AGENDA

LAST FRONTIER HEALTHCARE DISTRICT

BOARD OF DIRECTORS

Thursday, March 28, 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 – New Market Tax Credit Opportunity

B.) A. Willoughby – Revenue Cycle Performance

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.) S. Farr - Adoption of LFHD Board of Directors Regular Meeting Minutes – February 29, 2024 **Attachment A**

B.) T. Ryan - Medical Staff Committee Meeting –February 28, 2024. **Attachment B**

- **Medical Staff Committee Meeting Minutes –January 31, 2024.**
- **Pathology Report – January 22,2024**
- **Policy Review –**
  - **Discharge Planning**
  - **Temperature and Humidity in Central Supply**
  - **Olympus Endoscope Cleaning**

C.) E. Johnson – Policy and Procedures **Attachment C**

- **Discharge Planning**
- **Temperature and Humidity in Central Supply**
- **Olympus Endoscope Cleaning**

6. CONSIDERATION/ACTION

A.) P. Fields – February 2024 LFHD Financial Statement *(unaudited)* Attachment D
B.) P. Fields – Charity Account Write Off Attachment E
C.) P. Fields – Large Account Write Off Attachment F
C.) K. Kramer – Dr. Richert's Contract Renewal Attachment G

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 –February 28, 2024. Attachment H
(Per Evidence Code 1157)
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –January 31, 2024.

B.) J. Cavasso – CEO Evaluation *(per Government Code 54957)* Attachment I

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 – January 31, 2024.

B.) J. Cavasso – CEO Evaluation *(per Government Code 54957)*

8. MOTION TO ADJOURN – J. Cavasso – Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE-(www.modocmedicalcenter.org) ON March 22, 2024.

ATTACHMENT A

LFHD BOARD OF DIRECTORS REGULAR MEETING MINUTES (draft) February 29, 2024

REGULAR MEETING MINUTES
LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
Thursday, February 29, 2024, at 1:00 pm
City Hall Chambers, 200 W North St.
Alturas, California

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

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

Kevin Kramer requested that AGENDA ITEM 7C. A. Vucina-CHRO REPORT TO THE BOARD be removed from the agenda. **Jim Cavasso** requested CONSENT AGENDA ITEM 5C.) POLICY AND PROCEDURES be moved to CONSIDERATION/ACTION AGENDA ITEM 6F.

Paul Dolby moved that the agenda be approved as amended, **Mike Mason** seconded, and the motion carried with all present voting "aye."

3. PUBLIC COMMENT

NO Public Comment

4. DISSCUSSION

A.) K. Kramer – 340B Audit Results

Kevin Kramer, CEO, presented the results and status of the 340B Audit Results to the Board. He also answered any questions they may have had.

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

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

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

C.) ~~E. Johnson – Policy and Procedures~~ (Moved to CONSIDERATION/ACTION ITEM 6F.).

- ~~**Continuity of Operations Plan**~~

Ruth Boulade moved that the Consent Agenda be approved as amended, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

6. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Policy Manuals

- **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**

Alicia Doss discussed the Quality Assurance, Risk Management, and Compliance Policy Manuals as being reviewed; no changes are needed. She will update forms in the Utilization Review Policy Manual.

Ruth Boulade moved to approve the Departmental Policy Manuals as amended, **Paul Dolby** seconded, and the motion carried with all present voting "aye".

B.) P. Fields – January 2024 LFHD Financial Statement *(unaudited)*.

Patrick Fields, CFO presented the *unaudited* Last Frontier Healthcare District Financial Statement for January 2024, 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, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

C.) P. Fields – Large Account Write Off

Patrick Fields, CFO discussed the cleanup of legacy AR accounts, most of which were VA accounts, which were not appealed within the timely filing limit. Patients did not follow through with the appeals process and getting authorizations. Going forward, a staff member will work with the patient and help them with the process.

Mike Mason moved to approve the Large Account Write Off as presented, **Ruth Boulade** seconded, and the motion carried with all present voting "aye."

D.) K. Kramer – Change Order No. 3 from Swinerton

Kevin Kramer, CEO presented to the Board the Change Order No. 3 from Swinerton and advised this Change Order was occurring due to Escalation and Changed Market Conditions. Swinerton's attorneys have added the Davis Bacon clause back into the contract.

Paul Dolby moved to Change Order No.3 from Swinerton as presented, **Ruth Boulade** seconded, and the motion carried with all present voting "aye."

E.) P. Fields – LFHD FY 2023 Final Audit

Patrick Fields, CFO discussed the audit and addressed the board's questions regarding the increase in Salaries and benefits. Right now, long-term investment interest rates are lower than short-term investments. It may be April 2025 before we add long-term investments to our portfolio.

Ruth Boulade moved to approve **LFH FY 2023 Final Audit Mike Mason** seconded, and the motion carried with all present voting "aye".

F.) **E. Johnson – Policy and Procedures**

- Consideration/Action Item 5C POLICY AND PROCEDURES – Continuity of Operations Plan
    - Corrections to the Contact Information in the Policy

Mike Mason moved to table **Policy and Procedures – Continuity of Operations Plan, Ruth Boulade** seconded, and the motion carried with all present voting "aye".

7. VERBAL REPORTS

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

Provider Recruitment

- Conducted another site visit for a permanent dentist. He has decided not to join our team. The search will continue.
- Ruth Moeller has been selected to work as a hospitalist and clinic provider. We are beginning the search for a permanent full-time FNP for the Alturas clinic to backfill her position so she can begin to work a hospitalist shift once every three weeks and get on the same rotation as Dr. Hagge and Dr. Burkholder.

SNF Project

- Reviewed the data for a materials escalation change order based on the variance that occurred from 2021 to 2023. Based on that data, Swinerton has successfully shown a significant increase in material prices. Based on this data, they will be eligible for a little over $1.5 million in additional GMP. That change order will come to the Board next month.
- This will leave the project over budget by roughly $3.2 million. Swinerton still has to meet and determine how much they can cut their fee to make up some of this difference. My hope is that they will still cover at least half of the gap and take some ownership of the budget overrun. Based on market data, I still feel that we should make up some of this difference as well, as the market has inflated beyond what anyone would have predicted from 2021 to 2023.
- A formal request has been made to the USDA to waive interim financing, along with all the information and data they requested from us.
- Swinerton wants to include Davis Bacon in the contract. Their attorneys now indicate that based on their legal research, our grant would require Davis Bacon to be followed. It is going back into our contract amendment, and we are just hoping that the USDA will approve it and Swinerton will sign so we can move forward. Due to this, we will likely realize a change order for an increased GMP.
- Met with City and School and we collectively decided to move forward with trying to obtain a grant from the Department of Energy to drill an additional injection well. The city has some property that would probably be better suited for this well based on proximity to the production well. For now, we will have Anderson Engineering apply for a technical assistance grant for $10,000. This would help fund the preparation of the actual grant. The actual grant is for up to $1.5 million with no matching requirements. An injection well and piping would likely cost closer to $2-$2.5 million, meaning we would also have to inject cash into this project. I will keep you posted on this progress as it progresses.

Other Items

- We pulled Adam back into the Revenue Cycle full time and met with Patrick and Adam. We have delegated various functions and projects related to accounting and revenue cycle to the three of us so that we can hopefully make quicker progress in fixing the current issues we have with many of our processes, which are fairly significant and need immediate attention.
- Making some changes with registration and patient financial services to reduce registration wait times and accommodate better communication with patients and patient financial services. For other patient complaints related to unanswered phone calls, please connect those patients to Alicia Doss so she can follow up on the concerns and find a resolution for those complaints.
- Please let us know of any other potential finance committee members you feel would be good for us to speak with so we can fill that committee vacancy as soon as possible.

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

Warnerview

- We are currently at a 3-star CMS rating.
- Our current census is at 50 today.
- We are still working our way through the Cerner Implementation, it is rocky, but we are managing.
- Paul Mitchell donated to Warnerview, and we will host two Warnerview staff and family Movie days at the theater with his donation.
- We have two employees at Warnerview positive for COVID.

Acute

- Census is at five today – we have been running a daily census of four to five patients.
- Currently, there are no active Respiratory Isolation on the floor.

- A Respiratory Therapist from Mayers came to train the nursing staff on the vent and high-flow oxygen machine.
- We have one employee in the Acute positive for COVID.

ER

- The average census is 13 per day.

Lab

- One of our International Clinical Lab Scientists (CLS) is here and in training.

Pharmacy

- We are searching for a Retail Pharmacist.
- We had a traveling pharmacist start on Tuesday and will be here for 13 weeks.

Physical Therapy

- We are seeking a permanent Physical Therapy (PT) Director and Physical Therapist. Currently, our PT Department is full staff minus the director.
- We do have Michele Wolfe, who agreed to become the interim PT Director.
- Two travelers will end their contracts in March, so we will be looking for two more Physical Therapists.

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

Accounting

- Single audit data has all been sent to auditors.
- Fine-tuning cash balancing processes and creating reports in Multiview to aid in the completion of HCAI quarterly reporting, which is much more automated than in the past.

Medical Records

- We have R1 bringing on supporting coders to assist our staff in working through the DNFB backlog and getting claims out the door.

Revenue Cycle

- Both Kevin and Adam are putting in major efforts to build outstanding charges, review edits in SSI to increase clean claims rates, get claims out the door, and get cash flowing back in.

Purchasing

- Purchasing has implemented its Cerner conversion and seems to be the one area of Cerner that is working correctly.

Floaters

- We currently have one full-time office worker who is dedicated to supporting Accounting, Revenue Cycle, and Maintenance back-office tasks.
- We currently have two extra office workers.
- Demands for more office workers constantly.
- We will be hiring more extras to fill staffing shortages in departments.

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

Cerner

- Working full-time in the Revenue Cycle to build out the Chargemaster and Rules since our change to Cener and R1.

Canby

- In Canby one day a week due to working full-time in the Revenue Cycle.

Marketing

- Hired a new Marketing Coordinator who is onboarding this week.

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

~~**Permanent/Travel Staff**~~

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

~~**Compliance**~~

- ~~Performance Evaluations % compliant~~
- ~~TB % compliant~~
- ~~Physicals % compliant~~

F.) Board Member Reports

- **Jim Cavasso –** Commended staff for all they are doing through these changes.
- **Carol Madison** – Not Present.
- **Paul Dolby –** Nothing to report.
- **Mike Mason—**Thanked Patrick Fields for his report and all of the work being done to support the current changes made at Modoc Medical Center. Mike Mason spoke about a June 15, 2024 Car Show to support Cancer Research.
- **Rose Boulade—**Attended the Finance Committee meeting and acknowledged all the work that went into the audit.

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 2:28 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Jim Cavasso, Chair**, at 2:30 pm.

7. 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.**

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

- **Yohan Perera, MD** – Recommend reappointment of Provisional privileges in the Emergency Medicine category.
- **Barbera Howe, RDN** – Recommends appointment of Allied Health status/privileges in the Dietitian Category.
- **Jacee Knighton, FNP** – Recommends appointment of Allied Health status/privileges in the Family Medicine category.
- **Eric Monaco, MD** – Recommends reappointment of Limited Active privileges in the Emergency Medicine category.
- **James Helmer, MD** – Recommends appointment of Limited Active privileges in the Emergency Medicine category.
- **Marina Morie, MD** – Recommends appointment of Limited Active privileges in the Emergency Medicine category.
- **Jeffrey Chudoba, MD** - Recommends reappointment of Telemedicine privileges in the Interventional Radiology category.
- **Johnathan Faye, MD** – Recommends reappointment of Courtesy privileges in the Ophthalmology category.
- **David Wong, MD** – Recommends of Telemedicine privileges in the Dermatology category.

Rose Boulade moved to close the Executive Session and resume the Regular Session of the LFHD Board of Director's meeting, **Mike Mason** seconded, and the motion carried with all voting "aye."

The Executive Session of the Board of Directors was adjourned at 2:42 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Jim Cavasso, Chair**, at 2:43 pm.

8. 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.**

Rose Boulade moved to approve and accept Minutes, Credentialing, and Privileging items as outlined above,

Mike Mason seconded, and the motion carried with all members voting "aye."

11.) MOTION TO ADJOURN

Rose Boulade moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 2:44 pm**, Paul Dolby** seconded, and the motion carried with all present voting "aye."

The next meeting of the Last Frontier Healthcare District's Board of Directors will be held on March 28, 2024, at 1:00 pm in the Alturas City Council Chambers at City Hall in Alturas, California.

Respectfully Submitted:

_____ _____

Samantha Farr **Date**
Last Frontier Healthcare District Assistant to the CNO

ATTACHMENT B

MEDICAL STAFF COMMITTEE MINUTES

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

DATE: MARCH 28, 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 February 28, 2024, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee – January 31, 2024

B. PATHOLOGY REPORT – 01/22/2024

C. NEW BUSINESS

1. Policy Review
   A. Discharge Planning
   B. Temperature and Humidity in Central Supply
   C. Olympus Endoscope Cleaning

MODOC MEDICAL CENTER
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Last Frontier Healthcare District

MEDICAL STAFF COMMITTEE MEETING
January 31, 2024 – 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
Barbara Howe, RDN
Brian Bernard, PhD
Heather Caldwell, PA
Ruth Moeller, FNP
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. Matthew Edmonds, Chief Medical Officer, at 1210.	
II. CONSENT AGENDA ITEMS	A. The following minutes were reviewed: 1. Medical Staff Committee meeting of November 29, 2023.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Reports; 10/19/2023, 11/30/2023, and 12/01/2023.	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	Continuing with the implementation of Cerner and seeing great improvement with its usage. As well as with documentation and ordering. Still having trouble with documentation between visits and prescribing but working these out as we go. Inpatient documentation and coding are also going well. Have not heard any issues with documentation in the Surgery/GI Department but will follow up	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	with them on that. Having difficulty in the Infusion Department where unsure if they are to be ordered under inpatient or outpatient. With these ordering troubles, providers have been paper ordering instead of electronically. Radio Ads are going great. Dr. Burkholder is working on finishing up her ad on Congestive Heart Failure. Previously, Raymond's ad aired talking about Depression. Next is Colon Cancer screening and will discuss with Dr. Torman how she would like to talk about that. Providers have been aligning the Radio Ads with whatever national health topic falls on that month and although there are many, the most common 12 have been chosen. Additionally, health screening posters have been placed in exam rooms at both Modoc Medical and Canby and patients have become aware of those too. Pulling Vaccination information from CAIRS and inputting it into Cerner has also been going well. Overall, things are going well and will continue to work through the small bumps that come across.	
V. EMERGENCY ROOM REPORT	Nothing to report.	
VI. CEO REPORT	Still negotiating the 4-million-dollar gap with the new SNF as we thought we had 5 million. However, the attorney from Swinerton had a difference on it. We asked the USDA if we could wave interim and finance requirements to essentially waive a construction loan and draw down their loan. Budget wise, there is a million dollars allocated to the cost of issuance and interest payments on the construction loan so realistically it may save us a half of a million dollars because we won't have that loan extended for as long due to the schedule. That being, have provided financial information and hope that they will come to an agreement and waive that requirement. Another thing we have been working on is we have issued RFPs for the site work so potentially taking the site work and contracting directly with that contractor and take it off Swinerton so that we can pull out work outside of their union requirements. Still	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	looking for a permanent Dentist, but for now have another locum starting February 19th and hope to keep till August. Still looking for both locum and permanent Physical Therapists. Also still looking for a PA/FNP full-time for the Clinic. Ruth has applied. Space wise, it is going to be a challenge, but we will sit down to work out the implementation plan and time frames and with that try to time right so we can back fill Ruth with a full-time provider. Additionally, finishing up a ton of regulatory stuff such as NHSC recerts and compliance reviews by the USDA. Lastly, just focusing on Cerner and the revenue/billing cycle part of it to clean up and organize, mainly what wasn't built in the program before.	
VII. CNO REPORT	Since starting on Cerner, have gone through every lab that has been ordered by the providers and cleaned it up in the system to start with a fresh space. Radiology Orders, PT Orders, and now Lab Orders are all up to date. As well as, when putting orders under long term care, we can dictate where they go to better organize. We are currently working on scanning medications into Cerner with the bar codes listed on the medication bottles but will be moving to bubble packs soon. Overall, working on cleaning things up in Cerner.	Report at next meeting
VIII. PHARMACY REPORT	The retail pharmacy is down a pharmacist, so we are working on hiring a temporary traveler in the meantime. However, currently doing interviews for full-time pharmacists. We are competing with Mayers as they are looking for a full-time pharmacist too. The other issue we are dealing with is we lost the function of our CSOS as it was attached to our previous pharmacy manager, so we no longer have that function. That being, we must complete this the older way with paper and pencil and the turnaround time is 3-4 days. That being, we are currently trying to get a new CSOS attached. The problem is there is now a huge shortage of Hydrocodone products, and our paper orders don't get to them in time before the CSOS orders. Now we have these pain patients who use these products and are only able to get 20% of their refills. This resulted in a lot of patients transferring their	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	prescriptions to Rite Aid to get their refills. We still do not have any of the Beyfortus Infant RSV vaccine, but we do have plenty of the adult available. Additionally, if you immunize mothers carrying 32-36 weeks, it will cover the infant up to 6 months post-delivery.	
IX. SNF REPORT	The Superbowl Appetizer Party is coming up next Friday and three judges will be residents from the Skilled Nursing Facility as well as Marty from the Auxiliary Shop. These judges will taste test and dictate the winner.	Report at next meeting
NEW BUSINESS X. GRIEVANCE PROCEDURE POLICY REVIEW & APPROVAL	The following was presented for review/approval: 1. Grievance Procedure Policy	After review and discussion, a recommendation was made to implement the Grievance Procedure Policy. The recommendation was ratified by motion, second, and vote. Recommendation will be forwarded to the governing board for final approval.
XI. ADJOURNMENT	The meeting was adjourned at 1300.	

