

# REGULAR AND SPECIAL MEETING OF THE BOARD OF DIRECTORS SAN BENITO HEALTH CARE DISTRICT 911 SUNSET DRIVE, HOLLISTER, CALIFORNIA THURSDAY, MAY 23, 2024 – 5:00 P.M.

# SUPPORT SERVICES BUILDING, 2<sup>nd</sup>-FLOOR, GREAT ROOM

# **<u>TELECONFERENCE LOCATION:</u>**

San Jose State University Student Union (Diaz Copean) One Washington Sq San Jose, California 95192

# IN PERSON AND BY VIDEO CONFERENCE

Members of the public may participate remotely via zoom at the following link <u>https://zoom.us/join</u> with the following Webinar ID and Password:

# Meeting ID 963 9844 0069 Security Passcode: 227337

**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.

# **AGENDA**

# 1. Call to Order / Roll Call

# 2. Board Announcements

### 3. Public Comment

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board, which are not otherwise covered under an item on this agenda. This is the appropriate place to comment on items on the Consent Agenda. Board Members may not deliberate or take action on an item not on the duly posted agenda. Written comments for the Board should be provided to the Board clerk for the official record. Whenever possible, written correspondence should be submitted to the Board in advance of the meeting to provide adequate time for its consideration. Speaker cards are available.

# 4. <u>Continued Item from May 20, 2024 – Provide Direction to Staff Regarding Further Negotiations</u>

Presented By:

(Hernandez)

(Hernandez)

(Hernandez)

<sup>&</sup>lt;sup>1</sup> Note: Pursuant to Government Code Section 54953(b), this meeting will include teleconference participation by Director Pack from the address above. This Notice and Agenda will be posted at the teleconference location.

## With a Potential Transaction Partner.

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

# 5. <u>Consent Agenda – General Business</u>

<u>Consent Agenda – General Business</u> (Pages 1-30) The Consent Agenda deals with routine and non-controversial matters. The vote on the Consent Agenda shall apply to each item that has not been removed. A Board Member may pull an item from the Consent Agenda for discussion. One motion shall be made to adopt all non-removed items on the Consent Agenda.

- A. Consider and Approve Minutes of the Regular Meeting of the Board of Directors – April 25, 2024
- **B.** Consider and Approve Policies:
  - Fall Prevention
  - Student Shadowing •
  - Student Clinical Rotation
- C. Receive Officer/Director Written Reports No action required.
  - Provider Services & Clinic Operations •
  - Skilled Nursing Facilities Reports (Mabie Southside/Northside) •
  - Laboratory and Radiology •
  - Foundation Report ۰
  - Marketing Report •
  - PMO Project Summary Report •

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

- Report
- **Board Questions**
- Motion/Second
- Action/Board Vote-Roll Call

#### Medical Executive Committee 6.

# (Pages 31-34)

(Dr. Bogey)

- A. Consider and Approve Medical Staff Credentials: May 15, 2024 Recommended Action: Approval of Credentials
  - Report
  - **Board Questions**
  - **Public Comment**
  - Motion/Second
  - Action/Board Vote-Roll Call
- Consider and Approve Privileges (New): Clinic Psychologist B. Recommended Action: Approval of New Privileges: Clinic Psychologist

(Hernandez)

Regular and Special Meeting of the Board	of Directors, May 23, 2024	1 480
<ul> <li>Report</li> <li>Board Questions</li> <li>Public Comment</li> <li>Motion/Second</li> <li>Action/Board Vote-Roll</li> </ul>	Call	
7. <u>Receive Informational Reports</u>	(Pages 35-55)	
<ul><li>A. Transaction Update</li><li>Public Comment</li></ul>		(Peil/B.Riley)
<b>B.</b> Chief Executive Officer	(Pages 35-36)	(Casillas)
<ul> <li>Public Comment</li> </ul>		
C. Chief Nursing Officer	(Page 37)	(Descent)
<ul> <li>Public Comment</li> </ul>		
<b>D.</b> Finance Committee	(Pages 38-55)	(Robinson)
1. Finance Committee Meetir	ng Minutes – May 16, 2024	

- 2. Review Financial Updates
  - Financial Statements April 2024
  - Finance Dashboard April 2024
  - Public Comment

# 8. <u>Action Item</u>

# (Pages 56-83)

 A. Consider Approval of Resolution No. 2024-01 Ratifying Submission of the Loan Application and Authorizing Execution of a Loan and Security Agreement, and Certain Actions in Connection with the Distressed Hospital Loan Program ("DHLP") (Pages 56-58)

(Robinson)

Page 3

Recommended Action: Approval of DHLP-CHFFA Resolution # 2024-01

- Report
- Board Questions
- Public Comment
- Motion/Second
- Action/Board Vote-Roll Call
- B. Consider Recommendation for Implementation of Analyzer Project Phase I and II; and Approval of Agreements for Test Analyzers; Services Agreement; and Architectural Services. (Pages 59-83)

(Robinson)

Recommended Action: Approval of Laboratory Chemistry Analyzer Project and Agreements for Test Analyzer; Services Agreement; and Architectural Services.

► Report

Regular and Special Meeting of the Board of Directors, May 23, 2024	Page
<ul> <li>Board Questions</li> <li>Public Comment</li> <li>Motion/Second</li> <li>Action/Board Vote-Roll Call</li> </ul>	
9. Public Comment This opportunity is provided for members to comment on the closed (Hernandez) session topics, not to exceed three (3) minutes.	
10. <u>Closed Session</u> (See Attached Closed Session Sheet Information)	(Hernandez)
11. <u>Reconvene Open Session / Closed Session Report</u>	(Hernandez)
12. <u>Adjournment</u>	(Hernandez)
The next Regular Meeting of the Board of Directors is scheduled for Thursday, June 27, 2024 at 5:00 p.m., Great Room.	

Page 4

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting, in the Administrative Offices of the District, and posted on the District's website at https://www.hazelhawkins.com/news/categories/meeting-agendas/. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Any public record distributed to the Board less than 72 hours prior to this meeting in connection with any agenda item shall be made available for public inspection at the District office. Public records distributed during the meeting, if prepared by the District, will be available for public inspection at the meeting. If the public record is prepared by a third party and distributed at the meeting, it will be made available for public inspection following the meeting at the District office.

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.

# SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS MAY 23, 2024

# AGENDA FOR CLOSED SESSION

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

# **CLOSED SESSION AGENDA ITEMS**

# [] <u>LICENSE/PERMIT DETERMINATION</u>

(Government Code §54956.7)

Applicant(s): (Specify number of applicants)\_\_\_\_\_

- [] <u>CONFERENCE WITH REAL PROPERTY NEGOTIATORS</u> (Government Code §54956.8)
- [X] <u>CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION</u> (Government Code §54956.9(d)(1))

Name of case: (Specify by reference to claimant's name, names of parties, case or claim numbers): San Benito Health Care District dba Hazel Hawkins Memorial Hospital, Case No. 23-50544 (United States Bankruptcy Court for the Northern District of California, San Jose Division)

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

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

Significant exposure to litigation pursuant to Section 54956.9(d)(2) or (3) 1

Additional information required pursuant to Section 54956.9(e): Wise v. SBHCD

Initiation of litigation pursuant to Section 54956.9(d)(4) (Number of potential cases):

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

(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 the name of law enforcement agency and title of officer):

# [] <u>PUBLIC EMPLOYEE APPOINTMENT</u>

(Government Code §54957)

Title:

# [] <u>PUBLIC EMPLOYMENT</u>

(Government Code §54957)

# Title:

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

**Title:** (Specify position title of the 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.)

# [X] <u>CONFERENCE WITH LABOR NEGOTIATOR</u>

(Government Code §54957.6)

Agency designated representative: Drew Tartala Employee organization: National Union of Healthcare Workers (NUHW) Unrepresented employee:

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

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

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

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

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

1. <u>Trade Secrets, Strategic Planning, Proposed New Programs, and Services.</u>

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

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

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

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

# [] 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



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

THURSDAY, ARPIL 25, 2024 5:00 P.M. <u>MINUTES</u>

# HAZEL HAWKINS MEMORIAL HOSPITAL

### **Directors Present**

Devon Pack, Board Member Rick Shelton, Board Member Bill Johnson, Board Member

<u>Absent</u> Jeri Hernandez, Board Member Josie Sanchez, Board Member

### Also Present

Mary Casillas, Chief Executive Officer Mark Robinson, Chief Financial Officer Andie Posey, Nurse Executive Consultant Amy Breen-Lema, VP, Clinic Ambulatory & Physician Services Michael Bogey, MD, Chief of Staff Heidi A. Quinn, District Legal Counsel Chela Brewer, Executive Assistant

# 1. Call to Order

Attendance was taken by roll call; Directors Johnson, Shelton, and Pack were present.

A quorum was present and Director Johnson called the meeting to order at 5:00 p.m.

2. **Board Announcements:** Director Johnson announced Action Item 7 would be pulled from the agenda for consideration at a future date.

# 3. Public Comment

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

# 4. Consent Agenda - General Business

- A. Consider and Approve Minutes of the Special Meeting of the Board of Directors March 21, 2024
- B. Consider and Approve Minutes of the Special Meeting of the Board of Directors March 25, 2024
- C. Consider and Approve Minutes of the Regular Meeting of the Board of Directors March 28, 2024
- D. Consider and Approve Policies:
  - Universal Bilirubin Screening for Newborns at 35 Weeks or More of Gestation
  - Identification and Reporting of Suspected Victims of Abuse and Domestic Violence
  - Blanket-Solution Warmer
- E. Receive Officer/Director Written Reports No action required.
  - Provider Services & Clinic Operations
  - Skilled Nursing Facilities Reports (Mabie Southside/Northside)
  - Laboratory and Radiology
  - Foundation Report
  - Facilities Report
  - PMO Project Summary Report

Director Johnson presented the consent agenda items to the Board for action. This information is included in the Board packet.

**MOTION:** By Director Pack to approve Consent Agenda – General Business, Items A –E, Second by Director Shelton.

<u>Moved/Seconded/Unanimously Carried</u>. Ayes: Directors Johnson, Shelton, and Pack. Approved 3-0 by roll call. Hernandez and Sanchez absent.

# 5. <u>Report from the Medical Executive Committee Meeting on April 24, 2024 and Recommendations</u> <u>for Board Approval of the following:</u>

A. Consider and Approve Medical Staff Credentials Reports:

Dr. Bogey, Chief of Staff, provided a review of the Medical Executive Committee Credentials report dated April 24, 2024.

Items: Proposed Approval of the Medical Executive Committee Credentials report for ten (10) New Appointments, two (2) Reappointments, and thirteen (13) Resignation/Retirement.

Items: Proposed Approval of the Interdisciplinary Committee Credentials Report for two (2) New Appointments, and one (1) granted additional privilages.

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

**MOTION:** By Director Shelton to approve the Credentials Reports as presented; Second by Director Pack.

**Moved/Seconded/and Unanimously Carried:** Ayes: Directors Johnson, Shelton, and Pack. Approved 3-0 by roll call. Hernandez and Sanchez absent.

B. Consider and Approve Revised OPPE Policy

Dr. Bogey provided a review of the Revised Ongoing Professional Practice Evaluation ("OPPE") Policy.

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

**MOTION**: By Director Pack to approve the OPPE Policy as presented; Second by Director Shelton.

**Moved/Seconded/and Unanimously Carried:** Ayes: Directors Johnson, Shelton, and Pack. Approved 3-0 by roll call. Hernandez and Sanchez absent.

### 6. Receive Informational Reports

A. Board Education – Merger, Affiliation and Partnership; Risks and Benefits

Jeff Sommer, Managing Director with Stroudwater Associates, presented *Revitalizing Rural Healthcare: The Powers and Potential of Partnership.* 

A PowerPoint Presentation was provided to the Board and public.

An opportunity was provided for public comment and individuals were given three minutes.

B. Transaction Update

The District's consultant, Richard Peil of B.Riley, provided an update regarding the District's potential transaction partners: County of San Benito, Insight, AAM, and SBHCA. The original deadline for submittals was extended from April 22, 2024 to April 29, 2024. SBHCA issued a letter withdrawing its proposal. HCA issued its final valuation report.

An opportunity was provided for public comment and individuals were given three minutes.

### C. Chief Executive Officer

Mary Casillas provided highlights of the Chief Executive Officer Report, which is included in the Board packet.

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

### D. Nurse Executive Consultant

Andie Posey announced today is her last day with the District, and provided highlights of the Nurse Executive Consultant Report, which is included in the Board packet.

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

- E. Finance Committee
  - 1. Finance Committee Meeting Minutes April 18, 2024
  - 2. Review Financial Updates
    - Financial Statements March 2024
    - Finance Dashboard March 2024

Mark Robinson provided a review of the financial statements and dashboard included in the Board packet.

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

### 7. Action Items

A. Consider Recommendation for Board Approval of Telemetry Services (Robinson) Agreement with Hicuity Health, Inc. for Three Years – deferred.

### 8. Public Comment

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

### 9. Closed Session

Vice President Johnson announced one item to be discussed in Closed Session as listed on the posted Agenda: Conference with Legal Counsel-Existing Litigation, Government Code §54956.9(d)(1). The meeting was recessed into Closed Session at 6:45 p.m.

The Board completed its business of the Closed Session at 7:18 p.m.

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

The Board of Directors reconvened into Open Session at 7:18 p.m. District Counsel Heidi Quinn reported that in Closed Session, the Board discussed one item: Conference with Counsel – Existing Litigation. There was no reportable action taken by the Board in Closed Session.

# 11. Adjournment:

There being no further regular business or actions, the meeting was adjourned at 7:20 p.m.

The next Regular Meeting of the Board of Directors is scheduled for Thursday, May 23, 2024 at 5:00 p.m.



# **Fall Prevention**

### Disclaimer

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### **Revision Insight**

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

Revision Note: Updated from PDF to HTML format. Policy reviewed and updated.

10396 3 Shanell Kerkes, No revision official date



 DocID:
 10396

 Revision:
 3

 Status:
 In preparation

 Department:
 Administration - Multidisciplinary

 Manual(s):
 1

# **Policy : Fall Prevention**

### PURPOSE

Our purpose is to establish and implement effective measures aimed at preventing falls within our organization. Through comprehensive risk assessment, education, and intervention strategies, we are committed to creating a safe environment that minimizes the risk of falls and promotes the well-being of our employees/residents/patients.

### DEFINITIONS

A patient fall is a sudden, unintentional descent, with or without sustained injury, that results in the patient coming to rest on the floor, on or against some other surface, on another person, or on an object. This includes all unassisted and assisted falls regardless of the patient's age or admission status (National Database of Nursing Quality Indicators [NDNQI], 2020).

All falls by visitors, students, or staff members are excluded from the above. Following existing Facility policy in order to address falls by visitors, students, or staff members.

### POLICY AND PROCEDURE STATEMENTS

- 1. All patients will be evaluated for fall potential through completion of the appropriate Falls Risk Assessment. This will occur during the admission assessment process; initial, daily nursing assessment; at minimum of once per shift; following a change in medical condition and/or level of care; and post fall.
- 2. Based on the level of fall risk, nursing interventions will be initiated and will be captured on the patient's plan of care.
- 3. Regardless of risk stratification, standard of care fall prevention elements will be implemented on all patients.

#### ASSESSMENT

- Each adult patient within an inpatient unit will be assessed for fall using the Morse Fall Risk Assessment tool which appraises the following elements:

   a. History of falls (immediate or previous [last three months]);
  - b. Secondary diagnosis
  - c. Ambulatory aid;
  - d. IV/Heparin lock;
  - e. Gait/Transferring; and
  - f. Mental Status
- 2. Each pediatric inpatient, will be assessed for fall risk using The Humpty Dumpty Fall scale.
- 3. Reassessment of fall risk will occur, at minimum, once per shift; following a change in medical condition and/or level of care; and post fall.

#### STANDARD OF CARE

- 1. Regardless of risk score or level of stratification, the following will be in place for all patients across HHH:
  - a. Care Process
    - i. Hourly Safety Rounding
    - ii. Bedside Shift report that includes communication of fall risk and active interventions
    - iii. Communication of fall risk and active interventions during all handoff reports to other departments and disciplines.
  - b. Physical Environment
    - i. Ensure adequate lighting and a clear path to the bathroom,
    - ii. Ensure the patient's call device and all necessary personal belongings are within reach
    - iii. Place bed in low position, secure wheel locks, and position two side-rails up within patient consent. Keep wheelchair wheel locks in 'locked' position when stationary
    - iv. Provide patient with non-skid footwear or utilize patient's own footwear provided it is well-fitting and slip resistant
    - v. Minimize room clutter and keep floor surfaces clean and dry
    - vi. Identify patients at moderate or high risk of fall with appropriate fall risk signage including, but not limited to, laminated signs, yellow wristband, yellow socks, etc.
  - c. Patient/Visitor Education
    - i. Familiarize patient with environment
    - ii. Discuss home safety measures with patient or visitors and review precaution details routinely with patient and visitors.
    - iii. Educate patient on the use of call device ensuring appropriate return demonstration
    - iv. Consider patient's learning needs when providing education

2. For high fall risk patients: implement the following interventions in addition to the additional standard interventions above.

- a. Identify patients at moderate or high risk of fall with appropriate fall risk signage including, but not limited to, laminated signs, yellow wristband, yellow socks, etc.
- b. Use bed/chair alarms
- c. Discuss prevention strategies with patient/family/care givers/visitors.
- d. Find out if the patient is able to use call light system.
- e. Remind patients to call for help when getting up or toileting
- f. Use incontinence products that don't affect patient's mobility.
- g. Assign a room and type of bed that allows safe transfer, ambulation, and monitoring.
- h. DO NOT leave patient unattended in bathroom, or when out of bed.

#### DOCUMENTATION

- 1. Each patient will have Morse fall scale score, or The Humpty Dumpty Fall scale and risk level documented within the Electronic Health Record (EHR) at the time intervals noted on page 1.
  - a. The overall score and corresponding risk level will be auto-calculated based in the individually documented elements.
- 2. Following the calculation of a fall score and risk level, the nurse will document all active, applicable interventions pursuant to the individual needs of each patient.
- 3. Every patient should have fall prevention measures listed as a part of their individualized plan of care.

#### POST-FALL PROCESS

- 1. Injury Assessment
  - a. Prior to being moved, the patient will be immediately assessed for obvious injuries and to determine level of severity. Assessment will include: vital signs, neurological, musculoskeletal, circulatory, integumentary, psychological status, and pain.
  - b. A fall debriefing huddle will occur on the same shift as the fall to gather all pertinent data. A Nursing Leadership representative will be present during the debriefing for coaching and guidance.
- 2. Notifications of the fall
  - a. At a minimum, the Attending Physician, Nursing Leader, and patient's legal representative will be notified as soon as possible.
  - b. All notifications will be documented in the EHR.

#### 3. Reporting

- a. For each patient fall, the nurse will document in the Post Fall Assessment intervention within the EHR.
- b. All falls will be reported in the facility's event reporting system.
- c. Serious Safety Event reporting will be completed for all falls resulting in fracture(s) or brain bleed(s).

### **REFERENCE/LINKS**

 National Database of Nursing Quality Indicators. (2020). Guidelines for data collection and submission on patient falls indicator. Press Ganey. https://members.nursingquality.org/NDNQIPortal/Documents/General/Guidelines%20-%20PatientFalls.pdf? linkid=s0\_f776\_m73\_m230\_a0\_m236\_a0\_m242\_a0#:%7E:text=Fall%20A%20patient%20fall%20is,e.g.%2C%20a%20trash%20can

### ATTACHMENTS

A. Morse Fall Risk Assessment

Morse Fall Risk As	sessment		
History of falling; immediate or within 3 months.	O No O Yes		
Secondary Diagnosis	O No O Yes		
Ambulatory Aid	○ None/bed rest/nurse asst ○ Crutches/cane/walker ○ Furniture		
IV/Heparin Lock	O No O Yes		
Gait/Transferring	O Normal/bedrest/immobile O Weak O Impaired		
Mental Status	○ Oriented to own ability ○ Forgets limitations		
Morse Fall Scale Score	0 = No Risk for falls <25 = Low risk 25-45 = Moderate risk >45 = High Risk		
Fall Risk Precautio			
Low Fall Risk	O Yes O No		
Precautions Implemented	Change positions slowly, familiarize patient with environment, provide call light within reach, adequate lighting, belongings within reach, proper footwear, keep bed in low positions, medication review, brakes locked, minimize clutter.		
O Yes ○ No			
Moderate Fall Risk Precautions Implemented	Change positions slowly, familiarize patient with environment, provide call light within reach, adequate lighting, belongings within reach, proper footwear, keep bed in low positions, medication review, brakes locked, minimize clutter, instruct patient to call for help when getting out of bed, assistance when out of bed, appropriate signage at door, belongings within reach, proper footwear, keep bed in low positions, yellow wrist band, yellow socks, bed/chair alarm, frequent rounding, toileting, near nurses station when possible.		
	O Yes O No		
High Fall Risk Precautions Implemented	Change positions slowly, familiarize patient with environment, provide call light within reach, adequate lighting, belongings within reach, proper footwear, keep bed in low positions, medication review, brakes locked, minimize clutter, instruct patient to call for help when getting out of bed, assistance when out of bed, appropriate signage at door, belongings within reach, proper footwear, keep bed in low positions, yellow wrist band, yellow socks, bed/chair alarm, frequent rounding, toileting, near nurses station, encourage family presence, consider utilizing sitter.		

