



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, MARCH 10, 2021 @ 1:00 PM

CLOSED SESSION 1:00 PM @ HOSPITAL ADMINISTRATION OFFICE

OPEN SESSION @ APPROXIMATELY 2:00 PM HOSPITAL CAFETERIA

41870 GARSTIN DRIVE, BIG BEAR LAKE, CA 92315

(Closed Session will be held upon adjournment of Open Session as noted below. Open Session will reconvene @ approximately 2:00 p.m. –Hospital Cafeteria 41870 Garstin Drive, Big Bear Lake, CA 92315)

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

OPEN SESSION

1. CALL TO ORDER

Peter Boss, President

2. PUBLIC FORUM FOR CLOSED SESSION

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

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

3. ADJOURN TO CLOSED SESSION*

CLOSED SESSION

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

(1) Chief of Staff Report

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

(1) Risk / Compliance Management Report

(2) QI Management Report

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

(1) Property Acquisition/Lease/Tentative Improvement (Anticipated Disclosure 3/10/21)

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. February 10, 2021 Business Board Meeting Minutes: Shelly Egerer, Executive Assistant

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

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

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

E. Policies & Procedures: Summary Attached

(1) Crisis Standards of Care

F. Committee Meeting Minutes:

(1) February 02, 2021 Finance Committee Meeting Minutes

10. OLD BUSINESS*

A. Discussion and Potential Approval of the Leadership Development and Education

11. NEW BUSINESS*

A. Discussion, Interview, and Potential Approval of Bear Valley Community Healthcare District, Board of Director Candidate/Appointment

B. Discussion and Potential Approval of Bear Valley Community Healthcare District Board of Directors Annual Self-Assessment

12. ACTION ITEMS*

A. **Acceptance of QHR Health Report**

Woody White, QHR Health

(1) March 2021 QHR Health Report

B. Acceptance of CNO Report

Kerri Jex, Chief Nursing Officer

(1) February 2021 CNO Report

C. Acceptance of the CEO Report

John Friel, Chief Executive Officer

(1) March 2021 CEO Report

D. Acceptance of the Finance Report & CFO Report

Garth Hamblin, Chief Financial Officer

(1) January 2021

(2) CFO Report

13. ADJOURNMENT*

*** Denotes Possible Action Items**

2. ROLL CALL:

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

3. FLAG SALUTE:

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

4. ADOPTION OF AGENDA:

President Boss called for a motion to adopt the February 10, 2021 agenda as presented. Motion by Board Member Baker to adopt the February 10, 2021 agenda as presented. Second by Board Member Melnick to adopt the February 10, 2021 agenda as presented. President Boss called for a vote. A vote in favor of the motion was 4/0.

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

5. RESULTS OF CLOSED SESSION:

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

- Chief of Staff Report:
 - Reappointment:
 - Delbert Critel, CRNA - Nurse Anesthetist
 - Cary Stewart, MD - Internal Medicine
 - Harold Park, MD - Renaissance Radiology
 - Victoria Nguyen, DO - Renaissance Radiology
- Risk Report/Compliance Report
- QI Report
- QI Annual Summary Report

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

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

6. PUBLIC FORUM FOR OPEN SESSION:

President Boss opened the Hearing Section for Public Comment on Open Session items at 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

- President Boss and the full Board continue to be impressed with what our Hospital and staff are doing to get through the COVID 19 Pandemic.

8. INFORMATION REPORTS

A. Foundation Report

- Mr. Friel had no report to provide on behalf of the Foundation

B. Auxiliary Report:

- Mr. Friel had no report to provide on behalf of the Auxiliary

9. CONSENT AGENDA:

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) December 05, 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 4/0.

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

10. OLD BUSINESS:

- None

11. NEW BUSINESS*

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

- President Boss reported this item was discussed in closed session and asked if further discussion was required or if there were any questions.

President Boss called for a motion to approve the Iris Telehealth Telepsychiatry Service Agreement as presented. Motion by Board Member Melnick to approve the Iris Telehealth Telepsychiatry Service Agreement as presented. Second by Board Member Baker to approve the Iris Telehealth Telepsychiatry Service Agreement as presented. President Boss called for the vote. A vote in favor of the motion was 4/0.

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

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

- Mr. Hamblin reported the following information:
 - Applied for a CARE grant to fund leadership development.

- We were not awarded the grant and would still like to move forward with the education training for our managers.
 - Training for managers, supervisors, house supervisors; approximately 25 to 28 managers will receive the training.
- Board Member Melnick reported that she was not comfortable with the cost of the education program and the numbers are not adding up on the documents received in the packet; it seems the cost is more than \$15,000 and needs additional information.

President Boss called for a motion to table the Leadership Development and Education funding until additional information is presented and is also to be presented at the March Finance Committee. Motion by Board Member Melnick to table the Leadership Development and Education funding until additional information is presented and is also to be presented at the March Finance Committee. Second by Board Member Baker to table the Leadership Development and Education funding until additional information is presented and is also to be presented at the March Finance Committee. President Boss called for the vote. A vote in favor of the motion was 4/0.

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

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

- Mr. Friel reported that our Radiology is sent out for readings, we have been relying on portable x-rays and this will allow us to get the maximum use of the panels, this was an approved item from the CEO prior to providing to the Board due to the circumstances of the need for the panels and the pandemic
- Board Member Melnick reported that the Finance Committee also gives a positive recommendation to the Board for the purchase of the DR Panels; this item was discussed at length at the committee meeting.

President Boss called for a motion to approve the DR Panels at the cost of \$35,000. Motion by Board Member Melnick to approve the DR Panels at the cost of \$35,000. Second by Board Member Kaliher to approve the DR Panels at the cost of \$35,000. President Boss called for the vote. A vote in favor of the motion was 4/0.

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

D. Discussion and Potential Approval QHR Travel expenses not to exceed \$2,000.00 for IP Detox Program Implementation

- Mr. Hamblin reported that we will have QHR on site for the implementation of the Detox Program. The travel cost will not exceed \$2,000.00

President Boss called for a motion to approve the QHR travel not to exceed \$2,000.00. Motion by Board Member Baker to approve the QHR travel not to exceed \$2,000.00. Second by Board Member Melnick to approve the QHR travel not to exceed \$2,000.00. President Boss called for the vote. A vote in favor of the motion was 4/0.

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

12. ACTION ITEMS*

A. QHR Health Report:

(1) February 2021 QHR Health Report:

- Mr. White reported the following:
 - Detox program is moving forward
 - QHR has provided the Board evaluation for future use
 - Improving relationships with managed care plans
 - QHR entered into an agreement with Arizona to help build a hospital

President Boss called for a motion to approve the QHR Report as presented. Motion by Board Member Kaliher 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 4/0.

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

B. CNO Report:

(1) January 2021 CNO Report:

- Mr. Friel reported that Ms. Jex is at the vaccination clinic and will answer any questions:
 - We have vaccinated 60% of staff
 - Last week vaccinated health care workers and our senior community over 65 years of age
 - We have become a vaccination hub for the State
 - All SNF residents have received the vaccination if they agreed to take it
 - Blue Shield and Kaiser will be taking over the vaccination distribution
 - Community Church Big Bear and Park & Recreation have allowed us to use their facilities to provide the vaccination clinics to the public

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 4/0.

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

C. Acceptance of the CEO Report:

(1) February 2021 CEO Report:

- Mr. Friel reported the following information:
 - Vaccination clinic continues
 - Board vacancy deadline is Friday, February 12
 - Jack Briner submitted an application
 - Offered \$500.00 to every employee who receives and complete both doses of the vaccination
 - Staff is very appreciative of the \$2.00 COVID pay

(2) Board & Committee Meeting Calendar

- Mr. Friel reported that the Board & Committee Meeting Calendar is presented; required Board approval according to the Hospital Bylaws.

President Boss called for a motion to approve the CEO Report and Board & Committee Meeting Calendar as presented. Motion by Board Member Melnick to approve the CEO Report and Board & Committee Meeting Calendar as presented. Second by Board Member Kaliher to approve the CEO Report and Board & Committee Meeting Calendar as presented. President Boss called for the vote. A vote in favor was unanimously approved 4/0.

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

D. Acceptance of the Finance Report:

(1) December 2020 Financials:

- Mr. Hamblin reported the following information:
 - Total expenses were 7.5% more than budget
 - PPE, salary, wages
 - Days cash on hand is over 500
 - Total patient revenue was 3.0% lower than Budget for the month
 - Net patient revenue was 2.9% lower than budget

(2) CFO Report:

- Mr. Hamblin reported the following:
 - Inpatient Detox:
 - We continue to implement the program, potential start date of Feb.
 - Wound Care:
 - Project start date of March 2021
 - COVID 19 Expenses / Funding:
 - We continue to monitor the expenses carefully

President Boss called for a motion to approve the December 2020 Finance Report and CFO Report as presented. Motion by Board Member Melnick to approve the December 2020 Finance Report and CFO Report as presented. Second by Board Member Baker to approve the December 2020 Finance Report as presented. President Boss called for the vote. A vote in favor was unanimously approved 4/0.

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

13. ADJOURNMENT:

President Boss called for a motion to adjourn the meeting at 2:32 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 4/0.

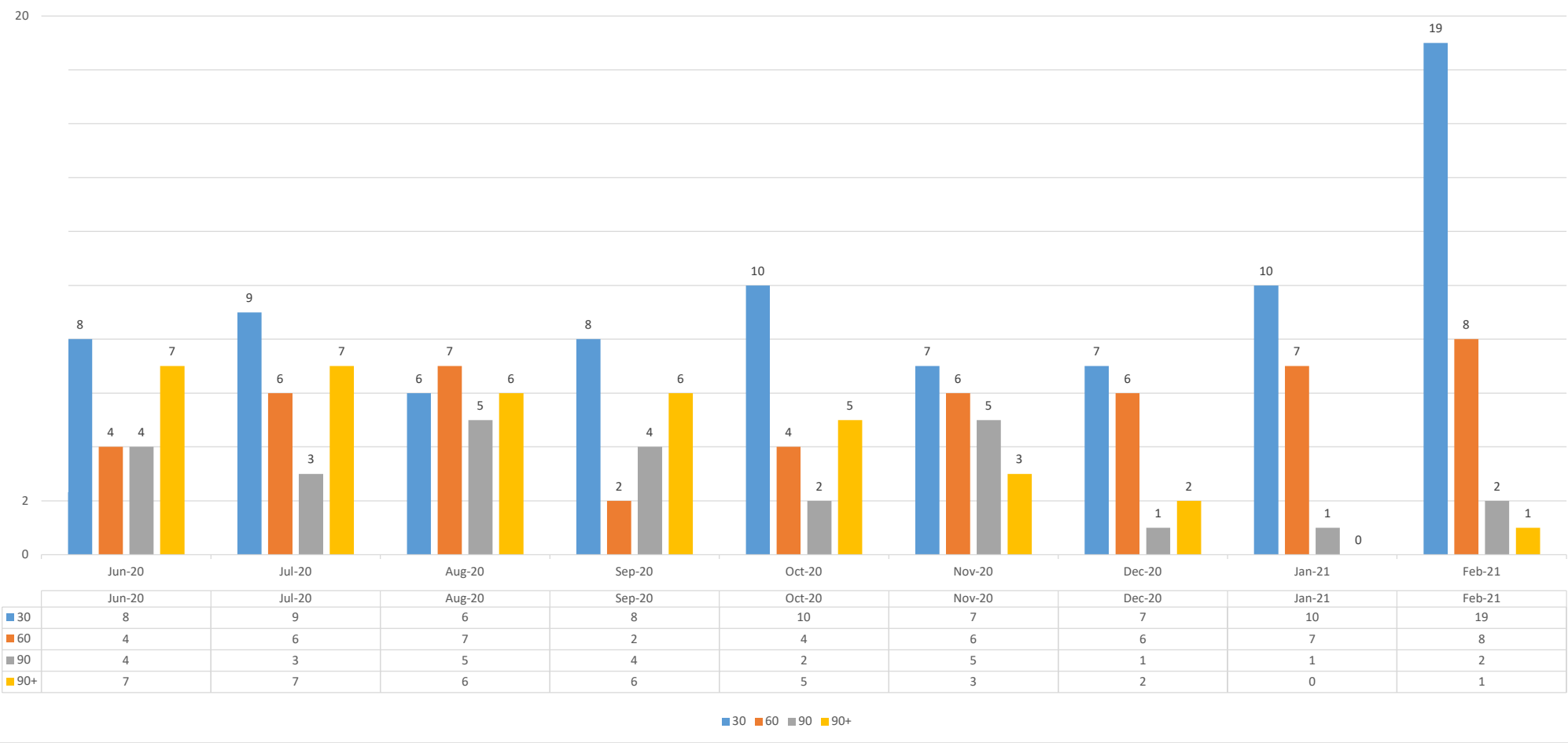
- Board Member Melnick- yes
- Board Member Kaliher - yes
- President Boss - yes
- Board Member Baker - yes



Board Report
February 2021

Staffing	Active: 231 – FT: 149 PT: 15 PD: 67 New Hires: 3 Terms: 5 (5 Voluntary 0 Involuntary) Open Positions: 20
Employee Performance Evaluations	DELINQUENT: See attachment 30 days: 19 60 days: 8 90 days: 2 90+ days: – 1 (RT) See Attachment Evaluations were distributed late due to short staffing, therefore showing additional 30 day delinquencies
Work Comp	NEW CLAIMS: 2 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
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



Bear Valley Community Healthcare District Construction Projects 2021

Department / Project	Details	Vendor and all associated costs	Comments	Date
Urgent Care	Working with design professionals to finalize drawings	Moon & Mayoras	Working on TI's with Contractors	
Pyxis Replacement	Pyxis equipment is in place and seismic anchors will be installed soon.	Facilities	Nearly complete, waiting for Pyxis to send last mount that was not recieved during original delivery.	
CT	CT Auto Opener disable device installation	Ludeke Electric	Completed.	
Vacuum Pump Replacement	Hospital vacuum pump failed	Facilities	In Progress	

Bear Valley Community Healthcare District Potential Equipment Requirements

Department / Project	Details	Vendor and all associated costs	Comments	Date
Hospital/Vacuum Pump	Replace the old vacuum pump/temporary pump in place	FS Medical	In Progress	
Facilities- Pipe Threader	A new piece of equipment for making pipe for repairs	Northern Tool	New Budget item	

Bear Valley Community Healthcare District Repairs Maintenance

Department / Project	Details	Vendor and all associated costs	Comments	Date
ER POD Expansion	Level area where POD will be placed, build ramps, and wire up power.	Facilities	Completed	
PT Negative Pressure Project	Install new ducting/vents and recirculation fan	Facilities/ACS	Completed	
FHC Lighting	Located the power issues that have a section of lighting off.	Facilities/Centrica	In Progress	



Infection Prevention Monthly Report

February 2021

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory	<ul style="list-style-type: none"> ▪ Continue to receive updates from APIC. Meetings are being conducted through Zoom. ▪ AFL (All Facility Letters) from CDPH have been reviewed. <ul style="list-style-type: none"> ○ Nothing new in February pertaining to infection control. ▪ Continue NHSN surveillance reporting. <ul style="list-style-type: none"> • No Hospital Acquired Infections to report. • No surgical site infections. ▪ Completion of CMR reports to Public Health per Title 17 and CDPH regulations. <ul style="list-style-type: none"> • January – 128 positive COVID-19 • February – 22 positive COVID-19 	<ul style="list-style-type: none"> • Continue reporting as required.
2. Construction	<ul style="list-style-type: none"> ▪ None currently 	<ul style="list-style-type: none"> ▪ Work with Maintenance and contractors to ensure

		compliance.
3. QI	<ul style="list-style-type: none"> ▪ Continue to work towards increased compliance with Hand Hygiene <ul style="list-style-type: none"> ▪ January 80% ▪ February 82% ▪ Surgical Instrument Tray Inventory Accuracy <ul style="list-style-type: none"> ▪ January -4 trays checked, 100% accurate ▪ February – 4 trays checked, 100% accurate 	<ul style="list-style-type: none"> • Continue monitoring hand hygiene compliance.
4. Outbreaks/ Surveillance	<ul style="list-style-type: none"> ▪ January –1 MRSA, no C-diff ▪ February – 1 MRSA, no C-diff 	<ul style="list-style-type: none"> ▪ Informational
5. Policy Updates	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ Clinical Policy and Procedure Committee to review and update Infection Prevention policies.
6. Safety/Product	<ul style="list-style-type: none"> ▪ IP will be training EVS staff on proper cleaning of the OR. 	<ul style="list-style-type: none"> ▪ Continue to monitor compliance with infection control practices.
7. Antibiotic Stewardship	<ul style="list-style-type: none"> ▪ Pharmacist continues to monitor antibiotic usage. <ul style="list-style-type: none"> ○ IP and Pharmacist applied for CDPH Antimicrobial Stewardship Honor Roll 	<ul style="list-style-type: none"> ▪ Informational.

8. Education	<ul style="list-style-type: none"> ▪ Infection Preventionist keeping up to date on latest COVID-19 and other infectious disease information. ▪ IP to do ongoing education at EVS staff meetings. 	<ul style="list-style-type: none"> ▪ ICP to share information at appropriate committees.
9. Informational	<p>Immediate Use Steam Sterilization</p> <ul style="list-style-type: none"> ▪ January – 0 surgeries, 0 IUSS ▪ February – 7 surgeries, 0 IUSS <p>Covid -19 Vaccine</p> <ul style="list-style-type: none"> ▪ Vaccines have been received and offered to all staff at this point. ▪ Community vaccine clinics have gone well. <p>We are still screening patients and visitors for symptoms of Covid-19.</p> <ul style="list-style-type: none"> ▪ The Emergency Room is now using EMTs as screeners for their lobby. <p>A representative from CDPH HAI division came for a collaborative visit regarding the SNF. She told IP we have a good plan in place.</p>	
<i>Heather Loose, BSN, RN</i>	<i>Infection Preventionist</i>	<i>Date: March 2, 2021</i>

Department	Title	Summary
Emergency Preparedness	Crisis Standards of Care	New policy.

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MINUTES
41870 GARSTIN DR., BIG BEAR LAKE, CA 92315
VIA PHONE CONFERENCE/TEAMS
FEBRUARY 02, 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 February 02, 2021 Finance Committee Meeting Agenda as presented. Second by Board Member Baker to adopt the February 02, 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 1:45 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 1:45 p.m. Hearing no request to address the Finance Committee, Board Member Melnick closed the Hearing Section at 1:45 p.m.

4. DIRECTOR'S COMMENTS:

- None

5. APPROVAL OF MINUTES:

A. January 05, 2021

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

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

6. OLD BUSINESS:

- None

7. NEW BUSINESS*

A. Discussion and Potential Recommendation to the Board of Directors of Iris Telehealth Service Agreement (Addendum):

- Mr. Hamblin reported this is an amendment to an agreement that was executed in 2017; there is a 3% increase which is approximately \$7,000 annual fee, with a ninety-day termination notice.

Board Member Melnick motioned to approve a positive recommendation to the Board of Directors the Iris Telehealth Service Agreement Amendment as presented. Second by Board Member Baker to approve a positive recommendation to the Board of Directors the Iris Telehealth Service Agreement Amendment 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

B. Discussion and Potential Recommendation to the Board of Directors DR Panel

- Mr. Friel reported that Radiology Department uses the panels for imaging.
 - Portable Xray unit does not allow us to transfer digital images
 - These will allow us to transmit to Radiologist off site

- Will fall under the CARES Act, will be able to claim full amount of \$35,000
- The committee expressed their concerns about purchasing the item and being put on a shelf after COVID has passed; Mr. Friel reported that this item will be used long after COVID. Discussion also took place on the quality of images we need to transmit. Unit was authorized to purchase due to the urgent need of the item to treat patients

Board Member Melnick motioned to approve a positive recommendation to the Board of Directors the purchase of the DR Panels of \$35,000.00. Second by Board Member Baker to approve a positive recommendation to the Board of Directors the purchase of the DR Panels of \$35,000.00. Board Member Melnick called for a vote. A vote in favor of the motion was unanimously approved.

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

8. PRESENTATION AND REVIEW OF FINANCIAL STATEMENTS*

A. December 2020 Finances:

- Mr. Hamblin reported the following information:
 - Expenses are up due to supplies
 - Increase in salary wage and benefit expenses
 - We are seeing the impacts of COVID
 - Total expenses were 7.5% over budget also due to COVID
 - Working on forgivable Paycheck Protection Loan
 - CARES Act Funding reporting is continuing

B. CFO Report:

- Mr. Hamblin reported the following:
 - **Inpatient Detox:**
 - Moving forward with implementation of the project and start date goal is February
 - Keith Jackson w/QHR will be on site for implementation
 - Will present travel expenses at the Board Meeting, travel not to exceed \$2,000
 - **Wound Care:**
 - Delayed until March due to census workload
 - Projected start date is March 2021
 - **COVID-19 Expenses / Funding:**
 - Volume increases
 - Expenses are being tracked
 - Received four RN's from the State that will be here for the next four weeks; they will provide relief for staff that needs time off; vacation's etc.
 - Applied for CARES Grant for managers to have training; the grant was not funded but would like to still provide the training for middle managers. Cost is approximately \$15,000. This was part of the Strategic Plan recommendation
 - Offered \$500.00 to all employees who receive both COVID 19 vaccinations. We are already seeing staff respond positively and more staff is getting the vaccination

Board Member Baker motioned to approve the December 2020 Finance Report and CFO Report as presented. Second by Board Member Melnick to approve the December 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 2:24 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: 24 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 – estimated total \$15,000 (two day presentation \$9,900 plus travel and out-of-pocket expenses for two people estimate \$4,000, and may be additional expense for meeting location)

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.

QHR Health was contacted about offering the training -

Garth:

Got in touch with Jo and Mark on presenting the “Leading From The Middle” program at BVCHD. I’ve attached a sample of the two day program that could be presented there. The agenda would be tailored to BVCHD and the leaders there. A summary of our conversation and proposal is as follows:

1. QHR will commit two consultants to BVCHD to present the program to your team. The example agenda that is attached does not necessarily reflect the individuals who would be presenting the program.
2. The program could be presented in a two day time period that would include all leaders that you choose to participate. However, we had an alternate thought for you to consider. Instead of having all your team attend the program for two days and be away from their jobs, we thought that you might want to consider splitting leaders into two separate groups and presenting the program to each group as a 1.5 day program. That approach may make it easier on operations at the Hospital.
3. The cost for the two day presentation would be \$9,900 plus out-of-pocket expenses. The normal cost of this program is \$11,000 but because of the new contract, BVCHD gets a 10% reduction on this service. There would be no additional fee if you decided to split the group and do two 1.5 day presentations.
4. QHR would work in conjunction with BVCHD to properly schedule the presentation and comply with Covid concerns and availability of the staff. The team at QHR can make this happen pretty much as soon as you would like but we want to be sensitive to your situation.

LEADING FROM THE MIDDLE: CORE SKILLS FOR SUCCESS

AGENDA

Day 1:

8:00 am – 8:15 am	Introductions and Welcome	Cathy Stern
8:15 am – 9:15 am	Transitioning into a Leadership Role	Cathy Stern
9:15 am – 10:15 am	Generational Workforce	Cathy Stern Terry Norris
	BREAK	
10:30 am - Noon	Hiring and Keeping the Right Team Members <ul style="list-style-type: none">• Interviewing Techniques• Annual Evaluations• Competencies• Staff Retention/Natural Attrition	Cathy Stern Facility HR Leader
Noon – 1:00 pm	LUNCH	
1:00 pm – 2:00 pm	Building and Effective Team	Terry Norris
2:00 pm – 3:00 pm	Just Culture <ul style="list-style-type: none">• Setting Clear Expectations• Staff Accountability• Follow-Through	Cathy Stern
3:00 pm – 3:15 pm	BREAK	
3:15 pm – 4:15 pm	Productivity & Labor Expense <ul style="list-style-type: none">• The Right Staff at the Right Time• Understanding Productivity Metrics	Cathy Stern
4:15 pm – 5:00 pm	Continuous Process Improvements <ul style="list-style-type: none">• Connecting to the Quality Plan• Supporting the Strategic Plan	Cathy Stern
5:00 pm – 5:15 pm	Wrap Up/Questions	Cathy Stern

LEADING FROM THE MIDDLE: CORE SKILLS FOR SUCCESS

AGENDA

Day 2:

8:00 am – 8:15 am	Announcements	Senior Leadership Cathy Stern
8:15 am – 9:10 am	So Now You are a Leader <ul style="list-style-type: none"> • Seeking Guidance as Questions Arise • Mentoring • Developing Internal Talent • Succession Planning 	Terry Norris
9:10 am – 9:20 am	BREAK	
9:20 am – 10:20 am	Delegation and Empowerment <ul style="list-style-type: none"> • Engaging Front-Line Staff 	Terry Norris
10:20 am – 10:30 am	BREAK	
10:30 am – 11:30 am	Leading Change	Terry Norris
11:30 am – 12:30 pm	LUNCH	
1:00 pm – 2:00 pm	Building and Effective Team	Terry Norris
12:30 pm – 1:30 pm	Financial Management for Department Managers <ul style="list-style-type: none"> • Working Within Your Budget – Operational/Capital • Meaningful Ways to Request Departmental Needs 	Cathy Stern Facility CFO
1:30 pm – 2:15 pm	Effective Communication <ul style="list-style-type: none"> • How to listen so your staff will talk • How to talk so your staff will listen • Conflict Resolution 	Terry Norris
2:15 pm – 2:30 pm	BREAK	
2:30 pm – 3:30 pm	Your Role in Continuous Survey	Cathy Stern
3:30 pm – 4:30 pm	Your Role in Continuous Survey Readiness	Cathy Stern
4:30 pm – 4:45 pm	Wrap Up/Questions	Cathy Stern



QUESTIONNAIRE FOR APPOINTMENT TO BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT

**THIS QUESTIONNAIRE AND ALL INFORMATION SUBMITTED
IS A PUBLIC RECORD**

Instructions

If you are interested in serving on a Special District Board of Directors, please complete this application and return it to:

John Friel, CEO
PO Box 1649
Big Bear Lake, CA 92315

Date Due: No later than 5:00 PM on February 12, 2021

You will be kept notified by the District of the status of your application. Thank you for your interest.

