



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, FEBRUARY 10, 2021 @ 1:00 PM

CLOSED SESSION 1:00 PM

OPEN SESSION 2:00 PM

41870 GARSTIN DRIVE, BIG BEAR LAKE, CA 92315

VIDEO/AUDIO LINK WILL BE AVAILABLE 30 MINUTES PRIOR TO MEETING

PLEASE EMAIL shelly.egerer@bvchd for TEAMS link

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) QI Plan and Program Summary 2020

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

- (1) Iris Telehealth Telepsychiatry Services Agreement – Addendum (Anticipated Disclosure 2/10/21)

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

- (1) Property Acquisition/Lease/Tentative Improvement (Anticipated Disclosure 2/10/21)

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. January 13, 2021 Business Board Meeting Minutes: Shelly Egerer, Executive Assistant

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

C. Policies & Procedures:

(1) Crisis Care Guidelines

(2) Restorix Health Policy & Procedure Manual

(3) Surge Standards of Documentation

D. Committee Meeting Minutes:

(1) January 05, 2021 Finance Committee Meeting Minutes

10. OLD BUSINESS*

- None

11. NEW BUSINESS*

A. Discussion and Potential Approval of the Iris Telehealth Telepsychiatry Services Agreement (Addendum)

B. Discussion and Potential Approval of the Leadership Development and Education (\$15,000)

C. Discussion and Potential Approval of the Purchase of DR Panels (\$35,000)

D. Discussion and Potential Approval of QHR Travel Expenses Not to Exceed \$2,000.00 for IP Detox Program Implementation work

12. ACTION ITEMS*

A. Acceptance of QHR Health Report

Woody White, QHR Health

(1) February 2021 QHR Health Report

B. Acceptance of CNO Report

Kerri Jex, Chief Nursing Officer

(1) January 2021 CNO Report

C. Acceptance of the CEO Report

John Friel, Chief Executive Officer

(1) February 2021 CEO Report

(2) Board & Committee Meeting Calendar 2021

D. Acceptance of the Finance Report & CFO Report

Garth Hamblin, Chief Financial Officer

(1) December 2020

(2) CFO Report

13. ADJOURNMENT*

*** Denotes Possible Action Items**

2. ROLL CALL:

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

3. FLAG SALUTE:

Dr. Boss stated due to ZOOM Meeting we will dispense with the flag salute.

4. ADOPTION OF AGENDA:

President Boss called for a motion to adopt the January 13, 2021 agenda as presented. Motion by Board Member Baker to adopt the January 13, 2021 agenda as presented. Second by Board Member Melnick to adopt the January 13, 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 McCarthy- yes
- Board Member Baker - yes

5. RESULTS OF CLOSED SESSION:

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

- Chief of Staff Report:
 - Initial Appointment:
 - Aeron Adams, NP
 - Turgut Berkmen, MD
 - Reappointment:
 - Marisa Wayt, PA
 - Keith Errecart, MD
- Risk Report/Compliance Report
- QI Report

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 McCarthy- yes
- Board Member Baker - yes

6. PUBLIC FORUM FOR OPEN SESSION:

President Boss opened the Hearing Section for Public Comment on Open Session items at 2:00 p.m. Hearing no request to make public comment. President Boss closed Public Forum for Closed Session at 2:00 p.m.

7. DIRECTORS COMMENTS

- Board Member McCarthy informed the Board of Directors and Staff that she will be resigning from the Board; she will be moving out of State. Thanked staff and colleagues for the friendships and all the great things the District has accomplished.
- The full Board thanked Board Member McCarthy for her service and time on the Board and she will be greatly missed, the Board recognized the commitment to the District Board Member McCarthy has displayed and have been a great contribution to the Board of Directors.
- Board Member Melnick stated that she is so grateful for the staff at the hospital; everyone is doing such a fantastic job during these unprecedented times.
- Board Member Kaliher stated that he is honored to be called in to work during this time as a RN.

8. INFORMATION REPORTS

A. Foundation Report

- Mr. Friel reported the following information:
 - Had a very successful year; Tree of Lights was the only fundraiser
 - Received a check for \$60,000.
 - Will be putting towards equipment needed in the facility

B. Auxiliary Report:

- Mr. Friel reported that the Auxiliary is still not on site

9. CONSENT AGENDA:

- A.** December 09, 2020 Business Board Meeting Minutes: Shelly Egerer, Executive Assistant
- B.** December 2020 Human Resource Report: Erin Wilson; Human Resource Director
- C.** December 2020 Infection Prevention Report: Heather Loose; Infection Preventionist
- D.** Committee Meeting Minutes:
 - (1) December 01, 2020 Finance Committee Meeting Minutes

President Boss called for a motion to approve the Consent Agenda as presented. Motion by Board Member Baker to approve the Consent as presented. Second by Board Member Melnick to approve the Consent Calendar 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 McCarthy - yes
- Board Member Baker - yes

10. OLD BUSINESS:

- None

11. NEW BUSINESS*

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

- (1) Jeffrey Orr, M.D. Hospitalist Program Director Service Agreement
- (2) Jeffrey Orr, M.D. Wound Care Program Director Service Agreement
- (3) Steven Knapik, D.O. Clinic Patient Service Agreement

President Boss called for a motion to approve Jeffrey Orr, MD Hospitalist & Wound Care Director Service Agreement and Steven Knapik, D.O. Clinic Patient Agreement with the modification of the billable visit verbiage being removed from the agreement. Motion by Board Member Melnick to approve Jeffrey Orr, MD Hospitalist & Wound Care Director Service Agreement and Steven Knapik, D.O. Clinic Patient Agreement with the modification of the billable visit verbiage being removed from the agreement. Second by Board Member Kaliher to approve Jeffrey Orr, MD Hospitalist & Wound Care Director Service Agreement and Steven Knapik, D.O. Clinic Patient Agreement with the modification of the billable visit verbiage being removed from the agreement. 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 McCarthy - yes
- Board Member Baker - yes

B. Discussion and Potential Approval of Bear Valley Community Healthcare District Strategic Plan

- Mr. Friel reported the following:
 - Completed Retreat with Board
 - Document has been consolidated
 - Workforce development to include physicians
- Board Member Kaliher reported that the Mission and Vision Statement was up for discussion and possible revision.
- Mr. Friel reported that he will discuss this item with senior team and bring any changes back to the Board of Directors.
- Board Member Melnick asked that Section 4: Health Plan participation, (remove Managed Care and replace with Health Plan, 1.1 MVV Validation replace with Development.

President Boss called for a motion to approve the BVCHD Strategic Plan with modifications to 1.1 and 4.1 as discussed. Motion by Board Member Melnick to approve the BVCHD Strategic Plan with modifications to 1.1 and 4.1 as discussed. Second by Board Member McCarthy to approve the BVCHD Strategic Plan with modifications to 1.1 and 4.1 as discussed. 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 McCarthy - yes
- Board Member Baker - yes

C. Discussion and Potential Approval of Bear Valley Community Healthcare District Election of Officers:

(1) President:

Board Member Baker nominated Dr. Boss for the President Second by Board Member Melnick to nominate Dr. Boss for the President. 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 McCarthy - yes
- Board Member Baker - yes

(2) 1st Vice President:

Dr. Boss nominated Board Member Baker as 1st Vice President. Second by Board Member Melnick to nominate Board Member Baker as 1st Vice President. 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 McCarthy - yes
- Board Member Baker - yes

(3) 2nd Vice President:

The Board of Director's left this seat open until Board Member McCarthy's position is filled

(4) Secretary:

Board Member Melnick nominated Board Member Kaliher as Secretary. Second by President Boss to nominate Board Member Kaliher as Secretary. 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 McCarthy - yes
- Board Member Baker - yes

(5) Treasurer:

President Boss nominated Board Member Melnick as Treasurer. Second by Board Member Baker to nominate Board Member Melnick as Treasurer. 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 McCarthy - yes
- Board Member Baker - yes

D. Discussion and Potential Approval of Bear Valley Community Healthcare District Committee Meeting Member's:

(1) Planning & Facilities Committee:

President Boss motioned to approve Board Member Baker and himself on the Planning & Facilities Committee. Second by Board Member Melnick to approve Board Member Baker and Dr. Boss on the Planning & Facilities Committee. 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 McCarthy - yes
- Board Member Baker - yes

(2) Finance Committee

President Boss motioned to approve Board Member Baker and Board Member Melnick for the Finance Committee. Second by Board Member McCarthy to approve Board Member Baker and Board Member Melnick for the Finance Committee. 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 McCarthy – yes
- Board Member Baker – yes

(1) Human Resource Committee

President Boss called for a motion to approve Board Member Kaliher and the new Board Member as the Human Resource Committee. Second by Board Member Baker to approve Board Member Kaliher and the new Board Member as the Human Resource Committee. 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 McCarthy - yes
- Board Member Baker - yes

12. ACTION ITEMS*

A. QHR Health Report:

(1) January 2021 QHR Health Report:

- Mr. White reported the following:
 - Thanked the Board for the kind words of QHR
 - Leadership program is grant funded
 - Equipment for hospital working on prices with Garth

President Boss called for a motion to approve the QHR Report as presented. Motion by Board Member McCarthy to approve the QHR Report as presented. Second by Board Member Melnick 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 McCarthy - yes
- Board Member Baker - yes

B. CNO Report:

(1) November 2020 CNO Report:

- Ms. Jex reported the following information:
 - Staff is doing well
 - Doubling ER staff since they are taking care of the COVID patients
 - Recruited three nurses
 - Housing is small issue

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 Kaliher 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 McCarthy - yes
- Board Member Baker - yes

C. Acceptance of the CEO Report:

(1) January 2021 CEO Report:

- Mr. Friel reported the following information:
 - Board Self-Assessment needs to begin
 - Recipient of PPE; no touch thermometers, mask for children face shields and N95
 - Required to have 90 days of PPE on stock
 - Wall Street Journal and Channel 4 News- completed interviews
 - Attended City Council Meeting
 - New Senate, Thurston Smith- extended invitation to come to the facility

President Boss called for a motion to approve the CEO Report as presented. Motion by Board Member Melnick to approve the CEO Report as presented. Second by Board Member Baker 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 McCarthy - yes
- Board Member Baker - yes

D. Acceptance of the Finance Report:

(1) November 2020 Financials:

- Mr. Hamblin reported the following information:
 - Still in a good position
 - November was not a bad month
 - Still in a good cash position

- Continue to work on the payroll cash we applied for the forgiveness of the loan
- Surplus year to date

(2) CFO Report:

- Mr. Hamblin reported the following:
 - Filed FY2020 cost report we submitted a revision to our Medicare Cost Report which will give the district an additional \$25,000
 - Manifest Medex:
 - Transmitting information to the exchange
 - Grant reimbursement received \$65,000 which will cover a interface cost

President Boss called for a motion to approve the November 2020 Finance Report and CFO Report as presented. Motion by Board Member McCarthy to approve the November 2020 Finance Report and CFO Report as presented. Second by Board Member Baker to approve the November 2020 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 McCarthy - yes
- Board Member Baker - yes

13. ADJOURNMENT:

President Boss called for a motion to adjourn the meeting at 3:00 p.m. Motion by Board Member Melnick to adjourn the meeting. Second by Board Member Baker to adjourn the meeting. President Boss called for the vote. A vote in favor of the motion was unanimously approved 5/0.

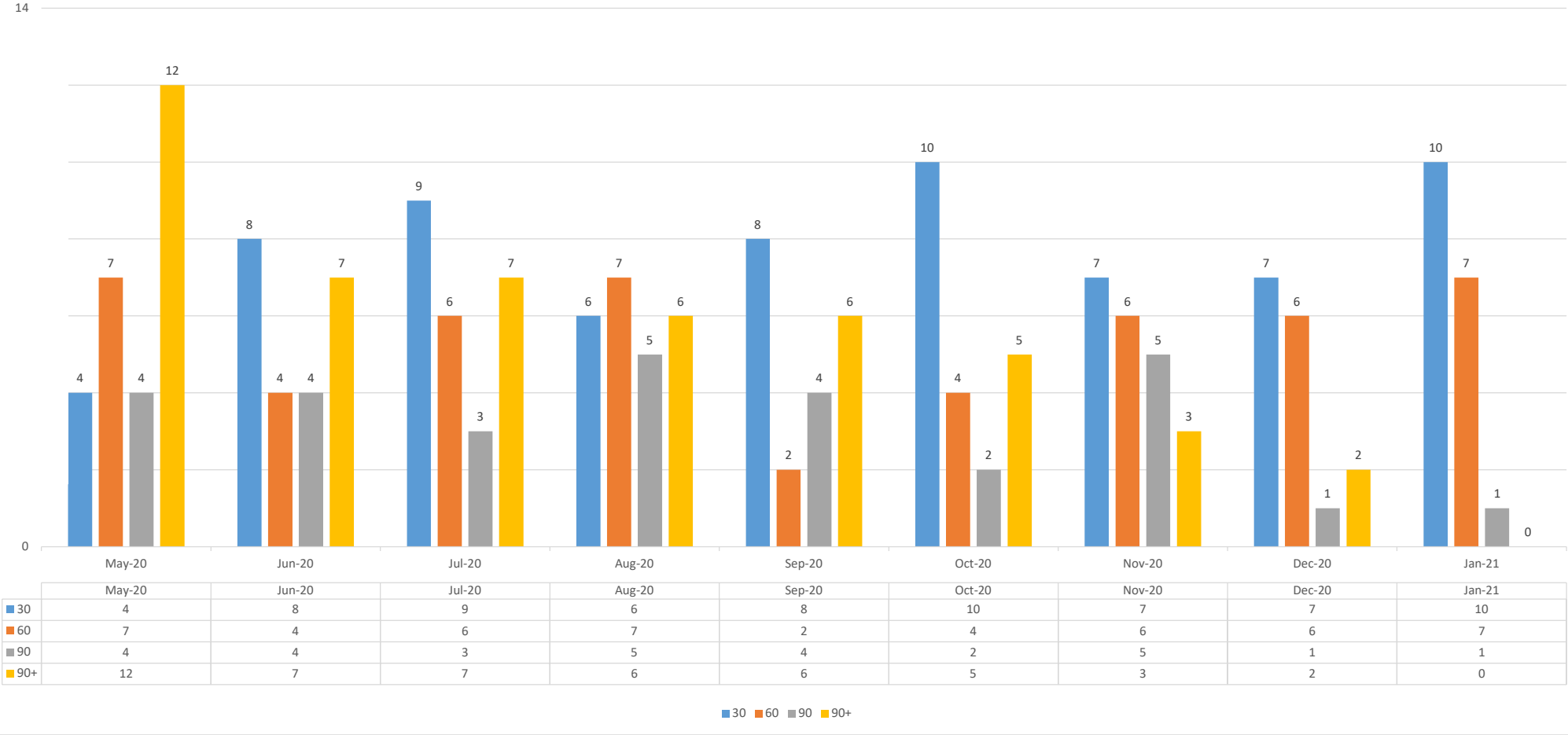
- Board Member Melnick- yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member McCarthy - yes
- Board Member Baker - yes



Board Report
January 2021

Staffing	Active: 232 – FT: 150 PT: 14 PD: 68 New Hires: 11 Terms: 0 (0 Voluntary 0 Involuntary) Open Positions: 20
Employee Performance Evaluations	DELINQUENT: See attachment 30 days: 13 60 days: 10 90 days: 1 90+ days: – 0 (SNF, OR) See Attachment
Work Comp	NEW CLAIMS: 4 OPEN: 13 Indemnity (Wage Replacement, attempts to make the employee financially whole) – 11 Future Medical Care – 0 Medical Only – 2
Employee Morale	Ongoing Culture of Ownership Initiatives Birthday Celebration Free Meals
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.