Matthew Edmonds, MD Chief Medical Officer — Date: 02/28/2024

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Last Frontier Healthcare District

PATHOLOGIST ON-SITE VISIT REPORT
DATE OF VISIT: 01/22/2024

During the pathology on-site visit and visit to Canby Clinic, I spent approximately 7 hours following the Medical Records, Laboratory, and at the Canby Clinic.

While in medical records, there were 15 surgical path reports compared with the clinical histories. There were 2 mortality reviews performed and there were 11 blood product reviews. In regards to the surgical path report there were 3 surgical path reports from pathology which used the patient visit number rather than the chart number. There were no other issues identified in any other reports.

I spoke with Walter concerning laboratory issues. The staffing issues are still in the process of being resolved. However Jacqueline will be joining us within the next several weeks, and Brian who is already licensed in California is having his Visa switched from a student visa to a H1B visa. The new addition, Jazmin is working out very well and is accommodating well to the laboratory. There are still issues with Cerner considering the QC and billing which are in the process of being worked out. New tests are being added to the Canby Clinic with the most recent one being wave testing for opioids. Lastly the floor in the laboratory is in the process of being replaced soon. I reviewed the climatic test urinalysis controls for level 1 and level 2 for November, The QC stat report for October 2023, The API 2023 hematology/coagulation results for the 3rd event, The procedure for the monthly auto clave for the QC for microbiology, The exception report for November, the Modoc Medical laboratory coagulation PT verification, the API 2023 immunology – immunohematology 3rd event, the QC statistics for the vitros 7600 for October, the out core group coordinator report for November, the API proficiency testing performance evaluation 2023 chemistry/misalliance 2nd event, the API proficiency testing performance evaluation 2023 immunology immunohematology 3rd event, the competency testing clinically laboratory scientist procedure, the instrument validation for the biofire 2.0 instrument for December, The XN 550 QC chart for December, the critical values report procedure, the XN 550 QC for November the climatic urinalysis qc sheet for November, the siemens climatic status maintenance log for November, The UA Quantrol level 2 for November 2023, the UA Quantrol level 1 for November, the vitros 7600 QC statistics report for December, the base level for basophils eosinophil for the QC level 3 run the Modoc medical center laboratory CRP validation studies for December. The QA validation for hepatitis for January 2024, the abo/rh retyping criteria procedures for transfusion services, the exception report for December for chemistry, the Audi micro controls for the vitros, the Audi micro control linearity – calibration verification report for the vitros XT 7600, the Audi T linearity calibration verification report for triglyceride reagents, the LGC marine – standards for GC4 TBIL the new born specimen and order set for procedure for transfusion of the neonates The benzodiazepine procedure for opioids, the immunology competency quiz for Tina Cockrell. The November monthly evaluation viroclear for chemistry, the siemens hemostasis QAP program for December and the alcor group coordination report for December.

I spoke with Dr. Self in the emergency room, and he indicated he was happy with the results being produced by the laboratory and clinical laboratory staff.

Robert E James

ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

2/27/24
Date

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: 2/1/2024

Policy Title: Discharge Planning Process

Department: Emergency Room

Proposed Changes: ☐New ☒Revise ☐Archive

Reasons for adopting, revising, or archiving this policy:
To meet current practice. Added discharge of the homeless guidelines per CHA.

Identify policies, regulations or practices that guided you in developing the policy:
California Hospital Association Discharge Planning to include homeless patients.

Reviewed and approved by:

Title	Printed Name	Signature	Date
Policy Coordinator:	Samantha Fox		2/20/24
Department Head:	Susan Sweeks		2/15/24
Technical Reviewer:			
Policy Committee:			
Medical Staff Review:		MS Edmonds, MD	02/28/2024
Board Chair:			

SUBJECT: DISCHARGE PLANNING PROCESS	REFERENCE #
DEPARTMENT: EMERGENCY DEPARTMENT/ ACUTE	PAGE: 1 OF: 2
	EFFECTIVE: 07/2023
	REVISED: 07/2023

PURPOSE

The purpose of this policy is to describe Modoc Medical Centers (MMC) process for use throughout a patient's hospitalization to assess and plan for discharge needs.

POLICY

It is the policy of Modoc Medical Center for staff members to identify patient discharge needs as early as possible during hospitalization to ensure planning for continuity of care and safety. Discharge planning must be appropriate to the condition of the patient and interpreted in a manner to meet the needs and acuity of the patient and the abilities of the lay caregiver if needed.

PROCEDURE

During the admission assessment, patient discharge planning will be initiated to identify problems and make an appropriate problem list ~~or~~ and plan of care. Interaction with appropriate members of the healthcare team will occur throughout the patient's hospitalization to enable a comprehensive plan for patient care to be developed. The discharge planning policy will ensure that planning is appropriate to the condition of the patient being discharged from the hospital and to the discharge destination of the patient. The discharge planning policy will also ensure that the plan of care and meets the needs and acuity of ~~patients~~the patient.

1. Appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing or intermediate care facility, or from a hospice, are made prior to discharge for those patients likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.
2. The hospital will provide each patient admitted to the hospital with an opportunity to identify one family caregiver who may assist in posthospital care and will record this information in the patient's record.
    a. In the event the patient is unconscious or otherwise incapacitated upon admission to the hospital, the hospital will provide the patient or patient's legal guardian with an opportunity to designate a caregiver.
3. The patient's designated family caregiver will be notified of the patient's discharge or transfer to another facility as soon as possible. If the hospital is unable to contact the designated caregiver, the lack of contact will not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient. The hospital staff will document the attempted notification in the patient's medical record.
4. The hospital will provide an opportunity for the patient and his/her designated family caregiver to engage in the discharge planning process, which will include providing information and, when appropriate, instruction regarding the posthospital care needs of the patient. This information will include, but is not limited to, education and counseling about the patient's medications, including dosing and proper use of medication delivery devices, when applicable. The information will be provided in a culturally competent manner and in a language that is comprehensible to the patient and caregiver. The patient and caregiver will be given an opportunity to ask questions about the posthospital care needs of the patient.

5. If the patient is transferred to a skilled nursing facility, a transfer summary will accompany the patient. The transfer summary will include essential information relative to the patient's diagnosis, hospital course, pain treatment and management, medications, treatments, dietary requirements, rehabilitation potential, known allergies and treatment plan, and will be signed by the healthcare provider.
6. The patient and/or caregiver will be given information regarding each medication dispensed.
7. The hospital will provide every patient anticipated to need long-term care at the time of discharge with contact information for at least one ~~public or nonprofit agency or~~ organization dedicated to providing information or referral services relating to community-based long-term care options in the patient's county of residence and appropriate to the needs of the patient.

Discharge of the homeless:

Each homeless patient will be offered the following services prior to discharge:

1. The patient will be offered a physical exam and the physician will determine the patient's stability for discharge.
2. The patient will be given referrals for any needed follow-up care, both medical and behavioral, as determined by the treating physician.
3. The patient will be offered a meal.
4. If the patient's clothing is not weather-appropriate, the patient will be offered weather appropriate clothing.
5. The patient will be provided discharge medications as determined by the treating healthcare provider.
6. The hospital will offer or refer the homeless patient for infectious disease screening (Public Health Department).
7. The patient will be offered vaccinations appropriate to his/her presenting medical condition, as determined by the treating healthcare provider.
8. The patient will be offered transportation to his/her chosen discharge destination if that destination is within 30 miles or 30 minutes of the hospital. Sage-Stage vouchers are available in ER and Acute.
9. The patient will be screened for, and helped to enroll in, any affordable health insurance coverage for which he/she is eligible.
10. The patient's name will be added to the homeless patient log.
11. The hospital will provide a list of services available to the homeless patients in our community.
    - County behavioral health agency
    - Health care and social services agencies in our community

Commented [KK1]: Do we keep clothing in stock or purchase this as needed?

References

California Hospital Association. Discharge Planning for Homeless Patients. 2019.
CA.gov SB-1152-Hospital Patient Discharge Process for Homeless
https://calhospital.org/publications/discharge-planning-homeless-patients/

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 number and Title: ___Temperature and Humidity in Central Supply_____

2. Policy Area: __Central Supply_____

3. Date Submitted: ____02/21/2024_____
   Explain any deadline or timeframe issues:

4. This is a: ☐ New Policy xRevision of an Existing policy ☐ Annual Manual Review ☐ Deletion of Existing Policy

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

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

7. Review and approval, date/time:

   Person initiating policy: _D. Gover, RN_____
   Department Director: _D. Gover, RN_____
   Policy Committee: _____
   * Medical Staff Review: _____
   LFHD Board Chair: _____

SUBJECT: TEMPERATURE AND HUMIDITY LEVELS IN CENTRAL SUPPLY	REFERENCE # 6
DEPARTMENT: CENTRAL SUPPLY	PAGE: 1 OF: 1
	EFFECTIVE: 02/2019
APPROVED BY:	REVISED: 07/2023

PURPOSE

The purpose of this policy is to provide guidelines for maintaining specified temperature and humidity levels in Central Supply.

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POLICY

It is the policy of Modoc Medical Center that the humidity levels in Central Supply will be maintained between 20 and 60 percent. MMC has elected to use the Categorical Waiver that permits the Relative Humidity level to be maintained between 20 and 60 percent that was issued by Centers for Medicare and Medicaid Services on April 19, 2013 and that is referred below.

~~It is the policy of Modoc Medical Center that temperature and humidity levels will be monitored daily in Central Supply will be maintained as specified.~~

PROCEDURE

1. The temperature and humidity levels will be monitored by the maintenance department.
2. Readings will~~will be~~ monitored daily and reported to the Operating Room (OR) Manager or Central Supply staff if the temperature or humidity readings are outside the recommended levels.
3. The humidity level should not exceed 60%.
4. The temperature level should be maintained between 68° F - 73° F (-20° - 23°-) C degrees.

REFERENCES

1. AORN 2019 Guidelines for Peri-Operative Practices. Page 84, Table 3: HVAC Design Parameters.

SUBJECT: TEMPERATURE AND HUMIDITY LEVELS IN CENTRAL SUPPLY	REFERENCE # 6
DEPARTMENT: CENTRAL SUPPLY	PAGE: 1 OF: 1
	EFFECTIVE: 02/2019
APPROVED BY:	REVISED: 07/2023

PURPOSE

The purpose of this policy is to provide guidelines for maintaining specified temperature and humidity levels in Central Supply.

POLICY

It is the policy of Modoc Medical Center that the humidity levels in Central Supply will be maintained between 20 and 60 percent. MMC has elected to use the Categorical Waiver that permits the Relative Humidity level to be maintained between 20 and 60 percent that was issued by Centers for Medicare and Medicaid Services on April 19, 2013 and that is referred below.

PROCEDURE

1. The temperature and humidity levels will be monitored by the maintenance department.
2. Readings will monitored daily and reported to the Operating Room (OR) Manager or Central Supply staff if the temperature or humidity readings are outside the recommended levels.
3. The humidity level should not exceed 60%.
4. The temperature level should be maintained between 68° F - 73° F (20° - 23°) C degrees.

REFERENCES

1. AORN 2019 Guidelines for Peri-Operative Practices. Page 84, Table 3: HVAC Design Parameters.

SUBJECT: TEMPERATURE AND HUMIDITY LEVELS IN CENTRAL SUPPLY	REFERENCE
DEPARTMENT: CENTRAL SUPPLY	PAGE: 1 OF: 1
	EFFECTIVE: 02/2019
APPROVED BY:	REVISED

PURPOSE

The purpose of this policy is to provide guidelines for maintaining specified temperature and humidity levels in Central Supply.

POLICY

It is the policy of Modoc Medical Center that the humidity levels in Central Supply will be maintained between 20 and 60 percent. MMC has elected to use the Categorical Waiver that permits the Relative Humidity level to be maintained between 20 and 60 percent that was issued by the Centers for Medicare and Medicaid Services on April 19, 2013, and that is referred to below.

PROCEDURE

1. The temperature and humidity levels will be monitored by the maintenance department.
2. Readings are monitored daily and reported to the Operating Room (OR) Manager or Central Supply staff if the temperature or humidity readings are outside the recommended levels.
3. The humidity level should not exceed 60%.
4. The temperature level should be maintained between 68° F - 73° F (20° - 23°) C degrees.

REFERENCES

1. AORN 2019 Guidelines for Peri-Operative Practices. Page 84, Table 3: HVAC Design Parameters.

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Last Frontier Healthcare District

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: Olympus Endoscope Cleaning Disinfecting
2. Policy Area: Surgery
3. Date Submitted: 02/11/2024
   Explain any deadline or timeframe issues:

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

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

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

7. Review and approval, date:

	Printed Name	Signature	Date
Person initiating policy	D. Gover, RN		02/12/2024
Department Head	D. Gover, RN		02/12/2024
Technical Reviewer			
Policy Committee:	Samantha Farr		2/20/24
Medical Staff Review:	[illegible] MD	[illegible] MD	02/28/2024
LFHD Board Chair:			

SUBJECT: OLYMPUS ENDOSCOPE-CLEANING/DISINFECTING	REFERENCE # 5
DEPARTMENT: CENTRAL SUPPLY	PAGE: 1 OF: 5
	EFFECTIVE: 04/2009
	REVISED: 06/2023

PURPOSE

The purpose of this policy is to educate the staff regarding the responsibilities in the care of all Olympus Endoscopes.

POLICY

It is the policy of Modoc Medical Center to adhere to the following procedures.

PROCEDURE

- Proper protective equipment (PPE) should always be worn while cleaning endoscopes. PPE consists of goggles, a hair cover, gloves, shoe covers, a mask, and a water-resistant gown.
- If using the STERIS Re-processor, refer to the manual for Instructions for Use (IFU).
- If using the Medivator Re-processor, the Cidex dDisinfectant-/-~~solution~~ Solution must be tested prior to being used for reprocessing endoscopes. The process for using the test strips is located on each strip bottle. Follow the~~e~~se manufacturer's instructions. -Cidex solution is only good for 14 days after removing it from the original container. -The remainder of the Cidex in its container is good for 75 days after opening.- Each container must be labeled with the date it was opened.
- Proper hand washing should be observed prior to and after endoscopy procedures and cleaning. -It is recommended that individuals should thoroughly wash their hands with soap and water.

Post-Procedure

1. Disconnect the scope from the tower and REPLACE the camera cap cover.
2. Wipe the external part of the scope from the handle to the tip with a clean, microfiber cloth moistened with a diluted enzymatic or a T-zyme sponge.
3. Aspirate the enzymatic solution, then run air through the suction ~~channer~~channel.
4. Attach AW ~~channer~~channel-cleaning adapter. Flush the enzymatic, then run air through the air/water channel.
5. Transport dirty/used scopes in a sealed container clearly ~~identified~~ marked ~~as~~ with BIOHAZARD.

Cleaning

1. Perform leak testing, being careful to lift the scope computer port out of the water while placing and removing the test line. -The air pressure created by the line can loosen the cap. -To perform this, place the sealing cap over the lens washer connector on the computer head. -Move the scope back and forth across the four planes to apply pressure to the different parts of the lumen and look for escaping air.
2. Use the scope brush to clean the inside of the scope. -Submerge the brush, then thread straight through the suction port ~~3~~ three times, and rub the end as it emerges ~~out of~~from the other side of the scope each time. -~~T~~Then thread it at a 45-degree angle once, rubbing the end and. -~~T~~thread through the biopsy port 3 times, rubbing the end each time. -If debris continues to be removed from the scope, continue to brush until debris stops.

3. –Irrigate the scope with the enzymatic. -Place the cap over the insufflation and biopsy valves. -Fit the three ends to the remaining openings on the computer head. -Flush the scope with enzymatic using the Endo-fFlush. Allow this to sit for at least five minutes.
4. –Rinse the scope with water.
5. –Place the scope in the Steris.
6. –Connect the scope using the CORRECT octopus' head. –Placethen place the indicator in the indicator arm. Place a sterilant in the Steris, then –Rrun the Steris.
7. –When the cycle has finished, check the chemical indicator for a PASS result. -If the indicator has a FAIL result, the scope must be re-processed in the STERIS or cleaned manually (see Manual Cleaning of the Scope). Record the result.
8. –Allow dirty scopes to stay in a designated tub until they can be processed, preferably in an enzymatic solution.

Drying of Scope

1. Transfer the scope to storage wearing clean gloves, ensuring all cleaning of scopes ceases in the room to avoid particulate transfer. -If storing the scope, flush it with alcohol and air. -If the scope is for immediate use, flush with alcohol, wait at least 2 minutes, flush with sterile water, and then air. -Be careful not to contaminate your gloves. -Wipe the external surface of the scope dry with a clean cloth.
2. Place the scope in the Drying Cabinet. -The Drying Cabinet should be wiped out and linens replaced biweekly.
3. After cleaning, the scope is safe to use for ~~7~~ seven days. -If it is not used within this time, re-cleaning is required prior to use.

