



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

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

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**BOARD OF DIRECTORS BUSINESS MEETING AGENDA**  
**Wednesday, October 10, 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)

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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.

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**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) QI Management Report

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

(1) FUNDamental Concept Agreement (Grant Writer)

(Disclosure 10/10/18)

**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.** 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: (Summary Attached)
  - (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



**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

**11. NEW BUSINESS\***

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

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

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

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

**12. ACTION ITEMS\***

**A. Acceptance of QHR Report**

Ron Vigus, QHR

- (1) October 2018 QHR Report

**B. Acceptance of CNO Report**

Kerri Jex, Chief Nursing Officer

- (1) September 2018 CNO Report

**C. Acceptance of the CEO Report**

John Friel, Chief Executive Officer

- (1) September 2018 CEO Report

**D. Acceptance of the Finance Report & CFO Report**

Garth Hamblin, Chief Financial Officer

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

**13. ADJOURNMENT\***

**\* Denotes Possible Action Items**

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT  
BUSINESS BOARD MEETING MINUTES  
41870 Garstin Drive, Big Bear Lake, Ca. 92315  
September 12, 2018**

**PRESENT:** Rob Robbins, President  
Gail McCarthy 1<sup>st</sup> Vice President  
Jack Roberts, 2<sup>nd</sup> Vice President  
Donna Nicely, Treasurer

Peter Boss, MD, Secretary  
Shelly Egerer, Exe. Assistant

**ABSENT:** Gail Dick, Aux. President  
Sheri Mursick

Holly Elmer, Foundation President  
John Friel, CEO

**STAFF:** Garth Hamblin      Erin Wilson      Steven Knapik, DO  
Kerri Jex                  Mary Norman      Nicole Wheeler

**OTHER:** Ken Ward, QHR

**COMMUNITY  
MEMBERS:** Mason Perry

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**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 Roberts to adjourn to Closed Session. President Robbins called for a vote. A vote in favor of the motion was 5/0.**

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

**RECONVENE TO OPEN SESSION**

**1. CALL TO ORDER:**

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

**2. ROLL CALL:**

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

**3. FLAG SALUTE:**

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

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

**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:
    - Charles Egan, MD – Renaissance Radiology
    - Anish Patel, MD – Renaissance Radiology
    - Derek Stadie, MD – Emergency Department
    - Bhani Kondal, MD – General Surgery
  - Request for Reappointment:
    - John Lin, MD- Renaissance Radiology
    - Gary Wade, MD- Renaissance Radiology
    - Martin Edwards, MD- Renaissance Radiology
    - Marcelo Spector, MD- Renaissance Radiology
    - Ryan Cramer, MD- Renaissance Radiology
    - Philip Ho, MD- Renaissance Radiology
    - John Holden, MD- Renaissance Radiology
    - Lori Serwatka, MD- Renaissance Radiology
    - Gregory Lepkowski, MD- Emergency Medicine
    - Hetal Patel, MD- Emergency Medicine
    - Stephanie Harris, CRNA- Nurse Anesthetist
    - Rebecca Tokuhara, CRNA- Nurse Anesthetist
    - Sherrill Reynolds, LCSW- Licensed Clinical Social Worker
- Risk Report
- QI Report



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

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

**6. PUBLIC FORUM FOR OPEN SESSION:**

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

**7. DIRECTORS COMMENTS**

- None

**8. INFORMATION REPORTS:**

**A. Foundation Report:**

- Ms. Elmer was not present to provide a report.

**B. Auxiliary Report:**

- Ms. Dick was not present to provide a report.

**9. CONSENT AGENDA:**

**A. August 15, 2018 Board of Directors Meeting Minutes: Shelly Egerer, Executive Assistant**

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

**C. August 2018 Human Resource Report: Erin Wilson, Human Resource Director**

**D. August 2018 Infection Prevention Report: Heather Loose, Infection Preventionist**

**E. Policies & Procedures:**

- (1) Cash Handling
- (2) Extended Sick Leave
- (3) FMLA/CFRA Leaves of Absence
- (4) Meal and Rest Breaks
- (5) Paid Time Off

**F. Board of Directors; Committee Meeting Minutes:**

- (1) June 28, 2018 Planning & Facilities Committee Meeting Minutes
- (2) June 20, 2018 Special Human Resource Committee Meeting Minutes
- (3) July 03, 2018 Finance Committee Meeting Minutes
- (4) August 13, 2018 Finance Committee Meeting Minutes

- Board Member Roberts reported that he had found a typo on page 5 of the August 15, 2018 Board Meeting Minutes and informed the Administrative Assistant who made the correction.

**President Robbins called for a motion to approve the Consent Agenda with Item E: Policies & Procedures 2, 3 & 4 tabled. Motion by Board Member Nicely to approve the Consent Agenda with Item E: Policies & Procedures 2, 3 & 4 tabled. Second by Board Member McCarthy to approve the Consent Agenda with Item E: Policies & Procedures 2, 3 & 4 tabled. President Robbins called for the vote. A vote in favor of the motion was 5/0.**

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

## **10. OLD BUSINESS:**

### **A. Discussion and Potential Approval of the Following Service Agreements**

- (1) Hologic Service Agreement
- (2) Cannon Medical Systems Service Agreement
- (3) Andy Meadors Service Agreements

**President Robbins called for a motion to approve the contracts one through three as presented. Motion by Board Member Nicely to approve the contracts one through three as presented. Second by Board Member Boss to approve the contracts one through three as presented as presented. President Robbins called for the vote. A vote in favor of the motion was 5/0.**

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

## **11. NEW BUSINESS\***

### **A. Discussion and Potential Approval of Cary Stewart, M.D. SNF Director Agreement:**

**Board Member Roberts motioned to approve Cary Stewart, M.D. SNF Director Agreement as presented. Second by Board Member Nicely to approve Cary Stewart, MD SNF Director Agreement as presented. President Robbins called for the vote. A vote in favor of the motion was 5/0.**

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

### **B. Discussion and Potential Approval of Resolution Number 18-456 Conflict of Interest Code Adopting An Amended Appendix of the Conflict of Interest Code Pursuant to the Political Reform Act of 1974:**

- Board Member Roberts stated that there was some incorrect job titles on the "Designated Position's" that were corrected.

**Board Member McCarthy motioned to approve Resolution 18-456 Conflict of Interest Code with noted corrections. Second by Board Member Nicely to approve Resolution 18-456 Conflict of Interest Code with noted corrections. President Robbins called for the vote. A vote in favor of the motion was 5/0.**

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

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

## 12. ACTION ITEMS\*

### A. Quorum Health Resource Report:

#### (1) September 2018 QHR Report:

- Mr. Ward reported the following information:
  - Compliance Assessment was completed
    - Tomi Hagan completed the Compliance Assessment; very pleased with the progress the District has accomplished
  - Life Safety portion will be completed and reported to staff
  - Consulting Plan draft for 2019 – this is subject to change
  - Productivity Benchmark Assessment is in process, QHR staff will be on site to interview managers
  - Bob Fish, has been Interim CEO for approximately four months and has accepted the CEO position on a full time basis

**Board Member Roberts 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 5/0.**

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

### B. CNO Report:

#### (1) July 2018 CNO Report:

- Ms. Jex provided the following information:
  - Extend offer to permanent DON and she will begin in the middle of October
  - RT Supervisor position was filled by an internal candidate
  - SNF census is low and working with Marketing to create new rack cards

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

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

### C. Acceptance of the CEO Report:

#### (1) July 2018 CEO Report:

- Mr. Hamblin reported the following information:
  - September 22 is the scheduled Board Retreat
  - Grant writer position has been filled



- Contact USDA and other banks for financing and potential for grants

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

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

**D. Acceptance of the Finance Report:**

**(1) July 2018 Financials:**

- Mr. Hamblin reported the following information:
  - Cash is \$19.8 million
  - 314 days Cash On Hand
  - Swing patients are under budget
  - SNF under budget
  - ER visits are 7% under budget
  - Expenses under budget
  - Cash remains strong
  - FTE under budget

**(2) CFO Report:**

- Mr. Hamblin reported the following information:
  - Account receivable – AR days under 65
  - 340B program committee has been formed
  - AirMethods package will be discussed at the October Finance Meeting

**Board Member Nicely motioned to approve the July 2018 Finance Report and the CFO Report as presented. Second by Board Member Boss to approve the July 2018 Finance Report and the CFO Report as presented. President Robbins called for the vote. A vote in favor was unanimously approved 5/0.**

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

**13. ADJOURNMENT:**

**Board Member Nicely motioned to adjourn the meeting at 3:40 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 Boss - yes
- Board Member Nicely- yes
- President Robbins - yes
- Board Member McCarthy - yes
- Board Member Roberts - yes

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT  
BOARD RETREAT MEETING MINUTES  
41870 Garstin Drive, Big Bear Lake, Ca. 92315  
September 22, 2018**

**PRESENT:** Rob Robbins, President Donna Nicely, Treasurer  
Gail McCarthy, 1<sup>st</sup> Vice President John Friel, CEO  
Jack Roberts, 2<sup>nd</sup> Vice President Shelly Egerer, Exec. Assistant

**ABSENT:** Peter Boss, M.D., Secretary

**STAFF:** Kerri Jex Garth Hamblin Erin Wilson Sheri Mursick  
Mary Norman

**OTHER:** Steven Knapik, DO Ron Vigus/w QHR  
David Moon w/Moon & Mayoras Steve Combs  
Marta Combs

**COMMUNITY MEMBERS:** None

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**OPEN SESSION**

**1. CALL TO ORDER:**

President Robbins called the meeting to order at 9:00 a.m.

**2. ROLL CALL:**

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

**3. FLAG SALUTE:**

Mr. Vigus led the flag salute all present participated.

**4. ADOPTION OF AGENDA:**

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

- Board Member Nicely- 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 9:00 a.m. Hearing no request to make public comment, President Robbins closed Public Forum for Closed Session at 9:01 a.m.

**6. ADJOURNED TO CLOSED SESSION:**

**President Robbins called for a motion to adjourn to Closed Session at 9:01 a.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 4/0.**

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

**RECONVENE TO OPEN SESSION**

**1. CALL TO ORDER:**

President Robbins opened the Hearing Section for Public Comment on Open Session items at 10:24 a.m. Hearing no request to make public comment, President Robbins closed Public Forum for Open Session at 10:24 a.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 10:25 a.m. Hearing no request to make public comment, President Robbins closed Public Forum for Open Session at 10:25 a.m.

**4. DIRECTORS COMMENTS:**

- None

**5. OLD BUSINESS:**

- None

**6. NEW BUSINESS:**

**A. Discussion, Review and Update on Bear Valley Community Healthcare District 2016/2019 Strategic Plan Including Financial Performance:**

- Ms. Jex reported that the presentation provided is review of items that the Board has previously been informed of:
  - New DON- will be managing Acute and SNF Departments
  - Continue to see steady decline at this time in the SNF due to eligibility requirements
  - Cardiac & Echo testing potential new service to be further discussed
  - Continue to work with PRIME and try to utilize Acute for services under the PRIME:
    - Voluntary inpatient
    - Will require additional training for nursing staff
    - Outpatient Surgery: new surgeon and will begin services at the clinic



- OR is still a rocky ground; not receiving good reimbursement the OR needs repair and equipment needs to be replaced
  - Opportunity to bring supplement services in-house
  - PT has increased in visits
  - 2<sup>nd</sup> class 4 laser will be purchased
  - Restorative Programs:
    - Respiratory Therapy has new Supervisor
    - Community education ideas are being vetted
    - Increase competency in NIC-U
  - ED has new Manager Leadership; Heidi Markus
  - Laboratory has new Leadership and successful in obtaining CLIA License
  - Hired a Registered Dietician
    - Community outreach has been successful
  - Pharmacy
    - Antibiotic stewardship program
    - Pyxis upgrades implemented
- Board Member Nicely stated that we need to gather information from the community on what insurance we take and we need to work to expand insurance. The Board of Directors have been asking for this information for two years.
- Further discussion took place on information regarding increasing the insurance that we receive and accept and what additional insurance we can add to our insurance that is accepted. The Board of Directors would like to negotiate with insurance carriers so that we can expand on the insurance we accept. We are here to serve the community and there is a lot of business being directed off the hill due to the lack of insurance we accept.
- Ms. Mursick reported the following information:
  - FHC visits have increased
  - Orthopedic & Podiatry services are increasing
  - Staff development
  - Improve Quality
  - Installed emergency alarms in various places
  - Coding & Compliance review has been completed and continue to monitor
  - Reinstated CPSP
  - Expanded mental health services
  - RHC opened in 2017
    - Increase in dental services
    - Added registered Dental Hygienist
    - Collaborating with Mom & Dad Project dental which will add additional billable services
  - Dental screenings for residences in the SNF
  - Added a 3<sup>rd</sup> chair in the dental clinic
  - Increasing mid-level provider services – 3 days per week
  - PRIME Chronic Pain Management
    - Metric reporting
    - Successful program
    - Have revamped the pain management program
    - Multi-disciplinary approach
    - New clinical social worker

- Reiki Services to be implemented
  - Community Collaborative Provider Open-house
  - Community needs
  - Detox/inpatient stabilization
  - Mom & Dad Project
    - Continue to receive grants
  - Communication workgroup
  - Patient and Family Advisory Council
  - Quarterly Clinical Skills Orientation
  - Smoking cessation classes continue
- Mr. Hamblin provided a briefing on FY 2018:
    - Gross revenue increase
    - Salary Net Surplus has increased & wages have decreased
    - Converting to Critical Access Hospital was beneficial
    - \$18 million in LAIF

**B. Discussion and Potential Approval of Moon & Mayoras: Retro Fit/Replacement Options of Bear Valley Community Healthcare District to Include Cost Estimate:**

- Mr. Moon provided the following information:
  - Provided high level detail
    - Project status
    - Three phases
    - Have three options for the facility
  - Phase A functional Space Programming
  - SPC-4D structural assessment
  - Phase C – Preliminary capital budget
  - Functional Space Programing
    - Added/enhanced clinical services
    - Emergency services increased from 5 positions plus 2 overflow to 17 positions
    - SNF increased from 21 beds to 30 beds
    - Acute /swing increased from 9 to 10 beds
  - Reuse of existing Hospital building Option 1:
    - Wood frame shear wall apply wood shear walls do not have enough shear capacity
    - Plywood sheeting will need to be added on both sides of the wall
    - Will not require to add new shear walls
    - OSHPD input to refine results
    - Will need to secure existing facility
    - Adding new buildings will be considered separate buildings
    - Utilize existing space
  - Option 2:
    - Convert existing building to SNF does not have to be SPC
    - New 2 story 40,000 square foot SNF building
    - Site parking would need to be looked at
    - Eight basic services as required for hospital licensure
    - Supplemental services optional but must meet OSHPD & SPC-4D

- Provides all GAC services
- Cost approximately \$70 million
- Option 3
  - New facility would not fit on this site
  - 71,000 square foot building
  - Provides all new GAC and SNF services
  - \$116 million project for new facility
  - SPC-4D upgrades cost is approximately \$3 million – construction cost/project cost

**Board member Roberts excused himself from the meeting at 12:00 pm**

**President Robbins reported no action taken at this time**

**C. Discussion, Development and Potential Approval of Bear Valley Community Healthcare District 2019/2020 Strategic Plan Including Funding Sources (New Goals and Objectives):**

- Mr. Friel stated that he would like to begin a working model for new Strategic Plan highlights on future projects
  - Financial stability
  - Increase patient volumes
  - Insurance accepted within the services we provide
  - Riverside Community Hospital Affiliation
  - FHC increase in providers / Physician recruitment
  - Improve facility w/architect

**President Robbins reported no action taken at this time**

**7. ADJOURNMENT**

**President Robbins called for a motion to adjourn the meeting at 1:23 p.m. Motion by Board Member Nicely to adjourn. Second by Board Member McCarthy to adjourn. President Robbins called for the vote. A vote in favor of the motion was unanimously approved 3/0.**

- 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
Public Restroom/Acute Kitchen Plumbing Repair	Remove the concrete in areas to access damaged plumbing.	Pride Plumbing/Facilities	Public Restrooms Complete, Acute Kitchen in Progress	
Pyxis Replacement	Pyxis equipment is in place and seismic anchors will be installed soon.	Facilities	In Progress , will complete after the ER renovations	
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	In Progress	

**Bear Valley Community Healthcare District  
Repairs Maintenance**

Department / Project	Details	Vendor and all associated costs	Comments	Date
FHC- Fire Riser	Raised back flow devices above ground	Bear Valley Paving	Complete	
Business Office- Re-painting	Sand and Re-paint facility	Kenny's Paintng	Complete	
RHC- Re-painting	Sand and Re-paint facility	Kenny's Paintng	Complete	
Hospital - Re-paint window frames	Sand and Re-paint Frames	Kenny's Painting	In Progress	
Hospital- Water leak	Repaired broken water fitting in Boiler Room	Facilities	Complete	
Fire Extinguisher	Moved all fire extinguishers to an exceptable height as found deficient during our Life Safety mock survey	Facilities	In Progress	
ER- Dr. Dictation Area	Re-frame the existing wall that was not properly done in the past.	Facilities	Complete	

**Bear Valley Community Healthcare District  
Repairs Maintenance**

Hospital/FHC/PT	Trimmed Trees	Facilities	Complete	

# Fire Life Safety Report

**DATE OF REPORT:** 09/17/18 for Q3 2018

Prepared by: Michael Mursick

## MONITORED PROCESSES:

- Insure **monthly** maintenance log sheets are completed
- Insure fire drills are carried out once per quarter per shift as per NFPA 101, and District policy.
- Insure **quarterly** fire alarm system inspection was performed. (Johnson Controls)

## SUMMARY OF FINDINGS:

- Above listed logs and drills (monthly & annual) were completed and carried out at required intervals.
- The month of August Simplex Grinnell completed the Quarterly Fire Sprinkler inspection and fire alarm testing for the Hospital and FHC.
- Facilities also performed a quarterly fire drill at the FHC and RHC.
- Bear Valley Paving/Facilities raised the fire line out of the vault above ground to protect the equipment.
- Facilities completed the required Life Safety Drawings for the hospital.
- Strike Force completed the annual Fire door inspection and the repairs will start once we receive the completed report.
- Facilities completed the annual service on all fire extinguishers.

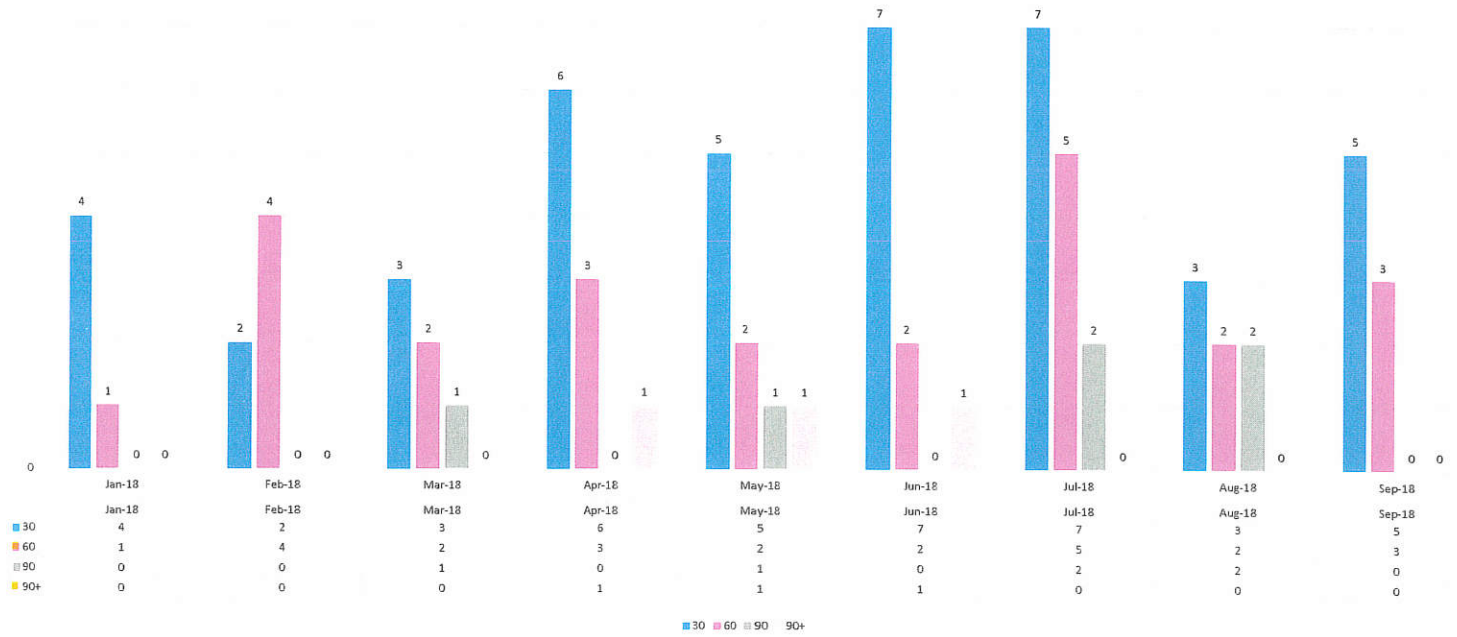


## **HR Monthly Report**

### **September 2018**

<b>STAFFING</b>	<b>Active:</b> 210 – FT: 139; PT: 12; Per Diem: 59 <b>New Hires:</b> 5 <b>Terms:</b> 4 (4 Voluntary 0 Involuntary) <b>Open Positions:</b> 11
<b>EMPLOYEE PERFORMANCE EVALUATIONS</b>	<b>DELINQUENT:</b> See attachment 30 days: 5 60 days: 3 90 days: 0 90+ days: 0  <b>MOVING FORWARD:</b> Continue monitoring ongoing annual evaluations.
<b>WORK COMP</b>	<b>NEW CLAIMS:</b> 0 <b>OPEN:</b> 9 Indemnity (Wage Replacement, attempts to make the employee financially whole) - 4 Future Medical Care – 5 Medical Only - 0  <b>MOVING FORWARD:</b> Quarterly claims review.  <b>SAFETY:</b> Working with Beta Loss Prevention for safety initiatives including safety rounding.
<b>FILE AUDIT/ LICENSING</b>	<b>FILE AUDIT:</b>  Licenses: All up to date  All items returned from previous month  <b>MOVING FORWARD:</b> Obtain required items, continue file audit.
<b>JOB DESCRIPTIONS/ EVALUATIONS</b>	<b>Job Descriptions:</b> In process (January target date) <b>Evaluations:</b> In process (March target date, need to complete job descriptions first)
<b>EMPLOYEE EVENTS</b>	Planning upcoming Holiday events

