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**AGENDA**  
**LAST FRONTIER HEALTHCARE DISTRICT**  
**BOARD OF DIRECTORS**  
**Thursday, August 29, 2024, 1:00 pm**  
**City Council Chambers; Alturas City Hall; Alturas, California**

Parties with a disability, as provided by the American Disabilities Act, who require special accommodations or aids in order to participate in this public meeting should make requests for accommodation to the Modoc Medical Center Administration at least 48 hours prior to the meeting. Board Agenda packets are available to the public online at [www.modocmedicalcenter.org](http://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.) A. Willoughby – SNF and HA Project Monthly Report
- B.) A. Willoughby – Revenue Cycle Update – Cerner
- C.) K. Kramer – Geothermal Update for New SNF and Hospital Addition Project
- D.) K. Kramer – New SNF and Hospital Addition Topping Out Ceremony

Attachment A  
Attachment

**REGULAR SESSION**

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

- A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – July 2024
- B.) D. King – Adoption of LFHD Board of Directors Special Meeting Minutes – July 2024
- C.) T. Ryan - Medical Staff Committee Meeting Minutes – July 31, 2024.
  - Medical Staff Committee Meeting Minutes – June 26, 2024.
  - Pathology Report – June 6, 2024
  - New Business
    - Policy Review – June 2024
- D.) E. Johnson – Policy and Procedures
  - Business Office
  - Central Supply
  - Emergency Department

Attachment B  
Attachment C  
Attachment D

Attachment E

- Emergency Management
- Engineering
- Information Technology
- Infusion
- Operating Room
- Physical Therapy

Archived Policies

- Business Office
- Dietary – SNF
- Emergency Department
- Emergency Department, Med/Surge
- Information Technology
- Physical Therapy
- Radiology

**6. CONSIDERATION/ACTION**

- |   |              |
|---|--------------|
| A.) E. Johnson – Departmental Policy Manuals  | Attachment F |
| <ul style="list-style-type: none"> <li>• Dietary – Skilled Nursing Facility</li> <li>• Dietary – Acute</li> <li>• Environmental Services/Laundry</li> <li>• Operating Room</li> </ul> |              |
| B.) J. Lin – July 2024 LFHD Financial Statement ( <i>unaudited</i> )  | Attachment G |
| C.) K. Kramer- Resolution #24-07 Bank Signature Cards   | Attachment H |

**7. VERBAL REPORTS**

- A.) K. Kramer – CEO Report to the Board
- B.) E. Johnson – CNO Report to the Board
- C.) J. Lin – FD 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 –July 31, 2024<br>(Per Evidence Code 1157)                           | Attachment I |
| <ul style="list-style-type: none"> <li>• Medical Executive Committee Minutes &amp; Credentialing Items OPPE 2019B – June 26, 2024</li> </ul> |              |

***REGULAR SESSION***

**9. CONSIDERATION / ACTION**

- |  |  |
|--|--|
| A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –July 31, 2024.<br>(Per Evidence Code 1157)                          |  |
| <ul style="list-style-type: none"> <li>• Medical Executive Committee Minutes &amp; Credentialing Items OPPE 2019B –June 26, 2024.</li> </ul> |  |

**8. MOTION TO ADJOURN – J. Cavasso – Chair**

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

# **ATTACHMENT A**

## **SNF and HA Project Monthly Report**



Project Name: Modoc Medical Center Skilled Nursing Facility & Hospital Addition  
 Date: August 1, 2024  
 Title: Project MMC July 2024 Month End

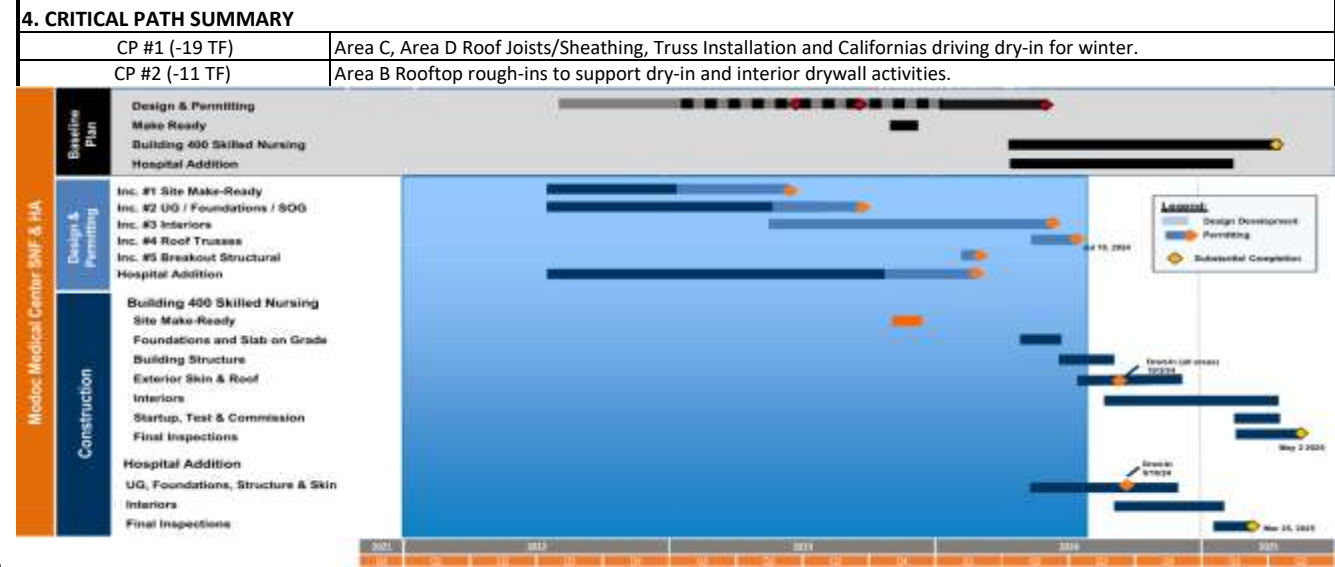
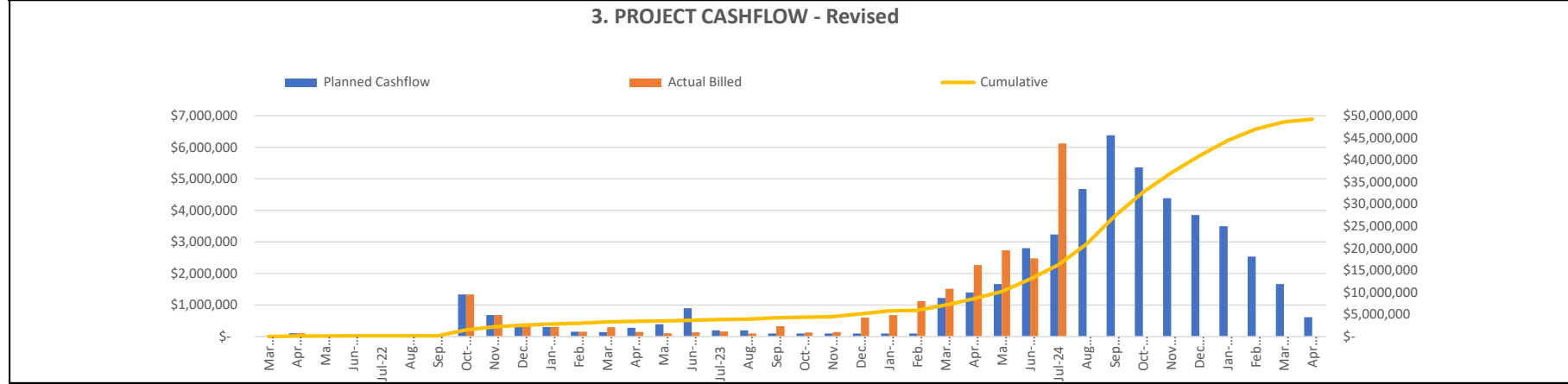
Schedule Data Date: 8/4/2024  
 Reporting Period: 7-1-2024 thru 7-31-2024

1. SCHEDULE SUMMARY	Contract	Last Month	Current	Contract Var (cd behind/ahead)
Start Date	1-Feb-22	1-Feb-22	1-Feb-22	
Current Substantial Completion (GN-MI-390)	7-Apr-25	23-May-25	2-May-25	(25)
Completion of Construction Work - SNF (GN-MI-440)	3-May-25	20-Jun-25	30-May-25	(27)
Project Final Completion Date (GN-MI-430)	3-Jun-25	22-Jul-25	30-Jun-25	(27)
Total Duration (calendar days)	1219	1268	1246	(27)
Percent Complete (based on remaining calendar days)		70%	70%	
Construction Percent Complete (based on remaining calendar days)		39%	52%	

2. CONTRACT SUMMARY		Pending CO Summary	
Original GMP Budget	\$ 51,962,775.00	OCO's 3, 4, 5, 6 all are fully excuted	
Current Budget	\$ 49,373,939.00	Escalation OCO 7 (Material) and OCO 8 (Labor) in review with the USDA.	
Approved CO	\$ (2,588,836.00)	Amendment 5 cost impacts received by Marina Landscaping and Sierra Single Ply Roofing. OCO being developed.	
Pending/Submitted CO	\$ 3,049,762.00		
Target Budget	\$ 52,423,701.00		

Contract Time Extensions	Days (cd)	Pending Time Extension Summary	
Submitted	0		
Approved	0		
Pending	0		



### 5. MAJOR MILESTONES

	Baseline	Last Month	This Month
Increment #4 Permit (Roof Trusses)	4/15/2024	7/19/2024	7/10/24A
SNF Foundations & Slab on Grade Complete	5/14/2024	7/1/2024	6/26/24A
SNF Structure Complete	7/29/2024	9/23/2024	8/28/2024
SNF Building Dry-in (all areas)	9/5/2024	11/1/2024	10/3/2024

### 6. SCHEDULE HOT LIST / CONSTRAINTS

	Impacted Activity(s)
1.	
2.	
3.	

### 7. WEATHER ALLOWANCE

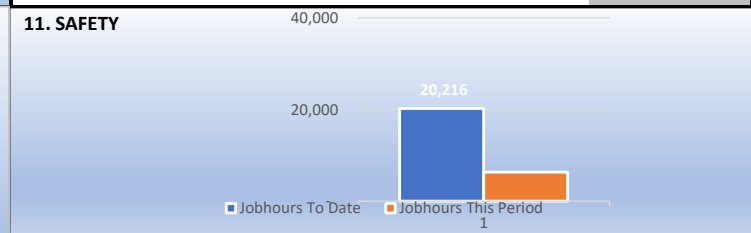
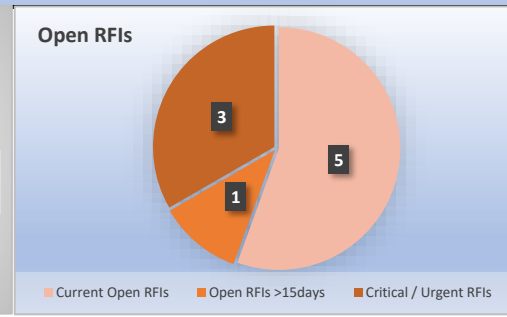
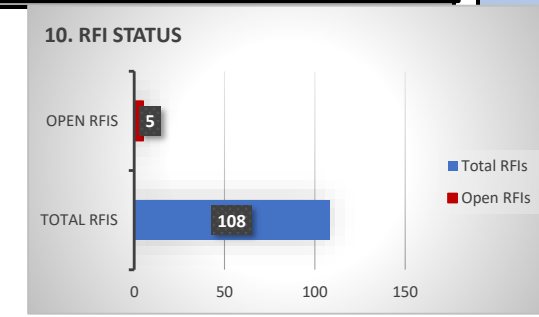
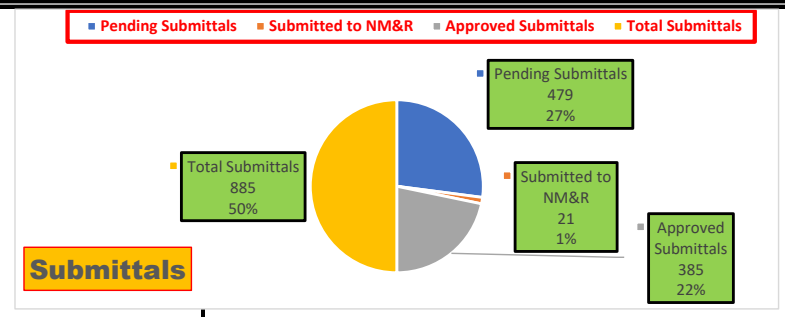
Planned	20
Used This Period	9
Used To Date	19
Remaining	1

### 8. CONSTRUCTION DAILY REPORT STATISTICS

	TOTAL
Status Through (date)	3/29/2024
Project Work Day Since NTP	0
Total Daily Reports Prepared	0
Total Daily Reports Submitted	0

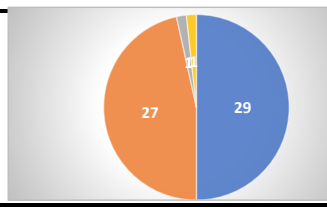
Submittal Statistics:

Submittals	Status
Drawings	135 Pending Submittals
Data	574 Submitted to NM&R
Closeout	176 Approved Submittals
Total Submittals	885 Total Submittals
	% Completed 44%



### 12. SUBCONTRACTOR BUY-OUT STATUS

Total Anticipated Subcontracts	29
Executed Contracts	27
In Process	1
Remaining	1



### 13. MAJOR LONG LEAD & CRITICAL PROCUREMENTS

Major Procurement Item	Submittal Approval	Anticipated Delivery	Actual Delivery
Generator	9/6/2023	6/20/2024	TBD
Transfer Switches	9/6/2023	1/30/2025	TBD
Air Handlers	2/6/2024	1/30/2025	TBD
Fans, Boiler, Rooftop Units	2/6/2024	1/30/2025	TBD

