

| | |
|--|---|
| SUBJECT: SCOPE OF SERVICE- CANCER TREATMENT CENTER | SECTION: <div style="text-align: right;">Page 1 of 3</div> |
|--|---|

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To define the services offered at the Cancer Treatment Center.

AFFECTED AREAS/PERSONNEL: *CANCER TREATMENT STAFF*

The Roger S. Good Cancer Treatment Center provides outpatient treatment for oncological and hematological diseases in adults 18 years of age and older. Occasionally, inpatients may be transported to the Cancer Treatment Center for radiation therapy by order of the treating physician.

DEPARTMENT GOALS:

To create a caring environment, deliver quality services and maximize people's potential.

STAFFING AND QUALIFICATIONS:

Both the professional and technical services are supported by, at minimum, clerical staff. All clinical staff assigned to chemotherapy or radiation departments will have a Basic Life Support (BLS) certificate. To support the offered services, the Center staffs Registered Nurses, Radiation Therapists and ancillary staff, with both medical and radiation oncology physicians being under contract. The treatment component of the Cancer Treatment Center consists of two modalities: Chemotherapy and Radiation Therapy.

1. CHEMOTHERAPY:

Chemotherapy is given by registered nurses who have been found competent according to hospital standards and are Oncology Nursing Society (ONS) Chemotherapy and Immunotherapy trained. Staffing is based on census and acuity, with no more than 3 chemo infusions per RN. During periods of high volume, or staff call-off, chemotherapy nursing coverage may be supplemented via:

- a. Per Diem Chemo RN hours
- b. Registered Nurse to assist with all non-chemo procedures
- c. LVN to administer all subcutaneous injections

If extra staff is unavailable, patients shall be scheduled according to priority with highest priority taking precedence.

- a. Patients with multi-day protocols already initiated
- b. Patient receiving concurrent radiation therapy.
- c. First day of new cycle
- d. New patients

| | |
|---|---|
| SUBJECT: SCOPE OF SERVICE- CANCER TREATMENT CENTER | SECTION: <p style="text-align: right;">Page 2 of 3</p> |
|---|---|

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

- e. Port-a-cath flush and blood draws
- f. Non-chemo infusions and hydrations
- g. Non-cancer patients receiving other outpatient infusions

In addition, patients may be referred for service to other departments of the hospital. Such services and departments may include:

| SERVICE | DEPARTMENT |
|----------------------------------|----------------------------|
| Blood draws | Outpatient laboratory |
| Infusion of blood/blood products | Flex Care or Medical Floor |

2. **RADIATION THERAPY:**

Radiation therapy is given by a licensed therapeutic radiologist technologist (Radiation Therapist/RTT).

During periods of high volume, or staff call-off, Radiation therapy coverage may be supplemented via:

- a. Per Diem Radiation Therapist
- b. Contracted Locum Radiation Therapist
- c.

If extra staff is unavailable, patients shall be scheduled according to priority with highest priority taking precedence.

- Patient receiving concurrent chemotherapy
- Curative patients
- Patients with fewest treatments received.

Patients may be referred for service to other Cancer Centers for treatment. Such referrals will be at the discretion of the CTC physician in consult with the Medical Director.

HOURS OF OPERATION:

| | |
|---|---|
| SUBJECT: SCOPE OF SERVICE- CANCER TREATMENT CENTER | SECTION: Page 3 of 3 |
|---|---|

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Operating hours are Monday through Thursday, 8:00 a.m. to 4:30 p.m., Friday 8:00 a.m. to noon and weekends and holidays by medical director discretion and appointment only. The Cancer Treatment Center observes the holidays as defined by the Hospital. Patients requiring services after hours or holidays are directed to call the hospital operator and have the oncologist physician paged. If a medical emergency, the patient is to go to the nearest emergency room for treatment. Emergent radiation therapy is coordinated with the department director and medical director.

PROCEDURES:

The Cancer Treatment Center houses both the professional and technical components of cancer care. Procedures and services performed by the Cancer Treatment staff include, but are not limited to: Administration of blood products; administration of chemotherapeutic agents ranging from 0-8 hours in duration; immunotherapy; intravenous hydration; intravenous gamma globulin administration; subcutaneous/intramuscular injections, or supportive drug therapies, and radiation therapy;

REFERENCES:

- American College of Radiation Oncology, “ACRO Accreditation The Standard of Excellence”, September 2023, Bethesda Maryland, pp 1-61
- American College of Surgeons Commission on Cancer. (2023). Optimal Resources for Cancer Care <https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/>

| | |
|--|----------|
| SUBJECT: STANDARDS OF PRACTICE | SECTION: |
|--|----------|

Page 1 of 3

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide consistent, professional guidelines for the implementation of rehabilitation services to the patient population.

POLICY:

1. The Rehabilitation Department's standards of practice are designed to include treatment, consultative, educational and advisory services to reduce the severity of disability and associated physical pain.
2. Additionally, all care is formulated to assist the patient with performance of independent skills, communication, cognitive ability and other activities of daily living.
3. Rehabilitation Services will evaluate, examine and utilize their expertise to achieve the stated goals of this service.
4. **Departmental Management:**
 - a. Direction, utilization and supervision are essential in the provision of quality rehabilitation services.
 - b. The degree of direction and supervision necessary for ensuring quality rehabilitation services is dependent on many factors, including the education, experience and responsibility of the parties involved, as well as the organizational structure in which the rehabilitation services are provided.
 - c. Supervision, whether provided directly or delegated, should be readily available to the individual being supervised.
 - d. Rehabilitation Services will be directed by a Physical Therapist who has demonstrated qualifications based on education and experience, and who accepts inherent responsibilities.
5. **Responsibilities of Departmental Director:**
 - a. Establishes guidelines that delineate the responsibilities of all levels of rehabilitation services including Speech and Occupational Therapy.
 - b. Ensure that the departmental objectives are efficiently conducted within the framework of the stated purpose of the organization and in accordance with current standards of rehabilitation medicine.
6. **Responsibilities of the Licensed Physical Therapist:**
 - a. Interpretation of referrals when they are available.

| | |
|--|------------------------------------|
| SUBJECT: STANDARDS OF PRACTICE | SECTION: Page 2 of 3 |
|--|------------------------------------|

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

- b. Initial patient assessment and evaluation.
 - c. Development and implementation of a treatment plan for the patient that is based on the initial assessment and includes the rehabilitation goals and objectives, both short and long term.
 - d. Timely documentation if treating the patient.
 - e. Timely review of treatment documentation and functional reevaluation of the patient, treatment goals and revision of the treatment plan when indicated.
 - f. Adequate supervision of PTA and PT Aide
7. **Responsibilities of the Physical Therapy Assistant:**
- a. Treatment of patient according to the treatment plan developed by the Therapist.
 - b. Notify the evaluating therapist of needed change in treatment plan, the need for re-assessment, or lack of progress.
 - c. Timely documentation.
8. **Responsibilities of the Physical Therapy Aide/ Physical Therapy Coordinator:**
- a. The Physical Therapy aide/ coordinator is required to work under the direction and supervision of the Physical Therapist.
 - b. The Physical Therapy aide/coordinator may perform rehabilitation services procedures and related tasks that have been selected and delegated by the supervising therapist.
9. **Responsibilities of the Speech Therapist:**
- a. Interpretation of referrals when they are available.
 - c. Initial patient assessment and evaluation.
 - d. Development and implementation of a treatment plan for the patient that is based on the initial assessment and includes the rehabilitation goals and objectives, both short and long term.
 - e. Timely documentation.
- Timely review of treatment documentation and functional reevaluation of the patient, treatment goals and revision of the treatment plan when indicated.

