SENECA HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
Lake Almanor Clinic (LAC) Conference Room, 199 Reynolds Road, Chester, CA
February 23rd, 2023 at 3:00 p.m.

1) **Called to Order.** President Jerri Nielsen called the Regular Board meeting to order at 3:00pm.

2) **Board Members Roll Call.** President Jerri Nielsen noted the following Board Members present (onsite): Sherri Thrall, Assistant Secretary-Treasurer; Ken Crandall, Secretary; Jerri Nielsen, President. Joining the meeting via Zoom was Rich Rydell, Treasurer. Ryan Lee, Vice-President, was marked as absent.

3) **Pledge of Allegiance** was led by Jerri Nielsen at 3:01pm

4) **Public Comment(s) Period.** There were no public comments or questions submitted to the Board.

5) **Board Responds to Public Comment(s).** N/A

Agenda - Items Requiring Action:

6) **Position Assignment of Newly Appointed Board Member - Sherrie Thrall.**
The Board President, Jerri Nielsen, assigned Sherrie Thrall as the official Assistant Secretary-Treasurer.

7) **Approval of Board Meeting Minutes.** **Tab A**
The Board reviewed and approved the Regular Board Meeting Minutes of the January 26th, 2023, as submitted by Deborah Housen, Board Clerk. Motion to approve by Sherrie Thrall. Seconded by Ken Crandall. Motion approved by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye. Sherrie Thrall: Aye. Ryan Lee: Absent.

8) **Medical Staff Report.**
No requests were submitted for Board approval. The Medical Staff Meeting was held 02/21/2023, after the Board Meeting Agenda public posting.

9) **Policies and Procedures.** **Tab B**
The Board approved the following P&P's that were tabled at the January 26th, 2023, Board Meeting for clarification of Board involvement. Documentation indicated the Board is to be included in the approval process. Motion to approve by Ken Crandall. Seconded by Sherrie Thrall. Motion approved by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye. Sherrie Thrall: Aye. Ryan Lee: Absent.

- Rescind – MDSTF PRO 007.001 Medical Staff Meeting Procedure **Tab C**
- Memo – MDSTF PRO. 07.001 Memo Medical Staff Meeting Procedure

10) Seneca Continued Membership with Associations. **Tab D**

Shawn McKenzie, CEO, presented to the Board, a list of current SHD Memberships with Associations/Organizations. He recommended that SHD stays with the current list for a year; reevaluating the memberships and associations/organizations in the future. The Board mutually agreed to reexamine the list in 2024, therefore, no vote was required. Request for Board Clerk to make sure each Board Member has access to resources available through the Associations/Organizations as appropriate.

11) Air Quality/Greenhouse Gases Study Proposals **Tab E**

A total of three (3) proposals were reviewed and discussed. Donna Huntingdale of Building, Rx, proposed that this topic be removed as an "Action Item" since the proposals meet the standard of less than a $25,000 value. This allotted for Shawn McKenzie, CEO, to make the final decision on which proposal should be accepted. No Board vote was required for this topic.

1. Rincon Consultants, Inc.
2. PlaceWorks
3. Ramboll

12) Quarterly Joint Conference Committee Meetings 2023.

For discussion and assignment of Board Members to attend quarterly meetings. Joint Conference Committee meetings are required per Medical Staff Bylaws to be held Quarterly per Medical Staff Rules. The committee is composed of 7 members: Chief of Staff, Vice Chief of Staff, immediate past Chief of Staff, Secretary/Treasurer, two Board members, and the CEO. The person serving as Committee Chair shall alternate annually between the Chief of Staff and one of the Governing Body representatives. The Board will determine and assign Board members that will be attending each meeting. The following (quarterly) dates have been set: ~~**March 9, 2023**~~ **(Changed to March 10, 2023) / June 8, 2023 / September 7, 2023 / December 7, 2023**

The Board agreed to partake in an online poll, establishing date(s) for Board Member attendance. No votes were required for this topic.

13) Senate Bill – SB 525 **This item was moved to after the CEO's Report Item #18.*

Discussed and approved by the Board. The discussion consisted of how the bill will impact SHD. Jerri Nielsen, President, asked the Board to give her approval to write and submit an opposing letter regarding SB 525 on behalf of SHD to California state representatives. The Board agreed to support the opposition letter and asked that PDH and EPHC be provided with a copy, in the event they choose to do something similar. Motion to approve by Sherrie Thrall. Seconded by Ken Crandall. Motion approved by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye. Sherrie Thrall: Aye. Ryan Lee: Absent.

14) December 2022 Financial Reports. **Tab F**

Submitted for discussion and acceptance. Financial Reports for the month of December 2022. Presented by Steve Boline, CFO. The motion to accept was made by Rich Rydell. Seconded by Ken Crandall. Motion approved by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye. Sherrie Thrall: Aye. Ryan Lee: Absent.

15) AB-361 Brown Act Amendment.

Shawn McKenzie, CEO, discussed with the Board, AB-361, and the continuation of virtual (public accessible) meetings. Shawn McKenzie, CEO, and Jerri Nielsen, Board President, reiterated the fact that AB-361 will expire the end of February 2023. Public meetings will return to how they were conducted prior to AB-361, requiring an onsite (public) quorum present for each meeting. A virtual (ZOOM) meeting will continue to be utilized as a courtesy to the public, along with recordings posted to the Seneca Healthcare District website. It was noted that any Board Members signing into the virtual meeting will need to publicly post the meeting, and provide handicap access for any members of the public wishing to participate from that location. The Board Meeting agendas must identify any Board Members planning to attend that meeting virtually, along with the physical address they will be participating from. The Board Clerk was instructed to reach out to Board Members monthly, to ensure there is an onsite quorum at each public Board Meeting.

Agenda items – Information only:

16) Healthcare Resource Group (HRG) Report. **Tab G**

Steve Boline, CFO, presented the HRG January 2023 Summary Report.

17) SPT CAH Report / Board Update. **Tab H**

Information update and discussion, presented by Donna Huntingdale, President, Building Rx.

18) CEO Report. **Tab I**

Presented by Shawn McKenzie, CEO

**Item #13 Senate Bill – SB 525 – Was moved to this position for discussion and approval as the CEO Report touched base on this matter.*

19) CNO Report. **Tab J**

Presented by Judith Cline, CNO

20) Project Manager Report. **Tab K**

Cerner Report presented by Brian Churchill, PM

21) Departmental Documents/Reports were Reviewed. **Tab L**

a. Compliance – Charlene Almocera, HIM Director – **No report submitted.**
b. IT/Clinical Informatics – TK Trumpf, IT Director – **No report submitted.**
c. Human Resources & Newsletter – Jennie Mathews, HR Director – Report submitted.
d. Marketing/PR – Chelssa Outland, PR Manager – Report submitted.

22) Director's and Officer's Insurance Policy.

Update and discussion led by Jerri Nielsen. Research is being conducted by Rich Rydell, Treasurer, and Jerri Nielsen, President, to determine what coverage the Board should have in place regarding risk assessment and contracts. More information will be collected in the near future.

The Regula Board Meeting recessed at 5:00pm.

23) **Closed Session.** The Board met in Closed Session at 5:00pm, pursuant to:

a. **Government Code §54956.9(d)(1))** Conference with Legal Counsel – Existing Litigation. [Paragraph (1) of subdivision (d) of Section 54956.9]
   - **Velez vs SHD - Case: DFEH #202110-15186025**

b. **Government Code §54956.9(d)(1))** Conference with Legal Counsel – Existing Litigation. [Paragraph (1) of subdivision (d) of Section 54956.9]
   - **Robles vs SHD - Case: #CV22-00177**

c. **Health and Safety Code §32106** – Report(s) involving Trade Secrets

The Regular Board Meeting reconvened at 5:20pm.

24) **Report on Closed Session.** The Board President stated there were no reportable actions made during Closed Session.

25) **Next Regular Board Meeting was announced.**

- **Date:** March 30th, 2023
- **Time:** 3:00 p.m.
- **Location:** LAC-Conference Room

The February 23rd, 2023, Regular Board Meeting, adjourned at 5:21pm.

RX

Policies

&

Procedures

SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: INVESTIGATIONAL DRUGS** **POLICY NUMBER: RX-007.002** **COMPLIANCE REQUIREMENT:** JCAHO RI.2; California Business and Professions Code §4078(1); CCR Title 22 §70263(o)	**Page 1 of 2** **Date of Origin:** Unknown **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Unknown **REVISED BY: Elizabeth L Steffen, Director of Information Technology and Policy Committee Chair AND Ray Duro, PharmD**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall not routinely participate in investigational drug studies.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-007.002

PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure proper documentation and administration of investigational drugs.

2. **Responsibilities**
   The SHD nursing department is responsible for obtaining required documentation and orders from medical staff before administering an investigational drug.

3. **Policy for Investigational Drugs**
   a. Patients who are admitted that are taking investigational drugs from another institution will not have those medications administered by SHD staff unless the following criteria is met:
      i. The patient will be under the direct supervision of the principal investigator.
      ii. The principal investigator will be credentialled as part of the SHD medical staff.
      iii. A copy of the informed consent is obtained from the principal investigator.
      iv. Basic pharmacological information is obtained from the principal investigator including the principal action of the drug, drug interaction information, known side effects, and antidote information, if known, will be kept at the nursing station.
      v. The pharmacist shall be responsible for the proper labeling, storage, and distribution of such drugs pursuant to the written order of the investigator.
      vi. Nursing documents administration in the electronic health record.

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: MEDICATIONS:** *ALLERGIES, ORDERS, PATIENT* **POLICY NUMBER: RX-009.001** **COMPLIANCE REQUIREMENT: ~~CA CFR~~ CCR Title 22 ~~§70257(d)(2)(C),~~ §70263~~(q)(8)~~; ~~§70263(g);~~ §72067; §72355; ~~Article 3 §70263(a)(1)~~**	**Page 1 of 13** **Date of Origin:** **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Unknown **REVISED BY: Elizabeth L Steffen, Director of Information Technology and Policy Committee Chair AND Ray Duro, PharmD**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that the following are met and adhered to at all times:

SHD shall ensure that medications will be administered to patients in a safe, effective manner in accordance with the physician orders and prescribed nursing principles and procedures.

~~Patient allergies will be noted on each page of the MAR.~~

All orders for acute care patients are valid for 5 (five) days unless otherwise specified by the Physician's order. All orders for swing bed patients are valid for 45 (forty-five) days unless otherwise specified by the Physician's order.

Medications will not be kept at the bedside except under the direct written orders of the physician.

Medications brought in by the patient may be sent home with the patient upon discharge.

Generic drug dispensing will occur when the brand specified is not stocked in the Pharmacy. The physician authorizes dispensing a generic, bioequivalent product unless he/she specifies: DO NOT SUBSTITUTE.

Medications will be properly labeled for all patients and residents.

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SHD will delineate essential elements that must be included in all orders for medications used at Seneca Healthcare District. Receipt of a complete order by those who execute the order lessens confusion and facilitates optimal patient safety.

Telephone orders for medications may be accepted only by a Registered Nurse, Licensed Vocational Nurse, Respiratory Therapist or Registered Pharmacist, approriate to their scope of practice and must be authenticated by the prescribing practitioner within 24 (twenty-four) hours.

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SHD will reduce the potential for mediation errors and/or adverse drug events in the hospital setting. Medication Reconciliation is used to ensure that both Nursing staff and the admitting Physician review the medications that the patient has been taking, both prescribed and Over-the-Counter preparations, prior to admission.

Upon discharge from Seneca Healthcare District, the ~~CPSI~~ Discharge Summary will be utilized to document all medication orders along with all discharge orders prescribed by the attending physician.

SHD shall use "Pain Medication Use" form that will be placed on the Doctor's Monthly Order Sheet inthe medical record of all SNF patients who have an order for a Psychotropic Medication on either a regular or PRN basis.

Upon admission, all patients will surrender medication brought from home to the nursing personnel for identification and safekeeping

SHD shall utilize unit dose packaged medications whenever possible.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

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POLICY NUMBER REFERENCE: RX-009.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure proper administration and order of medications, following all federal and state regulations.

2. **Responsibility**
   The SHD pharmacy department is responsible for maintaining facility formulaties, ordering medications, and maintaining records. The SHD nursing and respiratory staff are responsible for clarifying orders, administering, and accurately documenting administrations of medication.

3. **Policy for Medications: Allergies, Orders, Patient**

~~2.~~ a. ***Administration of Drugs***

~~a.~~ i. The physician will order medications in the ~~on the physician order sheet~~ electronic Medication Administration Record (eMAR) including the name of the medication, dose, frequency, route of administration, and qualifying phrase, if indicated.

~~b.~~ ii. Transcription of ~~the~~ a written order onto the Medication Administration Record may be done by a unit secretary, LVN or RN.

~~c.~~ iii. Upon review of physician orders, the nurse should clarify any questionable orders with the physician; this includes illegible writing.

~~d. ACUTE CARE PATIENTS:~~

- ~~To the maximum extent possible, all medications will be purchased in Unit Dose format.~~
- ~~All medications administered to patients are recorded on the Medication Administration Record.~~

~~g. EMERGENCY ROOM PATIENTS:~~

- ~~All medications administered must be recorded on the patient's Emergency Room treatment record.~~

~~i.~~ iv. Any medication administered must be charted immediately on the Medication Administration Record, Respiratory Therapy record or Emergency Room treatment record.

~~j.~~ v. Medications will be administered in accordance with Standard Hours for Treatments and Administration of Medications, unless otherwise specified by the physician.

~~k.~~ vi. RN's and LVN's may administer all FDA approved drugs by the following routes: by mouth, intramuscularly, subcutaneously, rectally, topically, or via nasogastric and gastrostomy tubes.

~~l.~~ vii. RN's may give ordered intravenous drugs which include continuous drip, intermittent drip and IV push.

~~m.~~ viii. RN's and LVN's certified in IV therapy may start IV's with a physician order.

~~n.~~ ix. RN's, LVN's and Respiratory Therapists may administer inhalational medications.

~~3.~~ b. ***Medication Allergies***

~~a.~~ i. Patient allergies will be documents in the patient's electronic health record.

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~~a.~~i. Patient allergies will be documents in the patient's electronic health record.

~~b.~~ii. When medication orders are transcribed, each medication will be checked for potential allergy against the allergies listed on the MAR.

~~c.~~iii. The prescriber will be notified immediately when potential allergies are detected.

~~.~~ When cephalosporin antibiotics are prescribed for patients with penicillin allergies listed, the patient will be questioned to determine the type of allergic reaction experienced in response to penicillin antibiotics.

iv.

v. When the patients allergic reaction history has been determined, it will be up to the Provider's clinical judgement whether to administer the drug.

c. ***Bedside Medications***

i. Medications will not be kept at the bedside except under the direct written orders of the physician. Such medications shall be kept in a cabinet, drawer or in possession of the patient. The MAR shall state "Bedside medication" in the entry for any medication so ordered. The nurse shall question the patient each shift regarding whether or not the medication was used and shall note each reported use on the MAR.

ii. Special consideration may be made during airborne isolation events when multi-use items may be kept in the room to prevent the spread of pathogens to other areas of the hospital.

iii. Under no circumstances will Schedule II, III, or IV drugs be kept at bedside.

~~.~~

~~*Automatic Medication Stop Order*~~

~~. *Physicians will be encouraged to write medication orders for specific duration of therapy to avoid having to use the Automatic Stop Order Policy.*~~

~~. *It is the responsibility of the physician to see that the orders are renewed. No nurse will administer a drug for which the order has expired. It is the responsibility of the nurse to notify the physician prior to the discontinuance of these medications.*~~

~~. *When a new order is entered into the Medication Administration Record (MAR) the appropriate Automatic Stop Order date is entered in the "DIC DATE" column along with the abbreviation "ASO". The "ASO" notation indicates to the nurse that the Automatic Stop Order Policy is in effect for this medication and the physician must be notified prior to discontinuance of the medication. A new ASO date will be entered in the column if the physician chooses to continue the medication.*~~

~~9. *Bedside Medications*~~

~~. *Medications will not be kept at the bedside except under the direct written orders of the physician. Such medications shall be kept in a cabinet, drawer or in possession of the patient. The MAR shall state "Bedside medication" in the entry for any medication so ordered. The nurse shall question the patient each shift regarding whether or not the medication was used and shall note each reported use on the MAR.*~~

~~*Under no circumstances will Schedule II, III or IV drugs be kept at the bedside.*~~

~~12.~~d. ***Discharge Medications***

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a. i. Medications brought in by the patient may be sent home with the patient upon discharge.

b. ii. Operating as a Drug Room, this facility is NOT licensed to dispense "discharge" or "outpatient" prescriptions .

c. iii. Emergency Room patients who require a supply of medications when there is no local pharmacy open to fill the prescriptions, may receive a quantity of medications sufficient to meet their immediate needs, but no greater than a 72 hour supply.

d. iv. Only the physician may access Pyxis® and remove medications for the patient to take home.

e. v. The physician shall complete the labeling of the medication. A record of the medications furnished in this manner must be entered in the patient' s Emergency Room treatment record.

f. vi. The physician shall provide the patient with information regarding each medication dispensed. The information shall include the use and storage of each medication, the precautions and relevant warnings and the importance of compliance with directions.

13. e. ***Generic Drug Dispensing***

i. Nursing will notify the prescribing physician that a generic drug will be dispensed in lieu of brand specified.

14. f. ***Labeling Medication***

a. ~~Inpatient Medication Labeling~~

ii. i. Unit Dose medication for inpatients shall be labeled with the name of medication, medication strength, expiration date, lot number, and manufacturer.

ii. Repackaged medication for inpatients shall be labeled with the name of medication, medication strength, expiration date, lot number, manufacturer, and pharmacist's initials.

iii. g. ***Medication Orders***

i. Orders may be written by members of the medical staff and allied health professionals (Advanced Nurse Practitioners, Physician's Assistants, Pharmacists) within the scope of their practice, delineated clinical privileges, and approved protocols.

ii. Medication orders should be entered through the electronic health record system computerized provider order entry system. ~~or written on the Physician's Orders/MAR must be written with a ballpoint pen for optimal clarity. Felt tip pens are not acceptable.~~

iii. A verbal/telephone order from a licensed practitioner shall be immediately entered into the EHR if dictated to a lawfully authorized person practicing within his/her scope of practice.

iv. The person taking the verbal/telephone order must read it back aloud to the practitioner to verify the order.

v. Each complete verbal/telephone medication order shall include:

1. Patient name and approved identifier (two points of identification).
2. Time and date of order.
3. Medication name, strength (and dosage form, if necessary).

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4. Directions for use (including route of administration and frequency).
5. Prescriber ~~signature~~name or that of his/her authorized agent.
6. Specific indication for use with "PRN" and verbal orders.
7. Duration of therapy, if appropriate.
8. The medication indication, if not otherwise documented in the patient's chart.

~~b.Outpatient Medication Labeling~~

- ~~Operating as a Drug Room, this facility is not licensed to dispense outpatient prescriptions.~~
- ~~The facility however may administer a very limited quantity of medications through the Emergency Room which will suffice the patient until a pharmacy may fill the prescription.~~
- ~~When medications are furnished by the physician to Emergency Room patients they shall be labeled in accordance with all legal requirements, including patient name, physician name, name, strength and quantity of medication, and directions for use. Only the Emergency Room physician may furnish medications to patients in this way.~~

~~14. **Medication Orders**~~

g.vi. Health care professionals receiving verbal/telephone orders will screen each order for completeness (see bullet~~see # above~~) and must contact the prescriber for clarification if any of the essential elements are missing or ambiguous.

~~h.Orders for medications for patients at Seneca Healthcare District must be written in a **legible, clear, complete, and unambiguous manner** so that accurate interpretation by all health care personnel responsible for carrying out the order is facilitated. This requirement includes orders written by physicians as well as verbal orders written by other health care practitioners.~~

~~b.~~i. For Oxygen:

~~To~~ include name of medication, concentration, route and any other information

vii. ~~—~~or instruction regarding titration.

~~i. Orders, which are illegible or improperly written, will not be carried out until rewritten and clearly understood.~~

~~j. When a medication order is not clearly legible the licensed nurse will contact the ordering physician for clarification. The clarification will be documented in the Medical Record as a verbal order.~~

~~k.~~i. ~~Orders may be written by members of the medical staff and allied health professionals (Advanced Nurse Practitioners, Physician's Assistants, Pharmacists) within the scope of their practice, delineated clinical privileges, and approved protocols.~~

~~l. All medication and non-medication orders shall be in writing. A verbal/telephone order from a licensed practitioner shall be considered to be in writing if dictated to a lawfully authorized person practicing within his/her scope of practice.~~

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m. Verbal/telephone orders will be documented immediately on the Physician's Order sheet (Attachment A) and documented in the electronic health record system.

n. The person taking the verbal/telephone order must read it back aloud to the practitioner to verify the order.

o. Documentation of the order will include date, time, instructions, method obtained, and practitioner 's name (to validate the order was read to the physician after documentation on the order sheet), and signature of the person obtaining the order.

p. Each complete medication order shall include:

- Patient name and approved identifier (two points of identification).
- Time and date of order.
- Medication name, strength (and dosage form, if necessary).
- Directions for use (including route of administration and frequency).
- Prescriber signature or that of his/her authorized agent.
- Specific indication for use with "PRN" and verbal orders.
- Duration of therapy, if appropriate.
- The medication indication, if not otherwise documented in the patient's chart.

y. Medication orders involving abbreviations and symbols should be carried out only if the abbreviations and symbols appear on a standard explanatory list or legend approved by the medical staff. Each abbreviation or symbol should have only one meaning. Abbreviations, acronyms and symbols on the hospitals "do not use" list may not be used in medication orders.

z. viii. New medication orders need to be written entered into the EHR when:

i. 1. A patient undergoes surgery with anesthesia.

ii. 2. Transfers to or from any of the following areas: Acute Med/Surg, LTC/SNF, SWING or ER

aa. ix. Formulary medications should be used whenever possible.

bb. x. Medications brought into the hospital by patients must be positively identified by the physician and follow the section on Patient's Medications from Home.

cc. xi. Medication orders for compounded drugs or drug mixtures will be prepared according to RX-008.

dd. xii. Medications for children 14 (fourteen) years old or less (e.g. dose in mg/kg as well as the total mg to be given) require weight-based dosing.

ee. i. Medication orders should be entered through the electronic health record system computerized provider order entry system or written on the Physician's Orders/MAR must be written with a ballpoint pen for optimal clarity. Felt tip pens are not acceptable.

ff. xiii. ADDING NEW INPATIENT ORDERS should be done according to Seneca Healthcare District 's Pharmacies' policies.

gg. h. ***Correcting An Order:***

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i. Orders in which there is an error will be discontinued and re-entered into the order entry system of the EHR. ~~should be totally rewritten. Lining out the errant portion and attempting to write the correct term about is often confusing and illegible.~~

~~ii. For inpatient orders, the entire order should be crossed through with a single line, the word "error" written after the line followed by the initials of the order writer.~~

~~iii.~~ii. ~~All corrections must be completed in a legible manner.~~Verbal/Telephone orders entered by legally authorized staff can be corrected before the order has been verified. Once verified, the order must be discontinued and re-entered.

~~hh.~~ ***Hold:***

i. "Hold" orders shall be documented on the eMAR. "Hold" orders with no parameters result in a medication being discontinued:
   1. When the drug is to be resumed, a new order must be written.
   2. "Hold" orders with parameters are acceptable. Examples include:
      a. "Hold tonight" : Which means to place the medication on hold and re-start at the next scheduled dosing time after 6am the next day.
      b. "Hold for SBP less than 100".
   3. Blanket orders to re-start all medications "on hold" are not acceptable.

~~ii.~~ ***Superceding Orders:***

i. New orders written to adjust therapy for the same medication will supercede the previous order unless specified that the new order be intended to be "in addition" to the previous order. New orders will supercede existing orders for the same "as needed" (PRN) indication (e.g. anxiolytics, pain control {excluding PCA}, and hypnotics) unless specified that the new order is intended to be "in addition" to the previous order or the route of administration is different.
   1. Orders for a one-time adjustment of a medication dose will discontinue the previous order unless specifically ordered otherwise.
   2. Doses based upon nomograms, calculations, or equations will be considered explicit orders ifthe variables are clearly indicated and are discretely defined patient parameters (e.g. Dopamine 2.5mcg/kg/min, Insulin regular dose in units = bs- of administration). Where indicated, a nursing double check of calculated dose shall occur and must be written for each action to be taken.

ii. Multiple routes for the same medication or indication are acceptable to accommodate the patient's condition if the order clearly indicates which route is used first.

iii. Handwritten Orders:
   1. New pain or benzodiazepines medications in the same pharmaceutical class, for the same indication, and the same route of administration as a previously ordered medication

will result in discontinuing the previous medication and writing the new one.

iv. Preprinted Orders:

1. Multiple Pain or Benzodiazepine Medications: Ifthe physician orders multiple medications in the same pharmaceutical class, for the same indication, via the same route, only the first medication on the list will be entered onto the patient's MAR, unless the patient is allergic to it. In that case the order must be clarified with the prescriber.

~~jj.~~k. ***A Range Order***

i. Is defined as medication order, in which the dose varies over a prescribed range, depending on the situation or patient 's status. The policy on Range orders are covered in variable dose policies.

~~kk.~~l. ***Therapeutic Interchange*** is applicable for specific medications. The Therapeutic interchange list, policy and specific protocols are available in the Pharmacy.

~~ll.~~m. PRN MEDICATIONS: Refer to Pharmacy Policies.

~~mm.~~n. ADMINISTATION TIMES: Refer to RX-015.

~~nn.~~o. When applicable, the DURATION of the order, such as specific number of doses or a specific number of days, should be included on the original order.

~~oo.~~p. ***Tapers And Titrations***:

i. Taper:

1. When an order involves sequential changes in a medication (e.g., a tapering or detoxification regimen), the specific date or time a medication change is to occur should be written (as opposed to "tomorrow" or "in two days"). The physician should be specific in terms of what should happen on each date.

ii. Titration:

1. When an order in which the dose is either progressively increased or decreased in response to the patient's status the physician must specifically order the minimum and maximum dose, the parameter used to titrate (i.e.: blood pressure), and the dosage increments used to titrate the medication. Alternately a titration protocol may be utilized to adjust the medication deliver to meet the patient's needs.

~~pp.~~q. STANDARDIZED CONCENTRATIONS: Refer to RX-008.

~~15.~~4. **Medication Reconcilliation**

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a. A Medication Reconciliation will be completed in the electronic health record for all patients admitted to the Acute Care or Observation setting within 2 (two) hours of admission, or as soon as possible if waiting for the patient representative to assist, by completing the following:

i. The nurse obtaining the Medication Reconciliation History will complete the signature, date, and time portion located at the top of the form when it is completed.

ii. The nurse will elicit the assistance of the patient (or representative) in completing the electronic medication record utilizing all appropriate resources, such as:
    1. Patient/family verbal history
    2. Written medication list
    3. Medication bottles from home
    4. Old records

b. List all allergies on the "Medication Allergies". If none are noted or expressed, click the NKDA (no known drug allergies) box.
c. Include all OTC medications, herbal formulas, vitamins, eye drops, inhalers and supplements.
d. The patient's understanding of why he/she is taking each medication is to be documented in the Reason Taken section.
e. Specific dose, route, frequency, and time normally taken will be obtained for each medication.
f. Date and time that the medication was last taken prior to admission.
g. Check the appropriate box under the Iriformation Obtained From section.
h. Check the appropriate box under the Home Medications Disposition section.
i. Notate the patient's preferred pharmacy and pharmacy phone number in the appropriate section.
j. Remind the physician to perform the Amit medication reconciliation.
k. One the attending physician has reviewed the medications he/she will process the medication reconciliation and make any adjustments to the medication regime, if deemed necessary.

~~16.~~5. **Pain Medication Use in the SNF**

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a. The Behavioral Summary Data form (Attachment B) will be completed on the Physician's monthly order sheet.
b. The number of doses given, the effects of these doses on the patient and any side effects observed as a result of Pain medication given will be recorded in the appropriate area of the stamped form.

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c. Yearly Physician Monitoring will take place to determine the risks or benefits of the pain medication use.

~~17.~~6. **Patients Taking Their Own Medications**

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a. Upon admission, all patients will surrender medication brought from home to the nursing personnel for identification and safekeeping. Only medication prescribed by the attending physician (or his designated substitute or consultant) will be available to the patient. Medication ordered by the attending physician will be supplied by the hospital pharmacy and administered by qualified hospital personnel. Although it is discouraged, patients may take their own medications if their physician specifically orders that their own medications be used rather than the hospital supply.
b. No medications brought to the hospital by patients will be administered unless there is a written order from the practitioner to administer the drugs and then, only after the drugs have been identified by the prescribing practitioner or pharmacist. The medications are stored in the Drug Room pending positive identification. After identification, the medication is placed in the patient's medication drawer in the, Drug Room and the Controlled Drug Log is filled out to log the patient's home meds (Attachment C). When

identified by the physician, the physician will initial the bottle. The physician must write an order permitting the patient to take their own medication and must provide the name of the drug, the strength and specific directions for use. For example, "Patient may take own Digoxin 0.25mg Q Day."

c. Patients taking their own medications shall have the notation "Home Med" on the MAR.

d. If the drugs are not to be used in the hospital, nursing personnel will make every effort to send the medications home with the patient's family. Ifno family members are available; the drugs will be sealed in a valuables envelope and kept in the Drug Room. The medications will be returned to the patient at the time of discharge.

e. Patients who are admitted to SHD with their own infusion devices (IE. insulin pumps, chemotherapy pumps, etc.) must use hospital approved devices that pharmacy, nursing, and medical staffs have experience and training on their use. Any patient using a self- administering device will be assessed for competency in usage of such a device. Inthe case where the patient becomes incapacitated or obtunded due to disease processes, side affects or abuse, the device will be changed only to allow the proper pharmacy, nursing, or medical staff to control and operate it during their length of stay.

f. Each shift, the patient will be assessed for change in mental status to indicate they are incapable of caring for their self-administering devices.

~~18.~~7. **Unit Dose Drug Distribution System**

a. ***Definition***
The Unit Dose System of administration involves medications that have been purchased in containers of individual doses or medications that have been prepared for unit dose use by a Registered Pharmacist.

b. ***Justification***
The Unit Dose System allows for accurate, quick and convenient access to medications for patient administration. Unit Dose medication packaging facilitates accurate identification of each medication up to the point of administration to the patient.

~~19.~~8. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions policy, ADMIN28.

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References:

Arroliga, M.E. et al. (2000.) *A Pilot Study of Penicillin Skin Testing in Patients with a History of Penicillin Allergy Admitted to a Medical ICU.*

Kelkar, P.S. *Cephalosporin Allergy.*

Pichichero, M.E. (2005.) *A Reiew of Evidence Supporting the American Academy of Pediatrics Recommendation for Prescribing Cephalosporin Antibiotics for Penicillin-Allergic Patients.*

Salkind, A. et al. (2001.) *Is This Patient Allergic to Penicillin? An Evidence-Based Analysis of the Likelihood of Penicillin Allergy.*

Attachment A: Verbal Order Documentation Sample *(1 page)*
Attachment B: Behavioral Summary Data Form *(1 page)*
Attachment C: Controlled Drug Log (for home meds) *(1 page)*

Attachment A: Verbal Order Documentation Sample

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DATE HOUR	ORDERS
	ADMIT TO: ( ) OBSERVATION ( ) INPATIENT ☐ NO PREALBUMIN
7/12/14 2250	TO Dr. Ward / [redacted] J. Atkinson RN
	① Zofran 4mg IVP PRN Q4Hrs Nausea / Vomiting
7/12/14 2251	order noted Dr. [redacted] / 7/12/14 2250 J Atkinson RN
7/12/14 2352	TO Dr. Ward [redacted] J Atkinson RN
	① Okay to give 1st dose of Metoprolol 25mg PO BID tonight NOW.
7/12/14 2351	order noted Dr. [redacted] / 7/12/14 2351 J Atkinson RN
7/12/14 0030	TO Dr. Ward [redacted] J Atkinson RN
	① Metoprolol 25 mg PO NOW BP/78/48
7/12/14 0031	order noted Dr. [redacted] / 7/12/14 0031 J Atkinson RN
7/13/14 0151	TO Dr. Ward / [redacted] J Atkinson RN
	① Lopressor 5mg IVP NOW.
7/13/14 0151	order noted Dr. [redacted] / 7/13/14 0151 J Atkinson RN
7/13/14 0155	[redacted] DR WARD TO T. ATKINSON RN
	DECREASE IV FLUID RATE D5 NS W/40 MEQ KCL
	AT 125 ML/HR TO D5 NS W/40 MEQ KCL AT 75 ML/HR
7/13/14 0156	order noted Dr. [redacted] / 7/13/14 0156 J Atkinson RN
7/13/14 0230	24° Chart ✓ Dr. [redacted] / 7/13/14 0231 J Atkinson RN

Attachment B: Behavioral Summary Data Form

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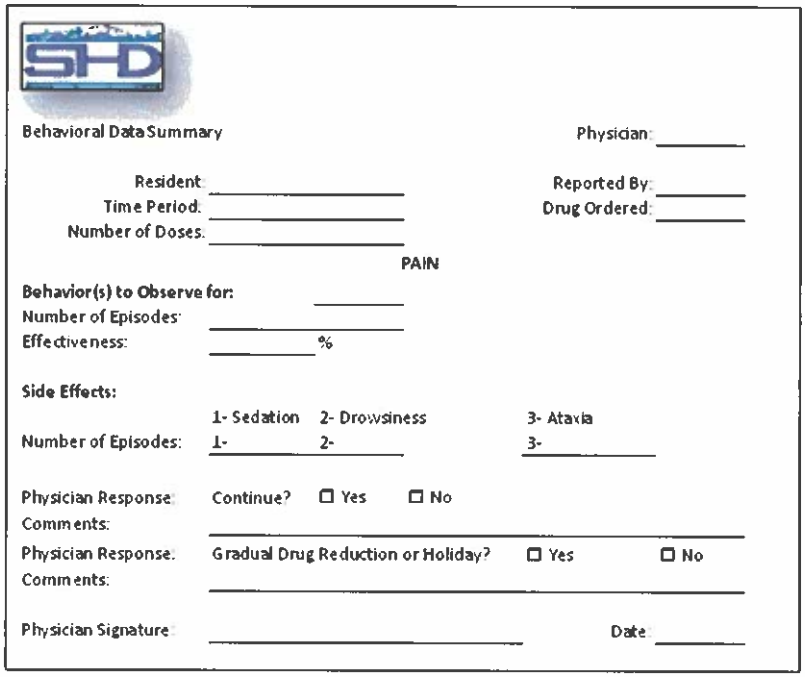

Behavioral Data Summary

Physician: _____

Resident: _____ Reported By: _____

Time Period: _____ Drug Ordered: _____

Number of Doses: _____

PAIN

Behavior(s) to Observe for: _____

Number of Episodes: _____

Effectiveness: _____ %

Side Effects:

	1- Sedation	2- Drowsiness	3- Ataxia
Number of Episodes:	1-	2-	3-

Physician Response: Continue? ☐ Yes ☐ No

Comments: _____

Physician Response: Gradual Drug Reduction or Holiday? ☐ Yes ☐ No

Comments: _____

Physician Signature: _____ Date: _____

Attachment C: Controlled Drug Log (for home meds)

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SENECA DISTRICT HOSPITAL
PHARMACY SERVICES

CONTROLLED SUBSTANCES RECORD

DRUG NAME & STRENGTH: _____

DATE	QUANTITY RECEIVED	DEA 222 or INVOICE #	QUANTITY DISPENSED	LOCATION	QUANTITY RETURNED	BALANCE	SIGNATURE

SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: RENAL DOSE ADJUSTMENT BY PHARMACIST** **POLICY NUMBER: RX-013.002** **COMPLIANCE REQUIREMENT:** California State Board of Pharmacy	**Page 1 of 6** **Date of Origin:** 08/28/2014 **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Ray Duro, PharmD **REVISED BY: Elizabeth L Steffen, Director of Information Technology and Policy Committee Chair AND Ray Duro, PharmD**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that Pharmacists, utilizing the Renal Dosing Guide can modify medication orders based on a patient's renal function. These dosing guidelines do not supersede the clinical judgment of the pharmacist when a patient's response to therapy is other than expected.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-013.002

PROCEDURE

1. **Purpose**

The ~~primary~~ purpose of ~~the renal dosing program~~this policy is to improve patient safety while maximizing efficacy. Decreases in renal function can alter drug clearance. Dosage regimen alterations are required to optimize therapeutic outcomes and minimize the risk of toxicity. Elderly patients often have an age-related decrease in renal function and are susceptible to adverse drug effects caused by drug accumulation. Therefore, individualized drug dosages based on a patient's estimated creatinine clearance can prevent adverse effects without compromising efficacy.

~~1.~~ **Responsibilities**

~~2.~~

The SHD Pharmacy Consultant is responsible for determining if an adjustment is needed for renal dosing.

~~2.~~ **Policy For Renal Dose Adjustment by Pharmacist**

~~3.~~

~~a. The primary purpose of the renal dosing program is to improve patient safety while maximizing efficacy. Decreases in renal function can alter drug clearance. Dosage regimen alterations are required to optimize therapeutic outcomes and minimize the risk of toxicity. Elderly patients often have an age-related decrease in renal function and are susceptible to adverse drug effects caused by drug accumulation. Therefore, individualized drug dosages based on a patient's estimated creatinine clearance can prevent adverse effects without compromising efficacy.~~

~~b.~~a. ***The pharmacist will review patient's drug regimen.***

i. Once the patient's creatinine clearance has been determined, the pharmacist will review the Renal Dosing Guide (or other guidelines as listed in the reference section of appendix A) and make a determination if the medication(s) ordered should be modified.

ii. The pharmacist will make the adjustment, if needed, in the EHR and communicate with hospital nursing staff that adjustments have been made.

~~c.~~

~~3.~~4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.~~Sanctions policy, ADMIN28.~~

Reference:

Jones, John, et al. (2003.) *Health Notes; Drug Therapy Considerations in Older Adults.*(Vol 1, 7) Retrieved May 27, 2015, from: http://www.pharmacy.ca.gov/publications/health_notes_drug_therapy.pdf

Appendix A: Renal Dosing Guide *(4 pages)*

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Appendix A: Renal Dosing Guide – Page 1

Renal Dosing Guide

Pharmacy Renal Dosing Guide: The primary purpose of a renal dosing program is to improve patient safety while maximizing efficacy. Decreases in renal function can alter drug clearance. Dosage regimen alterations are required to optimize therapeutic outcomes and minimize the risk of toxicity. Elderly patients often have an age-related decrease in renal function and are susceptible to adverse drug effects caused by drug accumulation. Therefore, individualized drug dosages based on a patient's estimated creatinine clearance can prevent adverse effects without compromising efficacy.

ADULT DOSING GUIDELINES FOR SPECIFIC CREATININE CLEARANCE RANGES[1]

Generic Name	> 50 ml/min	10-50 ml/min	< 10 ml/min	Post Hemodialysis (HD)
Antibiotics				**Dose[2]**
Acyclovir	5 mg/kg Q 8 H	5 mg/kg Q 12 – 24 H	2.5 mg/kg Q 24 H	1 dose post HD
Amantadine	100 mg Q 12 - 24 H	100 mg Q 48 - 72 H	100 mg Q 7 Days	Not required
Amphotericin B	20 – 50 mg Q 24 H	20 – 50 mg Q 24 H	20–50 mg Q24-36 H	Not required
Ampicillin	250 – 500 mg Q 6 H	250 – 500 mg Q 6 – 12 H	250 – 500 mg Q 24 H	1 dose during & post HD
Ampicillin	250 – 2000 mg Q 6 H	250 – 2000 mg Q 6 - 12 H	250–2000 mg Q12-24 H	1 dose post HD
Ampicillin/Sulbactam	1.5 - 3 gm Q 6 H	1.5 - 3 gm Q 6 – 12 H	1.5 – 3gms Q 24 H	1 dose post HD
Aztreonam	500mg - 2 gm Q 8 H	250mg-1gm Q 8	125mg-500mgm Q 8 H	12.5% initial dose post HD
Cefaclor	250 - 500 mg Q 8 H	250mg-500mg Q 8 H	125mg – 250 mg Q 8 H	250 mg post HD
Cefadroxil	0.5 – 1 gm Q 12 H	0.5 – 1 gm Q 12 - 24 H	0.5 – 1 gm Q 24 – 48 H	1 gm post HD
Cefamandole	0.5 – 1 gm Q 6 H	0.5 – 1 gm Q 6 – 8 H	0.5 – 1 gm Q 12 H	1 dose post HD
Cefazolin	1 - 2 gm Q 8 H	1 - 2 gm Q 12 H	1 2 gm Q 24 - 48 H	1 dose post HD
Cefepime	250 – 2000 mg Q 12 H	250 – 2000 mg Q 16 - 24 H	250 – 2000 mg Q 24 - 48 H	1 gm post HD
Cefonicid	500 mg Q 24 H	100 – 500 mg Q 24 H	100 mg Q 24 H	Not required
Cefotetan	1 - 2 gm Q 12 H	1 gm Q 12 H	500 mg Q 12 H	½ normal dose post HD
Cefoxitin	1 – 2 gm Q 8 H	1 – 2 gm Q 8 – 12 H	1 – 2 gm Q 24 – 48 H	1 dose post HD
Cefotaxime[3]	1 - 2 gm Q 8 H	1 - 2 gm Q 8 - 12 H	1 - 2 gm Q 24 H	1 gm post HD
Cefpodoxime	200 mg Q 12 H	200mg Q 16 H	200 mg Q 24 – 48 H	1 dose post HD
Cefprozil	250 - 500 mg Q 12 H	125mg- 250 mg Q 12 H	125mg - 250 mg Q 12 H	1 dose post HD
Ceftazidime	1 – 2 gm Q 8 - 12 H	1 – 2 gm Q 24 – 48 H	1 – 2 gm Q 48 H	1 gm
Ceftibuten	400 mg Q 24 H	200 mg Q 24 H	100 mg Q 24 H	400 mg post HD
Cefuroxime sodium	750mg – 1.5 gm Q 8 H	750mg – 1.5 gm Q 8 – 12 H	750mg Q 24 H	1 dose post HD
Cephalexin	250 – 500 mg Q 6 – 8 H	250 – 500 mg Q 12 H	250 – 500 mg Q 12 H	1 dose post HD
Cephalothin	0.5 – 2 gm Q 6 H	0.5 – 2 gm Q 6 – 8 H	0.5 – 2 gm Q 12 H	1 dose post HD

Appendix A: Renal Dosing Guide – Page 2

Generic Name	> 50 ml min	10-50 ml min	< 10 ml min	Post Hemodialysis (HD)
Cephradine	250 – 1000 mg Q 6 H	500mg Q 6H	250mg Q 6H -12 H	250 mg post HD
Ciprofloxacin[c]	400 mg Q 12 H	200 - 300 mg Q 12H	200 mg Q 12 H	1 dose post HD
Didanosine[e]	200 mg Q 12 H	75mg - 200 mg Q 12H- 24 H	75mg - 100 mg Q 24 H	Not required
Erythromycin	250mg – 500mg Q 6 H	250mg – 500mg Q 6 H	125mg- 250mg Q 6 H	Not required
Famciclovir	500 mg Q 8 H	500 mg Q 12 - 48 H	250 mg Q 48 H	125-250 mg post HD
Flucytosine	37.5 mg/kg Q 6 – 12 H	37.5 mg/kg Q 12 - 24 H	37.5 mg/kg Q 24 – 48 H	1 dose post HD
Fluconazole	100 – 400 mg Q 24 H	50 - 200 mg Q 24 H	50- 200 mg Q 24 H	1 dose post HD
Ganciclovir[f]	2.5mg - 5 mg/kg Q 12 H	1.25mg- 2.5 mg/kg Q 24 H	1.25mg three times weekly	1 dose post HD
Gatifloxacin	400mg q 24H	200mg-400mg Q 24 H	200mg Q 24H	1 dose post HD
Imipenem/Cilastatin	250 – 1000 mg Q 6 H	125 – 500 mg Q 8-12 H	187.5mg –250 mg Q 12 H	1 dose post HD
Itraconazole	100 – 200 mg Q 12 H	100 – 200 mg Q 12 H	Not recommended	Not required
Lamivudine	150 mg Q 12 H	50 – 150 mg Q 24 H	25 – 50 mg Q 24 H	Not required
Levofloxacin	500 mg Q 24 H	250 mg Q 24 – 48 H	250 mg Q 48 H	250mg post HD
Meropenem	500 mg Q 6 H	250 - 500 mg Q 12 H	250 - 500 mg Q 24 H	1 dose post HD
Metronidazole	7.5 mg/kg Q 6 H	7.5 mg/kg Q 6 H	3.75 mg/kg Q 6 H	1 dose post HD
Penicillin G	0.5 – 4 million U Q 6 H	0.375 – 3 million U Q 6 H	0.25 – 2 million U Q 6 H	1 dose post HD
Piperacillin/Tazobactam	3.375 – 4.5 gm Q 4 – 6 H	2.25 - 3.375 gm Q 6 H	2.25 gm Q 8 H	0.75 gm post HD
Ribavirin[e]	400mg – 600mg Q 12 H	Not recommended	Not recommended	Not applicable
Stavudine	30 – 40 mg Q 12 H	15 – 20 mg Q 12 – 24 H	Not recommended	Not required
Tetracycline	250 – 500 mg Q 8 –12 H	250 – 500 mg Q 12 -24 H	250 – 500 mg Q 24 H	Not applicable
Ticarcillin/Clavulanate	3.1 gm Q 4 - 6 H	2 gm Q 8 H	2 gm Q 12 H	3.1 gm post HD
Sulfamethoxazole	1 gm Q 8 - 12 H	1 gm Q 18 - 24 H	Not recommended	Avoid
Valacyclovir	500 – 1000 mg Q 8 – 12H	500 – 1000 mg Q 12 – 24 H	500 mg Q 24 H	1 dose post HD
Zalcitabine	0.75 mg Q 8 H	0.75 mg Q 12 H	0.75 mg Q 24 H	Not available
Zidovudine	200 mg Q 8 H - 300mg Q 12 H	200 mg Q 8 H - 300mg Q 12 H	100 mg Q 8 H	100 mg

Appendix A: Renal Dosing Guide – Page 3

Miscellaneous Drugs	> 50 ml/min	10-50 ml/min	< 10 ml/min	Post Hemodialysis (HD)
Allopurinol	300 mg Q 24 H	150 mg Q 24 H	75 mg Q 24 H	Not applicable
Colchicine[a]	0.5 mg – 0.6 mg Q 24 H	0.5 – 0.6 mg Q 24-48 H	Not recommended	Not applicable
Diclofenac	25 – 75 mg BID	12.5 – 37.5 mg BID	6.25 – 18.75 mg BID	Not applicable
Famotidine	20 – 40 mg Q 12 – 24 H	10 – 20 mg Q 12 – 24 H	20 mg Q 24 H	10 mg IV
Ketorolac[d]	15 - 30 mg Q 6 H IV/IM (max=120mg/d) OR 20 mg PO initial, then 10mg Q4 – 6 H PO (max=40mg/d)	7.25 – 15 mg Q 6 H IV/IM or 10mg Q4 – 6 H PO (Max=40mg/day)	3.75 – 15 mg Q 6 H, Avoid if CrCl < 5 ml/min,	Avoid
Metformin	Per the manufacturer, metformin is **contraindicated** in the presence of renal dysfunction defined as a serum **creatinine ≥1.5 mg/dL in males, or ≥1.4 mg/dL in females** and in patients with abnormal clearance			
Probenecid	500 mg BID	Avoid	Avoid	Not applicable
Ranitidine	50 mg Q 8 H IV 150 – 300 mg Q 12 – 24 H PO	50 mg Q 12 – 24 H IV 150 mg Q 24 H PO	50 mg Q 12 – 24 H IV 150 mg Q 24 H PO	1 dose post HD
Special consideration for Enoxaparin	**Adjust for any patient with CrCl < 30ml/min**			
All dose for DVT prophylaxis of hip/knee/abdominal surgery or in medical patients during acute illness	30 mg subcutaneously daily			
All dose for DVT treatment (in conjuction with warfarin) and prophylaxis of ischemic complications of unstable angina and non Q-wave myocardial infarction (in conjunction with ASA)	1 mg/kg subcutaneously daily			

a This list is not an exhaustive list of drugs requiring renal dosing. Recommendations provided are based on manufacturer guidelines and current literature. This is intended to be used as a guideline and does not replace clinical judgment

b Dose is for intermittent hemodialysis and does not account for continuous venovenous hemodialysis (CVVHD) or continuous venovenous hemofiltration (CVVH)

c Ceftriaxone does not generally require dosage adjustment in renal dysfunction. In cases of severe renal dysfunction or renal and hepatic dysfunction, serum level monitoring may be considered with subsequent dosage reduction if drug accumulation is apparent. Supplemental dosing after Chronic Ambulatory Peritoneal Dialysis (CAPD) and HD is generally not necessary. However, some clinicians recommend administration of the daily dose after dialysis on dialysis days

d Ketorolac IV/IM dose refers to maintenance dose following initial dose of 30mg IV or 60mg IM. Dosing should not exceed 5 days of therapy

e Didanosine dosing is based on oral tablet formulation and varies based on patient weight less than or greater than 60kg

f Ganciclovir guidelines refer to induction dosing

Appendix A: Renal Dosing Guide – Page 4

g Ribavirin dosing provided is for treatment of hepatitis
h Colchicine guidelines refer to oral maintenance dose

References
1 Aronoff GR, et al. Drug Prescribing in Renal Failure. Dosing Guidelines for Adults. 4th ed. Philadelphia, Pennsylvania: American College of Physicians; 1999.
2 Cantu TG, Ellerbeck EF, Yun SW, et al. Drug Prescribing for patients with changing renal function. Am J Hosp Pharm. 1992;49:2944-2948.
3 Hutchison TA & Shahan DR (Eds). DRUGDEX® System. MICROMEDEX, Greenwood Village, Colorado (Version 116, 2003).
4 Kappel J, Carissi P. Safe Drug Prescribing for patients with renal insufficiency. CMAJ. 2002 Feb 19;166(4):473-7.
5. www.globalrph.com

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SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: SAFETY** **POLICY NUMBER: RX-0014.001** **COMPLIANCE REQUIREMENT:** American Society of Health-System Pharmacists; CCR Division 17 Title 16 §1735	**Page 1 of 3** **Date of Origin:** **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Unknown **REVISED BY: Elizabeth L Steffen, Director of Information Technology and Policy Committee Chair AND Ray Duro, PharmD**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that the Aseptic technique method is used to minimize the possibility of bacterial contamination. Aseptic technique requires control over the environment and procedures when the product is prepared. Touch contamination is the most frequent cause of contamination.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-014.001

PROCEDURE

1. **Purpose**

   The purpose of this policy is to ensure that the Aseptic technique method is used to minimize the possibility of bacterial contamination.

2. **Responsibilities**

   The SHD Nursing staff is responsible for ensuring compliance with this policy.

~~1.~~3. **Policy For Safety**

   a. ***Contamination Control***

      i. Medication Areas:

         1. The medication area is to be kept uncluttered and clean at all times.
         2. All medications dropped on the floor or contaminated in any other way are to be discarded.
         3. All sterile preparations will be prepared using aseptic technique.
         ~~3.~~4. When possible, vial adapters will be utilized to create a closed sterile system for preparing Admixtures.
         ~~4.~~5. All medications withdrawn into syringes shall be done using aseptic technique with alcohol swabbing of ampule necks and vial tops prior to entry with a needle. Care should be exercised so as not to contaminate the needle.

   b. ***IV Admixtures/Aseptic Technique***

      i. Prepare only one solution at a time.
      ii. Prepare IV's in the designated IV preparation area, free of any other materials.
      iii. Collect everything necessary for preparing the admixture in the IV preparation area prior to mixing.
      iv. Open the needle casing and attach the needle to the syringe as quickly and firmly as possible. The needle sheath serves as a wrench for both attaching and removing the needle.
      v. The contents of ampules and multiple dose vials are always withdrawn by syringe. Only one needle and syringe are used for each operation then discarded. No needle and syringe is reused for more than one additive.
      vi. If the additive container is an ADD-vVantage vial, follow the manufacturer directions for attachment and reconstitution.
      vii. If the additive container is a vial containing a premixed solution:

         1. Check for visible contamination prior to withdrawing it from the vial.
         2. Swab the rubber stopper with an alcohol swab prior to the initial puncture.
         3. Enter the rubber stopper with the beveled side of the needle up and with slight downward pressure. Inject a volume of air slightly less than the volume of medication to be withdrawn if necessary to facilitate withdrawal of medication.

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4. Withdraw the quantity of medication called for and inject into the primary IV fluid.

viii. If the additive container is a vial requiring reconstitution:
   1. Swab the rubber stopper with an alcohol swab prior to initial puncture.
   2. Reconstitute the powdered medication with the proper fluid.
   3. Enter the rubber stopper with the beveled side of the needle up and with slight downward pressure.
   4. Force the fluid for reconstitution into the vial and release the pressure by withdrawing an equal volume of air.
   5. If the vial contains a protein drug (alteplase for example) swirl the vial gently until the powder dissolves. Do not shake protein drugs.
   6. If the vial is not a protein, shake the vial vigorously until the drug is in solution.
   7. Inspect the vial for particulate matter.
   8. Withdraw the quantity of medication called for and inject into the primary IV fluid.

ix. If the additive container is a glass ampule:
   1. Swab the ampule neck with an alcohol swab.
   2. Break the ampule neck by placing a sterile gauze pad over the stem of the ampule and snapping it sharply away from the body of the ampule.
   3. Discard the ampule top and gauze pad immediately.
   4. Use a filter needle to withdraw the medication from the ampule.
   5. Remove the filter needle and replace it with a standard needle prior to injecting the medication into the primary IV fluid.

x. Swab the seal or additive port of the solution bag with an alcohol swab prior to initial puncture.

xi. Enter the port with the beveled side of the needle up and with a slight downward pressure. This technique is used to avoid chipping or coring the rubber seal.

xii. Add drugs to IV containers by carefully piercing the "inlet" site of the rubber or latex diaphragm stopper or medication port.

xiii. Discard the used needle and syringe into a sharps container.

xiv. Label completed admixtures in an inverted position over the solution label with the one line name of the solution exposed. A label is not required if the manufacturer labeling provides complete information about the contents of the IV (ADD-vVantage bags with attached vials, etc.)

xv. Hold the solution up to the light and inspect for particulate matter.

xvi. Discard any solution with particulate matter in it.

~~xvi.~~

2-4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005 ~~Sanctions policy, ADMIN28.~~

SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP)** **POLICY NUMBER: RX-016.002** **COMPLIANCE REQUIREMENT:** Centers for Disease Control; Department of Health and Human Services ; CA Senate Bill 158, Chapter 294, §6 (a-3)	**Page 1 of 5** **Date of Origin:** 01/29/2016 **Revision Date:** 4/6/2017 **Periodic Review By:** **Date:**
AUTHOR: Ray Duro, Pharm D **REVISED BY: Ray Duro, Pharm D**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District shall maintains an Antimicrobial Stewardship Program (ASP) to minimize the emergence and spread of antimicrobial resistance and to ensure safe and appropriate use of antimicrobials by accomplishing the following objectives:

1. Promote selection of appropriate antimicrobial agents, dose, duration, and route of administration,
2. Optimize patient outcomes by maximizing clinical cure and minimizing drug toxicity,
3. Ensure cost-effective use of antimicrobials, and,
4. Provide education regarding antimicrobial utilization.

~~Scope & Applicability: This is a hospital-wide policy. As such, it applies to Acute Care, the Skilled Nursing Facility, and Emergency Room settings in which antimicrobial agents are used.~~

~~The Antimicrobial Stewardship Committee, a subcommittee of Pharmacy & Therapeutics Committee, has been formed to evaluate, report, and monitor the judicious use of antimicrobials agents in accordance with procedures described in this policy.~~

~~The Pharmacy & Therapeutics Committee is responsible for reviewing, approving, and implementing recommendations and reports from the Antimicrobial Stewardship Committee.~~

~~Quality control audits are reported to the Med Executive Committee and P&T.~~

~~The hospital maintains an Antimicrobial Stewardship Program (ASP) to minimize the emergence and spread of antimicrobial resistance and to ensure safe and appropriate use of antimicrobials by accomplishing the following objectives:~~

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~~1. Promote selection of appropriate antimicrobial agents, dose, duration, and route of administration.~~

~~2. Optimize patient outcomes by maximizing clinical cure and minimizing drug toxicity.~~

~~3. Ensure cost-effective use of antimicrobials, and.~~

~~3.~~ ~~Provide education regarding antimicrobial utilization.~~

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Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-016.002

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PROCEDURE

1. **Purpose**

The purpose of this policy is ~~T~~to describe the role and functions of the Antimicrobial Stewardship Program (ASP) and to ensure judicious use of antimicrobials throughout Seneca Healthcare District.