.....
ARE YOU A REGISTERED VOTER WITHIN THE DISTRICT? Yes ☒ No ☐

NAME: JOHN G BRINER AGE (optional): _____

RESIDENCE ADDRESS: 41598 STONE BRIDGE, BIG BEAR LAKE, CA 92315

BUSINESS OR MAILING ADDRESS: P.O. BOX 3182, BIG BEAR LAKE, CA 92315

PHONE (DAYTIME): (530) 305-6050 PHONE (EVENING): SAME

E-MAIL (optional): JGBPATRIOT@GMAIL.COM

EDUCATION

Institution	Major	Degree	Year
-------------	-------	--------	------

UNIV. OF THE PACIFIC	INTERNATIONAL RELATIONS	BA	1962

WORK / VOLUNTEER EXPERIENCE				
Organization	City	Position	From	To
CALIF. INTERNAT'L BANK	WESTMINSTER	PRES. & CEO	2017	PRESENT
WATER SAFETY INSTRUCTOR - RED CROSS	AUBURN, CA	STATE LIFEGUARD		

STATEMENT OF QUALIFICATIONS:

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors.

TWENTY PLUS YEARS AS TRUSTEE ON HOSPITAL BOARDS IN THE SUTTER HEALTH SYSTEM

DESIRE TO CONTINUE FAMILY TRADITION OF COMMUNITY SERVICE

Years of residence in the Bear Valley Community Healthcare District 16

QUALIFICATIONS: (Stay within space allowed for answers. Do not attach extra pages.)

1. Provide a description of your educational work and/or public service background.

SBC SHERIFF'S - CITIZENS PATROL (6 YEARS)

EAGLE SCOUT PROJECT COORDINATOR

2. Why do you wish to serve on the Board and what do you hope to accomplish?

TO CONTINUE COMMUNITY SERVICE

3. What skills, abilities, and experience would you bring to the Board to assist in carrying out its responsibilities?

SERVE ALREADY 50 YEARS ON COMMUNITY BANK BOARDS, &
CONCURRENTLY SERVED OVER 20 YEARS ON HOSPITAL BOARDS.

4. List your involvement in activities that demonstrate your understanding and support for the health care industry, such as membership on committees/organizations, offices held, volunteer work, and community service.

MANY YEARS SERVING ON SEVERAL HOSPITAL BOARDS.

5. List in order of importance, the major issues that you believe are confronting the health care industry and, specifically, the Bear Valley Community Healthcare District.

RISEING HEALTHCARE COSTS

POTENTIAL STAFFING ISSUES


6. Explain what you believe to be the mission of the Bear Valley Community Healthcare District.

TO PROVIDE HIGHEST QUALITY HEALTHCARE, & TO BE RESPONSIVE
TO THE HEALTHCARE NEEDS OF THE COMMUNITY

CERTIFICATION:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.


Signature

 9 Feb 01
Date

Health award recipient following family example

By Michelle Miller
Journal Staff Writer

It's no wonder that Jack Briner has spent 22 years volunteering on various board's in Auburn's medical community — health care runs in the family.

"I guess it's in my DNA," said Briner, 65, whose mother was a nurse and father was a physician.

The president and chief executive officer at Auburn Community Bank recently earned an award for his board

service from the Sutter Auburn Faith Hospital Foundation. The Healthcare award will be presented at tonight's State of the Community Dinner.

Briner's inspiration comes from his father. Stricken with polio and paralyzed from the waist down, he went to UC Medical School and eventually formed the Auburn Medical Clinic.

"My father is my hero," he said. "With his handicap and trying to be involved the best he could in the activities of his three boys, he was a heck of an example. I come by volunteering in the medical community naturally."

Name a board that governs some part of Sutter Medical Group and Briner has probably served on it.

He started on the Sutter Auburn Faith Foundation board in 1983 and has since served on the hospital's board, and Sutter Health at Work's board. He is currently the chairman of the Sutter Auburn Faith Visiting Nurse Association & Hospice, and the chairman of Sutter's



Jack Briner

Sacramento Sierra Region Board of Trustees, which governs Sutter's five area non-profit hospitals.

"If you add up all his years and hours of service, we're talking tens of thousands of hours," said Mitch Hanna,

Sutter Auburn Faith chief administrative officer. "He's a very busy man, but he's been so generous giving his time."

But if asked about this award, Briner is modest.

"A lot of people do a lot of volunteering in our community that goes unrecognized," he said. "I've never done anything to get a reward, truth is no one individual makes a difference as much as a group and team of people who do things."

Briner has spent his whole life in Auburn, with the exception of the years he spent on active duty in the U.S. Air Force. He served 27 years in all, mostly as a reservist.

A founding member the Auburn Daybreak Rotary Club, Briner enjoys jogging in the canyon and spending time with his wife, Denise, two grown daughters and two stepsons, ages 20 and 17. No official word yet if any will keep the family tradition alive and be affiliated with healthcare.

But Briner, for one, is happy to give back.

"We're fortunate to have Sutter Auburn Faith Hospital. It's not just a hospital, it's part of the fabric of our community," he said. "I've enjoyed my years providing whatever I did."

The Journal's Michelle Miller can be reached at michellem@goldcountry-media.com.



SUMMARY RESULTS

Bear Valley Community Healthcare District 2021 Governance Self-Assessment

Provided as a Member Service By



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Self-Assessment Overview

In December 2020 - January 2021 the Bear Valley Community Healthcare District Board of Directors assessed the board's overall leadership performance. The board also identified issues and priorities for the future.

Board members assessed the board's overall performance in ten leadership areas, including:

- Mission, values and vision;
- Strategic direction;
- Leadership structure and processes;
- Quality and patient safety;
- Community relationships;
- Relationship with the CEO;
- Relationships with the medical staff;
- Financial leadership;
- Community health; and
- Organizational ethics.

Board members rated 167 total criteria in these ten areas.

How the Self-Assessment Was Conducted

The governance self-assessment was conducted using an online survey. Four Bear Valley Community Healthcare District board members completed the self-assessment.

Respondents rated a variety of statements in the ten areas above, using a scale ranging from "Level 5 (Strongly Agree)" to "Level 1 (Completely Disagree)." "Not Sure" and "Not Applicable" choices were also available for each statement.

Mean scores for each statement were calculated using a five point scale (Level 5 - Level 1). No points were assigned to "Not Sure" and "Not Applicable" ratings.

Finally, board members provided insights about their priorities for the board in the next year; defined the board's strengths and weaknesses; identified key issues that should occupy the board's time and attention in the next year; provided insights about the most significant trends the board must be able to understand and deal with in the next year; and identified critical factors that must be addressed for the organization to successfully achieve its goals.

Rating Methodology

The following rating scale was used to evaluate overall board performance:

- **Level 5:** I *strongly agree* with this statement. We always practice this as a part of our governance. Our performance in this area is *outstanding*.
- **Level 4:** I *generally agree* with this statement. We usually practice this as a part of our governance, but not always. We perform *well* in this area.
- **Level 3:** I *somewhat agree* with this statement. We often practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
- **Level 2:** I *somewhat disagree* with this statement. We inconsistently practice this as a part of our governance. We *do not perform well* in this area.
- **Level 1:** I *disagree* with this statement. We never practice this as a part of our governance. We perform *very poorly* in this area.
- **N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.
- **N/A:** Not applicable.

Reviewing This Report

Board member ratings of board self-assessment criteria are depicted throughout this report in graphs.

The criteria in each graph are displayed in order from highest to lowest mean score. The mean score for each individual rating criterion appears to the right of the graph.

To facilitate the identification of areas that may require governance and/or management attention, each graph includes the number of Level 5 - Level 1 responses to each statement in the color-coded bars. Responses are grouped and color coded, with "Level 5" appearing in dark green, "Level 4" in light green, "Level 3" in yellow, "Level 2" in orange, and "Level 1" in red. "Not Sure" responses appear in gray, and "Not Applicable" responses appear in white.

Longer lists of criteria have been separated into higher and lower rated sections for ease of display and analysis.

Board member responses to all open-ended questions appear throughout the report, where applicable, and on pages 28-29.

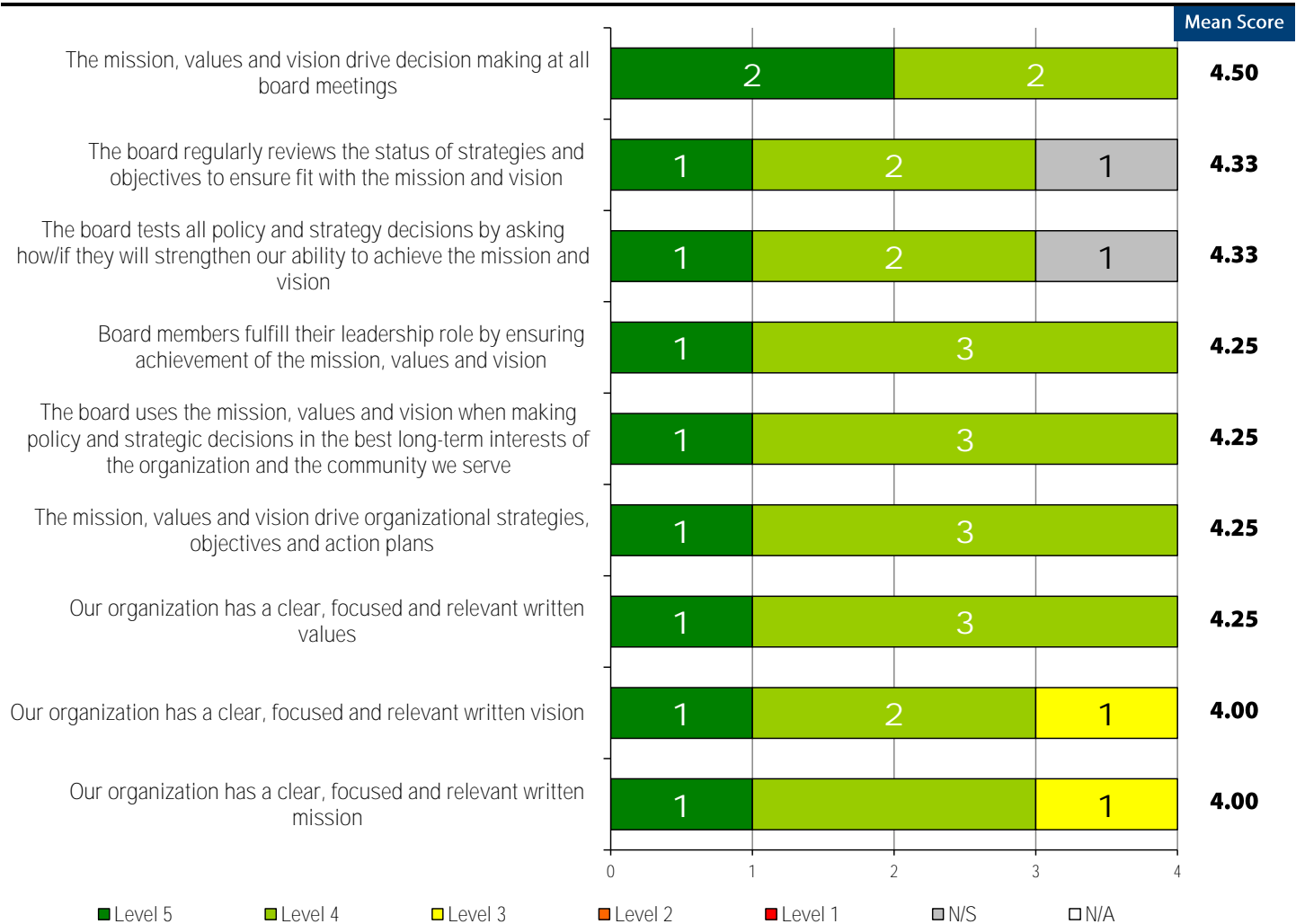
SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Mission, Values and Vision

Mission, Values and Vision

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- During Strategic Planning Sessions, the Board determined that the organization should reassess the current Mission, Values and Vision.

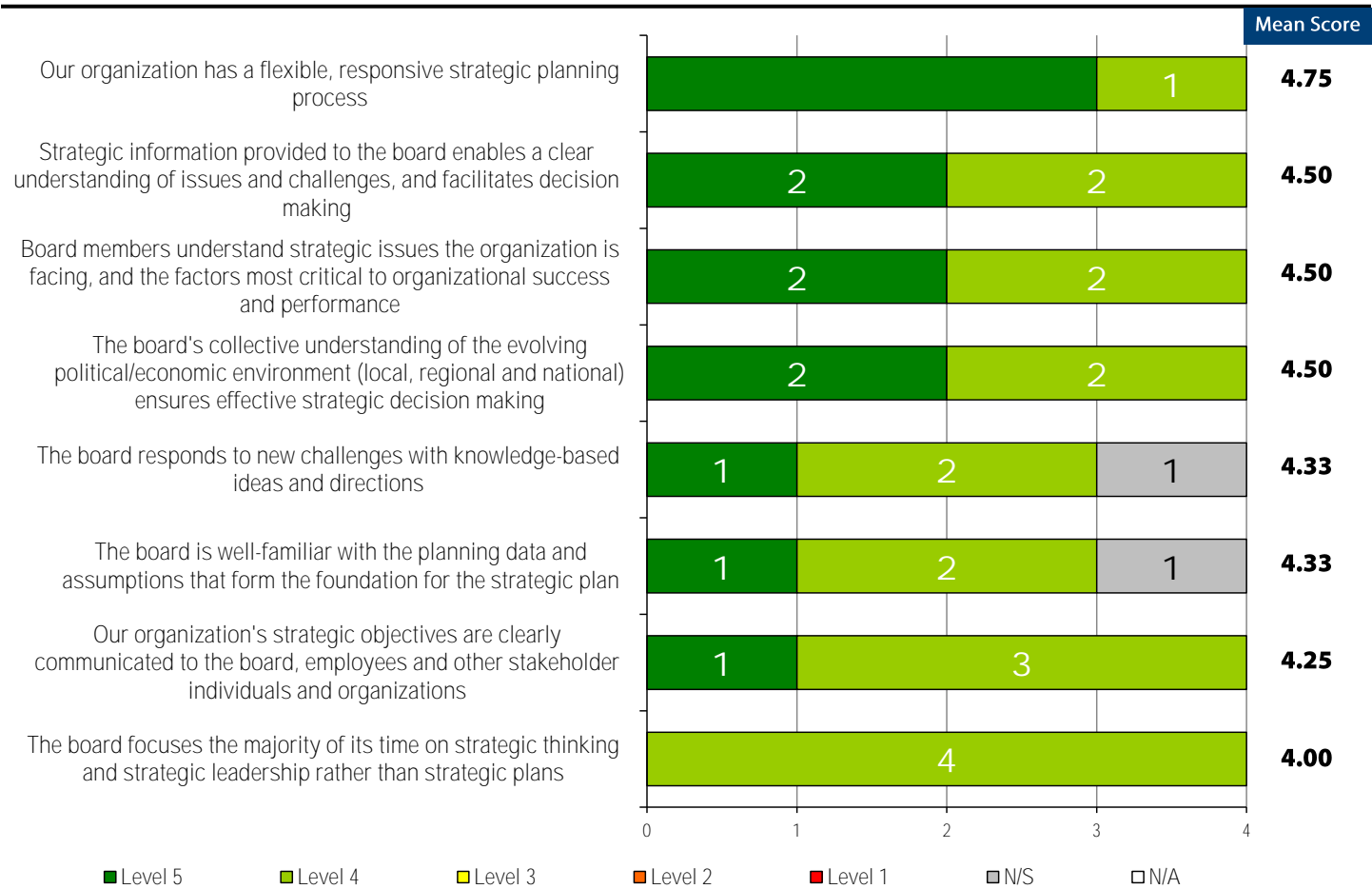
SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Strategic Direction

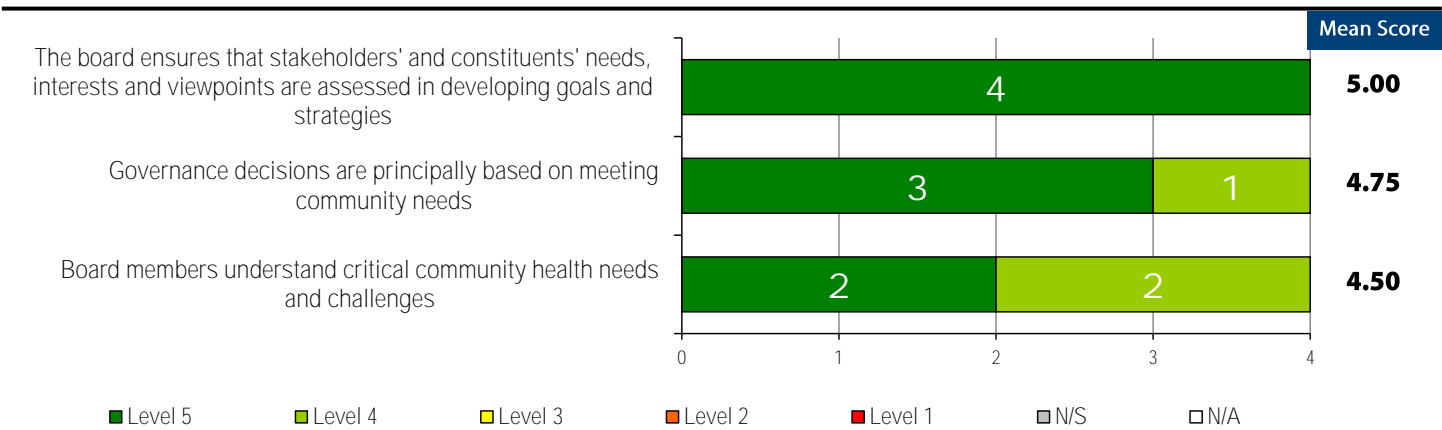
The Strategic Planning Process

(sorted by highest to lowest mean score)



Community and Stakeholder Perspectives

(sorted by highest to lowest mean score)

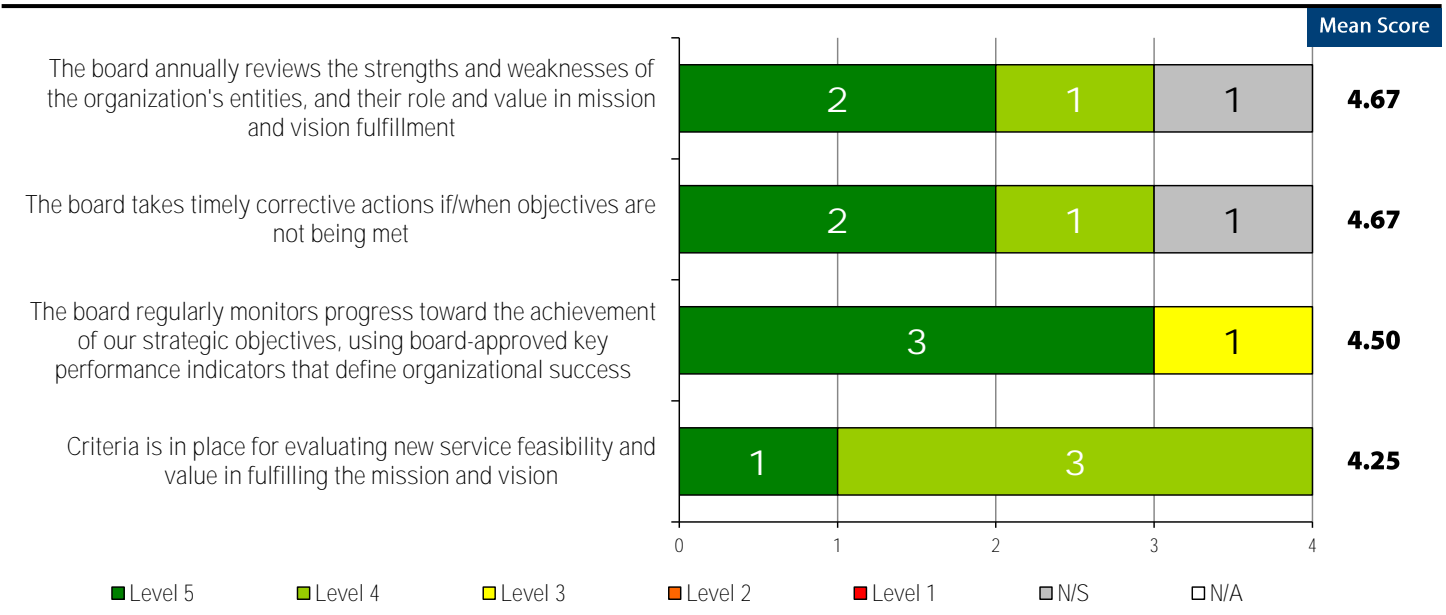


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

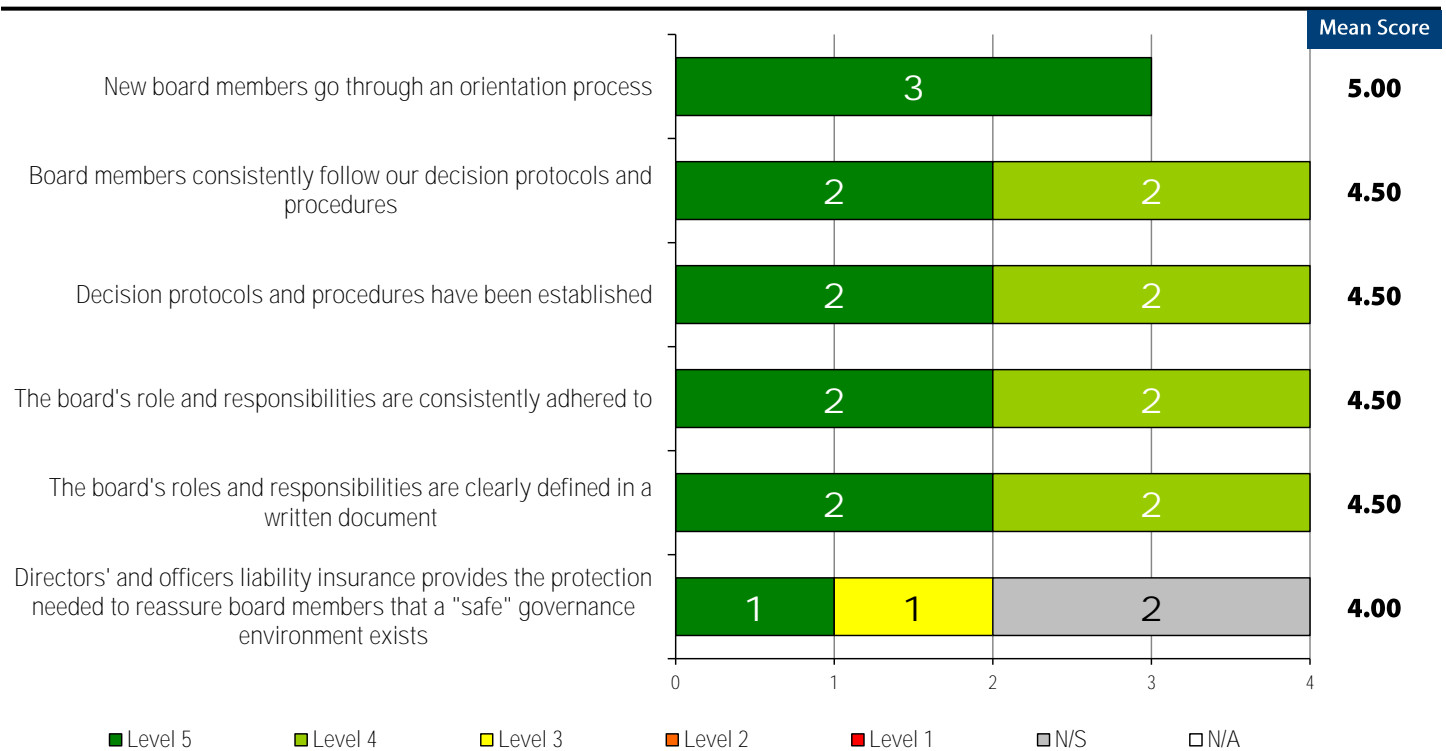
SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Leadership Structure and Processes

