

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

VISION

To be the premier provider of emergency medical and healthcare services in our BigBearValley.

#### BOARD OF DIRECTORS BUSINESS MEETING AGENDA Wednesday, October 11, 2017@ 1:00 p.m. –Hospital Conference Room 41870 Garstin Drive, Big Bear Lake, CA 92315

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

Big Bear Lake, CA 92315)

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

#### **OPEN SESSION**

#### 1. CALL TO ORDER

#### **Donna Nicely, 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. CONFERENCE WITH LABOR NEGOTIATORS: \*Government Section Code: 54957.6: Negotiator(s): Mike Sarrao, Esq.
  - (1) Continuing Union Negotiations with: UNAC & OPEIU
- 3. HOSPITAL QUALITY/RISK/COMPLIANCE REPORTS: \*Pursuant to Health & Safety Code Section 32155
  - (1) Risk / Compliance Management Report
  - (2) QI Management Report

#### **OPEN SESSION**

1. CALL TO ORDER

**Donna Nicely, President** 

2. ROLL CALL

Shelly Egerer, Administrative Assistant

- 3. FLAG SALUTE
- 4. ADOPTION OF AGENDA\*

#### 5. RESULTS OF CLOSED SESSION

#### Donna Nicely, 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 13, 2017 Board of Directors Meeting Minutes: Shelly Egerer, Executive Assistant
- B. August/September 2017 Planning & Facilities Report: Michael Mursick, Plant Manager
- C. September 2017 Human Resource Report: Erin Wilson, Human Resource Director
- D. September 2017 Infection Control Report: Heather Loose, Infection Preventionist
- E. Policies and Procedures: (Summary Attached)
  - (1) Laboratory
  - (2) Employee Health
  - (3) Pharmacy
  - (4) Family Health Center
  - (5) Radiology
  - (6) Skilled Nursing Facility
  - (7) Nursing Administration
- F. Board of Directors; Committee Meeting Minutes:
  - (1) September 05, 2017 Finance Committee Meeting Minutes

#### **10. OLD BUSINESS\***

- A. Discussion and Potential Approval of the Following Bylaws:
  - (1) Bear Valley Community Healthcare District Foundation Bylaws

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

- A. Discussion and Potential Approval of Michael Ritchey w/QHR for Revenue Cycle Assistance Travel Expenses
- **B**. Discussion and Potential Approval of Medical Staff Bylaw: Allied Health Professional Rules & Regulations Amendment to Physician Assistant Supervision
- C. Discussion and Potential Approval of Radiology Clinical Delineation of Privileges

#### **12. ACTION ITEMS\***

### A. <u>Acceptance of QHR Report</u>

Ken Ward, Regional AVP QHR

- (1) October 2017 QHR Report
- (2) Quorum Purchasing Advantage Report

#### B. Acceptance of CNO Report

Kerri Jex, Chief Nursing Officer

(1) September 2017 CNO Report

#### C. Acceptance of the CEO Report

John Friel, Chief Executive Officer

(1) September 2017 CEO Report

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

Garth Hamblin, Chief Financial Officer

- (1) August 2017 Financials
- (2) September 2017 CFO Report
- (3) IT Assessment Update

#### **13. ADJOURNMENT\***

\* Denotes Possible Action Items

#### BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT BUSINESS BOARD MEETING MINUTES 41870 Garstin Drive, Big Bear Lake, Ca. 92315 SEPTEMBER 13, 2017

PRESENT:	Donna Nicely, President Rob Robbins, 1 <sup>st</sup> Vice President Jack Roberts, 2 <sup>nd</sup> Vice President		Barbara Willey, Treasurer John Friel, CEO Shelly Egerer, Admin. Assistant
ABSENT:	Gail McCarthy, Secre	etary	
STAFF:	Garth Hamblin Sherry Greenaway	Mary Norman Sheri Mursick	Kerri Jex Steven Knapik, DO
OTHER:	Ron Vigus, QHR	Holly Elmer, Fou	ndation Gail Dick, Auxiliary
COMMUNITY MEMBERS:	ET Russell w/bigbeau	rlake.net	

### **OPEN SESSION**

#### 1. CALL TO ORDER:

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

#### **CLOSED SESSION**

#### 1. PUBLIC FORUM FOR CLOSED SESSION:

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

#### 2. ADJOURNED TO CLOSED SESSION:

President Nicely called for a motion to adjourn to Closed Session at 1:00 p.m. Motion by Board Member Roberts to adjourn to Closed Session at 1:00 p.m. Second by Board Member Willey to adjourn to Closed Session. President Nicely called for a vote. A vote in favor of the motion was 4/0.

- Board Member Robbins yes
- Board Member Willey yes
- President Nicely yes
- Board Member Roberts yes

#### **RECONVENE TO OPEN SESSION**

#### 1. CALL TO ORDER:

President Nicely called the meeting to Open Session at 3:05 p.m.

#### 2. ROLL CALL:

Donna Nicely, Rob Robbins, Jack Roberts, Barbara Willey were present. Also present were John Friel, CEO, and Shelly Egerer, Administrative Assistant. Absent was Gail McCarthy.

#### **3. FLAG SALUTE:**

President Nicely led the flag salute all present participated.

#### 4. ADOPTION OF AGENDA:

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

- Board Member Robbins yes
- Board Member Willey yes
- President Nicely yes
- Board Member Roberts yes

#### 5. RESULTS OF CLOSED SESSION:

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

- Chief of Staff Report
  - Request for Initial Appointment:
    - Raymond Azab, MD Renaissance Radiology
    - o John Lin, MD Renaissance Radiology
  - Request for Reappointment Calvin Pramann, DC Chiropractor
  - Request for Additional Privileges

     William White, MD- Request for additional procedures
  - Voluntary Resignation Carol Lam, PA Emergency Medicine
  - Risk Report
  - QI Report

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

- Board Member Robbins yes
- Board Member Willey yes
- President Nicely yes
- Board Member Roberts yes

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

President Nicely opened the Hearing Section for Public Comment on Open Session items at 3:12 p.m. Hearing no request to make public comment. President Nicely closed Public Forum for Open Session at 3:12 p.m.

#### 7. DIRECTORS COMMENTS

• Board Member Willey attended the Helen Walsh event and was very nice.

#### 8. INFORMATION REPORTS:

- **A.** Foundation Report:
  - Ms. Elmer reported the following:
    - The event for Helen Walsh was a great success.
    - Eight new members have joined the Foundation.
  - President Nicely stated that the Board received a thank you note and this has been shared with the full Board.

#### **B.** Auxiliary Report:

- Ms. Dick reported the following:
  - Four new volunteers- now 24-25 Auxiliary Members.
  - Mall in the Hall is scheduled for November 27 through December 1, 2017.
  - o Still unknown of the funds raised at the Annual Golf tournament.

#### 9. CONSENT AGENDA:

- A. July 12, 2017 Board of Directors Meeting Minutes: Shelly Egerer, Admin. Assistant
- B. June/July 2017 Planning& Facilities Report: Michael Mursick, Plant Manager
- C. July 2017 Human Resource Report: Erin Wilson, Human Resource Director
- **D.** July 2017 Infection Control Report: Heather Loose, Infection Preventionist
- E. Policies and Procedures: (Summary Attached)
  - (1) Petty Cash
  - (2) Clinic Vaccine Storage
  - (3) License, Certification and Mandatory Training Requirements
  - (4) Drug and Alcohol Policy
  - (5) District Parking Policy
  - (6) Legal Matters Concerning Employees
  - (7) Unlawful Harassment, Discrimination and Retaliation Prevention and Complaint Policy
  - (8) Nursing Administration
  - (9) Pharmacy
- **F.** Board of Directors; Committee Meeting Minutes:
  - (1) June 26, 2017 Human Resource Committee Meeting Minutes
  - (2) July 27, 2017 Planning & Facilities Committee Meeting Minutes
  - (3) August 07, 2017 Finance Committee Meeting Minutes

President Nicely called for a motion to approve the Consent Calendar as presented. Motion by Board Member Roberts to approve the Consent Calendar as presented with the exception of Item C. August Human Resource Report and Item E. Policies and Procedures one through nine. Second by Board Member Willey to approve the Consent Calendar as presented with the exception of Item C. August Human Resource Report and Item E. Policies and Procedures one through nine. President Nicely stated that the these items will be removed from the Consent Agenda and added to New Business. President Nicely called for the vote. A vote in favor of the motion was 4/0.

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts yes

#### **10. OLD BUSINESS:**

- A. Discussion and Potential Approval of Dissolving/Discharging the Policy & Procedure & BVCHD District Bylaw Committee (Committee Purpose, Achievement and Goals have been accomplished):
  - President Nicely reported that the committee has completed the District bylaws and ask the Board to dissolve the committee.

President Nicely motioned to dissolve the Policy & Procedure & BVCHD District Bylaw Committee. Second by Board Member Robbins to dissolve the Policy & Procedure & BVCHD District Bylaw Committee. President Nicely called for the vote. A vote in favor of the motion was 4/0.

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts yes

### **B.** Discussion and Potential Approval of the Following Bylaws:

- (1) Bear Valley Community Healthcare District Bylaws
- (2) Bear Valley Community Healthcare District Foundation Bylaws
- (3) Bear Valley Community Healthcare District Auxiliary Bylaws
- Board Member Willey stated that she was in favor of the Foundation Bylaws being tabled; Auxiliary Bylaws approved but was not in favor of the District Bylaws being approved.

President Nicely motioned to approve the BVCHD District Bylaws, table the BVCHD Foundation Bylaws and approve the Auxiliary Bylaws. Second by Board Member Roberts to approve the BVCHD District Bylaws, table the BVCHD Foundation Bylaws and approve the Auxiliary Bylaws. President Nicely called for the vote. A vote in favor of the motion was 3/1.

- Board Member Robbins yes
- Board Member Willey- no
- President Nicely yes
- Board Member Roberts yes

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

### A. Discussion and Presentation of 2017 Hospital Survey On Patient Safety Culture:

- Ms. Norman provided a power point:
  - This is the  $2^{nd}$  year we have conducted a Patient Safety Survey.
  - o 69% of staff participated.
  - Overall, we have seen improvement.
  - Goal for 2018 is unknown, will be using BETA.
  - Feedback and communication 68% feel they are informed about errors in their departments through staff meetings.
  - Teamwork in all departments have room for improvement.

- Non-punitive response to errors 37% needs to improve.
- Information has been provided to department managers.
- Have attended department meetings to go over the survey.
- Team STEPP: four managers attended training and are now trainers.
- Hotline is going to be completed for employee's incident reports.
- o This information is sent to the department managers
- Board Member Roberts stated that presentation was well conducted and applauded Ms. Norman's efforts.
- The full Board appreciated the presentation and the survey that was completed.

#### President Nicely reported no action required.

#### **B.** Discussion and Potential Approval of the Following Service Agreement (s):

- (1) WIPFLI Cost Report Preparation Agreement
- (2) Pyxis Medication and Supply Dispensing System Agreement
- (3) Health Information Partners Agreement (Interim HIM Manager)
- (4) IRIS Telehealth
- (5) B.E. Smith Interim Pharmacy Director Agreement
- (6) James Skoien, L.A.c dba Healthy Practice Physician Agreement
- (7) William White, M.D. Physician Agreement
- (8) Matheson Tri Gas

President Nicely called for a motion to approve the contracts one through eight as presented. Second by Board Member Roberts to approve the contracts one through eight as presented. President Nicely called for the vote. A vote in favor of the motion was 4/0.

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts yes
- C. Discussion and Potential Approval of Tomi K. Hagan w/QHR Travel Expense for Compliance Program Implementation Services:
  - Ms. Norman reported that Tomi would be on site to complete a Risk Assessment for Compliance; this will also develop the Compliance Plan for the following year.

President Nicely motioned to approve travel expenses for Tomi Hagan w/QHR not to exceed \$2,000.00. Second by Board Member Willey to approve travel expenses for Tomi Hagan w/QHR not to exceed \$2,000.00. President Nicely called for the vote. A vote in favor of the motion was 4/0.

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts yes

#### **D.** Consent Agenda:

#### (1) August Human Resource Report:

• Board Member Roberts stated that there is a spike in employee evaluations and the full Board feels that it is important to monitor the evaluations so they do not continue to be past due.

• Mr. Friel stated that he would remind staff that the employee evaluations need to be current.

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

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts yes

#### (2) Policies & Procedures

• Board Member Roberts stated that at the last HR Committee they provided a directive that all HR Policies & Procedures are to go the committee prior to the Board Meeting. There are several policies that should have gone to the HR Committee prior to the Board Meeting.

Board Member Roberts motioned to approve the Policies and Procedures as presented with all future Policies and Procedures being presented to the appropriate Committees. Second by President Nicely to approve the Policies and Procedures as presented with all future Policies and Procedures being presented to the appropriate Committees. President Nicely called for the vote. A vote in favor of the motion was 4/0.

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts yes

#### **12.** ACTION ITEMS\*

#### A. Quorum Health Resource Report:

- (1) September 2017 QHR Report:
  - Mr. Vigus provided the following information:
    - Consulting engagement for the Revenue Cycle data has been exchanged from Mr. Hamblin to QHR.
    - Ken Ward will be on site in October.
    - Purchasing Contract discusses Group Purchasing; disclosure was provided to the Board President and CEO.
  - The full Board stated that they are to receive the report; not just the Board President, all Board Members should receive the same information. The Board of Directors asked that this report be on the Oct. Board Meeting Agenda.

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

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts yes

#### **B. CNO Report:**

- (1) August 2017 CNO Report:
  - Ms. Jex provided the following information:
    - One swing patient
    - Received Tier 2 Award: ER staff took training and there was 0% Risk.
    - Patient & Family Advisory Council continues to meet.
    - County is establishing MOU'S for grant funding and then we can use Tele-Psych council for ER patients.