#### B. Humpty Dumpty Fall Risk Assessment

Humpty Dumpty F	all Risk Assessment		
Age	$\bigcirc$ < 3 years old $\bigcirc$ 3 to < 7 years old $\bigcirc$ 7 to < 13 years old $\bigcirc$ 13 years old and above		
Gender	O Male O Female		
	○ Neurological Diagnosis ○ Oxygenation Alteration* ○ Psych/Behavioral Disorder ○ Other Diagnosis		
Diagnosis	*Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia, Syncope/Dizziness, etc.)		
Cognitive Impairments	O Cognitive Impairments O Forget Limitations O Oriented to own Ability		
	○ FallHx,Inf-Toddler in bed ○ Assistive Device, in Crib ○ Patient Placed in Bed ○ Outpatient Area		
Environmental Factors	<ul> <li>History of Falls or Infant-Toddler Placed in Bed</li> <li>Patient uses assistive devices or Infant</li> <li>Toddler in Crib or Furniture/Lighting (Tripled Room)</li> <li>Patient Placed in Bed</li> <li>Outpatient Area</li> </ul>		
Response to Surgery/Sedation/ Anesthesia	○ Within 24 hours ○ Within 48 hours ○ More than 48 hours/None		
	○ Multiple Usage of meds* ○ One of the Meds* ○ Other Medications/None		
Medication Usage	*Sedatives(excluding ICU patients sedated and paralyzed), Hypnotics, Barbiturates, Phenothiazines Antidepressants, Laxatives/Diuretics, Narcotics.		
Humpty Dumpty F	all Risk Score		
Humpty Dumpty Fall Risk Score	Fall Risk: Low Humpty Dumpty Score = 7-11 High Risk Humpty Dumpty Score = 12 or above		

Fall Risk Precautio	ons
	O Yes O No Comment
Low Fall Risk Precautions Implemented	Change positions slowly, familiarize patient and parent/caregiver with environment, provide call light within reach, adequate lighting, belongings within reach, proper footwear, keep bed in low positions, medication review, brakes locked, minimize clutter, instruct patient to call for help when getting out of bed, assistance when out of bed, appropriate signage at door, belongings within reach, proper footwear, keep bed in low positions, yellow wrist band, yellow socks, bed/chair alarm, frequent rounding, toileting, near nurses station when possible. Provide safety education to parent/caregiver.
	O Yes O No Comment
High Fall Risk Precautions Implemented	Change positions slowly, familiarize patient and parent/caregiver with environment, provide call light within reach, adequate lighting, belongings within reach, proper footwear, keep bed in low positions, medication review, brakes locked, minimize clutter, instruct patient to call for help when getting out of bed, assistance when out of bed, appropriate signage at door, belongings within reach, proper footwear, keep bed in low positions, yellow wrist band, yellow socks, bed/chair alarm, frequent rounding, toileting, near nurses station, encourage family presence, consider utilizing sitter. Provide safety education to parent/caregiver.

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[05/01/2001], [07/01/2011], [05/04/2021 Rev. 0], [05/26/2021 Rev. 1], [05/27/2021 Rev. 2] [05/01/2007], [08/01/2009], [12/01/2012], [12/01/2014], [06/01/2018], [11/01/2019] rounding, humpty dumpty, slip, wristband, sock, morse

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# **Student Shadowing**

### Disclaimer

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### **Revision Insight**

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

Revision Note: New Policy. 12082 0 Brittney Slibsager, Director No revision official date



12082 Revision: 0 In preparation Medical Staff Services Department: Manual(s):

DocID:

Status:

# Policy : Student Shadowing

### PURPOSE

This policy outlines the guidelines and expectations for accepting and accommodating shadowing students within the San Benito Health Care District (SBHCD) facilities including all hospital departments, physical therapy and the community clinics.

### DEFINITIONS

- Shadowing student: An individual who is observing and learning from healthcare professionals within the facility without direct involvement in patient care.
- Preceptor: A qualified healthcare professional responsible for supervising and guiding the shadowing student.

### PROCEDURE

- Shadowing opportunities are open to medical, nursing, and allied health students from accredited educational schools that have an agreement with Hazel Hawkins Memorial Hospital.
- · Interested students must submit a formal application.
- Application will be reviewed by Human Resources to determine if the student has ever been employed by SBHCD, had any personnel actions or termination. If the student is an employee or volunteer, they must be in good standing with SBHCD.
- If it is established that the student has undergone human resources-related actions or termination, the department director/manager will engage in a discussion to assess the student's eligibility to participate in the student rotation.
- Applications will be reviewed by the appropriate department director/manager, and approved or denied based on the availability of preceptors, patient privacy considerations, and compliance with facility policies.
- Accepted shadowing students must complete all required employee health requirements within the year of the rotation and attend an orientation session with Human Resources to review facility policies, procedures and expectations before being cleared to shadow.
- Shadowing students will be assigned a preceptor who will provide guidance and ensure compliance with all facility policies.
- · Preceptors must have the appropriate qualification and experience to supervise shadowing students effectively.
- · Preceptor will not allow student to participate in direct patient care, perform invasive procedures, or make independent medical decisions.
- Students must adhere to the Hazel Hawkins Memorial Hospital dress code and wear appropriate attire, including student identification badges.
- The sponsoring provider, staff and student understand that SBHCD has the right to end the rotation at any point for violating SBHCD policy and procedures
- The student acknowledges participation in appropriate training and information from the sponsoring physician or school relating to this risk and is capable of making an informed decision. The student elects to assume this risk and agrees to take recommended precautions.
- The duration of shadowing experiences will be determined on a case-by-case basis, with consideration given to departmental needs and student availability. Students should adhere to agreed-upon schedule and be punctual.

12082 Medical Staff Services Slibsager, Brittney Document Status Department Director Next Review Date In preparation Slibsager, Brittney

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# **Student Clinical Rotation**

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### **Revision Insight**

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

Revision Note: New policy. 12083 0 Brittney Slibsager, Director No revision official date



DocID: 12083 Revision: 0 Status: In prepar Department: Medical S Manual(s):

0 In preparation Medical Staff Services

# Policy : Student Clinical Rotation

### PURPOSE

To provide a framework for allied health/medical student clinical rotations through the San Benito Health Care District (SBHCD) affiliated clinics, Skilled Nursing Facilities (SNF), and offsite locations and outline expectations for students and their preceptors.

### POLICY

- The applicant must be a student enrolled in an accredited program for the M.D., D.O. degree, Physician Assistant, Nurse Practitioner, Registered Nurse, License Vocational Nurse, CNA, Medical Assisting, Radiology Technologist or Phlebotomy.
- Each student must accompany their sponsoring provider, wear school issued student photo ID, wear scrubs or business attire, and be introduced to every patient and hospital personnel as a student.
- Students who are current employees of the District are not permitted to participate in a rotation in the department they are employed in. Nursing students may be an exception with the approval of their supervisor or instructor.
- Students cannot be an immediate relative to the preceptor.

### PROCEDURE

- 1. School representative (instructor, advisor, dean, student or placement coordinator) contacts the Medical Staff office to initiate placement.
- 2. Student will complete the application for student rotation.
- 3. Application will be reviewed by Human Resources to determine if the student has ever been employed by SBHCD and had any personnel actions or termination.
- 4. If it is established that the student has undergone human resources-related actions or termination, the department director/manager will engage in a discussion to assess the student's eligibility to participate in the student rotation.
- 5. The Medical Staff office confirms a current School Affiliation Agreement is in place between school and San Benito Health Care District. If Affiliation Agreement is not in place, school will contact the administrative analyst to provide/request an agreement and the administrative analyst will send agreement to District's counsel for review.
- 6. The Medical Staff determines if placement opportunity exists after affiliation, agreement is confirmed and department manager/director is contacted.
- 7. The Medical Staff notifies school of successful placement or inability to meet request.
- 8. Student will complete the following required items for placement consideration:
  - a. Application for Student Rotation (Attachment A)
  - b. Confidentiality Agreement (Attachment B)
  - c. Employee Health clearance (Attachment C) refer to policy number 11401
  - d. Human Resources clearance
- 9. The application for Student Rotation will be reviewed and approved, or denied with a documented reason. The affiliated program and the student will be notified with the final decision.

### ATTACHMENTS

- A. Application for Student Observation
- B. Medical Staff Confidentiality
- C. Sponsoring Physician & Student Agreement
- D. Employee Health's, Health Screening Policy-Students, Contract Workers and Licensed Independent Practitioners

#### Attachment: A

APPLICATION FOR STUDENT ROTATION		
Last Name	First Name	
Home Address:		
City:	Zip:	
Cell Phone:	_ Email:	
School:	Program:	
Current Hazel Hawkins Employee Pr	revious Hazel Hawkins Employee	
In case of an emergency, please notif	ÿ:	
Name:	Phone Number:	
Relationship:		
confidential. To divulge any patient inform program. This includes discussing a patient's	mber that all times, all patient information must be kept strictly ation is cause for immediate dismissal from the student rotation presence in the hospital, diagnosis, condition, care, progress or any at; whether while on duty at the hospital, off duty outside the hospital,	
Student Signature:	Date:	
Result of Application:		
Approved by:	Date:	
OR		
Denied by:	Date:	
Reason:		

#### CONFIDENTIALITY AGREEMENT

As a student under supervision at San Benito Health Care District Hospital or one of its affiliated clinics, Skilled Nursing Facilities (SNF), or offsite locations, I may be involved in the evaluation and improvement of the quality of care and treatment of patients. "Protected Health Information" (PHI) is any patient, physician, employee and business information obtained during the course of work for or association with the San Benito Health Care District. The terms of this Agreement have their basis in System policies and applicable law, including the Health Insurance Portability and Accountability Act (HIPAA).

I will treat all Protected Health Information(PHI) as strictly confidential, and will not reveal or discuss this information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access PHI to the extent permitted and necessary for me to complete my intended observations and functions. I will not disclose identifying information (e.g. name, date of birth, etc.) if the information can be removed prior to disclosing or using the information.

I understand and acknowledge that, as a result of my student or volunteer status, I may witness patient services and information that are private and confidential. I will abide by all Hospital Policies and Procedures in my rotation at any of the District locations.

I understand that the San Benito Health Care District and any of its affiliated locations reserve the right to audit, investigate, monitor, access, review, and report on my use of any PHI obtained during my rotation with or without advance notice to me and with or without my knowledge.

I understand and acknowledge that any breach of confidentiality or misuse of information may result in termination of my access to the system and end my rotation immediately.

My signature below acknowledges that I have read and understand this agreement.

Student (please print)

Signature of Student

Date

\_

	ENT AGREEMENT
Medical Students	1
As a physician/mid-level on staff at San Benito Health Care Distr	rict (SBHCD), I agree to sponsor:
for the period of	to
Below are the responsibilities associated with the correspond program:	ding level of training as outlined by the
THE PHYSICIAN AND STUDENT AGREE TO ABIDE BY THE FOLLO	WING:
<ul> <li>The student will be under the direction and supervision Sponsoring physician/provider will be present in the faci student.</li> </ul>	
<ul> <li>The affiliated school will assure the student has the nece exposure prevention, blood borne pathogen protection any necessary protective items in accordance with SBHCD</li> </ul>	and other personal safety and will wear
<ul> <li>The student recognizes that in seeking this permission t they could be exposed to blood borne pathogens, TB, or o</li> </ul>	
<ul> <li>The student acknowledges participation in appropria sponsoring physician or school relating to this risk and is The student elects to assume this risk and agrees to take r</li> </ul>	capable of making an informed decision.
<ul> <li>The sponsoring physician and student understand that SE any point for violating hospital policies and procedure.</li> </ul>	3HCD has the right to end the rotation at
<ul> <li>The sponsoring physician is responsible for obtaining permitting the student's involvement.</li> </ul>	verbal authorization from each patient
<ul> <li>The student will not be compensated for their time durin of its affiliated locations.</li> </ul>	g their student rotation at SBHCD or one
<ul> <li>The student will NOT accept or give verbal or telephone contact for the patient.</li> </ul>	physician orders, or be the first point of
Physician Signature:	Date:
Print Name:	
STUDENT OBSERVATION ACKNOWLEDGEMENT PORT	
ů	at I have received, read and will comply
(Please Print Name) vith the San Benito Health Care District Student Rotation Policy comply with the requirements as stated on this policy.	y. I certify that I understand and agree to
tudent Signature:	Date:

12083 Medical Staff Services Slibsager, Brittney Document Status Department Director Next Review Date In preparation Slibsager, Brittney

Health Screening- Students, Contract Workers and Licensed Independent Practitioners

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To:San Benito Health Care District Board of DirectorsFrom:Amy Breen-Lema, Vice President, Clinic, Ambulatory & Physician ServicesDate:May 15, 2024Re:All Clinics – April 2024

Clinic Location	Total visits
Orthopedic Specialty	390
Multi-Specialty	683
Sunset	905
Surgery & Primary Care	264
San Juan Bautista	382
1st Street	797
4th Street	1,143
Barragan	673
Total	5,237

# **Rural Health and Specialty Clinics' visit volumes**

- We are delighted to welcome back orthopedic surgeon Dr. Russell Dedini to our Orthopedic Center. His exceptional care and patient-centered approach have been greatly missed by both patients and staff. Dr. Dedini's return has been met with enthusiasm and he shares our excitement to have him back.
- We are pleased to welcome back family medicine physician assistant Bruce Strickland, PA to help bridge a primary care gap as we integrate new Advanced Practice Providers (APP) graduates who are projected to begin in mid-to-late summer.



To: San Benito Health Care District Board of Directors

From: Dee Cross, RN, MLS, Interim Director of Nursing, Skilled Nursing Facility

### 1. Census Statistics: April 2024

Southside	2024	Northside	2024
Total Number of Admissions	13	Total Number of Admissions	6
Number of Transfers from HHH	10	Number of Transfers from HHH	5
Number of Transfers to HHH	3	Number of Transfers to HHH	2
Number of Deaths	2	Number of Deaths	1
Number of Discharges	10	Number of Discharges	2
Total Discharges	12	Total Discharges	3
Total Census Days	1202	Total Census Days	1,223

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

### 2. Total Admissions: April 2024

Southside	From	Payor	Northside	From	Payor
6	ННМН	Medicare	3	ННН	Medicare
2	HHMH/Re-Admit	Medicare	2	ННН	CCA
2	HHMH/Re-Admit	CCA	1	HOME	CCA
1	CHOMP/Re-Admit	Hospice			
2	SVM/Re-Admit	Medicare			
Total: 13			Total:		

## 3. Total Discharges by Payor: April 2024

Southside	2024	Northside	2024
Medicare	9	Medicare	0
Medicare MC	0	Medicare MC	0
CCA	3	CCA	2
Medical	0	Medical	0
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	0	Hospice	1
Private (self-pay)	0	Private (self ay)	0
Insurance	0	Insurance	0
Total:	12	Total:	3

# 4. Total Patient Days by Payor: April 2024

Southside	2024	Northside	2024
Medicare	186	Medicare	35
Medicare MC	0	Medicare MC	0
CCA	942	CCA	983
Medical	30	Medical	120
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	14	Hospice	46
Private (self-pay)	30	Private (self-pay)	30
Insurance	0	Insurance	0
Bed Hold / LOA	15	Bed Hold / LOA	9
Total:	1217	Total:	1223
Average Daily Census	40.57	Average Daily Census	40.77



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

### Date: May 2024

Re: Laboratory and Diagnostic Imaging

### Updates:

### Laboratory

- 1. Service/Outreach
  - Supervisor scheduling check-ins with Providers for service feedback.
- 2. Quality Assurance/Performance Improvement Activities
  - Currently working with Nursing departments on a process improvement for blood transfusion documentation.
  - Preparation for chemistry analyzer replacement presentation

### 3. Laboratory Statistics

	April 2024	YTD
Total Outpatient Volume	3850	15936
Main Laboratory	1195	4748
HHH Employee Covid Testing	9	32
Mc Cray Lab	971	4290
Sunnyslope Lab	383	1527
SJB and 4 <sup>th</sup> Street	40	184
ER and ASC	1252	5155
Total Inpatient Volume	310	914

### **Diagnostic Imaging**

- 1. Service/Outreach
  - New service evaluation for CT  $\rightarrow$  low dose lung screening exam
- 2. Quality Assurance/Performance Improvement Activities
  - Assessment of the current C-arm machine that is estimated to be 17 years old.



### 3. Diagnostic Imaging Statistics

	April 2024	YTD
Radiology	1803	7060
Mammography	751	2906
СТ	905	3555
MRI	178	627
Echocardiography	120	466
Ultrasound	811	3063



- TO: San Benito Health Care District Board of Directors
- FROM: Liz Sparling, Foundation Director

DATE: May 2024

RE: Foundation Report

The Hazel Hawkins Hospital Foundation Board of Trustees met on May 9 at Noon the in the Horizon Room.

Fina	ncial Report	April
1.	Income	\$ 14,214.49
2.	Expenses	\$ 4,983.32
3.	New Donors	1
4.	Total Donations	171

### Allocations

- \$5,700 for SCIFIT PRO 1000 Upper Body Exerciser for Physical Therapy
- \$11,399.68 available spendable interest in our Community Foundation Endowment Account for Scholarships
- \$21,250 for Scholarships for students in the medical field

### **Directors Report**

- Our All for 1 Employee Giving Campaign ran the month of April. We had 72 participants pledging \$57, 064. Thank you to all the employees who participated.
- Ann Marie Barragan, Irene Davis and I were invited to meet with the Chief Empowerment Officer from SBEV, the non-profit organization that Insight has in Flint Michigan. They gave us a presentation on their after school program.
- Our taxes are almost complete have been completed and submitted.
- I am currently on a Committee that is trying to get a Leadership Program back into San Benito County. We are currently operating under the Community Foundation as the San Benito County Leadership Institute. The application for the fall class is now available. If you know anyone who would be interested, please let me know and I can get them more information.

### **Dinner Dance Report:**

• We are excited about our in person Dinner Dance this year on **November 2**<sup>nd</sup> at the Paicines Ranch. Please mark your calendars!

### Scholarship Committee:

- The Committee selected the recipients for our Foundation Scholarships for students perusing their career in the medical field. We had 14 applications submitted and allocated \$21,250 to the awardees. Out of the 14 recipients, seven of them are employees at HHH!
- The recipients are: Serena Adame, Adriana Arroyo, Lacey Bourdet, Angela Costales, Freida Figueroa, Caitlin Guerrero, Alyssa Guth, Zara Hassan, Anahi Martinez-Nunez, Ana (Annie) Nunez, Griselda Reynoso, Amber Stroud, Rosie Valencia and Levana Zamora. Also, Mishel Thomas, HHH Clinic Operations Manager, Rural Health Clinics & Specialty Offices received a scholarship from the Foundation to attend the San Benito County Leadership Institue that will begin this fall.