Past Due Evaluations





## Infection Prevention Monthly Report

### September 2018

TOPIC	UPDATE	ACTION/FOLLOW UP
<b>1. Regulatory</b>	<ul style="list-style-type: none"> <li>• Continue to receive updates from APIC.</li> <li>• AFL (All Facility Letters) from CDPH have been reviewed.               <ul style="list-style-type: none"> <li>▪ No AFLs related to infection control</li> </ul> </li> <li>• Continue NHSN surveillance reporting.</li> <li>• Completion of CMR reports to Public Health per Title 17 and CDPH regulations.               <ul style="list-style-type: none"> <li>▪ None in August</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Review ICP regulations.</li> <li>• AFL to be reviewed at Infection Control Committee and Regulatory committee.</li> <li>• Continue Monthly Reporting Plan submissions.</li> </ul>
<b>2. Construction</b>	<ul style="list-style-type: none"> <li>▪ ER remodel in progress.</li> <li>▪ ICRA permits in place, will revise as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with Maintenance and contractors to ensure compliance.</li> </ul>
<b>3. QI</b>	<ul style="list-style-type: none"> <li>• Continue to work towards increased compliance with Hand Hygiene.               <ul style="list-style-type: none"> <li>○ Compliance at 53% for August.</li> <li>○ New hand hygiene monitoring tool in effect.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Continue monitoring hand hygiene compliance.</li> </ul>
<b>4. Outbreaks/ Surveillance</b>	<ul style="list-style-type: none"> <li>○ Public Health Report               <ul style="list-style-type: none"> <li>• West Nile Virus – 21 human cases so far in 2018 in</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Informational</li> </ul>



	<p>California.</p> <ul style="list-style-type: none"> <li>Community Health Report <ul style="list-style-type: none"> <li>1 case of C-difficile in an outpatient.</li> <li>1 MRSA blood in ED patient.</li> <li>2 MRSA of wounds in outpatients.</li> </ul> </li> </ul>	
<b>5. Policy Updates</b>	<ul style="list-style-type: none"> <li>Policies reviewed, approved: <ul style="list-style-type: none"> <li>Multiple policies put through for annual review.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Clinical Policy and Procedure Committee to review and update Infection Prevention policies.</li> </ul>
<b>6. Safety/Product</b>	<ul style="list-style-type: none"> <li>IP gathering manufacturer's instructions for use and cleaning for equipment around the hospital. Will compile in folder for staff to use. - Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor compliance with approved cleaning procedures.</li> </ul>
<b>7. Antibiotic Stewardship</b>	<ul style="list-style-type: none"> <li>Pharmacist continues to monitor antibiotic usage.</li> </ul>	<ul style="list-style-type: none"> <li>Informational.</li> </ul>
<b>8. Education</b>	<ul style="list-style-type: none"> <li>ICP continues to attend the APIC meetings in Ontario when possible.</li> <li>ICP recommends ICRA training for the Maintenance Department.</li> </ul>	<ul style="list-style-type: none"> <li>ICP to share information at appropriate committees.</li> </ul>
<b>9. Informational</b>	<p>Statistics on Immediate Use Steam Sterilization will now be included with the monthly surgery stats and reported to P&amp;T Committee monthly.</p> <ul style="list-style-type: none"> <li>Number of times IUSS utilized in August = 0</li> <li>Number of surgical cases in August = 8</li> </ul> <p>EVS Terminal cleaning of the OR Suite</p> <ul style="list-style-type: none"> <li>New checklist made up that will assist with compliance in</li> </ul>	<ul style="list-style-type: none"> <li>Informational</li> </ul>

	<p>documenting cleaning of the OR Department.</p> <ul style="list-style-type: none"> <li>▪ Monitoring of cleaning will be done also, on a regular basis.</li> </ul> <p>Infection Prevention Rounds for POC IP monitors the following on a monthly / ongoing basis:</p> <ul style="list-style-type: none"> <li>• Storage standards are met.</li> <li>• Cleaning schedule of the autoclaves is up to date.</li> <li>• Temperature and humidity monitoring and logs are up to date.</li> <li>• Terminal cleaning is being done in OR, Sterile Processing, and Decontamination and logs are up to date.</li> <li>• Clinical staff is able to verbalize proper cleaning procedure and solution for the glucometer.</li> <li>• Clinical staff is able to verbalize proper dwell times for different cleaning solutions.</li> </ul>	
<p><i>Heather Loose, BSN, RN      Infection Preventionist      Date: October 1, 2018</i></p>		

Department	Date Reviewed	Title (Version)	Summary
Risk Management	6/22/2018	Risk/Quality Committee (v.3)	Annual review. Revised to reflect current process.
Risk Management	6/22/2018	Abuse - Mandatory Reporting Requirements (v.5)	Annual review. Revised to reflect current process. Attached 'California Abuse-Neglect Mandated Reporters' document.
Risk Management	6/22/2018	Photography, Videotaping and/or Audiotaping (v.1)	New policy to replace 'Consent for Photography other than treatment/hospital's healthcare operations'. Attached 'Consent to Photograph Form 24-4'.
Risk Management	6/22/2018	Variance Report (v.2)	Annual review. Revised to reflect current process.
Risk Management	6/14/2018	Consents (v.4)	Annual review. Updated CHA Form 1-1.
Risk Management	6/22/2018	Service Animals (v.2)	Annual review. Revised per ADA guidelines. Attached 'ADA Service Animals' document.
Risk Management	6/14/2018	Against Medical Advice (v.3)	Annual review. Added variance reporting line.
Emergency Department	7/20/2018	Emergency Services Infection Control (v.5)	Annual review. Revised verbiage to reflect current process.
Nursing Administration	7/20/2018	Patient Safety Attendant/ Sitter (v.1)	New policy.
General Nursing (Acute)	7/20/2018	(Documentation On) Medication Administration Record (MAR) (v.5)	Annual review. Revised verbiage to reflect current process.
Compliance	7/6/2018	Patient Discrimination Complaint Grievance Procedure (v.2)	Annual review. Revised to reflect current process. Added 'Patient' into policy title.
Family Health Center/ Rural Health Center	6/14/2018	Knee Immobilizer - Application of (v.3)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Admitting Patient to the Clinic (Check-in) (v.2)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Depression Screening (v.2)	Annual review. Revised verbiage to reflect current process.
Family Health Center/ Rural Health Center	6/14/2018	Anaphylactic Shock (v.3)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Dismissal from Clinic Practice (v.3)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Allergy Injections (v.3)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Prescription Process (v.3)	Annual review. Formatted.
Family Health Center/ Rural Health Center	6/14/2018	Refrigerator/Freezer Temperature Monitoring-Clinics (v.3)	Annual review. Changed policy name from 'Refrigerator Temperature Monitoring'.
Family Health Center/ Rural Health Center	6/14/2018	DMV Notification (v.3)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	District Wide Policies (v.2)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Disaster, Internal/External (v.3)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Chronic Pain Management (v.2)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Fetal Heart Tones (FHT) (v.3)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Abnormal Test-Follow Up (v.4)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/8/2018	Medication Administration-Clinics (v.2)	Annual review. Revised verbiage to reflect the POC.
Surgery	6/8/2018	Humidity and Temperature Control (v.4)	Annual review. Revised verbiage to reflect the POC.
Nursing Administration	7/6/2018	Venous Access Guide (v.1)	Annual review. No changes.

Nursing Administration	7/6/2018	Telephone Triage (v.7)	Annual review. No changes.
Emergency Department	7/6/2018	5150 Intervention (v.5)	Annual review. Revised to reflect current process.
Nursing Administration	7/6/2018	Procedure for Accessing Implanted Port (v.4)	Annual review. Changed policy name from 'Procedure for Accessing Central Line'.
Emergency Department	7/6/2018	Chest Pain Patients Presenting (v.4)	Annual review. Revised to reflect current process.
Emergency Department	7/6/2018	Clinical Practice Guideline for Intrapartum Care of Laboring Patient (v.4)	Annual review. Revised to reflect current process.
Emergency Department	7/6/2018	Discharging Patients (v.5)	Annual review. No changes.
Emergency Department	7/6/2018	Disposition of Foreign Objects from Patients (v.5)	Annual review. No changes.
Emergency Department	7/6/2018	Emergency Department Communications-EMS (v.5)	Annual review. No changes.
Emergency Department	7/6/2018	Emergency Department Scope of Service (v.5)	Annual review. No changes.
Emergency Department	7/6/2018	Expiration Dating of Warmed Intravenous Solutions (v.5)	Annual review. No changes.
Emergency Department	7/6/2018	Infant Death (v.6)	Annual review. No changes.
Emergency Department	7/6/2018	Patient and Family Centered Care in the Emergency Department (v.5)	Annual review. No changes.
Emergency Department	7/6/2018	Postmortem Care of Non-Viable Fetus-Stillborn Fetus (v.5)	Annual review. No changes.
Emergency Department	7/6/2018	Recording of Vital Signs on Pediatric Patients (v.5)	Annual review. Revised to reflect current process.
Emergency Department	7/6/2018	Safe Surrender (Accepting Physical Custody of Abandoned Newborn) (v.5)	Annual review. Revised to reflect current process.
Emergency Department	7/6/2018	Spine Injuries, Cervical (v.6)	Annual review. Revised to reflect current process.
Emergency Department	7/6/2018	Triage - ESI (v.5)	Annual review. Revised to reflect current process.
Emergency Department	7/6/2018	Use of Antipyretics in Triage (v.6)	Annual review. No changes.
Family Health Center/ Rural Health Center	6/14/2018	Reference Manuals-FHC/RHC (v.3)	Annual review. No changes.
Pharmacy	7/20/2018	Drug Storage Temperatures (v.5)	Annual review. Revised to reflect current practice. Attached 'Saline Temp Stability'.
Emergency Department	5/17/2018	Surge Beds in the Emergency Department During Increased Census (v.5)	Annual review. Revised to reflect the POC.
Surgery	7/27/2018	Biological Indicator Use - Surgery (v.2)	Annual review. Revised verbiage to reflect current process. Attached form.
Emergency Preparedness	7/6/2018	Hazardous Materials Mass Decontamination (v.3)	Annual review. Changed policy title from 'Code Orange (HAZMAT)'.
Risk Management	7/6/2018	Patient Complaint and Grievance (v.6)	Annual review. Changed policy title to reflect 'patient'.
Risk Management	7/6/2018	Risk Management Plan (v.4)	Annual review. Revised to reflect current process.
Risk Management	6/14/2018	Loitering (v.2)	Annual review. No changes.
General Nursing (Acute)	8/24/2018	Acute Care Inpatient/Observation Admission, Discharge and Transfer Criteria (v.2)	Annual review. Revised to reflect current process. Changed policy name from 'Acute Care Inpatient/Observation Admission, Discharge and Transfer Criteria' and combined the 'Admission, Discharge and Transfer' policy.
Surgery	7/27/2018	Draping of Patient and Creation of Sterile Field (v.3)	Annual review. No changes.
Pharmacy	7/20/2018	Safe Preparation of Compounded Sterile Products (v.5)	Annual review. Revised to reflect current process. Attached documents to policy.
Respiratory Therapy	9/7/2018	Blood Gas Analyzer Procedure Manual (v.4)	Annual review. Formatted. Added reference.
Respiratory Therapy	9/7/2018	Egan's Fundamentals of Respiratory Care (v.1)	New policy.
Respiratory Therapy	9/7/2018	Physician's Order for Respiratory Care (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Sampling and Analysis of Arterial Blood Gas (v.7)	Annual review. Formatted.
Physical Therapy	9/7/2018	Physical Therapy Fire at 370 Summit Blvd (v.4)	Annual review. Formatted and revised 3.2.
Nursing Administration	6/8/2018	Administration of Medication (v.4)	Annual review. Revised verbiage in #16 to reflect the POC.
General Nursing (Acute)	9/7/2018	Weighing Patients (v.5)	Annual review. Formatted, revised verbiage and updated reference.
General Nursing (Acute)	9/7/2018	Physician's Orders (v.6)	Annual review. Formatted and revised verbiage.
General Nursing (Acute)	9/7/2018	Pediatric Patients-Safety and Observation (0-5 years) (v.5)	Annual review. Formatted and revised verbiage.
General Nursing (Acute)	9/7/2018	Pediatric Assessment Policy (v.5)	Annual review. Formatted and revised verbiage.

General Nursing (Acute)	9/7/2018	Patient Room Assignment (v.5)	Annual review. Formatted and revised verbiage.
General Nursing (Acute)	9/7/2018	Patient Education (v.4)	Annual review. Formatted and revised verbiage.
General Nursing (Acute)	9/7/2018	Patient Classification - Acuity System and Nursing Assignment for Care of Patients (v.4)	Annual review. Formatted and revised verbiage.
General Nursing (Acute)	9/7/2018	Nursing Process; Care Plan/Problem List (v.5)	Annual review. Formatted and changed policy name from 'Nursing Process; Care
General Nursing (Acute)	9/7/2018	Acute Scope of Service (v.4)	Annual review. Formatted, revised verbiage and added reference.
Physical Therapy	9/7/2018	Physical Therapy Department Equipment & Patient Safety (v.6)	Annual review. Formatted and added 2.2.
Respiratory Therapy	9/7/2018	Tracheotomy and Endotracheal Intubation (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Spirometry (v.6)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Restocking of Intubation Trays (v.6)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Respiratory Therapy Treatment Card (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Respiratory Services Provided by Nursing in Respiratory Care's Absence (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Respiratory Care Scope of Practice (v.3)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Respiratory Care Infection Control (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Respiratory Care Charting (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Pulse Oximetry (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Postural Drainage, Percussion and Vibration (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Peak Expiratory Flow Rate (PEFR) (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Oxygen Therapy Protocol (v.5)	Annual review. Formatted. Added reference.
Respiratory Therapy	9/7/2018	Oxygen Therapy Cannula-Mask Replacement for Long Term Use (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Oxygen Therapy by Aerosol (large volume nebulizers) (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Oxygen Hood (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Non-Rebreathing Oxygen Masks (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Non-invasive Positive Pressure Ventilation (NPPV) (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Nasal Cannula (v.6)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Metered Dose Inhalers (M.D.I.) (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Manual Resuscitation Bags (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Incentive Spirometry Protocol (v.6)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	High Humidity Flow Generator (v.3)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Fit Testing - Respirator Protection Program (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Extubation (v.6)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Electrocardiogram (EKG) (v.7)	Annual review. Formatted. Changed policy name from 'Electrocardiography (EKG)'.
Respiratory Therapy	9/7/2018	EKG Quality Control Mechanism (v.6)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Continuous Mechanical Ventilation Puritan Bennett 840 and Flight 60 Vent (v.6)	Annual review. Changed policy name from 'Continuous Mechanical Ventilation Bourns Bear III and Puritan Bennett 840'. Revised verbiage to remove 'Bear III'. Formatted.
Respiratory Therapy	9/7/2018	Continuous Bronchodilation Nebulization Therapy (v.6)	Annual review. Formatted. Updated reference.
Respiratory Therapy	9/7/2018	Continuous Aerosol Therapy (v.6)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Assessment of Patient-RT (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Arterial Blood Gas Quality Assessment and Maintenance (v.7)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Alarm Setting Guidelines for Continuous Mechanical Ventilation (v.5)	Annual review. Revised verbiage to remove 'Bear III'.
Respiratory Therapy	9/7/2018	Air Entrainment Masks (Venturi Masks) (v.5)	Annual review. Formatted.
Respiratory Therapy	9/7/2018	Aerosol Administration Protocol (v.6)	Annual review. Added 2.6. Formatted.

Respiratory Therapy	9/7/2018	ABG Critical Values (v.4)	Annual review. Added reference, changed table values, formatted. Updated references.
Respiratory Therapy	9/7/2018	Suctioning (v.4)	Annual review. Formatted, revised verbiage and updated reference.
Dietary	9/12/2018	Fruit and Vegetable Gardens (v.1)	Annual review. Revised to reflect current process. Formatted.
Dietary	8/24/2018	Diet Orders (v.2)	Annual review. Revised to reflect the current process.
Dietary	8/24/2018	Damaged Cans (v.2)	Annual review. Formatted.
Dietary	8/24/2018	Equipment Break-down Plan (v.2)	Annual review. Formatted.
Dietary	8/24/2018	Freezer/Refrigeration outage (v.2)	Annual review. Formatted.
Dietary	8/24/2018	Meal Cards (v.3)	Annual review. Formatted.
Dietary	8/24/2018	BVCHD Nutrition and Dietary Services Storage and Labeling Policy (v.3)	Annual review. Attached Food Code 2017.
Dietary	8/24/2018	Dietary Sanitation Guidelines & Monitoring (v.1)	Annual review. Formatted and attached form.
Dietary	8/24/2018	Dorner & Associate's Policy & Procedure Manual for Nutrition and Food Service in Healthcare Facilities (v.1)	New policy.
Dietary	8/24/2018	Nutrition and Dietary Service Department Cash Drawer and Cash Handling Procedure (v.2)	Annual review. No changes.
Dietary	9/12/2018	Dry Non-Perishable Food Storage Temperatures (v.1)	Annual review. It was recommended to review at the Safety Committee.
Dietary	9/12/2018	Catering Requests (v.2)	Annual review. Revised to reflect current process. Formatted.
Dietary	9/12/2018	Dietary Staff Meal Service (v.3)	Annual review. Revised to reflect current process. Formatted.
Pharmacy	8/31/2018	Bedside Medication- Patient Self- Administration (v.5)	Annual review. Revised to reflect current process. Formatted.
Pharmacy	8/31/2018	Automated Dispensing Cabinets (Pyxis MedStation system) (v.6)	Annual review. Revised to reflect current process. Formatted.
Pharmacy	8/31/2018	Antimicrobial Stewardship (v.5)	Annual review. Revised to reflect current process. Formatted.
Pharmacy	8/31/2018	After Hours Banana Bag Preparation (v.2)	Annual review. Formatted.
Pharmacy	8/31/2018	Adverse Drug Reaction Report (v.5)	Annual review. Revised to reflect current process. Formatted.
Pharmacy	8/31/2018	Adult Intravenous Vancomycin Dosing and Monitoring Guidelines (v.2)	Annual review. Revised to reflect current process. Formatted.
Pharmacy	9/7/2018	Pyxis User Access (v.5)	Annual review. Formatted. Changed policy name from 'Pyxis User List Maintenance'.
Pharmacy	9/7/2018	Pharmacy Security (v.4)	Annual review. Revised verbiage and combined the policy 'Emergency Access to Pharmacy'.
Pharmacy	9/7/2018	Retention of Pharmacy Records (v.3)	Annual review. Formatted.
Pharmacy	9/7/2018	Reference Material (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	Pharmacy Safety Manual (v.4)	Annual review. Formatted.
Pharmacy	9/7/2018	Ordering Privileges (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	PRN Medications (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	Security of Medication Areas (v.4)	Annual review. Formatted.
Pharmacy	9/7/2018	Medication Error Reduction Program (MERP) (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	Medication Stop Order (v.4)	Annual review. Formatted.
Pharmacy	9/7/2018	Drug Recall and Withdrawal (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	Director of Pharmacy (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	Generic Drug Dispensing (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	Impaired Pharmacy Personnel (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	Sound Alike, Look Alike Medications (v.3)	Annual review. Formatted.
Pharmacy	9/7/2018	Investigational Drug Use (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	Injectable Cancer Chemotherapy Agents (v.5)	Annual review. Formatted.
Pharmacy	9/7/2018	Flushing Heparin Lock Ports in Anticoagulated Patients (v.4)	Annual review. Formatted.
Pharmacy	9/12/2018	Board of Pharmacy Notification Required (v.5)	Annual review. Revised to reflect current practice.



Pharmacy	9/12/2018	Expiration Dates for Partially Used Multi Dose Vials (MDV) of Biologicals and Medications (v.6)	Annual review. Revised to reflect current practice. Formatted.
Pharmacy	9/12/2018	Emergency Dispensing of Medications (4 Packs), in the E.D., For Patients to Take Home (v.5)	Annual review. Revised verbiage to reflect current practice. Formatted.
Pharmacy	9/12/2018	Drug Use Evaluation (v.5)	Annual review. Revised to reflect current practice. Formatted.
Pharmacy	9/12/2018	Distinct Part SNF Pharmacist Medication Regime Review (v.4)	Annual review. Formatted.
Pharmacy	9/12/2018	Destruction of Medication (v.5)	Annual review. Formatted.
Pharmacy	9/12/2018	Controlled Substances Purchasing Procedure (v.5)	Annual review. Revised verbiage to reflect current practice. Formatted.
Pharmacy	9/12/2018	Delivery and Check-In of Refilled Cycle Meds for the SNF (v.5)	Annual review. Formatted.
Pharmacy	9/12/2018	Crushing of Solid Dose Medication (v.5)	Annual review. Updated internet link to reflect current do not crush recommendations. Formatted.
Pharmacy	9/12/2018	Controlled Drugs (v.6)	Annual review. Updated references. Formatted.
Pharmacy	9/12/2018	Fentanyl Patch Safety (v.5)	Annual review. Revised to reflect current practice. Formatted.
	9/12/2018	Portion Control (v.2)	Annual review. Revised to reflect current process. Formatted.
Dietary	9/12/2018	Measuring Food Temperatures (v.1)	Annual review. Revised to reflect current process. Formatted.
Dietary	8/24/2018	Meal Service (v.1)	Annual review. Revised to reflect current process. Formatted.
Dietary	9/12/2018	Low Temperature Dishwashing Machine (v.2)	Annual review. Revised to reflect current practice. Formatted.
Dietary	9/12/2018	Isolation Individuals (v.2)	Annual review. Revised to reflect current practice. Formatted.
Dietary	9/12/2018	Personnel Permitted in Dietary Department (v.2)	Annual review. Revised to reflect current process. Formatted.
Dietary	9/12/2018	Free Meals (v.2)	Annual review. Revised to reflect current process. Formatted. Recommended to be reviewed at the Med Staff Committee to notify them of the change of policy.
Nursing Administration	6/8/2018	Telephone and Verbal Orders (v.5)	Annual review. Revised verbiage to reflect current process.
Surgery	7/27/2018	Discharge of Short Stay and In-patient Surgical Patients (v.2)	Annual review. Revised verbiage to reflect current process. Attached form.
Surgery	7/27/2018	Immediate Use Steam Sterilization (IUSS) (v.2)	Annual review. Changed policy name from 'Flash Sterilization'. Revised to reflect current process. Attached form.
Surgery	8/10/2018	Operating Room Attire - Patients (v.3)	Annual review. Attached a Jewelry Release Form.
Surgery	8/10/2018	Operating Room Attire - Personnel (v.3)	Annual review. Revised verbiage to reflect current process.
Surgery	8/10/2018	Operating Room Patient Care Plan (v.3)	Annual review. No changes.
Surgery	8/10/2018	Operating Room Sanitation (v.2)	Annual review. Revised verbiage to reflect current process. Attached checklists.
Surgery	8/10/2018	Pre-Op Guidelines (v.2)	Annual review. Revised to reflect current process. Attached a Jewelry Release Form.
Surgery	8/10/2018	Reference Manuals Surgery Department (v.3)	Annual review. Revised verbiage and changed policy name from 'Nursing Procedures Performed in the Operating Room'.
Surgery	8/10/2018	Register of Operations - Surgical Log Book (v.3)	Annual review. No changes.
Surgery	8/10/2018	Scheduling Surgical Cases (v.3)	Annual review. Revised verbiage to reflect current process. Attached form.
Surgery	8/10/2018	Specimens (v.4)	Annual review. Revised verbiage to reflect current process.
Surgery	7/27/2018	Aseptic Barrier Material (v.3)	Annual review. No changes.
Surgery	6/8/2018	Terminal Cleans in Decontamination	New policy to reflect the POC.
Admitting	8/31/2018	Advanced Directives	Annual review. No changes.
Admitting	8/31/2018	Clerk Notes	Annual review. No changes.
Admitting	8/31/2018	EMS Landing Site Log	Archive. Attached to 'Patient Transfer' policy.
Admitting	8/31/2018	Identity Theft	Annual review. No changes.
Admitting	8/31/2018	Important Message from Medicare	Annual review. No changes.
Admitting	8/31/2018	Overdose reporting	Annual review. No changes.
Admitting	8/31/2018	Patient Registration	Annual review. Changed verbiage from 'THRIVE' to EHR.
Admitting	8/31/2018	Patient Responsibilities	Annual review. Verbiage changes.