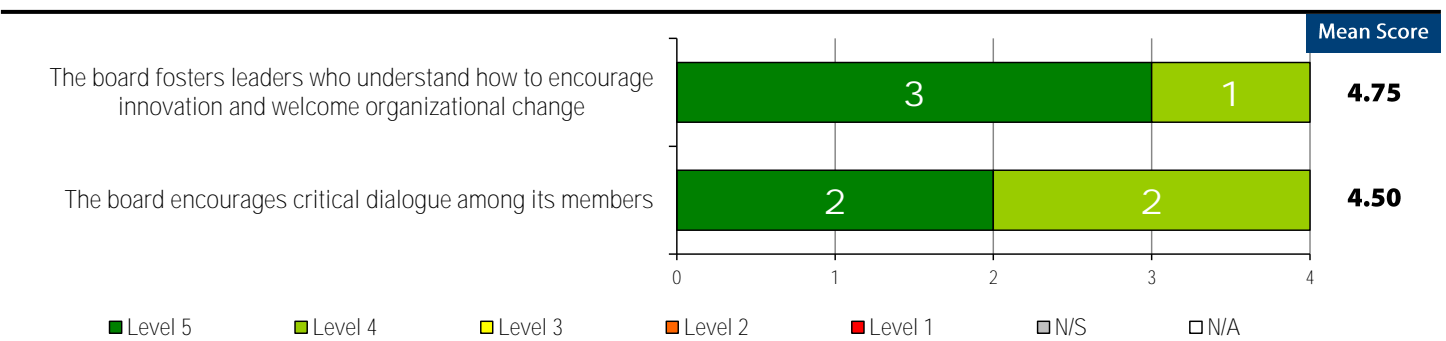
Board Roles and Responsibilities

(sorted by highest to lowest mean score)



Board Structure and Composition

(sorted by highest to lowest mean score)

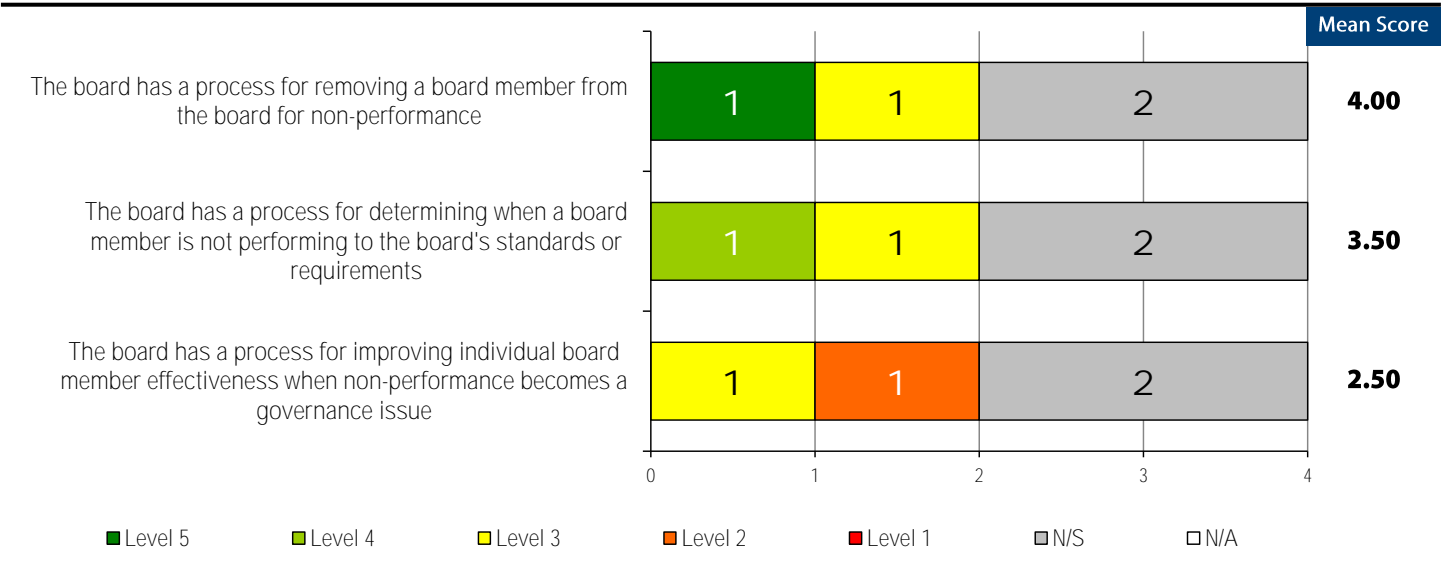


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

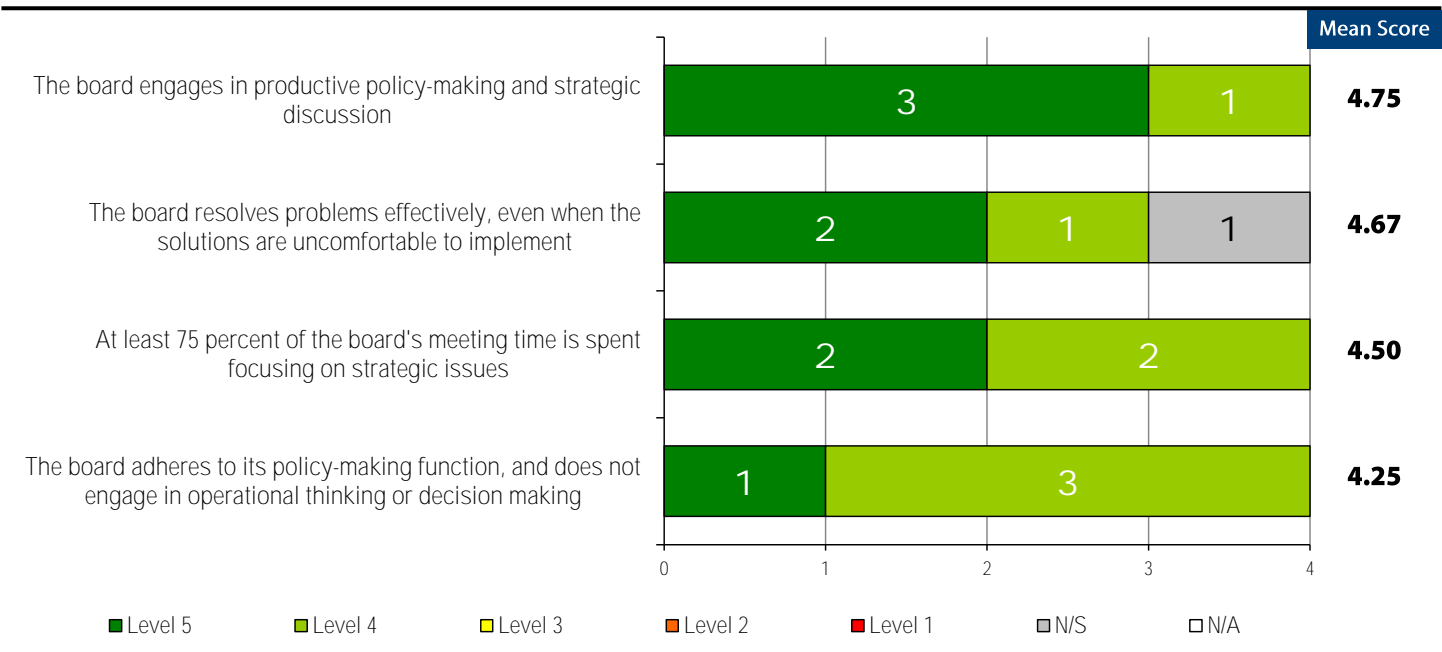
Board Member Performance

(sorted by highest to lowest mean score)



Strategic Focus

(sorted by highest to lowest mean score)

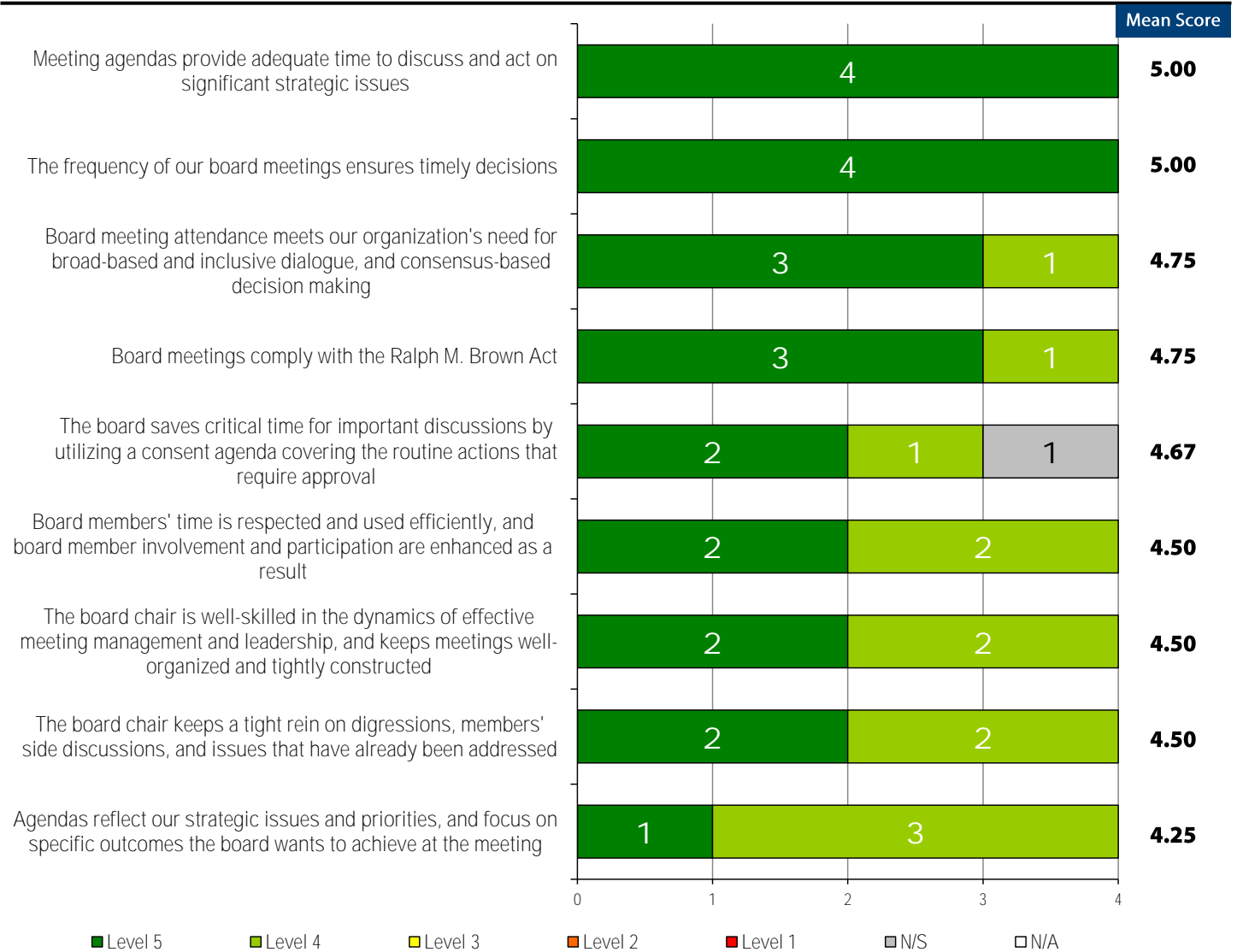


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Board Meetings

(sorted by highest to lowest mean score)

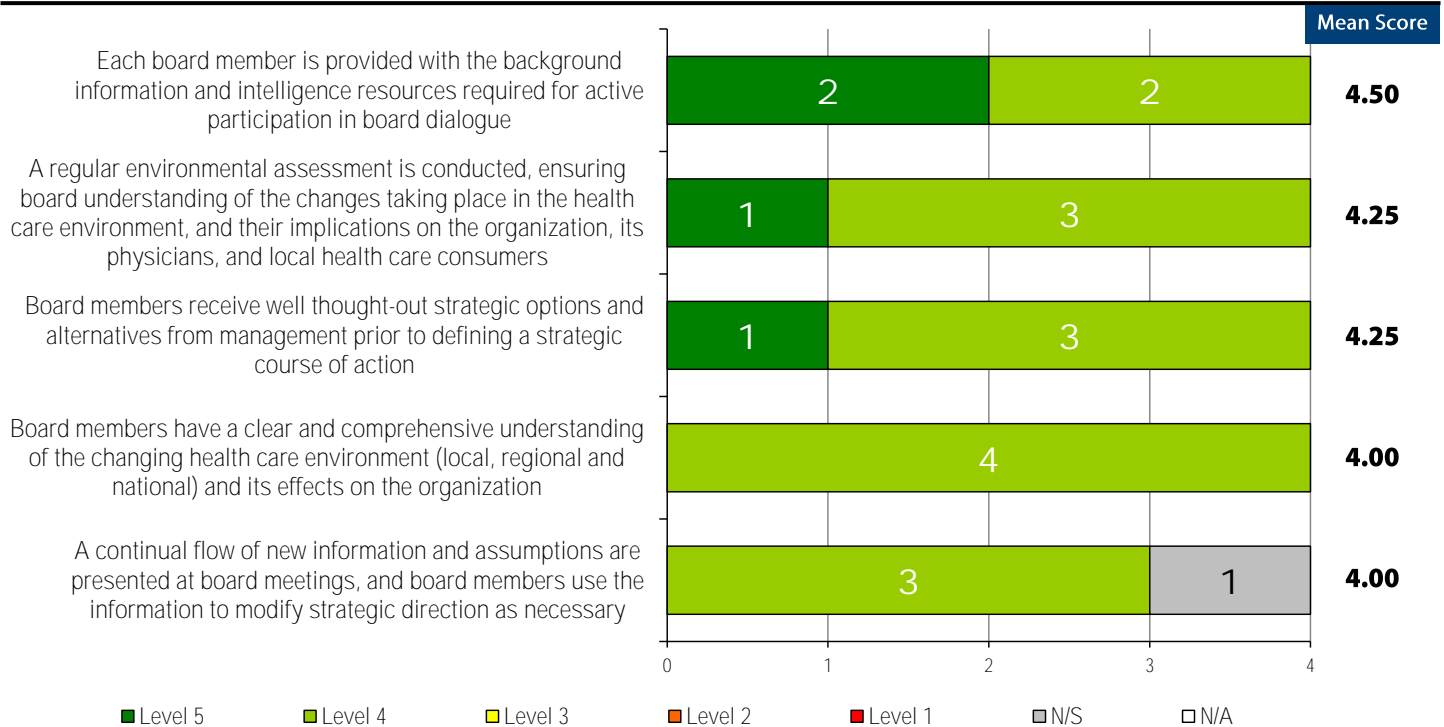


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

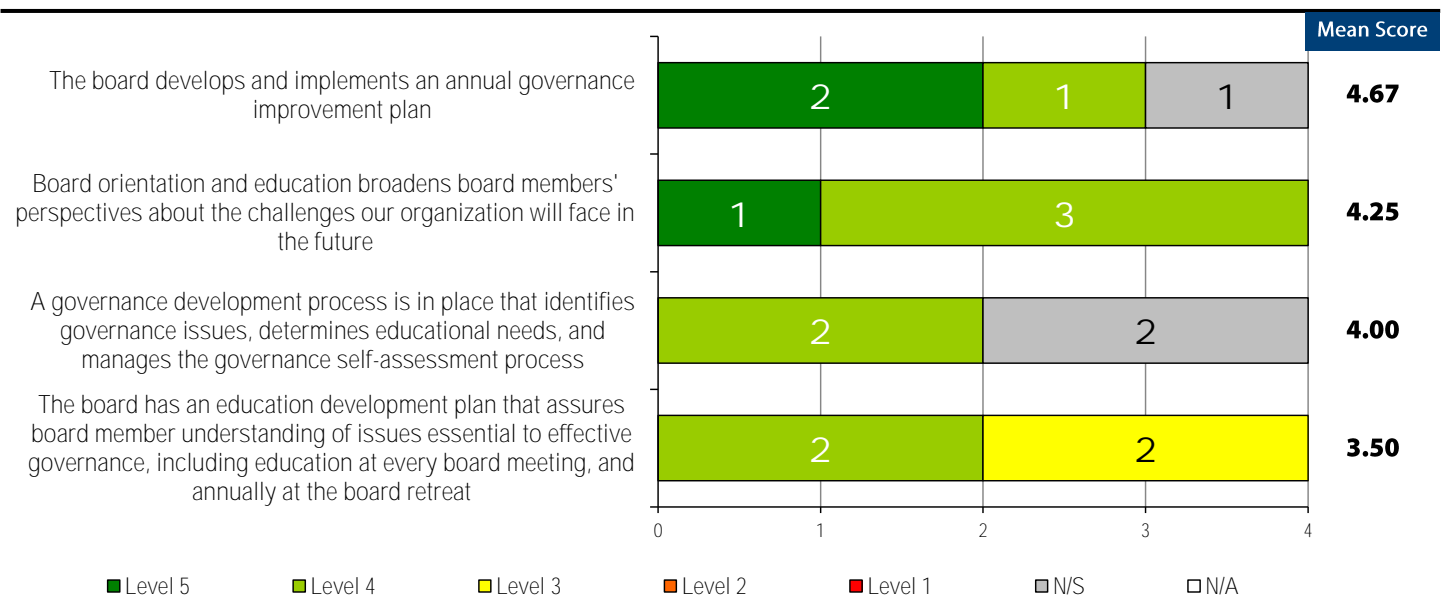
Board Member Knowledge

(sorted by highest to lowest mean score)



Governance Development

(sorted by highest to lowest mean score)

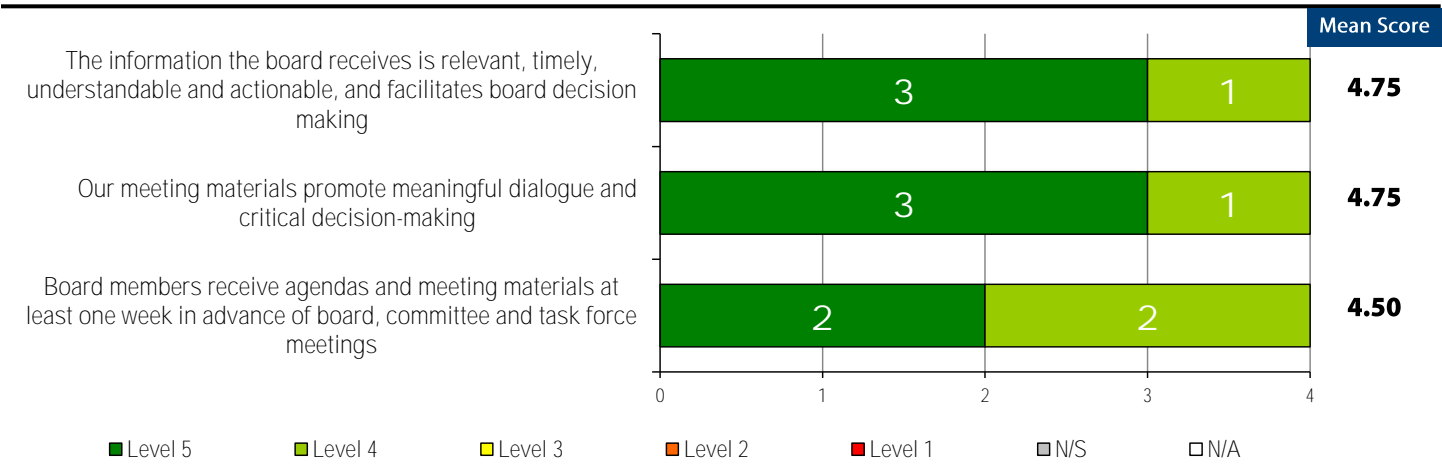


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

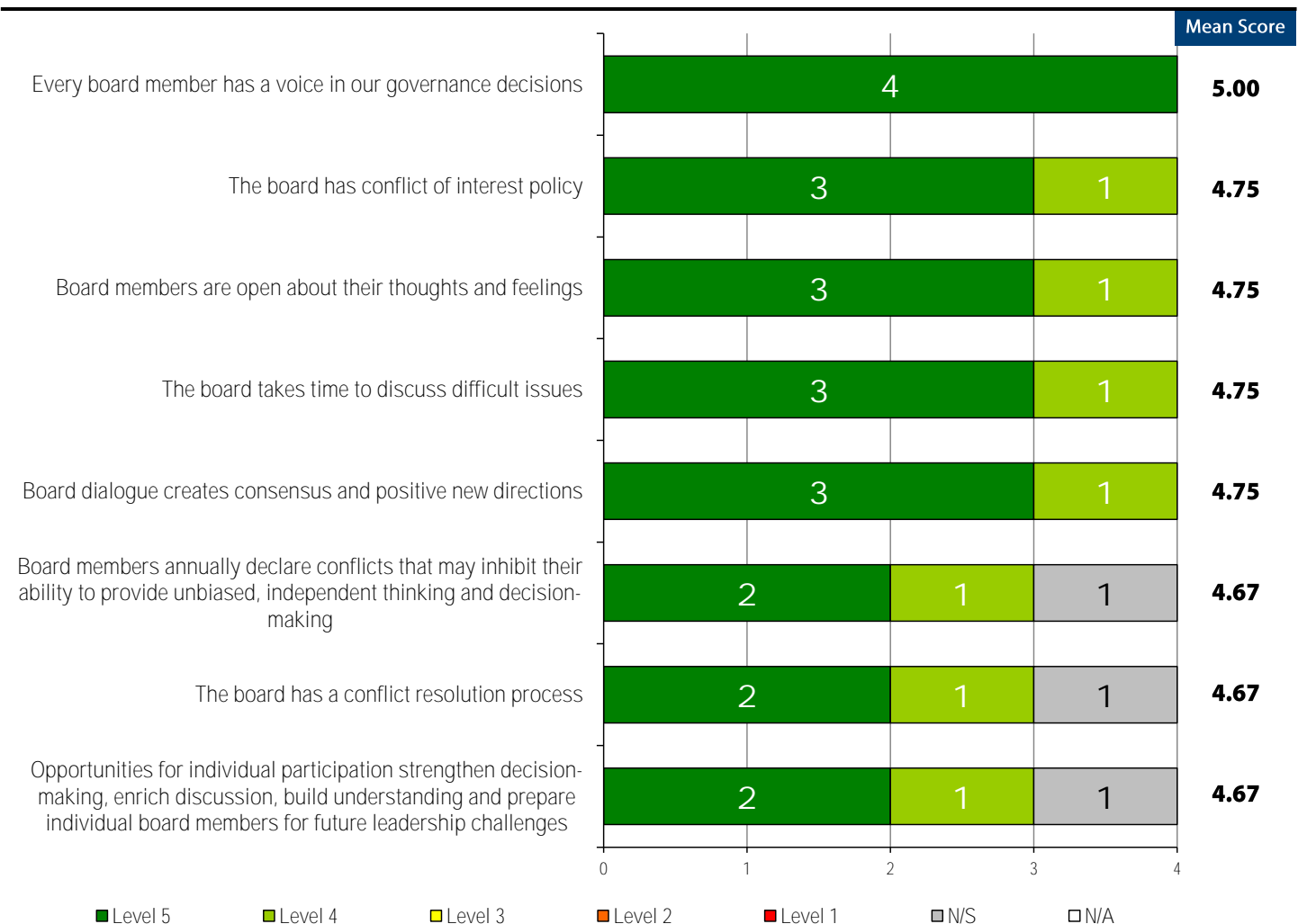
Meeting Materials

(sorted by highest to lowest mean score)



Board Relationships and Communication: Higher-Rated

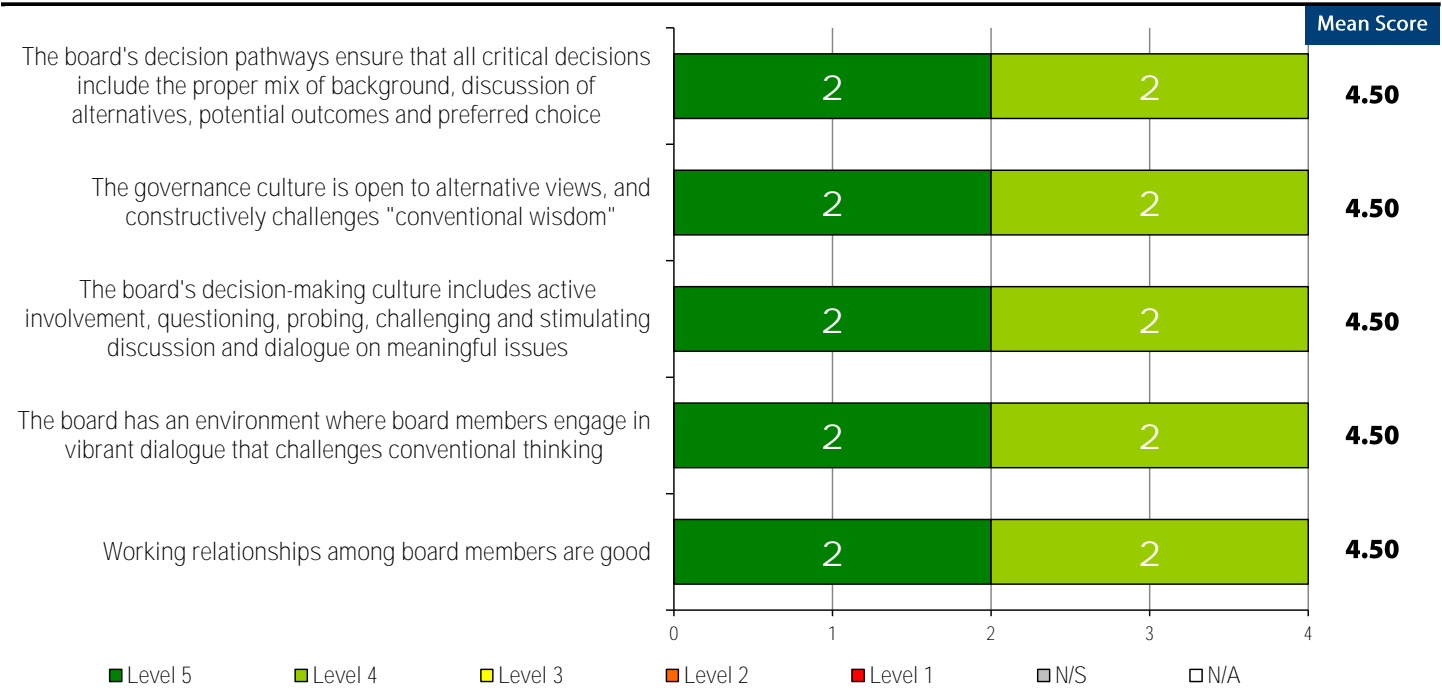
(sorted by highest to lowest mean score)



SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Board Relationships and Communication: Lower Rated (sorted by highest to lowest mean score)



Suggestions for Governance Improvement

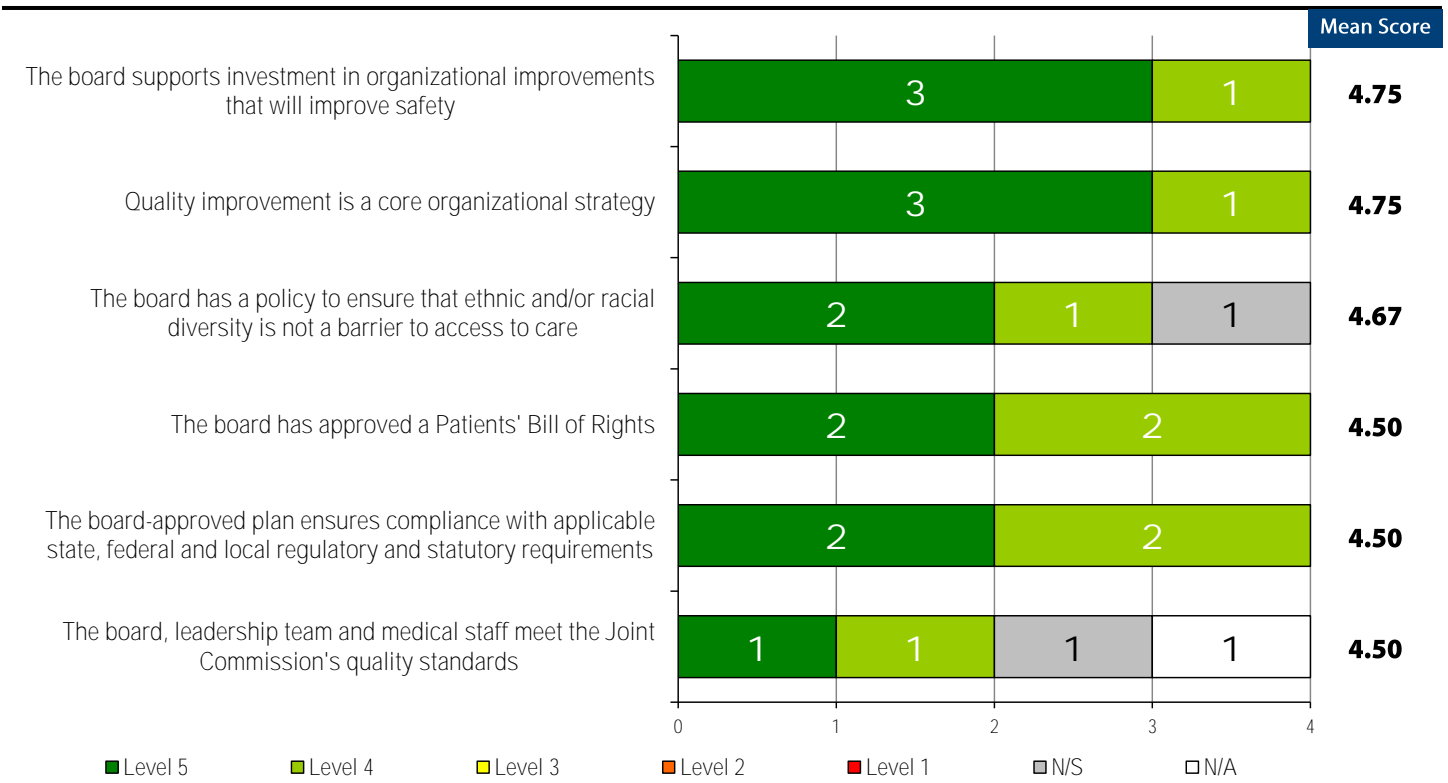
No comments or suggestions for governance improvement were provided in this section.

SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Quality and Patient Safety

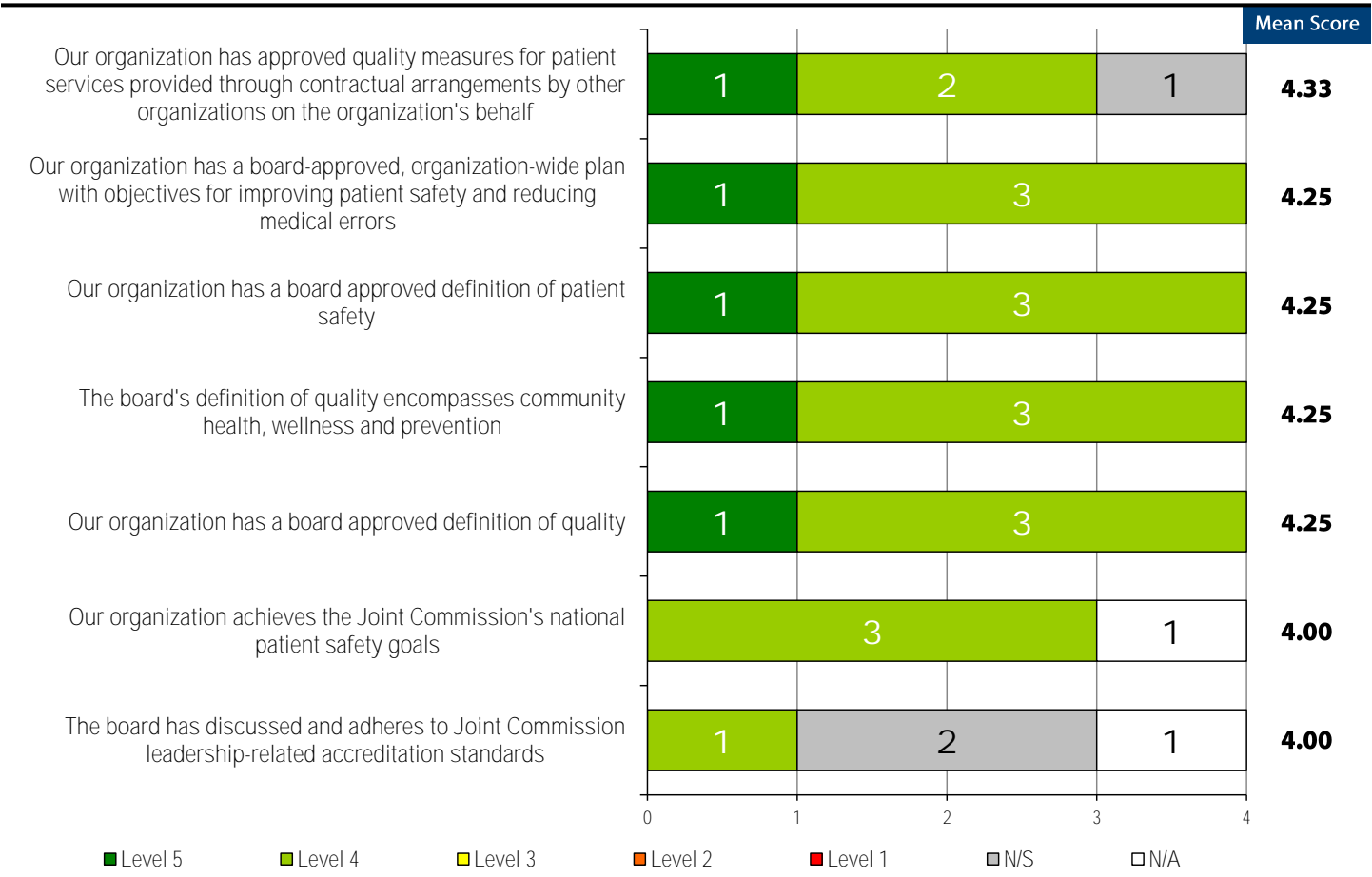
Defining and Understanding Quality and Patient Safety Issues: Higher-Rated
(sorted by highest to lowest mean score)



SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Defining and Understanding Quality and Patient Safety Issues: Lower-Rated (sorted by highest to lowest mean score)

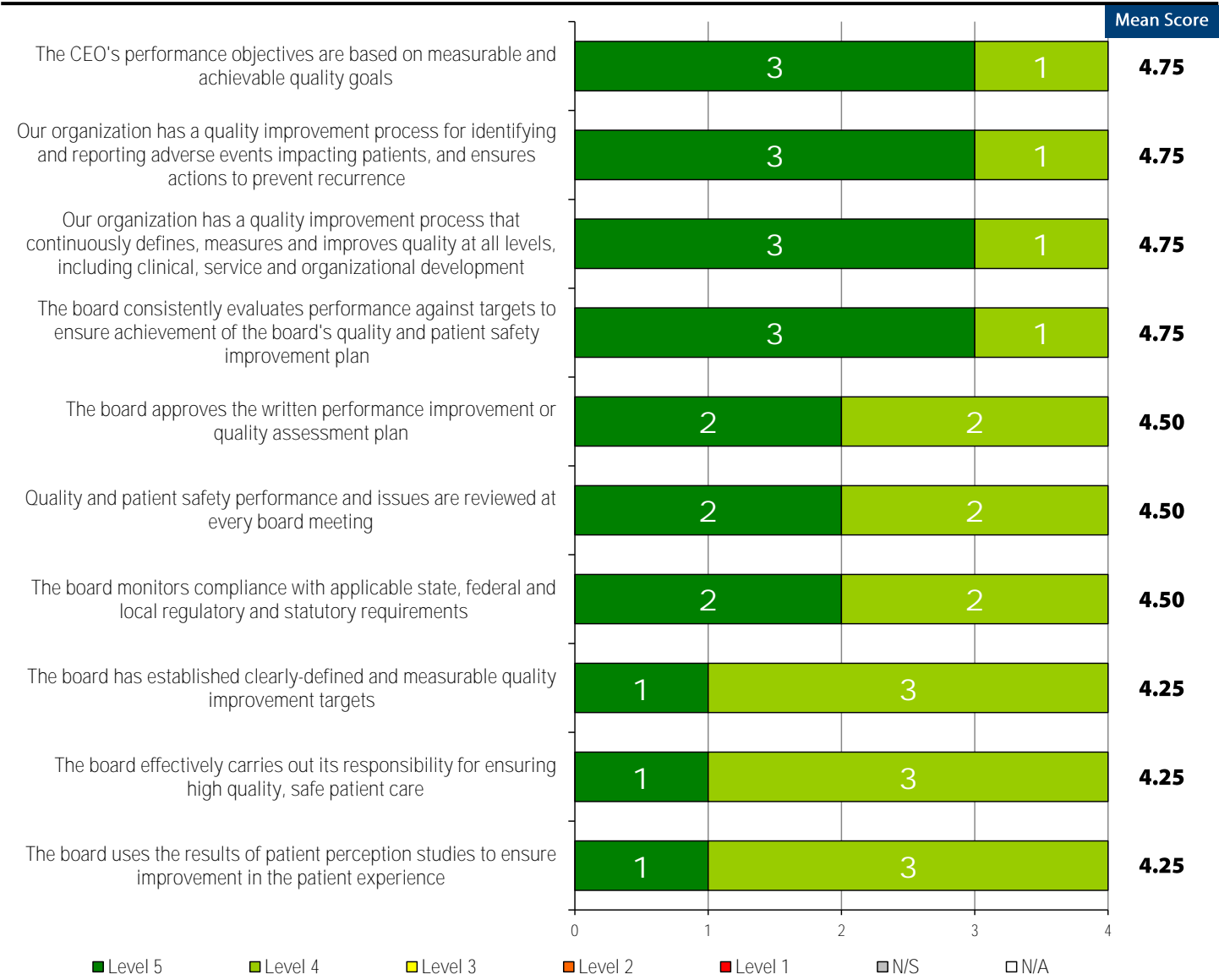


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Monitoring Quality and Patient Safety

(sorted by highest to lowest mean score)



SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Ensuring a Workforce that Provides High Quality and Safe Care

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

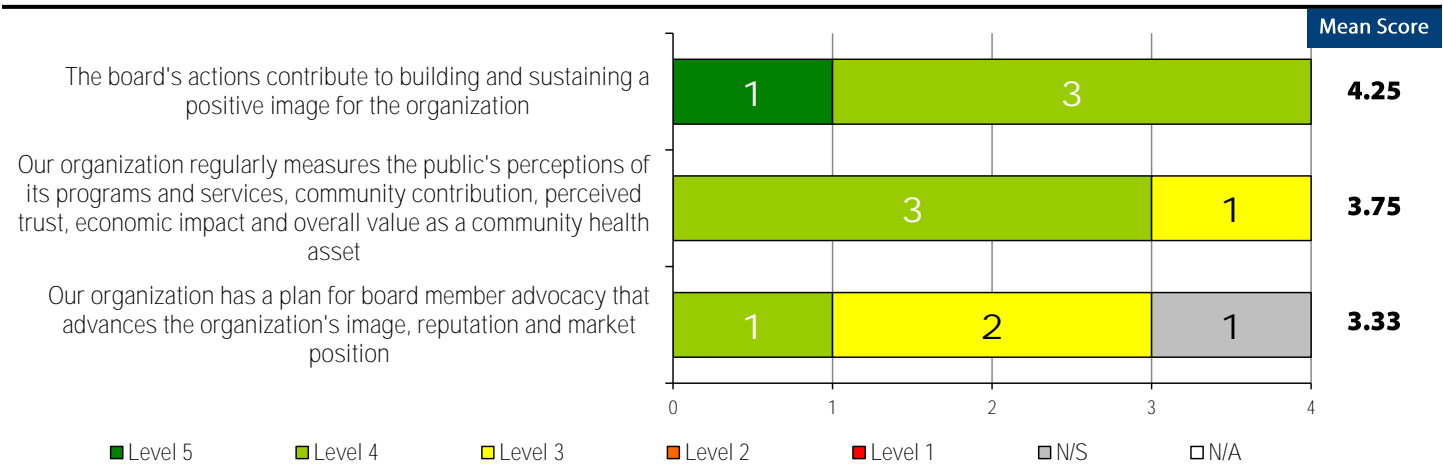
SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Community Relationships

Ensuring Public Trust and Confidence

(sorted by highest to lowest mean score)



Ensuring Community Communication and Feedback

(sorted by highest to lowest mean score)



SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- We need more community communication.

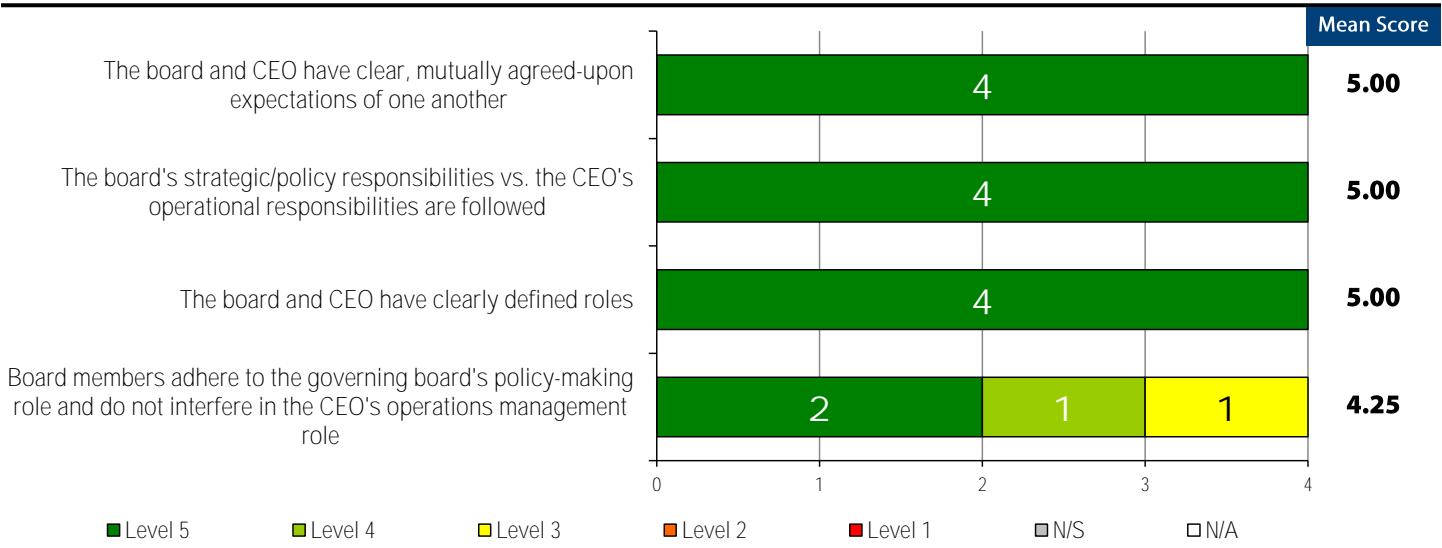
SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Relationship with the CEO

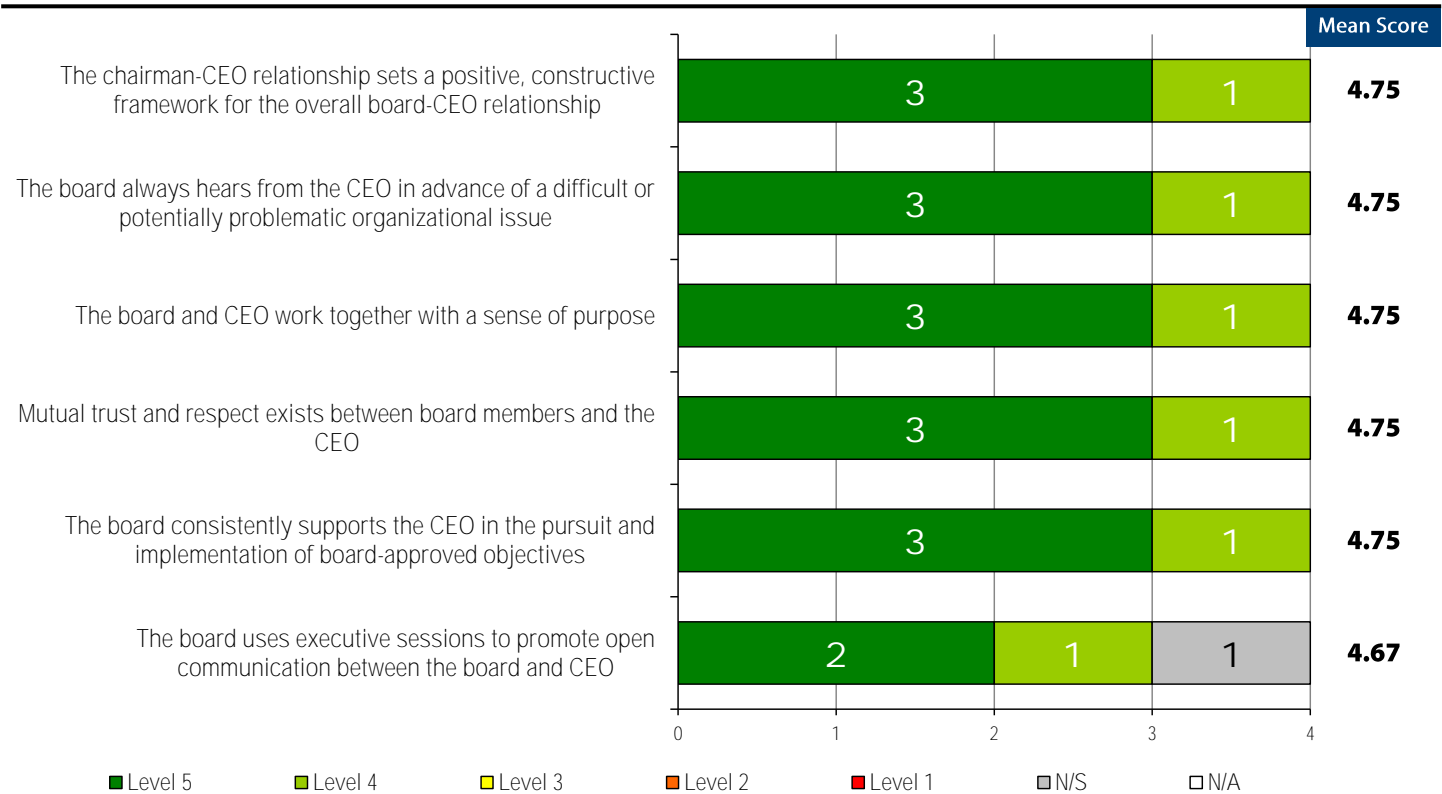
Board and CEO Roles

(sorted by highest to lowest mean score)



Communication, Support and Shared Goals

(sorted by highest to lowest mean score)

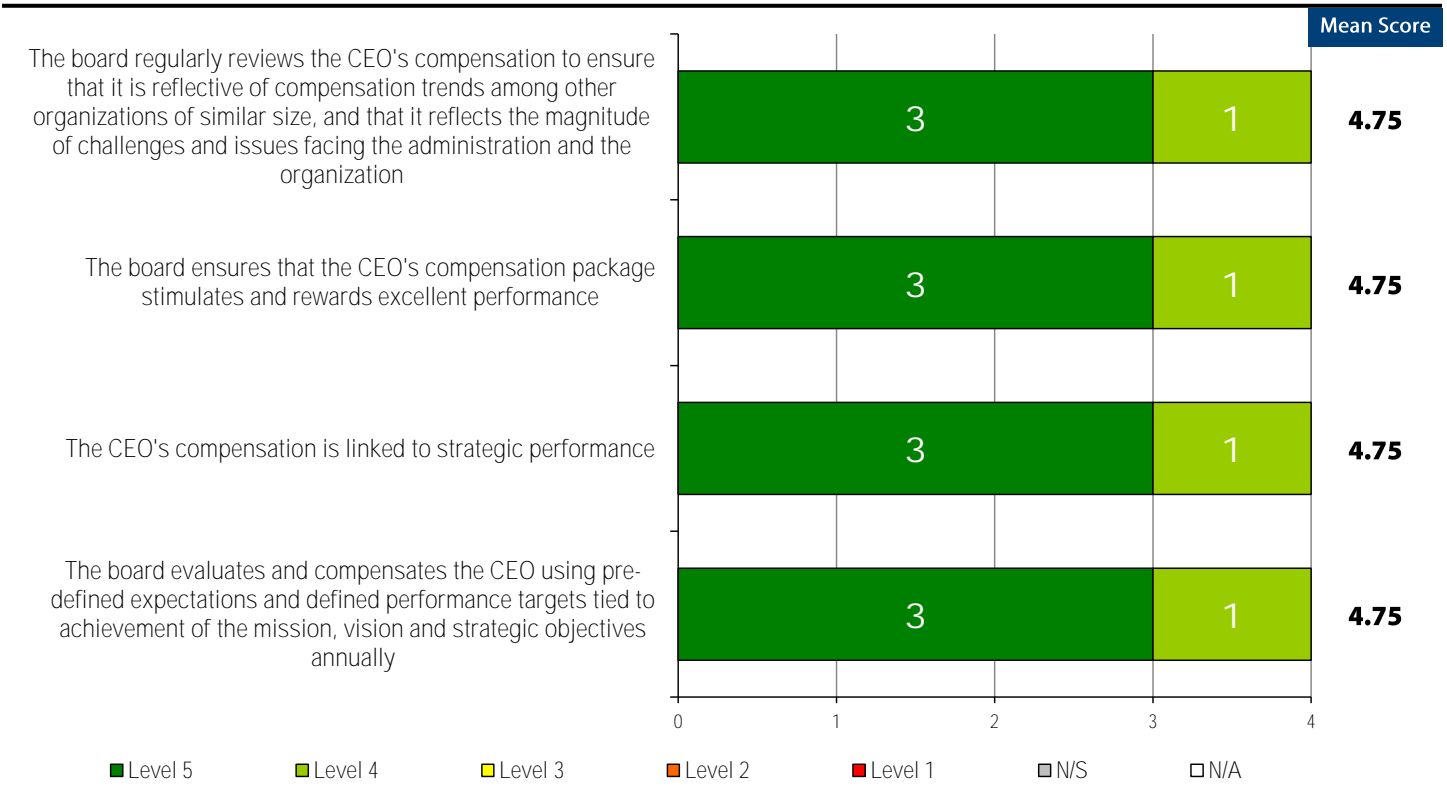


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

CEO Evaluation

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

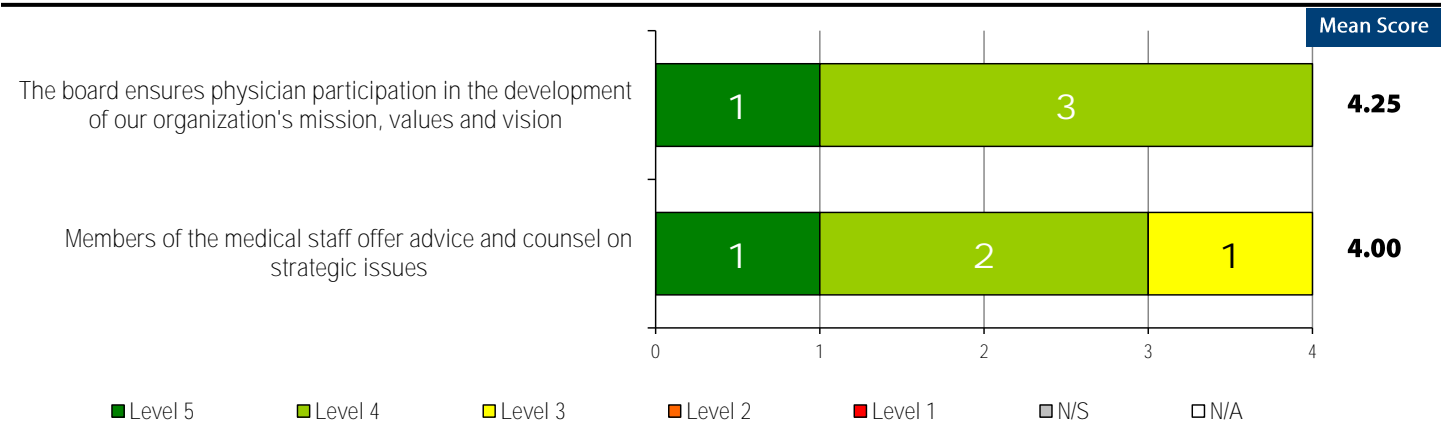
SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Relationships with the Medical Staff

