SENECA HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING MINUTES
Lake Almanor Clinic (LAC) Conference Room, 199 Reynolds Road, Chester, CA
March 30th, 2023 at 3:00 p.m.

1) **Call to Order.** President Jerri Nielsen called the Regular Board meeting to order at 3:01 p.m.

2) **Board Members Roll Call.** The President acknowledged Board Members, Kenneth Crandall, Secretary; Sherrie Thrall, Assistant Secretary-Treasurer; Jerri Nielsen, President; as present, onsite. **Board Members that joined the Regular Board Meeting via (ZOOM) online:**
- Ryan Lee, Vice President - 438 Fairmont St., Mountain View, CA 94131 / Ph: 530-816-2031
- Rich Rydell, Treasurer - 2 Via Olas, San Clemente, CA 92673 / Ph: 530-258-6767

3) **Pledge of Allegiance** was conducted at 3:02 p.m.

Closed Session Announcement.
The Board met in Closed Session 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

d. **Government Code §54957.6** – Labor Negotiations (Teamsters Local # 137 Professional Healthcare & Public Employees Union)

e. **Compliance – Quarterly Report / Conditions of Admissions / Notice of Privacy Practices** – Presented by Charlene Almocera, Director of HIM and Admissions

4) **Public Comment(s) Period.**
This is an opportunity for public attendees to address the Board regarding items which are not on the agenda. Please state your name for the record. Comments are limited to three (3) minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot act on any item that is not listed on the agenda. The Board Chair may choose to acknowledge the comment. When appropriate, the Board Chair may briefly answer a question; refer the matter to staff; or move to set the item for discussion at a future meeting.

- Member of the community, Barbara Montandon, was present/onsite with a statement. She expressed concern regarding the change in the Clinic, where there is one check-in place; patients are now escorted to the designated doctor's offices, etc., in lieu of being able to just walk into each doctor's waiting room.

5) **The Board Responds to Public Comment(s).** Jerri Nielsen, President, and Shawn McKenzie, CEO, explained that the new centralized system is a way to streamline patients, and creates a more efficient process within the clinic dynamics. Mr. McKenzie also stated, this new process is designed to eliminate any variation gaps of service directly impacting the quality of patient care.

Agenda - Items Requiring Action:

6) Approval of Board Meeting Minutes. **Tab A**

The Board reviewed and approved the Minutes of the February 23rd, 2023, Regular Board Meeting as submitted by Deborah Housen, Board Clerk. Motion to approve was made by Sherrie Thrall. Seconded by Ken Crandall. Motion approved by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Sherrie Thrall: Aye; Ryan Lee: Aye; Jerri Nielsen: Aye.

7) Medical Staff Report.

Dr. Dana Ware, Chief of Staff, submitted the following as approved at the February 21st, 2023, Medical Staff Meeting:

Initial Appointment of Medical Staff:
Jeffrey Fountain, D.O.- 60 days - 02/21/2023 to 04/21/2023 - North Star Imaging
L. Lee Nelson, M.D. - 60 days - 03/07/2023 to 05/07/2023 - ER Locum
Majid Majidian, M.D. - 1 year - 02/21/2023 to 02/21/2024 - VRAD Radiologist

Reappointment of Medical Staff:
Leon Jackson, M.D. - 60 days - 02/01/2023 to 04/01/2023 - NorthStar Radiology
Leon Jackson, M.D. - 2 years - 04/01/2023 to 04/01/2025 - NorthStar Radiology
Eric Kraemer, M.D. - 60 days - 02/18/2023 to 04/18/2023 - NorthStar Radiology
Eric Kraemer, M.D. - 2 years - 04/18/2023 to 04/18/2025 - NorthStar Radiology
Craig Lum, D.O. - 2 years - 02/28/2023 to 02/28/2025 - Wound Care

Initial Appointment of Allied Health Practitioner: N/A
Reappointment of Allied Health Practitioner: N/A

Motion to approve Medical Staff was made by Ken Crandall. Seconded by Sherrie Thrall. Motion approved by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Sherrie Thrall: Aye; Ryan Lee: Aye; Jerri Nielsen: Aye.

8) Policies and Procedures. **Tab B**

Submitted for Board approval by Chelsea Major, HIM.

Approved at SNF QA, P&T (If applicable), and the February 2023 Medical Staff meeting:

- Revised-RX-009.001 Medications-Allergies-Orders-Patients
- Revised-RX-013.002 Renal Dose Adjustment by Pharmacists
- Revised-RX-014.001 Safety
- Revised- RX-016.002 Antimicrobial Stewardship Program-ASP
- Revised-RX-018.001 Dispensing Medication to Discharged Patients
- Revised-RX-019.002 Self Administration of Drugs Acute and SNF
- Revised-RX-020.002 Potassium Scale and Administration
- Revised-RX-021.003 PYXIS Med Station
- Revised-RX-022.001 Compounding Sterile Preparations (CPS)
- Revised-RX-023.001 ADC by SNF
- Revised-RX-028.001 Multi-Dose Vials
- Revised-SNF-004.005 Resident Assessment Instrument
- Revised-SNF-031.001 Oxygen General Use
- Revised-SNF-040.003 Medications for Patients on Pass
- Revised-SNF-058.002 CNA Procedure Manual

- Revised-SNF-075.002 Monitoring of Weight and Height for Nutritional Care Plans
- Revised-SNF-138.001 Indwelling Catheter Justification and Removal
- Revised-SNF-180.001 Food Brought in from the Outside
- Revised-SNF-185.001 Restorative Nursing Program

Approved at March 2023 P&P Committee – (Medical Staff Approval Not Required):

- New-HKG-022.001 Linen Policy
- New-HKG-041.001 General Facility Cleaning
- New-HKG-042.001 Skilled Nursing Facility Bed Equipment and Furniture

All P&P's listed below are to be RESCINDED:

- HKG-PRO-002 Weekly Cleaning Items
- HKG-PRO-003 Frequency Schedule For
- HKG-PRO-004 Daily Cleaning Routine
- HKG-PRO-005 Housekeeping Daily Cleaning
- HKG-PRO-006 Cleaning of the Housekeeping Closet
- HKG-PRO-009 Skilled Nursing Facility- Long Term Bed Washing
- HKG-PRO-013 PM Shift Cleaning Routine
- HKG-PRO-015 Housekeeping Equipment
- HKG-PRO-016 Changing of Mops and Cleaning Rags
- HKG-PRO-018 Cleaning Procedure for the CT
- HKG-PRO-019 Routine Cleaning of Residents Equipment
- HKG-PRO-021 Laboratory and Micro Bio
- HKG-PRO-023 Daily Bathroom Cleaning
- HKG-PRO-024 Cleaning To prevent Spread
- HKG-PRO-030 Weekly Cleaning of LTC Shower
- HKG-PRO-031 Proper use of disinfectant soaked rags
- HKG-PRO-032 Cleaning of Panacea Air
- HKG-PRO-038 PPE supplies cart
- HKG-PRO-039 Clean Linen- Proper Handling
- HKG-001.001 Maintenance Cleaning Schedule
- HKG-011.001 Ice Machine and Drinking Fountain Cleaning
- HKG-020.001 Cleaning of Major Equipment

All Policies and Procedures were approved by the Board, as submitted on the agenda. Motion to approve was made by Sherrie Thrall. Seconded by Ken Crandall. Motion approved by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Sherrie Thrall: Aye; Ryan Lee: Aye; Jerri Nielsen: Aye.

9) Special Board Meeting Request. Proposed date: May 4th, 2023.

Presented by Donna Huntingdale, President, Building Rx. All Board Members and CEO agreed to conduct a Special Board Meeting on May 4th, 2023, at 11:00 a.m. in the LAC – Conference Room.

10) Sequoia Add-Service for CEQA Consultant Services. Tab C

Board approval was granted for the Add-Service as presented by Donna Huntingdale, President, Building Rx. Motion to approve was made by Ken Crandall. Seconded by Sherrie Thrall. Motion approved by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Sherrie Thrall: Aye; Ryan Lee: Aye; Jerri Nielsen: Aye.

11) Building Rx Add-Service for Project Management Services. Tab D

Board approval was granted for the Add-Service as presented by Shawn McKenzie, CEO. Motion to approve was made by Sherrie Thrall. Seconded by Ken Crandall. Motion approved by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Sherrie Thrall: Aye; Ryan Lee: Aye; Jerri Nielsen: Aye.

12) January 2023 Financial Report in (Draft Form). Tab E

Submitted for discussion and acceptance, (in draft form), the January 2023 Financial Report. Presented by Steve Boline, CFO. Motion to accept (the draft form) as presented, was made by Ken Crandall. Seconded by Sherrie Thrall. Motion of acceptance by roll call vote. Ken Crandall: Aye; Rich Rydell: Aye; Sherrie Thrall: Aye; Ryan Lee: Aye; Jerri Nielsen: Aye.

<u>Agenda items – Information only:</u>

13) Healthcare Resource Group (HRG). Tab F

Steve Boline, CFO, will present HRG's February 2023 Summary Report.

14) SPT CAH Report / Board Updates. Tab G

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

15) CEO Report. Tab H

Presented by Shawn McKenzie, CEO.

16) Discussion – LAC Tenet Improvement In-fill Project – Boneyard (Upstairs). Tab I

Design Quote - Aspen Street Architects. Presented by Shawn McKenzie, CEO. The Board granted permission for the CEO to move forward with his quest to obtain floor plans for the endeavor.

17) Board Member Position Opening.

Discussion. Presented by Jerri Nielsen, President. Ryan Lee, stated for the record, and submitted in writing his Letter of Resignation as Vice President of the SHD Board. Jerri Nielsen, President, instructed the Board Clerk, Deborah Housen, to publicly post the Special Notice of Vacancy. *NOTE: The notice was publicly posted on April 4th, 2023.* Ryan Lee's last day of service will be on April 27th, 2023, through the next Board Meeting.
The Appointment announcement of a new Board Member may be made at the next Board Meeting.

18) Updated – SHD Organizational Chart. Tab J

Review and discussion amongst Board Members, led by Jerri Nielsen, President. Rich Rydell stated that the Auxiliary should be added to the Organizational Chart*. NOTE: A dotted line was added to incorporate the Auxiliary Board President.*

19) CNO Report. Tab K

Presented by Judith Cline, CNO.

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

Cerner Report presented by Brian Churchill, PM.

21) Departmental Documents/Reports. **Tab M**

a. Compliance – Charlene Almocera, HIM Director – Report submitted.
b. IT/Clinical Informatics – TK Trumpf, IT Director – Report submitted.
c. Human Resources & Newsletter – Jennie Mathews, HR Director – Report submitted.
d. Marketing/PR – Chelssa Outland, PR Manager – Report submitted.

22) Closed Session.

The Board adjourned to Closed Session, as noted at the start of Meeting, at 5:19 p.m.

The Regular Board Meeting resumed at 6:09 p.m.

23) Report on Closed Session. The Board President indicated there were no actions to report from the Closed Session.

24) Next Regular Board Meeting Announcement.

- **Date:** ~~March 30th, 2023~~ Correction: April 27th, 2023
- **Time:** 3:00 p.m.
- **Location:** LAC-Conference Room

The Regular Board Meeting adjourned at 6:10 p.m.

Seneca Healthcare District Hospital Board Member Interest Letter

December 20, 2022

Shelley Stelzner, MHA, RN, BSN, PHN, CCM
364 Osprey Loop
Chester, Ca 96020
Stelzners@hotmail.com

To: Seneca Healthcare District Administration,

Please consider this letter and attached resume as an expression of my interest in participating as a board member of the Seneca Healthcare District Hospital Board.
With my 35 years of experience as a Registered Nurse (RN) in California, working in several hospital and outpatient RN and hospital administrative positions, I feel my experience would be of value on the Seneca Hospital Board, particularly during such an exciting time.

My husband and I purchased our home in Lake Almanor West in 2014 and made it our full-time residence in 2021, following my retirement from NorthBay Healthcare in Nursing Management. We are enjoying the quality of life Chester has to offer and wholeheartedly supported Measure B during this last election. We are excited for a new hospital to be built that would support our community for years to come.

Given the opportunity, I will do my best to participate and benefit the Hospital Board during this momentous and exiting time.

Thank you,

Shelley Stelzner

Shelley Stelzner

December 20, 2022

Shelley Stelzner MHA, RN, BSN, PHN, CCM
364 Osprey Loop
Chester CA 96020

Summary:

35 years as a career registered nurse in California.

My experience includes working as a Critical Care RN, Emergency RN, Outpatient Surgery Center OR and Recovery RN, Utilization Management and Case Management RN. Last 15 years of my RN career were in Nursing Management as a Supervisor, Manager and Director of Utilization Management (UM), Case Management and oversight of Social Services and Chaplaincy in a level two hospital trauma center in Fairfield Ca.

I was a member of many committees while in Nursing Management. I was a member of the California Hospital Association (CHA) Case Management Committee, a board member of the American Case Management Association (ACMA), a member of the Case Management Society of America (CMSA), a member of trauma Committees and multiple city healthcare resource development committees in Fairfield and Vacaville Ca.
I am a graduate of Solano Leadership Organization and Lean Six Sigma.

Education:

Bachelor of Science in Nursing and Public Health Nursing, December 1987
Samuel Merritt University, Oakland California
Master of Health Administration, University of Phoenix 2010
Critical Care Certification, 1988
Certification in Case Management, (CCM) 2012

Professional Affiliations:

American Case Management Northern California Chapter Board Member
American Case Management Northern California Public Policy Committee Co-Chair
California Hospital Association (CHA) Case Management Committee Member

Experience:

NorthBay Healthcare, Fairfield CA
2001-2020: Case Manager, Supervisor of Outpatient Case Management, Manager of Outpatient Case Management and Director of Inpatient/Outpatient Case Management, Utilization Management, Social Services and Chaplaincy.

- Managed operations of multiple departments to ensure patient needs were met with attention to high quality care that meets or exceeds regulatory requirements.
- Administration of capitated Health plan contracts
- Prepared and coordinated managed Health plan annual audits

- Provided presentations to staff and Management Team on department outcomes data
- Participated in multiple NCQA hospital surveys

Tricare Federal Services, Healthcare Finder, Vacaville CA.
1996-2001

- Performed prospective authorizations for Federal employee retirees and their dependents

Health South Surgery Center, Ambulatory Surgery Care RN, Vacaville CA.
1992 to 1996

- OR circulating RN, recovery and procedure RN

Merrithew Memorial Hospital, ICU and ED RN, Martinez CA
1989-1992

- Intensive Care Unit and ED RN

Samuel Merritt Hospital, CCU and Telemetry RN, Oakland CA
1987-1989

- CCU, telemetry and cardiac catheter recovery

SENECA HEALTHCARE DISTRICT

POLICY & PROCEDURE

DEPARTMENT: HUMAN RESOURCES **POLICY TITLE: EMPLOYEE VISITORS** **POLICY NUMBER: HR-006.003** **COMPLIANCE REQUIREMENT:**	**Page 1 of 2** **Date of Origin: 05/27/1982** **Revision Date: 04/26/2012, 6/19/2020** **Periodic Review** **By:** **Date:**
AUTHOR: Marie Stuersel **REVISED BY: James Kooyman, Director of Human Resources.; Jennie Mathews, Director of Human Resources**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that on duty employees are expected to keep personal visitors to a minimum except in case of emergency or during meal periods or breaks.

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

POLICY NUMBER REFERENCE: HR-006.003

PROCEDURE

1. **Purpose**

   The purpose of this policy is to designate where and under what circumstances employees may have visitors.

2. **Responsibilities**

   Each individual SHD department is responsible for monitoring all employee visitors.

3. **Policy for Employee Visitors**

   a. ***Procedure***

      i. Employees are to instruct visitors to wait in the hospital lobby, the break rooms, or outside the hospital or clinic until the employee is able to meet with them. Because break rooms are small, employees should refrain from meeting with visitors in the break rooms between the hours of 11:30am and 1:30 pm.

      ii. There will be no employee visitors allowed in any patient care areas or where patient records may be accessible.

      iii. Employees are responsible for accompanying any of their underage visitors at all times.

      ~~ii.~~iv. Employees who spot unauthorized visitors may ask them to leave. Visitors who misbehave (e.g. engage in hate speech, cause disruption or steal property) will be asked to leave and reported to law enforcement if appropriate.

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: HUMAN RESOURCES **POLICY TITLE: PERFORMANCE EVALUATIONS** **POLICY NUMBER: HR-009.003** **COMPLIANCE REQUIREMENT: None**	**Page 1 of 3** **Date of Origin: Unknown** **Revision Date: 10/1995, 07/27/2017, 04/28/2022** **Periodic Review By: Date:**
AUTHOR: Doreen Turner, Director of Human Resources **REVISED BY: James Kooyman, Director of Human Resources, Jennie Mathews, Director of Human Resources**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that the job performance of each employee is evaluated periodically by the employee's Supervisor. SHD believes job descriptions are important tools for documenting the essential requirements of and skills needed to successfully perform on the job.

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

POLICY NUMBER REFERENCE: HR-009.003

PROCEDURE

1. Purpose

SHD's Performance Evaluation program has been established to enable each Employee to receive regular feedback on ~~his/her~~their job performance, to assist ~~him/her~~their to become more effective in ~~his/her~~their position and to inform supervisors of the Employee's career aspirations.

The principal objectives of performance evaluations are to:

a. Evaluate and improve performance,
b. Facilitate mutual feedback and communication between the Employee and the Supervisor,
c. Develop or modify objectives, and the means to implement those objectives,
d. Plan Professional Development and Training,
e. Ensure Position Descriptions are accurate,
f. Provide a basis for salary recommendations and/or step advancement.

The supervisor and the Employee are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis. Additional formal performance evaluations are to be conducted at least annually near the Employee's Anniversary Date.

2. Responsibilities

Supervisors and managers are required to complete performance appraisals upon the following occasions:

a. At the end of the first 1,040 hours of employment, but not less than six (6) calendar months (end of the probationary period).
b. Full- and part-time employees on or near the anniversary date of employment.
c. Short hour and per diem employees upon completion of 1,040 hours of work, but not sooner than 12 months between evaluations.
d. Unsatisfactory evaluations shall be repeated within three (3) calendar months.
e. Thirty (30) days after the employee is transferred or promoted to a new job (end of the probationary period).
f. Additional occasions as needed.

3. Policy for Performance Evaluations

a. ***Process***

i. Human Resources is responsible for sending out individual annual performance evaluations to each Supervisor and Employee through the ADP© Performance Management system, one month in advance of the Employee's Anniversary Date.

ii. ~~If requested, HR will also provide a~~For easy reference, a copy of the Employee's current Job Description~~ for the Employee~~ is located in their ADP© online profile and attached to the Performance Review.

iii. The Manager and Employee will be responsible for completing the Annual Performance Review through ADP©, and conducting a follow-up discussion regarding any improvement.

iv. A copy of the Annual Performance Review will be kept in the Employee's ADP© online profile~~Personnel File~~.

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: HUMAN RESOURCES **POLICY TITLE: LEAVES AND KIN CARE** **POLICY NUMBER: HR-010.002** **COMPLIANCE REQUIREMENT: Family and Medical Leave Act of 1993 (FMLA); California Family Rights Act (CFRA); California's Pregnancy Disability Leave Law; California Labor Code Section 233.;**	**Page 1 of 11** **Date of Origin: 01/1/2000** **Revision Date: 04/29/2021,** **Periodic Review By: Date:**
AUTHOR: James Kooyman, Human Resources Manager **REVISED BY: James Kooyman, Human Resources Manager**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Seneca Healthcare District (SHD) shall grant Family/Medical leaves in accordance with the Family and Medical Leave Act of 1993 (FMLA) and California Family Rights Act (CFRA), as amended from time to time by the U.S. Government and the State of California.

SHD shall treat pregnancy, childbirth, or other related conditions like any other disability, and an employee on leave will be eligible for temporary disability benefits in the same amount and degree as any other employee on leave.

SHD shall comply with California Labor Code Section 233 and allow employees to use up to one-half their yearly extended sick leave accrual for the purpose of attending to a Family Member who is ill. Leave for this purpose may not be taken until it has actually accrued.

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

POLICY NUMBER REFERENCE: HR-010.002

PROCEDURE

1. **Purpose**
   The purpose of this policy is to conform to the Family and Medical Leave Act (FMLA), Pregnancy Disability Leave (PDL), and Kin Care Leave Acts.

2. **Responsibilities**
   The SHD Human Resources (HR) department is responsible for monitoring, review and approve or disapprove all leave's regarding FMLA, PDL, & Kin Care.

3. **Policy for Leaves and Kin Care**
   a. ***Family/Medical Leave***
      i. Definition of Terms
         1. <u>Eligibility</u>
            a. To be eligible for FMLA, an employee must have been employed by Seneca Healthcare District (District) for at least 12 months and have worked at least 1,250 productive hours during the previous 12 months. The 12 months of employment do not have to be consecutive; however, employment periods prior to a break in service of seven years or more will not be counted unless the break was due to the employee's fulfillment of his or her National Guard or Reserve military obligation (as protected under the Uniformed Services Employment and Reemployment Rights Act, USERRA).
            b. Concurrent with FMLA under the General Teamsters, Professional, Health Care and Public Employees' Local #137 Collective Bargaining Agreement with Seneca Healthcare District, Section 12. Leaves, the District may grant any employee a medical leave of a period of time not to exceed six (6) months upon request accompanied by an adequate request of medical necessity. Any request for medical leave must be accompanied by a provider's statement that the employee is or will be disabled from working, the nature of such disability, and the estimated date of return. The District may, at its expense, request a second medical opinion regarding the employee's disability. An employee may not return to work until the District is furnished with a statement from the employee's provider that the employee is able to resume the normal duties of his/her job. The District may require a physical examination by the District's provider and up to seven (7) calendar days notice prior to an early return.
               i. To be eligible to apply for a Leave of Absence, an employee must have completed his/her probationary period.
               ii. Except in cases of unforeseeable circumstances, all applications for Leave of Absences or extensions thereof must be submitted in writing to the District

at least thirty calendar days in advance and shall include the reasons for which a Leave of Absence is required together with the specific period of leave requested.

iii. The granting of any Leave of Absence shall be based on the presumption that the employee intends to return to work upon the expiration of the leave.

iv. Any employee who fails to return to work at the end of the maximum approved Leave of Absence without having received an extension will be considered as having voluntarily terminated his/her employment upon the date the Leave of Absence expired unless an excuse satisfactory to the District is given or the District is notified by the employee prior to expiration of the leave that the employee does not intend to return to work.

v. The parties recognize that it will not always be possible to reinstate an employee returning from the leave to the same position she/he held on the date of the leave commenced unless mandated by state or federal law. If at the time the employee returns from leave and his/her previous position is not vacant, the District will make a good faith effort to place the employee in a comparable position.

c. The District reserves the right to grant only one Medical Leave during a 12-month period unless otherwise conditioned under FMLA/CFRA.

2. <u>Serious Health Condition</u>

a. A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either:

i. Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility including any period of incapacity or subsequent treatment in connection with such inpatient care: or,

ii. Continuing treatment by a healthcare provider, which includes:

1. A period of incapacity lasting more than three consecutive, full calendar days and any subsequent treatment or period of incapacity relating to the same condition, that also includes:

a. Treatment two or more times by or under the supervision of a healthcare provider; or,

b. Treatment two or more times within 30 days by or under the supervision of a healthcare provider with the first

treatment occurring within seven days of the initial absence.

iii. Any period of incapacity related to pregnancy or for prenatal care (see section b of this policy).

iv. Any period of incapacity or treatment for a chronic serious health condition that continues over an extended period of time, requires periodic visits (at least twice per year) to a healthcare provider and may involve occasional episodes of incapacity (e.g., asthma, diabetes, epilepsy); or,

v. A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective (e.g., Alzheimer's, severe stroke, or the terminal stages of a disease); or,

vi. Any absences to receive multiple treatment for restorative surgery for a condition that would likely result in a period of incapacity of more than three full days if not treated.

b. Absent complications such that one of the conditions listed in Paragraph 1 are met, a serious health condition does not include routine examinations, elective cosmetic procedures or ordinary ailments (the common cold, flu, earache's, dental or orthodontia problems). Mental illness and substance abuse may qualify as serious medical conditions, but absences because of the use of a substance, as opposed to absences due to treatment, do not.

ii. Specific Procedure

1. <u>Employee Notice</u>

a. An employee must provide proper notification as a condition of eligibility for leave. The employee must notify Human Resources in writing of the need for such a leave, the date it will commence, and the leave's anticipated duration. If the employee knows of the event that necessitates the leave more than 30 calendar days in advance of the date the leave is needed, the employee must provide such notice in writing a minimum of 30 days before the leave will begin. If the employee learns of the event less than 30 days before the date the leave must begin, the employee must provide as much advance notice as practicable, preferably as soon as the employee learns of the need for the leave. A failure to comply with these notice rules may result in a denial or postponement of the requested leave until the employee complies with these rules. However, suppose the need for a family and medical leave results from an emergency or is otherwise unforeseeable. In that case, the leave will not be denied simply because an employee fails to provide advance notice.

2. Leave Entitlement
    a. An eligible employee may receive up to a total of 12 workweeks of leave during any rolling 12-month period for one or more of the following reasons.
        i. The birth and care of a newborn child of the employee,
        ii. A child's placement with the employee for adoption or foster care,
        iii. To care for a spouse, child (under 18 years of age or 18 years or older and incapable of self-care because of a mental or physical disability) or parent (but not parent-in-law) who has a serious health condition; or
        iv. The employees own serious health condition.
        v. For qualifying requirements arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or called to active duty status as a member of the National Guard or Reserves in support of a contingency operation. Qualifying requirements include:
            1. Issues arising from a covered military member's short-notice deployment (i.e., deployment on seven or less days of notice) for a period of seven days from the date of notification,
            2. Military events and related activities, such as official ceremonies, programs, or events sponsored by the military,
            3. Certain childcare and related activities arising from the active duty or call to active duty status of the covered military member,
            4. Taking up to five days of leave to spend time with a covered military member who is on short-term temporary, rest and recuperation leave during deployment,
            5. Attending to certain post-deployment activities, or
            6. Other events at the mutual agreement of the employer and employee.
    b. An eligible employee may receive up to a total of 26 workweeks of leave during a single 12-month period for the following reasons:
        i. To care for an eligible service member (ie. spouse, son, daughter, parent, or next of kin of a current member of the Armed Forces, including a member of the National Guard or Reserves) with a serious injury or illness.

c. Intermittent Leave- Under some circumstances, employees may take FMLA leave intermittently, taking leave in separate blocks of time for a single qualifying reason, or on a reduced leave schedule, reducing the employer's usual weekly or daily work schedule. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to disrupt business operations unduly.

3. Certification
   a. Certification by Healthcare Provider: A certification from a healthcare provider must support an employee's request for leave due to a serious health condition affecting the employee, covered family member or covered service member. If the medical certification is not provided to the organization within a reasonable time (typically within 15 days), leave may be delayed or denied. Suppose, the FMLA/CFRA request is because of the employee's own serious health condition. In that case, the District may require, at its expense, a second opinion from a health care provider designated by the employer. The health care provider designated to provide a second opinion will not be one who is contracted on a regular basis by the District. Suppose the second opinion differs from the first opinion. In that case, the District may require, at its expense, that the employee obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee. The third health care provider's opinion shall be considered final and binding on the District and the employee.
   b. Return to Work: The employee on leave for his or her own serious medical condition must provide a provider's release prior to returning to work. The employee on leave must contact the person to whom he or she reports in writing at least two weeks in advance of the expected return-to-work date so the leader is aware of the employee's intentions and can plan the department work schedule. The employee also must notify Human Resources of the return-to-work date.
4. Process for Application and Approval
   a. Application/Request: Employees must complete an application and a medical certification must be completed by the healthcare provider and returned to Human Resources at least 30 days in advance of the anticipated leave, or as soon as practicable if the need for the leave is not foreseeable. Absent unusual circumstances, medical certification must be returned within 15 days of a request for leave.
   b. Approval: Human Resources must approve all FMLA leave requests. The District may designate any leave that

qualifies as FMLA regardless of whether the employee has elected to designate it as FMLA.

c. Husband and Wife FMLA: A husband and wife eligible for FMLA who are both employed by the District are permitted to take a combined total of 12 weeks of leave (or 26 workweeks in a single 12-month period if the leave is to care for a covered servicemember with a serious injury or illness) during any 12-month period. The leave is for any of the following reasons listed below. The portion of a wife's FMLA leave, where she is incapacitated due to childbirth, qualifies as a leave for a "serious health condition" and does not count towards the combined 12-week limit.
    i. Birth of a child or to care for the child after the birth,
    ii. For placement of a son or daughter for adoption or foster care, or to care for the child after placement or,
    iii. To care for a parent with a serious health condition,
    iv. If one spouse is ineligible for FMLA, the other spouse is entitled to a full 12 weeks of FMLA to care for his or her own parent. Additionally, if a husband and wife both use a portion of the total 12-week entitlement, they may use the remaining time for instances other than those mentioned above.