# Board of Director's Report May 2024

Marketing/Public Relations

## MARKETING

#### **Social Media Posts** •



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to.t	HHMH Employees Contribute to Successful 2024 Annual Giving Campaign Many thanks to all of the employees who participated in our Foundation's All-for-1 Employee Giving Campaign. We had 72 employees that pledged a total of \$57,064 to the HHMH Foundation. To learn more about what the Foundation does for the Hospital and Skilled Tue, May 14	Post reach 154	Engagement 62
ý.	We kicked off Hospital Week this morning with our employees enjoying free coffee drinks from Calavera Coffee courtesy of USACS (our Hospitalist & ER physician group). Our employees also enjoyed delicious homemade scones courtesy of our Dietary staff. Mon, May 13	Post reach 653	Engagement 295
HIM	HAZEL HAWKINS MEMORIAL HOSPITAL RECEIVES PRESTIGIOUS BABY-FRIENDLY DESIGNATION Hazel Hawkins Memorial Hospital (HHMH) is proud to announce that it has achieved the highly prestigious international Baby- Friendly designation after a rigorous review process conducted by Baby-Friendly USA, the organization responsibl Fri, May 10	Post reach 1,050	Engagement 449
it.	This week we are celebrating Nurses Week! We celebrate their dedication, experience, compassion and excellence in care they provide to our patients each and every day. Many thanks to all of our nurses in the Clinics, Skilled Nursing Facilities, Med/Surg, ICU, OB, ER, Surgery, PACU, Quality, Case Management, Infection Prevention, Employee Healt Fri, May 10	Post reach 1,006	Engagement 697
-	We were honored to be able to help our local VFW and a community member send a restored WWII monument sign back to its original hometown. They were in need of someone to help facilitate the shipping of heavy freight and our Support Services Director and Purchasing Manager, along with a couple of our Engineers were happy to b Thu, May 9	Post reach 1,152	Engagement 424
	We are pleased to partner with the California Department of Public Health to introduce their Never a Bother Youth Suicide Prevention Campaign to increase awareness, support and resources among California's youth. To learn more about how you can support youth in our community, click on this link: https://neverabother.org/ Tue, May 7	Post reach 170	Engagement 6
	The California Hospital Association filed a lawsuit against Anthem Blue Cross, alleging slow insurance approvals result in delays for patients and unnecessary hospital costs. Mon, May 6	Post reach 144	Engagement 7
-	This week we celebrated National Volunteer Week. We have over 90 active volunteers working throughout the hospital, our skilled nursing facilities, in our Gift Shop and Hazel's Treasures. We held a Brunch today to honor all of our wonderful volunteers. Many thanks to each and every one of you for your contributions of time, talent and Sat, Apr 27	Post reach 1,938	Engagement 132
5	Please join the Hollister Police Department for National Prescription Drug Take Back Day on Saturday, April 27 from 10 am - 2 pm at the Target parking lot. This is an excellent opportunity to remove expired/unused/no longer needed prescription drugs from your home. Fri, Apr 26	Post reach 264	Engagement 5
	Consider giving the "Gift of Life" by donating blood. Our next Blood Drive takes place on Saturday. April 27th. For more information call 888-723-7831 or visit https://sbcdonor.org/donor/schedules/drive_schedule/13291 Thu, Apr 25	Post reach 972	Engagement 16
5	Hospital CEO, Mary Casillas, participated in this video from the California Hospital Association highlighting the rural hospital crisis in California and the lack of sustainable reimbursement rates. Click link to view video: https://twitter.com/CalHospitals/status/1780304186544095566 Wed, Apr 24	Post reach 433	Engagement 67
	Consider giving the "Gift of Life" by donating blood. Our next Blood Drive takes place on Saturday, April 27th. Mon, Apr 22	Post reach 346	Engagement 5
L	WELCOME BACK DR. DEDINI! We are excited to announce that after a brief time away, Dr. Russell Dedini, Orthopedic Surgeon has returned to HHH and the Hollister Orthopedic Specialty Center. To find out more about Dr. Dedeni, click on the link Thu, Apr 18	Post reach 903	Engagement 143
1111 <b>P</b>	We are pleased to partner with the California Department of Public Health to introduce their Never a Bother Youth Suicide Prevention Campaign to increase awareness, support and resources among California's youth. To learn more about how you can support youth in our community, click on this link: https://neverabother.org/ Tue, Apr 16	Post reach 201	Engagement 4
	HHH Welcomes Dr. Stefan Klein, Orthopedic Surgeon to our Hollister Orthopedic Specialty Center. Dr. Klein specializes in the treatment of hands, wrists, elbows and shoulders. If you are in need of orthopedic services, ask your physician for a referral to Dr. Klein located at 930 Sunnyslope Road, Ste. C4 (831) 636-7950 Mon, Apr 15	Post reach 855	Engagement 111
	Many thanks to the Women's Club of Hollister for donating bookshelves and books to all of our Community Health Clinics on behalf of their Literacy 2 Love project. The program offers children's books for all ages to patients to take home to keep. The books are a huge hit with our pediatric patients! Wed, Apr 10	Post reach 854	Engagement 193
nagina an dada i a Antonio ang Antonio ang Antonio ang Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio Antonio	We're Celebrating Doctor's Day Sat, Mar 30	Post reach 571	Engagement 145
2	FROM OUR CEO, MARY CASILLAS: As the first female CEO at Hazel Hawkins Memorial Hospital, I would like to acknowledge the women who empower and lift other women up especially those who work alongside me every day and in our greater San Benito County Community. For me, being surrounded with a bright, talented, positive Thu, Mar 28	Post reach 1,537	Engagement 221
	Our #1 goal is Service Excellence and making a difference in the lives of our patients. Today, Taunya from IT, did an		-

Our #1 goal is Service Excellence and making a difference in the lives of our patients. Today, Taunya from IT, did an outstanding job taking extra time in helping a patient access and navigate our new patient portal. The patient was so grateful that she brought Taunya some flowers. We are so proud to have you on our team Taunya! Thank you f... Wed, Mar 27

26

Post reach Engage

3,006

531



# **EMPLOYEE ENGAGEMENT**

### Employees:

- Recognition Weeks for May:
  - 6 12 Nurses Week
  - 12 18 Hospital Week
  - 12 18 Skilled Nursing Care Week
- Coordinated events for Hospital/Nurses/Skilled Nursing Weeks
  - ◊ Nurse Week Breakfast
  - ◊ Free meals for employees
  - ◊ Free Scones and Coffee
  - ◊ Free Ice Cream Bars/ Waffles for Offsite locations/ Brownie Trays for night shift
  - ◊ BBQ for employees/Pizza for night shft
  - ◊ Casual for a Cause Friday Blue Jeans/Food Truck Friday

# MEDIA

### Public:

Working with Marcus Young from townKRYER PR agency on proactive PR.

- Press Releases
  - HHMH Achieves Prestigious Baby Friendly Designation

VIDEO'S POSTED ON SOCIAL MEDIA

- Welcome Back Dr. Dedini
- Volunteer Appreciation Brunch

# COMMUNITY

- Participated in a health fair at Twin Oaks Active Adult Community
- Served on SBC Chamber Man/Woman of the Year Selection Committee as past recipient
- Participating on SBC Leadership Program Alumni Committee.



# PMO Project Summary Report

# Date: 5.13.24

Summary of current and completed projects managed by the Project Management Office (PMO). This is a high-level overview of the PMO's activity, highlighting key initiatives and their outcomes.

# Current Projects

Project Name	<u>Project</u> Description	<u>Start Date</u>	Target Completion Date	Current Status	<u>Key Deliverables</u>
Access eForms/Passport	Access Passport is a web-based forms solution that provides access to the functional elements you need to remove all paper from your forms processes—making them completely electronic from start to finish.	4/29/24	11/30/24	Form design has begun	New registration forms and new hardware install
BD Anti Diversion & Pyxis Install	Install larger Pyxis in ICU. Current one will go to OB Surg. Install new in PACU and outside OR. Returning Anesthesia units. Implement pharmacy diversion software across all.	2/9/24	TBD	Meeting scheduled for 5.21.24. Data extracts and mapping tables are being worked on	<ul> <li>Install add'I units and move units</li> <li>Install diversion software on units</li> <li>Install data drops and electrical</li> </ul>
EHR Project	Identify and demo EHR systems	2/14/24	TBD	2 <sup>nd</sup> phase initiated for Expanse – ROI data being captured	ROI data compiled by Finance
Insight Due Diligence	Coordinate gathering of data and put in data room	3/19/24	5/31/24	Data room established and data is being populated to it	Collect data and populate new data room



MD Staff	MD-Staff is a feature rich enterprise level credentialing system that is powerful, user friendly, and intuitive.	3/18/24	20-30 Weeks	Waiting on current vendor for data export	<ul> <li>Provide Source Data to vendor</li> <li>Provide Merge Documents and priv forms</li> <li>Training</li> <li>Add users</li> </ul>
Promoting Interoperability	Meet measures and successfully attest to CMS regulations	1/5/24	()/I = Calendar	Information	Attest and report out successful completion of identified measures

# Completed Projects – FYE 6.30.24

Project Name	Project Description	Nan Date	Completion Date	<u>Key</u> Achievements	Lessons Learned
Insight Health Visit	Coordinate Insight community visit	2/22/24	3/14/24	Introductions, data sharing, community involvement	Over- communicate
Midas Risk Pharmacy	Edit worklists to change direction of med errors to go to Pharm first to ensure MERP regulatory information is entered	4/1/24	4/4/24	Regulatory compliance	Tiffany is awesome! (I kind of already knew this.) She learned a process from a 10 min training session



Statit	Schedule, coordinate and attend STATIT training for new Med staff director	2/26/24	2/28/24	Med staff department trained on software for OPPE	
Telephone Answering Service	Research and provide options to Mishel of other answering services	3/27/24	4/8/24	Options provided to management that afforded them information to make an informed decision	
TMS	Add district assets to the Eng WO system to allow coordinating and Prev Maint scheduling	12/1/23	3/4/24	Entering of this data increases reporting capabilities and tracking of assets	
MM Charge master	Ensure charge codes for RAD are entered and general cleanup of MM charge master	4/5/24	TBD	Completed	Initial entry of data needs to be clean

# Metrics and Reporting

Surveys are being sent out to the project owners upon close of their project. We will utilize this feedback to improve our project management processes.



San Benito Health Care District

### MEDICAL EXECUTIVE COMMITTEE CREDENTIALS REPORT May 15, 2024

### **NEW APPOINTMENTS**

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
		REQUEST	

### REAPPOINTMENTS

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Tracy Chen, DO	Radiology/Radiology	Active	06/01/2024-05/31/2026
Richard Rupp, MD	Radiology/Radiology	Active	06/01/2024-05/31/2026
Peter Gerbino, MD	Surgery/Orthopedic Surgery	Affiliate	06/01/2024-05/31/2026
Jullian Nguyen, MD	Medicine/Family Medicine	Active	06/01/2024-05/31/2026
Hue Nguyen- Ngo, MD	Perinatal/Pediatrics	Active	06/01/2024-05/31/2026
Olivia Tran, PA	Medicine/Clinic Medicine	AHP	06/01/2024-05/31/2026
Matthew Twichell, CRNA	Surgery/CRNA	AHP	06/01/2024-05/31/2026

### **RESIGNATIONS/RETIREMENTS**

PRACTITIONER	DEPT/SERVICE	CURRENT STATUS	COMMENT



San Benito Health Care District

### HAZEL HAWKINS MEMORIAL HOSPITAL APPLICATION FOR CLINICAL PRIVILEGES

### **CLINIC PSYCHOLOGIST**

Name of Applicant:\_\_\_\_\_

In order to be eligible to request clinical privileges for both initial appointment and reappointment, a practitioner must meet the following minimum threshold criteria:

### **Minimum Requirements**

Education: Completion of a doctorate degree (Ph.D, Psy.D, or EDD) from a regional accredited institution

License: Current licensure by the California Board of Psychology.

Require Clinical Experience: The applicant for initial appointment or reappointment must be able to demonstrate that he/she has satisfactorily performed clinical services in the core privileges in an outpatient or inpatient setting to at least 30 patient in the past 24 months. For applicants requesting Clinic Child and Adolescent Psychologist Core Privileges, the applicant for initial appointment or reappointment must be able to demonstrate that he/she has satisfactorily performed clinical services in the core privileges in an outpatient or inpatient setting to at least 30 patient in the past 24 months, along with provide proof of coursework and training focused on a child and adolescent psychology, including developmental psychology, child psychology, and therapeutic interventions for children and adolescents.

If the applicant meets the above criteria, he/she may request privileges as specified below.

I hereby request privileges as follows:

### Clinic General Psychologist Core Privileges

Privileges include but not limited to the ability to diagnose, assess, and treat mental health and behavioral conditions. Conduct comprehensive psychological assessments, including clinical interviews, behavioral assessments, and psychometric testing. Perform risk assessments for conditions such as suicidality, homicidality, and other high-risk behaviors. Provide individual, group, and family therapy, conduct psychological testing and evaluations, and develop treatment plans.

\_\_Requested \_\_\_Approved

### **Clinic Child and Adolescent Psychologist Core Privileges**

Privileges include the ability to conduct developmentally appropriate psychological assessments for children and adolescents, including play therapy techniques, behavioral observations, and standardized testing. Diagnose mental health and developmental disorders specific to children and adolescents, such as ADHD, autism spectrum disorders, learning disabilities, and conduct disorders. Work closely with parents, guardians, and family members to support the child's mental health and developmental progress. Address acute psychological crises in children and adolescents, such as severe emotional distress, self-harm, and trauma.

Requested

Approved

I certify that I have had the necessary training and experience to perform the procedures I have requested.

Name of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

Signature of Applicant:

### **APPROVALS:**

All privileges delineated have been individually considered and have been recommended based upon the physician's specialty, licensure, specific training, experience, health status, current competence and peer recommendations.

Applicant may perform privileges as indicated.

Exceptions/Limitations: 
I None
I Specify below

**Medical Director** 

Date



### CEO Report May 2024

### **Financial Emergency Update**

- Help the County make arrangements to speak to our Foundation Board, Physicians and Employees.
- Continue to meet with Ad Hoc Committee to work through the process of a transaction.

### **CEO** Activities

- Presented a hospital update at the Intergovernmental meeting.
- Attended the last Advisory Board meeting for Pathways at the High School. The Healthcare pathway will be kicking off in the fall and we will be working with the school to have students shadow, intern, and doing site visits.
- Continue to work with CHA and DHLF on legislation for reimbursement and seismic issues.
- DHLF has asked me to sit on a CEO panel at their CEO/CFO meeting in Sacramento where we will be discussing challenges in healthcare.
- We celebrated Hospital week May 13-17. There were activities every day showing appreciation to all staff on every shift. A special shout out to Frankie Gallagher for all her work on coordinating the week.

### <u>HR</u>

• The overall turnover rate for the hospital has been consistent and is currently slightly over 5% for the year.

### **Physician Services**

- Our team continues to work with 4 agencies to recruit physicians focusing on GI, Endocrine, Psychiatry, and primary care.
- Orthopedics is set to have a full complement of physicians for that office late summer.
- With the departure of Dr. Malik, the team is creatively working on a replacement and will be increasing services to our community. We have already identified a full-time psychiatrist, full-time Mental Health Nurse Practitioner and a part-time psychologist who are undergoing medical staff credentialing. We have also identified a tele-health platform who will provide behavioral health services.

HUMAN RESO	URCES DASHE	30ARD 2024			
DEPARTMENTAL METRICS	January	February	March	April	YTD
# Employees	667	676	679	681	676
# New Hires	15	17	10	10	52
# Terminations	7	10	10	9	36
Overall Turnover	1.0%	1.5%	1.5%	1.3%	5.3%
Nursing Turnover	0.78%	1.53%	2.3%	1.6%	6.2%
Terms By Union	January	February	March	April	
The California Nurses Association (CNA)	1	2	3	2	8
National Union of Healthcare Workers (NUHW)	4	7	7	4	22
California License Vocational Nurses (CLVN)	0	0	0	2	2
Engineers and Scientists of California (ESC)	0	0	0	0	0
Non-Union	2	1	0	1	4
Terms By Reason (V=Voluntary & IV= Involuntary)	January	February	March	April	
Personal (V)	2	3	2	3	10
Retirement (V)	4	2	1	0	7
Schedule (V)	1	0	1	0	2
Job Abandonment (V)	0	2	0	0	2
No Reason Given (V)	0	2	2	4	8
Relocating (V)	0	0	1	o	1
No Show (V)	0	0	0	1	1
Performance (IV)	1	1	3	1	6

Interim Chief Nursing Officer Report

May 2024

### **Patient Care Services**

- Nurses Week Celebration
- Baby Friendly Designation
- Quality Director
- Infection Prevention Director
- Initial meeting of Employee Activities Committee

### **Quality, Regulatory, & Utilization Management**

- Continue Joint Commission survey preparation
- Restructured Multi-Disciplinary Rounds with new Case Manager
- Ongoing review and education for improved Electronic Medical Record documentation by all staff
- CDI, charge capture, and Business Continuity projects with INNOVA
- New Emergency Management/Security Director starting mid-June

Description	Target	Mar-24	Apr-24	YTD 2024
ED Visits	2370	2239	2334	8915
Admission %	10%	6%	5%	6%
LWBS %	< 2.0%	0.08%	1.60%	0.44%
Door to Provider	10 min	7 min	7 min	7 min
MS admissions	120	116	104	429
ICU admissions	22	29	21	100
Deliveries	39	38	26	124
OR Inpatient	40	39	34	137
OR Outpatient	12	11	13	39
ASC	141	105	151	490
GI	94	81	108	343

San Benito Health Care District Finance Committee Minutes May 16, 2024 - 4:30pm

Present: Jeri Hernandez, Board President Josie Sanchez, Board Secretary Mary Casillas, Chief Executive Officer Mark Robinson, Chief Financial Officer Karen Descent, Interim Chief Nursing Officer Amy Breen-Lema, Vice President Clinic, Ambulatory & Physician Services Bernadette Enderez, Director of Diagnostic Services, Clinical Laboratory William Pollard, Plant Operations Manager Sandra DiLaura, Controller

Public: G.W. Devon Pack, Robert Bernosky

### 1. CALL TO ORDER

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

### 2. <u>REVIEW FINANCIAL UPDATES</u>

### A. April 2024 Financial Statements

For the month ending April 30, 2024, the District's Net Surplus (Loss) is \$1,568,041 compared to a budgeted Surplus (Loss) of \$106,208. The District exceeded its budget for the month by \$1,461,833.

YTD as of April 30, 2024, the District's Net Surplus (Loss) is \$11,915,635 compared to a budgeted Surplus (Loss) of \$655,792. The District is exceeding its budget YTD by \$11,259,843.

It is estimated that the annual cost of returning to the pre-bankruptcy benefits plan would be approximately **\$7 million** for the first year.

The District accrued revenue for the AB113 NDPH IGTs for SFY 20222/23 "Final" and SFY 2023/24 "Interim" payments of \$140,624 and \$144,824 respectively.

Acute discharges were 158 for the month, under budget by 30 discharges or 16%. The ADC was 12.3 compared to a budget of 18.39. The ALOS was 2.34. The acute I/P gross revenue was under budget by **\$2.33** while O/P services gross revenue was **\$4.6 million** or 19% over budget. ER I/P visits were 126 and ER O/P visits were over budget by 512 visits or 30%. The RHCs & Specialty Clinics treated 4,164 (includes 673 visits at the Diabetes Clinic) and 1,073 visits respectively.

**Other Operating** revenue was under budget by **\$44,532** due mainly to lower than budgeted physician collections.

**Operating Expenses** were over budget by **\$168,337** due mainly to positive variances in: Employee Benefits of \$159,961, Professional Fees of \$16,655 and Supplies of \$73,283 being offset with higher than budgeted expenses in Registry of \$293,002 and Purchase Service of \$217,832.

**Non-operating Revenue** exceeded budget by **\$5,277** due mainly to higher than budgeted donations.

The SNFs ADC was **80.53** for the month. The Net Surplus (Loss) is **\$205,607** compared to a budget of \$207,113. YTD, the Net Surplus (Loss) is \$3,335,367, exceeding its budget by \$1,130,866.

### B. March 2024 Finance Dashboard

The Finance Dashboard and Cash Flow Statement were reviewed by the Committee.

### C. Other Financial Updates

Other items noted included:

- Supplemental Payment Program in detail and when to expect reimbursements.
- Distressed Hospital Loan Program Award Letter Amendment term 72 months (no payments 18 months), 0% fixed interest, \$185,185.19/mth.

### 3. BOARD RESOLUTION #2024-01.

A. **Distressed Hospital Loan Program** – CHFFA - The resolution would allow for submission of the loan application and give the CEO and CFO of the District authorization to execute the Loan Agreement Promissory Note. Finance Committee recommends this resolution for Board approval.

### 4. <u>CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF LABORATORY CHEMISTRY ANALYZER</u> <u>PROJECT.</u>

Purchase of two Abbott Alinity analyzers with its management system for a total capital amount of \$651,000.00. Approval of a 7 year service contract totaling \$471,379.86 (67,339.98/yr) and architectural and engineering services of TreanorHL for a total of \$288,670.00. This will take place in 2 phases expected completion in February 2025. The Finance Committee recommends this agreement for the Board approval of \$1,105,000.

### 5. ADJOURNMENT

There being no further business, the Committee was adjourned at 5:25 pm.

Respectfully submitted,

Sandra DiLaura Controller



### REGULAR AND SPECIAL MEETING OF THE FINANCE COMMITTEE SAN BENITO HEALTH CARE DISTRICT 911 SUNSET DRIVE, HOLLISTER, CALIFORNIA THURSDAY, MAY 16, 2024 - 4:30 P.M. SUPPORT SERVICES BUILDING, 2<sup>ND</sup> FLOOR – GREAT ROOM

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

- 1. Call to Order
- 2. Approve Minutes of the Finance Committee Meeting of April 18, 2024
  - Motion/Second
- 3. Review Financial Updates
  - Financial Statements April 2024
  - Finance Dashboard April 2024
  - Supplemental Payments
  - Distressed Hospital Loan Program Award Letter Amendment
- 4. Consider Recommendation for Board Approval of DHLP CHFFA Resolution.
  - Report
  - Committee Questions
  - Motion/Second
- 5. Consider Recommendation for Board Approval of Laboratory Chemistry Analyzer Project,
  - Report
  - Committee Questions
  - Motion/Second
- 6. Public Comment

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

7. Adjournment

The next Finance Committee meeting is scheduled for Thursday, June 20, 2024 at 4:30 p.m.



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

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

2



May 16, 2024

### **CFO Financial Summary for the District Board:**

For the month ending April 30, 2024, the District's Net Surplus (Loss) is \$1,568,041 compared to a budgeted Surplus (Loss) of \$106,208. The District exceeded its budget for the month by \$1,461,833.

