have started monitoring BCMA compliance, there has been a steady improvement in compliance. We have tracked both the overall compliance rate and the individual rate of compliance for each user who scans medications and/or patients. The following departments are participating in the BCMA QAPI Project: Hospital Pharmacy, Emergency Department, Skilled Nursing Facility, Swing Bed Nursing, Materials Management, Health Information Management, Radiology, and Inpatient Nursing.

- **January**: We established the BCMA project as one of two projects to start the new multi-departmental QAPI approach. Overall BCMA compliance is at 91%.
- **February**: The overall BCMA compliance rate was 92%.
- **March**: The overall BCMA compliance rate for March was 94%.

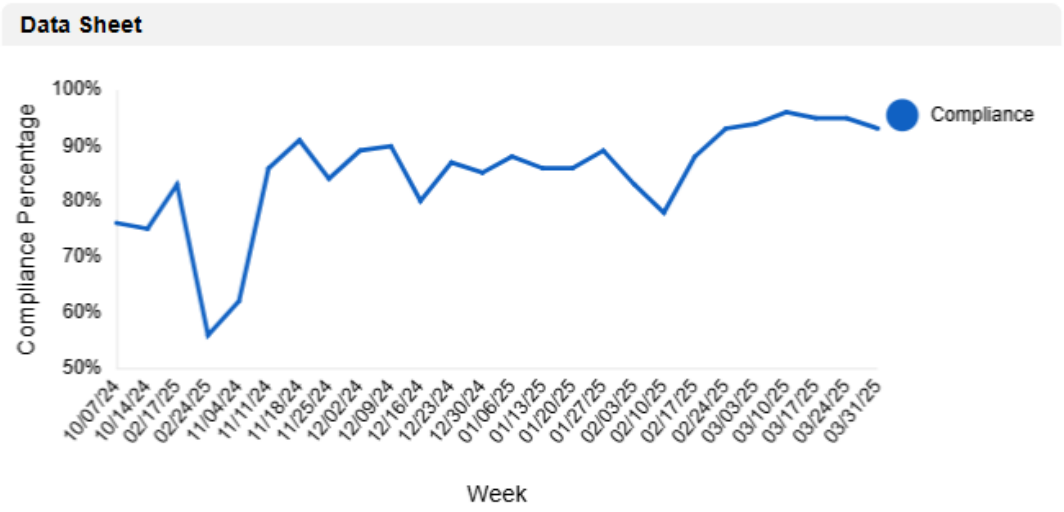


Chart Note Deficiency Tracking

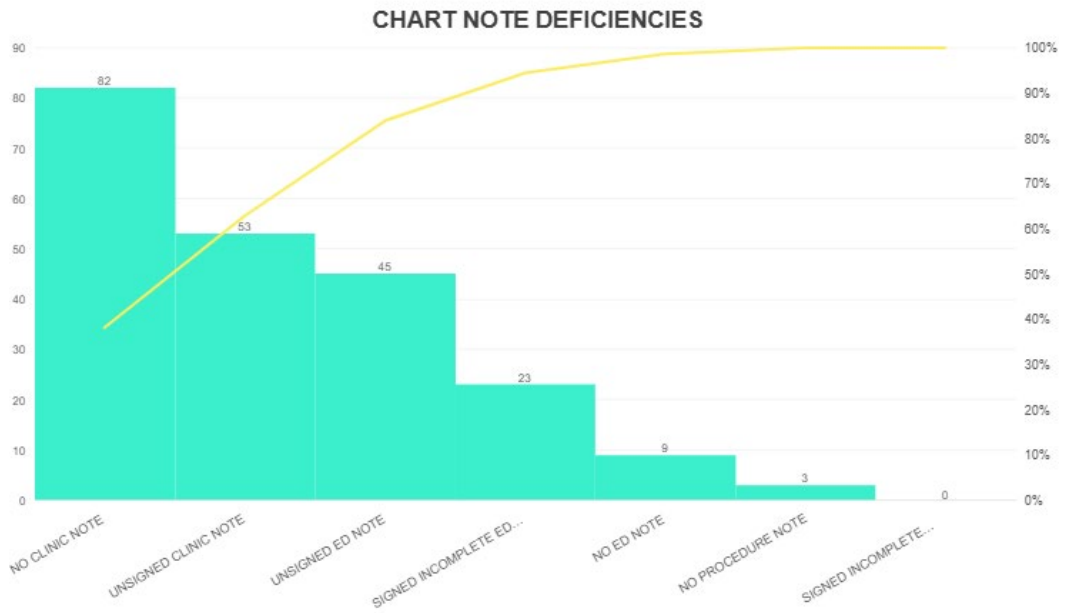
2025 Goal:

