



**REGULAR MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
THURSDAY, JUNE 26, 2025 – 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

TELECONFERENCE LOCATION¹:

**Director Gabriel
1000 Greenley Road
Sonora, CA 95370**

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

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

AGENDA

1. Call to Order / Roll Call

Presented By:

(Johnson)

2. Board Announcements

(Johnson)

3. 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.

¹ Note: Pursuant to Government Code Section 54953(b), this meeting will include teleconference participation by Director Gabriel from the address shown above. This notice and agenda will be posted at the teleconference location.

4. Consent Agenda – General Business

The Consent Agenda deals with routine and non-controversial matters. The vote on the Consent Agenda shall apply to each item that has not been removed. A Board Member may pull an item from the Consent Agenda for discussion. One motion shall be made to adopt all non-removed items on the Consent Agenda.

A. Consider and Approve Minutes of the Special Meeting of the Board of Directors – June 4, 2025.

B. Receive Officer/Director Written Reports

- Physician Services & Clinic Operations
- Skilled Nursing Facilities (Mabie Southside/Northside)
- Laboratory and Radiology
- Foundation
- Marketing
- PMO Project Summary

C. Consider and Approve Policies:

- Manufacturer, Distributor, and FDA Recall Policy (*New*)
- Dress Code Policy (*Revised*)
- Vancomycin Dosing and Monitoring (*New*)
- MRI Response to Low Oxygen Monitoring (*Revised*)
- Extended-Infusion Piperacillin/Tazobactam (Zosyn) Protocol: Medication Administration IV Infusion Guidelines (*New*)
- Surgical Antimicrobial Prophylaxis (*New*)
- Fixed-dose Kcentra for Reversal of Oral Anticoagulants (*New*)
- Guideline for the Administration of Crotalidae Polyvalent Immune Fab (CroFab) (*New*)
- IVPB to IV Push Conversion (*New*)
- Medication Reconciliation Policy (*New*)

D. Consider and Approve Resolution No. 2025-03 Adopting Amended and Restated District Bylaws.

E. Receive Minutes: Special Meeting of San Benito Health Care District Ad Hoc Committee – Bylaws, Policies and Procedures.

F. Consider and Approve Delineation of Privileges:

- Core-Breast Surgical Oncology Privileges

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

- ▶ Board Questions
- ▶ Motion/Second
- ▶ Action/Board Vote-Roll Call

5. Receive Informational Reports

A. Chief Executive Officer (Verbal Report)

(Casillas)

- Transaction Update
- Ad-Hoc Committee Update
- Helipad Update
- ▶ Public Comment

B. Chief Nursing Officer

(Descent)

- Dashboard – June 2025

► Public Comment

C. Finance Committee – June 23, 2025

(Robinson)

- Financial Statements – May 2025
- Finance Dashboard – May 2025
- Supplemental Payments – May 2025

► Public Comment

6. Action Items

- A. Consider and Approve Professional Services Agreement for John Wiemann, IV, M.D., for a three-year term with an estimated amount of \$795,000 annually.

Recommended Action: Approve Professional Services Agreement for John Wiemann, IV, M.D., for a three-year term with an estimated amount of \$795,000.00 annually.

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

- B. Consider and Approve Amendment 1 of the Professional Services Agreement with Bay Area Gynecology Oncology, Inc.

Recommended Action: Approval of Amendment 1 of the Professional Services Agreement with Bay Area Gynecology, Inc.

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

- C. Consider and Approve of FYE 06/30/26 Operational and Capital Budgets.

Recommended Action: Approval of FYE 06/30/26 Operational and Capital Budgets.

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

- D. Consider Residency Qualifications for District Zone 5, and Provide Direction to Staff, Including Authorization to Investigate.

Recommended Action: Authorize Investigation into Residency Qualifications for District Zone 5

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

7. **Public Comment** (Johnson)

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

8. **Closed Session** (Johnson)

See the Attached Closed Session Sheet Information.

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

10. **Adjournment** (Johnson)

The next Regular Meeting of the Board of Directors is scheduled for Thursday, July 24, 2025, 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**June 26, 2025****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 case:**Case name unspecified:**☐ **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:

Employee organization:

Unrepresented employee:

☐ **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

☐ **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



**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**

WEDNESDAY, JUNE 4, 2025

4:00 P.M.

MINUTES

Directors Present

Bill Johnson, Board Member
Devon Pack, Board Member
Victoria Angelo, Board Member
Nick Gabriel, Board Member - (Teleconference)
Josie Sanchez, Board Member

Also Present

Mary Casillas, Chief Executive Officer
Mark Robinson, Chief Financial Officer
Karen Descent, Chief Nursing Officer
Amy Breen-Lema, Vice President, Ambulatory & Physician Services
Suzie Mays, Vice President, Information & Strategic Services
Michael Bogey, MD, Chief of Staff
Heidi A. Quinn, District Legal Counsel

1. Call to Order/Roll Call

Director Johnson called the meeting to order at 5:00 PM. A quorum was present, and attendance was taken by roll call. Directors Johnson, Pack, Angelo, and Sanchez were present. Director Gabriel was present via teleconference.

2. Board Announcements

Director Johnson announced that ACHD is hosting its 72nd Annual Meeting from September 24 to 26 in San Diego.

3. Public Comment

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

Public comment was received from Mr. Fendler (written comments also submitted) and Ms. Zanger.

4. Consent Agenda - General Business

A. Consider and Approve Minutes of the Regular Meeting of the Board of Directors – April 24, 2025.

B. Receive Officer/Director Written Reports - No action required.

- Provider Services & Clinic Operations
- Skilled Nursing Facilities (Mabie Southside/Northside)
- Laboratory and Radiology
- Foundation Report
- Public Relations
- PMO Project Summary Report

C. Consider and Approve Policies:

- Reporting Work-Related Injuries – Contracted Workers (*New Policy*)

D. Consider and Approve Physician Assistant Practice Agreement for Hazel Hawkins Memorial Hospital.

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

MOTION: By Director Angelo to approve the Consent Agenda – General Business, Items (A-D); Seconded by Director Sanchez.

Moved/Seconded/ Carried. Ayes: Directors Johnson, Pack, Angelo, Sanchez, and Gabriel. Approved 5-0 by roll call.

5. **Receive Informational Reports**

A. **Chief Executive Officer (Verbal Report)**

- Transaction Update
- DHLF Letter

Ms. Casillas updated the Board regarding the helipad, Hospital Appreciation Week, and provided the CEO report; materials are included in the packet.

An opportunity for public comment was provided, and comments were received from Mr. Fendler (written comments were also provided) and Mr. Bernosky.

B. **Chief Nursing Officer**

- Dashboard – April 2025

Ms. Descent provided a report that is included in the packet.

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

C. **Facilities Committee – May 15, 2025 (Project Updates)**

Mr. Robinson and Ms. Lema-Breen provided a Facilities report; materials are included in the packet.

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

D. **Finance Committee – May 19, 2025**

- Financial Statements – April 2025

- Finance Dashboard – April 2025
- Supplemental Payments – April 2025

Mr. Robinson reviewed the financial statements, dashboard, and supplemental payments. These reports are included in the Board packet.

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

6. Action Items

- A. Consider and Approve a Commercial Lease Agreement with Ben Carota for the Property Located at 901 Sunset Drive, Unit One, Hollister, CA, in the amount of \$3,000.00 per month for a three (3) year term.

Ms. Casillas and Ms. Breen-Lema provided a report; materials are included in the packet.

An opportunity for public comment was provided; comment was received from Mr. Fendler.

MOTION: By Director Pack to approve a Commercial Lease with Ben Carota for the Property Located at 901 Sunset Drive, Unit One, Hollister, CA, in the amount of \$3,000.00 per month for a three (3) year term; Seconded by Director Angelo.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, Sanchez, and Gabriel. Approved 5-0 by roll call.

- B. Consider and Approve Hospitalists Panel Service Agreements with Natalie LaCorte Medical Corporation; Cristian Carrillo, DO, Medical Group; Saiham Shahabuddin, MD, Professional Corporation; Sepulveda, MD, Corporation; Claire Hartung, MD, Inc.; Jiwu Sun, MD, Inc.; J. Deutsch, MD, MPH, Physician Services in the amount of \$1,981,950 annually for a three (3) year term.

Ms. Breen-Lema provided a report; materials are included in the packet.

An opportunity for public comment was provided; public comment from Diane Beck was received.

MOTION: By Director Pack to approve Hospitalists Panel Service Agreements with Natalie LaCorte Medical Corporation; Cristian Carrillo, DO, Medical Group; Saiham Shahabuddin, MD, Professional Corporation; Sepulveda, MD, Corporation; Claire Hartung, MD, Inc.; Jiwu Sun, MD, Inc.; J. Deutsch, MD, MPH, Physician Services in the amount of \$1,981,950 annually for a three (3) year term; Seconded by Director Johnson.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, Sanchez, and Gabriel. Approved 5-0 by roll call.

- C. Consider and Approve Medical Director Agreement for Hospitalist Services with Natalie LaCorte Medical Corporation in the amount of \$185 per hour up to 24 hours per month for a one (1) year term.

Ms. Breen-Lema provided a report; materials are included in the packet.

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

MOTION: By Director Angelo to approve Medical Director Agreement for Hospitalist Services with Natalie LaCorte Medical Corporation in the amount of \$185 per hour up to 24 hours per month for a one (1) year term; Seconded by Director Pack.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, Sanchez, and Gabriel.
Approved 5-0 by roll call.

- D. Consider and Approve Virtual Inpatient Services Agreement with Omnibus Medical Corporation in the amount of \$10,500 per month for a one (1) year term.

Ms. Breen-Lema provided a report; materials are included in the packet.

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

MOTION: By Director Angelo to approve Virtual Inpatient Services Agreement with Omnibus Medical Corporation in the amount of \$10,500 per month for a one (1) year term.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, Sanchez, and Gabriel.
Approved 5-0 by roll call.

- E. Consider and Approve Professional Services Agreement for Anesthesia Services with Iqbal M. Mirza, MD, Professional Corporation in the amount of \$2,992,500 annually or up to \$4,132,500 annually for a three (3) year term.

Ms. Breen-Lema provided a report; materials are included in the packet.

An opportunity for public comment was provided; public comment was received from Mr. Bernosky.

MOTION: By Director Pack to approve Professional Services Agreement for Anesthesia Services with Iqbal M. Mirza, MD, Professional Corporation in the amount of \$2,992,500 annually or up to \$4,132,500 annually for a three (3) year term; Seconded by Director Angelo.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Angelo, Sanchez, and Gabriel.
Approved 5-0 by roll call.

7. Public Comment

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

8. Closed Session

President Johnson announced the items to be discussed in the Closed Session, as listed on the posted Agenda: a.) Conference with Legal Counsel-Anticipated Litigation (Government Code §54956.9) and b.) Hearing/Reports, Credentials, Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b).

District counsel stated that although she did not have a conflict of interest regarding the Government Claim filed by Dr. Gabriel, she would recuse herself from that portion of the closed session. The members of the Board entered into a closed session at 5:35 pm.

9. Reconvene Open Session/Closed Session Report

The Board of Directors reconvened in open session at 6:57 p.m. Director Johnson stated that two (2) items were discussed: a) Conference with Legal Counsel-Anticipated Litigation regarding a Government Claim and b) Hearing/Reports.

Under item b.) Hearings/Reports, the Credentials report was received and approved by the Board, on motion of Director Johnson, Seconded by Director Angelo, by a vote of 5-0 by roll call.

Under item a) Conference with Legal Counsel-Anticipated Litigation, Director Johnson stated that Counsel Quinn and Director Gabriel recused themselves from this item.

The board deliberated and decided not to accept the claim (the claim was rejected) by a vote of 4-0-1 (with Director Gabriel recused).

10. Adjournment:

There being no further regular business or actions, the meeting was adjourned at 6:58 p.m.

The next Regular Meeting of the Board of Directors is scheduled for Thursday, June 26, 2025, at 5:00 p.m.

To: San Benito Health Care District Board of Directors
 From: Amy Breen-Lema, Vice President, Clinic, Ambulatory & Physician Services
 Date: June 14, 2025
 Re: All Clinics – May 2025

May 2025 Rural Health and Specialty Clinics' visit volumes

Clinic Location	Total visits current month	Total visits prior month (April 2025)
Orthopedic Specialty	437	414
Multi-Specialty	721	675
Sunset	655	740
Surgery & Primary Care	321	338
San Juan Bautista	218	264
1st Street	722	725
4th Street	1,071	1,193
Barragan	589	713
Total	4,734	5,024

Provider recruitment activities with anticipated start dates by specialty:

- Gastroenterology: Sarathy Mandayam, M.D. – July 2025.

We are delighted to welcome Dr. Bilal Ahmed, a locum tenens endocrinologist, to our Barragan clinic team. He has been well-received by both patients and staff, who appreciate his collaborative approach and the quality of care he provides. With Dr. Ahmed on board, we have successfully doubled our endocrinology coverage, significantly enhancing patient access and reducing wait times for specialty care.

We are proud to share that our clinics received a *Specialty Care Incentive Award* from Central California Alliance for Health (CCAH) in recognition of our efforts to improve access and outcomes in specialty care services. The award, totaling \$112,039.20, was issued on June 5, 2025, and reflects the dedication of our providers and staff in delivering timely, high-quality care to our patients covered by Medi-Cal.



Hazel Hawkins MEMORIAL HOSPITAL

Mabie Southside/Northside Skilled Nursing Facility

Board Report – June 2025

To: San Benito Health Care District Board of Directors

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

1. Census Statistics: May 2025

Southside	2025	Northside	2025
Total Number of Admissions	25	Total Number of Admissions	7
Number of Transfers from HHH	22	Number of Transfers from HHH	4
Number of Transfers to HHH	10	Number of Transfers to HHH	3
Number of Deaths	1	Number of Deaths	2
Number of Discharges	18	Number of Discharges	4
Total Discharges	19	Total Discharges	6
Total Census Days	1381	Total Census Days	1517

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: May 2025

Southside	From	Payor	Northside	From	Payor
14	HMMH	Medicare	3	HHH	Medicare
1	Re-Admit O'Connor	Medicare	1	Natividad	Medicare
1	Re-Admit HMMH	Medi-Cal	1	HHH	BRMS Ins
1	CHOMP	Hospice	1	Reutlinger Comm	CCA
1	Good Sam.	Medicare	1	Golden Modesto	Bridge Hospice
4	HMMH Obs.	Medicare			
3	Re-Admit HMMH	Medicare			
Total: 25			Total:		

3. Total Discharges by Payor: May 2025

Southside	2025	Northside	2025
Medicare	17	Medicare	2
Medicare MC	0	Medicare MC	0
CCA	1	CCA	0
Medical	0	Medical	0
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	1	Hospice	1
Private (self-pay)	0	Private (self pay)	0
Insurance	0	Insurance	1
Total:	19	Total:	4

4. Total Patient Days by Payor: May 2025

Southside	2025	Northside	2025
Medicare	450	Medicare	97
Medicare MC	0	Medicare MC	0
CCA	746	CCA	1247
Medical	62	Medical	93
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	87	Hospice	67
Private (self-pay)	36	Private (self-pay)	0
Insurance	0	Insurance	7
Bed Hold / LOA	8	Bed Hold / LOA	6
Total:	1389	Total:	1517
Average Daily Census	44.81	Average Daily Census	48.94

To: San Benito Health Care District Board of Directors
 From: Bernadette Enderez, Director of Diagnostic Services
 Date: June 2025
 Re: Laboratory and Diagnostic Imaging

Updates:

Laboratory

1. Quality Assurance/Performance Improvement Activities
 - Update on chemistry analyzer project → 70% assay validation completed. Interface validation to follow.
 - Phase 2A construction update → respiratory testing rooms transferred. Construction contract anticipated to be completed 06/2025.

2. Laboratory Statistics

	May 2025	2025 YTD
Total Outpatient Volume	4174	21442
Main Laboratory	1143	6315
Mc Cray Lab	917	4583
Sunnyslope Lab	407	2064
SJB and 4 th Street	87	420
ER and ASC	1620	8060
Total Inpatient Volume	173	705

Diagnostic Imaging

1. Service/Outreach
 - Final stages on preparation for new service offering- low dose lung cancer screening
2. Quality Assurance/Performance Improvement Activities
 - Preparation for multi-modality trailer pad proposal
 - Preparation for onsite CDPH inspection for main hospital



Hazel Hawkins

MEMORIAL HOSPITAL

3. Diagnostic Imaging Statistics

	May 2025	2025 YTD
Radiology	1956	9315
Mammography	650	3437
CT	972	4841
MRI	194	961
Echocardiography	125	560
Ultrasound	750	3806

San Benito Health Care District

A Public Agency

911 Sunset Drive, Hollister, CA 95023, (831) 637-5711, hazelhawkins.com



TO: San Benito Health Care District Board of Directors
FROM: Liz Sparling, Foundation Director
DATE: June 2025
RE: Foundation Report

The Hazel Hawkins Hospital Foundation Board of Trustees met on June 12. The Foundation does not meet in July and will resume monthly meetings in August.

Financial Report

May

1. Income	\$ 24,332.07
2. Expenses	\$ 29,600.00
3. New Donors	2
4. Total Donations	108

Allocations:

- Additional funds for for the “End of Life” Services at HHMH, spearheaded by Dr. Natalie LaCorte. Dr. LaCorte is planning on presenting an update to the Foundation Board at the September meeting on the program.
- Moved Funds from the Foundation Checking account to a US Bank Money Market Account to earn more interest. The funds can be transferred at any time back to our checking account (immediately) by the signers on our account (Foundation Executive Committee).

Directors Report:

- Irene Davis, Foundation Board President, and I met and presented the Tranquility Room proposal to Kathy Johnson and Tracy Taggart at the Community Foundation. The proposal consists of two rooms, one at each Skilled Nursing Facility to be a dedicated space for residents with Alzheimer's and/or Dementia and their families. JayLee Davison, the Interim Director of the Skilled Nursing Facilities was an integral part of the idea and presentation. The presentation was very well received by the Community Foundation and they have sent us the grant application. We will have it submitted by the end of the month. At the Hospital, we have already had a “project manager” assigned to this project so if funding is received, the project can begin immediately. Tiffany Rose, our Project Manager, and I also toured the Skilled Nursing Facilities to go over the room placement.
- Our Dinner Dance event this year will be at Leal Vineyards on November 8, 2025. Save the Date!

Fundraising Committee:

- As of May 8, 2025, there have been 1909 total donations to our current campaign, “Invest in the Future of San Benito County Healthcare, We Deserve It” raising \$1,160,479.43.

Scholarship Committee

- Our Scholarship Committee received 28 applications and awarded 20 scholarships totaling \$29,000. Included in this, four current HHMH employees were awarded Scholarships. Also, two scholarships to the San Benito Leadership Institute (SBLI) were awarded to two HHMH Employees. SBLI is a transformative nine-month program running from September to May, designed to equip emerging and established leaders with the tools, knowledge, and connections needed to make a meaningful impact in San Benito County. Participants attend nine full-day sessions, each centered around a unique theme blending equity principles with leadership development and community engagement.

MARKETING

• Social Media Posts Posted on Facebook & LinkedIn

Preview		Views	Reach	Interactions	Net follows	Impressions
	Wishing all Dad's a very happy Father's Day Published • Jun 15 at 8:00 AM	158	101	4	0	102
	We're celebrating our HHH Family Graduat... Published • Jun 15 at 2:26 PM	771	539	24	0	571
	We are pleased to introduce our new Hosp... Published • Jun 13 at 10:42 AM	6,553	4,180	84	2	4,226
	PUBLIC LETTER: The 'Big Beautiful Bill' coul... Published • Jun 12 at 3:04 PM	771	445	9	0	448
	We are pleased to announce that Natalie L... Published • Jun 12 at 11:19 AM	14,441	9,271	263	2	9,463
	Congratulations to the Class of 2025! We l... Published • Jun 8 at 12:22 PM	769	440	22	0	480
	Today our Leadership Team participated in ... Published • May 30 at 12:55 PM	1,962	1,066	26	0	1,108
	Congratulations to MISHEL THOMAS, Clini... Published • May 29 at 1:45 PM	2,849	1,826	92	2	1,909
	IN OBSERVANCE OF THE MEMORIAL DAY ... Published • May 28 at 7:00 AM	455	285	2	0	329
	MAY IS MENTAL HEALTH AWARENESS MO... Published • May 23 at 10:00 AM	672	377	6	0	443
	IN OBSERVANCE OF THE MEMORIAL DAY ... Published • May 23 at 10:00 AM	478	240	3	0	267
	As we continue to highlight MENTAL HEAL... Published • May 22 at 2:16 PM	1,658	904	63	0	1,010
	MAY IS MENTAL HEALTH AWARENESS MO... Published • May 19 at 11:30 AM What's Going On in Hollister CA.	2,924	2,252	15	0	2,280
	MAY IS MENTAL HEALTH AWARENESS MO... Published • May 19 at 11:20 AM	1,027	2,234	21	0	2,369
	As we wrap up Hospital/Skilled Nursing Ca... Published • May 15 at 10:00 AM	1,163	531	20	0	615
	Today we are flying our flag at half-staff in ... Published • May 15 at 10:40 PM	957	499	37	0	560
	Today we're sharing more great stories fro... Published • May 15 at 10:00 AM	1,478	631	26	0	715

EMPLOYEE ENGAGEMENT

Employees:

- Hazel's Headlines
- **May 15 - 21** Healthcare Risk Management Week
- Rodeo Week Celebration - Casual for a Cause Blue Jean Days - June 20 & 27
- Food Truck - Papusa Lady - June 26
- Created HHH Family Graduates video for social media.

COMMUNITY ENGAGEMENT

- June 18 - Provided breakfast for volunteers for Kids in the Park event
- June 21 - Announced Rodeo Parade
- June 25 - Stanford Blood Drive

PHYSICIAN PROMOTION

- Promoting Hospitalists
- Social Media posts highlighting Hollister native, Natalie LaCorte, MD as our Hospital Medical Director received a record number of **14,441 views**.
- Promoting new Locum Tenens Endocrinologist

MEDIA

Public:

- Letter to Editor/Public from Mary Casillas - **The "Big Beautiful Bill" Could Have Severe Consequences for Hazel Hawkins and Rural Hospitals Across California**
- Answered media inquiries regarding Helipad issues

Project Dashboard - June Board

Project Name	Purpose	Start Date	Go Live	Duration	Status	Priority	HCAI	Key Stakeholder	Role	Update
Inovalon	Nurse Scheduling Software	12/6/2024	8/1/2025	238	In Progress	Low		Jac Fernandez	Senior Director of Acute Care Services	Key Inovalon features not being rolled out until June 25th. Pending HR credential manager access and training of staff planned for July.
HUGS/Securitas	Infant Security	4/12/2024	TBD		In Progress	High		Jac Fernandez	Senior Director of Acute Care Services	HCAI resubmission ACD001 for IDF closet has been approved. Planning construction and cabling with vendors. Nurse Clinical workshop has been completed.
BD Installation	New Pyxis Machines	12/4/2024	9/19/2025	289	In Progress	Medium		Naveen Ravela	Pharmacy Director	Pending HCAI and city of Hollister approval, once finalized will perform remaining electrical work, floor scan and installation
BD Pharmacy Keeper	IV Compounding Verification	11/14/2024	7/1/2025	229	In Progress	High		Naveen Ravela	Pharmacy Director	1. Complete hardware installation (in progress) 2. Approve Recipes (Training: June 17th @ 12pm PDT) 3. Conduct Super User Training: June 19th @ 11am PDT 4. Batch Go-Live Date: June 23rd, 2025 5. Continue interface testing and configuration
ABBOTT Lab Rebuild	Lab Phase 1: Alinity Analyzers		7/1/2025		In Progress	High		Bernadette Enderez	Lab/Radiology Director	currently on 60-70% of the validation process. Most of the in-house testing are done. For new tests that we wanted to bring in-house, we are currently in the process.

Project Dashboard - June Board

Bepoz	Café POS / Swipe to Pay for Meals	9/3/2024	7/1/2025	301	In Progress	Medium	Jessica Kopeczy	Certified Dietary Manager	Transactions are successfully processing and syncing to payroll. Planning volunteer and doctor tracking in the system.
Right Hear	ADA Accessibility for Bluetooth Campus Navigation	10/28/2024	6/1/2025	216	Completed	Low	Suzie Mays	VP Information & Strategic Services	Project is live, admitting trained staff and sent messaging out. Pending marketing/messaging to go out to staff.
Stryker OR Rebuild	Updating OR per OSHPD Requirements	11/20/2024	12/31/2025	406	Not Started	High	Mendi Suber-Ventura	Director of Surgical Services	Pending vendor selection
Wi-Fi Upgrade	Wireless Infrastructure Upgrade	9/16/2024	6/30/2025	287	In Progress	High	Salomon Mercado	Director of Inf Tech	Main hospital has been completed (minus med surg), currently working on clinics.
Boiler Replacement	Replace Existing Boiler to Enhance Efficiency & Reliability	1/10/2024	7/1/2025	538	In Progress	High	Doug Mays	Senior Director Support Services	Site visit with IOR and HCAI Compliance Officer on 6/11 & authorized use of new boiler. Pending final sign off of verified compliance report from DPOR and project will close
Lab Remodel	Remodel of LAB: Phase 2	6/3/2024	2/1/2026	608	Ongoing	High	Bernadette Enderez	Lab/Radiology Director	RT equipment has been moved and room is emptied. Pending signature on final contract agreement and can start pre-construction meetings.

Project Dashboard - June Board

2nd Floor SS8 Doors Installation	Engineering to complete permit process & installation	12/23/2024	TBD			In Progress	Medium		Doug Mays	Senior Director Support Services	City of Hollister has accepted the plans and currently under review. 6/13 city shared: "Prior to approval of any building permit plans, the Planning Department requires the submittal of a Zoning Approval Form (attached) and then approval by the Planning Division."
Women's Center Horizon Room Accordion Doors	Use the accordion doors to split the room and allow for dual use.	3/10/2025				In Progress	Low		Karen Descent	Chief Nursing Officer	order is estimated to ship on 6/26. Carter construction will be the GC on the project
Seismic	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	TBD	TBD			Ongoing	High		Doug Mays	Senior Director Support Services	Pending final review of MITCAP and ROM submitted
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			On Hold	High		Bernadette Enderez	Lab/Radiology Director	Meeting to be scheduled to discuss requirements
*Imaging Trailer Pad Make Ready	Treanor to help when MP starts	TBD	TBD			On Hold	Medium		Bernadette Enderez	Lab/Radiology Director	Proposal Submitted, Treanor to provide recommendation.
*Verkada	Security / SSO + Door Access	3/11/2025	TBD			In Progress	High		Jorge Ramirez	Director of Emerg Mgmt & Security	Main hospital portion of project has been submitted to HCAI.
Solaran	Replace current engineering ticketing system	1/1/2025	7/1/2025			In Progress	Medium		Doug Mays	Senior Director Support Services	Software configuration in progress.
Med Surg Double Doors	Replace an existing fire rated corridor double door by the cafeteria in the main hospital	1/29/2025	TBD			On Hold	Medium		Doug Mays	Senior Director Support Services	Treanor proposal received. GC needs to be confirmed
ED Helipad	System is an AFFE system and no longer allowed in CA. Is required to be phased out due to being a hazardous chemical.	1/14/2025				In Progress	High		Doug Mays	Senior Director Support Services	Have received HCAI authorization to move forward with selected systems/vendors. Planning to submit HCAI PIN 72 application for expedited review.