SUBJECT:
STANDARDS OF PRACTICE

SECTION:

Page 3 of 3

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

AFFECTED AREAS/PERSONNEL: *ALL REHABILITATION PERSONNEL*

REFERENCES:

California Code of Regulations. *Existing Title 22 Rehabilitation, Outpatient, and Supportive Services Regulations*. Retrieved December 7, 2023 from https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/ExistingTitle22_GACH_Rehab_Outpatient_Supp.pdf

| | |
|---|---|
| SUBJECT: STOMATITIS GRADING AND CARE | SECTION: <p style="text-align: right;">Page 1 of 2</p> |
|---|---|

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

Stomatitis is a painful and frequent side effect of chemotherapy occurring about 5-7 days after start of treatment. The oral mucosa atrophies and then deteriorates as the white cell count drops. Chemotherapy also reduces the amount of saliva secreted, resulting in xerostomia. Stomatitis can interfere with the patient's nutritional status, speech, and ability to rest.

POLICY:

- All oncology patients shall have a complete visual oral exam done on admission and during a comprehensive reassessment as per policy.
- When the patient presents with oral mucosa it will be graded and recorded in the medical record.

AFFECTED AREAS/ PERSONNEL: *CANCER TREATMENT CENTER STAFF*

PROCEDURE:

1. Each patient's oral mucosa will be characterized by one of the following categories:
 - a. **Grade 1:** Asymptomatic or mild symptoms; intervention not indicated.
 - b. **Grade 2** Moderate pain or ulcer that does not interfere with oral intake; modified diet indicated.
 - c. **Grade 3:** Severe Pain interfering with oral intake
 - d. **Grade 4:** Life-threatening consequences; urgent intervention needed
 - i) Grade 5: Death

2. Suggestions for nursing care of the patient with alteration in oral mucous membranes:
 - a. Non-irritation soft diet is recommended.
 - b. Normal saline mouth rinses every 1-2 hours. Brush teeth with soft bristled toothbrush.
 - c. Recommend patient gargle with ¼ teaspoon salt, ¼ teaspoon baking soda and 12 ounces of water three times a day
 - d. Instruct the patient to avoid irritants, i.e., alcohol, tobacco, spices, acidic foods, commercial mouthwashes, extreme temperatures in food and beverages.
 - e. Consider dental consultation.

| | |
|--|------------------------------------|
| SUBJECT: STOMATITIS GRADING AND CARE | SECTION: Page 2 of 2 |
|--|------------------------------------|

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

- f. Ask physician for topical xylocaine jelly or swish and swallow mixture for moderate to severe stomatitis.
- g. Show patient how to examine the mouth and instruct them to report significant changes.
- h. Use gauze wrapped gloved finger to remove debris and mucous for debilitated patients. Oral irrigations with normal saline will gently cleanse the mouth.

REFERENCES:

-
- Oral toxicity associated with systemic anticancer therapy, UpToDate.
https://www.uptodate.com/contents/oral-toxicity-associated-with-systemic-anticancer-therapy?search=oral%20mucositis&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2, November 2023
- Brown, Timothy J, Gupta, Arjun. *JSO Oncology Practice*, Management of Cancer Therapy-Associated Oral Mucositis. March 2023
- National Cancer Institute, Common Terminology Criteria for Adverse Events, Version 5
https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/ctcae_v5_quick_reference_8.5x11.pdf

SUBJECT:
**STORAGE OF BLOOD COMPONENTS IN THE
EVENT OF THE LOSS OF MONITORED
REFRIGERATION #8063**

SECTION:

Page 1 of 1

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

1. In the event that monitored refrigeration is disrupted, the following procedure is to be followed:
 - a. For fresh frozen plasma (FFP) and Cryoprecipitate:
 - Store all units in the lab backup freezer in chemistry which is electronically monitored. The temperature of the freezer should not get warmer than -20°C .
 - b. For Refrigerated Blood Components, Samples and Reagents:
 - Store all units, samples and reagents in the blood bank back up refrigerator. The refrigerator is alarmed and monitored. The temperature of the refrigerator should remain between 1°C - 6°C .
 - In the event that all refrigeration is lost in the laboratory or that the back-up refrigeration/freezer units do not conform to established temperature criteria, the following procedure is to be followed:
 - The blood units will be transferred to the monitored refrigerator in surgery.
 - The FFP and Cryoprecipitate will be transferred to the backup freezer in microbiology. This freezer is monitored also.

AFFECTED AREAS/PERSONNEL: LABORATORY, SURGERY

REFERENCES:

- Fung, Mark K. (2020). AABB Technical Manual, 20th Ed.
- The Joint Commission Laboratory Standards (2023). QSA.05.04.01. Joint Commission Resources. Oak Brook, IL.
- American Association of Blood Banks, Standards for Blood Banks and Transfusion Services, 33rd Edition, 2022, Sections 3.6 and 5.1.8.1.3.

| | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TIME | | | | | | | | | | | | | | | | | | | |
| NIB/P | | | | | | | | | | | | | | | | | | | |
| P | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | | |
| SpO2 | | | | | | | | | | | | | | | | | | | |
| O2 Rx | | | | | | | | | | | | | | | | | | | |
| Co2 | | | | | | | | | | | | | | | | | | | |
| PAIN # | | | | | | | | | | | | | | | | | | | |
| LOCATION | | | | | | | | | | | | | | | | | | | |
| DESCRIP | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|--|---|--|--|--|
| RHYTHM | | Post Anesthesia Recovery Score (Aldrete Score) | | BLOOD GLUCOSE | |
| ADMISSION EVALUATION Airways: <input type="checkbox"/> Clear <input type="checkbox"/> Obstructed Lung Sounds: <input type="checkbox"/> Clear <input type="checkbox"/> Diminished <input type="checkbox"/> Wheezing <input type="checkbox"/> Crackles <input type="checkbox"/> Other: _____ Skin: <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Moist Skin color: <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Other: _____ Dressing: <input type="checkbox"/> Dry & Intact _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Rigid <input type="checkbox"/> Flat <input type="checkbox"/> Rounded <input type="checkbox"/> Distended Bowel Sounds: <input type="checkbox"/> Audible all 4 quadrants <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive | | Motor Activity Time: Moves 4 extremities vol/command 2 Moves 2 extremities vol/command 1 Moves 0 extremities vol/command 0 Respiration Deep breathe & cough freely 2 Dyspnea or limited breathing 1 Apneic 0 Circulation B/P + 20 mmHg of pre-proc level 2 B/P +20-50 mmHg of pre-proc level 1 B/P + 50 mmHg pre-proc level 0 Neurologic Status Fully awake and oriented 2 Arousable on calling-drifts to sleep 1 Not responding or responds to pain 0 Oxygen Saturation O2 sat ↑ 92% on room air 2 Needs O2 for O2 sat ↑ 90% 1 O2 sat ↓ 90% even with O2 0 Total | | TOTAL INTAKE <input type="checkbox"/> IV AMOUNT <input type="checkbox"/> SOLUTION BLOOD OTHER PACU FLEX TOTAL OUTPUT FOLEY VOID NG EMESIS DRAIN-AGE EBL OTHER PACU FLEX <input type="checkbox"/> Transferred to room #: _____ via gurney Time: _____ Report to: _____ | |

| | | | | | | | | | | | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TIME: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

| | |
|--|---|
| Outpatient post anesthesia recovery score Assess at discharge-reassess if criteria is not met Time of assessment _____ Dressing Dry & clean 2 Wet but stationary/marked 1 Growing area of wetness 0 Pain Pain free 2 Mild-handled by oral meds 1 Severe-req. parenteral meds 0 Ambulation Stands up/walk straight 2 Vertigo when erect 1 Dizziness when supine 0 Fasting-Feeding Able to drink fluids 2 Nauseated 1 Nausea & vomiting 0 Urine output Has voided 2 Unable to void/comfortable 1 Unable to void/uncomfortable 0 Total: DC score must be within 2 points of total items that apply to patient | Discharge Instructions given to: <input type="checkbox"/> Patient <input type="checkbox"/> Other Adult _____ <input type="checkbox"/> With verbal understanding <input type="checkbox"/> Home via W/C or ambulatory to private auto accompanied by volunteer with all personal belongings <input type="checkbox"/> Via ambulance/all personal belongings to: <input type="checkbox"/> PDC <input type="checkbox"/> SNF <input type="checkbox"/> Follow-up with MD visit confirmed <input type="checkbox"/> Responsible adult escort present <input type="checkbox"/> D/C PER PROTOCOL TIME: _____ R.N. Sign: _____ Date: _____ Time: _____ |
|--|---|



Porterville, California 93257
PROCEDURAL SEDATION FLOW SHEET



Form # 014175 REV. 11/23

WHITE - MEDICAL CHART CANARY - OR SCHEDULER

Sierra View Medical Center is a service of the Sierra View Local Health Care District.

PATIENT'S LABEL

147

This page intentionally left blank

**MINUTES OF A REGULAR MEETING OF THE
BOARD OF DIRECTORS OF
SIERRA VIEW LOCAL HEALTH CARE DISTRICT**

The Annual meeting of the Board of Directors of Sierra View Local Health Care District was held **December 19, 2023 at 5:00 P.M.** in the Sierra View Medical Center Board Room, 465 West Putnam Avenue, Porterville, California

Call to Order: Chairman REDDY called the meeting to order at 5:02 p.m.

Directors Present: REDDY, LOMELI, MARTINEZ, KASHYAP

Directors Absent: PANDYA

Others Present: Bailey, Allan, Legal Counsel, Canales, Tracy, VP of Human Resources, Dickson, Doug, Chief Financial Officer, Gomez, Cindy, Director of Compliance, Hefner, Donna, President/Chief Executive Officer, Hudson, Jeffery, VPPCS/CNO/DIO, Mitchell, Melissa, VP Quality and Regulatory Affairs, Parsons, Malynda, Public Relations, Sandhu, Harpreet, Chief of Staff, Wallace, Marcella, Director of Communications, Watts, Whitney, Executive Assistant and Clerk to Board of Directors, Wheaton, Ron, VP Professional Services and Physician Recruitment, Wilbur, Gary, Admin Director of General Services, Winston, Lori, MD, GME DIO

I. Approval of Agenda:

Chairman REDDY motioned to approve the Agenda. The motion was moved by Vice Chairman LOMELI, seconded by, Director KASHYAP and carried to approve the agenda. The vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Absent |
| PANDYA | Absent |
| KASHYAP | Yes |

II. Closed Session: Board adjourned Open Session and went into Closed Session at 5:03 p.m. to discuss the following items:

A. Pursuant to Evidence Code Section 1156 and 1157.7; Health and Safety Code Section 32106(b): Chief of Staff Report

B. Pursuant to Evidence Code Section 1156 and 1157.7:

1. Evaluation- Quality of Care/Peer Review/Credentials

2. Quality Division Update
 3. Compliance Report – Quarter 4 and Quarter 1
- C. Pursuant to Gov. Code Section 54956.9, Exposure to Litigation to subdivision (d) (2): Conference with Legal Counsel. BETA Claim No. 23-001994
- D. Pursuant to Gov. Code Section 54962; Health and Safety Code Section 32106(b): Discussion Regarding Trade Secrets Pertaining to Service and Strategic Planning
- E. Pursuant to Gov. code Section 54956.9(d)(2): Conference with Legal Counsel about recent work product (b)(1) and (b)(3)(F): significant exposure to litigation; privileged communication
- III. Open Session: Chairman REDDY adjourned Closed Session at 5:37 p.m., reconvening in Open Session at 5:38 p.m.

Pursuant to Gov. Code Section 54957.1; Action(s) taken as a result of discussion(s) in Closed Session.

- A. Chief of Staff Report provided by Chief of Staff Sandhu. Information only; no action taken.
- B. Pursuant to Evidence Code Section 1156 and 1157.7:
1. Evaluation – the Quality of Care/Peer Review

Following review and discussion, it was moved by Vice Chair LOMELI, seconded by Director KASHYAP, and carried to approve the Quality of Care/Peer Review as presented. The vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Absent |
| PANDYA | Absent |
| KASHYAP | Yes |

2. Quality Division Report

Following review and discussion, it was moved by Vice Chair LOMELI, seconded by Director KASHYAP, and carried to approve the Quality Division Report as presented. The vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Absent |

PANDYA Absent
KASHYAP Yes

3. Compliance Report for Quarter 4 and Quarter 1

Following review and discussion, it was moved by Vice Chair LOMELI, seconded by Director KASHYAP, and carried to approve the Compliance Report for Quarter 4 and Quarter 1 as presented. The vote of the Board is as follows:

REDDY Yes
LOMELI Yes
MARTINEZ Absent
PANDYA Absent
KASHYAP Yes

C. Conference with Legal Counsel Re: BETA Claim No. 23-001994

Following review and discussion, it was moved by Vice Chair LOMELI, seconded by Director KASHYAP, and carried to deny BETA Claim No. 23-001994 as presented. The vote of the Board is as follows:

REDDY Yes
LOMELI Yes
MARTINEZ Absent
PANDYA Absent
KASHYAP Yes

D. Discussion Regarding Trade Secret and Strategic Planning

Information only; no action taken

E. Conference with Legal Counsel

Information only; no action taken.

IV. Public Comments

None.

V. Consent Agenda

The Medical Staff Policies/Procedures/Protocols/Plans and Hospital Policies/Procedures/Protocols/Plans were presented for approval (Consent Agenda attached to the file copy of these Minutes). It was moved by Vice Chair LOMELI,

seconded by, Director KASHYAP and carried to approve the Consent Agenda as presented. The vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Absent |
| PANDYA | Absent |
| KASHYAP | Yes |

VI. Approval of Minutes:

Following review and discussion, it was moved by Vice Chair LOMELI and seconded by Director KASHYAP to approve the November 28, 2023 Regular Board Meeting Minutes as presented. The motion carried and the vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Absent |
| PANDYA | Absent |
| KASHYAP | Yes |

VII. CEO Report

Donna Hefner, President/CEO provided a report of activities and happenings around Sierra View.

