AGENDA

LAST FRONTIER HEALTHCARE DISTRICT

BOARD OF DIRECTORS

Thursday, February 29, 2024, 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, Chair

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

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

A.) K. Kramer – 340B Audit Results **Attachment A**

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 – January 25, 2024 **Attachment B**

B.) T. Ryan - Medical Staff Committee Meeting Minutes –January 31, 2024. **Attachment C**

- **Medical Staff Committee Meeting Minutes –November 29, 2023.**
- **Pathology Report – October 19, 2023**
  November 30, 2023
  December 1, 2023
- **Policy Review – Grievance Procedure**

B.) E. Johnson – Policy and Procedures **Attachment D**

- **Continuity of Operations Plan**

6. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Policy Manuals **Attachment E**

- **Quality Assurance – Alicia Doss, Quality, Risk, Compliance Director**
- **Risk Management - Alicia Doss, Quality, Risk, Compliance Director**

- Swing Bed Utilization Review - Alicia Doss, Quality, Risk, Compliance Director
- Compliance - Alicia Doss, Quality, Risk, Compliance Director

B.) P. Fields – January 2024 LFHD Financial Statement *(unaudited)* Attachment F
C.) P. Fields – Large Account Write Off Attachment G
D.) K. Kramer – Change Order No. 3 from Swinerton Attachment H
E.) P. Fields – LFHD FY 2023 Final Audit Attachment I

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

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –January 31, 2024. Attachment H
(Per Evidence Code 1157)
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –November 29, 2023.

REGULAR SESSION

9. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –January 31, 2024.
(Per Evidence Code 1157)
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – November 29, 2023.

8. MOTION TO ADJOURN – J. Cavasso – Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE-(www.modocmedicalcenter.org) ON February 23, 2024.

ATTACHMENT A

340B Audit Results

340Best
Smart, Real-Time Compliance

Remediation Priorities

#	Critical Tasks	Level of Risk*	Target Completion	Responsible Party	Completion Date
1	Create a 340B Oversight Committee, review findings and begin meeting weekly for progress updates until all high-risk tasks have been completed. Meet monthly thereafter. Take meeting minutes and save in 340B Shared Drive.	High	1Q 2024		
2	Create a secure 340B shared drive to house all 340B data and documentation. Save all documentation produced for 340B audit in 340B shared drive.	High	1Q 2024		
3	Ensure list of qualified 340B providers is updated in the 340B Architect, Macro Helix, CaptureRx and ScriptPro databases. Update this list back to January 2022. Save file in 340B shared drive. Request look-back to ensure compliance on previous prescriptions.	High	1-2Q 2024		
4	Update a full 340B Policy and Procedure Manual for MMC, retail and contract pharmacies. Save in 340B Shared Drive. https://www.340bpvp.com/resource-center/340b-tools	High	1Q 2024		
5	Review the 340B Universe and map accordingly. Register child sites not included in OPAIS.	High	1Q 2024		
6	Ensure the current orphan drug list is updated in all 340B systems. Request look-back to ensure compliance on previous prescriptions. https://www.hrsa.gov/opa/program-requirements/orphan-drug-exclusion	High	1Q 2024		
7	Conduct review of the CDM and ensure all BUPPs are correct to confirm appropriate accumulations.	High	1Q 2024		
8	Ensure insurance identifiers e.g., BINs,PCNs descriptions are up to date in all 340B databases.	High	1Q 2024		
9	Confirm required modifier "08" is included in the basis of cost field for all Medicaid 340B claims from the retail pharmacy. Understand ramifications for not adhering to the CA requirement for carving-in all MMC Medicaid FFS and MCO claims. Check with the state of California to see if there is a process MMC can use to audit for duplicate discounts with the state. Document conversation in 340b Issues log and save in 340B shared drive. Understand the process required for identification Medicaid Managed Care 340B claims.	High	1Q 2024		

* Risk levels are measured in comparison to other current 340B risks. Of note, all 340B compliance concerns are high risk.

Remediation Priorities (Continued)

#	Critical Tasks	Level of Risk*	Target Completion	Responsible Party	Completion Date
10	Review deficiencies and develop corrective action plan. Contact HRSA and manufacturers as outlined in MMC P&Ps	Medium	3Q 2024		
11	Begin 340B self-audits: DIVERSION - VIRTUAL INVENTORY ACCUMULATION AND REPLENISHMENT RECONCILIATION	Medium	2Q 2024		
12	340B committee to review and approve 340B policy and procedure manual	Medium	2Q 2024		
13	Begin 340B self-audits: DIVERSION - PATIENT ELIGIBILITY VERIFICATION & DUPLICATE DISCOUNT: Medicaid Carve-out	Medium	2Q 2024		
14	Begin 340B self-audits: CE Eligibility and Registration and Contract Pharmacy	Medium	2Q 2024		
15	Begin 340B self-audits: Oversight	Medium	2Q 2024		
16	Create an audit jump plan to alert all 340B team members in the event of an audit. Outline each person's key responsibilities leading up to and through onsite audit time.	Low	3Q 2024		

* Risk levels are measured in comparison to other current 340B risks. Of note, all 340B compliance concerns are high risk.

ATTACHMENT B

LFHD BOARD OF DIRECTORS REGULAR MEETING MINUTES (draft) January 25, 2024

REGULAR MEETING MINUTES
LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
Thursday January 25, 2024, at 1:00 pm
City Hall Chambers, 200 W North St.
Alturas, California

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

CALL TO ORDER

Jim Cavasso, 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 as presented, **Rose Boulade** seconded, and the motion carried with all present voting "aye."

3. PUBLIC COMMENT

Pat Cantrall attended the meeting to express her gratitude and appreciation towards Modoc Medical Center and wanted to thank us for keeping her alive and well.

4. DISSCUSSION

A.) K. Kramer – New Finance Committee Member

Kevin Kramer, CEO advised the Board of Directors that Mike Colbert has resigned from the Finance Committee and we are in need of a new community member. If anyone has any potentials, please send them to Kevin or Patrick.

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 – December 7, 2023

B.) E. Johnson – Policy and Procedures

- **Section 504 Grievance Policy**

Rose Boulade moved that the Consent Agenda be approved as presented, **Mike Mason** seconded, and the motion carried with all present voting "aye."

6. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Policy Manuals

- **Hospital Pharmacy – Michael Gracza, Pharm.D, Director of Pharmacy Services**
- **Sterile Compounding - Michael Gracza, Pharm.D, Director of Pharmacy Services**
- **Pharmacy Long Term Care - Michael Gracza, Pharm.D, Director of Pharmacy Services**
- **Retail Pharmacy - Michael Gracza, Pharm.D, Director of Pharmacy Services**
- **Accounting and Business Office – Patrick Fields, CFO**
- **Critical Access Hospital/Administration– Kevin Kramer, CEO**
- **Purchasing – Lance Chrysler, Purchasing Manager**
- **Emergency Management – Jeremy Wills, Hospital Disaster Preparedness Coordinator**

Ed Johnson, CNO introduced the Board of Directors to each manager and each manager introduced themselves as well as answered any questions the Board may have had regarding their manuals.

Carol Madison moved to approve the Departmental Policy Manuals as presented, **Mike Mason** seconded, and the motion carried with all present voting "aye".

B.) P. Fields – December 2023 LFHD Financial Statement *(unaudited).*

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

Mike Mason moved to approve the December 2023 LFHD Financial Statement (unaudited) as presented, **Rose Boulade** seconded, and the motion carried with all present voting "aye."

B.) K. Kramer – New SNF and Hospital Addition-Design-Build Spending Authority Resolution #24-01

Rose Boulade moved to approve **Resolution #24-01 – New SNF and Hospital Addition-Design-Build Spending Authority,** and **Carol Madison** seconded. **Jim Cavasso, Chair,** called for a roll call vote:

- **Edouard (Jim) Cavasso** Aye
- **Carol Madison** Aye
- **Paul Dolby** Not Present
- **Mike Mason** Aye
- **Rose Boulade** Aye

The motion to approve **Resolution #24-01 – New SNF and Hospital Addition-Design-Build Spending Authority** as presented carried with all present voting "aye" as shown in the roll call vote above.

C.) K. Kramer – Approval of Amendment #5 to the Design Build Agreement

Kevin Kramer, CEO presented to the Board the language of Amendment #5, in case it does change, it can be adopted and have it signed off.

Carol Madison moved to approve **Amendment #5 to the Design Build Agreement as amended with the language changes Mike Mason presented**, **Rose Boulade** seconded, and the motion carried with all present voting "aye".

E.) K. Kramer – Approval of Geothermal Change Order on the New SNF and Hospital Addition Project

Kevin Kramer, CEO presented to the Board the approval of the Geothermal Change Order on the New SNF and Hospital Addition Project, and answered any questions the Board may have had.

Rose Boulade moved to approve **Geothermal Change Order on the New SNF and Hospital Addition Project**, **Mike Mason** seconded, and the motion carried with all present voting "aye".

F.) P. Fields – Hiring for Self-Pay Accounts and Partnering with Social Services

Patrick Fields, CFO presented to the Board that they are looking at shifting duties to an office worker to do the call cycle as done previously with HRG before going to bad debt. Also advised the Board that he met with the Patient Financial Services and she is only handing out approximately three MediCal packets a month. We will not be partnering with Social Services.

Carol Madison moved to approve **Hiring for Self-Pay Accounts and Partnering with Social Services, Rose Boulade** seconded, and the motion carried with all present voting "aye".

G.) A. Vucina – CNA Wage Increase Modification

Amber Vucina, CHRO presented to the Board that after reviewing other pay classes, moving the CNA's up to the proposed $21.00/$22.00 per hour would put them above an RDA and Paramedic. Met with the Union and they agree fifty cents is the appropriate amount to raise the CNA wage rate at this time.

Carol Madison moved to approve **CNA Wage Increase Modification, Rose Boulade** 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 permanent dentist. In the meantime, are continuing to utilize locums providers for this service.
- Have received some interest in the combined hospitalist/clinic schedule internally. Interviews still need to be conducted. We are going to engage a recruiter to help us find another clinic provider as well to accommodate better access at the clinic and back fill some of the lost clinic time when our provider transitions to the new hospitalist/clinic schedule as well.
- Have a local FNP that is now providing walk-in clinic services one day per week.

SNF Project

- Overall, the project is still overbudget by around $4 million. We are in the process of analyzing some construction-related cost information since the GMP was issued and are working on what we feel would be a fair change order for those unanticipated market changes.
- I have asked the USDA to waive the interim financing requirement to save us some money on the project and provided them with the cost overrun information. We will see if they approve that. I am not very confident that they will.
- Anderson Engineering has asked the department of conservation if the well at the high school can be converted into a reinjection well. I have not talked with him but think that he probably feels this is the most cost-effective solution to gaining capacity within the current geothermal system. I will keep you all posted as this develops.
- The first fiscal year of outlay reports has been submitted to the USDA and is currently under review. Will get these caught up as soon as USDA verifies that our outlay report is formatted correctly and can be submitted the way we submitted for the first fiscal year of expenses.
- Working with NMR and Swinerton to see if a structural package can be segregated out of our project and approved by HCAI separately. Swinerton needs to start steel fabrication and steel framing packages in mid- February so that they can meet the schedule to get the building enclosed by next November. NMR is trying to figure out a good path forward on this critical pathway with HCAi and getting plans approved in time to accommodate that steel fabrication in February.

Other Items

- Healthcare Minimum Wage analysis still in process. The governor has talked about maybe delaying the implementation of this.
- 340B audit results were reviewed today on a phone call. There are a lot of things we need to correct. I will share the report with the Board at our next meeting as we just received it today. We will have an action plan put together by next Board meeting that can be presented as well.
- NHSC recertification for the Alturas Clinic has been completed, so we are still eligible for Loan Repayment through the NHSC for the clinic.
- USDA compliance review was conducted and we passed.
- Major effort being put into Revenue Cycle and trying to get claims billed out so that cash flow can return to normal levels. Cerner implementation has been extremely challenging on this front.

B.) M. Edmonds – CMO Report to the Board

Getting on Board with State and National Guidelines

- This has been one of the biggest changes to Modoc Medical Center in the last several years. Fortunately, we are now in accordance with state and federal guidelines for the prescription of controlled substances, and the consensus among the providers is overwhelmingly positive. This will

go a long way towards provider retention, improving the health of our patients, and keeping us in compliance with regulations.

Doctor of the Day

- Also very successful, has allowed us to solve a number of issues in a controlled fashion which were previously somewhat left up to chance. In conjunction with the clinic call schedule we instituted, this is helping us take much better care of our patients on a day-to-day basis.

Same Day Clinic

- Numbers are increasing, as people in town realized this valuable service is now available at Modoc Medical Center. We have added a new provider into the same-day clinic, and although this provider is only part-time, we are hoping to expand that role in the near future.

Inpatient – Dr. Burkholder

- Has done a tremendous job of fashioning an inpatient hospitalist program for us. We are extremely fortunate to have her services, and she has succeeded beyond all expectations in revamping the inpatient medicine here at Modoc Medical Center.

Cerner

- Continues to be challenging, as all EMR changes are. However, providers are adapting to the new electronic medical record, and ultimately this new architecture will pay great dividends for primary care, and interoperability between the clinics, the nursing home, inpatient, and the emergency department.

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

Warnerview

- Currently at a 3-star CMS rating.
- Census is currently at 47.
- Resident activities
  - Super Bowl Party
  - Valentine Day Tea
- We are still working our way through the Cerner Implementation, it is rocky, but we are managing.

Acute

- Census is at five today – we have been running a daily census of four to five patients.
- No active Respiratory Isolation on the floor at this time.

ER

- Census is at an average of 15 per day.
- We had a couple of pediatric emergencies last weekend that took a toll on the staff, but all is going well as of now. Kevin had offered the staff time to speak with a Counselor if needed.

Lab

- One of our International Lab CLS will be here sometime in January or early February.

Pharmacy

- We are searching for a Retail Pharmacist.

Physical Therapy

- We are looking for a permanent PT Director, and PT. We do have a traveler PTA and PT Director starting in February.
- That would bring them up to full capacity in the PT department.

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

Accounting

- Received a draft of the audit yesterday with a list of additional items for subsequent events being requested. Those items were sent to the Auditors yesterday.
- Cerner/Multiview/R1 conversion issues are being worked through as it impacts accounting, for the most part I feel we are getting closer.

Medical Records

- Working through Cerner/R1 conversion and the new workflow processes.

Revenue Cycle

- All efforts have been centered on the Cerner conversion and to making corrections to charges and trying to get registration staff to adapt to the new workflows and accuracy.
- Working on changes in the workload shift to staff to allow for more free time.
- It's still all hands-on deck to get claims flowing out the door, AR worked down and cash flowing in the door.

Purchasing

- Has implemented their Cerner conversion and seems to be doing well.

Floaters

- Currently have one full-time office worker, three extra office workers, with demands for more them all the time.
- Will be hiring more extras to fill as departments have staffing shortages.

D.) A. Willoughby – COO Report to the Board

Cerner

- We just got done with the onsite Health Check a couple weeks ago for Lab, SNF, our Providers, and Registration/Scheduling, which was super beneficial and went really well.
- Last onsite visit from the Cerner staff to provide workflow support and guidance, with the exception of Radiology, which will have their Health Check in February or March.
- Cerner, in conjunction with Ellkay, just finished converting and importing the final patient population and now our HIM department is working to merge all of the patients that had been created as new in Cerner prior to this final patient import.
- We do have a couple of "Phase X" projects with Cerner, which are planned post implementation projects, that are starting to kick off - This includes the reference lab interface with Shasta Pathology, syndromic surveillance, electronic lab result reporting, and possibly CareAware connect, which entails some enhanced clinical functionality.

Ellkay – Archival Solution

- Finishing up the Ellkay archive and are pretty close to rolling out the final consolidated archive within the next few months.
- They have set up the individual archives, with each individual archive representing one of our legacy EMR systems. They will then consolidate all of those individual archives into one all-inclusive archive, which is the end goal.
- This will allow for seamless viewing of a patient's entire history with us as an organization.

Canby

- I'm currently the full-time manager until we can get through some of the backlogs we have in Cerner so our Clinic Services Director is currently managing just our Alturas Clinic.
- Once we get back to the regular day to day, we'll revisit our current Clinic management structure to gauge whether or not one Clinic Services Director can effectively and realistically manage both clinics without an onsite supervisor in both clinics.
- IT did complete the phone upgrade in Canby that I was reporting on last Board meeting.
- Setting up a schedule for our Dietician, Barbara Howe, to see patients a half day per week in each Clinic to start.

SNF

- Currently working on merging the equipment list for the Hospital Addition with the format that Anchor Planning (SNF equipment planning outfit) utilizes as they have volunteered to include the procurement of the Hospital Addition in with the procurement of the SNF equipment at no additional cost.
- The number that came back from Anchor Planning for the SNF equipment list was $286k, which is quite the relief as that is a relatively low number.
- The budget for equipment is over $2mil so we have some breathing room there, even when you add the Hospital Addition equipment cost to that number, which would still have us below $500k total.

Maintenance

- Busy with a bunch of projects and have been busy in Canby lately as we've been battling with a dysfunctional heating system and a dental exam room x-ray unit.

Marketing

- Our Marketing Coordinator, Brandi Polley, resigned as of last Friday after tendering her two-week notice.
- Currently flying that job position and have had some applicants.
- I'm planning to schedule interviews for next week and will look to fill that position shortly thereafter.
- She did a great job as our Marketing Coordinator so her departure will be felt.

PPC

- We have half the year planned out with events, both major and minor, and have had a couple minor employee give back events already this calendar year.
- We provided bags of popcorn for employees as a little pick me up a few Fridays ago and also a nice compliment and snack for each employee for National Compliment Day.
- Plenty of fun stuff coming down the pike this year for our staff including another dunking event.

C.) A. Vucina – CHRO Report to the Board

Permanent/Travel Staff

- 250 total staff
- 25 travel staff (excluding SNF registry)
- N/A contracted staff – this is located in Admin.

Compliance

- Performance Evaluations 86% compliant
- TB 93% compliant
- Physicals 97% compliant

Union Updates

- Will be meeting regularly with Union until structure of how CA Healthcare Minimum Wage will be implemented is decided. Need to bring minimum wage up to $18/hr. effective June 1, 2024.
- Update to Article 19-Attencance is being reviewed by Union.

F.) Board Member Reports

- **Jim Cavasso –** Nothing to report.
- **Carol Madison** – Working on childcare – onsite for employees won't have to be licensed. Will be reaching out to Amber to discuss.
- **Paul Dolby –** Not Present.
- **Mike Mason –** Had a question on the plan for the current SNF once the new one is built. Kevin advised he is looking at staff housing. We will be keeping the building.
- **Rose Boulade –** Nothing to report.

Mike Mason moved to close the Regular Session of the Board of Directors, **Rose Boulade** seconded, and the motion carried with all voting "aye."

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 2:46 pm.

