REGULAR MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
THURSDAY, AUGUST 27, 2026 – 5:00 P.M.
SUPPORT SERVICES BUILDING, 2ND FLOOR, GREAT ROOM
IN-PERSON AND BY VIDEO CONFERENCE

Members of the public may participate remotely via Zoom at the following link https://zoom.us/join with the following Webinar ID and Password:
Meeting ID: 991 5300 5433
Security Passcode: 007953

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

Presented By:

1. **Public Comment** (Johnson)
   This opportunity is provided for members to comment on the closed session topics, not to exceed three (3) minutes.

2. **Closed Session** (Johnson)
   See the Attached Closed Session Sheet Information

3. **Reconvene to Open Session** (Johnson)

4. **Closed Session Report** (Counsel)

5. **Call to Order / Roll Call** (Johnson)

6. **Board Announcements** (Johnson)

7. Public Comment (Johnson)

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 or designee 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.

8. Consent Agenda – General Business (Johnson)

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. Approve Minutes:
   - Special Meeting of the Board of Directors – July 23, 2026
   - Patient Satisfaction Committee Meeting – May 21, 2026

B. Receive Officer/Director Written Reports
   - Physician Services & Clinic Operations
   - Skilled Nursing Facilities (Mabie Southside/Northside)
   - Laboratory and Radiology
   - Foundation
   - Communications/Marketing
   - PMO Project Summary

C. Approve Policies:
   - Visitor Policy – *Revised*
   - Dress Code Policy – *Revised*
   - Paid Time Off Policy – *Revised*
   - Leave of Absence – *Revised*
   - License and Certification Verification and Renewal – *Revised*

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

9. Receive Informational Reports

A. Chief Nursing Officer (Fernandez)
   - Dashboard – July, 2026

   ▶ Public Comment

B. Chief Financial Officer – July, 2026 (Robinson)
   - Project Dashboard
   - Financial Statements
   - Finance Dashboard
   - Supplemental Payments

   ▶ Public Comment

10. Action Items

A. Consider and Approve Resolution 2026-19 Adopting the Memorandum of Understanding with the California Nurses Association.

Recommended Action: Approval of Resolution 2026-19 Adopting the Memorandum of Understanding with the California Nurses Association.

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

B. Consider And Approve Resolution No. 2026-20 Authorizing Participation in the California Rural Health Transformation Workforce Development Recruitment and Retention Program; Execution of a Grant Agreement with the California Department of Health Care Access and Information; and Acceptance, Receipt, Administration, and Expenditure of Grant Funds in an Amount Not to Exceed $2,000,000.

Recommended Action: Approval of Resolution No. 2026-20 Authorizing Participation in the California Rural Health Transformation Workforce Development Recruitment and Retention Program; Execution of a Grant Agreement with the California Department of Health Care Access and Information; and Acceptance, Receipt, Administration, and Expenditure of Grant Funds in an Amount Not to Exceed $2,000,000.

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

C. Consider and Approve Proposal with McKesson Medical Surgical for Advance Hematology Automation with Sysmex in the amount of $467,374.87.

Recommended Action: Approval of Proposal with McKesson Medical Surgical for Advance Hematology Automation with Sysmex in the amount of $467,374.87.

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

11. Adjournment (Johnson)

The next Regular Meeting of the Board of Directors is scheduled for Thursday, September 24, 2026 at 5:00 p.m., Great Room.

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.

Please note that room capacity is limited and available on a first-come, first-served basis.

SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS

August 27, 2026

AGENDA FOR CLOSED SESSION

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

CLOSED SESSION AGENDA ITEMS

☐ **LICENSE/PERMIT DETERMINATION**
(Government Code §54956.7)

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

☐ **CONFERENCE WITH REAL PROPERTY NEGOTIATORS**
(Government Code §54956.8)

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

Name of cases:

☐ **CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION**
(Government Code §54956.9)

☐ **LIABILITY CLAIMS**
(Government Code §54956.95)

Claimant: (Specify name unless unspecified pursuant to Section 54961):
Agency claimed against: (Specify name): _____.

☐ **THREAT TO PUBLIC SERVICES OR FACILITIES**
(Government Code §54957)

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

☐ **PUBLIC EMPLOYEE APPOINTMENT**
(Government Code §54957)

Title:

☐ **PUBLIC EMPLOYMENT**
(Government Code §54957)

Title:

☐ **PUBLIC EMPLOYEE PERFORMANCE EVALUATION**
(Government Code §54957)

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

☐ **PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE**
(Government Code §54957)

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

☒ **CONFERENCE WITH LABOR NEGOTIATOR**
(Government Code §54957.6)

Agency designated representative: Anne Olsen
Employee organization: California Nurses Association

☐ **CONFERENCE WITH LABOR NEGOTIATOR**
(Government Code §54957.6)

Agency designated representative:
Unrepresented employees

☐ **CASE REVIEW/PLANNING**
(Government Code §54957.8)
(No additional information is required to consider case review or planning.)

☐ **REPORT INVOLVING TRADE SECRET**
(Government Code §37606 & Health and Safety Code § 32106)

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

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

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

☒ **HEARINGS/REPORTS**
(Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106)

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

1. Report – Credentials
2. Report – Quality Assurance

☐ **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

Hazel Hawkins
MEMORIAL HOSPITAL

SPECIAL MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
SUPPORT SERVICES BUILDING, 2ND-FLOOR, GREAT ROOM
IN PERSON AND BY VIDEO CONFERENCE

THURSDAY, JULY 23, 2026
5:00 P.M.
MINUTES

Directors Present
Bill Johnson, Board Member
Devon Pack, Board Member
Victoria Angelo, Board Member
Josie Sanchez, Board Member

Also Present
Mark Robinson, Chief Financial Officer
Amy Breen-Lema, VP Ambulatory & Physician Services
Suzie Mays, VP, Information & Strategic Services
Heidi A. Quinn, District Legal Counsel
Laura Garcia, Executive Assistant

1. **Call to Order/Roll Call**
   Director Johnson called the Special Meeting of the Board of Directors to order at 5:04 p.m. A quorum was present, and attendance was taken by roll call. Directors Johnson, Pack, Angelo, and Sanchez were present.

2. **Board Announcements**
   No announcements.

3. **Public Comment**
   An opportunity for public comment was provided, and no public comment received.

4. **Consent Agenda - General Business**
   A. Consider and Approve Minutes:
      - Special Meeting of the Board of Directors – June 9, 2026
      - Special Meeting of the Board of Directors – June 22, 2026
      - Regular and Special Meeting of the Board of Directors – June 25, 2026

B. Receive Officer/Director Written Reports - No action required.
- Physician Services & Clinic Operations
- Skilled Nursing Facilities (Mabie Southside/Northside)
- Laboratory and Radiology
- Foundation
- Communications/Marketing
- PMO Project Summary Report

C. Consider and Approve Policies:
- Telemetry Monitoring – Revised
- Artificial Intelligence (AI) and Ambient Listening Policy – Revised
- Policy Management and Employee Acknowledgement - New

MOTION: By Director Pack to approve the Consent Agenda as presented – General Business, Items (A-C); Seconded by Director Sanchez.

Moved/Seconded/ Carried. Ayes: Directors Johnson, Pack, Angelo, and Sanchez. Approved 4-0 by roll call.

5. Receive Informational Reports

A. Chief Executive Officer (Verbal Report)

Ms. Breen-Lema provided a verbal report regarding the re-imagined hospital logo. She stated it is in the public relations budget, and that the plan is to have a 3-year roll out plan. A copy of the logo was made available to the public.

An opportunity was provided for public comment; no public comment received.

B. Chief Nursing Officer Report (Included in the packet)
- Dashboard – June, 2026

C. Facilities and Finance Committee – June, 2026
- Project Dashboard
- Financial Statements
- Finance Dashboard
- Supplemental Payments
- Cashflow Statement YTD June, 2026

Mr. Robinson provided his report, which included an update on Facilities, financial statements, dashboard, and supplemental payments, and cashflow statement year-to-date June, 2026. These reports are included in the packet.

An opportunity was provided for public comment; no public comment received.

6. **Action Items**

A. Consider and Approve FYE 06/30/2027 Operating and Capital Budgets.

An opportunity for public comment was provided; no public comment received.

MOTION: By Director Pack to Approve the FYE 06/30/27 Operational and Capital Budgets; Seconded by Director Angelo.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, and Sanchez. Approved 4-0 by roll call.

B. Consider and Approve Proposal with RDL Construction, Inc. for MTCAP in the Amount of $164,436.00.

An opportunity for public comment was provided; no public comment was received.

MOTION: By Director Angelo to Approve the Proposal with RDL Construction, Inc. for MTCAP in the Amount of $164,436.00; seconded by Director Pack.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, and Sanchez. Approved 4-0 by roll call.

C. Consider Process for Appointment for the Vacancy in District Zone 5, and Approve Formation of Ad Hoc Committee.

An opportunity for public comment was provided; no public comment received.

MOTION: By Director Sanchez to Approve Formation of Ad Hoc Committee Regarding Appointment Process for District Zone 5, and appointing President Johnson and Director Pack as Committee members; Seconded by Director Johnson.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, and Sanchez. Approved 4-0 by roll call.

7. **Public Comment**

An opportunity for public comment on the closed session items was provided; no public comment received.

8. **Closed Session**

President Johnson announced the item to be discussed in the Closed Session, as listed on the posted Agenda: Hearings/Reports, Quality, Credentials, Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b).

The members of the Board entered into a closed session at 5:58 p.m.

9. **Reconvene Open Session/Closed Session Report**

The Board of Directors reconvened to open session at 6:10 p.m.

10. Closed Session Report

Counsel reported that the Board met in closed session regarding one item:

- Quality Assurance was deferred, no report provided.
- As to the Credentials Report, on Motion of Director Pack, and second by Director Angelo, the report was unanimously approved 4-0.

11. Adjournment:

There being no further regular business or actions, the meeting was adjourned at 6:11 p.m.

The next Regular Meeting of the Board of Directors is scheduled for Thursday, August 27, 2026, at 5:00 p.m.

Hazel Hawkins
MEMORIAL HOSPITAL

DISTRICT PATIENT SATISFACTION COMMITTEE
THURSDAY, MAY 21, 2026 – 1:00 PM
SUPPORT SERVICES BUILDING, 2ND FLOOR - GREAT ROOM
IN PERSON ONLY

MINUTES

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

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

Committee Members Present
Nick Gabriel, Board Member (Chair) - (Absent)
Josie Sanchez, Board Member

Also Present
Karen Descent, Chief Nursing Officer
Jacqueline Fernandez, Sr. Director of Acute Care Services
Laura Garcia, Executive Assistant

1. **Call to order / Roll Call**
   Director Sanchez called the meeting of the District Patient Satisfaction Committee to order at 1:03 pm.

2. **Review and Approval of Minutes**
   Motion: By Karen Descent, to approve the minutes of the Patient Satisfaction Committee – February 19, 2026; Seconded by Director Sanchez, and unanimously approved.

3. **Old Business**
   - **Mobile Courtesy Cart**
     The Mobile Courtesy Cart is stocked and ready to go. The cart is stored in the House Supervisors office.

4. **New Business**
   - **Q1 2026 Results -** A report on the dashboard was provided and is included in the packet.
   - **Daisy Award and the Super Star Award Recipients** – Katie Muenzer, RN, was the winner of the First Quarter Daisy Award. Cesar Rojas was the First Quarter winner of the Super Star Award.

5. **Adjournment**

There being no further business, the meeting was adjourned at 1:18 pm. The next Patient Satisfaction Committee meeting is scheduled for August 20, 2026 at 1:00 pm in the Great Room.

Hazel Hawkins
MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors
From: Amy Breen-Lema, Vice President, Clinic, Ambulatory & Physician Services
Date: July 13, 2026
Re: All Clinics – July 2026

July 2026 Rural Health and Specialty Clinics' visit volumes

Clinic Location	Total visits current month	Total visits prior month (June 2026)
Orthopedic Specialty	436	529
Multi-Specialty	478	553
Sunset	538	669
Surgery & Primary Care	251	321
San Juan Bautista	212	314
1st Street	559	640
4th Street	750	942
Barragan	361	550
Total	**3,585**	**4,518**

- Barragan Family Healthcare & Diabetes Center, the 4th Street, and San Juan Bautista Clinics successfully completed their recent Central California Alliance for Health/Department of Health Care Services surveys with excellent outcomes reflecting the teams' continued commitment to regulatory compliance and quality patient care.

- On July 1, 2026, the clinics successfully transitioned to MEDITECH Expanse. Since Go-Live, teams continue to make daily improvements in workflows, system utilization, and overall efficiency as staff and providers become increasingly proficient with the new EHR. We are grateful to all staff and providers for their positive attitudes and continued diligence as the work to optimize the system.

Hazel Hawkins
MEMORIAL HOSPITAL

Mabie Southside/Northside Skilled Nursing Facility
Board Report –August 2026

To: San Benito Health Care District Board of Directors

From: JayLee Davison, Director of Nursing, Skilled Nursing Facility

1. Census Statistics: July 2026

Southside	2026	Northside	2026
Total Number of Admissions	8	Total Number of Admissions	2
Number of Transfers from HHH	8	Number of Transfers from HHH	1
Number of Transfers to HHH	4	Number of Transfers to HHH	1
Number of Deaths	1	Number of Deaths	0
Number of Discharges	9	Number of Discharges	3
Total Discharges	10	Total Discharges	3
Total Census Days	**1394**	**Total Census Days**	**1414**

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: July 2026

Southside	From	Payor	Northside	From	Payor
5	HHMH	Medicare	1	HHH	Medicare
1	HHMH Obs.	Medicare	1	SVMH	Medicare
1	HHMH Re-Admit	CCA			
1	HHMH Re-Admit	MD			
Total: 8			**Total: 2**		

3. Total Discharges by Payor: July 2026

Southside	2026	Northside	2026
Medicare	7	Medicare	1
Medicare MC	0	Medicare MC	0
CCA	1	CCA	1
Medical	1	Medical	1
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	0	Hospice	0
Private (self-pay)	1	Private (self ay)	0
Insurance	0	Insurance	0
Total:	**10**	**Total:**	**3**

4. Total Patient Days by Payor: July 2026

Southside	2026	Northside	2026
Medicare	193	Medicare	61
Medicare MC	0	Medicare MC	0
CCA	1114	CCA	1177
Medical	25	Medical	76
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	62	Hospice	100
Private (self-pay)	0	Private (self-pay)	0
Insurance	0	Insurance	0
Bed Hold / LOA	10	Bed Hold / LOA	5
Total:	**1404**	**Total:**	**1419**
Average Daily Census	**45.29**	**Average Daily Census**	**45.77**

Hazel Hawkins HEALTHCARE

To: San Benito Health Care District Board of Directors
From: Bernadette Castronuevo, Director of Laboratory and Diagnostic Imaging Services
Date: August 2026
Re: Laboratory and Diagnostic Imaging

Updates:

Laboratory

1. Quality Assurance/Performance Improvement Activities
   - Update on chemistry analyzer project → Analyzers installed in the permanent space. Estimated implementation of new chemistry analyzer→ September 2026

2. Laboratory Statistics

	July 2026	2026 YTD
Total Outpatient Volume	3913	30802
Main Laboratory	1218	9239
Mc Cray Lab	983	7137
Sunnyslope Lab	413	3029
SJB and 4th Street	74	646
ER and ASC	1225	10751
Total Inpatient Volume	329	1303

Diagnostic Imaging

1. Quality Assurance/Performance Improvement Activities
   - Proposal preparation for new CT project. Site visit completed.
   - Imaging space planning meetings ongoing

2. Diagnostic Imaging Statistics

	July 2026	2026 YTD
Radiology	1758	13678
Mammography	339	4453
CT	1081	7399
MRI	215	1592
Echocardiography	75	723
Ultrasound	693	5255

Hazel Hawkins Hospital
FOUNDATION
Caring for Our Community

FROM: Liz Sparling, Foundation Director
DATE: August 2026
RE: Foundation Report for July & August

The Foundation Board of Directors met on August 13. Dr. Natalie LaCorte presented the idea of creating a Comfort Care Room in the ICU. There is currently a vacant room that is not being used, and she would like to transform it into a quiet, comfortable space where family members can gather and find comfort and privacy while their loved one is actively dying. The room would provide families with a more peaceful and supportive environment during an incredibly difficult time. Once the Comfort Care Room is complete, the goal would be to transform the adjacent ICU room into a more soothing and tranquil environment for the patient, creating a peaceful space that promotes comfort, dignity, and a sense of calm during their final days.

