



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, November 14, 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. HOSPITAL QUALITY/RISK/COMPLIANCE REPORTS: *Pursuant to Health & Safety Code Section 32155

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

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

- (1) Gary Hicks, Financial Advisor Service Agreement (Disclosure 11/14/18)

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.** October 03, 2018 Board of Directors Board Retreat Meeting Minutes: Shelly Egerer, Executive Assistant
- B.** October 10, 2018 Board of Directors Board Retreat Minutes: Shelly Egerer, Executive Assistant
- C.** October 2018 Planning & Facilities Report: Michael Mursick, Plant Director
- D.** October 2018 Human Resource Report: Erin Wilson, Human Resource Director
- E.** October 2018 Infection Prevention Report: Heather Loose, Infection Preventionist
- F.** Board of Directors; Committee Meeting Minutes:
 - (1) October 02, 2018 Finance Committee Meeting Minutes

10. OLD BUSINESS*

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

- (1) FMLA/CFRA Leaves of Absence
- (2) Meal and Rest Breaks
- (3) Extended Sick Leave
- (4) Admitting Patient to the Clinic (Check-In)

11. NEW BUSINESS*

- A.** Discussion and Presentation of Big Bear Lake Fire Authority: Revenue Required to Maintain Desired Service Levels (Parcel Tax); Presented by Chief Jeff Willis
- B.** Discussion and Potential Approval of Gary Hicks, Financial Advisor Service Agreement
- C.** Discussion and Potential Approval of Ordinance No. 0001: Adjusting Compensation of Directors of Bear Valley Community Healthcare District
- D.** Discussion and Potential Approval of Bear Valley Community Healthcare District Amendment to Bylaws

12. ACTION ITEMS*

A. Acceptance of QHR Report

Ron Vigus, QHR

- (1) November 2018 QHR Report

B. Acceptance of CNO Report

Kerri Jex, Chief Nursing Officer

- (1) October 2018 CNO Report

C. Acceptance of the CEO Report

John Friel, Chief Executive Officer

- (1) October 2018 CEO Report
- (2) 2018/2019 Goals and Objectives
- (3) Organizational Chart

D. Acceptance of the Finance Report & CFO Report

Garth Hamblin, Chief Financial Officer

- (1) September 2018 Financials
- (2) October 2018 CFO Report

13. ADJOURNMENT*

*** Denotes Possible Action Items**

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
SPECIAL BUSINESS BOARD MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, CA 92315
October 03, 2018**

PRESENT: Rob Robbins, President Donna Nicely, Treasurer
Gail McCarthy, 1st Vice President John Friel, CEO
Jack Roberts, 2nd Vice President Shelly Egerer, Exec. Assistant
Peter Boss, MD, Secretary

ABSENT: None

STAFF: Garth Hamblin

OTHER: Bob Vento w/QHR

**COMMUNITY
MEMBERS:** None

OPEN SESSION

1. CALL TO ORDER:

President Robbins called the meeting to order at 12:00 p.m.

2. ROLLCALL:

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

3. FLAG SALUTE:

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

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

CLOSED SESSION

5. PUBLIC FORUM FOR CLOSED SESSION:

President Robbins opened the Hearing Section for Public Comment on Closed Session items at 12:00 p.m. Hearing no request to make public comment, President Robbins closed Public Forum for Closed Session at 12:01 p.m.

6. ADJOURNED TO CLOSED SESSION:

President Robbins called for a motion to adjourn to Closed Session at 12:01 p.m. Motion by Board Member Nicely to adjourn to Closed Session. Second by Board Member McCarthy to adjourn to Closed Session. President Robbins called for a vote. A vote in favor of the motion was 5/0.

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

RECONVENE TO OPEN SESSION

1. CALL TO ORDER:

President Robbins opened the Hearing Section for Public Comment on Open Session items at 1:23 p.m. Hearing no request to make public comment, President Robbins closed Public Forum for Open Session at 1:23 p.m.

2. RESULTS OF CLOSED SESSION:

President Robbins reported no action was taken in closed session.

3. PUBLIC FORUM FOR OPEN SESSION

President Robbins opened the Hearing Section for Public Comment on Open Session items at 1:23 p.m. Hearing no request to make public comment, President Robbins closed Public Forum for Open Session at 1:23 p.m.

4. DIRECTORS COMMENTS:

- None

5. OLD BUSINESS:

- None

6. NEW BUSINESS:

- None

7. ADJOURNMENT

President Robbins motioned to adjourn the meeting at 1:25 p.m. Second by Board Member Roberts to adjourn. President Robbins called for the vote. A vote in favor of the motion was unanimously approved 5/0.

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

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BUSINESS BOARD MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, CA 92315
October 10, 2018**

PRESENT: Rob Robbins, President
Gail McCarthy 1st Vice President
Donna Nicely, Treasurer

Peter Boss, MD, Secretary
John Friel, CEO
Shelly Egerer, Exe. Assistant

ABSENT: Jack Roberts, 2nd Vice President Mary Norman
Sheri Mursick Kerri Jex

STAFF: Garth Hamblin Jacob Phillips Steven Knapik, DO
Kathy Gardner Megan Meadors Sherry Greenaway

OTHER: Holly Elmer, Foundation Ron Vigus, QHR
Gail Dick, Auxiliary Alesta Pacelli, Foundation
Marta Zavas, Auxiliary
Deborah Tropp, Legal Counsel, via phone

**COMMUNITY
MEMBERS:** None

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 Boss to adjourn to Closed Session. President Robbins called for a vote. A vote in favor of the motion was 4/0.

- Board Member Boss - yes
- Board Member Nicely- yes
- President Robbins - yes
- Board Member McCarthy – 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, Donna Nicely, and Peter Boss, MD were present. Also, present was John Friel, CEO and Shelly Egerer, Executive Assistant. Absent was Jack Roberts.

3. FLAG SALUTE:

Mr. Vigus led the flag salute and all present participated.

4. ADOPTION OF AGENDA:

President Robbins called for a motion to adopt the agenda as presented. Motion by Board Member Boss to adopt the agenda as presented. Second by Board Member McCarthy to adopt the agenda as presented. President Robbins called for a vote. A vote in favor of the motion was 4/0.

- Board Member Boss - yes
- Board Member Nicely- yes
- President Robbins - yes
- Board Member McCarthy - 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 Reappointment:
 - Paul Kafell, PNP
 - Lori Menendyan, LCSW
 - Robert Redlich, MD
 - Rajiv Pai, MD
 - Larry Givens, MD
 - Voluntary Resignation:
 - Kenneth VanDerBeck, PA
 - Peter Chambers, DO
 - Zima Pakzad, MD
 - Risk Report
 - The Board asked that the backup documents to the Risk Report be provided on a quarterly basis.
 - QI Report

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

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

- President Robbins stated that he came in to get his flu vaccination and was very happy to see several departments working together.

8. INFORMATION REPORTS:

A. Foundation Report:

- Ms. Elmer reported the following:
 - Was a patient in the ER and was well taken care of. Staff was gracious, caring and loving.
 - Humanitarian of the Year Award Ceremony had over 100 guest in attendance and raised approximately \$5,200.
 - Tree of Lights Ceremony is scheduled for November 10 at 4:30. The lights are \$25.00 per person.
 - Year-end appeal letters will be RAC cards.
 - Thanked Connie Friel who raised over \$21,000 for the Tree of Lights.
 - Since November 17 2017, the Foundation has raised over \$61,000.
 - Gino w/Big Bear Disposal will be donating a van for the SNF patients and will donate a year of maintenance. The Foundation thanked Alesta and Mr. Friel for their assistance in getting this accomplished.

B. Auxiliary Report:

- Ms. Dick reported the following:
 - Thanked all who participated and donated for golf tournament; QHR for their donation and Megan Meadors for assisting in marketing the event.
 - See's chocolates will be for sale during the holiday season.
 - Mall in the Hall is being planned.

9. CONSENT AGENDA:

- A.** September 12, 2018 Board of Directors Meeting Minutes: Shelly Egerer, Executive Assistant
- B.** September 22, 2018 Special Board of Directors Board Retreat Minutes, Shelly Egerer Assistant
- C.** September 2018 Planning & Facilities Report: Michael Mursick, Plant Director
- D.** Quarter 3, 2018 Fire/Life Safety Report: Michael Mursick, Plant Director
- E.** September 2018 Human Resource Report: Erin Wilson, Human Resource Director
- F.** September 2018 Infection Prevention Report: Heather Loose, Infection Preventionist
- G.** Policies & Procedures:
 - (1) Risk Management
 - (2) Emergency Department
 - (3) Nursing Administration
 - (4) General Nursing (Acute)
 - (5) Compliance
 - (6) Family Health Center/Rural Health Center
 - (7) Surgery Department

- (8) Pharmacy Department
- (9) Respiratory Therapy
- (10) Dietary Department
- (11) Emergency Preparedness
- (12) Corrective Action and Discipline
- (13) Patient Access Department (Admitting)

H. Board of Directors; Committee Meeting Minutes:

- (1) August 14, 2018 Special Human Resource Committee Meeting Minutes
- (2) August 16, 2018 Special Planning & Facilities Committee Meeting Minutes
- (3) September 05, 2018 Special Finance Committee Meeting Minutes

- President Robbins asked that the Patient Registration Policy from the clinic be pulled and discussed under New Business.

Board Member Nicely called for a motion to approve the Consent Agenda as presented with the exception of the Patient Registration Clinic Policy. Second by President Robbins to approve the Consent Agenda as presented with the exception of the Patient Registration Clinic Policy. President Robbins called for the vote. A vote in favor of the motion was 4/0.

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

10. OLD BUSINESS:

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

- (1) FMLA/CFRA Leaves of Absence
- (2) Meal and Rest Breaks
- (3) Extended Sick Leave

- Board Member Nicely would like to know what changes were made to the policies and procedures prior to her voting on them. Board Member Nicely also asked that in the future a memo is provided with information on changes made to any policies and procedures.
- President Robbins reported that the HR Committee gave a positive recommendation to the Board of Directors; these policies were discussed and approved at the HR Committee Meeting.

President Robbins called for a motion to table policies and procedures, one through three until the November Meeting and a memo be provided to the Board with what changes were made. Motion by Board Member Nicely to table policies and procedures, one through three until the November Meeting and a memo be provided to the Board with what changes were made. Second by Board Member Boss to table policies and procedures, one through three until the November Meeting and a memo be provided to the Board with what changes were made. President Robbins called for the vote. A vote in favor of the motion was 4/0.

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

11. NEW BUSINESS*

A. Discussion and Potential Approval of FUNDamental Concept Agreement (Grant Writer):

- President Robbins reported that the contract was reviewed in Closed Session.

Board Member Nicely motioned to approve the FUNDamental Concept Agreement (Grant Writer) as presented. Second by President Robbins to approve the FUNDamental Concept Agreement (Grant Writer) as presented. President Robbins called for the vote. A vote in favor of the motion was 4/0.

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

B. Discussion and Review of Assembly Bill No. 2329 by Assembly Obernolte Special Districts: Board of Directors Compensation:

- Ms. Tropp stated the Assembly Bill 2329 would be in effect January 1, 2019. Sufficient documentation and evidence to increase the Board Meetings to six meetings a month is required. A resolution or ordinance would have to be in effect 60 days prior to January 1. An annual increase of 5% can be initiated by a resolution and will need to be an annual vote. The resolution will be drafted by legal counsel and presented to the Board at the November Meeting.
- Board Member Boss felt that the increase of Board Meetings should wait until we can show evidence that we need to conduct additional meetings.
- Further discussion took place in regards to the potential of scheduling additional meetings once the District moves forward with the remodel or replacement of the Hospital.

President Robbins reported no action required

C. Discussion and Review of 2018-2019 Strategic Marketing and Communication Plan:

- Ms. Meadors provided the following information:
 - Similar to last year's plan.
 - Communication is to push back out to the community.
 - Marketing is to reach out to the community.
 - Score Survey – leadership completing huddles and walk through to various departments.
 - Potential to have time to meet with the CEO, informal meetings with staff, patients and community would be invited.
 - Began series of “Doc Talk”; free information to the community.
 - Potential to include Dietary for nutrition purposes.
 - Moving toward prevention instead of intervention.
 - Focus on wellness.
 - 9 communication goals.
 - Specific goals per department.
 - Brand awareness; all staff is responsible for the District brand.
 - Identified three key champions that were well connected to the community.
 - Increase employee morale.

- Increase community needs.
- President Robbins thanked Ms. Meadors for her presentation and felt this was a great Communication and Marketing Plan.

President Robbins reported no action was required.

D. Discussion and Potential Approval of Air and Ambulance Membership – Employee Offering:

- Mr. Friel would like to extend the offer of the air/ambulance membership to our employees; this will not go into effect until January 1, 2019.
 - Approximately \$105 per plan/employee.
 - UNAC will also be informed of this benefit for the union represented employees.
 - Board of Directors will also receive this benefit.

Board Member Nicely motioned to approve the Air and Ambulance Membership to employees and the Board of Directors. Second by Board Member Boss to approve the Air and Ambulance Membership to employees and the Board of Directors. President Robbins called for the vote. A vote in favor of the motion was 4/0.

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

E. Policies & Procedure: Registering Patients:

- President Robbins stated that this policy is very detailed but does not address registering cash patients. President Robbins would like to table this policy and have cash patients/process included in this policy.

President Robbins motioned to table the Registering Patients Policy with cash paying patients being incorporated into the policy. Second by Board Member Nicely to table the Registering Patients Policy with cash paying patients being incorporated into the policy. President Robbins called for the vote. A vote in favor of the motion was 4/0.

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

12. ACTION ITEMS*

A. Quorum Health Resource Report:

(1) October 2018 QHR Report:

- Mr. Vigus reported the following information:
 - Compliance Report will be presented to the Board of Directors at the November Board Meeting.
 - Productivity Assessment is beginning and QHR staff will be on site in October to meet with department managers.
 - Leadership meetings take place at least twice a year to add value and new ideas to other districts.

Board Member Boss motioned to approve the QHR Report as presented. Second by Board Member Nicely to approve the QHR Report as presented. President Robbins called for the vote. A vote in favor of the motion was 4/0.

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

B. CNO Report:

(1) September 2018 CNO Report:

- Mr. Friel stated that Ms. Jex was on vacation and asked if there were any questions he could answer on the CNO Report.

Board Member McCarthy motioned to approve the CNO Report as presented. Second by President Robbins to approve the CNO Report as presented. President Robbins called for the vote. A vote in favor of the motion was 4/0.

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

C. Acceptance of the CEO Report:

(1) September 2018 CEO Report:

- Mr. Friel reported the following information:
 - CDPH was on site and the Plan of Correction that was submitted is included in the Board packet.
 - Halloween booth in the village, we will be handing out granola bars.
 - Hosting the Chamber Mixer on November 13 and we will be featuring the ER remodel.
 - November 8, the Mom & Dad Project will be hosting First 5 to celebrate the impact made in the San Bernardino County over the past 20 years.
 - The Dad Project received a San Manuel grant for \$39,000 that is related to parenting education.

Board Member Boss motioned to approve the CEO Report as presented. Second by President Robbins to approve the CEO Report as presented. President Robbins called for the vote. A vote in favor was unanimously approved 4/0.

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

D. Acceptance of the Finance Report:

(1) August 2018 Financials:

- Mr. Hamblin reported the following information:
 - Cash is good.
 - Revenue is down.
 - Inpatient days down.
 - ER visits 9% down.

- Continue to run under budget in FTE's.
- Operating expenses are less than net revenue.
- SNF is down.

(2) CFO Report:

- Mr. Hamblin reported the following information:
 - Closely monitor accounts receivable below 65.
 - New TruBridge representative will be able to assist in revenue cycle.
 - Jerrell Tucker was on site to begin the annual audit and was very complimentary to staff. We expect to have the audit presented to the Board of Directors at the December Meeting.

President Robbins motioned to approve the August 2018 Finance Report and the CFO Report as presented. Second by Board Member Nicely to approve the August 2018 Finance Report and the CFO Report as presented. President Robbins called for the vote. A vote in favor was unanimously approved 4/0.

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

13. ADJOURNMENT:

Board Member Boss motioned to adjourn the meeting at 4:11 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 4/0.