By the end of calendar year 2025 the Health Information Management (HIM) department will have decreased the amount of time needed to track chart note deficiencies. Providers will be encouraged to complete their chart notes on time and according to District policy. Currently unsigned, incomplete chart notes have to be manually tracked outside of Epic. The Pareto diagram below shows signed incomplete chart notes to be 80% of our deficiencies. The departments involved are: HIM, Administration, Quality/Compliance, Emergency Department, Clinic, and the Medical Staff providers and allied health professionals.

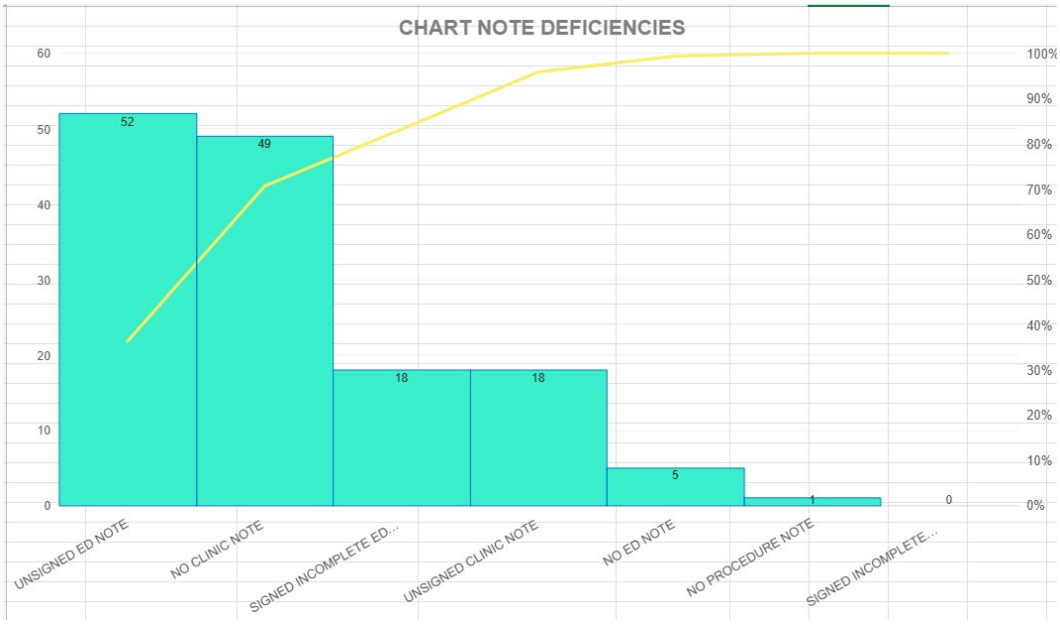
How this will be measured: The HIM department will be using Pareto diagrams to track decreases in chart deficiencies.