Finance Committee

a. Financial Report	**July**
1. Income	$ 60,485.86
2. Expenses	$ 70,570.00
3. New Donors	1
4. Total Donations	249

Allocations:

$5,000 for Comfort Care Rooms in the ICU

Directors Report:

- We have launched a new employee giving program, "Casual for a Cause," which allows employees to wear blue jeans every payday Friday for a $150 annual contribution. The contribution is made conveniently through payroll deduction, with 100% of the funds raised supporting the purchase of our new CT machine
- Our Security and Engineering teams have received their motorized carts and they look great around the Hospital campus.
- Our office has started working on our Audit.

Fundraising/Development Committee (INVEST Campaign)

- To date, the Foundation has received 3296 total donations totaling $1,644,565.33.

Dinner Dance Committee

- Planning is well underway for our Annual Dinner Dance on November 7 at Leal Vineyards Barrel Room. This year's event will launch our new fundraising campaign:

"Advanced CT Imaging for San Benito County – Together, We're Building the Future of Healthcare"

Proceeds from this campaign will support the purchase of a new $1 million CT imaging machine for Hazel Hawkins Memorial Hospital. We have $77K in sponsorships as of August 18.

We are honored to recognize this year's award recipients:
Donor of the Year: Jeri Hernandez, **Business Donor of the Year:** Ann Marie Barragan, Inc., and **"Heart for Hazel" Award:** Amy Breen-Lema

Thanks to the incredible generosity of our community, more than **$700,000** has already been raised toward our **$1 million** goal. With your partnership, we can complete this campaign and bring advanced CT imaging to San Benito County. We hope you will join us as a sponsor of this special evening. Letters to past attendees and sponsors have been mailed. For more information, please call the Foundation office at 831-636-2653.

COMMUNICATIONS & MARKETING
BOARD REPORT

MONTH / YEAR
August /2026

Hazel Hawkins HEALTHCARE

PUBLIC RELATIONS

HIGHLIGHTS

- July 31st, 2026 Skilled nursing resident turned 100 years old
- BenitoLink reported the event
- HHH social media post received hundreds of views and clicks on both BL and HHH social accounts
- PR efforts will continue for HHH skilled nursing facilities

MARKETING

HIGHLIGHTS

- August 4th, 2026 HHH participated in National Night out.
- More than 200 families attended the national event which aims at bringing the community together
- HHH distributed 1st aid kits, marketing materials

EXTERNAL COMMUNICATIONS

HIGHLIGHTS

- July 31st, 2026 Women's Center participated in National Breastfeeding Awareness Day
- Dozens of vehicles and new families attended the annual drive through event at HHH
- Community Partners attended as well.
- The event was a success

SOCIAL MEDIA POSTS

HIGHLIGHTS

- July 24, 2026 HHH sponsored a BBQ for First Responders hosted by Dr. Bogey.
- Social Media post received hundreds of likes and engagements from the community
- Event was well received live and on social media for a week

COMMUNICATIONS & MARKETING
BOARD REPORT

Hazel Hawkins HEALTHCARE

MONTH / YEAR

August 2026

PUBLIC RELATIONS

HIGHLIGHTS

- August 6, 2026 HHH new logo and PR campaign begin for external communications
- Official new brand commercial shoot took place
- Social media platforms are updated
- Local media outlets are informed of the changes

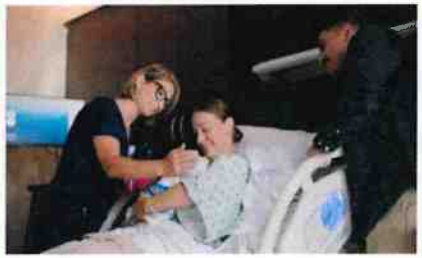
MARKETING

Hazel Hawkins HEALTHCARE

HIGHLIGHTS

- August 6th, 2026 external new brand marketing begins soft launch, last official campaign was more 30 years ago.
- New marketing items are sent to production - items include but not limited to uniforms, signage, and promotional materials
- BenitoLink post HHH new look memo to community

EXTERNAL COMMUNICATIONS



HIGHLIGHTS

- July 31, 2026 World Breastfeeding Celebration material were sent out to local media and partnership organizations
- Information and service info. provided to new families
- Social Media post received dozens of organic likes and comments.

SOCIAL MEDIA POSTS

HIGHLIGHTS

- Aug 12, 2026 HHH recognized National Health Center Week
- In the past 28 days HHH received 20,116 engagements, and 103,690 views which is up 238% from last month on FB
- New followers on FB are at 162% compared to last month
- Strategic social postings

COMMUNICATIONS & MARKETING
BOARD REPORT

Hazel Hawkins HEALTHCARE

MONTH / YEAR
August 2026

Internal Communication

HIGHLIGHTS

- Staff received internal memos regarding HHH look and feel changes, as well as details about branding campaign
- Info. about new branded materials such as business cards, new signature lines and style guild was given to staff

Internal Communication

HIGHLIGHTS

- July 30, 2026 all internal signage in ED was reviewed for updates
- New signage materials were updated and re-created with new brand identity.
- HHH signage will continue to be reviewed and re-created
- Internal forms are reviewed

Internal Communication

HIGHLIGHTS

- August 2026, Leadership retreat planning and communication begins
- Memo to leadership is created and sent for the Oct. event
- Site confirmed
- Internal messaging developed for future communications

Internal Communication

HIGHLIGHTS

- Super star and Daisy award winners were presented
- The quarterly event raises awareness for employees who go above and beyond to provide excellent care
- Certificates, pins, and other items were presented to awardees

Project Dashboard - August 2026 Board

Project Name	Purpose	Start Date	Go Live	Duration	Status	Priority	HCAI	Key Stakeholder	Role	Update
Lab Remodel	Lab Phase 2: Analyzer Replacement	6/3/2024	8/21/2026	809	In Progress	High		Bernadette Enderez	Lab/Radiology Director	HCAI Compliance Officer scheduled for site visit 8/21. Project is completed and acticipating receiving sign off to utilize the equipment.
Lab Remodel	Lab Phase 3/4: Remodel	3/1/2026		TBD	Ongoing	High		Bernadette Enderez	Lab/Radiology Director	Upcoming Milestones: 06/19/2026 Cost estimate 07/07/2026 100% DDs 09/04/2026 100% SDs
OR Remodel	Updating OR per OSHPD Requirements	11/20/2024	1/29/2027	800	Ongoing	High		Mendi Suber-Ventura	Director of Surgical Services	Feasability study completed - pending Treanor proposal to upgrade mechanical system.
Seismic 2030	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	11/1/2025	1/1/2033		Ongoing	High		Jorge Ramirez	Senior Director Support Services	Geotech work results pending. MT/CAP job bid received and awarded. NPC4, NPC5 under plan review. SPC submitted.
Seismic (MTCAP for Original Hospital)	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	3/25/2026	Fall '26		In Progress	High		Jorge Ramirez	Senior Director Support Services	Bid awarded, pending hazmat survey. Contractor will be slated to mobilize upon completion.
MRI Upgrade	Proposal submitted	TBD	TBD		On Hold	Low		Bernadette Enderez	Lab/Radiology Director	Proposal submitted
*Radiology Masterplan	Assessment of equipment and remodel	11/1/2025	TBD		Ongoing	High		Bernadette Enderez	Lab/Radiology Director	Meeting with design team: Reviewed existing conditions and multiple layout options. Optimizing for flexibility for future growth and equipment planning.

Project Dashboard - August 2026 Board

*Imaging Trailer Pad Make Ready	Treanor to help when MP starts	3/1/2026	TBD		In Progress	Medium		Bernadette Enderez	Lab/Radiology Director	Pending HCAI design approval. Received approval from City Of Hollister.
*Verkada	Security / SSO + Door Access	3/11/2025	TBD		In Progress	High		Jorge Ramirez	Senior Director Support Services	Internal database build and scheduling for final card reader installation
Sterilizer Replacement	installation of new AMSCO 400 48 SD equipment for Sterile Processing Department	9/16/2025	11/1/2026		In Progress	High		Mendi Suber-Ventura	Director of Surgical Services	Bid awarded, scheduling started with architect and general contractor
Physical Therapy Clinic Remodel	Expanding current location to help with ongoing demand	6/1/2025	TBD		In Progress	High		Jun Estrada	Director of Physical Therapy	Pending CDPH authorization
ED Helipad	System is an AFFF system and no longer allowed in CA. Is required to be phased out due to being a hazardous chemical.	5/27/2025	8/1/2026	431	In Progress	High		Jorge Ramirez	Senior Director Support Services	HCAI ACD has been approved. Work to resume week of 8/24. Planning for final testing procedures.
ED Boiler	3x boiler replacement in the ED basement.	5/27/2026	9/1/2026	97	In Progress	High		Jorge Ramirez	Senior Director Support Services	HCAI Emergency (E) project to be finalized and closed out.
Nurse Call System	Replace	9/10/2024	TBD		On Hold	High		Jac Fernandez	Senior Director of Acute Care Services	Pricing details collected and presented for review.
CT Scanner	Replace	TBD	TBD		On Hold	High		Bernadette Enderez	Lab/Radiology Director	Both CT's that we have need repairs. Pending architectural proposal
Northside Flooring	Replace kitchen flooring at the Northside SNF	1/1/2026	TBD		In Progress	High		Jaylee Davison	Interim Director of Nursing – (SNF)	Scheduled meeting with San Benito County to further investigate required scope of work.

Project Dashboard - August 2026 Board

Galen Healthcare Solutions	Galen will archive eCW data that cannot be migrated to Meditech Expanse.	8/13/2025	TBD		On Hold	Medium		Salomon Mercado	Director Information Technology	On hold pending final data copy to Galen.
ICU Comfort Care Suite	ICU room to be converted as a private space for family and loved ones.	7/27/2026	TBD		In Progress	Medium		Liz Sparling	Director of Foundation	Currently in planning stage.
Pyxis Server Upgrade	Upgrade to new BD Pyxis server software.	8/11/2026	12/9/2026		In Progress	High		Naveen Ravela	Director Pharmacy	Technical scope and timeline reviewed.
TigerConnect	Care teams will communicate through TigerConnect, a HIPAA-compliant clinical messaging platform.	7/22/2026	TBD		In Progress	High		Salomon Mercado	Director Information Technology	Information-gathering phase for license allocation.
VIRTUO A w/ MYLA to Maestria Migration	fully automated microbial detection system made by bioMérieux that tests blood and body fluid samples for bacteria and fung	8/6/2026	TBD		In Progress			Bernadette Enderez	Lab/Radiology Director	Kickoff meeting to discuss scope, site readiness/electrical/spacing/ports, HCAI & Approval, IT/preinstallation requirements, server builds, network/connectivity/LIS, installation & training timelines.
Totals										

TASK STATUS %

STATUS	COUNT	%
Not Started	0	0%
In Progress	9	53%
Overdue	0	0%
On Hold	4	24%
Ongoing	4	24%
Completed	0	0%
TOTAL	17	100%

PROJECT PRIORITY %

PENDING ITEMS

	estimated go-live
	planned go live
*	possible new/not started

Project Dashboard - August 2026 Board

PRIORITY	COUNT	%
High	14	82%
Medium	2	12%
Low	1	6%
TOTAL	17	100%

Decisions	
Actions	
Change Requests	

Hazel Hawkins
MEMORIAL HOSPITAL

MEMORANDUM

To: Board of Directors

From: Suzie Mays
Vice President, Information & Strategic Services

Date: January 13, 2026

Re: Policies for Approval

Please find below a list of policies with a summary of changes for Board of Directors approval. All revised policies are available for review upon request. New policies are included in the packet.

Policy Title	**Summary of Changes**
Life Safety – Fire Watch	Revised policy approved 12/1/25 via expedited route to align with current process, including updated state and federal fire watch requirements.
Section 1135 Waiver Compliance – SNFs	New policy approved 12/1/25 via expedited route to meet CMS 1135 waiver requirements for skilled nursing facilities.
Suicide Assessment/Self-Harm Behavior	Revised, converted from Emergency Department policy to house-wide.
Emergency Management Plan	Revised, reviewed at October 2025 Emergency Management meeting and approved via expedited route.
Patient Safety Plan	New policy.

Hazel Hawkins
MEMORIAL HOSPITAL

Section 1135 Waiver Compliance - SNFs

Disclaimer

Approvals

- Committee Approval: Chief Nursing Officer approved on 12/1/2025
- Committee Approval: Safety Committee approved on 12/1/2025

Revision Insight

Document ID:	12547
Revision Number:	0
Owner:	Shonna Avant,
Revision Official Date:	12/1/2025

Revision Note:
Created to meet CMS 1135 waiver requirements for Skilled Nursing Facilities. Approved 12/1/25 via expedited route. Approved by Policy Committee 1/12/26.

Policy : Section 1135 Waiver Compliance - SNFs

PURPOSE

The purpose of this policy is to ensure that the Skilled Nursing Facility (SNF) maintains full compliance with federal emergency preparedness requirements, including planning for operations under a Section 1135 waiver issued by the Secretary of Health and Human Services (HHS). This policy outlines the facility's procedures, responsibilities, communication processes, and documentation standards to be followed when an 1135 waiver is activated during a federally declared emergency.

POLICY

1. An 1135 waiver may be activated only when BOTH of the following declarations are in place:
    a. A Presidential emergency or disaster declaration under the Stafford Act or National Emergencies Act.
    b. A Public Health Emergency declared by the Health and Human Services (HHS) Secretary.
2. When these criteria are met, CMS may issue either blanket waivers or facility-specific waivers applicable to SNFs.

DEFINITIONS

1. 1135 Waiver: A temporary federal waiver allowing Centers for Medicare and Medicaid Services (CMS) to modify or waive specific Medicare, Medicaid, or Children's Health Insurance Program (CHIP) requirements during a declared emergency.
2. Alternate Care Site: A location approved by emergency management officials for provision of care during a disaster response.
3. Presidential Declaration: Emergency or disaster declaration issued under the National Emergencies Act or Stafford Act.
4. Public Health Emergency (PHE): A declaration issued under Section 319 of the Public Health Service Act.

PROCEDURE

1. Activation Criteria

a. An 1135 waiver may be activated only when BOTH of the following declarations are in place:

i. A Presidential emergency or disaster declaration under the Stafford Act or National Emergencies Act.

ii. A Public Health Emergency declared by the HHS Secretary.

2. Responsibilities

a. Administrator or designee

i. Ensures implementation of this policy.

ii. Serves as the primary liaison with CMS, the State Survey Agency, and local emergency management.

b. Director of Nursing (DON) or designee:

i. Oversees clinical operations under waiver conditions.

ii. Ensures required documentation and resident care standards remain compliant.

c. Director of Emergency Management or designee:

i. Activates emergency procedures.

ii. Coordinates communication with residents, family members, and staff.

d. All Staff:

i. Follow modified operational standards as directed.

ii. Document care provision in accordance with waiver requirements.

3. Verification of Waiver Status

a. The Administrator or designee will verify CMS Section 1135 waiver activation.

i. Retain official CMS guidance as evidence.

ii. Clinical and Operational Adjustments

Examples may include:

- Suspension of the 3-day qualifying stay.
- Waiver of the 60day wellness period.
- Extension of Minimum Data Sets (MDS)or care plan deadlines.
- Use of non-traditional spaces if authorized (e.g., activity rooms).

4. Resident Rights and Notifications

a. Inform residents and families when operations change under a waiver.

i. The facility must continue to protect resident rights at all times.

5. Communication Plan
   a. Communicate waiver activation to all staff via email, text alert, or overhead announcement.
   b. Notify families using the facility's emergency contact system.
   c. Notify contracted providers and vendors.
   d. Coordinate with local emergency management and public health.
6. Recordkeeping
   a. Maintain all documents related to waiver activation, including CMS memos, operational logs, and communication to staff and residents
   b. Document all deviations from standard regulations
      i. Include dates, staff involved, care provided, and citation of federal waiver authority
   c. Maintain records for a minimum of seven years after the end of the emergency declaration or longer if required by state law.
7. Return to Normal Operations
   a. The administrator or designee will direct all departments to resume standard operations upon termination of the waiver.
   b. Conduct a post-event evaluation to review compliance and identify improvement opportunities

REFERENCES

1. Social Security Administration (SSA). (2024). 42 U.S.C. 1320b-5 Title 11 Sec. 1135. Retrieved 11/20/2025 from https://www.ssa.gov/OP_Home/ssact/title11/1135.htm.
2. Centers for Medicare and Medicaid Services (CMS). (2021). 42 CFR § 483.73: Emergency Preparedness Requirements for Long-Term Care Facilities. Retrieved 11/20/2025 from https://www.govinfo.gov/content/pkg/CFR-2021-title42-vol5/pdf/CFR-2021-title42-vol5-sec483-73.pdf.