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

- Board Member Robbins yes
- Board Member Willey yes
- President Nicely yes
- Board Member Roberts yes

#### C. Acceptance of the CEO Report:

(1) August 2017 CEO Report:

- Mr. Friel provided the following information:
  - CT Scanner: OSHPD Representative called in sick and did not complete the inspection.
  - Unexpected State Annual review of Pharmacy, spent ½ day doing an inspection. No deficiencies were noted.
  - Received thank you notes for donations they are attached to the CEO Report.
- Discussion took place on the additional staff being hired and why we had so many new hires; the district will have approximately 230 employees. Administration informed the Board that the departments are hiring Per Diem's for the upcoming winter season (RN, EMT's & 2 Acute positions). Mr. Hamblin is to obtain what positions are being advertised and report to the Board.
- Board Member Roberts asked again the status of when the district insurance will be accepted at the clinic, this has been an ongoing request for several months.

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

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts- yes

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

(1) July 2017 Financials:

- Mr. Hamblin reported the following information:
  - Cash position over \$13 million.
  - Paying construction and other projects with cash.
  - o Cash on hand is 238.

- Expenses under budget.
- Net Revenue was under budget; continue working with TruBridge. They are working on older accounts.
- AR days are 68.9; we continue to make improvement.
- Board Member Roberts stated he received a bill after 8 months of being seen in the ER. We are seeing positive improvement but feels that we owe the community to have the billing kept in the community. Trubridge contract needs to be reviewed at the beginning of the year and the Board needs to consider bringing billing back "in house'.
- (2) CFO Report:
  - Mr. Hamblin reported that in the CFO Report there is some information on Healthcare Reform, which is still unknown, and that an IT assessment/evaluation will be conducted as requested by the Board. QHR can provide a vendor to complete this project.
  - Board Member Roberts stated that there was evaluation of IT System by a consultant that has multiple specialties, feels the district's current system is vulnerable and there have been some significant issues. Board Member Roberts feels that staff has narrow function ability; IT staff does a good job but there is only so much our IT staff knows. The district needs an IT analysis and there are several organizations that can provide this service for a minimal amount; approximately \$10,000.00.
  - Further discussion took place on the IT staff and the current IT system. The Board agreed that the district needs to use a vendor that is local and does not want to use a QHR vendor. The Senior Administration Team will begin looking into vendors and provide an update to the full Board.

President Nicely motioned to approve the July 2017 Finance Report and the CFO Report as presented. Second by Board Member Roberts to approve the July 2017 Finance Report and CFO Report as presented. President Nicely called for the vote. A vote in favor was unanimously approved 4/0.

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts- yes

#### **13. ADJOURNMENT:**

President Nicely called for a motion to adjourn the Board Meeting at 4:03 p.m. Motion by Board Member Willey to adjourn. Second by Board Member Roberts to adjourn. President Nicely called for the vote. A vote in favor of the motion was unanimously approved 4/0.

- Board Member Robbins yes
- Board Member Willey- yes
- President Nicely yes
- Board Member Roberts- yes

## Bear Valley Community Healthcare District Construction Projects 2017

Department / Project	Details	Vendor and all associated costs	Comments	Date
CT Scanner Project	CT received Certificate of Occupancy from OSHPD.	E.H. Butland	Completed minus bathrooms due to poor air balance. Facilities will have this repaired this week so that we can open the bathrooms.	
Painting the Hospital exterior & repairing stucco.	Planning start of project with contractor.	Loose Painting	Completed	
Install Fire Riser & Nitrogen Compressor	Planning install with vendor	Simplex Grinnell	In Progress	
Room 30 Renovations	Planning workload	Mike's Flooring, Warren Construction	In Progress	
Medical Gas Repairs	Replace MedGas panel in ER	FS Medical	In Progress	

## Bear Valley Community Healthcare District Potential Equipment Requirements

Department / Project	Details	Vendor and all associated costs	Comments	Date
Facilities- Mezzanine Control air compressor	Compressor needs replaced.	Ingersoll Rand- Approximately \$6500	In Progress	
Facilities- Elecric Cart	Cart for guys performing small jobs.	Caddy Shack Carts- \$10,486.25 for a street legal cart	Waiting for board approval	
Facilities-Medical Air Compressor	Compressor is failing	Certified Medical Sales	Has been approved in this years capital, planning with vendor.	

# Bear Valley Community Healthcare District Repairs Maintenance

Department / Project	Details	Vendor and all associated costs	Comments	Date
Facilities-Annual Boiler Service	Inspected and performed PM's	RF MacDonald	Completed	
Lab- New Equipment Installation	Modified Lab spaces to accommodate new equipment	Facilities	Completed	
Facilities-Repaired Water Heater Leak	Water heater had a leak	Facilities	Completed	
Facilities- Water Softners	Repaired broken water line	Facilities	Completed	
Facilities- Annual MedGas Inspection	Completed inspection and found some items that need repaired	FS Medical	In Progress	



### **HR Monthly Report**

### September 2017

STAFFING	Active: 213
• • • • • • • • • • • • • • • • • • • •	New Hires: 4
	Terms: 2
	Open Positions: 22
EMPLOYEE	DELINQUENT:
PERFORMANCE	30 days: 5
EVALUATIONS	60 days: 0
	90 days: 2
	90+ days: 1
	<b>MOVING FORWARD:</b> Enforce Delinquent Evaluation Policy and continue monitoring
	ongoing annual evaluations.
WORK COMP	NEW CLAIMS: 0
	<b>OPEN:</b> 13
	Indemnity (Wage Replacement, attempts to make the employee financially whole) - 7
	Future Medical Care – 5
	Medical Only - 1
	MOVING FORWARD: Quarterly claims update.
FILE AUDIT/	FIVE FILE AUDIT:
LICENSING	All files are complete
	All items returned from previous month
	All Licenses are up to date
	MOVING FORWARD: Obtain required items, continue file audit.

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# Infection Prevention Monthly Report

September 2017

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory	<ul> <li>Continue to receive updates from APIC.</li> </ul>	<ul> <li>Review ICP regulations.</li> </ul>
	<ul> <li>AFL (All Facility Letters) from CDPH have been reviewed.</li> </ul>	<ul> <li>AFL to be reviewed at Infection Control Committee and Regulatory committee.</li> </ul>
	<ul> <li>Continue NHSN surveillance reporting.</li> </ul>	
		<ul> <li>Continue Monthly Reporting Plan submissions.</li> </ul>
	<ul> <li>Completion of CMR reports to Public Health per Title 17 and CDPH regulations.</li> <li>CMR submitted for positive syphilis from clinic.</li> </ul>	
2. Construction	CT project complete	<ul> <li>Work with Maintenance and contractors to ensure compliance.</li> </ul>
3. QI	<ul> <li>Continue to work towards increased compliance with Hand Hygiene.</li> <li>69% Compliance in August for hand hygiene.</li> </ul>	<ul> <li>Continue monitoring hand hygiene compliance.</li> </ul>
4. Outbreaks/	<ul> <li>Public Health Report</li> </ul>	
Surveillance	<ul> <li>Candida Auris continues to be an emerging public health threat. Recommendations regarding treatment patients with C. Auris were given to committee.</li> </ul>	<ul> <li>Informational</li> </ul>

	<ul> <li>Hepatitis A outbreak in San Diego County continues to be a problem. Streets being sprayed with bleach to help combat problem. There have been 15 deaths and 194 hospitalizations.</li> <li>Zika virus- 4 cases in San Bernardino County, all travel-related. Because of hurricane flooding in TX and FL, Zika cases expected to rise in those areas.</li> <li>West Nile Virus – there have now been 3 confirmed deaths in Southern California, in Kern, San Bernardino, and Los Angeles Counties.</li> <li>Congenital Syphillis has had a 400% increase form 2014 to 2016. New guidelines for testing of pregnant women were given to committee.</li> </ul>	
5. Policy Updates	<ul> <li>Policies reviewed, approved:         <ul> <li>Kerri Jex created "Fit for Duty" policy.</li> <li>Employee Physical policy. Changes were made to reflect current practices regarding positive PPD testing and tuberculosis screening.</li> <li>Unanimously approved</li> </ul> </li> </ul>	<ul> <li>Clinical Policy and Procedure Committee to review and update Infection Prevention policies.</li> </ul>
6. Safety/Product	<ul> <li>Recommendations given for environmental cleaning of rooms with C. Auris patients.</li> </ul>	<ul> <li>Continue to monitor compliance with approved cleaning procedures.</li> </ul>
7. Antibiotic Stewardship	<ul> <li>Danggiao Phan created Vancomycin usage protocol which will be shared with Medical Staff.</li> <li>Vancomycin use remains in compliance. 1 case corrected by pharmacist.</li> </ul>	<ul> <li>Informational.</li> </ul>
8. Education	<ul> <li>ICP continues to attend the APIC meetings in Ontario.</li> </ul>	<ul> <li>ICP to share information at appropriate</li> </ul>

				committees.
9. Informational	•	As discussed above.		<ul> <li>Informational</li> </ul>
Heather Loose, BSN,	RN	Infection Preventionist	Date: O	ctober 3, 2017

Department	Policies	Reviewed	Summary
Laboratory	ABO Type of Red Cells and Serum	8/25/2017	Annual review. Formatted.
Laboratory	Antibody Screen - Presence of Rouleaux	8/25/2017	Annual review. Formatted.
Laboratory	Compatibility Testing	8/25/2017	Annual review. Formatted.
Laboratory	Emergency Blood Release Protocol	8/25/2017	Annual review. Formatted.
Laboratory	Handling of Materials in Blood Bank	9/8/2017	Annual review. Formatted.
			Annual review. Formatted. Policy name changed from 'Quality
Laboratory	Quality Control - Blood Bank	9/8/2017	Assurance - To Validate Blood Bank'.
Laboratory	Acetest	9/8/2017	Annual review. Formatted.
Laboratory	Bilirubin Confirmation Testing	9/8/2017	Archive; test DC'd.
Laboratory	Clinitest	9/8/2017	Archive; test DC'd.
Laboratory	Drug Of Abuse - Med Tox	9/8/2017	Annual review. Formatted.
Laboratory	Cell Counts	8/25/2017	Annual review. Formatted.
Laboratory	Malarial Smears	9/8/2017	Archived; switch to reference lab.
Laboratory	Back-Up Services	8/25/2017	Annual review. Formatted.
Laboratory	Chemical Hygiene Plan	8/25/2017	Annual review. Formatted.
Laboratory	Chemical Hygiene Plan- Formaldehyde	9/8/2017	Annual review. Formatted.
Laboratory	Critical Values	8/25/2017	Annual review. Formatted. Revised verbiage.
Laboratory	Competency Assessment	8/25/2017	Annual review. Formatted and revised to reflect current process.
Laboratory	Correcting Erroneous Test Results	9/8/2017	Annual review. Formatted.
Laboratory	Delegation of Authority	8/25/2017	New policy.
Laboratory	Disaster - Lab Responsibilities	9/8/2017	Annual review. Formatted.
Laboratory	Employee Orientation	8/25/2017	Archived. Covered in District policy.
Laboratory	Mission Roles & Statements	9/8/2017	Archived; refer to Hospital wide policy.
Laboratory	Organizations Code of Ethical Behavior	8/25/2017	Archived; covered in District policy.
Laboratory	Proficiency Testing	9/8/2017	Annual review. Formatted.
Laboratory	Quality Assurance	9/8/2017	Annual review. Formatted.
Laboratory	Quality Control	9/8/2017	Annual review. Formatted.
Laboratory	Reference Laboratory	9/8/2017	Annual review. Formatted.
Laboratory	STAT Testing at BVCHD	9/8/2017	Annual review. Formatted.
Laboratory	Turn Around Time for Lab Tests	9/8/2017	Annual review. Formatted.
Laboratory	Blood Cultures	9/8/2017	Annual review. Formatted.
Laboratory	Culture Urine Reflex Orders	9/8/2017	Annual review. Formatted.
Laboratory	Orders and Specimen Collection	9/8/2017	Annual review. Formatted.
Laboratory	Collection & Submission of Lab Specimen	9/8/2017	Annual review. Formatted.

Laboratory	Daily Duties	8/25/2017	Annual review. Formatted. Revised to reflect current process.
Laboratory	Glucose Tolerance	8/25/2017	Annual review. Formatted.
Laboratory	Infection Control	9/8/2017	Annual review. Formatted.
Laboratory	Isolation Room Specimen Collection	9/8/2017	Annual review. Formatted.
Laboratory	Patient Identification	8/25/2017	Annual review. Formatted.
Laboratory	Reaction to Blood Collection	9/8/2017	Annual review. Formatted.
Laboratory	Rejection of Specimens	8/25/2017	Archived; covered in 'Specimen Rejection'.
Laboratory	Specimen Collection for Coagulation Studies	8/25/2017	Archived; covered in 'Specimen Rejection'.
Laboratory	Specimen Rejection	9/8/2017	Annual review. Formatted.
Laboratory	Specimen Rejection Coagulation Hematology	8/25/2017	Archived; covered in 'Specimen Rejection'.
			Annual review. Revised verbiage. 'New Employee Lab Draw
Employee Health	Healthcare District Personnel Vaccine Recommendations	9/1/2017	Protocol' attached.
			Annual review. Revised verbiage to reflect CDC
Employee Health	Employee Physical Recommendations	9/1/2017	recommendations. 'New Employee Lab Draw Protocol' attached.
Employee Health	Fit for Duty Examination	9/1/2017	New policy. Reviewed by Legal
Employee Health	Injury and Illness Prevention Program (IIPP)	9/1/2017	Annual review. No changes.
Pharmacy	After Hours Banana Bag Preparation	9/1/2017	New policy.
Family Health Center	Dismissal from Clinic Practice	6/30/2017	Annual review. No changes.
Radiology	Imaging Department	6/9/2017	Annual review, formatted.
Radiology	Ultrasound Probes	6/9/2017	Annual review. Updated verbiage to reflect Trophon.
Skilled Nursing Facility	Activities	9/8/2017	New policy to replace all archived Activities policies.
Skilled Nursing Facility	Elopement and Wonderguard	9/8/2017	Annual review. Revised to reflect current process. Changed policy name from "Wandering Program - SNF".
Skilled Nursing Facility	Fall Sequence and Culture of Fall Safety	9/8/2017	Annual review. Revised to reflect current process. Changed policy named "Fall Reporting Sequence". Attached "QAPI Fall Incident Reporting Log".
Nursing Admin	Time Out	8/4/2017	Annual review. No changes.
Skilled Nursing Facility	Pain Management- SNF	9/8/2017	Annual review. Revised to reflect current process. Attached "Advanced Demntia Pain Scale (PainAD)".