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

Bear Valley Community Healthcare District Construction Projects 2018

Department / Project	Details	Vendor and all associated costs	Comments	Date 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	Nearly complete, waiting for Pyxis to send last mount that was not recieved during original delivery.	
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	Equipment is on site, waiting on the design professionals and OSHPD	
ER Renovations	Replace cabinets, flooring, and re-paint	Facilities, Warren Construction, Mike's Custom Flooring	Complete	
Tree of Lights	Install lights on tree and run electrical.	Facilities/BVEC	Complete	

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 be purchased in October/November	
Camera for Plumbing Inspections	Purchase Camera to assist Facilities repair plumbing.	Amazon	Will Purchase in November	

Bear Valley Community Healthcare District Repairs Maintenance

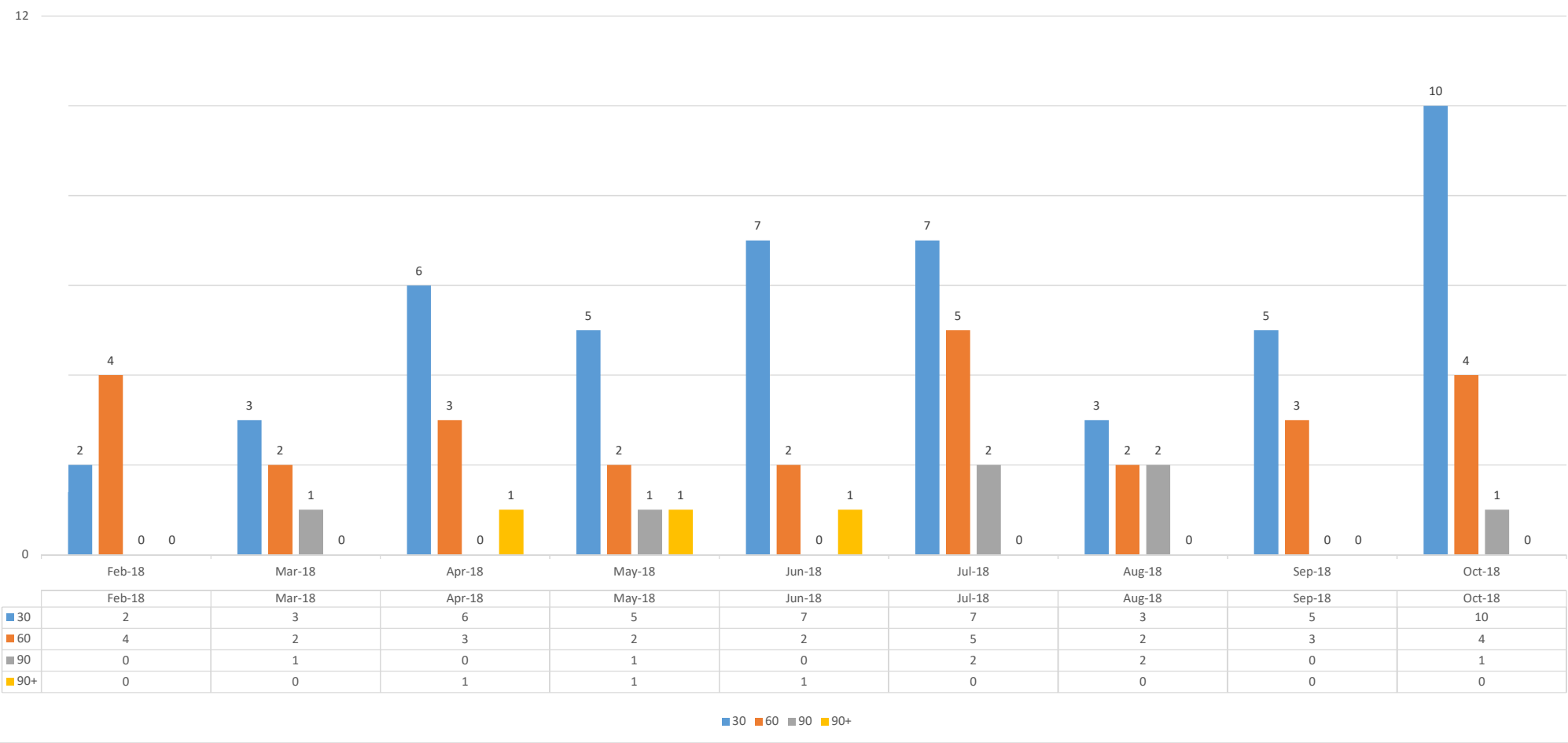
Department / Project	Details	Vendor and all associated costs	Comments	Date Complete
Fire Extinguisher	Moved all fire extinguishers to an exceptable height as found deficient during our Life Safety mock survey	Facilities	In Progress	
Dietary Drain	Drain plugged and may be broken underground.	Facilities	Complete	
Emergency Generator Repair	The oil filter housing is craked and leaking	Odyssey Power	Complete	
Lab/ER2/ER Lobby Restroom	Installed Nurse call equipment that didn't exist	James Gollner Services	Complete	
Mindray Equipment Install	Assisted Mindray with installation of new equipment	Facilities	Complete	
Central Plant	Repaired hot water leaks	Facilities	Complete	
PT	Built new gym equipment	Facilities	Complete	



HR Monthly Report
October 2018

STAFFING	Active: 211 – FT: 139; PT: 12; Per Diem: 60 New Hires: 5 Terms: 3 (1 Voluntary 2 Involuntary) Open Positions: 11
EMPLOYEE PERFORMANCE EVALUATIONS	DELINQUENT: See attachment 30 days: 10 60 days: 4 90 days: 1 - ED 90+ days: 0 MOVING FORWARD: Continue monitoring ongoing annual evaluations.
WORK COMP	NEW CLAIMS: 0 OPEN: 8 Indemnity (Wage Replacement, attempts to make the employee financially whole) - 4 Future Medical Care – 4 Medical Only - 0 MOVING FORWARD: Quarterly claims review. SAFETY: Working with Beta Loss Prevention for safety initiatives including safety rounding.
FILE AUDIT/ LICENSING	FILE AUDIT: Three missing Employee Handbook Acknowledgement One missing Meal Waiver in Excess of 8 Hour Shift Licenses: All up to date MOVING FORWARD: Continue file audit
JOB DESCRIPTIONS/ EVALUATIONS	Job Descriptions: In process (January target date) Evaluations: In process (March target date, need to complete job descriptions first)
EMPLOYEE EVENTS	Thanksgiving Potluck 11/19 Christmas party 12/15

Past Due Evaluations





Infection Prevention Monthly Report

October 2018

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory	<ul style="list-style-type: none"> Continue to receive updates from APIC. AFL (All Facility Letters) from CDPH have been reviewed. <ul style="list-style-type: none"> No AFLs related to infection control Continue NHSN surveillance reporting. Completion of CMR reports to Public Health per Title 17 and CDPH regulations. <ul style="list-style-type: none"> 1 report filed for positive Gonorrhea 	<ul style="list-style-type: none"> Review ICP regulations. AFL to be reviewed at Infection Control Committee and Regulatory committee. Continue Monthly Reporting Plan submissions.
2. Construction	<ul style="list-style-type: none"> ER remodel in progress. ICRA permits in place, will revise as needed. 	<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 83% for September. Compliance of 73% for 3rd Quarter 2018. 	<ul style="list-style-type: none"> Continue monitoring hand hygiene compliance.
4. Outbreaks/	<ul style="list-style-type: none"> Public Health Report 	

Surveillance	<ul style="list-style-type: none"> • Flu season officially begins November 1 • Community Health Report <ul style="list-style-type: none"> ○ 1 case of MRSA in an outpatient.. ○ 1 case of community acquired c-diff in an inpatient. 	<ul style="list-style-type: none"> ▪ Informational
5. Policy Updates	<ul style="list-style-type: none"> ▪ Policies reviewed, approved: <ul style="list-style-type: none"> ○ Multiple policies put through for annual review. 	<ul style="list-style-type: none"> ▪ Clinical Policy and Procedure Committee to review and update Infection Prevention policies.
6. Safety/Product	<ul style="list-style-type: none"> ▪ IP gathering manufacturer's instructions for use and cleaning for equipment around the hospital. Will compile in folder for staff to use. - Ongoing 	<ul style="list-style-type: none"> ▪ Continue to monitor compliance with approved cleaning procedures.
7. Antibiotic Stewardship	<ul style="list-style-type: none"> ▪ Pharmacist continues to monitor antibiotic usage. 	<ul style="list-style-type: none"> ▪ Informational.
8. Education	<ul style="list-style-type: none"> ▪ ICP continues to attend the APIC meetings in Ontario when possible. 	<ul style="list-style-type: none"> ▪ ICP to share information at appropriate committees.
9. Informational	<p>Statistics on Immediate Use Steam Sterilization will now be included with the monthly surgery stats and reported to P&T Committee monthly.</p> <ul style="list-style-type: none"> • Number of times IUSS utilized in September = 0 • Number of surgical cases in September = 21 <p>EVS Terminal cleaning of the OR Suite</p> <ul style="list-style-type: none"> ▪ New checklist made up that will assist with compliance in 	<ul style="list-style-type: none"> ▪ Informational

	<p>documenting cleaning of the OR Department.</p> <ul style="list-style-type: none"> ▪ Monitoring of cleaning will be done also, on a regular basis. <p>Infection Prevention Rounds for POC IP monitors the following on a monthly / ongoing basis:</p> <ul style="list-style-type: none"> • Storage standards are met. • Cleaning schedule of the autoclaves is up to date. • Temperature and humidity monitoring and logs are up to date. • Terminal cleaning is being done in OR, Sterile Processing, and Decontamination and logs are up to date. • Clinical staff is able to verbalize proper cleaning procedure and solution for the glucometer. • Clinical staff is able to verbalize proper dwell times for different cleaning solutions. 	
<i>Heather Loose, BSN, RN</i>	<i>Infection Preventionist</i>	<i>Date: November 5, 2018</i>

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, Ca. 92315
October 02, 2018**

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

Garth Hamblin, CFO
Shelly Egerer, Exec. Asst.

STAFF: Kerri Jex

Mary Norman

COMMUNITY

MEMBERS: Elizabeth Fellows

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 October 02, 2018 Finance Committee Agenda as presented. Second by Board Member Boss to adopt the October 02, 2018 Finance Committee Meeting 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. September 05, 2018

Board Member Nicely motioned to approve the September 05, 2018 Finance Committee Meeting Minutes as presented. Second by Board Member Boss to approve the September 05, 2018 Finance Committee Meeting 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 Review of Assembly Bill No. 2329 by Assemblyman Olberholte: Special Districts Board of Directors Compensation:

- Mr. Hamblin reported at this time we do not have a recommendation but felt this was something to bring to the Finance Committee and the Board of Directors for discussion.
 - This would be an increase of six meetings per month.
 - Approve resolution to increase stipend for six meetings per month.
- The committee asked that this item be presented to the Board of Directors October Board Meeting.

Board Member Nicely reported no action required

B. Discussion and Potential Recommendation to the Board of Directors: FUNDamental Concept Agreement (Grant Writer):

- Mr. Friel reported that when the budget was developed we added the Grant Writer position which was Board approved. This is a contract with Michelle French; Administration feels Michelle is very qualified and experienced. Contract is for one year, 30 hours per month, \$40,000 per year.

Board Member Nicely motioned to recommend the FUNDamental Concept Agreement to the Board of Directors at the October Meeting. Second by Board Member Boss to recommend the FUNDamental Concept Agreement to the Board of Directors at the October Meeting. 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

C. Discussion and Potential Recommendation to the Board of Directors Providing Air and Ambulance Membership for Employee (s):

- Mr. Friel reported this would go in effect January 01, 2018; cost is up to \$15,000 for the year. UNAC agreement will need to be looked at and discuss with the Union Representatives. The Board of Directors will also receive the membership.
- Mr. Hamblin reported that the savings in Workers Comp would be redirected to this cost only and that there is adequate funding.

Board Member Nicely motioned to recommend Air and Ambulance Membership for employees and the Board of Directors. Second by Board Member Boss to recommend Air and Ambulance Membership for employees and the Board of Directors. 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. August 2018 Finances:

- Mr. Hamblin reported the following information:
 - Cash continues to be strong
 - Days cash on hand 312
 - Revenue is down significantly (will be trending)
 - ER visits down 8% from budget
 - SNF census is below budget
 - 18 filled beds at this time
 - Have two potential candidates that are being vetted
 - Eligibility admissions are taking place
 - Swing days below budget
 - Clinic visits over budget
 - Dental visits over budget
 - FTE's continue under budget
 - \$1.4 million received from CDPH
 - Operations will continue to be monitored
 - Cost report to be filed
 - Bad Debit review with David Perry to be scheduled
 - AR days through August 64.4 & 65.1

B. CFO Report:

- Mr. Hamblin reported the following information:
 - TruBridge Accounts Receivable Management:
 - Progress on reduction of AR days
 - FYE June 30, 2018 Financial Audit:
 - Jerrel Tucker was on site to begin the audit process.
 - Tentatively scheduled to present Audited Financial Statement in December
- Board Member Nicely requested an update on policies & procedures being updated and sent to appropriate committees and Board of Directors.
- Mr. Hamblin stated that Admitting is being completed and should be presented to the Board and the remaining departments are working with the Policy & Procedure Committee to update the policies.

Board Member Nicely motioned to approve the August 2018 Finance Report and the CFO Report as presented. Second by Board Member Boss to approve the August 2018 Finance Report and the CFO Report 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

10. ADJOURNMENT*

Board Member Nicely motioned to adjourn at 1:23 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



Recommendation for Action

Date: 11/5/2018
To: Board of Directors
From: Erin Wilson, HR Director
Re: Policies

Recommended Action

Policies to be approved:

FMLA/CFRA Leaves of Absence – **New Policy**, has been reviewed by legal. Changes have been made including adding UNAC information

Meal and Rest Breaks – **New Policy**, has been reviewed by legal. Changes have been made including adding UNAC information

Extended Sick Leave – **Policy Update**, Accrual rate updated per union contract. Changed eligibility information for ease of understanding how ESL integrates with SDI.

Background

Each of these policies have been approved by HR Committee on 9/24/2018



DEPARTMENT: Human Resources	CATEGORY: Policies, Procedures
SUBJECT: FMLA/CFRA Leaves of Absence	

POLICY:

Bear Valley Community Healthcare District (BVCHD) complies with the federal Family and Medical Leave Act and the California Family Rights Act ("FMLA/CFRA") and provides eligible employees the opportunity to take unpaid, job-protected leave for certain specified reasons. The maximum amount of leave employees may use under this policy is 12 weeks within a 12-month period. For more information regarding leave under this policy, employees should contact Human Resources.

PROCEDURE:

1. Eligibility

- 1.1. To be eligible for FMLA /CFRA leave under this policy, employees must:
 - 1.1.1. Have worked at least twelve (12) months for BVCHD.
 - 1.1.2. Have worked at least 1,250 hours for BVCHD over the twelve (12) months preceding the date the leave would commence.

2. Conditions Triggering Leave

- 2.1. FMLA and/or CFRA leave may be taken for any the following reasons:
 - 2.1.1. Birth of a child, or to care or bond with a newly born child, including incapacity due to pregnancy or prenatal medical care.
 - 2.1.2. Placement of a child with the employee and/or the employee's registered domestic partner for adoption or foster care or to care or bond with the child.
 - 2.1.3. To care for an immediate family member (employee's spouse, registered domestic partner, child, registered domestic partner's child or parent) with a serious health condition.
 - 2.1.4. Because of the employee's serious health condition that makes the employee unable to perform his or her job.
 - 2.1.5. The maximum amount of leave that may be taken under this policy in a twelve (12) month period for all reasons combined is twelve (12) weeks.
- 2.2 In addition to leave available under the FMLA and the CFRA, female employees may be eligible for leaves of absence during periods of disability associated with pregnancy or child birth.

3. Definitions

- 3.1. A "serious health condition" is an illness, injury, impairment or physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of his or her job or prevents the qualified family member from participating in school or other daily activities.

4. Identifying the 12-month Period

- 4.1. BVCHD measures the twelve (12) month period in which leave is taken from the date leave begins rolling back (measured backward from the date of any FMLA/CFRA leave).
 - 4.1.1. FMLA/CFRA leave for the birth or placement of a child for adoption or foster care must be

Prepared By: Wilson, Erin	Reference: Family & Medical Leave Act of 1993
Reviewed By: Admin Team, Policy & Procedure Committee	Revised Date: Not Approved Yet
Approved By: Board Directors	Date Approved: Not Approved Yet



DEPARTMENT: Human Resources	CATEGORY: Policies, Procedures
SUBJECT: FMLA/CFRA Leaves of Absence	

concluded within twelve (12) months of the birth or placement.

5. Intermittent Leave

- 5.1. Eligible employees may take FMLA/CFRA leave in a single block of time, intermittently (in separate blocks of time) or by reducing the normal work schedule when medically necessary for the serious health condition of the employee or immediate family member.
 - 5.1.1. Intermittent leave for birth of a child, to care for a newly born child or for placement of a child for adoption or foster care generally must be taken in at least two-week increments under the CFRA.
 - 5.1.2. Employees who require intermittent or reduced-schedule leave must try to schedule their leave so that it will not unduly disrupt BVCHD's operations.
 - 5.1.3. Intermittent leave is permitted in intervals of at least one hour.

6. Maintenance of Health Benefits

- 6.1. If employees and/or their families participate in BVCHD's group health plan, BVCHD will maintain coverage during the first twelve (12) weeks of an approved FMLA/CFRA leave on the same terms as if employees had continued to work. After the first twelve (12) weeks of an approved leave, employees will be required to pay the full costs of such benefits.
 - 6.1.1. If applicable, employees must make arrangements to pay their share of health plan premiums while on leave.
 - 6.1.2. In some instances, BVCHD may recover premiums it paid to maintain health coverage or other benefits for employees and/or their families.
 - 6.1.3. Use of FMLA/CFRA leave will not result in the loss of any employment benefit that accrued prior to the start of leave under this policy.
 - 6.1.4. Employees should consult the applicable plan document for information regarding eligibility, coverage and benefits.