Admitting	8/31/2018	Patient Rights	Annual review. No changes.
Admitting	8/31/2018	Patient Transfer	Annual review. Attached 'EMS Landing Site Log' and revised verbiage.
Admitting	8/31/2018	Petty Cash Request for transportation	Annual review. No changes.
Admitting	8/31/2018	Visitors	Annual review. No changes.

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT  
SPECIAL HUMAN RESOURCES MEETING MINUTES  
41870 Garstin Road Big Bear Lake, Ca. 92315  
August 14, 2017**

**MEMBERS PRESENT:** Gail McCarthy, 1<sup>st</sup> Vice President      Erin Wilson, HR Director  
Rob Robbins, President      Shelly Egerer, Executive. Asst.  
John Friel, CEO

**MEMBERS ABSENT:** None

**STAFF:** Mary Norman      Garth Hamblin      Kerri Jex

**COMMUNITY:** None

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**OPEN SESSION**

**1. CALL TO ORDER:**

Board Member McCarthy called the meeting to order at 12:00 p.m.

**2. ROLL CALL:**

Gail McCarthy and Rob Robbins were present. Also, present were John Friel, CEO, Erin Wilson, Human Resource Director, and Shelly Egerer, Executive Asst.

**3. ADOPTION OF AGENDA:**

Board Member McCarthy motioned to adopt the August 14, 2018 Human Resource Committee Meeting Agenda as presented. Second by President Robbins to adopt the August 14, 2018 Human Resource Committee Meeting Agenda as presented. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.

- Board Member McCarthy- yes
- President Robbins- yes

**4. PUBLIC FORUM FOR OPEN SESSION:**

Board Member McCarthy opened the Hearing Section for Public Comment at 12:00 p.m. Hearing no request to address the Committee, Board Member McCarthy closed the Hearing Section at 12:01 p.m.

**5. DIRECTORS COMMENTS:**

- None

**6. APPROVAL OF MINUTES:**

A. June 20, 2018

**President Robbins motioned to approve the June 20, 2018 Human Resource Committee Meeting Minutes as presented. Second by Board Member McCarthy to approve the June 20, 2018 Human Resource Committee Meeting Minutes as presented. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.**

- Board Member McCarthy- yes
- President Robbins- yes

## **7. OLD BUSINESS:**

### **A. Discussion and Potential Recommendation to the Board of Director of the Following Policies & Procedures:**

#### **(1) Meal and Rest Breaks**

- Ms. Wilson reported the policies were reviewed by legal counsel and if there were required changes they were made. There were no changes that were regarded towards the MOU. All employees are required to take a lunch unless there is an emergency situation that clinical staff cannot walk away from.
- President Robbins asked that point 5 numbering issue is corrected.

#### **(2) FMLA/CFRA Leave of Absence:** Ms. Wilson reported that this policy is in line with the law.

#### **(3) Paid Time Off**

- Board Member McCarthy asked that the years of service needs to be fixed, says 10 to 4 years and is out of format. Board Member McCarthy asked that this typo be fixed.

**President Robbins motioned to recommend to the Board of Directors Policies one through three with corrections made as discussed. Second by Board Member McCarthy to recommend to the Board of Directors Policies one through three with corrections made as discussed. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.**

- Board Member McCarthy- yes
- President Robbins- yes

## **8. NEW BUSINESS\***

### **A. Discussion and Information/Update on Bear Valley Community Healthcare District Employee Benefits:**

- Ms. Wilson reported the following information:
  - MMA (district broker) went out to market to look into any better programs. CalPERS is only raising rates 1.16% this year. This is a small increase as to where the competitors are increasing a large amount.
- Ms. Wilson provided a briefing on the MMA report and the carriers increase on their health benefits.
- The committee further discussed an option of providing one-year family membership to Air Methods; cost is approximately \$12,000. The committee felt that an analysis should be completed on the families that would sign up and a total compensation summary should be completed to show that this is a benefit working for the district.

**Board Member McCarthy stated out no action required.**

**B. Discussion and Potential Recommendation to the Board of Directors the Extended Sick Leave Policy & Procedure:**

- Board Member McCarthy reported that she had no issues with this policy.

**President Robbins motioned to recommend to the Board of Directors the Extended Sick Leave Policy & Procedure. Second by Board Member McCarthy to recommend to the Board of Directors the Extended Sick Leave Policy & Procedure. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.**

- Board Member McCarthy- yes
- President Robbins- yes

**C. Discussion Regarding Allied Health Professionals/Dynamex Court Ruling:**

- Mr. Friel reported that there was consideration of clinic providers to be contracted instead of employees. Legal counsel has investigated this option and has given her opinion that we do not make them employees, to leave them as contracted. Mr. Friel would like to leave the contracts in place and not move forward with any change.
- Further discussion took place on the possibility of changing to employees and the committee felt that if the IRS has potential to audit we would not want to have this audited and cause any unforeseen issues. The committee supported Mr. Friel's opinion.

**Board Member McCarthy stated out no action required.**

**9. HUMAN RESOURCE REPORT\*:**

**A. Human Resource Assessment:**

- **Staffing:**
  - Ms. Wilson reported the following information:
    - Eva Pierce, HIM Manager (new hire).
    - RT Supervisor position has been filled by internal candidate.
- **Employee Performance Evaluations:**
  - Ms. Wilson reported that the evaluations are increasing on the report but there have been evaluations that have been submitted since the report was completed. The board gave a directive that on the 90 day past due evaluations the department be named on the HR Board Report.
- **Workers Comp Claims:**
  - Ms. Wilson reported that there are eight existing claims. Claims are decreasing.
    - Quarterly claims were reviewed.
    - There are a couple of large claims that were closed and this is a large savings for the District.
    - Slip & Falls are a large claim with the facility and moving patients.
      - In-service is conducted with all new hires during orientation. Mr. McKinney provides detail on training staff.

- President Robbins stated he feels that when employees are happier there are less claims and it seems that staff morale is better.
- **File Audits:**
  - Information provided in the report.
- **Employee Job Description & Employee Evaluation Revisions (Update)**
  - Information provided in the report.
- **Policies for Review**
  - This item has been discussed under Old Business and New Business
- **Employee Events**
  - Ms. Wilson reported the following:
    - “Years of Service” luncheon for employees. Managers attended to support their staff and were very well attended.
    - 330 years of employment services was accomplished.
    - End of the Summer Cook Out will be scheduled for the end of the month.

**President Robbins motioned to approve the HR Report as presented. Second by Board Member McCarthy to approve the HR Report as presented. Board Member McCarthy called for the vote. A vote in favor of the motion was unanimously approved.**

- Board Member McCarthy - yes
- President Robbins- yes

#### **10. ADJOURNMENT:**

**President Robbins motioned to adjourn the meeting at 12:53 p.m. Second by Board Member McCarthy to adjourn the meeting. Board Member Roberts called for the vote. A vote in favor of the motion was unanimously approved.**

- Board Member McCarthy- yes
- President Robbins- yes

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT  
SPECIAL PLANNING & FACILITIES COMMITTEE  
MEETING MINUTES  
August 16, 2018**

<b>MEMBERS PRESENT:</b>	Jack Roberts, 2 <sup>nd</sup> Vice President Rob Robbins, President John Friel, CEO	Shelly Egerer, Exec. Assistant Michael Mursick, Plant Manager
<b>STAFF:</b>	Garth Hamblin	Kerri Jex
<b>ABSENT:</b>	None	
<b>COMMUNITY MEMBERS:</b>	Kyle Brennan w/ Moon & Mayoras Peter Boss, MD	David Moon w/Moon & Mayoras

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**OPEN SESSION**

**1. CALL TO ORDER**

Board Member Roberts called the meeting to order at 10:00 a.m.

**2. ROLL CALL**

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

**3. ADOPTION OF AGENDA\***

**Board Member Roberts motioned to adopt the August 16, 2018 Planning & Facilities Committee Meeting Agenda as presented. Second by President Robbins to adopt the August 16, 2018 Planning & Facilities Committee Meeting Agenda as presented. Board Member Roberts called for the vote. A vote in favor of the motion was unanimously approved.**

- Board Member Roberts- yes
- President Robbins - yes

**CLOSED SESSION**

**1. PUBLIC FORUM FOR CLOSED SESSION**

Board Member Roberts opened the Hearing Section for Public Comment on Closed Session items at 10:00 a.m. Hearing no request to address the Planning & Facilities Committee, Board Member Roberts closed the Hearing Section at 10:00 a.m.

**2. ADJOURN TO CLOSED SESSION\***

**Board Member Roberts motioned to adjourn to Closed Session at 10:01 a.m. Second by President Robbins to adjourn to Closed Session. Board Member Roberts called for the vote. A vote in favor of the motion was unanimously approved.**

- Board Member Roberts - yes
- President Robbins - yes

### **OPEN SESSION**

**1. CALL TO ORDER:**

Board Member Roberts called the meeting to order at 10:30 a.m.

**2. RESULTS OF CLOSED SESSION:**

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

**3. PUBLIC FORUM FOR OPEN SESSION:**

Board Member Roberts opened the Hearing Section for Public Comment on Open Session items at 10:30 a.m. Hearing no request to address the Planning & Facilities Committee, Board Member Roberts closed the Hearing Section at 10:31 a.m.

**4. DIRECTOR'S COMMENTS:**

- None

**5. APPROVAL OF MINUTES:**

**A. June 28, 2018**

**Board Member Roberts motioned to approve the June 28, 2018 Planning & Facilities Committee Meeting Minutes as presented. Second by President Robbins to approve the June 28, 2018 Planning & Facilities Committee Meeting Minutes as presented. Board Member Roberts called for a vote. A vote in favor of the motion was unanimously approved.**

- Board Member Roberts - yes
- President Robbins - yes

**6. OLD BUSINESS\***

- None

**7. NEW BUSINESS\***

**A. Discussion and Potential Recommendation to the Board of Directors of the Moon & Mayoras Architect Retrofit/SPC-4D:**

- Mr. Moon reported that this is the second phase and provided the following information:
  - Phase A- functional space programming
  - Phase B - results analysis of existing building
  - OSHPD for SPC-45 requirements check two earthquake force levels
    - BSE-14 is the governing load for the BVCHD campus
    - Higher seismic force levels
  - Deficiencies:
    - Wood shears walls – overstressed and require foundation
    - Load path – roof structure needs to be connected to walls, can be completed
    - Above foundation is not adequate, below low ground seems to be adequate



- Concept retrofits (wall) some areas are in good shape and there are additional walls that will need to be strengthened
- Roof will need some blocking ties to tie the roof together
- Exterior walls are heavy but the masonry walls is an anesthetic look, to remove them would not be beneficial
- Conclusion:
  - Use existing structure to the fullest potential
  - Added elements are all I structurally accessible areas
  - No need to add new walls
  - No below grade structural work anticipated
  - OSHPD input to refine results
  - NPC-4D needs to go beyond 2030
- 3 Basic Options:
  - SPC-4D upgrade will still have to expand building and get the current facility upgraded
- Two areas to expand:
  - In the front or back area which is questionable with the parking for patients still being an issue, with the expansion we can continue to keep all office space or move non-clinical areas
  - Square footage could increase due to SPC-4D
- Option 1:
  - Structural upgrade is achievable
  - SPC-4D upgrades can occur independently over time
  - Largest available potential footprint
  - Utilized existing space
  - Parking requirement increases with new footprint
- Option 2:
  - Potential to acute care expansion
  - Can also add 2<sup>nd</sup> floor
  - Potential 40,000 square foot building expansion
- Option 3:
  - Replace hospital and clinic would be approximately 70,000 square feet which would require a new site
  - One story foot print
  - Provides all new GAC and SNF services
  - Can negotiate parking requirement for Hospital which is helpful to the District

**Board Member Roberts reported there is no action required.**

**B. Discussion and Potential Approval of Rescheduling or Cancelling the August 23, 2018 Planning & Facilities Committee Meeting:**

**Board Member Roberts motioned to cancel the August 23 Planning & Facilities Committee Meeting. Second by President Robbins to cancel the August 23 Planning & Facilities Committee Meeting. Board Member Roberts called for a vote. A vote in favor of the motion was unanimously approved.**

- Board Member Roberts - yes
- President Robbins - yes

**8. ADJOURNMENT\***

**President Robbins motioned to adjourn the meeting at 11:24 a.m. Second by Board Member Roberts to adjourn the meeting. Board Member Roberts adjourned the meeting.**

- Board Member Roberts - yes
- President Robbins - yes

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT  
BOARD OF DIRECTORS  
SPECIAL FINANCE COMMITTEE MEETING MINUTES  
41870 Garstin Drive, Big Bear Lake, Ca. 92315  
September 05, 2018**

**MEMBERS** Donna Nicely, Treasurer

Garth Hamblin, CFO

**PRESENT:** Rob Robbins, President  
John Friel, CEO

Shelly Egerer, Exec. Asst.

**STAFF:** Kerri Jex Mary Norman Angela Rodriguez

**COMMUNITY**

**MEMBERS:** None

**ABSENT:** Peter Boss, MD, Secretary

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**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 Rob Robbins were present. Also present were John Friel, CEO, Garth Hamblin, CFO and Shelly Egerer, Executive Assistant. Absent was Peter Boss, MD.

**3. ADOPTION OF AGENDA:**

Board Member Nicely motioned to adopt the September 05, 2018 Finance Committee Agenda as presented. Second by President Robbins to adopt the September 05, 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
- President Robbins- 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:**

- Board Member Nicely thanked President Robbins for attending the Finance Committee in Dr. Boss's absence.

**6. APPROVAL OF MINUTES:**

A. August 13, 2018

**Board Member Nicely motioned to approve the August 13, 2018 Finance Committee Meeting Minutes as presented. Second by President Robbins to approve the August 13, 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
- President Robbins- yes

**7. OLD BUSINESS:**

- None

**8. NEW BUSINESS\***

**A. Discussion and Potential Recommendation to the Board of Directors of the Following Contracts:**

**(1) Hologic Service Agreement**

- Board Member Nicely requested information as to why the service agreements are so costly and why did we not use other vendors for the service agreements.
- Ms. Rodriguez reported that this is an extended contract for warranty, past Board Minutes show comparison for the equipment; we do have an option on buying the warranties, a physicist stated that detector is over \$130,000 to replace, software upgrade is approximately \$35,000 software agreement, a third party cannot touch the software. We did receive a 15% off if we purchased the agreement and we will receive "same day service".

**(2) Cannon Medical Systems Service Agreement**

- Ms. Rodriguez reported this is for the ultrasound equipment \$87,750 per year with a multi-year agreement, includes 4 hour response time.

**Board Member Nicely motioned to recommend to the Board of Directors the Hologic Service Agreement and Cannon Medical Systems Service Agreement as presented. Second by President Robbins to recommend to the Board of Directors the Hologic Service Agreement and Cannon Medical Systems Service Agreement as presented. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.**

- Board Member Nicely- yes
- President Robbins- yes

**9. Presentation and Review of Financial Statements:**

**A. July 2018 Finances:**

- Mr. Hamblin reported the following information:
  - First month of new fiscal year
  - Days cash on hand continue to increase
  - Surplus is \$63,851
  - Patient days in Acute, no swing days and ER visits were below budget
  - Expenses are 5% below budget
  - SNF below budget; census is down
  - Expenses under budget
  - FTE's under budget
  - Medi-Cal Management Plans are being discussed and what the reimbursement would be.

- President Robbins stated that he recalls April and August are the bad months and concerned this could be an issue.

## **B. CFO Report:**

- Mr. Hamblin reported the following information:
  - TruBridge: at the end of June & July days were over 80
    - Middle of August days were down 73
    - Continue to have weekly discussions
  - 340B Pharmacy Program:
    - Sub committee formed; will meet quarterly unless the committee determines that we need to meet more regularly
    - Manual tracking of medications at this time
    - Continue to monitor a retail program
  - Employee Benefits:
    - Continue to monitor benefit program
    - Open enrollment is scheduled for September
    - Fire Department will be doing an enrollment for AirMethods
    - Flu vaccinations will begin in October and any leftover immunizations will go to the clinic. There is no cost through the county on the vaccines.
  - QHR Productivity Benchmarking Assessment
    - Exchanging data
    - Have not scheduled an onsite visit at this time
  - Clinic Benchmarking work with QHR
    - Staff continues to work on the benchmarking data
    - Provider data is also being obtained.

**Board Member Nicely motioned to approve the July 2018 Finance Report and the CFO Report as presented. Second by President Robbins to approve the July 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
- President Robbins- yes

## **10. ADJOURNMENT\***


**Board Member Nicely motioned to adjourn at 1:34 p.m. Second by President Robbins to adjourn. Board Member Nicely called for a vote. A vote in favor of the motion was unanimously approved.**

- Board Member Nicely- yes
- President Robbins - yes



## Recommendation for Action

Date: September 21, 2018  
To: Human Resource Committee, Finance Committee &  
Board of Directors  
From: John Friel, CEO  
Re: Fundamental Concept Contract (Grant Writer)

A handwritten signature in black ink, appearing to read "John Friel", is written over the "To:" and "From:" lines and extends down over the "Re:" line.

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### Recommended Action

To provide a recommendation to the Board of Directors to approve the Fundamental Concept Agreement as presented.

### Background

Administration conducted an interview with Michelle French, Fundamental Concept to provide grant writer services to the District. Legal counsel has approved the agreement.



### Contract Cover Sheet

Contract Name: Fundamental Concepts  
Purpose of Contract: Grant Writer  
Contract # / Effective Date / Term 10/1/18, 9/30/19 -  
Originating Dept. Name / Number: Administration  
Department Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
BAA: ☐ Yes ☐ No W-9: ☒ Yes ☐ No

<u>Administrative Officer</u>	Signature: <u>NA</u>	Date: _____
<u>HIPAA/Privacy Officer</u> (as appropriate)	Signature: <u>NA</u>	Date: _____
<u>Legal Counsel</u>	Signature: <u>via email</u>	Date: <u>9-18-18</u>
<u>Compliance Officer</u>	Signature: <u>Mary Norger</u>	Date: <u>9-10-18</u>
<u>Chief Financial Officer</u>	Signature: <u>[Signature]</u>	Date: <u>10-5-2018</u>
<u>Chief Executive Officer</u>	Signature: _____	Date: _____
<u>Board of Directors</u> When Applicable	Signature: _____	Date: _____

1. Final Signatures on Contract, BAA & W-9: Date: \_\_\_\_\_
2. Copy of Contract/BAA/W-9 forwarded to Department Manager: Date: \_\_\_\_\_
3. Copy of Contract/BAA/W-9 forwarded to Contractor (if applicable): Date: \_\_\_\_\_
4. Copy of Contract/BAA/W-9 scanned/mailed to Controller and Legal: Date: \_\_\_\_\_  
(if applicable)

### Contract Cover Sheet

#### **CONFIDENTIAL NOTICE:**

Note: This document and attachments are covered by CA Evidence Code 1157 and CA Health and Safety Code 1370.  
NOTICE TO RECIPIENT: If you are not the intended recipient of this, you are prohibited from sharing, copying or otherwise using or disclosing its contents. If you have received this document in error, please notify the sender immediately by reply email and permanently delete this document and any attachments without reading, forwarding or saving them. Thank you  
Updated 5/2017



## INDEPENDENT CONTRACTOR/CONSULTANT AGREEMENT

This agreement is made between **Bear Valley Community Healthcare District**, hereinafter called "agency", and **FUNDamental Concepts**, hereinafter called "contractor". Whereas, the agency desires **grant research, grant writing and grant submission services**, and the contractor (and other consultants retained by the contractor) are willing to provide such services for the agency, and in consideration of the mutual covenants and promises of the parties hereto, the agency and contractor agree as follows:

- 1) The contractor agrees always to faithfully, industriously, and to the best of her/his ability, experience and talent, perform all the duties that may be required of and from her/him pursuant to the express and explicit terms hereof to the reasonable satisfaction of the agency.
- 2) It is mutually understood and agreed that the contractor and employees of the contractor are acting as independent agents and expressly agrees that all work shall be performed in strict accordance with currently approved professional methods and practices, including confidentiality of information.
- 3) The contractor agrees to maintain in good standing, all necessary and appropriate business license(s). Contractor shall also comply with all local, state and federal laws, regulations and ordinances governing such services, and shall provide copies of all materials submitted on the agency's behalf.
- 4) It is expressly agreed by the parties hereto that no work performed by the contractor, or the contractors' consultants, pursuant to the terms of this agreement, shall be construed to render the contractor or consultant's employees of the agency. The contractor shall not charge to the credit of the agency or incur any obligation or enter a contract or agreement on behalf of the agency. Further, the contractor directs their work and time spent on behalf of the agency.
- 5) The contractor agrees to the following Scope of Work:
  - Preparation of boilerplate information on various programs and initiatives in need of funding, as determined by agency priorities.
  - Initial research of government, private and corporate funding sources to match with agency programs and initiatives. Develop a preliminary submission schedule and update regularly
  - Preparation and submission of an average of approximately 4-5 proposals and letters of intent each month once the boilerplate and research is conducted, depending on the size of each proposal.
  - Ongoing research to identify additional funding resources.
  - Administrative services to include invoicing, monthly reports, proposal submission reports, ongoing research, office supplies, shipping, emails and phone calls (under 15 minutes) calculated @ 15% of monthly hours (4.5 hours for this contract).
  - Hourly fees are inclusive of all services including meetings, travel time, emails, research, proposal development, submission of proposals (including any overnight mail service fees). No additional charges will be made without the express agreement of the client and consultant (i.e. long-distance travel for bid conferences, accommodations, meals, etc.).
- 6) Contractor agrees to perform **an average of 30 hours per month during October 1, 2018, to September 30, 2019 for a total of 360 hours during the contract period.** Compensation at a rate of **\$3,375 per month (@ \$112.50 hourly rate) for a total of \$40,500 during the contract period.**
- 7) Terms of the contract are: By monthly invoice, payments of \$3,375 each month, beginning on October 1, 2018, due on the 1<sup>st</sup> of each month. The Contractor has the right to cancel the agreement for non-payment (10 working days past due, unless prior arrangements have been made.) A \$15 late fee will be assessed if payment is not made by the fifth working day

## AGREEMENT, PAGE 2

of the due date. Contractor reserves the right to make special payment terms if both parties are agreeable.

