



MISSION

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

VISION

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

BOARD OF DIRECTORS BUSINESS MEETING AGENDA

WEDNESDAY, AUGUST 11, 2021 @ 1:00 PM

CLOSED SESSION 1:00 PM HOSPITAL ADMINISTRATION ROOM

OPEN SESSION @ APPROXIMATELY 2:30 PM HOSPITAL CAFETERIA

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 2:30 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. HOSPITAL QUALITY/RISK/COMPLIANCE REPORTS: *Pursuant to Health & Safety Code Section 32155

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

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

- (1) Property Acquisition/Lease/Tentative Improvement (Anticipated Disclosure 8/11/21)

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

- (1) Center for Oral Health Service Agreement (Anticipated Disclosure 8/11/21)
- (2) WIPFLi LLP Cost Report Service Agreement (Anticipated Disclosure 8/11/21)

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. July 19, 2021 Business Board Meeting Minutes: Shelly Egerer, Executive Assistant

B. July 2021 Human Resource Report: Erin Wilson, Human Resource Director

C. July 2021 Plant and Maintenance Report: Michael Mursick, Plant & Maint. Manager

D. July 2021 Infection Control Report: Heather Loose, Infection Preventionist

E. Critical Access Hospital Annual Evaluation for 2020

F. Policies & Procedures (Summary Attached)

(1) Antikickback Statue

(2) Code of Conduct

(3) Compliance Program

(4) False Claims Act

(5) HIPAA Compliance Program

(6) Patient Discrimination Complaint Grievance Procedure

(7) Report of Suspected or Known Compliance Issues

(8) Safe Surrender (Accepting Physical Custody of Abandoned Newborn)

(9) Suspected Coronavirus COVID-19 Procedure

(10) Medicare Bad Debt

10. OLD BUSINESS*

- None

11. NEW BUSINESS*

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

- (1) Center for Oral Health Service Agreement
- (2) WIPFLi LLP Cost Report Service Agreement

B. Discussion and Potential Approval of the Following:

- (1) Board of Director Treasurer Seat
- (2) Finance Committee Meeting Vice Chair

12. ACTION ITEMS*

A. Acceptance of QHR Health Report

Woody White, QHR Health

- (1) August 2021 QHR Health Report

B. Acceptance of CNO Report

Kerri Jex, Chief Nursing Officer

- (1) July 2021 CNO Report

C. Acceptance of the CEO Report

John Friel, Chief Executive Officer

- (1) August 2021 CEO Report

D. Acceptance of the Finance Report & CFO Report

Garth Hamblin, Chief Financial Officer

- (1) June 2021
- (2) CFO Report

13. ADJOURNMENT*

*** Denotes Possible Action Items**

2. ROLL CALL:

Peter Boss, Mark Kaliher, Perri Melnick, Steven Baker and Jack Briner were present. Also present was John Friel, CEO, and Shelly Egerer, Executive Assistant.

3. FLAG SALUTE:

Board Member Kaliher led flag salute and all present participated.

4. ADOPTION OF AGENDA:

President Boss called for a motion to adopt the July 19, 2021 agenda as presented. Motion by Board Member Melnick to adopt the July 19, 2021 agenda as presented. Second by Board Member Baker to adopt the July 19, 2021 agenda as presented. President Boss called for a vote. A vote in favor of the motion was 5/0.

- Board Member Melnick - yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member Baker - yes
- Board Member Briner - yes

5. RESULTS OF CLOSED SESSION:

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

- Chief of Staff Report:
 - Request for Initial Appointment:
 - 1) Arun Reghunathan, MD- Renaissance Radiology
 - 2) Chukwuka Akamnonu, MD- Endocrinology
 - Request for Reappointment:
 - 1) Richard Leach, MD- Emergency Medicine
 - 2) Alma Loya, MD- Renaissance Radiology
 - 3) Rana Fattahi, MD- Renaissance Radiology
 - 4) Ryan Franke, MD- Renaissance Radiology
 - 5) Jeremy Chin, MD- Renaissance Radiology
 - 6) James Skoien, Lac- Acupuncture
 - 7) Brian Biscotti, DC- Chiropractor
- Voluntary Resignation:
 - 1) Harold Park, MD- Renaissance Radiology
- Risk Report/Compliance Report
- QI Report
- The Board of Directors approved the CEO opening an escrow account for \$250,000

President Boss called for a vote. A vote in favor of the motion was 5/0.

- Board Member Melnick - yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member Baker - yes
- Board Member Briner - yes

6. PUBLIC FORUM FOR OPEN SESSION:

President Boss opened the Hearing Section for Public Comment on Open Session items at 2:30 p.m. Hearing no request to make public comment. President Boss closed Public Forum for Closed Session at 2:30 p.m.

7. DIRECTORS COMMENTS

- None

8. INFORMATION REPORTS

A. Foundation Report:

- Ms. Elmer was not in attendance to provide a report

B. Auxiliary Report:

- Ms. Dick was not in attendance to provide a report

9. CONSENT AGENDA:

A. June 09, 2021 Business Board Meeting Minutes: Shelly Egerer, Executive Assistant

B. June 2021 Human Resource Report: Erin Wilson; Human Resource Director

C. June 2021 Plant and Maintenance Report: Michael Mursick, Plant & Maint. Manager

D. June 2021 Infection Control Report: Heather Loose, Infection Preventionist

E. Policies & Procedures:

- (1) Administration
- (2) Emergency Department
- (3) Environmental Services
- (4) Human Resource
- (5) Information Technology
- (6) Laboratory
- (7) Materials Management
- (8) Nursing Administration
- (9) Respiratory Therapy
- (10) Risk Management
- (11) Safety

F. Committee Meeting Minutes:

- (1) June 01, 2021 Finance Committee Meeting Minutes

President Boss called for a motion to approve the Consent Agenda as presented. Motion by Board Member Baker to approve the Consent Agenda as presented. Second by Board Member Briner to approve the Consent Agenda as presented. President Boss called for the vote. A vote in favor of the motion was 5/0.

- Board Member Melnick - yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member Baker - yes
- Board Member Briner - yes

10. OLD BUSINESS*

- None

11. NEW BUSINESS*

- None

12. ACTION ITEMS*

A. QHR Health Report:

(1) July 2021 QHR Health Report:

- Mr. White reported the following:
 - We have begun the search for the CEO position
 - 70 resumes received
 - Narrowed down to 5-7
 - Looking for California experience
 - Leading from the Middle training is scheduled for August

President Boss motioned to approve the QHR Report as presented. Motion by Board Member Kaliher to approve the QHR Report as Presented. Second by Board Member Baker to approve the QHR Report as presented. President Boss called for the vote. A vote in favor of the motion was 5/0.

- Board Member Melnick - yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member Baker - yes
- Board Member Briner - yes

B. CNO Report:

(1) June 2021 CNO Report:

- Ms. Jex reported the following information
 - San Bernardino County inspected kitchen and we received “A” rating
 - RT received a survey with no deficiencies
 - No deficiencies for dietary on washing potatoes
 - COVID areas are being broke down
 - The ER will have precautions in place for any COVID patients

President Boss called for a motion to approve the CNO Report as presented. Motion by Board Member Baker to approve the CNO Report as presented. Second by Board Member Briner to approve the CNO Report as presented. President Boss called for the vote. A vote in favor of the motion was 5/0.

- Board Member Melnick - yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member Baker - yes
- Board Member Briner - yes

C. Acceptance of the CEO Report:

(1) July 2021 CEO Report:

- Mr. Friel reported the following information:
 - Senator Bogh will be on site to tour the hospital

- Received invitation to LLUMC new wing viewing
- Reached verbal agreement with sports medicine to provide orthopedic services
- July 22 Luau on the employee patio
- August 28 the District Summer Party

President Boss called for a motion to approve the CEO Report as presented. Motion by Board Member Kaliher to approve the CEO Report as presented. Second by Board Member Melnick to approve the CEO Report as presented. President Boss called for the vote. A vote in favor was unanimously approved 5/0.

- Board Member Melnick - yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member Baker - yes
- Board Member Briner - yes

D. Acceptance of the Finance Report:

(1) May 2021 Financials:

- Mr. Hamblin reported the following information:
 - Seeing decline in expenses
 - SNF and clinic revenue are under budget
 - Clinic visits have decreased due to provider issues
 - Looking to recruit another family physician

(2) CFO Report:

- Mr. Hamblin provided the CFO Report as presented

President Boss called for a motion to approve the May 2021 Finance Report and CFO Report as presented. Motion by Board Member Baker to approve the May 2021 Finance Report and CFO Report as presented. Second by Board Member Kaliher to approve the March 2021 Finance Report as presented. President Boss called for the vote. A vote in favor was unanimously approved 5/0.

- Board Member Melnick - yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member Baker - yes
- Board Member Briner -yes

13. ADJOURNMENT:

President Boss called for a motion to adjourn the meeting at 3:07 p.m. Motion by Board Member Baker to adjourn the meeting. Second by Board Member Melnick to adjourn the meeting. President Boss called for the vote. A vote in favor of the motion was unanimously approved 5/0.

- Board Member Melnick- yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member Baker - yes
- Board Member Briner - yes

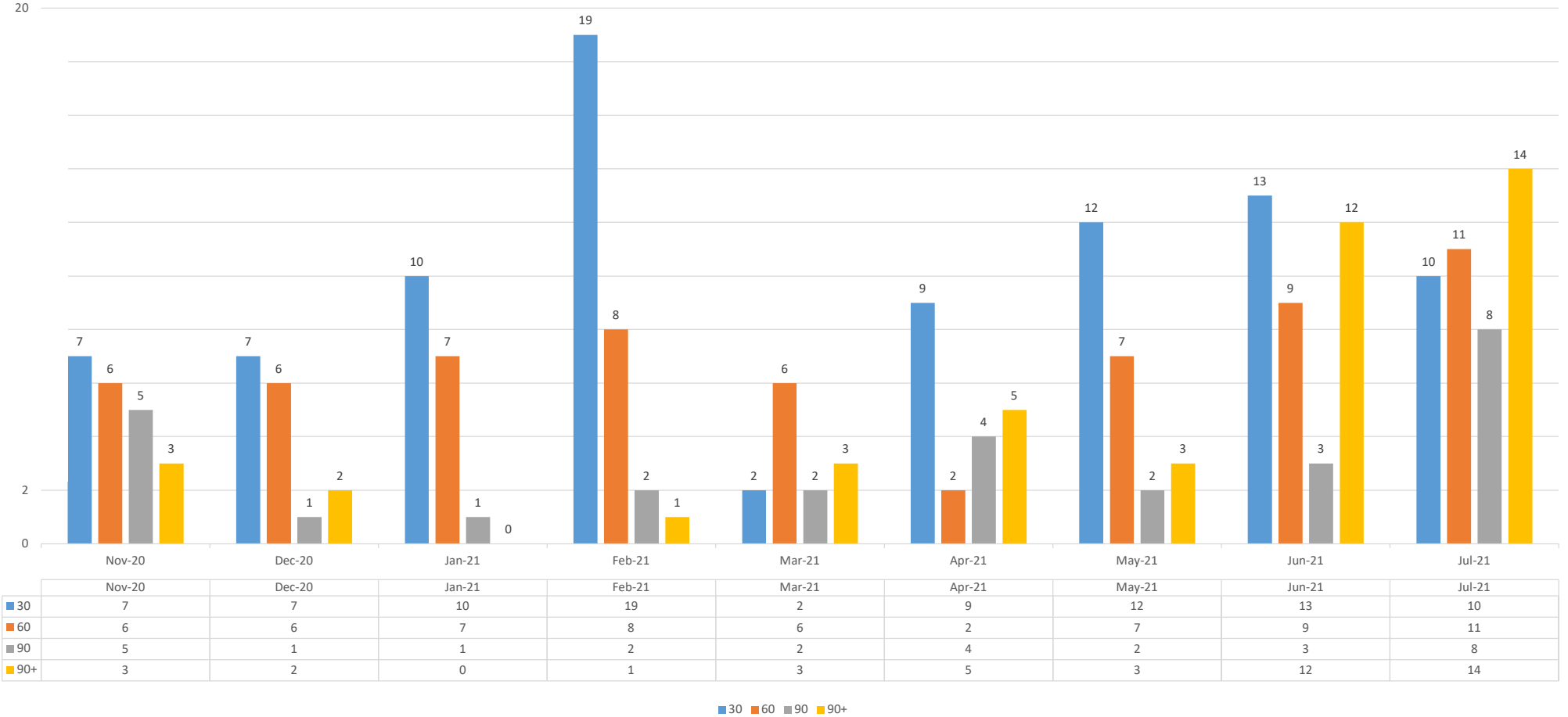


Board Report

July 2021

Staffing	Active: 228 – FT: 153 PT: 11 PD: 64 New Hires: 7 Terms: 3 (3 Voluntary 0 Involuntary) Open Positions: 10
Employee Performance Evaluations	DELINQUENT: See attachment 30 days: 10 60 days: 11 90 days: 8 90+ days: 14 – (RT, Acute, ER, Dietary, SNF, Admin) See Attachment
Work Comp	NEW CLAIMS: 0 OPEN: 9 Indemnity (Wage Replacement, attempts to make the employee financially whole) – 7 Future Medical Care – 0 Medical Only – 2
Employee Morale	Ongoing Culture of Ownership Initiatives Birthday Celebration Summer Party August 28 th
Beta HEART	Opted into the domain “Workplace Violence” and “Slip Trip and Fall”. When validated we are entitled to 2% work comp premium discount per domain up to 4% per year.
2022 Healthcare Benefits	MMA will be announcing 2022 health insurance rates shortly for open enrollment in September

Past Due Evaluations



Bear Valley Community Healthcare District Construction Projects 2021

Department / Project	Details	Vendor and all associated costs	Comments	Date Completed
Urgent Care	Working with design professionals to finalize drawings	Moon & Mayoras	In Progress	
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.	
EVS Storage Drywall Repair	Replace old damaged drywall	Facilities	In Progress	
Plumbing Repair SNF/ACute	Repair the bad plumbing under the showers in the SNF & Acute Departments	Pride Plumbing	In Progress	
Hospital/FHC	Electrical equipment modernization	Centrica	In Progress	
PT/Curbing	Replace the curbs so the skid steer can have access without damaging the equipment.	Bear Valley Paving	In Progress	
Hospital/Cardboard Stall	Build a new stall for the cardboard hoppers and bring the old trash bin to code.	Bear Valley Paving	In Progress	

Bear Valley Community Healthcare District Potential Equipment Requirements

Department / Project	Details	Vendor and all associated costs	Comments	Date
Facilities- Forklift	Purchase forklift for to assist with numerous manual procedures performed	United Rentals	Will be delivered 8/4/2021	
Facilities- New Toolbox & Tool Set	Replace the old broken toolbox and replace the old handtool set	Northern Tools	On Backorder	
Salt Spreader	Purchase a salt spreader for the work truck, to eliminate using a walk behind for the entire	Northern Tools	Ordered	

Bear Valley Community Healthcare District Repairs Maintenance

Department / Project	Details	Vendor and all associated costs	Comments	Date Completed
Covid Partition Installation	Start to re-install plastic in the ER for Covid surge	Facilities	In Progress	
Business Office Water Leak	Repaired the broken valve and installed a pressure regulator to control shocking in line	Facilities/BV Paving	Completed	
Hospital/Medical Gas Repairs	Repaired numerous leaks that were identified during our annual service.	FS Medical	Completed	



Infection Prevention Monthly Report

June 2021

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory	<ul style="list-style-type: none"> ▪ Continue to receive updates from APIC. Meetings are being conducted through Zoom. ▪ AFL (All Facility Letters) from CDPH have been reviewed. <ul style="list-style-type: none"> ○ AFL 21-25 Notice of new weekly reporting requirements for hospitalized COVID -19 patients. ○ AFL 21-27 GACH The Public Health Order issued July 26, 2021 related to testing of unvaccinated workers. ○ AFL 21-28 SNF The Public Health Order issued July 26, 2021 related to testing of unvaccinated workers. <ul style="list-style-type: none"> ▪ Unvaccinated workers will need to be tested twice weekly for Covid-19. ▪ NHSN Surveillance <ul style="list-style-type: none"> ○ Continue NHSN surveillance reporting. <ul style="list-style-type: none"> ▪ No Hospital Acquired Infections to report. ▪ No surgical site infections. 	<ul style="list-style-type: none"> • Continue reporting as required.

	<ul style="list-style-type: none"> ▪ Completion of CMR reports to Public Health per Title 17 and CDPH regulations ▪ June – 10 positive COVID-19 1 gonorrhea 1 syphilis ▪ July 46 positive COVID-19 	
2. Construction	<ul style="list-style-type: none"> ▪ ICRA for new cabinetry 30 wing of SNF ▪ New flooring in the Surgery Department – will take place soon. 	<ul style="list-style-type: none"> ▪ Work with Maintenance and contractors to ensure compliance.
3. QI	<ul style="list-style-type: none"> ▪ Continue to work towards increased compliance with Hand Hygiene <ul style="list-style-type: none"> ▪ June 76% ▪ July 84% 	<ul style="list-style-type: none"> • Continue monitoring hand hygiene compliance.
4. Outbreaks/ Surveillance	<ul style="list-style-type: none"> ▪ June - 1 MRSA, 0 C-diff ▪ July – 2 MRSA, 0 C-diff 	<ul style="list-style-type: none"> ▪ Informational
5. Policy Updates	<ul style="list-style-type: none"> ▪ No infection control policies this month. 	<ul style="list-style-type: none"> ▪ Clinical Policy and Procedure Committee to review and update Infection Prevention policies.

6. Safety/Product	<ul style="list-style-type: none"> ▪ IP will be continuing to monitor environmental cleaning practices. 	<ul style="list-style-type: none"> ▪ Continue to monitor compliance with infection control practices.
7. Antibiotic Stewardship	<ul style="list-style-type: none"> ▪ Pharmacist continues to monitor antibiotic usage. ▪ BVCHD was awarded Bronze status in CDPH's Antimicrobial Stewardship Honor Roll Program 	<ul style="list-style-type: none"> ▪ Informational.
8. Education	<ul style="list-style-type: none"> ▪ Infection Preventionist keeping up to date on latest COVID-19 and other infectious disease information. ▪ IP to do ongoing education at EVS staff meetings. 	<ul style="list-style-type: none"> ▪ ICP to share information at appropriate committees.
9. Informational	<ul style="list-style-type: none"> ▪ Immediate Use Steam Sterilization <ul style="list-style-type: none"> ▪ June– 9 surgeries, 0 IUSS ▪ July -0 surgeries ▪ Covid -19 Vaccine <ul style="list-style-type: none"> ▪ 74% of staff have been vaccinated. ▪ We are still screening patients and visitors for symptoms of Covid-19. ▪ There's been a sharp uptick in the number of COVID cases locally among the vaccinated and unvaccinated. <ul style="list-style-type: none"> ○ BVCHD is prepared to handle these COVID cases and is monitoring the situation. 	



Bear Valley Community Healthcare District Annual Evaluation for 2020

A review of Bear Valley Community Hospital was conducted for the calendar year 2020 as required by the Center for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access hospitals. This annual report is submitted to the Board of Directors for review and acceptance.

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

Services, Providers and Volume

Considering both the federal Health and Human Services Secretary's January 31, 2020, public health emergency declaration, as well as the President's March 13, 2020, national emergency declaration relative to COVID-19, 2020 brought many unique and new challenges to BVCHD. Stay at home orders along with Centers for Disease Control (CDC) guidance had a direct effect on volumes in all areas of the district.

Recognizing our most vulnerable to COVID-19, the Skilled Nursing Facility completed a full evacuation of the residents to Camp Oakes from the beginning of April and returning to the facility the first week of June. At the camp, the staff was able to maintain quality care for the residents, but with warmer weather returning and no air conditioning, the decision to return to the facility was made.

The institution of screeners in the lobbies, transformation of the ED and RT hallway into a Covid-19 unit, the creation of Covid-19 cabana and subsequent treatment of patients in the parking lots, and conversion of the main conference room into an ED are just a few changes developed to keep staff and patients safe during Covid-19 pandemic.

As we continue to work through the challenges the Covid-19 pandemic brings, our success and resiliency continues to be highlighted by the strength and dedication of our employees.

Quality Program Review

BVCHD is committed to deliver the highest quality of care through the most cost-effective use of resources to patients, patient representatives, members of the community and visitors. The Quality Assurance Performance Improvement (QAPI) program is ongoing, comprehensive and deals with a full range of services offered by the facility. The scope of the program encompasses all systems of care and management practices including but not limited to patient/family feedback, staff satisfaction, individualized patient care plans, clinical care and patient safety.

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

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

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

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

In conjunction with the Quality Improvement Committee, the Medical Executive Committee has oversight responsibility for Medical Staff-related Improvement activities. The Medical

Executive Committee reviews utilization review, infection control, peer review, pharmacy and therapeutics, credentialing, risk management and safety activities impacting services.

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

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

The QI Committee consisting of the Administrative team, workgroup champions and appointed Board member meet monthly to discuss action plans and progress made in each area. Quarterly, the QI Committee and Department Managers meet to review dashboards and departmental QI initiatives. Annually, the QI program is reviewed to identify accomplishments and areas for continued improvement. In 2020 the QI Committee focused on the following programs: Patient Family Advisory Council (PFAC), BETA HEART, BETA Employee Safety and Wellness Initiative (ESWI), Culture of Ownership, and SNF QAPI. Workgroups were developed for Sepsis, Medication Reconciliation, HCAHPS/Patient Experience, and ED Labor and Delivery/Pediatric Readiness. A "champion" was assigned to each of the work groups. The workgroups met on a regular basis to review performance data, identify areas in need of improvement and carry out and monitor improvement efforts.

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

- Patient Family Advisory Council (PFAC) -The council approaches opportunities to improve quality, safety, and patient satisfaction. Patient and family advisors are valuable partners in efforts to reduce medical errors and improve the safety and quality of health care.
- BETA HEART -The BETA HEART program is a holistic approach to reduce patient harm. The overall goals of the program are to develop an empathic and clinically appropriate process that supports healing of both the patient and clinician after an adverse event; ensure accountability for the development of reliable systems that support the provision of safe care; provide a mechanism for early, ethical resolution when harm occurs as a result of medical error or inappropriate care; and instill trust in all clinicians and patients.
- Culture of Ownership - The goal is to transform people through the power of values and to transform organizations through the power of people. The Culture of Ownership team aims to accomplish this by developing and delivering resources to promote values-based life and leadership skills.