Processing Lens Washer Bottle

1. After a day of patient use, empty the water inside ~~of~~ the reservoir. -Uncap the tubing and place the tubing and the reservoir in the Steris.
2. Place the indicator in the indicator arm. -Place the sterilant in the Steris and start the cycle.
3. Record Pass or Fail results. ~~-If the test strip failed, r~~Repeat the process with a new sterilant cup if the test strip fails.
4. Flush the tubing (both channels) with alcohol and then air. -Hang the tubing to dry and rest the reservoir upside down at an angle to drain properly.
5. After cleaning, the Lens Washer tubing and reservoir are safe to use for ~~7~~ seven days.

Processing Buttons

1. Place the buttons in the Steris.
2. Place the indicator strip in the indicator arm. -Place the sterilant cup in the Steris and start the cycle.
3. Record the Pass or Fail result. -If the strip fails, rerun the Steris cycle ~~again~~ with a new sterilant cup.

4. Allow to dry in the drying cabinet.
5. After cleaning, the buttons are safe to use for ~~7~~ seven days.

Processing Reusable Irrigation Tubing

1. Coil the tubing to fit into the Endo-Flush pitcher.
2. Add 0.5 oz of the enzymatic to the pitcher and fill to the top line with warm water.
3. Flush the tubing with the enzymatic and let it sit for at least 5 minutes as you process the scope.
4. Flush the tubing with air and move the tubing to the Cidex OPA when you move the scope to the Steris.
5. Flush the tubing with the Cidex OPA. -Soak it until the Steris cycle is complete (at least 12 minutes).
6. With clean gloves, flush the tubing with air and move to sterile water.
7. Flush with sterile water and then air.
8. Transfer to a storage cabinet and hang to dry. -If storing tubing, flush with alcohol and air. -If tubing is for immediate use, flush with alcohol, wait at least 2 minutes, then flush with sterile water and then air.
9. After cleaning, the tubing is safe to use for ~~7~~ seven days.

Manual Cleaning of the Scope

1. Complete 1 through ~~4~~ 4 of the Post-Procedure Pprocess ~~1 through 4~~ 1-4 and 1 and 5 of the Cleaning Pprocess ~~1 and 5~~ 1-5.
2. Connect the ~~d~~Disinfection ~~device~~ Device to the scope and immerse it in the cold sterilization solution. Draw the fluid into the scope with a syringe, flushing the scope several times.
3. If using Cidex, the scope must remain submerged for 12 minutes. -Change your gloves.
4. Next, rinse the scope in sterile water with the same device and syringe, flushing several times to remove the Cidex.
5. Hang the scope in the drying cabinet. If storing the scope, flush it with alcohol and air. If the scope is for immediate use, flush with alcohol, sterile water, ~~and~~ then air.

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ATP and Quality Monitoring

Perform the following at the end of each procedure day on every used scope ~~that was used~~.

~~REFERENCES~~

External testing:

1. Remove the swab from the container taking care not to contaminate the swab.
2. Sample the surface of the patient contact portion of the scope by twirling the swab in your fingers and going down one side of the surface and back up the opposite side~~,~~ so that all surfaces of the swab contact the scope.
3. Break the liquid vial and shake it. -Place the swab in the vial~~.~~ -then ~~P~~place it in the analyzer and press okay.
4. Document the result.

Internal testing:

1. Remove the swab from the container taking care not to contaminate the swab.
2. ~~Same~~ Do the same on the inside of the surface of the three valves on the handle by swirling the swab inside the valves and sampling the back of the valves by rubbing the distal end of the swab on the back surface of the valve.
3. Break the liquid vial and shake. -Place the swab in the vial-then ~~P~~place it in the analyzer and press okay.
4. Document the result.

Channel testing:

1. Break the liquid vial into the container. -Wet the channel swab in -the liquid.
2. Sample the internal channel surface by threading the swab into the top valve at a ~~45 degree~~45-degree downward angle ~~downwards~~ so that the swab exits the scope at the distal end. -Thread the end of the swab into the ATP swab container and cut with a sterile pair of scissors.
3. Replace the ATP swab in the container with the channel swab. -Place it in the analyzer and press okay.
4. Document the result.

If the ATP count exceeds 100, reprocess the scope and test it again. If the test result exceeds 100, ~~again~~ report this to the OR Manager.

REFERENCES:

1. AORN Guideline Essentials Flexible Endoscopes at a Glance. Copyright 2016 AORN.
2. AORN Guidelines for Perioperative Practice. Copyright 2021 AORN, Inc.
3. Olympus Reprocessing ~~m~~Manual, Olympus PCF type HI80AL/1.
4. 2009 Olympus Medical Systems Corp.

ATTACHMENT C

Departmental Policies Manuals

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: 2/1/2024

Policy Title: Discharge Planning Process

Department: Emergency Room

Proposed Changes: ☐New ☒Revise ☐Archive

Reasons for adopting, revising, or archiving this policy:
To meet current practice. Added discharge of the homeless guidelines per CHA.

Identify policies, regulations or practices that guided you in developing the policy:
California Hospital Association Discharge Planning to include homeless patients.

Reviewed and approved by:

Title	Printed Name	Signature	Date
Policy Coordinator:	Samantha Farr		2/20/24
Department Head:	Susan Sawyer		2/15/24
Technical Reviewer:			
Policy Committee:			
Medical Staff Review:		MS EDMONDS, MD	02/28/2024
Board Chair:			

SUBJECT: DISCHARGE PLANNING PROCESS	REFERENCE #
DEPARTMENT: EMERGENCY DEPARTMENT/ ACUTE	PAGE: 1 OF: 2
	EFFECTIVE: 07/2023
	REVISED: 07/2023

PURPOSE

The purpose of this policy is to describe Modoc Medical Centers (MMC) process for use throughout a patient's hospitalization to assess and plan for discharge needs.

POLICY

It is the policy of Modoc Medical Center for staff members to identify patient discharge needs as early as possible during hospitalization to ensure planning for continuity of care and safety. Discharge planning must be appropriate to the condition of the patient and interpreted in a manner to meet the needs and acuity of the patient and the abilities of the lay caregiver if needed.

PROCEDURE

During the admission assessment, patient discharge planning will be initiated to identify problems and make an appropriate problem list ~~or~~ and plan of care. Interaction with appropriate members of the healthcare team will occur throughout the patient's hospitalization to enable a comprehensive plan for patient care to be developed. The discharge planning policy will ensure that planning is appropriate to the condition of the patient being discharged from the hospital and to the discharge destination of the patient. The discharge planning policy will also ensure that the plan of care ~~and~~ meets the needs and acuity of ~~patients~~the patient.

1. Appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing or intermediate care facility, or from a hospice, are made prior to discharge for those patients likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.
2. The hospital will provide each patient admitted to the hospital with an opportunity to identify one family caregiver who may assist in posthospital care and will record this information in the patient's record.
    a. In the event the patient is unconscious or otherwise incapacitated upon admission to the hospital, the hospital will provide the patient or patient's legal guardian with an opportunity to designate a caregiver.
3. The patient's designated family caregiver will be notified of the patient's discharge or transfer to another facility as soon as possible. If the hospital is unable to contact the designated caregiver, the lack of contact will not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient. The hospital staff will document the attempted notification in the patient's medical record.
4. The hospital will provide an opportunity for the patient and his/her designated family caregiver to engage in the discharge planning process, which will include providing information and, when appropriate, instruction regarding the posthospital care needs of the patient. This information will include, but is not limited to, education and counseling about the patient's medications, including dosing and proper use of medication delivery devices, when applicable. The information will be provided in a culturally competent manner and in a language that is comprehensible to the patient and caregiver. The patient and caregiver will be given an opportunity to ask questions about the posthospital care needs of the patient.

5. If the patient is transferred to a skilled nursing facility, a transfer summary will accompany the patient. The transfer summary will include essential information relative to the patient's diagnosis, hospital course, pain treatment and management, medications, treatments, dietary requirements, rehabilitation potential, known allergies and treatment plan, and will be signed by the healthcare provider.
6. The patient and/or caregiver will be given information regarding each medication dispensed.
7. The hospital will provide every patient anticipated to need long-term care at the time of discharge with contact information for at least one ~~public or nonprofit agency or~~ organization dedicated to providing information or referral services relating to community-based long-term care options in the patient's county of residence and appropriate to the needs of the patient.

Discharge of the homeless:

Each homeless patient will be offered the following services prior to discharge:

1. The patient will be offered a physical exam and the physician will determine the patient's stability for discharge.
2. The patient will be given referrals for any needed follow-up care, both medical and behavioral, as determined by the treating physician.
3. The patient will be offered a meal.
4. If the patient's clothing is not weather-appropriate, the patient will be offered weather appropriate clothing.
5. The patient will be provided discharge medications as determined by the treating healthcare provider.
6. The hospital will offer or refer the homeless patient for infectious disease screening (Public Health Department).
7. The patient will be offered vaccinations appropriate to his/her presenting medical condition, as determined by the treating healthcare provider.
8. The patient will be offered transportation to his/her chosen discharge destination if that destination is within 30 miles or 30 minutes of the hospital. Sage-Stage vouchers are available in ER and Acute.
9. The patient will be screened for, and helped to enroll in, any affordable health insurance coverage for which he/she is eligible.
10. The patient's name will be added to the homeless patient log.
11. The hospital will provide a list of services available to the homeless patients in our community.
    - County behavioral health agency
    - Health care and social services agencies in our community

Commented [KK1]: Do we keep clothing in stock or purchase this as needed?

References

California Hospital Association. Discharge Planning for Homeless Patients. 2019.
CA.gov SB-1152-Hospital Patient Discharge Process for Homeless
https://calhospital.org/publications/discharge-planning-homeless-patients/

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1. Policy Title: Olympus Endoscope Cleaning Disinfecting
2. Policy Area: Surgery
3. Date Submitted: 02/11/2024
   Explain any deadline or timeframe issues:

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

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

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

7. Review and approval, date:

	Printed Name	Signature	Date
Person initiating policy	D. Gover, RN		02/12/2024
Department Head	D. Gover, RN		02/12//2024
Technical Reviewer			
Policy Committee:	Samantha Fox		2/20/24
Medical Staff Review:	[illegible] MD	NS [illegible] MD	02/28/2024
LFHD Board Chair:			

SUBJECT: OLYMPUS ENDOSCOPE-CLEANING/DISINFECTING	REFERENCE # 5
DEPARTMENT: CENTRAL SUPPLY	PAGE: 1 OF: 5
	EFFECTIVE: 04/2009
	REVISED: 06/2023

PURPOSE

The purpose of this policy is to educate the staff regarding the responsibilities in the care of all Olympus Endoscopes.

POLICY

It is the policy of Modoc Medical Center to adhere to the following procedures.

PROCEDURE

- Proper protective equipment (PPE) should always be worn while cleaning endoscopes. PPE consists of goggles, a hair cover, gloves, shoe covers, a mask, and a water-resistant gown.
- If using the STERIS Re-processor, refer to the manual for Instructions for Use (IFU).
- If using the Medivator Re-processor, the Cidex ~~d~~Disinfectant ~~/ solution~~ Solution must be tested prior to being used for reprocessing endoscopes. The process for using the test strips is located on each strip bottle. Follow the~~o~~se manufacturer's instructions. -Cidex solution is only good for 14 days after removing it from the original container. -The remainder of the Cidex in its container is good for 75 days after opening.- Each container must be labeled with the date it was opened.
- Proper hand washing should be observed prior to and after endoscopy procedures and cleaning. -It is recommended that individuals should thoroughly wash their hands with soap and water.

Post-Procedure

1. Disconnect the scope from the tower and REPLACE the camera cap cover.
2. Wipe the external part of the scope from the handle to the tip with a clean~~,~~ microfiber cloth moistened with a diluted enzymatic or a T-zyme sponge.
3. Aspirate the enzymatic solution, then run air through the suction ~~channer~~channel.
4. Attach AW ~~channer~~channel-cleaning adapter. Flush the enzymatic, then run air through the air/water channel.
5. Transport dirty/used scopes in a sealed container clearly ~~identified~~ marked ~~as~~ with BIOHAZARD.

Cleaning

1. Perform leak testing, being careful to lift the scope computer port out of the water while placing and removing the test line. -The air pressure created by the line can loosen the cap. -To perform this, place the sealing cap over the lens washer connector on the computer head. -Move the scope back and forth across the four planes to apply pressure to the different parts of the lumen and look for escaping air.
2. Use the scope brush to clean the inside of the scope. -Submerge the brush, then thread straight through the suction port ~~3~~ three times~~,~~ and rub the end as it emerges ~~out of~~from the other side of the scope each time. ~~-T~~Then thread it at a 45-degree angle once, rubbing the end and~~.~~ ~~-t~~Thread through the biopsy port 3 times, rubbing the end each time. -If debris continues to be removed from the scope, continue to brush until debris stops.

3. –Irrigate the scope with the enzymatic. -Place the cap over the insufflation and biopsy valves. -Fit the three ends to the remaining openings on the computer head. -Flush the scope with enzymatic using the Endo-fFlush. Allow this to sit for at least five minutes.
4. –Rinse the scope with water.
5. –Place the scope in the Steris.
6. –Connect the scope using the CORRECT octopus' head. -Placethen place the indicator in the indicator arm. -Place a sterilant in the Steris, then -Rrun the Steris.
7. –When the cycle has finished, check the chemical indicator for a PASS result. -If the indicator has a FAIL result, the scope must be re-processed in the STERIS or cleaned manually (see Manual Cleaning of the Scope). Record the result.
8. –Allow dirty scopes to stay in a designated tub until they can be processed, preferably in an enzymatic solution.

Drying of Scope

1. Transfer the scope to storage wearing clean gloves, ensuring all cleaning of scopes ceases in the room to avoid particulate transfer. -If storing the scope, flush it with alcohol and air. -If the scope is for immediate use, flush with alcohol, wait at least 2 minutes, flush with sterile water, and then air. -Be careful not to contaminate your gloves. -Wipe the external surface of the scope dry with a clean cloth.
2. Place the scope in the Drying Cabinet. -The Drying Cabinet should be wiped out and linens replaced biweekly.
3. After cleaning, the scope is safe to use for 7 seven days. -If it is not used within this time, re-cleaning is required prior to use.

Processing Lens Washer Bottle

1. After a day of patient use, empty the water inside of the reservoir. -Uncap the tubing and place the tubing and the reservoir in the Steris.
2. Place the indicator in the indicator arm. -Place the sterilant in the Steris and start the cycle.
3. Record Pass or Fail results. If the test strip failed, rRepeat the process with a new sterilant cup if the test strip fails.
4. Flush the tubing (both channels) with alcohol and then air. -Hang the tubing to dry and rest the reservoir upside down at an angle to drain properly.
5. After cleaning, the Lens Washer tubing and reservoir are safe to use for 7 seven days.

Processing Buttons

1. Place the buttons in the Steris.
2. Place the indicator strip in the indicator arm. -Place the sterilant cup in the Steris and start the cycle.
3. Record the Pass or Fail result. -If the strip fails, rerun the Steris cycle again with a new sterilant cup.

4. Allow to dry in the drying cabinet.
5. After cleaning, the buttons are safe to use for ~~7~~ seven days.

Processing Reusable Irrigation Tubing

1. Coil the tubing to fit into the Endo-Flush pitcher.
2. Add 0.5 oz of the enzymatic to the pitcher and fill to the top line with warm water.
3. Flush the tubing with the enzymatic and let it sit for at least 5 minutes as you process the scope.
4. Flush the tubing with air and move the tubing to the Cidex OPA when you move the scope to the Steris.
5. Flush the tubing with the Cidex OPA. -Soak it until the Steris cycle is complete (at least 12 minutes).
6. With clean gloves, flush the tubing with air and move to sterile water.
7. Flush with sterile water and then air.
8. Transfer to a storage cabinet and hang to dry. -If storing tubing, flush with alcohol and air. -If tubing is for immediate use, flush with alcohol, wait at least 2 minutes, then flush with sterile water and then air.
9. After cleaning, the tubing is safe to use for ~~7~~ seven days.

Manual Cleaning of the Scope

1. Complete 1 through 4 of the Post-Procedure Pprocess ~~1 through 4~~ and 1 and 5 of the Ceaning Pprocess ~~1 and 5~~.
2. Connect the ~~d~~Disinfection ~~device~~ Device to the scope and immerse it in the cold sterilization solution. Draw the fluid into the scope with a syringe, flushing the scope several times.
3. If using Cidex, the scope must remain submerged for 12 minutes. -Change your gloves.
4. Next, rinse the scope in sterile water with the same device and syringe, flushing several times to remove the Cidex.
5. Hang the scope in the drying cabinet. If storing the scope, flush it with alcohol and air. If the scope is for immediate use, flush with alcohol, sterile water, ~~and~~ then air.

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ATP and Quality Monitoring

Perform the following at the end of each procedure day on every used scope ~~that was used~~.

~~REFERENCES~~

External testing:

1. Remove the swab from the container taking care not to contaminate the swab.
2. Sample the surface of the patient contact portion of the scope by twirling the swab in your fingers and going down one side of the surface and back up the opposite side, so that all surfaces of the swab contact the scope.
3. Break the liquid vial and shake it. -Place the swab in the vial, ~~-~~ -then ~~P~~place it in the analyzer and press okay.
4. Document the result.

Internal testing:

1. Remove the swab from the container taking care not to contaminate the swab.
2. ~~Same~~ Do the same on the inside of the surface of the three valves on the handle by swirling the swab inside the valves and sampling the back of the valves by rubbing the distal end of the swab on the back surface of the valve.
3. Break the liquid vial and shake. -Place the swab in the vial -then ~~-P~~place it in the analyzer and press okay.
4. Document the result.

