



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

VISION

To be the premier provider of emergency medical and healthcare services in our Big Bear Valley.

BOARD OF DIRECTORS BUSINESS MEETING AGENDA
Wednesday, April 10, 2019 @ 1:00 p.m. – Hospital Conference Room
41870 Garstin Drive, Big Bear Lake, CA 92315

(Closed Session will be held upon adjournment of Open Session as noted below. Open Session will reconvene @ approximately 3:00 p.m. – Hospital Conference Room 41870 Garstin Drive, Big Bear Lake, CA 92315)

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

(1) One Potential Case

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

(1) Risk / Compliance Management Report

(2) QI Management

4. REAL PROPERTY NEGOTIATIONS: *Government Code Section 54956.8 / TRADE SECRETS: Pursuant to Health and Safety Code Section 32106, and Civil Code Section 3426.1

(1) 1020 W. Big Bear Blvd, Big Bear City CA 92314

(2) Potential Property Acquisitions (Disclosure June 12, 2019)

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 13, 2019 Business Board Meeting Minutes: Shelly Egerer, Executive Assistant

B. March 2019 Planning & Facilities Report: Michael Mursick, Plant Director

C. March 2019 Human Resource Report: Erin Wilson, Human Resource Director

**D. Infection Prevention Annual Risk Assessment and Program Summary 2018 Report:
Heather Loose, Infection Preventionist**

E. Policies and Procedures: Summary Attached

(1) Laboratory Administration

(2) Pharmacy

(3) Nursing Administration

(4) Staff Development

(5) Skilled Nursing Facility

F. Board of Directors; Committee Meeting Minutes:

(1) March 05, 2019 Finance Committee Meeting Minutes

(2) January 24, 2019 Special Planning & Facilities Committee Meeting Minutes

10. OLD BUSINESS*

- None

11. NEW BUSINESS*

- A. Discussion and Review of Bear Valley Community Healthcare District Board of Directors Annual Compliance Training**

- B. Discussion and Potential Approval of Rescheduling the Board of Directors May 2019 Business Board Meeting

12. ACTION ITEMS*

- A. **Acceptance of QHR Report**
Ron Vigus, QHR
(1) April 2019 QHR Report
- B. **Acceptance of CNO Report**
Kerri Jex, Chief Nursing Officer
(1) March 2019 CNO Report
- C. **Acceptance of the CEO Report**
John Friel, Chief Executive Officer
(1) March 2019 CEO Report
(2) 2019 Board & Committee Meeting Calendar
- D. **Acceptance of the Finance Report & CFO Report**
Garth Hamblin, Chief Financial Officer
(1) February 2019 Financials
(2) March 2019 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 13, 2019**

PRESENT: Peter Boss, MD, President John Friel, CEO
 Rob Robbins, Secretary Shelly Egerer, Exe. Assistant
 Donna Nicely, Treasurer

ABSENT: Gail McCarthy 1st Vice President Steven Baker, 2nd Vice President

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

OTHER: Ron Vigus, QHR Holly Elmer, Foundation Gail Dick, Auxiliary

COMMUNITY MEMBERS: Diana Havey Mr. & Ms. Defibaugh

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 Robbins to adjourn to Closed Session. President Boss called for a vote. A vote in favor of the motion was 3/0.

- Board Member Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

RECONVENE TO OPEN SESSION

1. CALL TO ORDER:

President Boss called the meeting to Open Session at 3:02 p.m.

2. ROLL CALL:

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

3. FLAG SALUTE:

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

4. ADOPTION OF AGENDA:

President Boss called for a motion to adopt the March 13, 2019 agenda as presented. Motion by Board Member Nicely to adopt the March 13, 2019 agenda as presented. Second by Board Member Robbins to adopt the March 13, 2019 agenda as presented. President Boss called for a vote. A vote in favor of the motion was 3/0.

- Board Member Robbins - yes
- Board Member Nicely- yes
- President Boss - 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
- Risk Report
- QI Report

President Boss called for the vote. A vote in favor of the motion was 3/0.

- Board Member Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

President Boss reported that the Board will be reconvening to Closed Session.

6. PUBLIC FORUM FOR OPEN SESSION:

President Boss opened the Hearing Section for Public Comment on Open Session items at 3:02 p.m.

- Ms. Defibaugh provided information of her son Nathan Defibaugh who was treated at our ER and the care that he was received. Ms. Defibaugh shared some of her concerns about the District process. Ms. Defibaugh asked the Board of Directors to look at the processes in place and make corrections in order to provide improved patient care.

President Boss closed the Hearing Section for Public Comment at 3:06 p.m.

7. DIRECTORS COMMENTS

- President Boss stated that Board Members need to make sure that if they don't understand something or need clarification regarding District Business to please contact the CEO. It is the Board Member responsibility to ensure they are using tools available to the Board such as webinars or conferences or schedule meetings with staff.

- President Boss also reported that he attended a meeting at the District with a team of Cardiologist and we are moving forward with the potential of adding new services and also stated that the Foundation Wine & Cheese event was conducted very well.
- Board Member Robbins reported that community members are reporting that they have had great experiences at our facility. The Board also received a letter that was negative and the Board of Directors have asked legal counsel to complete an investigation. Board Member Robbins also stated that the District is financially strong.
- Board Member Nicely reported she was informed by a patient that she received fantastic customer care.

8. INFORMATION REPORTS:

A. Foundation Report:

- Ms. Elmer reported the following information:
 - Patient care is fantastic and loves the Hospital.
 - February 27 the Foundation conducted a Wine & Cheese event and approximately 30 people were in attendance.
 - Board Member Nicely was thanked for her generous donation.
 - The Foundation is beginning to plan the Annual Humanitarian of the Year Award.
 - October 19 Pasquale Esposito will be performing at the PAC.
 - Working towards getting staff to donate money to the Foundation on an auto withdraw from paychecks.

B. Auxiliary Report:

- Ms. Dick reported the following:
 - Care Wear Scrub Event scheduled for March 28 at Summit Christian Fellowship. The Auxiliary will earn 15% of all sales.

9. CONSENT AGENDA:

- A.** January 30, 2019 Special Business Board Meeting Minutes: Shelly Egerer, Executive Assistant
- B.** February 11, 2019 Special Business Board Meeting Minutes: Shelly Egerer, Executive Assistant
- C.** February 13, 2019 Board of Directors Meeting Minutes: Shelly Egerer, Executive Assistant
- D.** February 2019 Planning & Facilities Report: Michael Mursick, Plant Director
- E.** February 2019 Human Resource Report: Erin Wilson, Human Resource Director
- F.** February 2019 Infection Prevention Report: Heather Loose, Infection Preventionist
- G.** Family Health Center/Rural Health Clinic Annual Evaluation for 2018: Sheri Mursick, Clinic Director
- H.** Policies and Procedures:
 - (1) Admitting
 - (2) Plant Maintenance
 - (3) Infection Control
 - (4) Pharmacy
- I.** Board of Directors; Committee Meeting Minutes:
 - (1) January 28, 2019 Special Finance Committee Meeting Minutes

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

- Board Member Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

10. OLD BUSINESS:

- None

11. NEW BUSINESS*

A. Discussion and Potential Approval of the Following Agreements/Contracts:

- (1) Second Amendment to Quorum Health Resource Agreement
- (2) Golden State Providers A Medical Corporation: John Kuri, M.D. Orthopedic On Call Service Agreement

President Boss reported that the agreements will be discussed when the Board reconvenes to Closed Session and will further discuss under Open Session.

B. Discussion and Potential Approval of Travel Expenses Not To Exceed \$2,000 for David Perry w/QHR for the Contractual and Bad Debt Review:

- Mr. Hamblin reported that the Finance Committee made a positive recommendation to the Board for approval of travel expenses for David Perry.
 - David Perry will be on site to complete the contractual and bad debt review.

President Boss called for a motion to approve David Perry's travel expenses not to exceed \$2,000. Motion by Board Member Nicely to approve David Perry's travel expenses not to exceed \$2,000. Second by Board Member Robbins to approve David Perry's travel expenses not to exceed \$2,000. President Boss called for the vote. A vote in favor of the motion was 3/0.

- Board Member Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

12. ACTION ITEMS*

A. QHR Report:

- (1) March 2019 QHR Report:
 - Mr. Vigus reported the following information:
 - Provided webinar topics, dates and times.
 - Free to staff and Board Members

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 Robbins 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 Robbins - yes
- Board Member Nicely- yes
- President Boss – yes

B. CNO Report:

(1) February 2019 CNO Report:

- Ms. Jex reported the following:
 - Submitted the POC for Life Safety Survey
 - PT hosted Supergirl Snow Pro Event. A booth was also set up representing the District.
 - Provided services; taping, heat equipment and massages.
 - The Annual Administration Score Survey will begin next week.

(2) Annual Critical Access Hospital Evaluation For 2018:

- Ms. Jex reported the following:
 - This is the Annual CAH Report/Evaluation.
 - ER Telepsych Services will be further looked into this year.
 - Lab draws did decrease due to Lab Corp issues.

President Boss called for a motion to approve the CNO Report as presented. Motion by Board Member Robbins to approve the CNO Report as presented. Second by Board Member Nicely 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 Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

C. Acceptance of the CEO Report:

(1) January 2019 CEO Report:

- Mr. Friel reported the following information:
 - RCH meeting is rescheduled for April 5th 9:30 a.m.
 - Coffee with CEO went well. Two sessions were scheduled. We will continue to schedule these meetings; attendance was good.
 - Laboratory Department formed a Hospital team for the Polar Plunge.

President Boss called for a motion to approve the CEO Report as presented. Motion by Board Member Robbins 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 Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

D. Acceptance of the Finance Report:

(1) January 2019 Financials:

- Mr. Hamblin reported the following information:
 - Strong month.
 - Cash & investments over \$22 million.
 - 349 day's cash on hand.

- Patient revenue over budget.
- Expenses under budget.
- Swing under budget.
- Acute over budget.
- Surplus is over \$1 million.

(2) CFO Report:

- Mr. Hamblin reported the following information:
 - FY 2020 Budget Preparation
 - We began the process of the Capital Budget and will review with the Finance Committee at the April meeting.
 - Budget meetings with managers are scheduled for the first two weeks of April.
 - Will provide updates to the Board as we continue the budget process.
 - TruBridge:
 - Continue to improve cash collections and we continue to monitor account receivables.
- Board Member Nicely asked that managers update their staff on the District finances and that the information in the financial statement is put through a vigorous audit by several entities.

President Boss called for a motion to approve the January 2019 Finance Report and the CFO Report as presented. Motion by Board Member Robbins to approve the January 2019 Finance Report and the CFO Report as presented. Second by Board Member Nicely to approve the January 2019 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 Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

RECONVENE TO CLOSED SESSION

1. ADJOURNED TO CLOSED SESSION:

President Boss called for a motion to reconvene to Closed Session at 3:44 p.m. Motion by Board Member Nicely to reconvene to Closed Session. Second by Board Member Robbins to reconvene to Closed Session. President Boss called for a vote. A vote in favor of the motion was 3/0.

- Board Member Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

RECONVENE TO OPEN SESSION

1. RECONVENE TO OPEN SESSION:

President Boss called for a motion to reconvene to Open Session at 4:29 p.m. Motion by Board Member Nicely to reconvene to Open Session. Second by Board Member Robbins to reconvene to Open Session. President Boss called for a vote.

A vote in favor of the motion was 3/0.

- Board Member Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

2. RESULTS OF CLOSED SESSION:

President Boss reported that no action was taken in Closed Session.

3. NEW BUSINESS*

A. Discussion and Potential Approval of the Following Agreements/Contracts:

- (1) Second Amendment to Quorum Health Resource Agreement
- (2) Golden State Providers A Medical Corporation: John Kuri, M.D. Orthopedic On Call Service Agreement

President Boss called for a motion to approve the Second Amendment to the QHR Agreement and to approve the Golden State Providers A Medical Corporation Agreement with three revisions to be completed and the Board of Directors are to receive a copy of the revised agreement via email. Motion by Board Member Nicely to approve the Second Amendment to the QHR Agreement and to approve the Golden State Providers A Medical Corporation Agreement with three revisions to be completed and the Board of Directors are to receive a copy of the revised agreement via email. Second by Board Member Robbins to approve the Second Amendment to the QHR Agreement and to approve the Golden State Providers A Medical Corporation Agreement with three revisions to be completed and the Board of Directors are to receive a copy of the revised agreement via email. President Boss called for a vote. A vote in favor of the motion was 3/0.

- Board Member Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

4. ADJOURNMENT:

Motion by Board Member Nicely to adjourn the meeting at 4:38 p.m. Second by Board Member Robbins to adjourn. President Boss called for the vote. A vote in favor of the motion was unanimously approved 3/0.

- Board Member Robbins - yes
- Board Member Nicely- yes
- President Boss - yes

Bear Valley Community Healthcare District Construction Projects 2019

Department / Project	Details	Vendor and all associated costs	Comments	Date
Public Restroom/Acute Kitchen Plumbing Repair	Remove the concrete in areas to access damaged plumbing.	Pride Plumbing/Facilities	Getting new bids	
Pyxis Replacement	Pyxis equipment is in place and seismic anchors will be installed soon.	Facilities	Nearly complete, waiting for Pyxis to send last mount that was not received during original delivery.	
ASHRE 188 Risk Management Plan for Legionellosis	New Mandate for Hospitals	Forensic Analytical Consulting Services Inc.	In Progress, working with Infection Control	
Hospital- Medical Air Compressor	Compressors is failing and no longer meets code requirements	FS Medical	OSHPD approved planning instalation	
OR- Remodel & electrical repairs	Replace flooring, repair walls & replace LIM's	N/A	In Progress	

Bear Valley Community Healthcare District

Potential Equipment Requirements

Department / Project	Details	Vendor and all associated costs	Comments	Date
Facilities- New Work Truck	Purchase a new truck for the department. Our current truck has numerous issues and it is time for a replacement	Victorville Motors, Mark Christopher Chevrolet, Redlands Ford	This will be included in our capital budget	

Bear Valley Community Healthcare District

Repairs Maintenance

Department / Project	Details	Vendor and all associated costs	Comments	Date Completed
Radiology- Employee break room	Remodeled space for employees	Facilities	In progress	
FHC- New bench & trash can	Formed area for concrete pad	Facilities	In progress	
Lab- New equipment	Installed bottles & rack for machine	Facilities	Complete	
SNF- Bed Repairs	Repaired numerous beds	Facilities	Complete	

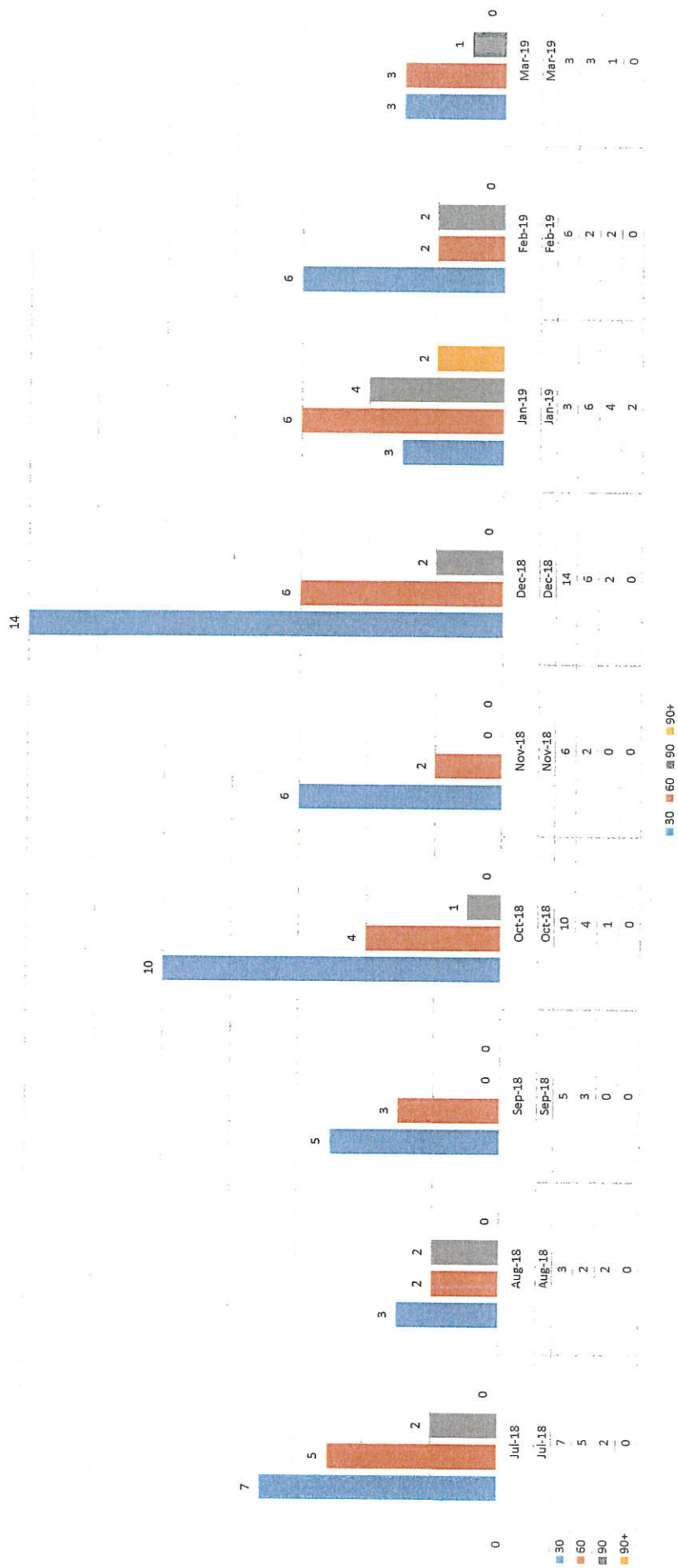


HR Board Report

March 2019

Staffing	<p>Active: 218 – FT: 144 PT: 13 PD: 61</p> <p>New Hires: 6</p> <p>Terms: 4 (3 Voluntary 1 Involuntary)</p> <p>Open Positions: 14</p> <p>ER Director position has been filled by an internal applicant</p>
Employee Performance Evaluations	<p>DELINQUENT: See attachment</p> <p>30 days: 3</p> <p>60 days: 3</p> <p>90 days: 1</p> <p>90+ days: 0</p> <p>See Attachment</p>
Work Comp	<p>NEW CLAIMS: 0</p> <p>OPEN: 9</p> <p>Indemnity (Wage Replacement, attempts to make the employee financially whole) - 4</p> <p>Future Medical Care – 2</p> <p>Medical Only – 3</p> <p>Quarterly claims review</p>
Employee Five File Audit	<p>FILE AUDIT:</p> <p>Files are complete</p> <p>All licenses are up to date</p>
Job Descriptions/ Evaluation	<p>Job Descriptions: In process</p> <p>Evaluations: In process</p>
Policies for Review	<p>All HR policies have been reviewed/updated</p> <p>Waiting for implementation of new policy program</p>
Employee Events	<p>Hospital week (May 13 – 17)</p> <p>Ann Beilby, Acute RN celebrated her 40 year anniversary with BVCHD</p>
Manager Training	<p>HR Best Practices for California Supervisors</p> <p>Two sessions Mandatory Training</p>

Past Due Evaluations





Infection Prevention Annual Risk Assessment and Program Summary 2018

BVCHD is committed to address detection, prevention and control of infections among patients and personnel. The goals of the Infection Prevention Program are to decrease the risk of infection to patients and personnel; monitor for occurrence of infection and implement appropriate control measures; identify and correct issues relating to infection prevention practices; limit unprotected exposure to pathogens throughout the hospital; minimize the risk associated with procedures, medical devices and medical equipment; and to maintain the compliance with State and Federal regulations pertaining to infection prevention.

