AGENDA

LAST FRONTIER HEALTHCARE DISTRICT

BOARD OF DIRECTORS

Tuesday, September 5, 2023, 2023, 1:00 pm
City Council Chambers; Alturas City Hall; Alturas, California

Parties with a disability, as provided by the American Disabilities Act, who require special accommodations or aids in order to participate in this public meeting should make requests for accommodation to the Modoc Medical Center Administration at least 48 hours prior to the meeting. Board Agenda packets are available to the public online at www.modocmedicalcenter.org or at the MMC Administration offices.

1:00 pm - CALL TO ORDER – J. Cavasso, Vice Chair

1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA – J. Cavasso, Vice Chair

2. AGENDA APPROVAL - Additions/Deletions to the Agenda – J. Cavasso, Vice Chair

3. PUBLIC COMMENT - *This is the time set aside for citizens to address the Board on matters not on the Agenda or Consent Agenda. Comments should be limited to matters within the jurisdiction of the Board. If your comment concerns an item shown on the Agenda, please address the Board after that item is open for public comment.* ***By law, the Board cannot act on matters that are not on the Agenda.*** *The Chairperson reserves the right to limit the duration of each speaker to* ***three minutes.*** *Speakers may not cede their time. Agenda items with times noted, will be considered at that time. All other items will be considered as listed on the Agenda, or as deemed necessary by the Chairperson.*

4. NEW ORGANIZATIONAL STRUCTURE

A.) J. Cavasso – Appointment of Board Member Vacancies

B.) J. Cavasso – Election of Board of Officers
- **Chair**
- **Vice Chair**
- **Secretary**

C.) Chair – Appointment of Treasurer
- **Treasurer**

D.) Chair – Appointment of Board Members to Standing and Special Board Committees
- **Finance Committee**
- **Quality Council Committee**
- **Joint Conference Committee**
- **New SNF/Hospital Addition Committee**

E.) Chair – Appointment of Community Member to Finance Committee

REGULAR SESSION

5. CONSENT AGENDA - *Items under the Consent Agenda heading do not require discussion before a vote. If discussion is needed, that item needs to be moved to the Consideration/Action part of the Agenda where discussion is allowed.*

A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – July 21, 2023 **Attachment A**

B.) D. King – Adoption of the LFHD Board of Directors Special Meeting Minutes – August 9, 2023 **Attachment B**

C.) T. Ryan - Medical Staff Committee Meeting Minutes –July 26, 2023. **Attachment C**
- **Medical Staff Committee Meeting Minutes –June 28, 2023.**

- Incomplete Records
- Policy Review

D.) E. Johnson – Policy/Procedures
- Benzodiazepines Policy

6. CONSIDERATION/ACTION

A.) P. Fields – July 2023 LFHD Financial Statement *(unaudited)* Attachment D
B.) P. Fields – U.S. Treasuries Investment Attachment E
C.) P. Fields – Capital Budget Amendment Attachment F

7. VERBAL REPORTS

A.) K. Kramer – CEO Report to the Board
B.) E. Johnson – CNO Report to the Board
C.) P. Fields – CFO Report to the Board
D.) A. Vucina – CHRO Report to the Board
E.) A. Willoughby – COO Report to the Board
F.) Board Member Reports

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

G.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –July 26, 2023. Attachment G
(Per Evidence Code 1157)
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –June 28, 2023.

REGULAR SESSION

9. CONSIDERATION / ACTION

H.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –July 26, 2023.
(Per Evidence Code 1157)
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –June 28, 2023.

11. MOTION TO ADJOURN – J. Cavasso – Vice Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE-(www.modocmedicalcenter.org) ON September 1, 2023.

ATTACHMENT A

LFHD BOARD OF DIRECTORS REGULAR MEETING MINUTES (draft) July 21, 2023

REGULAR MEETING MINUTES
LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
Friday, July 21, 2023, at 1:00 pm
City Hall Chambers, 200 W North St.
Alturas, California

Directors present:	**Paul Dolby, Edouard (Jim) Cavasso, Carol Madison**
Directors absent:	
Staff in attendance:	**Kevin Kramer, CEO; Edward Johnson, CNO; Patrick Fields, CFO**
Staff absent:	**Amber Vucina, CHRO; Adam Willoughby, COO; Denise King, LFHD Clerk**

CALL TO ORDER

Jim Cavasso, Vice Chair called the meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (Board) to order at 1:00 pm. The meeting location was City Hall, at 200 W. North Street in Alturas, California.

1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA

2. AGENDA – Additions/Deletions to the Agenda

Carol Madison moved that the agenda be approved, with updates being made to the agenda to add Patrick Fields as the presenter for the financial statements and investment action items and to remove Adam Willoughby's report to the Board. This motion was seconded by **Paul Dolby**, and the motion carried with all present voting "aye."

3. PUBLIC COMMENT

Scott Swasey was present at the meeting and introduced himself as an applicant for an appointment to the Board to replace **Amy Foster** or **De Funk** for the remainder of their terms. Board members discussed scheduling a special meeting to consider appointment of **Mr. Swasey** to the Board.

4. DISCUSSION

No discussion items were presented at this meeting.

REGULAR SESSION

5. CONSENT AGENDA - *Items under the Consent Agenda heading do not require discussion before a vote. If discussion is needed, that item needs to be moved to the Consideration/Action part of the Agenda where discussion is allowed.*

A.) K. Kramer - Adoption of LFHD Board of Directors Regular Meeting Minutes – June 22, 2023

B.) J. Carrillo - Medical Staff Committee Meeting Minutes – July 28, 2023.

- **Medical Staff Committee Meeting Minutes –May 31, 2023.**
- **Pathology Report – No Report**
  - **Committee Reports**
  - **Water Management – January 3, 2023**
  - **Environment of Care – March 7, 2023**

C.) E. Johnson – Policy/Procedures

- **Medical Records**
  - **Staff Member Access to Medical Records**
  - **Accessibility of the Medical Records**

Carol Madison moved that the Consent Agenda be approved as presented, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

6. CONSIDERATION/ACTION

A.) P. Fields – June 2023 LFHD Financial Statement *(unaudited).*

Patrick Fields, CFO presented the *unaudited* Last Frontier Healthcare District Financial Statement for June 2023, from the narratives and financial statements provided in the Board meeting packet.

Carol Madison moved to approve the June 2023 LFHD Financial Statement (unaudited) as presented, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

B.) K. Kramer - #23-05 Resolution for Tax Collection

Kevin Kramer, CEO explained the resolution for Tax Collection to the Board of Directors.
Jim Cavasso, Vice Chair, called for a roll call vote:

- **Edouard (Jim) Cavasso** Aye
- **Carol Madison** Aye
- **Paul Dolby** Aye

The motion to approve **Board Resolution for Tax Collection**, with a change being made to the due date, was made by **Carol Madison** and seconded by **Paul Dolby**. The motion carried with all present voting "aye" as shown in the roll call vote above.

C.) K. Kramer – Prop 218 Certification 2023-2024

Kevin Kramer, CEO, presented Prop 218 Certification 2023-2024 to the Board.

Carol Madison moved to approve Prop 218 Certification 2023-2024 as presented, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

D.) P. Fields – Investment in US Treasuries

Patrick Fields, CFO, presented the Board of Directors with the Investment in US Treasuries and answered any questions they had.

Paul Dolby moved to approve the proposed Investment in US Treasuries as presented, **Carol Madison** seconded, and the motion carried with all present voting "aye."

7. VERBAL REPORTS

A.) K. Kramer – CEO Report to the Board

Provider Recruitment-Still looking for a dentist for Canby. We have conducted a site visit since our last meeting with a potential permanent candidate and have one other candidate that is interested in possibly transitioning from Locums to permanent. Current locums candidate leaves today after work and we are without a dentist again until we get another locums to backfill.
SNF Project-Site work has been delayed until next Spring for now. Much of the project was bid out and was about $8 million over budget based on what they got back from bidders. Swinerton is going to scale the project back and rebid the work in hopes that the market will be in better shape when it is rebid. USDA has agreed to allow us to continue to delay acquisition of a construction loan.
QIP Project-Data was submitted, along with documentation. Virtual audit will occur towards the end of August for this program.

Regional Leader Meeting-Regional meeting was held with Fall River, Surprise Valley, Eastern Plumas, Plumas, and Seneca hospitals yesterday. The meeting was in Quincey. Much of the meeting was spent talking about the possibility of our hospitals forming a system that could create some financial advantages and synergies. Some of the things that system could potentially accomplish to help performance and standardization of operations within the region are as follows:

a. Better purchasing power for supplies, outsourced services, etc.
b. Better structure to attract specialty providers that would rotate within the system's facilities, such as orthopedic surgeons, cardiologists, etc. that are not currently able to be employed because no single facility can utilize them full time.
c. Better pricing on health insurance.
d. Shared staffing between facilities.
e. Shared business office for the system.
f. Shared IT infrastructure, marketing structure, policies, etc.
g. Shared service lines (ie. EMS, Home Health and Hospice, etc.)

B.) E. Johnson – CNO Report to the Board

Warnerview-Remains at CMS 4-star rating. Census is 49 and the goal is still to get to 50 residents. Residents participated in the Fandango Days Parade (took 2nd place in the float contest) and have weekly picnics in the park.
Acute-Average daily census for the month was 4. Continuing to try to encourage staff to market swing-bed program.
Lab-remodel plan is currently on hold, pending Cerner implementation, tentatively scheduled for October 23,2023. Continued work has been done to find permanent, international CLS staff through the visa process.
Radiology-Just transitioned to a new PACS system (Infinitt) on July 11, 2023. Overall, this has gone smoothly.
Pharmacy-An offer has been presented to Mike Gracza to serve as the Pharmacy Director.

C.) P. Fields – CFO Report to the Board

Accounting- Multiview is live, will be doing first AP check run this Tuesday, Received the CAM for Audit, Auditors will be here the week of September 18th. New AP clerk is on board, been training for the last two weeks.
Revenue Cycle- Hired a Rev Cycle/Accounting Aide to help with monitoring of business office partner and to help provide training and process improvement to the revenue cycle process at Modoc Medical Center.
Purchasing-Cerner build is almost complete and purchasing is feeling pretty good about the Cerner transition. Operations are stable in purchasing.
Office Worker Floater Pool-Currently have one full time floater and the rest have been recruited by other departments. Looking to hire more floaters to provide a stable pool of floaters for the organization's use.

D.) Board Member Reports

- **Jim Cavasso –** Nothing to Report
- **Carol Madison** – Nothing to Report
- **Paul Dolby –** Nothing to Report

EXECUTIVE SESSION

Executive Session was called to order by **Jim Cavasso, Vice Chair**, at 1:39 pm, per the evidence codes outlined in the agenda and below.

7. CONSIDERATION / ACTION

A.) J. Carrillo – Medical Executive Committee Minutes & Credentialing Items – July 29, 2023– (*Per Evidence Code 1157*).

- **Medical Executive Committee Minutes & Privileging / Credentialing items OPPE 2019B – May 31, 2023.**

Carol Madison moved to close the Executive Session and resume the Regular Session of the LFHD Board of Director's meeting, **Paul Dolby** seconded, and the motion carried with all voting "aye."

The Executive Session of the Board of Directors was adjourned at 1:41 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Jim Cavasso, Vice Chair**, at 1:41 pm. Acceptance of Medical Executive Committee minutes and Credentialing Recommendations were announced as indicated below.

8. CONSIDERATION / ACTION

A.) J. Carrillo – Medical Executive Committee Minutes & Credentialing Items –July 29, 2023.

- **Medical Executive Committee Minutes & Privileging / Credentialing – May 31, 2023.**

Based upon character, competence, training, experience and judgment, favorable recommendation by peers and credentialing criteria fulfillments, the Medical Executive Committee recommended the following appointments for Last Frontier Healthcare District Board of Directors' acceptance:

- **Ruth Moeller, FNP-C** – Recommend reappointment of Allied Health status/privileges in the Family Medicine setting.
- **Heather Caldwell, PA-C** – Recommends reappointment of Allied Health status/privileges in the Family Medicine setting.

Carol Madison moved to accept the minutes and approve the credentialing providers above, **Paul Dolby** seconded and the motion carrier with all present voting "aye."

11.) MOTION TO ADJOURN

Carol Madison moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 1:42 pm**, Paul Dolby** seconded, and the motion carried with all present voting "aye."

The next meeting of the Last Frontier Healthcare District's Board of Directors will be held on August 31, 2023, at 1:00 pm in the Alturas City Council Chambers at City Hall in Alturas, California.

Respectfully Submitted:

_____ _____

Denise R. King **Date**
Last Frontier Healthcare District Clerk

ATTACHMENT B

LFHD BOARD OF DIRECTORS SPECIAL MEETING MINUTES (draft) August 9, 2023

SPECIAL MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Wednesday August 9, 2023 at 1:00 pm
Education Conference Room, Modoc Medical Center
Alturas, California

Directors present:	**Edouard (Jim) Cavasso, Carol Madison, and Paul Dolby**
Directors absent:	
Staff in attendance:	**Kevin Kramer; CEO, Ed Johnson; CNO, Patrick Fields; CFO, Amber Vucina; CHRO, Denise King; LFHD District Clerk**
Staff absent:	**Adam Willoughby; COO**

CALL TO ORDER

Jim Cavasso, Vice Chair called the special meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (BOD) to order at 12:57 pm. The meeting location was in the Education Conference Room at Modoc Medical Center in Alturas, California.