5. Effects of Leave
    a. Use of Accrued Leave: Employees must use available accrued leave (Personal Time Off (PTO) and Extended Sick Leave (ESL) while on FMLA. If the employee is receiving California State Disability Insurance (SDI) benefits, they may supplement those benefits with PTO and ESL in order to extend the accrued leave available. After accrued leave is exhausted, the remainder of time under FMLA will be unpaid time.
        i. Advance Notice: When an employee must be absent from work for Intermittent Leave, the employee must personally call in to report an absence directly to his/her supervisor at least one (1) hour prior to the scheduled start of the shift. If the supervisor is not available, the employee must leave a message on the answering machine stating the reason for such an absence. If in a hospital position of direct patient care, the employee must call the nurse's station and notify the charge nurse.
    b. An employee may voluntarily change employment status (for example, full-time to part-time; part time to per diem; per diem to full-time) by following the process to obtain another position while on FMLA. Changes to employment status for purpose of extending FMLA are prohibited.

c. Family Medical Leave running concurrently with a Worker's Compensation Injury: Employees who are injured on the job and covered under Workers' Compensation will have any and all time that they are absent from work under Workers' Compensation also concurrently designated under FMLA. Employees may elect to use their available accrued leave time in conjunction with what they receive from Workers' Compensation to earn up to 100 percent of their normal base pay when on Total Temporary Disability (TTD).

d. Employee Benefits: An employee taking family/medical leave will be allowed to continue participating in any health and welfare benefit plans in which he/she was enrolled before the first day of the leave (for up to a maximum of 12 workweeks) at the level and under the conditions of coverage as if the employee had continued in employment for the duration of such leave. The District will continue to make the same premium contribution as if the employee had continued working. The continued participation in health benefits begins on the date leave first begins under FMLA (i.e., for pregnancy disability leaves) or under FMLA/CFRA (i.e., for all other family care and medical leaves). In some instances, the District may recover premiums paid to maintain health coverage for an employee who fails to return to work following family/medical leave. Employees on family/medical leave who are not eligible for continued paid coverage may continue their group health insurance coverage through the District in conjunction with federal COBRA guidelines by making monthly payments to Delta Health Care Systems, for medical, dental and vision benefits. Employees should contact Human Resources for further information.

e. Reinstatement: Under most circumstances, upon return from family/medical leave, an employee will be reinstated to his/her original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. However, an employee has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if an employee on family/medical leave would have been laid off had he/she not gone on leave, or if the employee's job had been eliminated during the leave and there is no equivalent or comparable job available, then the employee would not be entitled to reinstatement. In addition, an employee's use of family/medical leave will not result in the loss of any employment benefit that the employee earned or was entitled to before using family/medical leave. Employees

on FMLA/CFRA leave will not continue to accrue paid time off or extended sick leave during FMLA/CFRA leave.

b. ***Pregnancy Disability Leave***

i. All female employees should advise their supervisor of their intent to take pregnancy disability leave as soon as possible. The individual should make an appointment with the Human Resources Department so that she may explain the following:

1. Employees who need to take pregnancy disability must provide at least verbal notice sufficient to notify the Hospital that the employee needs to take a pregnancy disability leave/transfer. The verbal notice should include the anticipated time and duration of the leave or transfer.
2. If the need for the leave or transfer is foreseeable because of the pregnancy, employees must provide at least 30 days' advance notice before the pregnancy disability leave or transfer is to begin. Employees must consult with their supervisor regarding the scheduling of any planned medical treatment or supervision so as to minimize disruption to the operations of the hospital. Any such scheduling is subject to the approval of the health care provider of the employee.
3. If 30 days' advance notice is not possible, notice must be given as soon as practicable.

ii. If requested by the employee and recommended by the employee's provider, the employee's work assignment may be changed to protect the health and safety of the employee and the employee's child.

iii. Requests for transfers of job duties will be reasonably accommodated if the job and security rights of others are not breached.

iv. Temporary transfers due to health considerations will be granted where possible.

v. However, the employee will receive the pay that accompanies the job, as is the case with any other temporary transfer due to temporary health reasons.

vi. Pregnancy leave usually will begin when ordered by the employee's provider.

1. The employee must provide the Hospital with a certification, indicating disability, and should contain:
   a. The date on which the employee became disabled due to pregnancy.
   b. The probable duration of the period or periods of disability, and,
   c. A statement that, due to the disability, the employee is unable to perform one or more of the essential functions of her position without undue risk to herself, the successful completion of her pregnancy, or in other persons.

vii. Leave return will be allowed only when the employee's provider sends a release.

viii. An employee will be allowed to use accrued extended sick leave in accordance with the Memorandum of Understanding during a pregnancy

disability leave. An employee will be allowed to use accrued paid time off in accordance with the Memorandum of Understanding during a pregnancy disability leave.

ix. Duration of the leave will be determined by the advice of the employee's provider, but disabled employees may take up to four months. The four months of leave includes any period of time for actual disability caused by the employee's pregnancy, childbirth or related medical condition. This includes leave for severe morning sickness and for prenatal care.

x. Leave does not need to be taken in one continuous period of time and may be taken intermittently, as needed. Leave may be taken in increments of one hour.

xi. Provided the pregnancy-related disability leave does not exceed four (4) months at the conclusion of the leave, the employee will be returned to her original position unless that position no longer exists due to legitimate business reasons, or if to keep the employee's position open would have substantially undermined the Hospital's ability to operate safely and efficiently. In the event that the employee cannot be returned to her original positions, the Hospital will offer the employee a substantially similar position.

xii. If an employee takes pregnancy disability leave and is eligible under the federal or state family and medical leave laws, the Hospital will maintain group health insurance coverage for up to a maximum of 12 work weeks (if such insurance was provided before the leave was taken) on the same terms as if the employee had continued to work. Leave taken under the pregnancy disability policy runs concurrently with family and medical leave under California law. If an employee is ineligible under the federal and state family and medical leave laws while on pregnancy disability, the employee will receive continued paid coverage on the same basis as other medical leave which the Hospital may provide and which the employee is eligible to take. In some instances, the Hospital may recover premiums it paid to maintain health coverage for the employee if the employee fails to return to work following pregnancy disability leave.

xiii. If an employee is on pregnancy disability leave and is not eligible for continued paid coverage, or if paid coverage ceases after 12 workweeks, you may continue your group health insurance coverage through the Hospital in conjunction with federal COBRA guidelines by making monthly payments to Delta Health Systems for the amount of the relevant premium. Contact the Human Resource Department for further information.

c. ***Kin Care***

i. Employees may use up to one-half of their yearly extended sick leave accrual for the purpose of caring for a Qualified Family Member who is ill. Leave for this purpose may not be taken until it has actually accrued. This means that once accrued, a full-time employee can use up to three scheduled days (24 hours) in a calendar year. A part-time employee can use up to one-half of their accrued sick leave based on the average accrual for the previous 12 months.

ii. Qualified Family member is defined as:

1. Child, a biological, foster or adopted child, stepchild or a legal ward. A "child" also may be someone you have accepted the duties and responsibilities for raising, even if he/she is not your legal child. ("loco parentis").
2. Spouse or domestic partner.
3. Biological parent, adoptive or foster parent, stepparent or legal guardian of an employee or the employee's spouse or domestic partner, or person who stood as loco parentis when employee was a minor child.
4. Grandparent, biological and spousal.
5. Grandchild.
6. Sibling.

iii. Kin Care, when accrued, is available immediately and not subject to the 3-day waiting period that applies to ESL.

iv. The number of days available for Kkin Ceare leave will not carry over from year to year.

v. Notify your Supervisor, or designee that you are calling off work due to the illness of a child, parent or spouse so that an Absence Report can be appropriately submitted to the Payroll Department.

~~vi. When completing your timesheet, put your absence under the "sick" column and note "child, parent or spouse" on your timesheet. The Payroll Clerk will pay you in accordance with our paid time off and extended leave policy.~~When requesting the use of Kin Care, employees shall put in a Time Off request through ADP© and will select the Kin Care policy for the applicable time frame. It is the employee's responsibility to check the balance of available Kin Care hours when submitting their request.

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: HUMAN RESOURCES **POLICY TITLE: HIRING PROCESS** **POLICY NUMBER: HR-012.001** **COMPLIANCE REQUIREMENT: Collective Bargaining Agreement with SHD-General Teamsters, Professional Health Care and Public Employees LOCAL #137; Fair Credit Reporting Act; California Title 22 §70721; Equal Opportunity Employment Commission (EEOC); Title VII of the Civil Rights Act of 1964**	**Page 1 of 7** **Date of Origin: 06/19/2020** **Revision Date:** **Periodic Review By: Date:**
AUTHOR: James Kooyman, Human Resources Manager **REVISED BY: Jennie Mathews, Director of Human Resources**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that standardized hiring practices that comply with all federal, state, and local laws, rules and regulations are followed along with the Collective Bargaining Agreement of the General Teamsters, Professional Health Care and Public Employees' LOCAL #137 Memorandum of Understanding, current. SHD shall process background checks on candidates selected for employment, including criminal background, social security verification, employment, personal references. Positions requiring driving District vehicles will also require Department of Motor Vehicles drivers license verification and violations check.
Seneca Healthcare District is an Equal Opportunity Employer.

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

Governing Board		

POLICY NUMBER REFERENCE: HR-012.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure that standardized hiring practices comply with all federal, state and local laws, rules and regulations are followed along with the Collective Bargaining Agreement of the General Teamsters, Professional Health Care and Public Employees' LOCAL #137 Memorandum of Understanding.

2. **Responsibilities**
   The SHD Human Resources Department is responsible for ensuring all documentation is collected, all documentation is completed, and that all other necessary processes are completed.

3. **Policy for Hiring Process-Employee License and Certification**
   a. ***Objective***
      i. Seneca Healthcare District (SHD) believes that hiring qualified individuals to fill open positions at the District contributes to the overall strategic success of the District. Each employee, while employed, is hired to make significant contributions to the District. In hiring the most qualified candidates for positions, the following hiring process should be adhered to.
      ii. Human Resources (HR) will utilize the *New Hire Checklist Form* to ensure all documentation is collected, all required documentation is completed, and that all other necessary processes are completed.
   b. ***Equal Opportunity Employment***
      i. SHD is an equal opportunity employer.
      ii. SHD provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, SHD complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.
      iii. SHD expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of SHD's employees to perform their job duties may result in discipline up to and including discharge as outlined in the Sanctions Policy/Procedure, CMPL-005.
   c. ***Job Postings***
      i. HR will post the job needed internally for seven~~five~~ (7~~5~~) days, according to the Collective Bargaining Agreement with SHD-General Teamsters,

Professional Health Care and Public Employees LOCAL # 137. The postings will be placed in the following locations:

1. Bulletin board next to the time clock in the hospital,
~~1.~~2. Bulletin board in the Skilled Nursing Facility break room,
~~2.~~3. Bulletin board next to the time clock in the clinic, and,
~~3.~~4. Bulletin board outside of the HR office in the clinic.

ii. Employees must submit their intent to bid on the position in writing to their supervisor and Human Resources.

iii. After the seven~~five~~ (7~~5~~) day internal posting requirement is met, the postings will be removed and archived.

iv. If after the seven~~five~~ (7~~5~~) day internal posting requirement is met and there are no internal candidates, HR will move to outside advertising as described in Section 3.e of this policy, Recruitment Advertising.

v. If after the seven~~five~~ (7~~5~~) day internal posting requirement is met and there are internal candidates, HR will move to the internal transfers section (Section 3.d) of this policy.

d. ***Internal Transfers***

i. Employees who bid on open positions will be reviewed for qualifications for the position and seniority.

ii. HR will follow the Collective Bargaining Agreement with SHD-General Teamsters, Professional Health Care and Public Employees LOCAL #137 to determine qualifications and seniority.

iii. Once candidates have passed the review process, HR will move to the Interview process, (Section 3.g), of this policy.

e. ***Recruitment Advertising***

i. When a position needs to be hired outside of the internal workforce, HR will initiate recruitment advertising.

ii. HR will prepare the job posting, updating for the jobs being recruited for and qualifications needed. ~~using the *Job Advertisement Form*.~~

iii. The jobs will be submitted for advertising to the following:

1. Local and/or regional newspapers,
2. Online recruitment agencies (if applicable),
3. The SHD website,
4. The SHD Facebook page (if appropriate), and,
~~4.~~5. Any other recruitment methods deemed necessary by HR and/or Administration.

f. ***Application Process***

i. New applicants must submit a completed SHD Application for Employment to the Human Resources Department via the External Career Center on the SHD website or with a paper application.

ii. HR will review the application and have the department manager review the application.

iii. If the applicant is to be interviewed, HR will initiate the interview process, (Section 3.h) of this policy.

iv. If the applicant is not to be interviewed for the job applied for, HR will screen the applicant for other open positions and repeat steps f-ii and f-iii.

v. If the applicant is not to be considered for any positions at SHD, HR will file the application and retain for one (1) year from the date of the application.

g. ***Interview Process***

i. HR will maintain a file of standard interview questions for each position that the District employs.

ii. HR will schedule the applicant for an interview with a minimum of:

1. Human Resources Manager
2. Department Manager, and,
3. Any others as needed.

iii. The interviewee will be asked the questions on the interview questions list for the position in which they are being interviewed for.

iv. Post Interview Process:

1. The interview team will discuss the applicant's responses and assess the interview.
2. If the applicant will not be considered for the position, HR will review the applicant for other open positions they may be qualified for. If the applicant is not qualified for any other open positions, their application will be filed in HR and retained for (1) year.
3. If the applicant can be considered for other open positions, HR will start this step (Section 3.g) over again to interview the candidate for a different position.
4. If the applicant will be considered for the job they interviewed for, HR will initiate a job offer, (Section 3.h), of this policy.

h. ***Job Offers***

i. HR and the hiring manager will discuss the rates of pay for the position being hired as published in the Collective Bargaining Agreement with SHD-General Teamsters, Professional Health Care and Public Employees LOCAL #137 and decide where to start the applicant.

ii. HR will prepare a Job Offer Letter for the applicant, listing out:

1. The position being hired,
2. Rate of pay.

iii. Should the applicant decide to not sign the Job Offer Letter, HR will document this and restart this policy at the Application Process, (Section 3.f).

iv. If the applicant accepts the offer, HR will prepare a Conditional Job Offer and Medical Review Form for the applicant to sign when the candidate arrives to process pre-employment paperwork.

v. Job Offer Letters will vary depending on:

1. Position being hired for,
2. Type of employment, i.e. full-time, part-time, per-diem, etc., and,
3. Rates of pay.

vi. Should the applicant decide to not sign the Conditional Job Offer and Medical Review Form, HR will document this and move the applicants file to "Do not hire/return" file and retain indefinitely. HR will send the applicant Job Offer ~~Reseintion~~Rescission Letter.

i. ***Pre-Employment: OIG, License Verification, Reference Checks, Criminal Background Checks, Health Requirements, Drug and Alcohol Testing***

i. OIG
    1. HR will verify that the applicant is not listed on the OIG exception list by checking the website.
    2. If the applicant is listed on the OIG exception website, HR will document this and move the applicants file to "Do not hire/return" file and retain indefinitely. HR will inform the applicant that they did not pass their pre-employment screening and send the applicant Job Offer Rescission Letter.
    3. If the applicant is not listed on the OIG exception website, HR will move to the next step of this process, License Verification, (Section 3. i. ii).

ii. License Verification
    1. HR will verify all licensure requirements via online database.
    2. If the applicant's license has any issues (not current, has sanctions, does not exist) HR will document this and move the applicants file to "Do not hire/return" file and retain indefinitely. HR will inform the applicant that they did not pass their pre-employment screening and send the applicant Job Offer Rescission Letter.
    3. If the applicant's license is clear, HR will move to the next step of this process, Reference and Criminal Background Checks, (Section 3. i. iii)

iii. Reference and Criminal Background Checks
    1. Reference and Background checks are completed through a contracted vendor, Pre-Employ®.
        a. Completed forms are submittede~~faxed~~ to Pre-Employ® using their online website portal. They ~~shall~~ conduct the checks and send a report back to SHD.
    2. HR will discuss any negative reports with Administration and will make decision on whether to continue with employment or not. All will be documented.
    3. If the applicant will not be moving forward with the hire process, HR will document this and move the applicants file to "Do not hire/return" file and retain indefinitely.
        a. HR will inform the applicant of the rescission of offer and send them the Job Offer Rescission Letter.
        b. HR will also provide the applicant with a letter about the background results and list the following:
            i. The company that has supplied the information upon which the decision was based, including company's telephone number.
            ii. A statement that the company supplying the information did not make the decision to take adverse action concerning the individual and is not able to explain why the decision was made.
            iii. A statement of the consumer's rights to obtain free disclosure of the related files of the company supplying the information (if the applicant requests the report within 60 days).

iv. A statement setting forth the consumer's right to dispute directly with the company supplying the information the accuracy or completeness of any information that they supplied.

a. HR will also provide the applicant with a copy of the most recent Fair Credit Reporting Act, located on the world wide web at http://www.ftc.gov.credit

4. If the applicant's reports are clean or the applicant is moving forward in the hiring process, HR will move to the next step of this process, Health Requirements (including Drug & Alcohol Testing).

iv. Health Requirements

1. HR will have applicant complete the required New Hire Health Requirement Forms:
   a. New Employee Physical, including Physical Therapy for direct patient care applicants. Physical Therapy must be arranged with Steve Brown, DPT;
   b. Drug & Alcohol Screening. This testing must be coordinated with the ~~physician offices~~Lake Almanor Walk-In Clinic whose ~~medical assistants~~staff have been certified and trained on proper drug and alcohol testing procedures and processes;
   c. Tuberculosis Skin Testing. The applicant may not want, for a multitude of reasons, a tuberculosis skin test. In this case, a physician will need to place an order for a chest X-Ray that the applicant will need to take to Hospital Admissions and have the image taken;
   d. Immunizations (Rubella and Hepatitis B); and,
   e. Flu Vaccine. The flu vaccine is voluntary, however, if the applicant will be working in a direct patient care area or has contact with patients, if the flu vaccine is declined, applicant will be required to wear a green badge clip and wear a mask when working in a direct patient care area or when they have contact with patients, as per Infection Control Policy IC-021: *Mandatory Influenza Vaccination*.
   ~~e.~~f. COVID-19 Vaccine. The applicant will be required to provide proof of current COVID-19 vaccination and booster status, or apply for a religious or medical exemption. See HR-032.002-COVID-19 Vaccine Mandate Policy for guidelines.
2. If the employee does not pass:
   a. Physical, go over reasons with physician and document. If there are no open positions that the applicant is qualified for, HR will inform the applicant and send them the Job Offer Rescission Letter. HR will store the applicant's file indefinitely.
   b. Drug and Alcohol Screening. Inform the applicant and send them the Job Offer Rescission Letter. HR will store the applicant's file indefinitely.

c. Tuberculosis Skin Testing. Inform the applicant and offer chest X-Ray. If the applicant agrees, coordinate with physician to write orders for a chest X-Ray that the applicant will need to take to Hospital Admissions and have the image taken.

d. Tuberculosis Chest X-Ray. Inform the applicant and send them the Job Offer Rescission Letter. HR will store the applicant's file indefinitely.

j. ***Initial Start Date, New Employee Onboarding, and New Employee Orientation***

i. Initial Start Date

1. The employee's initial start date will be determined by HR in working with the department manager.

HR will iInput employee information ~~in the HR~~into the ADP© HR database, as well as advise the Finance department of the new hire for payroll purposes.;

~~1.~~

2. The Department Manager will complete a New User Form and submit it to HR *at least* three (3) working days prior to the employee's start date.

3. HR will submit the New User Form to the Information Technology department so they can:

a. Create the new employee's Identification Badge, and

b. Complete IT setup with internal systems and external equipment, if needed.

~~2.~~4. New employees will complete onboarding modules prior to their start date through ADP© and new hire instructional videos through Atlantic Training© SafetySoft.

~~3.~~5. ~~On~~ During the employee's first month~~day~~ of employment, they must go through the New Employee Orientation day~~process~~.

ii. New Employee Orientation Day (NEO)

1. The employee will meet with ~~HR on their first day of work~~HR and other departments and complete several modules of training:.

~~2. The employee will complete the Employee Data Sheet.~~

a. HR will orient them to all of the items pertinent to working at SHD and in a healthcare environment by ~~watching instructional videos,~~ reviewing instructional materials~~, and passing the tests that coincide with the education provided~~,

~~3.~~b. The Infection Prevention department will orient and test on IP policies and procedures.,

~~4. The employee shall sign the Orientation Form.~~

c. The Director of Environmental Services will orient and provide the employee with the Department Safety and Health Training document, which the employee will complete and return to the Director of Environmental Services for review,

d. The Information Technology department will orient them to IT policies and procedures, as well as finalize any IT access questions or issues, and

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5.e. The Nurse Educator will orient to any educational modules or training as well as provide the new employee with a campus tour.

6. HR will coordinate with the Information Technology departments to:

a. Orient the new employee on Information Technology Policies, and,

b.2. Create the new employee's Identification Badge.

7.1. Input employee information in the HR database.

8. Generate Form for submission to Payroll.

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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.

REFERENCE

SHRM. (2016.) Society for Human Resource Management. *Hiring Policy: Process and Procedures*. Retrieved December 29, 2016 from https://www.shrm.org/resourcesandtools/tools-and-samples/policies/pages/cms_001677.aspx

SHRM. (2016.) Society for Human Resource Management. *Equal Employment Opportunity Policy: Basic*. Retrieved December 29, 2016 from https://www.shrm.org/resourcesandtools/tools-and-samples/policies/pages/cms_005022.aspx

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: HUMAN RESOURCES **POLICY TITLE: TOBACCO AND SMOKE FREE WORKPLACE** **POLICY NUMBER: HR-018.001** **COMPLIANCE REQUIREMENT: California Labor Code 6404.5**	**Page 1 of 52** **Date of Origin: 10/01/2018** **Revision Date:** **Periodic Review** **By:** **Date:**
AUTHOR: James Kooyman, Human Resources Manager **REVISED BY:**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall a promote a healthy environment by maintaining a smoke and tobacco free campus. This includes and is not limited to employees, patients, independent contractors, volunteers, vendors, and visitors.

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: HR-018.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to prohibit the use of tobacco or marijuana products (cigarettes, cigars, pipes, and smokeless tobacco/vaping)

2. **Responsibilities**
   The SHD Human Resources Department is responsible for implementing, compliance, and management of the Tobacco and Smoke Free Workplace Policy.

3. **Policy for Tobacco and Smoke Free Workplace**

Here is a description of the policy:

a. ***Tobacco and Smoke Free Workplace***
   The intent of this policy is to:
   i. Prohibit everyone who enters any property owned or licensed by SHD from the use of tobacco or marijuana products (cigarettes, cigars, pipes and smokeless tobacco/vaping). Uses of these products is not permitted in the hospital, clinic or in any other facility that is part of SHD's operations. This policy applies to parking lots, roofs, hospital grounds, off-site employee work areas, and/or privately-owned vehicles when they are being used by employees during paid working hours.
   ii. This policy is effective October 1, 2018- there will be a ninety (90) day grace period before the enforcement of this policy goes in to effect to allow for adjustment on the part of those that will be directly affected- January 1, 2019 will be the effective date for enforcement of this policy.

b. ***Notifications***
   i. SHD will provide information to all individuals concerning its smoke and tobacco free campus through the use of signage and public notices. Appropriate signage will be maintained at all SHD work sites at building exteriors, entryways, and other areas as needed. The hospital's website and other appropriate publications will provide similar information and notice about this policy. Information cards about this policy and available tobacco cessation resources also will be made available to employees, patients, and visitors.

c. ***Definition***
   i. The United States Environmental Protection Agency (EPA) has found secondhand tobacco smoke to be a risk to public health, and has classified secondhand smoke as a group A carcinogen, the most dangerous class of carcinogen; the California Air Resources Board has categorized secondhand smoke as a toxic air contaminant, and the Surgeon General of the United States has concluded that there is no risk-free level of exposure to secondhand tobacco smoke. Tobacco-related diseases kill more Americans each year than alcohol, car accidents, suicide, AIDS, homicide, and illegal drugs combined. People sensitive to secondhand smoke, such as those with certain chronic illnesses, will experience immediate exacerbation of their symptoms when exposed to secondhand smoke, even outdoors.

ii. For all intents and purposes, the word "patient(s)" refers to all customers receiving health-care services in our facilities, including inpatients, outpatients, residents, and clients.

iii. Products covered by the Policy

1. Tobacco products include, but are not limited to:

a. Cigarettes
b. Cigars
c. Chewing tobacco
d. Pipe smoking
e. E-Cigarettes
f. Marijuana/illicit and/or illegal substances, and/or
g. Vapes

d. ***Boundaries***

i. This policy shall apply to all indoor and outdoor spaces on property owned, leased and/or operated by SHD. Tobacco/Smoke-free areas include, without limitation, all buildings, grounds, entrance ways, parking lots, and/or vehicles parked on SHD property.

e. ***Employees***

i. Employees are prohibited from using smoke or tobacco products on SHD property as defined above. All employees will uphold the fragrance-free policy by remaining free of odor from tobacco products during working hours.

ii. Employees are expected to be respectful of neighbors of SHD during all paid breaks and may not loiter around homes or other buildings or discard tobacco products at these locations.

iii. Employees may not smoke or use any tobacco products in any SHD-owned vehicle, or any personally-owned vehicle while the vehicle is parked on SHD property or in use for SHD business purposes.

f. ***Physicians, Contracted Healthcare Professional (HCPs) and Independent Contractors***

i. Physicians, contracted HCPs and independent contractors are prohibited from using smoke or tobacco products on the SHD campus.

ii. Physicians, contracted HCPs and independent contractors will uphold the fragrance-free policy by remaining free of odor from tobacco products during working hours. These individuals are expected to be respectful of neighbors of SHD during all breaks and may not loiter around homes or other buildings or discard tobacco products at these locations.

iii. Physicians, contracted HCPs and independent contractors may not smoke or use any tobacco products in any SHD-own vehicle, or any personally owned vehicle while the vehicle is parked on SHD property in use for SHD purposes.

iv. Contracted HCP assignments may be cancelled for violation of SHD policies including this smoke and tobacco free campus policy.

v. Independent contractors, physicians and recognized medical affiliates who violate this policy may be subject to collegial intervention or corrective action, as determined by the Medical Staff or Administration, as appropriate.

g. ***Expectations of Employees and Physicians***

i. An employee or physician who observes anyone smoking or using tobacco in prohibited areas is encouraged to inform the individual of this policy and ask the individual to cease using tobacco products. The employee or physician may also provide a patient or visitor with an information card explaining the policy, or remind a co-worker of the policy if the person they observe is a co-worker.

h. ***Applicants for Employment***

i. SHD will not base employement decisions on whether an applicant smokes or uses tobacco products. Applicants will be informed of the Smoke and Tobbacco Free Workplace policy before SHD makes an offer for employment.

i. ***Patients***

i. To the extent reasonably possible, patients will be notified of this policy upon scheduling appointments and upon admission to SHD.

1. Inpatients:

a. Inpatients will not be allowed to smoke on campus. Every effort will be made to support patients during their tobacco cessation while admitted, which may include:

i. Patients requesting nursing staff to contact the patient's admitting physician to request appropriate tobacco replacement therapy or cessation resources.

ii. The nursing staff obtaining an order for a nicotine patch based on the admission assessment and patient goals.

iii. The provider choosing to order replacement therapy.

b. If an inpatient brings tobacco products to the hospital, the staff will have those products sent home with the patient's family.

c. When there is good reason to believe a patient has smoked or used other tobacco products at the hospital, the patient will be advised of this policy and will be asked not to use tobacco products in the future. If the second tobacco use occurs during the stay the tobacco product will be removed from the room and held until discharge.

j. ***Residents***

i. The residents of the Skilled Nursing Facility will not be exempt from this policy. As a general rule people who smoke will not be admitted to the Skilled Nursing Facility, however, the admitting doctor will have the final decision on admitting residents to the Skilled Nursing Facility who smoke. If the doctor feels that an arrangement can be made with the resident to assist with cessation, then it would be the doctor's decision on whether or not this is the right facility for that resident.

k. ***Visitors***

i. Visitors includes and is not limited to patient visitors, students, volunteers, Board Members, contract workers, vendors, job shadows, interns and others.

ii. All individuals will be notified of this policy via proper signage and during any orientation they may have at the facility. All individuals on SHD property will be asked to comply with the policy.

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: Human Resources **POLICY TITLE: Student Observers** **POLICY NUMBER: HR-019.002** **COMPLIANCE REQUIREMENT:**	**Page 1 of 3** **Date of Origin: 10/28/2010** **Revision Date: 06/19/2020,** **Periodic Review By: Date:**
AUTHOR: Marie Stuersel, HR/Linda Wagner, CNO **REVISED BY:James Kooyman, Human Resources Director**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Student Observers will be allowed to job shadow at Seneca Healthcare District. Students must meet and follow all District requirements and have prior approval of the Physician and/or Department Manager.

