



Hazel Hawkins
MEMORIAL HOSPITAL

**REGULAR MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
THURSDAY, MARCH 24, 2022 – 5:00 P.M.
SUPPORT SERVICES BUILDING, 2ND-FLOOR, GREAT ROOM
IN-PERSON AND BY VIDEO CONFERENCE**

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.

This meeting will be held in-person and by video conference in order to reduce the risk of spreading COVID-19 and pursuant to the Governor’s Executive Orders and the County of San Benito Public Health Officer’s Orders. All votes taken during this meeting will be by roll call vote, and the vote will be publicly reported.

There is limited capacity for the public to attend at the physical location of the meeting. Members of the public may also participate in the public meeting using the Zoom link and information set forth below. Members of the public may submit email correspondence to lgarcia@hazelhawkins.com up to two (2) hours before the meeting begins. Members of the public may also speak during the meeting through the Zoom application during the public comment time period. Comments are limited to three (3) minutes.

**Phone Number: 1+ (669) 900-6833
Meeting ID: 931 6668 9955
Passcode: 564382**

AGENDA
Amended

Presented By

- | | |
|---|-----------|
| 1. <u>Call to Order/Roll Call</u> | Hernandez |
| 2. <u>Closed Session</u> (pgs. 1-3)
(See Attached Closed Session Sheet Information) | Hernandez |
| 3. <u>Reconvene Open Session/Closed Session Report</u> (estimated time 5:45 P.M.) | Hernandez |
| 4. <u>Public Comment</u>
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. Written comments for the Board should be provided to the Board clerk for the official record. Board Members may not deliberate or take action on an item not on the duly posted agenda. | Hernandez |

5. **Board Resolution No. 2022-04** (pgs. 4-5) Robinson
 AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION WITH THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM
- Report
 - Board Questions
 - Motion/Second
 - Public Comment
 - Action/Board Vote-Roll Call
6. **Board Resolution No. 2022-05** (pgs. 6-7) Hernandez
 Consider Approval of PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY GOVERNOR’S STATE OF EMERGENCY DECLARATION ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS FOR THE PERIOD MARCH 24, 2022 THROUGH APRIL 30, 2022.
- Report
 - Board Questions
 - Motion/Second
 - Public Comment
 - Action/Board Vote-Roll Call
8. **Consent Agenda—General Business** (pgs. 8-30) Hernandez
 (A Board Member may pull an item from the Consent Agenda for discussion.)
- A. Minutes of the Regular Meeting of the Board of Directors February 24, 2022.
 - B. Board Policy – Compensation of the Chief Executive Officer.
 - C. Nursing Policy (Obstetrics) – Neonatal Abstinence Syndrome Level I Nursery Care.
 - D. Home Health Policies:
 - Patient Complaints/Grievances
 - Identification and reporting of Suspected Victims of Abuse and Domestic Violence
- Motion/Second
 - Public Comment
 - Action/Board Vote-Roll Call
9. **Report from the Medical Executive Committee** (pgs. 31-45) Dr. Bogey
 A. Medical Staff Credentials: March 16, 2022
- Report
 - Board Questions
 - Motion/Second
 - Public Comment
 - Action/Board Vote-Roll Call
- B. Medical Staff Synopsis: February/March 2022
10. **President/Chief Executive Officer (CEO)** (pgs. 46-81) Hannah Breen-Lema
- A. Mission Statement
 - B. Board Education – Provider Services & Clinic Operations / Amy Breen-Lema
 - C. Comments on Officer/Director Reports Hannah
 - Chief Clinical Officer/Patient Care Services (Acute Facility)
 - Provider Services & Clinic Operations
 - Skilled Nursing Facilities Reports (Mabie Southside/Northside)

- Home Health Care Agency
- Laboratory
- Marketing
- Hazel Hawkins Memorial Hospital Auxiliary/Volunteer Services
- Foundation Report
- Quality & Patient Safety Committee
- Board Ad Hoc Committee – Bylaws/Policies & Procedures

- D. CEO Written Report and Verbal Updates
 ○ Administrative Dashboard

Hannah

11. **Report from the Finance Committee** (pg. 82/1a-28)

Robinson

A. **Finance Committee Minutes**

Minutes of the Meeting of the Finance Committee, March 17, 2022.

B. **Finance Report/Financial Statement Review**

1. Review of Financial Report for February 2022.

C. **Financial Updates**

1. Finance Dashboard
 2. Board Resolution No. 2022-04 Loan and Security agreement for second CHFFA
 Loan of QIP proceeds.

12. **Recommendations for Board Action**

A. **Capital:**

Robinson

1. **Consider Approval i2i Population Health – QIP Software.**

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

B. **Contracts:**

None.

C. **Physician Agreements:**

Hannah

1. **Consider Approval of Daniel Wang, M.D. – SNF Medical Director Agreement Extension.**

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

13. **Report from the Facilities Committee** (pgs. 83-85)

Robinson

- A. Minutes of the Meeting of the Facilities Committee, March 17, 2022.

14. **Adjournment**

Hernandez

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, April 28, 2022**, at 5:00 p.m., an in-person and video conference in order to reduce the risk of spreading COVID-19.

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.

Notes: 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**

**SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS
MARCH 24, 2022**

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

LICENSE/PERMIT DETERMINATION
(Government Code §54956.7)

Applicant(s): (Specify number of applicants) _____

CONFERENCE WITH REAL PROPERTY NEGOTIATORS
(Government Code §54956.8)

Property: (Specify street address, or if no street address, the parcel number or other unique reference, of the real property under negotiation): 190 Maple Street, Hollister, CA 95023

Agency negotiator: (Specify names of negotiators attending the closed session): Steven Hannah, CEO

Negotiating parties: (Specify name of party (not agent): Kraig Klauer Family Limited Partnership

Under negotiation: (Specify whether instruction to negotiator will concern price, terms of payment, or both):
Purchase Agreement.

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION
(Government Code §54956.9(d)(1))

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

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

CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION
(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): _____

LIABILITY CLAIMS
(Government Code §54956.95)

Claimant: (Specify name unless unspecified pursuant to Section 54961): _____

Agency claimed against: (Specify name): _____

THREAT TO PUBLIC SERVICES OR FACILITIES

(Government Code §54957)

Consultation with: (Specify name of law enforcement agency and title of officer): _____

PUBLIC EMPLOYEE APPOINTMENT

(Government Code §54957)

Title: (Specify description of position to be filled):

PUBLIC EMPLOYMENT

(Government Code §54957)

Title: (Specify description of position to be filled): Chief Operating Officer VP Ambulatory Services

PUBLIC EMPLOYEE PERFORMANCE EVALUATION

(Government Code §54957)

Title: (Specify position title of employee being reviewed): _

PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE

(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.)

CONFERENCE WITH LABOR NEGOTIATOR

(Government Code §54957.6)

Agency designated representative:

Employee organization:

Unrepresented employee: (Specify position title of unrepresented employee who is the subject of the negotiations):

CASE REVIEW/PLANNING

(Government Code §54957.8)

(No additional information is required to consider case review or planning.)

REPORT INVOLVING TRADE SECRET

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

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

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

Estimated date of public disclosure: (Specify month and year): unknown

2.

HEARINGS/REPORTS

(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 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

**RESOLUTION NO. 2022-04
OF THE BOARD OF DIRECTORS OF
SAN BENITO HEALTH CARE DISTRICT**

**AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT
PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION WITH
THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY
NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM**

WHEREAS, San Benito Health Care District is a local health care district organized and operating pursuant to Division 23 of the California Health and Safety Code;

WHEREAS, San Benito Health Care District (“Borrower” or “District”) is a nondesignated public hospital as defined in California Welfare and Institutions Code Section 14165.55, subdivision (l), excluding those affiliated with county health systems pursuant to Chapter 240, Statutes of 2021 (SB 170), Section 25;

WHEREAS, Borrower has determined it is in the best interest of the District to borrow an aggregate amount not to exceed **One Million Two Hundred Twenty-Two Thousand Four Hundred Thirty-Seven Dollars and Fifty-Nine Cents (\$1,222,437.59)** from the California Health Facilities Financing Authority (“Lender”), such loan to be funded with the proceeds of the Lender’s Nondesignated Public Hospital Bridge Loan Program; and

WHEREAS, Borrower intends to use the funds solely to fund its working capital needs to support its operations;

NOW THEREFORE IT IS HEREBY ORDERED AND DIRECTED THAT:

1. The Board of Directors of Borrower hereby ratifies the submission of the application for a loan from the Nondesignated Public Hospital Bridge Loan Program.
2. Steve Hannah, Chief Executive Officer of District, and Mark Robinson, Chief Financial Officer of District, (each an “Authorized Officer”) are hereby authorized and directed, for and on behalf of Borrower/District, to do any and all things and to execute and deliver any and all documents that the Authorized Officers deem necessary or advisable in order to consummate the borrowing of moneys from Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated pursuant to this Resolution.
3. The proposed form of Loan and Security Agreement (“Agreement”), which contains the terms of the loan is hereby approved. The loan shall be in a principal amount not to exceed **\$1,222,437.59**, shall not bear interest, and shall mature twenty-four (24) months from the date of the executed Loan and Security Agreement between the Borrower and Lender. Each Authorized Officer is hereby authorized and directed, for and on behalf of Borrower/District, to execute the Agreement in substantially said form that includes the redirection of up to twenty percent (20%) of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default by Borrower, with such changes therein as the Authorized Officer may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.
4. The proposed form of Promissory Note (“Note”) as evidence of the Borrower’s obligation to repay the loan is hereby approved. The Authorized Officers are hereby authorized and directed, for and on behalf of Borrower/District, to execute the Note in substantially said form, with such changes therein as the Authorized Officers may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

This Resolution was adopted at a duly noticed Special Meeting of the Board of Directors of the District on March 24, 2022, by the following vote.

AYES:

NOES:

ABSTENTIONS:

ABSENT:

Bill Johnson, Secretary
San Benito Health Care District

CERTIFICATE OF SECRETARY

I, Bill Johnson, Secretary of the Board of Directors of San Benito Health Care District, a local health care district, hereby certify that the foregoing is a full, true, and correct copy of a resolution duly adopted at a special meeting of the Board of Directors of San Benito Health Care District duly noticed and held at the regular meeting place of the District on March 24, 2022. All members of the District Board of Directors had due notice and at which the required quorum was present and voting, and the required majority approved Board Resolution No. 2022-04 by the vote indicated on the resolution.

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in the District's administrative office; that said resolution is a full, true, and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

Bill Johnson, Secretary
San Benito Health Care District

Date: _____

**RESOLUTION NO. 2022-05
OF THE BOARD OF DIRECTORS OF
SAN BENITO HEALTH CARE DISTRICT**

**PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A
STATE OF EMERGENCY BY GOVERNOR'S STATE OF EMERGENCY DECLARATION
ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS
FOR THE PERIOD MARCH 24, 2022 THROUGH APRIL 30, 2022**

WHEREAS, San Benito Health Care District ("District") is a public entity and local health care district organized and operated pursuant to Division 23 of the California Health and Safety Code;

WHEREAS, the District Board of Directors is committed to preserving and nurturing public access and participation in its meetings;

WHEREAS, all meetings of the District's governing body are open and public, as required by The Ralph M. Brown Act, so that members of the public may attend, participate, and observe the District's public meetings;

WHEREAS, The Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions;

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558;

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the boundaries of the District, caused by natural, technological, or human-caused disasters;

WHEREAS, it is further required that (i) state or local officials have imposed or recommended measures to promote social distancing, or (ii) the legislative body meeting in person would present imminent risks to the health and safety of attendees;

WHEREAS, such conditions now exist within the District Boundaries of San Benito Health Care District;

WHEREAS, the District Board of Directors does hereby acknowledge the current state of emergency and is following the September 30, 2021 Recommendations on Social Distancing and Hybrid Meetings issued by San Benito County Health and Human Services Agency recommending that public agencies continue to utilize remote meetings for the purpose of preventing the transmission of COVID-19;

WHEREAS, as a consequence of the local emergency, the District Board of Directors may conduct meetings without compliance with Government Code Section 54953(b)(3), as authorized by Section 54953(e), and that the District shall comply with the requirements to provide the public with access to the meetings pursuant to Section 54953(e) (2);

WHEREAS, meetings of the District Board of Directors will be available to the public via zoom link listed on the agenda;

6.

NOW THEREFORE IT IS HEREBY ORDERED AND DIRECTED THAT:

1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.
2. Proclamation of Local Emergency. The District hereby proclaims that a local emergency continues to exist throughout San Benito County, and as of September 30, 2021, the San Benito County Health Department continues to recommend that physical and social distancing strategies be practiced in San Benito County, which includes remote meetings of legislative bodies, to the extent possible.
3. Ratification of Governor's Proclamation of a State of Emergency. The District hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of March 4, 2020.
4. Remote Teleconference Meetings. The District Board of Directors is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of The Brown Act.
5. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective until the earlier of (i) April 30, 2022, or such time the District adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to meet via teleconference meeting all the requirements of Section (3)(b).

This Resolution was adopted at a duly noticed Special Meeting of the Board of Directors of the District on March 24, 2022, by the following vote.

AYES:

NOES:

ABSTENTIONS:

ABSENT:

Board Member
San Benito Health Care District

**REGULAR MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
SUPPORT SERVICES BUILDING, 2ND-FLOOR, GREAT ROOM
In-person and Video Conference**

**THURSDAY, FEBRUARY 24, 2022
MINUTES**

HAZEL HAWKINS MEMORIAL HOSPITAL

Directors Present

Jeri Hernandez, Board Member
Mary Casillas, Board Member
Bill Johnson, Board Member
Josie Sanchez, Board Member
Rick Shelton, Board Member

Also, Present In-person/Video Conference

Steven Hannah, Chief Executive Officer
Mark Robinson, Chief Financial Officer
Barbara Vogelsang, Chief Clinical Officer
Laura Garcia, Executive Assistant
Dr. Bogey, Chief of Staff
Gary Ray, District Legal Counsel
Melinda Furness, Director of Patient Registration
Sherrie Bakke, Patient & Community Engagement/Business Development

Pursuant to Executive Order N-25-20 issued by the Governor of the State of California in response to concerns regarding COVID-19, Board Members of San Benito Health Care District, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

1. Call to Order

The meeting was conducted in-person and via video conferencing and attendance was taken by roll call. Directors Hernandez, Sanchez, Casillas, Shelton, and Johnson were present. A quorum was present and the meeting was called to order at 5:00 p.m. by Board President, Jeri Hernandez.

2. Closed Session

The Board of Directors went into a closed session at 5:01 pm to discuss Conference with Legal Counsel-Anticipated Litigation, Public Employee Performance Evaluation, Report Involving Trade Secret, and Hearing Reports.

3. Reconvene Open Session/Closed Session Report

The Board of Directors reconvened into Open Session at 5:58 pm, Board President, Jeri Hernandez reported that in Closed Session the Board discussed Conference with Legal Counsel-Anticipated Litigation, Public Employee Performance Evaluation, Report Involving Trade Secret, and Hearing Reports with legal counsel. No action was taken.

4. Public Comment

No public comment.

5. **Board Resolution No. 2022-03**

Item: **Consider Approval for RESOLUTION NO. 2022-03 OF THE BOARD OF DIRECTORS OF SAN BENITO HEALTH CARE DISTRICT PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY GOVERNOR'S STATE OF EMERGENCY DECLARATION ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS FOR THE PERIOD FEBRUARY 24, 2022 THROUGH MARCH 31, 2022.**

No public comment.

MOTION: The Board of Directors moved to approve RESOLUTION NO. 2022-03 OF THE BOARD OF DIRECTORS OF SAN BENITO HEALTH CARE DISTRICT PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY GOVERNOR'S STATE OF EMERGENCY DECLARATION ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS FOR THE PERIOD FEBRUARY 24, 2022 THROUGH MARCH 31, 2022 and was seconded. Moved/Seconded/and Unanimously Carried. Ayes: Hernandez, Sanchez, Casillas, Shelton, Johnson. (Roll Call)

6. **Consent Agenda-General Business**

Director Hernandez presented the Consent Agenda and requested a motion to approve the Consent Agenda.

- A. Minutes of the Special Meeting of the Board of Directors, February 14, 2022.
- B. Minutes of the Regular Meeting of the Board of Directors, January 27, 2022.

No public comment.

MOTION: The Board of Directors moved to approve the Consent Agenda, and was seconded. Moved/Seconded/and Unanimously Carried. Ayes: Hernandez, Johnson, Sanchez, Casillas, Shelton. (Roll Call)

7. **Report from the Medical Executive Committee**

- A. Credentials Report: Chief of Staff, Dr. Bogey presented the Credentials Report from February 16, 2022.

Item: **Consider Approval of Credentials Report, Four (4) Reappointments, and four (4) Resignations/Retirements.**

No public comment.

MOTION: The Board of Directors moved to approve the Credentials Report as presented and was seconded. Moved/Seconded/and Unanimously Carried. Ayes: Casillas, Sanchez, Shelton, Johnson, Hernandez. (Roll Call)

- B. Medical Staff Synopsis: Dr. Bogey, Chief of Staff, provided a summary of the Medical Executive Committee Report.

- C. Consider Approval of Application for Clinical Privileges for Obstetrics and Gynecology.

No public comment.

MOTION: The Board of Directors moved to approve Application for Clinical Privileges for Obstetrics and Gynecology and was seconded. Moved/Seconded/and Unanimously Carried. Ayes: Hernandez, Johnson, Casillas, Sanchez, Shelton. (Roll Call)

9.

8. President/Chief Executive Officer

Mr. Hannah introduced Melinda Furness, Director of Patient Registration, who provided Board Education.

Board Education: Patient Registration

Melinda provided an overview of the Registration Department, its accomplishments, and future goals. She noted the implementation of E-Signature, Co-implemented Experian (eligibility feature), new uniforms for staff, and customer service training. She also indicated that they have had a decrease in inpatient waiting times, and have had increased patient satisfaction. The department's collections have gone from \$70,000 a year to \$270,000, and these are up-front patient collections. The goals for the department are to continue improving on patient experience, update in Electronic Consent, and program enhancement.

Leadership Reports

Mr. Hannah asked if there were comments on any of the departments. He asked CCO, Barbara Vogelsang to announce that the Emergency and OB Departments were recognized by BETA for the Quest for Zero Excellence Tier II level for both. Sherrie Bakke announced that the District recognized the departments by providing complimentary lunch and dinner for the staff.

CEO Report

Mr. Hannah provided the Board of Directors with an update of the current hospital census. He also indicated that public COVID-19 testing is at a 4% positivity rate, employees at .4%, and currently, there are two employees out with covid but no positive cases in the last 24-hours. Director Johnson asked Mr. Hannah what the length of time off was provided to employees with covid, and Mr. Hannah replied that it all depends on whether they are symptomatic or not. Director Johnson asked if the Skilled Nursing Facilities have the same process for visitation or have there have been changes in that process, and Mr. Hannah replied that the Skilled Nursing Facilities are following the State guidelines.

Mr. Hannah updated the Board on the COO VP of Ambulatory Services recruitment, indicating that additional candidates were being screened. The job description was added to the Board packet for their review.

Mr. Hannah updated the Board on the VP of Human Resources search, indicating that additional candidates would be screened, the right fit has not been found yet.

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

Administration Dashboard

Sherrie Bakke provided an update regarding the Overall Rating of the Hospital and the Likelihood to Recommend the Hospital, to the Board of Directors. She noted that the target set for the overall rating of the hospital is 77%, and for January the rating was at 71.40%, and the target for the likelihood to recommend the hospital is 75%, and for January that was at 69.64%. For January the reported percentage was within 10% of the target.

Mr. Robinson provided an update on the Average Daily Census for Acute and Skilled Nursing Facilities. He indicated that January was a good month for the District.

9. Report from the Finance Committee

A. Finance Committee Minutes

Minutes of the meeting of the Finance Committee, February 17, 2022, have been provided to the Board.

B. Financial Report/Financial Statement Review

1. Finance Dashboard
2. Review of Financial Report for February 2022
3. Financial Updates

A full report can be found in the Board packet.

10. Recommendation for Board Action

A. Capital:

Item: **Consider Approval for New Surgery Clinic on Sunset Drive.**

Mr. Robinson indicated that Richard is doing a great job with the refresh project. The clinic will be a Rural Health Clinic but will be a surgery sweet for the surgeons, and it will have a new rate because it is a new clinic. The office will have 3 exam rooms and 1 procedure room. The cost of this project is \$196,060.

No public comment.

MOTION: The Board of Directors moved to approve the New Surgery Clinic on Sunset Drive for \$196,060 and was seconded. Moved/Seconded/and Unanimously Carried. Ayes: Casillas, Hernandez, Sanchez, Shelton, Johnson. (Roll Call)

B. Contracts:

No contracts to approve.

D. Physician Agreements

Item: **Consider Approval of Ryan Gerry, M.D. – Special General Surgery Call Coverage.**

Mr. Hannah indicated that Dr. Gerry has agreed to provide an additional seven weeks of ER Call Coverage to fill the gap between now and Dr. Bunry Pin's arrival. The agreement allows for \$1,500/additional ER Call Shift. This will be a temporary adjustment to a 1:2 rotation schedule from mid-March 2022 until October 2022.

No public comment.

MOTION: The Board of Directors moved to approve Dr. Ryan Gerry, M.D. – Special Surgery Call Coverage at \$1,500/additional ER Call Shift for a 6-month term, and was seconded. Moved/Seconded/and Unanimously Carried. Ayes: Johnson, Casillas, Sanchez, Shelton, Hernandez. (Roll Call)

Item: **Consider Approval of Nick Gabriel, D.O. – Special Surgery Call Coverage.**

Mr. Hannah indicated that the same terms apply to Dr. Gabriel's agreement, a 6-month term for Call Coverage at \$1,500/additional ER Call Shift to fill the gap between now and Dr. Pin's arrival. This will be a temporary adjustment to a 1:2 rotation schedule from mid-March 2022 until October 2022.