1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA

2. AGENDA – Additions/Deletions to the Agenda

Carol Madison moved that the agenda be approved as presented, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

3. PUBLIC COMMENT

No Public Comment.

4. DISCUSSION

A.) K. Kramer – Introduction of Board Member Applicants and Applicant Comments to Board

Kevin Kramer, CEO, introduced the three Board Member Applicants that were present at the Special Board Meeting. Each applicant then gave a brief introduction about themselves and what they would bring to the Board if chosen for the position.

REGULAR SESSION

4. CONSIDERATION / ACTION

A.) K. Kramer and P. Fields – R1 Outsourced Business Office Contract Review/Approval

Kevin Kramer, CEO and Patrick Fields, CFO requested permission from the Board to end the contract agreement with HRG and switch to R1 Outsourced Business Office. Kevin and Patrick explained to the Board the benefits of switching and answered any questions they had regarding the transition.

5.) MOTION TO ADJOURN

Carol Madison moved to adjourn the Special Meeting of the Last Frontier Healthcare District Board of Directors at 2:06 pm, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

The next regular meeting of the Last Frontier Healthcare District's Board of Directors will be held on Tuesday, September 5, 2023 at 1:00 pm in the Alturas City Council Chambers at City Hall in Alturas, California.

Respectfully Submitted:

_____ _____

Denise King **Date**
Last Frontier Healthcare District Clerk

ATTACHMENT C

MEDICAL STAFF COMMITTEE MEETING MINUTES

July 26, 2023

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

DATE: SEPTEMBER 5TH, 2023

TO: GOVERNING BOARD

FROM: T. RYAN – CREDENTIALING AIDE

SUBJECT: MEDICAL STAFF COMMITTEE MINUTES

The following Medical Staff Committee minutes were reviewed and accepted at the July 26th, 2023, meeting, and are presented for Governing Board review:

A. Review of Minutes
1. Medical Staff Committee- June 28, 2023

B. Incomplete Records

C. Policy Review

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

MEDICAL STAFF COMMITTEE MEETING
June 28, 2023 – Education Building

MINUTES

In Attendance

Matthew Edmonds, MD Chief Medical Officer
Edward Richert, MD Vice Chief Medical Officer
Zachary Self, MD
Ed Johnson – CNO
Brian Bernard, PhD
Mike Gracza - Pharmacist
Alicia Doss – Risk Management
Maria Morales -MSC/H.I.M Director
Julie Carrillo – Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee meeting was called to order by Dr. M Edmonds, Chief Medical Officer, at 1207.	
II. CONSENT AGENDA ITEMS	A. The following minutes were reviewed: 1. Medical Staff Committee meeting of May 31, 2023	Minutes approved by motion, second and vote. Forward to Governing Board.
	B. The following committee reports were reviewed with no corrections or additions noted: 1. Water Management – January 3,2023 2. Environmental Care – March 7,2023	Minutes approved by motion. Second and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	No report	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	We have met with marketing and starting in October we are going to have a little radio spot highlighting one of the 12 most common health problems. Every provider will get a little 3-minute bit to read, Ed will sync up our provider education	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	with those topics so that the month we hear it on the radio is the month it comes with the education. Benzo policy is all done. The changes have been submitted for final approval. ADHD medication will be the next policy to work on. Dr. Edmonds will be going to Canby in September. Dr. Hagge will be taking Dr. Edmonds office and the patients of Dr. Edmonds that do not transfer to Canby. Provider evaluations are taking longer than expected. Chelsea same day is picking up and she has been able to see quite a few patients that have needed urgent care. This has worked out well for everybody, there are fewer unanswered calls.	
V. EMERGENCY ROOM REPORT	Nothing to report.	
VI. CEO REPORT	Absent	Report at next meeting
VII. CNO REPORT	Nothing to report	Report at next meeting
VIII. PHARMACY REPORT	Over the last year we have had a significant increase in patients that weren't bringing their own medications in when they were admitted and or patients were admitted with non-formulary medications. One of the draw backs if the patient comes in with a non-formulary medication, we can either order it next day or borrow some from Last Frontier Pharmacy but it's always a guess on how long the patient stays. So, this possibly leaves drugs in the pharmacy that will expire or get discarded. One of the things that we have come up with is a template for Oral Drug therapeutic interchange for specific groups of drugs. Mike is looking for feedback on this from providers.	Report at next meeting
IX. SNF REPORT	CMS Star Reporting. The overall star rating is a 3. We have scored a 4 on everything but the Quality Star is a 1. Quality Star is something that we have been working hard on. Float will be in the parade this Saturday which will have our past	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	Grand Marshalls on the float. The parade will turn down and go through the parking lot for the residence. After the parade we will be having our residence 4th of July BBQ. Our residence at the movies went well. The residence went to Doris Reservoir fishing. The residents are getting out more and doing well.	
NEW BUSINESS	No New Business	
III. ADJOURNMENT	The meeting was adjourned at 1231	

Matthew Edmonds, Chief Medical Officer Date

MODOC MEDICAL CENTER
INCOMPLETE RECORDS SIGNED OFF

MR#	DISCH DATE	DEFICIENCY	PROVIDER
50051	5/2/2023	No signature on Discharge Instructions	Clinton McBride, MD
75993	4/21/2023	No signature on Discharge Instructions	Mary Simoneaux, RN

Signature Date

ATTACHMENT D

POLICY AND PROCEDURES

POLICY REVIEW FORM

This form is to be completed and submitted any time a policy or procedure is submitted for review. Please complete one form per policy submitted. If this is an annual manual review, please summarize substantive changes. Policies submitted for review must be attached to this form. Proposed amendments to existing policies need to be summarized on this sheet.

1. Policy Title: Benzodiazepines Policy

2. Policy Area: Medical, Precription drugs

3. Date Submitted: 8/18/23
   Explain any deadline or timeframe issues:

4. This is a: ☐ New Policy ☑ Revision of an Existing policy ☐ Deletion of Existing Policy

5. Briefly explain the reason for adopting or modifying this policy:

6. Identify any policies, regulations or practice guidelines that were relied on in developing this policy:

7. Review and approval, date:

	Printed Name	Signature	Date
Person initiating policy			
Department Head			
Technical Reviewer			
Policy Committee:			
Medical Staff Review:			
LFHD Board Chair:			

SUBJECT: BENZODIAZEPINE ~~BDZ~~ PRESCRIBING	REFERENCE #
DEPARTMENT: CLINIC	PAGE: 1 OF: 10
	EFFECTIVE: ~~MM/YYYY~~03/2023
	REVISED: 07/2023~~MM/YYYY~~

PURPOSE

- The purpose of this policy is to provide guidelines for benzodiazepine (BDZ) prescribing at Modoc Medical Center (MMC). ~~-~~MMC~~'s goal is~~aims to promote practices that maximize access to evidence-based practices for individuals seeking treatment for anxiety, panic disorder, insomnia, and post-traumatic stress disorder (PTSD). ~~This can be accomplished by limiting the initiation of BDZs when more effective or safer options are readily available, given the high liability for these medications to complicate recovery from substance use disorders, or lead to BDZ dependence.~~ BDZs have been shown to increase the risk of overdose, falls, cognitive impairment, and drug-associated hospital admissions. Although BDZs and barbiturates remain appropriate treatments for acute alcohol withdrawal and may be used as an acute anticonvulsant, they should generally be avoided. ~~-~~These guidelines should be understood to be applied to BDZ receptor agonists, barbiturates, and controlled sedative-hypnotics (Z-Drug therapy). The recommendations in this guideline apply to patients who are:
    - Already on prescribed long-term BDZ or Z-drug therapy, or
    - Are ~~B~~being considered for initiation of short-term therapy with either drug class.

TERMS/DEFINITIONS

- BDZs are ~~gamma~~Gamma-aminobutyric acid (GABA) receptor agonists that have hypnotic, anxiolytic, muscle relaxant, and anticonvulsant properties. BDZs are commonly divided into three groups according to how quickly they are eliminated from the body:
    - Short-acting: ~~-~~half-life less than 12 hours, such as midazolam and triazolam.
    - Intermediate-acting: ~~-~~half-life between 12 and 24 hours, such as alprazolam, lorazepam, and temazepam.
    - ~~Long acting~~Long acting: ~~-~~half-life greater than 24 hours, such as diazepam, clonazepam, clorazepate, chlordiazepoxide, and flurazepam.
- Z-drugs (e.g., zaleplon, zolpidem, and eszopiclone) were developed as alternatives to BDZs.
    - Like BDZs, they are GABA receptor agonists, but because they have a different structure, they produce fewer anxiolytic and anticonvulsant effects.
    - Z-drugs are not "safer" than BDZs, and patients on BDZs should not be switched to Z-drugs to try to improve safety.
- Chronic BDZ or Z-drug use is defined as daily or near-daily use of the agent for at least 90 days, and often indefinitely.

SUBJECT: BENZODIAZEPINE ~~BDZ~~ PRESCRIBING	REFERENCE #
	PAGE: 2 OF: 10
DEPARTMENT: CLINIC	EFFECTIVE: ~~MM/YYYY~~03/2023
	REVISED: 07/2023~~MM/YYYY~~

POLICY

- It is the policy of MMC's prescribing clinic providers, once an evaluation of anxiety, panic disorder, insomnia, or PTSD has been performed, to responsibly prescribe effective and safe treatment options after ensuring that treatment is within ~~, and with~~ all current evidence-based practice ~~available, to prescribe effective and safe treatment options~~guidelines. ~~-~~This treatment may be performed ~~in collaboration~~ with a consulting psychiatric provider such as a psychiatrist, psychiatric nurse practitioner, or mental health physician assistant.

PROCEDURE

General Guidelines

- Prior to the prescription of any BDZ, the physician must warn the client that addiction is a possible consequence of such treatment and that suddenly stopping such a medication could precipitate a seizure.

- Patients will not be prescribed BDZs if currently taking long-term opioids. ~~-~~If another provider has already prescribed long-term opioids, the MMC prescriber will not knowingly prescribe BDZs to the patient. If the patient is injured or has another medical issue requiring short-term opioids, special care must be taken by the MMC provider to warn the patient of potential interactions. Such interactions can include the danger of over-sedation, respiratory depression, etc., which occur with the co-administration of these classes of medications.
- ~~If the patient is injured or has another medical issue requiring short term opioids, special care must be taken to warn the patient of potential interactions and the added dangers of over-sedation, respiratory depression, etc, which occur with co-administration of these classes of medications. If another provider is prescribing long-term opioids to the patient, the MMC prescriber will not knowingly prescribe BDZs to the patient.~~
- ~~Patients will not be prescribed BDZs and stimulant ADHD medications simultaneously. If another provider is prescribing stimulant ADHD medication to the patient, the MMC prescriber will not knowingly prescribe BDZs to the patient.~~
- BDZs will not be combined with another BDZ, Z-drug or muscle relaxant. If another provider is prescribing a different BDZ, Z-drug, or muscle relaxant medication to the patient, the MMC prescriber will not knowingly prescribe BDZs to the patient. It is permissible to use muscle relaxers in the short-term (as with the treatment of an acute injury) with a benzodiazepine or Z-drug, provided that the patient is made aware of the dangers posed by using these drugs simultaneously.

- BDZs will not be combined with another BDZ, Z-drug, or muscle relaxant. ~~-~~If another provider is prescribing a different BDZ, Z-Drug, or muscle relaxant medication to the patient, the MMC prescriber will not knowingly prescribe BDZs to the patient.

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- Concurrent use of marijuana products and BDZs is not permitted.
- ~~Both~~ BDZs and Z-drugs are considered a "high-risk medication in the elderly" and are listed on the American Geriatrics Society Beers Criteria list.
- BDZs should generally be avoided in patients with dementia.
- Patients prescribed chronic BDZs shall have regular monitoring visits that:
    - Occur at a frequency no more than three months apart, and
    - Include standard components (see below).

Required Components of Chronic BDZ Use Visit

- Both patient and provider will sign a treatment agreement including information on consequences related to early refill requests, prescriptions from other providers, or misuse of other substances.
- Screening for conditions affecting BDZ/Z-drug risk (~~e.g.~~e.g., COPD, CHF, renal or hepatic compromise, obstructive sleep apnea, dementia, and pregnancy).
- Checking the prescription monitoring tool/CURES.
- Urine drug screening.
- Documentation regarding the risks and benefits of this medication.
- Explicitly advise the patient regarding the duration of treatment. Use of BDZs beyond 2 weeks is not recommended. Use the lowest dose for the shortest time.
- Review with the patient the risks and side effects, including the risk of dependence. Keep in mind that some patients will have difficulty discontinuing the medication at the end of acute treatment.
- Discuss exit strategies, such as tapering and/or ~~transition~~ transitioning to alternative treatments.
    - Discuss alternative treatments, which may include:
    - Antidepressant medications (e.g., SSRIs, SNRIs, tricyclic antidepressants)
    - Psychotherapy (e.g., cognitive behavioral therapy)

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- Serotonergic agents for anxiety (e.g., buspirone)
- Anticonvulsant medications for restless legs syndrome (e.g., pramipexole, ropinirole, gabapentin).