VIII. Business Items

A. Annual Graduate Medical Education Report

Lori Winston, M.D., DIO. provided an Annual Report of the GME. Dr. Winston. A copy of this report is attached to the electronic file copy of these minutes.

Following review and discussion, it was moved by Vice Chair LOMELI and seconded by Director KASHYAP to approve the Annual Graduate Medical Education Annual Report as presented. The motion carried and the vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Absent |
| PANDYA | Absent |
| KASHYAP | Yes |

B. Reaffirm Institutional Statement of Commitment to Graduate Medical Education

Following review and discussion, it was moved by Vice Chair LOMELI and seconded by Director KASHYAP to reaffirm the Institutional Statement of Commitment to Graduate Medical Education as presented. The motion carried and the vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Absent |
| PANDYA | Absent |
| KASHYAP | Yes |

C. Annual Nursing Report

Jeffery Hudson-Covolo, CNO presented the Annual Nursing Report. A copy of this presentation is attached to the file copy of these minutes.

Following review and discussion, it was moved by Vice Chair LOMELI and seconded by Director KASHYAP to approve the Annual Nursing Report as presented. The motion carried and the vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Absent |
| PANDYA | Absent |
| KASHYAP | Yes |

D. November 2023 Financials

Doug Dickson, CFO presented the Financials for November 2023. A copy of this presentation is attached to the file copy of these minutes.

Total Operating Revenue was \$13,019,420. Supplemental Funds were \$1,821,222. Total Operating Expenses were \$13,342,546. Loss from operations of \$323,126.

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director KASHYAP and carried to approve the November 2023 Financials as presented. The vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Absent |
| PANDYA | Absent |
| KASHYAP | Yes |

E. Capital Budget Quarter 1

Doug Dickson, CFO presented the Capital Budget for Quarter 1. A copy of this presentation is attached to the file copy of these minutes.

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director KASHYAP and carried to approve the Capital Budget for Quarter 1 as presented. The vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Yes |
| PANDYA | Absent |
| KASHYAP | Yes |

F. Board Organization and Election of Officers

Director MARTINEZ presented at 6:28 p.m.

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director MARTINEZ to nominate Director KASHYAP as Treasurer. The vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Yes |
| PANDYA | Absent |
| KASHYAP | Yes |

Following review and discussion, it was moved by Chairman REDDY, seconded by Vice Chairman LOMELI to nominate Director MARTINEZ to continue as Secretary. The vote of the Board is as follows:

| | |
|----------|--------|
| REDDY | Yes |
| LOMELI | Yes |
| MARTINEZ | Yes |
| PANDYA | Absent |
| KASHYAP | Yes |

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director KASHYAP to nominate REDDY to remain as Chairman. The vote of the Board is as follows:

| | |
|--------|-----|
| REDDY | Yes |
| LOMELI | Yes |

MARTINEZ Yes
PANDYA Absent
KASHYAP Yes

Following review and discussion, it was moved by Chairman REDDY, seconded by Director MARTINEZ to nominate Vice Chairman LOMELI to continue as Vice Chairman. The vote of the Board is as follows:

REDDY Yes
LOMELI Yes
MARTINEZ Yes
PANDYA Absent
KASHYAP Yes

XII. Announcements:

- A. Regular Board of Directors Meeting – January 23, 2024 at 5:00 p.m.

The meeting was adjourned 6:40 p.m.

Respectfully submitted,

Areli Martinez
Secretary
SVLHCD Board of Directors

AM: ww

This page intentionally left blank

FINANCIAL PACKAGE
December 2023

SIERRA VIEW MEDICAL CENTER

BOARD PACKAGE

| | <u>Pages</u> |
|--------------------------------|--------------|
| Statistics | 1-2 |
| Balance Sheet | 3-4 |
| Income Statement | 5 |
| Statement of Cash Flows | 6 |
| Monthly Cash Receipts | 7 |

Sierra View Medical Center
Financial Statistics Summary Report
December 2023

| Statistic Utilization | Dec-23 | | | YTD | | | Fiscal 23 YTD | Increase/ (Decrease) 12/2022 | % Change |
|------------------------------|--------|--------|---------------|--------|---------|---------|---------------|------------------------------|----------|
| | Actual | Budget | Over/ (Under) | % Var. | Actual | Budget | | | |
| SNF Patient Days Total | 31 | 108 | (77) | -71.3% | 391 | 648 | 737 | (346) | -46.9% |
| Medi-Cal | 31 | 84 | (53) | -62.9% | 391 | 446 | 515 | (124) | -24.1% |
| Sub-Acute Patient Days Total | 1,035 | 871 | 164 | 18.8% | 5,804 | 5,226 | 5,162 | 642 | 12.4% |
| Medi-Cal | 936 | 579 | 357 | 61.7% | 4,894 | 3,612 | 3,567 | 1,327 | 37.2% |
| Acute Patient Days | 1,717 | 1,848 | (131) | -7.1% | 10,045 | 11,089 | 10,870 | (825) | -7.6% |
| Acute Discharges | 434 | 480 | (46) | -9.6% | 2,589 | 2,880 | 2,834 | (245) | -8.6% |
| Medicare | 166 | 184 | (18) | -9.8% | 986 | 1,091 | 1,074 | (88) | -8.2% |
| Medi-Cal | 227 | 249 | (22) | -8.7% | 1,291 | 1,418 | 1,398 | (107) | -7.7% |
| Contract | 40 | 47 | (7) | -15.7% | 291 | 355 | 348 | (57) | -16.4% |
| Other | 1 | 2 | (1) | -50.0% | 21 | 14 | 14 | 7 | 50.0% |
| Average Length of Stay | 3.96 | 3.85 | 0.11 | 2.7% | 3.88 | 3.85 | 3.84 | 0.04 | 1.2% |
| Newborn Patient Days | 156 | 172 | (16) | -9.3% | 1,078 | 1,022 | 1,118 | (40) | -3.6% |
| Medi-Cal | 16 | 33 | (17) | -51.5% | 175 | 208 | 211 | (36) | -17.1% |
| Other | 172 | 205 | (33) | -16.1% | 1,253 | 1,230 | 1,329 | (76) | -5.7% |
| Total Deliveries | 92 | 116 | (24) | -20.7% | 623 | 696 | 730 | (107) | -14.7% |
| Medi-Cal % | 90.11% | 82.81% | 7.30% | 8.8% | 85.05% | 82.81% | 82.73% | 2.31% | 2.8% |
| Case Mix Index | 1.6231 | 1.6395 | (0.0164) | -1.0% | 1.5724 | 1.6395 | 1.6117 | (0.0393) | -2.4% |
| Medicare | 1.2021 | 1.1881 | 0.1675 | 14.1% | 1.1881 | 1.1881 | 1.1667 | 0.0207 | 1.8% |
| Overall | 1.3556 | 1.3732 | (0.1711) | -12.5% | 1.3451 | 1.3732 | 1.3430 | 0.0021 | 0.2% |
| Ancillary Services | 8,623 | 9,041 | (418) | -4.6% | 50,628 | 54,246 | 53,374 | (2,746) | -5.1% |
| Inpatient | 95 | 104 | (9) | -8.7% | 570 | 624 | 648 | (78) | -12.0% |
| Surgery Minutes | 1,477 | 1,480 | (3) | -0.2% | 8,317 | 8,676 | 8,997 | (680) | -7.8% |
| Surgery Cases | 7,648 | 12,448 | (4,800) | -38.6% | 72,769 | 74,688 | 70,658 | 2,111 | 3.0% |
| Imaging Procedures | 200 | 190 | 10 | 5.3% | 1,204 | 1,140 | 1,082 | 122 | 11.3% |
| Outpatient | 156 | 142 | 14 | 9.9% | 852 | 852 | 1,048 | 77 | 7.3% |
| Surgery Minutes | 3,988 | 3,715 | 273 | 7.3% | 23,061 | 22,291 | 23,232 | (171) | -0.7% |
| Surgery Cases | 294 | 295 | (1) | -0.3% | 1,784 | 1,770 | 1,772 | 12 | 0.7% |
| Endoscopy Procedures | 1,160 | 1,178 | (18) | -1.5% | 7,544 | 7,068 | 7,031 | 513 | 7.3% |
| Imaging Procedures | 1,093 | 1,102 | (9) | -0.8% | 6,612 | 6,612 | 5,766 | 1,554 | 27.0% |
| MRI Procedures | 33,247 | 33,247 | (3,741) | -11.3% | 188,307 | 199,462 | 203,378 | (15,071) | -7.4% |
| CT Procedures | 6 | 3 | 3 | 100.0% | 23 | 23 | 12 | 11 | 91.7% |
| Ultrasound Procedures | | | | | | | | | |
| Lab Tests | | | | | | | | | |
| Dialysis | | | | | | | | | |

