

## REGULAR MEETING OF THE BOARD OF DIRECTORS SAN BENITO HEALTH CARE DISTRICT 911 SUNSET DRIVE, HOLLISTER, CALIFORNIA THURSDAY, FEBRUARY 23, 2023 – 5:00 P.M. SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM

**Mission Statement -** The San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the health care consumers of the community.

**Vision Statement -** San Benito Health Care District is committed to meeting community health care needs with quality care in a safe and compassionate environment.

San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians and the community.

## **AGENDA**

		Presented By:
1.	Call to Order / Roll Call	(Hernandez)
2.	Approval of the AgendaA. Motion/SecondB. Action/Board Vote-Roll Call	(Hernandez)
3.	<b>Board Announcements</b>	(Hernandez)
4.	<b>Public Comment</b> This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board, which are not otherwise covered under an item on this agenda. This is the appropriate place to comment on items on the Consent Agenda. Written comments for the Board should be provided to the Board clerk for the official record. Whenever possible, written correspondence should be submitted to the Board in advance of the meeting to provide adequate time for its consideration. Board Members may not deliberate or take action on an item not on the duly posted agenda.	(Hernandez)
5.	<u>Consent Agenda – General Business</u> (Pgs. 1-15) (A Board Member may pull an item from the Consent Agenda for discussion.)	(Hernandez)
	A. Minutes of the Regular Meeting of the Board of Directors January 26, 2023	

B. Minutes of the Special Meeting of the Board of Directors February 9, 2023

- C. Policies:
  - Disability Rights and Provider Obligations
  - Toy Cleaning Policy (RHC/Specialty Clinics)

Recommended Action: Approval of Consent Agenda Items (A) through (C)

- > Report
- Board Questions
- Public Comment
- Motion/Second
- Action/Board Vote-Roll Call

## 6. <u>Report from the Medical Executive Committee</u> \*\*\*

A. Medical Staff Credentials: February 15, 2023

Recommended Action: Approval of Credentials.

- Report
- Board Questions
- Public Comment
- Motion/Second
- Action/Board Vote-Roll Call
- B. Medical Staff Synopsis: February 15, 2023

## 7. Interim Chief Executive Officer (CEO) (Pgs. 17-30)

- A. Board Education Strategic Partnership Options Presentation
- B. Comments on Officer/Director Reports (Board Members may comment on the reports listed)
  - Interim Chief Executive Officer
  - Chief Clinical Officer/Patient Care Services (Acute Facility)
  - Provider Services & Clinic Operations
  - Skilled Nursing Facilities Reports (Mabie Southside/Northside)
  - o Laboratory
  - Foundation Report
  - Marketing/Public Relations

## 8. <u>Report from the Finance Committee</u> (Pgs. 31-43)

- A. Finance Committee Meeting Minutes February 16, 2023
- B. Finance Report/Financial Statement Review
  - 1. Review of Financial Report for February 16, 2023
  - 2. Financial Statements January 2023

(Robinson)

(Dr. Bogey)

(Casillas)

(B. Riley)

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	C.	<ul> <li><u>Financial Updates</u></li> <li>1. Review Finance Dashboard – January 2023</li> <li>2. CMSP</li> <li>3. Savings Tracker</li> </ul>	
9.		Port from the Facilities Committee *** Facilities Committee Meeting Minutes – February 16, 2023	(Robinson)
10.	Th	<b>iblic Comment</b> is opportunity is provided for members to comment on the closed session topics, not to ceed three (3) minutes.	(Hernandez)
11.	-	osed Session ee Attached Closed Session Sheet Information)	(Hernandez)
12.	Re	econvene Open Session / Closed Session Report	(Hernandez)
13.	Ac	ljournment	(Hernandez)
	Th	e next Regular Meeting of the Board of Directors is scheduled for Thursday, March	

23, 2023, at 5:00 p.m., and will be held in person.

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting and in the Administrative Offices of the District. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

<u>Notes</u>: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

\*\*\* To be distributed at or before the Board meeting

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## SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS FEBRUARY 23, 2023

## AGENDA FOR CLOSED SESSION

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

## **CLOSED SESSION AGENDA ITEMS**

#### [] <u>LICENSE/PERMIT DETERMINATION</u> (Government Code §54956.7)

Applicant(s): (Specify number of applicants)

### [X] <u>CONFERENCE WITH REAL PROPERTY NEGOTIATORS</u> (Government Code §54956.8)

Property: <u>190 Maple Street</u>, Hollister CA

Agency negotiator: <u>Mary Casillas</u>

Negotiating parties: Stabilized Properties NV Corporation

**Under negotiation:** Price and Terms

### [] <u>CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION</u> (Government Code §54956.9(d)(1))

Name of case: (Specify by reference to claimant's name, names of parties, case or claim numbers):

**Case name unspecified:** (Specify whether disclosure would jeopardize service of process or existing settlement negotiations):

\_\_\_\_\_, or

#### [X] <u>CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION</u> (Government Code §54956.9)

Significant exposure to litigation pursuant to Section 54956.9(d)(2) or (3) (Number of potential cases):

Additional information required pursuant to Section 54956.9(e):

Initiation of litigation pursuant to Section 54956.9(d)(4) (Number of potential cases): 1 \_\_\_\_\_.

## [] <u>LIABILITY CLAIMS</u>

(Government Code §54956.95)

Claimant: (Specify name unless unspecified pursuant to Section 54961): Agency claimed against: (Specify name): \_\_\_\_\_\_. Consultation with: (Specify the name of law enforcement agency and title of officer):\_\_\_\_\_

### [] <u>PUBLIC EMPLOYEE APPOINTMENT</u> (Government Code §54957)

## Title:

[] <u>PUBLIC EMPLOYMENT</u> (Government Code §54957)

## Title:

PUBLIC EMPLOYEE PERFORMANCE EVALUATION<br/>(Government Code §54957)

**Title:** (Specify position title of the employee being reviewed):

#### [] <u>PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE</u> (Government Code \$54057)

(Government Code §54957)

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

#### [] <u>CONFERENCE WITH LABOR NEGOTIATOR</u> (Government Code §54957.6)

Agency designated representative:

**Employee organization**:

Unrepresented employee:

## [] <u>CONFERENCE WITH LABOR NEGOTIATOR</u> (Government Code §54957.6)

Agency designated representative:

**Employee organization**:

Unrepresented employee:

## [ ] <u>CASE REVIEW/PLANNING</u>

(Government Code §54957.8) (No additional information is required to consider case review or planning.)

## [X] <u>REPORT INVOLVING TRADE SECRET</u>

(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):

1. Trade Secrets, Strategic Planning, Proposed New Programs, and Services.

Estimated date of public disclosure: (Specify month and year): <u>unknown</u>

## [] <u>HEARINGS/REPORTS</u>

(Government Code §37624.3 & Health and Safety Code §§1461, 32155)

**Subject matter**: (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee):

1. Report from Quality, Risk, and Compliance.

# []CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED<br/>BY FEDERAL LAW (Government Code §54956.86)

(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

## ADJOURN TO OPEN SESSION

## REGULAR MEETING OF THE BOARD OF DIRECTORS SAN BENITO HEALTH CARE DISTRICT SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM

## THURSDAY, JANUARY 26, 2023 <u>MINUTES</u>

## HAZEL HAWKINS MEMORIAL HOSPITAL

### **Directors Present**

Jeri Hernandez, Board Member Bill Johnson, Board Member Devon Pack, Board Member Josie Sanchez, Board Member Rick Shelton, Board Member

#### Also, Present In-person/Video Conference

Mary Casillas, Interim Chief Executive Officer Mark Robinson, Chief Financial Officer Barbara Vogelsang, Chief Clinical Officer Michael Bogey, M.D., Chief of Staff Heidi A. Quinn, District Legal Counsel Tiffany Rose, Executive Assistant

## 1. Call to Order

Directors Hernandez, Johnson, Pack, Sanchez, and Shelton were present; attendance was taken by roll call. A quorum was present and President Jeri Hernandez called the meeting to order at 5:00 p.m.

### 2. Approval of Agenda

The Board added an urgency item to the Closed Session agenda, *Conference with Real Property Negotiators*, Government Code §54956.8, related to 190 Maple Street, Hollister. Real Property Negotiator is Mary Casillas and Negotiating Party is Stabilized Properties NV Corporation.

**MOTION:** By Director Hernandez to add Closed Session Item *Conference with Real Property Negotiators*, Government Code §54956.8 to the posted closed session agenda; Second by Director Sanchez.

<u>Moved/Seconded/Unanimously Carried</u>. Ayes: Directors Hernandez, Johnson, Pack, Sanchez, and Shelton. Approved 5-0 by roll call.

**MOTION:** By Director Pack to approve the agenda with the closed session item addition; Second by Director Sanchez.

<u>Moved/Seconded/Unanimously Carried</u>. Ayes: Directors Hernandez, Johnson, Pack, Sanchez, and Shelton. Approved 5-0 by roll call.

### 3. Board Announcements

Director Johnson noted positive feedback was received from community members who attended the community forum and thanked the Executive Team for their presentation.

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### 4. Public Comment

An opportunity was provided for public comment and individuals were given three minutes to address the Board Members and Administration.

### 5. Consent Agenda - General Business

- A. Minutes of the Special Meeting of the Board of Directors, January 6, 2023.
- B. Minutes of the Regular Meeting of the Board of Directors, December 21, 2022.
- C. Clinical Policies:
  - 1. Clinical Service Contract Evaluation
  - 2. Urinalysis Standing Order (MSC)
  - 3. Urinalysis Standing Order (RHC)

Director Hernandez presented the consent agenda items before the Board for action. This information was included in the Board packet.

No public comment.

**MOTION:** By Director Sanchez to approve Consent Agenda – General Business, Items (A) through (C), as presented; Second by Director Shelton.

<u>Moved/Seconded/Unanimously Carried</u>. Ayes: Directors Hernandez, Johnson, Pack, Sanchez, and Shelton. Approved 5-0 by roll call.

## 6. <u>Report from the Medical Executive Committee Meeting on January 18, 2023 and Recommendations</u> <u>for Board Approval of the following:</u>

A. <u>Medical Staff Credentials Report</u>: Dr. Bogey, Chief of Staff, provided a review of the Credentials Report from January 18, 2023.

### Item: Proposed Approval of the Credentials Report; three (3) New Appointments.

No public comment.

**<u>MOTION</u>**: By Director Johnson to approve the Credentials Report as presented; Second by Director Hernandez.

**Moved/Seconded/and Unanimously Carried:** Ayes: Directors Hernandez, Johnson, Pack, Sanchez, and Shelton. Approved 5-0 by roll call.

B. <u>Medical Staff Synopsis</u>: Dr. Bogey, Chief of Staff, provided a summary of the Medical Executive Committee Report of January 18, 2023.

A full written report can be found in the Board packet.

C. Application for Emergency Medicine Core Privileges:

Item: Proposed Approval of the Revised Application for Emergency Medicine Clinical Privileges.

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No public comment.

**<u>MOTION</u>**: By Director Hernandez to approve the Revised Application for Emergency Medicine Clinical Privileges; Second by Director Pack.

**Moved/Seconded/and Unanimously Carried:** Ayes: Directors Hernandez, Johnson, Pack, Sanchez, and Shelton. Approved 5-0 by roll call.