The next meeting of the Last Frontier Healthcare District's Board of Directors will be held on February 29, 2024, 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 C

Medical Staff Committee Minutes January 21, 2024

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

DATE: FEBRUARY 29, 2024

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 January 31, 2024, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee – November 29, 2023

B. PATHOLOGY REPORT – 10/19/2023, 11/30/2023, and 12/01/2023

C. NEW BUSINESS

1. Policy Review – Grievance Procedure

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

MEDICAL STAFF COMMITTEE MEETING
November 29, 2023 – Education Building

MINUTES

In Attendance

Matthew Edmonds, MD Chief Medical Officer
Edward Richert, MD Vice Chief Medical Officer
Kevin Kramer- CEO
Ed Johnson- CNO
Mike Gracza- Pharmacist
Landin Hagge, DO
Ruth Moeller, FNP
Chelsea Pearson, PA-C
Alicia Doss- Risk Management
Maria Morales- MSC/H.I.M Director
Taylor Ryan- 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 1210.	
II. CONSENT AGENDA ITEMS	A. The following minutes were reviewed: 1. Medical Staff Committee meeting of September 27, 2023.	Minutes approved by motion, second and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Reports, 07/31/2023, 09/04-09/05/2023.	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	Currently focusing on Cerner workflow. Now, we have Cerner down to a basic level of functionality such as prescribing, transcribe what history we can, etc. The gray zone is previous ordering such as labs, referrals, follow-ups, and just stuff out of the old system. We can see how it will work well in the future, but no EMR is an easy, perfect fit.	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	On the Nursing Home side of Cerner, it is looking a bit tougher. Not fully sure how everything is getting billed out. We have the COPD radio advertisement broadcasting soon. Previously, Ruth had Breast Cancer and Dr. Richert had Diabetes. Otherwise, looking to work through the basics of Cerner and getting those down before making any other huge changes.	
V. EMERGENCY ROOM REPORT	Nothing to report.	
VI. CEO REPORT	Working on a draft contract for Jacee Knighton. Starting in January, she wants to be here once a week. Clinic setting, thinking of either having her here on a day Chelsea is not here so she can see walk-in, acute patients, or have her here on the day Ruth is not here and have her see Ruth's panel. Looking for input and or preferences on what we think Jacee should do in the clinic setting. Looking to fly a job for a mid-level provider to work into the Hospitalists schedule so will see internally if anyone is interested in that. Paul McCrory is going to be leaving March 1st. That being, opening the job to PAs and FNPs so be on the look out for that slot. Whoever decides to take that job will sit down and create an implementation plan for when that's going to transition. Hoping to hold off on transitioning to that structure until we have another higher clinic provider. However, looking into another clinic provider, whoever is picked, thinking about having them scheduled once a week to just see Skilled Nursing Facility Residents. With that, current provider's can do a more every other month structure on their residents if they want. Looking for input and or preferences on that as well. Skilled Nursing Facility is still over budget. They have cut the 4.7 million. Thinking we are going to have to meet somewhere in the middle with the budget. Still in negotiations with all this. With Cerner, still trying to work with getting on site	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	support back to continue learning and workflow. State and Healthcare minimum wages are increasing starting in January. State goes up by 0.50 cents starting in January. Right now, our plan is to transition Sitters up 0.50 cents and then June is when the Healthcare minimum wage goes into effect. This will increase us by $2.00 an hour. At that point, our preliminary thought is that everybody would move at step 1 of their classification for those who are not non-exempt and then the scale would continue to move. The board has not approved this yet but will probably go to the board in January once we do a little more refinement on costs. Looking to have them approve Sitters and CNAs in this upcoming meeting next week. Healthcare minimum wage is looking to cost us over a million dollars a year in additional pay roll.	
VII. CNO REPORT	Nothing to report. Chem-	Report at next meeting
VIII. PHARMACY REPORT	As of two weeks ago, ~~KIM~~PACK has become a reality after about a year trying to get that. It is a part of the National Stockpile and will serve many regions, including region 3. Some changes are coming with the Omnicell. Cerner had some good impact with Pharmacy as we had to interact a lot with an Omnicell person. Including information about what the Omnicell could do, finding out that we were 2 versions behind in our software, and other things that will increase the safety of our patients. We are also looking further to help with overrides. Looking at vaccines, we still cannot obtain the RSV vaccine. We checked in today and we still cannot get it from our first two sellers, therefore will try to go to our third to try to see if we can obtain it. COVID vaccine has not been a problem, and FLU was at first, but we are good there as well.	Report at next meeting
IX. SNF REPORT	DON- Ed Johnson. We are looking to get the on-site support over to the long-term care facility as well. One of the major problems that we are seeing is the transfer of a patient from the Acute to the SNF. It should not be as hard as it is. We have asked Cerner two things.	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	One, we have asked them to give us a facility in California that uses Cerner in long-term care. Will follow up with them on that. Two, walk us through an admission from the Acute to the SNF. Looking to have someone walk a provider though the whole thing and then walk us through as well. That being, with Cerner, we are having the medications falling off. Some of the medications are being switched around. We also want to keep products such as tube feedings to, "House Products." This is because every time we run out and have to change a product, we are having to change the order. Therefore, we are requesting a change to just, "House Products." Another problem we are running into with Cerner is we are trying to get providers a report for their psychotropic medications. Previous information is not transferring to Power chart from Care tracker. Supposedly, we are going to be getting access to Light House where this information is held. However, we are still learning the system as we are getting better at it.	
NEW BUSINESS II. BYLAW RULES/PRIVILEGES REVIEW & APPROVAL	The following Bylaw Rules/Privileges were presented for review/approval: 1. MMC Rules Update 2. Privilege Forms A. Hospitalists B. PA C. Dietitian	After review and discussion, a recommendation was made to implement Bylaw Rules/Privileges 1 & 2A-C. The recommendation was ratified by motion, second and vote. Recommendation will be forwarded to the governing board for final approval.
III. ADJOURNMENT	The meeting was adjourned at 1310.	

Matthew Edmonds, Chief Medical Officer — Date 1/31/24

MODOC MEDICAL CENTER
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Last Frontier Healthcare District

PATHOLOGIST ON-SITE VISIT REPORT
DATE OF VISIT: 10/19/2023

During the pathology on-site visit and visit to Canby Clinic, I spent approximately 6 1/2 to 7 hours while in Medical Records, Laboratory, and at the Canby Clinic.

While in medical records, there were 10 surgical pathology reports compared with the clinical histories. There were 3 mortality reviews performed and there were 3 blood product reviews. There were no issues identified with any of the reports.

While in the Laboratory, I spoke with Walter about several issues. The Laboratory renovation has been on hold while Cerner is being implemented. Cerner is set to go live on October 23rd. The new Laboratory technologist Jasmine is working out very well and she seems to enjoy working in the Laboratory at Modoc hospital. Walter mentioned to me that he has accepted the position as Laboratory manager. This is good news as he is very proficient at his job and gets along well with Laboratory staff and others throughout the hospital. Verification of the various systems that we will be using with Cerner is in the process. While in the lab I reviewed the folioing. American proficiency institute [API] performance revie corrective actions document for chemistry core 3rd 2023 the API institute performance corrective action for hematology/coagulation 2nd event 2023, the API performance review and coordination action documentation for chemistry core 2nd event 2023, the API proficiency testing performance evaluation for immunology/immunohematology 2nd event 2023, the API performance review and correct action for microbiology 2nd event 2023, the applied guidance for emergency department syphilis/HIV/HCB screening program, the competency testing/clinical laboratory scientist review for Van Christian Amar the MRSR quality assessment results, the Modoc Medical Center laboratory monthly quality control review for July and August 2023, the pipet verification results done by Streck, the nova biomedical data exception report through August 2023 the Nova biomedical data process through July 2023, the unity monthly evaluation for pediatrics for August 2023, XN-550 QC chart data for September, the API proficiency testing performance evaluation hematology/coagulation 2nd event 2023, the API proficiency testing performance evaluation for immunology/immunohematology 2nd 2023, the monthly quality control use summary for September 2023, the Nova biomedical data exemption through September 2023, the XN-L QC chart level 2 for September, the Siemens hemostasis QAP report for September 2023, the API preview results form for chemistry core validation 3rd event 2023, the critical result summary for September 2023, the UA Quantrol level 2 for September. 2023, the procedure for IQCP serum urine HCG STAT for immunology, the serum ketones IQCP August 2023, the MedTox scan profile-V IQCP August 2023, the clinical laboratory quality assurance policy, the policy for Biofire BCID 2 panel, the procedure for wound cultures-identifying and reporting anaerobic organisms, the letter from MedTox diagnostics indicating that they will be dropping the PPX on their profile, a letter from BioMerieux about medical device correction for Cananda Tropicalis, another PakMed verification by Streck , Ortho clinical diagnostics informing on Vitros systems verifications/ Vitros XT7600 integrated systems series 76001612, a letter about the BinaxNOW Covid19 antigen testing kits that will be used, QC data from August 2023, QC data from June 2023, QC results glucose measurement for Juny July August September 2023, the API performance review and corrective actions documentation chemistry core 3rd event 2023, a procedure for laboratory environmental monitoring, a procedure for critical value reporting, information about Cdiff quick check IQCP for August, a documentation of a correction of a deficiency for

IQCP serums urine HCG stat-Sur-Vue, a summary of the MMC microbiology media IQCP September, a policy covering transfusion reactions a API performance review and corrective action documentation chemistry core 2nd event 2023.

I spoke to Kevin Kramer about the activation of the Laboratory on Cerner. Also, about Walter accepting the Laboratory Manager position.

I spoke with Dr. Helmer about the Laboratory, and he was very happy with the Laboratory staff and results on ER patients.

ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

10/19/23
Date

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PATHOLOGIST ON-SITE VISIT REPORT
DATE OF VISIT: 11/30/2023

During the pathology on-site visit and visit to Canby Clinic, I spent approximately 6 1/2 to 7 hours while in Medical Records, Laboratory, and at the Canby Clinic.

While in medical records, there were 20 surgical pathology reports compared with the clinical histories. There were 3 mortality reviews performed and there were 5 blood product reviews. There were no issues identified with any of the reports.

While in the laboratory I spoke with Walter about several issues. The laboratory renovation is almost complete and there is considerably more space. The way out of the lab is now more conducive to easy access throughout the laboratory now that the center console has been removed. Cerner has gone active and there have been many issues with Cerner. The issues are being worked through. The main issue now has to do with the QC being adequately stored and distributed by Cerner for the Vitros and coagulation results. The work around that is being used is one involving BioRad which is a stop gap until the Cerner issues can be adequately addressed. The staffing is adequate at this time. There are two travelers which are filling in until permanent CLS are in place. Jaz is fully integrated within the laboratory and is working well. Jacquline, CLS will be arriving early in 2024 and will eventually join the staff, as will Brian who is currently in the central valley. Eventually the lab staff will be made up of Walter as chief tech, Jaz, Jacquline, Brian, and Brenda as CLS's. Shannon will eventually complete her CLS training and join the staff in that capacity. While in the laboratory, I review QC results for glucose testing for October, the Modoc coagulation data for PT validation for November, the unity monthly evaluation for pediatric for October, the Nova Biomedical data exception report for October, the XN-50 QC charts for October, the American Proficiency Institute [API] performance review and correction action documentation for microbiology 2023 3rd event wound culture and anaerobic for aerobic, the SARS CoVid-2 liquid testing results, the unity monthly pediatric results for September, the UA Quantrol level 1 and level 2 for October,
I spoke with Kevin Kramer about the structural changes in the laboratory and how they were beneficial to the workflow of the laboratory. We also talked about future staffing. We are hopeful that by March we will be fully staffed with adequate CLSs. We also discussed the QC transfer issue concerning Cerner and how they are being worked on but for now it is being addressed outside of Cerner.

I spoke with Dr. Appel in the Emergency Room and he indicated he was pleased with the laboratory and its personnel.

1/22/24
ROBERT JAMES, MD, PHD
CONSULTING PATHOLOGIST
Date

MODOC MEDICAL CENTER
A Public Entity
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Last Frontier Healthcare District

PATHOLOGIST ON-SITE VISIT REPORT
DATE OF VISIT: 12/01/2023

During the pathology on-site visit and visit to Canby Clinic, I spent approximately 6 to 6 1/2 hours while in Medical Records, Laboratory, and at the Canby Clinic.

While in medical records, there were 10 surgical pathology reports compared with the clinical histories. There were 2 mortality reviews performed and there were 2 blood product reviews. There were no issues identified with any of the reports.

While in the Laboratory I spoke with Walter about several issues. The reconfiguration of the laboratory is almost complete. With the center island being removed, it opens the lab and gives an easier workflow to the CLSs. There are issues with Cerner that are ongoing and being resolved. The most pertinent ones deal with QC concerning the Vitros machine and the coagulation instruments. The staffing issue is in the process of being resolved and will eventually have 5 perm CLSs and phlebotomists. This will give us a stable situation for several years to come. I reviewed a letter from Ortho Clinical Diagnostics concerning range verification for the Vitros instrument, mini iSedrate log sheet. Nova log sheet, the mini Tox scan reader system data, the Alere triage meter-pro data, the Vitros xl 7600 daily qc log sheet, the Modoc lab daily report sheet, the Clinitek urinalysis log sheets, the Clinitek status urinalysis quality control for level 1 and level 2 abnormal results, the Siemens Clinitek status maintenance log data, the XNL-500 back up maintenance log sheet, the siemens hematology QAP program DATA for coagulation, the Alcor group coordinator report, the critical results summary for November, the Sysmex CA-620 maintenance log, the Unity monthly evaluation for pediatric June 2023, the API chemistry 2023 misc. 2nd event, the pipet verification service results that we've performed by Streck services, a certification statement signature sheet for all pt results, the XN-550 complete blood count and parameter, whole blood automated CBC data report.
During the visit, I spoke with Kevin about the activity in the laboratory to include physical change in the lab and how it helps facilitate the laboratory workflow. The issue with Cerner, particularly the QC and coagulation machines being able to transfer data into Cerner. We also talked about the staffing and how shortly there will be six permanent CLSs plus the phlebotomist staff. It is my opinion that the lab is in really great shape for the foreseeable future.
I spoke with Dr. Self about the laboratory, and he indicated that he was very satisfied with the results that are generated and the staff personnel.

ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

1/22/24
Date

MODOC MEDICAL CENTER
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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: Section 504 Grievance Procedure

2. Policy Area: Administration

3. Date Submitted: 1/9/2024
   Explain any deadline or timeframe issues:
   Needs to be adopted as soon as possible. This policy was initially drafted and was thought to have been adopted by MMC back in 2011. I cannot find it in our current manual and am not sure if it was ever adopted formally by the BOD. We need this policy to exist to comply with Section 504 and to communicate how we intend to receive and resolve any grievance related to discrimination.

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:
   Policy was modified from its original version to include current risk manager name and to incorporate added language as suggested by the Department of Health and Human Services.

6. Identify any policies, regulations or practice guidelines that were relied on in developing this policy:
   Health and Human Services policy template was relied upon for this policy.

7. Review and approval, date:

	Printed Name	Signature	Date
Person initiating policy	Kevin Kramer	Kevin Kramer	1/9/2024
Department Head	[illegible]	"	
Technical Reviewer	[illegible]	"	
Policy Committee:	[illegible]	[illegible]	
* Medical Staff Review:	[illegible]	* Matthew S. Edwards MD	01/31/2024
LFHD Board Chair:			

SUBJECT: SECTION 504 GRIEVANCE PROCEDURE	REFERENCE #
	PAGE: 1 OF: 2
DEPARTMENT: ~~HOPSPITALWIDE~~ADMINISTRATION	EFFECTIVE: 5/11
APPROVED BY:	REVISED: 8/12, 12/23~~5/2011~~

PURPOSE

The purpose of this policy is to establish a policy and procedure to be followed in the event that a patient or staff member feels they have been discriminated against at Modoc Medical Center (MMC).

~~Policy:~~ POLICY

It is the policy of Modoc Medical Center (MMC) not to discriminate on the basis of disability. MMC has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) of the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance. The Law and Regulations may be examined in the office of the Risk Management Coordinator, who has been designated to coordinate the efforts of MMC to comply with Section 504.

~~Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for MMC to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.~~

~~Procedure:~~PROCEDURE

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for MMC to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

- Grievances must be submitted to the Section 504 Coordinator within one week of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 504 Coordinator (or their designee) shall conduct an investigation of the complaint. The Section 504 Coordinator will maintain the files and records of MMC relating to such grievances.
- The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
- The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the Chief Executive Officer (CEO) within 15 days of receiving the Section

504 Coordinator's decision. The CEO shall issue a written decision in response to the appeal no later than 30 days after its filing.

- The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Health and Human Services, Office for Civil Rights.

MMC will make appropriate arrangements to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

The Risk Management Coordinator has been designated as the Section 504 Coordinator, and can be contacted at:

Alicia Doss
1111 N. Nagle Street
Modoc Medical Center
Alturas, Ca, 96101
530-708-8888

~~REFERENCE:~~**REFERENCES**

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https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/section-504-grievance-procedure/index.html#:~:text=Grievances%20must%20be%20submitted%20to,of%20the%20person%20filing%20it.

~~http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/exampleofasection504grievanceprocedure.html~~

SUBJECT: SECTION 504 GRIEVANCE PROCEDURE	REFERENCE #
	PAGE: 1
DEPARTMENT: ADMINISTRATION	OF: 2
	EFFECTIVE: 5/11
APPROVED BY:	REVISED: 8/12, 12/23

PURPOSE

The purpose of this policy is to establish a policy and procedure to be followed in the event that a patient or staff member feels they have been discriminated against at Modoc Medical Center (MMC).

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PROCEDURE

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for MMC to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

- Grievances must be submitted to the Section 504 Coordinator within 30 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 504 Coordinator (or their designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of MMC relating to such grievances.
- The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
- The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the Chief Executive Officer (CEO) within 15 days of receiving the Section 504 Coordinator's decision. The CEO shall issue a written decision in response to the appeal no later than 30 days after its filing.

- The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Health and Human Services, Office for Civil Rights.

MMC will make appropriate arrangements to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

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Alicia Doss
1111 N. Nagle Street
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Alturas, Ca, 96101
530-708-8888

REFERENCES

https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/section-504-grievance-procedure/index.html#:~:text=Grievances%20must%20be%20submitted%20to,of%20the%20person%20filing%20it.

ATTACHMENT D

Policy and Procedures

MODOC MEDICAL CENTER
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MEMORANDUM

DATE: 02/20/2024
TO: Board of Directors
FROM: Samantha Farr – Policy Coordinator
SUBJECT: Review of Departmental Policy Manual

Attached are the following policies for the Board's review and approval:

Emergency Management

- Continuity of Operations Plan (COOP)

Please note that each policy is presented as follows:

- Policy Review Form
- Policy- Redlined
- Policy- Clean
- Any applicable attachments

Respectfully Submitted,

Samantha Farr
CNO Assistant
Policy Coordinator

Policy Review Form

Please complete this form each time you submit a policy for review. You must fill out a separate form for every policy you submit and attach both the policy and any proposed amendments to this form. If you are changing an existing policy, please provide the redlined copy and the updated version. Additionally, please complete the form providing a summary of the proposed changes.

Date Submitted: 12/20/2023

Policy Title: Continuity of Operations Plan

Department: Emergency Management

Proposed Changes: ☒New ☐Revise ☐Archive

Reasons for adopting, revising, or archiving this policy:
Facility operation during disaster

Identify policies, regulations, or practices that guided you in developing the policy:
Practices

Reviewed and approved by:

Title	Printed Name	Signature	Date
Policy Coordinator:			
Department Head:	Jeremy Wills		2/13/2024
Technical Reviewer:			
Policy Committee:			
Medical Staff Review:			
Board Chair:			

SUBJECT: CONTINUITY OF OPERATIONS PLAN (COOP)	REFERENCE #
DEPARTMENT: EMERGENCY MANAGEMENT	PAGE: 1 OF: 28
	EFFECTIVE: 01/2024
	REVISED:

PURPOSE

Commented [KK1]: Need someone to figure out page numbers in the header so that they change page to page. Also spacing needs to be looked at on some of the pages throughout this policy.I am not smart enough to figure that out

The purpose of the Continuity of Operations Plan (COOP) is to provide guidance on continuing essential functions if emergencies disrupt or threaten to disrupt normal operations. The COOP enables the agency to operate with a significantly reduced workforce and diminished availability of resources, and from an alternate care site should the primary facility become unfit for operations. The plan could be activated in response to a number of events or situations including emergencies and disasters, as defined below.

TERMS/DEFINITIONS

Alternate Care Site (ACS) – A site where medical services are provided during a disaster when other established and licensed medical service locations are not able to operate due to the circumstances of the disaster.

Continuity of Operations Planning (COOP) – Efforts to ensure that the capability exists for the organization to continue essential functions across a wide range of potential emergencies.

Delegations of Authority – Pre-delegated authority for making policy determinations and decisions in crisis conditions, at alternate locations, etc., as appropriate; the assignment of responsibility or authority to a designated person to carry out specific activities. In the case of delegated authority, the person who delegated the work remains accountable for the outcome of the delegated work.

Disaster - An occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the normal capacity of the affected community. The World Health Organization (WHO) defines disaster as (WHO) the occurrence of a sudden or major misfortune which disrupts the basic fabric and normal functioning of a society (or community). An event or series of events which gives rise to casualties and/or damage or loss of property, infrastructure, essential services or means of livelihood on a scale which is beyond the normal capacity of the affected communities to cope with unaided.

Emergency – A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, an earthquake, or other conditions that would have the same effect on the safety of people and property.

Essential Staff/Personnel – Personnel designated by their agency as critical to the continuity and/or resumption of essential functions and services.

Federal Emergency Management Agency (FEMA) – A federal government agency whose mission is to support citizens and first responders to ensure that as a nation we work together to

build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards.

Hazard Vulnerability Analysis (HVA) - An assessment that is conducted to help identify, prioritize, and define threats that may impact business operations.

Human Capital Access –Emergency employees and other special categories of employees who are activated by an agency to perform assigned response duties during a disaster or the recovery efforts of an emergency or disaster.

Maximum Downtime - The maximum length of time (in hours or days) that a service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations.

Mission Essential Functions – Activities, processes or functions that could not be interrupted or unavailable without significantly jeopardizing the operation of an organization. Functions could be deemed essential through statutes, rules, policy, or based on their impact to the agency's mission.

Reconstitution - The return to normal operations once leadership determines that the actual emergency, or the threat of an emergency, is over.

Vital Records, Systems and Equipment – Records, files, documents or databases, which, if damaged or destroyed, would cause considerable inconvenience and/or require replacement or re-creation at considerable expense in order to resume or continue normal operations.

SUBJECT: CONTINUITY OF OPERATIONS PLAN (COOP)	REFERENCE #
	PAGE: 1
DEPARTMENT: EMERGENCY MANAGEMENT	OF: 28
	EFFECTIVE: 01/2024
	REVISED:

POLICY

It is the policy of Modoc Medical Center (MMC) to provide services or restore services as rapidly as possible following an emergency that disrupts normal operations. As soon as the safety of patients, visitors, and staff is established, priority will be given to providing healthcare services to patients.

PROCEDURE

This plan applies to the functions, operations, and resources necessary to continue MMC's essential functions in the event its normal operations are disrupted or threatened with disruption. This plan applies to all MMC personnel. Staff will be oriented to continuity policies and procedures and their respective roles and responsibilities. This document ensures MMC is capable of conducting its essential missions and functions under all threats and conditions, with or without warning.

The COOP does not apply to temporary disruptions of service during which services are anticipated to be restored within a short period of time. The COOP may be activated when an emergency or disaster occurs, including but not limited to the following events:

- An incident occurs that significantly impacts essential functions (ie. building failure)
- Staffing levels are significantly compromised (ie. influenza pandemic)
- Key partners are not available for normal operations
- Essential systems and utilities are unavailable or offline (ie. power, water, information technology, etc.)

The main objectives of this COOP are as follows:

- Ensure continued performance of essential functions.
- Reduce loss of life/minimize damage.
- Ensure appropriate and smooth delegation of authority during a disaster or emergency.
- Reduce/mitigate disruptions to operations.
- Protect essential assets.
- Achieve timely recovery/reconstitution.
- Maintain Test, Training, and Exercise (TT&E) program for validation.

Leadership

Delegation of Authority and COOP Activation

Delegation of authority establishes who has the legal right to act on behalf of the hospital's leadership. Delegations will become effective when channels of normal direction and control are disrupted and will discontinue when those channels are reestablished.