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

POLICY NUMBER REFERENCE: HR-019.002

PROCEDURE

1. **Purpose**
   The purpose of this policy is to set guidelines that allow students to observe at Seneca Healthcare District.

2. **Responsibilities**
   The SHD Human Resource Department is responsible for collecting and performing all necessary documentation and training required for the Student Observer.

3. **Policy for Student Observers**
   a. ***Procedure***
      District Requirements for Student Observer
      i. Application Process
         1. Students wishing to observe in any area of Seneca Healthcare District will provide Human Resources (HR) with a copy of their project paperwork.
         2. HR will make an appointment for the student with proper Physician or Department Manager to discuss their project and obtain the required signature(s).
         3. Student will return a copy of signed project paperwork to HR.
         4. HR will provide student with consent forms for signature and parental/guardian approval if under 18 years of age:
            a. Waiver of Liability
            b. HIPAA Compliance and Confidentiality Statement
            c. Order for Tuberculosis Screening Test
            d. Order for Rubella and Hepatitis B Ab Screening Test
         5. Student will return signed consent forms to HR and HR will refer them to the proper department for screening tests.
         6. Completed screening test results will be sent to HR.
         7. HR will notify Student, Physician or Department Manager that student is ready to begin.
         8. Physician or Department Manager will notify HR of date student can begin.
      ii. Orientation Process
         1. HR will coordinate date and time with student to come to HR for orientation.
         2. Student will be provided with orientation packet to complete, as well as HIPAA videos to watch and tests on the material covered in the videos.
         3. HR will notify IT and IT will issue student with SHD identification badge.
      iii. Observation Process

1. Students must wear appropriate attire and identification badge at all times.
2. Student may only observe and will not perform any hands-on patient care or testing.
3. Physicians and Department Heads will use discretion in determining situations where it is inappropriate for a student to observe; e.g., observation of physician appointment with another student.
4. Student will not be allowed to observe in the Operating Room or Emergency Room.
5. Patients will sign a Consent for Presence of Observer for each visit.
6. Consent forms will become a part of the patients medical record.

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iv. Completion of Project

1. Physician or Department Head will sign off on project plan.
2. Student will provide HR with a copy of signed off project plan.
3. Student will return identification badge to HR.

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: Human Resources **POLICY TITLE: Employee Exit Interview** **POLICY NUMBER: HR-020.002** **COMPLIANCE REQUIREMENT:**	**Page 1 of 42** **Date of Origin: 07/26/2012** **Revision Date: 06/19/2020,** **Periodic Review By: Date:**
AUTHOR: Marie Steursel **REVISED BY: James Kooyman, Director of Human Resources**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Employees who voluntarily leave the employment of Seneca Healthcare District shall be provided an Employee Exit Interview form to voluntarily complete and return to Human Resources.
Identified issues will be investigated by Human Resources, reported to the CEO, and appropriate action taken.
Summary results and actions taken will be reported quarterly to the Board of Directors.

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

POLICY NUMBER REFERENCE: HR-020.002

PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure that all existing employees have an opportunity to express their opinion regarding their employment here at Seneca Healthcare District.

2. **Responsibilities**
   The SHD Human Resources Department is responsible for providing existing employees an exit interview and reviewing once the Exit Interview has been returned.

3. **Policy for Employee Exit Interview**
   a. ***Procedure***
      i. Employees who voluntarily leave the employment of Seneca Healthcare District shall be provided with the attached Employee Exit Interview form to voluntarily complete and return to Human Resources.
      ii. Identified issues will be investigated by Human Resources, reported to the CEO, and appropriate action taken.
      iii. Summary results and actions taken will be reported quarterly to the Board of Directors.

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: Exit Interview Questionnaire

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Attachment A: Exit Interview Questionnaire

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SENECA
HEALTHCARE DISTRICT

EXIT INTERVIEW QUESTIONNAIRE

We value your opinions in our ongoing efforts to improve Seneca Healthcare District's performance and employee satisfaction. Please take a few minutes to complete this questionnaire and return it to Human Resources. Thank you.

Name: **Department:**

Position: **Last Day Worked:**

Immediate Supervisor:

REASON FOR LEAVING

Was your decision to leave influenced by any of the following? *Please mark all that apply.*

- ☐ Relocation
- ☐ Returning to school
- ☐ Health/Medical Reasons
- ☐ Family Circumstances
- ☐ Retirement
- ☐ Decided to stop working
- ☐ Location/Commute
- ☐ Another Job
- ☐ Other

DISSATISFIED DUE TO:

- ☐ Type of Work
- ☐ Job Responsibilities
- ☐ Compensation
- ☐ Benefits
- ☐ Supervisor
- ☐ Management
- ☐ Career Opportunities

YOUR JOB

How would you rate the following in your department?

	Excellent	Good	Fair	Poor
Morale in the department	☐	☐	☐	☐
Cooperation within the department	☐	☐	☐	☐
Cooperation within other departments	☐	☐	☐	☐
Orientation to the job	☐	☐	☐	☐
Adequate training of job duties	☐	☐	☐	☐
Communication within the department	☐	☐	☐	☐

YOUR SUPERVISOR

How would you rate your supervisor/manager on the following points?

	Excellent	Good	Fair	Poor
Fair and equal treatment of employees	☐	☐	☐	☐
Provides recognition on the job	☐	☐	☐	☐
Resolves complaints and problems	☐	☐	☐	☐
Follows consistent policies	☐	☐	☐	☐
Keeps employees informed about what is going on	☐	☐	☐	☐
Encourages feedback/welcomes suggestions	☐	☐	☐	☐
Shows willingness to admit and correct mistakes	☐	☐	☐	☐
Gives instructions clearly	☐	☐	☐	☐
Cooperates with employees	☐	☐	☐	☐
Shows an interest in individual employees	☐	☐	☐	☐
Handles pressure/conflict	☐	☐	☐	☐
Overall effectiveness	☐	☐	☐	☐

Page 1 of 2

Attachment A: Exit Interview Questionnaire

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(Continued.. Exit Interview Questionnaire)

SENECA HEALTHCARE DISTRICT

What was your opinion of the following in Seneca Healthcare District as a whole?	Excellent	Good	Fair	Poor
Morale in the District as a whole	☐	☐	☐	☐
Your wages	☐	☐	☐	☐
Opportunity for advancement/promotion	☐	☐	☐	☐
Employee recognition	☐	☐	☐	☐
Benefits	☐	☐	☐	☐
Physical working conditions	☐	☐	☐	☐
Equipment/tools provided	☐	☐	☐	☐

OVERALL

Would you want to work here again if a suitable job were available? _____

If you are resigning voluntarily, is there anything the Seneca could have done to keep you? _____

What did you like MOST about working with us? _____

What did you like LEAST about working with us? _____

Did you feel free to discuss problems or complaints with your supervisor? _____

Have you sustained any work related injury or illness which has not been reported? ☐ Yes ☐ No. If yes, describe _____

Address where you want your year end W-2 form sent _____

Seneca Healthcare District is committed to ethical and legal business practices as essential to the advancement of its health care mission. Pursuant to this commitment, it is essential that we identify any concerns regarding the compliance of a unit or services within the facility or ancillary operations.

- I am not aware of any improper, irregular, unethical, fraudulent or unlawful behavior or activity at Seneca Healthcare District, including any activity contrary to the organization's corporate compliance program or code of conduct.
- I have reported to Seneca Healthcare District any and all improper, irregular, unethical, fraudulent or unlawful behavior and activity of which I am aware, including any such activity contrary to the organization's corporate compliance program or code of conduct. Such activities are described below: _____

I certify that the above is true and correct as of the date indicated below.

Signature _____ Print Name _____ Date _____

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: HUMAN RESOURCES **POLICY TITLE: TIME CLOCK AND TIME REPORTING** **POLICY NUMBER: HR-025.004** **COMPLIANCE REQUIREMENT: Fair Labor Standards Act**	**Page 1 of 3** **Date of Origin: 08/07/2002** **Revision Date: 04/24/2019, 11/26/2019, 04/28/2022** **Periodic Review By: Date:**
AUTHOR: Marie Stuersel, Director of Human Resources **REVISED BY: James Kooyman, Director of Human Resources, Jennie Mathews, Director of HR**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure a time clock is used as a means of accurately recording hours worked and calculating pay. Time clocks are provided for recording work time by all employees who are not specifically exempt from doing so.

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

POLICY NUMBER REFERENCE: HR-025.004

PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure all nonexempt employees are required to clock in and out at the time clock.

2. **Responsibilities**
   The SHD Human Resources Department is responsible for educating the employees on proper use of the time clock, mainly appropriate ways on how to clock in for their shift and clock out from their shift, according to time clock manufacturer specifications.

3. **Policy for Time Clock**
   a. Employees are expected to clock in and out utilizing the time clocks located throughout the facility. Employees are expected to input the last four digits of their Social Security Number (SSN) into the time clock to clock in/out.
   ~~b. Unless overtime work has been approved by an employee's supervisor in advance, this should not be more than seven (7) minutes before the scheduled starting time or more than seven (7) minutes after the end of the scheduled shift.~~
   ~~c.~~b. All employees, except Registered Nurses (RN's), Clinical Lab Scientists (CLS's), Respiratory Therapy Technologists, Radiology Technologists and Ultrasound Technicians (See Meal Period as per MOU, 7.6.), who are working 10 hours or more, are required to clock out and in for meal periods even if not leaving the campus. Clocking out and in for break periods is not required, but all employees (no exceptions) are required to clock out and in when leaving the campus for personal reasons, or who are attending to personal business such as a doctor's appointment.
   ~~d.~~c. Employees who work in more than one department and employees who work in the same department but are providing a service in a different cost center may be required to transfer their time at the time clock more than just the initial arrival to work and departure from work. Existing employees and new employees will receive instruction from the Human Resources and/or Payroll Department regarding the correct use of the time keeping system.
   ~~e.~~d. ~~A grace period is provided in which an employee can report to work late, up to seven (7) minutes, without being "docked" and still receive a full day's pay. Despite this grace period, r~~Regular punctuality is required of all employees in accordance with the District's Attendance Policy and Union MOU. Accurately utilizing the time clock according to manufacturer's specifications will automatically and accurately keep track of hours worked so long as the employee clocks in and out as required. *This is the employee's responsibility.* Forgetting to clock in or out can result in inaccurate pay checks. You must immediately notify your Supervisor or his/her designee if you forget to clock in or out. Failing to clock in or out on a consistent basis will be considered a performance issue and be subject to progressive discipline. Tampering with the time clock or inaccurately recording time worked may be grounds for immediate dismissal. Paid time off and sick time will be tracked by your Supervisor. Time off for an authorized leave of absence will be tracked by the Human Resources Department. Paid time off and sick time information will be provided to the Payroll Clerk on an as needed basis. Current practices for applying for time off, calling in sick, and requesting a leave of absence will apply.

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

Memorandum of Understanding between Seneca Healthcare District and General Teamsters, Professional, Health Care & Public Employees. (Union MOU, current): Section 26.

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SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: HUMAN RESOURCES **POLICY TITLE: ATTENDANCE** **POLICY NUMBER: HR-027.002** **COMPLIANCE REQUIREMENT: Memorandum of Understanding (MOU) between Seneca Healthcare District and General Teamsters, General Healthcare & Public Employees' Local #137**	**Page 1 of 4** **Date of Origin: 04/24/2019** **Revision Date: 04/28/2022,** **Periodic Review By: Date:**
AUTHOR: James Kooyman, Human Resources Manager **REVISED BY: Jennie Mathews, Director of Human Resources**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall expect that employees will be at work every day that they are scheduled and are prepared to begin work at their assigned start time. It is the intention of the District that the Attendance Policy be applied in an equitable, consistent and reasonable manner. The Attendance Policy is administered to minimize employee absenteeism and to ensure that employees who have difficulty meeting attendance standards are counseled promptly, providing reasonable opportunity to demonstrate improvement. Excessive absenteeism or abuse of this policy will be treated with appropriate disciplinary action.

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

POLICY NUMBER REFERENCE: HR-027.002

PROCEDUR

1. **Purpose**
   The purpose of this policy is to minimize employee absenteeism and to ensure that employees who have difficulty meeting attendance standards are counseled promptly, providing reasonable opportunity to demonstrate improvement.

2. **Responsibilities**
   It is the responsibility of Seneca Healthcare District (SHD) to uphold the state and local laws, as well as policies that are set into place for the good of our employees.

3. **Policy for Attendance**
   a. ***Definitions:***
      i. Tardy: Not available for work at the start of a scheduled shift.
      ii. Early Leave: An early departure from a scheduled shift when an employee has not completed the scheduled shift.
      iii. Absent (Absence): Not available for work at the start of a scheduled work shift for the employee's whole shift.
      iv. No Call/No Show: Absent and failure to contact supervisor or central scheduler before the scheduled shift start.
      v. Occurrence: Any time a tardiness, early leave, no call/no show, or absence occurs.
      vi. The following are not considered occurrences under this policy: prior approved PTO, Kincare days, approved Leave of Absence, Bereavement Leave, Jury Duty, CFRA/FMLA, prior excused absence (24 hour advanced notice), compensable work related injury and any State or federally protected leaves.
   b. ***Procedure:***
      i. In order to ensure adequate coverage, employees must personally call in to report an absence directly to his/her supervisor or central scheduler at least one (1) hour or, if in a direct patient care area as defined in the MOU Section 6.1, two (2) hours for day shift employees or four (4) hours for night shift employees prior to the scheduled start of the shift. If a supervisor or central scheduler are ~~is~~ not available, the employee must call the supervisor on-call or charge nurse stating the reason for such absence.
      ii. Failure to report an absence in a timely manner will result in the assessment of a No Call/No Show for each schedule shift not worked.
      iii. If an employee properly notifies the District before the start of the scheduled shift that he/she will be tardy, the employee will have one (1) hour to report to work from the start of said scheduled shift. If the employee does not report within one (1) hour, one (1) point will be assigned
   c. ***Occurrence Points:***
      i. Tardiness/ Leave early*:*
         1. For each time tardy for work or unauthorized early leave, the employee will receive one-half point per occurrence.

2. A grace period up to seven (7) minutes will be allowed without the issuance of one-half (1/2) point, up to three (3) occurrences within a six (6) month period.

ii. Absence

1. For each absence from work and with proper call-in procedure, the employee will receive one (1) point per day absent.
2. Upon return to work, if an employee produces a physician's note to the District excusing the employee for being out more than one (1) scheduled shift, the employee will receive one (1) point for the whole occurrence, not one (1) point per day absent.

iii. No Call/No Show

1. For each No call/No Show for a scheduled shift, the employee will receive two (2) points per day that the employee fails to contact their supervisor or central scheduler.
2. Two (2) consecutive days of No Call/No Show or two (2) No Call/No Shows in a six (6) month period will be considered a voluntary resignation.
3. Unless the employee submits a doctor's note in advance, or is on an approved leave of absence for a specified time, the employee must call in to the supervisor daily. Failure to do so will result in the assessment of a No Call/No Show for each day where there is no call-in.
4. Further, when an employee is on a leave (i.e. medical or emergency), the employee must call in to the supervisor or Human Resources no later than the day before returning so that he/she may be properly scheduled for work.
5. In the case of medical leave, the employee must provide a doctor's note stating the date the employee is to start the leave, and the expected date the employee may return to work and providing a full release. If the doctor states limitations and accommodations are required, it will be the District's decision as to whether accommodation can be provided, or the employee must stay off work until they are provided a full release note by the doctor.

iv. Disciplinary Action:

1. The following progressive disciplinary action will be assessed for accumulated occurrences:

a. Occurrence Points	Action Mandated
5	Verbal Counseling
6	Written Warning
7	Three (3) Day Suspension without pay
8 or 2 No Calls/ No Shows in a Six(6) month period	Termination of Employment

2. Points will be frozen while an employee is not working due to leave or other absence in excess of thirty (30) days.

3. Employees will drop points after nine (9) months from the date the point was issued.
4. Nothing herein shall limit the District's right to assess appropriate disciplinary action for any issues involving attendance, work performance and/or tardiness.

REFERENCE

Memorandum of Understanding (MOU) between Seneca Healthcare District and General Teamsters, General Healthcare & Public Employees' Local #137

Commented [CA1]: Do we want to attach my attendance tracking form?

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: HUMAN RESOURCES **POLICY TITLE: LACTATION ACCOMMODATION** **POLICY NUMBER: HR-034.001** **COMPLIANCE REQUIREMENT:**	**Page 1 of 3** **Date of Origin:** **Revision Date:** **Periodic Review** **By:** **Date:**
AUTHOR: Jennie Mathews, Director of Human Resources **REVISED BY:**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) recognizes lactating employees' rights to request lactation accommodation and accommodates lactating employees by providing a reasonable amount of break time and a suitable lactation location to any employee who desires to express breast milk for their infant child, subject to any exemption allowed under applicable law.

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: HR-034.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to define the guidelines and procedures related to lactation accommodation for SHD employees.

2. **Responsibilities**
   The SHD Human Resources department is responsible for reviewing and responding to accommodation requests by any employee who requests lactation accommodation.

3. **Policy for Lactation Accommodation**
   a. ***Lactation Policy***
      i. The lactation location will be private (shielded from view and free from intrusion from co-workers and the public) and located close to the work area. The location will be safe, clean and free of toxic or hazardous materials; have a surface to place a breast pump and other personal items; have a place to sit; and have access to electricity or alternative devices (such as extension cords or charging stations) allowing staff to operate an electric or battery-powered breast pump.
      ii. SHD will also provide access to a sink with running water and a refrigerator suitable for storing milk in close proximity to the workspace. If a refrigerator cannot be provided, SHD will provide another cooling device suitable for storing milk, such as an employer-provided cooler.
      iii. The lactation location will not be a bathroom or restroom. The room or location may include an employee's private office if it otherwise meets the requirements of the lactation space. Multi-purpose rooms may be used as lactation space if they satisfy the requirements for space; however, use of the room for lactation takes priority over other uses for the time it is in use for lactation purposes.
      iv. SHD recognizes lactating employees' rights and will reasonably accommodate requests by providing a reasonable amount of break time to the employee. If possible, the break time should run concurrently with the employee's normally scheduled break or meal times.
      v. Employees who desire lactation accommodations should contact Human Resources to request accommodations. An employee's request may be provided orally, by email, or in writing, and need not be submitted on a specific form. HR will engage in an interactive process with you to determine when and where lactation breaks will occur. If SHD cannot provide break time or a location that complies with this policy, we will provide a written response to your request.
      vi. SHD will not tolerate discrimination or retaliation against employees who exercise their rights to lactation accommodation, including those who request time to express milk at work and/or who lodge a complaint related to the right to lactation accommodation. Employees have the right to file a complaint with the Labor Commissioner for any violation of the rights underlying this policy.

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
SB-142 Employees: Lactation Accommodation

04/27/2023

SENECA HEALTHCARE DISTRICT

MEMORANDUM

From:	**Jennifer Hall, EVS Housekeeping Manager**	**To:**	**Seneca Healthcare District Board of Directors**

Topic: **EVS Housekeeping Procedures to be Rescinded**

Dear Sirs & Madams,

The attached EVS Housekeeping Procedures are being rescinded as they are either not needed and/or will be attached to the new Training Manual.

Thank you,

Jennifer Hall
EVS Housekeeping Manager

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: EVS-Housekeeping **POLICY TITLE: Isolation Room** **POLICY NUMBER: HKG-043.001** **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: **REVISED BY:**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure that (locations being utilized to isolate patients with suspect or confirmed infectious disease) Isolation rooms will be set up per requirements, or recommendations, cleaned when occupied, and terminally cleaned upon patient discharge following procedures established by Infection Prevention, and in conjunction with, but not limited to recommendations and guidance from the Centers of Disease Control.

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-043.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to establish proper procedures and protocols to contain the pathogen, minimize or eliminate the possibility of exposure to said pathogen by patients, residents, staff and visitors.

2. **Responsibilities**
   The SHD housekeeping and Nursing staff are responsible for proper set up and cleaning of isolation rooms while occupied and after patient/resident is discharged.

3. **Policy for Isolation Room**
   a. ***Procedure***
      i. ***Set-up***
         1. Staff will refer to **IC-007.003 Isolation Precautions** prior to placing patient/resident in room.
         2. Nursing staff will place signage on the room door exterior to notify any staff member that must enter the room of the type of Isolation Precautions being utilized and other requirements as appropriate.
         3. Staff will obtain a PPE cart, soiled linen receptacle/fold out bag hamper, and Biohazard receptable for use prior to placing patient/resident in room.
         4. If a patient that is isolated is already in the room you are setting up, bring all equipment that you will need to the room door and don any personal protective equipment as specified by the type of precautions prior to entering the room.
      ii. ***Cleaning of Room while in Use***
         1. If at all possible, housekeeping will clean any patient rooms where isolation precautions are being observed after cleaning all other patient rooms and areas.
         2. Nursing staff and housekeeping staff will work together to maintain cleanliness of the room while in use.
         3. Housekeeping staff will only bring necessary items into the room for cleaning.
         4. Cleaning items that have been brought into the room to clean will be disinfected by housekeeping staff upon exiting the isolation room, and again prior to using in other locations of the facility.
      iii. ***Linen and Waste***
         1. Nursing staff will assist housekeeping with bagging out Biohazard waste and soiled linen from isolation room while in use.
         2. Biohazard waste must be double bagged and transported from the location in a medical transport container.
         3. This process requires two individuals, one inside isolation room with PPE required for room, and a second person in the corridor directly at the exterior of the isolation room door or anteroom.
         4. The person in the corridor will be ready with a secondary bag folded down over gloved hands. The person inside the room will place the tied bag from inside the room into the secondary bag that

is being held by the person outside the room, and that person shall tie the top of the bag closed.

5. If waste is being bagged out, the person in corridor must have the waste transport container ready as biohazard trash bags are not to be carried more than ten feet. The person that is bagging out waste from inside the room will doff their PPE and place in second bag before it is tied closed.
6. Linen can be hand carried to the soiled linen storage area but must be double bagged in the same method as described above prior to transport.

iv. ***Cleaning after discharge***

1. Nursing staff will notify housekeeping staff when patient will be discharged.
2. Upon patient discharge, nursing or housekeeping staff wearing appropriate PPE per the Isolation Precautions will place a UV-C light in the room for use per manufactures recommendations. The UV-C Light shall be set to operate for at least 15 minutes, and staff will place warning signage on door stating when cycle started and the anticipated end time. No one is to enter the room during UV-C light cycle.
3. Housekeeping staff will follow the Terminal Cleaning procedures checklist for isolation rooms that is located on the housekeeping cart.
4. Housekeeping staff must wear appropriate PPE per the isolation precautions observed in that room.
5. The Infection Prevention Practitioner will be available as a resource to housekeeping staff if they ever have any questions.

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 PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Daily Cleaning and Terminal Cleaning of Isolation Rooms** **Recommendations : CDC Guidelines for Isolation – Transmission of Infectious Agents in Healthcare Settings**	**Page 1 of 3** **Date of Origin:** **4 April, 1998** **Revision Date:** 6/17/2009
AUTHOR: Linda McCurdy, Director of Environmental Services and Safety	

PROCEDURE:

Note: If the room is being utilized for Reverse or Protective Isolation no special cleaning of the room is required. When patient is discharged clean the room as any discharge room, and complete Terminal Cleaning - Step 12.

DAILY CLEANING:

1. If at all possible clean any patient rooms where isolation precautions are being observed after cleaning all other patient rooms and areas.

2. Prior to entering the patient room don all personal protective equipment as described on the isolation signage on the outside of the patient room.

3. Take all of the supplies you will need into the room so that you do not have to make multiple trips outside the room for additional supplies or equipment.

4. Clean the room as described in Patient/Resident Room Cleaning Procedure, and Daily Bathroom Cleaning Procedure.

5. Any portable equipment that is not stored in the room that has been discontinued from use should be cleaned and put outside the isolation room door to be taken to proper storage location when all cleaning is completed.

6. Gather all trash from the isolation room and place in the large biohazard receptacle being maintained in the room to be bagged out when cleaning is completed.

7. Gather any soiled linen in the room and place in the soiled linen container that is located in the isolation room, and ready the linen to be bagged out when cleaning is completed.

8. Complete cleaning of the isolation room. Gather all cleaning equipment and supplies and place directly at the exit of the isolation room. Contain soiled mop and cleaning rags in a plastic bag to be taken to the soiled linen storage area upon exiting the room.

9. Have a staff member assist with the bagging out procedure for linen and trash from the room. Replace bags in both receptacles.

10. Remove all person protection equipment at the isolation room door, and dispose of inside the Bio Hazard container directly inside the room.

11. Immediately clean your hands and put on gloves.

12. Get a disinfectant soaked rag from the Housekeeping Cart and immediately clean any Housekeeping equipment that have been taken into the isolation room, prior to returning them to service on the Housekeeping Cart.

13. Place any clean portable equipment from the room in the proper storage location.

TERMINAL CLEANING:

NOTE: If Airborne or Droplet precautions were being observed in the isolation room ready for terminal cleaning, don personal protection equipment as stated by isolation signage, enter the room and open the room window and allow the room to air out for a few hours before cleaning, ensuring to keep room door closed during this time.

1. Don all personal protective equipment as stated on the isolation signage posted on the room door.

2. Follow cleaning procedures for Patient Daily Room Cleaning, Cleaning Units after Discharge, Terminal Room Cleaning, and Daily Isolation Room Cleaning.

3. Take only those items that will be needed to clean the room. (A ladder will be necessary for removal of patient room privacy curtains and cleaning of high areas).

4. Strip all linen from the room (even if the second bed was not utilized it needs to be stripped). Strip the bed, gather towels and washcloths, Patient Gowns etc, and contain in the linen receptacle in the room to be bagged out.

5. If the room was used for Airborne or Droplet Precautions remove the privacy curtains from the curtain tracks and bag in a linen bag to be bagged out. In the event the room was being utilized for contact precautions ensure to remove the privacy curtains closest to the isolated patients bed.

6. Have a staff member assist with bagging out all linen. Once linen has been removed disinfect the linen bag stand to be removed from the room once cleaning is complete.

7. Gather all trash (Any disposable items that were in the room prior to precautions being implemented will have to be disposed of) in the room, place it in the large Biohazard room receptacle and ensure that receptacle is placed near the room door for bagging out. Clean the interior and exterior of all other waste receptacles in the room.

8. Clean the room per all procedures indicated above. Be sure to wash all room and restroom walls. Clean all flat surfaces such as Televisions and Television cabinets and overbed lights. Wash all pieces of equipment in the room.

9. When you have completed the cleaning of the room. Remove the Biohazard waste bag from the large waste receptacle and tie closed. Clean any cleaning equipment or equipment used in the cleaning of the room. Clean the interior and exterior of the large Bio Hazard Waste container. Have a staff member assist with bagging out waste.

10. After you have placed the Bio Hazardous Waste into the secondary bag for transport remove all personal protective equipment and place it inside the second bag tie the bag closed and remove from the room.

11. Immediately wash your hands. Return cleaning and other equipment to its proper storage location. Return the linen bag hamper and the large Bio Hazard Container to their proper storage locations.

12. Clean the exterior of the Isolation Cart that was outside the room, restock with supplies as needed, and return to the storage location. Remove any Isolation Signage from the exteriro of the room.

13. Re stock the room with supplies such as, Paper towels, Trash Can Liners, Gloves, etc.

14. Install clean privacy curtains and ready the room for patient use.

COPY

SENECA HEALTHCARE DISTRICT PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Isolation Room Set Up**	**Page 1 of 1**
	Date of Origin: **4 September, 1995**
	Revision Date: 4 October, 2003
AUTHOR: Linda McCurdy, Director of Environmental Services and Safety	

PROCEDURE:

1. In the event that you are notified by Nursing Staff to assist with set up of patient rooms where Isolation Precautions are to be implemented please complete items in #4 below.

2. If the Isolation Precautions being utilized are Reverse Isolation do not complete 4A and 4B below.

3. If the patient that is being isolated is already in the room you are setting up, bring all equipment that you will need to the room door, and don any personal protective equipment as specified by the type of precautions prior to entering the room.

4. ISOLATION ROOM SET UP

A. Obtain the Fold Out Bag Hamper (for Soiled Linen) from Room #6 Ante Room and place in the isolation room with a regular large linen bag installed on the unit.

B. Obtain the Large Blue open topped waste receptacle or Large Red Bio Hazard Can from Room #6 Ante room and put into the isolation room. Be sure there is a Bio Hazard can in the container.

C. Obtain an Isolation Cart from Room #6 Ante Room, and ensure the cart is well stocked with the supplies required for the type of Isolation. If Room #6 is being used as the Isolation Room Staff may use the Ante room to enter and exit instead of using an Isolation cart in the corridor. Ensure supplies are stocked in the Ante Room.

D. Ensure appropriate signage indicating the type of isolation and PPE requirements is posted on the exterior of the isolation room door or door frame.