## 7. <u>Reports from the Interim Chief Executive Officer</u>

- A. <u>Board Education</u>: Joan Rogers, Director of Medical Staff Services, provided an overview of the medical staff credentialing process. A full report can be found in the Board packet.
- B. <u>Comments on Chief Executive Officer Reports</u>: The Executive Team provided highlights of the following reports, which can be found in the Board packet.
  - Interim Chief Executive Officer

Ms. Casillas provided highlights of the Interim CEO Report, which can be found in the Board packet. It was noted the community forum was well attended. Financial advisors continue to monitor daily cash flow, savings, and assist with restructure of debt and payments. The District continues to work with county, state, and federal levels of the government to address the financial emergency. Mediation with interested parties will begin in February. A \$3M loan from CHFFA was received in January. Financial consultant B. Riley continues to engage interested partnerships on the District's behalf. Some of the significant advantages of a partnership include growing existing services and expanding to other services, leverage when negotiating managed care contracts, resources to recruit physicians, and additional capital funds to update equipment and infrastructure.

- Chief Clinical Officer/Patient Care Services (Acute Facility)
- Provider Services & Clinic Operations
- Skilled Nursing Facilities Reports (Mabie Southside/Northside)
- Laboratory
- Foundation Report
- Marketing/Public Relations

## 8. <u>Report from the Finance Committee</u>

A. Finance Committee Minutes

Minutes of the meeting of the Finance Committee from January 19, 2023, were included in the Board packet.

B. Finance Report/Financial Statement Review

Mr. Robinson provided an overview of the financial report for January 19, 2023, as well as the December 2022 Financial Statements, included in the Board packet.

- C. Financial Updates
  - a. Finance Dashboard December 2022
  - b. FYE June 30, 2022 Audit
  - c. GASB 68 Pension Review

Mr. Robinson reviewed the Finance Dashboard for December 2022, FYE June 30, 2022 Audit, and GASB 68 Pension Review, all of which were included in the Board packet. Highlights include:

The District is now back in network with Anthem as of January 1, 2023 and has been given approval to submit all claims. Operating expenses were under budget and productive full-time equivalents for December 2022 decreased due to less hours worked and voluntary flexing down.

The audit of the financial statements, performed by JWT & Associates, LLP, did not identify any material deficiencies. The auditor was unable to attend the meeting, but can appear at a future meeting if the Board would like to directly ask questions.

## 9. <u>Recommended for Board Action</u>

A. <u>Proposed Approval of Siemens 5-Year Maintenance Agreement for 64-Slice CT Scanner for a Contract</u> term of 60 Months and an Annual Rate of \$72,000

No public comment.

B. <u>MOTION</u>: By Director Hernandez to approve the Siemens 5-Year Maintenance Agreement for 64-Slice CT Scanner for a Contract term of 60 Months and an Annual Rate of \$72,000; Second by Director Shelton.

**Moved/Seconded/and Unanimously Carried:** Ayes: Directors Hernandez, Johnson, Pack, Sanchez, and Shelton. Approved 5-0 by roll call.

## 10. Report from the Facilities Committee

A. <u>Facilities Committee Minutes</u> Minutes of the meeting of the Facilities Committee from January 19, 2023, were included in the Board packet.

## 11. Public Comment

No public comment.

## 12. Closed Session

President Hernandez announced the items to be discussed in Closed Session as listed on the posted Agenda are (1) Conference with Real Property Negotiators, Government Code §54956.8; (2) Conference with Legal Counsel-Anticipated Litigation, Government Code §54956.9(d)(4); (3) Public Employment, Government Code §54957; (4) Conference with Labor Negotiator, Government Code §54957.6, (5) Conference with Labor Negotiator, Government Code §54957.6; and (6) Report Involving Trade Secret, Government Code §37606 & Health and Safety Code §32106.

The meeting was recessed into Closed Session at 6.24 p.m.

The Board completed its business of the Closed Session at 7:38 p.m.

## 13. <u>Reconvene Open Session/Closed Session Report</u>

The Board of Directors reconvened Open Session at 7:38 p.m. District Counsel Quinn reported that in Closed Session the Board discussed: (1) Conference with Real Property Negotiators, Government Code §54956.8; (2) Conference with Legal Counsel-Anticipated Litigation, Government Code §54956.9(d)(4);



(3) Public Employment, Government Code §54957; (4) Conference with Labor Negotiator, Government Code §54957.6, (5) Conference with Labor Negotiator, Government Code §54957.6; and (6) Report Involving Trade Secret, Government Code §37606 & Health and Safety Code §32106.

A status report was provided, the Board provided direction to staff; No reportable action was taken by the Board in the Closed Session.

### 14. Adjournment:

There being no further regular business or actions, the meeting was adjourned at 7:39 p.m.

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, February 23, 2023** at **5:00 p.m.**, and will be conducted in person.

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## SPECIAL MEETING OF THE BOARD OF DIRECTORS SAN BENITO HEALTH CARE DISTRICT SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM THURSDAY, FEBRUARY 9, 2023 MINUTES

## **Directors Present**

Jeri Hernandez, Board Member Bill Johnson, Board Member Devon Pack, Board Member Josie Sanchez, Board Member Rick Shelton, Board Member

### Also, Present In-person/Video Conference

Mary Casillas, Interim Chief Executive Officer Mark Robinson, Chief Financial Officer Barbara Vogelsang, Chief Clinical Officer Heidi Quinn, District Legal Counsel Anne Frasseto Olsen, Legal Counsel Tiffany Rose, Executive Assistant

## 1. Call to Order – Roll Call

Directors Hernandez, Johnson, Pack, Sanchez, and Shelton were present; attendance was taken by roll call. A quorum was present and the Special Meeting was called to order at 2:00 p.m. by Director Hernandez.

### 2. Public Comment

No public comment.

### 3. Closed Session

President Hernandez announced the items to be discussed in Closed Session as listed on the posted Agenda are: (1) Conference with Real Property Negotiators, Government Code §54956.8, 190 Maple Street; (2) Conference with Legal Counsel-Anticipated Litigation, Government Code §54956.9(d)(4); (3) Conference with Labor Negotiators, Government Code §54957.6; (4) Report Involving Trade Secret, Government Code §37606 & Health and Safety Code §32106. Full details are noted in the Agenda.

The meeting was recessed into Closed Session at 2:00 p.m.

The Board completed its business of the Closed Session at 3:15 p.m.

## 4. Reconvene Open Session/Closed Session Report

The Board of Directors reconvened into Open Session at 3:15 p.m. District Counsel Quinn reported that in Closed Session the Board discussed: (1) Conference with Real Property Negotiators, Government Code §54956.8, 190 Maple Street; (2) Conference with Legal Counsel-Anticipated Litigation, Government Code §54956.9(d)(4); (3) Conference with Labor Negotiator, Government Code §54957.6; (4) Report Involving Trade Secret, Government Code §37606 & Health and Safety Code §32106.

As to (3) Conference with Labor Negotiator, Government Code §54957.6, the Board provided direction to staff to extend the WARN Act notices. As to all other items, information was presented to the Board, the Board provided direction to staff but no reportable action was taken.

## 5. Adjournment:

There being no further special business or actions, the meeting was adjourned at 3:16 p.m.



## **Disability Rights and Provider Obligations**

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#### **Revision Insight**

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Revision Number:	0
Owner:	Mishel Thomas, Clinic Operations Manager
Revision Official Date:	No revision official date
Revision Note:	
No revision note	



DocID: Revision: Status: Department: Manual(s): 11668 0 In preparation Clinics

## Policy : Disability Rights and Provider Obligations

#### PURPOSE

To protect all qualified individuals from discrimination based on their disability, race, color national origin, sex, or age.

#### POLICY

Section 504 of the Rehabilitation Act of 1973 is a national law that protects qualified individuals from discrimination based on their disability. The nondiscrimination requirements of the law apply to employers and organizations that receive financial assistance from any Federal department or agency, including the U.S. Department of Health and Human Services (DHHS).

Section 504 forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. It defines the rights of individuals with disabilities to participate in, and have access to, program benefits and services.

Under this law, individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities. People who have a history of, or who are regarded as having a physical or mental impairment that substantially limits one or more major life activities, are also covered. Major life activities include caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning. Some examples of impairments

which may substantially limit major life activities, even with the help of medication or aids/devices, are: AIDS, alcoholism, blindness or visual impairment, cancer, deafness or hearing impairment, diabetes, drug addiction, heart disease, and mental illness.

Section 504 prohibitions against discrimination apply to service availability, accessibility, delivery, employment, and the administrative activities and responsibilities of organizations receiving Federal financial assistance. A recipient of Federal financial assistance may not, on the basis of disability:

- Deny qualified individuals the opportunity to participate in or benefit from federally funded programs, services, or other benefits.
- Deny access to programs, services, benefits or opportunities to participate as a result of physical barriers.

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs or activities that receive Federal financial assistance or are administered by an Executive agency or any entity established under Title I of the ACA. Section 1557 has been in effect since enactment of the ACA. The Section 1557 final rule applies to recipients of financial assistance from the Department of Health and

Human Services (HHS), the Health Insurance Marketplaces and health programs administered by HHS.

The final rule is consistent with existing directives implementing the requirements under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. It requires effective communication, including through the provision of auxiliary aids and services; establishes standards for accessibility of buildings and facilities; requires that health programs provided through electronic and information technology be accessible; and requires covered entities to make reasonable modifications to their policies, procedures, and practices to provide individuals with disabilities access to a covered entity's health programs and activities.

The final rule requires all covered entities to post a notice of consumer civil rights; covered entities with 15 or more employees are also required to have a civil rights grievance procedure and an employee designated to coordinate compliance. Under a new requirement, covered entities are required to post information telling consumers about their rights and telling consumers with disabilities and consumers with limited English proficiency (LEP) about the right to receive communication assistance.

According to Title 28, Code of Federal Regulations (CFR), section 35.151, all facilities designed, constructed; or altered by, on behalf of, or for the use of a public entity must be readily accessible and usable by individuals with disabilities, if the construction or alteration was begun after January 26, 1992. Any alteration to a place of public accommodation or a commercial facility, after January 26, 1992, must be made to ensure that, to the maximum extent feasible, the altered portions of the facility are readily

accessible to and usable by individuals with disabilities, including individuals who use wheelchairs. The site shall meet city, county, and state building structure and access ordinances for persons with physical disabilities. A site/facility includes the building structure, walkways, parking lots, and equipment.