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		н	HAZEL HAWKINS MEMORIAL EOSPITAL HOLLISTER, CA 95023 FOR PERIOD 04/30/24	NS MEMORIAL EOSPITAL HOLLISTER, CA 95023 FOR PERIOD 04/30/24	L - COMBINED 3					
	ACTUAL	BUDGET	CURRENT MONTE POS/NEG	PERCENT	1	ACTUAL	BUDGET	POS/NEG	PERCENT	PRIOR YR
	04/30/24	04/30/24	VARIANCE	VARIANCE	0%/30/23	04/30/24	\$7/0C/\$0	AAKLANCE	THETHE	c7 /0c /E0
GROSS PATIENT REVENUE:					901 094 C		090 070 77	(DIE 786 II)	(26)	897 000 L4
ACUTE ROUTINE REVENUE SNF ROUTINE REVENUE	2,761,723 1,817,400	4,092,871 2,025,000	(1,331,148) (207,600)	(10)	3,753,126 2,050,600	20,998,168	44, 443, 450 20,587,500	(515,727,11) 410,668	2	20,423,800
ANCILLARY INPATIENT REVENUE HOSPITALISY'DEDS I'D REVENUE	3,830,445 159,578	4,864,405 184,678	(1,033,960) (25,100)	(17) (14)	4,338,499 151,465	40,606,711 1,678,952	51,443,986 1,877,550	(10,837,275) (198,598)	(TT)	48,478,942 1,757,864
TOTAL GROSS INPATIENT REVENUE	8,569,146	11,166,954	(2,597,808)	(23)	10,303,689	96,035,572	117,958,096	(21,922,524)	(61)	111,661,203
ANCILLARY OUTPATIENT REVENUE HOSPITALIST\PEDS 0\P REVENUE	29,277,306 108,972	24,719,822 59,424	4,557,484 49,548	18	24,064,499 50,430	272,203,733 694,392	240,058,020 604,134	32,145,713 90,258	13	231,032,180 567,319
TOTAL GROSS OUTPATIENT REVENUE	29,386,278	24,779,246	4,607,032	19	24,114,929	272,898,125	240,662,154	32,235,971	13	231,599,498
TOTAL GROSS PATIENT REVENUE	37,955,424	35,946,200	2,009,224	9	34,418,618	368,933,697	358,620,250	10,313,447	m	343,260,702
DEDUCTIONS FROM REVENUE:						5				
MEDICARE CONTRACTUAL ALLOWANCES MEDI-CAL CONTRACTUAL ALLOWANCES	9,883,871 9,796,594	10,276,561 9,867,264	(392,690) (70,670)	(4) (1)	9,613,571 9,762,165	98,854,795 97,817,166	102,911,458 97,590,704	(4,056,663) 226,462	(4)	99,434,169 85,961,384
BAD DEBT EXPENSE	412,638 20 000	403,932	8,706	2	467,979	6,336,857 379.120	4,023,230 375.697	2,313,627 3.423	58	3,820,722 374,136
OTHER CONTRACTUALS AND ADJUSTMENTS	4,944,201	4,115,566	828, 635	20	2,851,855	44,415,585 54 445	40,690,253	3,725,332	9 (56)	36,443,331 34.224
HOSPITALIST\PEDS CONTRACTUAL ALLOW	(24,430)	Z00'2T	(766'05)	10/71			4			
TOTAL DEDUCTIONS FROM REVENUE	25,041,703	24,713,549	328,154	rl.	22,731,807	247,857,967	245,715,873	2,142,094	н	226,067,965
NET PATIENT REVENUE	12,913,722	11,232,651	1,681,071	15	11,686,811	121,075,730	112,904,377	8,171,353	7	117,192,737
OTHER OPERATING REVENUE	537,982	582,514	(44,532)	(8)	2,504,781	5,734,084	5,824,978	(90,894)	(2)	12,868,357
							10 000 0FF		ſ	400 130 UEL
NET OPERATING REVENUE	13,451,704	11, 815, 165	1,636,539	14	745 ' TAT ' <del>7</del> 1	179' SUS' ST&	CC5 (67) 'BTT	6C* 'NON 'D		*/~ 'Hoo' ort
OPERATING EXPENSES: SALARIES & WAGES	4 , 534 , 555	4,623,714	(89,159)	(2)	4,791,841	46,574,974	46,734,990	(160,016)	0	47,719,486
REGISTRY	521,146	200,000	321,146	161	112,452	3,548,376	2,000,001	1,548,375	77	3,949,202
EMPLOYEE BENEFITS	2,281,990 7 585 779	2,463,369 1 602 560	(181,379) (187,31)	(1)	3,549,658 1.790.408	20,989,585 15.961.349	24,446,068 16.275,034	(313,685) (313,685)	(147)	16,697,136
SUPPLIES	1,085,531	1,159,807	(74,276)	(9)	1,158,024	10,537,189	11,838,574	(1,301,385)	(TT)	12,188,527
PURCHASED SERVICES	1,267,500	1,058,393	209,107	20	1,210,947	11,055,559 	10,760,355	295,204	n v	12,315,847 1 530 701
RENTAL DEPRECIATION & AMORT	145,493 316,228	320,773	15, 138	(1)	332,008	3,236,465	3,207,761	28,704	Ч	3,264,843
INTEREST OTHER	8,382 440,791	25,416 423,085	(17,034) 17,706	(67) 4	26,526 390,658	472,080 4,307,584	254,168 4,297,428	217,912 10,156	86	243,198 4,359,263
TOTAL EXPENSES	12,187,395	12,007,412	179,983	0	13,526,760	118,067,340	121,123,638	(3,056,298)	(3)	131,241,294

INTERT INTER MEMORIAL DOGETTAL - COMBAND           SOLUTSTER, CA 9603           SOLUTSTER, CA 9603           SOLUTSTER, CA 9603           SOLUTSTER, CA 9603           CONDENT PORT           CONDENT	Date: 05/14/24 @ 0943 User: SDILAURA										PAGE
ACTUAL         BUNGER         DOS/MEG         PERCENT         PARLOX TX         ACTUAL           ACTUAL         BUNGER         POS/MEG         PERCENT         PALL         ACTUAL         ACTUAL <t< th=""><th></th><th></th><th>Ħ</th><th>ZEL HAWKINS MEM HOLLIS FOR PI</th><th>IORIAL HOSPITA STER, CA 9502 ERIOD 04/30/2</th><th>AL - COMBINED</th><th></th><th></th><th></th><th></th><th></th></t<>			Ħ	ZEL HAWKINS MEM HOLLIS FOR PI	IORIAL HOSPITA STER, CA 9502 ERIOD 04/30/2	AL - COMBINED					
II.538     5,000     6,538     I31     35,777     243,927       205,711     205,711     0     0     195,915     2,057,110       205,711     205,711     0     0     14,964     1,703,673       170,388     170,388     0     0     164,964     1,703,673       12,866     13,843     (977)     0     0     12,703       12,866     13,843     (977)     0     11,709     17703,673       12,866     13,843     (977)     0     0     177,709     17703,686       0     0     0     0     0     1,703     11,703     118,551       0     0     0     0     0     0     0     0       0     0     0     0     0     1,703     131,616       1,568,041     106,208     1,461,833     1,336     3,173,161       1,568,041     106,208     1,461,833     1,336     3,173,161       1,568,041     106,208     1,461,833     1,336     3,173,161       1,568,041     106,208     1,461,833     1,330     1,336,550     3,173,161       1,568,041     106,208     1,461,833     1,356     3,173,161     1,444,54,119       13,46\$ <t< th=""><th></th><th>ACTUAL 04/30/24</th><th>1</th><th>CURRENT MONTE POS/NEG VARIANCE</th><th>PERCENT VARIANCE</th><th></th><th>ACTUAL 04/30/24</th><th>BUDGET 04/30/24</th><th>YEAR-TO-DATE POS/NEG PERCENT VARIANCE VARIANC</th><th>PERCENT VARIANCE</th><th>PRIOR YR 04/30/23</th></t<>		ACTUAL 04/30/24	1	CURRENT MONTE POS/NEG VARIANCE	PERCENT VARIANCE		ACTUAL 04/30/24	BUDGET 04/30/24	YEAR-TO-DATE POS/NEG PERCENT VARIANCE VARIANC	PERCENT VARIANCE	PRIOR YR 04/30/23
II,538         5,000         6,538         I31         35,777         243,927           205,711         205,711         0         0         195,915         2,057,110           170,388         170,388         170,388         0         0         154,964         1,703,873           150,5711         (68,721)         (68,721)         (68,721)         (68,721)         (7)         11,709         (67,211)           12,866         13,843         (977)         (7)         11,709         (78,321)           12,866         (27,766)         (2844)         1         (28,137)         (14,209)           0         0         0         0         0         (4,209)         (4,209)           0         0         0         0         0         (4,209)         (4,209)           0         0         0         0         0         (4,209)         (4,209)           0         0         0         0         0         0         (4,209)         (4,209)           1,568,041         106,208         1,461,833         1,375         2130,455         3,173,161           1,568,041         106,208         1,461,833         1,376         31,3161 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
205,711 $205,711$ $205,711$ $205,711$ $205,7110$ $170,388$ $110,388$ $100,388$ $0$ $0$ $166,724$ $1,703,954$ $1,703,978$ $1566$ $13,843$ $(977)$ $0$ $0$ $0$ $17,703$ $158,121$ $12,866$ $13,843$ $(977)$ $(7)$ $11,709$ $178,351$ $12,866$ $0$ $0$ $0$ $0$ $1,370$ $178,351$ $0,00$ $0$ $0$ $0$ $0$ $1,370$ $178,351$ $303,732$ $239,455$ $5,277$ $2$ $309,550$ $3,173,161$ $1,568,041$ $106,208$ $1,461,833$ $1,376$ $974,382$ $11,915,635$ $1,568,041$ $106,208$ $1,461,833$ $1,376$ $974,382$ $11,915,635$ $1,568,041$ $106,208$ $1,461,833$ $1,376$ $974,382$ $11,916,156$ $1,568,041$ $106,208$ $1,461,833$ $1,376$ $974,382$ $11,916,156$ $1,568,041$ $106,522$ $333,080$ $8,1,457,572$ $412.814$	NON-OFEKALING KEVENDE (EAFENDE: DONATIONS	11,538	5,000	6,538	131	35,777	243,927	155,000	88,927	57	517,855
170,388         170,388         170,388         0         0         164,964         1,703,878           (66,721)         (68,721)         (68,721)         (68,721)         (68,721)         (68,721)           12,866         13,843         (977)         (7)         11,709         178,351           (29,050)         (27,766)         (284)         1         (81,137)         (18,137)           0         0         0         0         1,370         (4,209)           0         0         0         0         (4,209)           0         0         0         0         (4,209)           303,732         299,455         5,277         2         309,550         3,173,161           1,568,041         106,208         1,461,833         1,376         9/4,382         11,315,615           1,568,041         106,520         3,173,161         2,191,610         5,14,454,119           21,461         106,522         3,533,080         5,1,457,572         412.81\$         8,75\$         11.40\$           31,465         10,47\$         350.41\$         8,75\$         11.40\$         1.46\$         5,14,454,119           9,40\$         1.0.3\$         10.37,61\$         3	PROPERTY TAX REVENUE	205,711	205,711	0	0	195,915	2,057,110	2,057,107	ŝ	0	1,959,150
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	GO BOND PROP TAXES	170,388	170,388	0	0	164,964	1,703,878	l, 703,880	(8)	0	1,649,642
12,866         13,843         (977)         (7)         11,703         178,351           (28,050)         (27,766)         (284)         1         (28,137)         (318,666)           0         0         0         0         1,370         (4,209)         (4,209)           0         0         0         0         0         0         0         (4,209)           303,732         298,455         5,277         2         309,550         3,173,161           1,568,041         106,208         1,461,833         1,376         974,392         11,915,635           1,568,041         106,208         1,457,572         412.81‡         974,392         11,915,635           13,464         235,277         2         309,550         3,173,161         14,454,119           15,68,041         106,208         1,457,572         412.81‡         1,424,119         11,40‡           13,465         2.99         2.99         10.47‡         350.41‡         8.75‡         11.40‡           9.40\$         (1.63)\$         10.35\$         10.35\$         4.66‡         6.89‡	GO BOND INT REVENUE/EXPENSE	(68,721)	(68,721)	0	0	(72,048)	(687,211)	(687,210)	(1)	0	(720,475)
	OTHER NON-OPER REVENUE	12,866	13,843	(222)	(2)	11,709	178,351	138,430	39,921	29	136,345
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	OTHER NON-OPER EXPENSE	(28,050)	(27,766)	(284)	1	(28,137)	(318,686)	(317,132)	(1,554)	1	(400,702)
0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	INVESTMENT INCOME	0	0	0	0	1,370	(4,209)	0	(4,209)		3,379
303,732     298,455     5,277     2     309,550     3,173,161       1,568,041     106,208     1,461,833     1,376     974,382     11,915,635       5     1,810,652     \$     353,080     \$     1,457,572     412.81\$     \$     12,41,610     \$       13.468     2.99\$     10.47\$     350.41\$     8.75\$     11.40\$       9.40%     (1.63)\$     11.03\$     (677.64)\$     4.66\$     6.89\$	COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	•	0
(LOSS)     1,568,041     106,208     1,461,833     1,376     974,382     11,915,635       \$     1,810,652     \$     353,080     \$     1,457,572     412.811     \$     14,454,119       \$     1,810,652     \$     353,080     \$     1,457,572     412.811     \$     14,454,119       \$     1,810,652     \$     353,080     \$     1,457,572     412.811     \$     14,454,119       \$     1,346%     2.99%     10.47%     350.411     8.75%     11.40%       \$     9.40%     (1.63)%     11.03%     (677.64)%     4.68%     6.89%	TOTAL NON-OPERATING REVENUE/ (EXPENSE)	303,732	298,455	5,277	7	309,550	3,173,161	3,050,075	123,086	4	3,145,194
<pre>\$ 1,010,652 \$ 353,080 \$ 1,457,572 412.81\$ \$ 1,241,610 \$ 14,454,119 13.46\$ 2.99\$ 10.47\$ 350.41\$ 8.75\$ 11.40\$ 9.40\$ (1.63)\$ 11.03\$ (677.64)\$ 4.68\$ 6.89\$</pre>	NET SURPLUS (LOSS)	1,568,041	106,208	1,461,833	1,376	974,382	11,915,635	655,792	11,259,843	1,717	1,964,994
\$ 1,810,652 \$ 353,080 \$ 1,457,572 412.81% \$ 1,241,610 \$ 14,454,119 13.46% 2.99% 10.47% 350.41% 8.75% 11.40% 9.40% (1.63)% 11.03% (677.64)% 4.68% 6.89%											
13.46% 2.99% 10.47% 350.41% 8.75% 9.40% (1.63)% 11.03% (677.64)% 4.68%	BBIDA				412.81%		\$ 14,454,119	\$ 3,164,015	\$ 11,290,104	356.82\$	\$ 4,701,372
9.40% (1.63)% 11.03% (677.64)% 4.68%	EBIDA MARGIN	13.46%	2.99\$	10.47%	350.41%	8.75%	11.40%	2.66%	8.73\$	327.71%	3.61%
	OPERATING MARGIN	9.40%	(1.63)\$	11.03 <b>%</b>	(677.64)%		6.89%	(2.02)\$	8.91\$	(441.86)%	\$(10.01)
NET SURPLUS (LOSS) MARGIN 11.66% 0.90% 10.76% 1,196.78% 6.87% 9.40%	NET SURPLUS (LOSS) MARGIN	11.66%	\$06"0	10.76%	1,196.78\$	6.87\$	9.40%	0.55%	8.84%	1,601.32%	1.51\$

Date: 05/14/24 © 0943 User: SDILAURA										PAGE	GE 1
		HAZEL	HAZEL HAWKINS MERGRIAL HOSFITAL - HOLLISTER, CA 95023 FOR FERIOD 04/30/24	MEMORIAL HOSFITAL - 1 HOLLISTER, CA 95023 FOR FERIOD 04/30/24	ACUTE FACILITY						
	ACTUAL ACTUAL 04/30/24	BUDGET 04/30/24	CURRENT MONTE FOS/NEG VARIANCE	PERCENT VARIANCE	 PRIOR YR 04/30/23	ACTUAL ACTUAL 04/30/24	BUDGET 04/30/24	YEAR-TO-DATE POS/NEG VARIANCE	E PERCENT VARIANCE	PRIOR YR 04/30/23	
GROSS PATIENT REVENUE:											
ROUTINE REVENUE ANCILLARY INPATIENT REVENUE HOSPITALIST I\P REVENUE	2,761,723 3,542,341 159,578	4,092,871 4,511,596 184,678	(1,331,148) (969,255) (25,100)	(33) (22) (14)	3,763,126 3,937,404 151,465	32,751,741 37,494,689 1,678,952	44,049,060 47,774,947 1,877,550	(11,297,319) (10,280,258) (198,598)	(26) (22) (11)	41,000,598 44,521,823 1,757,864	
TOTAL GROSS INPATIENT REVENUE	6,463,642	8,789,145	(2,325,503)	(27)	7,851,995	71,925,383	93,701,557	(21,776,174)	(23)	87,280,284	
ANCILLARY OUTPATIENT REVENUE HOSPITALIST O\P REVENUE	29,277,306 108,972	24,719,822 59,424	4,557,484 49,548	18 83	24,064,499 50,430	272,203,733 694,392	240,058,020 604,134	32,145,713 90,258	13	231,032,180 567,319	
TOTAL GROSS OUTPATIENT REVENUE	29,386,278	24,779,246	4,607,032	19	24,114,929	272,898,125	240,662,154	32,235,971	13	231,599,498	
TOTAL GROSS ACUTE PATIENT REVENUE	35,849,920	33,568,391	2,281,529	2	31,966,924	344,823,508	334,363,711	10,459,797	m	318,879,783	
DEDUCTIONS FROM REVENUE ACUTE:											
				(5)	173 017	96 606 745	475 AAF OOF	(3.567.630)	(4)	96,984,912	
MEDICARE CONTRACTUAL ALLOWANCES MEDI-CAL CONTRACTUAL ALLOWANCES	9,669,169 9,903,769	10,013,211 9,762,448	(344,042) 141,321	(E) I	9,4/2,831 10,894,898	96,519,141	96,525,086	(5,946)	0	86,728,576	
BAD DEBT EXPENSE	421,730	393, 932	27,798	2	394,142	6,445,967	3,923,230	2,522,737	64	3,723,367	
CHARITY CARE	28,890	37,724 4 050 766	(8,835) 828.430	(23)	74,736 2.795.414	376,063 44.041.547	375,697 40,031,453	366 4,010,094	10	300, 734, 653	
UTHER CONTRACTURES AND ADDUSTIONIS HOSPITALIST\PEDS CONTRACTUAL ALLOW	(24,490)	12,502	(36, 992)	(296)	(38,500)	54,445	124,531	(70,086)	(56)	34,224	
TOTAL ACUTE DEDUCTIONS FROM REVENUE	24,878,263	24,270,583	607,680	m	23,593,540	244,043,907	241,148,371	2,895,536	T	223,572,717	
NET ACUTE PATIENT REVENUE	10,971,657	9,297,808	1,673,849	18	8,373,383	100,779,601	93,215,340	7,564,261	8	95,307,066	
OTHER OPERATING REVENUE	537,982	582,514	(44,532)	(8)	2,504,781	5,734,084	5,824,978	(90,894)	(2)	12,868,357	
NET ACUTE OPERATING REVENUE	11,509,639	9,880,322	1,629,317	17	10,878,164	106,513,685	99,040,318	7,473,367	α	108,175,423	
OPERATING EXPENSES:											
SALARIES & WAGES	3,609,871	3,712,407	(102,536)	(3)	3,891,640	37,169,917	37,481,430	(311,513)	(1)	38,635,871	
REGISTRY	460,002	167,000 1 946 732	293,002	176 (8)	81,026 2.695.568	3,192,793 16.304.862	1,670,001 19.253,796	1,522,792 (2,948,934)	91 (15)	3,699,676 22,758,655	
PROFESSIONAL FEES	1,583,569	1,600,224	(16,655)	(1)	1,788,198	15,939,249	16,251,668	(312,419)	(2)	16,674,526	
SUPPLIES DIDCEASED SEDVICES	998,216 1.172.234	1,071,499 954,402	(73,283) 217,832	(7) 23	1,084,592 1,106,048	9,574,288 10,210,042	9,703,071	(4,3/5,94) 506,971	( FT ) 5	11,335,139	
RNTAL STATE	143,989	129,269	14,720	11	163,527	1,373,049	1,298,914 2 813 200	74,135	9 -	1,521,183 2 870 262	
DEPRECLATION & AMORT INTEREST	277,733 8,382	281,320 25,416	(17,034) (17,034)	(L9) (T)	26,526	472,080	254,168	217,912	86	243,198	
отныя 44	382, 584	366,744	15,840	Ŧ	353,708	3,787,489	3,724,730	62,759	7	3,806,416	
TOTAL EXPENSES	10,423,350	10,255,013	168,337	8	11,483,684	100,865,769	103,401,215	(2,535,447)	(3)	112,862,076	
NET OPERATING INCOME (LOSS)	1,086,288	(374,691)	1,460,979	(390)	(605,520)	5,647,916	(4,360,897)	10,008,813	(230)	(4,686,652)	

