

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on July 31, 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. Consent Agenda – See Consent Agenda Packet

7-16

1. Approval of Previous Minutes
 - a. Governing Board Meeting June 26, 2025
 - b. Special Governing Board Meeting, July 16, 2025
2. SHCHD New and Updated Policies - See Policy Packet
 - Infection Prevention:**
 - a. Definitions of Healthcare Associated Infections
 - b. Glucometer Cleaning Policy
 - c. Hand Hygiene
 - d. Infection Prevention Education
 - e. Infection Prevention Performance Improvement Program
 - f. Influenza Immunization Program
 - g. Pre-Hospital Emergency Personnel Exposures to Infectious Diseases
 - h. Contract Laundry Services
 - i. Guidelines for Patient Placement
 - j. Isolation Supplies
 - k. On-Site Laundry Services
 - l. Linen Handling
 - m. Mandatory Disease Reporting
 - n. Respiratory Hygiene or Cough Etiquette
 - o. Safe Injection Practices
 - p. Standard Precautions
 - q. Urinary Catheters
 - r. Use of Powered Air Purifying Respirators(PAPRs)
 - Emergency:**
 - s. Brain Death
 - Nursing:**
 - t. Admission of the Patient
 - u. Chemical or Physical Restraint
 - v. Lippincott and Up to Date References
 - w. Pressure Injury Prevention
 - HIM:**
 - x. Unidentified Patient Naming Convention
 - y. Unauthorized Disclosure of Protected Health Information
 - Optometry:**
 - z. Patient HX Procedure
 - aa. Dilation and Irrigation
 - bb. Epilation
 - cc. Photography and Tomography

3. Quarterly Reports - (Feb, May, Aug, Nov) – None
 - a. Quality and Risk Management – Kristen Rees, Chief Quality and Compliance Officer and Risk Manager
 - b. Human Resources – Season Bradley Koskinen, HR Manager
 - c. Foundation – Chelsea Brown, Outreach Manager
 - d. Operations – Kent Scown, Chief Operations Officer

Approval of Consent Agenda

H. Last Action Items for Discussion

1. SoHum Classic Car Show Presentation
2. September Conference, Board Training, and Department Tours
3. ED Outsourcing Presentation 2 pm – Elevate, Keith Errecart
4. ED Outsourcing Presentation 2:10 pm -Innova, Ashley Williams
5. ED Outsourcing Presentation 2:20 pm – Rural Physicians Group, Cody Patten
6. Comprehensive ED Outsourcing Cost Analysis
7. MedStaff Coordinator Update
8. Peer Review Policy

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

J. Administrator's Report – Matt Rees, CEO

1. Department Updates
 - a. VSP Update
 - b. Milestones
 - c. June and July Employee Anniversaries
 - 1 Year: LCSW Kathey Loveless, Pharmacy Technicians Aditi Sharma and Tana Yates, Occupational Therapist Katelyn Pagano, Optometrist Seth Miskin, and HIM Clerk Amber Courtmanche
 - 5 Years: Laboratory Manager Adam Summers
 - d. Approval of the June Financials - Paul Eves – See Report
 - e. CNO Report – Adela Yanez – See Report
 - f. Family Resource Center – Amy Terrones – Mar and Oct - None
- 17-19
- 20-22

K. Old Business

1. Update on Evaluation Software – Season

L. New Business - None

M. Parking Lot

1. Sprowel Creek Campus parking and bids

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

1. Medical Staff Committee – Thursday, August 14, 2025, at 12:30 p.m
2. Medical Staff Policy Development Committee – Tuesday, August 19, 2025, 10:00 a.m
3. QAPI Meeting – Wednesday, August 13, 2025, at 10:00 a.m.
4. Finance Committee – August 22, 2025, at 10:00 a.m.
5. Governing Board Meeting – August 28, 2025, at 1:30 p.m.