Date:	October 03, 2017
To:	Board of Directors
From:	John Friel, CEO
Re:	<b>BVCHD</b> Foundation Bylaws

#### **Recommendation:**

The BVCHD Foundation has requested that the Foundation Bylaws be presented at the January 2018 Board Meeting. They would like additional time to review their bylaws and make any necessary changes.

#### **Background:**

The BVCHD Foundation Bylaws were tabled at the September Board Meeting due to the Board of Directors requesting additional time to review them.

The Foundation has asked Administration to request additional time to review and potentially revise the Foundation Bylaws. At this time, they are not comfortable with the bylaws previously submitted.



Date: 27 September 2017

To: BVCHD Finance Committee

From: Garth M Hamblin, CFO

Re: Travel Expenses for QHR Consultant, Michael Ritchey Revenue Cycle Assistance

#### Recommended Action

Approve travel expenses, not to exceed \$2,000, for QHR Consultant, Michael Ritchey to assist with Revenue Cycle improvement.

#### **Background**

We have been working with Michael Ritchey of QHR on consulting in Revenue Cycle improvement focused on front end, Patient Access Services, mostly. We need approval for expenses for him to come on site the week of Oct 16 to continue his review.



Date: October 3, 2017

To: Board of Directors

From: Medical Executive Committee

Re: Medical Staff AHP Rules and Regulations PA Supervision

The most recent revisions to the AHP Rules and Regulations pertain to the section on "Allied Health Professionals" and, specifically, the supervising physician's requirements as far as current law revision from a limit of physician supervision of no more than (2) Physician Assistant's at one time to no more than (4) Physician Assistant's at one time.

Legal Counsel and the Medical Staff have approved this revision. The current AHP Rules and Regulations will be revised replacing supervision of (2) PA's with (4) PA's.

Nicole Wheeler

#### ALLIED HEALTH PROFESSIONAL RULES AND REGULATIONS

#### A. Definition

Allied Health Professionals (AHPs) are healthcare workers who are authorized to provide patient care services at Bear Valley Community Healthcare District (BVCHD). These individuals are AHPs and they shall be governed by the Allied Health Professional Bylaws, the content of these Allied Health Professional Rules and Regulations as well as applicable Medical Staff Bylaws and other pertinent Medical Staff policies. AHPs shall not be eligible for appointment to the Medical Staff or have clinical privileges. AHPs are eligible to apply for practice prerogatives. Nothing herein shall create any vested rights for the AHP to receive or to maintain any practice prerogatives at BVCHD.

#### **B.** Allied Health Professionals

Allied Health Professionals (AHPs) provide medical care to patients under supervision. They are usually employees of a staff physician or provide services pursuant to a contract with Bear Valley Community Healthcare District (BVCHD). AHPs are not granted privileges. AHPs have practice prerogatives setting forth the functions of the AHP. All AHPs must be a member of the Allied Health Professional Staff.

The following categories of AHPs have been approved by the Medical staff and the Board of Directors as eligible to submit applications for AHP practice prerogatives.

- 1. Physician Assistant
- 2. Nurse Practitioner
- 3. Registered Nurse First Assistant
- 4. Certified Registered Nurse Anesthetist

AHPs must function under the direction and supervision of a member of the Medical Staff of BVCHD who has been granted clinical privileges in the area in which the AHP will practice. The Medical Staff Member must agree in writing to assume full legal and medical responsibility for the actions of the AHP. Any patient care services granted under this, and like policies, are contingent upon the continued Medical Staff membership of the supervising or sponsoring physician. It is the responsibility of both the applicant and the supervising or sponsoring physician to notify BVCH, in writing, of any changes in physician supervision or sponsorship, which may occur at any time during the applicant's tenure at BVCHD.

A physician may supervise no more than two (2) Physician's Assistants. A physician may supervise no more than (4) Physician Assistants. A physician may supervise up to four (4) Nurse Practitioners.

AHP scope of practice shall be limited to the standards, procedures, and practice prerogatives granted. All AHPs will be accountable to the supervising or sponsoring physician, the department director, and nursing personnel, as applicable. All telephone orders must be received by hospital employees identified to do so as described in the General Rules and Regulations of the Medical Staff and Health Information Records.

Any AHP who cares for patients in the ER setting must have a current ACLS card, Certified

Registered Nurse Anesthetist's must have current ACLS, PALS and NALS cards.



#### 1. Does a physician need approval to supervise a PA?

No. Any physician (either M.D. or D.O.) may supervise a PA if they have a current medical license and there are no disciplinary or probationary conditions on the physician's license prohibiting supervision of PAs.

#### 2. How many PAs can a physician supervise?

Current law limits a physician to supervise no more than four PAs at any moment in time.

#### 3. What is the scope of practice of a PA?

Article 4 of the Board's regulations addresses PA practice. You may want to review Title 16, California Code of Regulations sections 1399.540 through 1399.546 for information on the supervision of PAs.

The scope of a given PA's practice is limited by his/her supervising physician. Whatever medical specialty a physician practices (e.g., general practice, cardio-thoracic surgery, dermatology, etc.) limits the PA's scope of practice. The Delegation of Services Agreement between the PA and the supervising physician then further defines exactly what tasks and procedures a physician is delegating to the PA. These tasks and procedures must be consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.

Before authorizing a PA to perform any medical procedure, the physician is responsible for evaluating the PA's education, experience, knowledge, and ability to perform the procedure safely and competently. In addition, the physician should verify that a PA has a current California license issued by the Physician Assistant Board (Board).

A PA may not perform any of the following medical services pursuant to Business and Professions Code section 3502 (c):

- The determination of the refractive states of the eye, or the fitting or adaptation of lenses or frames.
- The prescribing or directing the use of, or using any optical device in connection with ocular exercises, visual training or orthopedics.
- The prescribing, fitting or adaptation of contact lenses.
- The practice of dentistry or dental hygiene or the work of a dental auxiliary.



Date: 10/3/2017

To: Board of Directors

From: Steven Knapik, DO

Re: Radiology Delineation of Privileges

The purpose of revision of the Radiology Delineation of Privileges is to reflect the current use of Tele-Radiology; the previous Delineation of Privileges did not specify Tele-Radiology.

Name: / / to \_/\_\_\_ Effective from

□ Initial privileges (initial appointment) □ Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: / / .

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Department chair/chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for focused professional practice evaluation.<sup>1</sup> If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

#### Other requirements

• Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege. • This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### **Qualifications for diagnostic radiology**

Initial privileges: To be eligible to apply for privileges in diagnostic radiology, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)or American Osteopathic Association (AOA)-accredited residency in diagnostic radiology.

<sup>&</sup>lt;sup>1</sup> 1. For Joint Commission–accredited hospitals only.

#### AND/OR

Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.

#### AND

**Required current experience:** Performance and interpretation of at least 200 general radiology examinations<sup>2</sup>, 100 computed tomography (CT) examinations, reflective of the scope of privileges requested, or successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past 12 months.

**Renewal of privileges:** To be eligible to renew privileges in diagnostic radiology, the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience (400 general radiology examinations, 200 CT examinations with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

#### Core privileges: Diagnostic radiology

□ Requested Perform general diagnostic radiology (x-ray, radionuclides, ultrasound, and electromagnetic radiation) to diagnose and treat diseases of patients of all ages. Responsible for communicating critical values and critical findings consistent with medical staff policy. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

#### Core privileges: Teleradiology privileges

□ Requested Perform general diagnostic radiology (x-ray, radionuclides, ultrasound, and electromagnetic radiation) to diagnose diseases of patients of all ages via a teleradiography link. Responsible for communicating critical values and critical findings consistent with medical staff policy. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

<sup>&</sup>lt;sup>2</sup> Source: American College of Radiology Practice Guidelines for General Radiology, 2008.

Criteria: The same as for the diagnostic radiology core.

# Non-core privileges: Performance of carotid duplex

**Initial privileges:** Successful completion of one of the following training tracks: 1) an ACGMEor AOA-accredited residency or fellowship program<sup>3</sup> that included training in carotid duplex performance/interpretation and experience in interpreting at least 100 studies while under supervision, 2) an accredited postgraduate category I CME program of a minimum of 40 hours within the past three years that included training in carotid duplex performance/interpretation and experience in interpreting at least 100 cases while under the supervision of a physician, 3) three years of practice experience that included the performance/ interpretation of 300 carotid duplex studies, or 4) American Registry for Diagnostic Medical Sonography (ARDMS) Registered Physician in Vascular Interpretation (RPVI) credential or American Society of Neuroimaging (ASN) neurosonology certification for extracranial and/or intracranial test interpretation.

#### AND

**Required current experience:** Demonstrated current competence and evidence of the performance and/or interpretation of at least [n] carotid duplex studies in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance and/or interpretation of at least 200 carotid duplex studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, a minimum of 15 hours of CME in vascular laboratory testing is required every three years, of which at least 10 hours are category I.

Source: 2008 ICAVL Standards, Part 1: Vascular Laboratory Operations.

Non-core privileges: Transcranial Doppler (TCD) ultrasonography

<sup>&</sup>lt;sup>3</sup> Other specialties involved may include general surgery.

**Initial privileges:** Successful completion of one of the following training tracks: 1) an ACGMEor AOA-accredited residency or fellowship program<sup>4</sup> that included training in TCD performance/interpretation and experience in interpreting at least 100 studies while under supervision, 2) an accredited postgraduate category I CME program of a minimum of 40 hours within the past three years that included training in TCD performance/interpretation and experience in interpreting at least 100 cases while under the supervision of a physician, 3) three years of practice experience that included the performance/interpretation of 300 TCD studies, or 4) ARDMS RPVI credential or ASN neurosonology certification for extracranial and/or intracranial test interpretation.

#### AND

**Required current experience:** Demonstrated current competence and evidence of the performance and/or interpretation of at least [n] TCD studies in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance and/or interpretation of at least 200 TCD studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, a minimum of 15 hours of CME in vascular laboratory testing is required every three years, of which at least 10 hours are category I.

Source: 2008 ICAVL Standards, Part 1: Vascular Laboratory Operations.

# Non-core privileges: Administration of sedation and analgesia

See "Hospital Policy for Sedation and Analgesia by Nonanesthesiologists."

#### Core procedures list

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

<sup>&</sup>lt;sup>4</sup> Other specialties involved may include cardiovascular medicine, cardiac surgery, vascular surgery, and thoracic surgery.

To the applicant: If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, and then initial and date.

#### **Diagnostic radiology**

• Performance of history and physical exam

Bone densitometry

• CT of the head, neck, spine, body, chest ([including/excluding] cardiac), abdomen, pelvis, and extremities and their associated vasculatures

• Diagnostic nuclear radiology of the head, neck, spine, body, chest (including the heart), abdomen, pelvis, and extremities and their associated vasculatures

• Mammography (in accordance with Mammography Quality System Regulation (MQSR) required qualifications)

• Routine imaging (e.g., interpretation of plain films, IV or retrograde pyelography, fluoroscopy, and chest/abdomen, pelvis/gastrointestinal, and genitourinary diagnostic and therapeutic procedures)

• Image-guided biopsy, cyst aspiration, and procedures (e.g., lumbar puncture)

Ultrasound

#### Teleradiology

• CT of the head, neck, spine, body, chest ([including/excluding] cardiac), abdomen, pelvis, and extremities and their associated vasculatures

• Diagnostic nuclear radiology of the head, neck, spine, body, chest (including the heart), abdomen, pelvis, and extremities and their associated vasculatures

• Mammography (in accordance with MQSR required qualifications)

• Routine imaging (e.g., interpretation of plain films)

#### Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Bear Valley Community Healthcare District, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_

\_ Date \_

#### [Department chair/chief]'s recommendation

I have reviewed the requested clinical privileges and supporting documentation for the abovenamed applicant and:

Recommend all requested privileges

Recommend privileges with the following conditions/modifications:

Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

[Department chair/chief] signature \_\_\_\_\_ Date \_\_\_\_\_

FOR MEDICAL STAFF USE ONLY

Credentials committee action Date \_\_\_\_\_

Medical executive committee action Date

Board of trustees action Date



**Board Report** 

October, 2017

### **Revenue Cycle Implementation**

Michael Ritchey, Revenue Cycle consultant, will be onsite the week of October 16 to work with Garth and the revenue cycle team to assist with making improvements to facilitate reduction in AR.

### **Cost Report Review**

David Perry, Associate Vice President, Hospital Finance and Reimbursement, will be completing a review of the Cost Report to ensure that the hospital receives all funds to which it is entitled.

### **Compliance Implementation**

Tomi Hagen, QHR Compliance Consultant, will be on-site Oct. 10 – 12 to work with Mary Norman and will provide report to the Board.

### **Upcoming Education Events – In November**

Trustee Webinars: Accredited by ACHE

#### 10/10/17 Trustee Update #8: Topic TBD

October 10, 2017 12:00 - 1:00 pm CST

Marketing Forum Monthly Webinars: Accredited by ACHE

**10/17/17 Update on Marketing Compliance** October 17, 2017 12:00 - 1:00pm CST

Compliance Webinar:

**10/11/17 Compliance Officer Hot Topics Q3: Data Driven Compliance** October 11, 2017 10:30 - 11:30 am CST

Other Webinar:



### 10/26/17 Forecasting Skill Mix for the Future

October 26, 2017 10:30 - 11:30 am CST

### Other

• Ken Ward is planning to attend the October Board meeting.

### **Completed Projects**

- Contractual Accounts and Bad Debt Analysis
- Financial Operations Review
- RHC Coding & Compliance Review
- Community Health Needs Assessment
- Chargemaster Review
- Compliance Assessment



July 31, 2017

Ms. Donna Nicely Board President Bear Valley Community Hospital 41870 Garstin Drive Big Bear Lake, CA 92314

Re: Quorum Purchasing Advantage Annual Disclosures Regarding its Group Purchasing Organization ("GPO") Program for Bear Valley Community Hospital (the "Hospital")

Dear Ms. Nicely,

Quorum Purchasing Advantage, LLC ("QPA") is pleased to report on this year's GPO services provided to QPA-affiliated hospitals. In addition to the purchasing discounts available to our client hospitals through QPA's current agreement with HealthTrust, QPA provides access to beneficial agreements with service vendors through our Strategic Service Partner ("SSP") program. As always, it is at the discretion of your hospital to determine which vendors to use for purchasing any particular product or service. QPA's goal is to provide access to as many vendors as possible so that your Hospital can take advantage of cost savings achieved through collective purchasing.