### 11. SAFETY (Continued)

	This Period	To Date
Total Jobhours (Construction)	6,336.0	20,215.5
Avg Project Mgt Staff	19	19
Avg Field Craft	2	2
Recordable Incidents	0	0
First Aid	0	0
Lost Time Injuries	0	0

### Priority Submittals (Top 3)

	Date Initiated
1. UG Piping	
2. Overhead MEPP	
3. Framing & Drywall	

### Priority RFIs (Top 3)

	Date Initiated
1. Mechanical Room Housekeeping Pad Conflict with Rated Corridor Wall	
2. Storm Drain Footing Clarification	
3. Electrical Yard Dimensioned Layout	

Project Name: Modoc Medical Center Skilled Nursing Facility & Hospital Addition  
 Date: August 1, 2024  
 Title: Project MMC July 2024 Month End



**SWINERTON**

**EXECUTIVE SUMMARY**

Modoc MC SNF & HA Permit Status	Submitted	Permit Received
<b>Skilled Nursing Facility</b>		
INC 1 - SNF Site Make ready (Civil+Landscaping)	5-Jan-23	7-Sep-23
INC 2 - SNF Footings/Foundations	9-Feb-23	2-Aug-23
INC 3 - SNF Building (Arch+MEPF)	13-Sep-22	22-Jun-24
INC 4 - SNF STS Truss Package	7-Jan-24	10-Jul-24
INC 5 - SNF Structural Package from INC 3	1-Feb-24	5-Feb-24
<b>Hospital Addition</b>		
HA Permit	13-Sep-22	6-Feb-24

Site Concrete bid leveling sheet has been approved by Richard. Buyout of Division 10 scopes are complete. Swinerton is in progress of sending leveling sheets to Richard for sign-off.  
 Site activities in progress: footing excavation, reinforcing steel, formwork, & concrete placement of footings for link to HA, joisting of SNF and standing walls for HA, started Sto gold coat water proofing dense glass exterior sheathing, started site grading, electrical yard under ground and slurry of under ground. 95% of trusses on site with remaining 5% will be on site by 8-9-24.  
 Billings: May and June have been approved by USDA and we should be funded for both over the next two weeks. July will submitted 8-9-24.  
 After months of compiling and analyzing the data, a material & labor escalation owner change order (OCO) amounting to \$2.75M was agreed upon. Swinerton has submit OCO's #7 (material escalation) & #8 (labor escalation) to the Owner and received approval, it has now been sent to USDA for approval. Local USDA sent it to the state office and we waiting change order to be processed.  
 OWNER PROJECT MANAGER REPORT

As can be seen from the photos herein the construction is moving at a rapid pace. Everything is proceeding as planned and with full inspection by the IOR and quality control by Swinerton. There are 2 large change orders pending with the USDA State office. It is expected that these will be accepted. Otherwise, there are no pending contractual issues to report. Purchase orders for equipment will be let in August. Furniture and signage will be bid out in August. The district Board has approved the plan and amount of interim financing and is in the market for the financing. It will be in place by September 1. The district still has significant cash on hand. The State HCAI field staff is pleased with the progression and quality of the construction. Project completion of construction work is now schedule for the end of May 2025.

**PROGRESS PHOTOS**



# **ATTACHMENT B**

## **LFHD Board of Directors Regular Meeting Minutes July 2024**



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## REGULAR MEETING MINUTES

### LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, July 25, 2024, 1:00 pm

City Council Chambers

200 w North St.

Alturas, California

Directors present: Edouard (Jim) Cavasso, Mike Mason, Paul Dolby, Carol Madison  
Directors absent: Rose Boulade  
Staff present: Kevin Kramer, CEO; Edward Johnson, CNO; Jin Lin, Finance Director; Adam Willoughby, COO; Samantha Farr, Interim LFHD Clerk, Amber Vucina, CHRO  
Staff absent:

#### CALL TO ORDER

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

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

#### 2. AGENDA APPROVAL - Additions/Deletions to the Agenda

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

#### 3. PUBLIC COMMENT

No public comment

#### 4. DISCUSSION

##### **A. A. Willoughby – SNF and HA Project Monthly Report**

**Adam Willoughby** provided an update on the New SNF and Hospital Addition project speaking from the summary provided in the Board Packet.

##### **B. A. Willoughby – Revenue Cycle Update -Cerner**

**Adam Willoughby** provided an update on Revenue Cycle performance speaking from the Lights on Dashboard from Cerner.

##### **C. A. Willoughby- Small Balance Write-Off, Administrative Write-Off, and Prompt Pay Discount Policies**

**Adam Willoughby** provided policies related to organizational writeoffs that are used to write off patient balances for services provided at Modoc Medical Center as requested by **Mike Mason** during the last board meeting.

#### **REGULAR SESSION**

**5. CONSENT AGENDA**

- A. S. Farr - Adoption of LFHD Board of Directors Regular Meeting Minutes – June 27, 2024
- B. S. Farr – Adoption of LFHD Board of Directors Special Meeting Minutes – July 11, 2024
- C. T. Ryan - Medical Staff Committee Meeting Minutes –April 24, 2024.
  - Environment Of Care Committee Meeting Minutes –June 26, 2024
  - Pathology Report
    - May 1, 2024

Mike Mason moved that the consent agenda be approved as presented, Paul Dolby seconded, and the motion carried with all present voting “aye.”

**6. CONSIDERATION/ACTION**

- A. E. Johnson – Departmental Policy Manuals
  - Ambulance (Emergency Medical Services)
  - Emergency Department
  - EMTALA
  - Infection Control- Acute
  - Infection Control -SNF
  - Med/Surg Nursing
  - Operating Room/Surgery

Paul Dolby moved to approve the Department Policy Manuals as presented, Mike Mason seconded, and the motion carried with all present voting “aye.”

- B. K. Kramer: Resolution Authorizing the Commencement of Proceedings in Connection with the Proposed Issuance of Bond Anticipation Notes: Resolution #24.03

Paul Dolby moved to approve Resolution #24.03: Authorizing the Commencement of Proceedings in Connection with the Proposed Issuance of Bond Anticipation Notes as presented, Mike Mason seconded, and the motion carried with all present voting “aye.”

LFHD Board Members	Aye	Nay	Absent	Abstain
Edouard (Jim) Cavasso	X			
Paul Dolby	X			
Carol Madison	X			
Mike Mason	X			
Rose Boulade			X	

- C. K. Kramer : Resolution Approving the Form and Authorizing the Execution and Delivery of an Indenture and Note Purchase Agreement and Approving the Preparation and Authorizing the Distribution of Required Disclosure Documents, all in Connection with the Issuance, Sale, and Delivery of Bond Anticipation Notes to Finance a Portion of a new 50 Bed Skilled Nursing Facility and Approving Certain Other Actions. Resolution #24.04

Paul Dolby moved to approve Resolution # 24.04 Approving the Form and Authorizing the Execution and Delivery of an Indenture and Note Purchase Agreement and Approving the Preparation and Authorizing the Distribution of Required Disclosure Documents, all in Connection with the Issuance, Sale, and Delivery of Bond Anticipation Notes to Finance a Portion of a new 50 Bed Skilled Nursing Facility and Approving Certain Other Actions, requesting that all documents be presented to the Board for approval once they are finalized and prior to their execution. Mike Mason seconded, and the motion carried with all present voting “aye.”



LFHD Board Members	Aye	Nay	Absent	Abstain
Edouard (Jim) Cavasso	X			
Paul Dolby	X			
Carol Madison	X			
Mike Mason	X			
Rose Boulade			X	

C. K. Kramer: Resolution for Tax Collection. Resolution 24.05

Paul Dolby moved to approve the K. Kramer: Resolution for Tax Collection. Resolution 24.05 Order as presented, Carol Madison seconded, and the motion carried with all present voting “aye.”

LFHD Board Members	Aye	Nay	Absent	Abstain
Edouard (Jim) Cavasso	X			
Paul Dolby	X			
Carol Madison	X			
Mike Mason	X			
Rose Boulade			X	

D. K. Kramer: Ordinance Approving a Formal Agreement for the Sale of Last Frontier Healthcare District Bond Anticipation Notes. Ordinance #24.01

Paul Dolby moved to approve K. Kramer: Ordinance Approving a Formal Agreement for the Sale of Last Frontier Healthcare District Bond Anticipation Notes. Ordinance #24.01 as presented, Paul Dolby seconded, and the motion carried with all present voting “aye.”

LFHD Board Members	Aye	Nay	Absent	Abstain
Edouard (Jim) Cavasso	X			
Paul Dolby	X			
Carol Madison	X			
Mike Mason	X			
Rose Boulade			X	

E. J. Lin – June 2024 LFHD Financial Statement (unaudited)

Carol Madison moved to accept the June 2024 LFHD Financial Statement (unaudited) as presented, Mike Mason seconded, and the motion carried with all present voting “aye.”

**7. VERBAL REPORTS**

**A. K. Kramer – CEO Report to the Board  
Provider Recruitment**

- Dr. Chen is returning for a few months to cover Canby Dental while we look for a permanent provider.
- We had a site visit with another dentist that has not panned out yet.
- An FNP for Alturas Clinic should be here in September, he is waiting for his license.
- One of Alturas Clinic’s providers is not renewing her contract, so we will need to look for another FNP or PA to fill her position.

## **SNF Project**

- Finalizing interim financing for this New SNF project.
- Working on USDA Pay Applications and finalizing change orders.

## **Other Items**

- CFO transition to Finance Director is going well.
- Working on OSHPD, Finance Audit and QIP.
- There has not been an update from the school board on the geothermal well proposal.
- We have not been able to find a contractor to test the geothermal well to see if it would work as a reinjection well.

## **B. E. Johnson – CNO Report to the Board**

### **Warnerview**

- 3-star CMS rating
- Census: 49
- Admission: one pending

### **Acute**

- Census: Four
- Admissions
  - Three Acute
  - Seven Swing
- Surgeries
  - Twenty-eight Surgeries

### **Emergency Room**

- Census Avg twenty-eight per day.

### **Radiology**

No issues

### **Pharmacy**

- 2351 Scripts filled this month

### **Physical Therapy**

- The new Physical Therapy Director has signed the contract and is waiting for his California license to be approved.

### **Ambulance**

- 81 calls

### **Wound Care**

- Seen 75 patients with only three no-shows.
- Scheduling a monthly Wound Care meeting with Dr. Hagge and the wound care nurse.

## **C. J. Lin – Finance Director Report to the Board**

### **Accounting**

- We hired an accounting tech/AP Clerk; and we made an offer for the controller position today.
- Current AP tech has accepted a position as the Canby Manager.
- Audit CAM has been assigned and we plan on submitting it to the Auditors by the end of August.
- Auditors will be on-site the week of Sept 16

## **D. A. Vucina – CHRO Report to the Board**

### **Permanent/Travel Staff**

- 261 Total staff
- 30 Travel staff (excluding SNF registry)
- N/A contracted staff – this is located in Admin.

## Compliance

- Performance Evaluations 85% compliant
- TB 89% compliant
- Physicals 96% compliant

## Union Updates

- Approved dietary shift meal and new pay class for Physical Therapy Lead Office Worker.
- Adding language to the MOU for Emergency Medical Services Staff to account for their normal 48 hour work week.

## E. A. Willoughby – COO Report to the Board

- Elkay Implementation
  - o Final validation is still underway, hoping to finish validation and roll this out to all staff soon.
- Clinic
- Alturas
  - o Things are going well and we're doing some work with the Care Coordinators on the Partnership QIP front so that we can try to meet the quality incentive benchmarks set forth that bring back increased reimbursement of an additional \$300,000 to the facility if we meet all 4 of the benchmarks.
- Canby
  - o Our new manager, Julie Carrillo, has started working partial days out in Canby.
  - o Her current position has been backfilled and she will begin training next week.
  - o On the dental side, we have Dr. Chen slated to start right as Dr. Zollman's assignment ends near the end of August.
  - o Dental hygienist will be working 3 days per week (Tuesday – Thursday).
- Revenue Cycle
  - o There are a few system issues with Cerner and their claim rules, most of which have been working and all of the sudden started not working, which is perplexing.
  - o Our aged over 90 days has been continually increasing, although the increases have been decreasing from month to month.
  - o We are trying to capture as much of that reimbursement as possible before having to write off accounts due to untimeliness.
  - o Our new PFS Counselor, is now full-time.
- Marketing Coordinator
  - o Went to Burney to participate in Pit River Health's Health Fair back in mid-July which was received very well and has established some good connections with some folks down there.
- SNF
  - o Swinerton has begun some of the construction work on the hospital addition which means that we have lost our Hospital Physical Therapy room and grieving room at the southeast corner of the Hospital.
  - o We have come up with alternative spaces for those rooms.
- IT
  - o We just finished up the interviews for backfilling that position.
  - o We have some really good candidates and are in the process of making an offer to the candidate we ended up selecting.

## F. Board Member Reports

- **Jim Cavasso**
  - o Nothing to report
- **Paul Mason**
  - o Nothing to report
- **Rose Boulade**
  - o Nothing to report

- **Carol Madison**
  - Teach is looking for sponsorships for their Color Run
- **Mike Mason**
  - Nothing to report

**Mike Mason** moved to close the Regular Session of the Board of Directors, **Paul Dolby** seconded, and the motion carried with all voting “aye.”

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 2:25 pm.

***EXECUTIVE SESSION***

Executive Session was called to order by Jim Cavasso, Chair, at 2:25 pm.

**8. CONSIDERATION / ACTION**

- A. **T. Ryan – Medical Executive Committee Minutes & Credentialing Items –June 26, 2024. (Per Evidence Code 1157) Medical Executive Committee Minutes & Credentialing Items OPPE 2023 A & B –May 29, 2024.** **Attachment K**

**Mike Mason** moved to close the Executive Session and resume the Regular Session of the LFHD Board of Director’s meeting, **Carol Madison** seconded, and the motion carried with all voting “aye.”

The Executive Session of the Board of Directors was adjourned at 2:40 pm.