Q. Adjourn to Closed Session

1. Closed Session
2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff
3. ED Outsourcing Compliance and Risk Analysis
4. Compliance, Risk, and Reports of Quality Assurance Committees **[H&S Code § 32155]** - Kristen Rees, CQCO
5. Quarterly Reports - Adela Yanez, CNO – None
 - a. Patient Safety – Mar., June, Sept., Dec.
 - b. Medication Error – Feb., May, Aug., Dec.
6. Approval of Medical Staff Appointments/Reappointments **[H&S Code § 32155]**
 - a. Dr. **Arun Kumar, MD** Initial credentialing as Provisional status Teleradiology - Diagnostic Radiology privileges July 1, 2025 – June 30, 2026.
7. Personnel Matter –Evaluation § 54957
 - a. CEO Matt Rees

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

S. Resume Open Session

1. Approval of Outsourcing ED Physicians and an Increase to the Annual Budget for the Associated Professional Fees

T. Adjourn

Abbreviations

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

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

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

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

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

**Times are estimated*

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

Posted July 28, 2025

Governing Board

Date: June 26, 2025
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Kevin Church

Minutes

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Kevin Church, Yvonne Hendrix (Virtual), and Galen Latsko, all in-person.

Not Present: None

Also in person: Administrative Assistant Darrin Guerra, Chief of Staff Joseph Rogers, CEO Matt Rees, CFO Paul Eves, CNO Adela Yanez, PFS Manager Marie Brown, HR Assistant Kiely Boyd, and HR Assistant Michelle Karlson-Siran

Also via Webex: CQCO Kristen Rees, HIM Manager Remy Quinn, Christopher Schille, BDD Ryan Staples, Vice Chief of Staff Carl Hsu, HIM Manager Remy Quinn, and COO Kent Scown

A. Call to Order – Board President Kevin Church called the meeting to order at 1:30 pm.

B. Approval of the Teleconferencing of a Board Member

Motion: Corinne Stromstad motioned to approve the teleconferencing of Yvonne Hendrix at 905 California St, SF, CA 94108, room 643.
Second: Galen Latsko
Ayes: Corinne Stromstad, Galen Latsko, and Kevin Church
Noes: None
Not Present: None
Motion Carried

C. Approval of the Agenda

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

D. Public Comment on Non-Agendized Items – None

E. Board Member Comments

1. Corinne Stromstad stated that she enjoyed the 360-review program that Season brought to the previous Board meeting, and would like us to continue with implementing the software.

F. Announcements - None

G. Approval of Consent Agenda

1. Approval of Previous Minutes
 - a. Special Governing Board Meeting May 23, 2025
 - b. Governing Board Meeting, May 29, 2025
2. SHCHD New and Updated Policies
 - Compliance:**
 - a. Preventing, Identifying, and Reporting Abuse
 - Infection Prevention:**
 - b. Authority Statement
 - Hospital Pharmacy:**
 - c. General Medication Room Operations
 - Nursing:**
 - d. Prescription Medication Refill
 - Radiology:**
 - e. Portable Radiography
 - f. Quality Assurance (X-ray)
 - g. General Safety in Radiology
 - h. Corrective Action
 - i. Quality Assurance Personnel
 - Optometry:**
 - j. Comprehensive Eye Exam
 - k. Billing and Coding

- l. Contact Lens Fit, Training
- m. Diabetic Eye Exam
- n. Glaucoma Eye Exam
- o. Opticianry
- p. Refraction Only Exam
- q. Gland Expression
- r. Foreign Body Removal
- s. Infant and Child Eye Exam

Payroll:

- t. On-Call and Call-Back

IT:

- u. Information Technology Manual

HIM:

- v. Guidelines for Medical Record Entries
- w. Chart Organization, Maintenance, and Scanning

Lab:

- x. Laboratory Orders and Specimens
- y. Confidentiality in the Laboratory
- z. Laboratory Test Results
- aa. Blood Banking and Transfusion Services
- bb. Laboratory Quality Control
- cc. Laboratory Facilities, Environment, and Safety
- dd. Competency Assessment of Laboratory Personnel

Kevin wanted to confirm for the record that these policies have been fully vetted by MedStaff, Compliance, and the appropriate department manager before coming to the board for approval. Darrin confirmed and showed the Board the current steps each Policy goes through in the District policy software.

- 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
 - c. Foundation – Chelsea Brown, Outreach Manager
 - 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: None
Motion Carried

H. Last Action Items for Discussion

1. Appointment and Swearing in of a New Board Member to Fill the Remaining Period Ending December 4, 2026

Motion: Corinne Stromstad motioned to approve the appointment of Christopher Schille to fill the vacant Board term in lieu of the election cycle ending on December 4, 2026.

Second: Galen Latsko

Ayes: Corinne Stromstad, Galen Latsko, Yvonne Hendrix, and Kevin Church

Noes: None

Not Present: None

Motion Carried

2. Update on the Redwood Drive Properties and Approval of Revised Budget.

- a. Kent informed the Board that the project is on track with the initially approved budget, and no revisions are needed currently.