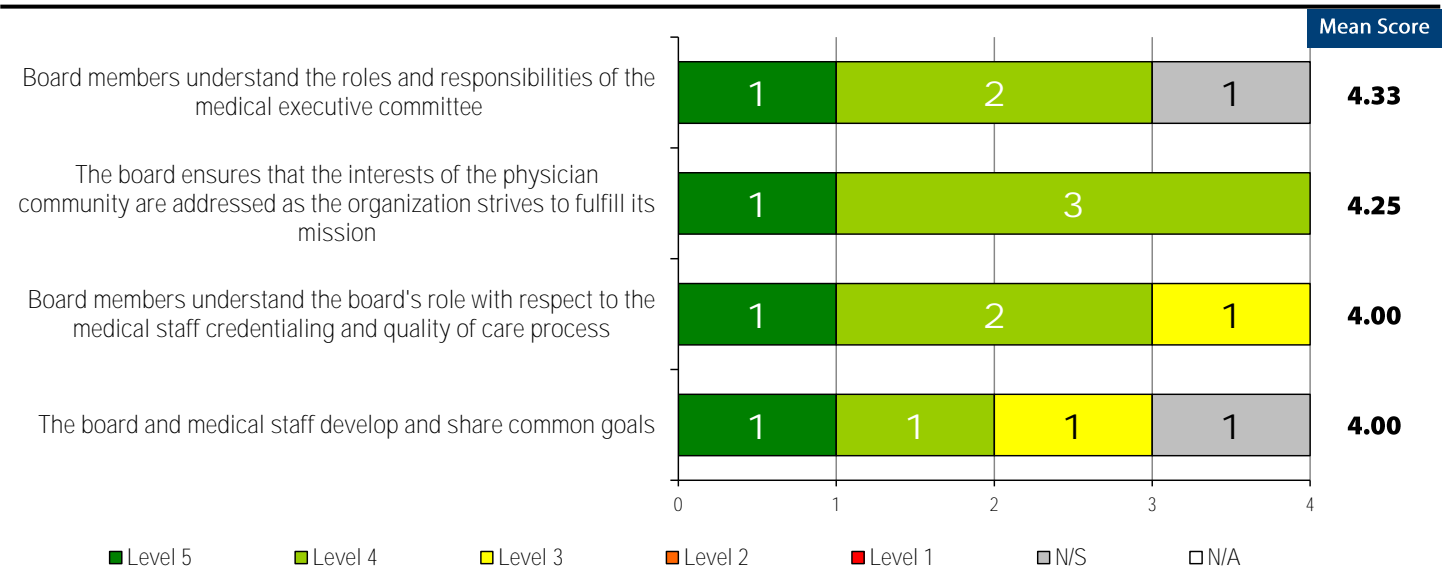
Physician Involvement in Decision Making

(sorted by highest to lowest mean score)



Shared Understanding

(sorted by highest to lowest mean score)

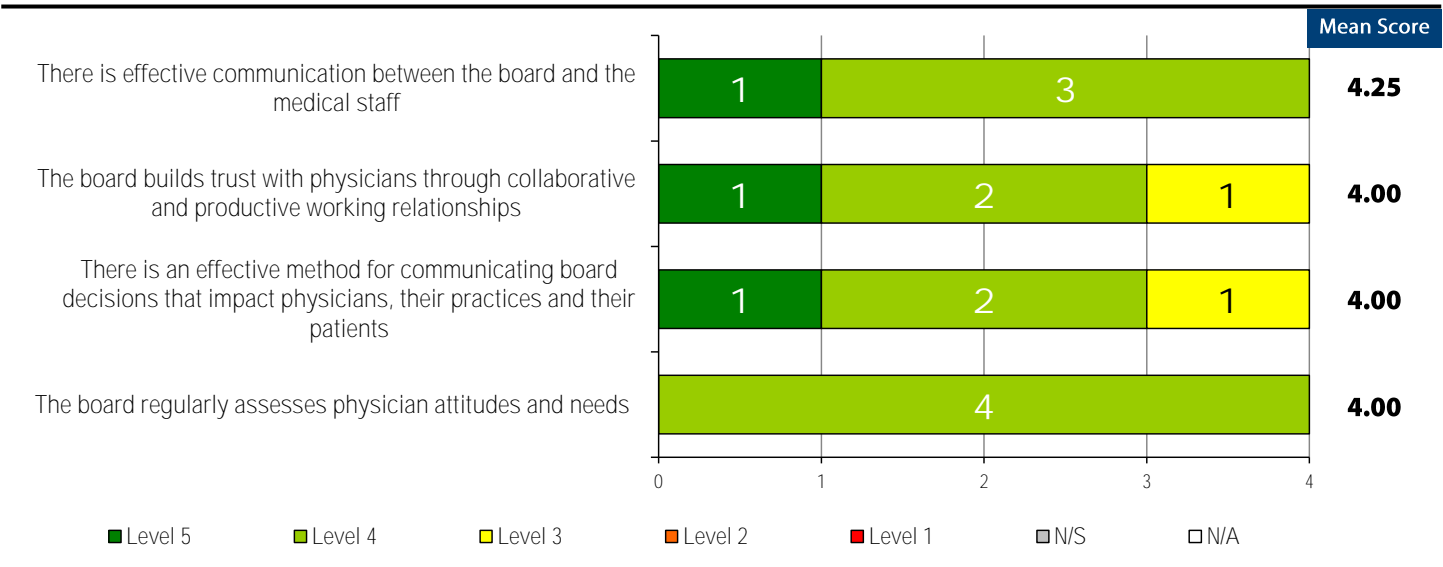


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Communication and Interaction

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

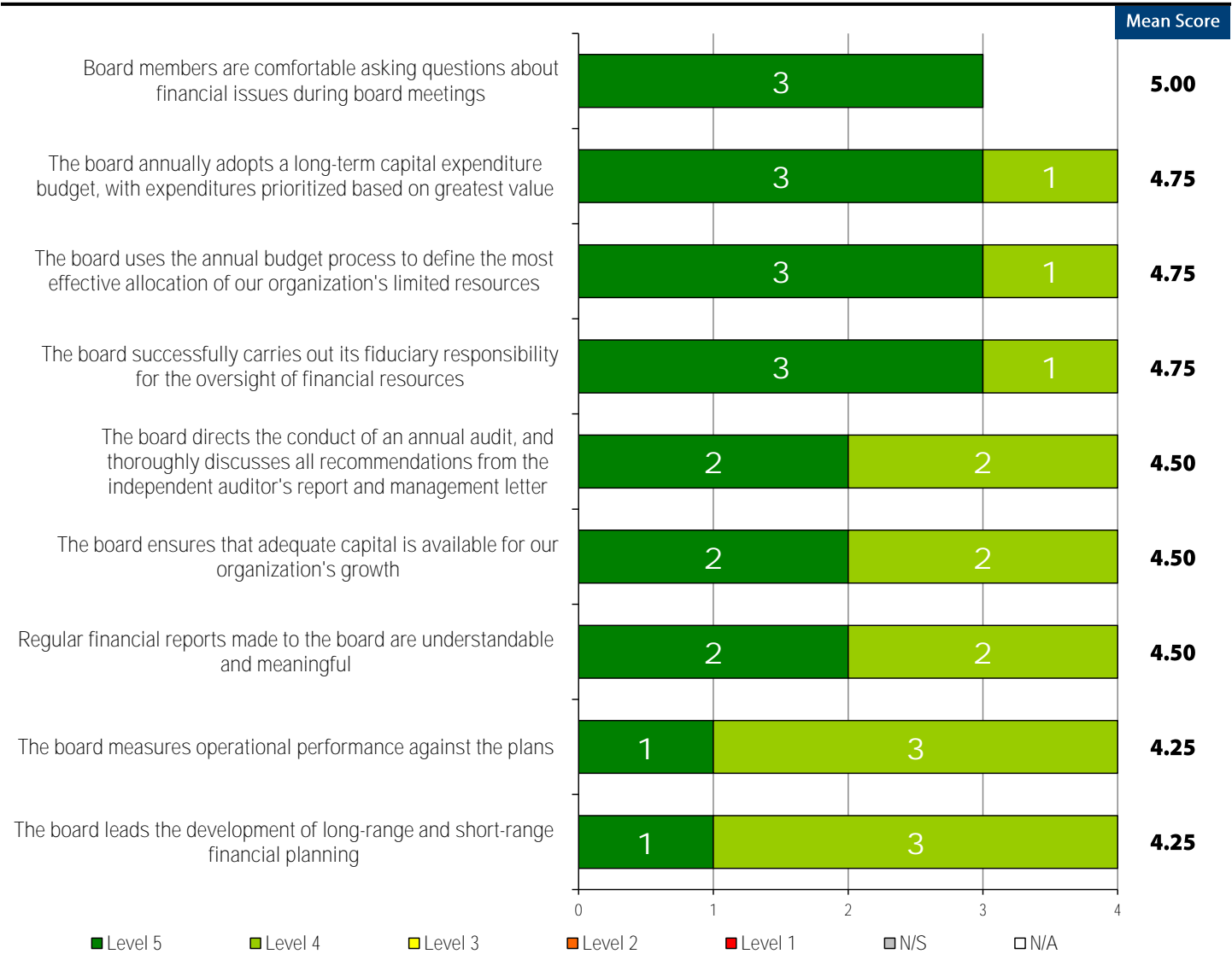
SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Financial Leadership

The Fiduciary Responsibility

(sorted by highest to lowest mean score)

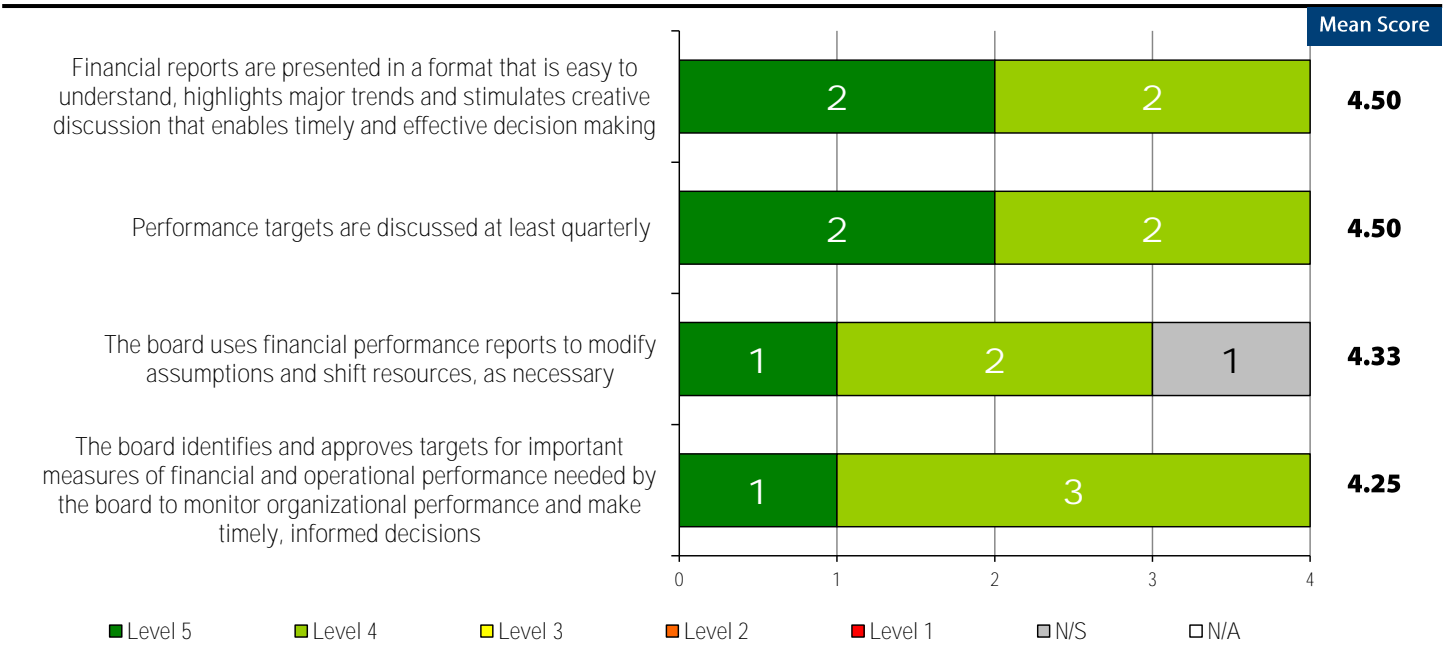


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

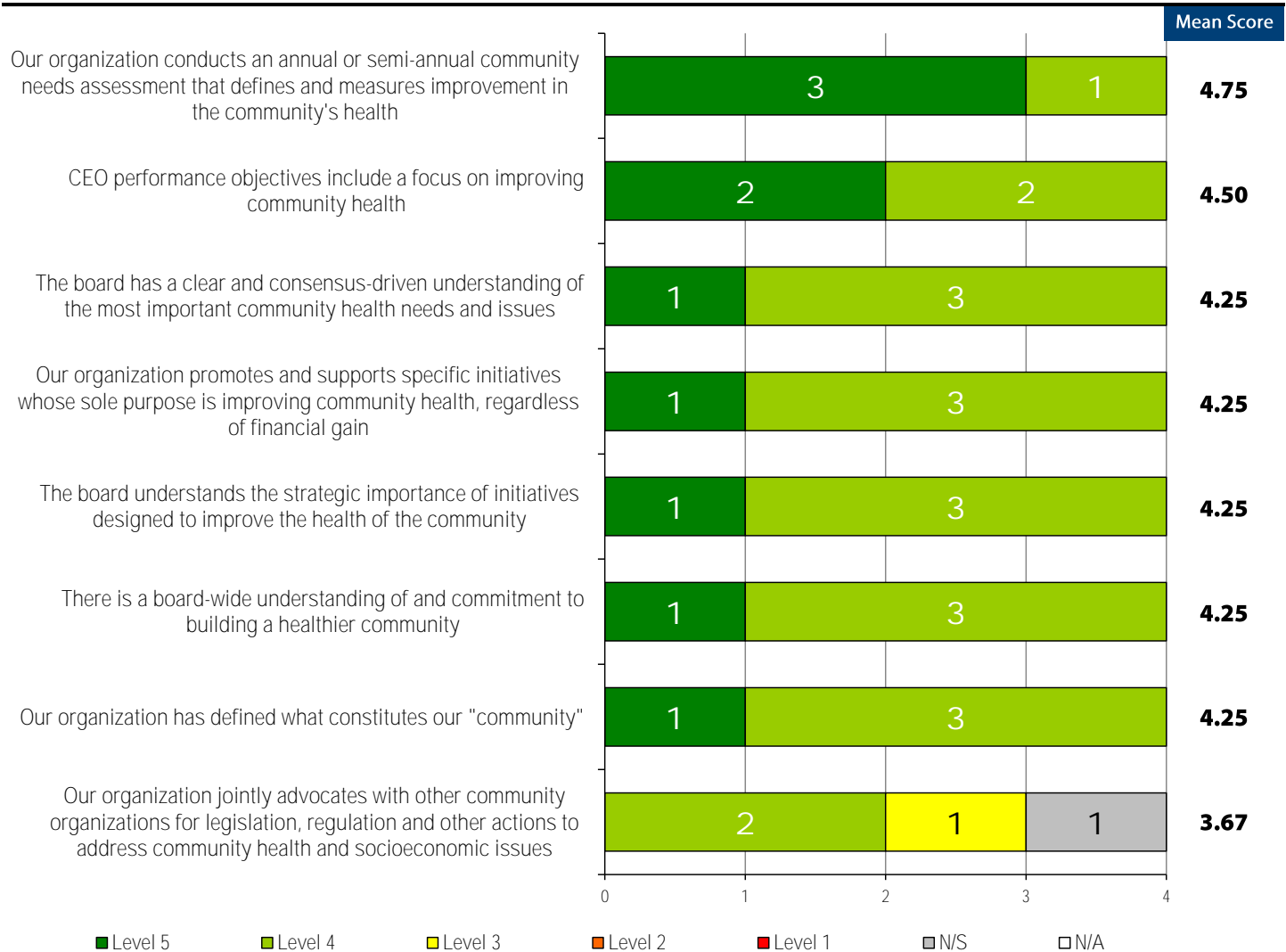
SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Community Health

Development and Support of Community Health Initiatives

(sorted by highest to lowest mean score)

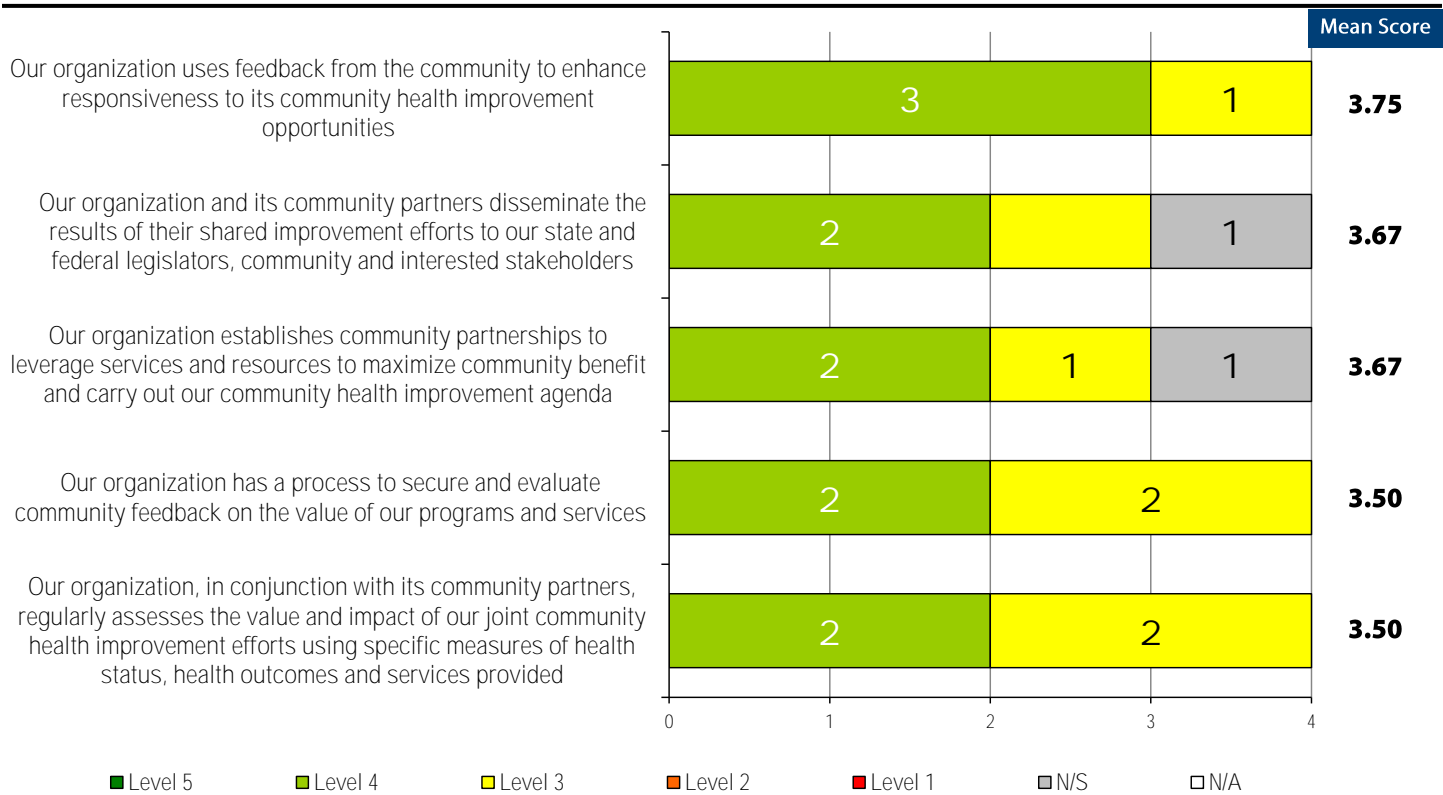


SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Community Involvement and Communication

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

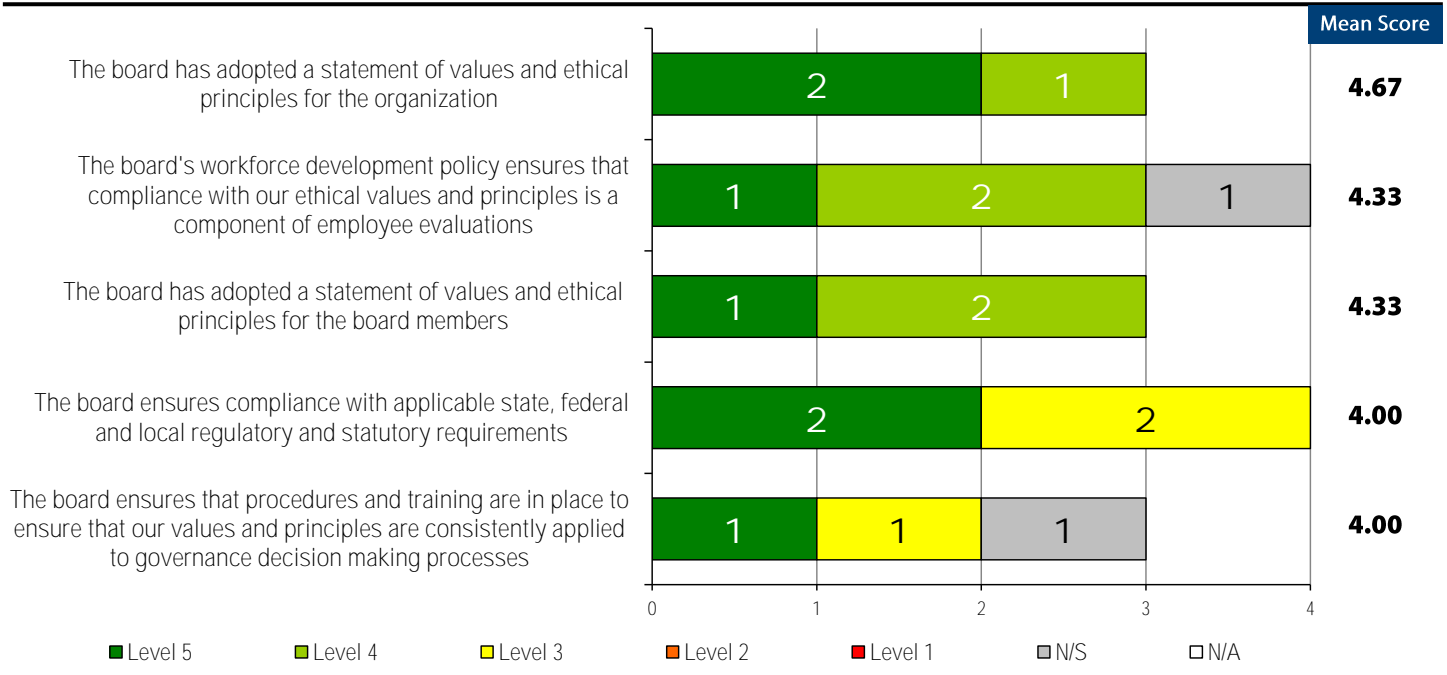
SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Organizational Ethics

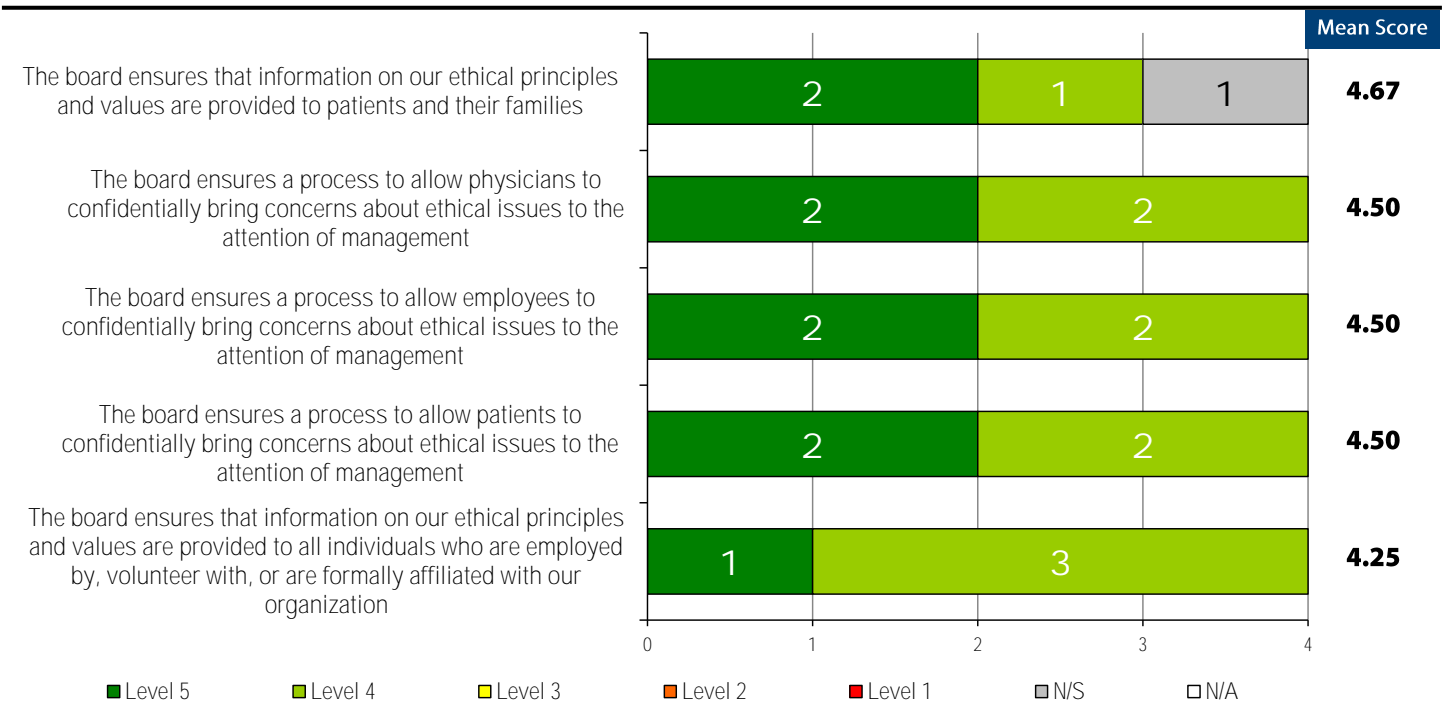
Ensuring Development and Implementation of Organizational Ethics

(sorted by highest to lowest mean score)



Awareness of Ethical Issues

(sorted by highest to lowest mean score)



SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- The Mission, Values and Vision need to be updated to reflect the current and future needs of the community we serve. It is part of the strategic plan.