7. When seeking leave under this policy, employees must provide to Human Resources the following:

- 7.1. Thirty (30) days' advance notice of the need to take FMLA/CFRA leave, if the need for leave is foreseeable, or notice as soon as practicable in the case of unforeseeable leave and in compliance with BVCHD's normal call-in procedures, absent unusual circumstances.
- 7.2. Medical certification supporting the need for leave due to a serious health condition affecting the requesting employee or an immediate family member within fifteen (15) calendar days of BVCHD's request to provide the certification (additional time may be permitted in some circumstances).
 - 7.2.1. Failure to do so may result in delay of the commencement of leave, withdrawal of a preliminary designation of FMLA/CFRA leave or denial of a leave request.
 - 7.2.2. Second or third medical opinions and periodic recertification may also be required.
- 7.3. Periodic reports as deemed appropriate during the leave regarding the employee's status and intent to return to work.
- 7.4. Medical certification of fitness for duty before returning to work if the leave was due to the employee's serious health condition.

Prepared By: Wilson, Erin	Reference: Family & Medical Leave Act of 1993
Reviewed By: Admin Team, Policy & Procedure Committee	Revised Date: Not Approved Yet
Approved By: Board Directors	Date Approved: Not Approved Yet



DEPARTMENT: Human Resources	CATEGORY: Policies, Procedures
SUBJECT: FMLA/CFRA Leaves of Absence	

7.4.1. BVCHD will require this certification to address whether employees can perform the essential functions of their position.

7.5. Failure to comply with the foregoing requirements may result in holding the employee responsible for their actions.

8. Employer Responsibilities

8.1. To the extent required by law, BVCHD will inform employees whether they are eligible for leave under the FMLA/CFRA. Should employees be eligible for FMLA/CFRA leave, BVCHD will provide eligible employees with a notice that specifies any additional information required as well their rights and responsibilities.

8.1.1. BVCHD will also inform employees if leave will be designated as FMLA/CFRA-protected and, to the extent possible, note the amount of leave counted against employees' leave entitlement.

8.1.2. If employees are not eligible for FMLA/CFRA leave, BVCHD will provide a reason for the ineligibility.

9. Job Restoration

9.1. Upon returning from FMLA/CFRA leave, employees will typically be restored to their original position or to an equivalent position with equivalent pay, benefits and other employment terms and conditions.

10. Failure to Return After FMLA/CFRA Leave

10.1. Failure to report to work at the scheduled end of a leave shall be deemed a voluntary termination effective on the date the leave commenced, unless authorization for an extension had been previously granted.

For those employees represented by UNAC, the terms of the Ninth Memorandum of Understanding ("MOU") will govern if there are any differences between this policy and the MOU.

Prepared By: Wilson, Erin	Reference: Family & Medical Leave Act of 1993
Reviewed By: Admin Team, Policy & Procedure Committee	Revised Date: Not Approved Yet
Approved By: Board Directors	Date Approved: Not Approved Yet

Notice of Eligibility and Rights & Responsibilities
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 5/31/2018

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A – NOTICE OF ELIGIBILITY]

TO: _____
Employee

FROM: _____
Employer Representative

DATE: _____

On _____, you informed us that you needed leave beginning on _____ for:

_____ The birth of a child, or placement of a child with you for adoption or foster care;

_____ Your own serious health condition;

_____ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.

_____ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on covered active duty or call to covered active duty status with the Armed Forces.

_____ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

_____ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

_____ Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

_____ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.

_____ You have not met the FMLA's hours of service requirement.

_____ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the
FMLA poster located in _____.

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

_____ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request _____ is/_____ is not enclosed.

_____ Sufficient documentation to establish the required relationship between you and your family member.

_____ Other information needed (such as documentation for military family leave): _____

_____ No additional information requested

If your leave does qualify as FMLA leave you will have the following responsibilities while on FMLA leave (only checked blanks apply):

- _____ Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- _____ You will be required to use your available paid _____ sick, _____ vacation, and/or _____ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.
- _____ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We _____ have/_____ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- _____ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____.
(Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
 - _____ the calendar year (January – December).
 - _____ a fixed leave year based on _____.
 - _____ the 12-month period measured forward from the date of your first FMLA leave usage.
 - _____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have _____ sick, _____ vacation, and/or _____ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

_____ For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____.

_____ Applicable conditions for use of paid leave: _____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:

_____ at _____.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**



DEPARTMENT: Human Resources	CATEGORY: Policies, Procedures
SUBJECT: Meal and Rest Breaks	

POLICY:

It is the policy of Bear Valley Community Healthcare District (BVCHD) to provide meal and rest breaks in accordance with applicable laws to allow employees to rest while maintaining department productivity and patient care standards.

PROCEDURE:

1. Meal Periods:
 - 1.1. Except for certain salaried exempt employees, BVCHD will offer all employees that work more than five (5) hours in one day a meal period that is 30 minutes in length.
 - 1.2. The employee must clock out at the beginning of each meal period and back in when resuming work.
 - 1.3. The meal period will be uninterrupted and is to be taken no later than the first 5 hours of the shift unless the shift is for 6 hours or less (waiver must be signed).
 - 1.4. When an employee works for a period of 10 to 12 hours, a second meal period will also be provided no later than the end of the employee's tenth hour of work (in other words, no later than the start of the employee's eleventh hour of work) unless the employee has executed a meal period waiver and such waiver is on file.
 - 1.5. Any shift that is over 12 hours requires both meal periods to be taken.
2. Employees may waive their meal period only under the following circumstances:
 - 2.1. If they will complete their work day in six (6) hours or less, employees may waive meal period if such waiver has been approved by their supervisor and the employee has signed a waiver and such waiver is on file (see attached).
 - 2.2. If they work a ten (10) or twelve (12) hour shift in a work day and have a signed a Meal Period Waiver (see attached), employees may waive their second meal period.
 - 2.3. It is not permissible to waive a meal period to shorten a workday.
3. On-Duty Meal Periods:
 - 3.1. In very limited situations, certain designated employees may be authorized to work an "on-duty meal period" when the nature of the employee's duties prevents him/her from being relieved of all duty.
 - 3.2. In this situation, the employee's on-duty meal period shall be paid and treated as hours worked.
 - 3.3. An on-duty meal waiver needs to be signed, approved and placed in their personnel file.
 - 3.4. The on-duty meal waiver is revocable at any time by the employee or BVCHD.
4. Rest Breaks
 - 4.1. Employees are permitted a 15-minute rest break every four hours worked.
 - 4.2. Two rest breaks should be taken per shift; one before the meal break and one after.
 - 4.3. If a schedule of 10 hours or longer is in effect, an additional break may be permitted.
 - 4.4. The schedule for all rest breaks is determined by the department supervisor based on business conditions and scheduling needs.

Prepared By: Wilson, Erin	Reference Wage Orders 4 & 5
Reviewed By: Admin Team, Policy & Procedure Committee	Revised Date: Not Approved Yet
Approved By: Board Directors	Date Approved: Not Approved Yet



DEPARTMENT: Human Resources	CATEGORY: Policies, Procedures
SUBJECT: Meal and Rest Breaks	

- 4.5. Your supervisor will inform you of the schedule, and any required changes.
5. It is the responsibility of employees to make the effort to take all meals and breaks in accordance with the law. Employees are to inform their manager when:
 - 5.1. Meal and rest breaks are missed
 - 5.2. Their meal period is less than 30 minutes
 - 5.3. They are not relieved of all duties during the meal period
6. Rest breaks are paid; meal breaks are unpaid.
7. Employees who work through the rest period are not permitted to leave work early or arrive to work late to "make up" the time.
 - 7.1. Rest breaks are not meant to be added on to a meal period.
 - 7.2. Employees are responsible for taking their rest periods.
8. Employees are not permitted to leave campus while on the clock unless it is work related. If an employee is off campus they will need to notify the manager and clock out.
9. Employees who fail to follow meal and rest break policies may be subject to corrective action.
10. It is the responsibility of Supervisors and Department Managers to determine schedules for meal and rest periods.
 - 10.1. When establishing the schedule, business needs should be taken into consideration so that operations are not disrupted.
 - 10.2. Provide documentation when employees report they have missed a meal period.
11. For those employees represented by UNAC, the terms of the Ninth Memorandum of Understanding ("MOU") will govern if there are any differences between this policy and the MOU.

Prepared By: Wilson, Erin	Reference Wage Orders 4 & 5
Reviewed By: Admin Team, Policy & Procedure Committee	Revised Date: Not Approved Yet
Approved By: Board Directors	Date Approved: Not Approved Yet



DEPARTMENT: Human Resources	CATEGORY: Policies, Procedures
SUBJECT: Extended Sick Leave	

POLICY:

Bear Valley Community Healthcare District (District) management believes employees may need to supplement their income when they meet the eligibility requirements of State Disability Insurance or Worker's Compensation.

PROCEDURE:

1. BENEFIT

1.1. All benefit eligible employees will accrue Extended Sick Leave (ESL).

2. ACCRUAL RATE

2.1. All eligible employees will accrue ESL at 0.01731 per paid hour.

2.1.1. Extended Sick Leave (ESL) is accrued each pay period based upon all hours paid up to a maximum of 80 hours.

2.1.2. Accrual begins at the employee's hire date, or date from which an employee is reclassified from Per Diem or Temporary status.

2.1.3. ESL hours may be used as soon as indicated on the pay stub, but may not be used in advance.

2.1.4. In the event and employee has unused Paid Sick Leave (see Paid Sick Leave policy) hours at the end of a calendar year, the unused hours will be converted to ESL hours, subject to the maximum accrual.

3. MAXIMUM ACCRUALS

3.1. The maximum ESL balance shall be 500 hours. Any employee who has an ESL balance exceeding 500 hours shall not accrue new ESL hours until their balance falls below 500 hours.

4. COORDINATION OF BENEFITS

4.1. Extended Sick Leave shall be used to integrate with weekly State Disability Insurance (SDI) or Worker's Compensation pay, as necessary, during a long-term illness.

4.2. Employees eligible for Worker's Compensation may not use more than their normally scheduled hours of ESL per pay period.

4.3. It is the employee's responsibility to apply for SDI if the employee is unable to work due to an illness, injury or pregnancy.

5. PAYMENT OF BENEFITS

5.1. All ESL benefits are paid at the employee's regular rate of pay.

6. ELIGIBILITY

6.1. Extended Sick Leave (ESL) will be used for the following:

6.1.1.1. ESL days shall be used to integrate SDI or Worker's Compensation pay as necessary.

Prepared By: Wilson, Erin	Reference:
Reviewed By: Admin Team	Revised Date: Not Approved Yet
Approved By: Board Directors	Date Approved: Not Approved Yet



DEPARTMENT: Human Resources	CATEGORY: Policies, Procedures
SUBJECT: Extended Sick Leave	

6.1.1.2. The State Disability Insurance (SDI) Fund is a benefit in which all employees are required to participate and contribute a percentage of their wages.

6.1.1.2.1. Therefore, the intent of this policy is to assure that employees utilize the SDI Fund to the maximum dollar benefit allowable within the SDI procedure and as allowed by law.

6.1.1.3. PTO or PSL shall be used for the first three (3) days of an injury or illness.

6.1.1.4. Commencing on the fourth day of illness, ESL may be used for pay during the disability waiting period. The SDI waiting period is seven (7) days.

6.1.1.4.1. PTO may be applied when ESL days have been exhausted.

7. NOTIFICATION

7.1. In cases of absences for injuries or illness, the employee shall notify their supervisor as promptly as possible.

7.2. The District may request a return-to-work release from a physician if you have been absent three (3) or more days.

7.3. The District may also request that you participate in rehabilitation programs to assist you in avoiding future injury or illness.

8. TERMINATION OF EMPLOYMENT

8.1. There is no payment for unused ESL upon termination of employment.

For those employees represented by UNAC, the terms of the Ninth Memorandum of Understanding ("MOU") will govern if there are any differences between this policy and the MOU.

Prepared By: Wilson, Erin	Reference:
Reviewed By: Admin Team	Revised Date: Not Approved Yet
Approved By: Board Directors	Date Approved: Not Approved Yet



Recommendation for Action

Date: November 6, 2018
To: BVCHD Board of Directors
From: Sheri Mursick, Director Outpatient Clinics
Re: Admitting Patients to the Clinic (Check-in) policy

Recommended Action:

Per the Board's recommendation, verbiage was added to clarify method of payment when making patient appointments. The private pay section was expanded to include updating CPSI insurance fields, obtaining a Private Pay Acknowledgement and verbiage explaining the billing process should additional services be rendered.



DEPARTMENT: Family Health Center, Rural Health Clinic	CATEGORY: Policies, Procedures
SUBJECT: Admitting Patient to the Clinic (Check-in)	

POLICY:

The Family Health Center and Rural Health Clinic shall register all patients in the computer prior to being seen.

PROCEDURE:

1. Staff will ascertain the reason for the visit, method of payment, verify patient's address, phone number, and contact person.
 - 1.1. Verify patient identification and current insurance card is scanned in to the computer.
 - 1.2. Ensure insurance eligibility was performed.
 - 1.2.1. A Medicare Secondary Payer (MSP) shall be completed for every Medicare beneficiary visit.
 - 1.3. Should the patient be private pay, a Private Pay Obligation Acknowledgement shall be obtained.
 - 1.3.1. Private Pay shall be indicated in the insurance field in the visit profile.
 - 1.3.2. Staff shall explain that the payment made upon registration is for the visit only.
 - 1.3.3. Any and all charges incurred during the visit or as a result of the visit (such as any ancillary services ordered to be done at Bear Valley Community Hospital) are ultimately the patient's legal obligation.
 - 1.3.3.1. The patient may receive a bill by mail for the additional services provided as a result of the visit.
 - 1.4. Register patient in electronic health record (EHR) and link to the appointment.
 - 1.5. Verify annual privacy packet, screening assessments, specialty consents, and consent to share information have been completed.
2. Nursing staff shall call the patient in from the waiting room using the patient's first name.
3. Patients shall have their weight and height obtained and then placed in an exam room.
4. Nursing staff shall complete intake process which may include but not limited to:
 - 4.1. Vital signs
 - 4.2. Height and weight
 - 4.3. Health history
 - 4.4. Allergies
 - 4.5. Medication reconciliation
 - 4.6. Screenings
5. Document the patient's chief complaint and/or any symptoms or problems that the patient is concerned about.
6. Infants must be weighed and have additional measurements recorded (height; head circumference etc. up to

Prepared By: Mursick, Sheri	Reference:
Reviewed By: Medical Executive Committee, Policy & Procedure Committee	Revised Date:
Approved By: Board Directors	Date Approved:



DEPARTMENT: Family Health Center, Rural Health Clinic	CATEGORY: Policies, Procedures
SUBJECT: Admitting Patient to the Clinic (Check-in)	

age 2) if presenting for a well child exam.

7. If patient is being seen for a special exam, e.g., breast, PAP, rashes, injuries, etc., have the patient undress the appropriate area.
8. Communicate to provider that patient is ready to be seen.

Prepared By: Mursick, Sheri	Reference:
Reviewed By: Medical Executive Committee, Policy & Procedure Committee	Revised Date:
Approved By: Board Directors	Date Approved:



Our Growing Fire Protection and Emergency Services Dilemma

Jeff Willis
Fire Chief

Big Bear Fire Authority

The Challenge:

Our Big Bear community is **AT RISK** when a medical emergency, fire, natural disaster or other emergency strikes.

- 15.7% increase in emergency medical and fire incidents from 2014-2017. **Increase of 646 calls.**
 - Incidents will continue to increase at a rapid rate for the foreseeable future.
- Big Bear firefighters need the resources and equipment to meet the current service demands for day to day operations.
 - Firefighting and paramedic staff hasn't increased in 15 years.
- With current budget, it has become impossible to meet Big Bear's increasing demand for emergency services.

BBFD Staffing:

The Department has **13 firefighters** on duty daily BUT NEEDS anywhere from **14-22** for low-frequency, high-risk fires.