Past Due Evaluations



DEPARTMENT: Emergency Preparedness	CATEGORY: Policies, Procedures
SUBJECT: Crisis Care Guidelines	

POLICY:

It is Bear Valley Community Healthcare District's (BVCHD) has adopted the California Crisis Care Guidelines.

PROCEDURE:

1. The Crisis Care guidelines are readily available at:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/California%20SARS-CoV-2%20Crisis%20Care%20Guidelines%20-June%208%202020.pdf>
2. Crisis Care Guidelines may only be implemented at the direction of the Chief of Staff or designee.
3. CDPH must be notified if Crisis Care is implemented.

DEPARTMENT: Acute Nursing

CATEGORY: Policies, Procedures

SUBJECT: RestorixHealth Policy & Procedure Manual

POLICY:

It is Bear Valley Community Healthcare District's (BVCHD) intent to use the RestorixHealth Policy and Procedure Manual as the standard for procedures performed within the wound care program. Any procedure specific to the wound care program will be identified within their manual

PROCEDURE:

1. The RestorixHealth Policy and Procedure manual is readily available at the site of the wound program clinic.

DEPARTMENT: General Nursing	CATEGORY: Policies, Procedures
SUBJECT: Surge Standards of Documentation	

POLICY:

Bear Valley Community Healthcare District (BVCHD) recognizes that during public health emergencies, the standards for documenting nursing care provided may have to change. While the primary goal is to maintain usual standards of care as much and for as long as possible, surge standards of documentation may need to be implemented if resources are scarce. During surge conditions, patient care should take precedence over documentation.

During a declared emergency in which alternative documentation standards have been implemented nurses will document only the most critical information needed to provide an accurate picture of the patient condition, reflect the plan of care, and demonstrate the care provided.

PROCEDURE:

1. Ongoing patient assessments will continue to be performed as required by each unit's guidelines of care. However, documentation of these assessments will be made by exception.
 - 1.1. "By exception" means that a notation is made only when there is a deviation from baseline, deviation from normal limits, or an unexpected outcome.
2. Ongoing patient education will continue to be performed, as required by each unit's guidelines of care.
 - 2.1. Documentation of patient education in the medical record will be made by exception.
 - 2.2. Discharge patient education will continue to be performed and documented for each patient as usual.
3. Documentation of formal nursing diagnosis and care plans in the medical record will be eliminated.
 - 3.1. Instead of having the nursing care plan noted in one designated section of the medical record, nursing staff will be allowed to document the elements of the care plan within the existing documentation throughout the medical record.
4. Documentation of nursing care administered pursuant to each unit's guidelines of care will be restricted to the following:
 - 4.1. Patient assessments by exception
 - 4.2. Abnormal findings and clinical status changes (e.g., lungs that are clear to auscultation are documented if the patient had crackles previously)
 - 4.3. Critical lab values/critical results not already documented
 - 4.4. Vital signs, including pain assessment
 - 4.5. Administered medications and treatments (including blood transfusions)
 - 4.6. Invasive lines and tubes - lines, drains and airway (LDA) documented upon insertion or presentation
 - 4.6.1. Ongoing assessment of LDAs will take place; documentation of care by exception (abnormal findings)
 - 4.7. Clinically relevant attending and consulting provider communication
 - 4.8. Clinically relevant intake and output

DEPARTMENT: General Nursing	CATEGORY: Policies, Procedures
SUBJECT: Surge Standards of Documentation	

- 4.9. Key patient information (e.g. height, weight, allergies, advance directives, home medications, admission intake form)
- 4.10. Restraint assessments and monitoring
- 4.11. Patient education at discharge
- 4.12. Isolation precautions
- 4.13. Anything that, in the judgment of the nurse, would compromise patient safety if it were not documented.
- 4.14. In addition, nurses will document a note at the end of each shift for clinically significant events if not documented elsewhere.
5. Other nursing care that is provided (including but not limited to activities of daily living, hygiene, routine catheter and ostomy care, repositioning, infection control practices, etc.), will continue to be performed as required by each unit's guidelines of care, but documentation will be done: By exception – for example, if a patient must be turned and repositioned Q2H, a note will be entered only if this is not done.
6. The Chief Nursing Officer (CNO) or designee has the authority to initiate surge standards of documentation, taking into consideration patient census and nurse availability.
 - 6.1. Based on this assessment, the CNO or designee may implement modified standards for a service line or an individual unit(s).
 - 6.2. Surge documentation will remain in place until revoked by the CNO or designee.
 - 6.3. All nurses working in units with modified standards will receive education on the surge documentation requirements and expectations.

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MINUTES
41870 GARSTIN DR., BIG BEAR LAKE, CA92315
VIA PHONE CONFERENCE
JANUARY 05, 2021**

MEMBERS Perri Melnick, Treasurer Garth Hamblin, CFO
PRESENT: Steven Baker, 2nd Vice President Shelly Egerer, Exec. Asst.
John Friel, CEO

STAFF: Kerri Jex

OTHER: Woody White, w/Quorum via phone

**COMMUNITY
MEMBERS:** None

ABSENT: None

OPEN SESSION

1. CALL TO ORDER:

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

2. ROLL CALL:

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

3. ADOPTION OF AGENDA:

Board Member Melnick motioned to adopt the January 05, 2021 Finance Committee Meeting Agenda as presented. Second by Board Member Baker to adopt the January 05, 2021 Finance Committee Meeting Agenda as presented. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

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

CLOSED SESSION

1. PUBLIC FORUM FOR CLOSED SESSION:

Board Member Melnick opened the Hearing Section for Public Comment on Closed Session items at 1:00 p.m. Hearing no request to address the Finance Committee, Board Member Melnick closed the Hearing Section at 1:00 p.m.

2. ADJOURN TO CLOSED SESSION:

Board Member Melnick motioned to adjourn to Closed Session at 1:00 p.m. Second by Board Member Baker to adjourn to Closed Session at 1:00 p.m. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

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

OPEN SESSION

1. CALL TO ORDER:

Board Member Melnick called the meeting to order at 2:00 p.m.

2. RESULTS OF CLOSED SESSION:

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

3. PUBLIC FORUM FOR OPEN SESSION:

Board Member Melnick opened the Hearing Section for Public Comment on Open Session items at 2:00 p.m. Hearing no request to address the Finance Committee, Board Member Melnick closed the Hearing Section at 2:00 p.m.

4. DIRECTOR'S COMMENTS:

- None

5. APPROVAL OF MINUTES:

A. December 01, 2020

Board Member Melnick motioned to approve December 01, 2020 minutes as presented. Second by Board Member Baker to approve the December 01, 2020 minutes as presented. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

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

6. OLD BUSINESS:

- None

7. NEW BUSINESS*

- None

8. PRESENTATION AND REVIEW OF FINANCIAL STATEMENTS*

A. November 2020 Finances:

- Mr. Hamblin reported the following information:
 - Loss of \$168,386
 - Total patient revenue was 3.7% higher
 - Acute days under budget
 - SNF days are increasing
 - ER visits are over budget
 - Loss for the month
 - Monies in reserve
 - Expenses have increased due to COVID

B. CFO Report:

- Mr. Hamblin reported the following:
 - Wound Care:
 - Progressing on this program
 - Agreement for physicians will be presented at the Board Meeting

- COVID 19 Activities to Include Expenses and Funding:
 - Expenses are increasing due to the recent surge
 - Working on the Paycheck Protection Plan
- Manifest MedEx HIE:
 - We are live and submitting data
 - We have submitted documentation for receipt of incentive money and reimbursement of expenses
 - We have saved thousands of dollars on this program
- FY 2020 Cost Report:
 - File cost report and decrease in volumes in clinics applied for exception which was approved, granted the exception and means \$25,000 more for the district

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

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

9. ADJOURNMENT*

Board Member Melnick motioned to adjourn the meeting at 2:23 p.m. Second by Board Member Baker to adjourn the meeting. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

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



Recommendation for Action

Date: 27 January 2021
To: Board of Directors
From: Garth M Hamblin, CFO
Re: Iris Telehealth
TELEPSYCHIATRY SERVICES AGREEMENT – ADDENDUM

Recommended Action

Approve the Addendum to Iris Telehealth Telepsychiatry Service Agreement

Background

Initial agreement was sign in August 2017. Proposed 3% increase as of January 2021 will result in increased expenses of approximately \$7,000 annually based on July through December 2020 invoice history.

TELEPSYCHIATRY SERVICES AGREEMENT – ADDENDUM

THIS is an ADDENDUM to the Telepsychiatry Services Agreement (the "Agreement") signed on August 28, 2017 by and between Bear Valley Community Healthcare District, hereinafter referred to as "BVCHD", and Iris Telehealth Medical Group, PA, hereinafter referred to as "Iris Telehealth" or the "Contractor."

Except as noted below, no other changes will be made to the Agreement.

"Iris Telehealth" shall be updated to "Tarik Shaheen MD, Inc, DBA Iris Telehealth Medical Group."

Section "RENEWAL OF CONTRACT" the following language will be added: "Iris Telehealth reserves the right to increase the billable hourly rate by up to 3.2% annually at the beginning of each calendar year:

Furthermore, section "COMPENSATION" shall be replaced and amended in full to: "Iris Telehealth will bill BVCHD for services, which will occur on A mutually agreed upon schedule for each clinician. The Contractor will submit a monthly invoice specifying the billable rate according to Exhibit A along with dates and hours when services were rendered. Any additional compensation would be made by mutual agreement between BVCHD and the Contractor."

Additionally, section "TERMINATION" shall be replaced and amended in full to:

This Agreement may be terminated under the following circumstances:

- a. Either party may terminate this Agreement for cause upon ten (10) days prior written notice to the other party for occurrences including but not limited to any of the following situations: unacceptable medical standards of care; inability to perform the essential functions of the agreed upon services; falsification of any information provided by and given to either party; failure to perform agreed upon services; harm to the business reputation of either party; default in the performance of a material obligation under this agreement and such default shall not have been cured within (30) days (or fifteen (15) days for a monetary default) following the giving of such notice of a breach or default.
- b. Either party hereto may terminate this agreement, or terminate or reduce any individual provider's services, without cause, upon ninety (90) days prior written notice.
- c. Upon termination of this Agreement under this section, BVCHD agrees to pay Iris Telehealth all amounts owed hereunder for Telepsychiatry Services provided through the effective date of the termination.

IN WITNESS WHEREOF, the parties hereto have executed this ADDENDUM to the Agreement:

IRIS TELEHEALTH MEDICAL GROUP

Tarik Shaheen, M.D.
CEO

DATE

BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT

Peter Boss
Board President

DATE

EXHIBIT A

Billable Hourly Rates Schedule

Clinician	Start Date	Weekly hours	Billable rate through December 31, 2020	Billable rate effective on January 1, 2021
Aeron Adams	1/11/21	16	\$134 per hour	\$134 per hour (no change in 2021)
Dr. Michelle Saidel	4/30/2019	24	\$205 per hour	\$211 per hour

BVCHD and Iris Telehealth shall execute a Service Summary with terms that include the agreed upon weekly hours and billable rate for any new Iris Telehealth clinician(s) that may start services in the future.



Recommendation for Action

Date: 02 February 2021
To: Board of Directors
From: Garth M Hamblin, CFO
Re: Leadership Development and Education

Recommended Action

Approve moving forward with Leadership Development and Education as proposed in the CAH Assistance for Rural Healthcare Enrichment (CARE) grant application (attached).

Background

One of the Objectives in our recently approved Strategic Plan was “Leadership development and accountability” including “Implement leadership development and training for mid-level managers to grow talent from within”.

We applied for a CAH Assistance for Rural Healthcare Enrichment (CARE) grant to assist in funding this effort. We have word that the grant was not awarded. We still want to move forward with this important effort.

2020-21 CAH Assistance for Rural Healthcare Enrichment (CARE) Funding

Grant Proposal and Budget Application

Funding and Eligibility: CARE Grant funding is made available through the California Department of Health Care Services (DHCS), Medicare Rural Hospital Flexibility (Flex) Program. The grants are administered by the California Hospital Association. All California Critical Access Hospitals (CAHs) participating in the Medicare Beneficiary Quality Improvement Project (MBQIP), as evidenced by data submitted, are eligible to apply. ***One CARE Grant application per CAH, per year, up to a maximum request of \$15,000 may be submitted.*** Grant funds must be used for initiatives addressing quality, financial, operational, and/or population health improvement needs. All applications must include outcome measures and associated baseline data. Grant awards are for a grant period ending August 31, 2021 and all invoices must be submitted on or prior to this date. Completed CARE Grant applications are due to Lisa Geraty, California Hospital Association, at email lgeraty@calhospital.org by January 8, 2021. Grant awards are expected to be announced January 29, 2021. Questions should be directed to Lisa Geraty.

Critical Access Hospital (CAH) Name: BVCHD

City: Big Bear Lake, Ca

Date Request Submitted: 1/8/2020

Funding Requested: \$15,000.00

Contact Person (for project, billing, and reporting purposes)

Contact Name: Erin Wilson
Title: HR Director
Mailing Address: 41870 Garstin Drive
E-Mail: Erin.Wilson@bvchd.com
Phone: (909) 878-8220

Total Project Cost: \$

Project Focus: (check all that apply)

- ☐ Quality Improvement
- ☐ Financial Improvement
- ☒ Operational Improvement
- ☐ Population Health

Project Title: Leadership Development and Education

Project Overview/Brief Description:

Bear Valley Community Healthcare District is seeking CARE grant funding in order to develop and implement leadership training at the midlevel management level of organizational leadership.

BVCHD has experienced an increase in the amount of turnover in midlevel management and is currently at a rate of % turnover for the last two years. Additionally, qualitative responses and general findings from the last 2 SCORE surveys have indicated that midlevel managers are in need of management and leadership development training. In direct response to these indicators BVCHD has included this operational need as a focus for next organizational strategic plan, strongly indicative of high-level support for this project and sustainment of its initiatives at the Administrative Team and Board of Director level.

