

### REGULAR MEETING OF THE BOARD OF DIRECTORS SAN BENITO HEALTH CARE DISTRICT 911 SUNSET DRIVE, HOLLISTER, CALIFORNIA THURSDAY, FEBRUARY 27, 2025 – 5:00 P.M.

# SUPPORT SERVICES BUILDING, 2<sup>nd</sup>-FLOOR, GREAT ROOM IN-PERSON AND BY VIDEO CONFERENCE

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

Meeting ID: 991 5300 5433 Security Passcode: 007953

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

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

### **AGENDA**

Presented By:

1. Call to Order / Roll Call

(Johnson)

2. Board Announcements

(Johnson)

3. Public Comment

(Johnson)

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

### 4. Consent Agenda – General Business (pgs. 1-40)

(Johnson)

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

- A. Consider and Approve Minutes of the Regular Meeting of the Board of Directors January 23, 2025.
- B. Consider and Approve Minutes of the Special Meeting of the Board of Directors February 04, 2025.

Regular Meeting of the Board of Directors, February 27, 2025

- C. Receive Officer/Director Written Reports
  - Physician Services & Clinic Operations
  - Skilled Nursing Facilities (Mabie Southside/Northside)
  - Laboratory and Radiology
  - Foundation
  - Marketing
  - PMO Project Summary
- D. Consider and Approve Policies:
  - Cybersecurity Management Process (New)
  - Observation Status (Revised)
  - Layoff and Recall Policy (New Policy)
  - Volunteer Assignments (New Policy)
  - Payroll Policy (Revised)
  - Violence in the Workplace (Revised)

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

- ▶ Board Questions
- ► Motion/Second
- ► Action/Board Vote-Roll Call
- 5. Receive Informational Reports (pgs. 41-125)

A. Chief Executive Officer (Verbal Report)

Transaction Update

(Casillas)

(Casillas)

(Miller, Peil)

Strategy Plan

Sutter

(Walling)

- ▶ Public Comment
- B. Facilities Committee February 20, 2025.

(Robinson)

- Update on Current Projects
- Update on Pending projects
- Update on Master Plan
- ▶ Public Comment
- C. Finance Committee February 24, 2025

(Robinson)

- Financial Statements January 2025
- Finance Dashboard January 2025
- Supplemental Payments January 2025
- ▶ Public Comment

### 6. Action Items

A. Consider Approval of Lease Amendment with Ceglia Properties, LLC for in the amount of \$10,348.85 per month for a one-year extension.

Recommended Action: Approval of Lease Amendment with Ceglia Properties, LLC for in the amount of \$10,348.85 per month for a one-year extension.

Report

Regular Meeting of the Board of Directors, February 27, 2025

- Board Questions
- ▶ Public Comment
- ► Motion/Second
- ► Action/Board Vote-Roll Call
- B. Consider Approval of the Proposal for Verkada Door Access Control in the amount of \$250,004.80.

Recommended Action: Approval of the Proposal for Verkada Door Access Control in the amount of \$250,004.80.

- ▶ Report
- ▶ Board Questions
- ▶ Public Comment
- ► Motion/Second
- ► Action/Board Vote-Roll Call
- C. Consider approval of Proposal for Medi-Tech Expanse Software Upgrade in the amount of \$2,437,900.00.

Recommended Action: Approval of Medi-Tech Expanse Software Upgrade in the amount of \$2,437,900.00.

- ▶ Report
- ▶ Board Questions
- ▶ Public Comment
- ► Motion/Second
- ► Action/Board Vote-Roll Call
- D. Consider and Adopt Resolution No. 2025-02, Awarding Bid to Lowest Responsible Bidder, The Core Group for the Chemistry Analyzer with the amount of \$1,019,900.00.

Recommended Action: Approval to Adopt Resolution No. 2025-02, Awarding Bid to Lowest Responsible Bidder, The Core Group, for the Chemistry Analyzer in the amount of \$1,019,900.00.

- ▶ Report
- **▶** Board Questions
- ▶ Public Comment
- ► Motion/Second
- ► Action/Board Vote-Roll Call
- E. Consider Approval for Print Services Agreement with Weizix in the amount of \$16,926.00 per month.

Recommended Action: Approval of Proposal for Print Services Agreement.

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

7. Public Comment (Johnson)

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

Regular Meeting of the Board of Directors, February 27, 2025

### 8. Closed Session

(Johnson)

See the Attached Closed Session Sheet Information.

### 9. Closed Session Report

(Counsel)

10. Adjournment (Johnson)

The next Regular Meeting of the Board of Directors is scheduled for Thursday, March 27, 2025, at 5:00 p.m., Great Room.

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

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

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

Please note that room capacity is limited and is available on a first come first serve basis.

### SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS February 27, 2025

### AGENDA FOR CLOSED SESSION

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

### **CLOSED SESSION AGENDA ITEMS**

	LICENSE/PERMIT DETERMINATION (Government Code §54956.7)
	Applicant(s): (Specify number of applicants)
	CONFERENCE WITH REAL PROPERTY NEGOTIATORS (Government Code §54956.8)
$\boxtimes$	CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION (Government Code §54956.9(d)(1))
	Name of case: Sylvia Morgan, M.D. v. Hazel Hawkins Memorial Hospital, San Benito County Superior Court Case No. CU-25-00025
	Case name unspecified:
	CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION (Government Code §54956.9)
	LIABILITY CLAIMS (Government Code §54956.95)
	Claimant: (Specify name unless unspecified pursuant to Section 54961):  Agency claimed against: (Specify name):
	THREAT TO PUBLIC SERVICES OR FACILITIES (Government Code §54957)
	Consultation with: (Specify the name of law enforcement agency and title of officer):
	PUBLIC EMPLOYEE APPOINTMENT (Government Code §54957)
	Title:
	PUBLIC EMPLOYMENT (Government Code §54957)
	Title:

	PUBLIC EMPLOYEE PERFORMANCE EVALUATION (Government Code §54957)
	(Specify position title of the employee being reviewed):
	Title:
	PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE (Government Code §54957)
	(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)
	CONFERENCE WITH LABOR NEGOTIATOR (Government Code §54957.6)
	Agency designated representative: Employee organization: Unrepresented employee:
	CASE REVIEW/PLANNING (Government Code §54957.8) (No additional information is required to consider case review or planning.)
	REPORT INVOLVING TRADE SECRET (Government Code §37606 & Health and Safety Code § 32106)
	Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):
	1. Trade Secrets, Strategic Planning, Proposed New Programs, and Services.
	Estimated date of public disclosure: (Specify month and year):
×	HEARINGS/REPORTS (Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106)
	<b>Subject matter</b> : (Specify whether testimony/deliberation will concern staff privileges, report of medica audit committee, or report of quality assurance committee):
	1. Report – Credentials
	CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW (Government Code §54956.86)
	(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

ADJOURN TO OPEN SESSION



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

THURSDAY, JANUARY 23, 2025 5:00 P.M. MINUTES

### **Directors Present**

Bill Johnson, Board Member Devon Pack, Board Member Victoria Angelo, Board Member Nick Gabriel, Board Member Josie Sanchez, Board Member

### Also Present

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

### 1. Call to Order/Roll Call

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

### 2. Public Comment

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

### 3. Closed Session

President Johnson announced the items to be discussed in Closed Session as listed on the posted Agenda: Conference with Labor Negotiator, CEO, Government Code §54957.6 and Hearing/Reports, Quality of Care/Peer Review/Credentials, Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b).

The members of the board entered into a closed session at 5:04 pm.

### 4. Reconvene Open Session/Closed Session Report

The Board of Directors reconvened to open session at 5:45 pm. Counsel stated that two (2) items were discussed: 1) Conference Labor Negotiator and Hearing/Reports.

No reportable action was taken regarding the conference with the labor negotiator. Under hearings and reports, the Quality of Care report was received, and the Credentials report was received and approved by the Board, which voted unanimously to 5-0 to accept the Credentialing report.

### 5. Board Announcements

No announcements to report.

### 6. Public Comment

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

Public comment was received.

### 7. Consent Agenda - General Business

- A. Consider and Approve Minutes of the Regular Meeting of the Board of Directors December 19, 2024.
- B. Receive Officer/Director Written Reports No action required.
  - Provider Services & Clinic Operations
  - Skilled Nursing Facilities (Mabie Southside/Northside)
  - Laboratory and Radiology
  - Foundation Report
  - Public Relations
  - PMO Project Summary Report

### C. Consider and Approve Policies:

- Employee Physical Examination and New Hire Screening
- Oral Contrast for CT Procedures
- Work Hours, Scheduling, and Employee Classification
- Discrimination, Harassment, and Retaliation Prevention
- Leaves of Absence
- Discharge Planning Multidisciplinary Process
- Vacuum Assisted Delivery
- Discharge Planning
- Spiritual, Emotional, and Attitudinal Support
- SBHCD Flexible Time Off
- D. Consider and Approve Resolution No. 2025-01 Amending The Conflict of Interest Code.

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

**MOTION:** By Director Angelo to approve the Consent Agenda – General Business, Items (A-D), as presented; Second by Director Pack.

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

### 8. Receive Informational Reports

### A. Chief Executive Officer

- Transaction Update LOI/Term Sheet Review
- Ad Hoc Committee Report

Mary Casillas provided the CEO report, and Mr. Peil, of B. Riley, the District's consultant provided a presentation, which is included in the board packet. Directors Pack and Gabriel provided an update to the board regarding the Ad Hoc committee meeting.

An opportunity was provided for public comment and public comment was received.

### B. Chief Nursing Officer

Dashboard – December 2024

Karen Descent provided the CNO report, which is included in the board packet.

An opportunity was provided for public comment, and public comment was received.

### C. Facilities Committee

- 1. Review Facilities Updates December 2024.
  - Current Projects
  - Pending Projects
  - Master Plan SPC-4d

Mr. Robinson reviewed the Facilities report, which is included in the packet.

An opportunity was provided for public comment, but no public comment was received.

### D. Finance Committee

- 1. Review Financial Updates December 2024
  - Financial Statements
  - Finance Dashboard
  - Supplemental Payments

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

An opportunity was provided for public comment, and no public comment received.

### 9. Action Items

A. Consider and Approve Professional Services Agreement with Bay Area Gynecology, Inc. for a Two-Year Term.

**MOTION:** By Director Pack to approve the Professional Services Agreement with Bay Area Gynecology, Inc. for a Two-Year Term, Second by Director Sanchez.

An opportunity was provided for public comment, and public comment was received.

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

B. Consider and Approve Proposal for Wireless Network Upgrade in the amount of \$270, 014.

<u>MOTION</u>: By Director Angelo to approve Proposal for Wireless Network Upgrade in the amount of \$270,014, Second by Director Gabriel.

An opportunity was provided for public comment, and public comment was received.

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

C. Consider and Approve Incentive Goals for the Chief Executive Officer.

**MOTION:** By Director Sanchez to approve Incentive Goals for the Chief Executive Officer, Second by Director Johnson.

An opportunity was provided for public comment, and no public comment was received.

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

### 10. Adjournment:

There being no further regular business or actions, the meeting was adjourned at 7:23 p.m. The next Regular Meeting of the Board of Directors is scheduled for Thursday, February 27, 2025, at 5:00 p.m.



# SPECIAL MEETING OF THE BOARD OF DIRECTORS SAN BENITO HEALTH CARE DISTRICT SUPPORT SERVICES BLDG., 2<sup>ND</sup> FLOOR - GREAT ROOM IN-PERSON AND BY ZOOM VIDEO CONFERENCE TUESDAY, FEBRUARY 4, 2025 12:00 PM

### **MINUTES**

### **Directors Present**

Bill Johnson, Board Member Devon Pack, Board Member Victoria Angelo, Board Member Nick Gabriel, Board Member Josie Sanchez, Board Member

### Also Present

Mary Casillas, Chief Executive Officer
Amy Breen-Lema, VP, Ambulatory & Physician Services
Suzie Mays, VP, Information & Strategic Services
Laura Garcia, Executive Assistant

### 1. Call to Order-Roll Call

President Johnson called the meeting to order at 12:00 PM. A quorum was present, and attendance was taken by roll call. Directors Johnson, Pack, Angelo, Gabriel, and Sanchez were present.

### 2. Consider and Approve the Delineation of Privileges for Obstetrics and Gynecology

Brittney Slibsager, Director of Medical Staff and Michael Bogey, MD, Chief of Staff provided a report, which is included in the packet.

During Board discussion the recommendation is to speak with the general surgeons to ensure they are comfortable to support patients postoperatively.

**MOTION:** By Director Pack to approve the Delineation of Privileges for Obstetrics and Gynecology with the recommendations provided by the Board; Second by Director Gabriel.

An opportunity was provided for public comment, and none was received.

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

### 3. Adjournment:

There being no further business or actions, the meeting was adjourned at 12:11 p.m.

The next Regular Meeting of the Board of Directors is scheduled for Thursday, February 27, 2025 at 5:00 p.m.

Audio of the Special Board Meeting may be found on the District's website at <u>Healthcare</u> Services Hollister, CA | Hazel Hawkins Memorial Hospital.



To:

San Benito Health Care District Board of Directors

From:

Amy Breen-Lema, Vice President, Clinic, Ambulatory & Physician Services

Date:

February 11, 2025

Re:

All Clinics – January 2025

### **Rural Health and Specialty Clinics**

Clinic location	Monthly visits total
Orthopedic Specialty	349
Multi-Specialty	653
Sunset	616
Primary Care & Surgical Specialty	232
San Juan Bautista	248
First Street	587
Fourth Street	1,160
Barragan	772
Total	4,617

- Provider recruitment activities with anticipated start dates by specialty:
  - Gynecology/Oncology: Dr. James Lilja February 13, 2025
  - Rheumatology: Dr. Lorilee Sutter will be rejoining the clinics in April 2025
  - Endocrinology: Dr. Bilal Ahmed Pending a start date in April 2025
  - Pediatrics: Dr. Jaspal Hothi February 2025
  - Family practice: Stephanie Smith, P.A. February 2025
- Dr. Saiham Shahabuddin, a current hospitalist and internal medicine specialist, began treating patients at the Barragan Family Healthcare and Diabetes Center in mid-January. His expertise in internal medicine has been met with enthusiasm from patients, providers, and staff, as he fills a critical gap in patient care.



# Mabie Southside/Northside Skilled Nursing Facility Board Report – February 2025

To: San Benito Health Care District Board of Directors

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

1. Census Statistics: January 2025

Southside	2025	Northside	2025
Total Number of Admissions	11	Total Number of Admissions	4
Number of Transfers from HHH	10	Number of Transfers from HHH	3
Number of Transfers to HHH	1	Number of Transfers to HHH	3
Number of Deaths	0	Number of Deaths	2
Number of Discharges	7	Number of Discharges	2
Total Discharges	7	Total Discharges	2
Total Census Days	1282	Total Census Days	1,465

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

2. Total Admissions: January 2025

Southside	From	Payor	Northside	From	Payor
9	ННМН	Medicare	2	ННН	Medicare
1	O'Connor	Medicare	1	HHH/re-admit	CCA
1	ННМН	Medi-Cal	1	<b>Cupertino Post</b>	CCA
				Acute	

Total: 11 Total: 4

3. Total Discharges by Payor: January 2025

Southside	2025	Northside	2025
Medicare	7	Medicare	0
Medicare MC	0	Medicare MC	0
CCA	0	CCA	1
Medical	0	Medical	0
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	0	Hospice	1
Private (self-pay)	0	Private (self ay)	0
Insurance	0	Insurance	0
Total:	7	Total:	2

4. Total Patient Days by Payor: January 2025

Southside	2025	Northside	2025
Medicare	334	Medicare	44
Medicare MC	0	Medicare MC	0
CCA	775	CCA	1183
Medical	18	Medical	194
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	124	Hospice	36
Private (self-pay)	31	Private (self-pay)	0
Insurance	0	Insurance	0
Bed Hold / LOA	0	Bed Hold / LOA	8
Total:	1282	Total:	1465
Average Daily Census	41.35	<b>Average Daily Census</b>	47.26



To:

San Benito Health Care District Board of Directors

From:

Bernadette Enderez, Director of Diagnostic Services

Date:

February 2025

Re:

**Laboratory and Diagnostic Imaging** 

### **Updates:**

### Laboratory

1. Quality Assurance/Performance Improvement Activities

- Update on chemistry analyzer project → Assay validation started 1/6/2025. Estimated completion date:
   05/2025.
- Phase 2A construction update → bids opened 2/19/25. Estimated start of construction: 4/2025

### 2. Laboratory Statistics

	January 2025	2025 YTD
Total Outpatient Volume	4544	4544
Main Laboratory	1337	1337
Mc Cray Lab	950	950
Sunnyslope Lab	412	412
SJB and 4 <sup>th</sup> Street	82	82
ER and ASC	1763	1763
Total Inpatient Volume	173	173

### **Diagnostic Imaging**

- 1. Service/Outreach
  - Final stages on preparation for new service offering- low dose lung cancer screening
- 2. Quality Assurance/Performance Improvement Activities
  - Time studies on procedures and workflow audits



### 3. Diagnostic Imaging Statistics

	January 2025	2025 YTD
Radiology	1882	1882
Mammography	688	688
СТ	946	946
MRI	199	199
Echocardiography	110	110
Ultrasound	800	800



TO: San Benito Health Care District Board of Directors

FROM: Liz Sparling, Foundation Director

DATE: February 2025
RE: Foundation Report

The Hazel Hawkins Hospital Foundation Board of Trustees met on February 13 and had one presentation. Kyle Sharp with Edward Jones Investments presented an update to our Portfolio.

Financial I	Report	January
1.	Income	\$ 5,606.26
2.	Expenses	\$ 4,400.00
3.	New Donors	5
4.	<b>Total Donations</b>	168

- FY 24 Audit Review Our clean audit was presented and is posted on the Foundation website.
- \$2,731.20 for ER Waiting Room Benches and Chairs from the 2024 Dinner Dance Funds.

### **Directors Report:**

- Our end of year tax letters were mailed in mid-January to all donors of 2024.
- Our website has been updated with our new Board members and I gave a tour to Kim and Kyle earlier this week. Dr. Bogey and Amy Breen Lema helped with the tour too. TY.
- Dr. LaCorte and I had a meeting this week and she requested to order 30 more blankets for the End of Life Services here at HHMH. The impact of this program has been felt through the patients, and their families and the staff here. She is very thankful for our Foundation's support.
- We will start gearing up for our All for 1 Employee Giving Campaign that will run the month of April. If you would like to donate a gift card or wine for prizes, please let me know.

### **Dinner Dance Report:**

• Pleased to announce that our Committee has selected to have our event this year at Leal Vineyards on November 8, 2025. Save the Date!

### **Fundraising Committee:**

 As of February 12, 2025, there have been 1694 total donations to our current campaign, "Invest in the Future of San Benito County Health Care, We Deserve It" totaling \$1,144,831.34 plus the \$100K pledge from the Community Foundation.

### **Scholarship Committee:**

 Our 2025 Foundation Scholarship Applications are posted on our website and available at the Hospital front desk. They are for graduating seniors and students in higher education programs in the medical field. Applications are due April 1st.



### **Board of Director's Report February 2025**

Marketing/Public Relations

### MARKETING

### Social Media Posts

• 30	cidi media rosis			
Title			Date published ↓	Reach 10 14
<b>F</b>	We are pleased to be able to share this valuable information from a community partner f  Photo • Hazel Hawkins Hospital	Boost	Mon Feb 17, 10:00am	191
9	President's Day Holiday Hours Monday, February 17, 2025 The Emergency Department is  Photo Hazel Hawkins Hospital	Boost	Mon Feb 17, 7:00am	184
6	President's Day Holiday Hours Monday, February 17, 2025 The Emergency Department is  Photo Hazel Hawkins Hospital	Boost :	Sun Feb 16, 1:15pm	163
	We are pleased to be able to share this valuable information from a community partner f  Photo: • Hatel Hawkins Hospital	Boost =	Fri Feb 14, 11:33am	263
= To	Consider giving the 'Gift of Life' by donating blood. Our next Blood Drive takes place on., Shoto Hazel Hawkins Hospital	Boost	Thu Feb 13, 11:23am	221
A	STATEMENT REGARDING LETTER FROM SUTTER HEALTH On February 5, 2025, the San B  Hazel Hawkins Hospital	Boost	Thu Feb 13, 11:14am	359
- AO	Last Friday we gathered at Mabie Southside to celebrate the retirement of housekeeper,    Photo • Hazel Hawkins Hospital	Boost	Wed Feb 12, 3:24pm	2.1K
e e	This afternoon our HHH Leadership team is participating in a joint tabletop exercise with  Photo Hazel Hawkins Hospital	Boost	Mon Feb 10, 3:37pm	783
(P	Today we wore red in support of the American Heart Association and their promotion of  Photo • • Hatel Hawkins Hospital	Boost	Fri Feb 7, 3:08pm	921
a a	We'll be wearing Red on February 7 to promote Early Detection and Prevention of Heart  Photo ·   Hazel Hawkins Hospital	Boost	Thu Feb 6, 11:17am	367
11. (11.	Join the Hollister Police Department by giving the "Gift of Life" and donating blood at this Photo   Hazel Hawkins Hospital	Boost	Wed Feb 5, 10:00am	244
9	A beautiful double rainbow to brighten a stormy day!  Photo: • Hazel Hawrions Hospital	Boost	Tue Feb 4, 3:27pm	640
.0	NEW YEAR NEW CUTLOOK A Brighter Future Ahead for Hazel Hawkins Memorial Hospit  Photo American Hazel Hawkins Hospital	Boost	Thu Jan 30, 1:58pm	632
<u>=</u> 6	Stop by Hazel's Treasures for their 50% BLOWOUT SALE taking place through February 1  Photo Hazel Hawkins Hospital	Boost	Tue Jan 28, 11:17am	344
2.	In observance of Martin Luther King Day on Monday, January 20, we have the following  Photo • Hazel Hawkins Hospital	Boost	Mon Jan 20, 6:03am	286



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### **EMPLOYEE ENGAGEMENT**

### **Employees:**

- Hazel's Headlines
- Sponsoring softball team for employees at Northside SNF
- National Wear Red Day/Casual for a Cause for women's cardiovascular disease awareness
- Valentine's day events for employees
- National Tater Tot Day Free tater tots for employees
- National Pancake Day Free pancakes for employees

### **MEDIA**

### Public:

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

- Press Releases:
  - Media Statement regarding letter from Sutter Health

### COMMUNITY

- Published community newsletter
- Provided 40 first aid kits for Hollister Little League
- Sponsoring team for Hollister Heat softball
- Stanford Blood Drive at HHH on 2/19/25

# Project Dashboard - February Board

Project Name	Purpose	Start Date	Go live	Duration	Status	Priority	HCAI I	HCAI Key Stakeholder Role		Update
Inovalan	Nurse Scheduling Software	12/6/2024	3/2/2025	98	in Progress	Low	1	Jac Fernandez	Senior Director of Acute Care Services	Import List prepared, new PMO team assigned from Inovalon. Staff Training Due 2/13 for next steps
Trakstar	Employee Performance Reviews	9/3/2024	2/28/2025	178	III Progress	High	1	Drew Tartala	Director Human Resources	SFTP connection vertied and working. Final list was reviewed 2/10 and has been sent to production
HUGS/Securitas	Infant Security	4/12/2024	5/1/2025	384	In Propess	High		Jac Femandez	Senior Director of Acute Care Services	Wi-Fi has been approved and installation has begun. HCAI paperwork pending, confirming scope with Treanor. Next up scheduling clinical and technical team workshops
BD Installation	New Pyxis Machines	12/4/2024	TBD		79. 20.	Medium		Naveen Ravela	Pharmacy Director	ICU units verified and will need to go through HCAI. Internal stakeholder meeting scheduled 2/12 to verify plan and see if units are actually required. All inventory ordered has been located and verified
BD Pharmacy Keeper	IV Compounding Verification   11/14/2024	11/14/2024	TBD		Produce Produce	High	_	Naveen Ravela	Pharmacy Director	Consensus was to move ahead with the bi-directional interface, pending official quote from Meditech

# Project Dashboard - February Board

Imeline:  1/3 – Alinity-ci analyzer Installation – completed 1/6-2/14 – Assay Integration (6-weeks) – in progress 2/17-3/28 – Informatics build / testing (6-weeks) 4/2 - Go-Live in temporary space TBD - Relocate Alinity- ci analyzers into Core Lab when remodel	The daily import file has been verified for staff and physicians. Pending Payrall integration specs for Meditech. Additional licenses purchased for volunteers. If and PMO to access platform	Go live date is TBD, we are continuing to have technical difficulties.  Nursing work flows are being re-verified and validated to ensure Hiculty team is following our protocols. Philips PO being issued to have them onsite	Conducting additional walkthrough to ensure directions are appropriate. Meeting es scheduled with Right Hear regarding markeiing strategy to the staff and the public
Lab/Radiology Director	Cerlified Dietary Manager	Senior Director of Acute Care Services	VP Information & Strategic Services
Bernadette Enderez	Jessica Kopeczy	Jac Fernandez	Suzie Mays
High	Medium	High	Low
in Progress	in Progress	Progress	lin Progress
TBD	3/31/2025 209	OEL.	TBD
	9/3/2024	9/5/2024	10/28/2024
Updated Lab Equipment	Café POS / Swipe to Pay for Meals	ICU/Medsurg remote telemetry	ADA Accessibility for Bluetooth Campus Navigation
ABBOTT Lab Rebuild	Верог	Hicuity	Right Hear

