



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, May 09, 2018 @ 1:00 p.m. – Hospital Conference Room
41870 Garstin Drive, Big Bear Lake, CA 92315

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

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

OPEN SESSION

1. CALL TO ORDER

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

- (1) Potential Acquisition (Anticipated Disclosure 05/09/18)

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

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

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

- (1) Moon & Mayoras Facility Master Plan Agreement (Anticipated Disclosure 05/09/18)

OPEN SESSION

1. CALL TO ORDER

Rob Robbins, President

2. ROLL CALL

Shelly Egerer, Executive Assistant

3. FLAG SALUTE

4. ADOPTION OF AGENDA*

5. RESULTS OF CLOSED SESSION

Rob Robbins, 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. April 11, 2018 Board of Directors Meeting Minutes: Shelly Egerer, Executive Assistant

B. April 2018 Planning & Facilities Report: Michael Mursick, Plant Director

C. April 2018 Human Resource Report: Erin Wilson, Human Resource Director

D. Infection Prevention Report: Heather Loose, Infection Preventionist

E. Board of Directors; Committee Meeting Minutes:

(1) March 29, 2018 Planning & Facilities Committee Meeting Minutes

(2) April 03, 2018 Finance Committee Meeting Minutes

10. OLD BUSINESS*

- None

11. NEW BUSINESS*

A. Discussion and Potential Approval of the Moon & Mayoras Facility Master Plan Agreement

B. Discussion and Potential Approval of Resolution # 18-454: Determining, Certifying and Directing Special Tax Levies Within the District

C. Discussion and Potential Approval of Entering Into An Agreement with the County to Rent Office Space at the Big Bear Lake Library Building

12. ACTION ITEMS*

A. Acceptance of QHR Report

Ron Vigus, Regional VP QHR

- (1) May 2018 QHR Report

B. Acceptance of CNO Report

Kerri Jex, Chief Nursing Officer

- (1) April 2018 CNO Report

C. Acceptance of the CEO Report

John Friel, Chief Executive Officer

- (1) April 2018 CEO Report
- (2) Strategic Plan

D. Acceptance of the Finance Report & CFO Report

Garth Hamblin, Chief Financial Officer

- (1) March 2018 Financials
- (2) May 2018 CFO Report

13. ADJOURNMENT*

*** Denotes Possible Action Items**

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BUSINESS BOARD MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, Ca. 92315
April 11, 2018**

PRESENT: Rob Robbins, President
Gail McCarthy 1st Vice President
Jack Roberts, 2nd Vice President
Donna Nicely, Treasurer

Peter Boss, MD, Secretary
John Friel, CEO
Shelly Egerer, Ex. Assist.

ABSENT: Gail Dick, Auxiliary President

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

OTHER: Ken Ward, QHR Lin w/QHR Holly Elmer, Foundation President

**COMMUNITY
MEMBERS:**

OPEN SESSION

1. CALL TO ORDER:

President Robbins called the meeting to order at 1:00 p.m.

CLOSED SESSION

1. PUBLIC FORUM FOR CLOSED SESSION:

President Robbins opened the Hearing Section for Public Comment on Closed Session items at 1:00 p.m. Hearing no request to make public comment. President Robbins closed Public Forum for Closed Session at 1:01 p.m.

2. ADJOURNED TO CLOSED SESSION:

President Robbins motioned to adjourn to Closed Session at 1:01 p.m. Second by Board Member Nicely to adjourn to Closed Session. President Robbins called for a vote. A vote in favor of the motion was 5/0.

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

RECONVENE TO OPEN SESSION

1. CALL TO ORDER:

President Robbins called the meeting to Open Session at 3:00 p.m.

2. ROLL CALL:

Rob Robbins, Gail McCarthy, Jack Roberts, Donna Nicely, and Peter Boss, MD were present. Also present were John Friel, CEO and Shelly Egerer, Executive Assistant.

3. FLAG SALUTE:

Ms. Norman led the flag salute, all present participated.

4. ADOPTION OF AGENDA:

President Robbins called for a motion to adopt the agenda as presented. Motion by Board Member Nicely to adopt the agenda as presented. Second by Board Member McCarthy to adopt the agenda as presented. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

5. RESULTS OF CLOSED SESSION:

President Robbins reported that the following action was taken in Closed Session:
The following reports were approved.

- Chief of Staff Report:
 - Request for Initial Appointment:
 - Elizabeth Yutan, MD – Renaissance Radiology
 - Steven Newman, MD – Renaissance Radiology
 - Khalid Javeri, MD – Renaissance Radiology
 - Chao-Hsu Liu, MD – Renaissance Radiology
 - Eric Sax, MD – Renaissance Radiology
 - Request for Reappointment:
 - Jeffrey Silverman, MD – Renaissance Radiology
 - Louis Golden, MD – Renaissance Radiology
 - Claudia Sadro, MD – Renaissance Radiology
 - Richard Medrano, MD – Internal Medicine
 - Jeremy Heiner, CRNA – Nurse Anesthetist
 - Voluntary Resignation:
 - Thong Nguyen, MD – Renaissance Radiology
 - Robert Acquarelli, MD – Renaissance Radiology
 - Eric Cordes, MD – Renaissance Radiology
 - Craig Inouye, MD – Renaissance Radiology
 - Expired Privileges:
 - Robert Azizi, MD – Renaissance Radiology
 - Hyojoon Hahn, MD – Renaissance Radiology
- Risk Report

- QI Report

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

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

6. PUBLIC FORUM FOR OPEN SESSION:

President Robbins opened the Hearing Section for Public Comment on Open Session items at 3:02 p.m. Hearing no request to make public comment. President Robbins closed Public Forum for Open Session at 3:02 p.m.

7. DIRECTORS COMMENTS

- None

8. INFORMATION REPORTS:

A. Foundation Report:

- Ms. Elmer provided the following information:
 - Foundation Donor Tea was a great success.
 - Implemented coffee/ wine and cheese event, we are hopeful to have this every 3 months as a meet & greet.
 - Implementing new program; Tree of Life begins November 6th, lights will be on a tree and lit with a ceremony. The lights will be sold in a celebration of life and a fundraiser for the Foundation.
 - Alpenhorn is hosting the next Foundation Meeting, May 10 at 3:00 pm.
 - Foundation Bylaws are submitted to the Board; legal team has reviewed and revised. The Foundation recommends that you please support the bylaws.

B. Auxiliary Report:

- Ms. Dick was not present.

9. CONSENT AGENDA:

- A.** March 14, 2018 Board of Directors Meeting Minutes: Shelly Egerer, Executive Assistant
- B.** March 2018 Planning & Facilities Report: Michael Mursick, Plant Director
- C.** Q1, Fire/ Life Safety Report: Michael Mursick, Plant Director
- D.** March 2018 Human Resource Report: Erin Wilson, Human Resource Director
- E.** Annual Risk Infection Prevention Assessment & Program Summary: Heather Loose, Infection Preventionist
- F.** Policies and Procedures:
 - (1) Cash Handling
 - (2) Moderate Sedation
 - (3) Code Green
 - (4) Cash Drawer Reconciliation
 - (5) Daily Cash Receipts
 - (6) Dietary Department Deposit
 - (7) CT Scan

- (8) Dietary Department
- (9) EMP
- (10) FHC/RHC
- (11) Mammography Department
- (12) Respiratory Therapy
- (13) Ultrasound

G. Board of Directors; Committee Meeting Minutes:

- (1) February 22, 2018 Finance Committee Meeting Minutes
- (2) March 06, 2018 Finance Committee Meeting Minutes

President Robbins called for a motion to approve the Consent Calendar as presented. Motion by Board Member Nicely to pull item 9 D, Human Resource Report and Item F Policies & Procedures to New Business and the remaining items approved as presented. Second by Board Member Roberts to pull item 9 D, Human Resource Report and Item F Policies & Procedures to New Business and the remaining items approved as presented. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

10. OLD BUSINESS:

A. Discussion and Potential Approval of the Following Policies & Procedures:

(1) American with Disabilities Act

- Board Member Roberts had questions on the American Disabilities Act; we are not re-writing or re-stating the law. We do not need to summarize the ADA, delete the 1st paragraph. Board Member Roberts felt that there were items in the policy that did not need to be.

Board Member McCarthy motioned to approve the American with Disabilities Act Policy as presented. Second by Board Member Boss to approve the American with Disabilities Act Policy as presented. President Robbins called for the vote. A vote in favor of the motion was 3/2.

- Board Member Boss - yes
- Board Member Nicely- yes
- President Robbins - no
- Board Member McCarthy - yes
- Board Member Roberts - no

(2) Confidential Information

- No discussion took place.

(3) Education Assistance

- Board Member Roberts stated that he would like to ensure that the education being completed is by an accredited university and would like this information revised / added to section 1.2.

- Discussion took place on the policy and that employees are using appropriate universities. The Board felt this was a great benefit for staff.

Board Member Roberts motioned to approve the policy with the amendment to the policy as requested by the Board of Directors. Second by Board Member Nicely to approve the policy with the amendment to the policy as requested by the Board of Directors. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

(4) Employment Reference Checks

(5) ID and Facility Access Badges

President Robbins motioned to approve policies four and five as presented. Second by Board Member Nicely to approve policies four and five as presented. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

(6) Dress Code

- Ms. Jex reported that non-clinical staff are not to wear scrubs, this was an intentional change.
- Discussion took place on the dress code and if there is a potential to revise the policy to allow staff to wear jeans Monday-Friday. The current dress code allows staff to wear jeans on Friday only, also the Board felt that staff should not be wearing open toe shoes. All employees need to dress appropriately.

President Robbins called for a motion to approve Dress Code Policy as presented. presented. Motion by Board Member Nicely to approve Dress Code Policy as presented. presented. Second by Board Member Boss to approve Dress Code Policy as presented. President Robbins called for the vote. A vote in favor of the motion was 4/1.

- Board Member Boss - yes
- Board Member Nicely- yes
- President Robbins - yes
- Board Member McCarthy - yes
- Board Member Roberts - no

11. NEW BUSINESS*

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

- (1) Charles Nagel, dba Medical Laboratory Connections Service Agreement
- (2) Brian Biscotti, DC dba Haben Professional Chiropractic Group Service Agreement
- (3) TruBridge Contract Extension

- Mr. Friel reported that Charles Nagel has been with the district for several years, Dr. Biscotti provides chiropractor services at the clinic, and the TruBridge agreement is for an extension through July. All agreements are renewals.

President Robbins motioned to approve the service agreements as presented. Second by Board Member Nicely to approve the service agreements as presented. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

B. Discussion and Potential Approval of Bear Valley Community Healthcare District Foundation Bylaws:

- Board Member Robbins informed the Foundation that there are two sections that address compensation and they conflict with each other and that there are several employees of the district that are allowed to attend the Foundation Meetings but the Board of Directors were not mentioned.

President Robbins motioned to approve the Foundation Bylaws with revisions made as requested and that President Robbins review the bylaws after the changes are made. President Robbins is to sign the bylaws if approved. Second by Board Member Nicely to approve the Foundation Bylaws with revisions made as requested and that President Robbins review the bylaws after the changes are made. President Robbins is to sign the bylaws if approved. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

C. Discussion and Potential Approval of the Ninth Memorandum of Understanding Between Bear Valley Registered Nurses Associations of California / Union of Health Care Professionals (UNAC / UHCP):

- Mr. Friel reported the final written agreement has been presented to the Board, this is the final version.
- Board Member Roberts stated that the MOU should have been reviewed by the Board prior to executing the agreement. There are several items that should have been addressed and added to the MOU; there is no list of applicable positions that apply to the agreement, union representatives (staff) are allowed hours to perform union duties at the expense of the district.

President Robbins called for a motion to approve the Ninth Memorandum of Understanding Between Bear Valley Registered Nurses Associations of California / Union of Health Care Professionals (UNAC / UHCP) as presented. Motion by Board Member Boss to approve the Ninth Memorandum of Understanding Between Bear Valley Registered Nurses Associations of California / Union of Health Care Professionals (UNAC / UHCP) as presented. Second by Board Member Nicely to approve Ninth Memorandum of Understanding Between Bear Valley Registered Nurses Associations of California / Union of Health Care Professionals (UNAC / UHCP) as presented. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

D. Discussion and Potential Approval of Board of Directors Travel Expenses to the ACHD Conference: Not to Exceed \$1,200.00:

- This is no longer applicable. There are no Board Members attending the conference.

E. Discussion and Potential Approval of the Quarterly IT Department Management Strategic Plan to be Presented to the Board of Directors and/or a Committee of the Board of Directors:

- President Robbins stated that discussion has taken place of this item being at a committee meeting or the full Board.
- Board Member Nicely reminded the Board that this item was discussed at last month's Board Meeting and is was unanimously approved by the Board that the CFO would provide a quarterly update to the full Board.

President Robbins reported no action required.

F. Board of Directors Annual Compliance Training: Presented by Mary Norman, Risk/Compliance Manager:

- Ms. Norman informed the Board that current policy states that the Board of Directors will receive annual training.
- Board Member Roberts stated that a staff report should have been included in the Board binder and to please ensure there is a staff report in the future.
 - Provided briefing of seven elements of a Compliance Program.
 - Board has oversight and responsibility of compliance.
 - Board of Directors Code of conduct was provided to the full Board.
 - Reporting hotline website and phone number is posted in various locations.
 - Enforcement and discipline with Just Culture will be completed by July.

G. Consent Agenda:

Item 9 D March Human Resource Report:

- Board Member Nicely requested that the HR Report have more information reported to the Board; the HR Report lacks information and would also like to have an update in regards to the wage & salary review in all future reports.

Item 9 F Policies and Procedures:

- Board Member Roberts requested information on the following policies and stated that the staff needs to tidy up the policies, they are missing information and also expressed his concerns on the policy process:
 - Cash Handling - the policy stated a dollar amount in each drawer except for the Dietary Department and Physical Therapy drawer, information is missing on page 2 and the documents do not match, there is detail missing.
 - Code Red does not have an explanation of what the code is and all other code policies indicate what the code is / explanation.
- Discussion took place on the Board approval process and how policies & procedures are being presented to the Board. The full Board will be provided a thumb drive with all policies & procedures that are on the Board agenda and a written summary will be in the Board binders.

Board Member Nicely motioned to approve 9 D HR Report and 9 F Policies & Procedures 1 through 13 with the discussed changes to be made to the Cash Handling Policy & Procedure. Second by Board Member Roberts to approve 9 D HR Report and 9 F Policies & Procedures 1 through 13 with the discussed changes to be made to the Cash Handling Policy & Procedure. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

12. ACTION ITEMS***A. Quorum Health Resource Report:**

(1) April 2018 QHR Report:

- Mr. Ward reported the following information:
 - Four projects are in process.
 - Contractual Bad Debit Review was completed.
 - QHR is on site for an annual financial operating review to ensure QHR best practices are being completed.

President Robbins motioned to approve the QHR Report as presented. Second by Board Member Roberts to approve the QHR Report as presented. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

B. CNO Report:

(1) March 2018 CNO Report:

- Ms. Jex provided the following information:
 - Received draft management plan for CAH Mock Survey.
 - CDPH on site Saturday Morning for a complaint; there has been no CMS

2567 at this time.

- Meeting with contractor was completed to begin ER remodel.
- Swing census is two.
- Interim DON is doing a great job, two employees are being trained for MDS reporting.
- Surgical Performa information is being obtained and the Performa is to be presented to the Board at the May Board Meeting.

President Robbins motioned to approve the CNO Report as presented. Second by Board Member Nicely to approve the CNO Report as presented. President Robbins called for the vote. A vote in favor of the motion was 5/0.

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

C. Acceptance of the CEO Report:

(1) March 2018 CEO Report:

- Mr. Friel reported the following information:
 - Town Hall meetings are scheduled and being advertised.
 - Smoking cessation program began a second class.
 - Processing two candidates for the architect firms.
 - Hospital tours have been completed by staff.
 - CalPERS renewal is beginning next month.
 - Mercy Air roll out is April 28, will try to have sign ups at the Town Hall Meetings and at the annual Health Fair.

President Robbins motioned to approve the CEO Report as presented. Second by Board Member Boss to approve the CEO Report as presented. President Robbins called for the vote. A vote in favor was unanimously approved 5/0.

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

D. Acceptance of the Finance Report:

(1) February 2018 Financials:

- Mr. Hamblin reported the following information:
 - Operating cash continues strong \$15.8 million.
 - 250 days cash on hand.
 - \$1.7 million, there have been some challenges this year but we are expecting IGT monies which will bring us to budget.
- Board Member McCarthy stated that she is so pleased with the days cash on hands. This is great to see.

(2) CFO Report:

- Mr. Hamblin reported the following information:

- First update on IT Management Action Plan is included in the CFO Report.
 - This is a three to five year plan.
- QHR and two additional vendors will be vetted to complete the productivity benchmark assessment.
- Revenue Cycle Assessment Report is in the process of being completed.
- Board Treasurer bond is being completed.
- Budget meetings have been scheduled.
- HIM candidate is being vetted; hopeful to have position filled by the end of April.
- Board Member Roberts reminded staff that he would like to know the status of pursuing a grant writer. There are several grants the district can apply for and obtain a substantial amount of money through grants. Board Member Roberts also felt that this is part of the budget process.
- Board Member Nicely thanked Mr. Booth for the IT Strategic Plan.

Motion by President Robbins to approve the February 2018 Finance Report and the CFO Report as presented. Second by Board Member McCarthy to approve the February 2018 Finance Report and the CFO Report as presented. President Robbins called for the vote. A vote in favor was unanimously approved 5/0.

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

13. ADJOURNMENT:

Board Member Roberts motioned to adjourn the meeting at 4:40 p.m. Second by Board Member Nicely to adjourn. President Robbins called for the vote. A vote in favor of the motion was unanimously approved 5/0.