Channel testing:

1. Break the liquid vial into the container. -Wet the channel swab in -the liquid.
2. Sample the internal channel surface by threading the swab into the top valve at a ~~45-degree~~45-degree downward angle ~~downwards~~ so that the swab exits the scope at the distal end. -Thread the end of the swab into the ATP swab container and cut with a sterile pair of scissors.
3. Replace the ATP swab in the container with the channel swab. -Place it in the analyzer and press okay.
4. Document the result.

If the ATP count exceeds 100, reprocess the scope and test it again. If the test result exceeds 100, ~~again~~ report this to the OR Manager.

REFERENCES:

1. AORN Guideline Essentials Flexible Endoscopes at a Glance. Copyright 2016 AORN.
2. AORN Guidelines for Perioperative Practice. Copyright 2021 AORN, Inc.
3. Olympus Reprocessing ~~m~~Manual, Olympus PCF type HI80AL/1.
4. 2009 Olympus Medical Systems Corp.

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 number and Title: ___Temperature and Humidity in Central Supply_____

2. Policy Area: __Central Supply_____

3. Date Submitted: ____02/21/2024_____
   Explain any deadline or timeframe issues:
   _____
   _____
   _____

4. This is a: ☐ New Policy xRevision of an Existing policy ☐ Annual Manual Review ☐ Deletion of Existing Policy

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

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

7. Review and approval, date/time:

   Person initiating policy: _D. Gover, RN_____
   Department Director: _D. Gover, RN_____
   Policy Committee: _____
   * Medical Staff Review: _____
   LFHD Board Chair: _____

SUBJECT: TEMPERATURE AND HUMIDITY LEVELS IN CENTRAL SUPPLY	REFERENCE # 6
DEPARTMENT: CENTRAL SUPPLY	PAGE: 1 OF: 1
	EFFECTIVE: 02/2019
APPROVED BY:	REVISED: 07/2023

PURPOSE

The purpose of this policy is to provide guidelines for maintaining specified temperature and humidity levels in Central Supply.

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POLICY

It is the policy of Modoc Medical Center that the humidity levels in Central Supply will be maintained between 20 and 60 percent. MMC has elected to use the Categorical Waiver that permits the Relative Humidity level to be maintained between 20 and 60 percent that was issued by Centers for Medicare and Medicaid Services on April 19, 2013 and that is referred below.

~~It is the policy of Modoc Medical Center that temperature and humidity levels will be monitored daily in Central Supply will be maintained as specified.~~

PROCEDURE

1. The temperature and humidity levels will be monitored by the maintenance department.
2. Readings will~~will be~~ monitored daily and reported to the Operating Room (OR) Manager or Central Supply staff if the temperature or humidity readings are outside the recommended levels.
3. The humidity level should not exceed 60%.
4. The temperature level should be maintained between 68° F - 73° F (-20° - 23°-) C degrees.

REFERENCES

1. AORN 2019 Guidelines for Peri-Operative Practices. Page 84, Table 3: HVAC Design Parameters.

SUBJECT: TEMPERATURE AND HUMIDITY LEVELS IN CENTRAL SUPPLY	REFERENCE # 6
DEPARTMENT: CENTRAL SUPPLY	PAGE: 1 OF: 1
	EFFECTIVE: 02/2019
APPROVED BY:	REVISED: 07/2023

PURPOSE

The purpose of this policy is to provide guidelines for maintaining specified temperature and humidity levels in Central Supply.

POLICY

It is the policy of Modoc Medical Center that the humidity levels in Central Supply will be maintained between 20 and 60 percent. MMC has elected to use the Categorical Waiver that permits the Relative Humidity level to be maintained between 20 and 60 percent that was issued by Centers for Medicare and Medicaid Services on April 19, 2013 and that is referred below.

PROCEDURE

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SUBJECT: TEMPERATURE AND HUMIDITY LEVELS IN CENTRAL SUPPLY	REFERENCE
	PAGE: 1 OF: 1
DEPARTMENT: CENTRAL SUPPLY	EFFECTIVE: 02/2019
APPROVED BY:	REVISED

PURPOSE

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REFERENCES

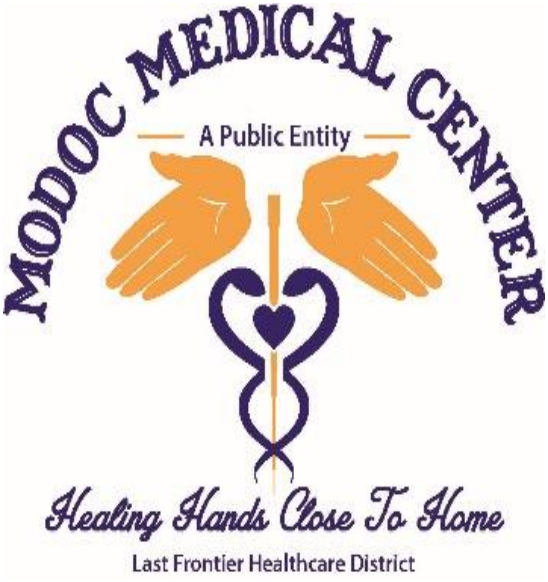
1. AORN 2019 Guidelines for Peri-Operative Practices. Page 84, Table 3: HVAC Design Parameters.

ATTACHMENT D

LFHD FINANCIAL STATEMENT

February 2024

(unaudited)

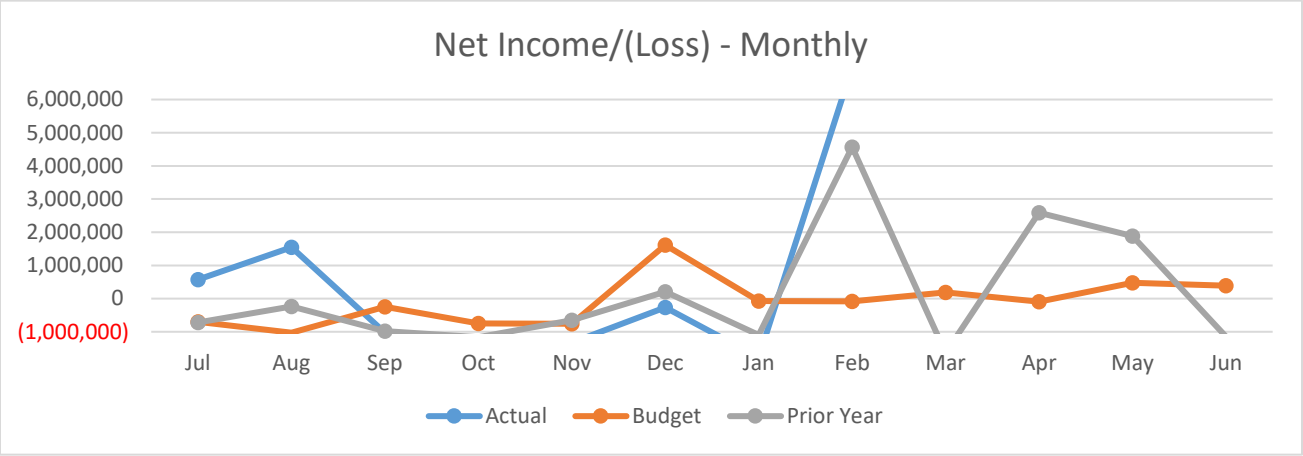


Modoc Medical Center
Financial Narrative
For the Month of February 2024

Prepared by Patrick Fields, CFO

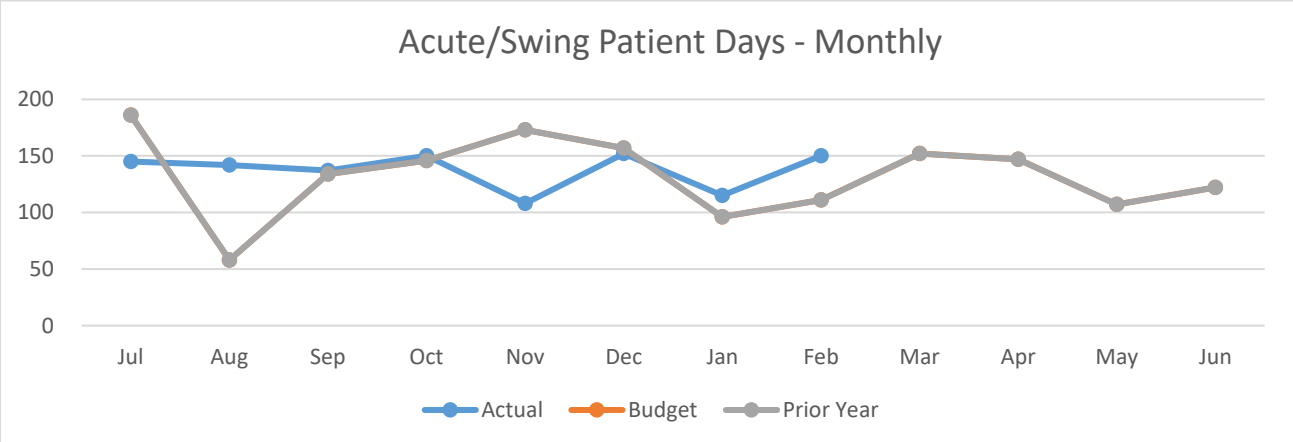
Summary

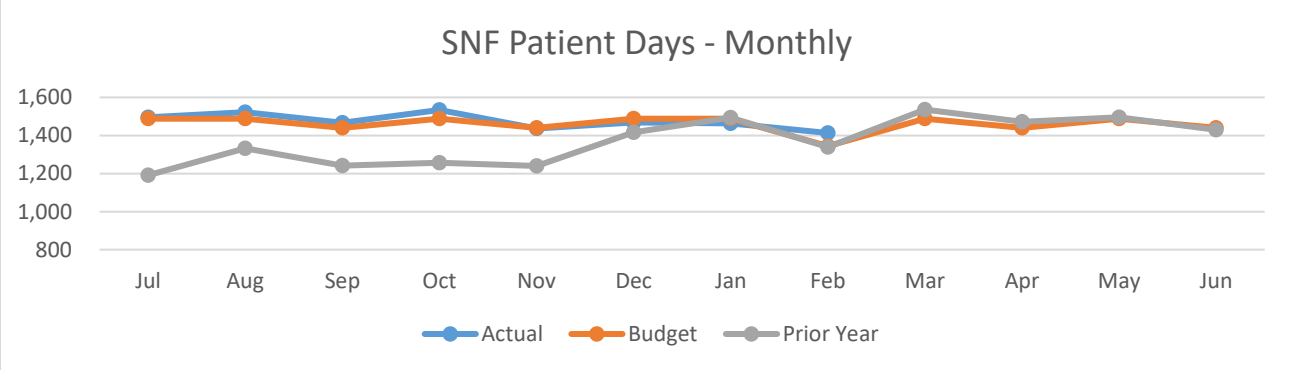
During the month of February, Modoc Medical Center reported net income from operations of $6,987,699 representing stronger than was budgeted, ($954,420). Inpatient revenue and outpatient revenues were both down from the prior month. Total patient revenue was $4,046,749 down from $4,395,621. Net income, including Non-Operating Activity, of $6,974,023 is stronger than budgeted.



Patient Volumes

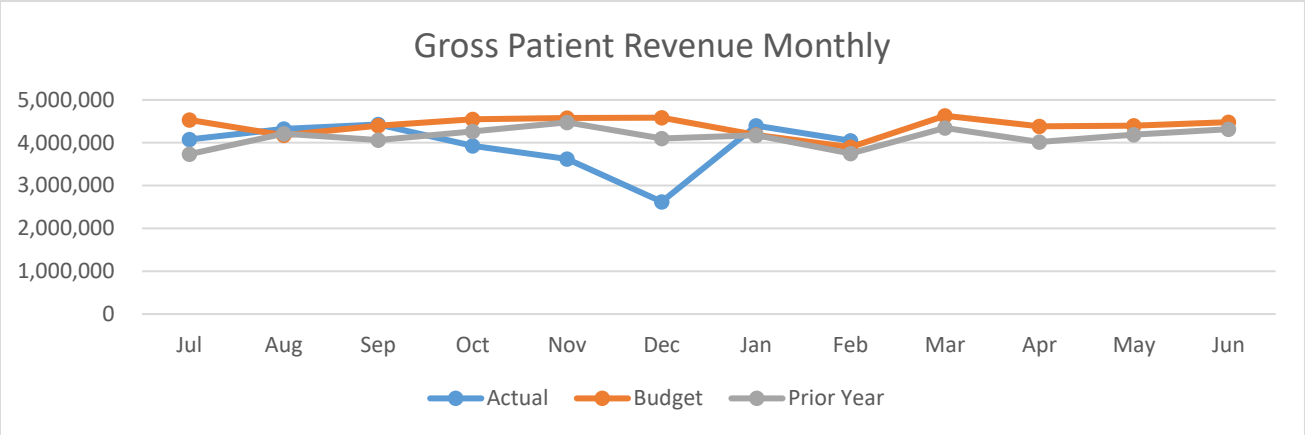
Combined Acute Days were over budget for the month by 39. The SNF Patient Days declined to 1,413 over budget by 69 days. Overall Inpatient Days were over budget by 113 (1,563 actual vs. 1,450 budget). Outpatient volumes saw all reporting departments over budget.

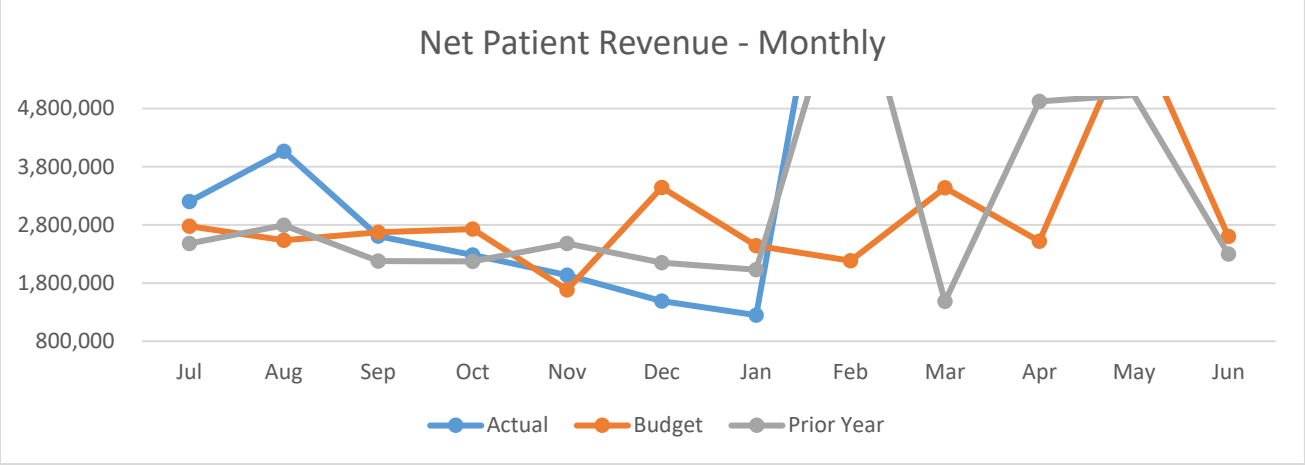




Revenues

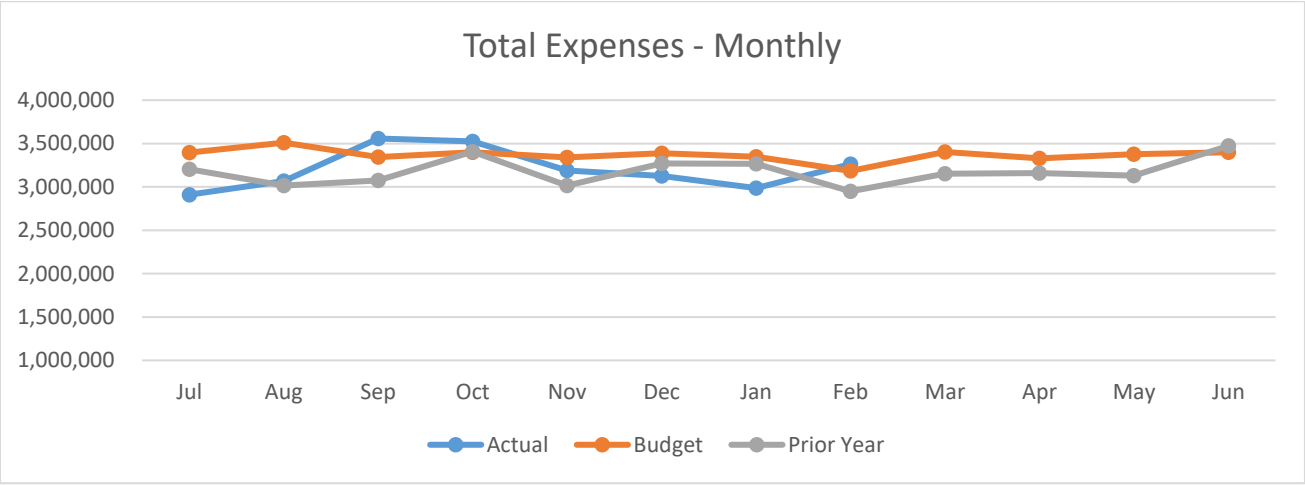
Gross Patient Revenues were $4.047 million, over budget of $3.900 million. Of this, the Inpatient Revenue was over budget by $155K and Outpatient Revenue under budget by ($8.2K). Net Patient Revenue is $10.206 million.





