



BOARD OF DIRECTORS MEETING

ATTENDED VIA TELECONFERENCE

Wednesday, April 08, 2020

1:00 p.m. Closed Session

3:00 p.m. Open Session

Executive Order N-29-20

Bear Valley Community Hospital

Conference # 877- 857- 3696

Conference Pin # 3392500169

In order to comply with public participation regarding the Brown Act we have provided a conference number for you.



It is our mission to deliver quality healthcare to the residents of and visitors to BigBearValley through the most effective use of available resources.

VISION

To be the premier provider of emergency medical and healthcare services in our BigBearValley.

BOARD OF DIRECTORS BUSINESS MEETING AGENDA

WEDNESDAY, APRIL 08, 2020 @ 1:00 p.m.

ATTENDED VIA CONFERENCE

CONFERENCE # (877) 857-3696

CODE # 3392500169

(Closed Session will be held upon adjournment of Open Session as noted below. Open Session will reconvene @ approximately 3:00 p.m.)

Copies of staff reports or other written documentation relating to each item of business referred to on this agenda are on file in the Chief Executive Officer's Office and are available for public inspection or purchase at 10 cents per page with advance written notice. In compliance with the Americans with Disabilities Act and Government Code Section 54954.2, if you need special assistance to participate in a District meeting or other services offered by the District, please contact Administration (909) 878-8214. Notification at least 48 hours prior to the meeting or time when services are needed will assist the District staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting or service. **DOCUMENTS RELATED TO OPEN SESSION AGENDAS (SB 343)** -- Any public record, relating to an open session agenda item, that is distributed within 72 hours prior to the meeting is available for public inspection at the public counter located in the Administration Office, located at 41870 Garstin Drive, Big Bear Lake, CA 92315. For questions regarding any agenda item, contact Administration at (909) 878-8214.

OPEN SESSION

1. CALL TO ORDER

Peter Boss, President

2. PUBLIC FORUM FOR CLOSED SESSION

This is the opportunity for members of the public to address the Board on Closed Session items.

(Government Code Section 54954.3, there will be a three (3) minute limit per speaker. Any report or data required at this time must be requested in writing, signed and turned in to Administration. Please state your name and city of residence.)

3. ADJOURN TO CLOSED SESSION*

CLOSED SESSION

1. CHIEF OF STAFF REPORT/QUALITY IMPROVEMENT: *Pursuant to Health & Safety Code Section 32155

- (1) Chief of Staff Report

2. HOSPITAL QUALITY/RISK/COMPLIANCE REPORTS: *Pursuant to Health & Safety Code Section 32155

- (1) Risk / Compliance Management Report
- (2) QI Management Report

3. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION: *Pursuant to Government Code Section 54956.9

- (1) One Potential Case

4. REAL PROPERTY NEGOTIATIONS: *Government Code Section 54956.8/TRADE SECRETS: *Pursuant to Health and Safety Code Section 32106 and Civil Code Section 34266.1

- (1) Property Acquisition/Lease/Tentative Improvement (Anticipated Disclosure 04/08/2020)

5. TRADE SECRETS: Pursuant to Health and Safety Code Section 32106, and Civil Code Section 3426.1

- | | | |
|-----|--|-------------------------------------|
| (1) | Kaustubh Patankar, MD Clinic Service Agreement | (Anticipated Disclosure 04/08/2020) |
| (2) | Damian D'Auria, DDS Clinic Service Agreement | (Anticipated Disclosure 04/08/2020) |

OPEN SESSION

1. CALL TO ORDER

Peter Boss, President

2. ROLL CALL

Shelly Egerer, Executive Assistant

3. FLAG SALUTE

4. ADOPTION OF AGENDA*

5. RESULTS OF CLOSED SESSION

Peter Boss, President

6. PUBLIC FORUM FOR OPEN SESSION

This is the opportunity for persons to speak on items of interest to the public within subject matter jurisdiction of the District, but which are not on the agenda. Any person may, in addition to this public forum, address the Board regarding any item listed on the Board agenda at the time the item is being considered by the Board of Directors. *(Government Code Section 54954.3, there will be a three (3) minute limit per speaker. Any report or data required at this time must be requested in writing, signed and turned in to Administration. Please state your name and city of residence.)*

***PUBLIC RESPONSE IS ENCOURAGED AFTER MOTION, SECOND AND
PRIOR TO VOTE ON ANY ACTION ITEM***

7. DIRECTORS' COMMENTS

8. INFORMATION REPORTS

A. Foundation Report

Holly Elmer, Foundation President

B. Auxiliary Report

Gail Dick, Auxiliary President

9. CONSENT AGENDA*

Notice to the Public:

Background information has been provided to the Board on all matters listed under the Consent Agenda, and the items are considered to be routine by the Board. All items under the Consent Agenda are normally approved by one (1) motion. If discussion is requested by any Board Member on any item; that item will be removed from the Consent Agenda if separate action other than that as stated is required.

A. March 11, 2020 Business Board Meeting Minutes: Shelly Egerer, Executive Assistant

B. March 2020 Human Resource Report: Erin Wilson, Human Resource Director

C. March 2020 Infection Prevention Report: Heather Loose, Infection Preventionist

D. Critical Access Hospital Annual Evaluation 2019: Kerri Jex, CNO

E. Committee Meeting Minutes:

(1) March 10, 2020 Finance Committee Meeting Minutes

10. OLD BUSINESS*

- None

11. NEW BUSINESS*

- A. Discussion and Potential Approval of the Following Agreement:
 - (1) Kaustubh Patankar, MD Clinic Service Agreement
 - (2) Damian D'Auria, DDS Clinic Service Agreement
- B. Discussion and Training for BVCHD Board of Directors Annual Compliance Training
- C. Discussion and Potential Approval of Resolution No. 20-461 Special Tax Levies Within The District

12. ACTION ITEMS*

- A. **Acceptance of QHR Report**
Ron Vigus, QHR
 - (1) April 2020 QHR Report
- B. **Acceptance of CNO Report**
Kerri Jex, Chief Nursing Officer
 - (1) March 2020 CNO Report
- C. **Acceptance of the CEO Report**
John Friel, Chief Executive Officer
 - (1) March 2020 CEO Report
- D. **Acceptance of the Finance Report & CFO Report**
Garth Hamblin, Chief Financial Officer
 - (1) February 2020
 - (2) March CFO Report

13. ADJOURNMENT*

*** Denotes Possible Action Items**

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BUSINESS BOARD MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, CA 92315
March 11, 2020**

PRESENT: Peter Boss, MD, President Donna Nicely, Secretary
Steven Baker, 2nd Vice President John Friel, CEO
Perri Melnick, Treasurer Shelly Egerer, Exec. Assistant

ABSENT: Gail Dick, Auxiliary Gail McCarthy, 1st Vice President

STAFF: Garth Hamblin Steven Knapik, DO Erin Wilson
Mary Norman Sheri Mursick Kerri Jex

OTHER: Woody White, QHR Holly Elmer, Foundation

COMMUNITY

MEMBERS: Bynette Mote, City of Big Bear Lake

OPEN SESSION

1. CALL TO ORDER:

President Boss called the meeting to order at 1:00 p.m.

CLOSED SESSION

1. PUBLIC FORUM FOR CLOSED SESSION:

President Boss opened the Hearing Section for Public Comment on Closed Session items at 1:00 p.m. Hearing no request to make public comment. President Boss closed Public Forum for Closed Session at 1:01 p.m.

2. ADJOURNED TO CLOSED SESSION:

President Boss called for a motion to adjourn to Closed Session at 1:01 p.m. Motion by Board Member Nicely to adjourn to Closed Session. Second by Board Member Melnick to adjourn to Closed Session. President Boss called for a vote. A vote in favor of the motion was 4/0.

- Board Member Melnick- yes
- Board Member Nicely- yes
- President Boss - yes
- Board Member Baker - yes

RECONVENE TO OPEN SESSION

1. CALL TO ORDER:

President Boss called the meeting to Open Session at 3:00 p.m.

2. ROLL CALL:

Peter Boss, Perri Melnick, Donna Nicely, and Steven Baker were present. Also present was John Friel, CEO and Shelly Egerer, Executive Assistant. Absent was Gail McCarthy.

3. FLAG SALUTE:

Board Member Baker led the flag salute and all present participated.

4. ADOPTION OF AGENDA:

President Boss called for a motion to adopt the March 11, 2020 agenda as presented. Motion by Board Member Nicely to adopt the March 11, 2020 agenda as presented. Second by Board Member Melnick to adopt the March 11, 2020 agenda as presented. President Boss called for a vote. A vote in favor of the motion was 4/0.

- Board Member Melnick- yes
- Board Member Nicely- yes
- President Boss - yes
- Board Member Baker - yes

5. RESULTS OF CLOSED SESSION:

President Boss reported that the following action was taken in Closed Session:

The following reports were approved:

- Chief of Staff Report:
- Request for Initial Appointment
 - Gail Shealy, NP
 - Michael Zaghi, MD
 - Jared Bowns, MD
 - Daniel Brunengraber, MD
- Risk Report/Compliance Report
- QI Report

President Boss called for a vote. A vote in favor of the motion was 4/0.

- Board Member Melnick- yes
- Board Member Nicely- yes
- President Boss - yes
- Board Member Baker - yes

6. PUBLIC FORUM FOR OPEN SESSION:

President Boss opened the Hearing Section for Public Comment on Open Session items at 3:00 p.m. Hearing no request to make public comment. President Boss closed Public Forum for Closed Session at 3:00 p.m.

7. DIRECTORS COMMENTS

- President Boss reported that the district received the QHR for Best Performing Critical Access Hospital award and thanked the staff for the hard work; this would not be possible without the fantastic staff at BVCHD.

8. INFORMATION REPORTS:

A. Foundation Report:

- Ms. Elmer reported the following information:
 - Working with Michelle French to write grants, private grants will be given to the Foundation
 - Working towards a Strategic Plan
 - Florence Prescription book was provided to Foundation Members
 - We have 13 members and several have gone as affiliate members

B. Auxiliary Report:

- Ms. Dick was not present

9. CONSENT AGENDA:

A. February 12, 2020 Business Board Meeting Minutes: Shelly Egerer, Executive Assistant

B. February 2020 Planning & Facilities Report: Michael Mursick, Plant Director

C. February 2020 Human Resource Report: Erin Wilson, Human Resource Director

D. February 2020 Infection Prevention Report: Heather Loose, Infection Preventionist

E. Policies & Procedures

- (1) Case Management
- (2) Emergency Department
- (3) FHC/RHC
- (4) Laboratory
- (5) Medical Staff
- (6) Pharmacy
- (7) Quality Improvement
- (8) Respiratory Therapy
- (9) Surgery

F. Committee Meeting Minutes

- (1) February 11, 2020 Finance Committee Meeting Minutes

President Boss called for a motion to approve the Consent Agenda as presented. Motion by Board Member Baker to approve the Consent Agenda as presented. Second by Board Member Nicely to approve the Consent Agenda as presented. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Melnick- yes
- Board Member Nicely- yes
- President Boss - yes
- Board Member Baker - yes

10. OLD BUSINESS:

- None

11. NEW BUSINESS*

A. Discussion and Potential Approval of the Following Service Agreements:

- (1) Bhani Chawla-Kondal, M.D. Clinic Service Agreement
- (2) Bhani Chawla-Kondal, M.D. Surgical Service Agreement
- (3) Michael Chin, M.D. Clinic Service Agreement
- (4) Paula Lebby, MD, OB/Gyn Extension to Clinic Service Agreement

- Board Member Perri requested the following revisions be completed:
 - Dr. Kondal Surgical Agreement remove first sentence #4-5
 - Dr. Chin Clinic Agreement #4-5 Compensation

President Boss called for a motion to approve Service Agreement one through four with requested revisions. Motion by Board Member Nicely to approve Service Agreement one through four with requested revisions. Second by Board Member Melnick to approve Service Agreement one through four with requested revisions. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Melnick- yes
- Board Member Nicely- yes
- President Boss - yes
- Board Member Baker - yes

B. Discussion and Potential Approval of Resolution No. 20-460: Increasing Credit Card Limit:

- Mr. Hamblin reported that at this time we have credit card limit of \$5,000 and we are asking the Board to approve the credit card available limit to be \$15,000 by resolution.

President Boss called for a motion to approve Resolution No. 20-460 as presented. Motion by Board Member Nicely to approve Resolution No. 20-460 as presented. Second by Board Member Baker to approve Resolution No. 20-460 as presented. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Melnick- yes
- Board Member Nicely- yes
- President Boss - yes
- Board Member Baker - yes

C. Discussion and Potential Approval of BVCHD Board of Directors Self – Assessment:

- President Boss asked the full Board to review the document by page and address any item that they would like to discuss:
 - The Board felt the questions were not very well read
 - A new Strategic Plan needs to be developed and reviewed quarterly with the Board of Directors
 - CHNA is main focus, Urgent Care and the hospital seismic upgrade

President Boss called for a motion to approve the Board Self-Assessment as presented. Motion by Board Member Nicely to approve the Board Self-Assessment as presented. Second by Board Member Melnick to approve the Board Self-Assessment as presented. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Melnick- yes
- Board Member Nicely- yes
- President Boss - yes
- Board Member Baker - yes

Board Member Melnick excused herself from the Board Meeting at 3:50 pm

12. ACTION ITEMS*

A. QHR Report:

(1) March 2020 QHR Report:

- Mr. White reported the following information:
 - Cost report will be reviewed
 - Thanked Board Members for attending the leadership conference
 - Such a honor to have the district win the award from QHR
 - QHR-Health (Q-Health) new branding
 - Received email from QHC – KKR is looking at QHC and potential restructure document filed with SCC
 - QHR is on financial stable ground, no fear of where QHR is heading

President Boss called for a motion to approve the QHR Report as presented. Motion by Board Member Nicely to approve the QHR Report as presented. Second by Board Member Baker to approve the QHR Report as presented. President Boss called for the vote. A vote in favor of the motion was 3/0.

- Board Member Nicely - yes
- President Boss - yes
- Board Member Baker - yes

B. CNO Report:

(1) January 2020 CNO Report:

- Ms. Jex reported the following information:
 - Safety Newsletter has been completed and a copy provided to the full Board
 - Mobile kitchen on site, construction will begin this week to fix piping/drainage in the kitchen, potential 4-5 days and planning for two weeks due to unforeseen issues that may arise
 - Quality Improvement is continuing strong
 - Purchased GI Scopes
 - SNF census 13

President Boss called for a motion to approve the CNO Report as presented. Motion by Board Member Nicely to approve the CNO Report as presented. Second by Board Member Baker to approve the CNO Report as presented. President Boss called for the vote. A vote in favor of the motion was 3/0.

- Board Member Nicely - yes
- President Boss - yes
- Board Member Baker - yes

C. Acceptance of the CEO Report:

(1) February 2020 CEO Report:

- Mr. Friel reported the following information:
 - Next week reviewing plans for the UC; to open in late Spring
 - Riverside Community Hospital cancelled meeting due to the virus
 - Attended City Council meeting in regard to the Corona virus and working with all local entities to address the virus

President Boss called for a motion to approve the CEO Report as presented. Motion by Board Member Baker to approve the CEO Report as presented. Second by Board Member Nicely to approve the CEO Report as presented. President Boss called for the vote. A vote in favor was unanimously approved 3/0.

- Board Member Nicely - yes
- President Boss - yes
- Board Member Baker - yes

D. Acceptance of the Finance Report:

(1) January 2020 Financials:

- Mr. Hamblin reported the following information:
 - Cash remains strong
 - Revenue is strong due to busy season
 - YTD 0.2% total patient revenue
 - Surplus YTD over \$2 million
 - Continuing to work on increasing SNF & Acute patients

(2) CFO Report:

- Mr. Hamblin reported the following:
 - CMS physician self-reporting total cost \$33.00

President Boss called for a motion to approve the January 2020 Finance Report and the CFO Report as presented. Motion by Board Member Nicely to approve January 2020 Finance Report and the CFO Report as presented. Second by Board Member Baker to approve the January 2020 Finance Report and the CFO Report as presented. President Boss called for the vote. A vote in favor was unanimously approved 3/0.

- Board Member Nicely - yes
- President Boss - yes
- Board Member Baker - yes

13. ADJOURNMENT:

President Boss called for a motion to adjourn the meeting at 3:50 p.m. Motion by Board Member Nicely to adjourn the meeting. Second by Board Member Baker to adjourn the meeting. President Boss called for the vote. A vote in favor of the motion was unanimously approved 3/0.

- Board Member Nicely - yes
- President Boss - yes
- Board Member Baker - yes



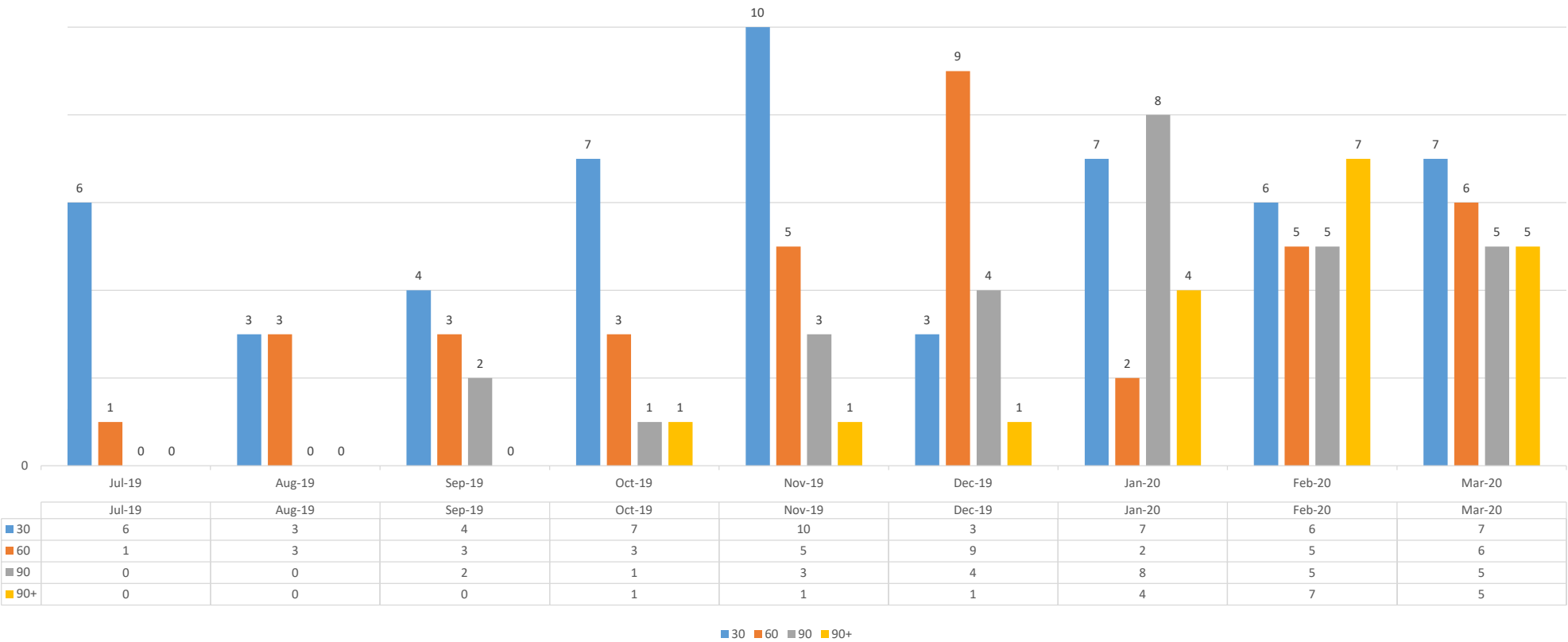
Board Report

March 2020

Staffing	Active: 213 – FT: 140 PT: 11 PD: 62 New Hires: 7 Terms: 3 (3 Voluntary 0 Involuntary) Open Positions: 10 Ongoing recruiting and monitoring for COVID-19 related staffing
Employee Performance Evaluations	DELINQUENT: See attachment 30 days: 7 60 days: 6 90 days: 5 90+ days: 5 – ED, RT, Administration See Attachment
Work Comp	NEW CLAIMS: 0 OPEN: 6 Indemnity (Wage Replacement, attempts to make the employee financially whole) - 4 Future Medical Care – 1 Medical Only – 1
Employee File Audit	FILE AUDIT: Complete HR will begin to audit employee I9's
Employee Morale	BVCHD Strong Ongoing Culture of Ownership Initiatives

Past Due Evaluations

12





Infection Prevention Monthly Report

March 2020

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory	<ul style="list-style-type: none"> ▪ Continue to receive updates from APIC. ▪ AFL (All Facility Letters) from CDPH have been reviewed. <ul style="list-style-type: none"> • Multiple AFLs have come in regarding Covid-19, as the situation is evolving daily. • Our hospital is prepared in the event we receive a patient suspected of having the novel corona virus. We have isolation procedures in order, signage, and are screening all patients for cough, fever, shortness of breath or contact with those who have been diagnosed with the coronavirus. ▪ Continue NHSN surveillance reporting. <ul style="list-style-type: none"> • No Hospital Acquired Infections to report. • New Daily reporting requirements to NHSN regarding bed/ventilatory availability and number of COVID-19 patients in house has been started. ▪ Completion of CMR reports to Public Health per Title 17 and CDPH regulations. <ul style="list-style-type: none"> • February – No reportable illnesses • March – 4 positive SARS CoV-2 have 	<ul style="list-style-type: none"> ▪ Review ICP regulations. ▪ AFL to be reviewed at Infection Control Committee and Regulatory committee. ▪ Continue Monthly Reporting Plan submissions.

	been reported and 1 positive gonorrhea	
2. Construction	<ul style="list-style-type: none"> ▪ Kitchen project complete, except for putting all furniture/appliances back in place 	<ul style="list-style-type: none"> ▪ Work with Maintenance and contractors to ensure compliance.
3. QI	<ul style="list-style-type: none"> ▪ Continue to work towards increased compliance with Hand Hygiene <ul style="list-style-type: none"> • 74% for February 	<ul style="list-style-type: none"> • Continue monitoring hand hygiene compliance.
4. Outbreaks/ Surveillance	<ul style="list-style-type: none"> ▪ February – 1 MRSA in ED patients, no C-diff ▪ March – 4 positive SARS Cov-2 1 gonorrhea 	<ul style="list-style-type: none"> ▪ Informational
5. Policy Updates	<ul style="list-style-type: none"> • Interim plans have been written for specifically for COVID-19, including an ED Plan, COVID-19 Plan, Guidelines for Use, Re-use and Decontamination of PPE, 	<ul style="list-style-type: none"> ▪ Clinical Policy and Procedure Committee to review and update Infection Prevention policies.
6. Safety/Product	<ul style="list-style-type: none"> • Continue working with EVS to obtain competencies and improve compliance with OR Cleaning through checklists and surveillance. • EVS has ramped up cleaning of high touch surfaces around the hospital to help combat COVID-19. 	<ul style="list-style-type: none"> ▪ Continue to monitor compliance with infection control practices.
7. Antibiotic Stewardship	<ul style="list-style-type: none"> ▪ Pharmacist continues to monitor antibiotic usage. 	<ul style="list-style-type: none"> ▪ Informational.
8. Education	<ul style="list-style-type: none"> ▪ ICP continues to attend the APIC meetings in Ontario when possible. ▪ Education to staff about COVID-19 and proper PPE Usage has been ongoing and will continue throughout the pandemic. 	<ul style="list-style-type: none"> ▪ ICP to share information at appropriate committees.

<p>9. Informational</p>	<p>Statistics on Immediate Use Steam Sterilization will now be included with the monthly surgery stats and reported to P&T Committee monthly.</p> <ul style="list-style-type: none"> ▪ February 1 IUSS/ 9 cases ▪ March – 0 IUSS/ 7 cases <p>*all elective surgeries have been put on hold as of 3-16-2020 due to pandemic.</p> <p>Culture Follow-Up</p> <ul style="list-style-type: none"> ▪ IP oversees culture follow-up process carried out by clinical managers. ▪ Average time for March was 2.14 days to resolution from time of culture result. <p>Official Flu Season</p> <ul style="list-style-type: none"> • Influenza season has been officially extended through April 30th by San Bernardino County. • Staff who have not received a flu shot will have to continue to wear a face mask through April. • We have taken steps to prepare for the current threat, which is Covid-19. We are screening patients at all entrances for respiratory symptoms, fever, and exposure to any person diagnosed with Covid-19. • We have plans in place for removing the SNF residents from the building to prevent exposure, increasing number of isolation beds, increasing number of ventilators available, and screening ED patients outside of the building. • The goal is to rapidly identify possible cases, isolate possible cases, and inform those who need to know, including staff, IP, administration and San Bernardino Dept of Public Health. 	<ul style="list-style-type: none"> ▪ Informational
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<i>Heather Loose, BSN, RN</i>	<i>Infection Preventionist</i>	<i>Date: March 31, 2020</i>



Bear Valley Community Healthcare District Annual Evaluation for 2019

A review of Bear Valley Community Hospital was conducted for the calendar year 2019 as required by the Center for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access hospitals. This annual report is submitted to the Board of Directors for review and acceptance.

The information for the review was completed through a coordinated effort by BVCHD management. The report was reviewed by the Administrative Team and by the Medical Staff Executive Committee.

Services, Providers and Volume

In 2019 BVCHD continued to provide quality healthcare services to the Big Bear Community through outpatient Primary Care services at the FHC and RHC as well as Inpatient, Skilled Nursing, Ancillary, and Emergency services at the hospital.

The ER experienced a 1.5% growth patient volume this year, inpatient, observation, and swing patient admissions decreased when compared to the prior year. The Distinct Part Skilled Nursing Unit continued to provide Long Term Care to residents and focused on the QAPI process in order to improve services and quality of care. The average length of stay on the Acute Inpatient Unit was 2.6 days, falling below the CAH requirement of 96 hours.

Services provided at the Outpatient Clinics include Primary Care, Mental Health, Chiropractic, Acupuncture, Podiatry, OB/GYN, Orthopedics and Dental services. There has been an effort to improve patient satisfaction and continuity of care by evaluating additional service lines and programs to benefit the community. The outpatient service volume for the FHC and RHC combined showed an overall increase of 5% in 2019.

Quality Program Review

BVCHD is committed to deliver the highest quality of care through the most cost-effective use of resources to patients, patient representatives, members of the community and visitors. The Quality Assurance Performance Improvement (QAPI) program is ongoing, comprehensive and

deals with a full range of services offered by the facility. The scope of the program encompasses all systems of care and management practices including but not limited to patient/family feedback, staff satisfaction, individualized patient care plans, clinical care and patient safety.

The purpose of QAPI in our organization is to take a proactive approach to continually improve the way we care for and engage with our patients, patient representatives, families and staff so we may support our mission to deliver the highest quality of care through the most effective use of resources to our patients. Employees shall participate in ongoing QAPI efforts which demonstrates the facility's commitment to providing high quality, compassionate care.

The organization uses Just Culture which is a system designed to balance the assessment of systems, processes and human behavior when errors occur. The goal as it pertains to Quality Improvement includes developing and embedding a culture of accountability that is just and fair, fostering an open and safe reporting system in which everyone is encouraged to speak up without fear of reprisal and creating an environment of shared learning that focuses on safe system design to help employees make better behavioral choices and promote patient safety in a challenging healthcare environment.

The overall goal of the Quality Improvement Committee is to provide a process for continuous improvement through collaborative efforts between organizational levels. The Quality Committee is supported by the Risk/Quality Subcommittee. The subcommittee integrates quality and risk management throughout the organization thereby providing a mechanism to identify opportunities for improvement through assessment, evaluation, recommendation, action and follow-up of significant occurrences, patient grievances and quality variances.

Oversight of the Quality Improvement Program is performed by the Medical Executive Committee (MEC) and the Governing Board. The Medical Executive Committee is responsible for the ongoing quality of medical care and professional services provided by all individuals with clinical privileges; and 1) participates in organization-wide measurement, assessment and improvement activities, 2) has representation as Chair of the Quality Improvement Committee, 3) approves the Quality Improvement Plan, and 4) involves Medical Staff members in the measurement, assessment and improvement of Important Functions and Processes, including Peer Review.

In conjunction with the Quality Improvement Committee, the Medical Executive Committee has oversight responsibility for Medical Staff-related Improvement activities. The Medical Executive Committee reviews utilization review, infection control, peer review, pharmacy and therapeutics, credentialing, risk management and safety activities impacting services.

The Governing Board is responsible to ensure the provision of optimal quality care and organization-wide performance within available resources. The authority to fulfill the goals of Quality Improvement function is delegated to the Medical Staff and the Administrative Team of BVCHD with the Governing Board's oversight.

The Quality Improvement Plan is evaluated to review the clinical and service activities BVCHD undertakes to improve outcomes. The evaluation is used to identify further actions and opportunities to improve the care and services BVCHD provides to the community.

The QI Committee consisting of the Administrative team, workgroup champions and appointed Board member meet on a monthly basis to discuss action plans and progress made in each area. Quarterly, the QI Committee and Department Managers meet to review dashboards and departmental QI initiatives. Annually, the QI program is reviewed to identify accomplishments and areas for continued improvement. In 2019 the QI Committee focused on the following programs: Patient Family Advisory Council (PFAC), BETA HEART, Culture of Ownership, and SNF QAPI. Workgroups were developed for Acute medication, Clinic Communication, ED Communication, Walk a mile, Readmissions. A “champion” was assigned to each of the work groups. The workgroups met on a regular basis to review performance data, identify areas in need of improvement and carry out and monitor improvement efforts.

Teams were developed to address specific target areas. Each team developed objectives and action plans.

- Patient Family Advisory Council (PFAC) -The council approaches opportunities to improve quality, safety and patient satisfaction. Patient and family advisors are valuable partners in efforts to reduce medical errors and improve the safety and quality of health care.

- BETA HEART -The BETA HEART program is a holistic approach to reduce patient harm.

The overall goals of the program are to develop an empathic and clinically appropriate process that supports healing of both the patient and clinician after an adverse event; ensure accountability for the development of reliable systems that support the provision of safe care; provide a mechanism for early, ethical resolution when harm occurs as a result of medical error or inappropriate care; and instill trust in all clinicians and patients.

- Culture of Ownership - The goal is to transform people through the power of values and to transform organizations through the power of people. The Culture of Ownership team aims to accomplish this by developing and delivering resources to promote values-based life and leadership skills.
- SNF QAPI (Quality Assurance Performance Improvement) -The focus of this groups is to take a proactive approach to improving the quality of life, care, and services in the skilled nursing facility. The activities of QAPI involve members at all levels of the organization to identify opportunities for improvement; address gaps in systems or processes; develop and implement an

improvement or corrective plan; and continuously monitor effectiveness of interventions.