- Patients on chronic BDZs shall receive all BDZ prescriptions from one physician and one pharmacy whenever possible. Clinicians treating a patient on chronic BDZs are expected to clarify and document—both among themselves and with the patient—which clinician holds primary prescribing responsibility.

- For patients ~~on~~ taking ~~chronic~~ BDZ chronically ~~use~~ for anxiety or PTSD, psychiatrist consultation is advised.

- BDZs should be used only when they are clinically indicated and there is not an appropriate non-habituating alternative available. The diagnosis and need for BDZ therapy should be frequently reviewed. When BDZs are prescribed, justification for ongoing use shall be documented at each BDZ encounter.

- All patients should be encouraged to discontinue chronic use of BDZs and Z-drugs. Providers should create a treatment care plan to help patients with tapering and discontinuation.

Considerations for Treatment of Specific Conditions

Anxiety/Panic Disorder/PTSD

- BDZs should not be initiated as monotherapy for the treatment of anxiety disorders. While there is evidence that BDZs can be used safely and effectively for the treatment of anxiety, evidence-based guidelines recommend their reservation as second-line agents. Other pharmacologic treatments, primarily Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) and Selective Serotonin Reuptake Inhibitors (SSRIs), have the benefit of a much stronger base of clinical trial evidence to support ~~as~~ first-line use and have significant safety advantages. Nonpharmacologic treatments may also be considered ~~as~~ first-line treatments for multiple anxiety disorders; those focusing on cognitive-behavioral and exposure-based models have the ~~strongest~~ most substantial supporting evidence.

- Based on the absence of clear ~~benefit~~ benefits and the possibility of worsening PTSD, recommendations are against using BDZs to treat patients with PTSD. These patients should be referred to psychiatry.

Situational Anxiety

- Discussion can be made between provider and patient with regards to prescribing single or ~~dual dose~~dual-dose BDZs for use in extenuating phobia-type circumstances such as extensive dental work, fear of flying, MRI induced ~~/~~claustrophobia, etc. These are not to be chronic prescriptions and are at the

discrepancy of the prescriber. Prescription drug monitoring programs must be checked prior to prescription.

Insomnia

- BDZs should not be used for the treatment of insomnia without appropriate evaluation and should not be used chronically.

- Prior to the initiation of BDZs or BDZ receptor agonist medications, a thorough evaluation for underlying causes of secondary insomnia should be performed and documented. This evaluation should screen for sleep-related breathing disorders (e.g., obstructive sleep apnea), sleep-related movement disorders (e.g., restless legs syndrome), adverse medication or caffeine effects, behavioral causes (e.g., poor sleep hygiene), and psychiatric syndromes known to cause insomnia. Referral for sleep medicine should be considered.

Substance Use Disorders

- BDZs should not be prescribed to individuals with substance use disorders.

- BDZs have a significant liability for misuse; ~~in order to~~to avoid complicating the recovery of individuals with substance use disorders, a thorough screening for past and current substance use disorders must be documented prior to the prescribing of BDZs. For the purposes of such an evaluation, individual self-report cannot be the only source of information: a treatment history from Modoc Medical Clinic ~~Behavioral Health Services~~, Modoc County Behavioral Health Services, collateral information from other providers, or urine drug screening are acceptable methods of objective assessment. Individuals with current or past substance use disorders should rarely, if ever, be prescribed BDZs.

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Tapering and Discontinuation

- Tapering and discontinuation of BDZs and Z-Drugs will take place under differing conditions. Many of these decisions will be based on medical criteria and individualized treatment decisions according to the patient's needs. Others will be based on patient behavior and program rule violations. The duration of the taper will depend on the context of the overall decision.

Program Violations

- Patients receiving chronic ~~BDZs~~BDZs, or Z-Drugs will be seen at ~~a minimum of~~least every three months. The components of those visits ~~are~~were detailed previously. The circumstances outlined below constitute program violations under this policy and will result in patients being tapered from their BDZs or Z-drugs:

- Patients who "no-show" a visit to review BDZ therapy will be tapered from the BDZ or Z-drug medication ~~BDZs or Z-drugs~~ they ~~are~~were prescribed.
- Likewise, patients who re-schedule a BDZ visit less than one week prior will be tapered from the BDZ or Z-drug.
- Patients who fail to provide a urine sample at the time of a BDZ visit will be tapered from the BDZ or Z-drug.
- Patients who have prohibited substances in their urine will be tapered from the medication.
- Patients who exhibit ~~behaviors~~ concerning behaviors for diversion or outright medication abuse will be tapered from their medication. ~~-~~Such behaviors may include~~:~~ selling prescription drugs, forging prescriptions, stealing or borrowing drugs, aggressive demands for BDZs, injecting oral/topical BDZs, ~~injecting oral/topical BDZs,~~ unsanctioned use of BDZs, unsanctioned dose escalation, concurrent use of illicit drugs, ~~getting~~procuring BDZs from multiple prescribers, recurring emergency department visits for the procurement of BDZs, and others.

~~Parents who exhibit behaviors concerning for diversion or outright medication abuse will be tapered from their medication. Such behaviors may include: selling prescription drugs, forging prescriptions, stealing or borrowing drugs, aggressive demand for BDZs, injecting oral/topical BDZs, unsanctioned use of BDZs, unsanctioned dose escalation, concurrent use of illicit drugs, getting BDZs from multiple prescribers, recurring emergency department visits for the procurement of BDZs, and others.~~

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General Tapering Considerations:

- Assess the patient's underlying condition for which the drugs were originally prescribed; discuss alternative treatments as needed.
- ~~For~~ In order for a patient to be voluntarily ~~t aperingtapered~~, they must be assessed ~~the patient~~ for readiness/suitability ~~to taper off BDZs~~. ~~-~~Patients are considered suitable if they:
  - Are willing and committed, ~~with~~ and have adequate social support,
  - Have no previous history of complicated drug withdrawal, and
  - Do not have an indication for rapid discontinuation.

- ~~o~~ If a taper is needed but the patient does not meet the criteria above, or if providers have specific questions about tapering, consult with the Responsible Prescribing Committee (RPC).

- Cognitive behavioral therapy is recommended to help the patient cope with rebound anxiety and to assist with the withdrawal process.

Specific Tapering Considerations

- The following should be considered by the prescribing provider for the tapering process.
  - Provide the patient with clear, written instructions for tapering.

- Discuss how the prescription will be written, the quantity provided, and the appropriate refill date.

- Converting to a long-acting agent for the duration of the taper is not ~~absolutely necessary~~necessary but may mitigate withdrawal symptoms compared with short-acting agents.

- It is acceptable ~~okay~~ to stay at a dose for longer than expected, but ~~do~~ the prescribing provider should not increase the dose once a taper has started.

- Avoid as-needed use of BDZs during the taper process.

- Provide a 7- to 14-day supply of the medication.

- Obtain a urine drug screen prior to starting the taper and periodically thereafter.

- Repeat urine drug screens if the patient has noticeable changes in behavior, if they miss~~es~~ follow-up appointments, or request~~s~~ early refills.

- Monitor for the use of other substances to replace BDZ or ~~to~~ in manage~~e~~ing withdrawal symptoms.

Tapering Recommendations for Patients Aged 65 Years ~~yea~~ and Older

- If the patient is established on a long~~-~~ or intermediate-acting BDZ, gradually taper the medication.

- If the patient is established on a short-acting BDZ or one that doesn't easily allow for small dose reductions, switch to lorazepam and gradually taper.

- If the patient is established on a Z-drug, choose one of these options:
  - Stop the Z-drug and start an alternative medication (such as melatonin, trazodone, or mirtazapine).

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- Gradually taper the Z-drug by decreasing the number of days per week the patient takes the medication (for example: take 6 nights per week x 2 weeks, then 5 nights per week x 2 weeks, and so on).
- Switch the Z-drug to lorazepam and gradually taper.

Gradual ~~tapering~~Tapering

- The most effective strategy to manage BDZ discontinuation and prevent adverse outcomes associated with severe withdrawal—such as severe seizures—is a gradual taper of BDZs. The table below outlines some general parameters to follow to initiate a gradual taper of BDZs:

• Medication adverse effects indicate that risks are greater than benefits, or • Comorbidities increase the risk of complications.	10% weekly
• Tolerance has developed with long-term prescription, or • Comorbidities increase the risk of complications.	10% every 2-4 weeks

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- A subset of patients will experience clinically significant withdrawal symptoms even with 10% dose reductions and/or gradual tapering. In these instances, ~~C~~consider switching patients to a longer-acting BDZ.
- Tapering should be guided by individual choice and severity of withdrawal symptoms. Drug discontinuation may take ~~3~~ three months to a year or longer. Some people may be able to discontinue the drug in less time.
- Review the patient's progress frequently to detect and manage problems early and to provide advice and encouragement during and after tapering. ~~Development~~ The development of withdrawal symptoms can ~~be variable~~ vary during a taper.
- If the first attempt is unsuccessful, encourage the person to try again. Emphasize that any reduction in use is beneficial. Treat any underlying problems before trying again.

- Discontinuation of Z-drugs is less well studied than the discontinuation of BDZs, but given that they work similarly, the approach for tapering BDZs is also recommended for Z-drugs.

Rapid Tapering

- Program violations will result in rapid tapering from BDZs. Patients may be appropriate for ~~rapid tapering~~rapid tapering based on the following criteria:

• Urine drug screen is positive for banned substances or negative for the prescribed BDZ, or • ~~Violations of p~~Program standards were violated, or • The ~~P~~patient's behavior suggests possible misuse or diversion of the medication. Such behaviors might include: o Selling prescription drugs o Forging prescriptions o Stealing or borrowing drugs o Aggressive demands for BDZs o Injecting oral/topical BDZs o Unsanctioned use of BDZs o Unsanctioned dose escalation o Concurrent use of illicit drugs	25% per week and refer the patient for chemical dependency/addiction counseling.
o Getting BDZs from multiple prescribers o Recurring emergency department visits for the procurement of BDZs.	25% per week and refer the patient for chemical dependency/addiction counseling.

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Acute ~~s~~Signs and ~~s~~Symptoms of ~~w~~Withdrawal

- Anxiety-related withdrawal symptoms are common~~,~~ and include restlessness, agitation, tremors, dizziness, panic attacks, palpitations, shortness of breath, sweating, flushing, shakiness, difficulty swallowing, poor sleep, ~~sensation of~~ choking sensation, and chest pain.

- There is a wide range of other, less common acute withdrawal symptoms, such as seizures, bowel/bladder problems, changes in appetite, ~~tiredness~~fatigue, feeling faint~~ness~~, poor concentration, tinnitus, and delirium.

Long-~~t~~Term ~~s~~Signs and ~~s~~Symptoms of ~~w~~Withdrawal

- Some withdrawal symptoms can persist and may take months or years to resolve~~,~~. These may includ~~inge~~ anxiety, fatigue, depression, poor memory and cognition, motor symptoms (pain, weakness, muscle twitches, jerks, seizures), depersonalization, psychosis, paranoid delusions, rebound insomnia, and abnormal perception of movement.

- As each patient is different, it is recommended to evaluate each case and seek a supervising physician's consultation ~~and/~~or literature consultation for addressing how to treat different withdrawal symptoms.

REFERENCES

Gold, J. (2020). Approaches to ~~m~~Managing BDZs. Pharmacy Today, 26(3), 41–54. https://doi.org/10.1016/j.ptdy.2020.02.020

Hirschtritt ME, Olfson M, Kroenke K. Balancing the Risks and Benefits of BDZs. JAMA. 2021;325(4):347–348. doi:10.1001/jama.2020.22106

Santo, L., Rui, P., & Ashman, J. J. (2020). Physician ~~o~~Office ~~v~~Visits ~~a~~At ~~w~~Which BDZs ~~w~~Were ~~p~~Prescribed: Findings from 2014-2016 ~~n~~National ~~a~~Ambulatory ~~m~~Medical ~~c~~Care ~~s~~Survey. US Department of Health and Human Services Centers for Disease Control and Prevention National Center for Health Statistics., 137.

Sparks, A., & Cohen, A. (2019, January 1). BDZ and Z-Drug Safety Guideline: Kaiser Permanente. https://wa.kaiserpermanente.org/static/pdf/public/guidelines/benzo-zdrug.pdf.