8) The agency agrees to provide timely information and documentation to consultant, including all items requested at contract start date, review, edits and approvals of proposals, including required attachments that are specific to each proposal:

**TIMELINES FOR RECEIPT OF INFORMATION FROM CLIENT/CONSULTANT (CAN BE WAIVED BY MUTAL AGREEMENT):**

- **Private Foundations (including online applications):** Five (5) business days prior to DUE DATE (consultant will provide final draft seven (7) business days prior to due date)
- **Local Government (including online applications):** Seven (7) business days prior to DUE DATE (consultant will provide final draft 10 business days prior to due date)
- **State and Federal Government (including online applications):** Eight (8) business days prior to DUE DATE (consultant will provide final draft 11 business days prior to due date)
- **UNDER NO CIRCUMSTANCES WILL INFORMATION BE ACCEPTED LESS THAN 24 HOURS PRIOR TO THE DUE DATE**

**ADDITIONAL FEES WHEN TIMELINES FOR RECEIPT OF INFORMATION ARE NOT MET:**

FUNDamental Concepts will provide agency with an outline and timeline of information, or written notice for when **ALL** information must be received. If information is not received by that date, **additional "RUSH" fees will be incurred to your account as follows:**  
**\$500 PER DAY** (Including any holidays, weekends or scheduled vacation time) when information is not received by the original due date according to the timeline schedule above, up to and including the date of submission/delivery.

This fee is in **ADDITION** to the hourly fee that will be charged for any hours performed. (NOTE: THESE FEES COVER ADDITIONAL CONSULTANT WORK TO MEET DEADLINES (i.e. overtime, weekends, holidays, etc.), INCLUDING ADDITIONAL STAFFING AND RESOURCES WHEN NECESSARY TO MEET A DEADLINE).

FUNDamental Concepts will notify the agency via e-mail when additional fees are about to be incurred. The agency will have the option at the time of notification, to submit the proposal independently of FUNDamental Concepts. In this case, the agency must notify the consultant immediately in writing (email) that they will be responsible for the submission of the proposal, and the consultant will not be asked to perform any additional work. Consultant will turn over to agency all work on the proposal electronically.

**Terms of Additional Fees:** Due upon invoice upon submission of proposal, with documentation of additional days fees were incurred

9) Contractor acknowledges that the above described payments are the sole compensation for her/his services, and that the agency will not withhold from said compensation, federal, state or local income taxes, state disability insurance, social security taxes, or other withholdings.

**AGREEMENT, Page 3**

10) Contractor acknowledges that the agency is purchasing her/his expertise for the agency funding source /contract/community clients and activities, and that clients, served by the contractor, are the agency's clients.

11) This agreement shall remain in full force and effect for a period commencing on the 1<sup>st</sup> day of October, 2018, and ending on the 30<sup>th</sup> day of September, 2019.

12) This agreement may be terminated without cause by either party upon thirty (30) days written notice by certified/registered mail to the party set forth herein:

Agency: Bear Valley Community Healthcare District  
Address: PO Box 1649  
City/Zipcode: Big Bear Lake, CA 92315

Contractor: FUNDamental Concepts  
Address: P.O. Box 3559  
City/Zipcode: Running Springs, CA 92382-3559

13) This written agreement contains the sole and entire agreement and shall supersede all other agreements between the parties hereto. Each of the parties acknowledge that he/she reached on her/his own judgment in entering this agreement.

IN WITNESS, WHEREOF, the parties have entered this agreement as of the day and year first herein written above.

**Bear Valley Community Healthcare District:**

DATED: \_\_\_\_\_

TYPED NAME/TITLE: \_\_\_\_\_

BY: \_\_\_\_\_  
Signature

**FUNDAMENTAL CONCEPTS:**

DATED: 9/13/2018

TYPED NAME/TITLE: Michelle French, Owner/Consultant

BY: Michelle French  
Signature



## Information for Finance Committee

**Date:** 26 September 2018  
**To:** BVCHD Finance Committee  
**From:** Garth M Hamblin, CFO  
**Re:** Assembly Bill No. 2329 by Assemblyman Obernolte  
Special Districts Board of Directors Compensation

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### Recommended Action

This is an information item only. Staff has no recommendations at present.

### Background

Attached is information related to Assembly Bill number 2329 by Assemblyman Obernolte related to compensation of Board of Directors of special districts including Special District Hospitals and . This bill was approved by the governor on August 20, 2018.

The bill would authorize a hospital district Board of Directors to compensate its members for no more than six meetings in a calendar month and to increase compensation by no more than 5% annually.



## Assembly Bill No. 2329

### CHAPTER 170

An act to amend Sections 9031, 13857, and 32103 of the Health and Safety Code, to amend Sections 5536 and 5784.15 of the Public Resources Code, and to amend Section 22407 of the Public Utilities Code, relating to special districts.

[Approved by Governor August 20, 2018. Filed with Secretary of State August 20, 2018.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2329, Obernolte. Special districts: board of directors: compensation.

(1) Existing law authorizes the board of trustees of a public cemetery district to approve an ordinance or resolution to compensate its members no more than \$100 to attend a board meeting, for no more than 4 meetings per month, and authorizes a public cemetery district board of trustees to increase that compensation by no more than 5% annually.

This bill would authorize a public cemetery district board of trustees to compensate its members for no more than 6 meetings in a calendar month. The bill would require the board of trustees, commencing January 1, 2019, if the district compensates its members for more than 4 meetings in a calendar month, to annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than 4 meetings per calendar month are necessary for the effective operation of the district.

(2) Under the Fire Protection District Law of 1987, each member of the board of directors of a fire protection district may receive compensation in an amount set by the board not to exceed \$100 for attending each meeting of the board, not to exceed 4 meetings in any calendar month.

This bill would authorize a fire protection district board of directors to compensate its members for no more than 6 meetings in any calendar month. The bill would require the board of directors, commencing January 1, 2019, if the district compensates its members for more than 4 meetings in a calendar month, to annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than 4 meetings per calendar month are necessary for the effective operation of the district.

(3) Existing law authorizes the board of directors of a hospital district to approve a resolution to compensate its members no more than \$100 to attend a board meeting for no more than 5 meetings per month.

This bill would authorize a hospital district board of directors to compensate its members for no more than 6 meetings in a calendar month and to increase that compensation by no more than 5% annually. The bill would require the board of directors, commencing January 1, 2019, if the district compensates its members for more than 5 meetings in a calendar

month, to annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than 5 meetings per calendar month are necessary for the effective operation of the district.

(4) Existing law authorizes the board of directors of a regional park district, regional park and open-space district, or regional open-space district to provide, by ordinance or resolution, that each of its members may receive an amount not to exceed \$100 per day for each attendance at a meeting of the board, and prohibits board members from receiving any other compensation for meetings, or from receiving more than \$500 compensation in any one calendar month.

This bill would provide that board members shall not receive compensation for more than 6 meetings of the board in a calendar month and would authorize the board of directors, by specified ordinance, to increase the amount of compensation received for attending meetings of the board. The bill would require the board of directors, commencing January 1, 2019, if the district compensates its members for more than 5 meetings in a calendar month, to annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than 5 meetings per calendar month are necessary for the effective operation of the district.

(5) Existing law, the Recreation and Park District Law, provides that each member of the board of directors of a recreation and park district may receive compensation in an amount not to exceed \$100 for attending each meeting of the board, and requires the maximum compensation in any calendar month to be \$500.

This bill would provide that board members shall not receive compensation for more than 6 meetings of the board in a calendar month. The bill would require the board of directors, commencing January 1, 2019, if the district compensates its members for more than 5 meetings in a calendar month, to annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than 5 meetings per calendar month are necessary for the effective operation of the district.

(6) Existing law requires each member of the board of directors of an airport district to receive compensation in an amount not to exceed \$100 for each attendance at the meeting of the board held within the district, which amount is fixed by the board. Existing law prohibits a director from receiving pay for more than 4 meetings in any calendar month.

This bill would authorize an airport district board of directors to compensate its members for no more than 6 meetings in a calendar month and to increase that compensation by no more than 5% annually. The bill would require the board of directors, commencing January 1, 2019, if the district compensates its members for more than 4 meetings in a calendar month, to annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than 4 meetings per calendar month are necessary for the effective operation of the district.

*The people of the State of California do enact as follows:*

SECTION 1. Section 9031 of the Health and Safety Code is amended to read:

9031. (a) The board of trustees may provide, by ordinance or resolution, that each of its members may receive compensation in an amount not to exceed one hundred dollars (\$100) for attending each meeting of the board. A member of the board of trustees shall not receive compensation for more than six meetings of the board in a calendar month. Commencing January 1, 2019, if the district compensates its members for more than four meetings in a calendar month, the board of trustees shall annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than four meetings per calendar month are necessary for the effective operation of the district.

(b) The board of trustees, by ordinance adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code, may increase the amount of compensation received for attending meetings of the board.

(c) In addition, members of the board of trustees may receive their actual and necessary traveling and incidental expenses incurred while on official business other than a meeting of the board.

(d) A member of the board of trustees may waive any or all of the payments permitted by this section.

(e) For the purposes of this section, a meeting of the board of trustees includes, but is not limited to, regular meetings, special meetings, closed sessions, emergency meetings, board field trips, district public hearings, or meetings of a committee of the board.

(f) For purposes of this section, the determination of whether a trustee's activities on any specific day are compensable shall be made pursuant to Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the Government Code.

(g) Reimbursement for these expenses is subject to Sections 53232.2 and 53232.3 of the Government Code.

SEC. 2. Section 13857 of the Health and Safety Code is amended to read:

13857. (a) Subject to subdivision (b), each member of the district board may receive compensation in an amount set by the district board not to exceed one hundred dollars (\$100) for attending each meeting of the district board. The number of meetings for which a member of the board of directors may receive compensation shall not exceed six meetings in any calendar month. Commencing January 1, 2019, if the district compensates its members for more than four meetings in a calendar month, the district board shall annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than four meetings per month are necessary for the effective operation of the district.

(b) The district board, by ordinance adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code, may



increase the compensation received by the district board members above the amount prescribed by subdivision (a).

(c) For purposes of this section, the determination of whether a director's activities on any specific day are compensable shall be made pursuant to Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the Government Code.

SEC. 3. Section 32103 of the Health and Safety Code is amended to read:

32103. (a) 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 the payment of not to exceed one hundred dollars (\$100) per meeting not to exceed six meetings a calendar month as compensation to each member of the board of directors. Commencing January 1, 2019, if the district compensates its members for more than five meetings in a calendar month, the board of directors shall annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than five meetings per month are necessary for the effective operation of the district.

(b) The board of directors, by ordinance adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code, may increase the amount of compensation received for attending meetings of the board by no more than 5 percent annually.

(c) Each member of the board of directors shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the district as approved by the board. For purposes of this section, the determination of whether a director's activities on any specific day are compensable shall be made pursuant to Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the Government Code. Reimbursement for these expenses is subject to Sections 53232.2 and 53232.3 of the Government Code.

SEC. 4. Section 5536 of the Public Resources Code is amended to read:

5536. (a) The board shall establish rules for its proceedings.

(b) The board may provide, by ordinance or resolution, that each of its members may receive an amount not to exceed one hundred dollars (\$100) per day for each attendance at a meeting of the board. For purposes of this section, a meeting of the board includes, but is not limited to, closed sessions of the board, board field trips, district public hearings, or meetings of a committee of the board. The maximum compensation allowable to a board member on any given day shall be one hundred dollars (\$100). Board members shall not receive compensation for more than six meetings of the board in a calendar month, except that board members of the East Bay Regional Park District may receive compensation for not more than 10 days in any one calendar month. A board member may elect to waive the per diem. In addition, the board may provide, by ordinance or resolution, that each of its members not otherwise eligible for an employer-paid or partially employer-paid group medical or group dental plan, or both, may participate

in any of those plans available to permanent employees of the district on the same terms available to those district employees or on terms and conditions as the board may determine. A board member who elects to participate in any plan may also elect to have the premium for the plan charged against his or her per diem and may further elect to waive the balance of the per diem. Commencing January 1, 2019, if the district compensates its members for more than five meetings in a calendar month, the board shall annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than five meetings per month are necessary for the effective operation of the district.

(c) The board of directors, by ordinance adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code, may increase the amount of compensation received for attending meetings of the board.

(d) All vacancies on the board shall be filled in accordance with the requirements of Section 1780 of the Government Code, except that, in the case of vacancies caused by the creation of new wards or subdistricts, the directors shall, prior to the vacancies being filled, determine by lot, for the purpose of fixing the terms of the first directors to be elected to the wards or subdistricts, which ward or subdistrict shall have a four-year term and which ward or subdistrict shall have a two-year term. The persons who fill the vacancies caused by the establishment of new wards or subdistricts shall hold office until the next general election and until their successors are elected and qualified for the terms previously determined by lot.

(e) For purposes of this section, the determination of whether a director's activities on any specific day are compensable shall be made pursuant to Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the Government Code.

SEC. 5. Section 5784.15 of the Public Resources Code is amended to read:

5784.15. (a) The board of directors may provide, by ordinance or resolution, that each of its members may receive compensation in an amount not to exceed one hundred dollars (\$100) for attending each meeting of the board. The board of directors, by ordinance adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code, may increase the amount of compensation received for attending meetings of the board.

(b) Board members shall not receive compensation for more than six meetings of the board in a calendar month. The board of directors shall, commencing January 1, 2019, if the district compensates its members for more than five meetings in a calendar month, annually adopt a written policy, based on a finding supported by substantial evidence, why more than five meetings per month are necessary for the effective operation of the district.

(c) In addition, members of the board of directors may receive their actual and necessary traveling and incidental expenses incurred while on official business.

(d) A member of the board of directors may waive the compensation.

(e) For the purposes of this section, a meeting of the board of directors includes, but is not limited to, regular meetings, special meetings, closed sessions, emergency meetings, board field trips, district public hearings, or meetings of a committee of the board.

(f) For purposes of this section, the determination of whether a director's activities on any specific day are compensable shall be made pursuant to Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the Government Code.

(g) Reimbursement for these expenses is subject to Sections 53232.2 and 53232.3 of the Government Code.

SEC. 6. Section 22407 of the Public Utilities Code is amended to read:

22407. (a) Each member of the board of directors shall receive compensation in an amount not to exceed one hundred dollars (\$100) for each attendance at the meeting of the board held within the district, which amount shall be fixed from time to time by the board. A director shall not receive pay for more than six meetings in any calendar month. The board of directors shall, commencing January 1, 2019, if the district compensates its members for more than four meetings per calendar month, adopt a written policy, based on a finding supported by substantial evidence, why more than four meetings per month are necessary for the effective operation of the district. The board of directors, by ordinance adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code, may increase the amount of compensation received for attending meetings of the board by no more than 5 percent annually.

(b) Each director shall be allowed, with the approval of the board, all traveling and other expenses necessarily incurred by the member in the performance of the member's duties. For purposes of this section, the determination of whether a director's activities on any specific day are compensable shall be made pursuant to Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the Government Code. Reimbursement for these expenses is subject to Sections 53232.2 and 53232.3 of the Government Code.





# BEAR VALLEY

COMMUNITY HEALTHCARE DISTRICT

*Discover Wellness*



2018-2019  
Strategic Marketing &  
Communication Plan



## Background & Introduction

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*To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others. - Tony Robbins*

### Understanding Marketing & Communications:

**Marketing:** Effective marketing generally starts from the point of the view of the audience, or customer, and seeks to anticipate and address their needs. Marketing is a “pull” strategy that meets the audience where it is, and then tries to steer the audience to a desired action or change in behavior. Marketing efforts appeal to the heart. Strategies for BVCHD marketing would be to engage patients, employees, residents, etc. and appeal to the heart of the story.

For this to be an effective strategy BVCHD would need to make a conscious effort, District-wide to collect positive stories, experiences and interactions and then make sure these are effectively communicated to the broader audience through our marketing efforts.

**Communications:** Communication efforts tend to be declarative, laying out a statement of opinion, a detailed factual case, or an institutional position. This information is then connected to the audience's interests. These efforts are “push” strategies with the organization pushing out information about its activities or agenda.

Communication efforts appeal to the head. Strategies for using communications for BVCHD would be to inform the public of services rendered, insurances accepted, and new technology being used. For this to be an effective strategy BVCHD would need to be proactive in educating employees of services and information. This would be the most cost effective strategy to “push” accurate information into the community, thereby creating fact based information versus grapevine hearsay.

*Best-practices combine the best aspects of both these approaches, and appeal to both the heart and the head.*

### Discover Wellness for your child



Parents know who they should go to when their child is sick. But pediatrician visits are just as important for healthy children. Schedule your well-child visit today!

**BEAR VALLEY**  
COMMUNITY HEALTHCARE DISTRICT

Your wellness is our success.

The Family Health Center 909.878.8246  
BVCHD.com



# Background & Introduction

## Why is Marketing & Communications Important?

Marketing and Communication efforts serve to define and then defend an organization's position, and move it closer to successfully achieving its mission. BVCHD's mission is to ***deliver quality healthcare to the residents of and visitors of Big Bear Valley through the most effective use of available resources.*** For us to effectively market the delivery of quality healthcare we need to capitalize on opportunities to provide needed services to local residents and visitors. This means capturing success stories and using them to tell the story. Both from employees as well as consumers.

It is also vital for the organization to train staff on accurate information. An organizations strongest and most effective resource is the people who do the work we are marketing. For this to happen there must be consistency in information being provided, as well as how the information is provided. When employees are not on the same page, this creates brand confusion, and this disseminates into the community we currently provide services to.



**A successful marketing and communications campaign answers the following questions:**  
*How is our program distinctive?*  
*What do we want to be known for?*  
*Why is our work relevant?*

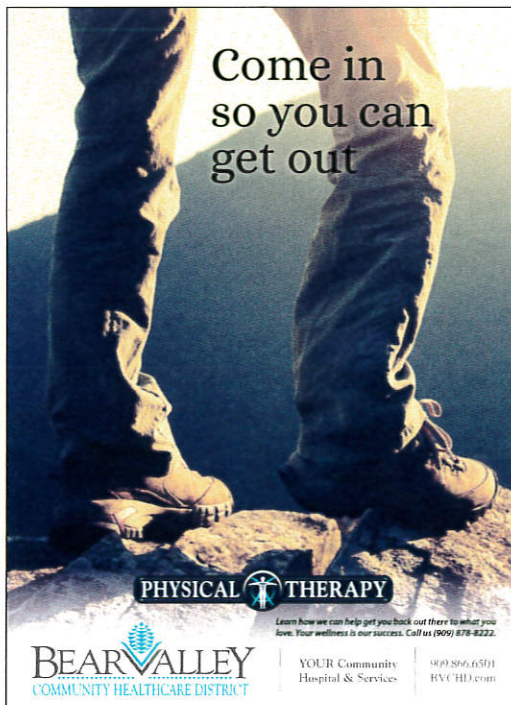
**Marketing and Communication efforts can assist the organization achieve its mission by:**

- Engaging Consumers
- Developing Key Champions/Stakeholders
- Supporting Fundraising Efforts
- Building the Brand
- Positioning Itself as an Expert through Thought Leadership

For BVCHD to achieve the benefits of effective marketing and communication efforts, we must be strategic in our implementation process. We need to continue to be able to quickly react to opportunities when they present themselves. The Marketing and Communication Plan provides BVCHD with a structured process to do so. The plan also provides a structured approach for staff to be intentional and organized in our approach. It highlights our mission, goals and strategies. It provides a framework for how the marketing and communications of the organization will be implemented.



**Questions to ask ourselves:**  
*Are we effectively using both?*





## Background & Introduction

“ *The art of communication is the language of leadership.*  
– James Humes

**For our Marketing & Communication strategies to be effective,** we must have effective communication internally, beginning at the Board level, through the Administrative Team, onto Managers, and being clearly communicated to ALL Employees. Some strategies we would like to implement in 2017-2018 are having Board Members rotate through departmental meetings to inform staff of board level activities. This will be especially useful for employees who are unable to attend board meetings.

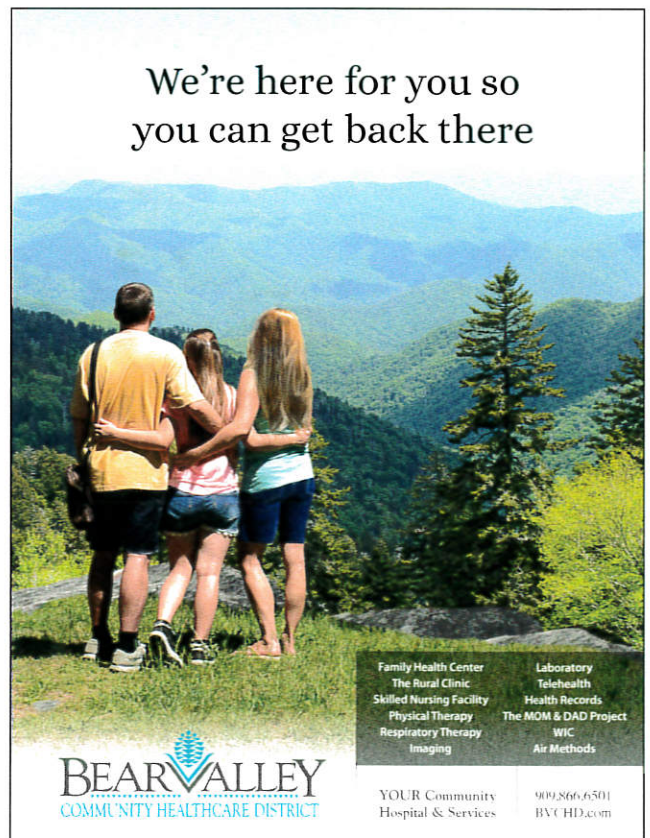
**Through our SCORE survey,** the Department Managers have started morning huddles and walking rounds, where they visit various departments, making communication more accessible through a less structured environment. Additionally, the Administrative Team has started a recognition process where departments tell them “something good” and as a result, specific employees are given specific recognition through a hand written note from the Administrative Team providing them the positive feedback for their efforts.

We are working to establish a **“Coffee with the CEO”** in which the CEO will schedule monthly time to be available in the Hospital cafeteria where employees, patients, or the public can ask questions, share concerns, and dispel rumors. This provides a very safe environment where people can approach leadership to be more informed with accurate information.

**The Family Health Center is going to be initiating “Doc Talks”** where various health care providers throughout the District provide free informative classes surrounding health and living a healthier lifestyle. These classes are provided to the community free of cost, and will serve as helping us achieve a portion of our Strategic Plan in reaching out further to the local community through education.

These efforts will help increase accurate communication, and help the BVCHD team avoid the “grapevine” communication. Through these efforts we hope to increase the transparency of our culture and make the environment one where, open, honest communication is not only acceptable, but encouraged. These efforts will help with our marketing and communication efforts towards our patients and external audience.