2. **Responsibilities**

The Antimicrobial Stewardship Committee, a subcommittee of Pharmacy & Therapeutics Committee, has been formed to evaluate, report, and monitor the judicious use of antimicrobials agents in accordance with procedures described in this policy.

The Pharmacy & Therapeutics Committee is responsible for reviewing, approving, and implementing recommendations and reports from the Antimicrobial Stewardship Committee.

Quality control audits are reported to the Med Executive Committee and P&T.

~~The hospital~~

~~1.~~3. **Policy for Antimicrobial Stewardship Program (ASP)**

~~This is a hospital-wide policy. As such, it applies to Acute Care, the Skilled Nursing Facility, and Emergency Room settings in which antimicrobial agents are used.~~

~~a. *Purpose*~~

~~To describe the role and functions of the Antimicrobial Stewardship Program (ASP) and to ensure judicious use of antimicrobials throughout Seneca Healthcare District.~~

~~*Key Words: ASP, judicious Use, Stewardship, Antimicrobial, Antibiogram, Antibiotic Resistance, ASP*~~

~~b.~~a. ***ASP Membership***

i. The Seneca Healthcare District (SHD) Antimicrobial Stewardship Committee shall include:
   1. a Medical Director,
   2. Clinical Pharmacist,
   3. Microbiologist, representatives from Quality/Performance Improvement, and,
   4. Other vested practitioners including the Chief Nursing Officer.

~~c.~~b. ***Scope of ASP***

i. The scope of the ASP will include (but not limited to) evidence-based interventions as outlined in the guidelines provided by Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA)
   1. Develop drug protocols and guidelines to ensure appropriate dosing and monitoring of antimicrobial therapies.
   2. Develop disease-specific, medication-specific order sets for Antimicrobial use.

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3. Optimize antimicrobial use prospectively (e.g., selection of antimicrobials, streamlines therapy, optimize dose, convert IV to PO, monitor drug therapy, etc.)
4. Conduct retrospective and prospective antimicrobial medication use evaluations to evaluate the following aspects of antimicrobial prescribing quarterly:
    a. Appropriate selection of antimicrobial therapy
    b. Dosing regimen (i.e. dose, frequency interval, route)
    c. Time of initiation of therapy
    d. Duration of therapy
5. Provide prospective feedback to prescribers regarding antimicrobial use.
6. Provide education regarding antimicrobial use and antimicrobial resistance.
7. Review and track trends in microbial resistance & susceptibility.

~~d.~~c. ***Judicious Use of Antimicrobials***

i. Antimicrobials should be used after a treatable infection has been recognized or there is a high degree of suspicion of infection. Colonization or contamination should not be treated. Long-term prophylaxis should be avoided unless there is a clear clinical indication.

ii. The choice of antimicrobial should be determined by the sensitivity of the identified pathogen. Some antimicrobials should be limited to specific conditions, taking into consideration spectrum of activity, potential toxicity and cost. A list of limited use antimicrobials will be reviewed by the Antimicrobial Stewardship and Pharmacy and Therapeutics committee and adjusted as necessary~~.~~.
    1. Vancomycin IV: Suggest to only dose pPer Pharmacy and only for MRSA
    2. Vancomycin Oral: Only for treatment of C.Diff
    3. Broad spectrum antibiotics (Zosyn and Carbapenems,): only for Multi Drug Resistant Organisms
    4. Linezolid: Only for MRSA
    5. Aminoglycosides: Only dDose pPer Pharmacy
    6. Daptomycin: Only for MRSA, not to be used for pPneumonia d/t inactivation

iii. Over-lapping broad-spectrum antibiotics coverage: should only be used for mixed infection or life-threatening sepsis. This therapy shall be reviewed as soon as possible and switched to narrow-spectrum agents when sensitivity results become available.

iv. Empiric therapy should be streamlined based upon clinical review, laboratory results, and diagnostic imaging, as soon as possible. All empiric antimicrobial therapy shall be reviewed daily.

v. Order sets developed for specific conditions (pneumonia, sepsis, etc.) or procedures shall be utilized when prescribing antimicrobials.

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vi. Whenever possible, antimicrobials should be administered orally rather than intravenously.
vii. Antimicrobial treatments should be stopped as soon as possible and shall be reviewed within 7 days by a Clinical Pharmacist and the Prescriber to determine if continuing beyond seven days is necessary.
viii. All antibiotics ordered by Providers shall have a diagnosis attached for documentation
ix. Clinical Ppharmacists will perform therapeutic drug monitoring, therapeutic substitution, and prospective audit of antimicrobial use with interventions and feedback to the prescriber, to ensure each individualized therapy is given at the optimal dose, frequency and duration, and is appropriate for the likely pathogens, and pharmacokinetic and dynamic characteristics of the antimicrobial agent. The clinical pharmacist may also convert a patient's parenteral antibiotic therapy to oral therapy, based on the patient's clinical presentation.
x. Reporting of susceptibility of antimicrobial agents should be selective. Laboratory shall report antimicrobial susceptibilities only to agents included in the formulary. Susceptibility results for isolates that are unlikely to be clinically significant should not be reported. Antimicrobials likely to cause toxicity or resistance should not be reported unless all other reported agents demonstrate resistance. The laboratory reporting panels shall be determined collaboratively by the microbiologist, a clinical pharmacist and medical director.
xi. An annual antibiogram for common pathogens will be published by microbiology laboratory, and should be used as a guideline for selecting an empiric therapy. Prior to publication the results shall be reviewed by clinical pharmacy, and the ASP Committee.
xii. Selection of microbiology identification and susceptibility panel (i.e. Microscan) shall include a clinical pharmacist's review.

~~c.~~d. ***Monitoring Outcomes of Antimicrobial Utilization***

The Antimicrobial Stewardship Committee monitoring team will conduct quarterly medication use evaluations (MUEs) to analyze, track, and monitor outcomes data and present to the Medical Executive Committee and P&T for review. Therapeutic recommendations will be presented to the Pharmacy & Therapeutics Committee for approval and implementation.

~~3.~~4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.~~Sanctions policy, ADMIN28.~~

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SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: PHARMACY	**Page 1 of 2**
POLICY TITLE: DISPENSING MEDICATIONS TO DISCHARGED PATIENTS	**Date of Origin:**
POLICY NUMBER: RX-018.001	**Revision Date:**
COMPLIANCE REQUIREMENT: California Board of Pharmacy (CABOP) §4068, BPC & §4076; California Health and Safety Code §11165	**Periodic Review By: Date:**
AUTHOR: Ray Duro, PharmD & Karen Turner, RN, CNO	**Policy Rescinded by Policy #: Effective Date:**

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Policy: Seneca Healthcare District (SHD) will adhere by California Board of Pharmacy (CABOP) standards with respect to dispensing of medications for discharged patients as follows per all applicable state federal, and local laws and/or regulations.

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Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-018.001

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PROCEDURE

1. **Purpose**

The purpose of this policy is to comply with the California Board of Pharmacy (CABOP) standards with respect to dispensing of medications for discharged patients and all applicable state federal, and local laws and/or regulations.

2. **Responsibilities**

It is the responsibility of the prescriber to dispense drugs according to all applicable laws and regulations. Nursing staff will not dispense drugs.

~~2.~~3. **Policy for Dispensing Medications to Discharged Patients**

a. ***Dispense Dangerous Drug or Controlled Substance to Emergency Room Patient;***

~~i. Requirements:~~

~~2.~~i. Notwithstanding any provision of this chapter, a prescriber may dispense a dangerous drug, including a controlled substance, to an emergency room patient if all of the following apply:

~~a.~~1. The hospital pharmacy is closed and there is no pharmacist available in the hospital.

~~b.~~2. The dangerous drug is acquired by the hospital pharmacy.

~~c.~~3. The dispensing information is recorded and provided to the pharmacy when the pharmacy reopens.

~~d.~~4. The hospital pharmacy retains the dispensing information and, if the drug is a schedule II, schedule III, or schedule IV controlled substance, reports the dispensing information to the Department of Justice pursuant to Section 11165 of the Health and Safety Code.

~~e.~~5. The prescriber determines that it is in the best interest of the patient that a particular drug regimen be immediately commenced or continued, and the prescriber reasonably believes that a pharmacy located outside the hospital is not available and accessible at the time of dispensing to the patient.

~~f.~~6. The quantity of drugs dispensed to any patient pursuant to this section are limited to that amount necessary to maintain uninterrupted therapy during the period when pharmacy services outside the hospital are not readily available or accessible, but shall not exceed a 72-hour supply.

~~g.~~7. The prescriber shall ensure that the label on the drug contains all the information required by Section 4076. (b) The prescriber shall be responsible for any error or omission related to the drugs dispensed.

b. ***There shall be no deviations from this Policy and Procedure.***

~~b.~~

~~3.~~4. **Enforcement**

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Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005 ~~Sanctions policy, ADMIN28.~~

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SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: SELF ADMINISTRATION OF DRUGS: ACUTE & SNF** **POLICY NUMBER: RX-019.002** **COMPLIANCE REQUIREMENT:** CACR Title 22 §87916(a); Joint Commission standard MM.03.01.05	**Page 1 of 2** **Date of Origin:** 12/15/1991 **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Unknown **REVISED BY: Karen Turner, RN, CNO and Ray Duro, Pharm D**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) nursing staff in the Acute nursing setting shall ~~not~~ allow patients to self-administer ~~any drugs~~medications with the attending physician's order.

SHD nursing staff in the Skilled Nursing Facility recognizes each resident has a right to self-administer drugs unless the Interdisciplinary team has determined for each resident that this practice is unsafe.

Residents who are capable and who so desire may self-administer drugs which can be legally self-administered.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Manager		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

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POLICY NUMBER REFERENCE: RX-019.002

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PROCEDURE

1. **Purpose**
   The purpose of this policy is to encourage patient and resident independence while providing a safe environment.

2. **Responsibilities**
   It is the responsibility of the physician and/or Interdisciplinary team to determine if a patient/resident will be allowed to self administer medications and which medications will be allowed to be administered.

~~2.~~ **Policy for Self-Administration of Drugs~~: SNF~~**

3.

a. Acute

"Self-administered drugs" are medications that patients would normally take on their own, like medications that are taken every day to control blood pressure or diabetes.

i. Medications brought in by patients or their family can be self administered if the attending provider includes "may take home med" in the medication ordered in the EHR. Controlled substances are not allowed to be self administered.

ii. Before use or administration of a medication brought into the hospital by a patient, his or her family, or a licensed independent practitioner, the provider identifies the medication and visually evaluates the medication's integrity.

iii. The hospital informs the prescriber and patient if the medication brought into the hospital by patients, their families, or licensed independent practitioners is not permitted.

b. SNF

~~a.~~i. An Interdisciplinary team, consisting of the resident's physician, a licensed nurse, the RN Coordinator, and the resident (or legal representative) shall evaluate the resident's ability to self-administer drugs upon admission to the Skilled Nursing unit and during quarterly reviews.

~~i.~~1. Each resident will be asked during each assessment whether he/she wishes to self-administer drugs.

~~ii.~~2. If the response is negative, the resident has exercised this right and has deferred the responsibility to the facility.

~~iii.~~3. If the resident answers in the affirmative, the interdisciplinary team must assess the resident's ability to carry out this responsibility. Assess the following activities.

~~1. Cognitive Function~~

~~1. Physical Ability~~

a. ~~Visual Ability~~Residents who are physically and mentally able to be responsible for their own medications shall be permitted to do so under the following circumstances:

A. All members of the Individual Services Team are in agreement.

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A. All members of the Individual Services Team are in agreement.
B. The resident's Individual Services Plan includes a statement that the resident is capable of self administration of medication.
C. The licensee provides the resident with a locked container in which to store the medications.
D. There is more than one key to the container. One key shall be given to the resident and the others kept by direct care staff.

b. The licensee shall consider the safety of all residents in the facility when making a decision regarding self-administered medications.

c. There shall be a written agreement between the licensee and the resident that he/she will self-administer the medication. A copy of this agreement shall be kept in the resident's file.

A. The agreement shall state who will be responsible for the reordering of such medications.

~~2.~~B. Direct care staff shall notify the physician and the Registered Nurse Case Manager of any change in the resident's capability to self-administer medications.

~~b.~~ii. If the Interdisciplinary team determines that the resident is unable to carry out the responsibility of self-administering (because this would be a danger to the resident OR to others), the Interdisciplinary team may withdraw this right.

~~c.~~iii. If the interdisciplinary team determines that the resident is capable of self-administering, the drug storage and recording of self-administered doses in the medical record are the responsibility of the nursing staff.

iv. The evaluation of the Interdisciplinary Team will be documented in the resident s Medical Record.

~~d.~~

~~3.~~4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.~~Sanctions policy, ADMIN28.~~

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SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: POTASSIUM SCALE AND ADMINISTRATION** **POLICY NUMBER: RX-020.002** **COMPLIANCE REQUIREMENT:** N/A	**Page 1 of 3** **Date of Origin:** Unknown **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Ray Duro, PharmD **REVISED BY: Elizabeth L Steffen, Director of Information Technology and Policy Committee Chair AND Ray Duro, PharmD**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District shall safely provide an ongoing system of intraveneous potassium replacement for patients with depletion states or continuing potassium loss.

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Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-020.002

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PROCEDURE

Purpose

1. The purpose of this policy is to ensure a safe system of intravenecouse potassium replacement.

2. **Responsibility**

The SHD nursing staff are responsible for reviewing orders for potassium and soliciting clarification and/or guidance from the physician and/or pharmacists on the dosage and administration of potassium.

~~2.~~3. **Policy For Potassium Scale and Administration**

a. ***General guidelines***

~~a.~~i. A physician must order the potassium replacement scale and frequency desired.

~~b.~~ii. Nursing service personnel will not extemporaneously compound any solutions containing potassium. In some cases this may require that nursing contact the physician and have the order changed to a standard prepackage solution.

~~c.~~iii. Potassium scale replacements may be administered in any patient care area within the hospital.

~~d.~~iv. The patient must have continuous cardiac monitoring ordered.

~~e.~~v. Potassium may be administered peripherally for concentrations less than 40mEq/500ml.

~~f.~~vi. For concentrations greater than 40mEq/500ml a central venous line will be used.

~~g.~~b. ***Dosage and Delivery Requirements***

i. All potassium scale replacement solutions will be standardized prepackaged solution and provided by the pharmacy.

ii. All potassium scale dosages will be administered using an infusion pump device as described below:

1. 10 mEq Potassium is to be infused over at least one hour.
2. 20 mEq Potassium is to be infused over at least two hours.
3. Greater than 20 mEq Potassium is to be infused over at least 2 hours to avoid hyperkalemia associated with too rapid infusion.
4. Potassium will only be replaced in increments of 10 mEq's.
5. Peripheral infusion rates will not exceed 10mEq/hour per site.
6. Patients receive greater than 20mEq/hour will be monitored continuously.

iii. Utilize the appropriate premixed solution based on the patient's current potassium level and the desired target using the table below:

Measured Serum Potassium Levels	Target 4.0	Target 4.5	Target 5.0
4.3 – 4.7	0	0	10 mEq
3.8 – 4.2	0	10 mEq	20 mEq
3.3 – 3.7	10 mEq	20 mEq	30 mEq
2.8 – 3.2	20 mEq	30 mEq	40 mEq

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2.3 – 2.7	30 mEq	40mEq	50mEq

~~h.~~c. ***Documentation and Discontinuation of Potassium Scale***

i. Orders for potassium scales are transcribed on the MAR. Current potassium levels, with the amount of replacement potassium given, are recorded on the MAR when administered.

ii. If the potassium level is normal for 24 hours (no replacement required per physician's target level), then the potassium replacement scale will be automatically discontinued.

iii. When central lines are discontinued , potassium scale orders must be discontinued.

iv. When potassium replacement is assessed as a continued need, the physician will need to order an alternative route of administration.

~~iv.~~

~~3.~~4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005 ~~Sanctions policy, ADMIN-028.~~

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SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: PYXIS® MEDSTATION** **POLICY NUMBER: RX-021.003** **COMPLIANCE REQUIREMENT:** CA Business & Professions Code §4119.1; CA Health and Safety Codes §1250, §1261.6	**Page 1 of 2** **Date of Origin:** 02/07/2002 **Revision Date:** 05/29/2015, **Periodic Review By:** **Date:**
AUTHOR: Scott Buck, RN, MSHA **REVISED BY: Ray Duro, Pharm. D. and Karen Turner, RN, CNO**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that only authorized staff may use the Pyxis® MedStation for medication administration and inventory control system.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-021.003

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PROCEDURE

~~2.~~1. **Purpose**

The purpose of this policy is ~~T~~to ensure the proper medications are pulled for administration for the proper patients per physician order and to allow for accurate inventory control and record transactions per regulation.

2. **Responsibilities**

It is the responsibility of the drug room nurse to monitor transactions, inventory, and maintain user profiles for active staff members authorized to administer medications.

3. **Policy for Pyxis® MedStation**
   a. ***The following staff will be authorized to utilize the Pyxis® MedStation as an administration and inventory control system:***
      i. Nursing Service,
      ii. Pulmonary Services,
      iii. Emergency Medical Services,
      iv. Pharmacy Drug Room,
      v. Medical Staff, and
      vi. Pharmacy.

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005 ~~Sanctions policy, ADMIN28.~~

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SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: COMPOUNDING STERILE PREPARATIONS (CSP)** **POLICY NUMBER: RX-022.002** **COMPLIANCE REQUIREMENT: 42 CFR §485.635(A)(3)(IV), (USP) 797**	**Page 1 of 2** **Date of Origin: unknown** **Revision Date:** 8/31/2017 **Periodic Review By:** **Date:**
AUTHOR: Raymond Duro, Pharm D. **REVISED BY:**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall define the roles and responsibilities of nursing and pharmacy with regards to meeting USP 797 guidelines, procedures and compliance requirements for compounding sterile preparations and sets the standards that apply to all settings in which sterile preparations are compounded.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-022.002

PROCEDURE

1. **Purpose**
   The compounding of medications is a fundamental part of healthcare practice. These guidelines are intended to help compounding personnel prepare CSPs of high quality and reduce the potential for harm to patients and consequences for compounding personnel. The recommendations in this Policy and Procedure are based on USP 797.

2. **Responsibilities**
   The SHD ~~(department)~~ nursing staff is responsible for..... ensuring compliance with compounding sterile preparations.

3. **Policy for Compounding Sterile Preparations (CSP)**
   Based on USP 797, SHD is only able to compound products of LOW-RISK CSPs for IMMEDIATE USE ONLY utilizing Point-of-Care Activation Systems whenever possible.
   a. ***Low Risk CSPs***
      Low risk CSPs encompasses simple admixtures involving closed-system transfer, measuring and mixing of three or fewer commercially manufactured sterile products (including the infusion solution). Low-risk compounding conditions must include all of the following:
      i. CSPs are compounded using aseptic technique within an ISO Class 5 PEC (e.g., LAFW< BSC< CAI< or CACI) that is located within and ISO Class 7 buffer area within an ISO Class 8 ante area.
      ii. Each container, including the final container, may not be entered more than twice to prepare the CSP.
      iii. Compounding is limited to aseptic manipulations of disinfected containers using sterile needles and syringes.
   b. ***Immediate Use Only***
      The Immediate-use category should be reserved for emergent use or situations in which adhering to low-risk compounding procedures would add additional risk due to delays in patient care. Examples of such situations may include cardiopulmonary resuscitation, diagnostic procedures, or short stability medications that must be prepared immediately before administration outside healthcare facilities (e.g., in home infusion or emergency care at the accident site or in an ambulance). Immediate-use CSPs do not need to be compounded in an ISO Class 5 environment and garbing and gowning are not required, as long as all of the following criteria are met:
      i. Hand hygiene per CDC recommendations
      ii. Aseptic technique is followed
      iii. No hazardous drugs are used
      iv. Only simple transfer of no more than three sterile, non-hazardous drugs in the manufacturer's original containers are involved in the compounding, and no more than two entries into any one container occur.
      v. No more than ~~1 hour~~1-hour elapses from the time compounding commences to the time administration to the patient begins (although best practice dictates that there are no intervening steps between compounding and administration).
      vi. No batching or storage of CSPs occurs

vii. The preparation is labeled with patient identification, names and amounts of all ingredients, name or initials of preparer and exact 1-hour Beyond Use Date and time.
viii. **If CSPs prepared for immediate use are not administered within 1 hour, they must be properly discarded.**
ix. All medications must be labeled to meet regulatory and accreditation standards and in accordance with facility policy.

c. ***Point-of-Care Activation Systems***
Point-of-care (POC)activation systems (i.e., vial/bag systems) create a physical barrier between components (fluid and medication) that can be activated to allow the components to mix. These devices are designed to create a closed system by which the end user activates the components just prior to the administration of the medication. Example of devices: ADD-Vantage by Hospira ®, Mini-Bag Plus by Baxter ®, addEASE by B.Braun®.
i. SHD shall utilize POCs for CSPs whenever possible.
ii. All POCs preparation are prepared for immediate use only.

d. ***Compounding Intravenous (IV) Rally Bag/Banana Bag for Immediate Use***
i. Limited to 3 ingredients including the base solution IV Bag (NS/0.45NS/D5NS)
ii. Injectable Folic acid and injectable Thiamine will be the ONLY ingredients added to the IV Bag.
iii. Potassium IV will be given as a separate piggyback from prepackaged manufactured products.
iv. Magnesium IV will be given as a separate piggyback.
v. The base solution IV back is limited to TWO injection entries.

e. ***Compounding IV Insulin Drips***
i. The insulin vial is limited to TWO injection entries for CSPs. After which, the insulin vial MUST be discarded.

4. **Enforcement**
Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

REFERENCE

ASHP Guidelines on Compounding Sterile Preparations: *https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/compounding-sterile-preparations.ashx* (accessed 2022 July 29)

SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: ACUTE AUTOMATED DISPENSING CABINET (ADC) UTILIZATION BY THE SKILLED NURSING FACILITY** **POLICY NUMBER: RX-023.002** **COMPLIANCE REQUIREMENT:** CA Health and Safety Codes §1261.6	**Page 1 of 3** **Date of Origin:** **Revision Date:** 06/29/2017 **Periodic Review By:** **Date:**
AUTHOR: Kacie Broussard, RN, House Supervisor and Ray Duro, PharmD **REVISED: Roseann McGraw, DON**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall designate a drawer in the Automated Medication Dispensing Cabinet (ADC) located in the Acute Drug Room that will be designated to Long Term Care (LTC), which will have individual cubicles with lids. The cubicles will contain the individual medication identified as emergency drugs for LTC use only.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-023.002

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PROCEDURE

~~1.~~

1. **Purpose**
   The purpose of this policy is to ensure specific medications are available to LTC residents on an emergency basis.

2. **Responsibilities**
   The SHD drug room nurse and contracted pharmacist will stock and maintain all the identified emergency medications.

~~2.~~3. **Policy for Acute Automated Dispensing Cabinet (ADC) Utilization by Skilled Nursing Facility**

   a. ***ADC Medications***

      ~~a.~~i. The Drug Room Nurse will stock and maintain all of the identified Skilled Nursing Facility (SNF) emergency medications with the oversight of the Contracted Pharmacist.

      ~~b.~~ii. The stocked medications will be listed in the ADC with the prefix of LTC.

   b. ***Utilization Review***

      ~~c.~~i. Reports will be reviewed by SNF DON and Drug Room Nurse

      ~~d.~~ii. The SNF DON will review reports weekly and as needed to ensure that the emergency medication was given to the appropriate resident and only approved after hour emergency medication was used.

      iii. The Drug Room Nurse will review reports on a weekly basis to ensure the LTC medications are monitored for the accuracy of the pocket as well as outdates and restocking of all LTC medications.

      ~~e.~~

~~3.~~4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005 ~~Sanctions policy, ADMIN28.~~

Attachments:
Attachment A: List of Approved Emergency SNF Medications *(1 page)*

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Attachment A: List of Approved Emergency SNF Medications

Albuterol 0.083% inh solution
Amoxicillin 250 mg cap
Cefuroxime 250 mg tab
Cephalexin 250 mg tab
Chlorpromazine 25mg /1 ml
Ciprofloxacin 500 mg tab
Clonidine 0.1 mg tab
Diphenhydramine 50mg /1 ml
Diphenoxylate/atropine 2.5 mg tab
Doxycycline 100 mg cap
Duo neb 3 ml solution
Furosemide 20 mg tab
Glucagen 1mg / unit
Haloperidol 5mg/ 1ml
hydrocodone w/apap 5mg/325 mg tab
hydrocodone w/apap 10mg/325 mg tab
levofloxacin 250 mg tab
lorazepam 0.5mg tab
morphine sulf 10 mg/0.5ml oral solution
morphine sulfate 10 mg/1 ml
nitrofurantoin mono/macro 100 mg cap
nitrostat 0.4mg tab
ondansetron 4 mg tab
oxycodone-apap 5 mg/325mg tab
potassium chloride 10 mEq ER tab
prednisone 5 mg tab
pyridium 100 mg tab
spironolactone 25 mg tab
sulfamethoxazole/trimeht 800mg/160mg tab
tramadol 50 mg tab
vancomycin 500 mg injection

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SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

DEPARTMENT: PHARMACY	Page 1 of 2
POLICY TITLE: ANTICOAGULATION MANAGEMENT OF HEPARIN INTRAVENOUS INFUSION	Date of Origin: 07/27/2012
POLICY NUMBER: RX-025.002	Revision Date:
COMPLIANCE REQUIREMENT:	Periodic Review By: Date:
AUTHOR: Raymond Duro, Pharm D. REVISED BY: Linda Smoot, RPH	Policy Rescinded by Policy #: Effective Date:

POLICY: Seneca Healthcare District (SHD) shall ~~D~~defines the roles and responsibilities of physicians, nursing and pharmacy in patients receiving heparin intravenous therapy.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

~~Authorization:~~	~~Signature:~~	~~Date:~~
~~Department Head~~		

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~~Medical Department Chair~~		
~~Chief Nursing Officer~~		
~~Medical Chief of Staff~~		
~~Administration~~		
~~Governing Board~~		

POLICY NUMBER REFERENCE: RX-025.002

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PROCEDURE

1. **Purpose**

The purpose of this policy is to define an anticoagulation management program will ensure that patients receive individualized care in a uniform and consistent manner to provide safe and effective treatment.

2. **Responsibilities**

The SHD physician is responsible for following the protocol, or consulting with the pharmacist if protocol is not being followed. Nursing staff is responsible for ensuring proper documentation, and labs are ordered and drawn timely.

3. **Policy for Anticoagulation Management of Heparin Intravenous Infusion**

a. ***Protocol Orders***

i. Nursing will ensure that baseline labs for all heparin infusions will include a CBC for adequate platelet count and PTT for weight based protocol.

ii. Nursing will use a standard premixed back of 25,000 units of Heparin in 250ml D5W (100 units/ml).

iii. A height and weight assessment is done on every patient and dose adjusted as indicated by the Protocol.

iv. A Physician must enter the order and two licensed nurses must document in the eMAR. See Attachment A for Heparin Therapy protocol.

v. The initial PTT levels are drawn every 6 hours until 2 PTT levels are in the therapeutic range, then are changed to daily. If changes are made to rate, PTT levels will continue to be drawn every 6 hours until 2 doses are within target range and then daily.

b. ***Non-protocol Orders***

i. Physicians may order heparin and not use a protocol but will be responsible for indicating the reason for such use. The physician will be responsible for ordering rate changes and boluses as well as include the goal of treatment and labs. If the established protocol and treatment goals are not being used the Pharmacists will review with the Physician.

ii. Heparin infusions will be administered using the primary line setting on a programmable pump. This will not be used for any other infusions.

iii. The nurse will chart boluses, initial rate, rate changes and re-bolus doses in the EHR. Bolus doses along with rate changes require and independent double verification with another RN. This verification will be charted in the nursing notes listing the other RN's name.

~~1.~~

~~PURPOSE: A defined anticoagulation management program will ensure that patients receive individualized care in a uniform and consistent manner to provide safe and effective treatment.~~

~~PROCEDURE:~~

~~1. Nursing will ensure that baseline labs for all heparin infusions will include a CBC for adequate platelet count and PTT for weight based protocol.~~

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Attachment A: Heparin Therapy Protocol

1. **Draw Baseline PTT, PT and Platelet Count** (Before initiating Heparin therapy)
2. **Heparin Bolus:** Infuse all doses over 1 minute; round dose to nearest 100 units
   a. Standard: Give 80 units/Kg (_____ units) IV push (Maximum of 8,000 units)
   b. DO NOT GIVE BOLUS FOR STROKE PATIENT
3. **Heparin Infusion:** Use premixed 25,000 units Heparin in 250ml D5W (100 units/ml)
   a. Start infusion at 15 units/Kg/hr, do NOT exceed 1800 units/hr (Round dose to nearest 100 units/hr)

Initial Infusion Calculation

Pt weight in Kg _____ *x 15 units/Kg/hr =* _____ *÷ 100 units/ml =* _____ *ml/hr*

- ☐ STAT PTT 6 hours after start of infusion then follow table below to maintain PTT between 48-72 seconds.
- ☐ PT, INR with PTT every AM while on Heparin
- ☐ CBC every AM while on Heparin

PTT (in seconds)	IV BOLUS	Infusion Rate Adjustment	Labs
36 or less	80 units/Kg bolus Not to exceed 8000 units	Increase heparin infusion 100 units/hr **Rate not to exceed 1800 units/hr	PTT in 6 hours
37-51	40 units/Kg bolus Not to exceed 4000 units	Increase heparin infusion 100 units/hr **Rate not to exceed 1800 units/hr	PTT in 6 hours
52-72	NONE	NONE	If initial 24 hours of therapy, PTT in 6 hours. After 24 hours of therapy, PTT in AM
73-90	NONE	Decrease heparin infusion by 100 units/hr	PTT in 6 hours
91 or greater	NONE	Stop infusion for one hour (Clarify with MD if less than 24 hours post thrombolytic therapy) then, Decrease heparin infusion by 200 units/hr	PTT in 6 hours

4. If patient shows any signs or symptoms of bleeding call physician immediately and order PTT, CBC STAT
5. If a patient's PTT does not change significantly from baseline after 2 legitimate attempts to increase does, consider Heparin resistance (antithrombin III deficiency).

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SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: PHARMACY **POLICY TITLE: MULTI-DOSE VIALS** **POLICY NUMBER: RX-028.001** **COMPLIANCE REQUIREMENT: (USP) 797, §485.635(a)(3)(iv)**	**Page 1 of 2** **Date of Origin: 8/31/2017** **Revision Date:** **Periodic Review By: Date:**
AUTHOR: Kacie Broussard, RN; Raymond Duro, Pharm D. **REVISED BY:**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ~~not utilize~~dedicate Multi-Dose vials to a single patient whenever possible.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: RX-028.001

PROCEDURE:

1. **Purpose**
   The purpose of this policy is to provide guidelines for the use of multi-dose vials.

2. **Responsibilities**
   The SHD nursing staff is responsible for following this policy.

3. **Policy for Multi-Dose Vials**
   A multi-dose vial is a vial of liquid medication intended for parenteral administration (injection or infusion) that contains more than one dose of medication. Multi-dose vials are labeled as such by the manufacturer and typically contain an antimicrobial preservative to help prevent the growth of bacteria. The preservative has no effect on viruses and does not protect against contamination when healthcare personnel fail to follow safe injection practices.

   Multi-dose vials will be dedicated to a single patient. This is to prevent inadvertent contamination of the vial through direct or indirect contact with potentially contaminated surfaces or equipment that could then lead to infections in subsequent patients.

   a. ***Use of multi-dose vials for more than one patient.***
      i. If multi-dose vials must be used for more than one patient, they should only be kept and accessed in in a dedicated clean medication prep area (drug room).

   b. ***When should multi-dose vials be discarded?***

      ~~When should multi-dose vials be discarded?~~

      i. Medication vials should always be discarded whenever sterility is compromised or questionable. In addition, the United States Pharmacopeia (USP) General Chapter 797[16] recommends the following for multi-dose vials of sterile pharmaceuticals:

      ii. If a multi-dose has been opened or accessed for a single patient us (e.g., needle-punctured) the vial should be labeled with the ~~patient~~patient's name, date and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.

      iii. The manufacturer's expiration date refers to the date after which an unopened multi-dose vial should not be used. The beyond-use-date refers to the date after which an opened multi-dose vial should not be used. The beyond-use-date should never exceed the manufacturer's original expiration date.

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

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REFERENCES:

Unites States Pharmacopeia (USP)797: Guidebook to Pharmaceutical Compounding – Sterile Preparations. Second Edition, June 1, 2008.

SNF

Policies

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Procedures

SENECA HEALTHCARE DISTRICT

POLICY & PROCEDURE

DEPARTMENT: SKILLED NURSING FACILITY **POLICY TITLE: RESIDENT ASSESSMENT INSTRUMENT PROCESS** **POLICY NUMBER: SNF-004.005** **COMPLIANCE REQUIREMENT: SOM §483.20(k)(2); CDPH AFL 16-05**	**Page 1 of 3** **Date of Origin: Unknown** **Revision Date: 4/30/2015, 9/1/2016, 11/17/2016, 08/27/2020** **Periodic Review By:** **Date:**
AUTHOR: Pam Valencia, RN **REVISED BY: Roseann McGraw, RN DON; Ashli Pleau, RN, SNF DON**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure residents receive an interdisciplinary approach in their assessments including but not limited to the Interdisciplinary Team (IDT) Process, the Population of the Minimum Data Set (MDS), the Development of the Care Area Assessment & Interdisciplinary Team Focus Summary Statements, and Care Plan Development.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: SNF-004.005

PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure that our residents receive an interdisciplinary approach in their assessments including the population of the Minimum Data Set (MDS), the development of the Care Area Assessment (CAA) & Interdisciplinary Team Focus Summary Statements, and care plan development.

2. **Responsibilities**
   The SHD Skilled Nursing Facility (SNF) is responsible for providing the greatest benefits to our residents. The mechanics of how SHD SNF meet our responsibility in developing an IDT care plan, which includes a combination of written communication and/or teleconferences and/or face to face meeting (SOM 483.20(k)(2) Interpretive Guidelines).

3. **Policy for Resident Assessment Instrument Process**
   The process below will assist in the preparation to populate the MDS, develop the CAA and the IDT Focus Summary Statements and develop the care plans.
   a. The MDS Nurse will review last quarter MDS. This review will alert her/him to any changes, improvements or declines when she/he is developing the current MDS.
   b. The MDS Nurse will review last quarter CAA and the IDT Focus Summary Statements. This review will alert her/him to any improvements or declines identified when she/he is developing the current CAA & IDT Focus Summary Statements.
   c. From the electronic health record (EHR) ~~(CPSI)~~ the MDS Nurse will review the following documents from the resident's specific look back period as directed by the MDS:
      i. The ~~patient~~ resident nursing progress notes, which include certified nursing assistant documentation, MARs and treatments.
      ii. The weekly nursing summaries
      iii. The SNF/LTC Skin Problem Report
      iv. The most current quarterly dietary assessment, the weights including the current weight, last month weight and the weight 6 months ago.
      v. The Registered Dietician's current assessment
      vi. The current quarterly social service assessment
      vii. The current quarterly activities assessment
      viii. The current physician progress notes, if not available in ~~CPSI~~ EHR refer to the medical record.
   d. The MDS Nurse will discuss/clarify, as needed, the above documented information with the care team members and the RN MDS Coordinator designee.
   e. The MDS Nurse will:
      1. Update the fall assessment document by reassessing the resident.
      2. Update the pressure ulcer risk document by reassessing the resident.
      3. Update the resident with dementia document by reassessing the resident.

4. Interview the resident utilizing the MDS questions and any other concerns identified when she/he reviewed the above information.
5. Review/discuss the information/concerns gathered with the RN MDS Coordinator designee.
6. Review/discuss resident care/concerns with the family/responsible party identified, as appropriate.
7. Create a new MDS (using "The MDS How to Manual") in ~~CPSI~~ EHR and start populating using all of the information gathered.
8. Complete the MDS with input from the RN MDS Coordinator designee.
9. Close the MDS, submit the MDS into the federal system, and check to be sure the MDS was accepted into the Federal System (using "The MDS How to Manual"). If the MDS is accepted, print the MDS.
10. Compare the prior MDS with the current MDS. If the MDS Nurse notices declines since the prior MDS she/he must address them on the CAA & IDT Focus Summary Statements and the care plan. The MDS Nurse will review resident declines with the RN MDS Coordinator designee.
11. Use MDS Section "V" which refers to the care plans triggered by the MDS to start populating the CAA & IDT Focus Summary Statements. Use Appendix C, Care Area Assessment Resources, as needed.
12. After the CAA & IDT Focus Summary Statements are complete, start developing the care plan. The care plan will be based on MDS Section "V" and the problems/potential problems identified on the CAA & IDT Focus Summary Statements. The MDS Nurse will initiate and/or review the care plans with the RN MDS Coordinator designee.
13. Each resident will have a plan of care in place with measurable goals and resident specific interventions as trigger by the CAA and is identified by care staff.
14. When the MDS is complete, the CAA & IDT Focus Summary Statements are complete, the care plan MDS document and the CAA & IDT Focus Summary Statements document under the "MDS" tab in the medical record.
15. The physician will review the resident specific CAA & IDT Focus Summary Statements during his/her monthly residents visits. The physician will date and initial the CAA once reviewed. ~~once reviewed.~~

4. **Enforcement**
Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT

POLICY & PROCEDURE

DEPARTMENT: SKILLED NURSING FACILICY **POLICY TITLE: ADMINISTRATION OF INFLUENZA , ~~AND~~ PNEUMOCOCCAL IMMUNIZATIONS, and COVID VACCINE(S)** **POLICY NUMBER: SNF-021.003** **COMPLIANCE REQUIREMENT:** SOM §483.25(n) F334	**Page 1 of 54** **Date of Origin: 09/05/2007** **Revision Date: 03/21/2016, 8/27/2020** **Periodic Review By: Date:**
AUTHOR: Debra Erickson, RN, SNF DON **REVISED BY: Catherine Herr, RN, Interim SNF DON**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Seneca Healthcare District (SHD) shall minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza, ~~and~~ pneumococcal pneumonia, and Covid. Seneca Healthcare District's SNF/LTC facility will administer the Influenza, ~~and~~ Pneumococcal Pneumonia and Covid immunizations as appropriate with resident and/or resident representative's approval.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: SNF-021.003

PROCEDURE

1. **Purpose**
   The purpose of this policy is to minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza, ~~and~~ pneumococcal pneumonia and Covid.

2. **Responsibilities**
   The SHD Skilled Nursing Facility is responsible for the administration of Influenza, ~~and~~ Pneumococcal Immunizations and Covid.

3. **Policy for Administration of Influenza and Pneumococcal Immunizations**
   a. ***Policy for Influenza Immunization***
      i. Each resident and/or resident representative will be provided with appropriate education regarding the risks and potential side effects of the Influenza Immunization.
      ii. Each resident and/or resident representative will be given the opportunity to receive (or refuse) the Influenza immunization yearly when it is made available to Seneca Healthcare District per CDC Guidelines, unless the immunization is medically contraindicated or the resident has already been immunized during this time period.
      iii. Obtain the appropriate Order for administration of Influenza immunization from the resident's Physician, if not already received, noting the route of administration and amount to administer.
      iv. Prior to administration the resident or resident representative will sign and date the CONSENT FOR INFLUENZA VIRUS VACCINE form (Attachment A). The Licensed Nurse will be responsible for making sure all information on consent has been completed in entirety.
         1. If any of the questions 1 through 5 were answered with a "yes" the influenza vaccine is contraindicated and will not be given, and will be discussed with Primary Care Physician (PCP) and Infection Prevention Nurse to determine pros vs. cons of receiving the Influenza Vaccine.
      v. Once the consent for influenza virus vaccine form is completed and there are no contraindications for vaccine administration the Licensed Nurse will complete the following:
         1. Obtain the multidose Influenza vaccine vial from the Pharmacy nurse when the vaccine is made available to SHD.
            a. Note that each ~~vial is a "multidose" via~~is a prefilled syringe.~~]~~
            b. If already obtained, keep the Influenza Vaccine vial in the SNF/LTC medication refrigerator located next to the medication cart until all doses are given.
         2. Record the following information on the Influenza Virus Vaccine Consent form:
            a. Manufacturer, Lot number and expiration date
            b. Vaccine dosage
            c. Time of administration
            d. Site and Route (right or left deltoid)
            e. Reaction to administration

f. Signature by Licensed Nurse

3. Record the following information on the Medication Administration Record (MAR) in the electronic medical record system:
   a. Influenza Virus Vaccine
   b. Dosage and time
   c. Site of injection using number system on MAR
   d. Signature of nurse administering vaccine
4. Record the same information on the influenza & Pneumovax Vaccination Record located in the Completed Pharmacy Reports Log under Pneumovax/Influenza Record section.

b. ***Policy for Pneumococcal Immunization***

i. Each resident and/or resident representative will be given the opportunity to receive (or refuse) the pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized. As second Pneumococcal immunization may be given after 5 years following the first Pneumococcal immunization, unless medically contraindicated or the resident or resident's legal representative refused the second immunization.

ii. The same procedure of administration will be utilized for pneumococcal immunization as noted above for Influenza Vaccine. A signed consent form is not a state of California requirement or a federal requirement.

iii. The resident must have a physician's order for a pneumococcal vaccine.

c. ***Policy for Covid Vaccination***

i. The vaccination requirements for Covid-19 are ever-changing. SHD will ensure that the most up-to-date Covid-19 vaccination recommendations are being followed.

ii. Each resident and/or responsible party (RP) will be offered a COVID vaccine. Each resident may choose the COVID-19 vaccine of their choice as supply allows (Pfizer, Moderna or J&J).

iii. Each resident and/or responsible party (RP) will be offered booster doses of the COVID-19 vaccine.

iv. Every resident who receives a COVID-19 vaccine will be monitored for 15-30 minutes after administration of the vaccine.

v. If Resident and/or their RP chooses for the resident to not receive the COVID vaccine, the resident and/or RP will sign a declination form (Attachment C).

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4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

Attachments:

Attachment A: Influenza Vaccination Consent and Screening Form *(1 page)*

Attachment B: COVID-19 Vaccination Screening Form

Attachment C: Resident Covid Declination Form

Attachment A: Influenza Vaccination Consent and Screening Form

Seneca Healthcare District

Influenza Vaccination Consent and Screening Form

2021-2022

Parents or guardians should answer the questions on behalf of minors 0-17 years old

Name: _____ **DOB:** _____ **Age:** _____

Are you pregnant or think you might be pregnant?	Yes No
Do you have any of the following high-risk medical conditions? Chronic lung disease (including asthmas) Heart disease (excluding high blood pressure) Kidney disease Diabetes Blood disorders Brain, spinal cord, or muscle illnesses that cause swallowing or lung problems Problem with immune protection system caused by medications and/or HIV Long term aspirin therapy	Yes No ***If yes please indicate what condition(s)***
Do you live in a household with an infant less than 6 months old?	Yes No
Previous severe allergic reaction to eggs?	Yes No
Previous severe allergic reaction to flu vaccine?	Yes No
Have you/your child received a measles (MMR) or chicken pox vaccine in the last 4 weeks?	Yes No
Are you/your child living with anyone with a severe weakened immune system?	Yes No
Have you/your child received antiviral treatment in the last 48 hours?	Yes No

I have read or had explained to me the Influenza Vaccine Information Statement, 2020-2021. I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and request it to be given to me or to the person for whom I am authorized to make the request. I understand this vaccination will be entered into the immunization database for inventory tracking purposes.

Signature: _____ **Date:** _____

Injection given at: Lake Almanor Clinic/Seneca Hospital	Inactivated	LAIV	P-Free
Date Vaccine was given:		Nurse	
Left Arm	Right Arm	Manufacturer/Lot No.	

InfluenzaVaccinationConsentAndScreening Page 1 of 1

PATIENT LABEL

Attachment B: COVID-19 Vaccination Screening Form

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COVID-19 Vaccination Screening Form

Please mark the answer to the following questions for the person who is receiving the COVID-19 vaccine.

Please Print

Name: _____

Date of Birth: _____ **Age:** _____

Gender: ☐ Male ☐ Female **Zip Code:** _____

Race: ☐ Native American ☐ Black ☐ Hispanic/ Latino ☐ White ☐ Other:

○ First Dose ○ Second Dose ○ Booster			
1. Are you pregnant or think you might be?	☐ Yes	☐ No	☐Don't know
2. Are you feeling sick today?	☐ Yes	☐ No	☐Don't know
3. Previous severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen, or for which you had to go to hospital.	☐ Yes	☐ No	☐Don't know
a. Was the allergic reaction after receiving a COVID-19 vaccine?	☐ Yes	☐ No	☐Don't know
b. Was the severe reaction after receiving another vaccination or other injectable medication?	☐ Yes	☐ No	☐Don't know
4. Have you received any type of vaccination in the last 14 days?	☐ Yes	☐ No	☐Don't know
5. Have you received passive antibody treatment for COVID-19? a. If yes, date of treatment:	☐ Yes	☐ No	☐Don't know
6. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	☐ Yes	☐ No	☐Don't know

Your vaccination will be entered into our immunization database for inventory tracking and public health surveillance purposes.

Please read the HIPAA Privacy Statement as well as the uses and disclosures for Public Health Activities available on the back of this form.

Signature: _____ **Date:** _____

☐ **Pfizer** ☐ **Moderna** ☐ **Other:**

Clinic Date: _____ **Arm Injected:** ⌋ Left Arm ⌋ Right Arm

Nurse: _____ **Lot #:** _____

Seneca Healthcare District

Influenza Vaccination Consent and Screening Form

(Year)

Parents or guardians should answer the questions on behalf of minors 0-17 years old

Name: _____ **DOB:** _____ **Age:** _____

Are you pregnant or think you might be pregnant?	☐ Yes ☐ No
Do you have any of the following high-risk medical conditions? ☐ Chronic lung disease (including asthmas) ☐ Heart disease (excluding high blood pressure) ☐ Kidney disease ☐ Diabetes ☐ Blood disorders ☐ Brain, spinal cord, or muscle illnesses that cause swallowing or lung problems ☐ Problem with immune protection system caused by medications and/or HIV ☐ Long term aspirin therapy	☐ Yes ☐ No *If yes please indicate what condition(s)*
Do you live in a household with an infant less than 6 months old?	☐ Yes ☐ No
Previous severe allergic reaction to eggs?	☐ Yes ☐ No
Previous severe allergic reaction to flu vaccine?	☐ Yes ☐ No
Have you/your child received a measles (MMR) or chicken pox vaccine in the last 4 weeks?	☐ Yes ☐ No
Are you/your child living with anyone with a severe weakened immune system?	☐ Yes ☐ No
Have you/your child received antiviral treatment in the last 48 hours?	☐ Yes ☐ No

I have read or had explained to me the Influenza Vaccine Information Statement, (Year). I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the influenza vaccine and request it to be given to me or to the person for whom I am authorized to make the request. I understand this vaccination will be entered into the immunization database for inventory tracking purposes.

Signature: _____ **Date:** _____

Injection given at: Lake Almanor Clinic/Seneca Hospital	☐ Inactivated	☐ LAIV	☐ P-Free
Date Vaccine was given:		Nurse:	
☐ Left Arm	☐ Right Arm	Manufacturer/Lot No.	

InfluenzaVaccinationConsentAndScreening Page 1 of 1

PATIENT LABEL

Attachment C: Resident Covid Declination Form

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SENECA
HEALTHCARE DISTRICT

Resident COVID-19 Declination Form

I acknowledge that I have read, or had explained to me, the Coronavirus Disease (COVID-19) General Information handout and the Emergency Use Authorization (EUA) Fact Sheet regarding the COVID-19 vaccine.

I have had the opportunity to ask questions, which have been answered to my satisfaction and understand the benefits and risks of the vaccination as described.

I understand that if I decline the vaccine, I may change my mind and request to be vaccinated later, with the understanding that the vaccination will be based on the availability of the COVID-19 vaccine at that time.

I wish to refuse the COVID-19 vaccination (or refuse for the person named above for whom I am authorized to make this request). I understand that I may change my mind and request to be vaccinated later.

Resident Name: _____ DOB _____

Resident/Responsible Person Signature Name: _____

Date: _____

If VERBAL DECLINATION was received for the resident

Print name of person providing verbal declination:

_____ Title_____

Staff Member Signature (person who received verbal declination):

_____ Date: _____

SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT

POLICY & PROCEDURES

DEPARTMENT: SKILLED NURSING FACILITY **POLICY TITLE: OXYGEN GENERAL USE** **POLICY NUMBER: SNF-031.001** **COMPLIANCE REQUIREMENT:** CA Title 22 §72313; Health and Safety Codes §1275, §1276	**Page 1 of 4** **Date of Origin: 06/30/2016** **Revision Date:** **Periodic Review By: Date:**
AUTHOR: Roseann McGraw, RN, SNF DON **REVISED BY: Ashli Pleau, RN and Catie Neely, RN SNF DON**	**Policy Rescinded by Policy #: Effective Date:**

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Policy: Seneca Healthcare District (SHD) shall ensure all residents of the Skilled Nursing Facility receive oxygen appropriately and safely as ordered by their attending physician.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: SNF-031.001

PROCEDURE

1. **Purpose**
   The purpose is to provide general information concerning oxygen safety and promote safety precaution during oxygen administration.

2. **Responsibilities**
   The SHD Skill Nursing Staff is responsible for monitoring the correct ordered administration rate of oxygen.

3. **Policy for Comfort Care**
   a. Oxygen therapy is administered to the resident only upon the written order of a licensed physician, RNP, or PA.
   b. Oxygen therapy is administered by way of an oxygen mask or nasal cannula.
   c. The oxygen mask is a device that fits over the resident's nose and mouth. It is held in place by an elastic band stretched over the resident's head. Oxygen mask can only be used with oxygen liter flow of 6 liters or greater.
   d. The nasal cannula is a tube that is placed approximately one-half inch into the resident's nose.
   e. ***Oxygen Safety – General Information***
      i. Oxygen cylinders must be stored in racks with chains, sturdy portable carts and/or approved stands.
      ii. Full and empty oxygen cylinders must be kept separate.
      iii. Tools used for oxygen equipment must be kept free of grease and oil.
      iv. Smoking, open flames, and spark producing devices shall be prohibited in oxygen storage areas or areas where oxygen is stored or used.
      v. "No Smoking" "Oxygen in use" signs must be clearly visible in areas where oxygen is stored or in use.
      vi. Oxygen cylinders not attached to therapeutic equipment must have the protective value cap firmly attached.
      vii. Oxygen cylinders may not be stored in any resident's room or living area.
      viii. Oxygen cylinders may not be drug across the floor.
      ix. Turn off oxygen when not in use.
      x. Oxygen cylinders may not be stored with combustible gases or supplies.
      xi. Avoid cross threading or forcing oxygen regulators.
      xii. Nothing may be stored on top of Oxygen concentrators that are in use.
      xiii. A flow meter will remain connected to wall oxygen in each resident's room who is receiving Oxygen therapy.
   f. ***Oxygen Use***
      ~~i. Prior to administering oxygen, "No Smoking" and "Oxygen in use" signs must be posted on the outside of the room entrance door.~~
      ~~ii.~~i. The tubing connected to the oxygen supply must be checked to assure that it is free of kinks.
      ~~iii.~~ii. The humidifying jar may be used with the mask or nasal cannula.
      ~~iv.~~iii. If using a humidifying jar, maintain the water level in the jar high enough so that the water bubbles as the oxygen goes through it.
      ~~v.~~iv. All electrical plug-in devices should be plugged into outlets located away from the site of administration BEFORE oxygen is started.

~~vi.~~v. Should it be necessary to unplug an electrical device while oxygen is being administered, the oxygen should be turned off before unplugging the device.

~~vii.~~vi. All gauges and oxygen devices must be inspected before oxygen is turned on to assure that they are in proper working order and properly connected.

~~viii.~~vii. Review all oxygen regulations with the resident, his /her family, visitors, and his/her roommate, if any as needed.

~~4.~~g. ***Oxygen* Therapy – Mask and Nasal Cannula**

Oxygen (O2) is administered appropriately to residents to improve oxygenation and provide comfort to residents experiencing respiratory difficulties.

~~a.~~i. ***STANDARD***

~~i.~~1. **Oxygen Administration:**

~~1.~~a. Oxygen is administered by a licensed professional.

~~2.~~b. Oxygen administration requires a physician order.

~~3.~~c. In an emergency, a nurse may administer O2 and obtain an order within 24 (twenty-four) hours.

~~4.~~d. Humidification is required for liter flows greater than 2 (two) Liters and may be used 2 (two) liters and under per the request of the resident or physician order.

~~ii.~~2. **Procedure:**

~~1.~~a. Explain procedure and safety precautions to resident and all other persons in the room. Provide privacy.

~~2.~~b. Obtain and set up equipment.

~~3.~~c. Attach adapter cap to water bottle (inner cannula will puncture seal as cap is screwed on).

~~4.~~d. Attach flowmeter to adapter cap.

~~5.~~e. Twist off faucet-type end of inspiron and attach cannula tubing to opening.

~~6.~~f. Connect flowmeter to O2 source.

~~7.~~g. Turn on flow meter to prescribed rate and check rate of flow.

~~8.~~h. If using mask, place mask on face of resident and slip elastic retaining straps comfortably around head. Adjust metal strip on nose portion of mask. Mold it to fit face of resident.

~~9.~~i. If using nasal cannula, adjust nasal cannula head strap to face by positioning cannula just inside nares.

~~10.~~j. Observe resident as needed.

~~11.~~k. Change nasal cannula/mask if becomes soiled and every week and every 2 (two) weeks. Record on MedAct when changed. Label tubing with patient label note date, time and initial.

~~12.~~l. When nasal cannula/masks are not in use, store in plastic bag.

~~13. When humidification is required,~~

~~14.~~m. If a disposable humidifier is used, it may be used until it is empty, but no longer than 1 (one) week. There is no maintenance of the reservoir. Change when empty. Record on MedAct.

~~a.~~i. IfF a reusable humidifier is used, it should be emptied, rinsed, dried, and refilled with distilled

no maintenance of the reservoir. Change when empty. Record on MedAct.

a. i. If a reusable humidifier is used, it should be emptied, rinsed, dried, and refilled with distilled water daily. Tap water should never be used. The person changing the water should label it with the date, time and, initials.

b. ii. Since microorganisms may grow in water, do not store reusable humidifiers with water in them.

c. iii. Document in nurses' notes any adverse reactions to treatment refusal, and inform physician of any change in condition.

d. iv. Document on MedAct when humidifier and nasal cannula/mask changed.

iii. 3. **Cleaning:**

1. a. Maintenance will clean filters weekly and inspect the oxygen concentrator units of proper operational function.

2. b. An electrical safety inspection will be conducted on each oxygen concentrator that is in use at least annually.

c. All oxygen concentrators will be serviced as specified by the manufacturer's instructions.

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5 4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy Procedure, CMPL-005ADMIN28.

SENECA HEALTHCARE DISTRICT

POLICY & PROCEDURE

DEPARTMENT: SKILLED NURSING FACILITY **POLICY TITLE: MEDICATIONS FOR ~~PATIENTS~~ RESIDENTS ON A PASS** **POLICY NUMBER: SNF-040.003** **COMPLIANCE REQUIREMENT:** CA Title 22 §72521(c)(2), §72523(c)(5)	**Page 1 of 54** **Date of Origin:** 01/17/1986 **Revision Date:** 03/02/2015, 09/01/2016 **Periodic Review By:** **Date:**
AUTHOR: Unknown **REVISED BY: Roseann McGraw, RN, DON and Ashli Pleau, RN, Catie Neely, RN SNF DON**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure proper procedures are performed when a resident goes out on pass and requires medications.

~~Authorization~~	~~Signature~~	~~Date~~
~~Department Head~~		
~~Medical Department Chair~~		
~~Compliance Manager~~		
~~Chief Nursing Officer~~		
~~Administration~~		
~~Medical Chief of Staff~~		
~~Governing Board~~		

Authorization	Signature	Date
Department Head		
Medical Department Chair		

Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: SNF-040.003

PROCEDURE

1. **Purpose**
   The purpose of this procedure is to ensure proper guidelines are followed when a resident takes medications out on pass.

2. **Responsibilities**
   The SHD (Seneca Healthcare District) Skilled Nursing Facility Charge Nurse is responsible for ensuring the correct medications go with resident or responsible person.

3. ~~Procedure~~ Policy **for Medications for ~~Patients~~ Residents on a Pass**
   ~~3.~~*a. Procedure for Medication for ~~Patients~~ Residents on a Pass*
      ~~a.~~i. Release of Responsibility Form (Attachment A) for medications forms will be filled out with:
         1. Name of Medication(s),
         2. Strength(s) of medication(s),
         3. Number of pills; ~~in the bubble pack sent.~~

      ii. The nurse will ensure enough medication(s) is/are sent. The responsible party will sign for the medication(s) along with the nurse releasing the medication(s).

      ~~b.~~iii. When medications are ready, give to the patient or the responsible person leaving with ~~patient~~ resident explaining what time the medications are due to be taken by the ~~patient~~ resident. A medication calendar will accompany the medication(s).