#### PROCEDURE

- 1. A notice of consumer civil rights/nondiscrimination shall be posted in a prominent location in the clinic (see sample notice below).
- 2. The clinic has the following safety accommodations available for physically disabled persons or has an alternative plan in place for making program services available to persons with physical disabilities (see checked items that apply):
  - Parking spaces for persons with physical disabilities are located in close proximity to accessible building entrances.
  - Each parking space reserved for persons with disabilities is identified by a permanently affixed reflectorized sign posted in a conspicuous place; or reasonable alternative if the provider has no control over availability of accessible parking within the lot or nearby street spaces for persons with disabilities:
  - Pedestrian ramps with a clear and level landing at the top and bottom of all ramps and on each side of an exit door if the clinic has multiple levels.
  - Exit and exam room doorway openings have minimum opening of 32 inches with the door open at 90 degrees to allow for clear passage of a person in a wheelchair; or reasonable alternative:
  - Door hardware's are operable with a single effort without requiring ability to grasp hardware (latch or push-bars instead of door knobs)
  - Effort to operate interior doors do not exceed 5 pounds of pressure
  - Furniture and other items do not obstruct exit doorways or interfere with door swing pathway
  - Accessible passenger elevator for multi-level floor accommodation; or reasonable alternative:
  - Clear floor space (at least 30-in. x 48-in.) for wheelchair in waiting area and exam room to accommodate a single, stationary adult wheelchair and occupant; and a minimum clear space of 60-inch diameter or square are to turn a wheelchair; or reasonable alternative:
  - Wheelchair accessible restroom facilities are available; or reasonable alternative:
  - Wheelchair accessible handwashing facilities are available; or reasonable alternative:
  - A 24-hour language and hearing-impaired interpreter services are available for all members either through telephone/video language services or interpreters on site
  - Other accommodations or specialized equipment (i.e., height adjustable exam tables, wheelchair accessible weight scales, signage in raised letters and Braille, etc.):
- 3. If any patient feels that they have been subject to discrimination in health care or health coverage, they may file a complaint of discrimination under Section 1557. They are encouraged to visit the Office of Civil Rights (OCR's) website at www.hhs.gov/ocr to file a complaint or to request a complaint package, or call OCR's toll free number at (800) 368-1019 or (800) 537-7697 (TDD) to speak with someone who can answer their questions and guide them through the process. OCR's complaint forms are available in a variety of languages. Individuals can also file lawsuits under Section 1557.

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- 4. For sites with 15 or more employees A civil rights grievance procedure is followed:
  - a. The employee designated to coordinate compliance is: \_\_\_\_
  - b. All civil rights discrimination complaints shall be processed following the site's Member Grievances/Complaints policy.
- All site personnel shall receive information and/or training on patient rights and provider obligations under the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and/or Section 1557 of the Affordable Care Act.
- 6. Training content includes information about physical access, reasonable accommodations, policy modifications, and effective communication in healthcare settings.

#### RESOURCES

- A. https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf
- B. https://www.hhs.gov/sites/default/files/section-1557-final-rule-faqs.pdf

- C. https://www.hhs.gov/sites/default/files/1557-fs-lep-508.pdf
- D. https://www.ecfr.gov/search

#### **ATTACHMENTS**

- A. Notice of Civil Rights / Nondiscrimination (sample)
- B. Physical Accessibility Review Survey Information and Tools

11668 Clinics Thomas, Mishel Document Status Department Director Next Review Date In preparation Breen-Lema, Amy

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## Toy Cleaning Policy (RHC/Specialty Clinics)

#### Disclaimer

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#### **Revision Insight**

Document ID: Revision Number: Owner: Revision Official Date:

Revision Note: No revision note 11687 0 Cynthia Rosales, Clinic Support Analyst No revision official date



DocID: Revision: Status: Department: Manual(s): 11687 0 In preparation Clinics

## Policy : Toy Cleaning Policy (RHC/Specialty Clinics)

#### PURPOSE

It is the intent of Hazel Hawkins Community Health Centers to prevent the spread of infections from toys.

#### POLICY

Toy selection and use

- 1. Toys provided for patient use are to be made of materials that can be easily cleaned (e.g. plastic or a nonporous material).
- 2. Cloth toys, such as stuffed animals will not be used in play areas.
- 3. Toys from the waiting areas will not be taken into an isolation room.
- 4. Card and board games must be laminated, so they can be easily wiped down and disinfected.

#### PROCEDURE

- A. Cleaning with soap and water (clinic staff will perform cleaning after each use).
  - a. Wash with soap and water using friction.
  - b. Rinse with water and dry.
- B. Cleaning with hospital-approved disinfectant (clinic staff will perform cleaning after each use).
- c. Wipe toys with hospital-approved disinfectant.
  - 1. Toys that are "mouthed" by children are to be pulled from circulation until they are cleaned with soap and water followed by a hospital approved disinfectant.
  - 2. Items that cannot be cleaned with hospital-approved disinfectant, alcohol or soap and water should be discarded.
  - 3. Toys with missing pieces or broken parts will be discarded.

11687 Clinics Rosales, Cynthia Document Status Department Director Next Review Date In preparation Breen-Lema, Amy

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

https://www.lucidoc.com/cgi/doc-gw.pl?ref=hhmh:11687\$0.



## MEDICAL EXECUTIVE COMMITTEE CREDENTIALS REPORT February 15, 2023

## **NEW APPOINTMENTS**

PRACTITIONER	DEPT/SERVICE	STATUS REQUEST	PROCTOR
			ASSIGNED
Cohen, David MD	Radiology/Teleradiology (sr)	Privs without membership	
Moser, Michael MD	Radiology/Teleradiology (sr)	Privs without membership	
Walker, Christopher MD	Radiology/Teleradiology (sr)	Privs without membership	
Milton, Kelly MD	Medicine/Teleneurology (TS)	Privs without membership	
Fofana, Mariame MD	Emergency/Emergency	Provisional	
Hussein, Waleed MD	Emergency/Emergency	Provisional	

## REAPPOINTMENTS

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Ginsburg, Jerry MD	Medicine: Clinic Cardio/Rheumat	Courtesy	2 yr
Jiang, Joseph MD	Medicine: Clinic Cardiology	Active	2 yr
Jiang, Kenneth MD	Medicine/Internal Medicine	Affiliate	2 yr
Maron, Steve MD	Emergency/Emergency	Affiliate	2 yr
Slater, Giuseppi MD	Emergency/Emergency	Affiliate	2 yr
Wexler, Keith MD	Radiology/Radiology (RadX)	Provisional to Consulting	2 yr

### **ADDITIONAL PRIVILEGES**

PRACTITIONER	FIELD	SERVICE			

### **ALLIED HEALTH – NEW APPOINTMENT**

PRACTITIONER	DEPT/SERVICE	STATUS
Geffen, Ariel CRNA	Surgery/Anesthesiology	Provisional

## **AHP – REAPPOINTMENTS**

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Hudock, Marcus PA-C	Emergency/Physician Assist	Affiliate	2 yr

### **RESIGNATIONS/RETIREMENTS**

PRACTITIONER	DEPT/SERVICE	CURRENT STATUS	COMMENT

Rev: 2/16/2022





February 15, 2023 INFORMATIONAL ONLY

## **COMMITTEE/DEPARTMENT REPORTS – January/February 2023**

## **DEPARTMENT OF PERINATAL (01/24/23)**

- It was reported that the induction order set and other order sets are all LIVE in Meditech now, so this item can be removed from the agenda.
- D. Williams, RN gave the Birthing Center Report:
  - Reviewed 2022 End of Year Summary; we had an increase in deliveries of 8% over 2021 numbers, and 18% increase over 2020. Triage visits are also up we had a big drop due to COVID. Spinning Babies techniques have been integrated into patient care, and have helped decrease our NTSV rate to 16%, which is a huge accomplishment. Achieved QIP goals for NTSV and Exclusive Breastfeeding.
  - Reviewed CMQCC statistics through November 2022. There was significant discussion about each individual measure; we are leading our peer group in all measures, which is outstanding!
- Discussed marketing for the OB Department; Things like our Baby Friendly measures and NTSV rates can be used for marketing.

## **DEPARTMENT OF RADIOLOGY (02/08/23)**

- Reviewed current Radiology Core Privileges form; a draft will be created for review at the next Radiology Department meeting.
- Submitted the current Department of Radiology Rules & Regulations for review and discussion at the next meeting.
- Recommended that the General Surgeons be encouraged to get their own fluoroscopy licenses, since the reconfiguration of the Radiology group has made it difficult for the on-duty Rad to go to the OR for fluoro cases.
- Reviewed procedure volumes by modality comparisons for 2021-22.
- Discussed equipment updates
- Reviewed staffing
- Discussed peer review
- Patient satisfaction Dr. Chen got compliments from a patient, noting that she did wonderfully and was very personable. Noted that both Dr. Rupp and Dr. Chen received kudos from the Medical Staff for their heroic efforts when StatRad went down for several days. Dr. Rupp read exams 24/7 for a long stretch, and Dr. Chen came back from vacation early to relieve him.



## Interim CEO Report February 2023

## **Ambulatory Services**

• General Surgery Clinic – We continue to wait on State licensing to take occupancy of this clinic.

## **Financial Emergency Update**

- The District and our consultants participated in two Intergovernmental Meetings this month. We presented our business plan which includes our efforts to lengthen our runway and find a strategic partner.
- Administration continues to meet with State and Federal legislators on a regular basis to discuss potential legislation for emergency funding.
- We have a standing meeting with leaders from the County to keep them informed of our situation.
- Our financial advisors continue to monitor daily cash flow and help restructure debt and payments. A rolling financial forecast is reviewed weekly.
- DCHS has advanced our June supplemental payments to help extend our cash flow.
- B. Riley has 7 NDA's signed from interested parties. We have conducted 5 site visits this month.
- Confidential mediations have started this month.
- Operational savings continues to be a priority for administration. Our focus this month has been reducing premium cost registry and reviewing contracted services.
- Our real estate agent continues to show the Maple Street property.



San Benito Health Care District Board of Directors Meeting February 23, 2023 Chief Clinical Officer Report

- > Emergency Department:
  - Visits 1928; Admitted 164
  - Codes Stroke 13
  - o LWBS 4
- Med / Surg ADC 13.6
- ► ICU ADC 2.4
- > OB: Deliveries 28 Outpatient Visits 113
- > OR Cases: Inpatient 49 Outpatient 144

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## **OBSTETRICS 2022 END OF YEAR SUMMARY**

						DELIV	<b>ERIES</b>						1
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	TOTAL
2022	52	28	38	16	51	31	38	42	46	36	32	34	444
2021	34	22	38	33	32	29	42	38	34	31	42	37	412
2020	24	37	32	37	28	31	35	36	28	24	32	31	375
2019	36	32	42	30	41	33	35	34	39	34	26	32	414
2018	33	27	38	52	42	49	45	45	40	28	41	31	471
					0	UTPATIE	INT VISI	rs					
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	TOTAL
2022	156	81	105	75	148	118	132	137	132	121	91	107	1403
2021	81	90	95	100	108	122	132	128	126	124	138	118	1362
2020	72	92	73	96	90	73	112	100	78	81	107	91	1065
2019	147	95	116	115	104	98	138	112	113	113	97	97	1345
2018	94	114	131	159	124	155	135	137	118	111	119	137	1534

## **OB** Department Volume Growth

- > 8% increase in deliveries from calendar year 2021
- > **18% increase** in deliveries from calendar year 2020
- > 3% increase in OB outpatient visits from calendar year 2021
- > 26% increase in OB outpatient visits from calendar year 2020

## **OB Department 2022 Achievements**

- Achieved Beta Tier II Quest for Zero. Projects included OB Collaborative participation, OB and Newborn Emergency Drills
- OB Triage Order set launched
- > OB Hypertensive Crisis Order set and Algorithm launched
- > OB Hemorrhage Order set and Algorithm launched
- Participated in Stanford Go Mom's Simulation Training
- Hosted 2 STABLE classes with Good Samaritan
- > Hosted 2 Spinning Babies classes and have integrated those techniques into the care of our patients
- Decreased our NTSV rate to 16%
- Achieved QIP goals for both NTSV and Exclusive Breastfeeding
- Entered the designation phase on the Baby Friendly journey
- > Hosted a successful drive through event for World Breastfeeding Day that was well attended by the public
- Expanded our CMQCC metrics
- Overhauled our charge ticket in OB to better reflect care given