# Project Dashboard - February Board

	Not Not High Started	Mendi Sı Venfura	Jber-	Director of Surgical Services	proposal, Treanor provided OR Mechanical Upgrade Study Report on 1,21
	In Progress	Salo	Salomon Mercado	Director of Inf Tech	Install started
	II.	Doni	Doug Mays	Senior Director Support Services	Fire Wrap amended construction document needs approval
11/18/2024 TBD	Progress High	Dou	Doug Mays	Senior Director Support Services	Next steps TBD
4/25/2024 TBD	in Progress High	Bernade Enderez	tte	Lab/Radiology Director	Project in process
6/3/2024 TBD	Ongoing High	Bern End≰	<b>⊕</b>	Lab/Radiology Director	Going out to bid for General Contractor to manage the subs. Target bid opening 2/20 for board meeting on 2/27
Engineering to complete TBD TBD TBD	Medium state of the state of th		Doug Mays	Senior Director Support Services	Letter received from the state showing SSB is not under OSHPD. Project to move ahead
Upgrade to Meet HCAI Seismic Compliance & Safety TBD Standards	Ongoing High	Dou	Doug Mays	Senior Director Support Services	Meeting with HCAI for grant on 2/5. Pending Treanor details from work completed related to seismic
TBD TBD	On Hold Low	Bernade Enderez	Bernadette Enderez	Lab/Radiology Director	Proposal submitted
11/1/2025 TBD	On Hold High	Bernade Enderez	Bernadette Enderez	Lab/Radiology Director	Meeting to be scheduled to discuss requirements
TBD TBD	On Hold Medium		Bemadette Enderez	Lab/Radiology Director	Proposal Submitted, Traenor to provide recommendation,
Security / SSO + Door Access TBD TBD	Not Started	Jorg	Jorge Ramirez	Director of Emerg Mgmt & Security	Bids received, pending internal review
Replace current engineering 1/1/2025 TBD ticketing system	Traitin		Doug Mays	Senior Director Support Services	Completed kickoff call & project rales, Next step is to define scope of service.
Replace an existing fire rated corridor double door by the 1/29/2025 TBD cafeteria in the main hospital	in Medium		Doug Mays	Senior Director Support Services	Treanor proposal received, GC selected, pending quote (OSHPD/HCAI required)

Project Dashboard - February Board

Totals			-	-			_	_	-
TASK STATUS %									
STATUS	COUNT	*				estimated ao-li			
Not Started	2	%6				pianned go live	0 0		
In Progress	16	20%				possible new/not	ō		
Overdue	0	%0			]		1		
On Hold	၉	13%							
Ongoing	2	%6							
TOTAL	23	100%							
PROJECT PRIORITY %			PENDING ITEMS	MS					
PRIORITY	COUNT	%	Sections						
High	14	61%	Chons						
Medium	9	26%	Change Requests						
Low	3	13%							
TOTAL	23	2001							



# Memorandum

To:

**Board of Directors** 

From: Suzie Mays

Vice President, Information & Strategic Services

Date: February 10, 2025

Re:

**Policies for Approval** 

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

Policy Title	Summary of Changes
Cybersecurity Management Process	New policy.
Observation Status	Changed observation status from 24 hours to 48 hours.
Layoff and Recall Policy	New policy.
Safety and Health Recordkeeping	New policy.
Volunteer Assignments	New policy.
Payroll Policy	Updated to reflect upcoming changes in regards to actual time worked.
Violence in the Workplace	Revised to better align with Workplace Violence Program.



## **Cybersecurity Management Process**

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### **Approvals**

Committee Approval: Policy & Procedure Committee approved on 2/6/2025

 Signature: Suzie Mays, Vice President, Information & Strategic Services signed on 2/3/2025, 9:45:47 AM

 Signature: Suzie Mays, Vice President, Information & Strategic Services signed on 1/29/2025, 1:50:16 PM

### **Revision Insight**

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Salomon Mercado, IT Director

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**Revision Note:** 

Change title to Cybersecurity Management Process Policy & Procedure



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12281

Revision:

0

Status: Pending Committee

Approval

Department:Information Technology

Manual(s):

# Policy: Cybersecurity Management Process

### **OVERVIEW**

Sufficient security measures are essential to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with the HIPAA Security Rule.

### **PURPOSE**

To ensure that security violations of Electronic Protected Health Information (ePHI) are prevented, detected, contained, and corrected and provide details of San Benito Health Care District (SBHCD) responsibilities and procedures related to the Security Management Process.

### **SCOPE**

This policy and procedure covers appropriate Security Management Process actions, activities, and assessments and applies to all employees, vendors, and agents operating on behalf of SBHCD.

### **DEFINITIONS**

For definitions of capitalized terms or phrases, please refer to *Privacy*, *Security and Breach Notification Glossary*.

### **POLICY**

SBHCD will properly document and implement any Security Management Process actions, activities and assessments as necessary to comply with SBHCD Data Governance Policies and Procedures and the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, to include:

- a. **Risk Analysis (Required).** SBHCD will conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the Confidentiality, Integrity, and Availability of ePHI held by SBHCD.
- b. **Risk Management (Required)**. SBHCD will implement security risk management measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate

level, ensuring the protection of sensitive personal information against unauthorized access, use, destruction, or disclosure. This commitment aligns with the requirements outlined in California Civil Code § 1798.81.5, which mandates that businesses maintain reasonable security procedures and practices to safeguard personal information.

c. **Sanctions Policy (Required).** SBHCD will apply appropriate sanctions against workforce members who fail to comply with SBHCD's security policies and procedures or who engage in system misuse, abuse or fraudulent activity.

**Information System Activity Review (Required).** SBHCD will implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports to maintain ongoing understanding of activity in information systems that create, maintain, process, or transmit ePHI.

### **PROCEDURE**

### 1. General Rules

- a. SBHCD's Security Officer will direct and manage the Security Management program and operations.
- b. SBHCD's Security Officer or Designee will maintain an inventory of systems and devices, including all hardware and software, as well as the owners of the devices, that are used to create, receive, maintain, collect, store, process, or transmit ePHI and as classified in Security Policy #22, Data Governance and Data Classification.
  - i. This information will be documented in the inventory/ticketing system. Any additions or changes in the inventory/ticketing system should comply with Security Policy #3, Workforce Security.
- c. SBHCD's Security Officer will periodically direct or perform a criticality analysis (Refer to Security Policy # 7, Contingency Plan) and determine the value and relative desired assurance levels for each asset identified; consider the levels needed to ensure Confidentiality, Integrity and Availability; and ensure that ePHI components are identified and included.
- d. SBHCD's Security Officer will analyze business functions from time to time and verify ownership and control of information system elements as necessary.
- 2. Risk Analysis SBHCD's Security Officer will direct or conduct an accurate and thorough assessment of the potential threats and vulnerabilities to the confidentiality, integrity, and availability of systems with ePHI.
  - a. Periodically conduct or review the internal risk analysis or utilize a qualified external consultant as time and resources permit. Risk Analysis procedures must involve the following steps, whether conducted internally or externally. The methodology will

meet the guidance recommended by the Office for Civil Rights and documented in the National Institute of Standards and Technology's (NIST) Special Publication 800-30, Revision 1 – Guide for Conducting Risk Assessments.

- ь. Risk Analysis Procedures. The Risk Analysis process includes:
  - i. Scope of the analysis including the potential threats, risks and vulnerabilities to the confidentiality, availability and integrity of the e-PHI that SBHCD creates, receives, maintains, or transmits.
  - ii. Data collection requires SBHCD to identify information systems and infrastructure that create, store, receive maintain, or transmit ePHI and the development of a comprehensive inventory.
  - iii. Identify and document reasonably anticipated threats and vulnerabilities to ePHI.
  - iv. Threat identification Identification of potential threats to the confidentiality, integrity and availability of ePHI, such as natural, human or environmental threats.
  - v. Vulnerability identification Vulnerabilities of ePHI identified by reviewing vulnerability sources and performing security assessments. A vulnerability can be a flaw or weakness in system security procedures, design, implementation, or internal controls that could be triggered or exploited by a threat and would create a risk of inappropriate access to or disclosure of e-PHI.
  - vi. Assess and document current security measures in place that are designed to protect ePHI, determined if they are configured and used properly, and detect security incidents.
  - vii. Determine the likelihood of reasonably anticipated threat occurrence and document the threat and vulnerability combinations with the associated likelihood estimates. The identified risk likelihood rating is based on the probability that a particular vulnerability is exploited by an actual threat. Three factors are considered when assigning the rating: (a) type of vulnerability, (b) existence and effectiveness of current security controls and (c) threat motivation and capability.
  - viii. Determine the potential impact of threat occurrence. The identified risk criticality or impact should be documented for all potential impacts to the confidentiality, integrity or availability of ePHI if a threat successfully exploits a vulnerability.
  - ix. Determine the level of risk for all threat and vulnerability combinations identified. Each risk is comprised of a unique threat-vulnerability combination and is analyzed in terms of its anticipated impact and its likelihood of occurring. The information obtained in the steps above is used to identify the level of risk to ePHI, where Risk = Likelihood X Impact.

- x. Finalize documentation of the Risk Analysis and retain according to Policy 20 Documentation and Record Retention of SBHCD HIPAA Privacy Policies & Procedures.
- xi. Conduct periodic review and updates to the Risk Analysis on an ongoing basis.
- xii. SBHCD updates the Risk Analysis at least annually and uses the Risk Analysis as a direct input to the Risk Management process.
- xiii. The Risk Analysis is also updated when environmental or operational changes arise that impact the confidentiality, integrity or availability of ePHI. Such changes include: (i) new threats or risks that potentially impact ePHI; (ii) security incidents that impact ePHI; (iii) changes to SBHCD's information security requirements or responsibilities that impact ePHI (e.g., new state or federal regulation, new role defined at SBHCD, new or modified security control has been implemented); (iv) changes to SBHCD's organizational or technical infrastructure that potentially impacts ePHI (e.g., addition of a new network, new hardware/software standard implemented, new method of accessing ePHI); and (v) significant hardware and software upgrades.
- xiv. Survey the controls and costs of safeguards (technical and administrative). Incorporate safeguards that produce an expected annual cost savings based on the annual loss expectancy or are otherwise necessary to meet the requirements of the HIPAA Security Rule or other mandates. Consider the reasonableness and appropriateness of security controls selected, considering factors specific to the organization (e.g., size, environment, operating changes, and configuration).
- c. Develop a risk action plan that includes:
  - i. Steps to be taken to reduce the risks above threshold to an acceptable residual level below the threshold;
  - ii. Risk Owners who are responsible for addressing the risk treatment; and
  - iii. Governance evaluation and sign-off on risk treatment recommendations.
- d. SBHCD's Security Officer will ensure all assets, security controls, risk ratings, and vulnerability reports are documented and communicated to senior management for prioritization of resources to resolve any risks that are above the acceptable threshold.
- 3. **Risk Management** SBHCD will implement security measures sufficient to reduce threats and vulnerabilities to a reasonable and appropriate level to comply with 45 C.F.R. §164.306(a).
  - a. Ensure personnel are adequately trained with respect to information security policies and procedures, including relevant threats, vulnerabilities and countermeasures.
  - b. Leverage the results of information system activity reviews and evaluation programs to identify and address areas of deficiency.

- c. Conduct technical evaluations (e.g. vulnerability testing, penetration testing), as applicable.
- d. Consider other relevant inputs (e.g., incident trends) and outputs (e.g., contingency plan modifications and security control updates).
- e. Consider purchasing an information assurance or cyber insurance policy to transfer specific breach risk.
- f. Identify and mitigate risks associated with unpatched software, to include an effective patch management as part of a Security Management process and program:
  - i. Evaluate patches to determine if they apply to your software/systems;
  - ii. When possible, test patches on an isolated system to determine if there are any unforeseen or unwanted side effects, such as applications not functioning properly or system instability;
  - iii. Once patches have been evaluated and tested, approve them for deployment;
  - iv. Following approval, patches can be scheduled to be installed (deployed) on live or production systems; and
  - v. After deploying the patches, continue to test and audit systems to ensure that the patches were applied correctly and that there are no unforeseen side effects.
- g. Once safeguards or countermeasures have been incorporated based on the outcome of the risk analysis process, identify any residual risk remaining. For the residual risk, analyze the applicable threats, vulnerabilities and controls to determine the potential for a security incident.
- h. Based on the probability of occurrence and the value of the applicable asset(s), determine if the residual risk is acceptable. If it is not, continue assessing control options, including processes, technologies, and approaches to reduce the risk to an acceptable level.
- i. Base security controls and residual risk tolerance on factors specific to SBHCD (e.g., data sensitivity, organizational size, IT environment, operating changes, and configuration). Formulate a scale for determining "reasonable and appropriate" for SBHCD. Ensure Confidentiality, Integrity and Availability are considered.
- 4. **Sanctions.** SBHCD will apply appropriate sanctions against members of its workforce who fail to comply with SBHCD's policies and procedures or engage in system misuse, abuse, or fraudulent activity.
  - a. In accordance with California Labor Code Sections 1102.5 and 6310, no disciplinary action will be taken against employees for reporting potential violations of this policy or other unsafe practices. The rights of employees to report concerns are fully protected under state whistleblower protection laws.

- b. SBHCD's Human Resources Department, in consultation with the Security Officer and legal counsel, will establish a range of sanctions that may be imposed if SBHCD's Security Policies and Procedures are violated.
  - i. The Security Officer will investigate any allegations of wrongful actions and, in conjunction with Human Resources Department, recommend the appropriate sanctioning be imposed.
  - ii. Disciplinary action will be commensurate with the severity of the violation, the intent (accidental, intentional, malicious), the existence of previous violations, and the degree of potential harm.
  - iii. Workforce members, agents, and other contractors should be aware that violations of a severe nature may require notification to law enforcement officers and regulatory, accreditation, and/or licensure organizations, as appropriate. In any event, SBHCD reserves the right to notify law enforcement of any unauthorized use or disclosure at its sole discretion.
    - I. The Security Officer, in coordination with the Human Resources Department, will make necessary notifications, as applicable.
  - iv. The Security Officer will ensure any necessary changes to personnel clearance and/or access to systems are immediately made.
  - v. Sanctions may include, but are not be limited to:
    - 1. Verbal counseling/warning;
    - 2. Verbal counseling/re-training;
    - 3. Written counseling/re-training;
    - 4. Notice of disciplinary action placed in personnel files;
    - 5. Removal of system privileges;
    - 6. Termination of employment; or
    - 7. Contract penalties.
  - vi. Refer to Sanctions For Violating Privacy, Security Policies, and Procedures for additional information. Each violation should be reviewed on a case-by-case basis to determine both the severity of the violation and the intent of the action by the individual.
    - I. All investigations and sanctioning actions will be documented by the Privacy Officer, Security Officer, Director of Human Resources, Risk Management, and HIPAA Compliance Officer and securely stored and maintained.
- c. All SBHCD's Workforce members will be made aware of the disciplinary actions and sanctions that may be imposed.
- d. The legal counsel will be notified to determine if an unauthorized use or disclosure of PHI triggers federal or state privacy laws and/or reporting requirements.

- e. In the event of a data breach involving personal information, the district will comply with California Civil Code § 1798.82 by providing timely notifications to affected individuals and, when required, to the California Attorney General, without unreasonable delay and in accordance with state law requirements.
- 5. No Sanctions Based on Whistleblowing or Complaints.
  - a. For purposes of this subsection (a), the Legal Counsel and 45 CFR 164.502(j)(1) must be consulted for exact procedures to be followed. It is not a violation of SBHCD's Policies and Procedures for SBHCD to disclose PHI to a health oversight agency, public health authority, an appropriate health care accreditation organization, in the good faith belief that a Covered Entity or Business Associate has engaged in unlawful conduct, violated professional or clinical standards, or potentially endangered patients, workers, or the public. Additionally, an attorney retained by Workforce member may be consulted to determine Workforce member's legal options with regard to such conduct. Sanctions will not be imposed based on such disclosures.
  - b. It is not a violation of SBHCD's Policies and Procedures for a Workforce member to file a complaint with the Secretary of Health and Human Services (HHS) under 45 CFR 160.306, testify, assist, or participate in an investigation, compliance review, proceeding or hearing under 45 CFR Part 160, or oppose any act made unlawful by HIPAA Regulations (45 CFR Parts 160-164), provided the Workforce member has a good faith belief that the practice opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of PHI in violation of the HIPAA Privacy Rule. Sanctions will not be imposed based on such actions, and SBHCD will not threaten, intimidate, coerce, harass, discriminate against, or take any other retaliatory action against any person for doing so.
- 6. **Information System Activity Review** SBHCD will implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.
  - a. Preparation for activity reviews
    - The Security Officer is responsible for managing or directing the conduct of regular reviews of SBHCD's information system activities.
    - ii. Necessary safeguards to protect the Confidentiality, Availability and Integrity of audit trails and information system activity review reports will be implemented. Such safeguards may be provided by the information system components (e.g., password-protected access to audit logs, file integrity checkers), as well as by organization-defined processes (e.g., regularly backed up audit logs, which are stored in fire-resistant, offsite, locked containers).
    - iii. Evidence of system activity reviews identifying when, who, and what was reviewed will be retained for a minimum period of 6 years from the date it was created. Audit logs that demonstrate a Security Event to be investigated will be retained as part of the investigation documentation and will be retained a

minimum of six years from the date the investigation is completed. Audit logs that do not result in Security Events will be securely disposed of once the review has been documented in the system activity review log and is no longer needed.

- iv. To the degree possible, automated processes will be used to identify anomalies or unusual activity. Checks to be performed to assess the Integrity and/or correctness of the individual information processed, created, transmitted and/or stored or maintained by the information systems must be identified, documented and implemented, including:
  - 1. Failed and successful login attempts;
  - Changes to files and databases;
  - 3. Incidents or unusual system occurrences; and
  - 4. System activity by internal and external users.
- v. The review process will specifically identify the following details for review of various logs based on criticality and sensitivity of the concerned systems:
  - 1. How often the review will be conducted;
  - 2. Responsibilities for review and reporting;
  - 3. Whether certain critical events result in immediate alerts rather than waiting to be reviewed on a routine basis; and
  - 4. Process for escalation, notification, or tie-in to Security Policy #6, Security Incidents.

### ь. Conducting activity reviews

- i. For each component identified above, the audit logs are examined for significant Security Events with respect to SBHCD's security policy.
- ii. The applicable human-generated records of the receipt, initial handling, access, removal, and disposal of system hardware, software, and media containing ePHI for consistency with SBHCD's security policy are reviewed.
- iii. All significant findings are recorded using SBHCD's predefined reporting format.
- iv. Review findings and recommendations are presented to the appropriate management of SBHCD.
- v. Review reports are protected in accordance with the measures identified during preparation phase (see Section 6.a. above).

### c. Follow-up actions

- i. Adjustments to the administrative, physical and technical safeguards will be made as necessary based on the review findings.
- ii. Findings and recommendations will be incorporated into SBHCD's security training program as appropriate.

### **POLICY COMPLIANCE**

- 1. Compliance Measurement
  - The IT Director will verify compliance to this policy through various methods, including but not limited to, periodic walk-thrus, video monitoring, business tool reports, internal and external audits, and inspection, and will provide feedback to the policy owner and appropriate business unit manager.
- 2. Exceptions
  - Any exception to the policy must be approved by the IT Director in advance.
- 3. Non-Compliance
  - An employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

### RELATED STANDARDS, POLICIES, AND PROCESSES

Please review the following policies for details

Sanctions For Violating Privacy, Security Policies, and Procedures.



## **Layoff and Recall Policy**

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### **Approvals**

Committee Approval: Policy & Procedure Committee approved on 2/6/2025

### **Revision Insight**

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**Revision Number:** 

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Drew Tartala, HR Manager

Revision Official Date:

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THE TOTAL HOLE



DocID:

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Revision:

Pending Committee

Status:

Approval

Department:Human Resources

Manual(s):

# Policy: Layoff and Recall Policy

### **PURPOSE**

The purpose of this policy is to establish a clear and fair process for managing workforce reductions and employee recalls at San Benito Health Care District (SBHCD).

### **POLICY**

SBHCD is committed to managing its workforce effectively and responsibly. In circumstances where a reduction in the workforce is necessitated by adverse economic conditions or other significant factors, the following policy outlines the procedures that will be implemented for conducting layoffs and subsequent recalls. This applies to all employees of SBHCD, including those covered by a Collective Bargaining Agreement (CBA). Where this policy conflicts with the CBA, the terms of the CBA will prevail.

### **PROCEDURE**

### **Layoff Process**

In the event of an anticipated layoff, SBHCD will make every effort to communicate relevant information to the affected employees as promptly as possible, taking into account both the district's operational needs and compliance with applicable state and federal notice requirements.

Employees will be selected for layoff based on the following criteria, which will be considered collectively:

- Potential for promotion and the transferability of skills to other positions within the district.
- Demonstrated current and past performance.
- The district's specific needs and the requirements of ongoing projects.

Length of service with the district.

An employee's length of service is calculated from their original date of hire with SBHCD, provided there has been no break in service exceeding 30 days. For employees with a break in service greater than 30 days but less than one year, only the time actually worked is credited towards their service length. Employees with a break in service of more than one year will have their service length calculated from the most recent date of hire unless otherwise required by law.

Employees selected for layoff will receive notice as required by law or as reasonably possible under the given circumstances.

If the layoff is expected to last longer than 30 days, any accrued but unused Paid Time Off (PTO) days will be paid out at the time of layoff. During the layoff period, employees will not accrue additional PTO or sick leave.

### **Recall Process**

Employees who are laid off will be placed on a recall list for a period of six months or until management determines that the layoff is permanent, whichever comes first. Removal from the recall list will result in the termination of all job rights previously held by the employee. It is the employee's responsibility to notify the Human Resources (HR) department if they become unavailable for recall. Failure to maintain a current home address and phone number with the HR department will result in the loss of recall rights.

Employees will be recalled based on the district's needs, the employee's job classification, and their ability to perform the required duties. Recall notices will be sent by registered mail, with return receipt requested, to the employee's last known address on record. If an employee does not respond to the recall notice within seven days of receipt or attempted delivery, their name will be removed from the recall list, and they will no longer retain any job rights with SBHCD.

### **Seniority Credit**

Employees will continue to accrue seniority during any layoff lasting 30 days or less. Employees who are laid off for more than 30 days and subsequently recalled within six months from the date of layoff will retain the seniority accumulated up to the time of layoff.

### REFERENCES

Labor Code Sections 1400-1408



### Safety and Health Recordkeeping

### Disclaimer

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### Revision Insight

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Revision Number:

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Owner:

Drew Tartala, HR Manager

Revision Official Date:

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Revision Note: No revision note



DocID:

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Revision:

**Pending Committee** 

Status:

Approval (Pending

Owner Edits)

Department:Human Resources

Manual(s):

# Policy: Safety and Health Recordkeeping

### **PURPOSE**

The purpose of this policy is to ensure compliance with the California Occupational Safety and Health Administration (Cal/OSHA) recordkeeping requirements, and to improve workplace safety at San Benito Health Care District (SBHCD). Through comprehensive injury and illness tracking, reporting, and transparency, we aim to create a safer environment for all employees and meet regulatory requirements.

### **POLICY**

SBHCD is committed to maintaining a safe and healthy workplace by adhering to Cal/OSHA's recordkeeping standards. All work-related injuries, illnesses, and fatalities will be recorded and submitted in compliance with the latest Cal/OSHA regulations. By maintaining accurate records, analyzing trends, and submitting required data, we ensure that hazards are identified and addressed, creating a safer working environment for all employees.

### **DEFINITIONS**

Recordable Injury or Illness: Any work-related injury or illness that results in death, loss of consciousness, days away from work, restricted work, or medical treatment beyond first aid. This includes needlestick injuries, hearing loss, and cases involving significant illness such as cancer or musculoskeletal disorders.

First Aid: Basic medical care administered after an injury, such as cleaning wounds, applying bandages, or administering non-prescription medication. First aid does not trigger recordable status unless additional medical treatment is provided.

**OSHA Form 300:** A log of work-related injuries and illnesses that must be maintained by covered employers. It includes the details of each recordable incident.

**OSHA Form 301:** The Injury and Illness Incident Report, which provides additional information on each case recorded on the OSHA Form 300.

**OSHA Form 300A:** The annual summary of work-related injuries and illnesses, which must be posted in a public area from February 1st through April 30th of the following year.

**Privacy Case:** A work-related injury or illness where the employee's name is withheld to protect their confidentiality, as required by OSHA. These typically include cases of sexual assault, HIV infection, hepatitis, or other sensitive conditions.