Sierra View Medical Center
Financial Statistics Summary Report
December 2023

| Statistic | Dec-23 | | | YTD | | | Fiscal 23 YTD | Increase/ (Decrease) 12/2022 | % Change |
|-------------------------------------|-------------|-----------|------------------|--------|-------------|-------------|------------------|------------------------------------|----------|
| | Actual | Budget | Over/ (Under) | % Var. | Actual | Budget | | | |
| Cancer Treatment Center | | | | | | | | | |
| Chemo Treatments | 1,621 | 1,713 | (92) | -5.4% | 9,292 | 10,278 | (986) | -9.6% | -15.1% |
| Radiation Treatments | 1,019 | 1,653 | (634) | -38.4% | 10,155 | 9,918 | 237 | 2.4% | 6.7% |
| Cardiac Cath Lab | | | | | | | | | |
| Cath Lab IP Procedures | 11 | 10 | 1 | 10.0% | 71 | 60 | 11 | 18.3% | 29.1% |
| Cath Lab OP Procedures | 18 | 28 | (10) | -35.7% | 184 | 168 | 16 | 9.5% | 4.0% |
| Total Cardiac Cath Lab | 29 | 38 | (9) | -23.7% | 255 | 228 | 27 | 11.8% | 9.9% |
| Outpatient Visits | | | | | | | | | |
| Emergency | 3,749 | 3,411 | 338 | 9.9% | 20,885 | 20,466 | 419 | 2.0% | 0.2% |
| Total Outpatient | 12,420 | 12,811 | (391) | -3.1% | 76,828 | 76,866 | 1,962 | 2.6% | 1.3% |
| Staffing | | | | | | | | | |
| Paid FTE's | 853.18 | 841.56 | 11.62 | 1.4% | 852.47 | 841.56 | 10.91 | 1.3% | -5.7% |
| Productive FTE's | 723.58 | 735.98 | (12.40) | -1.7% | 732.34 | 735.98 | (3.64) | -0.5% | -4.5% |
| Paid FTE's/AOB | 5.35 | 5.06 | 0.28 | 5.6% | 5.04 | 5.01 | 0.03 | 0.6% | -6.1% |
| Revenue/Costs (w/o Case Mix) | | | | | | | | | |
| Revenue/Adj. Patient Day | 11,082 | 11,032 | 50 | 0.4% | 10,580 | 11,032 | (452) | -4.1% | -2.2% |
| Cost/Adj. Patient Day | 2,815 | 2,825 | 190 | 7.2% | 2,626 | 2,633 | (7) | -0.2% | -3.9% |
| Revenue/Adj. Discharge | 57,187 | 53,109 | 4,078 | 7.7% | 53,220 | 53,108 | 112 | 0.2% | 2.4% |
| Cost/Adj. Discharge | 14,525 | 12,638 | 1,888 | 14.9% | 13,212 | 12,675 | 537 | 4.2% | 0.7% |
| Adj. Discharge | 959 | 1,071 | (112) | -10.4% | 6,190 | 6,421 | (232) | -3.6% | -4.2% |
| Net Op. Gain/(Loss) % | -8.31% | -2.39% | -5.91% | 247.2% | -6.06% | -2.39% | -3.67% | 153.3% | -62.8% |
| Net Op. Gain/(Loss) \$ | (1,068,284) | (316,131) | (752,153) | 237.9% | (4,672,290) | (2,217,547) | (2,454,743) | 110.7% | -60.6% |
| Gross Days in Accis Rec. | 98.30 | 88.87 | 9.43 | 10.6% | 98.30 | 88.87 | 9.43 | 10.6% | 9.0% |
| Net Days in Accis. Rec. | 61.32 | 72.82 | (11.50) | -15.8% | 61.32 | 72.82 | (11.50) | -15.8% | -19.8% |

Date: 01/17/24 @ 1432
 User: SOLIA1

Sierra View *Live* - GL

PAGE 1
 RUN: BS RPT: SVEAL4

Fiscal Calendar JULJUN

COMBINED BALANCE SHEET FOR SIERRA VIEW LOCAL HLTHCR DISTR
 SIERRA VIEW LOCAL HEALTH CARE DISTRICT

DEC 2023

NOV 2023

ASSETS

CURRENT ASSETS:

| | | |
|-------------------------------|---------------|---------------|
| CASH & CASH EQUIVALENTS | \$ 8,105,426 | \$ 8,293,671 |
| SHORT-TERM INVESTMENTS | 13,006 | 2,166,575 |
| ASSETS LIMITED AS TO USE | 843,410 | 63,845 |
| PATIENT ACCOUNTS RECEIVABLE | 175,676,484 | 169,552,171 |
| LESS UNCOLLECTIBLES | (27,357,523) | (28,182,461) |
| CONTRACTUAL ALLOWANCES | (123,562,713) | (117,407,949) |
| OTHER RECEIVABLES | 22,479,022 | 21,203,414 |
| INVENTORIES | 3,951,126 | 4,048,601 |
| PREPAID EXPENSES AND DEPOSITS | 3,228,992 | 3,160,195 |
| LEASE RECEIVABLE - CURRENT | 299,577 | 299,577 |

TOTAL CURRENT ASSETS

63,676,806 63,197,640

| | | |
|------------------------------------|-------------|-------------|
| ASSETS LIMITED AS TO USE, LESS | 32,841,073 | 33,039,765 |
| CURRENT REQUIREMENTS | 131,487,441 | 129,505,782 |
| LONG-TERM INVESTMENTS | 81,253,817 | 81,979,501 |
| PROPERTY, PLANT AND EQUIPMENT, NET | 495,137 | 509,017 |
| INTANGIBLE RIGHT OF USE ASSETS | 3,083,841 | 3,182,016 |
| SBITA RIGHT OF USE ASSETS | 1,144,628 | 1,169,561 |
| LEASE RECEIVABLE - LT | 250,000 | 250,000 |
| OTHER INVESTMENTS | 1,636,410 | 1,657,390 |
| PREPAID LOSS ON BONDS | | |