2019 QI Program Accomplishments:

TARGET AREA	ACCOMPLISHMENTS
Patient Family Advisory Council (PFAC)	<ul style="list-style-type: none"> • Recruited new members • Beginning stages of patient advocacy program • Input regarding tele-psych program • Implemented “Daisy Award” Program • “What Matters to You in Healthcare” project • Department showcase • Feedback regarding hospital environment, perception.
BETA HEART	<ul style="list-style-type: none"> • Completed opt-in agreement requirements • BETA HEART year 2 award • GEMS Award nomination • BETA Tier II Award-Emergency Department • BETA HEART team members and champions for each domain continue to meet and work towards validation • Participated in BETA HEART workshops throughout year • Culture of Safety Domain: <ul style="list-style-type: none"> ○ Achieved validation ○ Completed SCORE survey with 97% response rate ○ BETA SCORE Survey debriefing for managers as a group ○ Conducted departmental SCORE survey debriefings ○ Conducted individual debriefs with each department manager ○ Developed SCORE Survey action plans that are reported regularly to QI Committee ○ Developed Patient Safety Newsletter • Rapid Event Detection, Investigation and Determination Domain: <ul style="list-style-type: none"> ○ Reviewed Risk Management policies ○ Emphasized importance of rapid event notification ○ More consistency with conducting RCA when indicated

	<ul style="list-style-type: none"> • Communication and Transparency Domain: <ul style="list-style-type: none"> ○ Achieved validation ○ Completed a BETA communication assessment ○ Participated in BETA Communication workshop ○ Maintained Communication Team and on-call schedule (using AOC schedule) ○ Communication After a Harm Event policy
Culture of Ownership	<ul style="list-style-type: none"> • Eva Pierce conducted Culture of Ownership training to Management staff • Posted daily positive empowerment tools near timeclocks • Posted Pickle Pledge posters in departments • Incorporated Culture of Ownership overview in New Hire Orientation • Two members of the team attended the Values Training train the trainer course in New Orleans • Received the CARE Grant funding for Joe Tye to conduct on-site assessment and training
SNF Quality Assurance Performance Improvement (QAPI)	<ul style="list-style-type: none"> • Continued routine SNF QAPI meetings with frontline staff. • Performance improvement plans (PIPs) identified and implemented. <ul style="list-style-type: none"> ○ Resident safety -Decrease in overall falls, safe patient handling training ○ Restorative program has helped to prevent skin integrity issues ○ Dietary and resident preferences ○ Physician documentation ○ Infection prevention ○ Monitoring residents on psychotropic medications ○ Staff education-Trauma Informed Care • Focus on marketing to increase census. • Successful CDPH and Federal survey November 2019.

2019 QI Workgroup Accomplishments:

TARGET AREA	ACCOMPLISHMENTS
Acute Medication	<ul style="list-style-type: none"> Assessed barriers to scanning Implemented communication tool for medication that is not able to be scanned Provided staff education
Clinic Communication	<ul style="list-style-type: none"> Attended QI Conferences- best practices Developed a patient follow-up phone call tool Identified staff champions Educated staff regarding difference between follow-up phone call program and “Callbacks” Educated Back Office staff on expectations Implemented patient follow-up calls Department manager reviews call backs on daily basis.
ED Communication	<ul style="list-style-type: none"> Implement and enforce bedside reporting Offered Zoom as an alternative way to attend staff meetings Redesigned Qualitick survey process-added mobile device app Implemented discharge follow-up calls using Qualitick Conducted staff huddles/debriefings following critical patients/events BETA Quest for Zero training focused on communication Implemented whiteboards Implemented EMT checklists
Readmission	<ul style="list-style-type: none"> Consistent involvement with High Desert HSAG Readmission committee Implemented follow up phones calls at intervals to help track readmissions Implemented LACE assessment tool Developed and implemented “teach-back” tools targeted at high risk diagnoses Involved RT in follow-up phones calls for COPD patients Involved pharmacy for medication education

	<ul style="list-style-type: none"> • Ensure patient has follow-up visit with PCP prior to discharge
Walk-a-Mile	<ul style="list-style-type: none"> • Managers worked with staff to remind them to be courteous • Lab-EVS walk-a-mile • EVS manager shadowed staff

District-Wide Accomplishments

District-wide	ACCOMPLISHMENTS
	<ul style="list-style-type: none"> • Successful Intranet implementation • Received Sierra Foundation MAT Grant • MBQIP onsite review • David Belson from CHA conducted an onsite survey at the Family Health Center to review workflow and efficiency • Implemented iSTAT in ED/Lab • CNO and Director Outpatient Services/QI attended the CHA Hospital Quality workshop • Dietary implemented Date Genie • Enforced departmental daily huddles • Maintained stop light boards • Successful ED Skills day • Implementation of Community Diabetes Education class • IT implemented KnowB4 to help educate on cyber attacks

2020 Plan

The Quality Improvement Plan consists of systematic and continuous actions that lead to measurable improvement in health care services. Indicators are developed to measure and monitor the performance of processes. Special attention is given to the development of indicators for those processes which are high risk, high volume, problem-prone, and/or offer opportunities for improvement. The goal of indicator development, data collection and analysis is to quantify the level of performance and stability of processes, to identify areas for performance improvement and to determine if performance improvement initiatives have met their goals.

Programs and workgroups will continue to be the backbone of the QI Program in 2020. BVCHD has elected to enroll in year 3 of the BETA HEART and Just Culture programs. Both programs focus on creating a culture of safety and promote culture change in the organization. Beta sets forth expectations for an organization-wide commitment that involves leadership and staff

training, development of policies and procedures, evidence of performance improvement strategies and development of teams to carry out the functions of the programs. One goal is to maintain validation in the Culture of Safety and Communication and Transparency domains as well as achieve validation in Rapid Event Detection and Care for the Caregiver domains of the BETA HEART program.

Workgroups meet regularly to review performance data, identify areas in need of improvement, to carry out and monitor improvement efforts. An emphasis will be placed on identifying clear objectives and goals. The teams will use a variety of QI approaches and tools, including Action Plans, Performance Improvement Plans (PIPs), Plan Do Study Act (PDSA) cycles, workflow mapping, assessments, audit and feedback, benchmarking, and best practices research. Workgroups may be dissolved once the objectives/goals have been met. Additional workgroups may be implemented as needs are identified.

An objective of the 2020 plan is to promote transparency and closed-loop communication. Transparency is a feature of a health care delivery system when information is made available to staff, patients and the community. The notion of transparency includes providing information about the District's performance in terms of safety issues, evidence-based practice, and patient satisfaction.

Results of quality improvement initiatives will be communicated as appropriate throughout the organization in order to share ideas, gain understanding of relevant processes, stimulate innovative improvement initiatives and promote collaboration. The staff is encouraged to participate by offering improvement suggestions formally or informally and through participation on teams. The findings, conclusions, recommendations, actions and results of interdepartmental or multi-disciplinary process improvement teams shall be reviewed at relevant hospital and departmental meetings.

Policies and Procedures

Patient Care and District policies are added, reviewed, revised and/or archived by action of the Board of Directors and the appropriate BVCHD departments and medical staff committees. Policies are scheduled for review on a biennial basis and whenever need for modification is recognized. Compliance with timely policy review is tracked by the applicable department director or manager and is reported to the Board of Directors through the Compliance program.

Policies were reviewed by the Policies and Procedure committee which included Sheri Mursick, Mary Norman, Kerri Jex, Christine Onufrak, and the Manager of the department policies being reviewed. Appropriate medical staff committees (P&T/IC, UR, IDCP) reviewed/approved policies prior to submission to the Medical Executive Committee (MEC). Policies were submitted to the governing board for approval.

The following policies were created reviewed, and/or revised in the past year:

Acute

1 annual review

Administration

32 annual reviews

Admitting

2 annual reviews

Anesthesia

7 annual reviews

Compliance

1 new policy: Anti-Kickback Statute

6 annual reviews

Diagnostic Imaging: 8 annual reviews

CT Scan: 6 annual reviews

Mammography: 26 annual reviews

Radiology: 2 annual reviews

Ultrasound: 6 annual reviews

Emergency Preparedness

3 annual reviews

Employee Health

10 annual reviews

Environmental Services

25 annual reviews

FHC/RHC

2 new policies: Cryotherapy and Scope of Service – Rural Health Center

11 annual reviews

General Accounting

2 new policies: Company Credit Card and Payroll Policy

11 annual reviews

Health Information Management

1 annual review

Human Resources

1 new policy: Lactation Accommodation

58 annual reviews

Infection Control

24 annual reviews

Laboratory

Blood Bank: 5 annual reviews

Chemistry: 1 new policy: Hemosure® Immunochemical Fecal Occult Blood Test (iFOB)

2 annual reviews

Hematology: 4 annual reviews

Lab Administration: 13 annual reviews

Microbiology: 4 annual reviews

Phlebotomy: 11 annual reviews

Materials Management

13 annual reviews

Nursing Administration

40 annual reviews

Pharmacy

67 annual reviews

Physical Therapy

19 annual reviews

Plant Maintenance

3 annual reviews

Risk Management

2 new policies: Adverse Drug Event Response and Investigation and Root Cause Analysis (RCA)

14 annual reviews

Skilled Nursing Facility

1 new policy: SNF Van

2 annual reviews

Staff Development

5 annual reviews

Surgery

30 annual reviews

Swing
3 annual reviews

Medical Staff Credentialing

Medical staff credentials and applications are reviewed by the Medical Executive Committee and the BVCHD Board of Directors. The following medical staff changes were completed in 2019:

Medical Staff Additions:

Marisa Wayt, PA- Family Health Center
 John Kuri, MD- Orthopedic Surgery
 Bryan Katz, DPM- FHC/SNF
 Michelle Saidel, MD- Tele-Psychiatry, Family Health Center
 Joshua Marshall, LCSW- FHC
 David Horner, MD- Family Medicine
 Jennifer Soh, DDS- Center for Oral Health
 Roxana Mendoza, RDH- Center for Oral Health
 Jennifer Nowotney, RDH- Center for Oral Health
 Vanessa Montano, RDH- Center for Oral Health
 Christopher Sagdahl, MD- Emergency Department Tele-Psychiatry
 David Sheski, MD- Emergency Department Tele-Psychiatry
 Vasileios Panagopoulos, MD- Emergency Department Tele-Psychiatry
 Cecile Matip, MD- Emergency Department Tele-Psychiatry
 Jeremy Busch, DPM- Podiatrist
 Sandeep Sagodkar, DO- Cardiology
 Jeremy Cox, DO- Cardiology
 Peter Joson, MD- Ophthalmologist
 Craig Robinson, MD- Emergency Medicine
 Wojciech Zolcik, MD- Emergency Medicine Tele-Psychiatry
 Eric Bossi, MD- Emergency Medicine Tele-Psychiatry
 Pei-Huey Nie, MD- Emergency Medicine Tele-Psychiatry
 Nicholas Brown, MD- Emergency Medicine Tele-Psychiatry
 Tanya Scurry, MD- Emergency Medicine Tele-Psychiatry
 Marina Katz, MD- Emergency Medicine Tele-Psychiatry
 Michael Chin, MD- General Surgery/ Vascular Surgery
 Damian D'Auria, DDS- Center for Oral Health

Resignations:

Donald Sicher, PA- Emergency Medicine
 Adam Kawalek, MD- Internal/ Emergency Medicine

Hetal Patel, MD- Emergency Medicine
 William White, MD- OB/Gyn
 Jennifer Nowotney, RDH-Center for Oral Health
 Roxana Mendoza, RDH- Center for Oral Health
 Vanessa Montano, RDH- Center for Oral Health

Contract Services

A listing of contracts is kept in Administration. Contracts are reviewed and evaluated at the time of contract initiation, renewal, or termination.

As part of the contract evaluation process the following contract obligations are evaluated:

1. Nature of the scope of the service defined in the contract
2. The contract requires contractor to meet State/Federal Regulations
3. The contract requires contractor to maintain General Liability, Workers Comp and Professional Liability Insurance
4. The contract requires contractor/its representatives to comply with the rules, regulations and policies of the facility and its medical staff
5. The contract requires contractor to submit, at the hospital's request, any documents, records and /or other information as may be requested
6. All requirements of the contract been met

Medical Record Review

In compliance with CAH regulations, a representative sample (at least 10%) of both active and closed clinical records were reviewed in the past year. Records addressed included inpatient, emergency room, and ambulatory records. Both Concurrent and retrospective reviewed were conducted for completeness, accuracy, informed consent, medical necessity, and adherence to protocols and standards of care.

Indicators that trigger medical record review may include:

hospital deaths, complications, readmissions, transfusions, adverse drug events, hospital acquired conditions, patient safety indicators, clinical quality measures, sepsis, codes, patients leaving against medical advice, cases involving patient and/or staff complaints about the clinical management of a case, and miscellaneous review requests.

Medical Record Review- Utilization Review and Compliance

Clinical record review is completed for ED, observation, inpatient, and swing bed admissions for documentation completeness, medical necessity and billing compliance. Results of admission and observation audits are reported to the UR committee. Nursing staff performs retrospective audits for documentation completeness and QI indicator compliance, results of the audits are reported to the QI committee. Medical staff documentation completeness is tracked by Health Information Management and reported to the Medical Executive Committee.

Medical Record Review- Quality Management

Concurrent and retrospective record reviews are conducted by the Clinical Data Analyst for the following quality measures:

- MBQIP EDTC measures submitted to Rural Health Solutions
- Outpatient and Inpatient Quality Reporting Program measures submitted to CMS via QualityNet
- CARES (Cardiac Arrest Registry to Enhance Survival) Reporting; directly reported to CARES
- Promoting Interoperability Measures submitted to CMS via QualityNet
- eCQMs for the Promoting interoperability Program submitted to CMS via QualityNet

Medical Record Review- Risk Management

Clinical records are reviewed on an as needed basis for those meeting criteria for RCA Root Cause Analysis, mini RCA, Serious Reportable Adverse Events, and incidental and reported cases representing risk management issues.

Medical Staff Peer Review-

The BVCHD Medical Staff performs peer review for hospital and clinic encounters. BVCHD uses an internal Peer Review process supplemented on an as needed basis by external expert review. Active and closed clinical records undergo review according to criteria established by the Medical Staff. Additional case review selections come through requests from Risk Management, Utilization Review, Compliance, Quality, and Medical or Nursing staff. Peer Review findings are discussed in the Medical Executive Committee. Findings are used in determination of clinical privileges, continued membership on the BVCHD Medical Staff, or other corrective or remedial action as appropriate. The Chief of Staff reports issues pertaining to Peer Review to the Board of Directors on an as needed basis.

Indicators that trigger selection or consideration for Physician Peer Review may include:

General Indicators:

Code Blue/ Respiratory Arrest

Unexpected Death

Unexpected Transfer to a Higher Level of Care

Unexpected Readmission for the Same Diagnosis Within 30 Days

Unscheduled Admission Following an Outpatient Procedure

Appropriateness of Admission/ Placement into Care Setting

Procedural Complaint (ICD9 Coded)

Untoward Outcome Related to the Use of Moderate or Deep Sedation

Error Related to the Prescribing of Medications

Autopsy Findings Differ from Listed Cause of Death

Surgical Complication (ICD9 Coded)

Unscheduled Return to Surgery

Unscheduled Transfer to a Higher Level of Care

Unscheduled Admission Following an Outpatient Procedure

Pathology Code 2-3

Post-Operative Infection
 Wrong Site/ Wrong Side Surgery
 Autopsy Findings Differ from Listed Cause of Death
 Patient Complaint

Emergency Care Specific Indicators:
 TPA Door to Drug Time > 30 Minutes
 TPA Eligible Patient Not Given TPA
 Inappropriate Transfer to Another Facility
 Unscheduled Return to the ED Within 72 Hours for the Same Complaint
 Admission Following Unscheduled Return to the ED Within 72 Hours
 Radiographic Film Read Discrepancy

Surgery Specific Indicators:
 Unscheduled Procedure/ Unplanned Removal of Organ
 Appropriateness of Procedure
 Choly – Lap or Open
 Appendectomy
 Total Joint (Hip or Knee)
 Hysterectomy- Abdominal or Vaginal

Anesthesia Specific Indicators:
 Complications with Epidural or Spinal Anesthesia
 New Onset Neurological Impairment Following Anesthesia
 Injury During Intubation

Cases reviewed by the Peer Review Committee in 2018 included the following generic and targeted case types and totaled 102:

Misdiagnosis
 Unexpected transfer to HLOC
 Return within 30 days for same diagnosis
 Readmission within 24 hours
 Patient Complaint
 Near EMTALA/ Possible EMTALA
 Missed fracture
 Fetal Demise
 Code Blue/ CPR unsuccessful/ Death
 Prescribing Practices

Scope of Services

Each clinical service impacting health and safety, including contract services, was evaluated and information is provided to the medical executive committee for their input.

The Emergency Department

The Emergency Department is licensed for 7 beds and sees approximately 11,000 patients per year. Average volumes increase seasonally with the opening of 2 ski resorts located within Big Bear Lake. The ED employs approximately 25 licensed nurses, and 8 Emergency Medical Technicians. A physician is on site 24 hours a day and midlevel coverage is available weekends and most holidays. Traditionally orthopedic coverage is contracted for weekends throughout the winter season.

The availability of life support equipment and skilled, competent staff to initiate emergency interventions is consistent in the Emergency Department on a 24 hour, seven day a week basis. Clinical functions (diagnostic, therapeutic or preventative) available in the Emergency Department include but are not limited to:

- Cardiac monitoring
- Ventilatory support
- Thrombolytic therapy
- Temporary pacing
- Electrical cardio version
- Cardiopulmonary resuscitation
- Hemodynamic support
- Treatment and report of assault/abuse
- Moderate sedation
- Lumbar punctures
- Splinting
- Gastric lavage

Acute/ Observation Services

The Acute Med/Surg/Tele Department is comprised of a total of nine (9) beds. The rooms have cardiac monitoring capabilities. There is a central telemetry monitor station located by the Acute and Emergency Department nurses station. The Emergency Department staff provides continuous monitoring of the telemetry monitor. Room 20 is designed for isolation. It is equipped with negative airflow and an anteroom.

The following types of patients requiring admission to the Med/Surg/Tele Department includes but are not limited to:

- Pulmonary disorders
- Cardiac disorders
- Neurological Disorders
- Renal disorders

- GI and Nutritional Disorders
- Orthopedic conditions
- Surgical conditions
- Medical disorders
- Infectious processes
- Endocrine and Metabolic disorders
- Oncological conditions
- Disorders of pediatric patients not requiring tertiary care
- Gynecological Disorders

Therapies include but are not limited to IV therapy, pain management, respiratory therapy and nutritional support. Monitoring includes but is not limited to telemetry, non-invasive vital signs, pulse oximetry, and blood glucose monitoring.

Swing Beds

The Swing Bed Program is a specifically designed program for short-term stays to assist patients in recovery and rehabilitation. Patients are cared for by personnel whose training has been directed toward meeting the physical, spiritual, cultural, emotional, and safety needs of patient's while respecting patient's rights. Our mission is to provide competent, compassion care to the patients of our hospital.

Patients can be admitted to BVCHD Swing Bed Program for rehabilitation following surgery or qualifying illness. This could be in the form of a transfer from another hospital or from our own Acute Care Services.

The Swing Bed Program is integrated with the Acute Care Services. On average, most patients are in the Swing Bed Program for 2-6 weeks.

Patients admitted to the Swing Bed Program are usually in the need, but not limited to, one or more of the following services:

- Physical Therapy
- Orthopedic rehabilitation
- Wound care
- IV antibiotics (that cannot be provided on an outpatient basis)

Skilled Nursing

The Skilled Nursing Facility-Distinct Part provides a home setting for residents of the Big Bear Valley. Our residents are cared for by personnel whose training has been directed toward meeting the physical, spiritual, cultural, emotional, and safety needs of each individual resident, while respecting their rights. It is the goal of the Skilled Nursing Facility staff to provide our residents with professional competent and compassionate care.

The Skilled Nursing Facility-Distinct Part consists of 21 licensed beds 20 of which are semi-

private and 1 private. Nursing care is provided to the residents 24 hours/day, 7 days/week by licensed staff. Visiting hours are designed to meet the needs of the residents and families. Special visiting provisions may be arranged at the discretion of the nursing staff in collaboration with the Director of Nursing or designee.

Therapies may include but are not limited to pain management, physical therapy, respiratory therapy and nutritional support. Monitoring may include to non-invasive vital signs, pulse oximetry, and blood glucose monitoring. If the level of care exceeds the scope and complexity of the Skilled Nursing facility, the Director of Nursing and Case Manager, in collaboration with the IDCP committee, shall make arrangements for transfer to appropriate level of care

Outpatient Clinics

The Family Health Center is comprised of a total of fifteen (15) treatment rooms. The rooms are equipped with equipment and supplies necessary to perform patient exams. Designated rooms at the clinic are suited for pediatric visits, chiropractic visits, telemedicine and OB visits.

The Rural Health Center is comprised of a total of two (2) exam rooms and a dental suite with three (3) dental chairs. The rooms are equipped with equipment and supplies necessary to perform patient exams. Designated areas are assigned for dental exams and procedures.

It is the responsibility of the providers to determine if the patient is appropriate for treatment at the clinic or requires referral for higher level of care. The Family Health Center provides care to pediatric, adolescent, adult and geriatric patients. The Rural Health Center provides care to adult and geriatric patients. Children not needing immunizations may be seen at the RHC.

Primary care services are provided at the Clinic. Conditions managed at the Family Health Center include but are not limited to:

- Routine medical exams/well adult exams
- Routine pediatric exams/well child exams
- Pulmonary disorders-not requiring tertiary care
- Cardiac disorders-not requiring tertiary care
- Neurological Disorders-not requiring tertiary care
- Renal disorders-not requiring tertiary care
- Infectious processes-not requiring tertiary care
- Endocrine and Metabolic disorders-not requiring tertiary care
- Oncological conditions-not requiring tertiary care
- Disorders of pediatric patients not requiring tertiary care
- Gynecological Disorders-not requiring tertiary care
- Low-risk obstetrics/pre-natal monitoring
- Mental Health- not requiring tertiary care
- Dental Exams

Specialty services offered at the clinic:

- Tele-behavioral health
- Orthopedics

- Podiatry
- Chiropractic care
- Accupuncture
- OB/GYN
- Chronic Pain Management
- Dental services

Rural Health Clinic Program

The Rural Health Clinic (RHC) program is intended to increase access to primary care services for Medicaid and Medicare patients in rural communities. An RHC is required to use a team approach of physicians working with mid-level providers to provide services. A nurse practitioner, a physician assistant, or certified nurse-midwife must be available to furnish patient care services at least 50 percent of the time the clinic operates. RHCs are required to provide outpatient primary care services and basic laboratory services.

Physical Therapy

The Physical Therapy Department provides direct patient care to the in-patients and out-patients of Bear Valley Community Healthcare District. The category of “out-patients” includes the Skilled Nursing Facility (SNF) residents and patients who are coming for services from their home.

Services are provided in a timely and professional manner, rendered with appropriate and effective treatments. Physical Therapy services are available at a minimum from 8:00 am to 5:00 pm Monday through Friday for in-patients and out-patients of all ages, from neonate to geriatrics, including Saturday, and holidays if determined PT is needed. In -patients are treated at bedside or in the hospital physical therapy department unless specific non-portable equipment is needed. Out-patients are seen in the Physical Therapy Department located across from the hospital. The Skilled Nursing Residents will be treated at bedside, the hallways for gait, hospital physical therapy department or brought to the Physical Therapy Building for care.

The Physical Therapy Department responds to requisitions for physical therapy by physicians. Due to the Direct Access Law in the state of California, a physical therapist can evaluate and treat for 12 visits without a physician’s referral. Direct access occurs when a patient comes on their own to the department for care.

An initial assessment of the patient’s functional ability, need for skilled therapy services, and their rehabilitation potential is made. With the initial assessment, a treatment plan of care (POC) is developed, and goals are set with the patient’s needs in mind including home equipment needs or suggestions to the nursing staff in the care of the SNF residents (out-patients) and in-patients, or Swing Bed patients. The treatment plan is then initiated with continual reassessment of the patients’ progress using appropriate research based testing.

In providing physical therapy services, the Physical Therapy Department administers physical therapy procedures and modalities to patients which include but are not limited to the following:

- Hydrocollater moist heat
- Ultrasound
- Myofascial Release
- Laser Therapy
- Soft tissue and joint mobilizations
- Electrical Stimulation
- Transcutaneous electrical nerve stimulation
- Cold packs
- Ice massage
- Cervical and Lumbar static traction
- Activities of daily living
- Functional activities training
- Gait training
- Therapeutic exercise
- Orthotic measuring and fitting
- Prosthetic training
- Paraffin bath
- Equipment needs
- Individual equipment ordering
- Patient/Family Education

The Physical Therapist has additional responsibilities as a consultant to the nursing staff and patients/residents of the SNF for wheelchair positioning, pain control issues, and evaluation of new patients/residents. The Physical Therapist attends the Interdisciplinary Care Plan (ICDP) meetings for the SNF residents, and Swing bed patients.

Respiratory Therapy

The Respiratory Therapy Department provides respiratory care to patients who have deficiencies and abnormalities of the cardio-pulmonary system.

The department is staffed by an in house or on-call Respiratory Therapist, licensed by the state of California, 24 hours a day, 7 days a week. Regular staffing hours are 7am – 7:30p.m. On-call hours are 7:30pm – 7am. On-call therapists are to be within 30 minutes of the facility

Services provided are safe, aseptic, preventative and restorative to neonate, pediatric, adolescent, adult and geriatric age groups.

Services include:

- Administration of pharmacological medications (via nebulization).
- Diagnostic and therapeutic agents necessary to provide treatment, disease prevention, pulmonary rehabilitation or a diagnostic regimen prescribed by a physician.
 - Administration of medical gases
 - Mechanical or physiological ventilatory support

- Broncho-pulmonary hygiene
- Cardio-pulmonary resuscitation
- Maintenance of artificial airways
- Collection and the analysis of arterial blood specimens
- Collection of sputum specimens
- Electrocardiogram
- External cardiac ambulatory telemetry
- Pulmonary function testing.
- Smoking Cessation offered to patients and employees

Mom and Dad Project

The Bear Valley Community Hospital (BVCH) Mom and Dad Project serves as a local parenting Education and Resource Center. The program offers parenting classes beginning with Child Birth, and going all the way through parenting a teenager. The BVCH Mom and Dad Project offers Evidence Based Nurturing Parent Curriculum, including Nurturing Pre-Natal, Nurturing Father, Nurturing Teen Parents, and all other Nurturing Programs. We also offer Co-Parenting/Blended Families – parenting intended for families who are trying to parent after a separation, divorce, or a new marriage.

The BVCH Mom and Dad Project also houses a Resource Center where referrals can be made for Doctor and Dental appointments, food stamps, transportation vouchers, help with applying for C4 Yourself, car seats, diapers, and many other services. The BVCH Mom and Dad Project is currently the only center in Big Bear to have WIC services available Monday's and Tuesday's in Big Bear.

Radiology

The Radiology department is staffed 24 hours a day, 7 days a week by an in house or on-call State Certified Radiologic Technologists. 60 Full time board certified Radiologists, are available 24 hours a day, 7 days a week. All diagnostic imaging studies are interpreted by a Radiologist.

Services are provided to all patients, including inpatient, outpatient and emergency. Services provided include: general diagnostic x-ray, fluoroscopy, mammography, ultrasound and computed tomography. Services are provided for all ages, including neonate, pediatric, adult, and geriatric.

Surgical Services

The Surgical Services Department consists of one maintained operating suite, two bed PACU and outpatient surgical services. The Care Delivery System is team Nursing and total patient care. Currently limited procedures are performed in the OR including ophthalmic, pain management and orthopedic specialties.

Laboratory

The laboratory operates twenty-four (24) hours a day, seven (7) days a week. A licensed clinical laboratory scientist available twenty-four (24) hours a day. During the hours in-house staffing is not provided, pathologists and appropriate technologists will be available by telephone or pager and able to respond within thirty (30) minutes or less.

Diagnostic Services provided by the laboratory include:

- Blood Bank
- Coagulation
- General and Special Chemistry
- Hematology
- Microbiology
- Serology
- Urinalysis

Pharmacy

BVCHD is licensed as a Hospital Pharmacy. The pharmacy provides pharmaceutical services to the ED, OR, Acute, and Outpatient Clinics. The pharmacy is responsible for the evaluation and approval of all medication orders within the hospital, policies and procedures to ensure safe medication administration and the ordering, procurement, stocking and monitoring of all pharmaceuticals.

The Director of Pharmacy is a member of the Pharmacy and Therapeutics committee, Medication Error Reduction Program, Antimicrobial Stewardship program, and is an active participant in the Quality program.

Nutrition and Dietary Services

The Nutrition and Dietary Services Department (NDS) manages food system operations for provision of meals to meet the nutritional needs of patients, visitors, and staff. Our team works diligently to enhance the health and well-being of our patients/customers and to deliver quality meals featuring locally sourced and sustainable ingredients. NDS provides quality meals and services to the following:

- Skilled Nursing Facility
- Acute Wing
- Emergency Department
- Staff and Community Members
- Community Outreach- Meals on Wheels

The Director of NDS oversees the day to day operations for the food service department and staff and, as a Registered Dietitian assists residents and patients in developing and maintaining nutrition and healthy lifestyle behaviors to enhance health and quality of life. The NDS RD

provides nutritional care and support for patients and residents which include:

- Medical Nutrition Therapy
 - Diabetes
 - Hypertension
 - Cardiovascular Disease
 - Renal
 - Hypercholesterolemia
 - Weight Loss
 - Weight Gain
 - Prenatal and Postnatal Nutrition
 - Food Allergies
- Nutrition Counseling and Nutrition Education
- Health Promotion
- Disease Prevention
- Development of Nutrition Policies and Procedures
- Approves and Oversees the Development of Therapeutic Menu Systems
- Assess the Nutrition Health Needs of the Patient
- Develops Nutrition Related Priorities, Goals and Objectives and Implementation of Nutrition

Case Management/ Utilization Review

Case Management department utilizes a collaborative practice model including patients, nurses, social workers, physicians, other practitioners, caregivers and the community. The Case Management process encompasses communication and facilitates care along a continuum through effective resource coordination. The goals of Case Management include the achievement of optimal health, access to care, and appropriate utilization of resources, balanced with the patient's right to self-determination. Utilization Management is a key function of the department and serves to ensure that the level of care of each patient is appropriate to the clinical need, and the payer source is provided sufficient clinical justification for reimbursement.