**Injury Tracking Application (ITA):** OSHA's online system for submitting required injury and illness data.

### **PROCEDURE**

### **Recordkeeping Requirements**

In compliance with Cal/OSHA standards and OSHA's latest updates, SBHCD will ensure the following:

### **Recording of Incidents**

All work-related injuries, illnesses, fatalities, and specific events (e.g., needlestick injuries, hearing loss) will be recorded on the OSHA Form 300 (Log of Work-Related Injuries and Illnesses).

Cases meeting general recording criteria such as medical treatment beyond first aid, restricted work, loss of consciousness, or fatalities must be logged.

### **Electronic Submission:**

SBHCD will electronically submit data from their OSHA Form 300 and OSHA Form 301 (Incident Report). This includes detailed information such as the date, location, and severity of the injury or illness. These records are submitted through OSHA's Injury Tracking Application (ITA) annually.

### Form 300A Summary Posting:

The annual OSHA Form 300A summary of work-related injuries and illnesses will be posted in our designated bulletin boards from February 1st to April 30th, as

required by Cal/OSHA. This form provides a high-level summary of the workplace's injury and illness data.

### **Confidentiality of Personal Information**

Employee privacy will be protected in cases where certain injuries or illnesses are deemed "Privacy Cases" under Cal/OSHA regulations. When such cases arise, the employee's name will be withheld from public access records.

### **Data Transparency and Public Access**

OSHA will make much of the data collected through these electronic submissions publicly available, ensuring transparency in workplace safety. This provides employees, the public, and researchers access to workplace safety records.

### **Data Analysis and Improvement**

Injury and illness data will be regularly reviewed by the Safety Committee to identify trends, potential hazards, and areas for improvement. This proactive approach will help prevent future incidents and improve overall safety within the organization.

The roles and expectations of the Safety Committee are detailed within our Injury, Illness, and Prevention Program.

### **Injury & Illness Prevention**

SBHCD will continuously monitor workplace conditions, educate employees on safety best practices, and update internal processes based on the analysis of incident trends. Employees are responsible for participating in these safety efforts, including evaluating their workspaces for hazards and following safety protocols.

### **Documentation of Activities**

All records, including OSHA Form 300, Form 301, and Form 300A, will be maintained for the appropriate timeline specified by federal and state regulations. These records will be available for inspection as required by Cal/OSHA and for workers' compensation audits. Updates in electronic submissions ensure ongoing compliance with federal and state safety requirements.

### REFERENCES

Cal/OSHA Regulations: Title 8, Section 14300

OSHA Injury Tracking Application: <a href="https://www.osha.gov/recordkeeping">www.osha.gov/recordkeeping</a>

**Department of Industrial Relations:** www.dir.ca.gov

Injury, Illness, and Prevention Program



### **Volunteer Assignments**

### Disclaimer

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### **Approvals**

• Committee Approval: Policy & Procedure Committee approved on 2/6/2025

Committee Approval: Policy & Procedure Committee approved on 12/9/2024

### **Revision Insight**

Document ID:

12232

Revision Number:

0

Owner:

Drew Tartala, HR Manager

**Revision Official Date:** 

No revision official date

**Revision Note:** 

No revision note



DocID:

12232

Revision:

**Pending Committee** 

Status:

Approval
Department:Human Resources

Manual(s):

## Policy: Volunteer Assignments

### **PURPOSE**

The purpose of this policy is to outline the responsibilities and procedures associated with the use of volunteers within the San Benito Health Care District (SBHCD), ensuring alignment with established guidelines to support district departments and enhance patient care.

### **POLICY**

Volunteers are essential contributors to SBHCD, playing a critical role in supporting various hospital functions. All volunteer activities must adhere to the district's established policies and procedures to ensure consistency, safety, and efficiency.

### **PROCEDURE**

### **Requesting Volunteer Services**

Requests for volunteer services must be coordinated through the Volunteer Services Coordinator. Volunteers will be assigned to specific sections based on their training, relevant experience, and the needs of the district.

Departments may request volunteers for regular, permanent or temporary assignments. Such requests must be submitted to the Volunteer Services Coordinator, with all assignments adhering to relevant healthcare regulations.

### **Volunteer Responsibilities**

Volunteers may be assigned a variety of tasks across different district departments. All assignments will be carried out in accordance with federal and state healthcare regulations, ensuring that volunteers support hospital operations safely and effectively. Responsibilities may include, but are not limited to:

Assisting with patient and visitor interactions.

- Supporting logistical operations within the hospital.
- Providing clerical and administrative support.
- Facilitating communication between hospital staff and patients' families.
- Maintaining and organizing supplies and equipment.

### **Uniform and Clearance**

Volunteers are required to wear a teal smock with the auxiliary logo or department specific scrub top with hospital logo, along with their hospital identification badge at all times.

All volunteers are required to complete a background check, obtain clearance from Employee Health, and undergo onboarding and orientation facilitated by the Volunteer Services Coordinator before commencing their volunteer activities.

### REFERENCES

45 CFR Part 57

DEPARTMENTAL METRICS	January	YTD(Jan)
# Employees	704	704
# New Hires	13	13
# Terminations	9	9
Overall Turnover	1.3%	1.30%
Nursing Turnover	0.73%	0.73%
Terms By Union	January	YTD(Jan)
The California Nurses Association (CNA)	1	1
National Union of Healthcare Workers (NUHW)	5	5
California License Vocational Nurses (CLVN)	0	0
Engineers and Scientists of California (ESC)	0	0
Non-Union	3	3
ersonal (V)	3	3
1000	2	2
lew Opportunity(V)	-	
etirement (V)	0	0
chedule (V)	0	0
ob Abandonment (V)	0	0
lo Reason Given (V)	0	0
elocating (V)	0	0
chool (V)	0	0
6		0
o Show (V)	0	
IF(IV)	0	0

### **Chief Nursing Officer Report**

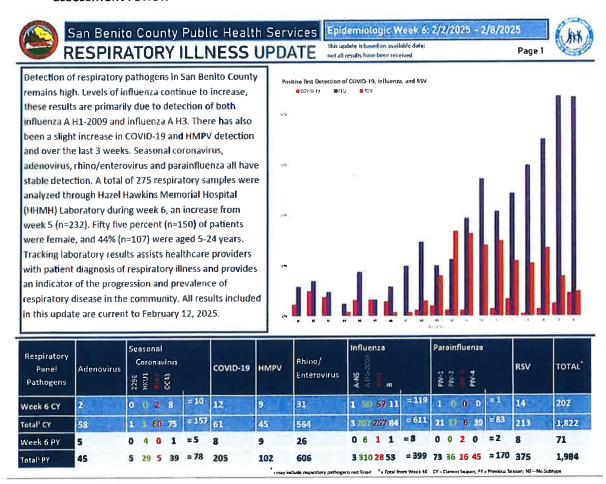
### February 2025

#### **Patient Care Services**

- Interim OB Director
  - o Uwanda Purnell

### Quality, Regulatory, and Infection Prevention

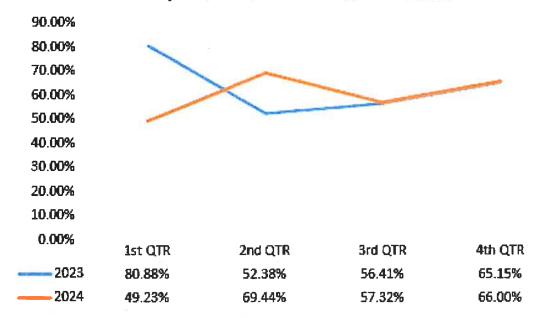
- Quality and Risk Director Resignation relocating to Croatia
- Significant Spike in Influenza Cases (See attached report from SBCPHS)
  - The CDC has classified this season as high severity for all age groups for the first time since the 2017-18 season.
  - o Hand Hygiene, cover cough, and vaccination best prevention
- Organizational-wide workplace violence training
- Emergency Management Tabletops local and regional participation with annual risk assessment review



	CNO Dashbo	oard Janua	ry 2025	
Description	January 2025 Budget	January 2025 Actual	Budget - Year To Date Total	Actual -YTD Total
ED Visits	2,291	2,541	15,504	16,195
ED Admission %	10%>	5%	10%>	5.30%
LWBS %	<2.0%	0.08%	<2.0%	0.98%
Door to Provider	10 min	7 min	10 min	7.23%
MS admissions	111	113	710	777
ICU admissions	17	21	96	149
Deliveries	30	28	223	222
OR Inpatient	24	42	229	293
ASC/OP cases	45	51	320	366
GI	69	31	640	629

Met or Exceeded Target Within 10% of Target Nor Within 10%

# Hospital Likelihood to Recommend



Hazel Hawkins Memorial Hospital Compliance Committee Minutes October 30, 2024 3rd Qtr.

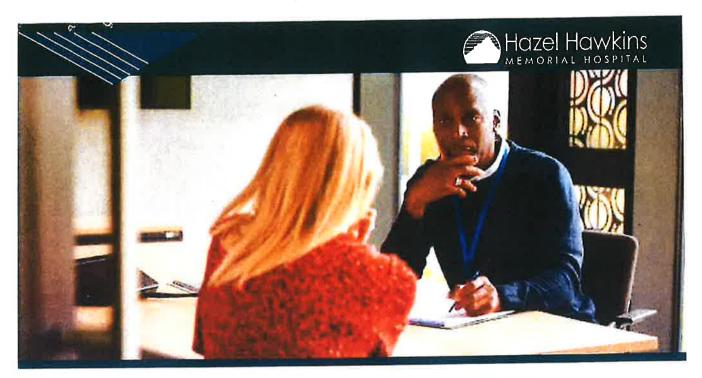
Topic		Discussion/Recommendations	Action
I.	CALL TO ORDER	The Compliance Committee Meeting was called to order at 3:07 pm by Karen Descent, CNO.	
ㅂ	PRESENT	Members of the committee who were present are as follows: Drew Tartala, Jacqueline Fernandez, Karen Descent, Deb Dea, Michael Brink, Salomon Mercado, Brittney Slibsager, Elizabeth Von Urff, Kim Flaten, and Kim Pfeiffer.	
ij	ANNOUNCEMENTS	Karen handed out Compliance handouts and an Ethics and Compliance Week Crossword Puzzle.	
<u>N</u>	SCHEDULED DEPARTMENTAL REPORTS	<b>COMPLIANCE ROUNDS REPORT:</b> Karen Descent informed that there was an increase in open computers in the last 2-3 weeks. No other issues.	
		HOTLINE CALLS: Karen Descent reported that there were no new reports for this quarter.	
		COMPLIANCE ISSUES UNDER INVESTIGATION: Karen Descent reported that there are no compliance issues under investigation for this quarter.	
		EMPLOYEE & ANNUAL HEALTH COMPLIANCE: Elizabeth Von Urff reported out on the following for the 3 <sup>rd</sup> Qtr. July - 55 Total Due Employee Compliance, 54 Compliant, 1 Non-Compliant – Surgery Dept., 1 Protected leave, for a total Compliance Rate of 98%. August – 55 Total Due Employee Compliance, 46 Compliant, 9 Non-Compliant – Admit, OB, ED, SNF, Lab., 1 Protected leave, for a total Compliance Rate of 84%.	

Topic	Discussion/Recommendations	Action
	September – 52 Total Due Employee Compliance, 45 Compliant, 7 Non-Compliant – RT, OA, IT, LAB, OB, for a total Compliance Rate of 87%.  Drew and Elizabeth discussed that he will be updating the Policy and sending out an Email to all Employees letting them know that Compliance is due by the end of your Birthday Month. If you do not complete your Compliance items you will receive a write up. After your birthday month ends, you will have 10 days to complete your compliance. If it is not completed after the 10 <sup>th</sup> day, it will be considered a voluntary resignation. Drew reported that there were -0-lapsed Licenses and 4 lapsed Certificates that resulted in deactivations.	
	<b>COMPLETED ONBOARDING:</b> Drew Tartala reported that for Q3 that there were 39 completed on boarded employees and -0- not complete.	
	AGENCY AND CONTRACTOR CREDENTIALING: Drew Tartala reported that there were 16 new agency/contractor credentialing for the 3rd Quarter of 2024.	
¥	<b>OVERPAYMENTS:</b> Michael Brink reported that for Q3 2024 there were 50 accounts reported as overpayments, totaling \$39,266.93 refunded from self-pay and duplicate payments.	
	MAC/RAC OR OTHER AUDITS: Michael Brink reported that there were -0- ongoing audits at this time.	

Topic	Discussion/Recommendations	Action
	GIFTS PROVIDED TO PHYSICIANS: Brittany Slibsager reported that there were no purchases this quarter.	
	BALANCE OF PHYSICIAN GIFT ALLOWANCE: Brittany Slibsager reported the balance of the Physician Gift Allowance is \$507.00 each year. There is \$469.75 left.	
	PHYSICIAN CREDENTIALING REPORT: Brittany Slibsager reported that for the 3 <sup>rd</sup> Qtr there were 11 new appointments, 16 reappointments, 31 resignations, 24 new tele med doctors and 46 reappointments for tele med doctors.	
	<b>OPPE</b> – Brittany Slibsager reported that data will be collected on an 8 month cycle 1/1-8/31 2024.	
	HIPAA VIOLATIONS: Deb Dea reported that there were - 0- HIPAA Violations reported.	
	CODING ERRORS AND CORRECTIONS: Deb Dea reported for Q3 2024 that out of 6623 codes there were 102 errors that were corrected.	Salomon will follow up
	IT SECURITY EVENTS: Salomon Mercado reported that there were -0- security events reported. Salomon will find out how long it takes for the WOW to time out. Cyber Security is going good.	
	SUMMARY FROM UR/MR – Kim Flaten reported out on Qtr. 3 the following: Avoidable days: 5 and Code 44: 4 Patients.	

Hazel Hawkins Memorial Hospital Compliance Committee Minutes October 30, 2024 3rd Qtr.

Topic	Discussion/Recommendations	Action
	REPORT OF QUALITY CONCERNS: Shonna Avant reported out for 3 <sup>rd</sup> Otr. of 2024 there was (1) HIPPA breach	
	from an employee of a business entity; reported to CDPH and	
	treated as a grievance. Final Response to patient's grievance	
	III process of review, I autoff rugins events, from rucinture	
	EMTALA VIOLATIONS – Shonna Avant reported for 3 <sup>rd</sup>	
	Qtr. 2024 that there were none identified.	
	INFORMED CONSENT – Karen Descent reported out on	
	3 <sup>rd</sup> Qtr. for Amy Breen-Lema. She reported that Q3 2024 was	
	98.3% and the target is 100%. Year to date is 99.7%. The	
	clinics are continuing to improve.	
V. ADJOURNMENT	The meeting was adjourned at 4:00 pm	



# Speak Up

When we speak up, we actively support an ethical, inclusive workplace.

We all have a role to play in creating and maintaining a speak-up culture. If you have ethics and compliance concerns, questions, or feedback, contact your manager or compliance officer. To remain anonymous, contact the HHMH Compliance Hotline at 855-222-2599

or the HHMH Webline at reports@lighthouse-services.com

## Know your compliance officers:



KAREN DESCENT
Compliance Officer
635-1149
kdescent@hazelhawkins.com



DEB DEA
Privacy Officer
635-1130
ddea@hazelhawkins.com





# TIPS TO BUILD TRUST

Doing the Right Thing is Everyone's Job



**Double-check, correct, protect:** Ensure protected health information is only shared with the intended recipient.



Before you leave your seat, hit control +alt+ delete: Protect data by locking your screen.



Passwords are like toothbrushes - best new and never shared.



**Promotion? New role? New relationship?** Recognize potential conflicts of interest and disclose to your manager and compliance officer.



Affordable health care starts with you: Speak up if you see something that could be fraud, waste, or abuse in your workplace (Compliance Hotline: 855-222-2579).



**Keep cases on track, call us back:** All reporters (anonymous and self-identified) to the Compliance Hotline are given a case reference number. Use this number to check on case status, provide additional information, or learn the outcome of the investigation.



**Show you care by showing up:** Get involved in your local community and help make it a place where everyone can thrive.



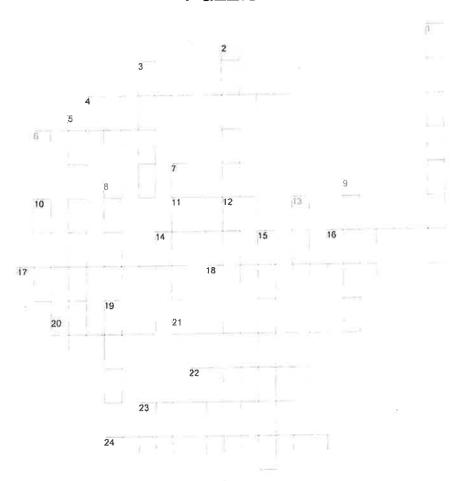
**Dot your I's and cross your T's:** Document and code patient visits completely and accurately to demonstrate the quality of care and services delivered, support affordability, and reduce compliance risk.



Members and teammates need you at your best. If you're struggling with substance misuse, your local Employee Assistance Program is here for you.

Name:	Date:
I Vallic.	

# Ethics & Compliance Week 2024 Crossword Puzzle



### Across

- 4. Taking another's property or money by a person to whom it has been entrusted.
- Offering or giving anything of value to get or keep business or to influence performance of an official.
- 11. Economic crimes committed by professionals in the course of their work. White Collar
- 14. Deliberate deception to gain an unlawful advantage.
- 16. A lifestyle influencer who served 5 months in federal prison and paid fines of treble damages in connection to allegations of insider trading. Martha
- 17. Unwelcome conduct from another whose actions, communication, or behavior mocks, demeans, disparages, or ridicules an employee.

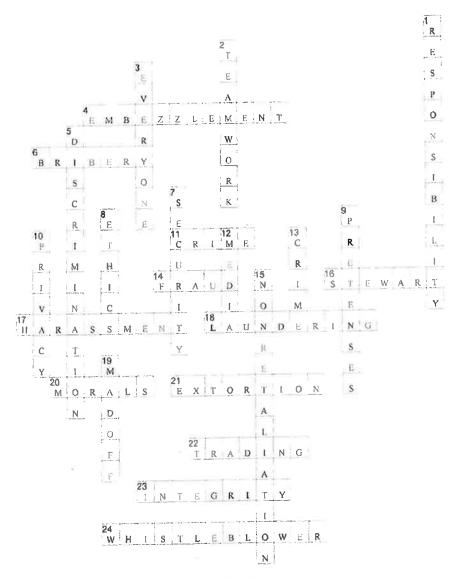
#### Down

- 1. The duty of a business to contribute to the wellbeing of society. Social
- Common workplace ethic of respecting others and working well together.
- Responsible for making ethical choices to maintain our company's reputation for fair, honest business practices.
- Negative or unfair treatment based on personal characteristics rather than job performance, skills, or merit
- 7. The set of measures taken to ensure that networks, systems, & data breaches are avoided.
- Set of standards or rules that guide business behavior in a positive direction. Code of
- 9. When one obtains money or property by lying about a past or existing fact. False

- 18. Hiding money obtained illegally by putting it in legal businesses. Money
- 20. A person's personal philosophies about what is right or wrong.
- 21. Obtaining money or other property by wrongful use of force or the power of office.
- 22. Use of confidential corporate information to buy or sell stocks. Insider
- 23. The capacity to do what is right even in the face of temptation to do otherwise.
- 24. An employee who speaks out about misconduct, malpractice, or corruption.
- 10. An unauthorized person viewing confidential data is an example of a reportable \_\_\_\_\_\_incident.
- 12. Its use poses a potential conflict between employees' rights to express themselves and an organization's need to preserve its reputation, intellectual property, and information its legally obligated to protect. Social
- 13. Crime against the environment. Green
- 15. Federal laws that provide protection from retribution against someone for reporting a suspected violation.
- 19. Sentenced to 150 years in prison for largest Ponzi scheme in history.

Name:	Date:	

# Ethics & Compliance Week 2024 Crossword Puzzle - Answer Key



### **Across**

4. Taking another's property or money by a person 1. The duty of a business to contribute to the to whom it has been entrusted.

6. Offering or giving anything of value to get or keep business or to influence performance of an

11. Economic crimes committed by professionals in the course of their work. White Collar

#### Down

wellbeing of society. Social

2. Common workplace ethic of respecting others and working well together.

3. Responsible for making ethical choices to maintain our company's reputation for fair, honest business practices.

- 14. Deliberate deception to gain an unlawful advantage.
- 16. A lifestyle influencer who served 5 months in federal prison and paid fines of treble damages in 7. The set of measures taken to ensure that connection to allegations of insider trading. Martha networks, systems, & data breaches are avoided.
- 17. Unwelcome conduct from another whose actions, communication, or behavior mocks, demeans, disparages, or ridicules an employee.
- 18. Hiding money obtained illegally by putting it in legal businesses. Money
- right or wrong.
- use of force or the power of office.
- 22. Use of confidential corporate information to buy or sell stocks. Insider
- 23. The capacity to do what is right even in the face of temptation to do otherwise.
- 24. An employee who speaks out about misconduct, malpractice, or corruption.

- 5. Negative or unfair treatment based on personal characteristics rather than job performance, skills, or merit.
- 8. Set of standards or rules that guide business behavior in a positive direction. Code of
- 9. When one obtains money or property by lying about a past or existing fact. False
- 10. An unauthorized person viewing confidential 20. A person's personal philosophies about what isdata is an example of a reportable incident.
- 21. Obtaining money or other property by wrongful 12. Its use poses a potential conflict between employees' rights to express themselves and an organization's need to preserve its reputation, intellectual property, and information its legally obligated to protect. Social
  - Crime against the environment. Green
  - Federal laws that provide protection from retribution against someone for reporting a suspected violation.
  - 19. Sentenced to 150 years in prison for largest Ponzi scheme in history.

Karens

### **Kimberly Pfeiffer**

From:

Rachel Hills (CS Syntrio Support) <support@syntriosupport.zendesk.com>

Sent:

Monday, October 28, 2024 9:39 AM

To:

Karen Descent

Cc:

Success; Karen Descent; Kimberly Pfeiffer

Subject:

[Mitratech] Re: Fwd: [EXTERNAL] 3rd quarter checkin

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Karen,

Rachel here from Mitratech's Hotline Support team. Janet forwarded me your email and I'd be happy to assist. There are no new reports in CMS for this quarter. Please feel free to log into CMS in the future should you need to check if any new reports have come in. You can login here: <a href="https://connects-standard.syntrio.com/auth/login">https://connects-standard.syntrio.com/auth/login</a>

Please let me know if you need anything else!

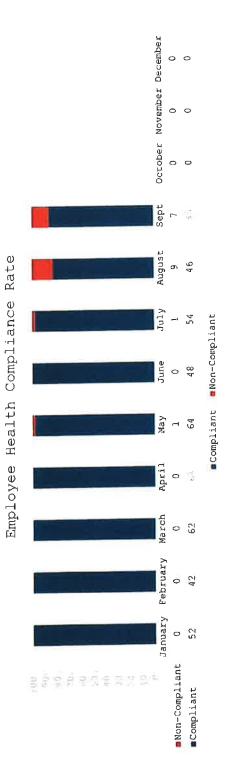
Best Regards,

Rachel

Hotline Support

This email is a service from Syntrio Support. Delivered by Zendesk

Month	Total Due	Total Due   Compliant	Non-Compliant	Compliance rate	Non-Compliant   Compliance rate   Non-Compliance   Protected Leave	Protected Leave	Removed from Schedule
January	52	52	0	100%	%0		
February	42	42	0	100%	%0		
March	62	62	0	100%	%0		
April	89	89	0	100%	%0		
May	65	64	1	98.5%	2%	1	
June	49	48	0	98.0%	%0	0	
ylnt,	55	54	7	24. 8/86 THE WAY	2%		Surgery
August	55	46	1 6	84%	16%	7 -	Admit/OB/ED/SNF/Lab
Sept	52	45	7	87%	13%		RT/QA/IT/LAB/OB
October	0	0	0	/%0	<b>%0</b>		
November	0	0	0	%0	%0		
December	0	0	0	%0	%0		



updated politices.

Due un estay Moi if let lapse write up; their and out smith is days ablet taken off shidille.

To days ablet taken off shidille.

To days ablet taken tang resignation.

HR

### San Benito Health Care District

**Compliance Committee: Human Resources** 

Period: Quarter 3 2024

Topic	Number
Lapsed Licenses and Certs: Number Lapsed	4 Deactivations
Onboarding: Number Not Completed/ Completed: 39	0
Agency and Contractor credentialing: Number Completed	16

### Kimberly Pfeiffer

From:

Kimberly Flaten

Sent:

Wednesday, October 30, 2024 9:28 AM

To:

Kimberly Pfeiffer

Cc:

Karen Descent; Jacqueline Fernandez

Subject:

RE: 3rd Qtr Compliance Meeting

I apologize for my late response. I was out of state and returned this morning. 3<sup>rd</sup> Quarter Case Management Compliance reports:

### Avoidable days: 5 Days

o 2 patient were admitted as OBSERVATION Status over the weekend. They needed to be discharged to a Skilled Nursing facility and this required 3 INPATIENT night stays prior to being able to go to the Skilled Nursing Facility to meet Medicare guidelines. Therefore, they each stayed an extra 2 days

1 patient needed a piece of equipment ordered over the weekend and delivered prior to being discharged to the Skilled Nursing Facility and equipment could not be ordered over the weekend. Therefore, the patient stayed an extra 1 days

### Code 44: 4 patients

o These are Medicare patients admitted as Inpatients and changed to Observation patients prior to

All 4 of these patients were admitted as Inpatients without adequate inpatient justification – they all

had Medicare Advantage Plans.