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		HAZE	HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY HOLLISTER, CA 95023 FOR PERIOD 04/30/24	MEMORIAL HOSPITAL - HOLLISTER, CA 95023 FOR PERIOD 04/30/24	- ACUTE FACILIT 23 24	ž				
			CURRENT MONTH					YEAR-TO-DATE		
	ACTUAL 04/30/24	BUDGET 04/30/24	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/23	ACTUAL 04/30/24	BUDGET 04/30/24	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/23
NON-OPERATING REVENUE \EXPENSE:										
DONATIONS	11,538	5,000	6,538	131	35,777	243,927	155,000	88,927	57	517,855
PROPERTY TAX REVENUE	174,854	174,854	0	0	166,528	1,748,540	1,748,540	0	0	1,665,280
GO BOND PROP TAXES	170,388	170,388	0	0	164,964	1,703,878	1,703,880	(3)	D	1,649,642
GO BOND INT REVENUE/EXPENSE	(68,721)	(68,721)	0	0	(72,048)	(687,211)	(687,210)	(1)	0	(720,475)
OTHER NON-OPER REVENUE	12,866	13,843	(277)	(2)	11,709	178,351	138,430	39,921	29	136,345
OTHER NON-OPER EXPENSE	(21,862)	(21,578)	(284)	Ч	(21,904)	(248,007)	(246,452)	(1,555)	ы	(319,385)
INVESTMENT INCOME	0	0	0	0	1,370	(4,209)	0	(4,209)		3,379
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/ (EXPENSE)	279,063	273,786	5,277	N	286,396	2,935,269	2,812,188	123,081	4	2,932,640
NET SURPLUS (LOSS)	1,365,352	(100,905)	1,466,257	(1,453)	(319,125)	8,583,186	(1,548,709)	10,131,895	(654)	(1,754,012)
			#HORNWEARE	****		********	****		***	THE R. P. LEWIS CO., NAME OF CO

Date: 05/14/24 @ 0942 User: SDILAURA										I	PAGE 1
		щ	HAZEL HAWKINS SKILLED NURSING FACILITIES HOLLISTER, CA FOR PERIOD 04/30/24	INS SKIILED NURSING HOLLISTER, CA FOR PERIOD 04/30/24	FACILITIES						
		BUDGET 04/30/24	CURRENT MONTE POS/NEG VARIANCE	PERCENT VARIANCE	 PRIOR YR 04/30/23	ACTUAL 04/30/24	BUDGET 04/30/24	YEAR-TO-DATE- POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 04/30/23	-
GROSS SNF PATIENT REVENUE:											
ROUTINE SNP REVENUE ANCTLIARY SNP REVENUE	1,817,400 288,104	2,025,000 352,809	(207,600) (64,705)	(10) (18)	2,050,600 401,094	20,998,168 3,112,022	20,587,500 3,669,039	410,668 (557,017)	2 (15)	20,423,800 3,957,119	
TOTAL GROSS SNF PATIENT REVENUE	2,105,504	2,377,609	(272,305)	(12)	2,451,694	24,110,190	24,256,539	(146,349)	(T)	24,380,919	
DEDUCTIONS FROM REVENUE SNF:											
				1017		120 arc c	PBU EVL C	(260 202)	(18)	2 449 257	
MEDICARE CONTRACTUAL ALLOWANCES MEDI-CAL CONTRACTUAL ALLOWANCES	214,703 (107,175)	263,350 104,816	(48,648) (211,991)	(202)	140,/21 (1,132,733)	2,248,U26 1,298,026	<i>2,143,00</i> 1,065,618	232,408	22	(767,192)	
BAD DEBT EXPENSE	(9,093)	10,000	(19,093)	(191) D	73,837	(109,111) 3.057	100,000 0	(209,111) 3,057	(209)	97,355 7,150	
CHARLIY CARE OTHER CONTRACTUALS AND ADJUSTMENTS	65,005	64,800	205	0	56,441	374,038	658,800	(284,762)	(43)	708,678	
TOTAL SNF DEDUCTIONS FROM REVENUE	163,439	442,966	(279,527)	(63)	(861,734)	3,814,060	4,567,502	(753,442)	(17)	2,495,248	
NET SNF PATIENT REVENUE	1,942,065	1,934,843	7,222	0	3,313,428	20,296,129	19,689,037	607,092	<b>"</b>	21,885,671	
OTHER OPERATING REVENUE	0	o	0	0	0	0	0	0	0	0	
									Ĩ		
NET SNF OPERATING REVENUE	l,942,065	1,934,843	7,222	0	3,313,428	20,296,129	19,689,037	607,092	m	21,885,671	
OPERATING EXPENSES: SALARIES & WAGES	924,684	911,307	13,377	0 0	200,201	9,405,057 355 584	9,253,560 330 000	151,497 25 584	(1) ₫ 1	9,083,615 249.526	
REGISTRY EMPLOYEE RENGETTS	61, 145 495, 218	516, 637	<pre> 28, 145 (21, 419)</pre>	(4)	854,090	4,684,723	5,192,272	(507,550)	(01)	6,214,436	
PROPESSIONAL FEES	2,210	2,336	(126)	(2)	2,210	22,100	23,366	(1,266)	(5) 8	22,610 775 178	
SUPPLIES DIPCHASED SEPUICES	84,916 95,266	88,308 103,991	(3,392) (8,726)	(4) (8)	73,432 104,899	960,512 845,517	1,057,284	(211,767)	o (20)	980,708	
RENTAL	1,504	1,026	478	47	712	11,130	10,345	785	8	9,519	
DEPRECIATION	38,495 D	39,453 0	(958)	(2)	39,157 0	394,464 0	394, 561 0	0	0	190,472 0	
OTHER.	57,690	56,341	1,349	2	36,950	519,578	572,698	(53,120)	(6)	552,848	
TOTAL EXPENSES	1,761,127	1,752,399	8,728	1	2,043,076	17,198,654	17,722,423	(523,769)	(3)	18,379,218	
								690 0CF F	ů	2 EAE 452	
NET OPERATING INCOME (LOSS)	180, 938	182,444	(905'T)	(т)	766'N/7'T	0171000	T / 200 / 074	100 / 001 / H			
NON-OPERATING REVENUE\EXPENSE:											
DONATIONS	0	0	0	0	0		0	0 P	0 0	0 0 0 0 0 0	
PROPERTY TAX REVENUE OTHER NON-OPER EXPENSE	30,857 (6,188)	30,857 (6,188)		D Q	(6,233)	(70,679)	(10,680)	n (4	0	(81,317)	
TOTAL NON-OPERATING REVENUE/ (EXPENSE)	24,669	24,669	0	0	23,154	237,892	237,887	ι Π	0	212,553	
NET SURPLUS (LOSS)	205,607	207,113	(1,506)	(I)	1,293,506	3, 335, 367	2,204,501	1,130,866	51	3,719,006	

		EMORIAL HOSPITA TER, CA ended 04/30/24	Ĺ		
	CURR MONTH 04/30/24	PRIOR MONTH 03/31/24	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/23
CURRENT ASSETS					
CASH & CASH EQUIVALENT	20,189,620	17,598,568	2,591,052	15	13,649,396
PATIENT ACCOUNTS RECEIVABLE	64,180,254	65,845,440	(1,665,186)	(3)	51,674,982
BAD DEBT ALLOWANCE	(8,878,567)	(8,410,897)	(467,669)	6	(5,227,791)
CONTRACTUAL RESERVES	(42,283,941)	(41,761,372)	(522,569)	1	(32,708,039)
OTHER RECEIVABLES	16,939,999	14,756,794	2,183,206	15	8,381,301
INVENTORIES	4,034,053	4,028,550	5,503	0	4,057,813
PREPAID EXPENSES	1,862,942	1,764,783	98,159	6	2,042,543
DUE TO\FROM THIRD PARTIES	1,978,192	1,978,192	0	0	2,784,747
TOTAL CURRENT ASSETS	58,022,552	55,800,058	2,222,495	4	44,654,951
	**********	**********	**********		
ASSETS WHOSE USE IS LIMITED					
BOARD DESIGNATED FUNDS	5,492,717	5,230,367	262,350	5	3,825,798
TOTAL LIMITED USE ASSETS	5,492,717	5,230,367	262,350	5	3,825,798
	**********				
PROPERTY, PLANT, AND EQUIPMENT					
LAND & LAND IMPROVEMENTS	3,370,474	3,370,474	0	0	3,370,474
BLDGS & BLDG IMPROVEMENTS	100,098,374	100,098,374	0	0	100,098,374
EQUIPMENT	44,253,732	44,046,824	206,908	1	43,302,208
CONSTRUCTION IN PROGRESS	1,075,931	1,013,589	62,342	6	880,124
GROSS PROPERTY, PLANT, AND EQUIPMENT	148,798,511	148,529,261	269,249	0	147,651,180
ACCUMULATED DEPRECIATION	(93,739,517)	(93,408,707)	(330,811)	0	(90,362,507)
NET PROPERTY, PLANT, AND EQUIPMENT	55,058,993	55,120,555	(61,561)	0	57,288,673
		**********	***********		
OTHER ASSETS UNAMORTIZED LOAN COSTS	410,289	416,360	(6,071)	(2)	470,999
PENSION DEFERRED OUTFLOWS NET	18,285,289	18,285,289	0	0	18,285,289
TOTAL OTHER ASSETS	18,695,578	18,701,649	(6,071)	0	18,756,288
			**********	********	
TOTAL UNRESTRICTED ASSETS	137,269,841	134,852,628	2,417,213	2	124,525,709
TOTAL UNRESTRICTED ASSETS	13/,209,041	134,052,020		*********	
RESTRICTED ASSETS	17,771	17,720	52	0	125,193
TOTAL ASSETS	137,287,612	134,870,348	2,417,265	2	124,650,902

PAGE 1

Date: 05/16/24 @ 1606 User: SDILAURA

HAZEL HAWKINS MEMORIAL HOSPITAL HOLLISTER, CA For the month ended 04/30/24POS/NEG CURR MONTH PRIOR MONTH PERCENTAGE PRIOR YR 04/30/24 03/31/24 VARIANCE VARIANCE 06/30/23 CURRENT LIABILITIES 5,513,208 (580,256) 3,172,339 (378,933) ACCOUNTS PAYABLE 6,093,464 11 4,938,613 ACCRUED PAYROLL 3,551,272 12 3,345,253 2,231,817 6,130,146 4,957,820 1,497,221 ACCRUED PAYROLL TAXES 1,482,578 749,239 (34) 6 0 (389,492) 6,051,228 ACCRUED BENEFITS 6,519,638 4,629 (7,463) 4,953,191 ACCRUED PENSION (CURRENT) 5,061,807 93,949 101,412 8 84,460 OTHER ACCRUED EXPENSES 
 3,331
 1,310
 (2,021)
 154

 2,787,136
 1,447,716
 (1,339,420)
 93

 1,448,430
 2,507,709
 1,059,279
 (42)
 PATIENT REFUNDS PAYABLE 961 196,789 DUE TO\FROM THIRD PARTIES 3,132,834 OTHER CURRENT LIABILITIES (884,438) TOTAL CURRENT LIABILITIES 3 26,940,452 26,056,014 24,309,166 economic merenance attentions \*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\* LONG-TERM DEBT LEASES PAYABLE 5,455,915 5,462,661 6,746 0 5,529,504 BONDS PAYABLE 33,019,161 33,047,681 28,520 0 34,784,361 0 35,266 TOTAL LONG TERM DEBT 38,475,076 38,510,342 40.313.865 ----------\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\* OTHER LONG-TERM LIABILITIES DEFERRED REVENUE 0 0 0 0 0 LONG-TERM PENSION LIABILITY 36,485,864 36,485,864 0 0 36,485,864 0 TOTAL OTHER LONG-TERM LIABILITIES 36,485,864 36,485,864 0 36,485,864 ---------------(849,172) 1 101,108,895 101,901,392 101,052,220 TOTAL LIABILITIES NET ASSETS: UNRESTRICTED FUND BALANCE 23,376,814 -, 014 93, 771 23,376,814 0 0 23,376,814 0 (52) 93,720 0 165,193 RESTRICTED FUND BALANCE NET REVENUE/(EXPENSES) 11,915,635 10,347,594 (1,568,041) 15 0 35,386,221 33,818,128 (1,568,093) 5 23,542,007 TOTAL NET ASSETS -----0.010.00.010.010.010.010 seconcerts. 2 124,650,902 TOTAL LIABILITIES AND NET ASSETS 137,287,612 134,870,348 (2,417,265) 



### San Benito Health Care District Hazel Hawkins Memorial Hospital APRIL 2024

Description	Target	MTD Actual	YTD Actual	YTD Target
Average Daily Census - Acute	18.39	12.30	14.83	18.20
Average Daily Census - SNF	90.01	80.53	90.72	90.00
Acute Length of Stay	2.93	2,34	2.90	2.97
<u>ER Visits:</u> inpatient Outpatient	102 1,697	126 2,208	<b>1,202</b> 20,678	1,581 19,375
Total	1,799	2,334	21,880	20,956
Days in Accounts Receivable	45.0	<b>\$</b> 2.6	52.6	45.0
Productive Full-Time Equivalents	500.90	509.91	485.72	500.90
Net Patient Revenue	11,232,651	12,913,722	121,075,730	112,904,377
Payment-to-Charge Ratio	31.2%	34.0%	32.8%	31.5%
Medicare Traditional Payor Mix	31.11%	26.62%	272d5%	30.44%
Commercial Payor Mix	21.37%	23.58%	23.15%	21.50%
Bad Debt % of Gross Revenue	1.12%	1,10%	1.73%	1.12%
EBIDA EBIDA %	353,080 2.99%	1,810,652 13.46%	14,454,119 11.40%	3,164,015 2.66%
Operating Margin	-1.63%	9.40%	6.89%	-2.02%
Salaries, Wages, Registry & Benefits %: by Net Operating Revenue by Total Operating Expense	61.68% 60.69%	54,55% 60.21%	56.08% 60.23% <sup>- 3</sup>	61.64% 60.42%
Bond Covenants:			4 a.	
Debt Service Ratio	1.25	9,19	9,19	1.25
Current Ratio	1.50	2,15	2.15	1.50
Days Cash on hand	30.00	53.48	53,48	30.00
Met or Exceeded Target				đe.
Within 10% of Target				
Within 10% of Target Not Within 10%				

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Statement of Cash Flows Hazel Hawkins Memorial Hospital			
Hollister, CA Three months ending April 30, 2024			
	CASH FLOW	FLOW	COMMENTS
	Current Month 4/30/2024	Current Year-To-Date 4/30/2024	
CASH FLOWS FROM OPERATING ACTIVITIES: Net Income (Loss) Adjustments to Reconcile Net Income to Net Cash	\$1,568,041	\$11,915,635	
Provided by Operating Activities: Depreciation	330,811	3,377,015	
(Increase)/Decrease in Net Patient Accounts Receivable (Increase)/Decrease in Other Receivables	2,655,425 (2,183,206)	721,405 (8,563,699)	
(Increase)/Decrease in Inventories (Increase)/Decrease in Pre-Paid Expenses	(5,503) (98,159)	23,760 179,600	
(Increase)/Decrease in Due From Third Parties	0	806,555	
Increase/(Decrease) in Accounts Payable Increase/(Decrease) in Notes and Loans Payable	0 9GZ/08G	1,154,855 0	
Increase/(Decrease) in Accrued Payroll and Benefits	14,557	551,165	
Increase/(Decrease) in Accrued Expenses Increase/(Decrease) in Patient Refunds Pavable	7,463 2,021	16,950 2369	
Increase/(Decrease) in Third Party Advances/Liabilities	1,339,420	2,590,347	
Increase/(Decrease) in Other Current Liabilities Net Cash Provided by Operating Activities:	(1,059,279) 1,583,806	(1,684,403) (824,081)	Semi-Annual Int 2005 GO & 2021 Revenue Bonds
CASH FLOWS FROM INVESTING ACTIVITIES: Purchase of Property, Plant and Equipment	(269,249)	(1,147,332)	
(Increase)/Decrease in Limited Use Cash and Investments (Increase)/Decrease in Other Limited Use Assets	0 (262,350)	0 (1,666,919)	Bond Principal & Int Payment - 2014 (2005) & 2021 Bonds
(Increase)/Decrease in Other Assets Net Cash Used by Investing Activities	6,071 (525,528)	60,710 (2,753,541)	Amortization
CASH FLOWS FROM FINANCING ACTIVITIES:			
Increase/(Decrease) in Capital Lease Debt Increase/(Decrease) in Bond Mortgage Debt	(6,746) (28,520)	(73,588) (1,765,200)	2014 GO Principal & Refinancing of 2013 Bonds with 2021 Bonds
Increase/(Decrease) in Other Long Term Liabilities Net Cash Used for Financing Activities	0 (35,266)	0 (1,838,788)	
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	41,000	
Net Increase/(Decrease) in Cash	2,591,053	6,540,225	
Cash, Beginning of Period	17,598,568	13,649,396	
Cash, End of Period	\$20,189,621	\$20,189,621	ŞO
Cost per day to run the District	\$377,534		

Operational Days Cash on Hand

53.48

Hazel Hawkins Memorial Hospital Bad Debt Expense For the Year Ending June 30, 2024

	Int	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	nn	Total
Budgeted Gross Revenue	38,236,593	38,468,812	35,049,053	34,999,737	35,870,267	36,385,781	34,851,365	32,060,010	36,752,432	35,946,200	39,112,090	38,876,681	436,609,021
Budgeted Bad Debt Expense	429,889	432,423	393,214	391,626	402,993	407,930	389,870	358,975	412,378	403,932	440,170	438,441	4,901,841
BD Exp as a percent of Gross Revenue	1.12%	1.12%	1.12%	1.12%	1.12%	1.12%	1.12%	1.12%	1.12%	1.12%	1.13%	1.13%	1.12%
Actual Gross Revenue	34,381,757	36,309,479	36,251,934	37,061,367	36,004,686	37,198,238	37,873,381	36,232,889	37,559,748	37,686,874	95	ж	366,560,353
Actual Bad Debt Expense	712,509	663,649	543,514	751,015	695,471	428,999	776,991	1,086,296	265,776	412,638	ж	×	6,336,858
BD Exp as a percent of Gross Revenue	2.07%	1.83%	1.50%	2.03%	1.93%	1.15%	2.05%	3.0%	0.7%	1.1%	i0//vid#	#DIV/0	1.73%
Budgeted YTD BD Exp Actual YTD BD Exp	4,023,230 6,336,858	1.12% 1.73%								7	YTD Charity Exp Budget	sudget	375,697
Amount under (over) hudget	(2.313.628)	-0.61%								7	YTD Charity Exp Actual	vetual	379,120
Prior Year percent of Gross Revenue	1.15%									A O	Amt under (over) budget Charity Exp % of Gross Rev	budget Gross Rev	(3,423) 0.10%
Percent of Decrease (Inc) from Prior Year	-50.3%												

13

Hazel Hawkins Memorial Hospital	Supplemental Payment Programs	As of April 30, 2024
Hazel Hawl	Supplemer	As of April

	Payor	FY 2024	FY 2023	Notes:
Internetionantical Transfer				Dominon District to find measure and set for a state of the
- AB 113 Non-Designated Public Hospital (NDPH)				ויבלתובא האינירו וה ומיום ההפנימוו מוום אמור והו ווומרויוווופ ובנתוווי
SFY 2021/2022 True up for ACA	DHCS	a	170,899	Received in June 2023.
SFY 2022/2023 Interim	DHCS	Ð	418,640	Letter to participate sent by March 24, 2023 deadline. Rec'd 06/15/23.
SFY 2022/2023 Final Payment	DHCS	421,872	39	Paid on 04/17/24, \$156,525.63, funds expected in May/June.
SFY 2023/2024 Interim	DHCS	434,472	×	Paid on 04/24/24, \$506,883.51, funds expected in May/June.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2022	Anthem	2,405,548	2,277,244	Net amount rec'd on November 1, 2023 check for CY 2022.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2023	Anthem	2,432,278		IGT by March 22, 2024 of \$1,257,738, funds expected in May/June.
- Rate Range Jan. 1, 2022 through Dec. 31, 2022	Anthem	910,699	,	IGT by Feb. 23, 2024 of \$472,508, funds expected in April/May.
- Rate Range Jan. 1, 2021 through Dec. 31, 2021	Anthem	×	1,180,145	Funding of \$347,021 sent by 02/17/2023. Rec'd in May 2023.
- QIP PY 5 Settlement	Anthem	3,459,757	¢	IGT by Feb. 16, 2024 of \$1,891,350.65, funds expected in April/May.
- QIP PY 4 1st Loan Repayment	District	(1,253,000)		Paid on 02/26/2024.
- QIP PY 4 2nd Loan Repayment	District	(1,222,438)		Paid on 04/08/2024.
- QJP PY 4 Settlement	Anthem	13	3,713,527	\$ 1,044,187 funding sent by 02/17/2023. Plan returns May/June 2023.
- QIP PY 4 Final True-up	Anthem	х	1,245,805	Final True-up payment received on 06/02/2023.
IGT sub-total	μ.	7,589,188	9,006,259	
Non-Intergovernmental Transfer Programs:				Direct Payments.
- AB 915	DHCS	4,143,717	3,029,540	Received on March 11, 2024.
- SB 239 Hospital Quality Assurance Fund (HQAF)	DHCS	3,208,731	3,919,883	Three of the four Qtrly payments should be received by June 30, 2024.