## SURGERY DEPARTMENT 2022 END OF YEAR SUMMARY

	OVERALL INPATIENT PROCEDURES												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	TOTAL
2022	54	50	70	55	45	60	44	62	59	55	53	38 1	645
2021	32	34	52	59	53	48	50	40	46	38	37	47	536
2020	46	35	42	49	42	36	41	49	37	35	40	44	496
2019	77	58	58	58	73	56	63	65	64	57	65	52	746
2018	60	49	52	56	54	72	65	70	54	63	66	53	714
				ov	ERALL O	UTPATIEI	NT PROC	EDURES					
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	TOTAL
2022	104	77	118	78	99	141	77	106	115	97	103	130	1245
2021	84	107	132	113	100	142	121	159	111	103	85	121	1378
2020	163	152	104	106	104	129	164	111	135	124	113	135	1540
2019	126	140	151	163	162	146	187	191	183	188	175	159	1971
2018	151	137	152	129	185	179	170	187	154	152	173	164	1933

## 2022 Surgery Department Volume Trends

- 16% increase in inpatient procedures from calendar year 2021
- 23% increase in inpatient procedures from calendar year 2020 1
- 11% decrease in outpatient procedures from calendar year 2021
- 23% decrease in outpatient procedures from calendar year 2020 +

## **Surgery Department 2022 Achievements**

- Addition of new General Surgeon Dr. Pin
- > Addition of new Orthopedic Surgeons Dr. Verioti and Dr. MacArthur
- Continued growth of Dr. Gabriel and Dr. Gerry's practices (newly joined surgeons in 2021)
- > Implementation of ED to OB process where appropriate patients are held in PACU anticipating surgery
- > Streamlining of the PAT process to increase efficiency and make easier for patients to navigate
- Routine meetings with the Surgery Clinics to improve communication and flow for surgeons and patients
- Implementation of many audits to improve OR start time, OR cleaning process, documentation and checking for outdates, and division of duties to better accomplish the work.
- > Implementation of the new Anesthesia group into practice
- > Improved process for Radiology patients needing anesthesia for special procedures
- Updating of the Physician preference cards and ensuring that all appropriate supplies are listed for inventory and charging purposes.
- Implementation of Pyxis in the OR suites to capture the anesthesia drug cost and improve medication security. Previously this was a manual process.
- > Deep dive to look at causes of surgical site infections with infection control.
- Staff education on topics such as care, handling, storage of sterile items, sterile processing department guidelines, prevention of pressure ulcers in the OR, PACU care, culturally competent care, trauma informed care.
- > Geared up for a large spike in outpatient procedures in 2023 with the addition of the new GI group.



To: San Benito Health Care District Board of Directors

From: Amy Breen-Lema, Director, Provider Services & Clinic Operations

Date: February 10, 2022

Re: All Clinics – January 2023

## 2023 Rural Health and Specialty clinics' visit volumes

Total visits for January 2023 in all outpatient clinics = 7,118

Orthopedic Specialty	420
Multi-Specialty	781
Primary Care Associates	1526
Sunset Clinic	796
Annex Surgeons (General Sx)	207
San Juan Bautista	392
1st Street	799
4th Street	1469
Barragan	728

 This month we welcomed the new Gastroenterology coverage panel of Drs. Dhanuka, Namihas and Chandrasekaran. They have been a welcomed addition to the clinics and performed over 50 colonoscopies thus far.



To: San Benito Health Care District Board of Directors

From: Sherry Hua, RN, MSN, Director Of Nursing, Skilled Nursing Facility

Management Activities:

- 1. SNF has been busy for admissions and discharges.
- 2. Received several Thank you notes from residents/family for service excellence.

## 1. Census Statistics: January 2023

Southside	2023	Northside	2023
Total Number of Admissions	12	Total Number of Admissions	12
Number of Transfers from HHH	11	Number of Transfers from HHH	11
Number of Transfers to HHH	6	Number of Transfers to HHH	2
Number of Deaths	6	Number of Deaths	1
Number of Discharges	15	Number of Discharges	11
Total Discharges	21	Total Discharges	12
Total Census Days	1371	<b>Total Census Days</b>	1472

Note: Transfers are included in the number of admissions and discharges. Deaths are included in the number of discharges. Total census excludes bed hold days.

<b>Southside</b>	From	Payor	<b>Northside</b>	From	Payor
4	HHMH	Medicare	2	HHMH	Medical MC
3	HHMH	Insurance	2	HHMH	Medicare MC
1	Home	PVT	5	HHMH	Medicare
1	Stanford	Medicare	1	SCVMC	Medicare
2	Re-Admit HHH	Medicare	1	HHMH	Ins. Hopsice
1	Re-admit HHH	Insurance	1	Re-Admit HHH	Medical
12 Total			12 Total		

## 2. Total Admissions: January 2023

## 3. Total Discharges by Payor: January 2023

Southside	2023	<b>Northside</b>	2023
Medicare	13	Medicare	5
Medicare MC	1	Medicare MC	2
Medical	5	Medical	2
Medi-Cal MC	0	Medi-Cal MC	2
Private (self-pay)	1	Private (self-pay)	0
Insurance	1	Commercial	0
Total	21	Total	11

## 4. Total Patient Days by Payor: January 2023

Southside	2023	<b>Northside</b>	2023
Medicare	226	Medicare	175
Medicare MC	26	Medicare MC	35
Medical	1045	Medical	1121
Medi-Cal MC	0	Medi-Cal MC	53
Private (self-pay)	47	Private (self-pay)	75
Insurance	27	Commercial	7
Bed Hold / LOA	6	Bed Hold / LOA	6
Total	1377	Total	1472
Average Daily Census	44.42	<b>Average Daily Census</b>	47.48

## 5. Palliative Care Referral Sources: January 2023

New Referrals	13
Acute Referrals	7
Southside Referrals	3
Northside Referrals	3
Patients Served	42
Patients Discharged	2
Patients Deceased	9
Grief Support	22
Total Patient Visits	92



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- To: San Benito Health Care District Board of Directors
- From: Bernadette Enderez, Director of Diagnostic Services

Date: February 2023

Re: Laboratory and Diagnostic Imaging

#### Updates:

#### Laboratory

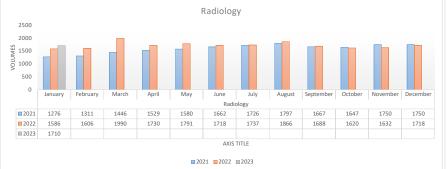
- 1. Service/Outreach
  - Volumes in off-site draw stations have recovered and are back to pre- Anthem Blue Cross contract termination period.
- 2. Covid Testing
  - Period: January 2023
  - Total Samples tested: 2260
  - Positivity Rate: 4.29%
- 3. Quality Assurance/Performance Improvement Activities
  - Start of the TJC lab survey inspection preparation; which is scheduled between April to July 2023.
- 4. Laboratory Statistics
  - See attached report

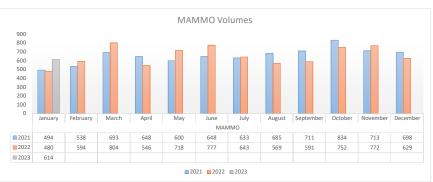
#### **Diagnostic Imaging**

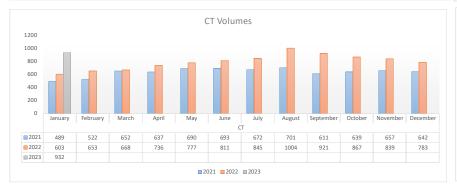
- 1. Service/Outreach
  - Due to staffing shortage, the Diagnostic Center next to Ortho clinic is closed most of February in order to ensure adequate staffing in Main Hospital.
  - A workflow for ortho patients was started in collaboration with Clinic and Registration departments.
- 2. Quality Assurance/Performance Improvement Activities
  - The use of Brevera system for breast biopsy procedures has shown an improvement in workflow and recovery of tissue samples.
- 3. Diagnostic Imaging Statistics
  - See attached report

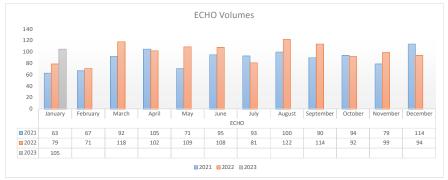
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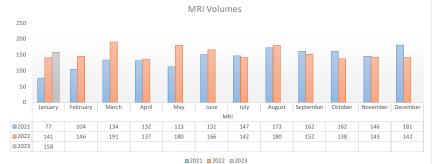














	JAN	FEB		MAR	APR		MAY		JUN		JUL	A	AUG	SEP	(	ост		NOV		DEC	TOTAL	
2021	891		739	1020	)	939		955		1058	10	80	1272	1	563		1504	1	1491	158	4	1
2022	2035	i	1336	1506	5	1323		1277		1165	11	12	1252	1	)92		1257	1	1186	120	9	1
2023	1187	,																				
				· · · · · · · · · · · · · · · · · · ·																		
I EMPLOYEE	JAN	FEB	OVID	MAR	APR	_	MAY		JUN	· · · ·	JUL	Δ	AUG	SEP		ост		NOV		DEC	TOTAL	
2021	1888		1566			1110		1031		1122		45	1656	-	143		1695	-	1842	245	-	
2022	2987	7	2136	191	5	1767		2219		2546	22	44	2355	2	066		1046	1	1144	159	6	
2023	595							-														
CRAY LAB														050				1001		250		
2021	JAN 1263	FEB	1274	MAR	APR	1125	MAY	1119	JUN	1193	JUL		AUG 1248	SEP		ост		NOV	1100	DEC	TOTAL	
2021	1263		1274	1394 1206		1069		1033		1193		65 61	1248		192 366		1187 975		810	109 75		
-			1044	1206	,	1003		1033		1022	10	υı	1130	1	000		975		010	/5	۷	
2023	1038	4																				
INYSLOPE LA														•				·		·		
	JAN	FEB		MAR	APR		MAY		JUN		JUL		AUG	SEP		ост		NOV		DEC	TOTAL	
2021	699		601	624		590		479		636		53	613		580		574		462	48		
2022	536		511	632	2	521		467		488	4	95	558		423		402		368	18	6	
2023	511																					
AND 4TH ST	REET																					
	JAN	FEB		MAR	APR		MAY		JUN		JUL		AUG	SEP		ост		NOV		DEC	TOTAL	
2021								41		64		55	29		45		27		37	5	-	
2022	63		54	82	2	72		63		58		23	61		82		82		63	5	3	
2023	74	,																				
AND ASC																						
	JAN	FEB	1100	MAR	APR		MAY		JUN		JUL		AUG	SEP		ост		NOV		DEC	TOTAL	
2021	1628	-	1162	1120		1077		1083		1089		74	1415		272		1139		1059	127		
2022	1434		839	1040	,	993		1328		1335	11	11	1198	1	231		1237	1	1614	160	4	
2023	1268	4			1									l								
AL OUTPAT	-				1																	
	JAN	FEB		MAR	APR		MAY		JUN		JUL		AUG	SEP		ост		NOV		DEC	TOTAL	
2021	6369		5342	560		4841		4708		5162		72	6233		795		6126		5991	696		
	8285		5920	6383	L	5745		6387		6617	60	46	6554	5	760		4999	5	5185	540	0	
2022		4																				
	4673																					
2022 2023		SURG,	OB,SN	F)																		
2022 2023 AL INPATIEN	<mark>NT (ICU,MEL</mark> JAN	FEB		MAR	APR		MAY		JUN		JUL		AUG	SEP		ост		NOV		DEC	TOTAL	
2022 2023 AL INPATIEN 2021	<mark>NT (ICU,MEE</mark> JAN 1116	FEB	1053	MAR 603	3	654	MAY	705		751	7	61	803		791	ост	986	-	874	130	1	
2022 2023 AL INPATIEN	<mark>NT (ICU,MEL</mark> JAN	FEB		MAR	3		MAY				7					ост		-			1	