Monthly Updates

February:



March:



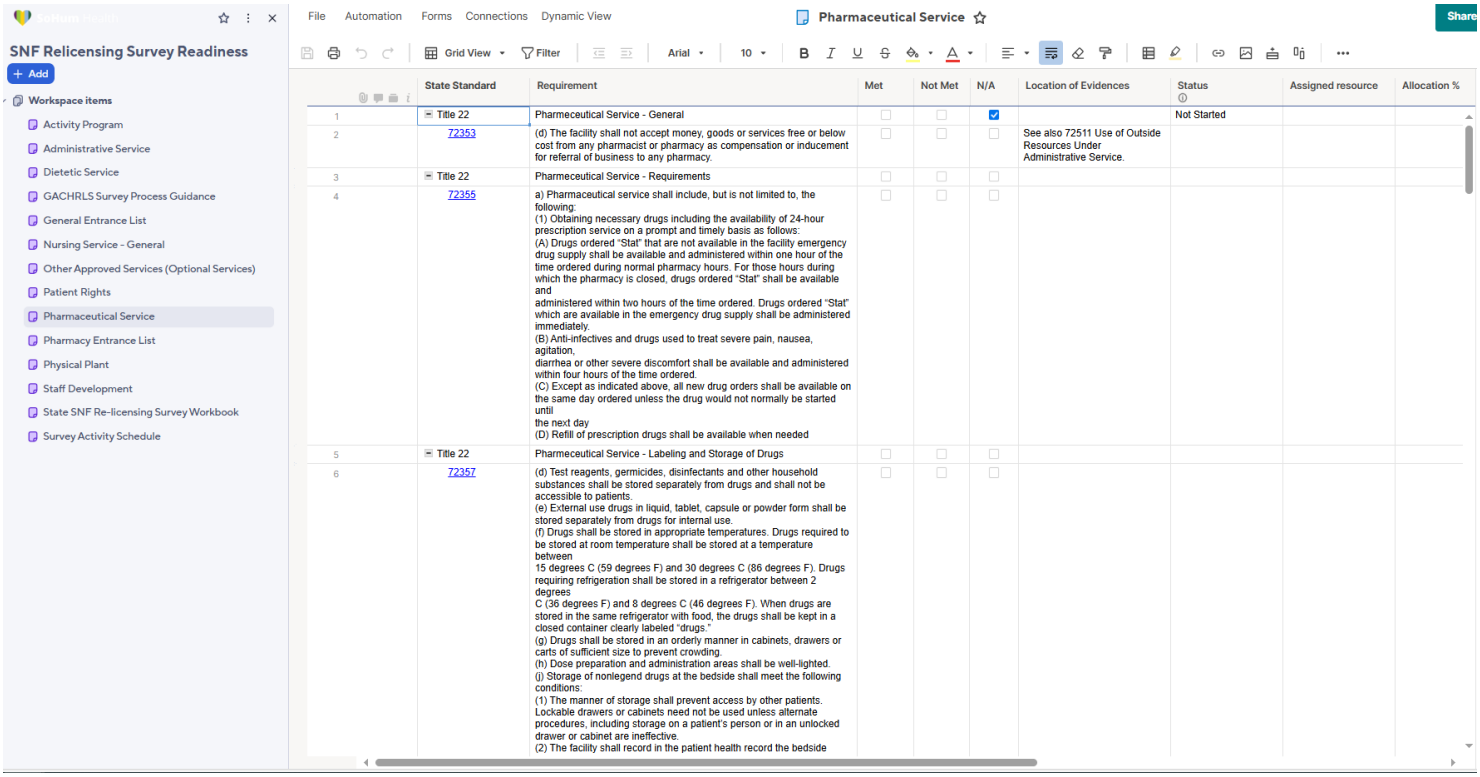
Other Projects in the works

Emergency Department (ED) Log Discrepancy Tracking

During one of our recent surveys with the California Department of Public Health (CDPH), the auditors noticed that there were missing entries in the ED Log that was, at that point, filled in manually in a paper log book. To remedy these discrepancies, we have created a report in Epic that will track all of the same events that the ED Log tracked. However, the Epic report contains more accurate data. The ED Log report will be compared to the Census report, which has the same event types that the ED log should have. Any discrepancies will be noted in the SmartSheets Workspace for tracking, and the ED Log will be adjusted as needed.