SUBJECT: BENZODIAZEPINE PRESCRIBING	REFERENCE #
DEPARTMENT: CLINIC	PAGE: 1 OF: 10
	EFFECTIVE: 03/2023
	REVISED: 07/2023

PURPOSE

- The purpose of this policy is to provide guidelines for benzodiazepine (BDZ) prescribing at Modoc Medical Center (MMC). MMC aims to promote practices that maximize access to evidence-based practices for individuals seeking treatment for anxiety, panic disorder, insomnia, and post-traumatic stress disorder (PTSD). BDZs have been shown to increase the risk of overdose, falls, cognitive impairment, and drug-associated hospital admissions. Although BDZs and barbiturates remain appropriate treatments for acute alcohol withdrawal and may be used as an acute anticonvulsant, they should generally be avoided. These guidelines should be understood to be applied to BDZ receptor agonists, barbiturates, and controlled sedative-hypnotics (Z-Drug therapy). The recommendations in this guideline apply to patients who are:
    - Already on prescribed long-term BDZ or Z-drug therapy, or
    - Are being considered for initiation of short-term therapy with either drug class.

TERMS/DEFINITIONS

- BDZs are Gamma-aminobutyric acid (GABA) receptor agonists that have hypnotic, anxiolytic, muscle relaxant, and anticonvulsant properties. BDZs are commonly divided into three groups according to how quickly they are eliminated from the body:
    - Short acting: half-life less than 12 hours, such as midazolam and triazolam.
    - Intermediate-acting: half-life between 12 and 24 hours, such as alprazolam, lorazepam, and temazepam.
    - Long acting: half-life greater than 24 hours, such as diazepam, clonazepam, clorazepate, chlordiazepoxide, and flurazepam.
- Z-drugs (e.g., zaleplon, zolpidem, and eszopiclone) were developed as alternatives to BDZs.
    - Like BDZs, they are GABA receptor agonists, but because they have a different structure, they produce fewer anxiolytic and anticonvulsant effects.
    - Z-drugs are not “safer” than BDZs, and patients on BDZs should not be switched to Z-drugs to try to improve safety.
- Chronic BDZ or Z-drug use is defined as daily or near-daily use of the agent for at least 90 days, and often indefinitely.

POLICY

- It is the policy of MMC's prescribing clinic providers, once an evaluation of anxiety, panic disorder, insomnia, or PTSD has been performed, to responsibly prescribe effective and safe treatment options after ensuring that treatment is within all current evidence-based practice guidelines. This treatment may be performed with a consulting psychiatric provider such as a psychiatrist, psychiatric nurse practitioner, or mental health physician assistant.

PROCEDURE

General Guidelines

- Prior to the prescription of any BDZ, the physician must warn the client that addiction is a possible consequence of such treatment and that suddenly stopping such a medication could precipitate a seizure.

- Patients will not be prescribed BDZs if currently taking long-term opioids. If another provider has already prescribed long-term opioids, the MMC prescriber will not knowingly prescribe BDZs to the patient. If the patient is injured or has another medical issue requiring short-term opioids, special care must be taken by the MMC provider to warn the patient of potential interactions. Such interactions can include the danger of over-sedation, respiratory depression, etc., which occur with the co-administration of these classes of medications.
-
- BDZs will not be combined with another BDZ, Z-drug or muscle relaxant. If another provider is prescribing a different BDZ, Z-drug, or muscle relaxant medication to the patient, the MMC prescriber will not knowingly prescribe BDZs to the patient. It is permissible to use muscle relaxers in the short-term (as with the treatment of an acute injury) with a benzodiazepine or Z-drug, provided that the patient is made aware of the dangers posed by using these drugs simultaneously.

- BDZs will not be combined with another BDZ, Z-drug, or muscle relaxant. If another provider is prescribing a different BDZ, Z-Drug, or muscle relaxant medication to the patient, the MMC prescriber will not knowingly prescribe BDZs to the patient.

- Concurrent use of marijuana products and BDZs is not permitted.

- BDZs and Z-drugs are considered a "high-risk medication in the elderly" and are listed on the American Geriatrics Society Beers Criteria list.

- BDZs should generally be avoided in patients with dementia.

- Patients prescribed chronic BDZs shall have regular monitoring visits that:

    - Occur at a frequency no more than three months apart, and

    - Include standard components (see below).

Required Components of Chronic BDZ Use Visit

- Both patient and provider will sign a treatment agreement including information on consequences related to early refill requests, prescriptions from other providers, or misuse of other substances.
- Screening for conditions affecting BDZ/Z-drug risk (e.g., COPD, CHF, renal or hepatic compromise, obstructive sleep apnea, dementia, and pregnancy).
- Checking the prescription monitoring tool/CURES.
- Urine drug screening.
- Documentation regarding the risks and benefits of this medication.
- Explicitly advise the patient regarding the duration of treatment. Use of BDZs beyond 2 weeks is not recommended. Use the lowest dose for the shortest time.
- Review with the patient the risks and side effects, including the risk of dependence. Keep in mind that some patients will have difficulty discontinuing the medication at the end of acute treatment.
- Discuss exit strategies, such as tapering and/or transitioning to alternative treatments.
    - Discuss alternative treatments, which may include:
    - Antidepressant medications (e.g., SSRIs, SNRIs, tricyclic antidepressants)
    - Psychotherapy (e.g., cognitive behavioral therapy)
    - Serotonergic agents for anxiety (e.g., buspirone)
    - Anticonvulsant medications for restless legs syndrome (e.g., pramipexole, ropinirole, gabapentin).
- Patients on chronic BDZs shall receive all BDZ prescriptions from one physician and one pharmacy whenever possible. Clinicians treating a patient on chronic BDZs are expected to clarify and document—both among themselves and with the patient—which clinician holds primary prescribing responsibility.
- For patients taking BDZ chronically for anxiety or PTSD, psychiatrist consultation is advised.

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- BDZs should be used only when they are clinically indicated and there is not an appropriate non-habituating alternative available. The diagnosis and need for BDZ therapy should be frequently reviewed. When BDZs are prescribed, justification for ongoing use shall be documented at each BDZ encounter.

- All patients should be encouraged to discontinue chronic use of BDZs and Z-drugs. Providers should create a treatment care plan to help patients with tapering and discontinuation.

Considerations for Treatment of Specific Conditions

Anxiety/Panic Disorder/PTSD

- BDZs should not be initiated as monotherapy for the treatment of anxiety disorders. While there is evidence that BDZs can be used safely and effectively for the treatment of anxiety, evidence-based guidelines recommend their reservation as second-line agents. Other pharmacologic treatments, primarily Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) and Selective Serotonin Reuptake Inhibitors (SSRIs), have the benefit of a much stronger base of clinical trial evidence to support first-line use and have significant safety advantages. Nonpharmacologic treatments may also be considered first-line treatments for multiple anxiety disorders; those focusing on cognitive-behavioral and exposure-based models have the most substantial supporting evidence.

- Based on the absence of clear benefits and the possibility of worsening PTSD, recommendations are against using BDZs to treat patients with PTSD. These patients should be referred to psychiatry.

Situational Anxiety

- Discussion can be made between provider and patient with regards to prescribing single or dual-dose BDZs for use in extenuating phobia-type circumstances such as extensive dental work, fear of flying, MRI induced claustrophobia, etc. These are not to be chronic prescriptions and are at the discrepancy of the prescriber. Prescription drug monitoring programs must be checked prior to prescription.

Insomnia

- BDZs should not be used for the treatment of insomnia without appropriate evaluation and should not be used chronically.

- Prior to the initiation of BDZs or BDZ receptor agonist medications, a thorough evaluation for underlying causes of secondary insomnia should be performed and documented. This evaluation should screen for sleep-related breathing disorders (e.g., obstructive sleep apnea), sleep-related movement disorders (e.g., restless legs syndrome), adverse medication or caffeine effects, behavioral causes (e.g., poor sleep hygiene), and psychiatric syndromes known to cause insomnia. Referral for sleep medicine should be considered.

Substance Use Disorders

- BDZs should not be prescribed to individuals with substance use disorders.
- BDZs have a significant liability for misuse; to avoid complicating the recovery of individuals with substance use disorders, a thorough screening for past and current substance use disorders must be documented prior to the prescribing of BDZs. For the purposes of such an evaluation, individual self-report cannot be the only source of information: a treatment history from Modoc Medical Clinic, Modoc County Behavioral Health Services, collateral information from other providers, or urine drug screening are acceptable methods of objective assessment. Individuals with current or past substance use disorders should rarely, if ever, be prescribed BDZs.

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Tapering and Discontinuation

- Tapering and discontinuation of BDZs and Z-Drugs will take place under differing conditions. Many of these decisions will be based on medical criteria and individualized treatment decisions according to the patient's needs. Others will be based on patient behavior and program rule violations. The duration of the taper will depend on the context of the overall decision.

Program Violations

- Patients receiving chronic BDZs, or Z-Drugs will be seen at least every three months. The components of those visits were detailed previously. The circumstances outlined below constitute program violations under this policy and will result in patients being tapered from their BDZs or Z-drugs:
    - Patients who "no-show" a visit to review BDZ therapy will be tapered from the BDZ or Z-drug medication they were prescribed.
    - Likewise, patients who re-schedule a BDZ visit less than one week prior will be tapered from the BDZ or Z-drug.
    - Patients who fail to provide a urine sample at the time of a BDZ visit will be tapered from the BDZ or Z-drug.
    - Patients who have prohibited substances in their urine will be tapered from the medication.
    - Patients who exhibit concerning behaviors for diversion or outright medication abuse will be tapered from their medication. Such behaviors may include selling prescription drugs, forging prescriptions, stealing or borrowing drugs, aggressive demands for BDZs, injecting oral/topical BDZs, unsanctioned use of BDZs, unsanctioned dose escalation, concurrent use of illicit drugs, procuring BDZs from multiple prescribers, recurring emergency department visits for the procurement of BDZs, and others.

General Tapering Considerations:

- Assess the patient's underlying condition for which the drugs were originally prescribed; discuss alternative treatments as needed.
- In order for a patient to be voluntarily tapered, they must be assessed for readiness/suitability. Patients are considered suitable if they:
    - Are willing and committed, and have adequate social support,
    - Have no previous history of complicated drug withdrawal, and
    - Do not have an indication for rapid discontinuation.

  If a taper is needed but the patient does not meet the criteria above, or if providers have specific questions about tapering, consult with the Responsible Prescribing Committee (RPC).
- Cognitive behavioral therapy is recommended to help the patient cope with rebound anxiety and to assist with the withdrawal process.

Specific Tapering Considerations

- The following should be considered by the prescribing provider for the tapering process. Provide the patient with clear, written instructions for tapering.
- Discuss how the prescription will be written, the quantity provided, and the appropriate refill date.
- Converting to a long-acting agent for the duration of the taper is not necessary but may mitigate withdrawal symptoms compared with short-acting agents.
- It is acceptable to stay at a dose for longer than expected, but the prescribing provider should not increase the dose once a taper has started.
- Avoid as-needed use of BDZs during the taper process.
- Provide a 7- to 14-day supply of the medication.

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- Obtain a urine drug screen prior to starting the taper and periodically thereafter.
- Repeat urine drug screens if the patient has noticeable changes in behavior, if they miss follow-up appointments, or request early refills.
- Monitor for the use of other substances to replace BDZ or in managing withdrawal symptoms.

Tapering Recommendations for Patients Aged 65 Years and Older

- If the patient is established on a long or intermediate-acting BDZ, gradually taper the medication.
- If the patient is established on a short-acting BDZ or one that doesn't easily allow for small dose reductions, switch to lorazepam and gradually taper.
- If the patient is established on a Z-drug, choose one of these options:
    - Stop the Z-drug and start an alternative medication (such as melatonin, trazodone, or mirtazapine).
    - Gradually taper the Z-drug by decreasing the number of days per week the patient takes the medication (for example: take 6 nights per week x 2 weeks, then 5 nights per week x 2 weeks, and so on).
    - Switch the Z-drug to lorazepam and gradually taper.

Gradual Tapering

- The most effective strategy to manage BDZ discontinuation and prevent adverse outcomes associated with severe withdrawal—such as severe seizures—is a gradual taper of BDZs. The table below outlines some general parameters to follow to initiate a gradual taper of BDZs:

• Medication adverse effects indicate that risks are greater than benefits, or • Comorbidities increase the risk of complications.	10% weekly
• Tolerance has developed with long-term prescription, or	10% every 2-4 weeks

• Comorbidities increase the risk of complications.	

- A subset of patients will experience clinically significant withdrawal symptoms even with 10% dose reductions and/or gradual tapering. In these instances, consider switching patients to a longer-acting BDZ.

- Tapering should be guided by individual choice and severity of withdrawal symptoms. Drug discontinuation may take three months to a year or longer. Some people may be able to discontinue the drug in less time.

- Review the patient's progress frequently to detect and manage problems early and to provide advice and encouragement during and after tapering. The development of withdrawal symptoms can vary during a taper.

- If the first attempt is unsuccessful, encourage the person to try again. Emphasize that any reduction in use is beneficial. Treat any underlying problems before trying again.

- Discontinuation of Z-drugs is less well studied than the discontinuation of BDZs, but given that they work similarly, the approach for tapering BDZs is also recommended for Z-drugs.