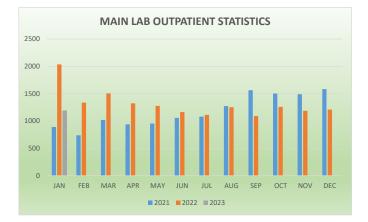


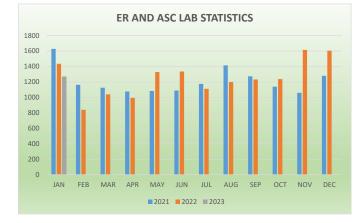
LABORATORY DEPARTMENT REQUISITION STATISTICS

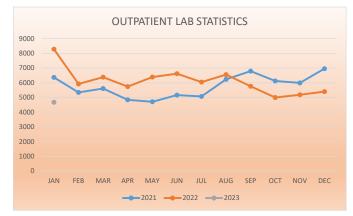
Bernadette Enderez

Director of Laboratory Services

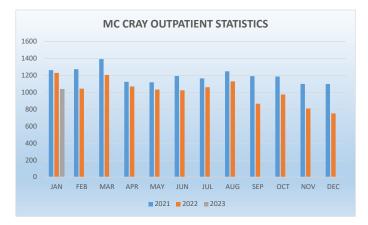
Michael McGinnis, M.D. Medical Director

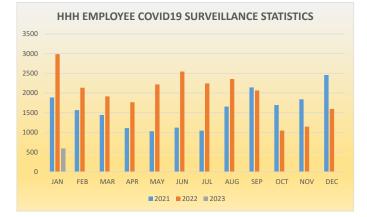


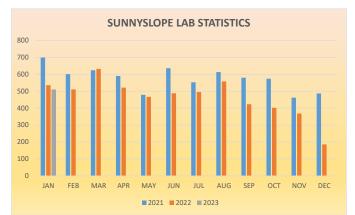














#### LABORATORY DEPARTMENT

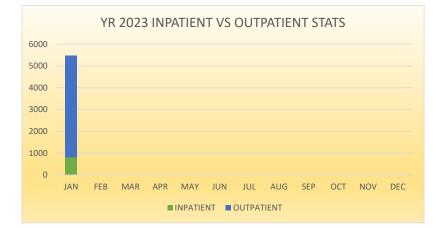
OUTPATIENT STATISTICS

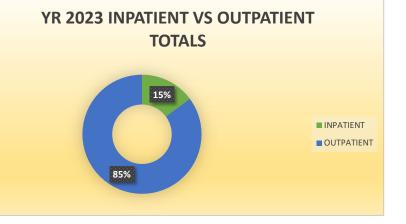
Bernadette Enderez Director of Laboratory Services

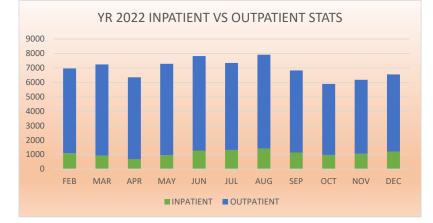
Michael McGinnis, M.D. Medical Director

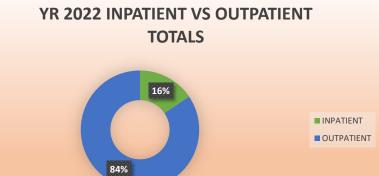
YR 2023	2023														
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	TOTAL		
INPATIENT	816												816	INPATIENT	
OUTPATIENT	4673												4673	OUTPATIENT	

YR 2022	R 2022														
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL		
INPATIENT	1311	1102	945	678	963	1258	1321	1421	1145	973	1066	1205	13388	INPATIENT	
OUTPATIENT	8222	5866	6299	5673	6324	6559	6023	6493	5678	4917	5112	5347	72513	OUTPATIENT	











- TO: San Benito Health Care District Board of Directors
- FROM: Liz Sparling, Foundation Director
- DATE: February 2023
- RE: Foundation Report

The Hazel Hawkins Hospital Foundation Board of Trustees met on February 9 in the Horizon Room. Mary Casillas gave a presentation on HHMH and the plan of reducing expenses, gaining revenue and finding a partner.

## **Financial Report for December**

- 1. Income \$ 3,176.07
- 2. Expenses \$ 207,655.87
- 3. New Donors 3
- 4. Total Donations 77

## **Approved Allocations**

1. Reallocation of 2018 Dinner Dance Funds back to the Clinic Fund

## **Directors Report**

- Welcome to Sylvia Delgado, she has been at HHMH for 6 years in the Home Health Department. She will be the Administrative Assistant for the Foundation, Volunteer and Marketing.
- We have formed a Capital Campaign Committee with Foundation Board Members. We are working on a few more community members to sit on this Committee.
- Met with Luis A. Quinonez, Chief of Staff, and Vanessa Gonzalez, Field Representative both from the Office of Senator Anna M. Caballero. We discussed ways their office could help us including photos of Senator Caballero at HHMH and letters of support. They were very receptive in setting this up. I am hoping this will encourage other elected officials to voice their support of our Hospital.
- I have sent letters to Foundations that may be able to donate to help us including the Mabie Foundation, California Health Trust, the Health Trust and Sunlight Giving Foundation. We have a tour set with the Sunlight Giving Foundation later this month. The Health Trust has emailed back confirming receipt of my letter and they will be in touch with questions.
- Want to get the positive messages out to the Community. We are encouraging our Board Members to write letters to the editor of both Benitolink and The Free Lance. Need to blanket the community with the positive instead of all the negative.
- Our tax information prepared and submitted to our accountant.
- All end of the year tax letters went out to our 2022 donors.

## **Scholarship Committee**

• Every year the Foundation opens up their scholarship application process on January 1<sup>st</sup>. This year, it was decided, that we will aim for March due to the current situation with HHMH. We will have the latest information posted on our website. <u>www.hazelhawkins.com/foundation</u>





# **Board of Director's Report February 2023**

Marketing/Public Relations

639

51

Post reach Engageme 1,305

Post reach Engage

409

# MARKETING

## **Social Media Posts**

Here are some of our Skilled Nursing Facility residents enjoying the love and artistic abilities of the Spring Grove School Glorius Kindness Club. Wed, Feb 15
The Spring Grove School Glorious Kindness Club is AMAZING! The group created 500 placemats for our patients and Skilled Nursing Facility residents to enjoy for Valentine's Day and the rest of the week. We appreciate your kindness! Wed, Feb 15
Thank you to our friends at the YMCA for sharing the love with our residents! Wed. Feb 15
A little lunchtime fun for our Business Office team with an early Super Bowl celebration. Fri, Feb 10
Nathan's Hot Dogs were on the menu for lunch today and they were a hit with our staff! Thank you Lance from Hollister Dogs for providing lunch to our employees and many thanks to our Administrative Team who personally hosted the event.

	Thank you to our friends at the YMCA for sharing the love with our residents!	Post reach	Engagement
	Wed, Feb 15	661	110
i.	A little lunchtime fun for our Business Office team with an early Super Bowl celebration.	Post reach	Engagement
	Fri, Feb 10	1,148	458
	Nathan's Hot Dogs were on the menu for lunch today and they were a hit with our staff! Thank you Lance from Hollister Dogs for providing lunch to our employees and many thanks to our Administrative Team who personally hosted the event.	Post reach	Engagement
	Fri, Jan 27	1,578	598
	Thank you for your post! We are proud of our staff and the excellent care they provide to our commuity!	Post reach	Engagement
	Thu, Jan 26	738	61
	There were some technical issues last night during the Live Stream of our Forum. The event was recorded and can be viewed on BenitoLink's page on YouTube. Click on the link below. Tue, Jan 24	Post reach 766	Engagement 162
	We have a full house for our Public Forum tonight at the Veterans Memorial Building. Thank you to all those in the community that took time out of their busy day to attend. Mon, Jan 23	Post reach 860	Engagement 417
	BenitoLink, in partnership with Community Media Access Partnership (CMAP) TV and the Community Foundation for San Benito County, will stream the Hazel Hawkins Memorial Hospital public forum scheduled for tonight, Jan. 23 from 5:30-7 p.m. on its Youtube channel https://www.youtube.com/@BenitoLinkVideo . The public forum is scheduled to take place at t Mon. Jan 23	Post reach 242	Engagement 101

## **Advertising**

 $\Rightarrow$  Placed ad in South County Health Care Guide for new Gastroenterologists (goes to Hollister, Gilroy & Morgan Hill)

# **COMMUNITY ENGAGEMENT**

## **Employees:**

- Hazel's Headlines
- Assisting with coordination of Town Hall meetings

## Public:

- Fulfilling requests for information from the media
  - BenitoLink (Put # of emails and requests) •
  - Silicon Valley Business Journal •
  - CalMatters •
  - **Beckers HealthCare** •
- Assisted consultants with presentation for Intergovernmental Committee
- Working with Marcus Young from townKRYER PR agency on proactive PR

# COST SAVING MEASURES

Working with departments to produce & print forms in-house





# FINANCE COMMITTEE SAN BENITO HEALTH CARE DISTRICT 911 SUNSET DRIVE, HOLLISTER, CALIFORNIA THURSDAY, FEBRUARY 16, 2023 - 4:30 P.M. SUPPORT SERVICES BUILDING, 2<sup>ND</sup> FLOOR – GREAT ROOM

San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians and the community.

- 1. Call to Order / Roll Call
- 2. Approve Minutes of the Finance Committee Meeting of January 19, 2023
  - Motion/Second
  - Action by Committee/Roll Call Vote
- 3. Review Financial Updates
  - Financial Statements January 2023
  - Finance Dashboard January 2023
  - CMSP
  - Savings Tracker
- 4. Public Comment

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board **Committee**, which are not on this agenda.

5. Adjournment

The next Finance Committee meeting is scheduled for Thursday, March 16, 2023 at 4:30 p.m.

The complete Finance Committee packet including subsequently distributed materials and presentations is available at the Finance Committee meeting and in the Administrative Offices of the District. All items appearing on the agenda are subject to action by the Finance Committee. Staff and Committee recommendations are subject to change by the Finance Committee.

<u>Notes</u>: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

San Benito Health Care District Finance Committee Minutes February 16, 2023 - 4:30pm

Present: Jeri Hernandez, Board President Rick Shelton, Board Treasurer Mary Casillas, Interim Chief Executive Officer Mark Robinson, Chief Financial Officer Barbara Vogelsang, Chief Clinical Officer Lindsey Parnell, Controller

## 1. CALL TO ORDER

The meeting of the Finance Committee was called to order at 4:30pm.