<b>Direct Payments.</b> Received on March 11, 2024.	Three of the four Qtrly payments should be received by June 30, 2024.	1st quarter rec'd on March 19, 2024.	Based on actual cost difference.	Includes FY 2023 true-up \$607,644 and Jul - December FY 2024.	Loan funds received 1st week of January. Due January 3, 2025.			Rec'd 12/16/2021. One-time funding.	Rec'd 11/23/2021. One-time funding.	Will be used for COVID expenses.	(1,143,961) Liability: 50% due 12/31/21 & 50% due 12/31/22.					
3,029,540	3,919,883			1,048,233	3,090,086	11,087,742		8	¥)	258,376	(1,143,961)	TOOF FOR	(ror'roo)	19,208,416	18,075,133	19,208,416
4,143,717	3,208,731	1,069,577		1,297,140	3	9,719,166		X	8	9	8		6	17,308,354	6,440,545 10 867 800	17,308,354
DHCS	DHCS	DHCS	1	DHCS	CHFFA							5				
Non-Intergovernmental Transfer Programs: - AB 915	- SB 239 Hospital Quality Assurance Fund (HQAF)	- SB 239 Hospital Quality Assurance Fund (HQAF)	<ul> <li>Distinct Part, Nursing Facility (DP/NF)</li> </ul>	<ul> <li>Medi-Cal Disproportionate Share (DSH)</li> </ul>	- QIP PY 5	Non-IGT sub-total	CARES Act (COVID-19) Programs:	- Cares Act Phase 4	American Rescue Plan (ARP)	- SHIP Grant	- Payroll Tax delay Pay dates 4/3 - 12/31/2020	lasted last		Program Grand Totals	Total Received	



### CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

901 P Street, Suite 313 Sacramento, CA 95814 p (916) 653-2799 f (916) 654-5362 chffa@treasurer.ca.gov/chffa

May 10, 2024

Mark Robinson Chief Financial Officer San Benito Health Care District dba Hazel Hawkins Memorial Hospital 911 Sunset Drive Hollister, CA 95023

RE: Distressed Hospital Loan Program Award Letter Amendment

Dear Mark Robinson,

This letter is an amendment to the Distressed Hospital Loan Program Award Letter (Award Letter), dated October 6, 2023, previously sent by the California Health Facilities Financing Authority (CHFFA) to San Benito Health Care District dba Hazel Hawkins Memorial Hospital (Hazel). In the previous Award Letter, it stated that the California Department of Health Care Access and Information (HCAI) notified CHFFA that Hazel's application had been approved for an interest-free debtor-in-possession loan from the Distressed Hospital Loan Program (DHLP) to prevent closure of the hospital. Due to the ongoing status of Hazel's bankruptcy matter and the possibility that the matter may be finalized, HCAI provided discretion to CHFFA to draft the transaction documents from either the interest-free cashflow (non-bankruptcy) loan document template (with certain enhanced disbursement conditions given Hazel's recent dismissal from bankruptcy and motion for a stay pending appeal of the order dismissing the chapter 9 bankruptcy case). Below the terms of the DHLP loan have remained the same:

Borrower: San Benito Health Care District dba Hazel Hawkins Memorial Hospital Loan Amount: \$10,000,000 Loan Term: 72 months (with 18-month initial deferment period) Interest Rate: 0% fixed Monthly Debt Service Amount: \$185,185.19

The funding of the DHLP loan is contingent upon (i) the full execution of the Loan and Security Agreement and the Promissory Note (with certain enhanced disbursement conditions given Hazel's recent dismissal from bankruptcy), including all exhibits, such as the Medi-Cal Intercept Form, a notarized EFT Cancellation Form, and the Loan Funds Disbursement Request, and (ii) there are sufficient funds in the DHLP Fund. If the funding of the DHLP loan is requested while Hazel is in bankruptcy court proceedings, the loan is contingent upon (i) Bankruptcy Court approval, (ii) the full execution of the Debtor-in-Possession Loan and Security Agreement and the Promissory Note, including all exhibits as listed above, and (iii) there are sufficient funds in the DHLP Fund. In both cases, the executed documents must be in the form delivered to you, unless the documents contain untrue representations or other incorrect terms.

MEMBERS

FIONA MA, CPA, CHAIR California State Treasurer

> MALIA M. COHEN State Controller

JOE STEPHENSHAW Director of Finance

ANTONIO BENJAMIN

FRANCISCO SILVA

ROBERT CHERRY, M.D.

ROBERT HERTZKA, M.D.

KATRINA KALVODA

KERI KROPKE, M.A., M.A., CCC-SLP

EXECUTIVE DIRECTOR CAROLYN ABOUBECHARA We are looking forward to working with you during the DHLP loan closing process. If you have any questions, please contact your Loan Officer, Erica Rodriguez, by email at <u>erodriguez@treasurer.ca.gov</u> or by telephone at (916) 653-3841.

Sincerely,

- DocuSigned by: Carolyn Aboubechara

Carolyn Aboubechara Executive Director

### RESOLUTION NO. 2024-01

### OF THE BOARD OF DIRECTORS OF SAN BENITO HEALTH CARE DISTRICT

### RATIFYING SUBMISSION OF THE LOAN APPLICATION AND AUTHORIZING EXECUTION OF A LOAN AND SECURITY AGREEMENT, AND CERTAIN ACTIONS IN CONNECTION WITH THE DISTRESSED HOSPITAL LOAN PROGRAM

### RECITALS

WHEREAS, the San Benito Health Care District (the "District") is a local health care district organized under the terms of the Local Health Care District Law (Health and Safety Code of the State of California, Division 23, Sections 32000-32492), pursuant to Section 32104 of the California Health and Safety Code;

WHEREAS, the District operates certain health care facilities in the County of San Benito, California, including Hazel Hawkins Memorial Hospital, a full service, 25-bed not for profit public hospital, as defined in Section 129381 of the Health and Safety Code;

WHEREAS, through its facilities, the District is the sole provider of certain health care services in the County, including emergency and related hospital services provided at Hazel Hawkins;

**WHEREAS**, the District does not belong to an integrated health care system with more than two separately licensed hospital facilities;

WHEREAS, the District has responsibly and proactively managed its limited finances in order to operate its facilities, including the continued provision of excellent, high quality patient care without compromise to patient safety, despite a sustained reduction in net revenue;

WHEREAS, the District determined that it is in its best interest to borrow an aggregate amount not to exceed \$10,000,000.00 from the California Health Facilities Financing Authority ("CHFFA" or "Lender") under the Distressed Hospital Loan Program, with that loan to be funded with the proceeds in the Distressed Hospital Loan Program Fund; and

WHEREAS, the District applied to CHFFA and the Department of Health Care Access and Information ("HCAI") for an interest-free loan from the Distressed Hospital Loan Program Fund for the purpose of preventing the closure of the hospital; and WHEREAS, HCAI determined the District's application meets the eligibility requirements of the Distressed Hospital Loan Program, and there is reasonable likelihood that the District will be able to regain financial viability and continue to operate its hospital.

### NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE DISTRICT AS FOLLOWS:

Section 1. The foregoing Recitals are true, correct and a substantive part of this Resolution.

Section 2. The District Board of Directors ("Board") approved and hereby ratifies the submission of an application for a loan from the Distressed Hospital Loan Program.

Section 3. The Board approves the Loan and Security Agreement (the "Agreement"), which contains the terms of and collateral for the loan, attached hereto, and the Promissory Note.

Section 4. The Promissory Note (the "Note") as evidence of the District's obligation to repay the loan is hereby approved.

Section 5. The Board approves the Subordination Agreement between HCAI and the District (the "Subordination Agreement").

Section 6. Mary Casillas, Chief Executive Officer and Mark Robinson, Chief Operating Officer (each, an "Authorized Officer") are each hereby authorized and directed, for and on behalf of the District, to execute the Agreement, Note, and the Subordination Agreement, and to do any and all things and to execute and deliver the Agreement, Note, and Subordination Agreement, and any and all documents (including the Loan Funds Disbursement Certification as well as the redirection of up to 20% of Medi-Cal reimbursements (checkwrite payments) to the Lender in the event of default in accordance with Health and Safety Code Section 129384) any Authorized Officer deems necessary or advisable to consummate the borrowing of moneys from CHFFA and HCAI and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 7. Approval of the Agreement is not subject to California Environmental Quality Act (CEQA) as it is not a "project" pursuant to Section 15378 of the CEQA Guidelines.

|| || Section 8. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the San Benito Health Care District held on the 23rd day of May 2024.

AYES: \_\_\_\_\_

NOS: \_\_\_\_\_

ABSENTIONS:

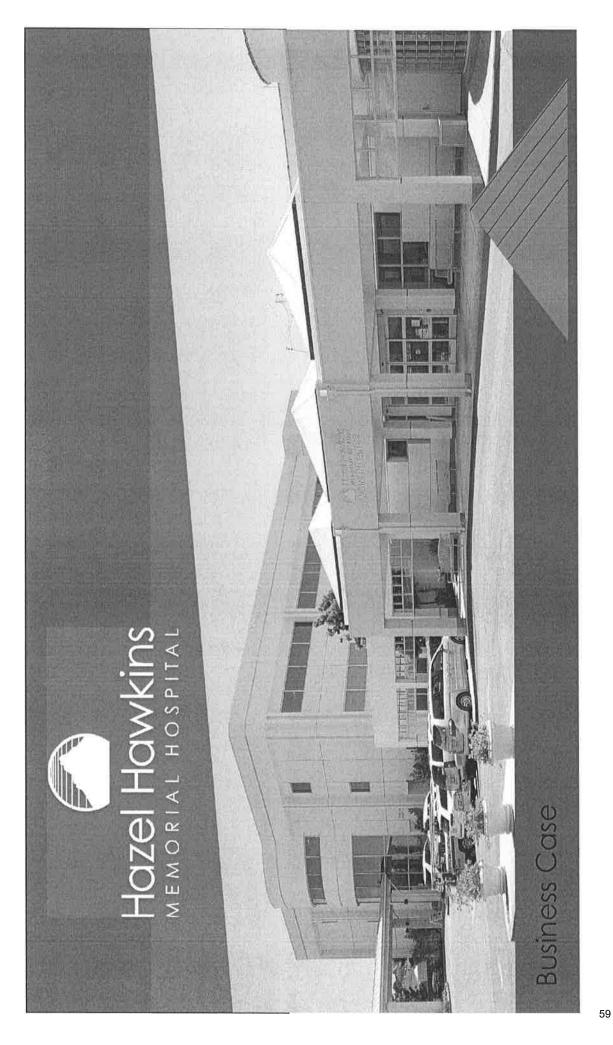
ABSENT: \_\_\_\_

Jeri Hernandez President of the Board of Directors

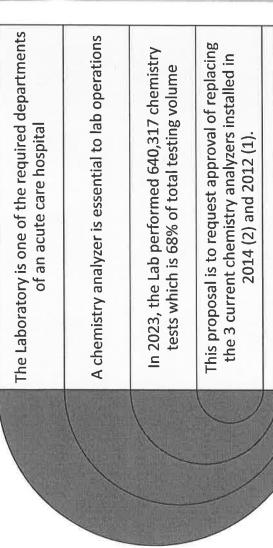
ATTEST:

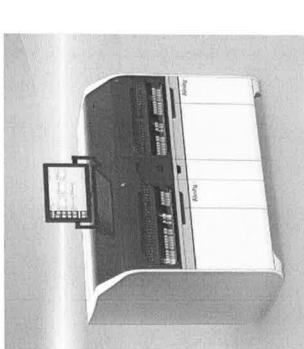
Rick Shelton Treasurer of the Board of Directors

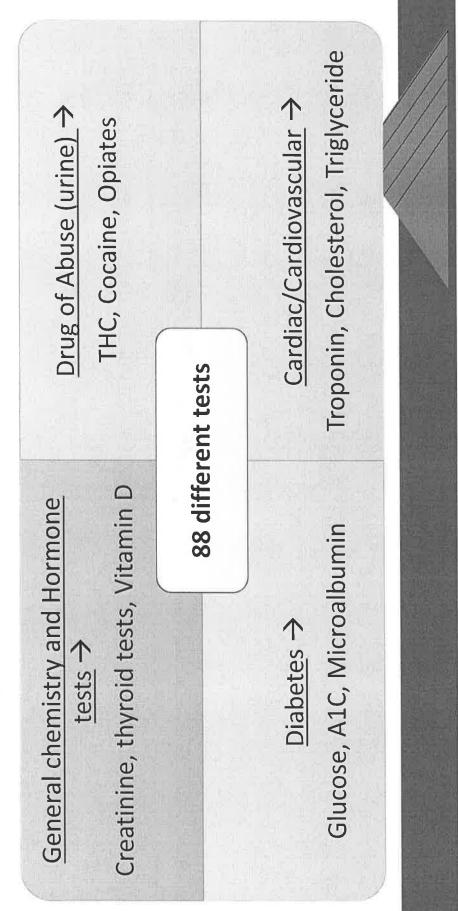
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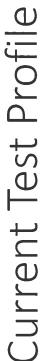


# **Executive Summary**











# SWOT ANALYSIS

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STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS FRAMEWORK FOR CURRENT CHEMISTRY ANALYZER 法法庭 计算法分词 计算法 医子宫 化化合金 医甲基甲基 医甲基 化化合金 化化合金 化合金 化合金 2 . . . . . . . . . . . .

### Strengths

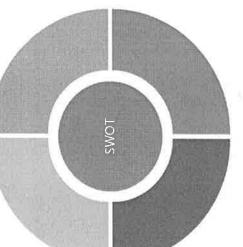
Staff is familiar with the maintenance, troubleshooting, and use of the analyzer

### Weaknesses

Due to high volume testing as well as age of analyzer (10Y), service and equipment issues are more frequent.

### Opportunities

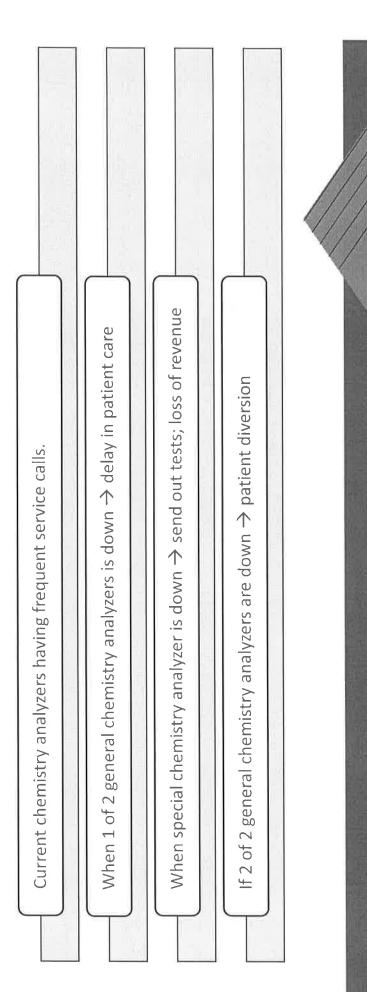
Lease agreement for current analyzer has been completed. Expansion of the current chemistry testing menu and automatic result verification.



Threats

If both chemistry analyzers are not available for testing, patient diversion protocols need to be implemented.





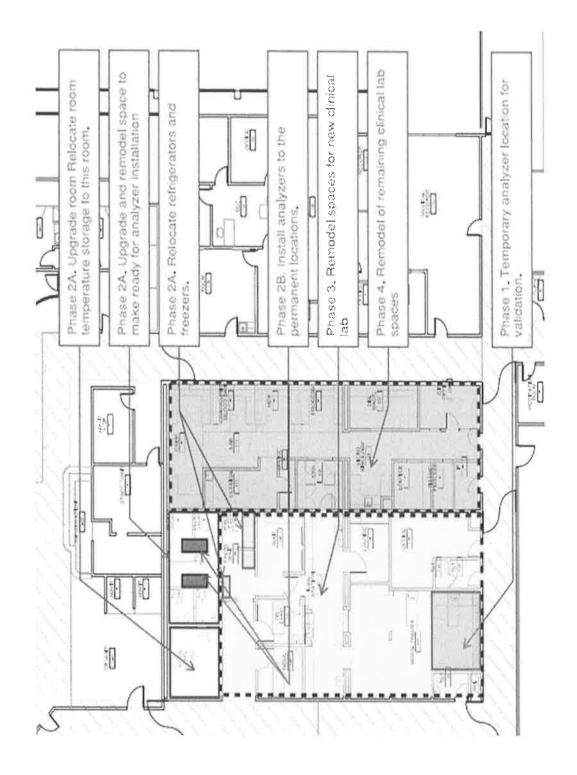
# Selection Process

## Market Analysis

- 3 types of chemistry analyzers including site visits
- Test menu comparison
- Turn around time
- Common medication interferences

## Abbott Alinity

- No Biotin interference
- Ease of maintenance
- Guaranteed uptime of 98%
- Positive reviews from current Alinity users



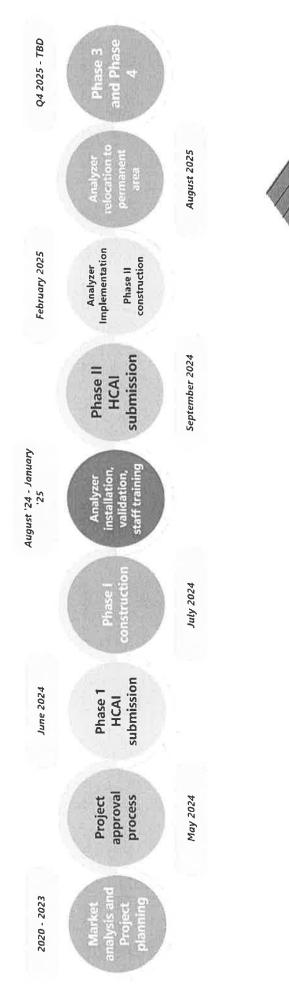
Objective/Proposed Plan – Phase 1 & 2 Two Alinity Analyzer with accompanying Management System • \$651,000.00 Service Contract • \$471,379.86 (\$5,611.67/month for 7 vrs) • \$471,379.86 (\$5,611.67/month	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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	Upgrade and remodel of the final chemistry analyzer location Relocation and installation of the new chemistry analyzer in its final space
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# Proposed Timeline

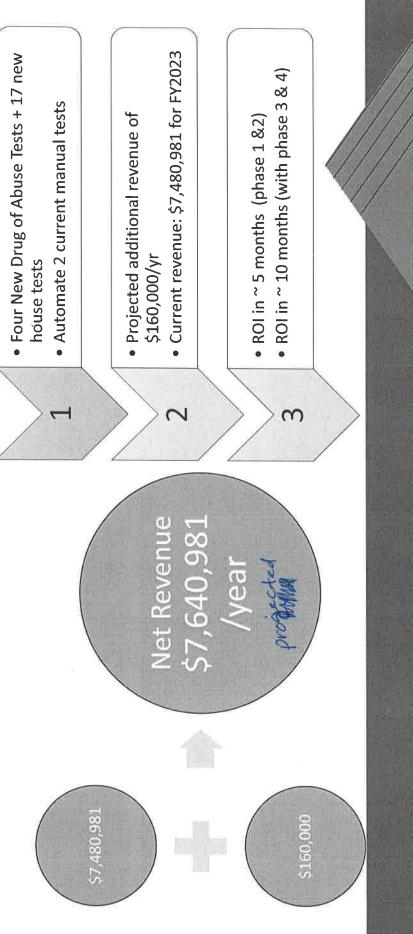


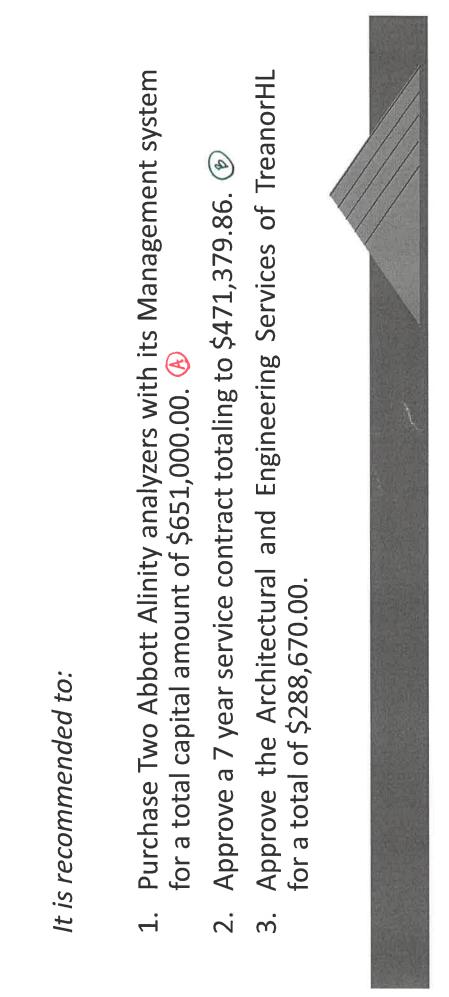


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Action Items	Cost
2 Alinity Analyzers with management system	\$651,000
Service Contract (7yrs)	\$471,379.86
Architect and Engineering design (Phase 1 and 2)	\$288,000
Other Associated Items	Estimated Costs
IT estimate	\$15,000
Phase 1 and 2 Construction	\$1,105,000
Labor for additional CLS (2 FTE)	\$270,000 (\$135,000/FTE)
Phase 3 and 4 Construction	\$3,461,860
TOTAL	\$6,262,239.86