No public Comment.

MOTION: The Board of Directors moved to approve Nick Gabriel, D.O. – Special Surgery Call Coverage at \$1,500/additional ER Call Shift for a 6-month term, and was seconded. Moved/Seconded/and Unanimously Carried. Ayes: Hernandez, Shelton, Sanchez, Casillas, Johnson. (Roll Call)

A full report can be found in the Board packet.

11. **Report from District Facilities & Service Development Committee**

- A. Mr. Robinson indicated that Richard has completed some projects and others are close to completion. He also noted that Richard is working on Dr. Al-Hasan's office refresh for General Surgeons. The office space will need to be brought to current and ADA compliant. The office will require 3 exam rooms and 1 treatment room.

Item: Consider Approval of Re-Roofing Project BID for Waterproofing Associates, Inc.

Mr. Robinson indicated that BIDs for the roofing project were received on Thursday, February 17th and only 3 bids came in. The lowest bidder received came from California Roofing, Co., Inc from San Jose but they withdrew their bid leaving Waterproofing Associates, Inc. as the lowest bid of \$1,674,708.00.

MOTION: The Board of Directors moved to award Waterproofing Associates, Inc. with the re-roofing project as the lowest bidder at \$1,674,708.00 and was seconded. Moved/Seconded/and Unanimously Carried. Ayes: Sanchez, Johnson, Hernandez, Casillas, Shelton. (Roll Call)

12. **Adjournment**

There being no further regular business or actions, the meeting was adjourned at 6:47 p.m.

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, March 24, 2022**, at 5:00 p.m., and will be conducted in-person and via teleconference to reduce the risk of spreading COVID-19, and pursuant to SBHCD Board Resolution No. 2022-02.

**SAN BENITO HEALTH CARE DISTRICT
POLICY AND PROCEDURE**

SUBJECT	Compensation of the Chief Executive Officer		
WRITTEN BY	Board Ad Hoc Committee on Policy & Procedures	POLICY NUMBER	2022 - 31
APPROVED BY	San Benito Health Care District Board of Directors	EFFECTIVE	March 24, 2022

PURPOSE:

The Chief Executive Officer (CEO) of San Benito Health Care District (SBHCD) is the person responsible for the efficient operation of SBHCD. Therefore, it is the desire of the San Benito Health Care District Board of Directors to provide fair compensation (salary and benefits) to the CEO.

POLICY:

1. Annually (as of hire date) the SBHCD Board of Directors shall evaluate the performance and review the compensation of the Chief Executive Officer to determine if a compensation adjustment is appropriate.

PROCEDURE:

1. The Board of Director President shall appoint two (2) members of the Board of Directors as an Ad Hoc Committee to research comparability data of similar organizations and similarly qualified individuals.
2. At a duly noticed Board of Directors meeting, the Ad Hoc Committee will make a recommendation to the full Board of Directors for any compensation (salary and/or benefits) adjustments based on the review of the data and CEO Performance Review.
3. During the Open Session of the Meeting Agenda, the Board of Directors will consider and take action on the recommendations of the Ad Hoc Committee for any adjustments to compensation for the Chief Executive Officer.

Approval	Date
Board of Directors	
Last Board of Directors Review	

Developed: March 7, 2022
 Reviewed: March 17, 2022
 Revised:



NEONATAL ABSTINENCE SYNDROME LEVEL I NURSERY CARE

Disclaimer

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Revision Insight

Document ID: 10772
 Revision Number: 0
 Owner: Deanna Williams, Director
 Revision Official Date: No revision official date

Revision Note:

This is the first draft of a new policy. It was created in partnership with our pediatricians and fits within level I criteria for care of a baby experiencing withdrawal from

Policy Initiated By	Name (printed)	Signature	Date
Department Director	Deanna Williams		02/17/2022

Clinical

Approval	Name (printed)	Signature	Date
Medical Director	NERMEEN BASSEER		2/17/22
Patient Care Advisory Group	VICTOR ONYASULUCHI		2/18/22
Medical Executive Committee			
Board of Directors			



DocID: 10772
Revision: 0
Status: In preparation
Department: Nursery
Manual(s):

Policy : NEONATAL ABSTINENCE SYNDROME LEVEL I NURSERY CARE

Summary/Intent

To provide an objective measurement of signs of neonatal abstinence in order to restore normal newborn activity and consider infant for elevated level of care and transfer when required.

Definitions

None listed or

1. **NAS- Neonatal Abstinence Syndrome**
2. **Finnegan Scoring System- an evidence based tool to assess the severity of withdrawal symptoms in the neonate**

Affected Departments/Services

1. Obstetrics
2. Nursery

Policy: Compliance: Key Elements

RN Charge and Pediatrician on call to be notified when NAS scoring is initiated.

Procedure:

- A. Identify infant to be screened using the criteria below.
 - a. Maternal History:
 - i. Documented history of substance abuse.
 - ii. History of late entry to prenatal care and or no prenatal care.
 - iii. History of frequent missed appointments.
 - iv. Report of bizarre behavior or signs of intoxication.
 - v. Previous sibling with symptoms of neonatal withdrawal syndrome.
 - vi. Incarceration.
 - vii. Maternal age \leq 16 years old.
 - b. Development of signs of drug withdrawal:
 - i. Muscle Tremors
 - ii. Restlessness
 - iii. Excessive sweating
 - iv. Irritability
 - v. Twitching
 - vi. Vomiting
 - vii. Unexplained respiratory distress
 - viii. Convulsions
 - ix. Frequent yawning
 - x. Poor feeding
 - xi. Jitteriness
 - xii. Hyperactive reflexes
 - xiii. Sneezing
 - xiv. Pallor

- xv. Increased mucus
- xvi. Inability to sleep
- xvii. Increased lacrimation
- xviii. Increased muscle tone
- xix. Nasal stuffiness
- xx. Excessive regurgitation
- xxi. Uncoordinated suck/swallow
- xxii. Elevated temperature

- B. Provide appropriate comfort measures and environment. These should include the following but are not limited to
- a. Quiet and reduced lighting in the room
 - b. Swaddle infant
 - c. Minimize handling
 - d. Offering a pacifier
 - e. Frequent feedings or on demand breastfeeding as tolerated
 - f. Use diaper ointment to protect against breakdown as needed

NAS scoring for Only for Opiates

- D. Assessment of withdrawal symptoms is accomplished by using the attached Modified Finnegan Neonatal Abstinence Score Sheet using the following steps for interpretation of results.
- a. Begin scoring within 2 hours of life.
 - b. Assessments will be done approximately every four hours, AFTER infant has been fed.
 - c. If score is ≤ 8 continue to scoring every 4 hours
 - d. If score ≥ 8 begin scoring every 2 hours and continue non-Pharmacologic comfort measures,
 - e. If 2 consecutive scores ≥ 8 or ≥ 12 notify Pediatrician to initiate transfer to higher level of care.
 - f. Pediatrician may order one-time dose of morphine (0.05 mg/kg) to be given orally for comfort while awaiting transfer. Place newborn in nursery on monitor prior to giving medication. Pediatrician will be on unit when medication is given.

E. Please refer to Neonatal Abstinence Scoring Algorithm

F. Level of Care:

- a. All infants having every 2-hour abstinence score assessment, with two consecutive Finnegan score ≥ 8 or a score ≥ 12 will require a transfer to a higher level of care facility.

Education

Opiate Type	Approximate Time to Onset of Withdrawal Symptoms
Short-acting opiates (e.g., heroin, oxycodone, hydrocodone, morphine, fentanyl)	Withdrawal symptoms may develop within 4-6 hours of use, usually by 24 hours
Long-acting Opiates (e.g., methadone, suboxone, buprenorphine)	Approximately 72 hours but have been observed for up to 5-7 days; severity of withdrawal cannot be correlated with maternal methadone dosing

**Other non-opioid substances may induce withdrawal symptoms. Manage symptoms with non-pharmacologic interventions.*

DRUG CLASS	APPROX TIME ONSET OF WITHDRAWAL SYMPTOMS
Barbiturates	Typically 4-7 days but can range from 1-4 days
Cocaine	Usually, no withdrawal signs but sometimes neurobehavioral abnormalities (example: decreased arousal and physiologic stress) occur at 48-60 hours
Alcohol	3-12 hours
Marijuana	Typically, no clinical withdrawal signs
Methamphetamines	Typically, no withdrawal signs, but neurobehavioral abnormalities such as decreased arousal, increased physiologic stress and poor quality of movement have been observed at 48-60 hours
Nicotine	12-24 hours
Sedatives	24-72 hours
Selective Serotonin Reuptake Inhibitors (SSRI's)	Several hours to several days depending on length of exposure and/or use. Withdrawal linked to during 3 rd trimester use

Documentation

- F. The abstinence score sheet shall be included in the patient chart. A new scoring sheet should be documented on each calendar day including each assessment and intervention. The Finnegan scoring sheet may be found either in a paper or electronic format. The electronic format is always preferred when available.

***See Attached Modified Finnegan Scoring Sheet**

Breastfeeding and breast milk

1. Provide Lactation consultation and support.
2. Encourage breastfeeding with the following considerations:
 - a. stable Methadone or Subtex (buprenorphine) daily maintenance dose
 - b. communication with the mother's substance abuse treatment program
 - c. plan to continue in substance abuse treatment in the postpartum period
3. Breastfeeding is discouraged or contraindicated in the following:
 - a. positive maternal urine toxicology for illicit substances (methamphetamine, cocaine, phencyclidine) at delivery or within 90 days prior to delivery.
 - b. no confirmed plans for postpartum substance abuse treatment
 - c. demonstration of behavioral qualities or other indicators of active substance abuse
 - d. maternal HIV or active herpes lesions on the breast, or active tuberculosis that is untreated

Discharge Criteria

1. Infant scores are consistently < 8 for 48 hours; and,
2. The infant is cleared medically and by social work
3. Social Work consult is placed for all NAS infants.
4. Infants suspected of being "drug exposed" prenatally will be reported to the Department of Child Protective Services (CPS).

References:

Academy of Breastfeeding Medicine (2015). ABM Clinical Protocol #21: Guidelines for breastfeeding and substance use or substance use disorder, revised 2015. *Breastfeeding Medicine*, 10(3), 135-141. DOI: 10.1089/bfm.2015.9992

American Academy of Pediatrics Policy Statement (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129, e827-e841.

Finnegan, LP, "Neonatal Abstinence", in Nelson, NM, Ed. *Current Therapy in Neonatal-Perinatal Medicine 2nd ed.* Ontario, BC Decker, 1990

Hudak, M.L., Tan, R. C. (2012). Neonatal drug withdrawal. *Pediatrics*. 134, e540-60. <http://dx.doi.org/10.1542/peds.2011-3212>

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In preparation
Williams, Deanna

Attachments:
(REFERENCED BY THIS DOCUMENT)

<http://dx.doi.org/10.1542/peds.2011-3212>
Finnegan Scoring Downtime Form
NAS Scoring Algorithm

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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=hmh:10772\\$0](https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:10772$0).

PLACE STICKER HERE

Finnegan Scoring Tool

Neonatal Abstinence Scale

Complete assessment every 4 hours
 If score ≥ 8 increase assessment time to every 2 hours
 Please follow instructions on algorithm
Start new scoring sheet each calendar day

Birth Weight: _____ grams

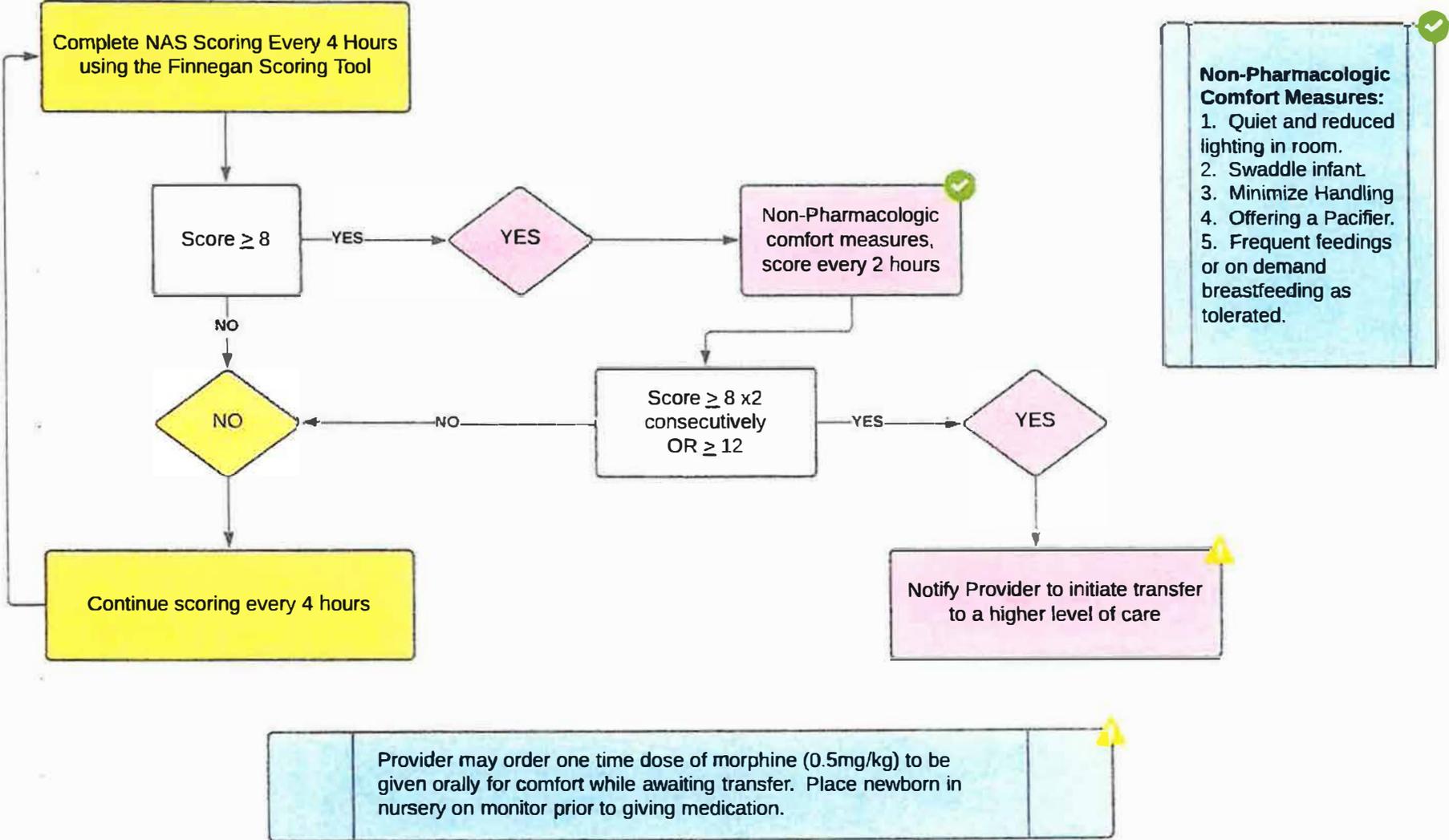
Daily Weight: _____ grams

DATE:	SCORE	TIME							
High Pitched cry; inconsolable >15 sec OR intermittently for <5min	2								
High pitched cry; inconsolable >15 sec AND intermittently for >5min	3								
Sleeps <1 hour after feeding	3								
Sleeps <2 hours after feeding	2								
Sleeps <3 hours after feeding	1								
Hyperactive Moro	1								
Markedly hyperactive Moro	2								
Mild Tremors: disturbed	1								
Mod-severe tremors; undisturbed	2								
Increased muscle tone	1-2								
Excoriation (indicate specific area):	1-2								
Generalized Seizure	8								
Fever ≥ 37.2 C (99 F)	1								
Frequent yawning (≥ 4 in an interval)	1								
Sweating	1								
Nasal Stuffiness	1								
Sneezing (≥ 4 in an interval)	1								
Tachypnea (rate > 60/min)	2								
Poor feeding	2								
Vomiting (or regurgitation)	2								
Loose Stools	2								
$\leq 90\%$ of birth weight	2								
Excessive Irritability	1-3								
TOTAL SCORE									
INITIALS OF SCORER									

Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials

20

NEONATAL ABSTINENCE SCORING ALGORITHM



Developed by Dr. Nermeen Baseer December 2021





MEMORIAL HOSPITAL
SKILLED NURSING FACILITIES
HOME HEALTH AGENCY

San Benito Health Care District

HOME HEALTH POLICY MANUAL

Reviewed:

Revised: 3/24/2022

AP-26

Page 1 of 4

SUBJECT: PATIENT COMPLAINTS/GRIEVANCES

POLICY

It is the policy of San Benito Home Health Care Agency (SBHH) to resolve complaints and grievances of patients and their authorized representatives promptly in a manner which is satisfactory to the patients and/or their authorized representatives and in compliance with HHH policies and procedures and applicable laws and regulations.

The Board of Directors of San Benito Healthcare District has delegated the management of patient complaints and grievances, including grievances related to Patient Rights and Responsibilities to the Administrator of San Benito Home Health Care.

SUPPORTIVE DATA

- a. A Patient Grievance is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to SBHH's compliance with the CMS Home Health Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §.
- b. A verbal complaint is NOT a "patient grievance" when:
 - (1) The verbal complaint about patient care is resolved at the time of the complaint by staff present at the time of the complaint or who can quickly be at the patient's location (i.e. nursing, administration, nursing supervisors, patient advocates, etc.) to resolve the patient's complaint.
 - (2) Complaints or issues about hospital amenities, such as TV, food for purposes of these requirements.
 - (3) Billing issues are not usually considered patient grievances for the purposes of these requirements unless the complaint also contains elements addressing patient service or care issues. However, a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489 are considered a grievance.
- c. Verbal patient care complaints, which cannot be resolved at the time of the complaint, by staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires further actions for resolution, then the complaint is a "patient grievance" for the purposes of these requirements. A complaint is considered resolved when the patient is satisfied with the actions taken on their behalf.
- d. A written complaint (including emails or facsimiles) is always considered a "patient grievance", whether from a patient or their representative regarding the patient care provided, abuse or neglect, or SBHH's compliance with CoPs

- e. Information obtained with patient satisfaction surveys does not usually meet the definition of a patient grievance. If an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a patient grievance. If an identified patient writes or attaches a complaint to the survey but has not requested resolution, SBHH must treat this as a patient grievance if SBHH would usually treat such a complaint as a patient grievance.
- f. All verbal or written complaints regarding abuse, neglect, patient harm or SBHH compliance with CMS requirements, are to be considered a patient grievance for the purposes of these requirements.
- g. If a patient or the patient's representative requests their complaint be handled as a formal complaint or grievance, or when the patient requests a response from SBHH, the complaint is a patient grievance and all the requirements apply.

PROCEDURE

Procedure for Handling Patient Grievances at San Benito Home Health Agency (SBHH)

As appropriate, patients will be encouraged to express their concerns to those persons directly involved in their care, for example an attending physician, a nurse, or to those individuals directly involved in the problem situation. In such cases, those individuals directly involved will discuss the concerns and try to resolve them without the intervention of other parties. If the complaint is in writing or is not resolved by "staff present", as described in Section I.B. above, then the complaint is considered a "patient grievance" and must be handled in the manner described below.

If the patient is reluctant to express his/her concerns to those directly involved in his/her patient care or the problems cross interdepartmental lines, or the complaint would be considered a "patient grievance" under the definition in Section I above, staff must contact the Administrator to have them act as an objective liaison and handle the patient grievance. They will facilitate the complaint investigation and resolution process. All SBHH staff must report patient grievances to the Administrator.

PATIENT COMPLAINTS/GRIEVANCES

The Administrator is available Monday through Friday 8:00am-5pm. The on call nurse handles after hours and weekend Complaints/Grievances by reporting them to the Administrator on Monday morning. Complaints/Grievances are taken in writing, by phone, and in person. The Administrator will keep a comprehensive record of complaints and patient grievances presented to SBHH. Data collected regarding patient grievances, as well as other complaints not defined as patient grievances, shall be incorporated into the SBHH Quality Assessment and Performance Improvement Program and reported quarterly to the Quality Practice & Patient Satisfaction Committee.

The Administrator will follow the procedures below with respect to patient grievances:

Written Complaints and Grievances: Upon receipt of a written complaint/grievance from a patient or the patient's advocate, the Administrator will:

- Document patient information and incident background.
- Assess Priority
- Determine if the complaint/grievance is a quality of care, compensation request, or injury as a result of treatment issue.

- If the grievance is a quality of care, compensation request, or injury as a result of treatment issue, the complaint/grievance will be investigated by Risk Management.
- If the grievance is not a quality of care, compensation request, or injury as a result of treatment issue, the Administrator will handle the complaint/grievance following this procedure.

Oral Complaints/Grievances: Whether received by telephone or through visitation, the person receiving the complaint/grievance should identify him/herself as the Administrator and explain the facilitation process. The Administrator or designee will:

- Document patient information and incident background.
- Assess Priority
- Determine if the complaint/grievance is a quality of care, compensation request, or injury as a result of treatment issue.
- If the grievance is a quality of care, compensation request, or injury as a result of treatment issue, the complaint/grievance will be investigated by Risk Management.
- If the grievance is not a quality of care, compensation request, or injury as a result of treatment issue, the Administrator will handle the complaint/grievance following this procedure.