The objectives from this project would center around a project focus of Operational Improvement with emphasis on learning objectives in the following areas:

- Clinical resource management
- Understanding financial indicators and metrics
- Productivity guidelines
- Regulatory readiness
- Result driven operational improvement and standardization models such as LEAN

Project evaluation and monitoring of metrics and effectiveness would consist of measurement of percentage of midlevel management turnover as well as qualitative results of engagement surveys and/or course evaluation.

Project Activities, Workplan, and Timeline

Activity	Person(s) Responsible	Start Date	End Date
Outline project goals, objectives and scope using feedback from SCORE Survey qualitative results, Strategic Plan objects and strategies and course learning objectives which may include but not limited to: <ul style="list-style-type: none"> Leadership training to promote workforce development Gain skills to achieve sustainable quality improvement and improve operational efficiency Promote cross-departmental problem solving and communication 	Administrative Team	3/1/2021	3/15/2021
Recruit consultants to provide training which may include but not limited to: <ul style="list-style-type: none"> QHR Health Solutions LEAN Training REAL Colors Training 	Garth Hamblin	3/15/2021	4/1/2021
Set training date(s)	Shelly Egerer	4/1/2021	4/15/2021
Arrange training site, facilities & catering	Shelly Egerer	4/15/2021	5/1/2021
Announce/ Advertise training to midlevel managers	Erin Wilson Jacob Phillips	5/1/2021	5/15/2021
Hold Training session(s)	Administrative Team	TBD	7/1/2021
Evaluate training event	Administrative Team	7/1/2021	7/15/2021
Evaluate post training improvement measure	Erin Wilson Jacob Phillips	7/15/2021	8/1/2021
Report outcomes and submit receipts	Erin Wilson	8/1/2021	8/30/2021

Project Outcome Measures and Baseline Data: (Select or define all outcome measures that will determine if project objectives are met. Please note – final reports must include end-of-grant-year data for all measures selected)

Quality Improvement

- ☐ HCAHPS Improvement Measure: Example – Comp 1 Comm w Nurses Baseline Top Box Rate 76 Aim 81
☒ HCAHPS Improvement Measure: _____ Baseline Top Box Rate _____ Aim _____
☐ HCAHPS Improvement Measure: _____ Baseline Top Box Rate _____ Aim _____
☐ HCAHPS Improvement Measures: _____ Baseline Top Box Rate _____ Aim _____
☐ EDTC Improvement Measure: _____ Baseline _____ Aim _____
☐ Outpatient Improvement Measure: _____ Baseline _____ Aim _____
☐ Immunization Improvement Measure: _____ Baseline _____ Aim _____
☒ Other Quality Improvement Measure: mid-level management turnover rate Baseline _____ Aim _____
☐ Other Quality Improvement Measure: _____ Baseline _____ Aim _____

Financial and Operational Improvement

- ☐ Operational/Financial Improvement Measure: Example – Days Revenue in A/R Baseline 88 Aim 60
☒ Operational/Financial Improvement Measure: _____ Baseline _____ Aim _____
☐ Operational/Financial Improvement Measure: _____ Baseline _____ Aim _____
☐ Operational/Financial Improvement Measure: _____ Baseline _____ Aim _____

Population Health Improvement

- ☐ Population Health Improvement Measure: Example - % of clinic patients ages 18-35 who smoke Baseline 18% Aim 13%
☒ Population Health Improvement Measure: _____ Baseline _____ Aim _____
☐ Have you made a Population Health/CHNA Assessment? _____

If you do not provide a baseline for any of the above please explain why.

Project Budget

Budget Categories	Description	Funding Requested	Funding from Other Sources*	Total
Supplies	Handouts and materials	\$500.00	\$300.00	\$800.00
Travel	Travel for consultants	\$2,000.00	\$2,000.00	\$4,000.00
Equipment **		\$	\$	\$
Consultants/ Subcontractors	Consulting Fees-QHR REAL Colors-Train the Trainer Course	\$11,200.00	\$4,100.00	\$15,300.00
Other	Facility and Catering Fees	\$1,300.00	\$1,000.00	\$2,300.00
Total		\$15,000.00	\$7,400.00	\$29,800.00

*Indicates other funding/resources that will be used in addition to CARE funding to complete the project.

Funding/resources from other sources are not required as a part of this program.

Flex funds may not be used for salaries/benefits.

**No more than 25% of requested grant funding can be used for equipment.

Terms of Application

I certify that the information contained herein is true and accurate to the best of my knowledge.

I submit this application on behalf of the applicant organization.

On behalf of the applicant organization, I agree to use the funds in accordance with the final budget on which the grant was based, Attachment A (attached).

As a condition of this application, I understand that a completed final report – Attachment A - is to be submitted to CHFT by **September 30, 2021**, which shall include the following:

- A completed Attachment A: Project Final Report; and
- A complete financial statement showing all funds received and expended for the programs covered by the grant, as well as a comparison of planned and actual expenditures.

Signature

Title

Date

INTEROFFICE MEMORANDUM

TO: JOHN FRIEL
FROM: ANGELA RODRIGUEZ
SUBJECT: DR PANELS
DATE: 2/1/2021
CC: GARTH HAMBLIN

As we all continue to keep up with different demands of the COVID pandemic. Radiology has struggled for several months with the connectivity of DR panels. The problem we have faced is having to go to different areas of the hospital that we had not gone before, as new areas for patient care have been created.

Scott Rogers and Matthew Bathgate have spent many hours trying to figure out a solution to this problem. They decided putting the panels on the hospital WiFi would work and we would be able to roam as needed for patient care. The panels have worked intermittently unfortunately, this has created a problem with losing images in critical settings and having to re-expose patients.

On 1/13/21 I had TriRad service evaluate the issues, whether it was the panels or the WiFi connectivity. They determined the traffic on the network was causing the intermittent interference. They recommended re-installing the panels back to the original manufacture's recommendations. However, we would not be able to roam as needed without getting a complete acquisition workstation on the AMX4 portable machine and a new DR panel. This workstation will have its own dedicated Bluetooth like device to acquire images. This new workstation will allow us to travel to any part of the hospital to perform diagnostic x-rays.

Unfortunately, this is an emergent issue that needs to be resolved immediately. In order to provide diagnostic imaging in these critical areas of COVID I am requesting the purchase of the new workstation and the new DR panel to rectify these critical issues. Please see quotes attached.

Kind Regards,

Angela Rodriguez, Director of Radiology



Mailing address: 10808 Foothill Blvd Ste 160-314 • Rancho Cucamonga, CA 91730

Office location: 9637 Arrow Route Ste D • Rancho Cucamonga, CA 91730

909-527-4062 • 800-995-1955 • fax 909-527-4072

trirad@verizon.net

January 14, 2021

Bear Valley Community Healthcare District
Attn: Angela Rodriguez, Directory of Medical Imaging Services
41870 Garstin Dr., PO Box 1649
Big Bear, CA 92315
Phone 909-878-8226, Fax 909-878-8280
angela.rodriguez@bvchd.com

Dear Angela,

Tri-Rad, Inc. is pleased to submit the following quotation for your review. Quote to include products and services described at the stated prices and terms. **This quote is for a Vivix 1417 VW Wireless Upgrade System and charging station for the radiology department at Bear Valley Community Hospital.**

VIVIX-S VW Series DR 1417VW Wireless CsI Panel [FXRD-3643VAW] with Acquisition Workstation/Monitor

#HVE001-WKS VIVIX-S VW Series DR 1417VW Wireless CsI Panel [FXRD-3643VAW] with Acquisition Workstation/Monitor Scintillator Amorphous Silicon: Cesium Iodide (CsI: TI)

VIVIX-S VW Series DR 1417VW Wireless CsI Flat Panel Detector System includes: 1417VW Series Wireless CsI Flat Panel Detector [FXRD-3643VAW]; C-type Charging Cable; Two (2) Embedded Batteries; Access Point (AP); Acquisition Workstation/Monitor, VXvue with PureImpact™ Digital Radiography Acquisition Viewer Software; Five (5) Year Panel Manufacturer Warranty and One (1) Year Remote Technical Support.

Note: Batteries include a one (1) year warranty.

VIVIX-S VW Series DR Acquisition Workstation/Monitor Model: Dell Optiplex 7070, includes:

- M.2 256GB PCIe NVMe Class 40 Solid State Drive
- 8th Generation Intel Core i7 vPro Processor (6 Cores/12 MB/3.2 GHz)
- 1TB Local Mini-PACS in a RAID 1 (2 drives total)
- Preloaded OS: Windows 10 Pro 64
- 16 GB (2X8GB) DDR4, 2666 MHz UDIMM
- 24" LED-backlit LCD Touchscreen Monitor (Advanced Exchange Service, 5 Years)

- Intel Integrated Graphics
- 8x DVD+/-RW 9.5mm Optical Disk Drive
- QXLlink 3.2 / 1TB (for 10 PCs)
- Day One Recovery USB
- Dell SupportAssist Technology (Managed Hardware; Internet Connection Required)
- ProSupport Plus: Next Business Day On-Site, 5 Years
- ProSupport Plus: Keep Your Hard Drive, 5 Years
- ProSupport Plus: Accidental Damage Service, 5 Years

Concurrent Viewers: Ten (10) Local Area Network (LAN) Viewers, DICOM Send - Multi Destination, DICOM Print, DICOM MWL Modality Worklist, User Friendly Touch Screen GUI, Measurement Tools, including: Auto and Manual Selection, Archive, Image Preview, Magnify, Zoom, Marker.

FIVE (5) YEAR COMPLETE PACKAGE WARRANTY –includes Five (5) Year Panel Warranty and Five (5) Year Acquisition Workstation and Monitor Warranty.

Cradle/2 Slot Charging Station [FXRR-01A] -Compatible Accessory for VIVIX-S VW Series DR Panels

#HV8009 - Cradle/2 Slot Charging Station [FXRR-01A] -Compatible Accessory for VIVIX-S VW Series DR Panels

TOTAL Products as listed above
Sales tax and shipping not included

\$ 21,600.00

Includes

Installation

Warranty as described in above product detail.

All equipment on this quote is brand new

Price and terms effective for 30 days

Tri Rad, Inc. shall maintain public liability insurance in an amount of not less than one million dollars. Certificate of insurance available upon request.

Accepted By:

Authorized Representative

Submitted By:

Paul Hood, Tri-Rad, Inc. Representative



Mailing address: 10808 Foothill Blvd Ste 160-314 • Rancho Cucamonga, CA 91730

Office location: 9637 Arrow Route Ste D • Rancho Cucamonga, CA 91730

909-527-4062 • 800-995-1955 • fax 909-527-4072

trirad@verizon.net

January 14, 2021

Bear Valley Community Healthcare District
Attn: Angela Rodriguez, Directory of Medical Imaging Services
41870 Garstin Dr., PO Box 1649
Big Bear, CA 92315
Phone 909-878-8226, Fax 909-878-8280
angela.rodriguez@bvchd.com

Dear Angela,

Tri-Rad, Inc. is pleased to submit the following quotation for your review. Quote to include products and services described at the stated prices and terms. **This quote is for a Vivix DR Acquisition Workstation for the AMX4+ portable x-ray machine.**

VIVIX DR Acquisition Workstation for the AMX4+ Portable

Description:

Acquisition Hardware- Three (3) Year Warranty Included on the Portable Workstation.

- Hardware/mounting assembly included
- Intel Core i3 Processor 6100 CPU (3.7GHz.)
- 1 TB Hard Dive
- Imaging Acquisition Software
- Professional Hospital Grade Touch Screen Resolution Monitor: 1920 X 1080, full HD Ratio 1000:1
(Specifications are subject to change without notification)

TOTAL

\$ 12,500.00

Sales tax and shipping not included

Includes

Installation and configuration

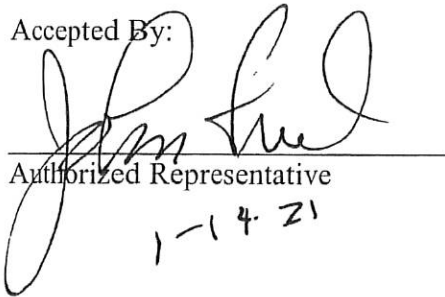
3-year warranty, on the portable workstation as listed above.

All equipment on this quote is brand new.

Price and terms effective for 30 days

Tri Rad, Inc. shall maintain public liability insurance in an amount of not less than one million dollars.
Certificate of insurance available upon request.

Accepted By:



Authorized Representative
1-14-21

Submitted By:

Paul Hood
Paul Hood, Tri-Rad, Inc. Representative



Recommendation for Action

Date: 02 February 2021
To: Board of Directors
From: Garth M Hamblin, CFO
Re: Travel Expenses QHR Health
for IP Detox program implementation work

Recommended Action

Approve up to \$2,000 for travel and related expenses for Keith Jackson of QHR Health for IP Detox implementation work near the end of February 2021.

Background

As work continues to move toward implementation of Inpatient Detox. Keith Jackson of QHR Health is scheduled to come to Big Bear to further work on opening this service.

Cost for the time / salary is covered by agreement with QHR Health. Wanted to make sure the Board is aware of and approves travel and related (hotel, rental car, meals, etc) expenses.