	Maximum Risk	High Risk	Moderate Risk	Low Risk
Total Personnel Per Fire Call Type	 50-51	21-22	14-15	 8-9

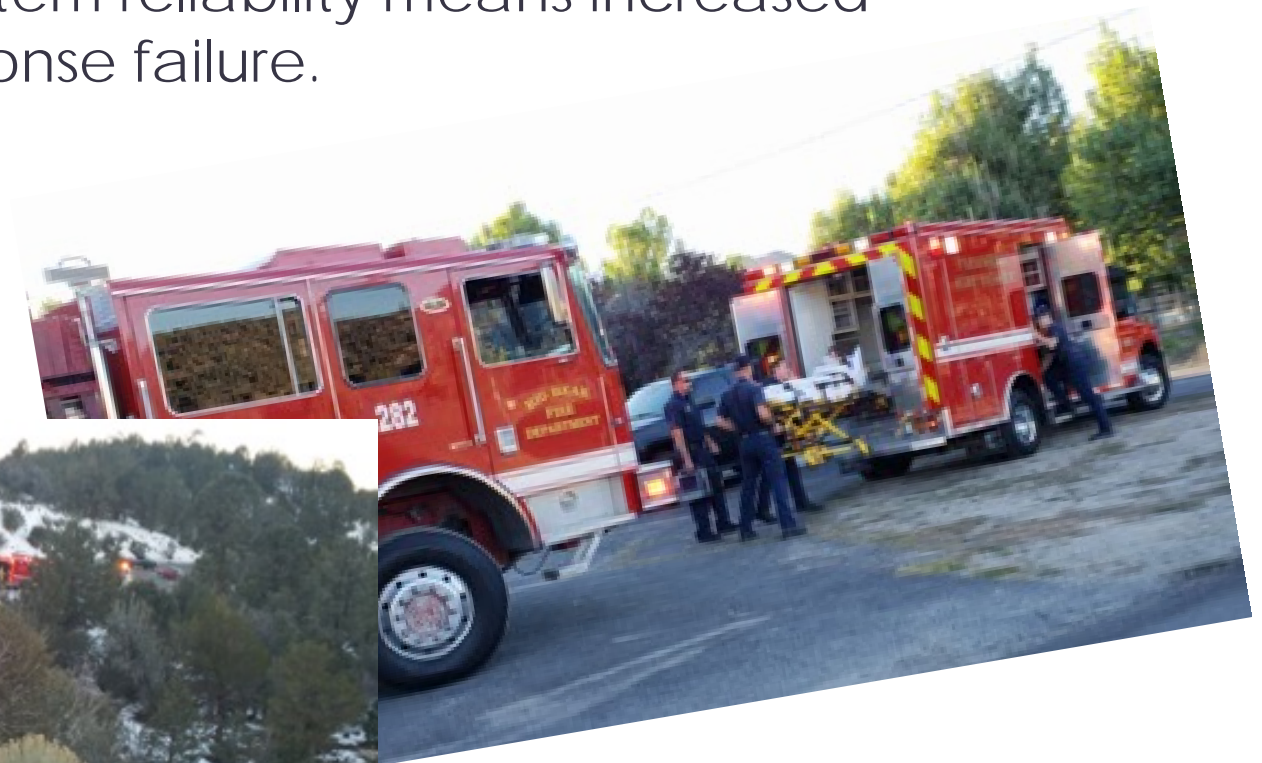
BBFD Staffing:

High-frequency, low risk critical emergency medical incidents **require 5 people**, leaving portions of the community at risk when another concurrent emergency call is received.

	Heart Attack & Stroke	Trauma	Respiratory	Illness
Personnel Required Per Medical Call	5	5	2-5	2-4

System Reliability:

- In 2016, 25.4% of all calls occurred concurrently resulting in units being unavailable 35.3% of the time.
- A decrease in system reliability means increased potential for response failure.



Level Zero Draw-Down:

ALL resources are assigned to emergency calls—therefore, firefighters cannot get to the next 911 emergency.

- Currently BBFD is at 89 level zero (January 1, 2018 – November 6, 2018).
- This is a certain pathway to future emergency response failure, or significant delayed response when seconds count.
- **Brain deterioration starts between 4 and 6 minutes** after a person stops breathing.
- Big Bear Fire **average 911 response time is currently 9 minutes 26 seconds**.

Option 1: Do Nothing

11 Firefighters on Duty Daily

Without additional funding for the Big Bear Fire Department, cuts will be required to existing services.

- Reduces emergency medical services, prevention of life or property loss and increases response times.
- Residents will experience fire department emergency response failures.
- Possible loss of local control and local knowledge
 - San Bernardino County Fire
 - \$157 tax without a vote
 - California Department of Forestry and Fire Protection





Option 2: Maintain Existing Services

13 Firefighters on Duty Daily



- **Maintains** current Big Bear Fire Department service levels.
- **Does NOT** address the growing demand for emergency medical, fire and community risk reduction services.
- **Does NOT** fix the number of level zero personnel and apparatus draw-downs the department faces.
- **Requires** a local revenue measure (approximately \$7.50 a month OR \$90 parcel tax/annually).

Option 3: Strengthen Services

17 Firefighters on Duty Daily

- **Ensures** we have firefighters and paramedics needed to reduce response times to 911 incidents.
- **Maintains** the number of firefighters and paramedics needed to keep our community safe.
- **Improves** response capability and capacity with an additional ambulance and reduces frequency of level zero draw-downs.
- **Repairs or replaces** emergency medical equipment and fire protection equipment.
- **Increases** local homeowner's ability to maintain or acquire fire insurance.
- **Requires** a local revenue measure (approximately \$12.50 a month OR \$150 parcel tax/annually).

Option 4: Optimal Services

21 Firefighters on Duty Daily

- **Improves** fire response by placing an additional fire engine and/or rescue squad into service daily.
- **Significant reductions** in fire and 911 medical emergency response times.
- **Eliminates level zero draw-down** to be a rare occurrence.
- **Requires** a local revenue measure (**approximately \$20.00 a month OR \$240 parcel tax/annually**).

STRAIGHT TALK:

- A new source of funding is required to maintain existing services.
- Without new funding, residents will experience fire department emergency response failure.

Your input is valued!

Share your thoughts? We want your input!



LIFE-SAVING FIRE AND EMERGENCY
CARE IN BIG BEAR

We're Listening!

Questions/Comments/My BIG BEAR Fire Protection Story: Date: _____

Option 1	Option 2	Option 3	Option 4
Do Nothing: _____	Maintain Existing: _____	Strengthen: _____	Significant Response: _____
	Services	Services	Time Reduction

OPTIONAL: _____

Name: _____ Phone: _____

Email: _____ Address: _____

Questions





Discussion and Potential Recommendation to the Board

Date: 07 November 2018
To: BVCHD Finance Committee
From: Garth M Hamblin, CFO
Re: Letter of Agreement for Financial Advisory Services
G. L. Hicks Financial, LLC

Recommended Action

Approve attached Letter of Agreement for Financial Advisory Services with GL Hicks Financial, LLC.

Background

Gary Hicks, President of G. L, Hicks Financial LLC has extensive experience working with Facilities in California regarding financing of major Remodel / Renovation projects.

As we move forward with consideration of remodel / expansion plans for BVCHD and our capacity to meet the financial needs of such project; we need to further explore options for funding the project.

October 31, 2018

Mr. John Friel, Chief Executive Officer
Bear Valley Community Healthcare District
41870 Garstin Drive
Big Bear Lake, California 92315

Re: Bear Valley Community Healthcare District
Letter of Agreement for Financial Advisory Services

Dear Mr. Friel:

G.L. Hicks Financial, LLC ("Hicks") would be pleased to act as financial advisor to Bear Valley Community Healthcare District ("Bear Valley") to assist in the issuance of debt pursuant to the USDA Direct Loan Program and/or other forms of debt, the proceeds of which will be used to finance the construction and equipping of a renovation and expansion to the Bear Valley health facility located in Big Bear Lake, California (the "Engagement"). Bear Valley, acting by and through its duly authorized representative, and Hicks, acting by and through its President, Gary Hicks, agree that Hicks shall furnish certain services to Bear Valley and Bear Valley agrees to accept said services and to make payment of fees and expenses regarding this Engagement, upon the terms and conditions herein set forth.

This document contains the entire agreement between both parties. All prior negotiations between Hicks and Bear Valley are merged in this agreement, and there are no understandings or agreements other than those incorporated or referred to herein. This agreement may not be modified except by an instrument in writing, dated and signed by the duly authorized representatives of both Hicks and Bear Valley.

- I. Hicks shall offer its professional services and facilities as financial advisor to Bear Valley in connection with this Engagement and, in that capacity, Hicks agrees to perform the following services and such other duties which in the exercise of its professional judgment may be necessary or advisable.
 - a. Provide consulting services relating to the analysis of options available to accomplish Bear Valley's objectives to complete this Engagement with the issuance of debt and a construction loan, as needed (the "Debt").
 - b. Coordinate meetings with Bear Valley and other parties engaged by Bear Valley and arrange for the preparation and presentation of all necessary and required financial and disclosure information, as needed.
 - c. With Bear Valley's input, prepare a timetable to indicate the steps and dates by which events should be completed. Discuss with Bear Valley representatives what steps are required to accomplish issuance of the Debt.
 - d. Review and consult with Bear Valley regarding various structures and any financial implications relating to the issuance of the Debt, in reviewing financing documents and in the selection of other financing participants.
 - e. Review with Bear Valley, its legal counsel and management team regarding the structure of the Debt and the design and implementation of its financing plan. Meet with Bear Valley's governing board and management team.
 - f. Prepare a closing memorandum detailing steps leading up to and including closing of the Debt.

Hicks does not provide investment advisory, placement agent, broker or dealer related services. Hicks is a municipal advisor registered with the MSRB (ID # K0275) and the SEC (ID # 867-01010-00) and information regarding Hicks and its representatives can be found at www.sec.gov/edgar/searchedgar/companysearch.html using our CIK # 0001617606. Hicks will be compensated by an hourly fee. Because our fee is based on hourly work to be provided, we hereby notify you that a potential conflict exists. While this form of compensation is customary in the municipal securities market, it presents a potential conflict since we could have an incentive to recommend to Bear Valley a transaction that is unnecessary. Hicks does not have any other known conflicts of interest in relation to this Engagement. Total fees charged pursuant to this agreement will be dependent on the time it takes to complete the financing and the level of services required. Should you become dissatisfied with our services and therefore wish to file a complaint please see the MSRB brochure regarding the filing of complaints with the MSRB on its webpage at (<http://www.msrb.org/~media/Files/Resources/MSRB-MA-Clients-Brochure.ashx?la=en>).

- II. In consideration of the foregoing services, it is agreed that fees and expenses of Hicks relating to this Engagement shall be paid by Bear Valley as follows:
- a. Bear Valley will make monthly payment to Hicks, within 30 days after receipt of an invoice from Hicks, at a rate of \$325.00 per hour for work performed on its behalf. The total amount to be paid pursuant to this agreement is difficult to estimate due to the nature and scope of the financing and the extent of services to be provided. In addition, Bear Valley agrees to reimburse out-of-pocket expenses of Hicks incurred in relation to this engagement.
 - b. Bear Valley shall engage the services of legal counsel, and shall commission other necessary services. Bear Valley shall be responsible for the payment of all expenses and costs incurred in connection therewith.
 - c. Fees and expenses described in paragraphs II.a. and II.b. above may be paid or reimbursed with Debt proceeds to the extent allowable by law.

The term of this agreement shall be thirty-six months from the date this agreement is executed by Bear Valley, unless extended in writing by mutual consent of the parties to this agreement. Bear Valley and Hicks shall have the ability to terminate this agreement, without cause, with 30 days written notice to the other party. If either party initiates any legal proceedings in connection with any breach or default by the other party under the terms of this agreement, then the party prevailing in said proceeding shall be entitled to recover reasonable attorney's fees, together with costs of suit, from the non-prevailing party.

This agreement shall bind the successors and assignees of the parties hereto. The rights, duties and obligations hereunder, however, shall not be assigned by either party without the prior written consent of the other party having been obtained. When accepted by Bear Valley, this agreement will constitute the entire agreement between Hicks and Bear Valley for the purpose and consideration herein specified. Bear Valley's acceptance will be indicated by proper signature of its authorized officer or representative on both copies of this agreement and the returning of one executed copy to the undersigned.

If you have any questions or concerns about any disclosures provided herein, please make those questions or concerns known immediately to the undersigned. In addition, you should consult with your legal, accounting, tax and other advisors, as applicable, to the extent you deem appropriate.

I appreciate this opportunity to serve Bear Valley Community Healthcare District as herein described, and look forward to the successful completion of this Engagement.

Sincerely,

Gary Hicks
President

The undersigned has read this agreement as set forth above and understands it fully and hereby accepts said agreement and further agrees to the terms, amounts, conditions and schedules of payment of said agreement.

ACKNOWLEDGED AND ACCEPTED:

Bear Valley Community Healthcare District

SIGNATURE: _____
NAME: _____
TITLE: _____
DATE: _____



Recommendation for Action

Date: November 06, 2018
To: Board of Directors
From: John Friel
Re: Ordinance # 0001 & Amendment to District Bylaws

Recommended Action: The Board of Directors to approve Ordinance #0001 and the Amendment to the District Bylaws as presented.

Background: At the October 2018 Board of Directors Meeting discussion took place regarding Assembly Bill No. 2329 by Assemblyman Obernolte.

The bill would authorize the district Board of Directors to increase compensation by no more than 5% annually.

The Board of Directors requested that legal counsel create the necessary documents and amend the bylaws so that the Board can discuss and vote on the items at the November Board meeting.

Legal counsel has provided the attached ordinance and an amendment to the District Bylaws.



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

ORDINANCE #0001

**ORDINANCE ADJUSTING COMPENSATION OF THE BOARD OF
DIRECTORS OF BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT**

WHEREAS, on August 20, 2018, the Governor approved Assembly Bill No. 2329 and effective January 1, 2019;

WHEREAS, this bill amends Section 32013 of the California Health and Safety Code, and authorizes Hospital District Boards to, by ordinance, increase Board of Director compensation received for attending meetings of the Board by no more than five percent (5%) annually; and

WHEREAS, current Board compensation is One Hundred Dollars (\$100.00) per Brown Act meeting, not to exceed five (5) meetings per month as compensation to each member of the Board.

NOW, THEREFORE, the Board of Directors of Bear Valley Community Healthcare District of San Bernardino County does ordain as follows:

SECTION 1: Effective January 1, 2019 Resolution No. 10/388 is hereby rescinded in its entirety.

SECTION 2: Bear Valley Community Healthcare District shall compensate each member of the District Board of Directors as follows, effective January 1, 2019:

- (a) No compensation for any month in which the member does not attend any meetings;
- (b) One Hundred Five Dollars (\$105.00) for each Brown Act meeting which the member attends per month, not to exceed five (5) meetings in one (1) month, unless a resolution establishing the need for up to six (6) meetings per month for effective operation of the District is adopted pursuant to California Health and Safety Code 32103(a);
- (c) Director compensation per Brown Act meeting may be increased by no more than five percent (5%) for each calendar year following the operative date of the last adjustment pursuant to this ordinance and upon majority vote of the Board of Directors at a properly noticed Brown Act meeting;

- (d) If compensation is otherwise authorized by statute, should any member of the Board of Directors request compensation for any activity other than a meeting defined by the Brown Act, a majority vote by the Board in favor of the exception shall be required; and
- (e) Each Member of the Board of Directors shall be allowed his or her actual necessary travel and incidental expenses incurred in the performance of official business of the district as approved by the Board. Should any member of the Board of Directors request compensation for any activity other than a meeting, as defined by the Brown Act, a majority vote of the Board is required prior to attending such activity. A Board Member shall be compensated with a stipend not to exceed one hundred dollars (\$100.00) for attending educational seminars related to the official business of the District. This \$100.00 is not subject to any percentage increase and will not count towards the monthly stipend limit for attendance at Brown Act Meetings, it is separate and in addition thereto.

SECTION 3: Upon adoption, this Ordinance shall be entered in the minutes of the Board of Directors and shall be published once in full a newspaper in general circulation within the District.

SECTION 4: The foregoing Ordinance shall become effective on January 1, 2019.

PASSED AND ADOPTED AT A LEGALLY CONVENED MEETING HELD ON THE 14TH DATE OF NOVEMBER 2018, BY THE FOLLOWING VOTE:

AYES _____

NOES _____

ABSTAIN _____

ABSENT _____

Rob Robbins, President
BVCHD Board of Directors

ATTEST

Peter Boss, M.D., Secretary
BVCHD Board of Directors

(SEAL)



Recommendation for Action

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The bill would authorize the district Board of Directors to increase compensation by no more than 5% annually.

The Board of Directors requested that legal counsel create the necessary documents and amend the bylaws so that the Board can discuss and vote on the items at the November Board meeting.

Legal counsel has provided the attached ordinance and an amendment to the District Bylaws.

PROPOSED BOARD BYLAW AMENDMENTS

ARTICLE III

SECTION 7 COMPENSATION

The Board of Directors shall serve without compensation, except that the Board of Directors, by a resolution adopted by a majority vote of the members of the Board, may authorize payment not to exceed one hundred dollars (\$100.00) per Brown Act meeting and not to exceed five (5) Brown Act meetings per month as compensation to each member of the Board of Directors —unless a resolution establishing the need for up to six (6) meetings per month for effective operation of the District is adopted pursuant to California Health and Safety Code section 32103. Board Members shall not be compensated for any month in which the member does not attend any Brown Act meetings. California Health & Safety Code 32103.

Effective January 1, 2019, pursuant to California Health and Safety Code section 32103, Director compensation per Brown Act meeting may be increased by no more than five percent (5%) for each calendar year following the operative date of the last adjustment pursuant to ordinance adopted by the Board of Directors. Any such increase after January 1, 2019 requires majority vote of the Board of Directors at a Brown Act meeting.

Each Member of the Board of Directors shall be allowed his or her actual necessary travel and incidental expenses incurred in the performance of official business of the district as approved by the Board. Should any member of the Board of Directors request compensation for any activity other than a meeting, as defined by the Brown Act, a majority vote of the Board is required prior to attending such activity. A Board Member shall be compensated with a stipend not to exceed one hundred dollars (\$100.00) for attending educational seminars related to the official business of the District. This \$100.00 will not count towards the ~~\$500~~ monthly stipend compensation limit for attendance at Brown Act ~~m~~Meetings, it is separate and in addition thereto.