         ~~i.~~1. Record on the Narcotic Record (Attachment B):

            ~~1.~~a. Medication(s) sent,

            ~~2.~~b. The name of the responsible party,

         ~~ii.~~2. Nurse must sign the record.

      ~~c.~~iv. No over-the-counter (OTC) medication(s) can be sent as they are in bulk.

      ~~d.~~v. Record on the medication record OUT ON PASS (O.O.P.) for the time given.

      ~~e.~~vi. In the nursing notes, write ~~patients~~ resident's "medication given to responsible party" while out on pass. Sign your name accordingly.

      vii. Upon return, the medication(s) will be counted and recorded on the Release Form. The responsible party will sign medications in along with the nurse receiving the medication(s). Record on the Narcotic Record the count of medication(s) received and the nurse must sign the form.

   b. Removing medications from PYXIS
      i. Log In to PYXIS
      ii. Choose resident by name
      iii. Remove medication by name, date and time.
         1. For future times; override
            a. reason "out on pass"
         2. If max date and time have been reached and resident plans to be out of facility longer; seek Drug Room Nurse or DON to remove medication by inventory selection.
            a. Two Licensed. Nurses to remove and verify
            b. Co-sign medication reconciliation log
            ~~f.~~

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Ppolicy/Procedure, CMPL-005 ~~ADMIN28~~.

Attachments:
Attachment A: Release of Responsibility Form *(1 page)*
Attachment B: Narcotic Record *(1 page)*

Attachment A: Release of Responsibility Form

RELEASE OF RESPONSIBILITY FOR MEDICATION

I, _____ assume all responsibility for the care and safety of

_____ while he or she is away from the facility.

Medication	Strength	Number of Pills Taken	Number of Pills Returned

I also acknowledge receipt of the above medications and agree to see they are taken properly by the resident and further, absolve Seneca Healthcare District from all responsibility from any variance from the doctor's orders. I agree to return any unused medications to Seneca Healthcare District at the time the resident returns.

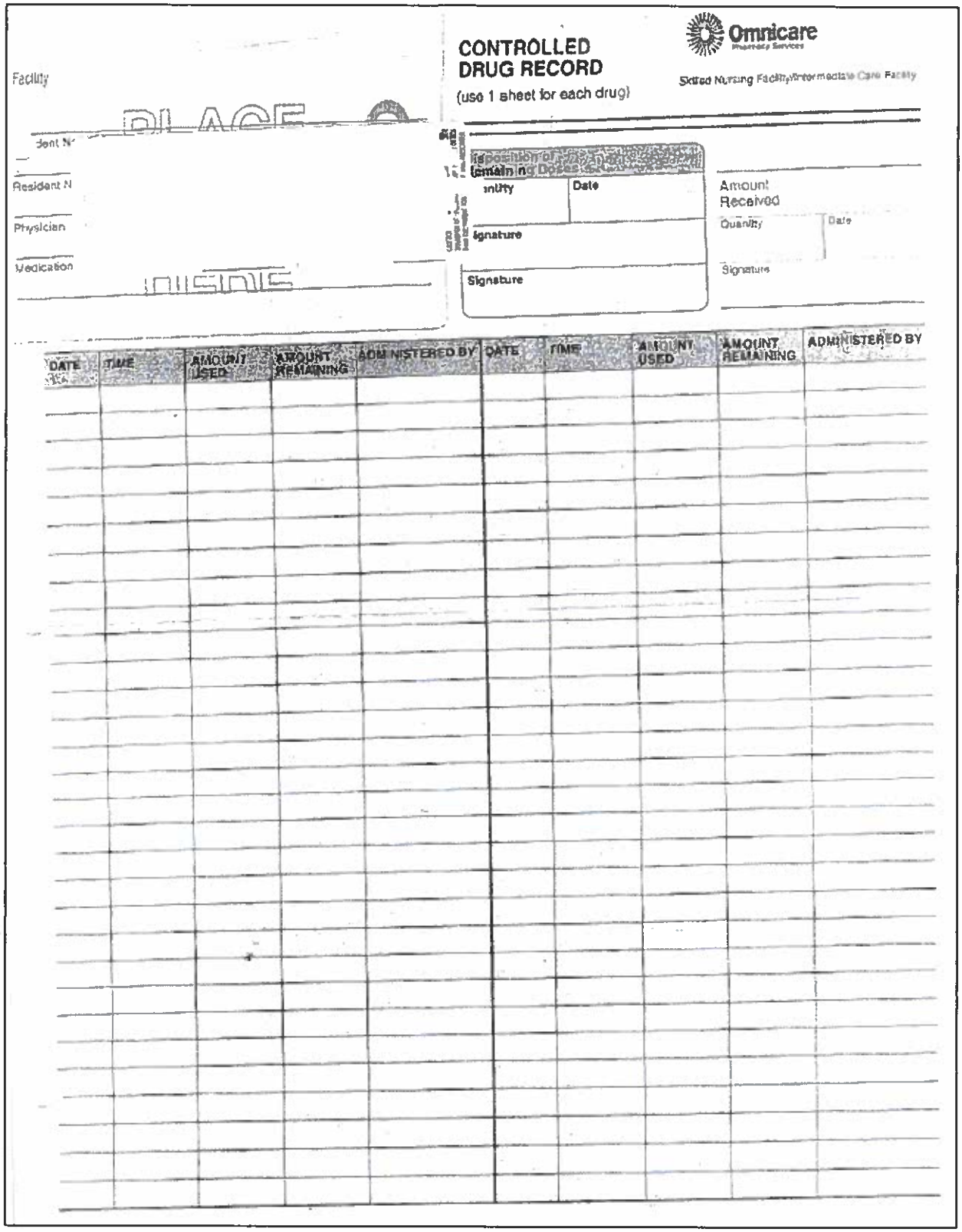
Leaving	
Date and time: ___/ ___/ ___ _____	Nurse: Resident/Family/Legal Representative Signature:

Returning	
Date and time: ___/ ___/ ___ _____	Nurse: Resident/Family/Legal Representative Signature:

SNF-FORM-ReleaseOfRespForMedication

Page 1 of 1

Attachment B: Narcotic Record



CONTROLLED DRUG RECORD

(use 1 sheet for each drug)

Omnicare

Skilled Nursing Facility/Intermediate Care Facility

Facility

PLACE

Resident N

Physician

Medication

DISPOSE

Disposition of Remaining Doses

Quantity | Date

Signature

Amount Received

Quantity | Date

Signature

DATE	TIME	AMOUNT USED	AMOUNT REMAINING	ADMINISTERED BY	DATE	TIME	AMOUNT USED	AMOUNT REMAINING	ADMINISTERED BY

SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT

POLICY & PROCEDURE

DEPARTMENT: SKILLED NURSING FACILITY **POLICY TITLE: CERTIFIED NURSING ASSISTANT PROCEDURE MANUAL** **POLICY NUMBER: SNF-058.002** **COMPLIANCE REQUIREMENT: California Code of Regulations, Title 22, Division 5, Chapter 3, §72523.**	**Page 1 of 24** **Date of Origin: 1/31/2009** **Revision Date: 04/30/2015,** **Periodic Review By: Date:**
AUTHOR: Vivian Powers, RN, DON SNF **REVISED BY: Tina Hedge, Hospital Informatics LVN & Noelle Tiegs, RN, Care Coordinator, Pam Valencia, RN; Ashli Pleau, RN**	**Policy Rescinded by** **Policy #:** **Effective Date:**

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Policy: Seneca Healthcare District shall utilize the most current edition of Lippincott~~Mosby's~~ Textbook/Learning Platform for Nursing Assistants for all Certified Nursing Assistant Procedures allowed by the State of California.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff	**N/A**	
Governing Board		

POLICY NUMBER REFERENCE: SNF-058.002

PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure all staff follows the same process when caring for residents.

2. **Responsibilities**
   The SHD Skilled Nursing Facility (SHD) Director of Nurses (DON) is responsible for annually ensuring the most currently available textbook is available on the nursing unit.

3. Policy for ~~Policy Title~~ **Certified Nursing Assistant Procedure Manual**
   ~~Here is a description of the policy/procedure~~ To ensure all staff follow the same process and guidelines when caring for a resident.
   a. ~~*Indented Title*~~ ***Lippencott Learning Platform***
      ~~Indented title description~~
      i. ~~Indented title description~~ Accessed from desktop under Lippencott Learning Procedures folder
      ~~Indented list level~~
   b. ***Lippencott Textbook,***
      i. Textbook available in LTC nursing station and Acute nursing station.

~~3.~~4. **Enforcement**
Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy Procedure, CMPL-005, ~~ADMIN28~~.

REFERENCE

Lippincott textbook for Nursing Assistants 5th edition, Pam J. Carter~~Sorrentino, S. (2008). Mosby's Textbook for Nursing Assistants. Mosby, Inc.; Elsevier Inc.~~

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SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT

POLICY & PROCEDURE

DEPARTMENT: SKILLED NURSING FACILITY **POLICY TITLE: MONITORING OF WEIGHT AND HEIGHT FOR NUTRITIONAL CARE PLANS** **POLICY NUMBER: SNF-075.002** **COMPLIANCE REQUIREMENT:** SOM §483.50(I), F325 & F326	**Page 1 of 3** **Date of Origin:** 3/25/2009 **Revision Date:** 06/30/2016, **Periodic Review By:** **Date:**
AUTHOR: Vivian Powers, RN, DON **REVISED BY: Kathy Weiss, RN and Roseann McGraw, RN, DON & Kathy Weiss, RN; Ashli Pleau, RN, and Catie Neely, RN, BSN SNF DON**	**Policy Rescinded by** **Policy #:** **Effective Date:**

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Policy: Seneca Healthcare District shall ensure to measure and monitor height and weight of residents to help determine the effectiveness of the Nutritional Plan of Care.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: SNF-075.002

PROCEDURE

~~Procedure:~~

~~2.~~1. **Purpose**

The purpose of this policy is to ensure residents maintain, to the extent possible, acceptable parameters of nutritional status.

~~3.~~2. **Responsibilities**

The SHD Skilled Nursing Facility is responsible for: Providing nutritional care and services to each resident, consistent with the resident's comprehensive assessment; Recognizes, evaluates, and addresses the needs of every resident, including but not limited to, the resident at risk or already experiencing impaired nutrition and provides a therapeutic diet that takes into account the resident's clinical condition, and preferences, when there is a nutritional indication.

~~4.~~3. Policy for **Monitoring of Weight and Height for Nutritional Care Plans**

a. ***Weights:***

i. Admission weight will be measured on all new residents and recorded in the following areas in the resident's chart:

a. Admission Record

b. Electronic Health Record (EHR) flowchart

ii. The Certified Nursing Assistant will weigh all residents monthly and as ordered by the MD.

iii. A weight variance of 5 lbs or 5% gain or loss, whichever occurs first ~~/ 5% gain or loss~~ in a 30 day period constitutes the reweighing of the resident.

iv. Residents having a 5lbs or 5% gain or loss, whichever occurs first, ~~5lb / 5% weight gain or loss~~ will be placed on weekly weights until stable or discontinued by the MD.

v. Licensed staff will notify the resident's Physician, Responsible Party, and Registered Dietician of a weight change of 5 lbs or 5% gain or loss, whichever occurs first, ~~5lbs / 5%~~ in a 30 day period ~~or 3 lbs in a week~~, and document it in the health record.

vi. The Charge Nurse will also record on the Flow Chart the date, time, and method of notification of above personnel.

vii. All resident's weights will be evaluated for unavoidable weight loss using the following formula:

1. % of body weight loss=(usual weight-actual weight)/(usual weight) x 100
2. Significant weight loss is determined using the following intervals or sooner if necessary.

Interval	Significant Loss	Severe Loss
1 month	5%	Greater than 5%
3 months	7.5%	Greater than 7.5%
6 months	10%	Greater than 10%

viii. The resident's Care Plan will be re-evaluated and if necessary, revised to address the nutritional concerns. Interventions will be monitored and evaluated for their effectiveness.

b. ***Height:***

i. Height will be taken and recorded on admission and documented on the Flow Chart.
ii. Measure resident once a year after admission and record date and measurement in the appropriate place on the Flow Chart.
iii. Measure from the top of the head to the base of the heel, standing, if possible. If resident is unable to stand or straighten legs, measure from top of head to coccyx, then measure from coccyx to knee then from knee to heel and add numbers together to get approximate height.
~~iii.~~

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~~5.~~4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005~~ADMIN28~~.

~~Authorization~~	~~Signature~~	~~Date~~
~~Department Head~~		
~~Medical Department Chair~~		
~~Compliance Officer~~		
~~Chief Nursing Officer~~		
~~Administration~~		
~~Registered Dietician~~		
~~Governing Board~~		

Reference

MacDonald, O., Trivers, A., Callahan, E., Petersen, E., Sharpe, M., et al. (2014). *The Long Term Care State Operations Manual*. Danvers: HCPro

SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT

POLICY & PROCEDURE

DEPARTMENT: SKILLED NURSING FACILITY **POLICY TITLE: INDWELLING CATHETER JUSTIFICATION AND REMOVAL** **POLICY NUMBER: SNF-138.001** **COMPLIANCE REQUIREMENT: F690 §483.25€(1)-(3)**	**Page 1 of 32** **Date of Origin: 05/30/2019** **Revision Date:** **Periodic Review By: Date:**
AUTHOR: Roseann McGraw RN BSN DON **REVISED BY: Ashli Pleau, RN and Catie Neely, RN SNF DON**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that the residents receive care and services to prevent the use of an indwelling catheter, unless clinically necessary and promoted urinary continence of its residents, in accordance with State and Federal Regualtions.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: SNF-138.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure appropriate catheter usage.

2. **Responsibilities**
   It is the responsibility of the Licensed Charge Nurse to ensure catheters are used appropriately and discontinued appropriately.

3. **Policy for Indwelling Catheter Justification and Removal**
   a. ***When a resident is admitted with an indwelling catheter, the admitting nurse will complete [illegible] Foley Catheter Use Form [illegible] in the EHR***
      i. ***If deemed permanent placement for chronic condition, the Foley Catheter use form will be completed only upon admission.***
      ~~a.~~ii. ***If deemed acute condition, the Foley catheter use form will be filled out every shift until the catheter is discontinued.***
   b. ***The admitting nurse will document the indwelling catheter size and obtain an order from the physician to change the catheter as needed and for blockage, as well as obtain a supporting diagnosis for use of the catheter.***
   c. ***The admitting nurse will also obtain orders to perform catheter care on each shift, to irrigate the catheter as needed for occlusion or blockage, and may change indwelling urinary catheter to obtain urinalysis, or has been in place for greater than 14 days.***
   d. ***When there is no supporting diagnosis for the use of the indwelling urinary catheter, the admitting nurse will obtain an order from the physician ~~or~~, physician ~~extender~~ assistant, or nurse practioner to remove, along with orders for notification when the resident does not void.***
   e. ***Once the indwelling urinary catheter has been removed the nurse removing the catheter will document this in the electronic medical record and continue intake- output for 3 days to assure adequate voiding.***
   f. ***Update the care plan as indicated based on outcome.***

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005~~ADMIN-028~~.

Attachments:
Attachment A: Foley Catheter Use Form

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Attachment A: Foley Catheter Use Form

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SENECA HEALTHCARE DISTRICT

POLICY & PROCEDURE

DEPARTMENT: SKILLED NURSING FACILITY **POLICY TITLE: FOOD BROUGHT IN FROM OUTSIDE** **POLICY NUMBER: SNF-180.001** **COMPLIANCE REQUIREMENT: SOM §F813 §483.60(i)(3)**	**Page 1 of 2** **Date of Origin: 11/26/2019** **Revision Date:** **Periodic Review By: Date:**
AUTHOR: Andrea Kelly, Dietary Supervisor.; Roseann McGraw, BSN, RN, DON.; Ashli Pleau, RN, BSN, SNF DON.; REVISED BY:	**Policy Rescinded by Policy #: Effective Date:**

Policy: Seneca Healthcare District's (SHD) Skilled Nursing Facility (SNF) shall ensure residents are allowed to have food items brought in from outside the facility; however, Seneca Healthcare District shall not accept food or food products brought into the Dietary Services Department from the outside with the exception of those ordered from approved vendors or purchased by the Dietary Services Department personnel.

Authorization	Signature	Date
Department Head		
Medical Department Chair	**See Medical Chief of Staff**	
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration	**See Governing Board**	
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: SNF-180.001

PROCEDURE

1. **Purpose:**
   To support the cultural diversity food preferences and rights of our residents while recognizing the need to prevent the transmission of disease carrying organisms where food has not been prepared by the Dietary Department. Food items brought in from outside the facility do not have to follow resident's current diet order. However education of risk of dietary non-compliance will be provided to the resident and their family.

2. **Responsibilites**
   It is the responsibility of the Seneca Healthcare District (SHD) Skilled Nursing Facility (SNF) to respect the rights of the residents and allow food and beverages from an alternative source while practicing food safety for other residents/patients by not bringing said food into the kitchen.

3. **Policy for Food Brought in from Outside the Facility**
   a. ***Procedure:***
      i. Dietary Services will not serve food prepared outside the department.
      ii. Outside food may not be stored in the hospital refrigerators or freezer.
      iii. Family may bring food in specific for resident.
      iv. All non-hospital perishable foods will be kept in the Skilled Nursing Facility (SNF) Resident refrigerater. ~~P~~Therepared food will be marked with resident name, date received and date expired not to exceed 3 days if produced by a manufacturer, then follow the commercial products expiration dates; Jelly, Peanut Butter, etc..
      v. SNF Certified Nurse Assistant (CNA) staff will monitor refrigerator and dispose of outdated food daily.
      vi. All non-perishable food in resident's rooms will be kept in a container with a lid and discarded according to manufacturer outdate.
      vii. The container will be checked weekly for outdates.
      viii. All food needs to be checked in at the nurses station by the LVN and/or the RN.
      ix. The facility does not preclude residents from consuming foods not procured by the facility.
      x. Once food is removed from the residents designated food area, the food can not be returned.

4. **Enforcement:**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

Reference:
Policy and Procedure; DSS-011.002 Food Brought in by Outside

SENECA HEALTHCARE DISTRICT

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: SKILLED NURSING FACILITY **POLICY TITLE: RESTORATIVE NURSING PROGRAM** **POLICY NUMBER: SNF-185.001** **COMPLIANCE REQUIREMENT: Title 22 §72409, §72413, §72315, SOM F688**	**Page 1 of 6** **Date of Origin:** **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Ashli Pleau RN, Catie Neely, RN SNF DON, Lindsey Anderson, OT **REVISED BY:**	**Policy Rescinded by** **Policy #:** **Effective Date:**

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Policy: Seneca Healthcare District (SHD) shall provide restorative nursing services as indicated by the treatment plan.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: SNF-185.001

PROCEDURE

1. **Purpose**
   It is the policy of the facility to assist each resident to attain and/or maintain their individual highest and most practicable functional level of independence and well-being.

2. **Responsibilities**
   It is the responsibility of the Skilled Nursing Facility (SNF) License Vocational Nurse (LVN/Minimum Data Set) or Restorative Nursing Assistant (RNA)/CNA to gather information from each resident upon admission, quarterly, and/or when it has been identified by the interdisciplinary team that the resident is in need of, or may benefit from such programs. The SNF RN will review, assess, and validate the information and notify therapy to assess, screen, or evaluates resident for therapy services in order to give direction to RNA.

3. **Policy for Restorative Nursing Program**
   To increase, maintain, and prevent deterioration of ~~residence~~ resident's functional independence through functional mobility exercise, range of motion, and activities of daily living.
   a. ***Procedure***
      i. Upon admission, quarterly, and if significant change in condition occurs, the resident will be assessed for restorative nursing program. These assessments w~~W~~ill be documented on the ADL assessment form to establish a baseline.
      ii. The screening will include the ~~residence~~ resident's input choices and expectations related to participating in the restorative nursing program.
      iii. Assessment form will be discussed with the therapy department to assess for possible therapy evaluation to create specific restorative program or give direction to adjust current restorative program.
      iv. The facility restorative nursing program will include, but not be limited to the following:
         1. Hygiene- bathing, dressing, grooming, toileting, bowel and bladder, and oral care.
         2. Functional mobility-transfers, ambulation/functional mobility, prosthetic and/or splint application, active and/or passive range of motion, bed mobility, ~~self-ranging~~self-ranging motion, bed positioning.
         3. Exercise- therapeutic exercise and strengthening
         4. Dining- self-feeding including meals and snacks
      v. A physician's order for RNA/CNA will be obtained prior to implementation of program by either LVN/MDS nurse or by therapy if being discharged from therapy to RNA/CNA. The order will include frequency duration and objective of program.
      vi. The RNA/CNA will be in-serviced by the LVN/MDS Charge Nurse or Therapy prior to assuming responsibility to ensure proper technique and body mechanics to ~~residence~~ resident's abilities.
      ~~vi.~~vii. The RNA/CNA will create a care plan with measurable goals and timelines.

vii.viii. The RNA/CNA will document in the Electronic Medical Record (EMR) to track compliance by:

1. Documenting in the EMR when program intervention is completed as planned.;
2. Documenting refusal ~~and~~ in EMR record if intervention is not completed as planned and making a brief explanation in the documentation.

viii.ix. Once in an appropriate restorative nursing program, the LVN/MDS will continue to monitor resident's progress. A weekly ~~summary~~ progress note will be completed by RNA/CNA ~~or LVN/MDS~~ to include frequency and tolerance of RNA program and whether or not goals are being met or current level of function being maintained.

ix.x. The LVN/MDS will meet with RNA and therapy monthly to determine if there are any changes needed to the existing program and make changes as needed. It is the RNA a responsibility to report any significant changes to the LVN/MDS or therapy prior to these meetings.

x.xi. It is recognized that there are occasions when residents may have unavoidable declines which may not be reversible which might not be under the control of the facility.

xi.xii. Furthermore, it is recognized that some residents may not wish to participate in restorative care programming which will be respected as election of choice and documented accordingly.

4. **Enforcement**
Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

Attachments
Attachment A: ADL Self Perreformance

Attachment A: ADL Self Perreformance

SHD

(A)ADL SELF-PERFORMANCE

Coding instructions: Using the algorithm below, code each Care Area based on resident's level of assistance

Codes:

0. Independent – No help of oversight provided
1. Supervision – Oversight, encouragement or cueing required
2. Limited Assistance – Resident highly involved in activity: received physical help in guided maneuvering of limbs or other non- weight bearing assistance 3 or more times during the last 7 days.
3. Extensive Assistance – If resident performed part of the activity over the last 7 days, help of the they(s) was provided 3 or more times:
   a. Weight bearing support provided 3 or more times
   b. Full staff performance of activity during part, but not all of the last 7 days.
4. Total Dependence – Full staff performance

		1	2	3	4
Care Plan	Splint/Brace Assistance				
	Bed Mobility				
	Transfer				
	Walking				
	Dressing				
	Grooming				
	Eating				
	Prothesis Application				

Functional/Limitation in Range of Motion

Code of limitation that interferes with daily functions of places resident at risk of injury

Codes:

0. No Impairment
1. Impairment on left side
2. Impairment on right side
3. Impairment on both sides

A. Upper Extremity (shoulder, elbow, wrist, hand)				
B. Lowe Extremity (hip, knee, ankle, foot)				
C. Other limitation or loss				

Barriers/Contributing Factors

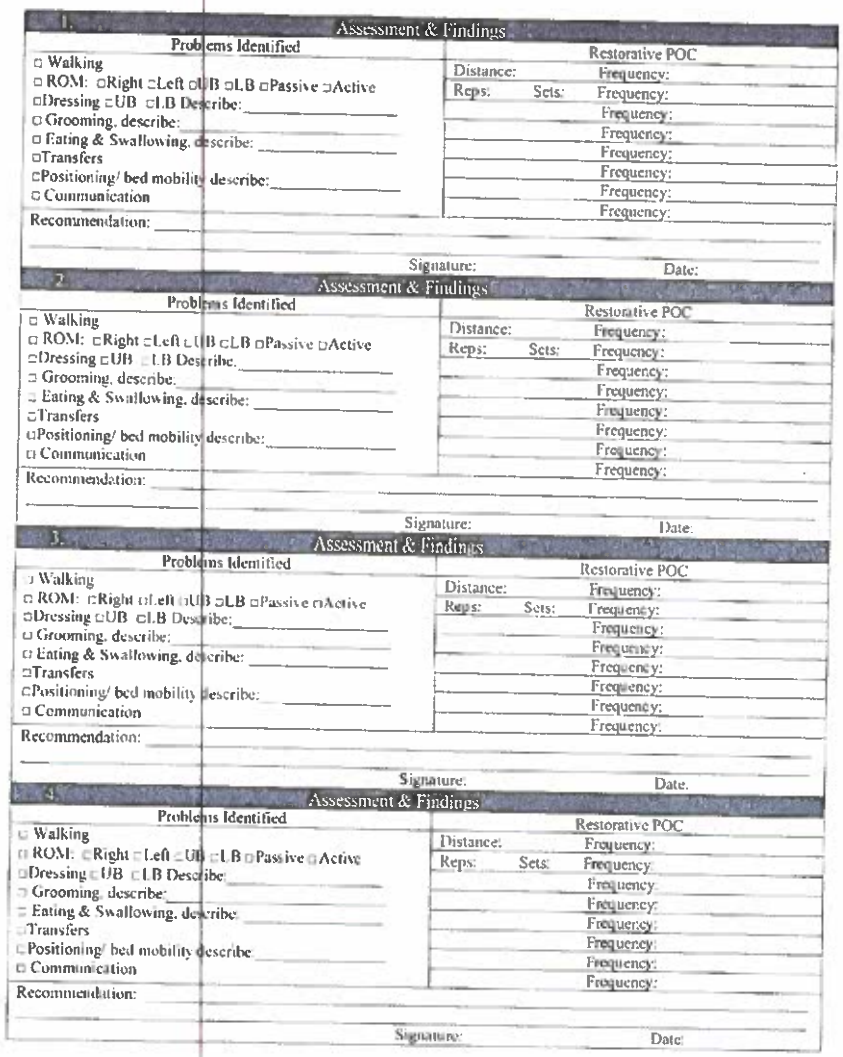
Check all that apply					
	Pain	☐	☐	☐	☐
	Communication	☐	☐	☐	☐
	Comprehension	☐	☐	☐	☐
	Medications	☐	☐	☐	☐
	Cognitive	☐	☐	☐	☐
	Vision	☐	☐	☐	☐
	Hearing	☐	☐	☐	☐
	Other	☐	☐	☐	☐
	Initials ⟶				

Complete the assessment with findings and recommendations on SIDE TWO of this form

1.Signature:	Date:	3.Signature:	Date:
2.Signature:	Date:	4.Signature:	Date:

Created May 30 2018

Attachment A: ADL Self Perreformance



1. Assessment & Findings

Problems Identified	Restorative POC
☐ Walking ☐ ROM: ☐Right ☐Left ☐UB ☐LB ☐Passive ☐Active ☐Dressing ☐UB ☐LB Describe: ☐ Grooming, describe: ☐ Eating & Swallowing, describe: ☐Transfers ☐Positioning/ bed mobility describe: ☐ Communication	Distance: Frequency: Reps: Sets: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency:

Recommendation:

Signature: Date:

2. Assessment & Findings

Problems Identified	Restorative POC
☐ Walking ☐ ROM: ☐Right ☐Left ☐UB ☐LB ☐Passive ☐Active ☐Dressing ☐UB ☐LB Describe. ☐ Grooming, describe: ☐ Eating & Swallowing, describe: ☐Transfers ☐Positioning/ bed mobility describe: ☐ Communication	Distance: Frequency: Reps: Sets: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency:

Recommendation:

Signature: Date:

3. Assessment & Findings

Problems Identified	Restorative POC
☐ Walking ☐ ROM: ☐Right ☐Left ☐UB ☐LB ☐Passive ☐Active ☐Dressing ☐UB ☐LB Describe: ☐ Grooming, describe: ☐ Eating & Swallowing, describe: ☐Transfers ☐Positioning/ bed mobility describe: ☐ Communication	Distance: Frequency: Reps: Sets: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency:

Recommendation:

Signature: Date:

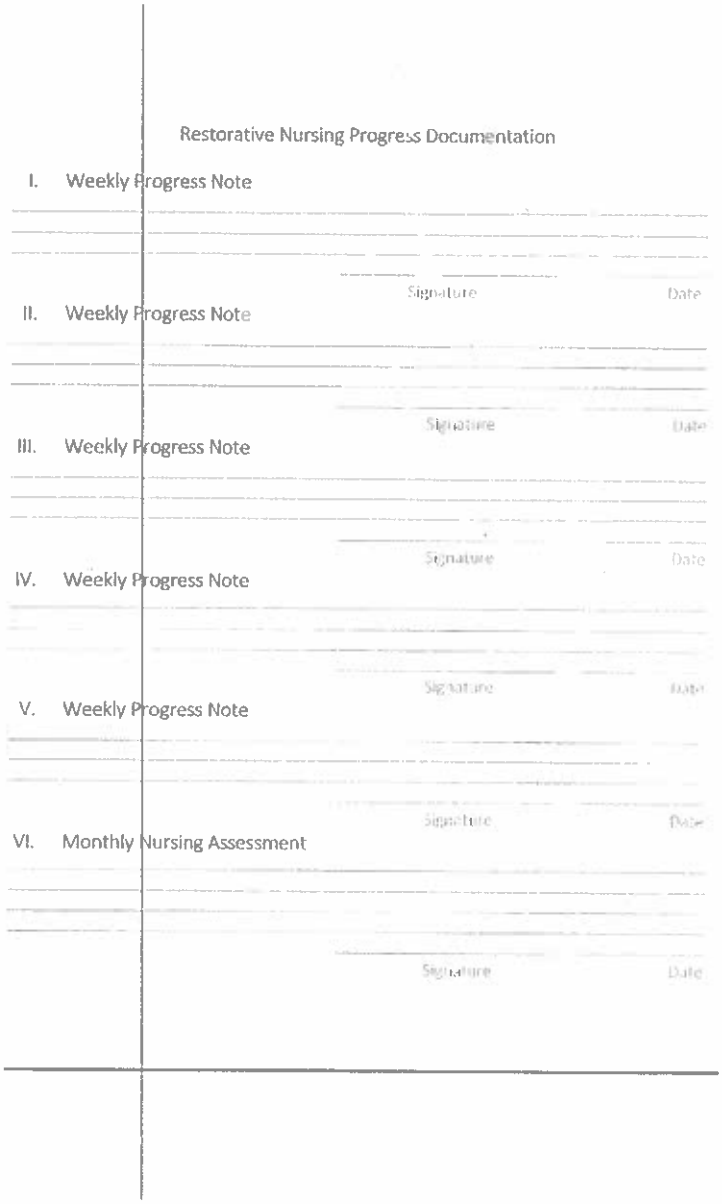
4. Assessment & Findings

Problems Identified	Restorative POC
☐ Walking ☐ ROM: ☐Right ☐Left ☐UB ☐LB ☐Passive ☐Active ☐Dressing ☐UB ☐LB Describe: ☐ Grooming, describe: ☐ Eating & Swallowing, describe: ☐Transfers ☐Positioning/ bed mobility describe: ☐ Communication	Distance: Frequency: Reps: Sets: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency:

Recommendation:

Signature: Date:

Attachment A: ADL Self Perreformance



NEW HKP

Policies

&

Procedures

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: ENVIRONMENTAL SERVICES-HOUSEKEEPING **POLICY TITLE: HOSPITAL LINEN POLICY** **POLICY NUMBER: HKG-022.001** **COMPLIANCE REQUIREMENT:** Title 22 California Code of Regulations Division 5, 70825	**Page 1 of 2** **Date of Origin:** **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Jennifer Hall, Housekeeping Supervisor **REVISED BY:**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that all employees, contractors, volunteers, or any persons doing business with SHD, review and acknowledge SHD's Hospital Linen Policy prior to handling, storage, or transporting linen.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: HKG-022.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to prevent gross microbial contamination of air, cross contamination, and contamination of persons handling linen. Soiled linen has been identified as a source of a large number of certain pathogenic microorganisms. The risk of actual disease transmission is negligible. Hygiene and common-sense storage and processing of clean and soiled linen are recommended.

2. **Responsibilities**
   The SHD Staff is responsible for proper handling, storage, and transportation of Linen per the below procedure. Refer to policy IC-012.005 Hand Hygiene and Glove Use and IC 030.001 Storage of Hospital Linen prior to handling and transporting clean and/or soiled linen.

3. **Policy for LINEN POLICY**
   a. ***Procedure***
      i. Clean Linen
         1. Wash your hands prior to handling any clean linen.
         2. Never hold clean linen against your body or clothing.
         3. Be sure to put clean linen on surfaces you know are clean.
         4. Store clean linen in designated areas only.
      ii. Soiled Linen
         1. Soiled linen will be stored in a separate, designated utility room in marked covered hampers/carts and soiled linen storage room outside of the facility. Store soiled linen in the designated storage area only.
         2. Staff members handling soiled linen will wear gloves and other personal protective equipment as appropriate for the situation.
         3. Handle and agitate soiled linen as little as possible and do not hold soiled linen against your body.
         4. Soiled linen shall not be sorted or rinsed.
         5. All soiled linen should be bagged at the location where it is used.
            a. Take soiled linen hamper or a bag to contain linen to the site of use.
            b. Bags should be tied securely to prevent leakage.
            c. Double bagging may be necessary if linen is wet and heavy or from an isolation room.

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: ENVIRONMENTAL SAFETY SERVICES-HOUSEKEEPING **POLICY TITLE: GENERAL FACILITY CLEANING** **POLICY NUMBER: HKG-041.001** **COMPLIANCE REQUIREMENT:** Title 22 California Code of Regulations Division 5, §70827	**Page 1 of 2** **Date of Origin:** **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Jennifer Hall, Housekeeping Supervisor **REVISED BY:**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) Housekeeping staff along with all departments shall maintain the interior of the hospital in a safe, clean, orderly, attractive manner free from offensive odors.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: HKG-041.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure the facility is maintained in a clean manner.

2. **Responsibilities**
   The SHD housekeeping staff is responsible for completing the cleaning of the facility.

3. **Policy for General Facility Cleaning**
   a. ***Procedure***
      i. Anytime cleaning is being completed, attention should always be given to areas that may be considered high touch surfaces.
      ii. Housekeeping staff will be oriented to cleaning procedures yearly or as needed for competency.
      iii. These procedures will be updated as needed to ensure we are following the most current recommendations of the Infection Prevention Nurse.
      iv. These procedures will be kept in the housekeeping closet and accessible to any staff throughout the facility.
      v. The housekeeping staff will complete daily, weekly, monthly, and bi-yearly cleaning and document appropriately in the Cleaning Logs located on the housekeeping carts.
      vi. These Cleaning Logs will be maintained by the housekeeping supervisor and kept for a period of two years.

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: ENVIRONMENTAL SAFETY SERVICES-HOUSKEEPING **POLICY TITLE: Skilled Nursing Facility/~~Long Term~~ Bed ~~Washin~~, gEquipment, and Furniture Cleaning** **POLICY NUMBER: ~~HKG PRO 9.001~~**HKG-042.001 **COMPLIANCE REQUIREMENT:** Title 22 California Code of Regulations Division 5, §70827	**Page 1 of 2** **Date of Origin: ~~9/12/1985~~** **Revision Date: ~~4/26/2006~~** **Periodic Review By:** **Date:**
AUTHOR: Jennifer Hall, Housekeeping Supervisor **REVISED BY:**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) ~~Environmental Services~~ Housekeeping ~~Department~~ staff ~~shall was the~~and the Skilled Nursing Facility (SNF)/~~Long Term~~ staff shall work together to clean Resident Beds and Equipment using a germicidal disinfectant. ~~at least once a month on the Residents bath day.~~

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: HKG-042.001~~DEPT ###.###~~

PROCEDURE

1. **Purpose**

   The purpose of this policy is to~~.....~~ create a clean environment for the SNF residents.

~~[BLANK LINE]~~

2. **Responsibilities**

   The SHD ~~(department)~~housekeeping and SNF staff is responsible ~~for.....~~for completing daily, weekly, monthly, or as needed cleaning of resident equipment and beds.

~~[BLANK LINE]~~

3. **Policy for Skilled Nursing Facility~~/Long Term~~ Bed and Equipment Cleaning ~~Washing~~**

   ~~3.~~a. **Procedure**

   ~~a.~~b. ***Procedure~~Bed Cleaning***

   i. Resident beds will be terminally cleaned at least once a month or as needed following the bath schedule created by the SNF Director of Nursing (DON).

   ~~i.~~ii. ~~Follow the bath schedule posted in the SNF/LT Nursed Utility Room.~~Residents will have at least two linen changes a week or more as needed.

   iii. ~~Communicate with the SNF/LT Nursing Staff to determine if it is possible to have the resident's bed stripped by the Nursing Staff for washing.~~Housekeeping staff will communicate with SNF Nursing staff to see which residents have showered and if they need their bed cleaned and linen changed.

   ~~ii.~~iv. SNF Nursing staff will be responsible for stripping the bed and cleaning the mattress with a germicidal disinfectant during hours that housekeeping staff are not present.

   ~~iii.~~v. Housekeeping staff will clean the bed along with the frame with germicidal disinfectant during daytime hours when on shift.

   vi. The SNF~~/LT~~ Nursing Staff will remake the bed once cleaned. ~~Notify Nursing staff that the bed cleaning has been completed.~~Housekeeping staff will notify nursing staff once bed cleaning is complete. Housekeeping staff may assist with bed making if able and requested by SNF nursing staff.

   ~~iv.~~

   ~~a.~~ The SNF~~/LT~~ bed cleaning record will be kept in the SNF housekeeping cart in a binder with all other housekeeping cleaning lists for that department. ~~Please document completed bed washing and check schedule to determine what beds have and have not been washed.~~

   vii.

   c. ***Equipment***

   i. Resident equipment such as wheelchairs, walkers, Geri chairs, canes, commodes, and/or any other mobility apparatus will be cleaned by C.N.A.'s during night shift weekly or as needed. Documentation will be kept by the SNF DON.

   ii. Any equipment that is used to assist patients such as a Hoyer lift or sit-to-stand will be cleaned immediately after use by the individual that used it.

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iii. Housekeeping staff will clean resident equipment as able during the day when equipment is not in use. Resident chairs, bedside stands, overbed tables, and other furniture in rooms will be cleaned by housekeeping staff during their daily cleaning routine.

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4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

~~[BLANK LINE]~~

~~**REFERENCE**~~

~~*Name of Reference: http://this is the hyperlink to the reference on the internet* (for book or other reference, please see Policy Committee Chair for proper formatting)~~

~~[BLANK LINE]~~

~~**Attachment or Attachment List (if applicable)**~~

HKP

RESCIND

Policies

&

Procedures

3/30/2023

SENECA HEALTHCARE DISTRICT

MEMORANDUM

From: Chelsea Major, Policy and Procedure Coordinator **To:** Seneca Healthcare District Board of Directors

Topic: All EVS-Housekeeping Policies for Board Review

Dear Sirs & Madams,

There are 19 Housekeeping Procedures and 3 Policies and Procedures that are being Rescinded from EVS-Housekeeping.
Please see below for a bit more information on those that are being Rescinded:

Procedures to be Rescinded

1. HKG-PRO-002 Weekly Cleaning Items- Rescind- part of cleaning routine.
2. HKG-PRO-003 Frequency Schedule for- Rescind- part of cleaning routine.
3. HKG-PRO-004 Daily Cleaning Routine- Does not apply, routines change as needed.
4. HKG-PRO-005 Housekeeping Daily Cleaning-outdated, changes as needed.
5. HKG-PRO-006 Cleaning of the Housekeeping Closet- Does not need to be a procedure. Will add to training book.
6. HKG-PRO 009.001-Skilled Nursing Facility-Long Term bed washing- Rescind-will be included in a NEW Policy HKG-042.001-Skilled Nursing Facility Bed Equipment and Furniture
7. HKG-PRO-013 PM Shift Cleaning Routine- Does not need to be a procedure. Shift currently does not exist.
8. HKG-PRO-015 Housekeeping Equipment- Does not need to be a procedure. Will add to training book.
9. HKG-PRO-016 Changing of Mops- Outdated, different system in place.
10. HKG-PRO-018 Cleaning Procedure for the CT Does not need to be a procedure. Will add to training book.
11. HKG-PRO-019 Routine Cleaning of Resident-Rescind- will be part of a policy-HKG-041.001-General Facility Cleaning.
12. HKG-PRO-021 Laboratory and Micro Bio-Does not need to be a procedure. Will add to training book.
13. HKG-PRO-023 Daily Bathroom Cleaning-Does not need to be a procedure. Will add to training book.
14. HKG-PRO-024 Cleaning to prevent the spread -Rescind- incorporated in cleaning routine
15. HKG-PRO-030 Weekly cleaning of LTC Shower- Rescind- part of cleaning routine.
16. HKG-PRO-031 Proper use of disinfectant soaked rags-Does not need to be a procedure. Will add to training book.
17. HKG-PRO-032 Cleaning of Panacea Air-Does not apply, outdated.
18. HKG-PRO-038 PPE Supplies Cart -This is referred to in IC-007.003
19. HKG-PRO-039 Clean Linen-Proper Handling- This will be included in HKG 022.001 Hospital Linen Policy

Policies to be Rescinded

1. HKG-001.001 Maintenance Cleaning Schedules- Rescind- will be included into a NEW policy.- HKG-041.001-General Facility Cleaning
2. HKG-011.001 Ice Machine and Drinking Fountains- Dietary will be taking over this policy per state survey.
3. HKG-027.001- Cleaning Procedure of Central Supply, Dirty, Clean and Sterile- Surgery will be taking this over.

Also there are 3 **NEW** EVS-Housekeeping Policies for review and approval:

1. HKG-041.001-General Facility Cleaning
2. HKG-042.001-Skilled Nursing Facility Bed Equipment and Furniture
3. HKG-022.001-Linen Policy

If there are any questions or concerns regarding any one of these, please feel free to reach out to either myself or Jennifer Hall, Housekeeping Supervisor.

Thank you,

Chelsea Major
Policy and Procedure Coordinator

COPY

SENECA HEALTHCARE DISTRICT
POLICY – Maintenance of Cleaning Schedules

DEPARTMENT: Environmental Services - Housekeeping **POLICY TITLE: Maintenance of Cleaning Schedules**	**PAGE 1 OF 1**
	Date of Origin: 6/4/87 **Revision Dates: 3/24/90;2/17/03; 6/5/06**

POLICY:
It is the policy of Seneca Healthcare District Environmental Services Department to maintain cleaning schedules for those items listed, but not limited to for a period of at least 2 years.

PROCEDURE:
Cleaning schedules are maintained for those items listed below, documentation of such items is to be completed on the forms available from the Environmental Services Director. The Environmental Services Director or Designee will maintain the forms.

A. Drinking Fountain Cleaning
B. Ice Machine Cleaning
C. Carpet Cleaning
D. Wall Washing
E. Floor Stripping and Waxing
F. Environmental Services – Housekeeping Daily Cleaning Record
G. Housekeeping Weekly Cleaning Checklist
H. Skilled Nursing Facility Bed Washing
I. Equipment Cleaning (as Required or Needed)
J. Curtains and Draperies – Changing and Cleaning

Seneca Healthcare District
Environmental Services - Housekeeping
Daily Cleaning Record

Year: _____

Date							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Room #1							
Room #2							
Room #3							
Room #4							
Room #5							
Room #6							
Room #7							
Room #8							
Room #9							
Room #10							
Room #11							
Room #12							
Room #14							

Other:

Seneca Healthcare District
Environmental Services - Housekeeping
Daily Cleaning Record

Dates: _____

Seneca Healthcare District
Housekeeping Weekly Cleaning Items Checklist

Year: _____

Item	Area	Week	Week	Week	Week
Acute Window	Room #1				
Coverings – Vacuum	Room#2				
	Room #3				
	Room #4				
	Room #5				
	Room #6				
Blinds - Dust	Room #5				
	Room #7				
	SNF Office				
	Admissions				
	Laboratory				
	Dr. Lounge				
	SNF Rec Room				
TV and TV Cabinets-	Room #1				
Damp Dust	Room #2				
	Room #3				
	Room #4				
	Room #5				
	Room #6				

Seneca Healthcare District
Housekeeping Weekly Cleaning Items Checklist

Year: _____

Item	Area	Week	Week	Week	Week
TV and TV Cabinets-	Room #7				
Damp Dust	Room #8				
	Room #9				
	Room #10				
	Room #11				
	Room #12				
	Room #14				
	Lobby				
	SNF Rec Room				
Over Bed Lights -Dust	Room #1				
	Room #2				
	Room #3				
	Room #4				
	Room #5				
	Room #6				
	Room #7				
	Room #8				
	Room #9				
	Room #10				

Seneca Healthcare District
Housekeeping Weekly Cleaning Items Checklist

Year: _____

Item	Area	Week	Week	Week	Week
Over Bed Lights -Dust	Room #11				
	Room #12				
	Room #14				
Soiled Linen	E.R				
Carts Clean	Acute				
	SNF				
Trash Receptacles	Acute				
Clean	SNF				
Vacuum Bag Changed	HSKPG				
LT Shower Floor and Walls – Total Clean	SNF				
Degrease floor areas under and around stove and appliances	KITCHEN				

Other Weekly Cleaning Items – Vents, Interior Windows, Damp Dust all ledges and Surfaces. Check Entrances for Cleanliness Daily.

Remarks:

Seneca Healthcare District
Environmental Services
Carpet Cleaning

Frequency – Patient Areas/Corridors Quarterly **Year:**

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Hospital Lobby												
Hospital Med Records												
Admissions												
Triage												
Coder Office												
Lab Hall												
LT Office												
Drs Lounge												
Acute Hall												
Pharmacy												
Nurses Report Rm												
LT Hall												
ER Hall												
Acute Nurses Station												
Physical Therapy												
Brentwood House												
Reynolds House												
Education Building												

Remarks:

Seneca Healthcare District
Environmental Services
Curtain Changing

Frequency – Monthly/As Needed **Year:** _____

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Patient Rm# 1												
Patient Rm# 2												
Patient Rm# 3												
Patient Rm# 4												
Patient Rm# 5												
Patient Rm# 6												
Patient Rm# 7												
Patient Rm# 8												
Patient Rm# 9												
Patient Rm# 10												
Patient Rm# 11												
Patient Rm# 12												
Patient Rm# 14												
X-ray												
PACU												
ER #1												
ER #2												
Sonography												
Acute Shower Room												
Acute Shower												
LT Shower												
Physical Therapy												

Remarks:

_____

_____

_____

_____

_____

Seneca Healthcare District
Environmental Services
Water Fountain Cleaning

Frequency: Daily

Year:

S.N.F. Water Fountain

Acute Water Fountain

Seneca Healthcare District
Environmental Services
Ice Machine Cleaning

Frequency: Daily **Year: _______**

S.N.F. Ice Machine

Acute Ice Machine

Seneca Healthcare District
S.N.F Resident Equipment Cleaning

Room #: _____
Resident Name: _____ **Year:** _____
Equipment: _____ Cleaning Frequency: _____
Date Cleaned:

Equipment: _____ Cleaning Frequency: _____
Date Cleaned:

Equipment: _____ Cleaning Frequency: _____
Date Cleaned:

Seneca Healthcare District
Environmental Services
Monthly Wall Cleaning

Frequency – Monthly/As Needed **Year:**

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Central Supply Clean												
Central Supply Dirty												
Central Sterile												
Surgery Ante Room												
Surgery Suite												
Restroom X-ray												
Restroom LT Nrs.												
Restroom Acute Nrs.												
Restroom Physician's												
Employee's Restroom												
Men's Restroom												
Women's Restroom												
Pt. Room #1 Restroom												
Pt. Room #3 Restroom												
Pt. Room #2 Restroom												
Pt. Room #6 Restroom												
Pt. Room #5 Restroom												
Pt. Room #8 Restroom												
Pt. Room #9 Restroom												
Pt. Room #12 Restroom												

Remarks:

Seneca Healthcare District
Environmental Services
Long Term Wall Cleaning

Frequency – Six Months/As Needed **Year:**

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Patient Room # 5												
Patient Room # 7												
Patient Room # 8												
Patient Room # 9												
Patient Room # 10												
Patient Room # 11												
Patient Room # 12												
Patient Room # 14												
LT Recreation Room												
LT Beauty Shop												
LT Hallways												
LT Utility Room												
LT Office												
LT Nurses Station												
LT Storage Closet												

Remarks:

Seneca Healthcare District
Environmental Services
Acute/ER Wall Cleaning

Frequency – Six Months/As Needed **Year:**

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Patient Room # 1												
Patient Room # 2												
Patient Room # 3												
Patient Room # 4												
Patient Room # 6												
Room #6 Ante Room												
Dirty Linen Closet												
Clean Linen Closet												
Acute Shower Room												
Nrsing Admin Offices												
Nurses Utility												
Nurses Report Room												
Nurses Station												
Pharmacy Ante Room												
Pharmacy												
E.R. #1												
E.R. #2												
PACU Ante Room												
ER Office												
PACU												
Acute Hallway												
ER Hallway												
Doctors Lounge												

Remarks:

Seneca Healthcare District
Environmental Services
Ancillary Areas Wall Cleaning

Frequency – Six Months/As Needed **Year:** _____

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
X-ray Exam Room												
X-ray Office												
X-ray Dark Room												
X-ray Dressing Room #1												
X-ray Dressing Room #2												
Cat Scan Exam Area												
Cat Scan Control Area												
Cat Scan Office												
Lab Hallway												
Laboratory												
Lab. Micro Room												
Lobby												
Sonography												
Triage												
Admissions												
Triage Hall												
Foyer												
Emp Dining Room												
Kitchen Hall												
Kitchen												
Kitchen Store Room												
Hskpg. Closet												
Clean Linen Closet												
Medical Records												
Medical Records Office												

Remarks:

_____

_____

Seneca Healthcare District
Environmental Services
Outbuildings Wall Cleaning

Frequency – As Needed **Year: _____**

Note: Write In Building and Area Cleaned

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Seneca Healthcare District
Environmental Services
Floor Waxing

Frequency – Six Months/As Needed **Year:**

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Patient Room # 1												
Patient Room # 2												
Patient Room # 3												
Patient Room # 4												
Patient Room # 6												
Room #6 Ante Room												
Dirty Linen Closet												
Clean Linen Closet												
Acute Shower Room												
Nrsing Admin Offices												
Acute Nurses Utility												
Pharmacy Ante Room												
E.R. #1												
E.R. #2												
ER Hallway												
Nurses Exchange Cart												
Pt. Room #1 Restroom												
Pt. Room #3 Restroom												
Pt. Room #2 Restroom												
Pt. Room #6 Restroom												
Central Supply Clean												
Central Supply Dirty												
Kitchen Hallway												
Employees Dining												

Remarks:

Seneca Healthcare District
Environmental Services
Floor Waxing

Frequency – Six Months/As Needed **Year:**

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Restroom X-ray												
Restroom LT Nrs.												
Restroom Acute Nrs.												
Restroom Physician's												
Employee's Restroom												
Men's Restroom												
Women's Restroom												
Pt. Room #1 Restroom												
Pt. Room #3 Restroom												
Pt. Room #2 Restroom												
Pt. Room #6 Restroom												
Pt. Room #5 Restroom												
Pt. Room #8 Restroom												
Pt. Room #9 Restroom												
Pt. Room #12 Restroom												
Patient Room # 5												
Patient Room # 7												
Patient Room # 8												
Patient Room # 9												
Patient Room # 10												
Patient Room # 11												
Patient Room # 12												
Patient Room # 14												
LT Recreation Room												
LT Beauty Shop												
LT Hallways												
LT Utility Room												
LT Nurses Station												

Seneca Healthcare District
Environmental Services
Floor Waxing

Frequency – Six Months/As Needed **Year:** _____

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
X-ray Exam Room												
X-ray Office												
X-ray Dark Room												
Cat Scan Exam Area												
Cat Scan Control Area												
Cat Scan Office												
Lab Hallway												
Laboratory												
Lab. Micro Room												
Sonography												
Foyer												
Kitchen												
Kitchen Store Room												
Hskpg. Closet												
Clean Linen Closet												

Remarks :

Seneca Healthcare District
Environmental Services
Outbuildings Floor Waxing Cleaning

Frequency – As Needed **Year: _____**

Note: Write In Building and Area Cleaned

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

(((

Seneca Healthcare District
Environmental Services
SNF/Swing Bed Washing

Frequency – Monthly/As Needed **Year:** _____

Bed #	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
5A												
5B												
7A												
7B												
8A												
8B												
9A												
9B												
10A												
10B												
11A												
11B												
12A												
12B												
14A												
14B												
Swing Bed #												
Swing Bed #												
Swing Bed #												
Swing Bed #												
Swing Bed #												
Swing Bed #												
Swing Bed #												
Swing Bed #												

Remarks: **Note: Swing Beds will be washed at the same interval as SNF Resident Beds/write in bed#**

_____

_____

_____

_____

Seneca Healthcare District
Monthly Total Clean Log

Year: _____

Month	Surgery	Sterile Supply	Central Clean Area	Central Dirty Area	PACU
Jan					
Feb					
Mar					
Apr					
May					
June					
July					
Aug					
Sept					
Oct					
Nov					
Dec					

Note: Please put date cleaned and initials of person completing the cleaning.

COPY

Seneca Healthcare District
P.O. Box 737/130 Brentwood Drive
Chester, California 96020

To: Environmental Services - Housekeeping
From: Environmental Services Manager, and Infection Control
Effective Date: 7 April, 1986
Revision Dates: 3 March, 1990; 15 May, 1992; 17 February, 2003
Review Dates:

Subject: Ice Machine and Drinking Fountain Cleaning

Policy:
It is the policy of Seneca Healthcare District Environmental Services Department to clean the Acute Ice Machine, Long Term Ice Maker, and Facility Water Fountains on a daily basis, or as needed throughout the day.

Purpose:
To control Illness producing organisms which may accumulate on Ice Machines or Drinking Fountains.

Procedure:
1. Acute Ice Machine should be cleaned in accordance with manufacturer's instructions, and per facility procedure.
A. Turn the Touch Free Disable Switch to the Off position.
B. Utilizing a Germicidal Disinfectant and a rag, wipe the cabinet, the sink, and the sink grill. Do not use any harsh cleansers on the unit. Glass Cleaner or Stainless Steel cleaner may be used to clean the Exterior Stainless cabinet. A large glass of hot water should be poured down the sink drain to flush out debris or buildup.

2. Water Fountain Cleaning.
A. Remove any litter from the fountain bowl.
B. Clean entire fountain utilizing Germicidal Disinfectant and a rag. Cleanser may be utilized to clean stains as needed.
C. Operate the fountain briefly, and rinse fountain with clean water. Wipe all splashes from walls and floor.

3. Long Term Ice Maker Cleaning.
A. Wipe the exterior of the cabinet, door, and door handle with Germicidal Disinfectant, and a rag. Do not clean the Interior of the unit. Maintenance will conduct cleaning with periodic maintenance of the machine.

4. Document Daily Cleaning of Acute Ice Machine and Water Fountains on the Water Fountain and Ice Machine Daily Cleaning Log, kept in the Housekeeping Closet.

Seneca Healthcare District
Environmental Services
Water Fountain Cleaning

Frequency: Daily

Year:

S.N.F. Water Fountain

Acute Water Fountain

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Seneca Healthcare District
Environmental Services
Ice Machine Cleaning

Frequency: Daily

Year: _____

S.N.F. Ice Machine

Acute Ice Machine

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MDT3F & MDT4F

User Operation

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The MDT3F and the MDT4F are automatic ice vending machines. All either requires is cool air, clean water and an adequate supply of electrical power.

To Vend Ice:

Place a container in front of the Touch Free sensor and below the ice spout. Hold it there until the container is full of ice. Do NOT overfill the container or a build up of ice in the sink or a back up of ice in the spout will occur.

To Vend Ice and Water.

Switch the Water Switch to ON. Place a container in front of the Touch Free sensor and below the ice spout. Water and ice will be dispensed into the container below the spout. Note: The water is NOT cooled, it is the same temperature as the building supply water.

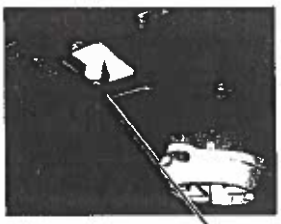
Daily Maintenance: Pour hot water into the sink to flush out any debris or build up. Wipe the cabinet off, wash the sink and grill to keep minerals from accumulating.