- SNF QAPI (Quality Assurance Performance Improvement) -The focus of this groups is to take a proactive approach to improving the quality of life, care, and services in the skilled nursing facility. The activities of QAPI involve members at all levels of the organization to identify opportunities for improvement; address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions.
- BETA Employee Safety and Wellness Initiative (ESWI) – The BETA Employee Safety and Wellness Program is focused on addressing areas through 8 different domains to improve organizational safety and minimize injuries. The eight domains include Ergonomics, Fleet Safety and Mobile Ergonomics, Manual Material Handling, Opioid & Polypharmacy Prescribing, Return to Work, Safe Patient Handling and Mobility, Slip, Trip and Fall Prevention and Workplace Violence Prevention.

2020 QI Program Accomplishments:

TARGET AREA	ACCOMPLISHMENTS
Patient Family Advisory Council (PFAC)	<ul style="list-style-type: none"> • Recruited new members • Beginning stages of patient advocacy program • Discussions regarding community education • Continued “Daisy Award” Program • Participation in Community Health Needs Assessment • Department showcases • Feedback regarding hospital perception. • HCAHPS review • Feedback to patient experience QI workgroup • Evaluation of COVID-19 informational items on District website • Review of effective marketing and community outreach programs
BETA HEART	<ul style="list-style-type: none"> • Completed opt-in agreement requirements • BETA HEART year 3 award • GEMS Award nomination • BETA HEART team members and champions for each domain continue to meet and work towards validation • Participated in BETA HEART workshops throughout year • Culture of Safety Domain:

	<ul style="list-style-type: none"> ○ Achieved validation ○ Completed SCORE Survey action plans that are reported regularly to QI Committee ○ Developed Culture of Safety Newsletter ● Rapid Event Detection, Investigation and Determination Domain: <ul style="list-style-type: none"> ○ Reviewed Risk Management policies ○ Emphasized importance of rapid event notification ○ Completed GAP Analysis ○ Implemented Safety Assessment Code (SAC) matrix for variance reports. ● Communication and Transparency Domain: <ul style="list-style-type: none"> ○ Achieved validation ○ Maintained Communication Team and on-call schedule (using AOC schedule) ● Care for the Caregiver <ul style="list-style-type: none"> ○ Developed core team ○ Recruited peer supporters ○ Developed training program
Culture of Ownership	<ul style="list-style-type: none"> ● Received CARE Grant funds ● Joe Tye on-site for Culture of Ownership training for all staff. ● Daily positive empowerment tools near timeclocks ● Posted Pickle Pledge posters in departments ● Culture of Ownership embedded in New Hire Orientation ● Implemented daily Pickle Pledge ● Involved in employee events and activities <ul style="list-style-type: none"> ○ Weekly hospital sponsored meals ○ BVCHD Culture of Ownership shirts ○ Polar Plunge ○ Care packages for staff
SNF Quality Assurance Performance Improvement (QAPI)	<ul style="list-style-type: none"> ● Continued routine SNF QAPI meetings with frontline staff. ● Participation in Project ECHO ● Performance improvement plans (PIPs) identified and implemented. <ul style="list-style-type: none"> ○ Infection prevention-COVID readiness ○ Monitoring residents on psychotropic medications ○ Staff education-Trauma Informed Care

	<ul style="list-style-type: none"> • Successful CDPH/Infection Prevention surveys • Completed COVID mitigation plan -approved by CDPH • Successful COVID mitigation plan surveys
BETA Employee Safety and Wellness Initiative	<ul style="list-style-type: none"> • Reviewed program requirements for each domain • Performed internal gap analysis based on domain requirements • Identified program lead

2020 QI Workgroup Accomplishments:

TARGET AREA	ACCOMPLISHMENTS
Sepsis	<ul style="list-style-type: none"> • Improved screening/identification of sepsis • Improved timing of antibiotics • Policy development- implemented best practices • Beta recognition • Staff training
Beta Quest for Zero	<ul style="list-style-type: none"> • Completed sepsis training required for Tier I award • Achieved Tier II award: <ul style="list-style-type: none"> ○ Sepsis Standards of Care ○ PFAC • Participated in Emergency Department Sepsis Collaborative
Medication Reconciliation	<ul style="list-style-type: none"> • Developed multi-department team • Performed gap/analysis/analyzed workflow • Performed chart audits • Staff education • Implemented daily huddles • Improved from 9% to 33% compliance
HCAHPS/Patient Experience	<ul style="list-style-type: none"> • Implemented sleep kits • Implemented post-discharge thank you cards signed by nursing staff • Dietary, EVS, and Pharmacy rounding • EVS table tents • Emphasized use of white boards • Implemented discharge education awareness scripting

	<ul style="list-style-type: none"> • Implemented wallet card for discharge medications
Pediatric Readiness/Labor and Delivery	<ul style="list-style-type: none"> • Relias training for new hires • Staff education- simulation lab/competency in progress • Develop pictorial learning guide for room set-up • Developed and implemented delivery kits • Develop and implemented order sets

District-Wide Accomplishments

District-wide	ACCOMPLISHMENTS
	<ul style="list-style-type: none"> • SCORE survey action plans • COVID mitigation <ul style="list-style-type: none"> ○ Implemented Incident Command/HICS ○ Implemented COVID screening ○ COVID Cabana ○ Enhanced Telemedicine ○ Staff Training ○ COVID vaccination plan development ○ Surge planning and implementation ○ SNF evacuation ○ CPPH/CMS surveys • QHR – Critical Access Hospital award • BETA validation in Culture of Safety and Communication domains • BETA Quest for Zero awards • QHR EVS Review • Community Health Needs Assessment • Strategic plan development • T-System award • Manifest Medex (HIE) Implementation • AccuVax vaccine management system implementation • Applied for AHA Leadership award • Program development/implementation: <ul style="list-style-type: none"> ○ Clinic MAT program ○ ED MAT Bridge program

	<ul style="list-style-type: none"> ○ SUN Implementation ○ Inpatient Detox- contract signed ○ Outpatient wound care- Restorix Health ○ Distance-site telehealth ○ Cardiology telehealth ○ Endocrinology telehealth ○ Enhanced general surgery panel ○ Mobile Dental unit ○ Urgent Care
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2021 Plan

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

Programs and workgroups will continue to be the backbone of the QI Program in 2021. BVCHD has elected to enroll in year 4 of the BETA HEART and BETA Employee Wellness and Safety programs. Both programs focus on creating a culture of safety and promote culture change in the organization. Beta sets forth expectations for an organization-wide commitment that involves leadership and staff training, development of policies and procedures, evidence of performance improvement strategies and development of teams to carry out the functions of the programs. One goal is to maintain validation in the Culture of Safety and Communication and Transparency domains as well as achieve validation in Rapid Event Detection and Care for the Caregiver domains of the BETA HEART program.

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

An objective of the 2021 plan is to promote staff and patient safety. The global public health emergency has created an ever changing and evolving environment. With changes and the need

to adapt, it is important that patient safety and quality are maintained. The Quality Program will evaluate risk and mitigation solutions to promote on-going quality care.

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

Policies and Procedures

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

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

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

Acute

1 new policy: Restorix Health Policy & Procedure Manual

Admitting

9 annual reviews

Case Management

7 annual reviews

Compliance

7 annual reviews

Diagnostic Imaging: 11 annual reviews

CT Scan: 1 annual review

Mammography: 2 annual reviews

Radiology: 0 annual review
Ultrasound: 2 annual reviews

Emergency Preparedness

4 new policies: HICS Command Staff, Procurement of Emergency Supplies During an
Emergency, Surge Standards of Documentation, Crisis Care Guidelines
2 annual reviews

Employee Health

10 annual reviews

Environmental Services

1 new policy: Terminal Cleaning of Patient Room

FHC/RHC

10 annual reviews

Health Information Management

6 annual reviews

Human Resources

1 new policy: Anti-Retaliation

1 annual review

Infection Prevention

1 annual review

Information Technology

3 new policies: Auditing and Logging Policy, Authentication Password Management, Encryption
Policy

Laboratory

Blood Bank: 1 annual review

Chemistry: 1 new policy: hCG Qualitative Cardinal Rapid Test

4 annual reviews

Hematology: 3 annual reviews

Lab Administration: 1 annual review

Microbiology: 6 new policies: Abbott ID Now, BD Veritor SARS-CoV-2 Test, ImmunoCard
STAT! CAMPY, ImmunoCard STAT Cryptosporidium Giardia Method, PathoDx Strep Typing,
Quidel QuickVue TLI Lactoferrin Test

1 annual review

Phlebotomy: 1 annual review

Medical Staff

1 annual review

Patient Financial Services

1 new policy: Advanced Beneficiary Notification (ABN)

1 annual review

Pharmacy

66 annual reviews

Quality Improvement

1 annual review

Respiratory Therapy

1 new policy: Intubation, Assisting With (Adults)

1 annual review

Risk Management

16 annual reviews

Safety

1 annual review

Medical Staff Credentialing

Medical staff credentials and applications are reviewed by the Medical Executive Committee and the BVCHD Board of Directors. The following medical staff changes were completed in 2020:

Medical Staff Additions:

Victoria Nguyen, MD- Renaissance Radiology
 Yehonatan Borenstein, MD- ED Tele-Psychiatry
 Sameer Mohammed, MD- ED Tele-Psychiatry
 Mohamad Al-Sayed, MD- Internal Medicine
 Tzyy Chao, MD- Renaissance Radiology
 Anik Patel, DO- Renaissance Radiology
 Mohamad Al-Sayed, MD- Internal Medicine/ Endocrinology
 Edward Cooper, MD- Emergency Medicine
 Tomer Roth, MD- Renaissance Radiology
 Gregory Timm, MD- Renaissance Radiology
 Naomi Saenz, MD- Renaissance Radiology
 Sean London, MD- Renaissance Radiology
 Susan Campeas, MD- Renaissance Radiology
 Gagandeep Mangat, MD- Renaissance Radiology
 Nisha Warikoo, MD- ED Tele-Psychiatry
 Dennis Carden, DO- OB/Gyn
 Dean Gardella, MD- Renaissance Radiology

Walter Luchsinger, MD- Tele-Psychiatry
 Michael Pakdaman, MD- Renaissance Radiology
 Hyojoon Hahn, MD- Renaissance Radiology
 Darcy Trenkle, MD- ED Tele-Psychiatry

Resignations:

Geoffrey Sigmund, MD- Renaissance Radiology
 Geraldine Chang, MD- Renaissance Radiology
 David Sheski, MD- ED Tele-Psychiatry
 Nicolas Brown, MD- ED Tele-Psychiatry
 Tanya Scurry, MD- ED Tele-Psychiatry
 Pei Nie, MD- ED Tele-Psychiatry
 Edward Cooper, MD- Emergency Medicine
 Tomer Roth, MD- Renaissance Radiology
 Gregory Timm, MD- Renaissance Radiology
 Steven Newman, MD- Renaissance Radiology
 Roger Goldman, MD- Renaissance Radiology
 Ruth Mondolfi, DO- Tele-Psychiatry
 Rebecca A. Tokuhara, CRNA- Nurse Anesthetist
 Sherrill Reynolds, LCSW
 Perry Kaneriya, MD- Renaissance Radiology
 Lori Serwatka, MD- Renaissance Radiology
 Mahua Biswas, MD- Renaissance Radiology
 Lori Serwatka, MD- Renaissance Radiology

Contract Services

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

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

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

Medical Record Review

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

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

Medical Record Review- Utilization Review and Compliance

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

Medical Record Review- Quality Management

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

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

Medical Record Review- Risk Management

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

Medical Staff Peer Review-

The BVCHD Medical Staff performs peer review for hospital and clinic encounters. BVCHD uses an internal Peer Review process supplemented on an as needed bases by external expert review. Active and closed clinical records undergo review according to criteria established by the Medical Staff. Additional case review selections come through requests from Risk

Management, Utilization Review, Compliance, Quality, and Medical or Nursing staff. Peer Review findings are discussed in the Medical Executive Committee. Findings are used in determination of clinical privileges, continued membership on the BVCHD Medical Staff, or other corrective or remedial action as appropriate. The Chief of Staff reports issues pertaining to Peer Review to the Board of Directors on an as needed basis.

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

General Indicators:

- Code Blue/ Respiratory Arrest
- Unexpected Death
- Unexpected Transfer to a Higher Level of Care
- Unexpected Readmission for the Same Diagnosis Within 30 Days
- Unscheduled Admission Following an Outpatient Procedure
- Appropriateness of Admission/ Placement into Care Setting
- Procedural Complaint (ICD9 Coded)
- Untoward Outcome Related to the Use of Moderate or Deep Sedation
- Error Related to the Prescribing of Medications
- Autopsy Findings Differ from Listed Cause of Death
- Surgical Complication (ICD9 Coded)
- Unscheduled Return to Surgery
- Unscheduled Transfer to a Higher Level of Care
- Unscheduled Admission Following an Outpatient Procedure
- Pathology Code 2-3
- Post-Operative Infection
- Wrong Site/ Wrong Side Surgery
- Autopsy Findings Differ from Listed Cause of Death
- Patient Complaint

Emergency Care Specific Indicators:

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

Surgery Specific Indicators:

- Unscheduled Procedure/ Unplanned Removal of Organ
- Appropriateness of Procedure
 - Cholecystectomy – Lap or Open
 - Appendectomy
 - Total Joint (Hip or Knee)
 - Hysterectomy- Abdominal or Vaginal

Anesthesia Specific Indicators:

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

Cases reviewed by the Peer Review Committee in 2020 included the following generic and targeted case types and totaled 60:

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

Scope of Services

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

The Emergency Department

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

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

- Cardiac monitoring
- Ventilatory support
- Thrombolytic therapy
- Temporary pacing
- Electrical cardioversion
- Cardiopulmonary resuscitation
- Hemodynamic support

- Treatment and report of assault/abuse
- Moderate sedation
- Lumbar punctures
- Splinting
- Gastric lavage
- ED MAT Bridge Program

Acute/ Observation Services

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

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

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

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

Swing Beds

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

Patients can be admitted to BVCHD Swing Bed Program for rehabilitation following surgery or

qualifying illness. This could be in the form of a transfer from another hospital or from our own Acute Care Services.

The Swing Bed Program is integrated with the Acute Care Services. On average, most patients are in the Swing Bed Program for 2-6 weeks. Patients admitted to the Swing Bed Program are usually in the need, but not limited to, one or more of the following services:

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

Skilled Nursing

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

The Skilled Nursing Facility-Distinct Part consists of 21 licensed beds 20 of which are semi-private and 1 private. Nursing care is provided to the residents 24 hours/day, 7 days/week by licensed staff. Visiting hours are designed to meet the needs of the residents and families. Special visiting provisions may be arranged at the discretion of the nursing staff in collaboration with the Director of Nursing or designee.

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

Outpatient Clinics

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

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

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

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

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

Specialty services offered at the clinic:

- Tele-behavioral health
- Cardiology telehealth
- Endocrinology telehealth
- Orthopedics
- Podiatry
- Chiropractic care
- Acupuncture
- OB/GYN
- Chronic Pain Management
- Clinic MAT program
- Dental services

Rural Health Clinic Program

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

Physical Therapy

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

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

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

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

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

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

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

Respiratory Therapy

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

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

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

Services include:

- Administration of pharmacological medications (via nebulization).
- Diagnostic and therapeutic agents necessary to provide treatment, disease prevention, pulmonary rehabilitation or a diagnostic regimen prescribed by a physician.
 - Administration of medical gases
 - Mechanical or physiological ventilatory support
 - Broncho-pulmonary hygiene
 - Cardio-pulmonary resuscitation
 - Maintenance of artificial airways
 - Collection and the analysis of arterial blood specimens
 - Collection of sputum specimens
 - Electrocardiogram
 - External cardiac ambulatory telemetry
 - Pulmonary function testing.
 - Smoking Cessation offered to patients and employees

Mom and Dad Project

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

The BVCH Mom and Dad Project also houses a Resource Center where referrals can be made for Doctor and Dental appointments, food stamps, transportation vouchers, help with applying

for C4 Yourself, car seats, diapers, and many other services. The BVCH Mom and Dad Project is currently the only center in Big Bear to have WIC services available Monday's and Tuesday's in Big Bear.

In 2020, through a grant from Riverside First 5, we were able to purchase a dental van. We are currently in process of getting the dental van certified by CDPH to be an extension of dental services provided by the Rural Health Clinic.

Radiology

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

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

Surgical Services

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

Laboratory

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

Diagnostic Services provided by the laboratory include:

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

Pharmacy

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

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

Nutrition and Dietary Services

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

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

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

- Medical Nutrition Therapy
 - Diabetes
 - Hypertension
 - Cardiovascular Disease
 - Renal
 - Hypercholesterolemia
 - Weight Loss
 - Weight Gain
 - Prenatal and Postnatal Nutrition
 - Food Allergies
- Nutrition Counseling and Nutrition Education
- Health Promotion
- Disease Prevention
- Development of Nutrition Policies and Procedures
- Approves and Oversees the Development of Therapeutic Menu Systems

- Assess the Nutrition Health Needs of the Patient
- Develops Nutrition Related Priorities, Goals and Objectives and Implementation of Nutrition

Case Management/ Utilization Review

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

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

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

Infection Control

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

Health Information Management

The HIM Department is responsible for maintaining integrity of the patient’s medical record.

The department ensures that the medical records are legible, complete, accurately documented, readily accessible, and systematically organized. This is accomplished by, but not limited to the following:

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

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

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

BioMed

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

Environmental Services

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

Plant Maintenance

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

Patient Financial Services

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

Accounting

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

Information Technology

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

Patient Access

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

Purchasing

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

Human Resources

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

Employee Health

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

Administration

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

Recommendations

The Critical Access Hospital program continues to meet our needs from both a financial and clinical perspective. Based on a financial analysis BVCHD continues to benefit from the CAH status as compared to the proposed payments if BVCHD were to be a PPS hospital. The FY 2020 Cost Report showed a favorable impact of \$996,840 for the year from CAH status as compared to payments it would have received as a Prospective Payment System Hospital. The district is in a favorable financial position moving forward.

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

In 2021 it is recommended that BVCHD continue to provide all current services and consider the following opportunities for improvement and expansion of services:

- Continue strategic planning for facility upgrades to comply with 2030 seismic regulations.
- Address area needs through IP detox unit development, and continued substance abuse navigation, opioid stewardship, and MAT programs
- Continue to improve ED throughput, continuity of care, and referral management
- Engage Patient and Family Advisory Committee brand ambassadors to highlight benefits of healthcare services available at BVCHD
- Establish public relations and business development role to build relationships with

providers, payers, and other facilities, and the broader community, including marketing services to promote referrals and opening doors for additional payer contracting

- Invest in diagnostic/therapeutic services to support specialists, include testing, imaging, therapy for Cardiology, Orthopedics, wound care, and substance abuse
- Develop outreach and education for the community, including presence at seasonal events and organizations that represent in-roads into the local community (e.g., Rotary, Soroptimist, School District)
- Implement leadership development and training for mid-level managers to grow talent from within
- Promote quality and safety through achieving validation of BETA and ED quest programs that promote focus on culture of safety
- Stabilize and grow surgical services model
- Define local access strategy (ED, UCC, clinics) and services required to support across the care continuum (outpatient settings, SNF, and inpatient care) with available health plans and customer expectations
- Develop virtual platform to align with consumer preferences to self-direct care and allow growth in telemedicine capabilities
- Evaluate SNF RN staffing in relation to desired star rating.
- Position BVCHD as “best place to work” through culture of recognition, growth and development opportunities, and educational offerings
- Revise and standardize Job descriptions, physical requirements for each job class and the employee evaluation process.
- Foster relationships with key payer networks, including Kaiser plans, Heritage, IEHP, and plans covered by employee health
- Collaborate with UCR and/or Western University to develop Rural Health Residency Program with target date of July 2021

MAIN REPORT**Financial**

Payor Mix	Current year 2020	Prior year 2019	% Change
Medicare	18.1	17.8	1.69
Medicaid	38.8	37.8	2.65
Other Third-Party Payors	42.1	40.8	2.67
Charity Care		-	
Other – Private Pay	1.1	3.6	-69.45

*Data Source: 2019/2020 per Revenue by Financial Class

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

9 beds are available for inpatient, observation, and swing bed patients, however, due to past census numbers we only staff for 5 beds. The patient census did exceed 5 patients during the last year during which times additional staff were brought in to accommodate the increased census.

21 beds are available within the Skilled Nursing Facility.

The ED has 7 licensed beds, overflow areas are utilized during peak volumes.

2. Volume

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

Volume	Current year 2020	Prior year 2019	% Change
Inpatient days	229	349	-34.4
Inpatient discharges	84	124	-32.2
Inpatient Average Daily Census	0.63	0.9	-30.0
Swing Bed patient days	280	185	51.4
Swing Bed discharges	16	14	14.3
Swing Bed Average Daily Census	0.77	0.5	54.0
Skilled Nursing Facility patient days	5,128	5,776	-11.2
Skilled Nursing Facility discharges	26	13	100
Skilled Nursing Facility Average Daily Census	14.05	15.8	-11.1
Observation Admissions	99	62	59.7
ER visits	10,778	11,959	-9.9
Inpatient Surgeries	1	0	100

Outpatient Surgeries	86	145	-40.7
Clinic Visits	23,039	25,360	-9.2
Medical Imaging Procedures	15,753	17,113	-7.9
Laboratory Tests	88,160	98,126	-8.2
Physical Therapy / Occupational Therapy Visits	4,282	6,010	-11.8

*Data Source: 2019/2020 Cost Report and Financial Statements

3. Average Length of Stay

The average length of stay for the year was 2.7 days. The average for all patients in a 12-month period is less than 96 hours in accordance with the CAH Conditions of Participation (COP) 485.620(b).

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

Average Length of Stay	Current year 2020	Prior year 2019	% Change
Inpatient average length of stay (days)	2.7	2.8	-3.6
Number of patients (or %) with LOS of more than 96 hours	13.1%	4.9%	
Swing Bed average length of stay (days)	17.5	15.4	13.6
Observation average length of stay (days)	1.5	1.18	27.1
Emergency Department Visits	10,778	11,959	-9.9

*Data Source: CPSI/Evident Census Days Stay report

4. Medical Necessity Reviews

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

5. Transfers

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

Need for higher level of care as well as lack of specialists (General Surgery, Neurology, and Cardiac) comprise most transfers. In 2020 the UR committee meeting reviewed transfers to determine if there is a reasonable proportionate relationship among the transfers and admissions to BVCHD. It is recommended that the UR committee further evaluate transfers this year to determine the number of transfers that could be admitted to BVCH if specialty services such as cardiology, neurology, orthopedics, and surgery had been available.