Project Dashboard - June Board

Nurse Call System	Replace	9/10/2024	TBD		In Progress	High		Jac Fernandez	Senior Director of Acute Care Services	Gathering pricing information from potential suppliers.
People Assist and Document Manager	Implement a digital process for onboarding and offboarding tasks. Electronic access to personnel files.		TBD		In Progress	Medium		Drew Tartala	Director of Human Resources	Setup of personnel folders is complete. Working to upload personnel documents.
The Hartford Leave Management System	Automate and centralize administration of leave of absences to streamline, reduce errors, ensure regulatory compliance, and provide communication and support to employees.	4/10/2025	7/1/2025		In Progress	Medium		Drew Tartala	Director of Human Resources	Currently in testing window.
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	Kickoff call and initial planning has started. Key to new location has been received. Will meet with facilities, IT, security and internal team for continued planning and requirements.
Imprivata Forward Advantage Single Sign-On	Enable fast, secure access to clinical systems, improving workflow efficiency and supporting HIPAA compliance.	6/16/2025	TBD		In Progress	High		Salomon Mercado	Director of IT	In preparation to begin Phase I (Network Phase), which includes install appliance, IP's, backup process, bind to active directory
Immuware Employee Health Software	Streamline employee health tracking, automate compliance reporting, and improve visibility of immunizations, exposures, and health screenings.	6/27/2025	TBD		In Progress	High		Elizabeth Van Urff	Director, Employee Health/WC	Kick off call scheduled for 6/27/25.
CT Scanner	Replace				In Progress	High		Bernadette Enderez	Lab/Radiology Director	Both CT's that we have need repairs. One needs a tube replaced. The CT in our ER is partially down until they arrive to begin repairs
Totals										
TASK STATUS %										

Project Dashboard - June Board

STATUS	COUNT	%	estimated go-live
Not Started	1	4%	planned go live
In Progress	20	71%	possible new/not started
Overdue	0	0%	
On Hold	4	14%	
Ongoing	2	7%	
Completed	1	4%	
TOTAL	28	100%	
PROJECT PRIORITY %			
PRIORITY	COUNT	%	PENDING ITEMS
High	16	57%	Decisions
Medium	8	29%	Actions
Low	4	14%	Change Requests
TOTAL	28	100%	



MEMORANDUM

To: Board of Directors

From: Suzie Mays
Vice President, Information & Strategic Services

Date: June 16, 2025

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
12385 Manufacturer, Distributor, and FDA Recall Policy	New policy.
11811 Dress Code Policy	Revised – updated language regarding jeans and tattoos.
12366 Vancomycin Dosing and Monitoring	New policy.
10072 MRI Response to Low Oxygen Alarm	Revised - added definitions and procedures.
12368 Extended-Infusion Piperacillin/Tazobactam (Zosyn) Protocol: Medication Administration IV Infusion Guidelines	New policy.
12362 Surgical Antimicrobial Prophylaxis Guidelines	New policy.
12370 Fixed-Dose Kcentra for Reversal of Oral Anticoagulants	New policy.
12376 Guideline for the Administration of Crotalidae Polyvalent Immune Fab (CroFab)	New policy.
12330 IVPB to IV Push Conversion	New policy.
12346 Medication Reconciliation Policy	New policy.



Manufacturer, Distributor, and FDA Recall Policy

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Approvals

- Committee Approval: Policy Committee approved on 6/9/2025
 - Signature: Doug Mays signed on 5/28/2025, 3:39:09 PM
-

Revision Insight

Document ID:	12385
Revision Number:	0
Owner:	Maria Barrientos, Buyer
Revision Official Date:	No revision official date

Revision Note:
New Policy: RECALLS



Policy : Manufacturer, Distributor, and FDA Recall Policy

PURPOSE

The District is committed to patient safety and responds accordingly to product recall notices as required by the FDA, manufacturers, and/or distributors.

POLICY

HMMH departments shall comply with the recommendations included in any recall, alert, or safety hazard notice provided by the FDA, product manufacturer, and/or distributor. Compliance efforts, or an explanation of any differences between the recall recommendations and HMMH activities, shall be communicated via the National Recall Alert Center's (NRAC) tracker system.

DEFINITIONS

I. Recall Classification (fda.gov)

- A. **Class I:** A dangerous or defective product that could cause serious health problems or death.
- B. **Class II:** A product that might cause a temporary health problem or pose slight threat of a serious nature.
- C. **Class III:** A product that is unlikely to cause any adverse health reaction, but that violates FDA labeling or manufacturing laws.

PROCEDURE

I. Notification and Departmental Actions

- A. Recalls and safety hazard notifications will be provided by the FDA, manufacturer and/or distributor, which will then be received and distributed to the appropriate department director (or designee) by the National Recall Alert Center, (NRAC). This will be distributed using vendor/manufacturer communications for recalls and/or urgent medical device corrections. The NRAC will forward these notifications to the appropriate department that shall:
 - 1. Review the information provided, determine applicability.
 - 2. Complete corrective action recommended by the manufacturer, distributor or the FDA.
 - 3. Document remediation efforts as recommended by the manufacturer, distributor or the FDA.
- B. All recalls and safety hazard notices received via letter or e-mail delivery are to be distributed electronically to the appropriate department director (or designee) for

processing as described above.

C.

II. Departmental Responsibilities

A. Quarantine of Recalled Items

1. Supply Chain Management and/or affected departments will sequester any affected items or equipment safely and mark accordingly. Appropriate documentation of catalog number, quantity, lot number, serial number, equipment remediation measures and any other pertinent information should be recorded.
2. Following the completion of the above steps, Supply Chain Management will work with the manufacturer and/or distributor to determine return and replacement procedure.

B. Quarantine of Recalled Drugs

1. Pharmacy will sequester any affected drugs safely and mark accordingly. Appropriate documentation of NDC number, quantity, lot number, and any other pertinent information should be recorded.
2. Pharmacy will work with the manufacturer to determine return and replacement procedure.

C. Identification of Substitute Items

1. Supply Chain Management will assist in identifying substitute products with existing substitute lists and/or in conjunction with clinical staff (as appropriate).
2. Supply Chain Management will send notification of substitute items to affected areas (as appropriate).
3. Pharmacy will handle drug substitutions and communicate as appropriate.

D. Record Keeping

1. A record of all recalls and safety hazard responses received are kept in Purchasing.

III. Patient Contact

- A. Physicians should be considered the primary liaison in concert with Quality & Risk Management when circumstances require that a patient be contacted by the Chief Medical Officer or designee.

AFFECTED DEPARTMENTS:

All

Document ID	12385	Document Status	Pending Committee Approval
Department	Purchasing	Department Director	Mays, Doug
Document Owner	Barrientos, Maria	Next Review Date	

Attachments:
(REFERENCED BY THIS DOCUMENT)

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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<http://hzh-iis.hazelhawkins.com/?returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dhbmh%3A12385%240>.



Vancomycin Dosing and Monitoring

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Approvals

- Committee Approval: Pharmacy & Therapeutics approved on 5/29/2025
 - Committee Approval: Infection Control approved on 6/5/2025
 - Committee Approval: Policy Committee approved on 6/10/2025
 - Committee Approval: Medical Executive Committee approved on 6/20/2025
-

Revision Insight

Document ID:	12366
Revision Number:	0
Owner:	Edwin Florendo,
Revision Official Date:	No revision official date

Revision Note:
Approved by Pharmacy & Therapeutics 5/29/25
Approved by Infection Control Committee 5/29/25
Approved by Policy Committee 6/5/25
Approved by Chief Nursing Officer 6/5/25

Policy : Vancomycin Dosing and Monitoring

PURPOSE

To provide standardization for initiation and maintenance of Vancomycin therapy in the adult population. To optimize Vancomycin therapy through pharmacist intervention in accordance with dosing guidelines and current literature. To reduce costs by minimizing the number of extraneous Vancomycin levels ordered.

POLICY

Vancomycin therapy in adult patients will be initiated, monitored, and adjusted according to standardized, evidence-based guidelines to ensure therapeutic efficacy and minimize toxicity. Pharmacists are authorized under collaborative practice agreements to manage vancomycin dosing and monitoring, including ordering drug levels and adjusting therapy in accordance with this protocol. This policy applies to all adult inpatient areas where vancomycin is prescribed.

DEFINITIONS

- Vancomycin trough level: The lowest concentration of vancomycin in a patient's bloodstream, typically measured 30-60 minutes before the next dose.
- Loading dose: An initial, higher dose of vancomycin administered to rapidly achieve therapeutic drug levels.
- Maintenance dose: Doses administered following the loading dose to maintain therapeutic levels.
- Therapeutic drug monitoring (TDM): The clinical practice of measuring specific drug levels to maintain a constant concentration in a patient's bloodstream.
- Creatinine clearance (CrCl): An estimate of kidney function used to adjust vancomycin dosing, typically calculated using the Cockcroft-Gault equation.
- Adjusted body weight (AdjBW): A calculated weight used for dosing in obese patients to account for altered drug distribution.
- Empiric therapy: Initial treatment based on clinical judgment before specific pathogen identification.
- Nephrotoxicity: Kidney damage or impaired function potentially associated with high vancomycin levels or concurrent nephrotoxic drugs.
- Steady state: The point at which drug intake equals drug elimination, usually after 3-5 half-lives of a drug.

- **MRSA (Methicillin-Resistant *Staphylococcus aureus*):** A strain of *Staphylococcus aureus* bacteria that has developed resistance to many common antibiotics, including methicillin and other penicillin-like drugs, making infections more challenging to treat.
- **MIC (Minimum Inhibitory Concentration):** The lowest concentration of an antimicrobial drug that prevents the visible growth of a specific microorganism after a set incubation period, used to guide antibiotic selection and dosing.

PROCEDURE

A. Initial Orders:

Physician writes order “pharmacy vancomycin protocol” to activate this protocol. The physician may discontinue the protocol anytime. Orders like “Discontinue Vancomycin” or “Discontinue Vancomycin per Pharmacy” stop all current Vancomycin and related orders.

IV. Loading Dose and Dosing Guidelines

1. Use ACTUAL body weight for dosing. If obese ($\geq 30\%$ over Ideal Body Weight), use ADJUSTED body weight:

$$ABW = [(Total\ Body\ Weight - Ideal\ Body\ Weight) \times 0.4] + Ideal\ Body\ Weight$$
2. Administer 20 mg/kg IV Loading Dose once (max 2 g)
3. Loading dose recommended for goal trough 15-20 mcg/mL
4. Target trough goal: **ABOVE 15 mcg/mL**
5. Obese patients may have higher troughs concentrations due to less muscle mass and varying volume of distribution.
6. Round dose to nearest 250 mg
7. Max one-time dose: 2 g
8. Max daily dose: 4 g (may exceed if CrCl >100 and stable)
9. Vancomycin >4 g/day linked to nephrotoxicity
10. Pharmacist will establish dosing regimen and communicate with nurse

V. MONITORING - GENERAL INFO

A. Pharmacists are responsible for dosing, interval, monitoring per protocol. Pharmacists can initiate, adjust, recommend discontinuation. Providers continue to monitor clinical status.

B. Inclusion Criteria:

1. Adults ≥ 18 years old
2. Vancomycin needed for prophylaxis or empiric treatment (e.g. staph, strep, enterococcus)

C. Exclusion Criteria:

1. Patients <18 years old

VI. MONITORING

A. Lab Tests Pharmacist May Order:

1. Serum Creatinine (SCr):

- Baseline, then daily
- Not recommended for patients receiving therapy 2 days or less
- If stable, draw every other day
- Notify physician if $\uparrow$ by ≥ 0.5 mg/dL or $\geq 50\%$ from baseline
 - Note: Zosyn + Vancomycin $\uparrow$ nephrotoxicity risk

2. Vancomycin Levels:

- Draw 60 minutes before next dose:
 - Every 8 hours: before 4th dose
 - Every 12 hours: before 4th dose
 - Every 24 hours: before 4th dose
- Vancomycin levels when therapeutic must be rechecked every 5 days or sooner
- Random: At least 12 hours after loading dose if CrCl < 15 ml/min
- Troughs levels are recommended for:
 - a. Therapy > 5 days
 - b. CrCl < 40 ml/min
 - c. $\uparrow$ in SCr ≥ 0.5 OR $\geq 50\%$ from baseline
 - d. Adult patients with altered volume of distribution or renal clearance; elderly (≥ 60 years old), cancer, obesity (30% IBW) or burn patients
 - e. Use of concomitant nephrotoxic medications
 - i. Aminoglycosides
 - ii. Amphotericin B
 - iii. Vasopressors
 - iv. Contrast Dye
 - v. Other medications that may worsen renal function, e.g. Zosyn

B. First dose trough/random level ordered if:

1. Serum Creatinine ≥ 2 mg/dL
2. High doses (e.g. > 20 mg/kg in obese patients)
3. Unstable renal/hemodynamic condition

4. Per pharmacist judgment

C. Severe renal failure:

- Trough before 2nd dose (not steady state)
- Pharmacist may order re-draw if incorrectly timed

D. Dialysis patients:

- Draw daily troughs
- Random before dialysis or 12 hours after last dose
- Don't schedule dose if Serum Creatinine is unstable or on dialysis

E. MRSA with MIC ≥ 2 :

- Consider alternative therapy

F. Pharmacist will monitor and adjust Vancomycin daily until discontinued

G. Dose Adjustments:

- Assess if trough drawn and dose given
- Adjust based on renal function and trends
 - Today's level is reflective of how the patient cleared Vancomycin in the past 24-48 hours and may NOT reflect how it will be cleared tomorrow
 - if renal function is improving/declining, anticipate this in your adjustment

H. If supra-therapeutic trough:

- HOLD dose
- Do NOT restart same regimen
- Adjust dose/interval

VII. DOCUMENTATION

Pharmacists will document the following:

- Age, weight, height, gender
- Therapy day
- Indication, loading dose
- Current dose, lab/micro data
- Trough due, nephrotoxic meds
- Assessment & fluid status

- Goals (adjust/de-escalate/discontinue)

VIII. DOSING GUIDELINES

Table 1: Dosing Recommendations Based on Renal Function for NON-DIALYSIS Patients (Apply to patients with estimated CrCl ≥ 15 ml/min AND total (actual) body weight ≥ 40 kg)

Estimated CrCl (ml/min)	Dose Recommendation (mg/kg)
≥ 90 ml/min	12-15 mg/kg (goal 15-20 mg/dL) every 8 hours
50-89 ml/min	12-15 mg/kg every 12 hours
30-49 ml/min	12-15 mg/kg every 24 hours
16-29 ml/min	15 mg/kg X 1 or every 48 hours; re-dose according to level
≤ 15 ml/min or unstable renal function	15 mg/kg loading dose then per level (check level in 24-48 hours)

Table 2: Hemodialysis Dosing Recommendation (Use ACTUAL body weight, unless obese $\geq 30\%$ IBW, then use Adjusted (Actual is appropriate if $< \text{IBW}$))

Weight	Initial Dose	Maintenance Dose
< 69 kg	1000 mg	500 mg
70-100 kg	1250 mg	750 mg
> 100 kg	1500 mg	1000 mg

Table 3: Target Trough Levels Based on Infection Indication

Goal Trough	Indication
15-20 mcg/mL	Bacteremia, Infective Endocarditis, Meningitis, Osteomyelitis, Septic Shock, Necrotizing Fasciitis, Pneumonia, Cellulitis/Abscess/Skin, soft tissue, UTI

Table 4: Dose Adjustment Guidelines Based on Steady State Vancomycin Trough Levels (Dose adjustment guidelines based on Steady State Vancomycin trough levels. These guideline do NOT replace clinical judgement)

Trough Level (mcg/mL)	Trough Goal 15-20 mcg/mL
<5 mcg/mL	↑Frequency to next standard dosing interval and ↑Dose by 250-500 mg
5-10 mcg/mL	↑Frequency to next standard dosing and/or ↑Dose by 250-500 mg
10-15 mcg/mL	↑Dose by 250 mg
15-20 mcg/mL	CONTINUE REGIMEN
20-24 mcg/mL	HOLD dose x 1 and... ↑Dose by 250 mg or... ↑Frequency
25-30 mcg/mL (normal renal fuction)	HOLD dose x 1, consider re-checking random level, ↑Dose by 250-500 mg and/or ↑Frequency
>30 mcg/mL	Discontinue dose, repeat level in 12-24 hours, re-dose per level, consider alternative therapy

Table 5: Dose Adjustment in Hemodialysis Patients

Measured PRE-dialysis Trough Level	Trough Goal 15-20 mcg/mL
<12 mcg/mL	↑Maintenance dose by 250-500 mg
13-22 mcg/mL	If 13-17: ↑ dose by 250 mg; If 18-22: CONTINUE REGIMEN
>23 mcg/mL (Consider alertnative therapy)	HOLD dose >25, recheck level in AM, re-dose when <20

REFERENCES

- Rybak MJ, Le J, Lodise PT, et al. Therapeutic monitoring of vancomycin for serious methicillin-resistant *Staphylococcus aureus* infections: A revised consensus guideline and review by the American Society of Health-System Pharmacists (ASHP), the Infectious Diseases Society of America (IDSA), the Pediatric Infectious Diseases Society (PIDS), and the Society of Infectious Diseases Pharmacists (SIDP). *Am J Health Syst Pharm*. 2020;77(11):835-864. doi:10.1093/ajhp/zxaa036.
- Tsutsuura M, Moriyama H, Kojima N, et al. The monitoring of vancomycin: a systematic review and meta-analyses of area under the concentration-time curve-guided dosing and trough-guided dosing. *BMC Infect Dis*. 2021;21(1):153. doi:10.1186/s12879-021-05858-6.
- McClure S, McElroy L, Gugkaeva Z. Implementation of vancomycin AUC/MIC dosing vs traditional trough dosing and incidence of acute kidney injury at a rural community hospital. *Am J Health Syst Pharm*. 2024;81(11):e283-e288. doi:10.1093/ajhp/zxae014.

AFFECTED DEPARTMENTS

Pharmacy

Document ID 12366
Department Pharmacy
Document Owner Florendo, Edwin

Document Status Pending Committee Approval
Department Director Ravela, Naveen
Next Review Date

Attachments:
(REFERENCED BY THIS DOCUMENT)

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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<http://hzh-iis.hazelhawkins.com/?returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dhhmh%3A12366%240>.



Extended-Infusion Piperacillin/Tazobactam (Zosyn) Protocol: Medication Administration IV Infusion Guidelines

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Approvals

- Committee Approval: Policy Committee approved on 6/10/2025
 - Committee Approval: Pharmacy & Therapeutics approved on 5/29/2025
 - Committee Approval: Infection Control approved on 6/5/2025
 - Committee Approval: Chief Nursing Officer approved on 6/16/2025
 - Committee Approval: Medical Executive Committee approved on 6/20/2025
-

Revision Insight

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Owner:	Edwin Florendo,
Revision Official Date:	No revision official date

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updating references
Approved by Infection Control and Pharmacy & Therapeutics Committee 5/29/25
Approved by Policy Committee 6/5/25

Policy : Extended-Infusion Piperacillin/Tazobactam (Zosyn) Protocol: Medication Administration IV Infusion Guidelines

PURPOSE

Dose optimization is an essential component for clinical success in the treatment of serious infections as well as preventing the emergence of resistance. Recent literature supports prolonged/extended infusion times of beta lactam antibiotics as a way to maximize the time-dependent bactericidal activity and improve the probability of target attainment. For beta-lactams, in vitro and animal studies have demonstrated that the best predictor of bacterial killing is the time duration which the free drug concentration exceeds the MIC of the organism ($fT > MIC$). This policy is intended to improve clinical and economic benefits via hospital-wide implementation of prolonged piperacillin-tazobactam (Zosyn) infusions for patients with suspected infections or treatment for confirmed infections caused by pathogens with high antimicrobial MICs.

POLICY

This policy outlines the procedures for the prescribing and administration of Zosyn at Hazel Hawkins Memorial Hospital.

DEFINITIONS

1. Intermittent Infusion: infusion lasting 30-60 minutes
2. Extended-infusion: infusion lasting 4 hours
3. Creatinine clearance (CrCl): An estimate of kidney function used to adjust vancomycin dosing, typically calculated using the Cockcroft-Gault equation.
4. MIC (Minimum Inhibitory Concentration): The lowest concentration of an antimicrobial drug that prevents the visible growth of a specific microorganism after a set incubation period, used to guide antibiotic selection and dosing.
5. CRRT (Continuous Renal Replacement Therapy): A continuous, slow form of dialysis used to support critically ill patients with kidney failure who cannot tolerate traditional intermittent dialysis due to hemodynamic instability.
6. IHD (Ischemic Heart Disease): A condition where the heart muscle receives an inadequate supply of blood and oxygen, typically due to narrowed coronary arteries, which can lead to chest pain (angina) or heart attack.
7. PD (Peritoneal Dialysis): A type of dialysis that uses the lining of the abdomen (peritoneum) and a special fluid to filter waste products and excess fluid from the blood in patients with kidney failure.

8. PNA (Pneumonia): An infection that inflames the air sacs in one or both lungs, often causing them to fill with fluid or pus, and can be caused by bacteria, viruses, or fungi.
9. CF (Cystic Fibrosis): A genetic disorder that causes thick, sticky mucus to build up in the lungs, digestive tract, and other organs, leading to chronic infections and problems with digestion and breathing.
10. BMI (Body Mass Index): A numerical value calculated from a person's weight and height, used to estimate body fat and categorize individuals into weight status categories such as underweight, normal weight, overweight, or obese.
11. Emergency Room (ER): A hospital department that provides immediate medical attention for acute illnesses, injuries, and life-threatening conditions.
12. Operating Room (OR): A sterile hospital environment specifically designed for performing surgical procedures.
13. Post-Anesthesia Care Unit (PACU): A specialized hospital area where patients recover under close monitoring immediately after receiving anesthesia for a procedure or surgery.

PROCEDURE

A. Physician Ordering

1. All orders will default to the extended-infusion time for Zosyn except one-time orders in the ER, OR/PACU, and ambulatory care areas as well as those in pediatric order sets.
 - a) Intermittent infusion orders will only be available to pharmacists.
 - a. If a provider would like to opt-out of the extended-infusion, the applicable exception criterion, must be noted on the order.
2. First doses will default to a one-time 30 minute bolus to avoid any delays in patient care. The maintenance doses will be linked to the order as extended-infusions.

B. Pharmacist Verification

1. Review each order for appropriateness based on the following parameters (not exhaustive):
 - a) Indication (required from physician on order entry), allergies, site of infection, suspected pathogen(s), and drug interactions.
2. Automatically interchange intermittent infusion orders with extended-infusion.
3. Automatically adjust the medication dosage based on renal function (if necessary) as outlined in the Dosing Recommendations.
4. If IV access or medication timing is a problem, the pharmacist may convert the order to the equivalent intermittent dosing regimen without a physician's order.

C. Dispensing and Distribution

1. Intravenous antimicrobials are stored in the pharmacy and available as MiniBag Plus/Add-A-vial system in the dispensing cabinets or from central pharmacy.

DOSING RECOMMENDATIONS

A. Pharmacist will assess, interchange, and renally adjust standard doses of Zosyn with extended infusions as described in Adult dosing chart:

Renal Function	Intermittent Dosing (30-min infusion)	Extended-Infusion Dosing (4-hour infusion)*
CrCl > 40 ml/min	General: 3.375 gm IV every 6 hours Pseudomonas/nosocomial PNA/CF: 4.5 gm IV every 6 hours	3.375 gm IV every 8 hours (4.5g IV every 8 hours in select populations*)
CrCl 20-40 ml/min	General: 2.25 gm IV every 6 hours Pseudomonas/nosocomial PNA/CF: 3.375 gm IV every 6 hours	3.375 gm IV every 12 hours
CrCl < 20 ml/min	General: 2.25 gm IV every 8 hours Pseudomonas/nosocomial PNA/CF: 2.25 gm IV every 6 hours	3.375 gm IV every 12 hours
IHD, PD	General: 2.25 gm IV every 8 hours Pseudomonas/nosocomial PNA/CF: 2.25 gm IV every 8 hours	3.375 gm IV every 8 hours*
CRRT	General: 3.375 gm IV every 12 hours/every 6 hours Pseudomonas/nosocomial PNA/CF: 3.375 gm IV every 6 hours	3.375 gm IV every 8 hours*

* In select cases, higher Zosyn dosing may be warranted, e.g. sepsis, critically ill patients with severe or deep-seated infections, infections with MIC > 16 mg/L, obesity with weight >> 120kg or BMI > 40, CrCl > 120 ml/min, or enhanced drug clearance such as those with cystic fibrosis: consider doses of 4.5g every 8 hours (infused over 4 hours) or every 6 hours.

+ Orders will default to allow a 30-minute bolus first-dose followed by a maintenance dose 4 hours later (6 hours if CrCl < 20, IHD, or PD)

B. Exceptions

1. One-time doses for patients in the emergency department (pre-admission status only), ambulatory clinics, any emergent situations (including sepsis), or peri-op OR/PACU doses.
2. Pediatric population (less than 18 years old).
3. Medication scheduling and/or drug compatibility conflicts that cannot be resolved without placing additional lines.
4. Patients with other medical intervention (e.g. physical therapy) that cannot be performed adequately during the IV infusion AND administration times cannot be modified to accommodate the intervention.

5. Patients who are on a prolonged course of antibiotics (e.g. osteomyelitis), are clinically improving, AND the organism has an MIC ≤ 4 .
6. Note: There is no data demonstrating improved outcomes using extended-infusion in IHD/PD populations. Use of extended-infusion is optional in these patients.

VI. ADMINISTRATION AND NURSING ROLE

- A. Nurse infuses Zosyn over 4 hours piggy-backed on its own dedicated line, or run parallel with patient's maintenance IV fluid via Y-site if indicated.
- B. Call pharmacy with additional questions

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Surgical Antimicrobial Prophylaxis Guidelines

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 - Committee Approval: Policy Committee approved on 6/10/2025
 - Committee Approval: Infection Control approved on 6/5/2025
 - Committee Approval: Chief Nursing Officer approved on 6/16/2025
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Policy : Surgical Antimicrobial Prophylaxis Guidelines

PURPOSE

To define the appropriate selection, dosing, timing, and duration of prophylactic antibiotics for surgical procedures at high risk for surgical site infections, based on current clinical guidelines.

POLICY

Prophylactic antibiotics will be administered according to evidence-based recommendations for timing, dose, and duration to prevent surgical site infections.

DEFINITIONS

Surgical site infections (SSI): Infection occurring at or near a surgical incision within 30 days of the procedure, or within one year if an implant is involved.

Redosing: Administration of additional antibiotic doses intraoperatively to maintain therapeutic drug levels.

Post-operative dosing: Continuation of antimicrobial prophylaxis after surgery.

PROCEDURE

- **Choice of antibiotics:** Refer to Table A for acceptable antibiotic choices based on the surgical procedure. Consider adding vancomycin or clindamycin for patients known to be colonized with Methicillin-resistant *Staphylococcus aureus* (MRSA).
- **Dose and re-dosing of antibiotics:** Refer to Table B for dosing and re-dosing guidelines. Weight-based dosing is recommended for both cefazolin and vancomycin. Cefazolin should be administered every 4 hours, clindamycin every 8 hours, and vancomycin does not require re-dosing due to its long half-life. Clinicians may consider earlier re-dosing than specified in Table B if there is significant intraoperative blood loss (e.g., >1500 mL). Aminoglycosides and vancomycin should not be re-dosed in this case.
- **Timing of the pre-operative antibiotic dose:** Pre-operative antibiotics should be administered within 60 minutes prior to incision to ensure adequate tissue concentrations. Exceptions include vancomycin and fluoroquinolones, which require a longer infusion time to avoid intolerance, particularly at higher doses. For these antibiotics, a 2-hour window for administration is acceptable due to their long half-life.
- **Duration of post-operative antibiotics:** According to updated guidelines from the Centers for Disease Control and Prevention (CDC) and Society for Healthcare Epidemiology of America (SHEA)/Infectious Diseases Society of America (IDSA)/Association for Professionals in Infection Control and Epidemiology (APIC), patients undergoing clean and clean-

contaminated procedures do not need additional doses after incision closure, even if a drain is present. For procedures where postoperative prophylaxis is deemed necessary, such as orthopedic surgeries involving prosthetic material, follow the guidelines provided.

