

West Side Health Care District

119 Adkisson Way Taft, CA 93268 (661) 765 - 7234

Board Meeting Agenda Thursday, April 28, 2022 at 4:00 pm

1. Call to Order/Pledge of Allegiance

2. Public Input

This is the time for public comment. Members of the public may be heard on any item on the agenda. A person addressing the Board will be limited to five minutes unless the Chairperson grants a longer period of time. Comments by members of the public on an item on the agenda will only be allowed during consideration of the item by the Board. When the item is called, please raise your hand or stand if you desire to address the Board.

Members of the public may also, at this time only, address the Board on any non-agenda items, your comments will be limited to five minutes. You should raise your hand or stand at this time. Although Board Members may ask questions for clarification, the Board will not debate issues with the speaker. Non-emergency items may be rescheduled for a discussion at a later date. Please note, the Board may take action on non-agenda items only in emergency circumstances.

After the comments, the public is allowed to remain and listen or may leave at any time.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54943.2) The West Side Health Care District is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the West Side Health Care District may request assistance at 119 Adkisson Way Taft, California, or by calling (661) 765-7234. Reasonable effort will be made to accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

3. Approval of Minutes

Board Meeting Minutes – Thursday, March 24, 2022
Finance Committee Minutes- Monday, April 25, 2022

4. Financial Review

District CPA, Kelly Hohenbrink will join the meeting via telephone.

A. Review and Discussion /Approval the February and March 2022 Financial Reports

5. Annual Review and Approval of Policy and Procedures

- A. West Side Family Health Care- Miscellaneous Policies
- B. West Side Family Health Care – Bi-Annual Evaluation Report
- C. West Side Health Care District-Board by Laws

6. **Administrative Staff Reports**

- A. March 2021, General Information- Attached for informational purposes only. No Action.

7. **Committee Updates**

A. **Finance Committee**

Eric Cooper or Ginny Miller

B. **Facilities Committee**

Eric Cooper or Darren Walrath

C. **Community Outreach**

Jan Ashley or Darren Walrath

D. **Personnel Committee**

Adele Ward or Jan Ashley

E. **Additional Board Member Input**

This Portion of the meeting is reserved for Board Members to present information, announcements, or other items that have come to their attention. A Board member may request that an item is placed on the agenda for consideration at a future meeting or refer an item to the Executive Director for a formal report. The Board will take no formal action at this time.

8. **Closed Session**

Adjourn to session closed to the public as legally permitted. Any action taken will be announced in Open Session.

9. **Open Session**

10. **Items for Future Agendas**

11. **Adjournment**

The next Regular Board Meeting is set for Thursday, May 26, 2022, at 2:00 pm

ITEM 3



West Side Health Care District

119 Adkisson Way, Taft, CA 93268 (661) 765-7234

BOARD MEETING MINUTES

Thursday, March 24, 2022, at 2:00 pm

1. CALL TO ORDER

Board President, Eric Cooper, called the meeting to order at 2:00pm. Eric Cooper led the Pledge of Allegiance. Those present were:

Eric Cooper	Board President
Virginia Miler	Board Secretary/Treasurer
Jan Ashley	Board Member
Darren Walrath	Board Member
Ryan Shultz	Executive Director
Robyn Melton	District Manager

Board Vice President, Adele Ward was excused. In attendance, Medical Director, Dr. Ron Ostrom, Clinic Director, Summer Wood-Luper and Care Coordinator, Tonya Gilmore were present at the meeting.

2. PUBLIC INPUT- None

3. APPROVAL OF MINUTES

The meeting minutes were reviewed. After discussion, the Minutes of Thursday, February 24, 2022, were approved by the Board of Directors.

4. FINANCIAL REVIEW

The Financial Statements of February 2022 were tabled until the April Board Meeting.

5. ANNUAL REVIEW AND APPROVAL OF POLICY AND PROCEDURES

After review and discussion, Jan Ashley made a Motion to approve the policies and procedures. Darren Walrath seconded. Motion carried. The West Side Family Health Care Policy and Procedures that were reviewed were:

Culture Transmittal, Follow-up Patient, Formulary, Incident Reports, Blue Shield Eligibility Verification, and Eye Irrigation.

The West Side Health Care District Policy and Procedures that were reviewed were:

Mission Statement, Reimbursement, Request of Public Funds, and Reimbursement Report. The District By-Laws were Tabled until additional updates could be made.

6. ADMINISTRATIVE STAFF REPORTS

February 2022, General Information- Attached for informational purposes only.

No action.

Ryan Shultz informed to the Board that March is Kidney Awareness Month.

The campaign includes a banner, signs, education material and small giveaways. This will be an annual campaign in the clinic. Additional health related awareness campaigns will be highlighted throughout the year on a rotating basis. Care Coordinator, Tonya Gilmore was recognized for planning and implementing the idea.

7. BOARD COMMITTEE REPORTS

a. Finance Committee- A Meeting will be scheduled for April 25, 2022 for 2022-2023 Budget Planning.

b. Facilities Committee- Nothing Further at this time.

c. Community Outreach Committee- Nothing further at this time.

c. Personnel Committee- Nothing further at this time.

d. Additional Board Member Input- Nothing further at this time.

8. ITEMS FOR FUTURE AGENDA

Nothing at this time.

11. ADJOURNMENT

At 2:58 pm Ginny Miller made a motion to Adjourn, Eric Cooper seconded. Motion carried. The Board Meeting of March 24, 2022 was adjourned.

Respectfully Submitted: _____
Ginny Miller, Board Secretary/Treasurer

The Finance
Committee Minutes
will be presented
during the meeting

ITEM 4

West Side Family Health Care Patient Census 2021-2022

	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022	April 2022	May 2022	June 2022
1	68	51	111	74	94	96	54	112	82	0	0	0
2	50	72	86	39	109	84	62	88	72	0	0	0
3	43	74	124	57	98	73	119	69	60	0	0	0
4	24	78	61	108	81	46	109	90	76	0	0	0
5	52	67	60	105	82	30	119	40	40	0	0	0
6	73	58	68	86	59	108	117	58	35	0	0	0
7	80	32	129	81	42	104	120	80	83	0	0	0
8	78	39	121	67	97	108	88	101	85	0	0	0
9	49	73	96	52	98	65	97	98	80	0	0	0
10	38	73	101	33	80	98	192	65	56	0	0	0
11	35	79	68	84	47	40	114	75	75	0	0	0
12	66	73	59	80	84	48	145	42	37	0	0	0
13	70	71	115	109	39	82	138	37	38	0	0	0
14	68	34	128	80	45	99	106	79	94	0	0	0
15	59	36	101	77	108	76	64	84	99	0	0	0
16	65	60	86	39	93	53	66	77	83	0	0	0
17	30	96	84	51	62	77	134	84	71	0	0	0
18	37	63	56	117	65	57	120	77	79	0	0	0
19	65	60	58	94	76	31	148	41	49	0	0	0
20	96	64	112	100	78	78	138	35	41	0	0	0
21	72	56	117	84	41	75	103	47	83	0	0	0
22	59	53	90	90	98	67	64	109	93	0	0	0
23	53	90	92	36	76	59	77	87	79	0	0	0
24	42	110	80	49	71	27	142	67	56	0	0	0
25	44	89	37	96	23	17	101	78	73	0	0	0
26	82	96	58	98	59	48	118	39	32	0	0	0
27	77	96	112	94	44	64	108	35	43	0	0	0
28	72	57	92	79	52	84	100	87	94	0	0	0
29	51	47	104	70	93	66	48	0	92	0	0	0
30	60	122	89	40	104	67	62	0	95	0	0	0
31	37	130	0	37	0	63	98	0	65	0	0	0
M/AVG	1795	2179	2695	2306	2157	2090	3211	1981	2140	0	0	0
D/AVG	58	70	90	74	72	67	104	71	69	0	0	0
NSOT	10	6	12	10	7	14	31	21	26	0	0	0
X-RAYS	76	61	57	65	66	64	56	46	62	0	0	0
Year	July	August	September	October	November	December	January	February	March	April	May	June
2021	1791	2176	2691	2305	2121	2073	1530	1351	1437	1616	1724	1677
2020	1258	1196	1095	1283	1341	1509	1790	1697	1385	902	1043	1140
2019	1034	1188	1334	1440	1338	1565	1470	1524	1453	1150	1290	1024
2018	1002	1282	1284	1377	1187	1184	1632	1543	1347	1287	1310	1115
2017	1016	1156	1243	1410	1324	1421	1348	1238	1204	1199	1238	1168
2016	1084	1319	1289	1389	1248	1420	1354	1288	1260	1260	1236	1102
2015	836	989	1169	1276	1323	1411	1345	1063	1111	1090	987	833
2014	784	867	1046	1006	966	1021	1391	994	1080	968	959	868
2013	697	1009	834	883	812	925	926	975	1047	885	893	0
										YTD		M/AVG
										20554		2284
										675		75
										137		15
										553		61.44
										YTD		M/AVG
										22492		1874
										15639		1303
										15840		1320
										15550		1296
										14975		1248
										15402		1284
										13433		1119
										11950		996
										9886		824

Balance Sheets**WESTSIDE HEALTHCARE DISTRICT**

Unaudited

As of
6/30/2021 As of
2/28/2022**Assets**Current assets:

Cash and cash equivalents	\$ 1,459,254	\$ 3,488,750
Short term investments	1,566,633	1,569,770
Patient Accounts Receivables, net	215,455	267,762
Grant and other receivables	73,575	27,184
Property Tax Receivables	63,106	11,255
Prepaid expenses and other assets	32,437	44,909
Total current assets	3,410,460	5,409,630

Settlements third party payer	1,955,340	557,751
Land and Land Improvements	486,950	486,950
Buildings	2,212,747	2,212,747
Equipment	533,771	533,771
Construction in Progress	10,083,174	10,088,327
Accumulated Depreciation	(1,343,667)	(1,417,667)
Capital Assets, net of accumulated depreciation	11,972,975	11,904,127

Total assets	<u>\$ 17,338,774</u>	<u>\$ 17,871,509</u>
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Liabilities and Net PositionCurrent liabilities:

Accounts payable and accrued expenses	\$ 37,966	\$ 48,627
Accrued payroll and related liabilities	96,376	56,061
Deferred revenue	337,812	337,812
Total current liabilities	472,155	442,501

Total liabilities	472,155	442,501
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Net position:

Unrestricted	16,866,620	17,429,008
Total net position	16,866,620	17,429,008

Total liabilities and net position	<u>\$ 17,338,774</u>	<u>\$ 17,871,509</u>
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Statements of Revenues, Expenses and Changes in Net Position

WESTSIDE HEALTHCARE DISTRICT

	YTD 6/30/21	YTD 2/28/22	Budget YTD 2/28/22	Variance
Revenues and other support				
Patient services revenue, net	\$ 2,931,921	\$ 3,522,300	\$ 2,102,475	\$(1,419,825)
Contract revenues	1,250,059	346,794	-	(346,794)
Rents	16,046	8,853	3,200	(5,653)
Other revenues	80,084	5,422	15,467	10,045
Total revenues	4,278,111	3,883,369	2,121,141	(1,762,227)
Expenses				
Salaries and wages	2,379,641	1,599,215	1,370,344	(228,871)
Employee benefits	372,966	463,269	422,903	(40,366)
Professional Medical fees	874,876	294,877	135,333	(159,543)
Professional fees	103,824	106,171	129,667	23,496
Purchased services	847,372	718,457	155,307	(563,149)
Supplies	341,068	367,398	141,867	(225,531)
Repairs and maintenance	156,307	115,054	63,333	(51,720)
Rents	94,858	38,073	18,000	(20,073)
Utilities	125,852	79,545	80,333	789
Travel, meeting and conferences	22,923	128	30,000	29,872
Recruiting	52,728	2,520	3,333	813
Insurance	121,329	76,137	76,911	773
Other expenses	66,077	52,801	41,632	(11,169)
Depreciation and amortization	111,001	74,000	74,000	-
Total expenses	5,670,822	3,987,643	2,742,963	(1,244,680)
Excess revenues over expenses and other support	(1,392,711)	(104,275)	(621,822)	(517,547)
District Tax Revenues	1,418,183	666,664	666,667	3
Total Non operating Revenue	1,418,183	666,664	666,667	3
Increase(decrease) in net position	25,472	562,389	44,845	(517,545)
Net position at <i>beginning of the year</i>	16,841,146	16,866,619	16,866,619	
Net position at the <i>end of the period</i>	\$ 16,866,619	\$ 17,429,008	\$ 16,911,464	