Transfers & Admissions	Current year 2020	Prior year 2019	% Change
Inpatient Transfers	5.73%	4.5%	1.3%
Emergency Department Transfers	8.0%	7.7%	0.3%
% Admissions from the Emergency Department	2%	1.6%	0.4%

*Data Source: CPSI/Evident Transfer report

Review of Services and 2020 Accomplishments

Review of Nursing Services-

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

1. Acute /Swing Beds

The Acute unit worked closely with the Pharmacist to improve the medication scanning process and able to get their scanning rates above 90%. They standardized discharge education packets, implemented daily huddles to improve medication reconciliation process and are distributing sleep kits to patients to improve their hospital experience.

2. Emergency Department

The ED developed many process changes to care for and keep patients and staff safe during Covid-19. Despite all the changes, the department developed and implemented Sepsis protocols that encourage the use of evidence-based medicine to promote positive outcomes, as well as participating in a Sepsis collaborative program.

The Substance Use Navigators were hired and have been hard at work developing processes to help patients with behavioral health and/or substance use disorders find access to care.

3. Surgical Services

2020 saw expansion of surgical services with the on boarding of another general surgeon and podiatry. Updated equipment purchases were also necessary to ensure patient safety and maintain standards of care.

Since March, all attention has been on Covid-19 and Infection Prevention. Our Infection Preventionist kept apprised of the ever-changing guidelines surrounding Covid-19, conducted PPE training for all front-line staff, implemented screening stations at main entrances to the facility, and worked with Employee Health and Skilled Nursing to facilitate routine COVID testing as well as taking on the daunting task of daily reporting to CDPH.

4. Long Term Care/Skilled Nursing Facility

As mentioned previously, the SNF completed a full evacuation of the residents to Camp Oakes and then a return to the facility a few months later. New infection control requirements were implemented by CMS which includes twice weekly testing of all SNF staff as well as being surveyed every few weeks on our SNF Infection Control Plan and COVID mitigation plan.

Review of Ancillary Services

5. Respiratory Therapy/Cardiopulmonary

The Respiratory Therapy department worked diligently to secure extra ventilators and supplies and doubled their staffing to care for Covid-19 patients.

Even with all the COVID preparations that affected the department in 2020, they were able to successfully launch an echocardiogram program. The program has been appreciated by our local physicians and community and continues to grow.

6. Medical Imaging

Through the collaborative effort of IT and HIM, the department was able implement the Medicom system by providing the patient/provider with an access code to obtain access to their medical imaging done at BVCHD. This process eliminated the need to ‘burn’ a CD with radiologic images for each patient.

The Medical Imaging department continues to limit the time a patient spends in the department by not receiving the patient until it is time for their examination and disinfects the radiology room after each patient due to the COVID pandemic.

7. Laboratory

The Laboratory installed the 7600 analyzer, which was a huge undertaking, as well as a new Biosafety hood to keep our samples sterile and our employees safe. The department worked closely with their suppliers and were able to obtain/implement the following tests specific to Covid-19; Abbott ID Now, BD Veritor SARS-CoV-2, and Quidel Quick Vue.

Working closely with Infection Preventionist, Patient Access, and Nursing, a process was developed to limit patients access throughout the hospital by establishing a draw station in the Gift Shop area of the main lobby. Staff were also trained in the collection and processing of COVID tests of employees for local employers.

8. Physical Therapy

Physical Therapy put together an infection control plan to keep providing much needed PT services throughout the pandemic. Initially, they kept all high-risk patients at home for several months, only seeing low risk patients. The department initiated enhanced cleaning protocols for all equipment, rooms, and lobby. Plant maintenance completed a project in late 2020 to enhance the HVAC and air flow within the department.

9. Outpatient Clinics

Stay at home orders along with Centers for Disease Control (CDC) guidance had a direct

effect on volumes at the clinics. Dental services were completely shut down for a period. Expansion of the telehealth waiver allowed the clinic to continue to see patients who might otherwise have cancelled their appointment.

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

The clinic implemented a vaccine management system (AccuVax) that maximizes patient safety and reduces risk by safeguarding vaccine viability with ideal temperature control, creates easy workflows and single tray storage for two-component vaccines avoiding confusion and errors, uses an electronic health record interface to reduce selection errors, and locks down expired and recalled vaccines eliminating potential administration errors.

A state-of-the-art Chiropractor table was purchased and installed this year.

10. Dietary / Food Service

With patient volumes down and the residents at Camp Oakes, the dietary staff were kept busy providing weekly free lunches for staff, multiple cook out on the patio, employee competitions such as chili and soup cook offs and gingerbread decorating contest.

Dietary was able to institute a new cash register and payment system, thus eliminating the manual 'meal ticket'.

11. Mom and Dad Project

In 2020, the Mom and Dad Project obtained a mobile unit through funding from Department of Health Care Services (DHCS) and First 5 Riverside, that prior to the Covid-19 pandemic, was scheduled to provide dental care on school campus throughout Big Bear Valley. Working with a contracted provider, Finance, and the clinic, plans to obtain certification for the mobile unit as an extension of our Rural Health Clinic are in process.

Several of the classes provided have been offered via Zoom or utilizing CDC guidelines as to wearing of masks, social distancing, hand hygiene and temperature screenings have become the 'norm' for the staff.

Review of Support Services

1. Health Information Management

In 2020, HIM was challenged to develop a process for patients to receive their records while still complying with physical distancing and efforts to minimize the spread of Covid-19. The department devised a new process for patients to receive medical records electronically alleviating the need for them to come into the hospital.

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

2. Information Technology & Clinical Informatics

The IT Department deployed an employee education and awareness program targeted at cybersecurity and internet safety.

This year, the district partnered with Manifest Medex, a Health Information Exchange that facilitates the sharing of health records for over 23 million people across California. We have completed Phase 1 of the Implementation process by setting up patient data feeds that allow our patient's health record to flow into the Manifest Medex portal, allowing other hospitals and providers access our patient health records to make more informed and safer medical decisions to manage their patients. Next year, we will implement Phase 2 of the process to allow our staff to access the Manifest Medex portal to aid our staff in gathering patient information they need to improve patient outcomes.

With the departmental expansions due to Covid-19 into areas of the hospital not accustomed to patient care, the IT Department was charged with finding connectivity to our electronic health record in all corners of the hospital. Remote access/workstations were configured to allow staff to work from home.

3. Patient Access

Patient Access has been on the front line with the COVID Pandemic. Working collaboratively with Infection Preventionist, Emergency Department, and Plant Maintenance to develop ways to ensure staff and patient safety. Barriers were placed in the front lobby admitting area, lobby chairs were spaced to encourage social distancing, and increased efforts to sanitize surfaces were implemented.

4. Environmental Services

EVS staff serve on the front lines of the Covid-19 pandemic and play an extremely important role in impacting the safety of both patients and staff. EVS staff advocated for the use of manufacturers' recommendations for dwell time to effectively manage and reduce the spread of Covid-19 on high-touch and other surfaces.

5. Plant Maintenance

Plant Maintenance was an integral part of assembling, building, and maintaining COVID isolation rooms, negative pressure treatment areas, and installing HEPA filters in several departments.

In addition to the COVID related projects, Plant Maintenance completed several other projects in 2020: the construction of a brick retaining wall filled with rock to prevent dust

issues along the EMS Landing site; replacement of the corroded gas line from the mainline at the street; and the replacement of the medical air generator that supplies all of the medical air in the facility.

Security was also brought in this year to help facilitate all of the extra precautions and anticipated patient surges that the pandemic created.

6. Purchasing

2020 proved challenging for the Purchasing Department in procuring supplies and proper PPE to address the public health emergency. Amidst supply sourcing, the department implemented a new storage and tracking system for supplies.

7. Human Resources

HR worked hard to streamline the onboarding process this year. During the pandemic, several new positions were needed to carry out the plans necessary to care for the patient surge and implement the required mandates on testing and reporting.

In collaboration with other departments, Human Resources is championing the BETA Employee Safety and Wellness Initiative program at BVCHD. Workgroups have been developed to address the Workplace Violence and Slip, Trip and Fall domains.

8. Administration

In response to the COVID crisis, the district received monies from various government stimulus and grant programs. Upon receipt of these monies, it is imperative that monitoring and tracking of these funds is done timely and appropriately. Accounting has been busy developing systems to track and report COVID related costs. Through these efforts, BVCHD has been able to remain financially stable.

The District achieved awards through BETA Healthcare Group including, Tier 1 and Tier 2 Quest for Zero, and HEART validation in 2 domains (Culture of Safety/ Communication and Transparency). A new Strategic Plan was completed, and several consulting agreements and assessment were carried out by Quorum Health Resources.

Additional Reports

Infection Control

To be added upon completion

Medication Management

Preventing harm from medications, or adverse drug events (ADEs), remain a top patient safety priority across the continuum of care for patients. Pharmacy and IT worked collaboratively on an

interface project between Pyxis and T-system so that medications could be profiled in the Emergency Department to minimize the chances of the wrong medication being pulled. The Pharmacist has also worked on updating the software on the smart IV Pumps. This ensures that the concentration of medication programmed in the pump matches the formulary to ensure the correct dosing of IV Medications.

Nursing and Pharmacy will collaborate on a plan of action for process improvement and present a Medication Error Reduction Plan for 2021. The MERP will be presented to the Pharmacy and Therapeutics Committee and the Medical Staff.

Medication Error Reduction Plan 2019

Medication Error Reduction Plan Survey Facility Questionnaire

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

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

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

Address: **41870 GARSTIN DRIVE**

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

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

Date completed: _____

Question A.

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

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

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

Question A facility guidance:

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

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

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

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

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

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

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

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

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

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

Question C.

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

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

Question C facility guidance:

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

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

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

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

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

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

End of Questionnaire

Emergency Preparedness Annual Program

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

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

Hazard Vulnerability Analysis for January 2019- December 2019:

BVCHD

Hazard and Vulnerability Assessment Tool

Naturally Occurring Events

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

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

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

2019 Emergency Preparedness Program included:

Drills:

Name of Drill:

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

Name of Drill:

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

Name of Drill:

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

Name of Drill:

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

Name of Drill:

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

Name of Drill:

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

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

Name of Drill:

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

Education

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

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

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

Community Partnerships:

Hospital Planning Partners

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

Mountain Mutual Aid

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

Health Emergency Local Planning Partners

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

BVCHD Emergency Preparedness Committee

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

Review of Program Objectives:

The 2019 objectives for Emergency Preparedness were as follows:

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

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

Review of Program Effectiveness

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

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

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

Accomplishments

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

Emergency Preparedness Objectives for 2020:

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

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

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

Anti-Kickback Statute	Annual review. Formatted.
Code of Conduct	Annual review. Formatted.
Compliance Program	Annual review. Formatted. Under Duties and Responsibilities of Compliance Officer, revised #6 to 'Reports quarterly to the BOD'. Under Auditing and Monitoring, 2nd paragraph, Changed that the plan will be reviewed 'biennially'. Changes reflect actual practice.
False Claims Act	Annual review. Formatted.
HIPPA Compliance Program	Annual review. Formatted.
Patient Discrimination Complaint Grievance Procedure	Annual review. Formatted.
Report of Suspected or Known Compliance Issues	Annual review. Formatted. Revised #5 to reflect current process.



Contract Cover Sheet

Contract Name: Center for Oral Health
Purpose of Contract: Dental Services
Contract # / Effective Date / Term/ Cost: 9-11-21 to 9/10/23
Originating Dept. Name / Number: Clinic
Department Manager Signature: Smuracko Date: 6/30/21

BAA: Yes No

W-9: Yes No

updated BAA should be signed.

<u>Administrative Officer</u>	Signature: _____	Date: _____
<u>HIPAA/Security Officer</u> (Software/EHR Related)	Signature: _____	Date: _____
<u>HIPAA Privacy Officer</u> (BAA applicable)	Signature: _____	Date: _____
<u>Legal Counsel</u>	Signature: <u>via email</u>	Date: <u>6-30-21</u>
<u>Compliance Officer</u>	Signature: <u>Mary Norman</u>	Date: <u>6-30-21</u>
<u>Chief Financial Officer</u>	Signature: <u>[Signature]</u>	Date: <u>24 June 2021</u>
<u>Chief Executive Officer</u>	Signature: <u>[Signature]</u>	Date: <u>6-30-21</u>
<u>Board of Directors</u> When Applicable	Signature: _____	Date: _____

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

Contract Cover Sheet

CONFIDENTIAL NOTICE:

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

NOTICE TO RECIPIENT: If you are not the intended recipient of this, you are prohibited from sharing, copying or otherwise using or disclosing its contents. If you have received this document in error, please notify the sender immediately by reply email and permanently delete this document and any attachments without reading, forwarding or saving them. Thank you
Updated 07/2019



**DENTAL AGREEMENT FOR DENTISTRY SERVICES AT THE RURAL HEALTH CLINIC
BETWEEN
BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
AND
CENTER FOR ORAL HEALTH**

THIS AGREEMENT FOR DENTISTRY SERVICES ("Agreement") is made and entered into as of the 11th day of September, 2021, by and between Bear Valley Community Healthcare District ("Hospital"), a public entity, and Center for Oral Health, a California nonprofit corporation ("Provider").

RECITALS

WHEREAS, Hospital is the owner and operator of a general acute care hospital located in Big Bear Lake, California. Hospital has a federally approved hospital-based 95-210 Rural Health Clinic located at two sites known as the Family Health Center and the Rural Health Clinic, under which Hospital may employ or contract with Dentists and Dentist extenders to provide dental services to the Hospital's patients;

WHEREAS, Provider is a nonprofit organization licensed to provide dentistry services by and through its Dentists ("Dentists") who are licensed by the Dental Board of California to practice dentistry and are qualified to perform dental services for the Hospital; and

WHEREAS, Hospital desires to retain the services of Provider to provide professional dental services at the Rural Health Clinic, located at 1028 Big Bear Blvd. Big Bear City, CA 92314, and Provider desires to so contract with Hospital to furnish those services.

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

AGREEMENTS

SECTION I. RESPONSIBILITIES OF PROVIDER.

- A. SERVICES. During the term of this Agreement, Provider agrees to the following:
1. Provide dental services at the Rural Health Clinic full-time, five days per week, eight (8) hours per day at an off-site location (Mobile Dental unit, Family Health Center) as needed during the term of this Agreement.
 2. Provider's Dentists shall establish and maintain dental records for all patients consistent with standard industry practices and shall provide such other record keeping and administrative services as may be reasonably requested by Hospital. All dental records remain the property of the Hospital.
 3. Provider and its Dentists shall cooperate with any quality management and utilization management programs in place or instituted by Hospital.
- B. ACCESS TO BOOKS AND RECORDS. If the value or cost of Services rendered to Hospital pursuant to this Agreement is Ten Thousand Dollars (\$10,000.00) or more over a twelve month period, Provider agrees as follows:

1. Until the expiration of four (4) years after the furnishing of such Services, Provider shall, upon written request, make available to the Secretary of the Department of Health and Human Services (the "Secretary"), the Secretary's duly-authorized representative, the Comptroller General, or the Comptroller General's duly-authorized representative, Provider shall make available to the Secretary those contracts, books, documents and records as may be necessary to certify the nature and extent of the cost of such Services; and
2. If Provider is permitted to and carries out any of the services by way of subcontract with another organization and the value or cost of such subcontracted services is Ten Thousand Dollars (\$10,000.00) or more over a twelve (12) month period, such subcontract shall contain, and Provider agrees to specify that all terms of this Agreement shall be explicitly made applicable to any subcontractor and that a copy of this Agreement shall be attached to any subcontract for services and explicitly incorporated by reference into said subcontract.

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

- C. Provider agrees it will not carry out any of the duties of the Agreement through a subcontract without the written consent of Hospital.
- D. **AGREEMENT NOT TO CHARGE PATIENTS.** The parties agree that all patients receiving services from Provider pursuant to this Agreement shall be considered patients of Hospital. Accordingly, Hospital shall be responsible for the billing of such patients, as applicable, as well as the billing of Federal, State and private payors, and the collection and retention of any and all payments. Provider agrees not to bill, charge or collect from patients or payors any amount for any dental services provided under this Agreement. If Provider should receive any payment from patients or payors for services provided hereunder, Provider agrees to remit such payment to Hospital within ten (10) days of receipt.
- E. **NOTIFICATION OF CERTAIN EVENTS.** Provider shall notify Hospital in writing within three (3) business days after the occurrence of any one or more of the following events occur:
 1. Any Dentists providing services under this Agreement have their membership or clinical privileges at any hospital denied, suspended, restricted, revoked or voluntarily relinquished;
 2. Any Dentists providing services under this Agreement become the subject of any suit, action or other legal proceeding arising out of Dentist's professional services;
 3. Any Dentists providing services under this Agreement become the subject of any disciplinary proceeding or action before any state's dental board or similar agency responsible for professional standards or behavior;
 4. Any Dentists providing services under this Agreement become incapacitated or disabled from practicing dentistry;
 5. Any act or any other event occurs which has a material adverse affect on Dentists ability to perform the Services under this Agreement;
 6. Any of the Dentists providing services under this Agreement is charged with or convicted of a criminal offense; or
 7. Any Dentists providing services under this Agreement is debarred, suspended, or otherwise excluded from any federal and/or state health care payment program by action of the Office of Inspector General of the Department of Health and Human Services or Medi-Cal Office, or by any equivalent or coordinating governmental agencies.

- F. **COORDINATION OF SERVICES.** Provider shall cooperate with Hospital, through its Chief Executive Officer and other designated staff, in connection with providing the Services under this agreement.
- G. **ETHICS.** In performing services under this Agreement, Provider and its Dentists shall use their best and most diligent efforts and professional skills; perform professional supervisory services; render care to patients in accordance with and in a manner consistent with the high standards of dentistry; conduct themselves in a manner consistent with the principles of medical ethics promulgated by the American Dental Association; and comply with the Hospital's Medical Staff Bylaws and Rules and Regulations.
- H. Provider agrees that during the term of this Agreement, it shall not, directly or indirectly, solicit or attempt to solicit or treat, for its own account or for the account of any other person or entity, any patient of Hospital. Provider further agrees that for a period of two (2) years following termination of this Agreement (however such termination is effected) Provider shall not, and shall not cause, any entity or individual employed by or with whom it is professionally associated to, directly or indirectly, solicit or attempt to solicit for its own account or for the account of any other person or entity, any patient of Hospital for whom Provider provided care during the term of the Agreement. For purposes of this paragraph, a "patient of Hospital" shall mean any patient seen or treated by Hospital (whether by its employees or independent contractors) during the one (1) year period immediately preceding the termination or expiration of this Agreement, including, but not limited to, those patients treated by Provider hereunder.

SECTION II. REPRESENTATIONS AND WARRANTIES

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

- A. Provider is not bound by any agreement or arrangement which would preclude it or any Dentist from entering into or from fully performing the services required under this Agreement;
- B. All Dentists providing services hereunder have licenses to practice dentistry in the State of California or in any other jurisdiction which have never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action or made subject to terms of probation or any other restriction;
- C. Dentists' dental staff privileges at any health care facility have never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action or restricted in any way;
- D. All Dentists providing services hereunder shall perform the services required hereunder in accordance with: (1) all applicable federal, state, and local laws, rules and regulations; (2) all applicable standards of care of relevant accrediting organizations; (3) participate in continuing education as necessary to maintain licensure, certification, professional competence and skills commensurate with the standards of the medical community and as otherwise required by the dental profession; and (4) all applicable Bylaws, Rules and Regulations of Hospital and its Medical Staff;
- E. Provider has not in the past conducted and is not presently conducting its dental practice in such a manner as to cause Provider or its Dentists to be suspended, excluded, barred or sanctioned under the Medicare or Medi-Cal Programs or any government licensing agency, and has never been convicted of an offense related to health care, or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation;
- F. All Dentists providing services hereunder have and shall maintain throughout the term of this Agreement, an unrestricted license to practice dentistry in the State of California;

- G. Provider has disclosed, and will at all times during the term of this Agreement promptly disclose, to the Hospital: (1) the existence and basis of any legal, regulatory, professional or other proceeding against its Dentists instituted by any person, organization, governmental agency, health care facility, peer review organization, or professional society which involves any allegation of substandard care or professional misconduct raised against its Dentists; and (2) any allegation of substandard care or professional misconduct raised against its Dentists by any person, organization governmental agency, health care facility, peer review organization or professional society;
- H. Provider agrees to promptly disclose any change to the status of its practicing Dentists license to practice dentistry or any changes in status of any privileges Dentists may have at any other health care facility; and,
- I. Provider shall deliver to the Hospital promptly, upon request, copies of all certificates, registrations, certificates of insurance and other evidence demonstrating Dentists qualifications as reasonably requested by the Hospital.

SECTION III. INDEMNIFICATION OF LIABILITY.

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

SECTION IV. INDEPENDENT CONTRACTOR.

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

SECTION V. COMPENSATION.

At the end of each month, Provider shall submit to the administration a completed time sheet of time its Dentists spent at the Rural Health Clinic providing dental services. Upon receipt of completed and signed time sheet for services rendered under this Agreement, Hospital shall pay Provider, as sole compensation hereunder, on a fee per visit basis of \$167.00 (One hundred Sixty Seven Dollars and No Cents) per visit. "No charge/courtesy" visits are not eligible for payment. All patient billings for dental services remain the property of Hospital. Monthly payments to Provider shall be made on or before the 10th (tenth) day of the month, following the month in which services are rendered.

SECTION VI. COMPLIANCE.

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

At a minimum, Provider is expected to:

1. Be aware of those procedures which affect the Provider and which are necessary to implement the Compliance Program, including the mandatory duty of Provider to report actual or possible violations of fraud and abuse laws and regulations; and,
2. Understand and adhere to standards, especially those which relate to the Provider's functions for or on behalf of the District/Hospital.

- B. Failure to follow the standards of Hospital's Compliance Programs (including the duty to report misconduct) may be considered to be a violation of the Provider's arrangement with the Hospital and may be grounds for action by Hospital, including termination of the relationship.

SECTION VII. TERM.