CNO Monthly Report

TOPIC	UPDATE
1. Regulatory	<ul style="list-style-type: none"> CDPH investigation for food handling self-report still open. Country "strike team" came onsite to assist with SNF COVID planning and prevention. Action plan implemented Anticipating CDPH IC site visit the week of Feb 1st
2. Budget/Staffing	<ul style="list-style-type: none"> Hiring RNs and LVNs and recruiting travel nurses to staff up to 10-14 COVID unit beds Increased call in bonus and offering COVID differentials to encourage staff to pick up shifts- ongoing Submitted request to ICEMA and CDPH for RN/ LVN Nurse Corps Staffing is the one of the top concerns right now
3. Departmental Reports	
<ul style="list-style-type: none"> Emergency Department 	<ul style="list-style-type: none"> All of the licensed beds in the Emergency Department have been converted to COVID beds. One hallway of rooms on the SNF unit has been converted to COVID beds. The hallways and main conference room are being utilized to treat low-moderate acuity ED patients that are non-COVID. The recovery room is being utilized to treat critical care non-COVID patients.
<ul style="list-style-type: none"> Acute 	<ul style="list-style-type: none"> In process of hiring 1 FT RN Received program manual from QHR regarding Detox program. The physician is reviewing protocols and revising them based on his practice. QHR has hired the RN service coordinator. She will be going to Nashville for intensive training and then starting on site after her trip. Working closely with Restorix to implement wound care program- possible delay in go live due to bed availability.
<ul style="list-style-type: none"> Skilled Nursing 	<ul style="list-style-type: none"> Many webinars/ phone calls regarding SNF COVID planning. IC Survey expected week of Feb 1 COVID testing for SNF staff is now mandated twice weekly for all staff that enter the SNF unit as of 11/25/2020. This is a major consumption of time and

	<p>resources. This will stay in place until SB County is below 10% positivity rate. We will monitor this closely.</p> <ul style="list-style-type: none"> ▪ Staffing ratios adjusted per productivity recommendations ▪ Dr. Norman has started his role as Medical Director ▪ SNF residents have condensed into 1 ½ hallways to make room for COVID patients. ▪ Actively participating in project Echo grant program. ▪ DON presented at HSAG virtual seminar regarding COVID planning and standards of care ▪ SNF residents continue to be closely monitored for COVID. Any positives move over to the COVID unit to be cared for by separate staff.
<ul style="list-style-type: none"> ▪ Surgical Services 	<ul style="list-style-type: none"> ▪ Elective surgical cases have been cancelled due to COVID surge, Dr. Knodal to re-evaluate at the end of January. ▪ OR staff handling CPDH COVID reporting in Infection preventionist's absence.
<ul style="list-style-type: none"> ▪ Case Management 	<ul style="list-style-type: none"> ▪ Taking on additional duties to support the acute unit, SNF RN coverage and Infection Control monitoring. ▪ Working with COVID unit manager to create processes for inpatient level of care in the ED and discharge planning for COVID patients. ▪ 1 PD Case manager being hired to assist with weekend and vacation coverage as needed. Requested by medical staff due to increased needs for COVID patient discharge planning.
<ul style="list-style-type: none"> ▪ Respiratory Therapy 	<ul style="list-style-type: none"> ▪ Alternative measures being implemented including disposable vents, and COVID compatible CPAP. ▪ RT has moved back into their original location, EKGs are still being done in the gift shop area. ▪ 2 additional vents were delivered from ICEMA ▪ Working to acquire on site O2 tanks and concentrators to facilitate early discharge to free up beds for COVID patients
<ul style="list-style-type: none"> ▪ Physical Therapy 	<ul style="list-style-type: none"> ▪ Volumes near normal for this time of year. ▪ 1 PTA out for 2 months ▪ 1 PT out on FMLA ▪ 1 registry PTA hired to fill staffing needs ▪ 1 PT offered permanent position

<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 Self- report to CDPH regarding kitchen food handling- variation from policy. Staff in servicing and POC in place. Working on purchase of food vending machine for afterhours/ night staff. Hosted crock pot competition and sandwich day. 1 FT cook position currently open, 1 PD cook position open, RD has been working cook shifts in addition to regular duties.
4. Infection Prevention	<ul style="list-style-type: none"> 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 Implementing county strike team action plan Signing up for Antimicrobial Stewardship Honor Roll program
5. Quality Improvement	<ul style="list-style-type: none"> 2 BHPP Grant Substance Use/ Behavioral Health Navigators hired for the Emergency Department. This program has already benefited several patients and has been successful. SCORE Survey to be held in February PFAC meeting scheduled for December was postponed due to COVID surge.
6. Policy Updates	<ul style="list-style-type: none"> Cal OSHA COVID prevention plan in review Emergency preparedness policies in review
7. Safety & Products	<ul style="list-style-type: none"> Working closely with Purchasing regarding supply & PPE shortage and alternatives. Implementing COVID prevention plan
8. Education	<ul style="list-style-type: none"> Participating in AHA remote learning BLS, PALS & ACLS program- free due to COVID- completed orientation call with AHA
9. Information Items/Concerns	<ul style="list-style-type: none"> Attending many calls related to COVID with BBFD, HASC, CHA, CDPH. Closely monitoring COVID trends/ hospital & ventilator utilization throughout the state. COVID Vaccines are being offered to staff members, staff spouses, Big Bear Fire Department, and local medical providers and their staff members. Next tier of vaccines will be given to essential workers. Working with the county regarding vaccine distribution and allocation. There is a lot of uncertainty at this point regarding the number of vaccines that we will

	get and when. The county has not provided community distribution guidelines yet.
Respectfully Submitted by: <i>Kerri Jex, CNO</i>	<i>Date: January, 22nd, 2021</i>



CHIEF EXECUTIVE OFFICER REPORT

CEO Information:

The Board of Directors completed the Board Self Evaluation. Once we receive the completed evaluation, we will provide it to the full Board of Directors.

We are continuing to work with San Bernardino County Health Department officials in preparing for the distribution of the COVID vaccination to our community. At this time, we have provided over 400 COVID 19 Vaccinations to staff and community members. The hospital is continuing to receive a large amount of calls from the public for appointments to obtain the vaccination.

I will be giving the BBL City Council an update on BCVHD COVID-19 including vaccinations on February 08, 2021.

As of February 04, 2021, we have not received any applications for the Board Vacancy.

The offer of \$500.00 to complete COVID 19 vaccination to our employees seems to be having a positive effect.

The \$2.00 hour "hero" incentive adjustment to employees is well appreciated.



Recommendation for Action

Date: February 04, 2021
To: Board of Directors
From: John Friel, CEO
Re: Board Meeting & Committee Meeting Calendar

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

Discussion: According to the District Bylaw's we are to provide a calendar of the monthly Business Board Meeting and Committee Meeting Calendar for approval.

COMMITTEE MEETING DATES 2021

BUSINESS BOARD MEETING/ President - Peter Boss, MD

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

1/13/21	2/10/21	3/10/21	4/14/21	5/12/21	6/9/21	7/14/21	8/11/21	9/8/21	10/13/21	11/10/21	12/8/21
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PLANNING & FACILITIES MEETING/ Chair -Peter Boss; Vice Chair -Steven Baker

Quarterly Public Meeting ▼ 1st Wednesday of the Month ▼ 12:00 pm : March-June-September-December

3/3/21	6/2/21	9/1/21	12/1/21								
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FINANCE MEETING / Chair -Perri Melnick: Vice Chair - Steven Baker

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

1/5/21	2/2/21	3/2/21	4/6/21	5/4/21	6/1/21	7/6/21	8/3/21	9/7/21	10/5/21	11/2/21	12/7/21
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HUMAN RESOURCES MEETING/ Chair - Mark Kaliher ; Vice Chair - TBD

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

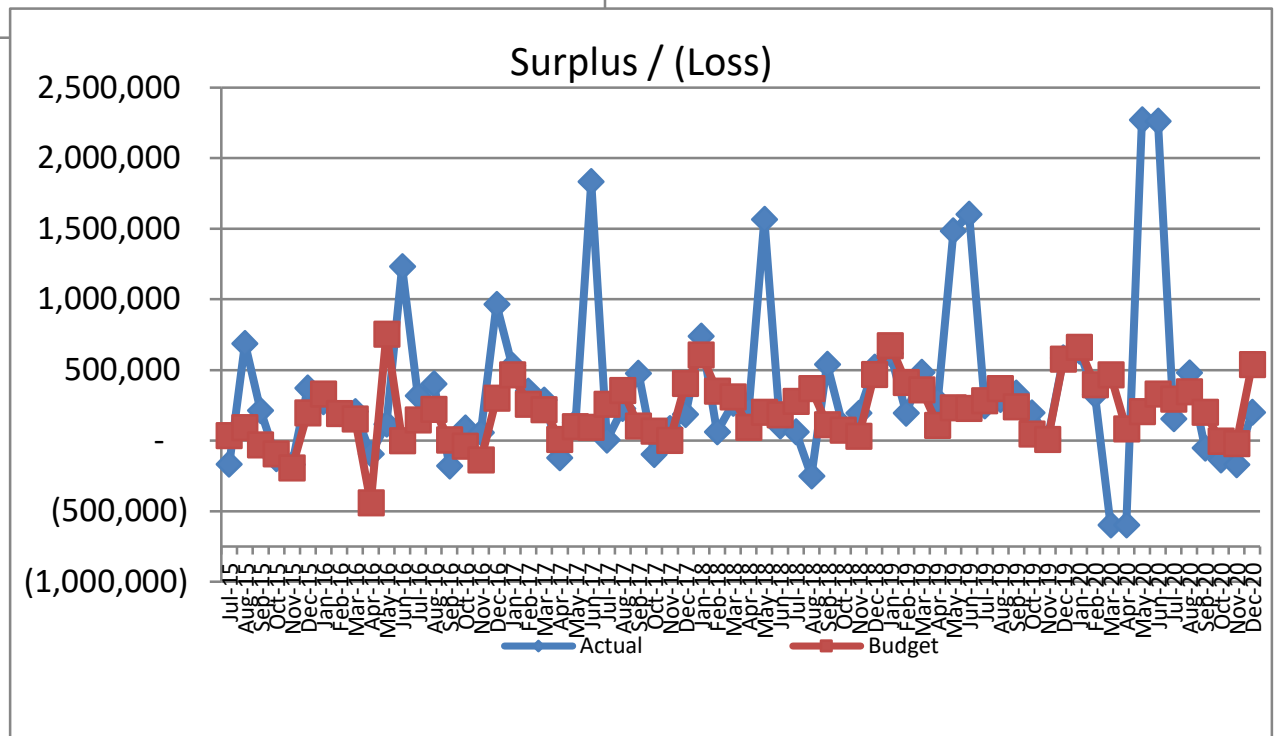
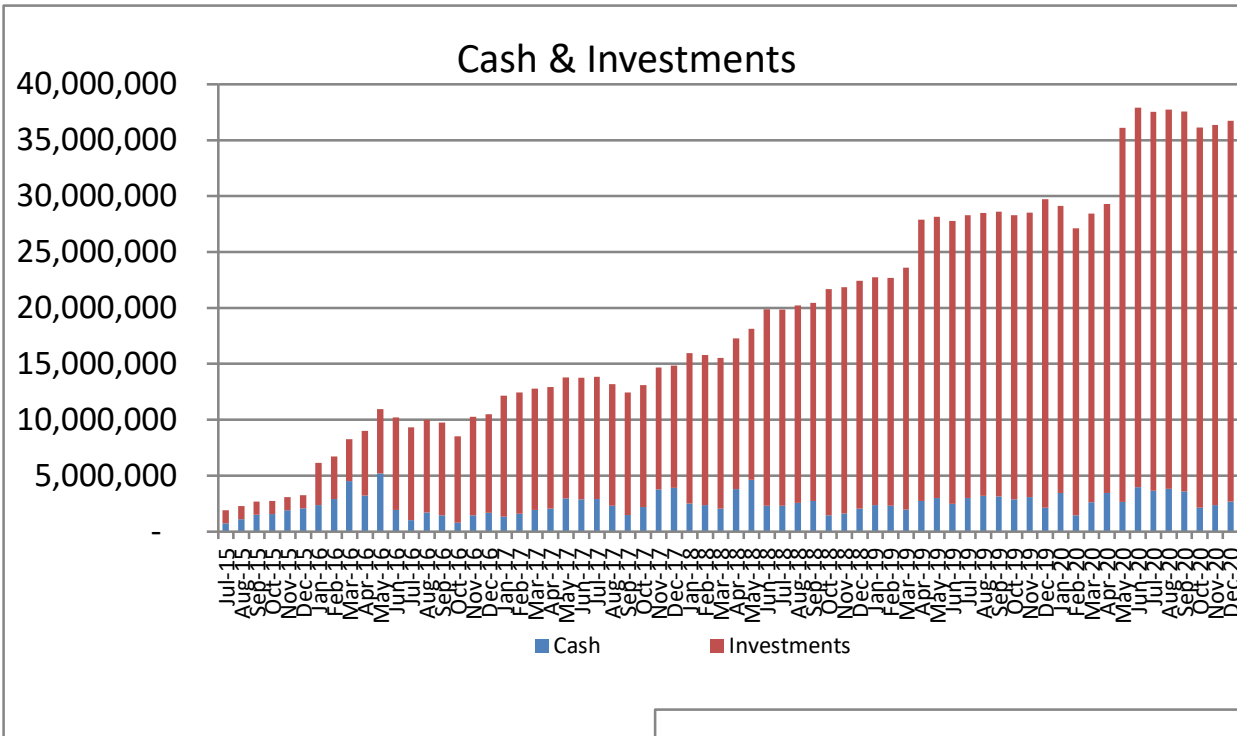
7/19/21											
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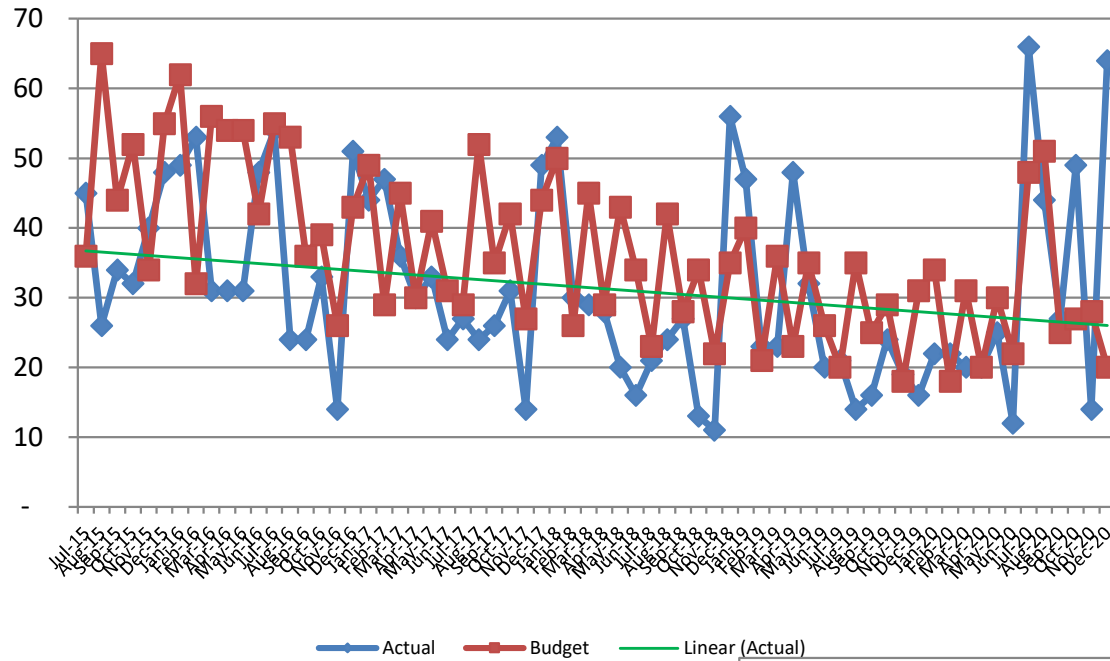
Finance Report
December 2020 Results