Expenses

Total Operating Expenses were $3.264 million this month, compared to a budget of $3.161 million. Operating expenses were up $276K from the prior month. The largest increases were in salaries and professional fees.



Non-Operating Activity

Non-Operating expense for the month was ($13.7K). Interest income for the month was $6K coupled with Retail Pharmacy net income of $60K, offset by district vouchers of ($3.8K) and interest expense of ($76.2K). Net income for the month was $6,974,024.

Balance Sheet

Cash declined during the month by $8.288 million to $22.632 million. The decline in cash was due to the funding of the two IGTs and additional cash injection of $768K in the new SNF project. Total assets increased by $7.285 million during the month, while total liabilities increased by $335K. Days in Cash declined to 217. Days in AP remained increased slightly to 12. Net AR as a percent of Gross AR increased to 44.1%. Current ratio improved to 15.43 times.

Modoc Medical Center
Income Statement
For the month of February 2024

	Month	Budget	Variance	Prior Year Month	YTD	Budget	Variance	Prior Year YTD
Revenues								
Room & Board - Acute	553,307	432,778	120,529	395,326	3,470,002	2,429,861	1,040,141	2,359,086
Room & Board - SNF	764,705	730,464	34,241	727,047	6,361,384	6,339,384	22,000	5,710,037
Ancillary	0	0	0	0	717,052	2,102,918	(1,385,866)	2,015,716
Total Inpatient Revenue	1,318,012	1,163,242	154,770	1,122,373	10,548,438	10,872,163	(323,725)	10,084,839
Outpatient Revenue	2,728,737	2,736,969	(8,232)	2,629,403	22,518,520	24,044,576	(1,526,056)	22,692,990
Total Patient Revenue	4,046,749	3,900,211	146,538	3,751,776	33,066,958	34,916,739	(1,849,781)	32,777,829
Bad Debts	0	0	0	0	0	0	0	0
Contractuals Adjs	(6,160,026)	1,715,953	(7,875,979)	(3,717,715)	5,400,644	13,443,170	(8,042,526)	8,991,503
Admin Adjs	0	0	0	0	0	0	0	0
Total Revenue Deductions	(6,160,026)	1,715,953	(7,875,979)	(3,717,715)	5,400,644	13,443,170	(8,042,526)	8,991,503
Net Patient Revenue	10,206,775	2,184,258	8,022,517	7,469,491	27,666,314	21,473,569	6,192,745	23,786,326
% of Charges	*252.2%*	*56.0%*	*196.2%*	*199.1%*	*83.7%*	*61.5%*	*22.2%*	*72.6%*
Other Revenue	44,470	22,525	21,945	139,842	439,741	372,700	67,041	450,097
Total Net Revenue	10,251,245	2,206,783	8,044,462	7,609,333	28,106,055	21,846,269	6,259,786	24,236,423
Expenses								
Salaries	1,411,704	1,357,652	54,052	1,190,511	10,739,422	11,605,030	(865,608)	9,779,101
Benefits and Taxes	304,824	273,966	30,858	253,736	2,351,377	2,273,768	77,609	2,034,389
Registry	280,535	347,318	(66,783)	312,756	2,057,063	2,778,542	(721,479)	2,902,481
Professional Fees	542,012	361,975	180,037	415,592	3,816,060	2,901,971	914,089	3,817,937
Purchased Services	59,929	142,488	(82,559)	131,096	1,107,686	1,319,295	(211,609)	1,089,543
Supplies	311,210	285,721	25,489	310,289	2,269,806	2,705,615	(435,809)	2,489,115
Repairs and Maint	16,264	21,497	(5,233)	12,516	184,055	198,396	(14,341)	189,205
Lease and Rental	3,311	4,311	(1,000)	3,164	28,325	34,488	(6,163)	29,739
Utilities	31,027	46,144	(15,117)	37,923	365,384	398,953	(33,569)	406,010
Insurance	37,133	35,261	1,872	34,878	316,599	282,088	34,511	263,559
Depreciation	165,996	175,485	(9,489)	177,216	1,390,854	1,403,883	(13,029)	1,392,088
Other	99,600	109,385	(9,785)	69,404	673,406	841,801	(168,395)	731,810
Total Operating Expenses	3,263,545	3,161,203	102,342	2,949,081	25,300,037	26,743,830	(1,443,793)	25,124,977
Income from Operations	6,987,700	(954,420)	7,942,120	4,660,252	2,806,018	(4,897,561)	7,703,579	(888,554)
Property Tax Revenue	(3,829)	(6,693)	2,864	(3,595)	1,375,635	1,364,537	11,098	1,372,516
Interest Income	6,115	180	5,935	228	431,295	620,114	(188,819)	329,877
Interest Expense	(76,212)	(72,086)	(4,126)	(80,174)	(653,794)	(625,601)	(28,193)	(671,813)
Gain/Loss on Asset Disposal	0	0	0	0	0		0	0
Retail Pharmacy Net Activity	60,250	(2,842)	63,092	(7,358)	(50,123)	(111,717)	61,594	(40,210)
Other Non-Operating Income	0	0	0	0	0	0	0	0
Total Non-Operating Revenue	(13,676)	(81,441)	67,765	(90,899)	1,103,013	1,247,333	(144,320)	990,370
Net Income/(Loss)	6,974,024	(1,035,861)	8,009,885	4,569,353	3,909,031	(3,650,228)	7,559,259	101,816
EBIDA	7,216,232	(788,290)	8,004,522	4,826,743	5,953,679	(1,620,744)	7,574,423	2,165,717
Operating Margin %	68.2%	-43.2%	111.4%	61.2%	10.0%	-22.4%	32.4%	-3.7%
Net Margin %	68.0%	-46.9%	115.0%	60.0%	13.9%	-16.7%	30.6%	0.4%
EBIDA Margin %	70.4%	-35.7%	106.1%	63.4%	21.2%	-7.4%	28.6%	8.9%

Modoc Medical Center
Income Statement Trend

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Revenues												
Room & Board - Acute	318,596	373,497	258,082	285,397	345,492	317,987	318,575	283,531	415,085	664,737	499,792	553,307
Room & Board - SNF	808,062	826,436	812,353	776,912	812,447	827,207	802,683	697,273	677,650	488,064	1,157,655	764,705
Ancillary	252,948	227,048	209,219	144,062	195,932	165,072	211,691	148,162	0	0	0	0
Total Inpatient Revenue	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	1,318,012
Outpatient Revenue	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	2,728,737
Total Patient Revenue	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	4,046,749
Bad Debts	217,176	164,006	17,816	105,322		26,790	0	1,651,547	1,681,616	2,133,435	3,148,346	(6,160,026)
Contractual Adjs	2,548,661	(1,121,332)	(1,048,724)	1,803,158		231,127	0	0	0	0	0	0
Admin Ajds	98,412	51,613	186,220	108,655		0	0	0	0	0	0	0
Total Revenue Deductions	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	(6,160,026)
Net Patient Revenue	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	10,206,775
% of Charges	*34.1%*	*122.5%*	*120.2%*	*53.3%*	*78.8%*	*94.1%*	*58.9%*	*58.0%*	*53.5%*	*41.1%*	*28.4%*	*252.2%*
Other Revenue	111,808	289,173	16,174	53,076	22,979	214,711	17,954	71,790	12,419	29,432	37,745	44,470
Total Net Revenue	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	10,251,245
Expenses												
Salaries	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	1,411,704
Benefits and Taxes	270,060	281,587	271,203	292,984	283,231	288,143	279,753	333,123	272,727	273,225	316,350	304,824
Registry	263,830	181,748	468,831	363,046	164,005	200,472	428,038	174,694	285,542	293,475	230,303	280,535
Professional Fees	434,761	472,249	444,073	668,384	245,148	326,918	695,436	622,160	589,686	410,893	383,307	542,012
Purchased Services	186,667	143,256	72,378	198,164	226,663	143,964	179,246	74,621	127,831	149,184	129,986	59,929
Supplies	310,744	254,664	229,957	363,878	111,164	208,947	338,443	423,168	286,055	267,874	296,116	311,210
Repairs and Maint	31,266	29,615	15,302	22,401	20,972	32,333	23,527	45,479	17,795	13,553	8,822	16,264
Lease and Rental	3,128	3,592	3,444	3,258	3,649	3,465	4,183	3,671	3,556	3,238	3,251	3,311
Utilities	105,130	54,444	46,241	38,496	52,947	48,744	44,880	45,139	44,798	31,404	53,090	31,027
Insurance	34,228	31,918	31,918	31,917	1,973	16,578	66,324	82,154	35,169	40,135	37,133	37,133
Depreciation	177,216	175,485	175,157	175,157	176,246	175,544	169,494	174,984	172,539	178,607	177,445	165,997
Other	105,418	73,531	76,133	73,933	54,308	79,770	100,372	84,434	75,019	90,835	86,173	99,600
Total Operating Expenses	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	3,263,546
Income from Operations	(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)	6,987,699
Property Tax Revenue	(10,342)	551,706	(5,268)	(4,776)	(2,516)	(2,453)	(455)	(3,619)	(952)	1,393,396	(3,936)	(3,829)
Interest Income	251	94,654	38,824	44,459	38,542	282,246	15,214	38,584	10,648	7,060	32,885	6,115
Interest Expense	(85,488)	(84,509)	(86,354)	(88,732)	(84,271)	(85,120)	(82,022)	(83,356)	(81,855)	(82,298)	(78,661)	(76,212)
Gain/Loss on Asset Disposal	0	0	0	0	0	0	0	0	0	0	0	0
Retail Pharmacy Net Activity	17,130	(26,137)	17,157	25,598	(20,671)	(23,391)	(21,787)	(27,899)	(15,980)	25,754	(20,371)	60,250
Other Non-Operating Income	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Operating Revenue	(78,449)	535,714	(35,641)	(23,451)	(68,916)	171,282	(89,050)	(76,290)	(88,139)	1,343,912	(70,083)	(13,676)
Net Income	(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)	6,974,023
EBIDA	(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)	7,216,232
Operating Margin %	-97.7%	39.4%	38.0%	-47.7%	19.5%	32.0%	-35.6%	-49.9%	-63.6%	-105.9%	-132.5%	68.2%
Net Margin %	-102.6%	49.6%	37.3%	-48.7%	17.4%	35.9%	-39.0%	-53.1%	-68.1%	-17.4%	-137.9%	68.0%
EBIDA Margin %	-86.2%	54.6%	42.5%	-37.5%	25.3%	42.0%	-29.4%	-42.1%	-55.1%	-0.2%	-118.0%	70.4%

Modoc Medical Center
Balance Sheet
For the month of January

	Unaudited 24-Feb	Unaudited 24-Jan	Unaudited 23-Dec	Unaudited 23-Nov	Unaudited 23-Oct	Unaudited 23-Sep	Unaudited 23-Aug	Unaudited 23-Jul	Audited Jun-22
Cash	325,542	769,336	1,044,727	-26,508	622,845	132,427	522,024	482,052	2,096,800
Investments	21,388,138	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	918,356	917,902	913,758	914,608	912,213	912,258	921,230	621,067	310,150
Total Cash	22,632,036	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	21,483,874	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	(12,011,197)	(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	9,472,677	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	*44.1%*	*35.0%*	*38.1%*	*39.5%*	*41.7%*	*45.3%*	*44.8%*	*45.1%*	*56.8%*
Third Party Receivable	13,462,306	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	352,866	273,260	337,118	226,006	291,914	243,707	266,758	277,672	398,875
Inventory	441,543	419,193	455,575	462,036	466,093	486,438	278,325	302,513	486,845
Prepaids	507,211	532,847	573,266	569,995	526,592	560,300	525,313	296,980	559,880
Total Current Assets	46,868,639	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	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	47,326,806	47,162,430
Equipment	12,814,345	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	9,227,542	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	70,082,233	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	(18,135,539)	(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	51,946,694	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	0
Total Assets	98,815,333	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	1,333,327	1,232,650	1,223,192	1,363,102	1,361,317	1,679,325	460,386	933,293	1,757,386
Accrued Payroll	1,051,172	892,433	850,738	723,886	1,341,553	1,114,489	1,091,523	909,079	734,088
Patient Trust Accounts	7,712	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	480,000	510,000
Accrued Interest	158,556	82,917	485,158	405,474	325,443	244,572	165,029	84,157	490,978
Other Current Liabilities	6,873	6,873	6,873	8,962	0	0	0	0	5,479
Total Current Liabilities	3,037,640	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	32,640,000	33,645,000
Total Liabilities	35,677,640	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	59,228,661	56,312,050
Current Year Income/(Loss)	3,909,032	-3,040,509	-1,255,617	-991,792	-168,437	1,080,882	2,124,473	574,046	1,301,368
Total Equity	63,137,693	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	98,815,333	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	217	297	316	327	329	345	355	341	351
Days in AR (Gross)	154	143	128	115	107	107	100	99	83
Days in AP	12	11	11	13	12	15	4	9	41
Current Ratio	15.43	14.87	13.81	14.28	12.49	12.78	20.47	18.15	13.23

STATEMENT OF CASH FLOWS

February-24

	CURRENT MONTH	FISCAL YEAR
CASH FLOWS FROM OPERATING ACTIVITIES		
NET INCOME	6,974,023	3,909,032
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
DEPRECIATION EXPENSE	166,181	1,392,410
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	-2,474,718	-3,770,916
CHANGE IN OTHER RECEIVABLES	-12,499,538	-12,114,210
CHANGE IN INVENTORIES	12,572	40,065
CHANGE IN PREPAID EXPENSES	25,636	-115,517
CHANGE IN ACCOUNTS PAYABLE	41,272	209,007
CHANGE IN ACCURED EXPENSES PAYABLE	75,639	-321,379
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	158,739	270,647
CHANGE IN OTHER PAYABLES	0	0
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	-14,494,217	-14,409,892
CASH FLOWS FROM INVESTMENT ACTIVITIES		
PURCHASE OF EQUIPMENT/CIP	-768,039	-2,648,569
CUSTODIAL HOLDINGS	290	-7,768
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-767,749	-2,656,337
CASH FROM FINANCING ACTIVITIES		
	0	-525,000
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	0	-525,000
CASH AT BEGINNING OF PERIOD	30,919,979	36,314,233
NET INCREASE (DECREASE) IN CASH	-8,287,943	-13,682,197
CASH AT END OF PERIOD	22,632,036	22,632,036

MODOC MEDICAL CENTER

"KEY STATISTICS"

Twelve Months Ending, Feb 24, 2024

	Feb-24		Jan-24		Dec-23		Nov-23		Oct-23		Sep-23		Aug-23		Jul-23		Jun-23		May-23		Apr-23		Mar-23		Feb-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	68	70	72	76	89	126	46	126	62	111	89	119	72	58	92	144	64	66	81	66	98	94	100	103	70	101	590	818	933
Swing	82	41	43	17	63	47	62	47	88	35	48	15	70	15	53	42	58	18	26	18	49	34	52	50	41	45	509	240	694
SNF	1,413	1,339	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	11,800	10,509	17,733
Total "Patient Days"	***1,563***	***1,450***	***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***	**12,899**	**11,567**	**19,360**
ADC																													
Adults/Peds	2.34	2.26	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	2.42	3.37	2.55
Swing	2.83	1.32	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	2.09	0.99	1.90
SNF	48.72	43.19	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	48.36	43.25	48.45
Total "Average Daily Census"	***53.90***	***46.77***	***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***	**52.86**	**47.60**	**52.90**
ALOS																													
Adults/Peds	3.78		4.00		3.71		5.75		3.44		4.94		3.60		5.11		3.37		5.06		4.08		4.00		3.89		4.15	5.53	4.13
Swing	8.20		5.38		15.75		6.20		44.00		6.86		70.00		5.30		7.25		4.33		16.33		13.00		5.86		9.79	8.57	9.51
Admissions																													
Adults/Peds	18	18	18	14	24	25	8	25	18	17	18	18	20	15	18	14	19	22	16	13	24	21	25	24	18	13	142	148	226
Swing	10	7	8	3	4	6	10	6	2	2	7	3	1	1	10	3	8	3	6	2	3	2	4	4	7	5	52	28	73
SNF	2	3	-	4	1	9	2	9	3	1	1	3	2	6	4	4	1	1	2	2	2	1	2	3	3	1	15	36	22
Total "Admissions"	***30***	***28***	***26***	***21***	***29***	***40***	***20***	***40***	***23***	***20***	***26***	***24***	***23***	***22***	***32***	***21***	***28***	***26***	***24***	***17***	***29***	***24***	***31***	***31***	***28***	***19***	**209**	**212**	**321**
Discharges																													
SNF	-		1		1		3		2		2		2		2		1		5		1		1		3		13	26	21
																											-	-	-
Days in Period	29		31		31		30		31		30		31		31		30		31		30		31		28		244	243	366
Amulatory Service Statistics																													
Emergency Visits	676	417	803	460	812	537	668	537	448	527	475	512	520	470	529	528	468	500	439	500	428	497	473	448	417	362	4,931	4,018	6,739
Ambulance Rur Visits		64		79		83		83	50	82	79	76	73	57	87	60	81	48	77	48	68	64	92	60	64	48	289	604	607
Clinic Visits	1,156	1,062	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	7,911	7,748	11,888
Canby Clinic Visits		195		239		171		171	221	206	204	102	269	187	218	162	208	210	227	210	185	228	207	251	195	209	912	1,436	1,739
Canby Dental	123	170	194	238		189		189	200	211		256		180	203	193		180	57	249	40	205	96	211	170	187	720	1,599	913
Observation Admits	2	5	3	4	5	3	4	3	5	4	5	3	2	8	6	1	2	3	8	3	5	1	7	2	5	8	32	31	54
Observation Ca Hours	53.9		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	1,190	797	2,011
						-																					-	-	-
Ancillary Services Statistics						-																					-	-	-
Surgeries	14	1	3	2	5	1	-	1	3	6	12	7	1	15	4	9	2	12	12	12	3	15	5	15	1	6	42	51	64
Endoscopies	14	20	23	23	13	17	21	17	22	23	39	26	16	9	25	9	14	24	22	24	21	20	13	26	20	25	173	134	243
Surgery & Reco Minutes	666	538	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	4,775	5,252	7,275
Anesthesia Minutes	1,047	871	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	8,267	9,043	12,664
Laboratory Tests		4,355		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	23,240	43,297	42,050
EKG Tests-Acut Proc		116		109		133		133	94	118	141	124	105	119	139	114	135	90	132	90	122	110	128	109	116	91	479	964	996
EKG Tests-Clini Proc		2		5		5		5	1	5	5	8	7	7	2	8	2	7	3	7	1	7	9	11	2	7	15	45	30
Radiology-Diag Proc	249	298	275	285	253	314	255	314	290	332	273	278	278	285	258	236	322	268	289	268	260	270	260	273	298	271	2,131	2,307	3,262
Ultrasounds Proc	102	104	95	71	58	110	52	110	109	47	133	104	88	126	100	99	111	111	119	111	121	97	132	126	104	83	737	770	1,220
CT Scans Proc	163	122	126	112	148	130	133	130	172	182	128	107	149	126	119	128	146	129	140	129	127	123	147	135	122	125	1,138	1,042	1,698
MRI Proc	18	32	17	14	13	13	15	13	25	17	25	9	18	42	26	9	12	31	23	31	30	10	11	13	32	23	157	146	233
Physical Therap Sessions		597	351	575		601		601		438	536	536	745	615	528	367	613	455	840	455	729	614	497	637	597	255	2,160	4,305	4,839
Retail Pharmacy-Scripts	2,463	2,239	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	12,286	20,873	22,334
Dietician Consults																						1					-	-	-