This Agreement is effective from September 11, 2021 to September 11, 2023 however this Agreement is subject to early termination as provided in Section. VIII. below.

SECTION VIII. EARLY TERMINATION.

- A. Hospital may terminate this Agreement immediately upon written notice to Provider in the event that:
1. Provider or its Dentists licenses to practice dentistry are suspended, revoked, terminated, or otherwise restricted;
 2. Medicare and/or Medi-Cal significantly changes the RHC program;
 3. Hospital fails to maintain RHC status;
 4. This Agreement is terminated or expires;
 5. Provider or its Dentists failure to comply with the standards of the Hospital's Compliance Program to the extent that such failure results in material fine and or sanction from Medicare or Medi-Cal Program;
 6. Neglect of professional duty by Dentists in a manner that poses an imminent danger to the health or safety of any individual, or violates Hospital's or the Medical Staff's policies, rules and regulations;
 7. The failure of Provider to make a timely disclosure required pursuant to Section I, subdivision E;
 8. Breach of any of the confidentiality provisions under this Agreement;
 9. Dentists conviction of a criminal offense related to health care, or the listing of Dentist by a federal agency as being debarred, excluded or otherwise ineligible for federal program participation; or
 10. Dentists removal from office by the Medical Executive Committee according to the applicable Medical Staff Bylaws, as applicable.
- B. Either party may terminate this Agreement for material breach, provided that the non-defaulting party shall give written notice of the claimed default and the other party shall have 30 days to cure such performance, failing which, this Agreement may thereafter be immediately terminated by the non-defaulting party.
- C. Either party may terminate this Agreement, without cause, by providing the other party no less than thirty (30) days prior written notice.

D. **EFFECT OF TERMINATION/SURVIVAL.** In the event that this Agreement is terminated for any reason, the rights and obligations of Provider and Hospital under this Agreement will terminate, except as otherwise noted in this Agreement. Provider shall be entitled to receive only the amount of compensation earned prior to the date of termination. Termination will not release Provider's Dentists from his or her obligation to complete any multi-step dental treatment, which began prior to the effective date of the termination, provided that such termination did not result from a determination by Hospital that the health, welfare, and/or safety of its patients would be jeopardized by continuing this Agreement. Provider is not obligated to provide any other services.

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

SECTION IX. CONFIDENTIALITY.

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

SECTION X. INSURANCE.

Professional Liability. Provider shall maintain, at Provider's sole expense, a policy or policies of professional liability insurance as required by this Section for each of its Dentists providing services under this Agreement. Such insurance shall provide coverage for each Dentist as the named insured, and such policy shall cover any acts of Dentists' professional negligence, which may have occurred during the relevant term, and said policies of insurance shall supply liability coverage of no less than One Million Dollars (\$1,000,000.00) per claim/Three Million Dollars (\$3,000,000.00) aggregate for "claims made" insurance coverage. Provider further shall maintain "continuous coverage," as defined by this Section for the entire relevant term for each of its Dentists providing services under this Agreement. The relevant term shall commence with the date of this Agreement and shall continue through the term of this Agreement, as well as any extensions or renewals thereof, and for a period thereafter of no less than three (3) years. Provider will provide District with no less than 30 days advance written notice of any coverage changes or cancellation of the policy. Provider will supply the District with evidence of coverage as stated above, showing professional liability coverage. The coverage required by this section shall be either on an occurrence basis or on a claims made basis. If the coverage is on a claims made basis, not less than 30 days prior to the termination of Provider's claims made coverage, Provider shall be obligated to provide evidence to District of continued coverage for claims which arise from Provider's services either by (i) evidence of continued effect of a claims made policy which provides coverage for all claims arising out of incidents occurring prior to the termination of such coverage, or (ii) evidence of an extended reporting period endorsement or "tail insurance" for all claims arising out of incidents occurring prior to termination of such coverage, and shall provide the District with a certificate evidencing such tail or retroactive coverage.

SECTION XI. ASSIGNMENT.

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

SECTION XII. NOTICES.

The notice required by this Agreement shall be effective on the date of personal service or, if mailed, two (2) business days after the day on which the notice was sent via overnight mail, addressed as follows:

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

Provider: Kevin Scott
Center for Oral Health
309 East 2nd Street
Pomona, CA 91766

SECTION XIII. PRE EXISTING AGREEMENT.

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

SECTION XIV. HOSPITAL NOT PRACTICING DENTISTRY.

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

SECTION XV. ENTIRE AGREEMENT.

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

SECTION XVI. SEVERABILITY.

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

SECTION XVII. GOVERNING LAW.

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

SECTION XVIII. REFERRALS.

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

SECTION XIX. HIPAA BUSINESS ASSOCIATE AGREEMENT.

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

SECTION XX. ANTI-HARASSMENT/DISCRIMINATION/RETALIATION

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

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

Dated: _____

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

Dated: _____

By: _____
Kevin Scott
Center for Oral Health
309 East 2nd Street
Pomona, CA 91766



Recommendation for Action

Date: 02 August 2021
To: BVCHD Board
From: Garth M Hamblin, CFO
Subject: WIPFLi LLP – Medicare Cost Report & Medi-Cal Report Preparation Engagement

Recommended Action

Approve engagement of WIPFLi LLP for preparation of FYE June 30, 2021, Medicare Cost Report and associated Medi-Cal and OSHPD reports for \$30,150.

Background

Attached is the full engagement letter from WIPFLi LLP

We have worked with WIPFLi LLP for several years and recommend that we do so again. They prepare our Medicare Cost Report (which is reviewed by David Perry, Associate Vice President, Healthcare Finance and Reimbursement from QHR Health) and related documents for the State of California – Medi-Cal, OSPD, and etc. (listed in the attached engagement letter).

June 16, 2021

Garth M. Hamblin, CFO
Bear Valley Community Hospital
41870 Garstin Dr.
Big Bear Lake, CA 92315

Dear Garth:

We are pleased to serve as the accountants for Bear Valley Community Hospital ("Hospital") for the year ended June 30, 2021. This letter, together with the attached Terms and Conditions – Attest Engagements, confirms the terms of our engagement.

We will prepare the Medicare cost report (Form 2552-10) for the Hospital, for the year ended June 30, 2021. In addition, we will prepare the Hospital's state Medi-Cal cost report for the year ended June 30, 2021. We will perform a compilation engagement with respect to these reports.

Fees

Our fees for this engagement will be billed as work progresses, and progress billings may be submitted. Based upon our discussions with representatives of the Hospital, the fee for this engagement will be \$30,150 (see details below). In addition, expenses for items such as travel, telephone, postage, clerical time, printing, and reproduction of financial statements are billed for reimbursement as incurred. Our fee has been determined based on our understanding obtained through discussions with you regarding your preparation for the engagement and your current business operations. To the extent we encounter circumstances outside of our expectations that warrant additional procedures and time, we will communicate that fact and advise you of options and the additional fees necessary to complete the engagement. We expect payment of our billings within 30 days after submission.

	2021
Preparation of the Medicare Cost Report	\$ 9,300
Preparation of Medicare Bad Debt Exhibits	\$ 3,100
Medi-Cal Cost Report	\$ 2,200
California Hospital Disclosure Report (Annual OSHPD)	\$ 8,300
AB 915 and 97 Supplemental Reimbursement Reports (per occurrence)	\$ 1,700
PPS RHC Reconciliation (per occurrence)	\$ 1,650
Medi-Cal DSH Audit (if necessary)	\$ 3,900
Total	\$ 30,150

Compilation Objective

The objective of our engagement is to:

1. Prepare the Medicare cost report (Form 2552-10) in accordance with the guidelines established by the Department of Health and Human Services - Centers for Medicare & Medicaid Services ("CMS") based on information provided by you. In addition, we will prepare the Hospital's state Medi-Cal cost report for the year ended June 30, 2021, in accordance with the guidelines established by the state Medicaid agency based on information provided by you.
2. Apply accounting and financial reporting expertise to assist you in the presentation of the cost reports without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the cost reports in order for them to be in accordance with the guidelines established by CMS and the state Medicaid agency.

Compilation Procedures, Limitations, and Independence

We will conduct our compilation engagement in accordance with the *Statements on Standards for Accounting and Review Services* ("SSARS") promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants ("AICPA") and comply with applicable professional standards, including the AICPA's *Code of Professional Conduct* and its ethical principles of integrity, objectivity, professional competence, and due care, when preparing the cost reports and performing the compilation engagement.

We are not required to, and will not, verify the accuracy or completeness of the information you will provide to us for the engagement or otherwise gather evidence for the purpose of expressing an opinion or a conclusion. Accordingly, we will not express an opinion or a conclusion nor provide any assurance on the cost reports.

Our engagement cannot be relied upon to identify or disclose any cost report misstatements, including those caused by fraud or error, or to identify or disclose any wrongdoing within the entity or noncompliance with laws and regulations.

We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

As part of our engagement, we will issue reports that will state that we did not audit or review the cost reports and that, accordingly, we do not express an opinion, a conclusion, nor provide any assurance on them. If, for any reason, we are unable to complete the compilation of your cost reports, we will not issue a report on such cost reports as a result of this engagement.

You agree to include our accountant's compilation report in any document containing cost reports that indicates that we have performed a compilation engagement on such cost reports and, prior to the inclusion of the report, to ask our permission to do so.

Professional and certain regulatory standards require us to be independent, in both fact and appearance. Any discussions that you have with Wipfli LLP personnel regarding employment could pose a threat to our independence. Therefore, we request that you inform us immediately prior to any such discussions so that we can implement appropriate safeguards to maintain our independence.

In order for us to remain independent, professional and regulatory standards require us to maintain certain respective roles and relationships with you with respect to any nonattest services we may be asked to perform. Prior to performing such services in conjunction with our compilation, management must acknowledge its acceptance of certain responsibilities.

We cannot perform management functions or make management decisions on behalf of the Hospital. However, we will provide advice and recommendations to assist management in performing its functions and fulfilling its responsibilities.

Responsibilities of Management

The engagement to be performed is conducted on the basis that you acknowledge and understand that our role is to prepare cost reports in accordance with guidelines established by CMS and the state Medicaid agency and assist you in the presentation of the cost reports in accordance with guidelines established by CMS and the state Medicaid agency. You have the following overall responsibilities that are fundamental to our undertaking the engagement in accordance with SSARS:

1. The selection of guidelines established by CMS and the state Medicaid agency as the financial reporting framework to be applied in the preparation of the cost reports.
2. The preparation and fair presentation of the cost reports in accordance with guidelines established by CMS and the state Medicaid agency and the inclusion of all informative disclosures that are appropriate for guidelines established by CMS and the state Medicaid agency, if applicable.
3. The design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the cost reports.
4. The prevention and detection of fraud.
5. To ensure that the Hospital complies with the laws and regulations applicable to its activities.
6. The accuracy and completeness of the records, documents, explanations, and other information, including significant judgments, you provide to us for the engagement.
7. To provide us with:
 - a. Access to all information of which you are aware is relevant to the preparation and fair presentation of the cost reports, such as records, documentation, and other matters.
 - b. Additional information that we may request from you for the purpose of the compilation engagement.

- c. Unrestricted access to persons within Bear Valley Community Hospital of whom we determine it necessary to make inquiries.

You are also responsible for all management decisions and responsibilities and for designating an individual with suitable skills, knowledge, and experience to oversee our bookkeeping services and the preparation of your cost reports. You are responsible for evaluating the adequacy and results of the services performed and accepting responsibility for such services.

Management Assistance

Assistance by your employees in the preparation of schedules and analysis of accounts will be discussed with you. Timely completion of this work will assist us in the completion of our work in the minimum of time.

Other

Eric Volk, CPA, will be your compilation engagement partner. His responsibilities include supervising the firm's services performed as part of this engagement and signing the compilation report.

Matt Falkner will be part of the engagement team and your direct contact for the compilation services.

If the above terms are acceptable to you and the services outlined are in accordance with your requirements, please return a signed copy of this Letter to us.

We look forward to our continued association with you and management and appreciate the opportunity to serve you. Please do not hesitate to call us if you have any questions about the work we are to perform or any other aspect of the services we can provide.

Sincerely,



Wipfli LLP

ACCEPTED: [BEAR VALLEY COMMUNITY HOSPITAL](#)

By: _____
Garth M. Hamblin, CFO

Date: _____

EP/MF/lgg
Enc.

Wipfli LLP
Engagement Letter
Terms and Conditions – Attest Engagements

1. Entire Agreement

These Terms and Conditions, together with the engagement letter ("Engagement Letter") to which these Terms and Conditions are attached, and the Engagement Letter's other appendixes, if any, constitute the entire agreement between the parties on the subject matter thereof and supersede and merge all prior proposals (including prior proposals of Wipfli regarding the engagement), understandings, and agreements (oral or written) between the parties relating to the subject matter, including, without limitation, the terms of any request for proposal issued to Client or the standard printed terms on any purchase order issued by Client. No modification, amendment, supplement to, or waiver of these Terms and Conditions or Engagement Letter shall be binding upon the parties unless made in writing and duly signed by both parties. To the greatest extent reasonably possible, the provisions of the Engagement Letter, its Appendixes (including these Terms and Conditions), and any other exhibit, attachment, schedule, or other document referenced in or by the Engagement Letter shall be read together and harmonized to give effect to the parties' intent. In the event of a direct conflict between the Terms and Conditions and the provisions of an Engagement Letter issued by Wipfli, the Engagement Letter will apply.

2. Commencement and Term

An Engagement Letter shall become effective when signed by duly authorized representatives of both parties and shall remain in full force and effect until the services to be delivered under the Engagement Letter are complete (as reasonably determined by Wipfli) unless earlier terminated by either party as provided in the Engagement Letter or these Terms and Conditions. Each person executing an Engagement Letter on behalf of a party represents and warrants to the other that he or she has all power and authority to bind the party on whose behalf he or she is executing same.

3. Fee Estimates and Change Orders

Wipfli's Engagement Letter may set forth certain ranges for Wipfli's fees charged on any project or work. Wipfli provides fee estimates as an accommodation to Client. Unless otherwise indicated in the Engagement Letter, fee estimates shall not be construed as or deemed to be a minimum or maximum fee quotation. Although Wipfli reasonably believes suggested fee ranges are accurate, Wipfli's actual fees may vary from its fee estimates.

If, during the course of Wipfli's engagement, Wipfli determines that more work will be required than initially estimated, Wipfli will discuss, as soon as possible, the reasons with Client. Work that falls outside the agreed-upon scope of Wipfli's engagement shall be covered by a Change Order. Service completion times are estimated and subject to change. Where applicable, all such estimates assume that Client's hardware platform/computer system will, at the commencement of the services, be fully operable as intended and designed, functioning as necessary and available to Wipfli without material restriction for the duration of the services. Such estimates also include necessary and reasonable cooperation from client personnel.

Unless otherwise agreed in the Engagement Letter, miscellaneous expenses incurred by Wipfli in the course of performing the services will be charged in addition to Wipfli's professional fees. Miscellaneous expenses may include, but are not limited to: travel, lodging, transportation, and meals for projects requiring travel; clerical processing; telecommunications charges; delivery expenses; and all sales, use, ad valorem, excise, or other taxes or other governmental charges.

4. Fees

Unless otherwise agreed, all invoices are due and payable within thirty (30) days of the invoice date. All business or commercial accounts will be charged interest at the lesser of one percent (1%) per month or the maximum rate permitted by law, except where prohibited by law, on Client's balance due to Wipfli that is outstanding over thirty (30) days. At our discretion, work may be suspended if Client's account becomes overdue and will not be resumed until Client's account is paid in full. Client acknowledges and agrees that we are not required to continue work in the event of a failure to pay on a timely basis for services rendered as required. Client further acknowledges and agrees that in the event Wipfli stops work or withdraws from this engagement as a result of

Client's failure to pay on a timely basis for services rendered as required by this Engagement Letter, Wipfli will not be liable to Client for any damages that occur as a result of our ceasing to render services.

In the event Client requests us to, or we are required to, respond to a subpoena, court order, government regulatory inquiries, or other legal process against Client or management for the production of documents and/or testimony relative to information Wipfli obtained and/or prepared during the course of this or any prior engagements, Client agrees to compensate us for all time we expend in connection with such response, at our regular rates, and to reimburse us for all related out-of-pocket costs that we incur.

5. Independent Contractor

The relationship between Wipfli and Client is solely and exclusively that of independently contracting parties.

6. Non-Exclusivity

No right of exclusivity is granted, guaranteed, or implied by Wipfli and Client entering into any Engagement Letter. Client acknowledges that Wipfli regularly performs the same or similar services as are being provided hereunder to third parties.

7. Privacy and Engagement Staffing

Wipfli expressly reserves the right to replace, in its sole discretion upon notice to Client, any of our professional project team members, as necessary, to provide quality and timely service to Client. From time to time, and depending upon circumstances, Wipfli may use third-party service providers, such as independent contractors, specialists, or vendors to assist us in providing professional services, including tax services. We may also use personnel from affiliates of Wipfli and other Wipfli-related entities (including our wholly-owned Indian subsidiary and contractors in the Philippines) or any of their respective affiliates. These entities and their personnel may be located within or outside the United States. In addition, Wipfli may utilize third-party service providers, including cloud-based service providers, who may collect, use, transfer, transmit, store, or otherwise process Client information in connection with the delivery of certain services. Wipfli is committed to maintaining the confidentiality and security of Client's information, and accordingly, Wipfli maintains policies, procedures and safeguards to protect the confidentiality of Client information. In addition, our agreements with all service providers appropriately maintain and protect the confidentiality of Client information, provided we may use electronic media to transmit Client information and such use in itself will not constitute a breach of any confidentiality obligation. We remain responsible to Client for the supervision of all service providers, entities, and personnel who assist us in rendering professional services hereunder and for protecting the confidentiality of Client information. Client hereby consents and authorizes us to disclose Client information to the foregoing entities and parties for the purpose of providing professional services, including tax services, to Client.

Wipfli is committed to protecting personal information that can be linked to specific individuals, including health information ("Personal Data") and will maintain such Personal Data in confidence in accordance with professional standards and governing laws. Client will not provide any Personal Data to Wipfli unless necessary to perform professional services described in the engagement letter. When providing any Personal Data to us, Client will comply with all applicable laws (both foreign and domestic) and will anonymize, mask, obfuscate, and/or de-identify, if reasonably possible, all Personal Data that is not necessary to perform the professional services described in the engagement letter. Any Personal Data provided to us by Client will be kept confidential and not disclosed to any third party not described above (parties providing us assistance in rendering professional services) unless expressly permitted by Client or required by law, regulation, legal process, or professional standards. Client is responsible for obtaining, pursuant to law or regulation, consents from parties that provided Client with their personal information, which will be obtained, used, and disclosed by Wipfli for its required purposes.

For additional information related to client personal information, please see Wipfli's Privacy Statement located at www.wipfli.com/privacy-statement.

Wipfli LLP
Engagement Letter
Terms and Conditions – Attest Engagements

8. Wipfli Owners

Some persons who own an interest in Wipfli may not be licensed as Certified Public Accountants and may provide services related to this engagement.

9. Intellectual Property Rights

Client acknowledges that Wipfli owns all intellectual property rights, title, and interest to all information provided or developed throughout the duration of this engagement. Any use of this material, other than for the stated purposes in this Engagement Letter, is not authorized. In addition, Client shall not alter or remove any of Wipfli's trademarks, copyright registration marks, patent, or other intellectual property notices applicable to any of Wipfli's goods, marketing material, or advertising media, and shall not in any way alter any of Wipfli's products. Client shall promptly notify Wipfli in writing of any infringement of Wipfli's intellectual property by third parties of which Client becomes aware. Neither party shall acquire any right, title, or interest in or to the other party's code, data, business processes, or other information to which such party may have access during the term of the engagement hereunder. All such code, data, business process and other information shall be solely and exclusively the property of the originating party.

10. Governing Law

All agreements between Wipfli and Client for any service shall be governed by and construed in accordance with the internal laws of the state in which the Wipfli office which issues the Engagement Letter related to the services is located.

11. Severability

In the event that any term or provision of the Engagement Letter or these Terms and Conditions shall be held to be invalid, void, or unenforceable, then the remainder shall not be affected and each remaining term or condition shall be valid and enforceable to the fullest extent permitted by law.

12. Record Retention

We will retain records related to this engagement pursuant to our record retention policy. At the end of the relevant time period, we will destroy our records related to this engagement. However, original records will be returned to Client upon the completion of the engagement. When records are returned, it is Client's responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

13. Termination

An Engagement Letter may be terminated as follows: (i) by either party immediately upon written notice to the other if either party hereto becomes the subject of voluntary or involuntary bankruptcy or other insolvency proceeding, (ii) by Wipfli or Client if either party defaults in the performance of any of its covenants and agreements set forth in an Engagement Letter (except when such default is due to a cause beyond the control of the party) and such default is not cured within thirty (30) days after notice from either party specifying the nature of such default, and (iii) by Wipfli or Client with or without cause upon providing thirty (30) days written notice. Termination of an Engagement Letter shall have no effect on either party's obligation to pay any amount due and owing with respect to such periods prior to the effective date of such termination.

Wipfli has the right to withdraw from this engagement, at our discretion, if Client does not provide us with the information we request in a timely manner, refuses to cooperate with our reasonable requests, or misrepresents any facts. Our withdrawal will release us from any obligation to complete the engagement and will constitute completion of our engagement. Client agrees to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

14. Assignment

The Engagement Letter to which these Terms and Conditions are attached shall be binding on the parties hereto and their respective successors and assigns. Neither party may assign this Engagement Letter without prior written consent of the other, except that Wipfli may assign its rights and obligations under this Engagement Letter without the approval of Client to an entity that acquires all or substantially all of the assets of Wipfli or to any subsidiary or affiliate or successor in a merger, acquisition, or change of control of Wipfli; provided that in no event shall such assignment relieve Wipfli of its obligations under this Engagement Letter.