 If a Medicare Advantage Plan patient is admitted as an Inpatient and does not meet inpatient criteria, the Medicare Advantage Plan will "Deny the Inpatient Admission" and the hospital will not be reimbursed anything for the admission.

The UR Committee and the Hospitalist, met regarding these patient's, notified the patients, reported it to the Admitting Department and the insurance and the patient was reverted to an Observation patient. By doing this the hospital will be reimbursed Observation status rates.

Medicare=admitted as importions

Kim Flaten RN Manager of Case Management Hazel Hawkins Memorial Hospital 911 Sunset drive Hollister CA 95023 Office 831-635-1185 Cell 831-537-1636 Internal extension 4601 Email Kflaten@hazelhawkins.com



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Quality Emtala

### **Kimberly Pfeiffer**

From:

Shonna Avant

Sent:

Tuesday, October 29, 2024 7:19 PM

To:

Karen Descent

Cc:

Kimberly Pfeiffer; Danijela Pavlic

Subject:

**Compliance Committee Report** 

Good evening, Karen,

Here is information for tomorrow's Compliance Committee meeting:

- EMTALA violations: None identified
- Quality and Patient Safety Concerns
  - o HIPAA breach from an employee of a business entity; reported to CDPH and treated as grievance. Final response to patient's grievance in process of review
- Patient Rights events: None identified

If there are any other questions or concerns that you have before the meeting, please feel free to call me on my personal cell: 831-234-5402. I will be driving.

### Best Regards,

Shonna Avant, RN, BSPH, CIC, CPHQ, CPPS (she/her)
Director of Infection Prevention and Regulatory Accreditation
Hazel Hawkins Memorial Hospital



911 Sunset Drive, Hollister, CA 95023 Office: (831)635-1194 (Internal ext. 6704)

Mobile: (831)537-1793

### **Kimberly Pfeiffer**

Informed concent

From:

Amy Breen-Lema

Sent:

Wednesday, October 30, 2024 10:45 AM

To:

Kimberly Pfeiffer

Subject:

RE: 3rd Qtr Compliance Meeting

Hi Kim,

Here is the 3<sup>rd</sup> quarter information for informed consents in the clinics:

# RHC/Specialty Clinics Procedural Consent Audit - 3rd quarter 2024

Departmental Metrics	Target	Jul	Aug	Sep	3rd quarter average	YTD
Informed consent provided and documented	100.0%	98.0%	98.0%	99.0%	98.3%	99.7%

Amy Breen-Lema, MS-HCI

Vice President, Clinic, Ambulatory & Physician Services

O: 831.635.1408

l: x 1408

F: 831.205.5798



### http://www.hazelhawkins.com

From: Kimberly Pfeiffer < kpfeiffer@hazelhawkins.com>

Sent: Thursday, October 24, 2024 12:17 PM

To: Karen Descent <kdescent@hazelhawkins.com>; Kimberly Pfeiffer <kpfeiffer@hazelhawkins.com>; Elizabeth Von Urff

<evonurff@hazelhawkins.com>; Drew Tartala <dtartala@hazelhawkins.com>; Michael Brink

<mbrink@hazelhawkins.com>; Brittney Slibsager <bslibsager@hazelhawkins.com>; Deb Dea - Medical Records Dir

<ddea@hazelhawkins.com>; Salomon Mercado <smercado@hazelhawkins.com>; Kimberly Flaten

<kflaten@hazelhawkins.com>; Danijela Pavlic <dpavlic@hazelhawkins.com>; Shonna Avant

<savant@hazelhawkins.com>; Amy Breen-Lema <abreen@hazelhawkins.com>; Mark Robinson

<mrobinson@hazelhawkins.com>; Mary Casillas <mcasillas@hazelhawkins.com>; Jacqueline Fernandez

<fernandezi@hazelhawkins.com>

Subject: 3rd Qtr Compliance Meeting

### Good Afternoon,

Attached are the previous meeting minutes for your review as well as the Agenda for the Compliance Meeting on October 30, 2024 from 9:00am - 10:00am...

Topic		Discussion/Recommendations 4ction
·i-	CALL TO ORDER	d to order at
Ħ	PRESENT	Members of the committee who were present are as follows: Drew Tartala, Jacqueline Fernandez, Danijela Pavlic, Karen Descent, Amy Breen-Lema, Deb Dea, Michael Brink, Salomon Mercado, Brittney Slibsager, Suzie Mays, Elizabeth Von Urff, Mark Robinson, Mary Casillas and Kim Pfeiffer.
III.	REVIEW OF MEETING MINUTES	The Meeting Minutes of 10.30.24 was approved with the following corrections: to remove Shonna Avant's HIPAA breach as it was for the 4 <sup>th</sup> QTR not the 3 <sup>rd</sup> QTR. Motion to approve was by Michael Brink and 2 <sup>nd</sup> was by Amy Breen-Lema.
Z.	SCHEDULED DEPARTMENTAL REPORTS	compeliance Rounds Report: Karen Descent reported that the Computer Compliance rounds for the 4 <sup>th</sup> Quarter were as follows: October 93%, November 97% and December 83%. Our monthly goal is 95%. In December there were computers left open or unattended. She will be displaying a flyer to remind staff of the importance of Computer Compliance.  HOTLINE CALLS: Karen Descent reported that there was -0- Hotline Calls for the 4 <sup>th</sup> Qtr. and -0- for the year.  COMPLIANCE ISSUES UNDER INVESTIGATION: Karen Descent reported that there are no compliance issues under investigation at this time.  EMPLOYEE & ANNUAL HEALTH COMPLIANCE: Elizabeth Von Urff reported the following for Q4: October

Action									
Discussion/Recommendations	80%, November 90% and December 83%. Various reminders are going out to all staff before the due date.	LAPSED LICENSES AND CERTS: Drew Tartala reported that there were -0- lapsed Licenses and/or Certifications.	for Q4 there were 31 completed on-boarded employees and 1 not complete.	AGENCY AND CONTRACTOR CREDENTIALING: Drew Tartala reported that there were 19 new agency/contractor credentialing for the 4th Quarter of 2024.	<b>ONGOING AUDITS:</b> Michael Brink reported that there are -0- ongoing audits at this time.	<b>OVERPAYMENTS:</b> Michael Brink reported that for Q4 2024 there were 15 accounts reported as overpayments, totaling \$30,790.92 refunded.	MAC/RAC AUDITS: Michael Brink reported that there were -0- ongoing audits at this time.	GIFTS PROVIDED TO PHYSICIANS: Brittany Slibsager reported that there was -0- for the 4 <sup>th</sup> QTR of 2024. She will be spending \$44.00 for Dr. Day in the 1 <sup>st</sup> QTR of 2025.	BALANCE OF PHYSICIAN GIFT ALLOWANCE: Brittany Slibsager reported the balance of the Physician Gift Allowance is \$507.00 per year.
Topic		14							

Topic	Discussion/Recommendations	Action
	PHYSICIAN CREDENTIALING REPORT: Brittany Slibsager reported that she will send her report.	
	OPPE – Brittany Slibsager reported that reviews of Medical Staff will be every 8 months.	
	HIPAA VIOLATIONS: Deb Dea reported that there was -1-HIPAA Violations reported in the 4 <sup>th</sup> QTR of 2024 and it is currently being investigated.	
	IT SECURITY EVENTS: Salomon Mercado reported that there was one security event regarding a compromised email which resulted in everyone having to change their computer log-in passwords. It is recommended to have a 12 character login.	
	CODING ERRORS AND CORRECTIONS: Deb Dea reported for Q4 2024 that the coding errors were 1.26% and 98.67% were correct. None of the errors affected DRG.	
	SUMMARY FROM UR/MR – Deferred due to Case Manager, Kim Flaten was unavailable.	
	REPORT OF QUALITY CONCERNS: Danijela Pavlic reported that she is currently working on the Hospitals transportation issues.	
	EMTALA VIOLATIONS – Danijela Pavlic reported that there are -0- EMTALA Violations at this time. Her and her team are working on being prepared for any possible upcoming audit.	

Topic		Discussion/Recommendations	Action
		INFORMED CONSENT – Amy Breen-Lema reported that Q4 2024 was 99.2%. This was due to a specific provider not documenting within the required time frame. This has been discussed with the provider and all charts are complete at this time.	
	ADJOURNMENT	The meeting was adjourned at 9:48 am	

# BOARD OF DIRECTORS DISTRICT FACILITIES & SERVICE DEVELOPMENT COMMITTEE

### THURSDAY, FEBRUARY 20, 2025 4:00 P.M. – GREAT ROOM

### **MINUTES**

### I. CALL TO ORDER/ROLL CALL:

Devon Pack called the meeting of the District's Facilities & Service Development Committee to order at 4:00p.m.

#### **COMMITTEE MEMBERS:**

Devon Pack, Board Vice President in Attendance
Nick Gabriel, DO, Board Secretary in Attendance

Mary Casillas, VP, Chief Executive Officer

Mark Robinson, VP, Chief Finance Officer in Attendance

Amy Breen-Lema, VP, Clinics, Ambulatory & Physicians Services

Karen Descent, VP Chief Nursing Officer in Attendance
Suzie Mays, VP Information & Strategic Services in Attendance
Doug Mays, Senior Director, Support Services in Attendance
Tina Pulido, Facilities Administrative Support Supervisor in Attendance

#### II. APPROVAL OF MINUTES:

The minutes of the District's Facilities & Service Development Committee of December 16, 2024 were approved with a motion by Devin P. and second by Nick G.

### III. UPDATE ON CURRENT PROJECTS:

HHH Autoclave Replacement (Doug M.)

Doug M. reported that this project is currently on hold due to the possibility of a full remodel in the OR department. This project will be moved to the pending section until a decision has been made.

HHH Boiler Replacement (Doug M.)

Doug M. reported that this project has been completed; we are currently waiting on the finalized documents from HCAI.

HHH AHU S-2 Emergency Repair (Doug M.)

Doug M. reported that this project is completed. It was completed as a repair instead of a replacement and did not need to go to HCAI.

HHH Lab Analyzer Validation Phase 1 (Doug M.)

Doug M. introduced Bernadette Enderez the Director of the Lab department who reported that the validation part of the project is 50% completed. Abbott completed the first part and HHH staff will complete the second part. She anticipates the second validation piece to be completed by June.

HHH Lab Analyzer Replacement Phase 2 (Doug M.)

Doug M. reported that we completed the advertisement for bidding process today. We received one bid just over \$1,000,000 that will be taken to the Finance Committee on Monday, 2/24. From there it will be taken to the Board meeting scheduled for 2/27 for approval.

HHH OR Waiver (Doug M.)

Doug M. reported that due to the current system in the main hospital OR's it is difficult to keep the humidity and temperature in compliance. We received a waiver from CDPH to use the ASC for all inpatient and outpatient surgeries. The waiver expires in January 2026. We are currently working with Stryker on a plan to remodel the OR to bring the rooms to code as well as adding a PACU and storage.

### IV. UPDATE ON PENDING PROJECTS:

- HHH Lab Analyzer Replacement Phase 3 (Doug M.)
   Doug M. reported that we are in the planning and design stages with Treanor.
- HHH Lab Analyzer Replacement Phase 4 (Doug M.)
   Doug M. reported that we are in the planning and design stages with Treanor.
- Hugs Infant Alarm Upgrade (Doug M.)
   Doug M. reported that the Wi-Fi project was approved during the last Board meeting and the upgrades have begun. We already have the new Hugs equipment and installation will begin once the Wi-Fi upgrade has been completed.
- HHH CT Scanner Replacement (Doug M.)
   Doug M. reported that Bernadette E. will be presenting a request for a trailer pad for a mobile CT scanner in March.

#### V. UPDATE ON MASTER PLAN:

- SPC-4d (Doug M.)
   Doug M. reported the following:
  - Small and Rural Hospital Relief Program Application (PIN 71)
     We have submitted our application. The next step is to apply for reimbursements for design costs. HCAI will only accept costs related to seismic specific projects.
  - AB 1882/OSHPD PIN 75 Signage Requirements
     All signage has been approved by HCAI and posted, this has now been completed.

### VI. PUBLIC COMMENT:

There was no public comment.

### VII. OTHER BUSINESS:

There was no other business.

### VII. ADJOURNMENT:

There being no further business, the meeting was adjourned at 4:22 PM. The next Facilities Committee meeting is scheduled for March 20, 2025 at 4:00pm.



# REGULAR MEETING OF THE FINANCE COMMITTEE SAN BENITO HEALTH CARE DISTRICT 911 SUNSET DRIVE, HOLLISTER, CALIFORNIA MONDAY, FEBRUARY 24, 2025 - 4:30 P.M. SUPPORT SERVICES BUILDING, 2<sup>ND</sup> FLOOR – GREAT ROOM

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

- 1. Call to Order
- 2. Review Financial Updates
  - Financial Statements January 2025
  - Finance Dashboard January 2025
  - Supplemental Payments January 2025
- 3. Consider Recommendation for Board Approval of Lease Amendment with Ceglia Properties, LLC in the amount \$10,348.85 per month for one year extension.
  - Report
  - Committee Questions
  - Motion/Second
- 4. Consider Recommendation for Board Approval of Proposal for Verkada Door Access Control in the amount of \$250,004.80 .
  - Report
  - Committee Questions
  - Motion/Second
- 5. Consider Recommendation for Board Approval of Proposal for Meditech Expanse Software Upgrade in the amount of \$2,437,900.00.
  - Report
  - Committee Questions
  - Motion/Second



- 6. Consider Recommendation for Board Approval to Award Bid to The Core Group (Chemistry Analyzer phase 2) in the amount of \$1,019,900.00.
  - Report
  - Committee Questions
  - Motion/Second
- 7. Consider Recommendation for Board Approval for Print Services Agreement with Wizix in the amount of \$16,926.00 per month.
  - Report
  - Committee Questions
  - Motion/Second
- 8. Public Comment

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

9. Adjournment

The next Finance Committee meeting is scheduled for Monday, March 24, 2025 at 4:30 p.m.

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

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



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

San Benito Health Care District

February 24, 2025

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

For the month ending January 31, 2025, the District's Net Surplus (Loss) is \$2,548,046 compared to a budgeted Surplus (Loss) of \$860,702. The District exceeded its budget for the month by \$1,687,344.

YTD as of January 31, 2025, the District's Net Surplus (Loss) is \$11,446,785 compared to a budgeted Surplus (Loss) of \$3,688,693. The District is exceeding its budget YTD by \$7,758,092.

Acute discharges were 171 for the month, exceeding budget by 5 discharges or 3%. The ADC was 14.48 compared to a budget of 16.68. The ALOS was 2.63. The acute I/P gross revenue was under budget by \$461,957 (6%) while O/P services gross revenue exceeded budget by \$1.73 million or 6% over budget. ER I/P visits were 129 and ER O/P visits were over budget by 250 visits or 12%. The RHCs & Specialty Clinics treated 3,615 (includes 772 visits at the Diabetes Clinic) and 1,002 visits respectively.

The District received notice that the CY 2023 Rate Range program will provide an additional \$683,073 in funding.

Other Operating revenue was slightly under budget by \$501.

**Operating Expenses** were over budget by \$870,671 due mainly to: Registry of \$302,554, Supplies of \$248,807 and Purchase Services of \$321,657. These overages are partly attributable to an increase in orthopedic surgeries (implants) and other medical supplies. In addition, an increase for the month in repairs and maintenance.

Non-operating Revenue was exceeded budget by \$37,051 due to the Foundation's donations.

The SNFs ADC was 88.35 for the month. The Net Surplus (Loss) is \$129,639 compared to a budget of \$124,993. YTD, the Net Surplus (Loss) is \$944,998 exceeding its budget by \$308,325.

		H	EAZEL HAWKINS MEMORIAL EOSPITAL EOLLISTER, CA 95023 FOR PERIOD 01/31/25	NS MEMORIAL BOSPITAL GOLLISTER, CA 95023 FOR PERIOD 01/31/25	L - COMBINED					
	ACTURL 01/31/25	BUDGET 01/31/25	CURRENT MONTE POS/NEG VARIANCE	PERCENT	PRIOR YR 01/31/24	ACTUAL 01/31/25	BUDGET 01/31/25	YEAR-TO-DATE- POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 01/31/24
GROSS PATIENT REVENUE: ACUTE ROUTINE REVENUE	2,991,007	3,856,433	(865,426)	(22)	3,856,434	23,696,755	23,083,932	612,823	м	23,083,926
SNF ROUTINE REVENUE ANCLILARY INPATIENT REVENUE HOSPITALIST\PEDS I\P REVENUE	2,059,560 4,469,292 0	2,027,302 4,088,889	32,258 380,403 0	N W O	2,057,580 4,018,365 210,023	13,934,310 30,216,983 0	13,640,558 27,931,613 0	293,752 285,370	K 00 0	15,295,468 27,795,371 1,110,093
TOTAL GROSS INPATIENT REVENUE	9,519,858	9,972,624	(452,766)	(5)	10,142,402	67,848,048	64,656,103	3,191,945	5	67,284,857
ANCILLARY OUTPATIENT REVENUE HOSPITALIST\PEDS O\P REVENUE	30,232,303	28,499,815	1,732,488	φ 0	27,941,002	203,943,313	192,684,179	11,259,134	9 0	188,906,078
TOTAL GROSS OUTPATIENT REVENUE	30,232,303	28,499,815	1,732,488	9	28,022,694	203,943,313	192,684,179	11,259,134	9	189,339,770
TOTAL GROSS PATIENT REVENUE	39,752,162	38,472,439	1,279,723	m	38,165,096	271,791,361	257,340,282	14,451,079	9	256,624,627
DEDUCTIONS FROM REVENUE; MEDICARE CONTRACTUAL ALLOWANCES	9,228,619	10,469,946	(1,241,327)	(12)	11,233,292	71,163,151	69,918,069	1,245,082	И	68,835,558
MEDI-CAL CONTRACTUAL ALLOWANCES BAD DEBT EXPENSE	9,819,433 469,734	10,326,827	(507,394)	(5)	9,843,477	69,686,208	69,121,680	3.564,528	근 4	68,291,050
CHARITY CARE OFFICE AND BUTTERMENTS	1,793	40,852	(39,059)	(96)	60,879	170,358	273,158	(102,800)		311,288
HOSPITALIST\PEDS CONTRACTUAL ALLOW		E 0 100 14	0	7 0	35,746	OT 'CE' '75	0	0	0	48,177
TOTAL DEDUCTIONS FROM REVENUE	24,600,398	25,894,711	(1,294,313)	(5)	26,272,552	178,995,700	173,239,858	5,755,842	6	173,183,337
NET PATIENT REVENUE	15,151,763	12,577,728	2,574,035	21	11,892,544	92,795,662	84,100,424	8,695,238	10	83,441,290
OTHER OPERATING REVENUE	547,380	547,881	(501)	Q	558,861	4,935,835	3,835,167	1,100,668	20	4,026,652
NET OPERATING REVENUE	15,699,143	13,125,609	2,573,534	20	12,451,405	97,731,497	87,935,591	906'562'6	11	87,467,942
OPERATING EXPENSES:	ניסס ויפיב ח	, de la constant de l	9	r	2 0 0 0 0 0	ארר 201 פר	878 FRO 878	(883.362)	(3)	32,952,072
REGISTRY	551,368	229,839	321,529	140	362,880	3,605,053	1,606,949	1,998,104	г	2,055,389
EMPLOYEE BENEFITS	2,351,635	2,422,063	(70,428)	(3)	1,889,684	15,276,808	16,189,951	(913,143)		14,279,096
PROFESSIONAL FEES	1,641,756	1,656,213	(14,457)	(1)	1,631,360	7 744 293	11,486,923	(432,353)	(4)	7,354,883
SUPPLIES PURCHASED SERVICES	1,286,229	1,151,622	340,804	30	1,097,789	9,323,215	7,987,070	1,336,145	17	7,423,805
RENTAL	180,689	150, 183	30,506	20	142,252	1,113,733	1,041,599	72,134	. 0	956,013
DEFRECTATION & AMORE	5,105	27,867	(22,762)	(82)	216,362	293,599	196,137	97,462	ın	405,689
OTHER	448,605	441,622	166,997	7	470,274	3,133,396	3,065,664	67,732	7	2,955,952
TOTAL EXPENSES	13,633,247	12,710,005	923,242	7	12,148,305	88,888,374	86,762,584	3,125,790	m	82,132,266
	200 230 0	115 KOZ	1 650 393	397	303.100	8,843,122	1,173,007	7,670,115	654	5,335,676

Date: 02/17/25 @ 1155 User: SDILAURA										A.G.	PAGE 2
		CH CH	HAZEL HAWKING MEMORIAL ROSPITAL · COMBINED BOLLISTER, CA 95023 POR PERIOD 01/31/25	KS MEMORIAL EOSPITAL EOLLISTER, CA 95023 FOR PERIOD 01/31/25	. COMBINED						
	ACTURE 01/31/25	BUDGET 01/31/25	-CORRENT MONTE POS/NEG VARIANCE	PERCENT	PRIOR YR 01/31/24	ACTUAL 01/31/25	BUDGRT 01/31/25	YEAR-TO-DATE- POS/WEG VARIANCE	PERCENT	PRIOR YR 01/31/24	_
NON-OPERMING REVENUE\EXPENSE;											
DONATIONS	138,562	105,000	33,562	32	49,966	213,451	135,000	78,451	52	196,488	
PROPERTY TAX REVENUE	241,122	241,122	0	0	205,711	1,687,854	1,687,854	0	0	1,439,977	
GO BOND PROP TAXES	175,915	175,915	0	0	170,388	1,231,403	1,231,405	(2)	0	1,192,714	
GO BOND INT REVENUE\EXPENSE	(65,081)	(65,081)	0	0	(68,721)	(455,570)	(455,567)	(3)	0	(481,048)	
OTHER NON-OPER REVENUE	17,852	15,908	1,944	12	16,987	113,561	111,356	2,205	2	125,030	
OTHER NON-OPER EXPENSE	(28,312)	(27,766)	(546)	2	(32,700)	(195,183)	(194,362)	(821)	0	(230,169)	
INVESTMENT INCOME	2,092	0	2,092		0	8,146	0	8,146		(4,209)	
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0	
TOTAL NON-OPERATING REVENUE/(EXPENSE)	482,149	445,098	37,051	60	341,630	2,603,663	2,515,686	776,78	4	2,238,784	
NRT SURPLUS (LOSS)	2,548,046	860,702	1,687,344	196	644,730	11,446,785	3,688,693	7,758,092	210	7,574,460	
BBIDA	\$ 2,768,987	til,096,1 \$	\$ 1,672,876	152 61%	\$ 886,305	\$ 13,085,727	\$ 5,336,556	1,749,171	145.20%	\$ 9,371,903	
EBIDA MARGIN	17.64%	8.35%	9.29#	111,20\$	7-12%	13.39\$	6.078	7.32%	120.63%	\$17.01	
OPERATING MARGIN	13,16%	3.17%	\$ 6.03\$	315,58%	2.43\$	\$50.6	1.33%	7.71%	578.33%	6.10%	
NET SURPLUS (LOSS) MARGIN	16.23%	6,56%	9.67	147,51%	5.18%	11.71%	4.19%	7.52%	179.21%	8.66%	