***REGULAR SESSION***

**9. CONSIDERATION / ACTION**

- B. **T. Ryan – Medical Executive Committee Minutes & Credentialing Items –June 26, 2024. (Per Evidence Code 1157)**

**Carol Madison** 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.”

**MOTION TO ADJOURN**

**Carol Madison** moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 2:40 pm, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

The next meeting of the Last Frontier Healthcare District’s Board of Directors will be held on August 29, 2024, at 1:00 pm in the Alturas City Council Chambers at City Hall in Alturas, California.

**Respectfully Submitted:**

\_\_\_\_\_ Date  
**Samantha Farr**  
**Chief Nursing Officer Assistant**

**8. MOTION TO ADJOURN – J. Cavasso – Chair**

# **ATTACHMENT C**

## **LFHD Board of Directors Special Meeting Minutes July 2024**



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**SPECIAL MEETING MINUTES**  
**LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS**  
Thursday, July 11, 2024, at 9:30 AM

**Modoc Medical Center, Education Room; Alturas, California**

Directors present:           **Edouard (Jim) Cavasso, Rose Boulade, Paul Dolby, Carol Madison, Mike Mason**  
Directors absent:  
Staff in attendance:       **Kevin Kramer: CEO Samantha Farr, Interim District Clerk**  
Staff absent:               **None**

**CALL TO ORDER**

**Jim Cavasso, Chair** called the meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (Board) to order at 9:33 am. The meeting location was Education Room at the Modoc Medical Center at 1111 N Nagle St. in Alturas, California.

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

**2. AGENDA – Additions/Deletions to the Agenda**

**Carol Madison** moved that the agenda be approved as presented, **Rose Boulade** seconded, and the motion carried with all present voting “aye.”

**3. PUBLIC COMMENT**

No Public Comment

**REGULAR SESSION**

**4. CONSIDERATION/ACTION**

**A.) K. Kramer– Resolution Ordering and Election, Requesting County Elections to Conduct the Election and requesting Consolidation of the Election: Resolution #24.02**

**K. Kramer–** presented the **Resolution Ordering and Election, Requesting County Elections to Conduct the Election and requesting Consolidation of the Election: Resolution #24.02** to the board and answered any questions they had.

**Carol Maidson** moved to approve the Resolution Ordering and Election, Requesting County Elections to Conduct the Election and requesting Consolidation of the Election: Resolution #24.02 as presented, **Paul Dolby** seconded, and the motion carried with all present voting “aye”.

**5.) MOTION TO ADJOURN**

**Carol Madison** moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 10:03 am, **Rose Boulade** seconded, and the motion carried with all present voting “aye.”

**Respectfully Submitted:**

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**Samantha Farr**  
Interim District Clerk

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**Date**

# **ATTACHMENT D**

## **Medical Staff Committee Meeting Minutes**



DATE: AUGUST 29, 2024  
TO: GOVERNING BOARD  
FROM: T.RYAN – CREDENTIALING AIDE  
SUBJECT: MEDICAL STAFF COMMITTEE MINUTES

\*The following Medical Staff Committee Minutes were reviewed and accepted at the July 31, 2024, meeting and are presented for Governing Board review:

- A. REVIEW OF MINUTES**
  - 1. Medical Staff Committee – June 26, 2024
  
- B. PATHOLOGY REPORT – 06/06/2024**
  
- C. NEW BUSINESS**
  - 1. Policy Review – June 2024





**MEDICAL STAFF COMMITTEE MEETING  
June 26, 2024 – Education Building  
MINUTES**

In Attendance

Matthew Edmonds, MD Chief Medical Officer  
Edward Richert, MD Vice Chief Medical Officer  
Landin Hagge, DO  
Barbara Howe, RDN  
Kevin Kramer- CEO

Ed Johnson- CNO  
Mike Gracza- Pharmacist  
Alicia Doss- Risk Management  
Maria Morales- MSC/H.I.M Director  
Taylor Ryan- Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee Meeting was called to order at 1210 by Dr. Edmonds, MD Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following minutes were reviewed: A. Medical Staff Committee Meeting of May 29, 2024.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Report, 05/01/2024.	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	At the moment, still working on catching everything up in Cerner. Estimated to take about a year and although it is an ongoing process, we feel like everyone is doing well with taking good histories, inputting preventive care, and others like that. Currently working on some order sets with Lab and I.T, that is going to be a bit of a process. We have one with Hepatitis C and if we can complete that order, there are a few more automatic orders we would like to use to manage chronic disease a bit better. We are also working on	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	<p>prescribing reports so we can see the controlled medications and make sure our patterns aren't deviating from the California Federal norms. I.T is too helping us out with that. Really happy with the Hospitalist set up. Dr. Burkholder, Dr. Hagge, and Ruth Moeller are working great and enjoy being able to see their information in Cerner, their discharge summaries, their recommendations for follow-ups, it is fantastic. Radio Ads proceed at pace and next month is Hypertension. Lastly, looking forward to getting our new provider as well.</p>	
<p>V. EMERGENCY ROOM REPORT</p>	<p>Nothing to report.</p>	
<p>VI. CEO REPORT</p>	<p>Currently, with Provider recruitment, estimate Ryan Ciantar will be here in August. Unfortunately, we did lose our Dentist, Mike McCormack. Therefore, we are still looking for a permanent Dentist. Skilled Nursing Facility project update, there will be a topping out ceremony at the end of August. This is where we hang our last structural steel beam. Overall, they are making good progress. Interim Financing should be done by mid-September. Looking better than we thought with it, so the documents following this will go to the board next month. Still scheduled to be completed by Summer 2025. Substantial Completion is supposed to occur at the end of May and completion in June. We are going to ask for Board approval to invest a quarter-million dollars in a well cleaning and testing project for Modoc Joint Unified School District. The idea is to hopefully be able to repurpose that initial production well into a reinjection well rather than drill a reinjection well. It will save us a little bit of money and it will gain us some compacity on the system, so this summer we will probably be spending quarter-million dollars on some of their infrastructure to see if we can do a reinjection well at the High School and then they would inject all the High School's wastewater into that well. Budget approval happened on Thursday and along with the</p>	<p>Report at next meeting</p>

SUBJECT	DISCUSSION	ACTION
	<p>Strategic plan will go to the board for review/approval. The QIP results show clinic providers with clinical depression screening improved by 10%, with overall at 82%. The results usually look for improvement by 8%, so clinic providers overperformed on that metric. Clinic providers with tobacco screenings underperformed. However, it is not the screening as we are at 99% compliant with screening everybody for tobacco. It is documentation of counseling or providing the California Quits Hotline. Therefore, will get some further information, some cards to provide to patients. Other than that, Modoc County Behavioral Health is going to start paying us for 51/50's that stay longer than two days. We are in the first invoice reconciliation process with them, and we are happy they are bringing some resources to the table. Lastly, the Revenue Cycle appears to be stabilizing and it is getting better every month. Cash Collections are down this month, but that is a long-term care facility timing issue, not a Revenue Cycle issue.</p>	
<p>VII. CNO/SNF REPORT</p>	<p>Currently, hearing conversation about ER and orders for Tylenol. The Tylenol in Cerner is in the MDS, section 'J'. There must be clarification anytime somebody has a fever, and you are ordering something for it, there must be some kind of documentation somewhere. We have had issues with the Nurses stating they have contacted the provider, and the provider is not getting back to them. Therefore, starting July 1<sup>st</sup>, the Nursing Supervisor will have a phone. We are just trying to get providers on the same page and get some consistency. Jon, Clinic Manager has asked when a provider is asking the front desk to make a clinic encounter for a SNF visit, can they use the SNF billing sheets. Lastly, July 8<sup>th</sup>, we are changing mealtimes at the SNF. Breakfast will not start until 8:00 am, which means that residents will not get up on night shift. They will get up starting at 6:30 am. Breakfast in the Dining Room starts at 8:00 am and the Hall Cart comes in at 8:30 am. The Dining Room for Lunch starts at 12:30 pm and the Hall</p>	<p>Report at next meeting</p>

SUBJECT	DISCUSSION	ACTION
	<p>Carts come in at 1:00 pm. Dinner will start at 6:00 pm and the Hall Cart at 6:30 pm. We also implemented an activity at 7:00 pm, so ideally, they eat at 6:00 pm and once they finish eating, they go right into an activity. This will help occupy their time, so you aren't trying to rush people out of the Dining Room. That being, you will have them back around 7:30-8:00 pm and get them ready for bed. We are also going to add an evening snack in there somewhere and take away the snacks for Breakfast. They will get more of a liquid in the morning and a more consistency snack at night because it is 14 hours from the time Dinner ends to Breakfast in the Morning so at least they have something overnight to eat if they get hungry.</p>	
<p>VIII. PHARMACY REPORT</p>	<p>Exciting news, after seven months, we have filled the retail Pharmacy Manager position. He will be starting on July 8<sup>th</sup>. His name is Darryl, he has a nice and well balance background, and I expect he will be an excellent dynamic Pharmacy Manger. From there, moving onward and upward to bubble packs. We got our bubble pack cards so we are looking forward to using those.</p>	<p>Report at next meeting</p>
<p>NEW BUSINESS IX. POLICY REVIEW &amp; APPROVAL</p>	<p>The following New Business was presented for review/approval: 1. Policies of June 2024</p>	<p>The Policies of June 2024 were not reviewed, and no recommendation was made to implement or ratify by motion, second, and vote. Therefore, the Policies will not be forwarded to the Governing Board for final approval. Will review and discuss approving these Policies at the next meeting.</p>
<p>X. ADJOURNMENT</p>	<p>The meeting was adjourned at 1240.</p>	



Matthew Edmonds, MD Chief Medical Officer

07/31/2024

Date



## PATHOLOGIST ON-SITE VISIT REPORT

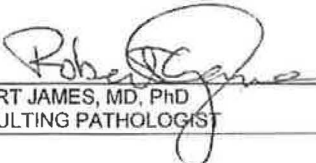
DATE OF VISIT: 06/06/2024

During the pathology on-site visit and visit to Canby Clinic, I spent approximately 6 ½ - 7 hours in Medical Records, Laboratory, and at the Canby Clinic.

While in medical records, there were 16 surgical path reports compared with the clinical histories. There were 2 blood products reviewed. And there were 7 auopies reports reviewed. There were no issues identified in any of these reports.

I spoke with Walter about the laboratory. The three new permanent clinical lab scientists are here and are in the process of becoming familiar with the laboratory. I met Bryan today; he is the newest one and hopefully by the early part of July they will all be able to perform in the laboratory without supervision. The travelers will be phased out over this period of time, and hopefully the staffing will be adequate to fill the laboratory's needs with these permanent employees. There are still some issues with Cerner interacting with some of the machines in the laboratory, particularly the BioFire and Istat machines. In addition, there is an issue with Cerner being able to allow ordering of the blood products from the ER. There is a process that is being used now that will be replaced once this issue with Cerner is addressed appropriately. I reviewed the American Proficiency Institute's performance review and corrective action documentation for 2024 hematology/coagulation 1<sup>st</sup> event, the UAL quantal level 1 and level 2 for the multi-stick for urine specimens, the letter from Beckman culture announcing the decision to discontinue the micro scan reagent quality control kit, the April nova QA data, the API proficiency testing evaluation results for 2024 hematology/coagulation 1<sup>st</sup> event, the API proficiency testing performance evaluation 2024 for microbiology 1<sup>st</sup> event, for the 2024 chemistry miscellaneous 1<sup>st</sup> event API proficiency institute report the siemens hemostasis QAP program, the signature certification statement for 2024 chemistry miscellaneous verification 1<sup>st</sup> event, the March 2024 unity monthly evaluation, the alcor data for the Seditrol ESR controls, the procedures for newborn specimen and ordering set for transfusion and laboratory services, the transfusion reaction protocol for the transfusion service, the unity monthly evaluation for Biorad QA for the month of April, the exceptions report for the month of April, the exceptions reports for the month of march, the exceptions report for the month of January, the API proficiency testing performance evaluation 2024 immunology/immunohematology, the API preview result form for 2024 chemistry chore 2<sup>nd</sup> event, the summery of laboratory data for April, the vitros 7600.

I spoke with Dr. Self in the emergency room, and he felt that the laboratory was doing an excellent job and he had no suggestion at this time for improvement.