The purpose of this letter is to make certain annual disclosures about QPA's purchasing program to our clients. QPA, like other group purchasing agents, earns administrative fees from HealthTrust and SSP vendors. Generally, federal law prohibits payments to a party to recommend or arrange for the purchase of goods or services that are reimbursable under the Medicare or Medicaid programs. This law is often referred to as the Anti-Kickback Statute ("AKS"). The federal law does provide for "safe harbors" covering certain transactions and relationships that are deemed permissible under the statute.

There is an AKS safe harbor applicable to GPOs. To comply with this safe harbor, QPA identifies each vendor who may pay GPO administrative fees in excess of three percent (3%) of the value of purchases and the amount or percentage that each vendor pays (or the maximum amount the vendor could pay). In addition, to comply with this safe harbor, QPA also informs its client hospitals of <u>any</u> administrative fee amounts received from all GPO vendors.

As part of this disclosure, you will find enclosed:

- A list of all vendors whose administrative fees exceed three percent (3%) of hospital purchases. For these vendors, we have identified the amount or percentage that each vendor pays (or the maximum amount the vendor could pay). For any vendors not identified on the attached list, administrative fees will equal three percent (3%) or less of the value of all purchases made from each such vendor. (Attachment A)
- A list detailing all administrative fees received by QPA from SSPs that were derived from your Hospital's purchases for the same time period. This list also details the estimated savings that your Hospital enjoyed from its relationship with those SSPs. (Attachment B)



- A list detailing the estimated savings that your Hospital enjoyed from using QPA as its group purchasing organization. Please note that while you did receive discounts on equipment purchases, these savings are not included in this list since HealthTrust doesn't track capital items in its comparisons. Your CFO or materials manager should maintain comparable pricing on capital equipment purchases, and can determine the extent of these savings. (Attachment C)
- A list detailing all administrative fees received by QPA from HealthTrust that were derived from your Hospital's purchases for the period from January 1, 2016 to December 31, 2016 (Attachment D)
- A list detailing all Global Sourcing fees received by HealthTrust that were derived from your Hospital's purchases for the period from January 1, 2016 to December 31, 2016 (Attachment E)
- A list detailing all cash rebates on actual purchases that were received directly by the hospital from HealthTrust. These rebates are cash savings to your facility. (Attachment F)

QPA receives a percentage of the total administrative fees collected by HealthTrust for contract purchases. All SSP administrative fees listed for your facility are retained by QPA. In 2016, group purchasing fees paid to QPA as a result of HealthTrust and SSP contract purchases represented 1.56% of total purchases made by all QPA customers.

In return for the administrative fees QPA receives, we provide your hospital with metrics, tools, expert advice and consultants to help your hospital take full advantage of the highest discounts, and the best service, from the best service providers in the industry.

We appreciate the opportunity to make available best-in-industry pricing to your hospital, and look forward to expanding opportunities for further cost savings this year. If you have any questions about your purchasing discounts, administrative fees or other issues, please call me at (800) 233-1470, ext. 4900.

Sincerely yours,

Robert a Branny

Tony Bramer Vice President, QPA

CC: Hospital CEO QHR RVP/AVP

Attachment – A – 2016 Administrative Fee Exception List Attachment – B – 2016 QPA Strategic Service Partner Summary Attachment – C – 2016 QPA/HealthTrust Estimated Savings Attachment – D – 2016 HealthTrust Administrative Fee Summary Attachment – E – 2016 HealthTrust Global Sourcing Fee Summary Attachment – F – 2016 HealthTrust Allocated Rebate Fee by Facility



### **Quorum Strategic Service Partners**

Agility Recovery Solutions, Inc.	10.00%
Agilum Healthcare Intelligence, Inc.	6.00%
Armstrong Relocation	3.00% - 6.00%
Arrow Value Recovery	5.00%
Availity	4.00% (for new service agreements)
CareTech Solutions	5.50%
Century II Staffing	6.00%
Chameleon Corporation	6.00%
CHG Medical Staffing, Inc.	5.00%
Clarity Group	7.00%
Clinical Colleagues, Inc.	Administrative fees are flat fees based on case volume and the total number of Quorum facility contracts with Clinical Colleagues
CompHealth Associates, Inc.	5.00%
CompHealth Locums	5.00%
CompleteRx	5.00%
CoreBTS, Inc.	5.00%
CPS Payment Services, LLC	2.00% - 4.95%
Echo, Inc. (formerly Sy.Med Development)	5.00%
ECI Healthcare Partners	Vendor pays a flat fee based on ED and inpatient volume
Edict Systems, Inc.	5.00%
EmCare, Inc.	Vendor pays a flat fee based on ED volume and the total number of Quorum facility contracts with EmCare
Experian Health	\$0.01 per transaction; 4.00% of license price, if required.
FastHealth Corporation	<b><u>FastHealth Patient Education</u></b> Fast Health will pay Quorum \$25/month in Administrative Fees when SSP collects the on-going monthly service charge from each facility. If the
	contracted monthly fee is greater than or equal to \$500/month, the administrative fee to Quorum will be \$50/month

Attachment A 2016 Administrative Fee Exception List



FastHealth Corporation	Fast Command Disaster Response System
	Vendor pays Quorum \$25/month in Administrative Fees when SSP collects the on-going monthly service charge from each facility. If the contracted monthly fee is greater than or equal to \$700/month, the administrative fee to Quorum will be \$75/month.
Future Vision Energy, LLC	4.00%
Gallagher Healthcare Services, Inc.	Annual Consulting Fee of \$145,000
HCT Executive Interim Management & Consulting	5.00%
Healthcare Financial Management Association (HFMA)	10.00%
Healogics	3.00% plus a flat fee of \$24,000 per year paid in quarterly installments
Hospital Physician Partners, Inc.	Vendor pays a flat fee based on ED volume and the total number of Quorum facility contracts with Hospital Physician Partners
Hospital Solutions, Inc.	4.00% on Motor Vehicle Accident/Lien Services
	\$3,000 - \$6,000 on Eligibility Services (quotes based on bed size)
In10sity Healthcare	8.00%
Innovative Funding Partners	4.00%
InQuicker, Inc.	5.00%
Intermedix Corporation	3.00% - 4.00%
Institutional Bond Network	\$1,000 annual flat fee per engagement
Language Line Services, Inc.	4.00%
Maintenance First	10.00% - 40.00%
McKesson/HBOC	29.00% - 50.00%
MedHost of Tennessee (HMS)	4.00% on Software modules added after sale
MedicalGPS, LLC	8.00%
MedKinetics, LLC	5.00%
MileStone Healthcare, Inc.	5.00% New, 3.00% on renewal, 1.50% on renewed prior to effective date
Medical Staffing Network Healthcare, LLC	4.00%
Novarad Corporation	4.00% on monthly set up fees
Pain Management Group (PMG)	5.00% on new clients and 1.50% on existing clients
PolicyTech	5.00%

### Attachment A 2016 Administrative Fee Exception List



Premier Anesthesia	Vendor pays a flat fee based on anesthesia volume and the number of Quorum facility contracts with Premier Anesthesia
Prospective Payment Specialists	6.00%
Revenue Source Group Inc.	5.00%
Southeast Reimbursement Group, LLC	Vendor pays a flat fee of \$400.00 for each Medicare Transfer Claims Review contract
Specialists On Call, Inc.	4.00%
SwiftMD	6.00%
The SSI Group, Inc.	7.00% for new service agreements
Touchpoint Care	10.00%
United On Call Laser	6.00%
United Shockwave Therapies	8.00%
veEDIS Clinical Systems, LLC	5.00% - Implementation Fee only
Veridikal Healthcare Solutions, LLC	5.00% - Consulting Services
Verisys	6.00%
VitalWare, LLC	4.00%
Weatherby Locums	5.00%
WellnessWorks	1.25% - 4.00%

### **HealthTrust**

AT&T Long Distance Service

4.50%

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# 2016 QPA Strategic Service Partner Summary

Bear Valley Community Hospital



### Entity ID: 20739

Vendor Name	Vendor Category	Net Purchases	Discount Description	Estimated Savings	Administrative Fees
		40.700			
Compreakin Associates, Inc	Starring	005,24	11% - 16% Off Allied Recruiting Market Rate	\$309	\$125
EmCare, Inc.	Department Management	\$2,163,057	2% - Emcare Billing	\$44,144	\$10,457
Experian Health	Patient Financial and Business Services	\$13,231	28% - eCare Fees	\$5,145	\$496
Experian Health	Patient Financial and Business Services	\$1,533	23% - Average Discount	\$467	\$223
Sammons Preston	Supplies	\$5,300	33% Blended Item Average Discount	\$2,610	\$159
Veridikal Healthcare Solutions, LLC	Pharmacy Management Services	\$3,328	13% Average Discount	\$497	\$166
	Facility Totals	\$2.188.949	Combined Discount: 2.37% *	\$53.173	\$11.627

\*Total discount is a weighted average of individual vendor discounts applied to individual vendor purchases Discount based on vendor-provided savings versus current market rates

### Attachment C 2016 QPA/HealthTrust Estimated Savings



### Bear Valley Community Hospital

Entity ID: 20739

Product Category	Contract Purchases	Category Savings	Estimated Saving
Catheters	\$3,182.91	8.92%	\$311.72
Contrast Media	\$3,013.08	11.90%	\$406.99
Gloves	\$2,864.66	7.90%	\$245.72
Laboratory	\$6,790.33	16.84%	\$1,375.05
Misc Med/Surg	\$6,890.88	10.94%	\$846.47
Dphthalmic	\$4,208.04	16.70%	\$843.63
Packs / Gowns / Drapes	\$62.74	15.25%	\$11.29
Pharmacy	\$6,334.19	8.30%	\$573.32
Respiratory	\$649.67	11.72%	\$86.25
Surgical Instruments	\$110.68	10.17%	\$12.53
Nound Closure	\$725.40	9.11%	\$72.71
Nound Management	\$1,138.20	7.43%	\$91.36
Total Purchases	\$35,970.78		
Estimated Annual Savings		11.94%	\$4,877.03
2016 HealthTrust Rebates		2.14%	\$785.54
Total Estimated Savings		14.08%	\$5,662.57
Capital Equipment Purchases*	\$42,050.30		
Service Purchases	\$81,965.01		
Total 2016 Contract Purchases	\$159,986.09		

Category Savings percentages are based on HealthTrust contract pricing versus competing GPOs

\* The Capital Equipment and Service Purchase totals are in addition to Total Purchases and are not factored into the Total Estimated Savings amount or percentage.

### Attachment D 2016 HealthTrust Administrative Fees



### Bear Valley Community Hospital

### Entity ID: 20739

Supplier Name	Total Purchases	Total Administrative Fees Paid to HealthTrust	Administrative Fees Received by QPA
ACTAVIS PHARMA INC	\$5.85	\$0.18	\$0.11
AKORN INC	\$39.00	\$1.17	\$0.70
ALCON LABORATORIES INC	\$4,208.04	\$126.24	\$75.74
ALERE NORTH AMERICA INC	\$5,600.00	\$168.00	\$100.80
AMERICAN HEALTH PACKAGING	\$97.76	\$2.93	\$1.76
AMERICAN REGENT INC	\$91.14	\$2.73	\$1.64
AUROMEDICS PHARMA LLC	\$76.65	\$2.30	\$1.38
AVKARE INC	\$62.81	\$1.88	\$1.13
B BRAUN MEDICAL INC	\$3,182.91	\$95.48	\$57.29
BD MEDICAL	\$206.00	\$6.18	\$3.71
BRACCO DIAGNOSTICS INC	\$3,013.08	\$90.40	\$54.24
CARDINAL HEALTH PHARMACEUTICAL	\$39,201.37	\$156.81	\$94.09
CAREFUSION 213 LLC	\$68.00	\$2.04	\$1.22
CDW GOVERNMENT LLC	\$3,010.30	\$70.77	\$42.46
CLARIS LIFESCIENCES INC	\$38.75	\$1.16	\$0.70
CONVATEC INC	\$11.76	\$0.35	\$0.21
ETHICON US LLC	\$792.58	\$23.78	\$14.27
FISHER HEALTHCARE	\$9,386.52	\$175.00	\$105.00
FRESENIUS KABI USA LLC	\$642.70	\$19.30	\$11.58
GLAXOSMITHKLINE LLC	\$778.39	\$16.34	\$9.80
GREINER BIO-ONE NORTH AMERICA	\$473.81	\$14.21	\$8.53
HEALTH CARE LOGISTICS INC	\$551.87	\$16.56	\$9.94
HI TECH PHARMACAL CO INC	\$11.15	\$0.33	\$0.20
HOSPIRA WORLDWIDE LLC	\$494.20	\$14.81	\$8.89
JOHNSON&JOHNSON HEALTH CARE SYS	\$899.03	\$8.99	\$5.39
MEDLINE INDUSTRIES INC	\$44,456.13	\$591.20	\$354.72
MERRY X-RAY CHEMICAL CORP	\$374.20	\$11.23	\$6.74
MINDRAY DS USA INC	\$7,200.00	\$216.00	\$129.60
MYLAN INSTITUTIONAL INC	\$72.70	\$2.18	\$1.31
MYLAN INSTITUTIONAL LLC	\$126.00	\$3.78	\$2.27
NELLCOR PURITAN BENNETT LLC	\$1,033.00	\$30.99	\$18.59
PERRIGO PHARMACEUTICALS	\$127.43	\$3.82	\$2.29
PFIZER INJECTABLES	\$128.39	\$3.17	\$1.90
PHARMACEUTICAL ASSOCIATES INC	\$3.80	\$0.11	\$0.07
PRECISION DOSE INC	\$18.90	\$0.57	\$0.34
RISING PHARMACEUTICALS INC	\$224.48	\$4.49	\$2.69
ROXANE LABORATORIES INC	\$9.20	\$0.28	\$0.17
SANOFI PASTEUR INC	\$1,408.64	\$35.22	\$21.13
SIEMENS HEALTHCARE DIAGNOSTICS	\$30,807.00	\$924.21	\$554.53
TEVA PHARMACEUTICALS USA INC	\$425.35	\$12.77	\$7.66
VERATHON INC	\$627.20	\$18.82	\$11.29