The Case Management Department is staffed by licensed nurses in order to provide a coordinated process for patient care planning. Care planning includes clinical needs, psychosocial needs, and discharge planning needs.

- **Staffing:** The department is staffed during normal business hours, Monday through Friday.
- **Responsibilities:** Case Management is responsible for and performs tasks relative to the function of Utilization Management, Discharge Planning, Social Services and Multi-Disciplinary review and care planning.
- **Documentation:** All patient care interventions will be documented on the patient record. Non-patient care will be documented in the appropriate manner as determined by Nursing Leadership. Further, for any electronic

documentation, the Department will have a down time system to address any time the electronic system is “down” or non-functional.

Infection Control

The infection prevention program addresses detection, prevention, and control of infections among patients and personnel. The scope of services depends on the patient population, function, and specialized needs of the healthcare facility. Key points of the Infection Prevention Program include but are not limited to: Surveillance of infections with implementation of control measures and prevention of infections, Outbreak Investigation, Policy and Procedure Review, Review of Infection Control Plan, Staff Education and Consultation. The Infection Preventionist serves as a resource for all staff and all departments regarding prevention of infections.

Health Information Management

The HIM Department is responsible for maintaining integrity of the patient’s medical record. The department ensures that the medical records are legible, complete, accurately documented, readily accessible and systematically organized. This is accomplished by, but not limited to the following:

- Chart assembly
- Chart analysis
- Chart storage (when appropriate)
- Chart retrieval
- Coding/Indexing of records
- Data abstraction
- Security/integrity/confidentiality of PHI/ePHI
- Correspondence

The department also performs duties that require collaboration with outside services such as, but not limited to:

- Transcription services
- Outside coding service
- Outside billing service
- Iron Mountain
- One Legacy
- Cancer Surveillance
- Vital Statistics

BioMed

BioMed is responsible for performing safety checks on equipment. All new equipment that has patient contact must have a safety check performed before it is put into service. A new BioMed service contract was established in 2018 with Agility, at the start of the contract every piece of medical equipment was inventoried and logged for safety check review intervals.

Environmental Services

EVS maintains a clean and orderly environment throughout the district and works closely with infection prevention to ensure correct sanitation procedures are in place. Services include cleaning the faculties, supplying clean linen, washing SNF Resident's belongings, washing cubicle curtains, supplying supplies, such as chemicals to clean with, paper products, traffic control when helicopter lands, assist maintenance department, emergency, and other departments as needed. Security is on premises 7 days a week from 10:00 p.m. to 6:30 a.m., other hours security is all staff responsibility.

Plant Maintenance

Plant Maintenance performs preventative maintenance and maintains the work order system for repairs needed. The department maintains fire drill and logs and educates staff on Life Safety rules and regulations.

Patient Financial Services

Patient Financial Services is responsible for daily billing and collections that play a critical role in the organization's financial viability. Services are done onsite and offsite in coordination with TrueBridge. Services include insurance eligibility, verification and billing, denial management, financial counseling, revenue reporting, insurance and government program contracting, insurance and government program credentialing and cash collections from insurance companies, patients, grants and contributions federal and state funding and miscellaneous cash collections.

Accounting

The accounting department is responsible for development and implementation of a comprehensive financial management system for the District that includes centralized accounting, financial reporting and budget services. The department is responsible for payroll administration, accounts payable, Medicare and Medi-Cal cost reports, State Controller Reporting, OSHPD financial reporting, all financial audits, charge master, charge capture, capital assets reporting, activity based costing, and budget management and administration.

Information Technology

The IT Department provides technical support and maintenance of hardware, software and appliances throughout the district. The department maintains the integrity and security of the network and provides help desk services. Clinical informatics maintains and educates staff on the Electronic Medical Records and provides quality metric abstraction and reporting services.

Patient Access

Patient Access is responsible for collecting, organizing and registering each patient's information so that medical professionals can provide care. Financial information is obtained and verified to ensure accurate billing and point of service collections for services rendered.

Purchasing

The Purchasing Department provides efficient and responsive procurement services in order to obtain high quality goods and services at reasonable costs.

Human Resources

The Human Resources department maintains employee records and assists in the education and counseling of employees. The department tracks annual evaluations, certifications and maintains relationships with organized labor representatives.

Employee Health

The Employee Health program ensures that staff are compliant with BVCHD's requirements for employee health standards and immunization status. Employee health establishes an employee health record for each new hire that includes verification of passing the hiring physical, TB screening, and review of required immunizations. Annually Employee health offers the influenza vaccine, and TB screening. Employee injuries and First Aid are tracked and reported to Human Resources.

Administration

Administration is responsible for organizational management of the healthcare district, provides leadership, and works closely with the Board of Directors to provide strategic direction.

Recommendations

The Critical Access Hospital program continues to meet our needs from both a financial and clinical perspective. Based on a financial analysis BVCHD continues to benefit from the CAH status as compared to the proposed payments if BVCHD were to be a PPS hospital. The FY 2018 Cost Report showed a favorable impact of \$1,094,238 for the year from CAH status as compared to payments it would have received as a Prospective Payment System Hospital. The district is in a favorable financial position moving forward.

As presented in the Strategic Plan, BVCHD is in the mountains but not isolated from state and national market forces impacting the fundamental economics of today's healthcare delivery system. BVCHD expects further decline in our inpatient and SNF census but have ample opportunity for substantial growth in our outpatient and post-acute care service lines.

In 2020 it is recommended that BVCHD continue to provide all current services and consider the following opportunities for improvement and expansion of services:

- Continue strategic planning for facility upgrades to comply with 2030 seismic regulations.
- Further expand services offered in association with the chronic pain management program, utilizing funds provided by the PRIME Grant, including alternative therapies and inpatient medical stabilization.
- Implement tele-psychiatry services in the ED
- Continue development of the role of the Patient and Family Advisory Committee within the District's current structure, including the exploration of options to allow for direct communication with the Board of Directors in order to comply with the CalHIIN Patient and Family Engagement metrics.
- Investigate outpatient service line additions such as wound care services, urgent care center, echocardiogram, cardiology, elective surgery.
- Pursue community outreach and education programs that support CHNA findings
- Maintain and support the Just Culture program including training for all management and staff, as well as further developing the purpose and procedures for use of the "guide team".
- Work with BETA Healthcare Group to continue implementation of the HEART program with focus on the five domains which include: Culture of Safety, Rapid Event Detection, Investigation and Determination, Communication and Transparency, Care for the Caregiver, and Early Resolution.
- Continue development of the outpatient surgery department, including endoscopy. Pursue contracts with Heritage Medical group in order to recruit and sustain patient volume.
- Evaluate IEHP contract vs current reimbursement structure in order to recruit and sustain SNF resident census.
- Evaluate SNF RN staffing in relation to desired star rating.
- Pursue grant funding for Emergency Department Substance Use Navigator positions, work in coordination with Ca Bridge program to develop ED Bridge MAT program.

- Revise and standardize Job descriptions, physical requirements for each job class and the employee evaluation process.
- Continue expansion of adding contractual relationships with Health Insurance groups to ensure access to care for members of the Bear Valley Community.
- Collaborate with UCR to develop Rural Health Residency Program with target date of June 2020
- Consider expansion of mobile dental services offered in coordination with the Rural Health Center.
- Foster relationships with community organizations by supporting community-based programs and events such as Tour de'Big Bear, Polar Plunge, etc
- Pursue strategies for implementation recommended in the 2019 Community Needs Assessment for the following areas: Access, affordability, mental health, substance abuse, obesity,

MAIN REPORT**Financial**

Payor Mix	Current year 2019	Prior year 2018	% Change
Medicare	17.8	19.4	-8.25
Medicaid	37.8	39.8	-5.03
Other Third Party Payors	40.8	37.2	9.68
Charity Care		-	
Other – Private Pay	3.6	3.7	-0.1

*Data Source: 2018/2019 per Revenue by Financial Class

Volume and Utilization of Services**1. Capacity**

9 beds are available for inpatient, observation and swing bed patients, however, due to past census numbers we only staff for 5 beds. The patient census did exceed 5 patients during the last year during which times additional staff were brought in to accommodate the increased census. 21 beds are available within the Skilled Nursing Facility. The ED has 7 licensed beds, overflow areas are utilized during peak volumes.

2. Volume

Utilization of services was reviewed as outlined in the table below.

Volume	Current year 2019	Prior year 2018	% Change
Inpatient days	349	330	5.76
Inpatient discharges	124	139	-10.8
Inpatient Average Daily Census	0.9	1.0	-10
Swing Bed patient days	185	200	-8.1
Swing Bed discharges	14	13	7.69
Swing Bed Average Daily Census	0.5	0.6	-16.67
Skilled Nursing Facility patient days	5,776	6,802	-15.1
Skilled Nursing Facility discharges	13	12	8.3
Skilled Nursing Facility Average Daily Census	15.8	18.6	-15.1
Observation Admissions	62	29	113.8
ER visits	11,959	11,774	1.57
Inpatient Surgeries	0	2	-200

Outpatient Surgeries	145	137	5.84
Clinic Visits	25,360	23,820	6.5
Medical Imaging Procedures	17,113	16,344	4.7
Laboratory Tests	98,126	100,860	-2.71
Physical Therapy / Occupational Therapy Visits	6,010	4,975	20.8

*Data Source: 2018/2019 Cost Report and Financial Statements

3. Average Length of Stay

The average length of stay for the year was 2.8 days. The average for all patients in a 12-month period is less than 96 hours in accordance with the CAH Conditions of Participation (COP) 485.620(b).

Average length of stay is tracked and reported to the Utilization Review Committee.

Average Length of Stay	Current year 2019	Prior year 2018	% Change
Inpatient average length of stay (days)	2.8	2.6	7.69
Number of patients (or %) with LOS of more than 96 hours	4.9%	3.1%	58.1
Swing Bed average length of stay (days)	15.4	13.8	11.6
Observation average length of stay (days)	1.18	1.1	7.27
Emergency Department Visits	11,959	11,774	1.54

*Data Source: CPSI/Evident Census Days Stay report

4. Medical Necessity Reviews

The Case Manager screens every inpatient and observation patient to determine if provider documentation supports the level of care status. Staff utilizes Interqual criteria or the Two Midnight Rule for completing the initial screening. The Case Manager screens any Swing bed admission. Continued stay reviews are completed Monday – Friday by the Case Manager for payment authorization. Reports are submitted to the Utilization Review Committee for review and discussion.

5. Transfers

Based on data published by the Agency for Healthcare Research and Quality (AHRQ), in 2008 approximately 8.3% of Emergency Department visits in a rural hospital resulted in an inpatient admission, compared to 16% for non-rural hospital ED visits. Given that a CAH may offer fewer services than the average rural hospital and it is expected to achieve a 96-hour average length of stay or less, there is no expectation that every CAH is expected to admit 8% of its ED patients. This benchmark can however provide a useful starting point for assessing compliance.

Need for higher level of care as well as lack of specialists (General Surgery, Neurology, and Cardiac) comprise the majority of transfers. In 2019 the UR committee meeting reviewed transfers to determine if there is a reasonable proportionate relationship among the transfers and admissions to BVCHD. It is recommended that the UR committee further evaluate transfers this year to determine the number of transfers that could be admitted to BVCH if specialty services such as cardiology, neurology, orthopedics and surgery had been available.

Transfers & Admissions	Current year 2019	Prior year 2018	% Change
Inpatient Transfers	4.5%	6%	-1.5%
Emergency Department Transfers	7.7%	7%	0.7%
% Admissions from the Emergency Department	1.6%	1.5%	0.1%

*Data Source: CPSI/Evident Transfer report

Review of Services and 2019 Accomplishments

Review of Nursing Services-

Each patient care service affecting patient health and safety, including contract services, were evaluated based on activity (volume), patient/client/resident satisfaction if available and clinical outcomes. Each department is responsible for developing departmental indicators each year that reflect the scope and complexity of the department.

1. Acute /Swing Beds

As is the current healthcare trend, Inpatient census has been declining. Medicare's Two Midnight rule has helped clarify the appropriate level of care upon admission. Observation services are still sporadic. UR reports show a slight upward trend in length of stay. It is recommended that UR continue to review length of stay and a team be generated to initiate daily care management rounds on all patients on the Acute and Swing units.

The patients that have utilized our swing beds have expressed satisfaction with the care received and a few have converted to long term residents.

2. Emergency Department

A new ED Director was hired in March of 2019. Volumes in the Emergency Department have consistently been seasonal, with peak volumes experienced during the winter months. Seasonal staff was hired to accommodate the increase in patient volume. The ED received the Beta Quest for Zero Tier One award by achieving 100% compliance of nurses for training in Communication.

3. Surgical Services

Surgical services continued to expand this year with the addition of Dr. Kondal performing elective general surgery one day per month. Dr. Pautz continued the orthopedic surgery program and Dr. Tayani continued to perform cataract procedures once a month. The surgery department purchased new arthroscopic equipment and was able to start performing arthroscopic surgeries again.

4. Long Term Care/Skilled Nursing Facility

The SNF experienced a successful survey conducted by CDPH. Following the survey, the SNF DON, in collaboration with the Regulatory Committee, submitted a Plan of Correction. The SNF saw a decrease in census in 2019. The referrals and inquiries for the SNF department remain consistent, but financial arrangement and insurance issues have been identified as primary drivers for the lack of admissions.

Review of Ancillary Services

5. Respiratory Therapy/Cardiopulmonary

Respiratory Therapy continued to support the Nursing units by providing services related to the cardiopulmonary needs of the patients. The Department Supervisor continued to focus on ensuring the department meets criteria for regulatory compliance and improving the patient experience for respiratory services. The RT department submitted a POC to CDPH for blood gas analyzer maintenance testing, the POC was accepted and in place. The department is preparing to offer Echocardiogram services in 2020.

6. Medical Imaging

The Medical Imaging department saw a 4.7% increase in volume. Renaissance Radiology group continues to support the department through offsite reading of images.

7. Laboratory

The laboratory continued to support outpatient services and worked closely with the Emergency Department to improve blood administration process and safety, as well as implemented the ISTAT program to improve Point of Care testing in the ED in order to improve result times and patient experience. Acquired back-up Hematology analyzer; upgraded Micro ID/sensitivity and Coag analyzers. Updated Blood Emergency Release policy, standardized process, lab to deliver the blood product. Created reference checklist for lab techs. Excellent, improved performance on CLIA-mandated proficiency testing (PT). No CMS-regulated unsuccessful analytes. Implemented Point of Care i-STAT testing in the ED for Troponin, Chem 8+, and Lactate. Implemented Info HQ Program to monitor QC performance, operator competency, and interface results. Created individualized QC Plan (iQCP) for i-STAT CLIA moderate-complexity testing to reduce the frequency of running QC. Lab Manager organized the annual Health Fair with 25 participating groups, lab glucose and cholesterol testing, and several screening programs. Participated in Clinical Skills Days to provide training and improve processes for blood transfusions, glucose meters, blood and culture specimen collections, and blood culture contamination. Worked closely with ICP, Pharmacy Director, and microbiologists on Antibiotic Stewardship, MIC/Susceptibility reporting, Annual Antibigram, and CA Lab Response Network. Lab Manager and Microbiology CLS completed CDC Packaging and Shipping Training. Lab Manager attended the Sentinel Clinical Labs Bioterrorism Workshop at the San Bernardino County Department of Public Health Laboratory in Ontario. Lab Manager attended incident command training and completed all national FEMA NIMS training courses. Transitioned Microbiology oversight from one CLS to two additional CLSs. Provided support to FHC for CLIA waived testing and converted to new strep & hCG kits. Updated all lab job descriptions. Updated hundreds of lab Chargemaster items to ensure accurate reference lab billing and ref lab order/result interface. Implemented special order process & pathologist approval of Molecular Diagnostics Testing, flow cytometry testing, and expensive esoteric testing. Cost-savings initiatives: Remel microbiology media, BD blood collection devices, hCG test, HPG contract compliance

- Improved lab Quality dashboard scores in blood administration, lab errors, # of variances, and blood culture contamination. Added new QI indicator for proficiency testing performance.
- Worked with RT Supervisor on regulatory issues, problem solving, QC and PT improvements
- Lab Manager is Member of Culture of Ownership Task Force
- Researched PAMA regulations for independent labs and worked with Patient Accounts and Risk Manager – not required to report.
- No patient complaints in 2019
- No physician complaints/variances in 2019

8. Physical Therapy

Physical Therapy continued to see outpatients and support District wide services such as Swing beds, the SNF, and the PRIME program. The PT department purchased several new pieces of small equipment to better serve the patient population.

9. Outpatient Clinics

In 2019 the clinic continued to focus on stabilizing existing service lines and improving access to care by placing an emphasis on walk-in and same day appointments. The outpatient service volume showed an overall increase of 5% in 2019. An automated telephone appointment reminder system is used in efforts to decrease no show visits. The no show rate in 2019 was 18% which was slightly higher than 2018. The same day appointment rate held steady at 11% which is comparable to 2018.

Provider recruitment continues to be an on-going process. Recruitment has consisted of a combined effort of using local resources, recruiting agencies and advertisement.

The clinic continues to support and build programs to serve the local community, notable projects from 2019 include PRIME- Chronic Pain Management, Vaccines for Children, Reach out and Read, Virtual Dental Home, Medication Assisted Treatment (MAT), Diabetic education and smoking cessation classes, expansion of mental health services, expansion of dental services, vaccination clinics, and Comprehensive Perinatal Services Program (CPSP).

The FHC experienced a successful CDPH recertification survey, and a VFC program compliance audit.

10. Dietary / Food Service

A new RD was hired in December of 2019. Dietary continues to contribute to patient care by providing meals specific to diet orders and patient needs. The “A” rating for food service by the county was maintained. The department focused on improving consistency in food labeling and outdate monitoring, an extensive QI monitoring program was implemented and carried out. 39,838 meals were served in 2019.

11. Mom and Dad Project

In 2019 the Mom and Dad Project retained over \$600,000 in grant funding for our program, trained two staff members to become Master Trainers in the Nurturing Parenting Curriculum, that can be used to generate revenue in order to sustain programming. 82 parents graduated through the Nurturing Parenting Program shown to reduce factors associated with Child Abuse and Neglect. A Latino Outreach Coordinator was hired so all classes and services can be offered in Spanish.

A grant for \$110,000 was awarded to obtain a mobile dental unit, that can also be used for offsite medical at schools, churches, etc. An additional staff member was hired for the dental program, Oral Health Navigator. AND we received funding to hire an RDA to get the mobile unit up and going (from January-December).

The Department Director earned a Certificate in Nonprofit Technology, and the Program Manager became a trainer for San Bernardino County for his Fatherhood program.

1,000 books were provided to the FHC through our Reach Out and Read Program, 219 Early Childhood Oral Health Assessments were completed, 123 children/families were connected to a dental home (RHC or FHC) and 110 families were connected to a medical home (FHC).

Review of Support Services

1. Health Information Management

In 2019, HIM completed the process of bringing the Release of Information back inhouse. It was previously outsourced through a vendor who handled all requests for records except for the patients who came to the front counter. Now all requests, including subpoenas are completed by the HIM Clerks. Our total numbers have increased from about 350/month average to 600/month average and this includes the images at time of service. We started this process at the end of 2018 and completed it fully at the beginning of 2019.

In 2019, patients are also able to receive their paper records through secure email. We are not able to send images; however, we can send reports and results. This has been a huge help to patients who live off the mountain.

In 2019, there was also a clean-up process where all the records that needed to be retained were sent to Iron Mountain for storage and records that could be destroyed were shredded.

HIM strives to find ways to straddle the compliance fence of protecting the integrity and confidentiality of the medical record and at the same time give the patient the access that is needed.

2. Information Technology & Clinical Informatics

The IT Department implemented a new program called KnowBe4 that helps staff to recognize potential phishing scams. A security assessment was completed and the department continues to work on the implementation of the plan in order to protect the district against cyber threats.

3. Patient Access

In 2019 Patient access completed 24,494 patient registrations. Patient Access revised the pre-registration process to reduce wait times for patients that have radiology appointments. Patient Access Clerks that work in PBX verify authorizations for upcoming surgical procedures and diagnostic radiology. PBX clerks also perform the screening process to qualify patients for the Soroptimist Mammogram Program. In addition, the clerks working in PBX have begun scanning medical records at the point of service. They also post payments that patients bring in when they receive a bill from the hospital.

ER clerks are now responsible for creating radiology imaging discs for emergency room patients, especially for those that are about to be transferred to a different facility. Patient Access is required to know a wide variety of information in order to provide the community with the best information possible.

4. Environmental Services

Started cleaning OR and doing a complete detail of surgery after all surgeries; linen awareness to all departments; got a new extractor to deep clean carpets; got a new protexus sterilizer to help sanitize isolations, surgery, and general cleaning.

5. BioMed

A new BioMed contract was established in 2019. A complete inventory of medical equipment was completed along with consolidation of service contracts into the overall biomedical services program.

6. Plant Maintenance

Multiple facilities projects were completed including a major repair of gas lines. The Department continues to focus on life safety compliance and has assisted administration in strategy planning for seismic compliance.

7. Purchasing

A new Manager was hired. Plans for review of the department in coordination with QHR Health have been initiated.

8. Human Resources

HR oversees the onboarding and employee files for all employees with in the district. New employee orientation was held on a bimonthly basis. HR decreased staffing this year with

the retirement of a long time employee.

9. Administration

BVCHD strengthened its financial standing and made significant progress toward the strategic planning and development of the District's move towards seismic compliance. The District achieved multiple awards through BETA Healthcare Group including, Tier 1 and Tier 2 Quest for Zero, HEART validation in 2 domains (Culture of Safety/ Communication and Transparency), and a GEM award for the annual Culture of Safety Newsletter. A new Community Health Needs Assessment was completed, and several consulting agreements and assessment were carried out by Quorum Health Resources. Of note, in early 2020 BVCD received an award, named as Best Performing Critical Access Hospital, from QHR Health.

Additional Reports

Infection Control

To be added upon completion

Medication Management

Pharmacy and Nursing reviewed medication errors in 2019 and categorized the errors by the standard elements of performance. Medication errors and near misses were documented through the variance system. Medication incidents increased this year, partially due to the campaign to increase compliance in reporting errors and near misses by educating staff on non-punitive methods of investigation and process improvement for error reduction purposes. The top three elements of performance in relation to reported errors and near misses were found to be: Administration, Prescription Order Communication, and Dispensing. Nursing and Pharmacy will collaborate on a plan of action for process improvement and present a Medication Error Reduction Plan for 2020. The MERP will be presented to the Pharmacy and Therapeutics Committee and the Medical Staff.

Medication Error Reduction Plan 2019

Medication Error Reduction Plan Survey Facility Questionnaire

(This document is provided as guidance to the facility for the provision of information related to the MERP survey. The specific use and completion of this form by the facility is optional; however, in absence of its use the facility should otherwise be able to provide the following information as requested.)

Directions: Please provide all information as requested. Supporting documentation may also be provided.

Facility name: **BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT**

Address: **41870 GARSTIN DRIVE**

City and Zip Code: **BIG BEAR LAKE, CA, 92315**

Form completed by/title/phone number:
Colin Campbell/ Director of Pharmacy/ 909-878-8209

Date completed: _____

Question A.

Is there a method to address each of the "procedures and systems" listed under subdivision (d) of H&SC 1339.63

so as to identify weaknesses or deficiencies that could contribute to errors in the administration of medication?

Yes, please describe below.	No, proceed to question B.
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H&SC 1339.63(e)(1): Each facility's plan shall...Evaluate, assess, and include a method to address each of the procedures and systems listed under subdivision (d) to identify weaknesses or deficiencies that could contribute to errors in the administration of medication (including, but not limited to, prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use).

Question A facility guidance:

- What methodology is utilized for evaluating each of the procedures and systems to identify weaknesses or deficiencies which could contribute to medication errors?
"Method" is defined, in part, as a procedure or process. The methodology by which this is done might include, but is not limited to, evaluation of external alerts (e.g. CDPH AFLs, FDA Alerts, etc.); medication pass observations; MUEs, analysis of medication error reports to identify system vulnerabilities, etc.
- **Each of the 11 procedures or systems** must be evaluated and assessed to identify weaknesses or deficiencies.
- **How often are you evaluating and assessing each of the procedures and systems** to identify weaknesses or deficiencies that could contribute to medication errors? When was this last done?
- Have any weaknesses or deficiencies been identified that could contribute to medication errors? If so, what were they and when were they identified?

Procedure or System:	Methodology:	Evaluation frequency:	Date last completed:	Weaknesses or deficiencies identified:	Date identified:
Prescribing: IN PATIENT ORDERS	CPSI reports & direct observations Variance reports MUEs QAPI studies Annual: 77/85 = 91%	Quarterly	12/2019	I/P CPOE = 54 % ED CPOE = 82 % using T-System CPOE drug selection T/O & V/O Found unapproved abbreviations, prn without indications, timing and frequency of orders is a challenge	1/2019
Prescription order communications: OUT PATIENT ORDERS	Orders Review Order verification Chart audits 12/12 = 100%	Daily but reported quarterly	12/2019	This relates ONLY to discharge prescriptions	1/2019
Product labeling:	Nurses' notes/communications Bar code medication scanning ISMP recommendations (TALL MAN lettering) 121/141 = 86%	Daily but reported quarterly	12/2019	14% of Bar codes did not scan properly-function of manufactures changing codes/generics	1/2019
Packaging and nomenclature :	ISMP review on Repackaging of Pharmaceutical Products 52/53 = 98%	Quarterly	12/2019	None	1/2019

Compounding :	Assessment of compounded product potency & quality Labelling checks 20/20 = 100%	Quarterly	12/2019	No issues	1/2019
Dispensing:	No dispensing done at this facility	Annually	12/2019	None	1/2019
Distribution:	Formulary changes Pyxis reports tALL man lettering used Clinical alerts on Pyxis FDA & BOP recall processing Fridge monitoring ISMP reports/communications 112/119 = 94%	Quarterly/monthly	12/2019	None	1/2019

Procedure or System:	Methodology:	Evaluation frequency:	Date last completed:	Weaknesses or deficiencies identified:	Date identified:
Administration:	Med-pass evals Variance reports Controlled Substance diversion reports Pyxis Discrepancies Reversal agents Fentanyl patches 163/184 = 89%	End of daily shifts & reported quarterly	12/2019	Heparin use Fentanyl patch use Reassessment of pain HER knowledge	1/2019
Education:	Pharmacist 30hours of CE every 2 years Nursing Competency Testing on Skills days	Quarterly	Pharmacist CE done 2018- due March 2020 Nursing skills day quarterly 10/2019	Ongoing training Nurses at 29/34 =85%	1/2019
Monitoring:	Patient monitoring Variance reports Chart Audit for Drug Utilization Evaluation CURES reporting 93/107 = 87%	PRN and addressed immediately & evaluated monthly & reported quarterly	12/2019	Patient BP, HR, Pain not always assessed before administration	1/2019
Use:	DUE's External event monitoring & adoption of	Quarterly if possible	12/2019	None	1/2019

	Best practices (ISMP, ASHP) 66/68 = 97%				
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Question B

Since the previous MERP survey, has the plan been modified when weakness or deficiencies are noted to achieve the reduction of medication errors?

Yes, please describe below.	No, proceed to question C.
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H&SC 1339.63(e)(3): Each facility's plan shall...Be modified as warranted when weaknesses or deficiencies are noted to achieve the reduction of medication errors.

Question B facility guidance: <ul style="list-style-type: none"> • Were weaknesses or deficiencies identified for any of the 11 procedures and systems? If yes, please indicate the date. • If weaknesses or deficiencies were noted was the plan modified? If yes, please indicate the date and provide a brief summary of how the plan was modified. • Was there follow-up done to assess effectiveness of the plan modification? If yes, please indicate the date. 					
Procedure or System:	Date identified	Weakness identified	Plan modification	Date initiated	Follow-up assessment done
Prescribing:	12/2018	I/P CPOE = 54 % ED CPOE = 82 %	% reported to MEC monthly by MD and order type- on the job retraining	1/2019	12/2019
Prescription order communications:	12/2018	Order timing & frequency issues Found unapproved abbreviations, prn Rx without indication	MD retraining	1/2019	12/2019
Procedure or System:	Date identified	Weakness identified	Plan modification	Date initiated	Follow-up assessment done
Product labeling:	12/2018	25% of Bar codes did not	Pharmacist to scan all new NDC before	1/2019	12/2019

		scan properly in 2017/2018	distribution. RN to forward non-scanning labels to Pharmacist with patients' info		
Packaging and nomenclature:		None			
Compounding:					
Dispensing:					

Procedure or System:	Date identified	Weakness identified	Plan modification	Date initiated	Follow-up assessment done
Distribution:		None			
Administration:	12/2018	Vigilant software for IV pumps still not working correctly Barcode med scanning improved but still a challenge	Company coming out with solution 1/2020 All meds reviewed when purchased for updated barcode	1/2019	12/2019
Education:	12/2018	Need to complete training for nursing in 2019 = 85% in December- is an ongoing process	Annual training/skills days on going	1/2019	12/2019
Monitoring:	12/2018	None			

Question C.

Has an annual review been done to assess the effectiveness of the implementation of the plan for each of the procedures and systems listed under subdivision (d) of H&SC 1339.63?

Yes, please describe below.	No, the questionnaire is completed
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H&SC 1339.63(e)(2): Each facility's plan shall...Include an **annual review** to **assess the effectiveness** of the implementation of **each of the procedures and systems** listed under subdivision (d). H&SC 1339.63(d): ...procedures, and systems, including but not limited to, prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Question C facility guidance:

- The annual review of the organization's MERP plan should be approximately every 12 months.
- The methodology used to assess effectiveness should provide objective and relevant evidence that informs policy decision makers in the evaluation and development of corrective actions to effectively reduce medication errors.

Procedure or System:	Annual review date (required)	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
Prescribing:	December	July	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Procedure or System:	Annual review date (required)	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
Prescription order	December	July	<input checked="" type="checkbox"/> Yes	

communications:			<input type="checkbox"/> No <input type="checkbox"/> N/A	
Product labeling:	December	July	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Packaging and nomenclature:	December	July	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Compounding:	December	July	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Procedure or System:	Annual review date (required)	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
Dispensing:	December	July	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Distribution:	December	July	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Administration:	December	July	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Procedure or System:	Annual review date (required)	Interval review date(s) (optional):	Does the annual review demonstrate assessment for effectiveness?	Comment:
Education:	December	July	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Monitoring:	December	July	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Use:	December	July	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

End of Questionnaire

Emergency Preparedness Annual Program

Bear Valley Community Healthcare District has designed an Emergency Preparedness Program in order to maintain effective systems during natural disasters or other emergencies that may disrupt the organization's ability to provide care and treatment to the community. The goals of the Emergency Preparedness Program are to provide plans that may be implemented during times of disaster; increase availability of resources for the continuation of patient care during an emergency; establish actions to prepare for, mitigate, respond to, and recover from the effects of a disaster or emergency; and provide compliance with applicable codes and regulations.