  
ROBERT JAMES, MD, PhD  
CONSULTING PATHOLOGIST

7/2/24  
Date

Department	Reference Number
Infusion	6170-I.24.01
Emergency Department	7010.22.01
Emergency Department	7010.24.02
Emergency Department	7010.24.03
Emergency Department	7010.24.04
Emergency Department	7010.24.02
Operating Room	7420.24.02
Central Supply	7470.24.03
Central Supply	7470.24.04
Central Supply	7470.24.05
Central Supply	7010.24.06
Physical Therapy	7770.24.14
Physical Therapy	7770.24.15

The above policies were approved on 07/31/2024

Name Matthew Edmonds MD  
 Signature 

Information Technology	
Information Technology	
Information Technology	
Dietary - SNF	8340.24 Archive
Dietary - SNF	8340.24 Archive
Physical Therapy	7770.24.Archive
Central Supply	7470.24.Archive
Physical Therapy	7770.24.Archive
Emergency Department	7010.24.Archive
Information Technology	
Emergency Department	7010.24.Archive
Emergency Department	7010.24.Archive
Emergency Department	7010.24.Archive
Emergency Department	7010.24.Archive
Dietary - SNF	8340.24 Archive
Emergency Department	7010.24.Archive
Central Supply	7470.24.Archive
Business Office	
Dietary - SNF	8340.24 Archive
Med/ Surg	
Emergency Department	7010.24.Archive
Infusion	6170-I.24.Archive

Central Supply	7470.24.Archive
	department number. year.
Dietary - SNF	8340.24.Archive
Dietary - SNF	8340.24.Archive
Emergency Department	7010.24.Archive
Emergency Department	7010.24.Archive
Emergency Department	7010.24.Archive
Physical Therapy	7770.24.Archive
Emergency Department	7010.24.Archive
Dietary - SNF	8340.24.Archive
Emergency Department	7010.24.Archive
Emergency Department	7010.24.Archive
Dietary - SNF	8340.24.Archive
Dietary - SNF	8340.24.Archive
Physical Therapy	7770.24.Archive

## Medical Staff June Policy Approval

Name
<a href="#">6170-I.24.01 Treatment of Adverse Reactions .docx</a>
<a href="#">7010.22.01 Abuse Suspected Child Adult Disabled Dependent Adult ER.docx</a>
<a href="#">7010.24.02 OXYGEN ADMINISTRATION MASK NASAL CANNULA HIGH FLOW NASAL CANNULA.docx</a>
<a href="#">7010.24.03 Ancillary Support Services.docx</a>
<a href="#">7010.24.04 Poison Control.docx</a>
<a href="#">7010.24.05 SUCTIONING ENDOTRACHEAL NASOTRACHEAL NASOPHARYNGEAL OROPHARYNGEAL.docx</a>
<a href="#">7420.24.02 Surgical Privileges.docx</a>
<a href="#">7470.24.03 Autoclaving of Equipment and Supplies.docx</a>
<a href="#">7470.24.04 Instrument Cleaning .docx</a>
<a href="#">7470.24.05 Equipment and Supplies.docx</a>
<a href="#">7470.24.06 Central Supply Responsibilities.docx</a>
<a href="#">7770.24.14 PATIENT PRIVACY DURING PHYSICAL THERAPY TREATMENT.docx</a>
<a href="#">7770.24.15 billing procedure policy.docx</a>

## June Archived Policies

<a href="#">Acceptable Use Policy_archive.doc</a>
<a href="#">Analog_ISDN Line Security Policy archive.pdf</a>
<a href="#">Application Service Providers (ASP) Policy archive.pdf</a>
<a href="#">Authorized personnel archive .pdf</a>
<a href="#">bedside water containrs -archive.pdf</a>
<a href="#">Billing Procedures -archive.pdf</a>
<a href="#">CENTRAL SUPPLY RESPONSIBILITY -Archive.docx</a>
<a href="#">Cleaning the Paraffin Wax Bath- Archive.pdf</a>
<a href="#">DEEP PHARYNGO andor TRACHEAL SUCTIONING.pdf</a>
<a href="#">Dial-In Access Policy archive.pdf</a>
<a href="#">Discharge Instructions -Archive.pdf</a>
<a href="#">Discharge Planning - Archive.pdf</a>
<a href="#">DISCHARGE POLICY AND PROCEDURE.TRANSFER.pdf</a>
<a href="#">DISCHARGE POLICY.TRANSFER ADMISSION TO SKILLED NURSING FACILITY- Archive.pdf</a>
<a href="#">dry storage areas-archive.pdf</a>
<a href="#">ENDOTRACHEAL TUBE AND TRACHEOSTOMY (2).pdf</a>
<a href="#">EQUIPMENT AND SUPPLIES CENTRAL SUPPLY- Archive.docx</a>
<a href="#">Fair Pricing Policy-Revised and Redlined.doc</a>
<a href="#">General sanitation of a kitchen archive.pdf</a>
<a href="#">immune gobulin policy .pdf</a>
<a href="#">immune gobulin policy- archive .pdf</a>
<a href="#">Infusion reactions.docx</a>



[INSTRUMENT CLEANING.docx](#)

[IT - Email Retention- archive.docx](#)

[Manual Dishwashing - archive.pdf](#)

[manual dishwashing archive.pdf](#)

[NASOPHARYNGEAL SUCTIONING \(2\).pdf](#)

[OXYGEN BY FACE MASK.pdf](#)

[OXYGEN BY NASAL CANNULA/CATHETER.pdf](#)

[Patient Privacy During Physical Therapy- Archive.pdf](#)

[Poison Control - Archive.pdf](#)

[sanitary practices archive.pdf](#)

[SUCTIONING-TRACHEOSTOMY.pdf](#)

[SUSPECTED CHILD, ADULT, DISABLED.pdf](#)

[Use of plastic gloves- archive.pdf](#)

[Waste Disposal Archive.pdf](#)

[Wound Care - Archive.pdf](#)

# **ATTACHMENT E**

## **Policy and Procedures**



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## MEMORANDUM

**DATE:** August 22, 2024, 2024  
**TO:** Last Frontier Healthcare District Board of Directors  
**FROM:** Samantha Farr  
**SUBJECT:** Review of Departmental Policy Manual

The following policies are presented for your review.

Business Office	8350.24.02 Discharge Notice Policy 8350.24.03 Prompt Pay Discounts 8350.24.04 Administrative Write-Off Guidelines
Central Supply	7470.24.03 Autoclaving of Equipment and Supplies 7470.24.04 Instrument Cleaning 7470.24.05 Equipment and Supplies 7470.24.06 Central Supply Responsibilities
Emergency Department	7010.24.04 Poison Control 7010.24.05 Suctioning, Endotracheal, Nasotracheal, Nasopharyngeal, Oropharyngeal 7010.24.02 Oxygen Administration Mask, Nasal Cannula, High Flow Nasal Cannula 7010.24.03 Ancillary Support Services
Emergency Management	8770.24.10 Code Yellow
Engineering	8450.24.20 Security Management Plan
Information Technology	8480.24.01 Acceptable Computer Use 8480.24.02 IT Support Ticket Documentation
Infusion	6170-I.24.01 Treatment of Adverse Reactions
Operating Room	7420.24.02 Surgical Privileges
Physical Therapy	7770.24.14 Patient Privacy During Physical Therapy Treatment 7770.24.15 Billing Procedure Policy

The following policies are presented for archival.

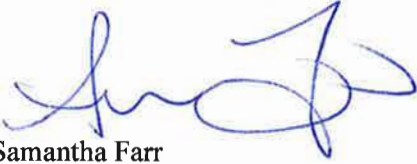
Business Office	Fair Pricing Policy
Dietary - SNF	Authorized personnel archive Bedside Water Containers Dry Storage Areas General Sanitation of a Kitchen Manual Dishwashing

	Sanitary Practices
	Use of Plastic Gloves
	Waste Disposal
Emergency Department	Deep Pharyngeal and/or Tracheal Suctioning
	Discharge Instructions
	Discharge Planning
	Discharge Transfer
	Discharge Transfer to Skilled Nursing Facility
	Endotracheal Tube and Tracheostomy
	Immune Globulin
	Nasopharyngeal Suctioning
	Oxygen by Face Mask
	Oxygen by Nasal Cannula
	Poison Control
	Suctioning Tracheostomy
	Suspected Child, Adult, Disabled Abuse
Emergency Department, Med/Surge	6-2024 Archive Blood-Blood Components Patients Guide to Blood Transfusions
	6-2024 Archive Blood-Blood Components Patients Guide to Blood Transfusions
	6-2024 Archive Boussignae Continuous Positive Airway Pressure System
	6-2024 Archive Cardiac Arrest-Code Blue
	6-2024 Archive Cardiopulmonary Resuscitation Old Versions
	6-2024 Archive Confidentiality of Information General Issues
	6-2024 Archive Continuous Positive Airway Pressure
	6-2024 Archive Drawing Sample for Arterial Blood Gas
	6-2024 Archive Educational Day Off
	6-2024 Archive Elder Abuse Allegations
	6-2024 Archive Emergency Coronary Care Orders
	6-2024 Archive ER Protocol Physician Referral
	6-2024 Archive Fire Safety
	6-2024 Archive Hazardous Materials and Waste Nursing Services
	6-2024 Archive Hazardous Materials and Waste Training
	6-2024 Archive Lacerations and-or Abrasions-Standard of Care
	6-2024 Archive Nasogastric Intubation-Levine Tube or Salem Sump
	6-2024 Archive Patient Rights and Responsibilities
	6-2024 Archive Sentinel Event Policy
	6-2024 Archive Telephone Advice
	6-2024 Archive Transfer Regulations
Information Technology	Acceptable Use Policy
	Analog_ISDN Line Security Policy
	Application Service Providers (ASP) Policy
	Dial-In Access Policy
	IT - Email Retention
Infusion	Infusion reactions
Physical Therapy	7770.24.12 Patient Treatment Process
	7770.24.16 Light Therapy
	7770.24.20 Post Op Total Joint Screening Tool

Cleaning the Paraffin Wax Bath  
Patient Privacy During Physical Therapy  
Wound Care  
Hand Hygiene Radiology  
Repeat of X-Ray Images  
7430.24.10 Image Guided Percutaneous Needle Biopsy

Radiology

Respectfully Submitted,



Samantha Farr  
CNO Assistant  
Policy Coordinator

# **Business Office**

REFERENCE #	<a href="#">8350.24.02</a>	EFFECTIVE:	
SUBJECT:	DISCHARGE NOTICE	<del>REVISED:</del>	
DEPARTMENT:	BUSINESS OFFICE		

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**PURPOSE:**

The purpose of this policy is to provide a Discharge Notice to patients upon discharge in accordance with Health and Safety Code section 127410.

**AUDIENCE:**

Facility Wide

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to provide a Discharge Notice to patients upon discharge in accordance with Health and Safety Code section 127410.

**PROCEDURE:**

Upon discharge, each patient will be provided with a Discharge Notice in hardcopy format and meets general accessibility standards, pursuant to section 96051.1. This Discharge Notice includes the following content:

- a) Information on the availability of discount payment and charity care programs and how to apply.
- b) Information on where the patient may access the hospital's discount payment and charity care policies.
- c) Eligibility Information
- d) Contact information for a hospital employee or office where the patient may obtain more information.
- e) Internet website for the hospital's list of shoppable services.
- f) Statement on the Hospital Bill Compliant Program, pursuant to section 96051.3.
- g) Information on Health Consumer Alliance, including the following statement:  
 Help Paying Your Bill: There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to [healthconsumer.org](http://healthconsumer.org) for more information.

**REFERENCES:**

California Code of Regulations (CCR), [Title 22, Division 7, Chapter 9, Article 2, sections 96051.5 and 96051.6.](#)

**ATTACHMENTS:**

Discharge Notice

REFERENCE # <u>8350.24.04</u>	EFFECTIVE	06/2014
SUBJECT: <u>ADMINISTRATIVE WRITE-OFF GUIDELINES</u>	REVISED	2019
DEPARTMENT: <u>BUSINESS OFFICE</u>		

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**PURPOSE**

The purpose of this policy is to provide a guideline for approval authority for administrative write-offs given at Modoc Medical Center (MMC).

**AUDIENCE:**  
Department Staff

**TERMS/DEFINITION:**  
None

**POLICY**

It is the policy of MMC to ensure administrative write-offs are performed accurately and in a manner that is consistent with Generally Accepted Accounting Principles (GAAP).

**PROCEDURE**

Administration has the authority to authorize write-offs on individual accounts according to the schedule below. In all circumstances, administration should only approve write-offs that are documented and justifiable by financial or procedural arguments. Write-offs should be applied consistently to all patients in similar circumstances. Documentation as to the reasons why the write-off was requested by administration should accompany all write-off forms, as well as a signed write-off form at the appropriate level of authority.

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**Administrative Write-Off Allowance**

**Approval Authority**

\$0 - \$500	Financial Counselor
\$0 - \$5,000	Revenue Cycle Director
\$0 - \$10,000	Chief Operations Officer
\$0 - <del>\$10,000</del>	Chief Financial Officer/Finance Director
\$0 - \$15,000	Chief Executive Officer
\$15,001+	Board of Directors

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Note: These limits do not apply to contractual adjustments.

**REFERENCES:**  
None

**ATTACHMENTS:**  
None

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REFERENCE #	8350.24.03	EFFECTIVE	06/2014
SUBJECT:	PROMPT PAY DISCOUNTS	REVISED	
DEPARTMENT:	BUSINESS OFFICE		

**PURPOSE**

The purpose of this policy is to provide Modoc Medical Center (MMC) patients with discounted fees for medical services paid in full within certain time provisions outlined below.

**AUDIENCE:**  
Facility Wide

**TERMS/DEFINITION:**  
None

Commented [SF1]: @Adam Willoughby who does this policy apply to? You can choose one of the selections or type in the field.

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**POLICY**

The policy of MMC is to offer a prompt pay discount to self-pay patients.

**PROCEDURE**

Patients or residents who are registered as a self-pay status are entitled to a prompt pay discount within the following guidelines (discounts are not adjusted until payment is received):

- Outpatient Clinic Visits may be discounted to a total charge of \$100.00 for payment made within 14 days after bill date.
- Hospital Outpatient and Ancillary Services may be discounted 35% if payment is received within 30 days from the date of billing.
  - NOTE: Laboratory reference or send out services cannot be discounted.
- Hospital Inpatient Services may be discounted by 35% if payment is received within 30 days from the date of billing.
- Skilled Nursing Facility (SNF) Self-Pay Room Charges and Ancillary Charges may be discounted 35% if payment is received within 15 days of end-of-month billing.

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PROMPT PAY DISCOUNTS

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# Central Supply

REFERENCE # 7470.24.03	EFFECTIVE 10/1983
SUBJECT: AUTOCLAVING OF EQUIPMENT & SUPPLIES	REVISED 04/2023
	REVIEWED
DEPARTMENT: CENTRAL SUPPLY	PRIOR REVISIONS:

**PURPOSE:**

The purpose of this policy is to outline proper procedures for autoclaving equipment and supplies.

**AUDIENCE:**

Department Staff

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to outline the proper procedures for autoclaving equipment and supplies.