For each Complaint/Grievance received, the administrator or designee will:

(1) Communicate to the patient a projected time of response and an anticipated resolution. *All patient complaints/grievances will be answered within a reasonable time frame, given the particular patient grievance. For situations that endanger the patient, such as neglect or abuse, the patient grievance will be reviewed immediately, given the seriousness of the allegations and potential for harm to the patient. In general, patient grievances should be resolved within seven days, except in cases where data cannot be gathered in that period of time. In cases where resolution does not occur in 7 days, a written response will be sent to the grievant with the following information: We are still working to resolve the grievance and will follow-up with a written response within 30 days after the grievance was received.*

(2) Investigate the Complaint/Grievance by communicating with all appropriate SBHH staff to gain an understanding of each party's perception of the incident. The Administrator anticipates that upon receipt of complaining/grievance information, the individual department will acknowledge the complaint/grievance and give a projected time of a response and/or resolution.

(3) Once the investigation is complete, both its outcome and the Complaint/Grievance resolution will be shared with the patient (either in writing or verbally) as well as with those individuals involved in the complaint/grievance. *If the party's desired resolution is reasonable, proceed through the necessary channels to try to achieve this resolution. If the desired resolution is either not feasible, unrealistic, or both, proceed to achieve a compromised resolution that is mutually agreed upon. The Administrator, or designee, will communicate the resolution of the grievance in writing to the grievant in language and manner that the patient understands. The written response will include the decision, the name of the grievance investigator, the steps taken to investigate the grievance issues, the results of the grievance process and the date of completion.*

For all Complaints / Grievances, the administrator will:

- Generate a statistical overview, including a summary of trends, for complaints, grievances, compliments and assistances on a quarterly basis.

- Provide a report of all Complaints / Grievances to the Quality Practice & Patient Satisfaction Committee quarterly.
- Implement performance improvement projects when a problem area is identified as a trend.

REFERENCES: Center for Medicare and Medicaid Services (CMS) Requirements in condition of Participation in 42 CFR § 482.

DESIGNEE

All staff

Clinical

Policy Initiated By	Name (printed)	Signature	Date
Department Director	Anita Frederick	<i>[Signature]</i>	3/22/22

Approval	Name (printed)	Signature	Date
Medical Director	M. BOGEY, MD.	<i>[Signature]</i>	03/22/22
Quality Practice and Patient Satisfaction Committee			
Board of Directors			



San Benito Health Care District

HOME HEALTH POLICY MANUAL

Reviewed:

Revised: 03/21/2022

AP-27

Page 1 of 5

SUBJECT: IDENTIFICATION AND REPORTING OF SUSPECTED VICTIMS OF ABUSE and DOMESTIC VIOLENCE

PURPOSE

To ensure adherence to the following: Penal Code Section 11164-11174.3 (Child Abuse), Penal Code Section 15600-15640 (Elder Abuse), Penal Code Section 11160-11163.6 (Domestic Violence Abuse) at Hazel Hawkins Memorial Hospital, the clinics and Skilled Nursing Facilities (SNF) associated with HHMH and the San Benito Home Health Agency (SBHH).

POLICY

It is the policy of Hazel Hawkins Memorial Hospital that health care providers- as Mandated Reporters- file both a verbal and written report of suspected child, elder and or domestic violence abuse and any allegation of patient abuse. All licensed nurses and providers are mandated reporters.

ALLEGED/ SUSPECTED/ WITNESSED ABUSE:

Any allegations of abuse, including incidents during a hospital stay, residence at the SNF, as a patient of SBHH, in an outpatient setting or at the clinics, must be reported to the California Department of Public Health and local Law Enforcement.

Following the Chain of Command, the department director, clinic manager, SBHH Director or SNF DON will notify the Quality Department to report the incident. The Quality Department / Risk Management leader, or designee, in consultation with an executive leader will ensure the reports are completed. The *CDPH Adverse Event Reporting Form* attached to this policy is to be used. *See Attachment.*

Allegations meeting criteria for APS/ CPS reporting (see guidelines below) will also be reported by filling out the appropriate Abuse Reporting Form.

An incident report will be filed for all potential abuse through the hospital's online incident reporting system.

PATIENT ASSESSMENT CRITERIA FOR CHILD ABUSE

Identifying families where abuse occurs requires the helping professional first of all to believe that child abuse can occur in any family, regardless of socio-economic statuses, religion, education, ethnic background or other factors.

- A. The following are the types of abuse that may be inflicted upon another individual and are reportable by law.
1. Emotional Abuse

26.

- a. Mental or emotional injury to the person that results in an observable and material impairment in growth, development or psychological functioning.
 - b. Causing or permitting the person to be in a situation in which the person sustains a mental or emotional injury that results in an observable and material impairment in growth, development, or psychological functions.
2. Physical Abuse
- a. Physical injury that results in substantial harm to the person or the genuine threat of substantial harm from physical injury to the person, including an injury that is at variance with the medical history or explanation given. This excludes an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator, that does not expose the person to a substantial risk of harm.
 - b. Failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the person.
3. Sexual Abuse
- a. Sexual contact, sexual intercourse, sexual conduct, sexual penetration with a foreign object, incest, sexual assault or sodomy inflicted upon, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify desires of any person.
 - b. Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, sexual conduct, sexual assault, or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify desires of any person.
 - c. Compelling or encouraging the person to engage in sexual conduct.
 - d. Causing, permitting, encouraging or allowing the photographing, filming or depicting of the person if the person knew or should have known that the resulting photograph, film or depiction is obscene or pornographic.
4. Domestic Violence
- Characterized as a pattern of coercive behaviors that may include repeated battery and injury, psychological abuse, sexual assault, progressive social isolation, deprivation and intimidation.
- a. All patients will be screened upon entry to the facility, clinics, SNFs, in outpatient areas of the hospital and upon admission as a patient in home health.
 - b. All patients admitted for nursing services will be screened with the following question:
"Are you being hurt/frightened/threatened by anyone?"

This should be done:

- 1. In a safe environment. No friends or relatives of the patients should be present during the screening and preferably no children over the age of two (2).
- 2. Face to face, with assurance to the patient that the screening will be confidential. Use a non-threatening, non-judgmental manner.
- 3. Using questions that are direct, specific and easy to understand in the patient's primary language. Interpreters should be another

healthcare provider. Do not use the patient's family, friend, or children when asking questions about domestic violence.

- c. Document in the patient's chart that domestic violence is or has been present, has not occurred, or is suspected even if the patient denies it. Complete Abuse/Domestic Violence Screening/Documentation Form
5. Abandonment
The leaving of the person in a situation where they would be exposed to a substantial risk or harm without arranging for necessary care, and a demonstration of an intent not to return by a parent, guardian or managing possessory conservator.
 6. Medical Neglect
The failure to seek, obtain or follow through with medical care for a person, with the failure resulting in presenting a substantial risk of death, disfigurement or bodily injury, or with the failure resulting in an observable and material impairment to the growth, development and/or functioning of a person.
 7. Physical Neglect
The failure to provide the person with food, clothing, or shelter necessary to sustain life or health of the person, excluding failure caused primarily by financial inability unless relief services had been offered and refused.
- B. The identification process is multidimensional and often complicated. The following criteria may be used to assist in identification of abuse.
1. Physical Abuse
 - a. Scratches, cuts, bruises, burns
 - b. Welts, scalp injury, gag marks
 - c. Sprains, punctures, broken bones, bedsores
 - d. Confinement
 - e. Injuries inconsistent with explanation of occurrence.
 2. Rape/Other Forms of Sexual Abuse
 - a. Trauma to penis, vulva and/or anal region
 - b. Sexual manipulation of penis, vulva and/or anal region with a foreign object
 - c. Diagnosis of sexually transmitted disease in children and non-sexually-active adolescents
 3. Neglect
The failure to provide for one's self, the goods, or services, which are necessary to avoid physical harm, mental anguish, or mental illness, or the failure of a caretaker to provide such goods or services.
 - a. Malnourishment, dehydration
 - b. Over/under medication
 - c. Lack of heat and or running water
 - d. Lack of medical care
 - e. Lack of personal hygiene and/or clothes
 4. Exploitation
The illegal or improper act or process of using the resources of a child or an elderly or disabled person for monetary or personal benefit.
 - a. Taking social security/SSI checks
 - b. Abusing joint checking account privileges
 - c. Taking property and/or other resources
 5. Verbal and Psychological abuse

6. In children under three (3) years of age
 - a. The caregiver of an injured child reports a change in the child (such as decreased mobility) instead of reporting an accident.
 - b. The extent of the injury is more severe than the reported cause would indicate.
 - c. A child under one (1) year old suffers a fracture of the radius, ulna tibia/fibula, or femur.

7. In persons 65 years of age or older or in disabled persons:
 - a. Contusions or lacerations are inconsistent with patients or caregiver's explanation of injury.
 - b. Contusions or lacerations are found where people are not usually injured, such as inner thighs.
 - c. Injuries from different causes which occurred at the same time: for example, stab wound and contusions.
 - d. Symmetrical wounds or fractures are present.
 - e. The patient has suffered a spiral long-bone fracture from a "direct blow".
 - f. Multiple bruises appear to be in the same evolutionary state.
 - g. The patient is wearing bloodstained undergarments.
 - h. The caregiver has provided improper levels of prescription medication.
 - i. The patient is dehydrated or malnourished.
 - j. Wounds or lesions are not properly attended.

C. Reporting

All suspected or confirmed cases of abuse, including incidents during a hospital stay, residence at the SNF, as a patient of SBHH, in an outpatient setting or at the clinics, must be reported to the California Department of Public Health and local Law Enforcement. Following the Chain of Command, the department director, clinic manager, SBHH Director or SNF DON will notify the Quality Department to report the incident. The Quality Department / Risk Management leader, or designee, in consultation with an executive leader will ensure the reports are completed.

1. Child Abuse/Neglect – Child Protective Services and Police Department
See attached Appendix C. Follow instructions on form for completion and distribution.
Yellow copy = chart copy.

2. Elder/Dependent Abuse/Neglect (age 65 years or older or 18-64 whose physical/mental limitations restrict their ability to care for themselves).
Adult Protective Services and Police Department (see attached Appendix D)

3. Domestic Violence – Police Department
 - a. The local law enforcement agency will be contacted where the incident of violence occurred, if known.

 - c. A telephone report shall be made immediately. In all cases, a written report must be made within two (2) working days. Failure to report where required is a misdemeanor, punishable by fine of \$1,000 and/or a jail term or six months (P.C. Sect 11162).

- 4. Risk Management will receive Incident Report
- D. Documentation
 - 1. Patient record
 - 2. Appropriate reporting form
- E. Patient Teaching
 - Hand out "Domestic Violence" (in English and Spanish) located in public and patient areas, including public restrooms.

REFERENCES

California Penal Code: Sections 11160, 11161, 11166
 California Welfare and Institutions Code: Section 15630
 California Board of Registered Nursing: Nursing Practice Act
 APM Policy
 Child Sexual Assault Reporting Requirements (Appendix A)
 Mandated Reporting Simplified (Appendix B)

ATTACHMENTS

Appendix A – Child Sexual Assault Reporting Requirements
 Appendix B - A Quick Reference Guide to Assault and Abuse Reporting Requirements
 Appendix C – Suspected Child Abuse Report
 Appendix D – Report of Suspected Dependent Adult/Elder Abuse

DESIGNEE All Staff

Clinical			
Policy Initiated By	Name (printed)	Signature	Date
Department Director	Anita Frederick		3/22/22
Approval	Name (printed)	Signature	Date
Medical Director	M BOGEY, M.D.		03/22/22
Quality Practice and Patient Satisfaction Committee			
Board of Directors			



MEMORIAL HOSPITAL
SKILLED NURSING FACILITIES
HOME HEALTH AGENCY

San Benito Health Care District

**MEDICAL EXECUTIVE COMMITTEE
CREDENTIALS REPORT
MARCH 16, 2022**

NEW APPOINTMENTS

PRACTITIONER	DEPT/SERVICE	STATUS REQUEST	PROCTOR ASSIGNED
Bownds, Shannon MD	Radiology/Teleradiology (statrad)	Provisional	
Hartung, Claire MD	Medicine/FM-Hospitalist	Provisional	
Mates, Simon MD	Medicine/Tele-Critical Care	Provisional	

REAPPOINTMENTS

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Chen, Tracy DO	Radiology/Radiology (SVR)	Provisional to Active	2 yr
Cheung, Tyler MD	Medicine/Teleneurology	Consulting	2 yr
Do, Ly MD	Radiology/Rad Oncology	Affiliate	2 yr
Dowlatshahi, Morteza MD	Radiology/Rad Oncology	Affiliate	2 yr
Gustafson, G. Allen MD	Surgery/Orthopedics	Active	2 yr
McGinnis, Michael MD	Surgery/Pathology	Active	2 yr
Ohanian, Arbi MD	Medicine/Teleneurology	Consulting	2 yr
Minazad, Yafa DO	Medicine/Teleneurology	Consulting	2 yr
Sterman, Amy Lantis MD	Radiology/Radiology (SVR)	Provisional to Active	2 yr

ADDITIONAL PRIVILEGES

PRACTITIONER	FIELD	SERVICE

ALLIED HEALTH – NEW APPOINTMENT

PRACTITIONER	FIELD	SERVICE

AHP – REAPPOINTMENTS

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Hustead, Deborah PA-C			

RESIGNATIONS/RETIREMENTS

PRACTITIONER	DEPT/SERVICE	CURRENT STATUS/DEPT	REQUESTED STATUS/DEPT
Falkoff, Gary MD	Radiology/Radiology (SVR)	Provisional	Requests Leave of Absence effective June 1, 2022



NEONATAL ABSTINENCE SYNDROME LEVEL I NURSERY CARE

Disclaimer

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Revision Insight

Document ID: 10772
 Revision Number: 0
 Owner: Deanna Williams, Director
 Revision Official Date: No revision official date

Revision Note:

This is the first draft of a new policy. It was created in partnership with our pediatricians and fits within level I criteria for care of a baby experiencing withdrawal from

Policy Initiated By	Name (printed)	Signature	Date
Department Director	Deanna Williams	<i>Deanna Williams</i>	02/17/2022

Clinical			
Approval	Name (printed)	Signature	Date
Medical Director	NERMEEN BASCEER	<i>Nermeen Basceer</i>	2/17/22
Patient Care Advisory Group	VICTOR ONYIAVULUCHI	<i>Vo</i>	2/18/22
Medical Executive Committee			
Board of Directors			



DocID: 10772
Revision: 0
Status: In preparation
Department: Nursery
Manual(s):

Policy : NEONATAL ABSTINENCE SYNDROME LEVEL I NURSERY CARE

Summary/Intent

To provide an objective measurement of signs of neonatal abstinence in order to restore normal newborn activity and consider infant for elevated level of care and transfer when required.

Definitions

None listed or

1. **NAS- Neonatal Abstinence Syndrome**
2. **Finnegan Scoring System- an evidence based tool to assess the severity of withdrawal symptoms in the neonate**

Affected Departments/Services

1. Obstetrics
2. Nursery

Policy: Compliance: Key Elements

RN Charge and Pediatrician on call to be notified when NAS scoring is initiated.

Procedure:

- A. Identify infant to be screened using the criteria below.
 - a. Maternal History:
 - i. Documented history of substance abuse.
 - ii. History of late entry to prenatal care and or no prenatal care.
 - iii. History of frequent missed appointments.
 - iv. Report of bizarre behavior or signs of intoxication.
 - v. Previous sibling with symptoms of neonatal withdrawal syndrome.
 - vi. Incarceration.
 - vii. Maternal age \leq 16 years old.
 - b. Development of signs of drug withdrawal:
 - i. Muscle Tremors
 - ii. Restlessness
 - iii. Excessive sweating
 - iv. Irritability
 - v. Twitching
 - vi. Vomiting
 - vii. Unexplained respiratory distress
 - viii. Convulsions
 - ix. Frequent yawning
 - x. Poor feeding
 - xi. Jitteriness
 - xii. Hyperactive reflexes
 - xiii. Sneezing
 - xiv. Pallor

- xv. Increased mucus
- xvi. Inability to sleep
- xvii. Increased lacrimation
- xviii. Increased muscle tone
- xix. Nasal stuffiness
- xx. Excessive regurgitation
- xxi. Uncoordinated suck/swallow
- xxii. Elevated temperature

- B. Provide appropriate comfort measures and environment. These should include the following but are not limited to
 - a. Quiet and reduced lighting in the room
 - b. Swaddle infant
 - c. Minimize handling
 - d. Offering a pacifier
 - e. Frequent feedings or on demand breastfeeding as tolerated
 - f. Use diaper ointment to protect against breakdown as needed

NAS scoring for Only for Opiates

- D. Assessment of withdrawal symptoms is accomplished by using the attached Modified Finnegan Neonatal Abstinence Score Sheet using the following steps for interpretation of results.
 - a. Begin scoring within 2 hours of life.
 - b. Assessments will be done approximately every four hours, AFTER infant has been fed.
 - c. If score is ≤ 8 continue to scoring every 4 hours
 - d. If score ≥ 8 begin scoring every 2 hours and continue non-Pharmacologic comfort measures,
 - e. If 2 consecutive scores ≥ 8 or ≥ 12 notify Pediatrician to initiate transfer to higher level of care.
 - f. Pediatrician may order one-time dose of morphine (0.05 mg/kg) to be given orally for comfort while awaiting transfer. Place newborn in nursery on monitor prior to giving medication. Pediatrician will be on unit when medication is given.

E. Please refer to Neonatal Abstinence Scoring Algorithm

- F. Level of Care:
 - a. All infants having every 2-hour abstinence score assessment, with two consecutive Finnegan score > 8 or a score ≥ 12 will require a transfer to a higher level of care facility.

Education

Opiate Type	Approximate Time to Onset of Withdrawal Symptoms
Short-acting opiates (e.g., heroin, oxycodone, hydrocodone, morphine, fentanyl)	Withdrawal symptoms may develop within 4-6 hours of use, usually by 24 hours
Long-acting Opiates (e.g., methadone, suboxone, buprenorphine)	Approximately 72 hours but have been observed for up to 5-7 days; severity of withdrawal cannot be correlated with maternal methadone dosing

**Other non-opioid substances may induce withdrawal symptoms. Manage symptoms with non-pharmacologic interventions.*

DRUG CLASS	APPROX TIME ONSET OF WITHDRAWAL SYMPTOMS
Barbiturates	Typically 4-7 days but can range from 1-4 days
Cocaine	Usually, no withdrawal signs but sometimes neurobehavioral abnormalities (example: decreased arousal and physiologic stress) occur at 48-60 hours
Alcohol	3-12 hours
Marijuana	Typically, no clinical withdrawal signs
Methamphetamines	Typically, no withdrawal signs, but neurobehavioral abnormalities such as decreased arousal, increased physiologic stress and poor quality of movement have been observed at 48-60 hours
Nicotine	12-24 hours
Sedatives	24-72 hours
Selective Serotonin Reuptake Inhibitors (SSRI's)	Several hours to several days depending on length of exposure and/or use. Withdrawal linked to during 3 rd trimester use

Documentation

- F. The abstinence score sheet shall be included in the patient chart. A new scoring sheet should be documented on each calendar day including each assessment and intervention. The Finnegan scoring sheet may be found either in a paper or electronic format. The electronic format is always preferred when available.

***See Attached Modified Finnegan Scoring Sheet**

Breastfeeding and breast milk

1. Provide Lactation consultation and support.
2. Encourage breastfeeding with the following considerations:
 - a. stable Methadone or Subtex (buprenorphine) daily maintenance dose
 - b. communication with the mother's substance abuse treatment program
 - c. plan to continue in substance abuse treatment in the postpartum period
3. Breastfeeding is discouraged or contraindicated in the following:
 - a. positive maternal urine toxicology for illicit substances (methamphetamine, cocaine, phencyclidine) at delivery or within 90 days prior to delivery.
 - b. no confirmed plans for postpartum substance abuse treatment
 - c. demonstration of behavioral qualities or other indicators of active substance abuse
 - d. maternal HIV or active herpes lesions on the breast, or active tuberculosis that is untreated

Discharge Criteria

1. Infant scores are consistently < 8 for 48 hours; and,
2. The infant is cleared medically and by social work
3. Social Work consult is placed for all NAS infants.
4. Infants suspected of being "drug exposed" prenatally will be reported to the Department of Child Protective Services (CPS).

References:

Academy of Breastfeeding Medicine (2015). ABM Clinical Protocol #21: Guidelines for breastfeeding and substance use or substance use disorder, revised 2015. *Breastfeeding Medicine*, 10(3), 135-141. DOI: 10.1089/bfm.2015.9992

American Academy of Pediatrics Policy Statement (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129, e827-e841.

Finnegan, LP, "Neonatal Abstinence", in Nelson, NM, Ed. *Current Therapy in Neonatal-Perinatal Medicine 2nd* ed. Ontario, BC Decker, 1990

Hudak, M.L., Tan, R. C. (2012). Neonatal drug withdrawal. *Pediatrics*. 134, e540-60. <http://dx.doi.org/10.1542/peds.2011-3212>

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Williams, Deanna
NAS

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Department VP/Director
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In preparation
Williams, Deanna

Attachments:
(REFERENCED BY THIS DOCUMENT)

<http://dx.doi.org/10.1542/peds.2011-3212>
Finnegan Scoring Downtime Form
NAS Scoring Algorithm

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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=hmh:10772\\$0](https://www.lucidoc.com/cgi/doc-gw.pl?ref=hmh:10772$0).