Board Report

November 2018

Compliance Assessment

Tomi Hagen will present report to Board via webinar.

Debt Capacity Analysis

This consulting engagement has been initiated. Our consultant will be obtaining needed information from Garth and develop report.

Community Health Needs Assessment (CHNA)

We have added to the consulting plan to assist hospital in developing this important plan.

Productivity Assessment

QHR consultants were onsite to conduct the staffing assessment. The report will be complete in late November.

Upcoming Education Events – November

11/13/18 Board Leadership Series Topic #10

November 13, 2018 12:00 - 1:00 pm

11/15/18 Publishing Hospital Prices

November 15, 2018 2:00 - 3:00 pm CST

11/27/18 - 11/29/18 Reimbursement & Regulatory Update: Final Outpatient Physician Fee Schedule Rules 3-part Series

November 27-29, 2018 2:00 - 3:00 pm CST

11/28/18 Daily Workforce Productivity

November 28, 2018 11:00 am - 3:00 pm CST

Other

- Ron Vigus is planning to attend the Board meeting.

Upcoming Projects



- Cost Report Review – following preparation of Cost Report
- Contractual and Bad Debt Analysis
- Productivity Benchmarking Assessment
- Debt Financing Capability Analysis
- Community Health Needs Analysis

Completed Projects

- Mock Survey – Quality and Life Safety
- Compliance Assessment



CNO Monthly Report

TOPIC	UPDATE
1. Regulatory Updates	<ul style="list-style-type: none"> New CAH COPs were published and are currently being reviewed for compliance.
2. Budget/Staffing	<ul style="list-style-type: none"> Overtime and call offs are assessed each shift. Flexing of staff is done daily as warranted by census. All departments participated in the productivity study and are awaiting results.
3. Departmental Reports	
<ul style="list-style-type: none"> Emergency Department 	<ul style="list-style-type: none"> ED remodel project update: New cabinets, countertops, flooring and paint have been installed. Employee photographs will be hung by maintenance department. New patient monitors were installed and are in use. Patient perception workgroup continues to meet and is developing strategies for implementation to improve the patient experience in the ED. Strategies implemented so far include: ED patient information brochure, formal leader rounding, discharge follow up phone calls. ED Manager is working on hiring seasonal staff. ED staff participated in "ownership" training. ED Council met, several opportunities for improvement were identified for the council to work on. BETA Quest for Zero Tier 1, High Risk Chest Pain, award was presented to BVCHD ED at the BETA symposium.
<ul style="list-style-type: none"> Acute 	<ul style="list-style-type: none"> New telemetry system was installed and is in use.
<ul style="list-style-type: none"> Skilled Nursing 	<ul style="list-style-type: none"> Census is currently at 16 (3- pending admissions) residents. BVCHD hosted the Cal HIIN Re-admissions collaborative meeting, with a "networking" opportunity immediately following the meeting. The meeting was well attended by several local hospitals and SNFs. SNF QAPI meeting was held, several QI projects are ongoing. The QAPI team is actively monitoring several POCs that have been submitted to CDPH.

	<ul style="list-style-type: none"> ▪ SNF DSD and one LVN attended MDS data collection and assessment training. ▪ Survey preparation is in process in anticipation of the annual CDPH survey. ▪ Christine Onufrak, has started her new position as the SNF DON.
<ul style="list-style-type: none"> ▪ Surgical Services 	<ul style="list-style-type: none"> ▪ Orthopedic procedures are being done weekly. ▪ Ophthalmic procedures are being done monthly. ▪ OR manager is reviewing possible equipment purchase to prepare for general surgeon/ expanded ortho services. (budgeted purchase) ▪ OR Manager is working on OR supply inventory and ordering in anticipation of a general surgeon. ▪ OR is in need of repair (flooring, painting, medical gases etc.), OR Manager is working with Plant Maintenance director to facilitate repairs.
<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 is working with the DON to improve MDS accuracy, this will be monitored as part of the SNF QAPI program.
<ul style="list-style-type: none"> ▪ Respiratory Therapy 	<ul style="list-style-type: none"> ▪ RT is now attending quarterly nursing skills days to teach competency on EKG and Med Neb administration.
<ul style="list-style-type: none"> ▪ Physical Therapy 	<ul style="list-style-type: none"> ▪ PT is running volumes at budget. ▪ Travel staff will be staying until Thanksgiving. ▪ Regular FT PT returned from FMLA Oct 15th. ▪ New PTA has been hired and plans to start Dec. 3rd. ▪ The department plans to be fully staffed by December with no traveler or registry use. ▪ The Total Gym has been delivered.
<ul style="list-style-type: none"> ▪ Food and Nutritional Services 	<ul style="list-style-type: none"> ▪ Point of Sale system has been approved and will be implemented, the new system will allow for credit card use in the cafeteria as well as payroll deductions for employee cafeteria use. ▪ Dietary policies and manual have started the review process. ▪ FT cook has been hired. ▪ A “grab and go” menu is being developed for additional lunch items available to staff. ▪ FNS department hosted a Halloween themed candlelight dinner for SNF residents.

	<ul style="list-style-type: none"> ▪ RD participated in Mom and Dad Lactation program by observing and mentoring a staff member to become certified.
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 conducting monthly rounds to monitor POC compliance and is reporting findings through Infection Control Committee ▪ Infection Preventionist provided infectious disease PPE training to staff district wide on Sept 28th. ▪ Infection Preventionist is working on annual hand washing competency. ▪ Flu shots have been administered to staff. Employees who declined the flu shot will begin masking as of Nov. 1st- per SB County guidelines.
5. Quality Improvement	<ul style="list-style-type: none"> ▪ SCORE survey department debriefs have been completed. Summaries from the debriefings have been shared with the department manager. ▪ PFAC project for ED lobby and ED art work is in process. Photographs have arrived and are waiting to be hung for display. ▪ PFAC met in August and discussed the following topics: SNF DON candidates, ED Remodel, ED Employee artwork project, suggestion box recommendations, ED patient information guide, End of Term luncheon, recruitment of new members. ▪ PFAC will meet again in December for this cohort's final meeting and a recognition luncheon. ▪ BVCHD received the Quest for Zero Tier One and Tier 2 award for the work done with the PFAC on October 18th. The award was presented at Beta's annual meeting.
6. Policy Updates	<ul style="list-style-type: none"> ▪ Policies reviewed weekly by Policy and Procedure committee.
7. Safety & Products	<ul style="list-style-type: none"> ▪ Workplace Violence training is being provided to all BVCHD staff. ▪ Workplace Violence reports are submitted to CalOSHA on an ongoing basis. ▪ BVCHD participated in the Great Shakeout Earthquake drill on 10/19. ▪ BVCHD will be participating in the Statewide Medical and Health Exercise on Nov15th.
8. Education	<ul style="list-style-type: none"> ▪ BLS Classes scheduled monthly, ACLS & PALS scheduled quarterly ▪ Smoking Cessation classes being held as scheduled. ▪ New employee preceptor program being developed by clinical managers.

	<ul style="list-style-type: none"> ▪ Quarterly skills days were completed for this calendar year. Nursing Leadership will evaluate this year's trainings and develop a plan for the coming year. ▪ Mindray was onsite to provide training to staff Oct 8-10 on the new monitors and telemetry system. ▪ EMTALA training was delayed due to weather (Envision staff member that was scheduled to come is from Florida)
9. Information Items/Concerns	<ul style="list-style-type: none"> ▪ CARE Grant application submitted- proposed project is a community outreach for diabetic education and assistance. 15,000 was requested for the project.
Respectfully Submitted by: <i>Kerri Jex, CNO</i>	
<i>Date: October 31st, 2018</i>	

2018 Surgery Report

Aug-18		
Physician	# of Cases	Procedures
Pautz - DO	2	Carpal Tunnel Release
Pautz - DO	1	ORIF Phalanx Foot
Pautz - DO	1	ORIF Radius
Pautz - DO	1	Fulkerson Osteotomy Knee
Pautz - DO	1	Excision of Ossicle Foot
Critel - CRNA	4	LESI
Critel - CRNA	2	Hip Injection
Critel - CRNA	1	Shoulder Injection
Tayani	2	Cataract
Total	15	
Sep-18		
Physician	# of Cases	Procedures
Pautz - DO	1	Removal of Hardware Ankle
Pautz - DO	1	ORIF Scaphoid
Pautz - DO	1	ORIF Radius/Ulna
Pautz - DO	1	Carpal Tunnel Release
Critel - CRNA	1	Shoulder Injection
Critel - CRNA	2	LESI
Critel - CRNA	1	Wrist Injection
Tayani	17	Cataracts
Total	25	
Oct-18		
Physician	# of Cases	Procedures
Pautz - DO	1	ORIF Wrist
Pautz - DO	1	Rotator Cuff Repair
Pautz - DO	2	Athodesis of Finger Joint
Pautz - DO	1	Carpal Tunnel Release
Pautz - DO	1	Removal of Foreign Body Wrist
Pautz - DO	1	Partial Palmar Fasciectomy
Critel - CRNA	1	Shoulder Injection
Critel - CRNA	1	Knee Injection
Critel - CRNA	2	LESI
Tayani	10	Cataracts
Total	21	
Nov-18		
Physician	# of Cases	Procedures
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		



CHIEF EXECUTIVE OFFICER REPORT

October 2018

CEO Information:

The Mom & Dad Project received Reach Out & Read Grant for \$4,600. This is the second year we have received this grant.

The District had a booth in the village for Halloween. We passed out granola bars. Staff and Foundation Members volunteered.

AHA Rural Health Care Leadership conference is scheduled for February 3 through February 6, 2019 in Phoenix, AZ. If you would like to attend, please contact Administration.

The Emergency Room remodel is complete and looks good. We are continuing to prepare for the winter season.

The District will be hosting a Blood Drive, Tuesday, November 20 at the Brenda Boss Family Resource Center from 9 am to 2 pm. (Attachment)

Participated in the "Real World" Program at Big Bear High School (BBHS) speaking to thirty seniors. Scheduled to speak at the BBHS "AVID" program for freshman on November 16.

We are hosting the Chamber Mixer November 13 at 5:00 pm.

On December 7th, Senior Staff will be meeting with Riverside Community Hospital Senior Team to further develop alliances opportunities. The meeting will begin at 9am in the main conference room.

I have made contact with Ken Rivers, COO for Kaiser Fontana Medical Center regarding opportunities to collaborate to provide services to Kaiser Members at BVCHD.

Marketing:

We are currently advertising the SNF, PT, Auxiliary Mall in the Hall and the Foundation Tree of Lights.

Attachment:

QHR Board Minutes

Auxiliary Mall in the Hall flyer

Blood Drive

November is National Marrow Awareness Month

Every year, more than 14,000 patients get life-threatening diseases that can only be cured with a bone marrow transplant.

Tuesday, Nov. 20
9 AM to 2 PM

PROUDLY HOSTED BY

Bear Valley Community Hospital

41870 Garstin Drive,
Big Bear Lake
in the Brenda Boss Family
Resource Center.

For appointments call
800.879.4484

Expedite your donation by visiting www.LStream.org/ExpressPass

Please be sure to drink plenty of fluids and bring photo identification with proof of age. Donors under the age of 18 must bring a signed LifeStream parental consent form.

To join Be the Match, text **CURE97** to **61474** or visit join.bethematch.org/LS for more information



Are You Someone's Lifesaving Bone Marrow Match?

If you're between 18 to 44 years of age, join the National Marrow Donor Program as a potential marrow donor. Register at a LifeStream donor center or mobile drive (except high schools).

BE THE MATCH

"Ian needed blood and marrow for a long time. LifeStream donors were there. They gave our son a chance."

-JOSE AVILES, IAN'S FATHER

Ian required bone marrow and blood products after being diagnosed with aplastic anemia at 5 years of age.

 **LifeStream**
GIVE HOPE | GIVE LIFE | GIVE BLOOD

WWW.LSTREAM.ORG

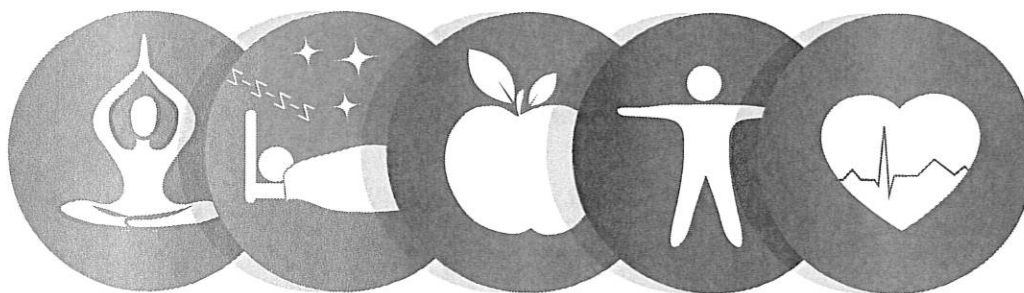
Quorum Board Minutes

Addressing Changes in the Healthcare Landscape



The Move to Wellness

October 2018



With the move towards value-based care, access and wellness are growth initiatives that all hospitals must consider. As hospitals seek to create healthier communities and reduce the cost of care; a robust wellness program has become an expectation for all hospitals.

Hospitals have been working on population health for some time now; however, managing population health *well* is essential to improve access and care for complex health issues (e.g., chronic disease, substance abuse, mental health issues) in your service area.

Market Forces Driving Change: Retail Newcomers

- As we have seen with Walgreens, Wal-Mart and Amazon—there are an unprecedented number of retailers entering the healthcare space. The most recent of these ventures is the CVS Health and Aetna merger, which is in its final stages of negotiation. CVS Health and Aetna illustrate yet another “retail newcomer” changing the way hospitals must do business.
 - ♦ “The two companies say that they will be better able to coordinate care for consumers as the mergers help tighten cost controls. Larry J. Merlo, the chief executive of CVS Health, said in a statement that the approval ‘is an important step toward bringing together the strengths and capabilities of our two companies to improve the consumer health care experience.’”

(Continued)

Achieve Improved Access and Wellness

Every community has a unique mix of healthcare challenges and systems. Here are some imperatives to achieve improved access and wellness for the population you serve:

- Participate in an alternative payment model to access data to reduce resource utilization in a population.
- Utilize data insight to drive greater coordination of care and to create targeted patient engagement strategies.
- Ensure physicians and providers are fully engaged and aligned in a system of care.
- Focus on collaborating with physicians, hospitals and other healthcare providers to achieve coordinated, high quality care for their communities.
- Collaborate with community and governmental organizations can help providers create programs to improve access to housing, healthy food, etc.
- Assess your facility's electronic health record (EHR) system is efficiently capturing patient data to inform care decisions.

To discuss how your organization is working to remain competitive with retail newcomers, talk with your regional vice president.

Read more about this topic:

- <https://www.nytimes.com/2018/10/10/health/cvs-aetna-merger.html>
- <https://www.healthleadersmedia.com/strategy/cvs-aetna-forcing-hospitals-rethink-their-business-models>

Bear Valley Community Hospital Auxiliary
Presents

Holiday **Mall In The Hall** 2018

Its time to visit the Hospital Auxiliary's
annual Mall in the Hall! A GREAT
opportunity to do some early holiday
shopping. The event will feature local
artisans crafts and treasures, See's Candy,
and much much more!

When:

November 26th - 30th
Monday - Thursday, 9AM - 4PM
Friday, 9AM - 1PM

Where:

Bear Valley Community Hospital
41870 Garstin Drive
Big Bear Lake

Bake Sale Wednesday and Thursday!!!