The authority to activate the COOP resides with the Chief Executive Officer (CEO) or designee. A delegation of authority has been established in the event that the CEO is unavailable or not able to be contacted for longer than four (4) hours. The delegation of authority determines who is authorized to make decisions for the organization in the absence of the CEO under these circumstances. In the absence of the CEO and in the event that the CEO cannot be contacted for the duration of time listed above., the delegation of authority will be as follows, listed in order of succession:

Chief Executive Officer (CEO)
Chief Nursing Officer (CNO)
Chief Operations Officer (COO)
Chief Financial Officer (CFO)
Chief Human Resources Officer (CHRO)

If the first and second individuals are unavailable for a prolonged period, the third individual will assume the primary authority, and so on. If contact information is needed for the individuals listed above, please refer to the call list in the red folder or contact the Human Resources Department for contact information.

Operations

The COOP's activation and relocation are scenario-driven processes that allow flexible and scalable responses to hazards or threats that could disrupt operations. COOP activation is not required for all emergencies or disruptions. The decision to activate the COOP and related actions will be tailored to the situation and based on projected or actual impact of the emergency, disaster, or threat ~~and whether or not there is a warning~~.

Phase I: Readiness and Preparedness

Hazard Vulnerability and Risk Assessment

A hazard vulnerability analysis (HVA) is conducted annually and the top three to five threats are

identified for policy development. The HVA is a proactive planning component used to identify the hospital's top vulnerabilities. Once the vulnerabilities/risks are identified, plans are developed to mitigate the impact of the perceived risks. The HVA prioritizes the likelihood of various emergency events. For detailed results, see the HVA (Appendix A).

MMC collaborates with local and regional organizations in the Hospital Preparedness Program (HPP). Partners include Modoc County Public Health Department (MCPHD), Modoc County Office of Emergency Services (OES), local and regional law enforcement, local fire departments, and others. MMC has a Hospital Disaster Preparedness Coordinator (HDPC) who attends local and regional meetings and assists with HPP and OES planning and implementation of local disaster plans.

Phase II: Activation

Activation and Relocation

The CEO or designee is responsible for activating the COOP and for providing guidance and direction during activation and potential relocation. The extent of actions required once the plan is activated will depend on the situation, how severely the events impact facility operations and which functions are impacted by the incident. The following functions take priority:

- Protecting staff and patients
- Internal and external communications
- Maintaining essential functions
- Timely recovery, restoration and resumption of services

An emergency requiring activation could occur at any time of the day or night, with or without warning. The priorities and actions remain the same, but the speed of execution will vary. Upon receipt of an alert from the CEO or designee, managers will begin preparations to maintain essential services within the context of the incident.

Upon activation of the COOP employees should:

- Contact their supervisor for direction.
- Report to the labor pool if not directly involved in patient care or if called in to assist with the incident.
- Remain at work.
- Take immediate actions necessary to protect patients and self.
- Take appropriate preventive measures to protect equipment not designated for relocation.

Mission Essential Components

Mission essential components are those department-specific responsibilities and operational components that, if left unperformed or unavailable, would substantially impact MMC's ability to fulfill its mission. These components include: healthcare service delivery; healthcare workforce; medical/non-medical transportation system; healthcare supply chain; and healthcare administration/finance.

Healthcare Service Delivery

Healthcare service delivery is the provision of health care in all inpatient and outpatient environments. Tasks to be performed to expedite health care delivery under this COOP include:

- Determine if the event has caused a complete or partial disruption of health care service delivery.
- Determine the degree of disruption of health care service delivery.
- Determine if relocation of health care service delivery to an alternate care site is necessary and feasible for short-term continuation of service.
- Work with HPP partners to attain support in returning to normal health care delivery operations as soon as possible.

Access to Healthcare Workforce

Access to healthcare workforce is the ability to obtain credentialed healthcare workers to support healthcare service delivery and provide patient care in the event of an emergency or disaster. Healthcare workforce is critical for ensuring continuation of services in an emergency. Tasks to be performed to ensure the availability of healthcare workforce under this COOP include:

- Identify medical and non-medical staffing shortages.
- Recall staff incrementally to assist in disaster continuity operations.
- Coordinate with contracted staffing agencies to increase availability of medical staff needed.
- Contact other regional facilities to see if they have additional staffing that can be used to sustain operations under existing mutual aid agreements.
- Integrate credentialed practitioners into continuity operations.
- Coordinate with volunteer groups to supplement medical & non-medical personnel.
- Contact MCPHD for additional staffing needs.

Access to Medical/Non-Medical Transportation System

A transportation system that can meet MMC's operational needs is required during the response & continuity phases of any emergency or disaster. Tasks to be performed to ensure adequate access

to transportation systems under this COOP include:

- Determine medical and non-medical transportation needs to support response and continued operations.
- Identify and assign staff to serve as an EMS Coordinator and a Transportation Coordinator to manage patient transport during the incident.
- Coordinate with regional EMS/Air ambulance providers to close gaps in system transportation needs.
- Make provisions for staff that may need transportation to facility to help fill incident staffing needs.
- Contact MCPHD or County OES with other transportation resource needs.

Access to Healthcare Supply Chain

MMC will need full access to the healthcare supply chain including medical & non-medical supplies, pharmaceuticals, blood products, industrial fuels, medical gases, and other supplies in the event of an emergency. Tasks to be performed to expedite ensure access to adequate healthcare supply chain include:

- Determine estimated shortfalls identified for the emergency or disaster.
- Prioritize medical and non-medical supply items needed based on initial assessment of the shortfalls listed above.
- Redirect supplies already within the hospital's supply chain to areas most in need or service areas that are higher priority.
- Activate supply orders with existing vendors.
- Contact regional facilities to see if they have supply that can be provided to the facility under existing mutual aid agreements.
- Contact MCPHD or County OES with additional supply and equipment needs.

Healthcare Administration/Finance

Healthcare administration and finance in an emergency includes maintaining and updating patient records, maintaining cash flow requirements to support ongoing operations, , continuation of billing and claims submission processes, filing appropriate claims for losses covered by insurance, and ensuring appropriate plans are in place for any potential legal issues that the emergency or disaster or COOP may present. Tasks to be performed to facilitate administration/finance process throughout the incident include:

- Collect disaster response data for use in After-Action Reports (AAR's) and any claims submitted to FEMA or other sources of reimbursement.
- Coordinate the use of paper systems to track patients and critical data in the event electronic systems become compromised.

- Explore possible sources of disaster assistance that are available to the organization.
- Coordinate plan with third party billing company to accommodate continued cash flow for services provided.
- Monitor and document losses for the submission of insurance claims. Initiate contact with appropriate insurance carriers and policies based on losses that were experienced as a result of the incident. File claims for losses exceeding deductibles on individual insurance policies.
- Utilize existing legal resources for legal questions or concerns that arise throughout the COOP process.
- Develop viable means to provide payroll and vendor payments throughout the incident if traditional means or systems do not allow normal processing of these operational expenses.
- Consider contacting lending institutions, state agencies, patient insurance companies, or other stakeholders if additional capital is required to support continuous operations or recovery efforts.

Prioritization of Services and Operational Systems

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MMC has identified and prioritized its key services and operational systems based on the maximum amount of time that the service can be down without impacting patient and staff safety. A tiered system has been adopted from the Federal Emergency Management Agency (FEMA), with Tiers from 0-4 used to categorize the criticality of the service or system. The Tiers are as follows:

Tier 0: Immediately needed; presents life-threatening or catastrophic impact if interrupted
Tier 1: Needed in less than 4 hrs. or it may present a threat to life safety if downtime extends beyond
Tier 2: Needed for same shift or < 12 hrs. or likely to impact operations and/or patient satisfaction
Tier 3: Minimal impact or risk; needed in 1 to 3 days
Tier 4: Need in long-term, beyond 3 days

Any service or system not deemed an essential function below will be deferred until additional staff and resources become available. The following table covers the recovery priority for each mission essential function.

Prioritization Table

Tier level	Recovery Time Objective / Department	Criticality/Essential Service
Tier 0	**Immediate**	**Immediately needed; presents life threatening or catastrophic impact if interrupted**
	• Communications	Phones, radios, computers, internet, satellite phones
	• Engineering	Facility Safety and Life Safety (fire suppression, utilities management etc.)
	• Security	Security (especially during Active Threat situation)
	• Emergency Dept.	Casualty patient care; Radiology; Laboratory; Pharmacy
	• Ambulance	Transportation
Tier level	**Recovery Time Objective / Department**	**Criticality/Essential Service**
Tier 1	**4 hours or less**	**Needed in less than 4 hrs., or it may present threat to life safety if downtime extends beyond**
	• Med/Surg-Swing	Care of acute and non-acute patients
	• Information Tech	Operations support for all services
	• Supply	Patient care supplies
Tier 2	**12 hours or less**	**Needed for same shift or < 12 hrs., or likely to impact operations and/or patient satisfaction**
	• Nutritional Services	Food service for patients and staff
	• Human Resources	Get staff needed for response; Staff notification
Tier 3	**3 days or less**	**Minimal impact or risk; needed in 1 to 3 days**
	• Skilled Nursing	Return to normal care
	• Administration	Regulatory compliance & reporting
	• Outpatient Clinics	Referrals to decrease patient load on hospital; Physical Therapy
Tier 4	**3 days or more**	**Need in long term, beyond 3 days**
	• HIM	Transcription
	• Accounting/ Business Office	Financials; payroll; vendor accounts

*This table is to be used as a general guideline. There are emergencies that may require different sequencing based on availability of personnel and other factors outside of the direct control of MMC.

Communication and Notification

Communications

MMC maintains communications that support organizational needs during an emergency, including redundant internal and external communications systems to provide connectivity to staff, key leadership, and community response and recovery partners. Communications ensures that the organization can coordinate work with staff and collaborate with -other agencies and organizations during an emergency, until normal operations are resumed. MMC has identified redundant critical communication systems required for emergency events.

MMC has established a redundant communications system that addresses the following factors:

- Provides redundant communications.
- Supports performance of essential functions.
- Provides emergency notification to staff.
- Provides the ability to communicate within the organization.
- Provides connectivity to outside agencies and the community.
- Ensures access to data, systems, and services throughout most emergencies unless key utilities or communications infrastructure is compromised.

Notification

Communication with internal staff will occur utilizing telephones and overhead paging systems. If additional staff needs to be called to help meet staffing needs, this may occur using a calling tree method and may be delegated to department heads or the Human Resources department.

Upon activation of the COOP plan, it is important to notify community partners of the situation, as the need arises. This may include community and business partners, local law enforcement, OES, MCPHD, the Board of Directors, the community at large and other collaborating agencies.

Some additional communication methods that may be used if phones are not functioning include:

- Cell phones
- Satellite phones
- E-mail; intercom system
- Runners able to convey written and verbal communications
- Twitter, Facebook, other social networking sites (as appropriate and/or available)

Vital Records, Files and Databases

Vital Records Management

Vital Records include medical records, patient demographic records, financial records, contracts, vendor records, contact lists, staff files, and other records that are needed to ensure continuous delivery of healthcare services during an emergency or disaster.

Many vital records, files, and databases are available electronically or in paper form. Electronic records are backed up daily. Electronic records can be accessed online and retrieved from system servers or back up hard drives. MMC keeps essential hardcopy records in various storage areas. Access to and use of these records and systems enables the performance of essential functions during an emergency or disaster and facilitates return to normal operations once the incident has subsided.

Healthcare Information Systems

The information systems at MMC support its data management, medical records, and streamlines MMC's ability to share information with other facilities and stakeholders. Tasks to be performed to maintain a sound network to support healthcare information systems during a disaster or emergency include:

- Determine extent of disruption of information system capabilities.
- Restore network components if necessary and if possible.
- Implement interim paper processes as necessitated by the emergency or disaster.
- Coordinate with local/state emergency management to secure priority service restoration to information system capabilities.
- Engage third party vendors to assist in restoration of information system capabilities if necessary.

Phase III: Continuity

Alternate Care Sites (ACS)

MMC has ~~MOU's~~MOUs in place with MCPHD and Modoc County OES. The following areas have been pre-designated as potential ACSs in the event that operations are disrupted or require relocation:

- Modoc High School – Medical
- Modoc Medical Physical Therapy- Admin

Additional areas have been identified for use should these areas be compromised. OES has ~~MOU's~~MOUs in place for these areas should they be required.

Access to Medical/Non-Medical Transportation Systems

OES has ~~MOU's~~MOUs in place with the Modoc Joint Unified School District (MJUSD) to use school buses for transportation if needed. OES also has supplementary ~~MOU's~~MOUs in place should additional or alternative transportation be required.

Additional transportation needs may also be met through local partners, such as Southern Cascades Community Services District or Sage Stage for both medical and nonmedical transportation needs.

Supply Chain

MMC has ~~MOU's~~MOUs in place with select vendors to give preference to hospital needs in the event of an emergency or disaster. In addition, MMC is an Adventist affiliate and can leverage that affiliation to prioritize shipments of supplies during an event that disrupts supply chain. Supplies may also be shared between regional facilities based on mutual aid agreements, dependent upon what geographical region is affect by the event. Should the event exceed the capabilities of MMC's existing supply chain, MOUs, and regional facilities' supply, MMC will contact MCPHD to request additional supplies. MCPHD may also contact OES as the situation dictates and if additional resources are needed beyond what they are able to access from the State.

Phase IV: Reconstitution and Recovery

Recovery and Resumption of Services

Reconstitution is the process by which the organization and staff resume regular operations in the facility. An orderly return to the new or restored facilities will be arranged based on the safety of the facility and the resources available. Because the facility may be reopened in phases, a staggered staff schedule may be implemented. Reconstitution procedures begin when the CEO or designee determines that the situation has ended and is unlikely to recur. Upon determining that reconstitution procedures should commence, the CEO or designee implements one or a number of the following options, as necessary. All options below are only implemented after proper notification is made to the California Department of Public Health (CDPH) and after the organization has received permission from CDPH to return to normal operations within the space designated by the organization.

- Re-enter the physical space, ensuring that the space is safe for patients and staff. Inform all personnel that the threat no longer exists, and provide instructions for resumption of normal operations.
- Re-open the physical space and replenish supplies, equipment, and staff. Supervise an orderly return to the normal operating facility or movement to another operating facility.
- Report status of relocation to agency partners/customers.
- Resumption of normal service delivery.
- Conduct an after-action review.

TRAINING AND EVALUATION

Test, Training and Exercises (TT&E)

The tests, training, and exercise program is designed to help ensure that MMC's COOP can maintain MMC's essential functions throughout the duration of the emergency situation. MMC has established a TT&E program to support the organization's preparedness and continuity capabilities. Training assists in MMC's ability to maintain essential functions during an emergency. Training helps to familiarize personnel with their roles and responsibilities in the event of an emergency or disaster. Tests, ~~training~~training, and exercises also serve to assess the existing COOP and provide insight into areas of the COOP that may be improved. Periodic testing also ensures that equipment and procedures are kept in a constant state of readiness. COOP exercises and drills have been incorporated into MMC's multi-year training program.

Evaluation

Each exercise, drill or activation will be evaluated, and the results incorporated into an ~~after action~~after-action review or quality improvement plan as warranted. The results are intended to improve the overall effectiveness of the COOP and implementation process.

SUBJECT: CONTINUITY OF OPERATIONS PLAN (COOP)	REFERENCE #
DEPARTMENT: EMERGENCY MANAGEMENT	PAGE: 1 OF: 28
	EFFECTIVE: 01/2024
	REVISED:

REFERENCES

California Association of Health Facilities. (2015). Continuity of Operations Plan Template http://www.cahfdownload.com/cahf/dpp/COOP_Template.docx

California Governor's Office of Emergency Services. Standardized Emergency Management System (SEMS) Guidelines. Sacramento, CA: CA OES, September 2006. Accessed at: http://www.oes.ca.gov/Operational/OESHome.nsf/Content/B4943535210895448825 6C2A0071E038?OpenDocument

California Hospital Association. (2012). Hospital Continuity Program Checklist; Business Continuity Planning Toolkit. http://www.calhospitalprepare.org/continuity-planning

Federal Emergency Management Agency (FEMA). Continuity of Operations (COOP) Awareness Training. https://www.fema.gov/ppt/government/coop/coop_awareness_training.ppt.

Federal Emergency Management Agency (FEMA). (2011). Continuity Plan Template and Instructions for Non-Federal Entities. https://www.fema.gov/media-library/assets/documents/90025

Federal Emergency Management Agency (FEMA). (2011). Devolution of Operations Plan Template. https://www.fema.gov/pdf/about/org/ncp/dev_template.pdf

Kaiser Permanente. (2016). Revised Hazard Vulnerability Analysis Assessment Tool. https://www.calhospitalprepare.org/post/hazard-vulnerability-analysis-tool.

Los Angeles County Emergency Medical Services Agency. (2016). Business Continuity Plan: FACILITY-WIDE [Template]. https://www.calhospitalprepare.org/continuity-planning

Mayer's Memorial Medical Center. Continuity of Operations (COOP) Plan. (2017). http://www.mayersmemorial.com/

Appendix: A

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Modoc Medical Center
Hazard and Vulnerability Assessment Tool (EXAMPLE)
2017-2018

Event	PROBABILITY			MAGNITUDE - MITGATION = SEVERITY						
	PROBABILITY	ALERTS	ACTIVATIONS	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interruption of services	Pre-planning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	* Relative threat
SCORE	0 = N/A 1 = Low 2 = Mod 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Mod 3 = High	0 = N/A 1 = Low 2 = Mod 3 = High	0 = N/A 1 = Low 2 = Mod 3 = High	0 = N/A 1 = High 2 = Mod 3 = Low	0 = N/A 1 = High 2 = Mod 3 = Low	0 = N/A 1 = High 2 = Mod 3 = Low	0 - 100%
Active Shooter	2	0	0	3	1	2	2	2	1	24%
Blizzard	3	2	0	2	2	2	2	2	2	48%
Bomb Threat	1	0	0	2	2	3	2	2	1	13%
Building Move	3	0	0	1	1	3	2	2	2	37%
Chemical Exposure, External	1	0	0	2	1	3	3	3	2	16%
Civil Unrest	2	0	0	2	2	2	3	2	2	29%
Communication/Telephone Failure	2	2	0	1	1	2	2	2	1	29%
Drought	3	1	0	1	2	1	2	2	2	37%
Earthquake	2	0	0	2	2	3	2	1	1	24%
Epidemic	1	0	0	2	1	2	2	2	2	12%
Evacuation	1	1	0	3	1	3	2	2	2	24%
Explosion	1	0	0	1	2	2	2	2	2	12%
External Flood	2	0	0	1	3	3	2	1	1	24%
Generator Failure	2	3	0	1	2	3	2	1	1	35%
Hazmat Incident - small < 5 victims	2	0	0	2	1	3	2	2	2	27%
Hazmat Incident with Mass Casualties	2	0	0	2	1	3	2	2	2	27%

Hostage Situation	1	0	0	1	2	3	3	2	2	14%
HVAC Failure	1	0	0	1	1	1	1	1	1	7%
Inclement Weather	3	4	0	2	1	1	2	2	2	43%
Infectious Disease Outbreak	2	0	0	3	2	3	2	1	2	29%
Internal Fire	1	0	0	2	2	2	2	1	2	12%
Internal Flood	1	0	0	1	2	2	2	2	2	12%
IT System Outage	2	1	0	1	1	2	2	2	2	28%
Labor Action	1	0	0	2	2	2	3	2	2	14%

Event	PROBABILITY			MAGNITUDE - MITGATION = SEVERITY						
	PROBABIL-ITY	ALERTS	ACTIVA-TIONS	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interruption of services	Pre - planning	Time, effectiveness , resources	Community/ Mutual Aid staff and supplies	* Relative threat
SCORE	0 = N/A 1 = Low 2 = Mod 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Mod 3 = High	0 = N/A 1 = Low 2 = Mod 3 = High	0 = N/A 1 = Low 2 = Mod 3 = High	0 = N/A 1 = High 2 = Mod 3 = Low	0 = N/A 1 = High 2 = Mod 3 = Low	0 = N/A 1 =High 2 = Mod 3 = Low	0 - 100%
Mass Casualty Incident	3	4	2	3	1	3	2	1	1	50%
Patient Surge	3	4	2	3	1	3	2	1	1	50%
Picketing	1	0	0	1	1	2	2	2	2	11%
Power Outage	3	3	0	2	2	3	2	2	2	54%
Seasonal Influenza	2	0	0	3	2	3	2	1	2	29%
Sewer Failure	1	0	0	1	1	2	2	2	2	11%
Shelter in Place	1	0	0	3	1	3	2	2	2	14%
Small-Med Internal Spill	2	0	0	2	2	3	2	2	3	31%
Snowfall	3	2	0	2	2	2	1	2	1	40%
Supply Chain Shortage / Failure	2	2	0	2	2	3	2	1	1	35%
Suspicious Package / Substance	1	0	0	2	2	3	2	2	1	13%
Temperature Extremes	3	4	0	2	1	1	2	2	2	43%
Terrorism	1	0	0	2	2	3	3	2	2	16%

Tornado	1	0	0	1	2	2	2	2	1	11%
Trauma	3	4	3	3	1	3	2	1	1	51%
VIP Situation	1	0	0	1	1	3	3	2	2	13%
Water Disruption	2	1	1	1	1	2	2	2	2	32%
Wild Fire	3	1	1	3	3	2	2	2	1	52%
Workplace Violence / Threat	1	0	0	3	1	3	2	2	1	13%
Zombie Apocalypse	3	0	0	3	3	3	3	3	3	82%

Appendix: B

Vendor/ Contact Information

(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
Agency for Toxic Substances and Disease Registry (ATSDR)		800-232-4636	888-232-6348	
Ambulance/EMS	MMC	530-640-1015		
	Surprise Valley	530-279-6111		
~~Ambulance, House~~		~~530-233-7674~~		
Air Transportation:	Air Life-Bend, OR	1-800-522-2828		
	American Aerovac Flights	1-800-423-5993		
	Care Flight Reno	1-800-648-4888		
	CDF Helitach	530-294-5251		
	Enloe Flight Care	1-800-344-1863		
	Medford Air Oregon	541-779-4211		
	Medic Air Reno	1-800-234-3822		
	Mountain Life Flight	257-2444		
	Oregon Air Life	1-800-423-5993		

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Commented [KK4]: If this is the number to the old ambulance house it is no longer in use. Should have number here for current living quarters if this is the intent of this number.