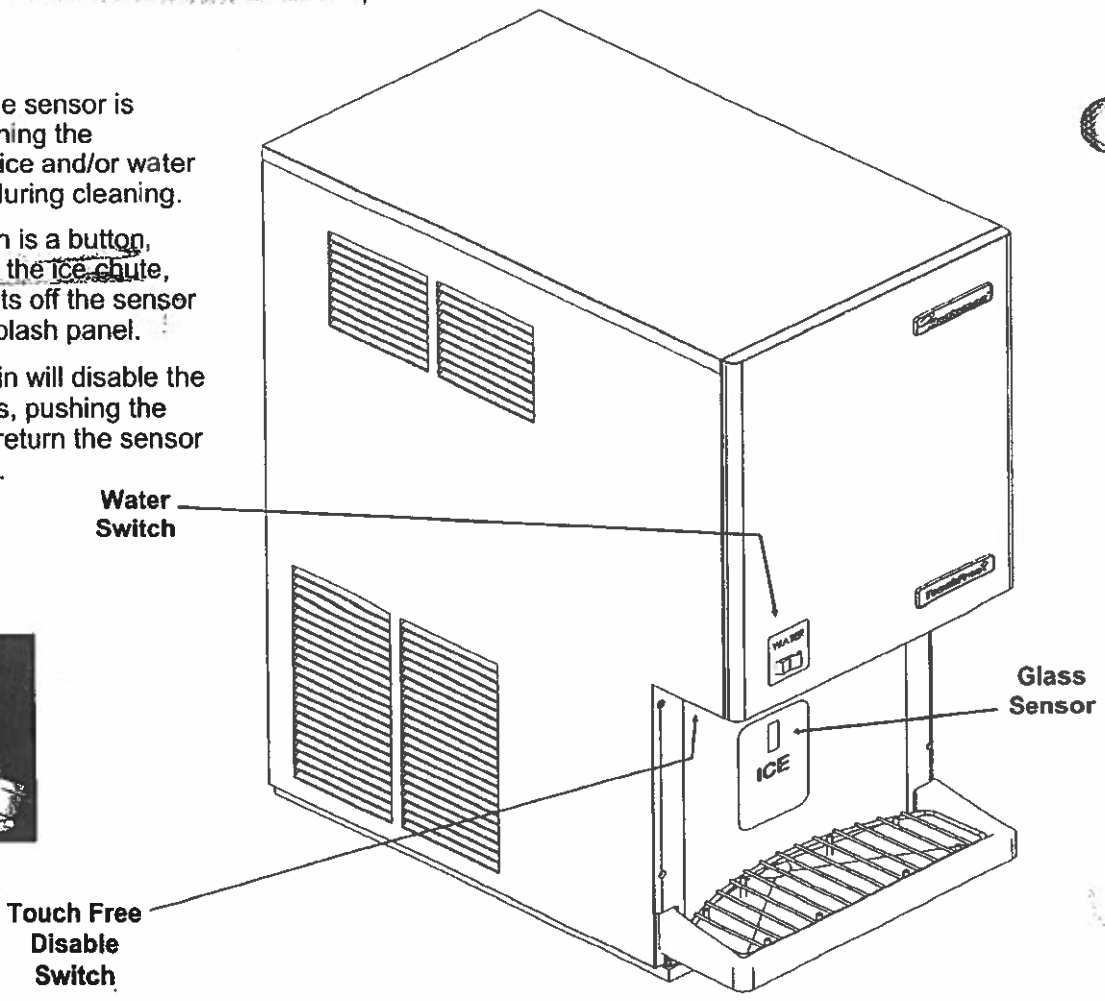
Caution:

Unless the touch free sensor is de-activated by pushing the Cleaning Switch in, ice and/or water may be dispensed during cleaning.

The Cleaning Switch is a button, located to the left of the ice chute, that temporarily shuts off the sensor for cleanup of the splash panel.

Pushing the button in will disable the sensor for 2 minutes, pushing the button in again will return the sensor to normal operation.





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SENECA HEALTHCARE DISTRICT
POLICY

DEPARTMENT: Environmental Services
POLICY TITLE: Cleaning of Major Equipment

Date of Origin: 4/7/86
Revision Date: 9/25/06

POLICY:
1. All portable major equipment is to be cleaned according to the following schedule, or immediately if considered contaminated. Equipment should be cleaned with a disinfecting solution. Clean any equipment that has been in an isolation situaution immediately. Report any equipment that appears to be worn or in disrepair to your supervisor or maintenance staff:

General Facility	Frequency	Responsible Dept.
Wheel Chairs	*Monthly – As Needed*	Housekeeping/Nursing
Commode Chairs	*After Each use*	Housekeeping/Nursing
Pediatric Crib	*After Each use*	Housekeeping
Bedside Stands	*After Each use*	Housekeeping
Utility Carts	*Daily*	Housekeeping
Utility Stands	*Daily*	Housekeeping/Nursing
Infusion Pumps	*After Each use*	Housekeeping
Telemetry Units	*After Each use*	Housekeeping
I.V. Poles	*After Each use*	Housekeeping
Central Supply Cart	*2-3 Months*	Central Services
Patient Beds	*After Each Use*	Housekeeping
Over Bed Tables	*Daily – After Each use*	Housekeeping
Patient Monitors	*Daily – As Needed*	Housekeeping/Nursing
Gurneys	*Daily –As Needed*	Housekeeping/Nursing
Mayo Stands	*Daily – As Needed*	Housekeeping/Nursing
Geri Chairs	*After Each use*	Housekeeping

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Skilled Nursing	**Frequency**	**Responsible Dept.**
Patient Beds	*Monthly/As Needed*	Housekeeping
Commodes	*Weekly – After Use*	Housekeeping/Nursing
Walkers	*Monthly/As Needed*	Housekeeping
Geri Chairs	*Monthly/As Needed*	Housekeeping/Nursing
Wheel Chairs	*Monthly/As Needed*	Housekeeping/Nursing
Med Cart	*Weekly*	Nursing
Dietary Services		
Tray Carts	*Daily- After Use*	Dietary
Tray Carts	*Quarterly*	Maintenance
Utility Carts	*Daily*	Dietary
Surgery		
Surgi Lift	*After Each Use*	Housekeeping/Surgery
Surgery Gurney	*After Each use*	Housekeeping/Surgery
Equipment Wheels	*After Each use*	Housekeeping/Surgery

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SENECA HEALTHCARE DISTRICT

PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Weekly Cleaning Items and Procedure**	**PAGE 1 OF 1** **Date of Origin: 3/25/1990** **Revision Date: 2/17/2003**

Procedure:

The following items will be cleaned on a weekly basis, or more frequently as needed as a part of the Housekeeping daily routine. Damp dust/Clean all items with a Germicidal Disinfectant Solution and a rag. Television Screens and Interior Windows can be cleaned with glass cleaner only if not contaminated with blood or body fluids. If contaminated, first clean with Germicidal Disinfectant.

Weekly Cleaning Items

1. Interior Windows
2. Patient Room Heater Surfaces
3. Vents
4. Clocks and Pictures
5. Trash Receptacles
6. Laundry Hampers
7. Ledges
8. Vacuum Cleaner - Change Bag in accordance with Manufacturer Instructions.
9. Over Bed Lights and Panels
10. Televisions and Television Shelves or Cabinets
11. Mini Blinds.

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SENECA HEALTHCARE DISTRICT

PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Frequency Schedule for Cleaning**	**PAGE 1 OF 1**
	Date of Origin: **7 April, 1986**
	Revision Date: **18 February, 2003**

PROCEDURE:
The following items are cleaned in according to the frequency schedule set by this department. When the items listed have been cleaned, document cleaning on the form specified. Forms are located in the housekeeping closet. The Director of Environmental Services will maintain completed forms for at least two years.

ITEMS TO BE CLEANED:	FREQUENCY:
1. Bathroom Walls	Monthly – Checked daily and cleaned as needed.
2. Mopping of Floors	Daily
3. Vacuuming Carpets	Daily
4. Carpet Cleaning	6 Months or as needed.
5. Dusting	Most items daily – others are specified weekly – See weekly cleaning schedule.
6. Trash	Removed Daily X 2 – as needed
7. Walls	6 Months – or as needed or required for specific areas as indicated in policies governing those areas.

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SENECA HEALTHCARE DISTRICT

DEPARTMENT: Environmental Services Housekeeping TITLE: Daily Cleaning Routine	PAGE 1 OF 2 Date of Origin: 5/16/92 Revision Date: 1/30/06

PROCEDURE:

1. **Skilled Nursing Facility Housekeeper's Routine**
   - **A. Early Morning 0600 – 0900**
     Employee's Dining Room
     Guest Bathrooms
     Phone Booth
     X-ray
     X-ray Restroom
     X-ray Dressing Rooms
     Laboratory
     Laboratory Microbiology Room
     Lab Hallway
     SNF Recreation Room
     SNF Supervisors Office
     Vacuum Mats and Carpets in SNF Hallway
     Mop Kitchen

   - **B. Daily 0900 – 1430**
     Skilled Nursing Recreation Room as Needed
     SNF Nurses Station
     SNF Nurses Restroom
     SNF Hallways
     SNF Utility Room
     SNF Shower
     Resident Rooms 8 – 14
     SNF Patio
     SNF Entrances
     Beauty Shop/Hydrotherapy Room

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2. **Acute Housekeepers Routine:**
   A. **Early Morning 0600 – 0900**
      Kitchen Hallway
      Rear Entrance
      Dietary Store Room
      Employee Restroom
      Rear Hall Linen Closet
      Medical Records
      Acute Nurses Restroom
      Doctor's Restroom
      E.R. #1
      E.R. #2
      PACU
      PACU Ante Room
      E.R. Office
      Doctor's Lounge and Ambulance Entrance
      Lobby
      Admissions
      Triage
      Sonography
      Foyer and Front Entrance
      Central Supply
      E.R. Hallway

   B. **Daily 0900 – 1430**
      Patient Rooms 1 – 7
      Nurses Utility
      Pharmacy and Ante Room
      Nurses Station
      Acute Shower Room
      Acute Linen Closets – Soiled and Clean
      Acute Hallway
      Surgery and Ante
      Employee's Dining Room
      Nursing Administration Offices
      Dietary – Mop in Afternoon

3. **All Housekeeping Staff members are responsible for trash, soiled linen, And re-cleaning of all areas of the facility that were originally cleaned during the early morning routines. All areas should be checked regularly to maintain cleanliness.**

4. **All Housekeeping staff are responsible for cleaning the Housekeeping Closet and Housekeeping Equipment. Restocking of the Housekeeping Closet with supplies is also a shared responsibility.**

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SENECA HEALTHCARE DISTRICT

DEPARTMENT: Environmental Services – Housekeeping **From: Director of Environmental Services** **PROCEDURE TITLE: HOUSEKEEPING DAILY CLEANING PROCEDURES (Acute and Skilled Nursing Facility)**	**PAGE 1 OF 13** **Date of Origin: 4/4/90** **Current Revision Date: 4/26/06**

PROCEDURE:

General Cleaning:

1. Anytime cleaning is being completed attention should always be given to areas that are touched frequently by hands. Door Knobs and areas around doorknobs, doorjambs, telephones, and other surfaces should be cleaned regularly whenever cleaning any area.
2. Always check the cleanliness of the interior and exterior of any receptacle for Waste or Soiled Linen when cleaning. Ensure the Receptacles are clean.
3. Soap Dispensers must be cleaned regularly. The exterior of soap dispensers should be wiped down in all areas cleaned daily. Pay special attention to the hand pump and bottom of the dispenser. Interiors of soap dispensers should be cleaned whenever product is being changed, or regularly as time allows.
4. Bottoms of paper towel dispensers and the wall surface directly below will easily become contaminated. Clean these daily in all areas when cleaning.
5. Undersides of Sinks. Ensure the underside of the sinks are cleaned when sink cleaning is completed. Overflow drains in sinks become dirty and require cleaning as well.
6. Check and restock supplies in all personal protection cabinets daily.
7. Check Needle deposit containers at least daily and change needle boxes as needed.

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Skilled Nursing Facility Housekeeping Routine:

1. Employee Dining Room
   A. Wipe tables, clean ice machine, chairs, coffee counter, and flat surfaces with germicidal disinfectant.
   B. Clean sink with cleanser, and wipe sink and paper towel and soap dispensers with germicidal disinfectant.
   C. Spot clean walls near trash and sink with germicidal disinfectant, as needed.
   D. Empty trash and fill supplies such as, Paper towels, Hand Soap, extra bags in trash receptacle, etc.
   E. Remove aluminum cans in recycle can to outside facility for recycle. Clean interior of can as needed and place a new bag in the receptacle.
   F. Mop Floor with germicidal disinfectant.
   Note: This is done by the Skilled Nursing Facility Housekeeper in the A.M. and Acute Housekeeper in the afternoon, and by other Housekeeping staff as Needed throughout the day.

2. Public Restrooms – See Daily Bathroom Cleaning Procedure

3. Phone Booth
   A. Wipe Phone and walls around phone with germicidal disinfectant
   B. Clean door glass with Glass Cleaner
   C. Mop Floor with Germicidal Disinfectant.

4. Laboratory/Imaging Hallway
   A. Wipe down furniture and flat surfaces with germicidal disinfectant.
   B. Vacuum and spot clean carpet as necessary.
   C. Check and replace Lab Draw Station Needle Disposal Container as needed
   D. Empty trash, and place extra bags in receptacle as needed.

5. Laboratory Microbiology Room
   A. Wipe Down flat surfaces with germicidal disinfectant.
   B. Clean sink with cleanser, and wipe down sink and paper towel and soap dispensers with germicidal disinfectant.
   C. Spot clean walls around sink and other areas as needed.
   D. Check and fill supplies as needed such as Hand Soap and Paper towels.
   E. Empty Solid Waste (regular trash) and Bio Hazard Trash per policies.
   F. Check and replace the Sharps disposal container as needed.

6. Laboratory – See Laboratory Cleaning Procedure

Note: The Laboratory are is completed in the morning and checked again in the afternoon by Housekeeping Staff to determine if any of the above procedure needs to be repeated.

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Skilled Nursing Facility Housekeeping Routine:

7. X-ray (Imaging) Procedure and Dark Room
    A. Clean all equipment and damp dust all flat surfaces with germicidal disinfectant.
    B. Clean sink with cleanser, and wipe sink and dispensers for paper towels and soap with germicidal disinfectant.
    C. Empty trash and laundry; replace bags in receptacles as needed.
    D. Refill supplies as needed (Paper towels and Hand Soap, etc.)
    E. Check and replace Needle Disposal Container as needed.
    F. Damp Mops floors with germicidal disinfectant.

8. X-ray Bathroom – see Daily Bathroom Cleaning Procedure

9. X-ray Dressing Rooms #1 and #2
    A. Wipe Benches and spot clean walls with germicidal disinfectant.
    B. Take out any soiled linen.
    C. Damp mop floors with germicidal disinfectant.

10. Skilled Nursing Hallway
    A. Clean the Water Fountain per policy.
    B. Restock Cups at Water Fountain.
    C. Remove trash, and place spare bags in the bottom of the receptacle.
    D. Vacuum, and spot clean carpet as needed.
    E. Clean Mirror on Beauty Shop Door with glass cleaner as needed.
    F. Vacuum Walk Off Mats at the front and rear door of SNF/LT Unit.

11. Skilled Nursing Director of Nursing Office
    A. Damp Dust flat surfaces with germicidal disinfectant.
    B. Clean windows and blinds weekly or as needed.
    C. Empty trash, and stock spare bags in the bottom of the receptacle.
    D. Vacuum carpet and spot clean as needed.

12. SNF Recreation Room (Twice per day)
    A. Damp dust windowsills, and flat surfaces with Germicidal disinfectant.
    B. Clean tables with germicidal disinfectant. Use other cleaners as needed to remove stains and stuck on foods.
    C. Empty trash and restock spare bags in the bottom of the receptacles as needed.
    D. Clean windows and blinds weekly.
    E. Dust the Television and VCR/DVD daily. Be sure power to this equipment is off when dusting.
    F. Dust furnishings such as the Piano regularly.
    G. Mop the floor with germicidal disinfectant.

    Note: The Recreation Room is cleaned in this manner after breakfast and lunch meals, and in the evening if staff is available to complete this work.

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Skilled Nursing Facility Housekeeping Routine:

13. Dietary – Kitchen
    A. Clean Hand Washing Sink with Cleanser, and wipe down sink and paper towel and Hand Soap Dispensers with germicidal disinfectant.
    B. Stock Hand Soap at all dispensers and paper towels as needed.
    C. Mop the floor with germicidal disinfectant.

    Note: This is completed twice per day. Once in the AM by the SNF Housekeeper and once in the afternoon by the Acute Housekeeper.

14. Resident Rooms #8 through #14 and Resident Restrooms. – See Patient Room Daily Cleaning Procedure and Restroom Daily Cleaning Procedure.

15. Skilled Nursing Facility Nurses Station
    A. Damp Dust all flat surfaces with Germicidal disinfectant. Other cleaners may be used on surfaces to clean stains as needed.
    B. Clean sink with cleanser, and wipe down sink and paper towel and soap dispenser with germicidal disinfectant.
    C. Empty trash in receptacles and Medication Cart, stock spare bags in the bottom of the trash receptacles.
    D. Refill supplies in the Personal Protection Cabinet, Paper Towels, hand Soap, and Gloves, as needed.
    E. Check and replace Needle Disposal Container as needed.
    F. Mop floor with germicidal disinfectant.
    G. Damp Dust the tops of the cabinets at least once a week to prevent dust build up.

16. Skilled Nursing Facility Utility Room
    A. Start on the Clean side of the Utility Room when cleaning and continue to the Dirty side of the room last.
    B. Clean sinks with cleanser, wipe down counters, paper towel and soap dispensers, fixtures, and flat surfaces with germicidal disinfectant.
    C. Clean Utility Sink (Hopper) with Bleach or Cleanser, and wipe fixtures and outside of sink with germicidal disinfectant.
    D. Empty Trash (Twice a Day).
    E. Stock Trash Bags, Red Bags and Bedside bags in the drawer closest to the Utility Sink for the Nurses use.
    F. Restock supplies such as Paper towels and Hand Soap.
    G. Wipe down the outside of the appliances in the room. Clean the microwave as needed. Using soap and water only on the interior.
    H. Damp Dust the top of refrigerator and Ice Machine regularly to prevent dust buildup (At least weekly).
    I. Damp Dust the tops of the cabinets at least once per week to prevent dust build up.
    J. Mop floor with germicidal disinfectant.

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Skilled Nursing Facility Housekeeping Routine:

17. Skilled Nursing Facility Nurses Restroom – See Daily Bathroom Cleaning Procedure

18. Skilled Nursing Shower
    A. Spray entire shower room with Germicidal Disinfectant and wipe down.
    B. Clean Shower Chairs with Germicidal Disinfectant and wipe down
    C. Fill Soap Dispensers as needed.
    D. Mop Floor with Germicidal Disinfectant.
    E. SNF/LT Nursing Staff is responsible for the cleaning of the shower between resident showers. Housekeeping may assist with this when available.

19. Skilled Nursing Soiled Linen
    A. Should be removed from the unit anytime a Soiled Linen Container is filled, and at least twice per day. Check Soiled Line containers to see if they require emptying at the end of each shift.

20. Skilled Nursing Facility Beauty Shop/ Hydro Tub Room
    A. Clean the Hydro Therapy (Whirlpool) Tub as needed following the procedure described in Cleaning and Disinfecting of the Patient Whirlpool policy.
    B. Clean sink with cleanser, wipe down sink all furnishings, and sink fixtures and flat surfaces with Germicidal Disinfectant.
    C. Mop floor with Germicidal Disinfectant.

21. Skilled Nursing Facility Halls
    A. Wipe Down Handrails and Flat Surfaces with Germicidal Disinfectant.
    B. Wipe down Walls with Germicidal disinfectant as needed.
    C. Mop Floors with Germicidal Disinfectant. Mopping one half of the hallway at a time, and using a dry mop to help speed the drying process when necessary.

22. Skilled Nursing Facility Front and Rear Entrances
    A. Sweep as necessary.
    B. Wipe down Patio Furniture as needed.
    C. Empty Ashtray into a Fire Safe Container and Clean (if applicable)
    D. Remove trash, and replace liner.

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Skilled Nursing Facility Housekeeping Routine:

23. Other
    A. Trash should be removed from the SNF/LT Unit throughout the day as needed, and prior to the end of Day Shift.
    B. Trash should be checked at the end of shift in all areas of responsibility on the SNF Unit.
    C. The Laboratory should be checked to see if trash removal is necessary and any additional cleaning needs to be completed before the end of shift.
    D. Residents Personal Belongings (Decorations and Knick Knacks should be cleaned and dusted regularly to prevent dust build up, with the Resident's permission.
    E. Public Restrooms should be checked for cleanliness and restocking of supplies before the end of day shift.
    F. Housekeeping Staff should cooperate with each other at all times and give assistance wherever needed in the facility, to ensure we are all working toward the best care we can provide our Patients and Residents.
    G. Equipment and Beds should be cleaned in SNF and Acute per Cleaning schedules or as needed once contaminated or soiled.

Acute/ER Housekeeping Routine:

1. Rear Entrance (By Kitchen)
    A. Sweep Entrance and Entrance mat as needed.
    B. Clean Glass in door and around Entrance with Glass Cleaner.

2. Employee Bathroom
    A. Clean per Bathroom per Bathroom Cleaning Procedure.

3. Clean Linen Closet Back Hallway
    A. Damp Dust Flat Surfaces with Germicidal Disinfectant.
    B. Mop Floor with Germicidal Disinfectant.

4. Kitchen Store Room
    A. Wipe Flat Surfaces with Germicidal Disinfectant.
    B. Clean door as needed to remove Finger Prints and Dirt.
    C. Mop Floor with germicidal Disinfectant.

5. Kitchen Hallway
    A. Damp Dust Flat surfaces with Germicidal Disinfectant.
    B. Vacuum Entrance Mat – Interior
    C. Mop Floor with germicidal Disinfectant.

6. Housekeeping Closet
    A. Clean Housekeeping Closet per Housekeeping Closet Cleaning procedure.

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Acute/ER Housekeeping Routine:

7. Medical Records/Coders Office
    A. Damp Dust Flat Surfaces with Germicidal Disinfectant.
    B. Empty Trash and Shredder – restock Bags in receptacles.
    C. Complete weekly cleaning as scheduled.
    D. Vacuum all areas at least 3 to 4 times per week. Carpet Sweeper may be utilized between vacuuming.

8. Physical Therapy
    A. If PM shift has not completed cleaning of the Physical Therapy Building on the prior evening, then clean the building as follows:
    B. Clean Bathroom per Bathroom cleaning procedures.
    C. Wipe Down Equipment and Flat Surfaces with Germicidal Disinfectant.
    D. Remove trash and Soiled Linen. Restock Bags in receptacles.
    E. Check Supplies such as Soap and Paper towels and restock as needed.
    F. Vacuum Building as needed.
    G. Leave Heavy Cleaning for PM shift Personnel.

9. Admissions
    A. Damp Dust Flat surfaces with germicidal Disinfectant.
    B. Conduct weekly cleaning as scheduled.
    C. Empty trash and restock bags in receptacles as needed.
    D. Vacuum Daily.

10. Foyer
    A. Damp Dust Flat surfaces with Germicidal Disinfectant including the Touch controls on Soda and Candy Machines.
    B. Wipe front of Candy and Soda Machines with Glass Cleaner.
    C. Restock Masks and Tissues as needed for Respiratory Protection.
    D. Remove aluminum cans from Recycle can and store, put new bag in receptacle.
    E. Vacuum Entrance Mat daily.
    F. Mop Floor.
    G. Clean Glass on window of doors inside and out with Glass Cleaner as weather permits.

11. Lobby
    A. Damp dust all flat surfaces and clean furnishings with Germicidal Disinfectant.
    B. Empty all Trash receptacles and stock clean bags in receptacles as needed.
    C. Vacuum Daily.
    D. Straighten Magazines and Books, and furniture as needed.
    E. Recheck Lobby area during the day to ensure that it is clean and neat.
    F. Dust Ceiling Fan and Television as needed.

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Acute/ER Housekeeping Routine:

12. Triage
    A. Wipe down furniture, equipment, and Flat surfaces with Germicidal Disinfectant.
    B. Remove Trash and restock Bags.
    C. Check to ensure that Waterless Hand cleaner is available.
    D. Vacuum Daily.

13. Sonography
    A. If the room has been used: Strip Gurney and clean with germicidal Disinfectant. Remake Gurney with clean linen and Paper Goods.
    B. Wipe Down Flat Surfaces with germicidal Disinfectant.
    C. Remove trash and Soiled Linen – Restock Bags as needed.
    D. Ensure Waterless Hand Cleaner is available.
    E. Mop Floor with germicidal disinfectant.

14. Central Supply
    A. Prior to entering Central Supply Clean area please put on a cover coat and Hat to cover hair.
    B. Follow Central Supply cleaning procedure for cleaning this area.

15. Emergency Room Area Corridors
    A. Use a Dust Mop to clean debris as needed.
    B. Mop Floors with a Germicidal Disinfectant. Doing only half the corridor at one time. Move equipment and mop under as needed.

16. Utility Sink Closet
    A. Clean the utility sink by cleaning the bowl with Cleanser.
    B. Clean the exterior surfaces and the hardware of the utility sink with germicidal disinfectant.
    C. Clean walls around utility sink as needed.
    D. Mop floor with germicidal disinfectant.

17. Nurses and Doctors Bathroom
    A. Clean per bathroom Cleaning Procedures.
    B. In Doctors Bathroom: Remove any soiled scrubs from floor and deposit in soiled linen. Clean the shower with germicidal disinfectant. Remove old soap and shampoo bottles etc. Restock area as needed.

18. Emergency Room Office
    A. Damp Dust Flat surfaces and desk with germicidal disinfectant.
    B. Remove trash and stock bags.
    C. Mop Floor Daily.

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Acute/ER Housekeeping Routine:

19. Doctor's Lounge
    A. Strip and make Doctors Bed as needed.
    B. Damp dust flat surfaces with germicidal disinfectant.
    C. Remove trash and stock bags.
    D. Vacuum Daily.

20. ER Entrance
    A. Damp dust flat surfaces with germicidal disinfectant.
    B. Disinfect any equipment as needed.
    C. Vacuum of Entrance mat.
    D. Mop Floors with germicidal disinfectant.
    E. Clean window glass with germicidal disinfectant.
    F. Sweep exterior entrance and mat as needed.
    G. Empty trash from exterior of door and restock bags.

21. Emergency Rooms #1 and #2 and PACU

Note: If the PACU has been utilized then it should be cleaned as an ER. It should be checked daily for cleanliness, and waste should be removed. Damp dusting should be completed, and the floor should be mopped regardless of its use. If Patient Room #1 is being utilized as overflow for the ER, then it should be cleaned in the same manner as an Emergency Room. If the PACU contains beds and not gurneys, strip and clean beds as needed.

    A. Clean sink with disinfectant and follow with all fixtures and sink being cleaned with germicidal disinfectant.
    B. Clean walls around sink and dispensers with germicidal disinfectant.
    C. Spot clean walls and ceilings as needed.
    D. Wipe down exam lights, trash receptacles, telephone, monitoring equipment, shelf and X-ray view lights with germicidal disinfectant.
    E. Wipe all flat surfaces; call bell, doorjambs, etc. with germicidal disinfectant. Wipe exterior of supply carts, crash carts, etc.
    F. Strip all linen and paper goods from Gurney, and clean entire gurney and mattress with germicidal disinfectant.
    G. Empty all solid waste and Medical Waste and restock bags in receptacles as need. Including kick buckets. Clean exterior of kick bucket and wheels as needed. Wipe exterior of waste containers.
    H. Organize equipment, remove any equipment not normally stored in the area once cleaned and relocate to its proper storage place.
    I. Look carefully when cleaning ER's as splatters and sprays of blood and body fluids may be difficult to see.
    J. Check and stock Personal Protection Cabinets daily.
    K. Mop Floor with germicidal disinfectant.
    L. Once the room is clean – make the gurney and ready the room for use.

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Acute/ER Housekeeping Routine:

22. PACU Ante Room
    A. Clean the sink with cleanser followed by wiping all surfaces with germicidal disinfectant.
    B. Check and stock supplies as needed.
    C. Mop floor with germicidal disinfectant daily.
    D. Damp dust equipment and carts being stored for use in this area.

23. Surgery and Surgery Ante Room
    A. Follow procedures for cleaning these areas.

24. Acute Nurses Station and Pharmacy Ante Room
    A. Clean sink with cleanser, and germicidal disinfectant.
    B. Clean dispensers and Damp dust desks, equipment, and flat surfaces with germicidal disinfectant. Spot clean chairs as needed.
    C. Wipe down telephones with germicidal disinfectant.
    D. Remove trash, and empty shredder. Restock bags in receptacles as needed.
    E. Vacuum or carpet sweep area often, at least daily.

25. Acute Hallway
    A. Damp Dust Flat Surfaces.
    B. Vacuum or Carpet Sweep Frequently – At least daily. More often as needed.

26. Acute Water Fountain
    A. Clean per Procedure.

27. Nurses Report Room/UR DP Office
    A. Damp Dust flat surfaces and furniture with germicidal disinfectant.
    B. Vacuum as needed. At least 3 times per week.
    C. Remove trash and restock bags in receptacle.

28. Nursing Administration Offices
    A. Damp dust flat surfaces and furniture with germicidal disinfectant.
    B. Remove trash and restock bags.
    C. Mop Floors with germicidal disinfectant.

29. Exchange Cart Alcove
    A. Damp dust top of cart as needed, at least weekly.
    B. Mop Floor with germicidal disinfectant.

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Acute/ER Housekeeping Routine:

30. Acute Nurses Utility
    A. Clean sink with cleanser; wipe down sink fixtures, dispensers, and flat surfaces with germicidal disinfectant.
    B. Clean utility sink bowl with cleanser and wipe down all fixtures with germicidal disinfectant.
    C. Spot clean walls as needed.
    D. Check all supplies and stock as needed.
    E. Clean any soiled/contaminated equipment that has been placed in room for cleaning and once cleaned store equipment in it's proper places. **Note: Check this room periodically throughout the day and clean contaminated equipment as needed.**
    F. Remove all waste/trash and restock bags as needed.
    G. Mop Floor with germicidal disinfectant.

31. Acute Hallway ~~Clean~~ Linen Closet
    A. Check for cleanliness and mop the floor with germicidal disinfectant daily.
    B. Dust surfaces not covered with clean linen at least weekly.

32. Acute Hallway Soiled Linen Storage
    A. Soiled Linen storage should be checked periodically and removed from the facility regularly throughout the day.
    B. Check receptacles for cleanliness.
    C. Stock bags for receptacles.
    D. Mop floor with germicidal disinfectant.

33. Patient Room #1 - #7
    A. Clean per patient/resident Room cleaning procedures.
    B. If Patient Room #1 is being used as ER overflow. Clean per ER cleaning #21.

34. Patient Room #6 Ante Room.
    A. This procedure will be used when this area is not being immediately used for an isolation patient.
    B. Clean sink with cleanser and wipe sink fixtures, dispensers and flat surfaces with germicidal disinfectant.
    C. Empty trash and restock bags.
    D. Fill supplies as needed.
    E. Mop Floor with germicidal disinfectant.

35. Front Hospital Entrance
    A. Sweep area and pick up trash as needed.

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Acute/ER Housekeeping Routine:

36.Acute Shower Room

A. Remove any old soap and/or soiled linen from the shower and area.
B. Spray down entire shower and equipment with Germicidal disinfectant. Cleanser can be used initially as needed.
C. Wipe down all shower surfaces and equipment in shower.
D. Check ceiling of shower and walls around exterior of shower and clean as needed.
E. Remove trash from the area, and stock bags in the receptacle.
F. Change shower curtains frequently, but check for need at each cleaning.
G. Nursing will assist with cleaning shower between patients use.
H. Mop floor with germicidal disinfectant.

36. Recleaning of Areas – trash and laundry pick up

A. The Acute Housekeeping staff member will reclean the Acute Employees Dining Room and Mop the Kitchen in the afternoon portion of their shift.
B. Recheck all areas previously cleaned throughout the day.
C. Keep all trash and soiled linen removed from the facility.
D. Reclean Emergency Rooms as requested or needed.
E. Complete cleaning of the Surgery and Ante Room as needed.

PM Shift Housekeeping Routine:

1. Assist with completion of cleaning schedules, damp dusting, carpet cleaning, curtain changing, Floor waxing, and wall washing, etc.
2. Become the Surgery Housekeeping Staff when surgery is in progress and there is a need.
3. Pick up after hour terminal cleaning of patient rooms, and bed washing.
4. Pick up all trash and linen in the facility and maintain the premises after day shift has gone home.
5. Clean Outbuildings as needed or requested. Outbuildings should be cleaned as frequently as possible. Including Physical Therapy if possible.
6. Assist Skilled Nursing and Acute/ER Housekeeper with routines as requested or needed.
7. Conduct monthly washing of SNF Resident Beds, and Resident Equipment as able.
8. Clean staff housing as needed or requested.
9. Clean Housekeeping Equipment when time allows.
10. Stock supplies in hospital Housekeeping Closet and assist in the maintenance and cleanliness of the Housekeeping storage area in the pump house, including putting away supplies that were received during the day.
11. Clean contaminated equipment as needed.
12. Reclean Skilled Nursing Recreation room after dinner.
13. Assist all other staff in their duties as possible.

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Areas Outside Hospital Building:

Education Building:

1. Clean Bathrooms per Bathroom cleaning procedure.
2. Remove trash and restock bags as needed.
3. Check and replenish cleaning supplies, soaps, paper towels, etc.
4. Wipe down furniture, and flat surfaces with germicidal disinfectant.
5. Mop Floors with germicidal disinfectant.
6. Vacuum as needed.

Purchasing:

1. Clean bathroom per bathroom cleaning procedure.
2. Remove trash and restock bags as needed.
3. Dust surfaces as needed. (Purchasing is responsible for the cleanliness of their supplies and stock.
4. Vacuum as needed.

Staff Housing:

1. Strip dirty beds and remake beds with clean linen.
2. Remove dirty towels from rooms, kitchen and bathroom and restock with clean towels.
3. Complete the cleaning of any dirty dishes left in the staff house.
4. Clean kitchen sink with cleanser and wipe down counter areas, stove and other kitchen equipment with germicidal disinfectant.
5. Clean bathrooms per bathroom cleaning procedure.
6. Mop and vacuum as needed.
7. Remove trash and stock liners in trashcans.
8. Replenish cleaning supplies as needed.
9. Straighten furniture and dust surfaces. Wipe down any soiled surfaces.
10. Stock hand soap and other supplies for staff.

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SENECA HEALTHCARE DISTRICT
Procedure

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Cleaning of the Housekeeping Closet**	**PAGE 1 OF 1** **Date of Origin: 3/26/1990** **Revision Date: 1/30/06**

PROCEDURE:

1. **The interior of the sink should be scrubbed with cleanser and rinsed. All Pipes, fixtures and porcelain should be cleaned with germicide and wiped dry.**

2. **Walls, and Baseboards should be damped dusted, and spot cleaned as needed to prevent accumulation of splash marks.**

3. **Janitorial Equipment, carts, etc. must be cleaned and disinfected as needed so they are left clean and ready for use.**

4. **The Housekeeping closet should be stocked with standard supplies in small amounts. These are to include, but are not limited to: Toilet Paper, Paper Towels; Soaps, Needle Disposal Units, Waste Bags, and other products necessary for cleaning. Supplies will be replenished from the Pump House Supply Area.**

5. **Housekeeping Closet floors should be damp mopped daily.**

6. **Soiled Mops and Rags should be removed from the closet to Soiled Linen Storage Daily.**

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SENECA HEALTHCARE DISTRICT

PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: P.M. Shift Cleaning Routine**	**PAGE 1 OF 2**
	Date of Origin: **2/4/94**
	Revision Date: **3/16/06**

PROCEDURE:

1. The P.M. Shift Housekeeping Staff will get report from the Day Shift Staff to enable the P.M. Shift Housekeeper to ensure that all Housekeeping duties will be completed.
2. P.M. Shift Housekeeping Staff will complete the following duties, some items that are listed may not be necessary to complete, and that information will be communicated during report. Refer to Policies and Procedures as needed concerning the duties listed for proper cleaning methods:
   A. Complete any duties that were not completed by the day shift staff. (See Procedure - Daily Cleaning Routine). Information communicated during report.

   B. Terminally clean any patient rooms or dirty equipment from late discharges, including surgery, E.R., etc.

   C. Make clean beds as needed, with the exception of the S.N.F. beds, which S.N.F. Nursing Staff will complete.

   D. Clean S.N.F. Resident's beds as needed per policy and procedure.

   E. Put away shipments of Housekeeping Supplies received that day, and stock the Housekeeping closet with supplies as needed.

   F. Clean the S.N.F. Dining Room after the evening meal. Pick up trash, wipe down tables, and mop as needed.

   G. Clean the S.N.F. Shower after resident P.M. showers.

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P.M. Shift Cleaning Routine

H. Check the Education Building and Purchasing for Cleanliness, pick up trash, dust and vacuum as needed. Clean restrooms, and stock supplies.

I. Clean Physical Therapy Building if they are finished seeing patients, pick up trash, dust, vacuum, clean restrooms, clean treatment rooms, and restock supplies.

J. Pick up trash and laundry as needed from all areas of the hospital building during the shift, and prior to the end of the shift.

K. Clean acute employee's dining room at least once during the shift.

L. All areas of the facility should be checked regularly to maintain cleanliness.

M. Clean the hospital lobby and entrances to the facility as needed.

N. Wipe down wheelchairs used for E.R. at least daily and more often if necessary.

O. This shift will help maintain the items listed in all of the Cleaning Schedules. Check the Cleaning Schedule Forms for reference as needed.

P. Assist with the cleaning of the staff houses.

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SENECA HEALTHCARE DISTRICT PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE:** Housekeeping Equipment Cleaning	**PAGE 1 OF 3**
	Date of Origin: 9/85 **Revision Dates: 3/24/90; 6/17/06**

PROCEDURE:

1. Vacuum Cleaners
   - Vacuum cleaners are to be cleaned once a week.
   - Upright vacuum – bag is removed and disposed of in dumpster. Replace the bag and wipe down the entire unit with germicidal disinfectant.
   - Shop Vacuum – Remove the lid, dump the base into the dumpster, close the lid, and wipe down the entire exterior of the unit with germicidal disinfectant.

2. Housekeeping Cart
   - Carts should be wiped down and restocked at the end of each workday.
   - Change chux on the cart when they become soiled, at least weekly.
   - Wipe mop buckets and wringers with germicidal disinfectant.
   - Put all supplies inside cart and lock door.

3. Buffer
   - Do not store the buffer with pads or the brush attached.
   - Wipe down the buffer and cord after each use.

4. Buffer Pads
   - Rinse pads thoroughly in water and/or cleaner as necessary. Leave in boiler room to dry.

5. Carpet Sweeper
   - Empty after each use
   - Wipe down outside of unit with germicidal disinfectant.

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6. Plastic Spray Bottle
    - Clean exterior of the bottles daily.
    - Trigger type bottles should be taken apart and cleaned.

7. Brushes (All Types)
    - Rinse out brushes after each use with germicidal disinfectant.
    - Stand brushes up in bucket with bristles pointing up.
    - Comb out brushes as needed to remove debris.

8. Johnny Mops
    - Soak for approximately 24 hours in germicidal disinfectant or 10% Bleach solution.
    - Shake out excess water and stand end up in the bucket to dry.
    - Do not re-use Johnny Mop after isolation use.

9. Brooms
    - Do not store brooms bristle end down.
    - Hang up or store handle side down.
    - Do not use straw brooms when wet, this will cause them to loose their shape.
    - Rotate straw brooms when in use to even the wear on the broom.
    - Clean plastic bristle brooms daily with germicidal disinfectant; comb out bristles to remove debris.

10. Wet Floor Signs
    - Wipe down with germicidal disinfectant when necessary.

11. Dustpan
    - Empty debris into trash after each use.
    - Wipe down dustpan and handle at the end of each workday with germicidal disinfectant.

12. Knife (putty or scraping)
    - Wipe knife to remove moisture and debris. Store in a dry place
    - Use all knifes with care, and only for specified purposes.

13. Ladders and Step Stools
    - Wipe ladders and/or step stools down when necessary, or after use.
    - Store ladders and stepstools in designated locations; do not leave in traffic areas.

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14. Mops (care of)
    - Cut off loose or uneven strands
    - Never twist or squeeze mop extra hard. Such action will break fibers and destroy the mop head.
    - Replace worn mop heads. Use old mop heads for dirty jobs where they can be discarded after use.

15. Buckets (All Types)
    - Empty bucket after each use, and remove any debris from bucket.
    - Clean inside of bucket with cleanser, and rinse thoroughly.
    - Clean exterior of bucket with germicidal disinfectant and/or cleanser if needed.
    - Wash mop bucket dollies or casters with germicidal disinfectant.
    - Keep buckets in good repair.

16. Wringers
    - Place wringer inside of mop bucket filled with germicidal disinfectant solution. Clean wringer with brush.
    - Remove debris from wringer.
    - Dry wringer and put away.
    - Keep wringer in good repair.

17. Cleaning Pails or Buckets
    - Rinse after each use and wipe down the inside and outside with germicidal disinfectant and wipe dry before storing.

18. Mop Handles
    - Wipe down daily with germicidal disinfectant.

19. Equipment used to clean isolation or clean spills of blood or body fluids.
    - Clean any equipment used in the above situations immediately. Never use this equipment anywhere else before cleaning.

20. General
    - Report any damaged or malfunctioning equipment to the Maintenance Department.
    - Do not use any chemicals on equipment that might destroy equipment.
    - Replace worn equipment.

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SENECA HEALTHCARE DISTRICT
Procedure

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Changing of Mops and Cleaning Rags**	**PAGE 1 OF 1** **Date of Origin: 9/12/85** **Revision Date: 3/07/08**

PURPOSE:
The purpose of this procedure is to prevent the spread of cross contamination form one area to another, or one surface to another.

PROCEDURE:

1. Mops must be changed immediately whenever they are used in an isolation area, or used to clean a known spill of Blood, Body Fluids, or OPIM. Mops will also be changed after completing any cleaning procedure in the Laboratory or Laboratory Micro Room. Micro Fiber Mops are meant to be changed after mopping each area. Never placed a soiled mop into the clean mop bucket containing clean mops and solution.

2. Use a Clean Rag on every area or room. If a rag is used to clean equipment that has been noticeably soiled by blood, body fluids, or OPIM , do not utilize this rag to clean any other area or equipment.

3. Soiled Mops and Cleaning Rags should be stored in the appropriate container in the Housekeeping Closet and removed to the Soiled Linen Storage area at least daily.

4. Soiled Mops and Cleaning Rags will be stored in a bag that has been tied closed to prevent leakage. Double bagging may be completed as needed or required.

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SENECA HEALTHCARE DISTRICT

PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Cleaning Procedure for the CT Building**	**PAGE 1 OF 1**
	Date of Origin: **17 April, 2000**
	Revision Date: **6 June, 2004**

PROCEDURE:

1. Frequency will be daily unless otherwise noted.
2. Damp dust all flat surfaces with germicidal disinfectant.
3. Check Paper towels, and Hand Washing Solution, replenish as needed.
4. Check Needle Disposal Container and replace as needed.
5. Spot Clean Walls as needed with germicidal disinfectant.
6. Remove trash and soiled linen.
7. Mop the floor with germicidal disinfectant.
8. Vacuum carpeting and mats as needed, but at least weekly.
9. Wipe down scanning and other equipment daily or as needed with germicidal disinfectant.
10. Imaging personnel will clean equipment between patients as needed.
11. Heavier cleaning will be completed in accordance with established cleaning schedules.

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SENECA HEALTHCARE DISTRICT
POLICY –

DEPARTMENT: Environmental Services/SNF Staff **POLICY TITLE: S.N.F. – Routine Cleaning of Resident's Equipment**	**PAGE 1 OF 1** **Date of Origin: 4/4/86** **Revision Date: 9/25/2006**

PURPOSE:
To provide a cleaning schedule for resident equipment, to aide in ensuring safe, sanitary, quality care for the residents in S.N.F.

PROCEDURE:

1. **Both Housekeeping and S.N.F. Staff are responsible for the cleaning of resident equipment. A solution of Germicidal Disinfectant shall be utilized to complete the cleaning process.**
2. **Commodes – To be cleaned after each use, empty and rinse the bucket, and wipe down the toilet seat.**
3. **Wheelchairs – Are to be cleaned immediately, whenever soiled by food or body fluids.**
4. **Geri Chairs – Are to be cleaned immediately, whenever soiled by body fluids or food.**
5. **Walkers – Should be cleaned as needed.**
6. **Bedpans and Urinals – Should be rinsed after each use, and be disposed of and replaced by the S.N.F. Staff according to their schedule.**
7. **Patient Overbed Tables and Chair Trays – Cleaned at least daily, and as needed after soiling.**
8. **A schedule for the cleaning of major equipment is maintained by the Environmental Services Department. This schedule lists each piece of equipment, location and the frequency of cleaning. The cleaning schedule will be updated as needed by the Director of Environmental Services. The person completing the cleaning on the forms provided to the Environmental Services Staff shall document cleaning of S.N.F. Resident equipment.**

COPY

SENECA HEALTHCARE DISTRICT PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Laboratory and Micro Biology Room Cleaning**	**PAGE 1 OF 1** **Date of Origin: 10/4/88** **Revision Date: 5/10/06**

PROCEDURE:

1. Always wear gloves prior to performing any cleaning in the Laboratory or Microbiology Room.

2. Sinks should be cleaned with a cleanser and Germicidal disinfectant or 1:10 Bleach solution. Never mix cleanser and bleach solution. Rinse sink thoroughly after cleaning with cleanser.

3. Utilize a germicidal disinfectant or 1:10 Bleach solution to clean countertops. Laboratory staff will assist with this and clean any contaminated areas throughout the work day.

4. Check needle disposal containers, and replace as needed.

5. Replenish supplies, such as Paper Towels and Hand Soaps.

6. Trash in the Laboratory and Microbiology Room will be removed at least daily, and more often if needed.
   Contain and transport all waste appropriately. Double Bag Bio Hazard Waste Receptacles in the Laboratory with Red Bags to prevent any leakage and/or contamination of the waste receptacles.

7. Mop all floors with a germicidal disinfectant, and change mop and mop water immediately after completion of Laboratory and Micro Biology Room Cleaning.

8. Damp dust as needed with a rag moistened with a germicidal disinfectant.

9. Move pallets under the counters and mop at least weekly.

10. Never pick up an items from the laboratory floor by hand, always use mechanical means.

COPY

SENECA HEALTHCARE DISTRICT
PROCEDURE

DEPARTMENT: Environmental Services **PROCEDURE TITLE: Daily Bathroom Cleaning**	**PAGE 1 OF 1** **Date of Origin: 9/12/85** **Revision Date: 9/25/06**

PROCEDURE:

1. **Always start from the least contaminated area.**
2. **Clean the sink with cleanser, and be sure to clean the outer sink edges and the underside of the sink rim.**
3. **Wipe down the following with Germicidal Disinfectant: Entire Sink and Sink Hardware; Soap Dispenser; Paper towel Dispenser, and wall directly below the dispenser; Toilet Seat Cover Dispenser, Hand Rails; Sanitary Napkin Receptacles.**
4. **Clean Mirror with Glass Cleaner and Dry.**
5. **Wipe all flat surfaces with Germicidal Disinfectant, and spot clean walls with germicidal disinfectant, especially around sink, soap dispenser, toilet and light switch. Bathroom walls should be cleaned completely per cleaning schedule.**
6. **Toilets should be cleaned inside and out daily. Toilet bowl should be cleaned with cleanser and a Johnny mop, use a pumice stone to remove watermarks from bowl interior as needed. Wipe down toilet fixtures, and the exterior of the toilet with germicidal disinfectant.**
7. **Remove Trash from Bathroom, and wipe inside and outside of trashcan as needed, at least weekly. Be sure to leave extra trash bags at the bottom of the can.**
8. **Restock bathroom supplies as needed, soap, paper towels, toilet seat covers, and toilet paper. Always leave at least one extra roll of toilet paper in the bathroom.**
9. **Mop floor with Germicidal Disinfectant Solution.**

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SENECA HEALTHCARE DISTRICT PROCEDURE

DEPARTMENT: Environmental Services **PROCEDURE TITLE: Cleaning to Prevent the Spread of Infection.**	**PAGE 1 OF 1** **Date of Origin: 3/21/87** **Revision Date: 9/25/2006**

PROCEDURE:

1. **The following items must be cleaned regularly throughout the day to help prevent the spread of infection to staff, patients, residents, and visitors. Clean these items by wiping with a rag and disinfectant solution:**
   - **Door handles and Door Knobs – Door Push Plates**
   - **Door Frames**
   - **Switches – Lights and others**
   - **Hand Rails**
   - **Telephones**
   - **Vending Machine Selection Buttons**
   - **Chair Arm Rests**
   - **Any Surface that hands frequently come in contact with.**

2. **In the event of an outbreak of illness such as a pandemic or epidemic it may be required that these items need to be cleaned more frequently. Follow schedule provided by the Director of Environmental Services and Infection Control.**

COPY

SENECA HEALTHCARE DISTRICT
PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping	**Page 1 of 1**
PROCEDURE TITLE: Weekly Cleaning of Long Term Shower Room	**Date of Origin: 20 April, 2010**
	Revision Date:
AUTHOR: Linda McCurdy, Director of Environmental Services and Safety	

PURPOSE:
To ensure that buildup from germicide and soap residue are removed on a regularly scheduled basis.

FREQUENCY:
Weekly - To be conducted on Sunday of each week.

SAFETY EQUIPMENT:
Gloves and eye protection are required to complete this cleaning. A barrier gown may be worn to protect clothing.

DOCUMENTATION:
The person completing the cleaning will document such cleaning on the weekly cleaning log by initialing and date cleaning was completed.

PROCEDURE:
1. To be conducted in conjunction with daily cleaning.
2. Utilize a stiff bristled scrub brush with handle.
3. Prepare one half gallon of germicidal solution in a bucket. Repeat as needed.
4. Remove equipment and supplies from the room.
5. Dip Brush in germicidal solution and scrub all areas of the shower room floor, and walls. Pay particular attention to grout lines and the area around the drain
6. Once cleaning is completed, dispose of remaining solution down the shower drain.
7. Utilizing the hand wand of the shower rinse the shower walls, and floor area with warm water. Use care not to get water on to the corridor floor and cause a slip hazard.
8. Utilize a towel outside the shower room door to dry your feet before stepping into corridor.
9. Dispose of Disposable Protective Equipment, rinse and clean reusable equipment.
10. Allow shower room time to dry and return equipment and supplies to the room.

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SENECA HEALTHCARE DISTRICT
PROCEDURE

DEPARTMENT: HOUSEKEEPING **PROCEDURE TITLE: Proper Use of Disinfectant Soaked Cleaning Rags**	**Page 1 of 2**
	Date of Origin: 1/20/2010
COMPLIANCE REQUIREMENT:AFL 27 – Enhanced Standard Precautions L.T.C./S.N.F.	**Revision Date:**
AUTHOR: Linda McCurdy, Director of Environmental Services and Safety	

PROCEDURE:

1. **Housekeeping will not utilize spray bottles for the application of disinfectants while cleaning in the hospital building.**
2. **Housekeeping will utilize a container that contains disinfectant solution and clean rags.**
   - **A. Disinfectant shall be mixed in accordance with Manufacturer's instructions in the pitcher maintained for this purpose in the Housekeeping Closet. (Some Disinfectants are distributed pre mixed and do not require dilution, these may be poured and used from the original container.)**
   - **B. Multiple dry clean rags shall be placed in the container, and a disinfectant solution will be poured over the rags. Do not place so many rags that most or all will not be utilized by the end of your shift.**
   - **C. Enough solution shall be placed in the container to make the rags significantly wet, (wet enough to need to be rung out before using) but not so much as to make the container a spill hazard.**
   - **D. Containers once filled with rags and disinfectant must be kept inside the housekeeping cart, so as not to cause a toxic ingestible hazard.**
   - **E. Gloves must be worn to handle disinfectant soaked cleaning rags.**
   - **F. Ring out the rag when you remove it from the container to prevent dripping.**

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G. One clean rag per room, working from the least soiled area (such as over bed tables) to the most soiled area (such as sink areas).

H. You may use more than one clean rag in each room dependent on the conditions encountered.

I. Once the rag has been used, it is considered dirty. Place in a bag for soiled rags on the housekeeping cart, tie and remove the bag and place in the soiled linen storage at the end of each work shift, or more frequently as needed.

J. Dirty rags must never be placed back in the container for clean rags.

3. If at the end of your work shift, and there are still rags in the container, dump the remaining disinfectant solution from the container. Leave the disinfectant soaked rags in the container, apply the lid of the container, and store in the housekeeping cart.

4. When the next shift begins the rags still in the container will be the first to be used, clean dry rags may be placed below these rags and a fresh disinfectant solution poured over the rags.

5. If you have a need to use multiple disinfectants during the work day, you may carry a labeled bottle of the second disinfectant and pour onto a clean dry rag for use. Always wear gloves during this process.

6. Never mix multiple disinfectants in the pre soaked rag container, as this may cause a chemical hazard.

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SENECA HEALTHCARE DISTRICT
PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Cleaning of Panacea Air Mattress** **COMPLIANCE REQUIREMENT: Manufacturer's Instructions**	**Page 1 of 1** **Date of Origin: 4/27/2012** **Revision Date:**
AUTHOR: Linda McCurdy, Director of Environmental Services	

PROCEDURE:

1. The Panacea Air Overlay Mattress will be cleaned with any properly diluted Hospital Grade Germicidal Disinfectant. A mild detergent solution of soap and water may be used to help remove spots. DO NOT USE BLEACH OR A BLEACH SOLUTION ON THIS EQUIPMENT.

2. Wipe down the mattress air pump and air pump electrical cord with a cloth dampened with germicidal disinfectant.

REFERENCES:
Direct Supply/Panacea Air Overlay Owner's Manual

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SENECA HEALTHCARE DISTRICT PROCEDURE

DEPARTMENT: Infection Control	**Page 1 of 2**
PROCEDURE TITLE: PPE SUPPLIES/CARTS	**Date of Origin: 10 January, 2010**
	Revision Date:
AUTHOR: Linda McCurdy, Director of Environmental Services and Safety	

PROCEDURE:

1. PPE Supplies and PPE Supply Carts are stored in the Room #6 Ante Room. PPE supplies are stored in many areas of the facility; the supplies maintained in the Room #6 Ante Room are for the convenience of the nursing staff.

2. PPE Supply Carts are ready for use in the event that supplies are needed on the Skilled Nursing (Long Term Care) Unit or the Acute Patient Floor for residents/patients requiring contact or isolation precautions.

3. PPE Supplies stored in the Room #6 Ante Room may be utilized as needed by staff, or to restock PPE Carts in use when Housekeeping Staff is not in attendance.

4. The following will be completed any time a PPE Supply Cart has been removed from use, and is to be returned to storage. Housekeeping will clean and stock PPE Supply Carts per the list attached to the cart (see attached), and seal the cart with colored tape to ensure carts are ready for use at all times.

5. PPE Supply Cart Seals and PPE Supplies will be checked by Housekeeping each working day to ensure that PPE supplies are adequate and cart seals have not been broken. Once a PPE Supply Cart has been placed in use the seal is no longer required.

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PPE SUPPLIES/CARTS

6. In the event that a PPE Supply Cart seal has been broken (Cart is not in use), Housekeeping will check the contents of the cart and ensure that it is stocked per the contents list, and replace the tape seal on the cart.

7. PPE Carts will be opened once per month and checked to ensure that none of the contents will outdate prior to the next check. The Director of Environmental Services will maintain the information for the cart checks.

8. Housekeeping will check PPE Supply Carts in use and restock at least twice per their shift. PPE Supply Carts should always be checked to ensure they are well stocked at the end of the Housekeeping shift.

9. Nursing Staff should notify Housekeeping staff of any additional PPE supplies needed either on PPE Supply Carts when in use, or in the Room #6 Ante Room before supplies run out.

10. No persons should remove seals from PPE Supply Carts unless they are putting the cart in to use, or are checking cart contents. Use PPE Supplies off the shelves in Room #6 Ante Room when carts are not needed or required.

11. Personal Protection Supply availability is monitored monthly in conjunction with the Safety and Health Injury and Illness Prevention Inspection, and the documentation for that inspection is maintained by the Director of Environmental Services and Safety.

COPY

PPE SUPPLIES

Cart Contents – Must include, but are not limited to the following:

Note: Carts shall be stocked per contents list and sealed with colored tape. If seal is broken check contents, restock as needed. Seal will not be used once cart is in use.