Statements of Cash Flows

WESTSIDE HEALTHCARE DISTRICT

	YTD 6/30/21	YTD 2/28/22
Increase(decrease) in net position	\$ 25,472	\$ 562,389
Add/(deduct) Non Cash items		
Depreciation	111,001	74,000
Changes in operating assets and liabilities		
Patient account receivable	(78,042)	(52,308)
Grant and other receivables	89,761	46,390
Property Tax Receivables	(54,981)	51,851
Settlements third party	(137,364)	1,397,589
Prepaid expenses and deposits	50,379	(12,472)
Accounts payable and accrued expenses	(75,849)	10,661
Accrued payroll and related liabilities	(121,914)	(40,315)
Deferred revenue	-	0
Net Cash provided by operating activities	(191,537)	2,037,785
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(527,910)	(5,153)
Changes in short term investments	981,877	(3,137)
Net Cash used in investing activities	453,966	(8,290)
Cash flows from financing activities		
Net cash used by financing activities	-	-
Net change in cash and cash equivalents	262,429	2,029,496
Cash at the beginning of the year	1,196,825	1,459,254
Cash at the end of the period	<u>\$ 1,459,254</u>	<u>\$ 3,488,750</u>

Statements of Revenues, Expenses By Service Line

WESTSIDE HEALTHCARE DISTRICT

	YTD 2/28/22	19,030 Outpatient Clinic	COVID Operations	COVID Testing	Rentals	Administration
Revenues and other support						
Patient services revenue, net	\$ 3,522,300	\$ 3,522,300	\$ -	\$ -	\$ -	\$ -
Contract revenues	346,794	-	-	346,794	-	-
Rents	8,853	-	-	-	8,853	-
Other revenues	5,422	2,266	-	-	-	3,156
Total revenues	3,883,369	3,524,566	-	346,794	8,853	3,156
Expenses						
Salaries and wages	1,599,215	1,431,174	21,651	18,069	-	128,321
Employee benefits	463,269	416,187	723	287	-	51,614
Professional Medical fees	294,877	294,877	-	-	-	-
Professional fees	106,171	6,421	-	-	-	99,749
Purchased services	718,457	442,613	-	275,436	-	408
Supplies	367,398	314,868	42,119	-	-	10,411
Repairs and maintenance	115,054	97,796	-	-	2,333	14,925
Rents	38,073	5,564	-	22,572	-	9,937
Utilities	79,545	69,352	-	-	-	10,165
Travel, meeting and conferences	128	1,105	-	-	-	(977)
Recruiting	2,520	2,520	-	-	-	-
Insurance	76,137	15,682	-	-	-	60,306
Other expenses	52,801	25,265	-	-	-	23,808
Depreciation and amortization	74,000	74,001	-	-	-	-
Total expenses	3,987,643	3,197,426	64,493	316,365	2,333	408,665
Excess revenues over expenses and other support	(104,275)	327,140	(64,493)	30,430	6,520	(405,509)
Admin Allocation		364,930	7,361	36,107	266	(408,665)
Excess revenues over expenses and other support	(104,275)	(37,791)	(71,853)	(5,678)	6,254	3,156
District Tax Revenues	666,664	-	-	-	-	666,664
Total Non Operating Revenue	666,664	-	-	-	-	666,664
Increase(decrease) in net position	\$ 562,389	\$ (37,791)	\$ (71,853)	\$ (5,678)	\$ 6,254	\$ 669,820
Net position at <i>beginning of the year</i>	16,866,619					
Net position at the <i>end of the period</i>	<u>\$ 17,429,008</u>					

Balance Sheets

WESTSIDE HEALTHCARE DISTRICT

Assets

	As of 2/28/2022	As of 1/31/2022	As of 12/31/2021	As of 11/30/2021	As of 10/31/2021	As of 9/30/2021	As of 8/31/2021	As of 7/31/2021	As of 6/30/2021	As of 5/31/2021	As of 4/30/2021	As of 3/31/2021	As of 2/28/2021
Cash and cash equivalents	\$ 3,488,750	\$ 3,459,120	\$ 2,395,531	\$ 1,891,981	\$ 1,617,044	\$ 1,531,834	\$ 1,365,462	\$ 1,416,658	\$ 1,459,254	\$ 1,197,886	\$ 1,150,289	\$ 962,579	\$ 1,168,026
Short term investments	1,569,770	1,569,770	1,568,866	1,568,866	1,567,912	1,567,912	1,567,912	1,567,912	1,566,633	1,566,633	1,566,633	1,564,923	1,564,923
Patient Accounts Receivables, net	267,762	352,144	263,352	315,709	261,822	258,676	279,727	221,503	215,455	174,154	163,008	124,761	148,487
Grant and other receivables	27,184	52,463	131,554	57,980	57,980	78,209	8,847	19,545	73,575	367,384	476,732	363,739	319,286
Property Tax Receivables	11,255	-	-	314,655	244,976	184,782	206,196	146,439	63,106	102,965	-	246,215	142,442
Prepaid expenses and other assets	44,909	54,486	64,064	69,775	79,971	45,827	45,988	55,857	32,437	42,375	26,430	36,368	46,306
Total current assets	5,409,690	5,487,983	4,423,368	4,218,966	3,890,660	3,667,241	3,472,131	3,427,915	3,410,480	3,451,997	3,383,088	3,298,586	3,389,470
Settlement Third Party	557,751	557,751	1,516,599	1,828,225	1,828,225	1,955,340	1,955,340	1,955,340	1,955,340	1,905,340	1,905,340	1,850,340	1,850,340
Land and Land Improvements	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950	486,950
Buildings	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747
Equipment	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771	533,771
Construction in Progress	10,088,327	10,086,425	10,086,425	10,086,527	10,085,799	10,085,799	10,085,799	10,085,799	10,083,174	10,082,402	10,082,402	10,075,540	10,057,990
Accumulated Depreciation	(1,417,667)	(1,408,417)	(1,399,167)	(1,389,917)	(1,380,657)	(1,371,417)	(1,362,167)	(1,352,917)	(1,343,667)	(1,334,417)	(1,325,167)	(1,315,917)	(1,306,667)
Capital Assets, net of accumulated depreciation	11,904,127	11,911,475	11,970,725	11,990,078	11,998,600	11,947,850	11,957,100	11,966,350	11,972,975	11,981,453	11,990,703	11,993,091	11,984,791
Total assets	\$ 17,871,509	\$ 17,957,210	\$ 17,860,692	\$ 17,977,270	\$ 17,597,485	\$ 17,570,431	\$ 17,384,571	\$ 17,349,604	\$ 17,338,774	\$ 17,388,190	\$ 17,279,131	\$ 17,142,017	\$ 17,224,601

Liabilities and Net Position

Current liabilities:

Line of Credit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Accounts payable and accrued expenses	48,626	205,959	177,504	440,194	173,604	235,638	129,301	51,898	37,966	46,053	435,764	169,052	260,327
Accrued payroll and related liabilities	56,062	52,244	(9,055)	4,546	(16,815)	15,336	11,244	28,004	96,376	120,101	111,159	70,575	96,383
Deferred revenue	337,812	360,496	431,288	337,812	337,812	337,812	337,812	337,812	337,812	337,812	337,812	337,812	337,812
Total current liabilities	442,501	618,140	599,838	782,552	494,601	588,787	478,357	417,715	472,155	503,966	884,735	577,449	694,522
Total liabilities	442,501	618,140	599,838	782,552	494,601	588,787	478,357	417,715	472,155	503,966	884,735	577,449	694,522
Net position:													
Unrestricted	17,429,008	17,339,070	17,260,855	17,194,718	17,102,883	16,981,644	16,906,214	16,972,529	16,866,620	16,834,224	16,394,396	16,564,568	16,530,079
Total net position	17,429,008	17,339,070	17,260,855	17,194,718	17,102,883	16,981,644	16,906,214	16,972,529	16,866,620	16,834,224	16,394,396	16,564,568	16,530,079
Total liabilities and net position	\$ 17,871,509	\$ 17,957,210	\$ 17,860,692	\$ 17,977,270	\$ 17,597,485	\$ 17,570,431	\$ 17,384,571	\$ 17,349,604	\$ 17,338,774	\$ 17,388,190	\$ 17,279,131	\$ 17,142,017	\$ 17,224,601

Statements of Revenues, Expenses and Changes in Net Position

WESTSIDE HEALTHCARE DISTRICT

Revenues and other support

	2/28/22	MTD	1/31/22	MTD	12/31/21	MTD	11/30/21	MTD	10/31/21	MTD	9/30/21	MTD	8/31/21	MTD	7/31/21	MTD	6/30/21	MTD	5/31/21	MTD	4/30/21	MTD	3/31/21	MTD	2/28/21
\$	483,506	\$	561,976	\$	338,207	\$	436,717	\$	437,977	\$	431,745	\$	347,338	\$	357,719	\$	496,325	\$	495,080	\$	20,884	\$	287,038	\$	189,702
Patient services revenue, net	26,136	134,484	37,824	35,750	57,980	53,620	53,651	18,850	1,531	1,531	1,531	400	1,531	1,531	1,531	1,531	38,845	14,981	14,981	118,739	103,995	103,995	103,995	93,949	
Contract revenues	1,531	1,531	-	800	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,531	1,461	
Rents	333	1,097	52	36	1,426	696	209	1,572	59,052	310	1,932	487	392,641	143,086	392,641	285,599	392,641	392,641	392,641	392,641	392,641	392,641	392,641	392,641	
Other revenues	511,506	699,088	376,083	473,303	498,913	487,592	401,597	379,672	595,753	511,901	143,086	392,641	285,599	392,641	285,599	392,641	392,641	392,641	392,641	392,641	392,641	392,641	392,641	392,641	
Total revenues	204,872	193,831	193,144	186,795	182,135	327,665	155,850	154,923	151,445	159,771	274,062	201,905	204,554	204,554	204,554	204,554	204,554	204,554	204,554	204,554	204,554	204,554	204,554	204,554	
Salaries and wages	40,930	107,479	79,937	66,711	58,641	30,420	49,150	30,000	34,110	25,470	32,957	34,277	33,844	33,844	33,844	33,844	33,844	33,844	33,844	33,844	33,844	33,844	33,844	33,844	
Employee benefits	64,633	56,415	36,355	19,623	24,631	30,797	34,168	28,255	44,196	63,474	102,617	85,347	91,131	91,131	91,131	91,131	91,131	91,131	91,131	91,131	91,131	91,131	91,131	91,131	
Professional Medical fees	(2,879)	34,330	19,776	12,288	13,338	8,751	11,233	9,334	6,713	5,593	9,203	825	5,599	5,599	5,599	5,599	5,599	5,599	5,599	5,599	5,599	5,599	5,599	5,599	
Professional fees	121,683	119,377	101,815	85,740	94,060	51,804	140,059	35,619	36,542	63,082	50,203	54,581	78,072	78,072	78,072	78,072	78,072	78,072	78,072	78,072	78,072	78,072	78,072		
Purchased services	34,833	101,385	40,157	31,355	36,388	55,924	43,610	23,745	21,346	25,809	34,960	30,671	24,623	24,623	24,623	24,623	24,623	24,623	24,623	24,623	24,623	24,623	24,623		
Supplies	9,087	15,141	10,206	25,631	10,294	17,079	18,068	9,548	8,723	11,970	11,617	13,395	11,357	11,357	11,357	11,357	11,357	11,357	11,357	11,357	11,357	11,357	11,357		
Repairs and maintenance	3,355	5,798	4,276	4,376	3,617	5,892	5,716	5,043	4,361	12,407	10,589	11,045	11,291	11,291	11,291	11,291	11,291	11,291	11,291	11,291	11,291	11,291	11,291		
Rents	7,745	10,834	6,147	6,872	6,623	13,778	13,200	14,345	12,391	8,420	10,573	7,294	8,014	8,014	8,014	8,014	8,014	8,014	8,014	8,014	8,014	8,014	8,014		
Utilities	(637)	-	150	-	79	-	458	79	(1,079)	2,219	978	1,237	1,237	1,237	1,237	1,237	1,237	1,237	1,237	1,237	1,237	1,237	1,237		
Travel, meeting and conferences	170	170	375	170	750	170	170	545	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170		
Recruiting	9,577	8,228	11,547	10,346	10,196	6,503	9,870	9,870	13,667	9,938	9,938	9,938	9,938	9,938	9,938	9,938	9,938	9,938	9,938	9,938	9,938	9,938	9,938		
Insurance	2,280	6,219	7,258	1,596	11,004	8,835	7,922	7,689	8,444	4,247	7,654	3,525	(4,381)	(4,381)	(4,381)	(4,381)	(4,381)	(4,381)	(4,381)	(4,381)	(4,381)	(4,381)	(4,381)		
Other expenses	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250	9,250		
Depreciation and amortization	504,900	668,456	520,393	460,751	461,006	566,867	498,724	338,246	350,278	401,819	564,771	474,818	484,968	484,968	484,968	484,968	484,968	484,968	484,968	484,968	484,968	484,968	484,968		
Total expenses	6,606	30,632	(144,310)	12,552	37,907	(79,275)	(97,127)	41,426	245,474	110,082	(421,685)	(82,177)	(199,100)	(199,100)	(199,100)	(199,100)	(199,100)	(199,100)	(199,100)	(199,100)	(199,100)	(199,100)	(199,100)		
Excess Expenses over revenues and other support	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	
District Tax Revenues	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	83,333	
Total Non operating Revenue	\$89,939	\$113,965	(\$60,977)	\$95,885	\$121,240	\$4,058	(\$13,794)	\$124,759	\$245,474	\$226,749	(\$170,172)	\$34,490	(\$82,433)	(\$82,433)	(\$82,433)	(\$82,433)	(\$82,433)	(\$82,433)	(\$82,433)	(\$82,433)	(\$82,433)	(\$82,433)	(\$82,433)		
Increase(decrease) in net position																									