AFFECTED DEPARTMENTS

This policy applies to all facility departments, contracted service providers, licensed staff, administrative leadership, and any personnel involved in the delivery of care, resident services, or emergency operations within the SNF.

Document ID	12547	**Document Status**	Official
Department	Regulatory	**Department Director**	Avant, Shonna
Document Owner	Avant, Shonna	**Next Review Date**	12/01/2027
Original Effective Date	12/01/2025		
Revised	[12/01/2025 Rev. 0]		
Keywords	1135		
Attachments: (REFERENCED BY THIS DOCUMENT)			
Other Documents: (WHICH REFERENCE THIS DOCUMENT)			

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

http://hzh-iis.hazelhawkins.com/?returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dhhmh%3A12547%240.

Hazel Hawkins
MEMORIAL HOSPITAL

Patient Safety

Disclaimer

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Approvals

- Committee Approval: Policy Committee approved on 1/12/2026
- Signature: Shonna Avant signed on 1/6/2026, 4:06:32 PM

Revision Insight

Document ID:	12552
Revision Number:	0
Owner:	Shonna Avant,
Revision Official Date:	No revision official date

Revision Note:
New patient safety plan due Jan 1, 2026.

Policy : Patient Safety

PURPOSE

The purpose of the Patient Safety Subcommittee Policy is to establish a structured framework for the oversight, evaluation, and advancement of patient safety initiatives within San Benito Healthcare District. This policy ensures alignment with Assembly Bill 3161 and California Health & Safety Code §1279.6 by defining the operational structure through which patient safety activities are reviewed, analyzed, and coordinated.

POLICY

San Benito Healthcare District shall maintain a Patient Safety Subcommittee as an integral element of its Quality and Patient Safety Program. The subcommittee is responsible for the systematic review of patient safety events, near misses, adverse events, system vulnerabilities, and potential disparities related to sociodemographic factors. The subcommittee oversees implementation of all aspects of the Patient Safety Plan as required under AB 3161, including anonymous reporting mechanisms, evaluation of patient safety events for discrimination or inequity, and ensuring the organization maintains a structured process to address racism and discrimination. The subcommittee meets no fewer than three times per year, as required under Health & Safety Code §1279.6.

DEFINITIONS

1. Adverse Event: An injury caused by medical management rather than the patient's underlying medical condition.
2. Annual Patient Safety Evaluation: A comprehensive annual assessment required by AB 3161 that evaluates safety program activities, outcomes, and recommendations.
3. Apparent Cause Analysis: A structured method for reviewing events that do not require a full root cause analysis but necessitate evaluation of contributing factors.
4. Event Reporting System: The platform used to report safety events, near misses, hazards, and suspected discrimination.
5. Failure Mode and Effects Analysis: A proactive assessment used to identify potential weaknesses or vulnerabilities in a process before harm occurs.
6. Just Culture: A framework that distinguishes between human error, at-risk behavior, and reckless behavior, promoting fair accountability and organizational learning.

7. Near Miss: An event that could have reached a patient and caused harm but did not.
8. Patient Safety Officer: The designated individual responsible for managing patient safety activities, including compliance with AB 3161 reporting and analysis expectations.
9. Performance Improvement Project: A structured initiative to improve processes and reduce risks.
10. Root Cause Analysis: A methodical investigation used to determine underlying causes of a significant safety event.

RESPONSIBILITIES

A description of the process for carrying out tasks related to the policy implementation. This section should indicate how the requirements of the policy would be carried out.

REFERENCES

California Department of Public Health. (2025, November 25). AFL 25-31: Assembly Bill (AB) 3161 - Health care facility patient safety and antidiscrimination [All Facilities Letter].

California Department of Public Health. (2025). AFL-25-31 Attachment 01: Patient Safety Plan Checklist [PDF].

AFL-25-31-Attachment-01

California Department of Public Health. (n.d.). Health and Safety Code §1279.6: Patient safety plan requirements.

California Department of Public Health. (n.d.). Health and Safety Code §1279.1: Adverse events reporting requirements.

Centers for Medicare & Medicaid Services. (n.d.). QAPI: Quality Assurance and Performance Improvement—How-to guide. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPI-Plan-How-to-Guide.pdf

Institute for Healthcare Improvement. (n.d.). Plan-Do-Study-Act (PDSA) cycle. https://www.ihi.org

Joint Commission Resources. (n.d.). Root cause analysis and proactive risk reduction strategies [Standards & guidance]. https://www.jcrinc.com

Marx, D. (2001). Patient safety and the Just Culture: A primer for health care executives. Columbia University. (Foundational reference for Just Culture principles used in the policy.)

San Benito Health Care District dba Hazel Hawkins Memorial Hospital. (2025). Organizational Quality Assessment and Performance Improvement (QAPI) Program 2025-2026 [Internal document].

AFFECTED DEPARTMENTS

This policy applies to all departments, services, and care settings within San Benito Healthcare District.

Attachment 1

ORGANIZATIONAL PATIENT SAFETY PLAN

SAN BENITO HEALTHCARE DISTRICT dba Hazel Hawkins Memorial Hospital

1. Patient Safety Committee

   Hazel Hawkins Memorial Hospital maintains a Patient Safety Subcommittee that functions as the facility's Patient Safety Committee as required under Health & Safety Code §1279.6 and Assembly Bill 3161. This interdisciplinary group reviews and approves the Patient Safety Plan, receives reports of patient safety events, monitors corrective actions, and recommends strategies to prevent future events. The committee reviews the plan at least annually or more often as needed to incorporate regulatory updates and advancements in patient safety practices.

2. Patient Safety Events Reporting

   The hospital maintains a reporting system that allows any individual—including staff, practitioners, contracted providers, patients, families, and visitors—to report patient safety events. Anonymous reporting is available, and all reports are handled confidentially. The reporting structure supports a culture of safety by promoting transparency, non-punitive reporting, and learning from events.

3. Analyses Process

   Hazel Hawkins Memorial Hospital uses Root Cause Analysis, Apparent Cause Analysis, and other systematic review tools to analyze patient safety events. Analyses include review of sociodemographic factors when voluntarily provided: age, race, ethnicity, gender identity, sexual orientation, preferred language, disability status, payor, and sex. This process identifies disparities, system vulnerabilities, and inequities. Patient safety events also include all adverse events defined under Health and Safety Code §1279.1, including preventable health care-associated infections.

4. Team of Facility Staff to Conduct Analyses

   A multidisciplinary team conducts analyses of patient safety events. This team includes nursing, medicine, risk management, quality and patient safety staff, allied health professionals, and operational representatives as appropriate. Members will possess training in Just Culture, RCA/ACA methodology, equity analysis, and human factors.

5. Patient Safety Training

   The facility provides ongoing patient safety education for all personnel and practitioners. Training includes the use of the reporting system, anonymous reporting, Just Culture principles, recognition of safety risks, and reporting suspected racism or discrimination.

Education is provided at orientation, annually, and in response to identified trends or regulatory changes.

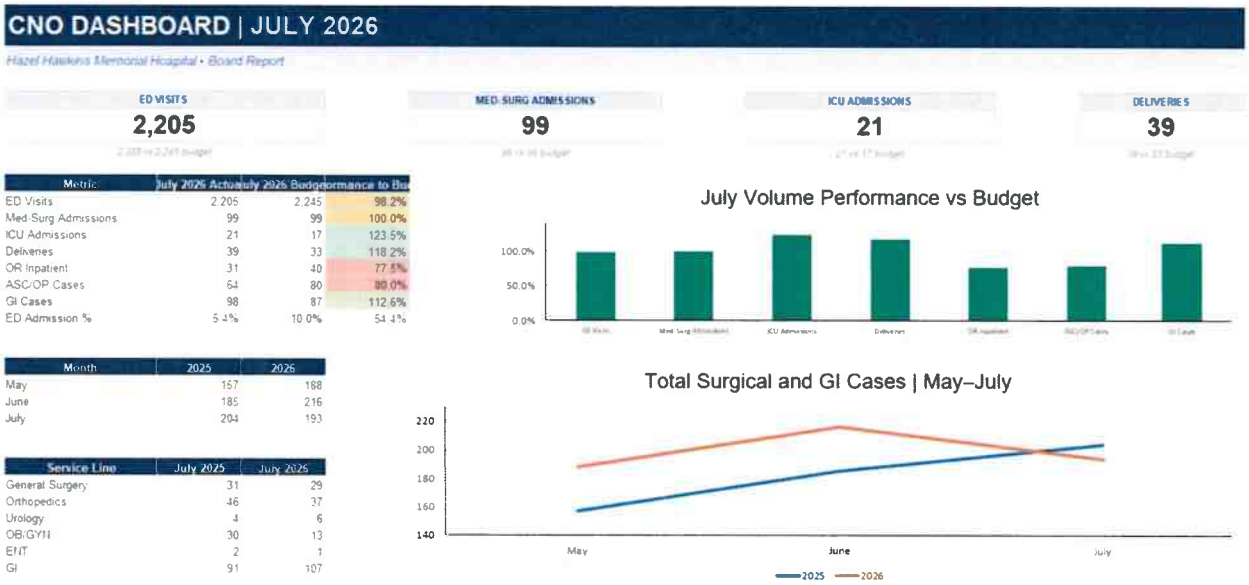
6. Racism and Discrimination

Hazel Hawkins Memorial Hospital actively evaluates patient safety events for racism, discrimination, and inequitable treatment. The hospital monitors disparities, identifies trends, and develops interventions to eliminate inequities. Staff are encouraged to report suspected discrimination through standard or anonymous pathways. Findings are escalated to the Patient Safety Subcommittee and QAPI Committee for further action.

Plan Evaluation and Reporting

The Patient Safety Plan is evaluated annually by the Patient Safety Subcommittee and QAPI Oversight Committee. The Annual Patient Safety Evaluation summarizes patient safety events, analyses, corrective actions, disparities monitoring, and recommendations for improvement. In compliance with AB 3161 and AFL 25-31, updated Patient Safety Plans are submitted to CDPH at each license renewal beginning January 1, 2026.

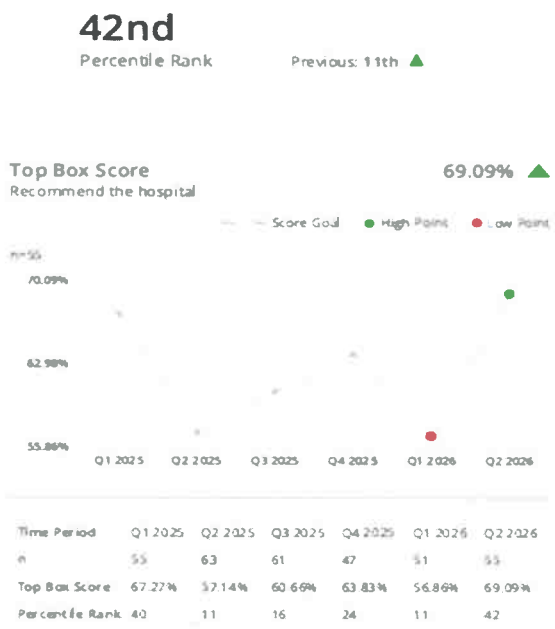
CNO Board Report – July 2026



No information on transfers.

Expanse: We successfully completed the MEDITECH Expanse go-live. During the first 30 days, leadership focused on stabilizing operations, supporting staff, and resolving workflow issues. We are now focused on standardizing workflows, improving documentation, reducing workarounds, and prioritizing system enhancements. Leadership rounding and staff feedback will continue throughout the transition.

Patient Experience:



Update for Patient Experience: I'm also happy to share that our new Manager of Patient Experience will begin on August 24, 2026. This new role will focus on developing a well-rounded patient experience program for all staff at Hazel Hawkins. The program will support leadership rounding, staff education, communication, and the overall patient experience.

The Interim CNO will continue rounding and building relationships with staff across the organization; recognizing their work, and following up on concerns. This will strengthen trust and reinforce that we are one team working together.

Reward and Recognition:
Q2 2026 Daisy Award & Super Star Recipients:

Karen Craig-Daisy Award

Mindy Trites-Clinical Super Star

Timothy Von Urff- Non-Clinical Super Star

Hazel Hawkins
MEMORIAL HOSPITAL

REGULAR MEETING OF THE FACILITIES AND FINANCE COMMITTEE
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
MONDAY, AUGUST 24, 2026 - 4:30 P.M.
SUPPORT SERVICES BUILDING, 2ND 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. Update on Current Projects
   - Project Dashboard – July 2026

3. Review Financial Updates
   - Financial Statements – July 2026
   - Finance Dashboard – July 2026
   - Supplemental Payments – July 2026

4. Consider Recommendation for Board Approval of Proposal with McKesson Medical Surgical for Advance Hematology Automation with Sysmex in the amount of $467,374.87.
   - Report
   - Committee Questions
   - Motion/Second

5. 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.

6. Adjournment

The next Facilities and Finance Committee meeting is scheduled for **Monday, September 21, 2026** at **4:30 p.m.**

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

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.

AUG 2026 Project Dashboard - Facilities

Project Name	Purpose	Start Date	Go Live	Duration	Status	Priority	Key Stakeholder	Role	Update
*Lab Phase 2	Analyzer Replacment	6/1/2024	8/1/2026	791	In Progress	High	Bernadette Enderez	Lab/Radiology Director	HCAI Compliance Officer scheduled for site visit 8/21. Project is completed and acticipating receiving sign off to utilize the equipment.
*Lab Remodel	Lab Phase 3/4: Remodel	3/1/2026	TBD		Ongoing	Medium	Bernadette Enderez	Lab/Radiology Director	Upcoming Milestones: 06/19/2026 Cost estimate 07/07/2026 100% DDs 09/04/2026 100% SDs
*OR Rebuild	Updating OR per OSHPD Requirements	11/20/2024	1/29/2027	800	In Progress	High	Mendi Suber-Ventura	Director of Surgical Services	Feasability study completed - pending Treanor proposal to upgrade mechanical system.
*Sterilizer Replacement	installation of new AMSCO 400 48 SD equipment for Sterile Processing Department	9/16/2025	12/31/2026	471	In Progress	High	Mendi Suber-Ventura	Director of Surgical Services	Bid awarded, scheduling started with architect and general contractor. Estimated start in Aug
*Seismic	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	11/1/2025	1/1/2033		Ongoing	High	Jorge Ramirez	Senior Support Services Director	Geotech work results pending. MT/CAP job bid received and awarded. NPC4, NPC5 under plan review. SPC submitted.
Seismic (MTCAP for Original Hospital)	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	3/25/2026	Fall '26		In Progress	High	Jorge Ramirez	Senior Director Support Services	Bid awarded, pending hazmat survey. Contractor will be slated to mobilize upon completion.
*Imaging Trailer Pad Make Ready	Treanor to help when MP starts	10/1/2025	TBD		In Progress	Medium	Bernadette Enderez	Lab/Radiology Director	Pending HCAI design approval. Received approval from City Of Hollister.

AUG 2026 Project Dashboard - Facilities

*Verkada	Security / SSO + Door Access	3/11/2025	TBD		In Progress	High	Jorge Ramirez	Senior Support Services Director	Internal database build and scheduling for final card reader installation
*ED Helipad	System is an AFFF system and no longer allowed in CA. Is required to be phased out due to being a hazardous chemical.	5/27/2025	9/9/2026	470	In Progress	High	Jorge Ramirez	Senior Support Services Director	HCAI ACD has been approved. Work to resume week of 8/24. Planning for final testing procedures.
*Northside SNF Kitchen Flooring	Replace kitchen and storage flooring at the Northside SNF	1/1/2026	TBD		In Progress	High	Jaylee Davison	Interim Director of Nursing – (SNF)	Application submitted to the county > HCAI/CDPH approval to follow this approval. Internall logistics planning
ED Boiler	3x boiler replacement in the ED basement.	5/27/2026	9/1/2026	97	In Progress	Medium	Jorge Ramirez	Senior Support Services Director	Working with architects on schematic design.
Physical Therapy Clinic Remodel	Expanding current location to help with ongoing demand	6/1/2025	TBD		In Progress	Medium	Jun Estrada	Director of Physical Therapy	Pending CDPH authorization
VIRTUO A w/ MYLA to Maestria Migration	fully automated microbial detection system made by bioMérieux that tests blood and body fluid samples for bacteria and fung	8/6/2026	TBD		In Progress	Medium	Bernadette Enderez	Lab/Radiology Director	Kickoff meeting to discuss scope, site readiness/electrical/spacing/ports, HCAI & Approval, IT/preinstallation requirements, server builds, network/connectivity/LIS, installation & training timelines.