E. Close the room door if the Isolation Precautions require it. Assist nursing in locating any other equipment or supplies they may need.

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SENECA HEALTHCARE DISTRICT PROCEDURE

DEPARTMENT: Environmental Services - Housekeeping **PROCEDURE TITLE: Linen and Waste Bagging Out Procedure from an Isolation Room.**	**Page 1 of 1** **Date of Origin: 4 September, 1995** **Revision Date:** 4 October, 2003
AUTHOR: Linda McCurdy, Director of Environmental Services and Safety	

PROCEDURE:

1. To bag out Linen or Waste from an Isolation Room it will require two persons. One person inside the isolation room wearing all of the P.P.E. as specified by the type of Isolation, and one in the corridor directly at the exterior of the Isolation Room Door.

2. Ensure the person outside the isolation room door has the appropriate supplies, and wears gloves when completing this procedure.

3. If waste is to be bagged out, the person outside the room must ensure that the BioHazard Transport container is available outside the isolation room.

4. The person inside the isolation room shall remove either the bag from the BioHazardous Waste Container or the Bag from the Linen Hamper and tie the bag securely closed at the top.

5. The person outside the room should have the appropriate bag for either BioHazardous Waste or Linen and should have the bag open with the top of the bag folded down covering their gloved hands.

6. The person inside the room places the tied bag from inside the room into the secondary bag that is being held by the person outside the room.

7. The person outside the room then ties the top of the secondary bag securely.

8. BioHazardous Waste may then be placed in the transport container for transport to the Bio Hazard Waste Storage area.

9. The Tied Soiled Linen bag may be hand carried to the Soiled Linen Storage area.

10. Gloves shall be removed and hands shall be cleaned.

TAB

C

February 2023

Financial Report

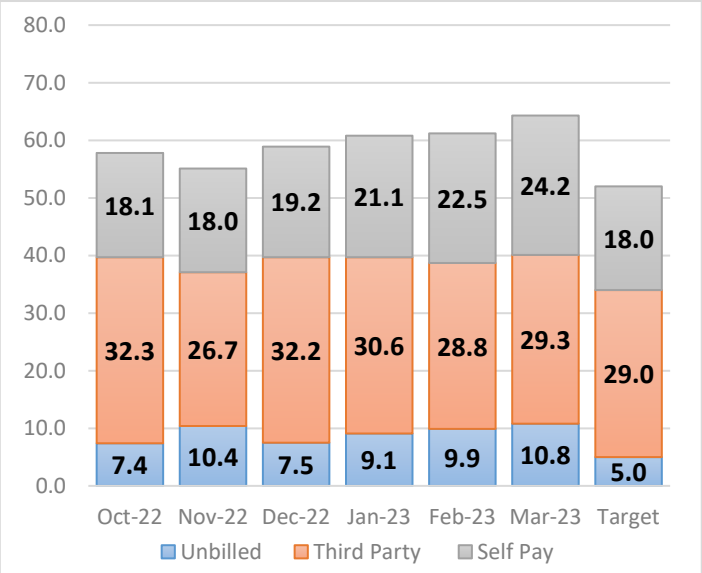
Place Setting

Seneca Healthcare District

Revenue Cycle Status
March 2023

I. AR Days

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Target	Distance From Goal
Unbilled	7.4	10.4	7.5	9.1	9.9	10.8	5.0	5.8
Third Party	32.3	26.7	32.2	30.6	28.8	29.3	29.0	0.3
Self Pay	18.1	18.0	19.2	21.1	22.5	24.2	18.0	6.2
Total AR Days	57.7	55.1	58.9	60.8	61.2	64.3	52.0	12.3



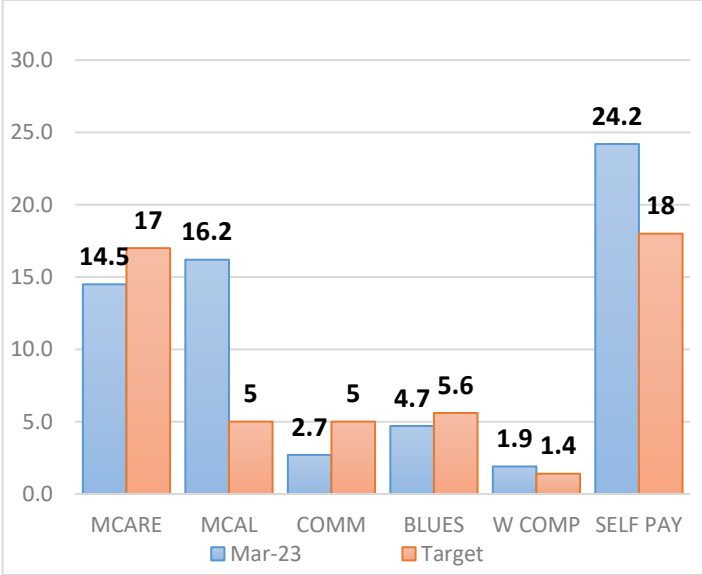
Summary

1. As of March 2023, the total AR days are 12.3 days above the target 52 days in AR.

2. Unbilled (DNFB & In House) is 5.8 days or $371K above the target 5 days in AR.

3. Third-party AR days increased by 0.5 or $32K, closing at 29.3 days. This is 0.3 of a day or $19K above goal.

4. Self-Pay was above target of 18 by 6.2 days or $397K. Self-Pay revenue decreased by $6K, closing at $108K.



Summary

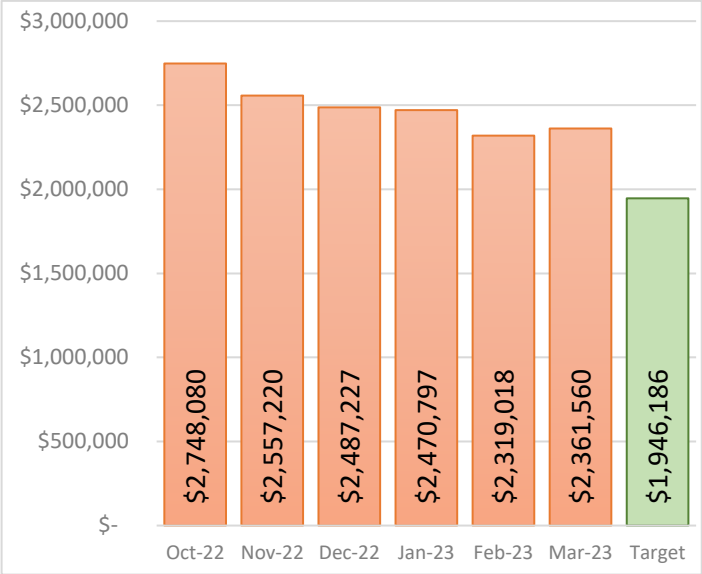
The overall AR days goal of 52 was not met in March. Financial class details are as follows:

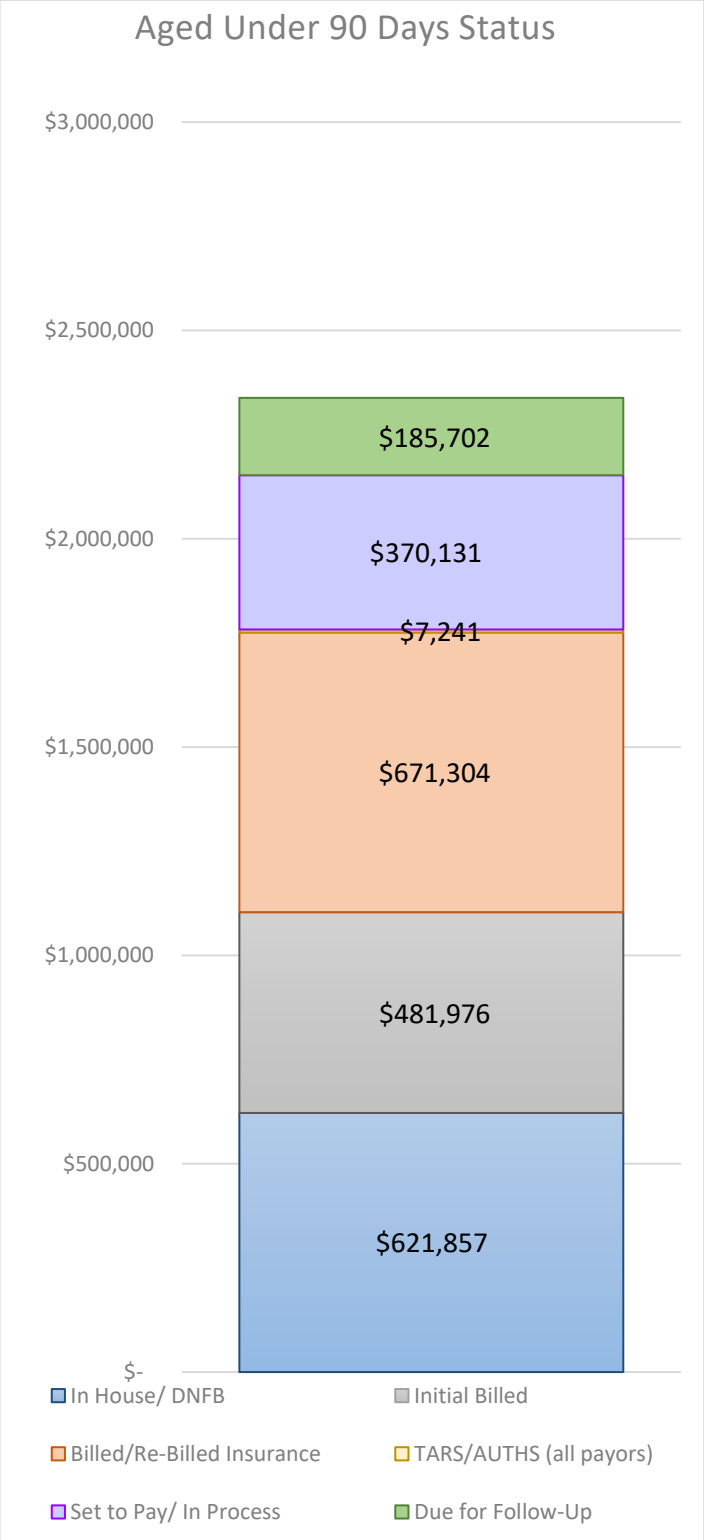
1. Medicare is 2.5 days or $160K under goal.
2. Medi-Cal needs to be reduced by 11.2 days or $717K. As of 04/06/2023 there are 23 high dollar accounts for $656K, for nearly 64% of the Medi-Cal AR. Of the $656K, 11 for $194K are ER accounts in process with the payers. 2 LTC accounts for $104K are in process with PHP, 2 LTC accounts for $77K are pending TARs, 2 LTC accounts for $80K are in process with Medi-Cal, 5 LTC accounts for $173K 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 2.3 days under target or $147K below goal.
4. Blues is $58K or 0.9 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

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Target	Distance From Goal
Aging < 90 Days %	91.7%	94.8%	91.1%	91.1%	90.9%	91.9%	87.0%	4.9%
Dollars Aged < 90 Days	$ 2,748,080	$ 2,557,220	$ 2,487,227	$ 2,470,797	$ 2,319,018	$ 2,361,560	$ 1,946,186	$ 415,374





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.

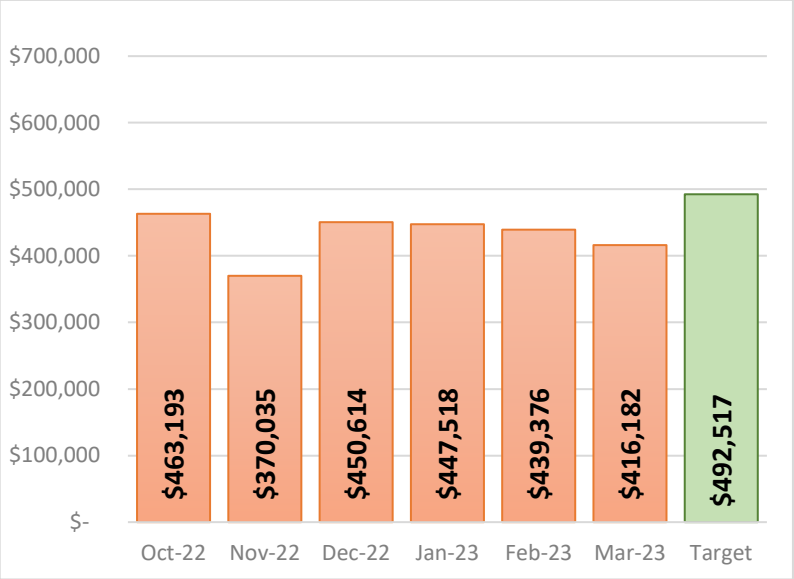
The breakdown to the right shows the current status of the services under 90 days. The total under 90 is currently at 91.9%, or above goal by 4.9%. The dollars aged under 90 days are $415K from the target.

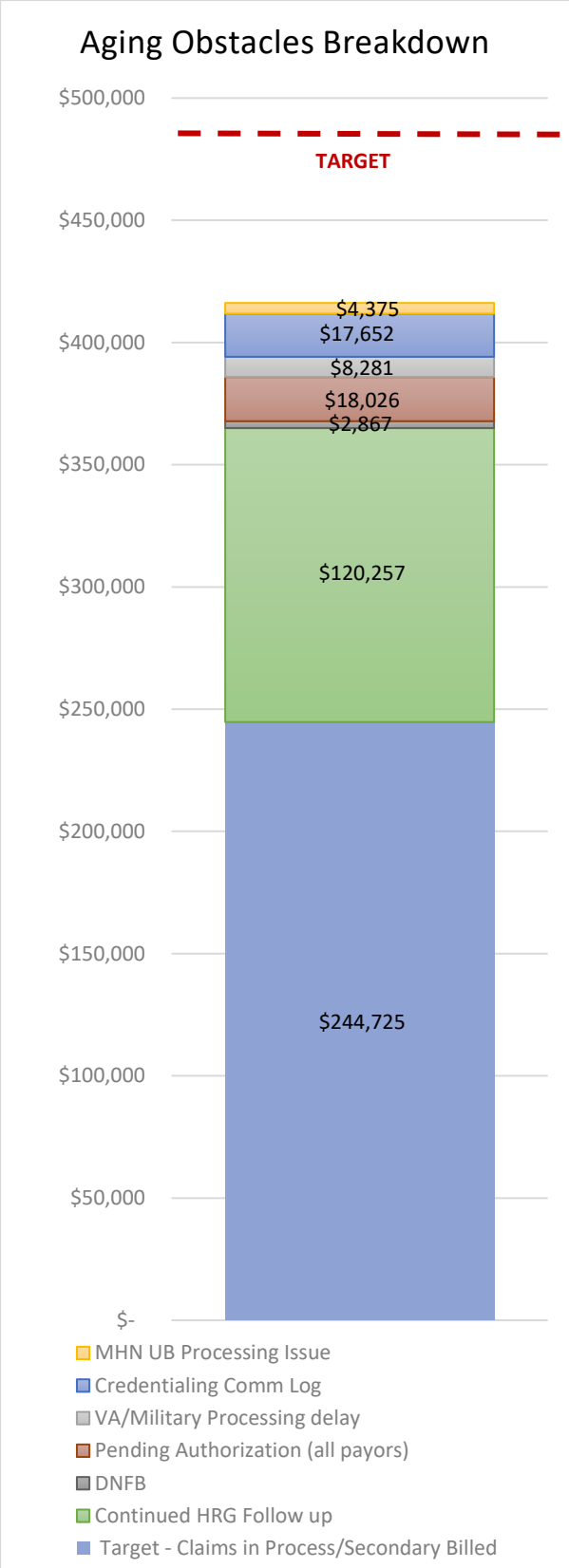
In-House increased by $215K and DNFB decreased $172K, leaving overall unbilled up $43K from February, closing March at $692K for 10.8 days in AR.

Inpatient admits increased by 2, concluding March at 6. All other service lines experienced an increase besides the LTC. Total services were up 205 from February, closing at 1,297.

III. Third Party Aged 90+ Days

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Target	Distance From Goal
Aging > 90 Days %	15.1%	12.6%	15.2%	15.3%	15.9%	14.9%	17.4%	-2.5%
Dollars Aged > 90 Days	$ 463,193	$ 370,035	$ 450,614	$ 447,518	$ 439,376	$ 416,182	$ 492,517	$ (76,335)





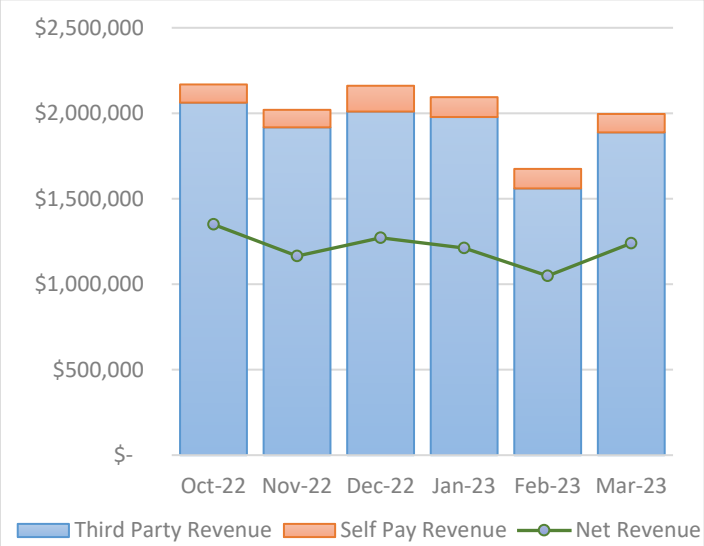
Summary

March's third party, aged over 90 days, decreased by $23K; and the percentage decreased by 1%, ending at 14.9%. Third party aged over 90 days is $76K 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 decreased by $17K, closing at 4.9% or $46K.
2. Medi-Cal aged over 90 days, increased by $12K and increased by 0.1%, closing at 16.6% or $181K. There are 2 accounts greater than $10K, totaling $55K or 42% of the total Medi-Cal aging. 1 account is pending payment and 1 account was appealed with PHP.
3. Commercial aged over 90 days increased by $8K, closing at 34% or $77K, of which $8K is VA. There are 2 VA accounts in appealed status, 3 pending authorization, and 4 are in process. The VA continues to run several months behind in processing claims. The remaining $69K has 16 claims in process, 11 pending a status update from the payer, and 3 pending authorization.
4. Blues aged over 90 decreased by $21K, ending at 21.3% or $87K. There are 22 accounts over $1K. Of which 8 are being appealed, 1 is pending client review, 5 are pending status update from the payer, and 8 are in process.

IV. Revenue

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
Third Party Revenue	$ 2,062,069	$ 1,917,628	$ 2,010,004	$ 1,977,931	$ 1,560,218	$ 1,887,995	$ 1,887,664
Self Pay Revenue	$ 106,402	$ 102,405	$ 150,900	$ 116,149	$ 114,251	$ 107,761	$ 130,293
Total Revenue	$ 2,168,472	$ 2,020,034	$ 2,160,904	$ 2,094,079	$ 1,674,470	$ 1,995,757	$ 2,017,956
Average Daily Revenue	$ 71,498	$ 72,609	$ 69,015	$ 68,207	$ 65,883	$ 64,048	$ 66,101
Net Revenue	$ 1,349,465	$ 1,165,103	$ 1,270,728	$ 1,211,297	$ 1,048,849	$ 1,240,363	$ 1,214,300



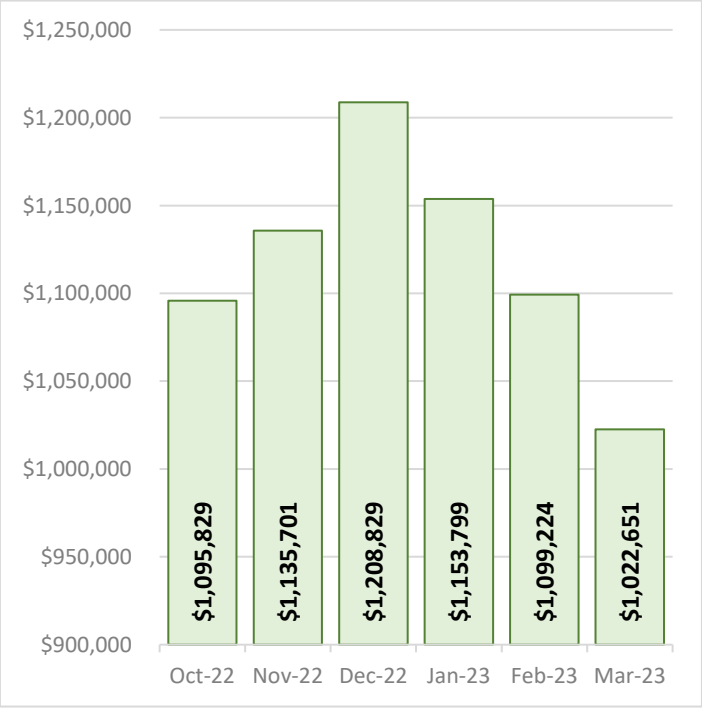
Summary

March's overall total revenue increased by $321K compared to February's, closing at $1.9M. This is $282K, more than March 2022 and $22K, less than the 13-month average. The average daily revenue decreased by $2K, ending at $64K.

The Medicare financial class increased by $289K, concluding at $1.2M; Medi-Cal increased by $41K, ending at $88K; Commercial decreased by $21K, closing at $205K; Blues was up $9K, finishing at $269K; Work Comp was up by $10K, closing at $55K, and Self-Pay decreased by $7K, concluding at $107K.

V. Cash Collections

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
Cash Collections	$ 1,095,829	$ 1,135,701	$ 1,208,829	$ 1,153,799	$ 1,099,224	$ 1,022,651	$ 1,197,900
Collection %	64%	57%	63%	62%	68%	59%	65%
% of Net Revenue	72%	84%	104%	91%	91%	98%	90%



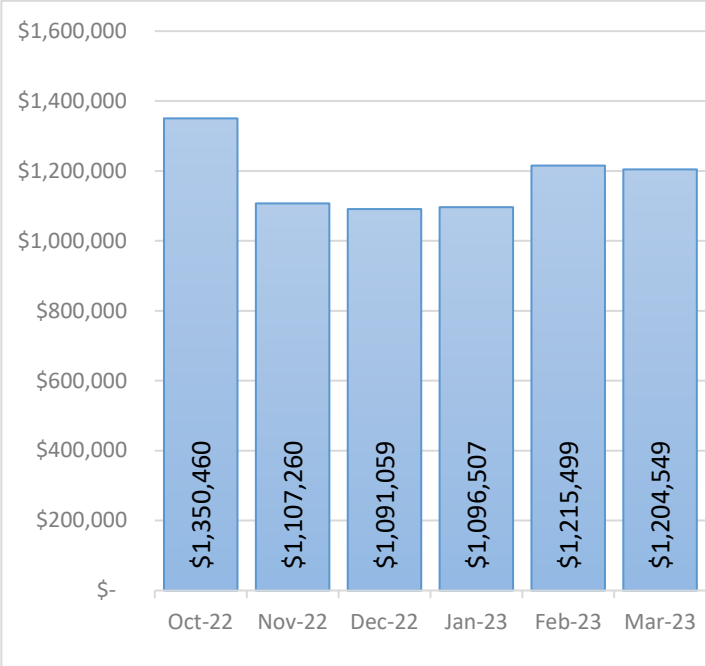
Summary

Cash collections for March were $1M. Cash collections for April are projected to reach $1.2M.

Medicare increased by $6K, closing at $416K; Medi-Cal decreased $186K, concluding at $153K; Commercial increased by $12K, ending at $90K; Blues increased by $86K, closing at $252K; Work Comp increased $20K, ending at $34K, and Self-Pay decreased $13K, concluding at $77K.

VI. Self Pay

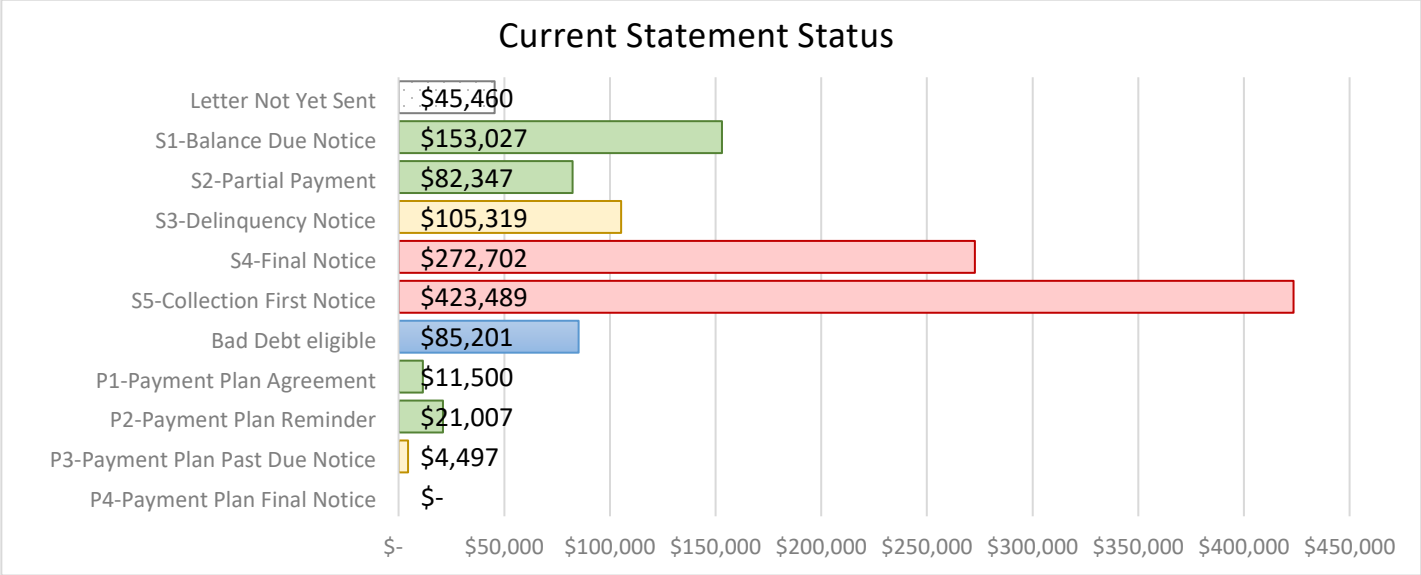
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Self Pay	$ 1,350,460	$ 1,107,260	$ 1,091,059	$ 1,096,507	$ 1,215,499	$ 1,204,549



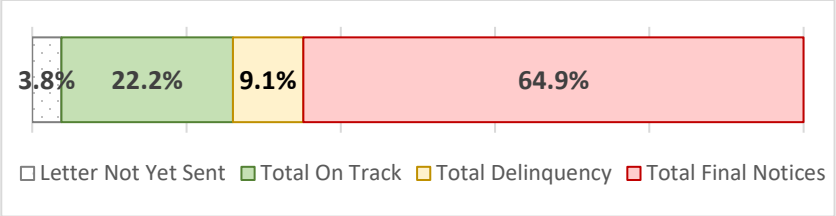
Summary

Self-Pay AR increased in March, closing at 24.2 days, or above target by 6.2 days.

1. To be eligible for bad debt, a second final notice is sent (S5). There is $85K eligible for bad debt, outside of the collection first notice of $423K (S5).
2. The Self-Pay inventory has $37K set up on a payment plan by HRG.
3. There was $85K eligible for bad debt in March; however, there was no bad debt sent due to EHR conversion. Bad Debt will continue after the conversion is complete.