## 2. APPROVE JANUARY MEETING MINUTES

Upon motion by Director Hernandez, second by Director Shelton, the Finance Committee approved the minutes of the January 19, 2023 Finance Committee Meeting, as presented

## 3. REVIEW FINANCIAL UPDATES

## A. January 2023 Financial Statements

The Financial Statements for December 2022 were presented for review. For the month ending January 31, 2023, the District's Net Surplus (Loss) is \$431,991 compared to a budgeted Surplus (Loss) of \$933,996. The District is under budget for the month by \$502,005.

YTD as of January 31, 2023, the District's Net Surplus (Loss) is \$400,576 compared to a budgeted Surplus (Loss) of \$4,457,010. The District is under budget YTD by \$4,056,434.

Acute discharges were 164 for the month, under budget by 13 discharges or 18%. The ADC was 17.87 compared to a budget of 24.61. The ALOS was 3.38. The acute I/P gross revenue was under budget by \$3.3 million while O/P services gross revenue was \$887,096 or 4% over budget. ER I/P visits were 133 and ER O/P visits were under budget by 227 visits or 11%. The Rural Health Clinics treated 4,184 patients (includes 728 visits at the Diabetes Clinic) while the other clinics treated 2,727 outpatients.

Other Operating revenue exceeded budget by \$421,862 due to the District recognizing \$407,030 in funding from the American Rescue Plan ARP.

Operating Expenses were under budget by \$1.44 million due mainly to variances in: Salary and Wages being under budget by \$919,606, Employee Benefits under by \$591,425 and Supplies by \$297,543 offset by Professional Fees over budget by \$184,173 and Other Expense by \$121,629.

Non-operating Revenue exceeded budget by \$185,539 due to the timing of the Foundation donations. YTD, donations are \$238,527 in excess of the budget.

The SNFs ADC was 91.52 for the month. The Net Surplus (Loss) is \$440,949 compared to a budget of \$65,663. In addition to the Net Revenue exceeding budget by \$158,454, the Operating Expenses were \$214,870 under budget. YTD, the SNFs are exceeding their budget by \$624,789. The ADC is budgeted to be 88 residents each month for the year.

The District is working through various plans in order to avoid filing for Chapter 9 during the remainder of the fiscal year.

## B. January 2023 Finance Dashboard

The Finance Dashboard was reviewed by the Committee in detail.

## C. CMSP

The third amendment to County Medical Services Program (CMSP) Participating Physician Group and Community Health Center Agreement was signed in January. CMSP is a county program that provides reimbursement in addition to Medi-Cal. The amendment is effective February 6, 2023 and remains in effect for three years.

## **D. Savings Tracker**

A draft Savings Tracker was presented and reviewed in detail. The tracking schedule is intended to illustrate the financial impact of the operational changes being made to reduce costs and increase revenues. This document will continue to evolve as operational changes are implemented.

## 4. PUBLIC COMMENT

No public comment received.

## 5. ADJOURNMENT

There being no further business, the Committee was adjourned at 4:57pm.

Respectfully submitted,

ull au

Lindsey Parnell Controller



February 16, 2023

# **CFO Financial Summary for the Finance Committee:**

For the month ending January 31, 2023, the District's Net Surplus (Loss) is \$431,991 compared to a budgeted Surplus (Loss) of \$933,996. The District is under budget for the month by \$502,005.

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Other Operating revenue exceeded budget by \$421,862 due to the District recognizing \$407,030 in funding from the American Rescue Plan ARP.

**Operating Expenses** were under budget by **\$1.44 million** due mainly to variances in: Salary and Wages being under budget by \$919,606, Employee Benefits under by \$591,425 and Supplies by \$297,543 offset by Professional Fees over budget by \$184,173 and Other Expense by \$121,629.

**Non-operating Revenue** exceeded budget by \$185,539 due to the timing of the Foundation donations. YTD, donations are \$238,527 in excess of the budget.

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The District is working through various plans in order to avoid filing for Chapter 9 during the remainder of the fiscal year.

#### Date: 02/13/23 @ 0844 User: LPARNELL

		F		MORIAL HOSPIT STER, CA 950 PERIOD 01/31/2	23					
	ACTUAL 01/31/23	BUDGET 01/31/23	-CURRENT MONTE- POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 01/31/22	ACTUAL 01/31/23	BUDGET 01/31/23	YEAR-TO-DAT POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 01/31/22
GROSS PATIENT REVENUE:										
ACUTE ROUTINE REVENUE	3,927,930	5,230,179	(1,302,249)	(25)	5,244,306	30,300,460	31,646,715	(1,346,255)	(4)	29,627,536
SNF ROUTINE REVENUE	2,132,350	2,045,999	86,351	4	1,714,400	14,432,800	14,189,995	242,805	2	11,393,860
ANCILLARY INPATIENT REVENUE	4,932,843	6,604,804	(1,671,961)	(25)	6,564,524	35,540,246	40,175,431	(4,635,185)	(12)	37, 379, 928
HOSPITALIST\PEDS I\P REVENUE	173,748	264,703	(90,956)	(34)	249,051	1,309,673	1,601,718	(292,046)	(18)	1,485,377
TOTAL GROSS INPATIENT REVENUE	11,166,871	14,145,685	(2,978,814)	(21)	13,772,282	81,583,178	87,613,859	(6,030,681)	(7)	79,886,700
ANCILLARY OUTPATIENT REVENUE	23,258,002	22,367,554	890,448	4	19,322,708	158,190,525	350 300 057			140.000.500
HOSPITALIST\PEDS O\P REVENUE	23,258,002	63,082		4 (5)			150,190,857	7,999,668	5	142,022,567
ROSPITALIST (PEDS O (P REVENUE	55,730	63,082	(3,352)	(5)	56,566	430,996	423,575	7,421	2	401,516
TOTAL GROSS OUTPATIENT REVENUE	23,317,732	22,430,636	887,096	4	19,379,273	158,621,521	150,614,432	8,007,089	5	142,424,083
TOTAL GROSS PATIENT REVENUE	34,484,603	36,576,321	(2,091,718)	(6)	33,151,555	240,204,700	238,228,291	1,976,409	1	222,310,783
	*	×		·						
DEDUCTIONS FROM REVENUE:										
MEDICARE CONTRACTUAL ALLOWANCES	9,344,847	8,955,801	389,046	4	8,153,759	70,098,007	58,127,372	11,970,635	21	54,032,014
MEDI-CAL CONTRACTUAL ALLOWANCES	9,625,389	8,759,168	866,221	10	8,163,717	60,082,772	56,977,657	3,105,115	5	55,372,132
BAD DEBT EXPENSE	128,865	353,536	(224,671)	(64)	261,710	2,490,056	2,293,736	196,320	9	2,196,392
CHARITY CARE	45,678	80,663	(34,985)	(43)	39,778	264,479	523,326	(258,848)	(50)	459,025
OTHER CONTRACTUALS AND ADJUSTMENTS	4,024,386	4,324,137	(299,751)	(7)	4,220,498	25,200,690	28,192,637	(2,991,947)	(11)	27,908,973
HOSPITALIST\PEDS CONTRACTUAL ALLOW	(12,604)	9,664	(22,268)	(230)	21,701	76,379	62,713	13,666	22	68,301
TOTAL DEDUCTIONS FROM REVENUE	23,156,560	22,482,969	673,591	3	20,861,163	158,212,382	146,177,441	12,034,941	8	140,036,837
NET PATIENT REVENUE	11,328,043	14,093,352	(2,765,309)	(20)	12,290,392	81,992,318	92,050,850	(10,058,532)	(11)	82,273,946
OTHER OPERATING REVENUE	1,010,826	588,964	421,862	72	637,743	8,406,861	4,017,748	4,389,113	109	3,973,163
				÷						
NET OPERATING REVENUE	12,338,868	14,682,316	(2,343,448)	(16)	12,928,135	90,399,180	96,068,598	(5,669,419)	(6)	86,247,109
OPERATING EXPENSES:										
SALARIES & WAGES	4,688,946	5,685,803	(996,857)	(18)	4,548,718	33,889,643	37,315,006	(3,425,363)	(9)	33,109,877
REGISTRY	281,097	307,500	(26,403)	(9)	417,702	3,606,926	2,167,500	1,439,426	66	2,767,897
EMPLOYEE BENEFITS	2,316,977	3,022,399	(705,423)	(23)	2,708,622	19,497,045	19,866,869	(369,824)	(2)	17,647,331
PROFESSIONAL FEES	1,835,771	1,651,706	184,065	11	1,475,371	11,330,513	11,455,380	(124,867)	(1)	10,006,545
SUPPLIES	1,086,617	1,426,859	(340,243)	(24)	1,160,326	8,713,667	9,016,899	(303,232)	(3)	8,192,782
PURCHASED SERVICES	1,183,127	1,109,631	73,496	7	1,006,300	8,663,927	7,695,829	968,098	13	6,935,500
RENTAL	163,794	150,188	13,606	9	155,182	1,101,808	1,051,262	50,546	5	1,056,623
DEPRECIATION & AMORT	329,248	330,001	(753)	0	312,477	2,265,909	2,292,005	(26,097)	(1)	2,181,760
INTEREST	13,171	3,750	9,421	251	818	44,784	26,250	18,534	71	9,517
OTHER	457,584	324,398	133,186	41	332,768	3,074,577	2,671,993	402,584	15	2,427,461
TOTAL EXPENSES	12,356,331	14,012,235	(1,655,904)	(12)	12,118,283	92,188,797	93,558,993	(1,370,196)	(2)	84,335,293
NET OPERATING INCOME (LOSS)	(17,463)	670,081	(687,544)	(103)	809,852	(1,789,618)	2,509,605	(4,299,223)	(171)	1,911,816

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED

PAGE 1

#### Date: 02/13/23 @ 0844 User: LPARNELL

		Е		MORIAL HOSPITA STER, CA 9502 PERIOD 01/31/2	3					
	ACTUAL 01/31/23	BUDGET 01/31/23	-CURRENT MONTE POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 01/31/22	ACTUAL 01/31/23	BUDGET 01/31/23	YEAR-TO-DATE POS/NBG VARIANCE	PERCENT VARIANCE	PRIOR YR 01/31/22
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	214,315	5,000	209,315	4,186	0	373,527	135,000	238,527	177	144,387
PROPERTY TAX REVENUE	195,915	194,511	1,404	1	185,249	1,371,405	1,361,577	9,828	1	1,296,743
GO BOND PROP TAXES	164,964	164,964	0	0	160,091	1,154,749	1,154,748	1	0	1,120,634
GO BOND INT REVENUE\EXPENSE	(72,048)	(72,048)	1	0	(75,091)	(504,333)	(504,336)	4	0	(525,634)
OTHER NON-OPER REVENUE	14,223	7,866	6,357	81	17,718	90,149	55,062	35,087	64	69,922
OTHER NON-OPER EXPENSE	(69,231)	(36,378)	(32,853)	90	(43,752)	(297,314)	(254,646)	(42,668)	17	(308,835)
INVESTMENT INCOME	1,315	0	1,315		0	2,010	0	2,010		263
COLLABORATION CONTRIBUTIONS	0	0	0		0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	449,454	263,915	185,539	70	244,215	2,190,193	1,947,405	242,788	13	1,797,480
NET SURPLUS (LOSS)	431,991	933,996	(502,005)	(54)	1,054,067	400,576	4,457,010	(4,056,434)	(91)	3.709.295
NET SURFLUS (1995)	17 DESERVERS				**********	***********				
EBIDA	\$ 737,553	\$ 1,207,459	\$ (469,906)	(38.91)%	\$ 1,325,296	\$ 2,313,382	\$ 6,353,249	\$ (4,039,867)	(63.58)%	\$ 5,604,891
EBIDA MARGIN	5.98%	8.22%	(2.25)%	(27.31) %	10.25%	2.56%	6.61%	(4.05)%	(61.30)%	6.50%
OPERATING MARGIN	(0.14)%	4.56%	(4.71)%	(103.10)%	6.26%	(1.98) 1	2.61%	(4.59) \$	(175.77) %	2.22%
NET SURPLUS (LOSS) MARGIN	3.50%	6.36%	(2.86) %	(44.96)*	8.15%	0.44%	4.64%	(4.20) %	(90.44) %	4.30%