AUG 2026 Project Dashboard - Facilities

ICU Comfort Care Suite	ICU room to be converted as a private space for family and loved ones.	7/27/2026	TBD		In Progress	Medium	Liz Sparling	Director of Foundation	Currently in planning stage.
Totals										

TASK STATUS %		
STATUS	**COUNT**	**%**
Not Started	0	0%
In Progress	12	86%
Overdue	0	0%
On Hold	0	0%
Ongoing	2	14%
Completed	0	0%
TOTAL	**14**	**100%**

PROJECT PRIORITY %		
PRIORITY	**COUNT**	**%**
High	8	57%
Medium	6	43%
Low	0	0%
TOTAL	**14**	**100%**

estimated go-live
planned go live

Hazel Hawkins
MEMORIAL HOSPITAL
SKILLED NURSING FACILITIES
HOME HEALTH AGENCY
San Benito Health Care District

San Benito Health Care District
A Public Agency
911 Sunset Drive
Hollister, CA 95023-5695
(831) 637-5711

August 24, 2026

CFO Financial Summary for the District Board: Unaudited

For the month ending July 31, 2026, the District's Net Surplus (Loss) is $865,208 compared to a budgeted Surplus (Loss) of $785,947. The District exceeded the budget for the month by $79,261.

Acute discharges were 161 for the month, exceeding the budget by 9 discharges, 6%. The ADC was 13.65 compared to a budget of 15.23. The ALOS was 2.63. The District I/P gross revenue was under budget by **$2.1 million** or **20%** while O/P services gross revenue exceeded the budget by **$1.3 million** or **4%**. ER I/P visits were 120 and ER O/P visits were under budget by 28 visits or 1%. The RHCs & Specialty Clinics treated 2,671 (includes 361 visits at the Diabetes Clinic) and 914 visits respectively.

Other Operating revenue exceeded budget by **$59,673** due mainly to:

1) **$50,000** for additional QIP funds for PY 8, CY 2025.

Operating Expenses exceeded budget by **$455,989** due mainly to: overages in Employee Benefits of $331,816, S & W of $131,552 and Registry of $104,266 being slightly offset by savings in Purchase Services of $72,263 and Supplies of $30,678.

Non-operating Revenue was slightly under budget by **$3,908** due to the timing of donations.

The SNFs ADC was **90.58** for the month.

SAN BENITO HEALTH CARE DISTRICT
HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
FOR PERIOD 07/31/26

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL 07/31/26	BUDGET 07/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 07/31/25	ACTUAL 07/31/26	BUDGET 07/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 07/31/25
GROSS PATIENT REVENUE										
ACUTE ROUTINE REVENUE	3,300,633	3,951,683	(651,050)	17%	3,378,550	3,300,633	3,951,683	(651,050)	17%	3,378,550
SNF ROUTINE REVENUE	2,149,060	2,210,301	(61,241)	3%	2,084,040	2,149,060	2,210,301	(61,241)	3%	2,084,040
ANCILLARY INPATIENT REVENUE	2,970,482	4,383,425	(1,412,943)	32%	3,716,245	2,970,482	4,383,425	(1,412,943)	32%	3,716,245
HOSPITALIST\PEDS I\P REVENUE	203,726	185,885	17,841	(10)%	175,198	203,726	185,885	17,841	(10)%	175,198
TOTAL GROSS INPATIENT REVENUE	8,623,901	10,731,294	(2,107,393)	20%	9,354,033	8,623,901	10,731,294	(2,107,393)	20%	9,354,033
ANCILLARY OUTPATIENT REVENUE	32,799,809	30,760,601	2,039,208	(7)%	28,135,404	32,799,809	30,760,601	2,039,208	(7)%	28,135,404
HOSPITALISTS\PEDS O\P REVENUE	114,071	108,154	5,917	(6)%	118,671	114,071	108,154	5,917	(6)%	118,671
CLINICS REVENUE	1,548,623	2,280,900	(732,277)	32%	2,502,810	1,548,623	2,280,900	(732,277)	32%	2,502,810
TOTAL GROSS OUTPATIENT REVENUE	34,462,502	33,149,655	1,312,847	(4)%	30,756,885	34,462,502	33,149,655	1,312,847	(4)%	30,756,885
TOTAL GROSS PATIENT REVENUE	43,086,403	43,880,949	(794,546)	2%	40,110,918	43,086,403	43,880,949	(794,546)	2%	40,110,918
DEDUCTION FROM REVENUE										
MEDICARE CONTRACTUAL ALLOWANCES	11,819,598	12,095,473	(275,875)	(2)%	10,821,350	11,819,598	12,095,473	(275,875)	(2)%	10,821,350
MEDI-CAL CONTRACTUAL ALLOWANCES	11,868,960	11,920,886	(51,926)	0%	8,646,325	11,868,960	11,920,886	(51,926)	0%	8,646,325
BAD DEBT EXPENCE	567,728	1,095,267	(527,539)	(48)%	1,131,712	567,728	1,095,267	(527,539)	(48)%	1,131,712
CHARITY CARE EXPENSE	69,226	56,755	12,471	22%	70,086	69,226	56,755	12,471	22%	70,086
OTHER CONTRACTUALS AND ADJUSTMENTS	4,921,370	5,288,144	(366,774)	(7)%	7,142,432	4,921,370	5,288,144	(366,774)	(7)%	7,142,432
HOSPITALISTS\PEDS CONTRACTUAL ALLOWANCES	(64,387)	0	(64,387)	100%	71,366	(64,387)	0	(64,387)	100%	71,366
TOTAL DEDUCTIONS FROM REVENUE	29,182,495	30,456,525	(1,274,030)	(4)%	27,883,270	29,182,495	30,456,525	(1,274,030)	(4)%	27,883,270
NET PATIENT REVENUE	13,903,908	13,424,424	479,484	(4)%	12,227,647	13,903,908	13,424,424	479,484	(4)%	12,227,647
OTHER OPERATING REVENUE	2,042,786	1,983,113	59,673	(3)%	1,569,207	2,042,786	1,983,113	59,673	(3)%	1,569,207
NET OPERATING REVENUE	15,946,694	15,407,537	539,157	(4)%	13,796,854	15,946,694	15,407,537	539,157	(4)%	13,796,854
OPERATING EXPENSES										
SALARIES & WAGES	6,074,326	5,942,774	131,552	2%	5,203,471	6,074,326	5,942,774	131,552	2%	5,203,471
REGISTRY	689,136	584,870	104,266	18%	665,129	689,136	584,870	104,266	18%	665,129
EMPLOYEE BENEFITS	3,031,226	2,699,410	331,816	12%	2,270,703	3,031,226	2,699,410	331,816	12%	2,270,703
PROFESSIONAL FEES	1,858,111	1,858,562	(451)	0%	1,702,716	1,858,111	1,858,562	(451)	0%	1,702,716
SUPPLIES	1,311,928	1,342,606	(30,678)	(2)%	1,243,955	1,311,928	1,342,606	(30,678)	(2)%	1,243,955
PURCHASED SERVICES	1,368,167	1,440,430	(72,263)	(5)%	1,424,421	1,368,167	1,440,430	(72,263)	(5)%	1,424,421
DEPRECIATION & AMORT	361,769	357,977	3,792	1%	321,716	361,769	357,977	3,792	1%	321,716
RENTAL EXPENSE	221,185	193,568	27,617	14%	210,482	221,185	193,568	27,617	14%	210,482
INTEREST EXPENSE	5,638	28,016	(22,378)	(80)%	5,745	5,638	28,016	(22,378)	(80)%	5,745
OTHER EXPENSE	655,389	672,672	(17,283)	(3)%	526,821	655,389	672,672	(17,283)	(3)%	526,821
TOTAL EXPENSES	15,576,874	15,120,885	455,989	3%	13,575,157	15,576,874	15,120,885	455,989	3%	13,575,157
NET OPERATING INCOME (LOSS)	369,820	286,652	83,168	(29)%	221,697	369,820	286,652	83,168	(29)%	221,697

Fiscal Calendar JULJUN

SAN BENITO HEALTH CARE DISTRICT
HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
FOR PERIOD 07/31/26

	CURRENT MONTH					YEAR TO DATE				
	ACTUAL 07/31/26	BUDGET 07/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 07/31/25	ACTUAL 07/31/26	BUDGET 07/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 07/31/25
NON-OPERATING REVENUE\EXPENSES										
DONATIONS	0	41,667	(41,667)	100%	46,000	0	41,667	(41,667)	100%	46,000
PROPERTY TAX REVENUE	284,101	284,101	0	0%	248,434	284,101	284,101	0	0%	248,434
GO BOND PROP TAXES	186,818	180,948	5,870	(3)%	181,114	186,818	180,948	5,870	(3)%	181,114
GO BOND INT REVENUE\EXPENSE	(56,818)	(56,818)	0	0%	(61,114)	(56,818)	(56,818)	0	0%	(61,114)
OTHER NON-OPER REVENUE	12,974	15,213	(2,239)	15%	12,866	12,974	15,213	(2,239)	15%	12,866
OTHER NON-OPER EXPENSE	(17,317)	(17,316)	(1)	0%	(22,650)	(17,317)	(17,316)	(1)	0%	(22,650)
INVESTMENT INCOME	85,629	51,500	34,129	(66)%	1,331	85,629	51,500	34,129	(66)%	1,331
TOTAL NON-OPERATING REVENUE\(EXPENSE)	495,387	499,295	(3,908)	1%	405,981	495,387	499,295	(3,908)	1%	405,981
NET SURPLUS (LOSS)	$ 865,208	$ 785,947	$ 79,261	(10)%	$ 627,678	$ 865,208	$ 785,947	$ 79,261	(10)%	$ 627,678
EBIDA	$ 1,114,293	$ 1,037,110	$ 77,183	7.44%	$ 852,044	$ 1,114,293	$ 1,037,110	$ 77,183	7.44%	$ 852,044
EBIDA MARGIN	6.99%	6.73%	0.26%	3.80%	6.18%	6.99%	6.73%	0.26%	3.80%	6.18%
OPERATING MARGIN	2.32%	1.86%	0.46%	24.64%	1.61%	2.32%	1.86%	0.46%	24.64%	1.61%
NET SURPLUS (LOSS) MARGIN	5.43%	5.10%	0.32%	6.36%	4.55%	5.43%	5.10%	0.32%	6.36%	4.55%

Fiscal Calendar JULJUN

SAN BENITO HEALTH CARE DISTRICT
HAZEL HAWKINS MEMORIAL HOSPITAL
FOR THE MONTH ENDED 07/31/26

	CURR MONTH 07/31/26	PRIOR MONTH 06/30/26	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/26
CURRENT ASSETS					
CASH & CASH EQUIVALENT	36,196,140	43,064,101	(6,867,960)	(16)%	43,064,101
PATIENT ACCOUNTS RECEIVABLE	76,330,828	68,361,181	7,969,647	12%	68,361,181
BAD DEBT ALLOWANCE	(6,613,797)	(6,683,787)	69,990	(1)%	(6,683,787)
CONTRACTUAL RESERVES	(46,013,057)	(40,385,339)	(5,627,718)	14%	(40,385,339)
OTHER RECEIVABLES	9,326,183	7,256,531	2,069,652	29%	7,256,531
INVENTORIES	5,195,320	5,092,665	102,655	2%	5,092,665
PREPAID EXPENSES	3,233,708	2,100,267	1,133,442	54%	2,100,267
DUE TO\FROM THIRD PARTIES	(211,928)	(211,928)	0	0%	(211,928)
TOTAL CURRENT ASSETS	77,443,397	78,593,689	(1,150,292)	(2)%	78,593,689
ASSETS WHOSE USE IS LIMITED					
BOARD DESIGNATED FUNDS	4,983,542	5,010,020	(26,478)	(1)%	5,010,020
TOTAL LIMITED USE ASSETS	4,983,542	5,010,020	(26,478)	(1)%	5,010,020
PROPERTY, PLANT, AND EQUIPMENT					
LAND & LAND IMPROVEMENTS	3,370,474	3,370,474	0	0%	3,370,474
BLDGS & BLDG IMPROVEMENTS	102,392,295	102,342,795	49,500	0%	102,342,795
EQUIPMENT	50,650,165	50,055,226	594,938	1%	50,055,226
CONSTRUCTION IN PROGRESS	11,123,947	10,078,849	1,045,098	10%	10,078,849
GROSS PROPERTY, PLANT, AND EQUIPMENT	167,536,881	165,847,345	1,689,536	1%	165,847,345
ACCUMULATED DEPRECIATION	(103,092,503)	(102,715,925)	(376,578)	0%	(102,715,925)
NET PROPERTY, PLANT, AND EQUIPMENT	64,444,378	63,131,420	1,312,958	2%	63,131,420
OTHER ASSETS					
UNAMORTIZED LOAN COSTS	252,753	258,315	(5,563)	(2)%	258,315
PENSION DEFERRED OUTFLOWS NET	5,277,892	5,277,892	0	0%	5,277,892
TOTAL OTHER ASSETS	5,530,645	5,536,207	(5,563)	0%	5,536,207
TOTAL UNRESTRICTED ASSETS	152,401,961	152,271,336	130,625	0%	152,271,336
RESTRICTED ASSETS	129,657	129,432	225	0%	129,432
TOTAL ASSETS	152,531,619	152,400,768	130,850	0%	152,400,768

SAN BENITO HEALTH CARE DISTRICT
HAZEL HAWKINS MEMORIAL HOSPITAL
FOR THE MONTH ENDED 07/31/26

	CURR MONTH 07/31/26	PRIOR MONTH 06/30/26	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/26
CURRENT LIABILITIES					
ACCOUNTS PAYABLE	7,749,320	5,904,076	1,845,244	(31)%	5,904,076
ACCRUED PAYROLL	1,540,382	3,779,439	(2,239,057)	59%	3,779,439
ACCRUED PAYROLL TAXES	122,750	285,454	(162,704)	57%	285,454
ACCRUED BENEFITS	4,547,444	4,471,049	76,394	(2)%	4,471,049
OTHER ACCRUED EXPENSES	74,022	73,601	421	(1)%	73,601
PATIENT REFUNDS PAYABLE	1,350	1,310	40	(3)%	1,310
DUE TO\FROM THIRD PARTIES	5,819,287	5,819,287	0	0%	5,819,287
OTHER CURRENT LIABILITIES	793,349	762,693	30,656	(4)%	762,693
TOTAL CURRENT LIABILITIES	20,647,903	21,096,909	(449,006)	2%	21,096,909
LONG-TERM DEBT					
LEASES PAYABLE	4,408,456	4,465,512	(57,056)	1%	4,465,512
BONDS PAYABLE	25,124,120	25,152,640	(28,520)	0%	25,152,640
TOTAL LONG-TERM DEBT	29,532,576	29,618,152	(85,576)	0%	29,618,152
OTHER LONG-TERM LIABILITIES					
LONG-TERM PENSION LIABILITY	23,288,121	23,488,121	(200,000)	1%	23,488,121
TOTAL OTHER LONG-TERM LIABILITES	23,288,121	23,488,121	(200,000)	1%	23,488,121
TOTAL LIABILITES	73,468,600	74,203,182	(734,582)	1%	74,203,182
NET ASSETS:					
UNRESTRICTED FUND BALANCE	78,095,676	78,095,676	0	0%	78,095,676
RESTRICTED FUND BALANCE	102,136	101,911	225	0%	101,911
NET REVENUE/(EXPENSES)	865,208	0	865,208	100%	0
TOTAL NET ASSETS	79,063,019	78,197,586	865,433	(1)%	78,197,586
TOTAL LIABILITIES AND NET ASSETS	152,531,619	152,400,768	130,850	0%	152,400,768