We're here for you so  
you can get back there



Family Health Center  
The Rural Clinic  
Skilled Nursing Facility  
Physical Therapy  
Respiratory Therapy  
Imaging

Laboratory  
Telehealth  
Health Records  
The MOM & DAD Project  
WIC  
Air Methods

YOUR Community  
Hospital & Services

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BEAR VALLEY  
COMMUNITY HEALTHCARE DISTRICT



## Background & Introduction

**The Bear Valley Community Healthcare District intends to create consistency in the brand message that is important to maintaining the company's public image.**

In 2018, the brand message will be centered around prevention, versus intervention. The key to health, is being healthy. Our campaign will feature our services in a positive prevention lens, and will focus on overall health. The slogan that all advertising will be attached to is "Be Well." We will be looking to take a very proactive approach to health, advertising for prevention and early intervention. The branding will all be geared towards a very positive, and service oriented strategy.

All correspondence that goes out to the media outlets will contain the same brand message as decided by the Marketing and Administrative Team. The internal audience of employees and managerial staff will also understand the information that the District is releasing. This prevents contradicting information both internally and externally which creates confusion for the intended audience.



**Dad's involvement**  
during pregnancy positively influences health outcomes for mom, dad and baby.\*

\*Wilkinson, M. Engstrom, 2015. Predicting Upstream Fathers Involvement During Pregnancy

The Family Health Center  
**THE DAD PROJECT**

*Your Wellness is Our Success.*  
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41820 Garstin Dr. • Big Bear Lake

Additionally, all events, promotional materials, apparel and other marketing and communication that contains the District logo must be approved by the Marketing and Administrative Team. This will help with brand consistency, presenting a unified team, and a unified branding image. This also provides the District with continuity, and develops unity with the brand, thereby eliminating competing stories, ideas and images.

The Marketing Team will also develop a "Style Guide" for the brand image this fiscal year that will provide guidance for anyone who has access to the branding of BVCHD. This will provide consistency with advertising, marketing and promotional items, as well as the story that BVCHD is putting out to the community at large.



**START STRONG**

The FAMILY HEALTH CENTER is proud to provide comprehensive **WOMEN'S HEALTH** services to our Big Bear community.

If you or someone you know is looking for a great team that specializes in women's health, OB care or comprehensive perinatal services - please contact the Family Health Center at (909) 878-8246.

**BEAR VALLEY**  
COMMUNITY HEALTHCARE DISTRICT  
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# Background & Introduction

**The Bear Valley Community Healthcare District's Strategic Marketing & Communication Plan was developed out of years of turn over, mixed messages, and a loss of intended identity.**

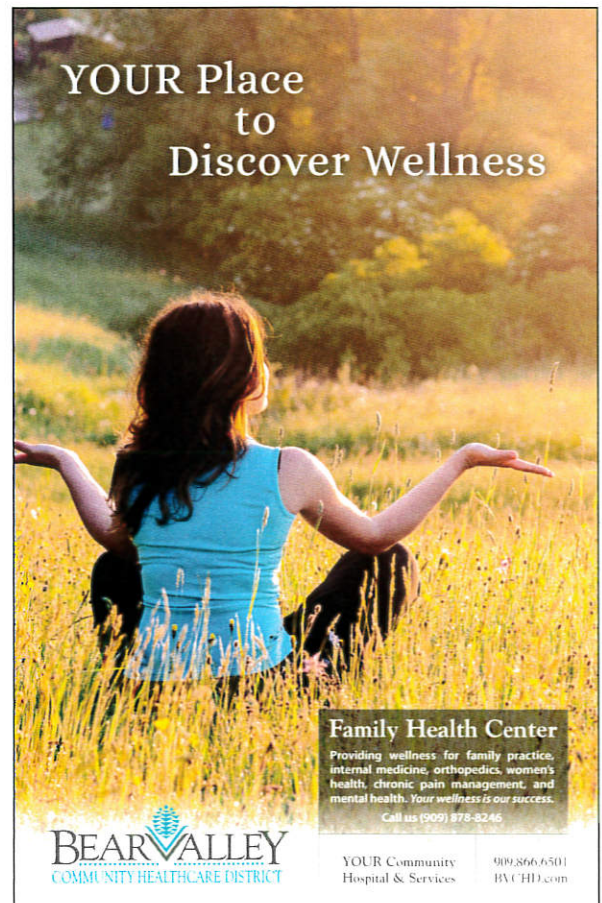
In previous years, the brand has suffered from inconsistencies, and lack of a strong internal messaging as well as messaging to the community. This is the second year of the Strategic Marketing & Communication Plan and we have effectively used it as a tool that anyone in the organization can pick up and quickly understand our marketing and branding process. The intention continues to be, bringing continuity to the organization, regardless of who holds various positions at the District. Further, the document continues to provide a framework for the entire organization to obtain training on the brand message.

The initial intention in 2017 for the Strategic Marketing & Communication Plan was for it to be presented in orientation to new hires, and presented to the Board of Directors, Administrative Team, Department Managers and Employees. The intention for the 2018 Strategic Marketing & Communication Plan remains the same. This will provide the audience with consistent messaging and brand management. According to Forbes, *"Strategies to Strengthen Communication Within Your Company,"* healthy internal communication is central to the success of any company, whether the organization is a small startup or an established large enterprise. So for BVCHD to be successful at any marketing and communication efforts, we must continue to build upon healthy internal communications.

**By having an effective Strategic Marketing & Communication Plan we will increase the economic benefits for the organization.**

BVCHD will develop core messages that connect the District to employees, as well as our community and various audiences that the organization wishes to target. It will also allow BVCHD to quickly capitalize on marketing and communication opportunities as they present themselves. The District is looking to get the maximum impact from our communication efforts, and to do this the organization must become very clear about the identified target audiences, what the organization is trying to communicate, and how to make the messages effective.

BVCHD achieves positive results by focusing on the key messages through employee campaigns, sponsorships, advertising efforts, and internal culture. For 2018-2019 the key messages will focus on prevention with the slogan of "Be Well," with efforts targeted around services provided, insurance accepted, employee qualifications and achievements, as well as highlighting skills of staff, upgrades in equipment, and quality of care provided at BVCHD.



**YOUR Place  
to  
Discover Wellness**

**Family Health Center**  
Providing wellness for family practice,  
internal medicine, orthopedics, women's  
health, chronic pain management, and  
mental health. Your wellness is our success.  
Call us (909) 878-8246

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# Community Constituencies

**The Bear Valley Community Healthcare District (BVCHD) is currently the ONLY hospital located in the Big Bear Valley. BVCHD has an Emergency Department, Skilled Nursing Facility, Respiratory, Physical Therapy, Family Health Clinic, Dental Clinic, Laboratory, Telehealth, Radiology, and Parenting Education and Resource Center.**

BVCHD has made conscious efforts in 2017-2018 to actively engage the community of Big Bear through our marketing and communication strategies. We have attended community events, sponsored local events that focus on health and healthy living, such as Tour de' Big Bear, Big Bear Triathlon, Kodiak Kids Race and various sports sponsorships throughout the Big Bear Valley. BVCHD has made efforts in engaging local children through the Health Fair and Carnival, as well as sponsoring various athletic teams that encourage a healthy lifestyle from an early age. BVCHD has hosted community events, through Chamber Mixers, Lunch and Learns for Soroptimist, and AAUW, a Donor Tea, and elementary school tours. All of these events have brought community members to the BVCHD campus to learn firsthand, factual information about where the District currently stands both with services available as well as our financial status.

In our previous Marketing & Communication Plan there was an internal focus on all departments and services provided used to engage the 200+ employees of BVCHD, in hopes that this would help involve employees and have a ripple effect though families and friends of the employees through the community. BVCHD was able to feature all BVCHD departments in printed advertising in the local newspaper, as well as through social media, and some departments were also featured on the local radio station.

In 2017-2018 BVCHD was featured in the local paper 47 times. The stories were surrounding employees, programs, services and all were centered in a positive light for what is available at BVCHD. We continued with our key messages of "Quality Healthcare Close to Home" "Exceptional care-exceptional people" and "Healthcare that cares." BVCHD was able to develop a new user friendly and responsive website. BVCHD was able to provide 30 blogs on the website featuring employees, programs, upgrades and information. These stories were also sent out as press releases to the local media and two of the stories were picked up by a regional paper to provide us a further reach in our efforts.

BVCHD also became more engaged in social media, focusing primarily on Facebook, and taking our page "likes" from under 500 to over 900. In 2018-19 BVCHD will expand in this market by adding Instagram and possibly Twitter when appropriate.

*Our target audiences were broken up into the following categories to be consistent with the overall brand message of Wellness.*

- Emergency Room
- Acute Beds
- Family Health Clinic
- Physical Therapy
- Skilled Nursing
- Respiratory
- Rural Health Clinic/Dental
- Imaging
- Mental Health
- Laboratory
- The Mom & Dad Project



## Communication Goals

“

*You can't teach culture. You have to live it. You have to experience it. You have to share it. And most importantly you have to live it. - Brent Harris*

Our goal is to communicate our mission, vision, and core values to our employees, volunteers, patients and our community.

Our goal is to effectively educate residents of the Big Bear community on services being provided and expanded at BVHCD to improve accessibility.

Our goal is to engage our community in a real way to provide necessary services to the Big Bear Valley.

Our goal is to create maximum impact with our brand message.

Our goal is to better understand community needs and perceptions of our services.

Our goal is to raise awareness about services that are currently being provided and expanded at BVHCD.

Our goal is to increase our donor base for fundraising activities.

Our goal is to find partners that we can collaborate with to expand services to a broader base.

## Communication Strategies

People visiting our community need to be aware of our services available in case of an emergency while they are visiting.

Big Bear Residents need to be aware of the quality care we provide right here at home for their emergent and non-emergent needs.

Patients looking for specific service such as Pediatrics, OBGYN, Family Practice, Dental and Mental Health Services.



**The Sports Season Starts Here**

*The Family Health Center is here for all your well-child and back to school physical needs.*

**The Family Health Center**

**BEAR VALLEY**  
COMMUNITY HEALTHCARE DISTRICT

*Your wellness is our success.*

The Family Health Center 909.878.8246 BVHCD.com



# Communication Infrastructure

## Communication and Marketing our brand is everyone's responsibility.

Research continues to tell us that for maximum impact to be reached all BVCHD personnel must all be telling the same story. Disjointed messages coming from within the organization creates a brand identity crisis in the Big Bear community. It will be the responsibility of the Board of Directors and Administrative Team to communicate to Managers, the key messages, stories, and target audiences that we are seeking to impact. The BVCHD Managers need to continue to provide accurate information to their departmental staff regarding key messages, stories and target audiences. It is also the Department Managers responsibility to relay the information from front line staff to Administration regarding positive stories, outcomes and situations so that they can be embedded in future marketing efforts.

**The Board of Directors, Administrative Team, Managers, Employees and Volunteers** should identify 10-12 key champions that are connected to the community and capable to take the message outside of the four walls of BVCHD. These key champions should be a part of the Strategic Marketing & Communication planning, ensuring that a consistent message is being conveyed to the larger audience. Once these key champions are identified, then a planning session should take place to link the organization with outside connections (i.e. social clubs, events, and other avenues) to disperse said marketing and communications.

These key champions could include members from the Foundation, the Auxiliary, and various departments in the Hospital. They could also come from people identified through the Patient & Family Advisory Council. BVCHD needs to be more intentional about using their human capital to further tell the story, and help with the marketing and communication goals being presented to the larger community.

## Target Audiences



**Childbirth classes**  
 help build your confidence in  
 your body's ability to give birth.\*

\*American Pregnancy Association

The Family Health Center  
 Your Wellness is Our Success.  
 The Mom & Dad Project

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### The target audiences that BVCHD would like to extend marketing and communication to are the following:

1. Emergency Room - Visiting patients
2. Emergency Room - Local patients
3. Family Health Center - Local patients
4. Physical Therapy - Local Patients
5. Skilled Nursing - potential residents, caregivers and family members
6. Local Physicians
7. Donors
8. Local Service Clubs
9. Grant Makers



## Communication Infrastructure

### Key Messages:

***BE WELL***

***DISCOVER WELLNESS***

***Your wellness is our success.***

***Your place to discover wellness.***

***Prevention is better than cure!***

***Bear Valley Community Healthcare  
District, building a stronger  
community.***

### Key Champions:

***BVCHD Board of Directors***

***BVCHD Administrative Staff***

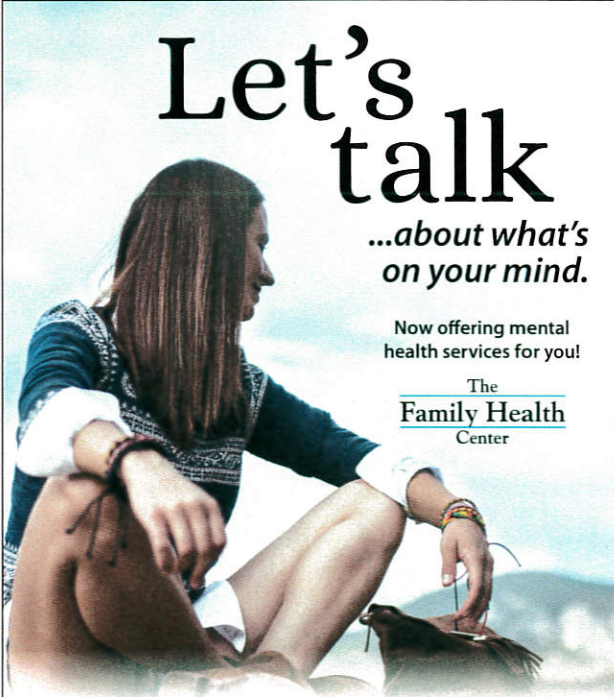
***BVCHD Employees***

***BVCHD Hospital Auxiliary***

***BVCHD Hospital Foundation***

As reported in the prior report, we have no formal "onboarding" process to educate employees, management, volunteers and Board members to our marketing and communication goals. The Marketing Team is again recommending making this a priority when it comes to training within the facility. This education will help maintain continuity of the brand and the brand image. The importance of telling the same story, and presenting the same message would serve the BVCHD brand in a very positive way.

Continuing to develop key messages that all staff are educated on, as well as continuing to develop strategic presentations, i.e. Mammography, Physical Therapy, Swing Bed Recovery, to continue to educate the public would be beneficial for the organization.



**Let's  
talk**

***...about what's  
on your mind.***

Now offering mental  
health services for you!

The  
**Family Health  
Center**

***Your wellness is our success.***

**BEAR VALLEY**  
COMMUNITY HEALTHCARE DISTRICT

The Family  
Health Center      909.878.8246  
BVCHD.com



# Communications Outlets & Collateral

In 2018-19 BVCHD will continue to develop strong collateral and relationships with communication outlets. We will continue to market in the traditional forums of print and radio.

## Television and Radio

- Radio ads, various members of our team communicating the same message
- Interviews with key staff and Board members regarding happenings at the facility
- PSA's regarding special events for the community (i.e. Immunization Clinic)

## Print Media

- Press releases
- Paid inserts
- Paid ads
- Newspaper articles

## Internet

- Website
- Banner ads

## Outdoor & Other

- Bus stop ads
- Movie theater ads
- Senior Citizen Bingo
- Restaurant Menus
- Shopping Cart Advertising



## Social Media

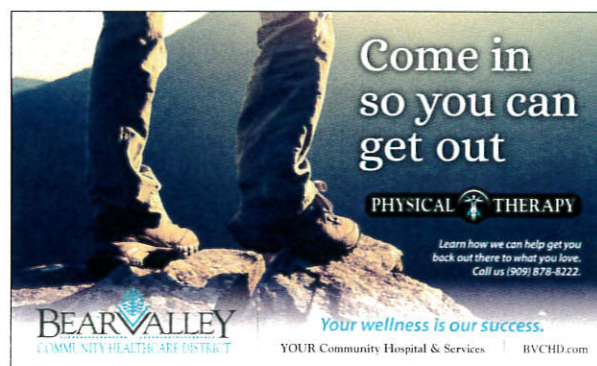
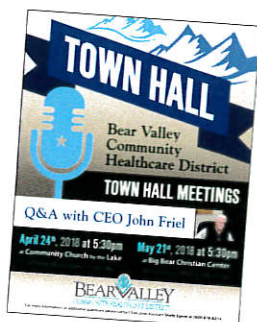
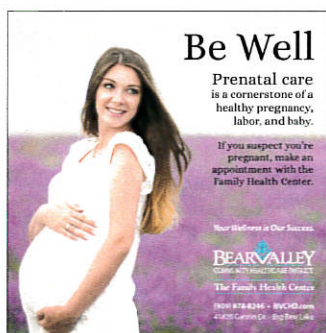
- Facebook
- Instagram
- Snapchat
- Hootsuite

## Presentations

- Town hall style meetings
- Chamber mixers
- Lunch and Learns
- Donor Recognitions
- Speaking engagements: with tools including Power Points, handouts,

## Collateral

- Strategic Plan
- Community Health Needs Assessments
- Brochures
- Rack Cards
- Promotional Items
- Testimonials





# Communications Outlets & Collateral

## 2017 Accomplishments that were highlighted through Marketing and Communication efforts:

### Grants Obtained:

- Obtained State grant to develop a Pain Management Program- PRIME
- Obtained State grant to provide Smoking Cessation classes to the community
- Obtained State grant to participate in the Local Dental Pilot Program through teledentistry
- Obtained Foundation grant to provide updated training for our Foundation Board
- Obtained Foundation grant to provide Maternal Mental Health support
- Obtained Foundation grant to expand the Fatherhood Program

### Additional Staff:

- Rural Health Clinic hired an LCSW
- Rural Health Clinic hired additional mental health providers through the telehealth services
- Added Oral Health Navigator to the Mom & Dad Project
- Family Health Center hired an Acupuncture Specialist
- Family Health Center hired a Podiatrist

### Additional or upgraded services:

- Laser Treatment in our Physical Therapy Department
- Toshiba 64 slice CT Scanner
- 3D Mammography
- Remodel of Skilled Nursing rooms
- Complete redesign of BVCHD.com
- Premier Provider agreement with Mercy Air
- Implementation of Just Culture



### Community Outreach:

- Town Hall Meetings
- Health Fair
- Polar Plunge
- Tour De Big Bear
- Big Bear Triathlon
- Big Bear Wine Walk
- Community Church Easter Eggstraveganza
- Humanitarian of the Year
- Lunch and Learns
- Chamber of Commerce events held onsite
- Donor Recognition Tea
- Auxiliary Golf Tournament





## Evaluation

According to Forbes *Strategies to Strengthen Communication Within Your Company*, “**Strengthening your internal communication at every level can lead to greater operational efficiency, increased sales, and a more satisfying company culture.**”

*We will know our efforts have been successful by the following:*

- Increased employee moral
- Increased understanding of community needs and perceptions of our services
- We will be seen as the lead provider for quality healthcare close to home, with prevention and wellness being our primary message
- Increased usage of services, especially those that can be considered preventative, that are provided at BVCHD
- Increased donor base for fundraising activities
- Increased collaborative partners

## Implementation Plan

In 2017-2018 BVCHD advertised on the radio, in the local newspaper, at local bus stops, in the local theater, at local restaurants as well as sponsored a variety of events held throughout the valley.

BVCHD sent out 14 press releases, increased our social media presence, had 30 new blog posts on our website and were featured 47 times in our local newspaper.

For 2018-2019 BVCHD will continue what has worked, in that we will continue to advertise in the local newspaper, local radio, bus stops, local theater and local restaurants. Additionally, BVCHD advertised in the local Senior Citizen's Center, we are on the waiting list for shopping cart advertising at VONS and have been looking for other opportunities to effectively market and communicate to the community regarding services provided at BVCHD.

In 2017-18, The District put together **targeted marketing efforts** that included attending and sponsoring local events, such as The Polar Plunge, Tour De Big Bear, Amgen, BVCHD- Southwest Gas blood drive, BVCHD-Immunization Clinic, BVCHD Auxiliary Golf Tournament, Halloween in the village, the Village Wine Walk, and The Big Bear Chamber Golf Tournament

We also **sponsored a local** youth baseball team, soccer team, and basketball team. All sports sponsorships included our branding on their banners, as well as on the kid's jerseys. We also sponsored Cub Backers sports backpacks, and Bear Backers annual sports calendar, both with BVCHD branding. BVCHD sponsored two adult sports teams that were created by employees. We sponsored Dancing for the Lake, The Rotary Valentines Sweetheart Ball, and The Eagle of Excellence, and Soroptimists Annual Christmas Auction.

We developed brochures, rack cards, business cards, and collateral items such as tumblers, sunscreen, hand sanitizers, grocery bags, and other promotional items that we were able to give away at various events throughout our community.



## Implementation Plan (continued)

### In forecasting for 2018-19, we have developed the following Marketing and Communication schedule:

#### July:

- New Campaign Awareness
- Prevention
- Be Well

#### August:

- Well Child (Healthy Kids)
- Family Health Center (Discover Wellness)
- OB (Healthy Mom & Baby)

#### September:

- Open Enrollment (Preventative Care)
- Car Seat Safety (Child Safety while driving)
- Dental (Preventative Screenings)

#### October:

- Mammo (Preventative Breast Cancer Screenings)
- Mom & Dad Project (Healthy families)
- Physical Therapy (get moving again)

#### November:

- Skilled Nursing

#### December:

- Emergency Room
- Mental Health
- Volunteering (Foundation/Auxiliary)

#### January:

- Dietary
- Healthy Weight management
- CPSP Healthy Pregnancy

#### February:

- Children's Oral Health

#### March:

- Physical Therapy

#### April:

- Radiology

#### May:

- Mental Health Awareness
- Skilled Nursing

#### June:

- Health Fair

#### Additional Ads:

will be run for specific programs and services, such as Doc Talks, Smoking Cessation, Etc.

## Discover Wellness

for your child



Parents know who they should go to when their child is sick. But pediatrician visits are just as important for healthy children. Schedule your *well-child* visit today!

**BEAR VALLEY**  
COMMUNITY HEALTHCARE DISTRICT

*Your wellness is our success.*

The Family Health Center | 909.878.8246  
BVCHD.com



# Communication Plan

## Communication Goal

*To create maximum impact with our brand message.*

### Target Audience

- Emergency Room – Visitors
- Emergency Room – Locals
- Local Patients of the Clinic
- Local Patients recovery and physical therapy
- Skilled nursing residents and family members/ caregivers

### Key Messages

- BE WELL
- DISCOVER WELLNESS
- Your wellness is our success.
- Your place to discover wellness.
- Prevention is better than cure!
- Bear Valley Community Healthcare District, building a stronger community.

### Strategy

- One-on-One Meetings and Conversations with center of influence networks
- Social Media: Use of Facebook and/or YouTube
- Website
- Collateral distribution
- Presentations at community meetings

### Collateral Needed

- Collateral Resources
- Key Talking Points segmented for each target population
- Multi-media platform to distribute social media blasts
- Website/Content development

## Communication Goal

*To better understand community needs and perception of our services*

### Target Audience

- The Community
- Patients who have had a service at BVCHD

### Key Messages

- BE WELL
- DISCOVER WELLNESS
- Each BVCHD Department to identify and share a success story to build community outreach.
- BVCHD must continue to invest in the community and be a part of it. It is vital that we are at community events, and maintain a community presence.