	Audited												Budget
	6/30/2020	6/30/2021	7/31/2021	8/31/2021	9/30/2021	10/31/2021	11/30/2021	12/31/2021	1/31/2022	2/28/2022			
Cash Positions	\$ 3,745,334	\$ 3,080,919	\$ 2,984,570	\$ 2,931,374	\$ 3,099,746	\$ 3,185,911	\$ 3,460,848	\$ 3,963,907	\$ 5,028,890	\$ 5,058,519			\$ 3,124,652
Operating Expense	4,842,080	5,670,821	338,246	741,271	1,403,837	1,896,953	2,304,642	2,829,061	3,482,743	3,987,643			4,114,445
	122,110	111,001	9,250	18,500	27,750	37,000	46,250	55,500	64,750	74,000			111,000
	4,719,970	5,559,820	328,996	722,771	1,376,087	1,859,953	2,258,392	2,773,561	3,417,993	3,913,643			4,003,445
	366	365	31	62	92	123	153	184	215	243			365
	12,896	15,232	10,613	11,658	14,957	15,122	14,761	15,074	15,898	16,106			10,968
<u>Days Cash on Hand</u>	\$ 290	\$ 202	\$ 281	\$ 251	\$ 207	\$ 211	\$ 234	\$ 263	\$ 316	\$ 314			\$ 285
Current Assets	4,137,023	3,410,460	3,427,915	3,472,131	3,667,241	3,830,660	4,218,966	4,422,877	5,487,983	5,409,630			
Current Liabilities	669,918	472,155	377,076	382,657	588,788	541,976	793,321	615,471	618,140	442,501			
<u>Current Ratio</u>	6.2	7.2	9.1	9.1	6.2	7.1	5.3	7.2	8.9	12.2			> 1.5

West Side Health Care District
Outpatient Clinic AR

	0-30	31-60	61-90	91-120	121-150	151-180	181+	Total	AR Mix
MANAGED MEDI CAL	81,501	105,352	8,853	6,297	6,337	2,212	15,581	226,133	32.93%
MEDI CAL	153,312	1,800	1,051	1,082	598	224	(11)	158,055	23.02%
MEDICARE	19,433	10,004	4,196	2,737	2,125	1,255	7,968	47,718	6.95%
MANAGED CARE GLOBAL FEE	5,444	3,130	2,203	207	631	386	2,107	14,108	2.05%
SELF PAY	353	588	669	264	36	313	1,157	3,380	0.49%
COMMERCIAL	56,770	52,945	29,562	11,767	13,064	9,889	41,512	215,510	31.38%
CONTRACT	670	7,090	2,162	-	155	-	4,543	14,620	2.13%
WORKER'S COMPENSATION	548	290	569	757	181	276	4,563	7,185	1.05%
	318,031	181,198	49,265	23,111	23,128	14,556	77,420	686,709	100.00%

MANAGED MEDI CAL	36.0%	46.6%	3.9%	2.8%	2.8%	1.0%	6.9%	100.0%
MEDI CAL	97.0%	1.1%	0.7%	0.7%	0.4%	0.1%	0.0%	100.0%
MEDICARE	40.7%	21.0%	8.8%	5.7%	4.5%	2.6%	16.7%	100.0%
MANAGED CARE GLOBAL FEE	38.6%	22.2%	15.6%	1.5%	4.5%	2.7%	14.9%	100.0%
SELF PAY	10.5%	17.4%	19.8%	7.8%	1.1%	9.2%	34.2%	100.0%
COMMERCIAL	26.3%	24.6%	13.7%	5.5%	6.1%	4.6%	19.3%	100.0%
CONTRACT	4.6%	48.5%	14.8%	0.0%	1.1%	0.0%	31.1%	100.0%
WORKER'S COMPENSATION	7.6%	4.0%	7.9%	10.5%	2.5%	3.8%	63.5%	100.0%
	46%	26%	7%	3%	3%	2%	11%	100.0%

MANAGED MEDI CAL	22,820	29,498	2,479	1,763	1,774	619	4,363	63,317
MEDI CAL	114,984	1,350	788	812	448	168	(8)	118,541
MEDICARE	7,773	4,001	1,678	1,095	850	502	-	15,900
MANAGED CARE GLOBAL FEE	4,627	2,661	1,872	176	537	329	-	10,201
SELF PAY	230	382	435	172	-	-	-	1,218
COMMERCIAL	19,870	18,531	10,347	4,119	-	-	-	52,865
CONTRACT	335	3,545	1,081	-	-	-	-	4,961
WORKER'S COMPENSATION	192	102	199	265	-	-	-	758
NRV @ FPE 2/28/22	170,831	60,070	18,879	8,400	3,609	1,618	4,354	267,762
Contractual Allowance								418,947
								39%
								61%

Balance Sheets

WESTSIDE HEALTHCARE DISTRICT

Assets

Current assets:

	Unaudited	
	As of	As of
	6/30/2021	3/31/2022
Cash and cash equivalents	\$ 1,459,254	\$ 3,467,163
Short term investments	1,566,633	1,569,770
Patient Accounts Receivables, net	215,455	260,441
Grant and other receivables	73,575	31,460
Property Tax Receivables	63,106	83,781
Prepaid expenses and other assets	32,437	41,674
Total current assets	3,410,460	5,454,289

Settlements third party payer	1,955,340	557,751
Land and Land Improvements	486,950	486,950
Buildings	2,212,747	2,212,747
Equipment	533,771	533,771
Construction in Progress	10,083,174	10,088,327
Accumulated Depreciation	(1,343,667)	(1,426,917)
Capital Assets, net of accumulated depreciation	11,972,975	11,894,877

Total assets	\$ 17,338,774	\$ 17,906,918
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Liabilities and Net Position

Current liabilities:

Accounts payable and accrued expenses	\$ 37,966	\$ 72,771
Accrued payroll and related liabilities	96,376	66,384
Deferred revenue	337,812	337,812
Total current liabilities	472,155	476,967

Total liabilities	472,155	476,967
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Net position:

Unrestricted	16,866,620	17,429,951
Total net position	16,866,620	17,429,951

Total liabilities and net position	\$ 17,338,774	\$ 17,906,918
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Statements of Revenues, Expenses and Changes in Net Position

WESTSIDE HEALTHCARE DISTRICT

	YTD 6/30/21	YTD 3/31/22	Budget YTD 3/31/22
Revenues and other support			
Patient services revenue, net	\$ 2,931,921	\$ 3,917,834	\$ 2,365,284
Contract revenues	1,250,059	352,774	-
Rents	16,046	11,514	3,600
Other revenues	80,084	5,872	17,400
Total revenues	4,278,111	4,287,994	2,386,284
Expenses			
Salaries and wages	2,379,641	1,869,614	1,541,637
Employee benefits	372,966	497,875	475,766
Professional Medical fees	874,876	376,844	152,250
Professional fees	103,824	114,916	145,875
Purchased services	847,372	761,496	174,721
Supplies	341,068	348,633	159,600
Repairs and maintenance	156,307	138,455	71,250
Rents	94,858	41,680	20,250
Utilities	125,852	85,924	90,375
Travel, meeting and conferences	22,923	6,264	33,750
Recruiting	52,728	2,690	3,750
Insurance	121,329	85,715	86,525
Other expenses	66,077	61,304	46,836
Depreciation and amortization	111,001	83,250	83,250
Total expenses	5,670,822	4,474,659	3,085,834
Excess revenues over expenses and other support	(1,392,711)	(186,665)	(699,550)
District Tax Revenues	1,418,183	749,997	750,000
Total Non operating Revenue	1,418,183	749,997	750,000
Increase(decrease) in net position	25,472	563,332	50,450
Net position at <i>beginning of the year</i>	16,841,146	16,866,619	16,866,619
Net position at the <i>end of the period</i>	\$ 16,866,619	\$ 17,429,951	\$ 16,917,069

Statements of Cash Flows

WESTSIDE HEALTHCARE DISTRICT

	YTD 6/30/21	YTD 3/31/22
Increase(decrease) in net position	\$ 25,472	\$ 563,332
Add/(deduct) Non Cash items		
Depreciation	111,001	83,250
Changes in operating assets and liabilities		
Patient account receivable	(78,042)	(44,987)
Grant and other receivables	89,761	42,115
Property Tax Receivables	(54,981)	(20,675)
Settlements third party	(137,364)	1,397,589
Prepaid expenses and deposits	50,379	(9,237)
Accounts payable and accrued expenses	(75,849)	34,805
Accrued payroll and related liabilities	(121,914)	(29,993)
Deferred revenue	-	0
Net Cash provided by operating activities	(191,537)	2,016,199
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(527,910)	(5,153)
Changes in short term investments	981,877	(3,137)
Net Cash used in investing activities	453,966	(8,290)
Cash flows from financing activities		
Net cash used by financing activities	-	-
Net change in cash and cash equivalents	262,429	2,007,909
Cash at the beginning of the year	1,196,825	1,459,254
Cash at the end of the period	\$ 1,459,254	\$ 3,467,163

Statements of Revenues, Expenses By Service Line

WESTSIDE HEALTHCARE DISTRICT

	YTD 3/31/22	21,241 Outpatient Clinic	COVID Operations	COVID Testing	Re
Revenues and other support					
Patient services revenue, net	\$ 3,917,834	\$ 3,917,834	\$ -	\$ -	\$
Contract revenues	352,774	-	-	352,774	
Rents	11,514	-	-	-	
Other revenues	5,872	2,664	-	-	
Total revenues	4,287,994	3,920,498	-	352,774	
Expenses					
Salaries and wages	1,869,614	1,669,285	21,651	18,069	
Employee benefits	497,875	446,876	723	(6,766)	
Professional Medical fees	376,844	376,844	-	-	
Professional fees	114,916	6,421	-	-	
Purchased services	761,496	480,939	-	280,036	
Supplies	348,633	291,927	43,591	-	
Repairs and maintenance	138,455	113,214	-	-	
Rents	41,680	6,113	-	25,080	
Utilities	85,924	75,370	-	-	
Travel, meeting and conferences	6,264	4,119	-	-	
Recruiting	2,690	2,690	-	-	
Insurance	85,715	17,327	-	-	
Other expenses	61,304	27,180	-	-	
Depreciation and amortization	83,250	83,251	-	-	
Total expenses	4,474,659	3,601,556	65,965	316,419	
Excess revenues over expenses and other support	(186,665)	318,942	(65,965)	36,355	
Admin Allocation		440,743	8,073	38,722	
Excess revenues over expenses and other support	(186,665)	(121,800)	(74,038)	(2,367)	
District Tax Revenues	749,997	-	-	-	
Total Non Operating Revenue	749,997	-	-	-	
Increase(decrease) in net position	\$ 563,332	\$ (121,800)	\$ (74,038)	\$ (2,367)	\$
Net position at <i>beginning of the year</i>	16,866,619				
Net position at the <i>end of the period</i>	\$ 17,429,951				