Summary for December 2020

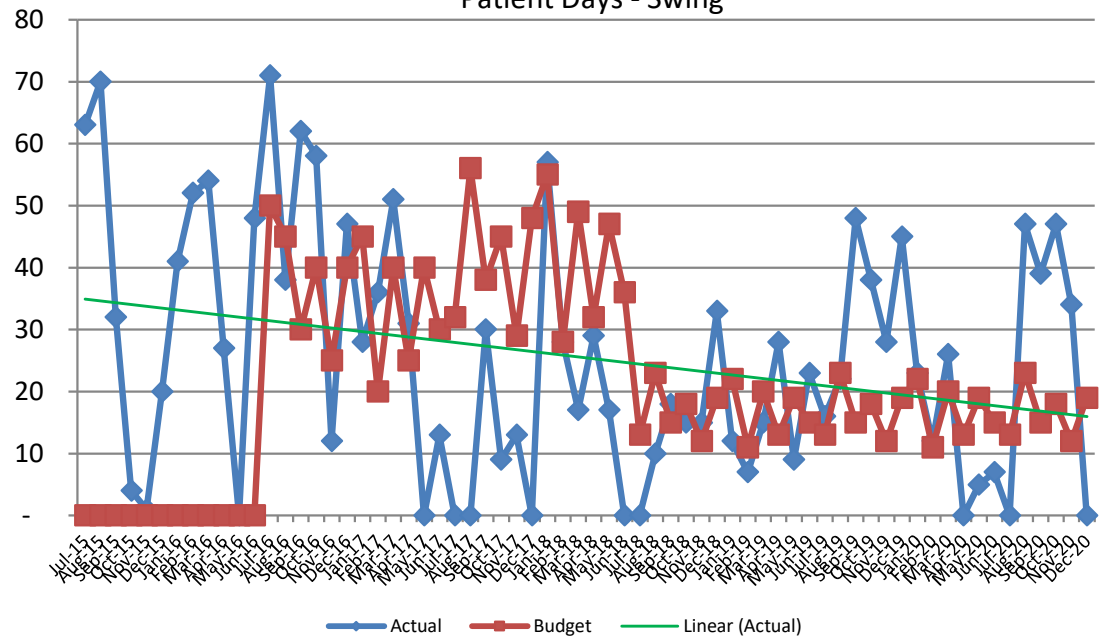
- Cash on hand \$ 2,691,025
Investments \$34,068,528
- Days Cash on hand, including investments with LAIF – 514
- Surplus of \$202,215 was \$335,177 lower than budget
- Total Patient Revenue was 3.0% lower than Budget for the month
- Net Patient Revenue was 2.9% lower than budget
- Total Expenses were 7.5% more than budget

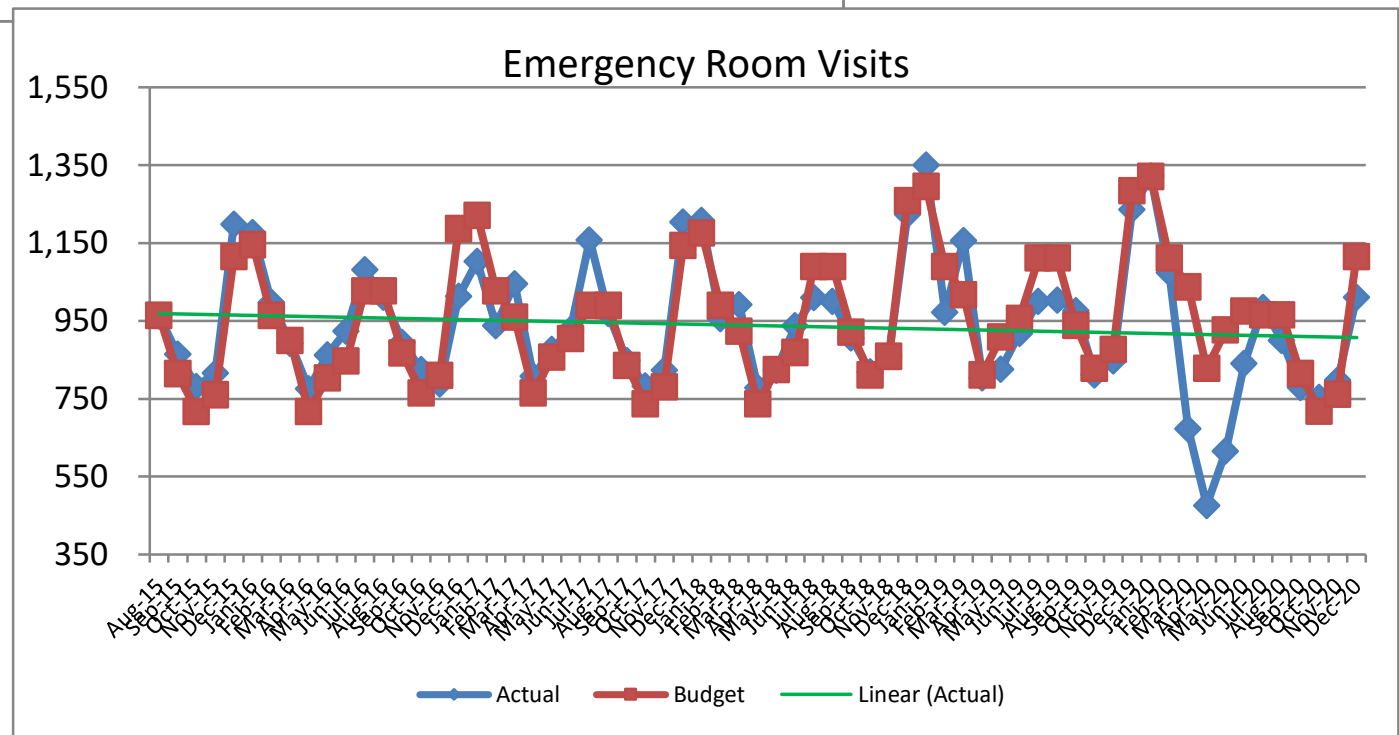
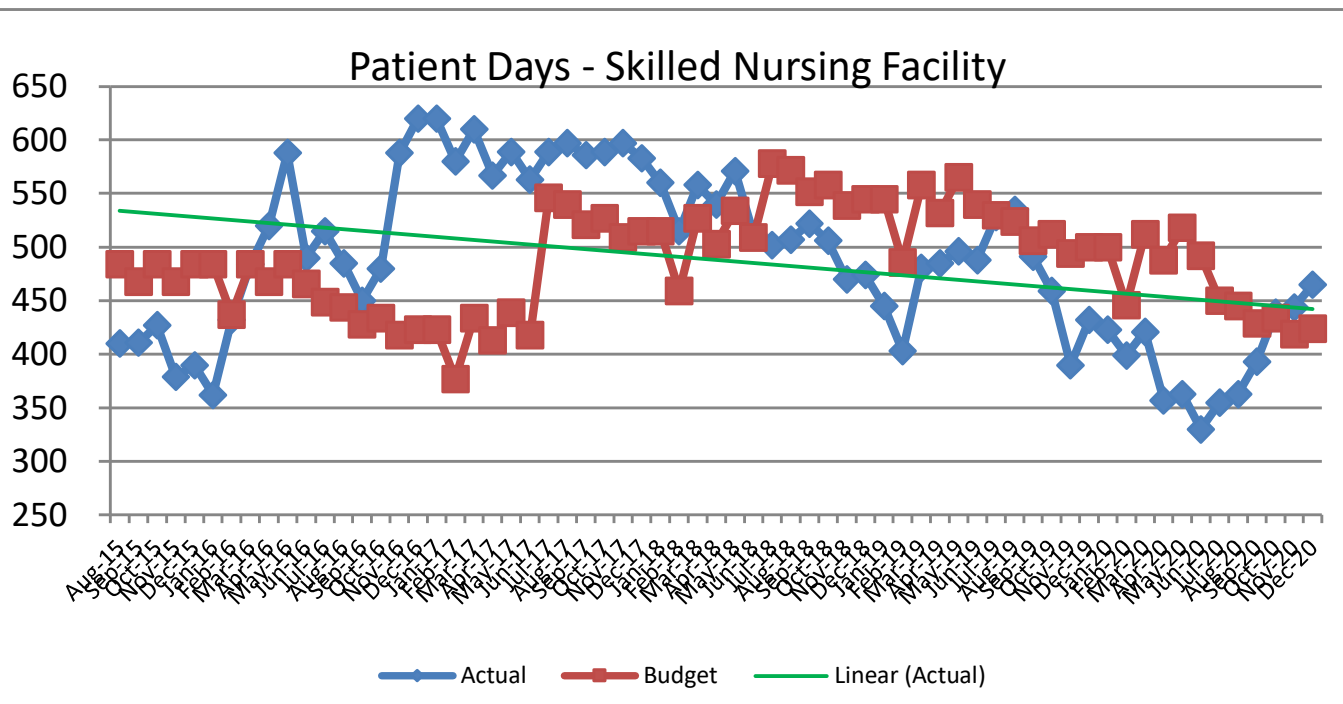


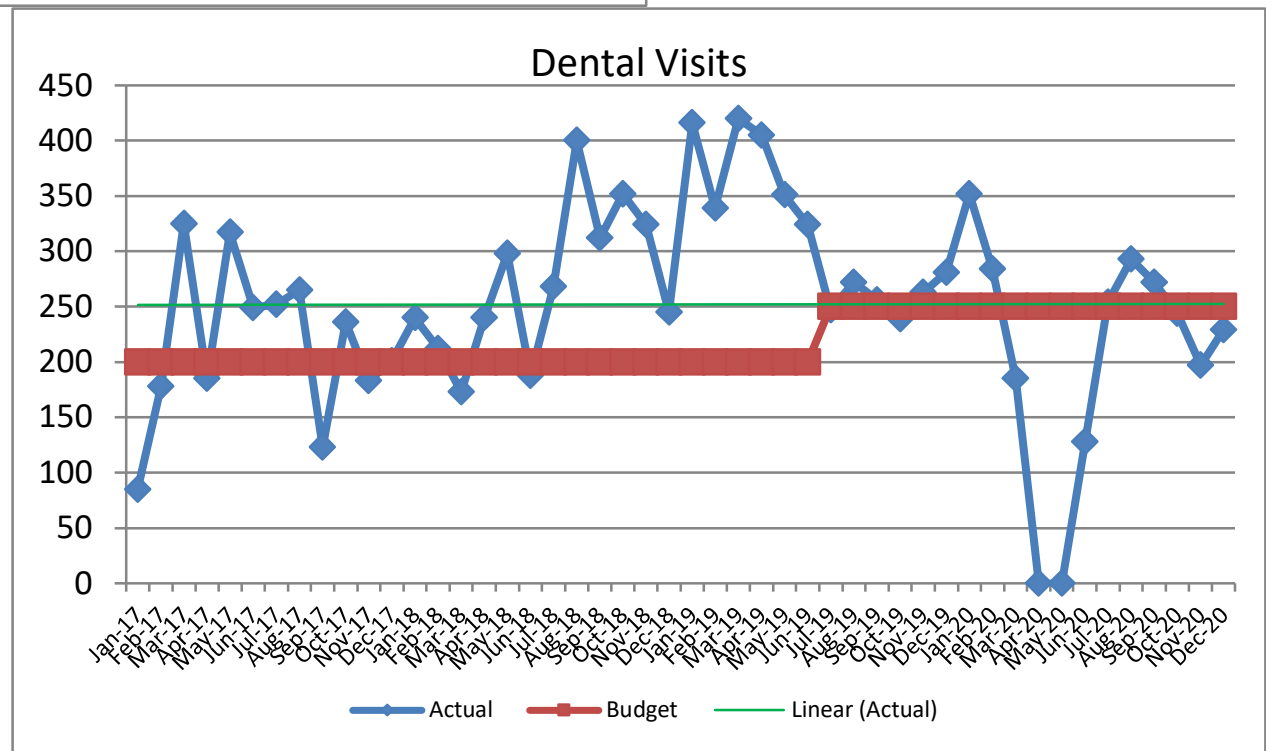
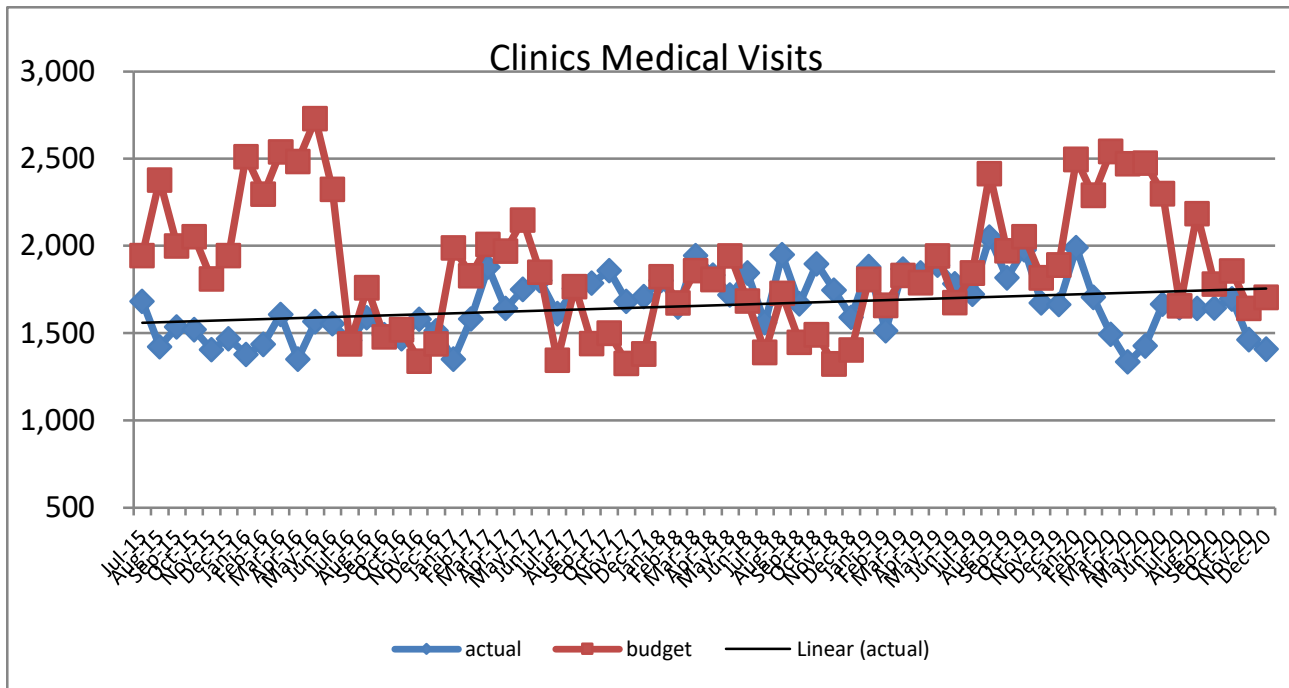
Patient Days - Acute

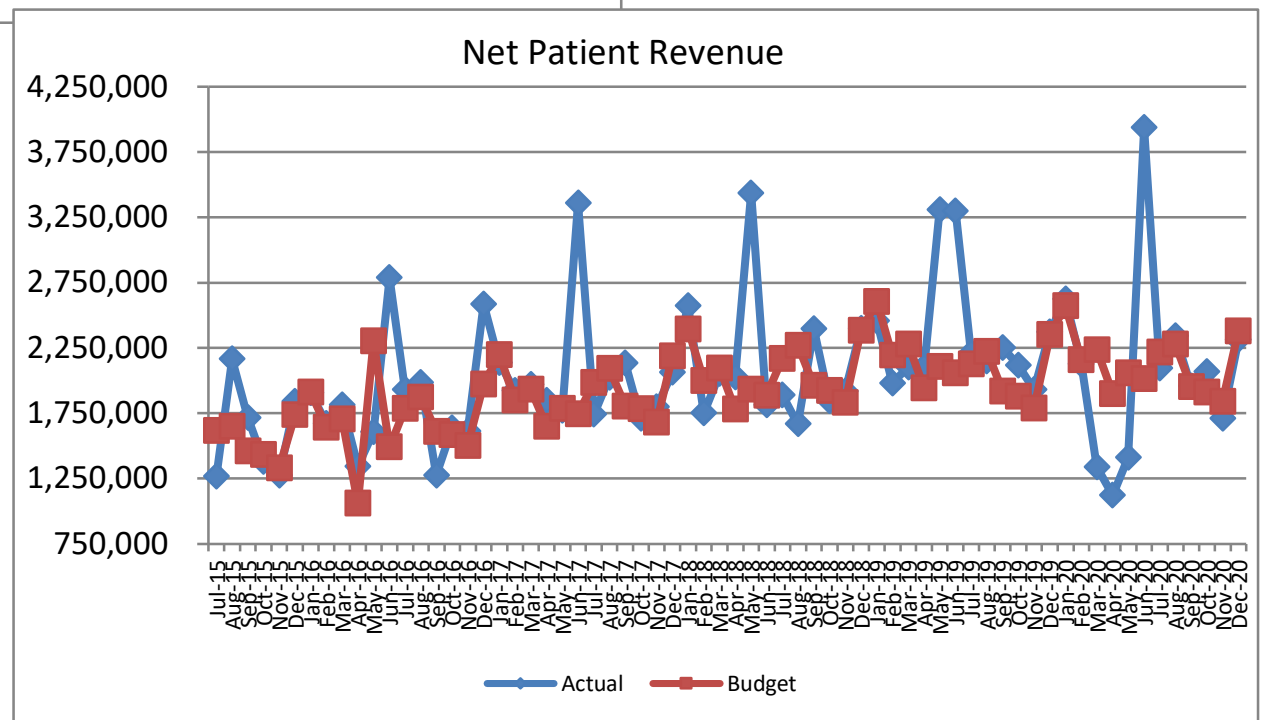
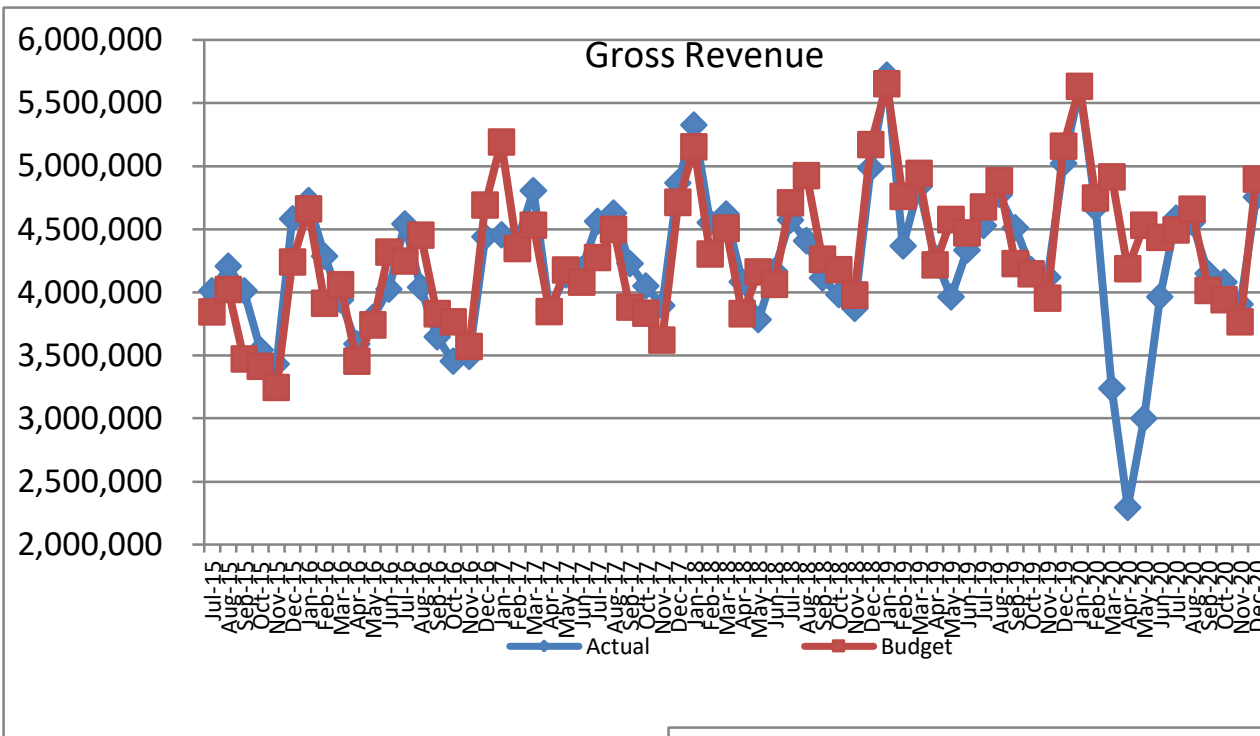


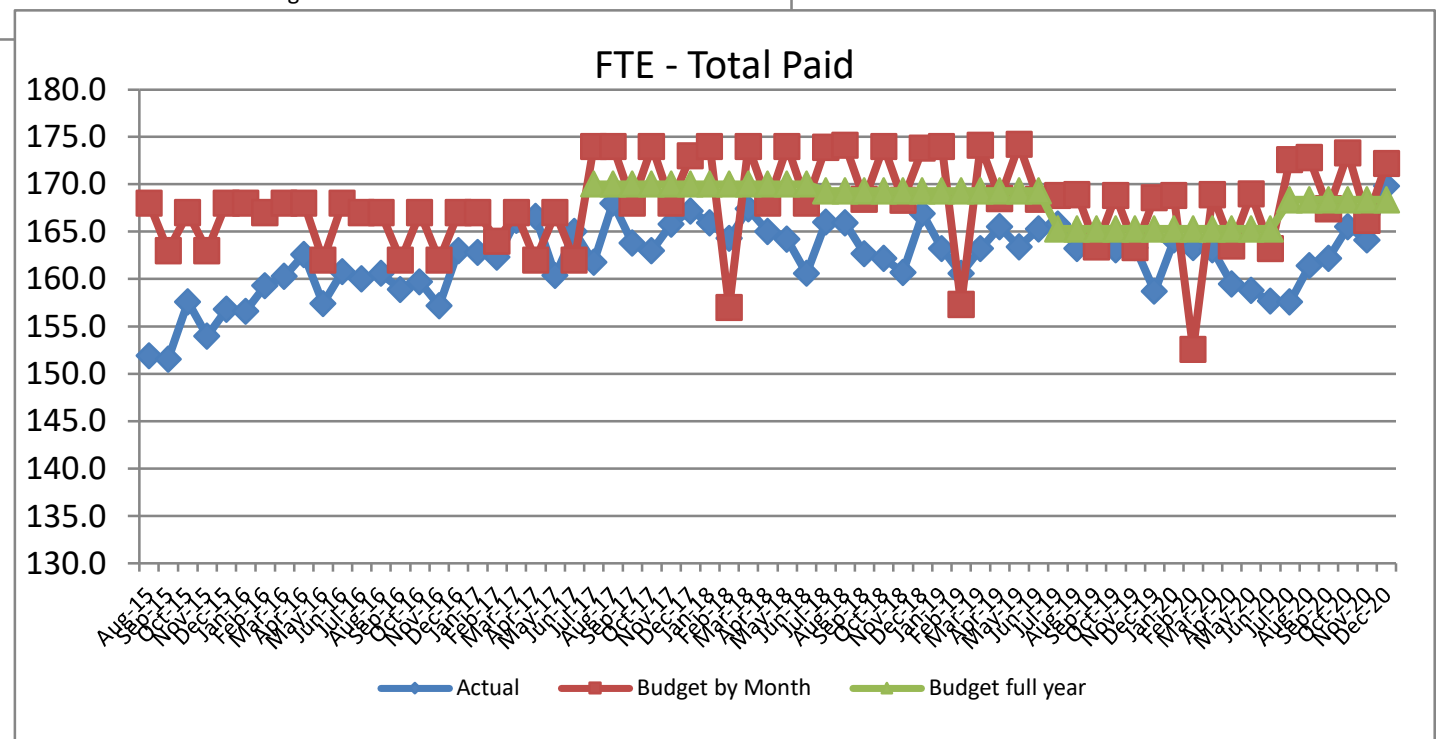
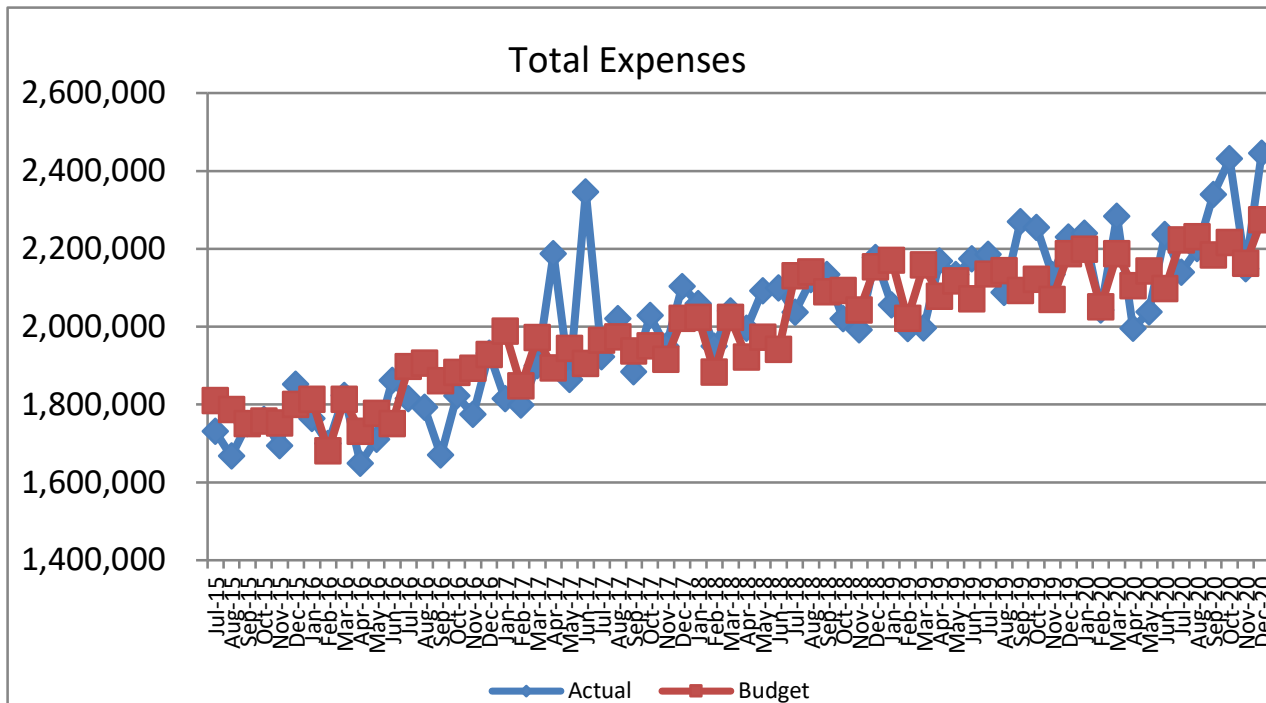
Patient Days - Swing

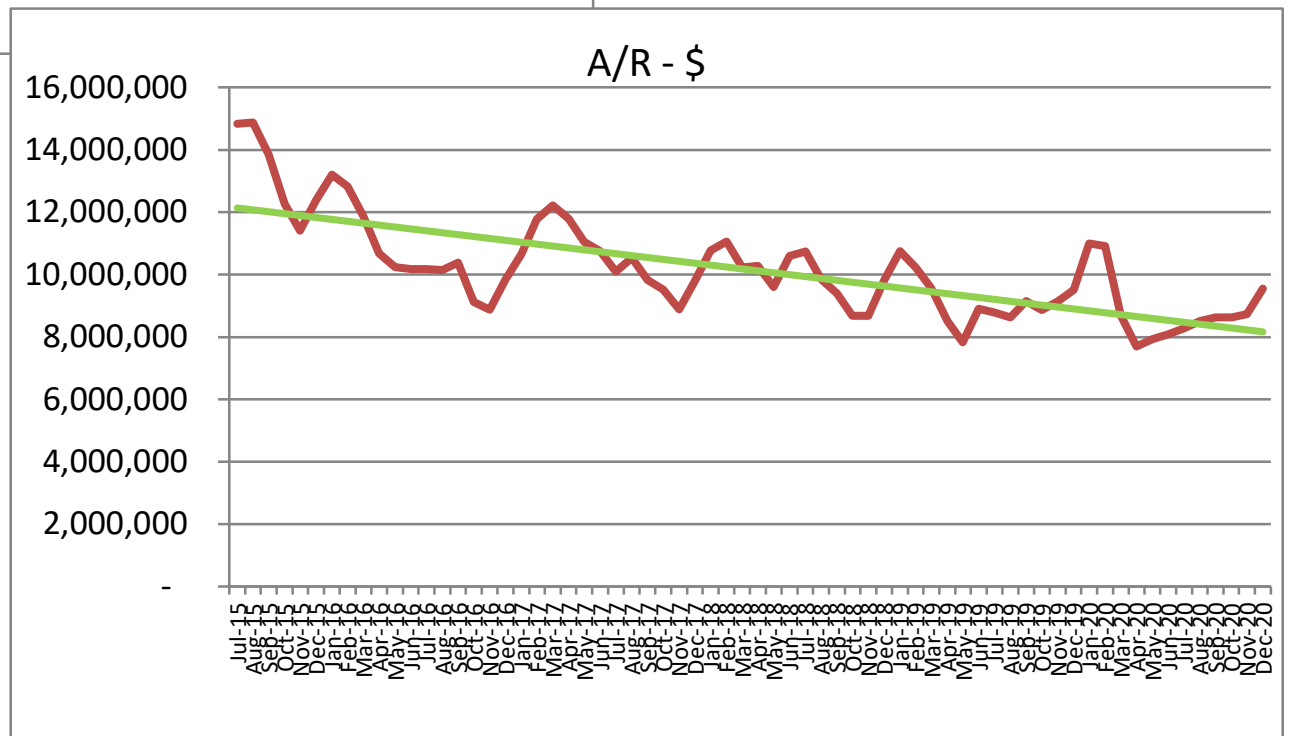
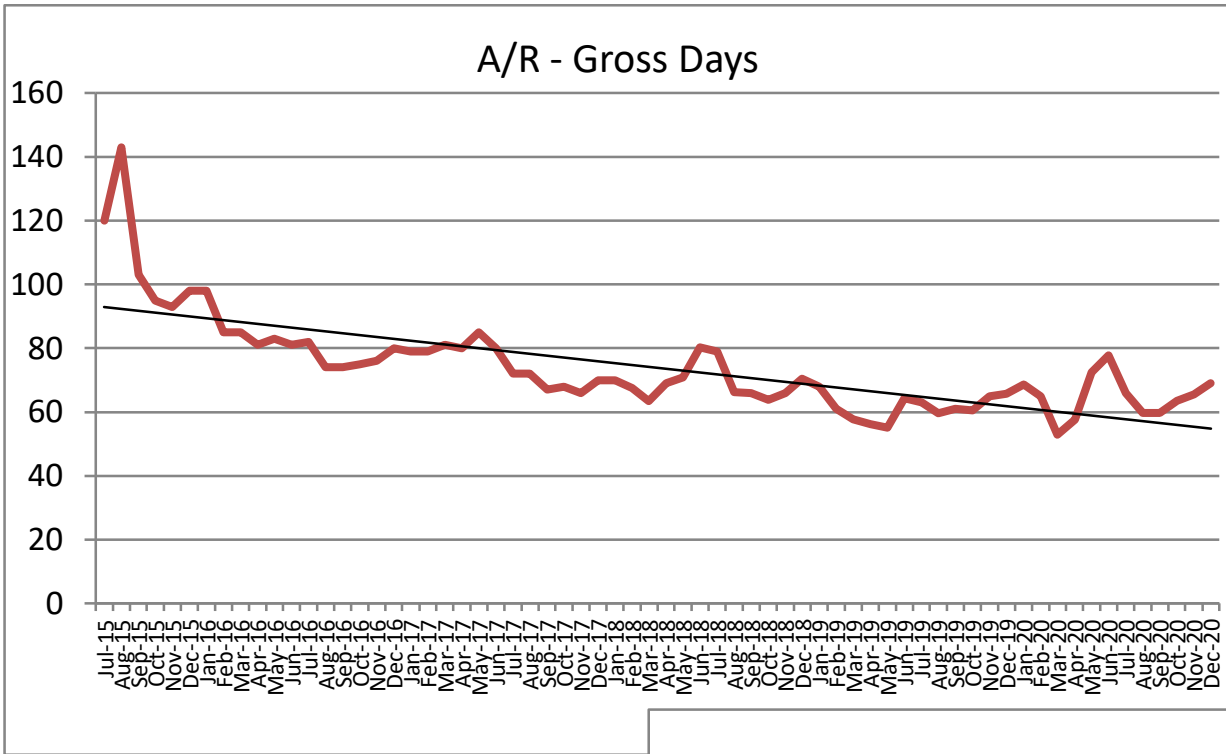














December 2020 Financial Results

For the month . . .

Total Patient Revenue for December 2020 was \$4,752,401 - this was \$817,566 more than last month (November) but 3.0% or \$144,527 less than budget. Inpatient revenue was significantly more than budget for the month. Both Outpatient and Skilled Nursing Facility revenue were over budget. ER revenue was 9.7% less than budget. Clinic revenue was 14.9% under budget.

Total Revenue deductions of \$2,441,637 were 3.0% lower than budget.

Total Operating Revenue was \$2,378,127 – 4.1% under our budgeted amount.

Total Expenses of \$2,445,264 were 7.5% more than budget. Salaries and Benefits were 13.3% more than budget as we staffed up to meet COVID surge. Supplies were significantly over budget with expenses for PPE (Personal Protective Equipment) and testing.

Our Operating Cash and Investments total \$36,759,553 as of the end of month. Total days cash on hand as of the end of December 2020 were 514.

Key Statistics

Acute patient days of 64 were three times our budgeted number. We recorded no Swing days for the month. Skilled Nursing Facility days of 465 were 10% more than budget – our Average Daily Census was 15.0. ER Visits of 1,011 were 9.4% lower than budget. Clinics Medical visits continue under budget.

FTE (Full Time Equivalents) for the month were higher. We continue to need staff to meet the COVID surge.

Year-to-Date (through 6 months of our Fiscal year)

Total patient revenue is 1.0% higher than budget

Total Operating Revenue is 2.6% lower than budget

Total Expenses are 3.1% more than budget

Our Surplus of \$480,877 is \$873,981 lower than budget

Bear Valley Community Healthcare District
Financial Statements December 31, 2020

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	5,018,492	4,752,401	4,896,928	(144,527)	-3.0%	27,123,276	26,019,448	25,761,391	258,057	1.0%
2 Total revenue deductions	2,647,107	2,441,637	2,517,202	(75,565)	-3.0%	14,098,152	13,545,319	13,187,836	357,483	2.7%
3 % Deductions	53%	51%	51%			52%	52%	51%		
4 Net Patient Revenue	2,371,385	2,310,763	2,379,726	(68,963)	-2.9%	13,025,124	12,474,129	12,573,555	(99,426)	-0.8%
5 % Net to Gross	47%	49%	49%			48%	48%	49%		
6 Other Revenue	25,372	67,363	99,183	(31,820)	-32.1%	205,448	357,077	594,600	(237,523)	-39.9%
7 Total Operating Revenue	2,396,757	2,378,127	2,478,909	(100,782)	-4.1%	13,230,572	12,831,207	13,168,155	(336,948)	-2.6%
8 Total Expenses	2,229,691	2,445,264	2,274,055	171,209	7.5%	13,111,959	13,700,884	13,288,525	412,359	3.1%
9 % Expenses	44%	51%	46%			48%	53%	52%		
10 Surplus (Loss) from Operations	167,066	(67,137)	204,854	(271,991)	132.8%	118,613	(869,678)	(120,370)	(749,308)	-622.5%
11 % Operating margin	3%	-1%	4%			0%	-3%	0%		
12 Total Non-operating	419,017	269,352	332,538	(63,186)	-19.0%	1,605,544	1,350,555	1,475,228	(124,673)	-8.5%
13 Surplus/(Loss)	586,082	202,215	537,392	(335,177)	62.4%	1,724,157	480,877	1,354,858	(873,981)	64.5%
14 % Total margin	12%	4%	11%			6%	2%	5%		

BALANCE SHEET

	A	B	C	D	E
	December	December	November		
	FY 19/20	FY 20/21	FY 20/21	VARIANCE	
				Amount	%
15 Gross Accounts Receivables	9,512,768	9,554,472	8,738,738	815,734	9.3%
16 Net Accounts Receivables	3,014,176	2,985,923	2,770,426	215,497	7.8%
17 % Net AR to Gross AR	32%	31%	32%		
18 Days Gross AR	65.7	69.0	65.6	3.4	5.2%
19 Cash Collections	1,981,049	1,901,700	1,580,054	321,646	20.4%
20 Settlements/IGT Transactions	159,520	65,404	719,332	(653,928)	-90.9%
Stimulus Receipts	-	6,958	6,527	432	6.6%
21 Investments	27,602,939	34,068,528	34,014,745	53,783	0.2%
22 Cash on hand	2,131,639	2,691,025	2,351,238	339,788	14.5%
23 Total Cash & Invest	29,734,578	36,759,553	36,365,983	393,570	1.1%
24 Days Cash & Invest	434	514	515	(1)	-0.2%
Total Cash and Investments	29,734,578	36,759,553			
Increase Current Year vs. Prior Year		7,024,975			

Bear Valley Community Healthcare District
Financial Statements December 31, 2020

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	160,880	186,971	102,129	84,842	83.1%	769,735	1,163,387	696,841	466,546	67.0%
2 Outpatient	714,674	972,010	834,144	137,866	16.5%	5,033,404	4,660,446	4,898,445	(237,999)	-4.9%
3 Clinic Revenue	338,589	284,301	334,073	(49,772)	-14.9%	2,247,229	1,900,523	2,052,713	(152,190)	-7.4%
4 Emergency Room	3,636,063	3,102,541	3,434,239	(331,698)	-9.7%	17,814,284	17,200,120	16,971,742	228,378	1.3%
5 Skilled Nursing Facility	168,287	206,578	192,343	14,235	7.4%	1,258,623	1,094,972	1,141,650	(46,678)	-4.1%
6 Total patient revenue	5,018,492	4,752,401	4,896,928	(144,527)	-3.0%	27,123,276	26,019,448	25,761,391	258,057	1.0%
Revenue Deductions										
7 Contractual Allow	2,425,259	2,151,875	2,223,094	(71,219)	-3.2%	13,413,076	12,454,819	11,649,792	805,027	6.9%
8 Contractual Allow PY	(175,000)	(150,000)	-	(150,000)	#DIV/0!	(1,024,101)	(1,183,402)	-	(1,183,402)	#DIV/0!
9 Charity Care	38,889	1,748	15,487	(13,739)	-88.7%	96,123	107,428	80,989	26,439	32.6%
10 Administrative	68	5,530	7,246	(1,716)	-23.7%	23,065	19,326	37,893	(18,567)	-49.0%
11 Policy Discount	16,444	15,336	18,063	(2,727)	-15.1%	87,336	83,884	94,459	(10,575)	-11.2%
12 Employee Discount	2,568	5,918	5,005	913	18.2%	25,125	35,778	26,176	9,602	36.7%
13 Bad Debts	253,297	334,477	248,307	86,170	34.7%	1,043,844	1,532,238	1,298,527	233,711	18.0%
14 Denials	58,918	76,754	-	76,754	#DIV/0!	433,685	495,248	-	495,248	#DIV/0!
15 Total revenue deductions	2,647,107	2,441,637	2,517,202	(75,565)	-3.0%	14,098,152	13,545,319	13,187,836	357,483	2.7%
16 Net Patient Revenue	2,371,385	2,310,763	2,379,726	(68,963)	-2.9%	13,025,124	12,474,129	12,573,555	(99,426)	-0.8%
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	25,372	67,363	99,183	(31,820)	-32.1%	205,448	357,077	594,600	(237,523)	-39.9%
18 Total Operating Revenue	2,396,757	2,378,127	2,478,909	(100,782)	-4.1%	13,230,572	12,831,207	13,168,155	(336,948)	-2.6%
Expenses										
19 Salaries	914,346	1,020,963	894,218	126,745	14.2%	5,470,712	5,903,702	5,321,660	582,042	10.9%
20 Employee Benefits	305,507	350,869	322,370	28,499	8.8%	1,853,651	1,935,067	1,882,931	52,136	2.8%
21 Registry	-	6,696	-	6,696	#DIV/0!	5,100	105,873	-	105,873	#DIV/0!
22 Salaries and Benefits	1,219,853	1,378,528	1,216,588	161,940	13.3%	7,329,464	7,944,642	7,204,591	740,051	10.3%
23 Professional fees	174,740	178,669	206,095	(27,426)	-13.3%	1,056,064	988,489	1,109,654	(121,165)	-10.9%
24 Supplies	177,659	237,684	169,076	68,608	40.6%	986,975	976,338	957,367	18,971	2.0%
25 Utilities	36,316	34,994	47,849	(12,855)	-26.9%	257,141	203,705	281,879	(78,174)	-27.7%
26 Repairs and Maintenance	77,722	50,897	50,283	614	1.2%	345,715	310,115	301,040	9,075	3.0%
27 Purchased Services	342,734	349,372	369,878	(20,506)	-5.5%	1,936,881	2,057,022	2,146,492	(89,470)	-4.2%
28 Insurance	31,653	37,712	37,371	341	0.9%	189,641	222,932	224,226	(1,294)	-0.6%
29 Depreciation	83,739	91,295	80,156	11,139	13.9%	499,166	547,770	480,936	66,834	13.9%
30 Rental and Leases	15,541	16,655	27,607	(10,953)	-39.7%	73,289	102,068	167,046	(64,978)	-38.9%
32 Dues and Subscriptions	6,272	5,231	6,318	(1,087)	-17.2%	36,048	36,914	37,908	(994)	-2.6%
33 Other Expense	63,462	64,228	62,834	1,394	2.2%	401,575	310,892	377,386	(66,494)	-17.6%
34 Total Expenses	2,229,691	2,445,264	2,274,055	171,209	7.5%	13,111,959	13,700,884	13,288,525	412,359	3.1%
35 Surplus (Loss) from Operations	167,066	(67,137)	204,854	(271,991)	132.8%	118,613	(869,678)	(120,370)	(749,308)	-622.5%
Non-Operating Income										
37 Tax Revenue	201,917	204,167	204,167	-	0.0%	1,211,502	1,225,002	1,225,002	-	0.0%
38 Other non-operating	75,040	10,020	5,750	4,270	74.3%	132,743	30,752	34,500	(3,749)	-10.9%
Interest Income	149,497	55,390	130,100	(74,710)	-57.4%	306,633	131,990	260,600	(128,610)	-49.4%
Interest Expense	(7,438)	(225)	(7,479)	7,254	-97.0%	(45,333)	(37,189)	(44,874)	7,685	-17.1%
IGT Expense	-	-	-	-	#DIV/0!	-	-	-	-	#DIV/0!
39 Total Non-operating	419,017	269,352	332,538	(63,186)	-19.0%	1,605,544	1,350,555	1,475,228	(124,673)	-8.5%
40 Surplus/(Loss)	586,082	202,215	537,392	(335,177)	62.4%	1,724,157	460,877	1,354,883	(873,881)	-64.8%

**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							1,163,387
2 Outpatient	759,975	752,158	750,715	801,463	624,126	972,010							4,660,446
3 Clinic	329,815	343,539	335,783	317,785	289,299	284,301							1,900,523
4 Emergency Room	3,121,968	3,044,910	2,722,837	2,519,139	2,688,725	3,102,541							17,200,120
5 Skilled Nursing Facility	158,091	161,978	175,237	194,783	198,304	206,578							1,094,972
6 Total patient revenue	4,585,098	4,552,387	4,148,760	4,077,968	3,902,835	4,752,401	-	-	-	-	-	-	26,019,448
Revenue Deductions	C/A	0.49	0.48	0.50	0.48	0.46	0.45	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.48
7 Contractual Allow	2,260,273	2,201,802	2,080,903	1,963,358	1,796,607	2,151,875							12,454,819
8 Contractual Allow PY	(100,000)	(396,823)	(150,000)	(236,579)	(150,000)	(150,000)							(1,183,402)
9 Charity Care	25,028	30,141	26,357	11,798	12,356	1,748							107,428
10 Administrative	(3,946)	9,457	8,699	(1,853)	1,439	5,530							19,326
11 Policy Discount	17,491	11,862	11,554	16,004	11,637	15,336							83,884
12 Employee Discount	7,661	5,909	6,791	1,305	8,195	5,918							35,778
13 Bad Debts	256,673	240,011	132,574	178,790	389,713	334,477							1,532,238
14 Denials	29,487	109,385	76,018	77,928	125,677	76,754							495,248
15 Total revenue deductions	2,492,666	2,211,743	2,192,896	2,010,751	2,195,625	2,441,637	-	-	-	-	-	-	13,545,319
16 Net Patient Revenue	2,092,432	2,340,643	1,955,865	2,067,217	1,707,209	2,310,763	-	-	-	-	-	-	12,474,129
net / tot pat rev	45.6%	51.4%	47.1%	50.7%	43.7%	48.6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	47.9%
17 Other Revenue	5,722	137,886	44,163	27,253	74,691	67,363							357,077
18 Total Operating Revenue	2,098,154	2,478,529	2,000,027	2,094,469	1,781,900	2,378,127	-	-	-	-	-	-	12,831,207
Expenses													
19 Salaries	925,406	956,216	902,333	1,122,909	975,875	1,020,963							5,903,702
20 Employee Benefits	320,367	271,080	397,159	311,730	283,861	350,869							1,935,067
21 Registry	-	11,553	50,270	31,930	5,425	6,696							105,873
22 Salaries and Benefits	1,245,773	1,238,850	1,349,762	1,466,569	1,265,160	1,378,528	-	-	-	-	-	-	7,944,642
23 Professional fees	165,124	162,933	161,100	163,056	157,606	178,669							988,489
24 Supplies	108,268	154,942	169,080	177,583	128,781	237,684							976,338
25 Utilities	33,935	34,590	34,797	33,317	32,071	34,994							203,705
26 Repairs and Maintenance	57,780	48,999	46,434	61,619	44,387	50,897							310,115
27 Purchased Services	332,918	353,033	373,584	337,780	310,335	349,372							2,057,022
28 Insurance	60,863	11,090	37,712	37,843	37,712	37,712							222,932
29 Depreciation	91,295	91,295	91,295	91,295	91,295	91,295							547,770
30 Rental and Leases	19,149	16,590	16,141	17,078	16,455	16,655							102,068
32 Dues and Subscriptions	7,269	6,659	8,205	5,676	3,874	5,231							36,914
33 Other Expense	16,461	80,579	51,138	38,177	60,309	64,228							310,892
34 Total Expenses	2,138,836	2,199,560	2,339,247	2,429,993	2,147,984	2,445,264	-	-	-	-	-	-	13,700,884
Surplus (Loss) from Operations	(40,683)	278,969	(339,220)	(335,524)	(366,084)	(67,137)	-	-	-	-	-	-	(869,678)
Non-Operating Income													
37 Tax Revenue	204,167	204,167	204,167	204,167	204,167	204,167							1,225,002
38 Other non-operating	(1,680)	4,102	17,020	1,270	20	10,020							30,752
Interest Income	214	726	73,547	957	1,156	55,390							131,990
Interest Expense	(7,381)	(7,340)	(7,302)	(7,296)	(7,645)	(225)							(37,189)
IGT Expense	-	-	-	-	-	-							-
39 Total Non-operating	195,320	201,655	287,432	199,098	197,698	269,352	-	-	-	-	-	-	1,350,555
40 Surplus/(Loss)	154,638	480,624	(51,788)	(136,426)	(168,386)	202,215	-	-	-	-	-	-	480,877

2020-2021 Actual BS

BALANCE SHEET

PY Includes final AJES

BALANCE SHEET		PY						
PY Includes final AJES		July	Aug	Sept	Oct	Nov	Dec	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	3,981,146
Gross Patient Accounts Receivable		8,283,966	8,504,189	8,619,147	8,834,307	8,737,594	9,553,454	8,079,622
Less: Reserves for Allowances & Bad Debt		5,780,164	5,794,514	5,864,331	6,010,743	5,967,168	6,567,531	5,761,024
Net Patient Accounts Receivable		2,503,802	2,709,676	2,754,817	2,823,564	2,770,426	2,985,923	2,318,898
Tax Revenue Receivable		2,450,000	2,450,000	2,450,000	2,450,000	1,993,217	1,082,860	52,606
Other Receivables		-871,228	-858,343	-14,296	309,602	-316,447	79,061	87,734
Inventories		195,677	206,729	222,028	237,616	244,545	265,070	178,033
Prepaid Expenses		513,673	474,367	511,153	549,299	505,105	447,001	313,818
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	6,932,236
Assets Whose Use is Limited								
Investments		33,942,664	33,942,664	34,014,745	34,014,745	34,014,745	34,068,527	33,942,664
Other Limited Use Assets		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	34,087,039
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
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
Equipment		13,039,965	13,118,413	13,390,453	13,624,695	13,659,968	13,706,167	12,998,413
Construction In Progress		299,400	350,846	378,326	418,059	418,059	480,237	216,365
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	26,433,841
Less: Accumulated Depreciation		15,717,377	15,808,672	15,899,967	15,991,262	16,082,557	16,173,852	15,626,082
Net Property, Plant, and Equipment		10,842,809	10,881,409	11,087,874	11,270,555	11,214,533	11,231,615	10,807,758
TOTAL UNRESTRICTED ASSETS		53,337,552	53,759,131	54,747,283	53,505,018	52,921,737	52,995,458	51,827,033
Restricted Assets								
		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	51,827,033

2020-2021 Actual BS

BALANCE SHEET

PY Includes final AJES

LIABILITIES:

	PY						
	July	Aug	Sept	Oct	Nov	Dec	June
Current Liabilities							
Accounts Payable	996,145	982,173	1,175,157	961,118	814,623	894,939	1,099,470
Notes and Loans Payable							
Accrued Payroll	1,038,708	1,113,869	1,260,632	748,959	817,961	958,794	905,115
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	7,917,421
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	0
Current Portion - LT Debt	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	7,420
Total Current Liabilities	12,168,180	12,109,135	12,306,202	11,200,362	10,785,467	10,696,973	9,969,425
Long Term Debt							
USDA Loan	2,815,000	2,815,000	2,815,000	2,815,000	2,815,000	2,775,000	2,815,000
Leases Payable	0	0	0	0	0	0	0
Less: Current Portion Of Long Term Debt	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	2,815,000
Other Long Term Liabilities							
Deferred Revenue	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total Other Long Term Liabilities	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	12,784,425
Fund Balance							
Unrestricted Fund Balance	38,199,734	38,199,734	39,042,608	39,042,608	39,042,608	39,042,608	32,182,080
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	6,860,528
TOTAL FUND BALANCE	38,354,372	38,834,996	39,626,081	39,489,656	39,321,270	39,523,485	39,042,608
TOTAL LIABILITIES & FUND BALANCE	53,337,552	53,759,131	54,747,283	53,505,018	52,921,737	52,995,458	51,827,033

Units of Service												
For the period ending December 31, 2020												
31						184						
Current Month						Bear Valley Community Hospital		Year-To-Date				
Dec-20		Dec-19	Actual -Budget		Act.-Act.		Dec-20		Dec-19	Actual -Budget		Act.-Act.
Actual	Budget	Actual	Variance	Var %	Var %		Actual	Budget	Actual	Variance	Var %	Var %
64	20	56	44	220.0%	14.3%	Med Surg Patient Days	264	199	152	65	32.7%	73.7%
-	19	33	(19)	0.0%	-100.0%	Swing Patient Days	167	100	91	67	67.0%	83.5%
465	424	474	41	9.7%	-1.9%	SNF Patient Days	2,459	2,601	2,981	(142)	-5.5%	-17.5%
529	463	563	66	14.3%	-6.0%	Total Patient Days	2,890	2,900	3,224	(10)	-0.3%	-10.4%
11	13	21	(2)	-15.4%	-47.6%	Acute Admissions	64	78	66	(14)	-17.9%	-3.0%
9	13	20	(4)	-30.8%	-55.0%	Acute Discharges	61	78	65	(17)	-21.8%	-6.2%
7.1	1.5	2.8	5.6	362.2%	154.0%	Acute Average Length of Stay	4.3	2.6	2.3	1.8	69.6%	85.1%
2.1	0.6	1.8	1.4	220.0%	14.3%	Acute Average Daily Census	1.4	1	0.8	0.4	32.7%	73.7%
15.0	14.3	16.4	0.7	5.0%	-8.3%	SNF/Swing Avg Daily Census	14.3	15	16.7	(0.4)	-2.8%	-14.5%
17.1	14.9	18.2	2.1	14.3%	-6.0%	Total Avg. Daily Census	15.7	16	17.5	(0.1)	-0.3%	-10.4%
38%	33%	40%	5%	14.3%	-6.0%	% Occupancy	35%	35%	39%	0%	-0.3%	-10.4%
7	12	13	(5)	-41.7%	-46.2%	Emergency Room Admitted	33	72	51	(39)	-54.2%	-35.3%
1,004	1,104	5,770	(100)	-9.1%	-82.6%	Emergency Room Discharged	5,195	5,272	5,770	(77)	-1.5%	-10.0%
1,011	1,116	5,783	(105)	-9.4%	-82.5%	Emergency Room Total	5,228	5,344	5,821	(116)	-2.2%	-10.2%
33	36	187	(3)	-9.4%	-82.5%	ER visits per calendar day	28	29	32	(1)	-2.2%	-10.2%
64%	92%	62%	40%	43.3%	2.8%	% Admits from ER	52%	92%	77%	36%	38.9%	-33.3%
-	-	-	-	0.0%	#DIV/0!	Surgical Procedures I/P	1	-	-	1	0.0%	#DIV/0!
4	9	12	(5)	-55.6%	-66.7%	Surgical Procedures O/P	34	53	77	(19)	-35.8%	-55.8%
4	9	12	(5)	-55.6%	-66.7%	TOTAL Procedures	35	53	77	(18)	-34.0%	-54.5%
415	774	751	(359)	-46.4%	-44.7%	Surgical Minutes Total	2,842	4,594	4,018	(1,752)	-38.1%	-29.3%

Units of Service
For the period ending December 31, 2020

Current Month						Bear Valley Community Hospital						Year-To-Date					
Dec-20		Dec-19		Actual -Budget		Act.-Act.		Dec-20		Dec-19		Actual -Budget		Act.-Act.			
Actual	Budget	Actual	Variance	Var %	Var %			Actual	Budget	Actual	Variance	Var %	Var %				
6,332	5,737	5,742	595	10.4%	10.3%	Lab Procedures		35,910	36,793	4,919	(883)	-2.4%	630.0%				
801	1,026	1,039	(225)	-21.9%	-22.9%	X-Ray Procedures		4,258	4,997	4,178	(739)	-14.8%	1.9%				
339	382	336	(43)	-11.3%	0.9%	C.T. Scan Procedures		1,977	1,783	1,664	194	10.9%	18.8%				
173	164	163	9	5.5%	6.1%	Ultrasound Procedures		1,143	1,141	1,289	2	0.2%	-11.3%				
53	54	36	(1)	-1.9%	47.2%	Mammography Procedures		274	324	328	(50)	-15.4%	-16.5%				
215	310	262	(95)	-30.6%	-17.9%	EKG Procedures		1,492	1,784	1,537	(292)	-16.4%	-2.9%				
120	138	107	(18)	-13.0%	12.1%	Respiratory Procedures		445	603	588	(158)	-26.2%	-24.3%				
1,341	1,140	1,176	201	17.6%	14.0%	Physical Therapy Procedures		8,536	8,973	8,357	(437)	-4.9%	2.1%				
1,409	1,705	1,593	(296)	-17.4%	-11.6%	Primary Care Clinic Visits		9,505	10,829	10,418	(1,324)	-12.2%	-8.8%				
229	250	245	(21)	-8.4%	-6.5%	Specialty Clinic Visits		1,489	1,500	1,901	(11)	-0.7%	-21.7%				
1,638	1,955	1,838	(317)	-16.2%	-10.9%	Clinic		10,994	12,329	12,319	(1,335)	-10.8%	-10.8%				
63	75	71	(12)	-16.2%	-10.9%	Clinic visits per work day		60	68	68	(7)	-10.8%	-10.8%				
14.5%	19.00%	16.70%	-4.50%	-23.68%	-13.17%	% Medicare Revenue		15.98%	19.00%	19.37%	-3.02%	-15.88%	-17.47%				
34.00%	37.00%	34.20%	-3.00%	-8.11%	-0.58%	% Medi-Cal Revenue		35.40%	37.00%	37.57%	-1.60%	-4.32%	-5.77%				
45.00%	39.00%	42.90%	6.00%	15.38%	4.90%	% Insurance Revenue		42.68%	39.00%	37.95%	3.68%	9.44%	12.47%				
6.50%	5.00%	6.20%	1.50%	30.00%	4.84%	% Self-Pay Revenue		5.93%	5.00%	5.12%	0.93%	18.67%	15.96%				
148.4	156.2	150.6	(7.8)	-5.0%	-1.5%	Productive FTE's		144.23	154.7	142.9	(10.5)	-6.8%	0.9%				
169.8	172.2	164.1	(2.4)	-1.4%	3.5%	Total FTE's		163.43	170.8	164.1	(7.3)	-4.3%	-0.4%				



CFO REPORT for

February 2021 Finance Committee and Board Meetings

Inpatient Detox

We continue progressing with implementation of Inpatient Detoxification service. Looking for start near the end of February 2021.

Wound Care

Work continues on development of our Wound Care service. With the workload and patients with recent surge in COVID patients, projected start date is now looking to be March 2021.

COVID-19 Expenses / Funding

We continue to see volume and expenditure increases as a result of the Pandemic. December was a busy month in this regard. As we have discussed, we have some reserves to meet additional costs. We will work with wipfli (firm that prepares Cost Report) on reporting of CARES Act funds. We have applied for forgiveness of Paycheck Protection Program and are awaiting word.