PLACE STICKER HERE

Finnegan Scoring Tool

Neonatal Abstinence Scale

Complete assessment every 4 hours
 If score ≥ 8 increase assessment time to every 2 hours
 Please follow instructions on algorithm
Start new scoring sheet each calendar day

Birth Weight: _____ grams

Daily Weight: _____ grams

DATE:	SCORE	TIME							
High Pitched cry; inconsolable >15 sec OR intermittently for <5min	2								
High pitched cry; inconsolable >15 sec AND intermittently for >5min	3								
Sleeps <1 hour after feeding	3								
Sleeps <2 hours after feeding	2								
Sleeps <3 hours after feeding	1								
Hyperactive Moro	1								
Markedly hyperactive Moro	2								
Mild Tremors: disturbed	1								
Mod-severe tremors; undisturbed	2								
Increased muscle tone	1-2								
Excoriation (indicate specific area):	1-2								
Generalized Seizure	8								
Fever ≥ 37.2 C (99 F)	1								
Frequent yawning (≥ 4 in an interval)	1								
Sweating	1								
Nasal Stuffiness	1								
Sneezing (≥ 4 in an interval)	1								
Tachypnea (rate > 60/min)	2								
Poor feeding	2								
Vomiting (or regurgitation)	2								
Loose Stools	2								
$\leq 90\%$ of birth weight	2								
Excessive Irritability	1-3								
TOTAL SCORE									
INITIALS OF SCORER									

Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials

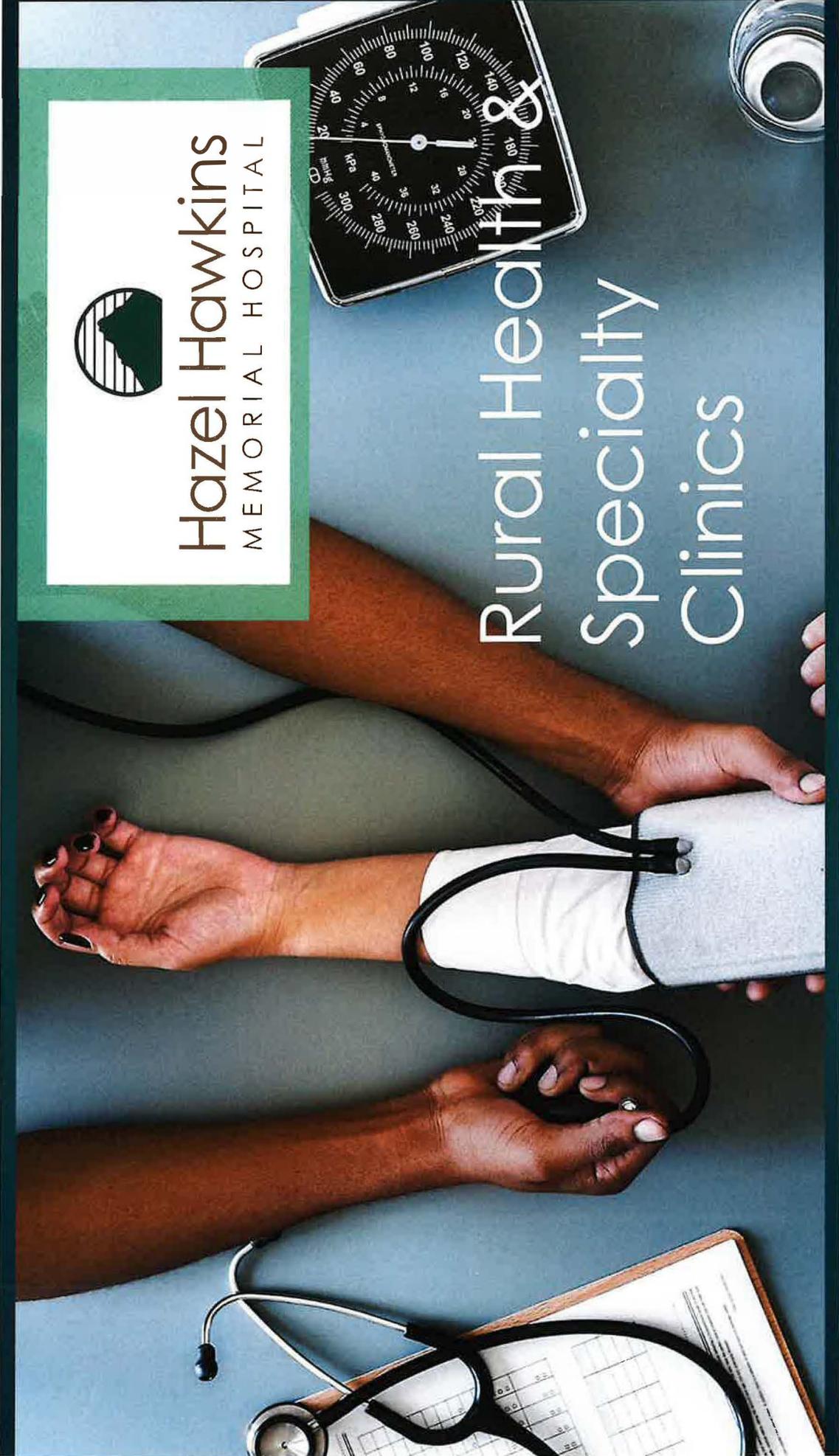
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10/17



Hazel Hawkins
MEMORIAL HOSPITAL

Rural Health & Specialty Clinics



7 Locations serving San Benito County

Primary Care & Multi-Specialty Services



Mabie First Street



Mabie Fourth Street



San Juan Bautista



Sunset / Annex



Barragan Family Healthcare & Diabetes Center



Hollister Multi-Specialty



Hollister Orthopedic Specialty

- ▲ Cardiology
- ▲ Endocrinology
- ▲ Family Medicine/Primary Care
- ▲ Gastroenterology
- ▲ General Surgery
- ▲ Hematology/Oncology
- ▲ Infectious Disease
- ▲ Internal Medicine
- ▲ Nephrology
- ▲ Neurology
- ▲ Obstetrics/Gynecology
- ▲ Orthopedics
- ▲ Pediatrics
- ▲ Podiatry
- ▲ Psychiatry/Behavioral Health
- ▲ Pulmonology
- ▲ Rheumatology
- ▲ Lab & Ultrasound Services

Medical Specialties



Clinic Services

Sunset - Annex

- **Monday – Friday**
- 8am – 8pm
- 11 MDs & 4 PA/NPs
- 6 exam rooms
- 12 support staff
- Cardiology, Family Practice, Gastroenterology, Nephrology, Infectious Disease, General Surgery, Neurology, Rheumatology, Pediatrics, Pulmonology

First Street

- **Monday – Friday**
- 8am – 5pm
- 3 MDs & 5 NPs
- 7 exam rooms
- 7 support staff
- Family Practice, General Surgery, Behavioral Health, Pediatrics, Rheumatology

Fourth Street

- **Monday – Friday**
- 8am – 5pm
- 4 MDs & 3 PA/NPs
- 6 exam rooms
- 12 support staff
- Family Practice, OB/Gyn, Pediatrics, Ultrasound, Lab services

Clinic Services

San Juan Bautista

- **Monday – Friday**
- 8am – 5pm
- 1 MD & 4 PA/NPs
- 3 exam rooms
- 3 support staff
- Family Medicine, Pain Management, Gynecology

Barragan Diabetes

- **Monday – Friday**
- 8am – 8pm
- 3 MDs & 5 NPs
- 4 exam rooms & 1 classroom
- 7 support staff
- Cardiology, Family Practice, Endocrinology, Hematology/Oncology, Certified Diabetes Educator

Multi-Specialty

- **Monday – Friday**
- 8am – 5pm
- 12 MDs & 2 PA/NPs
- 6 exam rooms
- 6 support staff
- Cardiology, Gastroenterology, Nephrology, OB/Gyn, Infectious Disease, General Surgery, Neurology, Rheumatology, Hematology/Oncology, Pulmonology

Clinic Services

Orthopedic Speciality

- Monday – Friday
- 9am – 5pm
- 3 MDs
- 6 exam rooms
- 6 support staff
- General Orthopedics/Total Joint Replacement



2020 & 2021 CLINIC ENCOUNTERS



COVID-19 Response



December 2020

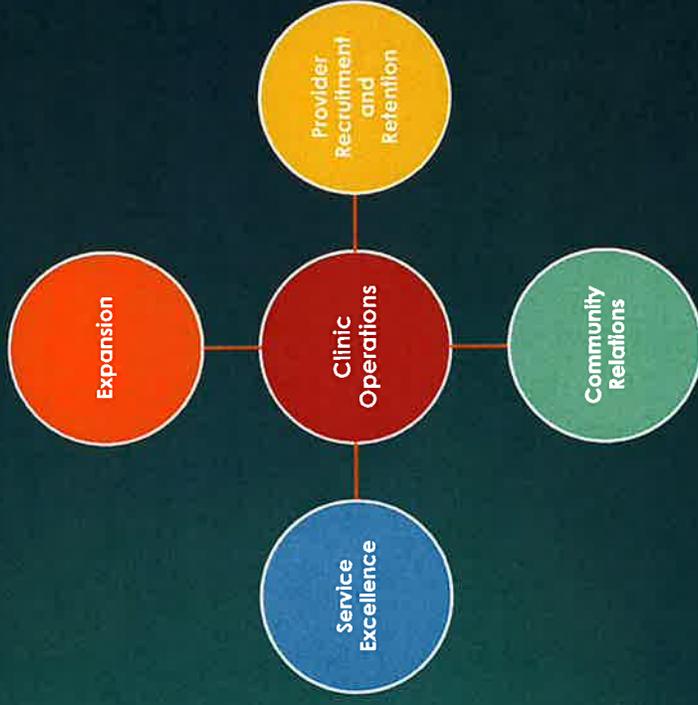
- Drive-up COVID Testing clinic
- 416 tests
- Clinic-Laboratory-Registration staff

January 2021

- Drive-thru vaccine administration
- MyTurn scheduling launched April 2021
- Over 4,000+ vaccines administered to date



Planning for the Future



Questions?



Hazel Hawkins
MEMORIAL HOSPITAL

San Benito Health Care District
Board of Directors Meeting
24 March 2022
Chief Clinical Officer Report

- Multi- Disciplinary Rounding began March 10, 2022 as an initiative to promote patient to healthcare team communication, patient care transitions and patient outcomes.
Hospitalists, Nursing, Physical Therapy, Respiratory Therapy, Pharmacy, Dietary, Case Management, Home Health and Lab are all represented during rounds.
- Obstetrics: 80 deliveries & 197 Outpatient Visits YTD February
- Emergency Department: 1518 Visits (15 Trauma IV Visits); 1 Left Without Being Seen
- Med / Surg: 451 patient days (ADC 16.11)
- ICU: 97 patient days (ADC 3.46)
- Drug Library development for the NEW B Braun IV Pumps began in February with collaboration between the Nursing Departments and the Cardinal Health Pharmacist. The new IV pumps will impact patient safety and Nursing's daily activities.



Hazel Hawkins
MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors
 From: Amy Breen-Lema, Director, Provider Services & Clinic Operations
 Date: March 14, 2022
 Re: All Clinics – February 2022

2022 Rural Health and Specialty Clinics' visit volumes

Total visits for February 2022 in all outpatient clinics = **6,432**

	Jan 2022	Feb 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022
Sunset/Annex	1234	994				
San Juan Bautista	394	283				
1st Street	915	752				
4th Street	1458	1318				
Barragan	698	656				
Totals	4699	4003				
Specialty Clinics						
Orthopedic Specialty	374	334				
Multi-Specialty	730	377				
Primary Care Associates	1711	1418				
Totals	2815	2429				

- The refresh project for the new clinic in the Sunset complex will begin in mid-March. The space will provide 4 additional exam rooms for our general surgeons and a primary care provider once licensed.
- The community demand for COVID vaccine has dwindled down to just a few a week. Vaccine appointments will continue to be offered through myturn.ca.gov and in the clinics, as needed.
- Family Practice & Sports Medicine physician Jullian Nguyen, M.D. will join the District in mid-July and provide full-time services in our clinics.



Hazel Hawkins

MEMORIAL HOSPITAL

WILLIAM & INEZ MABIE SKILLED NURSING FACILITY

MARCH 2022

BOARD REPORT

March 16, 2022

To:
San Benito Health Care District
Board of Directors

From:
Sherry Hua, RN, MSN, DON for William & Inez Mabie SNF

I. Management Activities:

1. Census is up in both SNFs, we have been very busy accommodating all new admissions.
2. Our SNF staff has been working very hard on admitting all SNF short term rehab patients.

II. In-services for the month of March:

1. 3/15 **Chronically Ill: Chronic Pain Management**
Mandatory All LN, CNA & Activity Staff
2. 3/29 **Disaster Preparedness & Emergency Response; Disaster Drill**
Mandatory All Staff

III. Census Statistics for February:

Statistics:	2022	2021
Total Number of Admissions:	9	7
Number of Transfers from HHH:	8	7
Number of Transfers to HHH:	1	1
Number of Deaths:	1	1
Number of Discharges:	3	3
Total Discharges:	4	4
Total Census Days:	1243	1089

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

Total Discharged by Payer Status Category:	
Medicare:	1
Medicare MC:	0
Medical:	2
Medical MC:	0
Private (self pay):	1
Insurance:	0
Total:	4

Total Patient Days by Payer Status Category:	
Medicare:	156
Medicare MC:	0
Medi-Cal:	1014
Medi-Cal MC:	0
Private:	73
Insurance:	0
Bed Hold/LOA	4
TOTAL:	1247
Average Daily Census	44.54

IV. Palliative Care Referral Statistics for February:

Referral Sources:	
New Referrals	13
Acute Referrals	13
Southside Referrals	0
Northside Referrals	0

Patients Served	36
Patients Discharged	3
Patients Deceased	6
Grief Support	18
Total Patient Visits	124



Hazel Hawkins

MEMORIAL HOSPITAL

MABIE NORTHSIDE SKILLED NURSING FACILITY

MARCH 2022

BOARD REPORT

MARCH, 2022

To:

**San Benito Health Care District
Board of Directors**

From:

Sherry Hua, RN, MSN, DON for Mabie Northside SNF

1. Management Activities

1. Census is up in both SNFs, we have been very busy accommodating all new admissions.
2. Our SNF staff has been working very hard on admitting all SNF short term rehab patients.

2. In-services for the month of March 2022:

1. Pressure Ulcer Management; Prevention; Infection Control and Prevention & Covid-19 Mitigation Plan.
2. Signs/Symptoms of Cardiopulmonary Disease; Review covid-19 Mitigation Plan; Infection Control and Prevention.
3. Theft and Loss of Residents Personal Property; Review of Infection Control; Covid-19 Mitigation Plan.



MEMORIAL HOSPITAL
CONVALESCENT HOSPITAL
HOME HEALTH AGENCY

San Benito Health Care District

Mabie Northside Skilled Nursing Facility Monthly Reports

Admissions and Discharges

Feb 2022

Total Number of Admissions	8
Number of Transfers from HHH	8
Number of Transfers to HHH	0
Number of Deaths	0
Number of Discharges	2
Total Census Days (excludes Bed Holds)	0
Total Discharges	2

Note: Transfers are included in the number of admissions and discharges.
Deaths are included in the number of Total Discharges.

**TOTAL PATIENT DAYS BY PAY
STATUS CATEGORY:**

**TOTAL DISCHARGES BY
PAY STATUS CATEGORY:**

MEDICARE	1
MEDICARE MC	1
MEDI-CAL	0
MEDI-CAL MC	0
PRIVATE (SELF PAY)	0
INSURANCE	0
TOTAL	2

MEDICARE	122
MEDICARE MC	1
MEDI-CAL	890
MEDI-CAL MC	0
PRIVATE (SELF PAY)	34
INSURANCE	0
BEDHOLD /LOA	0
WORKERS COMP	0
TOTAL	1,047

# days	Tot. Census	Average
28	1047	37.39

62.



Hazel Hawkins MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors

From: Anita Frederick, Administrator, San Benito Home Health Care

Date: March 23, 2022

HOME HEALTH STATS

	November 2021	December 2021	January 2022	February 2022
Total Admissions	43	44	39	46
Total Home Visits	588	556	513	581
Census / Total Patients	82	86	78	84

REFERRAL SOURCES

	November 2021	December 2021	January 2022	February 2022
Hazel Hawkins	56%	38%	57%	47%
Other Hospitals	12%	27%	10%	15%
Southside SNF	7%	7%	10%	2%
Northside SNF	5%	2%	0%	2%
Other SNFs	2%	2%	0%	4%
M.D. / Clinics	20%	24%	23%	30%

PAYOR REFERRAL SOURCE

	November 2021	December 2021	January 2022	February 2022
Medicare	84%	76%	75%	72%
PVT	5%	12%	12%	4%
Medicare Managed	9%	12%	11%	11%
Medical	2%	0%	2%	13%
Workers Comp	0%	0%	0%	0%

*PAYOR SOURCE OF VISITS MADE

	November 2021	December 2021	January 2022	February 2022
Medicare	82%	65%	77%	77%
Medi-Cal	2%	2%	5%	5%
Private	7%	20%	5%	7%
Managed Medicare	9%	13%	13%	11%
Workers Comp	0%	0%	0%	0%



Hazel Hawkins
MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors
From: Bernadette Enderez, Director of Laboratory Services
Date: March 2022
Re: Laboratory

=====

Updates:

1. Service/Outreach

- Planned re-opening of Sunnyslope Lab to full hours starting march 2022 was delayed due to staffing shortage
- Kick-off meeting done for implementing a mobile phlebotomy program
- Initial discussion of refresh project for Sunnyslope and Mc Cray draw station

2. Covid Testing

- Period: February 2022
- Total Samples tested: 3720
- Positivity Rate: 6.48%

3. New Tests/Analyzers

- Laboratory workflow assessment performed as part of the chemistry analyzer evaluation
- Identified a possible candidate for chemistry analyzer based on technology, ease of maintenance, and easier troubleshooting. Chemistry analyzers would come with automation
- High sensitivity troponin was implemented
- Ongoing meditech test build for INR point of care test
- Both SNF are now able to perform covid antigen testing on their visitors after completing the training and competency assessment.

4. Quality Assurance/Performance Improvement Activities

- Final phase for Sunquest discussion- review of scope of work. Project coordination with different departments- Billing, Medical Records, Clinic, Lab, Radiology and Registration
- Purchased handheld devices were received however, the printers were back-ordered. Implementation delayed due to printers.
- Lab QAPI project- Transfusion

5. Laboratory Statistics

- See attached report

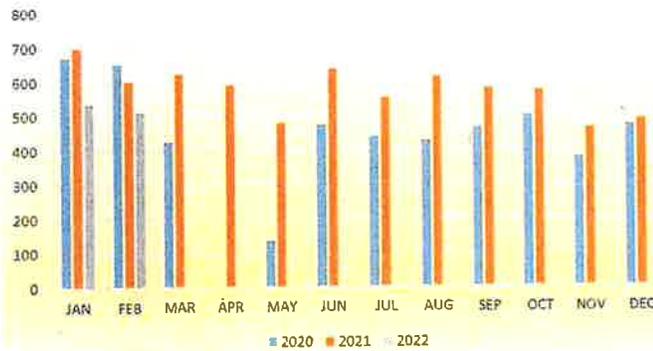
MAIN LAB OUTPATIENT STATISTICS



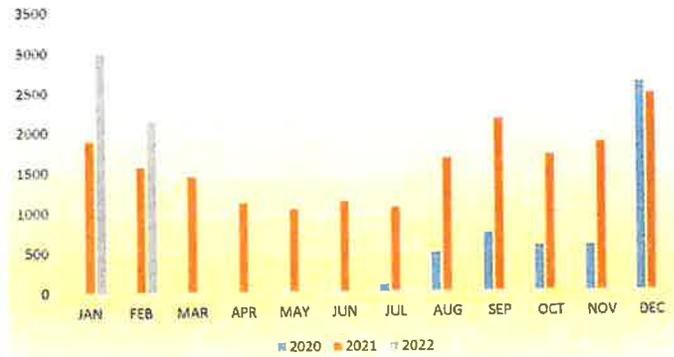
MC CRAY OUTPATIENT STATISTICS



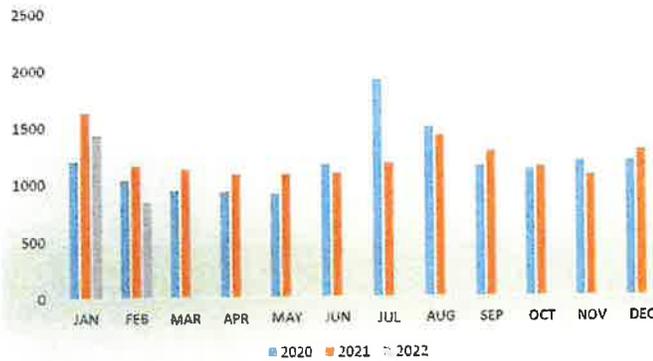
SUNNYSLOPE LAB STATISTICS



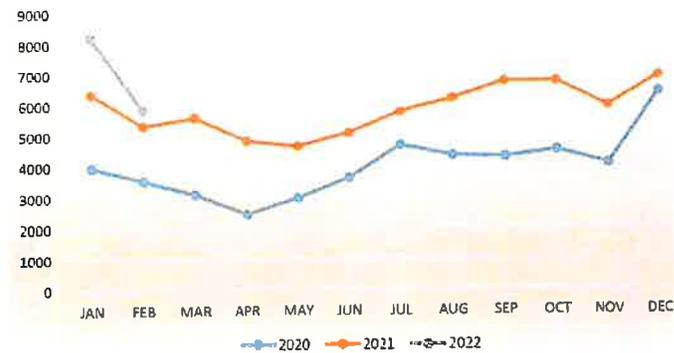
HHH EMPLOYEE COVID19 SURVEILLANCE STATISTICS



ER AND ASC LAB STATISTICS



OUTPATIENT LAB STATISTICS



LABORATORY DEPARTMENT

OUTPATIENT STATISTICS

Bernadette Enderez
Director of Laboratory Services

Michael McGinnis, M.D.
Medical Director

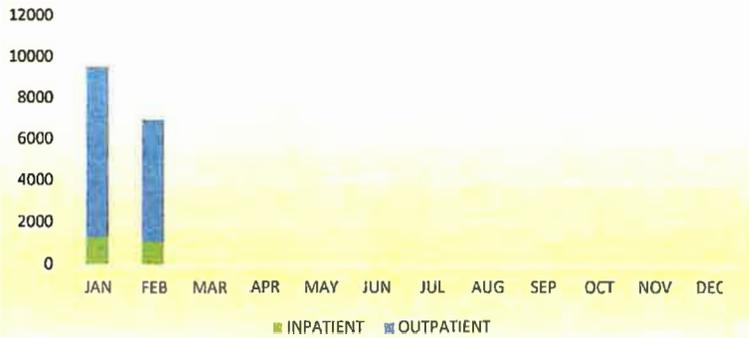
65.