The Annual Summary and Emergency Preparedness Plan is based on evaluation of BVCHD's All-hazards Emergency Management Plan and the Hazard Vulnerability Analysis developed by the Emergency Preparedness Committee and approved by the Safety Committee. The need for change and/or adjustments in the Emergency Preparedness Program is determined by the annual HVA, patient population, demographics, and current trends.

Hazard Vulnerability Analysis for January 2019- December 2019:

BVCHD

Hazard and Vulnerability Assessment Tool

Naturally Occurring Events

Event	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	* Relative threat
Score	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
	2	3	2	2	2	2	2	48%
	1	2	3	3	1	1	3	24%
Reference - BVCHD	0	0	0	0	0	0	0	0%
	1	1	1	2	1	1	2	15%
Alert Type	1	1	1	2	2	2	3	20%
Active Shooter	3	1	1	3	2	2	1	56%
Bomb Threat	1	2	1	1	2	1	1	15%
Building Move	3	2	1	1	2	2	2	56%
Chemical Exposure, External	3	3	2	2	2	2	2	72%
Civil Unrest	2	3	2	2	2	2	2	48%
Communication / Telephony Failure	3	1	2	2	1	1	1	44%
Dam Failure	1	3	3	3	3	3	2	31%
Drought	1	2	3	2	3	2	2	26%
Earthquake	3	2	3	3	1	1	1	61%
Epidemic	1	1	2	2	3	2	2	22%
Evacuation	0	0	0	0	0	0	0	0%
Explosion	2	1	0	1	3	2	3	37%
External Flood	1	1	0	2	2	2	2	17%

Fire	1	2	2	2	2	2	1	20%
Flood	1	2	2	2	2	2	2	22%
Forensic Admission	1	3	2	2	2	2	2	24%
Gas / Emmissions Leak	0	0	0	0	0	0	0	0%
Generator Failure	2	1	0	1	2	2	2	30%
Hazmat Incident	3	2	1	1	2	2	2	56%
Hazmat Incident with Mass Casualties	1	2	0	1	2	2	2	17%
Hostage Situation	1	2	3	2	2	2	1	%
Hurricane	1	1	2	2	3	2	3	24%
HVAC Failure	2	0	0	1	2	2	0	19%
Inclement Weather	2	1	0	0	2	2	2	26%
Infectious Disease Outbreak	1	1	1	1	3	3	2	20%
Internal Fire	1	3	1	1	2	2	2	20%
Internal Flood	1	1	0	1	2	2	1	13%
IT System Outage	1	2	1	2	2	2	1	19%
Landslide								
Large Internal Spill	1	1	1	1	3	3	3	22%
Mass Casualty Incident	1	3	0	2	2	2	2	20%
Natural Gas Disruption	2	1	0	2	2	2	2	33%
Natural Gas Failure	1	0	0	1	1	2	1	9%
Other	1	0	0	1	2	2	3	15%
Other Utility Failure	2	0	0	1	2	2	3	30%
Pandemic	1	2	1	2	2	2	2	20%
Patient Surge	2	1	0	0	1	1	2	19%
Picketing	1	1	2	2	2	2	2	20%
Planned Power Outages	2	1	1	1	2	3	3	41%
Power Outage	1	1	0	2	2	1	3	17%
Radiation Exposure	2	3	1	1	2	2	3	44%
Seasonal Influenza	2	1	1	2	2	2	2	37%
Sewer Failure	1	1	1	1	3	2	2	19%
Shelter in Place	1	2	2	2	2	2	1	20%
Strikes / Labor Action / Work Stoppage	3	1	1	1	2	2	1	44%
Suicide	1	3	3	3	2	2	1	26%
Supply Chain Shortage / Failure	0	0	0	0	0	0	0	0%
Suspicious Odor	2	1	1	1	2	3	2	37%

Suspicious Package / Substance	1	3	1	1	3	2	2	22%
Temperature Extremes	0	0	0	0	0	0	0	0%
Terrorism	2	0	0	1	1	1	2	19%
Tornado	1	3	1	1	2	2	2	20%
Transportation Failure	1	1	1	2	2	2	2	19%
Trauma	3	2	1	2	3	2	2	67%
Tsunami	3	2	2	2	2	2	3	72%
VIP Situation	2	2	2	2	3	2	1	44%

2019 Emergency Preparedness Program included:

Drills:

Name of Drill:

Earthquake Tabletop Exercise –This was the first drill of the year and as such, consisted of a comprehensive HICS overview coupled with a PowerPoint presentation of an earthquake scenario for management staff to participate in. The drill was planned to be about 2.5 hours. The goal was to focus on HICS roles and to highlight how the communication should flow between these roles during a disaster. Staff was also able to practice using HICS forms and documenting as if this was a real event. 15 managers and staff members participated.

Name of Drill:

Coalition Surge Test –This was designed to be a tabletop exercise intended to practice rapidly evacuating a given number of beds within San Bernardino County. ICEMA chose BVCHD to be one of the hospitals to participate in the drill on 6/12/19. The scenario was that there was a fire threatening the Big Bear Valley and resources were limited; making evacuation was necessary. Staff was able to practice the evacuation process utilizing the MOUs, HICS evacuation tracking forms, ICEMA resource request forms, etc. Due to conflicting real-time events, several staff members who had intended on participating were not able to do so; a total of 6 staff members actively participated.

Name of Drill:

The Great Shakeout - 10/17/19. The Emergency Preparedness team felt this was a successful drill with good awareness given to all players. The majority of available BVCHD staff participated and acted appropriately for their area of focus. Employees understood direction to drop, cover and hold on. Once cleared, employees took direction to evacuate to a pre-determined location for debriefing. Participant Evaluation Forms showed that staff found value in this drill and appreciated this drill and felt very well-informed. Staff was encouraged to look around their work spaces to remove any potential hazards. Staff was also encouraged during the debrief to download the MYSHAKE app that the state has developed in an effort to increase reaction time.

Name of Drill:

HICS Roles Trainings – The managers at BVCHD expressed a sense of discomfort when asked to function in several of the HICS positions. For this reason, the Disaster Committee decided to hold some role-specific trainings so that all of the participants received the same trainings. Each of the four drills were specific to one role; this allowed all “players” to speak openly and discuss what each role entails and highlight differences in each one as well as how they complement each other in Incident Command. This setting also allowed managers who have experience in a certain position to share their knowledge with those who perhaps have never functioned in that role. Upon review of the Participant Evaluation forms, it seems that most participants felt that they learned quite a bit about the intricacies of each role and about the HICS chain of command. The trainings were as follows: 9/30/19 Incident Commander; 10/1/19 Operations Section Chief; 10/24/19 Planning Section Chief; 11/4/19 Safety Officer. The team may offer two additional trainings in 2020 for the Liaison Officer and Logistics Section Chief roles.

Name of Drill:

Hospital Primary Gas Line Failure (*actual event*) – 10/31/19. Director of Facilities and maintenance staff worked with City of Big Bear Lake Public Works Department, Engineering, several vendors, and Bear Valley Paving to remedy the situation in as little time as possible. During this event, it was identified that the facility needed additional isolation valves at the main gas lines so that future repairs would be less difficult.

Name of Drill:

California Statewide Drill (SWMHE) – BVCHD participated in the 11/21/19 and conducted a tabletop exercise to continue to allow staff to use the HICS knowledge from recent trainings. The team created a PowerPoint presentation to more effectively present the events outlined in the MSEL. The 2019 scenario was that the area was flooding and that the floodwaters did reach the hospital; specifically, the front lobby and the SNF. Large parts of the Big Bear community were without power and some areas were without water or sewer. During the drill, BVCHD was able

to practice implementing a surge plan as the scenario dictated that many residents were coming to the hospital for shelter, medical care and some just to make inquiries. Managers that participated in this drill were able to apply knowledge from recent HICS trainings and practice using HICS forms including the IAP. During this drill, it was found that the HAM radios used were insufficiently powered and were unable to reach the county repeaters, so the team was unable to communicate with ICEMA. It was also evident during this drill that the majority of the players had no training or previous interaction with BVCHD's emergency radios, HAM radios, or the 800MHz radio. 12 staff members participated in this drill.

Name of Drill:

Power Outage (*actual event*) – This was a valley wide power outage that took time for the local electric provider to address and correct. The district was able to continue normal operations under emergency power until normal functions came back online. Maintenance staff evaluated all department's needs during the outage. The Dietary department was able to use natural gas and continue to provide meals to residents and staff during this outage. Emergency lights were activated so that patients and staff could safely navigate through the buildings. It was identified that radio components were not connected to emergency power. Radio communication was down for approximately 1 hour during the power failure. During this time, runners were used to communicate throughout the district.

Education

Jacob Phillips and Michael Mursick completed Essential EOC Operations Section/Positions Specific training on May 7, 2019.

Jacob Phillips, Joanne Merrill, and Michael Mursick attended the 2019 Southern California Preparedness Summit on May 8, 2019.

Joanne Merrill attended the CHA Disaster Planning Conference in Pasadena, CA. The conference was held September 10-11, 2019

Community Partnerships:

Hospital Planning Partners

The BVCHD Emergency Preparedness Coordinator serves on the Leadership team for the County Hospital Preparedness Planning Partners, as well as participates in all meetings and activities associated with the coalition. The HPP coalition meets quarterly to discuss disaster planning topics and provide education to hospitals throughout the county. HPP coordinates efforts with the County of San Bernardino Department of Public Health Preparedness and Response Program and Inland County Emergency Management Association.

Mountain Mutual Aid

A representative from BVCHD attended the Mountain Mutual Aid group. Mountain Mutual Aid meets quarterly to coordinate resources on the mountain, develop MOUs, and coordinate disaster planning efforts among key agencies involved in community response.

Health Emergency Local Planning Partners

A BVCHD representative attends the HELPP meetings in San Bernardino County. HELPP meets quarterly to disseminate information regarding health emergencies and arising health issues in the population. This workgroup was utilized in 2015 to coordinate and dispense Ebola policies and procedures.

BVCHD Emergency Preparedness Committee

The BVCHD Emergency Preparedness Committee meets at least 6 times per year to develop and revise Emergency Preparedness Policies, plan disaster drills, and assess preparedness issues within the facility. The Emergency Preparedness Committee reports to the Safety Committee and maintains authority and responsibility for the implementation and evaluation of the Emergency Management Plan.

Review of Program Objectives:

The 2019 objectives for Emergency Preparedness were as follows:

- Plan and document a minimum of 4 disaster drills based on the 2019 HVA.
 - 3/27/19 – Earthquake Tabletop Exercise
 - 6/12/19 – Coalition Surge Test
 - 6/27/19 – Decontamination training and certification – 7 staff members certified
 - 10/17/19 - Participate in the Great Shakeout
 - 9/30/19, 10/1/19, 10/24/19, 11/4/19 - HICS structure, roles and documentation
 - 10/26-10/31/2019 – Actual Event: Hospital Primary Gas Line Failure
 - 11/21/19 - Participate in the California Statewide Drill
 - 12/17/19 – Actual Event: Power Outage – affected entire District
- Implement Disaster Tracking procedures in order to evaluate validity of HVA
- Inventory disaster equipment
 - Develop maintenance/ use logs
 - Assess equipment availability and needs
 - Continue to maintain storage shed to ensure equipment is easily accessible if needed
- Purchase Shelf-Stable Emergency Food
 - Purchase emergency food supply that will be good for 5+ years
- Increase collaboration with outside agencies
 - Attend HP3 and HELPP meetings
 - Contribute to Mountain Mutual Aid collaborative
 - Participate in the HP3 Coalition Surge Test to further build and foster relationships with outside agencies (ICEMA, local EMS, etc.)

- Improve Disaster communication procedures
 - Continue testing and training on satellite phone use
 - Train management staff on GETS card use and encourage monthly testing
 - Participate in HP3 monthly radio checks with 800mHz radio
 - Train management staff regarding WebEOC use during external disasters
 - Begin the upgrade process for ReddiNet equipment
- Increase understanding of Hospital Incident Command structure and associated roles throughout the facility
 - Continue monitoring compliance with ICS 100, 700 & 906 for managers
 - Provide additional training for management staff, with opportunity to practice hospital command procedures and documentation
- Update Emergency Management Plan and Procedures
 - Revise all policies in collaboration with the Emergency Preparedness Committee, Safety Committee and Policy & Procedure Committee – (ongoing)
 - Ensure all policies complete the review and approval process including the BVCHD Board of Directors
 - Expand Continuity of Operations Procedures
 - Developed an AOC cart with various HICS forms, contacts, Incident Command Vests, etc. to be stored in the main conference room as it is likely to be the site of Incident Command in the event of a real disaster.
- Ensure compliance with grant requirements and documentation
 - Submit all required documentation to DPH/ICEMA
- Improve Workplace Violence policy
 - Review and update current policies and practices to comply with Cal-OSHA requirements
 - Report to OSHA as required per regulations
 - Develop and/or maintain mandated workplace violence logs
 - Mandatory CPI Training annual for all hospital staff that encounter patients to review de-escalation skills

Review of Program Effectiveness

Objective	Status
Plan and document a minimum of 4 disaster drills based on the 2019 HVA.	8 Disaster drills were documented in 2019
Implement Disaster Tracking procedures in order to evaluate validity of HVA	Actual events included a power outage, primary gas line failure. No wildfire approached BVCHD this year.

Inventory disaster equipment	Equipment was inventoried, will continue to plan over the next several years to replace equipment and expand disaster resources.
Increase collaboration with outside agencies	BVCH attended HELPP, HP3 and MMA meetings throughout 2019.
Improve Disaster communication procedures	Management and departments have the GETS cards. Staff is encouraged to do monthly tests on the GETS cards they have been issued. Began participating in 800Mghz radio checks with ICEMA. Collaborating with Fire Department and ICEMA regarding radio communication procedures and equipment. During the 2019 SWMHE, it was discovered that the handheld HAM radios were unable to hit some county repeaters. The EP team plan to work with ICEMA in 2020 to obtain radios with increased power to remedy this problem. A roster was developed for staff members who have an active amateur radio license to assist with HAM radio communication. BVCH is currently working with ReddiNet to upgrade the current system. Targeted staff members were trained to use WebEOC and the EP team would like to expand this training to additional staff members in 2020.
Increase understanding of Hospital Incident Command structure and associated roles throughout the facility	Four trainings were held for management staff in an effort to increase awareness and knowledge of HICS roles and responsibilities. These trainings were well-received by all involved.
Update Emergency Management Plan and Procedures	Emergency Preparedness committee reviewed policies and procedures in 2019. HazMat policy is has been revised to reflect actual process and is pending approval. An AOC cart was developed and stored in the main conference room for use in the event of a disaster. The cart is stocked with HICS forms, Incident Command vests, external and internal contact information, etc. The cart contents are somewhat fluid as items are

	continually added as additional recommendations are made. In 2019 BVCH had one manager certified as a HERT trainer. This manager successfully trained 7 staff members to create a HERT Team.
Ensure compliance with grant requirements and documentation	All grant documentation has been turned in.
Improve Workplace Violence policy	Implemented annual mandatory CPI training for all staff. CPI training allows staff to review de-escalation skills annually. BVCH previously had two trainers but in 2019 a third person was certified to facilitate this training for staff.

Accomplishments

- Successfully completed 8 disaster drills including 4 HICS role-specific trainings for management staff
- Completed and submitted grant requirements to DPH
- Maintained/ developed relationships and partnerships with community stakeholders
- Inventoried Disaster Supplies
- Successfully purchased emergency food supply that does not expire until June 2029
- Revised some of the Emergency Preparedness policies; more are in review for 2020
- AOC cart development
- Developed a HERT Team with 7 successfully trained staff members

Emergency Preparedness Objectives for 2020:

Based on the 2019 Emergency Preparedness Program Summary, focus will be on the following objectives in 2020:

- Plan and document a minimum of 4 disaster drills based on the 2019 HVA.
 - Participate in the California Statewide Drill, involving community collaboration
 - Participate in the Great Shakeout
 - Test surge capabilities and response
 - HICS structure and documentation
 - Decontamination training and certification
- Utilize Disaster Tracking procedures in order to evaluate validity of HVA

- Inventory disaster equipment
 - Continue multi-year plan to replace expired equipment and increase available disaster resources.
 - Train staff on disaster equipment access and use
 - Contact outside resources to obtain training on emergency water supply
- Increase collaboration with outside agencies
 - Attend HP3/ HELPP meetings
 - Contribute to Mountain Mutual Aid collaborative
- Improve Disaster communication procedures
 - Maintain routine participation of testing of 800mHz radio with HP3
 - Continue to encourage monthly testing of GETS cards with management staff and departments with cards
 - Work with ICEMA to obtain radios with high power output to enable BVCH to reach the county repeaters in the event of an emergency
 - Train management staff regarding WebEOC use during external disasters
- Continue to increase understanding of Hospital Incident Command structure and associated roles throughout the facility
 - Continue monitoring compliance with ICS 100, 700 & 906 for management staff
 - Provide additional training for management staff, with opportunity to practice hospital command procedures and documentation
 - Recommend targeted management staff and Emergency Preparedness Coordinators attend training at CDP in Anniston, Alabama
- Update Emergency Management Plan and Procedures
 - Revise all policies in collaboration with the Emergency Preparedness Committee, Safety Committee and Policy & Procedure Committee
 - Ensure all policies complete the review and approval process including the BVCHD Board of Directors
 - Expand Continuity of Operations Procedures
- Ensure compliance with grant requirements and documentation
 - Complete 2020 grant requirements
 - Submit all required documentation to DPH/ ICEMA
- Institute Workplace Violence Plan
 - Review and update current policies and practices to comply with Cal-OSHA & SB 1299 requirements
 - Continue to report to OSHA as required per regulations
 - Conduct Facility assessment to determine workplace violence risks and associated plan of correction

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
SPECIAL FINANCE COMMITTEE MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, CA 92315
March 10, 2020**

MEMBERS Perri Melnick, Treasurer

Garth Hamblin, CFO

PRESENT: Steven Baker, 2nd Vice President
John Friel, CEO

Shelly Egerer, Exec. Asst.

STAFF: Mary Norman

COMMUNITY

MEMBERS: None

ABSENT: None

OPEN SESSION

1. CALL TO ORDER:

Board Member Melnick called the meeting to order at 12:00 p.m.

2. ROLL CALL:

Perri Melnick and Steven Baker were present. Also present were John Friel, CEO, Garth Hamblin, CFO and Shelly Egerer, Executive Assistant.

3. ADOPTION OF AGENDA:

Board Member Melnick motioned to adopt the March 10, 2020 Finance Committee Meeting Agenda as presented. Second by Board Member Baker to adopt the March 10, 2020 Finance Committee Meeting Agenda as presented. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Melnick - yes
- Board Member Baker- yes

CLOSED SESSION

1. PUBLIC FORUM FOR CLOSED SESSION:

Board Member Melnick opened the Hearing Section for Public Comment on Closed Session items at 12:00 p.m. Hearing no request to address the Finance Committee, Board Member Melnick closed the Hearing Section at 12:00 p.m.

2. ADJOURN TO CLOSED SESSION:

Board Member Melnick motioned to adjourn to Closed Session at 12:01 p.m. Second by Board Member Baker to adjourn to Closed Session at 12:01 p.m. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Melnick - yes
- Board Member Baker- yes

OPEN SESSION

1. CALL TO ORDER:

Board Member Melnick called the meeting to order at 12:40 p.m.

2. RESULTS OF CLOSED SESSION:

Board Member Melnick stated there was no reportable action from Closed Session.

3. PUBLIC FORUM FOR OPEN SESSION:

Board Member Melnick opened the Hearing Section for Public Comment on Open Session items at 12:40 p.m. Hearing no request to address the Finance Committee, Board Member Melnick closed the Hearing Section at 12:40 p.m.

4. DIRECTOR'S COMMENTS:

- None

5. APPROVAL OF MINUTES:

A. February 11, 2020

Board Member Melnick motioned to approve February 11, 2020 minutes as presented. Second by Board Member Baker to approve the February 11, 2020 minutes as presented. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Melnick - yes
- Board Member Baker- yes

6. OLD BUSINESS:

- None

7. NEW BUSINESS*

A. Discussion and Potential Recommendation to the Board of Directors Resolution No. 20-460: Increasing Credit Card Limit to \$15,000:

- Mr. Hamblin reported this was discussed at last month's meeting and a resolution has been drafted to increase the current credit card limit to \$15,000.
- The committee asked that additional verbiage be added to the resolution and provide the full Board a copy of the revised resolution.

Board Member Baker motioned to recommend to the Board of Directors Resolution No. 20-460 with recommended changes as discussed. Second by Board Member Melnick to recommend to the Board of Directors, Resolution No. 20-460 with recommended changes as discussed. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Melnick - yes
- Board Member Baker- yes

8. PRESENTATION AND REVIEW OF FINACIAL STATEMENTS*

A. January 2020 Finances:

- Mr. Hamblin reported the following information:
 - Strong financial results
 - \$634,000 surplus
 - YTD total revenue is 0.2% higher than budget

- Operating revenue is higher than budget
- Operating expenses have increased
- Surplus is \$175,000 ahead of budget
- SNF census continues to be down

The committee asked if the district was prepared to handle the corona virus if/when the illness reaches Big Bear. Mr. Friel reported that meetings are taking place to discuss the concerns of the virus and ensure we are prepared for patients and staff safety.

B. CFO Report:

- Mr. Hamblin reported the following information:
 - CMS:
 - May 2014 self disclosed payments to physicians without agreements in place. We have the total fee of \$33.00 was due to CMS.

Board Member Baker motioned to approve the January 2020 Finance Report and CFO Report as presented. Second by Board Member Melnick to approve the January 2020 Finance Report and CFO Report as presented. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Melnick - yes
- Board Member Baker- yes

9. ADJOURNMENT*

Board Member Melnick motioned to adjourn the meeting at 1:01 p.m. Second by Board Member Baker to adjourn the meeting. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Melnick - yes
- Board Member Baker- yes



Contract Cover Sheet

Contract Name: Kaustubh Patankar, MD
 Purpose of Contract: CARDIOLOGY SERVICES CLINIC
 Contract # / Effective Date / Term/ Cost: 4-9-20 - 4-8-2022
 Originating Dept. Name / Number: _____

Department Manager Signature: _____ Date: _____
 BAA: ☒ Yes ☐ No W-9: ☒ Yes ☐ No

<u>Administrative Officer</u>	Signature: <u>NA</u>	Date: <u>NA</u>
<u>HIPAA/Security Officer</u> (Software/EHR Related)	Signature: <u>NA</u>	Date: <u>NA</u>
<u>HIPAA Privacy Officer</u> (BAA applicable)	Signature: <u>NA</u>	Date: <u>NA</u>
<u>Legal Counsel</u>	Signature: <u>via email</u>	Date: <u>4/3/20</u>
<u>Compliance Officer</u>	Signature: <u>Mary Norman</u>	Date: <u>3/25/20</u>
<u>Chief Financial Officer</u>	Signature: <u>[Signature]</u>	Date: <u>26 MAR 2020</u>
<u>Chief Executive Officer</u>	Signature: _____	Date: _____
<u>Board of Directors</u> When Applicable	Signature _____	Date: _____

- | | |
|--|-------------|
| 1. Final Signatures on Contract, BAA & W-9: | Date: _____ |
| 2. Copy of BAA forwarded to HIPAA Privacy Officer | Date: _____ |
| 3. Copy of Contract/BAA/W-9 forwarded to Department Manager: | Date: _____ |
| 4. Copy of Contract/BAA/W-9 forwarded to Contractor (if applicable): | Date: _____ |
| 5. Copy of Contract/BAA/W-9 scanned/mailed to Controller: | Date: _____ |

Contract Cover Sheet

CONFIDENTIAL NOTICE:

Note: This document and attachments are covered by CA Evidence Code 1157 and CA Health and Safety Code 1370.
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 Updated 07/2019



**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
PHYSICIAN AGREEMENT FOR SERVICES AT THE RURAL HEALTH CLINICS
WITH
KAUSTUBH PATANKAR, MD
dba
CARDIOLOGY SPECIALIST**

THIS PHYSICIAN AGREEMENT ("Agreement") is made and entered into as of the 09th day of April 2020 by and between Bear Valley Community Healthcare District (a public entity), ("Hospital") and Kaustubh Patankar, M.D. dba as Cardiology Specialist ("Physician").

RECITALS

WHEREAS, Hospital, is the owner and operator of a general acute care hospital located in Big Bear Lake, California. Hospital has a federally approved hospital-based 95-210 Rural Health Clinic located at two sites known as the Family Health Center and the Rural Health Clinic ("the Clinic"), under which Hospital may contract with physicians and physician extenders to provide medical treatment to the Clinic's patients.

WHEREAS, Physician is licensed by the Medical Board of California to practice medicine and is qualified to perform cardiology services for the Clinic's patients.

WHEREAS, Hospital desires to retain the services of Physician to provide professional medical services, and Physician desires to so contract with Hospital to furnish those services.

NOW THEREFORE, in consideration of the mutual covenants, undertakings and promises contained herein, as well as other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, and intending to be legally bound hereby, the parties hereto agree as follows:

AGREEMENTS

SECTION I. RESPONSIBILITIES OF PHYSICIAN.

- A. SERVICES. During the term of this Agreement, Physician agrees to the following:
1. Physician shall provide professional physician services at the Clinic on an as needed basis as agreed upon by Hospital and Physician.
 2. Physician shall maintain medical records for all patients consistent with standard industry practices and shall provide such other record keeping and administrative services as may be reasonably requested by Hospital. All medical records remain the property of the Hospital.
 3. Physician shall cooperate with any quality management and utilization management programs instituted by Hospital.
- B. ACCESS TO BOOKS AND RECORDS. If the value or cost of Services rendered to Hospital pursuant to this Agreement is Ten Thousand Dollars (\$10,000.00) or more over a twelve- month period, Physician agrees as follows:

1. Until the expiration of four (4) years after the furnishing of such Services, Physician shall, upon written request, make available to the Secretary of the Department of Health and Human Services (the "Secretary"), the Secretary's duly-authorized representative, the Comptroller General, or the Comptroller General's duly-authorized representative, such books, documents and records as may be necessary to certify the nature and extent of the cost of such Services; and
2. If any such Services are performed by way of subcontract with another organization and the value or cost of such subcontracted services is Ten Thousand Dollars (\$10,000.00) or more over a twelve (12) month period, such subcontract shall contain, and Physician shall enforce, a clause to the same effect as subparagraph 1. immediately above.

The availability of Physician's books, documents, and records shall be subject at all times to all applicable legal requirements, including without limitation, such criteria and procedures for seeking and obtaining access that may be promulgated by the Secretary by regulation. The provisions of subparagraphs 1. and 2. of Section I.B. shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

- C. Physician will not carry out any of the duties of the Agreement through a subcontract.
- D. ETHICS. In performing services under this Agreement, Physician shall use his/her best and most diligent efforts and professional skills; perform professional supervisory services; render care to patients in accordance with and in a manner consistent with the high standards of medicine; conduct himself/herself in a manner consistent with the principles of medical ethics promulgated by the American Medical Association; and comply with the Hospital's rules and regulations.
- E. In respect to Physician's performance of Physician's professional duties, the Hospital shall neither have nor exercise control or direction over the specific methods by which Physician performs Physician's professional clinical duties. The Hospital's sole interest shall be to ensure that such duties are rendered in a competent, efficient and satisfactory manner.
- F. Physician recognizes that the professional reputation of the Hospital is a unique and valuable asset. Physician shall not make any negative, disparaging or unfavorable comments regarding the Hospital or any of its owners, officers and/or employees to any person, either during the term of this Agreement or following termination of this Agreement.
- G. NOTIFICATION OF CERTAIN EVENTS. Physician shall notify Hospital in writing within three (3) business days after the occurrence of any one or more of the following events:
 1. Physician's medical staff membership or clinical privileges at any hospital are denied, suspended, restricted, revoked or voluntarily relinquished;
 2. Physician becomes the subject of any suit, action or other legal proceeding arising out of Physician's professional services;
 3. Physician is required to pay damages or any other amount in any malpractice action by way of judgment or settlement;
 4. Physician becomes the subject of any disciplinary proceeding or action before any state's medical board or similar agency responsible for professional standards or behavior;
 5. Physician becomes incapacitated or disabled from practicing medicine;

6. Any act of nature or any other event occurs which has a material adverse effect on Physician's ability to perform the Services under this Agreement;
7. Physician changes the location of her offices;
8. Physician is charged with or convicted of a criminal offense; or
9. Physician is debarred, suspended, or otherwise excluded from any federal and/or state health care payment program by action of the Office of Inspector General of the Department of Health and Human Services or Medi-Cal Office, or by any equivalent or coordinating governmental agencies.

H. **COORDINATION OF SERVICES.** Physician shall cooperate with Hospital, through its Chief Executive Officer, in connection with providing the Services.

SECTION II. REPRESENTATIONS AND WARRANTIES

Physician represents and warrants to Hospital, upon execution and throughout the term of this Agreement as follows:

- A. Physician is not bound by any agreement or arrangement which would preclude Physician from entering into, or from fully performing the services required under this Agreement;
- B. Physician's license to practice cardiology/internal medicine in the State of California or in any other jurisdiction has never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or made subject to terms of probation or any other restriction;
- C. Physician's medical staff privileges at any health care facility have never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or restricted in any way;
- D. Physician shall perform the services required hereunder in accordance with: (1) all applicable federal, state, and local laws, rules and regulations; (2) all applicable standards of care of relevant accrediting organizations; and (3) all applicable Bylaws, Rules and Regulations of Hospital and its Medical Staff;
- E. Physician has not in the past conducted and is not presently conducting Physician's medical practice in such a manner as to cause Physician to be suspended, excluded, barred or sanctioned under the Medicare or Medi-Cal Programs or any government licensing agency, and has never been convicted of an offense related to health care, or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation;
- F. Physician has, and shall maintain throughout the term of this Agreement, an unrestricted license to practice medicine in the State of California and staff membership privileges at Hospital;
- G. Physician has disclosed and will at all times during the term of this Agreement promptly disclose to the Hospital: (1) the existence and basis of any legal, regulatory, professional or other proceeding against Physician instituted by any person, organization, governmental agency, health care facility, peer review organization, or professional society which involves any allegation of substandard care or professional misconduct raised against Physician; and (2) any allegation of substandard care or professional misconduct raised against Physician by any person, organization, governmental agency, health care facility, peer review organization or professional society.