MODOC MEDICAL CENTER
"FULL TIME EQUIVALENT REPORT"
Twelve Months Ending: Feb 29, 2024

Department	Feb-24	Jan-24	Dec-23	Nov-23	Oct-23	Sep-23	Aug-23	Jul-23	Jun-23	May-23	Apr-23	Mar-23	12 Mo Ave
Med / Surg	14.57	11.56	15.61	12.59	13.97	14.64	15.41	16.55	13.44	12.45	13.80	12.23	13.90
Comm Disease Care													#DIV/0!
Swing Beds													#DIV/0!
Long Term - SNF	51.60	49.47	52.18	45.23	51.45	52.83	49.94	49.68	48.04	47.33	44.91	43.83	48.87
Emergency Dept	9.98	9.87	12.52	9.5	10.89	10.93	9.71	9.73	11.25	9.82	10.14	11.26	10.47
Ambulance - Alturas	10.56	12.07	11.82	11.09	11.46	11.82	11.02	10.55	11.26	10.5	10.65	10.29	11.09
Clinic	22.04	19.76	20.74	20.51	21.20	20.46	19.26	20.34	20.79	20.57	20.64	21.59	20.66
Canby Clinic	7.58	7.95	7.57	7.56	9.17	7.69	7.05	6.9	7.20	8	7.74	7.91	7.69
Canby Dental	2.99	2.87	3.51	2.82	3.19	4.21	4.44	3.93	3.43	3.21	3.03	2.26	3.32
Surgery	4.65	3.65	3.76	4.33	4.00	3.56	3.71	4.49	3.10	3.96	4.13	5.17	4.04
IRR													#DIV/0!
Lab	8.56	7.25	7.38	8.84	11.23	9.06	7.04	8.96	10.29	7.92	8.10	7.61	8.52
Radiology	4.28	4.2	4.45	4.78	5.67	6.27	4.24	3.28	4.89	4.76	5.17	3.51	4.63
MRI													#DIV/0!
Ultrasound	1.50	1.28	1.49	1.36	1.28	1.15	1.11	1.54	1.31	1.38	1.34	1.44	1.35
CT	0.87	1.4	1.46	1.89	1.52	1.57	1.42	1.54	1.87	1.62	1.97	1.36	1.54
Pharmacy	1.91	1.38	2.04	2.16	1.93	1.05	1.52	1.9	1.97	1.81	1.93	1.79	1.78
Physical Therapy	4.88	3.72	4.64	5.12	4.20	5.08	6.20	6.7	8.00	7.41	7.33	6.33	5.80
Other PT													#DIV/0!
Dietary	11.74	11.63	13.04	13.11	13.79	11.94	11.62	14.52	19.68	18.1	18.03	18.38	14.63
Dietary Acute	7.61	7.82	7.07	7.27	6.56	6.56	5.98	4.78					6.71
Laundry	1.07	1.01	1.08	0.97	1.04	1.01	1.04	1	1.07	1.01	1.04	0.83	1.01
Activities	3.56	3.54	3.62	3.64	3.78	3.55	3.68	3.13	3.12	3.19	3.57	3.6	3.50
Social Services	2.06	2.04	2.32	1.99	1.94	2.1	2.03	1.83	1.90	1.87	1.70	1.8	1.97
Purchasing	3.06	2.99	3.02	3.19	2.98	2.97	3.03	3.09	3.04	3.02	3.05	2.99	3.04
Housekeeping	11.77	12.93	13.65	13.56	13.49	12.58	12.14	12.32	12.34	12.33	13.01	12.54	12.72
Maintenance	6.03	5.9	5.95	5.9	5.99	5.98	5.33	5.36	5.99	5.87	5.99	6.04	5.86
Data Processing	3.94	3.94	4.01	4.43	5.08	3.65	4.35	4.69	4.61	4.46	5.24	5.65	4.50
General Accounting	4.07	4.1	4.05	4.21	4.02	4.11	4.69	4.59	4.03	4.01	4.03	4.03	4.16
Patient Accounting	6.87	5.96	6.33	5.2	5.36	6.13	5.69	5.45	4.93	5.77	5.58	5.31	5.72
Administration	2.75	3.12	3.35	3.33	3.53	3.52	3.42	3.41	3.42	3.46	3.37	3.34	3.34
Human Resources	2.00	2	2.00	2	2.00	2	1.82	2.01	1.99	2	1.87	2	1.97
Medical Records	7.67	7.6	7.68	7.77	7.97	7.86	7.80	7.31	7.76	7.66	7.72	7.74	7.71
Nurse Administration	2.76	3.1	2.75	2	2.45	2.07	2.36	2.12	2.72	2.56	2.28	1.97	2.43
In-Service	1.03	1.00	1.05	1.00	1.00	1.00	1.00	1.00	1.03	1.03	1.00	1.03	1.01
Utilization Review	1.50	1.44	1.44	1.46	1.01	0.97	0.98	1.5	1.50	1.5	1.49	1.5	1.36
Quality Assurance	0.51	0.51	0.50	0.5	1.00	1	1.00	0.51	0.51	0.5	0.50	0.5	0.63
Infection Control	0.60	0.63	0.64	0.7	0.75	0.69	0.51	0.65	0.61	0.62	0.60	0.54	0.63
Retail Pharmacy	3.43	4.04	4.24	3.94	4.00	4.51	4.88	4.19	4.03	3.99	3.93	4.02	4.10
TOTAL	**230.00**	**221.73**	**236.96**	**223.95**	**238.90**	**234.52**	**225.42**	**229.55**	**231.12**	**223.69**	**224.88**	**220.39**	**228.43**

Modoc Investment Portfolio

As of February 29, 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%
04/18/24	Tbill	$224,557	6 mos	5.080%
N/A	PB MM	$1,856,802		3.350%
N/A	LAIF	$651,811		4.122%
Total		$22,006,910		4.64%

ATTACHMENT E

LARGE ACCOUNT CHARITY WRITE OFF

MODOC MEDICAL CENTER
EST. 1951
Healing Hands Close To Home

LAST FRONTIER HEALTHCARE DISTRICT
A Public Entity

Summary of Large Account Charity Write Off

I am requesting permission to write off under our charity program three individual episodes for one patient. All required documentation to qualify of the charity program has been submitted and the patient qualifies for 100% charity discount. The total amount is $22,773.52, comprised of three episodes, $14,722.83, $103.19 and $7,947.50.

Patrick Fields
March 20, 2024

ATTACHMENT F

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
64772-0150-001U		Removed for Board Meeting	Untimely	PHP denied submitted CIF for claim needing to be billed on a 25-1 form. We had 90 days from CIF denial on 11/4/2022 to submit ReCIF. Past timely.	$ 21,027.03	D
67441-0021-001U		Removed for Board Meeting		PHP denied claim# 223047717981 for DENIED - INP TAR REQ'D FOR HOSP STAY AND RELATED SVCS - NO TAR ON FILE. Per client comm. log response TAR PH2302030047 was for this I/P stay, but per TAR information from PHP website, that TAR# is showing for DOS 2/10-2/12/2023 for SNF swing bed. TAR information in Helix documents. We never received a correct TAR for this visit. DOS being 9/6/2022, we are out of time for corrections.	$ 19,812.51	
94924-0002-001U		Removed for Board Meeting		Please review for a timely filing adjustment of 12,184.54 as Contra Costa denied claim # IN230862308600301242 on 4/11/2023 for patient eligibility not found. DOS being 11/28/2022, we are out of time for billing.	$ 12,184.54	
47015-0141-001U		Removed for Board Meeting		Claim is now timely for correction with BC after we have not received response from Modoc for coding review request you see below. Quadax rejected the claim from being sent out so we did not receive denial from BC. Inpatient claim with Date of service of 9/22/2023 that was not worked by MMC employees to insert the correct revenue code on room rates. Now is past timely to correct.	$ 10,485.82	
75070-0024-001U		Removed for Board Meeting		PHP denied CPT code 00790 for anesthesia start and stop times and CPT code Z7610 for service limited to 1 per date of service, same provider. DOS being 8/26/2022, we are out of time for corrections.	$ 7,535.70	
				GRAND TOTAL	**$ 71,045.60**	

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

DR. RICHERT CONTRACT

PROFESSIONAL SERVICES AGREEMENT

This **PROFESSIONAL SERVICES CONTRACT** ("Agreement") is entered into as of the Effective Date, by and between **MODOC MEDICAL CENTER** ("MMC") and **EDWARD P. RICHERT, MD, INC.** ("Professional Corporation"). MMC and Professional Corporation are sometimes referred to in this Agreement as a "Party" or collectively, as the "Parties." Other capitalized terms are defined in this Agreement, including the Decision-Making Guidance, attached as **EXHIBIT E.**

I. RECITALS

A. MMC is a licensed acute care hospital facility in Alturas, California, providing inpatient, outpatient and other health care services to Alturas and surrounding communities. MMC owns, maintains and operates, in conjunction with its general acute hospital ("Hospital") a skilled nursing facility ("SNF"), a rural health clinic ("Clinic") and other services that are, to provide professional medical and ancillary services to the population residing in MMC'S geographic area, and MMC desires to assure adequate physician coverage for services provided at the Hospital, SNF, and Clinic.

B. Professional Corporation is a professional medical corporation that employs **EDWARD P. RICHERT, MD** ("Physician"), who is duly licensed to practice medicine in California, and is qualified to provide professional medical services, as described in this Agreement.

C. MMC believes that high standards of patient care can be achieved if Physician assumes the responsibilities set forth in this Agreement and desires to obtain professional medical services from Physician through this Agreement with Professional Corporation, as an independent contractor for the patients of the Hospital and Clinic, and for the residents of the SNF at the locations listed in **EXHIBIT A** or as they may be relocated to another location within reasonable proximity to such locations, and Physician desires to furnish such services upon the terms and conditions set forth in this Agreement.

THEREFORE, THE PARTIES AGREE:

1. PHYSICIAN RESPONSIBILITIES

1.1 **Professional Services**. Physician shall personally provide the following services, consistent with the policies and procedures of MMC, to the Hospital, SNF, and Clinic and patients or residents thereof, provided that Physician's obligations hereunder are limited to the provision of services within Physician's professional capabilities.

A. **Medical Services.** Physician shall provide professional health care services to patients and residents of MMC Physician's medical subspecialty. Professional health care services include Medicare services, Medi-Cal services, workers compensation services, commercial insurance services, private payer services, and charity care. If, with the Joint Approval of MMC and the Medical Executive Committee, one or more allied health professionals shall be engaged to provide services to MMC's patients and residents, Physician shall share in providing professional supervision of allied health professionals employed by MMC in the Hospital, SNF, and Clinic without additional compensation. Physician shall cooperate with MMC to enable the MMC's participation in the Medicare, Medi-Cal, workers compensation services and commercial payor programs. Physician shall provide services to all patients, including Medicare, Medi-Cal and workers compensation services beneficiaries, in a non-discriminatory manner and in accordance with all applicable laws and MMC policies and procedures. Physician shall provide in addition to the foregoing services, the services described in **EXHIBIT B.**

B. **Schedule**. Physician will provide professional services for the number of hours per week and number of weeks per year as set forth in **EXHIBIT D**.

C. **Inpatient Services**. Physician shall share in attending to SNF and Clinic patients who are hospital inpatients except in cases when the care of the patient has been assumed by a hospitalist.

1.2 **No Substitutions**. Physician shall personally perform services under this Agreement. Neither Professional Corporation nor Physician shall engage a substitute or subcontractor to provide these services, except with the Joint Approval of MMC and the Medical Executive Committee on a case by case basis, which Joint Approval may be withheld or conditioned in MMC's and the Medical Executive Committee's discretion. Any discontinuation of service by Physician, or any attempted substitution of Physician or any attempted delegation of Physician's obligations under this Agreement, without the required approval consent, shall be deemed a material breach of Physician's obligations. Any approved substitute or subcontractor physician shall be subject to the provisions of Section 7.1 (Licensure and Standards) and shall be deemed to be a "Physician," as defined in and subject to the applicable provisions of this Agreement, and shall comply with the terms of this Agreement. Physician shall be solely responsible to pay all compensation due and owing to any approved subcontractor or substitute used outside the terms outlined in **EXHIBIT C** if hours of service in **EXHIBIT D** are not met.

1.3 **Exclusivity; Non-Competition.**

A. Physician shall give first priority to performing all professional medical services to MMC patients or residents consistent with the terms of this Agreement and Physician shall not undertake to perform any non-MMC activities if they would interfere with Physician's performance of Physician's obligations under this Agreement. Except as provided in **EXHIBIT C**, Physician may only engage in a non-MMC activity during MMC's business hours with the prior written consent of a responsible representative of MMC, who may condition such consent upon requiring assignment and remittance to MMC of any compensation received by Physician in connection with such activity.

B. Physician shall not:

(i) provide services of the kind required by this Agreement to any facility or entity located in Alturas, California without the prior written consent of MMC, and

(ii) directly or indirectly own, operate, manage, be employed by or contract with any entity or organization that provides similar and/or competitive services within a twenty-five (25) mile radius of MMC, without the prior written consent of MMC and except as provided in **EXHIBIT C**.

C. On request of MMC, not more often than quarterly, Physician shall attest in writing that Physician is in full compliance with this section.

D. The Parties recognize that if any provision of this section is breached, in whole or in part, by Physician, then MMC will be irreparably harmed thereby. In the event of such breach, MMC shall be entitled, upon application to any court of proper jurisdiction, to a temporary restraining order or preliminary injunction to restrain and enjoin Physician from such violation without prejudice as to any other remedies MMC may have at law or in equity. If any restriction contained in this section is held by any court to be unenforceable, or unreasonable, as to time, geographic area or business limitation, then such provisions shall be and are hereby reformed to the maximum time, geographic area or business limitation permitted by applicable laws.

1.4 **Limitation on Use.** All items and services provided by MMC to Physician pursuant to the terms of this Agreement shall exclusively be used by Physician to satisfy Physician's contractual obligations hereunder. Without limiting the foregoing, such items, including MMC premises, shall not be used by Physician in the operation of a private practice of medicine or any activity unrelated to the treatment of MMC patients or residents.

1.5 **Notification of Certain Events and Noncompliance.**

A. Professional Corporation shall notify MMC in writing as soon as possible, and within a maximum of five (5) days, after Professional Corporation becomes aware that: (a)

Physician has become the subject of, or materially involved in, any investigation, proceeding, or disciplinary action by any state or federal health care program, any state's medical board or professional board, any agency responsible for professional licensing, standards or behavior, or MMC's medical staff, or (b) Professional Corporation or Physician has become the subject of any legal action or legal proceeding arising out of the provision of services under this Agreement.

B. Professional Corporation shall notify MMC in writing within twenty-four (24) hours after Physician becomes aware of any event occurring that would materially alter the status or ability of Physician's compliance with this Article 1 (Physician Responsibilities), including, without limitation, the imposition of any integrity agreement, consent decree or settlement agreement with any state or federal agency having jurisdiction over Physician.