Survey Readiness

The Quality/Compliance Department has been loading survey workbooks and regulations into SmartSheets to make survey readiness more accessible and easier to accomplish. With the ability to upload the various surveys into sections, we will be able to assign sections of the survey to the departments that would be responsible for them. Another benefit is that we are able to link the specific regulations for each section for users to reference. We currently have the SNF Relicensing survey readiness document in SmartSheets and we are working on getting other forms such as GACHRLS. Here is a screenshot of the SNF relicensing survey:



Infection Prevention Protocols for Indwelling Devices

This project will be worked on by our Infection Preventionist and our Director of Nursing. The goal is to create protocols in Epic to provide ongoing indwelling device care.

Goal: The Inpatient hospital and Skilled Nursing Facility Units will increase 1) awareness and 2) performance of indwelling device care protocols by a significant percentage by May 31st.

There will be more projects created as the year goes on, but we are testing the QAPI projects in SmartSheets and organizing project teams.

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 coordinator:* Adam Dias
    - *Status:* Ongoing
    - *Description:* The transition to compliance with regulations and standards for policy and procedure is a significant project coordinated by the Quality/Compliance department. This project's impact extends across all aspects and departments of SoHum Health. It will take time to get policy and procedure to where it needs to be across departments with the various competing priorities. This has been a priority for many departments and will continue to improve over the next couple of years as policies and procedures come up for approval.
2. **SmartSheet Utilization**
    - *Project coordinators:* Lexi Stowe, Joshua Andrews
    - *Status:* Ongoing
    - *Description:* Our team has been making efforts to utilize the software program SmartSheets to streamline various projects and transition tasks that were formerly on paper. For example, Quality Assurance and Performance Improvement (QAPI) and Survey Readiness. Lexi Stowe is our subject matter expert and has been meeting with various departments to demonstrate what SmartSheets can do and educate departments on how to use the program.
3. **Emergency Department Screening Program (EDSP)**
    - *Project Coordinator:* Adam Dias
    - *Funding*: $375,00 state-wide grant
    - *Status:* We just completed the 18-month deliverables report and have one year left of the grant period.
    - *Description:* The EDSP is meant to support the implementation of 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. The number of patients screened went from 16 between September and November of 2024 to 82 from December 2024 to February 2025.
4. **UCLA Clinical Trial**
    - *Project Coordinator*: Kristen Rees
    - *Funding:* $400,000 Federal Grant
    - *Description:* A randomized controlled pilot trial with UCLA. This study presents a rare opportunity and is moving forward. Recruitment for the clinical trial has began in April. Multiple patients have been randomized to one of the two medications in the clinical trial and we will be actively recruiting through July. Treatment of participants will continue through October. The trial will conclude before the end of the year. Lexi Stowe, Adam Dias, Kristen Rees, Snehal Raisoni, Pejman Simanian, Glen Hood, Hannah Gregory, and Jessie Bugbee have been actively engaged in study conduct

and are responsible for the success we've seen thus far. We hope what we learn from this study will help us work on other studies and better treat patients with opioid use disorder.