- H. Physician agrees to promptly disclose any change to the status of his license to practice medicine or any changes the status of any privileges Physician may have at any other health care facility;
- I. Physician shall deliver to the Hospital promptly upon request copies of all certificates, registrations, certificates of insurance and other evidence of Physician's compliance with the foregoing as reasonably requested by the Hospital; and
- J. Physician shall participate in all government and third-party payment or managed care programs in which Hospital/Clinic participates, render services to patients covered by such programs, and accept the payment amounts provided for under these programs as payment in full for services of Physician to Hospital/Clinic's patients. If Hospital/Clinic deems it advisable for Physician to contract with a payer with which Hospital/Clinic has a contract, Physician agrees in good faith to negotiate a contractual agreement equal to the reasonable prevailing reimbursement rates for physician's specialty within the geographic area of Hospital/Clinic.

SECTION III. INDEMNIFICATION OF LIABILITY.

Physician agrees to indemnify, defend and hold harmless Hospital and its governing board, officers, employees and agents from and against any and all liabilities, costs, penalties, fines, forfeitures, demands, claims, causes of action, suits, and costs and expenses related thereto (including reasonable attorney's fees) which any or all of them may thereafter suffer, incur, be responsible for or pay out as a result of bodily injuries (including death) to any person or damage to any property (public or private), alleged to be caused by or arising from: (1) the negligent or intentional acts, errors, or omissions of Physician; (2) any violations of federal, state, or local statutes or regulations arising out of or resulting from any negligent act, error or omission of Physician; (3) the use of any copyrighted materials or patented inventions by Physician; or (4) Physician's breach of its warranties or obligations under this Agreement. The rights and obligations created by this indemnification provision shall survive termination or expiration of this Agreement.

SECTION IV. INDEPENDENT CONTRACTOR.

In performing the services herein specified, Physician is acting as an independent contractor, and shall not be considered an employee of Hospital. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto, and nothing herein contained shall be construed to authorize either party to act as agent for the other. Physician shall be liable for Physician's own debts, obligations, acts and omissions, including the payment of all withholding, social security and other taxes and benefits. As an independent contractor, Physician is responsible for filing such tax returns and paying such self-employment taxes as may be required by law or regulations.

SECTION V. COMPENSATION.

At the end of each month, Physician shall submit to the administration a completed time sheet of time spent in the Family Health Clinic seeing patients. Upon receipt of completed and signed provider time sheet for services rendered under this Agreement, Hospital shall pay Physician, as for sole compensation hereunder, on a fee per visit basis at \$75.00 (Sixty-Five Dollars) per visit. "No charge/courtesy" visits are not eligible for provider payment. Hospital will provide Physician a list of patients seen per Hospital records that supports the payment made to Physician. All patient billings for Physician services remain the property of Hospital. Monthly payments to Physician shall be made on or before the 10th (tenth) day of the month, following the month in which services are rendered.

SECTION VI. COMPLIANCE.

- A. Hospital is committed to compliance with all billing and claims submission, fraud and abuse laws and regulations. In contracting with Hospital, physician agrees to act in compliance with all laws and regulations. Hospital has completed a Compliance Program to assure compliance with laws and regulations. Physician is therefore expected to comply with the policies of the Hospital Compliance Program.

At a minimum, Physician is expected to:

1. Be aware of those procedures which affect the physician, and which are necessary to implement the Compliance Program, including the mandatory duty of Physician to report actual or possible violations of fraud and abuse laws and regulations; and
 2. Understand and adhere to standards, especially those which relate to the Physician's functions for or on behalf of the District/Hospital.
- B. Failure to follow the standards of Hospital's Compliance Programs (including the duty to report misconduct) may be considered to be a violation of the Physician's arrangement with the Hospital and may be grounds for action by Hospital, including termination of the relationship.

SECTION VII. TERM.

This Agreement is effective from April 09, 2020 to April 08, 2022; however, this Agreement is subject to early termination as provided in Section. VIII. below.

SECTION VIII. EARLY TERMINATION.

- A. Hospital may terminate this Agreement immediately upon written notice to Physician based on the occurrence of any of the following events:
1. Physician's license to practice medicine is suspended, revoked, terminated, or otherwise restricted;
 2. Physician's medical staff privileges at the Hospital, or any other healthcare facility, are in any way suspended, revoked, or otherwise restricted;
 3. Medicare and/or Medi-Cal significantly changes the RHC program;
 4. Hospital fails to maintain RHC status;
 5. Physician Services Agreement is terminated or expires;
 6. Physician's failure to comply with the standards of the Hospital's Compliance Program, to the extent that such failure results in material fine and or sanction from Medicare or Medi-Cal Program;
 7. Physician fails to complete medical records in a timely fashion;
 8. Physician fails to maintain the minimum professional liability insurance coverage;
 9. Physician inefficiently manages patients and such inefficient management has not been cured after 30 days written notice from the Hospital;
 10. Physician's inability to work with and relate to others, including, but not limited to patients and ancillary staff, in a respectful, cooperative and professional manner and such inability has not been cured after 30 days written notice from the Hospital;
 11. Physician is unable to provide medical services under the terms of this Agreement due to a physical or mental disability;
 12. Physician becomes impaired by the use of alcohol or the abuse of drugs;
 13. Physician is convicted of any criminal offense, regardless of whether such action arose out of Physician's provision of professional services;

14. Physician commits any act of fraud as determined by reasonable discretion of the Board whether related to the Physician's provision of professional services or otherwise; or
15. A mutual written agreement terminating this Agreement is entered into between the Hospital and Physician.

B. Either party may terminate this Agreement for material breach; provided that the non-defaulting party shall give written notice of the claimed default, and the other party shall have 30 days to cure such performance, failing which, this Agreement may thereafter be immediately terminated by the non-defaulting party.

C. Either party may terminate this Agreement, without cause, by providing the other party ninety (90) days prior written notice.

D. **EFFECT OF TERMINATION.** In the event that this Agreement is terminated for any reason, Physician shall be entitled to receive only the amount of compensation earned prior to the date of termination.

E. **TERMINATION WITHIN FIRST TWELVE (12) MONTHS.** If this Agreement is terminated, with or without cause, during the first twelve (12) months of the term, the parties shall not enter any new agreement or arrangement during the remainder of such twelve (12) month period.

SECTION IX. CONFIDENTIALITY.

Physician shall not disclose to any third party, except where permitted or required by law or where such disclosure is expressly approved by the patient in writing, any patient or medical record information regarding Hospital patients (including Family Health Center patients), and Physician shall comply with all federal and state laws and regulations, and all rules, regulations, and policies of Hospital and its Medical Staff, regarding the confidentiality of such information from Hospital or Family Health Center patients receiving treatment of any kind, including treatment for alcohol and drug abuse. Physician is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records as codified at 42 C.F.R. Chapter 1, Part 2, enacted pursuant to 42 U.S.C. 290ee, and agrees to be separately bound by a Business Associate Agreement drafted pursuant to HIPAA as set forth in Public Law 104-191, as codified at 42 U.S.C. 1301 et. seq.

SECTION X. INSURANCE.

PROFESSIONAL LIABILITY. Physician shall procure and maintain a policy or policies of professional liability insurance as required by this Section. Such insurance shall provide coverage for Physician as the named insured, and such policy shall cover any acts of Physician's professional negligence which may have occurred during the relevant term and said policies of insurance shall be written with limits of liability of at least the minimum coverage required from time to time by the Medical Staff bylaws, but in any event no less than One Million Dollars (\$1,000,000) per claim/Three Million Dollars (\$3,000,000) annual aggregate for "claims made" insurance coverage. Physician further shall maintain "continuous coverage," as defined by this Section for the entire relevant term. The relevant term shall commence with the date of this Agreement and shall continue through the term of this Agreement, as well as any extensions or renewals hereof, and for a period thereafter of no less than three (3) years. In order to maintain continuous coverage for the entire relevant term Physician shall, if it changes insurers for any reason, take the necessary actions required in order to provide continuous coverage by either obtaining "tail" insurance from the preceding carriers, or "nose" insurance from the subsequent carriers. In order to satisfy the requirements of this

Section, the "tail" insurance must be of either an unlimited type or of the type which would extend the discovery period beyond the last effective day of the last contract between the parties for a period of three (3) years. In order to satisfy the requirements of this Section for "nose" insurance, the retroactive effective date for such insurance must be at least the first date of the relevant term noted above. Physician shall provide proof of current insurance and, in the event of modification, termination, expiration, non-renewal or cancellation of any of the aforesaid policies of insurance, Physician shall give Hospital written notice thereof within thirty (30) business days of Physician's receipt of such notification from any of its insurers. In the event Physician fails to procure, maintain or pay for said insurance as required in this section, Hospital shall have the right, but not the obligation to obtain such insurance. In that event, Physician shall reimburse Hospital for the cost thereof, and failure to repay the same upon demand by Hospital shall constitute a material breach hereunder.

SECTION XI. ASSIGNMENT.

Physician shall not assign, sell, or otherwise transfer his/her Agreement or any interest in it without written consent of Hospital.

SECTION XII. NOTICES.

The notice required by this Agreement shall be effective if mailed, one (1) business day after the day on which the notice was sent via overnight mail, addressed as follows:

Hospital: John Friel, Chief Executive Officer
Bear Valley Community Healthcare District
P. O. Box 1649
Big Bear Lake, CA 92315

Physician: Kaustubh Pantankar, MD
3770 Elizabeth St.
Riverside, CA 92506

SECTION XIII. PRE-EXISTING AGREEMENT.

This Contract replaces and supersedes any and all prior arrangements or understandings by and between Hospital and Physician with regard to the subject matter hereof.

SECTION XIV. HOSPITAL NOT PRACTICING MEDICINE.

This Agreement shall in no way be construed to mean or suggest that Hospital is engaged in the practice of medicine.

SECTION XV. ENTIRE AGREEMENT.

This Agreement constitutes the entire Agreement, both written and oral, between the parties, and all prior or contemporaneous agreements respecting the subject matter hereof, whether written or oral, express or implied, are suppressed. This Agreement may be modified only by written agreement signed by both of the parties.

SECTION XVI. SEVERABILITY.

The non-enforceability, invalidity, or illegality of any provision to this Agreement shall not render the other provisions unenforceable, invalid or illegal.

SECTION XVII. GOVERNING LAW.

This Agreement shall be governed under the laws of the State of California. In the event of any dispute arising between the parties arising out of or related to this Agreement, the parties agree that such dispute shall be settled by binding arbitration, pursuant to the rules of the American Arbitration Association, San Bernardino County.

SECTION XVIII. REFERRALS.

The parties acknowledge that none of the benefits granted Physician is conditioned on any requirement that Physician make referrals to, be in a position to make or influence referrals to, or otherwise generate business for Hospital. The parties further acknowledge that Physician is not restricted from establishing staff privileges at, referring any service to, or otherwise generating any business for any other facility of Physician's choosing.

SECTION XIX. ANTI-HARASSMENT/DISCRIMINATION/RETALIATION

The parties are prohibited from engaging in any discriminatory, harassing, or retaliatory conduct, and Physician agrees to fully comply with all applicable local, state and federal anti-discrimination and employment-related regulations and laws.

SECTION XX. HIPAA BUSINESS ASSOCIATE AGREEMENT.

The parties have concurrently with the execution of this Agreement, executed Exhibit A entitled HIPAA Business Associates Agreement, which Exhibit is attached hereto and incorporated herein by reference.

In Witness Whereof, the parties have executed this Agreement as of the first date written above.

Dated: _____ By: _____
Peter Boss, President, BOD
Bear Valley Community Healthcare District
P. O. Box 1649
Big Bear Lake, CA 92315

Dated: _____ By: _____
Kaustubh Pantankar, MD
3770 Elizabeth St.
Riverside, CA 92506



**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
AGREEMENT FOR DENTAL SERVICES AT THE RURAL HEALTH CLINICS
WITH
DAMIAN D'AURIA, DDS**

THIS DOCTOR AGREEMENT ("Agreement") is made and entered into as of the 1ST day of April 2020 by and between Bear Valley Community Healthcare District (a public entity), ("Hospital") and Damian D'Auria, DDS ("Doctor").

RECITALS

WHEREAS, Hospital, is the owner and operator of a general acute care hospital located in Big Bear Lake, California. Hospital has a federally approved hospital-based 95-210 Rural Health Clinic located at two sites known as the Family Health Center and the Rural Health Clinic ("the Clinic"), under which Hospital may contract with physicians and physician extenders to provide medical treatment to the Clinic's patients and Hospital SNF patients.

WHEREAS, Doctor is licensed by the Dental Board of California and is qualified to perform dental services for the Clinic's patients and the SNF Patients.

WHEREAS, Doctor will provide such services on a month to month basis until the National Restrictions are lifted related to COVID-19.

WHEREAS, Hospital desires to retain the services of Doctor to provide professional dental services, and Doctor desires to so contract with Clinic's and Hospital to furnish those services.

NOW THEREFORE, in consideration of the mutual covenants, undertakings and promises contained herein, as well as other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, and intending to be legally bound hereby, the parties hereto agree as follows:

AGREEMENTS

SECTION I. RESPONSIBILITIES OF DOCTOR.

- A. SERVICES. During the term of this Agreement, Doctor agrees to the following:
1. Doctor shall provide professional Doctor dental services at the Clinic and Hospital SNF Patients on an as needed basis as agreed upon by Hospital and Doctor.
 2. Doctor shall maintain medical records for all patients consistent with standard industry practices and shall provide such other record keeping and administrative services as may be reasonably requested by Hospital. All medical records remain the property of the Hospital.
 3. Doctor shall cooperate with any quality management and utilization management programs instituted by Hospital.

B. ACCESS TO BOOKS AND RECORDS. If the value or cost of Services rendered to Hospital pursuant to this Agreement is Ten Thousand Dollars (\$10,000.00) or more over a twelve- month period, Doctor agrees as follows:

1. Until the expiration of four (4) years after the furnishing of such Services, Doctor shall, upon written request, make available to the Secretary of the Department of Health and Human Services (the "Secretary"), the Secretary's duly-authorized representative, the Comptroller General, or the Comptroller General's duly-authorized representative, such books, documents and records as may be necessary to certify the nature and extent of the cost of such Services; and
2. If any such Services are performed by way of subcontract with another organization and the value or cost of such subcontracted services is Ten Thousand Dollars (\$10,000.00) or more over a twelve (12) month period, such subcontract shall contain, and Doctor shall enforce, a clause to the same effect as subparagraph 1. immediately above.

The availability of Doctor's books, documents, and records shall be subject at all times to all applicable legal requirements, including without limitation, such criteria and procedures for seeking and obtaining access that may be promulgated by the Secretary by regulation. The provisions of subparagraphs 1. and 2. of Section I.B. shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

C. Doctor will not carry out any of the duties of the Agreement through a subcontract.

D. ETHICS. In performing services under this Agreement, Doctor shall use his/her best and most diligent efforts and professional skills; perform professional supervisory services; render care to patients in accordance with and in a manner consistent with the high standards of medicine; conduct himself/herself in a manner consistent with the principles of medical ethics promulgated by the American Dental Medical Association and comply with the Hospital's rules and regulations.

E. In respect to Doctor's performance of Doctor's professional duties, the Hospital shall neither have nor exercise control or direction over the specific methods by which Doctor performs Doctor's professional clinical duties. The Hospital's sole interest shall be to ensure that such duties are rendered in a competent, efficient and satisfactory manner.

F. Doctor recognizes that the professional reputation of the Hospital is a unique and valuable asset. Doctor shall not make any negative, disparaging or unfavorable comments regarding the Hospital or any of its owners, officers and/or employees to any person, either during the term of this Agreement or following termination of this Agreement.

G. NOTIFICATION OF CERTAIN EVENTS. Doctor shall notify Hospital in writing within three (3) business days after the occurrence of any one or more of the following events:

1. Doctor's medical staff membership or clinical privileges at any hospital are denied, suspended, restricted, revoked or voluntarily relinquished;
2. Doctor becomes the subject of any suit, action or other legal proceeding arising out of Doctor's professional services;
3. Doctor is required to pay damages or any other amount in any malpractice action by way of judgment or settlement;
4. Doctor becomes the subject of any disciplinary proceeding or action before any state's medical board or similar agency responsible for professional standards or behavior;

5. Doctor becomes incapacitated or disabled from practicing medicine;
6. Any act of nature or any other event occurs which has a material adverse effect on Doctor's ability to perform the Services under this Agreement;
7. Doctor changes the location of her offices;
8. Doctor is charged with or convicted of a criminal offense; or
9. Doctor is debarred, suspended, or otherwise excluded from any federal and/or state health care payment program by action of the Office of Inspector General of the Department of Health and Human Services or Medi-Cal Office, or by any equivalent or coordinating governmental agencies.

H. **COORDINATION OF SERVICES.** Doctor shall cooperate with Hospital, through its Chief Executive Officer, in connection with providing the Services.

SECTION II. REPRESENTATIONS AND WARRANTIES

Doctor represents and warrants to Hospital, upon execution and throughout the term of this Agreement as follows:

- A. Doctor is not bound by any agreement or arrangement which would preclude Doctor from entering into, or from fully performing the services required under this Agreement;
- B. Doctor's license to practice dental medicine in the State of California or in any other jurisdiction has never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or made subject to terms of probation or any other restriction;
- C. Doctor's medical staff privileges at any health care facility have never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or restricted in any way;
- D. Doctor shall perform the services required hereunder in accordance with: (1) all applicable federal, state, and local laws, rules and regulations; (2) all applicable standards of care of relevant accrediting organizations; and (3) all applicable Bylaws, Rules and Regulations of Hospital and its Medical Staff;
- E. Doctor has not in the past conducted and is not presently conducting Doctor's medical practice in such a manner as to cause Doctor to be suspended, excluded, barred or sanctioned under the Medicare or Medi-Cal Programs or any government licensing agency, and has never been convicted of an offense related to health care, or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation;
- F. Doctor has, and shall maintain throughout the term of this Agreement, an unrestricted license to practice medicine in the State of California and staff membership privileges at Hospital;
- G. Doctor has disclosed and will at all times during the term of this Agreement promptly disclose to the Hospital: (1) the existence and basis of any legal, regulatory, professional or other proceeding against Doctor instituted by any person, organization, governmental agency, health care facility, peer review organization, or professional society which involves any allegation of substandard care or professional misconduct raised against Doctor; and (2) any allegation of substandard care or professional misconduct raised against Doctor by any person, organization, governmental agency, health care facility, peer review organization or professional society.

- H. Doctor agrees to promptly disclose any change to the status of his license to practice medicine or any changes the status of any privileges Doctor may have at any other health care facility;
- I. Doctor shall deliver to the Hospital promptly upon request copies of all certificates, registrations, certificates of insurance and other evidence of Doctor's compliance with the foregoing as reasonably requested by the Hospital; and
- J. Doctor shall participate in all government and third-party payment or managed care programs in which Hospital/Clinic participates, render services to patients covered by such programs, and accept the payment amounts provided for under these programs as payment in full for services of Doctor to Hospital/Clinic's patients. If Hospital/Clinic deems it advisable for Doctor to contract with a payer with which Hospital/Clinic has a contract, Doctor agrees in good faith to negotiate a contractual agreement equal to the reasonable prevailing reimbursement rates for podiatrists within the geographic area of Hospital/Clinic.

SECTION III. INDEMNIFICATION OF LIABILITY.

Doctor agrees to indemnify, defend and hold harmless Hospital and its governing board, officers, employees and agents from and against any and all liabilities, costs, penalties, fines, forfeitures, demands, claims, causes of action, suits, and costs and expenses related thereto (including reasonable attorney's fees) which any or all of them may thereafter suffer, incur, be responsible for or pay out as a result of bodily injuries (including death) to any person or damage to any property (public or private), alleged to be caused by or arising from: (1) the negligent or intentional acts, errors, or omissions of Doctor; (2) any violations of federal, state, or local statutes or regulations arising out of or resulting from any negligent act, error or omission of Doctor; (3) the use of any copyrighted materials or patented inventions by Doctor; or (4) Doctor's breach of its warranties or obligations under this Agreement. The rights and obligations created by this indemnification provision shall survive termination or expiration of this Agreement.

SECTION IV. INDEPENDENT CONTRACTOR.

In performing the services herein specified, Doctor is acting as an independent contractor, and shall not be considered an employee of Hospital. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto, and nothing herein contained shall be construed to authorize either party to act as agent for the other. Doctor shall be liable for Doctor's own debts, obligations, acts and omissions, including the payment of all withholding, social security and other taxes and benefits. As an independent contractor, Doctor is responsible for filing such tax returns and paying such self-employment taxes as may be required by law or regulations.

SECTION V. COMPENSATION.

At the end of each month, Doctor shall submit to the administration a completed time sheet of time spent in the Family Health Clinic seeing patients and Hospital SNF seeing patients. Upon receipt of completed and signed provider time sheet for services rendered under this Agreement, Hospital shall pay Doctor, as for sole compensation hereunder, on a fee per visit basis at \$65.00 (Sixty-Five Dollars) per visit. A billable visit is a face to face encounter where services are rendered at a level that justifies a clinic charge. "No charge/courtesy" visits are not eligible for provider payment. Hospital will provide Doctor a list of patients seen per Hospital records that supports the payment made to Doctor. All patient billings for Doctor services remain the property

of Hospital. Monthly payments to Doctor shall be made on or before the 10th (tenth) day of the month, following the month in which services are rendered.

SECTION VI. COMPLIANCE.

- A. Hospital is committed to compliance with all billing and claims submission, fraud and abuse laws and regulations. In contracting with Hospital, Doctor agrees to act in compliance with all laws and regulations. Hospital has completed a Compliance Program to assure compliance with laws and regulations. Doctor is therefore expected to comply with the policies of the Hospital Compliance Program.

At a minimum, Doctor is expected to:

1. Be aware of those procedures which affect the Doctor and which are necessary to implement the Compliance Program, including the mandatory duty of Doctor to report actual or possible violations of fraud and abuse laws and regulations; and
 2. Understand and adhere to standards, especially those which relate to the Doctor's functions for or on behalf of the District/Hospital.
- B. Failure to follow the standards of Hospital's Compliance Programs (including the duty to report misconduct) may be considered to be a violation of the Doctor's arrangement with the Hospital and may be grounds for action by Hospital, including termination of the relationship.

SECTION VII. TERM.

This Agreement is effective from April 01 to October 31, 2020; however, this Agreement is subject to early termination as provided in Section. VIII. below.

SECTION VIII. EARLY TERMINATION.

- A. Hospital may terminate this Agreement immediately upon written notice to Doctor based on the occurrence of any of the following events:
1. Doctor's license to practice medicine is suspended, revoked, terminated, or otherwise restricted;
 2. Doctor's medical staff privileges at the Hospital, or any other healthcare facility, are in any way suspended, revoked, or otherwise restricted;
 3. Medicare and/or Medi-Cal significantly changes the RHC program;
 4. Hospital fails to maintain RHC status;
 5. Doctor Services Agreement is terminated or expires;
 6. Doctor's failure to comply with the standards of the Hospital's Compliance Program, to the extent that such failure results in material fine and or sanction from Medicare or Medi-Cal Program;
 7. Doctor fails to complete medical records in a timely fashion;
 8. Doctor fails to maintain the minimum professional liability insurance coverage;
 9. Doctor inefficiently manages patients and such inefficient management has not been cured after 30 days written notice from the Hospital;
 10. Doctor's inability to work with and relate to others, including, but not limited to patients and ancillary staff, in a respectful, cooperative and professional manner and such inability has not been cured after 30 days written notice from the Hospital;
 11. Doctor is unable to provide medical services under the terms of this Agreement due to a physical or mental disability;

12. Doctor becomes impaired by the use of alcohol or the abuse of drugs;
13. Doctor is convicted of any criminal offense, regardless of whether such action arose out of Doctor's provision of professional services;
14. Doctor commits any act of fraud as determined by reasonable discretion of the Board whether related to the Doctor's provision of professional services or otherwise; or
15. A mutual written agreement terminating this Agreement is entered into between the Hospital and Doctor.
16. The restrictions placed by the California Dental Association in relation to COVID-19 have been lifted or amended in such a way to permit routine dental care.

B. Either party may terminate this Agreement for material breach; provided that the non-defaulting party shall give written notice of the claimed default, and the other party shall have 30 days to cure such performance, failing which, this Agreement may thereafter be immediately terminated by the non-defaulting party.

C. Either party may terminate this Agreement, without cause, by providing the other party thirty (30) days prior written notice.

D. **EFFECT OF TERMINATION.** In the event that this Agreement is terminated for any reason, Doctor shall be entitled to receive only the amount of compensation earned prior to the date of termination.

SECTION IX. CONFIDENTIALITY.

Doctor shall not disclose to any third party, except where permitted or required by law or where such disclosure is expressly approved by the patient in writing, any patient or medical record information regarding Hospital patients (including Family Health Center patients), and Doctor shall comply with all federal and state laws and regulations, and all rules, regulations, and policies of Hospital and its Medical Staff, regarding the confidentiality of such information from Hospital or Family Health Center patients receiving treatment of any kind, including treatment for alcohol and drug abuse. Doctor is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records as codified at 42 C.F.R. Chapter 1, Part 2, enacted pursuant to 42 U.S.C. 290ee, and agrees to be separately bound by a Business Associate Agreement drafted pursuant to HIPAA as set forth in Public Law 104-191, as codified at 42 U.S.C. 1301 et. seq.

SECTION X. INSURANCE.

PROFESSIONAL LIABILITY. Doctor shall procure and maintain a policy or policies of professional liability insurance as required by this Section. Such insurance shall provide coverage for Doctor as the named insured, and such policy shall cover any acts of Doctor's professional negligence which may have occurred during the relevant term and said policies of insurance shall be written with limits of liability of at least the minimum coverage required from time to time by the Medical Staff bylaws, but in any event no less than One Million Dollars (\$1,000,000) per claim/Three Million Dollars (\$3,000,000) annual aggregate for "claims made" insurance coverage. Doctor further shall maintain "continuous coverage," as defined by this Section for the entire relevant term. The relevant term shall commence with the date of this Agreement and shall continue through the term of this Agreement, as well as any extensions or renewals hereof, and for a period thereafter of no less than three (3) years. In order to maintain continuous coverage for the entire relevant term Doctor shall, if it changes insurers for any reason, take the necessary actions required in order to provide continuous

coverage by either obtaining "tail" insurance from the preceding carriers, or "nose" insurance from the subsequent carriers. In order to satisfy the requirements of this Section, the "tail" insurance must be of either an unlimited type or of the type which would extend the discovery period beyond the last effective day of the last contract between the parties for a period of three (3) years. In order to satisfy the requirements of this Section for "nose" insurance, the retroactive effective date for such insurance must be at least the first date of the relevant term noted above. Doctor shall provide proof of current insurance and, in the event of modification, termination, expiration, non-renewal or cancellation of any of the aforesaid policies of insurance, Doctor shall give Hospital written notice thereof within thirty (30) business days of Doctor's receipt of such notification from any of its insurers. In the event Doctor fails to procure, maintain or pay for said insurance as required in this section, Hospital shall have the right, but not the obligation to obtain such insurance. In that event, Doctor shall reimburse Hospital for the cost thereof, and failure to repay the same upon demand by Hospital shall constitute a material breach hereunder.

SECTION XI. ASSIGNMENT.

Doctor shall not assign, sell, or otherwise transfer his/her Agreement or any interest in it without written consent of Hospital.

SECTION XII. NOTICES.

The notice required by this Agreement shall be effective if mailed, one (1) business day after the day on which the notice was sent via overnight mail, addressed as follows:

Hospital: John Friel, Chief Executive Officer
Bear Valley Community Healthcare District
P. O. Box 1649
Big Bear Lake, CA 92315

Doctor: Damian D'Auria, DDS
12 Via Dulcinea
Palm Desert, CA 92260

SECTION XIII. PRE EXISTING AGREEMENT.

This Contract replaces and supersedes any and all prior arrangements or understandings by and between Hospital and Doctor with regard to the subject matter hereof.

SECTION XIV. HOSPITAL NOT PRACTICING MEDICINE.

This Agreement shall in no way be construed to mean or suggest that Hospital is engaged in the practice of medicine.

SECTION XV. ENTIRE AGREEMENT.

This Agreement constitutes the entire Agreement, both written and oral, between the parties, and all prior or contemporaneous agreements respecting the subject matter hereof, whether written or oral, express or implied, are suppressed. This Agreement may be modified only by written agreement signed by both of the parties.

SECTION XVI. SEVERABILITY.

The non-enforceability, invalidity, or illegality of any provision to this Agreement shall not render the other provisions unenforceable, invalid or illegal.

SECTION XVII. GOVERNING LAW.

This Agreement shall be governed under the laws of the State of California. In the event of any dispute arising between the parties arising out of or related to this Agreement, the parties agree that such dispute shall be settled by binding arbitration, pursuant to the rules of the American Arbitration Association, San Bernardino County.

SECTION XVIII. REFERRALS.

The parties acknowledge that none of the benefits granted Doctor is conditioned on any requirement that Doctor make referrals to, be in a position to make or influence referrals to, or otherwise generate business for Hospital. The parties further acknowledge that Doctor is not restricted from establishing staff privileges at, referring any service to, or otherwise generating any business for any other facility of Doctor's choosing.

SECTION XIX. ANTI-HARASSMENT/DISCRIMINATION/RETALIATION

The parties are prohibited from engaging in any discriminatory, harassing, or retaliatory conduct, and Doctor agrees to fully comply with all applicable local, state and federal anti-discrimination and employment-related regulations and laws.

SECTION XXI. HIPAA BUSINESS ASSOCIATE AGREEMENT.

The parties have concurrently with the execution of this Agreement, executed Exhibit A entitled HIPAA Business Associates Agreement, which Exhibit is attached hereto and incorporated herein by reference.

In Witness Whereof, the parties have executed this Agreement as of the first date written above.