Thank you Bear Valley Family for our Partnership

	QHR Solution	Leader	Coverage	2021	Comments
Key	Focus Items This Month	Focus Items This Year	Completed This Year	Updated This Month	
Coverage	WIC - Within Contract				
Strategy & Positioning	Ongoing Strategy Advisement	Ryan Nestrack	WIC	Ongoing support for the Strategic Plan. Quarterly check-ups with the Board/Hospital.	First quarterly "check-in" complete in April.
	Recruitment for new CEO	Region VP	WIC	Begin search for new CEO. John leaving at end of October 2021.	
	Strategic Plan	Ryan Nestrack	WIC	Process started in May 2020. Covid caused delays in finalization.	Plan completed, Board retreat in November 2020, adopted by Board in January 2021.
Clinical & Compliance	Urgent Care Analysis/Proforma	Region Team	WIC	Project begun August 2019.	LOI in process with Attorney. Present to Combs in June. Still waiting on signed LOI to update proforma.
	Medical Stabilization Program	Keith Jackson	Add-on	Contract approved Dec 2020. Unit opened Feb 2021.	Monthly discussions on operations and potential expansion.
	Environmental Services Assessment	Terry Norris	WIC	Project approved	Project completed October 2020.

	QHR Solution	Leader	Coverage	2021	Comments
Financial & Operations	COVID-19 Supply Focus	PLUS Team	WIC	QHR PLUS Warehouse Operating	Three orders requested/completed FY to date.
	Monthly Operations Review	Region Team	WIC	Held Monthly on 2nd Monday	Calls with BVCHD admin, QHR Region Team, Support Team
	Comparative Data Analysis	Leslie Roney	WIC	Perfomed Monthly	Results are reported in rankings report distributed to hospital monthly.
	Managed Care Contract Review	Wanda Wright	WIC	Project started March 2021	Extensive negotiations going on with Heritage. Reviewing contract with Kaiser.
	Financial Ops Review (FOR)	Region Team	WIC	Information received in April	Information reviewed, letter being sent to CFO. No findings noted.
	QPA/GPO Review	PLUS Team	WIC	Project performed on an annual basis.	Analysis and information gathered at June 30th. Letter being sent to Board Chair at completion.
	Price Transparency	CPSI	WIC	Project started October 2020	Finalized and implemented in January 2021.
	Contractual Accounting Review	David Perry	WIC	Review started January 2021	Report completed. No findings noted.
	Cost Report Review	David Perry	WIC	Review begun November 2020.	Project completed December 2020 with no execeptions or recommendations found.

	QHR Solution	Leader	Coverage	2021	Comments
Trustee Education	Governance Webinars	QLI	WIC	Second Tuesday each month	See monthly listing below.
	National Trustee Conference with Trustee Essentials	QLI	WIC	Q1 2022-Wigwam Resort Phoenix, AZ	
	Board Self-Assessment	Region Team	WIC	Schedule Q4 2021	
	Regional Conferences	QLI	WIC	Three regional conferences being developed	John and Connie attended the Boston conference.
Leadership Education & Development	Director Leadership Series	QLI	Add-on	Board approved QHR onsite program in Feb 2021.	"Leading From the Middle" scheduled August 2021
	QLI Webinars and Leadership Development	QLI	WIC	Various Throughout The Year	
	CEO Evaluation	Region VP	WIC	Completed September 2020	
	CFO Evaluation	Region VP	WIC	Completed October 2020	

QHR Regional Team			
Team Member & Position	Hours to Date	Phone	Email
Regional Team			
Woody White, CPA - Vice President		561.644.5391	wwhite@qhr.com
Leslie Roney - Regional Financial Analyst		615.400.7220	lroney@qhr.com
Support Team			
David Perry - VP Healthcare Finance & Reimbursement		615.371.4703	dperry@qhr.com
John Waltko - VP Regulatory & Financial Reporting		615.371.4678	jwaltko@qhr.com
Wanda Wright - AVP Managed Care		704.999.8890	wwright@qhr.com
Lisa Boston - AVP Compliance Consulting		225.337.3155	lboston@qhr.com
Jo Piland - Manager QHR Health Learning Institute		615.371.4842	jpiland@qhr.com
Sue Dorsey - Director SSP, QHR PLUS Services		615.427.3631	sdorsey@myplusnow.com
Peter Miessner - VP ResolutionRCM		281.415.8388	pmiessner@qhr.com
Ryan Nestrick - Senior Director Strategy		847.533.0759	rnestrick@qhr.com
Jonathan Boatwright - Manager SSP, QHR PLUS Services		615.371.4932	jboatwright@myplusnow.com
Scott Nation - VP ASC Services		423.653.6620	snation@qhr.com

QHR Health COVID-19 ASSISTANCE

- Developed a **COVID-19 Task Force** with Resources Website
[QHR Health COVID-19 Online Resource Center.](#)
Or <https://qhrCOVID19.com/>
 - Taskforce providing support & guidance on:
 - Finance & Reimbursement
 - FEMA Assistance
 - Supply Chain & Pharmacy
 - Clinical Care & Survey Readiness
 - Includes Podcasts on key areas of focus
- Set up **PPE Warehouse & Distribution Program**
 - For QHR Health Hospital Families *only*
 - Actively working with Supply Chain Leaders at all Facilities
 - Assisting an average of 38 Hospital Families a week
 - Up and running since April 1, 2020
 - BVCHD received support 3 times (N95 Masks, Isolation Gowns, Nitrile Gloves)
- Published **QHR Health Post-COVID Operational Playbook Vols. 1 & 2**
 - Covers US Government's guidelines for reopening our Country's healthcare system complemented with QHR suggested best practices focused on:
 - Restart Readiness
 - Capacity & Utilization
 - Service Changes
 - Revenue Integrity & Reimbursement Due Diligence
 - Regulatory & Compliance
 - Communications & Strategy
- **Financial, Funding & Reimbursement Options Federal & State**
 - Monitoring, developing & recommending plans for all three phases of Government response for financial support (i.e.: Accelerated Payments, Grants, Loans, Future Cost Reporting)
- Established **Shared Service Centers**
 - COVID-19 Patient Triage
 - CARES Act / Federal & State Funding Options - Identification, Application & Tracking

QHR Learning Institute (QLI) Education Information Section		
2021 Trustee Webinars - 2nd Tuesday @ 12 PM CST		BVCHD Participants
Jan 12	COVID-19 Vaccine Update	
Feb 9	ASC Ownership Benefits	
Mar 9	Case Management	
Apr 13	Behavioral Health	
May 11	Supply Chain	
June 8	Intro to Medicare Reimbursements & Hot Topics	
Jul 13	Compliance Update	
Aug 10	Quality Update - Care Transformation	
Sept 14	Technology Services	
Oct 12	Aligning Marketing Strategies with Hospital Business Objectives	
Nov 9	Revenue Cycle	
Check out all Webinars through the link below Be sure to add these dates to you calendar! Visit https://qhr.com/learning-institute/ to register		

Estimated Annual Benefits & Savings 12 Month Totals	
QHR Business Partnership Benefits	
HPG Discounts	\$ 205,147
HPS Rebates	\$ 7,442
GPO Group Savings	\$ 6,661
Strategic Service Partner	\$ 45,825
Total:	\$ 265,075
Other QHR Business Partnership Benefits	
MD Buyline	\$ 10,000
AHA Dues Discounts	\$ 3,931
J & J QPA Rebate	\$ 47
Consulting (Region Team)	\$ 37,800
Consulting Engagements	\$ 28,400
Total:	\$ 80,178
Partnership Education Benefit	
Ongoing Employee Education	Regional Trustee/Admin Conferences
Trustee Quick Reference Guide	Access to QLI Library of Programs
National QHR Trustee Conference	Healthtrust University
Monthly Trustee Education Webinars	
Other Benefits	
New Compliance Director Support	Contractual Accounting & Bad Debt Analysis
Urgent Care Assessment & Pro Forma	Strategic Plan
Managed Care Payor Yield Assessment	
Community Health Needs Assessment	

QHR Region Team and Internal Consulting Hours		
	2020	2021 YTD
Region Team	340	189
Internal Consultants	286	142
Total:	626	331

Key Contract Items
Hospital Annual Professional Fee = \$320,488 Current Contract November 1, 2020 - October 31, 2026 Mutual 90-day window to terminate October 31, 2024 Original Contract Date: June 25, 2015
Medical Stabilization Unit Annual Professional Fee = \$183,600 Current Contract January 1, 2021 - December 31, 2025 Mutual 90-day window to terminate December 31, 2023 Original Contract Date: January 1, 2021

QHR Health Vision 2021



QHR PLUS - Shared Services

Support independence through QHR PLUS—including financial management, supply chain, physician management services, outreach and CRM, and technology services



Create Revenue

Create revenue for hospitals by driving market share, promoting digital touch to consumers, supporting referral management, expanding marketing, and growing technology



Technology beyond EHR

Prepare for technology beyond EHR by bolstering infrastructure and developing the QHR platform for referral management, care coordination, reporting, analytics, and more



Influence Policy

Influence policy by engaging leaders and advocating for policy changes that advance access and new revenue opportunities for independent rural healthcare organizations



Develop Leaders

Develop the next generation of hospital leadership thinking through training, coaching, networking, and support from QHR Health's client account management (CAM) team



CNO Monthly Report

TOPIC	UPDATE
1. Regulatory	<ul style="list-style-type: none"> CDPH to resume L&C surveys 4/1/21, we are due for SNF and CAH surveys. CDPH issued a health order that requires the hospital to test all unvaccinated employees twice per week starting 8/9/2021.
2. Budget/Staffing	<ul style="list-style-type: none"> Having difficulty hiring full time RNs. Two travel needs for RNs have been posted.
3. Departmental Reports	
<ul style="list-style-type: none"> Emergency Department 	<ul style="list-style-type: none"> COVID cases increasing, patients still being treated in the parking lot. Staffing is a concern as COVID increases and several RN positions have not been filled.
<ul style="list-style-type: none"> Acute 	<ul style="list-style-type: none"> Medical stabilization program continues to grow. There is a constant waiting list of about 15 patients.
<ul style="list-style-type: none"> Skilled Nursing 	<ul style="list-style-type: none"> SNF residents continue to be closely monitored for COVID. Currently no positive residents. DON is taking a FMLA LOA, an interim will be replacing her for at least 90 days. Sharon Dillon will be serving as interim.
<ul style="list-style-type: none"> Surgical Services 	<ul style="list-style-type: none"> Elective surgical cases have resumed, Dr. Chin out on medical leave.
<ul style="list-style-type: none"> Case Management 	<ul style="list-style-type: none"> Attended QHR Case Management training.
<ul style="list-style-type: none"> Respiratory Therapy 	<ul style="list-style-type: none"> Annual CDPH inspection completed- no deficiencies. Ventilators are being updated/ purchased for COVID capabilities.
<ul style="list-style-type: none"> Physical Therapy 	<ul style="list-style-type: none"> Volumes exceeding normal, one traveler position in place. FTEs may exceed budgeted amounts relative to increase in volume.
<ul style="list-style-type: none"> Food and Nutritional Services 	<ul style="list-style-type: none"> Working with Culture of Ownership committee to host employee BBQ(s)/ Holiday events

	<ul style="list-style-type: none"> ▪ SB county inspection completed- received A rating. ▪ Working on purchase of food vending machine for afterhours/ night staff ▪ Hosted birthday celebration & staff luncheon. ▪ Dining room is open again for in person dining.
4. Infection Prevention	<ul style="list-style-type: none"> ▪ CDPH continues to add COVID reporting mandates. ▪ Planning, research and education regarding COVID-19 ▪ Educating staff on PPE standards and guidelines for re-use ▪ Reporting COVID cases to Public Health and CDPH L&C ▪ Received bronze award for CDPH Antimicrobial Stewardship Honor Roll program
5. Quality Improvement	<ul style="list-style-type: none"> ▪ SCORE Survey department debriefings are in progress. ▪ Participated in BETA HEART virtual training sessions. ▪ PFAC scheduled to meet in August.
6. Policy Updates	<ul style="list-style-type: none"> ▪ Cal OSHA COVID prevention plan in place ▪ Policy committee meeting weekly
7. Safety & Products	<ul style="list-style-type: none"> ▪ Reported 1 workplace violence incident to CalOSHA
8. Education	<ul style="list-style-type: none"> ▪ 2021 Skills days will be held in August and November. ▪ Successful passed AONL Certification Exam in Executive Nursing Practice (CENP).
9. Information Items/Concerns	<ul style="list-style-type: none"> ▪ Received \$100,000 HRSA grant for vaccine confidence. ▪ Attending many calls related to COVID with BBFD, HASC, CHA, CDPH. ▪ Closely monitoring COVID trends/ hospital & ventilator utilization throughout the state. ▪ We continue to receive positive feedback from community members who have attended the vaccination clinics. ▪ Now offering home visits for vaccines for homebound residents.
Respectfully Submitted by: <i>Kerri Jex, CNO</i>	
<i>Date: July 28th, 2021</i>	

2021 Surgery Report

Jun-21		
Physician	# of Cases	Procedures
Chin - MD	1	Bilateral Inguinal Hernia Repair
Busch - Podiatrist	0	
Critel - CRNA	2	LESI
Critel - CRNA	3	Hip Injections
Tayani	8	Cataracts
Total	14	

Jul-21		
Physician	# of Cases	Procedures
Chin - MD	0	
Busch - Podiatrist	0	
Critel - CRNA	2	LESI
Critel - CRNA	1	Bilateral SI Joint Injection
Tayani	0	Cataracts
Total	3	

Aug-21		
Physician	# of Cases	Procedures
Chin - MD		
Busch - Podiatrist		
Critel - CRNA		
Tayani		
Total	0	

Sep-21		
Physician	# of Cases	Procedures
Chin - MD		
Busch - Podiatrist		
Critel - CRNA		
Tayani		
Total	0	

Oct-21		
Physician	# of Cases	Procedures
Chin - MD		
Busch - Podiatrist		
Critel - CRNA		
Tayani		
Total	0	

Nov-21		
Physician	# of Cases	Procedures
Chin - MD		
Busch - Podiatrist		
Critel - CRNA		
Tayani		



CHIEF EXECUTIVE OFFICER REPORT

CEO Information:

We continue back to our pre-COVID 19 activities and patient services and we are continuing to provide the COVID 19 vaccination clinics. We are seeing an increase in cases and are evaluating options daily. We have converted our conference room back into a mini ER for non COVID patients.

“Save the Date”, August 28 at 12:00 pm we will be conducting our Summer Hospital Party. It will be conducted at the Erwin Lake Ranch. A flyer has been provided

Senator Rosilicie Bogh was on site August 2, several members of our senior team, ACHD representatives met and discussed the future of hospitals and issues affecting financing and seismic matters being considered by the California State Legislator.

We have posted the Board vacancy as required by law and anticipate the applicants to apply by August 31, 2021.

Effective August 1, 2021 Dr. Keith Errecart was appointed Medical Director of the BVCHD Emergency Department by Envision and Dr. Beaird will continue with the group at BVCHD.

I will be on vacation from September 1st returning September 13th.



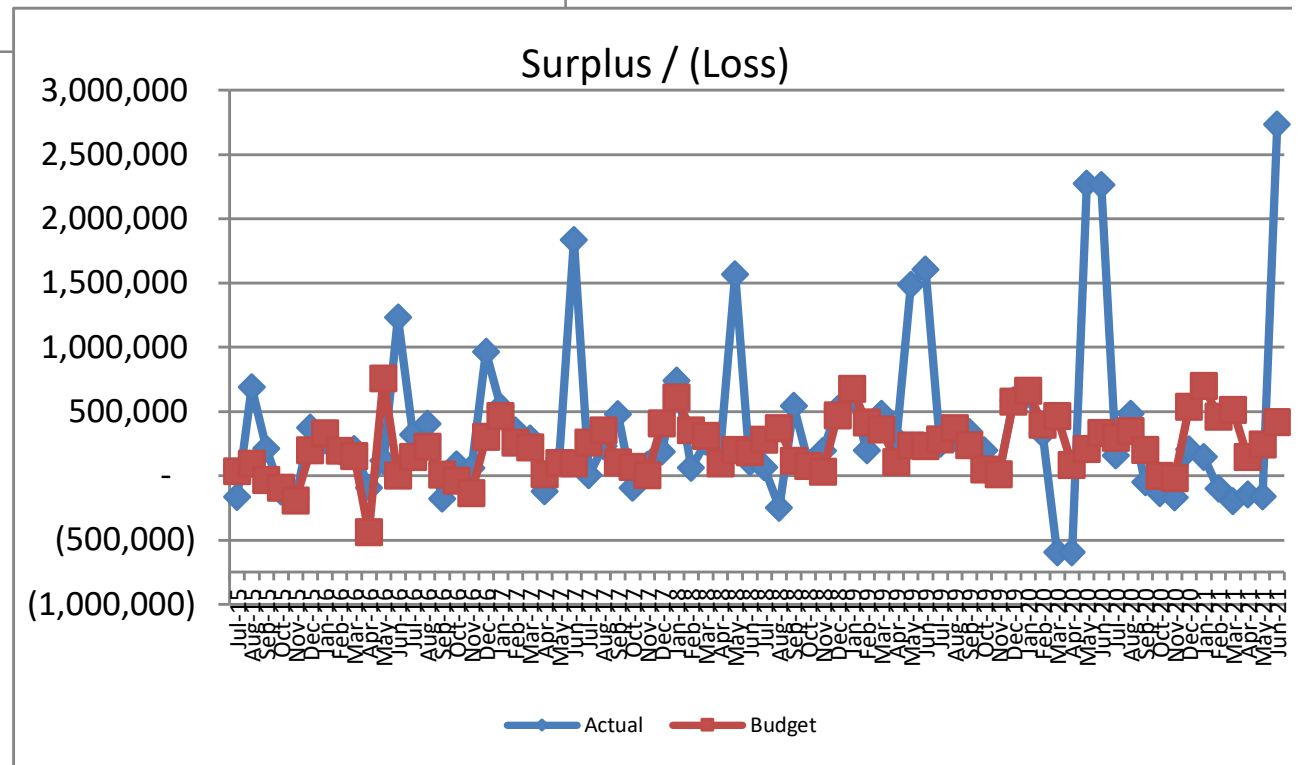
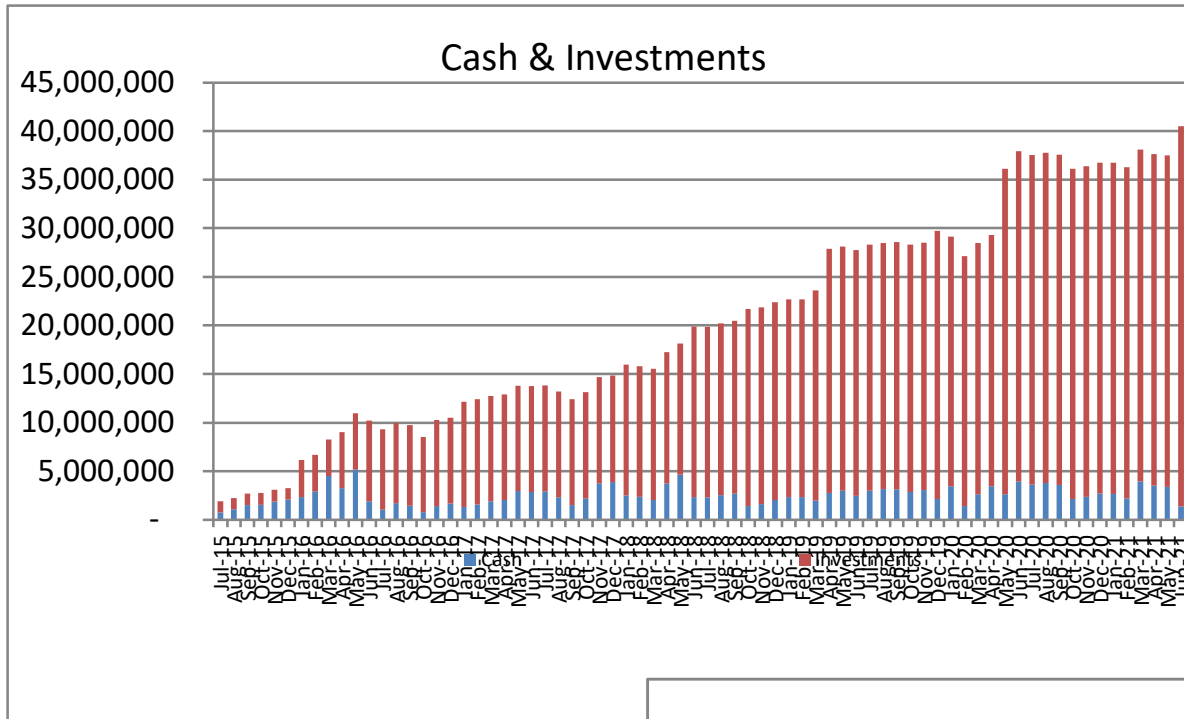
Finance Report
June 2021 Results