TOTAL ASSETS

\$ 315,869,153 \$ 314,490,673

Date: 01/17/24 @ 1432
 User: SOLIA1

Sierra View *Live* - GL
 Fiscal Calendar JULJUN

PAGE 2
 RUN: BS RPT: SVBAL4

COMBINED BALANCE SHEET FOR SIERRA VIEW LOCAL HLTHCR DISTR
 SIERRA VIEW LOCAL HEALTH CARE DISTRICT

DEC 2023

NOV 2023

LIABILITIES AND FUND BALANCE

CURRENT LIABILITIES:

| | | |
|---|------------|------------|
| BOND INTEREST PAYABLE | \$ 783,700 | \$ 653,083 |
| CURRENT MATURITIES OF BONDS PAYABLE | 4,055,000 | 4,055,000 |
| CURRENT MATURITIES OF LONG TERM DEBT | 1,201,171 | 1,201,171 |
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | 4,301,484 | 3,492,962 |
| ACCRUED PAYROLL AND RELATED COSTS | 7,307,886 | 6,887,628 |
| ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS | 3,678,991 | 3,767,849 |
| LEASE LIABILITY - CURRENT | 133,974 | 135,900 |
| SBITA LIABILITY - CURRENT | 1,272,203 | 1,272,203 |

TOTAL CURRENT LIABILITIES

22,734,409 21,465,796

SELF-INSURANCE RESERVES

| | | |
|-------------------------------|------------|------------|
| CAPITAL LEASE LIAB LT | 1,437,253 | 1,488,729 |
| BONDS PAYABLE, LESS CURR REQ | 1,441,949 | 1,525,312 |
| BOND PREMIUM LIABILITY - LT | 37,510,000 | 37,510,000 |
| LEASE LIABILITY - LT | 3,053,481 | 3,112,051 |
| SBITA LIABILITY - LT | 378,324 | 389,461 |
| OTHER NON CURRENT LIABILITIES | 2,011,059 | 2,109,608 |
| DEFERRED INFLOW - LEASES | 187,927 | 187,927 |
| | 1,381,751 | 1,408,052 |

TOTAL LIABILITIES

70,136,152 69,196,935

UNRESTRICTED FUND
 PROFIT OR (LOSS)

245,134,891 245,134,891
 598,110 158,847

TOTAL LIABILITIES AND FUND BALANCE

\$ 315,869,153 \$ 314,490,673

COMBINED INCOME STATEMENT FOR SIERRA VIEW LOCAL HEALTH DISTRICT
SIERRA VIEW LOCAL HEALTH CARE DISTRICT

| DEC 2023 ACTUAL | DEC 2023 BUDGET | DOLLAR VARIANCE | PERCENT VARIANCE | Y-T-D ACTUAL | Y-T-D BUDGET | DOLLAR VARIANCE | PERCENT VARIANCE |
|-----------------|-----------------|-----------------|------------------|---------------|---------------|-----------------|------------------|
| 5,546,164 | 5,730,675 | 184,511 | (3)% | 32,456,032 | 34,384,050 | 1,928,018 | (6)% |
| 19,301,764 | 19,761,684 | 459,920 | (2)% | 105,556,342 | 118,566,148 | 13,009,806 | (11)% |
| 24,847,928 | 25,492,359 | 644,431 | (3)% | 138,012,374 | 152,950,198 | 14,937,824 | (10)% |
| 29,985,227 | 31,362,381 | 1,377,154 | (4)% | 191,413,710 | 188,077,224 | (3,336,486) | 2% |
| 54,833,155 | 56,854,740 | 2,021,585 | (4)% | 329,426,084 | 341,027,422 | 11,601,338 | (3)% |
| (18,788,110) | (17,105,659) | 1,682,451 | 10% | (104,617,401) | (102,633,954) | 1,983,447 | 2% |
| (17,535,088) | (20,103,940) | (2,568,852) | (13)% | (105,057,304) | (120,623,640) | (15,566,336) | (13)% |
| (5,647,062) | (6,634,411) | (987,349) | (15)% | (41,538,632) | (39,806,466) | 1,732,166 | 4% |
| 83,039 | (13,158) | (96,197) | (731)% | (78,245) | (78,948) | (703) | (1)% |
| (591,634) | (439,236) | 152,398 | 35% | (4,098,217) | (2,635,416) | 1,462,801 | 56% |
| (42,478,855) | (44,296,404) | (1,817,550) | (4)% | (255,389,798) | (265,778,424) | (10,388,626) | (4)% |
| 12,354,301 | 12,588,336 | 204,035 | (2)% | 74,036,286 | 75,248,998 | 1,212,712 | (2)% |
| 504,854 | 654,369 | 149,515 | (23)% | 3,071,311 | 3,926,214 | 854,903 | (22)% |
| 12,859,155 | 13,212,705 | 353,550 | (3)% | 77,107,597 | 79,175,212 | 2,067,615 | (3)% |
| 5,646,614 | 5,297,918 | 348,696 | 7% | 33,462,443 | 31,740,641 | 1,721,802 | 5% |
| 539,779 | 566,437 | (26,658) | (5)% | 3,722,917 | 3,390,135 | 332,782 | 10% |
| 1,323,889 | 1,514,444 | (190,555) | (13)% | 8,107,816 | 8,226,989 | (119,173) | (1)% |
| 1,436,828 | 1,406,070 | 30,758 | 2% | 7,819,089 | 8,375,532 | (556,443) | (7)% |
| 903,836 | 848,119 | 55,717 | 7% | 5,234,929 | 5,098,909 | 136,020 | 3% |
| 2,191,577 | 1,970,067 | 221,510 | 11% | 12,087,589 | 11,862,476 | 225,113 | 2% |
| 233,612 | 246,222 | (12,610) | (5)% | 1,366,585 | 1,494,303 | (127,718) | (9)% |
| 209,759 | 263,897 | (54,138) | (21)% | 1,607,520 | 1,583,382 | 24,138 | 2% |
| 25,959 | 11,257 | 14,702 | 131% | 166,187 | 90,710 | 75,477 | 83% |
| 123,235 | 118,267 | 4,968 | 4% | 755,098 | 709,602 | 45,496 | 6% |
| 962,406 | 961,328 | 1,078 | 0% | 5,892,610 | 5,892,610 | (0) | 0% |
| 329,945 | 324,810 | 5,135 | 2% | 1,614,578 | 1,927,470 | (312,892) | (16)% |
| 0 | 0 | 0 | 0% | 0 | 0 | 0 | 0% |
| 13,927,439 | 13,528,836 | 398,603 | 3% | 81,779,886 | 81,392,759 | 387,127 | 1% |
| (1,068,284) | (316,131) | 752,153 | 238% | (4,672,290) | (2,217,547) | 2,454,743 | 111% |
| 116,558 | 116,558 | 0 | 0% | 699,348 | 699,348 | 0 | 0% |
| 324,068 | 217,386 | (46,682) | 17% | 1,861,450 | 1,664,316 | (197,134) | 12% |
| 53,399 | 43,282 | 10,117 | 23% | 322,739 | 259,692 | (63,047) | 24% |
| (90,177) | (105,755) | (15,579) | (15)% | (546,646) | (583,578) | (36,932) | (1)% |
| (22,076) | (36,775) | (14,699) | (40)% | (250,347) | (220,650) | 29,697 | 14% |
| 381,772 | 294,696 | (87,076) | 30% | 2,086,546 | 1,849,128 | (237,418) | 13% |
| (686,512) | (21,435) | 665,077 | 3,103% | (2,585,744) | (368,419) | 2,217,325 | 602% |
| 1,125,775 | 0 | (1,125,775) | (100)% | 3,183,854 | 0 | (3,183,854) | (100)% |
| 439,263 | (21,435) | (460,698) | (2,149)% | 598,110 | (368,419) | (966,529) | (262)% |