For more information please contact
Judy Moody at Msjmoody52@gmail.com
or Marta Zavaz (951) 316-2794



**Bear Valley Community Healthcare District
FY 2018/2019 Goals**

Goal:

- 1. Maintain financial stability with net income to exceed budget by over \$1million**
- 2. Sustain AR at 65 days.**
- 3. Identify capital-funding sources for retrofit /replacement / expansion project.**
- 4. Complete and implement “Care Collaboration” agreement with Riverside Community Hospital. Specialty focus on telemedicine and ER psychiatric support.**
- 5. In collaboration with Riverside Community Hospital recruit a part time general surgeon, cardiologist and an orthopedic surgeon to BVCHD Medical Staff.**
- 6. Negotiate an agreement with Kaiser for inpatient / outpatient services.**
- 7. QI initiatives;**
 - Implementation of BETA Heart Program, including the following pillars:**
 - Culture of Safety, Rapid Event Detection and Investigation, Transparent Communication, Care for the Care Giver and Response and Recovery**
 - BETA Quest for Zero Tier 1: High Risk Chest Pain in the Emergency Department**
 - BETA Quest for Zero Tier 2: Team STEPPS, and/or TNCC**
 - Implement protocols:**
 - Code Stroke**
 - Code Heart**
 - Code Trauma**

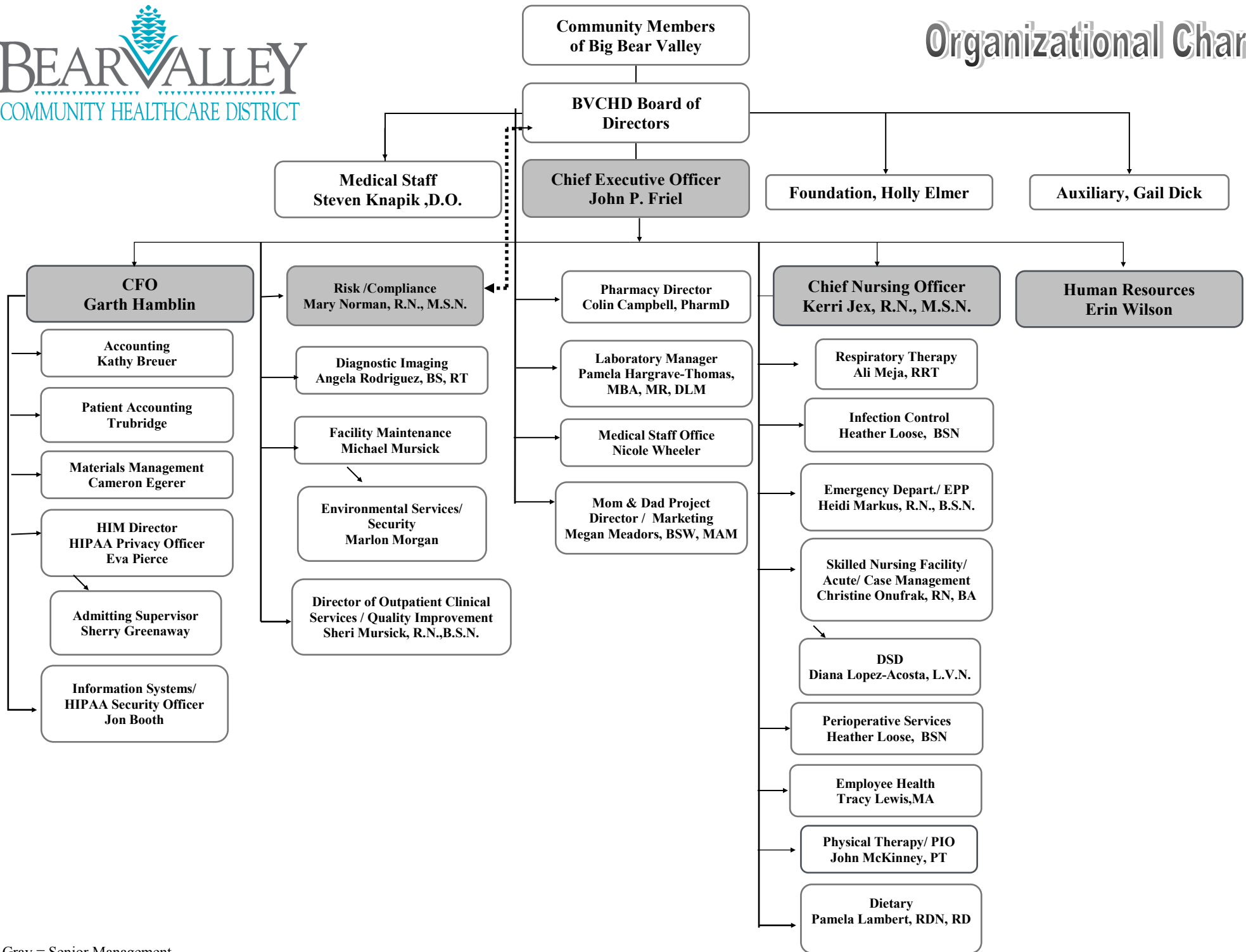


Recommendation for Action

Date: November 06, 2018
To: Board of Directors
From: John Friel
Re: BVCHD Organizational Chart

Recommended Action: To approve BVCHD Organizational Chart as presented.

Background: BVCHD organizational chart has been updated. According to the BVCHD Bylaws the Board of Directors are required to approve the Organizational Chart once changes have been made.



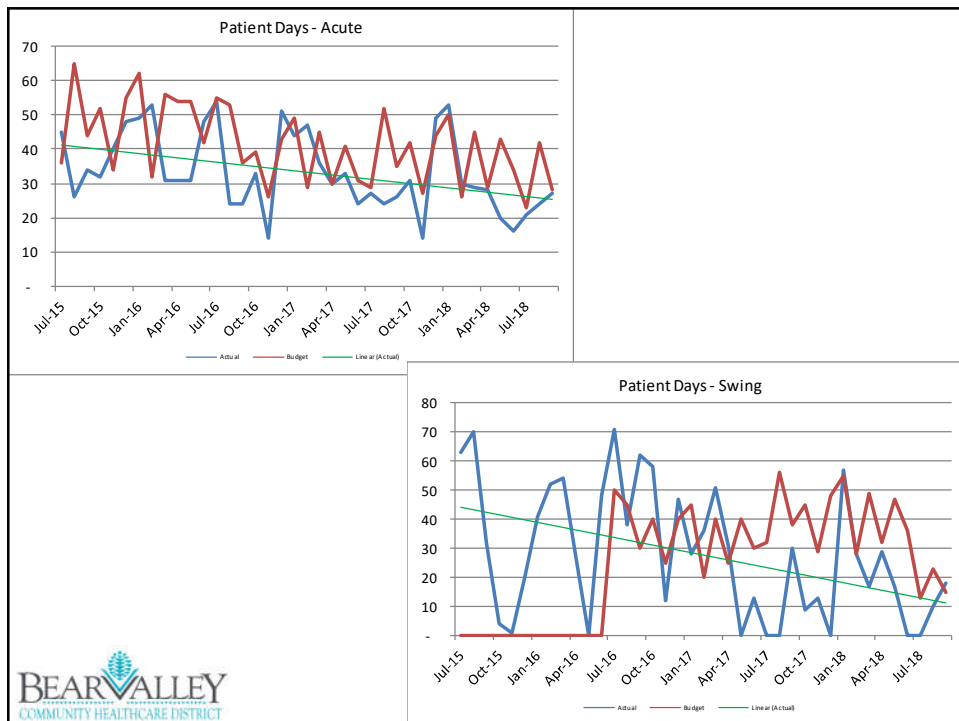
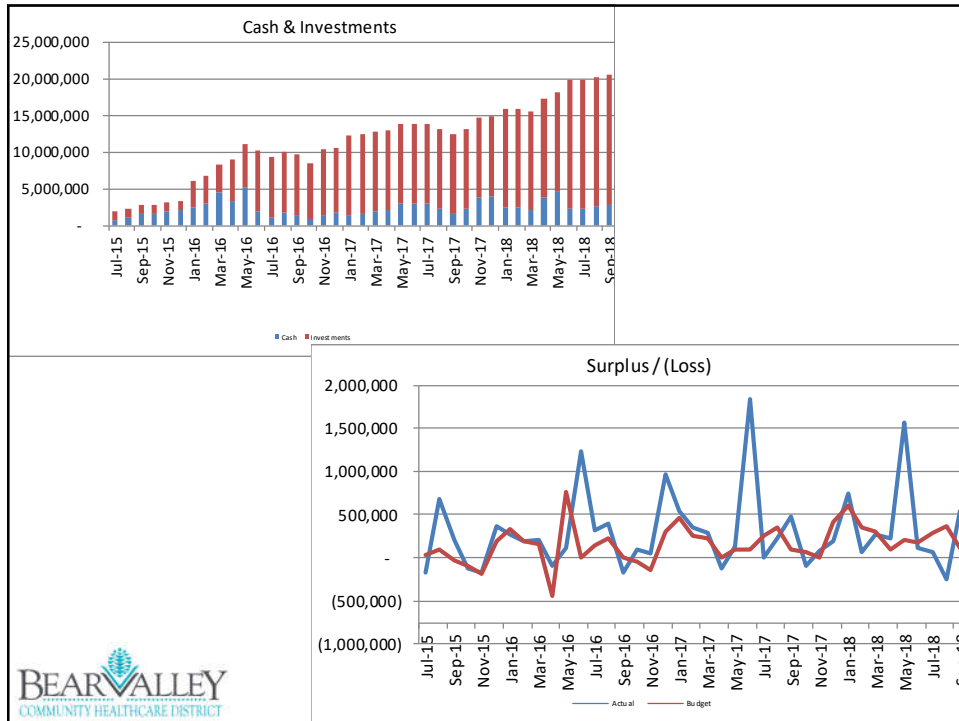


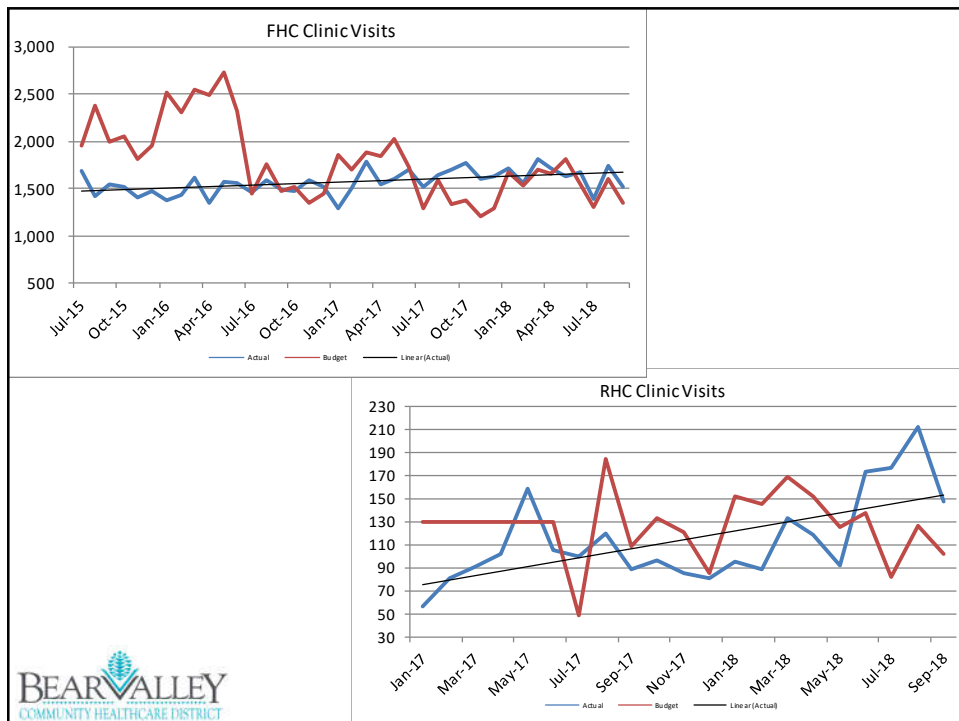
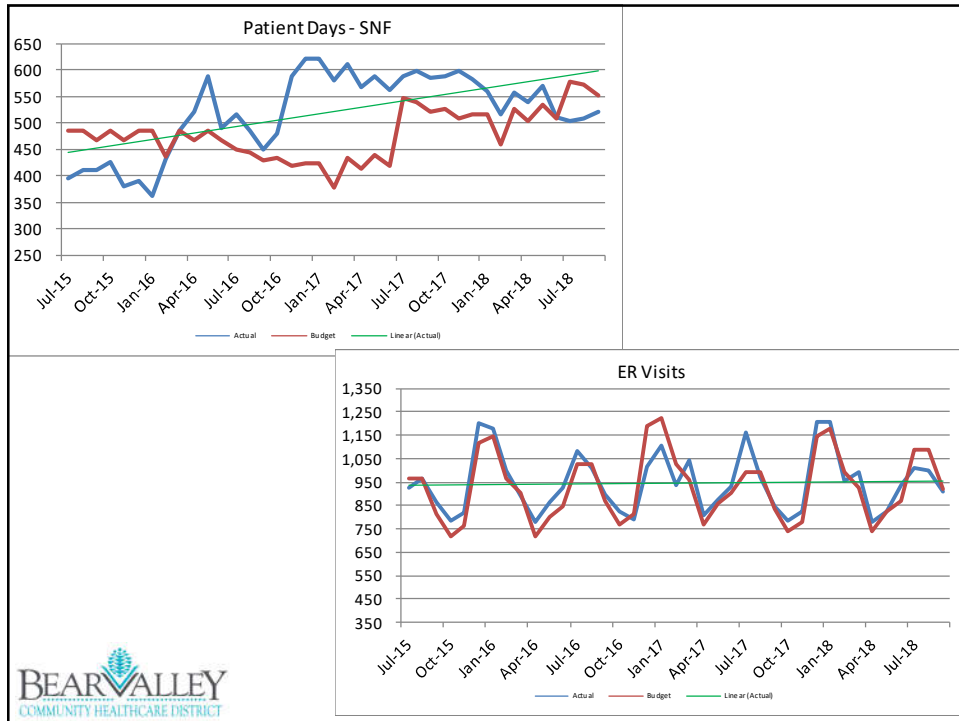
Finance Report
September 2018 Results

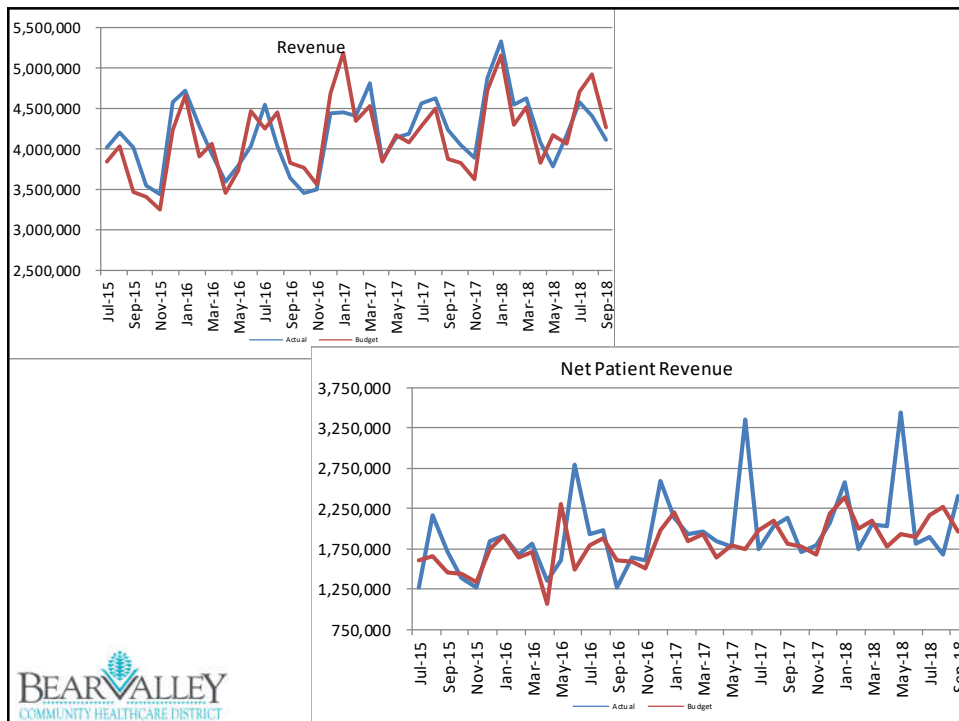
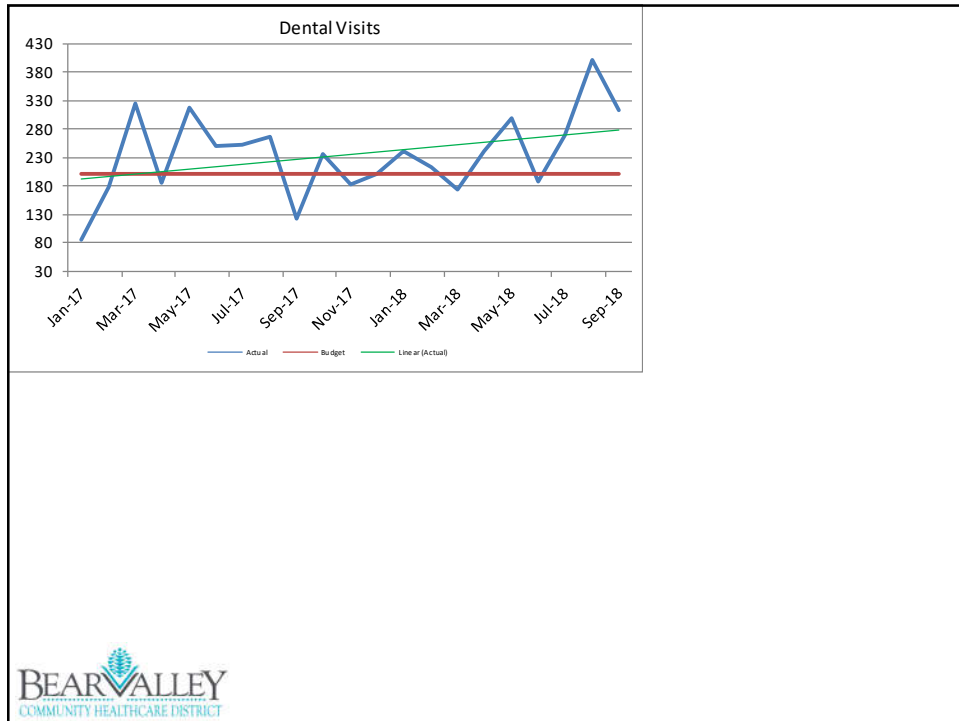
Summary for September 2018