3. Scheduling of Annual Board Quality and Compliance Training – Kristen

- a. The Board has decided to schedule their annual Board compliance training for September 30th at 11:00 a.m. and moved the September Board meeting to September 30th at 1:30 p.m.

4. Public Response to Theracon Comment Update

- a. Matt informed the Board that a public letter was posted to our local news sources to clarify the public concerns surrounding Theracon.

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 some of the exciting events happening in the District. Now that provider staffing in the Clinic is sufficient, we will be sending the mobile clinic back out and will start sending the Optometry clinic out soon. Senior Life Solutions is finally up and running, and we are accepting new patients and advertising to the public to fill our appointment slots. The District recently did an evacuation drill with EMS, the Sheriff's department, and the County. Thanks to our excellent staff, we are happy to announce that not only did we pass, but we also completely exceeded their expectations.

1. Department Updates

a. Milestones

b. July Employee Anniversaries – None

- i. Due to the incorrect months staff names being brought to the Board, both July and August anniversaries will be presented at the July 31 Board meeting.

- c. Approval of the May 2025 Financials and May 20 Finance Minutes – Paul Eves
 - i. Paul shared the May Income Sheet and Balance Sheet with the Board and answered corresponding questions.
- d. Nursing – Adela Yanez, CNO
 - i. Adela Yanez presented her Board report and announced that Katherine Anderson has taken on the role of Director of Nursing.
- e. – Kristen Rees, CQO
 - i. Kristen presented her verbal Board report and announced that we will be receiving \$750,000 through a state program called the Quality Incentive Pool.
- f. Family Resource Center – Amy Terrones – (Mar and Oct) - None

Motion: Corinne Stromstad motioned to approve the May 2025 Financials and May 20 Board Minutes.

Second: Galen Latsko

Ayes: Corinne Stromstad, Galen Latsko, Yvonne Hendrix and Kevin Church

Noes: None

Not Present: None

Motion Carried

K. Old Business - None

L. New Business

1. Presentation and Approval of the 2026 Fiscal Year Budget

Motion: Galen Latsko motioned to approve the 2026 Fiscal Year Budget.

Second: Corinne Stromstad

Ayes: Corinne Stromstad, Galen Latsko, Yvonne Hendrix, and Kevin Church

Noes: None

Not Present: None

Motion Carried

M. Parking Lot

1. Sprowel Creek Campus Parking

- a. Kent announced to the Board that we hosted a mandatory site visit with five contractors for both of our parking projects. Bids and another update will be available by the next Board Meeting.

N. Meeting Evaluation – None

O. New Action Items

1. Update on the 360-evaluation software

P. Next Meetings

1. Medical Staff Committee – Thursday, July 10, 2025, at 12:30 p.m
2. Medical Staff Policy Development Committee – Tuesday, July 15, 2025, 10:00 a.m
3. QAPI Meeting – Wednesday, July 9, 2025, at 10:00 a.m.
4. Finance Committee – July 25, 2025, at 10:00 a.m.
5. Governing Board Meeting – July 31, 2025, at 1:30 p.m.

Q. Kevin Church Adjourn to Closed Session

1. Closed Session
2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff
3. Clinic Provider Credentialing List
4. Reports of Quality Assurance Committees [**H&S Code § 32155**]
5. Compliance and Risk - Kristen Rees, CQO
6. Quarterly Reports - Adela Yanez, CNO –
 - a. Patient Safety – Mar., June, Sept., Dec. See Report
 - b. Medication Error – Feb., May, Aug., Dec.
7. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
 - a. Dr. **Pierre Lanthiez, MD** Initial credentialing as Provisional status Teleradiology - Diagnostic Radiology privileges July 1, 2025 – June 30, 2026.
 - b. Dr. **Arun Kumar, MD** Initial credentialing as Provisional status Teleradiology - Diagnostic Radiology privileges July 1, 2025 – June 30, 2026.
 - c. Dr. **Clarence Davis III, MD** Initial credentialing as Provisional status for Teleradiology - Diagnostic Radiology privileges July 1, 2025 – June 30, 2026.
 - d. Dr. **Michael Benanti, DO** Initial credentialing as Provisional status for Teleradiology - Diagnostic Radiology privileges July 1, 2025 – June 30, 2026.
 - e. Dr. **Christian Joseph Ingui, MD** Reappointment as Active status Teleradiology - Diagnostic Radiology privileges August 1, 2025 – July 31, 2027.
8. Personnel Matter –Evaluation § 54957
 - a. CQCO Kristen Rees
 - b. Update on Previous Review and New Review Documents

R. Kevin Church Adjourned Closed Session

S. Kevin Church Resumed Open Session

1. No action was taken on item Q.7.b. Dr. **Arun Kumar, MD** Initial credentialing as Provisional status Teleradiology - Diagnostic Radiology privileges July 1, 2025 – June 30, 2026.