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

Bear Valley Community Healthcare District Construction Projects 2018

Department / Project	Details	Vendor and all associated costs	Comments	Date Complete
Hospital Front Lobby Door Replacement	Replace the old non function door with new door and hardware	Lyman Doors	Complete	
Public Restroom/Acute Kitchen Plumbing Repair	Remove the concrete in areas to access damaged plumbing.	Pride Plumbing/Facilities	Public Restrooms Complete, Acute Kitchen in Progress	
Pyxis Replacement	Pyxis equipment is in place and seismic anchors will be installed soon.	Facilities	In Progress	
ASHRE 188 Risk Management Plan for Legionellosis	New Mandate for Hospitals	Forensic Analytical Consulting Services Inc.	In Progress	
Hospital- Medical Air Compressor	Compressors is failing and no longer meets code requirments	FS Medical	Waiting on contracts	
Hospital- Fire Door Repairs	During our latest inspection most of our doors were identified as having deficiencies	Facilities	Will have to evaluate major repairs and include in Capital Budget	

Bear Valley Community Healthcare District Potential Equipment Requirements

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

Bear Valley Community Healthcare District Repairs Maintenance

Department / Project	Details	Vendor and all associated costs	Comments	Date Completed
Nitrogen Generator	Compressor failed	Facilities	Replaced	
Plant	Recirculating hot water pump failed	Facilities	Replaced	
Fox Farm Storage	Storage needs to be cleaned up	Facilities	Completed	
Hospital Corridor lighting	Numerous bulbs and ballast need replaced	Facilities	Completed	
ER Lobby, Dr's Lounge, RHC TV's	Install new streaming TV's	Facilities	Completed	



HR Monthly Report

April 2018

STAFFING	Active: 212 New Hires: 1 Terms: 2 (2 Voluntary 0 Involuntary) Open Positions: 13
EMPLOYEE PERFORMANCE EVALUATIONS	DELINQUENT: 30 days: 6 60 days: 3 90 days: 0 90+ days: 1 (ER) MOVING FORWARD: Continue monitoring ongoing annual evaluations.
WORK COMP	NEW CLAIMS: 1 OPEN: 12 Indemnity (Wage Replacement, attempts to make the employee financially whole) - 5 Future Medical Care – 6 Medical Only - 1 MOVING FORWARD: Quarterly claims review.
FILE AUDIT/ LICENSING	FIVE FILE AUDIT: Two missing Employee Handbook Acknowledgement One missing Meal and Rest Period Acknowledgement One missing Work Comp Fraud One missing Meal Waiver in Excess of 8 hours One expired license, employee removed from schedule All items returned from previous month MOVING FORWARD: Obtain required items, continue file audit.
MOCK SURVEY	Survey found that before new employees report for duty the first day they must be trained on certain key policies (Blood borne Pathogens, Fire Safety, and Infection Control). As a result this training was implemented in our online learning system for all new hires to complete.

POLICIES	<p>In process:</p> <p>Meal and Rest Period</p> <p>PTO</p> <p>Leaves of Absence</p> <p>Pay Practices</p>
WAGE AND SALARY REVIEW	<p>Created draft of Nonexempt pay structure, working on cost analysis and pay policies</p>
EMPLOYEE EVENTS	<p>Join us in celebrating Hospital Week – May 7-11th</p> <p style="text-align: center;"><u>Monday, May 7th</u></p> <p style="text-align: center;">Mexican Food on the Employee Patio 11am - 1:00pm SCORE Survey Raffle Giveaways Blood Drive 8am – 1:00 pm Hospital Parking Lot TB Shots Administered in Cafeteria 7am to 12</p> <p style="text-align: center;"><u>Tuesday, May 8th</u></p> <p style="text-align: center;">Chair Massages 10am to 1pm (Sign-up sheet available in Admin) TB Shots Administered in Cafeteria 7am to 12</p> <p style="text-align: center;"><u>Wednesday, May 9th</u></p> <p style="text-align: center;">Chair Massages 5pm to 8pm (Sign-up sheet available in Admin) TB Shots Administered and Read in Cafeteria 7am to 12 Shirt Distribution with proof of TB</p> <p style="text-align: center;"><u>Thursday, May 10th</u></p> <p style="text-align: center;">Employee Appreciation Breakfast 7am to 9am Mom and Dad Project TB Shots Read in Cafeteria 7am to 12 Shirt Distribution with proof of TB</p> <p style="text-align: center;"><u>Friday, May 11th</u></p> <p style="text-align: center;">TB Shots Read in Cafeteria 7am to 12 Dress your best (appropriate) movie character! Movie themed Goodies and popcorn bar Shirt Distribution with proof of TB</p>

[illegible]



Infection Prevention Monthly Report

April 2018

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory	<ul style="list-style-type: none"> ▪ Continue to receive updates from APIC. ▪ Continue NHSN surveillance reporting. <ul style="list-style-type: none"> • No Hospital acquired infections this month. ▪ Completion of CMR reports to Public Health per Title 17 and CDPH regulations. <ul style="list-style-type: none"> • No reportable diseases this month. 	<ul style="list-style-type: none"> ▪ Review ICP regulations. ▪ Continue Monthly Reporting Plan submissions.
2. Construction	<ul style="list-style-type: none"> • Seismic mounts for the pyxis are in progress.. • Pharmacy- beginning process • Acute kitchen- still awaiting plumber for completion. 	<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"> ○ Compliance at 71% for March. ○ Hand hygiene focus group will continue to meet. 	<ul style="list-style-type: none"> ▪ Continue monitoring hand hygiene compliance.
4. Outbreaks/ Surveillance	<ul style="list-style-type: none"> ▪ Community Health Report <ul style="list-style-type: none"> ○ 1 case of C-difficile in an ER patient. 	<ul style="list-style-type: none"> ▪ Informational

	<ul style="list-style-type: none"> ○ No MRSA this month ▪ Public Health Report <ul style="list-style-type: none"> ○ Influenza season ended in San Bernardino County, but extended in Riverside County. 	
5. Policy Updates	<ul style="list-style-type: none"> ▪ “Handling of Soiled Instruments Outside of the Operating Room” was updated to include that instruments must be sprayed with Pre-Klenz at the point of use, which is the patient’s bedside. Rigid biohazard container must be brought to the bedside to carry instruments away. 	<ul style="list-style-type: none"> ▪ Staff will be notified of update.
6. Safety/Product	<ul style="list-style-type: none"> ▪ Nothing new this month 	<ul style="list-style-type: none"> ▪ Continue to stay current with latest cleaning products and safety standards.
7. Antibiotic Stewardship	<ul style="list-style-type: none"> ▪ Continue to monitor antibiotic usage hospital-wide. 	<ul style="list-style-type: none"> ▪ Informational.
8. Education	<ul style="list-style-type: none"> ▪ ICP continues to attend the APIC meetings in Ontario. ▪ FEMA offers free training in disaster and highly infectious disease preparedness. Types of classes and dates will be provided to Dr. Weissman. 	<ul style="list-style-type: none"> ▪ ICP to share information at appropriate committees.
9. Informational	<ul style="list-style-type: none"> ▪ Results in for General Infectious Disease Readiness assessment done by SB County Health. BVCH had most elements complete or in progress. One area for improvement would be a separate entrance for a highly infectious person. ▪ Legionella Water Plan <ul style="list-style-type: none"> • Project is ongoing.. 	<ul style="list-style-type: none"> ▪ Informational
Heather Loose, BSN, RN Infection Preventionist Date: May 1, 2018		

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
PLANNING & FACILITIES COMMITTEE
MEETING MINUTES
March 29, 2018**

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

STAFF: Garth Hamblin Kerri Jex

ABSENT: None

COMMUNITY MEMBERS: None

OPEN SESSION

1. CALL TO ORDER

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

2. ROLL CALL

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

3. ADOPTION OF AGENDA*

Board Member Roberts motioned to adopt the March 29, 2018 Agenda as presented. Second by President Robbins to adopt the March 29, 2018 Agenda as presented. Board Member Roberts called for the vote. A vote in favor of the motion was unanimously approved.

- Board Member Roberts- yes
- President Robbins - yes

4. PUBLIC FORUM FOR OPEN SESSION:

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

5. DIRECTOR'S COMMENTS:

- Board Member Roberts stated that he once again wanted to thank Maintenance Department for their work; feels the committee is for the entire facility and long term planning for the district.

6. APPROVAL OF MINUTES:

A. February 22, 2018

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

- Board Member Roberts - yes
- President Robbins - yes

7. OLD BUSINESS*

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

- Mr. Friel reported that we still have the two architect firms; recently toured two facilities Long Beach Memorial and Torrance Memorial, spoke with staff and was treated great; remodel of their Radiology Department and their comments on CA Architects were positive.
 - Long Beach had a \$28 million project which is beautiful.
 - CA Architect has not completed a critical access hospital; we felt this was a weakness.
 - Proposed a vision and followed through with what the customer wanted.
 - Moon & Mayors is still working with April dates. An invite will be sent to the full Board once the date is confirmed.
 - CA Architect pricing is still a concern and would like to obtain additional information on why the cost was so high and the committee asked Mr. Friel to confirm if there are any change orders.

Board Member Roberts reported no action required.

8. NEW BUSINESS*

A. Discussion on Long Term Planning & Facilities Responsibilities:

- Board Member Roberts would like to know if there are any recommendations from staff on what this committee should be focusing on, does not want to limit this meeting to just the facility upgrades. Board Member Roberts wants to ensure the Planning & Facilities Committee is using the time to focus on the needs of the district.
- Mr. Friel stated that he felt this committee was to look at the day to day and long term projects. There are several items that will need to be vetted; Surgery, 2030 seismic standards.

Board Member Roberts reported no action required

9. PLANNING & FACILITIES*

A. Quarter 1 Fire/Life Safety Report:

- Mr. Mursick is required to report quarterly on Fire Life Safety.
 - Reported provided

B. Construction Project:

- Mr. Mursick reported the following:
 - Hospital Front Lobby Door Replacement
 - Completed
 - Physical Therapy Exterior & Interior Painting:
 - Completed
 - Public Restroom/Acute Kitchen Plumbing Repair:
 - Kitchen plumbing is not corrected at this time
 - Restrooms complete
 - Pyxis Replacement has been put aside due to the lack of man power:
 - Seismic mounts need to be installed, this is an OSHPD project.
 - ASHRE 188 Risk Management Plan for Legionellosis:
 - We have begun the process.
 - Ongoing project, there are some repairs that need to be completed. The inspection is for the plumbing.
 - Hospital Medical Air Compressor:
 - Agreement is approved
 - Hospital Fire Door Replacement:
 - Continuing to replace doors, ongoing project.
 - Mock survey will be completed and will assist in identifying areas of improvement.

B. Potential Equipment Requirements:

- **Mr. Mursick reported the following:**
 - Snow Plow for District Vehicle
 - Informational at this time; this will be added to capital budget.
 - Vehicle is 2004, high capacity diesel, 35,000 miles approximate worth \$16,000. Is a reliable vehicle. At this time there is no reason to purchase a vehicle.

C. Repairs/Maintenance

- Mr. Mursick reported the following:
 - ER Sliding Doors
 - State made some recommendations on upgrading the department.
 - All internal equipment completed.
 - IT Servicer Room HVAC completed.
 - RHC Blower Motor Replacement completed.
 - Facilities/Diesel Tank tune up completed.

- OR – Inspected L.I.M. Devised - required to inspect them annually, will need to be replaced. This is a capital budget approximately \$25,000 to \$35,000 to replace and upgrade. A lot of the equipment needs to be replaced and will need some internal remodel work.
- Capital budget has plumbing & plant repairs that need to be completed. The fire door inspection is a large project, 56 doors will need to be replaced; replaced one of the 56 doors, new vendor will be on site to survey the doors, \$20,000 to repair the doors. Emergency generator is also something to view.

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

- Board Member Roberts - yes
- President Robbins - yes

10. ADJOURNMENT*

President Robbins motioned to adjourn the meeting at 5:40 p.m. Second by Board Member Roberts to adjourn the meeting. Board Member Roberts adjourned the meeting. Board Member Roberts called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Roberts - yes
- President Robbins - yes

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, Ca. 92315
April 03, 2018**

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

Garth Hamblin, CFO
Shelly Egerer, Exec. Asst.

STAFF: Kerri Jex

**COMMUNITY
MEMBERS:** None

ABSENT: None

OPEN SESSION

1. CALL TO ORDER:

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

2. ROLL CALL:

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

3. ADOPTION OF AGENDA:

Board Member Nicely motioned to adopt the April 03, 2018 agenda as presented. Second by Board Member Boss to adopt the April 03, 2018 agenda as presented. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

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

4. PUBLIC FORUM FOR OPEN SESSION:

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

5. DIRECTOR'S COMMENTS:

- None

6. APPROVAL OF MINUTES:

- A. February 01, 2018
- B. March 06, 2018

Board Member Nicely motioned to approve the February 01 and March 06, 2018 Minutes as presented. Second by Board Member Boss to approve the February 01 and March 06, 2018 Minutes as presented. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

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

7. OLD BUSINESS:

- None

8. NEW BUSINESS*

A. Discussion and Potential Approval of the Finance Committee Meeting Calendar: Potential to Change the Date & Time of Meeting:

- Board Member Nicely asked if there were any suggestions on a change of time.
- Discussion took place on the potential to change the Finance Meeting and what the options for times worked well for the committee members. At this time the committee meeting will remain the same schedule and will be conducted in the Administration Conference Room

Board Member Nicely reported no action required.

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

- (1) Dietary Department Deposit
- (2) Daily Cash Receipts
- (3) Cash Drawer Reconciliation

- Board Member Nicely reported that there has been money missing from a departments cash deposit. The Board of Directors asked that some policies and procedures be created and submitted to the Board for potential approval in order to audit the cash drawers and have a process in place.
- Mr. Hamblin reported that the policies have gone through the appropriate review and would like the Finance Committee to recommend that the policies be submitted to the Board of Directors for potential approval.

Board Member Nicely motioned to recommend to the Board of Directors the policies and procedures 1 through 3. Second by Board Member Boss to recommend to the Board of Directors the policies and procedures 1 through 3. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

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

9. Presentation and Review of Financial Statements:

A. February 2018 Finances:

- Mr. Hamblin reported the following:
 - Strong cash for the month; over \$1million
 - Acute census has decreased
 - SNF decreased but continue to meet budget
 - ER visits decreased
 - Staff is flexing in the ER
 - Net revenue was 12.5% under
 - Finances remain strong during this time
 - FTE's continue to run under budget
 - AR days 62 to 63

B. CFO Report:

- Mr. Hamblin reported the following information:
 - IT Assessment Management Strategic Plan:
 - We have begun to prepare a RFP on who will complete the assessment of the IT Department.
 - The IT Management Action Plan needs to be prioritized.
 - Productivity Assessment by Department Time Line and Potential Consultant to Perform the Assessment:
 - QHR does complete this type of assessment or we can find a different vendor. This study is based on statistics within the facility. Would like to have three vendors, one including QHR and two other bids from different vendors.
- Board Member Nicely reported that the Board of Directors had discussed this item several years ago. The committee asked that this item remain on the Finance Agenda.
 - 2017/2018 Budget Review & Schedule:
 - The proposed budget schedule has been completed and provided to the committee.
 - Budget meetings are scheduled.
 - Operating budgets and capital budgets have been submitted to accounting.
 - Trends and benchmarks are reviewed and discussed
 - HIM Manager Position (Candidate/Interview Schedule):
 - We have interviewed three candidates. At this time we are checking on references. There is a specific candidate that has experience in CPSI.
 - Senior management interviews and then all department managers conduct a meet & greet, a tour of the facility is provided and some time is spent in the department with staff.
 - Revenue Cycle Report to Include Information On “In house billing”:
 - Dan Hobbs was on site and completed a review of the district’s front-end registration – work to be done in this area, TruBridge performance is a lot better than what it used to be. The TruBridge agreement will need to be extended.
 - CFO & Board Treasurer Bond Requirement:
 - Looking at a security bond for the Board Treasurer.
 - BETA is working with the District.
 - ACHD stated to check with legal counsel

Board Member Nicely motioned to approve the February 2018 Finance Report and the CFO Report. Second by Board Member Boss to approve the February 2018 Finance Report and the CFO Report. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

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

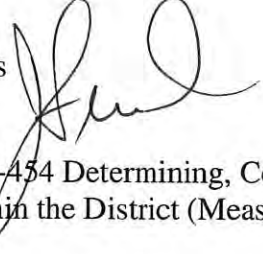
10. ADJOURNMENT*

Board Member Nicely motioned to adjourn at 1:43 p.m. Second by Board Member Boss to adjourn. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.

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



MEMO

Date: May 01, 2018
To: Board of Directors
From: John Friel, CEO 
Re: Resolutions #18-454 Determining, Certifying and Directing 2018/2019 Special Tax Levies Within the District (Measure F)

Recommendation: Administration recommends that the Board of Directors approve Resolution # 18-454 Determining, Certifying and Directing 2018/2019 Special Tax Levies Within the District as presented.

Discussion: On an annual basis, the Board of Directors is required to approve a Resolution for Determining, Certifying and Directing Special Tax Levies Within the District (Measure F). The resolution is required to be filed before the San Bernardino County Auditor will accept the taxes for collection on the tax roll.

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
41870 Garstin Drive, PO Box 1649
Big Bear Lake, CA 92315**

RESOLUTION NO. 18-454

**RESOLUTION OF THE BOARD OF DIRECTORS OF
BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
DETERMINING, CERTIFYING, AND DIRECTING 2017-2018
SPECIAL TAX LEVIES WITHIN THE DISTRICT**

WHEREAS, more than two-thirds (2/3) of the voters voting at an election within Bear Valley Healthcare District on June 03, 2014 approved a measure authorizing this Board of Directors to adopt a resolution levying a special tax upon all taxable parcels of real property within the District in the following amounts on an annual basis: (1) \$20 per unimproved parcel, and (2) \$45 per improved parcel; and

WHEREAS, this Board of Directors finds that it is in the best interest of the District to impose the special tax allowed by law for the fiscal year 2017-2018.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Bear Valley Community Healthcare District as follows:

SECTION 1. The special tax for the fiscal year 2017-2018 shall be as follows:

Each unimproved parcel	\$20
Each improved parcel	\$45

SECTION 2. The records of the San Bernardino County Assessor as of March 1, 2016 shall determine for the purpose of the special tax whether or not any particular parcel of taxable real property is unimproved or improved. "Parcel of real property" as used in this Resolution shall mean any contiguous unit if improved or unimproved property held in separate ownership, including, but not limited to, any single family residence, and condominium unit, as defined in Civil Code Section 783, or any unit of real property subject to the California Subdivided Lands Act (Business and Professions Code Sections 11000 and following).

SECTION 3. The special tax shall be levied upon all unimproved and improved parcels of real property, except for parcels owned by any other local, federal, or state government agency, or any parcel of property that is exempt from the special tax pursuant to any provision of the state or federal constitutions or any paramount law.

SECTION 4. For purposes of this special tax, a minimum assessed improvement valuation of \$5,000 shall be utilized to classify parcels as improved or unimproved for determination of which tax rate to apply to the property. Any parcel with improvements valued at \$5,000 or less by the San Bernardino County Assessor as of March 1, 2016 shall be classified as an unimproved parcel and shall be taxed at the unimproved rate of \$20.00 per parcel.

SECTION 5. The special tax imposed shall be collected in the same manner, on the same dates, and subject to the same penalties and interest in accordance with established dates, as, or with, other charges and taxes fixed and collected by the County of San Bernardino on behalf of Bear Valley Community Healthcare District, and the county may deduct its reasonable costs incurred for such service before remittal of the balance to the District.