Rapid Tapering

- Program violations will result in rapid tapering from BDZs. Patients may be appropriate for rapid tapering based on the following criteria:

• Urine drug screen is positive for banned substances or negative for the prescribed BDZ, or • Program standards were violated, or • The patient's behavior suggests possible misuse or diversion of the medication. Such behaviors might include: o Selling prescription drugs o Forging prescriptions o Stealing or borrowing drugs	25% per week and refer the patient for chemical dependency/addiction counseling.

○ Aggressive demands for BDZs ○ Injecting oral/topical BDZs ○ Unsanctioned use of BDZs ○ Unsanctioned dose escalation ○ Concurrent use of illicit drugs ○ Getting BDZs from multiple prescribers ○ Recurring emergency department visits for the procurement of BDZs.	25% per week and refer the patient for chemical dependency/addiction counseling.

Acute Signs and Symptoms of Withdrawal

- Anxiety-related withdrawal symptoms are common and include restlessness, agitation, tremors, dizziness, panic attacks, palpitations, shortness of breath, sweating, flushing, shakiness, difficulty swallowing, poor sleep, choking sensation, and chest pain.

- There is a wide range of other, less common acute withdrawal symptoms, such as seizures, bowel/bladder problems, changes in appetite, fatigue, feeling faint, poor concentration, tinnitus, and delirium.

Long-Term Signs and Symptoms of Withdrawal

- Some withdrawal symptoms can persist and may take months or years to resolve. These may include anxiety, fatigue, depression, poor memory and cognition, motor symptoms (pain, weakness, muscle twitches, jerks, seizures), depersonalization, psychosis, paranoid delusions, rebound insomnia, and abnormal perception of movement.

- As each patient is different, it is recommended to evaluate each case and seek a supervising physician's consultation or literature consultation for addressing how to treat different withdrawal symptoms.

REFERENCES

Gold, J. (2020). Approaches to Managing BDZs. Pharmacy Today, 26(3), 41–54. https://doi.org/10.1016/j.ptdy.2020.02.020

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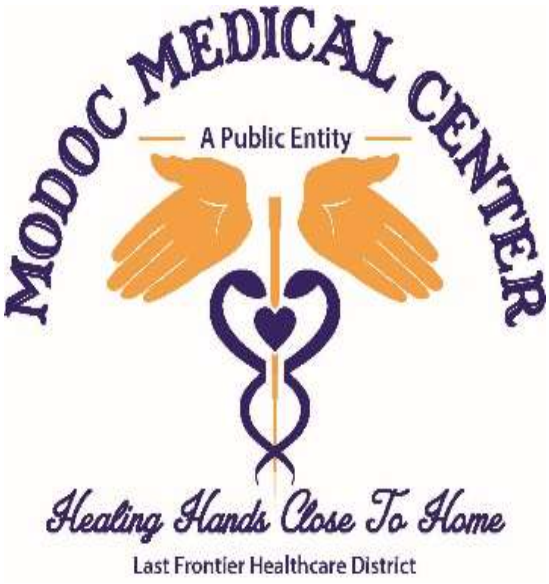
ATTACHMENT D

LFHD FINANCIAL STATEMENT
July 2023
(unaudited)

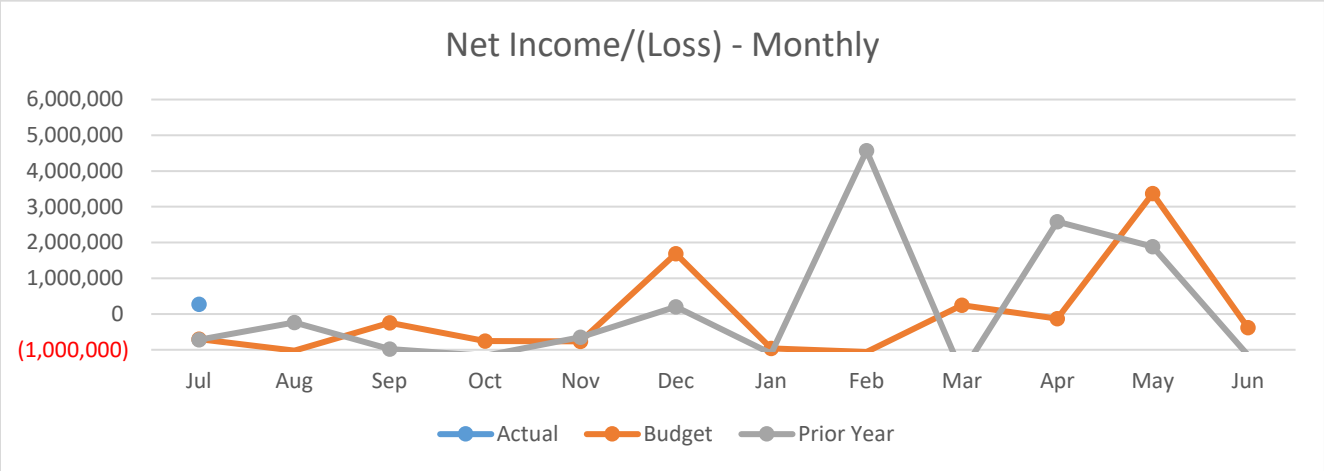


Modoc Medical Center
Financial Narrative
For the Month of July 2023

Prepared by Patrick Fields, CFO

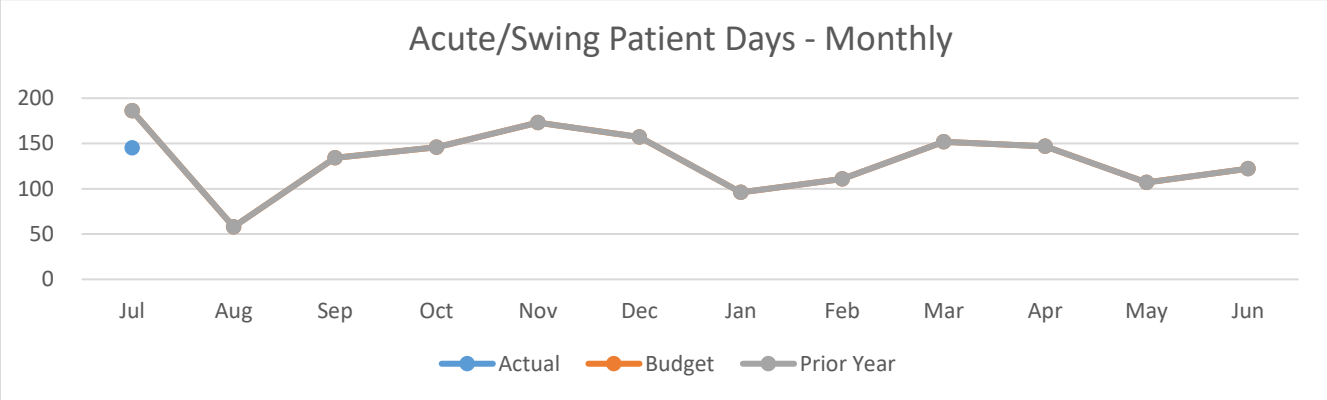
Summary

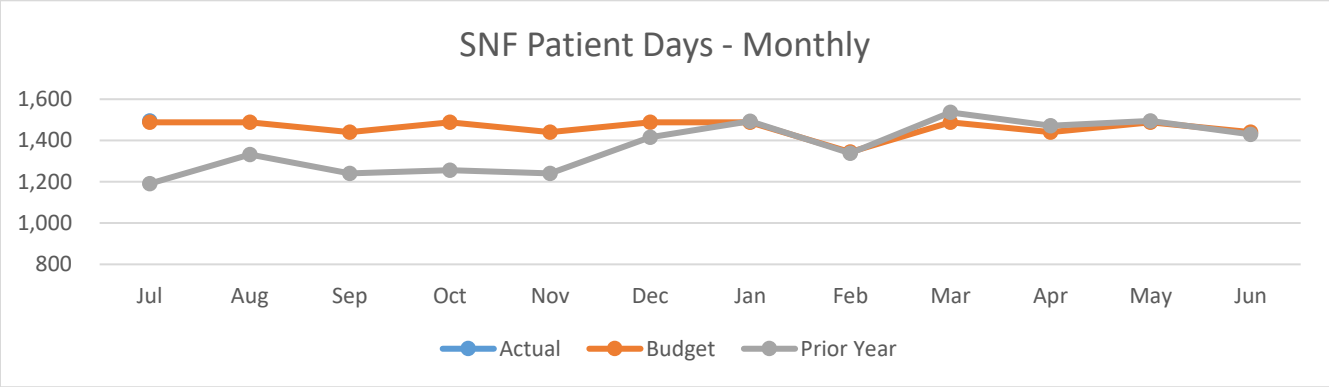
During the month of July, Modoc Medical Center reported a net income from operations of $312,980 representing stronger than was budgeted, ($598,934). Inpatient revenue was up while outpatient revenue was down from the prior month. Total patient revenue was $4,078,591 down from $4,315,185. Net income, including Non-Operating Activity, of $270,452 is stronger than budgeted.



Patient Volumes

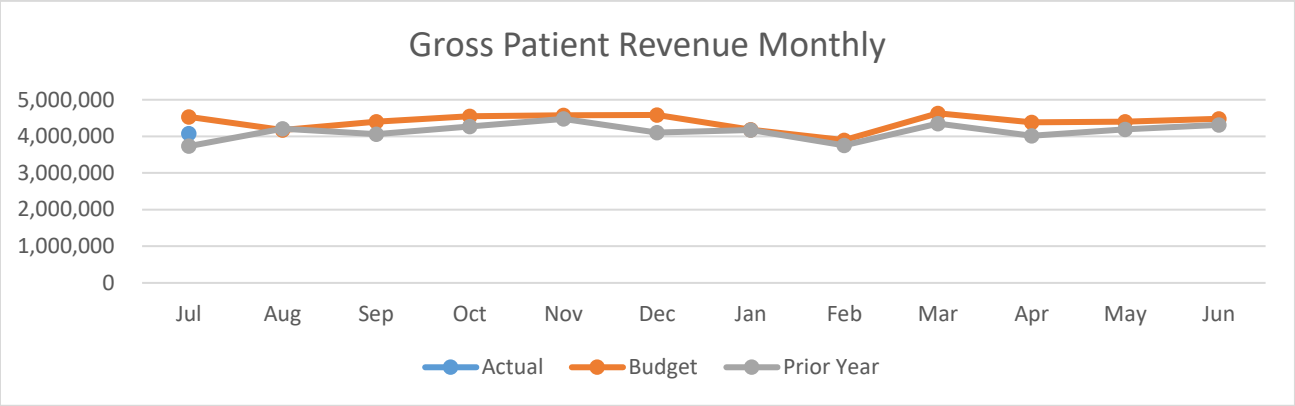
Combined Acute Days were under budget for the month by 41. The SNF Patient Days increased to 1,495 over budget by 7 days. Overall Inpatient Days were under budget by 34 (1,640 actual vs. 1,674 budget). Outpatient volumes saw Lab as the only department that were under budget, all others were over.