SIERRA VIEW MEDICAL CENTER
Statement of Cash Flows
12/31/23

| | CURRENT MONTH | YEAR TO DATE |
|--|--------------------------|-------------------------|
| Cash flows from operating activities: | <u>(1,068,284)</u> | <u>(4,672,290)</u> |
| Operating Income/(Loss) | 962,406 | 5,835,136 |
| Adjustments to reconcile operating income/(loss) to net cash from operating activities | (824,938) | (384,279) |
| Depreciation and amortization | | |
| Provision for bad debts | | |
| Change in assets and liabilities: | | |
| Patient accounts receivable, net | 30,454 | 1,615,766 |
| Other receivables | (1,275,608) | (6,802,348) |
| Inventories | 97,475 | 66,833 |
| Prepaid expenses and deposits | (68,797) | (846,013) |
| Advance refunding of bonds payable, net | 20,980 | 125,878 |
| Accounts payable and accrued expenses | 808,522 | (1,469,445) |
| Deferred inflows - leases | (26,301) | (310,232) |
| Accrued payroll and related costs | 420,258 | (49,075) |
| Estimated third-party payor settlements | (88,858) | 523,721 |
| Self-insurance reserves | (51,476) | (228,703) |
| Total adjustments | <u>4,117</u> | <u>(1,922,761)</u> |
| Net cash provided by (used in) operating activities | <u>(1,064,167)</u> | <u>(6,595,051)</u> |
| Cash flows from noncapital financing activities: | | |
| District tax revenues | 116,558 | 699,348 |
| Noncapital grants and contributions, net of other expenses | <u>15,792</u> | <u>(24,925)</u> |
| Net cash provided by (used in) noncapital financing activities | 132,350 | 674,423 |
| Cash flows from capital and related financing activities: | | |
| Purchase of capital assets | (222,842) | (1,867,120) |
| Proceeds from lease receivable, net | 24,933 | 305,951 |
| Principal payments on debt borrowings | - | (3,880,000) |
| Interest payments | (2,599) | (886,997) |
| Net change in notes payable and lease liability | (96,800) | (569,249) |
| Net changes in assets limited as to use | <u>(580,873)</u> | <u>1,260,843</u> |
| Net cash provided by (used in) capital and related financing activities | (878,181) | (5,636,572) |
| Cash flows from investing activities: | | |
| Net (purchase) or sale of investments | (855,884) | 3,455,699 |
| Investment income | <u>324,068</u> | <u>1,861,450</u> |
| Net cash provided by (used in) investing activities | (531,816) | 5,317,149 |
| Net increase (decrease) in cash and cash equivalents: | <u>(2,341,814)</u> | <u>(6,240,051)</u> |
| Cash and cash equivalents at beginning of month/year | 10,460,246 | 14,358,483 |
| Cash and cash equivalents at end of month | <u><u>8,118,432</u></u> | <u><u>8,118,432</u></u> |

SIERRA VIEW MEDICAL CENTER

MONTHLY CASH RECEIPTS
December 2023

| | PATIENT ACCOUNTS RECEIVABLE | OTHER ACTIVITY | TOTAL DEPOSITED |
|--------|-----------------------------------|-------------------|--------------------|
| Jan-23 | 11,383,815 | 396,451 | 11,780,266 |
| Feb-23 | 10,444,477 | 1,486,294 | 11,930,771 |
| Mar-23 | 11,036,309 | 4,353,856 | 15,390,165 |
| Apr-23 | 9,611,508 | 8,659,999 | 18,271,507 |
| May-23 | 13,011,917 | 3,474,340 | 16,486,257 |
| Jun-23 | 10,589,289 | 5,045,026 | 15,634,315 |
| Jul-23 | 9,542,222 | 1,209,276 | 10,751,498 |
| Aug-23 | 11,411,456 | 2,278,509 | 13,689,964 |
| Sep-23 | 11,153,141 | 297,374 | 11,450,515 |
| Oct-23 | 10,806,912 | 1,614,798 | 12,421,710 |
| Nov-23 | 11,048,937 | 5,395,178 | 16,444,115 |
| Dec-23 | 9,261,593 | 1,749,227 | 11,010,820 |

NOTE:

Cash receipts in "Other Activity" include the following:

- Other Operating Revenues - Receipts for Café, rebates, refunds, and miscellaneous funding sources
- Non-Operating Revenues - rental income, property tax revenues
- Medi-Cal OP Supplemental and DSH funds
- Medi-Cal and Medi-Care Tentative Cost Settlements
- Grants, IGT, HQAF, & QIP
- Medicare interim payments

December 2023 Summary of Other Activity:

| | |
|------------------|---|
| 33,351 | Tulare County First 5 07/23 - 09/23 |
| 74,914 | M-Cal IP DSH FY20 Audit Redistribtution |
| 1,381,142 | M-Cal IP DSH 10/23 - 11/23 |
| 259,820 | Miscellaneous |
| <u>1,749,227</u> | 12/23 Total Other Activity |

This page intentionally left blank



Appointment of Food and Dietetic Services Director 2024

In compliance with CMS A-0620, Section 482.28(a) (1), Zaelin Stringham is hereby appointed to the position of *Food and Dietetic Services Director* by the Board of Directors and President/CEO of Sierra View Local Health Care District dba Sierra View Medical Center for 2024.

Zaelin Stringham, MS, RD, is a full-time employee who has worked in the field of Food and Nutrition for eight plus years. Ms. Stringham holds a Master’s Degree in Nutrition and Dietetics, is a Registered Dietitian, certified by the Commission on Dietetic Registration holds a national certification as a ServSafe Food Protection Manager, and ServSafe Instructor and Proctor. Ms. Stringham is granted the authority and delegated responsibility by the Sierra View Local Health Care District Board of Directors for the operation of the Food and Dietetic Services Department.

Authority:

The Food and Dietetic Services Director has the authority and responsibility for daily management of dietary services, implementing training programs for dietary staff and ensuring that established policies and procedures are maintained to address at least the following:

Responsibility:

The Director of Food & Nutrition Service will:

- Ensure appropriate safety practices for food handling;
- Ensure appropriate emergency food supplies;
- Ensure department orientation, work assignments, supervision of work and personnel performance;
- Ensure menu planning, purchasing of foods and supplies, and retention of essential records (e.g. cost, menus, personnel, training records, Quality Assurance/Performance Improvement – QA/PI Reports, etc.); and,
- Chair the Food and Nutrition Service Department QA/PI Program.

| | | | |
|---------------|-------|-----------------------|-------|
| _____ | _____ | _____ | _____ |
| President/CEO | Date | Chairman of the Board | Date |

Appointment of Environmental Safety/Security Officer 2024

Mr. Gary Wilbur has been appointed to the position of *Environmental Safety/Security Officer* by the Board of Directors and President/CEO of Sierra View Local Health Care District.