Table A. Preferred Empiric Agent by Surgical Type

Surgical Type	Preferred Agent(s)	Beta-lactam Allergy Alternative
Gastroduodenal	Cefazolin	Levofloxacin
Biliary Tract	Cefazolin + Metronidazole	Levofloxacin + Metronidazole
Colorectal	Cefazolin + Metronidazole	Levofloxacin + Metronidazole
Appendectomy	Cefazolin + Metronidazole	Levofloxacin + Metronidazole
General Surgery (e.g., hernia repair, breast, spleen)	Cefazolin	Vancomycin
Cesarean Delivery	Cefazolin	Clindamycin + Gentamicin
Gynecological	Cefazolin + Metronidazole	Metronidazole + Gentamicin
Hepatopancreatobiliary	Piperacillin-Tazobactam or targeted antibiotic based on positive preoperative bile culture	Levofloxacin + Metronidazole
Head and Neck	<u>Clean (incision through skin):</u> Cefazolin <u>Clean-contaminated:</u> • Ear/sinonasal procedure: Cefazolin • Procedures w/ oral mucosa breach: Cefazolin + Metronidazole <u>Contaminated:</u> Cefazolin + metronidazole	Clindamycin
Orthopedics	Cefazolin	Vancomycin

Surgical Type	Preferred Agent(s)	Beta-lactam Allergy Alternative
Urology	Cefazolin Open/laparoscopic involving intestine (clean-contaminated, e.g., radical cystectomy with ileal conduit): • Cefoxitin If prosthetic material involved in urologic procedures, should add one-time dose of gentamicin	Gentamicin + Clindamycin <u>Open/laparoscopic</u> (clean:skin incision, does not involve GU tract): • Clindamycin <u>Open/laparoscopic involving intestine</u> (clean-contaminated, e.g., radical cystectomy with ileal conduit) • Metronidazole + Levofloxacin If prosthetic material involved in urologic procedures, should add one-time dose of gentamicin if not already given

Table B: Dosing and Re-dosing of Antimicrobial Agents

Antimicrobial	Recommended Dose	Re-dosing (hours)	Notes
Cefazolin	2 grams (3 grams if >120 kg)	4	
Clindamycin	900 mg	6	
Vancomycin	<80 kg: 1 gram 80-99 kg: 1.25 grams 100-120 kg: 1.5 grams >120 kg: 2 grams	12	Requires prolonged infusion time; can be given 60-120 minutes prior to incision.
Ampicillin-sulbactam	3 grams	2	
Aztreonam	2 grams	4	
Cefepime	2 grams	4	

Antimicrobial	Recommended Dose	Re-dosing (hours)	Notes
Cefotetan	2 grams	6	
Cefoxitin	2 grams	2	
Ceftriaxone	2 grams	N/A	
Cefuroxime	1.5 grams	4	
Ciprofloxacin	400 mg	8	Requires prolonged infusion time; can be given 60-120 minutes prior to incision.
Ertapenem	1 gram	N/A	
Gentamicin	5 mg/kg (single dose) If CrCl <20, 2mg/kg (single dose) or consult pharmacy	N/A	
Levofloxacin	500 mg	N/A	Requires prolonged infusion time; can be given 60-120 minutes prior to incision.
Metronidazole	500 mg	12	
Piperacillin-tazobactam	3.375 grams	2	
Tobramycin	5 mg/kg (single dose)	N/A	If Creatine Clearance <20, 2 mg/kg (single dose) or consult pharmacy.

Table C: Post-op dosing

Antimicrobial	Recommended Dose
Cefazolin	2 grams every 8 hours up to 2 doses
Clindamycin	900 mg every 8 hours up to 2 doses
Vancomycin	1 gram every 12 hours up to 1 dose
Ampicillin-sulbactam	3 grams every 6 hours up to 3 doses
Aztreonam	2 grams every 8 hours up to 2 doses
Cefepime	2 grams every 8 hours up to 2 doses
Cefotetan	2 grams every 12 hours up to 1 dose
Cefoxitin	2 grams every 6 hours up to 3 doses

Antimicrobial	Recommended Dose
Ceftriaxone	No post-op doses needed (every 24 hours dosing)
Cefuroxime	1.5 grams every 8 hours up to 2 doses
Ciprofloxacin	400 mg every 12 hours up to 1 dose
Gentamicin	No post-op doses needed (every 24 hours dosing)
Levofloxacin	No post-op doses needed (every 24 hours dosing)
Metronidazole	500 mg every 8 hours up to 2 doses
Piperacillin-tazobactam	3.375 grams every 8 hours extended infusion up to 2 doses
Tobramycin	No post-op doses needed (every 24 hours dosing)

(Note: Most procedures require no post-op doses of antimicrobials. If used, limit duration to <24 hours post closure.)

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Physicians

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Fixed-Dose Kcentra for Reversal of Oral Anticoagulants

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Policy : Fixed-Dose Kcentra for Reversal of Oral Anticoagulants

PURPOSE

To establish a standardized protocol for administering a fixed dose of 2000 units of Kcentra for the emergency reversal of oral anticoagulants in patients with life-threatening or major bleeding or requiring urgent procedures.

POLICY

A fixed dose of Kcentra 2000 units IV may be administered for the reversal of any oral anticoagulant, including warfarin, factor Xa inhibitors (such as apixaban, rivaroxaban, edoxaban), or direct thrombin inhibitors (such as dabigatran), in the setting of critical bleeding or the need for emergent intervention. This policy applies to all adult patients and does not require weight-based dosing or laboratory testing prior to administration.

DEFINITIONS

Kcentra: A four-factor prothrombin complex concentrate (4F-PCC) containing coagulation factors II, VII, IX, and X, and proteins C and S.

Oral Anticoagulants: Includes warfarin, factor Xa inhibitors (apixaban, rivaroxaban, edoxaban), and direct thrombin inhibitors (dabigatran).

PROCEDURE

1. Indications for Use:
 - Urgent surgical or invasive procedure where anticoagulation poses a significant risk
 - Confirmed or suspected use of a direct oral anticoagulants (DOAC) within the past 24 hours.
2. Exclusion Criteria:
 - Known allergy to Kcentra or its components.
 - History of heparin-induced thrombocytopenia (HIT).
 - Disseminated intravascular coagulation.
3. Dosing:
 - Order Kcentra 2000 units IV as a single fixed dose.
 - Reconstitute Kcentra according to the instructions provided in the Kcentra package insert.

- After reconstitution, administration should begin promptly or within 4 hours.
 - Administer Kcentra via IV push or IV infusion over 15 to 30 minutes.
 - Rate of 3 units/kg/min or a max rate not to exceed 8.4 ml/min
 - Use a dedicated IV line for administration.
 - Monitor the patient throughout administration
-

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Guideline for the Administration of Crotalidae Polyvalent Immune Fab (CroFab)

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Policy : Guideline for the Administration of Crotalidae Polyvalent Immune Fab (CroFab)

PURPOSE

To establish a standardized protocol for the safe, effective preparation, administration, and monitoring of CroFab in patients presenting with venomous North American pit viper envenomation.

POLICY

This policy applies to all licensed healthcare professionals involved in the care of patients with suspected or confirmed North American Crotalid snakebites within Hazel Hawkins Hospital.

DEFINITIONS

Envenomation: An injury or illness caused by the injection of venom or a toxic substance, typically from the bite or sting of a venomous animal. *For the purposes of this policy, envenomation refers specifically to that caused by North American crotalid snakes (e.g., rattlesnakes, copperheads, cottonmouths/water moccasins).*

PROCEDURE

A. Indications

CroFab is indicated for patients with:

- Progressive local tissue effects (e.g., swelling, pain)
- Systemic signs of envenomation (e.g., hypotension, vomiting, neurotoxicity)
- Hematologic abnormalities (platelets < 100,000 or fibrinogen < 100)

B. Contraindications

- Known allergy to papain, papaya products, or ovine (sheep) proteins.
- Use caution in patients with a history of hypersensitivity or anaphylaxis.

C. Dosing

- Initial Dose: 6 vials IV over 60 minutes

- Maintenance Doses: 2 vials IV at 6, 12, and 18 hours after the initial dose if there are persistent or recurrent signs of envenomation. These signs include:
 - Progressive local tissue injury: Rapidly advancing swelling, pain, ecchymosis, or blistering at the bite site.
 - Systemic envenomation: Including low blood pressure, nausea, or vomiting.
 - Coagulopathy: Evidence of bleeding abnormalities identified through laboratory tests (e.g., elevated INR/PT/aPTT, low fibrinogen, or thrombocytopenia) or clinical bleeding.

D. Reconstitution Instructions

1. Initial Dose - 6 Vials

- Reconstitute each of the 6 vials separately with 18 mL of 0.9% normal saline
- Gently swirl (do not shake) each vial until dissolved
- Withdraw contents of all 6 vials and combine (pool) into a single IV bag
- Dilute with 0.9% normal saline to a total volume of 250 mL
- Label and infuse as described below
- Use within 4 hours of reconstitution

2. Maintenance Dose - 2 Vials

- Reconstitute each of the 2 vials separately with 18 mL of 0.9% normal saline
- Gently swirl to dissolve
- Combine both vials and dilute with 0.9% normal saline to a total volume of 250 mL
- Label and infuse as described below
- Use within 4 hours of reconstitution

E. Administration

1. Start infusion at 25 mL/hr for the first 10 minutes
2. If no adverse reaction, increase rate to 250 mL/hr
3. Observe patient continuously for hypersensitivity or anaphylaxis

F. Monitoring

- Monitor for signs of allergic reaction.
- Repeat labs (platelets, PT/INR, fibrinogen) and assess swelling at regular intervals.
- Serum sickness education: may occur 5-10 days post-treatment.

G. Adverse Reaction Management

- Mild: Slow infusion, administer antihistamines
- Severe (anaphylaxis): Stop infusion, administer epinephrine, steroids, and provide supportive care

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Emergency Department

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IVPB to IV Push Conversion

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Policy : IVPB to IV Push Conversion

PURPOSE

To establish criteria for safe automatic conversion of intravenous piggyback (IVPB) medications to IV push (IVP) at equivalent doses by pharmacy.

POLICY

All adult patients (18 years or older) receiving medications via intravenous piggyback route, as specified in this policy, will automatically convert to the IV push route of administration.

DEFINITIONS

IV – Intravenous

IVPB – Intravenous piggyback

IVP – Intravenous push

PROCEDURE

1. All patients with orders for medications from the “Approved List of IVPB to IV Push Conversions” (refer to Table 1) will be identified at the time of order verification by the pharmacist.
2. Discontinue the medication order with IVPB route and enter new order for same medication to be given IV push per the Pharmacy & Therapeutics’ “Approved List of IVPB to Push Conversions” (refer to Table 1).
3. New order should be entered “per pharmacy protocol.”

Table 1: Approved List of IVPB to IV Push Conversions

Medication	Dose	Diluent SWI= sterile water for injection	Administration Rate
Ampicillin	1 gram	10 ml SWI	10-15 mins
Aztreonam	1 gram	10 ml SWI	3-5 mins
Cefazolin	1 gram	10 ml SWI	3-5 mins
Cefepime	1 gram	15 ml SWI	3-5 mins
Cefotaxime	1 gram	10 ml SWI	3-5 mins
	2 grams	10 ml SWI	3-5 mins

Cefoxitin	1 gram	10 ml SWI	3-5 mins
	2 grams	10 ml SWI	3-5 mins
Ceftazidime	1 gram	10 ml SWI	3-5 mins
	2 grams	10 ml SWI	3-5 mins
Ceftriaxone	1 gram	10 ml SWI	3-5 mins
	2 grams	20 ml SWI	3-5 mins
Cefuroxime	750 mg	10 ml SWI	3-5 mins
	1.5 grams	20 ml SWI	3-5 mins
Ertapenem	1 gram	10 ml SWI OR 0.9% NaCl	5 mins
Meropenem	500 mg	10 ml SWI	3-5 mins
	1000 mg	20 ml SWI	3-5 mins

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AFFECTED DEPARTMENTS

Nursing

Prescribing Practitioners

Pharmacy

Document ID	12330	Document Status	Official
Department	Pharmacy	Department Director	Ravela, Naveen
Document Owner	Florendo, Edwin	Next Review Date	06/20/2027
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Revised	[06/20/2025 Rev. 0] https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=112c5457-8d71-49f5-b531-9761d7d38c93 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=2a9d1e7b-96ee-4e6c-a1e8-47b76b924422 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=302e6df7-37c5-4625-8a61-3e2f302addf2 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=3b36beb7-db94-4b07-8c81-bd2b601a6601 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=468105b9-48b3-4477-82c7-e7fb92460e28 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=703cc338-c0b6-4a02-b8db-c27aef181df https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=80b4c811-4a71-47fb-8565-85ce9d0f782c https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=8efe3bd0-c43a-2bd6-e053-2a95a90a92fa https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=9a105eaf-ee77-4016-beeb-d425a5565db2 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e1122310-c3ed-42f1-b189-301c221ff1f0 https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e8f40f72-3cf0-43dc-a797-fb98dd8af228		

**Attachments:
(REFERENCED BY THIS
DOCUMENT)**

**Other Documents:
(WHICH REFERENCE THIS
DOCUMENT)**

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Medication Reconciliation Policy

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Approvals

- Committee Approval: Chief Nursing Officer approved on 6/10/2025
 - Committee Approval: Medical Executive Committee approved on 6/20/2025
 - Committee Approval: Pharmacy & Therapeutics approved on 5/29/2025
 - Committee Approval: Policy Committee approved on 6/9/2025
-

Revision Insight

Document ID:	12346
Revision Number:	0
Owner:	Edwin Florendo,
Revision Official Date:	6/20/2025

Revision Note:
No revision note



Policy : Medication Reconciliation Policy

PURPOSE

To guide the process to obtain, maintain, reconcile and communicate accurate medication information for inpatients at Hazel Hawkins Hospital.

POLICY

This policy outlines the standardized process for performing medication reconciliation to ensure accurate and complete medication information is obtained and communicated at each transition of care. The goal is to prevent medication errors and promote patient safety by verifying and documenting all medications a patient is taking, including prescription, over-the-counter, and herbal products.

DEFINITIONS

- A. Medication Reconciliation: the process of compiling the most accurate list of medications that the patient is currently taking and comparing that list to the medications ordered by a prescriber to allow for the identification and resolution of discrepancies.
- B. Medication: any prescription medication, samples, herbal remedies, vitamins, nutraceuticals, over-the-counter medications, diagnostic and contrast agents used on or administered to diagnose, treat or prevent disease or other abnormal conditions; radioactive medications, respiratory therapy treatments; parenteral nutrition; blood derivatives; intravenous solutions (plain, with electrolytes and or drugs); and any product designated by the Food and Drug Administration (FDA) as a drug.
- C. Discrepancies: are defined as omissions, duplications, contraindications, unclear/incomplete information.
- D. Qualified individual: hospital employee or Licensed Independent Practitioner (LIP) who has met hospital requirements based upon orientation to their job description or licensing to participate in the medication reconciliation process.
- E. Relevant Encounter: an encounter in an inpatient or outpatient setting that performs medication reconciliation due to the potential or planned administration of medications or for other reasons determined as appropriate.
- F. Transition of Care: interfacility movement of patient from Hazel Hawkins Hospital to another location (i.e. Long Term Care Facility, Home Health, Rehabilitation Facility or to another Health Care Facility)

PROCEDURE

- A. Information on medications the patient is currently taking will be obtained when the patient is admitted to an inpatient setting.
 - 1. Current medications include those taken at scheduled times and those taken on an as needed basis
 - 2. Lists of medications include over the counter and herbal products.
- B. Medication Reconciliation for Inpatient Admission
 - 1. Medication reconciliation process is initiated by qualified individuals for patients admitted to the hospital. .
 - 2. Information on the medications the patient is currently taking should be obtained and documented in the electronic health record (EHR). That list should include, but is not limited to, name, dose, route, frequency, and reason (purpose) for prn medications, if known. Sources of information could include but are not limited to:
 - i. Interviewing the patient or other knowledgeable source
 - ii. Inspecting the patient's medication containers (when available)
 - iii. Consulting previous discharge records
 - iv. Contacting the patients outpatient pharmacy
 - v. Contacting the previous care provider (long term care facility)
 - vi. Contacting the patients primary care physician
 - vii. External Medication History
 - 3. Current medications are reviewed with the patient and/or knowledgeable sources for accuracy.
 - 4. The physician/PA/Pharmacist/Nurse/Pharmacy Technician compares the list of home medication(s) provided by the patient/knowledgeable source with the medication(s) ordered for the patient to identify and resolve discrepancies.
 - 5. If a current medication list cannot be obtained, complete the medication history in the EHR as NONE KNOWN or UNOBTAINABLE,
 - i. NONE KNOWN - indicates the patient denies taking any medications
 - ii. UNOBTAINABLE - indicates unable to obtain list of patient medications
 - 6. Hazel Hawkins Pharmacy may be contacted at any time for assistance with medication reconciliation, including but not limited to, drug interactions and dosing.
- C. Medication Reconciliation for Inpatients at Discharge
 - 1. Physicians/PA/Pharmacist/Nurse/Pharmacy Technician will review the medication list for the patient.
 - i. The active medication orders should be reviewed in the EHR.
 - ii. The discharge order and discharge medication reconciliation should be completed in the EHR.
 - iii. Prescriptions should be entered and sent to the patient's preferred pharmacy electronically. If the process cannot be completed electronically, prescriptions will be called to the appropriate outside pharmacy or written prescriptions will be given to the patient.
 - 2. Nursing should review the discharge medication orders.

- i. If discharge medication reconciliation has not been completed by the physician or designee, the discharge physician or designee should be contacted.
 - ii. If onsite or online medication review by the physician or designee is not possible, the Registered Nurse (RN) will print the discharge medication reconciliation form from the EHR and review the list of home medications with the physician/designee for appropriate action:
 - I. Home medication is to be continued
 - II. Home medication is to be stopped
 - III. Home medication is to be reviewed with patient's primary care provider
 - IV. NOTE: all medication orders will be read back per policy.
 - v. The RN will review the information on the discharge medication reconciliation form with the patient. The patient's signature will be obtained on the form and a copy will be made to give to the patient and the original is placed in the appropriate section of the patient's paper chart flagged for physician signature.
 - 3. Patients discharged to an acute rehab facility or skilled nursing facility:
 - i. Print the form MEDS W/ADMIN (TRANSFER) and
 - ii. Print the form MEDICATIONS (All) and Home Medication Report
 - iii. Above forms are provided to the skilled nursing facility in the discharge medical record packet.
 - 4. The patient and/or family should be provided information in a written format that is understandable to the patient and includes the following:
 - i. Updated list of medications the patient should be taking upon discharge from the hospital.
 - I. Medications to be continued
 - II. New medications prescribed
 - III. Medications taken prior to admission that are to be stopped.
 - IV. Medication information will include:
 - A. Name, dose, route, frequency, and reason (purpose).
 - 5. Education provided to the patient/family on the importance of managing their medications includes:
 - i. Explaining the list of medications and written information provided at discharge.
 - ii. Carrying a list of medications with them in the event of emergency
 - iii. Providing their primary care physician with an updated list of medications.
 - iv. Keeping their medication information up to date with new medications, dosage changes, discontinuation and uses of over the counter medications
 - 6. Patient/Family education is documented in the EHR.
- D. Documentation:
- 1. Documentation of medication reconciliation will be completed as noted in the contents of the policy.

REFERENCES

The Joint Commission. National Patient Safety Goals: Hospital Accreditation Program (Effective July 2020). Oakbrook Terrace, IL: The Joint Commission; 2020. Available at: https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2020/simplified_2020-hap-npsgs-eff-july-final.pdf

AFFECTED DEPARTMENTS

Nursing

Pharmacy

Document ID 12346
Department Pharmacy
Document Owner Florendo, Edwin
Original Effective Date 06/20/2025
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Attachments:
(REFERENCED BY THIS DOCUMENT) https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2020/simplified_2020-hap-npsgs-eff-july-final.pdf

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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Resolution No. 2025-03

**RESOLUTION OF THE BOARD OF DIRECTORS
OF THE SAN BENITO HEALTH CARE DISTRICT ADOPTING AMENDED AND
RESTATED DISTRICT BYLAWS**

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 District Board of Directors (“Board”) from time to time reviews the District Bylaws to ensure they best reflect the organization, operation, strategic mission and vision of the Board;

WHEREAS, the District Board and staff have reviewed the Bylaws with legal counsel to determine if revisions, if any, are needed or required;

WHEREAS, the Board has reviewed the Amended and Restated Bylaws attached to this Resolution as Exhibit A, and has determined it is in the best interest of the District to adopt the them; 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 Bylaws 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 AND ORDERED by the San Benito Health Care District Board of Directors as follows:

SECTION 1. The foregoing recitals are true, correct and a substantive part of this Resolution.

SECTION 2. The District Board of Directors does hereby approve and adopt the attached Amended and Restated Bylaws of San Benito Health Care District, dated June 26, 2025.

SECTION 3. A copy of this Resolution shall be kept together with the Amended and Restated Bylaws of San Benito Health Care District.

SECTION 4. The President and Secretary of the Board of Directors and the District’s Chief Executive Officer are hereby authorized and directed to execute any and all documents and take any actions necessary to carry out the intent of this Resolution for and on behalf of this Board of Directors.

SECTION 5. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED this 26th day of June, 2025 by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

William Johnson, President

Attested: _____
Josie Sanchez, Secretary

AMENDED AND RESTATED BYLAWS
OF
SAN BENITO HEALTH CARE DISTRICT
SAN BENITO COUNTY, CALIFORNIA

ADOPTED BY
LOCAL HEALTH CARE DISTRICT BOARD OF DIRECTORS

~~APRIL 27~~ _____, ~~2023~~2025

PREAMBLE

These Amended and Restated Bylaws are adopted by the Board of Directors (“Board”) of San Benito Health Care District (“SBHCD” or “District”), a local health care district organized under the terms of the Local Health Care District Law (Health and Safety Code of the State of California, Division 23, Sections 32000 et seq, as may be amended), pursuant to Section 32104 of the California Health and Safety Code. These Amended and Restated Bylaws are adopted by the SBHCD Board for the purpose of establishing such rules and regulations, not inconsistent with governing laws and regulations, that in the opinion of the Board are necessary for the exercise of the powers and duties of the Board imposed upon it by Local Health Care District Law and related statutes.

I. ORGANIZATION AND PURPOSE

A. Purpose

San Benito Health Care District is organized and operated pursuant to California Health and Safety Code Section 32000 and following. The purpose of the District is to establish, maintain, operate, and provide assistance in the operation of one or more health facilities or health services at any location inside or outside of the territorial limits of the District for the benefit of the District and the community served by the District. The District exists for purposes related to community health needs, and for the following general purposes:

1. Encourage competent health care at reasonable cost.
2. Attract a staff of qualified and competent health care practitioners.
3. Oversee efficient organizational methods and sound financial management.
4. Encourage availability of innovative health care methods to the community.
5. Provide opportunities for health care education of community members.
6. Establish and maintain a hospital environment and hospital operations conducive to quality and efficient patient care.

II. OFFICES

The principle office of this organization is located at Hazel Hawkins Memorial Hospital (“Hospital”), located at 911 Sunset Drive, Hollister, California, 95023.

III. TITLE TO PROPERTY

The title, direction, and control of all property owned by the District is vested in the District Board ~~of Directors~~ and the signatures of the President and the Secretary of the District Board, as authorized, shall constitute the proper authority for the purchase or sale of property, or for the investment or other disposal of trust funds which are subject to the control of the District.

IV. SURPLUS OF REVENUE

A. Profit or Gain

There shall be no contemplation of profit or pecuniary gain, and no distribution of profits to any individual, under any guise whatsoever, nor shall there be any distribution of assets or surpluses to any individual on the dissolution of this District.

B. Disposition of Surplus of Revenue

Should the operation of the District result in a surplus of revenue over expenses, such surplus may be used and dealt with by the Board of Directors as they determine within the limits of California Local Health Care District Law and these Bylaws.

V. SCOPE OF BYLAWS

A. Definition

These bylaws shall be known as the District Bylaws, and shall govern the ~~San Benito Health Care~~ District, its Board of Directors, and all of its affiliated and subordinate organizations and groups.

B. Delegation

The Board of Directors may delegate certain powers to the Chief Executive Officer, the Medical Staff, or other affiliated subordinate organizations and groups. No assignment, referral or delegation of authority by the Board of Directors shall preclude the Board of Directors from exercising the authority required to meet its responsibilities for operation of the District and the quality of patient care. The Board of Directors shall retain the right to rescind any such delegation.

C. Medical Staff and Subordinate Organizations

The Bylaws, Rules and Regulations of the Medical Staff and other affiliated and subordinate organizations and groups, and any amendments to such Bylaws, shall not be effective until the same are approved by the Board of Directors. These shall include an effective formal means for the Medical Staff to participate in committees and give input to the Board relative to issues affecting the discharge of Medical Staff responsibilities. In the event of any conflict between the Bylaws of the Medical Staff, or any other affiliated or subordinate organization or group, and the provisions of these District Bylaws, these District Bylaws shall prevail.

D. Conflicts

In the event these District Bylaws are in conflict with any statute of the State of California governing local health care districts, such statute shall prevail.

E. Policies and Procedures

The Board of Directors shall review and approve policies and procedures for the operation of the District.

F. Policy and Procedures Manual

The Policy and Procedures Manual memorializes additional policies of the Board of Directors. Each Board Member shall become familiar with the Manual in order to carry out the Board Member's responsibilities.

VI. POWERS OF DISTRICT

The District shall have and exercise the powers set forth in Section 32121 and following of the California Health and Safety Code.

VII. DIRECTORS

A. Number, Qualifications, District Zones, Election and Term

1. Number and Qualifications. The Board shall consist of five (5) elected Board members. Each member of the Board (i) shall be a registered voter; (ii) shall reside within the geographic boundaries of the District Zone where elected; and (iii) shall for the duration of the member's term continue to reside within the geographic boundaries of the District Zone where elected.
2. District Zones. The District shall consist of five (5) District Zones designated Zone 1, Zone 2, Zone 3, Zone 4 and Zone 5. Beginning with the General Election in November 2016 and every four (4) years thereafter, the election of members to the Board shall take place in Zone 1, Zone 3, and Zone 5. Beginning with the General Election in November 2018, and every four (4) years thereafter, the election of members to the Board shall take place in Zone 2 and Zone 4.
3. Election. Each Board member shall be elected by the eligible voters within the geographic boundaries of the District Zone represented by the Board member. Procedures of the election shall be governed by Local Health Care District Law and the Uniform District Election Law.
4. Term. Each Board member shall serve a term of four (4) years. Board members may succeed themselves indefinitely. In the event a member is appointed to a vacancy on the Board, such member will serve the balance of the unexpired term of office or will serve until the next consolidated election subsequent to the appointment, as provided in Section 1780 of the California Government Code.
5. Public Meeting Regulations. The District shall cause each Board member and any person elected to serve as a member of the Board who has not assumed the duties of office to receive a copy of California Government Code Sections 54950-54962 ("The Ralph M. Brown Act").