SECTION 6. The special tax, together with all penalties and interest thereon shall constitute a lien upon the parcels upon which it is levied until it has been paid, and the special tax, together with all penalties and interest thereon, shall until paid, constitute a personal obligation to the District by the persons who own the parcel on the date the tax is due.

SECTION 7. The Secretary of this Board of Directors shall certify to the adoption of this Resolution and transmit a certified copy thereof to the Clerk of the Board of Supervisors and to the County Auditor of San Bernardino County. The Secretary and the District's legal counsel are authorized and instructed to take such further action as may be necessary to carry out the purpose of this Resolution.

PASSED AND ADOPTED this 09th day of May, 2018, by the following vote:

AYES: _____

NAYS: _____

ABSTAIN: _____

ABSENT: _____

Rob Robbins
President, Board of Directors
Bear Valley Community Healthcare District

Date

ATTEST:

Peter Boss, MD, Secretary
Secretary, Board of Directors
Bear Valley Community Healthcare District

Date

BEAR VALLEY COMMUNITY HEALTH DISTRICT

CERTIFICATE OF SECRETARY

I, the undersigned, do hereby certify:

1. That I am the duly elected and acting Secretary of Bear Valley Community Healthcare District ("District").
2. That the directors of the above District held a regularly scheduled meeting on May 09, 2018, that a quorum of the Directors were present, and a majority of the quorum duly adopted the foregoing Resolution No.18-454

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Secretary this 09th day of May, 2018.

Bear Valley Community Healthcare District

By: _____
Peter Boss, MD
Board Secretary



Board Report

May 2018

Compliance Assessment

Our Compliance consultants have initiated the Compliance Assessment which is done every other year.

QPA Supply Chain Review

QHR materials management team conducted a telephonic Strategic Supply Chain Review with the hospital team. These reviews are focused on identifying opportunities to improve the supply chain performance.

Mock Survey

The consultant that will review the Environment of Care and Life Safety compliance will be onsite in August to complete the Survey.

Revenue Cycle Implementation

Dan Hobbs, QHR Revenue Cycle consultant, has completed his work and provided management with his final report.

Contractual Allowances and Bad Debt Review

Our Hospital Finance and Reimbursement (HFR) consultants have completed this review and provided their report to management. The purpose of the analysis is to evaluate the accuracy of the Contractual allowances and Bad Debt reserve for all payors.

Financial Operating Review

Ken Ward, QHR Associate Vice President, and Len Adcock, Regional Financial Analyst, completed the Financial Operating Review. The purpose of this review is to examine financial processes compared to benchmarks.

Upcoming Education Events – May

05/08/18 Board Leadership Series Topic #5 May 8, 2018 12:00 - 1:00 pm CST
Topic: Board's Role in Compliance: What is Really Going on in Your Hospital?

05/15/18 Getting the Most from Your IT System: It Takes a Village
May 15, 2018 2:00 - 3:00 pm CST



QUORUM | HEALTH RESOURCES®

**05/22/18 - 05/24/18 Reimbursement & Regulatory Update: Inpatient
Proposed Rules 3-part Series** May 22-24, 2018 2:00 -3:00 pm CST

Other

- Ron Vigus is planning to attend the May Board meeting.

2018 Quorum Health Board Essentials Workshop

August 8, 2018 – Omni Hotel, Nashville, TN

August 9-10, 2018 – Omni Hotel, Nashville, TN

Upcoming Projects

- CAH Mock Survey – August 2018
- Cost Report Review – following preparation of Cost Report

Completed Projects

- IT Assessment
- Revenue Cycle Assessment
- Compliance Implementation/ Compliance Risk Assessment
- Mock Survey
- QPA Supply Chain Review
- Contractual Allowances and Bad Debt Review



CNO Monthly Report

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory Updates	<ul style="list-style-type: none"> ▪ QHR completed a CAH mock survey. A Management Action Plan has been developed and the Regulatory QI subcommittee is following up on recommendations. Department Managers will be invited to attend Regulatory committee as needed to review departmental recommendations. ▪ Mock life safety survey has been rescheduled to August. ▪ CDPH was onsite to visit the SNF unit regarding a self-report. 	<ul style="list-style-type: none"> ▪ Informational
2. Budget/Staffing	<ul style="list-style-type: none"> ▪ Overtime, call offs assessed each shift ▪ Flexing of staff as warranted by census ▪ Departments are working on budget plans and requests for FY19. ▪ Budget review meetings were held with Department Manager, CFO, & Controller. 	<ul style="list-style-type: none"> ▪ Continue to monitor
3. Departmental Reports		
<ul style="list-style-type: none"> ▪ Emergency Department 	<ul style="list-style-type: none"> ▪ ED Manager is working with Plant Maintenance on "ED remodel" project. Calendar for all work is in place. Remodel will start with the lobby bathroom on 4/28. Work is scheduled to conclude by June 2018. ▪ ED Manager is working on a plan to decrease/mitigate disruptions in patient care during construction. ▪ ED nursing staff completed "High Risk Chest Pain" training and testing for BETA Quest for Zero Program. 1 physician still working on the program. ▪ New stroke policy & patient care plan is being evaluated/ implemented. 	<ul style="list-style-type: none"> • Informational

<ul style="list-style-type: none"> ▪ Acute 	<ul style="list-style-type: none"> ▪ Swing bed current census=1 ▪ 1 FT RN out on personal LOA ▪ New Admissions folder has been developed to enhance patient experience. The folder will be given to each patient admitted to Acute starting in May. 	<ul style="list-style-type: none"> ▪ Continue to monitor
<ul style="list-style-type: none"> ▪ Skilled Nursing 	<ul style="list-style-type: none"> ▪ Interim DON has implemented monitoring from recent SNF survey POC. ▪ Interim DON has been working with PT and RNA to expand the Restorative program and develop patient centered care practices. ▪ SNF remains at 5-star rating. ▪ Census is currently at 18 residents. ▪ SNF QAPI meeting was held, several projects are being implemented and monitored including: Fall reduction, Restorative Nursing program & Hand Hygiene monitoring. ▪ SNF DON currently on MLOA. 	<ul style="list-style-type: none"> ▪ Continue to monitor ▪ Informational
<ul style="list-style-type: none"> ▪ Surgical Services 	<ul style="list-style-type: none"> ▪ Surgical stats are attached. ▪ Orthopedic surgeon will not be doing procedures for the next 6 weeks. ▪ Policies and Procedures are being revised ▪ Recommendations from mock CAH survey are being implemented to improve processes. 	<ul style="list-style-type: none"> ▪ Monitor surgical services costs and FTEs
<ul style="list-style-type: none"> ▪ Case Management 	<ul style="list-style-type: none"> ▪ DON and Eligibility Worker are working on referrals for SNF residents and Swing patients. ▪ Case Management and Eligibility Services are working on alternative placement for a resident who needs a higher level of service. ▪ Case Management and DSD attended a second level training and certification class for MDS. 	<ul style="list-style-type: none"> ▪ Continue to monitor
<ul style="list-style-type: none"> ▪ Respiratory Therapy 	<ul style="list-style-type: none"> ▪ Working with Department Lead to revise job description to include management duties as necessary to run the Respiratory Department. (On hold pending salary survey) 	<ul style="list-style-type: none"> ▪ Informational

<ul style="list-style-type: none"> Physical Therapy 	<ul style="list-style-type: none"> PT department had one staff resignation, position to be posted as soon as possible. 	<ul style="list-style-type: none"> Continue to monitor
<ul style="list-style-type: none"> Food and Nutritional Services 	<ul style="list-style-type: none"> New staff hired and currently being trained. New Policy manual has been purchased, all policies will go through the review process upon implementation of the new manual. 	<ul style="list-style-type: none"> Informational
4. Infection Prevention	<ul style="list-style-type: none"> Hand Hygiene monitoring continues. Infection Preventionist is rounding weekly to educate staff on hand hygiene and infection issues. Infection Preventionist is working with EVS to review cleaning logs and competencies. 	<ul style="list-style-type: none"> Informational
5. QAPI	<ul style="list-style-type: none"> All management staff have been trained on Just Culture, staff training will be rolled out the end of May. Just Culture guide team met to discuss and recommend actions for events that were referred by the Risk-QI Subcommittee. BETA HEART gap analysis workgroup has conducted a staff survey on "staff communication preferences" <ul style="list-style-type: none"> Findings from the communication survey were presented to Managers and the workgroup including frontline staff. Three recommendations from the workgroup will be implemented by June 1 <ul style="list-style-type: none"> Rounding program Stoplight boards huddles PFAC will meet Monday April, 30th. The second "Smoke Free Big Bear" program (6 week smoking cessation course) with CARE grant funding will started April 3rd. <ul style="list-style-type: none"> Follow up call with CHA was conducted on grant progress. SCORE survey closed with an 87% respondent rate. Results have been given to Senior Leadership. BETA will be conducting training on how to "debrief" 	<ul style="list-style-type: none"> Informational Continue process for Just Culture/ BETA Heart implementation Continue quarterly PFAC meetings Continue CARE grant program and reporting

	results with staff. BVCHD was recognized as a “top performer” for survey response rates. BETA will assist with the first de-briefing of Management.	
6. Policy Updates	<ul style="list-style-type: none"> ▪ Policies reviewed weekly by Policy and Procedure committee. 	<ul style="list-style-type: none"> ▪ Reviewed through P&P Committee
7. Safety/Product	<ul style="list-style-type: none"> ▪ Workplace Violence training is being provided to all BVCHD staff. 	<ul style="list-style-type: none"> ▪ Continue to monitor new regulation and compliance dates
8. Education	<ul style="list-style-type: none"> ▪ BLS Classes scheduled monthly, ACLS & PALS scheduled quarterly ▪ Smoking Cessation classes being held as scheduled. ▪ Nursing skills orientation/ annual review of competency is being held quarterly for all clinical staff. ▪ Relias (online courses) training assigned through HR and department managers. 	<ul style="list-style-type: none"> • Continue to monitor
9. Information Items/Concerns	<ul style="list-style-type: none"> ▪ Attended BETA HEART SCORE survey call. ▪ Attended HASC Advanced LEAD Academy- 1st session ▪ Nurse Leaders have been rounding daily to educate staff on current issues in the district and to encourage feedback on staff that need to be recognized for excellent performance. Staff feedback for this program has been positive. 	<ul style="list-style-type: none"> ▪ Informational
Respectfully Submitted by: <i>Kerri Jex, CNO</i>		
<i>Date: April, 27 2018</i>		

2018 Surgery Report

Apr-18		
Physician	# of Cases	Procedures
Critel - CRNA	3	LESI
Critel - CRNA	1	Shoulder Injection
Critel - CRNA	1	Hip Injection
Critel - CRNA	1	Carpal Tunnel Injection
Critel - CRNA	1	Trigger Point
Pautz - DO	2	Fulkerson's Osteotomy Knee
Pautz - DO	1	Orif Ankle
Tayani	10	Cataracts
Total	20	

May-18		
Physician	# of Cases	Procedures
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Tayani		
Total	0	

Jun-18		
Physician	# of Cases	Procedures
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Tayani		
Total	0	
Jul-18		



CHIEF EXECUTIVE OFFICER REPORT APRIL 2018

CEO Information:

We conducted our first Town Hall Meetings; April 24 at the Community Church. The next Town Hall Meeting is scheduled for May 21 at 5:30 p.m. at the Christian Center.

We had the pleasure of having CMS on site for a meet & greet. The CMS Team also received a tour of the facility including both clinics.

I attended the Rural Health Conference in Sacramento and had the pleasure of meeting with Senator Mike Morrell and Assemblyman Olberholte's Chief of Staff to discuss pressing health legislation affecting rural & CAH's.

I attended a meeting in Hesperia hosted by Assemblyman Olberholte for all hospital CEO's in his assembly district.

It is with great pleasure to announce that Megan Meadors is the recipient of the Rotary "Eagle of Excellence" Award. The Rotary Club of Big Bear Lake is dedicated to honoring members of the Big Bear community that exhibit a very high caliber of professionalism, enthusiasm, work ethic and commitment to service, not only in their vocational field but also in how they demonstrate excellence in the personal giving of time energy and influence on others within the Bear Valley community.

On Saturday, April 28 a Soft Launch for Mercy Air was conducted and very well attended by community members.

Senior Administration is continuing to work on the Surgery Performa. At this time, there is some additional information that needs to be obtained. We will be presenting the Surgery Performa at the June Board Meeting.

Marketing:

We are currently advertising for the May 21 Town Hall Meeting and the June 30 Annual Health Fair.

Attachment (s):

QHR Board Minutes

QHR Compliance Newsletter

Quorum Board Minutes

Addressing Changes in the Healthcare Landscape



Marrying Population Health and Quality

April 2018

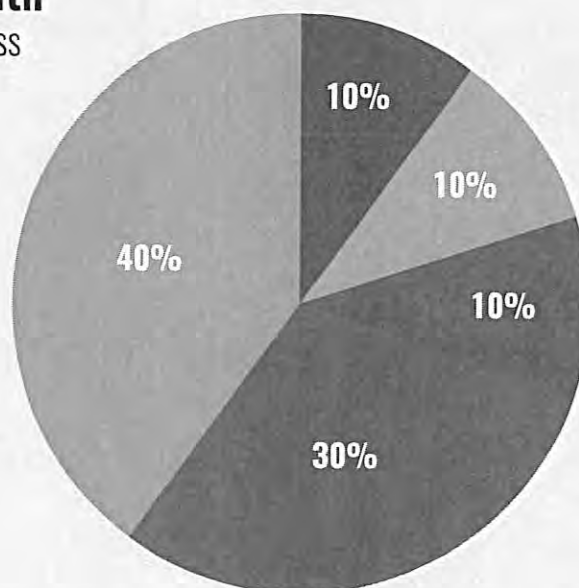
With so much change in healthcare, it is certainly time to consider a broad range of factors to achieve improved outcomes. Improving the community's health is a key part of the equation. Today's health systems and hospitals must support the health of those at risk of developing a new chronic disease and activating the self-management of their health.

And, according to *Healthcare Finance News*, "Hospitals are gearing up to spend more on population health and urgent care centers in the coming years. The market for population health technologies is expected to reach \$69 billion by 2025, while the urgent care center space is forecasted to grow by roughly \$8 billion in 2018 to \$25.93 billion by 2023." Investments in population health management tools like data integration, data analysis, care coordination are rising as they help bridge gaps in care, especially in the case of chronic diseases like diabetes and cardiovascular diseases.

The Social Determinants of Health

To address health inequalities, you must address social and economic inequities.

- Quality of Care
- Access to Care
- Physical Environment
- Healthy Behaviors
- Social & Economic Factors
 - Education
 - Employment
 - Income
 - Family & Social Support
 - Community Support



Source: Democracy Collaborative: Can Hospitals Heal America's Communities? "All in for Mission" is the Emerging Model Impact
Tyler Norris Vice President of Total Health Partnerships, Kaiser Permanente Ted Howard President, The Democracy Collaborative

(Continued)

Further, for over two decades, evidence from the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention and other sources have suggested social, economic and environmental factors are more significant predictors of health than access to care. Additionally, the University of Wisconsin Population Health Institute found that over 40 percent of the factors contributing to the length of quality of life are social and economic; another 30 percent are health behaviors directly shaped by socio-economic factors; and another 10 percent are related to the physical environment where we live and make daily choices. Only 10-20 percent of determinants of health include access to care and the quality of healthcare services.

So what does this all mean for trustees? As accountability for the longitudinal care outcomes of patients continues to fall on the hospital, so will the need for patient engagement and coordination of care across the continuum. Many Boards are making population health an agenda item to ensure the hospital continues to assess how it is improving the health of the community it serves.

Population health is just one of the areas related to quality in a health system. When quality is woven into everything we do, we can meet patient needs and also meet our health system's operational and financial goals. Many QHR-affiliated hospitals are demonstrating leadership in population health as measured in decreased cost of care. To discuss this topic further with your peers, please connect with your CEO and regional vice president.

You can also read our e-book on quality to learn more about achieving quality at your organization. Please see the link provided below.

Heard in the News

Read more about the topics discussed above:

<https://www.trusteemag.com/articles/1230-know-your-community-to-improve-population-health>

<http://www.healthcarefinancenews.com/news/two-key-areas-hospitals-are-planning-major-tech-investments-immediate-future>

<http://qhr.com/quorum-perspective-ebook-quality-2017-3/>

2018 Learning Institute Calendar

To learn more and register, visit our website www.QHR.com/Education.



Boot Camps

Brentwood, Tennessee

May 15 - 18, 2018 Regulatory Readiness 365!

Jul 10 - 12, 2018 Case Management Boot Camp

Jul 30 - Aug 1, 2018 Financial Officer Career Development

Aug 28 - 30, 2018 Lean Boot Camp

Sep 11 - 12, 2018 Physician Practice Management

Sep 25 - 28, 2018 Reimbursement Boot Camp - Critical Access Hospitals

Accredited by TN Nurses

Accredited by NASBA

Accredited by TN Nurses

Accredited by NASBA

Board Leadership Conference

Accredited by ACHE

Aug 8 - 10, 2018 Quorum Health National Board Leaders Conference, Nashville, TN

Annual Compliance Conference

Accredited by HCCB

Nov 6 - 7, 2018 Annual Compliance Conference - Brentwood, Tennessee

Compliance Webinars

Accredited by HCCB

Apr 12, 2018	10:30-11:30 a.m.	Compliance Officer Hot Topics: Professional Development of the Compliance Officer
Jun 14, 2018	10:30-11:30 a.m.	Compliance Officer Hot Topics: Section 1557
Aug 16, 2018	10:30-11:30 a.m.	Compliance Officer Hot Topics: Compliance Case Studies
Oct 18, 2018	10:30-11:30 a.m.	Compliance Officer Hot Topics: Compliance and Risk Management Synergies
Dec 13, 2018	10:30-11:30 a.m.	Compliance Officer Hot Topics: Compliance Year in Review

Finance & Reimbursement Webinars

Accredited by NASBA

May 22 - 24, 2018	2 - 3 p.m.	Reimbursement & Regulatory Update: Inpatient Proposed Rules — 3-Part Series
July 24 - 26, 2018	2 - 3 p.m.	Reimbursement & Regulatory Update: Outpatient PPS, Physician Fee — 3-Part Series
August 14 - 16, 2018	2 - 3 p.m.	Reimbursement & Regulatory Update: Final Inpatient Proposed Rules — 3-Part Series
Nov 27 - 29, 2018	2 - 3 p.m.	Reimbursement & Regulatory Update: Final Outpatient Physician Fee Schedule Rules — 3-Part Series

Project Management Webinars

Jun 11, 2018	2 - 3 p.m.	Defining Success Metrics
Sep 17, 2018	2 - 3 p.m.	Communication Effectively for Projects

Operation Excellence Webinars

Accredited by TN Nurses (unless otherwise noted)

Apr 19, 2018	10:30 - 11:30 a.m.	Physician Services <i>(No Accreditation available for this course)</i>
Apr 27, 2018	10:30 - 11:30 a.m.	Quality Regulatory Updates <i>(No Accreditation available for this course)</i>
Jun 1, 2018	10:30 - 11:30 a.m.	Avoiding Readmissions
June 8, 2018	10:30 - 11:30 a.m.	Making Lean Work in Your Hospital
June 12, 2018	10:30 - 11:30 a.m.	Physician Services <i>(No Accreditation available for this course)</i>
June 22, 2018	10:30 - 11:30 a.m.	Quality Regulatory Updates
Jul 12, 2018	2 - 3 p.m.	Clinical Documentation
Aug 3, 2018	10:30 - 11:30 a.m.	Quality Regulatory Updates

Performance Improvement Webinars

Apr 5, 2018	10:30-11:30 a.m.	Workforce Efficiency — Understanding Daily Productivity
Jun 7, 2018	10:30-11:30 a.m.	Workforce Efficiency
Sep 13, 2018	10:30-11:30 a.m.	Workforce Efficiency

Information Technology and Systems Webinars

Accredited by ACHE

May 15, 2018	2-3 p.m.	Getting the Most From Your IT System: It Takes a Village	
Jun 12, 2018	2-3 p.m.	Do You Need a New EHR? How to Know How to Pick the Right One	
Jul 17, 2018	2-3 p.m.	Cyber Attack: Stories from the Field	
Aug 21, 2018	2-3 p.m.	New EHR on the Way? How to Succeed	
Sep 18, 2018	2-3 p.m.	IT & Compliance: Did You Think About That?	Accredited by HCCB

Board Leadership Webinars

Accredited by ACHE

Apr 10, 2018	Noon - 1 p.m.	Conflict Resolution
May 8, 2018	Noon - 1 p.m.	Board's Role in Compliance
Jun 12, 2018	Noon - 1 p.m.	Putting a Consumer Focus on Strategic Planning
Jul 10, 2018	Noon - 1 p.m.	Best Practices for Hospital Boards
Sep 11, 2018	Noon - 1 p.m.	Effective Physician Recruitment
Oct 9, 2018	Noon - 1 p.m.	Reimbursement 101
Nov 13, 2018	Noon - 1 p.m.	Succession Planning

Questions about these educational opportunities? Check our website at www.QHR.com/Education.