Issues and Priorities

Highest Priority for the Board in the Next Year

Question: *What is your single highest priority for the board in the next year?*

- Opening the Urgent Care Center.
- Open our new urgent care.
- Hiring and retention and expanding the services we provide to the community.
- Improving staff and community educational opportunities.
- Getting through COVID and vaccinations.

Most Significant Strengths

Question: *What are the board's most significant strengths?*

- We work very well with each other and the hospital administration.
- Our ability to work effectively together. To listen respectfully and be open to different opinions.
- I believe the board members have genuine concern for the organization, its people, and the community.

Most Significant Weaknesses

Question: *What are the board's most significant weaknesses?*

- A high turnover of board members.
- I have not been on the board long enough to assess.

Key Issues for Board Focus in the Next Year

Question: *What key issues should occupy the board's time and attention in the next year?*

- Obtaining the property for a new hospital and proceeding with plans to construct and finance it.
- Maintaining flexibility in the face of the pandemic.

Significant Trends the Board Must Understand and Deal with in the Next Year

Question: *What do you see as the most significant trends that the board must be able to understand and deal with in the next year?*

- Due to COVID we are looking at a potential explosion in our population and must prepare to meet their healthcare needs. We need to expand our services including telemedicine.
- How COVID has impacted the demographics and community we serve. How has our community needs changed?
- Dealing with the pandemic without losing sight of other goals and issues.

SUMMARY RESULTS

2021 Bear Valley Community Healthcare District Governance Self-Assessment

Critical Factors to Address to Successfully Achieve Goals

Question: What factors are most critical to be addressed if the hospital is to successfully achieve its goals?

- The seismic requirements are the most critical factors we must address.
- Community support. Educating the community about what our hospital can do. Changing perceptions.



CNO Monthly Report

TOPIC	UPDATE
1. Regulatory	<ul style="list-style-type: none"> CDPH investigation for food handling self-report still open CDPH conducted a Mitigation Plan review onsite- no deficiencies CDPH IC site visit 2/16/21- no deficiencies
2. Budget/Staffing	<ul style="list-style-type: none"> Staffing above budget right now due to COVID treatment areas and requirements for patient separation
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. BETA quest for zero opt in completed Training for sepsis will be conducted as part of the Quest for Zero program
<ul style="list-style-type: none"> Acute 	<ul style="list-style-type: none"> Nurse training for medical stabilization scheduled for 2/24/21 QHR onsite 2/23-2/25 for medical stabilization program implementation. QHR has hired the RN service coordinator, she has started onsite at BVCHD Working closely with Restorix to implement wound care program- implementation pushed to march due to COVID and bed availability issues
<ul style="list-style-type: none"> Skilled Nursing 	<ul style="list-style-type: none"> Many webinars/ phone calls regarding SNF COVID planning 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 resources. This will stay in place until SB County is below 10% positivity rate. We will monitor this closely Staffing ratios adjusted per productivity recommendations SNF residents have condensed into 1 ½ hallways to make room for COVID patients Actively participating in project Echo grant program

	<ul style="list-style-type: none"> ▪ SNF residents continue to be closely monitored for COVID. Any positives move over to the COVID unit to be cared for by separate staff ▪ Currently no positive residents. 2 positive staff that are off work for quarantine
<ul style="list-style-type: none"> ▪ Surgical Services 	<ul style="list-style-type: none"> ▪ Elective surgical cases have resumed per approval of Dr. Kondal.
<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.
<ul style="list-style-type: none"> ▪ Physical Therapy 	<ul style="list-style-type: none"> ▪ Volumes near normal for this time of year ▪ 1 PT offered permanent position ▪ New ventilation system installed and operational
<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 nacho bar, anything chocolate, and birthday celebration. ▪ 1 FT cook position filled- in hiring process, 1 PD cook position in hiring process, 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. ▪ BHPP coordinators working with QHR Service Coordinator on integration of medical stabilization service line. ▪ SCORE Survey currently open for staff to take ▪ Participated in BETA HEART virtual training session.
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. Considering keeping this program post COVID as it has been successful.
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. ▪ Over 1,000 vaccinations have been given out to the community through the BVCHD vaccination clinics. We continue to receive positive feedback from community members who have attended the vaccination clinics. ▪ Auxiliary helping at vaccination clinics. ▪ Working with the county regarding vaccine distribution and allocation. There is still a lot of uncertainty at this point regarding the number of vaccines that we will get and when. Blue Shield has been hired by the state to be a Third Party Administrator of the vaccine distribution process. One webinar has been held regarding this, but not much information was given. BVCHD has stressed to the county, the state and BS that we would like to continue to be a partner in delivering vaccines to the Mountain Community.
Respectfully Submitted by: <i>Kerri Jex, CNO</i>	
<i>Date: February 22nd, 2021</i>	



CHIEF EXECUTIVE OFFICER REPORT

CEO Information:

We are continuing to work with San Bernardino County Health Department officials in providing the distribution of the COVID 19 vaccination to our community. At this time, we have provided over 1,500 and by mid-March we will have provided over 2,000 COVID 19 Vaccinations to community members. This does not reflect the number of employee's or first line responders. We continue to receive a large amount of calls from the public for appointments to obtain the vaccination.

I would like to congratulate our SNF staff on obtaining a 5 Star rating from CMS. CMS created the five-star rating system to help consumers, their families and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask. Nursing homes with 5 stars are considered to have above average quality for nursing homes. Health inspections, staffing and quality measures are all considered in the CMS rating.

We have begun the process for our Medical Stabilization Program (Detox). QHR was on site last week to begin a kickoff of the program and met with various members of staff and medical staff. As of this writing several patients have received our service.

Final touches for the Wound care program with Restorix are being completed with a start date of late March 2021.

One community member has applied to fill the BVCHD board vacancy. Mr. Jack Briner will be interviewed on March 10th.

BVCHD is considering entering into a contract with Blue Shield in regard to the COVID-19 vaccination. The State has contracted with Blue Shield of California to take over the vaccination distribution program.

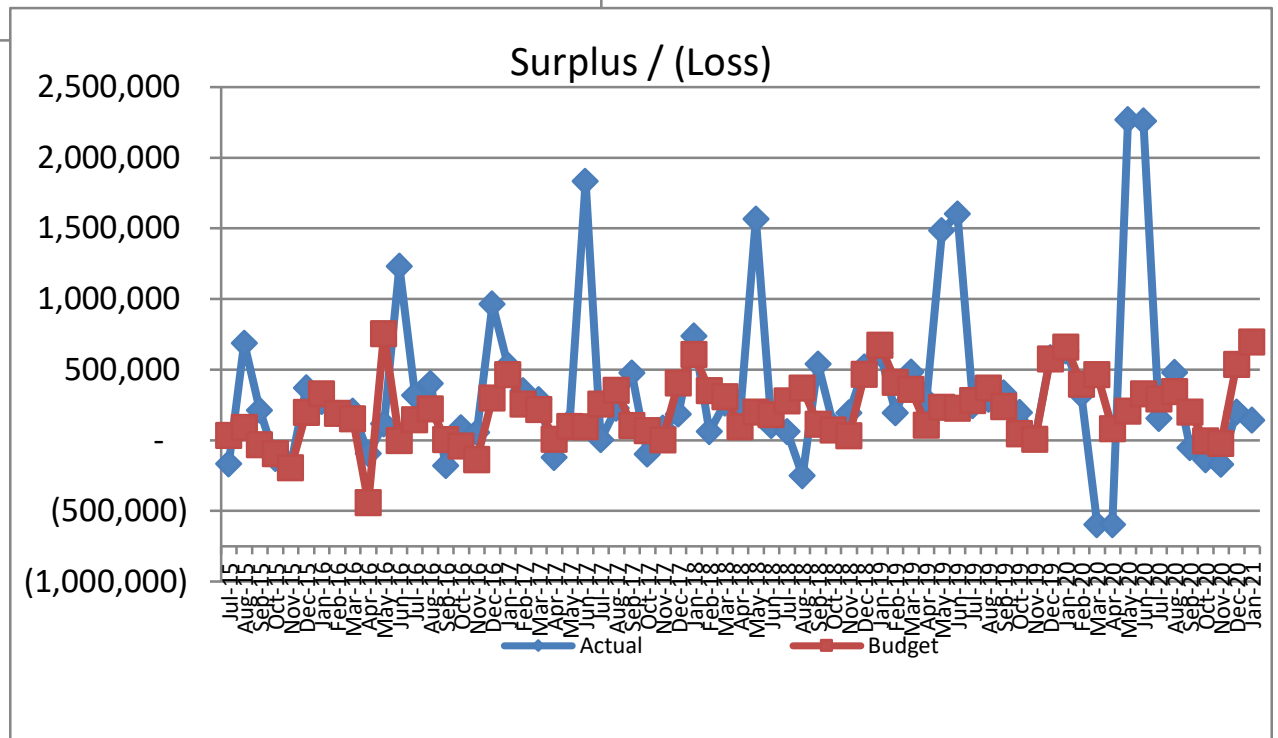
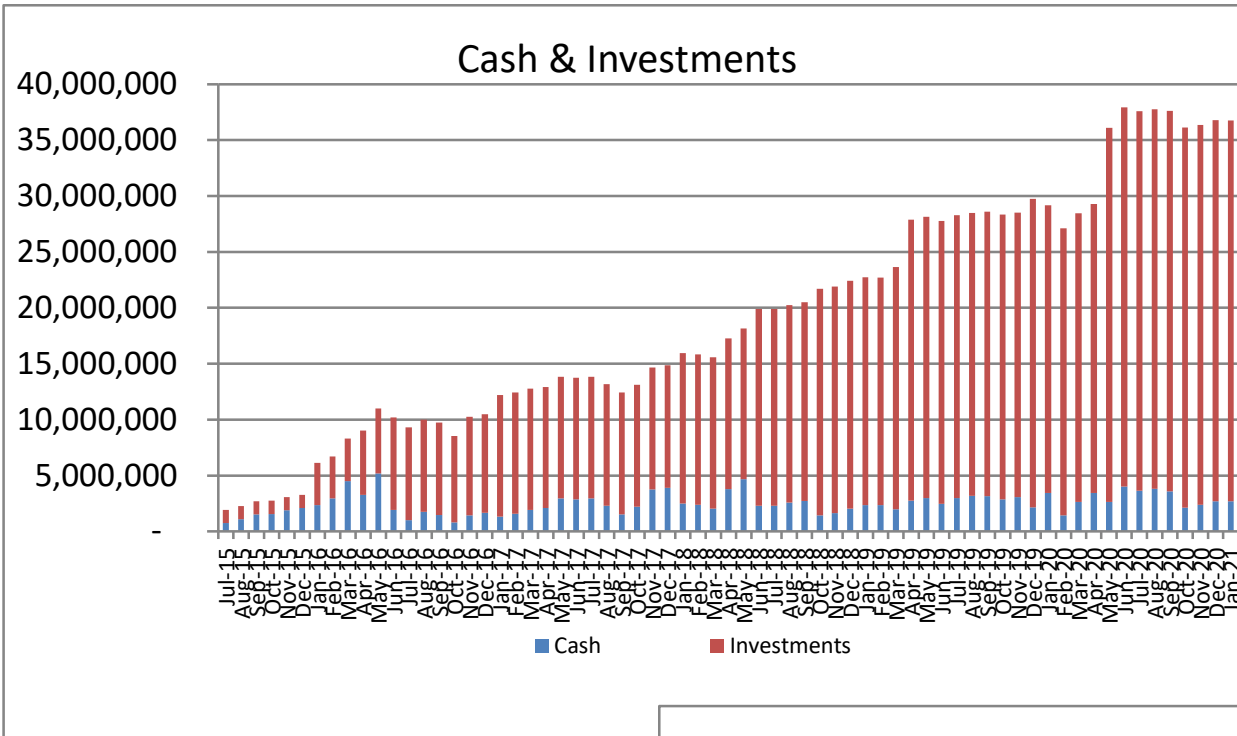
BVCHD Annual Culture of Safety Newsletter "2020: The Lessons & The Blessings" has been provided to you. 2020 brought many new challenges to our community and our hospital with the COVID – 19 Pandemic. Once again, our team has proven to be stellar and overcame many obstacles during the year of 2020.



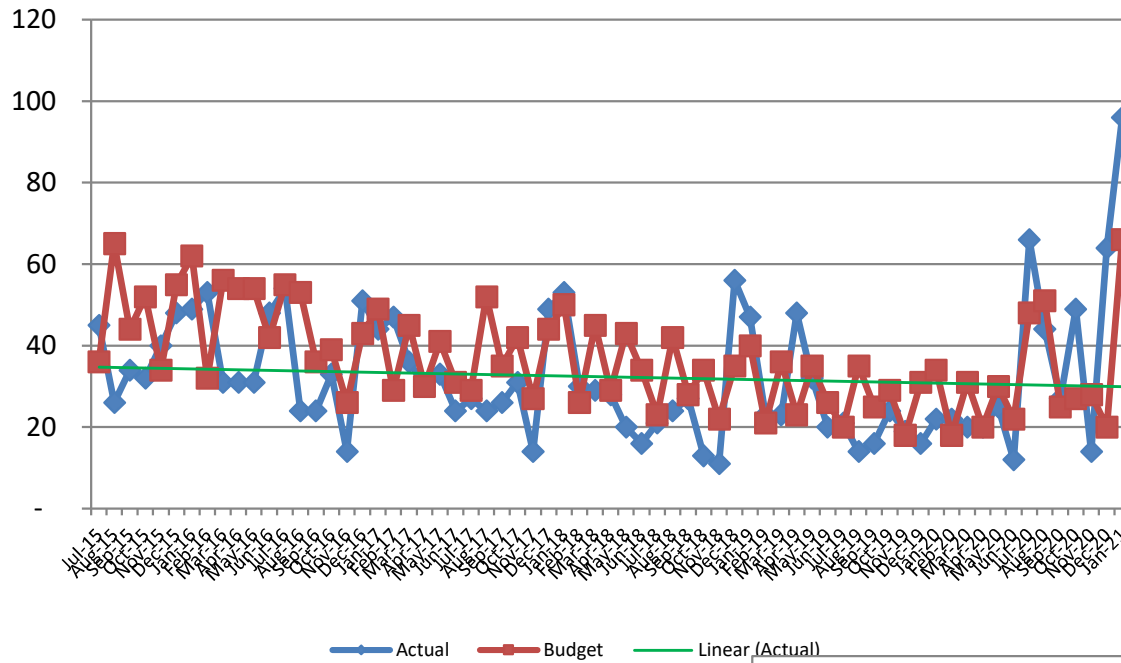
Finance Report
January 2021 Results

Summary for January 2021

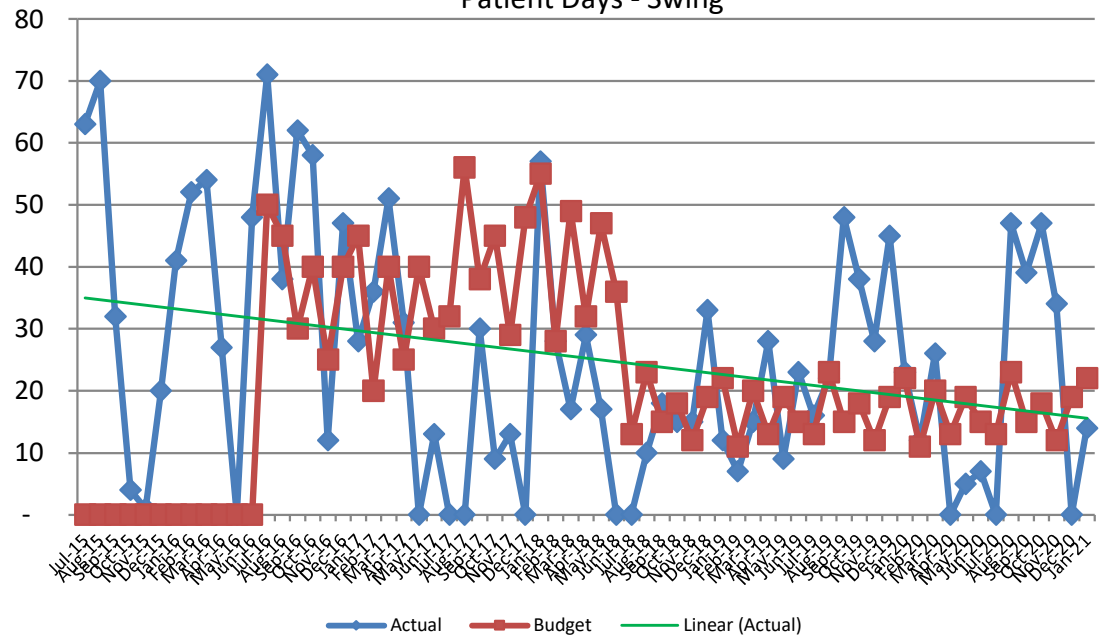
- Cash on hand \$ 2,658,467
Investments \$34,068,527
- Days Cash on hand, including investments with LAIF – 502
- Surplus of \$144,693 was \$552,287 lower than budget
- Total Patient Revenue was 2.4% lower than Budget for the month
- Net Patient Revenue was 11.3% lower than budget
- Total Expenses were 17.4% more than budget