Letter Not Yet Sent	$	45,460
Total Final Notices	$	781,392
Total Delinquency	$	109,816
Total On Track	$	267,881
Total	$	1,204,549



Seneca Healthcare District

MONTH END FINANCE REPORT

March 2023

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FINANCE DASHBOARD

Revenue Cycle Performance

	Target	October-22	November-22	December-22	January-23	February-23	March-23
REVENUE							
Net Revenue		$1,349,465	$1,165,103	$1,270,728	$1,211,297	$1,048,849	$1,240,363
Gross Revenue		$2,168,472	$2,020,034	$2,160,904	$2,094,079	$1,674,470	$1,995,757
CASH							
Cash Collections as a % of Net Revenue	**100%**	72%	84%	104%	91%	91%	98%
Cash Collections		$1,095,829	$1,135,701	$1,208,829	$1,153,799	$1,099,224	$1,022,651
ACCOUNTS RECEIVABLE							
Net AR		$2,661,466	$2,399,056	$2,528,946	$2,549,420	$2,796,117	$2,862,731
Gross AR		$4,125,797	$4,001,018	$4,065,230	$4,147,841	$4,031,109	$4,119,219
Unbilled	**5**	7.4	10.4	7.5	9.1	9.9	10.8
Third Party	**29**	32.3	26.7	32.2	30.6	28.8	29.3
Self Pay	**18**	18.1	18.0	19.2	21.1	22.5	24.2
Total Days in AR	**52**	**57.7**	**55.1**	**58.9**	**60.8**	**61.2**	**64.3**
Days in AR - Credit Balances	**< 1**	5.37	5.39	5.48	5.43	5.54	5.93
UNBILLED							
In-house	**< 2 Days**	0.7	1.4	0.5	0.9	3.5	7.0
DNFB	**< 3 Day**	3.9	5.7	3.2	8.3	6.4	3.9
Total Unbilled	**< 5 Days**	**7.4**	**10.4**	**7.5**	**9.1**	**9.9**	**10.8**

Third Party

	Target	October-22		November-22		December-22		January-23		February-23		March-23	
AGING (excluding credits)													
Medicare Aging > 90 Days	**12.0%**	**4.4%**	$ 45,192	**4.7%**	$ 52,531	**6.0%**	$ 60,781	**4.6%**	$ 50,192	**6.8%**	$ 63,144	**4.9%**	$ 45,798
Medi-Cal Aging > 90 Days	**16.7%**	**21.1%**	$ 190,011	**14.6%**	$ 157,783	**18.0%**	$ 211,107	**17.1%**	$ 194,274	**16.5%**	$ 168,874	**16.6%**	$ 180,973
Commercial Aging > 90 Days	**21.8%**	**18.0%**	$ 94,509	**26.5%**	$ 69,695	**26.4%**	$ 65,779	**45.2%**	$ 92,900	**26.8%**	$ 69,392	**34.0%**	$ 77,269
Blues Aging > 90 Days	**17.9%**	**21.8%**	$ 116,294	**19.2%**	$ 78,128	**20.8%**	$ 93,196	**23.0%**	$ 90,404	**24.5%**	$ 107,809	**21.3%**	$ 86,896
Work Comp Aging > 90 Days	**57.5%**	**24.5%**	$ 17,187	**18.0%**	$ 11,898	**21.1%**	$ 19,750	**21.4%**	$ 19,749	**26.7%**	$ 30,156	**20.0%**	$ 25,246
Total Third Party Aging > 90 Days	**17.4%**	**15.1%**	$ 463,193	**12.6%**	$ 370,035	**15.2%**	$ 450,614	**15.3%**	$ 447,518	**15.9%**	$ 439,376	**14.9%**	$ 416,182
CLAIM SUBMISSION EFFECIENCY													
Claims Submission		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	1,683	$ 2,357,455
Clean Claims	**85%**	96%		96%		95%		87%		91%		89%	
Denial Percent	**5%**	8%		5%		6%		8%		8%		7%	
Total Denial Rate	**Count | Amt**	197	$ 191,640	231	$ 170,230	189	$ 139,542	189	$ 208,240	192	$ 172,499	226	$ 142,124
Communication Log Backlog		139	$ 89,070	165	$ 199,187	161	$ 115,950	263	$ 110,821	284	$ 119,489	130	$ 67,256

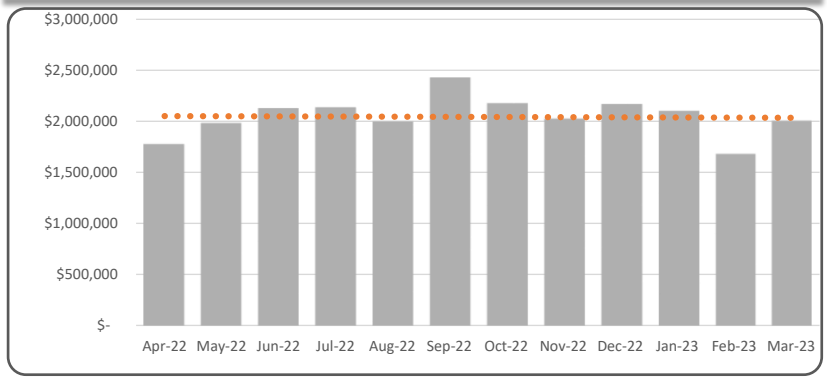
Self Pay

	Target	October-22		November-22		December-22		January-23		February-23		March-23	
INVENTORY & QUALITY													
Total Inventory		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	3,335	$ 1,551,682
New		249	$ 83,985	282	$ 94,250	267	$ 97,283	303	$ 143,041	309	$ 119,219	246	$ 221,135
Resolved		322	$ 57,487	398	$ 110,745	289	$ 61,788	347	$ 68,308	264	$ 37,820	300	$ 40,404
Aged >120 days from Assignment	**< 25%**	55.8%	$ 720,782	55.1%	$ 720,091	54.2%	$ 717,770	58.0%	$ 833,631	56.7%	$ 841,046	55.6%	$ 863,301
Total Payment Plans over 120 days		$10,360		$3,892		$8,051		$12,400		$30,113		$30,331	
Average Speed to Answer	**< 60 seconds**	68		76		53		0		0		0	
STATEMENTS & LETTERS													
Statements & Letters		1,869		1,750		1,643		1,505		1,296		931	
Inbound and Outbound Calls	**In | Out**	99	34	151	229	147	221	127	136	123	63	173	289
WRITE OFFS													
Bad Debt as a % of Gross Revenue	**< 2%**	0.5%	$ 10,669	1.4%	$ 27,620	0.8%	$ 17,593	0.0%	$ -	0.2%	$ 2,670	0.0%	$ -
Charity as a % of Gross Revenue	**< 2%**	0.0%	$ -	0.9%	$ 18,363	0.3%	$ 7,213	1.1%	$ 22,548	0.2%	$ 2,556	0.2%	$ 4,505

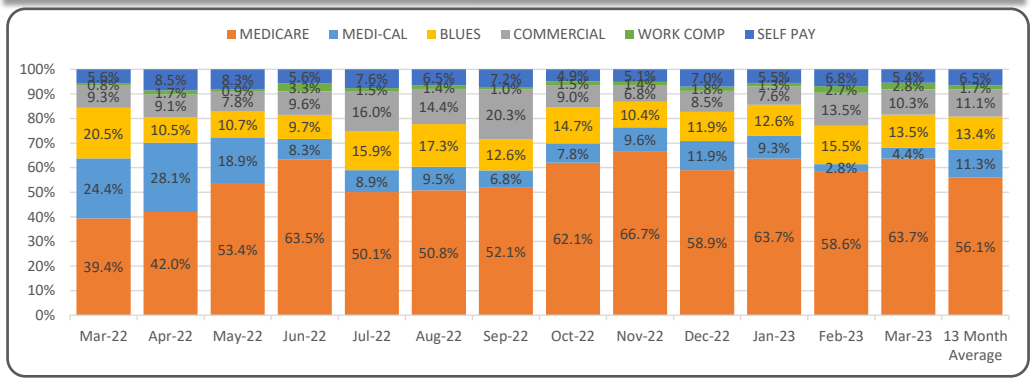
GROSS REVENUE

PAYER	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
MEDICARE	$ 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	$ 1,271,259	**$ 1,131,742**
MEDI-CAL	$ 418,521	$ 498,584	$ 373,076	$ 175,404	$ 189,511	$ 189,597	$ 164,820	$ 170,099	$ 194,794	$ 256,814	$ 194,431	$ 47,018	$ 87,690	**$ 227,720**
COMMERCIAL	$ 158,616	$ 161,201	$ 154,140	$ 204,377	$ 340,087	$ 286,149	$ 491,032	$ 194,712	$ 136,696	$ 183,749	$ 158,229	$ 226,138	$ 205,303	**$ 223,110**
BLUES	$ 351,616	$ 185,774	$ 212,226	$ 206,466	$ 338,470	$ 345,215	$ 305,018	$ 318,814	$ 210,519	$ 256,957	$ 263,961	$ 260,268	$ 268,845	**$ 271,089**
WORK COMP	$ 13,943	$ 30,457	$ 17,240	$ 69,772	$ 32,094	$ 27,736	$ 24,220	$ 32,479	$ 27,447	$ 38,753	$ 28,154	$ 44,857	$ 54,898	**$ 34,004**
SELF PAY	$ 96,024	$ 151,424	$ 163,226	$ 118,830	$ 162,101	$ 130,222	$ 174,109	$ 106,402	$ 102,405	$ 150,900	$ 116,149	$ 114,251	$ 107,761	**$ 130,293**
TOTAL	**$ 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**	**$ 1,995,757**	**$ 2,017,956**
AVERAGE DAILY REVENUE	**$ 59,727**	**$ 57,946**	**$ 59,358**	**$ 64,481**	**$ 67,658**	**$ 67,825**	**$ 71,063**	**$ 71,498**	**$ 72,609**	**$ 69,015**	**$ 68,207**	**$ 65,883**	**$ 64,048**	**$ 66,101**

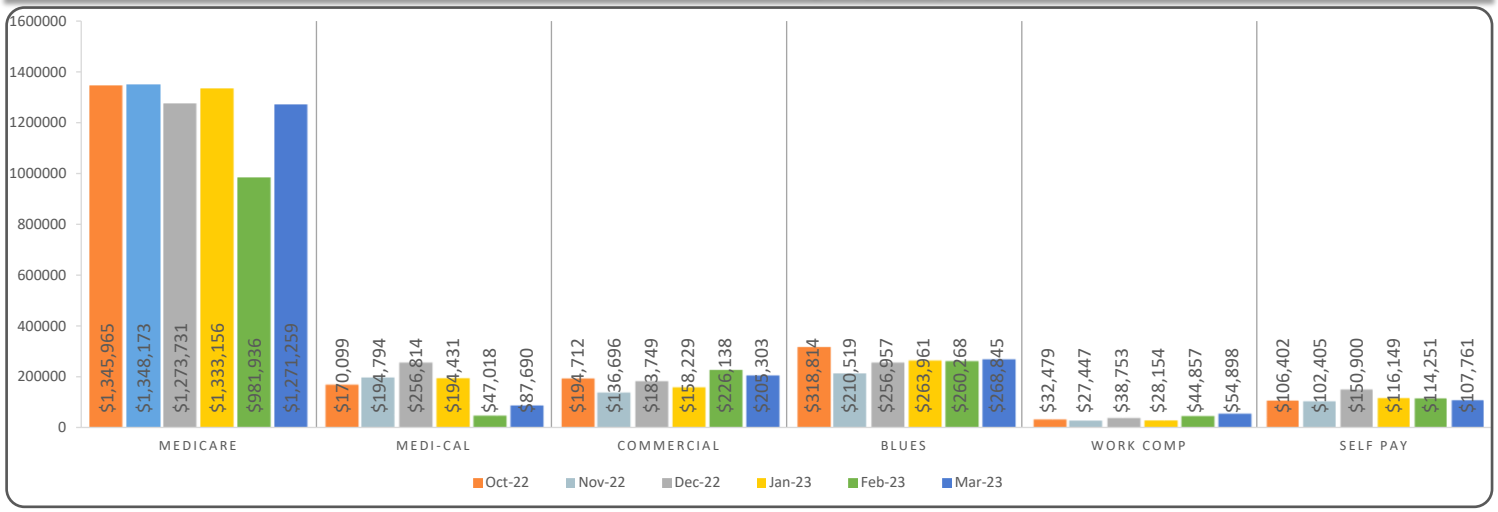
Gross Revenue



Payer Mix



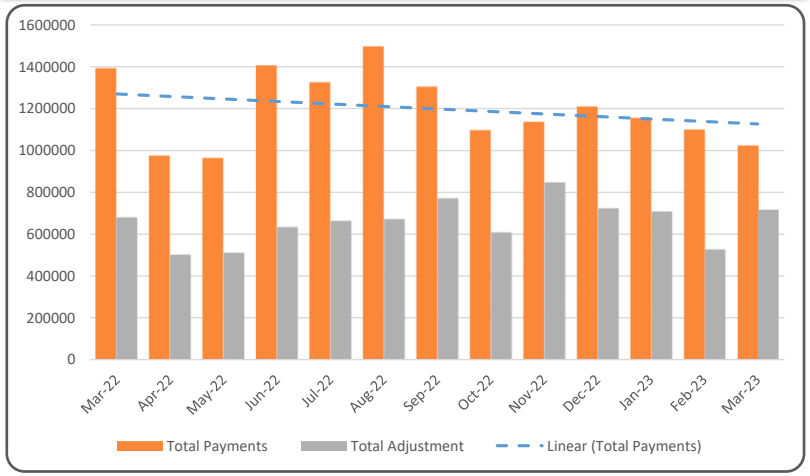
Revenue Trending By Payer



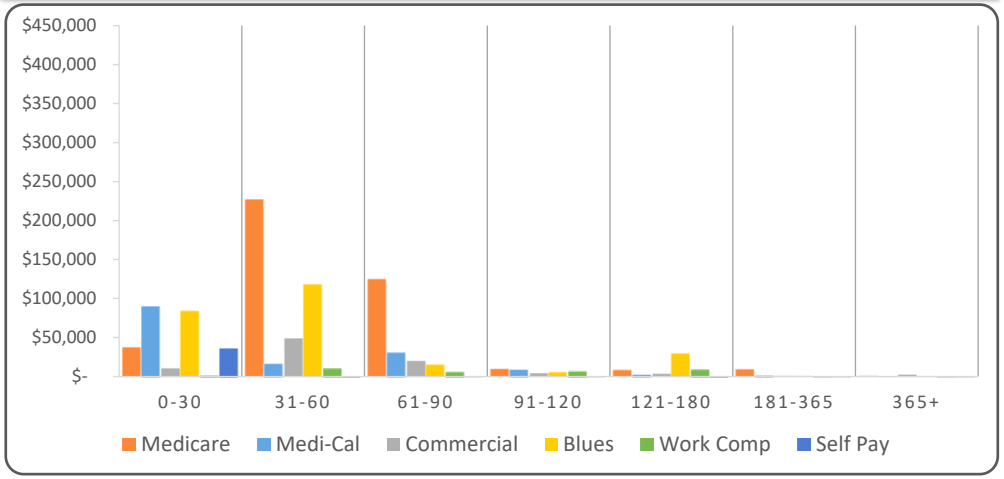
CASH DETAIL

PAYER	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
MEDICARE														
Payments	$ 725,854	$ 367,579	$ 289,278	$ 661,997	$ 400,060	$ 712,982	$ 514,673	$ 398,232	$ 500,799	$ 526,745	$ 431,347	$ 409,804	$ 416,308	$ 488,897
Adjustments	$ 330,131	$ 177,397	$ 207,209	$ 271,424	$ 210,205	$ 264,500	$ 361,785	$ 267,927	$ 311,422	$ 403,609	$ 289,504	$ 231,715	$ 281,109	$ 277,534
Collection %	69%	67%	58%	71%	66%	73%	59%	60%	62%	57%	60%	64%	60%	63%
MEDI-CAL														
Payments	$ 252,588	$ 158,381	$ 271,733	$ 273,407	$ 492,462	$ 214,068	$ 260,889	$ 227,919	$ 64,174	$ 250,232	$ 322,400	$ 339,160	$ 152,749	$ 252,320
Adjustments	$ 238,820	$ 177,636	$ 156,792	$ 172,665	$ 282,232	$ 175,983	$ 209,302	$ 208,171	$ 203,789	$ 176,423	$ 254,068	$ 191,788	$ 285,490	$ 210,243
Collection %	51%	47%	63%	61%	64%	55%	55%	52%	24%	59%	56%	64%	35%	53%
COMMERCIAL														
Payments	$ 97,549	$ 87,154	$ 80,764	$ 105,564	$ 112,428	$ 180,875	$ 149,272	$ 100,969	$ 176,084	$ 137,455	$ 99,637	$ 77,884	$ 89,765	$ 115,031
Adjustments	$ 19,385	$ 61,483	$ 22,218	$ 40,324	$ 44,345	$ 75,596	$ 47,853	$ 29,604	$ 177,496	$ 53,480	$ 55,824	$ 27,329	$ 69,355	$ 55,715
Collection %	83%	59%	78%	72%	72%	71%	76%	77%	50%	72%	64%	74%	56%	70%
BLUES														
Payments	$ 212,066	$ 210,041	$ 195,259	$ 249,384	$ 215,412	$ 245,675	$ 254,401	$ 235,271	$ 253,871	$ 179,289	$ 184,883	$ 165,419	$ 251,753	$ 219,440
Adjustments	$ 76,245	$ 75,376	$ 53,139	$ 68,129	$ 54,269	$ 102,535	$ 87,271	$ 83,522	$ 101,731	$ 59,822	$ 73,844	$ 63,812	$ 63,068	$ 74,059
Collection %	74%	74%	79%	79%	80%	71%	74%	74%	71%	75%	71%	72%	80%	75%
WORK COMP														
Payments	$ 34,967	$ 39,988	$ 31,920	$ 12,309	$ 24,182	$ 42,760	$ 33,937	$ 18,155	$ 23,021	$ 10,395	$ 11,630	$ 13,592	$ 33,777	$ 25,433
Adjustments	$ 6,867	$ 8,110	$ 10,624	$ 9,009	$ 3,431	$ 5,662	$ 8,419	$ 6,982	$ 3,789	$ 3,396	$ 10,270	$ 5,731	$ 10,734	$ 7,156
Collection %	84%	83%	75%	58%	88%	88%	80%	72%	86%	75%	53%	70%	76%	76%
SELF PAY														
Payments	$ 65,718	$ 109,052	$ 92,395	$ 99,384	$ 78,678	$ 94,649	$ 87,331	$ 114,749	$ 101,709	$ 103,333	$ 102,553	$ 89,969	$ 77,181	$ 93,592
Bad Debt Recoveries	$ 2,142	$ 2,846	$ 2,785	$ 1,893	$ 953	$ 3,746	$ 3,242	$ 534	$ 16,043	$ 1,381	$ 1,348	$ 3,396	$ 1,118	$ 3,187
Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Charity Care	$ 3,792	$ 1,653	$ 57,869	$ 6,817	$ 8,196	$ 13,784	$ 993	$ -	$ 18,363	$ 7,213	$ 22,548	$ 2,556	$ 4,505	$ 11,407
Bad Debt	$ 3,294	$ -	$ 2,785	$ 64,483	$ 59,901	$ 32,406	$ 53,009	$ 10,669	$ 27,620	$ 17,593	$ -	$ 2,670	$ -	$ 21,110
Total SP Adjustments	$ 7,086	$ 1,653	$ 60,654	$ 71,300	$ 68,097	$ 46,190	$ 54,002	$ 10,669	$ 45,983	$ 24,806	$ 22,548	$ 5,227	$ 4,505	$ 32,517
Collection %	90%	99%	60%	58%	54%	67%	62%	91%	69%	81%	82%	95%	94%	77%
TOTAL														
Total Payments	$ 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	$ 1,022,651	$ 1,197,900
Total Adjustment	$ 678,534	$ 501,654	$ 510,636	$ 632,850	$ 662,578	$ 670,467	$ 768,632	$ 606,877	$ 844,209	$ 721,536	$ 706,057	$ 525,602	$ 714,262	$ 624,707
Total Collection %	67%	66%	65%	69%	67%	69%	63%	64%	57%	63%	62%	68%	59%	65%

Cash & Adjustment Trending

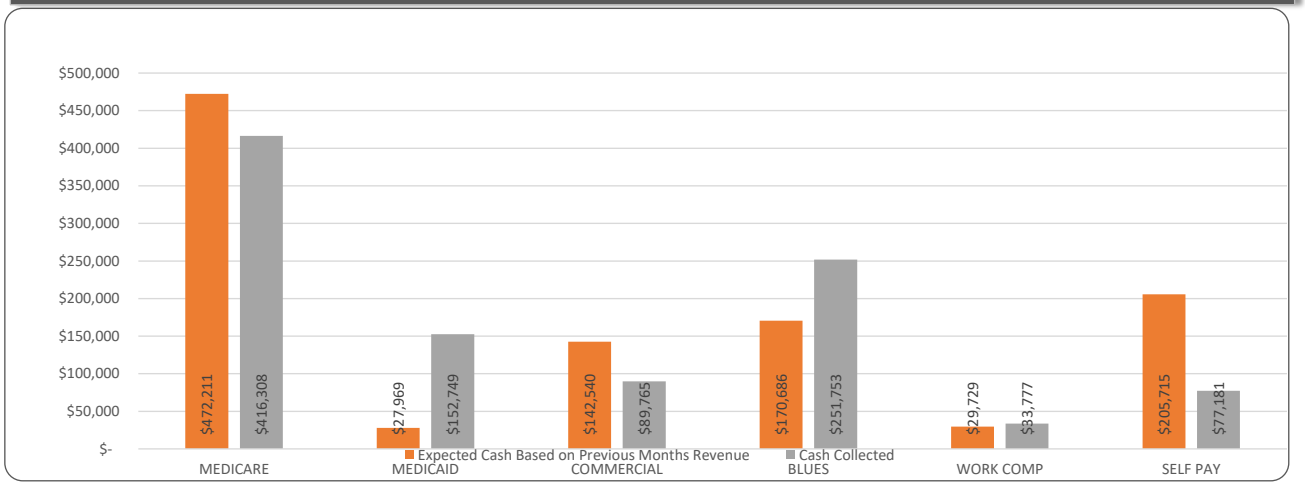


Cash Collections by Discharge Date



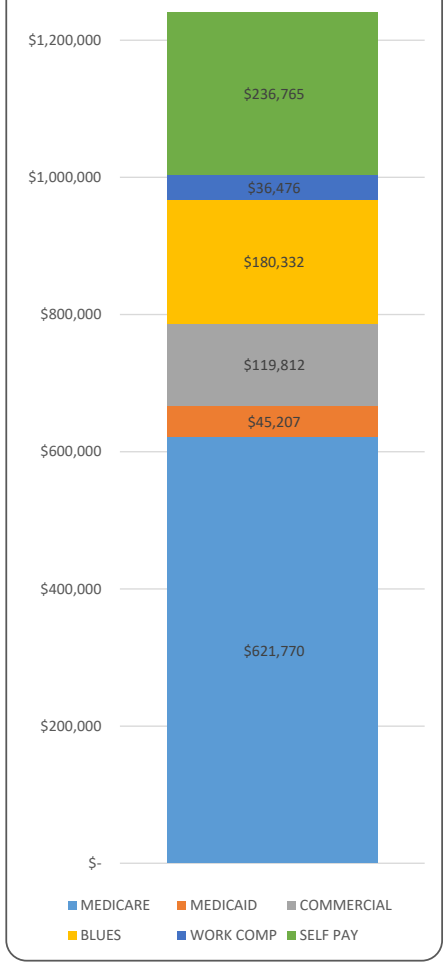
CASH FORECASTING

Expected Last Month vs Cash Collected (Based on Previous Months Revenue)

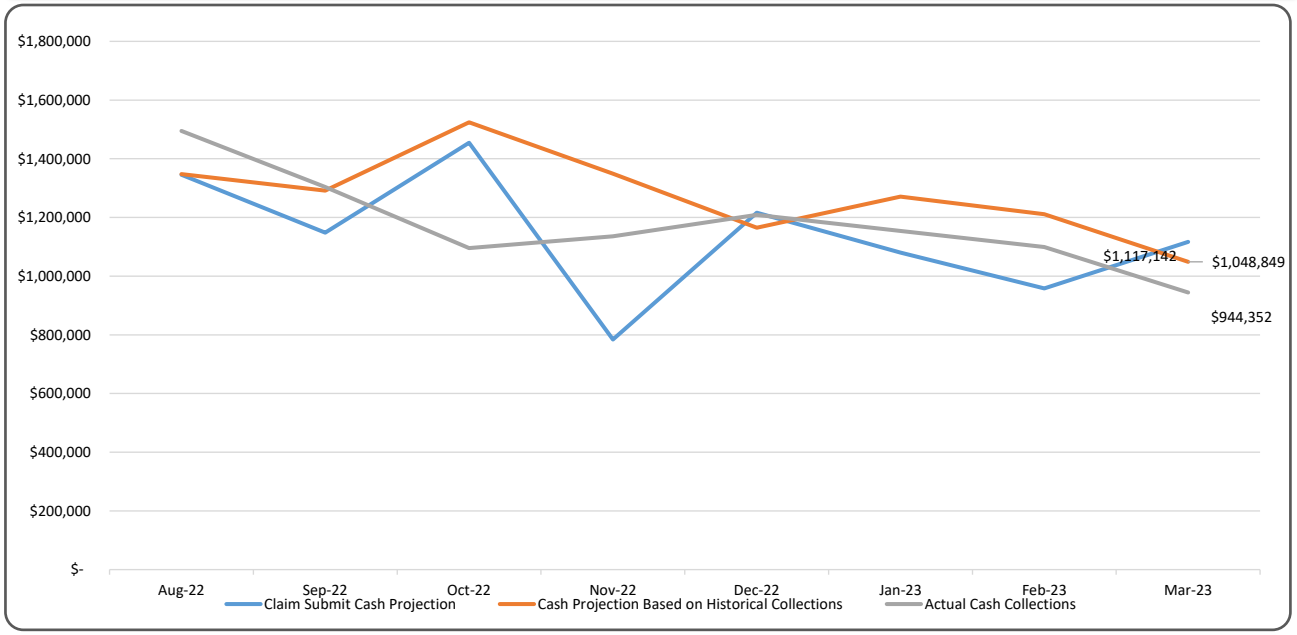


Cash Expected Next Month
(Based on *this Months* Revenue)

$1,240,363



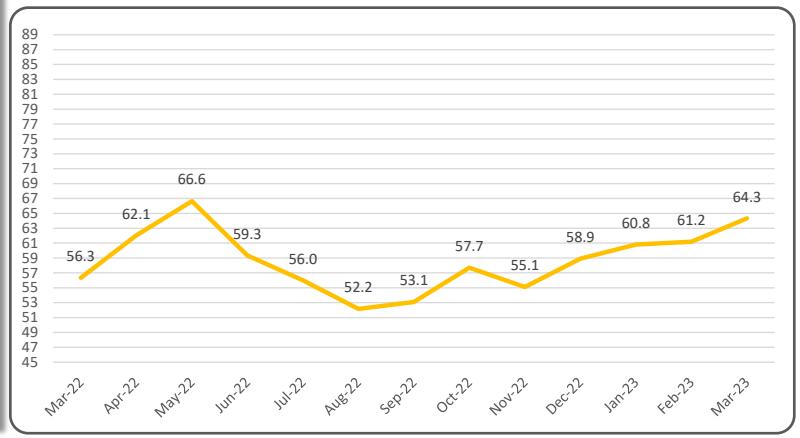
Expected Cash Based on Claim Submissions and Historical Collections

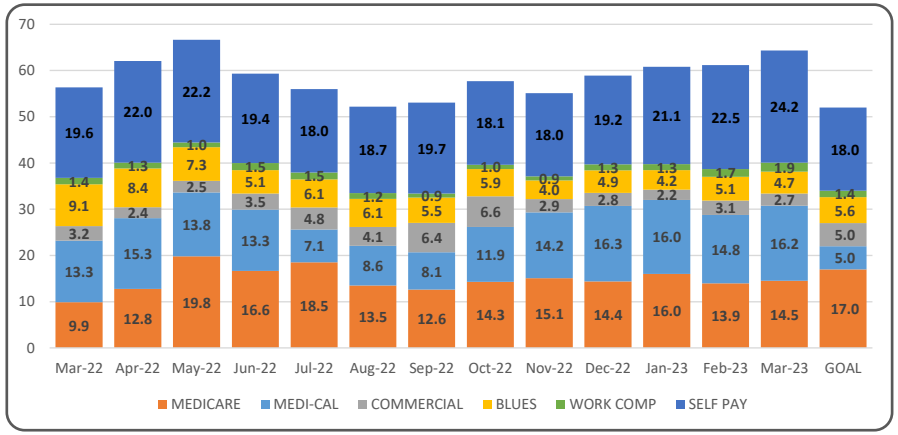


ACCOUNTS RECEIVABLE

AR Days

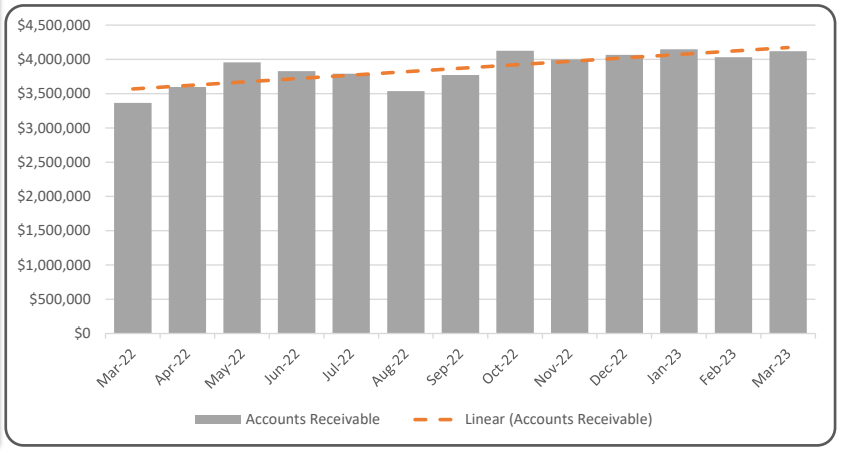
PAYER	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
MEDICARE	9.9	12.8	19.8	16.6	18.5	13.5	12.6	14.3	15.1	14.4	16.0	13.9	14.5	**14.8**
MEDI-CAL	13.3	15.3	13.8	13.3	7.1	8.6	8.1	11.9	14.2	16.3	16.0	14.8	16.2	**13.0**
COMMERCIAL	3.2	2.4	2.5	3.5	4.8	4.1	6.4	6.6	2.9	2.8	2.2	3.1	2.7	**3.6**
BLUES	9.1	8.4	7.3	5.1	6.1	6.1	5.5	5.9	4.0	4.9	4.2	5.1	4.7	**5.9**
WORK COMP	1.4	1.3	1.0	1.5	1.5	1.2	0.9	1.0	0.9	1.3	1.3	1.7	1.9	**1.3**
SELF PAY	19.6	22.0	22.2	19.4	18.0	18.7	19.7	18.1	18.0	19.2	21.1	22.5	24.2	**20.2**
TOTAL DAYS	**56.3**	**62.1**	**66.6**	**59.3**	**56.0**	**52.2**	**53.1**	**57.7**	**55.1**	**58.9**	**60.8**	**61.2**	**64.3**	**58.7**