Balance Sheets

WESTSIDE HEALTHCARE DISTRICT

Assets

Current assets:

	As of 3/31/2022	As of 2/28/2022	As of 1/31/2022	As of 12/31/2021	As of 11/30/2021	As of 10/31/2021
Cash and cash equivalents	\$ 3,467,163	\$ 3,488,622	\$ 3,458,988	\$ 2,395,391	\$ 1,891,828	\$ 1,891,828
Short term investments	1,569,770	1,569,770	1,569,770	1,568,866	1,568,866	1,568,866
Patient Accounts Receivables, net	260,441	267,762	352,144	263,352	315,709	315,709
Grant and other receivables	31,460	27,184	52,463	132,004	57,980	57,980
Property Tax Receivables	83,781	11,255	-	-	314,655	314,655
Prepaid expenses and other assets	41,674	44,909	54,486	64,064	69,775	69,775
Total current assets	5,454,289	5,409,503	5,487,851	4,423,677	4,218,813	3,891,813
Settlement Third Party	557,751	557,751	557,751	1,516,599	1,701,110	1,701,110
Land and Land Improvements	486,950	486,950	486,950	486,950	486,950	486,950
Buildings	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747	2,212,747
Equipment	533,771	533,771	533,771	533,771	533,771	533,771
Construction in Progress	10,088,327	10,088,327	10,086,425	10,086,425	10,086,425	10,086,425
Accumulated Depreciation	(1,426,917)	(1,417,667)	(1,408,417)	(1,399,167)	(1,389,917)	(1,389,917)
Capital Assets, net of accumulated depreciation	11,894,877	11,904,127	11,911,475	11,920,725	11,929,975	11,929,975
Total assets	\$ 17,906,918	\$ 17,871,381	\$ 17,957,078	\$ 17,861,002	\$ 17,849,899	\$ 17,849,899

Liabilities and Net Position

Current liabilities:

Accounts payable and accrued expenses	72,770	58,309	206,916	162,319	330,120	330,120
Accrued payroll and related liabilities	66,385	56,061	62,523	64,450	14,853	14,853
Deferred revenue	337,812	337,812	360,496	431,288	337,812	337,812
Total current liabilities	476,967	452,182	629,935	658,057	682,785	682,785
Total liabilities	476,967	452,182	629,935	658,057	682,785	682,785

Net position:

Unrestricted	17,429,951	17,419,199	17,327,143	17,202,945	17,167,114	17,167,114
Total net position	17,429,951	17,419,199	17,327,143	17,202,945	17,167,114	17,167,114
Total liabilities and net position	\$ 17,906,918	\$ 17,871,381	\$ 17,957,078	\$ 17,861,002	\$ 17,849,899	\$ 17,849,899

Statements of Revenues, Expenses and Changes in Net Position

WESTSIDE HEALTHCARE DISTRICT

	MTD 3/31/22	MTD 2/28/22	MTD 1/31/22	MTD 12/31/21	MTD 11/30/21	M 10/31/21
Revenues and other support						
Patient services revenue, net	\$ 395,534	\$ 483,506	\$ 546,241	\$ 493,413	\$ 420,314	\$ -
Contract revenues	5,980	26,136	134,484	37,824	35,750	
Rents	2,661	1,531	1,531	-	800	
Other revenues	402	338	1,105	26	77	
Total revenues	404,577	511,511	683,361	531,263	456,941	
Expenses						
Salaries and wages	270,399	194,593	200,758	193,144	186,795	
Employee benefits	34,606	40,930	37,326	141,929	45,351	
Professional Medical fees	81,967	64,633	56,415	36,355	19,623	
Professional fees	8,745	(2,879)	34,330	19,776	12,288	
Purchased services	42,007	122,350	119,741	101,786	85,625	
Supplies	(20,012)	35,454	102,012	39,330	31,919	
Repairs and maintenance	22,763	9,400	15,466	8,606	27,231	
Rents	3,607	3,355	5,798	4,276	4,376	
Utilities	6,144	7,980	10,834	5,912	7,107	
Travel, meeting and conferences	3,207	2,292	-	150	-	
Recruiting	170	170	170	375	170	
Insurance	9,578	9,577	8,228	11,547	10,346	
Other expenses	4,728	5,680	6,419	6,328	2,701	
Depreciation and amortization	9,250	9,250	9,250	9,250	9,250	
Total expenses	477,159	502,786	606,747	578,764	442,782	
Excess Expenses over revenues and other support	(72,581)	8,724	76,614	(47,501)	14,159	
District Tax Revenues	83,333	83,333	83,333	83,333	83,333	
Total Non operating Revenue	83,333	83,333	83,333	83,333	83,333	

	Audited							Budget
	6/30/2020	6/30/2021	10/31/2021	11/30/2021	12/31/2021	1/31/2022	2/28/2022	3/31/2022
Cash Positions	\$ 3,745,334	\$ 3,080,919	\$ 3,185,911	\$ 3,460,848	\$ 3,963,907	\$ 5,028,890	\$ 5,058,519	\$ 5,036,932
Operating Expense	4,842,080	5,670,821	1,896,953	2,304,642	2,829,061	3,482,743	3,987,643	4,474,659
	122,110	111,001	37,000	46,250	55,500	64,750	74,000	83,250
	4,719,970	5,559,820	1,859,953	2,258,392	2,773,561	3,417,993	3,913,643	4,391,409
<i>days</i>	366	365	123	153	184	215	243	274
	12,896	15,232	15,122	14,761	15,074	15,898	16,106	16,027
<u>Days Cash on Hand</u>	\$ 290	\$ 202	\$ 211	\$ 234	\$ 263	\$ 316	\$ 314	\$ 314
Current Assets	4,137,023	3,410,460	3,830,660	4,218,966	4,422,877	5,487,983	5,409,630	5,454,289
Current Liabilities	669,918	472,155	541,976	793,321	615,471	618,140	442,501	476,967
<u>Current Ratio</u>	6.2	7.2	7.1	5.3	7.2	8.9	12.2	11.4
								> 1.5

Budget

\$ 3,124,652

4,114,445

111,000

4,003,445

365

10,968

\$ 285

\$ 314

\$ 316

\$ 263

\$ 234

\$ 15,074

\$ 15,898

\$ 316

\$ 314

\$ 5,487,983

\$ 5,409,630

\$ 442,501

\$ 476,967

8.9

12.2

11.4

> 1.5

West Side Health Care District
Outpatient Clinic AR

	0-30	31-60	61-90	91-120	121-150	151-180	181+	Total	AR Mix
MANAGED MEDI CAL	122,319	36,625	15,976	5,570	5,339	4,630	14,943	205,402	30.94%
MEDI CAL	149,887	705	373	525	454	-	(11)	151,933	22.88%
MEDICARE	23,057	14,919	9,464	2,958	1,903	1,826	8,757	62,883	9.47%
MANAGED CARE GLOBAL FEE	3,835	2,317	1,123	2,060	111	386	2,453	12,286	1.85%
SELF PAY	545	761	784	422	264	36	1,470	4,282	0.64%
COMMERCIAL	61,627	40,714	35,855	17,944	9,293	9,451	42,481	217,365	32.74%
CONTRACT	698	670	2,612	593	-	55	280	4,907	0.74%
WORKER'S COMPENSATION	371	226	290	261	564	-	3,147	4,859	0.73%
	362,338	96,937	66,478	30,333	17,929	16,384	73,519	663,918	100.00%

MANAGED MEDI CAL	59.6%	17.8%	7.8%	2.7%	2.6%	2.3%	7.3%	100.0%
MEDI CAL	98.7%	0.5%	0.2%	0.3%	0.3%	0.0%	0.0%	100.0%
MEDICARE	36.7%	23.7%	15.1%	4.7%	3.0%	2.9%	13.9%	100.0%
MANAGED CARE GLOBAL FEE	31.2%	18.9%	9.1%	16.8%	0.9%	3.1%	20.0%	100.0%
SELF PAY	12.7%	17.8%	18.3%	9.9%	6.2%	0.8%	34.3%	100.0%
COMMERCIAL	28.4%	18.7%	16.5%	8.3%	4.3%	4.3%	19.5%	100.0%
CONTRACT	14.2%	13.6%	53.2%	12.1%	0.0%	1.1%	5.7%	100.0%
WORKER'S COMPENSATION	7.6%	4.7%	6.0%	5.4%	11.6%	0.0%	64.8%	100.0%
	55%	15%	10%	5%	3%	2%	11%	100.0%

MANAGED MEDI CAL	34,249	10,255	4,473	1,559	1,495	1,296	4,184	57,513	
MEDI CAL	112,415	529	280	394	341	-	(8)	113,950	
MEDICARE	9,223	5,967	3,786	1,183	761	731	-	21,651	
MANAGED CARE GLOBAL FEE	3,260	1,969	955	1,751	95	328	-	8,358	
SELF PAY	354	494	510	275	-	-	-	1,633	
COMMERCIAL	21,570	14,250	12,549	6,281	-	-	-	54,649	
CONTRACT	349	335	1,306	297	-	-	-	2,286	
WORKER'S COMPENSATION	130	79	102	91	-	-	-	402	
Est NRV @ FPE 3/31/22	181,549	33,879	23,960	11,830	2,691	2,355	4,176	260,441	39%
Contractual Allowance								403,476	61%

ITEM 5A



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: EMPLOYEE HEALTH ACCESS BENEFIT	REVIEWED: 9/20/2018; 9/20/18, <u>03/31/22</u>
SECTION: HUMAN RESOURCES	<u>REVISED:</u>
EFFECTIVE: <u>11/19/20 04/28/2022</u>	MEDICAL DIRECTOR: Dr. Ronald Ostrom, D.O.

Subject: Employee Health Access Benefit

Objective: Employees of West Side Health Care District are encouraged to utilize health care services offered in the Clinic and other outpatient centers operated by the District.

Response Rating: Mandatory

Required Equipment: None

Procedure:

1. This policy will apply to full time, part time, and per diem employees of the District. This policy will not apply to independent contractors, vendors, suppliers, Board members, or other non-employees.
2. Family members of eligible employees who are covered by the employee's health plan will also be able to participate in this benefit (i.e.: spouse, child).
3. Employees who do not have health insurance coverage will be charged the approved self-pay flat rate.
4. Insured eEmployees, will be required to pay (if applicable) their medical office co-pay at the time of registration.
5. A claim will be submitted to the employee's health insurance and the insurance carrier's payment will be considered payment in full.
6. Upon receipt and posting of the insurance carrier's payment, the remainingder balance on the employee's account will be written off to a designated account for the purpose of tracking. Additionally, the appropriate journal entries will be made in the accounting system.
7. Employees who have employer-sponsored coverage must use this coverage when presenting at the Clinic. The self-pay option will not be available to employees who have the employer-sponsored coverage.
8. There may be times that the employee's out-of-pocket expense may come into conflict with the employer's need to optimize the maximum amount of resources available for the services rendered. During this situation, at all times, what is best for the employer trumps any employee conflict.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: DURABLE MEDICAL EQUIPMENT (DME) DISPENSING	REVIEWED: 2/5/16; 2/15/17; 2/27/18; 4/23/20, <u>03/31/2022</u>
SECTION: CLINICAL	REVISED: 2/27/18
EFFECTIVE: <u>04/28/2022</u> 3/29/18	MEDICAL DIRECTOR:

Subject: **Durable medical equipment-Dispensing**

Objective: To provide the patient with the correct Durable Medical Equipment as ordered by the practitioner and ensuring patients are educated to correct information regarding insurance coverage and cost to the patient.

Acuity Rating: Mandatory

Policy: All dispensing of Durable Medical Equipment (DME) requires a written order from the practitioner. Patients will be advised of insurance coverage and cost of DME and all options prior to the DME being dispensed.