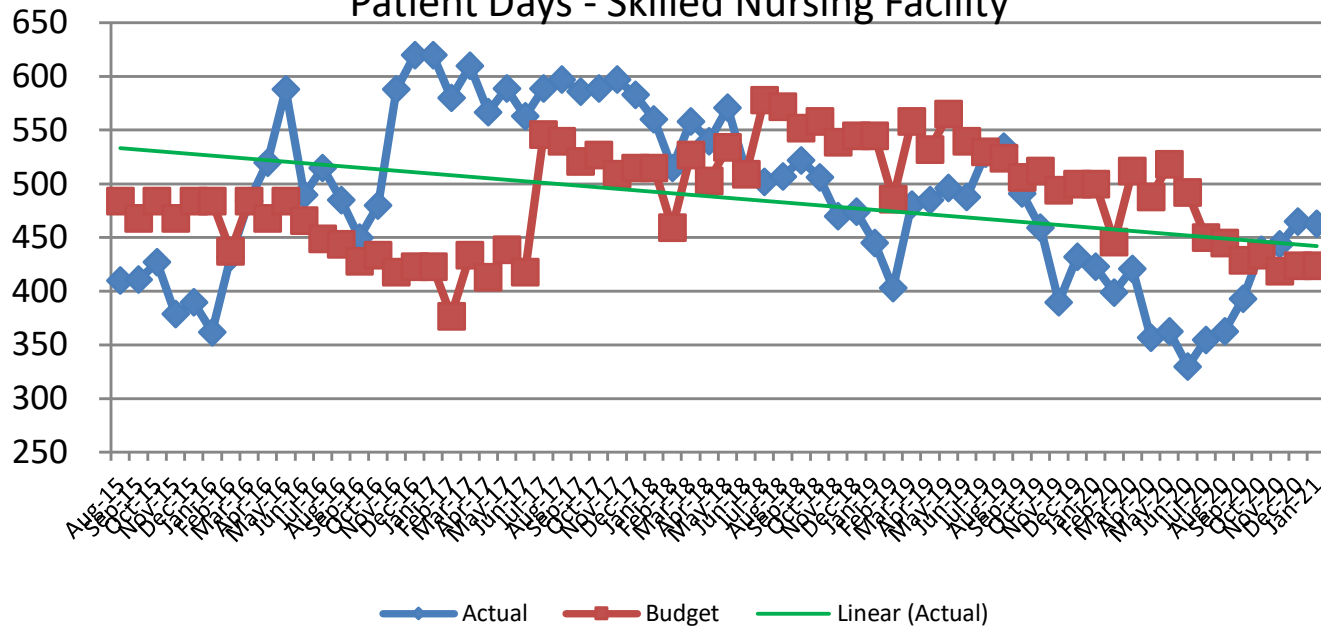
Patient Days - Acute



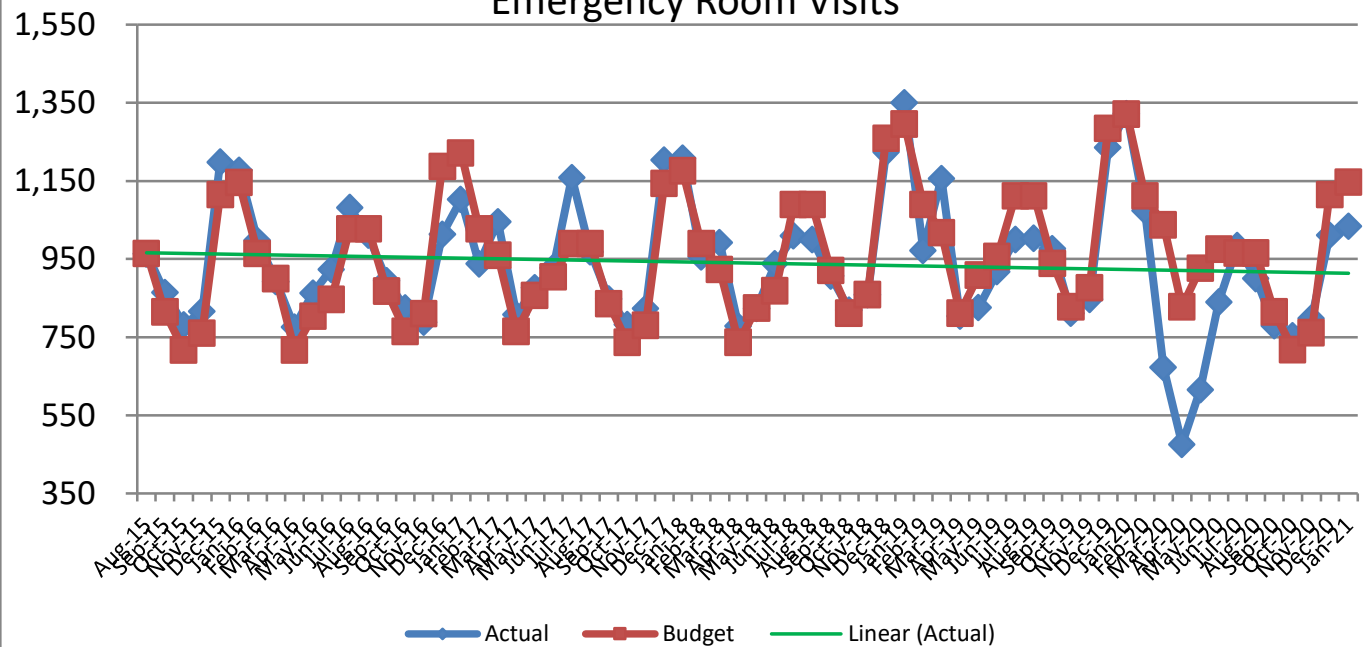
Patient Days - Swing

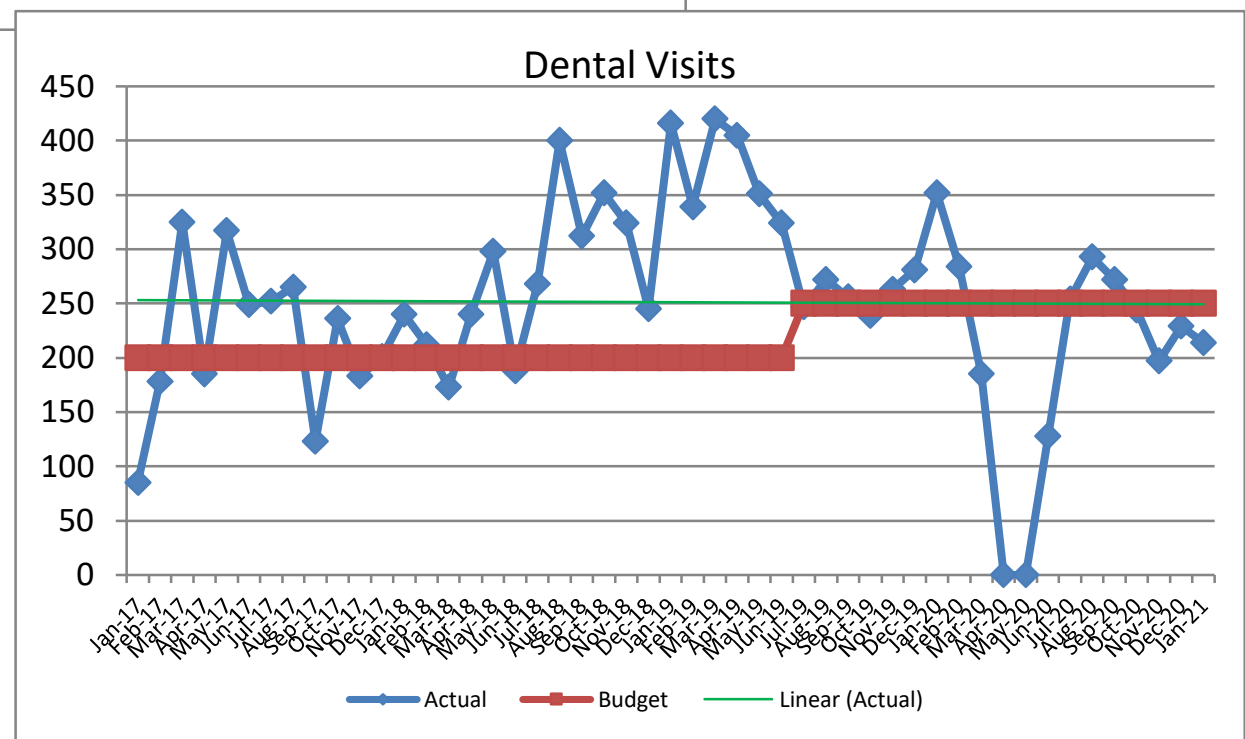
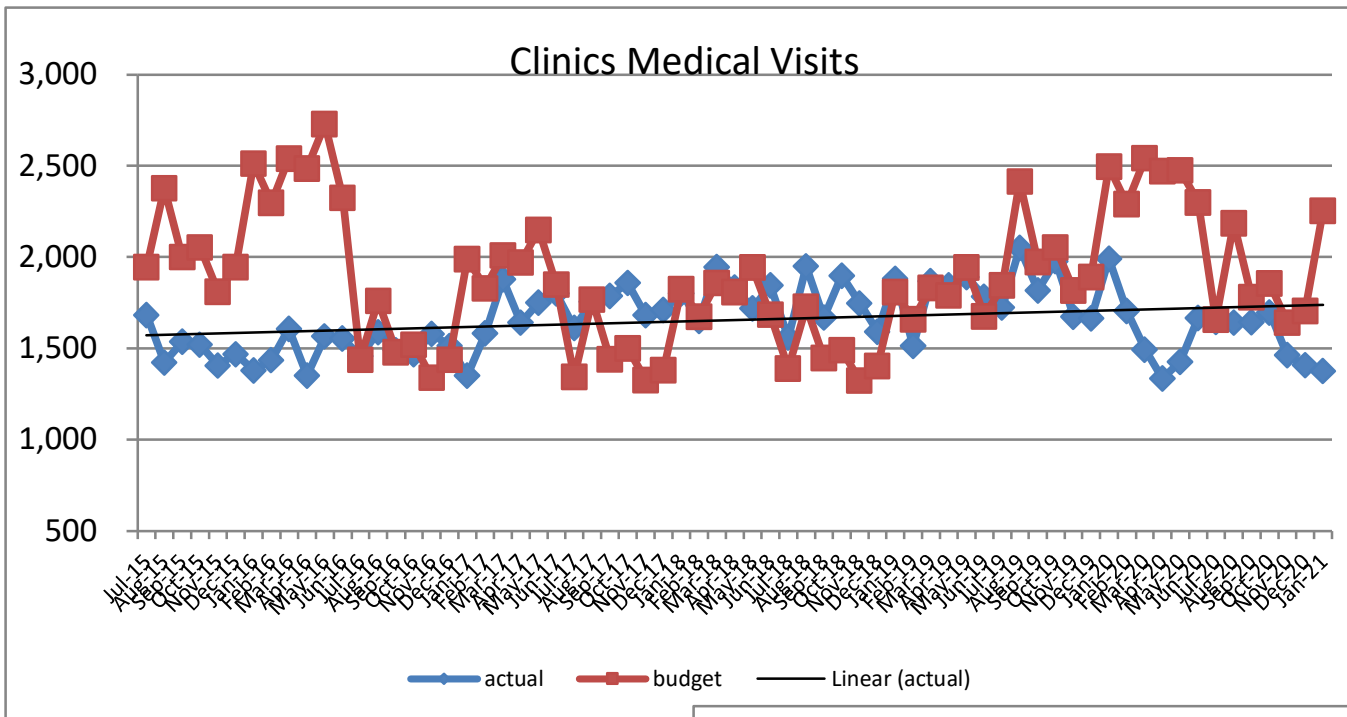


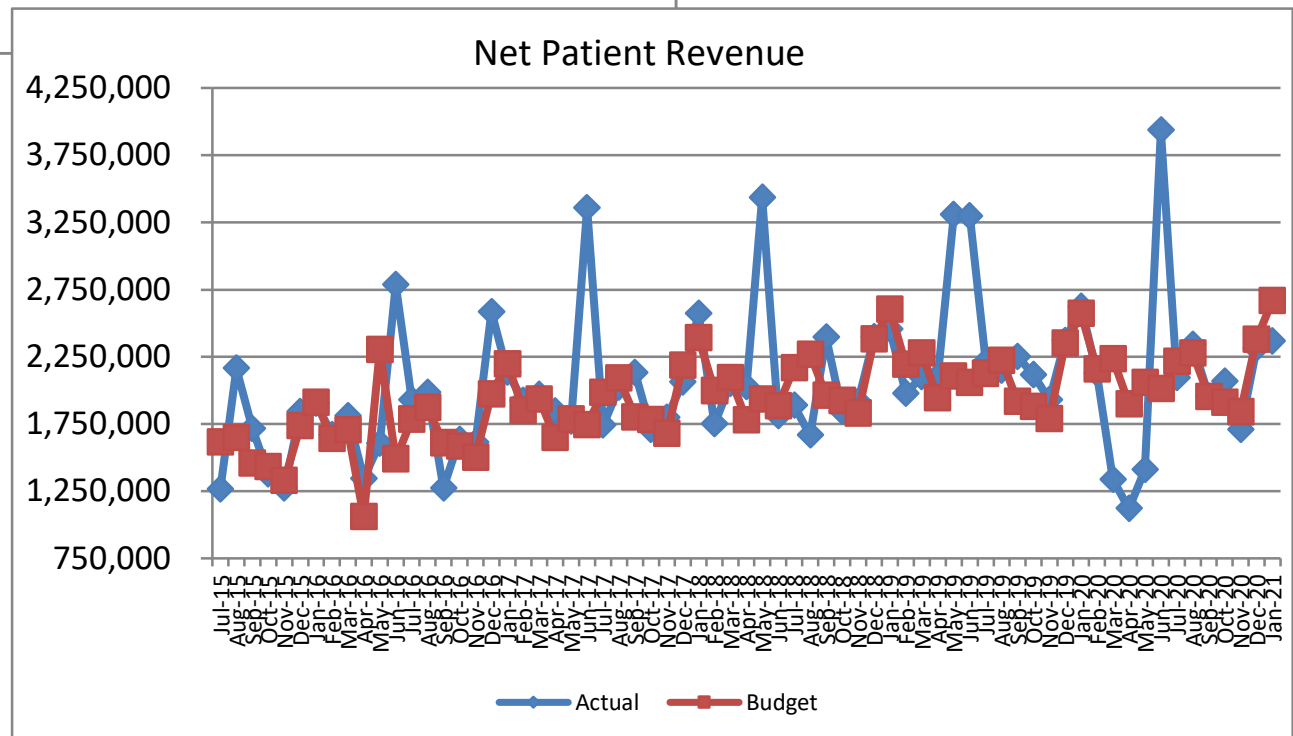
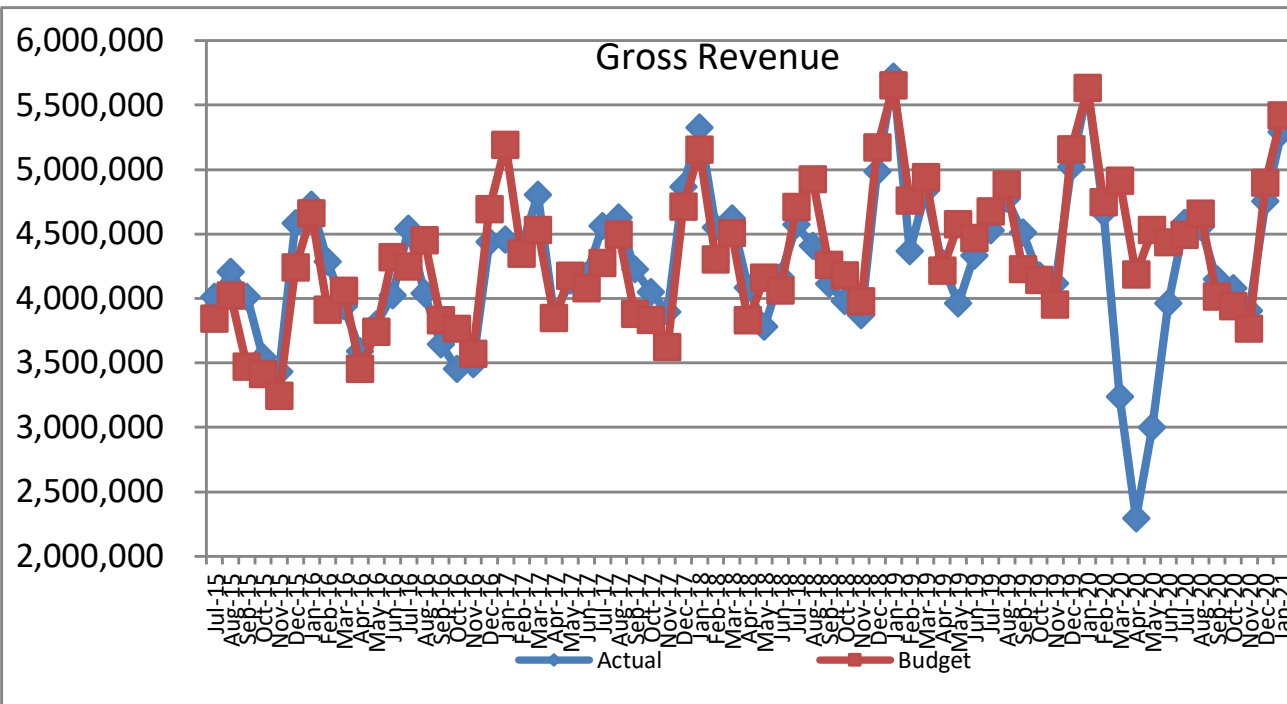
Patient Days - Skilled Nursing Facility

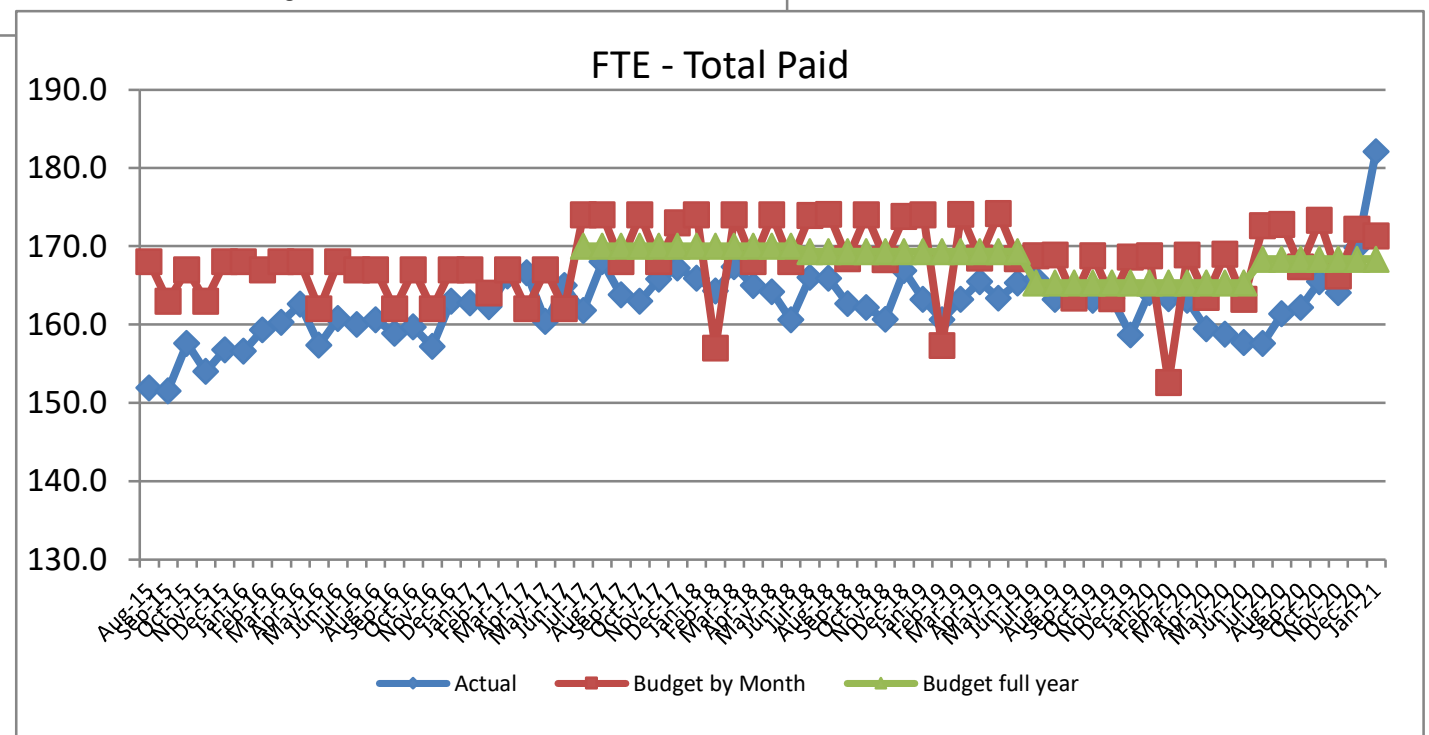
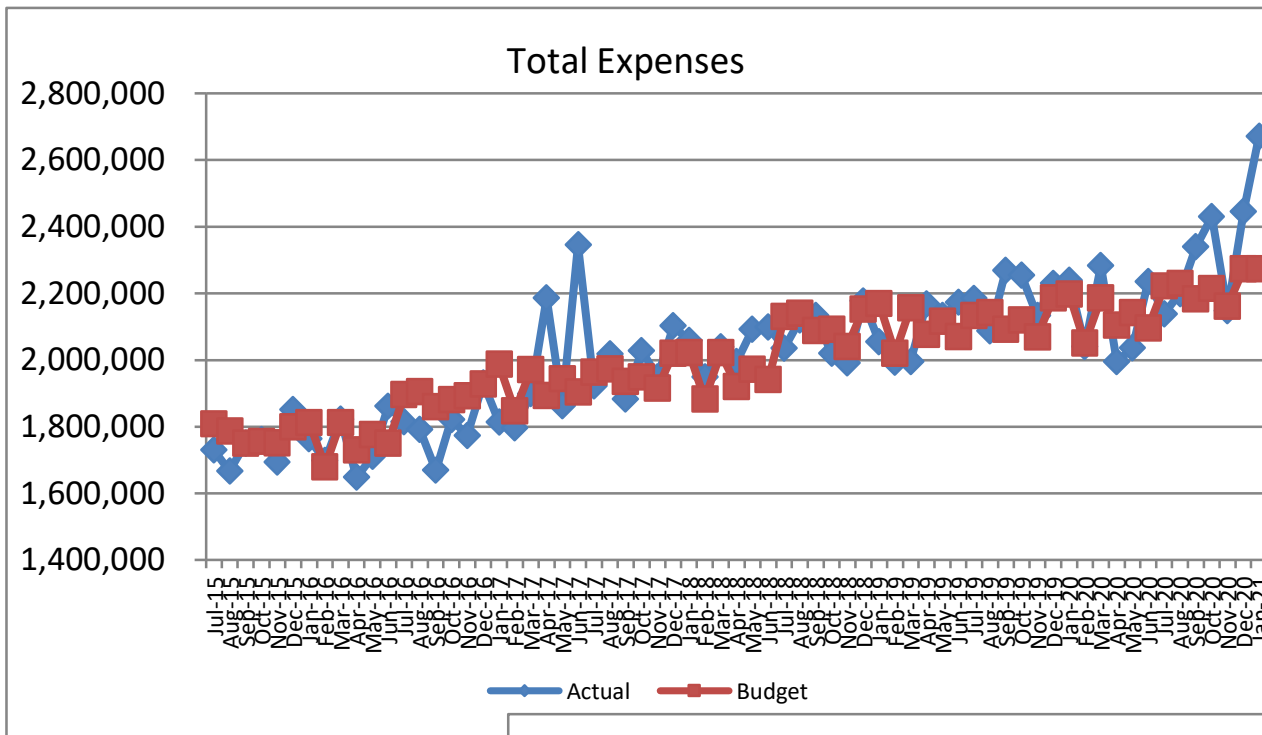


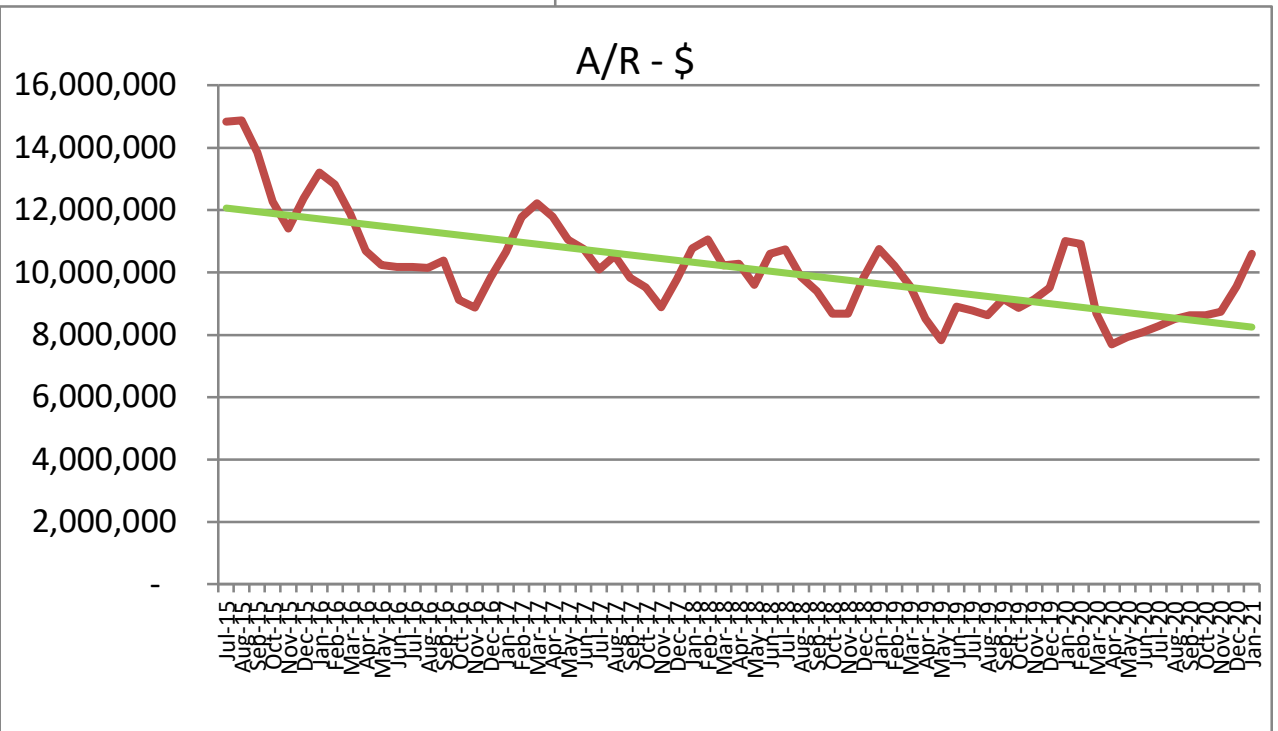
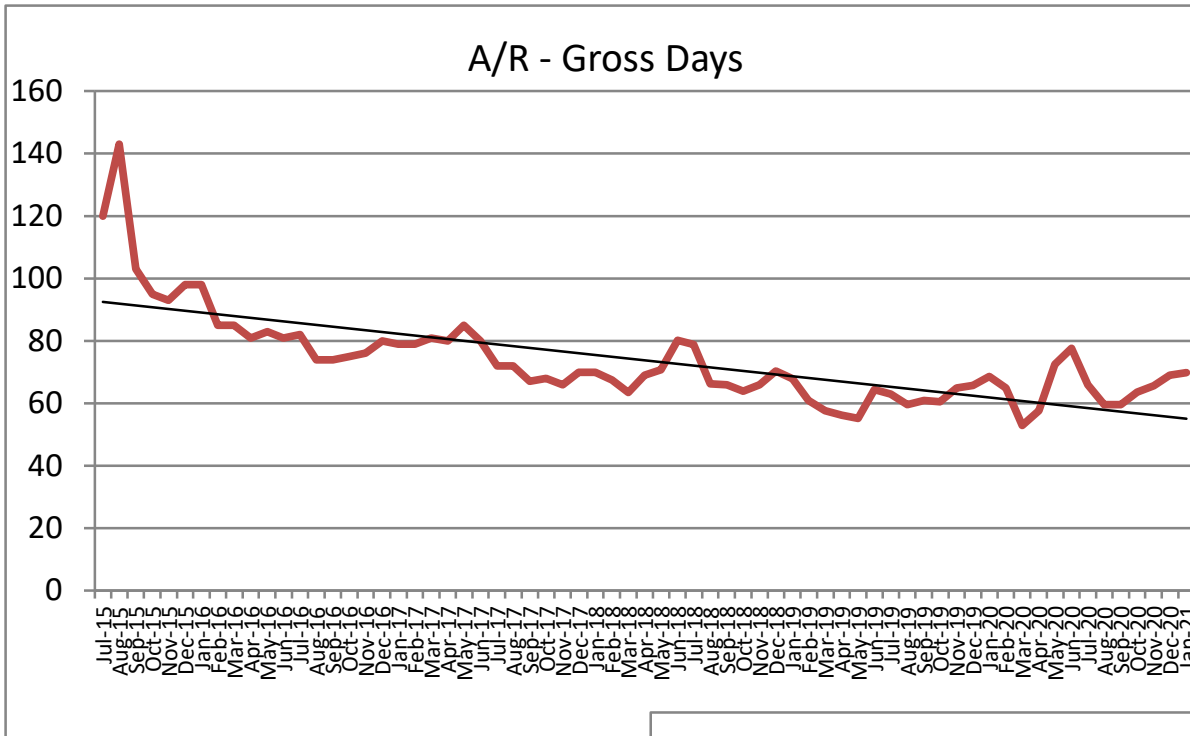
Emergency Room Visits













January 2021 Financial Results

For the month . . .

Total Patient Revenue for January 2021 was \$5,290,947. This was more than December 2020 but 2.4% or \$128,525 less than budget. Inpatient revenue was significantly more than budget for the month – 87.6%. Both Outpatient and Skilled Nursing Facility revenue were over budget. ER revenue was 8.5% less than budget. Clinic revenue was 33.5% under budget.

Total Revenue deductions of \$2,923,753 were 6.3% more than budget.

Total Operating Revenue of \$2,394,135 – 13.5% under our budgeted amount.

Total Expenses of \$2,670,828 were 17.4% more than budget. Salaries and Benefits were 26.3% more than budget as we continued higher staffing to meet COVID surge. Supplies were again significantly over budget with expenses for PPE (Personal Protective Equipment) and testing.

Our Operating Cash and Investments total \$36,726,993 as of the end of month. Total days cash on hand as of the end of January 2021 were 502.

Key Statistics

Acute patient days of 96 were 45% higher than our budgeted number. Swing patient days for the month 14. Skilled Nursing Facility days of 463 were 9% more than budget – our Average Daily Census was 14.9. ER Visits of 1,035 were 9.8% lower than budget. Clinics Medical visits continue under budget.

FTE (Full Time Equivalents) for the month were 182.1. We have continued higher staffing to meet the COVID surge.