Recommendation





# **Hazel Hawkins Memorial Hospital**

**Price Exhibit** 

Customer	Hazel Hawkins Memorial Hospital
Address	911 Sunset Dr   ACCTS PAYABLE, Hollister, CA, 95023-5606, United
National Account Affiliation	Vizient
Sales Representative	Kirk Hutchinson
Quote Number	Q-00345569
Document Generation Date	5/2/2024
Initial Contract Term	7 Years

Prices listed below are in USD currency

### Equipment

Proposed Instrument	List Number	Qty	Acquisition Type	Purchase Price Per Unit	Total Purchase Price	Recurring Price per Unit	Recurring Total Price	Ownership	Shipping
Alinity ci Series System Control Module	03R70-01	2	Purchase	0.00	0.00		0.00	Customer	0.00
Alinity c Analyzer	03R67-01	2	Purchase	135,000.00	270,000.00		0.00	Customer	0,00
Alinity i Analyzer	03R65-01	2	Purchase	135,000.00	270,000,00		0.00	Customer	0.00
		6			540.000.00		0.00		0.00

### Allowances provided by Abbott

As orgated instrument	Qty	Allowance per Instrument	Up to Amount (Extended)	Training Slots
Alinity c Analyzer	2	Water/LIS Allowance: 8750	17,500	
	2		17,500	

### Always On In-lab Services

Description	List Number	Qty	Acquisition Type	Service Years	Recurring Price per Unit	Recurring Total Price	Average Annual Recurring	Warranty (months)
Alinity c Always On Next Day	01DP4-01	2	Monthly Purchase	7	1,213.33	2,426.67	29,119.99	0.00
Alinity i Always On Next Day	01DP5-01	2	Monthly Purchase	7	1,213.33	2,426.67	29,119.99	0,00
AlinIO Analyzer Management System		4				4,853.33	58,239.98	B

### AlinIQ Analyzer Management System

Description	List Number	Qıy	Acquisition Type	One-time Price Per Unit	One-time Total Price	Recurring Price per Unit	Recurring Total Price	Total Annual Recurring
AlinIQ AMS Base Package (US)	04W06-59	1	Purchase	39,750.00	39,750.00		0.00	
AlinIQ AMS User Workstation Package	03R89-26	1	Purchase	1,750.00	1,750.00		0.00	
AlinIQ AMS QC Software Connection Package	03R90-35	1	Purchase	11,000.00	11,000.00		0.00	)
AlinIQ AMS Immunochemistry Rules Package	03R92-50	1	Purchase	20,000.00	20,000.00		0.00	
AlinIQ AMS Lab Viewer Package	03R89-78	1	Purchase	23,500.00	23,500.00		0.00	
AlinIQ AMS Abbott Immunochemistry Instrument Connection Package	03R90-24	2	Purchase	7,500.00	15,000.00		0.00	
Notwithstanding any term listed in the "Acquisition Type" column of Exhibit, with respect to the AlinIQ/Digital Health Solutions items inc		7			111,000.00	Ø	0.00	0.00

grant of rights shall be as specified in Customer's agreement, and this Price Exhibit shall not confer any additional grant of rights on Customer.

### AlinIQ Maintenance and Support

Proposed Service	List Number	Equipment Qty	Acquisition Type	One-time Price Per Unit	One-time Total Price	Recurring Price per Unit	Recurring Total Price	Total Annual Recurring
AlinIQ AMS Package Always On Support Contract	03894-55	1	Monthly Purchase			758.33	758.33	9,100.00
Notwithstanding any term listed in the "Acquisition Type" column of this Exhibit, with respect to the AlinIQ/Digital Health Solutions Items include		1			0.00		758.33	9,100.00

mer's agreement, and this Price Exhibit shall not confer any additional grant of rights on Customer-

### **Customer Product Commitment**

Description	List. Number	Tests per Kit	Annual Volume	Price per Test	Price per Kit	Annual Commitment
Alinity c Albumin (BCG) Reagent	08P02	3250	29,066	0.0900	292.50	2,615.94
Alinity c Alkaline Phosphatase Reagent	08P20	4000	28,711	0.0900	360.00	2,583.99
Alinity c ALT (Alanine Aminotransferase) Reagent	04T84	3120	29,272	0.0900	280.80	2,634.48
Alinity c Ammonia Reagent	08P22	200	403	0.6400	128.00	257.92
Alinity c Amphetamine/ Methamphetamine Reagent	09P45	400	2,447	1.1200	448.00	2,740.64
Alinity c Amylase Reagent	07P58	500	399	0.6400	320.00	255.36
Alinity c AST (Aspartate Aminotransferase) Reagent	04T86	3120	28,952	0.0900	280.80	2,605-68
Alinity c Barbiturates Reagent	09P51	400	2,447	1.1200	44B.00	2,740.64
Allnity c Benzodiazepines Reagent	09P52	500	2,447	1,1200	560.00	2,740.64
Alinity c Buprenorphine Reagent	04Z42	200	1,000	1.3500	270.00	1,350.00
Alinity c Calcium Reagent	07P57	15000	31,867	0.0800	1,200-00	2,549.36
Alinity c Cannabinoids Reagent	09P54	400	2,447	1.1200	448.00	2,740.64
Alinity c Carbamazepine Reagent	08P58	400	22	1.4900	596.00	32.78
Alinity c Carbon Dioxide (CO2) Reagent	07P72	3000	31,857	0.0700	210.00	2,229.99
Alinity c Cholesterol Reagent	07P76	4000	12,197	0.0900	360.00	1,097-73
Alinity c CK (Creatine Kinase) Reagent	08P42	1200	1,073	0.0900	108.00	96.57

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Alinity c Cocaine Reagent	09P55	500	2,447	1.1200	\$60.00	2,740.64
Alinity c Creatinine (Jaffe) Reagent	07P99	3000	32,222	0.0700	210.00	2,255.54
Alinity c CRP (Vario) Reagent	07P56	3500	2,858	1,6300	5,705.00	4,658,54
Alinity c Digoxin Reagent	08P37	800	70	1.4900	1,192,00	104.30
Alinity c Direct Bilirubin Reagent	07P97	1440	984	0.0900	129.60	88.56
Alinity c Direct LDL Reagent	07P71	580	12,040	2,1000	1,218.00	25,284,00
Alinity c Electrolytes Reagent Alinity c Ethanol Reagent	09D28	20000	31,997	0.1200	2,400,00	3,839,64
Alinity c Fentanyl Reagent	08P41	400	1,862	1.1200	448.00	2,085.44
Alinity c GGT (Gamma-Glutamyl Transferase) Reagent	04Z44 04T96	200	1,000	2.4800	496.00	2,480.00
Alinity c Glucose Reagent	07P55	11000	33,564	0.0900	54.00	17.82
Alinity c HDL (Ultra) Reagent	07P75	3500	12,032	0.6400	2,240.00	2,349.48 7,700.48
Alinity c Hemoglobin A1c (Monitoring & Diagnostics) Reagent	08P43	1300	9,560	2,1000	2,240.00	20,076.00
Alinity c Immunoglobulin A (igA) Reagent	09P61	360	286	1,3200	475.20	377,52
Alinity c Iron Reagent	08P39	2300	1,843	0.0800	184.00	147.44
Alinity c Lactate Dehydrogenase (LD) Reagent	07P74	1200	969	0.0900	108.00	87,21
Alinity c Lactic Acid Reagent	08P21	1000	2,345	0.0800	80.00	187.60
Alinity c Lipase NG Open Channel Reagent	04Y85	240	4,880	0.6400	153,60	3,123,20
Alinity c Methadone Reagent	09P64	400	2,447	1,1200	448.00	2,740.64
Alinity c Microalbumin (Urine) Reagent	08P04	640	1,000	1.3200	844.80	1,320.00
Alinity c Opiates Reagent	09P65	400	2,447	1.1200	448.00	2,740.64
Alinity c Oxycodone Reagent	04Z45	200	2,447	1.3500	270.00	3,303.45
Alinity c Phencyclidine (PCP) Reagent	09P66	400	2,447	1.1200	448,00	2,740.64
Alinity c Phenobarbital Reagent	09P85	200	8	1,4900	298.00	11.92
Alinity c Phenytoin Reagent	08P54	400	36	1.4900	596,00	53,64
Alinity c Phosphorus Reagent	04003	1120	1,262	0,0900	100,80	113.56
Alinity c Protein (Urine/CSF) Reagent	07P59	400	21	0,6400	256.00	13,44
Alinity c Rheumatoid Factor (RF) Reagent	04R99	400	1,500	1,3200	528,00	1,980.00
Alinity c Salicylate Reagent	08P59	200	708	1.4900	298.00	1,054.92
Alinity c Total Bilirubin Reagent	04V51	3600	29,231	0,0900	324.00	2,630.79
Alinity c Total Protein Reagent	04T81	3120	28,684	0,0900	280.80	2,581.56
Alinity c Transferrin Reagent	08P38	800	227	1,3200	1,056.00	299,64
Alinity c Triglycerides Reagent	07P77	4000	12,262	0.0900	360.00	1,103.58
Alinity c UIBC Reagent	08P44	300	1,771	0,6400	192.00	1,133.44
Alinity c Urea Nitrogen Reagent	08P16	13000	32,165	0,0700	910,00	2,251.55
Alinity c Uric Acid Reagent	04009	640	676	0.0900	57.60	60,84
Alinity c Valproic Acid Reagent Alinity c Vancomycin Reagent	09P92	200	126	1.4900	298,00	187.74
Alinity i Anti-CCP Reagent	08P52 09P27	400 200	185	1.4900	596,00	275.65
Alinity i Anti-HAV IgM Reagent	09P27	200	226	7.4700	1,494.00	1,688.22
Alinity i Anti-HBC IgM Reagent	07P86	200	430	5.9300	1,186.00	2,573.62
Alinity i Anti-HCV Reagent	08P05	200	1,020	5,9300	1,186.00	2,549.90 6,048.60
Alinity i Anti-Tg Reagent	09P34	200	246	3,1900	638.00	784.74
Alinity i Anti-TPO Reagent	09P35	200	358	3.1900	638.00	1.142.02
Alinity i B12 Reagent	07P67	200	1,942	1,6000	320.00	3,107.20
Alinity i CA 15-3 Reagent	08P51	200	185	4,9900	998.00	923.15
Alinity i CEA Reagent	07P62	200	151	3,1600	632.00	477.16
Alinity i DHEA-S Reagent	09P37	200	176	2.4300	486.00	427.68
Alinity i Estradiol Reagent	07P50	200	230	2.4300	486.00	558.90
Alinity i Ferritin Reagent	07P65	200	2,321	1.6000	320.00	3,713.60
Alinity i Folate Reagent	08P14	200	799	1,6000	320.00	1,278.40
Alinity i Free T3 Reagent	07P69	200	279	1,5800	316.00	440.82
Alinity i Free T4 Reagent	07970	1200	8,235	1,1900	1,428.00	9,799.65
Alinity i FSH Reagent	07P49	200	347	1.4500	290,00	503.15
Alinity i HBsAg (Qualitative) Reagent	08P10	200	464	2,3500	470.00	1,090,40
Alinity i hCG (Total Beta-hCG) Reagent	07P51	200	893	1.4100	282,00	1,259.13
Alinity i HIV Ag/Ab Combo Reagent	08P07	200	1,041	6.6600	1,332.00	6,933.06
Alinity i Homocysteine Reagent	09P28	200	261	11,8900	2,378.00	3,103,29
Alinity i Intact PTH Reagent	08P31	200	568	4,1900	838.00	2,379.92
Alinity i LH Reagent	07P91	200	272	1.4500	290.00	394.40
Alinity i PCT (BRAHMS) Reagent	01R18	200	2,122	17_4900	3,498.00	37,113.78
Alinity i Progesterone Reagent	08P36	200	176	1.7900	358.00	315,04
Alinity i PSA, Free Reagent	07Р93	200	140	5.3800	1,076.00	753.20
Alinity i PSA, Total Reagent	07P92	200	4,192	3.5000	700.00	14,672.00
Alinity i SHBG Reagent	09P38	200	212	2,4300	486.00	515.16
Alinity i STAT CK-MB Reagent	04V38	200	73	1.9500	390.00	142,35
Alinity i Syphilis TP Reagent	07P60	200	750	4.7300	946.00	3,547.50
Alinity i Tacrolimus Reagent	09P42	200	122	13.4300	2,686.00	1,638.46
Alinity i Testosterone 2nd Generation Reagent	07P68	200	544	2,5100	502.00	1,365.44
Alinity i Total T3 Reagent	07P94	200	827	0.8700	174.00	719.49
Alinity i Total T4 Reagent	07P95	200	716	0.7900	158.00	565.64
	0.4751	200	E 0.75			
Alinity i Troponin-I (High Sensitive) Reagent Alinity i TSH Reagent	04Z21 07P48	200 1200	5,075	4.5400	908.00 1,368.00	23,040.50

# Page 2 of 5

	Purchase Co	mmitment	529,099			317,632.62
Alinity i Vitamin D Reagant	08P45	200	5,300	6.4700	1,294.00	34,291.00

# **Consumable Utilization Estimate**

Alinity c Benzodiazepines Qualitative Calibrator Kit Alinity c Benzodiazepines Quantitative Calibrator Kit Alinity c Bilirubin Calibrator Kit Alinity c Buprenorphine Calibrator Alinity c Buprenorphine Calibrator (0, 5,10,20, 40 ng/mL)	09P52-01 09P52-02	Purchase	Calibrators	6	240.82	
Alinity c Bilirubin Calibrator Kit Alinity c Buprenorphine Calibrator	09P52-02				240.02	1,444.92
Alinity c Buprenorphine Calibrator		Purchase	Calibrators	4	240.82	963.28
	08P61-01	Purchase	Calibrators	6	161.31	967,86
	04242-01	Purchase	Calibrators	6	64.09	384.54
Allinity c Suprenorphine Calibrator (0, 5,10,20, 40 ng/mL) Allinity c Cannabinoids Qual Calibrator Kit	04Z42-02	Purchase	Calibrators	6	299,07	1,794.42
Alinity c Cannabinoids Qual Calibrator Kit Alinity c Cannabinoids Semiquant 100 Calibrator Kit	09P54-01	Purchase	Calibrators	2	133.65	267.30
Alinity c Cannabinoids Semiquant 100 Calibrator Kit	09P54-02 09P54-03	Purchase	Calibrators	2	133.65	267.30
Alinity c Carbon Dioxide Calibrator Kit	03P34-03	Purchase Purchase	Callbrators Calibrators	2 4	133.65	267.30
Alinity c CRP Vario Cardiac High Sensitivity Calibrator Kit (US)	07P56-05	Purchase	Calibrators	4	183.21 275.32	732.84
Alinity c CRP Vario High Sensitivity Calibrator Kit (US)	07P56-04	Purchase	Calibrators	4	275.32	1,101.28
Allnity c CRP Vario Wide Range Calibrator Kit	07P56-01	Purchase	Calibrators	4	460,16	1,840.64
Alinity c CRP Vario Wide Range Calibrator Kit (US)	07P56-03	Purchase	Calibrators	4	212.30	849.20
Alinity c CRP Vario Wide Range Calibrator Kit HS	07P56-02	Purchase	Calibrators	4	460.16	1,840.64
Alinity c DOA MC Negative Cal Kit	08P63-06	Purchase	Calibrators	11	248.68	2,735.46
Alinity c DOA MC Qual Cal 2 Kit	08P63-02	Purchase	Calibrators	10	248.68	2,486,80
Alinity c DOA MC Qual Low Cal 1 Kit	08P63-01	Purchase	Calibrators	8	248.68	1,989.44
Alinity c DOA MC Semlquant Cal 3 Kit	08P63-03	Purchase	Calibrators	10	248.68	2,486.80
Alinity c Ethanol Calibrator Kit	08P41-01	Purchase	Calibrators	3	193.57	580,71
Alinity c Fentanyl Calibrator (1 ng/mL)	04Z44-01	Purchase	Calibrators	6	33,01	198.06
Alinity c Fentanyl Calibrator (Negative Urine)	04Z44-04	Purchase	Calibrators	6	33.01	198.06
Alinity c Hemoglobin A1c Calibrator Kit	08P43-01	Purchase	Calibrators	9	223.53	2,011.77
Alinity c ICT Serum Calibrator Kit	08P69-01	Purchase	Calibrators	10	217 77	2,177.70
Alinity c ICT Urine Calibrator Kit	08P70-01	Purchase	Callbrators	10	217.77	2,177.70
Alinity c Iron Callbrator	04U75-01	Purchase	Calibrators	4	207_40	829.60
Alinity c Lipase NG Open Channel Calibrator Kit	04Y85-01	Purchase	Callbrators	3	161.31	483,93
Alinity c Lipid Multiconstituent Calibrator Kit	09P14-03	Purchase	Calibrators	3	184.36	553.08
Alinity c Microalbumin Calibrator Kit	08P04-04	Purchase	Calibrators	2	183.21	366.42
Alinity c Multiconstituent Calibrator Kit	08P60-01	Purchase	Calibrators	12	161.31	1,935.72
Alinity c Negative Urine Calibrator	04Z47-01	Purchase	Calibrators	6	33.01	198.06
Alinity c Opiates Qual Calibrator Kit	09P65-01	Purchase	Calibrators	6	167.08	1,002.48
Alinity c Opiates Semiquant Calibrator Kit	09P65-02	Purchase	Calibrators	6	156.93	941.58
Alinity c Oxycodone Calibrator (0, 100, 300, 500, 1000 ng/mL) Alinity c Oxycodone Calibrator (100 ng/mL)	04Z45-03	Purchase	Calibrators	6	931.41	5,588,46
Alinity c Oxycodone Calibrator (100 ng/mL)	04Z45-01	Purchase	Calibrators	6	232.85	1,397.10
Alinity c Salicylate Calibrator Kit	04243-02 08P59-01	Purchase	Calibrators	6	232.85	1,397.10
Alinity c Specific Proteins Multiconstituent Calibrator	08P59-01 08P62-01	Purchase Purchase	Calibrators	3	193.57	193.57
Alinity c UIBC Calibrator Kit	08P44-01	Purchase	Calibrators Calibrators	2	167.08	501,24
Alinity c Urine/CSF Protein Calibrator Kit	08P71-01	Purchase	Calibrators	1	184.36 183.21	368.72
Alinity i 25-OH Vitamin D Calibrator Kit	08P45-01	Purchase	Calibrators	2	179.74	359.48
Alinity   Anti-CCP Calibrator Klt	09P27-01	Purchase	Calibrators	1	160.17	160.17
Alinity i Anti-HBc IgM Calibrator Kit (US)	07P86-02	Purchase	Calibrators	4	223.53	894.12
Alinity   Anti-HCV Calibrator Kit (US)	08P05-01	Purchase	Calibrators	1	183.21	183.21
Alinity i Anti-TG Calibrator Kit	09P34-01	Purchase	Calibrators	6	167.08	1,002.48
Alinity i Anti-TPO Calibrator Kit	09P35-01	Purchase	Calibrators	6	167.08	1,002.48
Alinity i B12 Calibrator Kit (US)	07P67-02	Purchase	Calibrators	1	175,14	175.14
Alinity i CA 15-3 Calibrator Kit	08P51-01	Purchase	Calibrators	1	183 21	183.21
Alinity i CEA Calibrator Kit	07P62-01	Purchase	Calibrators	1	175.14	175.14
Alinity i DHEA-S Calibrator Kit	09P37-01	Purchase	Calibrators	1	202.79	202.79
Alinity i Estradiol Calibrator Kit	07P50-01	Purchase	Calibrators	2	175.14	350.24
Alinity i Ferritin Callbrator Kit	07P65-01	Purchase	Calibrators	1	175.14	175,14
Alinity i Folate Calibrator Kit (US)	08P14-02	Purchase	Calibrators	1	179.74	179.74
Alinity i Free PSA Calibrator Kit	07P93-01	Purchase	Calibrators	1	183.04	183.04
Alinity i Free T3 Calibrator Kit	07P69-01	Purchase	Calibrators	1	267,32	267 32
Alinity i Free T4 Callbrator Kit	07P70-01	Purchase	Calibrators	1	175.14	175.14
Alinity i FSH Calibrator Kit	07P49-01	Purchase	Calibrators	1	175.14	175.14
Alinity i HAVAb IgM Calibrator Kit (US)	08P28-01	Purchase	Calibrators	2	223.53	447.06
Alinity i HBsAg Qualitative Callbrator Kit (US)	08P10-02	Purchase	Calibrators	2	260.40	520.80
Alinity i HIV Ag/Ab Combo Calibrator Kit (US)	08P07-02	Purchase	Calibrators	2	205.10	410.20
Allnity i Homocystelne Calibrator Kit	09P28-01	Purchase	Calibrators	1	167_08	167.08
Alinity i LH Calibrator Kit	07P91-01	Purchase	Calibrators	3	183.21	549.63
Alinity i PCT (BRAHMS) Calibrator Kit	01R18-01	Purchase	Calibrators	2	167.08	334.16
Alinity I Progesterone Calibrator Kit	08P36-01	Purchase	Calibrators	2	175_14	350.28
Alinity i SHBG Calibrator Kit	09P38-01	Purchase	Calibrators	1	223.53	223.55
Alinity i STAT CK-MB Callbrator Kit	04V38-01	Purchase	Calibrators	4	564.44	2,257.76
Alinity i STAT High Sensitive Troponin-I Calibrator (US)	04Z21-01	Purchase	Calibrators	3	289.05	867.1
Alinity i STAT Intact PTH Calibrator Kit	08P31-02	Purchase	Calibrators	2	223.53	447.00
Alinity i STAT Total β-hCG Calibrator Kit	07P51-01 07P60-01	Purchase	Calibrators Calibrators	1	175.14 205.10	175.14