The District has approximately 200 employees and 70 credentialed providers. The District provides comprehensive access to healthcare in a rural community located in the San Bernardino Mountains. The Big Bear Valley population fluctuates throughout the year and with seasonal visitors may have a population up to 250,000 on any given day.

The Hospital is located in the City of Big Bear Lake and services clients from the surrounding mountain communities of Big Bear City, Fawnskin, Erwin Lake and Sugarloaf. Bear Valley Community Hospital is a 30 bed critical access hospital that offers 24 hour a day emergency services, surgical services, general acute and swing bed inpatient care and a skilled nursing facility.

BVCHD has dedicated patient care department/services that serve both inpatients and outpatients.

Inpatient Care Units

- Distinct Part Skilled Nursing (21 beds)
- Acute Medical/Surgical (9 beds)

Patient Services Departments

- | | |
|------------------------|-----------------------------|
| • Emergency Services | • Physical Rehabilitation |
| • Diagnostic Imaging | • Pharmacy |
| • Clinical Laboratory | • FHC-Rural Health Center |
| • Nutritional Services | • Limited Surgical Services |
| • Respiratory Services | |

The annual risk assessment and Infection Prevention Plan is based on the need for change and/or adjustments in the Infection Prevention Program determined by the patient population, demographics, services, procedures, diagnoses and current trends.

Service Assessment for January 2018-December 2018*

Clinical Area	Total Admissions	Total Days
Acute/Swing	138	574
Observation	62	66
Skilled Nursing Facility	28	6237
Emergency Department	11774	N/A
Outpatient Surgery	182	N/A
Clinic	24,476	N/A
Physical Therapy	703	N/A
Total	37,363	6877

*Data source: CPSI/Evident Census Days Stay report

Top Ten Diagnosis 2018*

	Top 10 Inpatient Diagnosis	Top 10 ED Diagnosis
1	Chronic obstructive pulmonary disease, exac.	Acute cystitis without hematuria
2	Sepsis, unspecified organism	Strain of muscle, fascia, tendon of lower back
3	Urinary tract infection	Streptococcal pharyngitis
4	Pneumonia, unspecified organism	Acute bronchitis , unspecified
5	Acute Cystitis without hematuria	Generalized abdominal pain
6	Unspecified bacterial pneumonia	Generalized anxiety disorder
7	Idiopathic acute pancreatitis	Strain of muscle, fascia, at neck level
8	Acute pyelonephritis	Acute nasopharyngitis (Common cold)
9	Enterocolitis due to C. Difficile	Essential (primary) hypertension
10	Hypertensive heart disease with heart failure	Concussion with loss of consciousness <30min.

*Data source: CPSI/Evident Top ICD10 Diagnosis reports

Infection Control Report-Occurrence Rate 2018 (all sources)

Top Organisms*	Total	%
Escherichia coli	307	44
Klebsiella pneumonia	49	7.1
Staphylococcus aureus	35	5.1
Enterococcus faecalis	33	4.8
Staphylococcus epidermidis	33	4.8
Streptococcus agalactiae	32	4.6
Proteus mirabilis	26	3.8

*Other organisms had rate <3%.

NHSN Patient Safety Surveillance activities included:

- Device Associated Hospital Acquired Infection (HAI) Module
 - CLABSI
 - CAUTI
- Surgery – Surgical Site Infection (SSI) Module
 - Appendix surgery
 - Bile duct, liver or pancreatic surgery
 - Breast surgery
 - Gallbladder surgery
 - Colon surgery
 - Open reduction of fractures
 - Gastric surgery
 - Herniorraphy
 - Hip prosthesis
 - Knee prosthesis
 - Rectal surgery
 - Small bowel surgery
 - Spleen surgery
 - Exploratory abdominal surgery
- Multi-Drug Resistant Organism (MDRO) Module
 - Acinetobacter MDR
 - Clostridiodes difficile
 - MRSA
 - VRE

There were no Healthcare Acquired Infections in 2018. There were 2 C-diff cases, community acquired, on the Acute ward and 5 through the ED. There were 20 cases of MRSA through Acute, ED and the Clinic. There were no surgical site infections in 2018.

Healthcare Personnel Safety activities included:

Surveillance	Occurrence
Sharps injuries	1
Blood/body fluid exposure	2
Influenza vaccination- Employees	204 (93%)
Influenza vaccination- Providers (all credentialed) (#obtained from Nicole)	40 (93%) (excluding tele-radiologists)
Influenza vaccination-Volunteers (#obtained from Shelly)	19

Influenza is a serious disease that can cause severe illness, hospitalization, and death in people of all ages. The most effective method of preventing influenza infection is through vaccination. HCWs are at increased risk of exposure to influenza from ill patients. Infected HCWs can transmit influenza to patients and coworkers before they are symptomatic. Seasonal influenza vaccine was offered to all

employees, providers and volunteers at no cost. All employees, providers and volunteers were required to receive the vaccine, provide proof of receiving the vaccine or sign a declination. Employees who declined the vaccine were mandated to wear masks while in patient care areas during the flu season. (November 1 – March 31)

Hand Hygiene Compliance	2018 %
Staff and providers	69%

*A new hand hygiene monitoring form was voted in and put to use during 2018. It's more comprehensive than the one previously used.

Education

Education activities focused on hand hygiene, antibiotic stewardship, transmission-based precautions, and PPE. (Personal protective equipment) These were presented during the mandatory annual clinical skills days. Infection prevention, PPE, blood borne pathogens exposure and hand hygiene are presented during new hire orientation and during annual re-orientation. Clinical leaders assisted in stressing the importance of hand hygiene to staff and participated in active surveillance.

Construction Projects

Facilities communicates with the Infection Preventionist for all construction projects. An Infection Control Risk Assessment (ICRA) is conducted on all projects above a class II. An Infection Prevention Construction Permit was issued for all projects for a Class III or higher. Use of proper barriers and airflow is a priority to maintain patient safety. The infection preventionist attended a class on ICRA presented by the Carpenter's Union. The IP is now ICRA Certified.

The major projects of 2018 were the renovation of ED, and the ceiling repairs in OR1 and OR2. A lot was learned during these projects.

Accomplishments / Changes during 2018

- Several additional Alcohol-based hand rub dispensers placed in SNF / Acute rooms to make hand hygiene compliance easier to accomplish through convenience.
- Disinfectant wipes attached to portable vitals signs machine carts which promotes compliance with cleaning procedures.
- Hand hygiene competencies were done and will be done from now on, during Influenza s vaccination week, making it easier to keep all employees up to date on an annual basis.
- Streamlined EVS cleaning procedures and documentation in OR and the Surgery Department through checklists.

- Worked with EVS director to create cleaning schedules and sign-off sheets to keep better track of cleaning in different areas. Example: Curtain cleaning schedule and sign-off sheet for SNF, Acute, Recovery, and Conference rooms.
- New Super-rapid biological monitoring system acquired in Sterile Processing . This will expedite the time it takes to get biological test results from sterilizer loads containing implants. A result will be given within 30 minutes, decreasing surgery turnover time while still maintaining compliance with standards.
- IP took class on ICRA and became ICRA Certified.
- Implemented new hand hygiene monitoring tool.

Infection Prevention Plan 2019

Based upon the 2018 Infection Prevention Risk Assessment and Program Summary focus will continue to be on the following:

- NHSN required surveillance: MDRO, Device associated infections, hospital acquired infections.
- NHSN Healthcare Personnel Safety surveillance: Influenza vaccination.
- Surveillance: Hand hygiene compliance, long term care surveillance, Antibiotic stewardship, Infection line listing and mapping.
- Transmission-based precaution training and compliance monitoring.
- Continuing education for staff regarding infection prevention.
- Education to patients and family about infection prevention, hand hygiene, and disease-specific content.
- Environmental Services cleaning surveillance and education.
- Monitor for outbreaks.
- Identifying communicable diseases and complying with mandated reporting requirements.
- Work collaboratively with Employee Health to promote employee vaccinations; conduct surveillance of occupational exposures, injuries, and infections; identify emerging problems, monitor trends, and evaluate preventive measures.

Department	Title (Version)	Summary
Infection Control	Vaccination Administration	Annual review. Formatted.
Lab Administration	Shut Down (v.2)	Annual review. Formatted and revised to reflect current process.
Lab Administration	Critical Values (v.4)	Annual review. Formatted and revised to reflect current process.
Pharmacy	Theft or Loss of Controlled Substance (v.3)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Temperature Monitoring of Refrigerated Drugs and Pharmacy Work Space (v.5)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Storage Requirements for Skilled Nursing Facility Meds (v.5)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Stop Orders Policy for the Skilled Nursing Facility (v.4)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Medication Reconciliation (v.5)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Pharmacy & Patient Care Area Medication Inspections (v.5)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Pharmacy and Therapeutic Function of the Medical Staff Executive Committee (v.4)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Pharmacy Controlled Drug Storage (v.4)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Repackaging of Pharmaceuticals (v.5)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Required Orders with Specified Frequency as Assessment-Laboratory Test (v.5)	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Scope of Service-Pharmacy	Annual review. Formatted.
Pharmacy	Medical Staff Formulary Policy and Procedure	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Standard Schedule for Administration of Medications	Annual review. Revised verbiage to reflect current process and formatted.
Pharmacy	Inventory Reconciliation Report of Controlled Substances	Annual review. Revised verbiage to reflect current process.
Pharmacy	After Hours Pharmacy Service	Annual review. Revised to reflect current process.
Nursing Admin	Withholding and Withdrawing Life-Sustaining Treatment	Annual review. Revised to reflect current process.
Nursing Admin	Do Not Resuscitate (DNR)	New policy.
Staff Development	Staff Development and Improvement of Necessary Skills	Annual review. Formatted. Revised verbiage.
Staff Development	Hospital Wide Mandatory Elder Abuse and Dementia Class	Annual review. Formatted. Revised verbiage.
Staff Development	C.N.A. Mandatory Elder Abuse and Dementia Class	Annual review. Formatted. Revised verbiage.
Staff Development	C.N.A. Continuing Education Credits	Annual review. Formatted. Revised verbiage.
Skilled Nursing Facility	Oxygen Use in the SNF	Annual review. Revised verbiage and formatted.

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, Ca. 92315
March 05, 2019**

MEMBERS Donna Nicely, Treasurer
PRESENT: Peter Boss, MD, President
John Friel, CEO

Garth Hamblin, CFO
Shelly Egerer, Exec. Asst.

STAFF: Kerri Jex

**COMMUNITY
MEMBERS:** None

ABSENT: None

OPEN SESSION

1. CALL TO ORDER:

Board Member Nicely called the meeting to order at 1:00 p.m.

2. ROLL CALL:

Donna Nicely and Peter Boss, M.D. were present. Also present were John Friel, CEO, Garth Hamblin, CFO and Shelly Egerer, Executive Assistant.

3. ADOPTION OF AGENDA:

Board Member Nicely motioned to adopt the March 05, 2019 Finance Committee Meeting Agenda as presented. Second by President Boss to adopt the March 05, 2019 Finance Committee Meeting Agenda as presented. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Nicely- yes
- President Boss- yes

CLOSED SESSION

1. PUBLIC FORUM FOR CLOSED SESSION:

Board Member Nicely opened the Hearing Section for Public Comment on Closed Session items at 1:01 p.m. Hearing no request to address the Finance Committee, Board Member Nicely closed the Hearing Section at 1:01 p.m.

2. ADJOURN TO CLOSED SESSION:

Board Member Nicely motioned to adjourn to Closed Session at 1:01 p.m. Second by President Boss to adjourn to Closed Session at 1:01 p.m. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Nicely- yes
- President Boss- yes

OPEN SESSION

1. CALL TO ORDER:

Board Member Nicely called the meeting to order at 1:30 p.m.

2. RESULTS OF CLOSED SESSION:

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

3. PUBLIC FORUM FOR OPEN SESSION:

Board Member Nicely opened the Hearing Section for Public Comment on Open Session items at 1:32 p.m. Hearing no request to address the Finance Committee, Board Member Nicely closed the Hearing Section at 1:32 p.m.

4. DIRECTOR'S COMMENTS:

- None

5. APPROVAL OF MINUTES:

A. January 28, 2019

President Boss motioned to approve the January 28, 2019 Finance Committee Meeting Minutes as presented. Second by Board Member Nicely to approve the January 28, 2019 Finance Committee Meeting Minutes as presented. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Nicely- yes
- President Boss- yes

6. OLD BUSINESS:

A. Discussion and Update on Policies and Procedures Under the CFO Supervision:

- Mr. Hamblin reported that several departments are in the process of switching from the current Policy Tech to the new system; at this time we are in a "review mode" only. Mr. Hamblin also reported that the Board Members will also be able to remotely access the new system to review policies.
- Board Member Nicely stated that she would like the Finance Committee to review all department policies and procedures under the CFO supervision prior to being presented to the Board of Directors.

Board Member Nicely reported no action required.

7. NEW BUSINESS*

A. Discussion and Potential Recommendation to the Board of Directors: Travel Expenses for David Perry w/QHR to Review the Contractual and Bad Debt Review (Not to exceed \$2,000.):

- Mr. Hamblin reported that Mr. Perry has not been on site for three years; any assistance from Mr. Perry has been done via email/conference calls. Mr. Perry will be on site to review the Contractual and Bad Debt Report. The travel expenses have increased to \$2,000; previously the Finance Committee and the Board of Directors were approving approximately \$1,500 which is not covering the travel expenses.
 - Last time Mr. Perry was on site his expenses were over \$1,600.

President Boss motioned to recommend to the Board of Directors approval of David Perry's travel expenses, not to exceed \$2,000. Second by Board Member Nicely to recommend to the Board of Directors approval of David Perry's travel expenses, not to exceed \$2,000. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Nicely- yes
- President Boss- yes

B. Discussion and Potential Recommendation to the Board of Directors the Advanced Directives Policy & Procedure:

- Mr. Hamblin reported that this is a Patient Access Department policy that has been revised and has completed the appropriate policy process. Mr. Hamblin asked that the Finance Committee give a positive recommendation to the Board of Directors to approve the policy as presented.

Board Member Nicely motioned to recommend to the Board of Directors the approval of the Advanced Directives policy and procedure as presented. Second by President Boss to recommend to the Board of Directors the approval of the Advanced Directives policy and procedure as presented. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Nicely- yes
- President Boss- yes

8. Presentation and Review of Financial Statements:

A. January 2019 Finances:

- Mr. Hamblin reported the following:
 - Strong month
 - Cash & investments over \$22 million
 - 349 day's cash on hand
 - Patient revenue over budget
 - Expenses under budget
 - Swing under budget
 - Acute over budget
 - SNF days continue under; census is 16
 - ER over budget
 - RHC dental visit's over budget
 - Dental visits are the highest we have seen in the last two years
 - FTE's continue to run under budget
 - Year to date total patient revenue is under budget
 - Expenses are below budget
 - Surplus is over \$1 million
- Board Member Nicely asked why we have so many patient refunds also would like to know if we have a policy that covers patient fees. Board Member Nicely also requested that total number of patient transfer and patients seen by Dr. Pautz for the months of December 2018 and, January and February.
- Mr. Hamblin informed the Finance Committee that patient refunds could be due to the copay that could be refundable or if the patient has over paid prior to insurance company. The District does have a payment plan of at least \$50.00 but will look into the patient refund numbers and provide an update to the committee.