INPATIENT VS OUTPATIENT LABORATORY STATISTICS

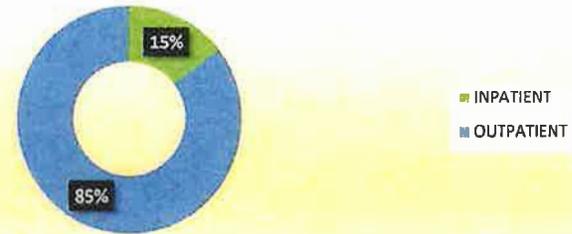
YR 2022														
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	
INPATIENT	1311	1102											2413	INPATIENT
OUTPATIENT	8222	5866											14088	OUTPATIENT

YR 2021														
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	
INPATIENT	1116	1053	603	654	705	751	946	803	791	986	874	1301	10583	INPATIENT
OUTPATIENT	6369	5342	5607	654	705	5098	5778	6204	6750	6750	5954	6907	62118	OUTPATIENT

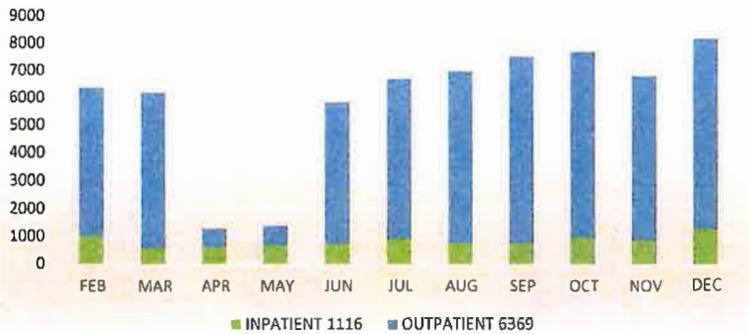
YR 2022 INPATIENT VS OUTPATIENT STATS



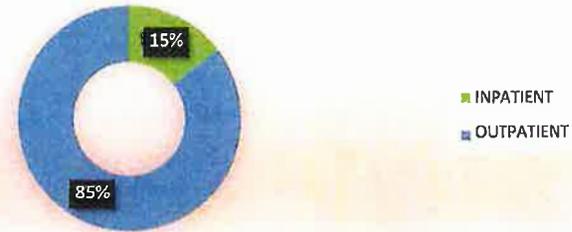
YR 2022 INPATIENT VS OUTPATIENT TOTALS



YR 2021 INPATIENT VS OUTPATIENT STATS



YR 2021 INPATIENT VS OUTPATIENT TOTALS



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PATIENT ENGAGEMENT | SATISFACTION

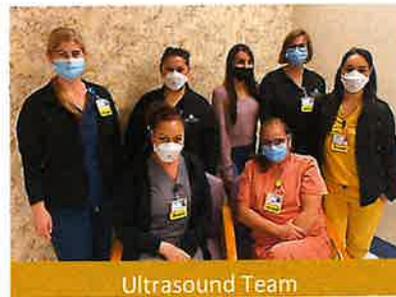
- Rounding & Facilitating Care • Communication • Dietary • Medication • Visitation • Wait Time Concerns • Transition of Care Concerns
- Press Ganey Comments and Results Distribution to Directors
- Pregnancy to Postpartum Taskforce (Branding & Materials)
- Updated educational materials for accessing Patient Portal.
- Admissions folder content update
- Patient Rights and Notice of Privacy Practices posting—updates
- Press Ganey Survey Format Review. Phone surveys vs mail and electronic



COMMUNITY ENGAGEMENT

Employees:

- Ultrasound Team - Providing 24 Hour Service
- ED Nurse Recognized by Patient
- Hawkins Happenings
- Employee of the Month Program Design
- Volunteer Services Program In-service
- Surgical Services recognized by Buddies Ice Cream



Physicians / Providers

- Coordinated Introductions: Nick Gabriel, DO with Kenneth Jiang, MD, Sayuj Paudel, MD, Amy Bailey, CPNP
- Dr. Savay Recognition from Patient

Volunteers:

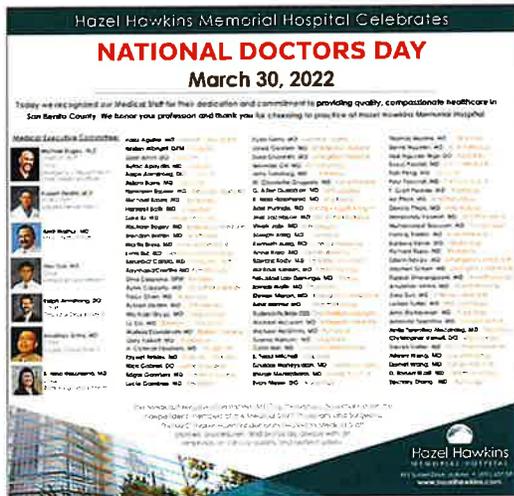
- CEO Update for Auxiliary Newsletter

Public:

- San Benito County Business Council Participation and meeting with Director
- San Benito County Wellness Coalition
- San Benito Chamber of Commerce video collaboration

MARKETING

- Social Media Postings:
- Quality Incentive Program Marketing Plan.
- Sunnyslope Lab—New Signage Designed
- Lab vehicle Branding.
- Billboards displaying Surgical Services ad.
- KSBW - Hospital commercial highlighting all clinics and service lines.
- Patient Safety Awareness Week Banner.
- Doctors Day Display Ads:
FreeLance & Mission Village Voice
- Doctors Day banner and recognition posters
Displaying March 29.



Social Media Postings

Feb 14 to March 13, 2022: 15,099 reached

Topic	Reach	Engagement	Boosted
Quest for Zero - ED	2.8K	1298	1.3
CV-19 Vax Appt	1.1K	282	No
Quest for Zero - L&D	1.7K	653	963
Nurses Recognized	571	99	No
Patient ED Experience	572	64	No
Skilled Nursing Teams	828	303	No
Dietary Department Recognized	639	152	No
Mabie Community Health Center	929	308	No
International Women	982	538	No
Nutrition Month	243	7	No
Dietitian Month	580	73	No
Multi-Disciplinary Rounds	646	117	No
San Benito Home Health	798	25	580
Scholarships	436	16	No
Average	650	182	

BUSINESS DEVELOPMENT

- Homecare outreach and engagement plan
- OB/GYN Physician Recruitment
Creative Brief and Video Production
- Baby Friendly County Taskforce Participation
- Outline for Annual Report

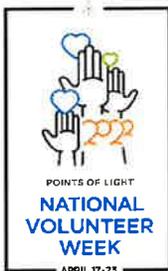
68.



3.15.22

To: SBHCD Hospital Board

Steve Hannah and Josie Sanchez were both present at this month's Auxiliary Board meeting. Their presence and input were very much appreciated.



During National Volunteer Week (April 17-23), HHMH will be hosting a Volunteer Appreciation Reception in the Horizon Room (2nd floor of the Women's Center). It will take place on Wednesday, April 20 beginning at 2pm. Please come and enjoy some refreshments and visit with our volunteers. Frankie Gallagher and I have been working on details to make it a special week for our volunteers.

At our quarterly social this month, former president Patty Rice hosted Bunco. Sixteen volunteers attended. This is a great opportunity for volunteers to visit with others they don't often see. We also encourage volunteers to bring a friend that might be interested in joining the Auxiliary to these quarterly socials.

Plans are underway for the Auxiliary's annual Spring Luncheon. This annual event will be held on Wednesday, May 18. Our very own Steve Hannah will speak at the event. Anthony Mojica will give the invocation. The local *Aging & Disabilities Resource Connection (ADRC)* and *Central Coast Center for Independent Living, (CCCIL)*, will be sponsoring the event. We will have speakers from both groups as well. Please join us if you are able to. Tickets are \$15 for active volunteers, \$20 for Associates & \$30 for guests. A raffle will be held at the event. Tickets will be available prior if you'd like to purchase some.

Save The Dates:

- April 11 ~ 10 a.m. Monthly Auxiliary Board Meeting in the McCullough Library
- April 17-23 ~ National Volunteer Week
- April 20 ~ Volunteer Appreciation Reception in the Horizon Room
- May 18 ~ Auxiliary Spring Luncheon

Best Regards,

Alice Silva Oliveira
HHMH Coordinator of Volunteer Services
636-2681



A good volunteer is like a four-leaf clover: hard to find and lucky to have. - initlive.com

69.



TO: San Benito Health Care District Board of Directors
FROM: Liz Sparling, Foundation Director
DATE: March 2022
RE: Foundation Report

The Hazel Hawkins Hospital Foundation Board of Trustees met on Thursday, March 10 for their monthly meeting. This was the first in-person meeting in over two years. The meeting was a hybrid also, as we had three Board members that were able to Zoom in.

Deanna S. Williams, RN, BSN, MSN, Director of Clinical Services/ Obstetrics at HHMH gave a presentation on the allocation request on the agenda, Neonatal Monitors and Docks. In her presentation she stated:

- These docks would be attached to the panda warmers and the monitors can be snapped into whichever warmer is in use. This allows for less equipment to be in the room taking up space on the floor.
- They have SpO2, NIBP, and EKG capability with great display, they mount directly on the docking station on a warmer and can be switched from warmer to warmer increasing portability and visibility during a code situation.
- This item would help to address clutter in the nursery by eliminating the need for free standing monitors.
- This item would allow monitoring of babies during transport between departments in the event of a delivery in the ED or Surgery Center that needs to be taken to OB.

Also in attendance was Kyle Sharp our Edward Jones Financial Advisor. He reviewed all of the Foundation accounts with the Board and the Finance Committee.

Financial Report	February
1. Income	\$ 12,965.39
2. Expenses	\$ 0.00
3. New Donors	2
4. Total Donations	128

Approved Allocations

1. \$30,100 for Neonatal Monitors and Three Docks for the Women’s Center (includes tax and freight). The Board approved this request and is using funds from our 2021 Dinner Fundraiser.

Directors Report

- Our All for 1 Employee Giving Campaign will begin April 1st – 30th. Sending letters to all employees next week. Last year we raised over \$60,000.
- I have met with Mary McCullough and Jeri Hernandez regarding a refresh in the front garden area by the flagpole. Mary is directing all the funds that were donated in memory of her late husband Gerald to this project.
- The Northside Nurses station will be completed soon. I have been meeting with Sherry Hua the SNF Director and Richard the Plant Operations Director to get this all taken care of.
- The Blinds in the Horizon room funded by the Foundation have been installed.
- We put in order in for 8 bricks for the courtyard. They will be installed shortly after they arrive.
- We received an extension for our grant report for the Monterey Peninsula Foundation Grant until June as the team is still setting up the equipment and we have no data yet. We went live on Feb 14th with the EKG Equipment and Mike Egbert mentioned in our Directors meeting what an addition this equipment will be for our Hospital. This will also streamline medical records because everything is digital.

70.

Foundation Report

Page 2

- Our FLEX grant report for the Diabetes Education Program report has been extended to July in order to collect more data.
- We submitted our mid-year Hospice Giving Foundation Grant report. We will soon begin the process of applying for this grant for the next year. Applications are due on April 15th.

Scholarship Committee

The 2022 Scholarship application is now posted on our website. It is due by April 1st 2022. Last year the Foundation gave out \$11,500 in scholarships to students in the medical field. Selections will be made in May.



Hazel Hawkins

MEMORIAL HOSPITAL

**SAN BENITO HEALTH CARE DISTRICT
BOARD OF DIRECTORS
AD HOC COMMITTEE – BYLAWS / POLICIES AND PROCEDURES
MARCH 17, 2022 – 10:00 AM**

SUPPORT SERVICES BUILDING, 2ND-FLOOR, ADMINISTRATION CONFERENCE ROOM

MINUTES

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.

Ad Hoc – Committee Members Present

Josie Sanchez, Board Member (Chair)

Jeri Hernandez, Board Member

Steven Hannah, CEO

Barbara Vogelsang, CCO

Mark Robinson, CFO

Laura Garcia, Executive Assistant

1. Call to Order

The meeting of the (*Ad Hoc*) – Bylaws/Policies and Procedures Committee was called to order at 10:04 am Director Sanchez.

2. Purpose of the Meeting

A. Policy and Procedure – Compensation of the Chief Executive Officer (CEO): Mr. Hannah indicated that the purpose of the meeting is to review the compensation policy for the CEO that was created as an ACHD requirement for an annual evaluation of performance and review of compensation of the CEO. The committee is made up of two (2) District Board members as an Ad Hoc committee. The committee will annually research comparability data of similar organizations and similarly qualified individuals. The committee will then make a recommendation for any compensation (salary, and/or benefits) adjustments based on their review to the Board at a duly noticed Board of Directors meeting. The Board of Directors will consider and take action on the recommendation of the Ad Hoc Committee for adjustments to the compensation for the Chief Executive Officer.

The Committee made the recommendation to move the policy forward to the next scheduled District Board meeting Thursday, March 24, 2022. The committee members also agreed to meet quarterly beginning Wednesday, June 15, 2022, to review/revise Board policies.

3. Adjournment

There being no further regular business, the meeting was adjourned at 10:12 am.

Committee Members

Josie Sanchez, BOD (Chair)

Jeri Hernandez, BOD, President

Steven Hannah, Chief Executive Officer

Barbara Vogelsang, Chief Clinical Officer

Mark Robinson, Chief Financial Officer



Hazel Hawkins MEMORIAL HOSPITAL

SAN BENITO HEALTH CARE DISTRICT

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.

CEO's Administrative Report – *March 24th, 2022*

To: San Benito Health Care District Board of Directors

COVID-19 Pandemic Surge

I will provide a verbal update on the infection rate, hospitalizations, and the vaccine initiative at the Board meeting ([COVID – 19 online data](#)).

- CDC data and San Benito County data

Administrative General Updates

Organization Chart:

As I mentioned in the past, the organizational chart has been updated to reflect a “bottom-up” format. This new format is in line with how hospitals such as HHMH are structured with the Governing Board shown at the bottom, the Administrative team above the Board supporting the Department Directors, and then all of the staff. Currently, this chart is in DRAFT form and is for discussion purposes. If the Board approves the new format at an upcoming meeting, it can become the official organizational chart.

Administration Dashboard:

Please find the newly developed Administrative Dashboard included as the final page of the CEO report.

I and other members of our team will discuss the various metrics along with MTD and YTD results at the Board meeting.

Organizational Leadership:

We have screened a strong candidate for the COO VP Ambulatory Services position and I will provide a verbal update at the Board meeting.



Hazel Hawkins

MEMORIAL HOSPITAL

We had a 2nd onsite interview with a finalist for the Associate VP Human Resources position. I am reviewing the interview feedback, and then the administrative team will be deciding on whether to move forward or not with this candidate by the Board meeting.

SBHCD Master Plan:

The Administrative Team had a work session with Thomas Yates from Adams Management this past Friday to review additional financial modeling information and to begin to formulate the next steps in the communication plan of the Master Plan assessment information to date. Jeri Hernandez was able to join the work session.

Legal Counsel District activities:

Gary Ray, District general counsel, notified us that as of March 31st, he will no longer be able to provide legal services to the District as he has accepted a hospital leadership position. He will be attending the Board meeting on March 24th to introduce a colleague of his who can provide legal coverage to the Board and District. In addition, we are working on a search for another legal source for the ongoing work related to physician contracting.

Medical Staff updates

Provider Agreements/Updates:

Two offers to join HHMH's orthopedic practice were sent to the respective potential new providers this month. One offer has been declined but will continue to provide locum tenens coverage and the other is still being reviewed. I will update the Board as I know more.

An orthopedic trained Physician Assistant has accepted an offer to join HHMH's orthopedic practice. This provider along with the new Family Practice/Sports Medicine trained physician will greatly enhance the non-surgical orthopedic services for the community. Great job to the recruitment team for these new recruits!

Legislative, Community, and Regional Activities

Community/Public Health:

The weekly Zoom update with public health related to COVID – 19 management has now reverted to a monthly schedule.

Legislative Collaboration Efforts:

Mark Robinson met with a staff member of State Assembly Member Rivas' office in regards to State-mandated upcoming seismic requirements. More information will be provided to the Board as it is available.



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CEO HHMH/Community Activities:

Hospital Rounding – Daily
Public health – Weekly and as needed
Chief of Staff Boot Camp – Mar 11th to Mar 13th
HHH Auxiliary Board meeting – Mar 14th

CEO Regional/National Activities:

ACHD CEO Roundtable – Mar 3rd

Sincerely,

Steven Hannah

Steven M. Hannah, MHA
Chief Executive Officer

Acronyms

ACHD	Association of California Hospital Districts
ACO	Accountable Care Organization
APP	Advanced Practice Practitioners (FNP and PA)
AFE	*Acronym Free Environment
ASC	Ambulatory Surgery Center
BBK	Best, Best and Krieger Law Firm
CAH	Critical Access Hospital
CCAHN	California Critical Access Hospital Network (CHA)
CDC	Center for Disease Control
CDPH	California Department of Public Health
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CHA	California Hospital Association
CHNA	Community Health Needs Assessment (Not applicable to Districts)
CIN	Clinically Integrated Network
CMI	Case Mix Index (CMS acuity measure)
CMMI	Centers for Medicare and Medicaid Innovation CMO Chief Medical Officer
CMS	Centers for Medicare and Medicaid (HCFA from the old days)
CNE	Chief Nurse Executive
COO VP HR	Chief Operating Officer, Vice President of Human Resources
COS	Chief of Staff (Medical)
COVID – 19	Coronavirus SARS-CoV-2
CY	Calendar Year
DHLF	District Hospital Leadership Forum
DPM	Doctor of Podiatry Medicine
ED	Emergency Department
FMV	Fair Market Value



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FNP	Family Nurse Practitioner
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HCA	Hospital Corporation of America
HCP	Healthcare personnel
HHMH	Hazel Hawkins Memorial Hospital
HIPPA	Health Information Privacy and Portability Act
HIT	Health Information Technology
HOPD	Hospital Outpatient Department
HPF	Hospital Provider Fee Program
HR	Human Resources
ICU	Intensive Care Unit
IPA	Independent Physician Association
LLP	Limited Liability Partnership
Locum Tenens	Temporary physician – “in place of another”
LOI	Letter of Intent
MACRA	CMS-Medicare Access & CHIP Reauthorization Act of 2015 MAP
MAP	Management Action Plan
MD	Medical Doctor
MGMA	Medical Group Management Association
MS & Med Surg	Medical Surgical Unit
MIPs	CMS-Merit Based Incentive Payment System
MOB	Medical Office Building
MOR	Management Operating Review
MOU	Memorandum of Understanding
OR	Operating Room
OSHPD	Office of Statewide Health Planning and Development
P&L	Profit and Loss
PA	Physician Assistant
PC	Professional Corporation
PCP	Primary Care Provider
PHO	Physician Hospital Organization
PPS	Prospective Payment System
PR	Public Relations
PSA	Professional Services Agreement
Q1, Q2, etc.	Quarter 1, quarter 2, etc.
QIP	Quality Incentive Program
RA	Recruitment Agreement
RFI	Request for Information
RFP	Request for Proposal
RHC	Rural Health Clinic
SNF	Skilled Nursing Facility
SPC	Structural Performance Category
TBD	To be Determined
TJC	The Joint Commission (formerly JACHO)
TPA	Third Party Administrator
USACS	US Acute Care Solutions
VEP	Pinehurst Hospitalist Medical Group d/b/a VEP Healthcare
VP	Vice President



San Benito Health Care District
 Hazel Hawkins Memorial Hospital
 March 24, 2022

Description	Target	Rolling 12 month February
Overall Rating of the Hospital	77%	71.31 ↓
Likelihood to Recommend the Hospital	75%	67.93 ↓
CMS 30-Day All Cause Readmission Rate	11%	10.95 ↓
Surgical Site Infections (SIR)	1.00	< 1.00

Description	Target	MTD Actual	YTD Actual	YTD Target
Average Daily Census - Acute	14.75	21.71	21.18	13.88
Average Daily Census - SNF	84.00	81.79	79.81	81.43
# of Surgery Cases	TBD	123	1,237	TBD
EBIDA %	3.03%	6.59%	6.51%	3.45%
Operating Margin	-1.87%	2.38%	2.24%	-1.48%
Met or Exceeded Target				
Within 10% of Target				
Not Within 10%				
Color rating in development				

Note: Proposed targets for "Overall Rating of the Hospital" and "Likelihood to Recommend the Hospital" are based on the 50th percentile of Small Hospitals < 50 Beds in the Press Ganey Database.
 SIR = The Standardized Infection Ratio compares the actual number of Hospital Acquired Infections to the predicted number of infections. A SIR of 1 means that the actual number is equal to the predicted number.
 SIR = July - Dec 2021 rate. SSI SIR is calculated by NHSN every 6 months.