1.6 Financial Conflict of Interest. Professional Corporation shall immediately report to MMC any financial conflict or potential financial conflict of interest of Professional Corporation or Physician with the interests of MMC and shall give full disclosure of the facts pertaining to any relationship, transaction or other activity of Professional Corporation or Physician, or an immediate family member of Physician, that may be reasonably construed to involve a financial conflict of interest with MMC or that would have an adverse effect on Professional Corporation's or Physician's satisfactory performance of Professional Corporation's or Physician's obligations under this Agreement.

1.7 Promoting Interoperability, MIPS, and Other Incentive Programs.

A. **EHR Incentive Programs.** Physician shall use best efforts to participate in, and qualify for the maximum payments under, the Medicare EHR Incentive Program, and if applicable the Medicaid EHR Incentive Program as described in 42 Code of Federal Regulations Part 495, in part by becoming proficient in use of Clinic's EHR system and participating in EHR training programs. Proceeds received by MMC pursuant to such programs that are attributable to Physician's qualification shall be retained by MMC.

B. Other Incentive Programs. At the request of MMC, Physician shall participate in a program sponsored by the federal or state governments, commercial third party payers and other parties to incentive MMC and Physician to improve quality of services, utilize appropriate technology or otherwise enhance services provided at the Clinic.

2. HIPAA/STATE PRIVACY LAW COMPLIANCE; LEGAL COMPLIANCE

2.1 Compliance with Privacy Standards.

A. MMC, Professional Corporation and Physician are each Covered Entities as defined under the Health Insurance Portability and Accountability Act ("HIPAA"). MMC, Professional Corporation and Physician will use and disclose "protected health information," as defined in HIPAA, as amended, and the regulations thereunder,

and patient confidential information exclusively for treatment, payment Clinic health care operations, and as otherwise authorized by HIPAA and state law.

B. Professional Corporation and Physician shall take all reasonable steps to use and disclose protected health information obtained in the course of providing services to MMC patients and residents in a manner such that the security and privacy of such information will be maintained and use appropriate safeguards to prevent use or disclosure of the information other than as described herein. Specifically, Professional Corporation and Physician shall:

(1) Use and disclose protected health information solely for the benefit of MMC or for MMC's internal administration or management, and shall not use any such information for purposes unrelated to providing services to Clinic patients or disclose any such information to third parties except as required by law or as explicitly authorized by MMC.

(2) Ensure that all of Professional Corporation's and Physician's agents, employees, subcontractors or affiliates to whom Professional Corporation or Physician provides protected health information or confidential patient information agree to the same restrictions and conditions for use and disclosure of protected health information that apply to Physician.

(3) Amend records, account for disclosures by Professional Corporation and Physician of Protected Health Information, and make records available so that the individual to whom the protected health information pertains may review, access and obtain a copy of such record, consistent with the policies and procedures of MMC.

(4) Abide by MMC's policies and procedures for patient information privacy and security and notify MMC promptly in the event Professional Corporation or Physician becomes aware of that any confidential patient information or protected health information has been compromised or accessed in a legally impermissible or unauthorized manner.

C. Professional Corporation and Physician shall provide to MMC on request at any time a statement of assurance from Professional Corporation and Physician that Professional Corporation and Physician will manage all protected health information and confidential information related to MMC patients and residents in a manner such that the security and privacy of such information will be maintained. Failure to abide by the provisions of this section is a material breach of this Agreement.

2.2 Compliance Program

A. Professional Corporation and Physician acknowledges that MMC has implemented a Compliance Program for the purpose of ensuring that the provision of, and billing for, care provided to Hospital, SNF, and Clinic patients and residents are in

compliance with applicable federal and state laws ("Compliance Program"). Professional Corporation and acknowledge that each of them has received information relating to the Compliance Program, including MMC's Code of Ethics. Professional Corporation and Physician shall adhere to, abide by and support the Compliance Program. Physician shall participate in training and education sessions relating to the Compliance Program as requested by MMC.

B. Professional Corporation and Physician each agree, represent and warrant that Professional Corporation and Physician shall maintain full compliance with all applicable federal, state and local laws and regulations, including without limitation laws and regulations regarding billing for services. Nothing in this Agreement shall be construed to require MMC or Professional Corporation and Physician to make referrals of patients to the other. No payment is made under this Agreement in return for the referral of patients or in return for the ordering, purchasing or leasing of products or services from MMC.

2.3 Warranty. As of the execution date of this Agreement, Professional Corporation and Physician agree, represent and warrant that neither Professional Corporation nor Physician

A. Has been convicted of a criminal offense related to healthcare (or Professional Corporation and Physician have been officially reinstated into the federal healthcare programs by the Office of Inspector General of the Department of Health and Human Services and provided proof of such reinstatement to MMC);

B. Is currently under sanction, exclusion or investigation (civil or criminal) by any federal or state agency or is ineligible for federal or state program participation; or

C. Is listed on the General Services Administration's list of parties excluded from federal procurement and non-procurement programs. Professional Corporation and Physician shall immediately notify MMC if Professional Corporation or Physician becomes involved in a pending criminal investigation or proposed civil debarment or exclusion related to any federal or state healthcare program.

3. MMC RESPONSIBILITIES

3.1 MMC Services.

A. Space. MMC shall make available to Physician reasonably necessary facilities for the operation of Clinic and other services. Such space shall include an office furnished with a desk.

B. Equipment. MMC shall have Shared Decision-Making Authority (with a formal recommendation from the Clinic Medical Director) to select and shall acquire such equipment as may be reasonably necessary for the proper operation and conduct of Hospital, SNF and Clinic.

3.2 **General Services**. MMC shall furnish ordinary janitorial services, maintenance services, and utilities, including telephone service, as may be required for the proper operation and conduct of Hospital, SNF and Clinic.

3.3 **Supplies**. MMC shall have Shared Decision-Making Authority (with the Clinic Medical Director) over the selection of and shall purchase and provide all supplies as may be reasonably required for the proper treatment of Hospital, SNF and Clinic patients and residents, including prescription pads printed with Physician's name. Physician shall inform MMC of supply needs in a timely manner and shall manage the use of supplies in an efficient manner that promotes quality and cost-effective patient care.

3.4 **Business Operations**. MMC shall be responsible for all business operations related to operation of the Hospital, SNF and Clinic, including personnel management, billing and payroll functions.

3.5 **MMC Performance**. The responsibilities of MMC under this Article shall be subject to MMC's discretion and its usual purchasing practices, budget limitations and applicable laws and regulations. Finance and budgeting decisions will be made upon MMC's and the Clinic Medical Director's Joint Approval.

3.6 **Professional Liability Insurance**. Except as otherwise provided **in EXHIBIT F**, MMC shall maintain professional liability insurance that provides coverage for any act of Physician that may have occurred during the term of this Agreement while providing the services contemplated hereunder notwithstanding the termination or expiration of the term of this Agreement. Subject to MMC's and the Medical Executive Committee's Joint Approval, such policies must have limits of liability per each Physician of at least one million dollars ($1,000,000) per claim and three million dollars ($3,000,000) annual aggregate "claims made" insurance coverage. MMC will provide Directors and Officers liability insurance for coverage of activities for duties performed as a Director under **EXHIBIT B**. Upon termination of this Agreement, either in the event that this Agreement is terminated pursuant to Section 6.2 (Termination) or in the event that the term of this Agreement expires and is not renewed, MMC shall continue the current policy, obtain prior acts coverage or "extended discovery period" or "extended reporting period" coverage, or otherwise take steps to insure that no lapse of coverage occurs for the period of time covered by this Agreement.

3.7 **Workers Compensation**. Physician shall not be afforded coverage under MMC's workers compensation indemnity program.

4. COMPENSATION

4.1 **Compensation for Professional Services**. Professional Corporation shall be entitled to compensation as set forth in **EXHIBIT D**.

4.2 **Benefits**. Professional Corporation shall not be entitled to any benefits provided by MMC.

4.3 **Continuing Medical Education**. Neither Professional Corporation nor Physician shall be entitled to reimbursement for continuing medical education expense.

4.4 **Recordkeeping**. Professional Corporation and Physician shall cooperate with the MMC administrator to provide access to a report of daily direct patient care hours and non-direct patient care hours as required for MMC's annual cost report. Additional reports will include appropriate documentation of patient services provided by Physician to enable MMC timely and accurately to bill and collect for such services, including preparation and submission of charge sheets to responsible parties.

4.5 **Limitations.** Except as specifically set forth in this Article, neither Professional Corporation nor Physician shall have any claims under this Agreement or otherwise against MMC for any compensation, benefits or reimbursement of expenses or costs incurred in connection with this Agreement or Professional Corporation's or Physician's performance of its obligations hereunder.

5. BILLING FOR PROFESSIONAL SERVICES

5.1 **Assignment**. Professional Corporation and Physician hereby assign to MMC all claims, demands and rights of Professional Corporation and Physician to bill and collect for all professional services rendered to MMC patients and residents, regardless of site of service. Neither Professional Corporation nor Physician shall bill or collect for any services rendered to MMC patients or residents, and all receivables and billings shall be the sole and exclusive property of MMC. Any payments made pursuant to a payor agreement (including co-payments made by patients) shall constitute revenue of MMC. In the event any payment is made to Professional Corporation or Physician pursuant to any payor agreement, Professional Corporation and Physician shall promptly remit such payment directly to MMC. Professional Corporation and Physician shall cooperate in the completion of any documents or forms necessary to document the assignment set forth in this section.

5.2 **MMC Responsibility**. MMC shall be solely responsible for billing and collecting for all professional services provided to MMC patients and residents, and for managing all MMC receivables and payables, including those related to Medicare and Medi-Cal beneficiaries. The Medical Executive Committee shall have Exclusive Decision-Making Authority in determining policies related to assigning billing codes for Professional Services.

6. TERM AND TERMINATION; SUSPENSION

6.1 **Term**. The term of this Agreement shall begin on the Effective Date and shall continue through and until March 31, 2025 unless earlier terminated as provided in this Agreement.

6.2 **Termination**. Notwithstanding the provisions of Section 6.1 (Term), this Agreement may be terminated:

A. By either MMC or Professional Corporation, effective on or after the first anniversary of the Effective Date, upon ninety (90) days written notice to the other Party.

B. By either MMC or Professional Corporation in the event of a material breach by the other Party, and in such event, the non-breaching Party shall have the right to terminate this Agreement after providing fifteen (15) days' written notice to the breaching Party, unless such breach is cured to the satisfaction of the non-breaching Party within the fifteen (15) days.

C. By either MMC or Professional Corporation upon written notice to the other Party in the event that any federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation at any time while this Agreement is in effect that prohibits, restricts, limits or in any way substantially changes the arrangement contemplated herein or which otherwise significantly affects either Party's rights or obligations under this Agreement.

D. By MMC upon written notice to Professional Corporation in the event Professional Corporation or Physician is charged with or convicted of a crime involving moral turpitude or Professional Corporation or Physician is charged with or convicted of any act or thing that will tend to degrade Professional Corporation or Physician in society or bring Professional Corporation or Physician into public contempt, scorn or ridicule, or that will tend to shock, insult or offend the community or ridicule public morals or decency.

6.3 Effect of Termination. Upon any termination or expiration of this Agreement:

A. All rights and obligations of the Parties shall cease except (i) those rights and obligations that have accrued and remain unsatisfied prior to the termination or expiration, and (ii) those rights and obligations that expressly survive termination or expiration of this Agreement;

B. Professional Corporation and Physician shall vacate MMC premises as soon as practicable, no later than seven (7) business days after the effective date of termination, removing any and all of Professional Corporation's and Physician's personal property, and MMC may remove and store, at Professional Corporation's expense, any personal property that Professional Corporation or Physician has not so removed;

C. Professional Corporation and Physician shall immediately return to MMC all of MMC's property, including equipment, supplies, furniture, furnishings and patient records (subject to Section 11.2 [Records]), in Professional Corporation's or Physician's possession or under Professional Corporation's or Physician's control; and

D. Neither Professional Corporation nor Physician shall do anything or cause any other person to do anything that interferes with MMC's efforts to engage any other person or entity for the provision of professional medical services, or interferes in any way with any relationship between MMC and any other person or entity who may be engaged to provide services to MMC.

6.4 **Suspension.** MMC may suspend with pay Professional Corporation and Physician on written notice to Professional Corporation from performance of this Agreement if any matter or event described in Section 6.2.D. has occurred and is continuing, such suspension to extend only for such time as MMC may reasonably require to investigate such matter or event and determine whether it constitutes a basis for termination of this Agreement.

6.5 **No Hearing Rights.** Expiration or termination of this Agreement for any reason shall not provide Physician with the right to a "fair hearing" or any other similar rights or procedures. Notwithstanding the foregoing, Physician shall be entitled to hearing rights in accordance with MMC policies and procedures in the event that any expiration or termination of this Agreement should result in a report being made concerning Physician to the Medical Board of California or the National Practitioner Data Bank.

6.6 **Non-Renewal.** In the event that this Agreement is terminated pursuant to Section 6.2 (Termination) prior to the expiration of the term or any renewal term, the Parties shall not enter into any agreement between them for the same or substantially the same services for one (1) year after the termination.

6.7 **Rights Upon Termination.** Upon any termination or expiration of this Agreement, all rights and obligations of the Parties shall cease except those rights and obligations that have accrued or expressly survive termination.

6.8 **Survival.** The provisions of Sections 3.6 (Professional Liability Insurance), 5.1 (Assignment), 5.2 (MMC Responsibility), 6.5 (No Hearing Rights), 9.2 (Indemnification), 11.1 (No Sharing of Proprietary Information), 11.2 (Records), 11.3 (No Existing Obligations Preventing Agreement), 11.4 (Confidential Proprietary and Trade Secret Information of Others), 11.5 (Access to Records), 11.7 (Arbitration and Dispute Resolution), 11.9 (Attorneys' Fees), 11.11 (Choice of Law), and 11.13 (Notices) shall survive the termination of this Agreement.

7. PROFESSIONAL STANDARDS

7.1 **Licensure and Standards.** Physician shall:

A. Be licensed to practice medicine in the State of California without restriction;

B. Be certified as a participating physician in the Medicare and Medi-Cal programs;

C. Comply with all policies, bylaws, rules and regulations of MMC and its medical staff, including those related to documenting all advice to patients and proper sign-off of lab and X-ray reports;

D. Be a member in good standing of the medical staff of MMC;

E. Participate in continuing education as necessary to maintain licensure and the current standard of practice; and

F. Comply with all applicable laws, rules and regulations of any and all governmental authorities, and applicable standards and recommendations of the Joint Commission.

8. NON-PHYSICIAN PERSONNEL

All non-physician personnel required for the proper operation and conduct of Hospital, SNF, and Clinic shall be employed and paid by MMC, not physician. MMC shall establish and classify all non-physician positions and shall designate the persons assigned to each non-physician position. MMC shall retain Shared Decision-Making Authority with The Medical Executive Committee over selecting key administrative or non-physician positions. Relating to the performance of non-key administrative or non-physician personnel, MMC shall have Exclusive Decision-Making Authority to control, select, schedule and discharge such employees, and to take any direct disciplinary measures as needed.

9. RELATIONSHIP BETWEEN THE PARTIES

9.1 **No Control Over Methods, Medical Decision-making**. It is the intent of the Parties to comply with all applicable limitations imposed by California Business and Professions Code §§ 2052 and 2400 (commonly referred to as "the prohibition on the corporate practice of medicine") (the "Prohibition"). MMC shall not have or exercise control or direction over the methods by which Physician performs professional services pursuant to this Agreement or Physician's medical decision-making and, notwithstanding any other provision of this Agreement or otherwise, MMC shall cooperate with Physician to enable them to exert appropriate control over such methods and carryout such decision-making. All work performed pursuant to this Agreement shall be in strict accordance with currently approved methods and practices in Physician's professional specialty and in accordance with the standards set forth in this Agreement. The sole interest of MMC is to insure that such services are performed and rendered in a competent and cost effective manner.

10. PROGRAM ADMINISTRATION

10.1 **Medical Executive Committee**. Consistent with Medical Staff bylaws and hospital policy, the Medical Executive Committee is charged with oversight of the medical decision-making at MMC ("Medical Executive Committee"). If appointed to the Medical Executive Committee, Physician shall serve without additional compensation.

10.2 **Compliant Policies and Procedures**. MMC and the Medical Executive Committee shall develop policies and procedures to ensure compliance with the Prohibition, and the principles illustrated in **EXHIBIT E**. On request of the Medical Executive Committee, Physician shall attend meetings of the Medical Executive Committee and participate in the Medical Executive Committee's activities.

10.3 **Operational Guidelines**. The Hospital, SNF and Clinic shall be operated according to current policies, procedures and guidelines. The Parties acknowledge that MMC shall have

Consultative Decision-Making Authority (with the Medical Executive Committee) to amend such policies, procedures and guidelines may be amended by MMC, at any time in order to accommodate the patient or business needs of the Hospital, SNF and Clinic.

10.4 **Standards of Conduct.** Physician shall abide by MMC's Standards of Conduct in the Medical Executive Committee's bylaws. MMC shall have Consultative Decision-Making Authority (with the Medical Executive Committee) to amend the Standards of Conduct from time to time.