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Date: 02/13/23 @ 0845 User: LPARNELL

	EAZEL HAWKINS MEMORIAL BOSPITAL - ACUTE PACILITY HOLLISTER, CA 95023 FOR PERIOD 01/31/23										
	ACTUAL	BUDGET	-CURRENT MONTH POS/NEG	PERCENT	PRIOR YR	ACTUAL	BUDGET	YEAR-TO-DATI POS/NEG	PERCENT	PRIOR YR	
	01/31/23	01/31/23	VARIANCE	VARIANCE	01/31/22	01/31/23	01/31/23	VARIANCE	VARIANCE	01/31/22	
GROSS PATIENT REVENUE:											
ROUTINE REVENUE	2 027 030	5 220 170	(2, 202, 240)	(05)	5						
ANCILLARY INPATIENT REVENUE	3,927,930 4,459,975	5,230,179 6,364,405	(1,302,249)	(25)	5,244,306	30,300,460	31,646,715	(1,346,255)	(4)	29,627,530	
HOSPITALIST I\P REVENUE	173,748		(1,904,431)	(30)	6,403,716	32,684,544	38,508,156	(5,823,612)	(15)	35,911,801	
NOSPITADISI I (P REVENUE	1/3,/40	264,703	(90,956)	(34)	249,051	1,309,673	1,601,718	(292,046)	(18)	1,485,37	
TOTAL GROSS INPATIENT REVENUE	8,561,652	11,859,287	(3,297,635)	(28)	11,897,074	64,294,677	71,756,589	(7,461,912)	(10)	67,024,714	
ANCILLARY OUTPATIENT REVENUE	23,258,002	22,367,554	890,448		19,322,708	158,190,525	150,190,857	7,999,668	5	142,022,561	
HOSPITALIST O\P REVENUE	59,730	63,082	(3,352)	(5)	56,566	430,996	423,575	7,421	2	401,516	
									_	101,01	
TOTAL GROSS OUTPATIENT REVENUE	23,317,732	22,430,636	887,096	4	19,379,273	158,621,521	150,614,432	8,007,089	5	142,424,083	
TOTAL GROSS ACUTE PATIENT REVENUE	31,879,385	34,289,923	(2,410,539)	(7)	31,276,347	222,916,198	222,371,021	545,177	0	209,448,796	
DEDUCTIONS FROM REVENUE ACUTE:											
						<i></i>					
MEDICARE CONTRACTUAL ALLOWANCES	9, C46, 742	8,784,337	262,405	3	8,022,982	68,160,810	56,938,188	11,222,622	20	53,189,025	
MEDI-CAL CONTRACTUAL ALLOWANCES	9,455,738	8,600,526	855,212	10	8,239,207	58,908,759	55,877,399	3,031,360	5	55,270,848	
BAD DEBT EXPENSE CHARITY CARE	91,222	353,536 80,663	(262,314) (42,135)	(74)	260,723	2,455,490	2,293,736	161,754	7	2,113,475	
OTHER CONTRACTUALS AND ADJUSTMENTS	38,528		(42,135)	(52)	39,778	257,329	523,326	(265,998)	(51)	456,984	
HOSPITALIST\PEDS CONTRACTUAL ALLOW	4,000,734 (12,604)	4,278,409 9,664	(22,268)	(7) (230)	4,162,000 21,701	24,828,282 76,379	27,875,493 62,713	(3,047,211) 13,666	(11) 22	27,645,554 68,301	
TOTAL ACUTE DEDUCTIONS FROM REVENUE	22,620,360	22,107,135	513,225	2	20,746,390	154,687,048	143,570,855	11,116,193	8	138,744,186	
NET ACUTE PATIENT REVENUE	9,259,024	12,182,788	(2,923,764)	(24)	10,529,957	68,229,151	78,800,166	(10,571,016)	(13)	70,704,610	
OTHER OPERATING REVENUE	1,010,826	588,964	421,862	72	637,743	8,406,861	4,017,748	4,389,113	109	3,973,163	
NET ACUTE OPERATING REVENUE	10,259,850	12,771,752	(2,501,902)	(20)	11,167,700	76,636,012	82,817,914	(6,181,902)	(8)	74,677,773	
		22,022,022	(2,002,002)					(0,202,002)	(0)		
OPERATING EXPENSES:											
SALARIES & WAGES	3,783,926	4,703,532	(919,606)	(20)	3,761,137	27,430,236	30,502,482	(3,072,246)	(10)	26,980,444	
REGISTRY	249,749	300,000	(50,251)	(17)	405,942	3,430,108	2,100,000	1,330,108	63	2,690,140	
EMPLOYEE BENEFITS	1,839,247	2,430,672	(591,425)	(24)	2,107,894	15,410,814	15,762,957	(352,143)	(2)	13,895,065	
PROFESSIONAL FEES	1,833,561	1,649,388	184,173	11	1,473,331	11,314,533	11,439,302	(124,769)	(1)	9,992,265	
SUPPLIES	1,008,340	1,305,883	(297,543)	(23)	1,093,349	8,080,655	8,215,277	(134,622)	(2)	7,580,509	
PURCHASED SERVICES	1,128,433	1,044,660	83,773	8	954,410	7,937,180	7,245,218	691,962	10	6,522,325	
RENTAL	163,371	149,373	13,998	9	154,198	1,095,177	1,045,611	49,566	5	1,047,168	
DEPRECIATION & AMORT	269,797	284,998	4,799	2	273,051	1,989,104	1,994,986	(5,882)	0	1,903,284	
INTEREST OTHER	13,171 397,623	3,750 275, <b>994</b>	9,421 121,629	251 44	818 297,885	44,784 2,664,141	26,250 2,336,261	18,534 327,880	71 14	9,517 2,129,583	
TOTAL EXPENSES	10,707,217	12,148,250	(1,441,033)	(12)	10,522,016	79,396,731	80,668,344	(1,271,613)	(2)	72,750,301	
NET OPERATING INCOME (LOSS)	(437,367)	623,502	(1,060,869)	(170)	645,684	(2,760,719)	2,149,570	(4,910,289)	(228)	1,927,472	

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#### Date: 02/13/23 @ 0845 User: LPARNELL

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#### HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY HOLLISTER, CA 95023 FOR FERIOD 01/31/23

			-CURRENT MONTH			YEAR-TO-DATE					
	ACTUAL 01/31/23	BUDGET 01/31/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 01/31/22	ACTUAL 01/31/23	BUDGET 01/31/23	POS/NEG VARIANCE	PERCENT	PRIOR YR 01/31/22	
NON-OPERATING REVENUE \ EXPENSE:								020 507	100	244 202	
DONATIONS	214,315	5,000	209,315	4,186	0	373,527	135,000	238,527	177	144,387	
PROPERTY TAX REVENUE	166,528	167,085	(557)	0	159,183	1,165,696	1,169,595	(3,899)	0	1,114,281	
GO BOND PROP TAXES	164,964	164,964	0	0	160,091	1,154,749	1,154,748	1	0	1,120,634	
GO BOND INT REVENUE \EXPENSE	(72,048)	(72,048)	l	0	(75,091)	(504,333)	(504,336)	4	0	(525,634)	
OTHER NON-OPER REVENUE	14,223	7,866	6,357	81	17,718	90,149	55,062	35,087	64	69,922	
OTHER NON-OPER EXPENSE	(60,888)	(28,035)	(32,853)	117	(34,414)	(238,916)	(196,245)	(42,671)	22	(241,393)	
INVESTMENT INCOME	1,315	0	1,315		0	2,010	0	2,010		263	
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0		0	0	
TOTAL NON-OPERATING REVENUE/(EXPENSE)	428,409	244,832	183,577	75	227,487	2,042,883	1,813,824	229,059	13	1,682,460	
NET SURPLUS (LOSS)	(8,957)	868,334	(877,291)	(101)	873,171	(717,836)	3,963,394	(4,681,230)	(118)	3,609,932	
					***********	**********			*******	**********	

Date: 02/13/23 @ 0845 User: LPARNELL

	r.			KILLED NURSING DLLISTER, CA PERIOD 01/31/2						
	ACTUAL 01/31/23	BUDGET 01/31/23	-CURRENT MONTH POS/NEG VARIANCE	PERCENT VARLANCE	PRIOR YR 01/31/22	ACTUAL 01/31/23	BUDGET 01/31/23	YEAR-TO-DAT POS/NEG VARIANCE	e Percent Variance	PRIOR YR 01/31/22
GROSS SNF PATIENT REVENUE:										
	2 122 250	2 045 000	86,351	4	1,714,400	14,432,800	14,189,995	242,805	2	11,393,860
ROUTINE SNF REVENUE ANCILLARY SNF REVENUE	2,132,350 472,868	2,045,999 240,399	232,469	97	160,808	2,855,702	1,667,275	1,188,427	71	1,468,127
TOTAL GROSS SNF PATIENT REVENUE	2,605,218	2,286,398	318,820	14	1,875,208	17,288,502	15,857,270	1,431,232	9	12,861,987
DEDUCTIONS FROM REVENUE SNF:										
	200 105	171,464	126,641	74	130,777	1,937,198	1,189,184	748,014	63	842,989
MEDICARE CONTRACTUAL ALLOWANCES	298,105 169,651	158,642	11,009	7	(75,490)	1,174,013	1,100,258	73,755	7	101,284
MEDI-CAL CONTRACTUAL ALLOWANCES BAD DEBT EXPENSE	37,643	138,642	37,643	<i>r</i>	987	34,566	0	34,566		82,917
CHARITY CARE	7,150	0	7,150		0	7,150	0	7,150		2,041
OTHER CONTRACTUALS AND ADJUSTMENTS	23,652	45,728	(22,077)	(48)	58,498	372,407	317,144	55,263	17	263,419
TOTAL SNF DEDUCTIONS FROM REVENUE	536,200	375,834	160,366	43	114,773	3,525,334	2,606,586	918,748	35	1,292,651
NET SNF PATIENT REVENUE	2,069,018	1,910,564	158,454	8	1,760,435	13,763,168	13,250,684	512,484	4	11,569,336
OTHER OPERATING REVENUE	0	0	0	0	0	0	0	0	D	0
NET SNF OPERATING REVENUE	2,069,018	1,910,564	158,454		1,760,435	13,763,168	13,250,684	512,484	4	11,569,336
OPERATING EXPENSES:										
SALARIES & WAGES	905,021	982,271	(77,251)	(8)	787,581	6,459,407	6,812,524	(353,117)	(5)	6,129,433
REGISTRY	31,348	7,500	23,848	318	11,760	176,819	67,500	109,319	162	77,757
EMPLOYEE BENEFITS	477,729	591,727	(113,998)	(19)	600,727	4,086,231	4,103,912	(17,681)	0	3,752,266
PROFESSIONAL FEES	2,210	2,318	(108)	(5)	2,040	15,980	16,078	(98)	(1)	14,280
SUPPLIES	78,277	120,976	(42,699)	(35)	66,977	633,012	801,622	(168,610)	(21)	612,273
PURCHASED SERVICES	54,694	64,971	(10,277)	(16)	51,890	726,747	450,611	276,136	61	413,172
RENTAL	423	814	(391)	(48)	983	6,631	5,644	987	18	9,454
DEPRECIATION	39,451	45,003	(5,552)	(12)	39,427	276,804	297,019	(20,215)	(7)	278,476
INTEREST	0	0	0	0	0	0	0	0	0	0
OTHER	59,962	48,404	11,558	24	34,883	410,435	335,732	74,703	22	297,879
TOTAL EXPENSES	1,649,114	1,863,984	(214,870)	(12)	1,596,268	12,792,066	12,890,642	(98,576)	(1)	11,584,990
NET OPERATING INCOME (LOSS)	419,904	46,580	373,324	802	164,168	971,102	360,042	611,060	170	(15,654)
NON-OPERATING REVENUE\EXPENSE:								-		
	0	0	0	0	0	O	0	0	0	0
DONATIONS		27,426	1,961	7	26,066	205,709	191,982	13,727	7	182,462
PROPERTY TAX REVENUE OTHER NON-OPER EXPENSE	29,387 (8,343)	(8,343)	1,981	0	(9,338)	(58,399)	(58,401)	3	0	(67,442)
TOTAL NON-OPERATING REVENUE/(EXPENSE)	21,044	19,083	1,961	10	16,728	147,311	133,581	13,730	10	115,020
					100.000	1 110 410	493 693	674 700	127	99,366
NET SURPLUS (LOSS)	440,949	65,663	375,286	572	180,896	1,118,412	493,623	624,789		99,360
	***********	***********	**********	*********						20