Staffing needs are still being looked out and will have additional discussion during the department budget meetings and the Capital Budget will be presented to the Finance Committee at the April meeting.

- Ms. Jex reported that the SNF has 16 patients, Case Management is working on one to be admitted soon and there are five potential patients waiting to get the correct insurance, if we fill 21 beds we will have to increase staff.

B. CFO Report:

- Mr. Hamblin reported the following information:
 - TruBridge:
 - AR days are 67.9
 - Cash collections for January 2019 improved to under \$2 million.
 - FY 2020 Budget Preparation:
 - Managers have submitted capital expenditures that will be reviewed by Senior Administration Team.
 - Will have the Capital Budget at the April Finance Committee Meeting
 - Debt Capacity and Project Financing Options:
 - Gary Hicks is scheduled to attend the March Board Meeting to review project funding options.

Board Member Nicely motioned to approve the January 2019 Finances and the CFO Report as presented. Second by President Boss to approve January 2019 Finances and the CFO Report as presented. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Nicely- yes
- Board Member Boss- yes

9. ADJOURNMENT*

Board Member Nicely motioned to adjourn the meeting at 1:57 p.m. Second by President Boss to adjourn the meeting. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Nicely- yes
- President Boss- yes

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
SPECIAL PLANNING & FACILITIES COMMITTEE
MEETING MINUTES
JANUARY 24, 2019**

MEMBERS	Rob Robbins, Secretary	Shelly Egerer, Exec. Assistant
PRESENT:	Peter Boss, President	Michael Mursick, Plant Manager
	John Friel, CEO	
STAFF:	Garth Hamblin	Kerri Jex
ABSENT:	None	
COMMUNITY		
MEMBERS:	None	

OPEN SESSION

1. CALL TO ORDER

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

2. ROLL CALL

Rob Robbins and Peter Boss, MD were present. Also present were John Friel, CEO, Michael Mursick, Plant Manager and Shelly Egerer, Executive Assistant.

3. ADOPTION OF AGENDA*

Board Member Robbins motioned to adopt the January 24, 2019 Planning & Facilities Committee Meeting Agenda as presented. Second by President Boss to adopt the January 24, 2019 Planning & Facilities Committee Meeting Agenda as presented. Board Member Robbins called for the vote. A vote in favor of the motion was unanimously approved.

- Board Member Robbins- yes
- President Boss - yes

CLOSED SESSION

1. PUBLIC FORUM FOR CLOSED SESSION

Board Member Robbins opened the Hearing Section for Public Comment on Closed Session items at 12:00 p.m. Hearing no request to address the Planning & Facilities Committee, Board Member Robbins closed the Hearing Section at 12:01 p.m.

2. ADJOURN TO CLOSED SESSION*

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

- Board Member Robbins- yes
- President Boss- yes

OPEN SESSION

1. CALL TO ORDER:

Board Member Robbins called the meeting to order at 1:15 p.m.

2. RESULTS OF CLOSED SESSION:

Board Member Robbins stated there was no reportable action taken in Closed Session.

3. PUBLIC FORUM FOR OPEN SESSION:

Board Member Robbins opened the Hearing Section for Public Comment on Open Session items at 1:15 p.m. Hearing no request to address the Planning & Facilities Committee, Board Member Robbins closed the Hearing Section at 1:15 p.m.

4. DIRECTOR'S COMMENTS:

- None

5. APPROVAL OF MINUTES:

A. September 27, 2018

Board Member Robbins motioned to approve the September 27, 2018 Planning & Facilities Committee Meeting Minutes as presented. Second by President Boss to approve the September 27, 2018 Planning & Facilities Committee Meeting Minutes as presented. Board Member Robbins called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Robbins- yes
- President Boss - yes

6. OLD BUSINESS*

- None

7. NEW BUSINESS*

A. Discussion and Update on the Moon & Mayoras Architect Retrofit /SPC4D Upgrade:

- Mr. Friel reported three options are available for the Hospital; expansion, retrofit and replacement; at this time we are looking at property and additional locations to determine what avenue the Hospital/Board will want to proceed.

Board member Robbins reported no action required

B. Discussion and Potential Approval of Changing the Planning & Facilities Committee Meeting Date & Time:

- Mr. Friel reported that previous meetings have been in the evening the fourth Thursday of the month.
- The committee would like to have the meeting prior to the Board of Directors Meeting and at an earlier time.

Board Member Robbins motioned to schedule the Planning & Facilities Committee Meeting on the first Wednesday of every month at 12:00 p.m., and to cancel the February, 2019 Planning & Facilities Committee Meeting. Second by President Boss to schedule the Planning & Facilities Committee Meeting on the first Wednesday of every month at 12:00 p.m., and to cancel the February, 2019 Planning & Facilities Committee Meeting. Board Member Robbins called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Robbins- yes
- President Boss - yes

8. ADJOURNMENT*

President Boss motioned to adjourn the meeting at 1:22 p.m. Second by Board Member Robbins to adjourn the meeting. Board Member Robbins called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Robbins- yes
- President Boss - yes



COMPLIANCE Update

2019

Healthcare Compliance History

- ▶ 1. Federal False Claims Act (1863)
- ▶ 2. U.S. Sentencing Commission created the first federal sentencing guidelines for organizations (1991).
- ▶ 3. Department of Health & Human Services (HHS) Office of Inspector General (OIG) developed *Compliance Guidance of Hospitals* (1998).
- ▶ 4. OIG's *Supplemental Compliance Program Guidance* (2005).
- ▶ 5. Patient Protection and Affordable Care Act (2010)

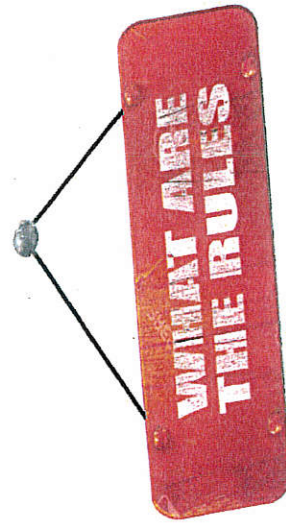


Seven Essential Elements of Compliance Program

- ▶ Compliance Officer and Oversight
- ▶ Code of Conduct & Policies and Procedures
- ▶ Education and Training
- ▶ Monitoring and Auditing
- ▶ Reporting and Communication
- ▶ Response and Corrective Action
- ▶ Enforcement and Discipline

Fraud and Abuse Regulations

- ▶ “Stark” Physician Self-Referral Law [42 U.S.C. § 1395nn]
- ▶ Anti-Kickback Statute [42 U.S.C. § 1320a-7b(b)]
- ▶ False Claims Act [31 U.S.C. § 3729-3733]
- ▶ Civil Monetary Penalties Law [42 U.S.C. § 1320a-7a]
- ▶ Exclusion Statute [42 U.S.C. § 1320a-7]



PROGRAM INTEGRITY



EFFECTIVENESS

- ▶ Designated staff/Compliance Officer, HIPAA Privacy and HIPAA Security
- ▶ Code of Conduct/Board, Medical Staff and Staff
- ▶ Policies and Procedures
- ▶ Education/Annual Training and New Hire
- ▶ Chart and Program Audits/External and Internal
- ▶ Exclusion Screening
- ▶ Enforcement/Just Culture
- ▶ Compliance Hotline

Examples of Enforcement

- ▶ Two Physician Groups Pay Over \$33 Million to Resolve Claims Involving HMA Hospitals (December 2017)
- ▶ OCR Concludes All-Time Record Year for HIPAA Enforcement with \$3 Million Cottage Health Settlement (February 2019)
- ▶ PRIME Healthcare Services and CEO, Dr. Prem Reddy, to Pay \$1.25 Million to Settle False Claims Act Allegations (February 2019)

What's on the Radar?

- ▶ Reduce Regulatory Burden
- ▶ Drug Pricing
- ▶ Address the Opioid Crisis
- ▶ Price Transparency
- ▶ Out-of-Network Billing



Questions?





Recommendation for Action

Date: April 01, 2019
To: Board of Directors
From: John Friel, CEO
Re: Reschedule the Board of Directors Business Board Meeting



Recommendation: To approve rescheduling the Board of Directors Business Board Meeting to May 15, 1:00 pm.

Background: QHR has scheduled the Annual Regional Meeting that conflicts with the May Business Board Meeting. We would like to ask the Board of Directors to reschedule the May Meeting.



Board Report

April 2019

Mid-Year Contractual Review

David Perry will be onsite April 29 – May 1 for the mid-year contractual review as well as some education for finance team.

Community Health Needs Assessment

This engagement has been initiated.

Upcoming Education Events – April

Board Leadership Series - April Webinar

Tuesday, April 9, 2019 | 12:00 pm - 1:00 pm CST

Topic: Reimbursement & Regulatory Updates

Medicare Designated Provider Based Clinics and Departments – 2-Part Series

April 10-11, 2019 | 10:30 am - 11:30 am CST

Reducing Financial Risks with a System Implementation – Preparing your Revenue Cycle

Tuesday, April 16, 2019 | 10:30 am - 11:30 am CST

Compliance Officer Hot Topics: How to Design an Effective Compliance Training Program

Thursday, April 18, 2019 | 10:30 am - 11:30 am CST

Medicare Certified Rural Health Clinics: Certification and Reimbursement – 3-Part Series

April 23-25, 2019 | 2:00 pm - 3:00 pm CST

Other

- Ron Vigus is planning to attend the Board meeting.

Upcoming Projects

- Community Health Needs Analysis

Completed Projects

- Contractual Accounts and Bad Debt Analysis
- Productivity Benchmarking Assessment



QUORUM | HEALTH RESOURCES®

- Debt Financing Capability Analysis
- Mock Survey – Quality and Life Safety
- Compliance Assessment
- Cost Report Review

CNO Monthly Report

TOPIC	UPDATE
1. Regulatory Updates	<ul style="list-style-type: none"> Star rating requirements for SNF RN hours increased in number of RN days required for each month. Current and future regulations indicate a 1 star rating for SNF staffing requirements due to RN hours.
2. Budget/Staffing	<ul style="list-style-type: none"> Overtime and call offs are assessed each shift. Flexing of staff is done daily as warranted by census. Budget requests have been submitted to accounting. Budget meetings with department managers are scheduled.
3. Departmental Reports	
<ul style="list-style-type: none"> Emergency Department 	<ul style="list-style-type: none"> ED Director hired- Internal candidate was chosen April Early, RN, MSN ED volumes remain at budget 1 RN out on FMLA ED staff working on Quest for Zero project (Communication)
<ul style="list-style-type: none"> Acute 	<ul style="list-style-type: none"> 1 FT LVN hired
<ul style="list-style-type: none"> Skilled Nursing 	<ul style="list-style-type: none"> Van policy in review almost ready for approval process, training of drivers and plans for outings in progress. One new resident admitted. CDPH conducted the annual Life safety survey with 2 findings, POC was approved. Star rating system updated to further increase RN requirements for SNF. Requirement for improved star rating allows for 4 days/ month without RN coverage. Currently BVCHD does not have weekend RN coverage.
<ul style="list-style-type: none"> Surgical Services 	<ul style="list-style-type: none"> Orthopedic procedures are being done weekly. Ophthalmic procedures are being done monthly. OR manager is reviewing possible equipment purchase to prepare for general surgeon/ expanded ortho services. (budgeted purchase) OR Manager is working on OR supply inventory and ordering in anticipation of a general surgeon.

▪ Case Management	<ul style="list-style-type: none"> ▪ DON and Eligibility Worker are working on referrals for SNF residents and Swing patients. ▪ Case Management continues to attend re-admissions collaborative. ▪ RT supervisor is working on STABLE program (education for RT staff on care of the newborn/ infant)
▪ Respiratory Therapy	
▪ Physical Therapy	<ul style="list-style-type: none"> ▪ The department is fully staffed with the recent hire of a PD PTA ▪ PT staff enjoyed representing the District at the Supergirl event and are looking forward to furthering the partnership going forward.
▪ Food and Nutritional Services	<ul style="list-style-type: none"> ▪ FNS department hosted a candlelight dinner for SNF residents. ▪ A Quality Improvement project has been initiated using California Association of Healthcare Facilities Guidelines: <ul style="list-style-type: none"> ○ Proper labeling, storage and rotation of food ○ Safe food storage ○ Hand Hygiene monitoring ○ Administrative Rounding ○ Staff Competencies ○ Forms/ tracking tools implemented for multiple areas in the kitchen
4. Infection Prevention	<ul style="list-style-type: none"> ▪ Hand Hygiene monitoring continues. ▪ Infection Preventionist is rounding weekly to educate staff on hand hygiene and infection issues. ▪ POC received and submitted back to CDPH for infectious disease reporting requirements.
5. Quality Improvement	<ul style="list-style-type: none"> ▪ Action plans were developed for recent RCA meeting ▪ SCORE survey will be administered March 18- Apr 5 (currently at 81%)
6. Policy Updates	<ul style="list-style-type: none"> ▪ Policies reviewed weekly by Policy and Procedure committee. ▪ New Policy system is in place.
7. Safety & Products	<ul style="list-style-type: none"> ▪ Workplace Violence training is being provided to all BVCHD staff. ▪ Workplace Violence reports are submitted to CalOSHA on an ongoing basis. ▪ Facility walkthroughs for the Security Assessment were completed, results are being compiled in a report for the Safety committee. ▪ Disaster drill is scheduled for March 27th - tabletop earthquake scenario.
8. Education	<ul style="list-style-type: none"> ▪ BLS Classes scheduled monthly, ACLS & PALS scheduled quarterly
9. Information Items/Concerns	▪
Respectfully Submitted by: Kerri Jex, CNO	
Date: March 26, 2019	

2019 Surgery Report

Jan-19		
Physician	# of Cases	Procedures
Critel - CRNA	1	Shoulder injection
Critel - CRNA	4	LESI
Pautz - DO	1	Acromioplasty, mumford resection of clavicle
Pautz - DO	1	Repair triangular fibrocartilage complex wrist
Pautz - DO	1	Repair non-union lateral condylar fracture elbow
Pautz - DO	1	Excision neuroma of anke
Pautz - DO	1	ORIF Patella
Pautz - DO	1	Mumford resection with reconstruction of AC Joint shoulder
Pautz - DO	1	Repair quadriceps tendon knee
Pautz - DO	1	Reconstruction of Medial patellofemoral ligament knee
Pautz - DO	1	Excision of ganglion cyst wrist
Tayani	0	Cataracts
Total	14	
Feb-19		
Physician	# of Cases	Procedures
Critel - CRNA	2	LESI
Critel - CRNA	1	Knee injection
Pautz - DO	1	ORIF radius
Pautz - DO	1	Repair non-union elbow
Pautz - DO	2	MPFL Reconstruction knee
Pautz - DO	1	Repair non-union ulna
Pautz - DO	1	ORIF radial neck
Pautz - DO	1	Repair non-union bimalleolar fracture
Pautz - DO	1	ORIF elbow
Tayani	0	Cataracts
Total	11	
Mar-19		
Physician	# of Cases	Procedures
Critel - CRNA	1	Steroid injection hip
Pautz - DO	1	Release DePuytren's Contracture
Pautz - DO	1	Hardware removal Knee
Pautz - DO	2	ORIF Wrist
Pautz - DO	1	A-1 Pulley Release
Pautz - DO	1	ORIF Proximal phalanx
Pautz - DO	1	MPFL reconstruction knee
Pautz - DO	1	Rotator Cuff repair shoulder
Tayani	7	Cataracts
Total	16	
Apr-19		
Physician	# of Cases	Procedures
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Pautz - DO		



CHIEF EXECUTIVE OFFICER REPORT

March 2019

CEO Information:

CDPH completed the Life Safety Survey. The Plan of Corrections was accepted by CDPH.
(Attachment)

We have begun the process of preparing for the Community Health Needs Assessment. A conference call was conducted in order to discuss the initiation of the assessment. The assessment will be completed in June and presented to the Board of Directors in July.

I will be attending the Annual ACHD Legislative Day on April 8th and 9th and plan to visit with Assemblyman Olberholte and Senator Morrell.

Marketing:

We continue to advertise in the Grizzly Newspaper and KBHR. We continue to advertise the ER and SNF. We have begun advertising through Vons on the shopping carts; dental, FHC and PT.