### Strategy

- Town hall meetings
- Continued surveys
- Patient experience groups
- Internal work group on what is heard in the community

### Collateral Needed

- Surveys
- Space to hold various town hall meetings
- Collateral to be distributed at various events



# Communication Plan

## Communication Goal

*Gain visibility as the lead provider for quality healthcare close to home.*

Target Audience	Key Messages	Strategy	Collateral Needed
<ul style="list-style-type: none"> <li>Emergency Room – Visitors</li> <li>Emergency Room – Locals</li> <li>Local Patients of the Clinic</li> <li>Local Patients recovery and physical therapy</li> <li>Skilled nursing residents and family members/ caregivers</li> </ul>	<ul style="list-style-type: none"> <li>BE WELL</li> <li>DISCOVER WELLNESS</li> <li>Your wellness is our success.</li> <li>Your place to discover wellness.</li> <li>Prevention is better than cure!</li> <li>Bear Valley Community Healthcare District, building a stronger community.</li> </ul>	<ul style="list-style-type: none"> <li>Continued marketing to the target audiences through media outlets</li> <li>Continue with consistency in our brand messaging</li> <li>Continue to train staff on brand messaging</li> <li>One-on-One Meetings and Conversations with center of influence networks</li> <li>Social Media: Use of Facebook and/or YouTube</li> <li>Website</li> </ul>	<ul style="list-style-type: none"> <li>BVCHD Collateral</li> <li>Key Talking Points segmented for each target population.</li> <li>Rack cards and brochures to be distributed</li> <li>Ads/creative</li> </ul>

## Communication Goal

*To raise awareness about services that are currently being provided and expanded at BVCHD.*

Target Audience	Key Messages	Strategy	Collateral Needed
<ul style="list-style-type: none"> <li>Emergency Room – Visitors</li> <li>Emergency Room – Locals</li> <li>Local Patients of the Clinic</li> <li>Local Patients recovery and physical therapy</li> <li>Skilled nursing residents and family members/ caregivers</li> <li>The Community</li> <li>Social Clubs</li> <li>City Government</li> </ul>	<ul style="list-style-type: none"> <li>BE WELL</li> <li>DISCOVER WELLNESS</li> <li>Your wellness is our success.</li> <li>Your place to discover wellness.</li> <li>Prevention is better than cure!</li> <li>Bear Valley Community Healthcare District, building a stronger community.</li> </ul>	<ul style="list-style-type: none"> <li>Continued marketing to the target audiences through media outlets</li> <li>Continue with consistency in our brand messaging</li> <li>Continue to train staff on brand messaging</li> <li>One-on-One Meetings and Conversations with center of influence networks</li> <li>Social Media: Use of Facebook and/or YouTube</li> <li>Website</li> </ul>	<ul style="list-style-type: none"> <li>Collateral Resources</li> <li>Key Talking Points segmented for each target population</li> <li>Multi-media platform to distribute social media blasts</li> <li>Website/Content development</li> </ul>



# Communication Plan

## Communication Goal

*To increase our donor base for fundraising activities.*

### Target Audience

- Community members
- Key stake holders
- Persons interested in the growth and health of BVCHD

### Key Messages

- BE WELL
- DISCOVER WELLNESS
- Your wellness is our success.
- Your place to discover wellness.
- Prevention is better than cure!
- Bear Valley Community Healthcare District, building a stronger community.

### Strategy

- Engage potential donors
- Re-engage past donors
- Involve Auxiliary and Foundation
- Host events

### Collateral Needed

- BVCHD Collateral
- Key Talking Points segmented for each target population.
- Space to hold various meetings

## Communication Goal

*To find partners that we can collaborate with to expand services to a broader base.*

### Target Audience

- Riverside Community
- Center for Oral Health
- Local Physicians
- DHCS PRIME Project
- Health Plans

### Key Messages

- BE WELL
- DISCOVER WELLNESS
- Your wellness is our success.
- Your place to discover wellness.
- Prevention is better than cure!
- Bear Valley Community Healthcare District, building a stronger community.

### Strategy

- One-on-One Meetings and Conversations with center of influence networks
- Social Media: Use of Facebook and/or YouTube
- Website

### Collateral Needed

- BVCHD Collateral
- Key Talking Points segmented for each target population





Selfless

Family Health Center Energetic

Purchasing

Wise Administration

Respect Responsible Imaging

Awesome Accountability

BVCHD Auxiliary Respiratory Therapy

Skilled Nursing Facility Business Dept.

Phenomenal Resilient Helpful

Dedicated Empowering

Physical Therapy Responsibility I.T.

BVCHD Foundation Excellence

Steadfast Maintenance Genuine

Telehealth Sincere Enthusiastic

BEAR VALLEY

COMMUNITY HEALTHCARE DISTRICT

CARING

IS OUR

CALLING

The MOM & DAD Project Compassion

Devoted BVCHD Board The Rural Clinic

Integrity Saints HIM

Surgery

Awesome Laboratory

Environmental Services

Tenacious Influential

Leaders

ER





## **Recommendation for Action**

Date: 26 September 2018  
To: Board of Directors  
From: John Friel, CEO  
Re: Air and Ambulance Membership - Employee Offering

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### Recommended Action

To approve the offering of air and ambulance membership through Big Bear Fire Department and Mercy Air.

### Background

BVCHD is interested in offering membership for benefit-eligible employees and family at no cost as an additional benefit.

Worst case scenario for 150 benefit eligible employees the cost would be \$15,750 for family coverage (\$105)

Coverage would not start until the new benefit year (January 1, 2019)

Recommendation for approval of this recommendation was made by the HR Committee at the meeting on 24 September 2018.



## **Board Report**

October 2018

### **Compliance Assessment**

The report is being reviewed by the hospital attorney. Once post-consulting call with management is completed, it will be presented to Board

### **Mock Survey**

This Life Safety portion of the engagement has been completed and the report sent to management team.

### **Upcoming Education Events – September**

#### **09/11/18 Board Leadership Series Topic #8**

September 11, 2018 12:00 – 1:00 pm CST

#### **09/13/18 Workforce Efficiency Webinar**

September 13, 2018 10:30 – 11:30 am CST

#### **09/17/18 Communicating Effectively for Projects**

September 17, 2018 2:00 – 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
- Compliance Assessment

### **Completed Projects**

- Mock Survey – Quality and Life Safety



## CNO Monthly Report

TOPIC	UPDATE	ACTION/FOLLOW UP
<b>1. Regulatory Updates</b>	<ul style="list-style-type: none"> <li>Plan of correction submitted for 2567 regarding SNF self-report has been accepted by CMS and CDPH.</li> <li>CDPH and CMS were onsite for revisits to ensure BVCHD is following POCs that have been accepted.</li> </ul>	<ul style="list-style-type: none"> <li>Informational</li> </ul>
<b>2. Budget/Staffing</b>	<ul style="list-style-type: none"> <li>Overtime and call offs are assessed each shift.</li> <li>Flexing of staff is done daily as warranted by census.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor</li> </ul>
<b>3. Departmental Reports</b>		
<ul style="list-style-type: none"> <li>Emergency Department</li> </ul>	<ul style="list-style-type: none"> <li>ED remodel project update: Cabinets and countertops have been started. Flooring and paint will follow.</li> <li>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.</li> <li>ED manager is working on an action plan for improving culture in the ED. Items identified for implementation include the formation of an ED Staff Advisory Council and Ownership training for all frontline ED staff.</li> </ul>	<ul style="list-style-type: none"> <li>Informational</li> </ul>
<ul style="list-style-type: none"> <li>Acute</li> </ul>	<ul style="list-style-type: none"> <li>Case Manager has formed "re-admissions" workgroup, the focus will be on preventing Heart Failure readmissions to BVCH and surrounding hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor</li> </ul>

<ul style="list-style-type: none"> <li>▪ Skilled Nursing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Census is currently at 18 residents.</li> <li>▪ Case Manager is continuing to network with other SNFs through collaborative meetings and is hosting a meeting in October at BVCHD with a “networking” opportunity immediately following the meeting.</li> <li>▪ SNF QAPI meeting was held, several QI projects are ongoing. The QAPI team is actively monitoring several POCs that have been submitted to CDPH.</li> <li>▪ SNF DON and DSD attended the CDPH roundtable in San Bernardino 9/11/18. Several processes are being evaluated as a direct result of this training including expansion of admission screening and LGBT requirements.</li> <li>▪ Survey preparation is in process in anticipation of the annual CDPH survey. SNF DON has delivered checklists to several department managers and is meeting with departments to help them with their preparation.</li> <li>▪ New SNF DON, Christine Onufrak is scheduled to start 10/15/18.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to monitor</li> <li>▪ Informational</li> </ul>
<ul style="list-style-type: none"> <li>▪ Surgical Services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Orthopedic procedures being done weekly</li> <li>▪ Ophthalmic procedures being done monthly.</li> <li>▪ OR manager is reviewing possible equipment purchase to prepare for general surgeon/ expanded ortho services. (budgeted purchase)</li> <li>▪ OR is in need of repair (flooring, painting, medical gases etc.) if surgeries are to continue.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monitor surgical services costs and FTEs</li> </ul>
<ul style="list-style-type: none"> <li>▪ Case Management</li> </ul>	<ul style="list-style-type: none"> <li>▪ DON and Eligibility Worker are working on referrals for SNF residents and Swing patients.</li> <li>▪ Case Management is working with the DON to improve MDS accuracy, this will be monitored as part of the SNF QAPI program.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to monitor</li> </ul>
<ul style="list-style-type: none"> <li>▪ Respiratory Therapy</li> </ul>	<ul style="list-style-type: none"> <li>▪ The RT supervisor visited RCH to learn about infant delivery and transfer processes so that we can improve patient care and staff competency.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Informational</li> </ul>

	<ul style="list-style-type: none"> <li>RT will be attending quarterly nursing skills days to teach competency on EKG and Med Neb administration.</li> </ul>	
<ul style="list-style-type: none"> <li>Physical Therapy</li> </ul>	<ul style="list-style-type: none"> <li>PT is running volumes above budget.</li> <li>Travel staff will be staying until Thanksgiving.</li> <li>Regular FT PT returns from FMLA Oct 15<sup>th</sup>.</li> <li>New PTA has been hired and plans to start Dec. 3<sup>rd</sup>.</li> <li>The department plans to be fully staffed by December with no traveler or registry use.</li> <li>The Total Gym has been ordered, waiting on a delivery date.</li> <li>2<sup>nd</sup> laser is in use and is being utilized to full capacity.</li> </ul>	<ul style="list-style-type: none"> <li>Informational</li> </ul>
<ul style="list-style-type: none"> <li>Food and Nutritional Services</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Dietary policies and manual have started the review process.</li> <li>FT cook has been hired.</li> <li>A “grab and go” menu is being developed for additional lunch items available to staff.</li> </ul>	<ul style="list-style-type: none"> <li>Informational</li> </ul>
<b>4. Infection Prevention</b>	<ul style="list-style-type: none"> <li>Hand Hygiene monitoring continues.</li> <li>Infection Preventionist is rounding weekly to educate staff on hand hygiene and infection issues.</li> <li>Infection Preventionist is conducting monthly rounds to monitor POC compliance and is reporting findings through Infection Control Committee</li> <li>Infection Preventionist is providing infectious disease PPE training to staff district wide on Sept 28<sup>th</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>Informational</li> </ul>
<b>5. QAPI</b>	<ul style="list-style-type: none"> <li>The Communication Workgroup continues to recommend the following be implemented in each department: <ul style="list-style-type: none"> <li>Rounding program</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Informational</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Stoplight boards</li> <li>▪ Huddles</li> <li>▪ The above items will be incorporated into the SCORE survey action plan.</li> <li>▪ Progress is reported in QI committee.</li> <li>▪ SCORE survey department debriefs have been completed. Summaries from the debriefings are being shared with the department manager. After all department managers have been debriefed an action plan will be developed.</li> <li>▪ PFAC project for ED lobby and ED art work is in process. Photographs have arrived and are waiting to be hung for display.</li> <li>▪ 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.</li> <li>▪ BVCHD will be receiving the Quest for Zero Tier One and Tier 2 award on October 18<sup>th</sup>. The award will be presented at Beta's annual meeting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue process for BETA Heart implementation</li> <li>▪ Continue quarterly PFAC meetings</li> <li>▪ Informational</li> </ul>
<b>6. Policy Updates</b>	<ul style="list-style-type: none"> <li>▪ Policies reviewed weekly by Policy and Procedure committee.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reviewed through P&amp;P Committee</li> </ul>
<b>7. Safety/Product</b>	<ul style="list-style-type: none"> <li>▪ Workplace Violence training is being provided to all BVCHD staff.</li> <li>▪ Workplace Violence reports are submitted to CalOSHA on an ongoing basis.</li> <li>▪ Several drills are scheduled: <ul style="list-style-type: none"> <li>○ Infectious Disease PPE-Sept 28</li> <li>○ Decontamination- HazMat Oct 4-5</li> <li>○ Great Shakeout- Oct 18<sup>th</sup></li> <li>○ Statewide Medical and Health Exercise- Nov15th</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to monitor new regulation and compliance date</li> <li>▪ Informational</li> </ul>
<b>8. Education</b>	<ul style="list-style-type: none"> <li>▪ BLS Classes scheduled monthly, ACLS &amp; PALS scheduled quarterly</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Smoking Cessation classes being held as scheduled.</li> <li>▪ New employee preceptor program being developed by clinical managers.</li> <li>▪ Nursing skills orientation/ annual review of competency is being held quarterly for all clinical staff.</li> <li>▪ Mindray will be onsite to provide training to staff Oct 8-10 on the new monitors and telemetry system.</li> <li>▪ Envision Physician Services (EmCare) will be onsite Oct. 9<sup>th</sup> &amp; 10<sup>th</sup> to provide EMTALA training to ED and Patient Access staff.</li> <li>▪ RCH and Mercy air are providing Stroke training at Mountains Community hospital for RNs. All acute and ED RNs are encouraged to participate.</li> </ul>	<ul style="list-style-type: none"> <li>• Informational</li> </ul>
<b>9. Information Items/Concerns</b>	<ul style="list-style-type: none"> <li>▪ Program Flexibility requests for renewal are being revised and sent to CDPH. Current Program Flexibility request for renewal include: <ul style="list-style-type: none"> <li>○ Offsite storage of medical records</li> <li>○ OR suite utilization for storage</li> <li>○ OR services- requirements for CAH/ rural hospital</li> <li>○ Night Charge nurse functioning as House Supervisor</li> <li>○ Temporary Surge beds for high census in the ED</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Informational</li> </ul>
Respectfully Submitted by: <i>Kerri Jex, CNO</i>		
<i>Date: September 27th, 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		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Critel - CRNA		
Critel - CRNA		
Critel - CRNA		
Tayani		
Total	0	
Nov-18		
Physician	# of Cases	Procedures
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		
Pautz - DO		



## **CHIEF EXECUTIVE OFFICER REPORT**

**September 2018**

### **CEO Information:**

CDPH conducted a survey on a Self Report for the SNF. The Plan of Corrections was accepted.  
(Attachment)

CDPH completed the triannual Radiation Safety and Compliance Survey on September 12 & 13. Six recommendations were identified for improvement and a Plan of Corrections will be submitted by October 24<sup>th</sup>.

Garth Hamblin and I will be attending a QHR CEO/CFO Regional Meeting in Cody Wyoming on October 18 and October 19<sup>th</sup>. Kerri Jex will be the administrator in charge during our absence.

The District successfully completed BETA Quest For Zero: Excellence in ED. This is the third year of participation.

### **Marketing:**

We are currently advertising the District Wellness Program / Campaign and continue to advertise the Smoking Cessation Class.

### **Attachment:**

QHR Board Minutes

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/19/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555468</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAR VALLEY COMMUNITY HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>41870 GARSTIN RD</b> <b>BIG BEAR LAKE, CA 92315</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
F000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an investigation of Facility Reported Incident.</p> <p>Facility Reported Incident number: CA00569251</p> <p>Representing the California Department of Public Health:</p> <p>Surveyor Number: 37553</p> <p>The inspection was limited to the specific incident reported and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for the Facility Reported Incident number CA00569251.</p>	F000			
F641 SS=D	<p><b>Accuracy of Assessments</b> CFR(s): 483.20(g)</p> <p>483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure the RAI-MDS (Resident Assessment Instrument-Minimum Data Set, an assessment tool that initiates a resident care plan) assessments were accurately coded for two of three sampled residents (Residents 1 and 2) when:</p> <p>1. For Resident 1, the RAI Significant Change Assessment, under Section I (Diagnoses) was</p>	F641	<p>It is the policy of the facility to conduct Resident Assessment Instrument (RAI) assessments for all Skilled-Nursing Facility (SNF) residents as an ongoing process to appropriately assess each residents needs and potential significant change in status. On 3/8/2018, the Chief Nursing Officer (CNO) identified the need to train additional staff to ensure accuracy and/or prevent delays in RAI assessments and submissions. The Director of Staff Development (DSD) and Full-time Case Manager (CM) were identified as the additional staff members and the following training completed: MDS 3.0 Basic training was completed on 3/15/2018; RAI/MDS 101 Clinical training completed on 9/12/2018 and RAI/MDS 201 Medicare on 9/13/2018 by DSD and CM.</p>	3/19/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/19/2018

Any Deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F641	<p>Continued From page 1 not accurately coded;</p> <p>2. For Resident 2, the RAI Quarterly Assessment, under Section J (Health Conditions) was not accurately coded.</p> <p>These failures did not reflect Resident 1 and 2's current health status, that could potentially result to Resident 1 and 2's inadequate management of care.</p> <p>Findings:</p> <p>1. A clinical record review of Resident 1's facesheet (demographic information) indicated Resident 1 was admitted on February 9, 2018 with diagnoses that included seizures (a brain disorder manifested by uncontrolled shaking of the body) and dementia (memory loss).</p> <p>During a record review of Resident 1's progress notes, dated January 10, 2018, it indicated Resident 1 had a fall which resulted to a severe (intense) right hip pain.</p> <p>During a record review of Resident 1's right hip X-ray result, dated January 10, 2018, it indicated, "Fracture (broken bone) of the right hip."</p> <p>During a record review of Resident 1's Swing Bed (short-term skilled care in the hospital setting) History and Physical Assessment dated January 22, 2018, it indicated s/p (status post) fall and right hip fracture, s/p ORIF (Open Reduction Internal Fixation, a surgical procedure to repair a fractured hip).</p> <p>During a record review of Resident 1's RAI Significant Change Assessment, dated February 23, 2018, Section I, under I3900 (Hip Fracture) was not coded.</p>	F641	<p>Since both MDS Coordinators are newly trained to perform RAI assessments, an educational session will be completed with the DSD and CM on content of J1700; J1800; J1900 (CMS RAI Version 3.0 Manual) by the Director of Nursing (DON) that was initiated 9/18/2018 and will be completed on 9/25/2018.</p> <p>All falls will continue to be discussed in morning meeting for the conclusion of root cause(s), contributing factors related to the fall and interventions to prevent further risk of falls. The Fall Log will be reviewed with each fall and signed off by the MDS coordinators prior to RAI assessment. To enhance our compliance practice, during Morning Meeting Huddle, all falls will have the Review of Indicators of Fall Risk from CMS RAI Version 3.0 Manual section History of falling (J1700, J1800, J1900) completed as a team effort within 5 business days after each fall or prior to the next RAI Assessment, whichever comes first. Copies of the completed History of falls will be given to MDS coordinators to trigger input of the appropriate and accurate fall data in the RAI assessment. All falls will continue to be discussed in IDCP meeting to ensure resident-centered care planning process.</p> <p>Because there is a potential for error regarding resident fall data entry into RAI, a Performance Improvement Project (PIP) will be initiated by the DON with the next resident fall. The DON will audit RAI assessment section J1700, J1800, &amp; J1900 on all resident falls to ensure proper data entry before submission. The RAI Falls data will be tracked X 6 months or 6</p>	

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F641	<p>Continued From page 2</p> <p>During an interview with the Registered Nurse (RN 1) on August 13, 2018 at 2:30 PM, RN 1 confirmed Section I was left blank.</p> <p>A review of the CMS (Centers for Medicare and Medicaid Services) RAI 3.0 Manual, Chapter 3: MDS Items, under dated October 2016, under Section I Active Diagnoses, it indicated, "Code diseases that have a documented diagnosis in the last 60 days and have a direct relationship to the resident's current functional status ... medical treatments, nursing monitoring ..."</p> <p>A facility policy and procedure titled, "Resident Assessment Instrument (RAI)", dated February 15, 2017 indicated "The RAI assessment process will be conducted for all SNF (Skilled Nursing Facility) residents as an ongoing process to appropriately assess each resident's functional mobility and health status ... to identify and address any potential significant change in status."</p> <p>2. A clinical record review of Resident 2's facesheet indicated Resident 2 was admitted on November 4, 2016 with diagnoses that included Alzheimer's Disease (memory loss) and anxiety (restlessness).</p> <p>During a concurrent record review with RN 1 of Resident 2's progress notes, dated, May 17, 2018, it indicated Resident2 fell out of bed without an injury.</p> <p>During a concurrent interview with RN 1 on August 13, 2018 at 2:45 PM and a concurrent record review of Resident 2's RAI Quarterly Assessment, dated July 30, 2018, Section J, under J1900 (number of falls with or without injury since admission/reentry/prior</p>	F641	<p>falls, whichever is longer. RAI Fall indicator will be added to the SNF Quality Assurance Performance Improvement (QAPI) Dashboard. Results will be reported in every QAPI Committee until the tracking has commenced.</p>	

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F641	<p>Continued From page 3 assessment), it did not indicate a code. RN 1 confirmed Section J1900 was left blank, and stated, "Section J1900 should be a 1 (one) under 'A. No Injury', because Resident 2 had a fall without an injury during the quarterly assessment."</p> <p>A review of the CMS (Centers for Medicare and Medicaid Services) RAI 3.0 Manual, Chapter 3: MDS Items, under dated October 2016, under Section J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment, whichever is more recent", it indicated, "Code 1, Yes: if the resident has fallen since the last assessment. Continue to item J1900: Number of Falls ..."</p> <p>A review of the CMS (Centers for Medicare and Medicaid Services) RAI 3.0 Manual, Chapter 3: MDS Items, under dated October 2016, under Section J1900: Number of Falls ...", it indicated, "Determine the number of falls that occurred since admission/entry or reentry or prior assessment and code the level of fall-related injury for each ... Code 1, One: if the resident had one non-injurious fall since admission/entry or reentry or prior assessment."</p> <p>A facility policy and procedure titled, "Resident Assessment Instrument (RAI)", dated February 15, 2017 indicated "The RAI assessment process will be conducted for all SNF (Skilled Nursing Facility) residents as an ongoing process to appropriately assess each resident's functional mobility and health status ... to identify and address any potential significant change in status."</p> <p>A facility policy and procedure titled, "Charting-SNF (skilled Nursing Facility)," dated June 25, 2015, indicated " ...to provide a legal record which protects the resident, physician, nurse</p>	F641			

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F641	Continued From page 4 and hospital ... 1. Resident care will be documented as required to reflect resident condition and changes in that condition."	F641			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



## QUEST FOR ZERO: Excellence in ED

It is my distinct privilege to congratulate

### **Bear Valley Community Hospital**

for your commitment to constant improvement as, together,  
we strive to eliminate preventable harm to those in need of emergent care.