(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
	PHI (Mercy Air) Flight Dispatch	255-6290		
	Reach Air Transport	1 800 338-4045		
	AIRPORT - ALTURAS	530-233-5125		
	Airport - Alturas Altimeter Reading	530-233-2972		
American Red Cross	Yuba City	530-673-1460		
	RC Donor Assistance Line	800-435-7669		
	Shasta/Trinity/Lassen	800-909-3021		
Biohazard Waste Company	North State Specialty	530-529-3033		
Buses:	Sage Stage	530-233-3883	530-233-6410	
	Medi Transport	530-221-4321		
CDC		800-232-4636	888-232-6348	cdcinfo@cdc.gov
Clinics:	Big Valley Health Center	294-5241		
	Burney Health Center	335-5457		
	~~Canby Family Practice~~	~~233-3266~~	~~233-4641~~	
	Cascade Health Center	335-2954		
	Fall River Valley Health Care	336-6535		
	Lake Clinic	541-947-3366		
	~~Modoc Family Practice Clinic~~	~~233-1954~~		
	Pit River Health Services	233-3223		
	Strong Family Health	233-4591		
	Surprise Valley Health Care District	279-6115		

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(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
	Warner Mountain Indian Health Clinic	279-6194		
Coroner/Medical Examiner	Mike Poindexter	530-233-4416		
Developmental Disabilities	Far Northern Regional Developmental Disabilities Center	530-233-6636		
Dispatcher, 911	County Sheriff's Dept	9-911	530-233-4416	
Emergency Management Agency	County OES	530-233-4416		
Emergency Operations Center (EOC), Local	AJ – McCrery County SD	530-233-4416	530-233-4410	
Emergency Operations Center (EOC), County	**GO THROUGH COUNTY EOC** – AJ McQuarrie	530-233-4416		oes.ca.gov
Engineers				
HVAC	Wayne Bethel	530-233-4647		
Mechanical	Peterson Machinery	541-852-5583		
Structural	MNR Architecture-Redding	530-222-3300		
Environmental Protection Agency (EPA)		916-323-2514 (CA)	866-EPA-WEST (Regional Office)	cepacomm@calepa.ca.gov
Epidemiologist	Dr. Richert			
Federal Bureau of Investigation (FBI)	FBI Sacramento	916-481-9110		Sacramento.fbi.gov
Fire Department:	Alturas Fire Department	530-233-4500		
	Alturas Rural Fire Hall	530-233-3018		
	Bieber Fire Department	530-294-5720		
	California Dept. of Forestry (CDF)	530-233-2723		

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(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
	California Pines Lake Fire Station	530-233-1151		
	Canby Fire Dept.	530-233-9233		
	Cedarville Fire Dept.	530-279-2311		
	Cedarville Volunteer Fire Dept.	530-279-2354		
	City Fire Dept.	530-233-4500		
	Davis Creek Fire Dept.	No Phone #		
	Likely Fire Dept.	530-233-4817		
Food Service	K&K Distribution	530-233-5174		
	Sysco (Sacramento)	866-833-8750		
	Pepsi	530-233-5757		
	4-Corners	530-233-3822		
Fuel	Propane - Bethel's	530-233-2134		
	Diesel - Ed Staub	530-279-6343	530-233-2610	
Funeral Homes/Mortuary Services	Kerr Mortuary	530-233-3930		
Generators:	Peterson Machinery	541-852-5583		
Boiler	CR Combustion	541-944-5436		
HazMat Team	County HazMat Response	530-233-6310		
Heavy Equipment (e.g., Backhoes, etc.)	Heard Plumbing	530-233-5181	530-640-5181 or 530-233-5630	
Helicopters	See Air Transportation			

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(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
Home Repair/Construction Supplies				
1.	Gene Hamilton	530-233-2202		
2.	Guy Williams	530-233-5625		
3.	ACE Hardware (Four Seasons)	530-233-4441		
Hospitals				
1.	Banner Lassen Medical Center, Susanville	530-252-2000		
2.	Lake District Hospital, Lakeview	541-947-2114		
3.	Mayers Memorial Hospital, Fall River Mills	530-336-5511		
4.	Mercy Medical Center, Redding	530-246-3729		
5.	Renown Health, Reno	775-331-7000		
6.	Sky Lakes Medical Center, Klamath Falls	541-274-6311		
7.	Surprise Valley Hospital, Cedarville	530-279-6115		
8.	Shasta Regional Medical Center, Redding	530-244-5400		
Ice, Commercial	K&K Distribution	530-233-5174		
Laboratory Response Network	CDC	800-232-4636	888-232-6348	cdcinfo@cdc.gov
Laundry/Linen Service	Pacific Linen-Klamath Falls, OR	541-884-5111		
Law Enforcement	Alturas PD	530-233-2011		
	CHP	530-233-2919		
	Alturas County SD	530-233-4416		
Long Term Care Facilities				
1. Fall River Mills		530-336-5511		
2. Lakeview		541-947-2114		
3. Surprise Valley		530-279-6111		

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(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
4. Warnerview		530-233-7059		
Media				
Print:	Herald and News	541-885-4410		
Print:	Modoc County Record	530-233-2632		
Print:				
Radio:	KALT 106.5	530-233-4842		
Radio:	KCNO 94.5	530-233-3570		
Radio:	KILN			
Radio:	KKFJ	530-233-3570		
TV:	Channel 6 - TCI	530-233-2682		
Medical Gases	Modoc Steel	530-233-2655		modocsteel@frontiernet.net
Medical Supply				
1.	Lincare Medical Supply	530-257-7513	888-257-7513	
2.	Owens & Minor Medical Supply	800-342-8999		
3.	Medline	800-633-5463		
Medication, Distributor				
1.	McKesson Pharmaceutical –Debbi Anpigua	800-804-4584	(Emergency contact)	
2.	Owens & Minor Medical Supply	800-342-8999		
Mental Health Services	Modoc County Mental Health	530-233-6312	530-233-2097	
	~~Behavioral Health Department, Canby~~	~~530-233-4135~~		
	Butte County Crisis Line	1-800-334-6622		
	California Tribal TANF partnership	530-233-3306		
	Hudson Solutions (Substance abuse)	530-233-9619	530-233-9620	

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(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
	Pit River Health Service-Mental Health Counseling	530-335-5090	530-233-6319	
	Redding Empire Recovery	530-243-7470		
	Redding Guardian Rehab Center	530-246-9000		
	Shasta Mental Health	530-225-5200		
	Shasta Community Health	530-246-5710		
Oxygen Supply	Apria	530-221-0202	530-926-5902	
	Lincare	530-233-6611		
	*Modoc Steel	530-233-2655		
	Owens	530-899-8687		
Organ Tissue Donation	Donor Information Line	800-533-6667		
Pharmacy, Commercial				
1.	Fall River Pharmacy	336-5539		
2.	Howard's Drug, Lakeview	541-947-2141		
3.	Owen's Healthcare and Infusion Services	800-540-2270	530-225-8898	
4.	Pro-med Pharmacies	806-379-7126		
5.	Rite-Aid, Alturas	530-233-3113		
6.	Rite-Aid, Burney	530-335-4860		
7.	Safeway Pharmacy, Burney	530-335-4101		
8.	Safeway Inc, Fall River Mills	530-336-5539		
Poison Control Center	CA Poison Control System	800-222-1222	800-342-9293	Calpoison.org
	Mercy Poison Control	800-441-8080		
	Sky Lakes Medical Center	541-274-6311		

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Commented [KK5]: We should add AirGas to this, which is where we are getting our current oxygen.

(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
Portable Toilets	Modoc Sanitation Service	530-279-2025		
Public Health	MCPHD-Stacy Sphar	530-233-6311		
Radios				
Satellite	Remote Satellite Systems-Santa Rosa	707-545-8199		
Service Provider (e.g., Nextel)	US Cellular	530-233-3460		
Red Cross	Donor Assistance Line	800-435-7669		
Regional Healthcare Coordinating Center/REDDINET		213-713-9982	800-440-7808	ltripoli@hasc.org
Repair Services				
Beds	In house			
Biomedical/Medical Devices	Sierra Biomedical	530-472-1090		
Oxygen Devices	Modoc Steel	530-233-2655		
Radios	Chuck Keeney	530-233-2076 or 530-233-4416		
Restoration Services (e.g., ServiceMaster)				
Shelter Sites	Shirley Oaxley Hall at Modoc High School	530-233-7201		
	Four Seasons Fairgrounds (Modoc District Fair Grounds)	530-233-4441		
	Adin Community Center	530-299-3249		
Surge Facilities	See Above			
Toxicologist				
Traffic Control	Local Law Enforcement –See PD list			
Trucks				

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(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
Refrigeration	K&K Distribution	530-233-5174	800-233-5174	
Towing	Pioneer Autobody	530-233-4492		
Utilities				
Gas	Amerigas	530-233-2134		
Plumbing	Heard Plumbing	530-233-5181		
Power	Pacific Power	888-221-7070		
	B&D Electric	530-233-3312		
Refrigeration/AC	Bethel's Refrigeration	530-640-8060		
Sewage	Heard Plumbing	530-233-5181	530-233-5630	
Telephone	Frontier Communications	800-942-5441		
Water	City of Alturas	530-233-2377		
Ventilators	Only portable vents on premises			
Water - Nonpotable	Modoc County Road Dept	530-233-6403		
Water Vendor - Potable	Modoc County Road Dept	530-233-6403		
Other				

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SUBJECT: CONTINUITY OF OPERATIONS PLAN (COOP)	REFERENCE #
DEPARTMENT: EMERGENCY MANAGEMENT	PAGE: 1 OF: 28
	EFFECTIVE: 01/2024
	REVISED:

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SUBJECT:	CONTINUITY OF OPERATIONS PLAN (COOP)	REFERENCE #	LEAVE BLANK
DEPARTMENT:	EMERGENCY MANAGEMENT	EFFECTIVE:	Click or tap to enter a date.
APPROVED BY: **Leave Blank** Once approved the director or department manager will sign.		REVISED:	Click or tap to enter a date.
		PRIOR REVISIONS:	
		REVIEWED:	Click or tap to enter a date.

PURPOSE:
The purpose of this policy is to provide guidance on continuing essential functions if emergencies disrupt or threaten to disrupt normal operations. The COOP enables the agency to operate with a significantly reduced workforce and diminished availability of resources, and from an alternate care site should the primary facility become unfit for operations. The plan could be activated in response to a number of events or situations including emergencies and disasters, as defined below.

AUDIENCE:
Organization Wide

TERMS/DEFINITION:
Alternate Care Site (ACS) – A site where medical services are provided during a disaster when other established and licensed medical service locations are not able to operate due to the circumstances of the disaster.

Continuity of Operations Planning (COOP) – Efforts to ensure that the capability exists for the organization to continue essential functions across a wide range of potential emergencies.

Delegations of Authority – Pre-delegated authority for making policy determinations and decisions in crisis conditions, at alternate locations, etc., as appropriate; the assignment of responsibility or authority to a designated person to carry out specific activities. In the case of delegated authority, the person who delegated the work remains accountable for the outcome of the delegated work.

Disaster - An occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the normal capacity of the affected community. The World Health Organization (WHO) defines disaster as (WHO) the occurrence of a sudden or major misfortune which disrupts the basic fabric and normal functioning of a society (or community). An event or series of events which gives rise to casualties and/or damage or loss of property, infrastructure, essential services or means of livelihood on a scale which is beyond the normal capacity of the affected communities to cope with unaided.

Emergency – A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, an earthquake, or other conditions that would have the same effect on the safety of people and property.

Essential Staff/Personnel – Personnel designated by their agency as critical to the continuity and/or resumption of essential functions and services.

Federal Emergency Management Agency (FEMA) – A federal government agency whose mission is to support citizens and first responders to ensure that as a nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards.

Hazard Vulnerability Analysis (HVA) - An assessment that is conducted to help identify, prioritize, and define threats that may impact business operations.

Human Capital Access –Emergency employees and other special categories of employees who are activated by an agency to perform assigned response duties during a disaster or the recovery efforts of an emergency or disaster.

Maximum Downtime - The maximum length of time (in hours or days) that a service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations.

Mission Essential Functions – Activities, processes or functions that could not be interrupted or unavailable without significantly jeopardizing the operation of an organization. Functions could be deemed essential through statutes, rules, policy, or based on their impact to the agency's mission.

Reconstitution - The return to normal operations once leadership determines that the actual emergency, or the threat of an emergency, is over.

Vital Records, Systems and Equipment – Records, files, documents or databases, which, if damaged or destroyed, would cause considerable inconvenience and/or require replacement or re-creation at considerable expense in order to resume or continue normal operations.

POLICY:
It is the policy of Modoc Medical Center to provide services or restore services as rapidly as possible following an emergency that disrupts normal operations. As soon as the safety of patients, visitors, and staff is established, priority will be given to providing healthcare services to patients.

PROCEDURE:
This plan applies to the functions, operations, and resources necessary to continue MMC's essential functions in the event its normal operations are disrupted or threatened with disruption. This plan applies to all MMC personnel. Staff will be oriented to continuity policies and procedures and their respective roles and responsibilities. This document ensures MMC is capable of conducting its essential missions and functions under all threats and conditions, with or without warning.

The COOP does not apply to temporary disruptions of service during which services are anticipated to be restored within a short period of time. The COOP may be activated when an emergency or disaster occurs, including but not limited to the following events:

- An incident occurs that significantly impacts essential functions (ie. building failure)
- Staffing levels are significantly compromised (ie. influenza pandemic)
- Key partners are not available for normal operations

- Essential systems and utilities are unavailable or offline (ie. power, water, information technology, etc.)

The main objectives of this COOP are as follows:

- Ensure continued performance of essential functions.
- Reduce loss of life/minimize damage.
- Ensure appropriate and smooth delegation of authority during a disaster or emergency.
- Reduce/mitigate disruptions to operations.
- Protect essential assets.
- Achieve timely recovery/reconstitution.
- Maintain Test, Training, and Exercise (TT&E) program for validation.

Leadership

Delegation of Authority and COOP Activation

Delegation of authority establishes who has the legal right to act on behalf of the hospital's leadership. Delegations will become effective when channels of normal direction and control are disrupted and will discontinue when those channels are reestablished.

The authority to activate the COOP resides with the Chief Executive Officer (CEO) or designee. A delegation of authority has been established in the event that the CEO is unavailable or not able to be contacted for longer than four (4) hours. The delegation of authority determines who is authorized to make decisions for the organization in the absence of the CEO under these circumstances. In the absence of the CEO and in the event that the CEO cannot be contacted for the duration of time listed above, the delegation of authority will be as follows, listed in order of succession:

Chief Executive Officer (CEO)
Chief Nursing Officer (CNO)
Chief Operations Officer (COO)
Chief Financial Officer (CFO)
Chief Human Resources Officer (CHRO)

If the first and second individuals are unavailable for a prolonged period, the third individual will assume the primary authority, and so on. If contact information is needed for the individuals listed above, please refer to the call list in the red folder or contact the Human Resources Department for contact information.

Operations

The COOP's activation and relocation are scenario-driven processes that allow flexible and scalable responses to hazards or threats that could disrupt operations. COOP activation is not required for all emergencies or disruptions. The decision to activate the COOP and related actions will be tailored to the situation and based on projected or actual impact of the emergency, disaster, or threat.

Phase I: Readiness and Preparedness

Hazard Vulnerability and Risk Assessment

A hazard vulnerability analysis (HVA) is conducted annually and the top three to five threats are identified for policy development. The HVA is a proactive planning component used to identify the hospital's top vulnerabilities. Once the vulnerabilities/risks are identified, plans are developed to mitigate the impact of the perceived risks. The HVA prioritizes the likelihood of various emergency events. For detailed results, see the HVA (Appendix A).

MMC collaborates with local and regional organizations in the Hospital Preparedness Program (HPP). Partners include Modoc County Public Health Department (MCPHD), Modoc County Office of Emergency Services (OES), local and regional law enforcement, local fire departments, and others. MMC has a Hospital Disaster Preparedness Coordinator (HDPC) who attends local and regional meetings and assists with HPP and OES planning and implementation of local disaster plans.

Phase II: Activation

Activation and Relocation

The CEO or designee is responsible for activating the COOP and for providing guidance and direction during activation and potential relocation. The extent of actions required once the plan is activated will depend on the situation, how severely the events impact facility operations and which functions are impacted by the incident. The following functions take priority:

- Protecting staff and patients
- Internal and external communications
- Maintaining essential functions
- Timely recovery, restoration and resumption of services

An emergency requiring activation could occur at any time of the day or night, with or without warning. The priorities and actions remain the same, but the speed of execution will vary. Upon receipt of an alert from the CEO or designee, managers will begin preparations to maintain essential services within the context of the incident.

Upon activation of the COOP employees should:

- Contact their supervisor for direction.
- Report to the labor pool if not directly involved in patient care or if called in to assist with the incident.
- Remain at work.
- Take immediate actions necessary to protect patients and self.
- Take appropriate preventive measures to protect equipment not designated for relocation.

Mission Essential Components

Mission essential components are those department-specific responsibilities and operational components that, if left unperformed or unavailable, would substantially impact MMC's ability to fulfill its mission. These components include: healthcare service delivery; healthcare workforce; medical/non-medical transportation system; healthcare supply chain; and healthcare administration/finance.

Healthcare Service Delivery

Healthcare service delivery is the provision of health care in all inpatient and outpatient environments. Tasks to be performed to expedite health care delivery under this COOP include:

- Determine if the event has caused a complete or partial disruption of health care service delivery.
- Determine the degree of disruption of health care service delivery.
- Determine if relocation of health care service delivery to an alternate care site is necessary and feasible for short-term continuation of service.
- Work with HPP partners to attain support in returning to normal health care delivery operations as soon as possible.

Access to Healthcare Workforce

Access to healthcare workforce is the ability to obtain credentialed healthcare workers to support healthcare service delivery and provide patient care in the event of an emergency or disaster. Healthcare workforce is critical for ensuring continuation of services in an emergency. Tasks to be performed to ensure the availability of healthcare workforce under this COOP include:

- Identify medical and non-medical staffing shortages.
- Recall staff incrementally to assist in disaster continuity operations.
- Coordinate with contracted staffing agencies to increase availability of medical staff needed.
- Contact other regional facilities to see if they have additional staffing that can be used to sustain operations under existing mutual aid agreements.
- Integrate credentialed practitioners into continuity operations.
- Coordinate with volunteer groups to supplement medical & non-medical personnel.

- Contact MCPHD for additional staffing needs.

Access to Medical/Non-Medical Transportation System

A transportation system that can meet MMC's operational needs is required during the response & continuity phases of any emergency or disaster. Tasks to be performed to ensure adequate access to transportation systems under this COOP include:

- Determine medical and non-medical transportation needs to support response and continued operations.
- Identify and assign staff to serve as an EMS Coordinator and a Transportation Coordinator to manage patient transport during the incident.
- Coordinate with regional EMS/Air ambulance providers to close gaps in system transportation needs.
- Make provisions for staff that may need transportation to facility to help fill incident staffing needs.
- Contact MCPHD or County OES with other transportation resource needs.

Access to Healthcare Supply Chain

MMC will need full access to the healthcare supply chain including medical & non-medical supplies, pharmaceuticals, blood products, industrial fuels, medical gases, and other supplies in the event of an emergency. Tasks to be performed to expedite ensure access to adequate healthcare supply chain include:

- Determine estimated shortfalls identified for the emergency or disaster.
- Prioritize medical and non-medical supply items needed based on initial assessment of the shortfalls listed above.
- Redirect supplies already within the hospital's supply chain to areas most in need or service areas that are higher priority.
- Activate supply orders with existing vendors.
- Contact regional facilities to see if they have supply that can be provided to the facility under existing mutual aid agreements.
- Contact MCPHD or County OES with additional supply and equipment needs.

Healthcare Administration/Finance

Healthcare administration and finance in an emergency includes maintaining and updating patient records, maintaining cash flow requirements to support ongoing operations, , continuation of billing and claims submission processes, filing appropriate claims for losses covered by insurance, and ensuring appropriate plans are in place for any potential legal issues that the emergency or disaster or COOP may present. Tasks to be performed to facilitate administration/finance process throughout the incident include:

- Collect disaster response data for use in After-Action Reports (AAR's) and any claims submitted to FEMA or other sources of reimbursement.
- Coordinate the use of paper systems to track patients and critical data in the event electronic systems become compromised.
- Explore possible sources of disaster assistance that are available to the organization.
- Coordinate plan with third party billing company to accommodate continued cash flow for services provided.
- Monitor and document losses for the submission of insurance claims. Initiate contact with appropriate insurance carriers and policies based on losses that were experienced as a result of the incident. File claims for losses exceeding deductibles on individual insurance policies.
- Utilize existing legal resources for legal questions or concerns that arise throughout the COOP process.
- Develop viable means to provide payroll and vendor payments throughout the incident if traditional means or systems do not allow normal processing of these operational expenses.
- Consider contacting lending institutions, state agencies, patient insurance companies, or other stakeholders if additional capital is required to support continuous operations or recovery efforts.