## Attachment D Quorum Purchasing Advantage<sup>™</sup> 2016 HealthTrust Administrative Fees Purchasing Advantage<sup>™</sup> Bear Valley Community Hospital Entity ID: 20739 Supplier Name Total Purchases Facility Totals \$159,986.09 \$2,876.78 \$1,726.07

Attachment E 2016 HealthTrust Global Sourcing Fees



### Bear Valley Community Hospital

### Entity ID: 20739

Vendor Name	Contract Description	Fee Description	Total Purchases	Total Fees
MEDLINE INDUSTRIES INC	UNDERPADS AND ADULT BRIEFS (DISPOSABLE)	2.5% Global Source Fee	\$9,201.83	\$230.05
이 같은 것을		Totals	\$9,201.83	\$230.05

### Attachment F 2016 HealthTrust Vendor Rebates



Vendor Name

AKORN INC

FISHER HEALTHCARE

FISHER HEALTHCARE

FRESENIUS KABI USA LLC

PHARMA NON INJECTABLE - MULTISOURCE ORALS, OPTH 2% Net Sales (ROFR) \$39.00 \$0.78 **BRACCO DIAGNOSTICS INC** BARIUM PRODUCTS 5% rebate on all Barium products except \$45.54 \$2.28 Smoothies, BRACCO DIAGNOSTICS INC BARIUM PRODUCTS 2% rebate on Smoothies, Varibar & \$61.34 \$1.23 Volumen **DISTRIBUTION - LABORATORY** 1.5%, 2% Committment Rebate \$21,878.21 \$328.17 **DISTRIBUTION - LABORATORY** 0-7% Growth Rebate-FHC Self \$2,590.52 \$115.62 Manfactured Products **Pharmaceuticals - Injectables** 2%-22% Net Sales \$22.92 \$457.70 HI TECH PHARMACAL CO INC Pharmaceuticals - Non-Injectables 2% Net Sales(ROFR) \$11.15 \$0.22 HOSPIRA WORLDWIDE LLC Pharmaceuticals - Injectables 10% Morphine Sulfate Sales \$300.00 \$30.00 MEDLINE INDUSTRIES INC **GLOVES - EXAM** 3.5% Net Sales \$2,864.66 \$100.26 MEDLINE INDUSTRIES INC UNDERPADS AND ADULT BRIEFS (DISPOSABLE) 4% Incremental sales rebate for the first \$778.96 \$31.16 12 month TEVA PHARMACEUTICALS USA INC **PHARMA INJECTABLE - MULTISOURCE** 5% Selected Products \$413.25 \$20.66 **TEVA PHARMACEUTICALS USA INC** PHARMA INJECTABLE - MULTISOURCE 32% Rebate on Enoxaparin Sodium \$413.25 \$132.24 Totals \$29,853.58 \$785.54

**Contract Description** 

**Fee Description** 

**QUORUM** | Purchasing Advantage<sup>™</sup>

### Entity ID: 20739

Rebates

Sales



### **CNO Monthly Report**

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory Updates	<ul> <li>SNF regulations released, effective as of 11/29/17.</li> </ul>	<ul> <li>Informational</li> </ul>
2. Budget/Staffing	<ul> <li>Overtime and call-offs are assessed by department managers and house supervisors each shift.</li> <li>Seasonal ED positions are posted. (3 RN and 3 EMT)</li> <li>Several SNF CNAs have been hired d/t FMLA leaves and anticipated "baby bonding" leaves.</li> <li>2 CNA and 1 LVN SNF positions are vacant.</li> </ul>	<ul> <li>Continue to monitor</li> <li>Seasonal hiring in process</li> </ul>
3. Departmental Reports		
<ul> <li>Emergency Department</li> </ul>	<ul> <li>Case Manager, 2 RNs and 2 ED physicians are attending the County Department of Behavioral Health 5150 training.</li> <li>ED Manager is working with Plant Maintenance on project scheduled for spring 2018.</li> <li>ED Recognition BBQ was held to celebrate ED Quest for Zero award.</li> </ul>	<ul> <li>Informational</li> </ul>
<ul> <li>Acute</li> </ul>	<ul> <li>Swing bed current census=2</li> <li>Acute Manager working with physicians to revise admission criteria.</li> <li>Staff will be trained on new competencies.</li> </ul>	<ul> <li>Continue to monitor</li> </ul>
<ul> <li>Skilled Nursing</li> </ul>	<ul> <li>SNF remains at 5-star rating.</li> <li>Census is currently at 19 residents.</li> <li>SNF DON and DSD are working on survey preparation.</li> <li>SNF policies are currently being revised &amp; new policies developed to ensure compliance with updated regulations.</li> <li>SNF DON working with pharmacy to contract with new pharmacy for SNF resident medications.</li> </ul>	<ul> <li>Continue to monitor</li> <li>Informational</li> </ul>

Surgical Services     Case Management	<ul> <li>Surgical stats are attached.</li> <li>Orthopedic procedures are being done by Dr. Pautz one day per week.</li> <li>OR staff, Finance and Administration met to discuss surgical services through the winter season.</li> <li>Working closely with DON and Eligibility Worker re new SNF residents and SWING patients.</li> <li>Case Management is making contact with hospitals in surrounding communities to promote swing beds.</li> </ul>	<ul> <li>Continue to monitor</li> <li>Monitor surgical services costs and FTEs</li> <li>Continue to monitor</li> </ul>
<ul> <li>Respiratory Therapy</li> </ul>	<ul> <li>Working with Department Lead to improve customer service for outpatient EKGs.</li> </ul>	<ul> <li>Continue to monitor</li> </ul>
<ul> <li>Physical Therapy</li> </ul>	<ul> <li>Outpatient visits meeting budget, inpatient numbers lower than budget.</li> </ul>	<ul> <li>Continue to monitor</li> </ul>
<ul> <li>Food and Nutritional Services</li> </ul>	<ul> <li>Manager and selected staff attended US Foods training.</li> <li>Dietary provided refreshments for the BBL Chamber of Commerce event that was hosted at the hospital.</li> <li>Dietary is being trained on "Meatless Monday Movement"</li> </ul>	<ul> <li>Informational</li> </ul>
4. Infection Prevention	<ul> <li>Hand Hygiene monitoring continues.</li> <li>SNF Antibiotic Stewardship program is being implemented in anticipation of stronger regulations.</li> <li>Infection preventionist is working with plant maintenance program regarding new regulations for the hospital water system and risk of legionella contamination.</li> </ul>	<ul> <li>Continue to observe staff</li> <li>Informational</li> </ul>
5. QAPI	<ul> <li>Patient and Family Advisory Council will meet on 10/4/17 and will discuss 2017 accomplishments, patient rounding, admission packets, suggestion box ideas, signage project and 2018 goals.</li> <li>Train the Trainer Just Culture training will be help onsite for BVCHD staff and management 11/7 &amp; 11/8.</li> <li>BVCHD has officially enrolled in the Beta HEART program.</li> </ul>	<ul> <li>Informational</li> <li>Continue PFAC meetings and projects. Coordinate with applicable department managers</li> <li>Continue process for Just Culture/</li> </ul>

			BETA Heart implementation
6. Policy Updates	<ul> <li>SNF, Lab and Emergency Preparedness policies are being reviewed.</li> </ul>	•	Reviewed through P&P Committee
7. Safety/Product	<ul> <li>Workplace Violence training has started; 2 classes have been taught. Classes will continue until all staff have been trained.</li> <li>Workplace Violence Committee will meet in October to review Security Assessment progress.</li> <li>Emergency Preparedness committee is planning to participate in the Great Shakeout (earthquake drill) October 19<sup>th</sup>, and the Statewide Drill in November.</li> <li>Safety committee reviewed employee injury trends for 2016, 2016 &amp; YTD 2017.</li> </ul>	•	Continue to monitor new regulation and compliance dates
8. Education	<ul> <li>BLS Classes scheduled monthly. ACLS &amp; PALS will be held October 2013.</li> <li>Smoking Cessation classes begin October 5<sup>th</sup>.</li> </ul>	•	Continue to monitor
9. Information Items/Concerns	<ul> <li>Attended:</li> <li>San Bernardino Hospital Collaborative</li> <li>Working with San Bernardino County DBH to participate in the Innovations Grant for tele- psychiatry services in the ED.</li> <li>Submitted stakeholder comments for IE Psych Partners Innovations Grant</li> </ul>	•	Informational
Respectfully Submitted By: Kerri Jex, CNO	Date: October3 <sup>rd</sup> , 2017		

### 2017 Surgery Report

Aug-17				
Physician	# of Cases	Procedures		
Pautz - DO		Repair Non Union Ulna		
Pautz - DO		Transposition Ulnar Nerve		
Pautz - DO		Carpal Tunnel Release		
Pautz - DO		ORIF Hand		
Pautz - DO		Acromioplasty, Rotator Cuff Repair		
Critel - CRNA		LESI		
Critel - CRNA		B/L Foot Injection		
Critel - CRNA		B/L Shoulder Injection		
Critel - CRNA		Occipital Nerve Block		
Critel - CRNA		Left Thumb Injection		
Tayani		Cataracts		
Total	21			
		Sep-17		
Physician	# of Cases	Procedures		
Pautz - DO	and the second s	A-1 Pulley Release		
Pautz - DO		Acromioplasty, Rotator Cuff Repair		
Pautz - DO		Removal of Hardware		
Pautz - DO	2	Repair Malunion Finger		
Pautz - DO		ORIF Finger		
Pautz - DO		ORIF Hand		
Pautz - DO	1	ORIF Wrist		
Critel - CRNA	6	LESI		
Critel - CRNA	2	B/L Knee Injections		
Critel - CRNA	1	B/L Thumb Injections		
Critel - CRNA		Trigger Points		
Tayani	9	Cataracts		
Total	30			
		Oct-17		
Physician	# of Cases	Procedures		
Critel - CRNA				
Tayani		Cataracts		
Total				
Nov-17				
Physician	# of Cases	Procedures		
Critel - CRNA				
Tayani		Catatacts		
Total				
		Dec-17		
Physician	# of Cases	Procedures		
Critel - CRNA				
Pautz - DO				
Tayani		Cataracts		

### **Quorum Board Minutes**

Addressing Changes in the Healthcare Landscape

### The Great Unknown – The Future of the ACA

September 2017



In the aftermath of the Senate's failure in August to repeal and replace the Affordable Care Act (ACA), a new plan is set to be unveiled this week. Sens. Bill Cassidy (R-LA) and Lindsey Graham (R-SC) have written the "Graham-Cassidy bill," which would allocate federal dollars to each state. Essentially, each state could have its own unique healthcare system.

The bill needs to gain support by September 30, which is when the repeal and replace reconciliation procedures expire. "If I can get a group of governors with President Trump supporting the Graham-Cassidy-Heller block grant approach, I believe it would be impossible for the Republican leadership not to take this idea up," Graham

said. According to Graham, Sen. John McCain, who cast the deciding vote to stop the Senate's previous health care reform attempt, is interested in the approach because of the impact on Arizona.

Others; however, are doubtful the bill will go anywhere. Sen. Rand Paul (R-KY) said Monday that he opposes a new Republican Obamacare replacement effort, saying it does not go far enough to repeal the law.

And while the outcome of this bill is still unknown—for now, the key near-term coverage issue is market stabilization legislation, such as Cost-Sharing Reductions (CSRs). Essentially, CSRs are payments that reduce premiums and deductibles for low-income enrollees on the health insurance exchange. As a result, CSRs make insurance plans more affordable for low to moderate-income American families purchasing health insurance on the exchanges.

The CSRs are being funded month-to-month currently; however, President Trump has threatened not to continue that funding. The CSR program benefits almost six million marketplace enrollees in low-wage, working families.

Without these funds, consumers' access to care would be jeopardized and their premiums and deductibles would dramatically increase. Additionally, if these subsidies were no longer funded, it could cause insurers to exit the market exchanges entirely by 2018. Furthermore, fewer carriers would sell insurance policies on the exchanges; resulting in even fewer coverage options.

Regardless of the outcome of another attempt to repeal and replace the healthcare bill as it is written today, your number one priority is your patients and the health and well-being of the community you serve. Affordable insurance gives patients access to the care they need, including preventive care and other essential services.

QHR's regulatory and reimbursement team can help your hospital understand how these legislative changes could financially impact your hospital. You can also talk to your regional vice president about how you can work with your federal and state representatives, American Hospital Association and other trade associations regarding and ongoing legislative advocacy efforts.