**PROCEDURE**

**SEE THE TABLES BELOW FOR WRAPPING AND STERILIZATION OF SURGICAL SUPPLIES.**

TYPE	WRAPPING	TIME	DRY TIME	PRESSURE NO.	TEMPERATURE (F)
<b>SMALL PACKS:</b> Cysto packs D & C packs Instrument trays Lap packs Maternity packs Maternity supplies  <b>LINEN PACKS:</b> Drape sheets Towels Dressings Doctor's gowns Scrub gowns Lab tapes Ray-tec sponges	Double or 2 Ply Sterilization Wraps	5 Minutes	20 Minutes	15	275 degrees
<b>DRESSING MATERIALS:</b> Fluffs Kerlix Webril 4x4's Telfa	Double or 2 Ply Sterilization Wraps	5 Minutes	20 Minutes	15	275 degrees

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REFERENCE # 7470.24.03	EFFECTIVE 10/1983
SUBJECT: AUTOCLAVING OF EQUIPMENT & SUPPLIES	REVISED 04/2023
	REVIEWED
DEPARTMENT: CENTRAL SUPPLY	PRIOR REVISIONS:

SPONGES/ PACKS: Surgical sponges T & A sponges/Peanuts					
TYPE	WRAPPING	TIME	DRY TIME	PRESSURE NO.	TEMPERATURE (F)
BULK LINEN, Lap Linen Pack	Double Ply Sterilization Wraps	5 Minutes	20 Minutes	15	275 degrees
TRAY PACKS	Double Ply Sterilization Wraps	5 Minutes	20 Minutes	15	275 degrees
METAL GOODS: Basins Bowls Canisters Forceps Pans Pitchers Speculums Trays Tracheostomy tubes	2 Single Ply Sterilization Wraps	5 Minutes	20 Minutes	15	275 degrees
GLASSWARE, Medicine glasses	Wrap with Blue towel and Sterilization Wrap	5 Minutes	20 Minutes	15	275 degrees
LAPAROSCOPIC CAMERA	Double Ply Sterilization Wraps	3 Minutes	15 Minutes	15	270 degrees
Eye Instruments	Double Ply Sterilization Wraps	5 Minutes	3 Minutes	15	270 degrees

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REFERENCE # 7470.24.03	EFFECTIVE 10/1983
SUBJECT: AUTOCLAVING OF EQUIPMENT & SUPPLIES	REVISED 04/2023
	REVIEWED
DEPARTMENT: CENTRAL SUPPLY	PRIOR REVISIONS:

**REFERENCES:**

None

**ATTACHMENTS:**

None

DRAFT

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REFERENCE #	7470.24.06	EFFECTIVE	1/1979
SUBJECT:	CENTRAL SUPPLY RESPONSIBILITY	REVISED,	2021, 2022
DEPARTMENT:	CENTRAL SUPPLY		

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**PURPOSE:**

The purpose of this policy is to outline the responsibilities of Central Supply (CS) personnel.

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**AUDIENCE:**

Department Staff

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) that the responsibilities of the CS personnel will be followed accordingly.

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**PROCEDURE:**

- CS is responsible for:
  - Sterilization of supplies in the Operating Room (OR), CS, Emergency Room, Clinic, and Physical Therapy.
  - Making available solutions and trays in each department in which to place soiled instruments.
- Dispensing and stocking as needed.
- Sterile supplies are stored in the CS anteroom and in the sterile processing area. It is the CS staff's responsibility to maintain the par levels of supplies in the Surgery Department.
- All equipment and supplies will be stored alphabetically.
- All dirty items will be placed in the Soiled Decontamination Room.
- If the sterility of all sterilized basins, instruments, linens, and trays have been compromised, they are to be re-sterilized.
- All autoclavable supplies are sterilized according to the correct procedure for that item.
- All items will be properly labeled before sterilization.
- Attest's will be run once a month and sent to the lab with the correct documents.
- Attest's will be run with each load and a control each day the autoclave is used.
- Any non-autoclavable items that must be sterilized or cleaned with a high-level disinfectant will be cleaned using an approved disinfectant solution.

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DEPARTMENT: CENTRAL SUPPLY		<del>2022</del>

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- All autoclavable records will be kept for two years.

**REFERENCES:**

None

**ATTACHMENTS:**

None

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REFERENCE # 7470.24.05	EFFECTIVE	06/1982	Formatted Table
SUBJECT: EQUIPMENT AND SUPPLIES	REVISED	2023	Formatted: Centered
DEPARTMENT: CENTRAL SUPPLY			Formatted: Centered

**PURPOSE:**

The purpose of this policy is to outline procedures for equipment and supplies in Central Supply.

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**AUDIENCE:**

Department Staff

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to outline procedures for equipment and supplies.

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**PROCEDURE:**

**Sterilized Supplies**

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Central Supply is responsible for delivering sterilized instruments and instrument trays to patient areas as needed. Supplies that arrive from the Purchasing Department will be checked to make sure that the packages are intact, free of dampness and soil, and free of contamination. Packages should also be checked for their expiration date.

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**Non-Sterile Supplies**

Items that are handled by Central Supply that are not sterile must be kept in a clean and dry area, protected from dust and airborne particles.

Non-sterile items stored in Central Supply that are reusable must be properly cleaned and disinfected.

Non-sterile items should not be mixed with other sterile items.

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**Distribution and Rotation of Supplies**

Sterile supplies should be handled as little as possible. There is a chance of contamination with each handling. The picking up and moving of packs increases the risk of damage. It is essential to plan, to handle, sterile material as little as possible. Rotation of supplies must, however, be done any time materials are being put away.

A general rule for putting away materials is to put the fresh materials to the back, bottom, or to the left of older supplies. Each technician must check the dates to bring older supplies to where they will be used first.

**Handling of Sterile Supplies**

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- Do not place sterile supplies where they can become damp.
- Do not handle sterile supplies any more than necessary.

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SUBJECT: EQUIPMENT AND SUPPLIES	REVISED	2023+	Formatted: Centered
DEPARTMENT: CENTRAL SUPPLY			Formatted: Centered

- Turn the dated portion of the tape on the sterile supplies to where it can be seen.
- If an item is not used often, place it in a dust cover immediately after cooling.

### Equipment Maintenance

- Ordering Supplies:
  - Use the appropriate purchasing order form. Routine supplies are to be ordered from the Materials Management section of the electronic medical records (EMR) system. For supplies unique to the Surgery Department, the purchasing order form in Excel must be used.
  - Send the form to the OR manager. The OR manager must approve the supplies ordered. The supply request will then be forwarded to the Purchasing Department.
- Special equipment or supplies that cost more than \$5,000 must be approved by Senior Leadership.
- If supplies are needed before they can be delivered from Purchasing, they can be retrieved from the Purchasing Department by completing the form located in that department. The correct information must be documented so that Purchasing can maintain an accurate inventory.
- If a supply is needed from another hospital, the Surgery manager will arrange for them and for their replacement.
- Repairs:
  - For repairs, a work order ticket must be completed for the Maintenance or IT department within WorkHub.
  - If any of the surgery or sterile processing equipment needs repaired, the Surgery manager will make arrangements.

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- Commented [DG2R1]:** The routine supplies are ordered in Cerner. For our special items we still use an excel form. ... [16]
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- Commented [DG4R3]:** Yes, you're correct. ... [18]
- Commented [BP5R3]:** Would senior leadership approve this then? ... [19]
- Commented [AV6R3]:** I believe its the senior leader above that department that approves the purchase that is over \$5,000, so in this case it would be the CNO ... [20]
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### Outdated Instruments and Supplies

- Outdates should be checked in the supply room, soiled decontamination room, medication room, sterile processing, operating room, ante room, anesthesia office, and the procedure room with the adjacent cleaning and reprocessing area every month.
- Outdates should be removed and replaced as needed.
- Supplies should be rewrapped and sterilized as needed.
- Supplies should be returned to the area from which they came.

### REFERENCES:

None

### ATTACHMENTS:

None

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REFERENCE # 7470.24.04	EFFECTIVE	06/1982
SUBJECT: INSTRUMENT CLEANING	REVISED	2023
DEPARTMENT: CENTRAL SUPPLY		

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**PURPOSE:**

The purpose of this policy is to outline procedures for cleaning surgical instruments.

**AUDIENCE:**

Department Staff

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to outline procedures for adequately washing and preparing each instrument in preparation for sterilization.

**PROCEDURE:**

The appropriate PPE for cleaning surgical instruments include, but are not limited to:

- A fluid-resistant gown
- Heavy duty gloves
- A mask
- Facial protection

**PRE-PREPARATION OR SOAKING**

- Presoaking instruments moistens and loosens the gross soil and therefore makes the cleaning step more efficient.
- Instruments that are being presoaked should, in general, be soaked with an enzymatic solution.

**Dilution of Enzymatic Solution**

The following should be done to ensure the uniform dilution of germicidal solutions according to the manufacturer's recommendations.

1. Wear protective gloves and eye protection to guard against contact with skin and eyes.
2. Review the manufacturer's recommendation for dilution.
3. Use the appropriate dilution of lukewarm water to the appropriate amount of enzymatic agent.
4. Use a test strip on the solution if recommended by the manufacturer.
5. Discard the enzymatic agent according to manufacturer's recommendation.

**Utilizing the Instrument Washer**

1. Soak dirty instruments in a basin of approved enzymatic solution for 10 minutes. All instruments with hinges must be open.
2. After soaking is completed, scrub with a brush until clean. Serrated instruments are to be scrubbed with a smaller brush, paying attention to the hinged areas.

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SUBJECT: INSTRUMENT CLEANING	<del>REVISED</del>	<del>2023</del>
DEPARTMENT: CENTRAL SUPPLY		

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3. Rinse well with water.
4. Place the instruments on a clean tray and place the tray, in the instrument washer.
5. Start the cycle. When the washing cycle is completed, remove the instruments from the opposite side into sterile processing.
6. Immerse instruments in an instrument lubricant and do not rinse.
7. Allow the instruments to dry and then package according to wrapping instructions.

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### Manual Cleaning of the Instruments

Follow the following procedure for instruments that are heat sensitive and/or are too delicate to go through the washer/disinfectors.

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1. Follow the instructions for Dilution of Enzymatic Solution 1 through 5 and Instrument Cleaning 1 through 3.
2. Next soak the instruments for 10 minutes in an instrument disinfectant solution.
3. Immerse instruments in cold water, rinsing thoroughly. Place on a clean tray and send them through the pass-through window into sterile processing.
4. Verify that the instruments are free of secretion, excretions, and microorganisms. Inspection using lighting and/or magnification may be used to identify residues more readily than the unaided eye.
5. Immerse instruments in an instrument lubricant and do not rinse.
6. Allow to dry and package according to wrapping instructions.

### Cleaning of instruments using High Level Disinfectants

1. Follow the instructions for Manual Cleaning 1 through 6.
2. Use a test strip if indicated by the manufacturer's recommendations. Date the opening of any new solution and discard when the manufacturer states the solution is no longer good.
3. Make sure the solution is dated after dilution and discarded according to the Instructions for Use (IFU).
4. Leave the instrument submerged according to the IFU, pertaining to the solution used.
5. Rinse the instrument thoroughly with sterile water.
6. Place the instrument on a clean tray and send the tray through the pass-through window.

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SUBJECT: INSTRUMENT CLEANING	<del>REVISED,</del>	<del>2023</del>
DEPARTMENT: CENTRAL SUPPLY		

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7. Allow the instrument to dry.

8. Package accordingly.

**Disposable verses Non disposable Instruments**

1. Only reusable instruments will be sterilized and made available for use.
2. Devices labeled for single use must not be reprocessed or be reused for patient care.

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**REFERENCES:**  
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**ATTACHMENTS:**  
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# **Emergency Department**

REFERENCE #	7010.24.03	EFFECTIVE	10/20/2007
SUBJECT:	ANCILLARY SUPPORT SERVICES	REVISED	04/2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

**PURPOSE:**

The purpose of this policy is to ensure timely services and treatment to all patients seeking access to care at Modoc Medical Center (MMC). In addition to the primary care, treatment, and services provided by the Emergency Department personnel, support services will be available to Emergency Department patients.

**AUDIENCE:**

Department Wide

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of MMC, to provide timely service and treatment to all patients.

**PROCEDURE:**

The Emergency Department will have ancillary services available 24 hours a day, except as noted below for supportive patient care:

- The Pharmacy or a Pharmacist is available Monday through Friday from 0700 to 1600. There is a pharmacist on call after hours, and on weekends.
- Clinical Laboratory Services are available from 0600 to 0030 daily. After 0030, a Clinical Laboratory Specialist (CLS) is on call.
- Pathology testing is available 24 hours a day, however, the specimen will be sent out the following afternoon. Shasta Pathology will pick up the specimen around 1600 Monday through Friday. Laboratory staff will notify Shasta Pathology, if there is a specimen to be picked up.
- Imaging Services are available 24 hours a day. Technicians work Monday through Friday from 0730 to 2100. Technicians are on call from 2100 to 0730 during the week (Monday through Friday), and all day on the weekends (Saturday and Sunday).
- Environmental Services (housekeeping) is available Monday through Friday from 0600 to 2230. On the weekends, housekeeping is available from 0600 to 1430.

Tests and services requested for Emergency Department patients will receive priority over routine tests and services ordered for the inpatient or outpatient population.

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REFERENCE #	7010.24.03	EFFECTIVE	10/20/2007
SUBJECT:	ANCILLARY SUPPORT SERVICES	REVISED	04/2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

Emergency Department tests and services will be performed with results reported on an emergency basis.

**REFERENCES:**

None

**Attachments:**

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Does this need to include a cutoff time or are all specimens kept until the following day? @Susan Sauerheber

Page 1: [12] Commented [SF2R1] Samantha Farr 8/19/2024 1:10:00 PM

@Brandi Polley has this been resolved? Have you contacted the manager to resolve your comment?

The document needs to reflect the changes that the manger and the Tech Reader agree upon.

Comments need to be actionable so the manager will know understand what the suggested changes are and what needs to be done to resolve those changes.

Page 1: [13] Commented [BP3R1] Brandi Polley 8/20/2024 11:07:00 AM

Unfortunately, this was not allowing me to provide comments directly to the manager, therefore this wasn't resolved previously, nor was it made clear who submitted the policy.

Page 1: [14] Commented [SF4R1] Samantha Farr 8/20/2024 11:13:00 AM

@Brandi Polley ER would be Susan S. please contact her and resolve this comment.