GROSS PATIENT REVENUE: ROUTINE REVENUE ANCILLARY INPATIENT REVENUE HOSPITALIST I\P REVENUE		HAZEL	HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE PACILITY FALSE OF 05003	AL BOSPITAL -						
O O O O O O O O O O O O O O O O O O O			FOR PB	FOR PERIOD 01/31/25	ACUTE PACILITY 3					
REVENUE	ACTUAL 01/31/25	BUDGET 01/31/25	CURRENT MONTE POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 01/31/24	ACTUAL 01/31/25	BUDGET 01/31/25	YEAR-TO-DATE- POS/NEG VARIANCE	PERCENT	PRIOR YR 01/31/24
	2,991,007 4,157,848	3,856,433 3,754,379	(B65,426) 403,469 0	(22) 11 0	3,656,434 3,754,384 210,023	23,696,755 27,702,769 0	23,083,932 25,680,871 0	612,823 2,021,898	ише	23, 083, 926 25, 680, 678 1, 110, 093
TOTAL GROSS INPATIENT REVENUE	7,148,855	7,610,812	(461,957)	(9)	7,820,841	51,399,524	48,764,803	2,634,721	'n	49,874,897
ANCILLARY OUTPATIENT REVENUE HOSPITALIST O\P REVENUE	30,232,303	28,499,815	1,732,488	9	27,941,002	203,943,313	192,684,179	11,259,134	9	188,905,078 433,692
TOTAL GROSS OUTPATIENT REVENUE	30,232,303	28,499,815	1,732,488	100	28,022,694	203,943,313	192,684,179	11,259,134	9	189,339,770
TOTAL GROSS ACUTE PATEENT REVENUE	37,381,158	36,110,627	1,270,531	4	35,843,535	255,342,836	241,448,982	13,893,856	0	239,214,667
DEDUCTIONS FROM REVENUE ACUTE:										
MEDICARE CONTRACTUAL ALLOWANCES	9,046,158	10,251,788	(1,205,621)	(12)	11,061,424	65,414,218	68,450,207	964,011	п	67,348,357
	9,730,420	10,199,423	(469,003)	(5)	9,771,922	68,980,037	68,264,451	715,586	ч ,	67,212,398
BAD DEBT EXPENSE CHARITY CARE	471,767	542,792 40,852	(71,025)	(13)	716,099	5,286,241	3,629,298	1,656,943 (102,800)	(38)	4,667,352 311,288
OTHER CONTRACTUALS AND ADJUSTMENTS HOSPITALIST\PEDS CONTRACTUAL ALLOW	5,014,546	4,476,125	538,421	12	4,301,282	32,509,850	30,039,473	2,470,377	<b>6</b> 0 O	30,843,248
TOTAL ACUTE DEDUCTIONS FROM REVENUE 2	24,264,694	25,510,980	(1,246,286)	(5)	25,927,352	176,360,704	170,656,587	5,704,117	m	170,430,819
NET ACUTE PATIENT REVENUE	13,116,464	10,599,647	2,516,817	24	9,916,183	78,982,134	70,792,395	8,189,739	1,2	68,783,848
OTHER OPERATING REVENUE	547,380	547,881	(501)	0	558,861	4,935,835	3,835,167	1,100,668	29	4,026,852
NET ACUIE OPERATING REVENUE	13,663,844	11,147,528	2,516,316	23	10,475,044	83,917,969	74,627,562	9,290,407	12	72,810,500
OPERATING EXPENSES;										
SALARIES & WAGES	4,277,649	4,246,854	30,795	7	3,943,741	27,878,039	28,952,544	(1,074,505)		26,278,155
REGISTRY	502,554	200,000	302,554	151	313,603	3,281,966	1,400,000	1,881,966	П	1,885,303
EMPLOYEE BENEFITS	1,867,994	1,890,379	(22,385)	(3) (3)	1,501,985	171,863,11	12,555,848	(431.305)	(6)	11,012,083
	1,181,301	932,494	248,807	27	1,044,907	7,060,829	6,278,146	782,683		6,661,941
D SERVICES	1,383,993	1,062,336	321,657	3.0	1,002,066	8,630,672	7,367,826	1,263,046	17	6,848,359
RENTAL	165,983	149,089	16,894	11	141,233	1,072,133	1,034,011	38,122	च <sup>†</sup> (	948,929
DEPRECIATION & AMORT	264,045	278,940	(14,895)	(5)	270,764	1,946,658	1,952,580	97.462	Lr)	405.689
INTEREST OTHER	409,437	365,147	24,290	9	410,111	2,743,622	2,673,871	69,751	m	2,605,296
TOTAL EXPENSES	11,697,608	10,826,937	870,671	σ,	10,473,922	75,809,987	73,881,368	1,928,619	1	70,103,031
NET OPERATING INCOME (LOSS)	1,966.237	320,591	1,645,646	513	1,122	9,107,982	746,194	7,361,788	2867	2,707,469

Date: 02/17/25 @ 1158 User: SDILAURA										fd.	PAGE 2
		eazei	HAWKINS MEMOR: ROLLIS	MEMORIAL HOSPITAL ROLLISTER, CA 95023 FOR PERIOD 01/31/25	EAZEL HAWKINS MEMORIAL EOSPITAL - ACUTE FACILITY ROLLISTER, CA 95023 FOR PERIOD 01/31/25						
	ACTUAL 01/31/25	BUDGET 01/31/25	CURRENT MONTH POS/NEG VARIANCE	PERCENT	PRIOR YR 01/31/24	ACTUAL BUDGET 01/31/25 01/31/2	BUDGET 01/31/25	YEAR-TO-DAIE POS/REG PERCENT VARIANCE VARIANCE	E PERCENT VARIANCE	PRIOR YR 01/31/24	-
NON-OPERATING REVENUE\EXPENSE:											
DONATIONS	138,562	105,000	33,562	32	49,966	213,451	135,000	78,451	5.8	196,488	
PROPERTY TAX REVENUE	204,954	204,954	0	0	174,854	1,434,678	1,434,678	0	0	1,223,978	
GO BOND PROP TAXES	175,915	175,915	0	0	170,388	1,231,403	1,231,405	(2)	0	1,192,714	
GO BOND INT REVENUE\EXPENSE	(65,081)	(65,081)	0	0	(68,721)	(455,570)	(455,567)	(3)	0	(481,048)	
OTHER NOW-OPER REVENUE	17,852	15,908	1,944	12	16,987	113,561	111,356	2,205	12	125,030	
OTHER NON-OPER EXPENSE	(22,124)	(21,578)	(546)	٣	(25,412)	(151,866)	(151,046)	(820)	٦	(179,155)	
INVESTMENT INCOME	2,092	0	2,092		0	8,146	O.	8,146		(4,209)	
COLLABORATION CONTRIBUTIONS	0	0	0	a	0	0	0	0	0	0	
TOTAL NOW-OPERATING REVENUE/(EXPENSE)	452,170	415,118	37,052	0	318,061	2,393,804	2,305,826	87,978	49	2,073,799	
NET SURPLUS (LOSS)	2,418,406	735,709	1,682,697	229	319,183	10,501,787	3,052,020	7,449,767	245	4,781,268	

		B	BAZEL AAMKINS SKILLED NURSING PACILITIES BOLLISTER, CA FOR PERIOD 01/31/25	INS SKILLED NURSING BOLLISTER, CA FOR PERIOD 01/31/25	FACILITIES		27 27 30 30 30 30 30 30 30 30 30 30 30 30 30			
	ACTUAL 01/31/25	BUDGET 01/31/25	CURRENT MONTE POS/NEG VARIANCE	PERCENT	PRIOR YR 01/31/24	ACTUAL 01/31/25	BUDGET 01/31/25	YEAR-TO-DATE POS/NEG VARIANCE	E-PERCENT VARIANCE	PRIOR YR 01/31/24
GROSS SNF PATIENT REVBNUE:										
ROUTINE SNF REVENUE ANCILLARY SNF REVENUE	2,059,560	2,027,302	32,258 (23,067)	2 (7)	2,057,580	13,934,310	13,640,558	293,752	12	15,295,468
TOTAL GROSS SNF PATIENT REVENUE	2,371,003	2,361,812	9,191	0	2,321,561	16,448,523	15,891,300	557,223	4	17,409,960
DEDUCTIONS PROM REVENUE SNF:										e M
		C &			0	0.00	200		0	1 404
MEDICARE CONTRACTUAL ALLOWANCES MEDI-CAL CONTRACTUAL ALLOWANCES	182,451 89,012	218,158	(38,392)	(30)	71,555	706,171	857,229	(151,058)	(18)	1,487,202 1,078,652
CHARITY CARE OTHER CONTRACTUALS AND ADJUSTMENTS	(2,033) 0 66,274	33,169	33,105	001	40,885	239,259	223,160	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		281,868
TOTAL SNF DEDUCTIONS FROM REVENUE	335,704	383,731	(48,027)	(13)	345,200	2,634,995	2,583,271	51,724	2	2,752,518
NET SNF PATIENT REVENUE	2,035,299	1,978,081	57,218	m	1,976,361	13,813,528	13,308,029	505,499	"	14,657,442
OTHER OPERATING REVENUE	0	Q	(9	0	0	D	O	0	0	12
NET SNF OPERATING REVENUE	2,035,299	1,978,081	57,218	m	1,976,361	13,813,528	13,308,029	505,499	4	14,657,442
OPERATING EXPENSES: SALARIES & WAGES DECISION	094,318	035,690	58,628	6 49	936,327	7,246,078	7,054,934	191,144	. 9 . 9	6,673,917 170,087
KECLSIKI EMPLOYEE BENEFITS	483,641	531,684	(48,043)	(6)	387,699	3,413,637	3,634,103	(220,466)		3, 267,013
PROFESSIONAL FEES	2,210	2,382	(172)	(7)	2,210	15,470	16,518	(1,046)	(6)	15,470
SUPPLIES PIRCAASED SERVICES	104,926	97,091 89,286	7,837	21	102,189 95,723	692,343	619,244	23,099	7	575,447
RENTAL	14,706	1,094	13,612	1,244	1,019	41,601	7,588	34,013	448	7,085
DEPRECIATION	39,418	39,537	(119)	0 0	39,778	272,934	0 0	0 (3,823)		0
INTEREST	171,88	56,465	(17,294)	(31)	60,163	389,774	391,793	(2,019)	(1)	350,656
TOTAL EXPENSES	1,935,639	1,883,068	52,571	M	1,674,384	13,078,388	12,881,216	197,172	2	12,029,235
NET OPERATING INCOME (LOSS)	099'66	95,013	4,647	Lri	301,978	735,140	426,813	308,327	72	2,628,207
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 97 96	0 0	<b>\$</b>	30,857	0 253,176	253,176	0	0 9	215,999
PRUPERTY TAK KEVENUE. OTHER NON-OPER EXPENSE	(6,188)		0	Cz	(7,288)	(43,318)	(43,316)	(2)		(51,014)
TOTAL NON-OPERATING REVENUE/(EXPENSE)	29, 980	29,980	0	0	23,569	209,858	209,860	(2)	0	164,935
NET SURPLUS (LOSS)	129.639	124.993	4.646	작	325,547	944,998	636,673	308,325	4 3	2,793,192

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### HAZEL HAWKINS MEMORIAL HOSPITAL HOLLISTER, CA For the month ended 01/31/25

	for the month	ended 01/31/25			
	CURR MONTH 01/31/25	PRIOR MONTH 12/31/24	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/24
CURRENT ASSETS					
CASH & CASH EQUIVALENT	27,314,301	29,830,048	(2,515,747)	(8)	35,145,624
PATIENT ACCOUNTS RECEIVABLE	65,766,315	65,148,849	617,466	1	67,848,785
BAD DEBT ALLOWANCE	(7,750,215)	(8,470,932)	720,717	(9)	(9,487,617)
CONTRACTUAL RESERVES	(44,058,764)	(44,358,384)	299,620	(1)	(46,279,766)
OTHER RECEIVABLES	6,255,337	5,134,377	1,120,960	22	5,931,344
INVENTORIES	4,490,095	4,494,817	(4,722)	0	4,496,070
PREPAID EXPENSES	2,288,168	2,275,693	12,476	1	1,775,026
DUE TO\FROM THIRD PARTIES	272,832	272,832	0	0	200,709
TOTAL CURRENT ASSETS	54,578,069	54,327,301	250,769	1	59,630,175
	*********	*********	**********	5254955038	*******
ASSETS WHOSE USE IS LIMITED					
BOARD DESIGNATED FUNDS	7,914,767	7,748,688	166,078	2	3,512,919
TOTAL LIMITED USE ASSETS	7,914,767	7,748,688	166,078	2	3,512,919
	********	*********	2022万元日日日日日日日	******	********
PROPERTY, PLANT, AND EQUIPMENT					
LAND & LAND IMPROVEMENTS	3,370,474	3,370,474	0	0	3,370,474
BLDGS & BLDG IMPROVEMENTS	100,098,374	100,098,374	0	0	100,098,374
EQUIPMENT	45,577,697	45,097,074	480,624	1	44,435,024
CONSTRUCTION IN PROGRESS	2,920,360	2,656,105	264,254	10	1,393,964
GROSS PROPERTY, PLANT, AND EQUIPMENT	151,966,904	151,222,026	744,878	<u>±</u>	149,297,836
ACCUMULATED DEPRECIATION	(96,731,822)	(96,413,715)	(318,107)	0	(94,409,166)
NET PROPERTY, PLANT, AND EQUIPMENT	55,235,082	54,808,312	426,771	1	54,888,670
	<b>医软件等性放弃医医</b>	**********	*********	*********	********
OTHER ASSETS INAMORTIZED LOAN COSTS	356,770	362,681	(5,911)	(2)	398,148
PENSION DEFERRED OUTFLOWS NET	7,038,149	7,038,149	0	0	7,038,149
TOTAL OFFICE A GATTER	7,394,919	7,400,830	(5,911)	0	7,436,297
TOTAL OTHER ASSETS	7,394,919	***********	***********		******
MOMENT (DIDECUIDI ACCEPTO	125,122,837	124,285,131	837,706	1	125,468,061
TOTAL UNRESTRICTED ASSETS	125,122,837	**********	*********	*******	*********
RESTRICTED ASSETS	128,754	128,273	481	0	127,119
GOINTCIED WOODID		-			
TOTAL ASSETS	125,251,591	124,413,404	838,187	1	125,595,180

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### HAZEL HAWKINS MEMORIAL HOSPITAL HOLLISTER, CA For the month ended 01/31/25

	CURR MONTH 01/31/25	PRIOR MONTH 12/31/24	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/24
CURRENT LIABILITIES			(000 040)	14	8,572,685
ACCOUNTS PAYABLE	6,797,957	5,965,117	(832,840)		
ACCRUED PAYROLL	1,582,525	3,355,825	1,773,301	(53)	5,824,977
ACCRUED PAYROLL TAXES	1,252,455	488,797	(763,658)	156	1,608,471
ACCRUED BENEFITS	5,350,807	6,446,551	1,095,744	(17)	6,695,829
OTHER ACCRUED EXPENSES	51,854	63,497	11,643	(18)	89,559
PATIENT REFUNDS PAYABLE	1,470	1,310	(160)	12	12,920
DUE TO\FROM THIRD PARTIES	(974,028)	(800,454)	173,574	22	2,355,584
OTHER CURRENT LIABILITIES	554,184	771,552	217,368	(28)	611,755
TOTAL CURRENT LIABILITIES	14,617,224	16,292,195	1,674,972	(10)	25,771,780
	************	EDITAXA05000	*********	# 3 # N H 2 Q Q Q Ø	**********
LONG-TERM DEBT					
LEASES PAYABLE	4,669,706	4,676,553	6,848	0	5,107,486
BONDS PAYABLE	31,542,481	31,571,001	28,520	0	31,742,121
BONDO PATIBLE		·			
TOTAL LONG TERM DEBT	36,212,186	36,247,554	35,368	0	36,849,607
	*********	4 4 2 2 0 5 4 9 9 11 11 2	*********		G22MS########
OTHER LONG-TERM LIABILITIES					
DEFERRED REVENUE	0	0	0	0	C
LONG-TERM PENSION LIABILITY	23,814,514	23,814,514	0	0	23,814,514
BONG IDIG! I HID TO!! BILBILITI			·		
TOTAL OTHER LONG-TERM LIABILITIES	23,814,514	23,814,514	0	0	23,814,514
TOTAL CITIZE COLOR THE TELESCOPE	********	********	*****	******	******
TOTAL LIABILITIES	74,643,924	76,354,263	1,710,339	(2)	86,435,901
NET ASSETS:					
UNRESTRICTED FUND BALANCE	39,064,686	39,064,686	0	0	39,064,686
RESTRICTED FUND BALANCE	96,228	95,747	(481)	1	94,593
MET REVENUE/(EXPENSES)	11,446,753	8,898,708	(2,548,046)	29	
(EI REVENUE) (ERFENSES)	11/110//13				
TOTAL NET ASSETS	50,607,667	48,059,141	(2,548,526)	5	39,159,27
	**********	*******		********	*******
		104 413 404	(838,187)	1	125,595,18
TOTAL LIABILITIES AND NET ASSETS	125,251,591	124,413,404	(030,101)	~	



### San Benito Health Care District Hazel Hawkins Memorial Hospital JANUARY 2025

Description	MTD Budget	MTD Actual	YTD Actual	YTD Budget	FYE Budget
Average Daily Census - Acute	16.68	14.48	14.33	14.70	14.90
Average Daily Census - SNF	85.95	88.35	86.19	83.42	85.00
Acute Length of Stay	3.12	2.63	2.65	2.99	2.90
ER Visits: Inpatient Outpatient Total	129 2,162 2,291	129 2,412 2,541	958 15,237 16,195	799 14,705 15,504	1,444 25,269 26,713
Days in Accounts Receivable	50.0	53.1	53.1	50.0	50.0
Productive Full-Time Equivalents	521.33	509.43	510.70	521.33	521.33
Net Patient Revenue	12,577,728	15,151,763	92,795,662	84,100,424	144,649,605
Payment-to-Charge Ratio	32.7%	38.1%	34.1%	32.7%	32.7%
Medicare Traditional Payor Mix	27.73%	27.24%	28.03%	28.86%	28.51%
Commercial Payor Mix	21.94%	24.46%	23.52%	21.71%	21.88%
Bad Debt % of Gross Revenue	1.42%	1.18%	1.92%	1.42%	1.42%
EBIDA EBIDA %	1,096,111 8.35%	2,768,987 17.64%	13,085,727 13.39%	5,336,556 6.07%	9,671,943 6.40%
Operating Margin	3.17%	13.16%	9.05%	1.33%	1.72%
Salaries, Wages, Registry & Benefits %: by Net Operating Revenue by Total Operating Expense	60.45% 62.43%	52.71% 60.70%	55.26% 60.76%	61.19% 62.01%	61.10% 62.15%
Bond Covenants:				,	
Debt Service Ratio	1.25	12.01	12.01	1.25	5.18
Current Ratio	1.50	3.73	3.73	1.50	2.00
Days Cash on hand	30.00	67.61	67.61	30.00	100.00
Met or Exceeded Target Within 10% of Target Not Within 10%			•		

Flows
Cash
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Statement of Cash Flows
Hazel Hawkins Memorial Hospital
Hollister, CA
Seven months ending January 31, 2025

Month   Notice   No	The state of the s	CASH FLOW	FLOW	COMMENTS
Second   S		Current Month 1/31/2025	Current Year-To-Date	
set (Loss)         \$2,548,046         \$11,446,768           atient Accounts Receivable         (1,337,003)         (1,875,934)           Receivables         (1,170,960)         (323,933)           on Expenses         (1,170,960)         (353,933)           on Third Parties         (1,170,960)         (357,934)           on Third Parties         (1,170,960)         (375,123)           on Third Parties         (1,174,728)         (371,134)           on Third Parties         (1,174,728)         (371,134)           on Notes and Losins Payable         (1,174,138)         (1,144)           on Notes and Losins Payable         (1,174,138)         (1,144)           on Notes Current Liabilities         (1,143)         (1,144)           on Out-or Current Liabilities         (1,148)         (1,144)           on Out-or Current Liabilities         (1,148)         (1,141,146)           on Use Cash and investments         (1,148)         (1,148)           <	ASH FLOWS FROM OPERATING ACTIVITIES:			
atient Accounts Receivable         318,108         2,322,658           Receivables         (1,637,603)         (1,875,934)           Receivables         (1,637,603)         (1,875,934)           one Third Parties         (1,2,476)         (7,172)           on Third Parties         (12,476)         (7,174,729)           on Third Parties         (1,643)         (1,7476)           on Third Parties         (1,643)         (1,7476)           on Accounts Payable         (1,643)         (1,643)           on Accounted Payable         (1,643)         (1,643)           on In Accounted Payable         (1,643)         (1,1449)           on In Patient Refunds Payable         (1,643)         (1,1449)           on Cher Current Liabilities         (1,643)         (1,1449)           on Cher Current Liabilities         (1,12,574)         (2,659,069)           on Cher Current Liabilities         (1,66,078)         (4,1149)           Assets         (1,66,078)         (1,1449)           Assets         (1,66,078)         (1,66,078)           Assets         (1,66,078)         (1,66,078)           on Cher Term Liabilities         (1,66,078)         (1,66,078)           on Cher Term Liabilities         (1,66,078)         <	Net Income (Loss) Adjustments to Reconcile Net Income to Net Cash	\$2,548,046	\$11,446,785	
State   Stat	Provided by Operating Activities:			
(1,120,960)   (1,875,603)	Depreciation	318,108	2,322,658	
Receivables	(Increase)/Decrease in Net Patient Accounts Receivable	(1,637,803)	(1,875,934)	
Manage Debt	(Increase)/Decrease in Other Receivables	(1,120,960)	(323,993)	
12,476   (513,144)	(Increase)/Decrease in Inventories	4,722	5,975	
Order Current Liabilities	(Increase)/Decrease in Pre-Paid Expenses	(12,476)	(513,144)	
In Accounts Payable	(Increase)/Decrease in Due From Third Parties	0	(72,123)	
Notes and Loans Payable   (2,105,386)   (5,943,490)   (11,449)	Increase/(Decrease) in Accounts Payable	832,840	(1,774,728)	
In Accrued Payroll and Benefits	Increase/(Decrease) in Notes and Loans Payable	0	0	
In Accrued Expenses	Increase/(Decrease) in Accrued Payroll and Benefits	(2,105,386)	(5,943,490)	
In Patient Refunds Payable	Increase/(Decrease) in Accrued Expenses	(11,643)	(37,706)	
in Third Party Advances/Labilities (173,574) (3,329,612) (217,368) (175,570) (11,611,116) (11,611,116) (12,13,380) (11,611,116) (12,13,380) (13,137) (14,878) (2,689,069) (14,123,380) (14,123,380) (14,123,380) (14,123,380) (14,116) (14,123,380) (14,116) (14,123,380) (14,116) (14,123,380) (14,116) (14,123,380) (14,116)	Increase/(Decrease) in Patient Refunds Payable	160	(11,449)	
In Other Current Liabilities	Increase/(Decrease) in Third Party Advances/Liabilities	(173,574)	(3.329,612)	
wittes:     (4,123,380)     (11,611,116)       and Equipment     (744,878)     (2,689,089)       a Use Cash and Investments     (166,078)     (4,401,847)       Assets     (166,078)     (4,401,847)       Assets     (6,848)     (4,377,81)       Mortgage Debt     (6,848)     (437,781)       Long Term Liabilities     0     (99,640)       es     (35,368)     (637,421)       SETS     0     (32,323)       Period     (2,515,747)     (7,831,323)       Period     \$27,314,301     \$27,314,301	Increase//Decrease) in Other Current Liabilities	(217.368)	(57.570)	Semi-Annual Int 2005 GO & 2021 Revenue Bonds
nd Equipment (744,878) (2,659,069) (0 Use Cash and Investments of Use Cash and Investments (166,078) (1401,847) (1	Net Cash Provided by Operating Activities:	(4,123,380)	(11,611,116)	
nd Equipment (744,878) (2,689,069) (2 0,009) (2 0,009) (3 0,009) (4,401,847) (	SH ELOWS EROM INVESTING ACTIVITIES:			
d Use Cash and Investments  close Cash and Investments  August State Sta	Purchase of Property, Plant and Equipment	(744,878)	(2,669,069)	
Limited Use Assets (156,078) (4,401,847) Assets (196,078) (4,401,847) S  S  All Lease Debt (6,848) (437,781)  Mortgage Debt (7,029,539)  Long Term Liabilities (6,848) (437,781)  SETS  Cash (2,515,747) (7,831,323)  Period s29,830,048 (357,314,301)	(Increase)/Decrease in Limited Use Cash and Investments	0	0	
Assets	(Increase)/Decrease in Other Limited Use Assets	(166,078)	(4,401,847)	Bond Principal & Int Payment - 2014 (2005) & 2021 Bonds
(5,05,045)   (7,029,539)   (7,029,539)   (1,029,539)   (1,029,639)   (1,029,639)   (1,029,640)   (	(Increase)/Decrease in Other Assets	5,911	41,377	Amortization
Case Debt	Net Cash Used by Investing Activities	(905,045)	(7,029,539)	
se Debt (6,848) (437,781) (437,781) (437,781) (437,781) (437,781) (437,781) (437,781) (437,781) (439,640) (637,421)	ASH FLOWS FROM FINANCING ACTIVITIES:			
age Debt (28,520) (199,640)  Term Liabilities (35,368) (637,421)  (2,515,747) (7,831,323)  d 29,830,048 35,145,624  Sz7,314,301 \$27,314,301	Increase/(Decrease) in Capital Lease Debt	(6,848)	(437,781)	
Term Liabilities 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Increase/(Decrease) in Bond Mortgage Debt	(28,520)	(199,640)	2014 GO Principal & Refinancing of 2013 Bonds with 2021 Bonds
(35,368) (637,421)  0 (32)  (2,515,747) (7,831,323)  d 29,830,048 35,145,624  S27,314,301 \$27,314,301	Increase/(Decrease) in Other Long Term Liabilities	0	0	
d (2,515,747) (7,831,323) seriod \$29,830,048 35,145,624 \$27,314,301	Net Cash Used for Financing Activities	(35,368)	(637,421)	
d 29,830,048 35,145,624 s27,314,301 \$27,314,301	NCREASE)/DECREASE IN RESTRICTED ASSETS	0	(32)	
29.830.048 35.145.624 \$27.314.301 \$27,314,301	Net Increase/(Decrease) in Cash	(2,515,747)	(7,831,323)	
\$27,314,301	Cash, Beginning of Period	29,830,048	35,145,624	
	Cash, End of Period	\$27,314,301	\$27,314,301	\$0