### **Heard in the News**

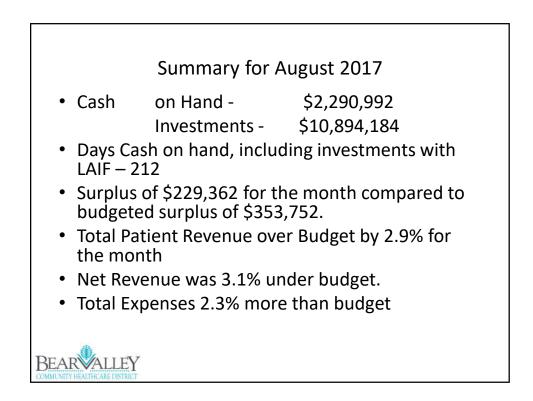
### **Recent headlines on this topic here:**

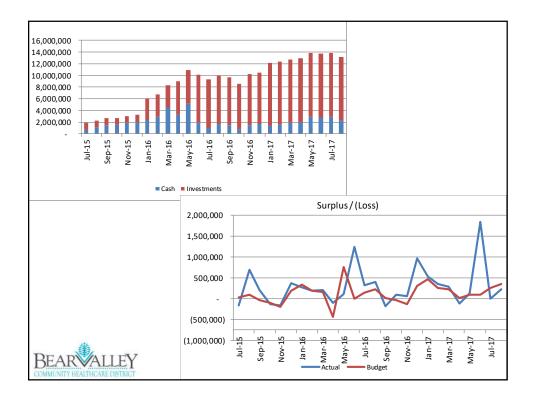
Politico – Senate GOP accepting defeat on Obamacare repeal CNBC – Two GOP senators have a new plan to repeal Obamacare, but face a ticking clock The Post and Courier – South Carolina Sen. Lindsey Graham presses ahead with block grant health care proposal to replace Obamacare The Hill – Paul: Cassidy-Graham health care bill not 'going anywhere'

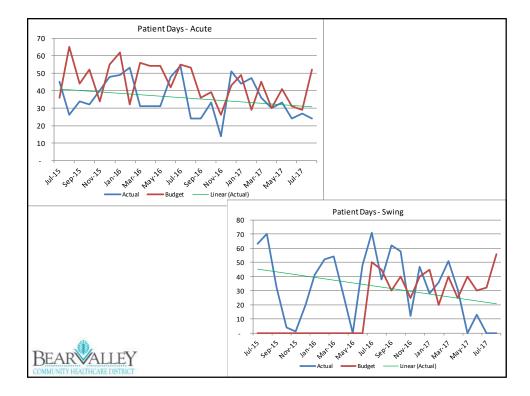


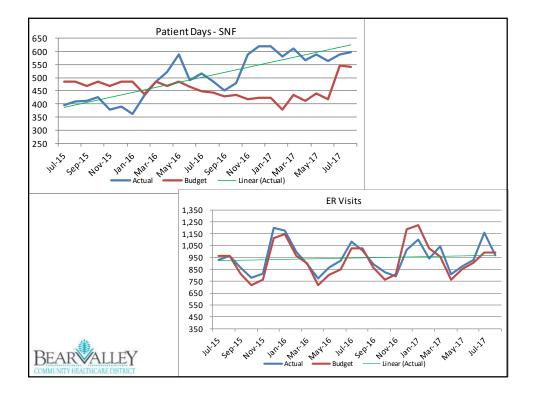


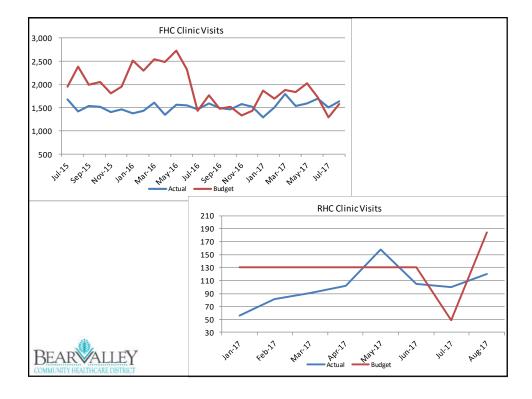


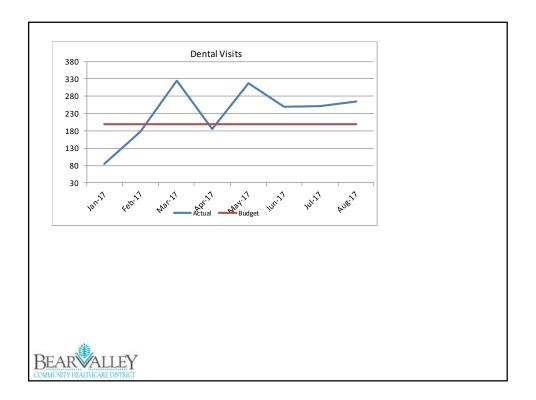


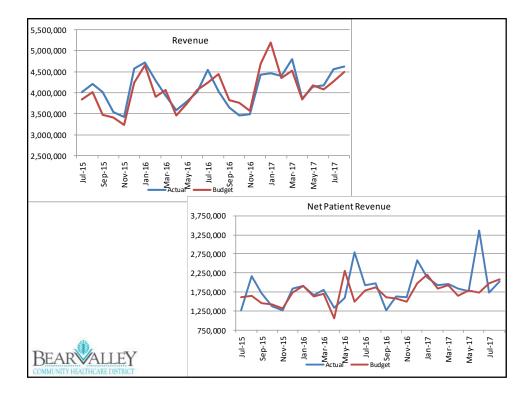


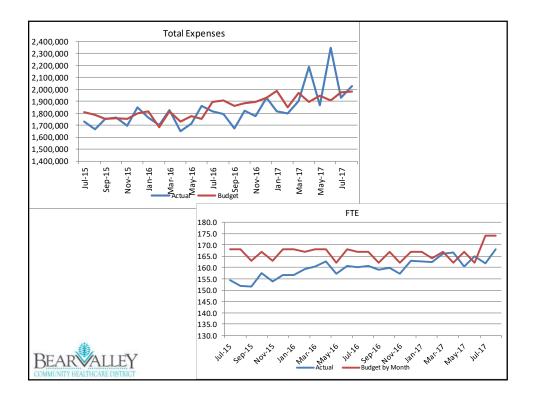


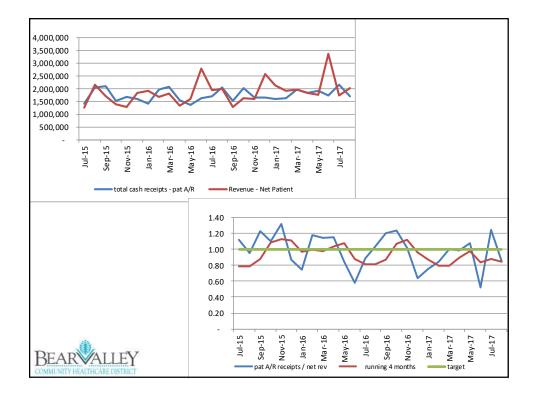


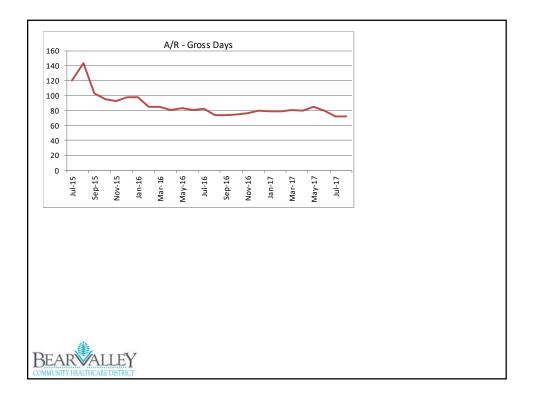














### August 2017 Financial Results

### For the month . . .

Total Patient Revenue of \$4,625,850 was over budget by 2.9%. Inpatient revenue was 68.0% under budget with acute days under budget and no swing days. Outpatient revenue was 27.3% over budget with strong revenue in laboratory, radiology, and CT. Clinic revenue was 51.1% over budget with increased volumes. Emergency Room revenue was 2.2% lower than budget with lower than budgeted emergency room visits. Skilled nursing Census continues to run ahead of budget. Skilled nursing revenue was 6.1% over budget for the month.

Deductions from Revenue of \$2,601,437 were 8% higher than budget.

Total operating Revenue (Revenue less revenue deductions) of \$2,024,413 were 3.0% under budget.

Total Operating Expenses of \$2,027,216 were higher than budget by 2.3%. Purchased services were higher than budget with higher payments to the Center for Oral Health due to increased volumes and therefore increased payments for services at the dental clinic and payments for hour interim laboratory manager. Lease and rental expense is over budget with continued rental of the portable CT unit.

Our surplus for the month of August 2017 was \$229,362. While positive, our surplus was lower than the budget amount for the month.

Our Operating Cash and Investments total \$13,186,610. Total Days Cash on hand are 212.

### Key Statistics

Both Inpatient and Swing Patient days were under budget for the month. We had no Swing patient days in August.

SNF days totaled 597, an Average Daily Census of 19.3.

Emergency Room visits totaled 969 for the month -2.1% lower than budget.

### Bear Valley Community Healthcare District Financial Statements August 31, 2017

### Financial Highlights—Hospital

### STATEMENT OF OPERATIONS

		Α	В	С	D	E	F	G	н	I	J
			Curr	ent Month				Ye	ear-to-Date		
		FY 16/17	FY 17	/18	VARIA	NCE	FY 16/17	FY 17	//18	VARIA	NCE
		Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
1	Total patient revenue	4,036,912	4,625,850	4,497,533	128,317	2.9%	8,577,489	9,185,515	8,770,263	415,252	4.7%
	T to be a second second second second	0 050 700	0.004.407	0 407 004	400.000	0.0%		5 404 500	4 005 000	700.040	45 50/
2	Total revenue deductions	2,050,762	2,601,437	2,407,831	193,606	8.0%	4,660,944	5,421,522	4,695,309	726,213	15.5%
3	% Deductions	51%	56%	54%			54%	59%	54%		
4	Net Patient Revenue	1,986,150	2,024,413	2,089,702	(65,289)	-3.1%	3,916,545	3,763,993	4,074,954	(310,961)	-7.6%
5	% Net to Gross	49%	44%	46%			46%	41%	46%		
6	Other Revenue	10,958	14,574	12,342	2,232	18.1%	14,950	21,586	24,684	(3,098)	-12.6%
7	Total Operating Revenue	1,997,108	2,038,987	2,102,044	(63,057)	-3.0%	3,931,495	3,785,579	4,099,638	(314,059)	-7.7%
8	Total Expenses	1,791,788	2,027,216	1,981,428	45,788	2.3%	3,606,564	3,957,764	3,953,208	4,556	0.1%
9	% Expenses	44%	44%	44%			42%	43%	45%		
10	Surplus (Loss) from Operations	205,320	11,771	120,616	(108,845)	90.2%	324,931	(172,185)	146,430	(318,615)	217.6%
11	% Operating margin	5%	0%	3%			4%	-2%	2%		
12	Total Non-operating	197,933	217,592	233,136	(15,545)	-6.7%	397,506	405,695	466,272	(60,578)	-13.0%
	-										
13	Surplus/(Loss)	403,253	229,362	353,752	(124,390)	35.2%	722,437	233,509	612,702	(379,193)	61.9%
14	% Total margin	10%	5%	8%			8%	3%	7%		

### BALANCE SHEET

		Α	в	с	D	Е
		August	August	July		
		FY 16/17	FY 17/18	FY 17/18	VARIA	NCE
					Amount	%
15	Gross Accounts Receivables	10,144,770	10,527,560	10,081,624	445,936	4.4%
16	Net Accounts Receivables	3,636,621	4,151,968	3,856,992	294,976	7.6%
17	% Net AR to Gross AR	36%	39%	38%		
18	Days Gross AR	74	73	72	1	0.7%
19	Cash Collections	2,046,307	1,716,383	2,156,050	(439,667)	-20.4%
21	Investments	8,277,960	10,894,184	10,894,184	-	0.0%
22	Cash on hand	1,858,283	2,292,426	2,926,360	(633,934)	-21.7%
23	Total Cash & Invest	10,136,243	13,186,610	13,820,544	(633,934)	-4.6%
24	Days Cash & Invest	179	212	228	(16)	-7.0%
	Total Cash and Investments	10,136,243	13,186,610			
	Increase Current Year vs. Prior Year		3,050,367			

### Bear Valley Community Healthcare District Financial Statements August 31, 2017

### Statement of Operations

		Α	B	C ent Month	D	E	F	G	H ear-to-Date	I	J
		FY 15/16	FY 16/		VARIA	NCE	FY 15/16	FY 16		VARIAN	NCE
		Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
G	Gross Patient Revenue										
1	Inpatient	170,022	98,514	307,821	(209,307)	-68.0%	495,830	194,301	508,110	(313,809)	-61.8%
2	Outpatient	965,623	1,205,964	947,557	258,407	27.3%	1,855,881	2,074,903	1,841,000	233,903	12.7%
3	Clinic Revenue	200,959	369,602	244,589	125,013	51.1%	381,038	717,495	453,978	263,517	58.0%
4	Emergency Room	2,483,672	2,686,283	2,747,352	(61,070)	-2.2%	5,398,922	5,671,536	5,466,762	204,774	3.7%
5	Skilled Nursing Facility	216,636	265,487	250,214	15,273	6.1%	445,818	527,280	500,413	26,867	5.4%
6	Total patient revenue	4,036,912	4,625,850	4,497,533	128,317	2.9%	8,577,489	9,185,515	8,770,263	415,252	4.7%
F	Revenue Deductions	_									
7	Contractual Allow	1,604,865	2,192,796	2,204,082	(11,286)	-0.5%	3,782,704	4,741,205	4,297,996	443,209	10.3
8	Contractual Allow PY	(518)	-	-	-	#DIV/0!	(13,048)	-	-	_	#DIV
9	Charity Care	2,064	12,842	9,632	3,210	33.3%	33,260	20,517	18,782	1,735	9.29
10	Administrative	7,398	114,668	8,440	106,228	1258.6%	9,245	113,922	16,458	97,464	592.2
11	Policy Discount	9,907	11,940	6,875	5,065	73.7%	14,185	23,472	13,406	10,066	75.1
12	Employee Discount	2,556	9,099	3,740	5,359	143.3%	7,005	13,810	7,293	6,517	89.4
13	Bad Debts	157,531	69,295	175,062	(105,767)	-60.4%	393,732	9,947	341,374	(331,427)	-97.1
14	Denials	266,959	190,797	-	190,797	#DIV/0!	433,861	498,649	-	498,649	#DIV
15	Total revenue deductions	2,050,762	2,601,437	2,407,831	193,606	8.0%	4,660,944	5,421,522	4,695,309	726,213	15.5
16	Net Patient Revenue	1,986,150	2,024,413	2,089,702	(65,289)	-3.1%	3,916,545	3,763,993	4,074,954	(310,961)	-7.6
	to gross revenue including Prior Year	40.2%	40.2%		40.2%		- 40.2%	447.4%	447.4%	0.0%	
	Contractual Allowances as a percent to	40.2 /0	40.2 /0		40.27		40.276	447.470	447.470	0.076	
	gross revenue WO PY and Other CA	39.2%	39.2%		39.2%		39.2%	437.2%	437.2%	0.0%	
17	Other Revenue	10,958	14,574	12,342	2,232	18.1%	14,950	21,586	24,684	(3,098)	-12.6
18	Total Operating Revenue	1,997,108	2,038,987	2,102,044	(63,057)	-3.0%	3,931,495	3,785,579	4,099,638	(314,059)	-7.7
E	Expenses	· · ·									
19	Salaries	777,096	842,003	826,175	15,828	1.9%	1,546,667	1,642,031	1,651,446	(9,415)	-0.6
20	Employee Benefits	288,823	318,469	319,373	(904)	-0.3%	575,485	605,190	638,369	(33,179)	-5.2
21	Registry	21,720	-	-	-	#DIV/0!	21,720	12,718	-	12,718	#DIV
<b>22</b> S	Salaries and Benefits	1,087,639	1,160,472	1,145,548	14,924	1.3%	2,143,872	2,259,939	2,289,815	(29,876)	-1.3
23 F	Professional fees	130,185	159,614	156,392	3,222	2.1%	261,060	323,006	312,784	10,222	3.3
<b>24</b> S	Supplies	142,711	136,046	131,471	4,575	3.5%	265,567	266,761	257,449	9,312	3.6
<b>25</b> L	Jtilities	45,690	42,209	47,121	(4,912)	-10.4%	89,443	84,551	92,129	(7,578)	-8.2
<b>26</b> F	Repairs and Maintenance	17,899	19,239	22,668	(3,429)	-15.1%	33,067	41,700	45,336	(3,636)	-8.0
<b>27</b> F	Purchased Services	231,639	346,148	295,453	50,695	17.2%	528,820	648,162	590,214	57,948	9.8
28 li	nsurance	25,014	25,762	25,917	(155)	-0.6%	50,028	51,524	51,834	(310)	-0.6
	Depreciation	44,325	49,162	75,000	(25,838)	-34.5%	88,650	97,730	150,000	(52,270)	-34.8
<b>30</b> F	Rental and Leases	17,896	39,979	16,297	23,682	145.3%	36,394	86,424	32,594	53,830	165.2
	nterest	7,805	7,902	7,750	152	2.0%	15,788	15,619	15,500	119	0.8
	Dues and Subscriptions	4,237	5,427	5,044	383	7.6%	8,495	10,945	10,090	855	8.5
	Other Expense.	36,748	35,255	52,767	(17,512)	-33.2%	85,380	71,402	105,463	(34,061)	-32.3
34	Total Expenses	1,791,788	2,027,216	1,981,428	45,788	2.3%	3,606,564	3,957,764	3,953,208	4,556	0.19
35	Surplus (Loss) from Operations	205,320	11,771	120,616	(108,845)	90.2%	324,931	(172,185)	146,430	(318,615)	217.6
36 N	Non-Operating Income										
	Tax Revenue	189,917	186,047	186,047	-	0.0%	379,834	372,094	372,094	-	0.0
37	Other non-operating	8,016	31,545	47,089	(15,545)	-33.0%	17,672	33,601	94,178	(60,578)	-64.3
38											
38 39	Total Non-operating	197,933	217,592	233,136	(15,545)	-6.7%	397,506	405,695	466,272	(60,578)	-13.0