B. Duties

1. Attend Board meetings and ensure compliance with The Ralph M. Brown Act regarding quorum and in person attendance.
2. Attend meetings of committees to which the member is assigned.
3. Relate community input to the Board.
4. Represent the District in a positive and effective manner in public forums.
5. Accept and fulfill reasonable assignments from the President of the Board.
6. Participate in regulatory and licensing processes for the District.
- ~~6.7. Learn enough details about~~ Board members should educate themselves regarding hospital management and patient care services so that ~~the Board members~~ they can effectively ~~question review, investigate and evaluate~~ reports of both institutional managers and the professional staff ~~and evaluate the answers.~~
- ~~7.8.~~ Cooperate with the annual evaluation of each individual Board member, conducted according to established procedure by the President of the Board.
- ~~8.9.~~ Participate in the orientation program for new Board members.
- ~~9.10.~~ Participate in ~~a~~ continuing education program regarding topics within the subject matter jurisdiction of the District.
- ~~10.11.~~ Become familiar with the provisions of The Ralph M. Brown Act.

C. Vacancies and Removal of Directors

If a Board member is absent from three (3) consecutive regular meetings, or from three (3) of any five (5) consecutive meetings of the Board, the Board may, by resolution, declare that a vacancy on the Board exists. Vacancies so created or vacancies created by other means, such as resignation, death, or moving out of the boundaries of the District or District Zone, shall be filled by the methods provided by law.

D. Compensation

1. The members of the Board shall serve without compensation except that each shall be allowed actual necessary travel and incidental expenses incurred in the performance of the official business of the District as approved by the Board.
2. The members of the Board shall be entitled to participate in District-sponsored health and life insurance by virtue of their status as Board members.

E. Conflicts of Interest

No Board member shall realize economic gain from an action of the Board in which that Board member participated. Board members shall be required to follow the Conflict of Interest Code adopted by the Board of Directors.

VIII. MEETINGS OF DIRECTORS

A. Regular Meetings

Regular meetings of the Board shall be held monthly on the fourth (4th) Thursday of each month at 5:00 p.m. at a location on the Hazel Hawkins Memorial Hospital campus. The Board may from time to time, by majority vote, change the time and place of a regular meeting. The District shall post an agenda complying with the California Government Code at least seventy-two (72) hours prior to a regular meeting.

B. Special Meetings

Special meetings of the Board may be called by the President of the Board or by three (3) directors. The District shall deliver written notice of a special meeting to all Board members at least twenty-four (24) hours prior to the time of the meeting as specified in the notice. The District shall post the notice of the special meeting in a location that is freely accessible to members of the public. This 24-hour notice requirement shall not apply in an “emergency situation” as defined in the California Government Code.

C. Quorum

For regular and special meetings of the Board, a quorum shall be three (3) members.

D. Majority Vote

All actions of the Board shall be taken by a majority of three (3) of the Board members. No action shall be taken by the Board, however, by secret ballot, whether preliminary or final.

E. Public Meetings

All meetings of the Board, whether regular, special, or adjourned, shall be open and public in accord with the [Ralph M. Brown Act](#), and all persons shall be permitted to attend any meeting, unless otherwise provided by law. Public testimony on a particular issue shall be limited to a maximum of three (3) minutes for each individual speaker for each issue. The Board may, at its discretion, allow for more or less time if deemed appropriate or necessary.

F. Minutes

A record of proceedings of all public meetings of the Board shall be kept on file.

IX. OFFICERS

A. Positions

Board Officers shall be a President, a Vice President, a Secretary, Assistant Secretary, and Treasurer.

B. Election of Officers

1. The Board of Directors shall, at their December meeting, subsequent to the Health Care District general elections, elect the officers from among its own members.
2. Officers are elected for a period of two (2) years, and shall serve until a successor is elected. No Board member shall serve more than two (2) consecutive terms in the same office, unless the Board elects to extend additional terms by majority vote. In no event shall Board member serve more than four (4) consecutive terms in the same office.

3. To be eligible to be elected to the office of President, the candidate shall have served at least two (2) years on the Board, provided that the Board may waive this eligibility requirement if there are no candidates so eligible.

C. Duties

1. President. The President shall: (i) Preside over all meetings of the Board of Directors; (ii) Sign as President and jointly with other officers as appropriate, and execute in the name of the District, contracts, conveyances, and other written instruments which have been authorized by the Board of Directors; and (iii) Appoint chairperson and members of board committees.
2. Vice President. The Vice President shall, in the event of death, absence or other inability of the President, exercise all the powers and perform all the duties of the President.
3. Secretary. The Secretary shall maintain accurate and complete minutes of meetings, call meetings on order of the President, attend to all correspondence, execute contracts and conveyances as required, and perform such other duties as ordinarily pertained to their office.
4. Assistant Secretary. The Assistant Secretary shall, in the absence of the Secretary, assume the duties of the Secretary.
5. Treasurer. The ~~Health-Care~~ District shall establish its own treasury and shall appoint a treasurer charged with the safekeeping and dispersal of the funds in the treasury of the District.

D. Vacancies and Removal of Officers

1. In the event of a vacancy in the office of President, the Vice-President shall fill such vacancy for the balance of the term. In the event of a vacancy in the office of Vice President, the Secretary shall fill such vacancy for the balance of the term. All other vacancies and/or simultaneous vacancies shall be filled by majority vote of the Board of Directors.
2. Officers may be removed by vote of three (3) Board members for failure to perform the duties of the office or for malfeasance in office.

X. COMMITTEES OF THE BOARD

A. Appointment and Terms of members of Board Committees

The President of the Board shall appoint members of Board committees. Committee appointments are for one (1) to two (2) years, at the discretion of the President.

B. Standing Committees

1. Strategic Planning Committee

- a. *Composition*: The President of the Board shall appoint all members of the Strategic Planning Committee to include at least: two (2) members of the Board, one (1) representative of the Medical Staff, one (1) representative of the Hospital Auxiliary, one (1) representative of the Director of Nursing, one (1) representative of the Foundation Board, and the Chief Executive Officer and/or ~~their~~ designee.

- b. *Duties:* The Strategic Planning Committee shall meet as necessary during the year to propose to the Board specific goals and objectives for a minimum three (3) year period. The long-range plan shall be revised and updated no less than annually.

2. **Finance & Facilities Committee**

- a. *Composition:* The Finance & Facilities Committee consists of the Treasurer of the Board, who shall serve as its chairperson, one (1) additional Board member appointed by the President of the Board, the Chief Executive Officer, and the Chief Financial Officer.
- b. *Duties:* (i) assists in establishing valid business and financial contracts; (ii) annually reviews and recommends a budget to the Board; (iii) makes recommendations to the Board concerning capital improvements requests; and (iv) makes quarterly reports to the Board of Directors regarding the Pension Plan.

~~3. **Facilities & Service Development Committee**~~

- ~~a. *Composition:* The Facilities & Service Development Committee consists of two Board members appointed by the President, one of whom shall be the committee chairperson, and the Chief Executive Officer and their appointee(s).~~
- ~~b. *Duties:* (i) serves as a forum for consideration of community concerns and opportunities; and (ii) reviews specific facility projects in conjunction with the Finance Committee.~~

3. **Bylaws & Policies and Procedures Committee**

- a. *Composition:* The Bylaws & Policies and Procedures Committee consists of two (2) Board members appointed by the President, one of whom shall be the committee chairperson, the Chief Executive Officer or designee, and Executive Assistant/Clerk of the Board.
- b. *Duties:* (i) review and revise Bylaws as required, (ii) review and revise Policies and Procedures as needed to ensure compliance with best practices, and (v) make recommendations to the Board.

4. **Quality & Patient Satisfaction Committee**

- a. *Composition:* The ~~Quality Patient Satisfaction~~ Committee consists of two (2) Board members appointed by the President, one of whom shall be the committee chairperson, ~~Chief of the Medical Staff or his/her designee~~Nursing Officer, Chief Medical Officer~~Quality/Performance Improvement Director, Chief Executive Office~~Patient Experience Leadership Champion, Medical Staff Representative, and Frontline Nursing Staff Representative or their designees ~~r and his/her appointees, and Chief Clinical Officer and his/her appointees.~~ All Committee members, ~~inclusive of designees and appointees,~~ shall have voting rights.
- b. *Duties:* ~~(i) assists the Board in its responsibility to ensure that the Hospital provides high quality and safe patient care, (ii) oversees performance improvement and patient safety initiatives, and, and (iii) recommends appropriate Board action for quality matters brought before the Committee.~~ monitor patient experience metrics, (ii) identify and prioritize improvement areas, (iii) support staff engagement, (iv) enhance communication and education, and (v) report to the Board.

5. **C. Advisory or "Ad Hoc" Committees**

Advisory or “ad hoc” committees may be established to study and make recommendations to the Board on specific matters. The scope of such committees shall be limited and shall not be of a continuous or ongoing nature. Upon determination by the Board that the period for advice has passed, the advisory committee shall be disbanded. Advisory committees shall be comprised of two (2) Board members and are not subject to Ralph M. Brown Act provisions.

6- D. Additional Committees

Additional committees, permanent or temporary, can be established at any time, and from time to time, by the President or the Board.

XI. CHIEF EXECUTIVE OFFICER

A. Appointment

The Board of Directors is authorized to employ a Chief Executive Officer of the District who shall be responsible for the day-to-day management of the District and employment of District personnel in accordance with these Bylaws. The qualification of the Chief Executive Officer shall meet the requirements established by the Board. The duties of the Chief Executive Officer shall be set forth by the Board and the Chief Executive Office shall be evaluated annually by the Board. The State Department of Health Services shall be notified in writing if a new Chief Executive Officer is employed, as stated in the Administrative Policies & Procedures Manual.

B. Committee Membership

The Chief Executive Officer shall be a member, ex-officio, of all committees of the Board and its adjunct organizations, such as the Medical Staff, the Hazel Hawkins Memorial Hospital Auxiliary, and the Hazel Hawkins Hospital Foundation where they will represent the Board unless in specific case where the Board directs otherwise.

C. Meeting Attendance

The Chief Executive Officer and their representatives shall be privileged to attend all Medical Staff meetings and Medical Staff Committee meetings and shall be given notice of such meetings. They shall be accorded the courtesy of a voice in these meetings, but shall have no vote.

D. Evaluation

The Board of Directors shall annually evaluate the performance of the Chief Executive Officer.

XII. MEDICAL STAFF

A. Appointment

The Board shall appoint a Medical Staff. The Board shall approve Medical Staff Bylaws, which set forth qualifications for Medical Staff membership and clinical privileges. The Medical Staff shall govern its affairs, subject to these Bylaws, to its own Bylaws, and to relevant statutes and legal precedents.

B. Review and Delineation of Clinical Privileges

The Board shall consider appointment and specific clinical privileges of each practitioner at least every two (2) years. The Board acts upon Medical Executive Committee recommendations regarding renewal and/or upgrading and/or restriction of Medical Staff membership and/or clinical privileges for each practitioner subject to the Medical Staff Bylaws.

C. Scope of Privileges

The Board shall require that patient care services under the District auspices be provided only within the scope of privileges granted by the Board of Directors.

D. Reports by Medical Staff

The Board shall receive, question, and act upon regular reports of the clinical activities of Medical Staff members and of other practitioners actively engaged in providing clinical services in or under the auspices of the Hospital.

E. Quality of Care Procedures

The Board shall provide adequate support personnel to assist the Medical Staff with organizational functions, including Medical Staff membership and clinical privileges (credentialing), physician performance evaluation (peer review), and collection and analysis of clinical data (quality assurance, utilization review, analysis of uniform levels of care, and risk management).

F. Termination and Due Process

Membership on the Medical Staff and specific ~~practice-clinical~~ privileges are subject to denial, suspension, termination, or curtailment for cause by the Board in accordance with the Medical Staff Bylaws and California law. In such an event, and when required by law, due process shall be provided as described in the Medical Staff Bylaws and applicable the California law ~~Health Care District Law~~.

G. Meeting Attendance

The Chief of the Medical Staff, or their designee, ~~appointed by the Chief of the Medical Staff on an annual basis~~, is requested to attend all regular and special meetings of the District Board of Directors.

XIII. AUXILIARY AND FOUNDATION

The Hazel Hawkins Memorial Hospital Auxiliary and the Hazel Hawkins Hospital Foundation shall assist in promoting the health and welfare of the community in accordance with these Bylaws and shall delineate their purpose and function in their respective Bylaws. The Bylaws and rules of the Auxiliary and the Foundation shall be subject to approval of the Board.

XIV. INDEMNIFICATION

~~Any~~ Any person made or threatened to be made a party to any action or proceeding, whether civil or criminal, administrative or investigative, by reason of the fact that they, their estate, or their personal representative is or was a member of the Board of Directors, officer of the Board of Directors (e.g., President, Vice President, Secretary, Assistant Secretary, Treasurer), officer or employee of the District (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer), or an individual (including a committee appointee) acting as an agent of the District, or serves or served any other corporation or other entity or organization in any capacity at the request of the District while acting as a member of the Board, officer of the Board, officer or employee Of the District, or an agent of the District, shall be and hereby is indemnified by the District, as provided in California Government Code Section 825 and following.

Indemnification shall be against all judgments, fines, amounts paid in settlement and reasonable expenses, including attorney's fees actually and necessarily incurred, as a result of any such action or proceeding, or any appeal therein, to the fullest extent permitted and in the manner prescribed by the laws of the State

of California, as they may be amended from time to time, or such other law or laws as may be applicable to the extent such other law or laws is not inconsistent with the laws of California, including California Government Code Section 825 and following.

XV. GENERAL PROVISIONS

A. Execution of Contracts. The Board, except as otherwise provided in these Bylaws, may authorize any officer or officers, agent or agents, to enter into any contract to execute any contract or execute any instrument in the name of and on behalf of the District.

B. Seal. The District may have a seal and may alter said seal at its pleasure.

C. Fiscal Year. The fiscal year of the District shall commence July 1st of each year and shall end June 30th of each year.

D. Annual Audit. The affairs and financial condition of the District shall be audited annually at the end of each fiscal year by a Certified Public Accountant selected by the Board and the Chief Executive Officer and a written report of such audit and appropriate financial statements submitted to the Board. Additional audits may be authorized by the Board.

E. Review of Bylaws. The Bylaws of the Board should be reviewed at least every two (2) years and revised as necessary.

F. Amendment. These Bylaws may be amended at any properly noticed meeting of the Board by a majority of three (3) Board members.

G. Adoption. Adoption of Bylaws shall be by a majority of three (3) Board members, at any properly noticed meeting of the Board.

These Amended and Restated Bylaws of San Benito Health Care District were approved by Resolution ~~2021~~2025-05-XX of the SBHCD Board of Directors on ~~March 25, 2021~~ _____, 2025.

Revised:

Amended/Restated: April 27, 2023

Reviewed: November 3, 2016

Revised: April 27, 2023

Revised: December 15, 2005

Revised: May 24, 2001

CERTIFICATE OF SECRETARY

I, the undersigned, the duly elected Secretary of the Board of Directors of San Benito Health Care District, do hereby certify:

That the foregoing Amended and Restated Bylaws were adopted as the Bylaws of San Benito Health Care District by Resolution ~~2021~~2025-05-XX of the Board of Directors of the San Benito Health Care District

on ~~March 25, 2021~~_____, ~~2025~~, and that the same do now constitute the Bylaws of San Benito Health Care District.

Dated: ~~April 27~~_____, ~~2023~~2025

Board Secretary
San Benito Health Care District

DRAFT



Hazel Hawkins

MEMORIAL HOSPITAL

**SPECIAL MEETING OF SAN BENITO HEALTH CARE DISTRICT
BOARD OF DIRECTORS
AD HOC COMMITTEE – BYLAWS / POLICIES AND PROCEDURES
JUNE 20, 2025 – 10:00 AM**

WOMEN'S CENTER, 2ND-FLOOR, HORIZON CONFERENCE ROOM

MINUTES

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

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

Ad Hoc – Committee Members Present

Josie Sanchez, Board Member (Chair)

Devon Pack, Board Member

Mary Casillas, Interim CEO

Also Present

Heidi Quinn, Legal Counsel

Laura Garcia, Executive Assistant

1. Call to Order

The meeting of the (*Ad Hoc*) – Bylaws/Policies and Procedures Committee was called to order at 10:00 am by Director Sanchez.

2. Consider and Approve Recommendation for Proposed Revisions to Bylaws of San Benito Health Care District

The Committee reviewed proposed revisions to sections of the Bylaws of the San Benito Health Care District (included in the packet).

The consensus was to recommend that the Board consider and approve the amended and restated District Bylaws, with additional modifications.

3. Discuss Policy Review Process and Approve a New Numbering Order

The Committee provided direction to staff regarding organization of the policies, and requested policies for review at its next scheduled meeting.

4. Discuss Code of Conduct and Provide Direction to Staff

The Committee directed staff to bring the Code of Conduct policies for review at its new scheduled meeting.

5. Consider and Approve Schedule of Future Meetings

The Committee scheduled its next meeting for August 25, 2025, at 3:00 pm.

6. Adjournment

There being no further regular business, the meeting was adjourned at 11:07 a.m.

Committee Members

Josie Sanchez, BOD Secretary (Chair)

Devon Pack, BOD Assistant Secretary

Mary Casillas, Chief Executive Officer

Laura Garcia, Executive Assistant

Delineation Of Privileges

General Surgery

Provider Name:

Privilege	
In order to be eligible to request clinical privileges for both initial appointment and reappointment, a practitioner must meet the following minimum threshold criteria: ☐ Education: M.D. or D.O. ☐ Formal Training: The applicant must demonstrate successful completion of an ACGME or AOA - approved post-graduate residency program in General Surgery. ☐ Certification: Board Certification in General Surgery by the American Board of Surgery, or active participation in the process leading to certification. ☐ Required Clinical Experience: The applicant for initial appointment or reappointment must be able to demonstrate that he/she has satisfactorily performed 100 general surgical procedures as the attending surgeon in the last 24 months within the scope of services outlined in the core privileges listed below. If the applicant meets the above criteria, he/she may request privileges as specified below	
General Surgery Core Privileges: Privileges include the performance of surgical procedures in the Hospital Operating Room or the Ambulatory Surgery Center (including admission, consultation, workup, preoperative and post-operative care) to correct or treat various conditions, illnesses, and injuries of the: alimentary tract; abdomen and its contents; breasts, skin and soft tissue; head and neck, including trauma, vascular, endocrine, congenital and oncologic disorders; endocrine system, including thyroid, parathyroid, adrenal and endocrine pancreas; genito-urinary system; pathological conditions of the lung, esophagus and chest wall; comprehensive management of trauma, including musculoskeletal, hand injuries; minor extremity surgery (i.e., biopsy, I&D, varicose veins, vascular access procedures, foreign body removal and skin grafts); complete care of critically ill patients with underlying surgical conditions, in the Emergency Department and/or Special Care Unit;	—
Moderate sedation	
Fluoroscopy equipment	—
Laparoscopy appendectomy (Basic Laparoscopy)	—
Laparoscopic cholecystectomy (Basic Laparoscopy)	—
Advanced Laparoscopic Procedures: ☐ Laparoscopic Inguinal & Incisional Herniorrhaphy ☐ Laparoscopic Anti-reflux/Esophageal Procedures ☐ Laparoscopic Enterolysis ☐ Laparoscopic Small & Large Bowel Procedures	—
EGD	—
Colonoscopy	—
Bronchoscopy	—
Permanent Pacemaker Insertion	—
Laser Surgery	—
Surgery Clinic (Outpatient) Privileges: Evaluate and diagnose conditions related to general surgery. Minor surgical procedures include excision of skin lesions (e.g., moles, cysts, lipomas), biopsies (e.g., skin, soft tissue, breast), drainage of abscesses, and incision and drainage of hematomas. Wound care (e.g., debridement of wounds, management of chronic wounds), ordering and interpreting diagnostic imaging, including X-rays, MRIs, CT scans, and ultrasounds, and conducting pre-operative and post-operative care for patients undergoing surgery	—
Core- Breast Surgical Oncology Privileges* * Must have completed an ACGME-accredited Breast Surgical Oncology Fellowship (or equivalent training and experience). In lieu of fellowship training, the applicant may demonstrate equivalent experience by having performed at least 50 breast surgical procedures within the past two (2) years, in addition to meeting the other requirements listed above.	
Breast conditions to include biopsy, aspiration, evaluation, and removal	—
Aspiration of breast cyst or abscesses	—
Wounds and conditions of soft tissue, including aspiration, biopsy, and repair	—
Lymph node biopsy or excision	—
Radical axillary dissection	—

Delineation Of Privileges

General Surgery

Provider Name:

Privilege	
Sentinel node biopsy	☐
Lumpectomy, quadrantectomy with or without needle localization	☐
Modified radical mastectomy	☐
Incision and drainage of breast abscesses	☐
Terminal central duct incision	☐
Subcutaneous Mastectomy	☐
Intraoperative Ultrasound	☐
Needle Localization	☐
Port Placement	☐
Breast Surgery Clinic (Outpatient) Privileges*: * Must have completed an ACGME-accredited Breast Surgical Oncology Fellowship (or equivalent training and experience). In lieu of fellowship training, the applicant may demonstrate equivalent experience by treating at least 50 breast patients within the past two (2) years, in addition to meeting the other requirements listed above. Privileges include but are not limited to evaluation and management of benign breast disease (e.g., fibrocystic changes, mastitis, breast cysts), nipple discharge, intraductal papilloma, fibroadenoma, phyllodes tumors (benign and malignant), high risk breast lesions (e.g., atypical ductal hyperplasia, atypical lobular hyperplasia, LCIS) and risk assessment and management of patients with elevated breast cancer risk.	☐
Acknowledgement of Practitioner I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise. Signed: _____ Date: _____	
Department Chair Recommendation All privileges delineated have been individually considered and have been recommended based upon the physician's specialty, licensure, specific training, experience, health status, current competence and peer recommendations I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s): [] Recommend all requested privileges [] Recommend privileges with the following conditions/modifications: [] Do not recommend the following requested privileges: Department Chair Signature _____ Print Name _____ Date _____	

HUMAN RESOURCES DASHBOARD 2025

DEPARTMENTAL METRICS	January	February	March	April	May	YTD(Jan-May)
# Employees	704	705	705	707	706	705
# New Hires	13	5	6	9	3	36
# Terminations	9	6	8	7	4	34
Overall Turnover	1.3%	0.9%	1.1%	1.0%	0.6%	4.82%
Nursing Turnover	0.73%	1.45%	2.9%	1.5%	2.3%	8.85%

Terms By Union	January	February	March	April	May	YTD(Jan-May)
The California Nurses Association (CNA)	1	2	4	2	3	12
National Union of Healthcare Workers (NUHW)	5	3	3	2	1	14
California License Vocational Nurses (CLVN)	0	0	0	0	0	0
Engineers and Scientists of California (ESC)	0	0	1	0	0	1
Non-Union	3	1	0	3	0	7

Terms By Reason (V=Voluntary & IV= Involuntary)	January	February	March	April	May	YTD(Jan-May)
Personal (V)	3	2	5	3	2	15
New Opportunity(V)	2	2	1	1	2	8
Retirement (V)	0	1	1	0	0	2
Schedule (V)	0	0	0	1	0	1
Job Abandonment (V)	0	0	0	1	0	1
No Reason Given (V)	0	0	0	0	0	0
Relocating (V)	0	1	1	0	0	2
School (V)	0	0	0	0	0	0
No Show (V)	0	0	0	0	0	0
RIF(IV)	0	0	0	0	0	0
Performance (IV)	4	0	0	1	0	5

Chief Nursing Officer Report

June 2025

- Goal setting with Hospitalist Medical Director
- CNO Dashboard
- Surgery Overview

CNO Dashboard May 2025				
Description	May 2025 Budget	May 2025 Actual	Budget - Year To Date Total	Actual -YTD Total
ED Visits	2,269	2,572	24,565	25,728
ED Admission %	10%>	5.21%	10%>	5.58%
LWBS %	<2.0%	0.8%	<2.0%	0.9%
Door to Provider	10 min	7 min	10 min	7 min
MS admissions	105	107	1,161	1206
ICU admissions	16	21	175	247
Deliveries	28	19	352	333
OR Inpatient	43	37	385	437
ASC/OP Cases	52	64	522	615
GI	118	60	1035	935
Met or Exceeded Target				
Within 10% of Target				
Not Within 10%				

OR cases by Service Line			
2025	MAR	APR	MAY
SURGERY TOTAL	86	105	97
GENERAL SURGERY	37	29	26
ORTHOPEDIC TOTAL	25	32	44
PODIATRY	1	0	0
TOTAL JOINTS	1	1	2
UROLOGY	0	2	2
OB/GYN TOTAL	24	40	24
C/SECTIONS	9	13	7
ENT TOTAL	0	2	1
GI TOTAL	54	92	60
GI ASC	51	89	56
GI INO	3	2	2
GI INPT	0	1	2

2024	MAR	APR	MAY
SURGERY TOTAL	81	91	100
GENERAL SURGERY	25	48	40
ORTHOPEDIC TOTAL	22	19	29
PODIATRY	7	3	6
TOTAL JOINTS	0	0	0
UROLOGY	2	0	0
OB/GYN TOTAL	32	24	30
C/SECTIONS	12	7	8
ENT TOTAL	0	0	1
GI TOTAL	84	107	115
GI ASC	0	0	0
GI INO	0	0	0
GI INPT	0	0	0



Hazel Hawkins

MEMORIAL HOSPITAL

**REGULAR MEETING OF THE FINANCE COMMITTEE
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
MONDAY, JUNE 23, 2025 - 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. Review Financial Updates
 - Financial Statements – May 2025
 - Finance Dashboard – May 2025
 - Supplemental Payments – May 2025
3. Consider Recommendation for Board Approval of Professional Services Agreement with John Wiemann, IV, MD.
 - Report
 - Committee Questions
 - Motion/Second
4. Consider Recommendation for Board Approval of Professional Services Agreement, Amendment 1 with Bay Area Gynecology Oncology, Inc.
 - Report
 - Committee Questions
 - Motion/Second
5. Consider Recommendation for Board Approval of FYE 06/30/26 Operating and Capital Budgets.
 - Report
 - Committee Questions
 - Motion/Second
6. Public Comment



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

7. Adjournment

The next Finance Committee meeting is scheduled for **Monday, July 21, 2025 at 4:30 p.m.**

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

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



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

June 23, 2025

CFO Financial Summary for the District Board:

For the month ending May 31, 2025, the District's Net Surplus **(Loss)** is \$11,328,466 compared to a budgeted Surplus **(Loss)** of \$391,026. The District exceeded its budget for the month by \$10,937,440.

YTD as of May 30, 2025, the District's Net Surplus **(Loss)** is \$30,245,809 compared to a budgeted Surplus **(Loss)** of \$6,124,978. The District is exceeding its budget YTD by \$24,120,831.

Acute discharges were 159 for the month, exceeding budget by 4 discharges or 3%. The ADC was 15.19 compared to a budget of 14.48. The ALOS was 2.96. The acute I/P gross revenue exceeded budget by **\$723,362 (10%)** while O/P services gross revenue exceeded budget by **\$2.7 million** or 10% over budget. ER I/P visits were 124 and ER O/P visits were over budget by 307 visits or 14%. The RHCs & Specialty Clinics treated 3,576 (includes 589 visits at the Diabetes Clinic) and 1,158 visits respectively.

Other Operating revenue exceeded budget by **\$12 million** due to:

- 1) **\$10,773,126** in Employee Retention Credit (ERC). The 15% consulting fee of \$1.6 million was expensed under professional fees.
- 2) **\$1,162,893** for CY 2024 IGT and (Direct) HQAF funding.