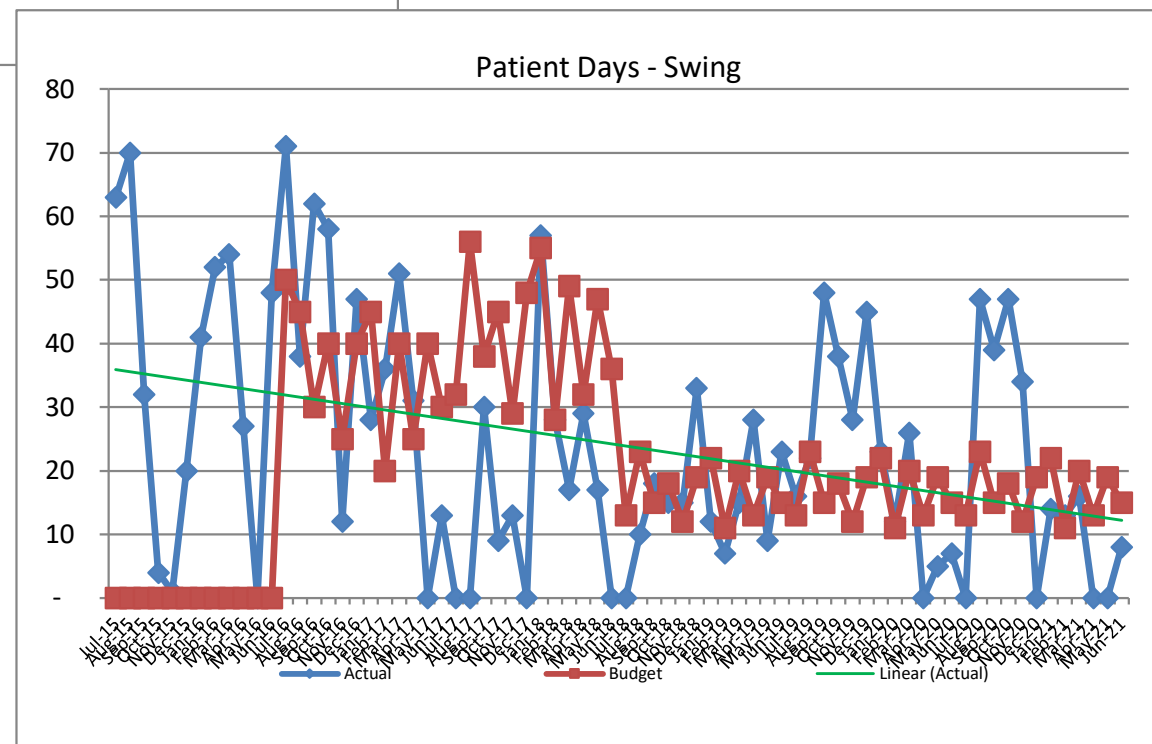
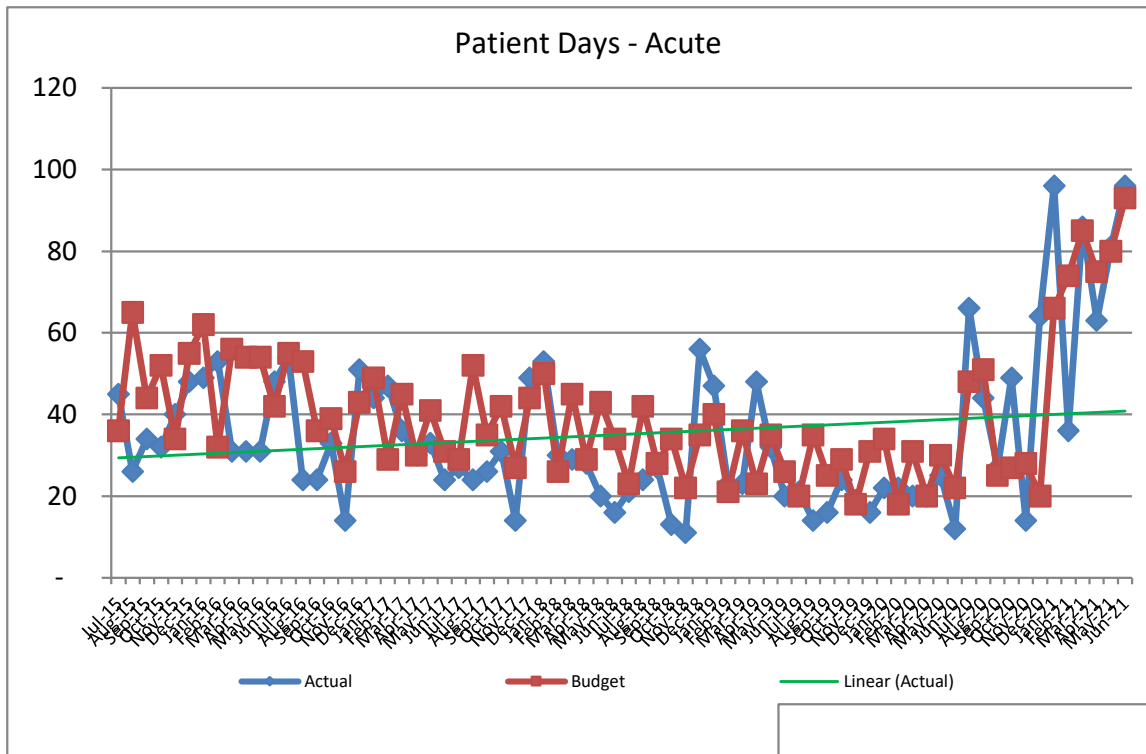
Summary for June 2021

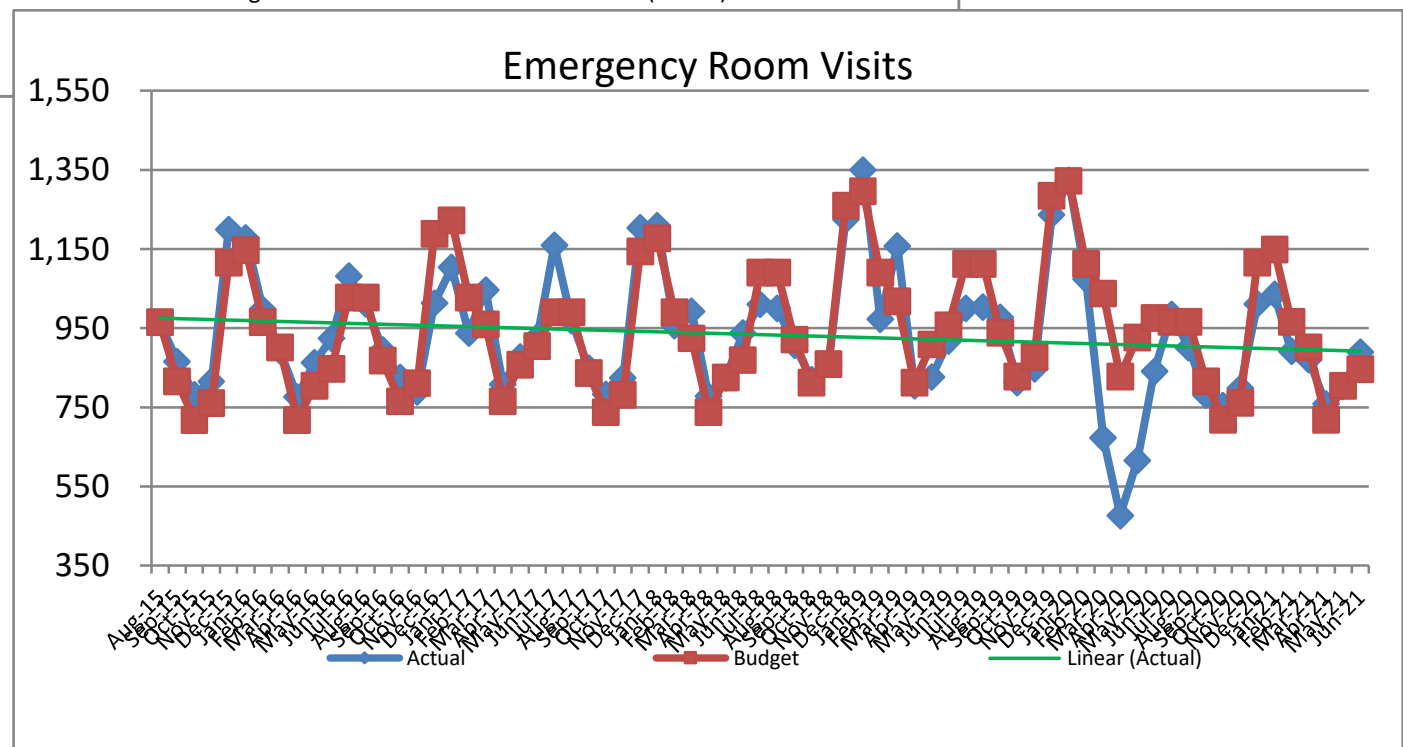
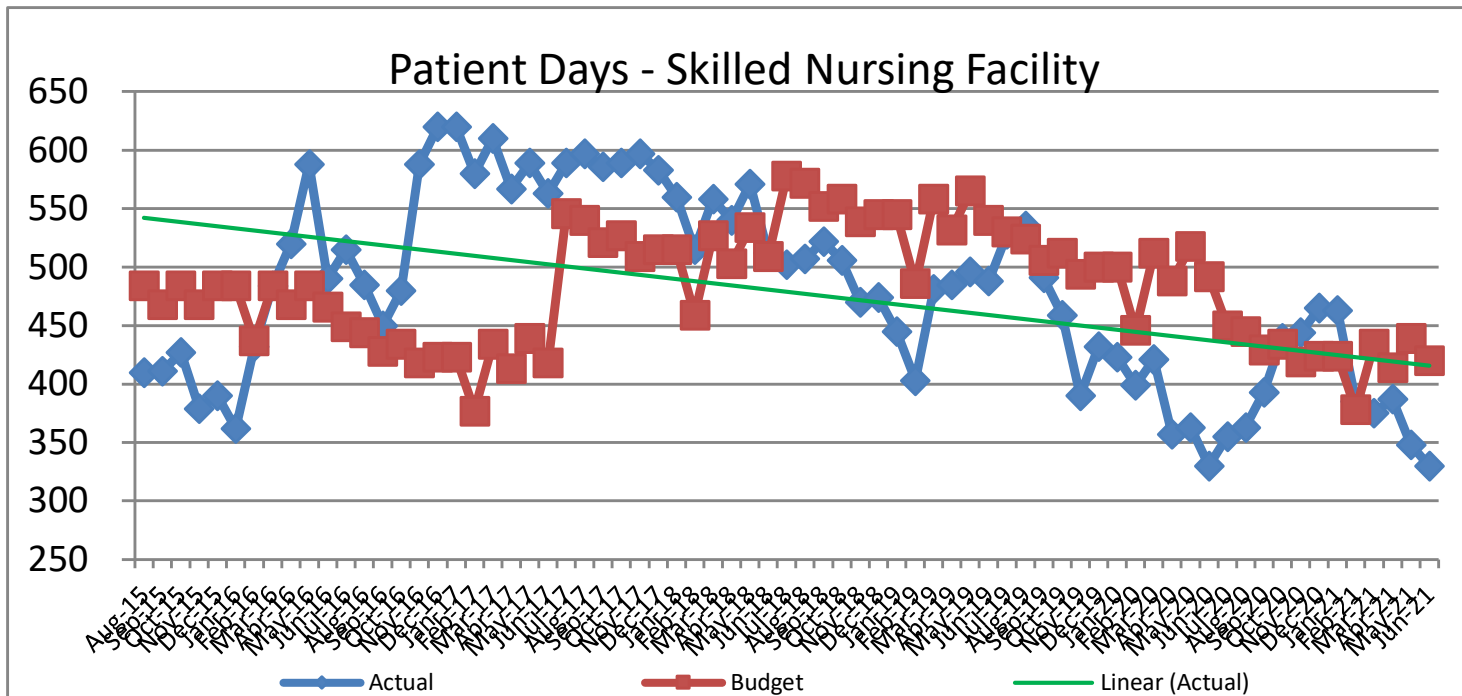
- Cash on hand \$ 1,376,886
Investments \$39,135,72
- Days Cash on hand, including investments with LAIF – 547. During the month we received IGT (Inter-Governmental Transfer) of nearly \$1.6 million)
- Surplus of \$2,731,906. During the month we recorded IGT funds and recognized amounts previously reserved for Cost Report final settlements.
- Total Patient Revenue was 8.3% more than Budget for the month
- Net Patient Revenue was significantly more than budget with recording of IGT and settlements
- Total Expenses were 2.8% more than budget

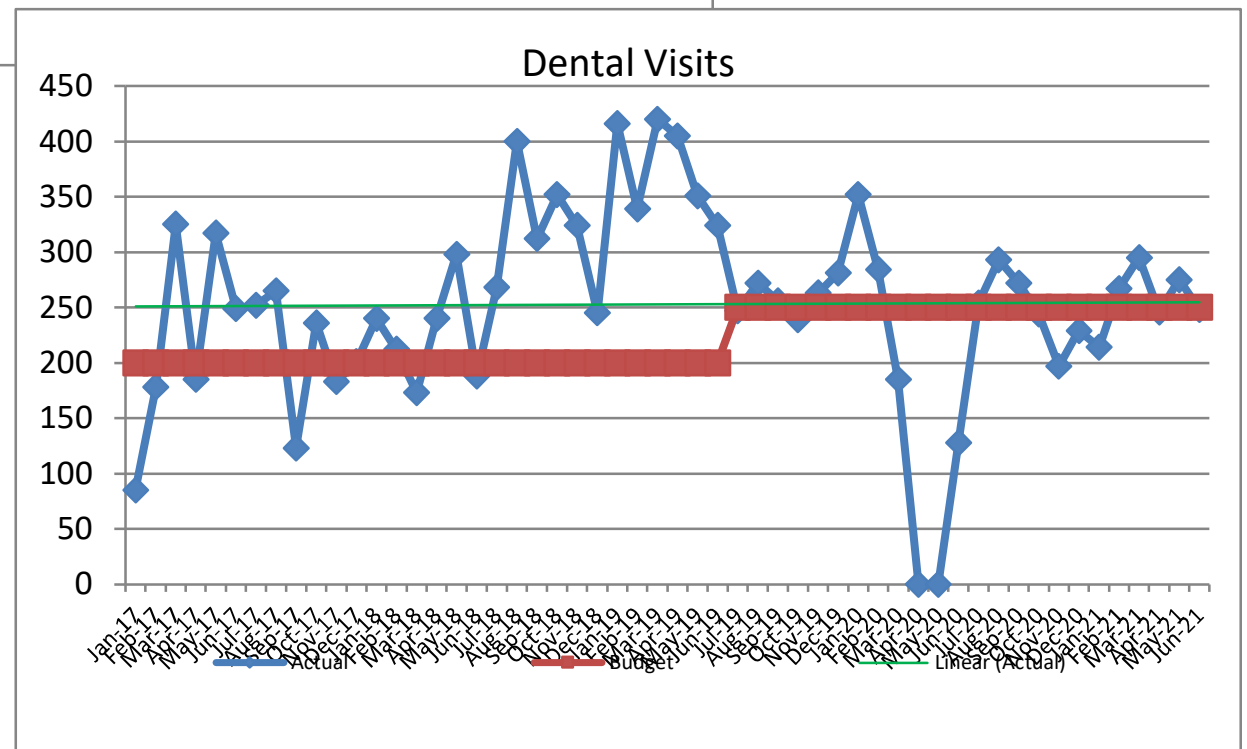
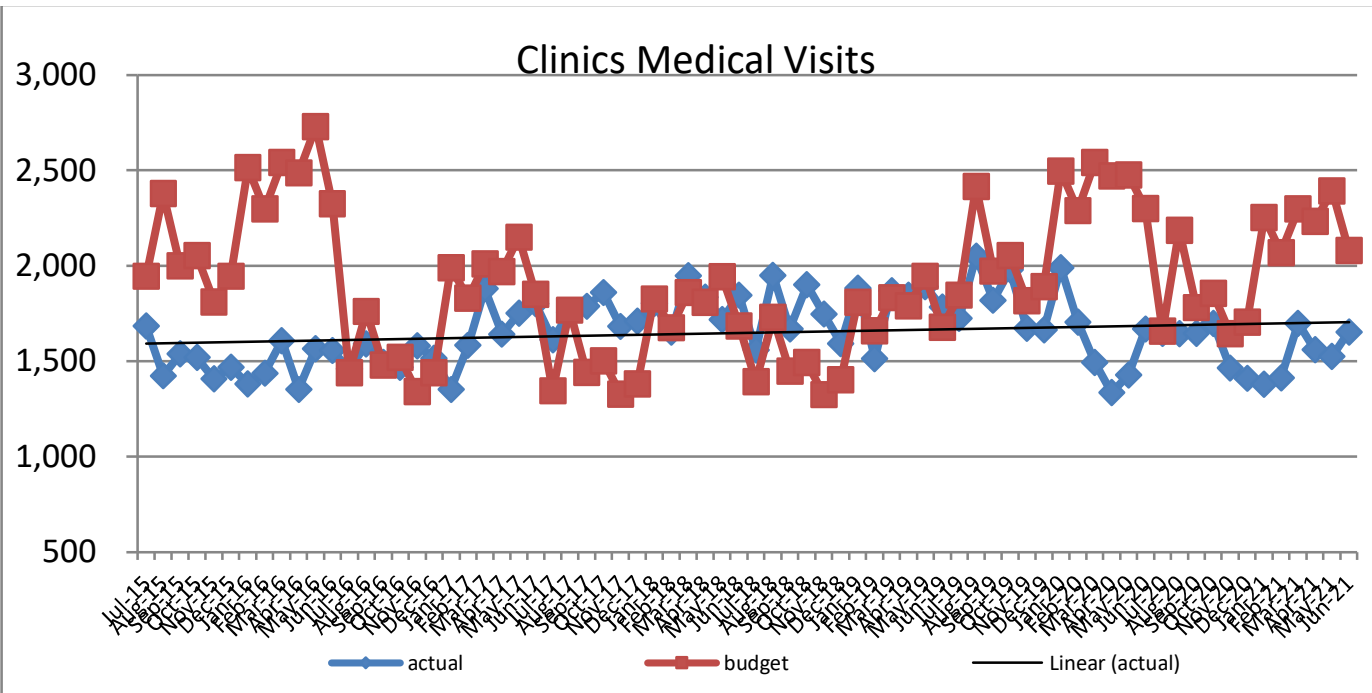
Preliminary / unaudited FY 2021 Results (July 1, 2020 through June 30, 2021)

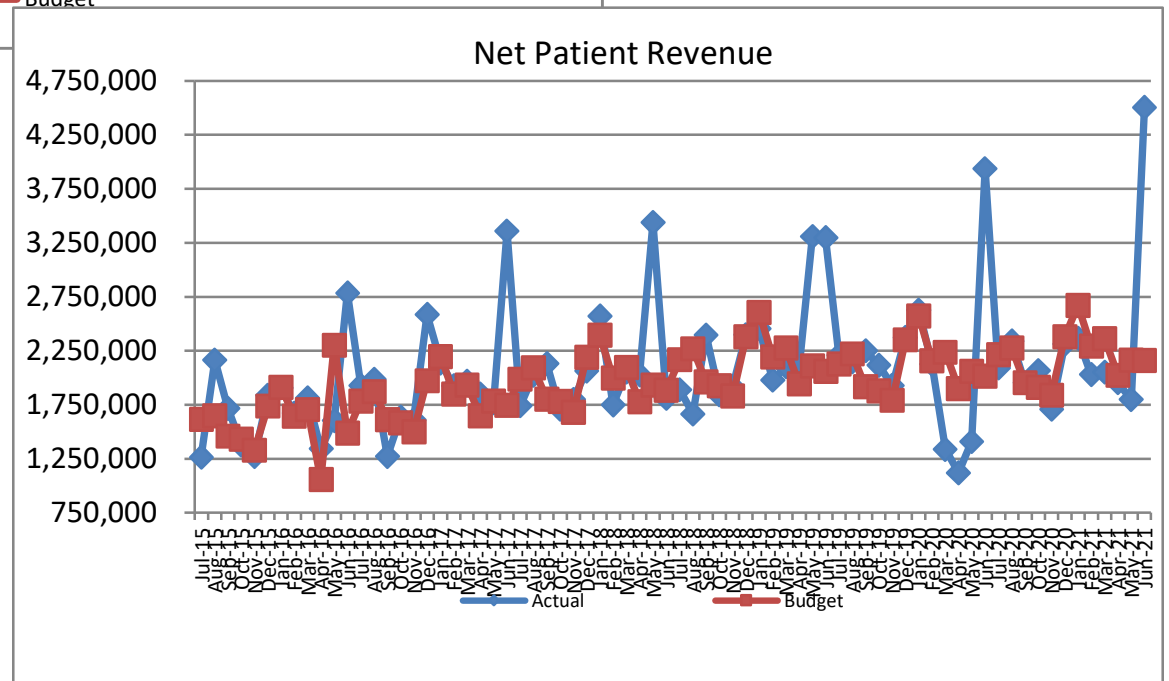
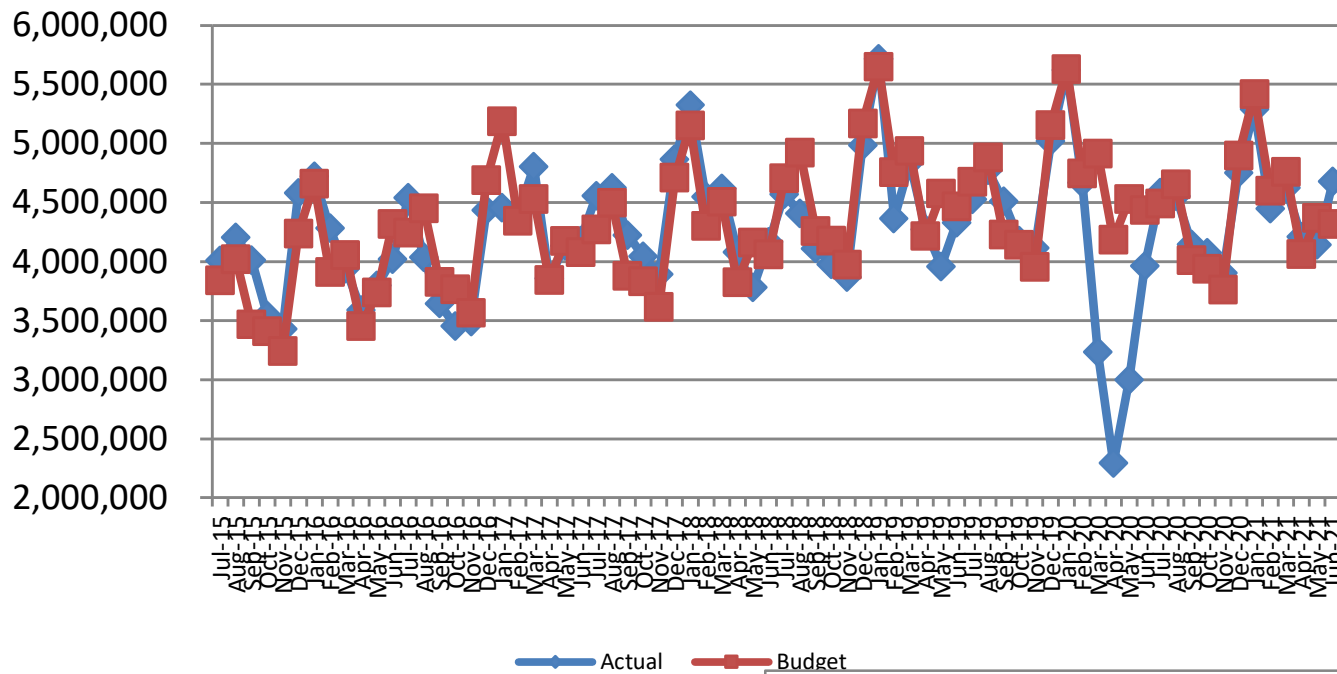
- Total Patient Revenue 0.2% more than Budget
- Net Patient Revenue 3.6% lower than budget
- Total Operating Revenue 2.1% more than budget
- Total Expenses 6.3% more than budget
- Surplus of \$2,749,048