Motion: Corinne Stromstad motioned to approve Dr. **Pierre Lanthiez, MD** Initial credentialing as Provisional status Teleradiology - Diagnostic Radiology privileges July 1, 2025 – June 30, 2026, Dr. **Clarence Davis III, MD** Initial credentialing as Provisional status for Teleradiology - Diagnostic Radiology privileges July 1, 2025 – June 30, 2026, Dr. **Michael Benanti, DO** Initial credentialing as Provisional status for Teleradiology - Diagnostic Radiology privileges July 1, 2025 – June 30, 2026, and Dr. **Christian Joseph Ingui, MD** Reappointment as Active status Teleradiology - Diagnostic Radiology privileges August 1, 2025 – July 31, 2027.

Second: Galen Latsko

Ayes: Corinne Stromstad, Galen Latsko, Yvonne Hendrix and Kevin Church

Noes: None

Not Present: None

Motion Carried

T. Corinne Stromstad Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

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

Special Governing Board Meeting

Date: Wednesday, July 16, 2025
Time: 12:00 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Kevin Church

Minutes

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Yvonne Hendrix, and Kevin Church in-person

Not Present: Galen Latsko

Also in person: Chief of Staff Joseph Rogers, Outreach Manager Chelsea Brown, and Administrative Assistant Darrin Guerra

Also via Webex: Business Development Director Ryan Staples, Lab Manager Adam Summers, IT Director Jason Dockins, Grant Writer Nick Vogel, CNO Adela Yanez, Quality Lead Josh Andrews, CFO Paul Eves, HIM Manager Remy Quin, CQCO Kristen Rees, COO Kent Scown, and PFS Manager Marie Brown

A. Call to Order – Board President Kevin Church called the meeting to order at 12:01.

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

C. Approval of the Agenda –

Motion: Corinne Stromstad made a motion to approve the agenda with the correction that item G-3 be moved to G-1 and item G-2 be moved to Closed Session.

Second: Ivonne Hendrix

Ayes: Corinne Stromstad, Barbara Truitt, and Kevin Church

Noes: None

Not Present: Galen Latsko

Motion carried

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments - None

F. Announcements - None

G. New Business

1. Swearing in and Oath of Office Christopher Schille
 - a. Christopher Schille took the Governing Board Oath of Office.
2. Approval of the AI Use in the Healthcare Setting IT Policy

Motion: Yvonne Hendrix made a motion to approve the AI use in the Healthcare Setting IT Policy.

Second: Corinne Stromstad

Ayes: Corinne Stromstad, Barbara Truitt, Chris Schille, and Kevin Church

Noes: None

Not Present: Galen Latsko

Motion carried

H. Adjourn to Closed Session

1. Closed Session
2. Administrative Update

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

1. No action was taken in Closed Session

J. Board President Kevin Church adjourned the meeting

Submitted by Darrin Guerra

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
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<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management

Governing Board Meeting Minutes

July 16, 2025

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<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

Southern Humboldt Community Healthcare District
SoHum Income Statement
From Jul 2024 to Adjust 2025 (6/30 - 6/30)

Financial Row	Amount
Revenue	
Gross Patient Revenue	
Inpatient	\$3,406,208
Inpatient Ancillary	\$530,196
Outpatient	\$19,453,488
Outpatient Ancillary	\$9,560,871
Total Patient Revenue	\$32,950,763
Deductions from Revenue	
9060-913 - Supplemental Revenue	(\$9,269,699)
Contractual Allowances	\$12,074,458
Provision for Bad Debts	\$1,167,562
Other Allowances / Deductions	\$358,378
Cost Of Sales	\$168,379
Total Deductions	\$4,499,077
Net Patient Revenue	\$28,451,686
Other Operating Revenue	\$4,765,540
Total Operating Revenue	\$33,217,226
Expenses	
Salaries & Wages	\$12,231,445
Employee Benefits	\$4,518,408
Professional Fees	\$5,220,485
Supplies	\$5,019,251
Repairs & Maintenance	\$288,880
Purchased Services	\$2,655,944
Utilities	\$351,589
Insurance	\$238,076
Depreciation/ Amortization	\$754,326
Other	\$1,188,549
Total Operating Expenses	\$32,466,954
Operating Profit (Loss)	\$750,272
Tax Revenue	\$1,134,087
Other Non Operating Revenue (Expense)	\$454,050
Interest Income	\$35,446
Net Non Operating Revenue (Expense)	\$1,623,582
Net Income (Loss)	\$2,373,854