Procedure:

1. Practitioner orders DME in EMR.
2. Assigned Medical Assistant or Nurse will verify written order in Athena and check supply room for DME.
 - a. Clinic DME includes but not limited to the following: Knee Brace, Wrist Brace, Thumb Brace, Arm Sling, Knee Immobilizer, Post-op Shoe, Crutches, and C-Collar.
3. If ordered DME is available in the clinic, the assigned staff member will collect the DME, provide to the patient with the applicable educational material, demonstrate how to use the DME and then ask the patient to demonstrate use, and document in the chart accordingly.
4. If ordered DME is not available in the clinic or the provider deems the use of the DME as non-urgent (patient can safely leave the clinic under their own power and doing so will not cause further damage) and the patient's insurance does not require prior authorization the assigned staff will print the DME prescription from the EMR and provide to the patient.
 - a. Assigned staff will verify the patient's insurance benefits with the Care Coordinator prior to issuing the prescription.
5. If ordered DME is not available in the clinic or the provider deems the use of the DME as non-urgent and the patient's insurance does require prior authorization the assigned staff member will assign the DME order to the Care Coordinator in the EMR and the Care Coordinator will follow the referral process as outlined in the Referral Policy.



WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Intravenous Therapy	REVIEWED: 2/5/16; 2/16/17; 2/2/18; 11/19/18; 4/23/20; <u>03/21/22</u>
SECTION: Clinical	REVISED: 2/16/17; 2/2/18; 11/6/19; <u>04/07/2022</u>
EFFECTIVE: <u>4/23/20 04/28/2022</u>	MEDICAL RECORD:

Subject: Intravenous Therapy

Objective: Fluid replacement and administration of medication.

Response Rating: Moderate to Severe

Required Equipment: IV solution and tubing, IV administration set, IV pump, IV pole, gloves.

PREPARATION:

1. Only RNs and LVNs with IV certification may perform this procedure.
2. Review provider's written order, verifying with the provider type of solution, volume and rate of flow.
3. Explain procedure to the patient.
4. Using aseptic technique, prepare the IV. Set up IV pump with ordered rate. If infusing via gravity, calculate the drip rate:
 - a. Number of drops infused per minute.
 - b. Formula: total milliliters ÷ total minutes x drip factor in gtt/ml.
 - c. Drip factor: number of drops per ml of solution that the I.V. tubing is designed to deliver.
5. Insert the IV catheter into an arm vein.
6. Connect the IV catheter to the tubing.
7. Secure the IV with tape and/or tegaderm.
8. Turn on the IV flow set up tubing on pump. If utilizing gravity infusion, begin infusing per calculated drip rate.
10. Monitor the patient frequently for signs of fluid overload and IV patency during the procedure.infusion.

DOCUMENTATION:



1. Record type of solution
2. Amount infused
3. Rate of flow

4. Insertion site
5. Gauge and length of catheter
6. Date
7. Your name and title

Follow up:

When directed by the practitioner, patients receiving IV therapy will receive a follow-up telephone call. Document phone call in patient's medical record.

BIANNUAL REVIEW



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: PATIENT WITH URGENT COMPLAINT OR DISTRESS	REVIEWED: 2/10/16; 2/16/17; 2/27/18; 12/20/18; 6/19/20, <u>03/31/2022</u>
SECTION: ADMITTING	REVISED:
EFFECTIVE: <u>04/28/2022</u> 1/22/19	MEDICAL DIRECTOR:

Subject: Patient with Urgent Complaint or Distress

Objective: To assure patients with urgent medical conditions are directed to care as required based on their medical condition.

Response Rating:

Required Equipment:

Procedure:

When a patient presents to the Clinic with an urgent complaint or in distress, defined as:

- a. Acute chest pain
- b. Acute abdominal pain
- c. Active labor
- d. Disabling headache
- e. Fever
 - i. Temp >100 in an infant younger than 2 months
 - ii. Temp >101 for any patient
 - iii. Temperatures in infants younger than 4 months should be obtained rectally.
- f. Uncontrollable vomiting
- g. Uncontrollable bleeding
- h. Possible fracture
- i. Head trauma
- j. Shortness of breath
- k. Altered mental status

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**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Registration Of Established Patient	REVIEWED: 5/5/16; 4/28/17; 3/1/19; 6/19/20, <u>03/31/22</u>
SECTION: Admitting	REVISED: 5/5/16; 3/15/18; 3/20/19
EFFECTIVE: <u>04/28/2022</u> <u>6/25/20</u>	MEDICAL DIRECTOR:

Subject: Registration of established patient

Objective: To register the patient quickly, efficiently, and accurately

Response Rating:

Required Equipment:

Procedure:

1. Greet the patient in a friendly and professional manner. If other patients are ahead of them, ask the patient to sign in on the sign-in sheet. If there are no other patients waiting, ask the patient for their name and date of birth, locating them in the EMR for registration purposes.
2. Ask the patient for their insurance card(s) and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient.
3. Ask the patient to be seated and indicate you will be with them momentarily, if they have completed the sign in sheet.
4. Using the information provided on the sign in sheet or as a result of information received directly from the patient, search patient's date of birth and name
5. Select the correct patient.
6. If a walk-in patient, add to the schedule for the time of arrival by clicking time slot on schedule and adding name.
7. Verify patient's insurance eligibility.
8. Verify correct information is entered in the patient's demographics in EMR.
9. Verify the patient's emergency contact name and phone number.
 - a. Request an alternative emergency contact phone number other than the patient's primary phone number.



- b. If the patient denies an emergency contact, select “other” as the relationship of their emergency contact” and enter “000-000-0000” for the emergency contact number.
10. Scan the patient’s insurance cards and photo identification into the EMR.
11. Ask the patient to sign any required admitting forms after confirming the patient’s PCP and entering same in the EMR.
12. Scan the signed forms into the EMR.
13. Collect any required co-payments. Provide the patient with a receipt for their payment.
14. If the patient arrives with a serious illness or injury that requires immediate medical attention, treatment will begin immediately regardless of the patient’s insurance or arrival time.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: COVID-19 Vaccination Policy	REVIEWED: 04/06/2022
SECTION: Administration	REVISED:
EFFECTIVE: 04/28/2022	MEDICAL DIRECTOR:

Subject: COVID-19 Vaccination Policy

Objective: To ensure the District and Clinic are in compliance with regulations requiring health care workers to be fully vaccinated for COVID-19.

Definition: **Health Care Workers (“Staff”)** – include all district or clinic staff who provide care, treatment, or other services for the district or clinic and/or its patients including but not limited to Clinic employees, District employees, Licensed Health Practitioners, Students, Trainees, Volunteers, or Contractors.

—————**Fully Vaccinated Staff Member** - staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19.

—————**Primary Vaccination Series** - The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.

Requirement: 42 CFR §491.8 Staffing and staff responsibilities (d) COVID-19 Vaccination Staff

Response Rating:

Procedure:

1. All WSHCD and WSFHC Staff must submit all required documents and information included in the New Employee Onboarding and Annual Training including proof of COVID-19 Vaccination Status and or Approved COVID-19 Vaccination Exemption.
2. Exempted staff include:
 - a. ~~S~~staff who exclusively provide telehealth or telemedicine services outside of the clinic and/ or district setting
 - b. ~~Staff~~and who do not have any direct contact with patients and /or other staff specified in this policy;
 - c. ~~or S~~staff who provide support services for the clinic and/or district that are performed exclusively outside of the clinic and/ or district setting
 - d. ~~Staff~~and who do not have any direct contact with patients and /or other staff specified in this policy.
3. The District Office will secure all documentation related to Staff COVID-19 Vaccinations including:
 - a. Vaccination Cards
 - b. ~~;~~ Required COVID-19 Testing
 - c. ~~,and~~ COVID-19 Vaccination Exemptions.
4. Per Federal and State Law, The District will consider~~offer~~ (2) vaccination exemptions Medical and Religious.



Staff may submit an exemption form to the District Office for review. The District will have sole discretion over approving or denying COVID-19 Vaccination Exemptions.

- a) a) Medical Exemption must include – ~~AS~~ signed statement from a physician, nurse practitioner, physician assistant, or other licensed medical professional practicing under the license of a physician. The Medical Exemption must state, stating that the staff member qualifies for a medical exemption (but the statement should not describe the underlying underlying medical condition or disability) and indicates the probable duration of the worker’s inability to receive the vaccine (or if the duration is unknown or permanent)). ~~medical condition or disability) and indicating the probable duration of the worker’s inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).~~
- a) Religious Exemption must include – A staff signed affidavit stating and explaining the conflict between the staff members sincerely held religious beliefs, practices, and/or observances as defined in Title VII of the Civil Rights Acts of 1964.
5. Once an exemption is filed the Executive Director and Human Resources will evaluate the exemption request and respond in writing to the staff member notifying them of the status of their exemption.
6. Temporary Exemptions may be granted to staff members who are either ineligible to be fully vaccinated or have recently received a positive COVID-19 test result from an FDA EUA approved COVID-19 test.
 - a) Ineligible staff members will be notified of their vaccination deadline according to CDC guidelines and provided a (15) day grace period to become fully vaccinated.
 - b) Staff members who are eligible to be fully vaccinated, but have tested positive for COVID-19 according to the CDC will be given (90) days from their eligible return to work date and a (15) day grace period to become fully vaccinated.
7. The District will provide COVID-19 vaccines to staff members at no-cost.
8. Staff members granted vaccination exemptions will be required to complete a specified testing regime using an FDA EUA Approved COVID-19 test according to current Federal and State guidelines.
 - a) The District will provide a no-cost testing option to staff members.
9. ~~The District will provide COVID-19 vaccines to staff members at no-cost.~~
10. Staff members who fail to comply with the COVID-19 Vaccination requirements will be ineligible to work at WSHCD or WSFHC.

ITEM 5B



**West Side Family Health Care
Annual Rural Health Clinic Program Evaluation 2020 - 2021**

The bi-annual evaluation report evaluates the total rural health clinic program and healthcare services provided at West Side Family Health Care. The evaluation is a requirement of all Rural Health Clinics per 42 CFR Part 405 Subpart X – Rural Health Clinic and Federally Qualified Health Center Services §491.11 Program Evaluation. This report includes information related to the utilization of clinic services, number of patients served and the volume of services; a representative sample of both active and closed clinical records; and a review of the clinic's policies and procedures. The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established polices were followed, and if any changes to the program are needed. This report was presented to the West Side Health Care District Board of Directors on April 28, 2022.

Policy and Procedures Review Committee

Name	Title	Signature
Ryan Shultz	Executive Director	
Ronald Ostrom, DO	Medical Director	
Heather Bosma, NP-C	Nurse Practitioner	
Summer Wood-Luper, RN, PHN	Clinic Director	
Carrie Coleman	Compliance Manager	
Jan Ashley	Board Member	

Historical Patient Volume

2017	2018	2019
15,967	16,843	17,093
104% of prior period	105% of prior period	101% of prior period

2020 Patient Volume

Month	Adult	Pediatric	Total
January 2020	949	841	1,790
February 2020	937	760	1,697
March 2020	859	526	1,385
April 2020	710	192	902
May 2020	807	236	1,043
June 2020	872	268	1,140
July 2020	971	287	1,258
August 2020	864	332	1,196
September 2020	819	276	1,095
October 2020	929	354	1,283
November 2020	947	394	1,341
December 2020	1185	324	1,509
Total	10849	4790	15,639

2020 census is 91% of 2019 census.

2020 Volume by Payor

Payor Name/Type	Total Patients	% of Total
MediCal Managed Care/ MediCal / Medi Medi	9,493	61%
MediCare	781	5%
Kaiser/Cigna (Urgent Care only)	625	4%
All Commercial (Combined)	3,753	24%
Employer (WC, Employer Directed)	349	2%
Self Pay (Flat Rate)	638	4%

(Managed MediCal, MediCal, MediCare represent 61% of current patient census. Goal: grow patient census, consistent with budgetary projections with payer mix shift to 68% Managed MediCal, MediCal, Medi Medi patients.)

2021 Patient Volume

Month	Adult	Pediatric	Total
January 2021	1,182	348	1,530
February 2021	988	363	1,351
March 2021	1,094	343	1,437
April 2021	1,162	454	1,616
May 2021	1,250	474	1,724
June 2021	1,166	511	1,677
July 2021	1,233	558	1,791
August 2021	1,423	753	2,176
September 2021	1,483	1208	2,691
October 2021	1,312	993	2,305
November 2021	1,269	852	2,121
December 2021	1,309	764	2,073
Total	14,871	7,621	22,492

2021 census is 144% of 2020 census.