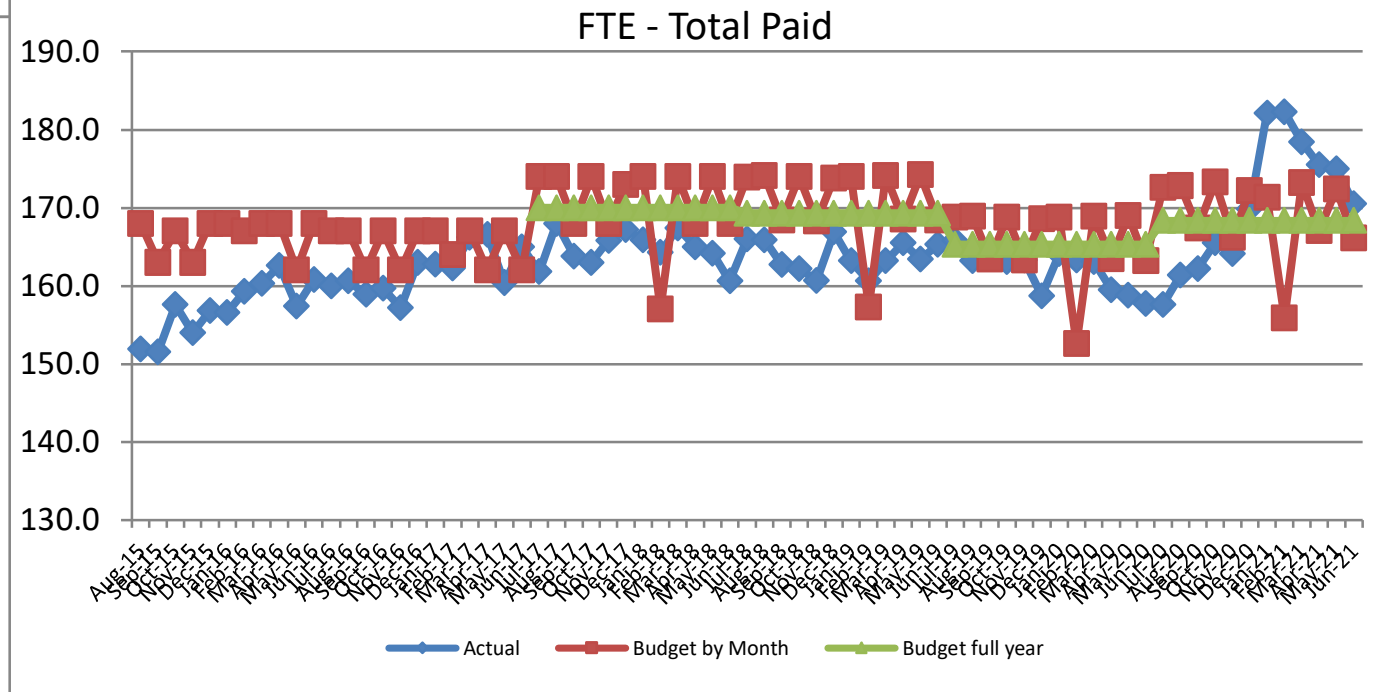
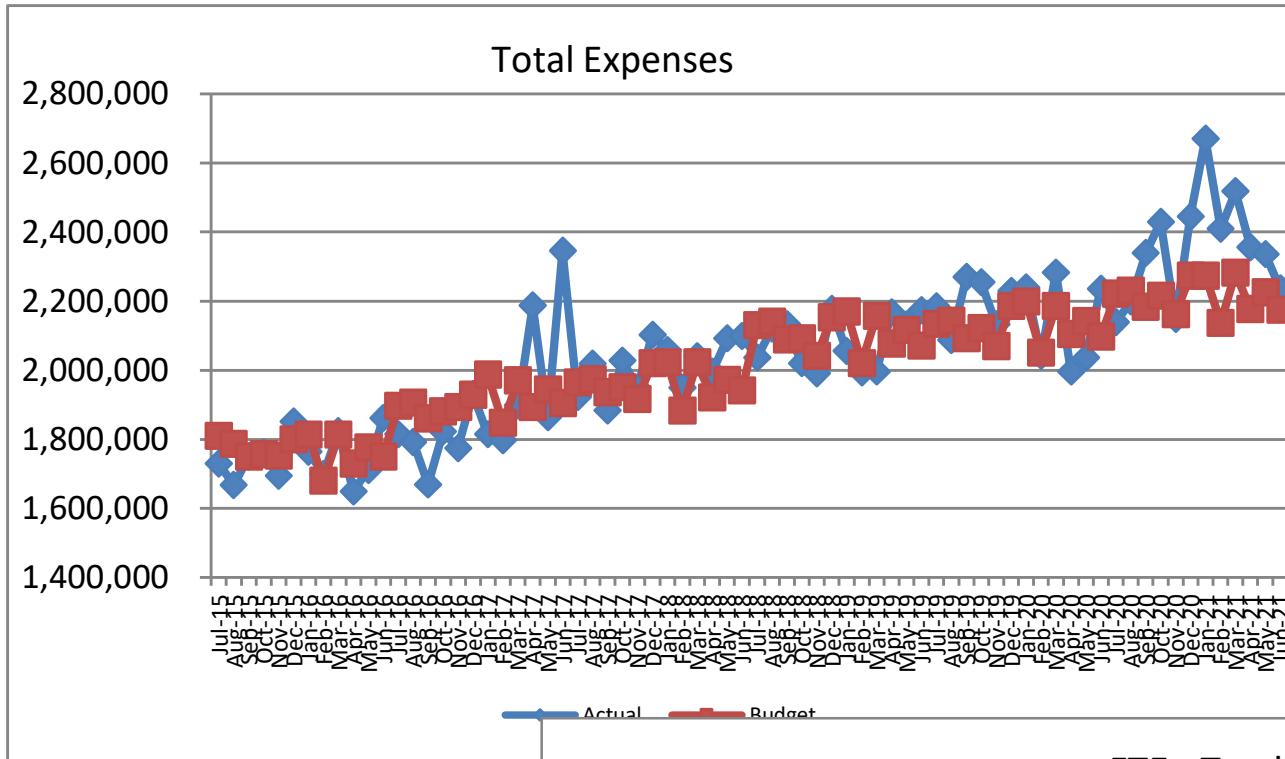


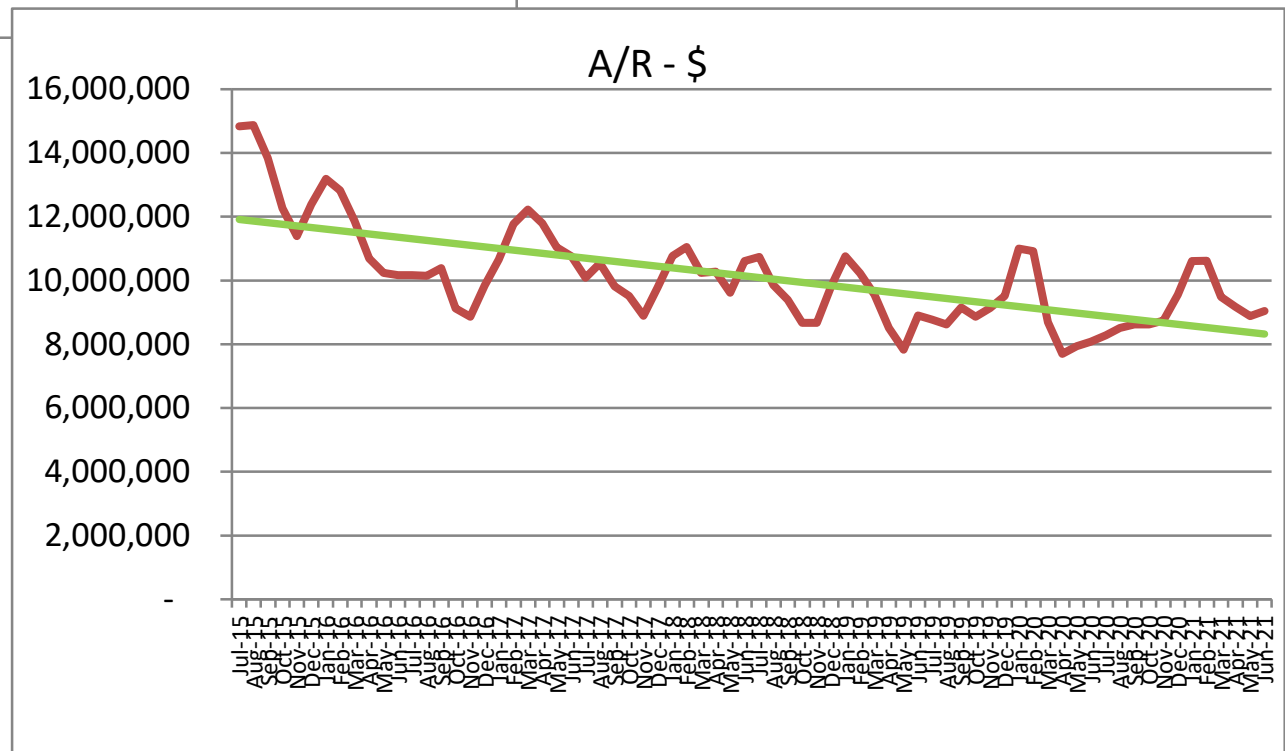
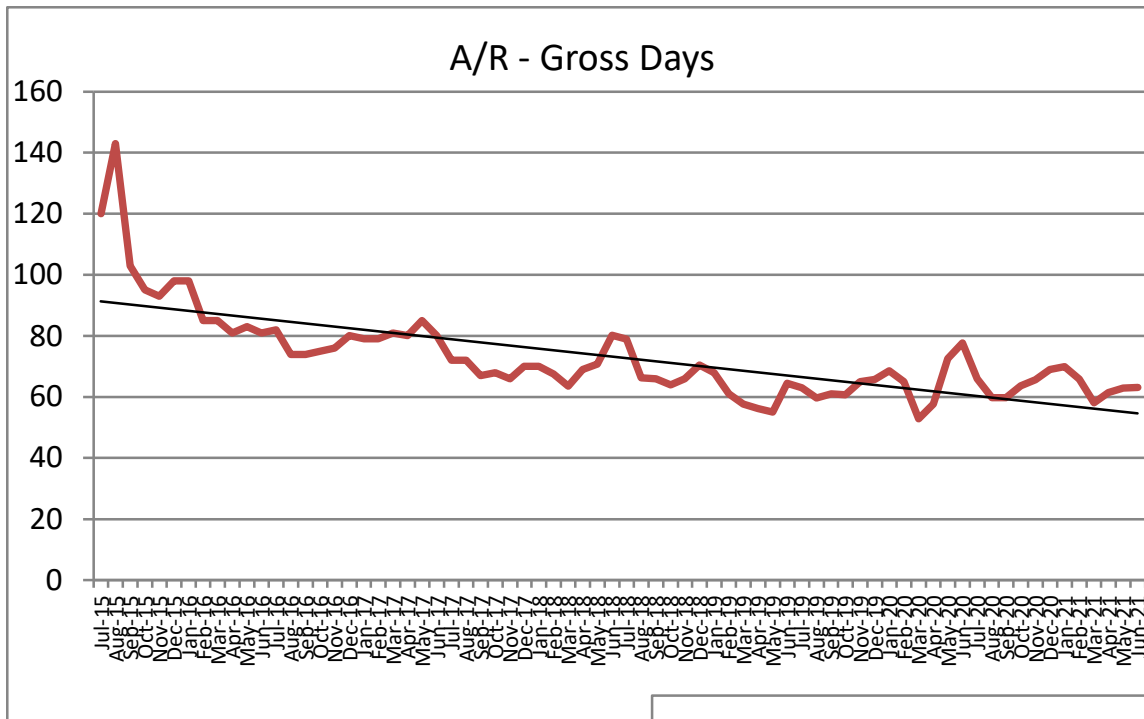














June 2021 Financial Results

For the month . . .

Total Patient Revenue for June 2021 was \$4,678,614. This was 8.3% or \$359,218 more than budget. Inpatient revenue was 56.5% more than budget for the month. Outpatient revenue was 10.1% more than budget. Clinic revenue was 12.4% under budget. ER revenue was 9.1% higher than budget. Skilled Nursing Facility revenue was 21.0% lower than budget.

Total Revenue deductions were significantly lower than budget for the month with adjustments for IGT (Inter-Governmental Transfers) and recording of cost report settlements.

Total Operating Revenue was, also over our budgeted amount for the month.

Total Expenses of \$2,236,442 were 2.8% more than budget. Salaries and Benefits were under budget with the recording of a year to date adjustment to workers comp expense

Our Operating Cash and Investments total \$40,512,588 as of the end of month. Total days cash on hand as of the end of June 2021 were 547. During the month we received IGT (Inter-Governmental Transfer) payments. Cash collections - \$1,687,088- were down with the hold placed on Medi-Cal payments in the second half of the month.

Key Statistics

Acute patient days of 96 were 3% over our budgeted number. We had 8 Swing Patient days for the month. Skilled Nursing Facility days of 330 were 21% under budget – our Average Daily Census was 11.0. ER Visits of 889 were 5.1% more than budget. Clinics Medical visits continue significantly under budget. Dental visits of 248 were just 2 less than budget for the month.

FTE (Full Time Equivalents) for the month were 170.5.

For Fiscal year 2021 (July 1, 2020 through June 30, 2021) before audit

Total patient revenue is 0.2% more than budgeted

Total Operating Revenue is 2.1% more than budgeted

Total Expenses are 6.3% higher than budget

Our Surplus of \$2,749,048 is under budget

Acute days were 7% more than budget

Swing Patient days were 7% more than budget
Skilled Nursing Facility a were 7% below budget
ER visits were 2.4% lower than budget
Clinical Medical visits were 22.4% lower than budget

Bear Valley Community Healthcare District
Financial Statements June 30, 2021

Financial Highlights—Hospital
STATEMENT OF OPERATIONS

	A	B	C	D	E	F	G	H	I	J
	Current Month					Year-to-Date				
	FY 19/20	FY 20/21		VARIANCE		FY 19/20	FY 20/21		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
1 Total patient revenue	3,962,501	4,678,614	4,319,396	359,218	8.3%	49,904,776	53,412,934	53,295,478	117,456	0.2%
2 Total revenue deductions	(2,339,328)	174,497	2,159,469	(1,984,972)	-91.9%	21,956,933	26,233,314	27,053,564	(820,250)	-3.0%
3 % Deductions	-59%	4%	50%			44%	49%	51%		
4 Net Patient Revenue	6,301,829	4,504,117	2,159,927	2,344,190	108.5%	27,947,842	27,179,620	26,241,914	937,706	3.6%
5 % Net to Gross	159%	96%	50%			56%	51%	49%		
6 Other Revenue	267,842	180,047	98,930	81,117	82.0%	644,336	819,639	1,188,450	(368,811)	-31.0%
7 Total Operating Revenue	6,569,671	4,684,164	2,258,857	2,425,307	107.4%	28,592,178	27,999,259	27,430,364	568,895	2.1%
8 Total Expenses	2,305,634	2,236,442	2,175,308	61,134	2.8%	26,014,646	28,228,676	26,559,343	1,669,333	6.3%
9 % Expenses	58%	48%	50%			52%	53%	50%		
10 Surplus (Loss) from Operations	4,264,037	2,447,721	83,549	2,364,172	-2829.7%	2,577,533	(229,417)	871,021	(1,100,438)	126.3%
11 % Operating margin	108%	52%	2%			5%	0%	2%		
12 Total Non-operating	(1,164,797)	284,184	332,534	(48,350)	-14.5%	4,282,995	2,978,465	2,950,452	28,013	0.9%
13 Surplus/(Loss)	3,099,240	2,731,906	416,083	2,315,823	-556.6%	6,860,528	2,749,048	3,821,473	(1,072,425)	28.1%
14 % Total margin	78%	58%	10%			14%	5%	7%		

BALANCE SHEET

	A	B	C	D	E
	June	June	May		
	FY 19/20	FY 20/21	FY 20/21	VARIANCE	
				Amount	%
15 Gross Accounts Receivables	8,080,416	9,035,844	8,872,859	162,985	1.8%
16 Net Accounts Receivables	2,318,598	2,810,581	2,687,391	123,190	4.6%
17 % Net AR to Gross AR	29%	31%	30%		
18 Days Gross AR	79.4	63.1	62.9	0.2	0.3%
19 Cash Collections	1,223,670	1,687,088	1,815,074	(127,986)	-7.1%
20 Settlements/IGT Transactions	1,587,832	3,213,308	21,055	3,192,253	15161.5%
Stimulus Receipts	2,565,197	200,000	-	200,000	#DIV/0!
21 Investments	33,934,537	39,135,702	34,105,746	5,029,956	14.7%
22 Cash on hand	3,981,146	1,376,886	3,391,511	(2,014,625)	-59.4%
23 Total Cash & Invest	37,915,683	40,512,588	37,497,257	3,015,331	8.0%
24 Days Cash & Invest	556	547	504	43	8.5%
Total Cash and Investments	37,915,683	40,512,588			
Increase Current Year vs. Prior Year		2,596,905			

Bear Valley Community Healthcare District
Financial Statements June 30, 2021

Statement of Operations

	A	B	C	D	E	F	G	H	I	J
	Current Month					Year-to-Date				
	FY 19/20	FY 20/21		VARIANCE		FY 19/20	FY 20/21		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
Gross Patient Revenue										
1 Inpatient	45,502	316,780	202,427	114,353	56.5%	1,325,504	2,813,268	1,817,317	995,951	54.8%
2 Outpatient	773,024	895,835	813,629	82,206	10.1%	9,121,762	10,081,018	10,114,771	(33,753)	-0.3%
3 Clinic Revenue	310,329	329,268	375,952	(46,684)	-12.4%	4,080,957	3,775,795	4,424,633	(648,838)	-14.7%
4 Emergency Room	2,685,855	2,989,681	2,741,248	248,433	9.1%	33,097,355	34,627,101	34,674,070	(46,969)	-0.1%
5 Skilled Nursing Facility	147,791	147,050	186,140	(39,090)	-21.0%	2,279,197	2,115,752	2,264,687	(148,935)	-6.6%
6 Total patient revenue	3,962,501	4,678,614	4,319,396	359,218	8.3%	49,904,776	53,412,934	53,295,478	117,456	0.2%
Revenue Deductions										
7 Contractual Allow	(456,742)	2,221,092	1,907,675	313,417	16.4%	22,009,408	26,052,832	23,897,268	2,155,564	9.0%
8 Contractual Allow PY	(2,324,585)	(2,382,419)	-	(2,382,419)	#DIV/0!	(4,048,687)	(4,228,200)	-	(4,228,200)	#DIV/0!
9 Charity Care	37,528	3,292	13,258	(9,966)	-75.2%	190,034	238,369	166,200	72,169	43.4%
10 Administrative	52,912	31,501	6,203	25,298	407.8%	127,530	113,820	77,761	36,059	46.4%
11 Policy Discount	15,457	9,531	15,464	(5,933)	-38.4%	183,000	180,914	193,845	(12,931)	-6.7%
12 Employee Discount	7,861	6,142	4,285	1,857	43.3%	55,643	116,899	53,716	63,183	117.6%
13 Bad Debts	(564,034)	84,031	212,584	(128,553)	-60.5%	1,619,494	2,577,364	2,664,774	(87,410)	-3.3%
14 Denials	58,918	201,327	-	201,327	#DIV/0!	1,820,510	1,181,316	-	1,181,316	#DIV/0!
15 Total revenue deductions	(2,339,328)	174,497	2,159,469	(1,984,972)	-91.9%	21,956,933	26,233,314	27,053,564	(820,250)	-3.0%
16 Net Patient Revenue	6,301,829	4,504,117	2,159,927	2,344,190	108.5%	27,947,842	27,179,620	26,241,914	937,706	3.6%
gross revenue including Prior Year Contractual Allowances as a percent to gross revenue WO PY and Other CA	40.2%	40.2%		40.2%		40.2%	447.4%	447.4%	0.0%	
	39.2%	39.2%		39.2%		39.2%	437.2%	437.2%	0.0%	
17 Other Revenue	267,842	180,047	98,930	81,117	82.0%	644,336	819,639	1,188,450	(368,811)	-31.0%
18 Total Operating Revenue	6,569,671	4,684,164	2,258,857	2,425,307	107.4%	28,592,178	27,999,259	27,430,364	568,895	2.1%
Expenses										
19 Salaries	910,724	1,031,689	863,393	168,296	19.5%	10,867,245	12,161,987	10,549,057	1,612,930	15.3%
20 Employee Benefits	356,820	18,727	324,626	(305,899)	-94.2%	3,724,864	3,629,237	3,815,081	(185,844)	-4.9%
21 Registry	-	15,140	-	15,140	#DIV/0!	8,250	340,675	-	340,675	#DIV/0!
22 Salaries and Benefits	1,267,544	1,065,556	1,188,019	(122,463)	-10.3%	14,600,359	16,131,899	14,364,138	1,767,761	12.3%
23 Professional fees	166,135	162,027	178,637	(16,610)	-9.3%	2,049,493	1,963,846	2,222,158	(258,312)	-11.6%
24 Supplies	155,679	148,529	154,706	(6,177)	-4.0%	1,785,410	2,154,960	1,940,351	214,609	11.1%
25 Utilities	33,452	43,494	39,898	3,596	9.0%	476,148	460,397	547,248	(86,852)	-15.9%
26 Repairs and Maintenance	61,429	128,929	49,941	78,988	158.2%	719,957	666,064	601,079	64,985	10.8%
27 Purchased Services	383,337	357,003	352,544	4,459	1.3%	3,889,940	4,206,901	4,318,124	(111,223)	-2.6%
28 Insurance	12,678	38,640	37,194	1,446	3.9%	381,178	451,421	448,275	3,146	0.7%
29 Depreciation	119,934	118,291	80,157	38,134	47.6%	1,050,652	1,176,683	961,873	214,810	22.3%
30 Rental and Leases	27,292	130,197	26,184	104,013	397.2%	195,712	353,969	329,105	24,864	7.6%
32 Dues and Subscriptions	6,664	4,534	6,323	(1,789)	-28.3%	71,526	77,612	75,821	1,791	2.4%
33 Other Expense	71,490	39,242	61,705	(22,463)	-36.4%	794,272	584,925	751,171	(166,246)	-22.1%
34 Total Expenses	2,305,634	2,236,442	2,175,308	61,134	2.8%	26,014,646	28,228,676	26,559,343	1,669,333	6.3%
35 Surplus (Loss) from Operations	4,264,037	2,447,721	83,549	2,364,172	-2829.7%	2,577,533	(229,417)	871,021	(1,100,438)	126.3%
Non-Operating Income										
36 Tax Revenue	230,549	261,015	204,163	56,852	27.8%	2,451,636	2,586,082	2,450,000	136,082	5.6%
38 Other non-operating	8,829	320	5,750	(5,430)	-94.4%	2,876,652	271,977	69,000	202,977	294.2%
Interest Income	108,199	30,463	130,100	(99,637)	-76.6%	549,563	209,644	521,200	(311,556)	-59.8%
Interest Expense	(7,532)	(7,614)	(7,479)	(135)	1.8%	(90,014)	(89,239)	(89,748)	509	-0.6%
IGT Expense	(1,504,841)	-	-	-	#DIV/0!	(1,504,841)	-	-	-	#DIV/0!
39 Total Non-operating	(1,164,797)	284,184	332,534	(48,350)	-14.5%	4,282,995	2,978,465	2,950,452	28,013	0.9%
40 Surplus/(Loss)	3,099,240	2,731,906	416,083	2,315,823	-556.6%	6,860,528	2,749,048	3,821,473	(1,072,425)	28.1%