Employees of Quorum managed hospitals are eligible to receive complimentary access to education.

Please enter your organization's access code at checkout to register at no cost. If you do not have your organization's code or have questions, please contact the QHR Learning Institute for assistance at Learning_Institute@QHR.com



EXCITING QHR TEAM NEWS

Please join us in welcoming the newest member of our team, Michele Bear! Michele is joining the Compliance Consulting Practice as a Senior Consultant with experience as a project manager, certified in healthcare compliance and medical coding, bringing more than 25 years of healthcare operations, compliance and management experience.



COMPLIANCE NEWS

(In case you missed it)

OIG COMPLIANCE RESOURCE PORTAL

This page provides links to handy resources for the public that can help ensure that you are in compliance with Federal health care laws and also allows you to email suggestions for new OIG compliance resources.

<https://oig.hhs.gov/compliance/compliance-resource-portal/>

IS HIPAA CHANGING?

The OCR is developing new guidance for covered entities and business associates addressing social media, texting and encryption. None of the proposed changes have been put into effect at this time.

<http://www.healthcareperformance.com/blog/is-hipaa-changing>

FCA PENALTIES INCREASED FOR 2018

§ 6.3 Adjustments for inflation to civil monetary penalties (3) 31 U.S.C. 3729(a)(1)(G), False Claims Act (1986); violation, minimum from \$10,957 to \$11,181; maximum from \$21,916 to \$22,363

<https://www.federalregister.gov/d/2017-28230/p-31>



QHR Compliance Newsletter

OIG WORKPLAN UPDATES

<https://oig.hhs.gov/reports-and-publications/workplan/updates.asp>

- > Ensuring Dual-Eligible Beneficiaries' Access to Drugs Under Part D: Mandatory Review
- > Medicaid Nursing Home Supplemental Payments: Review of the nursing home supplemental payment program's flow of funding and determine how the funds are being used
- > CMS Medicare Overpayment Recoveries Related to Recommendations in OIG Audit Reports
- > Review of Refugee Cash and Medical Assistance Payments

EDUCATION & TRAINING



QHR COMPLIANCE HOT TOPICS WEBINARS

February 15th	Compliance Risk Assessment
April 12th	Professional Development of the Compliance Officer
June 14th	Section 1557
August 16th	Compliance Case Studies
October 18th	Compliance & Risk Management Synergies
December 13th	Compliance Year in Review

Each webinar offers 1 CEU. [CLICK HERE](#) to register today!



Click Here to
learn more
and register!

[SAVE THE DATE] November 6 - 7, 2018 **QUORUM ANNUAL COMPLIANCE CONFERENCE**

Brentwood, TN

QHR hospital compliance professionals and industry thought leaders come together in this intensive compliance conference to help you master compliance issues and how to mitigate risk. You will leave this course with CEU's and answers to your most pressing compliance questions, as well as best practice tools and techniques to help you run an effective compliance program in your hospital.



QHR Compliance Newsletter

"What Would You Do?"

A complaint alleged that an HMO impermissibly disclosed a member's PHI, when it sent her entire medical record to a disability insurance company without her authorization. An OCR investigation indicated that the form the HMO relied on to make the disclosure was not a valid authorization under the Privacy Rule.

Where did the issues lie and what corrective actions do you think were implemented?

(March)

A hospital employee did not observe minimum necessary requirements when she left a telephone message with the daughter of a patient that detailed both her medical condition and treatment plan. An OCR investigation also indicated that the confidential communications requirements were not followed, as the employee left the message at the patient's home telephone number, despite the patient's instructions to contact her through her work number.

To resolve the issues in this case, the hospital developed and implemented several new procedures. One addressed the issue of minimum necessary information in telephone message content. Employees were trained to provide only the minimum necessary information in messages, and were given specific direction as to what information could be left in a message. Employees also were trained to review registration information for patient contact directives regarding leaving messages. The new procedures were incorporated into the standard staff privacy training, both as part of a refresher series and mandatory yearly compliance training.

(Issue: Minimum Necessary; Confidential Communications)

<https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/examples/all-cases/index.html>

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Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
1.0	Invest in emergency services to be the focal point for positive community opinion, improve operations	Business Concentration	High	Title of Responsible person and name of current individual in position	7/1/2017	Ongoing	Premium Reduction	Attended community meeting. BETA Tier 2 Award. Appreciation Ad placed in Grizzly. Working on 2nd year of Tier 2 award
1.1	Develop internal evidence-based system and standards to improve emergency services which include patient satisfaction as well as clinical components	Business Concentration	High	Heidi Marcus/ED Director	7/1/2017	Ongoing		Measuring & submitting data MBQIP. Implement TeamSTEPPS project. Continue to work with resorts and Fire Department to develop peak season plan. Developing stroke workgroup and standardized plan of care for rapid transfer
1.2	Benchmark emergency service performance to evaluate performance and measure improvement, use CMS benchmarks, unless otherwise defined	Business Concentration		Heidi Marcus/ED Director	7/1/2017	Ongoing		Continue abstraction. Measuring & submitting data MBQIP, CALHIIN, QHR, eCQM.
1.3	Determine and provide any training and education needed to enable emergency service improvement	Business Concentration		Heidi Marcus/ED Director	1/1/2016	Ongoing		BETA Quest for Zero High Risk Chest Pain, Skills Fair, Staff meeting education. High risk chest pain training completed; 100% compliance. Continuing
1.4	Publicize Emergency Service performance, compared to benchmarks on a periodic basis so as to gain public confidence in achieving improvements	Business Concentration		Heidi Marcus/ED Director	1/1/2017	Ongoing		Press release PFAC, press release for BETA Quest for Zero, ED Newspaper Acknowledgement. New competency assigned through Relias. Continuing
2.0	Develop a business plan to establish BVCHD as the regional dominant provider of organized post-acute care services	Business Concentration		Interim DON/Samantha Wicker	1/1/2018	Ongoing		Develop rack cards for SNF and Swing services. CNO, DON and Case Manager to visit local facilities. Continued

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
2.1	Establish and implement a plan for improving BVCHD skilled nursing service	Business Concentration	High	Interim DON	3/1/2017	Completed and Ongoing		Star rating, implement QAPI plan and updated regulations. 5 Star rating achieved. CDPH Annual SNF Survey, compliance with POC.
2.2	Evaluate the need for external assistance to enable BVCHD skilled nursing to achieve and maintain a 5-star rating	Business Concentration	High	Interim DON	3/1/2017	Completed and Ongoing		5- star rating achieved March 2017.
2.3	Develop and implement a formal process to organize and systematize the post-discharge process, giving consideration to adopting the "Re-Engineered Discharge (RED) Toolkit" of the Agency for Healthcare Research and Quality	Business Concentration	Low	Interim DON/ Samantha Wicker				Re-evaluating - track and report readmission. <i>Joining Inlands Empire Readmission Collaborative</i>
2.4	Develop a post-acute clinical pathway for DRG 194, Simple Pneumonia and Pleurisy, while documenting clinical performance and communicating outcomes to referring acute care hospitals	Business Concentration	Low	Interim DON				<i>Meeting standard of care</i>
2.5	Develop a post-acute clinical pathway for DRG 470, Major Joint without Major Complications or Comorbidity, while documenting clinical performance and communicating outcomes to referring acute care hospitals	Business Concentration	Low	Interim DON				<i>Meeting standard of care</i>
2.6	Develop a business plan for expanding post-acute services to Big Bear residents obtaining acute care down the hill and recovering from DRG 194 & 470; and, determine how to expand service to other post-acute care services conditions	Business Concentration	Low	Interim DON/Samantha Wicker	1/1/2018	Ongoing		Work with case management to advertise swing bed program to surrounding hospitals. <i>Continuing</i>
2.7	Complete a feasibility study for determining if BVCHD should re-establishing home health care services	Business Concentration	Low	Sheri Mursick	7/11/2015			Re-evaluate the value of this project to BVCHD. <i>No value found</i>

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
3.0	Expand Family Health Center, and other outpatient services, and Chronic Care Management service	Business Concentration	High	Sheri Mursick	10/1/2016	1/2017 and ongoing		Re-opened RHC Jan 2017. Added Orthopedics, OB-GYN, Chiropractor, PRIME Project, Acupuncture, potential Podiatry, Dermatology <i>Continuing</i>
3.1	Identify specific problems, determine what improvements are needed, and implement actions designed to reduce the 1 in 5 clinic users reporting an unresolved service or billing problem	Business Concentration	High	Sheri Mursick/Mary Norman/Garth Hamblin	7/1/2016	4/1/2017 and ongoing		Updated charge master. QHR Compliance and billing audit conducted 12/2016 findings being implemented <i>Monitoring and Ongoing</i>
3.2	Implement the recommendations of the Quorum Rural Health Clinic review project	Business Concentration	High	Sheri Mursick	8/1/2015	5/1/2016		Completed
3.3	Establish a treatment follow up process for clinic patients to assure the patient understood treatment, followed recommendations and have recommendations for service improvement	Business Concentration	Low	Sheri Mursick	4/1/2017	4/2017-ongoing		Implemented Qualitick <i>Completed and Ongoing</i>
3.4	Determine what referring physicians and patients would perceive as "value" (i.e. prompt result reporting, price guarantee, tec.) associated with BVCHD lab, CT and diagnostic radiology services sufficient to generate resident desire to use such services; redesign BVCHD services accordingly, and, develop a business plan for growing Medicare business to achieve at least 1.8% of services delivered within the County	Business Concentration	Low					<i>Defer to next plan cycle</i>

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
3.5	Establish a Chronic Care service, evaluating the services of various vendors (i.e. Progressive Healthcare or Care 24/7) to provide the "back office" support functions required by Medicare for this service	Business Concentration	Low					Re-evaluate the value of this project to BVCHD.
4.0	Acute care service maintenance	Business Concentration	Low					
4.1	Maintain an evaluation of all emergency service transfers to acute care facilities to determine what needed to occur at BVCHD in order to have retained the patient; and, based on the evaluation consider what actions are appropriate for patient retention	Business Concentration	Low	Case Management/ Heidi Markus/ UR Committee	1/1/2017	Ongoing		Transfer data reviewed at UR Meetings. Admission criteria revised. Nursing competency in progress. Evaluate RPG/Hospitalist program further <i>Ongoing, developing in house hospitalist program</i>
4.2	Identify any acuity based training needed by clinicians for providing adequate patient care and determine the feasibility for using the Loma Linda affiliation agreement to obtain such training	Business Concentration	Low	Kerri Jex	1/1/2016	Ongoing		Evaluating staff competencies. Implemented Relias Learning modules. Allocated 0.3 FTE for in-house education. Incorporating clinical orientation quarterly to general hospital orientation. <i>Implemented quarterly skills days and departmental specific skills days. Pursue opportunities with Mercy Air and Riverside Community Hospital</i>
4.3	Incorporate the service performance expectations the training is designed to achieve into the BVCHD workforce evaluation program	Business Concentration	Low	Admin, HR	9/1/2017	9/1/2018		Studer principles, revise evaluation process, train managers <i>Adopted Beta Heart program. Administered SCORE survey and implemented communication workgroup</i>
5.0	Develop a customer service attitude and a service recovery response	Infrastructure Progress	High	Admin	7/1/2017	1/2019 and ongoing		Studer group <i>Adopted Just Culture and Team STEPPS and Beta Heart</i>

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
5.1	Evaluate and select a program for providing customer service workforce training, considering programs from the Studer Group and Value Coach.com (Joe Tye)	Infrastructure Progress	High	Admin, Board of Directors	1/1/2017	1/2019 and ongoing	\$240,000 over a 3 year period Studer Initiative on hold	Nursing Leadership attended Studer Conference Nov 2016. Two board members attended Studer conference 2017. Studer presentation to full board in July 2017. Lynn Cunningham (Studer) completed workshops with managers and staff. <i>Re-evaluating front end customer service training</i>
5.2	Evaluate and select a service recovery program, considering the Stanford Healthcare PEARL (Process for Early Assessment, Resolution and Learning) program to serve as a model to guide interactions, communications, and resolving patient problems	Infrastructure Progress	High	Admin, CNO	1/1/2017	1/2019 and ongoing		Patient Advisory Committee established early 2017. Beta Heart program to be implemented. Beta performing gap analysis 1/5/18 <i>GAP analysis conducted BETA Heart implementation in progress</i>
5.3	Incorporate the service performance expectations the training is designed to achieve into the BVCHD workforce evaluation program	Infrastructure Progress	Medium	HR	9/1/2017	9/1/2018		Complied list of values resulting from workshops with Lynn Cunningham. Incorporated values into Code of Conduct policy. In process of updating and revising current evaluation process to include organization's values. <i>Continuing</i>
5.4	Establish a performance tracking system to identify customer service improvement achievements from implementing customer service and service recovery training	Infrastructure Progress	Medium	Admin	1/1/2016	Ongoing		Using Qualatick for patient feedback in the ER and Clinic. NRC Picker is used for patient satisfaction survey for the Acute. BVCHD uses Variance tracking and the grievance process for patient complaints/concerns. Beta HEART program addresses service recovery. <i>Continuing</i>

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
6.0	Optimize the Loma Linda affiliation and identify beneficial relationships with others	Infrastructure Progress	Medium	CEO/Board	1/1/2016			August 17; discussions suspended. December 17 revisit options. <i>Discussions with Riverside Community Hospital are underway</i>
6.1	Establish governance expectations and administrative protocols for implementing specific events the agreement is to achieve	Infrastructure Progress	Medium	CEO/Board				
6.2	Establish protocols with the medical staff to evaluate if the affiliation agreement is achieving expectations and how to achieve additional benefits	Infrastructure Progress	Medium					Keeping medical staff apprised through frequent reports to MEC <i>Discussions regarding family practice residency with RCH underway</i>
6.3	Identify what value would be achieved through development of affiliation understandings with other area tertiary acute care providers and protocols so any subsequent relationship would not conflict with the intent of the Loma Linda agreement	Infrastructure Progress	Low					Preliminary discussion with RCH
7.0	Develop and implement a new Master Facility/Campus Plan	Infrastructure Progress	Low	Board Planning and Facilities Committee	9/1/2017	12/1/2019		RFP developed and posted. Presentation from design firms to BOD 12/2017. <i>Design firm selected</i>
7.1	Complete a space plan to document facility needs in order to implement the service plans of BVCHD	Infrastructure Progress	Low	Board Planning and Facilities Committee				<i>Refer to 7.0 above</i>
7.2	Complete an audit of current operating systems to identify needs for replacement and adequacy for supporting BVCHD clinical programs	Infrastructure Progress	Low					<i>Refer to 7.0 above</i>
7.3	Develop a master facility and campus plan to guide physical plant capital expenditures and input the capital requirements into BVCHD's financial planning	Infrastructure Progress	Low					<i>Refer to 7.0 above</i>

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
8.0	Recruit two primary care physicians while developing a geriatric emphasis	Infrastructure Progress	High	Admin	1/1/2016	Ongoing		Contract with Fidelous and Inline Group. Recruited Dr. Anvekar (part time hospitalist/clinic) using grassroots efforts.
8.1	Identify office space and other practice opportunity logistics associated with establishing a desirable practice opportunity for two new clinicians	Infrastructure Progress	High	Admin	10/1/2016	Ongoing		Re-opened RHC Jan 2017. Currently have capacity for additional providers at RHC/FHC. Continue evaluation of local practice acquisition.
8.2	Undertake efforts to successfully recruit two primary care clinicians, one having interest in geriatric care	Infrastructure Progress	High	Admin	1/1/2016	Ongoing		See 8.0
9.0	Document and publicize clinical and satisfaction outcomes	Infrastructure Progress						
9.1	Identify what measures would be statistically valid with current BVCHD service level volumes	Infrastructure Progress		Admin	2/1/2017	Ongoing		Participate in QHR comparative dashboard, MBQIP, Qualitick, NRC Picker, and CalHIIN reporting. Due to low volume, the challenge is identifying measures that are significant. <i>Continuing, joined CAL HIIN Rural Affinity Group</i>
9.2	Track and publicize the CMS Hospital Compare Emergency Service "Timely and Effective Care" metrics	Infrastructure Progress		Admin, Heidi Marcus, April Early	2/1/2017	Ongoing		Participate in QHR comparative dashboard, MBQIP and CalHIIN reporting. Continue to compare BVCHD outcomes to national benchmarks. <i>Continuing</i>
9.3	Identify efforts needed to have BVCHD metrics achieve and surpass CMS Hospital Compare "Effective Pneumonia Care", "Preventive Care" and "Blood Clot Prevention and Treatment" state and national performance averages	Infrastructure Progress	Low	Kerri Jex, April Early	1/1/2016	Ongoing		Participate in QHR comparative dashboard, MBQIP and CalHIIN reporting. Continue to compare BVCHD outcomes to national benchmarks. <i>Continuing</i>