Page 1: [15] Commented [SF5R1] Samantha Farr 8/20/2024 3:01:00 PM

Spoke with Susan. Afternoon is correct

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REFERENCE #	7010.24.02	EFFECTIVE:	9/2006
SUBJECT:	OXYGEN ADMINISTRATION: MASK, NASAL CANNULA, HIGH FLOW NASAL CANNULA	REVISED:	5/2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

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**PURPOSE:**

The purpose of this policy is to provide general guidelines for supplemental oxygen administration.

**AUDIENCE:**

Department Wide

**TERMS/DEFINITION:**

**Oxygen Therapy:** the administration of supplemental oxygen at concentrations greater than ambient air to treat or prevent hypoxemia, decrease breathing work, or decrease myocardial work.

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**Neptune Heated Humidifier/High Flow Oxygen:** a device with a built-in oxygen blender which delivers high-flow oxygen therapy to patients with conditions such as acute respiratory failure, increased work of breathing, hypercapnia, refractory hypoxemia, or those who are intolerant to non-invasive positive pressure ventilation. This device is contraindicated in patients with apnea, or those who are unable to protect their airways or tolerate the high flow.

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to administer supplemental oxygen safely with appropriate monitoring and management.

**PROCEDURE:**

- An order for oxygen therapy is required for all patients receiving oxygen using any device.
- In an emergency, such as a rapid response, oxygen may be administered without an order. An order must be written by the provider once the patient has been stabilized.
- Only licensed healthcare providers who have been trained in oxygen therapy may connect or disconnect oxygen, connect, disconnect or adjust a mask, nasal cannula, or other oxygen delivery devices, or adjust the flow of oxygen to carry out a medical order.
- Perform hand hygiene and use universal precautions to avoid contact with or transmission of respiratory pathogens.
- Educate the patient, family, significant other or designated caregiver about the rationale for supplemental oxygen use and the expected results for the patient.
- Offer support and reassurance. Answer any questions.
- Document the time of the initiation of therapy, the device used, and assessment findings (including relevant vital signs, oxygen saturation, and capnography readings) before and after initiation of oxygen therapy in the electronic medical record. Observe for patient's tolerance or worsening of symptoms. Communicate with the provider the patient's response to treatment and whether any adjustments might be needed.

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REFERENCE #	7010.24.02	EFFECTIVE:	9/2006
SUBJECT:	OXYGEN ADMINISTRATION: MASK, NASAL CANNULA, HIGH FLOW NASAL CANNULA	REVISED:	5/2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

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- Ensure humidification is maintained when more than two (2) liters per minute of oxygen is delivered.
- Adjust the oxygen device to the patient's face to maintain security, comfort, and minimize pressure injury.
- Verify the liter flow is correct for the device and the patient's needs.
- Confirm that there is oxygen flow from the device by testing for leaks, loose connections, and proper operation of the pressure relief valve by pinching the tubing close to the mask or cannula.
- Assess the patient's ability to tolerate the device and collaborate with the care team if the patient's condition deteriorates and an alternative therapy is warranted.

**Oxygen Delivery via Simple Oxygen Mask**

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- Connect the flow meter to the oxygen source, then attach the connective tubing and mask.
- Turn the flow meter to a minimum of six (6) liters per minute and verify the oxygen flow.

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**Oxygen Delivery via Non-Rebreathing Mask**

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- Connect the flow meter to the oxygen source.
- Attach the connecting tube and mask.
- Verify there is oxygen flow from the mask.
- Set the flow meter to a minimum flow of 10 liters per minute.
- Observe the non-rebreathing bag for collapse. If there is complete collapse of the bag, increase the oxygen flow rate until there is some degree of bag inflation throughout each respiratory cycle.

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**Oxygen Delivery via Nasal Cannula**

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- Connect the flow meter to the oxygen source and the humidifier (if administering more than 2 liters per minute of oxygen); attach the connecting tubing and nasal cannula.
- Verify there is oxygen flow from the cannula.
- Turn off the flowmeter.
- Gently place the cannula in the patient's nostrils and adjust the fit for maximum comfort and security.

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REFERENCE #	7010.24.02	EFFECTIVE:	9/2006
SUBJECT:	OXYGEN ADMINISTRATION: MASK, NASAL CANNULA, HIGH FLOW NASAL CANNULA	REVISED:	5/2024
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- Turn the flowmeter on to the dose prescribed by the provider's order.

**Neptune Heated/Humidifier High Flow Oxygen**

- Set up the Neptune Device in accordance with the manufacturer's instructions, using a liter flow between 10 to 60 liters per minute.
- Collaborate with the provider to adjust the flow in accordance with the patient's response, tolerance, oxygen saturation, and blood gas results.

**REFERENCES:**

Ilene M Rosen, M. M. (2023, December). Oxygen delivery and consumption. Up to Date.  
 RCI, H. (2007, June). Neptune Heated Humidifier User's Manual. Teleflex Medical.

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**ATTACHMENTS:**

None

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REFERENCE #	7010.24.04	EFFECTIVE	10/2007
SUBJECT:	POISON CONTROL NOTIFICATION	REVISED	04/2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

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**PURPOSE:**

The purpose of this policy is to provide guidance to the nursing staff when a patient presents to the Emergency Department complaining of accidental or intended ingestion of a substance.

**AUDIENCE:**

Department Wide

**TERMS/DEFINITION:**

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to contact the Poison Control Center for any patient that presents to the Emergency Department complaining of accidental or intended ingestion of a substance.

**PROCEDURE:**

The Poison Control Center will be notified of any patient that arrives to the Emergency Department with complaints of accidental or intended ingestion of a substance.

Poison Control Center phone number is: 1-800-222-1222.

Document the following information in the patient's electronic medical record (EMR).

- Type of substance ingested if known.
- Time and amount of ingestion if known.
- Patient weight.
- Current vital signs.
- Time Poison Control Center was contacted.
- The recommended treatment/guidance given by Poison Control.

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**REFERENCES:**

(Poison Control, 2024).webPOISONCONTROL

**ATTACHMENTS:**

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REFERENCE #	7010.24.05	EFFECTIVE	09/2006
SUBJECT:	SUCTIONING: ENDOTRACHEAL; NASOTRACHEAL; NASOPHARYNGEAL; OROPHARYNGEAL	REVISED	2015, 2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

**PURPOSE:**

The purpose of this policy is to provide guidelines for clearing secretions and maintaining a patent airway in patients with respiratory problems or to prevent pulmonary aspiration of secretions, blood, or vomitus.

**AUDIENCE:**

Department Wide

**POLICY:**

It is the policy of Modoc Medical Center (MMC) that all licensed staff be oriented to and be knowledgeable in suctioning techniques, as well as safety and infection control practices, before suctioning on a patient.

**PROCEDURE:**

Suctioning is indicated when the patient cannot clear secretions or when there is audible or visible evidence of secretions in the large or central airways that persist despite the patient's best cough effort. Need for suctioning is evidenced by one or more of the following:

- Visible secretions in the airway.
- Chest auscultation of coarse, gurgling breath sounds, rhonchi, or diminished breath sounds.
- Suspected aspiration of gastric or upper airway secretions.
- Clinically apparent increased work of breathing.

Suction only when clinically indicated and for up to 15 seconds at a time to decrease the risk of respiratory complications.

Hyperoxygenation and hyperventilation should be performed prior to the nasal and tracheal procedures to avoid the most common hazards of suctioning (hypoxemia, arrhythmias, and atelectasis).

For nasal suctioning, increase the amount of oxygen the patient is receiving for a few minutes prior to the procedure and instruct the patient to take several deep breaths.

For tracheal suctioning, do the same.

If the patient is on a ventilator, either hyperoxygenate and ventilate with an Ambu bag or provide a few extra machine assisted breaths prior to the procedure. Allow the patient to recover, hyperventilate, and hyperoxygenate between each passing of the suction catheter. The patient should recover for 30-60 seconds between passes of the suction catheter.

In emergent situations, a provider order is not necessary for suctioning to maintain a patient's airway. However, routine suctioning does require a provider order.

Respiratory assessments via auscultation will precede and follow any suctioning procedure unless an emergency exists. Document the assessment in the patient electronic medical record.

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REFERENCE #	7010.24.05	EFFECTIVE	09/2006
SUBJECT:	SUCTIONING; ENDOTRACHEAL; NASOTRACHEAL; NASOPHARYNGEAL; OROPHARYNGEAL	REVISED	2015, 2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

### Endotracheal Suctioning:

1. Check and verify the order.
2. Identify the patient using two identifiers (name and birthdate).
3. Introduce yourself and explain the procedure to the patient.
4. Assemble equipment and supplies at the bedside. Put on personal protective equipment (PPE).
5. Assess the airway, breathing, and the circulation of the patient prior to the procedure.
6. Unlock the suction control valve, depress the valve completely, and adjust the vacuum regulator so that the suction pressure is less than 150 mm Hg. (Use only the amount of suction necessary to remove secretions effectively. High negative-pressure settings may increase tracheal mucosal damage).
7. Release the suction control valve.
8. Consider administering 100% oxygen via the ventilator for 30-60 seconds before suctioning. (Administer 100% oxygen to prevent a decrease in oxygen saturation during the suctioning procedure).
9. Pause the ventilator alarm and the monitoring alarms as needed.
10. Using the nondominant thumb and forefinger, stabilize the patient's artificial airway and ventilator tubing.
11. With the dominant hand, gently but quickly insert the catheter into the artificial airway without depressing the suction control valve.
12. Using the dominant thumb, depress the suction control valve to apply continuous suction while withdrawing the catheter into the sterile catheter sleeve within 15 seconds. Using the nondominant thumb and forefinger, stabilize the airway while withdrawing the catheter. (Ensure that each suction pass lasts less than 15 seconds to minimize decreases in oxygen saturation).
13. Stop the withdrawal when the black marker ring on the catheter appears inside the sleeve. Release the suction control valve.
14. Perform an additional pass of the suction catheter if secretions remain in the airway and the patient is tolerating the procedure. (Do not exceed four passes per suctioning procedure to minimize oxygen desaturation and cardiopulmonary complications. Allow adequate time between passes for the patient to recover before the next pass).
15. Consider administering 100% oxygen for at least 60 seconds after suctioning.
16. Monitor the patient for adverse reactions.
17. Rinse the catheter and connect tubing with a sterile 0.9% sodium chloride solution.
18. Continue to irrigate until the catheter and tubing are clear.
19. Lock the suction control valve.
20. Verify the fraction of inspired oxygen (FiO2) is returned to the previous level.
21. Enable the ventilator alarm and the monitoring alarms as needed.
22. Assess the volume, consistency, and color of the airway secretions.
23. Reassess the patient's respiratory status, including respiratory rate, effort, oxygen saturation, and lung sounds.
24. Assist the patient to a comfortable position.
25. Ensure safety measures are in place before leaving the room, the call light is within reach, the bed is low and in the locked position, the side rails are up and secured, a table is within reach, and the room is free of clutter.

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REFERENCE #	7010.24.05	EFFECTIVE	09/2006
SUBJECT:	SUCTIONING: ENDOTRACHEAL; NASOTRACHEAL; NASOPHARYNGEAL; OROPHARYNGEAL	REVISED	2015 2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

26. Notify the provider of changes in airway secretions, which could be a sign that the patient is developing pneumonia or other adverse effects.
27. Discard supplies, remove PPE, and perform hand hygiene.
28. Document the procedure and the results in the patient's electronic medical record.

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### Oropharyngeal and Nasopharyngeal Suctioning:

- For oropharyngeal suctioning, a Yankauer suction tip is used to suction mouth secretions.
  - Use caution and protect the patient's soft mucous membranes to prevent unnecessary trauma.
  - Remove secretions from the nasal cavity, pharynx, and throat by inserting a flexible, soft suction catheter through the nares. This type of suction is performed when oral suctioning with a Yankauer is ineffective.
1. Gather supplies: Yankauer or suction catheter, suction machine or wall suction device, suction canister, connecting tubing, pulse oximeter, stethoscope, PPE, sterile gloves for suctioning with sterile suction catheter, towel or disposable paper drape, nonsterile basin and normal saline or tap water.
  2. Perform hand hygiene.
  3. Introduce yourself and explain the procedure to the patient.
  4. Identify the patient using two identifiers.
  5. Assess the airway, breathing, and the circulation of the patient prior to the procedure.
  6. Position the patient. Adjust the bed to a comfortable working height. (If patient is unconscious, place the patient in the lateral position, facing you. If the patient is conscious, place the patient in a semi-Fowler's position.)
  7. Adjust the suction to the appropriate pressure.
  8. Don clean gloves and occlude the end of the connection tubing to check suction pressure.
  9. Open the sterile suction package using aseptic technique. (The open wrapper or container becomes a sterile field to hold other supplies.) Carefully remove the sterile container, touching only the outside surface. Set it up on the work surface and fill it with sterile saline using the sterile technique.
  10. Place a small amount of water-soluble lubricant on the sterile field, while avoiding the sterile field with the lubricant package.
  11. Increase the patient's supplemental oxygen level or apply supplemental oxygen per the provider's orders.
  12. Don additional PPE. Put on a face shield or goggles and mask.
  13. Don sterile gloves. The dominant hand will manipulate the catheter and must remain sterile. The nondominant hand is considered clean rather than sterile and will control the suction valve on the catheter.
  14. Moisten the catheter by dipping it into the container of sterile saline. Occlude the suction valve on the catheter to check for suction.
  15. Encourage the patient to take deep breaths.
  16. Apply lubricant to the first 2 to 3 inches of the catheter, using the lubricant that was placed on the sterile field.
  17. Remove the oxygen delivery device, if appropriate. Do not apply suction as the catheter is inserted. Hold the catheter between your thumb and forefinger.

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Commented [SF3R2]: @Brandi Polley has this been resolved? Have you contacted the manager to resolve your comment?

The document needs to reflect the changes that the manger and the Tech Reader agree upon.

Comments need to be actionable so the manager will know what the suggested changes are and what needs to be done to resolve those changes.