- Gloves (One Box Each) Small, Medium, Large
- Gowns – (2 Packages each) Contact and Barrier
- Masks – Procedure/Surgical (1 Box)
- Masks – N95 Respirator (1 Box Small, 1 Box Regular)
- Disposable Eye Shields – 4 each
- Disposable Face Shields – 4 Each
- Avagard Alcohol Hand Rub – 1 Bottle
- Disnfectatnt Wipes – One Container
- Large Red Bags – No Less Than 10 Each
- Chux – 4 Each (for cleaning large spills of blood or body fluids)

COPY

SENECA HEALTHCARE DISTRICT
PROCEDURE

DEPARTMENT: All Patient Care Departments/Housekeeping **PROCEDURE TITLE: Clean Linen – Proper Handling Of**	**PAGE 1 OF 1** **Date of Origin: 6/21/89** **Date of Review: 1/21/06**

PROCEDURE:

1. **Prior to handling Clean Linen be sure to wash your hands.**
2. **Never hold clean linen against your body or clothing.**
3. **Be sure to put clean linen on surfaces you know are clean**
4. **Store clean linen in designated areas only.**

Bill From:

1342 Creekside Dr
Walnut Creek CA 94596
United States

Phone 925-855-5500

Bill To:

Seneca Healthcare District
130 Brentwood Drive, PO BOX 737
Chester CA 96020
United States

Date Range:

11/1/2022 - 3/10/2023

SEQUOIA
Ecological Consulting, Inc.

DATE:	3/10/2023
INVOICE #:	2023036
Client Project Number:	
Invoice Amount:	$31,033.00
Previously Invoiced:	$46,306.00
Total Invoiced to Date:	$77,339.00
Task Order Total:	$66,814.00
Budget Remaining:	($10,525.00)
Percentage of Budget Spent:	115.75%
Retainer Held:	-

CEQA NEPA Consulting Services

Task #	Billing Classification	Quantity	Rate	Amount
Out of Scope	Project Manager	207.25	$148.00	$30,673.00
Out of Scope	Principal	1.5	$240.00	$360.00
			Total	$31,033.00

THANK YOU FOR YOUR BUSINESS!

Task : Service Item	Date	Employee	Notes	Invoice	Hours	Sum of Amount billed
Out of Scope : Project Manager	11/9/2022	Towers, Steven R	Noise Study	2023036	2.00	$296.00
Out of Scope : Project Manager	11/10/2022	Towers, Steven R	Noise Study	2023036	2.00	$296.00
Out of Scope : Project Manager	12/22/2022	Towers, Steven R	Noise Tech Memo revisions	2023036	1.50	$222.00
Out of Scope : Project Manager	12/23/2022	Towers, Steven R	Noise Tech memo and IS revisions	2023036	3.00	$444.00
Out of Scope : Project Manager	12/27/2022	Towers, Steven R	CEQA IS	2023036	1.00	$148.00
Out of Scope : Project Manager	12/28/2022	Towers, Steven R	CEQA IS	2023036	1.00	$148.00
Out of Scope : Project Manager	12/29/2022	Towers, Steven R	CEQA IS	2023036	1.00	$148.00
Out of Scope : Project Manager	12/30/2022	Towers, Steven R	CEQA IS	2023036	1.00	$148.00
Out of Scope : Project Manager	1/12/2023	Towers, Steven R	Initial Study	2023036	4.00	$592.00
Out of Scope : Project Manager	1/13/2023	Towers, Steven R	Initial Study	2023036	4.00	$592.00
Out of Scope : Project Manager	1/16/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/17/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/18/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/19/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/20/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/23/2023	Lopez, Elizabeth	Sort out appendices and put together final report	2023036	0.50	$74.00
Out of Scope : Project Manager	1/23/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/24/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/25/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/26/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/27/2023	Towers, Steven R	Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	1/30/2023	Towers, Steven R	Scope/budget analysis	2023036	2.00	$296.00
Out of Scope : Project Manager	1/31/2023	Towers, Steven R	Scope/budget analysis	2023036	2.00	$296.00
Out of Scope : Project Manager	2/7/2023	Towers, Steven R	Revise IS	2023036	4.00	$592.00
Out of Scope : Project Manager	2/8/2023	Towers, Steven R	Revise IS	2023036	4.00	$592.00
Out of Scope : Project Manager	2/9/2023	Towers, Steven R	Revise Initial Study	2023036	1.00	$148.00
Out of Scope : Project Manager	2/13/2023	Towers, Steven R	Respond to comments Admin Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	2/14/2023	Towers, Steven R	Respond to comments Admin Draft IS	2023036	8.00	$1,184.00
Out of Scope : Project Manager	2/15/2023	Towers, Steven R	Respond to comments Admin Draft IS	2023036	8.00	$1,184.00
Out of Scope : Project Manager	2/16/2023	Towers, Steven R	Respond to comments Admin Draft IS	2023036	8.00	$1,184.00
Out of Scope : Project Manager	2/17/2023	Towers, Steven R	Respond to comments Admin Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	2/18/2023	Towers, Steven R	Respond to comments Admin Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	2/19/2023	Towers, Steven R	Respond to comments Admin Draft IS	2023036	4.00	$592.00
Out of Scope : Project Manager	2/20/2023	Towers, Steven R	Public Draft IS revisions.	2023036	8.00	$1,184.00
Out of Scope : Project Manager	2/21/2023	Towers, Steven R	Public Draft IS revisions.	2023036	7.00	$1,036.00
Out of Scope : Project Manager	2/22/2023	Towers, Steven R	Public Draft IS, tech memo revisions.	2023036	7.00	$1,036.00
Out of Scope : Project Manager	2/23/2023	Hirth, Alex	New project plans in CAD, mapping	2023036	0.50	$74.00
Out of Scope : Project Manager	2/23/2023	Towers, Steven R	Meeting with Plumas Co. Planning	2023036	0.50	$74.00
Out of Scope : Project Manager	2/23/2023	Towers, Steven R	Public Draft IS and tech memo revisions	2023036	5.50	$814.00
Out of Scope : Project Manager	2/24/2023	Lopez, Elizabeth	communications about updated site plan	2023036	0.25	$37.00
Out of Scope : Project Manager	2/24/2023	Towers, Steven R	Meeting with SHD and Building Rx.	2023036	0.50	$74.00
Out of Scope : Project Manager	2/24/2023	Towers, Steven R	Public Draft IS and tech memo revisions	2023036	3.50	$518.00
Out of Scope : Project Manager	2/25/2023	Towers, Steven R	Public Draft IS and tech memo revisions	2023036	2.00	$296.00
Out of Scope : Project Manager	2/26/2023	Towers, Steven R	Public Draft IS and tech memo revisions	2023036	4.00	$592.00
Out of Scope : Project Manager	2/27/2023	Hirth, Alex	New project plans in CAD, mapping	2023036	1.75	$259.00
Out of Scope : Project Manager	2/27/2023	Towers, Steven R	Revise Initial Study and tech memoranda.	2023036	6.00	$888.00
Out of Scope : Project Manager	2/28/2023	Hirth, Alex	New project plans in CAD, mapping	2023036	0.75	$111.00
Out of Scope : Project Manager	2/28/2023	Towers, Steven R	Revise Initial Study and tech memoranda.	2023036	6.00	$888.00
Out of Scope : Project Manager	3/1/2023	Towers, Steven R	Initial Study & Tech Memo revisions.	2023036	7.00	$1,036.00
Out of Scope : Project Manager	3/2/2023	Towers, Steven R	Initial Study & Tech Memo revisions.	2023036	6.00	$888.00
Out of Scope : Project Manager	3/3/2023	Towers, Steven R	Initial Study & Tech Memo revisions.	2023036	8.00	$1,184.00
Out of Scope : Project Manager	3/4/2023	Towers, Steven R	Initial Study & Tech Memo revisions.	2023036	4.00	$592.00
Out of Scope : Project Manager	3/6/2023	Towers, Steven R	Initial Study/Tech memos respond to comments.	2023036	9.00	$1,332.00
Out of Scope : Project Manager	3/9/2023	Towers, Steven R	Invoices	2023036	2.00	$296.00
Out of Scope : Project Manager	3/10/2023	Towers, Steven R	Invoicing, Progress Report	2023036	4.00	$592.00
Out of Scope : Project Manager Total					**207.25**	**$30,673.00**
Out of Scope : Principal	3/10/2023	Blanchfield, Sarah	project coordination	2023036	1.50	$360.00
Out of Scope : Principal Total					**1.50**	**$360.00**
					208.75	**$31,033.00**

5 Shelter Point Ct
Sacramento, CA 95831
(530)867-1971

SERVICE AMENDMENT #1

Client Name: Seneca Healthcare District

Project Name: Seneca Healthcare District Critical Access Hospital/Skilled Nursing Facility Replacement plus Ambulatory Surgery Center Project – Entitlements, Design, Permit/Pre-construction, Construction & Close-out

Job Number: 21101

Date: 24 March 2023

Contractual Requirements:

Agreement between Owner and Building Rx, dated 11 April 2022 fully incorporated herein by reference.

Change Required and Reason:

Extended timeline to based on further development of entitlement, design and construction schedule. Value to cover work extending from 9/24/2025 (first patient) through 1/20/2026.

Impact to Fee:

Project Manager shall be compensated on a fixed-fee basis.

Original Contract Amount:	$742,455.00
Service Amendment #1	$107,545.00
New Contract NTE Amount (including this Amendment):	**$850,000.00**

Additional Clarifications NA

Impact to Schedule: See attached updated Gaant Chart

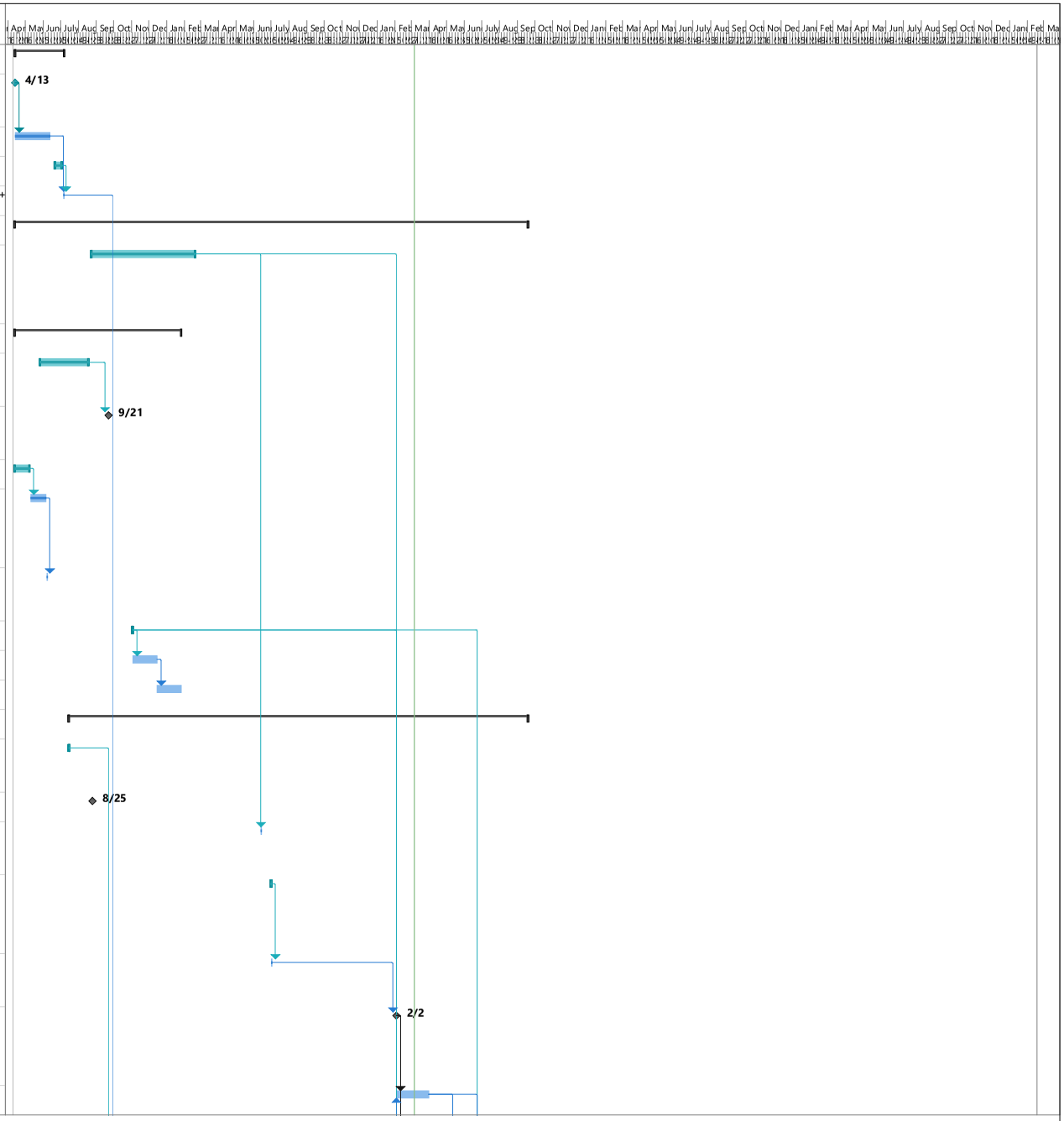
Impact to Others: None

Change Requested by: Shawn McKenzie

Authorization to Proceed with Change:

Shawn McKenzie, CEO Client Name and Title (Print)	Signature	Date
Donna Huntingdale, CEO Building Rx	Signature	3/24/2023 Date

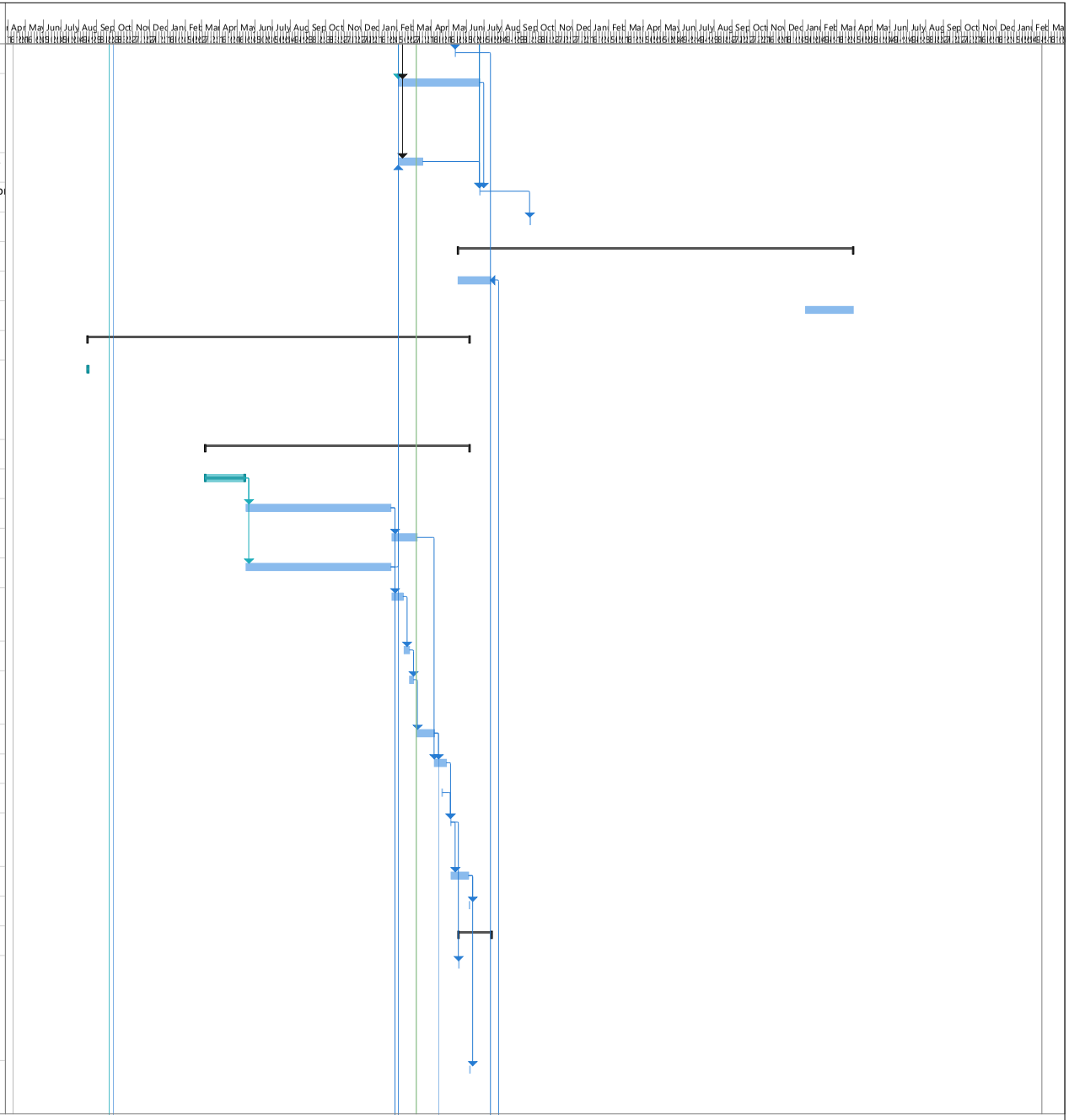
ID	Task Mode	% Compl	Task Name	Duration	Start	Finish	Predecessors
1		10...	**Land Purchase**	**61 days**	**Tue 4/13/21**	**Tue 7/6/21**	
2		10...	Contract signed/escrow begins	0 days	Tue 4/13/21	Tue 4/13/21	
3		10...	Due Diligence Perio	60 days	Tue 4/13/21	Fri 6/11/21	2
4		10...	Tax Determination	10 days	Mon 6/21/21	Fri 7/2/21	
5		10...	Close Escrow	1 day	Tue 7/6/21	Tue 7/6/21	3FS+10 days,4FS+
6		50%	**Financing**	**636 days**	**Mon 4/12/21**	**Mon 9/18/23**	
7		10...	Selection of Political Advisor / Municipal Advisor	130 days	Mon 8/23/21	Fri 2/18/22	
8		62%	**Local**	**207 days**	**Mon 4/12/21**	**Tue 1/25/22**	
9		10...	Renderings development	12 wks	Wed 5/26/21	Tue 8/17/21	
10		10...	Community Outreach Launch	0 days	Tue 9/21/21	Tue 9/21/21	9FS+25 days
11		10...	Community Poll	20 days	Mon 4/12/21	Fri 5/7/21	
12		10...	Evaluate poll results/author resolution	20 days	Mon 5/10/21	Fri 6/4/21	11
13		10...	Submit paperwork for resolution	1 day	Mon 6/7/21	Mon 6/7/21	12
14		0%	Election	1 day	Tue 11/2/21	Tue 11/2/21	
15		0%	Election Certifica	30 days	Wed 11/3/21	Tue 12/14/21	14
16		0%	Bond Issuance	30 days	Wed 12/15/2	Tue 1/25/22	15
17		2%	**USDA/NEPA**	**568 days**	**Thu 7/15/21**	**Mon 9/18/23**	
18		10...	Kick-off meeting with USDA	1 day	Thu 7/15/21	Thu 7/15/21	
19		10...	Board Resolution	0 days	Wed 8/25/21	Wed 8/25/21	
20		10...	Conventional Lender responses	1 day	Mon 6/13/22	Mon 6/13/22	7FS+4 mons
21		10...	Board review of Conventional Lender responses	1 day	Thu 6/30/22	Thu 6/30/22	
22		10...	Pre-application submittal	1 day	Fri 7/1/22	Fri 7/1/22	21
23		0%	Invitation from USDA to submit full application	0 days	Thu 2/2/23	Thu 2/2/23	22FS+154 days
24		0%	NEPA EA	40 days	Fri 2/3/23	Thu 3/30/23	23,39



Project: 230302 Master SHD CA
Date: Mon 3/6/23

Task | Split | Milestone | Summary | Project Summary | Inactive Task | Inactive Milestone | Inactive Summary | Manual Task | Duration-only | Manual Summary Rollup | Manual Summary | Start-only | Finish-only | External Tasks | External Milestone | Deadline | Critical | Critical Split | Progress | Manual Progress

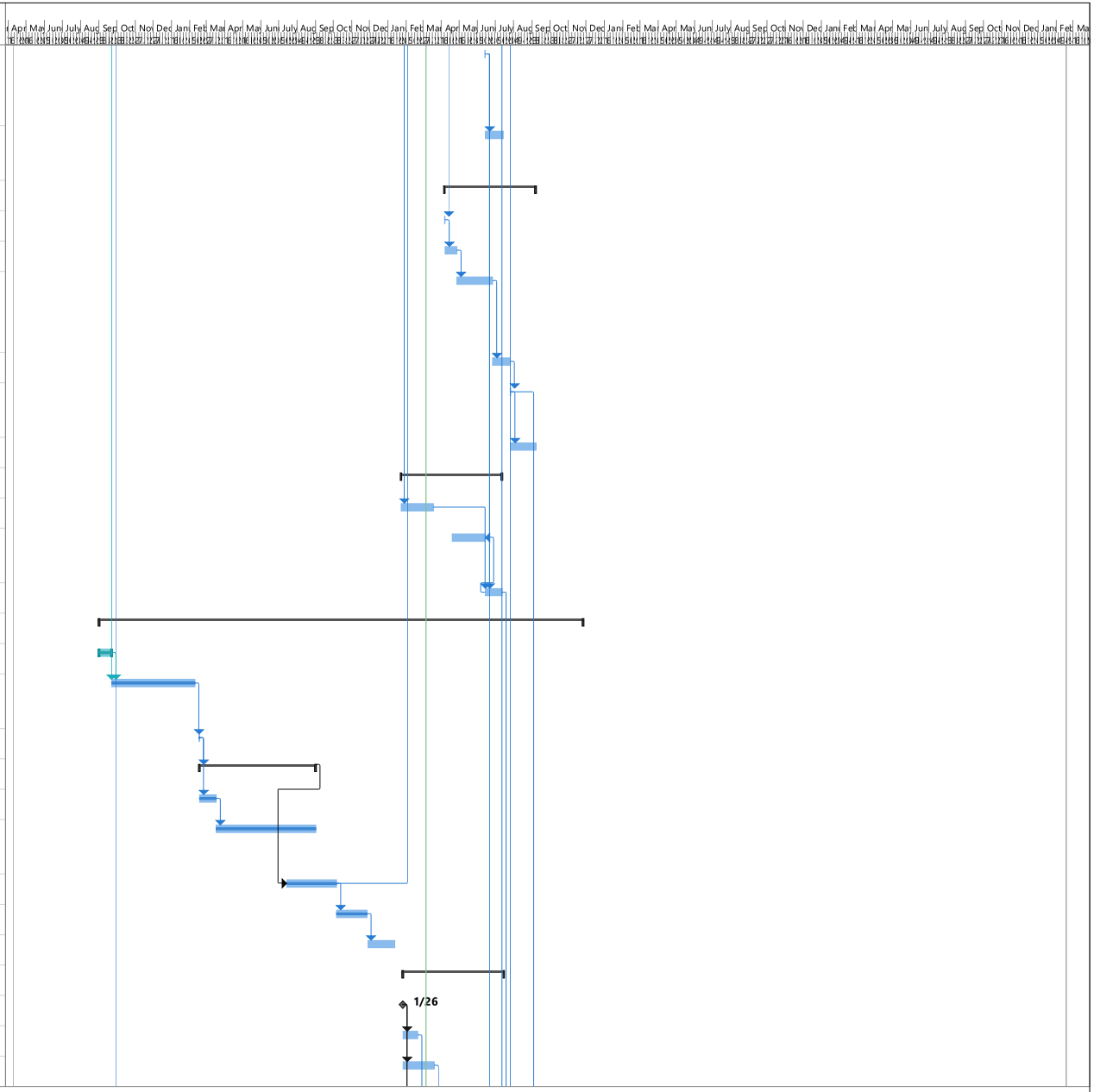
ID	Task Mode	% Compl	Task Name	Duration	Start	Finish	Predecessors
25		0%	NEPA Approval	1 day	Fri 5/12/23	Fri 5/12/23	24FS+30 days
26		0%	Development of Examined Financial Forecast	5 mons	Fri 2/3/23	Thu 6/22/23	7,23,14
27		0%	Prelim Arch Rep	30 days	Fri 2/3/23	Thu 3/16/23	23,72FS+20 days
28		0%	Application to U	1 day	Fri 6/23/23	Fri 6/23/23	26,27,14FS+1 mo
29		0%	USDA LOC	1 day	Mon 9/18/23	Mon 9/18/23	28FS+60 days
30		**0%**	**Financing**	**488 days**	**Wed 5/17/2**	**Fri 3/28/25**	
31		0%	BAN	2 mons	Wed 5/17/23	Wed 7/12/23	111FF
32		0%	COP/USDA	3 mons	Mon 1/6/25	Fri 3/28/25	
33		**9%**	**Zoning/Entitlements**	**471 days**	**Mon 8/16/2**	**Mon 6/5/23**	
34		10...	General Plan Amendment with Zoning application	1 day	Mon 8/16/21	Mon 8/16/21	
35		**9%**	**CEQA**	**326 days**	**Mon 3/7/22**	**Mon 6/5/23**	
36		10...	Consultant Selec	2.5 mons	Mon 3/7/22	Fri 5/13/22	
37		0%	Technical Studie	9 mons	Mon 5/16/22	Fri 1/20/23	36
38		0%	SHPO Review	31 days	Mon 1/23/23	Mon 3/6/23	37
39		0%	Initial Study	9 mons	Mon 5/16/22	Fri 1/20/23	36
40		0%	County/LAFCO Courtesy Review	3 wks	Mon 1/23/23	Fri 2/10/23	39
41		0%	Initial Study Revi	7 days	Mon 2/13/23	Tue 2/21/23	40
42		0%	County/LAFCO re-review	1 wk	Wed 2/22/23	Tue 2/28/23	41
43		0%	30 day public re	31 days	Mon 3/6/23	Wed 4/5/23	42FS+5 days
44		0%	Draft MND/NOD	15 days	Thu 4/6/23	Wed 4/26/23	43,38
45		0%	ALUC meeting	1 day	Wed 4/19/23	Wed 4/19/23	
46		0%	Lead Agency BOD approve MND/NOD	1 day	Thu 5/4/23	Thu 5/4/23	44FS+5 days,45
47		0%	30 day following	30 days	Fri 5/5/23	Sat 6/3/23	46
48		0%	Conclude CEQA	1 day	Mon 6/5/23	Mon 6/5/23	47
49		**0%**	**BOS Review**	**41 days**	**Thu 5/18/23**	**Thu 7/13/23**	
50		0%	Planning Commission Public Hearing and Recommendation to the BOS	1 day	Thu 5/18/23	Thu 5/18/23	46
51		0%	BOS Public Hearing on MND and GPA/Rezone	1 day	Tue 6/6/23	Tue 6/6/23	47



Project: 230302 Master SHD CA
Date: Mon 3/6/23

Task	Summary	Inactive Milestone	Duration-only	Start-only	External Milestone	Critical Split
Split	Project Summary	Inactive Summary	Manual Summary Rollup	Finish-only	Deadline	Progress
Milestone	Inactive Task	Manual Task	Manual Summary	External Tasks	Critical	Manual Progress

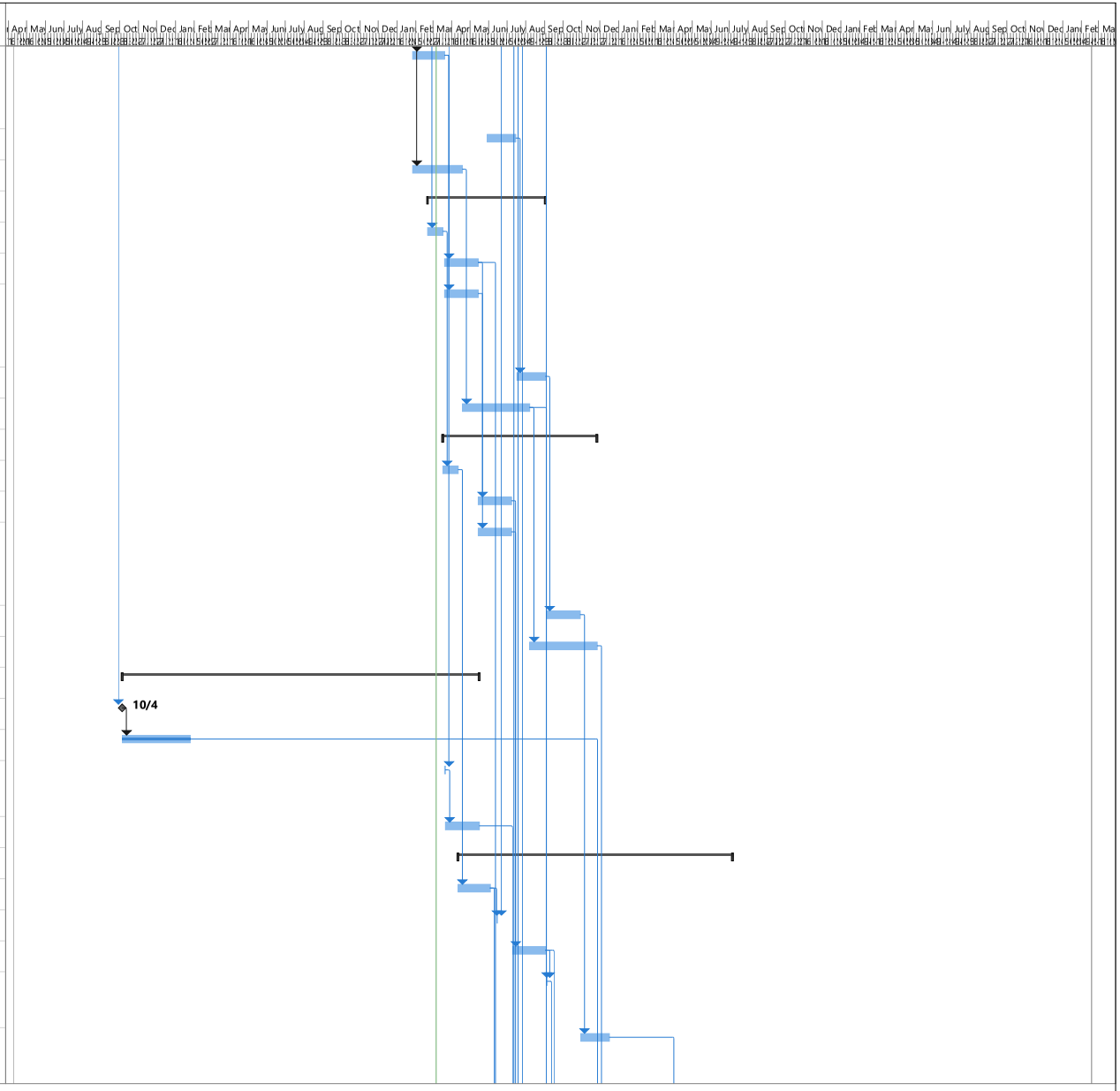
ID	Task Mode	% Compl	Task Name	Duration	Start	Finish	Predecessors
52		0%	BOS Public Hearing for adoption of the GPA/Rezone	1 day	Tue 6/13/23	Tue 6/13/23	
53		0%	NOD Filed with County Clerk	30 days	Wed 6/14/23	Thu 7/13/23	52
54		**0%**	**LAFCO Annexation**	**110 days**	**Thu 4/6/23**	**Wed 9/6/23**	
55		0%	Application Submis	1 day	Thu 4/6/23	Thu 4/6/23	43
56		0%	Submission Review	20 days	Fri 4/7/23	Wed 4/26/23	55
57		0%	Property Tax Sharing Documentation Preparations	60 days	Thu 4/27/23	Sun 6/25/23	56
58		0%	Notification	30 days	Mon 6/26/23	Tue 7/25/23	57
59		0%	LAFCO Annexation approval	1 day	Wed 7/26/23	Wed 7/26/23	58
60		0%	30day following NC	30 days	Thu 7/27/23	Wed 9/6/23	59
61		**0%**	**Harvest Plan**	**122 days**	**Mon 1/23/23**	**Tue 7/11/23**	
62		0%	Application to Cal F	2 mons	Mon 1/23/23	Fri 3/17/23	37
63		0%	RFP to Timber Removal Contractor	2 mons	Wed 4/19/23	Wed 6/14/23	64SF
64		0%	Timber Removal	1 mon	Wed 6/14/23	Tue 7/11/23	62FS+3 mons,52
65		**28%**	**Design**	**583 days**	**Wed 9/1/21**	**Sat 11/25/23**	
66	✓	10...	Meeting with OSHF	15 days	Wed 9/1/21	Tue 9/21/21	
67	✓	10...	Criteria Doc Contracting	100 days	Wed 9/22/21	Tue 2/8/22	18FS+10 days,66
68	✓	10...	Kick-off meeting	1 day	Wed 2/16/22	Wed 2/16/22	67FS+5 days
69	✓	**10...**	**Criteria Docs**	**140 days**	**Thu 2/17/22**	**Wed 8/31/22**	**68**
70	✓	10...	User-group mee	1 mon	Thu 2/17/22	Wed 3/16/22	68
71	✓	10...	Criteria Docs design/coordina	6 mons	Thu 3/17/22	Wed 8/31/22	70
72	✓	10...	RFQ/RFP	3 mons	Thu 7/14/22	Wed 10/5/22	69FS-35 days
73	✓	10...	DBE Contracting	37 days	Thu 10/6/22	Fri 11/25/22	72
74		0%	Validation Phase	45 days	Mon 11/28/2	Wed 1/11/23	73FS+2 days
75		**0%**	**SD**	**122 days**	**Thu 1/26/23**	**Fri 7/14/23**	
76		0%	NTP	0 days	Thu 1/26/23	Thu 1/26/23	
77		0%	Grading	25 days	Thu 1/26/23	Sun 2/19/23	76
78		0%	Site	53 days	Thu 1/26/23	Sun 3/19/23	76



Project: 230302 Master SHD CA
Date: Mon 3/6/23

Task	Summary	Inactive Milestone	Duration-only	Start-only	External Milestone	Critical Split
Split	Project Summary	Inactive Summary	Manual Summary Rollup	Finish-only	Deadline	Progress
Milestone	Inactive Task	Manual Task	Manual Summary	External Tasks	Critical	Manual Progress

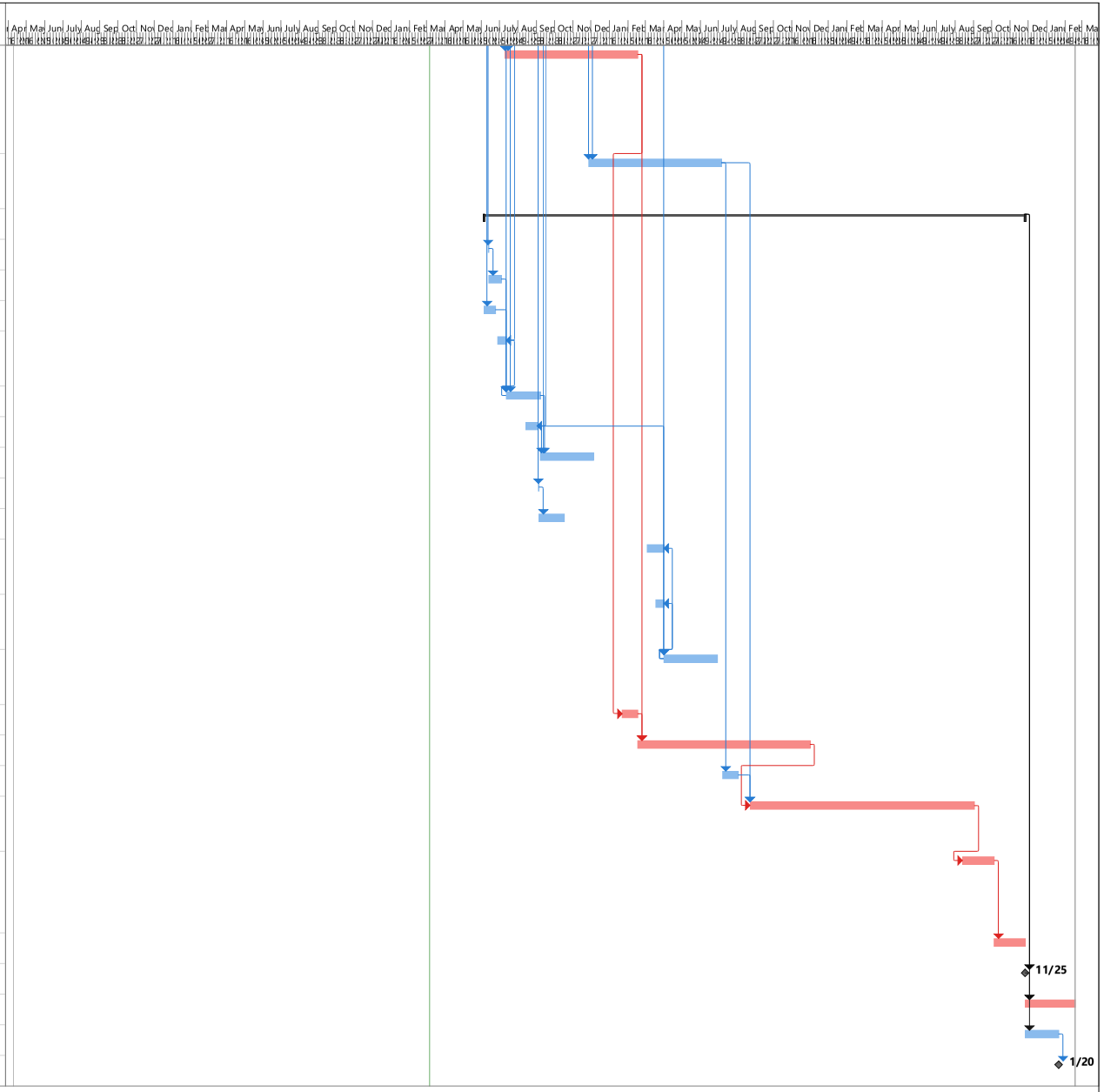
ID	Task Mode	% Compl	Task Name	Duration	Start	Finish	Predecessors
79		0%	Foundation / Superstructure / Exterior	53 days	Thu 1/26/23	Sun 3/19/23	76
80		0%	Support Services	47 days	Mon 5/29/23	Fri 7/14/23	
81		0%	Interior	82 days	Thu 1/26/23	Mon 4/17/23	76
82		**0%**	**DD**	**140 days**	**Mon 2/20/23**	**Fri 9/1/23**	
83		0%	Grading	25 days	Mon 2/20/23	Thu 3/16/23	77
84		0%	Site	55 days	Mon 3/20/23	Sat 5/13/23	78
85		0%	Foundation / Superstructure / Exterior	55 days	Mon 3/20/23	Sat 5/13/23	79
86		0%	Support Services	47 days	Mon 7/17/23	Fri 9/1/23	80FS+2 days
87		0%	Interior	111 days	Tue 4/18/23	Sun 8/6/23	81
88		**0%**	**CD**	**181 days**	**Fri 3/17/23**	**Sat 11/25/23**	
89		0%	Grading	25 days	Fri 3/17/23	Mon 4/10/23	83
90		0%	Site	55 days	Sun 5/14/23	Fri 7/7/23	84
91		0%	Foundation / Superstructure / Exterior	55 days	Sun 5/14/23	Fri 7/7/23	85
92		0%	Support Services	55 days	Mon 9/4/23	Sat 10/28/23	86FS+2 days
93		0%	Interior	111 days	Mon 8/7/23	Sat 11/25/23	87
94		**66%**	**Geotech Review**	**420 days**	**Mon 10/4/21**	**Mon 5/15/23**	
95	✓	10...	Submittal	0 days	Mon 10/4/21	Mon 10/4/21	5FS+64 days
96	✓	10...	HCAI Review	4 mons	Tue 10/5/21	Mon 1/24/22	95
97		0%	Resubmit for 2022 Code	1 day	Mon 3/20/23	Mon 3/20/23	79
98		0%	HCAI Review	2 mons	Tue 3/21/23	Mon 5/15/23	97
99		**0%**	**Permitting**	**324 days**	**Tue 4/11/23**	**Fri 7/5/24**	
100		0%	PC Grading Review	39 days	Tue 4/11/23	Fri 6/2/23	89
101		0%	PC Grading Approv	1 day	Wed 6/14/23	Wed 6/14/23	100,52
102		0%	PC Site Package Re	40 days	Mon 7/10/23	Fri 9/1/23	90
103		0%	PC Site Package Approval	1 day	Mon 9/4/23	Mon 9/4/23	102,59
104		0%	PC Support Services Building	35 days	Mon 10/30/23	Fri 12/15/23	92



Project: 230302 Master SHD CA
Date: Mon 3/6/23

Task	Summary	Inactive Milestone	Duration-only	Start-only	External Milestone	Critical Split			
Split	Project Summary	Inactive Summary	Manual Summary Rollup	Finish-only	Deadline	Progress			
Milestone	Inactive Task	Manual Task	Manual Summary	External Tasks	Critical	Manual Progress			

ID	Task Mode	% Compl	Task Name	Duration	Start	Finish	Predecessors
105		0%	HCAI Increment 1 - Foundations / Superstructure / Exterior Envelope	8 mons	Mon 7/10/23	Fri 2/16/24	91,98
106		0%	HCAI Increment 2 - Interior Buildout	8 mons	Mon 11/27/23	Fri 7/5/24	96,93
107		**0%**	**Construction**	**647 days**	**Mon 6/5/23**	**Tue 11/25/25**	
108		0%	Grading/Site GMP	1 day	Mon 6/12/23	Mon 6/12/23	84FS+1 mon
109		0%	D-B Contract CO	15 days	Tue 6/13/23	Mon 7/3/23	108
110		0%	Grading Bid	15 days	Mon 6/5/23	Fri 6/23/23	100
111		0%	Grading/Site Construction NTP	10 days	Wed 6/28/23	Wed 7/12/23	112SF
112		0%	Grading	41 days	Wed 7/12/23	Wed 9/6/23	110,64,109,25
113		0%	Site Bid	15 days	Mon 8/14/23	Fri 9/1/23	102FF
114		0%	Site	63 days	Thu 9/7/23	Mon 12/4/23	113,112,103
115		0%	Remaining GMP	1 day	Mon 9/4/23	Mon 9/4/23	87FS+1 mon
116		0%	D-B Contract CO	30 days	Tue 9/5/23	Mon 10/16/23	115
117		0%	Support Services Building Bid	1 mon	Mon 3/4/24	Mon 4/1/24	119SF
118		0%	Remaining Construction NTP	10 days	Mon 3/18/24	Mon 4/1/24	119SF
119		0%	Support Services Building	89 days	Mon 4/1/24	Fri 6/28/24	113,104FS+107 days
120		0%	HCAI Increment 1 E	1 mon	Mon 1/22/24	Fri 2/16/24	105FS-1 mon
121		0%	HCAI Increment 1	288 days	Sat 2/17/24	Sat 11/30/24	105,120
122		0%	HCAI Increment 2 E	1 mon	Mon 7/8/24	Fri 8/2/24	106
123		0%	HCAI Increment 2 / Remainder of Site	375 days	Fri 8/23/24	Mon 9/1/25	106,122,121FS-5 mons
124		0%	Start-up / Commissioning / Close-out	53 days	Wed 8/13/25	Sat 10/4/25	123FS-1 mon
125		0%	Weather Days	52 days	Sun 10/5/25	Tue 11/25/25	124
126		0%	CofO	0 days	Tue 11/25/25	Tue 11/25/25	107
127		0%	Close-out	3 mons	Wed 11/26/25	Tue 2/17/26	107
128		0%	Staff & Stock	2 mons	Wed 11/26/25	Tue 1/20/26	126
129		0%	First Patient	0 days	Tue 1/20/26	Tue 1/20/26	128



Project: 230302 Master SHD CA
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Task	Summary	Inactive Milestone	Duration-only	Start-only	External Milestone	Critical Split
Split	Project Summary	Inactive Summary	Manual Summary Rollup	Finish-only	Deadline	Progress
Milestone	Inactive Task	Manual Task	Manual Summary	External Tasks	Critical	Manual Progress

Seneca Healthcare District

Financial Statements - Board Report (DRAFT)

January 2023

Summary

Seneca Healthcare District had a net loss of $391k, during the month, compared to budgeted loss of $374k; for a negative variance of 17k. This was primarily due to negative variances in both gross (outpatient) and net (A/R reserve) patient revenue, which was somewhat offset by a positive variance in total expenses and non-operating revenue (interest income).

Revenues

Gross patient revenue, for the month, ended at $2.09M compared to a budgeted amount of $2.16M, for a negative variance of $70k. This was mainly to due to a negative variance in outpatient revenue and low swing bed (0 days) utilization. Net patient revenue as a percentage of gross was 59.3%, compared to a budget of 62.8%, mainly to due to the growth and aging of outstanding accounts receivable.

There were 43 acute inpatient days in the month (budget of 23), and 0 swing bed days (budget of 23), resulting in an average daily census (ADC) of 1.39 patients per day. The skilled nursing unit had an ADC of 13.39 (budget of 15), resulting in an occupancy percent of 83.67%.

Outpatient revenue was $1.51M versus a budget of $1.57M for a negative variance of $60k (ED utilization, MRI, and physical therapy). Lake Almanor Clinic visits were 618 versus a budgeted amount of 676.

Expenses

Total operating expenses for the month were $1.70M, versus a budget of $1.75M, for a positive variance of $47k.

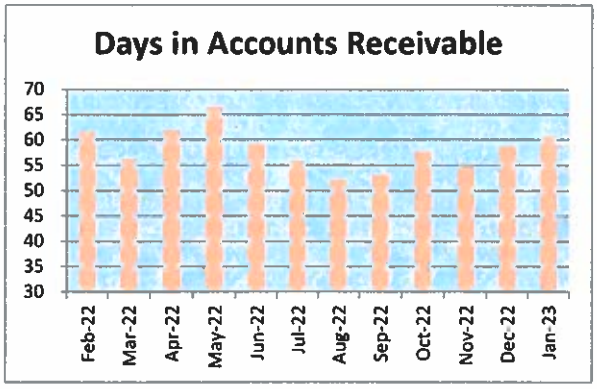
Salaries & Wages: Salaries and wages were over budget by $37k. FTEs, for the month, were 102.39 versus a budget of 100.75 and the average hourly wage (AHW) was $38.75 versus a budget of $38.08.
Contract Labor: Contract labor was under budget by $50k, this month. FTEs, for the month, were 6.16 versus a budget of 9.50 and the AHW was $102.77 versus a budget of $98.22.
Pro Fees Medical: See attached analysis
All Other Expense Categories: All categories either slightly above or slightly below the budgeted amount.

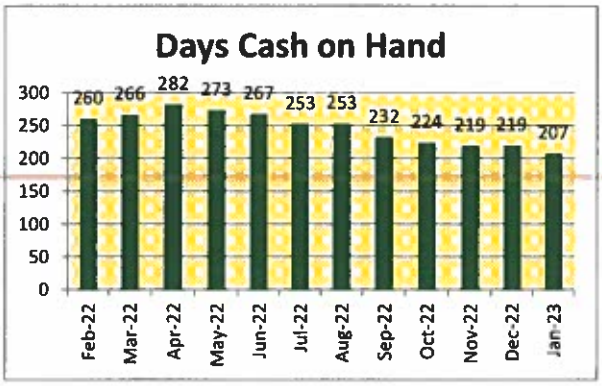
Additional Information

Days of cash on hand decreased from 218.9 to 207.0. This was due to the loss for the month of January and the decrease in outstanding accounts payable.

Revenue Cycle

Gross accounts receivable ended the month at $4.15M, which is an $83k increase over last month. Gross accounts receivable days increased this month to 60.8 and remained outside the best practices target of 45-55 days.





Key Financial Ratios - YTD

Current Ratio	3.98
Operating Margin	-26.1%
Days in Accounts Receivable	60.8
Long-Term Debt to Capitalization	0.01
Debt Service Coverage	-6,329%
Days Cash on Hand Excl. Board Restr	207.0

Seneca Healthcare District
Income Statement (DRAFT)
For the Month of January 2023

		% Net Pt Revenue	Month-to-Date Actual	Budget	$ Variance	% Net Pt Revenue	Year-to-Date Actual	Budget	$ Variance
1	**REVENUE**								
2	Inpatient Revenue - Acute		138,847	75,074	63,773		590,907	520,676	70,231
3	Inpatient Revenue - Swing Bed			73,912	(73,912)		133,518	512,614	(379,096)
4	Inpatient Revenue - SNF		257,262	279,000	(21,738)		1,779,706	1,824,300	(44,594)
5	Inpatient Revenue - Ancillary		186,226	164,332	21,894		976,765	1,091,749	(114,984)
6	Inpatient Revenue - Total		582,335	592,318	(9,983)		3,480,896	3,949,339	(468,443)
7	Outpatient Revenue		1,511,744	1,571,745	(60,001)		11,522,647	10,753,577	769,070
8	Total Patient Revenue		2,094,079	2,164,063	(69,984)		15,003,543	14,702,916	300,627
9	Contractual Allowances		(709,935)	(680,994)	(28,941)		(4,710,819)	(4,626,761)	(84,059)
10	Charity Discount		(22,548)	(3,859)	(18,689)		(71,097)	(26,221)	(44,876)
11	Other Allowances		(71,204)	(72,063)	860		(492,552)	(489,608)	(2,944)
12	Bad Debt		(49,265)	(49,141)	(123)		(428,273)	(333,873)	(94,400)
13	Total Deductions		(852,952)	(806,059)	(46,893)		(5,702,741)	(5,476,463)	(226,279)
14	Net Patient Revenue		1,241,127	1,358,005	(116,877)		9,300,802	9,226,453	74,348
	% of Gross Revenue		*59.3%*	*62.8%*	*-3.5%*		*62.0%*	*62.8%*	*-0.8%*
15	Meaningful Use Revenue			-	-		-	-	-
16	Quality Payments			-	-		-	-	-
17	Other Operating Revenue		1,165	4,167	(3,001)		15,828	29,167	(13,338)
18	Total Operating Revenue		1,242,293	1,362,171	(119,879)		9,316,630	9,255,620	61,010
19	**EXPENSES**								
20	Salaries & Wages	61.3%	(761,394)	(724,110)	(37,284)	53.0%	(4,927,355)	(4,786,380)	(140,975)
21	Employee Benefits	11.8%	(146,083)	(149,979)	3,895	9.9%	(919,797)	(1,010,825)	91,029
22	Contract Labor	8.0%	(99,054)	(149,300)	50,246	8.4%	(782,979)	(887,780)	104,801
23	Professional Fees - Medical	21.4%	(266,203)	(270,363)	4,160	19.6%	(1,821,492)	(1,826,901)	5,409
24	Professional Fees - Other	1.6%	(20,198)	(18,833)	(1,365)	1.8%	(170,239)	(138,758)	(31,481)
25	Supplies	7.4%	(91,570)	(108,459)	16,889	8.5%	(790,510)	(846,332)	55,822
26	Purchased Services	14.3%	(176,901)	(181,279)	4,379	12.6%	(1,175,528)	(1,182,133)	6,605
27	Insurance	1.1%	(13,870)	(16,259)	2,388	1.5%	(137,251)	(113,810)	(23,441)
28	Rentals and Leases	0.6%	(7,358)	(9,192)	1,833	1.1%	(103,427)	(106,342)	2,915
29	Repairs and Maintenance	0.8%	(10,193)	(11,809)	1,616	1.4%	(128,849)	(126,019)	(2,830)
30	Utilities and Telephone	2.2%	(27,378)	(38,520)	11,142	2.3%	(210,503)	(223,521)	13,018
31	Depreciation & Amortization	2.9%	(35,885)	(36,966)	1,081	2.7%	(248,641)	(258,763)	10,122
32	Other Expenses	4.0%	(49,143)	(37,515)	(11,628)	3.6%	(335,254)	(280,453)	(54,802)
33	Total Operating Expenses	137.4%	(1,705,230)	(1,752,583)	47,353	126.4%	(11,751,824)	(11,788,017)	36,194
34	Income From Operations	-37.3%	(462,937)	(390,412)	(72,525)	-26.2%	(2,435,194)	(2,532,397)	97,204
35	Tax Revenue	0.0%		-	-	0.0%	-	-	-
36	IGT - Incoming Portion	0.0%			-	0.0%	-	-	-
37	Non Capital Grants and Donations	0.3%	4,175	1,667	2,508	1.6%	149,061	10,000	139,061
38	Interest Income	5.5%	68,094	14,500	53,594	1.6%	144,793	44,250	100,543
39	Interest Expense	0.0%	(388)	(306)	(82)	0.0%	(2,972)	(2,037)	(935)
40	Non-Operating Income (Expense)	0.0%			-	0.0%	-	-	-
41	Total Non-Operating Gain (Loss	5.8%	71,881	15,860	56,020	3.1%	290,882	52,213	238,669
42	**Net Income**	-31.5%	(391,056)	(374,551)	(16,505)	-23.1%	(2,144,312)	(2,480,184)	335,872
43	Operating Margin %		(37.3%)	(28.7%)	-8.60%		(26.1%)	(27.4%)	1.22%
44	Net Margin %		(31.5%)	(27.5%)	-3.98%		(23.0%)	(26.8%)	3.78%
45	Payroll as % of Operating Expense		44.65%	41.32%	3.33%		41.93%	40.60%	1.32%
46	IGT Transaction Summary								
47	Outgoing		-		-		-	-	-
48	Incoming		-	-	-		-	-	-
49	Net Impact		-	-	-		-	-	-

Seneca Healthcare District
Income Statement (DRAFT)
13-Month Trend Ended Janaury 31, 2023