Operating Expenses were over budget by **\$2.5 million** due mainly to: \$1.6 million in Professional Fees for the ERC funding, Registry of \$300,554 (partially offset by savings in Benefits of \$117,297. Supplies and Purchased Services were over budget by \$245,022 and \$288,802 respectively due mainly to the increase I/P ADC and Orthopedic surgery cases.

Non-operating Revenue was slightly under budget by **\$15,873** due to \$8,754 in bank fees for the revenue bonds and the timing of donations.

The SNFs ADC was **93.29** for the month. The Net Surplus **(Loss)** is \$230,934 compared to a budget of \$133,095. YTD, the Net Surplus **(Loss)** is \$1,642,128 exceeding its budget by \$584,278.



San Benito Health Care District
Hazel Hawkins Memorial Hospital
MAY 2025

Description	MTD Budget	MTD Actual	YTD Actual	YTD Budget	FYE Budget
Average Daily Census - Acute	14.48	15.19	14.70	14.86	14.90
Average Daily Census - SNF	87.95	93.29	87.66	84.71	85.00
Acute Length of Stay	2.90	2.96	2.73	2.90	2.90
<u>ER Visits:</u>					
Inpatient	128	124	1,482	1,330	1,444
Outpatient	2,141	2,448	24,246	23,234	25,269
Total	2,269	2,572	25,728	24,564	26,713
Days in Accounts Receivable	50.0	51.6	51.6	50.0	50.0
Productive Full-Time Equivalents	521.33	541.76	520.04	521.33	521.33
Net Patient Revenue	12,225,419	13,736,164	145,113,351	132,489,657	144,649,605
Payment-to-Charge Ratio	32.8%	33.6%	33.8%	32.7%	32.7%
Medicare Traditional Payor Mix	28.06%	33.27%	29.47%	28.20%	28.51%
Commercial Payor Mix	21.94%	23.97%	23.32%	21.98%	21.88%
Bad Debt % of Gross Revenue	1.42%	1.30%	1.76%	1.42%	1.42%
EBIDA	621,320	11,566,057	32,813,262	8,699,132	9,671,943
EBIDA %	4.86%	43.89%	19.46%	6.28%	6.40%
Operating Margin	0.32%	41.72%	15.58%	1.60%	1.72%
Salaries, Wages, Registry & Benefits %:					
by Net Operating Revenue	62.35%	31.31%	50.80%	61.12%	61.10%
by Total Operating Expense	62.55%	53.73%	60.17%	62.11%	62.15%
<u>Bond Covenants:</u>					
Debt Service Ratio	1.25	19.16	19.16	1.25	5.18
Current Ratio	1.50	3.75	3.75	1.50	2.00
Days Cash on hand	30.00	105.84	105.84	30.00	100.00
Met or Exceeded Target					
Within 10% of Target					
Not Within 10%					

Statement of Cash Flows
Hazel Hawkins Memorial Hospital
Hollister, CA
Eleven months ending May 31, 2025

	CASH FLOW		COMMENTS
	Current Month 5/31/2025	Current Year-To-Date 5/31/2025	
CASH FLOWS FROM OPERATING ACTIVITIES:			
Net Income (Loss)	\$11,328,466	\$30,245,809	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation	331,639	3,648,880	
(Increase)/Decrease in Net Patient Accounts Receivable	(236,284)	(9,254,107)	
(Increase)/Decrease in Other Receivables	8,524,493	108,242	
(Increase)/Decrease in Inventories	(5,559)	39,889	
(Increase)/Decrease in Pre-Paid Expenses	43,111	(328,478)	
(Increase)/Decrease in Due From Third Parties	0	382,569	
Increase/(Decrease) in Accounts Payable	(503,958)	(3,001,096)	
Increase/(Decrease) in Notes and Loans Payable	0	0	
Increase/(Decrease) in Accrued Payroll and Benefits	496,773	(5,545,876)	
Increase/(Decrease) in Accrued Expenses	6,742	(10,738)	
Increase/(Decrease) in Patient Refunds Payable	(12,547)	(11,609)	
Increase/(Decrease) in Third Party Advances/Liabilities	0	3,000,882	
Increase/(Decrease) in Other Current Liabilities	71,932	435,228	
Net Cash Provided by Operating Activities:	8,716,344	(10,536,216)	Semi-Annual Int. - 2005 GO & 2021 Revenue Bonds
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of Property, Plant and Equipment	(65,164)	(4,246,950)	
(Increase)/Decrease in Limited Use Cash and Investments	0	0	
(Increase)/Decrease in Other Limited Use Assets	(1,181,737)	(4,500,095)	Bond Principal & Int Payment - 2014 (2005) & 2021 Bonds
(Increase)/Decrease in Other Assets	5,911	65,021	Amortization
Net Cash Used by Investing Activities	(1,240,990)	(8,682,024)	
CASH FLOWS FROM FINANCING ACTIVITIES:			
Increase/(Decrease) in Capital Lease Debt	(8,893)	(465,285)	
Increase/(Decrease) in Bond Mortgage Debt	(28,520)	(1,848,720)	2014 GO Principal & Refinancing of 2013 Bonds with 2021 Bonds
Increase/(Decrease) in Other Long Term Liabilities	0	0	
Net Cash Used for Financing Activities	(35,413)	(2,314,005)	
(INCREASE)/DECREASE IN RESTRICTED ASSETS	100,000	100,000	
Net Increase/(Decrease) in Cash	18,868,407	8,813,564	
Cash, Beginning of Period	25,090,781	35,145,624	
Cash, End of Period	\$43,959,188	\$43,959,188	\$0
Cost per day to run the District	\$415,325	\$33,786,301	Budgeted Cash on Hand
Operational Days Cash on Hand	105.84	\$10,172,887	Variance

Hazel Hawkins Memorial Hospital
Supplemental Payment Programs
As of May 31, 2025, FYE June 30, 2025

	Payor	Actual FY 2025	Actual FY 2024	Notes:
Intergovernmental Transfer Programs:				
- AB 113 Non-Designated Public Hospital (NDPH) SFY 2022/2023 Final Payment SFY 2023/2024	DHCS	39,795	407,785	Requires District to fund program and wait for matching return. Paid on 04/17/24, \$156,525.63, funds rec'd in June. Exp. June 2025.
SFY 2023/2024 Interim SFY 2024/2025	DHCS	305,302	434,472	Paid on 04/24/24, \$506,883.51, funds rec'd in June. Exp. June 2025.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2022	Anthem	-	2,405,548	Net amount rec'd on November 1, 2023 check for CY 2022.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2023	Anthem	-	2,432,278	IGT by March 22, 2024 of \$1,257,738, funds expected in May/June.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2024	CCAH	2,407,056	-	Paid IGT of \$1,067,193 in April. Rec. in May.
- Rate Range Jan. 1, 2022 through Dec. 31, 2022	Anthem	-	1,025,179	IGT by Feb. 23, 2024 of \$472,508, funds expected in April/May.
- Rate Range Jan. 1, 2022 through Dec. 31, 2023	Anthem	-	-	Received in February 2025.
- QIP PY 5 Settlement	Anthem	1,339,141	-	IGT by Feb. 16, 2024 of \$1,891,350.65, funds expected in April/May.
- QIP PY 6 Settlement	Anthem	-	3,459,757	Sent IGT of \$2,342,379 in March. Rec. in May.
- District Hospital Directed Payments (DHDP) CY 2023	DHCS	4,311,260	2,342,379	New Program created by the DHLP. Rec. in May.
- QIP PY 4 1st Loan Repayment	DHCS	710,853	-	Paid on 02/26/2024.
- QIP PY 4 2nd Loan Repayment	District	-	(1,253,000)	Paid on 04/08/2024.
- QIP PY 5 Loan Repayment	District	(3,090,086)	(1,222,438)	Paid on December 9, 2024.
IGT sub-total		6,023,320	10,031,960	
Non-Intergovernmental Transfer Programs:				
- AB 915 SY 2023-24	DHCS	1,802,585	4,143,717	Direct Payments. Received on March 17, 2025.
- SB 239 Hospital Quality Assurance Fund (HQAF)	DHCS	1,069,577	1,069,577	Rec. Sep. 4, 2024.
- SB 239 Hospital Quality Assurance Fund (HQAF)	DHCS	-	3,208,731	1st, 2nd & 3rd Qtrs rec'd on 03/19/2024, 05/23/2024 & 06/27/2024.
- SB 239 Hospital Quality Assurance Fund (HQAF) VIII	DHCS	1,081,621	-	Expected to Rec. 4th qtr payment by June 30, 2025.
- SB 239 Hospital Quality Assurance Fund (HQAF) VIII	DHCS	3,244,863	-	Rec'd 1st, 2nd, & 3rd Qtr payments YTD.
- Distinct Part, Nursing Facility (DP/NF)	-	-	-	Based on actual cost difference.
- Medi-Cal Disproportionate Share (DSH)	DHCS	1,115,930	1,452,877	Expected quarterly through June 30, 2025.
Non-IGT sub-total		8,314,576	9,874,903	
Program Grand Totals		14,337,896	19,906,863	
Total Received		16,001,264	18,970,344	
Total Pending		1,426,718	1,069,577	
Total Paid		(3,090,086)	(2,475,438)	
Net Supplemental Payments		14,337,896	17,564,484	

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
HOLLISTER, CA 95023
FOR PERIOD 05/31/25

	CURRENT MONTH				YEAR-TO-DATE			
	ACTUAL 05/31/25	BUDGET 05/31/25	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/24	ACTUAL 05/31/25	BUDGET 05/31/25	POS/NEG VARIANCE
GROSS PATIENT REVENUE:								
ACUTE ROUTINE REVENUE	3,709,077	3,248,014	461,063	14	3,237,733	37,108,986	35,901,415	1,207,571
SNP ROUTINE REVENUE	2,177,580	2,074,448	103,132	5	1,868,700	22,094,790	21,580,950	513,840
ANCILLARY INPATIENT REVENUE	4,415,116	4,019,444	395,672	10	4,136,534	46,918,497	44,205,704	2,712,793
HOSPITALIST/PEDS I/P REVENUE	0	0	0	0	158,278	0	0	0
TOTAL GROSS INPATIENT REVENUE	10,301,773	9,341,906	959,867	10	9,401,244	106,122,272	101,688,069	4,434,203
ANCILLARY OUTPATIENT REVENUE	30,578,782	27,881,294	2,697,488	10	28,988,884	322,882,848	303,547,524	19,335,324
HOSPITALIST/PEDS O/P REVENUE	0	0	0	0	80,525	0	0	0
TOTAL GROSS OUTPATIENT REVENUE	30,578,782	27,881,294	2,697,488	10	29,069,409	322,882,848	303,547,524	19,335,324
TOTAL GROSS PATIENT REVENUE	40,880,554	37,223,200	3,657,354	10	38,470,653	429,005,121	405,235,593	23,769,528
DEDUCTIONS FROM REVENUE:								
MEDICARE CONTRACTUAL ALLOWANCES	11,112,054	10,085,998	1,026,056	10	9,685,889	115,582,735	110,067,898	5,514,837
MEDI-CAL CONTRACTUAL ALLOWANCES	10,292,214	9,974,451	317,763	3	10,058,061	109,175,819	108,826,446	349,373
BAD DEBT EXPENSE	550,068	528,186	21,882	4	770,155	7,548,429	5,768,307	1,780,122
CHARITY CARE	65,355	39,381	25,974	66	71,700	392,623	430,014	(37,391)
OTHER CONTRACTUALS AND ADJUSTMENTS	5,124,700	4,369,765	754,935	17	4,242,139	51,192,164	47,653,271	3,538,893
HOSPITALIST/PEDS CONTRACTUAL ALLOW	0	0	0	0	(25,778)	0	0	0
TOTAL DEDUCTIONS FROM REVENUE	27,144,391	24,997,781	2,146,610	9	24,802,165	283,891,770	272,745,936	11,145,834
NET PATIENT REVENUE	13,736,164	12,225,419	1,510,745	12	13,668,489	145,113,351	132,489,657	12,623,694
OTHER OPERATING REVENUE	12,616,734	554,881	12,061,853	2,174	747,655	23,468,299	6,033,691	17,434,608
NET OPERATING REVENUE	26,352,897	12,780,300	13,572,597	106	14,416,143	168,581,650	138,523,348	30,058,302
OPERATING EXPENSES:								
SALARIES & WAGES	5,382,042	5,308,135	73,907	1	4,781,214	55,702,192	56,539,648	(837,456)
REGISTRY	582,187	229,839	352,348	153	508,004	5,919,898	2,522,455	3,397,443
EMPLOYEE BENEFITS	2,287,943	2,430,458	(142,515)	(6)	2,148,020	24,010,680	25,600,941	(1,590,261)
PROFESSIONAL FEES	3,252,006	1,656,213	1,595,793	96	1,793,251	18,642,349	17,898,633	743,716
SUPPLIES	1,286,032	1,025,255	260,777	25	1,228,319	12,369,062	11,090,388	1,278,674
PURCHASED SERVICES	1,424,286	1,151,622	272,664	24	1,317,878	14,748,229	12,444,979	2,303,250
RENTAL	156,263	150,183	6,080	4	154,948	1,762,896	1,622,962	139,934
DEPRECIATION & AMORT	317,020	318,477	(1,457)	(1)	321,583	3,486,966	3,503,247	(16,281)
INTEREST	125,434	27,693	97,741	353	5,701	533,265	307,172	232,093
OTHER	545,558	441,612	103,946	24	487,074	5,140,369	4,779,368	361,001
TOTAL EXPENSES	15,358,771	12,739,487	2,619,284	21	12,745,991	142,321,906	136,309,793	6,012,113
NET OPERATING INCOME (LOSS)	10,994,126	40,813	10,953,313	26,838	1,670,153	26,259,744	2,213,555	24,046,189
								1,086
								10,412,627

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HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY
HOLLISTER, CA 95023
FOR PERIOD 05/31/25

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE		
	ACTUAL 05/31/25	BUDGET 05/31/25	PERCENT VARIANCE	ACTUAL 05/31/24	BUDGET 05/31/25	PERCENT VARIANCE	POS/MO VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/24
GROSS PATIENT REVENUE:									
ROUTINE REVENUE	3,709,077	3,248,014	14	3,237,733	37,108,986		1,207,571	3	35,989,474
ANCILLARY INPATIENT REVENUE	3,939,453	3,677,154	7	3,918,896	42,618,257		1,973,488	5	41,413,585
HOSPITALIST I/P REVENUE	0	0	0	158,278	0		0	0	1,837,230
TOTAL GROSS INPATIENT REVENUE	7,648,530	6,925,168	10	7,314,906	79,727,242		3,181,058	4	79,240,288
ANCILLARY OUTPATIENT REVENUE	30,578,782	27,881,294	10	28,988,884	322,882,848		19,335,324	6	301,192,618
HOSPITALIST O/P REVENUE	0	0	0	80,525	0		0	0	774,916
TOTAL GROSS OUTPATIENT REVENUE	30,578,782	27,881,294	10	29,069,409	322,882,848		19,335,324	6	301,967,534
TOTAL GROSS ACUTE PATIENT REVENUE	38,227,311	34,806,462	10	36,384,315	402,610,091		22,516,383	6	381,207,822
DEDUCTIONS FROM REVENUE ACUTE:									
MEDICARE CONTRACTUAL ALLOWANCES	10,746,860	9,862,767	9	9,505,049	112,476,815		4,731,244	4	106,111,793
MEDI-CAL CONTRACTUAL ALLOWANCES	10,315,085	9,844,084	5	9,656,152	108,376,783		906,574	1	106,175,292
BAD DEBT EXPENSE	542,323	523,186	4	752,911	7,469,832		1,756,525	31	7,198,878
CHARITY CARE	65,355	39,381	66	71,054	331,185		447,117	(23)	447,117
OTHER CONTRACTUALS AND ADJUSTMENTS	5,036,384	4,335,825	16	4,247,525	50,818,019		3,517,841	7	48,289,072
HOSPITALIST/PEDS CONTRACTUAL ALLOW	0	0	0	(25,778)	0		0	0	28,667
TOTAL ACUTE DEDUCTIONS FROM REVENUE	26,706,006	24,605,243	9	24,206,913	279,472,634		10,813,355	4	268,250,820
NET ACUTE PATIENT REVENUE	11,521,305	10,201,219	13	12,177,402	123,137,456		11,703,027	11	112,957,002
OTHER OPERATING REVENUE	12,616,734	554,881	2,174	747,655	23,468,299		17,434,608	289	6,481,739
NET ACUTE OPERATING REVENUE	24,138,039	10,756,100	124	12,925,057	146,605,755		29,137,635	25	119,438,742
OPERATING EXPENSES:									
SALARIES & WAGES	4,301,872	4,246,854	1	3,818,258	44,301,171		(1,079,394)	(2)	40,988,175
REGISTRY	500,554	200,000	150	462,737	5,335,822		3,135,822	143	3,655,529
EMPLOYEE BENEFITS	1,768,398	1,885,694	(6)	1,704,141	18,677,485		(1,181,085)	(6)	18,009,003
PROFESSIONAL FEES	3,249,796	1,653,831	97	1,791,041	18,618,039		745,144	4	17,730,290
SUPPLIES	1,172,700	927,678	26	1,136,476	11,275,872		1,244,089	12	10,710,764
PURCHASED SERVICES	1,351,138	1,062,336	27	1,224,760	13,691,689		2,211,561	19	11,434,802
RENTAL	141,853	149,089	(5)	153,205	1,658,621		1,611,140	3	1,526,254
DEPRECIATION & AMORT	277,441	278,940	(1)	282,596	3,056,314		(12,026)	0	3,124,596
INTEREST	125,434	277,693	353	5,701	539,265		232,093	76	477,781
OTHER	454,542	385,147	18	418,181	4,500,664		332,022	8	4,205,670
TOTAL EXPENSES	13,343,727	10,817,262	23	10,997,096	121,654,942		5,675,727	5	111,862,865
NET OPERATING INCOME (LOSS)	10,794,312	(61,162)	(17,749)	1,927,960	24,950,814		23,461,905	1,576	7,575,877

HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY
HOLLISTER, CA 95023
FOR PERIOD 05/31/25

	CURRENT MONTH			YEAR-TO-DATE				
	ACTUAL 05/31/25	BUDGET 05/31/25	POS/NBG VARIANCE	PRIOR YR 05/31/24	ACTUAL 05/31/25	BUDGET 05/31/25	POS/NBG VARIANCE	PRIOR YR 05/31/24
NON-OPERATING REVENUE\EXPENSE:								
DONATIONS	0	5,000	(5,000)	0	226,594	155,000	71,594	243,927
PROPERTY TAX REVENUE	204,954	204,954	0	174,954	2,254,494	2,254,494	0	1,923,394
GO BOND PROP TAXES	175,915	175,915	0	170,388	1,935,062	1,935,065	(3)	1,874,265
GO BOND INT REVENUE EXPENSE	(65,081)	(65,081)	0	(68,721)	(715,896)	(715,891)	(5)	(755,932)
OTHER NON-OPER REVENUE	13,890	15,908	(2,018)	13,603	172,919	174,988	(2,069)	191,954
OTHER NON-OPER EXPENSE	(36,356)	(17,603)	(8,753)	(74,331)	(235,004)	(225,433)	(9,571)	(322,338)
INVESTMENT INCOME	(101)	0	(101)	0	14,697	0	14,697	(4,209)
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	303,220	319,093	(15,873)	215,792	3,652,867	3,578,223	74,644	3,151,062
NET SURPLUS (LOSS)	11,097,532	257,931	10,839,601	2,143,753	28,603,681	5,067,128	23,536,553	10,726,938

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HAZEL HAWKINS SKILLED NURSING FACILITIES
BOLLISTER, CA
FOR PERIOD 05/31/25

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			PRIOR YR		
	ACTUAL 05/31/25	BUDGET 05/31/25	POS/NEG VARIANCE	PERCENT VARIANCE	05/31/24	05/31/25	ACTUAL 05/31/25	BUDGET 05/31/25	POS/NEG VARIANCE	PERCENT VARIANCE	05/31/24	05/31/24
GROSS SNF PATIENT REVENUE:												
ROUTINE SNF REVENUE	2,177,580	2,074,448	103,132	5	1,868,700	22,094,790	22,094,790	21,580,950	513,840	2	22,866,868	
ANCILLARY SNF REVENUE	475,663	342,290	133,373	39	217,639	4,300,240	4,300,240	3,560,935	739,305	21	3,329,661	
TOTAL GROSS SNF PATIENT REVENUE	2,653,243	2,416,738	236,505	10	2,086,339	26,395,030	26,395,030	25,141,885	1,253,145	5	26,196,529	
DEDUCTIONS FROM REVENUE SNF:												
MEDICARE CONTRACTUAL ALLOWANCES	365,194	223,231	141,963	64	180,840	3,105,920	3,105,920	2,322,327	783,593	34	2,428,890	
MEDI-CAL CONTRACTUAL ALLOWANCES	(22,871)	130,367	(153,238)	(118)	401,909	799,036	799,036	1,356,237	(557,201)	(41)	1,699,935	
BAD DEBT EXPENSE	7,745	5,000	2,745	55	17,243	78,597	78,597	55,000	23,597	43	(91,867)	
CHARITY CARE	0	0	0	0	645	61,438	61,438	0	61,438	0	3,702	
OTHER CONTRACTUALS AND ADJUSTMENTS	88,316	33,940	54,376	160	(5,386)	374,145	374,145	353,093	21,052	6	368,652	
TOTAL SNF DEDUCTIONS FROM REVENUE	438,385	392,538	45,847	12	595,252	4,419,136	4,419,136	4,086,657	332,479	8	4,409,312	
NET SNF PATIENT REVENUE	2,214,859	2,024,200	190,659	9	1,491,087	21,975,894	21,975,894	21,055,228	920,666	4	21,787,216	
OTHER OPERATING REVENUE	0	0	0	0	0	0	0	0	0	0	0	
NET SNF OPERATING REVENUE	2,214,859	2,024,200	190,659	9	1,491,087	21,975,894	21,975,894	21,055,228	920,666	4	21,787,216	
OPERATING EXPENSES:												
SALARIES & WAGES	1,080,170	1,061,281	18,889	2	962,955	11,401,021	11,401,083	11,159,083	241,938	2	10,368,013	
REGISTRY	81,634	29,839	51,795	174	45,267	584,076	584,076	322,455	261,621	81	400,851	
EMPLOYEE BENEFITS	519,546	544,764	(25,218)	(5)	443,879	5,333,195	5,333,195	5,742,371	(409,176)	(7)	5,128,602	
PROFESSIONAL FEES	2,210	2,382	(172)	(7)	2,210	24,310	24,310	25,738	(1,428)	(6)	24,310	
SUPPLIES	113,331	97,577	15,754	16	91,843	1,093,191	1,093,191	1,058,605	34,586	3	1,054,744	
PURCHASED SERVICES	73,148	89,286	(16,138)	(18)	93,118	1,056,540	1,056,540	964,871	91,669	10	938,635	
RENTAL	14,410	1,094	13,316	1,217	1,742	104,275	104,275	11,822	92,453	782	12,872	
DEPRECIATION	39,580	39,537	43	0	36,987	430,653	430,653	434,907	(4,254)	(1)	433,451	
INTEREST	0	0	0	0	0	0	0	0	0	0	0	
OTHER	91,016	56,465	34,551	61	68,892	639,705	639,705	610,726	28,979	5	588,988	
TOTAL EXPENSES	2,015,044	1,922,225	92,819	5	1,748,895	20,666,964	20,666,964	20,330,578	336,386	2	18,950,466	
NET OPERATING INCOME (LOSS)	199,814	101,975	97,839	96	(257,808)	1,308,930	1,308,930	724,650	584,280	81	2,836,751	
NON-OPERATING REVENUE/EXPENSE:												
DONATIONS	0	0	0	0	0	0	0	0	0	0	0	
PROPERTY TAX REVENUE	36,168	36,168	0	0	30,857	397,848	397,848	397,848	0	0	339,427	
OTHER NON-OPER EXPENSE	(5,048)	(5,048)	0	0	(6,188)	(64,650)	(64,650)	(64,648)	(2)	0	(76,867)	
TOTAL NON-OPERATING REVENUE/(EXPENSE)	31,120	31,120	0	0	24,669	333,198	333,198	333,200	(2)	0	262,560	
NET SURPLUS (LOSS)	230,934	133,095	97,839	74	(233,139)	1,642,128	1,642,128	1,057,850	584,278	55	3,099,311	

HAZEL HAWKINS MEMORIAL HOSPITAL
HOLLISTER, CA
For the month ended 05/31/25

	CURR MONTH 05/31/25	PRIOR MONTH 04/30/25	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/24
CURRENT ASSETS					
CASH & CASH EQUIVALENT	43,959,188	25,090,781	18,868,407	75	35,145,624
PATIENT ACCOUNTS RECEIVABLE	66,592,582	68,197,801	(1,605,219)	(2)	67,848,785
BAD DEBT ALLOWANCE	(6,686,582)	(6,911,622)	225,041	(3)	(9,487,617)
CONTRACTUAL RESERVES	(38,570,490)	(40,186,954)	1,616,464	(4)	(46,279,766)
OTHER RECEIVABLES	5,823,101	14,347,594	(8,524,493)	(59)	5,931,344
INVENTORIES	4,456,182	4,450,623	5,559	0	4,496,070
PREPAID EXPENSES	2,103,502	2,146,613	(43,111)	(2)	1,775,026
DUE TO\FROM THIRD PARTIES	(181,860)	(181,860)	0	0	200,709
TOTAL CURRENT ASSETS	77,495,624	66,952,977	10,542,647	16	59,630,175
ASSETS WHOSE USE IS LIMITED					
BOARD DESIGNATED FUNDS	8,013,013	6,831,277	1,181,737	17	3,512,919
TOTAL LIMITED USE ASSETS	8,013,013	6,831,277	1,181,737	17	3,512,919
PROPERTY, PLANT, AND EQUIPMENT					
LAND & LAND IMPROVEMENTS	3,370,474	3,370,474	0	0	3,370,474
BLDGS & BLDG IMPROVEMENTS	100,098,374	100,098,374	0	0	100,098,374
EQUIPMENT	45,876,270	45,795,086	81,184	0	44,435,024
CONSTRUCTION IN PROGRESS	4,199,667	4,215,687	(16,020)	0	1,393,964
GROSS PROPERTY, PLANT, AND EQUIPMENT	153,544,784	153,479,621	65,164	0	149,297,836
ACCUMULATED DEPRECIATION	(98,058,044)	(97,726,404)	(331,639)	0	(94,409,166)
NET PROPERTY, PLANT, AND EQUIPMENT	55,486,741	55,753,216	(266,476)	(1)	54,888,670
OTHER ASSETS					
UNAMORTIZED LOAN COSTS	333,126	339,037	(5,911)	(2)	398,148
PENSION DEFERRED OUTFLOWS NET	7,038,149	7,038,149	0	0	7,038,149
TOTAL OTHER ASSETS	7,371,275	7,377,186	(5,911)	0	7,436,297
TOTAL UNRESTRICTED ASSETS	148,366,653	136,914,655	11,451,997	8	125,468,061
RESTRICTED ASSETS	127,157	129,318	(2,160)	(2)	127,119
TOTAL ASSETS	148,493,810	137,043,973	11,449,837	8	125,595,180

HAZEL HAWKINS MEMORIAL HOSPITAL
HOLLISTER, CA
For the month ended 05/31/25

	CURR MONTH 05/31/25	PRIOR MONTH 04/30/25	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/24
CURRENT LIABILITIES					
ACCOUNTS PAYABLE	5,571,589	6,075,545	503,956	(8)	8,572,685
ACCRUED PAYROLL	2,920,381	2,379,968	(540,413)	23	5,824,977
ACCRUED PAYROLL TAXES	456,178	446,926	(9,252)	2	1,608,471
ACCRUED BENEFITS	5,206,840	5,259,732	52,892	(1)	6,695,829
OTHER ACCRUED EXPENSES	78,823	72,081	(6,742)	9	89,559
PATIENT REFUNDS PAYABLE	1,310	13,857	12,547	(91)	12,920
DUE TO\FROM THIRD PARTIES	5,356,466	5,356,466	0	0	2,355,584
OTHER CURRENT LIABILITIES	1,046,982	975,050	(71,932)	7	611,755
TOTAL CURRENT LIABILITIES	20,638,568	20,579,624	(58,944)	0	25,771,780
LONG-TERM DEBT					
LEASES PAYABLE	4,642,201	4,649,094	6,893	0	5,107,486
BONDS PAYABLE	29,893,401	29,921,921	28,520	0	31,742,121
TOTAL LONG TERM DEBT	34,535,602	34,571,015	35,413	0	36,849,607
OTHER LONG-TERM LIABILITIES					
DEFERRED REVENUE	0	0	0	0	0
LONG-TERM PENSION LIABILITY	23,814,514	23,814,514	0	0	23,814,514
TOTAL OTHER LONG-TERM LIABILITIES	23,814,514	23,814,514	0	0	23,814,514
TOTAL LIABILITIES	78,988,684	78,965,153	(23,531)	0	86,435,901
NET ASSETS:					
UNRESTRICTED FUND BALANCE	39,064,686	39,064,686	0	0	39,064,686
RESTRICTED FUND BALANCE	194,631	96,792	(97,840)	101	94,593
NET REVENUE/(EXPENSES)	30,245,809	18,917,342	(11,328,466)	60	0
TOTAL NET ASSETS	69,505,126	58,078,820	(11,426,306)	20	39,159,279
TOTAL LIABILITIES AND NET ASSETS	148,493,810	137,043,973	(11,449,837)	8	125,595,180

Board of Directors Contract Review Worksheet

Professional Services Agreement for Orthopedic Services with John Wiemann IV, M.D.