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
9.4	Evaluate volume adequacy for documenting and presenting data depicting Pneumonia patients payment and value metrics as displayed on the CMS Hospital Compare web site	Infrastructure Progress	Low					
9.5	Identify metrics to track and present on BVCHD web site indicating BVCHD performance on the data presented in the Consumer Assessment of Healthcare Providers and Systems	Infrastructure Progress	Low	Admin	7/1/2018			Need to re-evaluate the benefit to the organization. Due to low service volumes/return rate on NRC Picker surveys, CAHPS scores tend to be inconsistent.
9.6	Identify metrics to track and present on BVCHD web site indicating BVCHD performance on the data presented in the Medicare Beneficiary Quality Improvement Project	Infrastructure Progress	Low	Admin	7/1/2018			Reporting to MBQIP in place. Need to evaluate if we want to post on website.
10.0	Develop financial policy guidance for achieving the objectives outlined in this strategic plan	Infrastructure Progress		Garth Hamblin	1/1/2017	Ongoing		In conjunction with facilities master plan. Develop a 5 year capital plan and evaluate sources
10.1	Develop a 5 year financial plan based on the implementation of the goals and objectives of the plan	Infrastructure Progress		Garth Hamblin				
10.2	Establish and guide operations from a set of staffing and productive standards consistent with California regulations, in concert with local Union opinions, and that meet the needs of the new business plan for growth	Infrastructure Progress		Admin	1/1/2016	Ongoing		BVCHD follows Title 22 staffing guidelines. An evaluation of productivity and FTEs is performed during budget preparation every fiscal year and as needed throughout the year. Union negotiations began March 2017. UNAC contract was ratified Jan 2018. OPEIU contract pending negotiations. <i>OPEIU decertified in January 2018</i>

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
10.3	Complete a debt capacity study to identify the capability of BVCHD to support development of a replacement of the hospital with a facility sized to meet the service needs of the District and comply with CA seismic standards	Infrastructure Progress	Low	Board Planning and Facilities Committee	9/1/2017			FY 18/19 1st quarter. <i>Rescheduled for 2nd quarter of 18/19</i>
10.4	Monitor managed care plan development and the need to develop program attributes desirable to attain and maintain participation in the plans readily available to area residents, and/or, supportive of services developed in relationship with Loma Linda	Infrastructure Progress	Low	Administration				Ongoing relationships with IEHP, Heritage, Kaiser <i>monitor managed care plans for SNF residents</i>
11.0	Improve the health of district residents by supporting public health initiatives and the implementation strategy response to identified needs	Community Development	Low	Admin	1/1/2016	Ongoing		BVCHD has offered community flu shot clinic, immunization clinic/health fair and smoking cessation classes. The Family Health Center has engaged alternative therapy providers to provide weekly education/services to patients and community members. <i>Implemented PRIME Project in January 2017</i>
11.1	Initiate discussions with the County to identify areas BVCHD could be of service	Community Development	Low	Admin	1/1/2016	Ongoing		BVCHD leadership is engaged in several County programs/services such as DBH Innovation Grant, HELPP, Hospital Collaborative, HPP, Mountain Mutual Aid, Community Collaborative, County Supervisor Advisory Council. <i>Continuing. Collaborating with HASC on the Innovations Grant</i>

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
11.2	Complete a Community Health Needs Assessment and develop an Implementation Strategy designed to provide an amount of Community Benefit at least equal to the amount provided on average among CA not-for-profit hospitals	Community Development	Low	Admin	1/1/2016	Ongoing		Improving access - meet with managed care plans and physician recruitment. Pain Management-PRIME Project. Evaluate feasibility for substance abuse medical stabilization program. Mental Health - added mental health providers, attend mental health alliance and hospital behavioral health collaborative, innovations project.
12.0	Aid efforts to improve health of district residents by supporting Big Bear Fire if it elects to develop a "Post Hospital Discharge Follow Up" program	Community Development	Low	Heidi Markus/ED Director				Re-evaluate the value of this project to BVCHD <i>Big Bear Fire is not participating in post discharge pilot program</i>
12.1	Initiate discussions with Big Bear Fire about its interest in developing a Post Discharge Follow Up program and what role might BVCHD play in such a program	Community Development	Low	Heidi Markus/ED Director				Re-evaluate the value of this project to BVCHD <i>Big Bear Fire is not participating in post discharge pilot program</i>
12.2	Determine what resources BVCHD could provide to aid Big Bear Fire achieve its intent	Community Development	Low	Heidi Markus/ED Director				Re-evaluate the value of this project to BVCHD <i>Big Bear Fire is not participating in post discharge pilot program</i>
13.0	Develop a marketing program to enhance resident awareness of services and inform residents of service delivery improvements	Community Development	Medium/Low	Megan Meadors	10/1/2016	Ongoing		Marketing plan approved by the Board 2/2017
13.1	Identify BVCHD service attributes it will promote to increase awareness and preference for BVCHD services	Community Development	Medium/Low	Megan Meadors	10/1/2016	Ongoing		
13.2	Develop a marketing plan and budget allocation to implement the plan	Community Development	Low	Megan Meadors/Garth Hamblin	4/1/2017	Ongoing		Funds were allocated to marketing in the FY17 budget. <i>Ongoing budget support plan FY 18/19</i>

Item #	Task	Area of Scrutiny	Priority High; Medium; Low	Assigned To	Target Start Date	Completion Date	Estimated Financial Impact	Comments
13.3	Conduct a post-public campaign survey to determine what, if any, change has occurred in BVCHD service awareness and preference	Community Development	Low	Megan Meadors	4/1/2018	6/30/2018		Conduct status survey second quarter of FY 2018

NOTE: High, Medium and Low priority suggestions generally track with start of initiative in plan year 1, 2 or 3 and are specifically "back loaded" (more initiatives to start in later

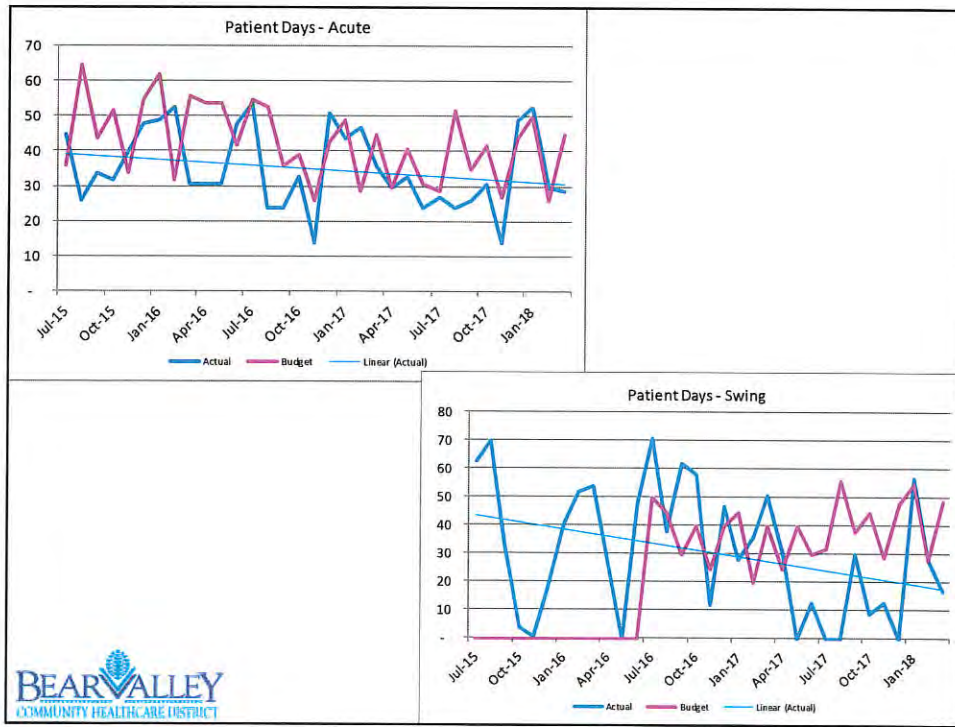
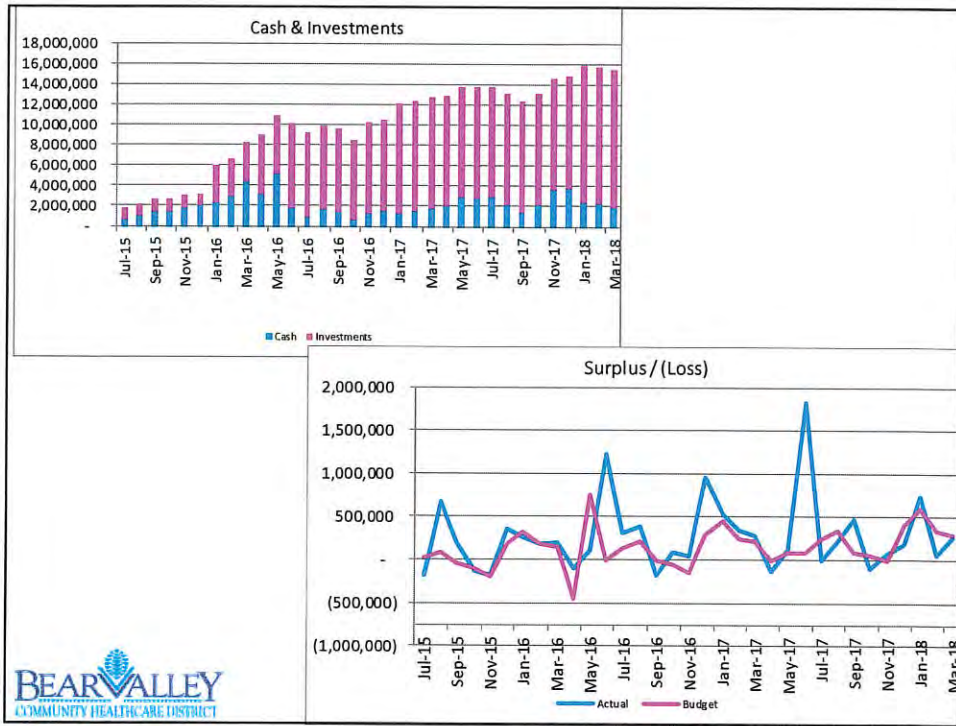
Number of initiative	Priority	Percent of Initiatives
12	High	20%
16	Medium	27%
32	Low	53%
60	Total initial	100%

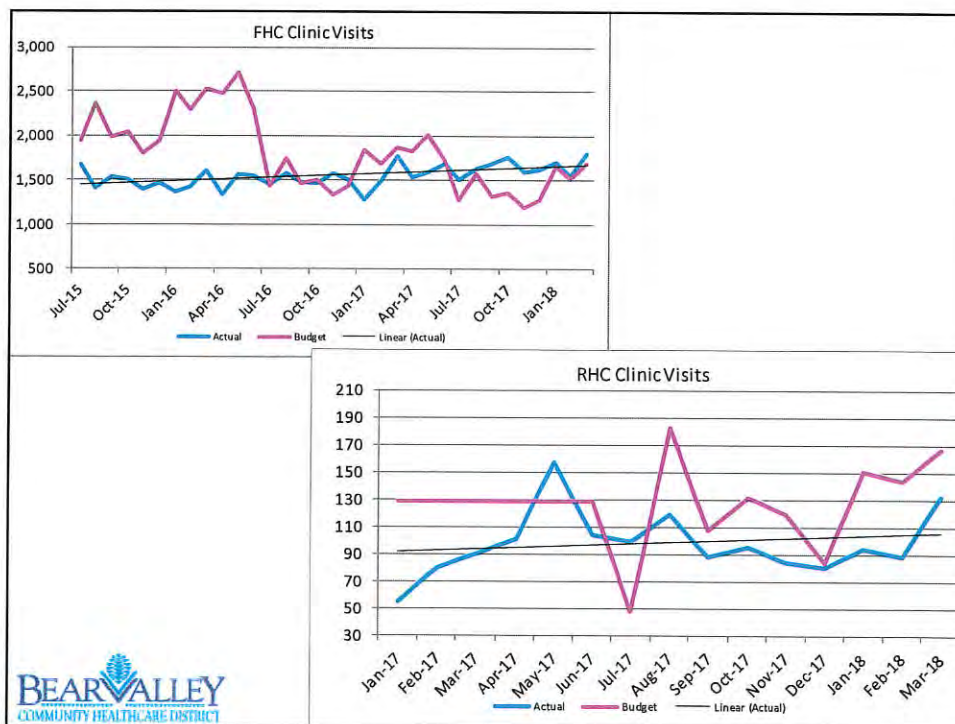
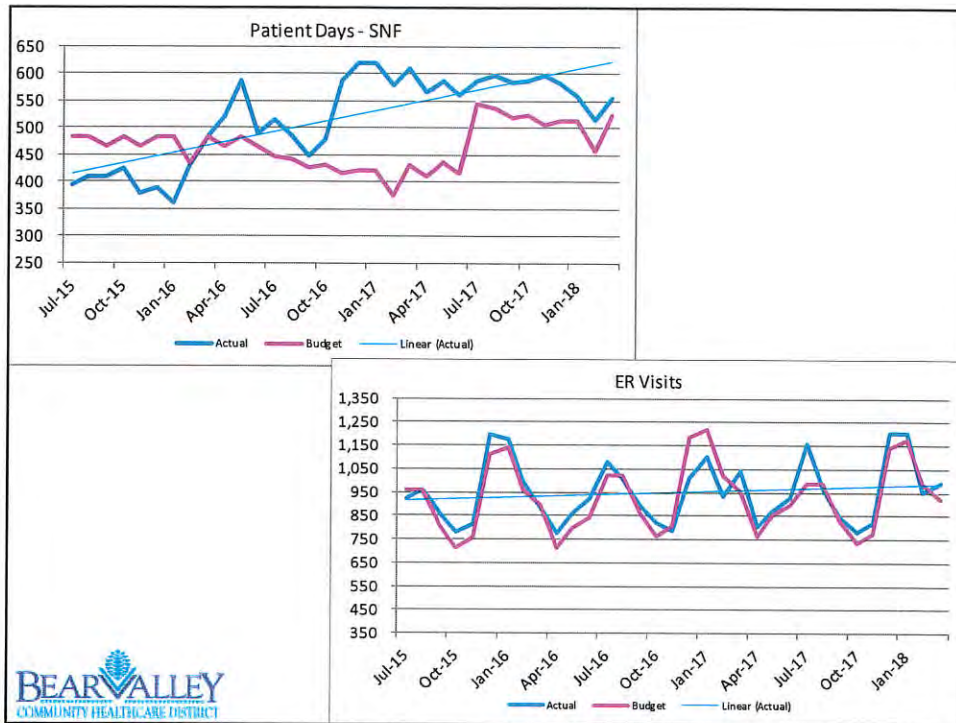


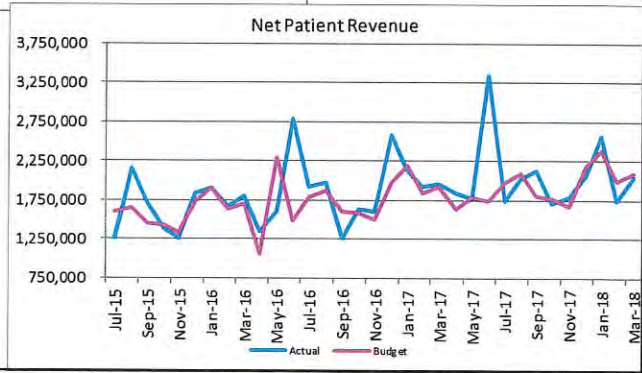
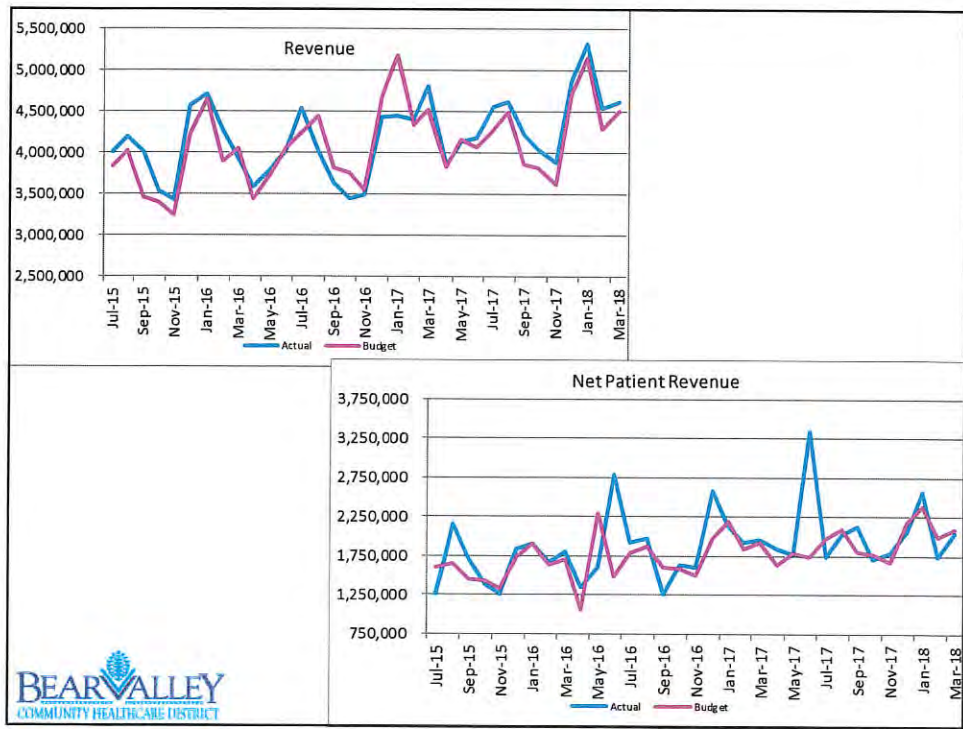
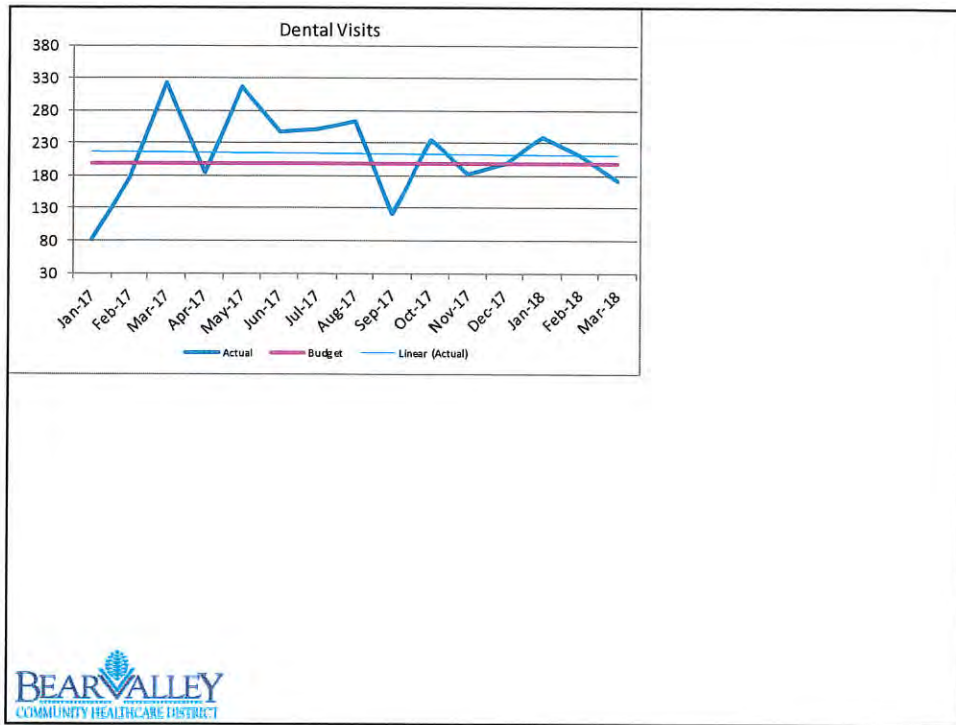
Finance Report
March 2018 Results