Alinity i Tacrolimus Calibrator Kit	09P42-01	Purchase	Calibrators	1	167,08	167.08
Alinity i Testosterone Calibrator Kit	07P68-01	Purchase	Calibrators	4	192,43	769,72
Alinity i Total PSA Calibrator Kit	07P92-01	Purchase	Calibrators	1	183,04	183.04
Alinity i Total T3 Calibrator Kit	07P94-01	Purchase	Calibrators	1	175.14	175,14
Alinity i Total T4 Calibrator Kit	07P95-01	Purchase	Calibrators	2	175,14	350,28
Alinity i TSH Calibrator Kit	07P48-01	Purchase	Calibrators	3	175_14	525.42
Alinity i T-Uptake Calibrator Kit	08P12-01	Purchase	Calibrators	1	183.21	183,21
Alinity c Ammonia Control Kit	08P22-10	Purchase	Controls	12	227.00	2,724.00
Alinity c Cannabinoids Control 1 Kit	09P54-10	Purchase	Controls	44	133.65	5,880.60
Alinity c Cannabinoids Control 2 Kit	09P54-11	Purchase	Controls	44	161.64	7,112.16
Alinity c CRP Vario HS Control Kit HS (US) Alinity c DOA MC I Control Kit	07P56-12	Purchase	Controls	4 3	428,72	1,714.88
Alinity c DOA MC I Control Kit	08P63-18 08P63-11	Purchase Purchase	Controls Multi-Controls	2	248.68	746,04
Allnity c DOA MC III Control Kit	08P63-11	Purchase	Multi-Controls	3	248,68	497.36
Alinity c Hemoglobin A1c Control Kit	08P43-10	Purchase	Controls	37	174.00	746.04 6,438,00
Alinity c Multichem P	08290-10	Purchase	Multi-Controls	3	518.51	1,555.53
Alinity c Multichem S Plus (Assayed) Lv 1	08P88-10	Purchase	Multi-Controls	3	213,17	639.51
Alinity c Multichem S Plus (Assayed) Lv 2	08P88-11	Purchase	Multi-Controls	3	213.17	639,51
Alinity c Multichem S Plus (Assayed) Lv 3	08P88-12	Purchase	Multi-Controls	3	213.17	639,51
Alinity c Multichem S Plus (Unassayed) Lv 1	08P87-10	Purchase	Multi-Controls	З	363.00	1,089.00
Alinity c Multichem S Plus (Unassayed) Lv 2	08P87-11	Purchase	Multi-Controls	3	363.00	1,089.00
Alinity c Multichem S Plus (Unassayed) Lv 3	08P87-12	Purchase	Multi-Controls	3	363,00	1,089.00
Alinity i Anti-CCP Control Kit	09P27-10	Purchase	Controls	2	160,17	320,34
Alinity i Anti-HBc IgM Control Kit (US)	07P86-12	Purchase	Controls	4	202.79	811,16
Alinity i Anti-HCV Control Kit (US)	08P05-10	Purchase	Controls	3	167.08	501.24
Alinity i Anti-TG Control Kit	09P34-10	Purchase	Controis	12	133,65	1,603,80
Alinity i Anti-TPO Control Kit	09P35-10	Purchase	Controls	12	133.65	1,603.80
Alinity i B12 Control Kit (US)	07P67-12	Purchase	Controls	3	159.01	477.03
Alinity i DHEA-S Control Kit	09P37-10	Purchase	Controls	3	202.79	608.37
Alinity i Folate Control Kit (US)	08P14-12	Purchase	Controls	3	167,08	501.24
Allnity i HAVAb IgM Control Kit (US)	08P28-10	Purchase	Controls	2	202.79	405.58
Alinity i HBsAg Qualitative Control Kit (US)	08P10-12	Purchase	Controls	4	159.01	636.04
Alinity i HIV Ag/Ab Combo Control Kit (US)	08P07-12	Purchase	Controls	5	186.66	933,30
Alinity i Homocysteine Control Kit	09P28-10	Purchase	Controls	3	133.65	400,95
Alinity i Multichem IA Plus	08P86-10	Purchase	Multi-Controls	17	380.24	6,464.08
Alinity i Multichem WBT Plus	04516-10	Purchase	Multi-Controls	9	331.84	2,986.56
Alinity i PCT (BRAHMS) Control Kit	01R18-10	Purchase	Controls	7	167.08	1,169.56
Alinity i SHBG Control Kit	09P38-10	Purchase	Controls	12	202.79	2,433.48
Alinity i STAT CK-MB Control Kit	04V38-10	Purchase	Controls	6	770.14	4,620.84
Alinity i STAT High Sensitive Troponin-i Control (US) Alinity c Acid Probe Wash	04Z21-10	Purchase	Controls	15	227.24	3,408,60
Alinity c Acid Probe Wash Alinity c Acid Wash Solution	01R60-70	Purchase	Consumables	8	62.22	497.76
Alinity c Akaline Wash Solution	08P77-40 08P78-40	Purchase	Consumables	21 20	89.88	1,887.48
Allnity c Customer Maintenance Kit	04546-02	Purchase	Consumables	20	89.88 2,613.75	1,797.60
Alinity C Cuvette Dry Tip	04\$52-01	Purchase	Consumables	2	210.87	421.74
Alinity C Cuvette Segment	04547-01	Purchase	Consumables	1	1,424.15	1,424.15
Alinity C Cuvette Segment Alignment Tool	04570-02	Purchase	Consumables	2	1,455.63	2,911.26
Alinity c Detergent A	08P96-70	Purchase	Consumables	25	154.40	3,860.00
Alinity c Detergent B	08P97-81	Purchase	Consumables	28	307.65	B.614.20
Alinity c ICT Reference Solution	08P76-40	Purchase	Consumables	5	85.26	426,30
Alinity c ICT Sample Diluent	07P53-20	Purchase	Consumables	4	425.17	1,700.68
Alinity c Maintenance Solutions (US)	08P98-71	Purchase	Consumables	7	168.23	1,177.61
Alinity C Reagent Probe	04\$49-01	Purchase	Consumables	8	736.28	5,890.24
Alinity C Reagent Probe Screw	04554-01	Purchase	Consumables	2	251.19	502.38
Alinity C Reagent Probe Tubing	04550-01	Purchase	Consumables	6	150.95	905.70
ALINITY C Rgt Cartridge Black	04\$17-50	Purchase	Consumables	2	150.37	300.74
ALINITY C Rgt Cartridge Clear	04S17-40	Purchase	Consumables	2	150.95	301.90
Alinity C Sample Probe	04\$51-01	Purchase	Consumables	2	875,69	1,751.38
Alinity C Sample Probe Screw	04\$53-01	Purchase	Consumables	2	150.95	301.90
Alinity ci Sample Cups	01R38-01	Purchase	Consumables	15	101.39	1,520.85
Alinity i Common Diluent	09P15-40	Purchase	Consumables	1	40.33	40,33
Alinity i Concentrated Wash Buffer	06P13-68	Purchase	Consumables	72	93_33	6,719.76
Alinity i Customer Maintenance Kit	04\$37-01	Purchase	Consumables	2	1,505.97	3,011.94
Alinity i Folate Lysis Reagent	08P15-42	Purchase	Consumables	13	109.15	1,418.95
Alinity i Folate Manual Diluent	08P14-60	Purchase	Consumables	1	192.43	192,43
Alinity i Folate RBC Lysis Diluent	08P14-40	Purchase	Consumables	1	123.70	123.70
Alinity i Probe Conditioning Solution	01R58-40	Purchase	Consumables	6	107_16	642.96
Alinity i Progesterone Manual Diluent	08P36-40	Purchase	Consumables	1	66.83	66.83
Alinity i Tacrolimus Whole Blood Precipitation Kit	09P42-40	Purchase	Consumables	2	67.81	135.62
Alinity Pre-Trigger Solution	06P12-65	Purchase	Consumables	16	176.30	2,820.80
Alinity Reaction Vessels Alinity Reagent Replacement Cans	06P14-01	Purchase	Consumables	15	161.31	2,419.65
Alinity Reagent Replacement Caps Alinity Trigger Solution	04R47-01	Purchase	Consumables	2	62.22	124.44
Transplant Pretreatment Tubes	06P11-60	Purchase	Consumables	18	73,75	1,327.50
inanapianis Freudeunient Tubes	01P06-03	Purchase	Consumables	2	24.81	49.62



Annual volumes and costs are estimates and do not represent a commitment by either party. Items in this section are shown at 887 184,960.46 current market price and are not part of the Agreement. If not otherwise stated, pricing is subject to change,

# **Third Party Products**

Description	Supplier	Qty	Acquisition Type	One-time Total Price	Recurring Total Price	Total Annual Recurring
PATHFAST ANALYZER	PolyMedco	1	Purchase	0.00	0.00	
PATHFAST NTproBNP, 60 tests/box	PolyMedco	12	Purchase		11,400.00	11,400.00
PATHFAST Tips, 210/box	PolyMedco	6	Purchase		0.00	0.00
PATHFAST Roll Paper, 10 rolls/box	PolyMedco	1	Purchase		0.00	0.00
PATHFAST Waste Box, 10/box	PolyMedco	1	Purchase		0.00	0.00
		21		0.00	11,400.00	11,400.00



# TREANORHL

April 29, 2024

Mr. Mark Robinson, CFO Hazel Hawkins Memorial Hospital 911 Sunset Dr. Hollister, CA 95023

Re: HHMH Chemistry Analyzer Replacement – Design Services Fee Proposal HC0948.2404.00

Dear Mark:

TreanorHL is pleased to submit this proposal to provide Architectural and Engineering services for the replacement of two chemistry analyzers at the Clinical Lab.

1. Project Parameters

The general intent of this project is to provide full design services in a phased construction manner to replace the existing chemistry analyzers on the first level of the original hospital at Hazel Hawkins Memorial Hospital.

The current Siemens chemistry analyzers have reached the end of their operational life and must be replaced urgently. However, due to space constraints in the clinical lab, the new analyzers cannot be accommodated immediately. In the interim, the existing analyzers must remain operational while the new ones undergo validation and training, a process expected to span up to six months.

This proposal includes the work required up to the installation of the analyzers at the permanent locations. The general scope of work (Phase 1, 2A and 2B) is delineated in the attached narrative as well as in consultants' proposals.

Due to the urgency, Phase 1 (equipment validation) will be submitted as the first project with a request for emergency authorization. Phase 2A and Phase 2B will be submitted as a subsequent project, or an ACD if OSHPD allows.

# 2. Project Team

Discipline Architecture Structural Mechanical Electrical

TreanorHL Key Personne! Managing Principal Principal-in-Charge Project Manager Name TreanorHL Buehler ColeBreit Engineering Aurum Consulting Engineers

Tansy Bowermaster Chuang-Ming Liu Hamzah Basurrah

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Page 2 Hazel Hawkins Memorial Hospital April 29, 2024

# 3. Work Plan

- A. Project Management
  - Conduct weekly project planning and coordination meetings with design team.
  - Conduct regular project monitor and control tasks.
  - Conduct regular Quality Control measures.
- B. Pre Design
  - Field survey of project site to verify existing conditions shown in drawings provided to us. Document existing conditions not included in the CAD drawing provided to us.
  - Evaluate project related information provided to us.
  - Conduct preliminary code analysis.
  - Attend a Project Kick-off meeting with Stakeholder to ensure a common understanding of the project. (1 meeting)
  - Request and attend pre-application meeting with OSHPD to review proposed work and seeking
    official interpretation on code related issues.
- C. Schematic Design/Test-fit:
  - Request preliminary information and coordinate with equipment vendors.
  - Conduct User meetings to elicit User input and review design requirements. (2 virtual meetings)
  - Prepare SD design and documents for Stakeholder review, comment, and approval: 100% SD. (1 submittal)
  - Conduct 100% SD review meeting and collaborate design with Stakeholders. (1 virtual meeting)
  - Revise selected SD design based on Stakeholder feedback for Stakeholder approval to proceed.
- D. Phase 1 Emergency Work Authorization:
  - Provide Construction Documents to contractor for Phase 1.
  - Engage OSHPD for the application of Emergency Work Authorization.
  - Prepare submittal packages seeking agency approval.
  - Respond to plan review comments. (2 backchecks)
  - Prepare required post-approval paperwork (Building Permit, TIO field review, Notice of Start of Construction).
- E. Construction Documents (Phase 2A and Phase 2B):
  - Prepare construction drawings based on approved design development documents.
  - Prepare and submit CD for Stakeholder review: 100% CD. (1 submittal)
  - Conduct 100% CD review meeting with Stakeholders. (1 virtual meeting)
  - Revise construction documents based on Stakeholder review comments.
  - Prepare plan review submittal drawings and documents.
- F. Agency Review (Phase 2A and 2B):
  - Prepare submittal packages seeking agency approval.
  - Respond to plan review comments. (2 backchecks)
  - Prepare required post-approval paperwork (Building Permit, TIO field review, Notice of Start of Construction).

Page 3 Hazel Hawkins Memorial Hospital April 29, 2024

## G. Contract Administration:

The approximate construction start date is to be determined and the construction time is anticipated to be approximately 8 months. Total number of CA hours, meetings, site visits and milestone sign-off coordination are included and listed below as allowances during the construction. When the total number of CA hours, meetings, site visits or milestone sign-off coordination are reached, TreanorHL will notify the Owner. Additional services may be submitted for review and approval if the listed services below extend beyond general project expectation. CA services are listed under each phase below.

- Provide CA services: review submittals, respond contractor RFI, and other services as denoted in AIA Document B201, 2017 edition, unless excluded herein.
- Coordinate and conduct HCAI on site construction kick-off meeting. (1 meeting)
- Attend Owner-Architect-Contractor on site construction kick-off meeting. (1 meeting)
- Visit construction as required during the construction period. (8 visits)
- Attend Owner-Architect-Contractor virtual meetings once per week during the construction period. (32 virtual meetings)
- Prepare ASI and ACD for HCAI review as required. Changes due to unforeseen conditions or initiated by the Owner shall be considered additional services.
- Conduct milestone walk-through and review; prepare compliance verify reports as required for HCAI sign-off at milestones. (2 milestone)
- Conduct punch-list walk-through and prepare punch-list. (3 punch-list walk-through)
- Visit to job site to verify the completion of the punch-list items. (1 visit)
- H. Project Close-out Phase
  - Prepare project close-out documents as required by AHJ.
  - Coordinate efforts with stakeholders and the contractor for HCAI sign-off of project.
  - Conduct a project close-out walk-through with HCAI ACO.

# 4. Compensation

A. Fee Schedule:

This project will be billed for a fee of \$288,670 (Two Hundred Eighty-Eight Thousand Six Hundred and Seventy Dollars) broken down as follows. Please note that Mechanical (ColeBreit) will be billed on a Time and Material basis due to the unknown existing conditions and the rest of the team will be billed as Lump Sum.

### Architectural Fees:

		HOURS	RATE		TOTAL
Α.	Pre-Design (2 Weeks)				
	Principal II	6	\$ 345	-	\$ 2,070
	Principal I	37	\$ 285	=	\$ 10,545
	Designer III	37	\$ 150	-	\$ 5,550
			Subtotal	ш	\$ 18,165
В.	Test-fit (4 Weeks)				
	Principal II	8	\$ 345	-	\$ 2,760
	Principal I	26	\$ 285	=	\$ 7,410
	Designer III	16	\$ 150	=	\$ 2,400
			Subtotal	=	\$ 12,570

Page 4 Hazel Hawkins Memorial Hospital April 29, 2024

C.	Emergency Work Authorization (8 We	eeks)			
	Principal II	6	\$ 345	=	\$ 2,070
	Principal I	52	\$ 285	=	\$ 14,820
	Designer III	102	\$ 150	=	\$ 15,300
			Subtotal	-	\$ 32,190
D.	Construction Document (8 Weeks)				
	Principal II	11	\$ 345	=	\$ 3,795
	Principal I	30	\$ 285	=	\$ 8,550
	Designer III	92	\$ 150	-	\$ 13,800
			Subtotal	=	\$ 26,145
E.	Permitting (8 Weeks)				
	Principal II	4	\$ 345	=	\$ 1,380
	Principal I	12	\$ 285	=	\$ 3,420
	Designer III	46	\$ 150	=	\$ 6,900
			Subtotal	=	\$ 11,700
F.	Contract Administration (32 Weeks)				
	Principal I	124	\$ 285		\$ 35,340
	Designer III	112	\$ 150	-	\$ 16,800
			Subtotal	=	\$ 52,140
G.	Project Close-out (2 Weeks)				
	Principal I	6	\$ 285	-	\$ 1,710
	Designer III	6	\$ 150	-	\$ 900
			Subtotal	-	\$ 2,610
Sub	total TreanorHL				\$ 155,520
Cor	nsultants Fees:				
	Structural	Buehler			\$ 29,500
Mechanical ColeBreit Engineering				\$ 91,400	
0.1	Electrical	Aurum con	sulting Engin	eers	\$ 12,250
Sub	total Consultant				\$ 133,150
Tet	al Fees				000 (70
100					\$ 288,670

B. Exclusions

The following scope and services are currently excluded from this proposal, but could subsequently be added as Add Services:

- Signage/Way Finding
- Book format project manual and specifications
- Building accessibility upgrade work beyond the scope of work
- Structural, mechanical, electrical, plumbing and related infrastructure upgrades
- Furniture selection and specifications
- Equipment planning
- Cost estimating services
- Value engineering
- 3rd Party Plan Review

Page 5 Hazel Hawkins Memorial Hospital April 29, 2024

- Physical, CADD (3-D) and BIM models
- Specialized lighting design
- Specialized A/V design
- Detailed analysis of existing Structural, Mechanical, Electrical Plumbing systems not associated with the project as defined
- Documentation of existing building systems or characteristics requiring destructive removal have not been included in this proposal
- Detailed analysis or testing of potential hazardous materials
- Development of as-built or record drawings after construction
- C. Reimbursable not to exceed \$5,000.

These expenses are not included in the total fee above. The reimbursable expenses for TreanorHL and our consultants will cover the costs associated with shipping, printing/plotting (including construction related printing) and other miscellaneous costs incurred by TreanorHL. Expenses will be invoiced at a multiple of 1.1 times the actual cost of expenses incurred and will not exceed the total estimated amount without prior authorization.

We greatly appreciate the opportunity to provide these services to Hazel Hawkins Memoria Hospital. If you have any questions, comments, or concerns about this fee estimate, please do not hesitate to contact me. If this proposal is deemed acceptable, please sign and return one copy to our office.

Sincerely,

Chuang-Ming Liu, AIA, EDAC, LEED AP Principal

351 California Street, Suite 800 San Francisco, CA 94104

cliu@treanorhl.com

- d 628.600.9641
- c 415.465.2776

Enclosures

- Project scope narratives
- Consultants' proposals

Accepted By: Hazel Hawkins Memorial Hospital

Mark Robinson CFO

Date

82

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Hazel Hawkins Memorial Hospital Chemistry Analyzer Project

Capital Cost Estimates:				Annual xpense
Construction:				
- Phase I & II Construction		1,105,000		
850 Sq. Ft. at \$1,300 per Sq. Ft.				
- Professional Services		288,670		
- Cabinetry Replacement		120,000		
- IT		15,000		
Sub-total		1,528,670		
- Depreciation over 20 years				76,434
Equipment:				
- 2 Chemistry Analyzers		651,000		
Sales Tax 9.25%		60,218		
- Depreciation over 10 years				71,122
Incremental Operational Cost:				
- Add'l 2 FTEs for CLS		270,000		270,000
- Service Agreement (7 years)		471,380		67,340
Total Operational Expense			<u>۽</u>	484,895
- Phase III & IV Construction *				
2,450 Sq. Ft. at \$1,430 per Sq. Ft.		3,461,850		
- Depreciation over 20 years				173,093
	÷	F 701 700	è	657.000
Total Project	\$	5,701,738	\$	657,988
Construction Cost Phase I & II.		1 539 670		
		1,528,670 711,218		
Equipment Purchase		471,380		
Plus Service Agreement		471,360		
Total	\$	2,711,268		
10(a)		2,111,200	•	