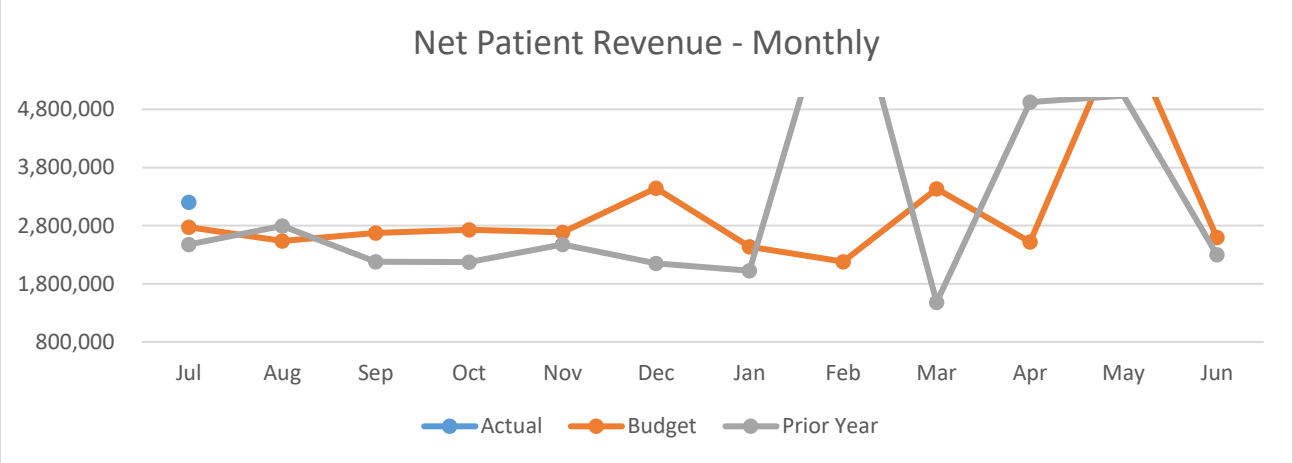




Revenues

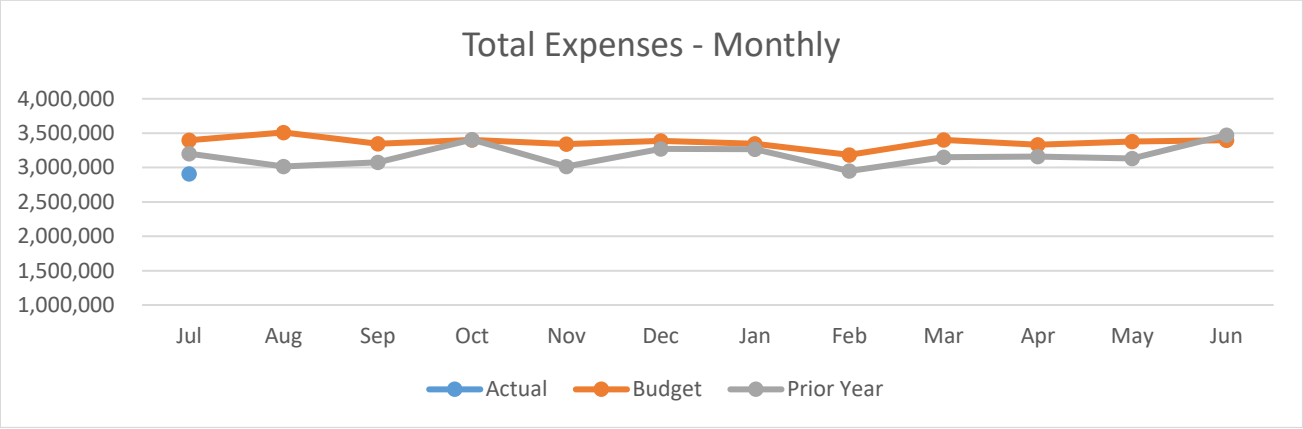
Gross Patient Revenues were $4.078 million, under budget of $4.536 million. Of this, the Inpatient Revenue was under budget by $232K and Outpatient Revenue under budget by $226K. Net Patient Revenue is $3.200 million.





Expenses

Total Operating Expenses were $2.910 million this month, compared to a budget of $3.397 million. Operating expenses were down $562K from the prior month. The decline is partially due to the new accounting system and accounting dates. It is expected that next month will be increased.



Non-Operating Activity

Non-Operating expense for the month was ($42.5K). Interest income for the month was $38.5K combined with profit in Retail Pharmacy of $5.7K, offset by district vouchers of ($2.5K) and interest expense of ($84.3K). Net income for the month was $270,452.

Balance Sheet

Cash declined by $792K during the month to $35.521 million. The decline in cash was due to the usda loan payment just shy of 1 million and additional investments in the new SNF and Capital assets of $348K. Total assets declined by $478K during the month, while total liabilities declined by $749K. Days in Cash declined to 341. Days in AP declined from 10 to 9. Net AR as a percent of Gross AR increased to 45.0%. Current ratio increased to 16.49 times.

Modoc Medical Center July 2023 Income Statement	JUL 2023 Month	JUL 2023 Budget	Variance	JUL 2022 PY Month	FY2024 YTD	FY2024 Budget	Variance	FY2023 PY YTD
ROOM AND BOARD - ACUTE	345,492	427,357	(81,865)	390,638	345,492	427,357	(81,865)	390,638
ROOM AND BOARD - SNF	812,447	808,728	3,719	647,144	812,447	808,728	3,719	647,144
IN-PATIENT ANCILLARY	195,932	349,638	(153,706)	354,825	195,932	349,638	(153,706)	354,825
TOTAL INPATIENT REVENUE	1,353,872	1,585,723	(231,851)	1,392,607	1,353,872	1,585,723	(231,851)	1,392,607
TOTAL OUTPATIENT REVENUE	2,724,718	2,950,767	(226,049)	2,341,359	2,724,718	2,950,767	(226,049)	2,341,359
TOTAL PATIENT REVENUES	4,078,591	4,536,490	(457,900)	3,733,966	4,078,591	4,536,490	(457,900)	3,733,966
TOTAL REVENUE DEDUCTIONS	878,097	1,760,584	(882,487)	1,138,632	878,097	1,760,584	(882,487)	1,138,632
NET PATIENT REVENUE	3,200,494	2,775,907	424,587	2,595,333	3,200,494	2,775,907	424,587	2,595,333
% of Charges	*78.5%*	*61.2%*	*-92.7%*	*69.5%*	*78.5%*	*61.2%*	*-92.7%*	*69.5%*
OTHER REVENUE	22,979	22,525	454	33,005	22,979	22,525	454	33,005
NET REVENUES	3,223,473	2,798,432	425,041	2,628,338	3,223,473	2,798,432	425,041	2,628,338
SALARIES AND WAGES	1,533,904	1,465,021	68,883	1,193,758	1,533,904	1,465,021	68,883	1,193,758
EMPLOYEE BENEFITS	283,231	285,789	(2,557)	240,273	283,231	285,789	(2,557)	240,273
REGISTRY	164,005	347,318	(183,313)	487,550	164,005	347,318	(183,313)	487,550
PROFESSIONAL FEES	245,148	362,890	(117,742)	480,874	245,148	362,890	(117,742)	480,874
PURCHASED SERVICES	240,058	141,627	98,431	3,064	240,058	141,627	98,431	3,064
SUPPLIES	138,626	398,243	(259,617)	307,010	138,626	398,243	(259,617)	307,010
REPAIRS AND MAINTENANCE	20,972	26,347	(5,375)	33,038	20,972	26,347	(5,375)	33,038
RENTS AND LEASES	3,649	4,311	(662)	5,837	3,649	4,311	(662)	5,837
UTILITIES / TELEPHONE	52,947	53,877	(930)	40,460	52,947	53,877	(930)	40,460
INSURANCE	1,973	35,261	(33,288)	32,409	1,973	35,261	(33,288)	32,409
DEPRECIATION	173,706	175,485	(1,779)	171,815	173,706	175,485	(1,779)	171,815
OTHER EXPENSES	52,271	101,197	(48,926)	79,402	52,271	101,197	(48,926)	79,402
TOTAL OPERATING EXPENSES	2,910,493	3,397,366	(486,873)	3,075,490	2,910,493	3,397,366	(486,873)	3,075,490
NET OPERATING INCOME / (LOSS)	312,980	(598,934)	911,914	(447,152)	312,980	(598,934)	911,914	(447,152)
PROPERTY TAX REVENUE	0	(195)	195	0	0	(195)	195	0
INTEREST INCOME	38,543	180	38,363	65,455	38,543	180	38,363	65,455
INTEREST EXPENSE	(84,271)	(79,809)	(4,462)	(85,713)	(84,271)	(79,809)	(4,462)	(85,713)
RETAIL PHARMACY NET ACTIVITY	5,717	(18,178)	23,895	(16,795)	5,717	(18,178)	23,895	(16,795)
DISTRICT VOUCHERS AND OTHER	(2,516)	(4,098)	1,582	(3,116)	(2,516)	(4,098)	1,582	(3,116)
TOTAL NON-OPERATING INCOME	(42,528)	(102,100)	59,572	(40,169)	(42,528)	(102,100)	59,572	(40,169)
NET INCOME/(LOSS)	270,452	(701,035)	971,487	(487,321)	270,452	(701,035)	971,487	(487,321)
EBIDA	528,430	(445,740)	974,170	(229,793)	528,430	(445,740)	974,170	(229,793)
Operating Margin %	9.7%	-21.4%	214.5%	-17.0%	9.7%	-21.4%	214.5%	-17.0%
Net Margin %	8.4%	-25.1%	228.6%	-18.5%	8.4%	-25.1%	228.6%	-18.5%
EBIDA Margin %	16.4%	-15.9%	229.2%	-8.7%	16.4%	-15.9%	229.2%	-8.7%

Modoc Medical Center
Income Statement Trend

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Revenues												
Room & Board - Acute	147,605	296,310	315,833	383,878	360,283	218,853	245,685	318,596	373,497	258,082	285,397	345,492
Room & Board - SNF	723,078	674,245	681,936	673,990	771,185	811,413	727,047	808,062	826,436	812,353	776,912	812,447
Ancillary	223,401	248,530	236,727	390,086	216,360	196,146	149,641	252,948	227,048	209,219	144,062	195,932
Total Inpatient Revenue	1,094,084	1,219,086	1,234,497	1,447,954	1,347,828	1,226,412	1,122,373	1,379,606	1,426,982	1,279,654	1,206,370	1,353,871
Outpatient Revenue	3,114,722	2,845,765	3,033,583	3,028,322	2,752,557	2,946,872	2,629,403	2,967,342	2,590,567	2,910,583	3,108,815	2,724,718
Total Patient Revenue	4,208,806	4,064,851	4,268,080	4,476,275	4,100,385	4,173,284	3,751,776	4,346,948	4,017,549	4,190,236	4,315,185	4,078,591
Bad Debts	88,665	132,343	2,052	139,595	378,483	58,332	6,304	217,176	164,006	17,816	105,322	
Contractual Adjs	1,238,264	1,480,421	1,958,091	1,836,928	1,635,304	1,845,559	(3,802,666)	2,548,661	(1,121,332)	(1,048,724)	1,803,158	
Admin Ajds	86,502	272,702	134,166	21,989	49,953	211,239	78,648	98,412	51,613	186,220	108,655	
Total Revenue Deductions	1,413,431	1,885,466	2,094,308	1,998,512	2,063,740	2,115,129	(3,717,715)	2,864,249	(905,712)	(844,688)	2,017,135	878,097
Net Patient Revenue	2,795,375	2,179,385	2,173,771	2,477,763	2,036,645	2,058,155	7,469,490	1,482,699	4,923,261	5,034,924	2,298,050	3,200,494
% of Charges	*66.4%*	*53.6%*	*50.9%*	*55.4%*	*49.7%*	*49.3%*	*199.1%*	*34.1%*	*122.5%*	*120.2%*	*53.3%*	*78.5%*
Other Revenue	11,157	26,662	68,749	34,260	113,433	23,396	139,843	111,808	289,173	16,174	53,076	22,979
Total Net Revenue	2,806,532	2,206,047	2,242,520	2,512,023	2,150,078	2,081,551	7,609,333	1,594,507	5,212,434	5,051,098	2,351,126	3,223,473
Expenses												
Salaries	1,183,945	1,203,080	1,235,516	1,153,843	1,254,493	1,363,954	1,190,511	1,230,039	1,458,966	1,296,573	1,240,847	1,533,904
Benefits and Taxes	241,064	237,439	363,246	147,051	259,605	291,975	253,736	270,060	281,587	271,203	292,984	283,231
Registry	365,429	357,934	501,782	329,304	330,222	208,026	312,756	263,830	181,748	468,831	363,046	164,005
Professional Fees	451,272	479,445	477,075	480,277	470,755	522,401	415,592	434,761	472,249	444,073	668,384	245,148
Purchased Services	129,535	137,112	143,903	206,410	193,825	143,853	131,096	186,667	143,256	72,378	198,164	240,058
Supplies	275,006	317,318	308,157	322,115	335,354	313,846	310,289	310,744	254,664	229,957	363,878	138,626
Repairs and Maint	12,021	30,399	10,272	30,430	28,579	31,950	12,516	31,266	29,615	15,302	22,401	20,972
Lease and Rental	3,543	3,222	3,804	3,357	3,316	3,496	3,164	3,128	3,592	3,444	3,258	3,649
Utilities	67,656	35,652	58,470	48,915	64,956	49,880	37,923	105,130	54,444	46,241	38,496	52,947
Insurance	32,409	32,409	32,409	32,409	32,409	34,228	34,878	34,228	31,918	31,918	31,917	1,973
Depreciation	170,952	170,336	175,617	177,436	171,501	177,216	177,216	177,216	175,485	175,157	175,157	173,706
Other	83,785	69,639	94,744	83,608	125,768	125,411	69,403	105,418	73,531	76,133	73,933	52,271
Total Operating Expenses	3,016,617	3,073,986	3,404,996	3,015,154	3,270,781	3,266,236	2,949,081	3,152,488	3,161,055	3,131,210	3,472,465	2,910,493
Income from Operations	(210,085)	(867,938)	(1,162,476)	(503,130)	(1,120,703)	(1,184,685)	4,660,252	(1,557,981)	2,051,379	1,919,889	(1,121,339)	312,980
Property Tax Revenue	(4,708)	(2,352)	(2,326)	(4,054)	1,398,172	(5,505)	(3,595)	(10,342)	551,706	(5,268)	(4,776)	(2,516)
Interest Income	133	128	109,352	144	163	154,275	228	251	94,654	38,824	44,459	38,543
Interest Expense	(85,986)	(82,814)	(86,039)	(82,648)	(82,093)	(86,347)	(80,174)	(85,488)	(84,509)	(86,354)	(88,732)	(84,271)
Gain/Loss on Asset Disposal	0	0	0	0	0	0	0	0	0	0	0	0
Retail Pharmacy Net Activity	63,299	(26,409)	(23,442)	(61,407)	9,893	22,008	(7,358)	17,130	(26,137)	17,157	25,598	5,717
Other Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Operating Revenue	(27,262)	(111,447)	(2,455)	(147,964)	1,326,135	84,431	(90,899)	(78,449)	535,714	(35,641)	(23,451)	(42,528)
Net Income	(237,347)	(979,385)	(1,164,930)	(651,095)	205,432	(1,100,253)	4,569,353	(1,636,430)	2,587,092	1,884,248	(1,144,791)	270,452
EBIDA	19,591	(726,235)	(903,275)	(391,012)	459,026	(836,690)	4,826,743	(1,373,726)	2,847,086	2,145,759	(880,902)	528,429
Operating Margin %	-7.5%	-39.3%	-51.8%	-20.0%	-52.1%	-56.9%	61.2%	-97.7%	39.4%	38.0%	-47.7%	9.7%
Net Margin %	-8.5%	-44.4%	-51.9%	-25.9%	9.6%	-52.9%	60.0%	-102.6%	49.6%	37.3%	-48.7%	8.4%
EBIDA Margin %	0.7%	-32.9%	-40.3%	-15.6%	21.3%	-40.2%	63.4%	-86.2%	54.6%	42.5%	-37.5%	16.4%