		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
1	REVENUE													
2	Inpatient Revenue - Acute	93,641	145,305	96,870	22,603	100,099	22,603	35,519	29,061	119,473	25,832	100,099	142,076	138,847
3	Inpatient Revenue - Swing	143,055	54,043	-	-	85,833	114,444	19,074	-	73,117	41,327	-	-	
4	Inpatient Revenue - SNF	218,909	208,367	230,692	223,250	230,692	223,250	246,816	249,916	241,855	254,257	260,459	269,141	257,262
5	Inpatient Revenue - Ancillary	162,898	195,185	138,154	51,754	182,592	127,889	57,577	53,728	226,865	50,997	190,696	210,676	186,226
6	Inpatient Revenue - Total	618,504	602,900	465,716	297,607	599,216	488,186	358,986	332,705	661,310	372,414	551,253	621,893	582,335
7	Outpatient Revenue	1,371,488	1,068,450	1,311,960	1,474,168	1,376,426	1,632,779	1,769,547	1,652,746	1,775,759	1,796,058	1,468,780	1,548,012	1,511,744
8	Total Patient Revenue	1,989,992	1,671,350	1,777,676	1,771,775	1,975,643	2,120,965	2,128,533	1,985,451	2,437,069	2,168,472	2,020,034	2,169,904	2,094,079
9	Contractual Allowances	(601,841)	(571,391)	(573,673)	(523,321)	(487,110)	(556,074)	(644,846)	(551,455)	(790,961)	(672,755)	(593,285)	(747,583)	(709,935)
10	Charity Discount	-	(676)	(3,792)	(1,653)	(57,869)	(6,817)	(8,196)	(13,784)	(993)	-	(18,363)	(7,213)	(22,548)
11	Other Allowances	(84,560)	(34,569)	(30,542)	(39,638)	(86,522)	(140,779)	(94,463)	(58,286)	(37,429)	(75,926)	(87,935)	(67,310)	(71,204)
12	Bad Debt	(43,284)	(44,765)	(34,307)	(51,476)	(42,060)	(21,438)	(41,917)	(81,238)	(74,468)	(65,357)	(73,368)	(42,659)	(49,265)
13	Total Deductions	(729,685)	(651,401)	(642,314)	(616,088)	(673,561)	(725,107)	(789,422)	(704,763)	(903,851)	(814,038)	(772,952)	(864,765)	(852,952)
14	Net Patient Revenue	1,260,306	1,019,949	1,135,362	1,155,687	1,302,082	1,395,858	1,339,112	1,280,689	1,533,218	1,354,434	1,247,082	1,305,140	1,241,127
	% of Gross Revenue	*63.3%*	*61.0%*	*63.9%*	*65.2%*	*65.9%*	*65.8%*	*62.9%*	*64.5%*	*62.9%*	*62.5%*	*61.7%*	*60.1%*	*59.3%*
15	Meaningful Use Revenue	-	-	-	-	-	-	-	-	-	-	-	-	
16	Quality Payments	-	-	-	-	-	-	-	-	-	-	-	-	
17	Other Operating Revenue	6,813	62	1,266	377	1,531	2,045,573	1,544	1,626	5,374	3,675	1,578	866	1,165
18	Total Operating Revenue	1,267,119	1,020,011	1,136,628	1,156,064	1,303,613	3,441,431	1,340,656	1,282,315	1,538,592	1,358,109	1,248,660	1,306,005	1,242,293
19	EXPENSES													
20	Salaries & Wages	(700,959)	(561,247)	(669,950)	(708,102)	(628,460)	(628,378)	(735,926)	(684,412)	(642,354)	(702,357)	(673,881)	(727,030)	(761,394)
21	Employee Benefits	(145,308)	(131,870)	(126,612)	(137,689)	(139,055)	(135,973)	(142,507)	(127,879)	(128,026)	(126,941)	(120,214)	(128,148)	(146,083)
22	Contract Labor	(112,313)	(113,444)	(91,864)	(114,126)	(85,432)	(115,923)	(160,617)	(136,809)	(87,029)	(94,570)	(101,356)	(103,543)	(99,054)
23	Professional Fees - Medical	(240,162)	(220,127)	(261,366)	(272,737)	(239,698)	(242,563)	(240,648)	(248,365)	(279,561)	(293,412)	(250,960)	(242,342)	(266,203)
24	Professional Fees - Other	(29,638)	(42,268)	(21,508)	(34,815)	(42,727)	(35,109)	(26,806)	(33,184)	(18,143)	(18,213)	(12,913)	(40,782)	(20,198)
25	Supplies	(71,759)	(71,156)	(79,376)	(81,811)	(105,371)	(85,121)	(74,673)	(104,109)	(280,006)	(88,996)	(70,029)	(81,127)	(91,570)
26	Purchased Services	(137,420)	(116,585)	(115,307)	(208,954)	(136,131)	(169,742)	(168,873)	(132,700)	(180,888)	(205,636)	(182,950)	(127,581)	(176,901)
27	Insurance	(12,190)	(12,459)	(12,671)	(12,465)	(12,308)	(12,359)	(22,066)	(22,237)	(22,228)	(22,301)	(22,285)	(12,263)	(13,870)
28	Rentals and Leases	(13,671)	(9,496)	(12,798)	(12,386)	(16,128)	(14,470)	(15,412)	(15,419)	(14,636)	(14,119)	(15,101)	(21,381)	(7,358)
29	Repairs and Maintenance	(21,808)	(22,236)	(18,359)	(16,312)	(11,708)	(14,801)	(22,036)	(31,692)	(18,872)	(22,165)	(14,964)	(8,927)	(10,193)
30	Utilities and Telephone	(38,257)	(30,246)	(35,376)	(32,948)	(29,103)	(29,816)	(32,914)	(34,284)	(31,855)	(27,422)	(25,622)	(31,028)	(27,378)
31	Depreciation & Amortization	(38,690)	(36,029)	(35,160)	(35,203)	(35,203)	(35,797)	(36,039)	(36,038)	(32,493)	(36,150)	(36,150)	(35,885)	(35,885)
32	Other Expenses	(45,112)	(36,711)	(32,635)	(31,571)	(43,591)	(34,776)	(41,090)	(51,380)	(32,628)	(59,262)	(39,750)	(62,002)	(49,143)
33	Total Operating Expenses	(1,607,288)	(1,403,874)	(1,512,981)	(1,699,117)	(1,524,915)	(1,554,827)	(1,719,607)	(1,658,508)	(1,768,719)	(1,711,544)	(1,566,175)	(1,622,041)	(1,705,230)
34	Income From Operations	(340,169)	(383,863)	(376,353)	(543,053)	(221,302)	1,886,604	(378,951)	(376,193)	(230,127)	(353,435)	(317,515)	(316,035)	(462,937)
35	Tax Revenue	314,441	-	-	-	-	265,767	-	-	-	-	-	-	
36	IGT - Incoming Portion	-	525,385	429,153	-	-	-	-	-	-	-	-	-	
37	Non Capital Grants and Donations	(1,500)	-	(2,173)	16,630	-	29,138	2,020	11,855	520	132	130,209	150	4,175
38	Interest Income	6,711	153	243	9,832	1,562	2,391	24,800	2,634	2,040	42,984	2,266	1,975	68,094
39	Interest Expense	(418)	(347)	(420)	(378)	(326)	(567)	(505)	(328)	(958)	(348)	(362)	(83)	(388)
40	Non-Operating Income (Expense)	-	12,287	-	-	-	-	-	-	-	-	-	-	
41	Total Non-Operating Gain (Loss)	319,235	537,479	426,803	26,084	1,236	296,729	26,316	14,161	1,601	42,768	132,113	2,043	71,881
42	**Net Income**	(20,934)	153,616	50,450	(516,970)	(220,066)	2,183,332	(352,636)	(362,033)	(228,525)	(310,667)	(185,402)	(313,993)	(391,056)
43	Operating Margin %	(26.8%)	(37.6%)	(33.1%)	(47.0%)	(17.0%)	54.8%	(28.3%)	(29.3%)	(15.0%)	(26.0%)	(25.4%)	(24.2%)	(37.3%)
44	Net Margin %	(1.7%)	15.1%	4.4%	(44.7%)	(16.9%)	63.4%	(26.3%)	(28.2%)	(14.9%)	(22.9%)	(14.8%)	(24.0%)	(31.5%)
45	Payroll as % of Operating Expense	43.61%	39.98%	44.28%	41.67%	41.21%	40.41%	42.80%	41.27%	36.32%	41.04%	43.03%	44.82%	44.65%
46	IGT Transaction Summary													
47	Outgoing	189,050	-	114,842	-	19,399	-	-	-	-	-	-	-	-
48	Incoming	1,545,421	-	525,385	429,153	-	-	-	-	-	-	-	-	-
49	Net Impact	1,356,372	-	410,543	429,153	(19,399)	-	-	-	-	-	-	-	-

Seneca Healthcare District
Comparative Balance Sheets - Board Report (DRAFT)
Dates as Indicated

	Unaudited	Audited	Audited	Audited	FY 2023-2022	
	FY 2023	FY 2022	FY 2021	FY 2020	$ Change	% Change
	as of 1/31/2023	6/30/2022	6/30/2021	6/30/2020		
ASSETS						
Current Assets						
Cash	$ 1,957,651	$ 747,360	$ 3,115,934	$ 18,884	$ 1,210,291	161.94%
Short-term Investments	9,122,657	12,528,820	7,618,504	7,317,637	(3,406,162)	-27.19%
Total Cash and Equivalents	**11,080,309**	**13,276,180**	**10,734,438**	**7,336,520**	**(2,195,871)**	**-16.54%**
Patient Accounts Receivable	4,147,946	3,826,687	3,570,234	4,582,957	321,259	8.40%
Accounts Receivable Reserves	(2,607,736)	(2,695,705)	(2,453,764)	(3,096,844)	87,970	-3.26%
Net Accounts Receivable	**1,540,210**	**1,130,982**	**1,116,470**	**1,486,113**	**409,228**	**36.18%**
% of Gross Accounts Receivable	*37.1%*	*29.6%*	*31.3%*	*32.4%*		
Inventory	413,059	337,226	325,481	250,386	75,833	22.49%
Other Assets- Due (to)/from gov't payers	(603,842)	202,390	1,540,757	669,462	(806,232)	-398.36%
Board Restricted Funds - Facility Capital	351,545	449,934	1,253,165	513,400	(98,389)	
Board Restricted Funds	1,044,630	1,776,243	2,456,135	612,125	(731,613)	-41.19%
Total Other Assets	1,205,392	2,765,794	5,575,539	2,045,374	(1,560,402)	-56.42%
Total Current Assets	**13,825,911**	**17,172,955**	**17,426,447**	**10,868,007**	**(3,347,044)**	**-19.49%**
Fixed Assets						
Land	90,610	90,610	90,610	90,610	0	0.00%
Buildings	6,188,081	5,801,899	5,762,782	5,532,267	386,182	6.66%
Capital Equipment	6,946,580	6,905,562	5,861,094	5,033,846	41,018	0.59%
Total Plant & Equipment	13,225,271	12,798,071	11,714,485	10,656,723	427,200	3.34%
Accumulated Depreciation	(10,060,300)	(9,811,659)	(9,363,323)	(8,493,946)	(248,641)	2.53%
Net Fixed Assets	**3,164,970**	**2,986,411**	**2,351,162**	**2,162,778**	**178,559**	**5.98%**
TOTAL ASSETS	**$ 16,990,881**	**$ 20,159,367**	**$ 19,777,608**	**$ 13,030,785**	**$ (3,168,486)**	**-15.72%**
LIABILITIES AND RETAINED EARNINGS						
Current Liabilities						
Accounts Payable	$ 573,032	$ 1,598,381	$ 513,833	$ 626,379	$ (1,025,349)	-64.15%
Accrued Payroll & Benefits	947,752	918,467	620,243	562,461	29,284	3.19%
Accrued Other Liabilities	1,956,434	1,956,434	4,501,218	207,968	0	0.00%
Total Current Liabilities	**3,477,217**	**4,473,282**	**5,635,295**	**1,396,807**	**(996,065)**	**-22.27%**
Long-Term Liabilities						
Loans	0	0	1,508,168	14,250	0	#DIV/0!
Capitalized Leases	47,427	60,864	110,836	133,793	(13,437)	-22.08%
Total Long-Term Liabilities	**47,427**	**60,864**	**1,619,004**	**148,043**	**(13,437)**	**-22.08%**
TOTAL LIABILITIES	**3,524,645**	**4,534,146**	**7,254,299**	**1,544,850**	**(1,009,502)**	-22.26%
FUND BALANCE	**13,466,237**	**15,625,220**	**12,342,178**	**11,485,935**	**(2,158,984)**	**-13.82%**
TOTAL LIABILITIES AND FUND BALANCE	**$ 16,990,881**	**$ 20,159,367**	**$ 19,596,476**	**$ 13,030,785**	**$ (3,168,486)**	**-15.72%**

Seneca Healthcare District
Detail of Long Term Debt
As of January 31, 2023

Description	Original Amount	Origination Date	Interest Rate	Monthly Payment	Maturity	Secured By	Balance on Jan 31, 2023
Loans							
CHFFA Help II Loan	387,890	July 2011	3.00%	0	September 2018	Patient AR	0
CHFFA Help II Loan	400,000	January 2015	3.00%	0	February 2019	Patient AR	0
Evident	114,000	October 2017	0.00%	0	September 2019	Equipment	0
PPP Loan	1,508,168	May 2020			May 2022		0
Total Loans	2,410,058			0			0
Capitalized Leases							
Siemens	172,672	September 2017	5.63%	2,492	August 2024	Equipment	47,427
Jules	500,081	February 2013	5.80%	0	February 2018	Equipment	0
Total Capitalized Leases	672,753			2,492			47,427
Total Long Term Liabilities	3,082,811			2,492			47,427

Seneca Healthcare District
Summary Statement of Cash Flows - Board Report
Fiscal Year-to-Date

	YTD 1/31/2023
Net Income (Loss)	$ (2,144,312)
Changes in:	
Depreciation	248,641
(Increase)/Decrease in Net Accounts Receivable	(409,228)
(Increase)/Decrease in Inventory	(75,833)
(Increase)/Decrease in Other Assets	806,232
Increase/(Decrease) in Accounts Payable	(1,040,022)
Increase/(Decrease) in Accrued Payroll & Benefits	29,284
Increase/(Decrease) in Other Accrued Liabilities	-
Net Cash Provided (Used) by Operating Activities	(440,925)
Purchases of Equipment	(427,200)
Net Cash Provided (Used) in Investing Activities	(427,200)
Proceeds from New Loans	-
Principal Payments of Loans	-
Principal Payments under Capital Leases	(13,437)
Principal Payments under Inter-Governmental Transfer Program	-
Net Cash Provided (Used) in Financing Activities	(13,437)
Net Change in Cash and Cash Equivalents	(3,025,873)
Cash and Cash Equivalents, Beginning of Period	15,502,357
Cash and Cash Equivalents, End of Period	$ 12,476,484

*Inclusive of Board Restricted Cash

Cash Detail by Account

Operating Checking - Plumas Bank	$ 1,627,931
Suspense General Ledger for Receipts Pending R.A.'s	(5,519)
Payroll Checking - US Bank	334,205
Business Savings - Plumas Bank	137,815
Petty Cash - Receptionists	1,034
Local Agency Investment Fund	10,320,033
Series EE Bonds	60,984
Total Cash and Cash Equivalent Detail	$ 12,476,484

SENECA HEALTHCARE DISTRICT
ACTIVITY SUMMARY
FOR THE MONTH OF JANUARY 2023

		MONTH TO DATE			YEAR TO DATE	
		CURRENT MONTH JAN 2023	PRIOR MONTH DEC 2022	PRIOR YEAR MONTH JAN 2022	JULY 2022 - JAN 2023	JULY 2021 - JAN 2022
1.	In Patient Stays					
	1.a Admissions	9	14	6	56	68
	1.b Discharges	10	16	6	56	65
2.	Out Patient Observations	12	17	17	118	83
3.	Out Patient Surgeries	21	24	14	140	82
4.	Emergency Visits	203	289	200	1,832	1,463
5.	Lab Procedures	2,295	2,348	2,086	17,936	15,709
6.	Radiology Procedures	316	317	235	2,201	1,668
	6.a X-Ray Procedures	188	193	139	1,253	1,042
	6.b Mammography	0	0	0	0	0
	6.c MRI	0	3	4	22	26
	6.d Ultrasound	4	24	0	75	44
	6.e C T Scan	124	97	92	851	556
	6. f Dexascanner	0	0	0	0	0
7.	Respiratory Therapy/ABG/PFT	159	247	79	860	1,018
8.	CardioPulmonary EKG/Holter	68	45	49	440	343
9.	Stress Tests	0	0	0	2	3
10.	Physical Therapy	173	136	206	1,894	1,594
11.	Lake Almanor Clinic Visits	618	510	540	4,239	4,030
	Dr. Ware	110	90	150	636	1,007
	Dr. Walls	76	58	101	553	723
	Dr. Cooper/Physician Office	163	184	119	928	891
	NP Office	0	0	0	133	47
	NP Walk-in/Hayden	209	112	110	1,446	965
	Specialty/Other	60	66	60	543	397
	ACUTE CARE					
12.	Acute Patient Days	43	44	30	184	278
13.	Acute ADC	1.39	1.42	0.97	0.86	1.29
14.	% Occupancy	13.87	14.19	9.68	8.56	12.93
15.	Avg Length of Stay	4.78	3.14	5.00	3.29	4.09
16.	Swing Bed Days	0	0	25	42	109
17.	Swing Bed ADC	0.00	0.00	0.81	0.20	0.51
18.	Total ADC	1.39	1.42	1.77	1.05	1.80
	SKILLED NURSING UNIT					
19.	Patient Days	415	434	369	2,870	2,974
20.	Average Daily Census	13.39	14.00	11.90	13.35	13.83
21.	% Occupancy	83.67	87.50	74.40	83.43	86.45
	TOTALS					
22.	Patient Days	478	478	424	3,096	3,361
23.	Average Daily Census	15.42	15.42	13.68	14.40	15.63
24.	Total Adjusted Patient Days	1,668	1,668	1,292	13,345	9,861

Seneca Healthcare District
Gross Outpatient Revenue
January 2023

	Month Ended 1/31/23			Year to Date 1/31/23		
	Actual	Budget	Variance	Actual	Budget	Variance
Acute			-	-	-	-
Swing			-	-	-	-
SNF			-	-	-	-
Observation	44,757.00	44,365.61	391.39	385,867.00	303,540.98	82,326.02
ER	259,337.00	270,167.88	(10,830.88)	2,100,357.00	1,848,436.75	251,920.25
ER Phy	98,839.00	98,852.02	(13.02)	768,937.00	676,326.55	92,610.45
Surgery	63,585.00	71,065.53	(7,480.53)	456,560.00	486,216.74	(29,656.74)
Anesth	5,332.00	4,656.34	675.66	30,265.00	31,857.78	(1,592.78)
CS	13,125.00	12,153.16	971.84	127,029.98	83,149.56	43,880.42
LAC	210,578.86	201,416.01	9,162.85	1,240,503.37	1,378,049.65	(137,546.28)
LAB	231,251.94	275,212.30	(43,960.36)	1,865,467.00	1,882,949.71	(17,482.71)
Blood Gas	5,013.00	3,469.95	1,543.05	26,736.00	23,740.73	2,995.27
Blood Bank	877.00	1,241.83	(364.83)	877.00	8,496.38	(7,619.38)
EKG	38,421.60	28,805.40	9,616.20	257,976.60	197,080.99	60,895.61
Stress		452.20	(452.20)	2,644.00	3,093.87	(449.87)
Radiology	89,926.80	79,880.73	10,046.07	594,481.60	546,528.58	47,953.02
Mammo			-	-	-	-
MRI		28,240.29	(28,240.29)	81,541.00	193,214.61	(111,673.61)
Ultrasound	5,288.00	-	5,288.00	65,894.00	-	65,894.00
CT Scan	211,334.00	158,911.67	52,422.33	1,473,637.00	1,087,243.12	386,393.88
OP Proc	1,651.00	4,425.00	(2,774.00)	46,948.00	30,275.00	16,673.00
Pharmacy	154,467.00	162,490.05	(8,023.05)	1,230,075.50	1,111,725.72	118,349.78
RT	15,816.00	16,126.56	(310.56)	140,593.00	110,334.81	30,258.19
PT	62,144.00	109,812.37	(47,668.37)	626,257.00	751,315.13	(125,058.13)
OT		-	-	-	-	-
Telemed			-			-
Totals	1,511,744.20	1,571,744.89	(60,000.69)	11,522,647.05	10,753,576.64	769,070.41

Seneca Healthcare District
Professional Fees- Medical
January 31, 2023

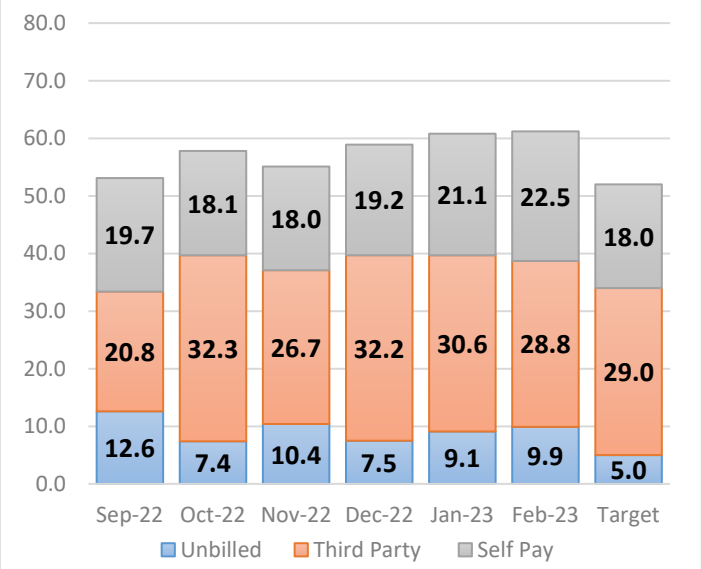
G/L #	Description	Actual ME 1/31/2023	Budget ME 1/31/2023	(Over)/Under Budget	Actual YTD 1/31/2023	Budget YTD 1/31/2023	(Over)/Under Budget
	Grand Total	266,202.61	270,362.99	4,160.38	1,821,491.61	1,826,900.90	5,409.29
41220040	EMERG RM PHYSICIAN FEES	117,221.00	115,320.00	(1,901.00)	815,174.50	799,800.00	(15,374.50)
	SHD Contracted Physicians	99,505.00	93,077.50	(6,427.50)	582,185.00	585,357.50	3,172.50
	Locums Physicians	17,716.00	22,242.50	4,526.50	232,989.50	214,442.50	(18,547.00)
41220044	SURGERY PHYSICIAN FEES	33,139.52	26,373.89	(6,765.63)	189,647.06	184,617.25	(5,029.81)
41220044							
	Surgery - Surgeries Call	15,012.40	14,173.89	(838.51)	100,567.78	99,217.25	(1,350.53)
	Clinic	10,927.12	7,500.00	(3,427.12)	51,879.28	52,500.00	620.72
	CRNA	7,200.00	4,700.00	(2,500.00)	37,200.00	32,900.00	(4,300.00)
41220049	LK ALMANOR PHYSICIAN FEES	85,302.94	82,370.83	(2,932.11)	535,175.62	518,395.83	(16,779.79)
41229049							
	SHD Contracted Physicians	42,814.61	39,166.67	(3,647.94)	219,799.57	274,166.67	54,367.10
	FNP Supervision	3,000.00	2,937.50	(62.50)	21,450.00	20,562.50	(887.50)
	FNP Office	25,438.75	21,666.67	(3,772.08)	174,679.75	86,666.67	(88,013.08)
	Walk-In Clinic	14,049.58	13,600.00	(449.58)	88,711.30	102,000.00	13,288.70
	Telemedicine		5,000.00	5,000.00	30,535.00	35,000.00	4,465.00
		85,302.94	82,370.83	(2,932.11)	535,175.62	518,395.83	(16,779.79)
Other Professional Fees- Medical		30,539.15	46,298.26	15,759.11	281,494.43	324,087.82	42,593.39

Seneca Healthcare District

Revenue Cycle Status
February 2023

I. AR Days

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Target	Distance From Goal
Unbilled	12.6	7.4	10.4	7.5	9.1	9.9	5.0	4.9
Third Party	20.8	32.3	26.7	32.2	30.6	28.8	29.0	-0.2
Self Pay	19.7	18.1	18.0	19.2	21.1	22.5	18.0	4.5
Total AR Days	53.1	57.7	55.1	58.9	60.8	61.2	52.0	9.2



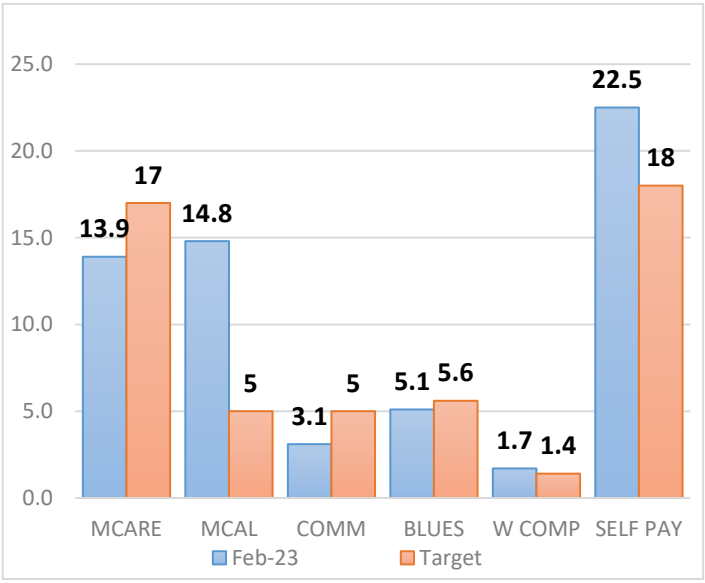
Summary

1. As of February 2023, the total AR days are 9.2 days above the target 52 days in AR.

2. Unbilled (DNFB & In House) is 4.9 days or $323K above the target 5 days in AR.

3. Third-party AR days decreased by 1.8 or $118K, closing at 28.8 days. This is 0.2 of a day or $13K below goal.

4. Self-Pay was above target of 18 by 4.5 days or $296K. Self-Pay revenue decreased by $2K, closing at $114K.



Summary

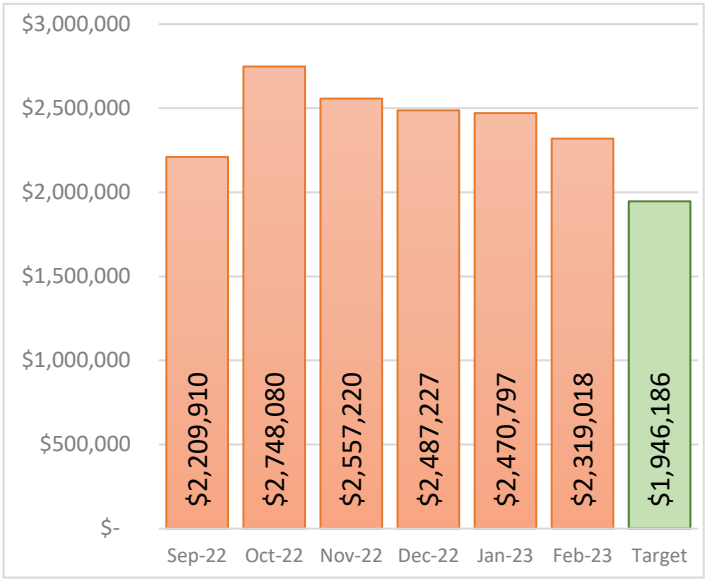
The overall AR days goal of 52 were not met in February. Financial class details are as follows:

1. Medicare is 3.1 days or $204K under goal.
2. Medi-Cal needs to be reduced by 9.8 days or $646K. As of 03/06/2023 there are 23 high dollar accounts for $612K, for nearly 63% of the Medi-Cal AR. Of the $612K, 12 for $309K are ER accounts in process with the payers. 2 LTC accounts for $109K are in process with PHP, 2 LTC accounts for $38K are pending TARs, 1 LTC account for $35K is in process with Medi-Cal, 5 LTC accounts for $93K are being billed to CHW as LTC billing in California just changed, and 1 LTC account for $28K was appealed with PHP.
3. Commercial is 1.9 days under target or $125K below goal.
4. Blues is $33K or 0.4 of a day under the target of 5.6 days.

***Detail around these metrics are broken down in the following pages**

II. Third Party Aged 0-90 Days

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Target	Distance From Goal
Aging < 90 Days %	93.1%	91.7%	94.8%	91.1%	91.1%	90.9%	87.0%	3.9%
Dollars Aged < 90 Days	$ 2,209,910	$ 2,748,080	$ 2,557,220	$ 2,487,227	$ 2,470,797	$ 2,319,018	$ 1,946,186	$ 372,832



Summary

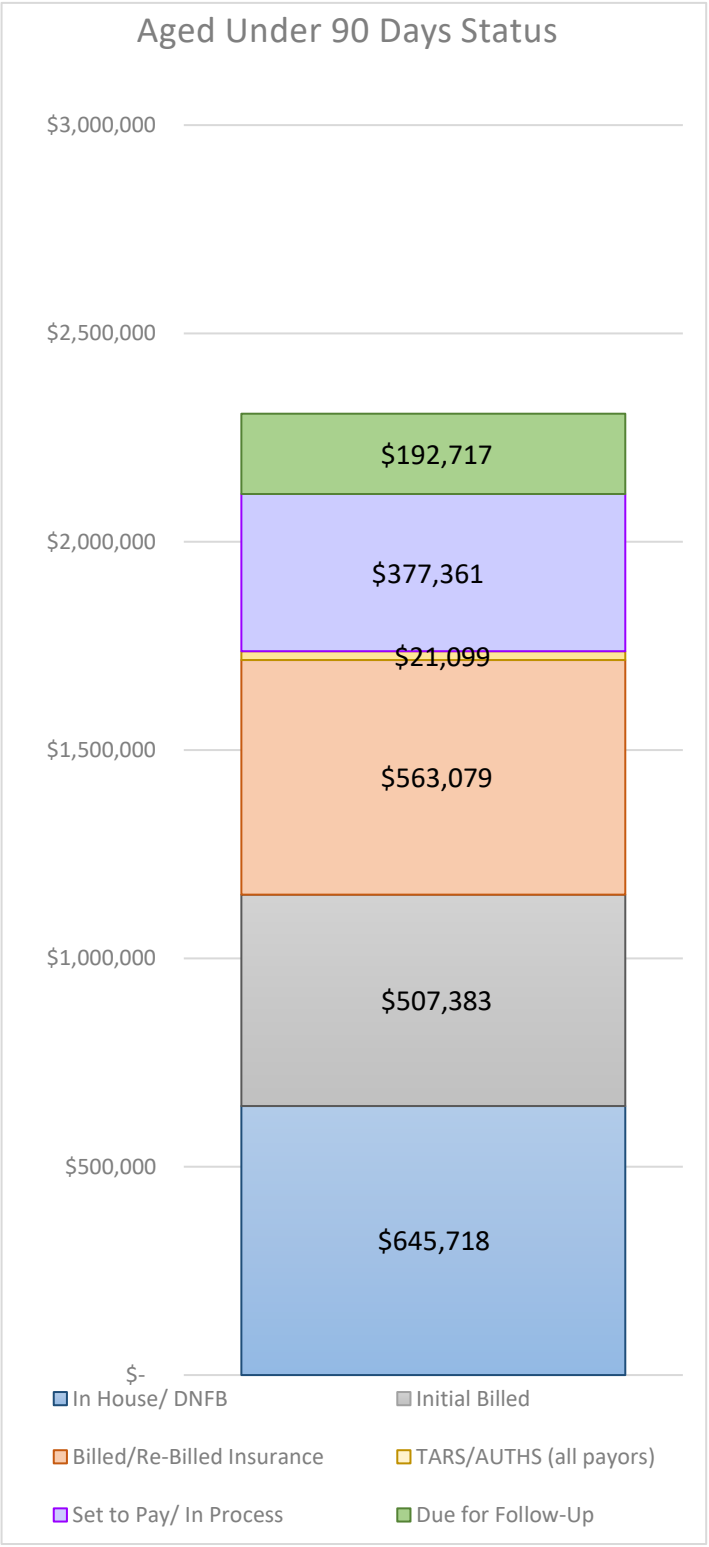
When calculating where the metrics should be to hit our target 52 days in AR and 17.4% aged over 90 days, I found the following:

Based on the 13-month average daily revenue of $66K, the total third party AR days under 90 should be at or below $1.9M.

The breakdown to the right shows the current status of the services under 90 days. The total under 90 is currently at 90.9%, or above goal by 3.9%. The dollars aged under 90 days are $373K from the target.

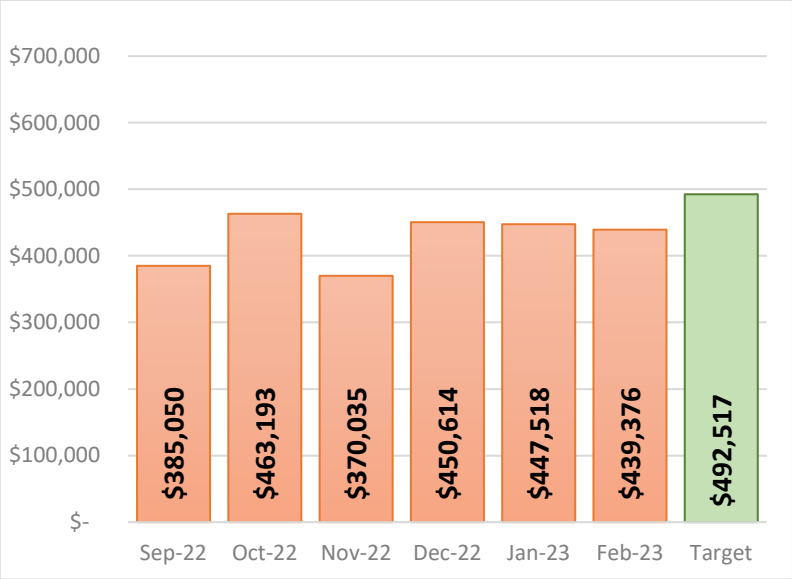
In-House increased by $171K and DNFB decreased $145K, leaving overall unbilled up $26K from January, closing February at $650K for 9.9 days in AR.

Inpatient admits decreased by 8, concluding February at 4. All other service lines experienced a decrease besides the LTC. Total services were down 286 from January, closing at 1,092.



III. Third Party Aged 90+ Days

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Target	Distance From Goal
Aging > 90 Days %	14.4%	15.1%	12.6%	15.2%	15.3%	15.9%	17.4%	-1.5%
Dollars Aged > 90 Days	$ 385,050	$ 463,193	$ 370,035	$ 450,614	$ 447,518	$ 439,376	$ 492,517	$ (53,141)



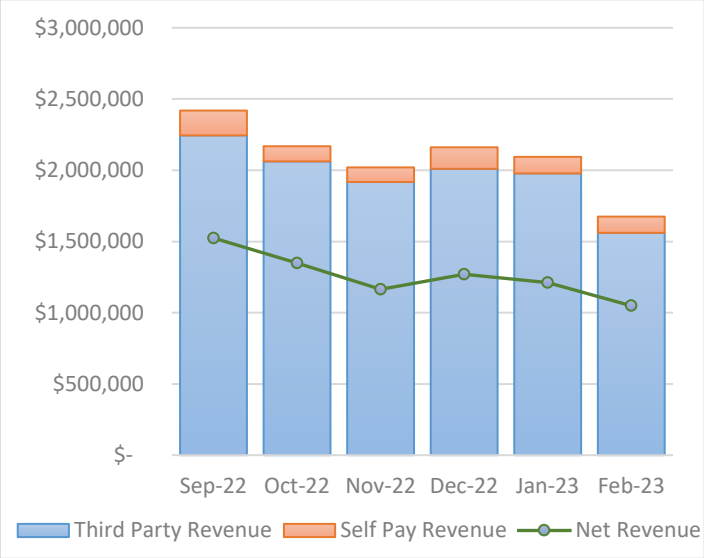
Summary

February's third party, aged over 90 days, decreased by $8K; and the percentage increased by 0.6%, ending at 15.9%. Third party aged over 90 days is $53K below the $493K that would achieve the target of 17.4%. The graph to the right illustrates the obstacles contributing to the aging.

1. Medicare aged over 90 days increased by $13K, closing at 6.8% or $63K.
2. Medi-Cal aged over 90 days, decreased by $25K and decreased by 0.6%, closing at 16.5% or $167K. There are 2 accounts greater than $10K, totaling $48K or 29% of the total Medi-Cal aging. 1 account is pending credentialing and 1 account was appealed with PHP.
3. Commercial aged over 90 days decreased by $24K, closing at 26.8% or $69K, of which $8K is VA. There are 4 VA accounts in appealed status, 6 pending authorization, and 1 is in process. The VA continues to run several months behind in processing claims. The remaining $61K has 19 claims in process, and 15 pending a status update from the payer.
4. Blues aged over 90 increased by $17K, ending at 24.5% or $108K. There are 20 accounts over $1K. Of which 4 are being appealed, 1 pending client review, 1 in DNFB and 14 are in process.

IV. Revenue

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
Third Party Revenue	$ 2,244,773	$ 2,062,069	$ 1,917,628	$ 2,010,004	$ 1,977,931	$ 1,560,218	$ 1,863,900
Self Pay Revenue	$ 174,109	$ 106,402	$ 102,405	$ 150,900	$ 116,149	$ 114,251	$ 129,102
Total Revenue	$ 2,418,882	$ 2,168,472	$ 2,020,034	$ 2,160,904	$ 2,094,079	$ 1,674,470	$ 1,993,002
Average Daily Revenue	$ 71,063	$ 71,498	$ 72,609	$ 69,015	$ 68,207	$ 65,883	$ 65,993
Net Revenue	$ 1,524,267	$ 1,349,465	$ 1,165,103	$ 1,270,728	$ 1,211,297	$ 1,048,849	$ 1,261,618



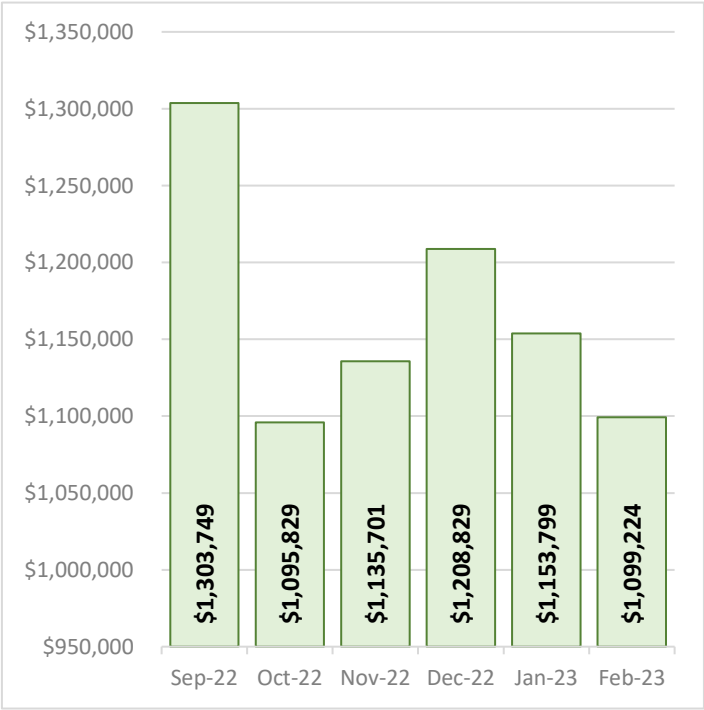
Summary

February's overall total revenue decreased by $420K compared to January's, closing at $1.7M. This is $3K, more than February 2022 and $319K, less than the 13-month average. The average daily revenue decreased by $2K, ending at $66K.

The Medicare financial class decreased by $351K, concluding at $982K; Medi-Cal decreased by $147K, ending at $47K; Commercial increased by $68K, closing at $226K; Blues was down $4K, finishing at $260K; Work Comp was up by $17K, closing at $45K, and Self-Pay decreased by $2K, concluding at $114K.

V. Cash Collections

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
Cash Collections	$ 1,303,749	$ 1,095,829	$ 1,135,701	$ 1,208,829	$ 1,153,799	$ 1,099,224	$ 1,283,589
Collection %	63%	64%	57%	63%	62%	68%	65%
% of Net Revenue	101%	72%	84%	104%	91%	91%	94%



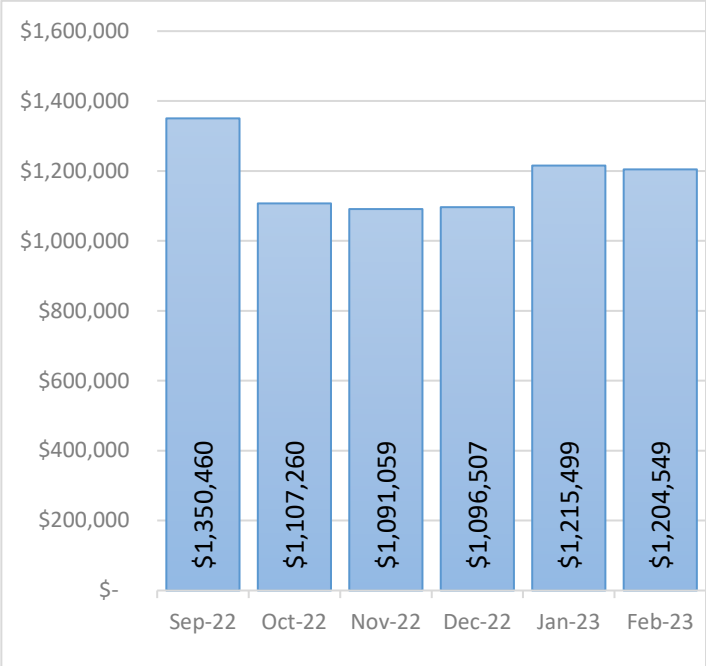
Summary

Cash collections for February were $1.1M. Cash collections for March are projected to reach $1M.

Medicare decreased by $22K, closing at $410K; Medi-Cal increased $17K, concluding at $339K; Commercial decreased by $22K, ending at $78K; Blues decreased by $20K, closing at $165K; Work Comp increased $2K, ending at $14K, and Self-Pay decreased $13K, concluding at $90K.

VI. Self Pay

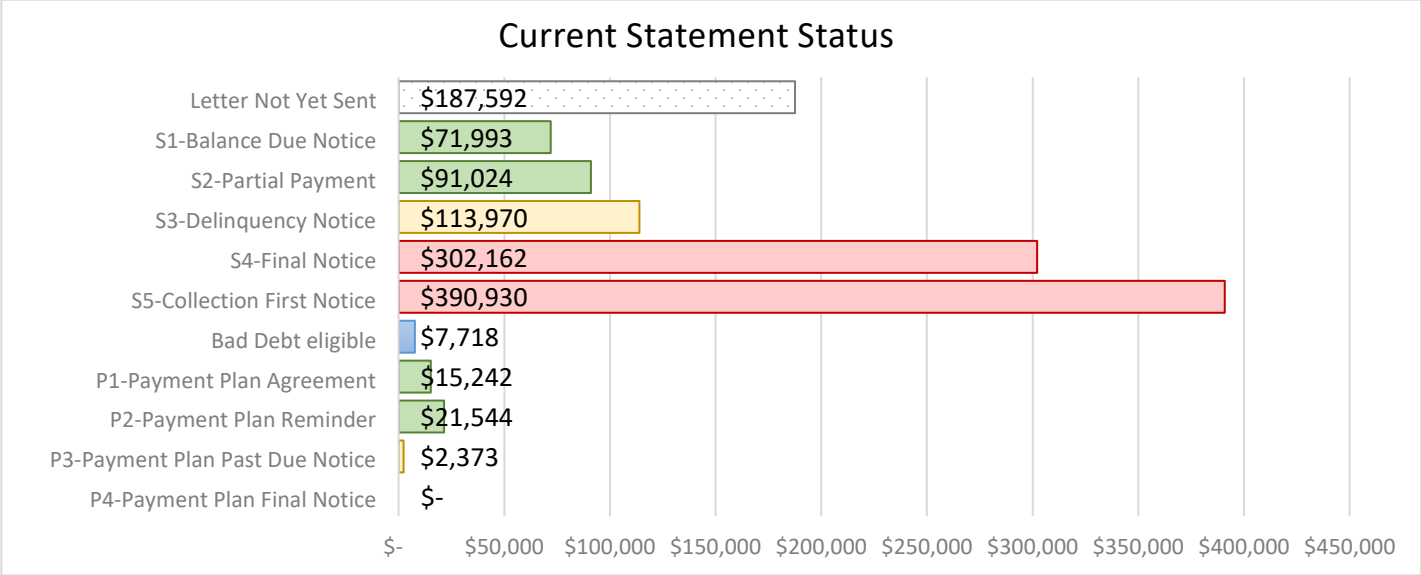
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Self Pay	$ 1,350,460	$ 1,107,260	$ 1,091,059	$ 1,096,507	$ 1,215,499	$ 1,204,549



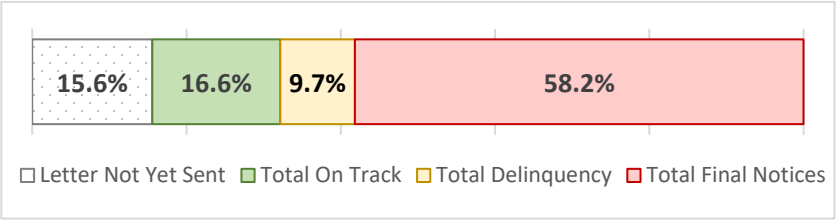
Summary

Self-Pay AR decreased in February, closing at 22.5 days, or above target by 4.5 days.

1. To be eligible for bad debt, a second final notice is sent (S5). There is $8K eligible for bad debt, outside of the collection first notice of $391K (S5).
2. The Self-Pay inventory has $39K set up on a payment plan by HRG.
3. There was $8K eligible for bad debt in February, of which $3K was approved for transfer.



Letter Not Yet Sent	$	187,592
Total Final Notices	$	700,811
Total Delinquency	$	116,343
Total On Track	$	199,804
Total	$	1,204,549



Seneca Healthcare District

MONTH END FINANCE REPORT

February 2023

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FINANCE DASHBOARD

Revenue Cycle Performance

	Target	September-22	October-22	November-22	December-22	January-23	February-23
REVENUE							
Net Revenue		$1,524,267	$1,349,465	$1,165,103	$1,270,728	$1,211,297	$1,048,849
Gross Revenue		$2,418,882	$2,168,472	$2,020,034	$2,160,904	$2,094,079	$1,674,470
CASH							
Cash Collections as a % of Net Revenue	**100%**	101%	72%	84%	104%	91%	91%
Cash Collections		$1,303,746	$1,095,829	$1,135,701	$1,208,829	$1,153,799	$1,099,224
ACCOUNTS RECEIVABLE							
Net AR		$2,327,425	$2,661,466	$2,399,056	$2,528,946	$2,549,420	$2,796,117
Gross AR		$3,771,777	$4,125,797	$4,001,018	$4,065,230	$4,147,841	$4,031,109
Unbilled	**5**	12.6	7.4	10.4	7.5	9.1	9.9
Third Party	**29**	20.8	32.3	26.7	32.2	30.6	28.8
Self Pay	**18**	19.7	18.1	18.0	19.2	21.1	22.5
Total Days in AR	**52**	**53.1**	**57.7**	**55.1**	**58.9**	**60.8**	**61.2**
Days in AR - Credit Balances	**< 1**	6.57	5.37	5.39	5.48	5.43	5.54
UNBILLED							
In-house	**< 2 Days**	1.6	0.7	1.4	0.7	0.9	3.5
DNFB	**< 3 Day**	4.8	3.9	5.7	6.8	8.3	6.4
Total Unbilled	**< 5 Days**	**12.6**	**7.4**	**10.4**	**7.5**	**9.1**	**9.9**

Third Party

	Target	September-22		October-22		November-22		December-22		January-23		February-23	
AGING (excluding credits)													
Medicare Aging > 90 Days	**12.0%**	**4.7%**	$ 42,955	**4.4%**	$ 45,192	**4.7%**	$ 52,531	**6.0%**	$ 60,781	**4.6%**	$ 50,192	**6.8%**	$ 63,144
Medi-Cal Aging > 90 Days	**16.7%**	**23.3%**	$ 160,795	**21.1%**	$ 190,011	**14.6%**	$ 157,783	**18.0%**	$ 211,107	**17.1%**	$ 194,274	**16.5%**	$ 168,874
Commercial Aging > 90 Days	**21.8%**	**14.1%**	$ 70,736	**18.0%**	$ 94,509	**26.5%**	$ 69,695	**26.4%**	$ 65,779	**45.2%**	$ 92,900	**26.8%**	$ 69,392
Blues Aging > 90 Days	**17.9%**	**19.5%**	$ 96,639	**21.8%**	$ 116,294	**19.2%**	$ 78,128	**20.8%**	$ 93,196	**23.0%**	$ 90,404	**24.5%**	$ 107,809
Work Comp Aging > 90 Days	**57.5%**	**21.5%**	$ 13,925	**24.5%**	$ 17,187	**18.0%**	$ 11,898	**21.1%**	$ 19,750	**21.4%**	$ 19,749	**26.7%**	$ 30,156
Total Third Party Aging > 90 Days	**17.4%**	**14.4%**	$ 385,050	**15.1%**	$ 463,193	**12.6%**	$ 370,035	**15.2%**	$ 450,614	**15.3%**	$ 447,518	**15.9%**	$ 439,376
CLAIM SUBMISSION EFFECIENCY													
Claims Submission		1,679	$ 2,341,328	2,085	$ 3,110,731	1,967	$ 2,307,661	1,710	$ 2,737,447	1,702	$ 2,216,486	1,581	$ 2,010,603
Clean Claims	**85%**	91%		96%		96%		95%		87%		91%	
Denial Percent	**5%**	5%		8%		5%		6%		8%		8%	
Total Denial Rate	**Count | Amt**	199	$ 125,445	197	$ 191,640	231	$ 170,230	189	$ 139,542	189	$ 208,240	192	$ 172,499
Communication Log Backlog		142	$ 224,851	139	$ 89,070	165	$ 199,187	161	$ 115,950	263	$ 110,821	284	$ 119,489

Self Pay

	Target	September-22		October-22		November-22		December-22		January-23		February-23	
INVENTORY & QUALITY													
Total Inventory		3,302	$ 1,397,399	3,217	$ 1,291,841	3,225	$ 1,307,592	3,273	$ 1,323,482	3,319	$ 1,436,719	3,356	$ 1,482,410
New		337	$ 191,388	249	$ 83,985	282	$ 94,250	267	$ 97,283	303	$ 143,041	309	$ 119,219
Resolved		273	$ 264,834	322	$ 57,487	398	$ 110,745	289	$ 61,788	347	$ 68,308	264	$ 37,820
Aged >120 days from Assignment	**< 25%**	54.2%	$ 757,309	55.8%	$ 720,782	55.1%	$ 720,091	54.2%	$ 717,770	58.0%	$ 833,631	56.7%	$ 841,046
Total Payment Plans over 120 days		$12,503		$10,360		$3,892		$8,051		$12,400		$30,113	
Average Speed to Answer	**< 60 seconds**	46		68		76		53		0		0	
STATEMENTS & LETTERS													
Statements & Letters		14,427		1,869		1,750		1,643		1,505		1,296	
Inbound and Outbound Calls	**In | Out**	142	93	99	34	151	229	147	221	127	136	123	63
WRITE OFFS													
Bad Debt as a % of Gross Revenue	**< 2%**	2.2%	$ 53,009	0.5%	$ 10,669	1.4%	$ 27,620	0.8%	$ 17,593	0.0%	$ -	0.2%	$ 2,670
Charity as a % of Gross Revenue	**< 2%**	0.0%	$ 993	0.0%	$ -	0.9%	$ 18,363	0.3%	$ 7,213	1.1%	$ 22,548	0.2%	$ 2,556

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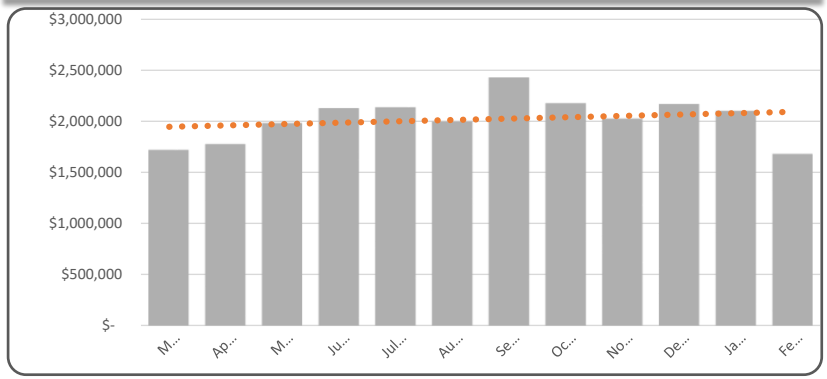
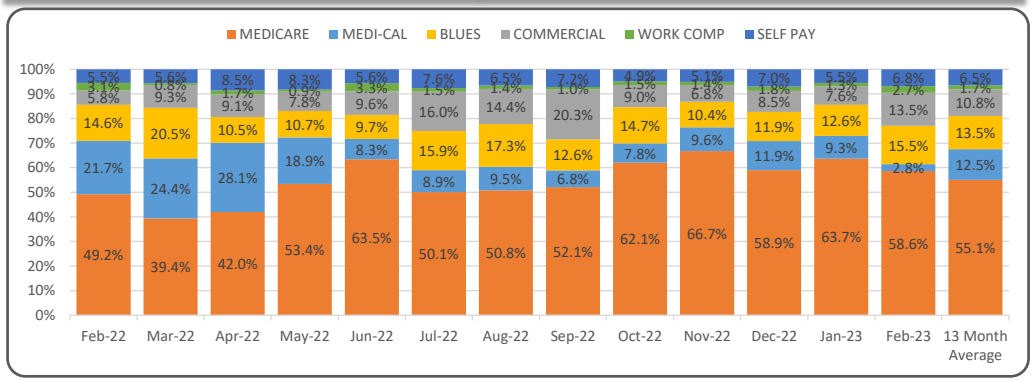
GROSS REVENUE

PAYER	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
MEDICARE	$ 822,624	$ 675,359	$ 744,336	$ 1,055,154	$ 1,346,116	$ 1,066,271	$ 1,011,502	$ 1,259,683	$ 1,345,965	$ 1,348,173	$ 1,273,731	$ 1,333,156	$ 981,936	**$ 1,097,231**
MEDI-CAL	$ 362,664	$ 418,521	$ 498,584	$ 373,076	$ 175,404	$ 189,511	$ 189,597	$ 164,820	$ 170,099	$ 194,794	$ 256,814	$ 194,431	$ 47,018	**$ 248,872**
COMMERCIAL	$ 97,695	$ 158,616	$ 161,201	$ 154,140	$ 204,377	$ 340,087	$ 286,149	$ 491,032	$ 194,712	$ 136,696	$ 183,749	$ 158,229	$ 226,138	**$ 214,832**
BLUES	$ 244,748	$ 351,616	$ 185,774	$ 212,226	$ 206,466	$ 338,470	$ 345,215	$ 305,018	$ 318,814	$ 210,519	$ 256,957	$ 263,961	$ 260,268	**$ 269,235**
WORK COMP	$ 51,332	$ 13,943	$ 30,457	$ 17,240	$ 69,772	$ 32,094	$ 27,736	$ 24,220	$ 32,479	$ 27,447	$ 38,753	$ 28,154	$ 44,857	**$ 33,729**
SELF PAY	$ 92,286	$ 96,024	$ 151,424	$ 163,226	$ 118,830	$ 162,101	$ 130,222	$ 174,109	$ 106,402	$ 102,405	$ 150,900	$ 116,149	$ 114,251	**$ 129,102**
TOTAL	**$ 1,671,350**	**$ 1,714,080**	**$ 1,771,775**	**$ 1,975,062**	**$ 2,120,965**	**$ 2,128,533**	**$ 1,990,421**	**$ 2,418,882**	**$ 2,168,472**	**$ 2,020,034**	**$ 2,160,904**	**$ 2,094,079**	**$ 1,674,470**	**$ 1,993,002**
AVERAGE DAILY REVENUE	**$ 62,635**	**$ 59,727**	**$ 57,946**	**$ 59,358**	**$ 64,481**	**$ 67,658**	**$ 67,825**	**$ 71,063**	**$ 71,498**	**$ 72,609**	**$ 69,015**	**$ 68,207**	**$ 65,883**	**$ 65,993**

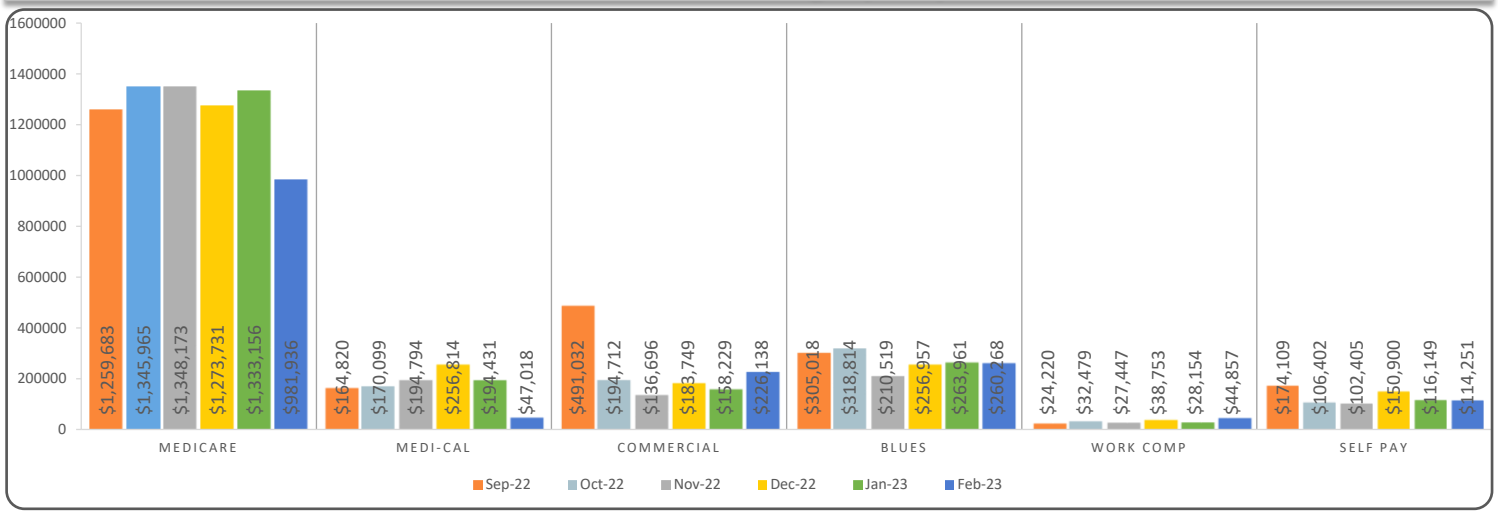
Gross Revenue



Payer Mix



Revenue Trending By Payer



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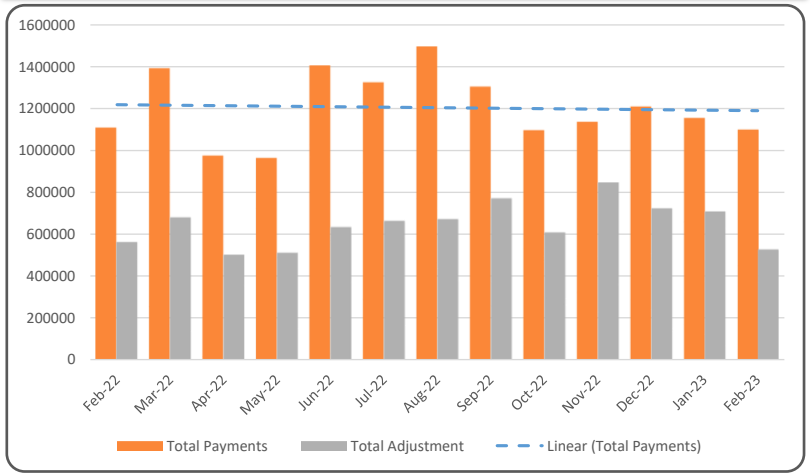
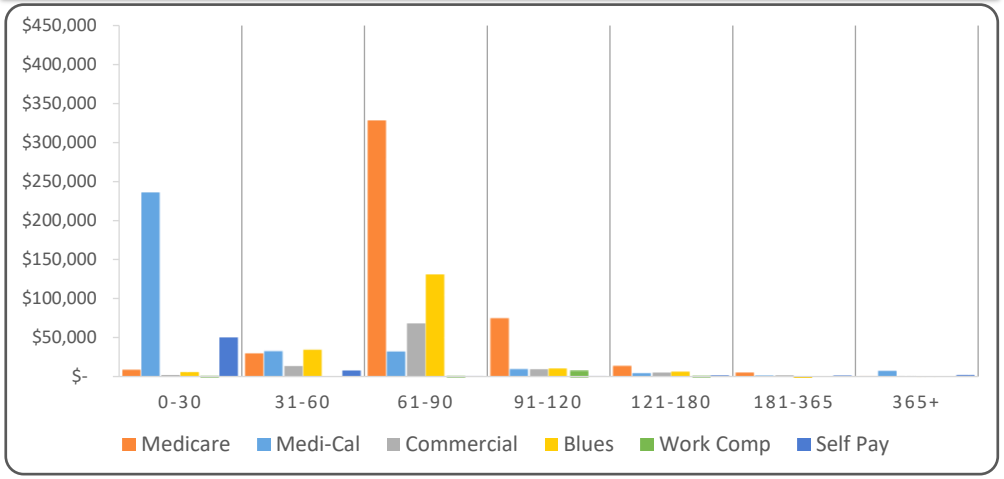
CASH DETAIL