5. **Equity, Practice, Transformation (EPT) Quality Improvement Program**
    - *Project Coordinator*: Lexi Stowe
    - *Funding:* $250,000
    - *Description:* There are deliverables due on May and November of each year we are in the program. Funding is deliverable based. We recently turned in our deliverable for May 2025, which included a data governance policy and an empanelment policy. The funding and time frame of the grant were reduced. Instead of 5 years and $375,000 it is now $250,000 and 3 years. We've already been paid for several of the deliverables. There are 25 deliverables at $10,000 each.
6. **QIP**
    - *Project Coordinator*: Kristen Rees, Joshua Andrews, Kana Voelckers
    - *Funding*: $ 750,000
    - *Description*: We were able to meet the two measures we attested to for 2024: Breast Cancer Screening and Tobacco Use: Screening and Cessation Intervention. We were able to achieve reaching these measures by utilizing OCHIN Epic's tools and working with the Clinic to educate Clinic staff on implementing the use of those tools. A push was made by Quality, Clinic and PFS staff towards the end of 2024 to do targeted outreach towards the patients that still needed to be screened for the measures. Ryan Staples was able to help our department in coordinating these efforts and get us over the finish line.
7. **Partnership QIP projects**
    - *Project Coordinator*: Joshua Andrews, Kana Voelckers, Jeffery James
    - *Funding*: ~$150,000
    - *Description:* We have been able to partner with the new Patient Navigator, Jeffery, to give more focus to the Partnership QIP measures. Josh and kana have been meeting with Jeffery frequently to assist with navigating the Partnership website, going over the different measures, and planning outreach campaigns to meet measures and close care gaps.
8. **American Medical Association Blood Pressure Program**
    - *Project Coordinator*: Kristen Rees
    - *Description:* We are ending our work on this program to focus on other projects like EPT, CHW, and potentially CalAIM. We are grateful for the opportunity we had to partner with the American Medical Association. We look forward to further collaboration in the future should there be a good opportunity for which we are a good fit.
9. **Event Reporting**
    - *Project Coordinator:* Joshua Andrews, Kristen Rees
    - *Description:* We have been live with our new event reporting software, PHP, since May of 2024. Over the last 3 months, the four most common ticket types have been Patient Care (20.69%), Complaints and Grievances (12.93%), Compliance (12.93%), and Medication (11.21%). We have been working on educating staff on what ticket types are appropriate to use, as there have been issues with staff not using the

correct ticket types certain events. There was a marked increase in submitted event reports in the first quarter of 2025. The average number of reports per month between October and December was 21. The average number of reports per month between January and March was 40. This will continue to be monitored.

10. **i2i**
    - *Project Coordinator:* Joshua Andrews
    - *Description:* i2i is a population health tool utilized by multiple departments. As our staff has become more familiar and comfortable with using Epic, we have decided to end our contract with i2i. We will be using the funds from i2i for SmartSheets.
11. **California Fair Billing Act Compliance**
    - *Project Members:* Marie Brown, Remy Quinn, Kristen Rees, Dustin Cunningham
    - *Description*: We have responded to requests from the California Department of Health Care Access and Information (HCAI). There are many requirements to meet as part of this act. Staff have worked diligently to ensure requirements are met as quickly as reasonably possible.
12. **Compliance Committee, Cybersecurity Sub-committee, and Audit Sub-committee**
    - *Project Coordinator:* Kristen Rees, Coral Ciarabellini, Jason Dockins
    - *Description:* Kristen completed a draft compliance committee charter. The compliance committee met to discuss a variety of projects, sub-committees, etc. Jason Dockins has agreed to oversee the cybersecurity/data governance sub-committee of the Compliance Committee. The framework for the Compliance Committee and its subcommittees will be established further throughout the year. Sub-committees include or may include cybersecurity/data governance, auditing and monitoring, and Electronic Health Record (EHR) steering committee.
13. **Medicare Beneficiary Quality Improvement Program**
    - *Project Coordinator:* Joshua Andrews, Kana Voelckers
    - *Description:* Reporting for this program is required for some funding programs in which we participate. Data is reported to various entities on various schedules. Josh has trained Kana on how to report the data for this program. Reporting has increased this year and we are determining how to report and reporting the measures that are new to our facility.
14. **DAX Copilot**
    - Ryan Staples, Remy Quinn
    - The Quality/Compliance department is assisting in the implementation of DAX Copilot, a generative AI technology that transcribes multi-person conversations during office and telehealth visits. Our main focus will be to make sure that we are compliant with any regulations regarding the use of AI tools for charting and that we are adequately documenting consent from patients.
15. **HQIP**
    - *Project Coordinator*: Joshua Andrews, Kana Voelckers
    - *Funding*: $25,000
    - *Description*: Josh and Kana have been working on making sure that we are compliant with all required reporting and improve on the measures involved.
16. **Interim Credentialing**