Prioritization of Services and Operational Systems

MMC has identified and prioritized its key services and operational systems based on the maximum amount of time that the service can be down without impacting patient and staff safety. A tiered system has been adopted from the Federal Emergency Management Agency (FEMA), with Tiers from 0-4 used to categorize the criticality of the service or system. The Tiers are as follows:

Tier 0: Immediately needed; presents life-threatening or catastrophic impact if interrupted
Tier 1: Needed in less than 4 hrs. or it may present a threat to life safety if downtime extends beyond
Tier 2: Needed for same shift or < 12 hrs. or likely to impact operations and/or patient satisfaction
Tier 3: Minimal impact or risk; needed in 1 to 3 days
Tier 4: Need in long-term, beyond 3 days

Any service or system not deemed an essential function below will be deferred until additional staff and resources become available. The following table covers the recovery priority for each mission essential function.

Prioritization Table

Tier level	**Recovery Time Objective / Department**	**Criticality/Essential Service**

Tier 0	**Immediate**	**Immediately needed; presents life threatening or catastrophic impact if interrupted**
	• Communications	Phones, radios, computers, internet, satellite phones
	• Engineering	Facility Safety and Life Safety (fire suppression, utilities management etc.)
	• Security	Security (especially during Active Threat situation)
	• Emergency Dept.	Casualty patient care; Radiology; Laboratory; Pharmacy
	• Ambulance	Transportation
Tier level	**Recovery Time Objective / Department**	**Criticality/Essential Service**
Tier 1	**4 hours or less**	**Needed in less than 4 hrs., or it may present threat to life safety if downtime extends beyond**
	• Med/Surg-Swing	Care of acute and non-acute patients
	• Information Tech	Operations support for all services
	• Supply	Patient care supplies
Tier 2	**12 hours or less**	**Needed for same shift or < 12 hrs., or likely to impact operations and/or patient satisfaction**
	• Nutritional Services	Food service for patients and staff
	• Human Resources	Get staff needed for response; Staff notification
Tier 3	**3 days or less**	**Minimal impact or risk; needed in 1 to 3 days**
	• Skilled Nursing	Return to normal care
	• Administration	Regulatory compliance & reporting
	• Outpatient Clinics	Referrals to decrease patient load on hospital; Physical Therapy
Tier 4	**3 days or more**	**Need in long term, beyond 3 days**
	• HIM	Transcription
	• Accounting/ Business Office	Financials; payroll; vendor accounts

Communication and Notification

Communications

MMC maintains communications that support organizational needs during an emergency, including redundant internal and external communications systems to provide connectivity to staff, key leadership, and community

response and recovery partners. Communications ensures that the organization can coordinate work with staff and collaborate with other agencies and organizations during an emergency, until normal operations are resumed. MMC has identified redundant critical communication systems required for emergency events.

MMC has established a redundant communications system that addresses the following factors:

- Provides redundant communications.
- Supports performance of essential functions.
- Provides emergency notification to staff.
- Provides the ability to communicate within the organization.
- Provides connectivity to outside agencies and the community.
- Ensures access to data, systems, and services throughout most emergencies unless key utilities or communications infrastructure is compromised.

Notification

Communication with internal staff will occur utilizing telephones and overhead paging systems. If additional staff need to be called to help meet staffing needs, this may occur using a calling tree method and may be delegated to department heads or the Human Resources department.

Upon activation of the COOP plan, it is important to notify community partners of the situation, as the need arises. This may include community and business partners, local law enforcement, OES, MCPHD, the Board of Directors, the community at large and other collaborating agencies.

Some additional communication methods that may be used if phones are not functioning include:

- Cell phones
- Satellite phones
- E-mail; intercom system
- Runners able to convey written and verbal communication
- Twitter, Facebook, other social networking sites (as appropriate and/or available)

Vital Records, Files and Databases

Vital Records Management

Vital Records include medical records, patient demographic records, financial records, contracts, vendor records, contact lists, staff files, and other records that are needed to ensure continuous delivery of healthcare services during an emergency or disaster.

Many vital records, files, and databases are available electronically or in paper form. Electronic records are backed up daily. Electronic records can be accessed online and retrieved from system servers or back up hard

drives. MMC keeps essential hardcopy records in various storage areas. Access to and use of these records and systems enables the performance of essential functions during an emergency or disaster and facilitates return to normal operations once the incident has subsided.

Healthcare Information Systems

The information systems at MMC support its data management, medical records, and streamlines MMC's ability to share information with other facilities and stakeholders. Tasks to be performed to maintain a sound network to support healthcare information systems during a disaster or emergency include:

- Determine extent of disruption of information system capabilities.
- Restore network components if necessary and if possible.
- Implement interim paper processes as necessitated by the emergency or disaster.
- Coordinate with local/state emergency management to secure priority service restoration to information system capabilities.
- Engage third party vendors to assist in restoration of information system capabilities if necessary.

Phase III: Continuity

Alternate Care Sites (ACS)

MMC has MOUs in place with MCPHD and Modoc County OES. The following areas have been pre-designated as potential ACSs in the event that operations are disrupted or require relocation:

- Modoc High School – Medical
- Modoc Medical Physical Therapy- Admin

Additional areas have been identified for use should these areas be compromised. OES has MOUs in place for these areas should they be required.

Access to Medical/Non-Medical Transportation Systems

OES has MOUs in place with the Modoc Joint Unified School District (MJUSD) to use school buses for transportation if needed. OES also has supplementary MOUs in place should additional or alternative transportation be required.

Additional transportation needs may also be met through local partners, such as Southern Cascades Community Services District or Sage Stage for both medical and nonmedical transportation needs.

Supply Chain

MMC has MOUs in place with select vendors to give preference to hospital needs in the event of an emergency or disaster. In addition, MMC is an Adventist affiliate and can leverage that affiliation to prioritize shipments of supplies during an event that disrupts supply chain. Supplies may also be shared between regional facilities based on mutual aid agreements, dependent upon what geographical region is affect by the event. Should the event exceed the capabilities of MMC's existing supply chain, MOUs, and regional facilities' supply, MMC will contact MCPHD to request additional supplies. MCPHD may also contact OES as the situation dictates and if additional resources are needed beyond what they are able to access from the State.

Phase IV: Reconstitution and Recovery

Recovery and Resumption of Services

Reconstitution is the process by which the organization and staff resume regular operations in the facility. An orderly return to the new or restored facilities will be arranged based on the safety of the facility and the resources available. Because the facility may be reopened in phases, a staggered staff schedule may be implemented. Reconstitution procedures begin when the CEO or designee determines that the situation has ended and is unlikely to recur. Upon determining that reconstitution procedures should commence, the CEO or designee implements one or a number of the following options, as necessary. All options below are only implemented after proper notification is made to the California Department of Public Health (CDPH) and after the organization has received permission from CDPH to return to normal operations within the space designated by the organization.

- Re-enter the physical space, ensuring that the space is safe for patients and staff. Inform all personnel that the threat no longer exists, and provide instructions for resumption of normal operations.
- Re-open the physical space and replenish supplies, equipment, and staff. Supervise an orderly return to the normal operating facility or movement to another operating facility.
- Report status of relocation to agency partners/customers.
- Resumption of normal service delivery.
- Conduct an after-action review.

TRAINING AND EVALUATION

Test, Training and Exercises (TT&E)

The tests, training, and exercise program is designed to help ensure that MMC's COOP can maintain MMC's essential functions throughout the duration of the emergency situation. MMC has established a TT&E program to support the organization's preparedness and continuity capabilities. Training assists in MMC's ability to maintain essential functions during an emergency. Training helps to familiarize personnel with their roles and responsibilities in the event of an emergency or disaster. Tests, training, and exercises also serve to

assess the existing COOP and provide insight into areas of the COOP that may be improved. Periodic testing also ensures that equipment and procedures are kept in a constant state of readiness. COOP exercises and drills have been incorporated into MMC's multi-year training program.

Evaluation

Each exercise, drill or activation will be evaluated, and the results incorporated into an after-action review or quality improvement plan as warranted. The results are intended to improve the overall effectiveness of the COOP and implementation process.

REFERENCES:

California Association of Health Facilities. (2015). Continuity of Operations Plan Template http://www.cahfdownload.com/cahf/dpp/COOP_Template.docx

California Governor's Office of Emergency Services. Standardized Emergency Management System (SEMS) Guidelines. Sacramento, CA: CA OES, September 2006. Accessed at: http://www.oes.ca.gov/Operational/OESHome.nsf/Content/B4943535210895448825 6C2A0071E038?OpenDocument

California Hospital Association. (2012). Hospital Continuity Program Checklist; Business Continuity Planning Toolkit. http://www.calhospitalprepare.org/continuity-planning

Federal Emergency Management Agency (FEMA). Continuity of Operations (COOP) Awareness Training. https://www.fema.gov/ppt/government/coop/coop_awareness_training.ppt.

Federal Emergency Management Agency (FEMA). (2011). Continuity Plan Template and Instructions for Non-Federal Entities. https://www.fema.gov/media-library/assets/documents/90025

Federal Emergency Management Agency (FEMA). (2011). Devolution of Operations Plan Template. https://www.fema.gov/pdf/about/org/ncp/dev_template.pdf

Kaiser Permanente. (2016). Revised Hazard Vulnerability Analysis Assessment Tool. https://www.calhospitalprepare.org/post/hazard-vulnerability-analysis-tool.

Los Angeles County Emergency Medical Services Agency. (2016). Business Continuity Plan: FACILITY-WIDE [Template]. https://www.calhospitalprepare.org/continuity-planning

Mayer's Memorial Medical Center. Continuity of Operations (COOP) Plan. (2017). http://www.mayersmemorial.com/

ATTACHMENTS:
Appendix: A
Appendix: B

Appendix: A

Modoc Medical Center
Hazard and Vulnerability Assessment Tool (EXAMPLE)
2017-2018

Event	PROBABILITY			MAGNITUDE - MITIGATION = SEVERITY						
	PROBABILITY	ALERTS	ACTIVATIONS	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur			Possibility of death or injury	Physical losses and damages	Interruption of services	Pre-planning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	* Relative threat
SCORE	0 = N/A 1 = Low 2 = Mod 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Mod 3 = High	0 = N/A 1 = Low 2 = Mod 3 = High	0 = N/A 1 = Low 2 = Mod 3 = High	0 = N/A 1 = High 2 = Mod 3 = Low	0 = N/A 1 = High 2 = Mod 3 = Low	0 = N/A 1 =High 2 = Mod 3 = Low	0 - 100%
Active Shooter	2	0	0	3	1	2	2	2	1	24%
Blizzard	3	2	0	2	2	2	2	2	2	48%
Bomb Threat	1	0	0	2	2	3	2	2	1	13%
Building Move	3	0	0	1	1	3	2	2	2	37%
Chemical Exposure, External	1	0	0	2	1	3	3	3	2	16%
Civil Unrest	2	0	0	2	2	2	3	2	2	29%
Communication/Telephone Failure	2	2	0	1	1	2	2	2	1	29%
Drought	3	1	0	1	2	1	2	2	2	37%
Earthquake	2	0	0	2	2	3	2	1	1	24%
Epidemic	1	0	0	2	1	2	2	2	2	12%
Evacuation	1	1	0	3	1	3	2	2	2	24%
Explosion	1	0	0	1	2	2	2	2	2	12%
External Flood	2	0	0	1	3	3	2	1	1	24%
Generator Failure	2	3	0	1	2	3	2	1	1	35%
Hazmat Incident - small < 5 victims	2	0	0	2	1	3	2	2	2	27%
Hazmat Incident with Mass Casualties	2	0	0	2	1	3	2	2	2	27%
Hostage Situation	1	0	0	1	2	3	3	2	2	14%
HVAC Failure	1	0	0	1	1	1	1	1	1	7%
Inclement Weather	3	4	0	2	1	1	2	2	2	43%
Infectious Disease Outbreak	2	0	0	3	2	3	2	1	2	29%
Internal Fire	1	0	0	2	2	2	2	1	2	12%
Internal Flood	1	0	0	1	2	2	2	2	2	12%
IT System Outage	2	1	0	1	1	2	2	2	2	28%
Labor Action	1	0	0	2	2	2	3	2	2	14%
Mass Casualty Incident	3	4	2	3	1	3	2	1	1	50%
Patient Surge	3	4	2	3	1	3	2	1	1	50%
Picketing	1	0	0	1	1	2	2	2	2	11%
Power Outage	3	3	0	2	2	3	2	2	2	54%
Seasonal Influenza	2	0	0	3	2	3	2	1	2	29%
Sewer Failure	1	0	0	1	1	2	2	2	2	11%
Shelter in Place	1	0	0	3	1	3	2	2	2	14%
Small-Med Internal Spill	2	0	0	2	2	3	2	2	3	31%
Snowfall	3	2	0	2	2	2	1	2	1	40%
Supply Chain Shortage / Failure	2	2	0	2	2	3	2	1	1	35%
Suspicious Package / Substance	1	0	0	2	2	3	2	2	1	13%
Temperature Extremes	3	4	0	2	1	1	2	2	2	43%
Terrorism	1	0	0	2	2	3	3	2	2	16%
Tornado	1	0	0	1	2	2	2	2	1	11%
Trauma	3	4	3	3	1	3	2	1	1	51%
VIP Situation	1	0	0	1	1	3	3	2	2	13%
Water Disruption	2	1	1	1	1	2	2	2	2	32%
Wild Fire	3	1	1	3	3	2	2	2	1	52%
Workplace Violence / Threat	1	0	0	3	1	3	2	2	1	13%
Zombie Apocalypse	3	0	0	3	3	3	3	3	3	82%

Appendix: B

Vendor/ Contact Information

(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
Agency for Toxic Substances and Disease Registry (ATSDR)		800-232-4636	888-232-6348	
Ambulance/EMS	MMC	530-640-3145		
	Surprise Valley	530-279-6111		
Air Transportation:	Air Life-Bend, OR	1-800-522-2828		
	American Aerovac Flights	1-800-423-5993		
	Care Flight Reno	1-800-648-4888		
	CDF Helitach	530-294-5251		
	Enloe Flight Care	1-800-344-1863		
	Medford Air Oregon	541-779-4211		
	Medic Air Reno	1-800-234-3822		
	Mountain Life Flight	257-2444		
	Oregon Air Life	1-800-423-5993		
	PHI (Mercy Air) Flight Dispatch	255-6290		
	Reach Air Transport	1 800 338-4045		
	AIRPORT - ALTURAS	530-233-5125		
	Airport - Alturas Altimeter Reading	530-233-2972		
American Red Cross	Yuba City	530-673-1460		
	RC Donor Assistance Line	800-435-7669		
	Shasta/Trinity/Lassen	800-909-3021		
Biohazard Waste Company	North State Specialty	530-529-3033		
Buses:	Sage Stage	530-233-3883	530-233-6410	
	Medi Transport	530-221-4321		
CDC		800-232-4636	888-232-6348	cdcinfo@cdc.gov
Clinics:	Big Valley Health Center	294-5241		
	Burney Health Center	335-5457		
	Cascade Health Center	335-2954		
	Fall River Valley Health Care	336-6535		
	Lake Clinic	541-947-3366		
	Pit River Health Services	233-3223		
	Strong Family Health	233-4591		

(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
	Surprise Valley Health Care District	279-6115		
	Warner Mountain Indian Health Clinic	279-6194		
Coroner/Medical Examiner	Mike Poindexter	530-233-4416		
Developmental Disabilities	Far Northern Regional Developmental Disabilities Center	530-233-6636		
Dispatcher, 911	County Sheriff's Dept	9-911	530-233-4416	
Emergency Management Agency	County OES	530-233-4416		
Emergency Operations Center (EOC), Local	AJ – McCrery County SD	530-233-4416	530-233-4410	
Emergency Operations Center (EOC), County	**GO THROUGH COUNTY EOC** – AJ McQuarrie	530-233-4416		oes.ca.gov
Engineers				
HVAC	Wayne Bethel	530-233-4647		
Mechanical	Peterson Machinery	541-852-5583		
Structural	MNR Architecture-Redding	530-222-3300		
Environmental Protection Agency (EPA)		916-323-2514 (CA)	866-EPA-WEST (Regional Office)	cepacomm@calepa.ca.gov
Epidemiologist	Dr. Richert			
Federal Bureau of Investigation (FBI)	FBI Sacramento	916-481-9110		Sacramento.fbi.gov
Fire Department:	Alturas Fire Department	530-233-4500		
	Alturas Rural Fire Hall	530-233-3018		
	Bieber Fire Department	530-294-5720		
	California Dept. of Forestry (CDF)	530-233-2723		
	California Pines Lake Fire Station	530-233-1151		
	Canby Fire Dept.	530-233-9233		
	Cedarville Fire Dept.	530-279-2311		
	Cedarville Volunteer Fire Dept.	530-279-2354		
	City Fire Dept.	530-233-4500		
	Davis Creek Fire Dept.	No Phone #		
	Likely Fire Dept.	530-233-4817		
Food Service	K&K Distribution	530-233-5174		
	Sysco (Sacramento)	866-833-8750		
	Pepsi	530-233-5757		

(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
	4-Corners	530-233-3822		
Fuel	Propane - Bethel's	530-233-2134		
	Diesel - Ed Staub	530-279-6343	530-233-2610	
Funeral Homes/Mortuary Services	Kerr Mortuary	530-233-3930		
Generators:	Peterson Machinery	541-852-5583		
Boiler	CR Combustion	541-944-5436		
HazMat Team	County HazMat Response	530-233-6310		
Heavy Equipment (e.g., Backhoes, etc.)	Heard Plumbing	530-233-5181	530-640-5181 or 530-233-5630	
Helicopters	See Air Transportation			
Home Repair/Construction Supplies				
1.	Gene Hamilton	530-233-2202		
2.	Guy Williams	530-233-5625		
3.	ACE Hardware (Four Seasons)	530-233-4441		
Hospitals				
1.	Banner Lassen Medical Center, Susanville	530-252-2000		
2.	Lake District Hospital, Lakeview	541-947-2114		
3.	Mayers Memorial Hospital, Fall River Mills	530-336-5511		
4.	Mercy Medical Center, Redding	530-246-3729		
5.	Renown Health, Reno	775-331-7000		
6.	Sky Lakes Medical Center, Klamath Falls	541-274-6311		
7.	Surprise Valley Hospital, Cedarville	530-279-6115		
8.	Shasta Regional Medical Center, Redding	530-244-5400		
Ice, Commercial	K&K Distribution	530-233-5174		
Laboratory Response Network	CDC	800-232-4636	888-232-6348	cdcinfo@cdc.gov
Laundry/Linen Service	Pacific Linen-Klamath Falls, OR	541-884-5111		
Law Enforcement	Alturas PD	530-233-2011		
	CHP	530-233-2919		
	Alturas County SD	530-233-4416		
Long Term Care Facilities				

(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
1. Fall River Mills		530-336-5511		
2. Lakeview		541-947-2114		
3. Surprise Valley		530-279-6111		
4. Warnerview		530-233-7059		
Media				
Print:	Herald and News	541-885-4410		
Print:	Modoc County Record	530-233-2632		
Print:				
Radio:	KALT 106.5	530-233-4842		
Radio:	KCNO 94.5	530-233-3570		
Radio:	KILN			
Radio:	KKFJ	530-233-3570		
TV:	Channel 6 - TCI	530-233-2682		
Medical Gases	Modoc Steel	530-233-2655		modocsteel@frontiernet.net
Medical Supply				
1.	Lincare Medical Supply	530-257-7513	888-257-7513	
2.	Owens & Minor Medical Supply	800-342-8999		
3.	Medline	800-633-5463		
Medication, Distributor				
1.	McKesson Pharmaceutical –Debbi Anpigua	800-804-4584	(Emergency contact)	
2.	Owens & Minor Medical Supply	800-342-8999		
Mental Health Services	Modoc County Mental Health	530-233-6312	530-233-2097	
	Butte County Crisis Line	1-800-334-6622		
	California Tribal TANF partnership	530-233-3306		
	Hudson Solutions (Substance abuse)	530-233-9619	530-233-9620	
	Pit River Health Service-Mental Health Counseling	530-335-5090	530-233-6319	
	Redding Empire Recovery	530-243-7470		
	Redding Guardian Rehab Center	530-246-9000		
	Shasta Mental Health	530-225-5200		
	Shasta Community Health	530-246-5710		
Oxygen Supply	Apria	530-221-0202	530-926-5902	
	Lincare	530-233-6611		

(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
	*Modoc Steel	530-233-2655		
	Owens	530-899-8687		
	AirGas	541-884-8136		
Organ Tissue Donation	Donor Information Line	800-533-6667		
Pharmacy, Commercial				
1.	Fall River Pharmacy	336-5539		
2.	Howard's Drug, Lakeview	541-947-2141		
3.	Owen's Healthcare and Infusion Services	800-540-2270	530-225-8898	
4.	Pro-med Pharmacies	806-379-7126		
5.	Rite-Aid, Alturas	530-233-3113		
6.	Rite-Aid, Burney	530-335-4860		
7.	Safeway Pharmacy, Burney	530-335-4101		
8.	Safeway Inc, Fall River Mills	530-336-5539		
Poison Control Center	CA Poison Control System	800-222-1222	800-342-9293	Calpoison.org
	Mercy Poison Control	800-441-8080		
	Sky Lakes Medical Center	541-274-6311		
Portable Toilets	Modoc Sanitation Service	530-279-2025		
Public Health	MCPHD-Stacy Sphar	530-233-6311		
Radios				
Satellite	Remote Satellite Systems-Santa Rosa	707-545-8199		
Service Provider (e.g., Nextel)	US Cellular	530-233-3460		
Red Cross	Donor Assistance Line	800-435-7669		
Regional Healthcare Coordinating Center/REDDINET		213-713-9982	800-440-7808	ltripoli@hasc.org
Repair Services				
Beds	In house			
Biomedical/Medical Devices	Sierra Biomedical	530-472-1090		
Oxygen Devices	Modoc Steel	530-233-2655		
Radios	Chuck Keeney	530-233-2076 or 530-233-4416		
Restoration Services (e.g., ServiceMaster)				