Dated: _____ **By:** _____
Peter Boss, President, BOD
Bear Valley Community Healthcare District
P. O. Box 1649
Big Bear Lake, CA 92315

Dated: _____ **By:** _____
Damian D'Auria, DDS
12 Via Dulcinea
Palm Desert, CA 92260



MEMO

Date: April 1, 2020
To: Board of Directors
From: Mary Norman, Risk/Compliance Officer
CC: John Friel, CEO
Re: Annual Compliance Training

Considering the recent Covid-19 Pandemic National Emergency and the Governor of California's 'Safer at Home' mandate, I am proposing the following:

1. <https://youtu.be/fndbDclELds>
2. Watch the above u-Tube video prepared by the Office of Inspector General (it is a little over 4 minutes) on Guidance for Healthcare Boards prior to the Board meeting.
3. I will be available during the Board meeting to answer any questions.

Thank you.

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
41870 Garstin Drive, PO Box 1649
Big Bear Lake, CA 92315**

RESOLUTION NO. 20-461

**RESOLUTION OF THE BOARD OF DIRECTORS OF
BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
DETERMINING, CERTIFYING, AND DIRECTING 2020-2021
SPECIAL TAX LEVIES WITHIN THE DISTRICT**

WHEREAS, more than two-thirds (2/3) of the voters voting at an election within Bear Valley Healthcare District on June 03, 2014 approved a measure authorizing this Board of Directors to adopt a resolution levying a special tax upon all taxable parcels of real property within the District in the following amounts on an annual basis: (1) \$20 per unimproved parcel, and (2) \$45 per improved parcel; and

WHEREAS, this Board of Directors finds that it is in the best interest of the District to impose the special tax allowed by law for the fiscal year 2020-2021.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Bear Valley Community Healthcare District as follows:

SECTION 1. The special tax for the fiscal year 2020-2021 shall be as follows:

Each unimproved parcel	\$20
Each improved parcel	\$45

SECTION 2. The records of the San Bernardino County Assessor as of January 1, 2020 shall determine for the purpose of the special tax whether or not any particular parcel of taxable real property is unimproved or improved. "Parcel of real property" as used in this Resolution shall mean any contiguous unit if improved or unimproved property held in separate ownership, including, but not limited to, any single family residence, and condominium unit, as defined in Civil Code Section 783, or any unit of real property subject to the California Subdivided Lands Act (Business and Professions Code Sections 11000 and following).

SECTION 3. The special tax shall be levied upon all unimproved and improved parcels of real property, except for parcels owned by any other local, federal, or state government agency, or any parcel of property that is exempt from the special tax pursuant to any provision of the state or federal constitutions or any paramount law.

SECTION 4. For purposes of this special tax, a minimum assessed improvement valuation of \$5,000 shall be utilized to classify parcels as improved or unimproved for determination of which tax rate to apply to the property. Any parcel with improvements valued at \$5,000 or less by the San Bernardino County Assessor as of January 1, 2020 shall be classified as an unimproved parcel and shall be taxed at the unimproved rate of \$20.00 per parcel.

SECTION 5. The special tax imposed shall be collected in the same manner, on the same dates, and subject to the same penalties and interest in accordance with established dates, as, or with, other charges and taxes fixed and collected by the County of San Bernardino on behalf of Bear Valley Community Healthcare District, and the county may deduct its reasonable costs incurred for such service before remittal of the balance to the District.

SECTION 6. The special tax, together with all penalties and interest thereon shall constitute a lien upon the parcels upon which it is levied until it has been paid, and the special tax, together with all penalties and interest thereon, shall until paid, constitute a personal obligation to the District by the persons who own the parcel on the date the tax is due.

SECTION 7. The Secretary of this Board of Directors shall certify to the adoption of this Resolution and transmit a certified copy thereof to the Clerk of the Board of Supervisors and to the County Auditor of San Bernardino County. The Secretary and the District's legal counsel are authorized and instructed to take such further action as may be necessary to carry out the purpose of this Resolution.

PASSED AND ADOPTED this 8th day of April, 2020, by the following vote:

AYES: _____

NAYS: _____

ABSTAIN: _____

ABSENT: _____

Peter Boss, M.D.
President, Board of Directors
Bear Valley Community Healthcare District

Date

ATTEST:

Perri Melnick
Secretary, Board of Directors
Bear Valley Community Healthcare District

Date

Board Report

April 2020

COVID-19

QHR Health has been focused on supporting the challenges our hospitals have faced due to the virus. Our COVID-19 Task Force is focusing on keeping supplies flowing to hospitals including work to acquire hard to find supplies and providing to hospitals at cost. In addition, our reimbursement consultants have been providing hospitals with information about reimbursement changes, availability of Federal funds and billing issues related to this situation.

A new Shared Services function that we will be providing is developing a database of all federal and state grant and other funding sources. One of our reimbursement consultants has experience and expertise in applying for these grants and she will be available to assist hospitals in applying for them. We have also produced a podcast for CEOs and CFOs discussing the various federal funds and process to receive them.

Managed Care Contract Implementation

Our Managed Care Consultants has completed call with Garth to discuss strategy and had planned work but is on hold due to COVID19 activity. She is obtaining materials and preparing for upcoming work.

Strategic Planning

We are planning on beginning work with the Board and management on the Strategic Plan in second quarter.

Cost Report

Following completion of the Cost Report our Reimbursement team will review it to ensure that BVCHD receives all reimbursement due from Medicare.

Upcoming Education Events – April

Webinars:

- April 4 – Quality Update: Antibiotic Stewardship
- April 7 – Physician Practice Management: Scheduling Best Practices
- April 14 – 16 – 3 Part Series: Medicare Certified Rural Health Clinics
- April 14 – Board Leadership: Lean's Role in Strategic Initiatives
- April 21 – Clinical Documentation Integrity: Opportunities to Combat Denials
- April 23 – Compliance Hot Topics: Coding

Link to Course Catalog:

<https://qhr.myabsorb.com/#/catalog>

Upcoming Projects

- Cost Report Review
- Contractual Accounts and Bad Debt Review
- Compliance Risk Assessment
- Strategic Planning

Completed Projects

- Community Health Needs Assessment
- Managed Care Contract Review



CNO Monthly Report

TOPIC	UPDATE
1. Regulatory	<ul style="list-style-type: none"> ▪ CDPH issued a temporary waiver of regulatory requirements due to the state of emergency related to the Coronavirus. ▪ CDPH will not be conducting on site visits for complaints less than the IJ level.
2. Budget/Staffing	<ul style="list-style-type: none"> ▪ Many expenses are increasing due to Coronavirus preparations ▪ Volumes are decreasing due to Coronavirus warnings and quarantine/ isolation. Volume may substantially increase over the next 2-8 weeks. ▪ Department Managers are flexing staff as able ▪ ED is hiring temporary staff to deal with possible surge ▪ 2 ED staff “temporary resignations” due to work restrictions/ immunocompromised staff. ▪ Capital requests and operational budgets for FY21 have been submitted to accounting.
3. Departmental Reports	
<ul style="list-style-type: none"> ▪ Emergency Department 	<ul style="list-style-type: none"> ▪ Surge plan has been developed <ul style="list-style-type: none"> ○ Surge plan consists of 3 levels of surge. <ol style="list-style-type: none"> 1. Level 1- screening of patients before entrance to hospital/ main ED to house isolation/ infectious patients. “ED 2” and hall to hold noninfectious patients. Lab draw/ Out Pt EKG re-located to the gift shop. 2. Level 2- ED surge to be expanded. “ED 2” will open to infectious patients. Non-infectious patients will be treated in OR hall and Recovery Room. Low Acuity patients will be triaged to outdoor space. Tent or maintenance building 3. Level 3- SNF patients will be moved to alternate case site. Infectious hall will open to low acuity COVID admissions. 1-2 halls will be dedicated to COVID depending on need.
<ul style="list-style-type: none"> ▪ Acute 	<ul style="list-style-type: none"> ▪ Preparing for possible COVID admissions

<ul style="list-style-type: none"> ▪ Skilled Nursing 	<ul style="list-style-type: none"> ▪ Preparing plan to move residents if necessary. Plan includes transportation, supplies, dietary concerns, equipment, medication planning, documentation, staffing and regulatory compliance. ▪ Evaluating alternate care sites ▪ 2-3 possible admissions
<ul style="list-style-type: none"> ▪ Surgical Services 	<ul style="list-style-type: none"> ▪ Surgeries have been suspended until further notice for COVID-19
<ul style="list-style-type: none"> ▪ Case Management 	<ul style="list-style-type: none"> ▪ Working DON regarding planning for SNF alternate care site/ medical equipment needs and rentals ▪ Working with ED regarding patient's social needs during this time.
<ul style="list-style-type: none"> ▪ Respiratory Therapy 	<ul style="list-style-type: none"> ▪ RT staffing increased due to COVID planning ▪ Additional ventilators acquired to support critical care ▪ Alternative measures being implemented including disposable vents, and COVID compatible CPAP. ▪
<ul style="list-style-type: none"> ▪ Physical Therapy 	<ul style="list-style-type: none"> ▪ High risk patients are being rescheduled ▪ PT communicating through phone for home PT plans ▪ Volume decreasing
<ul style="list-style-type: none"> ▪ Food and Nutritional Services 	<ul style="list-style-type: none"> ▪ Kitchen project approved by the county & OSHPD- will be moving back into the kitchen 3/29/2020. ▪ Main kitchen scheduled expected to be functioning by 3/30/2020 ▪ 2 PD positions have been hired
4. Infection Prevention	<ul style="list-style-type: none"> ▪ Planning, research and education regarding coronavirus ▪ Working on PPE standards and guidelines for re-use ▪ Reporting COVID cases to Public Health and CDPH L&C ▪ Managing changing CDC & Cal-OSHA requirements and mass amounts of information
5. Quality Improvement	<ul style="list-style-type: none"> ▪ Patient and Family Advisory Committee on hold ▪ Beta HEART – program remains in place. On site visit postponed d/t COVID ▪ SCORE survey postponed. ▪ Opioid Stewardship – workgroup in place to work on ED Bridge program, and Inland Empire Safe Opioid Prescribing ED guidelines.
6. Policy Updates	<ul style="list-style-type: none"> ▪ Interim policies for COVID being developed

7. Safety & Products	<ul style="list-style-type: none"> ▪ Working closely with Purchasing regarding supply & PPE shortage and alternatives.
8. Education	<ul style="list-style-type: none"> ▪ BLS Classes scheduled monthly, ACLS & PALS on hold. AHA has granted extension on certifications. ▪ COVID training on Relias for all staff ▪ Specialized donning and doffing training on Relias for clinical staff.
9. Information Items/Concerns	<ul style="list-style-type: none"> ▪ Completed CAH 2020 annual report. ▪ Attending many calls related to COVID with BBFD, HASC, CHA, CDPH. ▪ Hospital Command Center opened on 3/12/2020. <ul style="list-style-type: none"> ▪ Incident command meeting regularly to discuss COVID plan and situation updates. ▪ COVID intranet page developed ▪ Press releases posted ▪ COVID plan developed
Respectfully Submitted by: <i>Kerri Jex, CNO</i> <i>Date: March 26th, 2020</i>	

2020 Surgery Report

Jan-20		
Physician	# of Cases	Procedures
Critel - CRNA	1	LESI
Critel - CRNA	1	Femoral Nerve Block
Pautz - DO	2	ORIF Wrist
Pautz - DO	1	Arthroscopy
Pautz - DO	1	Correction Malunion Wrist
Kondal - MD	0	
Joson	0	
Tayani	0	Cataracts
Total	6	
Feb-20		
Physician	# of Cases	Procedures
Critel - CRNA	4	LESI
Critel - CRNA	1	Hip Injection
Critel - CRNA	1	Trigger Points Back/Neck
Pautz - DO	1	Arthroscopic ACL Reconstruction
Pautz - DO	1	Arthroscopic Bankart Repair of Shoulder
Pautz - DO	1	Repair Non-Union Radius
Kondal - MD	0	
Joson	0	
Tayani	6	Cataracts
Total	15	
Mar-20		
Physician	# of Cases	Procedures
Critel - CRNA	1	Hip Injection
Critel - CRNA	1	LESI
Pautz - DO	1	ORIF Foot
Pautz - DO	1	Arthroscopy with ACL Reconstruction
Pautz - DO	1	ORIF Scaphoid
Pautz - DO	1	Repair Non-Union Clavicle
Pautz - DO	1	Repair Non-Union Radius
Kondal - MD	1	Inguinal Hernia Repair
Kondal - MD	1	Lap Chole
Tayani	0	Cataracts
Total	9	

Apr-20		
Physician	# of Cases	Procedures
Critel - CRNA		
Pautz - DO		

2020 Surgery Report

Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Tayani		
Total	0	

May-20		
Physician	# of Cases	Procedures
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Tayani		
Total	0	

Jun-20		
Physician	# of Cases	Procedures
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Kondal		
Kondal		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Tayani		
Total	0	
Jul-20		
Physician	# of Cases	Procedures
Critel - CRNA		
Critel - CRNA		

2020 Surgery Report

Critel - CRNA		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Kondal - MD		
Kondal - MD		
Kondal - MD		
Tayani		
Total	0	

Aug-20

Physician	# of Cases	Procedures
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Tayani		
Total	0	

Sep-20

Physician	# of Cases	Procedures
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Kondal - MD		
Joson		
Tayani		
Total	0	

Oct-20

Physician	# of Cases	Procedures
Pautz - DO		
Pautz - DO		

2020 Surgery Report

Pautz - DO		
Kondal - MD		
Kondal - MD		
Tayani		
Joson		
Total	0	
Nov-20		
Physician	# of Cases	Procedures
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Critel - CRNA		
Kondal - MD		
Kondal - MD		
Joson		
Total	0	
Dec-20		
Physician	# of Cases	Procedures
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Critel - CRNA		
Tayani		
Total	0	

Annual Total

30



CHIEF EXECUTIVE OFFICER REPORT

March 2020

CEO Information:

We have met with Moon & Mayoras on the drawings for the UCC. As of April 1, 2020, we entered into an agreement with ABS Consulting to provide structural, mechanical, electrical and plumbing assessment prior to final design being completed by Moon & Mayoras. Tenant improvements will be completed by owner of property with BVCHD specifications.

During a recent County Health Inspection, we learned that the dietary department had a backflow problem which needed immediate attention. The plumbing required significant replacement and estimated cost were \$65,000. A portable temporary kitchen was brought on campus, the kitchen was closed for 3 weeks while repairs were made. Kitchen is to be back online April 3. Project was overseen by county health department and OSHPD.

We have entered into an agreement with YMCA Camp Oaks to provide housing for our SNF patients during the COVID-19 crisis. This move was made to protect all our valuable SNF patients and make additional beds available should the crisis accelerate as anticipated. Medical Staff and the County Health Department are aware of our move and have authorized BVCHD plan. We expect all patients to be at the new location April 04, an update will be provided at the April 08 Board Meeting.

COVID 19 Crisis: we are in constant communication with County Health Officials, City of Big Bear Lake, CHA Representatives and CDC bulletins. We have implemented our Hospital Incident Command Team (HICS). This group meets regularly to provide updates and adjust plans accordingly. We have made significant adjustments to see patients in the ER according to state and federal guidelines. Activity has been minimal and few patients that have been identified high risk in the ER have been transferred to a higher level of care; an update will be provided at the April 08, Board Meeting

We continue to proceed in 2021 FY budget and an updated will be provided at the April 08, Board Meeting.

Attachment:

QHR Board Essentials

Big Bear marina owners agree to delay

MWD board to revisit public launch opening day at April 2 meeting



Boats at Big Bear area marinas will remain in storage for now unless they are scheduled for maintenance or repairs.

By Kathy Purdie
kathy.purdie@bigbearvalley.com

Marina owners in Big Bear Lake met with the Big Bear Municipal Water District's operations committee March 11, quickly reaching a consensus about the 2020 season opening day.

"We're actually thinking it is best to wait until the first of May for the safety of our customers and employees," said Steve Porfeli, owner of Pine Knot Marina. Porfeli suggested the MWD could continue to monitor the situation regarding COVID-19 in April with the possibility of opening sooner.

Loren Haler, owner of Holloman Marina and North Shore Landing,

agreed with Porfeli, suggesting that the MWD board could revisit the issue at its April 16 meeting.

Steve Bengert of Big Bear Marina agrees, re-emphasizing the situation in mid-April is a good idea.

"We are already fielding quite a few phone calls from down the hill from people who want to know what they can and can't do," Bengert said. He said marinas should wait until the public launch ramps open before the marinas open for the season.

Captain John Saunders of Fawn Harbor Marina wanted to allow slip owners to put their boats in the water as soon as April 1. "We want to get open as soon as we possibly can to be able to put the bills," Saunders said.

MWD board member Charlie Benschneider explained to Saunders that the lake operations are not yet open. Saunders agreed with the rest of the marina owners to wait and see what develops.

Porfeli suggested marina owners should look into available ramps to help pay salaries until the marinas can open.

The East Pointe Launch Ramp was originally scheduled to open April 1. The board met at a special meeting March 24 and voted to postpone the opening until at least April 7. At that time, the board also decided to revisit the issue at the April 2 meeting after hearing advice and suggestions from Big Bear Lake marina.

Tell Center of Pleasant Point Marina said they have a few slip holders who want to get their boats in the water. Measure Bond is a membership marina.

"We're telling them we are full open," Cooper said. "It would be nice if we could get a soft start, but I have the feeling people would swim up here and that might be a problem."

Marina owners said they are doing maintenance and repairs on docks and boats while adhering to physical distancing and other safety precautions.

MWD General Manager Mike Stephenson said the agency has limited 20 to 40 calls a day since the board voted to tentatively postpone the opening day for the East Pointe Launch until April 2.

"They don't want the influx of people," Stephenson said about the local response. "On the 1st or 2nd of April, we can have that conversation again. The unknown is what all of us are trying to predict, and schools can do that."

According to Stephenson, the committee will recommend to the full board to postpone the opening of the public launch ramps until May 1, but to revisit that date at the April 16 meeting. Stephenson said the agency also has the authority to close the surface of the lake. "That is going to be part of the discussion for the April 2 board meeting," Stephenson said.

The MWD board of directors meets via telephone conference at 3 p.m. April 2.

The public can attend the meeting via telephone. Call toll-free 800-811-0000. If the number is busy because of high call volume, try using 213-906-9367. The access code is 620110777. The pass code is 2222.

Bear Valley Community Healthcare District

was awarded the prestigious QHR award...

2019 Best Overall Performance
Critical Access Hospital

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this critical time.



We are all in this together

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QHR Board Essentials

Addressing Changes in the Healthcare Landscape



Five Tactics to Ensure Your Hospital's Supply Chain Strategy is Prepared to Combat the Covid-19 Pandemic

March 2020

As the coronavirus pandemic brings worry and even panic to some areas of the country, infectious disease experts are telling the public to expect the spread of the virus to get worse before it gets better. We are all in this together. As part of our ongoing support, QHR Health has set up a resource website (qhrcovid19.com) that will be updated daily with content related to the COVID-19 pandemic. Please check in daily for new information and feel free to reach out to us with any questions.

To prepare for shocks still yet to come, the following tactics could help ensure the nation's hospitals and talented clinicians are able to continue their lifesaving work. Above all, the takeaway for hospital supply chain executives is to inventory, monitor and preserve.

1. Prepare for the supply crunch

China, which manufactures many of the critical personal safety supplies hospitals rely on, has dealt with the coronavirus epidemic for months. Though manufacturers in China seem to be slowly getting back to work, it's going to take time to recover from the supply shock caused by temporarily shuttering their operations. And although production is ramping back up, it's speculated that China will hold much of the new production for its own use in the near future.

It's imperative that hospitals begin to take stock of their supplies now and begin to plan for how to extend the limited supplies on hand.

2. Assess your facility's medical supply risk

Demand is skyrocketing for simple ear loop masks often given to hospital visitors, N95 respirators for use by medical professionals, hand sanitizer, and disposable gowns and gloves. For the reasons noted above, supply chain pressure on these items is unlikely to subside anytime soon.

Meanwhile, other products for direct patient use are at risk of short supply, such as pharmaceutical and respiratory support products. Though shortages are all over the news now, the most severe shortages are likely to arise in April and May and even into June, as both providers and suppliers deplete their existing inventories. To best assess your supply readiness, consider:

1. Reviewing inventory as often as daily
2. Analyzing historic supply use and then multiply it by a factor considering current patient influx - to predict potential pandemic usage
3. Consider using a single mask per patient per provider per day, and limit and consolidate/bundle provision of treatments to assist with conserving personal protective equipment (masks).

3. Take advantage of any new supply options

During this supply crisis, it's important to monitor the latest coronavirus updates in the news media and in healthcare trade publications each day to understand where new areas of supply may arise. In recent days, some individuals have announced gifts to the U.S. to help deal with expected shortages of masks and other needed items.

In the meantime, supply chain executives should particularly look out for news on how to access the federal government's strategic national supply when it becomes available. These efforts are unlikely to fully meet demand, but they will help. Also, when your vendors announce allocations, make sure to order all you are allocated.

4. Consider appointing a "supply czar"

At least anecdotally, we know stealing of supplies is already a serious problem. New York state has had active investigations involving theft of items like masks and other medical equipment from hospitals since the outbreak began.

If they haven't already, hospitals should consider appointing someone or a team of people to have responsibility for personal protective equipment, and only allow those individuals to access areas where the equipment is kept. Hospitals should securely sequester these supplies in a central location and monitor usage, by camera if possible. (One option is to place masks in automated dispensing machines (ADMs, i.e. Pyxis). Only the supply czar or the team acting in that role should have access to these high-demand items. If you do appoint a supply czar, no personal protective equipment should leave the secure area without their written approval.

Supply chain leaders and workers need to take inventory frequently (perhaps daily) and watch carefully for significant spikes in utilization. Further, hospitals should consider creating a policy to conserve critical items like gloves and masks. Manufacturers regularly maintain a 90-day "cushion stock," of such items, but as that stock is rapidly depleted due to increased demand and a lack of production, the shortage will become much more evident over the next 45-60 days. None of these items should be used by anyone who is not directly involved in patient care.

5. Save your old stock

If you have old stock that is past its recommended shelf life, especially personal protective items, do not dispose of it. The government may rescind current limitations on shelf life to reduce the impact of the shortage.

You should isolate these items that are past their "use by" date in case their usage is approved later. Further, some supplies that are not approved for more than single use now may be able to be sterilized and reused in an emergency. Anything that could be reused under drastic circumstances should be retained separately.

Be proactive and make lists of other supplies that may be likely to be in short supply in the next 3-6 months, such as respirators, oxygen, respirator cartridges and ventilators, just to name a few. Any items likely to be needed for coronavirus treatment should be sequestered, and you should order all you are allocated from your vendors.

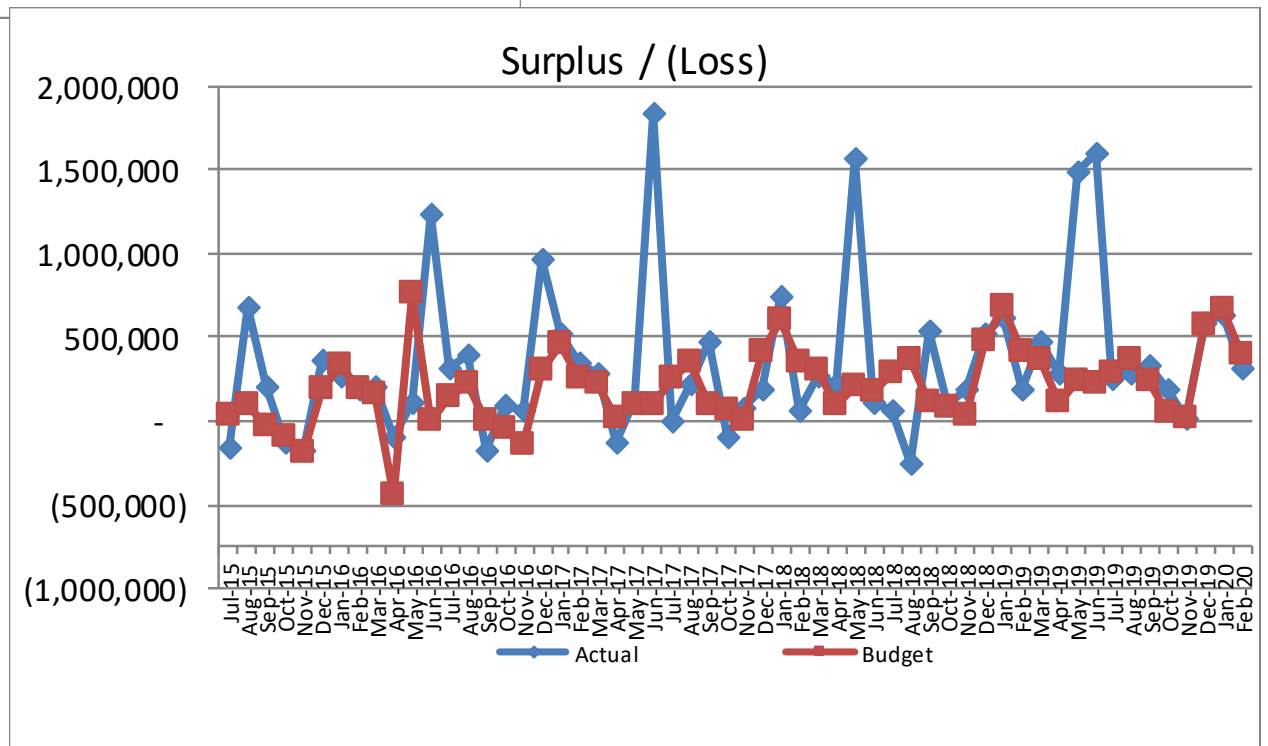
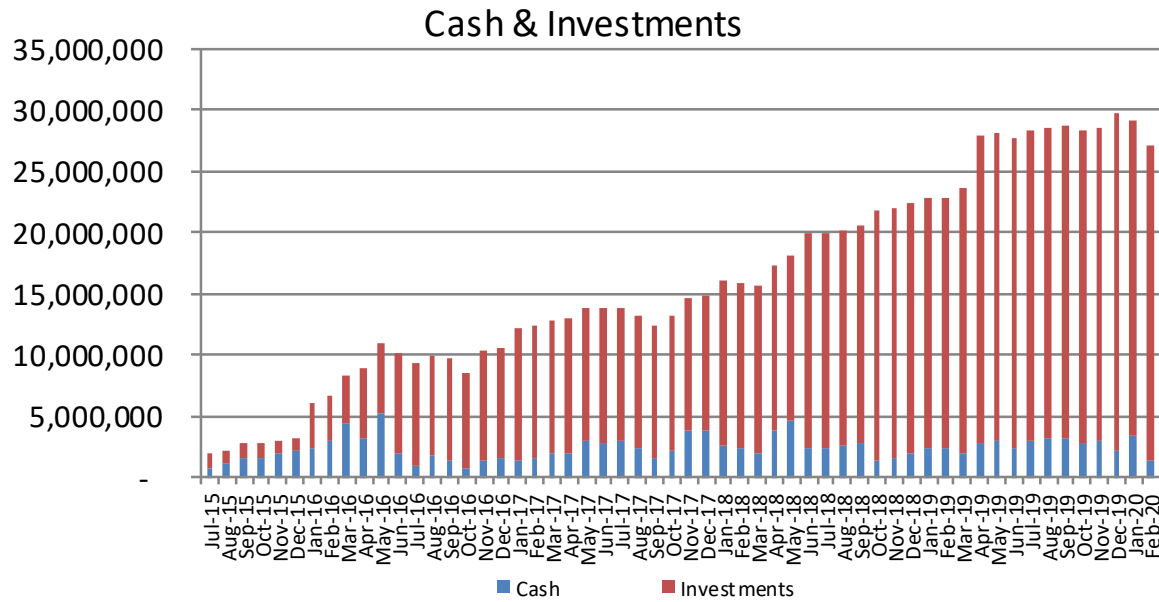
Above all, follow emergent and also common sense guidelines, including reminding clinicians that infectious disease protocols must be emphasized and simple things, such as thorough hand washing (while conserving hand sanitizer) along with limiting exposure are invaluable to the containment of the virus and the maintenance of sufficient stock during this critical time.