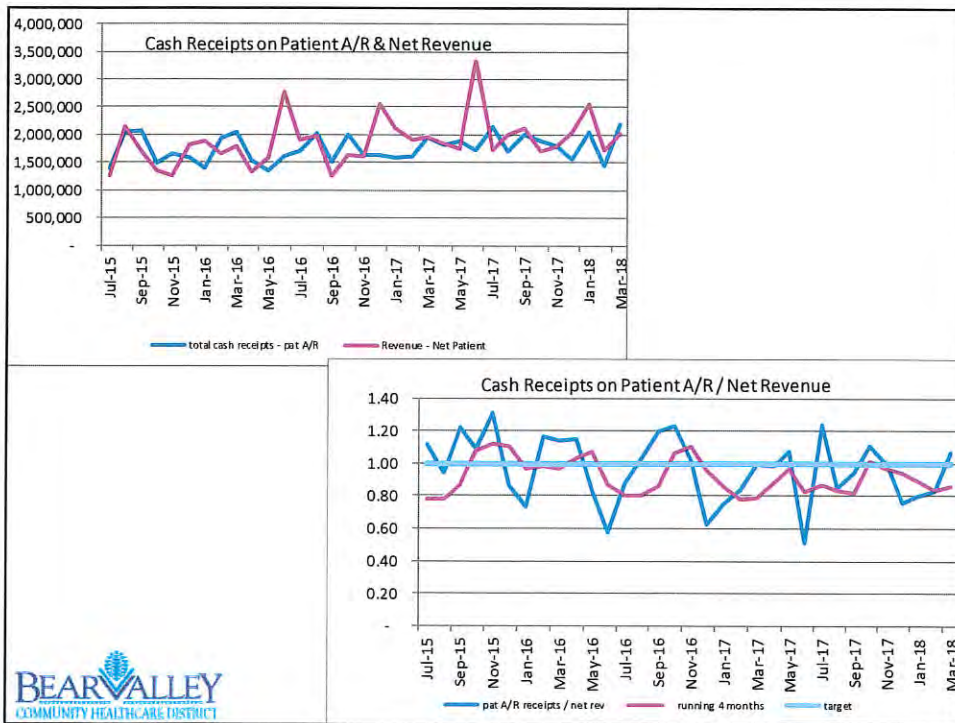
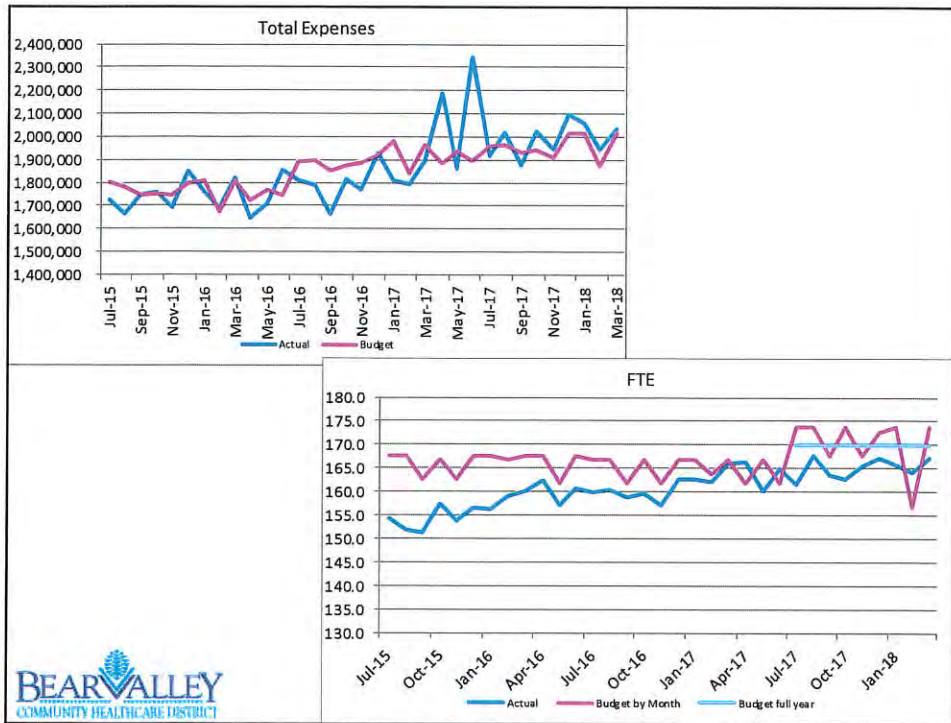
Summary for March 2018

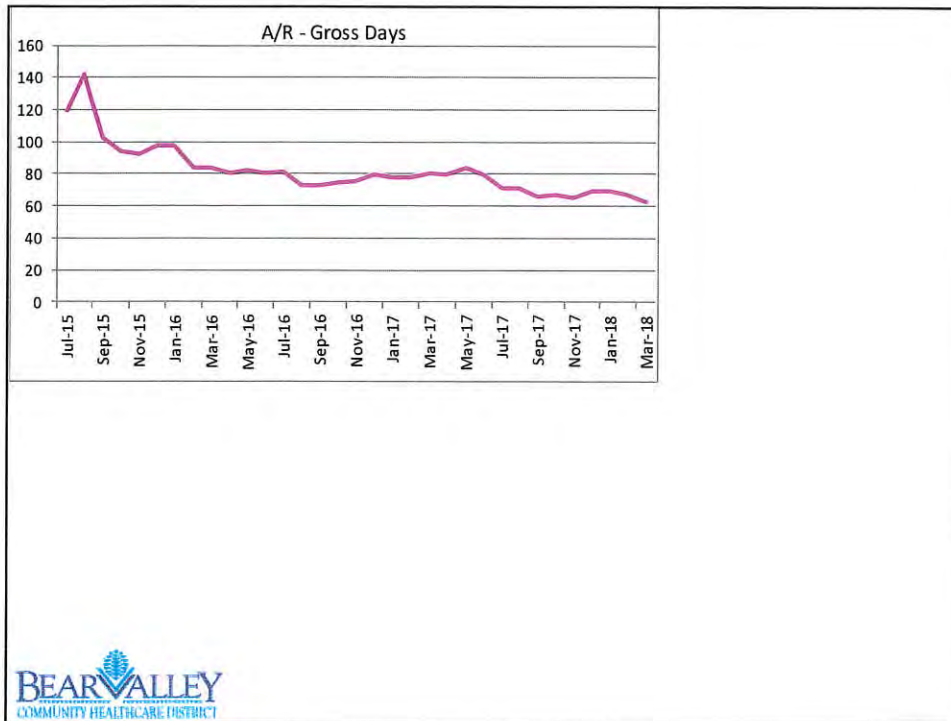
- Cash on Hand - \$2,044,038
- Investments - \$13,497,614
- Days Cash on hand, including investments with LAIF – 246
- Surplus of \$263,623 for the month compared to budgeted surplus of \$309,008.
- Total Patient Revenue over Budget by 2.5% for the month
- Net Patient Revenue was 2.0% under budget.
- Total Expenses 0.9% more than budget













March 2018 Financial Results

For the month . . .

Total Patient Revenue of \$4,618,877 for March 2018 was 2.5% over budget. Clinic revenue and Emergency Department revenue were both over budget. Inpatient revenue was significantly under budget while Outpatient and SNF revenue were near the budgeted levels.

Deductions from Revenue of \$2,566,251 or 6.4% over budget. This is a smaller variance to budget than we have seen recent months.

Total operating Revenue of \$2,078,377 was 3.1% under budget.

Total Expenses of \$2,040,119 or 0.9% higher than budget. Professional fees were higher in ER with payment for on-call for orthopedic surgeon and in FHC due to increased volumes. Purchased services were over budget with expenses for an interim director of SNF.

Interest income was higher with the quarterly allocation interest from LAIF.

Our Surplus for the month of March 2018 was \$263,623, this was \$45,385 lower than budget for the month.

Our Operating Cash and Investments total \$15,541,651 as of the end of March 2018 total days cash on hand are 246.

Key Statistics

Acute patient days of 29 for the month were 16 less than budget. Swing patient days of 17 for the month were 32 lower than budgeted. Patient days on SNF days totaled 558 which was 6% over the budgeted amount. Emergency room visits of 993 were 7.5% over budget.

Through the first nine months of our Fiscal Year . . .

Patient revenue is 5.0% over budget, total revenue deductions are 10.2% more than budget. Net Patient Revenue is 1% under budget. Total expenses are 1.5% higher than budget, and our surplus of \$1,950,270 is \$513,236 Lower than budget. We do have some IGT and prior year settlement amounts to take into income by year end.

Acute and Swing patient days continue significantly lower than budgeted. SNF days are 11% over budget. ER Visits are 4.4% over budget. FTE continue to be under budget.

Bear Valley Community Healthcare District
Financial Statements March 31, 2018

Financial Highlights—Hospital
STATEMENT OF OPERATIONS

		A	B	C	D	E	F	G	H	I	J
		Current Month					Year-to-Date				
		FY 16/17	FY 17/18		VARIANCE		FY 16/17	FY 17/18		VARIANCE	
		Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
1	Total patient revenue	4,804,166	4,618,877	4,506,361	112,516	2.5%	37,266,627	40,708,833	38,773,721	1,935,112	5.0%
2	Total revenue deductions	2,836,462	2,566,251	2,412,557	153,694	6.4%	20,217,821	22,870,310	20,758,168	2,112,142	10.2%
3	% Deductions	59%	56%	54%			54%	56%	54%		
4	Net Patient Revenue	1,967,704	2,052,626	2,093,804	(41,178)	-2.0%	17,048,806	17,838,523	18,015,553	(177,030)	-1.0%
5	% Net to Gross	41%	44%	46%			46%	44%	46%		
6	Other Revenue	23,923	25,710	51,981	(26,271)	-50.5%	245,803	294,126	465,841	(171,715)	-36.9%
7	Total Operating Revenue	1,991,627	2,078,337	2,145,785	(67,448)	-3.1%	17,294,609	18,132,650	18,481,394	(348,744)	-1.9%
8	Total Expenses	1,890,699	2,040,119	2,022,524	17,595	0.9%	16,243,035	17,953,727	17,689,611	264,116	1.5%
9	% Expenses	39%	44%	45%			44%	44%	46%		
10	Surplus (Loss) from Operations	100,928	38,218	123,261	(85,043)	69.0%	1,051,574	178,923	791,783	(612,860)	77.4%
11	% Operating margin	2%	1%	3%			3%	0%	2%		
12	Total Non-operating	187,504	225,405	185,747	39,658	21.4%	1,775,148	1,771,347	1,671,723	99,624	6.0%
13	Surplus/(Loss)	288,432	263,623	309,008	(45,385)	14.7%	2,826,722	1,950,270	2,463,506	(513,236)	20.8%
14	% Total margin	6%	6%	7%			8%	5%	6%		

BALANCE SHEET

	A	B	C	D	E	
	March	March	February			
	FY 16/17	FY 17/18	FY 17/18	VARIANCE		
				Amount	%	
15	Gross Accounts Receivables	12,226,573	10,228,715	11,056,039	(827,324)	-7.5%
16	Net Accounts Receivables	4,438,087	3,912,152	4,289,947	(377,795)	-8.8%
17	% Net AR to Gross AR	36%	38%	39%		
18	Days Gross AR	81	64	68	(4)	-5.9%
19	Cash Collections	1,972,863	2,202,921	1,454,092	748,830	51.5%
21	Investments	10,852,271	13,497,614	13,452,520	45,094	0.3%
22	Cash on hand	1,907,000	2,044,038	2,353,707	(309,669)	-13.2%
23	Total Cash & Invest	12,759,271	15,541,651	15,806,227	(264,576)	-1.7%
24	Days Cash & Invest	220	246	250	(4)	-1.7%
	Total Cash and Investments	12,759,271	15,541,651			
	Increase Current Year vs. Prior Year		2,782,380			

Bear Valley Community Healthcare District
Financial Statements March 31, 2018

Statement of Operations

	A	B	C	D	E	F	G	H	I	J
	Current Month					Year-to-Date				
	FY 15/16	FY 16/17		VARIANCE		FY 15/16	FY 16/17		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
Gross Patient Revenue										
1 Inpatient	268,979	153,559	277,285	(123,726)	-44.6%	2,158,849	1,495,374	2,211,935	(716,561)	-32.4%
2 Outpatient	1,052,873	973,262	990,218	(16,956)	-1.7%	7,893,023	9,052,388	8,214,814	837,574	10.2%
3 Clinic Revenue	296,865	387,011	257,789	129,222	50.1%	1,803,136	3,207,304	2,036,879	1,170,425	57.5%
4 Emergency Room	2,911,290	2,856,980	2,730,991	125,989	4.6%	23,196,539	24,651,868	24,098,920	552,948	2.3%
5 Skilled Nursing Facility	274,159	248,065	250,078	(2,013)	-0.8%	2,215,080	2,301,899	2,211,173	90,726	4.1%
6 Total patient revenue	4,804,166	4,618,877	4,506,361	112,516	2.5%	37,266,627	40,708,833	38,773,721	1,935,112	5.0%
Revenue Deductions										
7 Contractual Allow	2,360,347	2,213,838	2,208,408	5,430	0.2%	16,927,323	20,171,025	19,001,632	1,169,393	6.2%
8 Contractual Allow PY	-	(81,875)	-	(81,875)	#DIV/0!	(21,960)	(214,513)	-	(214,513)	#DIV/0!
9 Charity Care	11,219	20,144	9,651	10,493	108.7%	79,810	67,982	83,037	(15,055)	-18.1%
10 Administrative	2,444	5,551	8,456	(2,905)	-34.4%	69,933	315,422	72,760	242,662	333.5%
11 Policy Discount	7,809	13,413	6,888	6,525	94.7%	56,963	101,782	59,266	42,516	71.7%
12 Employee Discount	5,443	10,324	3,748	6,576	175.4%	30,993	57,291	32,245	25,046	77.7%
13 Bad Debts	226,397	262,428	175,406	87,022	49.6%	1,321,625	1,187,501	1,509,228	(321,727)	-21.3%
14 Denials	266,959	122,427	-	122,427	#DIV/0!	1,753,134	1,183,820	-	1,183,820	#DIV/0!
15 Total revenue deductions	2,836,462	2,566,251	2,412,557	153,694	6.4%	20,217,821	22,870,310	20,758,168	2,112,142	10.2%
16 Net Patient Revenue	1,967,704	2,052,626	2,093,804	(41,178)	-2.0%	17,048,806	17,838,523	18,015,553	(177,030)	-1.0%
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	23,923	25,710	51,981	(26,271)	-50.5%	245,803	294,126	465,841	(171,715)	-36.9%
18 Total Operating Revenue	1,991,627	2,078,337	2,145,785	(67,448)	-3.1%	17,294,609	18,132,650	18,481,394	(348,744)	-1.9%
Expenses										
19 Salaries	828,501	837,872	825,994	11,878	1.4%	6,905,819	7,321,897	7,296,179	25,718	0.4%
20 Employee Benefits	296,859	319,765	349,326	(29,561)	-8.5%	2,575,359	2,731,987	2,924,084	(192,097)	-6.6%
21 Registry	-	-	-	-	#DIV/0!	33,285	16,028	-	16,028	#DIV/0!
22 Salaries and Benefits	1,125,360	1,157,637	1,175,320	(17,683)	-1.5%	9,514,463	10,069,912	10,220,263	(150,351)	-1.5%
23 Professional fees	143,849	179,324	163,392	15,932	9.8%	1,314,172	1,512,726	1,443,604	69,122	4.8%
24 Supplies	117,432	130,192	131,990	(1,798)	-1.4%	1,088,817	1,202,544	1,131,762	70,782	6.3%
25 Utilities	38,539	39,834	45,118	(5,284)	-11.7%	397,564	372,367	413,204	(40,837)	-9.9%
26 Repairs and Maintenance	24,790	23,136	22,668	468	2.1%	187,883	257,466	203,497	53,969	26.5%
27 Purchased Services	308,502	342,334	308,867	33,467	10.8%	2,498,944	3,059,963	2,702,644	357,319	13.2%
28 Insurance	25,014	25,912	25,917	(5)	0.0%	225,313	233,965	233,253	712	0.3%
29 Depreciation	50,869	82,710	75,000	7,710	10.3%	431,645	631,326	675,000	(43,674)	-6.5%
30 Rental and Leases	16,876	10,495	16,297	(5,802)	-35.6%	161,433	216,176	146,673	69,503	47.4%
32 Dues and Subscriptions	4,015	12,026	5,046	6,980	138.3%	41,032	48,260	45,412	2,848	6.3%
33 Other Expense	35,453	36,519	52,909	(16,390)	-31.0%	381,769	349,021	474,299	(125,278)	-26.4%
34 Total Expenses	1,890,699	2,040,119	2,022,524	17,595	0.9%	16,243,035	17,953,727	17,689,611	264,116	1.5%
35 Surplus (Loss) from Operations	100,928	38,218	123,261	(85,043)	69.0%	1,051,574	178,923	791,783	(612,860)	77.4%
Non-Operating Income										
36 Tax Revenue	189,917	186,047	186,047	-	0.0%	1,709,253	1,674,423	1,674,423	-	0.0%
38 Other non-operating	5,250	334	3,283	(2,949)	-89.8%	94,702	52,581	29,547	23,034	78.0%
Interest Income	652	46,706	4,167	42,539	1020.8%	43,124	114,773	37,503	77,270	206.0%
Interest Expense	(8,315)	(7,681)	(7,750)	69	-0.9%	(71,931)	(70,430)	(69,750)	(680)	1.0%
39 Total Non-operating	187,504	225,405	185,747	39,658	21.4%	1,775,148	1,771,347	1,671,723	99,624	6.0%
40 Surplus/(Loss)	288,432	263,623	309,008	(45,385)	14.7%	2,826,722	1,950,270	2,463,506	(513,236)	20.8%