Executive Summary: Dr. John Wiemann, IV is a board-certified orthopedic surgeon with extensive experience in both adult general and pediatric orthopedics. He completed his medical degree and orthopedic residency at the University of California San Diego and the University Of New Mexico School Of Medicine, followed by a fellowship in pediatric orthopedics at Orlando Health/Arnold Palmer Hospital for Children.

Dr. Wiemann started with us in February 2025 as a locum tenens provider and has been a great fit with both our clinic and surgical services teams. He brings expanded coverage for total hip & knee joint replacements, as well as other complex orthopedic issues. We are now looking to move forward with a permanent agreement to bring him under contract for ongoing orthopedic coverage.

Recommended Board Motion: It is recommended that the Board approve a three-year professional services agreement with Dr. John Wiemann for orthopedic surgical coverage with compensation set at \$4,140.63 per shift.

Services Provided: Clinic, hospital & emergency orthopedic call coverage consisting of a minimum of 16 shifts per month.

Agreement Terms:

Contract Term	Effective Date	Estimated Annual Cost	Term clause
3 years	7/8/2025	Year 1: \$795,000	60 days

PROFESSIONAL SERVICES AGREEMENT

This Professional Services Agreement (“**Agreement**”) is made, entered into and effective as of July 8, 2025 (“**Effective Date**”), by and between San Benito Health Care District, a local health care district organized and operated pursuant to Division 23 of the California Health and Safety Code (“**SBHCD**”), and John Wiemann, IV, M.D. (“**Physician**”).

RECITALS

- A. SBHCD owns and operates Hazel Hawkins Memorial Hospital, a licensed general acute care facility located at 911 Sunset Drive, Hollister, California (“**Hospital**”). Hospital provides inpatient and outpatient services to residents of the San Benito Health Care District and surrounding communities which constitute the Hospital’s service area (“**Hospital Service Area**”).
- B. SBHCD owns and operates an outpatient orthopedic center operating at 930 Sunnyslope Road, Ste. C-4, Hollister, CA 95023, under the name “Hollister Orthopedic Specialty Center” (“**Clinic**”).
- C. Physician is licensed to practice medicine in the State of California, is a member in good standing of the medical staff of Hospital and is experienced and qualified to provide orthopedic services, including surgery.
- D. Section 32129 of the California Health and Safety Code provides that a health care district may contract with a Physician to render professional health services in order to ensure that adequate health care is available to all residents within its service area.
- E. SBHCD has determined that entering into this Agreement with Physician is in the best interests of SBHCD and the public health of the residents of the Hospital Service Area and is an appropriate way to assure availability of specialty medical services to patients in the Hospital Service Area.
- F. The parties desire to enter into this Agreement to set forth their respective responsibilities in connection with the Services provided by Physician in the Hospital Service Area during the term of this Agreement.

The parties hereby agree as follows:

ARTICLE 1 - DUTIES AND OBLIGATIONS OF PHYSICIAN

- 1.1 Medical Services. Beginning on July 8, 2025 (“**Commencement Date**”), Physician shall provide Services (as defined in Exhibit A) to patients at Clinic and/or Hospital and on the schedule more fully described in Exhibit A, which is attached to this Agreement and incorporated by this reference. Services include Medicare services, Medi-Cal services, services pursuant to any other federal health care program or a state health care financial program (“**Governmental Programs**”), workers’ compensation services, and charity care. Physician shall cooperate to enable Clinic’s and Hospital’s participation in Medicare, Medi-Cal, Governmental Programs, workers’ compensation services and commercial payor programs. Physician shall provide Services to all patients, including Medicare, Medi-Cal, Governmental Program, and workers’ compensation beneficiaries, in a non-discriminatory manner and in accordance with all applicable laws and SBHCD policies and procedures, as developed and implemented in collaboration with physician leadership of Hospital and Clinic.
- 1.2 Qualifications. Physician shall: (i) be duly licensed to practice medicine by the State of California; (ii) be qualified to perform the Services by having adequate levels of competency and experience; (iii) have skill comparable to those prevailing in the community; (iv) not be excluded from participation in any governmental healthcare program; (v) be approved for and maintain active membership and/or clinical privileges on the Hospital’s medical staff in accordance with medical staff bylaws, rules and regulations, and other medical staff governing directives; (vi) be certified as a participating physician in the Medicare and Medi-Cal programs; and (vii) hold an unrestricted Drug Enforcement Administration (“**DEA**”) registration number.

- 1.3 Compliance. In connection with the operation and conduct of the Clinic and Hospital and rendition of Services, Physician shall, at all times, comply with the applicable terms of this Agreement and with all applicable federal, state and local laws, rules and regulations, including requirements for participation in the Medicare and Medi-Cal programs, the Hospital medical staff bylaws, rules and regulations, and applicable policies and procedures, and will at all times be aware of and participate in meeting the SBHCD Corporate Compliance program goals and objectives.
- 1.4 Credentialing. In order to be efficiently credentialed with payors contracted with SBHCD, Physician shall participate in the Council for Affordable Quality Healthcare ("CAQH") credentialing program and shall timely comply with requests from CAQH or SBHCD personnel for (i) credentialing information regarding Physician, and (ii) documents necessary for the credentialing of Physician.
- 1.5 Use of Premises. No part of the SBHCD premises shall be used at any time by Physician as an office for the general or private practice of medicine.
- 1.6 Medical Records/Chart Notes. Physician shall provide appropriate and necessary documentation for each patient's medical record for all patient encounters in the Clinic and Hospital in compliance with the hospital's and clinics' policies and procedures.
- 1.7 Coding. Physician shall properly code all professional services rendered to patients. Physician's coding shall be used for purposes of billing for Services provided by Physician. All such coding shall be subject to review and audit by an independent auditing company mutually agreed upon by the parties.
- 1.8 Professional Standards. In performing Services, Physician shall comply with the principles and ethics of the American Medical Association, the California Medical Association and any federal, state or municipal law, statute or ordinance dealing with the practice of medicine by Physician. Physician shall further abide in all respects with the Code of Conduct applicable to professional health care providers of any hospital, outpatient clinic or surgery center, including but not limited to SBHCD, at which Physician shall provide professional services. Physician shall provide services to all SBHCD patients on a courteous and prompt basis, be available and accessible to patients, provide them with full and meaningful information and render services in a manner which assures continuity of care.

ARTICLE 2 - DUTIES AND OBLIGATIONS OF SBHCD

- 2.1 Duties. SBHCD agrees to furnish at its own cost and expense, for the operation of the Clinic and Hospital, the following:
- 2.1.1 Space and Equipment. Space and Equipment as may be reasonably required for the operation of the Clinic and Hospital as approved by SBHCD.
- 2.1.2 Services and Supplies. Maintenance, repair, and replacement of equipment as are reasonably required; all utilities, including telephone, power, light, gas, and water; and all supplies that may be reasonably required for the operation of the Clinic and Hospital.
- 2.1.3 Non-physician Personnel. All non-physician personnel with appropriate education, training and experience required to operate the Clinic and Hospital, including a qualified administrative manager. SBHCD shall have the sole right and responsibility for the hiring and termination of all its employees. SBHCD shall be responsible for the scheduling of non-physician Clinic and Hospital personnel.
- 2.2 Eligibility. At all times during the term of this Agreement, Clinics and Hospital shall remain eligible to participate in the Medicare and Medi-Cal programs.
- 2.3 Contracts. SBHCD shall be solely responsible for negotiating all contracts for the reimbursement of Services provided in the Clinic and Hospital. SBHCD in its sole and absolute discretion shall determine the negotiation parameters for the terms, conditions, and rates for such contracts.

- 2.4 Access to Records. Physician shall have access to the SBHCD patient medical and business records for quality of care and compliance purposes.

ARTICLE 3 - BILLING AND ASSIGNMENT OF REVENUE

- 3.1 Billing and Collection. SBHCD shall perform billing and collection services under this Agreement. Physician shall cooperate with SBHCD and shall use his/her best efforts to furnish appropriate documentation of patient care services provided by Physician to enable SBHCD to timely and accurately bill and collect for such services.
- 3.2 Assignment of Professional Service Revenues. Physician hereby assigns to SBHCD the right to all revenue from any and all patients, third-party payors, and governmental programs for all Services rendered by Physician and its Physicians at the Hospital and the Clinic under this Agreement. The Parties intend that SBHCD may bill and collect directly from the Medicare carrier for Physician's services to Medicare beneficiaries in compliance with Medicare Publication 100-04, Chapter 1, Sec. 30.2.7.

ARTICLE 4 - COMPENSATION FOR SERVICES BY PHYSICIAN

- 4.1 Compensation. As compensation for the provision of Services in the Clinic and Hospital, SBHCD shall pay Physician as outlined in Exhibit A to this Agreement and in accordance with the normal SBHCD contract payment process for Services provided by Physician. Physician shall not bill for facility fees, administrative, supervisory, medical director, or similar services.
- 4.2 Schedule of Charges. SBHCD, in its sole and absolute discretion, shall decide upon the schedule of charges for the Clinic and Hospital. Pursuant to California Health and Safety Code Section 32129, the SBHCD Board of Directors may review the fees and charges for Services provided at the Clinic and Hospital to ensure such fees and charges are reasonable, fair, and consistent with the basic commitment of SBHCD to provide adequate health care to all residents within the Hospital Service Area.

ARTICLE 5 - TERM AND TERMINATION

- 5.1 Term. The term of this Agreement shall commence on the Commencement Date and continue for a period of three (3) years, expiring on **July 7, 2028 at 11:59 PM** unless terminated earlier as provided in this Agreement, and shall renew for successive one (1) year periods upon mutual written agreement of the parties.
- 5.2 Termination. Either party shall have the right to terminate this Agreement without stating a cause or reason and without cost or penalty upon sixty (60) days' prior written notice to the other party. Notwithstanding, either party shall have the right to terminate the Agreement for cause upon written notice to the other party as set forth below. If this Agreement is terminated prior to expiration of the initial year of the term, the parties shall not enter into any new agreement or arrangement during the remainder of such year.
- 5.3 Definition of Cause. For purposes of this Agreement, "cause" shall include, but not be limited to, the occurrence of any of the following events:
- 5.3.1 SBHCD or Physician is in breach of any material term or condition of this Agreement and such breach has not been cured within thirty (30) days following written notice of such breach.
 - 5.3.2 SBHCD or Physician becomes insolvent or declares bankruptcy.
 - 5.3.3 Physician's license to practice medicine or to prescribe controlled substances is revoked or suspended.

- 5.3.4 SBHCD fails to carry or reinstate the insurance required in ARTICLE 8 of this Agreement or such coverage is cancelled or revoked within fifteen (15) days following notice of revocation from its insurance carrier.
- 5.3.5 SBHCD's determination, in its sole discretion, that Physician has violated a material term of ARTICLE 9 of this Agreement.
- 5.3.6 The performance by either party of any term, condition, or provision of this Agreement which jeopardizes the licensure of Hospital, Hospital's participation in Medicare, Medi-Cal or other reimbursement or payment program, or Hospital's full accreditation by The Joint Commission or any other state or nationally recognized accreditation organization, or the tax-exempt status of Hospital's bonds, or if for any other reason such performance violates any statute, ordinance, or is otherwise deemed illegal, or is deemed unethical by any recognized body, agency, or association in the healthcare fields, and the jeopardy or violation has not been or cannot be cured within sixty (60) days from the date notice of such jeopardy or violation has been received by the parties.
- 5.3.7 The loss of or reduction in Physician's medical staff privileges at any facility where Physician provides professional health care services, whether voluntary or involuntary.
- 5.3.8 Physician being charged with or convicted of a crime other than an infraction, traffic citation, or similar charge.
- 5.3.9 Physician's engagement in: (i) willful misconduct (which means the knowing and intentional failure to exercise ordinary care to prevent material injury to SBHCD or the commission of an intentional act with knowledge that it is likely to result in material injury to the SBHCD), (ii) fraudulent activities, (iii) crimes or acts of moral turpitude, (iv) any breach of a duty to SBHCD, a patient, or any third party payor, (v) sexual harassment or abuse, or (vi) or any other action or omission that could materially affect SBHCD's business or reputation in an adverse manner.
- 5.4 Termination/Expiration Not Subject to Fair Hearing. It is agreed between the parties that should either party exercise its right to terminate this Agreement such decision to terminate, and the actual termination or expiration of this Agreement, shall apply to rights under this Agreement only and not to Physician's medical staff privileges or membership on the medical staff of Hospital. The termination or expiration of this Agreement shall not be subject to the Fair Hearing Plan of the Medical Staff Bylaws, the hearing procedures provided by Healthcare District Law, or any other fair hearing procedure regarding medical staff appointments or privileges.

ARTICLE 6 - INDEPENDENT CONTRACTOR

- 6.1 Independent Contractor Status. Physician is engaged in an independent contractor relationship with SBHCD in performing all work, services, duties, and obligations pursuant to this Agreement. Neither SBHCD nor Hospital shall exercise any control or direction over the methods by which Physician performs work and functions, except that Physician shall perform at all times in strict accordance with then currently approved methods and practices of Physician's professional specialty. SBHCD's sole interest is to ensure that Physician performs and renders services in a competent, efficient, and satisfactory manner in accordance with high medical standards.
- 6.2 Independent Contractor Responsibilities. The parties expressly agree that no work, act, commission, or omission of Physician pursuant to the terms and conditions of this Agreement shall be construed to make or render Physician, the agent or employee of SBHCD or Hospital. Physician shall not be entitled to receive from SBHCD or Hospital vacation pay, sick leave, retirement benefits, Social Security, workers' compensation, disability or unemployment insurance benefits or any other employee benefit. Physician shall be solely responsible for paying when due all income, employment and withholding taxes and employment benefits, if any, including estimated taxes, incurred as a result of the compensation paid by SBHCD to Physician for Services under this Agreement. Physician is responsible for providing, at his/her

own expense, disability, unemployment, workers' compensation and other insurance (if applicable), training, permits and licenses.

ARTICLE 7 - REPRESENTATIONS AND WARRANTIES

- 7.1 **SBHCD Representations and Warranties.** SBHCD for itself, and its board of directors, officers, employees, and agents (collectively, "Agents"), represents and warrants to SBHCD, upon execution and while this Agreement is in effect, as follows:
- 7.1.1 SBHCD has all requisite power and authority to enter into this Agreement and to perform its obligations under this Agreement;
 - 7.1.2 This Agreement has been duly authorized, executed, and delivered by SBHCD and is a legal, valid, binding obligation of SBHCD, enforceable in accordance with its terms;
 - 7.1.3 The parties have bargained at arms' length to determine Physician's compensation under this Agreement, the compensation is fair market value for the Services; and the compensation is consistent with fair market value for similar services in the community; and
 - 7.1.4 The execution and delivery of this Agreement and the consummation of the transactions contemplated hereby by SBHCD will not violate and provisions of, or constitute a default under, and contract or other agreement to which SBHCD is a party or by which it is bound, other than violations, defaults or conflicts that would not materially and adversely affect the ability of SBHCD to perform the its obligations pursuant to this Agreement.
- 7.2 **Physician Representations and Warranties.** Physician, for Physician and Physician's Agents, represents and warrants to SBHCD, upon execution and while this Agreement is in effect, as follows:
- 7.2.1 Physician is not bound by any agreement or arrangement which would preclude Physician from entering into, or from fully performing the Services;
 - 7.2.2 Physician's license to practice medicine in California or in any other jurisdiction has never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or restricted in any way;
 - 7.2.3 Physician's medical staff privileges at any health care facility have never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or made subject to terms of probation or any other restriction;
 - 7.2.4 Physician has not in the past conducted, and is presently not conducting, his/her medical practice in such a manner as to cause Physician to be suspended, excluded, barred or sanctioned under Medicare or Medi-Cal, or any government licensing agency, nor have they every been convicted of a criminal offense related to health care, or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation;
 - 7.2.5 Physician has, and shall maintain throughout the term of this Agreement, an unrestricted license to practice medicine in California and Medical Staff privileges at Facility;
 - 7.2.6 Physician has all requisite power and authority to enter into this Agreement and to perform its obligations under this Agreement;
 - 7.2.7 This Agreement has been duly authorized, executed, and delivered by Physician and is a legal, valid, binding obligation of Physician, enforceable in accordance with its terms; and

- 7.2.8 The parties have bargained at arms' length to determine Physician's compensation under this Agreement, the compensation is fair market value for the Services; and the compensation is consistent with fair market value for similar services in the community; and
- 7.2.9 The execution and delivery of this Agreement and the consummation of the transactions contemplated hereby by Physician will not violate and provisions of, or constitute a default under, and contract or other agreement to which Physician is a party or by which it is bound, other than violations, defaults or conflicts that would not materially and adversely affect the ability of Physician to perform the Services required under this Agreement.

ARTICLE 8 - LIABILITY/MALPRACTICE INSURANCE COVERAGE

- 8.1 **Coverages.** SBHCD shall maintain general and professional liability insurance coverage for Physician for Services provided by Physician to SBHCD patients during the term of this Agreement in a minimum amount of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. In the event the coverage that SBHCD obtains to comply with this Section of this Agreement is a "claims made" policy, and SBHCD, as applicable, changes insurance carriers or terminates coverage upon or after termination of this Agreement, SBHCD shall immediately obtain and shall maintain "tail" coverage in the amounts otherwise required under this Section for at least seven (7) years following termination of this Agreement.

ARTICLE 9 - PROTECTED HEALTH INFORMATION

- 9.1 **Protected Health Information.** Physician shall maintain the confidentiality of all Protected Health Information ("PHI") in accordance with all applicable federal, state, and local laws and regulations, including, but not limited to, the California Confidentiality of Medical Information Act and the Federal Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder ("HIPAA"). Without limiting the foregoing, Physician agrees to maintain PHI, as defined from time to time under HIPAA, which may be made available to or received by Physician pursuant to this Agreement, in accordance with the requirements of HIPAA. Physician agrees that Physician shall:
- 9.1.1 Not use or further disclose PHI in a manner that would violate HIPAA if done by Hospital or violate the requirements of applicable laws or this Agreement;
- 9.1.2 Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by law and the terms of this Agreement, and report to Hospital any use or disclosure of PHI not permitted by law or by this Agreement of which Physician becomes aware;
- 9.1.3 Comply with the elements of any compliance program established by Hospital that applies to the use or disclosure of PHI and ensure that any subcontractors or agents to whom Physician provides PHI agree to the same restrictions and conditions that apply to Physician with respect to such PHI;
- 9.1.4 In accordance with HIPAA, (i) make available PHI to the subject Patient; (ii) make available PHI for amendment and incorporate any amendments to PHI; and (iii) make available the information required to provide an accounting of disclosures of PHI to the subject Patient;
- 9.1.5 Make Physician's internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the United States Department of Health and Human Services for purposes of determining Hospital's and Physician's compliance with HIPAA;
- 9.1.6 At termination of this Agreement, return or destroy all PHI received from or created by SBHCD and retain no copies of such PHI or, if return or destruction is not permissible under law or the terms of this Agreement, continue to maintain all PHI in accordance with the provisions of this Section and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

- 9.2 Electronic Protected Health Information ("EPHI"). Physician agrees that Physician will: (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the EPHI that Physician creates, receives, maintains, or transmits on behalf of SBHCD; (ii) report to SBHCD any security incident with respect to EPHI of which Physician becomes aware; and (iii) ensure that any agent, including a subcontractor, to whom Physician provides EPHI agrees to implement reasonable and appropriate safeguards to protect such information.

ARTICLE 10 - REQUIRED DISCLOSURES

- 10.1 Required Disclosures. Physician shall notify SBHCD in writing within three (3) days after any of the following events occur:
- 10.1.1 Physician's license to practice medicine in the State of California or any other jurisdiction lapses or is denied, suspended, revoked, terminated, voluntarily relinquished (under threat of disciplinary action) or made subject to terms or probation or other restriction;
 - 10.1.2 Physician's medical staff membership and/or privileges at any health care facility or entity are denied, suspended, revoked, terminated, voluntarily relinquished (under threat of disciplinary action), or made subject to terms of probation or other restriction;
 - 10.1.3 Physician is required to pay damages in any malpractice action by way of judgment or settlement, except that Physician shall not be required to breach a settlement or confidentiality agreement;
 - 10.1.4 Receipt of notice of the commencement of any investigation into Physician's medical license or Physician's medical practice by the Medical Board of California, California Attorney General, the Department of Health and Human Services Office of Inspector General, the Department of Justice, or any other entity of federal, state, or local government;
 - 10.1.5 Physician's Drug Enforcement Agency registration number is revoked, suspended, terminated, relinquished, placed on terms of probation, or restricted in any way;
 - 10.1.6 An event occurs that substantially interrupts all or a portion of Physician's professional practice, that materially adversely affects Physician's ability to perform Physician's obligations hereunder, including the Services, or which could likely cause Physician to be in breach of this Agreement; or
 - 10.1.7 Physician's conviction of a criminal offense related to health care or any Physician's listing by a federal agency as being debarred, excluded or otherwise ineligible for federal program participation.

ARTICLE 11 - GENERAL PROVISIONS

- 11.1 Notices. Any notice to be given to any party hereunder shall be deposited in the United States Mail, duly registered or certified, with return receipt requested, with postage paid, and addressed to the party for which intended, at the addresses set forth in the signature block, or to such other address or addresses as the parties may hereafter designate in writing to each other.
- 11.2 No Waiver. No waiver of any of the provisions of this Agreement shall be deemed, or shall constitute, a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the party making the waiver.
- 11.3 Governing Law and Venue. This Agreement shall be governed by, construed and enforced in accordance with the laws of the State of California. Venue shall be in the County of San Benito, California.

- 11.4 Ownership of Patient Records. All Clinic and Hospital patient records shall be maintained by SBHCD and are the property of SBHCD. Physician shall have the right to access such records during normal business hours.
- 11.5 Patient Choice. Notwithstanding anything herein to the contrary, all compensation paid to Physician pursuant to this Agreement is solely for the purpose of obtaining the services of Physician for patients of the SBHCD community. The parties recognize and affirm the importance of individual patient choice in selection of medical services. Nothing contained in this Agreement shall be interpreted to obligate, encourage, or solicit, in any way, the referral of any individual patient to any health care facility, including the Facility, contrary to that patient's choice of another provider of medical services. Further, nothing in this Agreement shall be interpreted to prevent, restrict, or discourage the Physician from referring patients to any other provider of health care services.
- 11.6 Exclusive Property of SBHCD. All data, files, records, documents, promotional materials, and similar items relating to the business of SBHCD, whether prepared by or with the assistance of Physician or otherwise coming into Physician's possession shall remain the exclusive property of SBHCD and shall not be removed from SBHCD's facilities under any circumstances without the prior written consent of SBHCD.
- 11.7 Confidentiality. The parties acknowledge and agree that during the term of this Agreement and in the course of the discharge of Physician's duties hereunder, Physician shall have access to and become acquainted with information concerning the operation of SBHCD, and information which, pursuant to applicable law and regulation, is deemed to be confidential, including, but not limited to, trade secrets, medical records, patient medical and personal information, and personnel records. Physician agrees that such information shall not be disclosed either directly or indirectly to any other person or entity or used by Physician in any way either during the term of this Agreement or at any other time thereafter, except as is required herein. Physician understands breach of this article will be an irremediable breach of this Agreement. Such breach will result in immediate termination of this Agreement.
- 11.8 Binding Agreement; No Assignment. This Agreement shall be binding upon and shall inure to the benefit of the parties to it and their respective legal representatives, successors, and permitted assigns. No party may assign this Agreement or any rights hereunder, or may they delegate any of the duties to be performed hereunder without the prior written consent of the other party.
- 11.9 Dispute Resolution. If any dispute, controversy, or claim arises out of this Agreement, for a period of thirty (30) days following written notice of the dispute, controversy or claim from one party to the other, the parties will use their good faith efforts to resolve the dispute, controversy, or claim. If the matter cannot be resolved by the parties in this fashion, then such dispute, claim or controversy shall be heard in San Benito County, California, pursuant to the provisions of California Code of Civil Procedure Sections 638 through 645.1, inclusive. The hearing shall be final and binding to the greatest extent permitted by law, and the cost thereof, including reasonable attorneys' fees, shall be borne by the losing party in such proportions as the referee may decide. Judgment on the award may be entered in any court having jurisdiction thereof.
- 11.10 Section 952 of Omnibus Budget Reconciliation Act of 1980. In accordance with Section 952 of the Omnibus Reconciliation Act of 1980 (PL 96-499), Physician agrees that the books and records of Physician will be available to the Secretary of Department of Health and Human Services and the Comptroller General of the United States, or their duly authorized representatives, for four (4) years after termination of this Agreement. In the event that any of the services to be performed under this Agreement are performed by any subcontractor of Physician at a value or cost of \$10,000 or more over a twelve (12) month period, Physician shall comply and assure that such subcontractor complies with the provisions of Section 952 of the Omnibus Reconciliation Act of 1980. If not applicable to this Agreement, this Section shall automatically be repealed.

- 11.11 Entire Agreement; Amendment. This Agreement, its exhibits, and all referenced documents constitute the entire agreement between the parties pertaining to the subject matter contained herein. This Agreement supersedes all prior and contemporaneous agreements, representations and understandings of the parties which relate to the subject matter of this Agreement. No supplement, amendment or modification of this Agreement shall be binding unless executed in writing by all of the parties.

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

SBHCD
SAN BENITO HEALTH CARE DISTRICT

PHYSICIAN
John Wiemann, IV, M.D.