- *Project Coordinator*: Megan Howley
- *Description*: Megan Howley has been hired as our Interim Credentialing Specialist. Below is a brief summary of what Megan has been working on:

  - Creating a new onboarding process for initial applicants to improve consistency, compliance, and overall experience
  - Developing a pre-application template pdf and digital request form to streamline communication and ensure accurate documentation from the start.
  - Fully credentialing and supporting the appointment approval process for Provisional status of 18 new physicians within a 60-day period using CredentialStream automation, bringing the credentialing turnaround time down from over 90 days to about 28 days.
  - Saving the district over $15,000 in unnecessary reimplementation training services for existing software and contracts with third-party credentialing vendors through in-house process improvements.
  - Initiating implementation steps for CredentialStream to modernize credentialing workflows and reduce long-term administrative burden.
  - Streamlining communication with TruBridge credentialing contacts and submitted completed payor enrollment applications for seven new providers in under 30 days. Resolved outstanding payor enrollment issues for 2 LCSW that had been sitting in the que without activity for about 6 months.
  - Assisted with redefining the permanent Credentialing Coordinator role and provided guidance for an updated the job description that best meets the needs of the district and to attach potential candidates.
  - Leading the department's daily functions independently and providing leadership with decision-making support in the absence of a full-time credentialing manager or credentialing team.

- One of Megan's primary goals is to fully transition the credentialing department from paper-based processes to electronic improving efficiency, accessibility, and long-term sustainability. Also, providing 1:1 training sessions and support to a new credentialing staff member who will take over the role after her departure to ensure a smooth transition and ongoing success for the department.

17. **Peer Review**

- *Project Coordinator:* Kristen Rees, Coral Ciarabellini
- *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 standards are met to recredential providers and address care concerns. Focused peer review 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. Updates and build to the software are in progress. Draft questions have been approved, processes have been built in the system, and those involved in peer review have been asked by Medical Staff leadership to sign a document created by an attorney to help ensure those involved in peer review understand and uphold Evidence Code 1157. This is through the same software as the event reporting solution, PHP. This process should be in place by the date of the Governing Board meeting in May.

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Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION 25:02

A RESOLUTION OF THE BOARD OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT ORDERING THE LEVY OF A SPECIAL TAX AND APPROVING COLLECTION OF A SPECIAL TAX FOR FISCAL YEAR 2025-2026

WHEREAS, on June 5, 2018, the voters of the Southern Humboldt Community Healthcare District (the "District") authorized the District's Board of Directors (the "Board")to levy a Special Tax of up to $125 per qualified parcels, as defined in Resolution 18:04, to ensure continued local access to emergency room care, acute hospital care, community clinic, skilled nursing facility, laboratory services, physical therapy, CT, x-ray, mammography imaging services, visiting nurse program, and other health care services for residents of the District and visitors to the area, WHEREAS, the District's budget for Fiscal Year 2025-2026 requires a Special Tax rate of $125 per qualified parcel,

NOW, THEREFORE, IT IS RESOLVED by the Board of Directors of the District as follows:

1. The Board hereby authorizes the levy of a Special Tax at the authorized rate of $125 per qualified parcel in the District for Fiscal Year 2025-2026.
2. The Special Tax shall be collected in the same manner and subject to the same penalties as ad valorem property taxes by the Humboldt County Treasurer-Tax Collector.
3. The Board hereby directs the Humboldt County Auditor-Controller to place the Special Tax on the Humboldt County tax roll for Fiscal Year 2025-26.

THE FOREGOING RESOLUTION WAS ADOPTED upon motion of _____, Seconded by _____ of the Southern Humboldt Community Healthcare District Governing Board at a Board meeting held on the 29th day of May, 2025, by the following roll call vote:

Ayes: _____

Noes: _____

Abstain: _____

Absent: _____

_____
Witnessed by:

_____
Witnessed by: