



MISSION

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

VISION

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

BOARD OF DIRECTORS

PLANNING & FACILITIES COMMITTEE MEETING AGENDA

THURSDAY, FEBRUARY 22, 2018

12:00 PM – OPEN SESSION @ HOSPITAL ADMINISTRATION 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** **Jack Roberts, 2nd Vice President**
- 2. ROLL CALL** **Shelly Egerer, Executive Assistant**
- 3. ADOPTION OF AGENDA***
- 4. PUBLIC FORUM FOR OPEN SESSION**
Opportunity for members of the public to address the Committee on Open 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.)
- 5. DIRECTORS COMMENTS**
- 6. APPROVAL OF MINUTES***
 - A.** January 22, 2018
 - B.** January 23, 2018
- 7. OLD BUSINESS***
 - A.** Discussion and Update on Master Plan/Design and Scheduling of Tours of Various Facilities
- 8. NEW BUSINESS***
 - A.** Discussion and Potential Approval of Changing the Planning & Facilities Committee Meeting Time
 - B.** Discussion and Information on the QHR IT Assessment Report

9. PLANNING & FACILITIES*

A. Construction Project (s)

Including: (FHC, RHC, PT, Hospital, Maintenance)

- Hospital Front Lobby Door – Replacement
- Physical Therapy Exterior & Interior Painting
- Public Restroom/Acute Kitchen Plumbing Repair
- Pyxis Replacement
- ASHRE 188 Risk Management Plan for Legionellosis
- Hospital Medical Air Compressor
- Hospital Fire Doors

B. Potential Equipment Requirements

Including: Including: (FHC, RHC, PT, Hospital, Maintenance)

- Snow Plow for District Vehicle

C. Repairs/Maintenance

Including: Including: (FHC, RHC, PT, Hospital, Maintenance)

- Pharmacy
- Conference Room Lighting
- ER Safe
- Hot Water Heater Repair
- Boiler #1
- HVAC Coil Repairs & Cleaning
- RHC Heater Service & Repair
- FHC Odor Issues
- FHC Boiler Repair

10. ADJOURNMENT*

*** Denotes Actions Items**

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
SPECIAL PLANNING & FACILITIES COMMITTEE
MEETING MINUTES
January 22, 2018**

MEMBERS PRESENT: Jack Roberts, 2nd Vice President Shelly Egerer, Admin. Assistant
Rob Robbins, President Michael Mursick, Plant Manager
John Friel, CEO

STAFF: Mary Norman Garth Hamblin Colin Campbell

ABSENT: Kerri Jex

COMMUNITY MEMBERS: None

OPEN SESSION

1. CALL TO ORDER

Board Member Roberts called the meeting to order at 3:00 p.m.

2. ROLL CALL

Jack Roberts and Rob Robbins were present. Also present were John Friel, CEO, Mike Mursick, Plant Manager and Shelly Egerer, Executive Assistant.

3. ADOPTION OF AGENDA*

Board Member Roberts motioned to adopt the January 22, 2018 agenda as presented. Second by President Robbins to adopt the January 22, 2018 agenda as presented. Board Member Roberts called for the vote. A vote in favor of the motion was unanimously approved.

- Board Member Roberts - yes
- President Robbins - yes

CLOSED SESSION

1. PUBLIC FORUM FOR CLOSED SESSION

Board Member Roberts opened the Hearing Section for Public Comment on Closed Session items at 3:00 p.m. Hearing no request to address the Planning & Facilities Committee, Board Member Roberts closed the Hearing Section at 3:01 p.m.

2. ADJOURN TO CLOSED SESSION*

Board Member Roberts motioned to adjourn to Closed Session at 3:01 pm. Second by President Robbins to adjourn to Closed Session. Board Member Roberts called for the vote. A vote in favor of the motion was unanimously approved.

- Board Member Roberts - yes
- President Robbins - yes

OPEN SESSION

1. CALL TO ORDER:

Board Member Roberts called the meeting to order at 3:15 p.m.

2. RESULTS OF CLOSED SESSION:

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

3. PUBLIC FORUM FOR OPEN SESSION:

Board Member Roberts opened the Hearing Section for Public Comment on Open Session items at 3:15 p.m. Hearing no request to address the Planning & Facilities Committee, Board Member Roberts closed the Hearing Section at 3:15 p.m.

4. DIRECTOR'S COMMENTS:

- None

5. APPROVAL OF MINUTES:

A. November 16, 2017

Board Member Roberts motioned to approve the November 16, 2018 minutes as presented. Second by President Robbins to approve the November 16, 2018 minutes as presented. Board Member Roberts called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Roberts - yes
- President Robbins - yes

6. OLD BUSINESS*

- None

7. NEW BUSINESS*

A. Discussion and Update on the Installation of a Marta Bench at Bear Valley Community Healthcare District:

- Mr. Friel stated that the District was approached by a member of the Patient Advisory Committee to install the Marta Bench and we are trying to obtain information to see if this is feasible for the District and community.
- Mr. Mursick reported that he spoke with the representative that install's the benches and stated that he will not install the bench if he could not have advertising installed; this is how the vendor makes his money. We are looking at additional options and cost to see if this is feasible for the District.
- The Planning Committee suggested that Mr. Mursick contact Marta and find out information from them that we are not aware of and to find out a cost if the District installed. This item is to be brought back to the February Planning & Facilities Committee Meeting.

Board Member Roberts reported there is no action required.

B. Discussion and Information on the Pharmacy USP 800 Mandate:

- Mr. Mursick stated that he brought this item to the Planning & Facilities Committee for information purposes on a project that is required to be completed by July. The purpose of the USP 800 is to develop standards for handling hazardous drugs and help promote patient safety. At this time, we do not have a cost on upgrading the Pharmacy to meet the requirements but the District will need to hire a vendor to assist the District in the project.
- Mr. Campbell reported that there are hazardous drugs used approximately twice a month and we need to be in compliance with the USP 800 Mandate. Sterile compounding should be completed by a Pharmacist but there are nurses who also complete this process.
- The Planning Committee requested that Mr. Mursick obtain cost and options, such as modular unit to ensure, we are in compliance by the July deadline. The committee also asked that this item be brought back to the February Planning & Facilities Committee with options and cost.

Board Member Roberts reported there is no action required.

C. Discussion and Information on BVCHD Providing Emergency/Triage Services at the Ski Resorts:

- Mr. Roberts stated that he asked for this item on the agenda; he would like Administration to determine if the District can provide services at both resorts.
 - Rent space at both resorts to provide triage services. This could determine some changes in the Facility Master Plan and open doors in the future for the District.
- The Planning Committee requested that Mr. Friel work with the nursing staff and if needed the management at both ski slopes to obtain information and a potential plan to be able to provide these services. This item is to be brought back to the February Planning & Facilities Committee.

Board Member Roberts reported there is no action required.

D. Discussion and Update on Master Plan/Design and Scheduling of Tours of Various Facilities:

- Mr. Friel reported that the Board agreed to two groups that we would like to move forward with. We have received information on the architect firms and would like to know what is the process that we are expected to do moving forward; is this item to stay at the Planning & Facilities Committee or should it be a full Board item. Both firms have provided some facilities to visit.
 - Ca architects suggested visiting the Long Beach Hospital.
 - Moon & Mayor recommended the Eisenhower Hospital and the expansion of ER.
- Board Member Roberts stated that he had to leave the meeting at 3:45 p.m. and asked that a Special Meeting be held on January 23 at 5:00 p.m.

Board Member Roberts reported there is no action required.

E. Discussion and Potential Recommendation to the Board of Directors the Following Policies & Procedures:

(1) Fire Watch

(2) Use of District Vehicles & Mobile Equipment

- Mr. Mursick asked the committee to provide a positive recommendation to the Board of Directors to approve the policies and procedures.
- President Robbins asked that the Use of District Vehicles & Mobile Equipment have verbiage added that written documentation of employees using the District's vehicles and mobile equipment will be in writing and placed in the employees HR file.

Board Member Roberts motioned to approve a positive recommendation to the Board of Directors of the Fire Watch and Use of District Vehicles & Mobile Equipment Policies and Procedures with verbiage added as suggested by the committee. Second by President Robbins to approve a positive recommendation to the Board of Directors of the Fire Watch and Use of District Vehicles & Mobile Equipment Policies and Procedures with verbiage added as suggested by the committee. Board Member Roberts called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Roberts - yes
- President Robbins - yes

8. PLANNING & FACILITIES*

A. Construction Project:

- Mr. Mursick reported the following:
 - Public & Staff Restrooms
 - Room # 30 Renovations
 - Medgas Panel
 - Pyxis Replacement
 - ASHRE 188 Risk Management Plan for Legionellosis
 - Medical Air Compressor
 - Fire Door Replacement
- Board Member Roberts asked that this item be placed on the Special Planning & Facilities Committee Meeting agenda for January 23.

B. Potential Equipment Requirements:

- Mr. Mursick reported the following:
 - New snow plow for District Vehicle.
 - Beginning to review next year's Capital Budget items and is going to be adding the replacement of the snow plow to the District vehicle; this will add to the budget approximately \$6,000.00 for the plow and does not include installation.

C. Repairs Maintenance (FHC, RHC, PT, Hospital):

- Mr. Mursick reported the following:
 - Filters Replaced
 - Escutcheon Repairs

President Robbins motioned to approve, the Planning & Facilities Report item B & C as presented. Second by Board Member Roberts to approve, the Planning & Facilities Report items B & C as presented. Board Member Roberts called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Roberts - yes
- President Robbins - yes

9. ADJOURNMENT*

President Robbins motioned to adjourn the meeting at 3:40 p.m. Second by Board Member Roberts to adjourn the meeting. Board Member Roberts adjourned the meeting.

- Board Member Roberts - yes
- President Robbins - yes

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
SPECIAL PLANNING & FACILITIES COMMITTEE
MEETING MINUTES
January 23, 2018**

MEMBERS PRESENT:	Jack Roberts, 2 nd Vice President Rob Robbins, President John Friel, CEO	Shelly Egerer, Exec. Assistant Michael Mursick, Plant Manager
STAFF:	Garth Hamblin	Mary Norman
ABSENT:	None	
OTHER:	None	
COMMUNITY MEMBERS:	None	

OPEN SESSION

1. CALL TO ORDER

Board Member Roberts called the meeting to order at 5:00 p.m.

2. ROLL CALL

Jack Roberts and Rob Robbins were present. Also present were John Friel, CEO, Mike Mursick, Plant Manager and Shelly Egerer, Executive Assistant.

3. ADOPTION OF AGENDA*

Board Member Roberts motioned to adopt the January 23, 2018 agenda as presented. Second by President Robbins to adopt the January 23, 2018 agenda as presented. Board Member Roberts called for the vote. A vote in favor of the motion was unanimously approved.

- Board Member Roberts - yes
- President Robbins - yes

4. PUBLIC FORUM FOR OPEN SESSION:

Board Member Roberts opened the Hearing Section for Public Comment on Open Session items at 5:00 p.m. Hearing no request to address the Planning & Facilities Committee, Board Member Roberts closed the Hearing Section at 5:00 p.m.

5. DIRECTOR'S COMMENTS:

- Board Member Roberts thanked staff for the flexibility to have an additional meeting on short notice and would like to have the February Planning & Facilities Committee Agenda include the discussion of changing time of the meeting.

6. APPROVAL OF MINUTES:

- None

6. OLD BUSINESS*

A. Discussion and Update on Master Plan/Design and Scheduling of Tours of Various Facilities:

- Mr. Friel stated that we have received two different proposals;
 - CA Architects are structured different and cost was higher than expected.
 - Moon & Mayors are also a great organization.
 - Both organizations would like to determine what the District needs are.
 - The Medical Staff has received updates on the process the Board is taking.
 - There is a potential need to ask the community to pass a bond, a feasibility study will need to be completed and ensure the community is supportive of the Hospital. Grants will also have to be looked into and completed to raise additional money to cover the cost of upgrading current facility or building a new facility.
 - Clarification on the estimates needs to be completed (Phase 1 and 2 is complete are we responsible to pay Phase 3).
 - The site visits will consist of the CEO, Board Members, CNO, ER Director, COS and the Maintenance Manager.
- President Robbins feels that at this time the Planning Committee should have this item continue to be on the agenda until some items are accomplished; the Board should be informed of what the Planning Committee is discussing; this can be addressed in the CEO Board Report.
- The committee feels that there is a difficult time in reviewing the documents provided by the architect companies. All resources need to be reviewed and we need to ensure the District is fiscally/financially responsible. The committee would like the CEO to recommend what architect group is best for the district. Mr. Hamblin is to determine the financial aspect of what the District can afford; we cannot put the District in a large amount of debt.

Board Member Roberts reported no action required.

7. NEW BUSINESS*

- None

8. PLANNING & FACILITIES*

A. Construction Project:

- Mr. Mursick reported the following:
 - Public & Staff Restrooms
 - Collapse in pipe and acute kitchen has an elbow that will need to be replaced, we will need to cut concrete and replace tile. This will take place on a Saturday and Sunday. Potential cost is \$8,200 and the tile is not included.
 - Room # 30 Renovations is completed.
 - Committee would like to have a Rotary Mixer for the money raised and dedicated to the SNF rooms.
 - Lockers and cabinets would be approximately \$2,100.00 to remodel the lockers and cabinets.
 - Foundation is going to be conducting a donor function that will be conducted on March 19 and tours will be provided.

- Medgas Panel; replaced panel, there is still some work to complete.
- Pyxis Replacement is completed, brackets needs to be installed.
- ASHRE 188 Risk Management Plan for Legionellosis:
 - Organization came in, working on a plan and moving forward, this is mandated.
- Medical Air Compressor:
 - Purchased compressor, there is a process in order to install, this is an OSHPD Project. There are additional expenses that were not budgeted for.
 - Medical air is used in OR and some in RT.
 - Rented bottle that meets standards; this is to have a back up incase there is down time.
- Fire Door Replacement is continuing.
 - Maintenance has completed as many doors as they can, there is a potential that a vendor will need to be hired to assist in the replacement of the fire doors.

Board Member Robbins motioned to approve the Planning & Facilities Section A Report as presented. Second by Board Member Roberts to approve the Planning & Facilities Section A Report as presented. Board Member Roberts called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Roberts - yes
- President Robbins - yes

9. ADJOURNMENT*

President Robbins motioned to adjourn the meeting at 5:55 p.m. Second by Board Member Roberts to adjourn the meeting. Board Member Roberts adjourned the meeting.

- President Robbins - yes
- Board Member Roberts- yes

Bear Valley IT Assessment



Executive Summary

February 2017

Sharon Stewart, MSHCAD, FACHE



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Creating a Sustainable Future for Healthcare Organizations



AGENDA

Story at a Glance

People

Operations & Infrastructure

Projects

Relationships

Recommendations



STORY AT A GLANCE



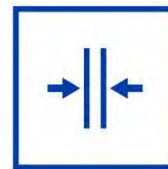
CURRENT STATE

- Major infrastructure upgrades completed
- Technical staffing meets day-to-day needs
- Core application supported by vendor



SUCCESSSES

- No disabling security incidents
- Network upgrades in place reducing risk of future failures



GAPS

- Customer frustration with:
 - Scope of support
 - Transparency of request status



FINDINGS

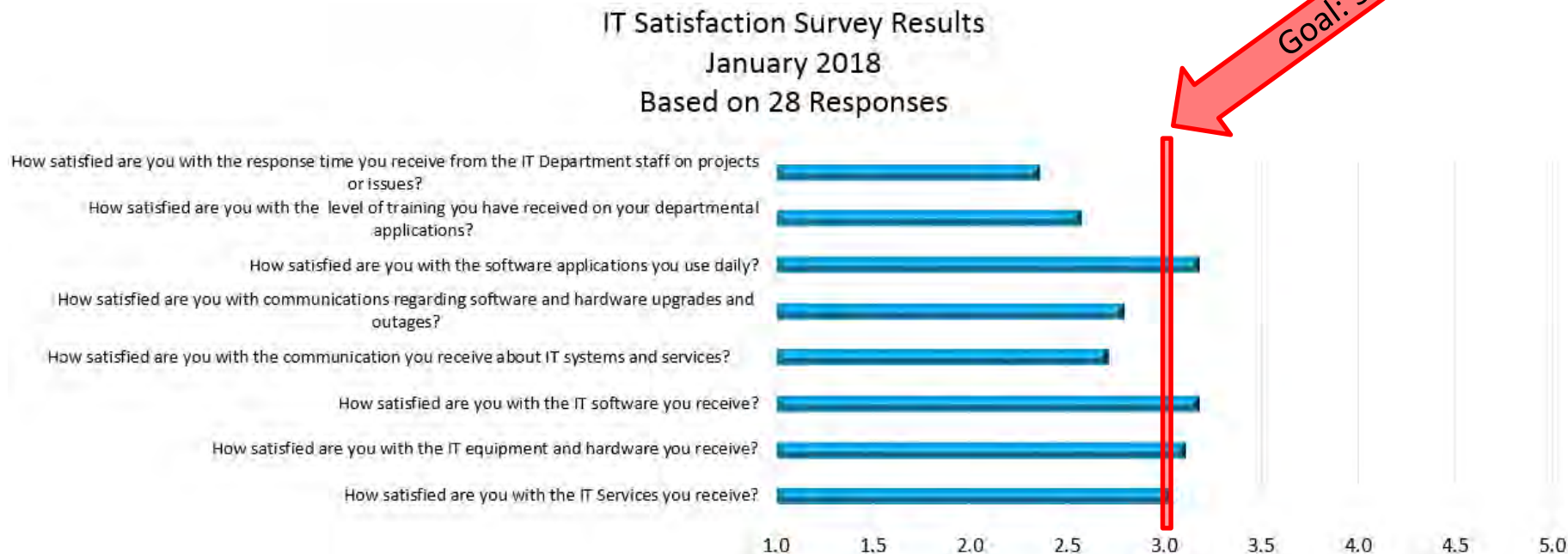
The Bear Valley IT team is well-positioned for future success

- Bear Valley has strong skills on the current IT team
- Bear Valley could use part-time desktop support and greater support for core applications
- IT skill development is informal
- The IT Team reporting structure is consistent with best practices
- The IT staff budget is slightly lower than expected as a percentage of net revenue
- Bear Valley appropriately used outside resources for technical tasks when specialized skills and extra capacity were needed



SURVEY RESULTS

IT is doing well with software satisfaction. IT has opportunities to improve training, staff response time, and communication





OPERATIONS, IT INFRASTRUCTURE, AND CYBER-SECURITY

Bear Valley IT has overcome great challenges; made significant infrastructure improvements; and is ready to implement new best practices for cyber-security

- The Bear Valley IT team has deployed appropriate infrastructure improvements to protect the organization from future catastrophic events
- Current support processes are informal and lack the data needed to provide transparency to IT customers on the status of requests
- Bear Valley has had good success with cyber-security and has opportunities to continue this success with the improvements identified in the management action plan (“MAP”)



PROJECTS

Bear Valley has completed many critical projects and is ready to formalize project scheduling and communication

- 32 major IT projects were completed in 2016 and 2017
- Few Bear Valley IT customers are aware of successes and plans for the future that support them
- IT is not always aware of hospital projects that require IT support in time to schedule appropriate resources



RELATIONSHIPS

IT internal relationships would improve with greater transparency; external relationships reflect strong and effective advocacy for the organization

- Creative, affordable solutions have been identified and deployed to meet key business needs (for example: dietary phones)
- IT vendors are regularly taken to task to provide the best solutions at the lowest prices
- The majority of stakeholders interviewed appreciate the support of the IT team and recognize that they have limited capacity to address issues



RECOMMENDATIONS

- Continue with existing department structure, organization placement, and reporting relationships
- Hospitals do not typically have board committees for IT
- Identify a primary and secondary application support person for every user area, either from IT or operations. Convene this group monthly
- Identify a vendor or locally staff part-time help for desktop and password reset calls. Focus internal IT staff on critical projects
- Inventory skills, identify gaps, and implement formal development plans for each staff member
- Identify and vet vendors for supplemental staffing for projects and surges in demand. Vendors must be scheduled and managed by IT to ensure compliance with policies, procedures, and schedules



OPERATIONS, INFRASTRUCTURE, AND CYBER-SECURITY

- Implement a help desk ticketing system
- Maintain current success with cyber-security by utilizing best practices listed in the management action plan (“MAP”)
- Report on risks with mitigation and remediation plans to leadership each quarter
- As budget permits, complete infrastructure projects and cleanup as outlined in the MAP



PROJECTS

- Provide transparency by reporting to hospital and clinic staff on IT project priorities, schedules, statuses, completions, and successes
- Engage IT early in purchase decisions when implementation will require IT work or ongoing support
- When requestors value faster project completion, allow the requestor to apply for access to IT-managed funding for outside assistance. Outside assistance must be selected, approved, and managed by IT



RELATIONSHIPS

- Internal

- Repeat IT satisfaction survey every six months and use focus groups to target top areas for improvement
- Implement quarterly IT Director rounding on department leaders

- External

- Utilize CPSI optimization visits
- Continue to negotiate skillfully and thoroughly with IT vendors
- Challenge vendors to provide process improvement support at no cost



SUPPORTING DOCUMENTATION



INTERVIEW LIST

- Sherry Greenaway, Admitting
- Donna Nicely, Board Member
- Fran Montoya, Case management
- John Friel, CEO
- Heidi Markus, Emergency
- Marlon Morgan, Environmental & Security
- Mike Mursick, Facilities
- Patricia Tondorf, Health information
- Courtney Bublitz, Imaging
- Angela Rodriguez, Imaging
- April Early, IT
- Jon Booth, IT
- Randle Weaver, IT
- Tim Hagerman, IT
- Pamela Hargrove-Thomas, Laboratory
- Dr. Knapik, Medical staff
- Kerrie Jex, Nursing
- Sheri Mursick, Outpatient services
- John McKinney, Physical Therapy
- Mary Norman, Risk & Compliance



SUPPORTING DOCUMENTATION

- These items are available in separate files:
 - 2016-2017 project list
 - Organization structure
 - Application list
 - Equipment list
 - Network diagrams
 - Main building floor plan
 - Management action plan (“MAP”)



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THANK YOU

Creating a Sustainable Future for Healthcare Organizations

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Story at a Glance

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Operations & Infrastructure

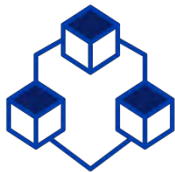
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STORY AT A GLANCE



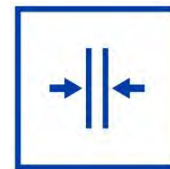
CURRENT STATE

- Major infrastructure upgrades completed
- Technical staffing meets day-to-day needs
- Core application supported by vendor



SUCCESSSES

- No disabling security incidents
- Network upgrades in place reducing risk of future failures



GAPS

- Customer frustration with:
 - Scope of support
 - Transparency of request status



PEOPLE

Bear Valley has strong skills on the current IT team and is positioned well to add part-time desktop support and greater support for core applications

- The IT Director has deep knowledge and experience in infrastructure and system management
- The IT team knowledge of cybersecurity threats has prevented any major impacts to operations and safety
- The Clinical Informatics team member is making progress with providers
- Routine calls for user equipment deployment and support delay resolution of complex technical problems
- Three of four IT team members are not tasked or trained to provide user-level support for core CPSI applications

IT skill development is informal

- Training on new systems and products is accomplished by observing the installation
- When software installations are managed remotely it is difficult for the IT team members to learn what they need to know to support the product effectively



PEOPLE

Bear Valley IT Team alignment is consistent with best practices, while budgeted capacity is somewhat under expected levels

- The IT Director reports to the Chief Financial Officer. This is a typical and appropriate structure
- Three IT team members have solid equipment and engineering skills; one IT team member has clinical application support skills
- The IT labor budget is slightly below expected levels based on percentage of net revenue

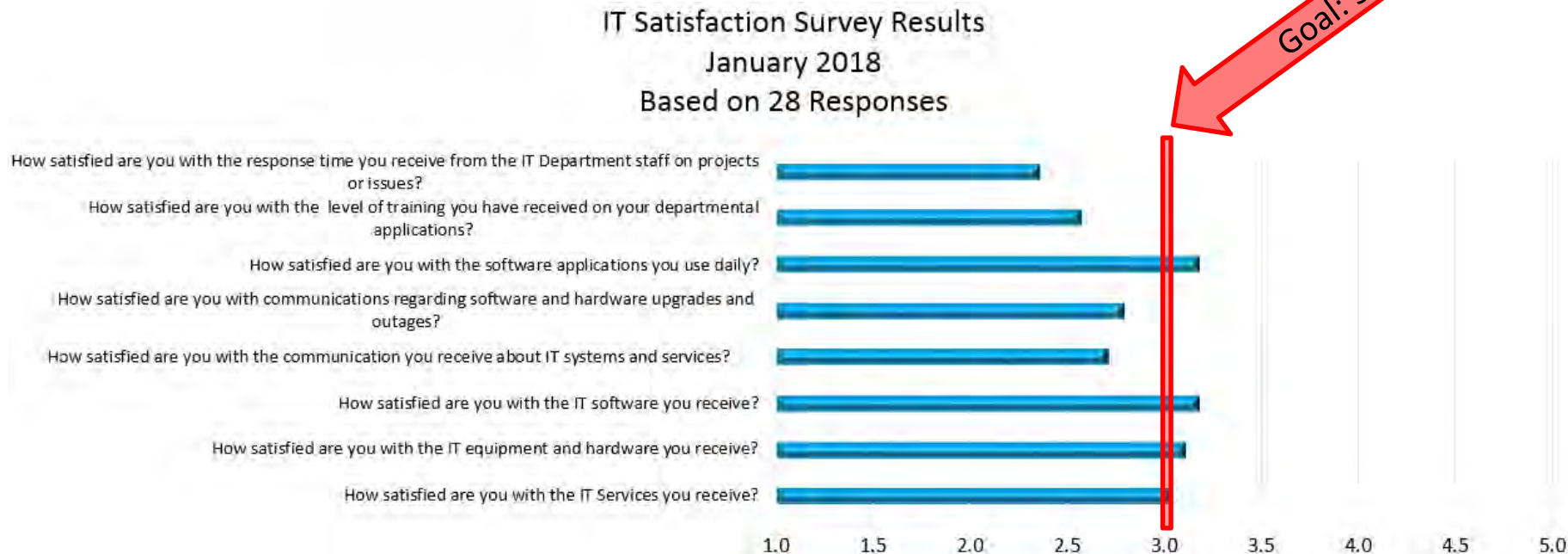
Bear Valley appropriately used outside resources for technical tasks when specialized skills and extra capacity were needed

- Specialists perform cabling tasks as needed
- Phone system vendors provided assistance with new system implementation
- Evident (CPSI) provides billing and revenue cycle services
- Supplemental vendors have not been identified for:
 - Clinical systems support
 - Revenue cycle and accounting system support
 - Staff training and process improvement using information systems
 - Additional support for computers and printers (“desktop support”)
 - [Shannon to provide description of technical engineering skills]



OPERATIONS AND INFRASTRUCTURE

IT satisfaction survey results show strengths in software satisfaction and opportunities for training, staff response time, and communication





OPERATIONS AND INFRASTRUCTURE

The Bear Valley IT team has deployed appropriate infrastructure improvements to protect the organization from future catastrophic events

- The infrastructure review included hardware, servers, network equipment, data closets, telecommunications equipment, and connections to external systems
- The telephone and email failures were unfortunate and inevitable given the organization's limited ability to invest in staff and equipment upgrades in earlier years
- Capital was approved to replace the phone system; the failure occurred before the new system could be installed
- Bear Valley was fortunate to have an experienced IT director on board when these issues occurred. Without his knowledge and skill, recovery may well have been slower and less successful
- A few key infrastructure investments – like badged server room doors and environmental controls – remain to be implemented



OPERATIONS AND INFRASTRUCTURE

Current support processes are informal and lack the data needed to provide transparency to IT customers on the status of requests

- The users contact IT team members directly for assistance
- Issues are addressed based on availability of IT team members and their schedules
- No formal partnership exists with IT customers to provide support for revenue cycle and financial applications
- Cybersecurity has been an area of great success. Additional investments will be required to stay secure and enable functionality needed for the organization to grow



OPERATIONS AND INFRASTRUCTURE: CYBER-SECURITY

Bear Valley has had good success with cyber-security and has opportunities to continue this success with specific improvements

- There is no policy on performing security audits
- At least one legacy system has an un-supported operating system – un-supported systems have vulnerabilities that cannot be patched
- There is no policy on laptop encryption; some laptops are not encrypted
- The Arcserve backup system may not be covered with a Business Associate Agreement
- Backups are not tested as often as they should be



PROJECTS

While major IT projects were completed in 2016 and 2017, most Bear Valley IT customers are unaware of successes and plans for the future that support them

- 32 major projects including circuits, wiring, servers, and desktop hardware were completed during 2016 and 2017 (See supporting documentation)
- The most impactful risk-reducing infrastructure upgrades are complete
- Ten significant infrastructure efforts remain on the books to be funded and scheduled in 2018 and beyond



PROJECTS

Projects that require IT support may not be on the IT plan

- The portfolio of IT projects is managed well but informally
- IT customers do not know where their requests sit on the project schedule
- Capital purchases made by hospital departments that require IT implementation and support work are not always reviewed by IT prior to the purchase. This can delay implementation when IT is unable to staff the installation quickly



RELATIONSHIPS

IT internal relationships would improve with greater transparency; external relationships reflect strong and effective advocacy for the organization

- Creative, affordable solutions have been identified and deployed to meet key business needs (for example: dietary phones)
- IT vendors are regularly taken to task to provide the best solutions at the lowest prices
- The majority of stakeholders interviewed appreciate the support of the IT team and recognize that they have limited capacity to address issues



RECOMMENDATIONS

- Department structure
 - Continue with existing structure, organization placement, and reporting relationships
 - Current operational oversight is sufficient
 - Hospitals do not typically have board committees for IT
- Application support
 - Identify primary and secondary application support person for each user area, either in IT or operations
 - Assign IT resource for each non-IT person; measure, manage, and report on collaboration of these dyads and team
 - Support team should meet monthly to review reports and set priorities for improvements. Meeting should be agenda driven, with minutes distributed to organizational leadership
 - Insist on collaboration between all IT team members

- Level 1 Support

- Identify vendor or locally staff part-time help for desktop and password reset calls
- Focus internal IT staff on critical projects

- On-call coverage

- Post on-call schedules on intranet
- Use documentation, team meetings, and cross-training to improve ability to resolve issues when first call is not to the “expert” or when the “expert” is unavailable

- Implement formal development plans for each staff member
- Use training methods best suited to each learner
 - Classroom
 - Hands-on
 - Technical mentor (inside or outside the organization)
 - Self study

- Identify and vet vendors for supplemental staffing for projects and surges in demand
 - Clinical systems support
 - Revenue cycle and accounting system support
 - Staff training and process improvement using information systems
 - “Desktop Support” for computers and printers
 - Level three network engineering and design
- Begin with an inventory of required skills
- On-demand staffing vendors should be scheduled and managed by IT to ensure compliance with policies, procedures, and schedules



OPERATIONS AND INFRASTRUCTURE

- Implement a help desk ticketing system to provide:
 - Data for process improvement
 - Data for budgeting
 - Data for skill-mix management
 - Transparency to customers by reporting:
 - Volume of requests
 - Responsiveness of support team
 - Number of requests resolved with one call (“first-call resolution rate”)



OPERATIONS AND INFRASTRUCTURE: CYBER-SECURITY

- Maintain current success on protecting the organization by performing:
 - Formal risk assessment update each year
 - Risk assessment updates when equipment and systems are added
 - Outside risk assessment every three years
 - Vulnerability scan every quarter
 - Network penetration test at least every year and upon significant changes



OPERATIONS AND INFRASTRUCTURE: CYBER-SECURITY

- Implement a policy to perform a security audit every three months
 - QHR suggests you review three to five user accounts to ensure they have the appropriate security access; document users reviewed, findings, and provide a date stamp showing the status and if they have been corrected
- Add legacy system with un-supported operating system to risk assessment with highest priority for remediation
 - If this cannot be removed from the network, set up mitigation steps to help decrease the risk.
 - Have an annual risk acceptance form signed for this piece of equipment and track that on your annual risk assessment process
- Create a policy to encrypt all laptops, track these on the annual risk assessment
- Require Arcserve to sign a Business Associate Agreement, or find a vendor that will sign a BAA
- Create a procedure on how to perform a routine restore from the backup, including testing
 - Include restoring files from tape and checking their date stamp and file size. Ensure SQL backups are tested in the process, even if it is a dummy SQL Database.



OPERATIONS AND INFRASTRUCTURE – AS BUDGET PERMITS

- Organize tools and remove the unnecessary materials from data closets and server rooms
- Replace fire suppression in the main server room – remove overhead water sprinkler
- Add badge lock to the equipment / storage closet in nursing area
- Provide cooling and temperature control for all data closets
- Remove old, unused cable in the ceilings
- Install conduit for the ceiling cables
- Eliminate technical barriers to use of the AT&T Fiber circuit purchased in a previous year



OPERATIONS AND INFRASTRUCTURE – AS BUDGET PERMITS

- Complete the cabling project to off-campus building
- Perform and document regular UPS tests
- Complete the migration to the Nutanix system
- Organize the cabling approach (may require different cable lengths and colors)
- Remove old, unused equipment from the data closets
- Add a remote access strategy to the project list



PROJECTS

- Provide transparency by reporting on IT project:
 - Priorities
 - Schedules
 - Status of ongoing projects
 - Completions / successes
- Post project schedules and statuses on Bear Valley intranet
- Engage IT early in purchase decisions when implementation will require IT work or ongoing support



PROJECTS

- Create a project to identify and document IT risks and include:
 - Likelihood of occurrence
 - Severity of impact
 - Cost of remediation
- Report Risks and the mitigation strategy for each one to senior leadership each quarter
 - When risk mitigation costs are too high, implement and audit compliance with policies to close the gaps



- When requestors value faster project completion:
 - Allow the requestor to request access to IT-managed funding for outside assistance
 - Outside assistance must be selected, approved, and managed by IT
 - Budget must include capacity to audit work done by outside providers to ensure compliance with IT Policies & Procedures, particularly for security controls
 - A risk to mitigate: this strategy assumes unlimited IT Management capacity.
 - When volume of work expands more than 50%, add a part-time Project Management resource



RELATIONSHIPS

- Internal

- Repeat IT satisfaction survey every six months and use focus groups to target top areas for improvement
- Insist on strong collaboration between IT team members
- Implement quarterly IT Director rounding on department leaders

- External

- Utilize CPSI optimization visits
- Continue to negotiate skillfully and thoroughly with IT vendors
- Challenge vendors to provide process improvement support at no cost



SUPPORTING DOCUMENTATION



INTERVIEW LIST

- Sherry Greenaway, Admitting
- Donna Nicely, Board Member
- Fran Montoya, Case management
- John Friel, CEO
- Heidi Markus, Emergency
- Marlon Morgan, Environmental & Security
- Mike Mursick, Facilities
- Patricia Tondorf, Health information
- Courtney Bublitz, Imaging
- Angela Rodriguez, Imaging
- April Early, IT
- Jon Booth, IT
- Randle Weaver, IT
- Tim Hagerman, IT
- Pamela Hargrove-Thomas, Laboratory
- Dr. Knapik, Medical staff
- Kerrie Jex, Nursing
- Sheri Mursick, Outpatient services
- John McKinney, Physical Therapy
- Mary Norman, Risk & Compliance



SUPPORTING DOCUMENTATION

- These items are available in separate files:
 - 2016-2017 project list
 - Organization structure
 - Application list
 - Equipment list
 - Network diagrams
 - Main building floor plan



SUPPORTING DOCUMENTATION

Notes For the Risk Assessment

Periodic Review and Updates to the Risk Assessment

The risk analysis process should be ongoing. In order for an entity to update and document its security measures “as needed,” which the Rule requires, it should conduct continuous risk analysis to identify when updates are needed. (45 C.F.R. §§ 164.306(e) and 164.316(b)(2)(iii).) The Security Rule does not specify how frequently to perform risk analysis as part of a comprehensive risk management process. The frequency of performance will vary among covered entities. Some covered entities may perform these processes annually or as needed (e.g., bi-annual or every 3 years) depending on circumstances of their environment. A truly integrated risk analysis and management process is performed as new technologies and business operations are planned, thus reducing the effort required to address risks identified after implementation. For example, if the covered entity has experienced a security incident, has had change in ownership, turnover in key staff or management, is planning to incorporate new technology to make operations more efficient, the potential risk should be analyzed to ensure the e-PHI is reasonably and appropriately protected. If it is determined that existing security measures are not sufficient to protect against the risks associated with the evolving threats or vulnerabilities, a changing business environment, or the introduction of new technology, then the entity must determine if additional security measures are needed. Performing the risk analysis and adjusting risk management processes to address risks in a timely manner will allow the covered entity to reduce the associated risks to reasonable and appropriate levels.⁸

Link: https://www.pcisecuritystandards.org/documents/Penetration_Testing_Guidance_March_2015.pdf

	Vulnerability Scan	Penetration Test
Purpose	Identify, rank, and report vulnerabilities that, if exploited, may result in an intentional or unintentional compromise of a system.	Identify ways to exploit vulnerabilities to circumvent or defeat the security features of system components.
When	At least quarterly or after significant changes.	At least annually and upon significant changes. (Refer to Section 2.6 of this document for information on significant changes.)
How	Typically a variety of automated tools combined with manual verification of identified issues.	A manual process that may include the use of vulnerability scanning or other automated tools, resulting in a comprehensive report.



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THANK YOU

Creating a Sustainable Future for Healthcare Organizations

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Bear Valley Community Healthcare District Construction Projects 2018

Department / Project	Details	Vendor and all associated costs	Comments	Date Completed
Hospital Front Lobby Door Replacement	Replace the old non function door with new door and hardware	Lyman Doors	Door has been ordered and should be installed in February	
Physical Therapy Exterior/Enterior Painting	Started this approved capital project to repair worn exterior conditions and paint to match all facilities	Kenny's Painting	In Progress	
Public Restroom/Acute Kitchen Plumbing Repair	Remove the concrete in areas to access damaged plumbing.	Pride Plumbing/Facilities	In Progress should be complete by third week of February	
Fire Riser	Installed new Fire Riser and Nitrogen Generator in Boiler room	SimplexGrinell	Complete	
Medgas Panel	Installed new MedGas Panel to meet code requirements. Old Panel was failing and unsupported.	FS Medical	Complete	
Employee Door Replacement	Door has failed.	Lyman Doors	Complete	
Pyxis Replacement	Pyxis equipment is in place and seismic anchors will be installed soon.	Facilities	In Progress	
ASHRE 188 Risk Management Plan for Legionellosis	New Mandate for Hospitals	Forensic Analytical Consulting Services Inc.	In Progress	

Bear Valley Community Healthcare District Construction Projects 2018

Department / Project	Details	Vendor and all associated costs	Comments	Date Complete
Hospital- Medical Air Compressor	Compressors is failing and no longer meets code requirments	FS Medical	Waiting on contracts	
Hospital- Fire Door Repairs	During our latest inspection most of our doors were identified as having deficiencies	Facilities	Will have to evaluate major repairs and include in Capital Budget	

Bear Valley Community Healthcare District

Potential Equipment Requirements

Department / Project	Details	Vendor and all associated costs	Comments	Date Completed
Facilities- New SnowPlow for truck	Facilities would like to purchase a new plow with modern controls	N/A	Will include in next years Capital Budget	

Bear Valley Community Healthcare District Repairs Maintenance

Department / Project	Details	Vendor and all associated costs	Comments	Date Completed
Pharmacy cupboards & Sink	Removed non compliant cupboards and installed	Facilities	Complete	
Conference Room Lighting	Wired the lights so that they can be reduced	Ludeke Electric	Complete	
ER Safe	Installed new safe in ER for patient belongings	Facilities	Complete	
Hot Water Heater Repair In Central Plant	Old regulator failed and flooded the Mezzanine, new regulator installed	Facilities	Complete	
Boiler # 1 Motor Replacement	Replaced motor that had failing bearings	RF MacDonald	Complete	
HVAC Coil Repairs & Cleaning	Cleaned the condenser coils at all facilities that have never been cleaned or serviced. This will have dramatic improvements on efficiency & energy cost	ACS/Facilities	Complete	
RHC Heater Service & Repair	Serviced heating system and replaced grounded motor	Facilities	Complete	

Bear Valley Community Healthcare District Repairs Maintenance

FHC Odor Issues	Found the bathroom vent for all bathrooms was installed in front of HVAC air intake. Installed carbon filters and odor eaters in HVAC to prevent future smells	Facilities	Complete	
FHC Boiler Repair	Replace failed modulating valve on boiler loop	ACS	Complete	