Hazel Hawkins
MEMORIAL HOSPITAL

FINANCE COMMITTEE
Thursday, March 17, 2022, 5:00 p.m
Online Zoom Meeting
Agenda

Call to Order

I. Financial Reports:

- A. Financial Statements – February 2022

II. Financial Updates

- A. Finance Dashboard
- B. Board Resolution No. 2022-04 Loan and security agreement for second CHFFA loan for QIP proceeds

III. Capital

- A. i2i Population Health – QIP Software (**Action item**)

IV. Contracts

V. Physician Agreements

- A. Daniel Wang, M.D. – SNF Medical Director Agreement extension (**Action item**)

Adjournment



San Benito Health Care District
Finance Committee Minutes
March 17, 2022

Zoom Meeting - 5:00pm

Present: Rick Shelton, Board Treasurer
Mary Casillas, Board Vice President
Steven Hannah, Chief Executive Officer
Mark Robinson, Vice President-Finance\Support Services
Barbara Vogelsang, Chief Clinical Officer
Amy Breen-Lema, Provider Services and Clinic Operations Director
Karen Gambetta, Controller

Public: None

CALL TO ORDER

The meeting of the Finance Committee was called to order at 5:00pm as a hybrid virtual meeting due to the COVID-19 outbreak. Instructions to log in were posted with the agenda on the Public Notice bulletin board.

I. **FINANCIAL STATEMENTS**

A. February 2022

The Financial Statements for February 2022 were presented for review. For the month ending February 28, 2022, the District's Net Surplus (Loss) is \$508,495 compared to a budgeted Surplus (Loss) of \$41,171. The District exceeded its budget for the month by \$467,324.

For the YTD ending February 28, 2022, the District's Net Surplus (Loss) is \$4.2 million compared to a budgeted Surplus (Loss) of \$833,617. The District exceeded its budget YTD by \$3.4 million.

Acute discharges were over budget for the month by 38 or 28%. The Average Daily Census was 21.71 compared to a budget of 14.75. The average length of stay was 3.45. The Acute I/P gross revenue was over budget by \$2.1 million while O/P services gross revenue was below budget by \$2.1 million or 11%. Inpatient ER visits were over budget by 40 visits while ER O/P visits were below budget by 208. The Rural Health Clinics treated 4,022 patients (includes 656 visits at the Diabetes Clinic) while the other clinics treated 2,428 outpatients. Other Operating revenue exceeded budget by \$9,615 due mainly to purchasing rebates. Operating expenses were over budget by \$563,985 due mainly to variances in: Registry by \$266,390 and Supplies by \$70,092 due to the increase in COVID-19 patients. Non-operating Revenue was under budget by \$11,338 due to unrealized losses in investments.

The Skilled Nursing Facilities had an average daily census of 81.79 with a budgeted ADC of 84. The SNFs Net Surplus (Loss) is (\$24,316) compared to a budgeted loss of (\$46,982). YTD, the SNF's Net Surplus (Loss) is \$75,050.

la

Fiscal year ending June 30, 2022 is budgeted to meet or exceed all of the Cal- Mortgage 2021 bond covenant targets. They are a **1.25** DSR, **30** days cash-on-hand and a **1.5** current ratio.

II. **FINANCIAL UPDATES**

- A. **Finance Dashboard** – The Finance Dashboard and Cash Flow statement were reviewed by the Committee in detail.
- B. **Board Resolution No. 2022-04 Loan and security agreement for second CHFFA loan for QIP proceeds** – CHFFA has offered a second loan for the QIP program. This loan, similar to the first loan, is for \$1.2 million with a payback in 2024. The funds from the first loan were received on March 16, 2022.

III. **CAPITAL**

- A. **i2i Population Health – QIP Software** - The Finance Committee recommends the i2i Population Health lease software for Board action. The total cost over three years which includes implementation and the software lease is \$242,200. This software system will allow the Hospital District to expand the QIP quality measures which has the potential to net the District an additional \$2 million annually.

IV. **CONTRACTS** – There were no contracts on the agenda.

V. **PHYSICIAN AGREEMENTS**

- A. **Daniel Wang, M.D. – SNF Medical Director Agreement extension** – Dr. Wang has been providing SNF clinical leadership since 2013. In addition to leadership, this essential position promotes the effective and efficient provision of medical services for the residents. With the steady increase in patient admissions and acuity, the District will renew the agreement and add an additional hour bringing the monthly maximum to 13 hours. The Finance Committee recommends this one-year agreement for Board action.

ADJOURNMENT

There being no further business, the Committee was adjourned at 5:17pm.

Respectfully submitted,



Karen Gambetta
Controller



March 15, 2022

CFO Financial Summary for the Finance Committee:

For the month ending February 28, 2022, the District's Net Surplus (**Loss**) is \$508,495 compared to a budgeted Surplus (**Loss**) of \$41,171. The District exceeded its budget for the month by \$467,324.

For the YTD ending February 28, 2022, the District's Net Surplus (**Loss**) is \$4.2 million compared to a budgeted Surplus (**Loss**) of \$833,617. The District is exceeding its budget YTD by \$3.4 million.

Acute discharges were 176 for the month, exceeding budget by 38 discharges or 28%. The ADC was 21.71 compared to a budget of 14.75. The ALOS was 3.45. The acute I/P gross revenue was over budget by **\$2.1 million** while O/P services gross revenue was **\$2.1 million** or 11% under budget. ER I/P visits were 132 and ER O/P visits were 1,381 compared to the budget of 1,589 visits. The RHCs & Specialty Clinics treated 4,022 (includes 656 visits at the Diabetes Clinic) and 2,428 visits respectively.

Other Operating revenue exceeded budget by **\$9,615** due mainly to purchasing rebates.

Operating Expenses were over budget by **\$563,985** due mainly to variances in: Registry by \$266,390 and Supplies by \$70,092 due to the increase in COVID-19 patients.

Non-operating Revenue was under budget by **\$11,338** due to unrealized losses in investments.

The SNFs ADC was **81.79** for the month. The Net Surplus (**Loss**) is \$24,316 compared to a budget of (**\$46,982**). The ADC is budgeted to be 84 residents for the month. YTD, the SNFs Net Surplus (**Loss**) is \$75,050.

The debt service ratio for the fiscal year ending June 30, 2021 is budgeted to exceed **1.25**, the days-cash-on-hand is projected to exceed **30.00** and the current ratio is projected to be more than **1.5**. The Cal- Mortgage 2021 bond covenant targets are a **1.25** DSR, **30** days-cash-on-hand and a **1.5** current ratio.

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
HOLLISTER, CA 95023
FOR PERIOD 02/28/22

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE						
	ACTUAL 02/28/22	BUDGET 02/28/22	POS/NEG VARIANCE	PERCENT VARIANCE	ACTUAL 02/28/21	BUDGET 02/28/21	POS/NEG VARIANCE	PERCENT VARIANCE	ACTUAL 02/28/22	BUDGET 02/28/22	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/21
GROSS PATIENT REVENUE:													
ACUTE ROUTINE REVENUE	3,837,188	2,815,455	1,021,733	36	4,371,113	22,987,198	10,477,525	46	33,464,723	22,987,198	10,477,525	46	27,356,858
SNF ROUTINE REVENUE	1,715,800	1,532,902	182,898	12	1,372,560	12,944,855	164,805	1	13,109,660	12,944,855	164,805	1	11,124,100
ANCILLARY INPATIENT REVENUE	4,775,243	3,993,975	781,268	20	4,883,928	42,155,171	9,461,368	29	42,155,171	32,693,803	9,461,368	29	37,697,099
HOSPITALIST\PEDS I\P REVENUE	205,847	0	205,847		216,320	971,096	720,128	74	1,691,224	971,096	720,128	74	1,302,194
TOTAL GROSS INPATIENT REVENUE	10,534,078	8,342,332	2,191,746	26	10,843,920	69,596,952	20,823,826	30	90,420,778	69,596,952	20,823,826	30	77,480,251
ANCILLARY OUTPATIENT REVENUE	17,288,271	19,395,783	(2,107,512)	(11)	16,155,916	156,322,938	2,987,900	2	159,310,838	156,322,938	2,987,900	2	141,184,819
HOSPITALIST\PEDS O\P REVENUE	46,516	0	46,516		7,190	83,398	364,634	437	448,032	83,398	364,634	437	137,917
TOTAL GROSS OUTPATIENT REVENUE	17,334,787	19,395,783	(2,060,996)	(11)	16,163,106	156,406,336	3,352,534	2	159,758,870	156,406,336	3,352,534	2	141,322,736
TOTAL GROSS PATIENT REVENUE	27,868,865	27,738,115	130,750	1	27,007,027	226,003,288	24,176,359	11	250,179,647	226,003,288	24,176,359	11	218,802,987
DEDUCTIONS FROM REVENUE:													
MEDICARE CONTRACTUAL ALLOWANCES	7,401,853	7,612,388	(210,535)	(3)	7,880,346	59,344,358	2,089,508	4	61,433,866	59,344,358	2,089,508	4	57,633,660
MEDI-CAL CONTRACTUAL ALLOWANCES	6,673,260	5,882,113	791,147	14	3,809,418	46,881,987	15,163,405	32	62,045,392	46,881,987	15,163,405	32	44,277,121
BAD DEBT EXPENSE	317,672	256,135	61,537	24	295,895	2,071,116	442,949	21	2,514,065	2,071,116	442,949	21	2,183,789
CHARITY CARE	49,887	67,603	(17,716)	(26)	29,221	546,643	(37,731)	(7)	508,912	546,643	(37,731)	(7)	594,231
OTHER CONTRACTUALS AND ADJUSTMENTS	2,176,105	3,776,303	(1,600,198)	(42)	3,743,399	30,538,166	(453,088)	(2)	30,085,078	30,538,166	(453,088)	(2)	31,822,965
HOSPITALIST\PEDS CONTRACTUAL ALLOW	10,084	0	10,084		(31,054)	78,384	46,750	148	78,384	31,634	46,750	148	92,022
TOTAL DEDUCTIONS FROM REVENUE	16,628,861	17,594,542	(965,681)	(6)	15,727,225	139,413,904	17,251,794	12	156,665,698	139,413,904	17,251,794	12	136,600,789
NET PATIENT REVENUE	11,240,004	10,143,573	1,096,431	11	11,279,802	86,589,384	6,924,566	8	93,513,950	86,589,384	6,924,566	8	82,202,198
OTHER OPERATING REVENUE	511,496	501,881	9,615	2	975,175	4,315,024	169,634	4	4,484,658	4,315,024	169,634	4	8,630,104
NET OPERATING REVENUE	11,751,499	10,645,454	1,106,045	10	12,254,976	90,904,408	7,094,200	8	97,998,608	90,904,408	7,094,200	8	90,832,302
OPERATING EXPENSES:													
SALARIES & WAGES	4,365,066	4,311,504	53,562	1	3,923,991	37,474,944	480,494	1	37,474,944	36,994,450	480,494	1	33,814,963
REGISTRY	426,838	159,903	266,935	167	2,419,414	3,194,734	1,819,517	132	3,194,734	1,375,217	1,819,517	132	6,583,898
EMPLOYEE BENEFITS	2,503,525	2,383,347	120,178	5	2,529,121	20,150,856	(307,690)	(2)	20,150,856	20,458,546	(307,690)	(2)	18,587,726
PROFESSIONAL FEES	1,382,404	1,319,644	62,760	5	1,302,626	11,348,286	40,663	0	11,348,286	11,348,286	40,663	0	10,785,133
SUPPLIES	1,054,041	981,892	72,149	7	1,003,087	9,246,823	1,165,715	14	9,246,823	8,081,108	1,165,715	14	8,474,550
PURCHASED SERVICES	970,986	952,087	18,899	2	978,655	7,906,486	162,760	2	7,906,486	7,743,726	162,760	2	7,942,921
RENTAL	133,602	139,622	(6,020)	(4)	187,130	1,117,225	73,170	7	1,117,225	1,170,055	(52,830)	(5)	1,298,943
DEPRECIATION & AMORT	308,662	323,332	(14,670)	(5)	336,265	2,490,422	(181,760)	(7)	2,490,422	2,587,157	(96,735)	(4)	2,695,580
INTEREST	853	5,754	(4,901)	(85)	3,657	10,370	46,349	(78)	10,370	46,349	(35,979)	(78)	25,532
OTHER	325,753	267,202	58,551	22	259,225	2,753,214	412,674	18	2,753,214	2,340,540	412,674	18	2,226,986
TOTAL EXPENSES	11,471,730	10,844,347	627,383	6	12,943,171	95,807,023	3,714,589	4	95,807,023	92,092,434	3,714,589	4	92,436,232
NET OPERATING INCOME (LOSS)	279,770	(198,893)	478,663	(241)	(688,195)	2,191,585	3,379,611	(285)	2,191,585	(1,188,026)	3,379,611	(285)	(1,603,930)

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HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
 HOLLISTER, CA 95023
 FOR PERIOD 02/28/22

	-----CURRENT MONTH-----					-----YEAR-TO-DATE-----				
	ACTUAL 02/28/22	BUDGET 02/28/22	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/21	ACTUAL 02/28/22	BUDGET 02/28/22	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/21
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	1,907	5,000	(3,093)	(62)	2,893	146,293	150,000	(3,707)	(3)	126,510
PROPERTY TAX REVENUE	185,249	185,248	1	0	171,868	1,481,992	1,481,987	5	0	1,374,946
GO BOND PROP TAXES	160,091	160,090	1	0	155,365	1,280,724	1,280,724	0	0	1,242,920
GO BOND INT REVENUE\EXPENSE	(75,091)	(75,090)	(1)	0	(77,865)	(600,724)	(600,724)	0	0	(622,920)
OTHER NON-OPER REVENUE	10,878	7,867	3,011	38	21	80,800	62,931	17,869	28	527
OTHER NON-OPER EXPENSE	(42,732)	(43,126)	394	(1)	(315,424)	(351,567)	(353,875)	2,308	(1)	(764,389)
INVESTMENT INCOME	(11,576)	75	(11,651)	(15,535)	(3,812)	(11,313)	600	(11,913)	(1,986)	(4,482)
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	228,726	240,064	(11,338)	(5)	(66,954)	2,026,205	2,021,643	4,562	0	1,353,113
NET SURPLUS (LOSS)	508,495	41,171	467,324	1,135	(755,149)	4,217,791	833,617	3,384,174	406	(250,818)
EBIDA	\$ 774,889	\$ 322,689	\$ 452,200	140.13%	\$ (180,961)	\$ 6,379,780	\$ 3,094,649	\$ 3,285,131	106.15%	\$ 2,589,151
EBIDA MARGIN	6.59%	3.03%	3.56%	117.53%	(1.48)%	6.51%	3.40%	3.11%	91.22%	2.85%
OPERATING MARGIN	2.38%	(1.87)%	4.25%	(227.42)%	(5.62)%	2.24%	(1.31)%	3.54%	(271.11)%	(1.77)%
NET SURPLUS (LOSS) MARGIN	4.33%	0.39%	3.94%	1,018.95%	(6.16)%	4.30%	0.92%	3.39%	369.34%	(0.28)%

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HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY
 HOLLISTER, CA 95023
 FOR PERIOD 02/28/22

	-----CURRENT MONTH-----					-----YEAR-TO-DATE-----				
	ACTUAL 02/28/22	BUDGET 02/28/22	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/21	ACTUAL 02/28/22	BUDGET 02/28/22	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/21
GROSS PATIENT REVENUE:										
ROUTINE REVENUE	3,837,188	2,815,455	1,021,733	36	4,371,113	33,464,723	22,987,198	10,477,525	46	27,356,858
ANCILLARY INPATIENT REVENUE	4,550,131	3,691,724	858,407	23	4,605,040	40,461,932	30,141,631	10,320,301	34	36,204,924
HOSPITALIST I\ P REVENUE	205,847	0	205,847		216,320	1,691,224	971,096	720,128	74	1,302,194
TOTAL GROSS INPATIENT REVENUE	8,593,166	6,507,179	2,085,987	32	9,192,472	75,617,879	54,099,925	21,517,954	40	64,863,976
ANCILLARY OUTPATIENT REVENUE	17,288,271	19,395,783	(2,107,512)	(11)	16,155,916	159,310,838	156,322,938	2,987,900	2	141,184,819
HOSPITALIST O\ P REVENUE	46,516	0	46,516		7,190	448,032	83,398	364,634	437	137,917
TOTAL GROSS OUTPATIENT REVENUE	17,334,787	19,395,783	(2,060,996)	(11)	16,163,106	159,758,870	156,406,336	3,352,534	2	141,322,736
TOTAL GROSS ACUTE PATIENT REVENUE	25,927,953	25,902,962	24,991	0	25,355,579	235,376,749	210,506,261	24,870,488	12	206,186,712
DEDUCTIONS FROM REVENUE ACUTE:										
MEDICARE CONTRACTUAL ALLOWANCES	7,177,069	7,406,982	(229,913)	(3)	7,707,099	60,366,093	57,585,364	2,780,729	5	57,007,712
MEDI-CAL CONTRACTUAL ALLOWANCES	6,479,848	5,723,763	756,085	13	4,647,615	61,750,696	46,240,035	15,510,661	34	45,332,921
BAD DEBT EXPENSE	335,749	256,135	79,614	31	278,801	2,449,224	2,071,116	378,108	18	2,135,142
CHARITY CARE	49,887	67,603	(17,716)	(26)	29,221	506,871	546,643	(39,772)	(7)	591,231
OTHER CONTRACTUALS AND ADJUSTMENTS	2,169,029	3,745,655	(1,576,626)	(42)	3,725,516	29,814,582	30,279,363	(464,781)	(2)	31,602,186
HOSPITALIST\ PEDS CONTRACTUAL ALLOW	10,084	0	10,084		(31,054)	78,384	31,634	46,750	148	92,022
TOTAL ACUTE DEDUCTIONS FROM REVENUE	16,221,666	17,200,138	(978,472)	(6)	16,357,197	154,965,852	136,754,155	18,211,697	13	136,761,215
NET ACUTE PATIENT REVENUE	9,706,287	8,702,824	1,003,463	12	8,998,381	80,410,897	73,752,106	6,658,791	9	69,425,497
OTHER OPERATING REVENUE	511,496	501,881	9,615	2	975,175	4,484,658	4,315,024	169,634	4	8,630,104
NET ACUTE OPERATING REVENUE	10,217,782	9,204,705	1,013,077	11	9,973,556	84,895,556	78,067,130	6,828,426	9	78,055,601
OPERATING EXPENSES:										
SALARIES & WAGES	3,576,920	3,518,160	58,760	2	3,161,547	30,557,364	30,214,022	343,342	1	27,243,124
REGISTRY	421,790	155,400	266,390	171	2,283,844	3,111,930	1,336,136	1,775,794	133	6,403,214
EMPLOYEE BENEFITS	1,943,016	1,889,571	53,445	3	1,901,785	15,838,081	16,234,304	(396,223)	(2)	14,485,444
PROFESSIONAL FEES	1,380,364	1,310,720	69,644	5	1,300,586	11,372,629	11,271,320	101,309	1	10,767,784
SUPPLIES	977,552	907,460	70,092	8	932,370	8,558,061	7,472,220	1,085,841	15	7,874,476
PURCHASED SERVICES	904,082	893,266	10,816	1	875,895	7,426,407	7,266,620	159,787	2	7,240,269
RENTAL	132,620	138,626	(6,006)	(4)	186,160	1,179,789	1,109,085	70,704	6	1,286,824
DEPRECIATION & AMORT	268,631	282,496	(13,866)	(5)	296,048	2,171,914	2,259,985	(88,071)	(4)	2,368,698
INTEREST	853	5,754	(4,901)	(85)	3,657	10,370	46,349	(35,979)	(78)	25,532
OTHER	291,142	231,531	59,611	26	220,465	2,420,725	2,017,193	403,532	20	1,911,950
TOTAL EXPENSES	9,896,969	9,332,984	563,985	6	11,162,357	82,647,270	79,227,234	3,420,036	4	79,607,314
NET OPERATING INCOME (LOSS)	320,813	(128,279)	449,092	(350)	(1,188,801)	2,248,286	(1,160,104)	3,408,390	(294)	(1,551,714)

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HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY
 HOLLISTER, CA 95023
 FOR PERIOD 02/28/22

	-----CURRENT MONTH-----					-----YEAR-TO-DATE-----				
	ACTUAL 02/28/22	BUDGET 02/28/22	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/21	ACTUAL 02/28/22	BUDGET 02/28/22	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/21
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	1,907	5,000	(3,093)	(62)	2,893	146,293	150,000	(3,707)	(3)	126,510
PROPERTY TAX REVENUE	159,183	159,182	1	0	147,685	1,273,464	1,273,460	4	0	1,181,481
GO BOND PROP TAXES	160,091	160,090	1	0	155,365	1,280,724	1,280,724	0	0	1,242,920
GO BOND INT REVENUE\EXPENSE	(75,091)	(75,090)	(1)	0	(77,865)	(600,724)	(600,724)	0	0	(622,920)
OTHER NON-OPER REVENUE	10,878	7,867	3,011	38	21	80,800	62,931	17,869	28	527
OTHER NON-OPER EXPENSE	(33,394)	(33,788)	394	(1)	(301,413)	(274,787)	(277,095)	2,308	(1)	(652,304)
INVESTMENT INCOME	(11,576)	75	(11,651)	(15,535)	(3,812)	(11,313)	600	(11,913)	(1,986)	(4,482)
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	211,998	223,336	(11,338)	(5)	(77,127)	1,894,458	1,889,896	4,562	0	1,271,733
NET SURPLUS (LOSS)	532,811	95,057	437,754	461	(1,265,928)	4,142,743	729,792	3,412,951	468	(279,981)
	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