2020 Volume by Payor

Payor Name/Type	Total Patients	% of Total
MediCal Managed Care/ MediCal / Medi Medi	15,069	67%
MediCare	899	4%
Kaiser/Cigna (Urgent Care only)	678	3%
All Commercial (Combined)	4,723	21%
Employer (WC, Employer Directed)	224	1%
Self Pay (Flat Rate)	899	4%

(Managed MediCal, MediCal, MediCare represent 67% of current patient census. Goal: grow patient census, consistent with budgetary projections with payer mix shift to 68% Managed MediCal, MediCal, Medi Medi patients.)

Typical Clinic Services

- Office visits of a diagnostic nature
- Office visits of an urgent/emergent nature
- Physical examinations, including immunizations
- Waived testing
- X-rays
- Telemedicine – Administered by TeleHealth Docs
- Telemedicine – Administered by WSFHC
- CHDP
- Chiropractic

New services include:

- OB/GYN (Family PACT, CPSP, BCEDP)
- Podiatry
- Dental
- Behavioral Health

Service Area

The service area, which the practice primarily serves, is defined as the West Side Health Care District. Most rural primary care practices attract patients from a service area within 30 to 45 minutes of the clinic. The District map attached at the end of this report illustrates the service area. The areas served have the following populations:

Location	Estimated Population	Patient Census by Zip Code	% of Total
Taft and Greater Taft* (93268)	17,832	15,645	91%
McKittrick (93251)	115	69	<1%
Maricopa (93252)	1,181	907	5%
Tupman	161	25	<1%
Fellows/Derby Acres (93224)	422	175	1%
Lost Hills	2,412	1	<1%
Kern County (out-of-District)		112	<1%
Out-of-County		116	<1%
Out-of-State		43	<1%

*Taft, South Taft, Ford City, Taft Heights, Valley Acres, Dustin Acres

Medical Record Review

During the course of the evaluation, 10 open medical records and 5 closed medical records were reviewed for adequate documentation of services performed. Medical Records were reviewed using the Compliance Team RHC Medical Record Audit Tool. Electronic medical records were found to be in generally good order and SOAP notes were taken appropriately. However, of the 10 open medical records 5 charts were missing the Initial and Annual Patient Consent Forms. All charts were found to be in good clinical order: the results of laboratory work, radiology, and consultations were recorded accordingly with documentation to support that patient follow-up was completed timely. The following charts at West Side Family Health Care in Taft, California were reviewed during the annual evaluation process.

Patient ID Number	Encounter Status (Open/Closed)	Documentation Complete	Recommended Improvements
9973	OPEN	NO	Need Initial & Annual
24650	OPEN	YES	Need Initial & Annual
11828	OPEN	YES	Need Initial & Annual
16365	OPEN	YES	NONE
14068	OPEN	YES	NONE
32033	OPEN	YES	NONE
11114	OPEN	YES	NONE
11847	OPEN	YES	Need Initial & Annual
17703	OPEN	YES	NONE
27519	OPEN	YES	Need Initial & Annual
20320	CLOSED	YES	NONE
22045	CLOSED	YES	NONE
25377	CLOSED	YES	NONE
27900	CLOSED	YES	NONE
9636	CLOSED	YES	NONE

Peer Review Statistics

Other Medical Record Procedures

During the year, the Medical Director and the Director of Family Medicine reviewed a minimum number of charts per month for quality assurance purposes. See the attached Peer Review spreadsheet. Patient Care Protocols were reviewed by the Medical Director and all Practitioners to determine their adequacy and appropriateness.

The Clinic maintains patient health records in accordance with its written policies and procedures. All records are maintained in the electronic medical record (EMR) or, in the case of legacy records, online stored within a dedicated, protected server.

The Clinic protects medical records. The Clinic ensures the confidentiality of the patient's health records and provides safeguards against loss, destruction, or unauthorized use of record information. Information regarding the use and removal of records from the Clinic and the conditions for release of record information is in the Clinic's written policies and procedures. The patient's written consent is necessary before any information, not authorized by law, is released.

The Clinic's retention of records policy reflects the necessity of retaining records at least six years from the last entry date or longer if required by State statute.

The Clinic has complied with Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy guidelines effective April 14, 2003 and gives each patient a privacy notice on their first visit to the Clinic. West Side Family Health Care has a HIPAA Policy and Procedure that outlines the privacy procedures and the required consent forms, releases, and disclosures. All staff are required to complete annual HIPAA training.

Review of Policies

The ongoing review of policy and procedures by the WSFHC Policy Review Committee, as well as a site survey completed by our Practice Consultant on August 3, 2021 were used to evaluate the clinic's policies and procedures. Below is a summary of noteworthy findings and observations:

1. **COVID-19 Operational Guidelines:** The pandemic related to COVID-19 has significantly impacted the operations of the clinic. As such, written policies, guidelines, and workflows have been created and adjusted to meet the infection control guidelines of the Centers of Disease Control and Prevention and Local and State Public Health Departments. The operations of the clinic have been adapted to protect patient and staff safety. Clinic policies and guidelines address the following areas, infection control, staff exposure, patient rooming guidelines, radiology, cross-contamination, patient screening, clinic guests and visitors, and telemedicine.
2. **Covid-19 Vaccines:** During the pandemic the clinic hosted a number of on-site and off-site Covid-19 Vaccine clinic administering Food and Drug Administration (FDA) Emergency Use Authorized (EUA) vaccines for patients and district residents. The Clinic instituted a number new policies to establish guidelines for safely administering vaccines and also updated standing orders related to necessary life saving protocols for off-site clinics. A number of workflows and guidelines were established to schedule vaccines by appointment, record vaccination status, and manage vaccine inventory.
3. **Covid-19 Testing:** During the pandemic the clinic administered FDA EUA Covid-19 testing for patients and residents. The clinic offers two Covid-19 testing platforms Rapid Antigen and Polymerase Chain Reaction (PCR), as well as Serology or Antibody testing via venipuncture. Written policies, guidelines, and workflows were created to address patient and staff safety, result reporting, registration, patient and staff education, testing processes, waived testing and quality assurance.
4. **Employer Vaccine Requirement:** During the evaluation period federal regulations were not in effect requiring health care workers of a Rural Health Clinic to be vaccinated. However, during the evaluation period State regulations required all health care workers to be full vaccinated and allowed two exemptions religious and medical. Policies and procedures were written to adhere to the vaccine mandate and the compliance of this policy and related records are managed by the District Office.

5. Policy Review Overview

All services offered by the clinic are furnished in accordance with applicable Federal, State and local laws.

Policies and procedures are developed and reviewed by a group of professional personnel that includes one or more physicians, one or more physician assistants or nurse practitioners and at least one member who is not a member of the clinic.

Policies include a description of offered directly and through agreement, guidelines for the clinical management of health problems through consultation or referral, maintenance of health care records,

a process the review and evaluation of provided clinic services and rules for the storage, handling and administration of drugs and biologicals.

All policies are reviewed at least bi-annually by the professional personnel stated above.

While the clinic has the necessary policies and procedures required to be in compliance and with the Rural Health Clinic Program, some staff knowledge deficiencies have been observed during the evaluation period. The observations were made during the Site Survey and ongoing monthly policy and procedure reviews related to medical records, sterilization of instruments, medication management, biohazardous waste, and emergency preparedness. As part of the clinic's quality assurance and review processes each area were addressed in group and individual settings with required training and testing. It is also noted, a quality assurance project is underway and near completion to provide better online access to policies for clinic and district staff.

Personnel Evaluations

Evaluations of the Clinic Director and full-time Nurse Practitioners and Physician Assistants have been prepared and completed and are included in the employee's personnel file.

The Director of Clinical Operations reviewed the performance of administrative duties of Clinic Director, Summer Wood-Luper, RN, PHN for 2020. The Executive Director completed the performance review of the Clinic Director for 2021. The Clinic Director has demonstrated and performed the following satisfactorily:

- Leadership abilities
- Quality of relationship with staff and public
- Ability to encourage public confidence in the Medical Clinic operation
- Ability to maintain clinic operation on a daily basis
- Constructive recommendations to the Policy and Procedure Review Committee
- Creativity in promoting good public relations and construct and/or carrying out health care programs within the clinic and in the community.

Additional comments may be included in the personnel file of the Clinic Director.

Nurse Practitioner/Physician Assistant Evaluation

The Medical Director and Director of Family Medicine have reviewed the performance of clinical duties by the Nurse Practitioners and Physician Assistants. It was documented that full-time Nurse Practitioners and Physician Assistants, Heather Bosma, NP-C and Elizabeth White, NP-C, Abundio Castillo, NP-C and Dorian Reed, PA-C have performed the following satisfactorily:

- Clinical Competency,
- Adherence to protocols and orders,
- Interaction with Ronald Ostrom, DO

Additional comments may be included in the personnel file of each Nurse Practitioner and Physician Assistant.

Performance evaluations for all employed personnel and Demonstrated Competencies are completed and signed annually.

Direct Services

Rural Health Clinics are required to provide the following direct services.

- Stick or tablet chemical urine examination,
- Hemoglobin or Hematocrit
- Blood sugar
- Occult blood stool specimen examination
- Pregnancy tests
- Primary culturing to send to a certified laboratory

The purpose of the Rural Health Clinic Services Act is primarily to make available outpatient or ambulatory care of the nature typically provided in a physician's office or outpatient clinic. The regulations specify the services that must be made available by the clinic, including specified types of diagnostic examination, laboratory services, and urgent health care treatments.

The clinic's laboratory is to be treated as a physician's office for the purpose of licensure and meeting health and safety standards. The listed laboratory services are considered essential for the immediate diagnosis and treatment of the patient. To the extent they can be provided under State and local law, the six services listed in J61, HCFA-30, are considered the minimum laboratory services to be provided by the Rural Health Clinic.

If any of these laboratory services cannot be provided at the clinic under State or local law, that laboratory service is not required for certification.

Some clinics are not able to furnish the six services, even though they may be allowed to do so under State and local law, without involving an arrangement with a Medicare approved laboratory.

Those clinics unable to furnish all six services directly when allowed to by State and local law should be given deficiencies. Such deficiencies should not be considered sufficiently significant to warrant termination if the clinic has an agreement or arrangement with an approved laboratory to furnish the basic laboratory service it does not furnish directly, especially if the clinic is making an effort to meet this requirement.

In the case of WSFHC, this evaluation has found the clinic to be in compliance with all required laboratory testing, including the addition of waived test SARS CoV 2 Antigen Testing in the Fall of 2020. This laboratory test is commonly referred to as the Rapid Covid-19 Test and has EUA approved by the FDA.

Conclusion

The bi-annual evaluation evaluated the services of West Side Family Health Care conducted the with the following goals:

1. To determine if the utilization of services was appropriate;
2. If the established policies were followed; and
3. Any changes are needed.

The following procedures were used to complete the evaluation and draw conclusions:

Information on utilization of services was gathered

A sample of 15 charts were reviewed

Evaluations of the Clinic Director and full-time Nurse Practitioners and Physician Assistants (pending)

A review of the policies and procedures (See Appendix A)

A walk-through of the clinic to determine any compliance issues (See Appendix B)

Review of billing procedures and their compliance with Medicare Guidelines (See Appendix C)

Findings and recommendations (See Appendix D)

Based upon the number of patients served and the potential market share, the rural health clinic is being productive and is benefiting the health care its patients. Accordingly, this evaluation concludes that West Side Family Health Care is providing services appropriately and is following established policies.