Budgeted Cash on Hand Variance

(\$2,242,143) \$29,556,444

Operational Days Cash on Hand Cost per day to run the District

\$404,015 67.61

Hazel Hawkins Memorial Hospital	Supplemental Payment Programs	As of January 31, 2025, FYE June 30, 202
---------------------------------	-------------------------------	--

	Actual FY 2024 Notes:	Requires District to fund program and wait for matching return.	407,785 Paid on 04/17/24, \$156,525.63, funds rec'd in June. Exp. June 2025.	434,472 Paid on 04/24/24, \$506,883.51, funds rec'd in June. Exp. June 2025.		2,432,278 IGT by March 22, 2024 of \$1,257,738, funds expected in May/June.	Expected in May 2025.		3,459,757 IGT by Feb. 16, 2024 of \$1,891,350.65, funds expected in April/May.	Expected in May 2025. (1,253,000) Paid on 02/26/2024.	(1,222,438) Paid on 04/08/2024.	<ul> <li>Due January 3, 2025. Paid on Decmber 9, 2024.</li> </ul>	7,689,581	Direct Payments	4,143,717 Received on March 11, 2024. Exp. June 2025.		3,208,731 1st, 2nd & 3rd Qtrs rec'd on 03/19/2024, 05/23/2024 & 06/27/2024.	Rec'd 1st, 2nd, & 3rd Qtr payments YTD.		1,452,877 Expected quarterly through June 30, 2025.	C 0 0 1/2 0		17,564,484	18,970,344	1,069,577	(2,475,438)
	Actual FY 2025		425,000	389,100	,Æ	, CA C	2,425,000	1,339,141	9 450 000	0,430,000	28	(3,090,086)	4,938,155		4,100,000	1,069,577	1.081.621	3,244,863	*	624,162	10 100 003	77,01	15,058,378	4,938,602	13,209,862	(3,090,086)
	Payor		DHCS	DHCS	Anthem	Anthem	Anthem	Anthem	Anthem	District	District	District			DHCS	DHCS	DHCS	DHCS	*	DHCS						
As of January 31, 2025, FYE June 30, 2025		Intergovernmental Transfer Programs: - AB 113 Non-Designated Public Hospital (NDPH)	SFY 2022/2023 Final Payment SFY 2023/2024	SFY 2023/2024 Interim SFY 2024/2025	- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2022	- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2023	- Rate Range Jan. 1, 2022 through Dec. 31, 2022	- Rate Range Jan. 1, 2022 through Dec. 31, 2023	- QIP PY 5 Settlement - OIP PY 6 Settlement	- QIP PY 4 1st Loan Repayment	- QIP PY 4 <b>2nd</b> Loan Repayment	- QIP PY 5 Loan Repayment	IGT sub-total	Non-Intergovernmental Transfer Programs:	- AB 915	- SB 239 Hospital Quality Assurance Fund (HQAF)	- 3B 239 Hospital Quality Assurance Fund (HQAF) - SB 239 Hospital Quality Assurance Fund (HQAF) VIII	- SB 239 Hospital Quality Assurance Fund (HQAF) VIII	- Distinct Part, Nursing Facility (DP/NF)	- Medi-cai Disproportionate Snare (DSH)	Non-IGT sub-total		Program Grand Totals	Total Received	Total Pending	וטומן רמוני

### AMENDMENT TO LEASE AGREEMENT BETWEEN SAN BENITO HEALTH CARE DISTRICT AND CEGLIA PROPERTIES, LLC

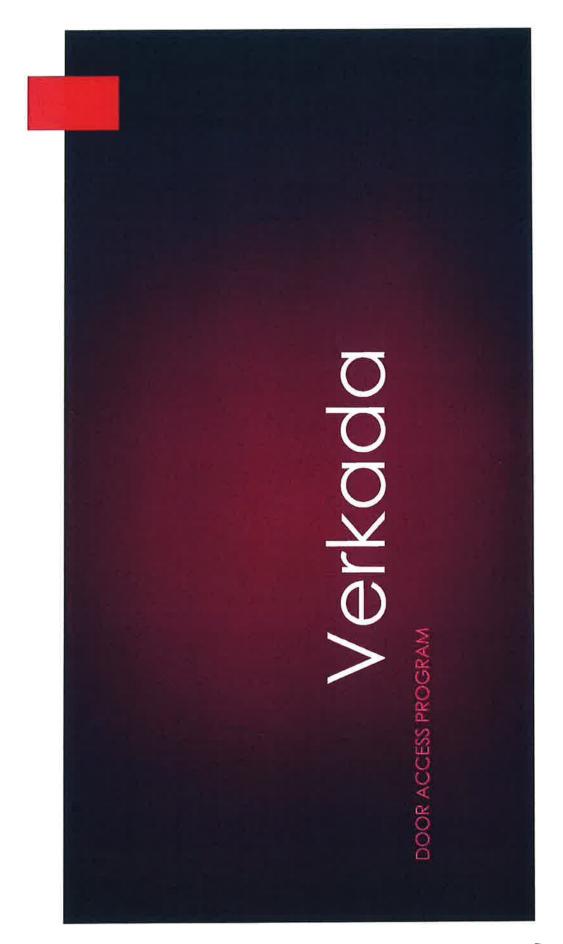
This Amendment to the Lease Agreement ("Amendment") is effective \_\_\_\_\_\_, 2025 ("Effective Date"), by and between San Benito Health Care District, a local health care district ("Lessee"), and Ceglia Properties, LLC, a California limited liability company ("Lessor"), collectively referred to as the "Parties," upon the following facts and circumstances:

### RECITALS

- A. Lessee and Lessor executed a Lease Agreement effective March 1, 2020 ("Lease") for certain premises located at 101 McCray Street, Hollister, California ("Premises");
  - B. The current term of the Lease expires February 28, 2025 ("Expiration Date");
- C. Lessee desires to continue to occupy the Premises following the Expiration Date and Lessor desires to consent to such continued occupancy as provided in this Amendment.
- NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Lessor and Lessee agree the Lease is amended as follows:
- 1. Term. Commencing on the day following the Expiration Date ("Start Date"), the term of the Lease shall be for one (1) year, or until this Lease is terminated as otherwise provided in the Lease.
- 2. Base Rent. The Base Rent, beginning on the Start Date, and continuing for the Term shall be ten thousand three hundred forty-eight dollars and eighty-five cents (\$10,348.85) per month payable on the first (1<sup>st</sup>) day of each and every month.
- 3. No Other Changes. All terms and conditions of the Lease not altered, amended or otherwise affected by this Amendment are reaffirmed by the Parties and shall remain in full force and effect between them.
- 4. Entire Agreement. This Amendment supersedes and replaces the provisions of the Lease as described herein. Except as set forth in this Amendment, if there is any conflict or inconsistency between this Amendment and the Lease, this Amendment shall control and govern in the interpretation and construction of the Agreement.
- 5. Counterparts. This Amendment may be executed in multiple counterparts, and counterpart signature pages may be assembled to form a single, fully executed document. Electronic signatures will have the same binding effect as wet signatures.

In witness whereof, by their duly authorized representatives, the Parties have executed this Amendment to be effective as set forth above.

Lessee: San Benito Health Care District	Lessor you just: Ceglia Properties, LLC	
Ву:	By:	
Name	Name:	_
Title:	Title:	_
Date;	Date:	



### Comparison

### Current Program

- ► Hub Manager
- 2008 Initial Program
- 2017 Last Update to Program
  Only 1 user can be loaded or
- Only 1 user can be logged on
- ► Runs on a single desktop –Engineering
  - Parts for Card readers difficult to locate

### Proposed Program-Verkada

- Cloud based
- Modern technology
- Can integrate with cameras
- Has many additional features

## Door Access Quotes and Comparisons

- Verkada –
- ► Hardware \$130,453.80
- Install "Professional Services"- \$119,551.00
  Total \$250,004.80 Recommend
- Paxton -
- ► Hardware \$212,452.30
  - ► Install TBD
- Total Unknown

- Monarch Valid fill 2/14/25
  - Hardware \$154,173.35
- ▶ Install "Professional Services" \$157,718.75
  Total \$311,892.10
- PixaBytes Solutions, Inc.
- Hardware \$169,576.78
  - Shipping \$2,575.00 Install - \$92,718.75
- Programming \$9,525.00
- Total w/tax \$274,395.53



### **Verkada Access Control**

Quote # QUO-CTSUS025099 Version 2

### Prepared by:

### **Converge Technology Solutions**

Andrew Post andrew.post@convergetp.com

### Prepared for:

### **Hazel Hawkins Memorial Hospital**

Doug Mays dmays@hazelhawkins.com





### Verkada Access Control

### Quote #: QUO-CTSUS025099

Version: 2

Date: 02/10/2025

Expiration Date: 03/11/2025

Payment Terms: Prepaid

**Andrew Post Account Executive** 

andrew.post@convergetp.com

Converge Technology Solutions 130 Technology Parkway

Ste 100

Norcross, GA 30092

### Bill To:

### **Hazel Hawkins Memorial Hospital**

911 Sunset Dr Hollister, CA 95023 **Doug Mays** (831) 636-2633 dmays@hazelhawkins.com Ship To:

### Hazel Hawkins Memorial Hospital

911 Sunset Dr Lbby Hollister, CA 95023 **Doug Mays** (831) 636-2633

dmays@hazelhawkins.com

### **Products**

Qty	Product	Product Description	Price	Ext. Price
23	AC42-HW	AC42 4 Door Controller	\$1,259.30	\$28,963.90
4	AC12-HW	AC12 1 Door Controller	\$489.30	\$1,957.20
3	AX11-HW	AX11 IO Controller	\$1,119.30	\$3,357.90
26	ACC-BAT-4AH	4AH Backup Battery	\$90.30	\$2,347.80
94	AD34-HW	AD34 Multi-format Card Reader	\$244.30	\$22,964.20
94	LIC-AC-5Y	5-Year Door License	\$699.30	\$65,734.20
1	TD53-HW	TD53 Video Intercom Reader	\$1,259.30	\$1,259.30
1	LIC-TD-5Y	5-Year Intercom License	\$874.30	\$874.30
1	FREIGHT CHARGE	FREIGHT CHARGE	\$2,995.00	\$2,995.00

Subtotal: \$130,453.80



### **Quote Summary**

Description	Amount
Products	\$130,453.80
	Total (USD): \$130,453.80

- Payment Terms, as established or upon credit approval.
- FOB Destination.
- Taxes, freight and other fees not included unless otherwise stated.
- Returns or exchanges are at the discretion of the Manufacturer.
- Order may be delivered in multiple shipments, and customer agrees to pay partial payments as product is delivered.
- Supplier is acting as a reseller of the Original Equipment Manufacturer (OEM). The products sold under this quotation are subject to the terms and conditions provided by the OEM.
- This Quote, including the Vendor's terms and conditions therein, represent the complete and final agreement and supersedes all prior understandings, including but not limited to, any negotiations, representations, and terms listed on a Customer's purchase order.
- To the extent that this Quote is a multi-year commitment, this quote cannot be cancelled or terminated unless agreed to, in writing, by the Vendor.

### Hazel Hawkins Memorial Hospital

Signature:	<u> </u>		
Name:			
Date:	-		
PO Number:			





130 Technology Parkway, Peachtree Corners, GA 30092 | 770-300-4700 | www.convergetp.com

### Statement of Work

for

### Hazel Hawkins Memorial Hospital

### **Access Control Complete Hospital**

February 14, 2025

Presented By: Andrew Post andrew.post@convergetp.com 408-649-0299

Document ID #: 013097v4

Prepared For: Salomon Mercado smercado@hazelhawkins.com 831-636-2633

Offer is valid for ninety (90) days from the date shown above.

Confidentiality Notice: This Statement of Work ("SOW") may contain non-public, confidential information and shall neither be disclosed outside of Hazel Hawkins Memorial Hospital nor be duplicated, used, or disclosed in whole or in part by Hazel Hawkins Memorial Hospital except to evaluate the services described herein. This restriction does not limit the right to use the information contained in this SOW if it is obtained from another source without confidentiality restrictions.



013097v4

### 1. SOW Revision History

Date	Ву	<b>Description of Revision</b>
9/23/24	Melanie Michaelson/ Dustin Bateman	SOW Creation
12/31/24	Melanie Michaelson/ Dustin Bateman	v2 Scope, Price
1/9/25	Melanie Michaelson/ Dustin Bateman	v3 Scope, Price
2/14/25	Melanie Michaelson/ Dustin Bateman	V4 Scope, Price

### 2. Summary

Hazel Hawkins Memorial Hospital ("Client") has engaged Converge Technology Solutions US, LLC ("Converge") to install cabling and Verkada equipment for Access Controls on doors throughout the hospital (the "Services").

Site Address: 911 Sunset Dr., Hollister, CA 95023

This SOW shall be governed by the terms and conditions of the Master Services Agreement which can be found at: <a href="https://convergetp.com/converge-msa-online">https://convergetp.com/converge-msa-online</a> 1 2023/ (the "Agreement"). By signing this SOW, Client agrees to be bound by the aforementioned online terms and conditions. Any third-party products, software, or subscription services applicable to the Services under this SOW are subject to the terms and conditions of the third-party manufacturer or licensor.

### 3. Scope of Work

### **Access Control Scope Tasks:**

- 1. Provide labor to install (23) Verkada AC42 door controllers.
- 2. Provide labor and materials to install (1) Cat 6 Data Cable from Hazel Hawkins network switch to (23) AC42 Door Access Control Modules.
- 3. Provide labor to install (23) backup batteries for the AC42 door controllers.
- 4. Provide labor to install (3) Verkada AC12 door controllers.
- 5. Provide labor and materials to install (1) Cat 6 Data Cable from Hazel Hawkins network switch to (3) AC12 Door Access Control Modules.
- 6. Provide labor to install (3) Verkada AX11 IO controllers.
- 7. Provide labor to install (94) AD34 Verkada Multi-format Card Readers.
- 8. Provide labor to install (1) TD53 Video Intercom Reader
- 9. Provide labor and materials to install (1) Cat 6 Data Cable from Hazel Hawkins network switch to (1) TD53 Video Intercom Reader

### **Project Management**

A project manager will be assigned to facilitate project success through planning, coordination, tracking, reporting, communication, and escalation as needed. In alignment with Converge's proven project management process, the project manager will complete the following tasks:

- Conduct project kick-off meeting
- Follow up on completion of project prerequisites
- Develop workplan and timeline for in-scope activities
- Manage project communications and resource scheduling
- Distribute project status dashboard
- Conduct project status meetings
- Identify and track project risks and issues



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- Facilitate any necessary project change requests
- Ensure project deliverables are completed and meet expectations
- Conduct closeout meeting

### 4. Deliverables

Deliverables

Description

Test Results
As-Built

PDF Copies of Category Compliant Test Results for new Cat 6 data cables installed. PDF Floorplan with Cable ID's and Access Control Locations including Serial #'s if

acceptable drawings are provided by the hospital.

**Pictures** 

Digital Pictures of Access Control Unit and Intercom installations.

Unless otherwise stated, any documentation deliverables shall be provided in electronic format.

### 5. Acceptance Procedure

- Passing Cat 6 Cable Test Results and Digital Pictures showing proper installation and workmanship.
- All Verkada Access Control devices active in Command Portal.

Client shall have fourteen (14) business days from the date that work ceases in which to notify Converge that (i) the Services provided meet Client's satisfaction or (ii) the Services do not conform with the Scope of Work, in which event, Client shall describe the specific basis for such non-conformity. If Client indicates nonconformance, the parties shall promptly meet and use good faith to resolve the issues. If Client indicates satisfaction with the Services or does not respond within the fourteen (14) day period, this engagement shall be considered complete, and the Services accepted.

### 6. Exclusions

Converge is only responsible for completing the Services listed in the above Scope of Work. Services requested outside the Scope of Work may be subject to additional charges. The following are expressly excluded from the scope of this SOW:

- a) Any elevator work aside from installing the proximity card reader. Converge will work with HHMC's elevator contractor to determine any supplemental work not included within this SOW.
- b) Any High Voltage or Electrical work.
- c) Any Badges, Cards or Fobs for Access Control.
- d) Any proximity card readers and door hardware.
- e) Any import or set-up of users in Verkada Command.
- f) Any Network Switches or additional network devices not outlined in Scope of work.
- g) Any Keys for Access Control Doors. Converge is not responsible for maintaining master key systems.
- h) Any patching or Painting of walls penetrated for equipment installation.
- i) Any cost of bond if applicable.
- j) Any Special/Extra Insurance Certificate Requirements requested by a 3rd party.
- k) Importing all users in the Command Portal. This can be done by customer via CSV bulk upload.
- 1) Asbestos or any other Hazardous Material Abatement.





- m) Installation of any new Doors or Door Frames.
- n) Any Ceiling Repair or Replacement.
- o) Pricing excludes any applicable permit fees or taxes.
- p) Data wipe/erasure
- q) Hardware disposal
- r) Documentation outside any explicitly included within the Deliverables section herein
- s) Configuration, upgrades, or troubleshooting of third-party applications
- t) Network and/or firewall configuration

### 7. Client Responsibilities

- a) Client shall facilitate coordination of their elevator contractor for system integration that falls outside of this scope of work.
- b) Client shall provide drawings of facilities/buildings for use in as-builts.
- c) Client shall assign designated Point of Contact for schedule coordination, site access and scope acceptance.
- d) Site Access for Converge Technicians to all in scope site areas on scheduled days. Delays to areas in scope outside of Converge Technician control may result in additional charges.
- e) Identifying a primary point of contact with overall responsibility for the project who will assist with managing Client's obligations under this SOW and to whom project communications can be addressed.
- f) Obtaining all necessary consents from third parties for Converge Affiliate's technician(s) to perform the Services, especially if the Client's facility is leased or otherwise shared with a third party.
- g) Supplying timely access to Client's subject matter experts and business stakeholders as may be required for Converge to obtain sufficient information pertaining to the Services. Failure of Client to provide timely responses to requests for information may result in delays to the Services.
- h) Providing a safe and suitable workspace, security clearance, building access, parking accommodation, and office supplies (such as furniture, telephone, and internet connectivity) for any Services performed at Client's premises. If necessary, Client shall provide a tour of Client's facility and inform the Converge engineer(s) of facility safety requirements.
- i) Notifying Converge Affiliate of any known hazardous conditions (e.g., asbestos, radon) relevant to the Client's facility prior to the arrival of the Converge Affiliate technician(s). Converge Affiliate reserves the right to decline any Services which Converge Affiliate reasonably believes will jeopardize the health or safety of its technician(s).
- j) Providing sufficient access to Client's environment as necessary, including VPN access where appropriate for any Services provided remotely.
- k) As applicable, validating that a full backup of the affected system(s) is completed prior to commencement of the Services. Converge cannot be held responsible for loss of data on Client's systems due to Client's failure to maintain sufficient backups.
- I) Insuring any/all Client-owned equipment and verifying any effects to their insurance coverage/policy which may result from the Services contemplated herein.
- m) Maintaining active maintenance contracts for deployed hardware, software, and subscription services.
- n) Compliance with all applicable laws, rules, and regulations pertaining to Client with respect to the Services, including any import/export laws and tax requirements.
- o) Fulfilling its obligations in this section at no charge to Converge.

### 8. Project Assumptions

- a) Facility has active and operational wiring and door hardware on the (93) doors within scope.
- b) Existing door hardware will remain in place and in use.
- c) Existing wire terminations and door controllers are grouped in quantities of (4, 8, and 16).
- d) Network switch ports are available for each Verkada controller.
- e) Elevator car and traveler cable has adequate spare cabling to suit the needs of the system.



### 013097v4

- f) All electrical and data racks are existing. All data and/or electrical installations will have ample and available pathway. Any overhead cabling route will be easily accessible via drop or open ceiling(s).
- g) Some Services (e.g., project management/coordination) will be provided remotely. Any onsite Services will be performed at Client's Hollister, CA location.
- h) Services under this SOW shall commence on a mutually agreeable date after this SOW is fully executed and Client has delivered a Purchase Order ("PO"), if required, to Converge.
- i) Where feasible, Services shall be provided during standard business hours, defined as Monday through Friday, 8:00 am-5:00 pm in Client's time zone, excluding nationally observed holidays.
- j) Any knowledge transfer provided under this SOW does not constitute formal product training and shall not result in certifications of any kind.
- k) The pricing listed in this SOW is for the Services only and is not inclusive of any hardware, software, or subscription services costs. Client shall be responsible for payment, fees, and applicable tax pertaining to any hardware, software, and subscription services necessary for this engagement, excluding the industry-standard equipment Converge provides to its own engineers.
- I) Converge engineers are not licensed electrical contractors and, as such, all advisory information should be evaluated by appropriately licensed professionals. Any electrical advice provided is for informational/consultative purposes and is in no way intended to replace the recommendations of a licensed electrical contractor or facilities engineer.
- m) Converge reserves the right to use its affiliates and subcontractors in any role within this SOW as it may deem appropriate, and Client hereby consents to such use. However, Converge shall remain fully responsible for the acts and omissions of any affiliates and subcontractors it retains hereunder.
- n) Converge cannot be responsible for the acts, omissions, or timeliness of responses from third parties, nor can Converge be liable for any defects, incompatibility, or performance issues resulting from any technology solutions designed by, or purchased from, a third party.
- o) Delays caused by highly restricted environmental security and controls including air-gapped architecture and security review approvals may require a PCR to account for the additional effort needed to complete the SOW tasks.

### 9. Protected Information Disclosure

Converge does not expect to create, receive, maintain, store, or transmit any regulated or personally identifiable information (PII) during the course of the Services. Client agrees not to place or allow any regulated data or content within the Services that require or impose any legal or regulatory compliance by Converge.

### 10. Security Systems Disclosure

Client shall be responsible for the ongoing governance and security of their environment without limitation and shall be responsible for applying appropriate security controls required to protect and maintain their infrastructure. Client acknowledges that they are accountable for compliance with any regulations or industry standards that may be applicable to Client and may not transfer associated risk to Converge.

### 11. Pricing and Payment Terms

**Fixed Price:** Client is invoiced a fixed fee inclusive of project management and expenses for the Services. Pricing is exclusive of, and Client shall be responsible for, applicable tax. All pricing is quoted in USD. Client shall be invoiced by Converge upon completion of the milestones reflected below. Net payment term is thirty (30) days.

Services Description	Price
Professional Services	\$119,551.00
Services Total	\$119,551.00



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Client shall be invoiced in accordance with the following milestones:

Milestone	Amount
Upon SOW Execution	50%
Upon Project Completion	50%

**Delay Charges** 

Should Services need to be postponed at no fault of Converge after Converge engineer(s) arrive onsite as scheduled, Client shall be invoiced for actual onsite standby hours of the Converge engineer(s) at \$125.00/hr. Delays extending longer than eight (8) business hours may require Services to be rescheduled.

### 12. Project Change Procedure

The following steps provide a detailed process to follow if a change to this SOW is required:

- a) A Project Change Request (PCR) will be the vehicle for communicating the change. The PCR must describe the change, the rationale for the change, and the effect the change will have on the project.
- b) Client's point of contact will review the proposed change with Converge and approve it for further investigation or reject it. The investigation will determine the effect that the implementation of the PCR change will have on price, schedule, and other terms and conditions of this SOW.
- c) The PCR must be signed by both parties prior to the implementation of the changes.

### 13. Term and Termination

This SOW shall be considered complete upon the earlier of the following:

- a) All tasks set forth within the Scope of Work have been provided and the Acceptance Procedure has been fulfilled
- b) This SOW has been terminated by Converge or Client pursuant to the terms of the Agreement. In absence of such SOW termination provisions within the Agreement, the following shall apply:
  - i. Either party may terminate this SOW for convenience upon written notice.
  - ii. Either party may terminate this SOW upon written notice in the event the other party has failed to fulfill their material obligations as specified herein and has not cured such breach within thirty (30) days of the non-breaching party's request.
  - iii. All Services properly provided, and costs incurred (e.g., travel expenses) by Converge up to and including the date of termination shall be due and payable.
- c) This SOW reaches its one (1) year anniversary from the last date of signature unless the parties agree in writing to extend the term of the SOW.





### 14. Acceptance

This SOW and any PCRs, shall upon execution by both parties below, together with the Agreement, constitute the complete and exclusive understanding between Converge and Client with respect to the Services described herein. Converge hereby expressly rejects all additional or different terms, including but not limited to those which may be listed on Client's PO (if any). Unless and until the mutual execution of this SOW, neither party shall have any obligation to the other hereunder. The commitments, including pricing, offered by Converge herein are predicated on such execution prior to the expiration of the offer as designated on the cover page hereof. In the event this SOW is signed by Client after said offer expiration, Converge reserves the right to (i) reject the signed SOW, (ii) present an updated SOW version for Client's signature, or (iii) execute the signed SOW at its sole discretion.