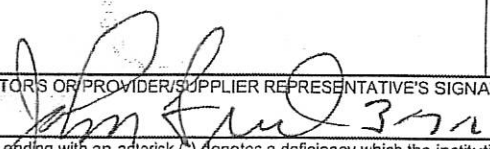
Attachments:

QHR Board Minutes
Auxiliary BINGO Flyer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER BEAR VALLEY COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 41870 GARSTIN RD BIG BEAR LAKE, CA 92315	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.</p> <p>The facility is in substantial compliance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.</p> <p>Representing the California Department of Public Health: 40597</p> <p>Census: 15</p>	E000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Electronically Signed	03/06/2019

Any Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555468	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER BEAR VALLEY COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 41870 GARSTIN RD BIG BEAR LAKE, CA 92315		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K000	<p>INITIAL COMMENTS</p> <p>K3 BUILDING: 01 K6 PLAN APPROVAL: 6/26/1991 K7 SURVEY UNDER: 2012 EXISTING</p> <p>STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE I (111), FULLY SPRINKLERED.</p> <p>The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition.</p> <p>Representing the California Department of Public Health: 40597</p> <p>The facility is not in substantial compliance with 42 CFR 483.90 for Long Term Care Facilities.</p> <p>Census = 15</p>	K000			
K161 SS=D	<p>Building Construction Type and Height CFR(s): NFPA 101</p> <p>Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <p>1 Construction Type I (442), I (332), II (222)</p>	K161	<p>TK161 As of 2/20/19, Bear Valley Community Healthcare District (BVCHD) Distinct Part SNF is in full compliance with tag K161. The wall penetration was repaired immediately following the exit interview.</p>	2/20/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/06/2019

Any Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555468	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER BEAR VALLEY COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 41870 GARSTIN RD BIG BEAR LAKE, CA 92315	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K161	<p>Continued From page 1</p> <p>Any number of stories</p> <p>non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain the integrity of the building structure to resist the passage of smoke. This was evidenced by a penetration in the fire rated wall. This could result in the spread of smoke and fire causing smoke inhalation and burns. This affected one of two smoke compartments.</p>	K161		

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K161	<p>Continued From page 2</p> <p>NFPA 101, Life Safety Code, 2012 Edition 4.5.7 System Design/Installation. Any fire protection system, building service equipment, feature of protection, or safeguard provided to achieve the goals of this Code shall be designed, installed, and approved in accordance with applicable NFPA standards.</p> <p>8.2.3.1 The fire resistance of structural elements and building assemblies shall be determined in accordance with test procedures set forth in ASTM E 119, Standard Test Methods for Fire Test of Building Construction and Materials, or ANSI/UL 263, Standard for Fire Tests of Building Construction and Materials; other approved test methods; or analytical methods approved by the authority having jurisdiction.</p> <p>8.3.5 Penetrations. The provisions of 8.3.5 shall govern the materials and methods of construction used to protect through-penetrations and membrane penetrations in fire walls, fire barrier walls, and fire resistance-rated horizontal assemblies. The provisions of 8.3.5 shall not apply to approved existing materials and methods of construction used to protect existing through-penetrations and existing membrane penetrations in fire walls, fire barrier walls, or fire resistance-rated horizontal assemblies, unless otherwise required by Chapters 11 through 43.</p> <p>8.4.4 Penetrations. The provisions of 8.4.4 shall govern the materials and methods of construction used to protect through-penetrations and membrane penetrations of smoke partitions.</p> <p>8.4.4.1 Penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a smoke partition shall be protected by a system or material that is capable</p>	K161			

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K161	Continued From page 3 of limiting the transfer of smoke. Findings: During a tour and interview with the Director of Facilities 2/19/19, the fire rated ceilings were observed. At 5:25 p.m., there was a penetration approximately 3 inches in diameter and conduit pipes were going through the wall. The wall was located next to the CT control room. During a concurrent interview, the Director of Facilities inspected the fire rated wall and stated he did not know the penetration was there.	K161			
K223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain a door with a self-closing device. This was evidenced by a door that was	K223	K223 All self-closing devices were immediately removed on 2/19/2019. The Respiratory Therapist Supervisor conducted training with staff that included not propping the department door open with a wedge.	3/1/19 12:	

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K223	<p>Continued From page 4</p> <p>propped open with a wedge. This could result in the spread of smoke and fire to other areas of the building during a fire. This affected one of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 7.2.1.8 Self-Closing Devices. 7.2.1.8.1* A door leaf normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2, unless otherwise permitted by 7.2.1.8.3.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Director of Facilities on 2/19/19, the corridor doors were observed.</p> <p>At 5:30 p.m., the Respiratory Therapy door was held open with a metal wedge. During an interview with the Director of Facilities at approximately 5:31 p.m., he stated a new staff used the wedge to keep the door open.</p>	K223			

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Quorum Board Minutes

Addressing Changes in the Healthcare Landscape



Getting the Most out of Your GPO

March 2019

In today's evolving healthcare climate, forward-thinking hospitals must continually evaluate its partnerships and affiliations to ensure that they are achieving maximum savings. This issue of *Board Minutes* focuses on the importance of assessing your Group Purchasing Organization (GPO).

For Quorum Health Resources' (QHR's) client hospitals, Quorum Purchasing Advantage (QPA) which helps hospitals achieve optimal supply operations, saving and more, provides clients with an annual review to identify additional savings opportunities, as well as a complete GPO evaluation every five years.

Tony Bramer, vice president of QPA recently told *Healthcare Finance News*, "Because the hospital's purchase services and supply chain spend may change over five years, what a GPO did for you five years ago may not cover the breadth of products or where the hospital is going."



Key Areas to Address During the GPO Evaluation

- **Determine the right fit to meet the unique needs of your organization**
 - ◆ Hospitals with under \$300 million in net patient revenue should work with a channel partner (such as QPA) to assess their national GPO.
 - As a QHR client hospital, your hospital not only gets access to these services, but also gets value-added services that a national GPO may not provide.
 - Tony Bramer told *Healthcare Finance News*, "If I'm a small hospital, but I can work with a channel partner who can drive \$40 million worth of spend, I can bundle those and negotiate a price that will benefit all the channel partners. Information is power, and if you don't know, you're at the mercy of a vendor being in charge."

(Continued)

- **Conduct an updated market basket**
 - ♦ Require the GPO to provide only pricing that the hospital is eligible to access.
 - ♦ If the market basket tops 50 percent of an organization's spend, hospitals should assess each item to determine if the GPO is getting your hospital the best deals.
 - ♦ Again, as a QHR client hospital, QPA handles this evaluation process for you.
- **Ongoing expectations for your GPO partner**
 - ♦ Hospitals should expect between 8-10 percent savings over their current supply chain.
 - ♦ Evaluate the realized savings from the previous year and ask your GPO to recommend opportunities to reduce supply and purchase service spend through new contracting or utilization opportunities.
 - ♦ Discuss any issues with the vendors and ask them to provide innovative ways to reduce the cost of the purchase service contract.

[Click here](#) to read more on this topic. And if you would like to discuss the GPO evaluation process or anything related, please contact [Tony Bramer@qhr.com](mailto:Tony_Bramer@qhr.com).

BINGO

BEAR VALLEY HOSPITAL AUXILIARY
IS INVITING YOU TO COME FOR A FUN
FILLED DAY OF BINGO

Saturday

May 4, 2019

SENIOR CENTER:

41191 BIG BEAR BLVD

9:00 – 1:00

2 SESSIONS

1:30 – 5:30

A DAY FULL OF FUN & FOOD

BAKE SALE

Fun fun fun



Must be 18 to play

**HOT DOGS, HOMEMADE
GOODIES & COFFEE**



Recommendation for Action

Date: March 29, 2019
To: Board of Directors
From: John Friel
Re: 2019 Board of Directors Business Board Meeting & Committee Meeting Calendar

Recommendation: To approve the 2019 Board Meeting & Committee Meeting Calendar as presented.

Background: The Board Meeting and Committee Meeting calendar has been scheduled accordingly. The Board Meeting date and time will remain as the 2nd Wednesday of each month beginning at 1:00 pm/3:00 pm and the standing committees have been scheduled according to the committee member's approval.

COMMITTEE MEETING DATES 2019

BUSINESS BOARD MEETING/ President - Peter Boss, MD

Monthly Public Meeting ▼ 2nd Wednesday of the Month ▼ Closed Session at 1:00 pm ▼ Open Session at 3:00 pm

1/9/19	2/13/19	3/13/19	4/10/19	5/8/19	6/12/19	7/10/19	8/14/19	9/11/19	10/9/19	11/13/19	12/11/19
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PLANNING & FACILITIES MEETING/ Chair - Rob Robbins ; Vice Chair - Peter Boss, MD

Monthly Public Meeting ▼ 1st Wednesday of the Month ▼ 12:00 pm

1/24/19	2/6/19	3/6/19	4/3/19	5/1/19	6/5/19	7/3/19	8/7/19	9/4/19	10/2/19	11/6/19	12/4/19
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FINANCE MEETING / Chair - Donna Nicely: Vice Chair - Peter Boss, MD

Monthly Public Meeting ▼ First Tuesday of the Month ▼ 1:00 pm

1/1/19	2/5/19	3/5/19	4/2/19	5/7/19	6/4/19	7/2/19	8/6/19	9/3/19	10/1/19	11/5/19	12/3/19
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HUMAN RESOURCES MEETING/ Chair - Gail McCarthy ; Vice Chair - Steve Baker

Annual Public Meeting ▼ 3rd Monday of July ▼ 12:00 pm

7/15/19											
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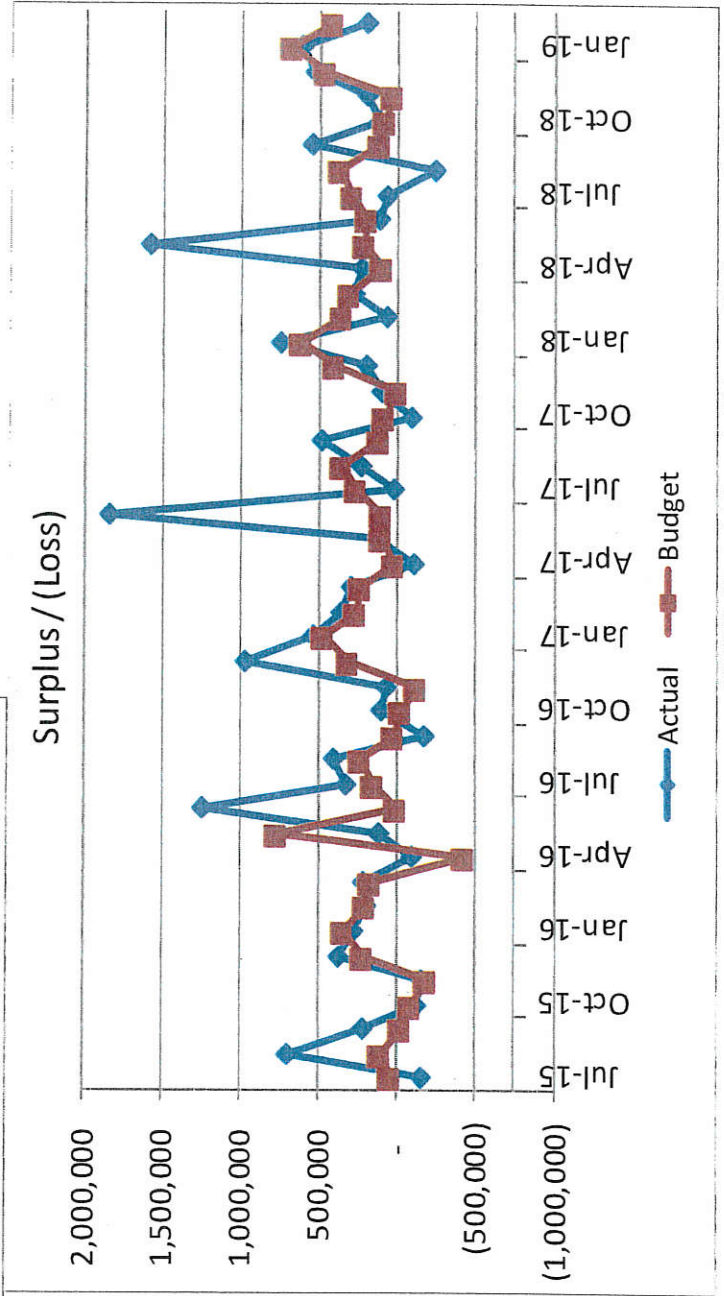
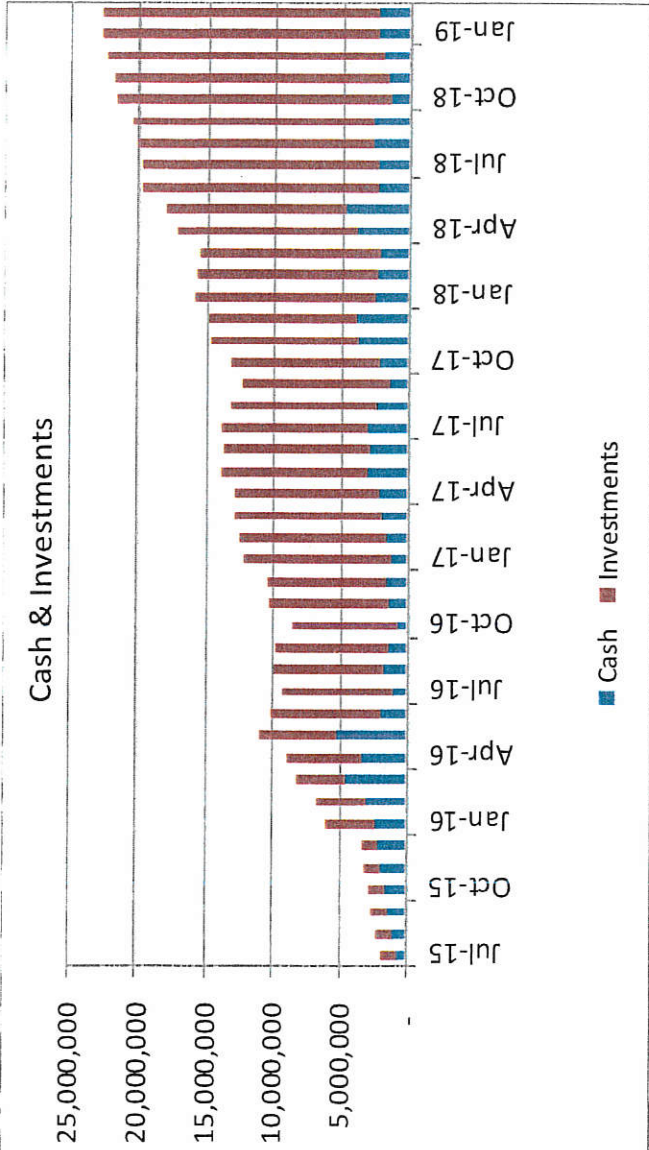


Finance Report

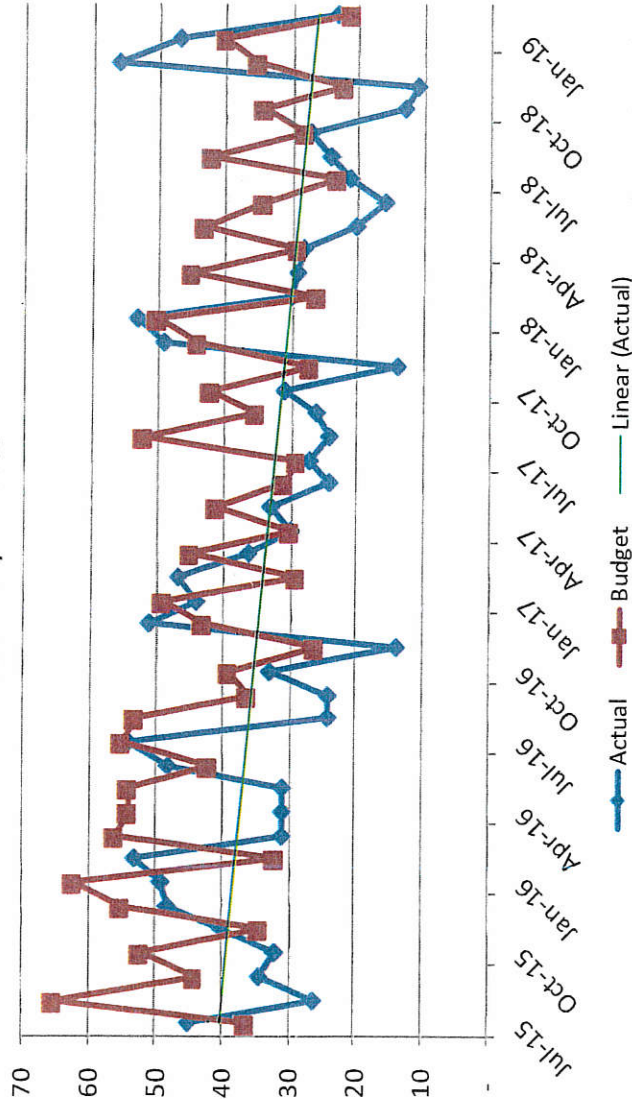
February 2019 Results

Summary for February 2019

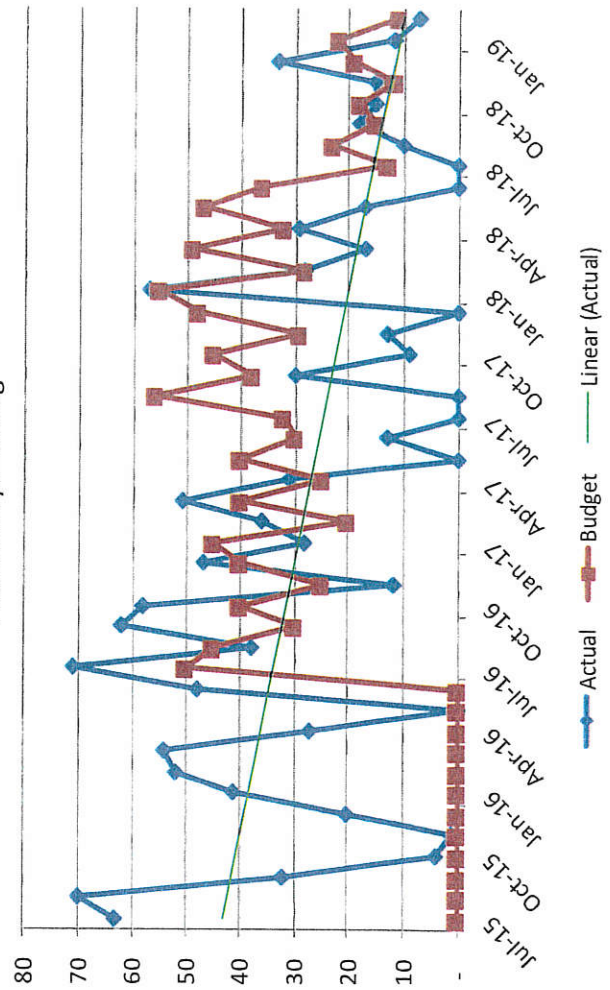
- Cash on Hand - \$ 2,318,185
- Investments - \$20,377,496
- Days Cash on hand, including investments with LAIF – 347
- Surplus of \$196,201 for the month was under our budgeted Surplus
- Total Patient Revenue was under Budget by 8.3% for the month
- Net Patient Revenue was 9.7% under budget.
- Total Expenses were 1.3% lower than budget