I would like to recognize your team's commendable achievement  
for having met Tier 1 and Tier 2 requirements of

### **BETA Healthcare Group's Quest for Zero: ED initiative in 2018.**

In your third year of participation, a significant impact  
is being made to the lives of those entrusted to your care.

*Congratulations for making quality of care a priority!*



TOM WANDER  
CHIEF EXECUTIVE OFFICER  
BETA HEALTHCARE GROUP

# Quorum Board Minutes

Addressing Changes in the Healthcare Landscape



## Lab Billing Schemes: Companies Targeting Rural Hospitals

September 2018

The challenges facing non-urban hospitals and healthcare providers have led to unprecedented rural hospital closures in recent years. Of the 26 states with at least one rural hospital closed since 2010, those with the most closures are located in the South, according to **research** from the North Carolina Rural Health Research Program. There are 83 rural hospitals that closed between January 2010 and January 2018, as tracked by the NCRHRP.

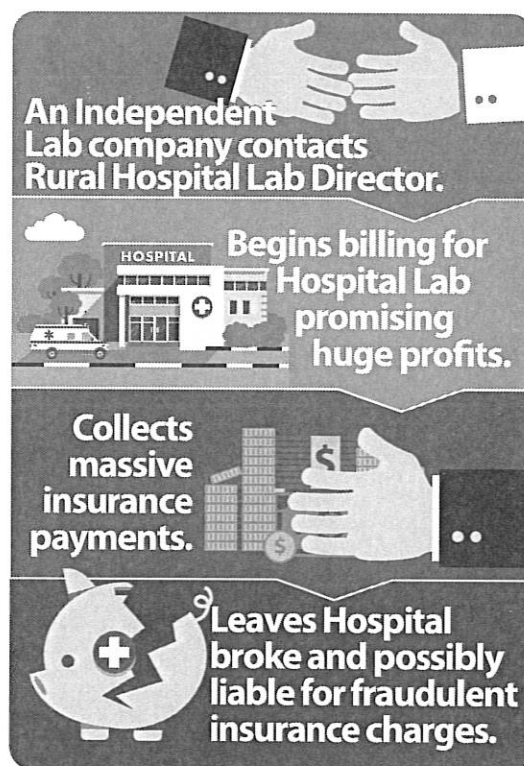
Adding tension to this already vulnerable group of hospitals is that many have also become the target of a nationwide billing scheme. Over the past year, companies have been reaching out to lab directors directly, often leaving the CEO, CFO and board in the dark.

A **CBS** investigation found how “some rural hospitals are being used to set up big paydays from insurance providers.” Missouri state auditor Nicole Galloway explained the process as “essentially, the hospital appears to act as a shell company for these questionable lab billings.” Putnam County Memorial Hospital is just one of the many rural hospitals caught up in this lab billing scheme, which now has insurance companies trying to get back nearly half a billion dollars in what they describe as “fraudulent” billing.

**The Oklahoman** covered how quickly these fraudulent companies can take advantage of struggling hospitals.

Newman Memorial Hospital was preparing to announce the closure of its organization when they learned about an organization (People’s Choice) working with a nearby hospital. The hospital reached out to People’s Choice, and less than 48 hours later, a team was in Shattuck with what seemed like a solution, according to a lawsuit Newman filed earlier this month.

“The hospital’s complaint said People’s Choice told Newman’s administration that it could save the hospital if Newman agreed to follow its plan to bring in more lucrative lab tests. People’s Choice portrayed itself as a “white knight” dedicated to helping hospitals, the lawsuit said, but Newman later came to believe it had been tricked into an illegal billing scheme.”



(Continued)

In Unionville, Missouri, state auditors uncovered what has appeared to be a massive lab billing scheme at Putnam County Memorial. State auditors began looking closer during a routine audit after seeing millions of dollars coming through on their financial records. “In a six-month period, the hospital funneled through about \$92 million in revenues. To put that in perspective, the previous year their total revenues were \$7.5 million ([CBS News](#)).” On the verge of closing its doors, Putnam contracted out a management company called Hospital Partners who began to funnel billing for blood tests and drug screens through Putnam with labs all over the country.

Another rural hospital in Georgia got tied up in a lab billing scheme. Durall Capital Holdings purchased Chestatee Regional Hospital in 2016 from Atlanta based health system, SunLink. Aaron Durall, who leads DCH, owns a laboratory testing company in Florida where allegedly, he began doing toxicology testing at labs across the country, all billed through Chestatee. According to CBS, the hospital was allegedly receiving massive checks from health insurance companies, some up to \$500,000 (***Becker’s Hospital Review***).

If it seems too good to be true, it probably is not the right solution. Hospitals should use extreme caution and consult healthcare counsel when assessing billing strategies and realize that arrangements designed to circumvent reimbursement rules and normal billing practices place the organization at risk for future liability. QHR is actively looking for these cases during compliance assessments. If you notice any suspicious activity in this area, please contact your regional vice president.

#### Read more about this topic:

- <https://www.beckershospitalreview.com/finance/georgia-hospital-allegedly-involved-in-lab-billing-scheme-closes.html>
- <https://www.healthleadersmedia.com/finance/lab-billing-fraud-alleged-rural-oklahoma-hospital>
- <https://www.cbsnews.com/news/rural-hospitals-big-insurance-reimbursements-chestatee-regional/>



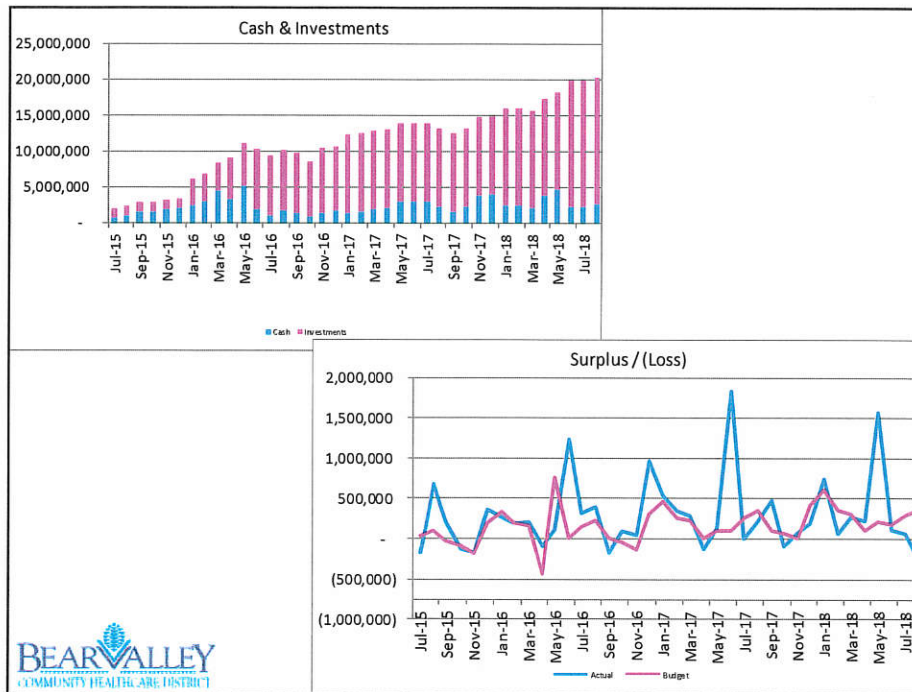


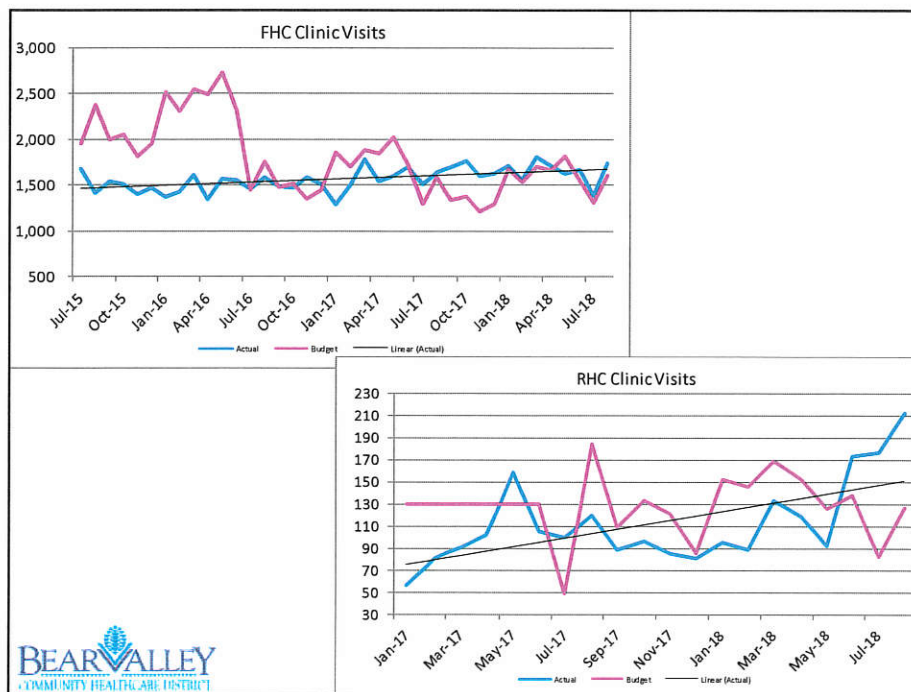
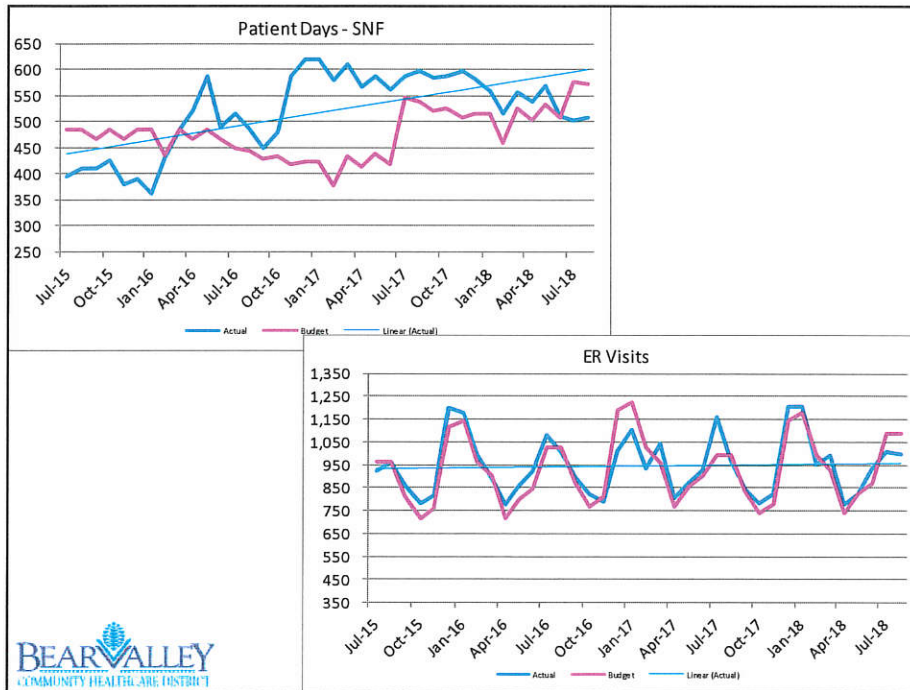
Finance Report  
August 2018 Results

Summary for August 2018

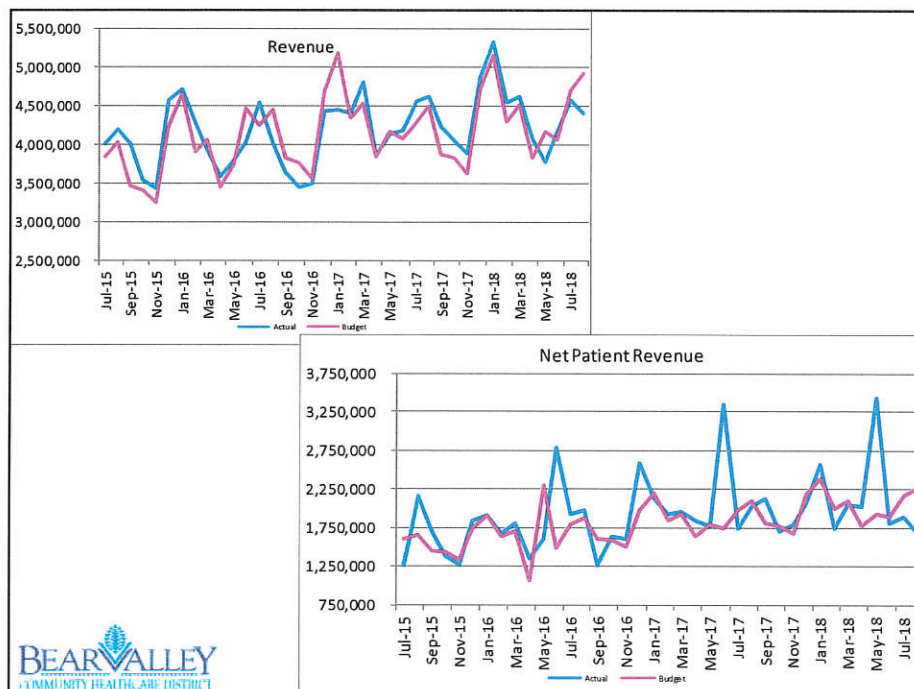
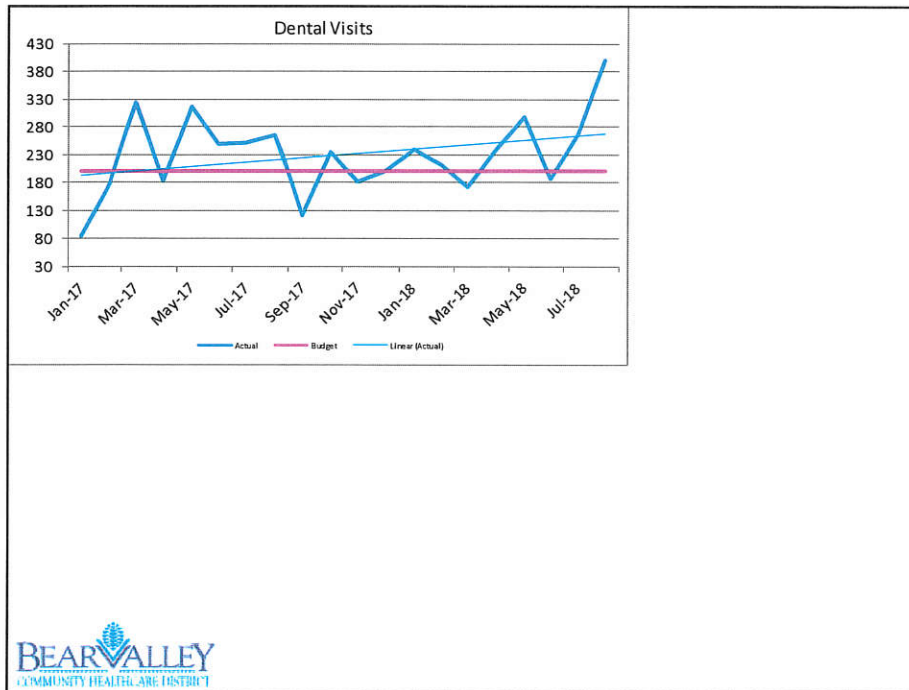
- Cash on Hand - \$ 2,551,340
- Investments - \$17,562,903
- Days Cash on hand, including investments with LAIF – 312
- Loss \$250,594 for the month is \$619,256 lower than budgeted surplus of \$368,662
- Total Patient Revenue was under Budget by 10.5% for the month (see more information in narrative)
- Net Patient Revenue was 27.1% under budget.
- Total Expenses were 0.9% lower than budget

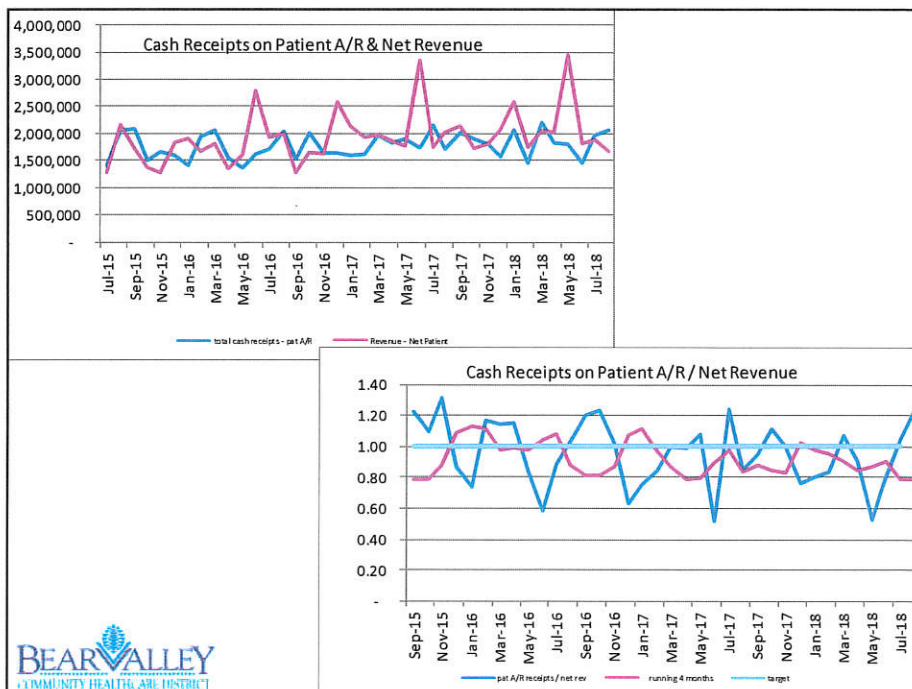
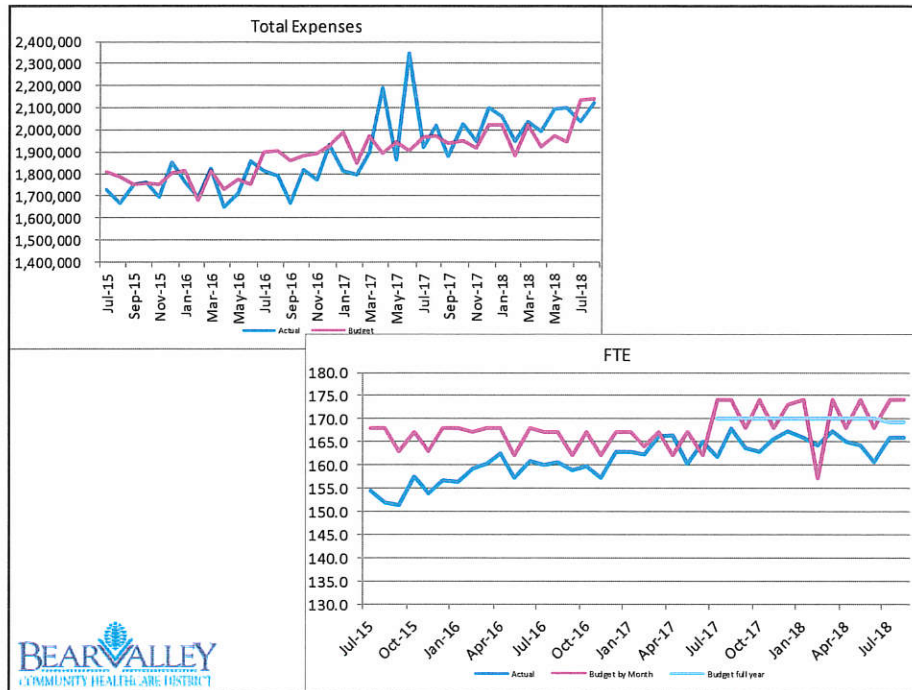


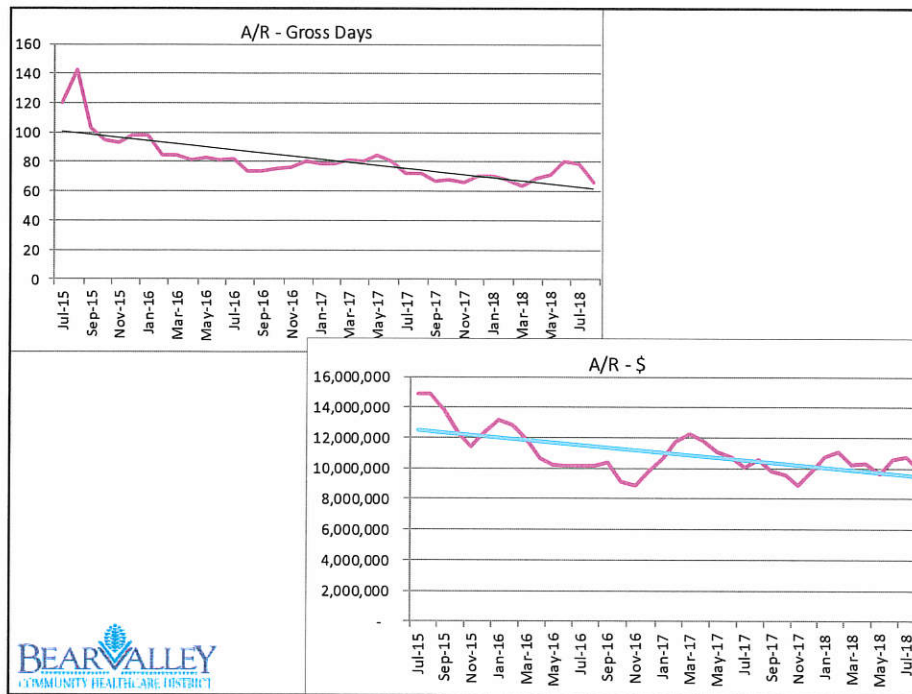
















## **August 2018 Financial Results**

### **For the month . . .**

Total Patient Revenue of \$4,407,382 for August was 10.5% under budget. While we continue to investigate these significant Revenue Variances, much of the variance seems to be related to volumes being lower than budget. For example – ER revenue was 9.9% below budget while ER visits were 8.3% below budget; SNF revenue was 12.4% below budget with SNF days being 11.4% below budget, Inpatient Revenue was 44.9% under budget and Inpatient Days were 47.7% below budget. Clinic Revenue is over budget as are Clinic visits.

Revenue Deductions of \$2,740,687 were 3.2% higher than budget.

Total Expenses of \$2,120,207 were 0.9% lower than budget.

Our Loss for the month of August 2018 was \$250,594.