Hazel Hawkins
MEMORIAL HOSPITAL

San Benito Health Care District
Hazel Hawkins Memorial Hospital
JULY 2026

Description	MTD Budget	MTD Actual	YTD Actual	YTD Budget	FYE Budget
Average Daily Census - Acute	15.23	13.65	13.65	15.23	15.00
Average Daily Census - SNF	92.00	90.58	90.58	92.00	92.00
Acute Length of Stay	3.11	2.63	2.63	3.11	3.05
ER Visits:					
Inpatient	132	120	120	132	1,353
Outpatient	2,113	2,085	2,085	2,113	27,282
Total	2,245	2,205	2,205	2,245	28,635
Days in Accounts Receivable	50.0	51.5	51.5	50.0	50.0
Productive Full-Time Equivalents	600.32	0.00	0.00	600.32	600.32
Net Patient Revenue	13,424,424	13,903,908	13,903,908	13,424,424	159,603,835
Payment-to-Charge Ratio	30.6%	32.3%	32.3%	30.6%	30.8%
Medicare Traditional Payor Mix	0.00%	0.00%	0.00%	0.00%	0.00%
Commercial Payor Mix	0.00%	0.00%	0.00%	0.00%	0.00%
Bad Debt % of Gross Revenue	2.50%	1.32%	1.32%	2.50%	2.50%
EBIDA	1,037,110	1,114,293	1,114,293	1,037,110	14,296,020
EBIDA %	6.73%	6.99%	6.99%	6.73%	7.77%
Operating Margin	1.86%	2.32%	2.32%	1.86%	0.00%
Salaries, Wages, Registry & Benefits %:					
by Net Operating Revenue	59.89%	61.42%	61.42%	59.89%	59.57%
by Total Operating Expense	61.02%	62.88%	62.88%	61.02%	61.33%
Bond Covenants:					
Debt Service Ratio - 1.25	6.65	7.14	7.14	6.65	7.64
Current Ratio - 1.50	2.00	3.75	3.75	2.00	2.00
Days Cash on hand - 30.00	87.00	73.66	73.66	87.00	79.28

Met or Exceeded Target
Within 10% of Target
Not Within 10%

Statement of Cash Flows
Hazel Hawkins Memorial Hospital
Hollister, CA
One month ending July 31, 2026

	CASH FLOW		COMMENTS
	Current Month 7/31/2026	Current Year-To-Date 7/31/2026	
CASH FLOWS FROM OPERATING ACTIVITIES:			
Net Income (Loss)	$865,208	$865,208	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation	376,578	376,578	
(Increase)/Decrease in Net Patient Accounts Receivable	(2,411,921)	(2,411,921)	
(Increase)/Decrease in Other Receivables	(2,069,652)	(2,069,652)	
(Increase)/Decrease in Inventories	(102,655)	(102,655)	
(Increase)/Decrease in Pre-Paid Expenses	(1,133,442)	(1,133,442)	
(Increase)/Decrease in Due From Third Parties	0	0	
Increase/(Decrease) in Accounts Payable	1,845,244	1,845,244	
Increase/(Decrease) in Notes and Loans Payable	0	0	
Increase/(Decrease) in Accrued Payroll and Benefits	(2,325,367)	(2,325,367)	
Increase/(Decrease) in Accrued Expenses	421	421	
Increase/(Decrease) in Patient Refunds Payable	40	40	
Increase/(Decrease) in Third Party Advances/Liabilities	0	0	
Increase/(Decrease) in Other Current Liabilities	30,656	30,656	Semi-Annual Int. - 2005 GO & 2021 Revenue Bonds
Net Cash Provided by Operating Activities:	(5,790,098)	(5,790,098)	
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of Property, Plant and Equipment	(1,689,536)	(1,689,536)	
(Increase)/Decrease in Limited Use Cash and Investments	0	0	
(Increase)/Decrease in Other Limited Use Assets	26,478	26,478	Bond Principal & Int Payment - 2014 (2005) & 2021 Bonds
(Increase)/Decrease in Other Assets	5,563	5,563	Amortization
Net Cash Used by Investing Activities	(1,657,495)	(1,657,495)	
CASH FLOWS FROM FINANCING ACTIVITIES:			
Increase/(Decrease) in Capital Lease Debt	(57,056)	(57,056)	
Increase/(Decrease) in Bond Mortgage Debt	(28,520)	(28,520)	2014 GO Principal & Refinancing of 2013 Bonds with 2021 Bonds
Increase/(Decrease) in Other Long Term Liabilities	(200,000)	(200,000)	Long Term Pension Liability
Net Cash Used for Financing Activities	(285,576)	(285,576)	
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0	
Net Increase/(Decrease) in Cash	(6,867,961)	(6,867,961)	
Cash, Beginning of Period	43,064,101	43,064,101	
Cash, End of Period	$36,196,140	$36,196,140	$0
Cost per day to run the District	$491,368	$41,432,377	Budgeted Cash on Hand
Operational Days Cash on Hand	73.66	($5,236,237)	Variance

RESOLUTION NO. 2026-19

RESOLUTION OF THE BOARD OF DIRECTORS OF SAN BENITO HEALTH CARE DISTRICT APPROVING AND ADOPTING A MEMORANDUM OF UNDERSTANDING WITH THE CALIFORNIA NURSES ASSOCIATION

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

WHEREAS, the California Nurses Association ("CNA"), a duly recognized employee organization representing certain registered nurses, and the District have been parties to successive memoranda of agreement covering the terms and conditions of employment.

WHEREAS, the current memorandum of agreement was in effect from January 2022 to December 31, 2025, and as extended by agreement during negotiations between the parties;

WHEREAS, the District, acting through its appointed negotiation team, and representatives of CNA, met and conferred in good faith and fully communicated and exchanged information concerning wages, hours, and the terms and conditions of employment for contract years January 1, 2026 – December 31, 2029;

WHEREAS, the appointed representatives of the parties agreed on certain matters as provided in the tentative agreements ("Tentative Agreements"), which are summarized as Exhibit A, and recommend the District and CNA implement those Tentative Agreements and approve and adopt the Memorandum of Understanding, as amended by the Tentative Agreements, with Hazel Hawkins Memorial Hospital ("MOU");

WHEREAS, on August 21, 2026, the employees represented by CNA voted to ratify the proposed changes to the MOU, as set forth in the Tentative Agreements;

WHEREAS, the District Board of Directors ("Board") has been presented with the Tentative Agreements;

WHEREAS, the Board has reviewed and evaluated the Tentative Agreements and authorizes the District to approve and adopt the MOU as modified by the Tentative Agreements, and authorizes the District Administration to take all steps to execute the necessary documents; and

WHEREAS, this Resolution is not defined as a project under the California Environmental Quality Act ("CEQA"), set forth at Public Resources Code Section 21065, Section 15378 of the State CEQA Guidelines, because amending the MOU will not cause either a direct physical change in the environment or a reasonably foreseeable indirect physical change in the environment.

NOW, THEREFORE, BE IT RESOLVED by the San Benito Health Care District Board of Directors as follows:

1. The Recitals set forth above are true and correct and are incorporated into this Resolution by reference.

2. The Board hereby approves the MOU as modified by the Tentative Agreements, attached as Exhibit A for incorporation into the MOU for the period of January 1, 2026 – December 31, 2029.

3. District Administration is directed to take any and all actions, including executing relevant documents, to carry out the intent of this Resolution.

4. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED this 27th day of August, 2026 by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

_____

William Johnson, President

Attested: _____

Josie Sanchez, Assistant Secretary

ALL RIGHTS ARE RESERVED UNTIL THE PARTIES REACH A FULL AND FINAL AGREEMENT ON ALL OPEN MOU TERMS AND A FINAL NEW MOU IS REACHED

for the

MEMORANDUM OF UNDERSTANDING

between

SAN BENITO HEALTH CARE DISTRICT dba HAZEL HAWKINS HOSPITAL

and

California Nurses Association

August 19, 2026

[This Package Proposal is the District's Response to CNA Comprehensive Package Proposals which shall include all of the following terms as cited herein in order to reach an Agreement.]

ARTICLE 10: COMPENSATION

Section 1. HOURLY WAGES

A. First Year of The Memorandum

a. Effective as of the beginning of the first full pay period in ~~January 2022~~ January 2026, **following the full ratification of the Memorandum of Understanding**, the Hospital agrees to provide a ~~3.5 %~~ ~~**6.0 %**~~ 4.0% **5.0%** increase to the salary schedule for all Nurses.

B. Second Year of The Memorandum

a. Effective as of the beginning of the first full pay period in January ~~2023,~~ 2027, the Hospital agrees to provide a ~~3.0 %~~ ~~**5.0 %**~~ 4.0% **5.0%** 4.5% increase to the salary schedule for all Nurses.

C. Third Year of The Memorandum

a. Effective as of the beginning of the first full pay period January ~~2024,~~ 2028 the Hospital agrees to provide a ~~3.0 %~~ ~~**4.0 %**~~ ~~3.75%~~ **4.5%** 4.0% increase to the salary schedule for all Nurses.

D. Fourth Year of The Memorandum

a. Effective as of the beginning of the first full pay period in January ~~2025,~~ 2029 the Hospital agrees to provide a ~~3.0%~~ ~~**4.0 %**~~ ~~3.75%~~ **4.0%** increase to the salary schedule for all Nurses.

Each wage increase shall be effective as of the beginning of the first full pay period in January of the respective year. Within thirty (30) days of the ~~**full ratification**~~ Board of Director's approval of the MOU, the Hospital shall provide ~~R~~ retroactive pay for the first wage increase of this

Agreement. Retroactive pay will be paid out on separate check from payroll ~~by August 29th, 2022~~ within 30 days of the date of ~~**full ratification**~~ Board approval of this Agreement.

Section 2. STEP INCREASES

Advancement in step range within a classification shall be based upon the Nurse's anniversary date of employment.

Advancement to Step 10 (10 Year) is conditioned upon the Nurse's having completed 10 years of continuous RN service to the San Benito Health Care District and having completed not less than one full calendar year at Step 9.

Step increases for regular part-time Nurses shall be based upon twelve (12) calendar months. The anniversary date of employment shall determine the twelve (12) month period except as modified per the provisions of Article 7 hereof.

Step increases/advancement shall become effective the first day of the pay period, immediately following the nurse's anniversary date of employment.

Section 3. SHIFT DIFFERENTIALS

A shift differential of Four Dollars and Twenty-Five Cents ($4.25) per hour for each hour worked on the evening shift.

~~**[All outstanding Articles passed by CNA and cited herein are included as part of this Comprehensive Package Proposal. All remaining Articles of the MOU shall remain status quo as part of this Comprehensive Package Proposal. Upon Tentative Agreement of this Comprehensive Package Proposal, the parties agree to incorporate Appendices into the body of the MOU where appropriate and by mutual agreement of the parties.]**~~

~~**[All other sections of Article 11 not included in this proposal shall remain status quo.]**~~

ARTICLE 6: NO DISCRIMINATION, HARASSMENT OR RETALIATION

Section 1. The Hospital shall not discriminate against any Registered Nurse covered by this Memorandum by reason of such Registered Nurse's activity for, or membership in the Association, providing that such activity does not interfere with the Nurse's regular duties or the operation of the Hospital.

Section 2. The Hospital and the Association agree that the provisions of the Memorandum shall be applied equally to all Registered Nurses covered herein without favor or discrimination because of physical handicaps or disability, race, creed, color, sex, age, national origin, political, religious affiliation or sexual orientation, or other protected characteristics covered by law.

Section 3. The Hospital is committed to providing a work environment free from harassment and retaliation, consistent with the Hospital's Discrimination, Harassment, and Retaliation Prevention Policy (DocID: 11209). The Hospital will not tolerate written, verbal, or physical conduct that denigrates or shows hostility or aversion toward an individual based on any of the characteristics described above or otherwise protected by law.

Section 4. Reporting Discrimination, Harassment and/or Retaliation

The Hospital will promptly investigate all complaints of discrimination, retaliation, or harassment and will take all reasonable steps to protect a Registered Nurse who report such conduct from continuing discrimination or harassment and from retaliation because of having reported such conduct. A Registered Nurse who reports discrimination, retaliation, or harassment as defined in this Article, ~~shall~~ may have the opportunity to be accompanied by a CNA Nurse Representative and/or Labor Representative ~~to~~ at any meeting(s) related to the complaint, provided that such representation does not unreasonably delay the investigation or related meetings. The Hospital will also take all reasonable steps to protect witnesses who cooperate in any investigation of alleged discrimination or harassment from retaliation. If the Registered Nurse requests that the Association be notified, within seven (7) days from the completion of the investigation, the Hospital will notify the Association and discuss any appropriate steps the Hospital will take to prevent future acts of discrimination, harassment, or retaliation.

Upon the Association's request, but no more than twice per calendar year, the Hospital will meet with the Association to provide a summary of the total number of discrimination, retaliation, and harassment investigations involving Registered Nurses, including the results and remedies associated with such investigations, to the extent permitted by applicable law and Hospital policy.

In addition to notifying the Hospital about harassment, discrimination, and/or retaliation, Registered Nurses may also direct their complaints to:

- The State of California Civil Rights Department at www.calcivilrights.ca.gov;
- The United States Equal Employment Opportunity Commission at www.eeoc.gov.

ARTICLE 12—POSTING OF SCHEDULES, STANDBY, STANDBY, AND CALL-BACK

Section 1. SCHEDULE POSTING

Work schedules shall be posted not less than two (2) weeks in advance of date of work to be performed. No change in posted work schedules shall be made without the affected Nurse's consent.

Section 2. DEVELOPMENT OF SCHEDULES

The parties agree that by the first calendar day of each month, Nurses shall submit, in writing, to their Director their preference for their work schedules, consistent with Article 14 – Weekend Rotation, for the next monthly schedule. In developing the initial schedule, the Hospital will take into account Nurse's preferences, subject to, Nurses' competencies, seniority order by Department, and/or avoiding overtime or premium pay. The preference for development of schedules will be provided in descending seniority order by Department and location to:

A. Regular Nurses
B. Per Diem Nurses
C. Registry/Traveler Nurses

Section 3. POSITION POSTING & REPLACEMENT

The District's use of travelers may occur, including, but not limited to, in the following situations: addressing staffing levels resulting from leaves of absences, vacations, sick leave, temporarily filling vacant/open positions, and avoiding overtime or other premium pay. Prior to using travelers, the District will consider all aspects of the Department, including, but not limited to, overall staffing and fiscal issues – including overtime and overall costs. Part of the District's consideration will include the use of current per diem employees and/or part-time employees up to either category of employee being assigned a full-time schedule.

a. To ensure safe staffing and quality patient care, all RN positions that have been vacated over the past 3 months shall be posted as SN1/SN2/SN3 positions.
b. Prior to the hiring of travelers for vacant posted positions, the Hospital will post and offer positions as SN1/SN2/SN3 positions.

Section 4. ADDITIONAL SHIFTS

A. Open Shifts

The Hospital will give preference to a status RN to work up to full time before using per diem and Registry RNs for available work, provided the status nurse gives sufficient written notice of her/his availability to work that open shift. An open shift is a shift that is unfilled before the final schedule is posted. A reasonable effort will be made to identify such open shifts before the final two-week schedule is posted. All interested per diem and Part time RNs who wish to work additional shifts must make their availability known by Nursing Management. These shifts will not be at a premium rate.

The Hospital will give preference by unit, by seniority for open scheduled shifts that do not involve overtime, in the following order:

A. Part-time RN's to be scheduled up to full-time.
B. Per Diem RN's.
C. Qualified RN's cross-trained in other departments.
D. Registry/Traveler/Agency RN's

If the shift remains unfilled, and overtime, double time, and/or premium pay will be

incurred, the Hospital will give preference by unit, by seniority in the following order:

A. Full-Time RN's
B. Part-Time RN's
C. Per Diem RN's
D. Qualified RNs cross-trained in other departments
E. Registry/Travelers/Agency RN's

If an RN does not wish to be called for any open shifts, offered at regular pay, then the RN must submit annually a statement to that effect.

A. Extra Shifts

An "extra shift" is a shift that remains or becomes available after the final two-week schedule is posted.

Extra shifts may arise due to open shifts remaining after the schedule is posted, employee call-outs, shifts dropped by the Hospital due to low census ~~or operational needs~~, changes in patient census, or other operational needs.

When an extra shift becomes available, the Hospital shall fill the shift in the following order within the Department:

1. Regular Nurses who have had shifts dropped without pay during the pay period, up to their status, provided they have made their availability known to Nursing Management.
2. Regular Nurses, in descending order of seniority, who are available to work the shift at straight-time rates and where doing so would not result in overtime or other premium pay.
3. Per Diem Nurses, in descending order of seniority, who are available to work the shift at straight-time rates.
4. Regular Nurses volunteering to work the shift at overtime rates, consistent with the Hospital's operational needs.
5. Per Diem Nurses volunteering to work the shift at overtime rates, consistent with the Hospital's operational needs.
6. If the shift remains unfilled, the Hospital shall follow the floating procedure outlined in Article 36- Section 2, as applicable.
7. If staffing needs still exist, the Hospital may utilize Registry or Traveler

Nurses.

Section 5. STANDBY

A. Standby duty is defined as a scheduled assignment for the Nurse to stand by and to be available for recall to the Hospital should the need arise. The Nurse shall be compensated for standby duty as provided herein. Except for the Operating Room and PACU, participation in standby shall be voluntary.