Appendix A
Rural Health Clinic Compliance Checklist
RHC Policies and Procedures

This checklist is to be completed while evaluating the clinic policy and procedure manual as an integral part of the annual evaluation process:

#	Description	Ye s	N o	Comments
1	Policies and procedures for the organization structure of the RHC. Is the clinic under the medical direction of a physician and has a health care staff met the requirements of 481.8?	X		
2	Do the organization's policies set forth in writing the lines of authority and the responsibilities?	X		
3	RHC staffing availability and schedules.	X		
4	Emergency policies and procedures for medical and non-medical emergency procedures.	X		
5	Compliance with local building, fire and safety codes.	X		
6	Policies and procedures for preventive maintenance program to ensure that all essential mechanical, electrical and patient-care equipment is maintained in safe operating condition.	X		
7	Policies and procedures for preventive maintenance program to ensure that drugs and biological are appropriately stored.	X		
8	Policies and procedures for preventive maintenance program to ensure that the premises are clean and orderly.	X		
9	The clinic's health care services are furnished in accordance with appropriate written policies which are consistent with application State Law, J55 Patient Care Policies.	X		
10	The policies are developed with the advice of a group of professional personnel that includes one or more physicians and at least one or more physician's assistant or nurse practitioner. At least one member of the group is not a member of the clinic's staff.	X		Board member Jan Ashley, NP
11	The policies include a description of services the clinic furnishes directly and those furnished through agreement or arrangement.	X		
12	Personnel and fiscal policies.	X		
13	RHC hours of operation Sunday 1000 - 2100 Monday 0700 - 2100 Tuesday 0700 - 2100 Wednesday 0700 - 2100	X		Average hours per week: 92

	Thursday 0700 - 2100 Friday 0700 - 2100 Saturday 1000 - 2100 Holidays 1000 - 2100			
14	The policies include guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic.	X		
15	The policies include NP and/or PA responsibilities and protocols.	X		
16	The policies include medical direction and supervision.	X		
17	The policies include the rules for the storage, handling, and administration of drugs and biological.	X		
18	Are these policies reviewed at least bi-annually by the group of professional personnel required in this section, and reviewed as necessary by the clinic?	X		Policies reviewed monthly
19	Do the policies and procedures include direct services the clinic staff furnished as well as diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system? These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions?	X		
20	The policies and procedures include basic laboratory services essential to the immediate diagnosis and treatment of the patient, including (1) Chemical examination of urine by stick or tablet methods of both (including urine ketones). (2) Hemoglobin or hematocrit (3) Blood sugar (4) Examination of stool specimens for occult blood (5) Primary culturing for transmittal to a certified lab (6) Pregnancy tests	X		-Rapid Strep -A B Flu -Blood Lead -CMP -Bilirubin -Rapid Urine Drug Screen -SARS CoV 2 Antigen
21	The clinic has policies and procedures for medical procedures as a first response to common life-threatening injuries and acute illness, and has available the drugs and biological commonly used in life saving procedures such as analgesic, anesthetic (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.	X		
22	Does the clinic have policies and procedures that include the agreements with one or more providers or suppliers participating under Medicare or Medi Cal to furnish other services to its patients, including			

	(1) Inpatient hospital care (2) physician(s) services (3) additional and specialized diagnostic and laboratory services that are not available at the clinic	X		
23	If the agreements are not in writing, is there evidence that patients referred by the clinic are being accepted and treated?	X		All Bakersfield hospitals accept clinic patients
24	Patient Health Care Records: policies and procedures for content of medical health records and policies and procedures for maintenance of health records.	X		
25	Responsibility is assigned for the medical record system to a designated member of the clinic's professional staff. Medical records must be maintained for each person receiving health care services.	X		
26	All records should be kept at the clinic site so that they are available when patients may need unscheduled medical care.	X		Legacy record on server; current record cloud-based
27	Protection of Record Information: maintains confidentiality of record information.	X		
28	Safeguards against loss, destruction, or unauthorized use of record information.	X		
29	Patients' written consent is necessary before any information not authorized by law may be released.	X		Records requests managed off-site to ensure compliance
30	Retention of Records: HCFA – at least 6 years from date of last entry. State: 10 years for adult and 13 years for minors	X		
31	Program Evaluation: policies and procedures for the clinic's total operation including the overall organization, administration, policies and procedures covering personnel, fiscal and patient care areas must be done at least bi-annually.	X		All policies reviewed bi-annually; some policies each month
32	The evaluation is done by the clinic, the group of professional personnel required under 42 CFR 491.9 (b) (2) or through arrangement with other appropriate professionals.	X		
33	Additional policies and procedures unique to each clinic, i.e. (1) sterilization of instruments (2) use of autoclave (3) integrity of sterilized instruments and supplies (4) schedule II drugs (5) pediatric practice (6) separation of RHC and emergency room where applicable	X		(6) not applicable

Appendix B
Rural Health Clinic Compliance Checklist
Walk-Through of Facility

This checklist is to be completed while walking through the facility as an integral part of the annual evaluation process:

#	Description	Ye s	N o	Comments
Plant Safety	Exit signs are clearly marked at each exit	X		
Plant Safety	Diagrams indicating emergency exits are present	X		
Plant Safety	The clinic is clear of clutter and is clean	X		
Plant Safety	Electrical sockets are covered when not used	X		Inventory maintained to address patient removal/theft of outlet covers
Plant Safety	Exam rooms to not contain hazardous materials (cleaners, paint, drug samples)	X		
Plant Safety	The parking lot has handicapped parking spaces	X		
Plant Safety	The bathroom is handicapped-accessible	X		
Plant Safety	The fire department conducted an annual inspection		X	Not required in this jurisdiction
Plant Safety	The clinic is handicapped-accessible	X		
Plant Safety	Fire extinguishers are checked monthly by staff personnel and annually by a fire professional	X		Actions are logged for QAPI
Plant Safety	Logs of maintenance activity are maintained for daily, weekly, monthly, quarterly, and annual maintenance activities	X		SDS for equipment annually; Contractor for non-bio med
Plant Safety	Fire drills and emergency drills are conducted and documented at least bi-annually	X		
Laboratory	The laboratory has a CLIA certificate	X		
Laboratory	The laboratory has a current lab license	X		
Laboratory	The refrigerator and freezer temperature are recorded daily	X		
Laboratory	Lab equipment is calibrated accordingly	X		
Laboratory	Food is not stored in refrigerators that are used for storing injections and samples	X		
Laboratory	The laboratory can perform the six required tests for rural health clinics onsite. (1) chemical examination of urine by stick or tablet			

	(2) hemoglobin or hematocrit (3) blood sugar (4) stool specimen for occult blood (5) primary culturing for transmittal (6) pregnancy tests	X		
Drug Samples	Drug samples are reviewed and documented at least monthly for expired drugs		X	No samples maintained
Drug Samples	Drug samples are stored in a secure area without patient access		X	No samples maintained
Drug Samples	Controlled substances are double-locked and all transactions are recorded.	X		MedDispense machine in locked room
Emergency	The clinic has first response emergency procedures (crash cart with oxygen/ambu bags)	X		Adult and pediatric crash carts
Emergency	Drugs are maintained to respond to emergencies	X		Adult and pediatric crash carts
Emergency	Emergency drugs are reviewed monthly to determine they are present and not expired	X		QC log maintained
Medical Records	Medical records are stored in a secure area where patients do not have access to them	X		EMR, password and firewall protected
Medical Records	Patient confidentiality is maintained by policy and signed releases for medical records	X		MR release function performed in the District Office
Professional Licenses	A mid-level practitioner is present at least 50% of the time the clinic is open.	X		Compliance tracked monthly
Professional Licenses	CPR training is maintained and updated for the required personnel.	X		Employer-paid, offered on-site
Professional Licenses	The medical director is licensed as physician in the state and is onsite at least once every two weeks OR participates remotely in keeping with the organization's contractual guidelines.	X		Medical Director present at staff meetings and has multiple shifts in the Clinic each month
Hours of Operation	The hours of operation are documented in the policy manual and posted where patient can see them.	X		
Inpatient Services	The clinic has agreements to provide inpatients hospital services.	X		

Appendix C

Billing Procedures

Clinic utilizes AthenaNet EMR as the billing processing entity.

Providers document procedure and diagnosis codes at the time of the encounter.

Provider coding is reviewed by the Front Office Billing Manager and the Administrative Medical Assistant prior to the claim being processed.

AthenaNet maintains and applies a compendium of billing rules against all prepared claims, rejecting claims that require revision.

Denied claims are re-processed by being placed into “hold” status wherein edits can easily be processed.

Appendix D

Review of Issues and Opportunities

The Clinic Director's methodology of problem identification and issue mitigation is consistent with the Clinic's QAPI process and exceeds typical Rural Health Clinic processes.

Operations audits/compliance tracking is being conducted for program compliance:

- Vaccines for Children eligibility verification
- Initial and Annual form completion
- Patient Emergency Contact
- Injection Documentation
- Multiple dose medication vial management

The Director of Clinical Operations (2020) and Executive Director (2021) track and trend clinic staff and provider staffing according patient volume and operational needs. Staffing levels were maintained during 2020 to help maintain access to care for patients during the initial year of the pandemic and maintain strong staff vs patient ratios. In 2021, some staff layoffs, unfilled positions, and adjustment to staffing patterns were made in anticipation of continued decrease in patient volumes and loss of property tax revenues related to the ongoing Covid-19 Pandemic. Some staff were added back in late 2021 to meet the demand of unexpected increased patient volumes, covid-19 testing, and Covid-19 vaccines. These additions were tempered with the realized loss of property tax revenues.

It is further agreed that Clinic Leadership, in conjunction with the District Office, will continue to strategically implement a staffing plan to support the growing primary care patient services and maintain access to walk-in urgent care services. It is noted that additional non-clinical support staff related to case management are necessary to grow in order to better manage the ongoing needs of primary care patients and the addition of a Full-Time Family Medicine Physician is necessary to continue to grow and maintain primary care services at the clinic.

During 2020, the clinic began to offer chiropractic services one day a week. Those services continued throughout 2020 and 2021. With limited access to chiropractic services within the clinic's service area, this service should be marketed more aggressively.

Implementation of the CHDP program is active and will provides another avenue of patient census development. The Clinic's enrollment in the CHDP program has been extended while the District Office searches for a full-time Family Practice Physician. The on-call schedule is supported by the Call My Doc application. The staffing schedule is developed and maintained by the Medical Staff Coordinator (2020) and Executive Director (2021-present).

Prior to implementation of any OB/GYN program, the Clinic should enroll in the Family PACT (Family Planning), CPSP (pre-natal care), BCEDP (breast and cervical cancer screening), and PE (presumptive eligibility) programs that support Women's/Maternal Health care.

Historical community outreach programs were cancelled during the Covid-19 Pandemic. The clinic did provide community outreach with its no-cost drive thru Covid-19 testing and no-cost Covid-19 vaccine clinics. In late 2021, the Clinic hosted its annual Mobile Mammogram Screening in partnership with Alinea Health after a one-year hiatus. Additional community outreach programs will be added to the schedule. The community outreach program will be implemented by the District Manager and Clinic Director. The target of these efforts should increase primary care patient census of Managed MediCal, MediCal, MediCare/MediCal patients.

Active management of the Managed MediCal member enrollment reports and the Care Gaps reports will be addressed by the Clinic Director, Care Coordinator, and designated medical assistants. Active management of the patient registration to ensure timely and accurate billing will be addressed by the Executive Director and Front Office and Billing Manager. Community Outreach efforts should coordinate with the efforts of the Care Coordinator and Front Office Billing Manager.

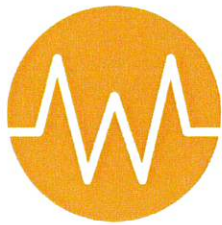
Efforts to encourage patients to schedule appointments, communicate with patients via the EMR, and patient portal adoption should increase. Specifically, patients should be encouraged to call the Clinic before arriving for a "walk-in visit". By calling ahead, the patient may reduce their wait time and be better informed of clinic conditions. Utilizing the EMR communicator is a proven method to help strengthen relationships with patients, decrease patient cancellations and no-shows, and provide timely direct patient communications. Clinic leadership should continue to manage patient portal options and utilization of text message and email campaigns to address patient no shows, appointment reminders, ticklers for appointments that need to be scheduled, as well as health and wellness outreach for specific services such as flu shots and annual health evaluations.

The Clinic continues to effectively manage its Accounts Receivable by addressing credit balances, corresponding with patients who have outstanding self-pay balances, moving aged self-pay accounts to collections when patients are non-responsive to clinic outreach and by working aggressively manages claims for all accepted insurances.

With the growth of both primary care patients and walk-in urgent care patients, the Clinic must devote all energies to retain new and existing patients. Providing increased access to primary care services through appointments may limit day time access for walk-in urgent care patients. Clinic Management will look for trends in patient census and creative staffing to manage access to both service lines in a cost-effective manner.