Year-to-Date (through 7 months of our Fiscal year)

Total patient revenue is 0.4% higher than budget

Total Operating Revenue is 4.5% lower than budget

Total Expenses are 5.2% more than budget

Our Surplus of \$625,570 is \$1,426,268 under budget

Bear Valley Community Healthcare District
Financial Statements January 31, 2021

Financial Highlights—Hospital
STATEMENT OF OPERATIONS

	A	B	C	D	E	F	G	H	I	J
	Current Month					Year-to-Date				
	FY 19/20	FY 20/21		VARIANCE		FY 19/20	FY 20/21		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
1 Total patient revenue	5,623,921	5,290,947	5,419,472	(128,525)	-2.4%	32,747,197	31,310,395	31,180,863	129,532	0.4%
2 Total revenue deductions	2,999,071	2,923,753	2,750,156	173,597	6.3%	17,097,223	16,469,072	15,937,992	531,080	3.3%
3 % Deductions	53%	55%	51%			52%	53%	51%		
4 Net Patient Revenue	2,624,850	2,367,194	2,669,316	(302,122)	-11.3%	15,649,974	14,841,323	15,242,871	(401,548)	-2.6%
5 % Net to Gross	47%	45%	49%			48%	47%	49%		
6 Other Revenue	39,621	26,941	99,183	(72,242)	-72.8%	245,069	384,018	693,783	(309,765)	-44.6%
7 Total Operating Revenue	2,664,471	2,394,135	2,768,499	(374,364)	-13.5%	15,895,043	15,225,341	15,936,654	(711,313)	-4.5%
8 Total Expenses	2,239,883	2,670,828	2,274,057	396,771	17.4%	15,351,842	16,371,712	15,562,582	809,130	5.2%
9 % Expenses	40%	50%	42%			47%	52%	50%		
10 Surplus (Loss) from Operations	424,588	(276,693)	494,442	(771,135)	156.0%	543,200	(1,146,371)	374,072	(1,520,443)	406.5%
11 % Operating margin	8%	-5%	9%			2%	-4%	1%		
12 Total Non-operating	209,817	421,386	202,538	218,848	108.1%	1,815,362	1,771,941	1,677,766	94,175	5.6%
13 Surplus/(Loss)	634,405	144,693	696,980	(552,287)	79.2%	2,358,562	625,570	2,051,838	(1,426,268)	69.5%
14 % Total margin	11%	3%	13%			7%	2%	7%		

BALANCE SHEET

	A	B	C	D	E
	January	January	December		
	FY 19/20	FY 20/21	FY 20/21	VARIANCE	
				Amount	%
15 Gross Accounts Receivables	10,999,333	10,601,168	9,554,472	1,046,696	11.0%
16 Net Accounts Receivables	3,693,174	3,593,708	2,985,923	607,785	20.4%
17 % Net AR to Gross AR	34%	34%	31%		
18 Days Gross AR	68.6	69.9	69.0	0.9	1.3%
19 Cash Collections	1,770,743	1,722,359	1,901,700	(179,341)	-9.4%
20 Settlements/IGT Transactions	68,094	221,376	65,404	155,973	238.5%
Stimulus Receipts	-	106,272	6,958	99,314	1427.3%
21 Investments	25,702,939	34,068,527	34,068,527	-	0.0%
22 Cash on hand	3,446,639	2,658,467	2,691,025	(32,559)	-1.2%
23 Total Cash & Invest	29,149,578	36,726,993	36,759,553	(32,560)	-0.1%
24 Days Cash & Invest	424	502	514	(12)	-2.4%
Total Cash and Investments	29,149,578	36,726,993			
Increase Current Year vs. Prior Year		7,577,415			

Bear Valley Community Healthcare District
Financial Statements January 31, 2021

Statement of Operations

	A	B	C	D	E	F	G	H	I	J
	Current Month					Year-to-Date				
	FY 19/20	FY 20/21		VARIANCE		FY 19/20	FY 20/21		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
Gross Patient Revenue										
1 Inpatient	120,961	343,818	183,239	160,579	87.6%	890,696	1,507,205	880,080	627,125	71.3%
2 Outpatient	962,354	1,087,803	939,984	147,819	15.7%	5,995,758	5,748,249	5,838,429	(90,180)	-1.5%
3 Clinic Revenue	406,820	267,256	401,821	(134,565)	-33.5%	2,654,049	2,167,779	2,454,534	(286,755)	-11.7%
4 Emergency Room	3,945,671	3,386,219	3,702,085	(315,866)	-8.5%	21,759,955	20,586,340	20,673,827	(87,487)	-0.4%
5 Skilled Nursing Facility	188,116	205,851	192,343	13,508	7.0%	1,446,739	1,300,823	1,333,993	(33,170)	-2.5%
6 Total patient revenue	5,623,921	5,290,947	5,419,472	(128,525)	-2.4%	32,747,197	31,310,395	31,180,863	129,532	0.4%
Revenue Deductions										
7 Contractual Allow	2,874,983	2,716,791	2,428,488	288,303	11.9%	16,288,059	15,171,609	14,078,280	1,093,329	7.8%
8 Contractual Allow PY	(175,000)	-	-	-	#DIV/0!	(1,199,101)	(1,183,402)	-	(1,183,402)	#DIV/0!
9 Charity Care	1,264	15,701	16,938	(1,237)	-7.3%	97,387	123,129	97,927	25,202	25.7%
10 Administrative	6,845	3,610	7,925	(4,315)	-54.4%	29,910	22,937	45,818	(22,881)	-49.9%
11 Policy Discount	20,282	20,719	19,755	964	4.9%	107,618	104,603	114,214	(9,611)	-8.4%
12 Employee Discount	2,443	15,294	5,474	9,820	179.4%	27,567	51,072	31,650	19,422	61.4%
13 Bad Debts	178,933	63,899	271,576	(207,677)	-76.5%	1,222,777	1,596,137	1,570,103	26,034	1.7%
14 Denials	58,918	87,739	-	87,739	#DIV/0!	523,007	582,987	-	582,987	#DIV/0!
15 Total revenue deductions	2,999,071	2,923,753	2,750,156	173,597	6.3%	17,097,223	16,469,072	15,937,992	531,080	3.3%
Net Patient Revenue	2,624,850	2,367,194	2,669,316	(302,122)	-11.3%	15,649,974	14,841,323	15,242,871	(401,548)	-2.6%
gross revenue including Prior Year Contractual Allowances as a percent to gross revenue WO PY and Other CA	40.2%	40.2%		40.2%		40.2%	447.4%	447.4%	0.0%	
	39.2%	39.2%		39.2%		39.2%	437.2%	437.2%	0.0%	
17 Other Revenue	39,621	26,941	99,183	(72,242)	-72.8%	245,069	384,018	693,783	(309,765)	-44.6%
18 Total Operating Revenue	2,664,471	2,394,135	2,768,499	(374,364)	-13.5%	15,895,043	15,225,341	15,936,654	(711,313)	-4.5%
Expenses										
19 Salaries	988,418	1,184,708	889,638	295,070	33.2%	6,459,130	7,088,411	6,211,298	877,113	14.1%
20 Employee Benefits	323,736	308,840	325,238	(16,398)	-5.0%	2,177,387	2,243,907	2,208,169	35,738	1.6%
21 Registry	-	40,390	-	40,390	#DIV/0!	5,100	146,263	-	146,263	#DIV/0!
22 Salaries and Benefits	1,312,154	1,533,939	1,214,876	319,063	26.3%	8,641,617	9,478,581	8,419,467	1,059,114	12.6%
23 Professional fees	185,534	175,476	197,095	(21,619)	-11.0%	1,241,598	1,163,964	1,306,749	(142,785)	-10.9%
24 Supplies	135,836	340,533	177,248	163,285	92.1%	1,122,812	1,316,870	1,134,615	182,255	16.1%
25 Utilities	40,144	39,020	49,787	(10,767)	-21.6%	297,285	242,725	331,666	(88,941)	-26.8%
26 Repairs and Maintenance	68,000	35,404	50,283	(14,879)	-29.6%	413,715	345,518	351,323	(5,805)	-1.7%
27 Purchased Services	308,153	348,295	373,611	(25,316)	-6.8%	2,245,034	2,405,317	2,520,103	(114,786)	-4.6%
28 Insurance	31,515	37,712	37,371	341	0.9%	221,156	260,644	261,597	(953)	-0.4%
29 Depreciation	83,739	91,295	80,156	11,139	13.9%	582,905	639,065	561,092	77,973	13.9%
30 Rental and Leases	12,201	24,236	25,663	(1,427)	-5.6%	85,490	126,303	192,709	(66,406)	-34.5%
32 Dues and Subscriptions	5,113	8,805	6,318	2,487	39.4%	41,161	45,719	44,226	1,493	3.4%
33 Other Expense	57,496	36,115	61,649	(25,534)	-41.4%	459,070	347,007	439,035	(92,028)	-21.0%
34 Total Expenses	2,239,883	2,670,828	2,274,057	396,771	17.4%	15,351,842	16,371,712	15,562,582	809,130	5.2%
35 Surplus (Loss) from Operations	424,588	(276,693)	494,442	(771,135)	156.0%	543,200	(1,146,371)	374,072	(1,520,443)	406.5%
Non-Operating Income										
37 Tax Revenue	201,917	204,167	204,167	-	0.0%	1,413,419	1,429,169	1,429,169	-	0.0%
38 Other non-operating	15,000	231,420	5,750	225,670	3924.7%	147,743	262,172	40,250	221,922	551.4%
Interest Income	432	918	100	818	818.4%	307,065	132,909	260,700	(127,791)	-49.0%
Interest Expense	(7,532)	(15,119)	(7,479)	(7,640)	102.2%	(52,865)	(52,309)	(52,353)	44	-0.1%
IGT Expense	-	-	-	-	#DIV/0!	-	-	-	-	#DIV/0!
39 Total Non-operating	209,817	421,386	202,538	218,848	108.1%	1,815,362	1,771,941	1,677,766	94,175	5.6%
40 Surplus/(Loss)	634,405	144,693	696,980	(552,287)	79.2%	2,358,562	625,970	2,051,538	(1,429,268)	69.8%

**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	343,818						1,507,205
2 Outpatient	759,975	752,158	750,715	801,463	624,126	972,010	1,087,803						5,748,249
3 Clinic	329,815	343,539	335,783	317,785	289,299	284,301	267,256						2,167,779
4 Emergency Room	3,121,968	3,044,910	2,722,837	2,519,139	2,688,725	3,102,541	3,386,219						20,586,340
5 Skilled Nursing Facility	158,091	161,978	175,237	194,783	198,304	206,578	205,851						1,300,823
6 Total patient revenue	4,585,098	4,552,387	4,148,760	4,077,968	3,902,835	4,752,401	5,290,947	-	-	-	-	-	31,310,395
Revenue Deductions	C/A	0.49	0.48	0.50	0.48	0.46	0.45	0.51	#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	2,716,791						15,171,609
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	15,701						123,129
10 Administrative	(3,946)	9,457	8,699	(1,853)	1,439	5,530	3,610						22,937
11 Policy Discount	17,491	11,862	11,554	16,004	11,637	15,336	20,719						104,603
12 Employee Discount	7,661	5,909	6,791	1,305	8,195	5,918	15,294						51,072
13 Bad Debts	256,673	240,011	132,574	178,790	389,713	334,477	63,899						1,596,137
14 Denials	29,487	109,385	76,018	77,928	125,677	76,754	87,739						582,987
15 Total revenue deductions	2,492,666	2,211,743	2,192,896	2,010,751	2,195,625	2,441,637	2,923,753	-	-	-	-	-	16,469,072
16 Net Patient Revenue	2,092,432	2,340,643	1,955,865	2,067,217	1,707,209	2,310,763	2,367,194	-	-	-	-	-	14,841,323
net / tot pat rev	45.6%	51.4%	47.1%	50.7%	43.7%	48.6%	44.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	47.4%
17 Other Revenue	5,722	137,886	44,163	27,253	74,691	67,363	26,941						384,018
18 Total Operating Revenue	2,098,154	2,478,529	2,000,027	2,094,469	1,781,900	2,378,127	2,394,135	-	-	-	-	-	15,225,341
Expenses													
19 Salaries	925,406	956,216	902,333	1,122,909	975,875	1,020,963	1,184,708						7,088,411
20 Employee Benefits	320,367	271,080	397,159	311,730	283,861	350,869	308,840						2,243,907
21 Registry	-	11,553	50,270	31,930	5,425	6,696	40,390						146,263
22 Salaries and Benefits	1,245,773	1,238,850	1,349,762	1,466,569	1,265,160	1,378,528	1,533,939	-	-	-	-	-	9,478,581
23 Professional fees	165,124	162,933	161,100	163,056	157,606	178,669	175,476						1,163,964
24 Supplies	108,268	154,942	169,080	177,583	128,781	237,684	340,533						1,316,870
25 Utilities	33,935	34,590	34,797	33,317	32,071	34,994	39,020						242,725
26 Repairs and Maintenance	57,780	48,999	46,434	61,619	44,387	50,897	35,404						345,518
27 Purchased Services	332,918	353,033	373,584	337,780	310,335	349,372	348,295						2,405,317
28 Insurance	60,863	11,090	37,712	37,843	37,712	37,712	37,712						260,644
29 Depreciation	91,295	91,295	91,295	91,295	91,295	91,295	91,295						639,065
30 Rental and Leases	19,149	16,590	16,141	17,078	16,455	16,655	24,236						126,303
32 Dues and Subscriptions	7,269	6,659	8,205	5,676	3,874	5,231	8,805						45,719
33 Other Expense	16,461	80,579	51,138	38,177	60,309	64,228	36,115						347,007
34 Total Expenses	2,138,836	2,199,560	2,339,247	2,429,993	2,147,984	2,445,264	2,670,828	-	-	-	-	-	16,371,712
Surplus (Loss) from Operations	(40,683)	278,969	(339,220)	(335,524)	(366,084)	(67,137)	(276,693)	-	-	-	-	-	(1,146,371)
Non-Operating Income													
37 Tax Revenue	204,167	204,167	204,167	204,167	204,167	204,167	204,167						1,429,169
38 Other non-operating	(1,680)	4,102	17,020	1,270	20	10,020	231,420						262,172
Interest Income	214	726	73,547	957	1,156	55,390	918						132,909
Interest Expense	(7,381)	(7,340)	(7,302)	(7,296)	(7,645)	(225)	(15,119)						(52,309)
IGT Expense	-	-	-	-	-	-	-						-
39 Total Non-operating	195,320	201,655	287,432	199,098	197,698	269,352	421,386	-	-	-	-	-	1,771,941
40 Surplus/(Loss)	154,638	480,624	(51,788)	(136,426)	(168,386)	202,215	144,693	-	-	-	-	-	625,570

2020-2021 Actual BS

BALANCE SHEET

PY Includes final AJES

BALANCE SHEET								PY
PY Includes final AJES								
	July	Aug	Sept	Oct	Nov	Dec	Jan	June
ASSETS:								
Current Assets								
Cash and Cash Equivalents (Includes CD's)	3,615,780	3,808,255	3,576,588	1,705,263	2,351,238	2,691,025	2,658,467	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	10,600,810	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	7,007,101	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	3,593,708	2,318,898
Tax Revenue Receivable	2,450,000	2,450,000	2,450,000	2,450,000	1,993,217	1,082,860	1,013,280	52,606
Other Receivables	-871,228	-858,343	-14,296	309,602	-316,447	79,061	-8,914	87,734
Inventories	195,677	206,729	222,028	237,616	244,545	265,070	283,177	178,033
Prepaid Expenses	513,673	474,367	511,153	549,299	505,105	447,001	461,013	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	8,000,732	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	34,068,527	33,942,664
Other Limited Use Assets	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375
Total Limited Use Assets	34,087,039	34,087,039	34,159,120	34,159,120	34,159,120	34,212,902	34,212,902	34,087,039
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	3,061,292
Building and Building Improvements	10,157,771	10,157,771	10,157,771	10,157,771	10,157,771	10,157,771	10,157,771	10,157,771
Equipment	13,039,965	13,118,413	13,390,453	13,624,695	13,659,968	13,706,167	13,735,555	12,998,413
Construction In Progress	299,400	350,846	378,326	418,059	418,059	480,237	543,606	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	27,498,224	26,433,841
Less: Accumulated Depreciation	15,717,377	15,808,672	15,899,967	15,991,262	16,082,557	16,173,852	16,265,147	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	11,233,077	10,807,758
TOTAL UNRESTRICTED ASSETS	53,337,552	53,759,131	54,747,283	53,505,018	52,921,737	52,995,458	53,446,710	51,827,033
Restricted Assets	0	0	0	0	0	0	0	0
TOTAL ASSETS	53,337,552	53,759,131	54,747,283	53,505,018	52,921,737	52,995,458	53,446,710	51,827,033

2020-2021 Actual BS

BALANCE SHEET

PY Includes final AJES

LIABILITIES:

BALANCE SHEET								PY
PY Includes final AJES								
	July	Aug	Sept	Oct	Nov	Dec	Jan	June
LIABILITIES:								
Current Liabilities								
Accounts Payable	996,145	982,173	1,175,157	961,118	814,623	894,939	916,758	1,099,470
Notes and Loans Payable								
Accrued Payroll	1,038,708	1,113,869	1,260,632	748,959	817,961	958,794	1,211,573	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	7,799,361	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	1,020,831	0
Current Portion - LT Debt	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000
Current Portion of AB915								
Other Current Liabilities (Accrued Interest & Accrued Other)	14,801	22,141	29,443	36,739	44,384	0	15,009	7,420
Total Current Liabilities	12,168,180	12,109,135	12,306,202	11,200,362	10,785,467	10,696,973	11,003,533	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	2,775,000	2,815,000
Leases Payable	0	0	0	0	0	0	0	0
Less: Current Portion Of Long Term Debt	0	0	0	0	0	0	0	0
Total Long Term Debt (Net of Current)	2,815,000	2,815,000	2,815,000	2,815,000	2,815,000	2,775,000	2,775,000	2,815,000
Other Long Term Liabilities								
Deferred Revenue	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total Other Long Term Liabilities	0	0	0	0	0	0	0	0
TOTAL LIABILITIES	14,983,180	14,924,135	15,121,202	14,015,362	13,600,467	13,471,973	13,778,533	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	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	625,570	6,860,528
TOTAL FUND BALANCE	38,354,372	38,834,996	39,626,081	39,489,656	39,321,270	39,523,485	39,668,178	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	53,446,710	51,827,033

Units of Service													
For the period ending January 31, 2021													
31						215							
Current Month						Bear Valley Community Hospital			Year-To-Date				
Jan-21		Jan-20		Actual -Budget		Act.-Act. Var %	Jan-21		Jan-20		Actual -Budget		Act.-Act. Var %
Actual	Budget	Actual	Variance	Var %	Actual		Budget	Actual	Variance	Var %			
96	66	47	30	45.5%	104.3%	Med Surg Patient Days	360	265	199	95	35.8%	80.9%	
14	22	12	(8)	-36.4%	16.7%	Swing Patient Days	181	122	103	59	48.4%	75.7%	
463	424	445	39	9.2%	4.0%	SNF Patient Days	2,922	3,025	3,426	(103)	-3.4%	-14.7%	
573	512	504	61	11.9%	13.7%	Total Patient Days	3,463	3,412	3,728	51	1.5%	-7.1%	
17	17	17	-	0.0%	0.0%	Acute Admissions	81	95	83	(14)	-14.7%	-2.4%	
17	17	16	-	0.0%	6.3%	Acute Discharges	78	95	81	(17)	-17.9%	-3.7%	
5.6	3.9	2.9	1.8	45.5%	92.2%	Acute Average Length of Stay	4.6	2.8	2.5	1.8	65.5%	87.9%	
3.1	2.1	1.5	1.0	45.5%	104.3%	Acute Average Daily Census	1.7	1	0.9	0.4	35.8%	80.9%	
15.4	14.4	14.7	1.0	7.0%	4.4%	SNF/Swing Avg Daily Census	14.4	15	16.4	(0.2)	-1.4%	-12.1%	
18.5	16.5	16.3	2.0	11.9%	13.7%	Total Avg. Daily Census	16.1	16	17.3	0.2	1.5%	-7.1%	
41%	37%	36%	4%	11.9%	13.7%	% Occupancy	36%	35%	39%	1%	1.5%	-7.1%	
7	12	19	(5)	-41.7%	-63.2%	Emergency Room Admitted	40	84	70	(44)	-52.4%	-42.9%	
1,028	1,136	7,101	(108)	-9.5%	-85.5%	Emergency Room Discharged	6,223	6,408	7,101	(185)	-2.9%	-12.4%	
1,035	1,148	7,120	(113)	-9.8%	-85.5%	Emergency Room Total	6,263	6,492	7,171	(229)	-3.5%	-12.7%	
33	37	230	(4)	-9.8%	-85.5%	ER visits per calendar day	29	30	33	(1)	-3.5%	-12.7%	
41%	71%	112%	0%	0.0%	-63.2%	% Admits from ER	49%	88%	84%	32%	36.0%	-41.4%	
-	-	-	-	0.0%	#DIV/0!	Surgical Procedures I/P	1	-	-	1	0.0%	#DIV/0!	
-	7	9	(7)	-100.0%	-100.0%	Surgical Procedures O/P	34	60	86	(26)	-43.3%	-60.5%	
-	7	9	(7)	-100.0%	-100.0%	TOTAL Procedures	35	60	86	(25)	-41.7%	-59.3%	
-	774	1,117	(774)	-100.0%	-100.0%	Surgical Minutes Total	2,842	5,368	5,135	(2,526)	-47.1%	-44.7%	

Units of Service
For the period ending January 31, 2021

Bear Valley Community Hospital												
Current Month						Year-To-Date						
Jan-21 Actual	Budget	Jan-20 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %		Jan-21 Actual	Budget	Jan-20 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %
6,949	6,808	7,080	141	2.1%	-1.9%	Lab Procedures	42,859	43,601	6,309	(742)	-1.7%	579.3%
900	1,197	1,390	(297)	-24.8%	-35.3%	X-Ray Procedures	5,158	6,194	5,385	(1,036)	-16.7%	-4.2%
393	434	379	(41)	-9.4%	3.7%	C.T. Scan Procedures	2,370	2,217	2,043	153	6.9%	16.0%
127	195	223	(68)	-34.9%	-43.0%	Ultrasound Procedures	1,270	1,336	1,512	(66)	-4.9%	-16.0%
8	54	38	(46)	-85.2%	-78.9%	Mammography Procedures	282	378	366	(96)	-25.4%	-23.0%
263	317	420	(54)	-17.0%	-37.4%	EKG Procedures	1,755	2,101	1,957	(346)	-16.5%	-10.3%
179	167	128	12	7.2%	39.8%	Respiratory Procedures	624	770	716	(146)	-19.0%	-12.8%
1,217	1,471	1,554	(254)	-17.3%	-21.7%	Physical Therapy Procedures	9,753	10,444	9,911	(691)	-6.6%	-1.6%
1,378	2,254	1,883	(876)	-38.9%	-26.8%	Primary Care Clinic Visits	10,883	13,083	12,301	(2,200)	-16.8%	-11.5%
214	250	416	(36)	-14.4%	-48.6%	Specialty Clinic Visits	1,703	1,750	2,317	(47)	-2.7%	-26.5%
1,592	2,504	2,299	(912)	-36.4%	-30.8%	Clinic	12,586	14,833	14,618	(2,247)	-15.1%	-13.9%
61	96	88	(35)	-36.4%	-30.8%	Clinic visits per work day	69	82	80	(12)	-15.1%	-13.9%
14.7%	19.00%	14.60%	-4.30%	-22.63%	0.68%	% Medicare Revenue	15.80%	19.00%	18.69%	-3.20%	-16.84%	-15.44%
33.20%	37.00%	33.60%	-3.80%	-10.27%	-1.19%	% Medi-Cal Revenue	35.09%	37.00%	37.00%	-1.91%	-5.17%	-5.17%
46.80%	39.00%	45.70%	7.80%	20.00%	2.41%	% Insurance Revenue	43.27%	39.00%	39.06%	4.27%	10.95%	10.79%
5.30%	5.00%	6.10%	0.30%	6.00%	-13.11%	% Self-Pay Revenue	5.84%	5.00%	5.26%	0.84%	16.86%	11.14%
156.9	155.2	138.4	1.7	1.1%	13.4%	Productive FTE's	146.04	154.8	142.3	(8.7)	-5.6%	2.6%
182.1	171.3	163.9	10.8	6.3%	11.1%	Total FTE's	166.10	170.8	163.9	(4.7)	-2.8%	1.3%



CFO REPORT for

March 2021 Finance Committee and Board Meetings

FY 2022 (July 1, 2021 through June 30, 2022) Budget Preparation

We have begun work on FY 2022 (July 1, 2021 through June 30, 2022) Budget. Attached is a proposed schedule for preparation and finalization of the budget. We will use 7 months (July 2020 through January 2021) of FY 2021 actual results and previous fiscal year's results to review trends and history for consideration in the budget.

Bank Account for Payroll

We are working with First Foundation Bank (our bank for deposits and accounts payable) to establish an account for payroll. This would move our payroll account from another bank and reduce fees. Part of this transition would mean working with Western Union to handle international transactions.

COVID-19 Expenses / Funding

In January 2021, we continued to see increased volumes and expenditures as a result of the Pandemic. FTE (Full Time Equivalents) were over budget (totaling 174.6, 189.6, and 184.4) for the pay

periods in January. As previously discussed, we have added COVID pay for staff. Supply Expense in Laboratory, Pharmacy, Respiratory Therapy, and Disaster cost centers were significantly more than budget.

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.

Inpatient Detox

We continue progressing with implementation of Inpatient Detoxification service. The team from QHR Health was on site the last week of February to work on more details of the program.

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.