**Bear Valley Community Healthcare District
Financial Statements**

Current Year Trending Statement of Operations

A Statement of Operations—CURRENT YEAR 2018

	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	95,787	98,514	150,843	142,719	77,702	202,529	368,022	205,698	153,559				1,495,374
2 Outpatient	868,939	1,205,964	1,063,953	1,047,978	997,359	857,747	1,077,117	960,070	973,262				9,052,388
3 Clinic	347,893	369,602	339,870	391,164	329,577	339,330	370,318	332,540	387,011				3,207,304
4 Emergency Room	2,985,253	2,686,283	2,407,574	2,203,306	2,221,976	3,207,446	3,260,191	2,822,859	2,856,980				24,651,868
5 Skilled Nursing Facility	261,793	265,487	262,653	261,572	265,920	259,078	248,635	228,695	248,065				2,301,899
6 Total patient revenue	4,559,665	4,625,850	4,224,893	4,046,739	3,892,534	4,866,130	5,324,283	4,549,861	4,618,877	-	-	-	40,708,833
Revenue Deductions	C/A	0.56	0.47	0.47	0.44	0.53	0.46	0.58	0.48	#DIV/0!	#DIV/0!	#DIV/0!	0.50
7 Contractual Allow	2,548,409	2,192,333	1,994,911	1,909,156	1,696,412	2,569,127	2,429,042	2,617,795	2,213,838				20,171,025
8 Contractual Allow PY	-	463	1,249	(1,739)	-	-	(3)	(132,608)	(81,875)				(214,513)
9 Charity Care	7,675	12,842	-	-	9,999	1,812	7,644	7,866	20,144				67,982
10 Administrative	(746)	114,668	169,442	10,431	2,860	989	1,974	10,254	5,551				315,422
11 Policy Discount	11,532	11,940	7,202	10,680	10,915	9,781	13,595	12,725	13,413				101,782
12 Employee Discount	4,711	9,099	3,938	4,084	4,131	4,202	6,231	10,571	10,324				57,291
13 Bad Debts	(59,348)	69,295	45,428	236,304	205,433	130,228	201,297	96,436	262,428				1,187,501
14 Denials	307,852	190,797	(129,516)	169,768	162,874	89,070	93,291	177,257	122,427				1,183,820
15 Total revenue deductions	2,820,085	2,601,437	2,092,654	2,338,683	2,092,624	2,805,209	2,753,071	2,800,296	2,566,251	-	-	-	22,870,310
16 Net Patient Revenue	1,739,580	2,024,413	2,132,239	1,708,056	1,799,911	2,060,921	2,571,212	1,749,565	2,052,626	#DIV/0!	#DIV/0!	#DIV/0!	17,838,523
net / tot pat rev	38.2%	43.8%	50.5%	42.2%	46.2%	42.4%	48.3%	38.5%	44.4%	#DIV/0!	#DIV/0!	#DIV/0!	43.8%
17 Other Revenue	7,162	35,245	20,043	45,312	35,896	16,992	35,338	72,429	25,710				294,126
18 Total Operating Revenue	1,746,742	2,059,658	2,152,282	1,753,369	1,835,807	2,077,912	2,606,549	1,821,994	2,078,337	-	-	-	18,132,650
Expenses													
19 Salaries	800,028	842,003	802,366	798,066	721,536	884,119	849,855	786,053	837,872				7,321,897
20 Employee Benefits	286,721	318,469	300,954	292,526	296,309	316,321	315,442	285,480	319,765				2,731,987
21 Registry	12,718	-	-	-	-	3,310	-	-	-				16,028
22 Salaries and Benefits	1,099,467	1,160,472	1,103,320	1,090,592	1,017,845	1,203,749	1,165,297	1,071,533	1,157,637	-	-	-	10,069,912
23 Professional fees	163,392	159,614	149,941	191,107	168,319	157,808	173,264	169,956	179,324				1,512,726
24 Supplies	130,715	136,046	101,350	139,091	134,939	107,112	172,497	150,603	130,192				1,202,544
25 Utilities	42,342	42,209	43,009	40,689	40,990	39,869	41,326	42,100	39,834				372,367
26 Repairs and Maintenance	22,461	19,239	35,825	30,007	38,216	28,409	32,513	27,659	23,136				257,466
27 Purchased Services	302,014	346,148	281,012	373,876	381,162	395,485	308,903	329,029	342,334				3,059,963
28 Insurance	25,762	25,762	25,762	25,835	25,762	27,345	25,912	25,912	25,912				233,965
29 Depreciation	48,568	49,162	58,815	61,486	82,456	82,710	82,710	82,710	82,710				631,326
30 Rental and Leases	46,445	39,979	35,360	23,454	15,317	16,214	14,242	14,670	10,495				216,176
32 Dues and Subscriptions	5,518	5,427	5,725	5,181	4,523	5,207	2,710	1,944	12,026				48,260
33 Other Expense	36,147	35,255	43,441	47,022	39,491	38,655	39,225	33,265	36,519				349,021
34 Total Expenses	1,922,831	2,019,314	1,883,559	2,028,341	1,949,020	2,102,562	2,058,598	1,949,382	2,040,119	-	-	-	17,953,727
35 Surplus (Loss) from Operations	(176,089)	40,344	268,723	(274,973)	(113,213)	(24,650)	547,951	(127,388)	38,218	-	-	-	178,923
36 Non-Operating Income													
37 Tax Revenue	186,047	186,047	186,047	186,047	186,047	186,047	186,047	186,047	186,047				1,674,423
38 Other non-operating		10,247	(130)	130	20,000	-	12,000	10,000	334				52,581
Interest Income	1,906	626	30,375	693	965	31,840	1,071	591	46,706				114,773
Interest Expense	(7,717)	(7,902)	(8,002)	(7,752)	(7,763)	(8,047)	(7,830)	(7,737)	(7,681)				(70,430)
39 Total Non-operating	180,236	189,018	208,290	179,118	199,249	209,840	191,288	188,902	225,405	-	-	-	1,771,347
40 Surplus/(Loss)	4,147	229,362	477,013	(95,854)	86,036	185,190	739,240	61,513	263,623	-	-	-	1,950,270

2017-18 Actual BS

BALANCE SHEET

(Reflects 6/30/17 Y/E audit adjustments)

ASSETS:

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	PY BS June
Current Assets										
Cash and Cash Equivalents (Includes CD's)	2,926,360	2,290,992	1,483,027	2,187,881	3,733,239	3,884,817	2,490,708	2,353,707	2,044,038	2,858,405
Gross Patient Accounts Receivable	10,084,033	10,529,969	9,819,853	9,516,577	8,883,930	9,771,838	10,764,545	11,059,822	10,231,024	10,749,524
Less: Reserves for Allowances & Bad Debt	6,481,129	6,632,089	5,818,066	5,954,203	5,590,675	6,111,008	6,570,468	6,769,875	6,318,873	6,824,943
Net Patient Accounts Receivable	3,602,904	3,897,880	4,001,787	3,562,374	3,293,255	3,660,830	4,194,077	4,289,947	3,912,152	3,924,581
Tax Revenue Receivable	2,232,569	2,232,569	2,232,569	2,232,569	1,944,288	970,958	827,168	800,445	768,696	56,787
Other Receivables	88,537	55,474	750,144	324,224	-1,218,923	-1,160,647	-1,793,802	-1,735,250	-1,036,263	107,830
Inventories	217,948	220,580	221,025	226,011	222,712	222,388	229,341	236,269	234,002	212,805
Prepaid Expenses	330,877	339,259	336,340	352,943	342,699	313,470	295,570	279,301	250,181	192,216
Due From Third Party Payers	0									
Due From Affiliates/Related Organizations	0									
Other Current Assets	0									
Total Current Assets	9,399,195	9,036,754	9,024,893	8,886,002	8,317,270	7,891,816	6,243,062	6,224,418	6,172,806	7,352,624
Assets Whose Use is Limited										
Investments	10,894,184	10,894,184	10,921,640	10,921,640	10,921,640	10,952,520	13,452,520	13,452,520	13,497,614	10,894,184
Other Limited Use Assets	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375
Total Limited Use Assets	11,038,559	11,038,559	11,066,015	11,066,015	11,066,015	11,096,895	13,596,895	13,596,895	13,641,989	11,038,559
Property, Plant, and Equipment										
Land and Land Improvements	547,472	570,615	570,615	570,615	570,615	570,615	570,615	570,615	570,615	547,472
Building and Building Improvements	9,657,088	9,659,388	9,686,383	9,696,603	9,699,157	9,699,804	9,737,717	9,752,367	9,752,367	9,657,088
Equipment	9,625,066	9,694,652	10,189,492	10,232,207	11,486,278	11,504,275	11,516,840	11,661,203	11,704,839	9,614,476
Construction In Progress	1,058,659	1,101,848	753,103	1,356,225	146,485	146,485	146,485	16,365	16,365	532,158
Capitalized Interest	0									
Gross Property, Plant, and Equipment	20,888,285	21,026,502	21,199,592	21,855,650	21,902,534	21,921,179	21,971,657	22,000,549	22,044,186	20,351,194
Less: Accumulated Depreciation	12,764,979	12,814,141	12,872,956	12,934,442	13,016,899	13,099,608	13,182,318	13,265,028	13,347,737	12,716,411
Net Property, Plant, and Equipment	8,123,306	8,212,362	8,326,636	8,921,208	8,885,636	8,821,571	8,789,339	8,735,522	8,696,449	7,634,783
TOTAL UNRESTRICTED ASSETS	28,561,060	28,287,674	28,417,544	28,873,224	28,268,920	27,810,282	28,629,297	28,556,836	28,511,243	26,025,966
Restricted Assets	0	0	0	0	0	0	0	0	0	0
TOTAL ASSETS	28,561,060	28,287,674	28,417,544	28,873,224	28,268,920	27,810,282	28,629,297	28,556,836	28,511,243	26,025,966

2017-18 Actual BS

BALANCE SHEET

(Reflects 6/30/17 Y/E audit adjustments)

LIABILITIES:

Current Liabilities

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	June
Accounts Payable	1,382,046	985,885	792,559	1,431,694	876,176	956,102	943,576	973,763	711,190	1,055,031
Notes and Loans Payable										
Accrued Payroll	775,117	846,351	884,291	975,116	996,448	697,894	802,910	817,096	891,764	684,799
Patient Refunds Payable										
Due to Third Party Payers (Settlements)	709,007	709,470	695,980	695,980	718,109	552,505	718,109	718,109	775,164	649,537
Advances From Third Party Payers										
Current Portion of Def Rev - Txs,	2,046,518	1,860,471	1,674,424	1,488,377	1,302,330	1,151,283	965,236	779,189	593,142	-4
Current Portion - LT Debt	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Current Portion of AB915										
Other Current Liabilities (Accrued Interest & Accrued Other)	15,243	23,005	30,785	38,407	46,169	7,621	15,350	23,049	30,731	7,621
Total Current Liabilities	4,962,931	4,460,183	4,113,039	4,664,574	3,974,233	3,400,405	3,480,181	3,346,206	3,036,991	2,431,984

Long Term Debt

USDA Loan	2,930,000	2,930,000	2,930,000	2,930,000	2,930,000	2,895,000	2,895,000	2,895,000	2,895,000	2,965,000
Leases Payable	0	0	0	0	0	0	0	0	0	0
Less: Current Portion Of Long Term Debt	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Total Long Term Debt (Net of Current)	2,930,000	2,930,000	2,930,000	2,930,000	2,930,000	2,860,000	2,860,000	2,860,000	2,860,000	2,930,000

Other Long Term Liabilities

Deferred Revenue	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total Other Long Term Liabilities	0	0	0	0	0	0	0	0	0	0

TOTAL LIABILITIES

7,892,931	7,390,183	7,043,039	7,594,574	6,904,233	6,260,405	6,340,181	6,206,206	5,896,991	5,361,984
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Fund Balance

Unrestricted Fund Balance	20,663,982	20,663,983	20,663,982	20,663,982	20,663,982	20,663,982	20,663,982	20,663,982	20,663,982	16,251,126
Temporarily Restricted Fund Balance	0	0				0				
Equity Transfer from FRHG	0	0				0				
Net Revenue/(Expenses)	4,147	233,510	710,523	614,668	700,705	885,895	1,625,134	1,686,648	1,950,271	4,412,856
TOTAL FUND BALANCE	20,668,129	20,897,491	21,374,505	21,278,650	21,364,687	21,549,877	22,289,116	22,350,630	22,614,253	20,663,982

TOTAL LIABILITIES & FUND BALANCE

28,561,060	28,287,674	28,417,544	28,873,224	28,268,920	27,810,282	28,629,297	28,556,836	28,511,243	26,025,966
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Units of Service
For the period ending: March 31, 2018

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Bear Valley Community Hospital												
Current Month						Year-To-Date						
Mar-18 Actual	Budget	Mar-17 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %		Mar-18 Actual	Budget	Mar-17 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %
29	45	36	(16)	-35.7%	-19.4%	Med Surg Patient Days	283	350	327	(67)	-19.2%	-13.5%
17	49	51	(32)	-65.3%	-66.7%	Swing Patient Days	154	380	403	(226)	-59.5%	-61.8%
558	527	610	31	5.9%	-8.5%	SNF Patient Days	5,174	4,659	4,948	515	11.1%	4.6%
604	621	697	(17)	-2.7%	-13.3%	Total Patient Days	5,611	5,389	5,678	222	4.1%	-1.2%
13	15	15	(2)	-13.3%	-13.3%	Acute Admissions	116	135	129	(19)	-14.1%	-10.1%
14	15	16	(1)	-6.7%	-12.5%	Acute Discharges	120	135	134	(15)	-11.1%	-10.4%
2.1	-	2.3	2.1	#DIV/0!	-7.9%	Acute Average Length of Stay	2.4	-	2.4	2.4	#DIV/0!	-3.4%
0.9	1.5	1.2	(0.5)	-35.7%	-19.4%	Acute Average Daily Census	1.0	1	1.2	(0.2)	-19.2%	-13.5%
18.5	18.6	21.3	(0.0)	-0.2%	-13.0%	SNF/Swing Avg Daily Census	19.4	18	19.5	1.1	5.7%	-0.4%
19.5	20.0	22.5	(0.5)	-2.7%	-13.3%	Total Avg. Daily Census	20.5	20	20.7	0.8	4.1%	-1.2%
43%	45%	50%	-1%	-2.7%	-13.3%	% Occupancy	46%	44%	46%	2%	4.1%	-1.2%
13	15	15	(2)	-13.3%	-13.3%	Emergency Room Admitted	105	135	114	(30)	-22.2%	-7.9%
980	1,000	1,031	(20)	-2.0%	-4.9%	Emergency Room Discharged	8,840	9,000	8,587	(160)	-1.8%	2.9%
993	924	1,046	69	7.5%	-5.1%	Emergency Room Total	8,945	8,569	8,701	376	4.4%	2.8%
32	30	34	2	7.5%	-5.1%	ER visits per calendar day	33	31	32	1	4.4%	2.8%
100%	100%	100%	100%	100.0%	0.0%	% Admits from ER	91%	100%	88%	63%	63.3%	2.4%
-	-	-	-	0.0%	#DIV/0!	Surgical Procedures I/P	2	-	-	2	0.0%	#DIV/0!
7	23	9	(16)	-69.6%	-22.2%	Surgical Procedures O/P	110	182	59	(72)	-39.6%	86.4%
7	23	9	(16)	-69.6%	-22.2%	TOTAL Procedures	112	182	59	(70)	-38.5%	89.8%
184	295	894	(111)	-37.6%	-79.4%	Surgical Minutes Total	8,130	2,609	3,618	5,521	211.6%	124.7%

Units of Service
For the period ending: March 31, 2018

Current Month						Bear Valley Community Hospital		Year-To-Date				
Mar-18 Actual	Budget	Mar-17 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %		Mar-18 Actual	Budget	Mar-17 Actual	Actual -Budget Variance	Var %	Act.-Act. Var %
6,273	6,164	7,096	109	1.8%	-11.6%	Lab Procedures	55,642	51,620	54,440	4,022	7.8%	2.2%
918	872	1,004	46	5.3%	-8.6%	X-Ray Procedures	7,330	6,943	7,629	387	5.6%	-3.9%
300	286	294	14	4.9%	2.0%	C.T. Scan Procedures	2,461	2,398	2,418	63	2.6%	1.8%
265	214	220	51	23.8%	20.5%	Ultrasound Procedures	2,118	1,771	1,843	347	19.6%	14.9%
53	50	55	3	6.0%	-3.6%	Mammography Procedures	584	450	414	134	29.8%	41.1%
295	272	312	23	8.5%	-5.4%	EKG Procedures	2,840	2,275	2,462	565	24.8%	15.4%
190	136	181	54	39.7%	5.0%	Respiratory Procedures	1,311	942	1,107	369	39.2%	18.4%
1,303	1,690	1,610	(387)	-22.9%	-19.1%	Physical Therapy Procedures	11,995	14,055	15,095	(2,060)	-14.7%	-20.5%
1,947	1,860	1,879	87	4.7%	3.6%	Primary Care Clinic Visits	15,811	14,124	13,917	1,687	11.9%	13.6%
173	200	325	(27)	-13.5%	-46.8%	Specialty Clinic Visits	1,885	1,800	588	85	4.7%	220.6%
2,120	2,060	2,204	60	2.9%	-3.8%	Clinic	17,696	15,924	14,505	1,772	11.1%	22.0%
82	79	85	2	2.9%	-3.8%	Clinic visits per work day	97	87	80	10	11.1%	22.0%
16.9%	20.00%	19.40%	-3.10%	-15.50%	-12.89%	% Medicare Revenue	18.84%	20.00%	20.17%	-1.16%	-5.78%	-6.56%
38.40%	37.00%	38.10%	1.40%	3.78%	0.79%	% Medi-Cal Revenue	39.12%	37.00%	38.03%	2.12%	5.74%	2.86%
38.40%	38.00%	37.00%	0.40%	1.05%	3.78%	% Insurance Revenue	37.13%	38.00%	37.31%	-0.87%	-2.28%	-0.48%
6.30%	5.00%	5.50%	1.30%	26.00%	14.55%	% Self-Pay Revenue	4.90%	5.00%	4.49%	-0.10%	-2.00%	9.16%
145.0	155.00	150.6	(10.0)	-6.4%	-3.7%	Productive FTE's	145.22	152.22	143.4	(7.0)	-4.6%	1.2%
167.4	174.00	166.2	(6.6)	-3.8%	0.8%	Total FTE's	165.24	170.67	161.2	(5.4)	-3.2%	2.5%



CFO REPORT for

May 2018 Finance and Board meetings

Healthcare Reform - Assembly Bill 3087

Healthcare Reform on a state level is something we need to watch closely. The lead in the article in the Sacramento paper said

"A San Jose legislator has authored a new bill that would allow the state to set prices for specific services and procedures provided by hospitals and other health care providers.