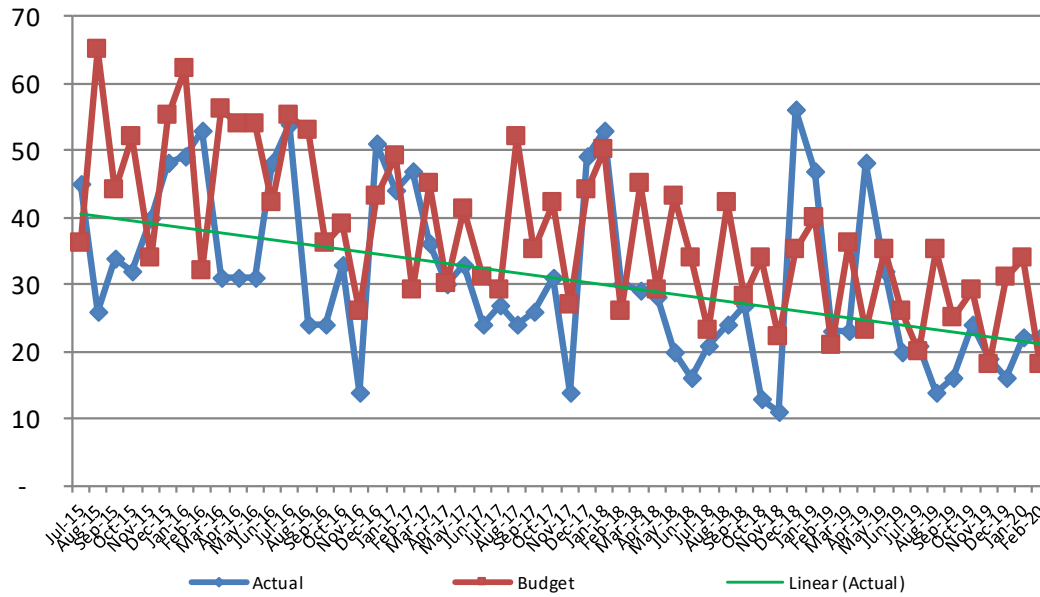
Finance Report
February 2020 Results

Summary for February 2020

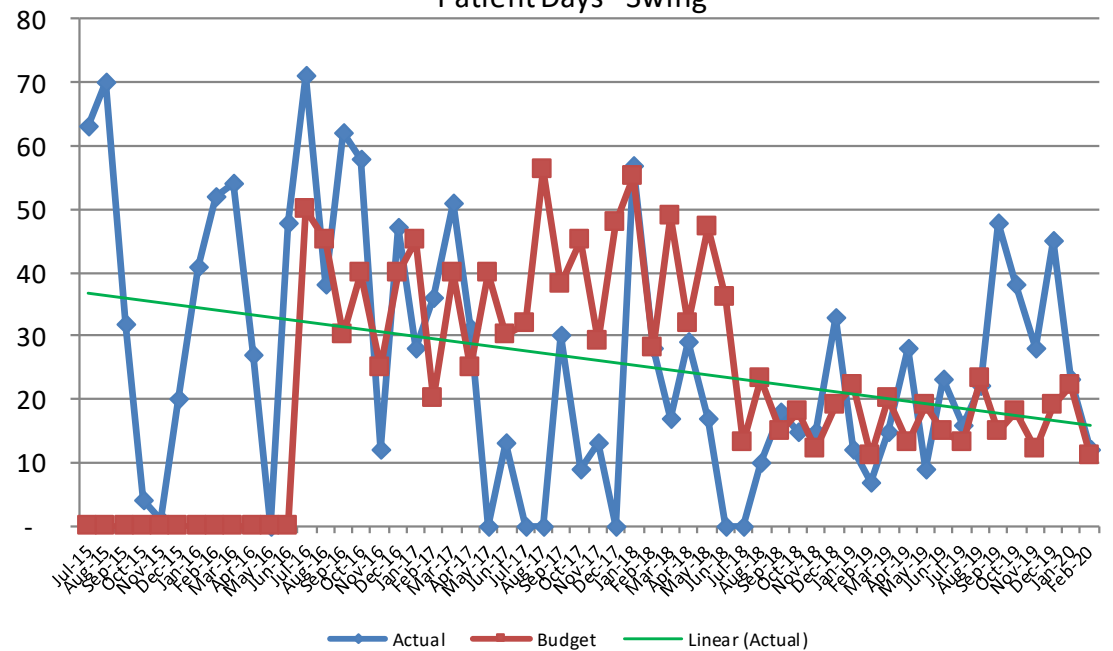
- Cash on hand \$ 1,427,451
Investments \$25,702,939
- Days Cash on hand, including investments with LAIF – 396
- Surplus of \$325,152 for the month was under budget by \$70,184
- Total Patient Revenue was under Budget by 1.6% for the month
- Net Patient Revenue was 1.4% under budget.
- Total Expenses were 0.5% higher than budget

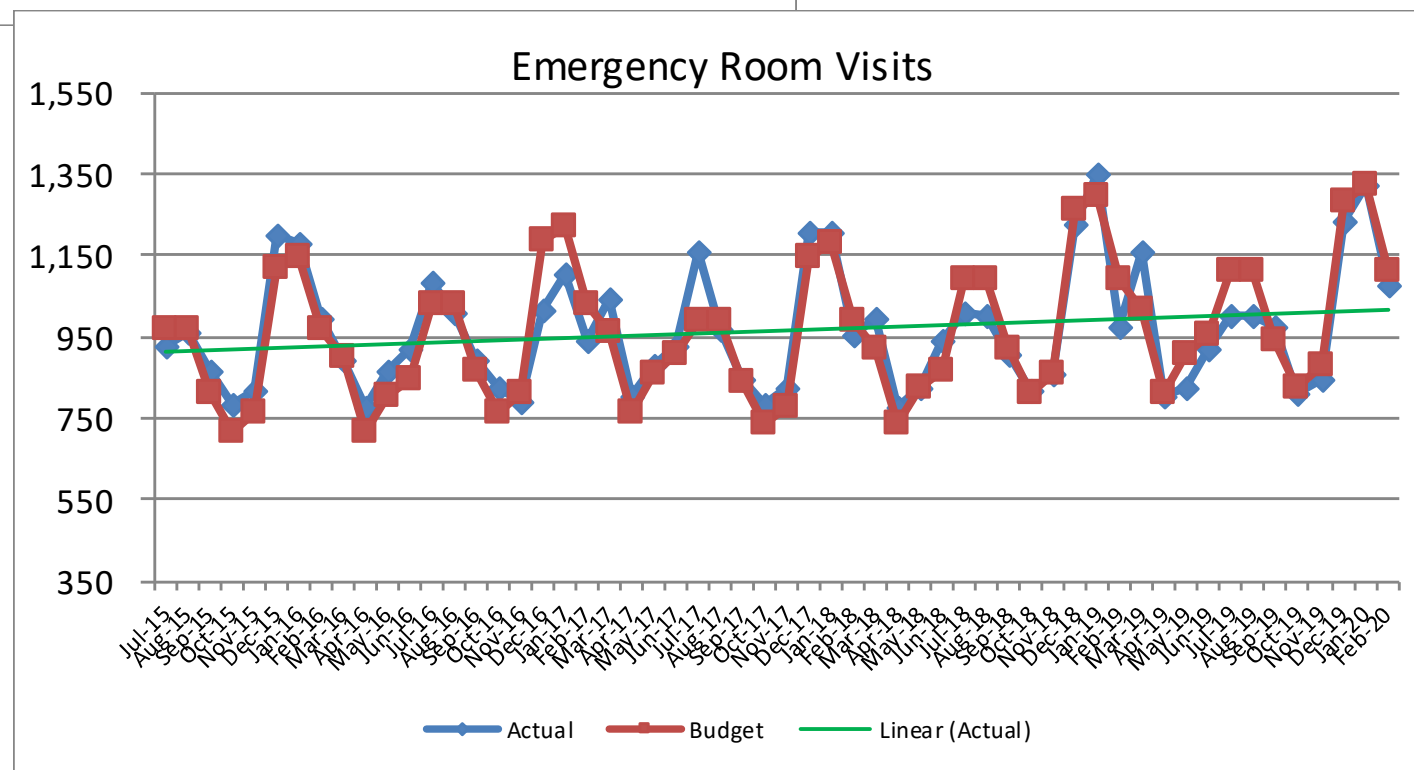
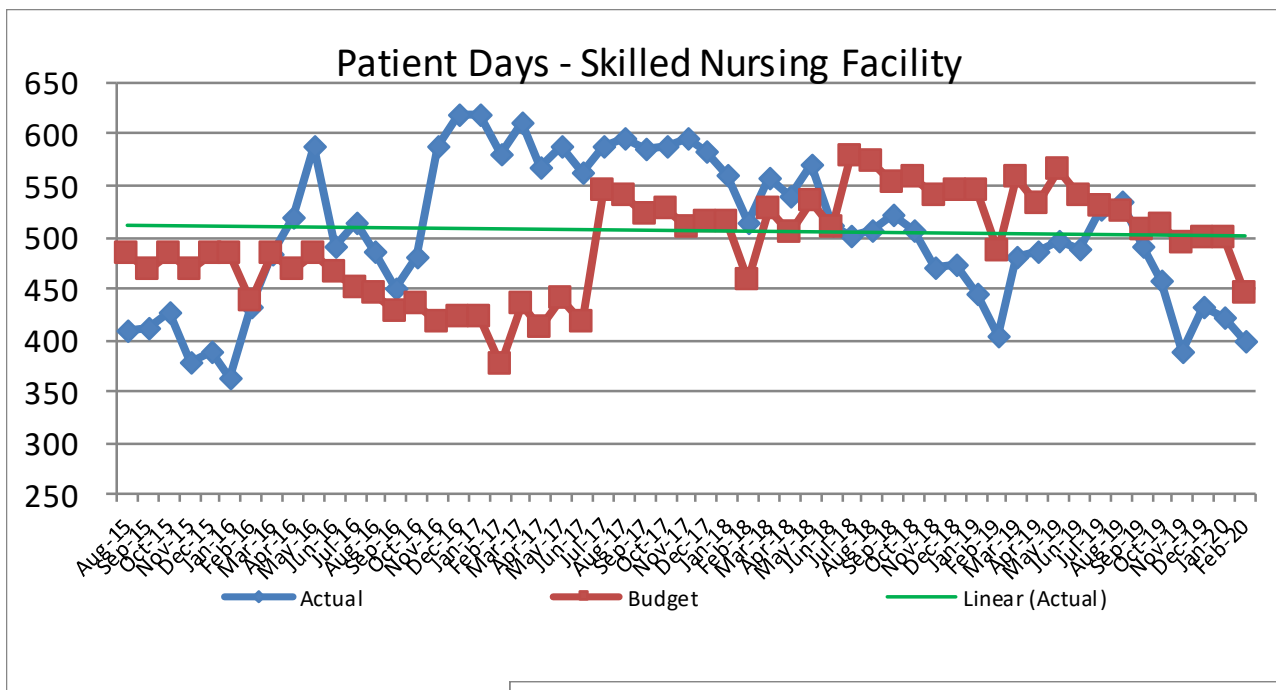


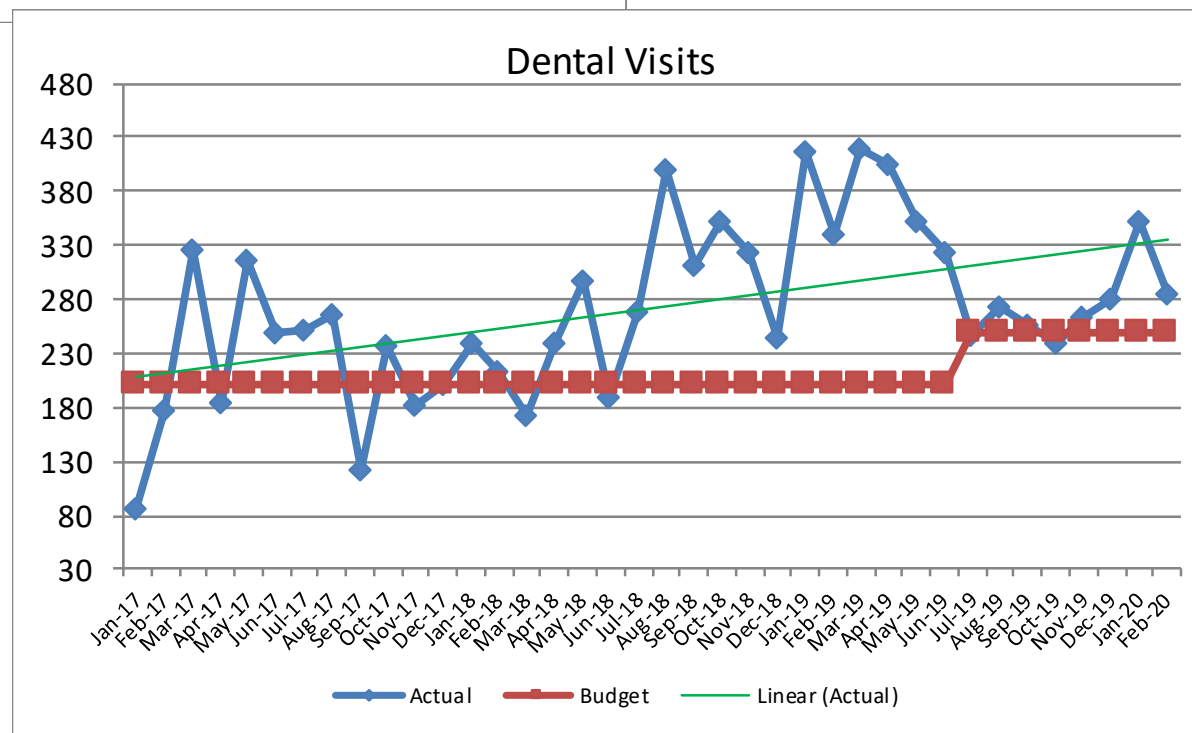
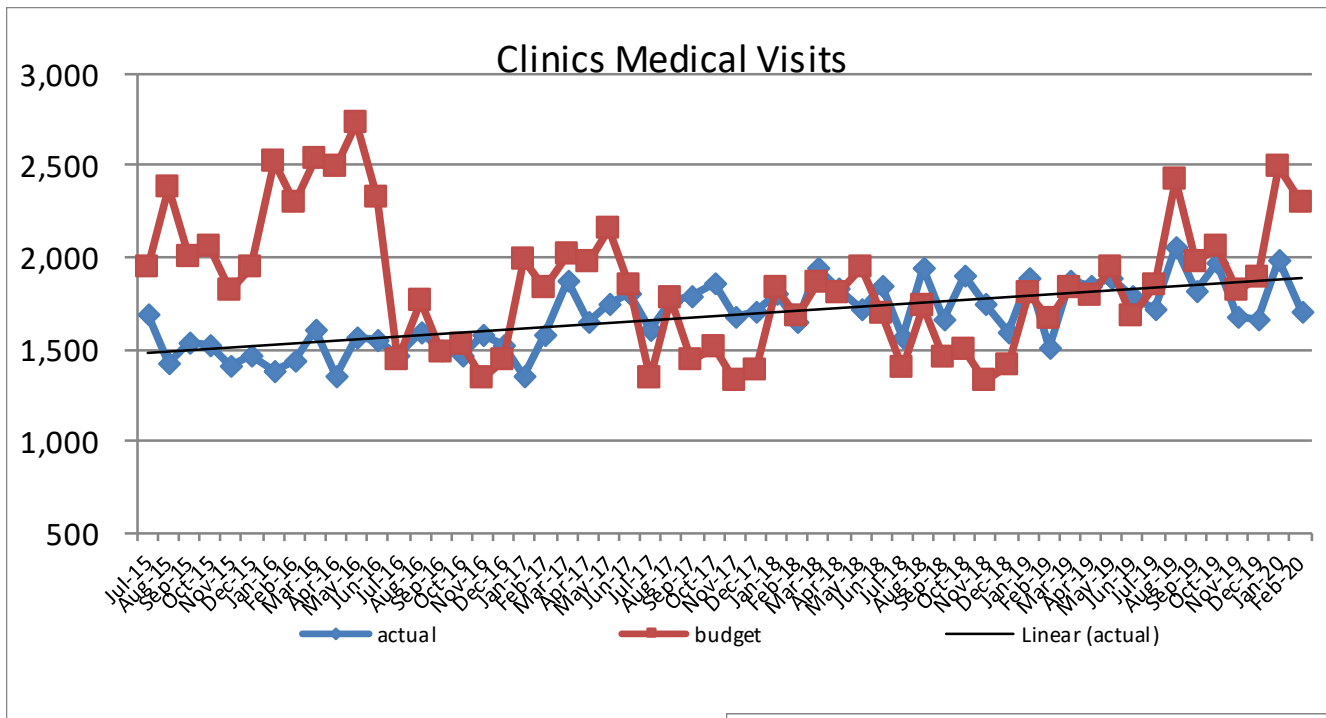
Patient Days - Acute

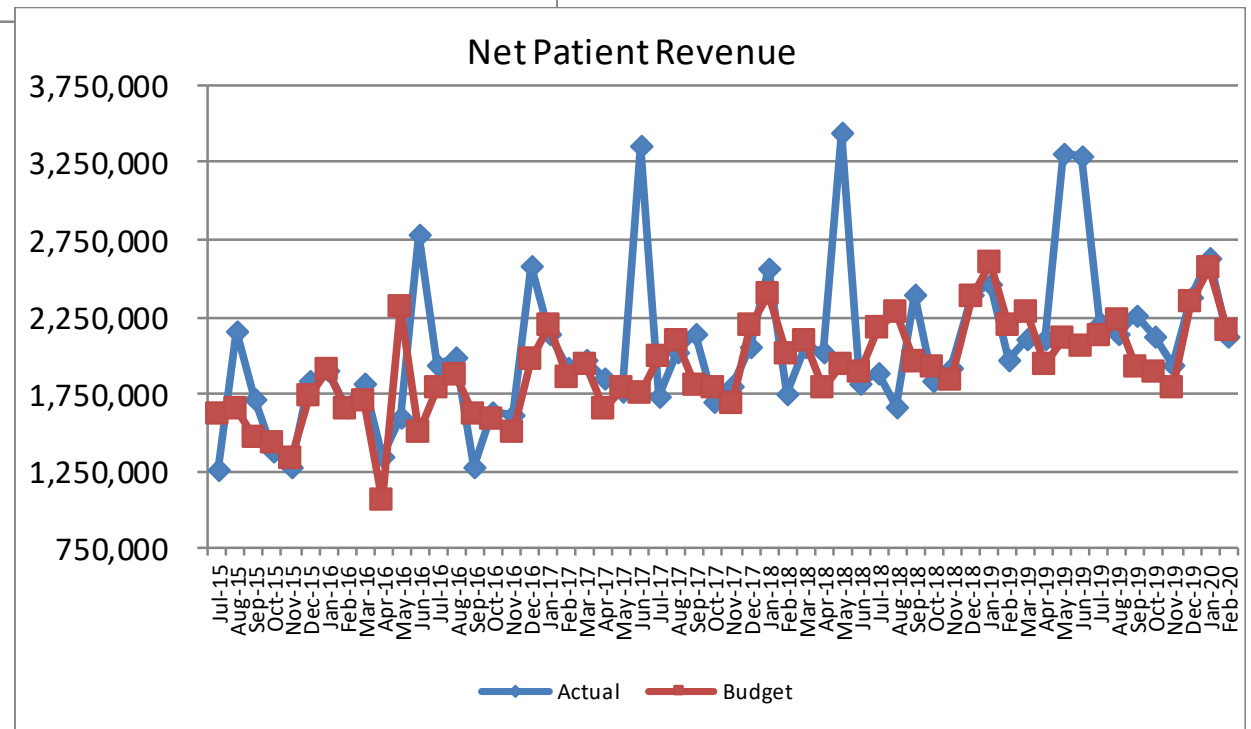
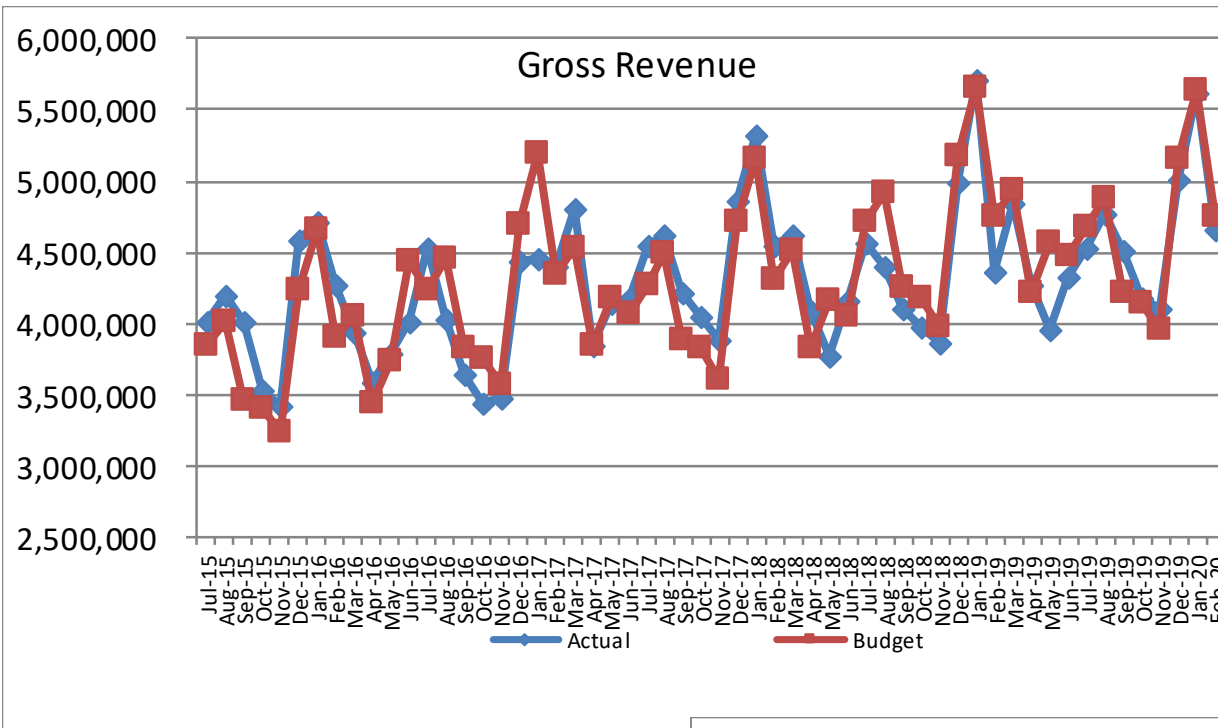


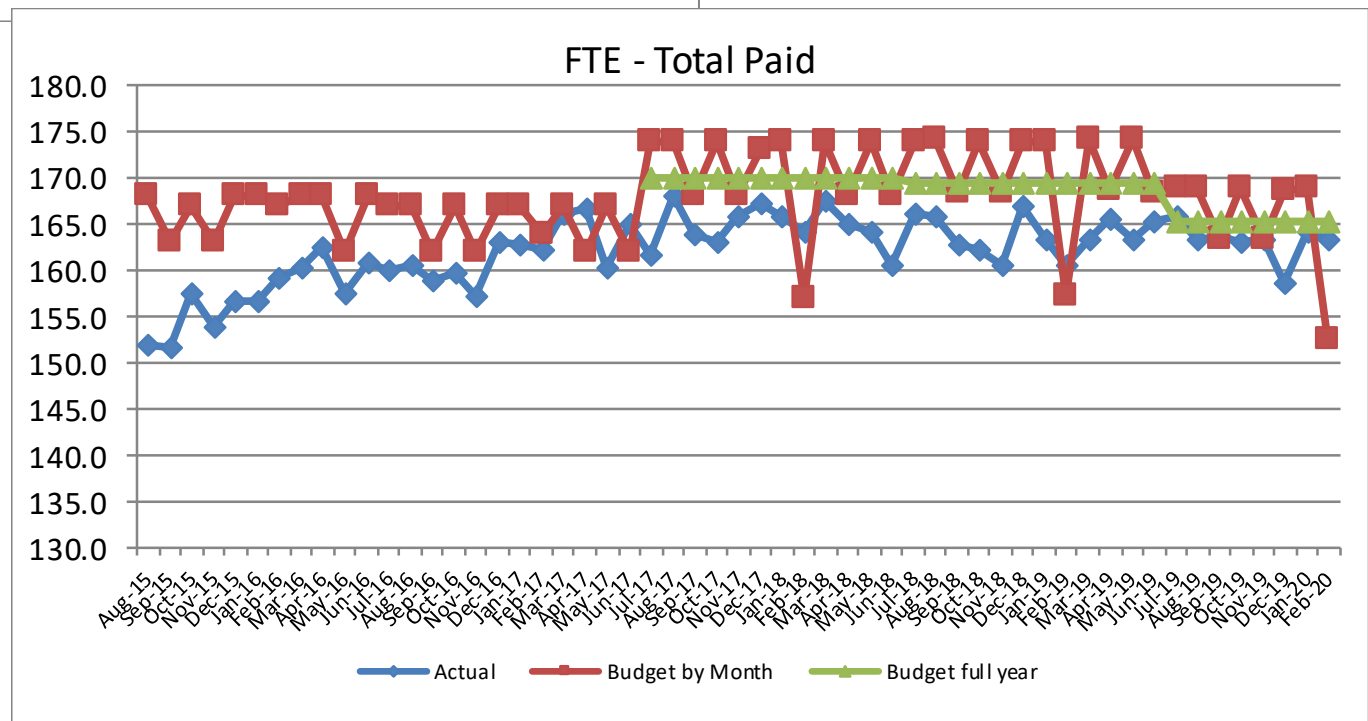
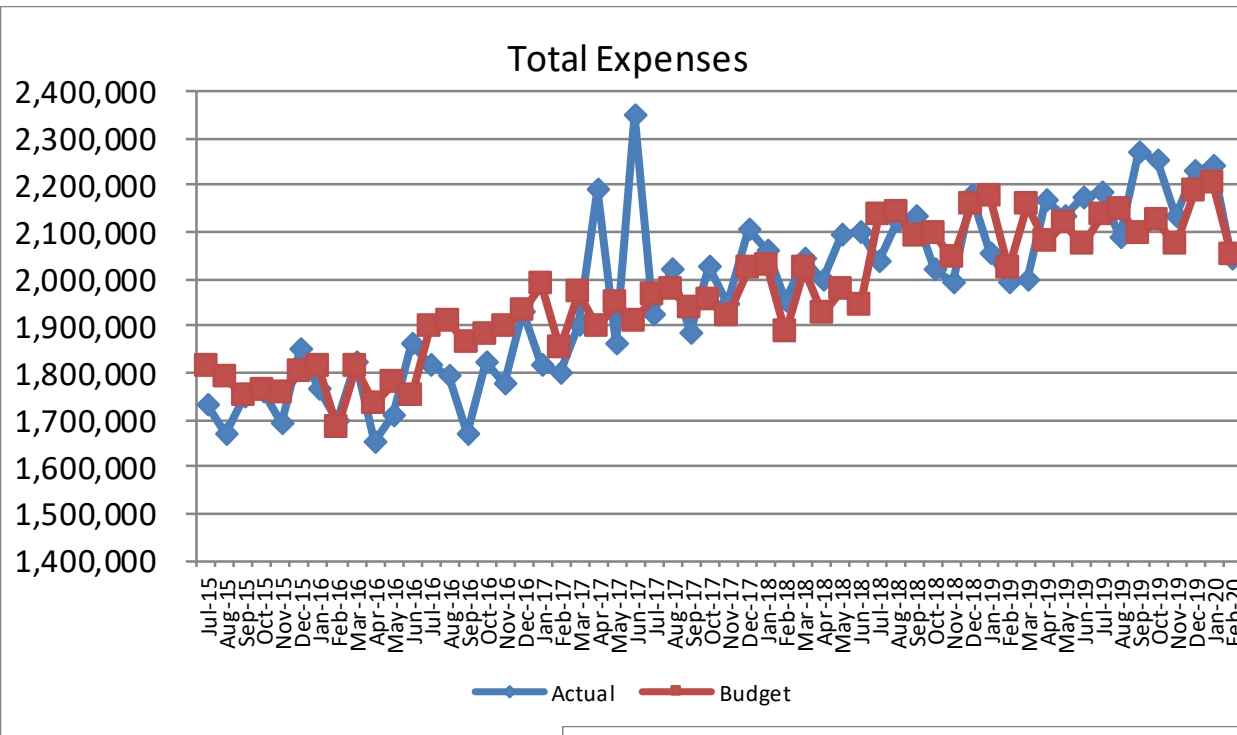
Patient Days - Swing



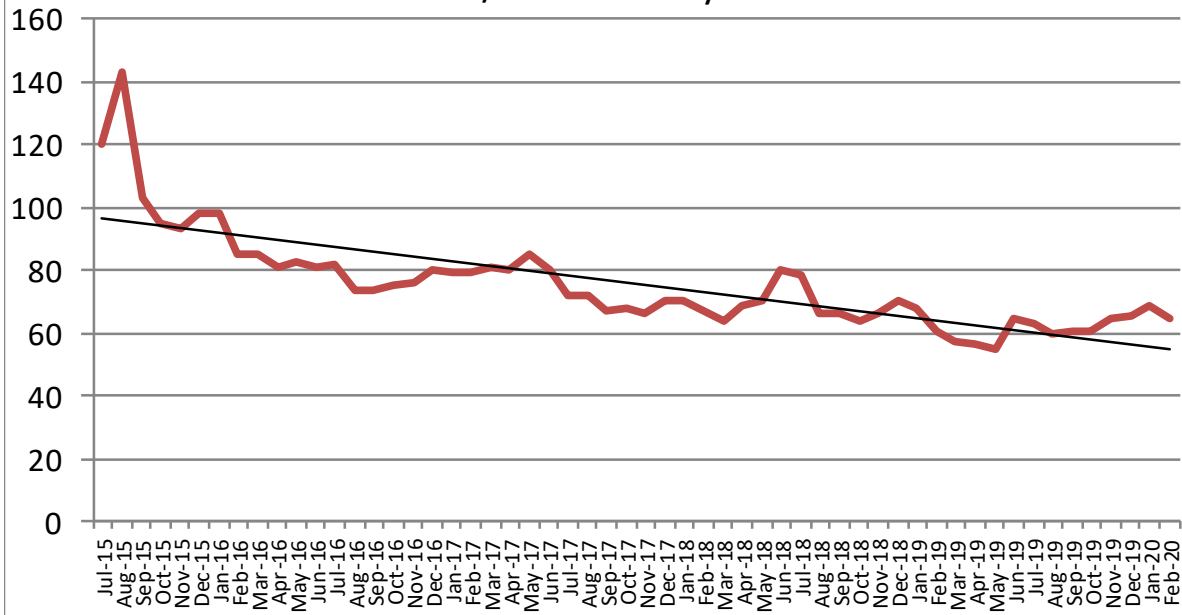




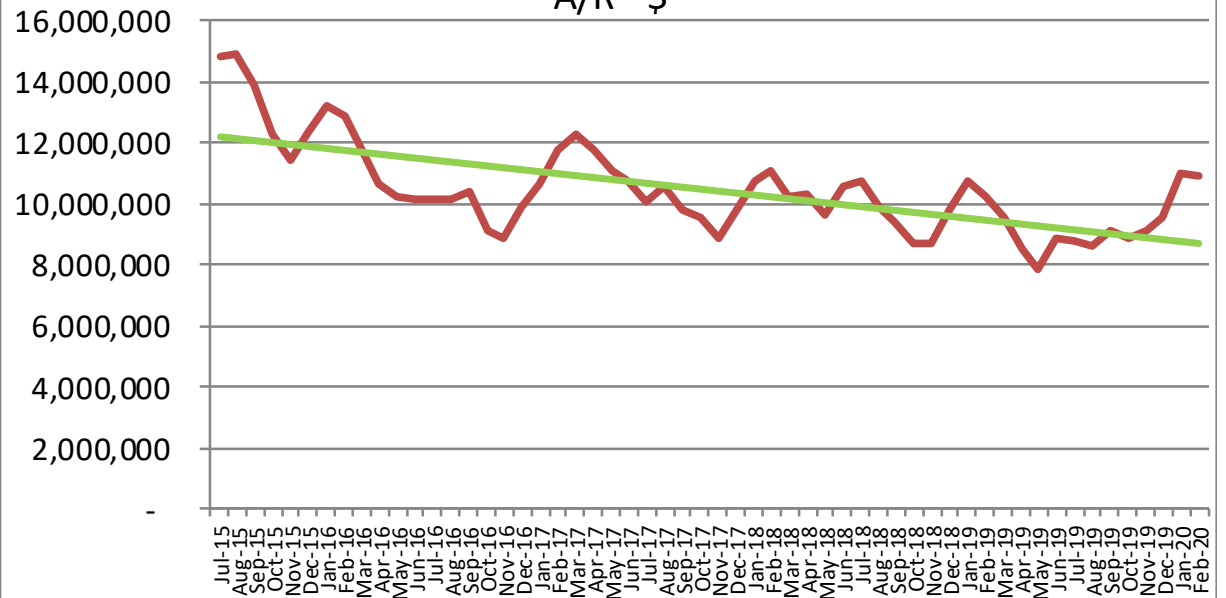




A/R - Gross Days



A/R - \$





February 2020 Financial Results

For the month . . .