SUBJECT:	CONTINUITY OF OPERATIONS PLAN (COOP)	REFERENCE #	LEAVE BLANK
DEPARTMENT:	EMERGENCY MANAGEMENT	EFFECTIVE:	
APPROVED BY:		REVISED:	
		PRIOR REVISIONS:	
		REVIEWED:	

(Company/Agency/Name)	(Company/Agency/Name) Personal Contact	Phone # Primary	Phone # Secondary	E-Mail
Shelter Sites	Shirley Oaxley Hall at Modoc High School	530-233-7201		
	Four Seasons Fairgrounds (Modoc District Fair Grounds)	530-233-4441		
	Adin Community Center	530-299-3249		
Surge Facilities	See Above			
Toxicologist				
Traffic Control	Local Law Enforcement –See PD list			
Trucks				
Refrigeration	K&K Distribution	530-233-5174	800-233-5174	
Towing	Pioneer Autobody	530-233-4492		
Utilities				
Gas	Amerigas	530-233-2134		
Plumbing	Heard Plumbing	530-233-5181		
Power	Pacific Power	888-221-7070		
	B&D Electric	530-233-3312		
Refrigeration/AC	Bethel's Refrigeration	530-640-8060		
Sewage	Heard Plumbing	530-233-5181	530-233-5630	
Telephone	Frontier Communications	800-942-5441		
Water	City of Alturas	530-233-2377		
Ventilators	Only portable vents on premises			
Water - Nonpotable	Modoc County Road Dept	530-233-6403		
Water Vendor - Potable	Modoc County Road Dept	530-233-6403		
Other				

ATTACHMENT E

Departmental Policy Manuals

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

MEMORANDUM

DATE: 02/20/2024
TO: Board of Directors
FROM: Samantha Farr – Policy Coordinator
SUBJECT: Review of Departmental Policy Manual

Attached:
Memoranda from: Alicia Doss

Regarding the following Departmental Policy Manuals for your review and comment:

- Compliance
- Quality Assurance
- Risk Management
- Utilization Review

Respectfully Submitted,

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

MEMORANDUM

DATE: February 19, 2024
TO: Board of Directors
FROM: Alicia Doss
SUBJECT: Review of Departmental Policy Manual

The following manual is submitted for your review and approval: Quality Improvement plan

This year's revisions/accomplishments:

No revisions

Follow up actions to be completed by:

Respectfully Submitted,

Alicia Doss BSN, RN
Quality/Risk/Compliance Director

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

MEMORANDUM

DATE: February 19, 2024
TO: Board of Directors
FROM: Alicia Doss
SUBJECT: Review of Departmental Policy Manual

The following manual is submitted for your review and approval: Risk Management plan

This year's revisions/accomplishments:

No revisions

Follow up actions to be completed by:

Respectfully Submitted,

Alicia Doss BSN, RN
Quality/Risk/Compliance Director

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

MEMORANDUM

DATE: February 19, 2024
TO: Board of Directors
FROM: Alicia Doss
SUBJECT: Review of Departmental Policy Manual

The following manual is submitted for your review and approval: Compliance plan

This year's revisions/accomplishments:

No revisions

Follow up actions to be completed by:

Respectfully Submitted,

Alicia Doss BSN, RN
Quality/Risk/Compliance Director

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

MEMORANDUM

DATE: February 19, 2024
TO: Board of Directors
FROM: Alicia Doss
SUBJECT: Review of Departmental Policy Manual

The following manual is submitted for your review and approval: Utilization Review

This year's revisions/accomplishments:

No revisions

Follow up actions to be completed by:

I will be doing some formatting of this policy in the coming year

Respectfully Submitted,

Alicia Doss BSN, RN
Quality/Risk/Compliance Director

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

QUALITY ASSURANCE POLICY & PROCEDURE MANUAL
2024

The Quality Assurance Policy & Procedure Manual has been reviewed and is approved for use at Modoc Medical Center.

Performance Improvement _____ Date _____

Chief Executive Officer _____ Date _____

Chair, Board of Directors _____ Date _____

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

RISK MANAGEMENT POLICY & PROCEDURE MANUAL
2024

The Risk Management Policy & Procedure Manual has been reviewed and is approved for use at Modoc Medical Center.

Risk Management _____ Date _____

Chief Executive Officer _____ Date _____

Chair, Board of Directors _____ Date _____

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

SWING BED PROGRAM/UTILIZATION REVIEW
POLICY & PROCEDURE MANUAL
2024

The Utilization Review Policy & Procedure Manual has been reviewed and is approved for use at Modoc Medical Center.

Utilization Review _____ Date _____

Chief Executive Officer _____ Date _____

Chief of Staff _____ Date _____

Chair, Board of Directors _____ Date _____

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

COMPLIANCE POLICY & PROCEDURE MANUAL
2024

The Compliance Policy & Procedure Manual has been reviewed and is approved for use at Modoc Medical Center.

Compliance _____ Date _____

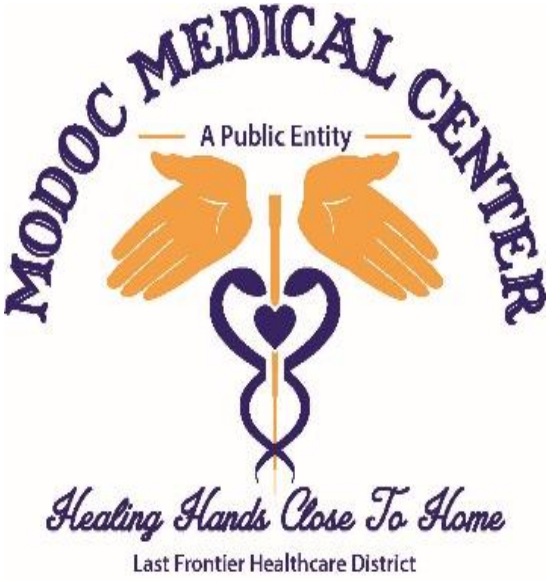
Chief of Staff _____ Date _____

Chief Executive Officer _____ Date _____

Chair, Board of Directors _____ Date _____

ATTACHMENT F

LFHD Financial Statement
January 2024
(unaudited)

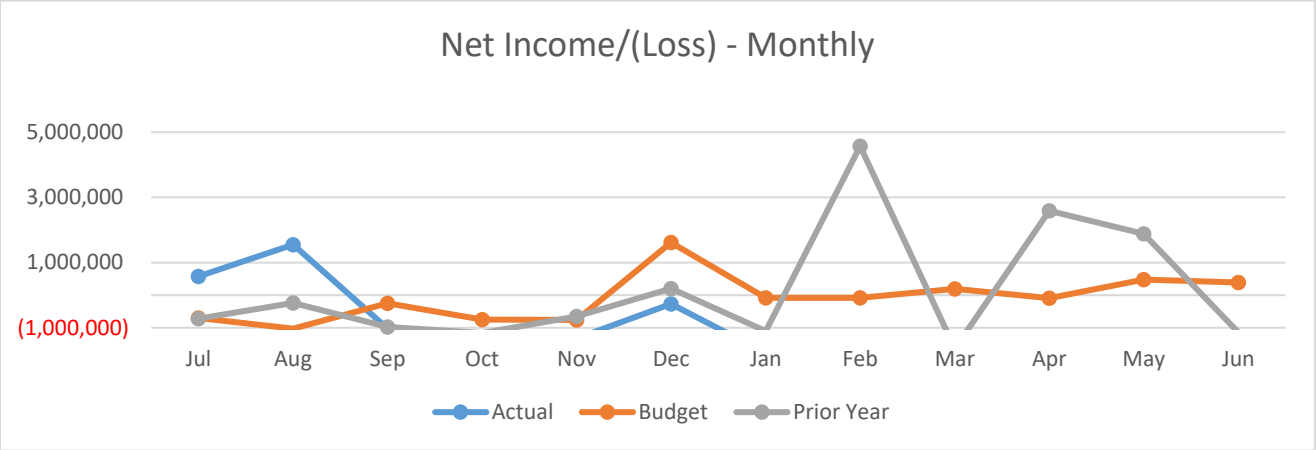


Modoc Medical Center
Financial Narrative
For the Month of January 2024

Prepared by Patrick Fields, CFO

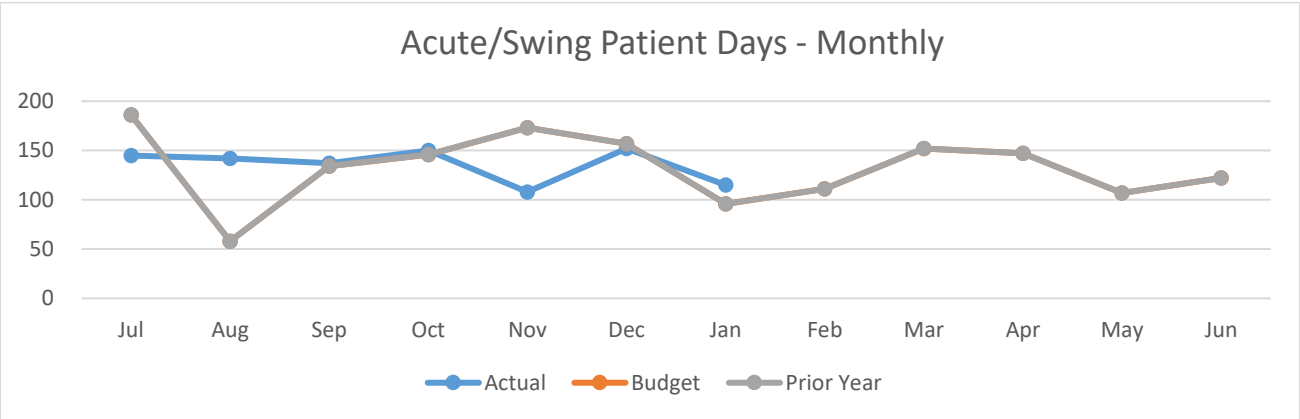
Summary

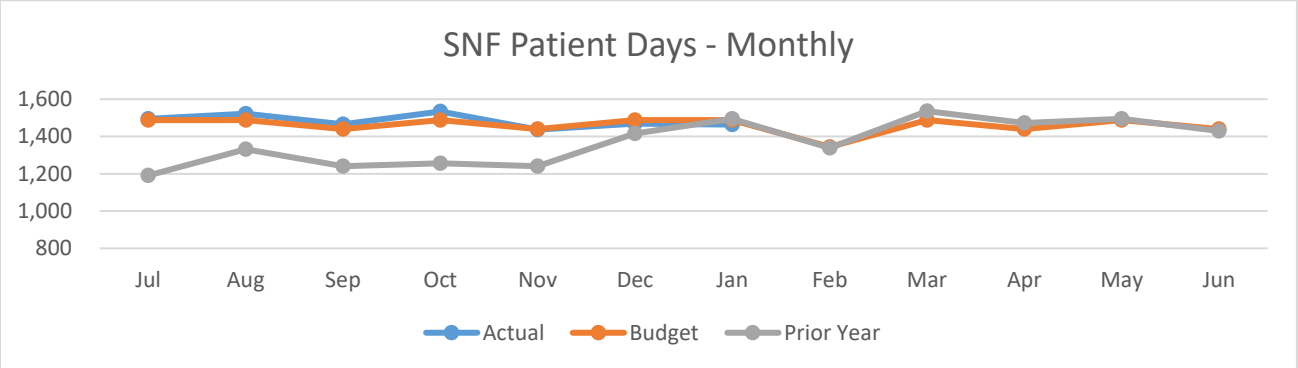
During the month of January, Modoc Medical Center reported a net loss from operations of ($1,702,095) representing weaker than was budgeted, ($857,905). Inpatient revenue and outpatient revenues were both up from the prior month. Total patient revenue was $4,395,621 up from $3,622,285. Net loss, including Non-Operating Activity, of ($1,772,178) is weaker than budgeted.



Patient Volumes

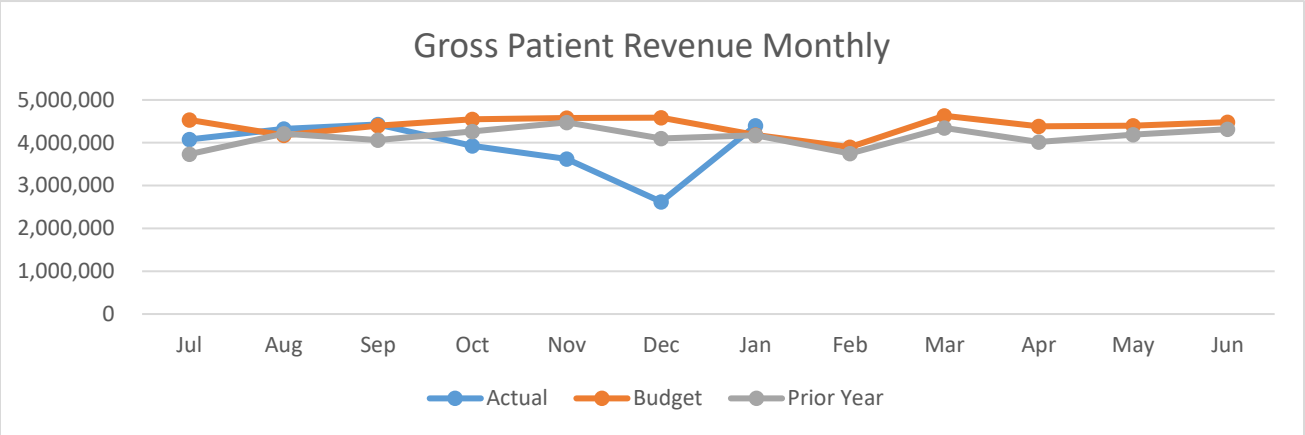
Combined Acute Days were over budget for the month by 19. The SNF Patient Days declined to 1,464 under budget by 24 days. Overall Inpatient Days were under budget by 5 (1,579 actual vs. 1,584 budget). Outpatient volumes saw Radiology was the only department over budget, the other departments were all under budget. A portion of this was caused by the Cerner Conversion.

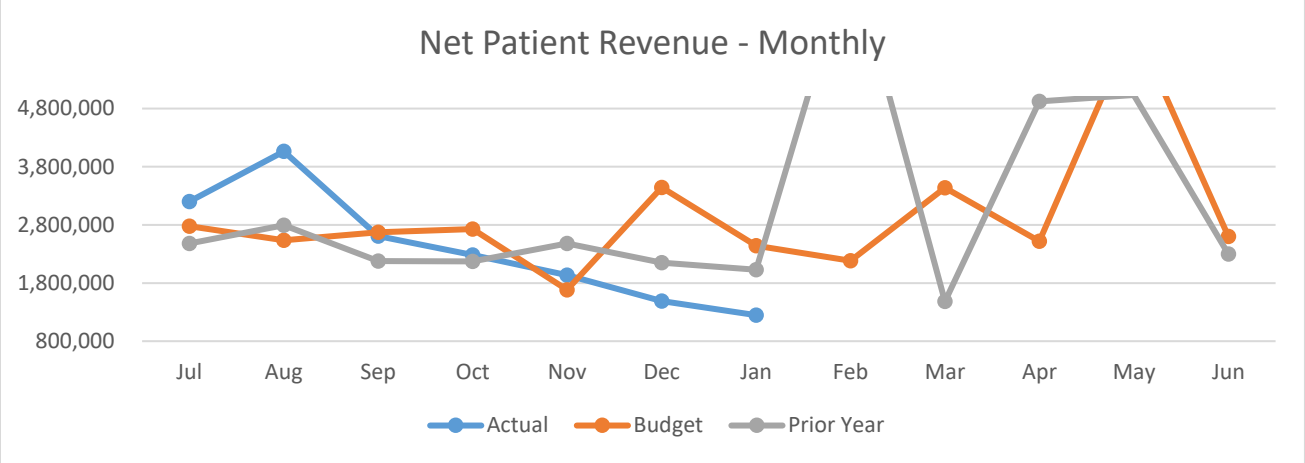




Revenues

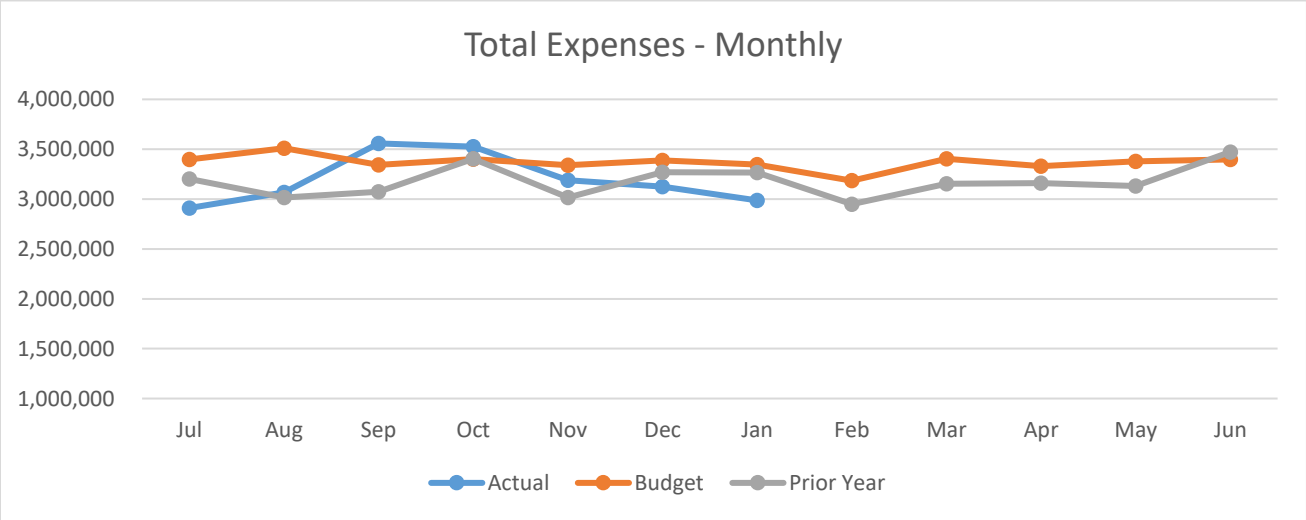
Gross Patient Revenues were $4.396 million, over budget of $4.186 million. Of this, the Inpatient Revenue was over budget by $421K and Outpatient Revenue under budget by ($212K). Net Patient Revenue is $1.247 million.





Expenses

Total Operating Expenses were $2.987 million this month, compared to a budget of $3.322 million. Operating expenses were down $139K from the prior month.



Non-Operating Activity

Non-Operating expense for the month was ($70K). Interest income for the month was $32.9K offset by Retail Pharmacy loss of ($20.39K), district vouchers of ($3.9K) and interest expense of ($78.7K). Net loss for the month was ($1,772,178).

Balance Sheet

Cash declined during the month by $2.037 million to $30.920 million. The decline in cash was due to the operating loss during the month and the semiannual interest only payment on the USDA loan. Total assets declined by $2.136 million during the month, while total liabilities declined by $351K. Days in Cash declined to 297. Days in AP remained stable at 11. Net AR as a percent of Gross AR declined to 35%. Current ratio improved to 14.87 times.