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HAZEL HAWKINS SKILLED NURSING FACILITIES
 HOLLISTER, CA
 FOR PERIOD 02/28/22

	-----CURRENT MONTH-----					-----YEAR-TO-DATE-----				
	ACTUAL	BUDGET	POS/NEG	PERCENT	PRIOR YR	ACTUAL	BUDGET	POS/NEG	PERCENT	PRIOR YR
	02/28/22	02/28/22	VARIANCE	VARIANCE	02/28/21	02/28/22	02/28/22	VARIANCE	VARIANCE	02/28/21
GROSS SNF PATIENT REVENUE:										
ROUTINE SNF REVENUE	1,715,800	1,532,902	182,898	12	1,372,560	13,109,660	12,944,855	164,805	1	11,124,100
ANCILLARY SNF REVENUE	225,112	302,251	(77,139)	(26)	278,888	1,693,239	2,552,172	(858,933)	(34)	1,492,175
TOTAL GROSS SNF PATIENT REVENUE	1,940,912	1,835,153	105,759	6	1,651,448	14,802,899	15,497,027	(694,128)	(5)	12,616,275
DEDUCTIONS FROM REVENUE SNF:										
MEDICARE CONTRACTUAL ALLOWANCES	224,784	205,406	19,378	9	173,247	1,067,773	1,758,994	(691,221)	(39)	625,948
MEDI-CAL CONTRACTUAL ALLOWANCES	193,412	158,350	35,062	22	(838,197)	294,696	641,952	(347,256)	(54)	(1,055,800)
BAD DEBT EXPENSE	(18,077)	0	(18,077)	0	17,094	64,840	0	64,840	0	48,647
CHARITY CARE	0	0	0	0	0	2,041	0	2,041	0	0
OTHER CONTRACTUALS AND ADJUSTMENTS	7,076	30,648	(23,572)	(77)	17,884	270,495	258,803	11,692	5	220,779
TOTAL SNF DEDUCTIONS FROM REVENUE	407,195	394,404	12,791	3	(629,972)	1,699,846	2,659,749	(959,903)	(36)	(160,426)
NET SNF PATIENT REVENUE	1,533,717	1,440,749	92,968	7	2,281,420	13,103,053	12,837,278	265,775	2	12,776,701
OTHER OPERATING REVENUE	0	0	0	0	0	0	0	0	0	0
NET SNF OPERATING REVENUE	1,533,717	1,440,749	92,968	7	2,281,420	13,103,053	12,837,278	265,775	2	12,776,701
OPERATING EXPENSES:										
SALARIES & WAGES	788,147	793,344	(5,197)	(1)	762,445	6,917,580	6,780,428	137,152	2	6,571,839
REGISTRY	5,048	4,503	545	12	135,570	82,804	39,081	43,723	112	180,684
EMPLOYER BENEFITS	560,510	493,776	66,734	14	627,336	4,312,775	4,224,242	88,533	2	4,102,282
PROFESSIONAL FEES	2,040	2,020	20	1	2,040	16,320	17,048	(728)	(4)	17,349
SUPPLIES	76,488	74,432	2,056	3	70,717	688,761	608,888	79,873	13	600,074
PURCHASED SERVICES	66,904	58,821	8,083	14	102,760	480,076	477,106	2,970	1	702,653
RENTAL	982	996	(14)	(1)	970	10,437	7,970	2,467	31	12,119
DEPRECIATION	40,031	40,896	(865)	(2)	40,217	318,508	327,172	(8,665)	(3)	326,882
INTEREST	0	0	0	0	0	0	0	0	0	0
OTHER	34,611	35,671	(1,060)	(3)	38,760	332,490	323,347	9,143	3	315,036
TOTAL EXPENSES	1,574,760	1,504,459	70,301	5	1,780,814	13,159,750	12,805,282	354,468	3	12,828,918
NET OPERATING INCOME (LOSS)	(41,044)	(63,710)	22,666	(36)	500,606	(56,698)	31,996	(88,694)	(277)	(52,217)
NON-OPERATING REVENUE\EXPENSES:										
DONATIONS	0	0	0	0	0	0	0	0	0	0
PROPERTY TAX REVENUE	26,066	26,066	0	0	24,183	208,528	208,527	1	0	193,465
OTHER NON-OPER EXPENSE	(9,338)	(9,338)	0	0	(14,011)	(76,780)	(76,780)	0	0	(112,085)
TOTAL NON-OPERATING REVENUE/(EXPENSE)	16,728	16,728	0	0	10,173	131,748	131,747	1	0	81,380
NET SURPLUS (LOSS)	(24,316)	(46,982)	22,666	(48)	510,779	75,050	163,743	(88,693)	(54)	29,164



San Benito Health Care District
Hazel Hawkins Memorial Hospital
FEBRUARY 2022

Description	Target	MTD Actual	YTD Actual	YTD Target
Average Daily Census - Acute	14.75	21.71	21.18	13.88
Average Daily Census - SNF	84.00	81.79	79.81	81.73
Acute Length of Stay	2.99	3.45	3.40	3.03
<u>ER Visits:</u>				
Inpatient	92	132	1,158	784
Outpatient	1,589	1,381	14,460	13,618
Total	1,681	1,513	15,618	14,402
Days in Accounts Receivable	45.0	43.6	43.6	45.0
Productive Full-Time Equivalents	495.86	507.04	493.89	495.86
Net Patient Revenue	10,143,573	11,240,004	93,513,950	86,589,384
Medicare Traditional Payor Mix	27.14%	33.69%	30.50%	27.19%
Commercial Payor Mix	31.31%	19.77%	24.15%	31.62%
Bad Debt % of Gross Revenue	0.92%	1.20%	1.01%	0.92%
EBIDA	322,689	774,889	6,379,780	3,094,649
EBIDA %	3.03%	6.59%	6.51%	3.40%
Operating Margin	-1.87%	2.38%	2.24%	-1.31%
Salaries, Wages, Registry & Benefits %: by Net Operating Revenue	64.39%	62.08%	62.06%	64.71%
by Total Operating Expense	63.21%	63.59%	63.48%	63.88%
<u>Bond Covenants:</u>				
Debt Service Ratio	1.25	5.13	5.13	1.25
Current Ratio	1.50	1.73	1.73	1.50
Days Cash on hand	30.00	32.6	32.6	30.00
Met or Exceeded Target				
Within 10% of Target				
Not Within 10%				

Statement of Cash Flows

Hazel Hawkins Memorial Hospital

Hollister, CA

Eights months ending February 28, 2022

	CASH FLOW		COMMENTS
	Current Month 2/28/2022	Current Year-To-Date 2/28/2022	
CASH FLOWS FROM OPERATING ACTIVITIES:			
Net Income (Loss)	\$508,495	\$4,217,791	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation	323,627	2,610,145	
(Increase)/Decrease in Net Patient Accounts Receivable	458,340	(1,675,757)	
(Increase)/Decrease in Other Receivables	(661,279)	5,648,523	
(Increase)/Decrease in Inventories	(52,058)	(151,411)	
(Increase)/Decrease in Pre-Paid Expenses	17,587	(628,890)	
(Increase)/Decrease in Due From Third Parties	8,356	490,502	
Increase/(Decrease) in Accounts Payable	649,571	(587,961)	
Increase/(Decrease) in Notes and Loans Payable	0	0	
Increase/(Decrease) in Accrued Payroll and Benefits	394,219	791,495	
Increase/(Decrease) in Accrued Expenses	6,833	(10,418)	
Increase/(Decrease) in Patient Refunds Payable	(31,552)	0	
Increase/(Decrease) in Third Party Advances/Liabilities	(3,947,658)	(12,815,917)	
Increase/(Decrease) in Other Current Liabilities	111,950	232,538	Semi-Annual Interest - 2021 Insured Revenue Bonds
Net Cash Provided by Operating Activities:	(2,722,064)	(6,097,151)	
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of Property, Plant and Equipment	(403,925)	(1,644,733)	
(Increase)/Decrease in Limited Use Cash and Investments	0	0	
(Increase)/Decrease in Other Limited Use Assets	(235,329)	(2,403,846)	Bond Principal & Int Payment - 2014 & 2021 Bonds
(Increase)/Decrease in Other Assets	6,416	51,328	Amortization
Net Cash Used by Investing Activities	(632,838)	(3,997,251)	
CASH FLOWS FROM FINANCING ACTIVITIES:			
Increase/(Decrease) in Bond/Mortgage Debt	(28,520)	(228,160)	Refinancing of 2013 Bonds with 2021 Bonds
Increase/(Decrease) in Capital Lease Debt	(191)	(573)	
Increase/(Decrease) in Other Long Term Liabilities	0	56,145	
Net Cash Used for Financing Activities	(28,711)	(172,588)	
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0	
Net Increase/(Decrease) in Cash	(2,875,118)	(6,049,199)	
Cash, Beginning of Period	15,601,975	18,776,056	
Cash, End of Period	\$12,726,857	\$12,726,857	

Cost per day to run the District \$390,449

Operational Days Cash on Hand 32.60

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Hazel Hawkins Memorial Hospital
 Bad Debt Expense
 For the Year Ending June 30, 2022

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total		
Budgeted Gross Revenue	28,077,628	28,267,165	27,507,614	30,000,374	27,367,008	27,461,364	29,584,020	27,738,115	28,163,207	28,701,313	27,450,017	26,750,954	337,068,779		
Budgeted Bad Debt Expense	256,791	258,639	251,859	275,200	249,843	250,205	272,444	256,135	258,393	263,901	250,864	244,615	3,088,889		
BD Exp as a percent of Gross Revenue	0.91%	0.91%	0.92%	0.92%	0.91%	0.91%	0.92%	0.92%	0.92%	0.92%	0.91%	0.91%	0.92%		
Actual Gross Revenue	30,573,916	32,794,947	31,149,360	30,941,189	29,743,202	32,375,338	32,845,938	27,616,502	-	-	-	-	248,040,392		
Actual Bad Debt Expense	253,140	298,645	409,735	369,191	292,840	311,132	261,710	317,672	-	-	-	-	2,514,065		
BD Exp as a percent of Gross Revenue	0.83%	0.91%	1.32%	1.19%	0.98%	0.96%	0.80%	1.2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1.01%		
Budgeted YTD BD Exp	2,071,116	0.92%													
Actual YTD BD Exp	2,514,065	1.01%													
													YTD Charity Exp Budget	546,643	
													YTD Charity Exp Actual	508,912	
Amount under (over) budget	(442,949)	-0.10%													
Prior Year percent of Gross Revenue	0.95%													Amt under (over) budget	37,731
														Charity Exp % of Gross Rev	0.21%
Percent of Decrease (Inc) from Prior Year	-6.7%														

**HAZEL HAWKINS HOSPITAL
BAD DEBT WRITE OFF
MARCH
2022**

CCS BAD DEBT RECOVERY %:		15.70%
<u>BAD DEBT RECOVERY \$: FEBRUARY 2022</u>	\$	86,298.60

COLLECTION CONSULTING SERVICES:

417 Accounts Ready for Collections	\$	501,621.01
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TOTAL BAD DEBT	\$	501,621.01
WRITE-OFF COUNT	#	417

CHARITY CARE FEBRUARY 2022

17 Accounts W/O to Charity	\$	20,376.89
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SLIDING FEE SCALE CLINICS FEBRUARY 2022

67 Accounts W/O to Sliding Fee Scale	\$	29,510.00
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TOTAL CHARITY CARE FEBRUARY 2022	\$	49,886.89
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***NOTE**

TOTAL WRITE-OFF	\$	551,507.90
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**RESOLUTION NO. 2022-04
OF THE BOARD OF DIRECTORS OF
SAN BENITO HEALTH CARE DISTRICT**

**AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT
PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION WITH
THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY
NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM**

WHEREAS, San Benito Health Care District is a local health care district organized and operating pursuant to Division 23 of the California Health and Safety Code;

WHEREAS, San Benito Health Care District (“Borrower” or “District”) is a nondesignated public hospital as defined in California Welfare and Institutions Code Section 14165.55, subdivision (l), excluding those affiliated with county health systems pursuant to Chapter 240, Statutes of 2021 (SB 170), Section 25;

WHEREAS, Borrower has determined it is in the best interest of the District to borrow an aggregate amount not to exceed **One Million Two Hundred Twenty-Two Thousand Four Hundred Thirty-Seven Dollars and Fifty-Nine Cents (\$1,222,437.59)** from the California Health Facilities Financing Authority (“Lender”), such loan to be funded with the proceeds of the Lender’s Nondesignated Public Hospital Bridge Loan Program; and

WHEREAS, Borrower intends to use the funds solely to fund its working capital needs to support its operations;

NOW THEREFORE IT IS HEREBY ORDERED AND DIRECTED THAT:

1. The Board of Directors of Borrower hereby ratifies the submission of the application for a loan from the Nondesignated Public Hospital Bridge Loan Program.
2. Steve Hannah, Chief Executive Officer of District, and Mark Robinson, Chief Financial Officer of District, (each an “Authorized Officer”) are hereby authorized and directed, for and on behalf of Borrower/District, to do any and all things and to execute and deliver any and all documents that the Authorized Officers deem necessary or advisable in order to consummate the borrowing of moneys from Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated pursuant to this Resolution.
3. The proposed form of Loan and Security Agreement (“Agreement”), which contains the terms of the loan is hereby approved. The loan shall be in a principal amount not to exceed **\$1,222,437.59**, shall not bear interest, and shall mature twenty-four (24) months from the date of the executed Loan and Security Agreement between the Borrower and Lender. Each Authorized Officer is hereby authorized and directed, for and on behalf of Borrower/District, to execute the Agreement in substantially said form that includes the redirection of up to twenty percent (20%) of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default by Borrower, with such changes therein as the Authorized Officer may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.
4. The proposed form of Promissory Note (“Note”) as evidence of the Borrower’s obligation to repay the loan is hereby approved. The Authorized Officers are hereby authorized and directed, for and on behalf of Borrower/District, to execute the Note in substantially said form, with such changes therein as the Authorized Officers may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

This Resolution was adopted at a duly noticed Special Meeting of the Board of Directors of the District on March 24, 2022, by the following vote.

AYES:

NOES:

ABSTENTIONS:

ABSENT:

Bill Johnson, Secretary
San Benito Health Care District

CERTIFICATE OF SECRETARY

I, Bill Johnson, Secretary of the Board of Directors of San Benito Health Care District, a local health care district, hereby certify that the foregoing is a full, true, and correct copy of a resolution duly adopted at a special meeting of the Board of Directors of San Benito Health Care District duly noticed and held at the regular meeting place of the District on March 24, 2022. All members of the District Board of Directors had due notice and at which the required quorum was present and voting, and the required majority approved Board Resolution No. 2022-04 by the vote indicated on the resolution.

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in the District's administrative office; that said resolution is a full, true, and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

Bill Johnson, Secretary
San Benito Health Care District

Date: _____

Hazel Hawkins Memorial Hospital

Capital Request Form

Department: QIP
 Item Requested: i2i Population Health Software
 Requested by: Stephan Schwarzwaelder

New	Replacement
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Purchase	Lease
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Purchase Price:

- Equipment Cost	\$0
- Sales Tax @ 9.25% of taxable portion	\$0 estimated
- Shipping	\$0

Total Cost

\$0

Lease Terms:

- One-time implementation fee	50,500
- Number of Years 3 years (option to extend to an evergreen)	191,700
- Lease Cost per month	5,325

Service Agreement Required:	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Annual Lease Cost:	<u>\$63,900</u>
Total - 3-year Lease agreement	<u>\$191,700</u>

Combined Total Cost - Implementation & Software Lease **\$242,200**

Annual combined Lease cost and depreciation. \$ 74,000.00

Revenue Producing	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reason(s) for Request:

- 1) The i2i system will be used to expand the number of QIP quality measures the District is able to track from 9 to 20.
- 2) The increase in QMs has the potential to net the District an additional \$2 million annually.
- 3) The i2i system support MIPS, HEDIS, and other mandated quality measures.

Justification:

- * The system is being used by other DHLF members.
- * The system is recommended by the DHLF consultant in charge of overseeing the QIP program.
- * PriZim provides a dashboard for daily operations.
- * The system would be implemented in 90-120 days which assists the District with Year Two reporting.
- * Under the QIP 51 quality measures need to be tracked in order to report on 20 quality measures.



Hazel Hawkins
MEMORIAL HOSPITAL

Professional Service Agreement Updates

March 2022

Provider	Service	Status	Board update only	Board action needed
Daniel Y. Wang, M.D.	SNF Medical Director	Renewal & add 1 hour up to a maximum of 13/month		X



Contract Review Worksheet – Daniel Y. Wang, M.D.

Agreement Type: New ___ Amendment ___ Addendum X

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Medical Director | <input type="checkbox"/> Professional Services | <input type="checkbox"/> ED On-Call |
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Hospital Coverage | <input type="checkbox"/> Leadership/Committee |
| <input type="checkbox"/> Other (specify): | | |

Contracting Entity Name: Daniel Y. Wang, M.D.

Executive Summary: Dr. Wang is a local family medicine provider who has served as the Medical Director of the hospital's Skilled Nursing Facilities since 2013 providing clinical leadership, guidance, and promotion of the effective and efficient provision of medical services for the residents. With the steady increase in patient admissions and acuity, the District will renew the agreement and add an additional hour to it for a monthly maximum of thirteen (13) hours.

Services Provided: Dr. Wang currently serves as the Medical Director of the hospital's Skilled Nursing Facilities up to twelve (12) hours per month.

Department	Cost Centers	Person Responsible for Oversight
SNF – Southside & Northside	01.6580 & 01.6587	1: CEO 2: Dir, Provider Svcs & Clinic Operations

Agreement Terms:

Proposed Effective Date: 4/1/22 Contract Term: 12 months Expiration Date 3/31/2023 Auto-renew: Yes

Financial Terms:

Select One: ___ Funds to be Paid to Hospital X Funds to be Paid by Hospital

Contract Rate: A coverage fee of \$170 per hour up to a maximum of thirteen (13) hours per month.

Contract Term	FMV %ile	Hours/month	Base Monthly Cost	Expected Annual Base Cost	Expected Total Base Term Cost
1 year	<75th	13	\$2,210	\$26,520	\$26,520

Other Compensation Agreements with Contracting Entity (List All)

___ Specify: N/A

Required Assessment/Attachments (required prior to approval):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Drafted or template | <input checked="" type="checkbox"/> Other Associated Contracts |
| <input checked="" type="checkbox"/> Contract FMV | <input type="checkbox"/> Supplemental doc if FMV >75 th %ile |
| <input type="checkbox"/> Overall FMV | <input type="checkbox"/> Commercial Reasonableness Documented |
| <input checked="" type="checkbox"/> Certificate of Liability Insurance | <input type="checkbox"/> Business Associate Agreement |
| <input checked="" type="checkbox"/> Sanctions Screening/Clearance | <input type="checkbox"/> Supplemental checklist (if w/in 1 yr of orig & \$ change) |

	Name/Activity	Date/Note
Requested by/Responsible:	Steven Hannah, CEO	3/12/2022



Hazel Hawkins
MEMORIAL HOSPITAL

Contract Review Worksheet – Daniel Y. Wang, M.D.

Review following signatures/approval:

Legal Counsel:	3/7/2022
Finance Committee:	3/17/2022
Board of Directors (if required: insert N/A or Board approval date at right):	3/24/2022

Review following signatures:

Signatures:	
MD: _____ CEO: _____	
Board of Directors (if required: insert N/A or Board approval date at right)	
Added to physician contract tracking document	
Contract Administrator – final review:	

ADDENDUM IV
To
AGREEMENT FOR MEDICAL DIRECTOR
OF MABIE NORTHSIDE SKILLED NURSING FACILITY and
WILLIAM & INEZ MABIE SKILLED NURSING FACILITY

This Fourth Addendum, effective April 1, 2022, is to that certain Medical Director Agreement effective August 1, 2013, by and between **San Benito Health Care District**, a public health care district organized and maintained pursuant to Division 23 of the California Health and Safety Code ("SBHCD"), and **Daniel Wang, M.D.** ("Director").

SBHCD and Physician hereby agree that the following changes are made to the Agreement:

1. Term and Termination: Unless terminated earlier in accordance with Sections 4.3 and 4.4 of this Agreement, this Agreement is hereby extended commencing April 1, 2022 for a two (2) year term through March 31, 2024, and will renew annually per mutual agreement. Either party may terminate this Agreement with or without cause, by giving the other party ninety (90) days advanced written notice of their intent to terminate the Agreement.
2. Director's Compensation: For this time spent performing the duties required as Director, none of which shall be construed as direct patient care services, the SNF agrees to pay to Director a rate of **One Hundred Seventy Dollars (\$170.00)** per hour to a maximum of thirteen (13) hours per month. Director shall keep a record of all time spent in performing services under this Agreement and provided the SNF with a copy of it on a monthly basis as a condition for receiving payment for services rendered.

All other sections and provisions of the Agreement will remain unchanged.

The parties hereby executed this Agreement as of the Effective Date first set forth above.

SBHCD

San Benito Health Care District
Mabie Northside Skilled Nursing Facility
William and Inez Mabie Skilled Nursing Facility

By: _____
Steven M. Hannah, Chief Executive Officer

Date: _____

Director

Daniel Wang, M.D.