PAYER	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
MEDICARE														
Payments	$ 531,862	$ 725,854	$ 367,579	$ 289,278	$ 661,997	$ 400,060	$ 712,982	$ 514,673	$ 398,232	$ 500,799	$ 526,745	$ 431,347	$ 409,804	$ 497,785
Adjustments	$ 115,118	$ 330,131	$ 177,397	$ 207,209	$ 271,424	$ 210,205	$ 264,500	$ 361,785	$ 267,927	$ 311,422	$ 403,609	$ 289,504	$ 231,715	$ 264,765
Collection %	82%	69%	67%	58%	71%	66%	73%	59%	60%	62%	57%	60%	64%	65%
MEDI-CAL														
Payments	$ 145,682	$ 252,588	$ 158,381	$ 271,733	$ 273,407	$ 492,462	$ 214,068	$ 260,889	$ 227,919	$ 64,174	$ 250,232	$ 322,400	$ 339,160	$ 251,777
Adjustments	$ 324,645	$ 238,820	$ 177,636	$ 156,792	$ 172,665	$ 282,232	$ 175,983	$ 209,302	$ 208,171	$ 203,789	$ 176,423	$ 254,068	$ 191,788	$ 213,255
Collection %	31%	51%	47%	63%	61%	64%	55%	55%	52%	24%	59%	56%	64%	53%
COMMERCIAL														
Payments	$ 90,979	$ 97,549	$ 87,154	$ 80,764	$ 105,564	$ 112,428	$ 180,875	$ 149,272	$ 100,969	$ 176,084	$ 137,455	$ 99,637	$ 77,884	$ 115,124
Adjustments	$ 29,681	$ 19,385	$ 61,483	$ 22,218	$ 40,324	$ 44,345	$ 75,596	$ 47,853	$ 29,604	$ 177,496	$ 53,480	$ 55,824	$ 27,329	$ 52,663
Collection %	75%	83%	59%	78%	72%	72%	71%	76%	77%	50%	72%	64%	74%	71%
BLUES														
Payments	$ 207,128	$ 212,066	$ 210,041	$ 195,259	$ 249,384	$ 215,412	$ 245,675	$ 254,401	$ 235,271	$ 253,871	$ 179,289	$ 184,883	$ 165,419	$ 216,008
Adjustments	$ 71,905	$ 76,245	$ 75,376	$ 53,139	$ 68,129	$ 54,269	$ 102,535	$ 87,271	$ 83,522	$ 101,731	$ 59,822	$ 73,844	$ 63,812	$ 74,738
Collection %	74%	74%	74%	79%	79%	80%	71%	74%	74%	71%	75%	71%	72%	74%
WORK COMP														
Payments	$ 31,603	$ 34,967	$ 39,988	$ 31,920	$ 12,309	$ 24,182	$ 42,760	$ 33,937	$ 18,155	$ 23,021	$ 10,395	$ 11,630	$ 13,592	$ 25,266
Adjustments	$ 17,721	$ 6,867	$ 8,110	$ 10,624	$ 9,009	$ 3,431	$ 5,662	$ 8,419	$ 6,982	$ 3,789	$ 3,396	$ 10,270	$ 5,731	$ 7,693
Collection %	64%	84%	83%	75%	58%	88%	88%	80%	72%	86%	75%	53%	70%	75%
SELF PAY														
Payments	$ 98,848	$ 65,718	$ 109,052	$ 92,395	$ 99,384	$ 78,678	$ 94,649	$ 87,331	$ 114,749	$ 101,709	$ 103,333	$ 102,553	$ 89,969	$ 95,259
Bad Debt Recoveries	$ 1,565	$ 2,142	$ 2,846	$ 2,785	$ 1,893	$ 953	$ 3,746	$ 3,242	$ 534	$ 16,043	$ 1,381	$ 1,348	$ 3,396	$ 3,221
Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Charity Care	$ -	$ 3,792	$ 1,653	$ 57,869	$ 6,817	$ 8,196	$ 13,784	$ 993	$ -	$ 18,363	$ 7,213	$ 22,548	$ 2,556	$ 11,060
Bad Debt	$ 3,074	$ 3,294	$ -	$ 2,785	$ 64,483	$ 59,901	$ 32,406	$ 53,009	$ 10,669	$ 27,620	$ 17,593	$ -	$ 2,670	$ 21,347
Total SP Adjustments	$ 3,074	$ 7,086	$ 1,653	$ 60,654	$ 71,300	$ 68,097	$ 46,190	$ 54,002	$ 10,669	$ 45,983	$ 24,806	$ 22,548	$ 5,227	$ 32,407
Collection %	97%	90%	99%	60%	58%	54%	67%	62%	91%	69%	81%	82%	95%	77%
TOTAL														
Total Payments	$ 1,107,668	$ 1,390,884	$ 975,041	$ 964,134	$ 1,403,938	$ 1,324,175	$ 1,494,755	$ 1,303,746	$ 1,095,829	$ 1,135,701	$ 1,208,829	$ 1,153,799	$ 1,099,224	$ 1,204,440
Total Adjustment	$ 562,144	$ 678,534	$ 501,654	$ 510,636	$ 632,850	$ 662,578	$ 670,467	$ 768,632	$ 606,877	$ 844,209	$ 721,536	$ 706,057	$ 525,602	$ 613,115
Total Collection %	66%	67%	66%	65%	69%	67%	69%	63%	64%	57%	63%	62%	68%	65%

Cash & Adjustment Trending



Cash Collections by Discharge Date



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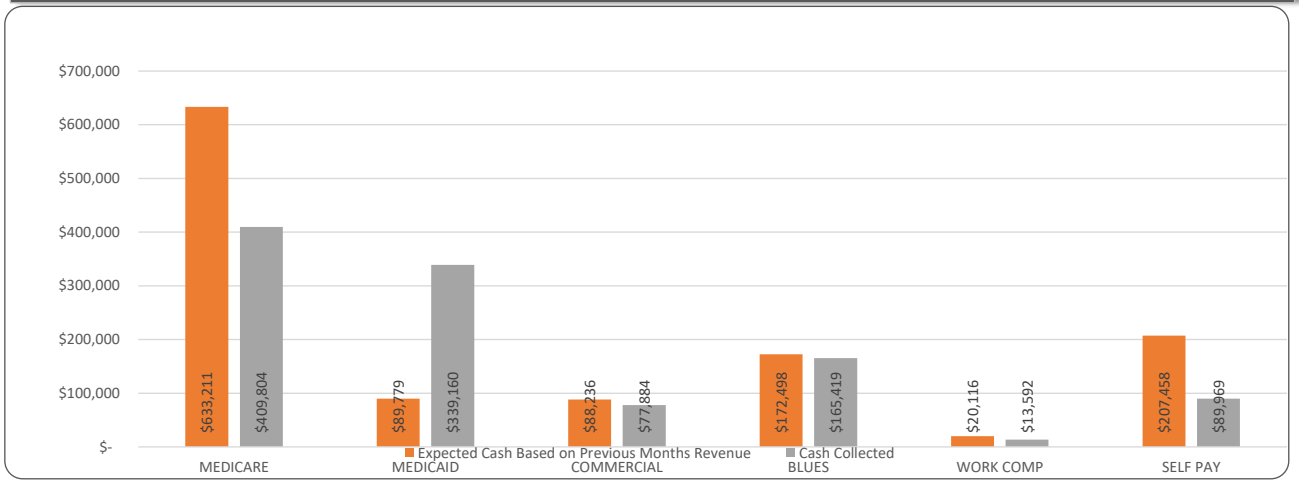
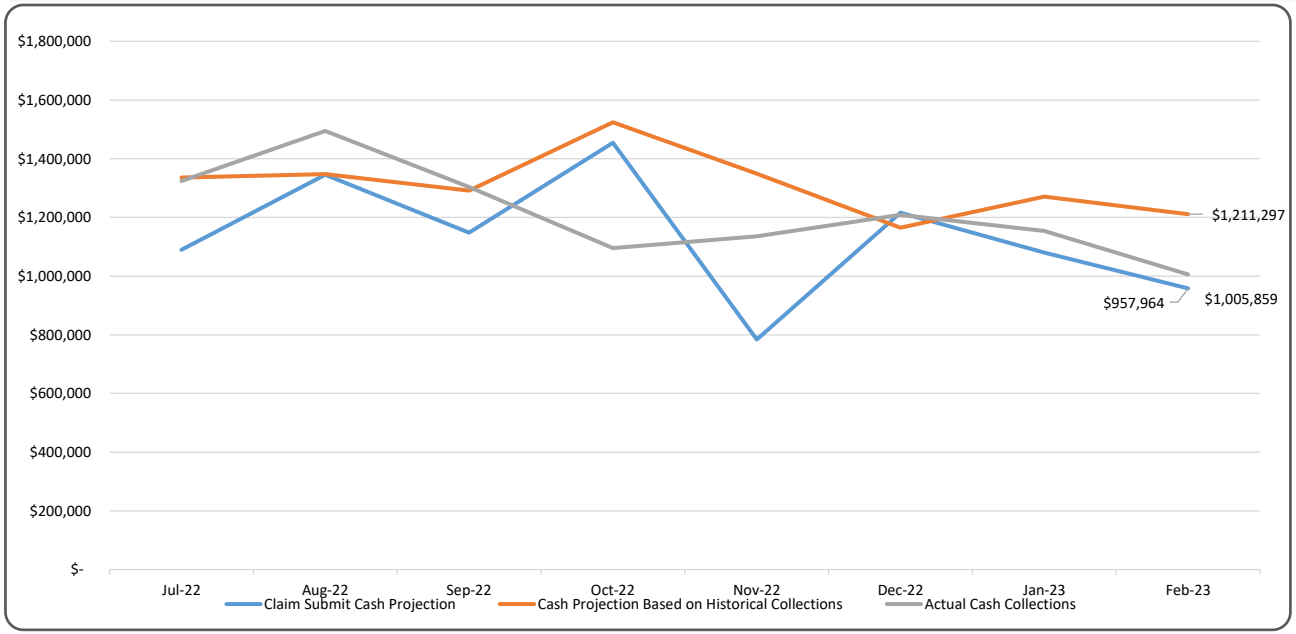
CASH FORECASTING

Expected Last Month vs Cash Collected (Based on Previous Months Revenue)

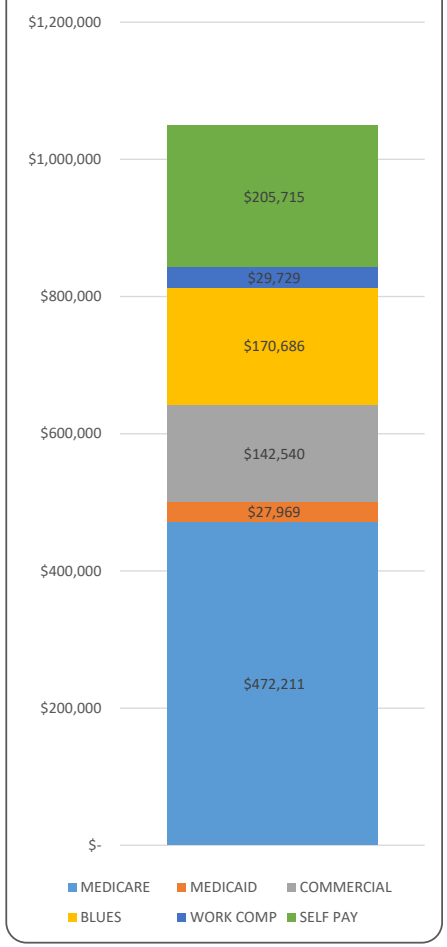


Expected Cash Based on Claim Submissions and Historical Collections



Cash Expected Next Month
(Based on *this Months* Revenue)

$1,048,849



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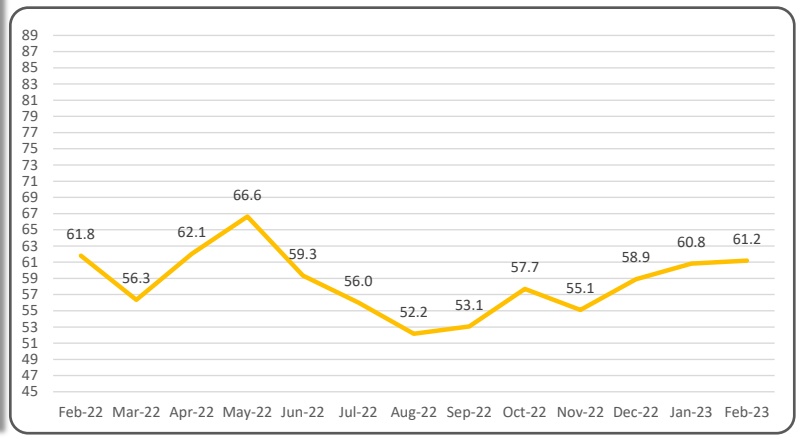
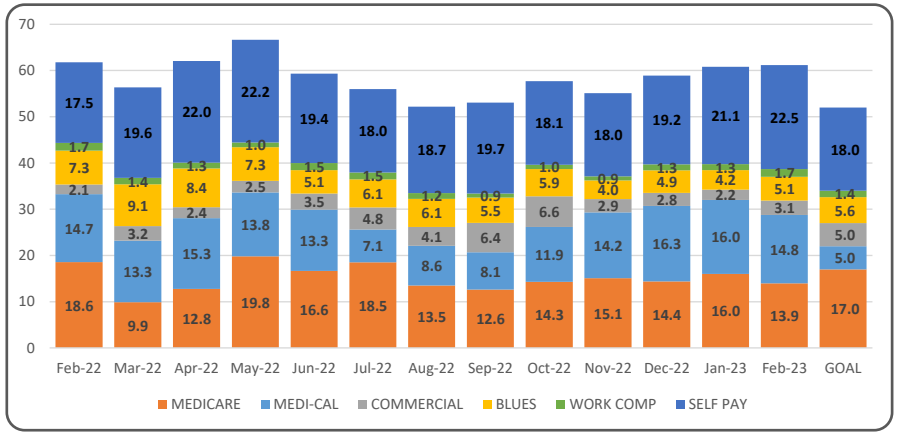
ACCOUNTS RECEIVABLE

AR Days

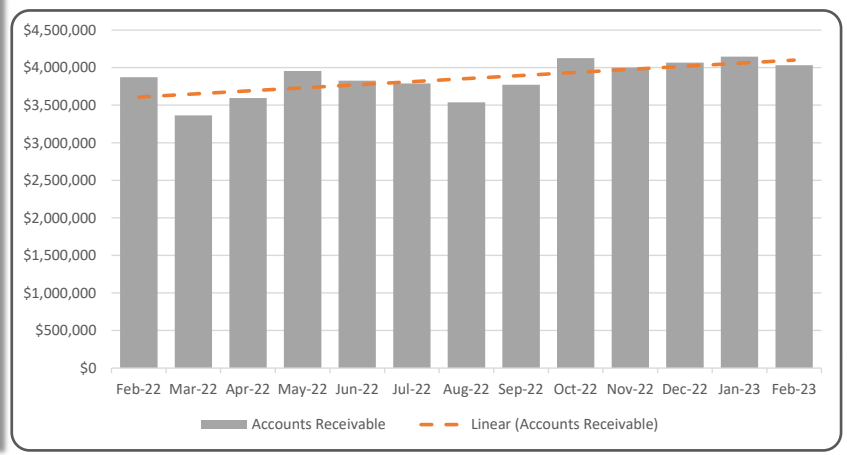
PAYER	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
MEDICARE	18.6	9.9	12.8	19.8	16.6	18.5	13.5	12.6	14.3	15.1	14.4	16.0	13.9	**15.1**
MEDI-CAL	14.7	13.3	15.3	13.8	13.3	7.1	8.6	8.1	11.9	14.2	16.3	16.0	14.8	**12.9**
COMMERCIAL	2.1	3.2	2.4	2.5	3.5	4.8	4.1	6.4	6.6	2.9	2.8	2.2	3.1	**3.6**
BLUES	7.3	9.1	8.4	7.3	5.1	6.1	6.1	5.5	5.9	4.0	4.9	4.2	5.1	**6.1**
WORK COMP	1.7	1.4	1.3	1.0	1.5	1.5	1.2	0.9	1.0	0.9	1.3	1.3	1.7	**1.3**
SELF PAY	17.5	19.6	22.0	22.2	19.4	18.0	18.7	19.7	18.1	18.0	19.2	21.1	22.5	**19.7**
TOTAL DAYS	**61.8**	**56.3**	**62.1**	**66.6**	**59.3**	**56.0**	**52.2**	**53.1**	**57.7**	**55.1**	**58.9**	**60.8**	**61.2**	**58.5**

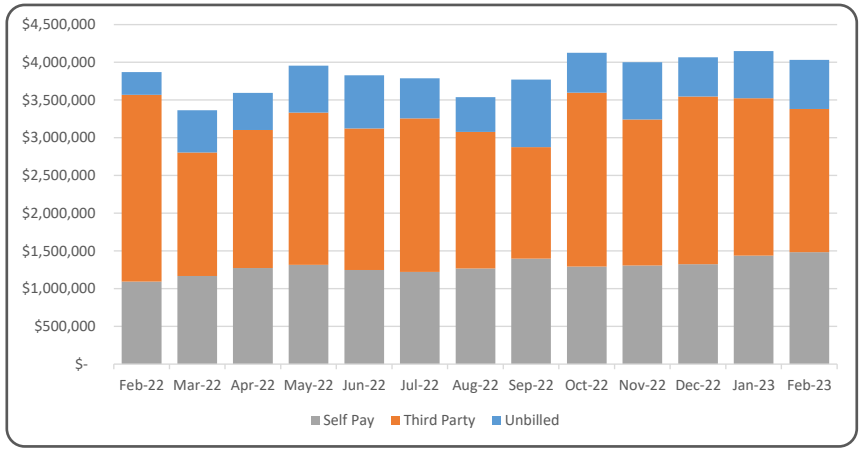




AR Balance

PAYER	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
MEDICARE	$ 1,162,013	$ 591,571	$ 739,316	$ 1,176,212	$ 1,073,167	$ 1,252,620	$ 916,722	$ 895,974	$ 1,020,321	$ 1,096,270	$ 991,439	$ 1,092,967	$ 918,752	**$ 994,411**
MEDI-CAL	$ 920,469	$ 793,021	$ 886,175	$ 819,197	$ 856,438	$ 480,599	$ 581,982	$ 573,118	$ 849,344	$ 1,030,845	$ 1,127,730	$ 1,089,526	$ 976,338	**$ 844,983**
COMMERCIAL	$ 131,373	$ 188,301	$ 139,209	$ 148,961	$ 223,877	$ 321,763	$ 276,349	$ 452,621	$ 474,468	$ 211,850	$ 195,508	$ 151,446	$ 203,820	**$ 239,965**
BLUES	$ 457,712	$ 541,405	$ 484,497	$ 432,966	$ 327,238	$ 410,862	$ 412,990	$ 389,636	$ 421,373	$ 290,029	$ 335,242	$ 287,671	$ 338,597	**$ 394,632**
WORK COMP	$ 105,284	$ 83,357	$ 73,554	$ 61,619	$ 97,660	$ 102,056	$ 82,341	$ 63,028	$ 68,450	$ 64,432	$ 91,830	$ 89,511	$ 111,193	**$ 84,178**
SELF PAY	$ 1,094,417	$ 1,167,667	$ 1,272,813	$ 1,316,325	$ 1,248,306	$ 1,220,954	$ 1,267,468	$ 1,397,399	$ 1,291,841	$ 1,307,592	$ 1,323,482	$ 1,436,719	$ 1,482,410	**$ 1,294,415**
TOTAL	**$ 3,871,267**	**$ 3,365,322**	**$ 3,595,563**	**$ 3,955,280**	**$ 3,826,687**	**$ 3,788,855**	**$ 3,537,853**	**$ 3,771,777**	**$ 4,125,797**	**$ 4,001,018**	**$ 4,065,230**	**$ 4,147,841**	**$ 4,031,109**	**$ 3,852,584**





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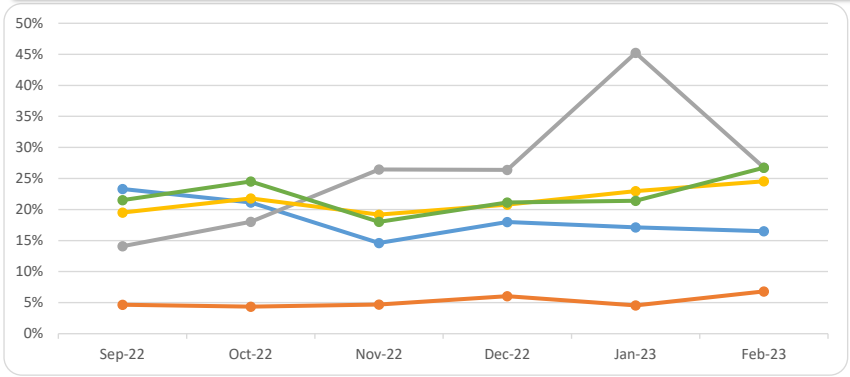
ACCOUNTS RECEIVABLE AGING

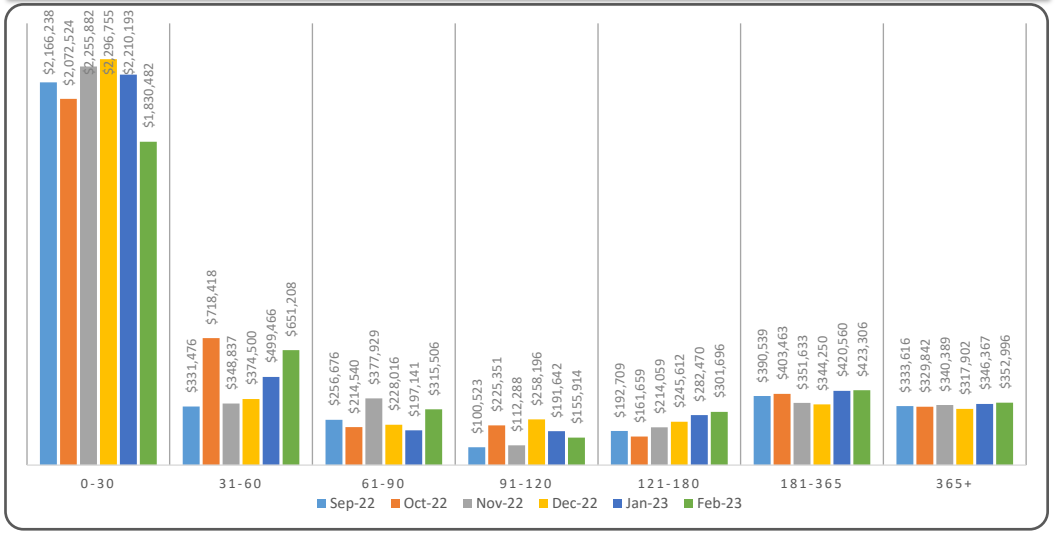
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$
MEDICARE																
Non-Credit	402	$ 599,234	89	$ 253,009	22	$ 11,741	39	$ 25,250	22	$ 7,632	42	$ 24,148	5	$ 6,114	621	$ 927,129
Credit	13	$ (472)	0	$ -	0	$ -	1	$ (23)	0	$ -	5	$ (4,359)	17	$ (3,524)	36	$ (8,377)
TOTAL	**415**	**$ 598,763**	**89**	**$ 253,009**	**22**	**$ 11,741**	**40**	**$ 25,227**	**22**	**$ 7,632**	**47**	**$ 19,790**	**22**	**$ 2,590**	**657**	**$ 918,752**
MEDI-CAL																
Non-Credit	155	$ 505,231	149	$ 181,831	114	$ 167,007	63	$ 31,784	85	$ 39,034	102	$ 61,845	54	$ 36,211	722	$ 1,022,943
Credit	1	$ (10)	2	$ (347)	1	$ (182)	3	$ (1,487)	12	$ (5,880)	31	$ (1,523)	135	$ (37,176)	185	$ (46,605)
TOTAL	**156**	**$ 505,221**	**151**	**$ 181,484**	**115**	**$ 166,825**	**66**	**$ 30,297**	**97**	**$ 33,154**	**133**	**$ 60,323**	**189**	**$ (965)**	**907**	**$ 976,338**
COMMERCIAL																
Non-Credit	54	$ 131,047	86	$ 48,228	41	$ 10,506	18	$ 16,053	27	$ 15,253	33	$ 23,892	17	$ 14,193	276	$ 259,172
Credit	3	$ (94)	2	$ (310)	1	$ (73)	2	$ (2,261)	1	$ (1,172)	10	$ (3,614)	127	$ (47,830)	146	$ (55,353)
TOTAL	**57**	**$ 130,953**	**88**	**$ 47,919**	**42**	**$ 10,433**	**20**	**$ 13,792**	**28**	**$ 14,082**	**43**	**$ 20,278**	**144**	**$ (33,636)**	**422**	**$ 203,820**
BLUES																
Non-Credit	197	$ 241,261	92	$ 65,961	32	$ 24,137	19	$ 11,680	35	$ 50,232	33	$ 27,597	21	$ 18,301	429	$ 439,167
Credit	33	$ (1,305)	0	$ -	3	$ (37)	1	$ (127)	7	$ (395)	28	$ (14,232)	219	$ (84,475)	291	$ (100,571)
TOTAL	**230**	**$ 239,956**	**92**	**$ 65,961**	**35**	**$ 24,100**	**20**	**$ 11,553**	**42**	**$ 49,837**	**61**	**$ 13,365**	**240**	**$ (66,174)**	**720**	**$ 338,597**
WORK COMP																
Non-Credit	33	$ 55,636	13	$ 13,077	12	$ 13,942	5	$ 12,577	6	$ 3,090	10	$ 6,879	7	$ 7,611	86	$ 112,811
Credit	0	$ -	0	$ -	0	$ -	0	$ -	0	$ -	0	$ -	4	$ (1,617)	4	$ (1,617)
TOTAL	**33**	**$ 55,636**	**13**	**$ 13,077**	**12**	**$ 13,942**	**5**	**$ 12,577**	**6**	**$ 3,090**	**10**	**$ 6,879**	**11**	**$ 5,994**	**90**	**$ 111,193**
SELF PAY																
Non-Credit	84	$ 301,009	193	$ 91,094	163	$ 88,699	178	$ 62,895	261	$ 196,965	531	$ 307,423	986	$ 587,118	2396	$ 1,635,203
Credit	7	$ (1,055)	5	$ (1,336)	7	$ (233)	16	$ (426)	23	$ (3,063)	53	$ (4,751)	849	$ (141,930)	960	$ (152,794)
TOTAL	**91**	**$ 299,954**	**198**	**$ 89,758**	**170**	**$ 88,467**	**194**	**$ 62,469**	**284**	**$ 193,902**	**584**	**$ 302,672**	**1835**	**$ 445,188**	**3356**	**$ 1,482,410**
ACCOUNTS RECEIVABLE																
Non-Credit	925	$ 1,833,417	622	$ 653,200	384	$ 316,031	322	$ 160,239	436	$ 312,206	751	$ 451,784	1090	$ 669,548	4530	$ 4,396,425
Credit	57	$ (2,935)	9	$ (1,992)	12	$ (524)	23	$ (4,324)	43	$ (10,510)	127	$ (28,478)	1351	$ (316,552)	1622	$ (365,316)
GRAND TOTAL	**982**	**$ 1,830,482**	**631**	**$ 651,208**	**396**	**$ 315,506**	**345**	**$ 155,914**	**479**	**$ 301,696**	**878**	**$ 423,306**	**2441**	**$ 352,996**	**6152**	**$ 4,031,109**

Aged Over 90 Days Trending (excluding Credits)



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Medicare	4.7%	4.4%	4.7%	6.0%	4.6%	6.8%
Medi-Cal	23.3%	21.1%	14.6%	18.0%	17.1%	16.5%
Commercial	14.1%	18.0%	26.5%	26.4%	45.2%	26.8%
Blues	19.5%	21.8%	19.2%	20.8%	23.0%	24.5%
Work Comp	21.5%	24.5%	18.0%	21.1%	21.4%	26.7%

6 Month Aging



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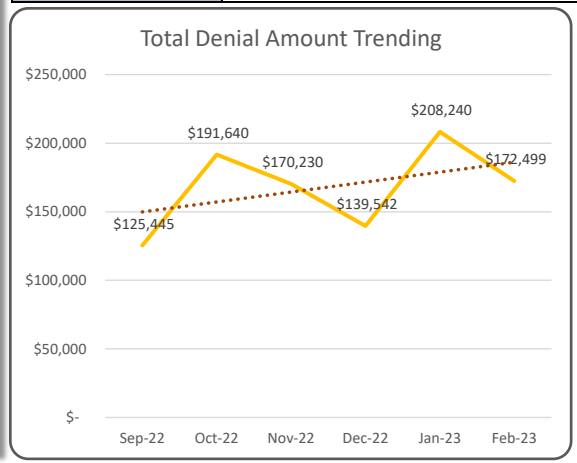
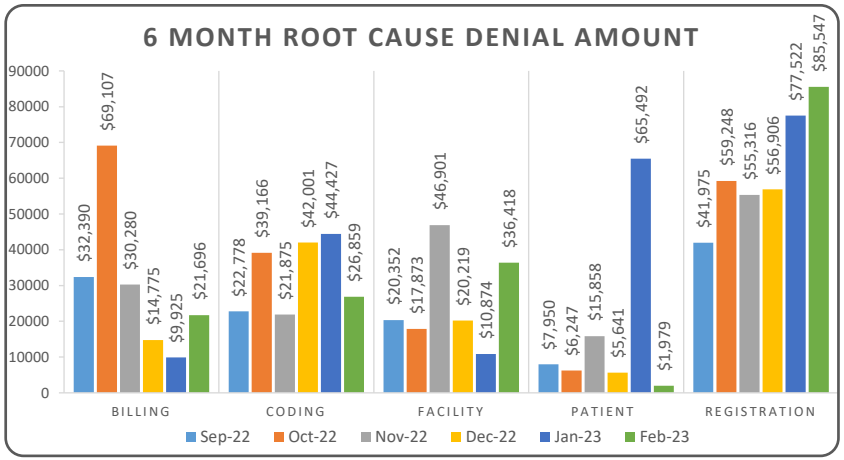
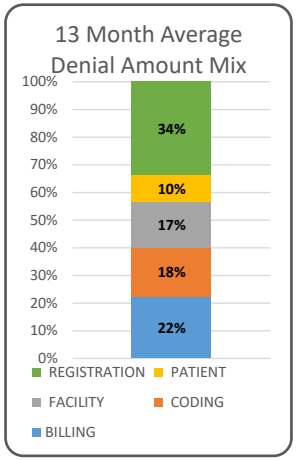
DENIAL MANAGEMENT

Denial Amount

AMOUNT	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
BILLING	$ 90,770	$ 42,492	$ 46,039	$ 10,521	$ 32,544	$ 5,238	$ 19,272	$ 32,390	$ 69,107	$ 30,280	$ 14,775	$ 9,925	$ 21,696	$ 32,696
CODING	$ 9,522	$ 18,116	$ 31,891	$ 15,168	$ 13,026	$ 28,190	$ 23,955	$ 22,778	$ 39,166	$ 21,875	$ 42,001	$ 44,427	$ 26,859	$ 25,921
FACILITY	$ 29,373	$ 17,951	$ 20,371	$ 19,416	$ 27,967	$ 11,961	$ 35,975	$ 20,352	$ 17,873	$ 46,901	$ 20,219	$ 10,874	$ 36,418	$ 24,281
PATIENT	$ 21,552	$ 15,212	$ 3,940	$ 6,999	$ 9,979	$ 1,664	$ 18,055	$ 7,950	$ 6,247	$ 15,858	$ 5,641	$ 65,492	$ 1,979	$ 13,890
REGISTRATION	$ 43,038	$ 30,346	$ 55,718	$ 18,669	$ 51,393	$ 31,470	$ 32,316	$ 41,975	$ 59,248	$ 55,316	$ 56,906	$ 77,522	$ 85,547	$ 49,189
TOTAL	$ 194,254	$ 124,117	$ 157,959	$ 70,773	$ 134,909	$ 78,522	$ 129,574	$ 125,445	$ 191,640	$ 170,230	$ 139,542	$ 208,240	$ 172,499	$ 145,977

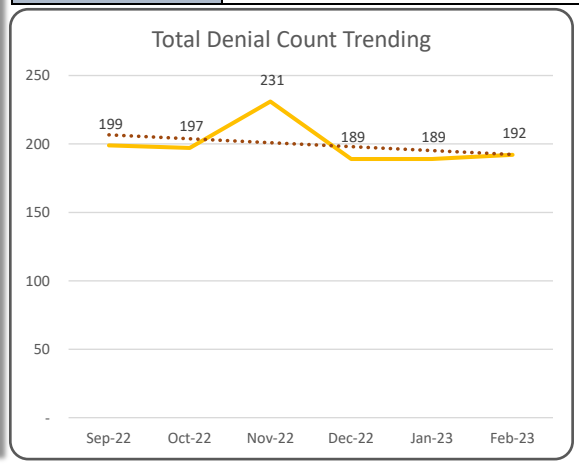


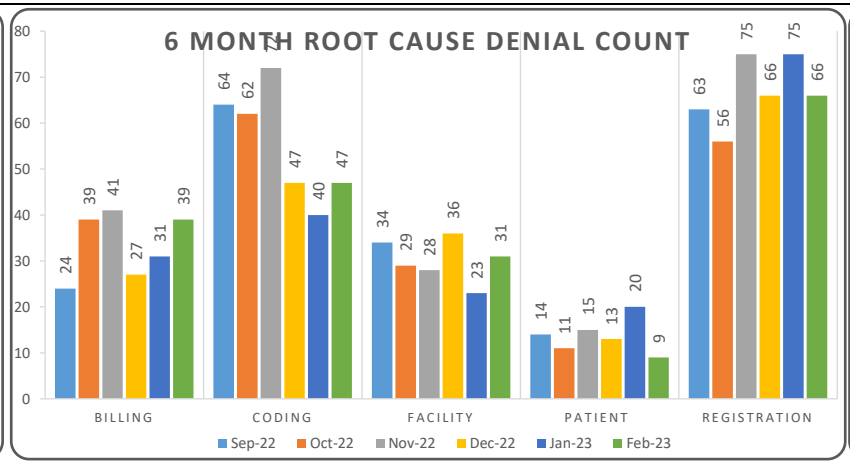


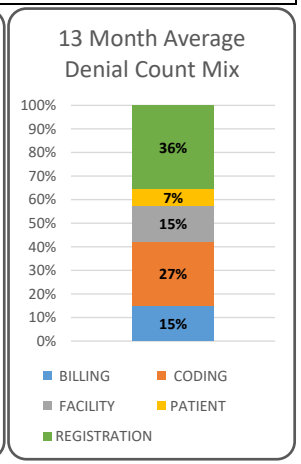


Denial Count

COUNT	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
BILLING	26	19	36	15	26	10	31	24	39	41	27	31	39	28
CODING	29	28	30	104	39	31	57	64	62	72	47	40	47	50
FACILITY	20	27	27	40	28	17	33	34	29	28	36	23	31	29
PATIENT	15	14	8	12	10	6	19	14	11	15	13	20	9	13
REGISTRATION	69	85	74	48	56	59	64	63	56	75	66	75	66	66
TOTAL	159	173	175	219	159	123	204	199	197	231	189	189	192	185







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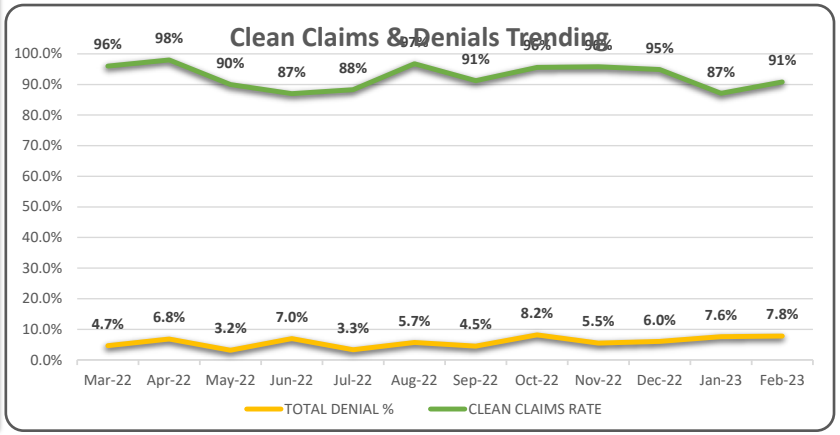
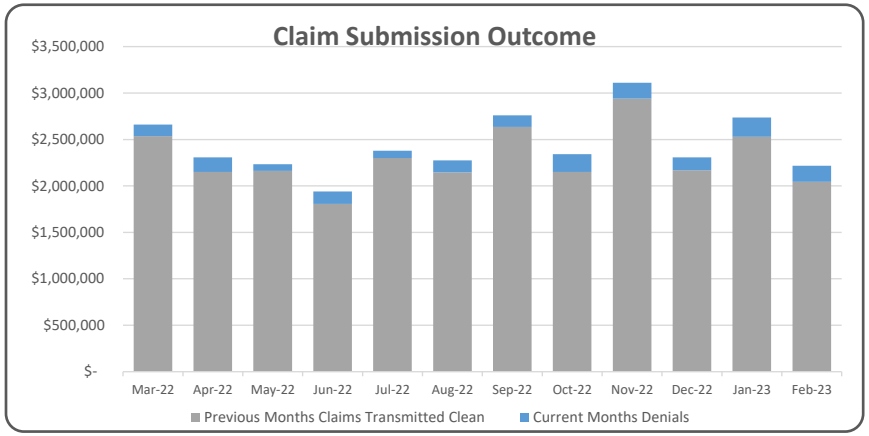
CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

Denial & Clean Claim Trending

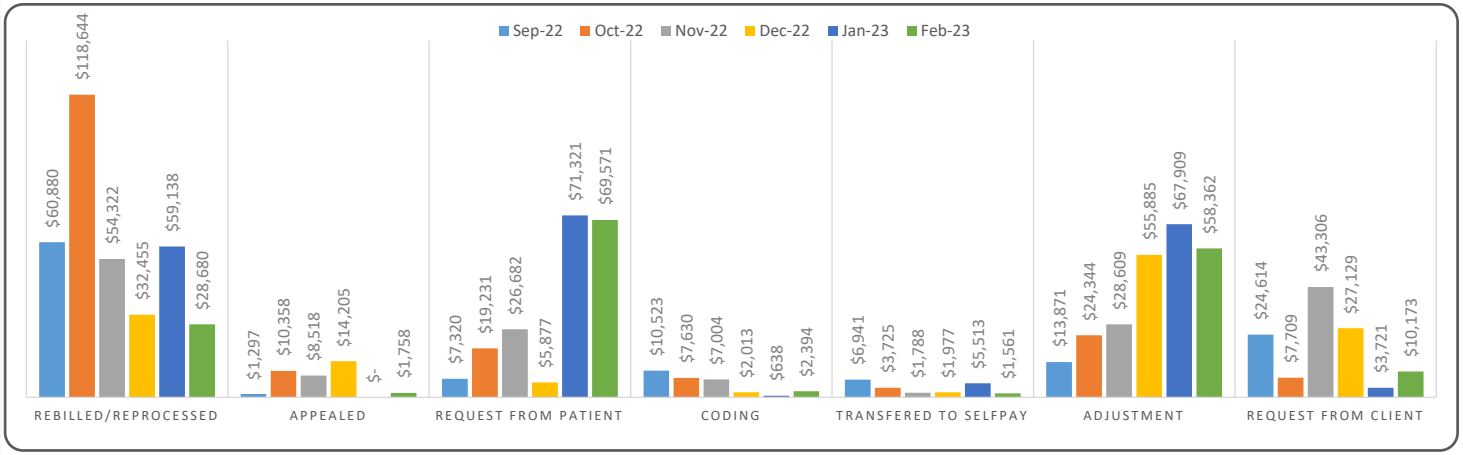
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
DENIAL AMOUNT	$ 194,254	$ 124,117	$ 157,959	$ 70,773	$ 134,909	$ 78,522	$ 129,574	$ 125,445	$ 191,640	$ 170,230	$ 139,542	$ 208,240	$ 172,499	$ 145,977
PREVIOUS MONTH'S TRANSMITTED CLAIMS	$ 2,698,385	$ 2,660,543	$ 2,308,424	$ 2,233,739	$ 1,940,725	$ 2,378,628	$ 2,274,985	$ 2,759,844	$ 2,341,328	$ 3,110,731	$ 2,307,661	$ 2,737,447	$ 2,216,486	$ 2,459,148
TOTAL DENIAL %	7.2%	4.7%	6.8%	3.2%	7.0%	3.3%	5.7%	4.5%	8.2%	5.5%	6.0%	7.6%	7.8%	6.0%
CLEAN CLAIMS RATE	94%	96%	98%	90%	87%	88%	97%	91%	96%	96%	95%	87%	91%	93%

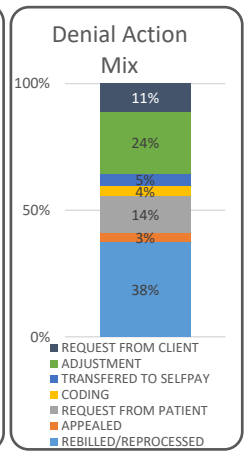




Action Taken on Denials

DENIAL ACTION	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
REBILLED/REPROCESSED	$ 103,379	$ 52,831	$ 53,822	$ 18,139	$ 76,657	$ 12,844	$ 42,909	$ 60,880	$ 118,644	$ 54,322	$ 32,455	$ 59,138	$ 28,680	$ 54,977
APPEALED	$ -	$ 2,862	$ 4,971	$ 4,799	$ 6,086	$ 967	$ 9,345	$ 1,297	$ 10,358	$ 8,518	$ 14,205	$ -	$ 1,758	$ 5,013
REQUEST FROM PATIENT	$ 14,625	$ 13,507	$ 2,037	$ 4,702	$ 5,276	$ 16,353	$ 16,331	$ 7,320	$ 19,231	$ 26,682	$ 5,877	$ 71,321	$ 69,571	$ 20,987
CODING	$ 145	$ 9,949	$ 24,035	$ 3,787	$ 2,459	$ 3,954	$ 7,421	$ 10,523	$ 7,630	$ 7,004	$ 2,013	$ 638	$ 2,394	$ 6,304
TRANSFERED TO SELFPAY	$ 6,386	$ 6,241	$ 37,671	$ 4,576	$ 5,659	$ 3,084	$ 4,540	$ 6,941	$ 3,725	$ 1,788	$ 1,977	$ 5,513	$ 1,561	$ 6,897
ADJUSTMENT	$ 52,925	$ 35,882	$ 24,509	$ 19,878	$ 30,732	$ 14,735	$ 33,071	$ 13,871	$ 24,344	$ 28,609	$ 55,885	$ 67,909	$ 58,362	$ 35,439
REQUEST FROM CLIENT	$ 16,794	$ 2,846	$ 10,916	$ 14,892	$ 8,040	$ 26,585	$ 15,958	$ 24,614	$ 7,709	$ 43,306	$ 27,129	$ 3,721	$ 10,173	$ 16,360
TOTAL	$ 194,254	$ 124,117	$ 157,959	$ 70,773	$ 134,909	$ 78,522	$ 129,574	$ 125,445	$ 191,640	$ 170,230	$ 139,542	$ 208,240	$ 172,499	$ 145,977





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UNBILLED & INVENTORY

Unbilled

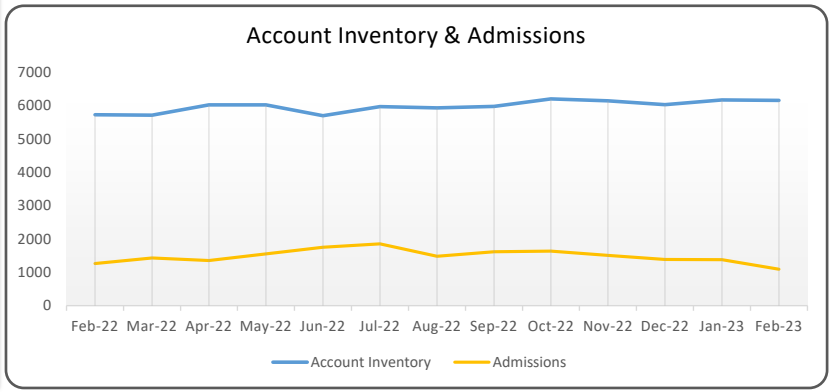
INHOUSE	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
MEDICARE	$ 7,035	$ 17,312	$ 101,523	$ 118,951	$ 158,174	$ 3,538	$ 46,981	$ 113,270	$ 47,611	$ 102,053	$ 36,320	$ 39,825	$ 18,634	$ 62,402
MEDI-CAL	$ 50,962	$ 74,040	$ 404	$ 404	$ 22,082	$ 25,777	$ 34,587	$ 53,236	$ 77,737	$ 94,062	$ 534	$ 9,697	$ 191,895	$ 48,878
COMMERCIAL	$ 3,823	$ (9)	$ 3,116	$ 1,075	$ 2,358	$ (60)	$ 2,766	$ 9,489	$ 7,376	$ 1,093	$ (35)	$ (35)	$ 1,039	$ 2,461
BLUES	$ 39,415	$ 33,906	$ 27,699	$ 28,868	$ 23,809	$ (614)	$ 32,480	$ 27,855	$ 37,599	$ 44,449	$ 9,986	$ 9,973	$ 14,242	$ 25,359
WORK COMP	$ -	$ 1,279	$ 2,963	$ 2,977	$ 6,903	$ -	$ 11,665	$ 1,120	$ 978	$ -	$ 489	$ 810	$ 4,475	$ 2,589
SELF PAY	$ -	$ -	$ -	$ -	$ 206	$ -	$ -	$ 397	$ 397	$ 672	$ -	$ (587)	$ -	$ 83
TOTAL	$ 101,234	$ 126,528	$ 135,705	$ 152,275	$ 213,531	$ 28,641	$ 128,479	$ 205,367	$ 171,698	$ 242,329	$ 47,293	$ 59,682	$ 230,285	$ 141,773

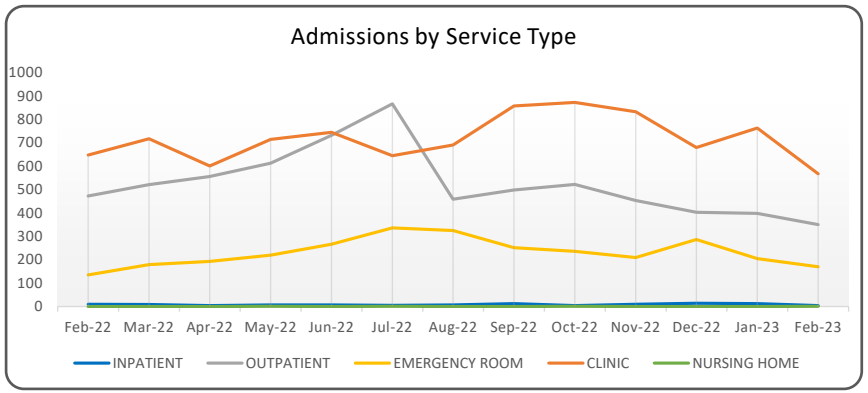
DNFB	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
MEDICARE	$ 116,931	$ 209,418	$ 226,211	$ 290,329	$ 264,840	$ 219,386	$ 191,308	$ 340,323	$ 279,791	$ 411,859	$ 221,978	$ 290,507	$ 170,723	$ 248,739
MEDI-CAL	$ 41,535	$ 72,614	$ 74,392	$ 60,204	$ 114,328	$ 89,091	$ 51,735	$ 98,422	$ 18,866	$ 46,604	$ 90,660	$ 162,900	$ 140,107	$ 81,651
COMMERCIAL	$ 3,733	$ 27,822	$ 15,395	$ 52,842	$ 39,031	$ 64,191	$ 12,707	$ 74,359	$ 6,569	$ 12,419	$ 72,384	$ 30,442	$ 50,470	$ 35,566
BLUES	$ 34,156	$ 115,008	$ 36,495	$ 57,481	$ 31,088	$ 123,620	$ 69,033	$ 163,731	$ 42,718	$ 25,073	$ 52,359	$ 71,827	$ 46,535	$ 66,856
WORK COMP	$ 5,409	$ 8,924	$ 5,239	$ 8,560	$ 39,526	$ 6,625	$ 5,579	$ 12,415	$ 6,991	$ 19,438	$ 33,516	$ 7,265	$ 10,598	$ 13,083
SELF PAY	$ -	$ -	$ 53	$ 53	$ -	$ -	$ 53	$ 53	$ 53	$ 450	$ 1,122	$ 1,122	$ 1,069	$ 310
TOTAL	$ 201,763	$ 433,786	$ 357,785	$ 469,468	$ 488,812	$ 502,912	$ 330,414	$ 689,303	$ 354,987	$ 515,842	$ 472,018	$ 564,062	$ 419,502	$ 446,204
TOTAL UNBILLED	$ 302,997	$ 560,314	$ 493,490	$ 621,743	$ 702,344	$ 531,553	$ 458,893	$ 894,670	$ 526,685	$ 758,171	$ 519,311	$ 623,744	$ 649,787	$ 587,977
UNBILLED DAYS	4.8	9.4	8.5	10.5	10.9	7.9	6.8	12.6	7.4	10.4	7.5	9.1	9.9	8.9

Admissions & Account Inventory

ADMISSIONS	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
INPATIENT	10	9	4	7	7	5	7	12	4	10	14	12	4	8
OUTPATIENT	472	521	556	612	731	866	458	498	522	453	403	398	350	526
EMERGENCY ROOM	135	179	193	219	266	336	325	251	236	209	286	205	170	232
CLINIC	647	717	600	714	744	644	690	857	872	832	679	763	567	717
NURSING HOME	0	0	0	1	0	1	0	0	1	0	0	0	1	0
TOTAL	1,264	1,426	1,353	1,553	1,748	1,852	1,480	1,618	1,635	1,504	1,382	1,378	1,092	1483

ACCOUNT INVENTORY	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	13 Month Average
MEDICARE	624	512	677	777	668	788	785	627	891	756	585	688	657	695
MEDI-CAL	697	703	798	774	715	650	761	868	919	958	937	936	907	817
COMMERCIAL	400	417	391	322	405	412	390	426	406	379	401	423	422	400
BLUES	671	667	671	669	660	767	690	692	706	768	766	732	720	706
WORK COMP	64	74	77	62	67	71	73	59	56	50	61	68	90	67
SELF PAY	3,263	3,337	3,405	3,409	3,177	3,275	3,227	3,302	3,217	3,225	3,273	3,319	3,356	3291
TOTAL	5719	5710	6019	6013	5692	5963	5926	5974	6195	6136	6023	6166	6152	5976





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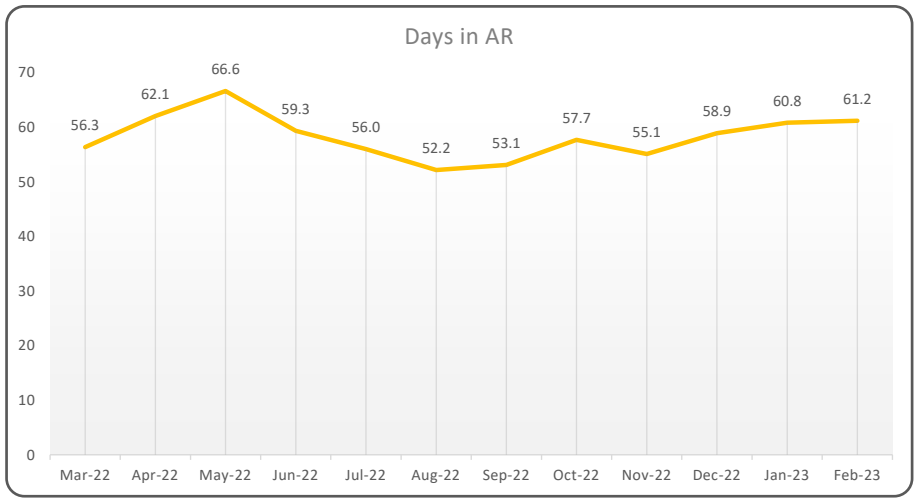
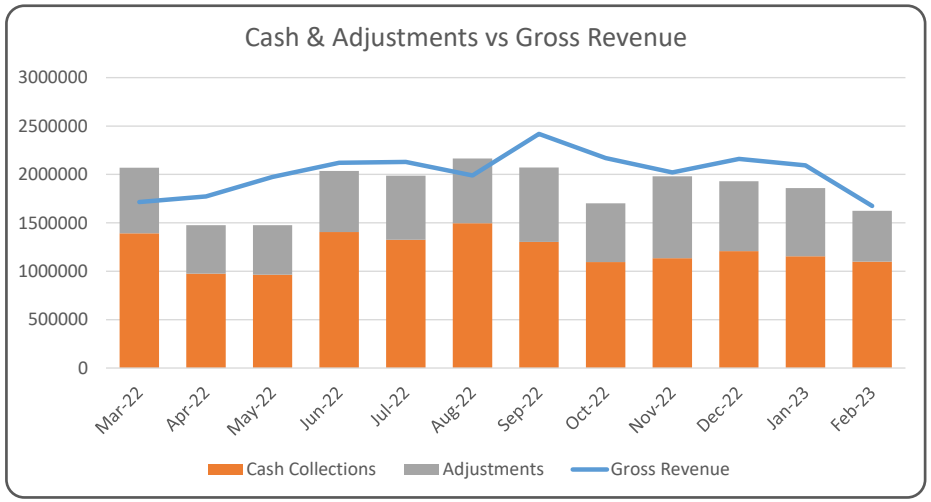
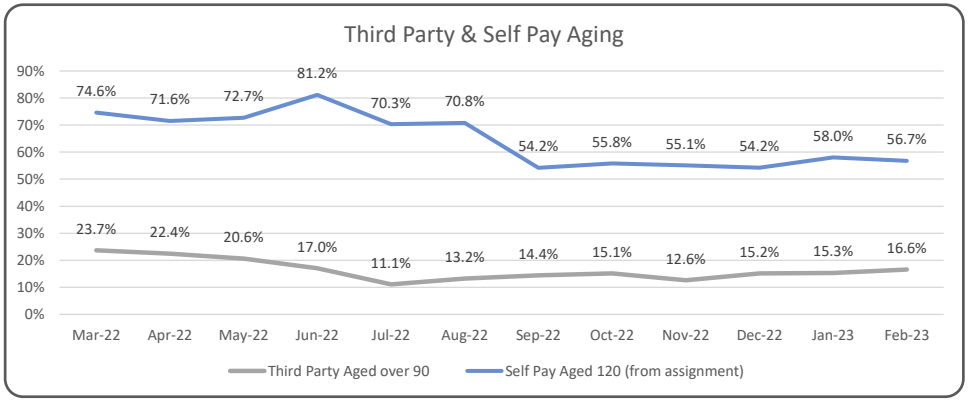
Seneca Healthcare District

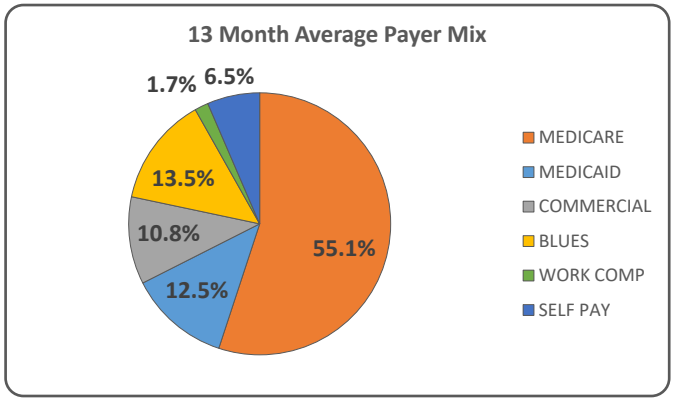
Executive Dashboard

	TARGET	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Days in AR	**52.0**	**56.3**	**62.1**	**66.6**	**59.3**	**56.0**	**52.2**	**53.1**	**57.7**	**55.1**	**58.9**	**60.8**	**61.2**
Gross AR		3,365,322	3,595,563	3,955,280	3,826,687	3,788,855	3,537,853	3,771,777	4,125,797	4,001,018	4,065,230	4,147,841	4,031,109
Gross Revenue		1,714,080	1,771,775	1,975,062	2,120,965	2,128,533	1,990,421	2,418,882	2,168,472	2,020,034	2,160,904	2,094,079	1,674,470
Cash Collections		1,390,884	975,041	964,134	1,403,938	1,324,175	1,494,755	1,303,746	1,095,829	1,135,701	1,208,829	1,153,799	1,099,224
Adjustments		678,534	501,654	510,636	632,850	662,578	670,467	768,632	606,877	844,209	721,536	706,057	525,602
Collection %		67.2%	66.0%	65.4%	68.9%	66.7%	69.0%	62.9%	64.4%	57.4%	62.6%	62.0%	67.7%
Late Charges	**1%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Bad Debt	**3%**	0.2%	0.0%	0.1%	3.0%	2.8%	1.6%	2.2%	0.5%	1.4%	0.8%	0.0%	0.2%
Charity Care	**3%**	0.2%	0.1%	2.9%	0.3%	0.4%	0.7%	0.0%	0.0%	0.9%	0.3%	1.1%	0.2%
Third Party Aged over 90	**17%**	**23.7%**	**22.4%**	**20.6%**	**17.0%**	**11.1%**	**13.2%**	**14.4%**	**15.1%**	**12.6%**	**15.2%**	**15.3%**	**16.6%**
Self Pay Aged 120 (from assignment)	**25%**	74.6%	71.6%	72.7%	81.2%	70.3%	70.8%	54.2%	55.8%	55.1%	54.2%	58.0%	56.7%









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SPT Report to the SHD Board

3/30/2023

SWIMLANES	SUBCATEGORIES	General Summary	Updates
CEQA	General / SHD approval	For compliance with CEQA (state) environmental requirements, an environmental review is required to evaluate project followed by approval of the GPA/RZ and LAFCO (see below). Sequoia Environmental is the consultant that has been contracted to lead this process. SHD has been identified as the lead agency for the CEQA review/approval.	Initial Study/Mitigated Negative Declaration (IS/MND) was made public 3/7/2023 with a deadline for comments 4/6/2023. No comments to date. Project will be presented to ALUC 4/19, requesting recommendation for support of the project. Would like to request a special meeting with SHD BOD at beginning of May...Thursday 5/4 proposed.
	GPA/Rezone	This application has been submitted to the Plumas County Planning	As a responsible agency to the CEQA process, Plumas County Planning and Department of Public Works was provided the IS/MND. Additional letters to the tribes were sent by Plumas County to be sure to comply with SB18 (specific to GPA changes). Additionally, we have been communicating with the County on the meeting dates/materials for Planning Commission (PC) and subsequently the Board of Supervisors (BOS). Tentative dates are as follows: PC Public Hearing and Recommendation to the BOS 5/18/23 BOS Public Hearing on MND and GPA/Rezone 6/6/23 BOS Public Hearing for adoption of the GPA/Rezone 6/13/23
	LAFCO Annexation	Documentation has been compiled to submit to LAFCO to annex the site for the new CAH into Chester Public Utilities District. That application is being held until it is determined where in the overall project schedule the submittal should be done in order to not need an extension for the application, noting that any LAFCO approval needs to follow Board of Supervisors' approval of the General Plan Amendment/Rezone.	LAFCO application was submitted 3/20/23 aiming to best align with completion of CEQA and Board of Supervisors review of the project. Additionally, as a responsible agency to the CEQA process, LAFCO and CPUD (direct) were provided the IS/MND. As previously reported, impact fee values for water, sewer & fire annexation have been received. All have been accounted for in the budget/cashflow.