Southern Humboldt Community Healthcare District
SoHum Balance Sheet
End of Adjust 2025 (6/30 - 6/30)

Financial Row	Amount
Assets	
Current Assets	
Cash - Checking & Investments	\$4,880,989.75
Patients Accounts Receivable	\$6,082,036.12
Other Receivables	\$3,280,926.97
Inventories	\$604,804.46
Prepaid Expenses and Deposits	\$1,196,366.64
Total Current Assets	\$16,045,123.94
Property and Equipment	
Land	\$1,193,526.09
Land Improvements	\$553,251.44
Buildings	\$5,720,831.33
Equipment	\$8,409,815.03
Construction in progress	\$14,273,264.50
Less: Accumulated Depreciation	(\$9,730,681.04)
Net Property and Equipment	\$20,420,007.35
Total Assets	\$36,465,131.29
Liabilities & Fund Balance	
Current Liabilities	
Accounts Payable	\$1,014,471.19
Accrued Payroll & Related costs	\$1,340,391.39
Other Current Liabilities	
Deferred Revenue IGT	\$3,305.14
Loans & Current Portion of Lease Obligations	\$122,529.00
Reimbursement/Settlement	(\$1,268,298.71)
Other	
Accrued Purchases	\$1,484.03
Other Current Liabilities	\$1,484.03
Total Other Current Liabilities	(\$1,140,980.54)
Total Current Liabilities	\$1,213,882.04
Long Term Debt, Less Current Portion	
Maple Lane Loan	\$192,191.72
ELGA Lease Loan	
2250-030 - ELGA Lease Loan	\$1,749,147.68
Total - ELGA Lease Loan	\$1,749,147.68
CHFFA Help II Loan	\$1,822,730.16
Lease Obligations	\$236,003.00
Net Long Term Debt	\$4,000,072.56
Equity	
Unrestricted Fund Balance - Prior Years	\$2,830,961.19
Retained Earnings	\$26,046,361.08
Net Income	\$2,373,854.42
Total Fund Balance	\$31,251,176.69
Total Liabilities & Fund Balance	\$36,465,131.29

EPIC

Overall A/R Health

-
- | Month | Days in A/R |
|-------|-------------|
| April | 61.0 |
| May | 65.9 |
| June | 62.9 |

- ****Self-Pay:** Self-pay decreased 0.6 days from May, we are reviewing potential opportunities to increase self-pay collections and reduce A/R including a review of the current payment plan policy.
- *****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

- **Third-Party A/R:** In June, A/R decreased across most payers. A/R continues to trend in the right direction, down 3.1 days from May. We are actively tracking and reporting high dollar work queues, outstanding claims with no touch in 30-days as well as staff productivity to identify underlying issues more timely.
- **Anthem Issue:** We are almost complete with the Anthem repayment issue.
Original total: ≈\$447,000 Remaining balance: ≈\$5,031.85

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. 3rd Party AR at zero as expected. Moving remaining payment plan into Epic is not possible so we will continue to monitor this balance until account is paid off.

Remaining A/R	June	May
3rd Party Payer	0.00	0.00
Self Pay	3,492.36	3,617.36
Totals	3,492.36	3,617.36

Infection Prevention:

After the conclusion of the flu season, masking within the Acute Skilled Nursing Facility (SNF) and across the hospital and clinic is no longer necessary, in accordance with the latest CDC and county guidelines. The Infection Prevention Department remains dedicated to maintaining the highest safety standards. We achieve this through regular hand hygiene surveillance, compliance audits with transmission-based isolation precautions, and ongoing meetings for the Infection Prevention Committee (IPC) and antibiotic stewardship.

Emergency Department/Acute Care:

In June, our Emergency Department (ED) managed the care of 333 patients, including seven swing-bed patients and two inpatient admissions. We are pleased to report an expansion in our capacity for swing-bed patients, and we now have the nursing staff needed to effectively care for over five acute patients. Our staffing model includes one registered nurse (RN) and one licensed vocational nurse (LVN) for each shift, ensuring we meet the required nurse-to-patient ratio standards.