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REFERENCE #	7010.24.05	EFFECTIVE	09/2006
SUBJECT:	SUCTIONING; ENDOTRACHEAL; NASOTRACHEAL; NASOPHARYNGEAL; OROPHARYNGEAL	REVISED	2015 2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

18. Insert the catheter. For nasopharyngeal suctioning, gently insert the catheter through the naris and along the floor of the nostril toward the trachea. Roll the catheter between your fingers to help advance it. Advance the catheter approximately 5 to 6 inches to reach the pharynx. For oropharyngeal suctioning, insert the catheter through the mouth, along the side of the mouth toward the trachea. Advance the catheter 3 to 4 inches to reach the pharynx.
19. Apply suction by intermittently occluding the suction valve on the catheter with the thumb of your nondominant hand and continuously rotate the catheter as it is being withdrawn. (Suction only on withdrawal and do not suction for more than 10 to 15 seconds at a time to minimize tissue trauma.)
20. Replace the oxygen delivery device using your nondominant hand, if appropriate, and have the patient take several deep breaths.
21. Flush the catheter with saline. Assess the effectiveness of suctioning by auscultating lung sounds; repeat, as needed, and according to the patient's tolerance. Wrap the suction catheter around your dominant hand between attempts. Repeat the procedure up to three times until gurgling sounds stop and respirations are quiet. Allow 30 seconds to 1 minute between passes to allow reoxygenation and reventilation.
22. When suctioning is complete, remove gloves from the dominant hand over the coiled catheter, pulling them off inside out.
23. Remove the glove from the nondominant hand and dispose of gloves, catheter, and the container with solution in the appropriate receptacle.
24. Assist the patient to a comfortable position. Raise the bed rail and place the bed in the lowest position.
25. Turn off the suction. Remove the supplemental oxygen placed for suctioning, if appropriate.
26. Remove face shield or goggles and mask; perform hand hygiene.
27. Perform oral hygiene on the patient after suctioning.
28. Reassess the patient's respiratory status, including respiratory rate, effort, oxygen saturation, and lung sounds.
29. Assist the patient to a comfortable position.
30. Ensure safety measures are in place prior to leaving the room; the call light is within reach, the bed is low and in the locked position, the side rails are up and secured, the table is within reach, and the room is free of clutter.
31. Document the procedure and related assessment findings. Report any concerns or abnormalities to the provider.

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#### Nasotracheal Suctioning:

1. Perform hand hygiene.
2. Identify the patient using two identifiers.
3. Introduce yourself and explain the procedure to the patient.
4. Assemble equipment and supplies at the bedside. Put on PPE.
5. Place a pulse oximeter on the patient and leave it in place for the procedure.
6. Place the patient in a semi-Fowler's position.
7. Perform hand hygiene, put on a mask, goggles, or a face shield if splashing is likely.
8. Connect one end of the connecting tubing to the suction machine or wall mount and place the other end in a convenient location near the patient. Turn on the suction device or wall mount and set the

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REFERENCE #	7010.24.05	EFFECTIVE	09/2006
SUBJECT:	SUCTIONING: ENDOTRACHEAL; NASOTRACHEAL; NASOPHARYNGEAL; OROPHARYNGEAL	REVISED	2015, 2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

suction pressure as low as possible to effectively clear secretions. Occlude one end of the connecting tubing to check the pressure.

9. Prepare the one-time-use suction catheter.
  - a. Using aseptic technique, open the suction kit or catheter. Place a drape on the patient's chest or on the overbed table. Do not allow the suction catheter to touch any nonsterile surfaces.
  - b. Unwrap or open the sterile basin and place it on the bedside table. Be careful not to touch the inside of the basin. Fill the basin with about 100 milliliters of sterile normal saline solution.
  - c. Open the lubricant. Squeeze a small amount of the lubricant onto the open sterile catheter package without touching the package.
10. Apply a sterile glove to each hand or apply a nonsterile glove to your nondominant hand and a sterile glove to your dominant hand.
11. Pick up the suction catheter with your dominant hand without touching any nonsterile surfaces. Pick up the connecting tubing with your nondominant hand. Secure the catheter to the tubing.
12. Check that the equipment is functioning properly by suctioning a small amount of normal saline solution from the basin.
13. Suction the airway.
14. Increase the oxygen flow rate for face masks, as ordered by the provider. Have the patient take slow, deep breaths.
15. Lightly coat the distal end of the catheter 6 to 8 centimeters with water-soluble lubricant.
16. Remove the oxygen delivery device, if applicable, with your nondominant hand. Without applying suction, and using your dominant thumb and forefinger, gently but quickly insert the catheter into one of the patient's nares. Instruct the patient to inhale deeply while you insert the catheter following the natural course of the nares. Slightly slant the catheter downward. Do not force the catheter through the nares.
17. Turning the patient's head improves suction efficacy. If you feel resistance after inserting the catheter, use caution. The catheter has probably hit the carina. Pull the catheter back 1 to 2 centimeters before applying suction.
18. Without applying suction, insert the catheter about 20 centimeters (8 inches) for adults, 16-20 centimeters (6-8 inches) in older children, or 8-14 centimeters (3-5 ½ inches) in infants and young children. A rule of thumb is to insert the catheter the distance from the tip of the nose to the angle of the mandible.
19. Apply continuous suction by placing your nondominant thumb over the vent of the catheter for 15 seconds or less and slowly withdrawing the catheter while rotating it back and forth between your dominant thumb and forefinger. Encourage the patient to cough. Replace the patient's oxygen device, if applicable, and have the patient breathe deeply.
20. Assess the need to repeat the suctioning procedure. Do not perform more than two passes with the catheter. Be alert for alterations in the patient's cardiopulmonary status. When possible, allow adequate time between suction passes for ventilation and oxygenation. (At least one minute.) Encourage the patient to breathe deeply and cough with the oxygen mask in place.
21. Rinse the catheter and connect tubing with normal saline or water until it is cleared.
22. When suctioning is complete, disconnect the catheter from the connecting tubing. Roll the catheter around the fingers of your dominant hand. Pull the glove off inside out so that the catheter remains

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REFERENCE #	7010.24.05	EFFECTIVE	09/2006
SUBJECT:	SUCTIONING: ENDOTRACHEAL; NASOTRACHEAL; NASOPHARYNGEAL; OROPHARYNGEAL	REVISED	2015, 2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

- coiled inside of the glove. Pull off the other glove over the first glove in the same way. Discard the gloves with the used catheter and other supplies in the appropriate receptacle. Turn off the suction.
23. Reposition the patient for comfort.
  24. Readjust the patient's oxygen to the original level, if indicated. The patient's blood oxygen level should have returned to baseline.
  25. Discard the remainder of the normal saline in the appropriate receptacle.
  26. Place an unopened suction kit in the room for easy access.
  27. Ensure safety measures are in place before leaving the room: the call light is within reach, the bed is low and in the locked position, the side rails are up and secured, the table is within reach, and the room is free of clutter.
  28. Document the procedure and related assessment findings. Report any concerns or abnormalities to the provider.

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**Tracheostomy Suctioning:**

1. Perform hand hygiene.
2. Identify the patient using two identifiers.
3. Explain the procedure to the patient.
4. Assemble equipment and supplies at the bedside. Put on PPE.
5. Attach the suction catheter to the suction machine or wall mount.
6. Rinse the catheter by suctioning sterile water.
7. Hyperoxygenate the patient by having them take 3 or 4 deep breaths (or if ventilated, provide 3 or 4 ventilated breaths).
8. Gently insert the catheter into the tracheostomy tube until it reaches the end of the tube, or until the patient coughs.
9. Cover the thumb hole on the catheter to suction.
10. Slowly remove the catheter while rolling it between your thumb and forefinger. Also pulse the suctioning by covering and uncovering the thumb hole of the catheter. (Start to finish, this process should take no longer than 10 seconds).
11. If more suctioning is needed, rinse the catheter first, and have the patient take another 3 or 4 deep breaths (or if ventilated, provide 3 or 4 ventilated breaths), then repeat the suctioning stage. (Allow enough time between each catheter insertion for normal breathing or ventilator support to reoxygenate the patient.).
12. Discard supplies, remove personal protective equipment (PPE) and perform hand hygiene.
13. Ensure safety measures are in place before leaving the room: the call light is within reach, the bed is low and in the locked position, the side rails are up and secured, the table is within reach, and the room is free of clutter.
14. Document the procedure and related assessment findings in the patient's electronic medical record. Report any concerns or abnormalities to the provider.

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**REFERENCES:**

American Association for Respiratory Care. (2010). AARC clinical practice guideline: Endotracheal suctioning of mechanically ventilated patients with artificial airways 2010. *Respiratory Care*, 55(6), 758-764. [www.rcjournal.com/cpgs/pdf/06.10.0758.pdf](http://www.rcjournal.com/cpgs/pdf/06.10.0758.pdf)

REFERENCE #	7010.24.05	EFFECTIVE	09/2006
SUBJECT:	SUCTIONING; ENDOTRACHEAL; NASOTRACHEAL; NASOPHARYNGEAL; OROPHARYNGEAL	REVISED	2015, 2024
DEPARTMENT:	EMERGENCY DEPARTMENT		

Endotracheal and Tracheostomy Suction:

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**ATTACHMENTS:**

None

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# **Emergency Management**

REFERENCE #	8460 24.09	EFFECTIVE
SUBJECT:	CODE YELLOW	REVISED
		REVIEWED
DEPARTMENT:	EMERGENCY MANAGEMENT	PRIOR REVISIONS:

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**PURPOSE:**

The purpose of this policy is ~~having a plan if the facility receives a threat of a bomb at any of the facility locations, to ensure the safety of all patients, visitors and staff of Modoc Medical Center during a bomb threat situation~~

**AUDIENCE:**

Organization Wide

**TERMS/DEFINITION:**

None

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**POLICY:**

It is the policy of Modoc Medical Center (MMC) ~~to ensure the safety of all patients, visitors and staff during a bomb threat situation. A bomb threat exists when any communication is received that a bomb or other explosive device has been placed in any public or private place on the Modoc Medical Center facility campus. Modoc Medical Center philosophy in dealing with a threat is to analyze the threat, rather than reacting to it.~~

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**PROCEDURE:**

**Evaluation of the Threat:**

Acting Administrator or Incident Commander (IC) will evaluate the validity of the threat. Most bomb threat calls are hoaxes, and in most cases the objective of the person who calls in a bomb threat is to disrupt business activity.

- If the threat analysis results in a decision to search the premises or to evacuate, a Code Yellow may be declared.
- Should a search of the premises be warranted, or if a suspected explosive device is found, the Acting Administrator or IC will instruct a staff member to announce "Code Yellow" three (3) times over the page system and through the department notification procedure.

**Staff Response:**

At no time should the ~~hospital~~, staff try to touch a bomb or suspected bomb.

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- Any location may receive anonymous calls regarding the presence of an explosive device within the facility. It is also possible that a potential explosive device may be discovered on the premises without the facility receiving a previous call or warning. This may include the receipt of a suspicious package or letter. While most bomb threats received are usually hoaxes – an attempt to disrupt normal business operations – it is important to take every threat seriously and never disregard a bomb threat.
- If you receive a bomb threat by telephone:
  - o Remain calm. Do not hang up.

REFERENCE #	8460.24.09	EFFECTIVE
SUBJECT:	CODE YELLOW	REVISED
		REVIEWED
DEPARTMENT:	<u>EMERGENCY MANAGEMENT</u>	PRIOR REVISIONS:

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- Take note of the caller's exact words. Try to prolong the conversation and get as much information as possible. Use the Bomb Threat Checklist as a guide to record the details of the threat. The Bomb Threat Checklist is in the front cover of the Hospital Preparedness Program red binder.
  - Attempt to ascertain when the bomb will detonate; where the device is located; what it looks like and why it was placed at this location.
  - When the call is over, complete the Bomb Threat Checklist or similar documentation immediately.
  - Notify your supervisor immediately.
  - Stand by for further instructions. If it is deemed necessary to search your area or to evacuate, you will be notified by your supervisor or via the overhead paging system.
- If you receive a written threat:
    - Gather all materials as evidence, including any envelopes or containers.
    - Avoid further handling to prevent the contamination of evidence.
    - Notify your supervisor immediately.

**Evacuation:**

- An evacuation decision should be made only if an actual device has been located or substantiated through clear and reliable information provided by the caller, based on the threat criteria.
- Prior to evacuating, employees should check their immediate work area for suspicious packages or items that do not appear to belong. If a suspicious item is located, they should not touch the item and contact the IC, acting Administrator or supervisor immediately.
  - Make emergency notifications and call 911. Do not use radios or cellular phones.
  - Evacuate the building.
  - Check to see all doors and windows are open to minimize damage from a blast and secondary damage from fragmentation.
  - Establish a minimum 300-foot cordon around, above and below the object.
  - Secure the area until authorities arrive to prevent access to the danger area.
  - Do not permit re-entry into the area until the device has been removed/disarmed and the building has been declared safe for re-entry.
  - Report the location and an accurate description of the object to the appropriate authorities.
- Explosion:
  - If an explosion occurs, initiate Code Triage – Internal.
  - Evacuate the facility immediately, as secondary devices may exist.
  - Call 911.
  - Establish a 1,000-foot cordon around, above and below the blast area.
  - Secure the area until the authorities arrive.
  - Treat injured in an area away from the blast site.
  - Record the names and contact numbers of potential witnesses.
  - Support law enforcement efforts as requested.

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REFERENCE #	8460.24.09	EFFECTIVE
SUBJECT:	CODE YELLOW	REVISED
		REVIEWED
DEPARTMENT:	EMERGENCY MANAGEMENT	PRIOR REVISIONS:

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- When it has been determined that there is no evidence of a device in the facility, or the suspected device has been rendered safe, the IC will notify a staff member to announce, "Code Yellow, all clear," three (3) times over the page system.
- All personnel will return to their normal duties.

**REFERENCES:**

Modoc Medical Center Hospital Preparedness Program Emergency Procedures red binder

**ATTACHMENTS:**

None

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**Engineering**

REFERENCE #	8450.24.20	EFFECTIVE	2001
SUBJECT:	SECURITY MANAGEMENT PLAN	REVISED	
DEPARTMENT:	ENGINEERING		

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**PURPOSE:**

The purpose of this policy is to provide a program that will protect personnel, residents, and visitors from harm. A risk assessment is conducted to determine the elements of the plan.