By: _____
Mary T. Casillas, Chief Executive Officer

By: _____
John Wiemann, IV, M.D.

Date: _____

Date: _____

Address for Notices:

San Benito Health Care District
Attn: Chief Executive Officer
911 Sunset Dr.
Hollister, CA

Address for Notices:

John Wiemann, IV, M.D.
2136 East Royal Dornoch Avenue
Fresno, CA 93730

EXHIBIT A
PHYSICIAN SERVICES AND COMPENSATION

A. Services. Beginning on the Commencement Date, Physician shall provide professional orthopedic services at the Hospital and the Clinic as specified by SBHCD, which includes but is not limited to general orthopedic patient consultations, preoperative care, surgical services, postoperative and follow-up care, ancillary and support medical services, and other professional medical services as reasonably requested by SBHCD ("Services").

B. Schedule.

B.1 Full Time Basis. Physician shall provide the Services on a full-time basis, which shall mean not less than sixteen (16) shifts per calendar month. For purposes of this Section, a "shift" may consist of:

B.1.1 A 24- hour shift during which Physician is on-call for emergency services;

B.1.2 A shift at the Clinic during the Clinic's business hours, during which Physician is not on-call for the emergency services; or

B.1.3 A shift at the Clinic during Clinic's business hours, and at the same time Physician is also on-call for the emergency services.

B.1.4 A shift in the Operating Room, during the Operating Room's business hours, during which the Physician is not on-call for the emergency services.

B.2 Coverage Schedule. Physician's shifts will be scheduled to meet Hospital and Clinic patient needs, as the parties mutually agree (said schedule referred to as the "Coverage Schedule").

B.3 Exceptions to Coverage Schedule. Notwithstanding the above, Physician shall be entitled to have up to twenty-five (25) shifts per calendar year during which Physician would normally be on the Coverage Schedule on which Physician will not be required to provide Services. Physician and SBHCD shall mutually agree upon these days not later than 60 days' prior to such date occurring.

B.4 Hours. SBHCD, in its sole and absolute discretion, shall determine and set reasonable hours of operation for the Clinic and the operating room at the Hospital. Currently, the coverage hours for the Clinic and Operating Room are:

B.4.1 Clinic: Monday through Friday, 8:00 to 17:00.

B.4.2 Operating Room: Call coverage begins at 07:00 and ends at 06:59 the next day.

C. Compensation.

C.1 Annual Compensation. As further set forth below, Physician shall be paid an amount proportionally equivalent to the following annually as compensation for the Services ("Compensation"):

<u>Year</u>	<u>Compensation Amount</u>
Year 1	\$795,000
Year 2	\$818,850
Year 3	\$843,415

For purpose of this Section C: (i) Year 1 begins on the Commencement Date and continues for 12 months from such date, and (ii) each Year thereafter shall commence on the anniversary of the Commencement Date.

The Compensation above is based on Physician providing 192 shifts per Year (16 shifts per month x 12 months = 192 annual shifts). If Physician provides more or fewer shifts, the Compensation shall be adjusted proportionately. By way of example only, if Physician provides 190 shifts (including the 25 excepted shifts pursuant to Section B.3) in Year 1, the Compensation shall be \$786,718.75 (\$795,000 / 192 shifts = \$4,140.63 per shift x 190 shifts = \$786,718.75). The Compensation shall be

paid in installments on a monthly basis based on the number of shifts provided in the invoice period consistent with SBHCD's standard payment cycle for similar agreements.

C.2 Continuing Medical Education. For each Year during the term of this Agreement, Physician shall be entitled reimbursement for actual continuing medical education ("CME") expenses incurred during the contract year, up to a maximum of two thousand five hundred dollars (\$2,500.00). Reimbursable expenses include registration fees, books, or other course materials, travel, and lodging, but specifically excludes food expenses. Unused CME expense reimbursement funds do not roll over to the following year nor may they be "cashed out" or paid upon termination of this Agreement. Payment for reimbursable CME expenses shall be made in accordance with applicable SBHCD policies following receipt of appropriate documentation. Physician shall be responsible for maintaining Physician's CME documentation.

C.3 Payment on Termination. On termination of this Agreement, which is not extended, renewed or superseded by another agreement, SBHCD shall pay to Physician any amounts due to Physician within forty-five (45) days after the termination of this Agreement.

C.4 Agreement Includes All Compensation from SBHCD. Incorporated into Compensation, unless specifically excluded, are all the Physician's sources of practice revenues and income from SBHCD, including call coverage stipends, other hospital on-call fees, and hospital stipends; provided, however, that services as a medical director within SBHCD, service on medical staff or SBHCD positions such as department chair or chief of staff, call panels which are not currently in effect, or other items specifically excluded by written agreement between Physician and SBHCD shall be independently compensated to Physician by SBHCD, if any, and are not subject to the terms of this Agreement.

D. Services and Activities in Support of SBHCD. SBHCD and Physician acknowledge and agree that certain services and activities may be required of Physician in support of SBHCD to ensure a continuing high level of patient care. To that end, (i) SBHCD may request Physician participate in functions or events from time to time, in support of the Hospital; and (ii) to assist in the recruitment and retention of highly skilled practitioners, SBHCD may request Physician participate in recruitment meetings with SBHCD physician candidates. Physician agrees to perform such services or participate in such activities at SBHCD's reasonable request, but at no additional Compensation. Notwithstanding, SBHCD shall reimburse Physician for reasonable meal expenses incurred by the Physician as part of meeting with physician candidates hosted at the request of SBHCD.

E. Practice Guidelines/Best Quality Practices. Physician shall demonstrate cooperative work arrangements with the Medical Staff, Quality and Safety Leadership and SBHCD Administration to achieve mutually accepted practice guidelines and the best quality practices. These practices will be shall be evidenced based, and include at minimum the following:

E.1 Attendance at regular monthly meetings with Hospital leadership when requested to review any operational or quality issues.

E.2 Timely completion of all patient records.

Goal: As specified by Medical Staff rules and regulations or hospital policy.

E.3 Completion of all procedure notes within twenty-four (24) hours of visit.

Goal: As specified by Medical Staff rules and regulations or hospital policy.

E.4 Timely signing of orders.

Goal: As specified by Medical Staff rules and regulations or hospital policy.

E.5 Timely discharges summaries.

Goal: As specified by Medical Staff rules and regulations or hospital policy.

E.6 Commitment to use of SBHCD supported electronic health/medical record platforms.

E.7 Compliance with all governmental and SBHCD quality reporting initiatives that may come into effect from time to time.

E.8 Timely arrival at the Facilities, defined as being ready, willing and able to provide Services not less than 10 minutes before the commencement of any in-person shift and responding to on-call coverage calls within the times set forth in the Medical Staff rules and regulations.

**AMENDMENT NUMBER 1 TO
PROFESSIONAL SERVICES AGREEMENT FOR
GYNECOLOGY ONCOLOGY, UROGYNECOLOGY, AND BREAST SURGICAL SERVICES
COVERAGE**

(Bay Area Gynecology Oncology, Inc.)

This Amendment Number 1 ("Amendment") is entered into and effective on **July 1, 2025** ("Amendment Effective Date"), by and between **San Benito Health Care District**, a local health care district organized and operated pursuant to Division 23 of the California Health and Safety Code ("SBHCD"), and **Bay Area Gynecology Oncology, Inc.**, a California professional medical corporation ("Group"), and is made to that certain Professional Services Agreement between the parties with an Effective Date of February 13, 2025 ("Agreement").

RECITALS

- A. SBHCD and Group are parties to the Agreement pursuant to which Group provides gynecology oncology and urology gynecology services to patients at Hazel Hawkins Memorial Hospital ("Hospital") and at SBHCD community clinics.
- B. SBHCD has determined that amending the Agreement to add breast surgical services is in the best interest of the Hospital and the public health of the residents of the Hospital Service Area and is an appropriate way to assure availability of clinic and hospital services to patients in the Hospital Service Area.

SBHCD and Group hereby mutually agree to amend the Agreement as follows:

- 1. **Specialty Services.** The Specialty Services outlined in Paragraph A.1.2. of Exhibit A are hereby amended to add that the Group shall also provide **Breast Surgical Services**.
- 2. **Compensation.** Paragraph A.4.2 of Exhibit A is hereby amended to state that Breast Surgical Services shall be compensated at the rate of **Four Hundred Sixty-Three Dollars and No Cents (\$463.00) per hour** for up to a maximum of ten and one-half (10.5) hours per scheduled day.
- 3. **Modifications/Conflict.** No further changes to the Agreement are made by this Amendment and all other terms and provisions of the Agreement remain in full force and effect. Should there be any conflict between the terms and provisions of this Amendment and those of the Agreement, the terms and provisions of this Amendment shall govern.

The parties have executed this Amendment to be effective as of the Amendment Effective Date first set forth above.

SBHCD
San Benito Health Care District

Group
Bay Area Gynecology Oncology, Inc.

By: _____
Mary T. Casillas, Chief Executive Officer

By: _____
James Lilja, M.D., Chief Executive Officer

Date: _____

Date: _____

FYE June 30, 2026

San Benito Health Care District Operational Budget

Statistics:

The acute facility's inpatient admissions and days are budgeted to remain the same for FYE June 30, 2026 as the projected census for FYE June 30, 2025. YTD as of March 31, 2025, the admissions increased from last year's (YTD March 31, 2024) 1,404 to 1,477 (5.2%) and patient days decreased from 4,155 to 3,942 (5.1%). Admissions for ICU increased by 2.0%, Med/Surg increased 10.4% and OB decreased by 7.6%. OB deliveries decreased by 25, 7.7%. YTD as of March 31, 2025 the acute ADC is 14.39 compared to the March 31, 2024 ADC of 15.11. This is a decrease of 4.8%.

The budgeted days are 889 in ICU, 3,655 in Med/Surg, 930 in OB resulting in an acute ADC for the year of 15.0. The budgeted days in each nursing department corresponds with the staffing ratio.

In aggregate, outpatient services are budgeted to increase by 2%.

The Skilled Nursing Facilities are budgeted to have an average daily census of 90 which is an increase over the prior year budget of 85. YTD as of March 31, 2025, the combined ADC is 86.67. However, the ADC has been over 90 the last two months.

Revenue:

The budgeted acute gross revenue for FYE June 30, 2026 is increasing by the increase in outpatient volumes and price increase. Patient charges for Acute I/P and O/P services will be increased effective 01/01/2026 by 3.2%. Prior to increasing the charges, the CFO and Director of Patient Accounting will work with consultants to review rebalancing the patient charges according to what is reasonable and customary in the market area.

As of March 31, 2025, Medi-Cal and Medicare total approximately 75.2% of gross charges, 40.0% and 35.2% respectively. Commercial insurance comprises approximately 23.3% and self-pay 1.5%.

The net revenue (payment) by the insurers is: 1) Medicare is reimbursed at a 101% of recognized cost. An annual cost report is prepared and filed by a consultant on behalf of the District. The intermediary for CMS is Noridian which provides the interim rates for the fiscal year. 2) Medi-Cal is determined by the State government with no correlation to the charge for care. Supplemental programs such as AB113 Non-Designated Public Hospitals (NDPH), SB 239 Hospital Quality Assurance Fund (HQAF), AB 915 Outpatient Supplemental and Medi-Cal Disproportionate Share (DSH) are the main funding programs to make up for the underpayments made by the State and Managed Care plans. 3) The majority of commercial insurances reimburse the District based on their contracted rates with an annual allowance for price increases. 4) Approximately half of the commercial insurance business is from Anthem Blue Cross which reimburses the District on a fee schedule.

Net Operating Revenue for the acute facility is budgeted to remain consistent with the prior fiscal year due to two main assumptions: 1) the uncertainty of the amount of Medi-Cal reimbursement reductions being discussed by both the State and Federal agencies. The District has budgeted for a reduction of \$6 million. 2) the District has budgeted the acute supplies expense to increase by 15% over the prior year due to the potential cost increase related to tariffs. The net operating revenue for the Skilled Nursing Facilities is expected to increase by approximately \$222,000 due to the increase in patient days. The State budget did not include reductions to the SNFs per diem rate.

Expenses:

The District's Productive FTEs are budgeted to increase by 34.11 from 541.06 (March through May average) in FY 2025 to 575.17 budgeted in FY 2026.

The increase in productive FTEs is due to:

- The increased need for security as a result of the pending mandate by the State of CA for metal detectors at hospital points of entry. The hospital is budgeted to bring security in-house which will add 14 productive FTEs.
- The addition of a new Physical Therapy location (Dr. Carota's old office) and providers to the Medical Specialty, Orthopedic and RHCs will add 8-10 productive FTEs.
- Additional staffing of 2 for the Surgery department. As of March 31, 2025, the Surgery department is exceeding its budgeted number of cases by 101 cases (7%).
- Radiology is planning on opening the Diagnostic Clinic.
- Other nursing and ancillary departments for patient care.

The increase in productive FTEs is in relation to the budgeted increase in patient volume and revenue. The District will only increase its FTEs if required to meet staffing needs.

Annual average raises of 3% are included in the budget.

Overall, the acute expenses are budgeted to increase by 6.9% and SNF expenses by 4.2%. The increases are mainly due to pay raises in salaries and wages and additional productive FTES being hired for the aforementioned departments. In addition, a new 401(a) pension plan is included in the employee benefit expense for all employees.

Combined Net Operating Expenses are budgeted to increase by \$10.2 million, 6.5%.

The District management will work to identify and implement cost savings strategies on an ongoing basis.

Outstanding Issues:

- The State of CA and the Federal Government are looking for ways to reduce their spending on the Medi-Cal program. The reductions being discussed at both levels of government will be detrimental to the program. As of today, the DHCS or CMS have not provided an estimated reduction per hospital.
- The District is actively working toward a lease/sale with Insight, LLC. The goal is to continue to provide quality care and additional services to the residents of San Benito County.
- The District may incur higher supply expense due to the Federal increase in tariffs.
- The District was approved for a \$10 million loan from the Distressed Hospital Loan Program (DHLP). As of June 30, 2025, the District has only drawn \$2.7 million of the \$10 million approved for the loan. The 1st repayment is scheduled in February 2026. CHFFA has established criteria for hospitals to apply for a delay in payment. The District will submit the required criteria at the appropriate time.
- The District will begin negotiations with N.U.H.W. during the 1st quarter of FYE June 30, 2025 as the current MOU is ending on June 30, 2025. The current MOU with the C.N.A. will end on December 31, 2025. The MOUs for the C.L.V.N.A and E.S.C. end on June 30, 2026 and December 31, 2025 respectively.

Conclusion:

The District's budget reflects the trend of non-growth in the acute inpatient census for the year. The SNFs should be able to meet its budgeted ADC of 90 for the new fiscal year. The District's Net Surplus (Loss) is budgeted to be **\$11.18** million compared to an estimated pre-audited earnings of **\$31.72** million including the one-time Employee Revenue Credit (ERC) or **\$22.57** million without the ERC for FYE June 30, 2025. The EBIDA target for the FY 2026 budget is **\$13.77** million (8.0%). The estimated FY 2025 pre-audit EBIDA is **\$34.52** million (18.8%) including the ERC and **\$25.36** million (13.8%) without the ERC. The earnings growth results in a net gain in cash flow of **\$5.28** million.

The District is budgeted to meet its Cal-Mortgage Bond requirements for the FYE June 30, 2026. The District should continue as a Critical Access Hospital in order to remain financially viable until an alternative strategy for growth can be implemented.

Combined
Hazel Hawkins Memorial Hospital
Income Statement Trend

	FY2026 July	FY2026 August	FY2026 September	FY2026 October	FY2026 November	FY2026 December	FY2026 January	FY2026 February	FY2026 March	FY2026 April	FY2026 May	FY2026 June	Total
Acute Routine Revenue	3,497,489	4,017,443	3,394,571	3,098,368	3,099,602	3,090,137	3,497,712	3,572,046	3,940,491	3,195,281	3,335,516	4,536,894	42,275,550
SNF Routine Revenue	2,092,500	2,092,500	2,092,500	2,092,500	2,092,500	2,092,500	2,092,500	1,890,000	2,092,500	2,025,000	2,092,500	2,025,000	24,637,500
Ancillary Inpatient Revenue	4,543,005	4,819,032	4,385,562	4,117,523	4,108,913	3,725,853	4,302,156	4,574,604	3,883,500	4,270,064	4,283,459	5,308,527	52,322,199
Hospitalists\Peds Inpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Inpatient Revenue	10,132,994	10,928,975	9,805,134	9,308,391	9,233,515	8,908,489	9,892,368	10,036,650	9,916,491	9,490,345	9,711,476	11,870,421	119,235,248
Ancillary Outpatient Revenue	30,924,441	31,493,192	29,547,534	32,968,602	28,678,448	29,184,641	31,206,910	28,372,964	34,441,329	32,482,499	30,900,348	27,486,670	367,687,577
Hospitalists\Peds Outpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Outpatient Revenue	30,924,441	31,493,192	29,547,534	32,968,602	28,678,448	29,184,641	31,206,910	28,372,964	34,441,329	32,482,499	30,900,348	27,486,670	367,687,577
Total Gross Patient Revenue	41,057,435	42,422,167	39,352,668	42,276,993	37,911,963	38,093,129	41,099,277	38,409,615	44,357,819	41,972,844	40,611,824	39,357,091	486,922,825
Medicare Contractual Allowances	11,052,935	11,434,199	10,589,749	11,393,642	10,187,260	10,224,800	11,258,928	10,534,049	12,184,740	11,520,226	11,120,433	10,816,485	132,317,446
Medi-Cal Contractual Allowances	10,736,953	11,104,319	10,296,283	11,065,240	9,908,467	9,939,005	10,921,634	10,241,415	11,813,698	11,179,485	10,788,188	10,501,404	128,496,090
Bad Debt Expense	776,676	803,971	744,177	801,067	715,363	717,390	790,398	740,583	856,676	809,797	780,483	759,413	9,295,994
Charity Care	31,739	32,862	30,402	32,742	29,217	29,301	32,303	30,255	35,029	33,101	31,896	31,026	379,873
Other Contractuals & Adjustments	4,905,167	5,077,426	4,698,929	5,059,101	4,517,081	4,531,008	4,991,937	4,674,143	5,410,227	5,113,231	4,929,364	4,795,274	58,702,887
Hospitalist\Peds Contractual Allowance	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Deductions From Revenue	27,503,470	28,452,775	26,359,540	28,351,793	25,357,388	25,441,503	27,995,200	26,220,444	30,300,370	28,655,840	27,650,364	26,903,602	329,192,290
Net Patient Revenue	13,553,965	13,969,392	12,993,127	13,925,200	12,554,575	12,651,626	13,104,077	12,189,171	14,057,449	13,317,003	12,961,460	12,453,489	157,730,535
Other Operating Revenue	1,135,773	1,148,458	1,260,773	1,148,458	1,135,773	1,273,458	1,135,773	1,148,458	1,260,773	1,148,458	1,492,773	1,623,458	14,912,385
Net Operating Revenue	14,689,738	15,117,849	14,253,900	15,073,658	13,690,348	13,925,084	14,239,850	13,337,629	15,318,222	14,465,461	14,454,233	14,076,947	172,642,920
Salaries	5,548,026	5,593,691	5,410,993	5,610,520	5,414,668	5,613,016	5,681,282	5,085,816	5,682,181	5,484,240	5,684,996	5,497,063	66,306,492
Salaries\Contract	525,384	525,384	525,384	525,384	525,384	525,384	525,384	525,384	525,384	525,384	525,384	525,384	6,304,609
Benefits	2,488,416	2,496,773	2,403,915	2,461,475	2,352,329	2,375,005	2,532,634	2,281,823	2,532,858	2,449,370	2,532,374	2,446,100	29,353,072
ProfFees	1,644,784	1,644,784	1,644,594	1,644,784	1,644,784	1,644,784	1,644,784	1,644,214	1,647,848	1,647,658	1,647,848	1,647,658	19,748,333
Supplies	1,323,685	1,317,531	1,242,641	1,283,428	1,274,968	1,228,198	1,310,897	1,272,924	1,293,565	1,287,276	1,316,621	1,298,117	15,449,851
PurchSvc	1,355,857	1,369,380	1,311,618	1,404,428	1,339,493	1,372,738	1,390,107	1,276,336	1,412,373	1,382,749	1,405,634	1,362,927	16,383,640
RentLease	169,754	169,754	169,754	169,754	169,754	169,754	169,754	169,754	169,961	169,961	169,961	169,961	2,037,877
Depreciation	315,203	315,203	315,203	315,203	315,203	315,203	315,203	315,203	315,203	315,203	315,203	315,203	3,782,434
Interest	19,870	19,814	19,757	19,701	19,645	19,588	19,531	19,474	19,417	19,359	19,301	19,243	234,701
Other	593,333	718,670	464,011	597,025	544,708	528,105	526,201	490,244	534,620	528,017	511,242	455,904	6,492,082
Total Expenses	13,984,313	14,170,984	13,507,870	14,031,703	13,600,747	13,791,775	14,115,777	13,081,172	14,133,409	13,809,217	14,128,564	13,737,561	166,093,092
Net Operating Income (Loss)	705,425	946,865	746,030	1,041,956	89,601	133,309	124,073	256,456	1,184,813	656,245	325,670	339,386	6,549,828
Non-operating Revenue/Expense	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	240,000
Donations													

Combined
Hazel Hawkins Memorial Hospital
Income Statement Trend

	FY2026 July	FY2026 August	FY2026 September	FY2026 October	FY2026 November	FY2026 December	FY2026 January	FY2026 February	FY2026 March	FY2026 April	FY2026 May	FY2026 June	Total
Property Tax Revenue	248,434	248,434	248,434	248,434	248,434	248,434	248,434	248,434	248,434	248,434	248,434	248,434	2,981,207
Go Bond Prop Taxes	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	2,173,363
Go Bond Int Revenue\Expense	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(733,363)
Other Non-Oper Revenue	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	196,790
Other Non-Oper Expense	(22,741)	(22,741)	(22,741)	(22,741)	(22,741)	(22,741)	(22,741)	(22,741)	(17,407)	(17,407)	(17,407)	(17,407)	(251,554)
Investment Income	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	19,500
Total Non-Operating Revenue/(Expense)	383,717	383,717	383,717	383,717	383,717	383,717	383,717	383,717	389,051	389,051	389,051	389,051	4,625,942
Net Surplus (Loss)	1,089,142	1,330,583	1,129,747	1,425,673	473,318	517,027	507,790	640,174	1,573,863	1,045,296	714,721	728,437	11,175,770

Acute Facility
Hazel Hawkins Memorial Hospital
Income Statement Trend

	FY2026 July	FY2026 August	FY2026 September	FY2026 October	FY2026 November	FY2026 December	FY2026 January	FY2026 February	FY2026 March	FY2026 April	FY2026 May	FY2026 June	Total
Acute Routine Revenue	3,497,489	4,017,443	3,394,571	3,098,368	3,099,602	3,090,137	3,497,712	3,572,046	3,940,491	3,195,281	3,335,516	4,536,894	42,275,550
SNF Routine Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Ancillary Inpatient Revenue	4,161,880	4,437,907	4,016,731	3,736,398	3,740,835	3,344,732	3,908,835	4,219,346	3,490,179	3,889,430	3,890,138	4,927,893	47,763,547
Hospitalists\Peds Inpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Inpatient Revenue	7,659,370	8,455,350	7,411,302	6,834,766	6,839,684	6,434,864	7,406,547	7,791,392	7,430,670	7,084,711	7,225,654	9,464,787	90,039,096
Ancillary Outpatient Revenue	30,924,441	31,493,192	29,547,534	32,968,602	28,678,448	29,184,641	31,206,910	28,372,964	34,441,329	32,482,499	30,900,348	27,486,670	367,687,577
Hospitalists\Peds Outpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Outpatient Revenue	30,924,441	31,493,192	29,547,534	32,968,602	28,678,448	29,184,641	31,206,910	28,372,964	34,441,329	32,482,499	30,900,348	27,486,670	367,687,577
Total Gross Patient Revenue	38,583,810	39,948,542	36,958,836	39,803,368	35,518,132	35,619,505	38,613,456	36,164,357	41,871,999	39,567,210	38,126,002	36,951,456	457,726,673
Medicare Contractual Allowances	10,779,124	11,160,388	10,325,156	11,119,831	9,922,668	9,950,989	10,970,792	10,274,958	11,896,604	11,241,771	10,832,297	10,538,030	129,012,609
Medi-Cal Contractual Allowances	10,636,201	11,003,567	10,198,781	10,964,488	9,810,965	9,838,253	10,820,882	10,150,413	11,712,946	11,081,983	10,687,436	10,403,902	127,309,816
Bad Debt Expense	771,676	798,971	739,177	796,067	710,363	712,390	785,398	735,583	851,676	804,797	775,483	754,413	9,235,994
Charity Care	31,739	32,862	30,402	32,742	29,217	29,301	32,303	30,255	35,029	33,101	31,896	31,026	379,873
Other Contractuals & Adjustments	4,870,104	5,042,362	4,664,997	5,024,038	4,483,149	4,495,945	4,956,701	4,642,317	5,374,991	5,079,132	4,894,128	4,761,175	58,289,037
Hospitalist\Peds Contractual Allowance	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Deductions From Revenue	27,088,844	28,038,149	25,958,514	27,937,166	24,956,362	25,036,877	27,566,076	25,833,525	29,871,246	28,240,784	27,221,240	26,488,546	324,227,328
Net Patient Revenue	11,494,967	11,910,393	11,000,322	11,866,202	10,561,770	10,582,628	11,047,380	10,330,832	12,000,752	11,326,426	10,904,763	10,462,910	133,499,345
Other Operating Revenue	1,135,773	1,148,458	1,260,773	1,148,458	1,135,773	1,273,458	1,135,773	1,148,458	1,260,773	1,148,458	1,492,773	1,623,458	14,912,385
Net Operating Revenue	12,630,740	13,058,851	12,261,095	13,014,660	11,697,543	11,856,086	12,183,153	11,479,290	13,261,525	12,474,884	12,397,536	12,086,368	148,411,730
Salaries	4,446,501	4,490,853	4,335,031	4,497,621	4,337,662	4,498,525	4,558,829	4,071,966	4,559,728	4,397,988	4,562,187	4,405,982	53,162,874
Salaries\Contract	476,160	476,160	476,160	476,160	476,160	476,160	476,160	476,160	476,160	476,160	476,160	476,160	5,713,915
Benefits	1,979,715	1,987,758	1,908,909	1,951,367	1,858,623	1,867,400	2,018,133	1,815,948	2,018,356	1,951,077	2,018,076	1,947,306	23,322,669
ProFees	1,642,284	1,642,284	1,642,094	1,642,284	1,642,094	1,642,284	1,642,284	1,641,714	1,645,348	1,645,158	1,645,348	1,645,158	19,718,333
Supplies	1,225,431	1,219,015	1,147,271	1,184,721	1,179,229	1,129,659	1,212,529	1,182,443	1,195,197	1,191,196	1,217,423	1,202,414	14,286,528
PurchSvcs	1,251,817	1,265,245	1,210,682	1,300,214	1,238,588	1,268,303	1,285,899	1,182,146	1,307,836	1,281,865	1,301,626	1,282,215	15,156,437
RentLease	161,839	161,839	161,839	161,839	161,839	161,839	161,839	161,839	162,046	162,046	162,046	162,046	1,942,902
Depreciation	276,162	276,162	276,162	276,162	276,162	276,162	276,162	276,162	276,162	276,162	276,162	276,162	3,313,938
Interest	19,870	19,814	19,757	19,701	19,645	19,588	19,531	19,474	19,417	19,359	19,301	19,243	234,701
Other	541,948	632,590	406,048	535,920	471,688	460,744	481,957	471,245	483,322	468,589	437,776	384,646	5,726,472
Total Expenses	12,021,727	12,171,720	11,583,953	12,045,989	11,661,689	11,800,665	12,133,322	11,249,096	12,143,571	11,869,599	12,116,105	11,781,333	142,576,769
Net Operating Income (Loss)	609,013	887,131	677,142	968,671	35,854	65,421	49,832	230,193	1,117,955	605,284	281,431	305,036	5,832,562
Non-operating Revenue/Expense	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	240,000
Donations													