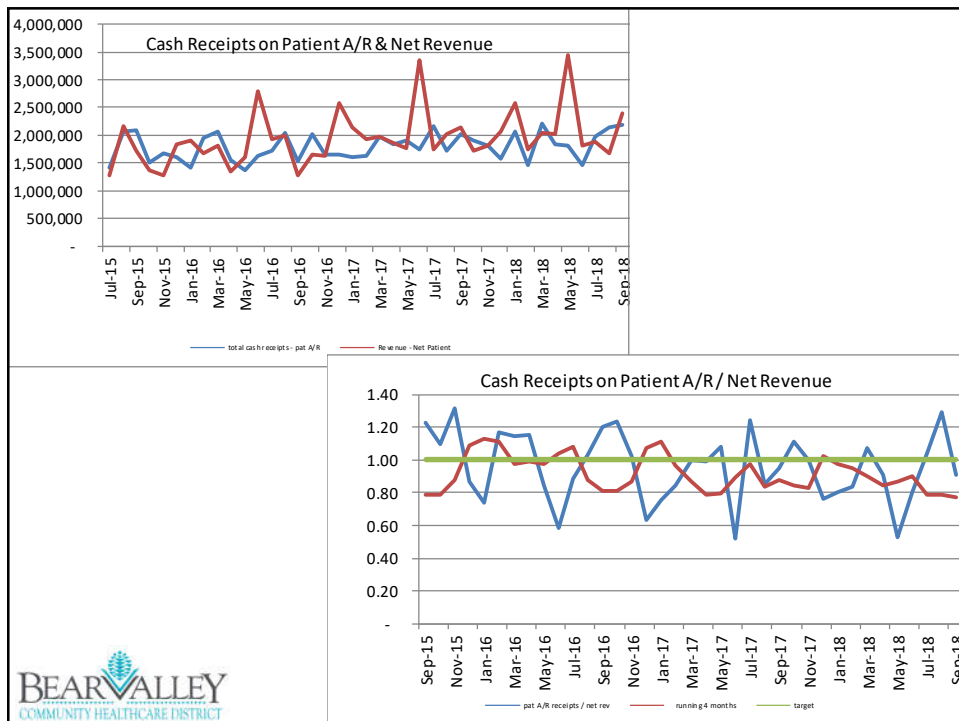
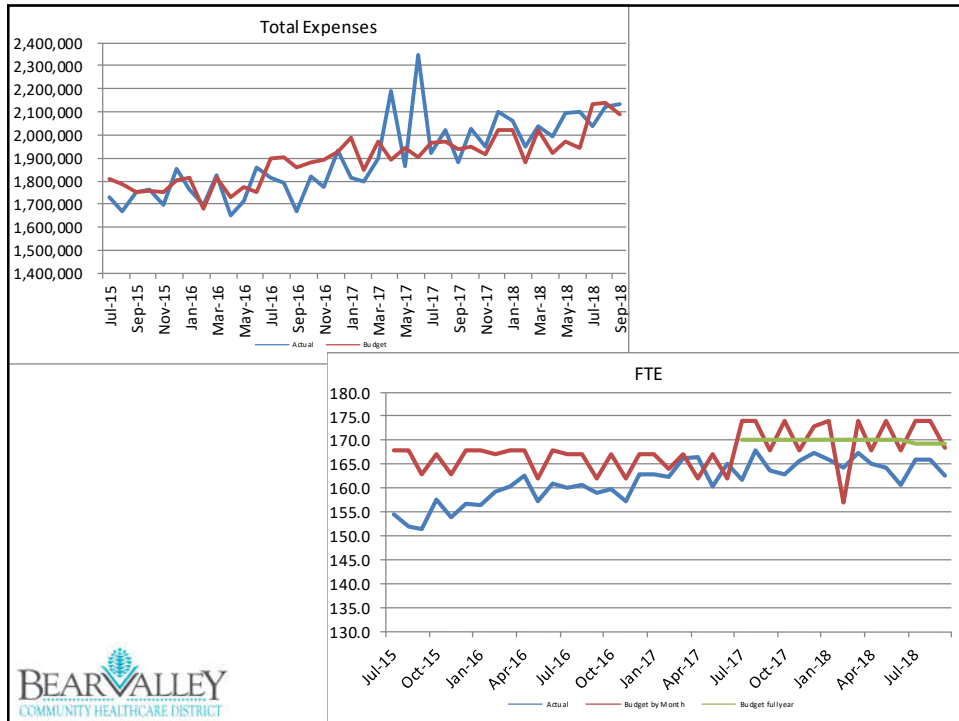
- Cash on Hand - \$ 2,710,313
Investments - \$17,760,225
- Days Cash on hand, including investments with LAIF – 311
- Surplus of \$541,745 for the month is \$427,416 higher than budgeted Surplus
- Total Patient Revenue was under Budget by 3.4% for the month
- Net Patient Revenue was 22.1% over budget.
- Total Expenses were 2.1% higher than budget

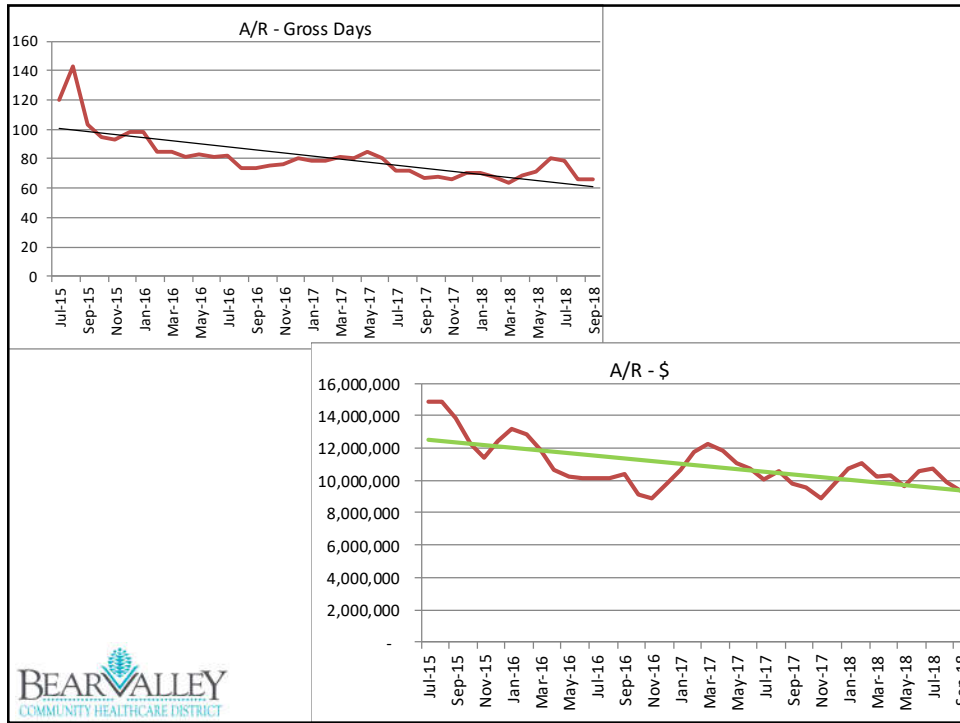














September 2018 Financial Results

For the month . . .

Total Patient Revenue of \$4,111,836 for September was 3.4% under budget. For the month, we saw Patient Days - Acute and Swing close to the budgeted numbers. SNF Days were 5% lower than budget. ER Visits were 1.5% below budget.

Revenue Deductions of \$1,716,760 were 25.2% lower than budget with recording of some favorable prior year Contractual Adjustments in the month.

Total Expenses of \$2,133,270 were 2.1% higher than budget. Salaries, Wages, and Benefits are under budget, but we have needed to supplement some staffing by using Purchased Services. Professional Fees were over budget with higher volumes in Clinics. Supply expense was over budget in several departments including Respiratory Therapy, Pharmacy, and Lab. Purchased Services are over budget in PT and Lab to cover staffing needs. We saw increased expense in RHC due to increased Dental volume.

Our Surplus for the month of September 2018 was \$541,745 - \$427,416 more than budgeted.

Our Operating Cash and Investments total \$20,470,243 as of the end of month. Total days cash on hand as of the end of September 2018 are 311.

Key Statistics

Acute & Swing patient days of 45 for the month were 4.7% over the budgeted amount. SNF days totaled 522, this was 5.0% under budget. Emergency Room visits of 907, just 1.5% lower than budget. Clinic combined visits were 20.2% higher than budget.

FTE continue to be under budget.

Year-to-Date

Total Patient Revenue of \$13,090,002 is 5.7% below budget. Net Patient Revenue of \$5,950,020 is 7.0% below budget. Total Expenses of \$6,289,485 are 1.1% below budget. Our Surplus to the first three months of the fiscal year of \$355,002 is less than half of our budgeted Surplus for the first three months.

Acute days are 23% below budget. Swing days are 45% below budget. SNF days are 10% below budget. ER visits are 5.9% below budget. All clinic visit categories are above budget.

Bear Valley Community Healthcare District
Financial Statements September 30, 2018

Financial Highlights—Hospital
STATEMENT OF OPERATIONS

	A	B	C	D	E	F	G	H	I	J
	Current Month					Year-to-Date				
	FY 17/18	FY 18/19		VARIANCE		FY 17/18	FY 18/19		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
1 Total patient revenue	4,224,893	4,111,836	4,258,736	(146,900)	-3.4%	13,410,408	13,090,002	13,888,040	(798,039)	-5.7%
2 Total revenue deductions	2,092,654	1,716,760	2,296,638	(579,878)	-25.2%	7,514,176	7,139,981	7,489,501	(349,520)	-4.7%
3 % Deductions	50%	42%	54%			56%	55%	54%		
4 Net Patient Revenue	2,132,239	2,395,076	1,962,098	432,979	22.1%	5,896,232	5,950,020	6,398,539	(448,519)	-7.0%
5 % Net to Gross	50%	58%	46%			44%	45%	46%		
6 Other Revenue	20,043	11,170	46,274	(35,104)	-75.9%	62,450	50,205	139,444	(89,239)	-64.0%
7 Total Operating Revenue	2,152,282	2,406,246	2,008,372	397,875	19.8%	5,958,682	6,000,226	6,537,984	(537,758)	-8.2%
8 Total Expenses	1,883,559	2,133,270	2,088,762	44,508	2.1%	5,825,704	6,289,485	6,359,826	(70,340)	-1.1%
9 % Expenses	45%	52%	49%			43%	48%	46%		
10 Surplus (Loss) from Operations	268,723	272,977	(80,390)	353,367	439.6%	132,978	(289,260)	178,158	(467,418)	262.4%
11 % Operating margin	6%	7%	-2%			1%	-2%	1%		
12 Total Non-operating	208,290	268,768	194,719	74,049	38.0%	577,544	644,262	584,158	60,104	10.3%
13 Surplus/(Loss)	477,013	541,745	114,329	427,416	-373.8%	710,522	355,002	762,316	(407,314)	53.4%
14 % Total margin	11%	13%	3%			5%	3%	5%		

BALANCE SHEET

	A	B	C	D	E
	September	September	August		
	FY 17/18	FY 18/19	FY 18/19	VARIANCE	
				Amount	%
15 Gross Accounts Receivables	9,817,444	9,393,508	9,857,546	(464,038)	-4.7%
16 Net Accounts Receivables	4,001,787	3,246,260	3,731,787	(485,527)	-13.0%
17 % Net AR to Gross AR	41%	35%	38%		
18 Days Gross AR	67.0	66.0	66.2	(0.2)	-0.3%
19 Cash Collections	2,025,147	2,183,830	2,143,485	40,345	1.9%
20 Settlements/IGT Transactions	-	-	-	-	#DIV/0!
21 Investments	10,921,640	17,760,225	17,562,903	197,322	1.1%
22 Cash on hand	1,483,027	2,710,313	2,551,340	158,973	6.2%
23 Total Cash & Invest	12,404,667	20,470,538	20,114,243	356,295	1.8%
24 Days Cash & Invest	201	311	312	(1)	-0.2%
Total Cash and Investments	12,404,667	20,470,538			
Increase Current Year vs. Prior Year		8,065,871			

Bear Valley Community Healthcare District
Financial Statements September 30, 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	150,843	132,469	161,747	(29,279)	-18.1%	345,144	328,253	527,378	(199,125)	-37.8%
2 Outpatient	1,063,953	846,425	955,182	(108,757)	-11.4%	3,138,856	2,750,541	3,026,837	(276,296)	-9.1%
3 Clinic Revenue	339,870	359,375	326,606	32,768	10.0%	1,057,365	1,124,736	1,026,407	98,329	9.6%
4 Emergency Room	2,407,574	2,533,903	2,562,752	(28,849)	-1.1%	8,079,110	8,194,614	8,533,000	(338,386)	-4.0%
5 Skilled Nursing Facility	262,653	239,665	252,448	(12,783)	-5.1%	789,933	691,857	774,418	(82,561)	-10.7%
6 Total patient revenue	4,224,893	4,111,836	4,258,736	(146,900)	-3.4%	13,410,408	13,090,002	13,888,040	(798,039)	-5.7%
Revenue Deductions										
7 Contractual Allow	1,994,911	2,039,158	2,145,453	(106,295)	-5.0%	6,735,653	6,712,861	6,996,474	(283,613)	-4.1%
8 Contractual Allow PY	1,249	(700,000)	-	(700,000)	#DIV/0!	1,712	(699,938)	-	(699,938)	#DIV/0!
9 Charity Care	-	28,015	8,943	19,072	213.3%	20,517	43,358	29,165	14,193	48.7%
10 Administrative	169,442	6,849	8,092	(1,243)	-15.4%	283,364	10,473	26,388	(15,915)	-60.3%
11 Policy Discount	7,202	12,381	6,388	5,993	93.8%	30,674	41,986	20,832	21,154	101.5%
12 Employee Discount	3,938	6,356	3,407	2,949	86.6%	17,748	24,338	11,111	13,227	119.0%
13 Bad Debts	45,428	169,560	124,355	45,205	36.4%	55,375	571,562	405,531	166,031	40.9%
14 Denials	190,797	154,441	-	154,441	#DIV/0!	369,133	435,342	-	435,342	#DIV/0!
15 Total revenue deductions	2,092,654	1,716,760	2,296,638	(579,878)	-25.2%	7,514,176	7,139,981	7,489,501	(349,520)	-4.7%
16 Net Patient Revenue	2,132,239	2,395,076	1,962,098	432,979	22.1%	5,896,232	5,950,020	6,398,539	(448,519)	-7.0%
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	20,043	11,170	46,274	(35,104)	-75.9%	62,450	50,205	139,444	(89,239)	-64.0%
18 Total Operating Revenue	2,152,282	2,406,246	2,008,372	397,875	19.8%	5,958,682	6,000,226	6,537,984	(537,758)	-8.2%
Expenses										
19 Salaries	802,366	831,600	846,926	(15,326)	-1.8%	2,444,397	2,608,131	2,597,537	10,594	0.4%
20 Employee Benefits	300,954	289,066	351,236	(62,170)	-17.7%	906,144	885,635	1,056,019	(170,384)	-16.1%
21 Registry	-	-	-	-	#DIV/0!	12,718	-	-	-	#DIV/0!
22 Salaries and Benefits	1,103,320	1,120,666	1,198,162	(77,496)	-6.5%	3,363,259	3,493,766	3,653,556	(159,790)	-4.4%
23 Professional fees	149,941	174,907	158,717	16,190	10.2%	472,948	529,723	481,183	48,540	10.1%
24 Supplies	101,350	136,991	127,759	9,232	7.2%	368,111	393,695	400,869	(7,174)	-1.8%
25 Utilities	43,009	42,464	43,381	(917)	-2.1%	127,560	133,135	130,773	2,362	1.8%
26 Repairs and Maintenance	35,825	32,405	27,960	4,445	15.9%	77,525	72,891	84,108	(11,217)	-13.3%
27 Purchased Services	281,012	457,562	342,841	114,722	33.5%	929,175	1,156,350	1,039,239	117,111	11.3%
28 Insurance	25,762	28,258	26,975	1,283	4.8%	77,286	84,773	80,925	3,848	4.8%
29 Depreciation	58,815	76,489	81,667	(5,178)	-6.3%	156,545	229,466	245,001	(15,535)	-6.3%
30 Rental and Leases	35,360	11,219	21,112	(9,893)	-46.9%	121,784	34,149	63,336	(29,187)	-46.1%
32 Dues and Subscriptions	5,725	5,879	5,910	(31)	-0.5%	16,670	19,862	17,730	2,132	12.0%
33 Other Expense	43,441	46,430	54,278	(7,848)	-14.5%	114,843	141,677	163,106	(21,429)	-13.1%
34 Total Expenses	1,883,559	2,133,270	2,088,762	44,508	2.1%	5,825,704	6,289,485	6,359,826	(70,340)	-1.1%
35 Surplus (Loss) from Operations	268,723	272,977	(80,390)	353,367	439.6%	132,978	(289,260)	178,158	(467,418)	262.4%
Non-Operating Income										
37 Tax Revenue	186,047	184,244	184,244	(0)	0.0%	558,141	552,732	552,733	(1)	0.0%
38 Other non-operating	(130)	35	3,133	(3,098)	-98.9%	10,117	15,300	9,399	5,901	62.8%
Interest Income	30,375	92,115	15,125	76,990	509.0%	32,907	99,116	45,375	53,741	118.4%
Interest Expense	(8,002)	(7,626)	(7,783)	157	-2.0%	(23,621)	(22,886)	(23,349)	463	-2.0%
IGT Expense	-	-	-	-	#DIV/0!	-	-	-	-	#DIV/0!
39 Total Non-operating	208,290	268,768	194,719	74,049	38.0%	577,544	644,262	584,158	60,104	10.3%
40 Surplus/(Loss)	477,013	541,745	114,329	427,416	-373.8%	706,522	358,002	762,316	(407,314)	53.4%