Modoc Medical Center
Income Statement
For the month of January 2024

	Month	Budget	Variance	Prior Year Month	YTD	Budget	Variance	Prior Year YTD
Revenues								
Room & Board - Acute	499,792	427,474	72,318	414,999	3,633,747	4,100,001	(466,254)	3,979,476
Room & Board - SNF	1,157,655	808,728	348,927	811,413	5,596,679	5,608,920	(12,241)	4,982,990
Ancillary	0	0	0	0	0	0	0	0
Total Inpatient Revenue	1,657,447	1,236,202	421,245	1,226,412	9,230,426	9,708,921	(478,495)	8,962,466
Outpatient Revenue	2,738,174	2,949,760	(211,586)	2,946,872	19,786,598	21,307,608	(1,521,010)	20,063,587
Total Patient Revenue	4,395,621	4,185,962	209,659	4,173,284	29,017,024	31,016,529	(1,999,505)	29,026,053
Bad Debts	0	0	0	0	0	0	0	0
Contractuals Adjs	3,148,346	1,744,161	1,404,185	2,115,129	11,560,670	11,727,217	(166,547)	12,709,217
Admin Adjs	0	0	0	0	0	0	0	0
Total Revenue Deductions	3,148,346	1,744,161	1,404,185	2,115,129	11,560,670	11,727,217	(166,547)	12,709,217
Net Patient Revenue	1,247,275	2,441,801	(1,194,526)	2,058,155	17,456,354	19,289,312	(1,832,958)	16,316,836
% of Charges	*28.4%*	*58.3%*	*-30.0%*	*49.3%*	*60.2%*	*62.2%*	*-2.0%*	*56.2%*
Other Revenue	37,745	22,524	15,221	23,396	395,272	350,175	45,097	310,255
Total Net Revenue	1,285,020	2,464,325	(1,179,305)	2,081,551	17,851,626	19,639,487	(1,787,861)	16,627,091
Expenses								
Salaries	1,265,139	1,494,765	(229,626)	1,363,954	9,327,718	10,247,378	(919,660)	8,588,590
Benefits and Taxes	316,350	289,086	27,264	291,975	2,046,553	1,999,802	46,751	1,780,652
Registry	230,303	347,318	(117,015)	207,876	1,776,529	2,431,224	(654,695)	2,589,726
Professional Fees	383,307	362,372	20,935	522,401	3,273,549	2,539,996	733,553	3,402,345
Purchased Services	129,986	144,535	(14,549)	143,853	1,039,448	1,176,807	(137,359)	958,447
Supplies	296,116	301,532	(5,416)	313,862	1,953,491	2,419,894	(466,403)	2,178,826
Repairs and Maint	8,822	21,897	(13,075)	31,950	164,402	176,899	(12,497)	176,689
Lease and Rental	3,251	4,311	(1,060)	3,496	25,014	30,177	(5,163)	26,575
Utilities	53,090	46,144	6,946	49,880	332,826	352,809	(19,983)	368,087
Insurance	37,133	35,261	1,872	34,228	279,466	246,827	32,639	228,681
Depreciation	177,445	175,485	1,960	177,216	1,224,856	1,228,398	(3,542)	1,214,872
Other	86,173	99,524	(13,351)	125,468	571,000	732,417	(161,417)	662,406
Total Operating Expenses	2,987,115	3,322,230	(335,115)	3,266,159	22,014,852	23,582,628	(1,567,776)	22,175,896
Income from Operations	(1,702,095)	(857,905)	(844,190)	(1,184,608)	(4,163,226)	(3,943,141)	(220,085)	(5,548,805)
Property Tax Revenue	(3,936)	(4,293)	357	(5,505)	1,379,465	1,371,230	8,235	1,376,111
Interest Income	32,885	180	32,705	154,275	425,180	619,934	(194,754)	329,649
Interest Expense	(78,661)	(79,809)	1,148	(86,347)	(577,583)	(553,515)	(24,068)	(591,640)
Gain/Loss on Asset Disposal	0	0	0	0	0		0	0
Retail Pharmacy Net Activity	(20,371)	6,784	(27,155)	22,008	(104,345)	(108,875)	4,530	(32,851)
Other Non-Operating Income	0	0	0	0	0	0	0	0
Total Non-Operating Revenue	(70,083)	(77,138)	7,055	84,431	1,122,717	1,328,774	(206,057)	1,081,269
Net Income/(Loss)	(1,772,178)	(935,043)	(837,135)	(1,100,177)	(3,040,509)	(2,614,367)	(426,142)	(4,467,536)
EBIDA	(1,516,072)	(679,749)	(836,323)	(836,614)	(1,238,070)	(832,454)	(405,616)	(2,661,024)
Operating Margin %	-132.5%	-34.8%	-97.6%	-56.9%	-23.3%	-20.1%	-3.2%	-33.4%
Net Margin %	-137.9%	-37.9%	-100.0%	-52.9%	-17.0%	-13.3%	-3.7%	-26.9%
EBIDA Margin %	-118.0%	-27.6%	-90.4%	-40.2%	-6.9%	-4.2%	-2.7%	-16.0%

Modoc Medical Center
Income Statement Trend

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Revenues												
Room & Board - Acute	245,685	318,596	373,497	258,082	285,397	345,492	317,987	318,575	283,531	415,085	664,737	499,792
Room & Board - SNF	727,047	808,062	826,436	812,353	776,912	812,447	827,207	802,683	697,273	677,650	488,064	1,157,655
Ancillary	149,641	252,948	227,048	209,219	144,062	195,932	165,072	211,691	148,162	0	0	0
Total Inpatient Revenue	1,122,373	1,379,606	1,426,982	1,279,654	1,206,370	1,353,871	1,310,266	1,332,949	1,128,966	1,092,735	1,152,801	1,657,447
Outpatient Revenue	2,629,403	2,967,342	2,590,567	2,910,583	3,108,815	2,797,167	3,047,136	3,094,016	2,802,183	2,526,547	2,469,484	2,738,174
Total Patient Revenue	3,751,776	4,346,948	4,017,549	4,190,236	4,315,185	4,151,039	4,357,402	4,426,965	3,931,149	3,619,282	3,622,285	4,395,621
Bad Debts	6,304	217,176	164,006	17,816	105,322		26,790	0	1,651,547	1,681,616	2,133,435	3,148,346
Contractual Adjs	(3,802,666)	2,548,661	(1,121,332)	(1,048,724)	1,803,158		231,127	0	0	0	0	0
Admin Ajds	78,648	98,412	51,613	186,220	108,655		0	0	0	0	0	0
Total Revenue Deductions	(3,717,715)	2,864,249	(905,712)	(844,688)	2,017,135	878,097	257,916	1,821,473	1,651,547	1,681,616	2,133,435	3,148,346
Net Patient Revenue	7,469,490	1,482,699	4,923,261	5,034,924	2,298,050	3,272,942	4,099,486	2,605,493	2,279,602	1,937,666	1,488,850	1,247,275
% of Charges	*199.1%*	*34.1%*	*122.5%*	*120.2%*	*53.3%*	*78.8%*	*94.1%*	*58.9%*	*58.0%*	*53.5%*	*41.1%*	*28.4%*
Other Revenue	139,843	111,808	289,173	16,174	53,076	22,979	214,711	17,954	71,790	12,419	29,432	37,745
Total Net Revenue	7,609,333	1,594,507	5,212,434	5,051,098	2,351,126	3,295,921	4,314,197	2,623,447	2,351,392	1,950,085	1,518,282	1,285,020
Expenses												
Salaries	1,190,511	1,230,039	1,458,966	1,296,573	1,240,847	1,312,653	1,410,174	1,228,267	1,460,794	1,279,200	1,373,596	1,265,139
Benefits and Taxes	253,736	270,060	281,587	271,203	292,984	283,231	288,143	279,753	333,123	272,727	273,225	316,350
Registry	312,756	263,830	181,748	468,831	363,046	164,005	200,472	428,038	174,694	285,542	293,475	230,303
Professional Fees	415,592	434,761	472,249	444,073	668,384	245,148	326,918	695,436	622,160	589,686	410,893	383,307
Purchased Services	131,096	186,667	143,256	72,378	198,164	226,663	143,964	179,246	74,621	127,831	149,184	129,986
Supplies	310,289	310,744	254,664	229,957	363,878	111,164	208,947	338,443	423,168	286,055	267,874	296,116
Repairs and Maint	12,516	31,266	29,615	15,302	22,401	20,972	32,333	23,527	45,479	17,795	13,553	8,822
Lease and Rental	3,164	3,128	3,592	3,444	3,258	3,649	3,465	4,183	3,671	3,556	3,238	3,251
Utilities	37,923	105,130	54,444	46,241	38,496	52,947	48,744	44,880	45,139	44,798	31,404	53,090
Insurance	34,878	34,228	31,918	31,918	31,917	1,973	16,578	66,324	82,154	35,169	40,135	37,133
Depreciation	177,216	177,216	175,485	175,157	175,157	176,246	175,544	169,494	174,984	172,539	178,607	177,445
Other	69,403	105,418	73,531	76,133	73,933	54,308	79,770	100,372	84,434	75,019	90,835	86,173
Total Operating Expenses	2,949,081	3,152,488	3,161,055	3,131,210	3,472,465	2,652,959	2,935,052	3,557,963	3,524,421	3,189,917	3,126,019	2,987,115
Income from Operations	4,660,252	(1,557,981)	2,051,379	1,919,889	(1,121,339)	642,962	1,379,145	(934,516)	(1,173,029)	(1,239,832)	(1,607,737)	(1,702,095)
Property Tax Revenue	(3,595)	(10,342)	551,706	(5,268)	(4,776)	(2,516)	(2,453)	(455)	(3,619)	(952)	1,393,396	(3,936)
Interest Income	228	251	94,654	38,824	44,459	38,542	282,246	15,214	38,584	10,648	7,060	32,885
Interest Expense	(80,174)	(85,488)	(84,509)	(86,354)	(88,732)	(84,271)	(85,120)	(82,022)	(83,356)	(81,855)	(82,298)	(78,661)
Gain/Loss on Asset Disposal	0	0	0	0	0	0	0	0	0	0	0	0
Retail Pharmacy Net Activity	(7,358)	17,130	(26,137)	17,157	25,598	(20,671)	(23,391)	(21,787)	(27,899)	(15,980)	25,754	(20,371)
Other Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Operating Revenue	(90,899)	(78,449)	535,714	(35,641)	(23,451)	(68,916)	171,282	(89,050)	(76,290)	(88,139)	1,343,912	(70,083)
Net Income	4,569,353	(1,636,430)	2,587,092	1,884,248	(1,144,791)	574,046	1,550,427	(1,023,566)	(1,249,319)	(1,327,971)	(263,825)	(1,772,178)
EBIDA	4,826,743	(1,373,726)	2,847,086	2,145,759	(880,902)	834,563	1,811,091	(772,050)	(990,979)	(1,073,577)	(2,920)	(1,516,072)
Operating Margin %	61.2%	-97.7%	39.4%	38.0%	-47.7%	19.5%	32.0%	-35.6%	-49.9%	-63.6%	-105.9%	-132.5%
Net Margin %	60.0%	-102.6%	49.6%	37.3%	-48.7%	17.4%	35.9%	-39.0%	-53.1%	-68.1%	-17.4%	-137.9%
EBIDA Margin %	63.4%	-86.2%	54.6%	42.5%	-37.5%	25.3%	42.0%	-29.4%	-42.1%	-55.1%	-0.2%	-118.0%

Modoc Medical Center
Balance Sheet
For the month of January

	Unaudited 31-Jan	Unaudited 23-Dec	Unaudited 23-Nov	Unaudited 23-Oct	Unaudited 23-Sep	Unaudited 23-Aug	Unaudited 23-Jul	Audited Jun-22
Cash	769,336	1,044,727	-26,508	622,845	132,427	522,024	482,052	2,096,800
Investments	29,232,741	31,000,105	33,143,312	32,782,925	34,948,612	35,533,663	34,451,700	34,157,685
Designated Funds	917,902	913,758	914,608	912,213	912,258	921,230	621,067	310,150
Total Cash	30,919,979	32,958,590	34,031,412	34,317,983	35,993,297	36,976,917	35,554,819	36,564,635
Gross Patient AR	19,994,543	17,853,215	16,099,413	14,979,874	14,885,666	13,923,853	13,763,210	11,647,858
Allowances	(12,996,585)	(11,056,271)	(9,739,700)	(8,733,136)	(8,144,092)	(7,682,452)	(7,556,810)	(5,026,989)
Net Patient AR	6,997,958	6,796,944	6,359,713	6,246,738	6,741,574	6,241,401	6,206,400	6,620,869
% of Gross	*35.0%*	*38.1%*	*39.5%*	*41.7%*	*45.3%*	*44.8%*	*45.1%*	*56.8%*
Third Party Receivable	1,042,374	1,042,374	1,042,374	2,050,334	1,042,374	1,042,374	1,363,433	1,712,857
Other AR	273,260	337,118	226,006	291,914	243,707	266,758	277,672	398,875
Inventory	419,193	455,575	462,036	466,093	486,438	278,325	302,513	486,845
Prepaids	532,847	573,266	569,995	526,592	560,300	525,313	296,980	559,880
Total Current Assets	40,185,611	42,163,867	42,691,536	43,899,654	45,067,690	45,331,088	44,001,817	46,343,961
Land	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540
Bldg & Improvements	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,162,430
Equipment	12,814,345	12,814,345	12,814,345	12,618,550	12,618,550	12,618,550	12,618,550	12,134,101
Construction In Progress	8,459,503	8,439,529	7,932,196	8,096,946	8,013,355	7,312,893	7,125,574	3,055,521
Fixed Assets	69,314,194	69,294,220	68,786,887	68,755,841	68,672,251	67,971,789	67,784,470	63,065,592
Accum Depreciation	(17,969,358)	(17,791,715)	(17,612,910)	(17,440,180)	(17,264,998)	(17,095,313)	(16,919,573)	(14,647,890)
Net Fixed Assets	51,344,836	51,502,505	51,173,977	51,315,661	51,407,253	50,876,476	50,864,897	48,417,701
Other Assets	0	0	0	0	0	0	0	0
Total Assets	91,530,447	93,666,372	93,865,513	95,215,315	96,474,943	96,207,564	94,866,714	94,761,662
Accounts Payable	1,232,650	1,223,192	1,363,102	1,361,317	1,679,325	460,386	933,293	1,757,386
Accrued Payroll	892,433	850,738	723,886	1,341,553	1,114,489	1,091,523	909,079	734,088
Patient Trust Accounts	7,422	7,367	7,220	6,778	7,014	17,492	17,478	5,313
Third Party Payables	480,000	480,000	480,000	480,000	480,000	480,000	480,000	510,000
Accrued Interest	82,917	485,158	405,474	325,443	244,572	165,029	84,157	490,978
Other Current Liabilities	6,873	6,873	8,962	0	0	0	0	5,479
Total Current Liabilities	2,702,295	3,053,328	2,988,644	3,515,091	3,525,400	2,214,430	2,424,007	3,503,244
Long Term Liabilities	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	33,645,000
Total Liabilities	35,342,295	35,693,328	35,628,644	36,155,091	36,165,400	34,854,430	35,064,007	37,148,244
Fund Balance	59,228,661	59,228,661	59,228,661	59,228,661	59,228,661	59,228,661	59,228,661	56,312,050
Current Year Income/(Loss)	-3,040,509	-1,255,617	-991,792	-168,437	1,080,882	2,124,473	574,046	1,301,368
Total Equity	56,188,152	57,973,044	58,236,869	59,060,224	60,309,543	61,353,134	59,802,707	57,613,418
Total Liabilities and Equity	91,530,447	93,666,372	93,865,513	95,215,315	96,474,943	96,207,564	94,866,714	94,761,662
Days in Cash	297	316	327	329	345	355	341	351
Days in AR (Gross)	143	128	115	107	107	100	99	83
Days in AP	11	11	13	12	15	4	9	41
Current Ratio	14.87	13.81	14.28	12.49	12.78	20.47	18.15	13.23

STATEMENT OF CASH FLOWS

January-24

	CURRENT MONTH	FISCAL YEAR
CASH FLOWS FROM OPERATING ACTIVITIES		
NET INCOME	-1,772,178	-3,040,509
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
DEPRECIATION EXPENSE	177,643	1,226,229
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	-201,014	-1,296,198
CHANGE IN OTHER RECEIVABLES	63,858	385,328
CHANGE IN INVENTORIES	36,382	62,415
CHANGE IN PREPAID EXPENSES	45,179	-141,152
CHANGE IN ACCOUNTS PAYABLE	-6,463	108,330
CHANGE IN ACCURED EXPENSES PAYABLE	-402,243	-397,018
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	41,695	111,908
CHANGE IN OTHER PAYABLES	0	0
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	-244,963	59,843
CASH FLOWS FROM INVESTMENT ACTIVITIES		
PURCHASE OF EQUIPMENT/CIP	-19,974	-1,880,530
CUSTODIAL HOLDINGS	55	-8,058
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-19,919	-1,888,588
CASH FROM FINANCING ACTIVITIES		
	0	-525,000
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	0	-525,000
CASH AT BEGINNING OF PERIOD	32,957,039	36,314,233
NET INCREASE (DECREASE) IN CASH	-2,037,060	-5,394,254
CASH AT END OF PERIOD	30,919,979	30,919,979

MODOC MEDICAL CENTER
"FULL TIME EQUIVALENT REPORT"
Twelve Months Ending: January 31, 2024

Department	Jan-24	Dec-23	Nov-23	Oct-23	Sep-23	Aug-23	Jul-23	Jun-23	May-23	Apr-23	Mar-23	Feb-23	12 Mo Ave
Med / Surg	11.56	15.61	12.59	13.97	14.64	15.41	16.55	13.44	12.45	13.80	12.23	13.44	13.81
Comm Disease Care													#DIV/0!
Swing Beds													#DIV/0!
Long Term - SNF	49.47	52.18	45.23	51.45	52.83	49.94	49.68	48.04	47.33	44.91	43.83	46.28	48.43
Emergency Dept	9.87	12.52	9.50	10.89	10.93	9.71	9.73	11.25	9.82	10.14	11.26	10.01	10.47
Ambulance - Alturas	12.07	11.82	11.09	11.46	11.82	11.02	10.55	11.26	10.5	10.65	10.29	9.43	11.00
Clinic	19.76	20.74	20.51	21.20	20.46	19.26	20.34	20.79	20.57	20.64	21.59	23.12	20.75
Canby Clinic	7.95	7.57	7.56	9.17	7.69	7.05	6.9	7.20	8	7.74	7.91	8.37	7.76
Canby Dental	2.87	3.51	2.82	3.19	4.21	4.44	3.93	3.43	3.21	3.03	2.26	2.87	3.31
Surgery	3.65	3.76	4.33	4.00	3.56	3.71	4.49	3.10	3.96	4.13	5.17	5.58	4.12
IRR													#DIV/0!
Lab	7.25	7.38	8.84	11.23	9.06	7.04	8.96	10.29	7.92	8.10	7.61	7.94	8.47
Radiology	4.20	4.45	4.78	5.67	6.27	4.24	3.28	4.89	4.76	5.17	3.51	3.87	4.59
MRI													#DIV/0!
Ultrasound	1.28	1.49	1.36	1.28	1.15	1.11	1.54	1.31	1.38	1.34	1.44	1.42	1.34
CT	1.40	1.46	1.89	1.52	1.57	1.42	1.54	1.87	1.62	1.97	1.36	1.50	1.59
Pharmacy	1.38	2.04	2.16	1.93	1.05	1.52	1.9	1.97	1.81	1.93	1.79	1.92	1.78
Physical Therapy	3.72	4.64	5.12	4.20	5.08	6.20	6.7	8.00	7.41	7.33	6.33	5.55	5.86
Other PT													#DIV/0!
Dietary	11.63	13.04	13.11	13.79	11.94	11.62	14.52	19.68	18.1	18.03	18.38	18.63	15.21
Dietary Acute	7.82	7.07	7.27	6.56	6.56	5.98	4.78						6.58
Laundry	1.01	1.08	0.97	1.04	1.01	1.04	1	1.07	1.01	1.04	0.83	1.08	1.02
Activities	3.54	3.62	3.64	3.78	3.55	3.68	3.13	3.12	3.19	3.57	3.6	3.62	3.50
Social Services	2.04	2.32	1.99	1.94	2.1	2.03	1.83	1.90	1.87	1.70	1.8	1.84	1.95
Purchasing	2.99	3.02	3.19	2.98	2.97	3.03	3.09	3.04	3.02	3.05	2.99	3.08	3.04
Housekeeping	12.93	13.65	13.56	13.49	12.58	12.14	12.32	12.34	12.33	13.01	12.54	12.62	12.79
Maintenance	5.90	5.95	5.90	5.99	5.98	5.33	5.36	5.99	5.87	5.99	6.04	6.06	5.86
Data Processing	3.94	4.01	4.43	5.08	3.65	4.35	4.69	4.61	4.46	5.24	5.65	5.78	4.66
General Accounting	4.10	4.05	4.21	4.02	4.11	4.69	4.59	4.03	4.01	4.03	4.03	4.25	4.18
Patient Accounting	5.96	6.33	5.20	5.36	6.13	5.69	5.45	4.93	5.77	5.58	5.31	5.49	5.60
Administration	3.12	3.35	3.33	3.53	3.52	3.42	3.41	3.42	3.46	3.37	3.34	3.45	3.39
Human Resources	2.00	2.00	2.00	2.00	2	1.82	2.01	1.99	2	1.87	2	1.99	1.97
Medical Records	7.60	7.68	7.77	7.97	7.86	7.80	7.31	7.76	7.66	7.72	7.74	7.73	7.72
Nurse Administration	3.10	2.75	2.00	2.45	2.07	2.36	2.12	2.72	2.56	2.28	1.97	1.83	2.35
In-Service	1.00	1.05	1.00	1.00	1.00	1.00	1.00	1.03	1.03	1.00	1.03	1.01	1.01
Utilization Review	1.44	1.44	1.46	1.01	0.97	0.98	1.5	1.50	1.5	1.49	1.5	1.50	1.36
Quality Assurance	0.51	0.50	0.50	1.00	1	1.00	0.51	0.51	0.5	0.50	0.5	0.51	0.63
Infection Control	0.63	0.64	0.70	0.75	0.69	0.51	0.65	0.61	0.62	0.60	0.54	0.61	0.63
Retail Pharmacy	4.04	4.24	3.94	4.00	4.51	4.88	4.19	4.03	3.99	3.93	4.02	4.32	4.17
TOTAL	**221.73**	**236.96**	**223.95**	**238.90**	**234.52**	**225.42**	**229.55**	**231.12**	**223.69**	**224.88**	**220.39**	**226.70**	**228.15**

MODOC MEDICAL CENTER

"KEY STATISTICS"