11. GENERAL PROVISIONS

11.1 **No Sharing of Proprietary Information.** MMC and Professional Corporation and Physician mutually acknowledge that they or their agents may obtain or have access to certain information that is confidential, including but not limited to patient information, medical records, confidential financial, operational, business and planning information, Hospital, SNF and Clinic procedures and manuals, know-how, and trade secrets (the "Proprietary Information") whether such information is disclosed orally, visually, or in writing, and whether or not bearing any legend or marking indicating that such information or data is confidential or proprietary. Professional Corporation and Physician shall keep such Proprietary Information confidential and shall not directly or indirectly disclose such Proprietary Information to a third party, except as required to perform their obligations hereunder, or as required by law, or with the prior written consent of MMC. The foregoing sentence shall not apply to information:

A. Provided to voluntary accreditation agencies, government agencies, or third party payers as required by law or consented to by MMC;

B. Reasonably required by other health care providers involved in a particular patient's case;

C. Which Physician can show was known to Professional Corporation or Physicians prior to disclosure by MMC; or

D. Which is or becomes public knowledge through no fault of Professional Corporation or Physician. Neither Professional Corporation nor Physician shall use any Proprietary Information in a manner adverse to the interests of MMC and recognizes MMC's right to obtain judicial relief, including injunctive relief and damages, for any violation of this provision.

Professional Corporation and Physician shall return to MMC all Proprietary Information and all copies thereof, in their or their employee's or contractor's possession or control and permanently erase all electronic copies of such Proprietary Information promptly upon the written request of MMC, or the termination or expiration of this Agreement, which obligation shall override any conflicting obligation to maintain records or documents under this Agreement to the extent such records or documents contain Proprietary Information. Physician shall not copy, duplicate or reproduce any Proprietary Information without the prior written consent of MMC or as otherwise permitted under this Agreement.

11.2 **Records.** All files, charts and records, medical or otherwise, generated by Physician or any other medical professional in connection with services furnished pursuant to this Agreement are the property of MMC. Physician shall maintain medical records according to MMC policies and procedures and in accordance with community standards, provided that, through such policies and procedures, MMC exercises no control or direction over Physician's clinical decisions. Each Party shall retain the confidentiality of all records and materials in accordance with all applicable state and federal laws. MMC shall permit Physician to have access during or after the term of this Agreement to medical records generated by Physician as necessary in connection with claims, litigation, investigations or treatment of patients. Such obligation shall only extend for the period of time that MMC normally retains such records. Physician shall be entitled to maintain and utilize such medical records in Physician's provision of patient care to those patients of the Clinic who authorize MMC to provide a copy to Physician. MMC shall provide such copies on receipt of written authorization in accordance with MMC's applicable procedures and upon receipt of payment, all in accordance with Civil Code Section 123110.

11.3 **No Existing Obligations Preventing Agreement.** Professional Corporation and Physician represent and acknowledge that neither Professional Corporation nor Physician is under any obligation (whether contractual or otherwise) to any former employer or third party that would prevent Professional Corporation or Physician from performing the services contemplated under this Agreement and otherwise to satisfy all of Professional Corporation's or Physician's duties and obligations hereunder. Professional Corporation agrees to defend and indemnify MMC for all costs, expenses, demands and judgments that may occur as a result of Professional Corporation's or Physician's breach of this Section 11.3 (No Existing Obligations Preventing Agreement).

11.4 **Confidential Proprietary and Trade Secret Information of Others.** Professional Corporation and Physician each represent that Physician has disclosed to MMC any agreement to which Professional Corporation or Physician is or has been a party regarding the confidential information or trade secrets of others and Professional Corporation and Physician understand that performance of services under this Agreement will not require Professional Corporation Physician to breach any such agreement. Neither Professional Corporation nor Physician shall disclose protected confidential information or trade secrets of third parties to MMC nor induce MMC to use any such protected confidential information or trade secrets received from another under an agreement or understanding prohibiting such use or disclosure.

11.5 **Access to Records.** To the extent required by Section 1861(v)(I)(I) of the Social Security Act, as amended, and by valid regulation which is directly applicable to that section, Professional Corporation and Physician agree to make available upon valid written request from the Secretary of HHS, the Comptroller General, or any other duly authorized representatives, this Agreement and the books, documents and records of Professional Corporation and Physician to the extent that such books, documents and records are necessary to certify the nature and extent of MMC's costs for services provided by Professional Corporation.

Professional Corporation and Physician shall also make available such subcontract and the books, documents, and records of any subcontractor if that subcontractor performs any of Professional Corporation's or Physician's duties under this Agreement at a cost of ten thousand dollars ($10,000) or more over a twelve (12) month period, and if that subcontractor is affiliated with or related to Professional Corporation or Physician.

Such books, documents, and records shall be preserved and available for four (4) years after the furnishing of services by Professional Corporation and Physician pursuant to this Agreement. If Professional Corporation or Physician is requested to disclose books, documents or records pursuant to this Section 11.5 (Access to Records) for purposes of an audit, Professional Corporation shall notify MMC of the nature and scope of such request, and shall make available, upon written request of MMC, all such books, documents or records.

This section is intended to assure compliance with Section 1861 of the Social Security Act, as amended, and regulations directly pertinent to that Act. The obligations of Professional Corporation under this section are strictly limited to compliance with those provisions, and shall be given effect only to the extent necessary to insure compliance with those provisions. In the event that the requirements of those provisions are reduced or eliminated, the obligations of the Parties under this section shall likewise be reduced or eliminated.

11.6 **Amendment**. This Agreement may be amended at any time by mutual agreement of the Parties, but any such amendment must be in writing, dated, signed by the Parties and attached hereto. Notwithstanding the foregoing, in the event MMC intends to seek tax-exempt financing, Professional Corporation and Physician agree to amend this Agreement as may be necessary for MMC to obtain such financing.

11.7 **Arbitration and Dispute Resolution.**

A. **Non-Medical Disagreements**. In the event that disagreements arise between the Parties concerning performance under this Agreement, or on other matters, such disagreements will be discussed with the Chief Executive Officer of MMC.

B. **Medical Disagreement**. Any questions or disagreements concerning standards of professional practice or the medical aspects of the service furnished in the Hospital, SNF, and Clinic shall be resolved by the Medical Staff.

C. **Arbitration**. Following exhaustion of all dispute resolution procedures provided for under the terms of this Agreement, the Parties shall submit such disputes to binding arbitration in accordance with the applicable arbitration rules of the American Arbitration Association. The proceeding shall be held in Modoc County.

11.8 **Assignment**. Professional Corporation shall not assign, sell, transfer or delegate any of Professional Corporation's rights or duties, including by hiring or otherwise retaining additional physicians to perform services pursuant to this Agreement, without the prior written consent of MMC.

11.9 **Attorneys' Fees.** If any legal action or other proceeding is commenced which is related to this Agreement, the losing Party shall pay the prevailing Party's reasonable attorneys' fees and expenses incurred in the preparation for, conduct of or appeal or enforcement of judgment from the proceeding. The phrase "prevailing Party" shall mean the Party who is determined in the proceeding to have prevailed or who prevails by dismissal, default, settlement or otherwise.

11.10 **Captions.** The captions used in this Agreement are for convenience only and shall not affect the interpretation of this Agreement.

11.11 **Choice of Law.** This Agreement shall be construed in accordance with, and governed by, the laws of the State of California.

11.12 **Exhibits.** All Exhibits attached and referred to herein are fully incorporated by this reference.

11.13 **Notices.** All notices or other communications under this Agreement shall be sent to the Parties at the addresses set forth on the signature page of this Agreement or such other address as a Party provides pursuant to notice. Notices given by mail deposited in a mail facility located in Modoc County shall be deemed received two (2) business days after mailing.

11.14 **Prior or Other Agreements.** This Agreement represents the entire understanding and agreement of the Parties as to those matters contained in it. No other oral or written understanding shall be of any force or effect with respect to the matters contained in this Agreement, unless attached to this Agreement as an exhibit or subsequent amendment.

11.15 **Referrals.** This Agreement does not create any obligation or requirement that MMC shall make any referral of patients to Professional Corporation or Physician and/or Professional Corporation or Physician shall make any referral of patients to MMC. The payment of compensation hereunder is not based or conditioned in any way on referrals of patients to MMC, Hospital, SNF Clinic or any other entity.

11.16 **Severability.** If any provision of this Agreement is determined to be illegal or unenforceable, that provision shall be severed from this Agreement, and the remaining provisions shall remain enforceable between the Parties.

11.17 **Waiver.** No waiver of any provision of this Agreement shall be effective against either Party unless it is in writing and signed by the Party granting the waiver. The failure by either Party to exercise any rights under this section shall not operate as a waiver of such rights.

11.18 **Authority and Execution.** By their signature below, each of the Parties represents that it has the authority to execute this Agreement and does hereby bind the Party on whose behalf the execution is made.

11.19 **Independent Representation.** Each Party has had the opportunity to be represented by and to have this Agreement reviewed by its own separate legal, accounting, and tax

counsel. The Parties to this Agreement have been represented by separate independent legal, accounting and tax counsel. Each Party has looked to such independent counsel representing that Party for advice regarding this Agreement. No Party makes or represents to the other any representation of law or fact except as specifically provided in this Agreement.

11.20 **Other Agreements**. This Agreement may be one of other agreements between MMC and Professional Corporation or Physician or an immediate family member of Physician. MMC maintains a master list of such agreements, together with true and complete copies of such agreements, that is available for review by the Secretary of the Department of Health and Human Services in accordance with the requirements of 42 CFR § 411.357(d)(1)(ii).

11.21 **Effective Date**. The "Effective Date" as used in this Agreement means such specified on the signature page(s) hereof.

11.22 **Counterparts**. This Agreement may be executed in multiple counterparts, each of which together shall be deemed one and the same instrument.

[Signature Page Follows]

SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties have executed this Agreement as of April 1, 2024 (the "Effective Date").

"MMC"
Modoc Medical Center

By: _____
Kevin Kramer
Its: Chief Executive Officer

Date: _____

Address for Notices:

Administration
Modoc Medical Center
PO Box 190
Alturas, CA 96101

"PROFESSIONAL CORPORATION"
Edward P. Richert, MD, Inc.

By: _____
Edward P. Richert, M.D.
Its: President

Date: _____

Address for Notices:

Edward P. Richert, M.D.
Edward P. Richert, M.D., Inc.
710 East 5th Street
Alturas, CA 96101

Joinder of Physician

Physician hereby joins in this Agreement for the purpose of acknowledging receipt of a true and complete copy of this Agreement and to signify Physician's agreement to abide by and be bound by the provisions of this Agreement applicable to Physician.

_____
Edward P. Richert, M.D.

EXHIBIT A

LOCATIONS

Modoc Medical Center Family Practice Clinic

1111 N. Nagle Street

Alturas, CA 96101

Warnerview Convalescent Hospital

225 W. McDowell Avenue

Alturas, CA 96101

Modoc Medical Center

1111 N. Nagle Street

Alturas, CA 96101

Home Visits that are billed under MMC's NPI number thereby having rights to charges billed.

Other hospitals as a means of enhancing skillsets or proctoring that are billed under MMC's NPI number.

EXHIBIT B

FURTHER DESCRIPTION OF SERVICES

Physician shall:

A. Participate in utilization review program as reasonably requested by Hospital;

B. Participate in risk management and quality assurance programs as reasonably requested by Hospital;

C. Assist Hospital management with preparation for and conduct of any inspections and onsite surveys of Hospital conducted by government agencies or accrediting organizations, as reasonably requested by Hospital;

D. Cooperate with Hospital in all litigation matters affecting Physician or Hospital, consistent with advice from Physician's legal counsel;

E. Share supervision of all staff nurse practitioners and physician assistants while providing professional services according to the requirements set by the State of California;

F. Serve as Medical Director of the Skilled Nursing Facility (SNF);

G. Participate in long term planning of Modoc Medical Center to ensure the needs of the community's health are being met;

H. Participate with Administration and other physicians and mid-level practitioners in developing and updating any Physician and Nurse Practitioner practice agreements. This will facilitate coordination between participating physicians, mid-level practitioners, and Hospital staff to better delineate shared medical practice responsibilities;

I. Actively participate on various committees and advisory organizations in compliance with the bylaws, guidelines, policies, and rules of the Medical Staff.

J. Supply medical services at the SNF and Clinic as needed. SNF services are to be shared evenly among the physicians working at the clinic at any given time and are supplementary to hospitalist coverage which is provided by midlevel providers.

EXHIBIT C

EXCEPTIONS TO EXCLUSIVITY OF SERVICES

County Medical Officer. Physician holds position of Medical Officer for the County of Modoc. Administration acknowledges this exception to exclusive services to Modoc Medical Center and concedes so long as the appointment does not interfere with the provisions of services to be provided in this Agreement.

EXHIBIT D

HOURS OF SERVICE; COMPENSATION AND BENEFITS

A. **Hours of Service**. Physician shall provide Professional Services to Hospital, SNF, and Clinic patients and residents a minimum of 25 hours per week in a SNF, clinic, or hospital setting. Physician shall provide any necessary on-call coverage for SNF and clinic. Physician shall provide a schedule of availability of professional service coverage 30 days prior to the beginning of each month. Physician will provide 47-weeks of service under this contract. Time away will be coordinated with office staff to provide necessary coverage during Physician's absence.

B. **Base Compensation**. The annual base compensation will be $154,500.00. Payments will be paid by MMC in monthly installments of $12,875.00. Physician shall submit invoice for services by the 15th of the current month. The invoice will be paid by the last day of the month for which services are delivered.

C. **Extra ½ Day Compensation**. In addition to the base compensation listed above if Physician is asked to work extra ½ days during the course of this contract, Physician will be reimbursed at a rate of $657.45 per ½ day of work provided in excess of the contracted amount of hours in this agreement.

D. **Form 1099**. Compensation to Physician shall be reported on IRS form 1099.

E. **Benefits**. Physician shall not be entitled to benefits in accordance with standard practices applied to independent contractors.

F. **Continued Medical Education**. Physician shall not be entitled to reimbursement of CME expenses and is required to utilize time outside of the required weeks of provided service for this contract period.

G. **Clinic On-Call Coverage.** Physician shall be paid a stipend of $300 per week that Physician provides on-call coverage for the clinic after hours call service.

EXHIBIT E

DECISION-MAKING GUIDANCE

This Agreement contains provisions conferring decision-making authority on the Parties. In order that the relationship created and implemented pursuant to this Agreement complies with the California prohibition against the corporate practice of medicine, certain decisions are listed as requiring, the Parties have adopted the following principles:

Exclusive Decision-Making Authority: The Party with "Exclusive Decision-Making Authority" has no obligation to consult with the other, even on an informal basis.

Consultative Decision-Making Authority: The Party with "Consultative Authority" is encouraged to informally seek input from the other; nevertheless such Party retains final decision-making authority.

Shared Decision-Making Authority: The Party with "Shared Decision-Making Authority" over a particular decision retains the power to make the final decision, however such Party shall seek a recommendation from the other through a formal process.

Joint Approval: A decision requiring "Joint Approval" requires both Parties to agree upon formal consultation.

The following table sets forth guidance to interpreting the Parties' respective decision-making authority in the context of this Agreement.

Practicing Physicians Make Ultimate Decision			**Neither Party May Solely Make Ultimate Decision**	**Lay Entity Makes Ultimate Decision**		
No Duty to Consult	**Informal Advice**	**Formal Recommendation**	**Formal Consultation and Agreement**	**Formal Recommendation**	**Informal Advice**	**No duty to Consult**
↓ **Exclusive**	↓ **Consultative**	↓ **Shared**	↓ **Joint**	↓ **Shared**	↓ **Consultative**	↓ **Exclusive**
• Setting purely medical practice policies • What conditions can be referred to another physician specialist • What diagnostic tests are	• Practice parameters • Making treatment decisions that involve bioethical issues • Credentialing for specific procedure: establishing	• Establishing bioethics policies • *Credentialing-establishing the standards • *Credentialing-acting on an individual application • *Developing a UR & QA plan • Implementing a UR & QA plan • Enforcing the UR & QA plan (except termination)	• How many hours a physician should work • Non-clinical decisions concerning medical records • Level and scope of malpractice coverage • *Whether and when to utilize limited license practitioners • Selecting independent LLPs	• Approving annual budget • Contractual relationships with third-party payors • Types of technology which should be employed	• Coding and billing procedures • Controlling administrative data	• Compensation for allied health and lay staff • Selecting purely administrative staff that do not hold key positions

Practicing Physicians Make Ultimate Decision			Neither Party May Solely Make Ultimate Decision	Lay Entity Makes Ultimate Decision		
No Duty to Consult	**Informal Advice**	**Formal Recommendation**	**Formal Consultation and Agreement**	**Formal Recommendation**	**Informal Advice**	**No duty to Consult**
↓ **Exclusive**	↓ **Consultative**	↓ **Shared**	↓ **Joint**	↓ **Shared**	↓ **Consultative**	↓ **Exclusive**
appropriate for a particular condition • What gets included in a particular patient's medical records • Whether a particular patient visit requires a particular billing code • Communications of a purely clinical nature with patient • Determination as to whether an emergency medical condition exists • Which CME courses should be taken • To whom a physician can refer	general standards and as applied to individuals • Handling impaired physicians • Terminating physicians from practice arrangements on discretionary grounds, i.e., quality of care and business concerns, failure to comply with UR procedures, "without cause"	• Developing drug formularies • Selecting key administrative-medical officers • *How many patients a physician should see • Controlling medical data	and "physician extenders" • Settling cases for all parties named • Marketing • Establishing grievance policies	• Selecting key administrative positions • Purchasing, replacing and repairing equipment • *How much patients should pay		
				***Note:** In these "shared" decisions, approval of the recommendations must not be withheld absent convincing justification transmitted in writing.		

EXHIBIT F

PROFESSIONAL LIABILITY INSURANCE ALTERNATE PROVISIONS

No alternate provisions are noted at this time.