**Bear Valley Community Healthcare District
Financial Statements**

Current Year Trending Statement of Operations

A Statement of Operations—CURRENT YEAR 2019

		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	74,791	120,993	132,469										328,253
2	Outpatient	972,222	931,894	846,425										2,750,541
3	Clinic	342,650	422,712	359,375										1,124,736
4	Emergency Room	2,957,516	2,703,194	2,533,903										8,194,614
5	Skilled Nursing Facility	223,604	228,589	239,665										691,857
6	Total patient revenue	4,570,784	4,407,382	4,111,836	-	-	-	-	-	-	-	-	-	13,090,002
Revenue Deductions		C/A	0.51	0.53	0.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.51
7	Contractual Allow	2,320,958	2,352,744	2,039,158										6,712,861
8	Contractual Allow PY	62	-	(700,000)										(699,938)
9	Charity Care	15,343	-	28,015										43,358
10	Administrative	806	2,818	6,849										10,473
11	Policy Discount	13,989	15,616	12,381										41,986
12	Employee Discount	12,793	5,188	6,356										24,338
13	Bad Debts	215,076	186,926	169,560										571,562
14	Denials	103,506	177,395	154,441										435,342
15	Total revenue deductions	2,682,534	2,740,687	1,716,760	-	-	-	-	-	-	-	-	-	7,139,981
16	Net Patient Revenue	1,888,250	1,666,694	2,395,076	-	-	-	-	-	-	-	-	-	5,950,020
	net / tot pat rev	41.3%	37.8%	58.2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	45.5%
17	Other Revenue	19,441	19,594	11,170										50,205
18	Total Operating Revenue	1,907,691	1,686,288	2,406,246	-	-	-	-	-	-	-	-	-	6,000,226
Expenses														
19	Salaries	885,068	891,463	831,600										2,608,131
20	Employee Benefits	303,328	293,241	289,066										885,635
21	Registry	-	-	-										-
22	Salaries and Benefits	1,188,396	1,184,704	1,120,666	-	-	-	-	-	-	-	-	-	3,493,766
23	Professional fees	173,695	181,120	174,907										529,723
24	Supplies	121,217	135,487	136,991										393,695
25	Utilities	46,712	43,958	42,464										133,135
26	Repairs and Maintenance	17,407	23,079	32,405										72,891
27	Purchased Services	325,455	373,332	457,562										1,156,350
28	Insurance	28,258	28,258	28,258										84,773
29	Depreciation	76,489	76,489	76,489										229,466
30	Rental and Leases	11,421	11,509	11,219										34,149
32	Dues and Subscriptions	6,882	7,101	5,879										19,862
33	Other Expense.	40,078	55,169	46,430										141,677
34	Total Expenses	2,036,009	2,120,207	2,133,270	-	-	-	-	-	-	-	-	-	6,289,485
35	Surplus (Loss) from Operations	(128,318)	(433,918)	272,977	-	-	-	-	-	-	-	-	-	(289,260)
36	Non-Operating Income													
37	Tax Revenue	184,244	184,244	184,244										552,732
38	Other non-operating	15,020	245	35										15,300
	Interest Income	543	6,457	92,115										99,116
	Interest Expense	(7,638)	(7,621)	(7,626)										(22,886)
	IGT Expense													-
39	Total Non-operating	192,169	183,325	268,768	-	-	-	-	-	-	-	-	-	644,262
40	Surplus/(Loss)	63,851	(250,594)	541,745	-	-	-	-	-	-	-	-	-	355,002

2018-19 Actual BS

BALANCE SHEET

Includes Final Entries 6-30-18

		PY			
		July	Aug	Sept	June
ASSETS:					
Current Assets					
Cash and Cash Equivalents (Includes CD's)		2,296,309	2,551,340	2,710,313	2,253,824
Gross Patient Accounts Receivable		10,740,258	9,856,844	9,392,893	10,597,934
Less: Reserves for Allowances & Bad Debt		6,470,520	6,125,057	6,146,633	6,413,352
Net Patient Accounts Receivable		4,269,738	3,731,787	3,246,260	4,184,582
Tax Revenue Receivable		2,210,931	2,210,931	2,210,931	52,044
Other Receivables		50,484	78,234	93,056	96,628
Inventories		130,292	134,606	136,936	129,318
Prepaid Expenses		299,848	293,739	345,377	199,838
Due From Third Party Payers		0	0		
Due From Affiliates/Related Organizations		0	0		
Other Current Assets		0	0		
Total Current Assets		9,257,602	9,000,637	8,742,873	6,916,233
Assets Whose Use is Limited					
Investments		17,668,421	17,668,421	17,760,225	17,668,421
Other Limited Use Assets		144,375	144,375	144,375	144,375
Total Limited Use Assets		17,812,796	17,812,796	17,904,600	17,812,796
Property, Plant, and Equipment					
Land and Land Improvements		570,615	570,615	570,615	570,615
Building and Building Improvements		9,758,672	9,772,522	9,772,522	9,758,672
Equipment		11,779,820	11,844,577	11,912,516	11,761,910
Construction In Progress		48,953	101,798	127,293	32,516
Capitalized Interest					
Gross Property, Plant, and Equipment		22,158,060	22,289,512	22,382,945	22,123,712
Less: Accumulated Depreciation		13,685,197	13,761,686	13,838,174	13,608,708
Net Property, Plant, and Equipment		8,472,863	8,527,826	8,544,771	8,515,004
TOTAL UNRESTRICTED ASSETS		35,543,261	35,341,260	35,192,244	33,244,034
Restricted Assets		0	0	0	0
TOTAL ASSETS		35,543,261	35,341,260	35,192,244	31,316,969

2018-19 Actual BS

BALANCE SHEET

Includes Final Entries 6-30-18

LIABILITIES:

	PY			
	July	Aug	Sept	June
Current Liabilities				
Accounts Payable	954,160	880,513	1,028,412	906,103
Notes and Loans Payable				
Accrued Payroll	705,323	806,989	844,952	758,370
Patient Refunds Payable				
Due to Third Party Payers (Settlements)	3,983,651	4,173,225	3,473,225	3,769,980
Advances From Third Party Payers				
Current Portion of Def Rev - TxS,	2,061,687	1,877,443	1,693,199	35,000
Current Portion - LT Debt	35,000	35,000	35,000	35,000
Current Portion of AB915				
Other Current Liabilities (Accrued Interest & Accrued Other)	7,630	22,873	30,494	7,621
Total Current Liabilities	7,747,451	7,796,043	7,105,281	5,512,074
Long Term Debt				
USDA Loan	2,895,000	2,895,000	2,895,000	2,895,000
Leases Payable	0	0	0	0
Less: Current Portion Of Long Term Debt	35,000	35,000	35,000	35,000
Total Long Term Debt (Net of Current)	2,860,000	2,860,000	2,860,000	2,860,000
Other Long Term Liabilities				
Deferred Revenue	0	0	0	0
Other	0	0	0	0
Total Other Long Term Liabilities	0	0	0	0
TOTAL LIABILITIES	10,607,451	10,656,043	9,965,281	8,372,074
Fund Balance				
Unrestricted Fund Balance	24,871,960	24,871,960	24,871,960	20,663,982
Temporarily Restricted Fund Balance	0	0		
Equity Transfer from FRHG	0	0		
Net Revenue/(Expenses)	63,851	-186,743	355,003	4,207,978
TOTAL FUND BALANCE	24,935,811	24,685,217	25,226,963	24,871,960
TOTAL LIABILITIES & FUND BALANCE	35,543,261	35,341,260	35,192,244	33,244,034

Units of Service
For the period ending: September 30, 2018

30						92						
Current Month						Bear Valley Community Hospital						
Sep-18		Sep-17	Actual -Budget		Act.-Act.		Sep-18		Sep-17	Actual -Budget		Act.-Act.
Actual	Budget	Actual	Variance	Var %	Var %		Actual	Budget	Actual	Variance	Var %	Var %
27	28	26	(1)	-3.6%	3.8%	Med Surg Patient Days	72	93	77	(21)	-22.6%	-6.5%
18	15	18	3	20.0%	0.0%	Swing Patient Days	28	51	28	(23)	-45.1%	0.0%
522	552	586	(30)	-5.4%	-10.9%	SNF Patient Days	1,531	1,702	1,772	(171)	-10.0%	-13.6%
567	595	630	(28)	-4.7%	-10.0%	Total Patient Days	1,631	1,846	1,877	(215)	-11.6%	-13.1%
16	14	13	2	14.3%	23.1%	Acute Admissions	35	42	37	(7)	-16.7%	-5.4%
14	14	12	-	0.0%	16.7%	Acute Discharges	32	42	39	(10)	-23.8%	-17.9%
1.9	2.0	2.2	(0.1)	-3.6%	-11.0%	Acute Average Length of Stay	2.3	2.2	2.0	0.0	1.6%	14.0%
0.9	0.9	0.9	(0.0)	-3.6%	3.8%	Acute Average Daily Census	0.8	1	0.8	(0.2)	-22.6%	-6.5%
18.0	18.9	20.1	(0.9)	-4.8%	-10.6%	SNF/Swing Avg Daily Census	16.9	19	19.6	(2.1)	-11.1%	-13.4%
18.9	19.8	21.0	(0.9)	-4.7%	-10.0%	Total Avg. Daily Census	17.7	20	20.4	(2.3)	-11.6%	-13.1%
42%	44%	47%	-2%	-4.7%	-10.0%	% Occupancy	39%	45%	45%	-5%	-11.6%	-13.1%
7	13	11	(6)	-46.2%	-36.4%	Emergency Room Admitted	29	39	33	(10)	-25.6%	-12.1%
900	908	837	(8)	-0.9%	7.5%	Emergency Room Discharged	2,888	3,062	2,943	(174)	-5.7%	-1.9%
907	921	848	(14)	-1.5%	7.0%	Emergency Room Total	2,917	3,101	2,976	(184)	-5.9%	-2.0%
30	31	28	(0)	-1.5%	7.0%	ER visits per calendar day	32	34	32	(2)	-5.9%	-2.0%
44%	93%	85%	-33%	-35.9%	-48.3%	% Admits from ER	83%	93%	89%	70%	75.4%	-7.1%
-	-	-	-	0.0%	#DIV/0!	Surgical Procedures I/P	-	-	-	-	0.0%	#DIV/0!
21	10	18	11	110.0%	16.7%	Surgical Procedures O/P	37	28	45	9	32.1%	-17.8%
21	10	18	11	110.0%	16.7%	TOTAL Procedures	37	28	45	9	32.1%	-17.8%
1,060	1,013	-	47	0.0%	#DIV/0!	Surgical Minutes Total	2,963	3,107	250	(144)	-4.6%	1085.2%

Units of Service
For the period ending: September 30, 2018

Bear Valley Community Hospital												
Current Month						Year-To-Date						
Sep-18		Sep-17	Actual -Budget		Act.-Act.	Sep-18		Sep-17	Actual -Budget		Act.-Act.	
Actual	Budget	Actual	Variance	Var %	Var %	Actual	Budget	Actual	Variance	Var %	Var %	
6,141	5,938	6,003	203	3.4%	2.3%	Lab Procedures	20,183	18,779	19,712	1,404	7.5%	2.4%
774	685	778	89	13.0%	-0.5%	X-Ray Procedures	2,431	2,242	1,794	189	8.4%	35.5%
228	223	270	5	2.2%	-15.6%	C.T. Scan Procedures	824	748	788	76	10.2%	4.6%
220	221	241	(1)	-0.5%	-8.7%	Ultrasound Procedures	693	690	720	3	0.4%	-3.8%
68	62	79	6	9.7%	-13.9%	Mammography Procedures	166	186	229	(20)	-10.8%	-27.5%
276	272	285	4	1.5%	-3.2%	EKG Procedures	847	926	946	(79)	-8.5%	-10.5%
139	115	79	24	20.9%	75.9%	Respiratory Procedures	323	332	293	(9)	-2.7%	10.2%
1,315	1,296	1,332	19	1.5%	-1.3%	Physical Therapy Procedures	4,576	3,838	3,940	738	19.2%	16.1%
1,669	1,448	1,788	221	15.2%	-6.7%	Primary Care Clinic Visits	5,178	4,568	5,157	610	13.3%	0.4%
312	200	123	112	56.0%	153.7%	Specialty Clinic Visits	980	600	640	380	63.3%	53.1%
1,981	1,648	1,911	333	20.2%	3.7%	Clinic	6,158	5,168	5,797	990	19.1%	6.2%
76	63	74	13	20.2%	3.7%	Clinic visits per work day	34	28	32	5	19.1%	6.2%
19.6%	20.00%	20.10%	-0.40%	-2.00%	-2.49%	% Medicare Revenue	20.47%	20.00%	19.63%	0.47%	2.33%	4.24%
37.90%	39.00%	42.50%	-1.10%	-2.82%	-10.82%	% Medi-Cal Revenue	36.70%	39.00%	39.97%	-2.30%	-5.90%	-8.17%
38.50%	36.00%	33.30%	2.50%	6.94%	15.62%	% Insurance Revenue	38.00%	36.00%	36.17%	2.00%	5.56%	5.07%
4.00%	5.00%	4.10%	-1.00%	-20.00%	-2.44%	% Self-Pay Revenue	4.83%	5.00%	4.23%	-0.17%	-3.33%	14.17%
140.4	151.82	144.7	(11.4)	-7.5%	-2.9%	Productive FTE's	141.41	155.19	145.2	(13.8)	-8.9%	-2.6%
162.7	168.38	163.8	(5.7)	-3.4%	-0.6%	Total FTE's	164.87	172.13	164.5	(7.3)	-4.2%	0.2%



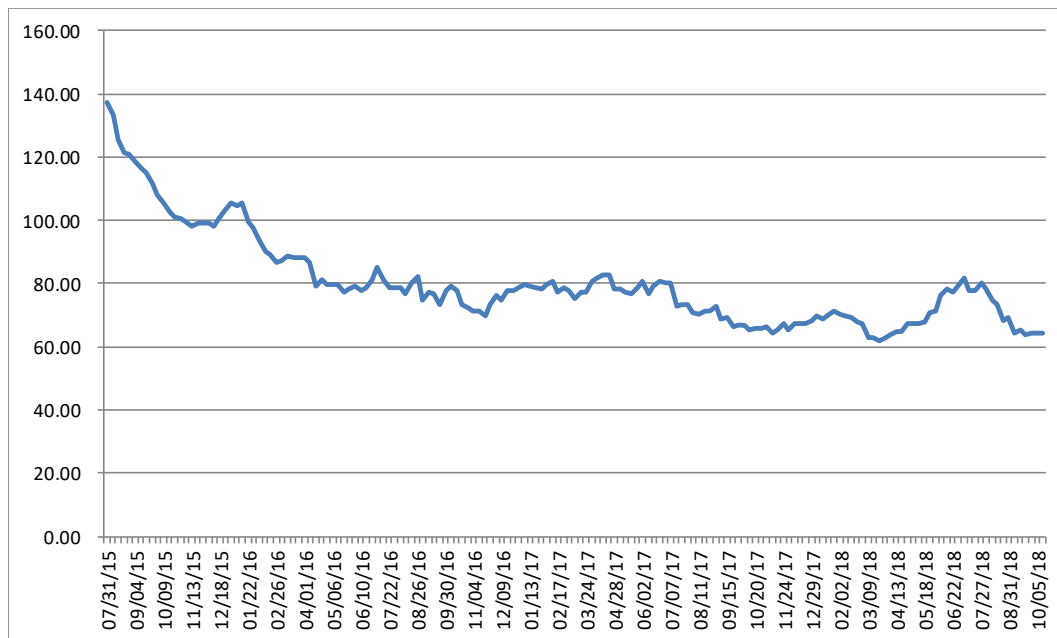
CFO REPORT for

November 2018 Finance and Board meetings

TruBridge – Accounts Receivable Management

Accounts Receivable days are averaging 64.4 over the last six weeks. Graphs in the finance report show monthly trends of reductions in Accounts Receivable days and Gross dollars.

Below is a graph of A/R days by week going back to August 2015.



Productivity Benchmarking Assessment

Staff from QHR were on-site on October 24th and 25th meeting with Department Managers relating to the work on the Productivity Benchmarking Assessment. The current plan is to have a draft report ready for review in November - just after Thanksgiving. The final findings will be presented to department managers and the board in December.

Debt Capacity Assessment

We have begun working with folks from QHR relative to an assessment of our debt capacity in anticipation of the decision on the facility project. We have provided recent financial statements as well as other information for their review.