Modoc Medical Center-Balance Sheet July 1, 2023	JUL 2023	JUN 2023	MAY 2023	APR 2023	MAR 2023	FEB 2023	JAN 2023	DEC 2022
CASH	448,789	1,281,817	1,197,839	15,190,598	232,700	640,648	1,015,360	2,968,718
INVESTMENTS	34,451,700	34,413,430	36,069,236	19,480,676	20,186,275	21,186,275	27,486,275	27,332,196
DESIGNATED FUNDS	621,067	618,985	621,072	611,937	611,447	610,987	611,597	610,018
TOTAL CASH ASSETS	35,521,555	36,314,233	37,888,148	35,283,212	21,030,421	22,437,909	29,113,231	30,910,931
PATIENT A/R - HOSPITAL	12,405,300	11,655,625	11,052,217	11,869,356	11,778,552	11,962,107	11,859,489	12,137,550
LESS: CONTR & BAD DEBT - HOSP	(7,515,392)	(7,064,141)	(6,672,097)	(7,138,647)	(6,262,173)	(6,063,947)	(6,020,746)	(6,096,892)
NET RECEIVABLES - HOSPITAL	4,889,908	4,591,484	4,380,121	4,730,708	5,516,379	5,898,161	5,838,743	6,040,657
PATIENT A/R - SNF	1,324,762	1,153,585	1,369,789	2,127,814	1,811,968	1,547,802	1,632,879	1,309,445
LESS: CONTR & BAD DEBT - SNF	(41,418)	(43,308)	(34,087)	(46,938)	90,842	86,287	77,664	79,306
NET RECEIVABLES - SNF	1,283,344	1,110,276	1,335,702	2,080,876	1,902,810	1,634,089	1,710,543	1,388,751
TOTAL PATIENT A/R	6,173,252	5,701,760	5,715,823	6,811,584	7,419,189	7,532,250	7,549,285	7,429,408
GOVERNMENT AGENCY RECEIVALBLE	1,363,433	1,378,086	1,506,131	1,506,131	12,293,029	12,293,029	1,378,086	1,378,086
OTHER RECEIVABLES	277,672	322,877	306,110	258,874	292,895	260,794	277,040	287,077
TOTAL OTHER RECEIVABLES	1,641,104	1,700,962	1,812,240	1,765,004	12,585,924	12,553,823	1,655,125	1,665,163
INVENTORY	302,513	481,608	517,706	498,383	491,945	493,802	506,032	474,466
PREPAID EXPENSES	296,980	391,695	364,140	382,462	441,094	416,902	477,632	525,496
TOTAL CURRENT ASSETS	43,935,405	44,590,258	46,298,057	44,740,644	41,968,574	43,434,687	39,301,306	41,005,464
PROPERTY, PLANT & EQUIPMENT	67,784,470	67,433,664	67,105,026	66,898,021	66,372,291	66,361,594	66,031,619	65,580,254
LESS ACCUMULATED DEPRECIATION	(16,916,903)	(16,743,129)	(16,568,587)	(16,393,362)	(16,217,809)	(16,040,524)	(15,863,240)	(15,685,955)
NET PROPERTY, PLANT & EQPT.	50,867,567	50,690,535	50,536,439	50,504,659	50,154,483	50,321,070	50,168,380	49,894,298
TOTAL LONG-TERM AND OTHER ASSET	50,867,567	50,690,535	50,536,439	50,504,659	50,154,483	50,321,070	50,168,380	49,894,298
TOTAL ASSETS	94,802,971	95,280,794	96,834,496	95,245,303	92,123,056	93,755,756	89,469,685	90,899,762
ACCOUNTS PAYABLE	936,187	1,124,320	1,640,741	1,454,583	1,068,406	1,266,141	1,633,793	1,765,601
PAYROLL ACCRUALS	1,146,035	780,524	754,835	1,147,404	1,078,298	961,880	951,180	749,262
PATIENT TRUST ACCOUNTS	17,479	15,480	15,373	6,365	5,998	5,666	6,198	4,715
OTHER CURRENT LIABILITIES	84,157	486,808	405,647	323,493	243,990	161,836	87,633	489,126
CPLTD	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000
TOTAL CURRENT LIABILITIES	2,663,858	2,887,133	3,296,596	3,411,846	2,876,692	2,875,522	3,158,804	3,488,704
LOANS PAYABLE (NET CP)	32,640,000	33,165,000	33,165,000	33,165,000	33,165,000	33,165,000	33,165,000	33,165,000
TOTAL LONG TERM LIABILITIES	32,640,000	33,165,000	33,165,000	33,165,000	33,165,000	33,165,000	33,165,000	33,165,000
TOTAL LIABILITIES	35,303,858	36,052,133	36,461,596	36,576,846	36,041,692	36,040,522	36,323,804	36,653,704
FUND BALANCE	59,228,661	59,228,661	57,613,418	57,613,418	57,613,418	57,613,418	57,613,418	57,613,418
NET INCOME/(LOSS)	270,452	0	2,759,482	1,055,040	(1,532,053)	101,816	(4,467,537)	(3,367,360)
TOTAL EQUITY	59,499,113	59,228,661	60,372,900	58,668,457	56,081,365	57,715,234	53,145,881	54,246,058
TOTAL LIABILITIES AND FUND BALANCE	94,802,971	95,280,794	96,834,496	95,245,303	92,123,056	93,755,756	89,469,685	90,899,762

STATEMENT OF CASH FLOWS

July-23

	CURRENT MONTH	FISCAL YEAR
CASH FLOWS FROM OPERATING ACTIVITIES		
NET INCOME	270,452	270,452
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
DEPRECIATION EXPENSE	173,774	173,774
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	-471,492	-471,492
CHANGE IN OTHER RECEIVABLES	59,858	59,858
CHANGE IN INVENTORIES	179,095	179,095
CHANGE IN PREPAID EXPENSES	94,715	94,715
CHANGE IN ACCOUNTS PAYABLE	-188,133	-188,133
CHANGE IN ACCURED EXPENSES PAYABLE	-402,652	-402,652
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	365,511	365,511
CHANGE IN OTHER PAYABLES	0	0
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	-189,323	-189,323
CASH FLOWS FROM INVESTMENT ACTIVITIES		
PURCHASE OF EQUIPMENT/CIP	-350,806	-350,806
CUSTODIAL HOLDINGS	1,999	1,999
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-348,807	-348,807
CASH FROM FINANCING ACTIVITIES		
	-525,000	-525,000
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	-525,000	-525,000
CASH AT BEGINNING OF PERIOD	36,314,233	36,314,233
NET INCREASE (DECREASE) IN CASH	-792,678	-792,678
CASH AT END OF PERIOD	35,521,555	35,521,555

MODOC MEDICAL CENTER

"KEY STATISTICS"

Twelve Months Ending, July 31, 2023

	Jul-23		Jun-23		May-23		Apr-23		Mar-23		Feb-23		Jan-23		Dec-22		Nov-22		Oct-22		Sep-22		Aug-22		Jul-22		FY 24 YTD	FY 23 YTD	12 Mos.
	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.			
Patient-Days																													
Adults/Peds	92	144	64	66	81	66	98	94	100	103	70	101	76	139	114	127	126	116	111	140	119	133	58	141	144	139	92	144	1,109
Swing	53	42	58	18	26	18	49	34	52	50	41	45	17	31	43	3	47	64	35	58	15	54	-	62	42	52	53	42	436
SNF	1,495	1,191	1,430	1,208	1,495	1,208	1,472	1,192	1,536	1,248	1,339	1,154	1,494	1,283	1,416	1,224	1,240	1,192	1,256	1,236	1,241	1,217	1,332	1,334	1,191	1,360	1,495	1,191	16,746
Total "Patient Days"	***1,640***	***1,377***	***1,552***	***1,292***	***1,602***	***1,292***	***1,619***	***1,320***	***1,688***	***1,401***	***1,450***	***1,300***	***1,587***	***1,453***	***1,573***	***1,354***	***1,413***	***1,372***	***1,402***	***1,434***	***1,375***	***1,404***	***1,390***	***1,537***	***1,377***	***1,551***	**1,640**	**1,377**	**18,291**
ADC																													
Adults/Peds	2.97	4.65	2.13	2.13	2.61	2.13	3.27	3.03	3.23	3.32	2.50	3.61	2.45	4.48	3.68	4.10	4.20	3.87	3.58	4.52	3.97	4.43	1.87	4.55	4.65	4.48	2.97	4.65	3.04
Swing	1.71	1.35	1.93	0.58	0.84	0.58	1.63	1.10	1.68	1.61	1.46	1.61	0.55	1.00	1.39	0.10	1.57	2.13	1.13	1.87	0.50	1.80	-	2.00	1.35	1.68	1.71	1.35	1.19
SNF	48.23	38.42	47.67	38.97	48.23	38.97	49.07	38.45	49.55	40.26	47.82	41.21	48.19	41.39	45.68	39.48	41.33	39.73	40.52	39.87	41.37	40.57	42.97	43.03	38.42	43.87	48.23	38.42	45.88
Total "Average Daily Census"	***52.90***	***44.42***	***51.73***	***41.68***	***51.68***	***41.68***	***53.97***	***42.58***	***54.45***	***45.19***	***51.79***	***46.43***	***51.19***	***46.87***	***50.74***	***43.68***	***47.10***	***45.73***	***45.23***	***46.26***	***45.83***	***46.80***	***44.84***	***49.58***	***44.42***	***50.03***	**52.90**	**44.42**	**50.11**
ALOS																													
Adults/Peds	5.11		3.37		5.06		4.08		4.00		3.89		5.43		4.22		5.04		6.53		6.61		3.87		10.29		5.11	10.29	4.70
Swing	5.30		7.25		4.33		16.33		13.00		5.86		5.67		10.75		7.83		17.50		5.00		#DIV/0!		14.00		5.30	14.00	7.79
Admissions																													
Adults/Peds	18	14	19	22	16	13	24	21	25	24	18	13	14	21	27	22	25	21	17	25	18	19	15	19	14	24	18	14	236
Swing	10	3	8	3	6	2	3	2	4	4	7	5	3	2	4	1	6	2	2	3	3	4		1	3	2	10	3	56
SNF	4	4	1	1	2	2	2	1	2	3	3	1	4	4	6	4	9	2	1	5	3	1	6	1	4	3	4	4	43
Total "Admissions"	***32***	***21***	***28***	***26***	***24***	***17***	***29***	***24***	***31***	***31***	***28***	***19***	***21***	***27***	***37***	***27***	***40***	***25***	***20***	***33***	***24***	***24***	***21***	***21***	***21***	***29***	**32**	**21**	**335**
Discharges																													
SNF	2		1		5		1		1		3		4		1		5		2		4		4		3		2	3	33
																											-	-	-
Days in Period	31		30		31		30		31		28		31		31		30		31		30		31		31		31	31	365
																												-	
Amulatory Service Statistics																												-	
Emergency Visits	529	528	468	500	439	500	428	497	473	448	417	362	460	469	567	418	537	489	527	452	512	485	470	458	528	459	529	528	5,827
Ambulance Rur Visits	87	60	81	48	77	48	68	64	92	60	64	48	79	67	103	65	83	65	82	68	76	67	57	63	60	69	87	60	949
Clinic Visits	855	756	1,021	890	1,054	890	895	831	1,007	1,025	1,062	872	1,160	882	891	794	935	955	981	881	941	1,020	1,022	1,029	756	904	855	756	11,824
Canby Clinic Visits	218	162	208	210	227	210	185	228	207	251	195	209	239	157	174	160	171	162	206	213	102	210	187	249	162	234	218	162	2,319
Canby Dental	203	193		180	57	249	40	205	96	211	170	187	238	185	162	181	189	212	211	203	256	229	180	212	193	246	203	193	1,802
Observation Admits	6	1	2	3	8	3	5	1	7	2	5	8	4	2	3	2	3	2	4	2	3	2	8	8	1	2	6	1	58
Observation Ca Hours	145.0		37.7	68	334.2	136	298.0	46	151.9	84		425	157.0	57	94.3	162	177.3	24		134		78	368.8	259		68	145	-	1,764
																											-	-	-
Ancillary Services Statistics																											-	-	-
Surgeries	4	9	2	12	12	12	3	15	5	15	1	6	2	2	10	12	1	7	6	4	7	6	15	3	9	3	4	9	68
Endoscopies	25	9	14	24	22	24	21	20	13	26	20	25	23	19	7	17	17	11	23	13	26	19	9	21	9	5	25	9	220
Surgery & Reco Minutes	779	368	474	641	498	641	535	691	993	833	538	730	774	533	556	492	413	478	809	556	1,099	798	695	541	368	327	779	368	8,163
Anesthesia Minutes	1,531	915	905	1,693	1,103	1,693	1,040	1,780	1,349	2,269	871	1,727	1,088	1,353	990	1,245	618	654	842	1,285	2,192	1,652	1,527	885	915	610	1,531	915	14,056
Laboratory Tests	3,822	6,835	3,928	6,322	4,554	6,322	4,992	5,309	5,336	5,860	4,355	5,554	4,730	7,463	5,267	6,066	5,194	6,312	5,437	6,481	5,492	6,994	5,987	7,172	6,835	6,015	3,822	6,835	59,094
EKG Tests-Acut Proc	139	114	135	90	132	90	122	110	128	109	116	91	109	117	131	96	133	84	118	15	124	99	119	127	114	122	139	114	1,506
EKG Tests-Clini Proc	2	8	2	7	3	7	1	7	9	11	2	7	5	11	5	5	5	4	5	6	8	8	7	2	8	3	2	8	54
Radiology-Diag Proc	258	236	322	268	289	268	260	270	260	273	298	271	285	281	279	276	314	259	332	249	278	251	285	267	236	311	258	236	3,460
Ultrasounds Proc	100	99	111	111	119	111	121	97	132	126	104	83	71	96	109	112	110	95	47	106	104	115	126	73	99	117	100	99	1,254
CT Scans Proc	119	128	146	129	140	129	127	123	147	135	122	125	112	94	135	105	130	110	182	64	107	107	126	107	128	97	119	128	1,593
MRI Proc	26	9	12	31	23	31	30	10	11	13	32	23	14		10		13	24	17		9		42		9	20	26	9	239
Physical Therap Sessions	528	367	613	455	840	455	729	614	497	637	597	255	575	569	576	546	601	333	438	352	536	520	615	653	367	804	528	367	7,145
Retail Pharmacy-Scripts	2,323	2,486	2,628	2,612	2,521	2,612	2,234	2,531	2,665	2,846	2,239	2,454	2,700	2,784	2,701	2,759	2,767	2,821	2,580	2,870	2,645	2,805	2,755	2,885	2,486	2,799	2,323	2,486	30,758
Dietician Consults								1																			-	-	-