Circulating Registered Nurses working in the operating room and PACU Registered Nurses will participate in an on call schedule. Any exception will be put in writing and submitted to the Chief Nursing Executive to the Vice President, Human Resources for their review.

B. Any regular full-time, any regular part-time, or per diem Nurse who is placed on standby duty beyond his or her regularly scheduled work day or work week shall be compensated for such standby time at one-half (1/2) times the Nurse's straight time hourly rate. Such payment for standby duty shall continue, regardless if the RN is called to work while on standby. Such standby pay shall be received by the Nurse no later than the pay period immediately following the standby time.

C. In order to qualify for standby compensation, Nurses on standby must be able to respond and be present on duty within a thirty (30) minute commute time to the Hospital. Consistent with good patient care, the Hospital reserves the right to take any Nurse off of standby time if the Nurse is unable to respond as herein provided.

D. Any regular full-time, regular part-time, or per diem Nurse on standby duty, on all national holidays shall receive three-quarters (3/4) of the straight time hourly rate while on standby. Such payment for standby duty shall continue, regardless if the RN is called to work while on standby. National holidays are defined as those holidays listed in Article 15, Section 1.

Section 6. CALL-BACK ON STANDBY

If a Nurse is called to work while on standby, the Nurse shall receive one and One- half (1-1/2) times the straight time hourly rate of pay for the time actually worked. Nurses called back from Standby will be guaranteed a minimum of 2 hours at one and a half times the straight time hourly rate.

To the extent rest areas are available at the Hospital; the Hospital will facilitate use of these.

Section 7. CALL-BACK (NOT ON STANDBY)

Call-back is defined as a call to the Nurse to return to work after the Nurse has left the Hospital and prior to the Nurse's next regularly scheduled shift. The Nurse is compensated for such call-back as provided below.

If a regular Nurse who is not on standby is called back to work, the Nurse shall receive pay at the rate of two (2) times the straight time hourly rate of pay for the time actually worked. These provisions do not apply to a situation where a Nurse is originally scheduled to work and is taking an additional day off without pay at the request of either the Hospital or the Nurse and is recalled due to unanticipated staffing needs.

Section 8. CALL-BACK FOR OTHER REASONS

Any Nurse called back to the Hospital for other reasons such as disaster alerts, except such alerts or programs instituted by direct local, state or federal governmental agencies in which the Hospital participates, the attendance of which has been first approved in writing by the Nursing Service Office, outside the Nurse's regular working hours, shall be paid a straight time rate for the time actually spent at the Hospital.

Section 9. CALLED BACK AFTER CALLED OFF DUTY

Called off duty is defined as notification to the Nurse that insufficient work is available for his/her scheduled shift. Nurses called off due to insufficient work will be given two (2) hours notice by the Employer.

Any nurse called off duty due to insufficient work who agrees to return to work due to an unanticipated change in patient acuity/census shall receive the regular rate of pay for hours worked and the Nurse shall be guaranteed pay for at least four (4) hours, except if a Nurse agrees, with Supervisor approval, to leave prior to having worked four (4) hours

in which case the Nurse shall be paid for the actual hours worked.

Section 10. SCHEDULE CHANGES

Call-back provisions shall not apply to changes in scheduled work days made at least four (4) hours in advance of the shift.

ARTICLE 13 - RELIEF IN HIGHER CLASSIFICATIONS

Section 1. RELIEF

A. Relief House Supervisor Coordinator

Any Nurse who acts as a Relief House Supervisor Coordinator shall receive compensation based on hours of relief at the rate of 8% above the Nurse's current hourly rate. There shall be an in-house supervisor provided for nursing service 24 hours a day, unless the Hospital is not able to provide an in-house supervisor due to extenuating circumstances.

Section 2. CHARGE NURSE

A. A Charge RN is an RN who, under the direction and guidance of a Unit Director/House Supervisor Coordinator, is responsible for the direct and indirect nursing care of patients within an organized unit of a clinical area or a specialized unit, and who assumes command on the day, evening or night shifts during the absence of the Unit Director. The Hospital recognizes ~~and acknowledges~~ that ~~the~~ departments ~~generally~~ operate ~~work~~ more efficiently when ~~if~~ the charge nurse does not have a ~~to care for patients~~ patient assignment. In the case of an unexpected staffing issues beyond the Hospital's control such as unexpected changes in census and/or acuity or unplanned absences, the Charge Nurse will remain out of care until the Hospital makes ~~and will~~ every ~~make~~ reasonable efforts to staff any impacted units in accordance with Title 22, California Nurse-to-patient ratio law. ~~fill to maintain Charge Nurses without a patient assignment. Nothing in this provision shall preclude a Charge Nurse from providing direct patient care, accepting a patient assignment, or providing break relief.~~ ~~However, due to circumstances beyond the control of the Hospital such as unexpected changes in census and/or acuity or unplanned staff absences, the charge nurse may have to be assigned patients and provide breaks to department staff.~~ If a Charge nurse is

assigned a patient assignment, the Hospital will follow the applicable provisions of Title 22.

B. A Registered Nurse who is designated by the Chief Clinical Officer to be in charge of a unit shall receive additional compensation of Three Dollars and fifty cents ($3.50) per hour for all time worked while designated as a Charge Nurse.

ARTICLE 27—POSITION POSTING AND FILLING OF VACANCIES

Section 1. PROMOTION FROM WITHIN

It shall be the policy of the Hospital whenever possible to fill more desirable and/or promotional positions from personnel within the Hospital, qualifications being approximately equal and the promotion not adversely affecting patient care.

Section 2. PREFERENCE IN FILLING VACANCIES

All Nurses employed by the Hospital may apply for existing current vacancies or newly created positions. The Nurse with most seniority, who meets the qualifications, shall be given preference in filling such vacancies.

Section 3. POSTING

All newly created Registered Nurse positions in the Hospital shall be posted for five (5) days (excluding Saturday and Sunday) to provide bargaining unit members an opportunity to apply prior to any external posting. Newly created positions will be posted on Nurse's Bulletin Board in appropriate nursing staff break rooms, on the Bulletin Board in front of the Cafeteria and on the Bulletin Board in the support services building. The District will electronically notify the Association and provide copies of any newly posted position(s).

All existing Registered Nurse positions for which the Hospital is recruiting shall be posted internally for five (5) days on the Nurses' Bulletin Board to provide bargaining unit members an opportunity to apply prior to any external posting, unless patient care requires less posting time before the vacancy must be filled.

If no internal candidate who meets the qualifications applies within the five-day period, the District may open the position to external candidates. Vacancies created by leaves of absence need not be posted under this provision.

NEW ARTICLE—NEW GRADUATE RESIDENCY PROGRAM AND INCUMBENT RN TRANSITION TO PRACTICE RESIDENCY PROGRAM

Hazel Hawkins Memorial Hospital/San Benito County Health Care District (hereinafter, "the Hospital") and the California Nurses Association (hereinafter, "the Association") agree to establish a New Graduate Nurse Residency Program (NGNRP) & Incumbent RN Specialty Training Programs to support retention, recruitment, and safe transition of newly licensed registered nurses into practice.

I. New Graduate Nurse Residency Program (NGNRP) Position Posting, Internal Hire Preference, Training Period and Placement

The new graduate residency program positions will be based on Hospital staffing needs and open positions. The new graduate residency positions shall be posted as Staff Nurse I, full-time positions in the following specialty units/departments:

- Medical Surgical Department
- Emergency Department
- Obstetrics and Perinatal Department

Orientation length, specialty content, and competency validation will be individualized based in the assigned department and required clinical competencies.

Program postings and cohort timing will be based on Hospital staffing needs, budgeted variances, educator capacity, and available preceptors. The Hospital may utilize small cohorts. Internal new graduate RNs will be given preference in the residency program before external candidates. New graduate residency applicants will be provided with their unit and shift at the time of placement.

a. Formal New Graduate Residency Program Duration & Schedule

The formal New Graduate Nurse Residency Program has a structured duration of six (6) months. The Hospital may provide additional support, education, check-ins, or remediation after completion of the formal program based on departmental, operational, and learner needs. During orientation and the formal program period, scheduling may be structured to support learning, preceptor continuity, and competency validation, with flexibility based on departmental operations which may change after the precepted period is completed. During the remainder of their program, residents will continue to participate in the transition to practice aspects of the program. Upon successful completion of the precepted period of residency, applicants will be placed into their regular positions in the unit/department in which the preceptorship took place.

b. Residency Program Extension

If a participant is not progressing as expected, the Hospital may extend orientation in the formal program period based on competency progression and will provide notice to the association.

II. Incumbent RN Transition to Practice Specialty Training Program

Incumbent RN Transition to Practice specialty training positions will be based on Hospital staffing needs and open positions. Incumbent RN specialty training positions will be posted as Staff Nurse II full-time positions in the following specialty units/departments:

- Intensive Care Unit
- Emergency Department
- Obstetrics and Perinatal Department
- Surgical Services Department
- Case Management Department

These training positions will only be awarded to Staff Nurse II or Staff Nurse III RNs who are not currently experienced in these specialties. Registered Nurses transferring into a new specialty area shall participate in a structured specialty transition-to-practice program designed to support safe practice, specialty competency development, and successful role transition. Nurses transferring to another specialty may be placed at the Staff Nurse II level during transition period regardless of prior clinical ladder designation. Advancement or return to Staff Nurse III within the new specialty shall be

based upon successful completion of orientation requirements, demonstrated specialty-specific competency, departmental expectations, and organizational clinical ladder criteria. Some Specialty Training opportunities may be grouped in cohorts which could result in a delay of transfer for no more than one (1) month to correspond with the beginning of the training program. Delays of more than one (1) month must be mutually agreed upon by the District and the Association.

III. Preceptorship Program

Upon ratification of this Agreement, the Hospital shall establish a Preceptorship program to support the New Graduate Nurse Residency Program and RN specialty training programs. Preceptors assigned to the program will be educated for the role.

A Registered Nurse who is designated by the Hospital to fulfill the role of Preceptor shall receive additional compensation of Two Dollars and seventy-five cents ($2.75) per hour for all time worked while designated as a Preceptor.

NEW ARTICLE—RELEASE TIME FOR BARGAINING

Section A. Release Time on Scheduled Bargaining Dates

The Hospital shall provide paid release time for members of the CNA bargaining team for the purpose of negotiating a Successor Agreement and any subsequent Agreements as provided in Article 42, Term. At least four (4) weeks in advance of the onset of scheduled negotiations, the Association will provide the hospital with the names and units of the Nurses who are to receive paid release time.

- No more than one Nurse Negotiator will be released from each unit.

- Association bargaining team members will remain constant; in the event that a substitution is required, CNA will make every reasonable effort to advise the hospital of the alternate's name and unit as soon as practicable in advance of the session which the alternate will attend.

- Nurse Negotiators shall be compensated at their straight-time hourly rate up to their regularly scheduled work hours missed for the purpose of attending a negotiation session. Nurse Negotiator who is scheduled to work the night before and/or the night after a negotiating session will be released from those shifts to attend bargaining. The Hospital retains the right to adjust, reschedule, cancel, or reassign shifts as necessary to implement such release and to ensure appropriate staffing in accordance with Article 12.

- Nurse Negotiators shall not be paid for pre-negotiation preparation time except as described below in §B. Attendance by a Nurse Negotiator at scheduled bargaining session shall constitute fulfillment of the Nurse's work obligation for that day. If the parties agree that a full-day CNA bargaining team caucus is necessary to the bargaining process, the hospital may designate such a day as a "negotiating session."

- The designated Nurse Negotiators shall make a reasonable effort to notify their immediate supervisor of their intent to attend scheduled bargaining sessions, as soon as practicable, prior to the date of the scheduled bargaining sessions.

- Paid release time shall be paid at the Nurse's straight-time hourly rate and shall not be considered hours worked for purposes of overtime or other premium pay.

- Paid release time shall not exceed the Nurse's straight-time hourly rate for their normally scheduled hours of work on the day(s) of the meet and confer session(s). Time spent in bargaining outside of a Nurse's regular schedule shall not be compensated unless necessary to bring the Nurse up to their regularly scheduled hours or status for the pay period.

Section B. Pre-bargaining release time for successor negotiations

Unless mutually agreed otherwise, up to five (5) CNA Nurse Negotiators, identified in §A above, shall receive up to one (1) day of paid release time in order to prepare initial proposals for the beginning of bargaining. Paid release time shall not exceed the Nurse's normally scheduled straight-time hours for the day of release. Such release time shall be

compensated at the Nurse's straight-time hourly rate and shall not be considered time worked for the purpose of overtime accrual or other premium pay. The Association shall notify the hospital at least four (4) weeks prior to the date(s) requested for meetings pursuant to this Section and shall designate the Nurse Negotiators for purposes of this Section.

NEW ARTICLE—~~DEDICATED~~ BREAK RELIEF NURSES

A. ~~Dedicated~~ Break Relief Nurses

In order to ensure compliance with California Nurse to Patient Ratio law, Title 22, SB 1334 and safe staffing and quality patient care, the Hospital will establish ~~dedicated~~ break relief registered nurses ~~for all~~ in the units/departments ~~in the acute care hospital and skilled nursing facilities~~ listed in Section B below of this Article.

Registered Nurses assigned as Break Relief Nurses ~~shall be assigned as a separate classification from unit-based Staff Nurses and~~ shall be required to meet and maintain the applicable qualifications, orientation, training, and demonstrated competencies necessary to perform assignment.~~s in the Emergency Department, Obstetrics Unit, Medical Surgical Unit, Intensive Care Unit, and in support of House Coordinator functions.~~

B. Break Relief Units

The Hospital shall assign Break Relief Nurses as the primary, but not exclusive, source of break relief in the following units/departments: Emergency Department, Obstetrics Unit, Medical Surgical Unit, Intensive Care Unit, as well as in support of House Coordinator functions. **All other units/departments where break nurses are currently utilized shall remain status quo.** ~~The designated break nurses shall remain break nurses for the entire scheduled shift as needed based on the number of nurses on the unit, patient acuity, and required nurse-to-patient ratios.~~

~~Break relief shall be the primary function of the Break Relief Nurse classification; however, Break Relief Nurses may also be utilized for other appropriate assignments based on Hospital operational and patient care needs. The parties recognize that utilizing Break Relief Nurses exclusively for break relief throughout an entire scheduled shift may not always be operationally feasible.~~

~~The Hospital will assess operational and patient care needs each shift and assign or reassign Break Relief Nurses accordingly. In determining assignments, the Hospital may consider patient census, patient acuity, staffing levels, required nurse-to-patient ratios, break relief needs, the availability of a Charge Nurse to provide or assist with break relief, and the qualifications and demonstrated competencies of the Break Relief Nurse. Break Relief Nurses shall only be assigned to areas or functions for which they have completed the applicable orientation, training, and demonstrated competencies.~~

~~Based on the Hospital's assessment of operational and patient care needs, priority may be given to areas where a designated Charge Nurse is not available to provide or assist with break relief, including the Intensive Care Unit and support of House Coordinator functions, followed by support to units where a Charge Nurse is available to assist with break relief. Such priority shall not establish a fixed order of assignment or restrict the Hospital's ability to assign or reassign Break Relief Nurses based on operational and patient care needs.~~

~~Nothing in this Article shall prevent the Hospital from utilizing other qualified registered nurses to provide meal or rest period relief when necessary to meet staffing, operational, or patient care needs.~~

C. Break Relief Nurse: Medical Surgical, Intensive Care, and House Coordinator Units

During the Development of Schedules in accordance with Article 12, Section 8, registered nurses in the Medical Surgical, Intensive Care, and House Coordinator units may voluntarily submit schedule preferences for four (4) hour shifts as a break relief nurse in accordance with all of the following:

1. The nurses must fulfill assigned monthly 12-hour FTE shifts first;
2. The nurse may not exceed forty (40) hours in a work week or accrue overtime;
3. Once a nurse submits and is scheduled to work a four (4) hour break relief shift, the nurse will be expected to fulfill the scheduled shift;
4. Break relief nurses will only be assigned as a break/resource nurse;
5. In the event of low census, the break relief nurse will be cancelled first and will not have the right to "bump" another nurse.

D. Break Relief Nurse: Obstetrics' Departments

Break relief assignments in the Obstetrics department will be based on Title 22 and patient acuity on a shift by shift basis and in accordance with all of the following:

1. The nurses must fulfill assigned monthly 12-hour FTE shifts first;
2. The nurse may not exceed forty (40) hours in a work week or accrue overtime;
3. Once a nurse submits and is scheduled to work a four (4) hour break relief shift, the nurse will be expected to fulfill the scheduled shift;
4. Break relief nurses will only be assigned as a break/resource nurse;
5. In the event of low census, the break relief nurse will be cancelled first and will not have the right to "bump" another nurse.