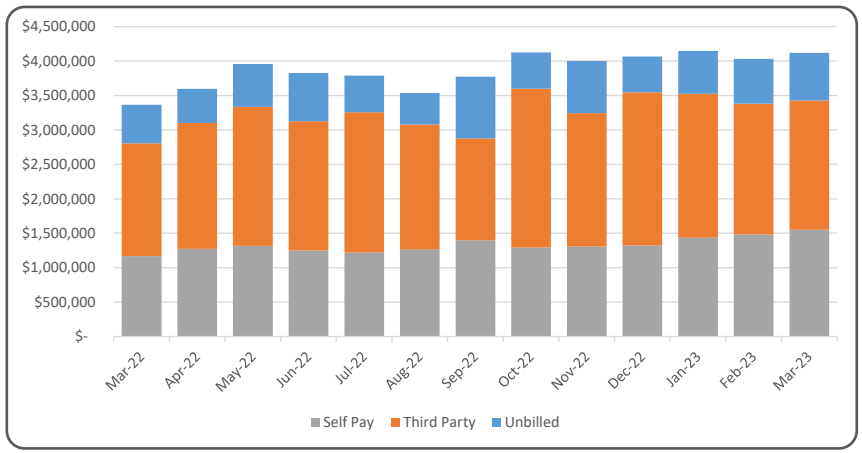




AR Balance

PAYER	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
MEDICARE	$ 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	$ 929,629	**$ 976,535**
MEDI-CAL	$ 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	$ 1,038,747	**$ 854,082**
COMMERCIAL	$ 188,301	$ 139,209	$ 148,961	$ 223,877	$ 321,763	$ 276,349	$ 452,621	$ 474,468	$ 211,850	$ 195,508	$ 151,446	$ 203,820	$ 171,872	**$ 243,080**
BLUES	$ 541,405	$ 484,497	$ 432,966	$ 327,238	$ 410,862	$ 412,990	$ 389,636	$ 421,373	$ 290,029	$ 335,242	$ 287,671	$ 338,597	$ 303,315	**$ 382,756**
WORK COMP	$ 83,357	$ 73,554	$ 61,619	$ 97,660	$ 102,056	$ 82,341	$ 63,028	$ 68,450	$ 64,432	$ 91,830	$ 89,511	$ 111,193	$ 123,974	**$ 85,616**
SELF PAY	$ 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	$ 1,551,682	**$ 1,329,589**
TOTAL	**$ 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**	**$ 4,119,219**	**$ 3,871,658**

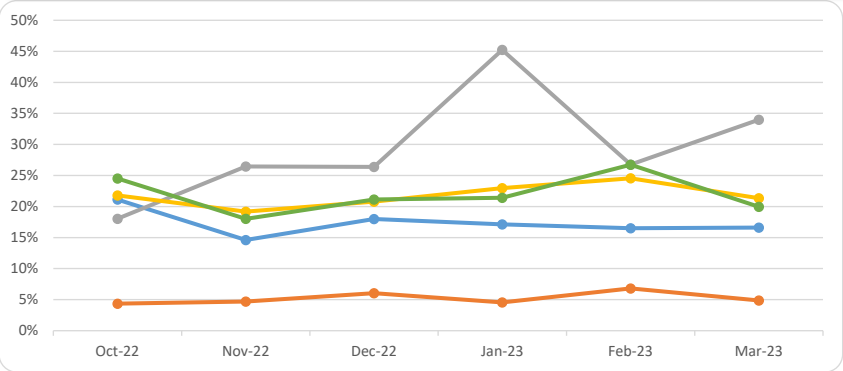




ACCOUNTS RECEIVABLE AGING

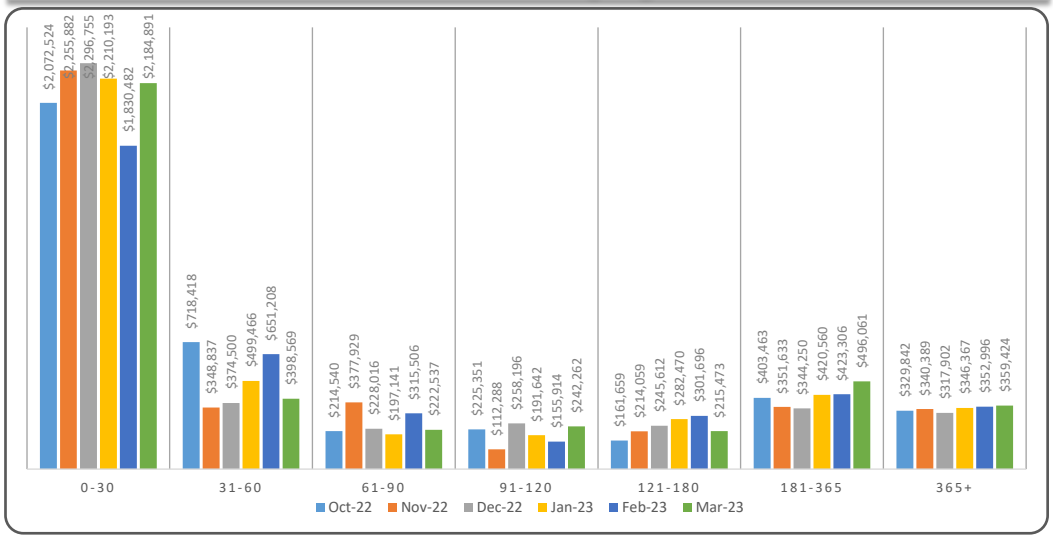
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$
MEDICARE																
Non-Credit	410	$ 796,140	123	$ 75,085	31	$ 23,018	13	$ 10,983	23	$ 14,177	30	$ 15,950	3	$ 4,688	**633**	**$ 940,041**
Credit	10	$ (314)	0	$ -	2	$ (3,135)	0	$ -	1	$ (23)	5	$ (2,492)	17	$ (4,448)	**35**	**$ (10,412)**
TOTAL	**420**	**$ 795,826**	**123**	**$ 75,085**	**33**	**$ 19,883**	**13**	**$ 10,983**	**24**	**$ 14,154**	**35**	**$ 13,458**	**20**	**$ 240**	**668**	**$ 929,629**
MEDI-CAL																
Non-Credit	170	$ 730,044	136	$ 122,895	98	$ 55,708	75	$ 56,077	80	$ 36,463	109	$ 49,512	55	$ 38,922	**723**	**$ 1,089,620**
Credit	0	$ -	1	$ (927)	3	$ (1,058)	2	$ (242)	8	$ (2,727)	37	$ (8,536)	137	$ (37,384)	**188**	**$ (50,874)**
TOTAL	**170**	**$ 730,044**	**137**	**$ 121,969**	**101**	**$ 54,649**	**77**	**$ 55,835**	**88**	**$ 33,736**	**146**	**$ 40,976**	**192**	**$ 1,539**	**911**	**$ 1,038,747**
COMMERCIAL																
Non-Credit	61	$ 65,305	66	$ 66,285	19	$ 18,576	14	$ 5,785	31	$ 28,857	36	$ 20,944	23	$ 21,684	**250**	**$ 227,434**
Credit	1	$ (35)	1	$ (1,414)	2	$ (4,525)	1	$ (73)	1	$ (294)	6	$ (889)	129	$ (48,333)	**141**	**$ (55,563)**
TOTAL	**62**	**$ 65,270**	**67**	**$ 64,871**	**21**	**$ 14,051**	**15**	**$ 5,712**	**32**	**$ 28,562**	**42**	**$ 20,055**	**152**	**$ (26,650)**	**391**	**$ 171,872**
BLUES																
Non-Credit	190	$ 213,620	110	$ 68,244	41	$ 38,368	11	$ 18,722	25	$ 19,314	37	$ 30,276	20	$ 18,583	**434**	**$ 407,127**
Credit	31	$ (1,293)	4	$ (195)	0	$ -	0	$ -	6	$ (411)	24	$ (16,071)	218	$ (85,842)	**283**	**$ (103,812)**
TOTAL	**221**	**$ 212,327**	**114**	**$ 68,049**	**41**	**$ 38,368**	**11**	**$ 18,722**	**31**	**$ 18,903**	**61**	**$ 14,205**	**238**	**$ (67,259)**	**717**	**$ 303,315**
WORK COMP																
Non-Credit	36	$ 73,949	17	$ 23,333	3	$ 3,893	6	$ 5,449	4	$ 2,998	12	$ 9,052	6	$ 7,747	**84**	**$ 126,419**
Credit	0	$ -	1	$ (6)	0	$ -	0	$ -	0	$ -	1	$ (480)	6	$ (1,959)	**8**	**$ (2,446)**
TOTAL	**36**	**$ 73,949**	**18**	**$ 23,326**	**3**	**$ 3,893**	**6**	**$ 5,449**	**4**	**$ 2,998**	**13**	**$ 8,571**	**12**	**$ 5,788**	**92**	**$ 123,974**
SELF PAY																
Non-Credit	78	$ 308,938	150	$ 45,511	165	$ 91,823	131	$ 145,808	282	$ 120,002	558	$ 404,098	998	$ 592,221	**2362**	**$ 1,708,401**
Credit	12	$ (1,463)	8	$ (242)	7	$ (129)	7	$ (247)	32	$ (2,883)	65	$ (5,303)	842	$ (146,453)	**973**	**$ (156,719)**
TOTAL	**90**	**$ 307,476**	**158**	**$ 45,269**	**172**	**$ 91,694**	**138**	**$ 145,561**	**314**	**$ 117,120**	**623**	**$ 398,796**	**1840**	**$ 445,767**	**3335**	**$ 1,551,682**
ACCOUNTS RECEIVABLE																
Non-Credit	945	$ 2,187,995	602	$ 401,352	357	$ 231,385	250	$ 242,824	445	$ 221,811	782	$ 529,832	1105	$ 683,844	**4486**	**$ 4,499,043**
Credit	54	$ (3,104)	15	$ (2,783)	14	$ (8,847)	10	$ (562)	48	$ (6,338)	138	$ (33,770)	1349	$ (324,420)	**1628**	**$ (379,825)**
GRAND TOTAL	**999**	**$ 2,184,891**	**617**	**$ 398,569**	**371**	**$ 222,537**	**260**	**$ 242,262**	**493**	**$ 215,473**	**920**	**$ 496,061**	**2454**	**$ 359,424**	**6114**	**$ 4,119,219**

Aged Over 90 Days Trending (excluding Credits)



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Medicare	4.4%	4.7%	6.0%	4.6%	6.8%	4.9%
Medi-Cal	21.1%	14.6%	18.0%	17.1%	16.5%	16.6%
Commercial	18.0%	26.5%	26.4%	45.2%	26.8%	34.0%
Blues	21.8%	19.2%	20.8%	23.0%	24.5%	21.3%
Work Comp	24.5%	18.0%	21.1%	21.4%	26.7%	20.0%

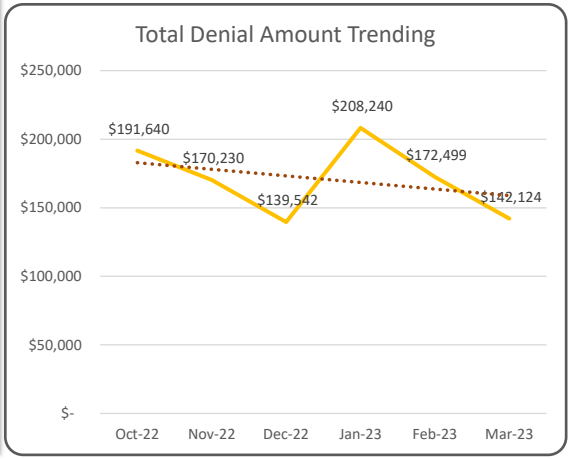
6 Month Aging

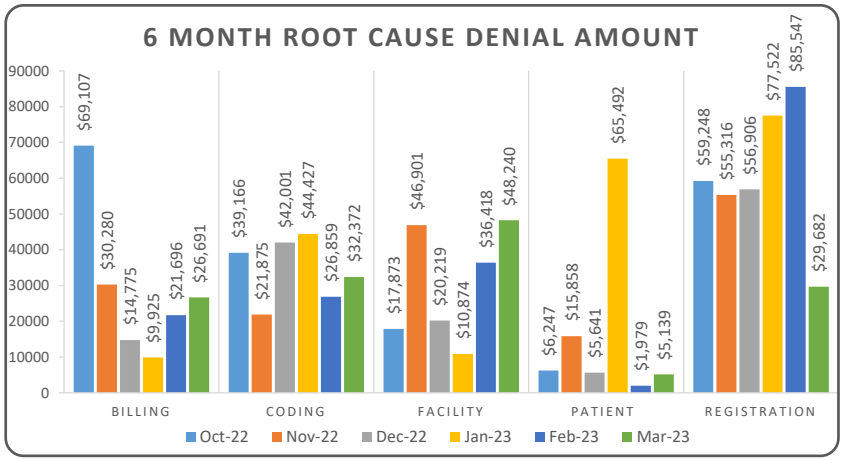


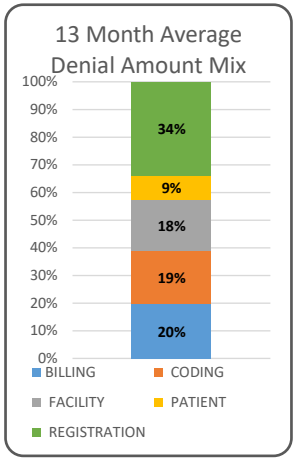
DENIAL MANAGEMENT

Denial Amount

AMOUNT	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
BILLING	$ 42,492	$ 46,039	$ 10,521	$ 32,544	$ 5,238	$ 19,272	$ 32,390	$ 69,107	$ 30,280	$ 14,775	$ 9,925	$ 21,696	$ 26,691	$ 27,767
CODING	$ 18,116	$ 31,891	$ 15,168	$ 13,026	$ 28,190	$ 23,955	$ 22,778	$ 39,166	$ 21,875	$ 42,001	$ 44,427	$ 26,859	$ 32,372	$ 27,679
FACILITY	$ 17,951	$ 20,371	$ 19,416	$ 27,967	$ 11,961	$ 35,975	$ 20,352	$ 17,873	$ 46,901	$ 20,219	$ 10,874	$ 36,418	$ 48,240	$ 25,732
PATIENT	$ 15,212	$ 3,940	$ 6,999	$ 9,979	$ 1,664	$ 18,055	$ 7,950	$ 6,247	$ 15,858	$ 5,641	$ 65,492	$ 1,979	$ 5,139	$ 12,627
REGISTRATION	$ 30,346	$ 55,718	$ 18,669	$ 51,393	$ 31,470	$ 32,316	$ 41,975	$ 59,248	$ 55,316	$ 56,906	$ 77,522	$ 85,547	$ 29,682	$ 48,162
TOTAL	$ 124,117	$ 157,959	$ 70,773	$ 134,909	$ 78,522	$ 129,574	$ 125,445	$ 191,640	$ 170,230	$ 139,542	$ 208,240	$ 172,499	$ 142,124	$ 141,967

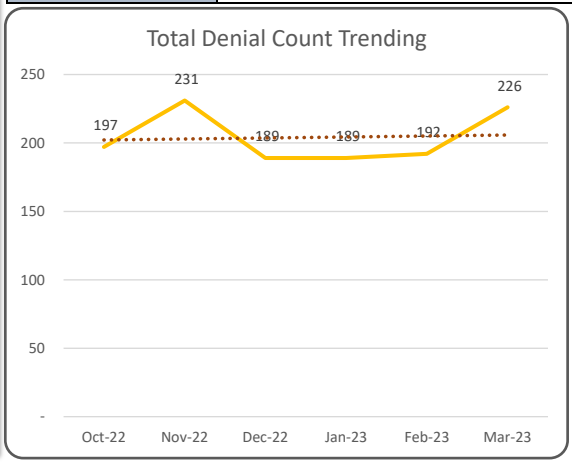


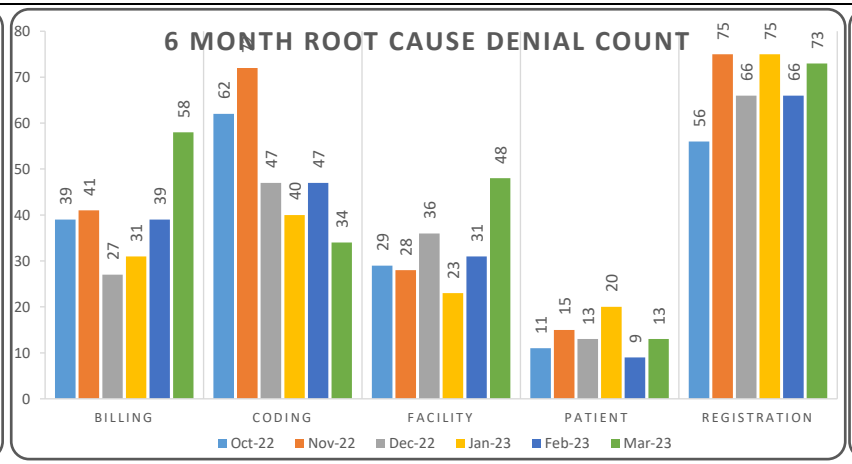


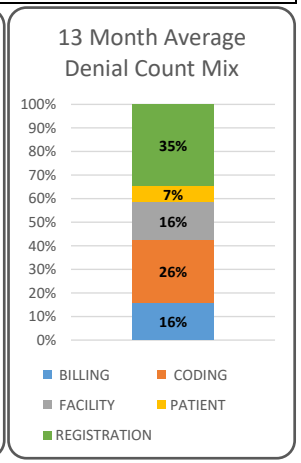


Denial Count

COUNT	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
BILLING	19	36	15	26	10	31	24	39	41	27	31	39	58	30
CODING	28	30	104	39	31	57	64	62	72	47	40	47	34	50
FACILITY	27	27	40	28	17	33	34	29	28	36	23	31	48	31
PATIENT	14	8	12	10	6	19	14	11	15	13	20	9	13	13
REGISTRATION	85	74	48	56	59	64	63	56	75	66	75	66	73	66
TOTAL	173	175	219	159	123	204	199	197	231	189	189	192	226	190



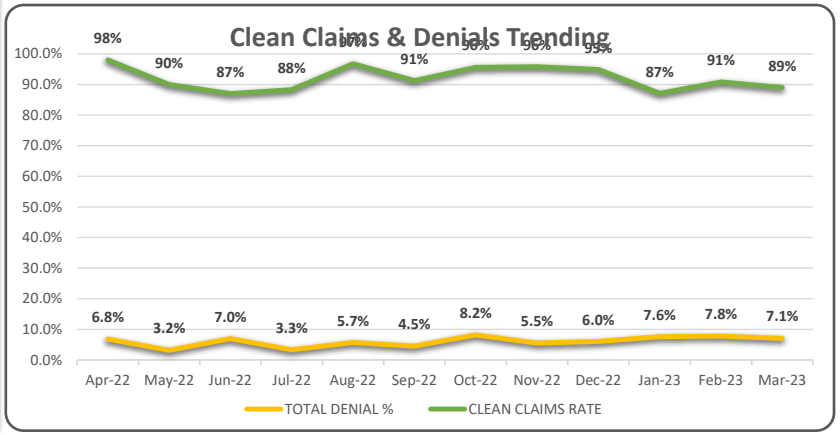


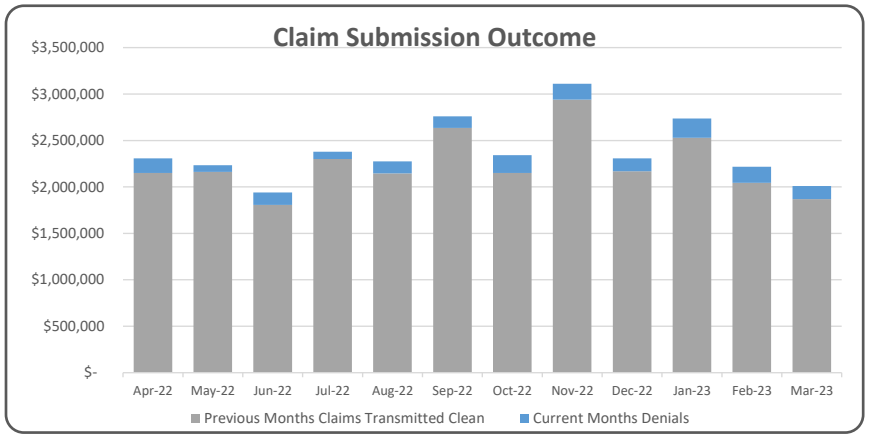


CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

Denial & Clean Claim Trending

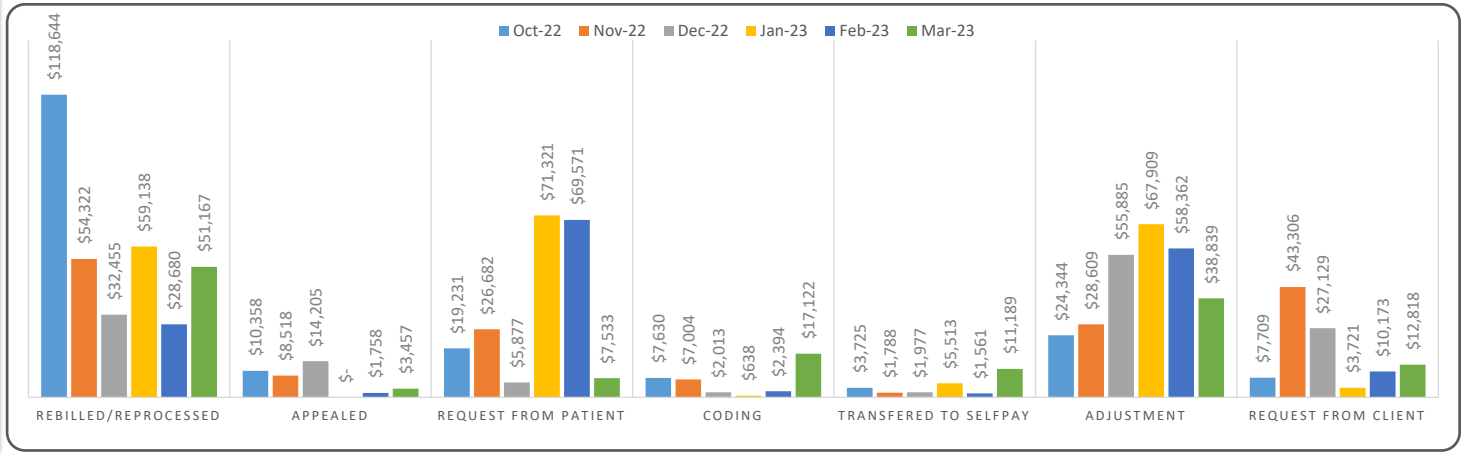
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
DENIAL AMOUNT	$ 124,117	$ 157,959	$ 70,773	$ 134,909	$ 78,522	$ 129,574	$ 125,445	$ 191,640	$ 170,230	$ 139,542	$ 208,240	$ 172,499	$ 142,124	$ 141,967
PREVIOUS MONTH'S TRANSMITTED CLAIMS	$ 2,660,543	$ 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	$ 2,010,603	$ 2,406,242
TOTAL DENIAL %	4.7%	6.8%	3.2%	7.0%	3.3%	5.7%	4.5%	8.2%	5.5%	6.0%	7.6%	7.8%	7.1%	5.9%
CLEAN CLAIMS RATE	96%	98%	90%	87%	88%	97%	91%	96%	96%	95%	87%	91%	89%	92%

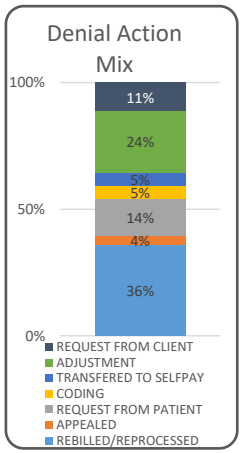




Action Taken on Denials

DENIAL ACTION	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
REBILLED/REPROCESSED	$ 52,831	$ 53,822	$ 18,139	$ 76,657	$ 12,844	$ 42,909	$ 60,880	$ 118,644	$ 54,322	$ 32,455	$ 59,138	$ 28,680	$ 51,167	$ 50,961
APPEALED	$ 2,862	$ 4,971	$ 4,799	$ 6,086	$ 967	$ 9,345	$ 1,297	$ 10,358	$ 8,518	$ 14,205	$ -	$ 1,758	$ 3,457	$ 5,279
REQUEST FROM PATIENT	$ 13,507	$ 2,037	$ 4,702	$ 5,276	$ 16,353	$ 16,331	$ 7,320	$ 19,231	$ 26,682	$ 5,877	$ 71,321	$ 69,571	$ 7,533	$ 20,442
CODING	$ 9,949	$ 24,035	$ 3,787	$ 2,459	$ 3,954	$ 7,421	$ 10,523	$ 7,630	$ 7,004	$ 2,013	$ 638	$ 2,394	$ 17,122	$ 7,610
TRANSFERED TO SELFPAY	$ 6,241	$ 37,671	$ 4,576	$ 5,659	$ 3,084	$ 4,540	$ 6,941	$ 3,725	$ 1,788	$ 1,977	$ 5,513	$ 1,561	$ 11,189	$ 7,267
ADJUSTMENT	$ 35,882	$ 24,509	$ 19,878	$ 30,732	$ 14,735	$ 33,071	$ 13,871	$ 24,344	$ 28,609	$ 55,885	$ 67,909	$ 58,362	$ 38,839	$ 34,356
REQUEST FROM CLIENT	$ 2,846	$ 10,916	$ 14,892	$ 8,040	$ 26,585	$ 15,958	$ 24,614	$ 7,709	$ 43,306	$ 27,129	$ 3,721	$ 10,173	$ 12,818	$ 16,054
TOTAL	$ 124,117	$ 157,959	$ 70,773	$ 134,909	$ 78,522	$ 129,574	$ 125,445	$ 191,640	$ 170,230	$ 139,542	$ 208,240	$ 172,499	$ 142,124	$ 141,967





UNBILLED & INVENTORY

Unbilled

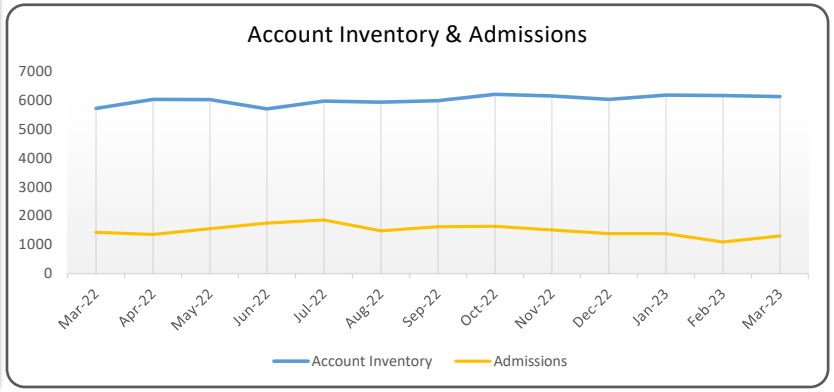
INHOUSE	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
MEDICARE	$ 17,312	$ 101,523	$ 118,951	$ 158,174	$ 3,538	$ 46,981	$ 113,270	$ 47,611	$ 102,053	$ 36,320	$ 39,825	$ 18,634	$ 170,364	**$ 74,966**
MEDI-CAL	$ 74,040	$ 404	$ 404	$ 22,082	$ 25,777	$ 34,587	$ 53,236	$ 77,737	$ 94,062	$ 534	$ 9,697	$ 191,895	$ 223,072	**$ 62,117**
COMMERCIAL	$ (9)	$ 3,116	$ 1,075	$ 2,358	$ (60)	$ 2,766	$ 9,489	$ 7,376	$ 1,093	$ (35)	$ (35)	$ 1,039	$ 8,324	**$ 2,807**
BLUES	$ 33,906	$ 27,699	$ 28,868	$ 23,809	$ (614)	$ 32,480	$ 27,855	$ 37,599	$ 44,449	$ 9,986	$ 9,973	$ 14,242	$ 20,845	**$ 23,930**
WORK COMP	$ 1,279	$ 2,963	$ 2,977	$ 6,903	$ -	$ 11,665	$ 1,120	$ 978	$ -	$ 489	$ 810	$ 4,475	$ 22,679	**$ 4,334**
SELF PAY	$ -	$ -	$ -	$ 206	$ -	$ -	$ 397	$ 397	$ 672	$ -	$ (587)	$ -	$ -	**$ 83**
TOTAL	$ 126,528	$ 135,705	$ 152,275	$ 213,531	$ 28,641	$ 128,479	$ 205,367	$ 171,698	$ 242,329	$ 47,293	$ 59,682	$ 230,285	$ 445,283	**$ 168,238**