MODOC MEDICAL CENTER
"FULL TIME EQUIVALENT REPORT"
Twelve Months Ending: July 31, 2023

Department	Jul-23	Jun-23	May-23	Apr-23	Mar-23	Feb-23	Jan-23	Dec-22	Nov-22	Oct-22	Sep-22	Aug-22	Jul-22	12 Mo Ave
Med / Surg	16.55	13.44	12.45	13.80	12.23	13.44	16.17	15.25	14.62	14.59	13.03	13.27	15.35	14.07
Comm Disease Care								0.03	0.06	0.06	0.1	0.07	0.3	0.06
Swing Beds														#DIV/0!
Long Term - SNF	49.68	48.04	47.33	44.91	43.83	46.28	45	43.54	45.03	44.25	46.06	46.78	46.08	45.89
Emergency Dept	9.73	11.25	9.82	10.14	11.26	10.01	8.56	10.00	11.31	9.32	9.73	7.97	9.46	9.93
Ambulance - Alturas	10.55	11.26	10.5	10.65	10.29	9.43	10.17	9.31	9.8	10.00	10.06	10.09	9.29	10.18
Clinic	20.34	20.79	20.57	20.64	21.59	23.12	21.28	22.10	21.52	21.59	20.56	20.67	20.77	21.23
Canby Clinic	6.9	7.20	8	7.74	7.91	8.37	7.68	8.10	7.99	7.26	7.31	8.21	9.82	7.72
Canby Dental	3.93	3.43	3.21	3.03	2.26	2.87	3.23	3.03	2.83	3.39	3.79	3.73	4.83	3.23
Surgery	4.49	3.10	3.96	4.13	5.17	5.58	3.96	3.46	3.65	4.59	5.77	4.01	3.83	4.32
IRR														#DIV/0!
Lab	8.96	10.29	7.92	8.10	7.61	7.94	7.37	8.41	8.91	7.97	7.89	8.18	8.82	8.30
Radiology	3.28	4.89	4.76	5.17	3.51	3.87	3.77	4.27	6.04	4.56	4.7	3.71	3.8	4.38
MRI														#DIV/0!
Ultrasound	1.54	1.31	1.38	1.34	1.44	1.42	1.26	1.08	1.09	1.18	1.44	1.18	1.66	1.31
CT	1.54	1.87	1.62	1.97	1.36	1.50	1.35	1.63	1.54	1.62	1.36	2.25	1.47	1.63
Pharmacy	1.9	1.97	1.81	1.93	1.79	1.92	1.76	2.02	1.93	1.74	1.63	1.93	1.7	1.86
Physical Therapy	6.7	8.00	7.41	7.33	6.33	5.55	5.22	6.41	5.01	6.01	6.68	8.21	6.11	6.57
Other PT									0.11	0.08	0.11	0.04	0.03	0.09
Dietary	14.52	19.68	18.1	18.03	18.38	18.63	17.8	17.85	18.16	17.62	18.5	18.41	18.51	17.97
Dietary Acute	4.78													4.78
Laundry	1	1.07	1.01	1.04	0.83	1.08	1.05	1.02	1	0.94	0.96	1.81	1.02	1.07
Activities	3.13	3.12	3.19	3.57	3.6	3.62	3.49	3.06	3.05	2.86	2.93	1.40	2.93	3.09
Social Services	1.83	1.90	1.87	1.70	1.8	1.84	1.72	1.66	1.1	1.91	1.9	1.87	1.81	1.76
Purchasing	3.09	3.04	3.02	3.05	2.99	3.08	3.03	3.05	3.03	3.15	3.1	3.00	2.77	3.05
Housekeeping	12.32	12.34	12.33	13.01	12.54	12.62	11.79	11.27	12.14	10.99	11.45	10.94	12.52	11.98
Maintenance	5.36	5.99	5.87	5.99	6.04	6.06	5.86	6.06	5.73	5.99	5.94	4.97	4.95	5.82
Data Processing	4.69	4.61	4.46	5.24	5.65	5.78	5.24	5.43	5.46	5.45	5.19	5.04	5.27	5.19
General Accounting	4.59	4.03	4.01	4.03	4.03	4.25	4.07	4.08	4.05	4.03	4.04	4.23	4.08	4.12
Patient Accounting	5.45	4.93	5.77	5.58	5.31	5.49	5.52	5.59	4.97	5.71	5.51	7.43	4.99	5.61
Administration	3.41	3.42	3.46	3.37	3.34	3.45	3.34	3.45	3.31	3.51	3.32	3.40	3.42	3.40
Human Resources	2.01	1.99	2	1.87	2	1.99	1.98	2.00	2.04	2.00	2.01	2.00	1.99	1.99
Medical Records	7.31	7.76	7.66	7.72	7.74	7.73	7.54	7.76	7.62	7.78	7.43	7.73	7.27	7.65
Nurse Administration	2.12	2.72	2.56	2.28	1.97	1.83	2.68	2.09	2.73	2.91	2.81	2.89	2.93	2.47
In-Service	1.00	1.03	1.03	1.00	1.03	1.01	1.06	1.02	1.03	1.00	1.00	1.04	1.12	1.02
Utilization Review	1.5	1.50	1.5	1.49	1.5	1.50	1.5	1.49	1.2	0.50	0.5	0.48	0.63	1.22
Quality Assurance	0.51	0.51	0.5	0.50	0.5	0.51	0.51	0.51	0.58	0.50	0.5	0.53	0.19	0.51
Infection Control	0.65	0.61	0.62	0.60	0.54	0.61	0.28	0.55	0.62	0.64	0.62	0.53	0.54	0.57
Retail Pharmacy	4.19	4.03	3.99	3.93	4.02	4.32	3.99	4.00	4.3	3.61	3.78	3.57	4.19	3.98
TOTAL	**229.55**	**231.12**	**223.69**	**224.88**	**220.39**	**226.70**	**219.23**	**220.58**	**223.56**	**219.31**	**221.71**	**221.57**	**224.45**	**223.52**

ATTACHMENT E

Investment Proposal – US Treasuries

LAST FRONTIER HEALTHCARE DISTRICT
A Public Entity

Investment Changes

We currently have $85K in a money market account with Cambridge along with a $100K CD and $1.1 million Treasury Bill that are maturing. Requesting permission to reinvest the funds in 3 month Treasuries. 3 month Treasuries are currently paying 4.8%.

Additionally, requesting permission to reinvest Treasury Bill investments as they mature back into 3 and 6 month Treasuries as long as the rates are greater than LAIF and Plumas Bank Money Market account at the time they mature.

Patrick Fields
August 31, 2023

ATTACHMENT F

CAPITAL BUDGET AMENDMENT

LAST FRONTIER HEALTHCARE DISTRICT
A Public Entity

Capital Budget Amendment

The conversion to Cerner is requiring a interface with the Omnicell that was not anticipated. The cost for the interface is $50K. Requesting an amendment to the FY 2024 Capital Budget to include the $50K for the interface.

Patrick Fields
August 31, 2023

Modoc Medical Center

3 year Capital Budget starting FYE 2024

Item Description	Total	Dept	Funding Source	Fiscal Year
SNF Legal Fees	$350,000	Admin	District Budget	FYE 2024
SNF Design Build	$21,043,654	Admin	District Budget	FYE 2024
SNF, Permits, Inspections	$455,000	Admin	District Budget	FYE 2024
SNF Project Management	$277,271	Admin	District Budget	FYE 2024
			District Budget	FYE 2024
			District Budget	FYE 2024
Server Upgrades	$25,000	Data Processing	District Budget	FYE 2024
UPS Refresh	$20,000	Data Processing	District Budget	FYE 2024
Backup System	$75,000	Data Processing	District Budget	FYE 2024
Computer Refresh Additions	$69,000	Data Processing	District Budget	FYE 2024
Cerner Implementation-Upfront Cost	$140,000	Data Processing	District Budget	FYE 2024
OmniCell Cerner Interface	$50,000	Data Processing	District Budget	FYE 2024
Ultra Sound	$51,000	ER	District Budget	FYE 2024
EKG	$14,000	ER	District Budget	FYE 2024
Guerney Rail Upgrade	$7,000	EMS	District Budget	FYE 2024
Powerload System	$30,000	EMS	District Budget	FYE 2024
Commercial Dryer	$20,000	Laundry	District Budget	FYE 2024
Commercial Washing Machine	$16,000	Laundry	District Budget	FYE 2024
Power Exam Tables	$10,000	Clinic	District Budget	FYE 2024
Bariatric Exam Table	$6,000	Clinic	District Budget	FYE 2024
SNF Roof	$87,000	SNF	District Budget	FYE 2024
SNF Heat Exchange	$5,500	SNF	District Budget	FYE 2024
Beds	$20,000	SNF	District Budget	FYE 2024
Shipping Containes	$10,000	Maintenance	District Budget	FYE 2024
Freezer	$25,000	Dietary	District Budget	FYE 2024
Oven	$13,000	Dietary	District Budget	FYE 2024
US Probe	$15,000	Ultrasound	District Budget	FYE 2024
SNF Van	$65,000	Activites	District Budget	FYE 2024
SNF Project		$22,125,925		
District Budget		$773,500		
Subtotal FYE 2024	**$22,899,425**			

Server Upgrades	$25,000	Data Processing	District Budget	FYE 2025
Computers (50)	$50,000	Data Processing	District Budget	FYE 2025
SNF Design Build	$23,689,610	Admin	District Budget/USD	FYE 2025
SNF Equipment	$1,400,000	Admin	District Budget/USD	FYE 2025
SNF, Permits, Inspections	$455,000	Admin	District Budget/USD	FYE 2025
SNF Project Management	$292,616	Admin	District Budget/USD	FYE 2025
Subtotal FYE 2025	**$25,912,226**			

Server Upgrades	$25,000	Data Processing	District Budget	FYE 2026
Computers (50)	$75,000	Data Processing	District Budget	FYE 2026
Subtotal FYE 2026	**$100,000**			