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## San Benito Health Care District Hazel Hawkins Memorial Hospital JANUARY 2023

Description	Target	MTD Actual	YTD Actual	YTD Target
Average Daily Census - Acute	24.61	17.87	18.61	21.52
Average Daily Census - SNF	88.00	91.52	89.34	88.00
Acute Length of Stay	3.81	3,38	2.96	3.40
ER Visits: Inpatient	146	133.00	1,076	1,046
Outpatient Total	2,013 2,159	1,786 1,919	13,703 14,779	13,339 14,385
Days in Accounts Receivable	45.0	49.0	49.0	45.0
Productive Full-Time Equivalents	529.11	486.11	516.69	529.11
Net Patient Revenue	14,093,352	11,328,043	81,992,318	92,050,850
Payment-to-Charge Ratio	38.5%	32.8%	34.1%	38.6%
Medicare Traditional Payor Mix	30.29%	29.95%	30.98%	30.11%
Commercial Payor Mix	24.38%	23.08%	21.01%	24.39%
Bad Debt % of Gross Revenue	0.97%	0.38%	1.04%	0.96%
EBIDA EBIDA %	1,207,459 8.22%	737,553 5.98%	2,313,382 2.56%	6,353,249 6.61%
Operating Margin	4.56%	-0-14%	-1.98%	2.61%
Salaries, Wages, Registry & Benefits %: by Net Operating Revenue by Total Operating Expense	61.41% 64.34%	59.06% 58.97%	<mark>63.05%</mark> 61.82%	61.78% 63.44%
Bond Covenants:				
Debt Service Ratio	1.25	2.10	2.10	1.25
Current Ratio Days Cash on hand	1.50	1.50 22.1	1.50 22.1	1.50 30.00
	50.00	22.1	22,1	30.00
Met or Exceeded Target				
Within 10% of Target Not Within 10%				

## **Statement of Cash Flows**

# Hazel Hawkins Memorial Hospital Hollister, CA

# Five months ending Janaury 31, 2023

	CASH	FLOW	COMMENTS		
	Current Month 1/31/2023	Current Year-To-Date 1/31/2023			
CASH FLOWS FROM OPERATING ACTIVITIES:					
Net Income (Loss)	\$431,991	\$400,576			
Adjustments to Reconcile Net Income to Net Cash					
Provided by Operating Activities:					
Depreciation	343,847	2,366,805			
(Increase)/Decrease in Net Patient Accounts Receivable	(1,142,142)	(1,815,849)			
(Increase)/Decrease in Other Receivables	152,103	(6,455,232)			
(Increase)/Decrease in Inventories	27,600	316,665			
(Increase)/Decrease in Pre-Paid Expenses	(117,064)	(1,091,714)			
(Increase)/Decrease in Due From Third Parties	0	(137,598)			
Increase/(Decrease) in Accounts Payable	(1,418,788)	(1,651,932)			
Increase/(Decrease) in Notes and Loans Payable	0	0			
Increase/(Decrease) in Accrued Payroll and Benefits	982,018	3,961,682			
Increase/(Decrease) in Accrued Expenses	7,038	(43,280)			
Increase/(Decrease) in Patient Refunds Payable	0	(6,416)			
Increase/(Decrease) in Third Party Advances/Liabilities	(269,898)	(1,434,477)			
Increase/(Decrease) in Other Current Liabilities	103,297	89,442	Semi-Annual Interest - 2021 Insured Revenue Bonds		
Net Cash Provided by Operating Activities:	(1,331,989)	(5,901,904)			
CASH FLOWS FROM INVESTING ACTIVITIES:					
Purchase of Property, Plant and Equipment	(148,773)	(2,452,122)			
(Increase)/Decrease in Limited Use Cash and Investments	0	0			
(Increase)/Decrease in Other Limited Use Assets	(255,403)	(2,264,847)	Bond Principal & Int Payment - 2014 & 2021 Bonds		
(Increase)/Decrease in Other Assets	6,223	43,561	Amortization		
Net Cash Used by Investing Activities	(397,953)	(4,673,408)			
CASH FLOWS FROM FINANCING ACTIVITIES:					
Increase/(Decrease) in Bond/Mortgage Debt	3,083,507	3,046,377	Refinancing of 2013 Bonds with 2021 Bonds		
Increase/(Decrease) in Capital Lease Debt	(28,520)	(199,370)			
Increase/(Decrease) in Other Long Term Liabilities	0	0			
Net Cash Used for Financing Activities	3,054,987	2,847,007			
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	15,000			
Net Increase/(Decrease) In Cash	4,767,036	(7;342;728)			
Cash, Beginning of Period	7,466,037	16,535,802			
Cash, End of Period	\$9,223,073	\$9,223,073	\$0		
Cost per day to run the District	\$418,246				
Operational Days Cash on Hand	22 05				

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#### Hazel Hawkins Memorial Hospital Bad Debt Expense For the Year Ending June 30, 2023

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Budgeted Gross Revenue	30,736,294	33,713,261	33,688,496	34,057,045	33,125,250	36,331,595	36,576,317	31,661,878	36,697,195	30,954,767	31,443,265	30,602,610	399,587,973
Budgeted Bad Debt Expense	293,579	324,237	324,633	327,729	318,825	351,198	353,536	305,275	355,128	296,590	300,820	293,015	3,844,565
BD Exp as a percent of Gross Revenue	0.96%	0.96%	0.96%	0.96%	0.96%	0.97%	0.97%	0.96%	0.97%	0.96%	0.96%	0.96%	0.96%
Actual Gross Revenue	32,232,911	36,024,541	33,649,532	33,258,194	33,453,882	35,593,844	34,251,125	-	0				238,464,029
Actual Bad Debt Expense	233,530	316,245	344,314	535,036	299,055	633,010	128,865	-	· .			100	2,490,055
BD Exp as a percent of Gross Revenue	0.72%	0.88%	1.02%	1.61%	0.89%	1.78%	0.38%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1.04%
Budgeted YTD BD Exp	2,293,736	0.96%											l
Actual YTD BD Exp	2,490,055	1.04%								,	YTD Charity Exp &	Budget	523,326
Amount under (over) budget	(196,319)	-0.08%									YTD Charity Exp A		264,479
Prior Year percent of Gross Revenue	0.92%										Amt under (over) Charity Exp % of		258,847 0.11%
Prior rear percent of Gross Revenue	0.2270									· ·	Inditty Exp 70 01	GIUSS NEV	0.1170
Percent of Decrease (Inc) from Prior Year	-13.5%												

Major Work Group	FYE 6/30/23 Actual	Annualized	Notes
Temporary Savings:			
Voluntary 10% salary reductions	\$64,000.00	\$307,200.00	FYE actual is thru 02/15/23
Long-term Savings:	1		
Deferred 3% COLA increases for Exempt staff	\$272,000.00	\$272,000.00	This includes management level employees.
Contracted Physician Services	\$170,000.00	\$600,000.00	2 part-time physicians, 02/18/23 & 03/27/23
Hospital employees	\$708,000.00	\$1,200,000.00	8 employees (2 position eliminated, 6 by attrition)
Call Reduction Strategies	\$36,250.00	\$87,000.00	Surgery RNFA
Registry	\$600,000.00	\$1,800,000.00	March through June
Support Staff Reduction	\$95,000.00	\$285,000.00	3 employees from support staff with benefits
Proposed Savings:			
Purchased services	\$50,000.00	\$200,000.00	Reduction in Physician Billing Services
TOTAL	\$1,995,250.00	\$4,751,200.00	42 R A

## BOARD OF DIRECTORS DISTRICT FACILITIES & SERVICE DEVELOPMENT COMMITTEE

# Thursday, February 16, 2023 4:00 P.M. – Great Room

# **MINUTES**

## I. CALL TO ORDER/ROLL CALL:

The meeting of the District's Facilities & Service Development Committee was called to order by Jeri Hernandez at 4:00p.m.

**PRESENT:**Jeri Hernandez, Board President<br/>Rick Shelton, Treasurer<br/>Mary Casillas, Interim, Chief Executive Officer<br/>Barbara Vogelsang, Chief Clinical Officer<br/>Mark Robinson, Chief Finance Officer<br/>Robert Ortega, Interim, Plant Operations Director<br/>Tina Pulido, Plant Operations/Construction Coordinator

## II. APPROVAL OF MINUTES:

The minutes of the District's Facilities & Service Development Committee of January 19, 2023, were approved.

## III. UPDATE ON CURRENT PROJECTS:

• <u>Office Refresh for General Surgeons (Robert O.)</u> Robert O. reported that the construction part of the project has been completed we are waiting on licensing.

# IV. UPDATE ON PENDING PROJECTS:

• <u>Northside SNF Generator Replacement (Mark R.)</u> Mark. R. reported that the estimated cost to replace the generator is \$1.7 million plus Architectural fees. Due to our current financial state, the Committee agreed to defer this item until April or May.

## V. UPDATE ON MASTER PLAN:

• SPC-4d (Mark R.)

Mark R. reported that we have received a proposal from TreanorHL for \$155,000 to do the plan and it would take an estimated 6-8 months to complete. The current due date for the plan to be submitted to the State is January 1, 2024. Due to our current financial state, the Committee agreed to defer this item until April or May.

# VI. PUBLIC COMMENT:

## VII. ADJOURNMENT:

There being no further business, the meeting was adjourned at 4:06 PM. The next Facilities Committee meeting is scheduled for Thursday, March 16, 2023 at 4:00 p.m.