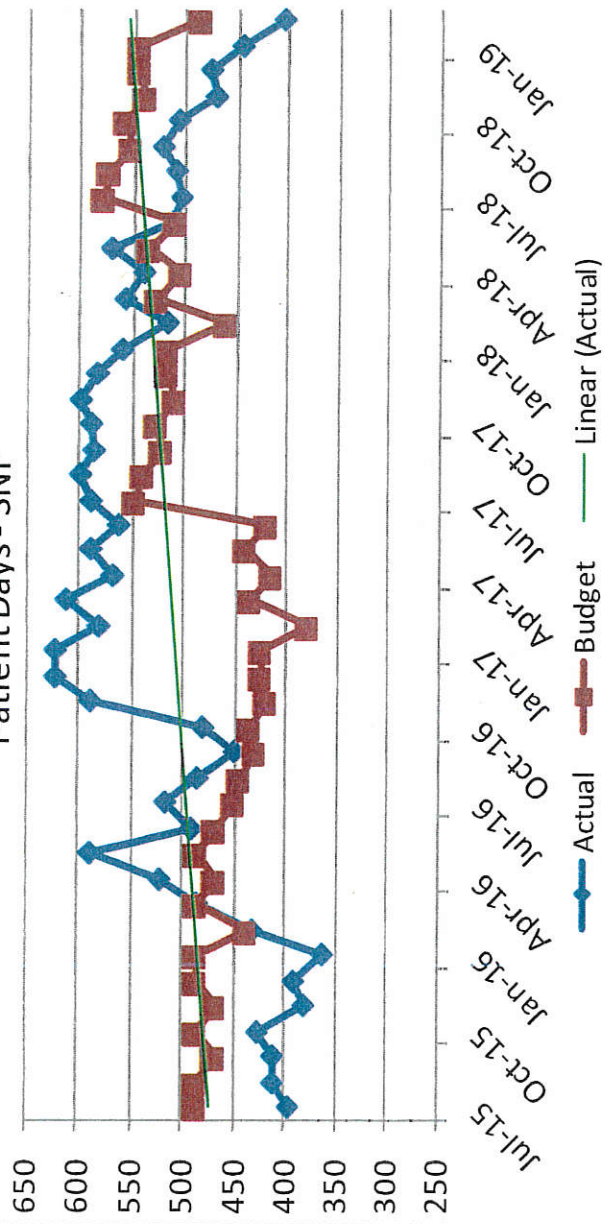
Patient Days - Acute



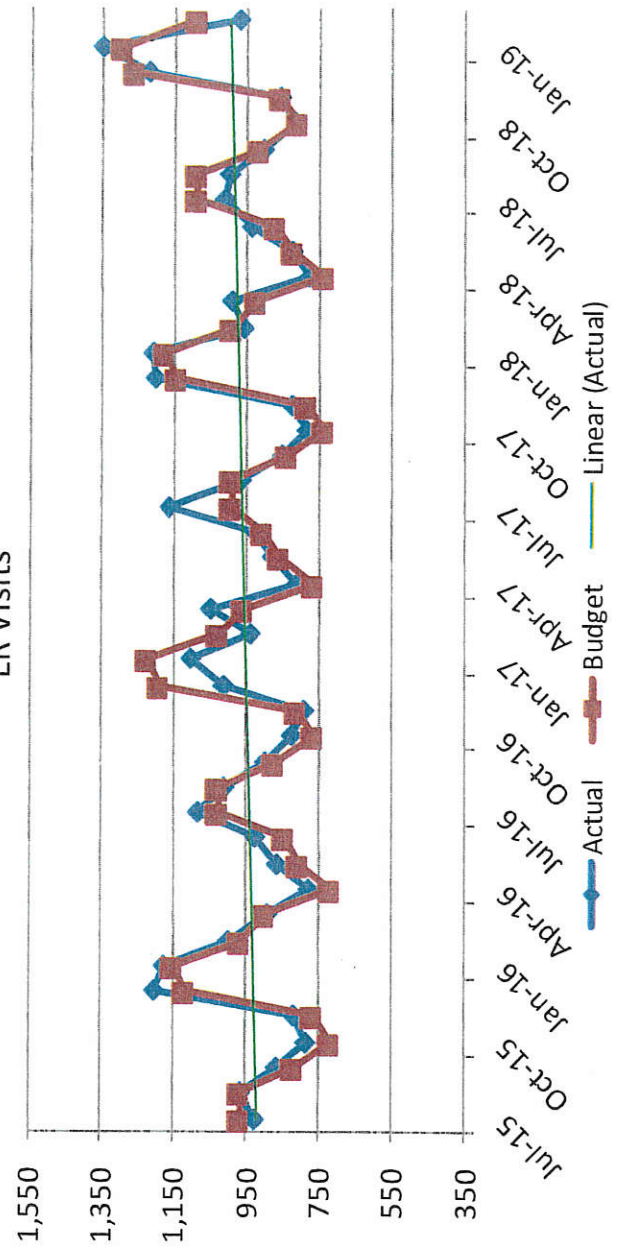
Patient Days - Swing

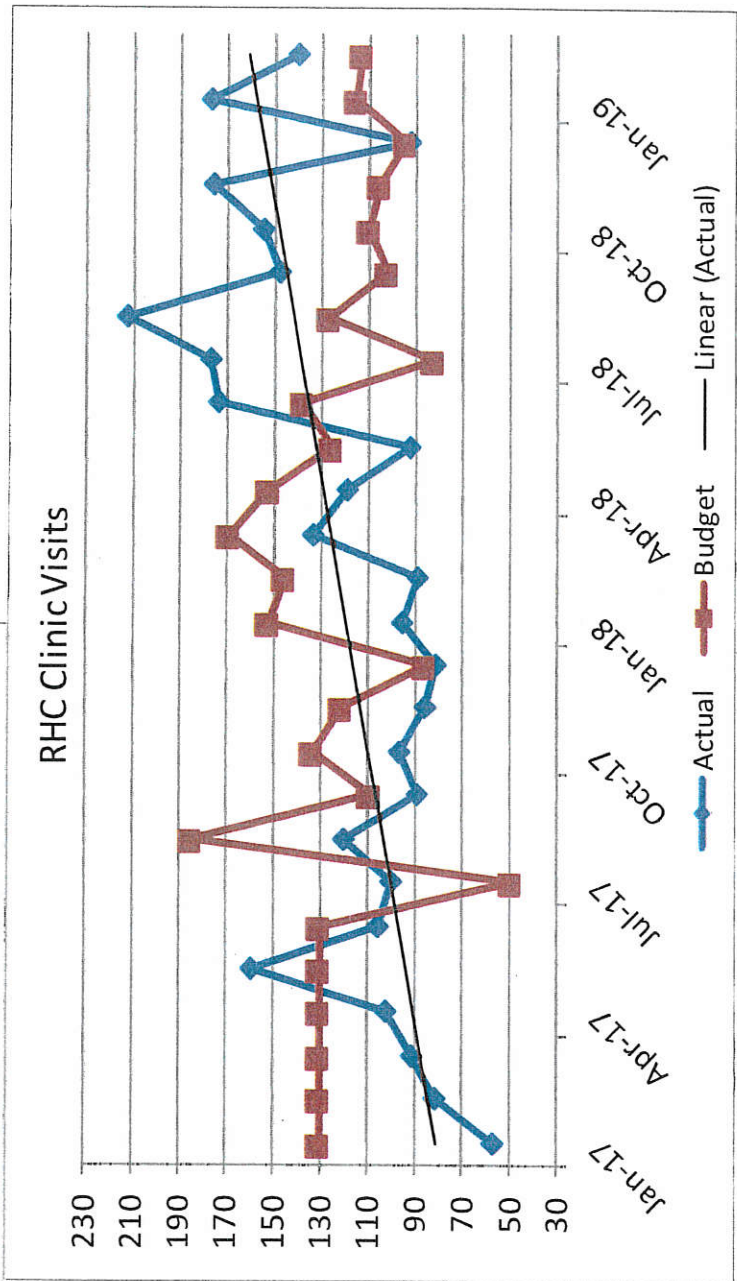
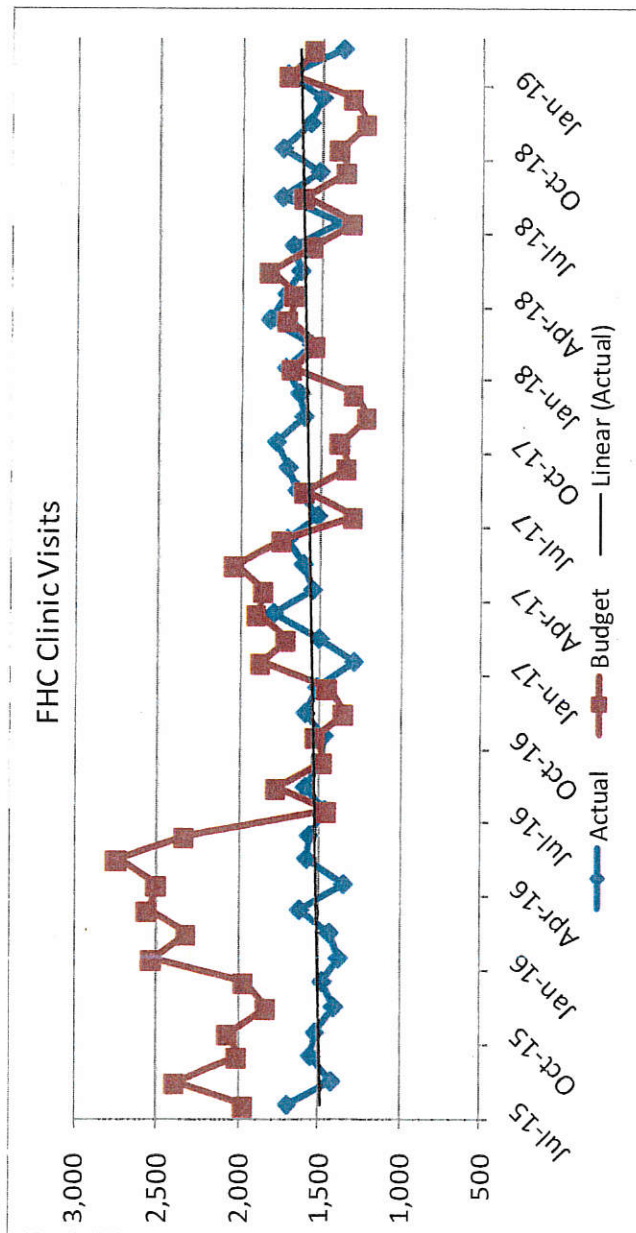