Twelve Months Ending, January 31, 2024

	Jan-24		Dec-23		Nov-23		Oct-23		Sep-23		Aug-23		Jul-23		Jun-23		May-23		Apr-23		Mar-23		Feb-23		Jan-23		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	72	76	89	126	46	126	62	111	89	119	72	58	92	144	64	66	81	66	98	94	100	103	70	101	76	139	522	748	935
Swing	43	17	63	47	62	47	88	35	48	15	70	15	53	42	58	18	26	18	49	34	52	50	41	45	17	31	427	199	653
SNF	1,464	1,494	1,469	1,240	1,437	1,240	1,534	1,256	1,466	1,241	1,522	1,332	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	10,387	9,170	17,659
Total "Patient Days"	***1,579***	***1,587***	***1,621***	***1,413***	***1,545***	***1,413***	***1,684***	***1,402***	***1,603***	***1,375***	***1,664***	***1,405***	***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***	**11,336**	**10,117**	**19,247**
ADC																													
Adults/Peds	2.32	2.45	2.87	4.06	1.53	4.20	2.00	3.58	2.97	3.97	2.32	1.87	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	2.43	3.48	2.56
Swing	1.39	0.55	2.03	1.52	2.07	1.57	2.84	1.13	1.60	0.50	2.26	0.48	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	1.99	0.93	1.79
SNF	47.23	48.19	47.39	40.00	47.90	41.33	49.48	40.52	48.87	41.37	49.10	42.97	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	48.31	42.65	48.38
Total "Average Daily Census"	***50.94***	***51.19***	***52.29***	***45.58***	***51.50***	***47.10***	***54.32***	***45.23***	***53.43***	***45.83***	***53.68***	***45.32***	***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***	**52.73**	**47.06**	**52.73**
ALOS																													
Adults/Peds	4.00		3.71		5.75		3.44		4.94		3.60		5.11		3.37		5.06		4.08		4.00		3.89		5.43		4.21	5.75	4.14
Swing	5.38		15.75		6.20		44.00		6.86		70.00		5.30		7.25		4.33		16.33		13.00		5.86		5.67		10.17	9.48	9.33
Admissions																													
Adults/Peds	18	14	24	25	8	25	18	17	18	18	20	15	18	14	19	22	16	13	24	21	25	24	18	13	14	21	124	130	226
Swing	8	3	4	6	10	6	2	2	7	3	1	1	10	3	8	3	6	2	3	2	4	4	7	5	3	2	42	21	70
SNF	-	4	1	9	2	9	3	1	1	3	2	6	4	4	1	1	2	2	2	1	2	3	3	1	4	4	13	33	23
Total "Admissions"	***26***	***21***	***29***	***40***	***20***	***40***	***23***	***20***	***26***	***24***	***23***	***22***	***32***	***21***	***28***	***26***	***24***	***17***	***29***	***24***	***31***	***31***	***28***	***19***	***21***	***27***	**179**	**184**	**319**
Discharges																													
SNF	1		1		3		2		2		2		2		1		5		1		1		3		4		13	23	24
																											-	-	-
Days in Period	31		31		30		31		30		31		31		30		31		30		31		28		31		215	215	365
Amulatory Service Statistics																													
Emergency Visits		460		537	668	537	448	527	475	512	520	470	529	528	468	500	439	500	428	497	473	448	417	362	460	469	2,640	3,601	4,865
Ambulance Rur Visits		79		83		83	50	82	79	76	73	57	87	60	81	48	77	48	68	64	92	60	64	48	79	67	289	540	671
Clinic Visits	1,134	1,160	854	935	991	935	950	981	908	941	1,063	1,022	855	756	1,021	890	1,054	890	895	831	1,007	1,025	1,062	872	1,160	882	6,755	6,686	11,794
Canby Clinic Visits		239		171		171	221	206	204	102	269	187	218	162	208	210	227	210	185	228	207	251	195	209	239	157	912	1,241	1,934
Canby Dental	194	238		189		189	200	211		256		180	203	193		180	57	249	40	205	96	211	170	187	238	185	597	1,429	960
Observation Admits	3	4	5	3	4	3	5	4	5	3	2	8	6	1	2	3	8	3	5	1	7	2	5	8	4	2	30	26	57
Observation Ca Hours	113.8	157	249.1	177	132.1	177	274.8		131.5	177	89.3	369	145.0		37.7	68	334.2	136	298.0	46	151.9	84		425	157.0	57	1,136	797	1,957
				-																									
Ancillary Services Statistics				-																									
Surgeries	3	2	5	1	-	1	3	6	12	7	1	15	4	9	2	12	12	12	3	15	5	15	1	6	2	2	28	50	51
Endoscopies	23	23	13	17	21	17	22	23	39	26	16	9	25	9	14	24	22	24	21	20	13	26	20	25	23	19	159	114	249
Surgery & Reco Minutes	696	774	434	413	462	413	518	809	923	1,099	297	695	779	368	474	641	498	641	535	691	993	833	538	730	774	533	4,109	4,714	7,147
Anesthesia Minutes	1,052	1,088	612	618	745	618	941	842	1,579	2,192	760	1,527	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	7,220	8,172	12,488
Laboratory Tests		4,730		5,194	6,454	5,194	4,005	5,437	5,042	5,492	3,917	5,987	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	23,240	38,942	46,405
EKG Tests-Acut Proc		109		133		133	94	118	141	124	105	119	139	114	135	90	132	90	122	110	128	109	116	91	109	117	479	848	1,112
EKG Tests-Clini Proc		5		5		5	1	5	5	8	7	7	2	8	2	7	3	7	1	7	9	11	2	7	5	11	15	43	32
Radiology-Diag Proc	275	285	253	314	255	314	290	332	273	278	278	285	258	236	322	268	289	268	260	270	260	273	298	271	285	281	1,882	2,009	3,311
Ultrasounds Proc	95	71	58	110	52	110	109	47	133	104	88	126	100	99	111	111	119	111	121	97	132	126	104	83	71	96	635	666	1,222
CT Scans Proc	126	112	148	130	133	130	172	182	128	107	149	126	119	128	146	129	140	129	127	123	147	135	122	125	112	94	975	920	1,657
MRI Proc	17	14	13	13	15	13	25	17	25	9	18	42	26	9	12	31	23	31	30	10	11	13	32	23	14		139	114	247
Physical Therap Sessions	351	575		601		601		438	536	536	745	615	528	367	613	455	840	455	729	614	497	637	597	255	575	569	2,160	3,708	5,436
Retail Pharmacy-Scripts	2,639	2,700		2,767		2,767	2,518	2,580	2,343	2,645		2,755	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	9,823	18,634	22,110
Dietician Consults																				1							-	-	-

Modoc Investment Portfolio				
As of January 31, 2024				
Maturity	Item	Amount	Term	Rate
03/07/24	Tbill	$1,319,444	3 mos	4.897%
03/28/24	Tbill	$10,259,424	3 mos	4.530%
04/18/24	Tbill	$7,694,873	6 mos	5.080%
N/A	MM	$7,806,215		4.100%
04/18/24	Tbill	$224,557	6 mos	5.080%
N/A	PB MM	$401,406		3.350%
N/A	LAIF	$2,151,811		4.012%
Total		$29,857,729		4.53%

ATTACHMENT G

Large Account Write Off

MODOC MEDICAL CENTER
EST. 1951
Healing Hands Close To Home

ADJUSTMENT/WRITE OFF FORM

Initials:

ADMIT #	CYCLE	NAME	ADJ/WRITE OFF CODE	DESCRIPTION	AMOUNT	I/D
55767-0235-001U		Removed for Board Meeting	Untimely	Most of these were billed and the VA initially denied indicating that we had no authorization on file for these services. We should have appealed these claims as there is no authorization requirement for ER services. The patient is required to contact the VA within 24 hours of discharge from the ER, but that is not a requirement of the healthcare provider. Now these are past timely to even submit an appeal. Since go live with Cerner our Receptionist is reviewing the ER Log and contacting VA, Tricare, Triwest when a patient of theirs has been in our ER so that notification is made timely to them by us. Both these were ER visits to commercial insurance carriers that were billed and denied and we then missed the appeal timely filing limit after receiving the initial denial. Both claims are from 2022.	$5,961.03	D
60933-0048-001U		Removed for Board Meeting			$5,655.50	
60588-0086-001U		Removed for Board Meeting			$5,234.15	
50463-0045-001U		Removed for Board Meeting			$6,785.59	
33997-0135-001U		Removed for Board Meeting			$7,108.61	
94180-0001-001U		Removed for Board Meeting			$6,226.52	
				GRAND TOTAL	**$36,971.40**	

Requested By: B. PHILPOT
Approved By: K. KRAMER

Write Off Code Legend

01 Health Fair Disc.			
03 Sheriff Adj	58 Emp Physical	66 MCARE FLU	#
18 Death Cert	60 MCARE IP Non Cov	75 Bankruptcy	#
52 Charity Disc	61 MCAL Non Cov	82 LFHD	#
54 Sm Bal W/O	62 Comm Non Cov	A92 Bad Debt Adj.	#
A57 Admin Adjust	65 MCARE OP Non	99 Untimely Adj	#

Allowance Adjustment Legend

17 S-Pay Allowance	36 CMSP Adj	45 MCAL XOVER Adj
31 MCARE Adj	37 BCBS Adj	48 MCAL HMO Adj
32 MCAL Adj	38 HMO Adj	74 Adj Transfer
35 Commercial Adj	39 Work Comp Adj	

Dentrix Adjustment Legend

8 (9) Medical Adj	18 (19) Comm Adj	34 (35) LFHD Adj
12 (13) Admin Adj	24 (25) SM BAL w/o	36 (37) ADJ Transfer
14 (15) Bad Debt Adj	26 (27) Untimely Adj	38 (39) Charity Discount
16 (17) BCBS Adj	32 (33) Bankruptcy Adj	

ATTACHMENT H

Change Order No.3 From Swinerton

Swinerton Builders, Inc.
15 Business Park Way, Suite 101
Sacramento, CA 95828

CHANGE ORDER # 0003
DATED: January 24, 2024

To: Last Frontier Healthcare District
Project Name: Modoc Medical Center Skilled Nursing Facility and Hospital Addition

All Change Orders are subject to the terms and conditions set forth in Article 10 of the Agreement. Defined terms are set forth in Exhibit 1 to the Agreement.

Identify event(s) giving rise to this Change Order:

- ☒ District Elected Changes
- ☐ Adverse Weather
- ☐ Force Majeure
- ☐ Unforeseen and Differing Site Conditions
- ☐ Suspension of the Work by District per §16.1 of the Agreement
- ☐ Pre-permit delays
- ☐ Post permit Changes by AHJ
- ☐ Field Work Order per §10.6 of the Agreement
- ☐ Unusual Material Escalation per Section 7.1.1(d)
- ☐ Change in Applicable Law that modifies taxes and fees identified in Section 6.6
- ☐ Cost neutral Change Orders for use of contingency, line item transfers, scope swaps, etc.
- ☐ Adjustment in the Contract Price after procurement of all Subcontractors, inclusive of reconciliation of the material escalation allowance per Section 7.1.1(d) above, and in accordance with the terms set forth in Section 7.1.1(c)(iii) above

PCI#	Description	Total Amount
028	Preconstruction Design Change Log Items	$85,306.00
	Total	$85,306.00

Original Contract Price was.....	$49,616,662.00
Previously Approved Changes.....	***$-242,723.00***
Contract Price Before This Change Order was.....	***$49,373,939.00***
Contract Price will increase by.....	$85306.00
New Contract Price Including This Change Order.....	***$49,459,245.00***
Original Contract Time.....	05/03/2025
Time Changes Before this Change Order was.....	0 Calendar Days
Revised Contract Time Before this Change	05/03/2025
Contract Time Adjusted By.....	0 Calendar Days
Revised Contract Time including this Change	05/03/2025
Project Final Completion Date.....	**June 03, 2025**

The obligations of Contractor's surety are not reduced, waived, or adversely affected by the issuance of this Change Order regardless of whether Design Builder notified surety of the Change Order.

Reviewed and Recommended By: _____

Richard S Kasa, Sr. Project Manager

Execution of this Change Order constitutes full and final settlement of any and all claims Contractor, its Consultants, Subcontractors, suppliers, and equipment vendors have, or may have, for additional compensation or time arising from or related to the Work included herein.

DATE ACCEPTED: 00/00/202X

Swinerton Builders, Inc.	**Last Frontier Healthcare District**
By: _____ D. Scott Grubb, Vice President	By: _____ Kevin Kramer, Chief Executive Officer

USDA Rural Development
Attachment Contract Change Order

Project: Modoc Medical Center SNF and Hospital Addition

Change Order Number: 003 Change Order Amount: $85,306.00

The Referenced Change Order is not valid until signed by the Owner, Architect, Contractor and Agency.

Requested by: _____ Date: _____
(Owner)

Recommended by: _____ Date: _____
(Owner's Architect / Engineer)

Accepted by: _____ Date: _____
(Contractor)

Agency Concurrence: _____ Date: _____

SWINERTON

Last Frontier Healthcare District
1111 N. Nagle Street
Alturas, CA, 96101

Attn: Kevin Kramer

Subject: Swinerton Builders Job 22044005 - Modoc Med Center Skilled Nursing Facility
PCI No. 0028

Dear Mr. Kramer,

We request a Change Order to our contract for the following:

Preconstruction Design Requirements Change Order Log

See attached change order log reviewed with MMC.

Escalation and Changed Market Conditions excluded. It was agreed by Owner to submit Escalation & Changed Market Condition cost impacts separately in subsequent Owner Change Order.

Phase	Category	Description	Subcontractor	Quote
084300	71140	12. Glass & Glazing (Added storefront door from office to courtyard)		8,234.00
095100	71140	15. Wood Plank Ceilings		22,700.00
114000	71140	54. Furnish Ice Maker and UC Ref		20,136.00
220010	71140	37. Medical Air to Infusion (design only) - implementation was rejected		500.00
321216	71140	1. Asphalt Paving (Driveway Width)		15,000.00
321313	71140	1. Concrete Paving (Driveway Width)		10,000.00
			Subtotal	**76,570.00**
007480	71160	Subcontractor Default Insurance	%	881.00
999999	79999	Contractor Fee	%	3,252.00
007420	71160	Contingency	%	2,680.00
007510	71160	Payment and Performance Bond	%	761.00
007420	71160	General Liability Insurance	%	1,162.00
			Markup Subtotal	**8,736.00**
			PCI Total	**85,306.00**

SWINERTON

TOTAL AMOUNT OF THIS CHANGE ORDER REQUEST: **85,306.00.**

Please NOTE:

- The incorporation of this revision in to the contractual scope of work may have an impact on our schedule, which is yet to be finalized. Once determined, the job schedule will be adjusted accordingly to show the effect of this revision on the final project completion date..
- The terms (cost and schedule impact) of this change order request are subject to review and a requote if not accepted within days of its issuance.
- This request does not include additional cost or delay due to late approval.

__X__ We **HAVE** proceeded with this revised work per your instructions. Please issue a change order.

Upon acceptance of this change order request, a formal change order will be issued. Acceptance also acknowledges that Swinerton Builders has proceeded with the above change in scope.

If you have any questions or comments pertaining to this matter, please contact the undersigned.

Sincerely,
Swinerton Builders

Shawn Lee
Assistant Project Manager
Date: _____

Quotation accepted by:
Last Frontier Healthcare District

By: _____

Date: _____

DESIGN/SCOPE REDUCTION LOG

#	ITEM	DESCRIPTION	STATUS	PRIMARY SCOPE	COST	OCO?	Swinerton/Consultant COMMENT
1	Driveway width	Driveway increased from 24-foot wide to 30-foot wide	Accepted	Site	$25,000	Y	Owner change.
6	Balanced Site	Amendment 1 qualifies a balanced site for cut and fill. No import/export needed. Import of Engineered Fill "if existing soil does not meet Geotech report for compaction or if there is not enough adequate soil onsite for fill and compaction to finish grade" 2,900CY excess is now required.	Trade	Site	$0	Y	Owner change for handling 2900 yd to adjacent site.
7	Escalation	Escalation and RS Means - see contract terms	Accepted	Contract Reqs	TBD	Y	To be handled separately. Owner accepts and acknowledges that there is escalation, but has directed Swinerton to determine actual amount separately. Owner and Swinerton (GC) have reviewed the terms of the prime contract and have agreed to handle escalation separately in subsequent Owner Change Order.
12	Added storefront door from office to courtyard	Eliminate storefront door SN167C between office and courtyard and change back to a window.	Accepted	US Glass	$8,234	Y	Owner change. Keith to present at next OAC.
14	Faux wood beam ceilings	Eliminate the faux wood beam ceilings in dining SN103, Activity SN105, activity SN123,	Trade	Ceilings	$0	Y	Owner change. Recommend deletion. Need cost for decision.
15	Wood plank ceilings	Reduce the extents of wood panel ceilings or change product.	Accepted	Ceilings	$22,700	Y	Tamara to propose options. Swinerton to provide cost input and options. Nate to check criteria docs. Discuss at next OAC. Wood ceilings not required per criteria docs. Owner elected change.
37	Medical Air to Infusion	Medical air ports were added to the 3 infusion bays and 1 infusion/exam room. Should be an owner change. * Design costs only.	Accepted	FM Booth	**$500**	Y	Owner change. Criteria docs didn't include. Verify whether code required. Medical Air Ports not required per Owner. Including Design cost only.
38	Lockers	Original criteria docs noted "locker, allowance" and OFCI. Should be owner change for Swinerton to furnish them.	Trade	Accessories	$0	Y	OFCI based on equipment list. Furnish lockers is owner change or MMC to purchase.
51	Davis-Bacon Compliance	The project loan from USDA requires compliance with the Davis-Bacon Act. This requires additional GCs to administer the program.	Trade	Contract Reqs	$0	Y	Owner change not required anymore.
53	Fully-adhered roofing	MMC requested that we change to fully-adhered roofing from mechanically fastened. This increases the membrane from 60mil to 80mil. MMC made the request for fully adhered in the OAC on 8/29 which changed the specifications for both the hospital addition and the SNF.	Trade	Roofing	$0	Y	NMR - Change to fully adhered - MMC made the request for fully adhered in the OAC on 8/29 which changed the specifications for both the hospital addition and the SNF. Owner has selected mechanically fastened system, 60 mil, 1/4" coverboard, with vapor/self adhere underlayment
54	Furnish Ice Makers and UC Ref	The ice makers and UC refs were OFCI. The cost at right is the furnish cost of the units (not installed, as this cost should have already been included).	Accepted	Kitchen Equip	$20,136	Y	KM to get updated pricing from Avanti
55	Mechanical Screen	Hospital addition mechanical screen was assumed to be required and was added to the project. The criteria documents do not mention mechanical screening	Trade	Steel	$0	Y	
56	TPO 60mil to 80mil	60 mil TPO does not have not meet 20 year warranty for 2" hail or puncture which is why we have specified 80 mil, if owner is ok with 60 mil we are.	Accepted	Roofing	$0	Y	NMR - 60 mil TPO does not have not meet 20 year warranty for 2" hail or puncture which is why we have specified 80 mil, if owner is ok with 60 mil we are. Owner - HOW ABOUT 80 MIL MECHANICALLY FASTENED? Richard to check with Kevin if they will take the upcharge for 80 mil. Bid Leveling Sheet will show the breakout upcharge for Owner to select at a later date. Owner accepted 60 mil, which was part of base price.
57	Change from 1/4" to 1/2" Coverboard	Material change via plan update	Accepted	Roofing	$0	Y	NMR - ½" densdeck prime coverboard is required for 20 year warranty with the 90mph windspeed for self-adhered systems. Richard to check with Kevin if they will take the upcharge for 1/2" coverboard. Bid Leveling Sheet will show the breakout upcharge for Owner to select at a later date. Owner accepted 1/4" cover board, which was part of base price.
58	Change from 7" min insulation thickness to 8"	Minimum Insulation thickness increased. Can 7" min meet R30?	Accepted	Roofing	$0	Y	NMR - Need to meet minimum R30 insulation to meet energy requirements if that can be met with less thickness , no exception from the design team. Owner is ok with less thickness if meets R30. Owner accepted less minimum insulation thickness as long as system meets the R30. Reduced thickness and meeting the R30 was part of base price.
59	Change Flat Roof Insulation from 15 to 25 PSI	PSI of Insulation could potentially be changed to 15 psi to reduce cost and still meet requirements?	Accepted	Roofing	$0	Y	NMR - InsulFoam IX is exactly the same rigid insulation used on the original hospital and has been in the specification since the beginning – not sure why this is an add. Amicable to switching to 15 PSI insulation to help cut costs. Owner accepted reduced PSI and Polyiso as proposed in low bidders base price.
60	Change Adding Vapor Barrier at Flat Roof	Vapor Barrier on wood decks potentially not necessary. Manufacturer recommends for cold climate but may not require it for warranty. Potential area to reduce cost by eliminated unnecessary vapor barrier.	Accepted	Roofing	$0	Y	NMR - SA vapor barrier is recommended for cold climates by the mfr. for self-adhered system, can also function as a temporary roof for 120 days. If this is not needed by the manufacturer for the warranty we take no exception to it being eliminated. Owner takes no exception to the proposed vapior barrier at contractor option to meet schedule. No cost impact.
61	Change Walkway Pad from heat welded to adhered	Owner to choose heat welded or adhered. Plans vs specs.	Accepted	Roofing	$0	Y	NMR - If there a more cost effective method for attaching the walkway pads? NMR is open to suggestions. Owner - Heat welded is fine as long as the full perimeter is welded. Owner accepted heat welded and this is part of low bidder base price.
62	Changed Market Conditions	Market Conditions analysis and SF comparison with similar types of projects in rural areas.	Accepted	Buyout	TBD	Y	Market Conditions analysis and SF comparison with similar types of projects in rural areas. Owner - Hold. Value TBD. Owner accepts this line item, but the final amount will need to be reviewed and determined separately, as more information is developed and negotiated.

TOTAL DIRECT COSTS:		$76,571
SUBGUARD INSURANCE	1.15%	$881
CONTRACTOR FEE - MARKUP	4.00%	$3,252
GENERAL CONTRACTOR CONTINGENCY	3.50%	$2,680
P&P BOND DB EA MO>24	0.90%	$761
GENERAL LIABILITY INSURANCE	1.45%	$1,162
		$85,306

ATTACHMENT I

LFHD FY 2023 Final Audit