### Bear Valley Community Healthcare District Financial Statements

### **Current Year Trending Statement of Operations**

### A Statement of Operations—CURRENT YEAR 2018

	A Statement of Operations—													
		1	2	3	4	5	6	7	8	9	10	11	12	
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	June	YTD
	Gross Patient Revenue													
1	Inpatient	95,787	98,514											194,301
2		868,939	1,205,964											2,074,903
3		347,893	369,602											717,495
4		2,985,253	2,686,283											5,671,536
5		261,793	265,487											527,280
6	Total patient revenue	4,559,665	4,625,850	-	-	-	-	-	-	-	-	-	-	9,185,515
	Revenue Deductions C/A		0.47	#DIV/0!	0.52									
7		2,548,409	2,192,796											4,741,205
8		-												-
9		7,675	12,842											20,517
10	-	(746)	114,668											113,922
11		11,532	11,940											23,472
12		4,711	9,099											13,810
13		(59,348)	69,295											9,947
14	4 Denials Total revenue	307,852	190,797											498,649
		0 000 005	0.004.407											5 404 500
15	5 deductions	2,820,085	2,601,437	-	-	-	-	-	-	-	-	-	-	5,421,522
		0.62	0.56	#DIV/0!										
16	6 Net Patient Revenue	1,739,580	2,024,413	-	-	-	-	-	-	-	-	-	-	3,763,993
		38.2%	43.8%	#DIV/0!	41.0%									
					-									
17	7 Other Revenue	7,012	14,574											21,586
18	3 Total Operating Revenue	1,746,592	2,038,987	-	-	-	-	-	-	-	-	-	-	3,785,579
	Expenses													
19		800,028	842,003											1,642,031
20		286,721	318,469											605,190
21	0,	12,718	-											12,718
	2 Salaries and Benefits	1,099,467	1,160,472	-	-	-	-	-	-	-	-	-	-	2,259,939
	3 Professional fees	163,392	159,614											323,006
	4 Supplies	130,715	136,046											266,761
	5 Utilities	42,342	42,209											84,551
	Repairs and Maintenance	22,461	19,239											41,700
	7 Purchased Services	302,014	346,148											648,162
	3 Insurance	25,762	25,762											51,524
	Depreciation	48,568	49,162											97,730
	0 Rental and Leases	46,445	39,979											86,424
	I Interest	7,717	7,902											15,619
	2 Dues and Subscriptions 2 Other Expanse	5,518 36,147	5,427 35,255											10,945 71,402
33	3 Other Expense.													
34	4 Total Expenses	1,930,548	2,027,216	-	-	-	-	-	-	-	-	-	-	3,957,764
	Surplus (Loss) from													
35	5 Operations	(183,956)	11,771	-	-	-	-		-	-	-	-	-	(172,185)
	6 Non-Operating Income	· · · ·											-	
37		186,047	186,047											372,094
38	B Other non-operating	2,056	31,545											33,601
39	Total Non-operating	188,103	217,592	-	-	-	-	-	-	-	-	-	-	405,695
	) Surplus/(Loss)	4,147	229,362	-		_	-						_	233,509

### 2017-18 Actual BS

BALANCE SHEET	_			PY BS
(Reflects 6/30/16 y/e audit reclasse	es)	July	Aug	June
ASSETS:				
Current Assets				
Cash and Cash Equivalents (Includ		2,926,360	2,290,992	2,858,405
Gross Patient Accounts Receivable		10,084,033	10,529,969	10,749,524
Less: Reserves for Allowances &	Bad Debt	6,227,041	6,378,000	6,570,855
Net Patient Accounts Receivable		3,856,992	4,151,968	4,178,669
Tax Revenue Receivable		2,232,569	2,232,569	56,788
Other Receivables		80,625	47,561	99,917
Inventories		217,948	220,580	212,805
Prepaid Expenses Due From Third Party Payers		330,877 0	339,259	192,216
Due From Affiliates/Related Organi	zations	0		
Other Current Assets	zalions	0		
Other Guitent Assets		0		
	Total Current Assets	9,645,371	9,282,930	7,598,800
Assets Whose Use is Limited				
Investments		10,894,184	10,894,184	10,894,184
Other Limited Use Assets		144,375	144,375	144,375
	Total Limited Use Assets	11,038,559	11,038,559	11,038,559
Property, Plant, and Equipment		0	0	0
Land and Land Improvements		547,472	570,615	547,472
Building and Building Improvements	S	9,657,088	9,659,388	9,657,088
Equipment		9,625,066	9,694,652	9,614,476
Construction In Progress		1,058,659	1,101,848	532,158
Capitalized Interest		0		
Gross Property, Plant, and Equi	pment	20,888,285	21,026,502	20,351,194
Less: Accumulated Depreciation		12,764,979	12,814,141	12,716,411
	Net Property, Plant, and Equipment	8,123,306	8,212,362	7,634,783
	TOTAL UNRESTRICTED ASSETS	28,807,236	28,533,850	26,272,142
Restricted Assets		0	0	0
	TOTAL ASSETS	28,807,236	28,533,850	26,272,142

### 2017-18 Actual BS

BALANCE SHEET				PY BS
(Reflects 6/30/16 y/e audit reclasses)		July	Aug	June
LIABILITIES:				
Current Liabilities				
Accounts Payable		1,371,664	998,509	1,044,650
Notes and Loans Payable		0	,	
Accrued Payroll		775,117	846,351	684,799
Patient Refunds Payable		0		
Due to Third Party Payers (Settlement	ts)	709,007	709,470	649,537
Advances From Third Party Payers Current Portion of Def Rev - Txs,		0 2,046,518	0 1,837,466	-4
Current Portion - LT Debt		35,000	35,000	35,000
Current Portion of AB915		00,000	00,000	00,000
Other Current Liabilities (Accrued Inte	rest & Accrued Other)	15,243	23,005	7,621
Total Current Liabilities		4,952,549	4,449,802	2,421,603
Long Torm Dabt				
Long Term Debt USDA Loan		2,930,000	2,930,000	2,965,000
Leases Payable		2,930,000	2,930,000	2,903,000
Less: Current Portion Of Long Term	Debt	35,000	35,000	35,000
5				, i i i i i i i i i i i i i i i i i i i
Total	Long Term Debt (Net of Current)	2,930,000	2,930,000	2,930,000
Other Long Term Liabilities Deferred Revenue		0	0	0
Other		0	0	0
Ottor		Ŭ		
	Total Other Long Term Liabilities	0	0	0
	TOTAL LIABILITIES	7,882,549	7,379,802	5,351,603
Fund Balance				
Unrestricted Fund Balance		20,920,540	20,920,540	16,251,126
Temporarily Restricted Fund Balance		20,020,040	20,020,040	10,201,120
Equity Transfer from FRHG		0	0	
Net Revenue/(Expenses)		4,147	233,510	4,669,413
	TOTAL FUND BALANCE	20,924,687	21,154,048	20,920,539
TOTAL LIABILITIES & FUND BALANCE		20 007 226	20 522 050	26 272 142
TOTAL LIADILITIES & FUND BALANCE		28,807,236	28,533,850	26,272,142

						Units of Service For the period ending: August 31, 2017						
31 Aug-1	17	Curr Aug-16	ent Month Actual -B	ludgot	ActAct.	Bear Valley Community Hospital	62 Aug	17	Year-	Fo-Date Actual -E	Rudgot	ActAct.
•	Budget	Aug-16 Actual	Variance	Var %	Var %		Actual	Budget	Actual	Variance	Var %	Var %
24	52	24	(28)	-53.7%	0.0%	Med Surg Patient Days	51	81	78	(30)	-37.1%	-34.6%
-	56	38	(56)	0.0%	-100.0%	Swing Patient Days	-	88	109	(88)	0.0%	-100.0%
597	540	485	57	10.6%	23.1%	SNF Patient Days	1,186	1,086	1,000	100	9.2%	18.6%
621	648	547	(27)	-4.2%	13.5%	Total Patient Days	1,237	1,255	1,187	(18)	-1.4%	4.2%
13	15	14	(2)	-13.3%	-7.1%	Acute Admissions	24	30	33	(6)	-20.0%	-27.3%
13	15	18	(2)	-13.3%	-27.8%	Acute Discharges	27	30	37	(3)	-10.0%	-27.0%
1.8	-	1.3	1.8	#DIV/0!	38.5%	Acute Average Length of Stay	1.9	-	2.1	1.9	#DIV/0!	-10.4%
0.8	1.7	0.8	(0.9)	-53.7%	0.0%	Acute Average Daily Census	0.8	1	1.3	(0.5)	-37.1%	-34.6%
19.3	19.2	16.9	0.0	0.1%	14.1%	SNF/Swing Avg Daily Census	19.1	19	17.9	0.2	1.0%	6.9%
20.0	20.9	17.6	(0.9)	-4.2%	13.5%	Total Avg. Daily Census	20.0	20	19.1	(0.3)	-1.4%	4.2%
45%	46%	39%	-2%	-4.2%	13.5%	% Occupancy	44%	45%	43%	-1%	-1.4%	4.2%
11	15	13	(4)	-26.7%	-15.4%	Emergency Room Admitted	22	30	31	(8)	-26.7%	-29.0%
958	1,000	998	(42)	-4.2%	-4.0%	Emergency Room Discharged	2,106	2,000	2,062	106	5.3%	2.1%
969	990	1,011	(21)	-2.1%	-4.2%	Emergency Room Total	2,128	1,980	2,093	148	7.5%	1.7%
31	32	33	(1)	-2.1%	-4.2%	ER visits per calendar day	34	32	34	2	7.5%	1.7%
85%	100%	93%	50%	50.0%	-8.9%	% Admits from ER	92%	100%	94%	75%	75.0%	-2.4%
-	-	-	-	0.0%	#DIV/0!	Surgical Procedures I/P	-	-	-	-	0.0%	#DIV/0!
15	21	5	(6)	-28.6%	200.0%	Surgical Procedures O/P	27	42	13	(15)	-35.7%	107.7%
15	21	5	(6)	-28.6%	200.0%	TOTAL Procedures	27	42	13	(15)	-35.7%	107.7%
1,124	295	115	829	281.0%	877.4%	Surgical Minutes Total	1,903	590	250	1,313	222.5%	661.2%

### Units of Service For the period ending: August 31, 2017 **Bear Valley Community Hospital** Current Month Year-To-Date Actual -Budget Act.-Act. Act.-Act. Aug-17 Aug-16 Aug-17 Aug-16 Actual -Budget Actual Budget Actual Variance Var % Var % Actual Budget Actual Variance Var % Var % 16.5% 7.5% Lab Procedures 3.1% 7,098 6,093 6,604 1,005 13,709 12,117 13,297 1,592 13.1% 871 756 821 115 15.2% 6.1% X-Ray Procedures 1,020 1,455 1,634 (435) -29.9% -37.6% 295 259 238 36 13.9% 23.9% C.T. Scan Procedures 518 514 589 4 0.8% -12.1% 253 219 232 34 15.5% 9.1% Ultrasound Procedures 479 414 488 65 15.7% -1.8% 108 50 60 58 116.0% 80.0% Mammography Procedures 150 100 117 50 50.0% 28.2% 329 272 264 57 21.0% 24.6% EKG Procedures 661 544 552 117 21.5% 19.7% 3 **Respiratory Procedures** 214 23.0% 12.0% 101 98 84 3.1% 20.2% 174 191 40 (289) 1,381 1,670 1,720 -17.3% -19.7% Physical Therapy Procedures 2,608 2,976 3,132 (368) -12.4% -16.7% 1,768 (12) 1,589 -0.7% 10.5% Primary Care Clinic Visits 3,369 3.048 8.2% 10.5% 1,756 3,113 256 Specialty Clinic Visits 265 200 65 0.0% #DIV/0! 517 400 117 0.0% #DIV/0! 2,021 1,968 1,589 53 2.7% 27.2% Clinic 3,886 3,513 3,048 373 10.6% 27.5% 78 76 61 2 2.7% 27.2% Clinic visits per work day 30 27 23 3 10.6% 27.5% 20.4% 20.00% 19.60% 0.40% 2.00% 4.08% % Medicare Revenue 19.40% 20.00% 20.70% -0.60% -3.00% -6.28% 38.80% 1.70% 37.00% 39.90% 1.80% 4.86% -2.76% % Medi-Cal Revenue 38.70% 37.00% 38.70% 4.59% 0.00% 38 00% 36 90% -1 60% -4 21% -1 36% % Insurance Revenue 38 00% -0 40% -1 05% 1 21% 36 40% 37.60% 37.15% 5.00% 4.40% 5.00% -0.60% -12.00% 3.60% % Self-Pay Revenue 4.30% 3.45% -0.70% -14.00% 24.64% 22.22% (6.0) 149.0 155.00 143.6 -3.9% 3.8% Productive FTE's 145.53 155.00 143.0 (9.5) -6.1% 1.8% 168.0 174.00 160.6 (6.0) -3.5% 4.6% Total FTE's 164.89 174.00 160.3 (9.1) -5.2% 2.9%



### **CFO REPORT for**

### October 2, 2017, Finance Committee and October 11, 2017, Board meetings

### Healthcare Reform – Covered California and The Better Care Reconciliation Act of 2017, American Health Care Act, and the Affordable Care Act

From the California Hospital Association . . .