Proponents of the bill argue it would give Californians greater access to health care by lowering costs, while representatives of insurance providers and hospitals say price regulation would disrupt the health care system."

Attached are two documents for your review. One is an opinion piece published in the Sacramento Bee by Carmela Coyle of the California Hospital Association and the other and update on the status of the bill

Contractual Adjustment and Bad Debt Review

David Perry of QHR recently completed a review of Allowances for Unpaid Accounts and Bad Allowance Analysis as of January 31, 2018. The purpose of the contractual and bad debt allowance review is to evaluate the accuracy of the contractual and bad debt allowances for all payers. The analysis also provides recommendations for process improvement regarding the preparation and documentation of the contractual and bad debt allowance computations. The review was not intended to provide legal advice. It was not intended to audit the financial records of the Hospital. Accordingly, no assurances are given that such contractual and bad debt allowance calculations are accurate in all respects.

One reason for the review is to evaluate if we will have a Medicare payable or receivable at year end and filing of our Cost Report. The report noted "The CAH contractual model

was updated for January 31, 2018. The model estimated a \$90,000 receivable due to the Hospital”.

FY 2019 Budget Preparation - Update

Work on preparation of the fiscal year 2019 budget continues. Attached for review is a draft capital budget, draft departmental statistics budget, and draft FTE budget by department.

Revenue Cycle Assessment update

We have begun to use Rycan, TruBridge’s Electronic Claims Management program. Continued use of the software will help us evaluate our Accounts Receivable Management relationship.

Upon the arrival of our new HIM Manager we will move forward with work on the PAS sections of the Management Action Plan.

IT Strategic Plan

Work has begun on the development of the IT strategic plan. We will plan to present a draft of the plan at the next finance committee meeting.

Productivity Benchmark Assessment by Department

We have contacted two firms in addition to QHR about approach and pricing for a Productivity Benchmark Assessment.

HIM Manager

Eve Pierce has accepted the position of HIM Manager. She is scheduled to begin work on May 7.

Bill won't control health care costs in California, but it will devastate hospitals

By Carmela Coyle



Updated April 23, 2018 01:39 PM

Last week, a bill that would dismantle California's health care delivery system as we know it was introduced in the Legislature. [Assembly Bill 3087](#) would penalize millions of patients through massive cuts in services and result in as many as 175,000 hospital workers losing their jobs.

The sponsors of AB 3087 – which is to be heard Tuesday by the Assembly Health Committee – falsely believe that this bill would lower health care costs by imposing a mandatory rate-setting system on doctors, hospitals, dentists and insurers.

They claim their proposal is based on a similar system that operates in Maryland. As the former head of the Maryland Hospital Association, I know that nothing could be further from the truth. AB 3087, introduced by Assemblyman Ash Kalra, D-San Jose, is entirely different from Maryland's rate-setting process. The bill simply caps payment rates for services covered by commercial health insurance and does not address the chronic payment shortfalls that plague Medicare and Medi-Cal.

Maryland has had "all payer" system in which the state sets payment rates for hospital services for all payers – Medicare, Medicaid, private insurers and the uninsured. No matter who is paying the bill, a hospital receives the same amount for the same service in the same hospital. That's a huge contrast with the California proposal.

In our state, Medi-Cal pays hospitals only 68 cents for every dollar of care provided to patients, and Medicare roughly 77 cents for every dollar. AB 3087 does nothing to increase the rates paid by these programs, resulting in huge losses for California hospitals.

Another difference: In Maryland, the state is required to pay rates that at least cover the cost of care delivered by efficient providers. AB 3087, by contrast, ties payment rates to a percentage of

what Medicare pays. Medicare rates, set by Congress, are often based on political priorities in Washington, D.C., not California.

The Maryland system also was designed to control the annual rate of increase in the cost of inpatient hospital services. The California proposal is not about controlling the rate of increase at all. Instead, it would actually cut and “re-base” amounts paid to providers and plans to some unspecified percentage of Medicare payments.

In Maryland, payment rates were based originally on the different costs of different types of hospitals – urban, rural, academic research facilities and community facilities. AB 3087 creates a one-size-fits-all payment rate, regardless of whether the hospital is in Chico or Los Angeles. That makes no sense.

Finally, Maryland’s rate-setting commission is selected based on experience in health policy, not political constituencies. But it, like the one proposed in California, allows a handful of people to exert enormous control over the economics of health care.

Based on nearly 10 years of experience in Maryland, I can say that one of the most impractical parts of AB 3087 is its so-called appeals process. This clumsy approach would set all payment rates the same and then force doctors, dentists and hospitals to appeal for more equitable payments. In reality, the appeals process is an empty promise because the bill’s stated goal is to cut payments to hospitals, doctors and other caregivers without regard to the actual cost of care.

California health care community condemns AB 3087

April 24, 2018

Today, the Assembly Committee on Health voted to advance Assembly Bill 3087 (Katra), a harmful government intrusion into the health care market that would decimate California's health care system, limit access to health care providers, create state-sanctioned rationing and increase out-of-pocket costs for patients.

"Today is a dangerous step backward for patient access to health care in California," said California Medical Association (CMA) President Theodore M. Mazer, M.D. "This poorly-conceived legislation would do nothing to reduce health care costs; instead it would destabilize California's health care system, resulting in less access to care and services and more costs shifted to patients."

"This bill would only speed us toward intensifying consolidation of the health care industry, turning care into a one-size-fits-all assembly-line commodity, said California Dental Association President Natasha Lee, DDS. "I am deeply concerned about its potential to disrupt care for millions of Californians, as well as limit the number of health care providers willing to practice in the state."

According to an initial estimate by the California Hospital Association (CHA), the bill would cause an estimated 175,000 hospital workers alone to lose their jobs, and force many hospitals and medical practices to close. AB 3087 would also push physicians, dentists and other clinicians into early retirement or to other states that have more viable working conditions.

"AB 3087 is a big, bad bill for the health of Californians," said CHA President and CEO Carmela Coyle. "All this bill does is to say what price people are going to pay for a service, it does nothing to address the underlying costs of care. AB 3087 would result in 60 percent of hospitals operating in the red, causing hundreds of thousands of health care workers to lose their jobs. Access to health care services for all Californians would be at risk if AB 3087 is enacted."

A recent survey of 359 California physicians conducted by CMA found:

- 92 percent opposed AB 3087 (6 percent undecided, 2 percent in support).
- 57 percent believed AB 3087 would force them to leave California and practice elsewhere.
- 39 percent believed AB 3087 would force them into early retirement.
- Only 5.5 percent believed AB 3087 would have little to no effect on their medical practice.
- Of the 82 percent of respondents who currently serve Medi-Cal patients, 64 percent believed AB 3087 would force them to decrease the number of Medi-Cal patients they serve.

The top five concerns from the survey respondents included:

1. Ineffective policy since physicians are a small percentage of health care costs (62 percent).
2. Untested government-mandated price cap (61 percent).
3. Exacerbates California's physician shortage (58 percent).
4. Forces physicians into early retirement, out of state or out of business (59 percent).
5. Reduces patient access to care (54 percent).

A coalition of nearly three dozen health care organizations submitted a [letter in opposition to AB 3087](#).

To take action against this bill, [click here to contact your legislators](#).

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Bear Valley Community Hospital

Capital Budget FY 2019

Dept No.	Department	CER	Request Description	FY 2019
001/010	Med-Surg/ED		Telemetry System & Bedside Monitors	300,000.00
				300,000.00
075	PT		Second Lightforce EXP Laser	29,000.00
075	PT		Total Gym exercise device (replace Reformer)	5,500.00
				34,500.00
070	RT		Airway Clearance System	5,382.11
				5,382.11
005	SNF		TV for each Resident	35,000.00
005	SNF		Patio Furniture and outdoor equipment	10,000.00
005	SNF		Paint, flooring, furniture, décor-activity room	20,000.00
				65,000.00
025	Surgery		New baseboards, flooring	50,000.00
025	Surgery		Zimmer Pneumatic Tourniquet Model ATS4000	11,500.00
				61,500.00
040	Laboratory		Replacement Microscope	6,865.83
040	Laboratory		Replacement Microbiology ID/senser analyzer	19,000.00
				25,865.83
080	Dietary		POS System	18,000.00
				18,000.00
015	FHC		Replace Chiropractic Table	7,000.00
				7,000.00
065	Pharmacy		Renovate to meet new CMS mandates USP800	100,000.00
				100,000.00
115	Plant		Badge Readers	11,000.00
115	Plant		PT Flooring	12,500.00
115	Plant		Lobby Flooring	7,200.00
115	Plant		Fire Door Repairs	20,000.00
115	Plant		Back Flow at FHC	18,000.00
115	Plant		Re Skin SNF Cabinets	22,000.00
115	Plant		Equipment Trailer for Plant Maintenance	7,000.00
115	Plant		Business Office Heater	8,000.00
115	Plant		SNF Tub Replacement	14,000.00
115	Plant		A/C 1 Steam Coil	8,000.00
115	Plant		A/C 2 Steam Coil	10,000.00
115	Plant		SNF Exit Doors	25,000.00
115	Plant		Sprinkler Head Replacement	10,000.00

115	Plant	SNF Shower Tile	25,000.00	
115	Plant	Medical Air Compressor	17,000.00	
115	Plant	Disassembly, rebuild, anchor Med AirCompress	16,600.00	new
115	Plant	Plant Plumbing Repairs	16,000.00	
115	Plant	Control Air Compressor	10,000.00	
115	Plant	OR LIM Removal	5,200.00	
115	Plant	OR Lim Replacement	18,000.00	
115	Plant	New Snow Plow Truck	7,000.00	
115	Plant	Acute/SNF Ice Machine	7,000.00	
115	Plant	Repaint Business Office	7,000.00	
115	Plant	Parking Lot Repairs	24,000.00	
115	Plant	Landscaping	24,800.00	
115	Plant	New Service to Current Camera System	13,000.00	
115	Plant	Update Badge Rendering Software	13,000.00	
115	Plant	Add more cameras	9,800.00	
115	Plant	Exterior RHC	7,000.00	
115	Plant	Renovate Front Lobby	15,000.00	
			<u>408,100.00</u>	
125	IT	Disaster Prepard/Business Contin solution	30,400.00	
125	IT	Software Upgrade 2010 Veritas Backup Exec	6,908.68	
125	IT	Service Addition to Nutanix farm	20,313.86	
125	IT	Proactive Server and Storage Upgrade-Cloud	12,500.00	
125	IT	Server/Storage Refresh for CPSI	98,234.00	
125	IT	Single Sign-on Solution with badges	45,000.00	
125	IT	Upgrade Licenses - Microsoft Windows	17,000.00	
125	IT	30 Lenovo ThinkCentre M710q computers	28,000.00	
125	IT	HIPAA Risk Assessment Pen Testing by Dell	30,400.00	
			<u>288,756.54</u>	
150	Admin	Remodel of Administration Office	50,000.00	
			<u>50,000.00</u>	
		Total for FY 2019	<u><u>1,364,104.48</u></u>	

Bear Valley Community Healthcare District

Statistics for FY 2019 Budget

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	projected % 2017 actual	budget % projected
	Actual	Actual	Actual	Actual	Actual	Projected	Budget		
Inpatient	459	444	652	880	861	565	565	66%	100%
Acute Days	459	444	398	468	414	254	283	61%	111%
Swing Days			254	412	447	311	283	70%	91%
SNF Days	7,074	6,600	5,620	5,289	6,667	6,962	6,570	104%	94%
Emergency Room	9,672	9,373	10,593	11,184	11,315	11,877	12,115	105%	102%
OR	290	270	233	105	101	166	105	164%	63%
Lab	59,512	61,188	73,339	78,916	71,870	74,114	74,225	103%	100%
EKG	2,558	2,701	3,473	3,655	3,344	3,721	3,721	111%	100%
Radiology	10,195	9,947	10,334	10,380	9,959				
Mammography			771	633	414				
			11,105	11,013	10,373	11,133	10,375	107%	93%
Ultrasound	1,734	1,883	1,967	2,366	2,488	2,725	2,725	110%	100%
CT	2,894	3,045	3,362	3,575	3,081	3,144	3,144	102%	100%
Pharmacy	41,816	39,320	47,850	60,181	58,802	50,755	59,000	86%	116%
RT	1,542	2,037	2,084	1,684	1,501	1,620	1,551	108%	96%
PT	8,016	12,086	14,245	13,406	18,914	16,262	16,400	86%	101%
FHC	8,699	12,730	17,420	17,939	18,518	18,518	18,200	100%	98%
RHC Medical	5,200	3,501	667	-	593				
RHC Dental	806	962	464	-	1,339				
RHC (incl Dental)	6,006	4,463	1,131	-	1,932	3,677	3,700	190%	101%
combined clinics	14,705	17,193	18,551	17,939	20,450	22,195	21,900	109%	99%
adc snf	19.38	18.08	15.40	14.49	18.27	19.07	18.00		
Acute days % total			61%	53%	48%	45%	50%		

FTE (Full Time Equivalents) Comparison for FY 2019 Budget

								change from FY 2018 budget
	Dept	FY 2015	FY 2016	FY 2017	FY 2018 YTD	FY 2018 Budget	FY 2019 Budget	
Acute	006170	5.6	6.1	6.0	5.4	8.30	7.4	0.95
SNF	006582	22.0	21.0	21.9	22.7	21.20	22.4	(1.16)
ER	007010	18.0	20.0	19.7	20.1	21.30	21.3	0.00
Risk / Compl	008754			0.4	1.0	1.00	1.0	0.00
RHC	007181	1.2	-	0.7	1.8	2.30	2.3	0.00
OR	007420	1.4	1.2	1.3	1.9	2.10	2.1	0.00
DISASTER	008490	0.4	0.5	0.4	0.2	0.20	0.2	0.00
LAB	007500	8.3	8.6	8.2	8.9	8.90	8.9	0.00
XRAY	007630	8.2	7.2	6.6	7.0	7.40	6.6	0.85
US	007670	-	1.2	1.2	1.2	1.00	1.3	(0.30)
PHARM	007710	1.0	1.2	1.3	1.2	1.20	1.2	0.00
RT	007720	2.7	3.1	2.7	2.7	2.30	2.3	0.00
PT	007770	4.6	4.8	5.5	5.4	6.20	6.0	0.20
DIETARY	008340	8.6	8.6	8.9	9.2	8.70	8.7	0.00
PURCH	008400	1.0	1.5	1.6	1.2	1.40	1.4	0.00
HSKPG	008440	8.3	8.3	9.6	9.9	9.50	9.5	0.00
PLANT	008460	2.7	2.8	3.2	3.3	3.00	3.0	0.00
IS	008480	3.2	2.5	3.4	4.1	4.00	4.0	0.00
ACCTG	008510	3.2	2.8	3.0	2.9	3.00	3.0	0.00
PT.ACCTG	008530	4.9	2.8	3.2	3.9	4.00	4.0	0.00
ADMTG	008560	9.5	10.2	10.6	10.2	9.80	9.8	0.00
ADMIN	008610	2.2	1.4	1.5	1.7	1.70	1.7	0.00
DISTRICT	008620							0.00
HR	008650	1.9	1.9	2.1	2.3	3.10	3.1	0.02
HIM	008700	5.6	6.1	6.7	5.8	6.30	6.3	0.00
MD.STAFF	008710	1.0	0.8	1.0	0.9	0.80	0.8	0.00
N.ADMN	008720	3.5	3.2	3.4	3.2	3.40	3.4	0.00
FHC	008760	20.5	24.9	22.4	20.1	19.40	19.4	0.00
MOMS	008770	4.9	4.1	4.2	5.0	5.40	5.3	0.11
PRIME				1.2	1.9	3.30	3.2	0.15
		154.4	156.9	160.7	165.1	170.2	169.38	0.82

WILLIAM VON REESE
CERTIFIED PUBLIC ACCOUNTANT
401 West Sherwood Boulevard
P.O. Box 516
Big Bear City, California 92314

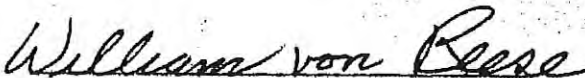
(714) 585-3242

August 12, 1972

Board of Directors
Bear Valley Community Hospital District
PO Box 1732
Big Bear Lake, CA 92315

I have examined the balance sheet of the Bear Valley Community Hospital District as of June 30, 1972 and the related statement of revenue and expense for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as I considered necessary in the circumstances.

In my opinion, the accompanying financial statements present fairly the financial position of the District at June 30, 1972 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.


William von Reese
Certified Public Accountant

WvR/se

BEAR VALLEY COMMUNITY HOSPITAL DISTRICT
Balance Sheet
June 30, 1972

ASSETS

Cash in bank		\$ 45,286
Investment in certificates of deposit		550,000
Accrued interest receivable		13,511
Fixed assets:		
Plant under construction	\$114,361	
Land (fair market value, date of donation)	<u>60,000</u>	<u>174,361</u>
TOTAL ASSETS		<u>\$783,158</u>

LIABILITIES AND FUND BALANCES

LIABILITIES		\$	NONE
FUND BALANCES:			
General fund-			
Retained earnings	\$133,597		
Contributed capital	<u>647,611</u>		
	\$781,208		
Less: transferred to			
Plant fund	<u>174,361</u>	606,847	
Plant fund		174,361	
Temporary fund - restricted		<u>1,950</u>	
TOTAL LIABILITIES AND FUND BALANCES		<u>\$783,158</u>	

Subject to comment in the attached letter.

BEAR VALLEY COMMUNITY HOSPITAL DISTRICT
Statement of Revenue and Expense
For the Fiscal Year Ended June 30, 1972

REVENUE:

Interest	\$ 28,228
Tax	81,547
Donations	<u>6,339</u>
TOTAL REVENUE	\$116,114

EXPENSE:

Office supplies	\$114
Utilities	279
Travel	52
Advertising	28
Other services	68
Fees-nonmedical	325
Equipment rental	6
Unclassified	<u>120</u>
TOTAL EXPENSE	<u>992</u>

EXCESS OF REVENUE OVER EXPENSE	<u>\$115,122</u>
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Subject to comment in the attached letter.