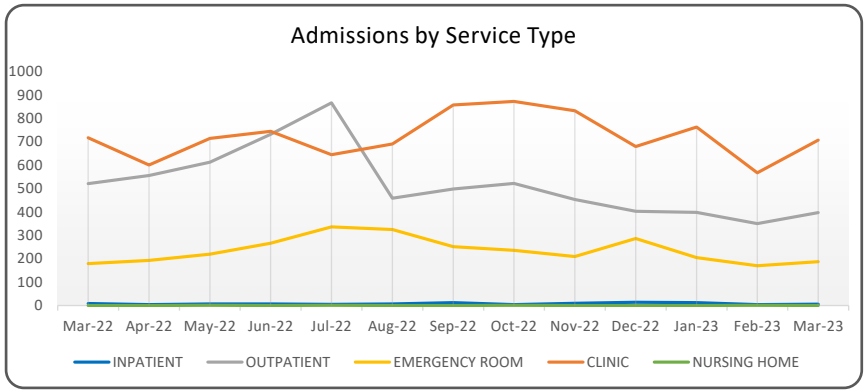
DNFB	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
MEDICARE	$ 209,418	$ 226,211	$ 290,329	$ 264,840	$ 219,386	$ 191,308	$ 340,323	$ 279,791	$ 411,859	$ 221,978	$ 290,507	$ 170,723	$ 142,748	**$ 250,725**
MEDI-CAL	$ 72,614	$ 74,392	$ 60,204	$ 114,328	$ 89,091	$ 51,735	$ 98,422	$ 18,866	$ 46,604	$ 90,660	$ 162,900	$ 140,107	$ 55,847	**$ 82,752**
COMMERCIAL	$ 27,822	$ 15,395	$ 52,842	$ 39,031	$ 64,191	$ 12,707	$ 74,359	$ 6,569	$ 12,419	$ 72,384	$ 30,442	$ 50,470	$ 11,148	**$ 36,137**
BLUES	$ 115,008	$ 36,495	$ 57,481	$ 31,088	$ 123,620	$ 69,033	$ 163,731	$ 42,718	$ 25,073	$ 52,359	$ 71,827	$ 46,535	$ 25,635	**$ 66,200**
WORK COMP	$ 8,924	$ 5,239	$ 8,560	$ 39,526	$ 6,625	$ 5,579	$ 12,415	$ 6,991	$ 19,438	$ 33,516	$ 7,265	$ 10,598	$ 10,596	**$ 13,482**
SELF PAY	$ -	$ 53	$ 53	$ -	$ -	$ 53	$ 53	$ 53	$ 450	$ 1,122	$ 1,122	$ 1,069	$ 1,069	**$ 392**
TOTAL	$ 433,786	$ 357,785	$ 469,468	$ 488,812	$ 502,912	$ 330,414	$ 689,303	$ 354,987	$ 515,842	$ 472,018	$ 564,062	$ 419,502	$ 247,043	**$ 449,687**
TOTAL UNBILLED	**$ 560,314**	**$ 493,490**	**$ 621,743**	**$ 702,344**	**$ 531,553**	**$ 458,893**	**$ 894,670**	**$ 526,685**	**$ 758,171**	**$ 519,311**	**$ 623,744**	**$ 649,787**	**$ 692,327**	**$ 617,925**
UNBILLED DAYS	**9.4**	**8.5**	**10.5**	**10.9**	**7.9**	**6.8**	**12.6**	**7.4**	**10.4**	**7.5**	**9.1**	**9.9**	**10.8**	**9.4**

Admissions & Account Inventory

ADMISSIONS	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
INPATIENT	9	4	7	7	5	7	12	4	10	14	12	4	6	**8**
OUTPATIENT	521	556	612	731	866	458	498	522	453	403	398	350	397	**520**
EMERGENCY ROOM	179	193	219	266	336	325	251	236	209	286	205	170	187	**236**
CLINIC	717	600	714	744	644	690	857	872	832	679	763	567	707	**722**
NURSING HOME	0	0	1	0	1	0	0	1	0	0	0	1	0	**0**
TOTAL	**1,426**	**1,353**	**1,553**	**1,748**	**1,852**	**1,480**	**1,618**	**1,635**	**1,504**	**1,382**	**1,378**	**1,092**	**1,297**	**1486**

ACCOUNT INVENTORY	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	13 Month Average
MEDICARE	512	677	777	668	788	785	627	891	756	585	688	657	668	**698**
MEDI-CAL	703	798	774	715	650	761	868	919	958	937	936	907	911	**834**
COMMERCIAL	417	391	322	405	412	390	426	406	379	401	423	422	391	**399**
BLUES	667	671	669	660	767	690	692	706	768	766	732	720	717	**710**
WORK COMP	74	77	62	67	71	73	59	56	50	61	68	90	92	**69**
SELF PAY	3,337	3,405	3,409	3,177	3,275	3,227	3,302	3,217	3,225	3,273	3,319	3,356	3,335	**3297**
TOTAL	**5710**	**6019**	**6013**	**5692**	**5963**	**5926**	**5974**	**6195**	**6136**	**6023**	**6166**	**6152**	**6114**	**6006**

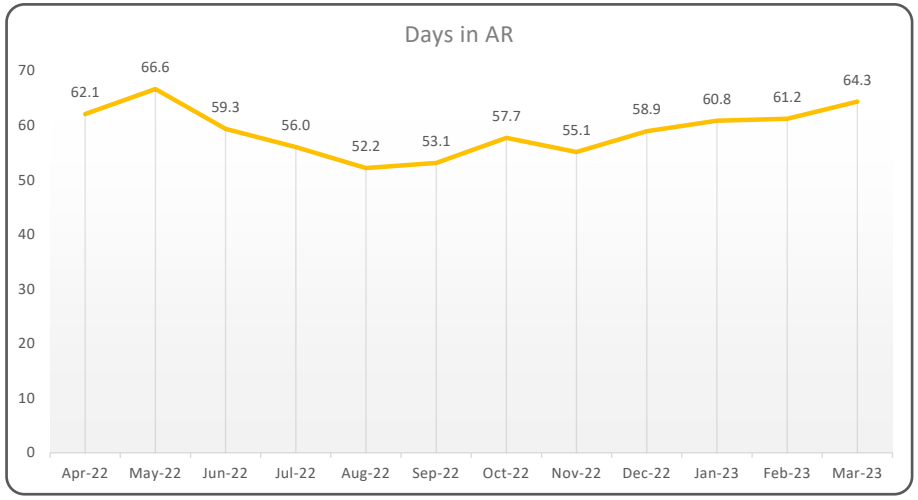


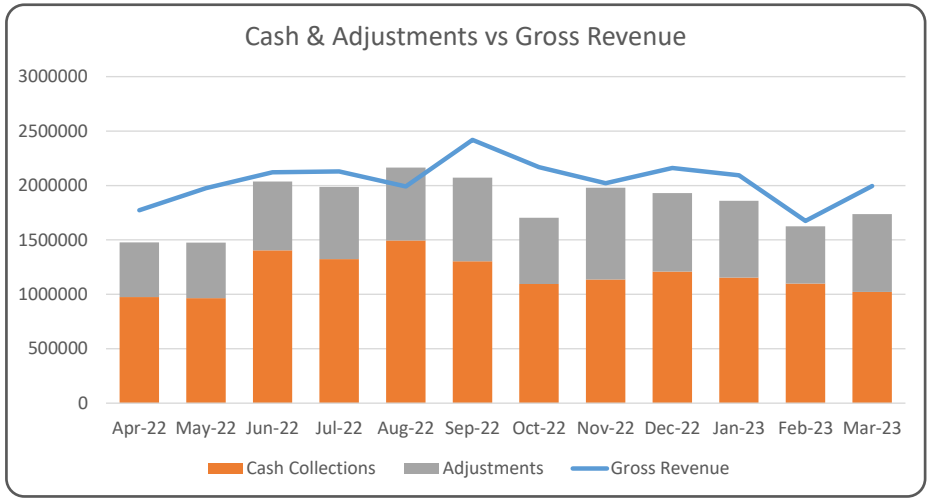


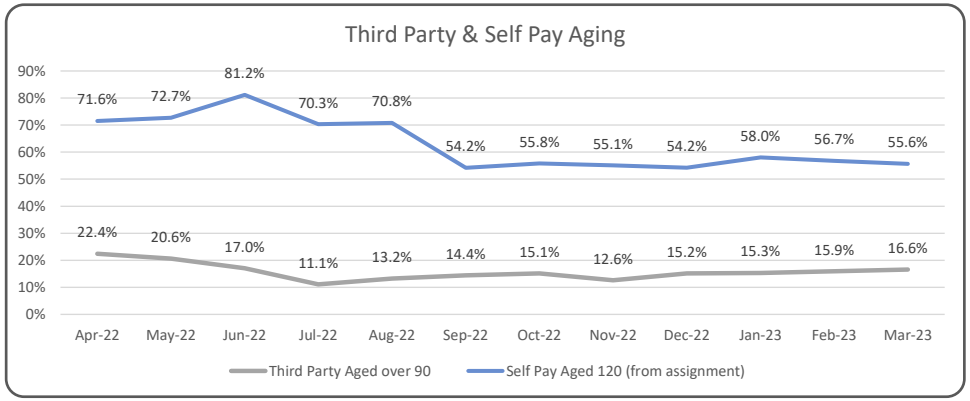
Seneca Healthcare District

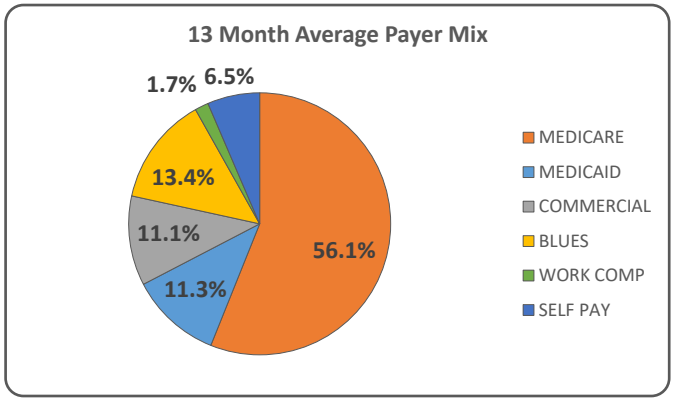
Executive Dashboard

	TARGET	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Days in AR	**52.0**	**62.1**	**66.6**	**59.3**	**56.0**	**52.2**	**53.1**	**57.7**	**55.1**	**58.9**	**60.8**	**61.2**	**64.3**
Gross AR		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	4,119,219
Gross Revenue		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	1,995,757
Cash Collections		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	1,022,651
Adjustments		501,654	510,636	632,850	662,578	670,467	768,632	606,877	844,209	721,536	706,057	525,602	714,262
Collection %		66.0%	65.4%	68.9%	66.7%	69.0%	62.9%	64.4%	57.4%	62.6%	62.0%	67.7%	58.9%
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%**	0.0%	0.1%	3.0%	2.8%	1.6%	2.2%	0.5%	1.4%	0.8%	0.0%	0.2%	0.0%
Charity Care	**3%**	0.1%	2.9%	0.3%	0.4%	0.7%	0.0%	0.0%	0.9%	0.3%	1.1%	0.2%	0.2%
Third Party Aged over 90	**17%**	**22.4%**	**20.6%**	**17.0%**	**11.1%**	**13.2%**	**14.4%**	**15.1%**	**12.6%**	**15.2%**	**15.3%**	**15.9%**	**16.6%**
Self Pay Aged 120 (from assignment)	**25%**	71.6%	72.7%	81.2%	70.3%	70.8%	54.2%	55.8%	55.1%	54.2%	58.0%	56.7%	55.6%









SPT Report to the SHD Board

4/27/2023

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) public comment period closed on 4/6/2023. Only 1 letter with 2 comments from Department of Transportation was received, meeting with DOT was held, and approach to address comment re site drainage has been provided to DOT for review to ensure it meets the need to address their concern. Project was presented to ALUC 4/19, requesting recommendation for support of the project, and the committee voted unanimously to do so. 5/4/23 BOD meeting is scheduled for review with intent to receive approval from SHD as the Lead Agency...documentation will be provided on 4/27 in order to allow for BOD review in preparation.
	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 will follow SHD in approving the GPA/RZ based on the IS/MND. Additional letters to the tribes were sent by Plumas County to be sure to comply with SB18 (specific to GPA changes), and we are working to ensure needed communication with them is completed and documented. 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.	As a responsible agency to the CEQA process, LAFCO will follow SHD and PC/BOS in approving the parcel's annexation to CPUD. Tentative date for LAFCO meeting is 7/10/23.
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.	A draft CatX with report was provided to USDA for some needed feedback prior to finalizing and officially submitting that document for USDA review. USDA will need to approve this document prior to site activities beginning.
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. We have a 5/2 walk of the site scheduled 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. We received the needed feedback from SHD legal re providing more clarifying language on the MOU to state trees won't be removed until approvals are obtained, attached in these materials for BOD reference and provided to Collins Pine for further review. For Heliport Consultant, we will be sending an email to 3 potential consultants asking for statement of interest and fee/proposal.

Harvest Plan		Sierra Timber Services (STS) has been retained to prepare a Timber Harvesting Plan (THP) 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 and a Pre-Harvest Inspection (PHI) is scheduled for 5/2 with CALFIRE, Harvest Consultant Sierra Timber Services, and SHD representation. From there, within 20 days of the PHI, CALFIRE is required to have a 2nd Review. This identifies any remaining unanswered questions with the THP paperwork. Once STS has responded to the second review questions to the satisfaction of CALFIRE the last 10 day public Comment window starts. Once the public comment window closes, the CALFIRE director has 15 days to approve the Timber Harvesting Plan. In parallel, the RFP for associated tree/stump removal is planned for release 5/1 with resulting onsite work of tree removal to start mid 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.	No update from 3/30 BOD meeting. The easement approved by both SHD & PCCDC for 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.	Funding and associated schedule per the FR presentation. Next month's BOD meeting (5/25), we will present an estimated construction cost exposure from our Design Build Entity for the upcoming Summer 2023 costs.
	USDA Financing	A loan is being pursued from USDA to provide revenue-supported financing for the project.	Examined Forecast, PAR, and NEPA (see above) 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 complete...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). Awaiting feedback on application/determination. 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 3/30 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 3/30 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).	Schematic Design completed week-of 4/10 with final documentation of that stage of the design anticipated by 4/21. Great input from administration and staff. Design Development meetings scheduled starting 4/27 & 28 with equipment planning updates. Design team is coordinating with the County to get a site package in for review in May. Building design exteriors will go to HCAI subsequently in July, and interiors in Nov/Dec.

	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 has equipment planning meetings scheduled with SHD, and we are working to set up Vendor review days for various larger/architecturally-significant equipment items.
Construction	Ground-breaking Ceremony	A ground-breaking ceremony is being planned for mid June prior to the tree removal phase of the project.	More info to come

MEMORANDUM OF UNDERSTANDING

(Future Easement)

This memorandum of understanding ("MOU") is entered into by and between Seneca Healthcare District ("District") and _____ ("Adjacent Owner") (collectively, the "Parties").

Recitals

1. WHEREAS, District is the owner in fee of the real property set forth in Exhibit "A" ("District Property").

2. WHEREAS, Adjacent Owner is the owner in fee of the real property set forth in Exhibit "B" ("Adjacent Owner Property").

3. WHEREAS, District is planning to constructing improvements upon the District Property, and in connection therewith requires that it have an unobstructed right of access for both ingress and egress for aircraft to access the hospital to be constructed in connection with such improvements in those areas designated in Exhibit "C" ("Easement Area").

4. WHEREAS, the Parties desire that District maintain the Easement Area in a manner reasonably satisfactory to District to enable District's and District's users' unobstructed right of access for both ingress and egress for aircraft to access the hospital to be constructed in connection with such improvements at District's expense but that otherwise the Easement Area will be the responsibility of, subject to the control of, and otherwise maintained by Adjacent Owner at Adjacent Owner's sole expense.

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. Upon the time that approvals are obtained for aircraft access to the hospital, District will facilitate and be financially responsible for CalFire approvals for Timber Conversion within the Easement Area, anticipated as a Public Utility Exemption. Only upon that approval, District will coordinate with Adjacent Owner to have needed and marked trees removed at District expense.

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~~1.~~2. District shall maintain the Easement Area in a manner reasonably satisfactory to District to enable District's and District's users' unobstructed right of access for both ingress and egress for aircraft to access the hospital to be constructed in connection with such improvements at District's expense but that otherwise the Easement Area will be the responsibility of, subject to the control of, and otherwise maintained by Adjacent Owner at Adjacent Owner sole expense.

~~2.~~3. Adjacent Owner hereby agrees to grant to District and its users' an easement for so long and in such condition as District deems reasonably necessary for District's reasonable use and enjoyment of the District Property, for ingress and egress over the Easement Area to access the District Property by means of helicopter or other reasonable aircraft, in a form

reasonably acceptable to District, and the Parties agree to negotiate in good faith and on commercially reasonable terms in connection therewith.

~~3.~~4. District shall indemnify, defend, and hold harmless Adjacent Owner for any losses incurred by Adjacent Owner as a direct result of District's negligence or willful misconduct in connection with the Easement Area with respect to obligations undertaken by District in connection with this MOU.

Agreed and Accepted:

For Seneca Healthcare District	For _____
Signature:_____	Signature:_____
Name: _____	Name: _____
Date:_____	Date:_____
Title:_____	Title:_____

Exhibit "A" ("District Property")

Exhibit "B" ("Adjacent Owner Property")

Exhibit "C" ("Easement Area")

Finance Plan Overview of Funding for CAH/SNF/ASC Replacement Facility

April 27, 2023

District Projected Budget and USDA Terms

- **Total projected cost: $72,000,000**
  - District Contribution: $7,000,000
  - GO Bond Proceeds: $40,500,000 by Q1 2024
  - Revenue/COP Lease: $14,736,132 by Q4 2025
  - Contingency: $9,763,868

	Estimated Cost Breakdown
District Contribution	$7,000,000
General Obligation Bond	$40,500,000
Revenue/COP Lease	$24,500,000
Total	**$72,000,000**

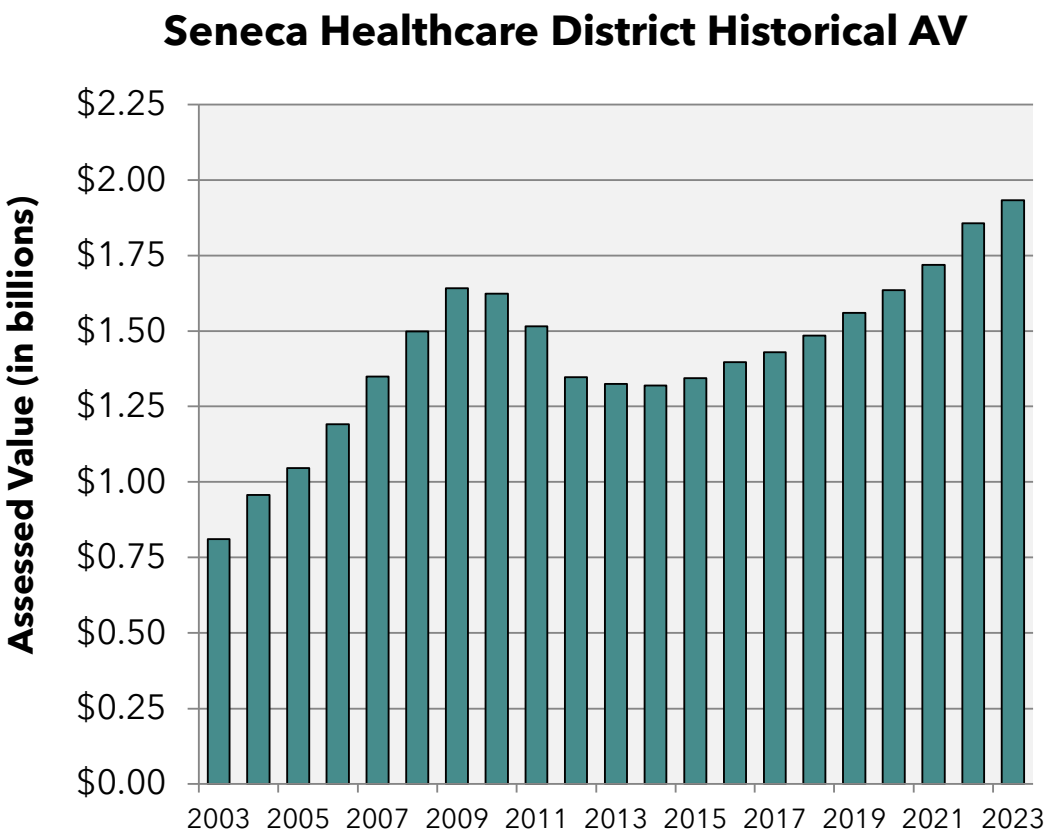
- **USDA Financing Terms**
  - Certificate of Occupancy is required to access USDA funding
  - 37-year maximum term with 2 years of interest-only payments
  - Rate is locked either at time of application approval or bond issuance
  - GO and COP transactions must be sold around same time
  - GO Bond and COP financing terms (i.e. repayment length, interest period, prepayment covenants, etc.) are equal, pending additional review

- **Given these restrictions, the District can access the public markets with flexible prepayment options as a form of interim bridge financing to future USDA lending**

District Historical Assessed Valuation

FY	Assessed Valuation	% Change
2003	$810,537,368	-
2004	956,528,329	18.01%
2005	1,045,908,107	9.34%
2006	1,191,627,485	13.93%
2007	1,349,877,936	13.28%
2008	1,498,834,455	11.03%
2009	1,641,733,248	9.53%
2010	1,624,139,841	-1.07%
2011	1,516,252,880	-6.64%
2012	1,347,333,861	-11.14%
2013	1,324,703,066	-1.68%
2014	1,319,797,183	-0.37%
2015	1,343,809,809	1.82%
2016	1,397,007,036	3.96%
2017	1,429,610,007	2.33%
2018	1,485,493,610	3.91%
2019	1,560,951,386	5.08%
2020	1,635,044,257	4.75%
2021	1,719,518,131	5.17%
2022	1,857,058,449	8.00%
2023	1,933,596,821	4.12%
	5-Year Average:	**5.42%**
	20-Year Average:	**4.67%**

- Current projection for future Assessed Value growth is no greater than 3.50% per year

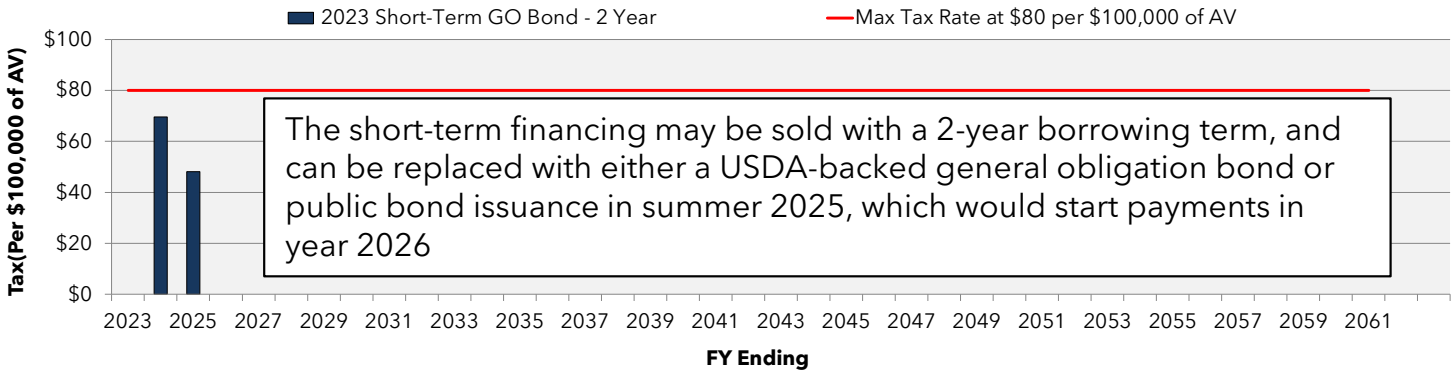


Source: California Municipal Statistics, Inc.

2023 Short-Term Bond (Interim Financing)

- The District's voters passed Measure B at a very strong rate of 79.14%
- A short-term general obligation issue could be issued in summer 2023 for $41 million par amount, and later repaid by either a long-term public sale general obligation bond or a USDA loan backed by *ad valorem revenues*

Seneca Healthcare District 2022 Election Projected Tax Rates [1][2]



The short-term financing may be sold with a 2-year borrowing term, and can be replaced with either a USDA-backed general obligation bond or public bond issuance in summer 2025, which would start payments in year 2026

2023 Interim GO Bond	
Issue Date	8/23/2023
Par Amount	$41,000,000
Project Amount	40,500,000
Final Maturity Date	8/1/2025
Repayment Ratio	1.09

Date	Principal	Interest	Capitalized Interest	Net DS
2/1/2024	-	$973,750	$585,070	388,680
8/1/2024	-	973,750	-	973,750
2/1/2025	-	973,750	-	973,750
8/1/2025	$41,000,000	973,750	-	**$41,973,750**
Totals	**$41,000,000**	**$3,895,000**	**$585,070**	**$44,309,930**

Payments would be made from the ad valorem tax roll

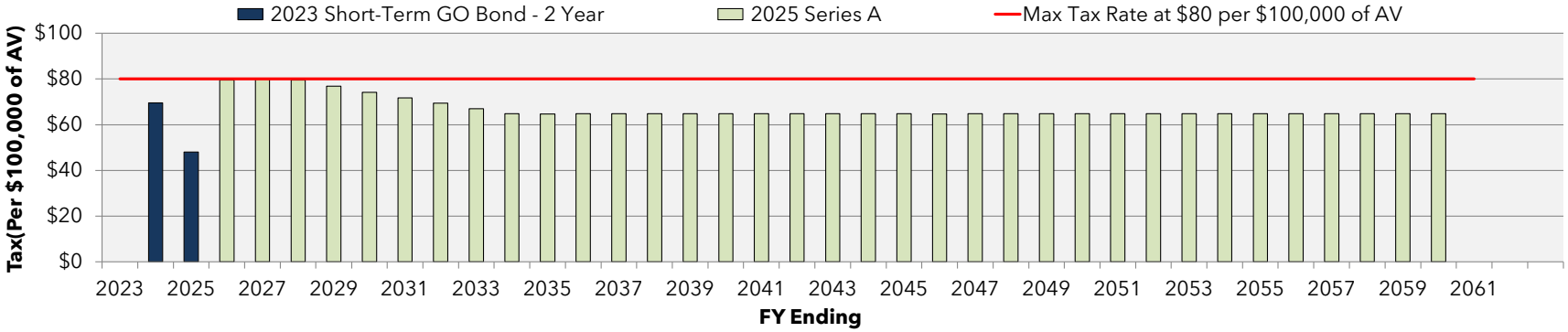
This amount would be funded through a long-term General Obligation bond issued through the public markets or USDA

(1) Assumes 3.50% growth in Assessed Value for FY 2023-24 and every year thereafter.
(2) 2023 Short-term bond assumes 4.75% coupon and 4.00% yield.

2025 GO Bond Issue (Interim Take-out)

- District could then access the USDA loan in 2025 to repay the Series 2023 interim GO Bond
- Paying off the 2023 bond in 2025 allows Assessed Value to grow as large as possible for full repayment (a USDA-backed COP loan could be sold in year 2025 as well if conditions are met)
- **The County Treasurer is required to levy at <u>whatever rate is necessary</u> to ensure full repayment of these general obligation bonds**

Seneca Healthcare District 2022 Election Projected Tax Rates [1][2]



	Interim GO Bond	2025 Series A	Total
Issue Date	8/23/2023	6/1/2025	-
Par Amount	$41,000,000	$42,000,000	$42,000,000
Project Amount	40,500,000	-	40,500,000
BAN Repayment	-	41,973,750	41,973,750
Final Maturity Date	8/1/2025	8/1/2060	8/1/2060
Repayment Ratio	1.09	2.19	2.19

(1) Assumes 3.50% growth in Assessed Value for FY 2023-24 and every year thereafter.
(2) 2025 Series A assumes 4.00% fixed interest rate from USDA (Preliminary and subject to change, 0.25% above current rate).