### Senate Will Not Vote on Graham-Cassidy Bill

SEPTEMBER 26, 2017 ANNE O'ROURKE

The Senate will not vote this week on the Graham-Cassidy Amendment to repeal and replace parts of the Affordable Care Act (ACA), Senate Republican leaders announced today. After Sept. 30, ACA repeal legislation will require 60 votes in the Senate unless a new budget resolution including repeal instructions is passed for fiscal year 2018 or 2019.

The Graham-Cassidy proposal would have imposed devastating cuts to California, eliminated coverage for millions of Californians and destabilized insurance markets.

"Flaws in the ACA should be fixed rather than cause millions of Californians to lose coverage through Medi-Cal and California's marketplace," said CHA President/CEO C. Duane Dauner.

CHA will continue to work with Congress to find constructive health care reforms.

Since healthcare reform continues to be a stated priority of the majority party and recent proposals would have had a significant adverse impact on California, we will continue to monitor closely.

### Accounts Receivable / TruBridge

We have continued to see reduction in Accounts Receivable days. Report as of the middle of September show days at 69.3.

### Mammo Project update

With the completion of our mammography project, we have gathered total project costs, which are outlined below. With what appears to be under \$10,000 due to the contractor, the project looks to come in over \$160,000 under the budgeted amount.

update as of 27 Sept 2017	
total capital budget	\$ 657,900
spent to date (incl equipment)	482,373
to be spent retention (est)	8,506
	\$ 490,879
difference	\$167,021

### **CT** Project update

As we near completion of the CT project, a review of payments to date and payments yet to be made shows the project is over the budgeted amount. We are working on a list of change orders so that we can review and determine resolution. There were a number of conditions discovered during the project which required remediation.

update as of 27 Sept 2017			
total capital budget	\$	1,127,000	
spent to date		611,933	
to be spent scanner (incl tax) change orders	unde \$	591,000 termined 1,202,933	waiting for full list and our evaluation
difference	7	(\$75,933)	-

### **RHC / Dental Financial Update**

At the last Board meeting, a request was made for updated information regarding the RHC including dental services in that location. Below are some results for the first two months of our fiscal year (July and August). RHC statistics are slightly under budget through the first two months. Dental visits are 29.3% over budget for the same two months. FTEs are under budget. Revenue is significantly, 51.2%, over budget. Expenses are over budget mainly due to the payments made to the Center for Oral Health based on the number of visits (higher than anticipated).

RHC (including Dental) July & August 2017

	actua	al	budg	et	variance		variance %
Statistics RHC		220		233		(13)	-5.6%
Dental		517		400		117	29.3%
FTE		1.7		2.3		0.6	26.1%
FIC		1.7		2.5		0.0	20.1%
Revenue	\$	154,216	\$	101,978	\$	52,238	51.2%
Expenses		111,524		100,580		(10,944)	-10.9%
Margin		42,692		1,398		41,294	2953.8%

### **PRIME Project**

We were also asked to provide information on the PRIME project. The summary is below.

FTEs are significantly under budget. Revenue, which is funded through IGT (intergovernmental transfer), is recorded on a cash basis and we have not received any payments toward this project this fiscal year. Expenses are 28.8% under budget.

I have also included a "BVCHD Sustainability Summary" which we recently provided related to the project.

PRIME July & August 2017

	actua	I	bud	get	vari	ance	variance %
FTE		2.0		3.3		1.3	39.4%
Revenue	\$	-	\$	125,000	\$	(125,000)	-100.0%
Expenses		48,035		67,421		19,386	28.8%
Margin	\$	(48,035)	\$	57,579	\$	(105,614)	-183.4%

### **BVCHD Sustainability Summary - PRIME Project 2.6**

Bear Valley Community Healthcare District (BVCHD) has an established model for process improvement which includes formation of workgroups and the development of a detailed action plans. The Family Health Center (FHC) has implemented this model to sustain PRIME project improvements. The following strategies have been included in the sustainability plan:

The FHC has successfully engaged providers and staff in the planning and implementation phases of the project to increase ownership and buy in for project initiatives. The physician champion has also been instrumental in securing senior leadership and community stakeholders' support for the successful development of a comprehensive outpatient pain management program that includes a multidisciplinary, evidence based approach to consistent management of chronic non-malignant pain.

Through these efforts there have been significant strides made in community outreach to increase awareness and encourage participation in services provided at the Family Health Center. As part of this process, there have been lines of communication opened both within the organization and to outside agencies to foster information sharing. Some of these agencies have provided education related to their services which has aided in program development. Furthermore BVCHD is a member of the Big Bear Valley Community Collaborative, The Mental Health Alliance, and the California Telehealth Network which provide support services and community resources to patients. These relationships help strengthen the program and increase the ability to engage stakeholders in the decision making process for program improvement and sustainability.

This project has been a catalyst in creating continuity of care between providers, staff and patients. The FHC has implemented a monthly interdisciplinary care plan meeting to develop and discuss comprehensive treatment plans for non-malignant chronic pain management patients. This program has afforded the Family Health Center the opportunity to expand services to increase access to multi-modal alternative therapies such as chiropractic services, mental health services, acupuncture, support groups, laser therapy and orthopedics. This in turn has resulted in increased patient volumes. In order to accommodate the increased patient volume, the work flow was streamlined to improve patient flow and processes for referrals, screening, scheduling and discharge.

In closing, the future of the non-malignant chronic pain management program is grounded on welldeveloped processes, financial viability and patient satisfaction. With the support of BVCHD leadership and community stakeholders in the ongoing efforts to broaden overall services provided at the Family Health Center and specifically services for chronic pain management, the team feels we have developed a solid framework for sustainability.

### FY 2017 Financial Audit

Our financial auditor, Jerrell Tucker, is on-site the week of September 25<sup>th</sup>. The results of this fieldwork will be used in preparation of our fiscal year 2017 cost report. Any adjustments resulting from the cost report will be incorporated into the final audited financial statements.

### FY 2017 Updated Physician Payment Reconciliation

Attached is an updated Physician Payment Reconciliation form. The board approved the original form at its meeting two months ago. I have highlighted the area corrected related to Dr. Orr. In the contract amount column we had not included all of the amounts.

### Physician Payment Reconciliation Spreadsheet

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Company or Last Name	Contract Type	Contract \$ Finnancial Term	Effective	Expiration	Auto Renewal?	Written Contract?	Comments	F t	Payments to hysician on he AP, rent, IR or payroll report	to physician on AP report that do not have a contract?	Dept Allocation
Biscotti, Brian S., D.C.	Physician Services	65.00 per visit	10/10/16	06/30/18		Yes	Chiropractic		58,110.00		8760
Center For Oral Health	Physician Services	159.00 per visit	01/11/17	01/10/18		Yes	Dental Services		212,901.00		7181
Center For Oral Health	Physician Services	1,200.00 per year	03/01/17	02/28/18		Yes	SNF Dental Services		-		6582
D. Critel Nursing Anesth. Inc.	Nurse Anesthetist	1,123.28 per day	07/01/16	06/30/17	Auto renewal	Yes	5 days/wk		293,176.08		7420
High Desert Pathology Medical Group	Medical Director-Lab	2,000.00 per month	06/04/17	06/09/19		Yes			2,000.00		7500
Knapik, Steven D.O.	Physician Services	75.00 per visit	02/01/17	01/31/19		Yes	Family Practice		105,075.00		7181,8760
Knapik, Steven D.O.	Physician Services	500.00 per 24 call period worked	05/09/16	05/08/18		Yes	Hospitalist		64,550.00		6170
Knapik, Steven D.O.	Chief of Staff	1,000.00 per month	01/01/16	12/31/19		Yes			12,000.00		8710
Knapik, Steven D.O.	Medical Director-FHC	1,500.00 per month	10/01/16	09/30/17		Yes			13,500.00		8760
Lebby, Paula Nornes-, MD	Physician Services	75.00 per visit	04/01/16	03/31/18		Yes	OB-GYN		51,360.00		8760
Norman, Michael D.O.	Medical Director-RT	1,500.00 per month	02/01/16	01/31/18		Yes			27,000.00		7720
Orr, Jeffrey M.D.	Physician Services	204,999.36 per year	04/13/15	08/03/20		Yes	Family Practice		204,999.36		8760
Orr, Jeffrey M.D.	Physician Services	500.00 per 24 call period worked	10/08/15	09/30/17		Yes	Hospitalist		32,250.00		6170
Paja, Isaias M.D.	Physician Services	65.00 per visit	01/17/17	01/17/19		Yes	Family Practice		120,640.00		8760
Pautz, Matthew D.O.	Physician Services	65.00 per visit	11/10/16	11/09/17		Yes	Orthopaedic - Clinic		11,375.00		8760
Pautz, Matthew D.O.	Physician Services	1,000.00 per on-call shift	11/10/16	11/09/17		Yes	Orthopaedic - ER		59,160.00		7010
Pautz, Matthew D.O.	Director-OR/Anes	1,000.00 per month	06/15/17	06/14/19		Yes			500.00		7420
Pramann Chiropractic Center	Physician Services	65.00 per visit	07/10/16	07/10/18		Yes	Chiropractic		52,390.00		7181,8760
Premier Emergency Physicians of Calif	Physician Services	AddI hrly rate over 140/hr nte 20/hr	07/15/14	07/15/17		Yes	initial 90 days		-		7010
Premier Emergency Physicians of Calif	Physician Services	1,933.00 per day	12/01/14	07/15/17		Yes	Hospitalist/Telemedicine		376,403.00		6170
RIMA (Renaissance Imaging)	Director- Xray	<ul> <li>included in coverage</li> </ul>	12/01/16	11/30/18		Yes	Radiology		6,394.56		7630
Schaeffer, John (American Telepsychiatrists	Physician Services	200.00 per hour (8 min/wk)	10/10/15	08/31/16	renew 3 terms	Yes	Telepsychiatry Services		77,200.00		8760
Stewart, Cary M.D., Inc.	Physician Services	500.00 per 24 call period worked	10/08/15	09/30/17	not renewing	Yes	Hospitalist		21,315.00		6170
Stewart, Cary M.D., Inc.	Medical Director- SNF	2,000.00 per month	11/07/16	11/07/18		Yes			22,000.00		6582
Stewart, Cary M.D., Inc.	Physician Services	65.00 per visit	02/01/15	01/31/17		Yes	Family Practice		20,645.00		8760
Teleconnect Therapies	Mental Health Services	120.00 per 50 min.sessions	01/01/17	12/31/18		Yes	30.00 per pat no show		119,050.00		8760
Walmsley, Joan H	Mental Health Services	150.00 per hour	02/13/17	08/31/17	not renewing	Yes	Prime Project		8,550.00		8780
White, William, MD	Physician Services	65.00 per visit	11/10/16	11/09/17		Yes	OB-GYN		8,320.00		8760



### MEMO

Date:	4 October 2017
Date.	

To: BVCHD Board

From: Garth M Hamblin, CFO

Re: IT Assessment / Support

### Recommended Action

No recommendation action at this time. We anticipate having a recommendation for November 2017 meetings.

### Background

We have an IT Department comprised of 4 FTE. It is what Jon Booth calls a "self-contained support team". Advantages of this strategy are that we have employees who are well versed in local system configurations and customizations, it is better suited to 24 / 7 /365 coverage / on-call affording quick response to routine systems issues, and in-house team members can serve in other (ie committees, teams, and such) roles. One on the major disadvantages is skill gaps – we have good level 1 and level 2 knowledge, but not all of the level 3 support knowledge that is sometimes needed.

We have accessed level 3 support in various ways. During our fairly recent email outage we accessed level 3 expertise to help our IT team diagnose, repair, and eventually replace email server. We have used level 3 support in helping to update our network and in configuring our network for our new phone system.

A model we are considering is an "augmented support team". We would continue with our local IT team, but provide resources to "augment" their skills by selecting and contracting with a firm to provide consistent support when such support is needed. The firm selected would learn about our systems and configuration so that they can quickly and efficiently provide level 3 and higher support when needed. We are proving basic system / network information to several firms and asking them to provide a proposal to supply this Augmented Support.

We plan to bring an evaluation of proposals and recommend to the Board at the November 2017 meeting.