The Clinic should continue to look at expanding access to covered Rural Health Clinic services. Services yet to be established include OB/GYN, Dental, Podiatry and Behavioral Health. The Clinic currently has vacant clinical areas located in Building B that would suitable for the above services. There is limited access to these services and the clinic would be well positioned to provide unduplicated access to its patients. With the completion of the Rural Health Clinic Audit and establishment of the Prospective Payment System (PPS) the clinic is in good financial position to begin offering new services.

ITEM 5C



West Side Health Care District

BYLAWS OF WEST SIDE HEALTH CARE DISTRICT ~~2020~~ 2022

The name of the organization is West Side Health Care District. The organization shall have an office located at 119 Adkisson Way, Taft, California 93268, and at other places as shall be designated by the board of directors from time to time by resolution. The organization has not been formed for the making of any profit, or personal financial gain. The assets and income of the organization shall not be distributable to or benefit the directors, officers, or other individuals. The assets and income shall only be used to promote corporate purposes as described below. Nothing contained herein, however, shall be deemed to prohibit the payment of reasonable compensation to employees and independent contractors for services for the benefit of this organization. The organization is organized exclusively for charitable and educational purposes. This organization shall not carry on any other activities not permitted to be carried on by an organization exempt from federal income tax. The organization shall not participate in any political campaign in any manner. The organization shall not attempt to influence legislation. The organization is organized exclusively for charitable, and health care related services.

ARTICLE 1-MEETINGS

SECTION 1. ANNUAL MEETING. An annual meeting shall be held each calendar year at the December board meeting for the purpose of electing directors, and the transaction of such other business as may properly come before the meeting. The annual meeting shall be held at the time and place designated by the Board of Directors.

SECTION 2. SPECIAL MEETINGS. Special meetings of the Board may be called by the Board President or a majority of the Directors.

SECTION 3. NOTICE. Written notice of all meetings shall be provided under this section or as otherwise required by law. The Notice shall state the place, date and hour of the meeting, and if for a special meeting, the purpose of the meeting. Such notice shall be emailed or hand-delivered to all the directors of record at the address/email address on file in the corporate office, seventy-two (72) hours prior to the meeting. The time will be calculated in business hours and does not count weekend or legal holidays.

SECTION 4. PLACE OF MEETING. Meetings shall be held at the District's principal place of business unless otherwise stated in the notice.

SECTION 5. QUORUM. A majority of the directors shall constitute a quorum at a meeting. If after a meeting is convened, the number of Directors present drops below the number required for a quorum, no further action may be taken except that less than a quorum of the Board may adjourn the meeting to a future date and time. If a quorum is represented at an adjourned meeting, any business may be transacted that might have been transacted at the meeting as originally scheduled. The Directors present at a meeting represented by a quorum may continue to transact business until adjournment, even if the withdrawal of some directors results in a representation of less than a quorum.

SECTION 6. INFORMAL ACTION. Any action required to be taken, or which may be taken, at a meeting, may be taken without a meeting and without prior notice if a consent in writing, setting forth the action so taken, is signed by the directors with respect to the subject matter of the vote.

ARTICLE II-DIRECTORS

SECTION 1. NUMBER OF DIRECTORS. The West Side Health Care District Board of Directors will consist of five (5) directors.

SECTION 2. ELECTION AND TERM OF OFFICE. The directors shall be elected at the annual meeting in December. Each director shall serve a term of four (4) years, or until a successor has been elected and qualified.

SECTION 3. QUORUM. A majority of directors shall constitute a quorum.

SECTION 4. ADVERSE INTEREST. In the determination of a quorum of the directors, or in voting, the adverse interest of a director shall not disqualify the director or invalidate his/her vote.

SECTION 5. ORGANIZATIONAL MEETING OF THE BOARD. The Board of Directors shall meet immediately after the election for the purpose of electing its officers, appointing new committee chairpersons and for transacting such other business as may be deemed appropriate.

SECTION 6. REGULAR MEETING. The Board of Directors shall have regular meetings on a monthly basis. The regular meeting of the Board shall be held on the fourth (4th) Thursday of every month at 2:00 p.m. at the District office, 119 Adkssion Way, Taft Ca.

SECTION 7. SPECIAL MEETING. Special meetings may be requested by the President, Vice President, Secretary, or any two directors. Minutes of the meeting will be presented at the next regularly scheduled Board meeting.

SECTION 8. PROCEDURES. The vote of a majority of the directors present at a properly called meeting at which a quorum is present shall be the act of the Board of Directors unless the vote of a greater number is required by law or by these by-laws for a particular resolution. A director of the organization who is present at a meeting of the Board of Directors at which action on any corporate matter is taken shall be presumed to have assented to the action taken unless their dissent shall be entered in the minutes of the meeting. The Board shall keep written minutes of its proceedings in its permanent records.

SECTION 9. EMERGENCY ACTION. Should action be required due to a community, facility or Administrative Team emergency and it is not possible to assemble the Board of Directors in a properly called meeting, written or oral approval of the proposed action by a board majority may be obtained in a poll of the entire Board of Directors authorized by the President. Any action so taken shall be recorded in the minutes in the next properly called board meeting.

SECTION 10. INFORMAL ACTION. Any action required to be taken at a meeting of directors, or any action which may be taken at a meeting of directors or of a committee of directors, may be taken without a meeting if a consent in writing setting forth the action so taken, is signed by all of the directors or all of the members of the committee of directors, as the case may be.

SECTION 11. REMOVAL/VACANCIES. A director shall be subject to removal, with or without cause, at a meeting called for that purpose. Any vacancy that occurs on the Board of Directors, whether by death, resignation, removal, or any other cause, may be filled by the remaining directors. A director elected to fill a vacancy shall serve the remaining term of his or her predecessor, or until a successor has been elected and qualified.

SECTION 12. STANDING COMMITTEES. There shall be four (4) standing committees of the organization: Finance Committee, Facilities Committee, Personnel Committee, and the Community-Outreach Committee. The President shall appoint the chairpersons of all committees from the membership of the Board of Directors of the organization with the approval of the Board of Directors. All committee appointments shall terminate upon the election of a new President unless specifically determined otherwise at the Annual meeting. All committees shall function within the guidelines and budgets established by the Board of Directors.

SECTION 13. EXECUTIVE COMMITTEE. The Executive Committee shall be composed of the officers of the organization, as specified herein, and shall have the full authority to undertake the duties and powers of the board except as these by-laws specifically state otherwise. All actions of the Administrative Team shall be reported to the board at its next meeting.

SECTION 14. AD HOC COMMITTEES. The President may establish ad hoc committees at any time. All ad hoc committees are subject to the same rules and operating procedures as standing committees and shall report to the President and the Board and shall give a progress report at the scheduled monthly board meeting.

SECTION 15. BUDGETS. The Board of Directors shall approve the annual budget of the organization during the first quarter ~~before June 1st~~ of each calendar year upon recommendation of the Financial Committee.

SECTION 16. PERSONNEL RESPONSIBILITIES. The Executive Director, with the approval of the Board President, may employ and discharge employees of the organization and may prescribe their duties and compensation. The Board will have Policy and Procedures and set guidelines and give authority to the Administrative team who will have the duty of managing the employees. A contracted Human Resource company will be used to assist with all Human Resource Issues. The Board shall discharge its duties with respect to personnel matters in accordance to all applicable state and federal laws and without regard to age, sex, race, color, creed, sexual orientation, or the national origin of any person.

SECTION 17. RECORDS. Every Director shall have the absolute right at any reasonable time to inspect and copy all books, records, and documents of every kind in relation to the operation of the West Side Health Care District but must remain in compliance with all organizational Confidentiality regulations and HIPPA rules and regulations. Directors shall also have the absolute right to inspect all physical properties of the organization.

SECTION 18. COMPENSATION. No board member receives at any time any of the net earnings or profits from the organization. However, this shall not prevent the payment to any such person of reasonable compensation for services rendered to or for the organization. Such compensation shall be fixed by the Board of Directors and shall be one hundred dollars (\$100.00) per meeting.

ARTICLE III OFFICERS

SECTION 1. NUMBER OF OFFICERS. The officers of the West Side Health Care District shall be a President, Vice-President and Secretary/Treasurer. Two or more offices may be held by one person.

- a. **PRESIDENT.** The President shall be the chief executive officer and shall preside at all meetings of the Board of Directors.
- b. **VICE PRESIDENT.** The Vice President shall perform the duties of the President in the absence of the President and shall assist that office in the discharge of it leadership duties.
- c. **SECRETARY/TREASURER** The Secretary shall shall have the authority to certify any records, or copies of records, as the official records of the organization. ~~The Treasurer shall be responsible for conducting the financial affairs of the organization as directed and authorized by the Board of Directors and shall make reports of corporate finances as required, but no less often than at each meeting of the Board of Directors.~~

SECTION 2. TERM OF OFFICE. The officers shall be elected annually by the Board of Directors at the December Board of Directors meeting. Each officer shall serve one (1) term until a successor has been elected and qualified.

SECTION 3. ELECTIONS. Nominations will be made by the Board of Directors at least thirty (30) days prior to the next scheduled meeting when a director's position whose terms are to expire or are vacant. Following the report of the nominations, any director of the organization may nominate other candidates for the available director positions, provided that the nominees agree to serve if elected. At the conclusion of nominations, the Board of Directors shall vote for each position by ~~secret written ballot.~~ Roll Call.

SECTION 4. REMOVAL OR VACANCY. The Board of Directors shall have the power to remove an officer or agent of the district. Any vacancy that occurs for any reason may be filled by the Board of Directors.

ARTICLE IV CORPORATE SEAL, EXECUTION OF INSTRUMENTS

West Side Health Care District shall have a corporate seal, which shall be affixed to all deeds, mortgages, and other instruments affecting or relating to real estate as well as all government related forms. All instruments that are executed on behalf of the corporation which are acknowledged and which affect an interest in real estate shall be executed by the ~~President or any Vice President, and the Secretary/Treasurer or~~ Board Clerk. All other instrument(s) executed by the district, may be executed by the President or Vice President. Notwithstanding the preceding provisions of this section, any written instrument may be executed by any officer(s) or agents that are specifically designated by resolutions of the Board of Directors.

ARTICLE V AMENDMENT TO BYLAWS

The bylaws may be amended, altered, or repealed by the Board of Directors by a majority of a quorum vote at any regular or special meeting. The text of the proposed change shall be distributed to all board members at least ten (10) days before the meeting.

INDEMNIFICATION

Any director, officer or agent who is involved in litigation by reason of his or her position as a director or agent of the West Side Health Care District shall be indemnified and held harmless by the district to the fullest extent authorized by law as it now exists or may subsequently be amended (but, in the case of any such amendment, only to the extent that such amendment permits the district to provide broader indemnification rights).

CERTIFICATION

I certify that the foregoing is a true and correct copy of the bylaws of the West Side Health Care District, duly adopted by the Board of Directors on April 28, 2022.

Eric Cooper, President

Adele Ward, Vice President

Virginia Miller, Secretary/Treasurer

Jan Ashley, Board Member

Darren Walrath, Board Member

ITEM 6



April 23, 2022

TO: Board of Directors
FROM: Ryan Shultz, Executive Director
SUBJECT: March General Information

The enclosed information highlights notable activities and projects of West Side Health Care District (WSHCD) and West Side Family Health Care (WSFHC) for the month of March.

- Providers and staff continue to work extremely hard to delivery patient care services. **The clinic reported more than 2100 patient encounters and a Rural Health Clinic Payer Mix of 68%.**
- Covid-19 Vaccine Schedule: Wednesdays 10am-7pm Moderna, Fridays Pfizer 12+yr 1-2pm & 6-7pm, and Fridays Pfizer 5-11yr 3-4pm. Patients can make an appointment by visiting wshcd.org and selecting the "Schedule Your COVID-19 Vaccine" link or visiting myturn.ca.gov and searching for West Side Family Health Care.
- **The Clinic is celebrating National Kidney Awareness Month in March, April and May.** Patient education materials and health screening will be provided to primary care patients through the month of April. Clinic providers and staff participated in the Taft Chamber Sit-n-Sip on March 23rd.
- Management completed the **WSFHC Rural Health Clinic Bi-Annual Evaluation Report** will present to the Board at the April Board Meeting.
- Management completed the **Draft Fiscal Year 2022-2023 Budget** and will present to Finance Committee on April 25, 2022.
- **Management has selected the new Radiologist for WSFHC.** Contracts are being reviewed and will be reported to the Board at the May Board Meeting.