NEPA		For anticipated USDA financing (see below), an environmental review is required to evaluate project compliance with NEPA (federal) requirements. Sequoia Environmental is the consultant that has been contracted to lead this process. USDA is identified as the lead agency for the NEPA review/approval.	Sequoia is completing the NEPA requirements as received from USDA. A CatX with report will be needed and once the CEQA document is made public, we will direct Sequoia to proceed to produce this in order to get it to USDA as soon as possible. USDA will need to approve this document prior to site activities beginning. See USDA financing item below for more information on timing requirements.
Heliport		It is being examined whether a heliport is physically, financially, and regulatorily feasible in order to have the capability to transport patients as needed direct from the future facility in lieu of first transporting to the airport. A heliport consultant provided input in determining the physical feasibility at the site. From there a determination can be made to proceed in full, not at all, or only with the infrastructure so that a helipad can be added at a later date.	As previously reported, met (virtually) with Collins Pine representatives to discuss Draft MOU for development and maintenance for the heliport flight path, noting that ultimately, it is anticipated that an Easement (similar to the one with Wildwood) will need to be developed/recorded. Prior to executing MOU, we had scheduled a 3/21 walk of the site with Collins Pine, Harvest Consultant Sierra Timber Services, and SHD representation to discuss which trees are proposed to be removed and to discuss potential for beautification at the New CAH and adjacent Collins Pine property lines, but due to snow conditions it has been rescheduled to 5/2. Additionally, getting SHD legal input on providing more clarifying language on the MOU to state trees won't be removed until approvals are obtained. Through discussions with heliport consultants, we are determining best way to contract for obtaining regulatory approvals.
Harvest Plan		Sierra Timber Services (STS) has been retained to prepare a Timber Harvesting Plan and associated Timberland Conversion permit. This is needed in order to clear trees as needed for the development, and will also be a component of the CEQA/NEPA analysis.	The Harvest Plan Application has been submitted to CALFIRE. We are discussing with STS the timing for that approval (aiming at 3 months), RFP for associated tree/stump removal, and resulting onsite work, looking to begin tree removal onsite in June 2023.

Wildwood Easement		There is a need for easement across the SW corner of Wildwood in order to properly access the new site. Communications are ongoing with Wildwood for that and for an easement for emergency access only through the North-most drive of Wildwood.	The easement approved by both SHD & Wildwood's potential work at Wildwood's SW corner for main access from Reynolds Rd to the planned new facility has been recorded. Design-Build Entity may have an alternate/more cost-effective solution but if that is the case we can later record a retraction of the easement. The previously-discussed potential secondary emergency access/egress at the North (Meadow Lane)has been determined to be part of County Maintained mileage through the Wildwood Center parking lot, so grant of easement will not be necessary to utilize this road for access. It is being determined if instead, similar to the aforementioned entry easement, the Design-Build Entity's alternate/more cost-effective solution may be better. More information to come.
Financing		Much work has been done to vet various avenues to funding the project, with consideration being given to USDA along with public support via ad valorem tax, potential state/local funding, and philanthropy.	
	Ballot Measure	Measure B on the November 2022 Plumas County Ballot to ask voters within the District to support a General Obligation Bond that would provide up to $42M in support of the hospital's replacement facility passed with 79% approval. Municipal Adviser (MA) Fieldman Rolapp (FR) has been contracted to provide financial/tax information, and Bond Counsel BBK has been contracted for guidance with logistics and communications during the authoring/approval/placement of bonds as applicable.	Underwriter RFP was distributed to 3 potential companies, awaiting final recommendation from FR. FR is working on an updated presentation for the SHD BOD planned for April's meeting.

	USDA Financing	A loan is being pursued from USDA to provide revenue-supported financing for the project.	Follow up to last reported potential for delay due to possible requirement for full loan approval requirement for site work to begin, we have gotten confirmation that this is NOT the case. Only NEPA approval will be required for site work to begin. See above for NEPA progress, not anticipated to hold up the schedule. Examined Forecast, PAR, and NEPA are proceeding as well as work on required forms.
	Other Funding	Anticipating a combination of state/federal funds, Philanthropy and public support.	Philanthropy discussions ongoing. Application for Federal Community Project Funding is completing...SPT has identified a Medical Equipment package ask to include Mammo, Ultrasound Butterfly, Ultrasound (to be moved to New CAH), Dexa, c-arm (to be moved to New CAH), and slit lamp (to be moved to New CAH). SHD was approved for SB395 funding, value to be determined with more information on that...it was expected January 2023 but following up with HCAI for an update.
Schedule		Design-Build Entity Validation Phase Schedule provided for 1/26/23 meeting. Construction completing 11/25/25, first patient Q1 2026.	No update from 2/23 BOD meeting. Schedule is fully dependent upon maximizing timber removal and grading/site work during the summer of 2023 and resuming building construction Spring of 2024…CEQA/NEPA timely analysis and approval and potentially USDA approval (see above) precede that. With that achieved, we will complete construction 11/25/2025 for first patient Q1 2026.

Budget		Design-Build Entity Validation Phase cost model provided for 1/26/23 meeting. Project budget at $72M.	No update from 2/23 BOD meeting. Construction costs have been validated at $55.5M by the Design-Build Entity leading to an overall Project Cost (including soft costs) of $72M. This is partially funded by the Measure B bond with the support of the community and anticipated to be partially funded as shared within the Fieldman Rolapp presentation. Note that excluded from these costs is the construction of the Support Services building for which the team is looking at cost efficiencies to have that done by a metal building company. Additionally, the Walk-in Clinic is now planned to stay in its current location.
Design	Design Documentation	The Boldt Company with HGA Architects have been contracted as the project Design-Build Entity (DBE).	Second round of Schematic Design user-group meetings occurred 3/20 & 3/21. Great input from administration and staff. Design Development meetings scheduled for 5/1 & 5/2. Design team is coordinating with the County to get a site package in for review in May. Building design will go to HCAI subsequently in July.
	Medical Equipment Planning	Contract has been executed with Ross & Baruzzini (R&B), changing company name to Introba, for Medical Equipment Planning & Procurement services. They will be involved in the project through procurement with a decision at a later point if they will also provide installation management (cost defined within their contract as a potential additional service).	Introba is re-engaged within the Schematic Design and we are working to set up Vendor review days for various larger/architecturally-significant equipment items.

March 30, 2023

Seneca Healthcare Board of Directors Meeting
CEO Report

Monthly Updates:

New Hospital Build Effort:
The pace continues related to new hospital activities with a number of simultaneous activities continuing with a scheduled completion in July where we have every intention of celebrating the planning and design phase with a ground breaking ceremony. Thus far, we are on schedule. Our CEQA Mitigated Negative Declaration is currently out for public comment.

The staff recently engaged in two rounds of schematic design using the updated square footage and hospital footprint. These sessions were conducted with individual department managers, executive leadership and the design architect from HGA. These were well attended and the staff participation was outstanding. The overall sense is that the design features accommodate a good workflow and effective space use given that we have reduced the overall square footage.

Legislative updates:
Seneca is actively tracking two (2) bills currently making their way through the California Legislator. We are working with our advocacy groups and engaging in position documents as needed.

1. **AB 869 – Hospitals: Seismic Safety Compliance:** This bill was in committee on March 21, 2022. Darren Beatty, COO from Plumas District testified in committee. I spoke with him the morning of March 22nd. He stated that committee went well and will pass onto appropriations - Continue to monitor

2. **SB 525 – Minimum Wage for Healthcare Workers: No updates** – Continue to Monitor

Clinic Centralization Project:
The move to a single location for referrals and pre-authorization is in full operations. The centralization of these processes is showing positive results with timeframe from request to patient notification improving. Additionally, since this process is now completed with a singular focus, the number of incomplete referrals is mitigated and patients are getting scheduled into the specialty and advanced care they need more quickly.

Three (3) of our clinic offices have been converted to the new workflow with the 4th planned as the organization converts to Cerner in the coming month. These changes are being monitored and the workflow will be iterative as we continue to make small adjustments for optimizing operations.

Cerner all day every day
The Cerner implementation is proving to be every bit as challenging as expected. We have completed the Integrated Testing session 2 (IT-2) which was hindered by a limited system build. In other words, our ability to test the various patient flow scenarios was not fully complete. This included testing and

tracking the billed services and supplies. While the lack of a complete build impacted the testing session, we did see a considerable increase in the users comfort level with the user interface.

It has been nearly two (2) weeks since the IT-2 event and many of the discrepecies in the system build have been completed. The staff have begun the process of taking full ownership of the system and are now leading the remainder of the system implementation in that they are combing over the fine details of the specific department workflows and pressing on Cerner to complete tasks as we approach staff training and go-live. Issues/areas of continued concern and monitoring are:

- Long Term Care (LTC) module completion and testing
- Master Patient Index (MPI) load into Cerner (necessary to begin preloading)
- Delay in hardware and integration for Anesthesia machines
- Lab equipment integration LMDI testing and verification
- Professional fee, supply charges and claims testing (continued diligence)
- Preloading workflow
- Physician training
- Staff training

The staff is very engaged and will keep pushing through the go-live. It is inspiring to see the level of commitment and staff dedication to making this a successful transition.

Seneca Campus updates:

Security Camera long-term storage – Security cameras activation have been delayed by a missing hardware device and multiple weather delays.

Radiology Digital Transfer Technology – Not yet completed. Delayed because of Cerner activities and time constraints

Seneca VoiP phone System Implementation – System in full operations

Clinic Hallways – The Lake Almanor Clinic hallways from the reception/registration/waiting area has been completely refreshed with new carpet, paint, chair rail and art. New directional and office signage is on order and will be installed as soon as it arrives.

Physician & Mid-level Recruitment Update:

We have several interested mid-level providers that we are interviewing. No solid options for full time physicians. Continuing our internal and contracted recruiting efforts

Seneca Healthcare Campus Upgrade Projects:

- Continued work on the LTC remodel

PROFESSIONAL SERVICES WORK ORDER #11

This agreement, effective as of the date signed below, is between the Client **Seneca Healthcare District** (hereinafter called the Client) and the Consultant Aspen Street Architects, Inc. (hereinafter called Consultant) for services in connection with the following project: **Lake Almanor Clinic, 2nd Floor Finance, Tenant Improvement**

The Client and Consultant's rights, duties, and obligations hereunder will be performed in accordance with the terms and conditions of the Agreement for Professional Services between Client and Consultant dated June 21, 2018 which is fully incorporated herein by reference.

I. Scope of Services. The Consultant's services will consist of the following:

A. Assemble construction documents for the tenant improvement (TI) of the shelled second floor area for business/finance offices.
   i. Services include architectural design, and electrical and mechanical engineering.
      1. Architectural includes typical finish schedule. The selected contractor will be required to provide submittals for products meeting specifications on plans, for Client selection. No interior design is included.
      2. Basis of design to be concept plan by Client, attached.
      3. No structural changes to the building primary gravity or lateral resisting systems are anticipated.
      4. Mechanical/plumbing scope is design appropriate for business office use, HVAC system to be determined, applicable to geographical environment.
      5. Electrical scope is typical electrical TI design for power, lighting, low voltage systems.
      6. Required title 24 energy calcs included.
      7. Design to be non-OSHPD, not OSHPD-3.

B. Client to provide any required surveys or reports.

C. Consultant to make submittals for plan approval and permitting, as required by local jurisdiction.

D. Bidding services to include responses to contractors' questions. If full public bidding services are required, Consultant can provide as additional service.

E. Construction Administration to be included on a time and materials (T&M) basis as needed.

II. Additional Services. Any services not specifically provided for under Section I above shall be Additional Services.

III. Consultant's Compensation. In consideration for Consultant providing the services noted above, the Client agrees to compensate the Consultant on a fixed fee basis for design services, and a time and materials basis for construction administration, per the

below chart. Typical reimbursable expenses (mileage, required printing, etc) to be billed according to attached fee and rate schedule, estimate provided:

		Design	Agency Review	Con Admin	TOTALS
architectural	Aspen Street	$ 10,000	included	T&M	**$ 10,000**
electrical	Pezzoni				$ 5,300
mechanical	NEXUS				$ 8,000
subconsultant total					**$ 13,300**
Subconsultant markup	7.5%				$ 998
SubTotal					**$ 24,298**
est reimbursables	2.5%				$ 607
TOTAL					**$ 24,905**

Client will be billed monthly for services rendered. Payment is due upon receipt of invoice. Invoices which remain unpaid after thirty days are considered past due and subject to a service charge of 1.5% per month, which is an annual rate of 18%. If Client believes a billing error has occurred, or if Client requires additional information regarding an invoice, Client agrees to inform Consultant in writing within ten days of invoice date. If Client does not inform Consultant of any disputes within ten days, charges will be deemed correct.

In witness thereof, the parties hereto have accepted, made and executed this agreement upon the terms, conditions and provisions above stated, the day and year last written below.

Consultant:	_____ (Signature)	Client:	_____ (Signature)
Name:	Nathan Morgan nmorgan@ASAI.us Aspen Street Architects, Inc.	Name:	Seneca District Hospital
Title:	President & CEO	Title:	
Address:	PO Box 370 Angels Camp, CA 95222	Address:	130 Brentwood Drive Chester, CA 96020
Tel:	209 736-0882	Tel:	530 258-2151
Date:	November 15, 2022	Date:	_____

Aspen Street Architects, Inc.
Rate Schedule

Hourly Rates for Professional Personnel

Principal/Architect	210.00	Certified Access Specialist (CASp)	175.00
Senior Architect	200.00	Senior Planner	210.00
Architect IV	180.00	Facilities Manager	155.00
Architect III	155.00	Sr Project Manager	160.00
Architect II	140.00	Project Manager	145.00
Architect I	130.00		
Architect Intern II	125.00	Construction Contract Administrator	115.00
Architect Intern I	115.00	Project Administrator	90.00
Sr. Job Captain	115.00		
Job Captain	105.00		
Senior Production	105.00		
Production	90.00		

Consultants Fees Under Contract:

Billed per consultant's invoice, plus 15% coordination fee.

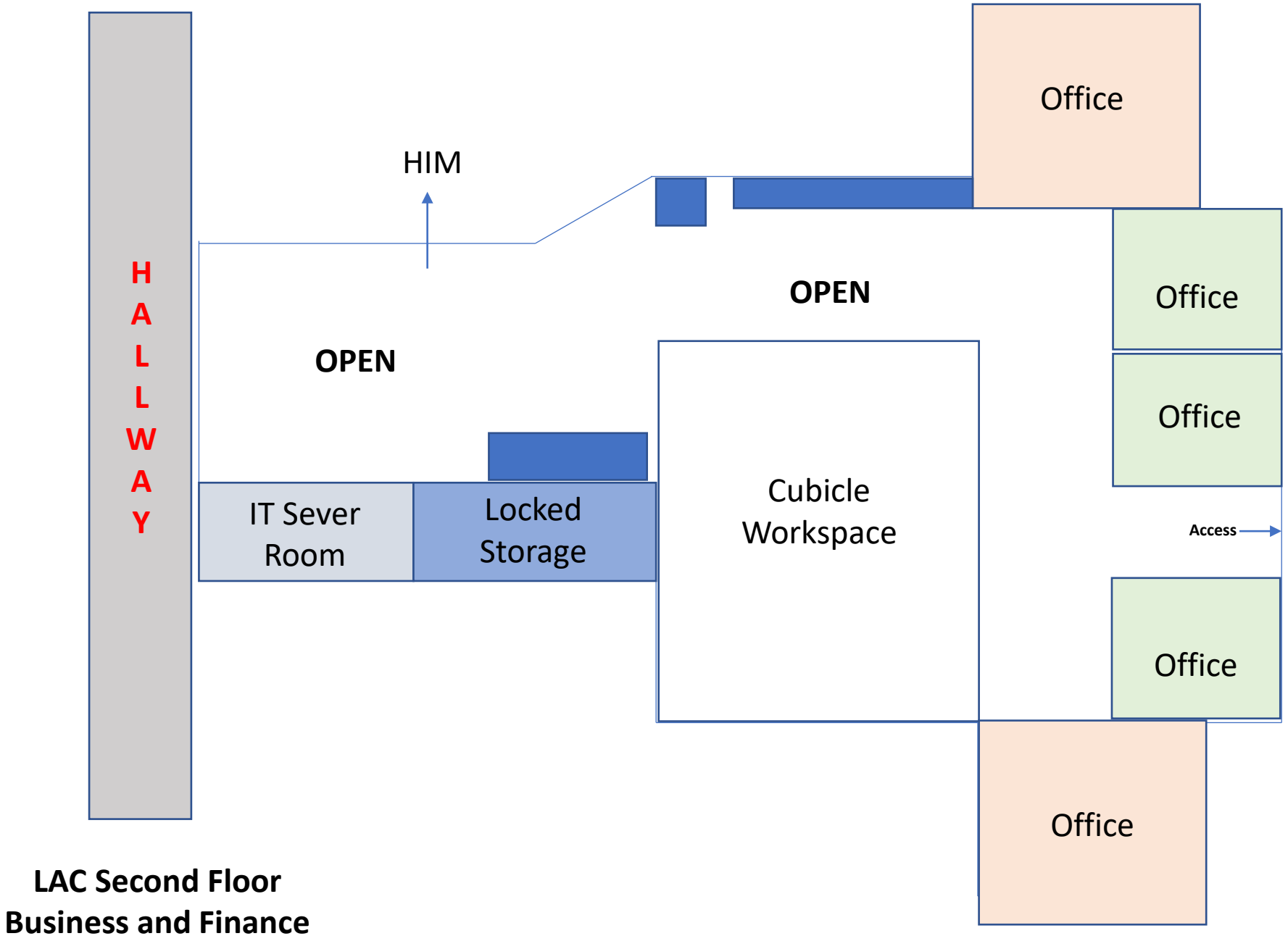
Reimbursable Expenses Not Included in Contract:

Engineering Xeroxes (white 24" x 36")	$ 5.00/each
Engineering Xeroxes (white 30" x 42")	$ 7.50/each
Color Printing (8.5”x11”)	$ 1.50/page
Color Printing (11”x17”)	$ 2.75/page
Photocopies	$ 0.20/each
Data Disc	$ 2.50/each
Report Binding	$ 5.50/each

Miscellaneous reimbursable charges, including but not limited to, photographs, outside printing, maps, renderings, postage and freight will be billed at actual cost plus 15%. Travel expenses will be billed at actual cost plus 15%.

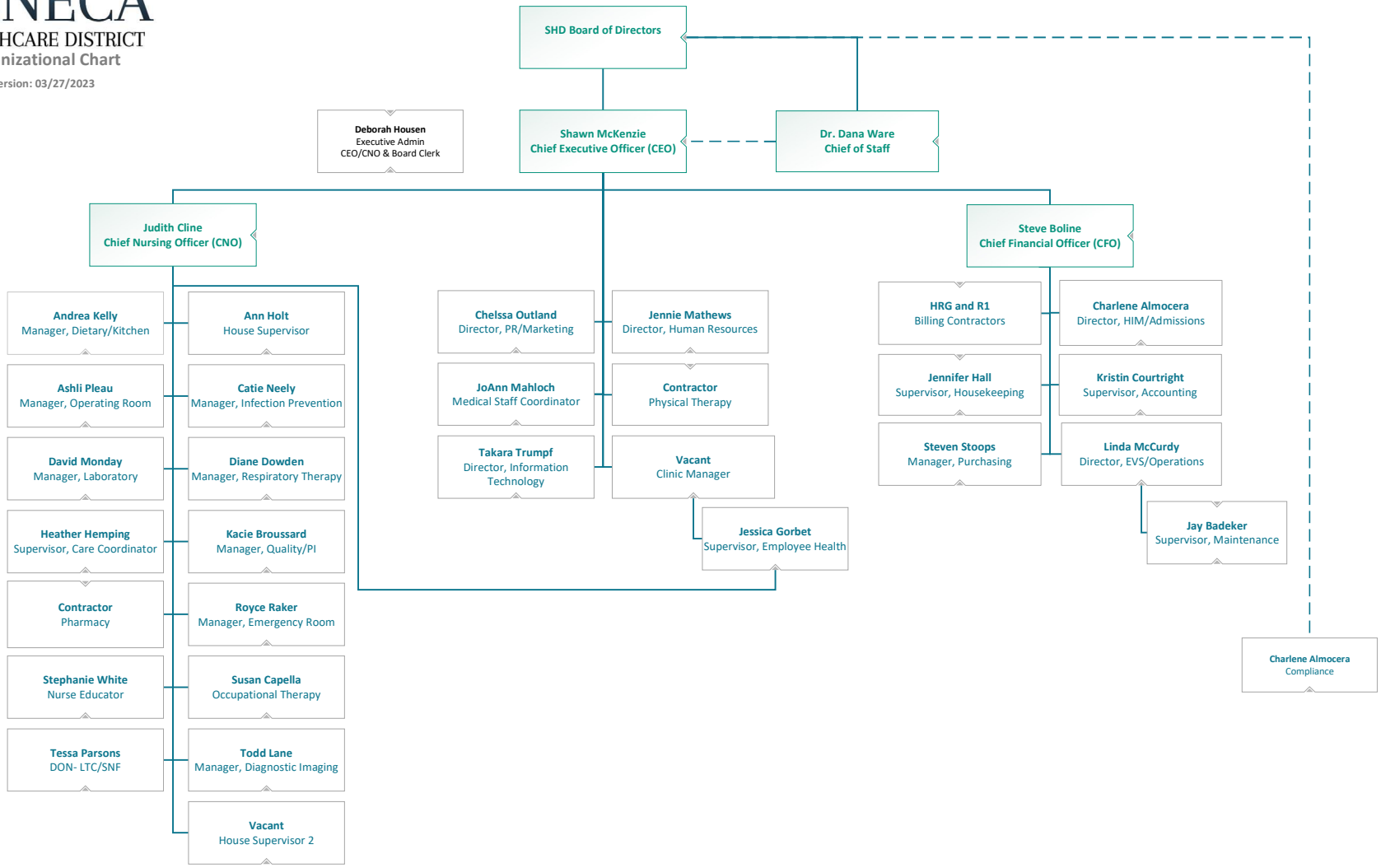
Clients will be billed monthly for services rendered. Payment is due upon receipt of invoice. Invoices which remain unpaid after thirty days are considered past due and subject to a service charge of 1.5% per month, which is an annual rate of 18%. If Client believes a billing error has occurred, or if Client requires additional information regarding an invoice, Client agrees to inform Aspen Street Architects in writing within ten days of invoice date. If Client does not inform Aspen Street Architects of any disputes within ten days, charges will be deemed correct.

The rates will remain in effect until December 31, 2022 and are subject to adjustment thereafter.



LAC Second Floor
Business and Finance

SENECA
HEALTHCARE DISTRICT
Organizational Chart
Version: 03/27/2023



March 2023

Seneca Healthcare District Board of Directors Meeting

CNO Report

COVID and Other Public Health Updates:

Plumas County COVID-19 By the Numbers:

a. Current COVID-19 Community Level in Plumas County = **LOW**

Termination of state and federal declaration of emergency:

- On February 28, 2023, the State of California declaration of emergency terminated. On May 11, 2023, the Federal declaration terminates. Guidelines on HCW vaccinations, testing, and masking are outlined below.
- The following changes to go into effect on April 3rd, 2023*:

VACCINATIONS

- The primary COVID vaccines will still be required for SHD staff (Booster dose no longer required).

TESTING

- Routine COVID testing of unvaccinated/ non-boosted employees will no longer be required.
- Symptomatic employees will continue to be tested for COVID (and Flu during Flu season).

COVID testing will continue prior to all admissions and prior to procedure or surgeries performed.

FACEMASKS

- Facemask use in the hospital and clinic will now be based on CDC COVID-19 Community Levels (CDC COVID Data Tracker: County View) but may be changed at the discretion of Seneca's Infection Prevention RN and Administration.

CDC COVID-19 Community Level	SENECA Masking Requirements
Low	Masking not required.
Medium	*Masking required when entering a patient's room or when in close contact with patient (within 3 feet).
High	*Masking required inside the hospital or clinic for those with possible patient contact. Patients/Visitors masking required.

*Masking will be maintained for at least two weeks and then reevaluated based on the current Community Level.

Education:

The 2023 CNA training course has been pushed to a June start date. This is due to changes in grant funding as well as final approval of the course schedule by CDPH. Interested applicants may still apply for an interview by visiting "Careers" on the Seneca website.

Equipment:

Two additional Hill-Rom beds, mattresses, and overbed tables for the Acute floor have arrived, completing the new bed fleet for the acute care unit.

Regulatory Updates:

On 3/16/23 a CDPH surveyor arrived for an unannounced abbreviated standard survey for one facility reported incident (fall) and two patient-related complaints. The complaints involved: one very complex and violent behavioral health patient in the ER; and one complex end-of-life inpatient case.

All concerns were thoroughly reviewed over the course of two days. **No deficiencies were issued.** The final report is anticipated to be received and closed within ten days.

Schematic Design, round 2:

Our department leaders met with our schematic design/build team again on 3/20 and 3/21. Having taken all our suggestions from round 1, the SD team presented plan reviews for multiple departments (e.g., lab, imaging, drug room, SNF, housekeeping, ED, and Acute care). "Mock-ups" of each department were presented via VR for staff to experience spatial design.

Seneca Auxiliary Wish List items, 2023:

Several departments submitted items to the 2023 Seneca Auxiliary Wish List this year. The Auxiliary board will meet to determine which items will be selected for funding:

Hover Matt (Acute Care) $ 3,068.70

- The Hover Matt is an air transfer mattress, using cushions of air; no lifting or straining on clinical staff; capable of transfers of patients weighing up to 1200 lbs.

Human Simulator (Education) $14,890.00

- The "I-simulate Atlas Realiti 360" manikin is a life size wireless advanced life support manikin. Provides realistic scenarios and feedback on "ABCs" and code simulation scenarios.

Slit Lamp (ED) ~$10,000.00

- Slit lamps are specialized magnifying microscopes used to examine the eye. The slit lamp is an invaluable tool in the ED to examine the structures of the eye—especially as they relate to acute eye injuries.
-

Ortho Optix Reader (Laboratory) $12,000.00

- The Ortho Optix Reader complements our existing Ortho workstation in lab, providing computerized "optix" to our blood testing systems. This advanced science reduces human error, and with a critical shortage of qualified clinical lab scientists, this technology is becoming increasingly important.

New Patio Furniture (LTC)

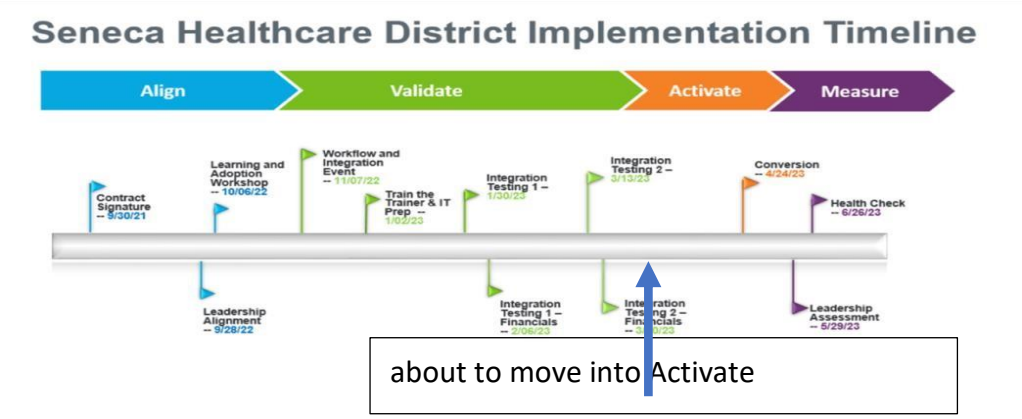
Wheelchair accessible raised garden beds (LTC) ~ $3,000.00

TOTAL $42,959.00

Respectfully submitted,

Judy Cline, MSN, RN, PHN

Chief Nursing Officer



Cerner Update for Seneca Board Meeting

Notes for Week Ending 3/24/2023

End User Training has begun.

Go live in 30 days!

- **Thank you and your staff for the time given to Integrated and Unit Testing**

- **GO / NO Go Meeting Next week**

- **IT2 Financial under way**
  - HIM Coded Cases
  - Rev Cycle Meeting and reviewing

- **End Users have all the login information.**
    - Please contact me ASAP if there are any access issues.
    - 617-959-1999, I will be on the East Coast next week call or text anytime.

- **Interqual is Configured (it only functions in Production as it's a Web Service)**
    - It will hang with spinning circles if you attempt to launch in build

- **LTC Care manager and MDS are functioning Cerner still tweaking access**

- **Lab Instrument testing underway**
    - Cerner on-site next week to assist

- **Inpatient Pro Fee / Nursing / Respiratory Charge sets will be active in Build as of 3/24/23 to complete Unit Testing.**

- **Preload plan underway**
    - We cannot start until the Master Patient Index is loaded and verified. Should be ready my end of next week
    - I will be scheduling Meetings for next couple weeks to finalize

- **Co-Payments will not change we will use the same System/Process**

- **Access to the Reports DA2 is available from the Web Front in after Login**

- **I will be On-site from the week of 4/10/2023 thru Mid-May**

Compliance Report

March 2023

Submitted by: *Charlene Almocera*

Ongoing Review and Tracking

Medicare Secondary Payer Review (MSP)	**Audit:** Entities providing items and services to Medicare patients must determine if Medicare is the primary payer by utilizing the MSP Questionnaire. **Status:** Audits for MSP has been put on hold to focus on Cerner EHR (Electronic Health Record) conversion activities.
Inter Qual	We continue to monitor InterQual utilization. Education, communication of expectations, and process improvement occur on an ongoing basis by Dr. Nielsen. Results will be presented quarterly next quarter.
QA Studies	Physician chart completion data will be submitted during closed session. - ER Reports Completed Within 24 Hours of Discharge - OP Reports Completed Within 24 Hours After Surgery - Telephone and Verbal Orders signed within 48 Hours

Office of Inspector General (OIG) Monthly Workplan

Link: https://www.oig.hhs.gov/reports-and-publications/workplan/

The OIG Work Plan lists various priorities for fraud and abuse enforcement efforts for the government federally funded health care programs (Medicare/Medi-Cal) that are underway or planned to be addressed during the fiscal year. Each month the plan is updated by OIG and our compliance committee reviews the new initiatives added to the OIG Work Plan and selects the audits relevant to our institution. The initiatives listed below apply to our facility and the action plan we are taking to validate compliance of each initiative.

Status: Review of governmental work plans have been put on hold to focus on Cerner EHR (Electronic Health Record) conversion activities.

Cerner Electronic Health Record Conversion Activities

Below is the list of Cerner activities affecting compliance:

1. Compliance Meeting changed to meet Quarterly during the Cerner EHR conversion project.
2. Fax Number Validation: Fax number validation letters and coversheets that will be generated by Cerner and sent out to each provider prior to being set up in our system to receive automated faxes for test results they have ordered.
3. **Conditions of Admissions** form will be updated to include consent to photography.
4. **Notice of Privacy Practices** will be updated to include **CommonWell Health Alliance**, a nationwide health information exchange offered with the Cerner product.

IT Department Report for March 2023 Seneca Healthcare District

Board of Directors Meeting

- Apex Wired and Wi-Fi corrective actions – Plan is to install wireless access in the operating room and post anesthesia care unit as related to Cerner. Quote requested to upgrade one office within the clinic. Following install, optimization, and testing, we'll continue with the upgrade in remaining offices. Anticipate replacement for all wireless access points with 2023, including hospital and outlying buildings.

- Cerner – Cerner consultants and Seneca are continuing work on data collection and build, workflow integration testing part two was completed, continuing to develop efficiencies and validate accuracy.

- Phones – Mitel Voip phones installed on 2/6/2023. Maverick remained engaged while working with Frontier to fully port direct dial telephone number for continuity in key areas.

- Evident legacy discussions are under way; both cloud and VM options available.

- Medweb meetings completed; discussed upgrade of the aging physical server.

- Facility workstation refresh – End user device distribution completed. Old devices that were salvageable were repurposed for the computer lab.

- Fax Server – Consideration has been accelerated due to Cerner capabilities. Apex will provide a demonstration for one solution in April 2023.

SENECA
HEALTHCARE DISTRICT

Human Resources – Board Report

March 23rd, 2023

- Recruitment has been going well for our more difficult positions. We have interviewed some final candidates for one of our harder positions to place - Clinic Director. Continuing to search for Clinical Lab Scientists through internal and external recruiting.
- Seneca PHESI – Plumas Health Education Spring Institute – has started shadow rotations and they are going well! We have 10 students in the program from Chester High School, Greenville High School, Westwood High School, and Plumas Charter School, and they are progressing through the rotations at Seneca. We have been enjoying working with them and teaching them all about healthcare – rotations range from nursing to HIM/Admissions to Finance.
- Feedback is continuing to be positive regarding our Newsletter! March's version is attached to this board report.
- Union Negotiations have gone well, we finished up meetings with the Teamsters on 3/22 and are awaiting the members' response to our negotiations.
- I will be going on maternity leave starting on April 1st. Corie, my assistant, will be taking over basic HR administrative tasks for me while I'm gone. She will also be submitting a shorter version of my HR board report to Shawn to be included each month.
- **Open Positions for March 2023:**
    - Registered Nurse (Full Time, Part Time, Per Diem) (Acute & ER experience preferred)
    - LVN (Full Time, Part Time, Per Diem)
    - CNA (Full Time, Part Time, Per Diem)
    - Respiratory Therapist (Per Diem)
    - Clinic Director (Full Time)
    - Clinic Coordinator/Administrative Assistant (Full Time)
    - Clinical Laboratory Scientist (Full Time, Part Time, Per Diem)
    - Housekeeper (Per Diem)
    - Diet Aide/Kitchen Helper (Per Diem)
    - Maintenance Worker (Full Time)

Sincerely,

Jennie Mathews
Director of Human Resources

List of Staff: Additions & Deletions

March 1-23, 2023

Activity/Event	Status	Job Title	Start/End Date
ADDITIONS	None		
CONDITIONAL ADDITIONS			
DELETIONS	FT	Registered Nurse	
	PT	Surgical Technician	3/22/2023

Jennie Mathews, Director of Human Resources

Seneca Healthcare District

NEWSLETTER

SUNSHINE AHEAD!

BY JUDITH CLINE, MSN, RN, PHN
CHIEF NURSING OFFICER

Springtime is my favorite time of year, as it means winter is ending, and summer is on its way! Spring is truly the time of rebirth and inspiration. Each spring, I look forward to our beautiful perennials making their way back through the soil to be greeted by longer days of sunshine.
Did you know? Daffodils are the birth flower of March! The daffodil symbolizes new beginnings. It's one of the first flowers to bloom at the end of winter, announcing the beginning of spring and the end of cold dark days. This lovely simplistic and resilient flower also represents creativity, energy, forgiveness, and vitality.

But oh, my goodness, it's been a long, long, long, long winter....

On "Groundhog's Day", we received the very disappointing prediction by Punxsutawney Phil, that we would have another six weeks of winter. FYI...Phil does not have a strong average, but unfortunately, this winter he was correct! Darn you, Phil—my shovel and I blame you for frozen pipes, sore muscles, and never-ending ice dams!

Hang tight, Seneca, our sunny days and daffodils are just around the corner! Please continue to bring your strength, resilience, creativity, and inspiration forward, as we still have a little heavy lifting to do this spring. The good news? For most of you, while at work, this will not require an actual shovel!
Two big spring projects include 1) the schematic design of our new hospital, and 2) the implementation of our new electronic health record system, "Cerner Community Works".

Schematic Design: This month, our leadership teams have been working with our schematic design and build teams—designing every inch of space in our new hospital. We have experienced "virtual reality" as the design teams showed us VR mock-ups of our new operating rooms, our emergency department, acute care unit, and our long-term care unit. It's an exciting and creative process and we are designing the new hospital to be as modern and functional as possible. This is a proud time in Seneca's history!

Cerner Community Works: In April, we will "go-live" in our new electronic health record (EHR), "Cerner". This critically important project may be compared to shoveling never ending snowfall! Regardless, it's imperative we remain actively engaged in this part of Seneca's future, as ultimately, we know this will serve our patients and our community in a very positive way.

So, as we venture through this winter for a bit longer, know there are some beautiful flowers just waiting to peek out of the soil. Rest assured, your creativity and resilience will result in a job very well done. There is sunshine ahead, Seneca!

PAGE 2 — Notes & News
PAGE 3 — The Staff Corner
PAGE 4 — Departmental Updates
PAGE 5 — General Updates
PAGE 6 — Seneca Org Chart Explained

NOTES & NEWS

COMMUNITY GRAND MARSHALL NOMINATIONS ARE OUT AND A MOUSE TOLD US THAT DR. WALLS HAS SOME VOTES... IF YOU AS A STAFF MEMBER WOULD LIKE TO SEE DR. WALLS AS THIS YEARS' GRAND MARSHALL, MAKE SURE TO COMPLETE THE NOMINATION FORM HERE OR AT WWW.LAKEALMANORAREA.COM/4TH-OF-JULY

MARCH WORK ANNIVERSARIES

4 Years
March 4th - Corina Ng

5 Years
March 19th - Steve Boline

6 Years
March 13th - Stephanie Angelis

9 Years
March 10th - Vanessa Paap

12 Years
March 7th - Ashli Pleau

14 Years
March 20th - Irene Urata

36 Years!
March 30th - Linda McCurdy

FIVE STAR GOOGLE REVIEW

★★★★★ great job, staff! ☆

This is a wonderful hospital. Being a transplant city girl, I feel so welcome there. The receptionist, the triage nurse. All the nurses, the doctors, respiratory care specialists, x-ray technicians... are all wonderful.
Everytime I've gone there I have been pretty sick.
I was helicoptered out more than 3 times from Seneca. I kept saying can't you help me here?
No you need to go. Because all the folks at this hospital really do care about people.
The medical world would be better if these wonderful health professionals could be everywhere.
Thank you. To all the doctors nurses and entire staff at Seneca!
You truly are the greatest!!!

Dress in Blue Day Winners!

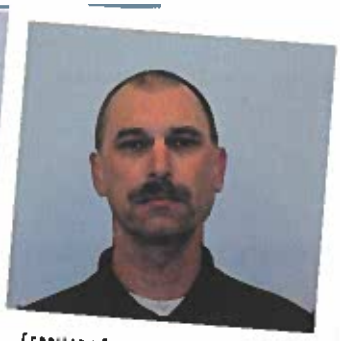
Sarah even wore blue eye shadow !

Chris Matthews may have topped you all! Thats a real colon *y'all!* For Colorectal Cancer Awareness Day

We had lots of staff wear blue. Thank you to all the staff the participated. We appreciate you all, we hope that you all enjoyed dressing up for Colorectal Cancer Awareness Day.

The Staff Corner

Employee of the Month: Trevor Hadley



February Employee of the Month

Trevor has been the most reliable staff member anyone could imagine. He has never declined to come in on his days off to help when needed or to fill in when a staff member is unable to come to work. Trevor has been through a lot over this past year in his personal and professional life. Even so he continues to treat patients and the general public with respect and compassion, always attentive to their needs before his own. One example I can think of where Trevor shined, was when I recently approached him with a situation where I needed to have a very important and lengthy report done by end of day. I asked Trevor for his help, and even though he was in the middle of his shift taking care of patients, he was able to continue excellent patient care, and complete the task I asked of him before the end of his shift. His ability to multi-task is second to none. Trevor continues to take care of his family at home and his family here at work in a way that would be impossible for most people. We are lucky to have Trevor here at Seneca.

Nominated by: Royce Raker, RN, MICN

Trevor is invaluable in gathering needed supplies and assisting with procedures. He anticipates and completes tasks prior to being asked. He is willing to train staff in locating or use of equipment. He takes pride in how the ED runs and is a team player with any of the nursing staff who asks him for assistance. He is always willing to jump in and help.

Nominated by: Ann Holt, RN, BSN, PHN

Q&A with Trevor

As an employee of Seneca, you have demonstrated our Seneca Core Values. What would you recommend others to do to demonstrate these Core Values as well?
Have "buy-in" to the institution. Take pride in your job and work to better yourself and facility.
What qualities do you possess that make you stand out as an excellent team member at Seneca?
Flexibility, the ability to multi-task, and being calm under pressure.
Who are some of your biggest inspirations within the company?
Watching how well the organization's staff work as a team, despite being assigned to different areas of the hospital.
What is the most unique part about working here?
Adapting to complex and complicated situations with limited resources.
How have you grown professionally over the last several years?
I have learned new and creative methods of problem solving within the establishment as well as continuing to expand my professional knowledge.
What are your career goals?
To continue to expand my resources, knowledge and skills to better the hospital.
Why do you love working at Seneca Healthcare District?
It is a small hospital with close ties to the surrounding community.

New Employee: February

Hello to all my new colleagues, my name is Vanessa Craven and I am excited to join the team that makes up Seneca. I have lived in the Chester area since 2005. I have 4 beautiful kiddos. We moved away twice but always came back to our amazing mountain town, it's home! I love being outdoors especially during the summer. Healthcare has always been a passion of mine and after getting my kids to a place where they are a bit older and not requiring me 100% of the time, I have taken the plunge into building a career for myself. I have been attending Butte College for the last 2.5 years. I just completed my EMT certification, and plan to go onto Paramedic in the next couple years. Being a first responder is something I have always dreamt about. However being bedside I feel is just as crucial, not only for patients but for growth and learning in the field. I am very happy to have found a spot in the ED, and hope to truly grow and learn from all the experienced staff. I look forward to working with you all.

Vanessa Craven
ED Technician

Departmental Updates

LTC/SNF

BY TESSA PARSONS, DON

- LTC/SNF has a New Resident: Donna Poole
- Room Renovations continue, done with Room 14, working on Room 12 and the breakroom right now.
- Patricia Gallagher has transitioned over from the Clinic and is now working in LTC/SNF!

Let's keep our breakrooms clean!

Please see the below information regarding the use of our staff refrigerator(s):

1. Housekeeping staff will clean the fridge when able, but cannot accomplish this when overstocked.
2. If you spill something, clean it up. (This goes for the tables, microwaves, etc.)
3. In the hospital breakroom, we now have both bins on the bottom that are broken and will be thrown out due to a spill of some sort that stuck the bins to the bottom.
4. Label your containers prior to putting them in fridge.
5. If able, dispose of outdated food in the dumpster outside so we do not have to smell it inside.

Please help us keep this shared space clean and accessible for multiple people to use! Thank you!

AIDET: Five Steps to Achieving Satisfaction

AIDET is a framework for you, as staff, to communicate with patients and their families as well as with each other. It is a simple acronym that represents a very powerful way to communicate with people who are often nervous, anxious and feeling vulnerable. It can also be used as we communicate with other staff and colleagues.

Acknowledge
Greet people with a smile and use their names if you know them. Attitude is everything. Create a lasting impression.
Introduce
Introduce yourself to others politely. Tell them who you are and how you are going to help them. Escort people where they need to go rather than pointing or giving directions.
Duration
Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be. Be polite, helpful, and understanding.
Explanation
Advise others what you are doing, how procedures work and whom to contact if they need assistance. Communicate any steps they may need to take. Make words work. Talk, listen and learn. Make time to help. Ask, "Is there anything else I can do for you?"
Thank you
Thank somebody. Foster an attitude of gratitude. Thank people for their patronage, help or assistance. Use reward and recognition wording.

Working together and improving our own communication, we can provide the best patient experience here at Seneca, and communicate effectively with our coworkers!

ASK THE EXECUTIVES!

Do you have a burning question for our Executive Team?

Maybe something that you've always wondered about, but never got a chance to ask?

Now's your chance: your CEO/CNO/CFO will be answering YOUR questions each newsletter, you just need to submit them!

Send any questions to Deborah in Administration before the 1st of the month: dhousen@senecahospital.org

Compliance or Privacy Reporting
If you have privacy or compliance concerns to report, please call:
Charlene Almocera
(833) 227-3743/Internal Ext. 1516

To report anonymously, please leave a message at:
Compliance Hotline
(833) 227-3743 / Internal Ext. 1525

We also have blank compliance forms for you to complete and drop into one of the Compliance Drop Boxes next to each Time Clock. Concerns or reports submitted are all investigated without fear of retaliation to the reporting employee. We prefer that you leave your name so that Compliance can respond to you timely with the status of your report as some issues may take longer to investigate and work through remediation.

HOSPICE 101

SIERRA HOSPICE

Presented in collaboration with Honey Lake, Plumas & Sierra Hospice

May 20th from 9-4

Lunch will be provided

Lake Almanor Clinic Conference Room

199 Reynolds Rd, Chester, CA

This free event will review the basics of hospice care including: how to care for the hospice patient, techniques to improve your communication, and basic symptom management

Please register by calling Sierra Hospice at 530.258.3412

SENECA HEALTHCARE DISTRICT

General Updates

Dr's Day - March 30th, 2023

March 30th is Doctor's Day, an annual observance to show appreciation for the physicians who help save lives everywhere—the holiday started in 1933 in Winder, Georgia. Since then it's been honored every year on March 30th.

Administration has cards for all the providers that work with Seneca throughout the year. If staff members would like to sign any of the cards for the providers, please connect with Deborah in administration.

Looking for a DeLorean!

This year's 4th of July parade theme is Reflections: past, present, and future.

Seneca Healthcare District would like to invite staff to go Back To the Future with Seneca. We plan to look at the old hospital built in the 1950s and glance at the future new hospital that is anticipated to be completed in 2026. Our parade planning committee met this last week and came up with ideas to complement this theme.

We would like to utilize a DeLorean or make something that looks like one to go with Shawn McKenzie's Doc Brown Costume.

We would also like to find a 1950s truck and a newer truck of the same model and color to be part of this float. We are hoping for a truck from the 50s and a newer one.

We also plan to invite both current and retired staff members to join us in this year's parade.

4th of July

Community Wellness Screenings

Information for the Community Wellness screenings went out to staff on Friday, March 10, 2023. The following week, information will be released to the public. This information will be shared on our website, posted around town, and shared with Plumas News, local churches, and more. If you have any ideas on where to share this information please contact Chelssa.

SENECA
HEALTHCARE DISTRICT

2023 Wellness Screening

Sponsored by Seneca Hospital Auxiliary

WHEN:

Tuesday, June 6, Wednesday, June 7,	7:00 am - 9:30 am 7:00 am - 9:30 am
Saturday, June 10,	7:00 am - 9:30 am
Tuesday, June 13, Wednesday, June 14,	7:00 am - 9:30 am 7:00 am - 9:30 am

WHERE: Please note, this screening will be offsite
372 Main Street, Chester, CA
The building directly behind the Wellness Center

WHAT:

- **Blood draws**
- **Low-cost imaging studies**
- **Blood pressure tests**
- **Covid Vaccines/boosters**

Senecahospital.org /community
1(833) careSHD
1(833)227-3743

April Holidays:

- **April 1st** is not just April Fools Day, it is also
  - *International Pillow Fight Day*
  - *National Fun Day*
  - *National Greeting Card Day*
  - *National Handmade Day*
  - *National Sourdough Bread Day*

- National Public Health Week: April 1 – 7
- World Health Day 2023: April 7

- World Immunization Week: April 22 – 28
- Every Kid Healthy Week and Patient Experience Week: April 25 – 29

SENECA HEALTHCARE DISTRICT
ORGANIZATIONAL CHART EXPLAINED

Executive Team

Shawn McKenzie
Chief Executive Officer

The CEO is the chief executive officer of the District, and they oversee the operations of the entire facility. Their job involves planning, staffing, budgeting and creating and implementing policies. Reports directly to the Board of Directors.

Steve Boline
Chief Financial Officer

The CFO is an officer of the organization that is assigned the primary responsibility for managing the company's finances, including financial planning, management of financial risks, record-keeping, and financial reporting. Reports to the District's Chief Executive Officer.

Judith Cline
Chief Nursing Officer

The CNO is an officer of the organization and a Registered Nurse who is responsible for planning, organizing and directing the overall operations of Nursing/Patient Care Services (i.e., Acute, OR, SNF, Dietary, Radiology, Lab, Employee Health/Infection Control, Education/QI, Social Services/Discharge Planning, Utilization Review), throughout the hospital and the clinic. Reports to the District's Chief Executive Officer.

Directors

Charlene Almocera
HIM/Admissions

Jennie Mathews
Human Resources

Linda McCurdy
EVS/Operations

Chelssa Outland
PR/Marketing

Tessa Parsons
DON - LTC/SNF

Takara Trumpf
Information Technology

Healthcare department directors are responsible for steering their healthcare facilities toward success. They ensure that the healthcare district continually provides the best available healthcare solutions for all patients and staff. Directors are responsible for communicating with staff members, solving issues between departments, assisting in the hiring process for high-level facility managers, and other responsibilities that help push for operational improvements. They generally report directly to the executive team.

Managers/Supervisors

Jay Badeker
Maintenance

Kacie Broussard
Case Management

Kristin Courtright
Accounting/Finance

Diane Dowden
Respiratory Therapy

Jessica Gorbet
Employee Health

Jennifer Hall
Housekeeping

Heather Hemping
Care Coordination

Ann Holt
Acute Nursing

Andrea Kelly
Dietary

Todd Lane
Diagnostic Imaging

JoAnn Mahloch
Medical Staff

David Monday
Laboratory

Catie Neely
Infection Prevention

Ashli Pleau
Operating Room

Royce Raker
Emergency Room

Steven Stoops
Purchasing

Stefanie White
Nurse Education

Managers help facilitate and oversee the day-to-day operations of a company. They check in with their teams daily to ensure individuals complete tasks on time. Managers often report to directors or the executive team and they ensure employees follow company policies. Managers are able to help troubleshoot and resolve issues among staff.

Staff

Our employees are vital to the success of the organization and keep the District running smoothly. From patient care, admissions, medical records, housekeeping, dietary, IT, admin, and maintenance, all of our staff are incredibly important and key links so that we can ensure the best care for our community.

Marketing Report

Current Projects Update March 2023

- **New Build Campaign /Philanthropy**
  - Donor Tree
    - I am working on more information regarding the donor tree and now that we have a better idea of wall space for the hospital, we can approach Collins with details for sponsorship of the tree.
  - Continuing tracking donations and what donors will be eligible for bricks, leaves, ect.
  - The application for federal earmark fund has been submitted and is under review. I will update the board as we have more information.

- **New phone number 1(833)-CareSHD (227-3743)**
  - The phone transition is complete. The old numbers are still working and route to correct departments. We are still working on getting the community used to the new number and the new process of speaking with Daphne. We have received varying feedback about the experience, and I have encouraged the community to be patient with us as we work through this transition.
    - More ads and print media are being released with the updated number.
    - Our Caller ID has been corrected to show Seneca is calling.
- **General Marketing**
  - LACC Newsletter - Continual updates are released and ads in the LACC
  - MVL Magazine – quarterly ads are going out with them and we also have a banner ad on their website.
  - Ravenlight Productions
    - Ravenlight has been hired with Marketing to help produce marketing videos for promotional use. The project we are currently working on will be a 15sec video that will be used at move theaters, online and through our Choozle platform. This will be used to help with branding, help encourage our local community to use the hospital and clinic, it will be used to help with provider recruitment and used to help with potential donors for the new build.
    - The focus of the video is: Seneca cares for our community. Utilizing the tag line, Community, Compassion and Tradition!
  - New Build Update
    - An update regarding the new build meetings that took place 3/20 and 3/21 is being worked on and will be put out to the public soon.
  - Choozle
    - The choozle account has been set up and we will start utilizing it for various marketing campaigns starting in April of 2023.
  - Google Ads
    - These will continue to be bumped with the new phone number.
  - Doctors Day

        - Cards have been ordered for Dr's Day. Gifts and cards will be distributed to the doctors that work with us regularly onsite. All providers that work with us are being sent a card.
    - Website Updates
        - Adding Transparency Pricing Link – This will allow patients to use an online tool to calculate services.
        - Updates for the new patient portal on the website are being worked on and will be ready to go live with the Cerner go live.
            - Campaign to the public will be released as well, sharing information with how to access and utilize the new patient portal.

- **Signage for Hospital**
    - Exterior signs are in and waiting to be installed in the spring when weather permits.
        - Directional signage outside of the clinic
        - New signage for the front of the hospital is being orders to clean up the various signs by the front door. I am researching state code to confirm if all the existing signs are actually needed.
    - Interior Signage
        - Signage for the Clinic hallways is in and should be installed in the next few weeks. We are waiting on standoffs to come in.

- **Patient/Public Relations**
    - Information is being released on the centralization that is taking place in the clinic.
        - We are continuing to release information regarding the centralization process in the clinic. This has been a big change for many of our established patients and I am listening to any concerns, following up on any issues that arise and encouraging patients to give the new process a chance as we make changes over the next several months.
    - Information is being prepared regarding the new patient portals that will be in effect with Cerner.
        - This is being done on the website, will be put out to media and shared via emails we have for patients that have visited us within the last 6 months.
    - Neighbor Letter
        - A letter went out to our neighbors on Maywood, letting our neighbors know that we will be starting the building process and we are available to answer questions and concerns. A similar letter will be sent out to the community next month.
    - CEQA
        - All posting were completed for the CEQA documents and Marketing has not received any feedback regarding our NOI.