**Bear Valley Community Healthcare District
Financial Statements**

Current Year Trending Statement of Operations

A Statement of Operations—CURRENT YEAR 2021

	1	2	3	4	5	6	7	8	9	10	11	12		
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	
Gross Patient Revenue														
1	Inpatient	215,249	249,801	164,188	244,798	102,379	186,971	343,818	190,620	296,734	225,258	276,670	316,780	2,813,268
2	Outpatient	759,975	752,158	750,715	801,463	624,126	972,010	1,087,803	899,363	912,932	818,519	806,119	895,835	10,081,018
3	Clinic	329,815	343,539	335,783	317,785	289,299	284,301	267,256	293,223	334,126	319,634	331,766	329,268	3,775,795
4	Emergency Room	3,121,968	3,044,910	2,722,837	2,519,139	2,688,725	3,102,541	3,386,219	2,891,851	2,912,572	2,674,571	2,572,087	2,989,681	34,627,101
5	Skilled Nursing Facility	158,091	161,978	175,237	194,783	198,304	206,578	205,851	171,894	167,907	172,028	156,051	147,050	2,115,752
6	Total patient revenue	4,585,098	4,552,387	4,148,760	4,077,968	3,902,835	4,752,401	5,290,947	4,446,951	4,624,271	4,210,010	4,142,693	4,678,614	53,412,934
Revenue Deductions														
C/A	0.49	0.48	0.50	0.48	0.46	0.45	0.51	0.47	0.48	0.55	0.49	0.47	0.49	
7	Contractual Allow	2,260,273	2,201,802	2,080,903	1,963,358	1,796,607	2,151,875	2,716,791	2,085,989	2,216,245	2,323,468	2,034,429	2,221,092	26,052,832
8	Contractual Allow PY	(100,000)	(396,823)	(150,000)	(236,579)	(150,000)	(150,000)	-	(173,542)	(188,836)	(150,000)	(150,000)	(2,382,419)	(4,228,200)
9	Charity Care	25,028	30,141	26,357	11,798	12,356	1,748	15,701	13,627	36,620	6,715	54,986	3,292	238,369
10	Administrative	(3,946)	9,457	8,699	(1,853)	1,439	5,530	3,610	9,162	13,140	1,881	35,199	31,501	113,820
11	Policy Discount	17,491	11,862	11,554	16,004	11,637	15,336	20,719	16,334	18,301	17,613	14,532	9,531	180,914
12	Employee Discount	7,661	5,909	6,791	1,305	8,195	5,918	15,294	19,553	13,458	16,357	10,317	6,142	116,899
13	Bad Debts	256,673	240,011	132,574	178,790	389,713	334,477	63,899	333,629	360,402	(24,971)	228,137	84,031	2,577,364
14	Denials	29,487	109,385	76,018	77,928	125,677	76,754	87,739	113,837	102,557	65,318	115,290	201,327	1,181,316
	Total revenue deductions	2,492,666	2,211,743	2,192,896	2,010,751	2,195,625	2,441,637	2,923,753	2,418,589	2,571,886	2,256,380	2,342,890	174,497	26,233,314
		0.54	0.49	0.53	0.49	0.56	0.51	0.55	0.54	0.56	0.54	0.57	0.04	
16	Net Patient Revenue	2,092,432	2,340,643	1,955,865	2,067,217	1,707,209	2,310,763	2,367,194	2,028,362	2,052,385	1,953,630	1,799,803	4,504,117	27,179,620
	net / tot pat rev	45.6%	51.4%	47.1%	50.7%	43.7%	48.6%	44.7%	45.6%	44.4%	46.4%	43.4%	96.3%	50.9%
17	Other Revenue	5,722	137,886	44,163	27,253	74,691	67,363	26,941	81,009	28,724	51,351	94,490	180,047	819,639
18	Total Operating Revenue	2,098,154	2,478,529	2,000,027	2,094,469	1,781,900	2,378,127	2,394,135	2,109,371	2,081,109	2,004,981	1,894,293	4,684,164	27,999,259
Expenses														
19	Salaries	925,406	956,216	902,333	1,122,909	975,875	1,020,963	1,184,708	1,011,456	1,122,861	987,947	919,624	1,031,689	12,161,987
20	Employee Benefits	320,367	271,080	397,159	311,730	283,861	350,869	308,840	367,581	316,634	334,760	347,628	18,727	3,629,237
21	Registry	-	11,553	50,270	31,930	5,425	6,696	40,390	34,600	89,742	26,730	28,200	15,140	340,675
22	Salaries and Benefits	1,245,773	1,238,850	1,349,762	1,466,569	1,265,160	1,378,528	1,533,939	1,413,636	1,529,237	1,349,437	1,295,452	1,065,556	16,131,899
23	Professional fees	165,124	162,933	161,100	163,056	157,606	178,669	175,476	145,510	169,184	162,508	160,653	162,027	1,963,846
24	Supplies	108,268	154,942	169,080	177,583	128,781	237,684	340,533	238,374	181,273	130,080	148,529	2,154,960	
25	Utilities	33,935	34,590	34,797	33,317	32,071	34,994	39,020	41,070	41,650	42,606	48,851	43,494	460,397
26	Repairs and Maintenance	57,780	48,999	46,434	61,619	44,387	50,897	35,404	42,847	34,920	45,723	68,127	128,929	666,064
27	Purchased Services	332,918	353,033	373,584	337,780	310,335	349,372	348,295	320,730	358,181	385,560	380,111	357,003	4,206,901
28	Insurance	60,863	11,090	37,712	37,843	37,712	37,712	37,712	38,863	37,712	37,712	37,850	38,640	451,421
29	Depreciation	91,295	91,295	91,295	91,295	91,295	91,295	91,295	91,295	91,295	118,446	118,291	1,176,683	
30	Rental and Leases	19,149	16,590	16,141	17,078	16,455	16,655	24,236	18,371	19,804	25,551	33,742	130,197	353,969
32	Dues and Subscriptions	7,269	6,659	8,205	5,676	3,874	5,231	8,805	5,981	6,511	13,651	1,218	4,534	77,612
33	Other Expense.	16,461	80,579	51,138	38,177	60,309	64,228	36,115	52,636	48,488	45,411	52,142	39,242	584,925
34	Total Expenses	2,138,836	2,199,560	2,339,247	2,429,993	2,147,984	2,445,264	2,670,828	2,409,313	2,518,255	2,356,530	2,336,424	2,236,442	28,228,676
Surplus (Loss) from Operations														
35		(40,683)	278,969	(339,220)	(335,524)	(366,084)	(67,137)	(276,693)	(299,942)	(437,146)	(351,549)	(442,131)	2,447,721	(229,417)
Non-Operating Income														
37	Tax Revenue	204,167	204,167	204,167	204,167	204,167	204,167	204,167	204,167	204,167	283,397	261,015	2,586,082	
38	Other non-operating	(1,680)	4,102	17,020	1,270	20	10,020	231,420	320	(2,262)	7,207	4,220	320	271,977
	Interest Income	214	726	73,547	957	1,156	55,390	918	1,319	43,279	1,704	(29)	30,463	209,644
	Interest Expense	(7,381)	(7,340)	(7,302)	(7,296)	(7,645)	(225)	(15,119)	(7,691)	(7,394)	(7,230)	(7,002)	(7,614)	(89,239)
	IGT Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
39	Total Non-operating	195,320	201,655	287,432	199,098	197,698	269,352	421,386	198,115	237,790	205,848	280,587	284,184	2,978,465
40	Surplus/(Loss)	154,638	480,624	(51,788)	(136,426)	(168,386)	202,215	144,693	(101,827)	(199,355)	(145,701)	(161,544)	2,731,906	2,749,048

2020-2021 Actual BS

BALANCE SHEET

PY Includes final AJES

	PY											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
ASSETS:												
Current Assets												
Cash and Cash Equivalents (Includes CD's)	3,615,780	3,808,255	3,576,588	1,705,263	2,351,238	2,691,025	2,658,467	2,222,422	3,975,199	3,501,483	3,391,511	1,376,886
Gross Patient Accounts Receivable	8,283,966	8,504,189	8,619,147	8,834,307	8,737,594	9,553,454	10,600,810	10,612,091	9,489,172	9,168,800	8,871,435	9,034,356
Less: Reserves for Allowances & Bad Debt	5,780,164	5,794,514	5,864,331	6,010,743	5,967,168	6,567,531	7,007,101	7,024,584	6,485,756	6,283,446	6,184,045	6,223,775
Net Patient Accounts Receivable	2,503,802	2,709,676	2,754,817	2,823,564	2,770,426	2,985,923	3,593,708	3,587,506	3,003,416	2,885,354	2,687,391	2,810,581
Tax Revenue Receivable	2,450,000	2,450,000	2,450,000	2,450,000	1,993,217	1,082,860	1,013,280	964,596	915,625	65,099	0	32,320
Other Receivables	-871,228	-858,343	-14,296	309,602	-316,447	79,061	-8,914	-2,722	-1,315	555,020	574,952	-1,475,460
Inventories	195,677	206,729	222,028	237,616	244,545	265,070	283,177	285,218	283,129	288,202	272,863	277,827
Prepaid Expenses	513,673	474,367	511,153	549,299	505,105	447,001	461,013	468,360	382,841	357,258	373,460	582,099
Due From Third Party Payers	0	0										
Due From Affiliates/Related Organizations	0	0										
Other Current Assets	0	0										
Total Current Assets	8,407,704	8,790,683	9,500,289	8,075,343	7,548,084	7,550,941	8,000,732	7,525,381	8,558,895	7,652,416	7,300,177	3,604,254
Assets Whose Use is Limited												
Investments	33,942,664	33,942,664	34,014,745	34,014,745	34,014,745	34,068,527	34,068,527	34,068,527	34,105,746	34,105,746	34,105,746	39,135,702
Other Limited Use Assets	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375
Total Limited Use Assets	34,087,039	34,087,039	34,159,120	34,159,120	34,159,120	34,212,902	34,212,902	34,212,902	34,250,121	34,250,121	34,250,121	39,280,077
Property, Plant, and Equipment												
Land and Land Improvements	3,063,051	3,063,051	3,061,292	3,061,292	3,061,292	3,061,292	3,061,292	3,061,292	3,061,292	3,061,292	3,061,292	3,061,292
Building and Building Improvements	10,157,771	10,157,771	10,157,771	10,157,771	10,157,771	10,157,771	10,157,771	10,157,771	10,157,771	10,182,628	10,194,722	10,194,722
Equipment	13,039,965	13,118,413	13,390,453	13,624,695	13,659,968	13,706,167	13,735,555	13,773,142	13,833,196	13,867,084	13,867,084	13,850,497
Construction In Progress	299,400	350,846	378,326	418,059	418,059	480,237	543,606	548,960	560,682	501,624	514,961	374,181
Capitalized Interest												
Gross Property, Plant, and Equipment	26,560,187	26,690,082	26,987,842	27,261,817	27,297,090	27,405,467	27,498,224	27,541,165	27,612,941	27,612,628	27,638,059	27,480,692
Less: Accumulated Depreciation	15,717,377	15,808,672	15,899,967	15,991,262	16,082,557	16,173,852	16,265,147	16,356,442	16,447,737	16,566,028	16,684,474	16,802,765
Net Property, Plant, and Equipment	10,842,809	10,881,409	11,087,874	11,270,555	11,214,533	11,231,615	11,233,077	11,184,723	11,165,204	11,046,600	10,953,585	10,677,927
TOTAL UNRESTRICTED ASSETS	53,337,552	53,759,131	54,747,283	53,505,018	52,921,737	52,995,458	53,446,710	52,923,005	53,974,220	52,949,137	52,503,883	53,562,257
Restricted Assets	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ASSETS	53,337,552	53,759,131	54,747,283	53,505,018	52,921,737	52,995,458	53,446,710	52,923,005	53,974,220	52,949,137	52,503,883	53,562,257

2020-2021 Actual BS

BALANCE SHEET

PY Includes final AJES

LIABILITIES:

	PY											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Current Liabilities												
Accounts Payable	996,145	982,173	1,175,157	961,118	814,623	894,939	916,758	978,179	816,415	721,634	761,421	1,062,491
Notes and Loans Payable												
Accrued Payroll	1,038,708	1,113,869	1,260,632	748,959	817,961	958,794	1,211,573	1,054,537	1,132,002	667,664	670,279	834,286
Patient Refunds Payable												
Due to Third Party Payers (Settlements)	7,832,693	7,909,286	7,963,471	7,780,215	7,639,334	7,578,242	7,799,361	7,669,863	9,201,540	9,078,232	8,949,287	7,007,330
Advances From Third Party Payers												
Current Portion of Def Rev - Txs,	2,245,833	2,041,666	1,837,499	1,633,332	1,429,165	1,224,998	1,020,831	816,664	612,497	408,330	204,163	0
Current Portion - LT Debt	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000
Current Portion of AB915												
Other Current Liabilities (Accrued Interest & Accrued Other)	14,801	22,141	29,443	36,739	44,384	0	15,009	22,412	29,772	36,983	43,984	51,495
Total Current Liabilities	12,168,180	12,109,135	12,306,202	11,200,362	10,785,467	10,696,973	11,003,533	10,581,655	11,832,226	10,952,843	10,669,134	8,995,602
Long Term Debt												
USDA Loan	2,815,000	2,815,000	2,815,000	2,815,000	2,815,000	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000
Leases Payable	0	0	0	0	0	0	0	0	0	0	0	0
Less: Current Portion Of Long Term Debt	0	0	0	0	0	0	0	0	0	0	0	0
Total Long Term Debt (Net of Current)	2,815,000	2,815,000	2,815,000	2,815,000	2,815,000	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000	2,775,000
Other Long Term Liabilities												
Deferred Revenue	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Long Term Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL LIABILITIES	14,983,180	14,924,135	15,121,202	14,015,362	13,600,467	13,471,973	13,778,533	13,356,655	14,607,226	13,727,843	13,444,134	11,770,602
Fund Balance												
Unrestricted Fund Balance	38,199,734	38,199,734	39,042,608	39,042,608	39,042,608	39,042,608	39,042,608	39,042,608	39,042,608	39,042,608	39,042,608	39,042,608
Temporarily Restricted Fund Balance	0	0				0						
Equity Transfer from FRHG	0	0				0						
Net Revenue/(Expenses)	154,638	635,262	583,474	447,048	278,662	480,877	625,570	523,742	324,387	178,686	17,142	2,749,048
TOTAL FUND BALANCE	38,354,372	38,834,996	39,626,081	39,489,656	39,321,270	39,523,485	39,668,178	39,566,350	39,366,995	39,221,293	39,059,749	41,791,655
TOTAL LIABILITIES & FUND BALANCE	53,337,552	53,759,131	54,747,283	53,505,018	52,921,737	52,995,458	53,446,710	52,923,005	53,974,220	52,949,137	52,503,883	53,562,257

Units of Service For the period ending June 30, 2021												
30						365						
Current Month						Bear Valley Community Hospital						
						Year-To-Date						
Jun-21 Actual	Budget	Jun-20 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %		Jun-21 Actual	Budget	Jun-20 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %
96	93	12	3	3.2%	700.0%	Med Surg Patient Days	722	672	231	50	7.4%	212.6%
8	15	7	(7)	-46.7%	14.3%	Swing Patient Days	218	200	270	18	9.0%	-19.3%
330	420	330	(90)	-21.4%	0.0%	SNF Patient Days	4,747	5,110	5,128	(363)	-7.1%	-7.4%
434	528	349	(94)	-17.8%	24.4%	Total Patient Days	5,687	5,982	5,629	(295)	-4.9%	1.0%
24	17	5	7	41.2%	380.0%	Acute Admissions	182	180	96	2	1.1%	89.6%
19	17	6	2	11.8%	216.7%	Acute Discharges	177	180	97	(3)	-1.7%	82.5%
5.1	5.5	2.0	1.5	27.4%	152.6%	Acute Average Length of Stay	4.1	3.7	2.4	(16.7)	-446.4%	71.3%
3.2	3.1	0.40	0.10	3.2%	700.0%	Acute Average Daily Census	2.0	2	0.6	0.1	7.4%	212.6%
11.3	14.5	11.2	(3.2)	-22.3%	0.3%	SNF/Swing Avg Daily Census	13.6	15	14.8	(0.9)	-6.5%	-8.0%
14.5	17.6	11.6	(3.1)	-17.8%	24.4%	Total Avg. Daily Census	15.6	16	15.4	(0.8)	-4.9%	1.0%
32%	39%	26%	-7%	-17.8%	24.4%	% Occupancy	35%	36%	34%	-2%	-4.9%	1.0%
5	12	3	(7)	-58.3%	66.7%	Emergency Room Admitted	68	144	70	(76)	-52.8%	-2.9%
884	834	10,809	50	6.0%	-91.8%	Emergency Room Discharged	10,405	10,585	10,809	(180)	-1.7%	-3.7%
889	846	10,812	43	5.1%	-91.8%	Emergency Room Total	10,473	10,729	10,879	(256)	-2.4%	-3.7%
30	28	360	1	5.1%	-91.8%	ER visits per calendar day	29	29	30	(1)	-2.4%	-3.7%
21%	71%	60%	-100%	-141.7%	-65.3%	% Admits from ER	37%	80%	73%	-3%	-3.3%	-48.8%
-	-	-	-	0.0%	#DIV/0!	Surgical Procedures I/P	1	-	-	1	0.0%	#DIV/0!
9	9	18	-	0.0%	-50.0%	Surgical Procedures O/P	63	104	145	(41)	-39.4%	-56.6%
9	9	18	-	0.0%	-50.0%	TOTAL Procedures	64	104	145	(40)	-38.5%	-55.9%
308	751	1,178	(443)	-59.0%	-73.9%	Surgical Minutes Total	4,379	9,115	10,216	(4,736)	-52.0%	-57.1%

Units of Service
For the period ending June 30, 2021

Current Month						Bear Valley Community Hospital						Year-To-Date		
Jun-21 Actual	Budget	Jun-20 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %		Jun-21 Actual	Budget	Jun-20 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %		
6,009	6,425	5,609	(416)	-6.5%	7.1%	Lab Procedures	73,786	76,492	67,787	(2,706)	-3.5%	8.8%		
729	797	764	(68)	-8.5%	-4.6%	X-Ray Procedures	8,972	10,720	9,534	(1,748)	-16.3%	-5.9%		
380	286	300	94	32.9%	26.7%	C.T. Scan Procedures	4,105	3,708	3,559	397	10.7%	15.3%		
232	193	209	39	20.2%	11.0%	Ultrasound Procedures	2,218	2,375	2,167	(157)	-6.6%	2.4%		
51	55	44	(4)	-7.3%	15.9%	Mammography Procedures	526	649	493	(123)	-19.0%	6.7%		
302	330	271	(28)	-8.5%	11.4%	EKG Procedures	3,348	3,649	3,278	(301)	-8.2%	2.1%		
59	93	50	(34)	-36.6%	18.0%	Respiratory Procedures	970	1,360	1,178	(390)	-28.7%	-17.7%		
1,754	1,657	1,359	97	5.9%	29.1%	Physical Therapy Procedures	17,627	18,389	17,288	(762)	-4.1%	2.0%		
1,653	2,080	1,864	(427)	-20.5%	-11.3%	Primary Care Clinic Visits	18,732	24,154	22,160	(5,422)	-22.4%	-15.5%		
248	250	128	(2)	-0.8%	93.8%	Specialty Clinic Visits	3,034	3,000	2,507	34	1.1%	21.0%		
1,901	2,330	1,992	(429)	-18.4%	-4.6%	Clinic	21,766	27,154	24,667	(5,388)	-19.8%	-11.8%		
73	90	77	(17)	-18.4%	-4.6%	Clinic visits per work day	120	149	136	(30)	-19.8%	-11.8%		
17.5%	19.00%	17.10%	-1.50%	-7.89%	2.34%	% Medicare Revenue	15.55%	19.00%	17.53%	-3.45%	-18.16%	-11.27%		
35.70%	37.00%	36.40%	-1.30%	-3.51%	-1.92%	% Medi-Cal Revenue	35.84%	37.00%	37.20%	-1.16%	-3.13%	-3.65%		
42.10%	39.00%	42.90%	3.10%	7.95%	-1.86%	% Insurance Revenue	43.18%	39.00%	40.21%	4.18%	10.73%	7.40%		
4.70%	5.00%	3.60%	-0.30%	-6.00%	30.56%	% Self-Pay Revenue	5.43%	5.00%	5.07%	0.43%	8.50%	7.07%		
147.2	150.6	137.1	(3.4)	-2.3%	7.4%	Productive FTE's	149.86	153.3	142.2	(3.4)	-2.2%	5.4%		
214.9	166.1	157.7	48.8	29.4%	36.2%	Total FTE's	174.06	169.2	162.0	4.9	2.9%	7.4%		



CFO REPORT for

August 2021 Board Meeting

PPP Loan Forgiveness Status

No new news.

CARES Act funding

Reporting portal is now open. Expenses through June 2021 need to be reported by September 30, 2021. We are gathering information for submittal which includes - lost revenue by quarter, additional payroll expenses, other expenses. As this is an ongoing process, we do not know how much of the money we have received (reserved on Balance Sheet) we can keep and therefore record on our P & L statement.