We remain committed to providing exceptional care and are focused on creating a supportive environment for patients who require external medical care during their recovery.

Laboratory:

The laboratory recently underwent an ACHC survey, which involved over 300 items. Out of these, only 10 non-critical items were cited, for which the lab is currently developing a plan of correction that will be submitted for approval by the end of this week. The lab continues collaborating with the rest of the team on the EDSP program and is committed to serving the community. Additionally, the lab team has begun focusing on initiating new tests, including blood cultures, cerebrospinal fluid (CSF), and other body fluids. Notably, lab volume has increased by about 43% over the past year, despite a decline in COVID-19 tests.

Skilled Nursing:

Katherine is performing excellently as the Director of Nursing (DON) 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 also implemented quarterly care conferences to improve resident care, goals, and progress communication. These conferences have proven beneficial for residents, their families, and caregivers as they address challenges and plan 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 include professionals from various disciplines, such as physical therapy (PT), occupational therapy (OT), licensed clinical social work (LCSW), activities, nursing, and dietary services when requested. It is important to note that these conferences are distinct from our Interdisciplinary Team (IDT) meetings. Katherine aims to enhance both types of meetings' efficiency and patient-centered focus.

Recent activities for residents have included weekly movie nights, group dice games, and outings. Our current resident census is eight, and we have no available beds currently. The Skilled Nursing Facility remains committed to providing exceptional care and serving our community. Our dedicated nursing staff focuses on delivering high-quality care, fostering an environment where residents can thrive and fully engage in life. Daily activities are thoughtfully organized to keep residents active and involved, and we are currently reviewing the waiting list to welcome the next resident into our SoHum family and the Skilled Nursing Facility (SNF) community.

Clinic Update:

The clinic served 551 patients in April, followed by 481 in May, and a significant increase to 608 in June. The decrease in May was primarily due to Dr. Murphy being on vacation for two weeks. However, with his return, we observed a substantial rise in patient numbers during June.

Our team is actively working to secure enrollments with various insurance companies and payers for our providers. Additionally, our behavioral health department is set to start 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), SNF, and SWING, to improve our visit documentation and medication management workflows.

The clinic is fully staffed with Dr. Murphy, Dr. Raison, Linda Candiotti (Physician Assistant), and Heather Grant (Family Nurse Practitioner). However, please note that Heather Grant's contract will end on July 22, and she will be going on vacation after that. While we have offered to renew her contract upon her return, she is not ready to commit to a new contract at this moment. We remain hopeful that she will return in the future when she is ready. On a positive note, we are pleased to welcome a new Physician Assistant, Remonia Oulds Davis, who will be starting on July 15, 2025.

Our new patient navigator is progressing well in his training and is ready to assist with any MyChart-related concerns. We are also pleased 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.

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

Radiology Update:

In June, our Radiology department conducted 240 X-ray exams, 101 CT scans, 60 ultrasounds, and 21 mammograms. Our current traveling ultrasound technician will leave at the beginning of August, while our permanent staff member will return at the end of July.

We still have a traveling technician in CT/X-ray, and we currently have two applicants for a permanent position in that area.

Physicist surveys for both CT and mammography have been completed. We have contacted the service regarding a minor issue with one of the portable X-ray machines; however, the machine remains usable.

Pharmacy:

Our pharmacist, PJ, has been assisting with shifts at the outpatient pharmacy. He is pleased to announce that we now have a new pharmacist on staff for the outpatient pharmacy. This change will allow PJ to return his focus to his primary role as the inpatient pharmacist in the hospital.

In addition, he is actively working on processing ongoing JIRAs with OCHIN to ensure that Epic functions correctly. Our responsibilities include verifying override reports, assisting with a new clinic trial, researching and updating pharmacy charge tables, and addressing medication shortages.

Physical Therapy:

We are excited to announce that our outpatient physical therapy services are now available for all insurance plans, except for partnership plans. We will notify the community when enrollment for partnership plans is complete.

Sierra and Katelyn are committed to providing high-quality rehabilitation services to our inpatients and residents, ensuring optimal care for everyone. Additionally, Susan continues to provide essential speech therapy services to residents in skilled nursing facilities (SNFs) and patients in acute care settings.

Thank you for your ongoing support and collaboration.

Adela Yanez, RN, BSN, CNO