Acute Facility
Hazel Hawkins Memorial Hospital
Income Statement Trend

	FY2026 July	FY2026 August	FY2026 September	FY2026 October	FY2026 November	FY2026 December	FY2026 January	FY2026 February	FY2026 March	FY2026 April	FY2026 May	FY2026 June	Total
Property Tax Revenue	211,194	211,194	211,194	211,194	211,194	211,194	211,194	211,194	211,194	211,194	211,194	211,194	2,534,326
Go Bond Prop Taxes	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	181,114	2,173,363
Go Bond Int Revenue\Expense	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(61,114)	(733,363)
Other Non-Oper Revenue	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	16,399	196,790
Other Non-Oper Expense	(17,693)	(17,693)	(17,693)	(17,693)	(17,693)	(17,693)	(17,693)	(17,693)	(13,548)	(13,548)	(13,548)	(13,548)	(195,734)
Investment Income	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	1,625	19,500
Total Non-Operating Revenue/(Expense)	351,525	351,525	351,525	351,525	351,525	351,525	351,525	351,525	355,670	355,670	355,670	355,670	4,234,882
Net Surplus (Loss)	960,538	1,238,656	1,028,667	1,320,196	387,379	416,946	401,357	581,719	1,473,625	960,954	637,101	660,706	10,067,843

Skilled Nursing Facilities
Hazel Hawkins Memorial Hospital
Income Statement Trend

	FY2026 July	FY2026 August	FY2026 September	FY2026 October	FY2026 November	FY2026 December	FY2026 January	FY2026 February	FY2026 March	FY2026 April	FY2026 May	FY2026 June	Total
Acute Routine Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF Routine Revenue	2,092,500	2,092,500	2,025,000	2,092,500	2,025,000	2,092,500	2,092,500	1,890,000	2,092,500	2,025,000	2,092,500	2,025,000	24,637,500
Ancillary Inpatient Revenue	381,125	381,125	368,832	381,125	368,831	381,125	393,321	355,258	393,321	380,634	393,321	380,634	4,558,652
Hospitalists/Peds Inpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Inpatient Revenue	2,473,624	2,473,625	2,393,832	2,473,625	2,393,831	2,473,625	2,485,821	2,245,258	2,485,821	2,405,634	2,485,822	2,405,634	29,196,152
Ancillary Outpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitalists/Peds Outpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Outpatient Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Patient Revenue	2,473,624	2,473,625	2,393,832	2,473,625	2,393,831	2,473,625	2,485,821	2,245,258	2,485,821	2,405,634	2,485,822	2,405,634	29,196,152
Medicare Contractual Allowances	273,811	273,811	264,593	273,811	264,592	273,811	288,136	259,091	288,136	278,455	288,136	278,455	3,304,838
Medi-Cal Contractual Allowances	100,752	100,752	97,502	100,752	97,502	100,752	100,752	91,002	100,752	97,502	100,752	97,502	1,186,274
Bad Debt Expense	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
Charity Care	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Contractuals & Adjustments	35,064	35,064	33,932	35,064	33,932	35,064	35,236	31,826	35,236	34,099	35,236	34,099	413,850
Hospitalist/Peds Contractual Allowance	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Deductions From Revenue	414,627	414,627	401,027	414,627	401,026	414,627	429,124	386,919	429,124	415,056	429,124	415,056	4,964,962
Net Patient Revenue	2,058,998	2,058,998	1,992,805	2,058,999	1,992,805	2,058,998	2,056,697	1,858,339	2,056,697	1,990,578	2,056,698	1,990,578	24,231,189
Other Operating Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Operating Revenue	2,058,998	2,058,998	1,992,805	2,058,999	1,992,805	2,058,998	2,056,697	1,858,339	2,056,697	1,990,578	2,056,698	1,990,578	24,231,189
Salaries	1,101,525	1,102,838	1,075,962	1,112,899	1,077,006	1,114,491	1,122,453	1,013,850	1,122,453	1,086,252	1,122,809	1,091,081	13,143,618
Salaries/Contract	49,225	49,225	49,225	49,225	49,225	49,225	49,225	49,225	49,225	49,225	49,225	49,225	590,694
Benefits	508,701	509,015	495,006	510,108	493,706	507,604	514,502	465,875	514,502	498,293	514,298	498,794	6,030,403
Profess	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	30,000
Supplies	98,254	98,516	95,370	98,707	95,739	98,539	98,368	90,481	98,368	96,080	99,198	95,703	1,163,323
PurchSvs	104,040	104,135	100,936	104,214	100,905	104,434	104,208	94,190	104,537	100,884	104,008	100,712	1,227,203
Rent/Lease	7,915	7,915	7,915	7,915	7,915	7,915	7,915	7,915	7,915	7,915	7,915	7,915	94,975
Depreciation	39,041	39,041	39,041	39,041	39,041	39,041	39,041	39,041	39,041	39,041	39,041	39,041	468,496
Interest	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	51,386	86,080	57,963	61,106	73,021	67,361	44,245	68,999	51,298	59,428	73,465	71,258	765,610
Total Expenses	1,962,586	1,999,264	1,923,917	1,985,714	1,939,058	1,991,110	1,982,456	1,832,076	1,989,839	1,959,617	2,012,459	1,956,228	23,514,323
Net Operating Income (Loss)	96,412	59,735	68,888	73,285	53,747	67,888	74,241	26,263	66,858	50,960	44,239	34,350	716,866
Non-operating Revenue/Expense	0	0	0	0	0	0	0	0	0	0	0	0	0
Donations	0	0	0	0	0	0	0	0	0	0	0	0	0

Skilled Nursing Facilities
Hazel Hawkins Memorial Hospital
Income Statement Trend

	FY2026 July	FY2026 August	FY2026 September	FY2026 October	FY2026 November	FY2026 December	FY2026 January	FY2026 February	FY2026 March	FY2026 April	FY2026 May	FY2026 June	Total
Property Tax Revenue	37,240	37,240	37,240	37,240	37,240	37,240	37,240	37,240	37,240	37,240	37,240	37,240	446,881
Go Bond Prop Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0
Go Bond Int Revenue\Expense	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Non-Oper Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Non-Oper Expense	(5,048)	(5,048)	(5,048)	(5,048)	(5,048)	(5,048)	(5,048)	(5,048)	(3,859)	(3,859)	(3,859)	(3,859)	(55,821)
Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Operating Revenue/(Expense)	32,192	32,192	32,192	32,192	32,192	32,192	32,192	32,192	33,381	33,381	33,381	33,381	391,060
Net Surplus (Loss)	128,604	91,927	101,080	105,477	85,939	100,080	106,433	58,455	100,239	84,341	77,620	67,731	1,107,926

San Benito Health Care District

Budgeted Cash Flow

FYE June 30, 2026

Description	FY 2026												Total
	Budget July 2025	Budget August 2025	Budget September 2025	Budget October 2025	Budget November 2025	Budget December 2025	Budget January 2026	Budget February 2026	Budget March 2026	Budget April 2026	Budget May 2026	Budget June 2026	
Recurring Revenue	\$ 12,574,107	\$ 13,351,505	\$ 12,452,877	\$ 12,995,743	\$ 12,465,801	\$ 12,375,145	\$ 13,034,876	\$ 12,382,083	\$ 13,673,579	\$ 13,382,928	\$ 13,283,374	\$ 12,799,521	\$ 154,760,950
Net Supplemental & Other Oper. Revenue	308,381	308,381	308,381	533,381	(1,217,802)	308,381	633,381	4,396,565	(1,637)	333,381	2,548,363	5,883,361	14,432,382
Total Cash Receipts	12,882,489	13,659,886	12,761,258	13,529,124	11,247,999	12,683,526	13,668,257	16,778,648	13,671,943	13,696,299	16,841,737	18,682,883	169,193,332
Operating Cash Disbursements	13,699,109	13,655,781	13,192,667	13,718,489	13,285,543	13,476,572	13,900,574	12,765,969	13,818,207	13,644,014	13,813,361	13,422,357	162,310,653
Operating Cash Flow	(786,620)	(195,916)	(431,409)	(87,366)	(2,037,543)	(793,046)	(132,698)	4,002,679	(146,264)	202,278	2,028,376	5,260,526	6,882,679
Other Non-Operating Revenue/Expenses:													
Property Taxes - Revenue	-	-	-	-	-	1,639,864	-	-	-	-	1,341,543	-	2,981,207
Capital Expenditures	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	1,800,000
2021 Revenue Bonds	155,983	155,983	155,983	155,983	155,983	155,983	155,983	155,983	155,983	150,850	150,850	150,850	1,855,800
Net Cash Flow	\$ (1,092,823)	\$ (601,890)	\$ (737,812)	\$ (393,378)	\$ (2,343,727)	\$ 840,816	\$ (438,519)	\$ 3,696,708	\$ (452,248)	\$ (98,376)	\$ 3,069,269	\$ 4,959,876	\$ 6,208,086
% of Revenue	-6%	-4%	-6%	-3%	-21%	4%	-3%	22%	-3%	-1%	19%	27%	4%
Beginning Cash Balance	\$ 43,959,188	\$ 42,868,686	\$ 42,344,868	\$ 41,827,066	\$ 41,233,877	\$ 38,889,950	\$ 39,430,645	\$ 38,992,045	\$ 42,603,566	\$ 41,888,134	\$ 41,882,874	\$ 44,466,658	\$ 43,959,188
Net Cash Flow	(1,092,823)	(601,890)	(737,812)	(393,378)	(2,343,727)	840,816	(438,519)	3,696,708	(452,248)	(98,375)	3,069,269	4,959,876	6,208,086
DHLP Funding - Loan (Separate Acct.)	-	-	-	-	-	-	-	-	-	-	-	-	-
Usage of DHLP	-	-	-	-	-	-	-	-	-	-	-	-	-
Less: Repayment	-	-	-	-	-	-	-	-	-	-	-	-	-
Ending Cash Balance	\$ 42,868,686	\$ 42,344,868	\$ 41,827,066	\$ 41,233,877	\$ 38,889,950	\$ 39,430,645	\$ 38,992,045	\$ 42,603,566	\$ 41,888,134	\$ 41,882,874	\$ 44,466,658	\$ 48,241,349	\$ 49,241,349

2026 Budget - Productive FTE Comparison Worksheet

Hazel Hawkins Memorial Hospital

DEPT	Description	2025 Current Actual	2026 Budget	Variance From
		Prod FTE's	Prod FTE's	2025 Actual
16010	HHH Intensive Care Unit	11.89	9.62	(2.26)
16170	HHH Med/Surg	28.60	30.13	1.52
16380	HHH Obstetrics	19.18	20.50	1.32
16580	HHH SNF Mabie	34.30	32.67	(1.63)
16587	HHH SNF Northside	37.44	36.92	(0.52)
17010	HHH Emergency Room	36.18	35.87	(0.31)
17076	HHH Orthopedic Specialty Clinic Expense	5.57	6.76	1.20
17077	HHH Multi-Specialty Clinic Expense	6.92	7.96	1.05
17086	HHH Barragan Diabetes Clinic Expense	7.83	9.35	1.53
17180	HHH Sunset Community Health Clinic Expense	8.79	10.83	2.04
17181	HHH San Juan Bautista Clinic Expense	3.64	4.55	0.91
17182	HHH Surgery Clinic	4.86	5.84	0.98
17187	HHH Fourth Street Clinic (4Th)San Juan Rd Expense	12.65	12.58	(0.08)
17189	HHH Mabie First (1st) Street Expense	10.23	11.06	0.83
17420	HHH Surgery	14.65	17.53	2.88
17427	HHH Recovery-Pacu	5.61	6.41	0.80
17500	HHH Laboratory	33.23	33.84	0.61
17510	HHH Lab Draw Stn-Mccray	2.25	2.52	0.27
17530	HHH Lab Draw Station-Sun	0.94	1.35	0.41
17560	HHH Echocardiology	0.98	1.02	0.04
17580	HHH 4Th St Draw Station	0.08	0.46	0.38
17590	HHH Sjb CI Draw Stat	0.07	0.18	0.11
17591	HHH Ekg	0.70	0.92	0.22
17630	HHH Radiology	13.62	11.87	(1.75)
17633	HHH Mammography	4.35	4.00	(0.36)
17660	HHH Mri	1.28	1.35	0.07
17670	HHH Ultrasound	5.20	5.49	0.29
17674	HHH Ultrasound-4Th St CI	0.34	0.40	0.06
17680	HHH Ct Scan	7.63	8.63	1.00
17690	HHH Radiology Diag Clini	0.00	1.55	1.55
17720	HHH Respiratory Therapy	9.45	10.40	0.95
17770	HHH Physical Therapy	7.52	8.81	1.29
17778	HHH Phys Ther SNF Mabie	3.87	4.25	0.38
17780	HHH Speech Therapy	0.41	0.45	0.04
17788	HHH Speech Th SNF Mabie	0.43	0.34	(0.10)
17790	HHH Occupational Therapy	1.35	1.25	(0.10)

2026 Budget - Productive FTE Comparison Worksheet

Hazel Hawkins Memorial Hospital

DEPT	Description	2025 Current Actual	2026 Budget	Variance From
		Prod FTE's	Prod FTE's	2025 Actual
17798	HHH Occup Ther Mabie	1.15	1.16	0.02
17802	HHH Rec Therapy Mabie	3.98	4.06	0.08
17807	HHH Rec Therapy Northside	3.81	4.06	0.25
18327	HHH Nutrition Northside	0.00	0.46	0.46
18328	HHH Nutrition Mabie	0.59	0.46	(0.13)
18340	HHH Dietary	12.49	12.07	(0.41)
18347	HHH Dietary Northside	6.72	6.83	0.11
18348	HHH Dietary Mabie	7.02	6.83	(0.19)
18357	HHH Laundry Northside	1.27	1.29	0.03
18358	HHH Laundry Mabie	0.91	1.29	0.38
18380	HHH Central Supply	2.39	2.40	0.00
18388	HHH Cent Supp Mabie	0.48	0.45	(0.03)
18400	HHH Purchasing	3.37	3.28	(0.09)
18408	HHH Purchasing SNF	0.55	0.60	0.05
18420	HHH Security	0.84	14.87	14.04
18440	HHH Housekeeping	21.93	22.00	0.07
18447	HHH Housekeeping Northside	5.83	6.18	0.36
18448	HHH Housekeeping Mabie	8.14	7.29	(0.85)
18450	HHH Plant	0.17	0.77	0.61
18457	HHH Plant Northside	0.12	0.28	0.16
18458	HHH Plant Mabie	0.12	0.28	0.16
18460	HHH Maintenance	6.13	6.97	0.84
18467	HHH Maintenance Northside	0.79	0.90	0.11
18468	HHH Maintenance Mabie	0.79	0.90	0.11
18470	HHH Communications	2.67	2.42	(0.25)
18480	HHH Data Processing	9.26	8.32	(0.94)
18488	HHH Data Processing SNF	1.55	1.50	(0.05)
18490	HHH Disaster Management	0.67	1.38	0.71
18510	HHH Accounting	5.68	6.18	0.51
18518	HHH Accounting Mabie	1.01	1.20	0.19
18530	HHH Patient Accounting	12.70	14.18	1.48
18538	HHH Pat Accounting SNF	1.20	1.12	(0.08)
18550	HHH Credit/Collections	2.76	1.96	(0.80)
18570	HHH Admit/Registration	23.96	25.89	1.93
18610	HHH Administration	3.90	3.09	(0.81)
18618	HHH Administration SNF	0.39	0.40	0.01

2026 Budget - Productive FTE Comparison Worksheet

Hazel Hawkins Memorial Hospital

DEPT	Description	2025 Current Actual	2026 Budget	Variance From
		Prod FTE's	Prod FTE's	2025 Actual
18630	HHH Marketing & Develop	1.26	0.92	(0.34)
18650	HHH Personnel	3.03	2.91	(0.11)
18658	HHH Personnel SNF	0.80	0.80	0.00
18660	HHH Employee Health Serv	3.98	1.66	(2.31)
18670	HHH Auxiliary	0.35	0.42	0.07
18710	HHH Medical Staff	1.60	1.45	(0.15)
18720	HHH Nursing Admin	6.93	8.02	1.09
18727	HHH Nursing Admin Northside	4.91	5.08	0.17
18728	HHH Nursing Admin Mabie	6.12	6.00	(0.12)
18740	HHH In-Service Ed	0.66	0.92	0.26
18747	HHH In-Service Ed Northside	0.00	0.46	0.46
18748	HHH In-Service Ed Mabie	0.97	0.46	(0.51)
18750	HHH Prime\Qip Reporting	2.76	2.77	0.01
18751	HHH Utilization Review	4.13	4.80	0.67
18752	HHH Qual Assur & Resourc	1.79	2.37	0.58
18753	HHH Infection Control	0.91	0.92	0.01
18770	HHH Community Education	0.40	0.55	0.15
18790	HHH Foundation	0.97	1.35	0.37
18791	HHH Project Management	2.13	2.30	0.17
Total - Productive Hours				
Total - Productive FTE's		541.06	575.17	34.11
Breakdown by Facility:				
Acute FTE's		357.81	386.43	28.62
Snf FTE's		135.25	134.53	(0.72)
RHC FTE's		48.01	54.20	6.20
Grand Totals		541.06	575.17	34.11

SAN BENITO HEALTH CARE DISTRICT
CAPITAL EQUIPMENT FOR FISCAL YEAR ENDING JUNE 30, 2028

DEPARTMENT	FACILITY/DESCRIPTION	QTY	UNIT	AMOUNT	9/26	12/25	3/26	6/26	TOTAL	2027	2028	TOTAL
HOSPITAL/ACUTE												
Intensive Care Unit	WOW Replacement-Computer on Wheels	3	5,000	15,000						60,000	15,000	
Intensive Care Unit	Patient Beds	4	15,000	60,000								
	TOTAL	7		75,000						60,000	15,000	
Med Surgical Unit	WOW Replacement-Computer on Wheels	10	5,000	50,000							50,000	
Med Surgical Unit	Patient Beds	15	12,000	180,000							180,000	
	TOTAL	25		230,000								230,000
OB	Algo Pro Hearing Screener	1	26,270	26,270					26,270			
OB	Noelle Birthing Mannequin Simulation Learning Experience	1	75,500	75,500					75,500			
OB	Centrichy Fetal Surveillance	1	165,000	165,000					165,000			
OB	Scaletronics	1	150,000	150,000							150,000	
OB	Panda Infant Warmers	11	31,820	350,020							350,020	
OB	Super Toy Simulation - Infant	1	62,850	62,850							62,850	
OB	GE Fetal Monitors	12	23,195	278,340								278,340
OB	WOW Replacement-Computer on Wheels	4	5,000	20,000							20,000	
OB	Patient Beds	8	12,000	96,000							96,000	
	TOTAL	40		1,223,980	266,770				266,770			278,340
Emergency Room	Stylker Gurneys	13	11,000	143,000					143,000			
Emergency Room	Belmont Rapid Infuser	1	42,120	42,120					42,120			
Emergency Room	WOW Replacement-Computer on Wheels	10	5,000	50,000							50,000	
Emergency Room	Glide Scope	1	24,840	24,840					24,840			
Emergency Room	GE Bedside/Portable Vital Sign Monitor System w/Trainings	20	33,485	669,700	167,425	167,425	167,425	167,425	669,700			
	TOTAL	45		929,660	167,425	215,091	215,092	282,052	879,660			50,000
Lab	Microscopes	1	20,000	20,000					20,000			
Lab	Matrix-Assisted Laser Desorption/Ionization Time-of-Flight Analyzer	1	200,000	200,000							200,000	
Lab	Infectious Disease Analyzer	1	200,000	200,000							200,000	
Lab	Lab Middleware	1	100,000	100,000							100,000	
Lab	Hematology Analyzer	2	20,000	40,000							20,000	
Lab	Refrigerators and Freezers	2	20,000	40,000							20,000	
Lab	Bact Alert Analyzer	1	200,000	200,000							200,000	
Lab	Platelet Rotator	1	30,000	30,000							30,000	
Lab	Architectural Design Phase 3-8	1	832,000	832,000					832,000			
Lab	Construction ROM Phase 3-8	1	8,135,000	8,135,000							150,000	
Lab	Urinalysis Analyzer	1	150,000	150,000							15,000	
Lab	Centrifuge	2	15,000	30,000							15,000	
Lab	Blood Bank Analyzer	1	150,000	150,000							15,000	
Lab	CO Incubator	1	15,000	15,000					15,000			
	TOTAL	17		10,502,000	867,000	200,000	30,000	20,000	1,117,000	8,535,000	235,000	315,000
Operating Room	Sterilizer Install	1	100,000	100,000					100,000			
Operating Room	OR Rebuild	1	7,000,000	7,000,000					7,000,000			
Operating Room	Towers/Light Sources for HHH OR	1	160,000	160,000					160,000			
Operating Room	Ligasure/Bovie	1	25,000	25,000					25,000			
Operating Room	Endoscopy Scopes EGD	2	48,200	96,400					96,400			
Operating Room	Endoscopy Scopes Colonoscopes	2	66,250	132,500					132,500			
Operating Room	GI Video System w/Monitors	2	60,000	120,000					120,000			
Operating Room	OER Elite Endoscope Reprocessor w/Printer, External Filtration System and Scope Hanger	2	50,000	100,000					50,000			
Operating Room	ASC Sterilizers	2	90,000	180,000					180,000			
Operating Room	Hana Table	1	180,000	180,000						180,000		
Operating Room	Surgical Beds	4	130,000	520,000					0			
	TOTAL	19		8,613,900	100,000		7,165,000	398,900	7,663,900	700,000	230,000	

SAN BENITO HEALTH CARE DISTRICT
CAPITAL EQUIPMENT FOR FISCAL YEAR ENDING JUNE 30, 2026

DEPARTMENT	FACILITY/DESCRIPTION	QTY	UNIT	AMOUNT	9/25	12/25	3/26	6/26	TOTAL	2026	2027	2028	TOTAL
Radiology	Ultrasound Machine	1	150,000	150,000					150,000				
Radiology	Mammogram Unit	1	450,000	450,000					450,000				
Radiology	Mammography Construction Phase	1	500,000	500,000					500,000				
Radiology	Dexa Machine	1	90,000	90,000					90,000				
Radiology	Dexa Construction Phase	1	500,000	500,000					500,000				
Radiology	Fluoroscopy Machine	1	600,000	600,000					600,000				
Radiology	Fluora Construction Phase	1	1,500,000	1,500,000					1,500,000				
Radiology	X-Ray Machine	1	500,000	500,000					500,000				
Radiology	X-Ray Construction Phase	1	1,500,000	1,500,000					1,500,000				
Radiology	Portable X-Ray Machine	2	170,000	340,000					340,000				
Radiology	C-Arm for Surgery	1	200,000	200,000					200,000				
Radiology	DR Detector for X-ray	1	50,000	50,000					50,000				
Radiology	Radiologist Monitors	4	20,000	80,000					80,000				
Radiology	Outpatient CT Machine	1	800,000	800,000					800,000				
Radiology	CT Machine Construction Phase	1	1,500,000	1,500,000					1,500,000				
Radiology	ER CT Machine	1	800,000	800,000					800,000				
Radiology	ER CT Construction Phase	1	1,500,000	1,500,000					1,500,000				
Radiology	MRI Machine	1	1,500,000	1,500,000					1,500,000				
Radiology	MRI Construction Phase	1	1,500,000	1,500,000					1,500,000				
TOTAL		23		14,080,000	12,150,000	240,000	150,000	12,300,000	4,840,000	1,750,000	3,000,000	2,170,000	12,300,000
Recovery Room	PACU Monitors for HH	2	41,000	82,000					82,000				
Recovery Room	WOW Replacements-Computer on Wheels	10	5,000	50,000					50,000				
Recovery Room	Gurneys	10	9,000	90,000					90,000				
Recovery Room	Monitors w/Capnography	10	30,000	300,000					300,000				
TOTAL		32		522,000					82,000				440,000
EKG	Philips TC70 Cardiograph	2	17,000	34,000					34,000				
EKG	ST80i Trendmill/Meditech Interface	1	10,000	10,000					10,000				
TOTAL		3		44,000	10,000	17,000	17,000		44,000				
Respiratory	V60 Ventilator	6	20,000	120,000					40,000				
Respiratory	WOW Replacements-Computer on Wheels	3	5,000	15,000					15,000				
Respiratory	Transport Ventilators	2	10,000	20,000					20,000				
Respiratory	Auto BIPAP	2	5,000	10,000					10,000				
TOTAL		13		165,000	30,000	40,000			70,000	40,000	55,000		
Clinics	Computers	19	1,450	27,550					27,550				
Clinics	Exam Beds	4	5,000	20,000					20,000				
TOTAL		23		47,550	47,550				47,550				
Disaster Mgmt/Security	Security Cameras	1	210,000	210,000					70,000				
Disaster Mgmt/Security	Security Vehicle	1	60,000	60,000					60,000				
Disaster Mgmt/Security	Employee Personal Alarm Badges	1	330,000	330,000					110,000				
Disaster Mgmt/Security	Metal Detectors	5	60,000	300,000					100,000				
TOTAL		8		900,000	240,000				340,000	280,000			
Dietary	Refrigerators	3	5,000	15,000					5,000				
Information Technology	Office 365	700	360	252,000	252,000				252,000				
Information Technology	Imprivata Single Sign On	450	200	90,000	90,000				90,000				
Information Technology	Disaster Office Recovery	1	100,000	100,000					100,000				
Information Technology	TrendMicro Zero Trust Cybersecurity	1	45,000	45,000					45,000				
Information Technology	VMWare License Expansion for Disaster Recovery	3	22,000	66,000					22,000				
TOTAL		1,155		553,000	384,000				509,000	22,000	22,000		

SAN BENITO HEALTH CARE DISTRICT
CAPITAL EQUIPMENT FOR FISCAL YEAR ENDING JUNE 30, 2026

DEPARTMENT	FACILITY DESCRIPTION	QTY	UNIT	AMOUNT	EXTENDED	9/25	12/25	3/26	6/26	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Plant Operations	Main Hospital Chiller Back Up Pump Installation	1	1	80,000	80,000	40,000	40,000	40,000		80,000				
HOSPITAL ACUTE TOTAL														
		1,414			37,961,090	4,282,745	752,091	7,679,092	3,250,952	15,964,880	11,392,000	5,240,870	2,485,000	2,878,340
SNF														
Plant Operations	Northside Dietary Swamp Cooler Replacement	2	40,000	80,000	80,000	40,000	40,000	40,000		80,000				
Plant Operations	Northside Remove and Replace Generator	1	2,000,000	2,000,000			100,000	200,000	300,000	600,000	1,400,000			
Plant Operations	TOTAL	3		2,080,000	40,000	140,000	200,000	300,000		680,000	1,400,000			
Northside/Southside Nursing	Patient Beds	90	8,850	796,500				265,500		265,500	265,500			
	SNF TOTAL	83		2,876,500	40,000	140,000	200,000	565,500		945,500	1,665,500			
DISTRICT TOTAL														
		1,507		40,837,590	4,322,745	892,091	7,879,092	3,816,452		18,910,380	13,057,500	5,508,370	2,485,000	2,878,340