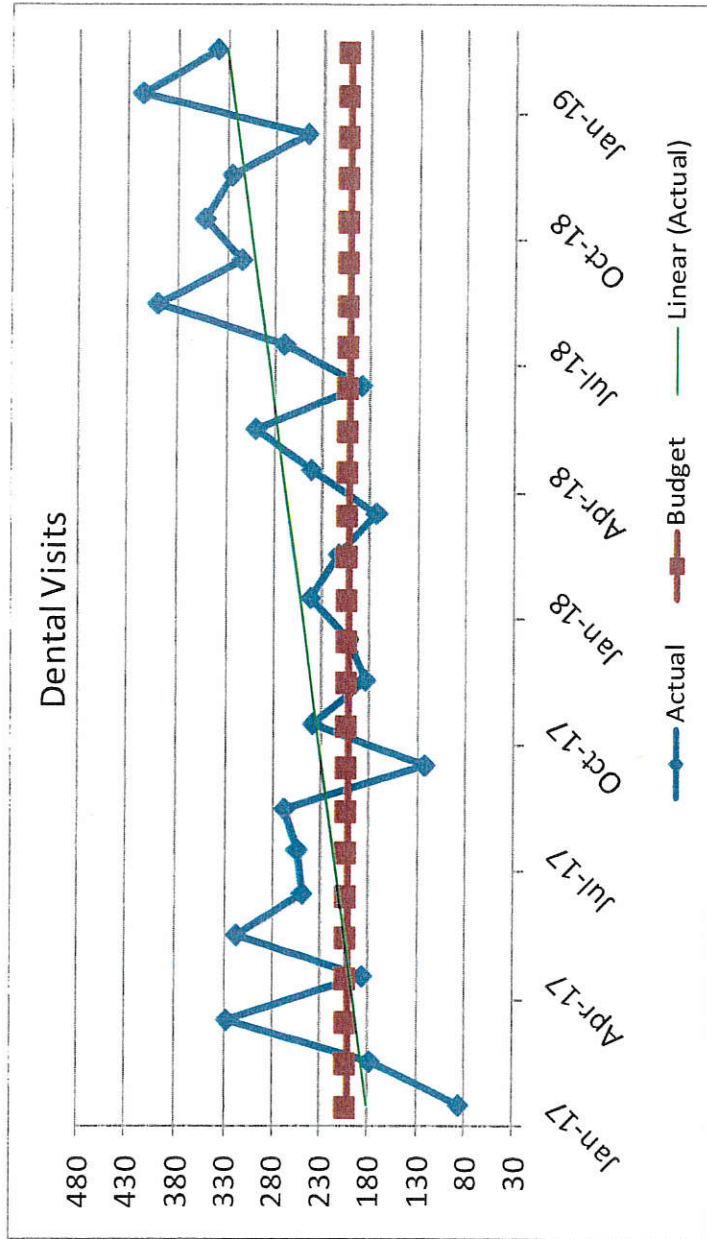
Patient Days - SNF

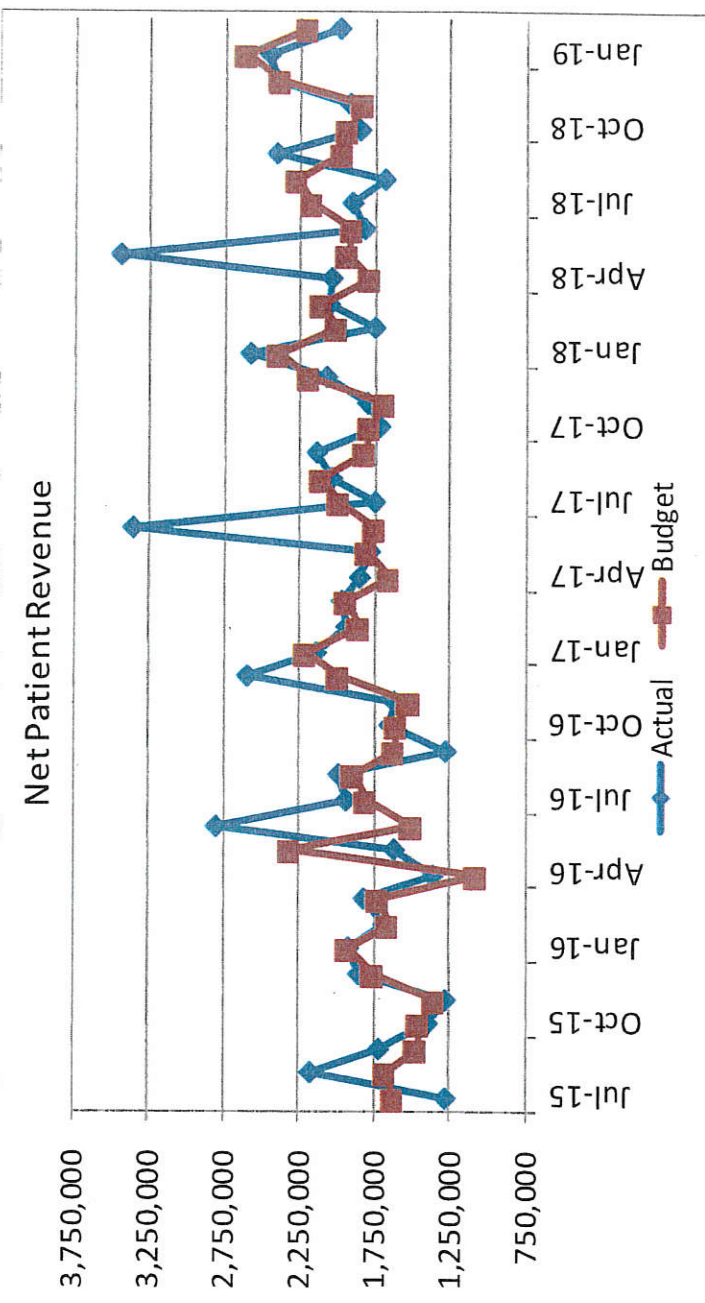
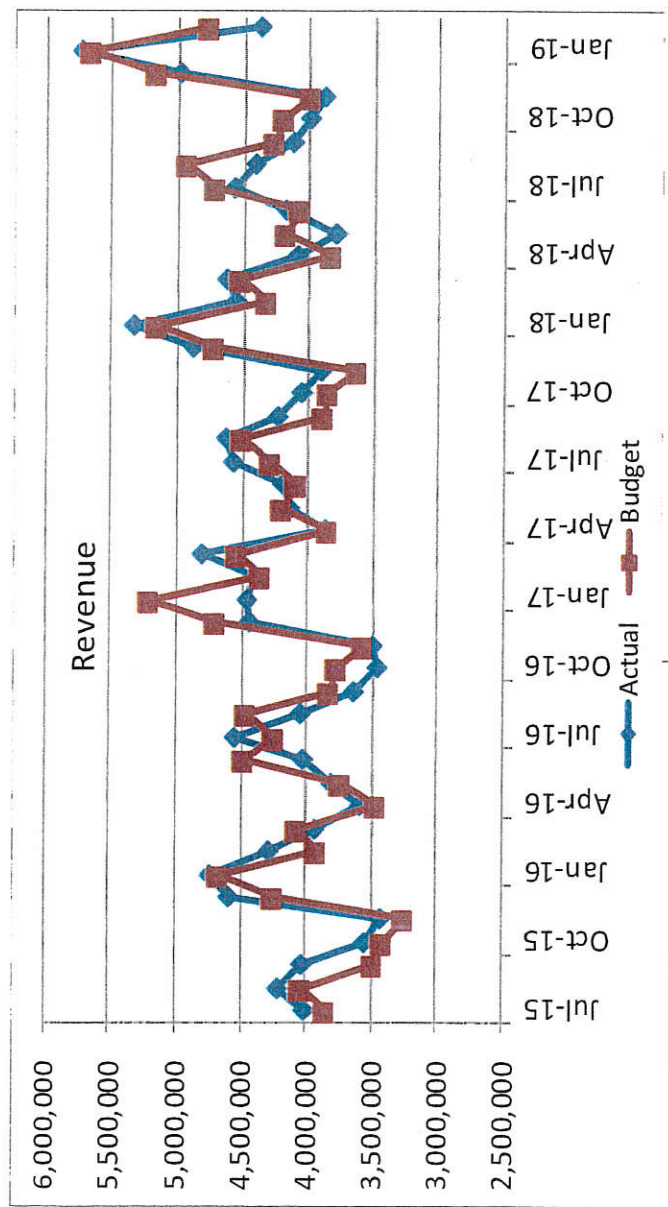


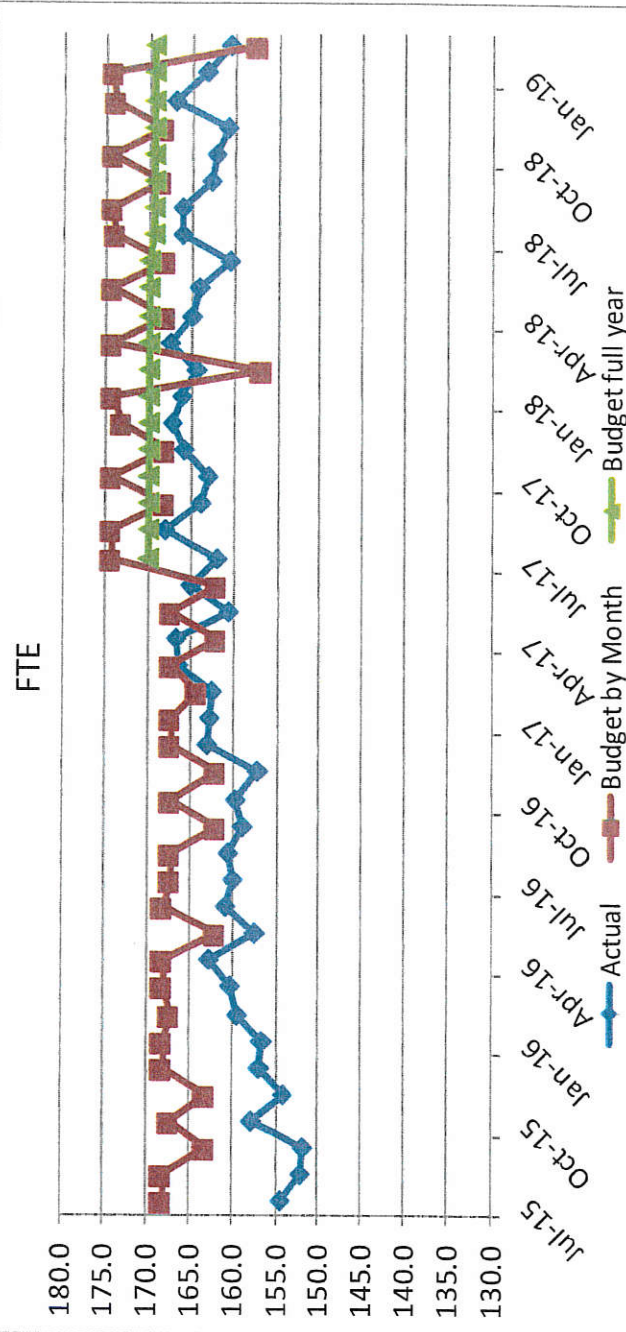
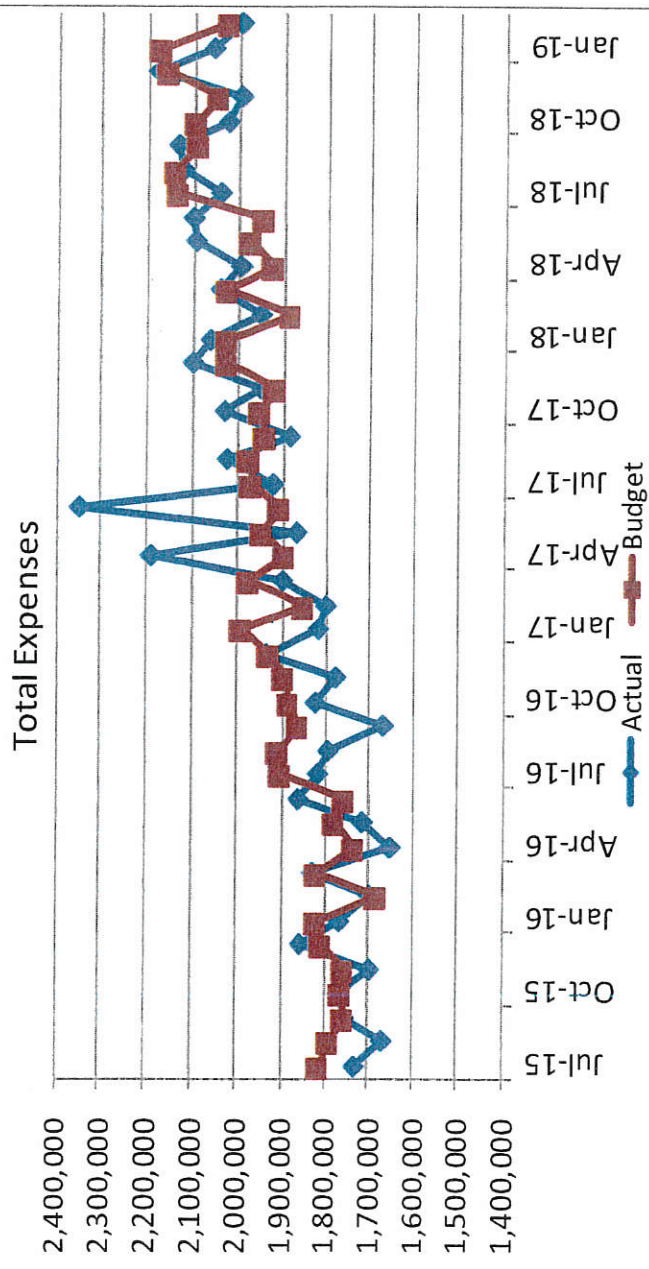
ER Visits

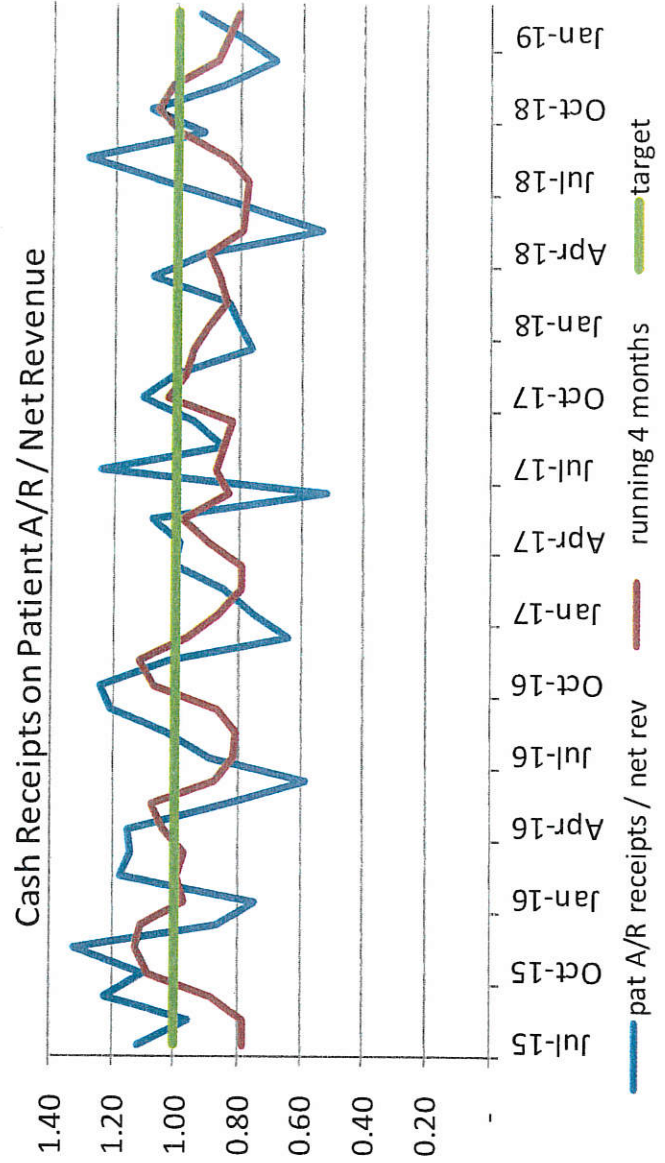
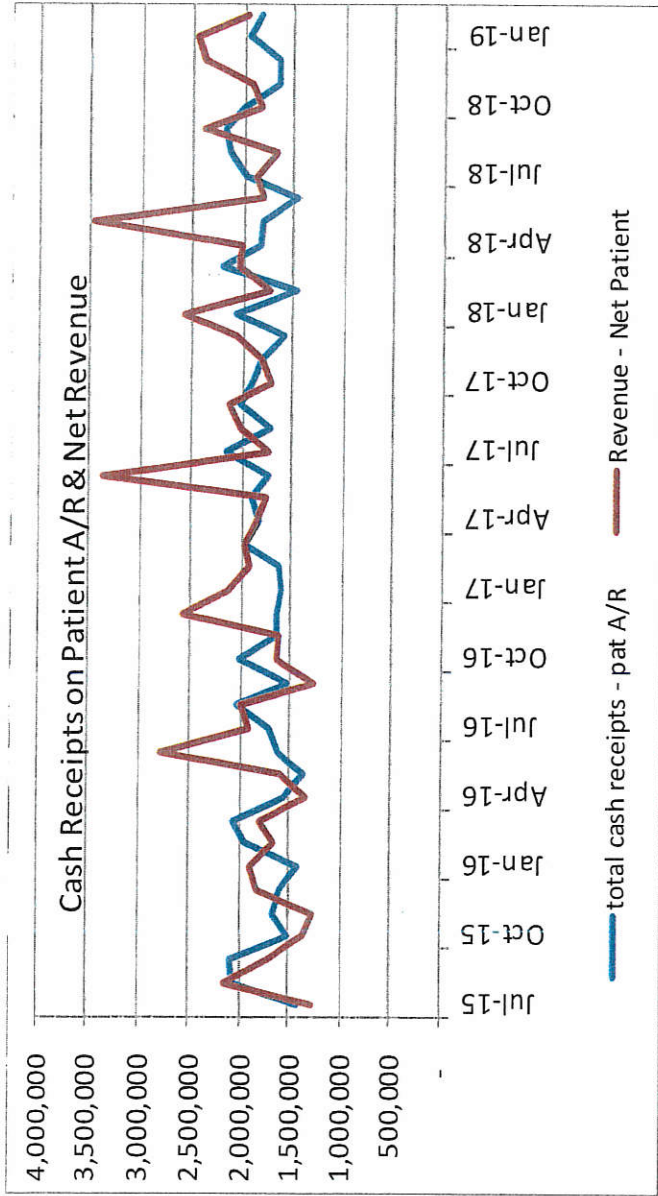


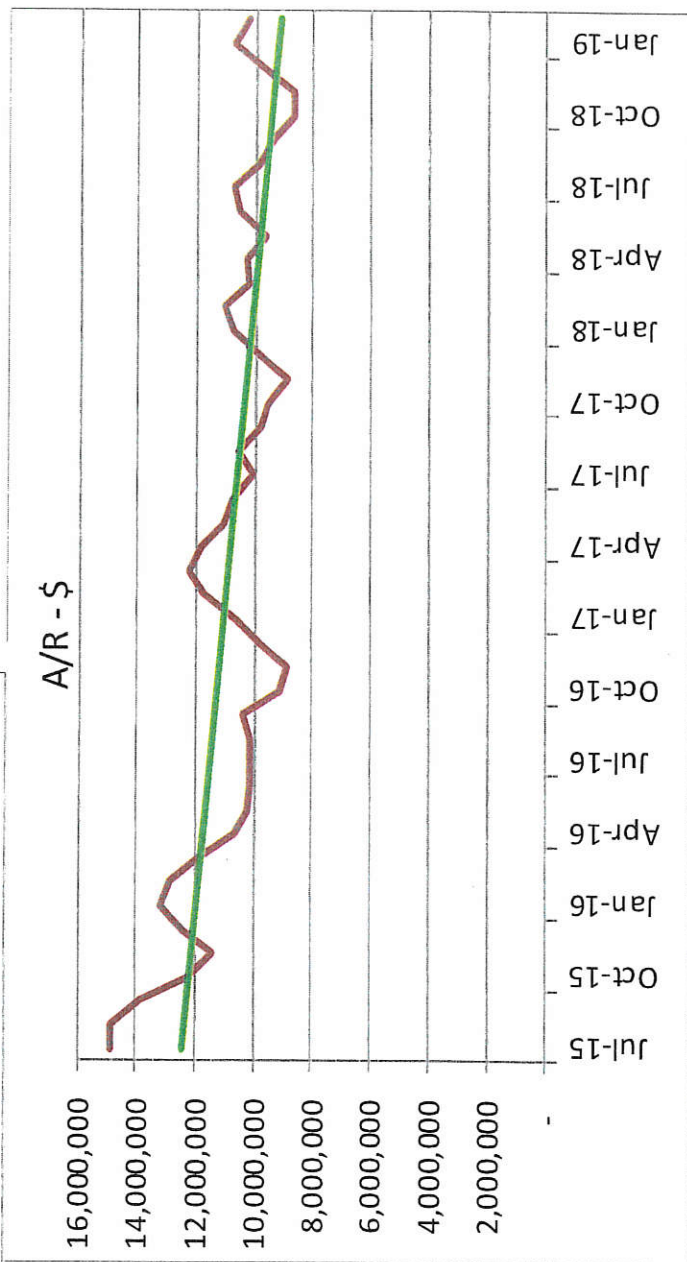
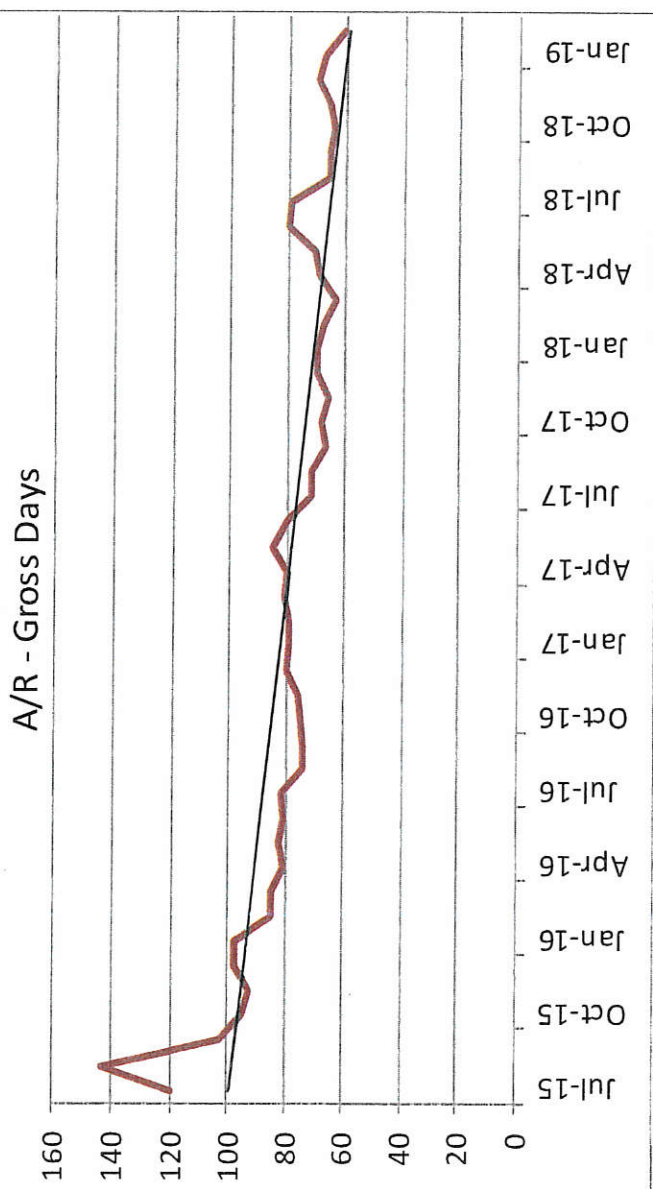














February 2019 Financial Results

For the month . . .