Our Operating Cash and Investments total \$20,114,243 as of the end of August. Total days cash on hand as of the end of August 2018 are 312.

### **Key Statistics**

As noted above, Acute / Swing patient days of 34 for the month were 47.7% under the budgeted amount. Patient days on SNF days totaled 507, this was 11.4% under budget. Emergency Room visits of 1,000 were 8.3% lower than budget. Clinic combined visits were 21.9% higher than budget.

FTE continue to be under budget.

**Bear Valley Community Healthcare District**  
**Financial Statements August 31, 2018**  
**PRE AUDIT**

**Financial Highlights—Hospital**  
**STATEMENT OF OPERATIONS**

	Current Month					Year-to-Date				
	FY 17/18		VARIANCE			FY 17/18		VARIANCE		
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
1 Total patient revenue	4,625,850	4,407,382	4,922,182	(514,800)	-10.5%	9,185,515	8,978,166	9,629,305	(651,139)	-6.8%
2 Total revenue deductions	2,801,437	2,740,687	2,854,420	86,267	3.2%	5,421,522	5,423,221	5,192,863	230,359	4.4%
3 % Deductions	56%	62%	54%			59%	60%	54%		
4 Net Patient Revenue	2,024,413	1,666,694	2,267,762	(601,068)	-26.5%	3,763,993	3,554,944	4,436,442	(881,498)	-19.9%
5 % Net to Gross	44%	38%	46%			41%	40%	46%		
6 Other Revenue	35,245	19,594	46,585	(26,991)	-57.9%	42,407	39,035	93,170	(54,135)	-58.1%
7 Total Operating Revenue	2,059,658	1,686,288	2,314,347	(628,059)	-27.1%	3,806,400	3,593,979	4,529,612	(935,633)	-20.7%
8 Total Expenses	2,019,314	2,120,207	2,140,405	(20,198)	-0.9%	3,942,145	4,156,216	4,271,064	(114,848)	-2.7%
9 % Expenses	44%	48%	43%			43%	46%	44%		
10 Surplus (Loss) from Operations	40,344	(433,918)	173,943	(607,861)	349.5%	(135,745)	(562,237)	258,548	(820,785)	317.5%
11 % Operating margin	1%	-10%	4%			-1%	-6%	3%		
12 Total Non-operating	189,018	183,325	194,719	(11,394)	-5.9%	369,254	375,494	389,439	(13,945)	-3.6%
13 Surplus/(Loss)	229,362	(250,594)	368,662	(619,256)	168.0%	233,509	(186,743)	647,986	(834,729)	128.8%
14 % Total margin	5%	-6%	7%			3%	-2%	7%		

**BALANCE SHEET**

	August		July		VARIANCE	
	FY 17/18		FY 17/18		Amount	
						%
15 Gross Accounts Receivables	10,527,560	9,857,546	10,740,506	(882,960)	-8.2%	
16 Net Accounts Receivables	4,151,988	3,731,787	4,269,738	(537,950)	-12.6%	
17 % Net AR to Gross AR	39%	38%	40%			
18 Days Gross AR	73.0	66.2	78.9	(12.7)	-16.1%	
19 Cash Collections	1,716,383	2,143,485	1,963,652	179,833	9.2%	
20 Settlements/IGT Transactions	-	-	-	-	#DIV/0!	
21 Investments	10,894,184	17,562,903	17,562,903	-	0.0%	
22 Cash on hand	2,292,426	2,551,340	2,296,309	255,031	11.1%	
23 Total Cash & Invest	13,186,610	20,114,243	19,859,212	255,031	1.3%	
24 Days Cash & Invest	212	312	314	(3)	-0.6%	
Total Cash and Investments	13,186,610	20,114,243				
Increase Current Year vs. Prior Year		6,927,633				

**Bear Valley Community Healthcare District**  
**Financial Statements August 31, 2018**  
**PRE AUDIT**

**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	%
<b>Gross Patient Revenue</b>										
1 Inpatient	98,514	120,993	219,609	(98,616)	-44.9%	194,301	195,784	365,631	(169,847)	-46.5%
2 Outpatient	1,205,954	931,894	1,063,875	(131,981)	-12.4%	2,074,903	1,904,117	2,071,656	(167,539)	-8.1%
3 Clinic Revenue	369,602	422,712	377,991	44,721	11.8%	717,495	765,362	699,800	65,561	9.4%
4 Emergency Room	2,686,283	2,703,194	2,999,722	(296,528)	-9.9%	5,671,536	5,660,711	5,970,248	(309,537)	-5.2%
5 Skilled Nursing Facility	265,487	228,589	260,985	(32,396)	-12.4%	527,280	452,193	521,970	(69,778)	-13.4%
6 Total patient revenue	4,625,850	4,407,382	4,922,182	(514,800)	-10.5%	9,185,515	8,978,166	9,629,305	(651,139)	-6.8%
<b>Revenue Deductions</b>										
7 Contractual Allow	2,192,333	2,352,744	2,479,682	(126,938)	-5.1%	4,740,742	4,673,703	4,851,021	(177,318)	-3.7%
8 Contractual Allow PY	463	-	-	-	#DIV/0!	463	62	-	62	#DIV/0!
9 Charity Care	12,842	-	10,337	(10,337)	-100.0%	20,517	15,343	20,222	(4,879)	-24.1%
10 Administrative	114,668	2,818	9,352	(6,534)	-69.9%	113,922	3,624	18,296	(14,672)	-80.2%
11 Policy Discount	11,940	15,616	7,383	8,233	111.5%	23,472	29,605	14,444	15,161	105.0%
12 Employee Discount	9,099	5,188	3,938	1,250	31.7%	13,810	17,981	7,704	10,277	133.4%
13 Bad Debts	69,295	186,926	143,728	43,198	30.1%	9,947	402,002	281,176	120,826	43.0%
14 Denials	190,797	177,395	-	177,395	#DIV/0!	498,649	280,901	-	280,901	#DIV/0!
15 Total revenue deductions	2,601,437	2,740,687	2,654,420	86,267	3.2%	5,421,522	5,423,221	5,192,863	230,359	4.4%
16 Net Patient Revenue	2,024,413	1,666,694	2,267,762	(601,068)	-26.5%	3,763,993	3,554,944	4,436,442	(881,498)	-19.9%
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%	44.74%	44.74%	0.0%	
	39.2%	39.2%		39.2%		39.2%	43.72%	43.72%	0.0%	
17 Other Revenue	35,245	19,594	46,585	(26,991)	-57.9%	42,407	39,035	93,170	(54,135)	-58.1%
18 Total Operating Revenue	2,059,658	1,686,288	2,314,347	(628,059)	-27.1%	3,806,400	3,593,979	4,529,612	(935,633)	-20.7%
<b>Expenses</b>										
19 Salaries	842,003	891,463	875,654	15,809	1.8%	1,642,031	1,776,531	1,750,611	25,920	1.5%
20 Employee Benefits	318,469	293,241	352,803	(59,562)	-16.9%	605,190	596,569	704,783	(108,214)	-15.4%
21 Registry	-	-	-	-	#DIV/0!	12,718	-	-	-	#DIV/0!
22 Salaries and Benefits	1,160,472	1,184,704	1,228,457	(43,753)	-3.6%	2,259,839	2,373,100	2,455,394	(82,294)	-3.4%
23 Professional fees	159,614	181,120	161,233	19,887	12.3%	323,005	354,816	322,466	32,350	10.0%
24 Supplies	136,046	135,487	139,149	(3,662)	-2.6%	265,761	256,704	273,110	(16,406)	-6.0%
25 Utilities	42,209	43,958	44,678	(720)	-1.6%	84,551	90,671	87,392	3,279	3.8%
26 Repairs and Maintenance	19,239	23,079	28,074	(4,995)	-17.8%	41,700	40,486	56,146	(15,662)	-27.9%
27 Purchased Services	346,148	373,332	348,724	24,609	7.1%	648,162	698,788	696,398	2,389	0.3%
28 Insurance	25,762	28,258	26,975	1,283	4.8%	51,524	56,515	53,950	2,565	4.8%
29 Depreciation	49,162	76,489	81,667	(5,178)	-6.3%	97,730	152,977	163,334	(10,357)	-6.3%
30 Rental and Leases	39,979	11,509	21,112	(9,603)	-45.5%	86,424	22,930	42,224	(19,294)	-45.7%
32 Dues and Subscriptions	5,427	7,101	5,910	1,191	20.1%	10,945	13,982	11,820	2,162	18.3%
33 Other Expense	35,255	55,169	54,426	743	1.4%	71,402	95,247	108,828	(13,581)	-12.5%
34 Total Expenses	2,019,314	2,120,207	2,140,405	(20,198)	-0.9%	3,942,145	4,156,216	4,271,064	(114,848)	-2.7%
35 Surplus (Loss) from Operations	40,344	(433,918)	173,943	(607,861)	349.5%	(135,745)	(562,237)	258,548	(820,785)	317.5%
<b>Non-Operating Income</b>										
36 Tax Revenue	186,047	184,244	184,244	(0)	0.0%	372,094	368,488	368,489	(1)	0.0%
38 Other non-operating	10,247	245	3,133	(2,888)	-92.2%	10,247	15,265	6,266	8,999	143.6%
Interest Income	626	6,457	15,125	(8,668)	-57.3%	2,532	7,000	30,250	(23,250)	-76.9%
Interest Expense	(7,902)	(7,621)	(7,783)	162	-2.1%	(15,619)	(15,260)	(15,566)	306	-2.0%
39 Total Non-operating	189,018	183,325	194,719	(11,394)	-5.9%	369,254	375,494	389,439	(13,945)	-3.6%
40 Surplus/(Loss)	229,362	(250,594)	368,662	(619,256)	168.0%	609,249	375,494	647,987	(272,493)	-73.4%



**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
<b>Gross Patient Revenue</b>													
1 Inpatient	74,791	120,993											195,784
2 Outpatient	972,222	931,894											1,904,117
3 Clinic	342,650	422,712											765,362
4 Emergency Room	2,957,516	2,703,194											5,660,711
5 Skilled Nursing Facility	223,604	228,589											452,193
6 Total patient revenue	4,570,784	4,407,382	-	-	-	-	-	-	-	-	-	-	8,978,166
<b>Revenue Deductions</b>													
C/A 0.51 0.53 #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! 0.52													
7 Contractual Allow	2,320,958	2,352,744											4,673,703
8 Contractual Allow PY	62	-											62
9 Charity Care	15,343	-											15,343
10 Administrative	806	2,818											3,624
11 Policy Discount	13,989	15,616											29,605
12 Employee Discount	12,793	5,188											17,981
13 Bad Debts	215,076	188,926											402,002
14 Denials	103,506	177,395											280,901
15 Total revenue deductions	2,682,534	2,740,687	-	-	-	-	-	-	-	-	-	-	5,423,221
16 Net Patient Revenue	1,888,250	1,666,694	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3,554,944
net / tot pat rev	41.3%	37.8%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	39.6%
17 Other Revenue	19,441	19,594											39,035
18 Total Operating Revenue	1,907,691	1,686,288	-	-	-	-	-	-	-	-	-	-	3,593,979
<b>Expenses</b>													
19 Salaries	885,068	891,463											1,776,531
20 Employee Benefits	303,328	293,241											596,569
21 Registry	-	-											-
22 Salaries and Benefits	1,188,396	1,184,704	-	-	-	-	-	-	-	-	-	-	2,373,100
23 Professional fees	173,695	181,120											354,816
24 Supplies	121,217	135,487											256,704
25 Utilities	46,712	43,958											90,671
26 Repairs and Maintenance	17,407	23,079											40,486
27 Purchased Services	325,455	373,332											698,788
28 Insurance	28,258	28,258											56,515
29 Depreciation	76,489	76,489											152,977
30 Rental and Leases	11,421	11,509											22,930
32 Dues and Subscriptions	6,882	7,101											13,982
33 Other Expense	40,078	55,169											95,247
34 Total Expenses	2,036,009	2,120,207	-	-	-	-	-	-	-	-	-	-	4,156,216
<b>Surplus (Loss) from Operations</b>	(128,318)	(433,918)	-	-	-	-	-	-	-	-	-	-	(562,237)
<b>Non-Operating Income</b>													
36 Tax Revenue	184,244	184,244											368,488
38 Other non-operating	15,020	245											15,265
Interest Income	543	6,457											7,000
Interest Expense	(7,638)	(7,621)											(15,259)
39 Total Non-operating	192,169	183,325	-	-	-	-	-	-	-	-	-	-	375,494
40 Surplus/(Loss)	63,851	(250,594)	-	-	-	-	-	-	-	-	-	-	(186,743)

Input Trend Stmt Ops

2018-19 Actual BS

BALANCE SHEET

	July	Aug	June
ASSETS:			
Current Assets			
Cash and Cash Equivalents (Includes CD's)	2,296,309	2,551,340	2,312,422
Gross Patient Accounts Receivable	10,740,258	9,856,844	10,597,934
Less: Reserves for Allowances & Bad Debt	6,470,520	6,125,057	6,413,352
Net Patient Accounts Receivable	4,269,738	3,731,787	4,184,582
Tax Revenue Receivable	2,210,931	2,210,931	36,861
Other Receivables	-211,183	-183,433	-1,872,958
Inventories	130,292	134,606	233,454
Prepaid Expenses	299,848	293,739	199,838
Due From Third Party Payers	0	0	
Due From Affiliates/Related Organizations	0	0	
Other Current Assets	0	0	
Total Current Assets	8,995,935	8,738,971	5,094,199
Assets Whose Use is Limited			
Investments	17,562,903	17,562,903	17,562,903
Other Limited Use Assets	144,375	144,375	144,375
Total Limited Use Assets	17,707,278	17,707,278	17,707,278
Property, Plant, and Equipment			
Land and Land Improvements	570,615	570,615	570,615
Building and Building Improvements	9,758,672	9,772,522	9,758,672
Equipment	11,779,820	11,844,577	11,761,910
Construction In Progress	48,953	101,798	32,516
Capitalized Interest			
Gross Property, Plant, and Equipment	22,158,060	22,289,512	22,123,712
Less: Accumulated Depreciation	13,685,197	13,761,686	13,608,221
Net Property, Plant, and Equipment	8,472,863	8,527,826	8,515,491
TOTAL UNRESTRICTED ASSETS	35,176,076	34,974,075	31,316,969
Restricted Assets	0	0	0
TOTAL ASSETS	35,176,076	34,974,075	31,316,969

2018-19 Actual BS

BALANCE SHEET

LIABILITIES:

	July	Aug	June
<b>Current Liabilities</b>			
Accounts Payable	954,160	880,513	875,521
Notes and Loans Payable			
Accrued Payroll	705,323	806,989	708,877
Patient Refunds Payable			
Due to Third Party Payers (Settlements)	1,983,651	2,173,225	2,290,023
Advances From Third Party Payers			
Current Portion of Def Rev - Txs,	2,061,687	1,877,443	35,000
Current Portion - LT Debt	35,000	35,000	34,996
Current Portion of AB915			
Other Current Liabilities (Accrued Interest & Accrued Other)	7,630	22,873	7,621
<b>Total Current Liabilities</b>	<b>5,747,451</b>	<b>5,796,043</b>	<b>3,952,039</b>
<b>Long Term Debt</b>			
USDA Loan	2,895,000	2,895,000	2,895,000
Leases Payable	0	0	0
Less: Current Portion Of Long Term Debt	35,000	35,000	35,000
<b>Total Long Term Debt (Net of Current)</b>	<b>2,860,000</b>	<b>2,860,000</b>	<b>2,860,000</b>
<b>Other Long Term Liabilities</b>			
Deferred Revenue	0	0	0
Other	0	0	0
<b>Total Other Long Term Liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL LIABILITIES</b>	<b>8,607,451</b>	<b>8,656,043</b>	<b>6,812,039</b>
<b>Fund Balance</b>			
Unrestricted Fund Balance	26,504,775	26,504,775	20,663,982
Temporarily Restricted Fund Balance	0	0	0
Equity Transfer from FRHG	0	0	0
Net Revenue/(Expenses)	63,851	-186,743	3,840,948
<b>TOTAL FUND BALANCE</b>	<b>26,568,625</b>	<b>26,318,032</b>	<b>24,504,930</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>35,176,076</b>	<b>34,974,075</b>	<b>31,316,969</b>



# Units of Service

For the period ending: August 31, 2018

31		52													
Current Month						Bear Valley Community Hospital		Year-To-Date							
Aug-18		Aug-17		Actual -Budget		Act.-Act.		Aug-18		Aug-17		Actual -Budget		Act.-Act.	
Actual	Budget	Actual	Variance	Var %	Var %			Actual	Budget	Actual	Variance	Var %	Var %		
24	42	24	(18)	-42.9%	0.0%	Med Surg Patient Days		45	65	51	(20)	-30.8%	-11.8%		
10	23	10	(13)	-56.5%	0.0%	Swing Patient Days		10	36	10	(26)	-72.2%	0.0%		
507	572	597	(65)	-11.4%	-15.1%	SNF Patient Days		1,009	1,150	1,186	(141)	-12.3%	-14.9%		
541	637	631	(96)	-15.1%	-14.3%	Total Patient Days		1,064	1,251	1,247	(187)	-14.9%	-14.7%		
12	14	13	(2)	-14.3%	-7.7%	Acute Admissions		19	28	24	(9)	-32.1%	-20.8%		
11	14	13	(3)	-21.4%	-15.4%	Acute Discharges		18	28	27	(10)	-35.7%	-33.3%		
2.2	3.0	1.8	(0.8)	-27.3%	18.2%	Acute Average Length of Stay		2.5	2.3	1.9	0.2	7.7%	32.4%		
0.8	1.4	0.8	(0.6)	-42.9%	0.0%	Acute Average Daily Census		0.7	1	0.8	(0.3)	-30.8%	-11.8%		
16.7	19.2	19.6	(2.5)	-13.1%	-14.8%	SNF/Swing Avg Daily Census		16.4	19	19.3	(2.7)	-14.1%	-14.8%		
17.5	20.5	20.4	(3.1)	-15.1%	-14.3%	Total Avg. Daily Census		17.2	20	20.1	(3.0)	-14.9%	-14.7%		
39%	46%	45%	-7%	-15.1%	-14.3%	% Occupancy		38%	45%	45%	-7%	-14.9%	-14.7%		
10	13	11	(3)	-23.1%	-9.1%	Emergency Room Admitted		22	26	22	(4)	-15.4%	0.0%		
990	1,077	958	(87)	-8.1%	3.3%	Emergency Room Discharged		1,988	2,154	2,106	(166)	-7.7%	-5.6%		
1,000	1,090	969	(90)	-8.3%	3.2%	Emergency Room Total		2,010	2,180	2,128	(170)	-7.8%	-5.5%		
32	35	31	(3)	-8.3%	3.2%	ER visits per calendar day		32	35	34	(3)	-7.8%	-5.5%		
83%	93%	85%	67%	71.8%	-1.5%	% Admits from ER		116%	93%	92%	225%	242.3%	26.3%		
-	-	-	-	0.0%	#DIV/0!	Surgical Procedures I/P		-	-	-	-	0.0%	#DIV/0!		
8	9	15	(1)	-11.1%	-46.7%	Surgical Procedures O/P		16	18	27	(2)	-11.1%	-40.7%		
8	9	15	(1)	-11.1%	-46.7%	TOTAL Procedures		16	18	27	(2)	-11.1%	-40.7%		
1,124	1,047	115	77	7.4%	877.4%	Surgical Minutes Total		1,903	2,094	250	(191)	-9.1%	661.2%		

# Units of Service

For the period ending: August 31, 2018

Current Month						Bear Valley Community Hospital		Year-To-Date				
Aug-18		Aug-17	Actual	-Budget	Act.-Act.		Aug-18		Aug-17	Actual	-Budget	Act.-Act.
Actual	Budget	Actual	Variance	Var %	Var %		Actual	Budget	Actual	Variance	Var %	Var %
6,900	6,458	7,098	442	6.8%	-2.8%	Lab Procedures	14,042	12,841	13,709	1,201	9.4%	2.4%
812	810	871	2	0.2%	-6.8%	X-Ray Procedures	1,657	1,557	1,020	100	6.4%	62.5%
273	264	295	9	3.4%	-7.5%	C.T. Scan Procedures	596	525	518	71	13.5%	15.1%
229	248	253	(19)	-7.7%	-9.5%	Ultrasound Procedures	473	469	479	4	0.9%	-1.3%
67	62	108	5	8.1%	-38.0%	Mammography Procedures	98	124	150	(26)	-21.0%	-34.7%
271	327	329	(56)	-17.1%	-17.6%	EKG Procedures	571	654	661	(83)	-12.7%	-13.6%
119	122	101	(3)	-2.5%	17.8%	Respiratory Procedures	184	217	214	(33)	-15.2%	-14.0%
1,806	1,427	1,381	379	26.6%	30.8%	Physical Therapy Procedures	3,261	2,542	2,608	719	28.3%	25.0%
1,950	1,728	1,756	222	12.8%	11.0%	Primary Care Clinic Visits	3,509	3,120	3,369	389	12.5%	4.2%
400	200	265	200	100.0%	50.9%	Specialty Clinic Visits	668	400	517	268	67.0%	29.2%
2,350	1,928	2,021	422	21.9%	16.3%	Clinic	4,177	3,520	3,886	657	18.7%	7.5%
90	74	78	16	21.9%	16.3%	Clinic visits per work day	23	19	21	4	18.7%	7.5%
22.2%	20.00%	20.40%	2.20%	11.00%	8.82%	% Medicare Revenue	20.90%	20.00%	19.40%	0.90%	4.50%	7.73%
38.20%	39.00%	38.80%	-0.80%	-2.05%	-1.55%	% Medi-Cal Revenue	36.10%	39.00%	38.70%	-2.90%	-7.44%	-6.72%
34.80%	36.00%	36.40%	-1.20%	-3.33%	-4.40%	% Insurance Revenue	37.75%	36.00%	37.60%	1.75%	4.86%	0.40%
4.80%	5.00%	4.40%	-0.20%	-4.00%	9.09%	% Self-Pay Revenue	5.25%	5.00%	4.30%	0.25%	5.00%	22.09%
142.8	156.88	149.0	(14.1)	-9.0%	-4.2%	Productive FTE's	141.90	156.88	145.5	(15.0)	-9.6%	-2.5%
165.9	174.09	168.0	(8.2)	-4.7%	-1.2%	Total FTE's	165.95	174.01	164.9	(8.1)	-4.6%	0.6%



## CFO REPORT for

### October 2018 Finance and Board meetings

#### TruBridge – Accounts Receivable Management

We are seeing progress on reduction of Accounts Receivable days. Days have been 64.4 and 65.1 in the last two weeks' reports, ending Sept 7 & 14.

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



#### FYE June 30, 2018 Financial Audit

Our independent auditor, Jerrel Tucker, was on site September 18 through 21. Things went well. With draft audited financial statements, we will now move forward with preparation of our FY 2018 Coast Report (due by the end of November). We have tentatively scheduled Jerrel to present Audited Financial Statements to the Board in December.