2025 Revenue/COP Lease (contingency)

- In 2025, the District can issue either a public sale Revenue/COP Lease or go with the USDA loan with a flexible prepayment feature to fund $24.5 million
- The 2025 Revenue/COP Lease could pre-fund a full year's worth of interest cost, preserving the general fund through fiscal 2026
- Funding date would be by Q4 2025 to match project schedule and timing of GO Bond/USDA loan
- The District would have ability to either use USDA's rates or public sale rates, whichever is more cost-effective

2025 Revenue/COP Lease Estimated Payment Schedule

Date	Principal	Interest	Gross DS	Capitalized Interest	Net DS
6/1/2026	-	$1,148,350	$1,148,350	($1,148,350)	-
6/1/2027	$370,000	1,148,350	1,518,350	-	$1,518,350
6/1/2028	385,000	1,132,625	1,517,625	-	1,517,625
6/1/2029	400,000	1,116,263	1,516,263	-	1,516,263
6/1/2030	415,000	1,099,263	1,514,263	-	1,514,263
6/1/2031	435,000	1,081,625	1,516,625	-	1,516,625
6/1/2032	455,000	1,063,138	1,518,138	-	1,518,138
6/1/2033	475,000	1,043,800	1,518,800	-	1,518,800
6/1/2034	495,000	1,023,613	1,518,613	-	1,518,613
6/1/2035	515,000	1,002,575	1,517,575	-	1,517,575
6/1/2036	535,000	980,688	1,515,688	-	1,515,688
6/1/2037	560,000	957,950	1,517,950	-	1,517,950
6/1/2038	580,000	934,150	1,514,150	-	1,514,150
6/1/2039	605,000	909,500	1,514,500	-	1,514,500
6/1/2040	635,000	883,788	1,518,788	-	1,518,788
6/1/2041	660,000	856,800	1,516,800	-	1,516,800
6/1/2042	690,000	828,750	1,518,750	-	1,518,750
6/1/2043	715,000	799,425	1,514,425	-	1,514,425
6/1/2044	745,000	769,038	1,514,038	-	1,514,038
6/1/2045	780,000	737,375	1,517,375	-	1,517,375
6/1/2046	810,000	704,225	1,514,225	-	1,514,225
6/1/2047	845,000	669,800	1,514,800	-	1,514,800
6/1/2048	885,000	633,888	1,518,888	-	1,518,888
6/1/2049	920,000	596,275	1,516,275	-	1,516,275
6/1/2050	960,000	557,175	1,517,175	-	1,517,175
6/1/2051	1,000,000	516,375	1,516,375	-	1,516,375
6/1/2052	1,045,000	473,875	1,518,875	-	1,518,875
6/1/2053	1,085,000	429,463	1,514,463	-	1,514,463
6/1/2054	1,135,000	383,350	1,518,350	-	1,518,350
6/1/2055	1,180,000	335,113	1,515,113	-	1,515,113
6/1/2056	1,230,000	284,963	1,514,963	-	1,514,963
6/1/2057	1,285,000	232,688	1,517,688	-	1,517,688
6/1/2058	1,340,000	178,075	1,518,075	-	1,518,075
6/1/2059	1,395,000	121,125	1,516,125	-	1,516,125
6/1/2060	1,455,000	61,838	1,516,838	-	1,516,838
Totals	**$27,020,000**	**$25,695,288**	**$52,715,288**	**($1,148,350)**	**$51,566,938**

Note: 2025 public sale estimated borrowing rate at 4.16%. 2025 USDA Revenue/COP Lease assume a fixed 4.00% interest rate.

Required Checklist Prior to Issuance

- CEQA Environmental Review – April 2023 est. completion date
- Planning Commission/County Board of Supervisors Public Hearing / Approval of Rezone – May-June 2023 est.
- Harvest Plan Approval – June 2023 est.
- LAFCO Approval of Service Change/Annexation – July 2023 est.
- Bond Spenddown Requirement
  - Generally, 85% of the bond proceeds of a tax-exempt issue must be spent within three years from date of issuance
- For the financings to be sold successfully, investors will require a fully entitled project that has been approved to operate

Potential Next Steps*

Date	Description
Thursday, January 26, 2023	**Board of Directors Meeting** - Introduce Plan of Finance / Information Only
Thursday, April 27, 2023	**Board of Directors Meeting** - Updated Plan of Finance / Information Only
Week of Monday, July 10, 2023	Credit Rating Presentation
Monday, July 24, 2023	Credit Rating Received
Thursday, July 27, 2023	**Board of Directors Meeting** - Considers Resolution(s) of Issuance
Wednesday, August 9, 2023	Bond Pricing of Short-Term GO Bond
Wednesday, August 23, 2023	Closing / SHD Receives Funds

* Preliminary, subject to timing changes due to discretionary approvals.

SENECA
HEALTHCARE DISTRICT

02/23/2023

The Honorable Maria Elena Durazo
California State Senate
State Capitol
Sacramento, CA 95814

RE: Senate Bill 525 (Durazo) – Oppose

Dear Senator Durazo,

On behalf of Seneca Healthcare District, a Special District created by the citizens of this state, I am writing to Oppose Senate Bill 525. Seneca Healthcare District was formed in 1947 and serves a broad community that encompasses a large underserved area in Plumas County. We operate a Critical Access Hospital, a Rural Health Clinic, and a Skilled Nursing Facility.

We are one of many hospitals in this state who are already facing skyrocketing costs of providing healthcare services, reimbursement rates that are not keeping pace with increased costs, and a State of California mandate to meet seismic requirements for the hospital by 2030 or face closure.

We have an annual budget of ~$20MN. Our community is supporting building the new hospital, and the related bond measure passed by almost 80% of the voters. Between the bond measure and loaned funds, we anticipate the new hospital to cost around $70MN and plan to break ground this summer.

If SB 525 passes without reimbursement reform, however, our CFO estimates it will impact Seneca's bottom line alone by ~$1MN in the negative. Larger healthcare facilities in areas like ours where the cost of living is lower than other areas of the state are likely to see even higher negative total dollar outlay. The impact of this could lead to a cascading effect of healthcare facility closures across the state, similar to what recently happened to Madera Community Hospital.

For these reasons, the Seneca Healthcare District respectfully opposes SB 525. Should you have any questions regarding our position, please contact me at 925-324-4186 or jlvnielsen1@gmail.com.

Sincerely,

Jerri L. Nielsen

Jerri L. Nielsen
Board President
Seneca Healthcare District

CC: Senator Dave Cortese, Chair – Senate Labor, Public Employment and Retirement Committee
Senator Brian Dahle
Senator Megan Dahle

April 27, 2023

Seneca Healthcare Board of Directors Meeting
CEO Report

Monthly Updates:

New Hospital Build Effort:
Recent activities are aligned with the moving the project through the process for approval of the General Plan Ammendment which must ultimately be approved by the Plumas County Board of Supervisors. On April 19th, Jerri, Tom McGowen (District 3 Supervisor) and I attended the Plumas County Airport Land Use Commission to seek their official vote to approve the new build location. The existing and new build fall under the Zone-6 Airport Influence Area (AIA) which states that Schools, Hospitals and Skilled Nursing units should be avoided – unless there does not exist a viable alternative location.

After presentation and discussion – ALUC unanimously voted to approve the development of the property for the new hospital. There recommendation will go forward to the Planning Commission and the Board of Supervisors.

Chelssa and Administration is beginning planning for the Ground Breaking Ceremony. The date is TBD at this point. This is open to discussion by the Board as to how you see this coming to fruition.

Legislative updates:
Several bills have been introduced into the legislator that will be tracked by Seneca and our advocacy associations. The most pressing are two (2) specifically impactful bills to watch carefully.

1. AB 869 – In committee - No updates
2. SB 525 – No updates

Clinic Centralization Project:

Centralized Patient Reception and Registration – The final touches are being completed on the space being used for centralized reception and registration. The new workflows are proving to be beneficial as it pertains to tasks being accomplished in a timely and complete manner. We will continue to adjust the process in an iterative way to optimize the new workflows.

Seneca Campus updates:

"Boneyard" - We have received preliminary drawings for the infill of the second story LAC space from Aspen Street Architects. At the time of the development of this report, we had not yet set a meeting to discuss the drawings and next steps. We will present options to the board once we are further into the process.

April 27, 2023

Lake Almanor Clinic Signage - New signage will be replacing the old wood signs outside the Lake Almanor Clinic. The new signs will be used for people entering the campus on Reynolds road to ensure directional accuracy to the Emergency Room and Hospital. Additionally, new signage will be installed at the main entrance to the clinic.

Physician & Mid-level Recruitment Update:

We have made an offer and received an acceptance for a new and permanent Family Practice provider in the Lake Almanor Clinic. Heather Smith, PA-C will be joining us in late June or early July. She will be establishing her practice and accepting new patients. She will be working alongside Dr. Walls in his current office space.

Seneca Healthcare Campus Upgrades:

- Snow is melting -
- LTC renovation continues

APRIL 2023

Seneca Healthcare District Board of Directors Meeting

CNO Report

COVID and Other Public Health Updates:

Plumas County COVID-19 By the Numbers:

- Current COVID-19 Community Level in Plumas County = **LOW****

Termination of state and federal declaration of emergency:

a. Masking mandates are changing, and recommendations are based on CDC COVID-19 Community Levels, not the transmission levels: CDC COVID Data Tracker: County View. This site is updated weekly.

b. **Due to a recent outbreak of staff COVID cases, the mask mandate was temporarily reinstated for all those entering SHD facilities to contain any potential spread. Exposure testing was also initiated for those employees who were in close proximity to those who tested positive for COVID. We hope to end the current mandate on Friday, 4/21/23.

c. The FDA has deauthorized all monovalent Covid vaccines. The CDC has determined that only bivalents may be given.

Cerner Project:

Our leadership team, in conjunction with Cerner, continues to work through multiple system "kinks", equipment needs, workflows, order sets, charge capture, and other items in preparation for go-live in June. The Seneca teams deserve major kudos.

New Critical Access Hospital:

We have completed our Schematic design phase and will be diving deep into medical equipment planning, beginning on 4/27/23. Following this we will be working on Design Development, which incorporates all the necessary details contained within every space of the new hospital. We have also had our first Exterior/Mall Design meeting to look at finish details and landscaping.

Regulatory Updates:

On 4/14/23 a CDPH surveyor arrived for an unannounced abbreviated standard survey for one facility reported incident (patient fall on LTC). No deficiency was issued, and the final written report has been received. Case closed.

Seneca Auxiliary Wish List items--Approved, 2023:

- Human Simulator (Education Department)
- Slit Lamp (Emergency Department)
- Ortho Optix Reader – partial reimbursement (Laboratory)
- New patio furniture and gardening beds (Long-term care)

Respectfully submitted,

Judy Cline, MSN, RN, PHN

Chief Nursing Officer

Jcline@senecahospital.org

SENECA
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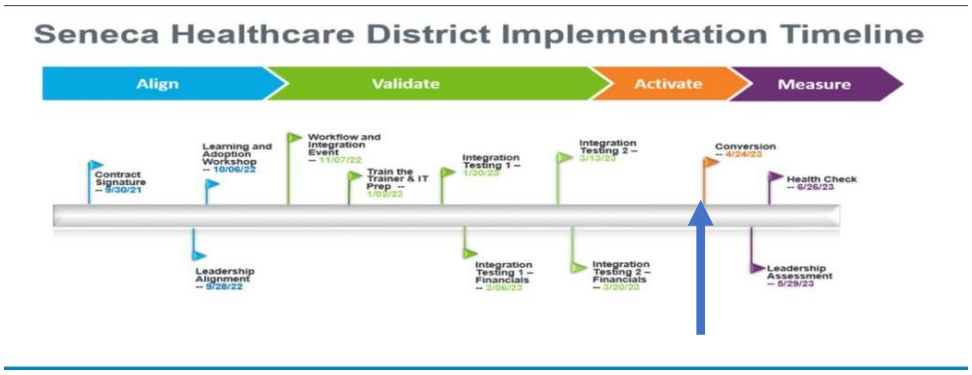

Notes for April Board Meeting

Go Live Date moved to Monday 6/5/2023

- **GO / NO GO Meeting 4/19/20**
  - Go Live delayed to 6/5/23 to ensure Interfaces and billing are as thoroughly tested as possible.

- **Weekly Meetings will continue as scheduled.**

- **All Efforts to maintain Current Cerner Staff Assigned**

- **Internal Integrated Testing**
  - 3rd Integrated Tested scheduled for the week of 5/15/2023
  - Staff will be conducting this testing the Super Users will assist only
    - This will function as ensuring all known issues are resolved.
    - Ensure the Training of the Staff was effective.
    - A couple week to solve any issues discovered 3rd round.

- **Master Patient Index (Patient Demographics)**
  - Loaded into Build environment and validated.

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- Number Data fields Reduced as confidence of entered data in old system over the last 10 years is low (i.e. Race, Ethnicity, Religion..)
- Core Data will be loaded.
  - Name, DOB, SS#, Medical Record #, Phone, Address

- **Preload plan Developed.**

- **Continued Lab Instrument testing underway**

TAB

K.a

Compliance Report

No Report Submitted

IT Department Report for April 2023 Seneca Healthcare District

Board of Directors Meeting

- Apex Wired and Wi-Fi corrective actions – Wireless access is now an option in the operating room and post anesthesia care unit. The quote requested to upgrade one office within the clinic is pending from Apex. Following installation, optimization, and testing, we will continue with the upgrade in the remaining offices. Anticipate replacement for all wireless access points by end of 2023, including hospital and outlying buildings.

- Cerner – Go-Live date has been postponed; we are waiting to receive a proposed, updated Go-Live date. This may be known at the time of the Board meeting. Until then, we are continuing to fine tune our build, continuing to enhance our knowledge, and working on business continuity preparations.

- Evident legacy discussions are under way; Evident proposed agreements are under review. Evident has informed us patients will have access to the patient portal so long as the facility is paying legacy support.

- Two proposed Medweb server replacements received. Working with Cerner to build the interface with the existing server while an alternate solution is vetted.

- Older devices salvageable from facility refresh will be considered for privacy compliant tracking boards. This will assist nurses and ancillary departments in prompt notification medication and diagnostic orders.

- Six older printers were replaced with Cerner compatible printers. Apex is working to make these available at a facility, print server level. Currently, we are making these available to the employees immediately in need within the respective departments.

List of Staff: Additions & Deletions

April 1-30, 2023

Activity/Event	Status	Job Title	Start/End Date
ADDITIONS	FT	CNA	04/24/2023
	FT	CNA	04/24/2023
CONDITIONAL ADDITIONS	None		
DELETIONS	FT	ER RN	04/05/2023

Open Positions for April 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)
- Surgical Technician (Part Time, Per Diem)
- Diet Aide/Kitchen Helper (Per Diem)
- Maintenance Worker (Full Time)

Corie Kribs, HR Assistant

Seneca Healthcare District

NEWSLETTER

Major Milestone "Cerner Go-Live"

BY SHAWN MCKENZIE, CEO

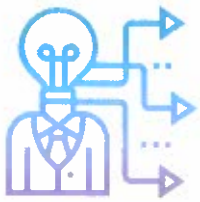
It is no secret that over the past 9 months, many Seneca staff have been working on building our new Electronic Health Record (EHR), Cerner Community Works (Cerner). The EHR acts as our main system for patient care, medical records, regulatory reporting, and billing. To say the least, transitioning to a new EHR is one of the largest and most comprehensive projects that any health system can undertake. It is a system that will be with Seneca for years to come so ensuring that it is properly developed to enhance our services and capabilities is a heavy lift.

We are scheduled to go-live on the new system on Monday, April 24th. Prior to this date, we will be conducting training for those members of our staff that will be interacting with the EHR in the daily course of their work. Most staff will have some exposure to the system and our goal is to provide as much training as possible prior to go-live. Cerner will completely replace the CSPI Evident system as our patient medical and financial accounting record. While CPSI will remain in the backdrop for access to historical patient data, we will NOT be using it in our day-to-day operations.

These past few months have been hectic, and I want to thank all those involved in this effort for doing an amazing job of balancing existing work with the need to spend time developing and testing the Cerner EHR.

Keep in mind that transitioning to a new EHR is like buying and jumping into a new car... they all have windshield wipers, lights, cruise control and such... They just may be in a different spot. Once you drive the new car for a while, it becomes second nature. You will find that by the end of May, working in Cerner will become muscle memory and a natural part of your workflow. Hang in there everyone, let us all open our minds to a new system and workflow as we meet this major milestone in Seneca's journey to the future.

We are almost there!



NOTES & NEWS

Jennie is out...

Thank you to Daphne and everyone that helped coordinate the Baby Shower for Jennie. Jennie is officially out on Maternity Leave. Don't forget Corie Kribs is your go-to gal while Jennie is out. She can assist you with general administrative and personnel HR needs.

APRIL WORK ANNIVERSARIES

1 Year
April 4th- Kelsey Driscoll
April 18th- Todd Lane
April 18th- Alysha Griffin

4 Years
April 17th- Stefanie White

5 Years
April 1st- Sherra Baker

6 Years
April 20th- Ann Holt

7 Years
April 20th- Julie Monday

8 Years
April 2nd- JoAnn Mahloch

11 Years
April 16th- David Garey

15 Years
April 11th- Shell Stoops

16 Years
April 16th- Lisa Adler

31 Years!
April 16th
Cathy Maxey

New Patient Portal ~ My Seneca

With the transition to Cerner, we will be transitioning to a new patient portal, which will be called My Seneca. More information on the patient portal will be released with the launch of Cerner. We are working on an informational flyer that will be passed out to patients, which will provide information on the new patient portal as well as the existing patient portal.

New Build Updates

Seneca staff spent several days this last month working with Building Rx, and our design-build partners The Boldt Company, and HGA to work through the schematic design for the new facility. Thank you to all the staff that has participated in this process. With the help of our staff and design-build team, we are hopeful that this will result in a beautiful facility that offers a great workflow. We are expecting the final few departments to complete meetings for the schematic design within the week. We'll be moving into design development soon, and are excited to see the details continue to come together.

The Staff Corner

Employee of the Month: Lori Ridenour

April Employee of the Month

Lorie has been a dedicated employee at Seneca for almost nine years. She has become an integral part of the Dietary Department. Lorie has been in a Lead position for 2 ½ years but has taken a lead role in the department far longer than that. Lorie is a true team leader. She is my right hand. It would be extremely difficult to do my job and run the department without her. She shows compassion for the patients, residents, and staff. She is always available to help other staff members and is the department's AM cook trainer. She helps with ordering from our various vendors, grocery shopping, attending IDT meetings, being on call, and is eager to take some classes with me to learn more of the administrative aspect of the job. She is committed to helping the department run smoothly. She takes pride in the food she cooks and is committed to putting out a quality product. She can think outside the box and find solutions to any issues that may arise. Lorie is always friendly to the staff, residents, and patients, and comes to work each day with a positive attitude and smile on her face. She is excited about our new facility and can't wait to see what our kitchen will look like. I would like to see Lorie continue her education and one day move into a managerial role.

Nominated by: Andrea Kelly, Dietary Supervisor

Q&A with Lori

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?
Respect, communication, & teamwork

What qualities do you possess that make you stand out as an excellent team member at Seneca?
I'm a team palyer, I will help everyone that needs help. I show up on time every day.

What have been your biggest accomplishments on our team?
Getting promoted to Lead Cook.

Who are some of your biggest inspirations within the company?
Andrea Kelly, Jenny Maynard, & Dorothy Price.

What is the most unique part about working here?
All the different personalities & interacting with the residents.

How have you grown professionally over the last several years?
I've learned to take on more responsibilities for my team.

What are your career goals?
My goal is to retire.

Why do you love working at Seneca Healthcare District?
I love the residents and most of the people I work with.

Departmental Updates

Emergency Department

Trevor Hadley recently passed his LVN exam!
Congratulations Trevor!

Positive Feedback

"I was treated so good. Everybody was kind. I was there for short of breath and there were instantly 3 people taking care of me.. treated like friend or family more than patient.. only place I will go"

great job, staff!

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

Ask Shawn about the time he was mistaken for Brad Pitt!

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!

Departmental Updates Continued...

Surgery/PACU

- David Vindiola, after almost 15 years with Seneca has moved on to another career. He will be very missed but we wish him all the best.

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.

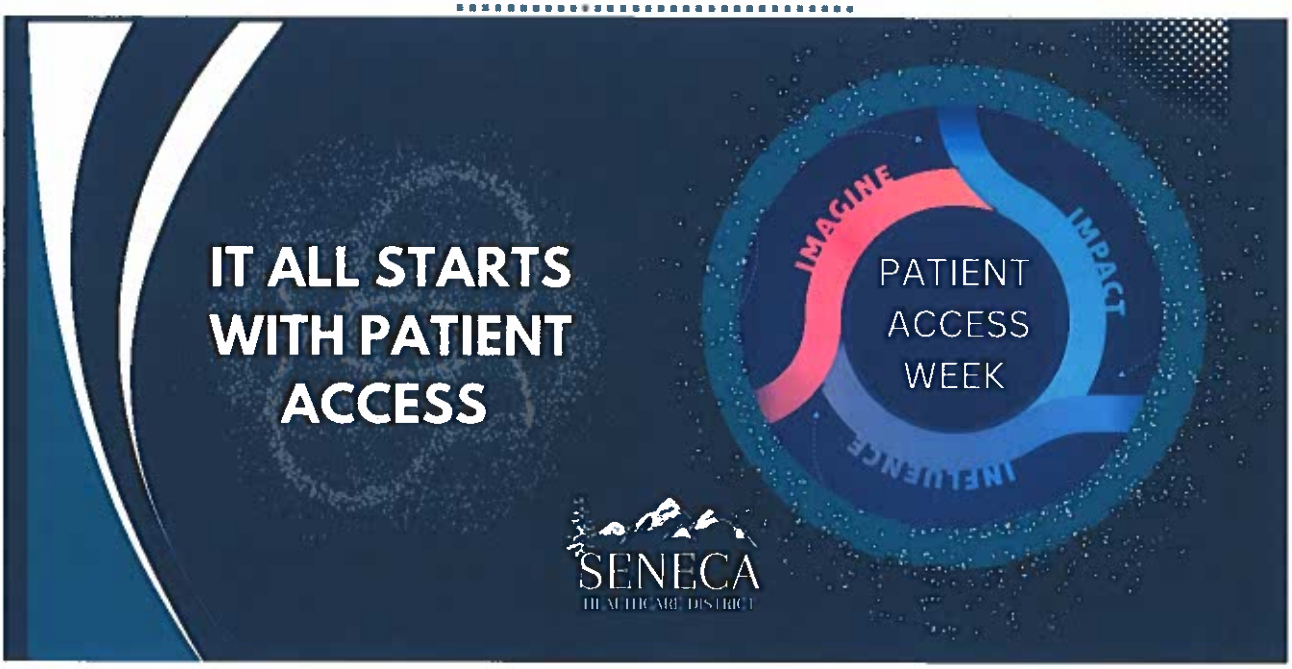
Patient Access & Health Information Professionals Weeks

Patient Access Week is celebrated from April 2-8. This week is dedicated to recognizing the vital role that our registration, scheduling, and authorization staff (hospital and clinic side) play in improving patient access to care by providing efficient, timely, and friendly customer service.

Here are a few of the tasks they perform that have a significant impact to our organization:
- Ensure that patients are covered for their medical services and the organization is reimbursed for the care it provides by capturing the proper insurance, authorizations, and collecting co-pays.
- Collect and validate correct demographics to ensure we have the right patient.
- Ensure that patients have access to the care they need in a timely manner by reducing wait times or efficiently processing referrals.

In addition, we'd like to take this opportunity to recognize Health Information Professionals Week, celebrated from April 17-21. This week is dedicated to recognizing the important role that health information professionals play in protecting, coding, and managing patient data; Health information professionals ensure that patient data is kept complete and secure and used in a way that is compliant with laws and regulations.

Both teams' commitment to our organization is invaluable, and we thank each of you for all you do.



HEALTHCARE DISTRICT

General Updates

Face Masks are Optional

Have you noticed the new signs?
Facemask use in the hospital and clinic will now be based on CDC COVID-19 Community Levels (updated weekly) but may be changed at the discretion of SHD's Infection Prevention Practitioner and administration.

CDC COVID-19 Community Level	SHD Masking Requirements
Low	Masking not required.
Medium	*Masking required when entering a patient/resident's room or when in close contact with patient/resident (within 3 feet)
High	*Masking required inside the hospital or clinic for those with possible patient/resident contact. Patients/Visitors masking required.

Masking will be maintained for at least two weeks and then reevaluated based on the current CDC Community Level.
SHD will continue to provide masks for any staff members who choose to continue wearing masks when not required.

Found a DeLorean!

This year's 4th of July parade theme is Reflections: past, present, and future.
We have found volunteers to dress up as Doc Brown and Marty McFly... We may even have miniature characters in the parade as well.
If you or anyone you know would like to participate in this year's parade, connect with Celssa. COutland@senecahospital.org or 530.258.6323

4th of July

CNA Program Update

This years CNA Program will be starting in June...

Community Wellness Dates:

WHEN:	*Tuesday, June 6,*	*7:00 am - 9:30 am*
	Wednesday, June 7,	*7:00 am - 9:30 am*
	Saturday, June 10,	*7:00 am - 9:30 am*
	Tuesday, June 13,	*7:00 am - 9:30 am*
	Wednesday, June 14,	*7:00 am - 9:30 am*

May Holidays:

- May 5th- Cinco de Mayo
- May 6th-12th- National Nurses Week
- May 7th-13th- National Hospital Week
- May 14th- Mother's Day
- May 14th-20th- National Skilled Nursing Week
- May 20th- Armed Forces Day
- May 29th- Memorial Day

Current Projects Update April 2023

- **New Build Campaign /Philanthropy**
  - Donor Tree
    - I have spoken with Terra Several times about this tree and Collins is excited to work with us on this. We are waiting for Bolt to have the final specs for the wall and the mall so we can start coming up with designs for the donor tree.
  - Continuing tracking donations and what donors will be eligible for bricks, leaves, ect.
  - The application for the federal earmark fund has been submitted and is under review. There have been no updates, I am expecting to have something in the next few weeks.
  - Donor Brief: We are waiting for the new renderings and final design before adding this information to the donor brief.

- **Our phone number 1(833)-CareSHD (227-3743)**
  - The phone transition is complete. I have worked with Linda and Kristin to determine which numbers need to stay live and redirect to the new line. We will review these again in 3 months to decide if we need to continue to keep all of these numbers.
    - Working to order new signs with updated number, new literature and business cards. Right now all the old numbers that are out to the public including literature, signage and last years phone book are still active and transfer to our main line. These are the numbers that we will monitor and eventually get rid of once we no longer have them out to the public and the public has had enough time to transition
    - Working on a digital business contact card that people can scan the qr code and add our new contact information to their phone.
- **General Marketing**
  - LACC Newsletter - Continual updates are released and ads in the LACC, we are also advertising in the highlife magazine.
  - 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!
    - The video outline has been worked out and the focus is, Seneca cares about community. – Jesse and I have been working closely to come up with the outline for the video and now are in process of working on footage. I will be connecting with staff and community members to get volunteers for the video.
  - New Build Update
    - Planning for the shovel ceremony has commenced. This is expected to take place the middle to end of June. I am working with Donna and Shawn to finalize a date for this

event.

- We will invite the community to join us for the shovel ceremony and we will also reach out to leaders of the community, county and more to invite them.

- We will continue to update the community on the timeline of the build and our progress.

- Website Updates
  - Transparency Pricing Link is added and a press release will be sent out to the community once Sarah and Steve feel everything is complete regarding this.
  - 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
    - I have received access to Cerner and am working on formatting for the portal.
    - The new patient portal will also allow Seneca to send messages directly to patients.
    - A campaign to the public will be released as well, sharing information with how to access and utilize the new patient portal.
    - MySeneca will be the name and the patient portal logo will be the following.
    - 

- **Signage for Hospital**
  - Exterior signs are in and waiting to be installed in the spring when weather permits.
    - Directional signage outside of the clinic – ordered and should be here in the next 2 weeks.
  - Interior Signage
    - Directional signage for the clinic – ordered and should be here in the next 2 weeks.

- **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.
    - <u>The next office that will transition to centralization is Dr. David Walls office. We have a letter ready to go out to patients and will connect with them regarding this prior to the transition</u>.
  - Newsletters- Our newsletters are being shared online and through social media and the public is positively responding to them.
- Community Wellness Screenings:
  - The community Wellness Screenings are being postponed to the fall. The original dates are the same time as the Cerner go live and we are worried about the extra workload this will create for staff during the go lie week.

- I have removed flyers from around town. I will update our news and media contacts with the postponement information as well as the website and send out a mass email message to everyone with the details. Social media will also be updated. We will pick new dates for the fall after the launch of Cerner.