The parties hereby acknowledge that they have read and accepted this SOW and all attachments hereto. The undersigned further represent that they are duly authorized to sign on behalf of the respective entities.

Converge Technology Solutions US, LLC 130 Technology Parkway Peachtree Corners, GA 30092 Hazel Hawkins Memorial Hospital 911 Sunset Dr Hollister, CA 95023

Signature:	Signature:	
Name:	Name:	
Title:	Title:	
Date:	Date:	
	PO Number:	

## Hazel Hawkins

Meditech Expanse Upgrade





### Hazel Hawkins MEMORIAL HOSPITAL

### Introduction - Current EHR

☐ Meditech Client Server 5.67

□ Implemented in 2008 – 17 years ago

Upgrade needed to align with modern healthcare demands and regulatory requirements

□ Sent out 3 RFP's - Meditech, Epic, Cerner

### Hazel Hawkins MEMORIAL HOSPITAL

### Why Upgrade Now?

- Compliance with healthcare regulations
  - Improved patient care and safety Increased operational efficiency

Reduction in maintenance costs of outdated technology





# Hawkins

MEMORIAL HOSPITAL

### **Current System Challenges**

- Limited interoperability with new systems
- MT not capturing country or homeless status (required reporting for OSHPD/HCAI)
- Order entry process & order sets
- Missing tool kits to assist with sepsis, fall risk, suicide risk, etc.
- Charge capture for accurate billing, more automation and less manual entry
- Lack of features required for modern medical practices (e.g., telemedicine, evidence based decision support)



## Hazel Hawkins

# Benefits of Upgrading to Meditech Expanse

MEMORIAL HOSPITAL

Enhanced streamlined workflows for physicians and staff - improving patient experience

- Improved data security and compliance (HIPAA, Office of the National Coordinator for Health Information (ONC), etc.)
- Better integration with billing and the Ambulatory setting
- Reduced administrative burden for staff



## Hazel Hawkins

MEMORIAL HOSPITAL

# Key Features of Meditech Expanse

- Cloud-based vs. On-premise options
- Interoperability with other systems, including Ambulatory setting
- Evidence based decision support and billing
  - analytics

Customizable templates for different User-friendly interface and mobile accessibility

specialties



### Hazel Hawkins MEMORIAL HOSPITAL

# Cost Analysis & Return On Investment

- Initial investment (software, support, implementation)
- Savings from discontinuing IT software and consulting services
- Projected return on investment (ROI) within 5



## Hazel Hawkins

### Cost Analysis

178,000

2,136,000

1,862,128

155,177

69,738

836,850

(562,984)

(46,915)

Total Net Estimate (SAVINGS)

Less Savings from Discontinuing Consulting

- Innova Revenue Group

Services:

Less IT Services - Discontinuing

**Expanse Subscription Fee** 



### Hazel Hawkins MEMORIAL HOSPITAL

# Cost Analysis - Go LIVE Implementation Costs

### \*\*\*\*\*\*Go-Live Cost:

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Patient Record (Archive) - Meditech

- Patient Record (Archive) - Other Vendor

- Patient Record (Archive) - eClinicalWorks

- Consulting

- Hardware/Peripherals

- Backfilling for training

- Backfilling for staff to build

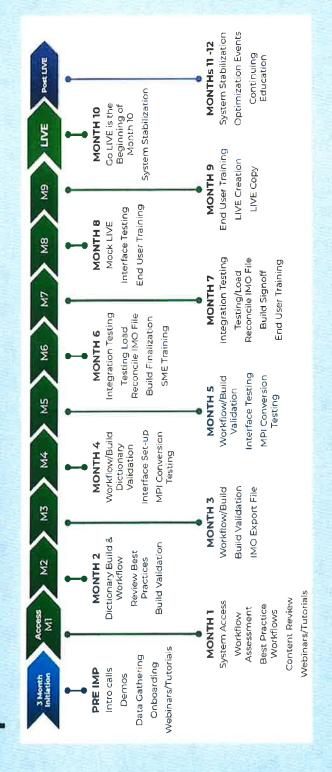
- 10% Contingency Fund

Future Appointment Scheduling\*\*\*\*\*\*TOTAL GO LIVE COST

\*\*\*\*\*Go-Live Cost will be capitalized (depreciated) over 10 years.

## **IWKins** MEMORIAL

## mplementation Plan





### Proposal by:

### The Core Group

1510 S. Winchester Blvd. San Jose, CA 95128

### **Project:**

### Hazel Hawkin Memorial Hospital Lab Phase 2

911 Sunset Drive Hollister, CA 95023

Date: February 19th, 2025



Prepared by:

Ashlin Braddock, Project Executive

Mobile: 408-582-4840

Email: ashlinb@tcgbuilders.com

Rob Arago, Senior Estimator

Mobile: 408-228-2509

Email: roba@tcgbuilders.com



### Cost Proposal & Bid Bond







### **BID PROPOSAL**

TOTAL BID ADD FOR PAYMENT & PERFORMANCE BOND +\$9,900

TOTAL BID PLUS P&P BOND

\$ 1,019,900

Allowance for Fire Alarm is included \$13,700

- 1. Architect/Structural Design Fees.
- 2. City, County or State Permits and fees.
- 3. City Planning fees.
- Our price is based upon the Owner purchasing Builder's Risk Coverage equivalent to AIA A102-2017 4. Exhibit A insurance requirements. This policy shall include the Owner, General Contractor and Subcontractors of every tier as insureds. The Owner is responsible for all loss caused by Acts of God including earthquake and flood. Owner is responsible for all deductibles unless expressly agreed otherwise in this Agreement.
- Payment and Performance bond and cost of is excluded. 5.
- 6. Third Party Testing (i.e. chlorination) and inspections.
- 7. Premium Time or Overtime.
- Reproduction and Blueprinting Costs. 8.
- 9. Cost of security / guard service and badging.
- Structural / Seismic Upgrades to existing structure other than what is indicated. 10.
- Identification, handling, Mitigation of all Contaminated and hazardous materials and work related 11. with them (Including contaminated soil, asbestos, lead paint, mold, testing, fees and permits).
- Un-foreseeable subsurface concealed conditions or any other conditions not shown on the drawings. 12.
- 13. Repairs or modifications to existing code violations.
- We assume existing Site and Building are ADA compliant. Improvements to existing accessibility 14. (Site, Restrooms, and Access etc.) are not included.
- 15. Master Keying of Door Hardware.
- 16. Interior Signage & Graphics.
- 17. Furniture, partitions, fixtures and equipment and their associated installation cost.
- Window Coverings/Treatment unless specifically noted. 18.
- Removal or relocation of existing owner furniture, fixtures and equipment is not included. 19.
- 20. Survey and repair of existing HVAC equipment.
- 21. Voice and data cabling and terminations, equipment or devices.
- 22. Security wiring & equipment
- 23. AV Wiring & Equipment
- Consumption costs for power & water. 24.
- 25. Relocation or moving of equipment and owner items.

- END BASIS OF ESTIMATE -

### Bid Bond

CONTRACTOR:

SURETY:

(Name, legal status and address)

(Name, legal status and principal place of business)

1510 S. Winchester Blvd. San Jose, CA 95128

TCG Builders, Inc. dba The CORE Group Fidelity and Deposit Company of Maryland 1299 Zurich Way, 10th Floor Schaumburg, IL 60196-1056

OWNER:

(Name, legal status and address) San Benito Health Care District 911 Sunset Drive Hollister, CA 95023

BOND AMOUNT: Ten Percent of Amount Bid

(10% of amount bid)

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification. Any singular reference to

Contractor, Surety, Owner or

other party shall be considered

PROIECT:

(Name, location or address, and Project number, if any)

Analyzer Replacement Phase 2

Hazel Hawkins Memorial Hospital, 911 Sunset Drive, Hollister CA 95023

Project Number, if any: S241633-35-00

plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

11th 2025. Signed and sealed this day of February, FGG Builders Inc. dba The CORE Group Principal (Seal) Fidelity and Deposit Company of Maryland (Suret) (Seal) (Witness) (Title) Elizabeth Collodi, Attorney-in-Fact

By arrangement with the American Institute of Architects, the National Association of Surety Bond Producers (NASBP) (www.nasbp.org) makes this form document available to its members, affiliates, and associates in Microsoft Word format for use in the regular course of surety business. NASBP vouches that the original text of this document conforms exactly to the text in AIA Document A310-2010, Bid Bond. Subsequent modifications may be made to the original text of this document by users, so careful review of its wording and consultation with an attorney are encouraged before its completion, execution or acceptance.

1

### ZURICH AMERICAN INSURANCE COMPANY COLONIAL AMERICAN CASUALTY AND SURETY COMPANY FIDELITY AND DEPOSIT COMPANY OF MARYLAND POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), Thomas O. McClellan, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Samantha Watkins, Steven L. Williams, Phil Watkins, Jennifer Lakmann, Brad Espinosa, Paula Senna, Pam Sey, Breanna Boatright, Kathleen Le, Cassandra Medina, John Hopkins, Sara Walliser, Renee Ramsey, Sharon Smith, Jessica Monlux, Elizabeth Collodi, John Weber, Deanna Quintero, Joseph H. Weber, Matthew Foster, all of Chico, California, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICHAMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland, and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 3rd day of February, A.D. 2025.



ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Thomas O. McClellan Vice President

The omehile

By: Dawn E. Brown
Secretary

State of Maryland County of Baltimore

On this 3rd day of February A.D. 2025, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Thomas O. McClellan, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written

Massistus W. Was m

Genevieve M. Malson Notary Public My Commission Expire January 27, 2029

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

### **EXTRACT FROM BY-LAWS OF THE COMPANIES**

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

### CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

	IN TEST	FIMONY	WHEREOF, I have hereunto	subscribed	l my name	e and affixed	the corporate	seals of the said	l Companies,
this	11th	day of	February	211	2025	74.7			







Mary Jean Pethick Vice President

mg Perlick

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims 1299 Zurich Way Schaumburg, IL 60196-1056 reportsfelaims@zurichna.com 800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

### **ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

attached, and not the truthfulness, accuracy validity of that document.	zy, or
State of California County of Butte	
On February 11, 2025 before me, _	Deanna Quintero, Notary Public
personally appeared	(insert name and title of the officer) Elizabeth Collodi
who proved to me on the basis of satisfactory eviden subscribed to the within instrument and acknowledge his/her/their authorized capacity(ies), and that by his person(s), or the entity upon behalf of which the person	ed to me that he/she/they executed the same in s/her/their signature(s) on the instrument the
I certify under PENALTY OF PERJURY under the paragraph is true and correct.	laws of the State of California that the foregoing
WITNESS my hand and official seal.	DEANNA QUINTERO COMM. # 2430368 NOTARY PUBLIC CALIFORNU COUNTY OF BUTTE



### Qualifications





### **Qualifications**

Founded in 2004, The Core Group quickly established a solid reputation as the contractor of choice for an array of clients and projects throughout the Bay Area. With a seasoned team of professional builders, they are the ideal match for mission critical projects in healthcare, senior living, high tech, bio-pharma, corporate office, and higher education.

### Experience/Similar projects:

- **Canterbury Woods Skilled Nursing Facility Fire Alarm**
- Canterbury Woods Building E Interior Renovations in preconstruction
- LPCH Nurse Call Replacement
- LPCH Endoscopy/OR Renovation
- Spring Lake Village Hot Water Repair & Interior refresh in preconstruction
- Stanford Healthcare Omnicell Project
- Stanford Healthcare F1/F2 Infant Security WiFi
- Stanford Healthcare G1/H1 Refresh
- Stanford Healthcare ValleyCare MRI Trailer/Canopy
- Stanford Healthcare ValleyCare Flex Exam Room
- Stanford Healthcare VallevCare TDR1C
- Stanford Healthcare ValleyCare TDR1B
- Stanford Healthcare ValleyCare ER Renovation
- Stanford Healthcare ValleyCare Fire Alarm Upgrade

Our team has completed similar projects successfully!

Most of these projects were multi-phase and in occupied facilities. We understand the importance of HCAI projects and the level of detail required for infection control and communication to the team. Partnership with the client, design team, and IOR are critical to make each project a success.

These are just a few and we'd love the opportunity to chat more about what we can do and how we can contribute value to this project.

Page 112

Page 113

The .

Bill Naismith

Gabe Kilby

Carlos Delgadillo



### Schedule

### \*IMPORTANT\*

Bid assumes TWO phases of work with the completion of Phase 2A and then the start of Phase 2B — duration can be shortened, and GC savings can be offered if we do <u>not</u> need to complete Phase 2A prior to starting Phase 2B and are able to perform them concurrently



			Phases 2A and 2B	A and 2B	
	Task Name	Duration	Start	Finish	5026
i	HHMH Analyzer Replacement - Phase 2	226 days	Mon 2/3/25	Mon 12/22/25	dir
	Pre Construction	124 days	Mon 2/3/25	Mon 7/28/25	W. CORP. TO COLUMN COLU
	HCAI TIO Approval	0 days	Wed 1/22/25	Wed 1/22/25	* 1/22
	Bid Submission	1 day	Wed 2/19/25	Wed 2/19/25	2/19   Bld Submission
	Client Approval	10 days	Thu 2/20/25	Wed 3/5/25	2/20 🚡 Client Approval
	Notice of Award	0 days	Wed 3/5/25	Wed 3/5/25	3/5 Notice of Award
	Contract in Hand	5 days	Thu 3/6/25	Wed 3/12/25	3/6 g. Contract in Hand
	Submittals and Coordination	20 days	Thu 3/13/25	Wed 4/9/25	3/13 King Submittals and Coordination
	Approved Subimittals	10 days	Thu 4/10/25	Wed 4/23/25	4/10 🥌 Approved Subimittals
	Long Lead Items	50 days	Thu 4/24/25	Thu 7/3/25	Long Lead Items
	Exhaust Fans	8 wks	Thu 4/24/25	Thu 6/19/25	4/24 Exhaust Fans
	FSD's	10 wks	Thu 4/24/25	Thu 7/3/25	4/24 FSD's
	Condensing Unit	6 wks	Thu 4/24/25	Thu 6/5/25	
	Light Fixtures	8 wks	Thu 4/24/25	Thu 6/19/25	
	Plumbing Fixtures	6 wks	Thu 4/24/25	Thu 6/5/25	
- 1	DFH	8 wks	Thu 4/24/25	Thu 6/19/25	HERENE SA
- 1	Floor Covering	8 wks	Thu 4/24/25	Thu 6/19/25	NAME OF TAXABLE PARTY.
	Tile	8 wks	Thu 4/24/25	Thu 6/19/25	4/24 Tile
	Construction	skep 26	Thu 5/1/25	Wed 9/17/25	- Construction
	Phase 24	47 days	Thu 5/1/25	Tue 7/8/75	Phase 2.A
	Mobilize	1 day	Thu 5/1/25	Thu 5/1/25	5/1 Mobilize
	Infection Control Barriers	1 day	Fri 5/2/25	Fri 5/2/25	5/2 Tinfection Control Barriers
	Pre Air Balance	1 day	Fri 5/2/25	Fri 5/2/25	5/2 Pre Air Balance
	MEP Safe-Off	2 days	Mon 5/5/25	Tue 5/6/25	5/5   MEP Safe-Off
	Demo	5 days	Wed 5/7/25	Tue 5/13/25	5/7 Demo
	Overhead MEP	10 days	Wed 5/14/25	Wed 5/28/25	5/14 🛅 Overhead MEP
	Saw Cut	2 days	Wed 5/14/25	Thu 5/15/25	5/14   Saw Cut
	Underground MEP	3 days	Fri 5/16/25	Tue 5/20/25	
1	IOR Inspection	1 day	Wed 5/21/25	Wed 5/21/25	5/21   IOR Inspection
30	Patch Concrete	2 days	Thu 5/22/25	Fri 5/23/25	5/22 Patch Concrete
	Frame Walls	3 days	Tue 5/27/25	Thu 5/29/25	5/27 Frame Walls
	Rough-in	5 days	Fri 5/30/25	Thu 6/5/25	5/30 Rough-In



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במא ולמונים	Colato	11915		2025	2026
IOR Inspection	1 day	Fri 6/6/25	Fri 6/6/25	- -	6/6 FIOR Inspection
Drywall Tape & Finish	3 days	Mon 6/9/25	Wed 6/11/25		6/9 🏅 Drywall Tape & Finish
Roof Work	9 days	Thu 6/12/25	Tue 6/24/25		1
Layout	1 day	Thu 6/12/25	Thu 6/12/25		6/12   Layout
<b>Demo</b>	1 day	Thu 6/12/25	Thu 6/12/25		6/12   Demo
Blocking	2 days	Fri 6/13/25	Mon 6/16/25		6/13 F Blocking
Rough-In	3 days	Fri 6/13/25	Tue 6/17/25		6/13 Rough-In
Curb Install	1 day	Wed 6/18/25	Wed 6/18/25		6/18 Curb Install
Exhaust Fan	1 day	Fri 6/20/25	Fri 6/20/25		6/20 Exhaust Fan
IOR Inspection	1 day	Mon 6/23/25	Mon 6/23/25		6/23 TOR Inspection
Patch Roof	1 day	Tue 6/24/25	Tue 6/24/25		6/24 Patch Roof
Paint	3 days	Thu 6/12/25	Mon 6/16/25		6/12 🔓 Paint
DFH	2 days	Fri 6/20/25	Mon 6/23/25		6/20 T DFH
Floor Covering	3 days	Tue 6/24/25	Thu 6/26/25		6/24 Floor Covering
Wall Tile	4 days	Fri 6/27/25	Wed 7/2/25		6/27 Wall Tile
Ceiling Grid	2 days	Tue 6/17/25	Wed 6/18/25		
Overhead IOR Inspection	n 1 day	Thu 6/19/25	Thu 6/19/25		
Close Ceilings	2 days	Fri 6/20/25	Mon 6/23/25		6/20 Close Ceilings
MEP Trlm / Connections	4 days	Tue 6/24/25	Fri 6/27/25		
Misc Finishes	2 days	Tue 6/24/25	Wed 6/25/25		
Storage Shelving Install	2 days	Tue 6/24/25	Wed 6/25/25		6/24 Storage Shelving Install
Air Balance	1 day	Thu 6/26/25	Thu 6/26/25		6/26 Air Balance
Pre-Test	1 day	Frl 6/27/25	Fri 6/27/25		6/27 Pre-Test
HCAI Test & Inspect	3 days	Mon 6/30/25	Wed 7/2/25		6/30   HCAI Test & Inspect
Punch & Accept	2 days	Thu 7/3/25	Mon 7/7/25		7/3 F Punch & Accept
Turn Over	1 day	Tue 7/8/25	Tue 7/8/25		7/8 Turn Over
Phase 28	50 days	rs Wed 7/9/25	Wed 9/17/25		A Commence of the Commence of
Infection Control Barriers		: Wed 7/9/25	Thu 7/10/25	**	
Pre Air Balance	1 day	Wed 7/9/25	Wed 7/9/25		7/9 Pre Air Balance
MEP Safe-Off	2 days	Thu 7/10/25	Fri 7/11/25		7/10 MEP Safe-Off
Relocate Refrigerators	1 day	Wed 7/9/25	Wed 7/9/25		7/9 Relocate Refrigerators
		36/4/2	30/ 1/1/ Caph		7/14 Shoring

## HHMH Analyzer Replacement - Phase 2 Prelim Schedule Phases 2A and 2B

THE COREGROUP

1		Duration	Start	FIDISD	2025	2026
	Demo	3 days	Mon 7/14/25	Wed 7/16/25	- E-	Off 2 Off 3 Off 4 Off 1
	Steel Post / Framing	3 days	Thu 7/17/25	Mon 7/21/25		7/17 🕇 Steel Post / Framing
	IOR Inspection	1 day	Tue 7/22/25	Tue 7/22/25		7/22 TOR Inspection
	MEP Overhead	15 days	Thu 7/17/25	Wed 8/6/25	A 81	7/17 Ke MEP Overhead
	in Wall Rough In	6 days	Tue 7/22/25	Tue 7/29/25		7/22 🚡 In Wall Rough In
	Scan & Core	1 day	Wed 7/30/25	Wed 7/30/25		7/30 Scan & Core
	Patch Concrete	2 days	Thu 7/31/25	Fri 8/1/25		7/31 Patch Concrete
	IOR Inspection	1 day	Mon 8/4/25	Mon 8/4/25		8/4 TOR Inspection
	Drywall Tape & Finish	3 days	Tue 8/5/25	Thu 8/7/25		8/5 Torywall Tape & Finish
	Roof Work	16 days	Tue 7/22/25	Tue 8/12/25		
	Layout	1 day	Tue 7/22/25	Tue 7/22/25		7/22 Layout
	Demo	2 days	Wed 7/23/25	Thu 7/24/25		7/23 Demo
	Blocking	2 days	Fri 7/25/25	Mon 7/28/25		7/25 Filocking
	Rough-In	4 days	Tue 7/29/25	Fri 8/1/25		7/29 Rough-In
	Curb Install	1 day	Mon 8/4/25	Mon 8/4/25		8/4 Curb Install
	Condensing Unit and Exhaust Fan	3 days	Tue 8/5/25	Thu 8/7/25		8/5   Condensing Unit and Exhaust Fan
	IOR Inspection	1 day	Fri 8/8/25	Fri 8/8/25		-
	Patch Roof	2 days	Mon 8/11/25	Tue 8/12/25		8/11 Patch Roof
	Paint	2 days	Fri 8/8/25	Mon 8/11/25		8/8 Paint
	Ceiling Grid	2 days	Tue 8/12/25	Wed 8/13/25		8/12   Ceiling Grid
	Floor Covering	3 days	Thu 8/14/25	Mon 8/18/25		8/14 Floor Covering
	Overhead IOR Inspection	1 day	Tue 8/19/25	Tue 8/19/25		8/19 Overhead IOR Inspection
	Drop Tile	1 day	Wed 8/20/25	Wed 8/20/25		8/20 Drop Tile
	MEP Trim / Connections	6 days	Wed 8/20/25	Wed 8/27/25		8/20 KMEP Trim / Connections
	Start Up / Commisioning	3 days	Thu 8/28/25	Tue 9/2/25		8/28 Start Up / Commisioning
	Equipment Install	2 days	Wed 9/3/25	Thu 9/4/25		9/3   Equipment Install
	Connections at Equipment	3 days	Fri 9/5/25	Tue 9/9/25	10	9/5 Connections at Equipment
	Air Balance	2 days	Wed 9/3/25	Thu 9/4/25		9/3   Air Balance
1	Pre-Test	1 day	Fri 9/5/25	Fri 9/5/25		9/5   Pre-Test
	HCAI Test & Inspect	3 days	Wed 9/10/25	Fri 9/12/25		9/10 HCAI Test & Inspect
	Punch & Accept	2 days	Mon 9/15/25	Tue 9/16/25		9/15 Punch & Accept
	Desiret Completes	1 days	14/04 0/17/25	30/17/25 July 20/17/25		9/17 Project Completion



### Subcontractor List





Trade	Subcontractor Company	Address
Demolition	MGR	2135 Warm Springs Ct, Fremont, CA 94539
Rough Carpentry	Magnum Drywall	2030 Fortune Drive, Suite 200, San Jose, CA 95131
Roof Patch	Alliance Roofing	630 Martin Ave, Santa Clara, CA 95050
Doors, Frame, Hardware	Paradise Door and Service	123 Wright Brothers Avenue, Livermore, CA 94551
Drywall & Framing	Eric Stark Interiors	2284 Paragon Dr, San Jose, CA 95131
Ceramic Tile	De Anza Tile	45755 Northport Loop W, Fremont, CA 94538
Acoustical Ceilings	Creative Ceilings	5121 Port Chicago Highway, Suite A, Concord, CA 94520
Flooring	RE Cuddie	1751 Junction Ave, San Jose, CA 95112
Painting	Premier PaintWerx	P.O. Box 1360, Hollister, CA 95024
Misc Specialties	Magnum Drywall	2030 Fortune Drive, Suite 200, San Jose, CA 95131
Fire Sprinklers	Seamless Fire Protection	190 Oak Wood Court, Copperopolis, CA 95228
Plumbing	Aqualine Piping	2108 Bering Drive Unit C, San Jose, CA 95131
HVAC	Kevin M. Sullivan &	Kevin M. Sullivan
	Associates	431 N Buchanan Cir #2, Suite 2, Pacheco, CA 94553
Electrical	RK Electric	49211 Milmont Drive, Fremont, CA 94538

# Print Services Agreement

MFD'S/COPIERS & PRINTERS



## KBA-Current Vendor Situation

2015 Had RFP and KBA Docusys was selected as a local company. This resulted in significant savings and increased service and reliability.

KBA Docusys was acquired by Kyocera Intl. and they formed KBA Document Solutions.

Once this happened we began to face numerous problems, most significantly was being invoiced for service calls and supplies that are covered by contract.