Qualifications:

Mr. Gary Wilbur has over twenty (25) years of experience in the field of; Fire Protection, Installation and maintenance of Security Systems, Telecommunication Engineering, and Facility Project Management. In addition, he has installed Fire Alarm Systems and Surveillance Cameras.

Mr. Wilbur has participated in Facility Master Plan design. Furthermore he has, and currently serves as Director of our IT and Project Management departments. He has immense knowledge of the facility plant and its infrastructure.

Mr. Wilbur is a member of:
National Fire Protection Agency
Project Management Institute

Mr. Wilbur has certifications from:
California State Fire Marshall
Fire Protection Agency
Governor's Office of Emergency Services
California Specialized Training Institute for HAZMAT Awareness
Global Information Assurance Certification

Authority:

The Environmental Safety/Security Officer, through the Environmental Safety Committee, has the authority to intervene whenever conditions exist that pose an immediate threat to life, health or pose an immediate threat of damage to equipment, buildings and assets.

Responsibility:

The Environmental Safety/Security Officer will:

- Chair the Environmental Safety Committee Meetings;
- Participate in and oversee hazard surveillance and reporting of the findings to the Environmental Safety Committee, and will ensure that any problems identified are effectively corrected and reported to the Environmental Safety Committee;
- Participate in the Safety Education Orientation Program for new employees and continuing education for all employees, physicians and volunteers;
- Monitor, evaluate and oversee the Hazardous Materials and Hazardous Waste Management Program and Hazard Communication Program;
- Implement and enforce the physical Security Plan and Program, and report on Security Program actions and incident occurrence findings at least quarterly to the Environmental Safety Committee;



SIERRA VIEW MEDICAL CENTER

- Will assist in the development, implementation and continued assessment of the facility's Emergency Management Program and Emergency Operation Plan in conjunction with the Environmental Safety Committee;
- Will be responsible for the Life Safety Management Program, and report monthly fire drill and quarterly fire alarm system testing analysis to the Environmental Safety Committee;
- Will be responsible for reviewing Incident Reports in conjunction with Risk Management and Employee Health when applicable;
- Ensure that findings generated from the Environmental Safety Committee's Program activities are communicated at least quarterly to the Performance Improvement Council, Hospital Leadership, Medical Staff, CEO and the Board of Directors;
- Participate in the development of organization-wide Safety, Emergency Operations and Environment of Care policies and procedures, in addition to department specific safety policies and procedures; and
- Develop and provide annual evaluations of the effectiveness for all Environment of Care programs to the Environmental Safety Committee, CEO and the Board of Directors.

President/CEO

Date

Chairman of the Board

Date



SIERRA VIEW MEDICAL CENTER

Appointment of Patient Safety Officer 2024

Melissa Mitchell, DHA, LCSW, CCM, CPHQ, Vice President of Quality and Regulatory Affairs has been appointed to the position of *Patient Safety Officer* by the Board of Directors and President/CEO of Sierra View Local Health Care District.

Qualifications:

Ms. Melissa Mitchell has over 18 years of experience in the healthcare field, in a variety of settings. Within that time she has experience working in the Emergency Room in a level I Trauma/Burn facility, substance abuse treatment, and mental health assessment and intervention. Ms. Mitchell is currently the VP of Quality and Regulatory Affairs and is the executive sponsor of the Beta Heart initiative – focused on reducing medical harm.

Authority:

The Patient Safety Officer, through the Patient Safety Committee, has the authority to intervene whenever conditions exist that pose a threat to patient safety.

Responsibility:

The Patient Safety Officer will:

- Integrate a patient safety program throughout the organization that provides oversight, ensures alignment of patient safety activities and provides opportunities for all individuals who work in the organization to be educated and participate in patient safety and quality initiatives;
- Serve as the primary point of contact for questions about patient safety and who coordinates patient safety for education and the deployment of system changes;
- Foster a just culture environment in which frontline personnel feel comfortable in disclosing errors, including their own, while maintaining professional accountability;
- Participate in and oversee the patient occurrence reporting function and ensure that identified patient safety issues are effectively corrected and reported to the Patient Safety Committee, MEC and Board of Directors;
- Co-Chair the interdisciplinary Patient Safety Committee Meetings whose focus is to create, implement and administer mechanisms to oversee root cause analysis of every appropriate incident;
- Provide feedback to frontline staff about lessons learned, disclose the organization’s progress toward implementing safe practices and provide professional training and teamwork techniques;
- Assist in the development, implementation and continued assessment of the facility’s Risk Management Plan and Patient Safety Plan; and
- Maintain compliance with reporting of Adverse Events to the appropriate external mandatory programs.

| | | |
|---------------|-------|----------------------------|
| _____ | _____ | _____ |
| President/CEO | Date | Chairman of the Board Date |

Appointment of Infection Control Officer 2024

In compliance with CMS A-0620, Section 482.42(a), Nancy Hurtado-Ziola, Ph.D. is hereby appointed to the position of *Infection Control Officer* by the Board of Directors and President/CEO of Sierra View Local Health Care District dba Sierra View Medical Center for 2024.

Qualifications:

Nancy Hurtado-Ziola, Ph.D., is a full-time employee who has been granted the authority and delegated responsibility by the Sierra View Local Health Care District, Board of Directors for the operation of the Infection Control Department.

Nancy earned her Doctoral Degree in Biomedical Science from UC San Diego School of Medicine, where she focused on aspects of the immune system in a biomedical research environment. Nancy completed her post-doctoral fellowship at UC San Diego. During her career she worked Children's Hospital Los Angeles, UCSD, and UCLA where she was part of the Epidemiologic Catchment Area Project. Nancy has a strong working knowledge of microbiology, epidemiology, infection disease, and aseptic techniques. Nancy is also part-time faculty for Central New Mexico Community College where she teaches biology, anatomy & physiology, and pathophysiology.

Responsibility:

The Infection Control Officer must:

- Develop and implement policies governing control of infections and communicable diseases;
- Develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel; and
- Maintain a log of incidents related to infections and communicable diseases.

President/CEO

Date

Chairman of the Board

Date

This page intentionally left blank

SIERRA VIEW LOCAL HEALTH CARE DISTRICT
BOARD DIRECTOR ANNUAL SELF EVALUATION

| Assessment | Exceeds Expectation | Meets Expectation | Below Expectation |
|---|------------------------|----------------------|----------------------|
| Director has knowledge and understanding of the following: | | | |
| 1. Mission & Goals | _____ | _____ | _____ |
| 2. District's Priorities | _____ | _____ | _____ |
| 3. District's Financial Status | _____ | _____ | _____ |
| 4. District's Quality of Care issues | _____ | _____ | _____ |
| Director has been able to devote sufficient time to board responsibilities, including reviewing and analyzing board materials before each meeting | _____ | _____ | _____ |
| Director regularly attends board meetings and actively participates | _____ | _____ | _____ |
| Director has satisfactory working relationships with the board chair, other board members and CEO | _____ | _____ | _____ |

Director

Date