E. Break Relief Nurse: Emergency Department

The Hospital shall create an additional 12-hour shift ~~FTEs~~ in the Emergency Department and the Charge Nurse will assign the additional 12-hour registered nurse ~~to cover both on the day and night shifts~~ to cover a breaks ~~relief~~/resource nurse assignments.

~~C. Scheduling, Seniority and Call-Off~~

~~Break Relief Nurses shall constitute a separate classification from unit-based Staff Nurses for purposes of scheduling, assignment, seniority, and call-off. Seniority within the Break Relief Nurse classification shall apply among employees within that classification and shall not create bumping, displacement, scheduling, or call-off rights against unit-based Staff Nurses.~~

~~Because Break Relief Nurses serve a hospital-wide function, scheduling and call-off decisions involving Break Relief Nurses shall be based on Hospital operational and patient care needs. The Hospital may reduce or call off a Break Relief Nurse without regard to the seniority of unit-based Staff Nurses, and the Hospital shall not be required to reduce or call off a less-senior unit-based Staff Nurse before reducing or calling off a Break Relief Nurse.~~

~~Nothing in this Article shall require the Hospital to maintain a Break Relief Nurse on a scheduled shift when patient census, patient acuity, staffing levels, break relief needs,~~

~~required nurse-to-patient ratios, or other operational or patient care considerations do not support the assignment.~~

Article 18 – HEALTH INSURANCE ~~– DENTAL PLAN~~

District Proposal: The District implemented an aggregate deductible and out-of-pocket maximum across all benefit tiers. Under this approach, once an employee satisfies the applicable deductible and out-of-pocket maximum under a higher-cost tier (e.g., Tier 2 or Tier 3), those amounts will be deemed satisfied for purposes of any lower-cost tier services received during the same plan year. This enhancement reduces employees' overall financial responsibility when accessing care across multiple tiers.

Additionally, effective January 1, 2026, the District proposes the following benefit enhancements:

- Reduce the specialty care office visit copayment to $20.
- Reduce the emergency room copayment from $100 to $75.

These proposed changes are intended to enhance employee benefits while maintaining current premium contributions and supporting the long-term sustainability of the health plan.

The District further proposes reorganizing and updating Article 18 to reflect the District's current benefit structure and administration. Specifically, the District proposes:

- Consolidating the former eligibility provisions into the Health Insurance section;
- Continuing health, dental, and vision coverage for eligible regular full-time and regular part-time Nurses, subject to the eligibility requirements set forth in the revised Health Insurance section;
- Removing the separate Dental Insurance section and outdated dental contribution language;
- Removing outdated health insurance contribution and implementation language that no longer reflects the current benefit structure;

- Removing the former Prescription Care provision concerning use of an outside pharmacy when the Hospital pharmacy is unavailable;
- Removing the Retiree Prescription Service provision, which is no longer applicable; and
- Renumbering the remaining sections accordingly.

The Flexible Benefit Plan and Long-Term Disability Plan provisions remain unchanged, except for renumbering.

~~**Section 1. ELIGIBILITY**~~

~~Health and dental insurance shall be provided for all regular full-time and regular part-time Nurses on the first of the month following sixty (60) calendar days of continuous employment in the Hospital. All new health and dental benefits will be provided as soon as the insurance carrier can implement them after notice from the Hospital.~~

Section ~~2~~. 1. HEALTH INSURANCE

The Hospital shall provide health ~~insurance at the costs provided in Appendix C~~, dental, and vision insurance for all regular full-time and regular part-time Nurses working twenty (20) hours or more per week ~~and shall provide dependent coverage at the costs provided in Appendix C 24 for health insurance and $15.00 per month for dental. Part-time Nurses will pay the part-time rate set forth in Appendix C~~. on the first of the month following sixty (60) calendar days of continuous employment in the Hospital.

There shall be no policy changes, fee increases or co-payment additions for the duration of this Memorandum. In the event that either party wishes to pursue an additional health plan, the parties will meet. No change can be made without mutual agreement.

Due to this high rise in costs, the Hospital proposes an increase in the RN contribution as follows:

Coverage	**Cost Per ~~Month~~ Pay Period**
Full-time Employee Single Coverage	~~$100~~ $70.00

Full-time Employee Family Coverage	~~$200~~ $115.00
Part-time Employee Single Coverage	~~$150~~ $90.00
Part-time Employee Family Coverage	~~$250~~ $135.00

~~Families exceeding 5 members will be charged $50 per month per additional member.~~

The Hospital does intend to investigate the ability to provide additional health plans that might be appropriate and will meet and confer with the Union on the results of the Hospital's research. ~~Due to the complexities involved, we anticipate meeting with the Union on this issue within the next year. Health care increase for year one will commence first full pay period in August 2022.~~

~~**Section 3. DENTAL INSURANCE**~~

~~The Dental plan shall be at no cost to the Nurse except for the proration of regular part-time Nurses. If the regular full-time or regular part-time Nurse wishes to cover dependents, such dependent cost will be borne entirely by the Nurse. Section~~

Section ~~4.~~ 2. FLEXIBLE BENEFIT PLAN

The Flexible Benefit Plan currently in effect shall continue for the term of the Memorandum of Understanding.

Section ~~5.~~ 3. LONG-TERM DISABILITY PLAN

The long-term disability plan currently in effect shall continue for the term of the Memorandum of Understanding. Section

~~6. PRESCRIPTION CARE~~

~~In the event the Hospital pharmacy is closed, or if the pharmacy is unable to fill the prescription during working hours, the employee may fill the prescription at Wapples pharmacy (or other outside pharmacy that the Hospital makes such arrangements for prescriptions). The outside pharmacy will not charge the RN and the RN will bring the bill to the Hospital the next day and be charged only their usual co-pay.~~

Section ~~7~~. 4. RETIREE PRESCRIPTION SERVICE

For RN's retiring from Hazel Hawkins Hospital, the Hospital shall provide prescription service under the following conditions:

1. The RN must have completed 10 years of continuous benefited service at Hazel Hawkins
2. The RN must retire between age 55 and Medicare eligibility
3. ~~The Hospital will provide prescription service at cost~~
4. The pharmacy will use the Blue Cross formulary
5. The nurse must pay for the prescription at the time of pick up
6. Nurses will be covered until Medicare prescription eligibility
7. ~~The prescription service is one that must be filled at the Hospital pharmacy~~
8. This benefit covers only nurses who have retired from Hazel Hawkins Hospital
9. ~~Mail order prescriptions are not provided~~

CNA LABOR REPRESENTATIVE

08/20/2024
DATE

HHMH CHIEF FINANCIAL OFFICER

08-20-2026
DATE

ARTICLE 11 – OVERTIME, DOUBLE SHIFTS & REST BETWEEN SHIFTS

Section 3. MEAL PERIOD AND PAYMENT FOR MEAL TIME WORKED

Full shift Nurses who are scheduled to work eight (8) hours within a spread of eight and one-half (8-1/2) hours shall receive not less than one-half (1/2) hour meal break. If such Nurse is required and authorized by the Nursing Supervisor to work during the meal period, or if relief for such meal period is not provided**, or the meal period is interrupted**, such meal period shall be paid as time worked for the purpose of computing overtime. In the event that a Nurse has not taken his/her meal period before the Nurse's sixth hour of work, the Nurse may elect to not take his/her meal period for that shift. In such cases, the Nurse shall be required in advance to notify the Nursing Director and/or Nursing Supervisor of his/her choice and then sign a Hospital provided form which states that the Nurse has voluntarily elected to not take his/her meal period.

If a Nurse does not ~~voluntarily elect to not take~~ **elect to waive** his/her meal period during their shift and the Nurse is unable to take a meal period, the Nurse is required to fill out the Hospital provided form and explain why the Nurse was unable to take his/her meal period. Nurses shall be provided with one hour of pay at their regular rate of compensation (a "meal premium") for each workday in which the Nurse is unable to take a meal period as required by this agreement. Nurses shall not receive more than one meal premium per workday.

Section 7. REST BREAKS

Nurses shall receive one (1) fifteen-minute break per four (4) hours of work or substantial portion thereof.

If a Nurse is unable to take one or more rest periods during a shift, the Nurse must fill out the Hospital provided form and explain why the Nurse was unable to take their rest period. Nurses shall be provided with one hour of pay at their regular rate of compensation (a "rest premium") for reach workday in which the Nurse is unable to take a meal or rest period as required by this agreement. Nurses shall not receive more than one rest premium per workday.

Proposal of CNA to Hazel Hawkins Memorial Hospital
Article or Section: CNA Proposal Article 11—Overtime, Double Shifts & Rest Between Shifts
Date Proposed: 7/21/2026
Time proposed:

Appendix B. Twelve Hour Shifts

MEAL PERIOD AND BREAKS

Nurses covered by this Memorandum of Understanding will be provided with an unpaid one half hour meal period and three paid 15 minute breaks during the 12-hour shift. Any two breaks may be combined.

In the event that a Nurse has not taken his/her meal period before the Nurse's sixth hour of work, the Nurse may elect to not take his/her meal period for that shift. In such cases, the Nurse shall be required in advance to notify the Nursing Director and/or Nursing Supervisor of his/her choice and then sign a Hospital provided form which states that the Nurse has voluntarily elected to not take his/her meal period.

If a Nurse does not ~~voluntarily elect to not take~~ **elect to waive** his/her meal period during their shift and the Nurse is unable to take a meal period, the Nurse is required to fill out the Hospital provided form and explain why the Nurse was unable to take his/her meal period. Similarly, if a Nurse is unable to take one or more rest periods during the 12-hour shift, the Nurse must fill out the Hospital provided form and explain why the Nurse was unable to take his/her rest period. Nurses shall be provided with a meal premium and/or rest premium for each workday in which the Nurse is unable to take a meal period and/or rest period as required by this agreement. Nurses shall not receive more than one meal premium and one rest premium per workday.

CNA LABOR REPRESENTATIVE

7/21/2026
DATE

HHMH CHIEF FINANCIAL OFFICER

7-21-2026
DATE

Proposal # 4 of CNA to Hazel Hawkins Memorial Hospital
Article or Section: Article 41: PERSONNEL FILES, WEINGARTEN AND SKELLY RIGHTS
Date Proposed: 4/29/206
Time proposed:

[CNA proposes Article 41: Personnel Files for Tentative Agreement.]

The District Responds to CNA's proposal of changes to article 41.

ARTICLE 41: PERSONNEL FILES, WEINGARTEN AND SKELLY RIGHTS

Section 1. Personnel Files—Each Nurse shall have the right to inspect his/her personnel records upon request in accordance with the procedures set forth in Labor Code section 1198.5. All such inspections will be conducted in the presence of the Vice President, Human Resources, or his/her designee. In addition, Nurses shall have the right to receive copies of records within his/her personnel file in accordance with Labor Code section 1198.5.

If, after a (1) year period of time following the issuance of a disciplinary action not involving gross or serious misconduct or negligence, the Nurse has not been subjected to further disciplinary action, the disciplinary action will not be used as a basis for further progressive discipline. In cases involving gross or serious misconduct or negligence, if, after a five (5) year period of time following such disciplinary action, the Nurse has not been subjected to further disciplinary action, the disciplinary action will not be used as a basis for further progressive discipline.

If the time periods set forth above lapse without further disciplinary action, the Nurse may file a written request with the Vice President, Human Resources to seal the outdated disciplinary action within his/her personnel file. The sealing will take place within twenty-one (21) days of receipt of the request.

Definition – Business Days (Applicable to Sections 2)

For purposes of Sections 2, "Business Days" shall mean Monday through Friday and shall exclude Saturdays, Sundays, and Hospital-observed holidays.

Section 2. Weingarten Rights

a. Weingarten Rights—CNA Bargaining Unit Registered Nurses have the right to representation in all matters that could lead to potential disciplinary action. The Hospital issues a formal written Weingarten notice of an investigation meeting prior to the meeting. It shall be the nurse's responsibility to invoke the right to Union representation.

The Nurse must affirmatively request Union representation prior to or at the outset of the investigatory meeting. If the Nurse does not request representation, the Hospital may proceed with the meeting.

If the Nurse requests Union representation, the Hospital shall provide a reasonable opportunity for the Association to attend. The investigatory meeting shall be scheduled within five (5) business days unless otherwise mutually agreed. If the Association is unavailable within that timeframe, and no alternative date is mutually agreed upon, the Hospital may proceed with the investigation.

If the Nurse declines to cooperate, the District may proceed with its investigation and issue a decision to the employee based on the information available at the conclusion of the investigation.

b. If the Nurse elects to proceed without Union representation, the Hospital may request written confirmation of that election. Investigation Timeline— An investigation shall commence within thirty (30) business days from the date the Hospital discovers the event or incident. Within thirty (30) business days following the commencement of an investigation, the Hospital shall issue disciplinary action, if any, consistent with the principles of Just Cause. The timeline may be extended by ten (10) business days for discipline where witnesses are not available for interview or longer by mutual agreement. Any delay attributable to the Nurse or the Association, including but not limited to failure to respond, failure to schedule, or unavailability of requested representatives, shall suspend the running of the investigation timeline for the duration of such delay.

The Hospital may place a Nurse on paid administrative leave pending investigation of alleged misconduct. Such administrative leave is non-disciplinary in nature and shall not constitute or require a Notice of Proposed Disciplinary Action. A Nurse placed on administrative leave shall receive compensation for their regularly scheduled straight-time hours of work that would have been worked during such leave. Such leave shall not be considered hours worked for purposes of overtime accrual or any other premium pay. Paid administrative leave shall continue until the Hospital meets with the Nurse to present a Notice of Proposed Disciplinary Action or determines that no disciplinary action is warranted. The duration of administrative leave shall depend upon the nature and complexity of the investigation and shall not, by itself, render the leave disciplinary in nature.

Section 3. Skelly Rights—All CNA bargaining unit registered nurses shall be offered and provided Skelly rights under the provisions of Article 41 and as applicable under federal, state, and local laws and regulations.

Proposal # 4 of CNA to Hazel Hawkins Memorial Hospital
Article or Section: Article 41: PERSONNEL FILES,
WEINGARTEN AND SKELLY RIGHTS
Date Proposed: 4/29/206
Time proposed:

Before taking a disciplinary action to demote, dismiss or suspend for more than five (5) scheduled workdays, the Hospital shall serve the Nurse electronically and/or by certified mail a Notice of Proposed Disciplinary Action which shall contain the following:

- A statement of the action proposed to be taken.
- A copy of the charges, including the acts or omissions and grounds upon which the action is based.
- If it is claimed that the employee has violated a rule or regulation of the hospital or district, a copy of said rule shall be included with the notice.
- A statement that the employee may review and request copies of materials upon which the proposed action is based.
- A statement that the employee has seven (7) calendar days to respond to the Hospital either orally or in writing, at a scheduled Skelly hearing

Employee Response—The registered nurse upon whom a Notice of Disciplinary Action has been served shall have seven (7) calendar days, to respond to the hospital either orally or in writing, at the scheduled Skelly hearing, before the proposed action may be taken. Upon request of the employee and/or the Association, the hospital may extend in writing the period to respond. If the employee's response is not filed within seven (7) calendar days, the right to respond is lost.

4/29/2026

TA

4-29-2026

Proposal # 1 of CNA to Hazel Hawkins Memorial Hospital
Article or Section: ARTICLE 43 PREVENTION OF WORKPLACE VIOLENCE PROGRAM
Date Proposed: 2/18/2026
Time proposed:

[CNA proposes the following New Article.]

ARTICLE 43 PREVENTION OF WORKPLACE VIOLENCE PROGRAM

Section 1. Prevention of Workplace Violence

The Hospital will comply with Cal/OSHA standards. The Hospital provided the Association with a copy of all Hospital policies, relative to the prevention of workplace violence and/or the threat of workplace violence. The Hospital will create a "Prevention of Workplace Violence Committee." The Committee will be comprised on no less than three (3) nurses appointed by the Association. Committee members shall be responsible for meeting quarterly, or more often if necessary, with the objective of making recommendations, implementing, and maintaining Cal/OSHA Workplace Violence Prevention in Healthcare Standards to the Hospital regarding the prevention of workplace violence.

The Association and Hospital agree that documents provided or statements made during a Prevention of Workplace Violence Committee meeting shall not be used or cited as evidence in the grievance and arbitration process. However, both parties, reserve the right to obtain information as part of a request for information. Neither party waives their right to grieve or arbitrate a subject discussed in a Committee meeting unless that is otherwise non-arbitrable as set forth in this Agreement.