Total Patient Revenue for February 2020 was \$4,666,332 - this was \$77,863 or 1.6% lower than budget. Emergency Room and Inpatient revenue was over budget. Other categories of patient revenue were under budget for the month.

Revenue deductions of \$2,538,941 were lower than budget by 1.8%.

Total Operating Revenue of \$2,151,823 was \$94,154 or 4.2% lower than budget.

Total Expenses of \$2,041,399 were 0.5% lower than budget.

Our surplus for the month of February 2020 was \$325,152. This was \$70,184 lower than the budgeted amount for the month.

Our Operating Cash and Investments total \$27,130,392 as of the end of month. Total days cash on hand as of the end of February 2020 are 396.

Key Statistics

Acute patient days of 22 were 22% more than the budgeted number of 18. Swing days of 12 were 9% more than the budgeted number. Skilled Nursing Facility days of 399 were 11% lower than budget – our Average Daily Census was 13.8. ER Visits of 1,074 were 3.4% lower than budget. Clinics Medical visits were under budget while Dental visits were over budget.

FTE (Full Time Equivalents) continue to run under budget.

Year To Date - Through the first 8 months of our Fiscal Year

Total Patient Revenue is right at, 0.0%, the budgeted amount

Total Operating Revenue is 1.8% higher than budget

Total Operating Expenses are 2.3% more than budget

Our Surplus of \$2,683,714 is \$105,679 more than budget, and \$701,584 more than the first 8 months of last year

Bear Valley Community Healthcare District
Financial Statements February 29, 2020

Financial Highlights—Hospital
STATEMENT OF OPERATIONS

	A	B	C	D	E	F	G	H	I	J
	Current Month					Year-to-Date				
	FY 18/19	FY 19/20		VARIANCE		FY 18/19	FY 19/20		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
1 Total patient revenue	4,365,184	4,666,332	4,744,195	(77,863)	-1.6%	36,007,675	37,413,529	37,415,210	(1,682)	0.0%
2 Total revenue deductions	2,385,744	2,538,941	2,586,061	(47,120)	-1.8%	19,461,756	19,636,164	20,400,465	(764,301)	-3.7%
3 % Deductions	55%	54%	55%			54%	52%	55%		
4 Net Patient Revenue	1,979,440	2,127,391	2,158,134	(30,743)	-1.4%	16,545,919	17,777,365	17,014,745	762,620	4.5%
5 % Net to Gross	45%	46%	45%			46%	48%	45%		
6 Other Revenue	32,921	24,432	87,842	(63,410)	-72.2%	271,297	269,501	708,334	(438,833)	-62.0%
7 Total Operating Revenue	2,012,361	2,151,823	2,245,976	(94,154)	-4.2%	16,817,215	18,046,865	17,723,079	323,787	1.8%
8 Total Expenses	1,993,799	2,041,399	2,050,837	(9,438)	-0.5%	16,526,640	17,393,242	16,996,619	396,623	2.3%
9 % Expenses	46%	44%	43%			46%	46%	45%		
10 Surplus (Loss) from Operations	18,562	110,423	195,139	(84,716)	43.4%	290,575	653,623	726,459	(72,836)	10.0%
11 % Operating margin	0%	2%	4%			1%	2%	2%		
12 Total Non-operating	177,639	214,729	200,197	14,532	7.3%	1,691,555	2,030,091	1,851,576	178,515	9.6%
13 Surplus/(Loss)	196,201	325,152	395,336	(70,184)	17.8%	1,982,130	2,683,714	2,578,035	105,679	-4.1%
14 % Total margin	4%	7%	8%			6%	7%	7%		

BALANCE SHEET

	A	B	C	D	E
	February	February	January		
	FY 18/19	FY 19/20	FY 19/20	VARIANCE	
				Amount	%
15 Gross Accounts Receivables	10,216,291	10,911,605	10,999,333	(87,728)	-0.8%
16 Net Accounts Receivables	3,545,170	3,533,865	3,693,174	(159,319)	-4.3%
17 % Net AR to Gross AR	35%	32%	34%		
18 Days Gross AR	61.0	64.9	68.6	(3.7)	-5.4%
19 Cash Collections	1,836,915	2,069,461	1,770,743	298,718	16.9%
20 Settlements/IGT Transactions	271,554	45,520	68,094	(22,574)	-33.2%
21 Investments	20,377,496	25,702,939	25,702,939	-	0.0%
22 Cash on hand	2,318,185	1,427,451	3,446,639	(2,019,188)	-58.6%
23 Total Cash & Invest	22,695,681	27,130,390	29,149,578	(2,019,188)	-6.9%
24 Days Cash & Invest	347	396	424	(29)	-6.7%
Total Cash and Investments	22,695,681	27,130,390			
Increase Current Year vs. Prior Year		4,434,709			

Bear Valley Community Healthcare District
Financial Statements February 29, 2020

Statement of Operations

	A	B	C	D	E	F	G	H	I	J
	Current Month					Year-to-Date				
	FY 18/19	FY 19/20		VARIANCE		FY 18/19	FY 19/20		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
Gross Patient Revenue										
1 Inpatient	91,583	96,742	94,199	2,543	2.7%	1,131,486	987,437	1,016,996	(29,558)	-2.9%
2 Outpatient	937,118	852,861	918,881	(66,020)	-7.2%	7,150,202	6,848,619	7,246,081	(397,462)	-5.5%
3 Clinic Revenue	339,004	346,918	445,629	(98,711)	-22.2%	3,001,821	3,000,967	3,451,692	(450,725)	-13.1%
4 Emergency Room	2,818,505	3,192,182	3,080,432	111,750	3.6%	23,008,700	24,952,137	23,920,866	1,031,271	4.3%
5 Skilled Nursing Facility	178,974	177,630	205,054	(27,424)	-13.4%	1,715,467	1,624,369	1,779,576	(155,207)	-8.7%
6 Total patient revenue	4,365,184	4,666,332	4,744,195	(77,863)	-1.6%	36,007,675	37,413,529	37,415,210	(1,682)	0.0%
Revenue Deductions										
7 Contractual Allow	2,318,188	2,201,880	2,300,897	(99,017)	-4.3%	18,269,874	18,489,938	18,151,519	338,419	1.9%
8 Contractual Allow PY	(250,000)	(175,000)	-	(175,000)	#DIV/0!	(1,693,374)	(1,374,101)	-	(1,374,101)	#DIV/0!
9 Charity Care	-	19,132	12,745	6,387	50.1%	89,059	116,519	100,511	16,008	15.9%
10 Administrative	15,817	17,788	15,530	2,258	14.5%	94,768	47,698	122,477	(74,779)	-61.1%
11 Policy Discount	13,140	15,711	13,877	1,834	13.2%	106,436	123,329	109,440	13,889	12.7%
12 Employee Discount	5,090	8,421	5,802	2,619	45.1%	45,892	35,988	45,758	(9,770)	-21.4%
13 Bad Debts	150,488	358,676	237,210	121,466	51.2%	1,561,998	1,581,453	1,870,760	(289,308)	-15.5%
14 Denials	177,395	92,334	-	92,334	#DIV/0!	987,104	615,340	-	615,340	#DIV/0!
15 Total revenue deductions	2,385,744	2,538,941	2,586,061	(47,120)	-1.8%	19,461,756	19,636,164	20,400,465	(764,301)	-3.7%
16 Net Patient Revenue	1,979,440	2,127,391	2,158,134	(30,743)	-1.4%	16,545,919	17,777,365	17,014,745	762,620	4.5%
gross revenue including Prior Year Contractual Allowances as a percent to gross revenue WO PY and Other CA	40.2%	40.2%		40.2%		40.2%	447.4%	447.4%	0.0%	
	39.2%	39.2%		39.2%		39.2%	437.2%	437.2%	0.0%	
17 Other Revenue	32,921	24,432	87,842	(63,410)	-72.2%	271,297	269,501	708,334	(438,833)	-62.0%
18 Total Operating Revenue	2,012,361	2,151,823	2,245,976	(94,154)	-4.2%	16,817,215	18,046,865	17,723,079	323,787	1.8%
Expenses										
19 Salaries	808,233	876,787	802,816	73,971	9.2%	6,918,593	7,335,917	6,959,979	375,938	5.4%
20 Employee Benefits	268,996	289,735	311,298	(21,563)	-6.9%	2,213,451	2,467,122	2,571,148	(104,026)	-4.0%
21 Registry	27,582	-	-	-	#DIV/0!	97,972	5,100	-	5,100	#DIV/0!
22 Salaries and Benefits	1,104,811	1,166,522	1,114,114	52,408	4.7%	9,230,016	9,808,139	9,531,127	277,012	2.9%
23 Professional fees	170,192	168,902	195,970	(27,068)	-13.8%	1,378,710	1,410,500	1,577,424	(166,924)	-10.6%
24 Supplies	146,456	104,454	139,385	(34,931)	-25.1%	1,084,713	1,227,266	1,149,213	78,053	6.8%
25 Utilities	47,027	39,387	46,276	(6,889)	-14.9%	351,714	336,672	367,757	(31,085)	-8.5%
26 Repairs and Maintenance	34,028	43,670	46,860	(3,190)	-6.8%	241,336	457,385	380,554	76,831	20.2%
27 Purchased Services	305,953	312,651	325,710	(13,059)	-4.0%	2,830,095	2,557,685	2,528,366	29,319	1.2%
28 Insurance	47,942	31,990	30,917	1,073	3.5%	246,510	253,146	247,336	5,810	2.3%
29 Depreciation	81,848	83,739	78,725	5,014	6.4%	628,101	666,644	629,800	36,844	5.9%
30 Rental and Leases	12,596	10,270	12,370	(2,100)	-17.0%	91,378	95,759	98,960	(3,201)	-3.2%
32 Dues and Subscriptions	6,657	6,743	6,488	255	3.9%	50,604	47,905	51,904	(3,999)	-7.7%
33 Other Expense	36,290	73,071	54,022	19,049	35.3%	393,462	532,142	434,178	97,964	22.6%
34 Total Expenses	1,993,799	2,041,399	2,050,837	(9,438)	-0.5%	16,526,640	17,393,242	16,996,619	396,623	2.3%
35 Surplus (Loss) from Operations	18,562	110,423	195,139	(84,716)	43.4%	290,575	653,623	726,459	(72,836)	10.0%
Non-Operating Income										
36 Tax Revenue	184,244	201,917	201,917	-	0.0%	1,473,952	1,615,336	1,615,336	-	0.0%
38 Other non-operating	-	20,040	5,750	14,290	248.5%	59,095	167,783	46,000	121,783	264.7%
Interest Income	985	272	100	172	171.6%	219,610	307,336	250,800	56,536	22.5%
Interest Expense	(7,590)	(7,500)	(7,500)	70	-0.9%	(61,102)	(60,365)	(60,560)	195	-0.3%
IGT Expense	-	-	-	-	#DIV/0!	-	-	-	-	#DIV/0!
39 Total Non-operating	177,639	214,729	200,197	14,532	7.3%	1,691,555	2,030,091	1,851,576	178,515	9.6%
40 Surplus/(Loss)	196,201	325,152	395,336	(70,184)	17.8%	1,982,130	2,683,714	2,578,035	105,679	-4.1%

**Bear Valley Community Healthcare District
Financial Statements**

Current Year Trending Statement of Operations

A Statement of Operations—CURRENT YEAR 2020

		1	2	3	4	5	6	7	8	9	10	11	12	
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
Gross Patient Revenue														
1	Inpatient	132,376	109,683	117,618	135,332	113,846	160,880	120,961	96,742					987,437
2	Outpatient	852,704	893,759	883,248	900,575	788,445	714,674	962,354	852,861					6,848,619
3	Clinic	369,855	413,535	386,658	398,761	339,831	338,589	406,820	346,918					3,000,967
4	Emergency Room	2,937,844	3,116,633	2,904,860	2,531,862	2,687,022	3,636,063	3,945,671	3,192,182					24,952,137
5	Skilled Nursing Facility	234,536	237,879	218,184	212,481	187,257	168,287	188,116	177,630					1,624,369
6	Total patient revenue	4,527,315	4,771,490	4,510,568	4,179,010	4,116,401	5,018,492	5,623,921	4,666,332	-	-	-	-	37,413,529
Revenue Deductions														
C/A		0.45	0.53	0.47	0.48	0.56	0.48	0.51	0.47	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.49
7	Contractual Allow	2,048,634	2,523,579	2,128,363	1,986,465	2,300,777	2,425,259	2,874,983	2,201,880					18,489,938
8	Contractual Allow PY	(100,000)	(150,040)	(150,000)	(150,000)	(299,061)	(175,000)	(175,000)	(175,000)					(1,374,101)
9	Charity Care	21,771	10,036	2,177	5,803	17,447	38,889	1,264	19,132					116,519
10	Administrative	9,113	(337)	5,344	3,687	5,190	68	6,845	17,788					47,698
11	Policy Discount	11,209	16,516	14,783	15,253	13,132	16,444	20,282	15,711					123,329
12	Employee Discount	7,850	3,870	1,620	6,914	2,302	2,568	2,443	8,421					35,988
13	Bad Debts	262,975	160,654	203,254	98,670	64,994	253,297	178,933	358,676					1,581,453
14	Denials	56,797	58,918	53,258	96,348	82,780	85,583	89,322	92,334					615,340
	Total revenue deductions	2,318,349	2,623,196	2,258,799	2,063,140	2,187,561	2,647,107	2,999,071	2,538,941	-	-	-	-	19,636,164
		0.51	0.55	0.50	0.49	0.53	0.53	0.53	0.54	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
16	Net Patient Revenue	2,208,966	2,148,293	2,251,769	2,115,870	1,928,841	2,371,385	2,624,850	2,127,391	-	-	-	-	17,777,365
	net / tot pat rev	48.8%	45.0%	49.9%	50.6%	46.9%	47.3%	46.7%	45.6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	47.5%
Other Revenue														
17	Total Operating Revenue	4,070	26,718	4,820	140,781	3,687	25,372	39,621	24,432					269,501
18		2,213,036	2,175,012	2,256,589	2,256,651	1,932,528	2,396,757	2,664,471	2,151,823	-	-	-	-	18,046,865
Expenses														
19	Salaries	909,799	920,881	905,534	902,906	917,246	914,346	988,418	876,787					7,335,917
20	Employee Benefits	314,164	285,924	374,193	257,931	315,932	305,507	323,736	289,735					2,467,122
21	Registry	-	-	-	4,380	720	-	-	-					5,100
22	Salaries and Benefits	1,223,962	1,206,805	1,279,728	1,165,217	1,233,898	1,219,853	1,312,154	1,166,522	-	-	-	-	9,808,139
23	Professional fees	227,413	134,001	176,263	176,896	166,751	174,740	185,534	168,902					1,410,500
24	Supplies	157,037	146,720	158,949	174,312	172,298	177,659	135,836	104,454					1,227,266
25	Utilities	45,550	47,425	46,842	40,886	40,122	36,316	40,144	39,387					336,672
26	Repairs and Maintenance	38,865	29,353	29,812	135,968	33,995	77,722	68,000	43,670					457,385
27	Purchased Services	302,946	319,068	323,112	365,076	283,943	342,734	308,153	312,651					2,557,685
28	Insurance	32,000	31,410	31,548	31,515	31,515	31,653	31,515	31,990					253,146
29	Depreciation	82,105	82,105	83,739	83,739	83,739	83,739	83,739	83,739					666,644
30	Rental and Leases	12,010	11,891	12,918	10,463	10,466	15,541	12,201	10,270					95,759
32	Dues and Subscriptions	7,130	5,446	5,785	5,299	6,116	6,272	5,113	6,743					47,905
33	Other Expense.	56,525	72,916	73,560	64,758	70,355	63,462	57,496	73,071					532,142
34	Total Expenses	2,185,543	2,087,141	2,222,256	2,254,129	2,133,199	2,229,691	2,239,883	2,041,399	-	-	-	-	17,393,242
Surplus (Loss) from Operations														
35		27,492	87,870	34,333	2,522	(200,671)	167,066	424,588	110,423	-	-	-	-	653,623
Non-Operating Income														
37	Tax Revenue	201,917	201,917	201,917	201,917	201,917	201,917	201,917	201,917					1,615,336
38	Other non-operating	25,040	9,000	20	40	23,603	75,040	15,000	20,040					167,783
	Interest Income	300	286	156,148	212	190	149,497	432	272					307,336
	Interest Expense	(7,711)	(7,590)	(7,541)	(7,540)	(7,513)	(7,438)	(7,532)	(7,500)					(60,365)
	IGT Expense	-	-	-	-	-	-	-	-					-
39	Total Non-operating	219,546	203,612	350,544	194,629	218,196	419,017	209,817	214,729	-	-	-	-	2,030,091
Surplus/(Loss)														
40		247,038	291,483	384,877	197,151	17,526	586,082	634,405	325,152	-	-	-	-	2,683,714

2019-20 Actual BS

BALANCE SHEET

Includes Final Entries 6-30-19

BALANCE SHEET		PY								
Includes Final Entries 6-30-19		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	June
ASSETS:										
Current Assets										
Cash and Cash Equivalents (Includes CD's)		2,992,558	3,178,108	3,141,519	2,853,286	3,058,371	2,131,639	3,446,639	1,427,451	2,406,940
Gross Patient Accounts Receivable		8,667,951	8,621,871	9,149,724	8,858,810	9,128,887	9,511,803	10,998,377	10,911,416	8,792,362
Less: Reserves for Allowances & Bad Debt		5,919,643	5,911,721	6,297,145	6,112,108	6,276,611	6,497,627	7,305,203	7,377,561	5,906,428
Net Patient Accounts Receivable		2,748,308	2,710,149	2,852,579	2,746,702	2,852,276	3,014,176	3,693,174	3,533,855	2,885,934
Tax Revenue Receivable		2,423,000	2,423,000	2,423,000	2,423,000	2,040,789	1,100,642	1,027,663	970,557	46,556
Other Receivables		90,680	126,745	113,997	605,220	-118,588	-87,096	176,241	210,699	80,710
Inventories		130,378	130,687	123,077	117,611	124,523	132,932	157,906	173,101	136,982
Prepaid Expenses		420,319	422,235	425,830	473,165	415,216	397,410	378,019	375,187	406,467
Due From Third Party Payers		0	0							
Due From Affiliates/Related Organizations		0	0							
Other Current Assets		0	0							
Total Current Assets		8,805,242	8,990,924	9,080,003	9,218,984	8,372,587	6,689,703	8,879,641	6,690,850	5,963,589
Assets Whose Use is Limited										
Investments		25,298,992	25,298,992	25,454,833	25,454,833	25,454,833	27,602,939	25,702,939	25,702,939	25,298,992
Other Limited Use Assets		144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375
Total Limited Use Assets		25,443,367	25,443,367	25,599,208	25,599,208	25,599,208	27,747,314	25,847,314	25,847,314	25,443,367
Property, Plant, and Equipment										
Land and Land Improvements		570,615	570,615	570,615	570,615	570,615	570,615	570,615	3,022,374	570,615
Building and Building Improvements		10,063,006	10,087,902	10,105,802	10,110,802	10,110,802	10,110,802	10,110,802	10,110,802	10,063,006
Equipment		12,367,216	12,390,920	12,483,917	12,555,150	12,624,831	12,677,717	12,684,250	12,795,641	12,365,728
Construction In Progress		220,454	221,354	221,354	221,886	221,886	233,163	305,459	251,806	220,454
Capitalized Interest										
Gross Property, Plant, and Equipment		23,221,290	23,270,791	23,381,687	23,458,453	23,528,134	23,592,297	23,671,126	26,180,623	23,219,802
Less: Accumulated Depreciation		14,657,536	14,739,641	14,823,380	14,907,119	14,990,857	15,074,596	15,158,335	15,242,074	14,575,430
Net Property, Plant, and Equipment		8,563,754	8,531,150	8,558,308	8,551,334	8,537,277	8,517,700	8,512,790	10,938,548	8,644,372
TOTAL UNRESTRICTED ASSETS		42,812,363	42,965,441	43,237,518	43,369,526	42,509,072	42,954,717	43,239,745	43,476,712	40,051,328
Restricted Assets		0	0	0	0	0	0	0	0	0
TOTAL ASSETS		42,812,363	42,965,441	43,237,518	43,369,526	42,509,072	42,954,717	43,239,745	43,476,712	40,051,328

2019-20 Actual BS

BALANCE SHEET

Includes Final Entries 6-30-19

LIABILITIES:									
Current Liabilities									
Accounts Payable	1,109,879	948,094	1,080,601	1,024,845	1,022,614	968,794	922,502	1,102,485	922,125
Notes and Loans Payable									
Accrued Payroll	814,113	894,578	1,021,042	1,105,147	666,489	886,860	889,329	944,292	733,342
Patient Refunds Payable									
Due to Third Party Payers (Settlements)	3,279,267	3,416,509	3,287,677	3,388,603	3,145,949	3,118,768	3,007,599	2,878,886	3,311,092
Advances From Third Party Payers									
Current Portion of Def Rev - Txs,	2,256,083	2,054,166	1,852,249	1,655,332	1,453,415	1,251,498	1,049,581	847,664	35,000
Current Portion - LT Debt	35,000	35,000	35,000	40,000	40,000	40,000	40,000	40,000	35,000
Current Portion of AB915									
Other Current Liabilities (Accrued Interest & Accrued Other)	15,339	22,930	30,471	37,971	45,451	7,560	15,092	22,592	7,689
Total Current Liabilities	7,509,682	7,371,277	7,307,040	7,251,897	6,373,917	6,273,481	5,924,104	5,835,918	5,044,247
Long Term Debt									
USDA Loan	2,860,000	2,860,000	2,860,000	2,855,000	2,855,000	2,815,000	2,815,000	2,815,000	2,860,000
Leases Payable	0	0	0	0	0	0	0	0	0
Less: Current Portion Of Long Term Debt	35,000	35,000	35,000	40,000	40,000	40,000	40,000	40,000	35,000
Total Long Term Debt (Net of Current)	2,825,000	2,825,000	2,825,000	2,815,000	2,815,000	2,775,000	2,775,000	2,775,000	2,825,000
Other Long Term Liabilities									
Deferred Revenue	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0				
Total Other Long Term Liabilities	0	0	0	0	0	0	0	0	0
TOTAL LIABILITIES	10,334,682	10,196,277	10,132,040	10,066,897	9,188,917	9,048,481	8,699,104	8,610,918	7,869,248
Fund Balance									
Unrestricted Fund Balance	32,230,643	32,230,643	32,182,080	32,182,080	32,182,080	32,182,080	32,182,080	32,182,080	24,871,960
Temporarily Restricted Fund Balance	0	0				0			
Equity Transfer from FRHG	0	0				0			
Net Revenue/(Expenses)	247,038	538,521	923,398	1,120,549	1,138,075	1,724,157	2,358,562	2,683,714	7,310,120
TOTAL FUND BALANCE	32,477,681	32,769,164	33,105,478	33,302,629	33,320,154	33,906,237	34,540,642	34,865,794	32,182,080
TOTAL LIABILITIES & FUND BALANCE	42,812,363	42,965,441	43,237,518	43,369,526	42,509,072	42,954,717	43,239,745	43,476,712	40,051,328

Units of Service												
For the period ending: February 29, 2020												
29								244				
Current Month						Bear Valley Community Hospital	Year-To-Date					
Feb-20 Actual	Budget	Feb-19 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %		Feb-20 Actual	Budget	Feb-19 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %
22	18	23	4	22.2%	-4.3%	Med Surg Patient Days	232	210	222	22	10.5%	4.5%
12	11	7	1	9.1%	71.4%	Swing Patient Days	154	133	110	21	15.8%	40.0%
399	446	403	(47)	-10.5%	-1.0%	SNF Patient Days	3,657	4,012	3,829	(355)	-8.8%	-4.5%
433	475	433	(42)	-8.8%	0.0%	Total Patient Days	4,043	4,355	4,161	(312)	-7.2%	-2.8%
9	14	8	(5)	-35.7%	12.5%	Acute Admissions	67	112	91	(45)	-40.2%	-26.4%
7	14	10	(7)	-50.0%	-30.0%	Acute Discharges	65	112	91	(47)	-42.0%	-28.6%
3.1	1.3	2.3	1.9	144.4%	36.6%	Acute Average Length of Stay	3.6	1.9	2.4	1.7	90.4%	46.3%
0.8	0.6	0.8	0.1	22.2%	-4.3%	Acute Average Daily Census	1.0	1	0.9	0.1	10.5%	4.5%
14.2	15.8	14.1	(1.6)	-10.1%	0.2%	SNF/Swing Avg Daily Census	15.6	17	16.1	(1.4)	-8.1%	-3.2%
14.9	16.4	14.9	(1.4)	-8.8%	0.0%	Total Avg. Daily Census	16.6	18	17.1	(1.3)	-7.2%	-2.8%
33%	36%	33%	-3%	-8.8%	0.0%	% Occupancy	37%	40%	38%	-3%	-7.2%	-2.8%
9	13	7	(4)	-30.8%	28.6%	Emergency Room Admitted	48	104	77	(56)	-53.8%	-37.7%
1,065	1,099	8,067	(34)	-3.1%	-86.8%	Emergency Room Discharged	8,225	8,483	8,067	(258)	-3.0%	2.0%
1,074	1,112	8,074	(38)	-3.4%	-86.7%	Emergency Room Total	8,273	8,587	8,144	(314)	-3.7%	1.6%
37	38	278	(1)	-3.4%	-86.7%	ER visits per calendar day	34	35	33	(1)	-3.7%	1.6%
100%	93%	88%	125%	134.6%	14.3%	% Admits from ER	72%	93%	85%	80%	86.5%	-15.3%
-	-	-	-	0.0%	#DIV/0!	Surgical Procedures I/P	1	-	-	1	0.0%	#DIV/0!
9	11	10	(2)	-18.2%	-10.0%	Surgical Procedures O/P	69	97	96	(28)	-28.9%	-28.1%
9	11	10	(2)	-18.2%	-10.0%	TOTAL Procedures	70	97	96	(27)	-27.8%	-27.1%
588	945	1,475	(357)	-37.8%	-60.1%	Surgical Minutes Total	5,957	8,206	6,610	(2,249)	-27.4%	-9.9%

Units of Service
For the period ending: February 29, 2020

Current Month						Bear Valley Community Hospital		Year-To-Date				
Feb-20		Feb-19	Actual -Budget		Act.-Act.		Feb-20		Feb-19	Actual -Budget		Act.-Act.
Actual	Budget	Actual	Variance	Var %	Var %		Actual	Budget	Actual	Variance	Var %	Var %
5,342	6,048	5,708	(706)	-11.7%	-6.4%	Lab Procedures	50,399	49,684	7,345	715	1.4%	586.2%
1,026	1,055	1,036	(29)	-2.7%	-1.0%	X-Ray Procedures	7,356	7,345	6,417	11	0.1%	14.6%
361	299	300	62	20.7%	20.3%	C.T. Scan Procedures	2,663	2,332	2,343	331	14.2%	13.7%
190	218	206	(28)	-12.8%	-7.8%	Ultrasound Procedures	1,589	1,683	1,718	(94)	-5.6%	-7.5%
50	62	26	(12)	-19.4%	92.3%	Mammography Procedures	417	496	392	(79)	-15.9%	6.4%
296	244	297	52	21.3%	-0.3%	EKG Procedures	2,445	2,197	2,254	248	11.3%	8.5%
117	107	86	10	9.3%	36.0%	Respiratory Procedures	918	853	802	65	7.6%	14.5%
1,509	1,321	1,223	188	14.2%	23.4%	Physical Therapy Procedures	12,342	11,195	11,134	1,147	10.2%	10.8%
1,705	2,290	1,514	(585)	-25.5%	12.6%	Primary Care Clinic Visits	14,607	16,781	13,815	(2,174)	-13.0%	5.7%
284	250	339	34	13.6%	-16.2%	Specialty Clinic Visits	2,194	2,000	2,656	194	9.7%	-17.4%
1,989	2,540	1,853	(551)	-21.7%	7.3%	Clinic	16,801	18,781	16,471	(1,980)	-10.5%	2.0%
77	98	71	(21)	-21.7%	7.3%	Clinic visits per work day	92	103	91	(11)	-10.5%	2.0%
15.6%	20.00%	14.90%	-4.40%	-22.00%	4.70%	% Medicare Revenue	17.74%	20.00%	18.21%	-2.26%	-11.31%	-2.61%
35.70%	39.00%	34.50%	-3.30%	-8.46%	3.48%	% Medi-Cal Revenue	37.25%	39.00%	36.69%	-1.75%	-4.49%	1.53%
44.40%	36.00%	45.90%	8.40%	23.33%	-3.27%	% Insurance Revenue	40.24%	36.00%	39.91%	4.24%	11.77%	0.81%
4.30%	5.00%	4.70%	-0.70%	-14.00%	-8.51%	% Self-Pay Revenue	4.78%	5.00%	5.19%	-0.23%	-4.50%	-7.95%
145.2	137.3	144.4	7.9	5.8%	0.5%	Productive FTE's	143.43	149.0	142.6	(5.5)	-3.7%	0.6%
163.3	152.6	163.5	10.7	7.0%	-0.2%	Total FTE's	163.13	165.4	163.5	(2.3)	-1.4%	-0.2%



CFO REPORT for

April 2020 Finance Committee and Board Meetings

FY 2021 Budget Process

We have begun Budget meetings with individual Department Managers.

With all of the issues we have all faced over the last several weeks, we have not had the opportunity to meet with all Managers to finalize Capital Budget recommendation for review of the Finance Committee.

Accounts Receivable

A/R Days at the end of February were 64.9. We continue to monitor Revenue Cycle processes and Cash Flow / Cash Balances closely. The amount we pay to TruBridge for Accounts Receivable Management is a % of cash collected each month. Cash collections for March 2020 were at a good amount.

CoVid19 Responses

We continue to monitor rapidly changing State and Federal changes including the CARES Act. QHR Health has been very helpful in summarizing changes and helping with evaluation of option.

We are tracking CoVid19 related expenditure in our "Disaster" cost center so that we can apply to FEMA for reimbursement of cost incurred (including the estimated \$15,000 for the triage building that we constructed, the cost for additional security, and relocation of SNF Residents)

Update on other Expenditures

Kitchen plumbing repair, estimated total \$70,000

Dental Van, \$115,000 to \$120,00 (grant is for \$110,000)