Total Patient Revenue for February 2019 was \$4,365,184. All major categories of revenue were under budget. Inpatient revenue was 33.2% under budget. Acute days were 2 over budget. Swing patient days were 4 under budget. Outpatient revenue was 8.4% under budget. Clinic revenue was 6.0% under budget. Emergency Room visits were under budget and therefore ER revenue was under budget by 6.1%. SNF revenue was 24.1% under budget with lower census on the SNF unit.

Revenue deductions of \$2,385,744 were 7.0% lower than budget.

Total Expenses of \$1,993,799 were 1.3% under budget.

Our surplus for the month of February 2019 was \$196,201 - \$215,947 lower than budgeted.

Our Operating Cash and Investments total \$22,695,681 as of the end of month. Total days cash on hand as of the end of February 2019 are 347.

Key Statistics

Acute patient days of 23 were 10% over budget, Swing days of 7 were 36% under budget. SNF days of 403 were 17% lower than budget. ER Visits of 973 were 10.7% lower than budget. FHC Clinic visits were 11% lower than budget. Clinic visits for RHC (including dental) were over budget.

FTE continue to be under budget – 5% for the month.

Year-to-Date

Total Patient Revenue of \$36,007,675 is 4.3% below budget. Net patient revenue of \$16,545,919 is 4.5% below budget. Total expenses of \$16,526,640 are 1.8% below budget. Our surplus for the first eight months of our fiscal year is \$1,982,130. This is \$442,496 less than budget but \$295,483 ahead of where we were at this time last year.

Acute days are 9% below budget. Swing days are 17% below budget. SNF days are 12% below budget. ER visits are 3% below budget. All clinic visit categories are above budget

Bear Valley Community Healthcare District
Financial Statements February 28, 2019

Financial Highlights—Hospital
STATEMENT OF OPERATIONS

	A		B		C		D		E		F		G		H		I		J	
	FY 17/18		FY 18/19		FY 18/19		FY 18/19		FY 18/19		FY 17/18		FY 18/19		FY 18/19		FY 18/19		FY 18/19	
	Actual		Actual		Actual	Budget	Amount	%			Actual		Actual		Budget	Amount	%			
1	Total patient revenue																			
	4,549,861		4,365,184		4,758,356		(393,172)		-8.3%			36,089,956		36,007,675		37,621,750		(1,614,074)		-4.3%
2	Total revenue deductions																			
3	2,800,296		2,385,744		2,566,072		(180,328)		-7.0%			20,304,059		19,461,756		20,288,544		(826,788)		-4.1%
4	62%		55%		54%							56%		54%		54%				
5	1,749,565		1,979,440		2,192,284		(212,844)		-9.7%			15,785,897		16,545,919		17,333,205		(787,287)		-4.5%
6	38%		45%		46%							44%		46%		46%				
7	72,429		32,921		45,652		(12,732)		-27.9%			268,416		271,297		371,126		(99,829)		-26.9%
8	Total Operating Revenue																			
	1,821,994		2,012,361		2,237,936		(225,575)		-10.1%			16,054,313		16,817,215		17,704,331		(887,116)		-5.0%
9	Total Expenses																			
	1,949,382		1,993,799		2,020,508		(26,709)		-1.3%			15,913,608		16,326,640		16,837,459		(310,818)		-1.8%
10	43%		46%		42%							44%		46%		45%				
11	(127,388)		18,562		217,429		(199,867)		91.5%			140,705		230,575		866,872		(576,297)		66.5%
12	-3%		0%		5%							0%		1%		2%				
13	188,902		177,639		194,719		(17,081)		-8.8%			1,545,942		1,691,555		1,557,754		133,801		8.6%
14	Surplus/(Loss)																			
	61,513		196,201		412,148		(215,947)		52.4%			1,686,647		1,982,130		2,424,626		(442,496)		18.3%
15	1%		4%		9%							5%		6%		6%				

BALANCE SHEET

	A		B		C		D		E	
	February		February		January		January		January	
	FY 17/18	FY 18/19	FY 18/19	FY 18/19	FY 18/19	FY 18/19	FY 18/19	FY 18/19	FY 18/19	FY 18/19
15 Gross Accounts Receivables	11,055,034		10,210,291		9,822,780	393,511	4.0%			
16 Net Accounts Receivables	4,289,947		3,545,170		3,702,342	(157,172)	-4.2%			
17 % Net AR to Gross AR	39%		35%		38%					
18 Days Gross AR	65.0		61.0		67.9	(6.9)	-10.2%			
19 Cash Collections	1,454,092		1,836,915		1,928,722	(91,807)	-4.8%			
20 Investments	13,452,520		20,377,496		20,377,496	-	0.0%			
21 Cash on hand	2,353,707		2,318,185		2,337,966	(19,781)	-0.8%			
22 Total Cash & Invest	15,806,227		22,695,681		22,715,461	(19,781)	-0.1%			
23 Days Cash & Invest	250		347		349	(2)	-0.7%			
24 Total Cash and Investments	15,806,227		22,695,681		22,695,681					
Increase Current Year vs. Prior Year			6,889,454							

Bear Valley Community Healthcare District
Financial Statements February 28, 2019

Statement of Operations

	A		B		C		D		E		F		G		H		I		J	
	FY 17/18		FY 18/19		FY 18/19		FY 18/19		FY 18/19		FY 17/18		FY 18/19		FY 18/19		FY 18/19		FY 18/19	
	Actual		Actual	Budget	Actual	Budget	Actual	Budget	Actual	%	Actual		Actual	Budget	Actual	Budget	Amount	%	Amount	%
Gross Patient Revenue																				
1 Inpatient	205,698		91,583	137,103	(45,520)	-33.2%					1,341,815		1,131,486	1,399,928	(268,442)	-19.2%				
2 Outpatient	960,070		937,118	1,022,718	(85,601)	-8.4%					8,079,127		7,150,202	8,098,385	(948,183)	-11.7%				
3 Clinic Revenue	332,940		339,004	360,780	(21,776)	-6.0%					2,820,293		3,001,821	2,742,426	259,395	9.5%				
4 Emergency Room	2,822,859		2,818,505	3,001,933	(183,428)	-6.1%					21,794,888		23,008,700	23,335,335	(326,035)	-1.4%				
5 Skilled Nursing Facility	228,695		178,974	235,822	(56,848)	-24.1%					2,053,834		1,715,467	2,045,676	(330,209)	-16.1%				
6 Total patient revenue	4,549,861		4,365,184	4,756,356	(393,172)	-8.3%					36,089,956		36,007,675	37,621,750	(1,614,074)	-4.3%				
Revenue Deductions																				
7 Contractual Allow	2,617,795		2,318,188	2,397,149	(78,961)	-3.3%					17,957,187		18,269,874	18,952,970	(683,096)	-3.6%				
8 Contractual Allow PY	(132,608)		(250,000)	-	(250,000)	#DIV/0!					(132,608)		(1,693,374)	-	(1,693,374)	#DIV/0!				
9 Charity Care	7,866		-	9,993	(9,993)	-100.0%					47,838		89,059	79,006	10,053	12.7%				
10 Administrative	10,254		15,817	9,041	6,776	74.9%					309,871		94,768	71,481	23,287	32.6%				
11 Policy Discount	12,725		13,140	7,138	6,002	84.1%					88,369		105,436	56,433	50,033	88.6%				
12 Employee Discount	10,571		5,090	3,807	1,283	33.7%					46,967		45,892	30,099	15,793	52.5%				
13 Bad Debts	96,436		150,488	138,944	11,544	8.3%					925,073		1,561,998	1,098,555	463,443	42.2%				
14 Denials	190,797		133,021	-	133,021	#DIV/0!					1,061,392		987,104	-	987,104	#DIV/0!				
15 Total revenue deductions	2,800,296		2,385,744	2,566,072	(180,328)	-7.0%					20,304,059		19,461,756	20,288,544	(826,788)	-4.1%				
16 Net Patient Revenue	1,749,565		1,979,440	2,192,284	(212,844)	-9.7%					15,755,897		16,545,919	17,333,205	(787,287)	-4.5%				
gross revenue including Prior Year	40.2%		40.2%	-	40.2%	-					40.2%		44.7.4%	44.7.4%	0.0%					
Contractual Allowances as a percent to	39.2%		39.2%	-	39.2%	-					39.2%		43.7.2%	43.7.2%	0.0%					
gross revenue WO PY and Other CA	72.429		32.921	45.652	(12.732)	-27.9%					268,416		271,297	371,126	(99,829)	-26.9%				
17 Other Revenue	1,821,994		2,012,361	2,237,936	(225,575)	-10.1%					16,054,313		16,817,215	17,704,331	(887,116)	-5.0%				
18 Total Operating Revenue																				
Expenses																				
19 Salaries	786,053		808,233	791,038	17,195	2.2%					6,484,025		6,918,593	6,859,394	59,199	0.9%				
20 Employee Benefits	285,480		268,996	340,274	(71,278)	-20.9%					2,412,221		2,213,451	2,815,406	(601,955)	-21.4%				
21 Registry	-		27,582	-	27,582	#DIV/0!					16,028		97,972	-	97,972	#DIV/0!				
22 Salaries and Benefits	1,071,533		1,104,811	1,131,312	(26,501)	-2.3%					8,912,274		9,230,016	9,674,800	(444,784)	-4.6%				
23 Professional fees	169,956		170,192	164,684	5,508	3.3%					1,333,402		1,378,710	1,327,283	51,427	3.9%				
24 Supplies	150,603		146,456	128,386	18,070	14.1%					1,072,353		1,084,713	1,060,930	23,783	2.2%				
25 Utilities	42,100		47,027	43,689	3,338	7.6%					332,533		351,714	348,464	3,250	0.9%				
26 Repairs and Maintenance	27,659		34,028	27,732	6,296	22.7%					234,330		241,336	224,022	17,314	7.7%				
27 Purchased Services	329,029		305,953	334,867	(28,914)	-8.6%					2,717,629		2,830,095	2,681,729	148,367	5.5%				
28 Insurance	25,912		47,942	26,975	20,967	77.7%					208,053		246,510	215,800	30,710	14.2%				
29 Depreciation	82,710		81,848	81,667	181	0.2%					548,617		628,101	653,336	(25,235)	-3.9%				
30 Rental and Leases	14,670		12,596	21,112	(8,516)	-40.3%					205,681		91,378	168,896	(77,518)	-45.9%				
32 Dues and Subscriptions	1,944		6,657	5,910	747	12.6%					36,234		50,604	47,280	3,324	7.0%				
33 Other Expense	33,265		36,290	54,174	(17,884)	-33.0%					312,501		393,462	434,919	(41,457)	-9.5%				
34 Total Expenses	1,949,382		1,993,799	2,020,508	(26,709)	-1.3%					15,913,608		16,526,640	16,837,459	(310,818)	-1.8%				
35 Surplus (Loss) from Operations	(127,388)		18,562	217,429	(198,867)	91.5%					140,705		290,575	866,872	(576,297)	66.5%				
36 Non-Operating Income																				
37 Tax Revenue	186,047		184,244	184,244	(0)	0.0%					1,488,376		1,473,952	1,473,954	(2)	0.0%				
38 Other non-operating	10,000		-	3,133	(3,133)	-100.0%					52,247		59,095	25,064	34,031	135.8%				
Interest Income	591		985	15,125	(14,140)	-93.5%					68,068		219,610	121,000	98,610	81.5%				
Interest Expense	(7,737)		(7,590)	(7,783)	193	-2.5%					(62,749)		(61,102)	(62,264)	1,162	-1.9%				
IGT Expense	-		-	-	-	#DIV/0!					-		-	-	-	#DIV/0!				
39 Total Non-operating	188,902		177,639	194,719	(17,081)	-8.3%					1,545,942		1,691,555	1,557,754	133,801	8.6%				
40 Surplus/(Loss)	61,513		196,201	412,148	(215,947)	52.4%					1,734,647		1,982,130	2,424,626	(442,496)	-18.3%				

**Bear Valley Community Healthcare District
Financial Statements**

Current Year Trending Statement of Operations

A Statement of Operations—CURRENT YEAR 2019

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
Gross Patient Revenue													
1 Inpatient	74,791	120,993	132,469	89,286	98,121	284,233	240,009	91,583					1,131,486
2 Outpatient	972,222	931,894	846,425	957,181	783,804	765,170	956,387	937,118					7,150,202
3 Clinic	342,650	422,712	359,375	399,238	375,441	339,847	423,555	339,004					3,001,821
4 Emergency Room	2,957,516	2,703,194	2,533,930	2,402,375	2,402,375	3,383,606	3,900,570	2,818,505					23,008,700
5 Skilled Nursing Facility	223,604	228,589	239,665	223,973	208,696	213,621	198,345	178,974					1,715,467
6 Total patient revenue	4,570,784	4,407,382	4,111,836	3,978,707	3,868,437	4,986,477	5,718,867	4,365,184					36,007,675
Revenue Deductions													
7 Contractual Allow	2,320,956	2,352,744	2,039,158	1,950,874	1,808,657	2,408,874	3,071,420	2,318,188					18,269,874
8 Contractual Allow PY	62	-	(700,000)	(193,436)	(200,000)	(150,000)	(200,000)	(250,000)					(1,693,374)
9 Charity Care	15,343	-	28,075	15,115	17,531	4,625	8,429	-					89,059
10 Administrative	806	2,818	6,849	2,378	5,496	26,102	34,502	15,817					94,768
11 Policy Discount	13,989	15,616	12,381	14,966	12,024	9,976	14,346	13,140					106,436
12 Employee Discount	12,793	5,188	6,356	3,317	2,979	5,688	4,480	5,090					45,892
13 Bad Debts	215,076	186,926	189,526	231,008	210,921	198,143	199,876	150,488					1,561,998
14 Denials	103,506	177,395	154,441	110,936	91,507	87,116	129,183	133,021					987,104
15 Total revenue deductions	2,682,534	2,740,687	1,716,760	2,135,158	1,950,115	2,588,523	3,262,236	2,385,744					19,461,756
16 Net Patient Revenue	1,888,250	1,666,694	2,395,076	1,843,550	1,918,322	2,397,954	2,456,631	1,979,440					16,545,919
net / tot pat rev	41.3%	37.8%	58.2%	46.3%	49.6%	48.1%	43.0%	45.3%					46.0%
Other Revenue	19,441	19,594	11,170	90,789	70,177	4,359	22,846	32,921					271,297
17 Total Operating Revenue	1,907,691	1,686,288	2,406,246	1,934,339	1,988,499	2,402,313	2,479,478	2,012,361					16,817,215
Expenses													
19 Salaries	885,068	891,453	831,600	891,749	824,872	945,048	840,561	808,233					6,916,593
20 Employee Benefits	303,328	293,241	289,066	185,368	275,061	295,949	302,442	268,996					2,213,451
21 Registry	-	-	-	-	-	29,974	40,416	27,582					97,972
22 Salaries and Benefits	1,188,396	1,184,704	1,120,666	1,077,117	1,099,933	1,270,971	1,183,419	1,104,811					9,230,016
23 Professional fees	173,695	181,120	174,907	179,265	168,548	169,550	161,432	170,192					1,378,710
24 Supplies	121,217	135,487	136,991	135,960	131,374	136,723	140,504	146,456					1,084,713
25 Utilities	46,712	43,958	42,464	40,116	40,950	42,170	48,318	47,027					351,714
26 Repairs and Maintenance	17,407	23,079	32,405	41,525	25,786	42,197	24,908	34,028					241,336
27 Purchased Services	325,455	373,332	457,562	381,061	360,181	320,095	306,457	305,953					2,830,095
28 Insurance	28,258	28,258	28,258	28,460	28,216	28,560	28,560	47,942					246,510
29 Depreciation	76,489	76,489	76,489	76,489	76,489	81,905	81,905	81,848					628,101
30 Rental and Leases	11,421	11,509	11,219	11,158	11,158	11,158	11,158	12,586					91,378
32 Dues and Subscriptions	6,882	7,101	5,879	5,746	1,585	10,898	5,856	6,657					50,604
33 Other Expense	40,078	55,169	46,430	42,884	47,150	62,756	62,705	36,290					393,462
34 Total Expenses	2,036,009	2,120,207	2,133,270	2,019,782	1,991,370	2,176,983	2,055,222	1,993,799					16,526,640
Surplus (Loss) from Operations	(128,318)	(433,918)	272,977	(85,443)	(2,871)	225,330	424,256	18,562					290,575
Non-Operating Income													
37 Tax Revenue	184,244	184,244	184,244	184,244	184,244	184,244	184,244	184,244					1,473,952
38 Other non-operating	15,020	245	35	9,020	19,775	-	15,000	-					59,095
Interest Income	543	6,457	92,115	1,124	377	117,923	85	985					219,610
Interest Expense	(7,638)	(7,621)	(7,626)	(7,561)	(7,717)	(7,693)	(7,655)	(7,590)					(61,102)
IGT Expense	-	-	-	-	-	-	-	-					-
39 Total Non-operating	192,169	183,325	268,768	186,827	196,680	294,474	191,673	177,639					1,691,555
40 Surplus/(Loss)	63,851	(250,594)	541,745	101,384	193,809	519,805	615,929	196,201					1,982,130