By: _____
Daniel Wang, M.D.

Date: _____

**BOARD OF DIRECTORS
DISTRICT FACILITIES & SERVICE DEVELOPMENT COMMITTEE
VIA TELECONFERENCE**

**Thursday, March 17, 2022
4:00 P.M. – Hybrid Zoom Meeting**

MINUTES

PRESENT: Jeri Hernandez, Board President
Bill Johnson, Board Secretary
Steven Hannah, Chief Executive Officer
Mark Robinson, VP/Chief Financial Officer
Barbara Vogelsang, VP/Chief Clinical Officer
Richard Tawney, Director of Engineering
Amy Breen-Lema, Director, Provider Services & Clinic Ops
Tina Pulido, Plant Operations/Construction Coordinator

I. CALL TO ORDER:

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

II. REVIEW OF MINUTES:

The minutes of the District's Facilities & Service Development Committee of February 17, 2022, were reviewed.

III. MASTER PLAN:

- SPC-4d seismic part of master plan
Steve Hannah reported that they will be having a work session on 3/18/2022. They are anticipating an update to be presented at the next Board meeting. He reiterated that SPC-4d is part of the Master Plan.

IV. UPDATE ON CURRENT PROJECTS:

- CAT Scanner:
Richard Tawney reported that Phase 1 has started. They have completed moving filing cabinets, installed new flooring. The Architect is working on blueprints for the new reception area. Mark Robinson reported that if the purchase of the Maple Street building goes through that they may need to revisit the plans for Radiology as some of the services might be done at the new building.
- Acute Roof Replacement:
Richard Tawney reported that they will be conducting a preconstruction meeting on 3/18/2020 with Waterproofing Associates in order to come up with a project time line. They are looking at the beginning of May to start. They have started ordering

materials, and looking at Interim Life Safety Measures to see how it will impact patient care. Per their contract, they anticipate a 60 day completion.

V. CURRENT PROJECTS ON HOLD:

- Northside Nurses Station Refresh:

Richard Tawney reported that this project has been started again. Liz Sparling and Sherry Hua have met and pulled the documentation regarding the project. Sherry has started getting ideas regarding color schemes and the vendor has been out to measure for pricing. Once the colors have been picked they will be submitted for approval.

VI. OTHER PROJECTS:

- Parking:

Richard Tawney reported that they have designated two spaces for Women's Center. They are located along the fence on the East side of the building to the left of the Doctors parking space. Signage has also been posted. Steve Hannah reported that he is seeing more and more patients and visitors struggling to find parking. The Committee has agreed to move forward with having Employees park across the street in the Sunset Clinic parking area in order to help alleviate the problem.

- Horizon Conference Room:

Richard Tawney reported that the vendor has started installing the new blinds and anticipates it being completed by next week.

- Acute Patient Room Refresh:

Richard Tawney reported that we are waiting for a room to become available.

- Grounds Maintenance:

Richard Tawney reported that this project is now on hold.

- Southside SNF Refresh:

Richard Tawney reported that they started the flooring replacement on 3/14/2022. They anticipate having the front entrance, main hallway and front offices completed by this week. He reported that there is concern regarding the current plan for the patient care areas. He reported that they need a better Interim Life Safety Plan in place before they start working around the patients.

- Front Hospital Spruce Up Projects:

- a. Front Drop off Accent Paint, General Layout, Benches, Trash Cans and Press Box Dispensers; Richard Tawney reported that the new light has been put up. Jeri Hernandez reported that she will bring the plants for the planters on 3/18/2022.
- b. Front Flag Pole Landscaping; Richard Tawney reported that they received the plan from Rosemary Bridwell. He will schedule a meeting for next week with Mary McCullough, Jeri Hernandez, Rosemary Bridwell and the landscaper, Deplencarte Gardening.

c. Main Hospital Signage

Richard Tawney handed out an example of the Hospitals name being added to the building in front of the main entrance. The estimated cost for installation is \$5,000-\$7,000. The Committee would like to see the lettering mimic the same size as the lettering inside the Hospital behind the PBX desk.

○ Office Refresh for General Surgeons:

Amy Breen-Lema and Richard Tawney reported that they have received and reviewed the proposed plans from the Architect. The Architect estimates one month for the revised plans to be completed. Once completed and approved, they will go to the City for permitting.

○ Maple Street Building:

Steve Hannah reported that they are in contract, with an appraisal contingency. If the appraisal comes back ok they are scheduled to close by April 10th.

VII. OPEN DISCUSSION:

○ Reseal Parking Lot

Steve Hannah reported that the parking lot at 911 Sunset is in poor condition. The Committee agreed to get an estimate to reseal the parking lot. Richard Tawney will start working on it.

○ Parking Lot Stop Sign

Barbara Vogelsang reported that on numerous occasions she has witnessed vehicles almost colliding in the driveway at the South East corner of the Women's Center. The reason is because vehicles leaving the parking spaces behind the Women's Center traveling along the building do not have a stop sign to enter the main driveway so they pull out and sometimes almost hit oncoming cars. The Committee suggested installing a stop sign at the location. Richard Tawney will look into it.

VIII. ADJOURNMENT:

There being no further business, the meeting was adjourned at 4:34PM.

March 5, 2022

Hazel Hawkins Hospital, Administration and Staff,

We wanted to send a special thank you to the hospital, Drs and staff for taking care of Mr. Richard Dias while in the hospital. Both in ER and the Covid unit.

A special thank you to Mr. Dan Price who was so kind and helpful to me in getting updates and information when the nurses were so busy. And for the special care, lunch and gifts for our 55th anniversary. A great surprise and treat!!

God bless you all. Thanks for being our heroes in this difficult time.

[Redacted signature line]

[Redacted signature line]

And to the great nurses



San Benito Health Care District

HOME HEALTH POLICY MANUAL

Reviewed:

Revised: 3/24/2022

AP-26

Page 1 of 4

SUBJECT: PATIENT COMPLAINTS/GRIEVANCES

POLICY

It is the policy of San Benito Home Health Care Agency (SBHH) to resolve complaints and grievances of patients and their authorized representatives promptly in a manner which is satisfactory to the patients and/or their authorized representatives and in compliance with HHH policies and procedures and applicable laws and regulations.

The Board of Directors of San Benito Healthcare District has delegated the management of patient complaints and grievances, including grievances related to Patient Rights and Responsibilities to the Administrator of San Benito Home Health Care.

SUPPORTIVE DATA

- a. A Patient Grievance is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present-) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect; issues related to SBHH's compliance with the CMS Home Health Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §.
- b. A verbal complaint is NOT a "patient grievance" when:
 - (1) The verbal complaint about patient care is resolved ~~at the time of the complaint~~ by staff present at the time of the complaint or a staff member who can quickly be at the patient's location (i.e. nursing, administration, nursing supervisors, patient advocates, etc.) to resolve the patient's complaint.
 - (2) ~~Complaints or issues about hospital amenities, such as TV, food for purposes of these requirements.~~
 - (3) ~~—~~ Billing issues are not usually considered patient grievances for the purposes of these requirements unless the complaint also contains elements addressing patient service or care issues. However, a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489 are considered a grievance.
- c. Verbal patient care complaints, which cannot be resolved at the time of the complaint, ~~by staff present, is postponed for later resolution and s referred to other staff for later resolution~~, requires an investigation, and/or requires further actions for resolution, ~~then the complaint is a "patient grievance" for the purposes of these requirements. become a "patient grievance"~~. A complaint is considered resolved when the patient is satisfied with the actions taken on their behalf.
- d. A written complaint (including emails or facsimiles) is always considered a "patient grievance", whether from a patient or their representative regarding the patient care provided, abuse or neglect, or SBHH's compliance with CoPs.

- e. Information obtained with patient satisfaction surveys does not usually meet the definition of a patient grievance. If an identified patient writes or attaches a written complaint on the survey and requests resolution, then the complaint meets the definition of a patient grievance. If an identified patient writes or attaches a complaint to the survey but has not requested resolution, the SBHH must treat this as a patient grievance if SBHH would usually treat such a complaint as a patient grievance^[BAV1].
- f. ~~All~~ All verbal or written complaints regarding abuse, neglect, patient harm or SBHH compliance with CMS requirements, are to be considered a patient grievance for the purposes of these requirements.
- g. If a patient or the patient's representative requests their complaint be handled as a formal complaint or grievance, or when the patient requests a response from SBHH, ~~the~~ the complaint is a patient grievance and all the requirements apply.

PROCEDURE

Procedure for Handling Patient Grievances at San Benito Home Health Agency (SBHH)

As appropriate, patients will be encouraged to express their concerns to those persons directly involved in their care, for example an attending physician, a nurse, or to those individuals directly involved in the problem situation. In such cases, those individuals directly involved will discuss the concerns and try to resolve them without the intervention of other parties. If the complaint is in writing or is not resolved by "staff present", as described in Section I.B. above, then the complaint is considered a "patient grievance" and must be handled in the manner described below.

If the patient is reluctant to express his/her concerns to those directly involved in his/her patient care or the problems cross interdepartmental lines, or the complaint would be considered a "patient grievance" under the definition in Section I above, staff must contact the Administrator to have them act as an objective liaison and handle the patient grievance. They will facilitate the complaint investigation and resolution process. All SBHH staff must report patient grievances to the Administrator.

PATIENT COMPLAINTS/GRIEVANCES

The Administrator is available Monday through Friday 8:00am-5pm. The on call nurse handles after hours and weekend Complaints/Grievances by reporting them to the Administrator on Monday morning. Complaints/Grievances are taken in writing, by phone, and in person. The Administrator will keep a comprehensive record of complaints and patient grievances presented to SBHH. Data collected regarding patient grievances, as well as other complaints not defined as patient grievances, shall be incorporated into the SBHH Quality Assessment and Performance Improvement Program and reported quarterly to the Quality Practice & Patient Satisfaction Committee.-

The Administrator will follow the procedures below with respect to patient grievances:

Written Complaints and Grievances: Upon receipt of a written complaint/grievance from a patient or the patient's advocate, the Administrator will:

- Document patient information and incident background.
- Assess Priority

- Determine if the complaint/grievance is a quality of care, compensation request, or injury as a result of treatment issue.
- If the grievance is a quality of care, compensation request, or injury as a result of treatment issue, the complaint/grievance will be investigated by Risk Management.
- If the grievance is not a quality of care, compensation request, or injury as a result of treatment issue, the Administrator will handle the complaint/grievance following this procedure.

Oral Complaints/Grievances: Whether received by telephone or through visitation, the person receiving the complaint/grievance should identify him/herself as the Administrator and explain the facilitation process. The Administrator or designee will:

- Document patient information and incident background.
- Assess Priority
- Determine if the complaint/grievance is a quality of care, compensation request, or injury as a result of treatment issue.
- If the grievance is a quality of care, compensation request, or injury as a result of treatment issue, the complaint/grievance will be investigated by Risk Management.
- If the grievance is not a quality of care, compensation request, or injury as a result of treatment issue, the Administrator will handle the complaint/grievance following this procedure.

For each Complaint/Grievance received, the administrator or designee will:

(1) Communicate to the patient a projected time of response and an anticipated resolution. *All patient complaints/grievances will be answered within a reasonable time frame, given the particular patient grievance. For situations that endanger the patient, such as neglect or abuse, the patient grievance will be reviewed immediately, given the seriousness of the allegations and potential for harm to the patient. In general, patient grievances should be resolved within seven days, except in cases where data cannot be gathered in that period of time. In cases where resolution does not occur in 7 days, a written response will be sent to the grievant with the following information: We are still working to resolve the grievance and will follow-up with a written response within 30 days after the grievance was received.*

(2) Investigate the Complaint/Grievance by communicating with all appropriate SBHH staff to gain an understanding of each party's perception of the incident. The Administrator anticipates that upon receipt of complaining/grievance information, the individual department will acknowledge the complaint/grievance and give a projected time of a response and/or resolution.

(3) Once the investigation is complete, both its outcome and the Complaint/Grievance resolution will be shared with the patient (either in writing or verbally) as well as with those individuals involved in the complaint/grievance. *If the party's desired resolution is reasonable, proceed through the necessary channels to try to achieve this resolution. If the desired resolution is either not feasible, unrealistic, or both, proceed to achieve a compromised resolution that is mutually agreed upon.*

The Administrator, or designee, will communicate the resolution of the grievance in writing to the grievant in language and manner that the patient understands. The written response will include the decision, the name of the grievance investigator, the steps taken to investigate the grievance issues, the results of the grievance process and the date of completion.

For all Complaints / Grievances, the administrator will:

- Generate a statistical overview, including a summary of trends, for complaints, grievances, compliments and assistances on a quarterly basis.
- Provide a report of all Complaints / Grievances to the Quality Practice & Patient Satisfaction Committee quarterly.
- Implement performance improvement projects when a problem area is identified as a trend.

REFERENCES: Center for Medicare and Medicaid Services (CMS) Requirements in condition of Participation in 42 CFR § 482.

DESIGNEE

-All staff



San Benito Health Care District

HOME HEALTH POLICY MANUAL

Reviewed:

Revised: 03/21/2022

AP-27

Page 1 of 5

SUBJECT: IDENTIFICATION AND REPORTING OF SUSPECTED VICTIMS OF ABUSE and DOMESTIC VIOLENCE

PURPOSE

To ensure adherence to the following: Penal Code Section 11164-11174.3 (Child Abuse), Penal Code Section 15600-15640 (Elder Abuse), Penal Code Section 11160-11163.6 (Domestic Violence Abuse) at Hazel Hawkins Memorial Hospital, the clinics and Skilled Nursing Facilities (SNF) associated with HHMH and the San Benito Home Health Care Agency (SBHH).

POLICY

It is the policy of Hazel Hawkins Memorial Hospital that health care providers- as Mandated Reporters- file both a verbal and written report of suspected child, elder and or domestic violence abuse and any allegation of patient abuse. All licensed nurses and providers are mandated reporters.

ALLEGED/ SUSPECTED/ WITNESSED ABUSE:

Any allegations of abuse, including incidents during a hospital stay, residence at the SNF, as a patient of SBHH, in an outpatient setting or at the clinics, must be reported to the California Department of Public Health and local Law Enforcement.

Following the Chain of Command, the department director, clinic manager, SBHH Director-Administrator or SNF DON will notify the Quality Department to report the incident. The Quality Department / Risk Management leader, or designee, in consultation with an executive leader will ensure the reports are completed.

The *CDPH Adverse Event Reporting Form* attached to this policy is to be used. *See Attachment.*

Allegations meeting criteria for APS/ CPS reporting (see guidelines below) will also be reported by filling out the appropriate Abuse Reporting Form.

An incident report will be filed for all potential abuse through the hospital's online incident reporting system.

PATIENT ASSESSMENT CRITERIA FOR CHILD ABUSE

Identifying families where abuse occurs requires the helping professional first of all to believe that child abuse can occur in any family, regardless of socio-economic statuses, religion, education, ethnic background or other factors.

- A. The following are the types of abuse that may be inflicted upon another individual and are reportable by law.

1. Emotional Abuse
 - a. Mental or emotional injury to the person that results in an observable and material impairment in growth, development or psychological functioning.
 - b. Causing or permitting the person to be in a situation in which the person sustains a mental or emotional injury that results in an observable and material impairment in growth, development, or psychological functions.
2. Physical Abuse
 - a. Physical injury that results in substantial harm to the person or the genuine threat of substantial harm from physical injury to the person, including an injury that is at variance with the medical history or explanation given. This excludes an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the person to a substantial risk of harm.
 - b. Failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the person.
3. Sexual Abuse
 - a. Sexual contact, sexual intercourse, sexual conduct, sexual penetration with a foreign object, incest, sexual assault or sodomy inflicted upon, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify desires of any person.
 - b. Failure to make a reasonable effort to prevent sexual contact, sexual intercourse, sexual conduct, sexual assault, or sodomy inflicted on, shown to or intentionally practiced in the presence of a child or dependent adult, if the child or dependent adult is present only to arouse or gratify desires of any person.
 - c. Compelling or encouraging the person to engage in sexual conduct.
 - d. Causing, permitting, encouraging or allowing the photographing, filming or depicting of the person if the person knew or should have known that the resulting photograph, film or depiction is obscene or pornographic.
4. Domestic Violence

Characterized as a pattern of coercive behaviors that may include repeated battery and injury, psychological abuse, sexual assault, progressive social isolation, deprivation and intimidation.

 - a. All patients will be screened upon entry to the facility, clinics, SNFs, in outpatient areas of the hospital and upon admission as a patient in home health.
 - b. All patients admitted for nursing services will be screened with the following question:
"Are you being hurt/frightened/threatened by anyone?"

This should be done:

1. In a safe environment. No friends or relatives of the patients should be present during the screening and preferably no children over the age of two (2).
2. Face to face, with assurance to the patient that the screening will be confidential. Use a non-threatening, non-judgmental manner.
3. Using questions that are direct, specific and easy to understand in the patient's primary language. Interpreters should be another

healthcare provider. Do not use the patient's family, friend, or children when asking questions about domestic violence.

- c. Document in the patient's chart that domestic violence is or has been present, has not occurred, or is suspected even if the patient denies it. Complete Abuse/Domestic Violence Screening/Documentation Form

5. Abandonment

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

6. Medical Neglect

The failure to seek, obtain or follow through with medical care for a person, with the failure resulting in presenting a substantial risk of death, disfigurement or bodily injury, or with the failure resulting in an observable and material impairment to the growth, development and/or functioning of a person.

7. Physical Neglect

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

B. The identification process is multidimensional and often complicated. The following criteria may be used to assist in identification of abuse.

1. Physical Abuse

- a. Scratches, cuts, bruises, burns
- b. Welts, scalp injury, gag marks
- c. Sprains, punctures, broken bones, bedsores
- d. Confinement
- e. Injuries inconsistent with explanation of occurrence.

2. Rape/Other Forms of Sexual Abuse

- a. Trauma to penis, vulva and/or anal region
- b. Sexual manipulation of penis, vulva and/or anal region with a foreign object
- c. Diagnosis of sexually transmitted disease in children and non-sexually-active adolescents

3. Neglect

The failure to provide for one's self, the goods, or services, which are necessary to avoid physical harm, mental anguish, or mental illness, or the failure of a caretaker to provide such goods or services.

- a. Malnourishment, dehydration
- b. Over/under medication
- c. Lack of heat and or running water
- d. Lack of medical care
- e. Lack of personal hygiene and/or clothes

4. Exploitation

The illegal or improper act or process of using the resources of a child or an elderly or disabled person for monetary or personal benefit.

- a. Taking social security/SSI checks
- b. Abusing joint checking account privileges
- c. Taking property and/or other resources

5. Verbal and Psychological abuse

6. In children under three (3) years of age
 - a. The caregiver of an injured child reports a change in the child (such as decreased mobility) instead of reporting an accident.
 - b. The extent of the injury is more severe than the reported cause would indicate.
 - c. A child under one (1) year old suffers a fracture of the radius, ulna tibia/fibula, or femur.

7. In persons 65 years of age or older or in disabled persons:
 - a. Contusions or lacerations are inconsistent with patient's or caregiver's explanation of injury.
 - b. Contusions or lacerations are found where people are not usually injured, such as inner thighs.
 - c. Injuries from different causes which occurred at the same time: for example, stab wound and contusions.
 - d. Symmetrical wounds or fractures are present.
 - e. The patient has suffered a spiral long-bone fracture from a "direct blow".
 - f. Multiple bruises appear to be in the same evolutionary state.
 - g. The patient is wearing bloodstained undergarments.
 - h. The caregiver has provided improper levels of prescription medication.
 - i. The patient is dehydrated or malnourished.
 - j. Wounds or lesions are not properly attended.

C. Reporting

All suspected or confirmed cases of abuse, including incidents during a hospital stay, residence at the SNF, as a patient of SBHH, in an outpatient setting or at the clinics, must be reported to the California Department of Public Health and local Law Enforcement. Following the Chain of Command, the department director, clinic manager, SBHH ~~Administrator-Director~~ or SNF DON will notify the Quality Department to report the incident. The Quality Department / Risk Management leader, or designee, in consultation with an executive leader will ensure the reports are completed.

1. Child Abuse/Neglect – Child Protective Services and Police Department
See attached Appendix C. Follow instructions on form for completion and distribution.
Yellow copy = chart copy.
2. Elder/Dependent Abuse/Neglect (age 65 years or older or 18-64 whose physical/mental limitations restrict their ability to care for themselves).
Adult Protective Services and Police Department (see attached Appendix D)
3. Domestic Violence – Police Department
 - a. The local law enforcement agency will be contacted where the incident of violence occurred, if known.
 - c. A telephone report shall be made immediately. In all cases, a written report must be made within two (2) working days. Failure to report where required is a misdemeanor, punishable by fine of \$1,000 and/or a jail term or six months (P.C. Sect 11162).

- 4. Risk Management will receive Incident Report

- D. Documentation
 - 1. Patient record
 - 2. Appropriate reporting form

- E. Patient Teaching
 - Hand out "Domestic Violence" (in English and Spanish) located in public and patient areas, including public restrooms.

REFERENCES

California Penal Code: Sections 11160, 11161, 11166
California Welfare and Institutions Code: Section 15630
California Board of Registered Nursing: Nursing Practice Act
APM Policy
Child Sexual Assault Reporting Requirements (Appendix A)
Mandated Reporting Simplified (Appendix B)

ATTACHMENTS

Appendix A – Child Sexual Assault Reporting Requirements
Appendix B - A Quick Reference Guide to Assault and Abuse Reporting Requirements
Appendix C – Suspected Child Abuse Report
Appendix D – Report of Suspected Dependent Adult/Elder Abuse

DESIGNEE All Staff