Section 2. Cal/OSHA Standards

The Hospital has a process for reporting incidents of workplace violence, and will reinforce and educate registered nurses about the process. The Hospital maintains the following prevention measures to effectively prevent workplace violence:

- Ensure sufficient numbers of trained staff are available to respond immediately to workplace violence, without conflicting job assignments, on all shifts.
- Has a plan to prevent the entry of weapons into the facility by patients or visitors.
- Has a plan for real time reporting of workplace violence incidents. Staff will continue to use the electronic real time reporting system and implement a "Code Grey" for an active incident by calling the Hospital Operator.
- Has an effective alarm system that can be used during workplace violence incidents.
- Continues to assess parking lots and walkways around the facility for safety, including but not limited to, adequate lighting and functioning security cameras.
- Record and maintain information about every workplace violence incident, regardless of whether an injury occurs. Nurses shall report every workplace violence incident, in the electronic reporting system. Nurses may request access to the Violent Incident Log.
- Has a training program, which covers the employer's workplace violence prevention plan, how to report incidents, and other topics including deescalation. All nurses are

required to attend annual workplace violence prevention training.

Section 3. Security in High-Risk Areas

The Hospital will ensure the following High-Risk Units are locked at all times: Emergency Department; Obstetrics Department; and Surgical Services.

Section 4. Procedure for Obtaining Assistance from Appropriate Law Enforcement Agencies

The Hospital does not prohibit a registered nurse from obtaining assistance from appropriate law enforcement agencies when/if workplace violence incident(s) occur.

Section 5. Procedure for Workplace Violence Prevention with High-Risk Patients

The Prevention of Workplace Violence Committee will recommend a safety process and identifier that notifies nursing and other staff of potentially threatening, violent, or high-risk patient(s) subject to board approval.

TA 2/18/2026

2-18-2026

Proposal # 5 of CNA to Hazel Hawkins Memorial Hospital
Article or Section: Article 9, Classifications, Section 6
Date Proposed: 3/16/2026
Time proposed:

[Proposal ready for Tentative Agreement]

CNA PROPOSAL, ARTICLE 9 – CLASSIFICATIONS

Section 6. CLASSIFICATION OF SHIFT

Any Nurse who works for six (6) months or more in a position other than the one in which he or she is classified, other than temporarily covering a position for an employee on an approved leave of absence, upon request, will be classified in that position and that shift.

DATE 3/16/2026

DATE 3-16-2026

Proposal # 6 of CNA to Hazel Hawkins Memorial Hospital
Article or Section: Article 15, Paid Time Off
Date Proposed: 3/16/2026
Time proposed:

[Proposal ready for Tentative Agreement]

ARTICLE 15 - PAID TIME OFF

Bi-Annual Time Off Bidding Process

Requests for Time off will be governed by the provisions described below:
Full-time and part-time nurses shall be grouped together for purposes of time-off requests and use.

- Bi Annual Time Off Bidding Process will occur two (2) times per year
  - Cycle 1: September 1st – 30th for schedules January – December
  - Cycle 2: March 1st – 31st for schedules July – December
- A calendar of granted Time Off requests will be posted no later than two (2) weeks after the close of the bidding process
- Requests for Time Off will be granted on a seniority basis.
- Each nurse shall indicate their time off request in an agreed upon form.
- Approved Time Off will be denied if the employee has insufficient PTO accrued when the schedule containing the time off requested is published.
- In the event a nurse transfers or is promoted after his/her PTO request is approved, department needs may prevail. However, reasonable attempts will be made to honor the PTO requests.

DATE 3/16/2026

DATE 3-16-2026

RESOLUTION NO. 2026-20

RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BENITO HEALTH CARE DISTRICT AUTHORIZING PARTICIPATION IN THE CALIFORNIA RURAL HEALTH TRANSFORMATION WORKFORCE DEVELOPMENT RECRUITMENT AND RETENTION PROGRAM; EXECUTION OF A GRANT AGREEMENT WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION; AND ACCEPTANCE, RECEIPT, ADMINISTRATION, AND EXPENDITURE OF GRANT FUNDS IN AN AMOUNT NOT TO EXCEED $2,000,000

WHEREAS, the San Benito Health Care District ("District") is a local health care district duly organized and operating under Division 23 of the California Health and Safety Code and owns and operates Hazel Hawkins Memorial Hospital and related health care facilities serving San Benito County and surrounding rural communities;

WHEREAS, the California Department of Health Care Access and Information ("HCAI") administers the California Rural Health Transformation ("CalRHT") Workforce Development Recruitment and Retention Program ("WDRR Program"), which supports eligible rural-serving organizations in recruiting and retaining eligible health professionals and strengthening rural clinical training and workforce capacity;

WHEREAS, the District experiences significant recruitment and retention challenges affecting essential rural health services, including primary care, maternal health, emergency care, inpatient nursing, diagnostic and allied health services, and desires to seek WDRR Program funding to address documented workforce needs;

WHEREAS, the WDRR Program permits an award of up to $1,000,000 for an individual facility and up to $2,000,000 for an eligible consortium, collaborative, or system, subject to HCAI approval, available funding, and all applicable program requirements;

WHEREAS, the District may apply independently, as a district-operated health care system, or as the lead or participating organization in an eligible regional consortium or collaborative, including through one or more memoranda of understanding or other written agreements approved by the District;

WHEREAS, as a local public body, the District must document the authority of its governing body to execute a grant agreement with HCAI and to accept, receive, administer, and expend any awarded funds; and

WHEREAS, this Resolution is not defined as a project under the California Environmental Quality Act ("CEQA"), set forth at Public Resources Code Section 21065, Section 15378 of the State CEQA Guidelines, as it will not cause either a direct physical change in the environment or a reasonably foreseeable indirect physical change in the environment.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the San Benito Health Care District as follows:

1. **Recitals**. The Recitals set forth above are true and correct and are incorporated into this Resolution by reference.
2. **Application Authorized.** The District Board of Directors ("Board") authorizes the District to prepare, execute, and submit an application to HCAI for the WDRR Program and to provide any certifications, assurances, budgets, workplans, site-verification materials, memoranda of understanding, and other documents reasonably required in connection with the application.
3. **Maximum Authorized Amount.** The Board authorizes the District to request, accept, receive, administer, and expend WDRR Program grant funds in an amount not to exceed Two Million Dollars ($2,000,000), or such lesser amount as HCAI may award, whether the District is funded as an individual facility, district-operated system, consortium, or collaborative.
4. **Grant Agreement.** The Board authorizes the execution and delivery of a WDRR Program grant agreement with HCAI, together with any non-substantive amendments, exhibits, certifications, assurances, and related documents necessary to accept and administer the award, provided that all such documents are consistent with this Resolution and applicable law.
5. **Authorized Officials.** The District's Chief Executive Officer and Chief Financial Officer, and either officer's duly authorized written designee (each, an "Authorized Official"), are individually authorized to execute and submit the application, grant agreement, and related documents on behalf of the District and to take actions reasonably necessary to implement the purposes of this Resolution.
6. **Administration of Award.** The Authorized Officials are directed to establish and maintain procedures necessary to administer the WDRR Program, including selection and verification of eligible health professionals and qualifying rural practice sites; execution and enforcement of health professional service-obligation agreements; distribution of recruitment and retention payments; monitoring of direct-care service; financial management and internal controls; required reporting and record retention; and recoupment or repayment of funds when required.
7. **Collaborative Arrangements.** The Authorized Officials may negotiate and execute memoranda of understanding, participation agreements, or other implementing documents with eligible rural partners when reasonably necessary for a WDRR consortium or collaborative application, provided that any such arrangement identifies the parties' responsibilities, participating sites, allocation and permitted use of funds, service-obligation administration, reporting, monitoring, and recoupment responsibilities, and remains subject to applicable law and District policy.
8. **Compliance and Non-Supplantation.** All WDRR funds shall be used solely for allowable program purposes and in compliance with the WDRR Grant Guide, the grant agreement, applicable federal and state requirements, and District policies. WDRR funds shall not supplant salary, wages, or any other state, federal, local, private, or employer-funded obligation, and no expenditure is authorized beyond the amount awarded and legally available for the WDRR Program.
9. **No General-Fund Commitment.** Acceptance of a WDRR award shall not obligate the District to expend unrestricted District funds beyond amounts separately approved through the District's lawful budgeting and contracting processes, except for repayment or other liabilities expressly accepted under the executed grant agreement and applicable law.

10. **Effective Date.** This Resolution shall take effect immediately upon its adoption and shall remain effective for the application, award, grant-agreement, and health-professional service-obligation periods unless amended or rescinded by subsequent action of the Board, subject to any continuing obligations already incurred.

PASSED AND ADOPTED by the Board of Directors of the San Benito Health Care District at a duly noticed meeting held on August 27, 2026, by the following vote:

AYES:	_____
NOES:	_____
ABSENT:	_____
ABSTAIN:	_____

_____

William Johnson, President

Attested: _____

Josie Sanchez, Assistant Secretary

_____

CERTIFICATION

I, _____, Secretary/Clerk of the Board of Directors of the San Benito Health Care District, certify that the foregoing is a full, true, and correct copy of Resolution No. 2026-____, duly adopted by the Board of Directors at a duly noticed meeting held on August 27, 2026, and that the Resolution has not been amended, modified, rescinded, or revoked and remains in full force and effect as of the date stated below.

Date: _____ _____

Signature

_____

Printed Name and Title

HAZEL HAWKINS MEMORIAL HOSPITAL | LEADERSHIP APPROVAL

Hazel Hawkins HEALTHCARE

Advance hematology automation with Sysmex XN-3100

A focused investment to increase workflow consistency, reduce manual touchpoints, and support dependable turnaround time for CBC and reticulocyte testing.

TOTAL APPROVAL REQUEST

$467,374.87

Equipment purchase	**$295,105.60**
Estimated tax (9.25%)	**$27,297.27**
5-year service (Years 2–6)	**$144,972.00**

Freight included • Year 1 service included under warranty

Why this investment matters

FY26 CBC + RETIC VOLUME	FY26 NET REVENUE
40,979	**$TBD**

01 Modernize an aging analyzer fleet

Both Pentra 80 XL units are 9 years old at time of replacement—beyond the 7-year estimated useful life for hematology analyzers.

02 Integrated CellaVision morphology

Automated slide preparation, staining, imaging and cell pre-classification standardize review; archived images support consultation and training.

03 Automates manual reticulocyte counts

Reticulocyte testing currently performed manually becomes automated, reducing hands-on work and standardizing the process.

RECOMMENDED DECISION

Approve the Sysmex XN-3100 acquisition and five-year service commitment for Years 2–6.

NEXT: CONTRACTING • SITE READINESS • VALIDATION • GO-LIVE

SYSMEX XN3100 PURCHASE PROPOSAL

MCKESSON MEDICAL SURGICAL
9954 Maryland Drive, Ste. 4000
Richmond, VA 23233
United States

Prepared By Manjeet Sandhu
Laboratory Solutions Specialist

HAZEL HAWKINS HOSPITAL
Acct#56557482
911 Sunset Drive
Hollister, CA 95023
Date: 08/18/2026
QUOTE# Q-00061126

Equipment (Hardware / Software)

Site Name	Equipment Description	Equipment	Material #	Net Price
Hazel Hawkins Memorial Hospital-Main	CellaVision DC-1 Kit	DC-1KIT	DC-1KIT	**$39,900.00**
Hazel Hawkins Memorial Hospital-Main	XN3100 with Wagon; 1XN-10; 1XN-20	XN3100-111-WAGON	XN3100-111-WAGON	**$249,886.10**
Hazel Hawkins Memorial Hospital-Main	DI RRS Non-Exp Lic, Version Independent	AG516335	AG516335	**$4,500.00**
Hazel Hawkins Memorial Hospital-Main	XN-3100 TIE DOWN PARTS	XN3100-TIE-DOWNS	XN3100-TIE-DOWNS	**$819.50**
Hazel Hawkins Memorial Hospital-Main		**Totals:**		**$295,105.60**

Training

Site Name	Equipment Description	Training
Hazel Hawkins Memorial Hospital-Main	CellaVision DC-1 Kit	ELEARNING
Hazel Hawkins Memorial Hospital-Main	XN3100 with Wagon; 1XN-10; 1XN-20	VILT
Hazel Hawkins Memorial Hospital-Main	DI RRS Non-Exp Lic, Version Independent	
Hazel Hawkins Memorial Hospital-Main	XN-3100 TIE DOWN PARTS	

Service

Site Name	Service Type	Total BeyondCare Service Period (months)	Price/ Year	Service Adjustment (%)	Net Price/ Year	Total Contract Price
Hazel Hawkins Memorial Hospital-Main	DC-1 BeyondCare Onsite	12	$4,050.00	-25.00%	$3,037.50	$12,150.00

	Service					
Hazel Hawkins Memorial Hospital-Main	XN-3100-111 BeyondCare, Remote Cal	12	$44,274.00	-25.00%	$33,205.50	$132,822.00

Service Warranty. Commencing on the applicable date of notice of installation completion for each Instrument and for the period of time referenced in the agreement under which Customer acquired such Instrument (the "**Service Warranty**") Sysmex shall provide to Customer BeyondCare Service as further described in the link at http://www.sysmex.com/service_tnc_na_eng

Instruments Include 12-Months Warranty
Does Not Include Applicable Sales Tax

Products		Total Term (months): 60				Total Annual Price: $33,260.26
Site Name	Equipment	Material #	Description	Qty / Year	Unit Price	Price / Year
Hazel Hawkins Memorial Hospital-Main	XN2000-110	BN337547	FLUOROCELL RET 12mLx2(RET-800A)	8	$305.88	$2,447.04
Hazel Hawkins Memorial Hospital-Main	XN2000-110	BT965910	CELLPACK DFL 1.5LX2(DFL-300A)	8	$28.27	$226.16
Hazel Hawkins Memorial Hospital-Main	XN2000-110	BU306227	FLUOROCELL WPC 12MLX2(WPC-800A)	6	$239.02	$1,434.12
Hazel Hawkins Memorial Hospital-Main	XN2000-110	CS412800	LYSERCELL WPC 1.5LX2(WPC-200A)	5	$39.47	$197.35
Hazel Hawkins Memorial Hospital-Main	XN2000-110	CV377552	FLUOROCELL WDF WDF-800A (42mLx2)	18	$468.19	$8,427.42
Hazel Hawkins Memorial Hospital-Main	XN2000-110	ZA900001	LYSERCELL WDF 5L	23	$27.63	$635.49
Hazel Hawkins Memorial Hospital-Main	XN2000-110	CP066715	FLUOROCELL WNR 82MLX2(WNR-800A)	9	$286.48	$2,578.32
Hazel Hawkins Memorial Hospital-Main	XN2000-110	ZA900002	LYSERCELL WNR 5L (WNR-210A)	24	$13.98	$335.52
Hazel Hawkins Memorial Hospital-Main	XN2000-110	SLS-220A	SULFOLYSER (5L)	8	$141.12	$1,128.96
Hazel Hawkins Memorial Hospital-Main	XN2000-110	CD994563	FLUOROCELL PLT 12MLX2(PLT-800A)	8	$253.87	$2,030.96
Hazel Hawkins Memorial Hospital-Main	XN2000-110	213499	XN CHECK 12 X 3.0 ML LEVEL 1, 2, 3	18	$346.89	$6,244.02
Hazel Hawkins Memorial Hospital-Main	XN2000-110	213516	XN CHECK BF 6 X 3.0 ML LEVEL 1, 2 (3 EA)	6	$346.89	$2,081.34
Hazel Hawkins Memorial Hospital-Main	XN2000-110	CF579595	CELLCLEAN AUTO 4MLX20(CCA-500A)	37	$24.48	$905.76
Hazel Hawkins Memorial Hospital-Main	XN2000-110	DCL-300A	CELLPACK DCL 20L	140	$32.77	$4,587.80
Hazel Hawkins Memorial Hospital-Main				Reagent Annual Price:		$33,260.26

Material Number	Description	Price (Vizient Heme Tier 2, Agreement #LB0853)
2403118	MS-101-White	$ 7.90
ACC-SP5740	Sysmex Wright Stain	$ 79.96
BF715524	Concentrated Phosphate Buffer pH6.8	$ 395.81
AK724531	Ink Ribbon	$ 33.47
95102918	Glass Plate No. 4	$ 198.74
XU-10319	CellaVision Immersion Oil 50 mL	$ 98.80