Input Trend Stmt Ops

2018-19 Actual BS

BALANCE SHEET

Includes Final Entries 6-30-18

ASSETS:

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	PY June
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Current Assets

Cash and Cash Equivalents (Includes CD's)
Gross Patient Accounts Receivable
Less: Reserves for Allowances & Bad Debt
Net Patient Accounts Receivable
Tax Revenue Receivable
Other Receivables
Inventories
Prepaid Expenses
Due From Third Party Payers
Due From Affiliates/Related Organizations
Other Current Assets

2,296,309	2,551,340	2,710,313	1,422,366	1,607,260	2,033,649	2,337,966	2,318,185	2,253,624
10,740,258	9,856,044	9,392,593	8,676,040	8,677,491	9,925,369	10,753,281	10,219,849	10,597,934
6,470,820	6,125,057	6,146,633	5,761,414	5,687,266	6,270,859	7,050,939	6,673,679	6,413,352
4,269,738	3,731,787	3,246,260	2,914,596	2,990,625	3,548,531	3,702,342	3,545,170	4,184,582
2,210,931	2,210,931	2,210,931	2,210,931	1,815,477	996,668	645,477	805,495	52,044
50,484	76,234	93,056	651,701	-247,452	-107,704	-61,991	383,540	96,628
130,292	134,606	136,936	139,503	133,916	136,954	128,410	123,737	129,318
299,848	293,739	345,377	346,209	338,692	317,051	304,269	278,151	199,838
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Total Current Assets 9,257,602 9,000,637 8,742,873 7,685,486 6,638,748 6,925,179 7,256,472 7,454,279 6,916,233

Assets Whose Use is Limited

Investments
Other Limited Use Assets

17,668,421	17,668,421	17,760,225	20,260,225	20,760,225	20,377,496	20,377,496	20,377,496	17,668,421
144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375

Total Limited Use Assets 17,812,796 17,812,796 17,904,600 20,404,600 20,404,600 20,521,871 20,521,871 20,521,871 17,812,796

Property, Plant, and Equipment

Land and Land Improvements
Building and Building Improvements
Equipment
Construction In Progress
Capitalized Interest
Gross Property, Plant, and Equipment
Less: Accumulated Depreciation

570,615	570,615	570,615	570,615	570,615	570,615	570,615	570,615	570,615
9,758,672	9,772,522	9,772,522	9,772,522	9,772,522	9,885,152	9,885,152	9,885,152	9,758,672
11,779,820	11,844,577	11,912,518	12,010,795	12,020,825	12,315,178	12,329,673	12,332,572	11,781,910
48,953	101,798	127,293	168,571	438,198	48,990	48,990	42,732	32,510
22,158,060	22,289,512	22,382,945	22,520,503	22,801,360	22,819,935	22,834,630	22,831,071	22,123,712
13,685,197	13,781,686	13,838,174	13,914,663	13,991,151	14,073,056	14,154,961	14,236,810	13,608,708

Net Property, Plant, and Equipment 8,472,863 8,527,826 8,544,771 8,605,840 8,810,808 8,745,879 8,679,668 8,594,262 8,515,004

TOTAL UNRESTRICTED ASSETS 35,543,261 35,341,260 35,192,244 36,695,926 35,854,156 36,193,928 36,458,011 36,570,412 33,244,034

Restricted Assets

0	0	0	0	0	0	0	0	0
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TOTAL ASSETS 35,543,261 35,341,260 35,192,244 36,695,926 35,854,156 36,193,928 36,458,011 36,570,412 31,316,969

2018-19 Actual BS

BALANCE SHEET

Includes Final Entries 6-30-18

LIABILITIES:

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	June
Current Liabilities									
Accounts Payable	954,160	880,513	1,028,412	1,133,890	788,405	904,672	719,832	773,963	908,103
Notes and Loans Payable									
Accrued Payroll	705,323	806,989	844,952	930,938	553,778	691,915	751,801	777,091	758,370
Patient Refunds Payable									
Due to Third Party Payers (Settlements)	3,093,051	4,173,225	3,473,225	4,800,692	4,804,969	4,547,362	4,497,062	4,510,494	3,769,980
Advances From Third Party Payers									
Current Portion of Def Rev - Txs,	2,061,087	1,877,443	1,693,199	1,508,955	1,324,711	1,140,467	956,223	771,979	35,000
Current Portion - LT Debt	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Current Portion of AB915									
Other Current Liabilities (Accrued Interest & Accrued Other)	7,630	22,873	30,494	38,055	136	7,552	15,203	22,794	7,621
Total Current Liabilities	7,747,451	7,796,043	7,105,281	8,507,580	7,507,000	7,326,968	6,975,121	6,891,322	5,512,074
Long Term Debt									
USDA Loan									
Leases Payable	2,895,000	2,895,000	2,895,000	2,895,000	2,860,000	2,860,000	2,860,000	2,860,000	2,895,000
Less: Current Portion Of Long Term Debt	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Total Long Term Debt (Net of Current)	2,860,000	2,860,000	2,860,000	2,860,000	2,825,000	2,825,000	2,825,000	2,825,000	2,860,000
Other Long Term Liabilities									
Deferred Revenue	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Total Other Long Term Liabilities	0	0	0	0	0	0	0	0	0
TOTAL LIABILITIES	10,607,451	10,656,043	9,965,281	11,367,580	10,332,000	10,151,968	9,800,121	9,716,322	8,372,074
Fund Balance									
Unrestricted Fund Balance	24,871,960	24,871,960	24,871,960	24,871,960	24,871,960	24,871,960	24,871,960	24,871,960	20,663,942
Temporarily Restricted Fund Balance	0	0	0	0	0	0	0	0	0
Equity Transfer from FRHG	0	0	0	0	0	0	0	0	0
Net Revenue/(Expenses)	63,851	-186,743	355,003	456,387	650,196	1,170,001	1,785,930	1,982,131	4,207,978
TOTAL FUND BALANCE	24,935,811	24,685,217	25,226,963	25,328,347	25,522,156	26,041,960	26,657,890	26,854,091	24,871,960
TOTAL LIABILITIES & FUND BALANCE	35,543,261	35,341,260	35,192,244	36,695,926	35,854,156	36,193,928	36,458,011	36,570,412	33,244,034

Units of Service

For the period ending: February 28, 2019

Bear Valley Community Hospital

Bear Valley Community Hospital														
Current Month				Year-To-Date										
Feb-19	Feb-18		Actual-Budget	Act-Act	Feb-19				Feb-18		Actual-Budget	Act-Act		
Actual	Budget	Actual	Variance	Var %	Actual	Budget	Actual	Variance	Var %	Actual	Variance	Var %		
5,708	5,864	5,713	(156)	-2.7%	-0.1%	Lab Procedures			50,802	48,174	49,369	2,628	5.5%	2.9%
1,036	934	1,028	102	10.9%	0.8%	X-Ray Procedures			7,345	6,498	6,417	847	13.0%	14.5%
300	276	309	24	8.7%	-2.9%	C.T. Scan Procedures			2,343	2,156	2,161	187	8.7%	8.4%
206	229	248	(23)	-10.0%	-16.9%	Ultrasound Procedures			1,718	1,763	1,853	(45)	-2.6%	-7.3%
26	62	66	(36)	-58.1%	-60.6%	Mammography Procedures			392	496	531	(104)	-21.0%	-26.2%
297	267	353	30	11.2%	-15.9%	EKG Procedures			2,254	2,410	2,545	(156)	-6.5%	-11.4%
86	126	167	(40)	-31.7%	-48.5%	Respiratory Procedures			802	1,003	1,121	(201)	-20.0%	-28.5%
1,223	1,246	1,113	(23)	-1.8%	9.9%	Physical Therapy Procedures			11,134	10,562	10,692	572	5.4%	4.1%
1,514	1,660	1,652	(146)	-8.8%	-8.4%	Primary Care Clinic Visits			13,815	12,257	13,864	1,558	12.7%	-0.4%
339	200	212	139	69.5%	59.9%	Specialty Clinic Visits			2,656	1,600	1,712	1,056	66.0%	55.1%
1,853	1,860	1,864	(7)	-0.4%	-0.6%	Clinic			16,471	13,857	15,576	2,614	18.9%	5.7%
71	72	72	(0)	-0.4%	-0.6%	Clinic visits per work day			91	76	86	14	18.9%	5.7%
14.9%	20.00%	15.30%	-5.10%	-25.50%	-2.61%	% Medicare Revenue			18.21%	20.00%	19.09%	-1.79%	-8.94%	-4.58%
34.50%	39.00%	37.80%	-4.50%	-11.54%	-8.73%	% Medi-Cal Revenue			36.69%	39.00%	39.21%	-2.31%	-5.93%	-6.44%
45.90%	36.00%	42.10%	9.90%	27.50%	9.03%	% Insurance Revenue			39.91%	36.00%	36.98%	3.91%	10.87%	7.94%
4.70%	5.00%	4.80%	-0.30%	-6.00%	-2.08%	% Self-Pay Revenue			5.19%	5.00%	4.73%	0.19%	3.75%	9.79%
144.4	141.70	150.1	2.7	1.9%	-3.8%	Productive FTE's			142.55	153.72	145.2	(11.2)	-7.3%	-1.9%
160.6	157.28	164.3	3.3	2.1%	-2.3%	Total FTE's			163.52	170.46	165.0	(6.9)	-4.1%	-0.9%



CFO REPORT for

April 2019 Finance Committee and Board meetings

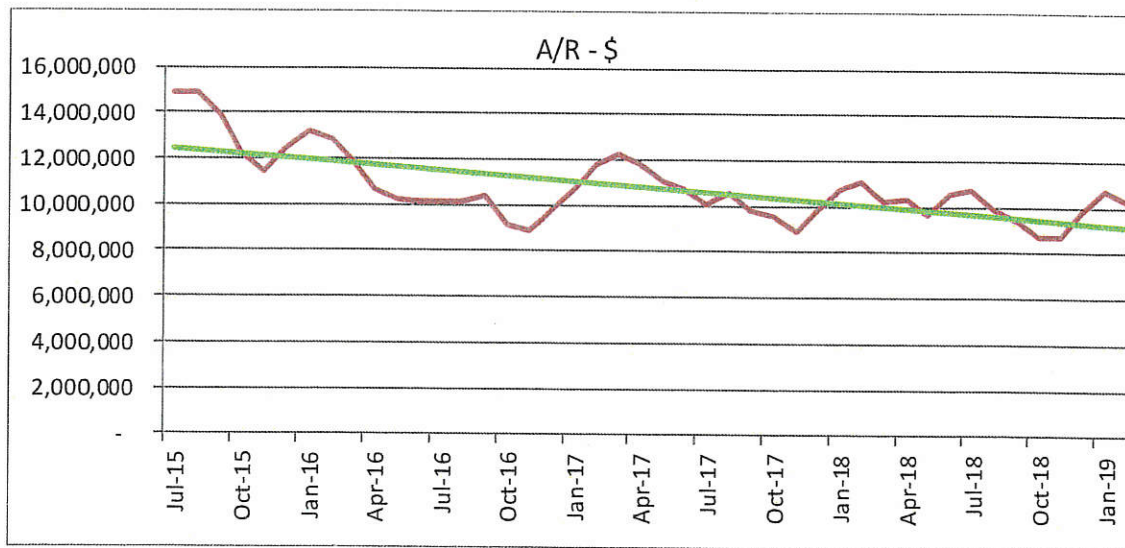
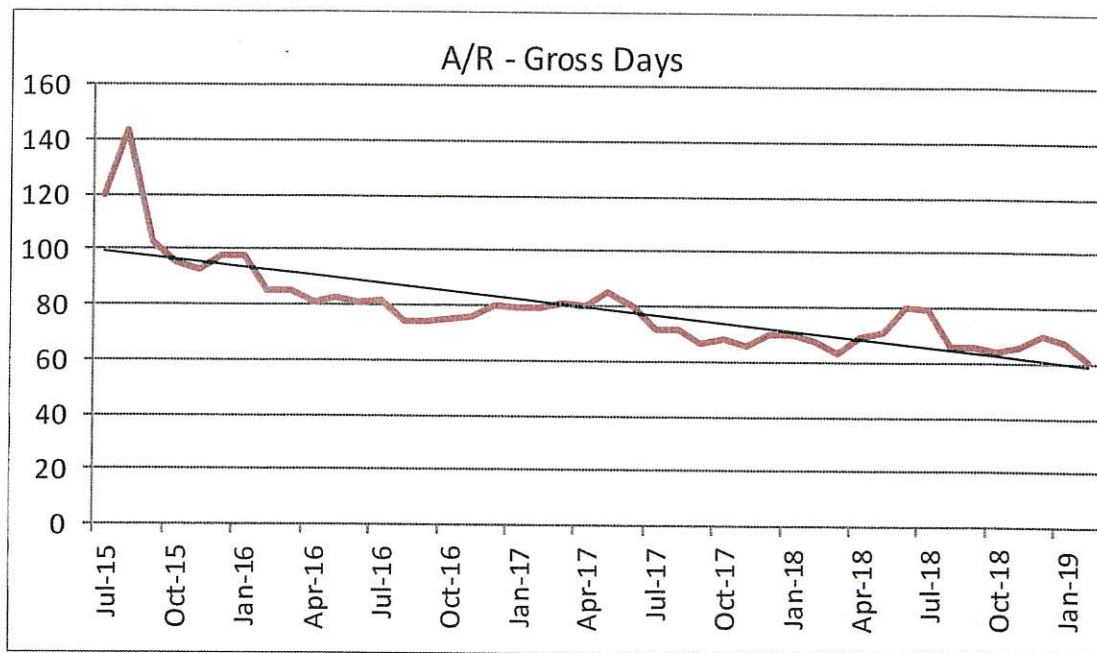
Summary of Transfers

Below is a summary of transfers from ER for December 2018 and January & February 2019

	Feb-19	Jan-19	Dec-18	total	% of total
FACILITIES					
ARMC	16	23	27	66	25.7%
KAISER	3	7	5	15	5.8%
LOMA LINDA	19	23	17	59	23.0%
OTHER	17	8	8	33	12.8%
RCH (RIV COMM)	19	27	23	69	26.8%
ST BERNARDINE'S	3	1	1	5	1.9%
ST MARY'S	1		2	3	1.2%
VICTOR VALLEY	5	2		7	2.7%
TOTAL ER TRANSFERS	83	91	83	257	100.0%
 CARDIO	 14	 13	 13	 40	 15.6%
ORTHO/SURG	11	12	11	34	13.2%
SURG	1	21	11	33	12.8%
					41.6%

TruBridge – Accounts Receivable Management

Accounts Receivable days were 61 at the end of February 2019.



Interim Rate Review and David Perry from QHR visit

With the help of David Perry of QHR , we recently did an Interim Rate Review and provided information to Noridian, Medicare contractor. Results were good showing a receivable from Medicare of about \$88,000.

Visit of David Perry of QHR to BVHD has been moved to April 29, 30, and May 1.

IGT (Inter-Governmental Transfer)

We are in process with several Inter-Governmental Transfers. We anticipate that these will result in increased cash by the end of this fiscal year.