The district's account manager worked for several years personally to review each and every invoice that was sent, Late last year our account manager left KBA and so has a large number of their sales staff and executive leaders. We have just been introduced to our 5 account person in the past 7 months.

# Cancellation & RFP Print Services

The district sent to the lease company Canon Financial Services (CFS) our intent to cancel and return leased machines. This is my notice that we are terminating the contract and we intend on returning the equipment at the lease end

Confirmation of receipt of notice was sent on Jan 22nd 2025 Case#02396589

We also informed KBA of our intent to cancel and take business to Request for Proposal (RFP)

successful, kindly provide a copy of the approval along with the banking details used to secure business name is San Benito Health Care District, and our tax ID number is 946034863. Thank you verification. This is time sensitive. Please respond with any approval by January 24th. Our official "Hazel Hawkins has faced challenges in obtaining copier credit approval in the past. Before proceeding with the acceptance of any proposal, please secure a Fair Market Value (FMV) it, including the bank name, email, phone number, and the contact person at the bank for credit approval for \$500,000 for 4-year term with no personal guarantee. If the approval is

### Proposals

Kyocera Document Solutions America, Inc. formerly KBA -

No Financing RFP Requirement

Current Costs \$11,979.65 per month

Proposed Situation (18 Month Rental)

36 used machines for \$5,858.94 per month

B/W Print @ .0125 pp \*419,070 =\$2,663.38

Color Print @ .075 pp \*57,782 = \$3,913.65

Total \$12,436.39

Negative of (\$456.74)

UBEO

Current Costs \$31,587.31/Mo

Proposed Spend \$16,615.93/Mo

Saving \$14,971.38

This is for a 63 month term, for 173 machines without knowing where they recommend removing. They replace every machine with Ricoh MFP and HP Printers

# Proposals - Continued

Global Office -- Canon

36 Month - \$12,987/month

48 Month Lease - \$10,763/month

eGoldFax Monthly \$421.00 vs \$2,000

Simple maintenance agreement for all

150,000 B/W @.01

25,000 Color @.06 Total \$3,000/month

Actual total \$18,770.76/month

Wizix - Recommend

Current \$22,873.00 per month

Proposed \$16,926 pw

Savings \$5,947 per month

Total Savings Over 48 month \$285,456

Added Security with Follow me Print

Color reduced costs

## Summation Details

Print Services is a very competitive industry. Each RFP has pros and cons. The biggest issue is to compare accurate numbers to what we are currently doing. UBEO came through and did an review and provided a proposal that replaces everything we have and reduces machines without saying where, and did the director agree? GlobalOffice had limited time and information, but did not show the print numbers we actually use now. Efax is inaccuratenumbers based upon what we use.

KBA came in last minute with someone new, to provide used machines because they cannot get financing. Requirement for RFP Wizix is the only one that has provided accurate proposal compared to what we currently have, replace the machines that need to be replaced. Additionally using our actual print numbers. Adding Follow Me Print with badge readers and tiered color print costs, which will reduce color costs. Sutter Health 2000 Powel Street 10<sup>th</sup> Floor Emeryville, California 94608

February 3, 2025

Board of Directors Hazel Hawkins Hospital District 911 Sunset Drive Hollister, CA 95023

Dear Members of the Board of Directors.

On behalf of Sutter Health, I am writing to express our interest in Hazel Hawkins Hospital. We have become aware of the District's interest in identifying a partner to manage or purchase Hazel Hawkins Hospital. We understand the critical importance of ensuring the long-term sustainability of healthcare services in your community, and we appreciate the opportunity to reach out regarding this matter.

Sutter Health, as a not-for-profit healthcare organization, is deeply committed to improving access to high-quality, affordable care across Northern California. With a network of hospitals, clinics, and care centers located in proximity to your District, we have the experience and resources to support your efforts. We understand the unique challenges faced by community hospitals and would welcome the opportunity to work collaboratively to address them.

It has come to our attention that prior outreach efforts from the District may not have reached the appropriate individuals within our organization. While we are aware the District has begun negotiations with Insight Health and of the authority granted by voters allowing the District to enter into an agreement with any organization, we would like to express our interest in engaging in a parallel process of due diligence and discussions with the Hazel Hawkins Hospital District.

Sutter Health's not-for-profit mission centers on creating healthier communities through compassionate care and innovative partnerships. We believe a collaboration with Hazel Hawkins Hospital could align with our shared goals of delivering exceptional healthcare services and meeting the evolving needs of your patients.

Should the Board wish to explore this opportunity further, we would welcome the chance to engage in dialogue and explore potential avenues for partnership. Please feel free to contact me directly at [Your Contact Information] to discuss this opportunity at your earliest convenience.

Thank you for considering Sutter Health as a potential partner in shaping the future of Hazel Hawkins Hospital. We look forward to the possibility of working together to serve your community.

Sincerely,

Elizabeth Vilardo, M.D.

Chief Medical Officer, Strategic & Philanthropic Initiatives Sutter Health

~

Cynthia Leo Chief Strategy & Growth Officer

Sutter Health

CC;

Bill Johnson wjohnson@hazelhawkins.com

Devon Pack dpack@hazelhawkins.com

Victoria Angelo vangelo@hazelhawkins.com

Nick Gabriel, MD ngabriel@hazelhawkins.com

Josie Sanchez jsanchez@hazelhawkins.com

### ANNEX A

### Why Sutter Health:

A partnership with Hazel Hawkins Hospital is in line with Sutter Health's mission and vision to meet the growing health care needs of the communities it serves and expand access to care for patients in Northern California Specifically, improving access to local health care and increased availability of primary care and specialty clinical services through alignment with physicians provides us with a unique opportunity to serve our collective patients while providing a more operationally integrated and efficient system

As one of the nation's most prominent non-profit health systems, serving 3.4 million patients annually, Sutter Health is well-positioned to be an ideal partner Hazel Hawkins Hospital, enhancing its reputation and capacity to deliver high-quality, value-based care and improve population health. Sutter is consistently recognized by notable industry publications for commitment to safe, high-quality, and equitable care. U.S. News & World Report recognized three Sutter network hospitals as among the Best in California for 2023–2024, with several other Sutter hospital campuses awarded for their performance across services, including stroke, hip fracture, heart attack, maternity, and more. Sutter remains committed to continuous quality performance and has the infrastructure and processes necessary to drive best practice throughout the Sutter Health system. As we look to the future of healthcare delivery in Northern California, we believe a partnership with Hazel Hawkins Hospital will benefit patients significantly and result in an expansion of patient access, increased investment in care delivery, as well as a significant opportunity to spread best practices across a broad spectrum of clinicians.

Sutter and its 57,000+ employees serve a large and diverse region that spans over 550 zip codes, with over 13 million residents. Our operations are organized into six community-based divisions that are integrated across the care continuum to enable patients to receive coordinated, timely care where they live, work and play. As part of Sutter Health's long-term strategic plan, we are investing to meet growing patient demand and improve access in all six community-based divisions across the Sutter footprint. In 2023, Sutter committed more than \$1 billion investment in our communities that will open up access to care for 400,000 additional lives. The investments include 23 new ambulatory sites and expansion and upgrades at three acute care hospitals. Over the next ten years, Sutter will continue to focus on improving access through growth in physician and ambulatory network, building nationally recognized clinical programs through development of centers of excellence, and creating a digitally enabled, innovative care platforms.

Sutter works in close partnership with eight aligned medical groups that contract exclusively with Sutter medical foundations. Sutter and the aligned medical groups have developed shared missions and strategic visions over decades of working together and continue to work together to build and improve on coordinated care models that are patient centric and provide high-quality, convenient, and accessible care. Sutter also recognizes the importance of building a reliable clinical staff pipeline and is growing our graduate medical education program and expanding our partnership with academic institutions. In 2023, Sutter trained over 4,600 clinical students in various specialties including nursing, medical assistant, advance practice clinician, diagnostic imaging, pharmacy, surgical technologist, and lab. Sutter is also working to greatly expand its GME program and expects to more than double the size of the program from 200 residents today to over 440 residents in the next 5+ years.

San Benito Health Care District Finance Committee Minutes February 24, 2025 - 4:30pm

Present:

Bill Johnson, Board President Victoria Angelo, Board Treasurer Mary Casillas, Chief Executive Officer Mark Robinson, Chief Financial Officer

Amy Breen-Lema, Vice President Clinic, Ambulatory & Physician Services

Suzie Mays, Vice President, Information & Strategic Services

Karen Descent, Chief Nursing Officer

Sandra DiLaura, Controller

**Public:** 

### 1. CALL TO ORDER

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

### 2. REVIEW FINANCIAL UPDATES

### A. January 2025 Financial Statements

For the month ending January 31, 2025, the District's Net Surplus (Loss) is \$2,548,046 compared to a budgeted Surplus (Loss) of \$860,702. The District exceeded its budget for the month by \$1,687,344.

YTD as of January 31, 2025, the District's Net Surplus (Loss) is \$11,446,785 compared to a budgeted Surplus (Loss) of \$3,688,693. The District is exceeding its budget YTD by \$7,758,092.

Acute discharges were 171 for the month, exceeding budget by 5 discharges or 3%. The ADC was 14.48 compared to a budget of 16.68. The ALOS was 2.63. The acute I/P gross revenue was under budget by \$461,957 (6%) while O/P services gross revenue exceeded budget by \$1.73 million or 6% over budget. ER I/P visits were 129 and ER O/P visits were over budget by 250 visits or 12%. The RHCs & Specialty Clinics treated 3,615 (includes 772 visits at the Diabetes Clinic) and 1,002 visits respectively.

The District received notice that the CY 2023 Rate Range program will provide an additional \$683,073 in funding.

Other Operating revenue was slightly under budget by \$501.

**Operating Expenses** were over budget by \$870,671 due mainly to: Registry of \$302,554, Supplies of \$248,807 and Purchase Services of \$321,657. These overages are partly attributable to an increase in orthopedic surgeries (implants) and other medical supplies. In addition, an increase for the month in repairs and maintenance.

**Non-operating Revenue** was exceeded budget by \$37,051 due to the Foundation's donations.

The SNFs ADC was **88.35** for the month. The Net Surplus (Loss) is \$129,639 compared to a budget of \$124,993. YTD, the Net Surplus (Loss) is \$944,998 exceeding its budget by \$308,325.

### B. January 2025 Finance Dashboard

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

### C. Supplemental Payment Program

Supplemental Payment Program for January 2025, CY 2023 Rate Range was received early in February 2025 for \$1,339,141.

### 3. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF LEASE AMENDMENT WITH CEGLIA PROPERTIES, LLC.

Amendment to the lease agreement for Focus PT for a one-year extension to be in lined with the management agreement for a total monthly amount of \$10,348.85. The Finance Committee recommends this resolution for Board approval.

### 4. <u>CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF PROPOSAL FOR VERKADA DOOR ACCESS CONTROL.</u>

Proposed program is cloud-based, can integrate with current upgraded cameras, and has modern technology, total cost of \$250,004.80. The Finance Committee recommends this resolution for Board approval.

### 5. <u>CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF PROPOSAL FOR MEDITECH EXPANSE</u> SOFTWARE UPGRADE.

Our current Meditech software was implemented 17 years ago, this upgrade would provide streamline workflows for physicians and staff. Improved data security and compliance with HIPAA, Office of the National Coordinator for Health, and better integration with billing and the ambulatory setting. Cost analysis and return on investment with a savings of \$46,915 per month. The implementation would roughly take one year for completion with a total cost \$2,437,900.00 equipment and installation. The Finance Committee recommends this resolution for Board approval.

### 6. <u>CONSIDER RECOMMENDATION FOR BOARD APPROVAL TO AWARD BID TO THE CORE GROUP</u> (<u>CHEMISTRY ANALYZER PASE 2</u>).

Construction of the new space for the chemistry analyzers. Funds used are from the CHFFA loan total cost of the project \$1,019,900.00. The Finance Committee recommends this resolution for Board approval.

### 7. CONSIDER RECOMMENDATION FOR BOARD APPROVAL FOR PRINT SERVICES AGREEMENT WITH WIZIX.

Replacement of current printer machines that need to be replaced. System has a print with badge readers and tiered color print costs with a total cost of \$16,926.00 per month. The Finance Committee recommends this resolution for Board approval.

### 8. PUBLIC COMMENT

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

### 9. ADJOURNMENT

There being no further business, the Committee was adjourned at 5:22 pm.

Respectfully submitted,

Sandra DiLaura Controller

### Resolution No. 2025-02

### RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BENITO HEALTH CARE DISTRICT AWARDING A CONTRACT TO THE CORE GROUP FOR \$1,019,900

WHEREAS, the San Benito Health Care District ("District"), desires to remodel the Hazel Hawkins Memorial Hospital Clinical Lab, as part of the Lab Analyzer Replacement Phase 2 Project ("Project"), which includes remodeling laboratory spaces to accommodate storage, an accessible gender-neutral staff toilet and Clinical lab space;

WHEREAS, the District Board of Directors authorized District administration to advertise and call for bids for the Project;

WHEREAS, after the District issued a Notice Inviting Bids, the District received one sealed bid from TCG Builders, Inc. dba The CORE Group (The CORE Group"), of San Jose, California, which was opened and publicly read in person on February 19, 2025;

WHEREAS, after reviewing the responsive bid, District Staff has determined The Core Group, in the amount of \$1,019,900 is deemed to be the lowest, responsive, and responsible bid;

WHEREAS, the contract with The Core Group is awarded in the amount of \$1,019,900;

WHEREAS, District Staff has determined that this action, awarding a construction contract and executing the Project to be categorically exempt under California Environmental Quality Act ("CEQA") Guidelines per Article 19, Section 15301, Existing Facilities, and Section 15304, Minor Alterations to Land;

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

- **SECTION 1.** The Recitals set forth above are true and correct and are incorporated into this Resolution by reference.
- **SECTION 2.** Award the Contract to The Core Group, California for a contract in the amount of \$1,019,900.
- **SECTION 3**: Authorize District Administration to execute contract documents and all work and change orders on behalf of the District subject to final review and approval by general counsel.
- **SECTION 4.** Authorize the Chief Financial Officer to make necessary accounting and budgetary entries.

SECTION 6. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED this 27th day of February, 2025 by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

Bill Johnson, President

Attested:

Nick Gabriel, DO, Secretary

executing relevant documents, to carry out the intent of this Resolution.

Direct District Administration to take any and all actions, including

**SECTION 5.** 

Public comments for SBHCD board meeting on Thursday February 27<sup>th</sup>. 2025 By George Fendler

I want to thank Mary Casillas, Bill Johnson and Dayne Walling for taking time from their busy schedules to meet with me. I believe your time and mine were well spent.

### Item 5 A

Discussion of the recent Sutter Healthcare letters created a question in my mind. Since Sutter responded that they were under the impression that

"Hazel Hawkins Memorial Hospital has a solution underway that works for the community."

I can't help but wonder if that was the impression that all the other organizations that were contacted by B. Riley on our behalf were given? If so, it's no wonder that we were left with only one organization that continued to express interest. Any organization approaching such an endeavor will incur significant expense. They wouldn't want to proceed further if they had the impression that they would just be another bidder with the sole purpose of creating the appearance of fairness.

When a buyer and a seller get together to negotiate the terms of a contract, what generally happens is that the buyer says "I will give you \$X for the thing you are selling?" I consider that the **initial offer.** The seller usually comes back with something like "I was actually thinking something closer to \$Y". Then there is a back-and-forth discussion and each side compromises until the final terms are agreed upon. I see the **Insight Terms Sheet as the initial offer.** It's nowhere near what the final terms should be.

I was led to believe that the board would form some kind of ad hoc committee with community participants to discuss terms for negotiation of the final contract. Is that going to happen? All of us have the common goal to make certain that San Benito County continues to have a viable healthcare system—one that can grow with the needs our community. If we sell our hospital system to anyone, we need to make sure that we get a fair shake, the buyer has a good chance of success and that we have a way to recover if the buyer is unable to fulfill their stated ambitions.

### Item C

The MediTech website says that the initial setup of their Expanse software is between \$1 and \$3 Million. Ongoing annual costs range from \$400k to \$800k for large groups with over 50 providers.

My question is why our cost is more than 3 times what the vendor says on their website for a **large** group?

TO:

Board of Directors San Benito Health Care District

FROM:

Rob Bernosky

DATE:

February 27, 2025

SUBJECT:

The Insight Letter of Intent

There was much stated about the Sutter Health Letter of Interest, including some errors where either your directly or through Marcus Young, questioned the validity of the offer.

I draw your attention to Insight "Non-Binding Proposal to Purchase the Assets of Hazel Hawkins Memorial Hospital" dated June 10, 2024:

### Ladies and Gentlemen:

This letter (this "Term Sheet") summarizes the principal terms of a proposed transaction (the "Transaction") between (i) a yet-to-be-formed California nonprofit public benefit corporation that would have Insight Foundation of America, a Michigan nonprofit corporation, as its sole member ("Purchaser") and (ii) Hazel Hawkins Memorial Hospital, a California health care district ("Hospital" or "Seller"), pursuant to which Purchaser would acquire certain of the assets of Hospital and continue to operate the Hospital's acute-care hospital and other facilities (collectively, the "Facilities"). For purposes of this Term Sheet, Purchaser and Hospital, as the parties to the Transaction, shall be collectively referred to as the "Parties" and individually referred to as a "Party".

Where was the outrage of Insight referring to Hazel Hawkins Memorial Hospital as a "California Health Care District"? San Benito Health Care District is a California Health Care District, and it owns Hazel Hawkins Memorial Hospital. Very sloppy on Insight's part that they did not to their research.

I bring this up because something strange happened with this whole Sutter affair, and the public needs to know more.

TO:

Board of Directors San Benito Health Care District

FROM:

Rob Bernosky

DATE:

February 27, 2025

SUBJECT:

Meditech Expanse Upgrade (Electronic Health Record)

The investment in a new Electronic Health Record system is long overdue. I remind the board that this and other similar investments increase the market value of Hazel Hawkins Hospital, so I caution any discussion of fair market value that relies on the initial value used in discussions and analysis of the Insight transaction would not be valid. That's also true because of the financial results of the hospital. What we want to avoid of course is a buyer like Insight getting the system for free because we bought and paid for it, but the value Insight pays remains the same while our cash balance went lower.

Of concern is what appears to be just a precursory review of the appropriateness of Meditech for Hazel Hawkins Hospital. The Board has an obligation to validate the selection that the Administration is making for what will be the most non-medical critical component of your operations.

Normal would be for you to review the specifications of what is needed and a comparison of how each evaluated vendor stacks up (or is scored), including costs. I am not going to pretend that I know what the hospital specs are, but I would look forward to seeing what the Administration thought they were. Aside from the end-user experience that I am not qualified to address, I would want to understand:

- System downtime statistics/guarantees (Cloud-based systems do go down)
- Can the internet pipeline coming into the county and the hospital's internet backbone handle the data volume?
- Do they have 24-hour customer service for all system issues
- Do the system automatically text patients, etc.

This is about trust and verify that the Administration is doing their job appropriately and including it in a board meeting preserves the rationale for later evaluation and research.

Please see attached generic example on vendor/product evaluation and scoring

(Obviously the criteria has to be what is appropriate for Electronic Health Record systems):

Step 1: Define Evaluation Criteria and Weights

Criteria	Weight	Comments
Cost	4	Important but willing to pay for quality
Quality of Service	5	Top priority
Delivery Time	3	Moderate importance
Technical Expertise	5	Essential for project success
Customer Support	4	Need reliable support
Compliance & Security	5	Non-negotiable due to industry standards
References & Reputation	3	Helpful but not critical

(Obviously the criteria has to be what is appropriate for Electronic Health Record systems):

Step 2: Score Vendors and Calculate Weighted Scores

Criteria	Weight	Vendor A	Weighted Score A	Vendor B	Weighted Score B	Vendor C	Weighted Score C
Cost	4	3	12	5	20	4	16
Quality of Service	5	5	25	3	16	4	20
Delivery Time	3	4	12	4	12	5	15
Technical Expertise	5	6	25	4	20	3	15
Customer Support	4	4	16	5	20	3	12
Compliance & Security	5	5	25	3	15	4	20
References & Reputation	а	4	12	4	12	6	15
Total Score	N/A	N/A	127	N/A	114	N/A	113

### Hazel Lease - Community Protection Proposals - 2-27-25

**Appraisal Requirement –** In the event Hazel Hawkins facilities are sold to Insight an independent appraisal must be made within 180 days of the sale transfer date.

**Availability and Administration of Financial Assistance Policy** – Insight Health shall take the following steps to ensure that hospital patients are informed of the hospital's Financial Assistance Policy:

- A copy of the respective Financial Assistance Policy and the plain language summary of the policy shall be posted in English and Spanish at a prominent location in the emergency department admissions area and any other areas as appropriate where there is a high volume of patient traffic including waiting rooms, billing areas, and outpatient service settings.
- 2) A copy of the Financial Assistance Policy, the Financial Assistance Application Form, and the plain language summary of the Charity Care and Cash Price Policies shall be posted in English and Spanish in a prominent place on the Hospital website.
- 3) On an annual basis the hospital shall place an advertisement regarding the availability of financial assistance at each hospital in a newspaper of general circulation in the communities served by each hospital, or issue a Press Release to widely publicize the availability of the Financial Assistance Policy to the communities served.
- 4) On an annual basis the hospital shall train front-line staff who regularly interact with patients and their families concerning payment of services to make patients and their families aware of and informed about the availability of financial assistance at the hospital.

**Community Advisory Board** – The San Benito Healthcare District board shall serve until such time as it is dissolved at which time a Community Advisory Board shall be appointed. The board shall have a minimum of five members at least two of which are appointed by the San Benito County Board of Supervisors to two-year terms. The board should also include at least two physicians, registered nurses, or other hospital staff.

The hospital shall notify the Community Advisory Board at least sixty (60) days prior to making any material reductions to the types, levels, or locations of services and the Hospitals shall consult with the Community Advisory Board at least sixty (60) days prior to making any material reductions in services at the Hospital.

Charity Care - Provide charity care equivalent to 1% of operating expenses for five years.

**Management Fees** – In each fiscal year of the lease agreement management fees remitted to Insight Management Services Corporation or any Insight related LLC's shall not in the aggregate exceed 6% of net patient service revenue. Any profits made during the five-year lease period shall be reinvested into the Hospital.

### **Maintenance of Services**

- a. 24-hour emergency services
- b. Emergency treatment stations
- c. Intensive care services
- d. Labor & Delivery
- e. Surgical services
- f. Women's health services, including women's reproductive services

If Insight Health decides to discontinue, consolidate, materially decrease, relocate, or otherwise make material changes that adversely affect community access to services herein, Insight Health shall provide a 60-day advance written note to the San Benito County Healthcare District and the San Benito County Board of Supervisors.

During the entirety of the Term, Lessor and Lessee acknowledge and agree that Lessor may withhold its consent to a Full Transfer if the Full Transferee refuses, based on religious grounds, to agree in writing that the services then offered at the Hospital would not be diminished in any way.

### Right of First Refusal

San Benito County Healthcare District (SBCHD) retains the right of first refusal to re-purchase all facilities sold to Insight. In the event Insight seeks to sell the facilities transferred to it in whole or in part the SBCHD retains a right of first refusal that allows it to purchase the property by equaling the highest bid of any prospective purchaser. In the event that the San Benito County Healthcare District is dissolved this right will be transferred to San Benito County.

### The nurses are demanding:

- Management fees must not exceed 6 percent of net patient revenue any profits (net revenue) made during the five-year lease period shall be reinvested into the Hospital: According to 990 tax forms filed by Chicago Insight in 2022, 14 percent of the hospital's patient care revenues went to Insight's consulting firm for "management fees." These fees amounted to more than \$12 million. It should be noted that the Chicago hospital lost more than \$7 million in 2022, putting into question a comment made by an Insight executive to a Benitolink reporter that Insight would not take management fees if their nonprofit hospital was not profitable. Nurses believe it is imperative that management fees be capped as if the same arrangement had been in place at Hazel Hawkins in 2023, the management fees would have cost upwards of \$20 million.
- All medical service lines must remain operative under the new contract: These services include 24-hour emergency services, intensive care services, labor and delivery

- services, surgical services, women's health services, including women's reproductive services.
- Creation of a Community Advisory Board: The San Benito Health Care District board shall serve until such time as it is dissolved at which time a Community Advisory Board shall be appointed. The board shall have a minimum of five members at least two of which are appointed by the San Benito County Board of Supervisors to two-year terms. The board should also include at least two physicians, registered nurses, or other hospital staff. The board will be tasked with auditing the facility to ensure that the hospital administration is following laws, regulations, and contractual obligations.
- Financial Assistance Program: Insight Health must make available and administer a financial assistance policy. The frontline staff must be trained so they can make families and patients aware of this program. Notices about the program (and the hospital's charity care program) must be posted in Spanish and English in the hospital and on the hospital's website.

**Charity Care Program:** Insight Health must maintain a charity care program at an average of 1 percent of operating revenue. The availability of this program will be promoted in English and Spanish throughout the hospital, on the website, and in other materials provided by the hospital for nurses and other employees to provide to patients.