**AUDIENCE:**

Facility Wide

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to offer safety and security for all residents, visitors, personnel and property of the facility.

The goals of the Security Management Plan include the following:

- To provide education to personnel on the elements of the Security Management Program.
- To control access to and egress from sensitive areas.
- To reduce the risk of security incidents.
- To address security concerns of residents, visitors, personnel, and property.

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The Director of Security, Safety Officer and Safety Committee are responsible for developing, implementing, monitoring, and managing the Security Management Program.

**PROCEDURE:**

Designation OF Employees Responsible for Developing, Implementing and Monitoring the Security Management Plan:

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- The Administrator shall appoint a qualified individual to develop, implement, maintain and monitor the Security Management Program. The Director of Security is responsible for maintaining a Security Management Program that prepares for and prevents future security incidents by establishing security procedures, Inservice orientation and continuing education of all personnel, and monitoring and evaluation of security incidents for opportunities to improve care.
- See Security Authority Policy.

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Security Issues Which Concern Residents, Visitors, Employees and Property Are Addressed:

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REFERENCE #	8450.24.20	EFFECTIVE	2001
SUBJECT:	SECURITY MANAGEMENT PLAN	REVISED,	
DEPARTMENT:	ENGINEERING		

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- Security inspection vulnerability reports are completed to indicate areas of risk, including security vulnerabilities of sensitive areas, security habits of personnel, staff knowledge and skill of security management. An inspection gives a good indication of future danger, and immediate steps shall be taken to eliminate the problems.
- See Security Crime Vulnerability Inspection Report.

All Security Incidents Involving Residents, Visitors, Employees and Property Are Reported and Investigated:

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- A Security Incident Report is completed on all incidents involving residents, visitors, personnel or property.
  - A security incident includes, but is not limited to:
    - Property damage lost or stolen property.
    - Injuries to staff (i.e., injuries to staff caused by residents during assessment and treatment activities)
    - Criminal activities
    - Theft, pilferage and tampering with medication.
- A Security Incident Report will be completed by the Security Officer on duty at the time of the incident or the department manager if no security officer is available. The Security Incident Report will be reviewed and studied by the Director of Security to determine the cause of the incident. The Director of Security will make a recommendation to the Safety Committee to prevent the recurrence of related incidents.
- The Safety Committee shall review all summaries of security incidents. Summary reports of security incidents shall include evaluation of the incident, conclusions, recommendations, and actions taken.
- All incidents will be aggregated on a quarterly basis and reported to the Safety Committee by the Director of Security. The Safety Committee will track and trend all incidents by type to determine if patterns exist. Once a pattern has been identified, a performance improvement project will be developed to improve performance.
- See Security Incident Report, Quarterly Report of Security Incidents.

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All Residents, Visitors and Personnel Will Have Appropriate Identification

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REFERENCE #	<u>8450.24.20</u>	EFFECTIVE	2001
SUBJECT:	SECURITY MANAGEMENT PLAN	<u>REVISED,</u>	
DEPARTMENT:	ENGINEERING		

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All employees and staff shall wear facility picture identification badges. All residents will wear permanent identification bands. All personnel shall stop and question any unidentifiable person in their area. Any person, who is not wearing a recognizable facility identification tag, visitor or vendor tag shall be considered a stranger.

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Sensitive Areas Will Have Controlled Access as Determined by The Facility:

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A security risk assessment will be completed, and those areas determined to be sensitive areas will have restricted access to and egress from. Additional policies will be written defining the special precautions to be taken in the following areas: Pharmacy, Medical Records. All personnel assigned or working in these areas will receive orientation and education to the area specific security practices to be utilized.

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An Orientation and Education Program for Employees Regarding Security Is in Place:

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- The Director of Security will provide security related education to all employees at orientation and annually thereafter. Education programs shall include:
  - Staff responsibility under the Security Management Plan
  - Reporting security incidents involving residents, personnel, visitors, and property.
  - Emergency procedures to follow in the event of a security incident.
  - Security measures in place at the facility (i.e., access control, CCTV, alarms)
  - Resident elopement
  - Identification badges
  - Workplace violence
  - Department-specific security measures

Performance Standards:

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- The organizational Safety Committee will develop and establish performance measures and related outcomes, in a collaborative fashion, based on those priority issues known to be associated with the healthcare environment. Performance measures and outcomes will be prioritized based upon high risk, high volume, problem prone situations and potential or actual sentinel event related occurrences. Criteria for performance improvement measurement and outcome indicator selection will be based on the following:

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DEPARTMENT:	ENGINEERING		

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- o The measure can identify the events it was intended to identify.
  - o The measure has a documented numerator and a denominator statement or description of the population to which the measure is applicable.
  - o The measure has defined data elements and allowable values.
  - o The measure can detect changes in performance over time.
  - o The measure allows for comparison over time within the organization or between the organization and other entities.
  - o The data intended for collection are available; and
  - o Results can be reported in a way that is useful to the organization and other interested stakeholders.
- The Safety Committee on an ongoing basis monitors performance regarding actual or potential risk related to one or more of the following:
    - o Staff knowledge and skills,
    - o Level of staff participation,
    - o Monitoring and inspection activities,
    - o Emergency and incident reporting,
    - o Inspection, preventive maintenance and testing of safety equipment.

- Other performance measures and outcomes will be established by the Safety Committee, based on the criterion listed above. Data sources, frequency of data collection, individual(s) responsible for data collection, aggregation and reporting will be determined by the Safety Committee.
- ~~Should the~~ Safety Committee feel a team approach (other than the Safety Committee) is necessary for performance and process improvement to occur, the Safety Committee will follow the organization's performance improvement guidelines for improvement team member selection. Determination of team necessity will be based on those priority issues listed (high risk, volume and problem prone situations and sentinel event occurrence). The Safety Committee will review the necessity of team development, requesting team participation only in those instances where it is felt the Safety Committee's contributions toward improvement would be limited (due to specialty, limited scope and/or knowledge of the subject matter). Should team development be deemed necessary, primarily, team members will be selected on the basis of their knowledge of the subject identified for improvement, and those individuals who are "closest" to the subject identified. The team will be interdisciplinary, as appropriate to the subject to be improved.

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REFERENCE #	8450.24.20	EFFECTIVE	2001
SUBJECT:	SECURITY MANAGEMENT PLAN	REVISED,	
DEPARTMENT:	ENGINEERING		

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- Performance improvement monitoring and outcome activities will be presented to the Safety Committee by the Director of Security at least on a quarterly basis, with a report of performance outcome forwarded to the Organizational Performance Improvement Committee, MEC and Governing Body quarterly.
- The following are suggested performance measures:
  - Number of hours per shift, per week that Security Officers tour the facility.
  - Number of incident reports submitted.
  - All intrusion and panic alarm systems tested monthly.

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Emergency Security Procedures:

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- There are provisions made for the security of the physical plant, property, residents, visitors, and personnel of the facility during disaster situations.
- Personnel are trained in the actions to be taken in the event of a security incident, i.e., attempted robbery, workplace violence, civil disturbance.
- The facility shall seek to maintain a cooperative relationship with the news media, which balances the public need for information with the responsibility to safeguard the resident's right to privacy.
- The release of information to the media will be by authorized personnel only.
- Additional staff will be assigned from the Engineering Department to assist the Security Department in controlling vehicular and foot traffic in the event of a disaster.

Annual Evaluation of The Security Management Plan's Objectives, Scope, Performance and Effectiveness:

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- The annual evaluation of the Security Management Program will include a review of the scope according to the current JCAHO standards to evaluate the degree to which the program meets accreditation standards and the current risk assessment of the facility. A comparison of the expectations and actual results of the program will be evaluated to determine if the goals and objectives of the program were met. The overall performance of the program will be reviewed by evaluating the results of performance improvement outcomes. The overall effectiveness of the program will be evaluated by determining the degree that expectations were met.
- The performance and effectiveness of the Security Management Program shall be

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DEPARTMENT:	ENGINEERING		

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reviewed by the Safety Committee, the Performance Improvement Committee and Administration.

**REFERENCES:**

None

**ATTACHMENTS:**

None

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# **Information Technology**

REFERENCE #	8480.24.01	EFFECTIVE	
SUBJECT:	ACCEPTABLE COMPUTER USE	REVISED	
DEPARTMENT:	INFORMATION TECHNOLOGY		

**PURPOSE**

The purpose of this policy is to outline the acceptable use of computer equipment at Modoc Medical Center (MMC). To protect the employees and MMC from inappropriate use that exposes MMC to risks including virus attacks, compromise of network systems and services, and legal issues.

**AUDIENCE:**

Organization Wide

**TERMS/DEFINITION:**

**Blogging**

Writing a blog. A blog (short for weblog) is a personal online journal that is frequently updated and intended for public consumption.

**Extranet**

An extranet is a private network that uses Internet protocols, network connectivity, and possibly the public telecommunication system to securely share part of an organization's information or operations with suppliers, vendors, partners, customers, or other businesses. An extranet can be understood as a private intranet mapped onto the Internet or some other transmission system not accessible to the public but is managed by more than one company's administrator(s).

**Internet**

The Internet is a worldwide, publicly accessible series of interconnected computer networks that transmit data by packet switching using the standard Internet Protocol (IP). It is a "network of networks" that consists of millions of smaller domestic, academic, business, and government networks, which together carry various information and services, such as electronic mail, online chat, file transfer, and the interlinked web pages and other resources of the World Wide Web.

**Intranet**

An intranet is a private computer network that uses Internet protocols and network connectivity to securely share part of an organization's information or operations with its employees.

**Social Networking**

The use of dedicated websites and applications to interact with other users, or to find people with similar interests to oneself.

**Spam**

Unauthorized and/or unsolicited electronic mass mailings.

**Streaming Service**

A service that sends video, music, etc., over the internet so that people can watch or listen to it immediately rather than having to download it, or rather than having to watch or listen at a particular time when something is broadcast.

**POLICY**

**General Use and Ownership**

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REFERENCE #	8480.24.01	EFFECTIVE	
SUBJECT	ACCEPTABLE COMPUTER USE	REVISED	
DEPARTMENT	INFORMATION TECHNOLOGY		

MMC network administration desires to provide a reasonable level of privacy, users should be aware that the data they create on the corporate systems remains the property of MMC. Because of the need to protect MMC's network, management cannot guarantee the confidentiality of information stored on any network device belonging to MMC.

Internet/Intranet/Extranet-related systems, including but not limited to computer equipment, software, operating systems, storage media, network accounts providing electronic mail, World Wide Web (WWW) browsing, and File Transfer Protocol (FTP) services, are the property of MMC. These systems are to be used for business purposes to serve the interests of the company, our clients, and customers in the course of normal operations.

MMC has the right to examine the activities of any employee using MMC network devices.

This includes but is not limited to the following activities:

- Internet use, email
- Instant messaging
- Online chat
- Blogging
- Files accessed and created (documents, spreadsheets, databases, etc.)
- Or any other activities at the discretion of the Information Technology (IT) department.

Employees are not allowed to use MMC equipment or systems for personal use.

This includes but is not limited to:

- Non-business related email
- Social networking (Facebook, TikTok, SnapChat, and similar systems used for social interactions)
- Video and audio streaming services,
- Other entertainment media (reading material, photographs, comics, news, etc.)
- Internet browsing
- Shopping
- Games

If there is any uncertainty, employees should consult their supervisor or manager.

Employees may use personal devices during their break time for personal activities as long as they adhere to Health Insurance Portability and Accountability Act (HIPAA) guidelines, sexual harassment and hostile workplace policies, and Information Sensitivity Policy.

Employees may not take pictures or create any video or audio recordings on MMC properties at any time unless it is done as part of their normal job duties and are using approved MMC equipment.

Information Technology Services (ITS) requires that any information that users consider sensitive or vulnerable be encrypted and access controlled using approved electronic medical record or document

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REFERENCE #	8480 24.01	EFFECTIVE	
SUBJECT:	ACCEPTABLE COMPUTER USE	REVISED	
DEPARTMENT:	INFORMATION TECHNOLOGY		

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management systems. For guidelines on information classification, see ITS's Information Sensitivity Policy.

For security and network maintenance purposes, authorized individuals within MMC may monitor equipment, systems, and network traffic at any time per the ITS Audit Vulnerability Scan Policy.

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MMC reserves the right to audit networks and systems on a periodic basis to ensure compliance with this policy.

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### Security and Proprietary Information

The user interface for information contained on Internet/Intranet/Extranet-related systems should be classified as confidential, internal use only, or not confidential, as defined by corporate confidentiality guidelines, details of which can be found in the ITS Information Sensitivity Policy. Examples of confidential information include but are not limited to company private, corporate strategies, patient information, customer lists, financial information, and research data. Employees should take all necessary steps to prevent unauthorized access to this information.

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Keep passwords secure and do not share accounts. Authorized users are responsible for the security of their passwords and accounts. System level passwords should be changed quarterly, user level passwords should be changed every six months.

All computing devices are to be secured with a password-protected screensaver with the automatic activation feature set at 10 minutes or less, or by locking or logging-off when the host will be unattended.

Because information contained on portable computers is especially vulnerable, special care should be exercised. All portable computing devices must be encrypted using ITS approved encryption methods. Protect laptops, tablets, and other portable computing devices in accordance with the "Portable Computing Devices Security Guidelines".

Postings by employees from a MMC email address to online forums, newsgroups, or social media should contain a disclaimer stating that the opinions expressed are strictly their own and not necessarily those of MMC, unless posting in the course of normal business duties.

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All devices used by employees that are connected to the MMC Internet/Intranet/Extranet, whether owned by the employee or MMC, shall be continually executing approved virus-scanning software with a current virus database unless overridden by departmental or group policy.

Employees must use extreme caution when opening e-mail attachments or using embedded links received from unknown senders, which may contain viruses, e-mail bombs, or Trojan horse code.

### Unacceptable Use

REFERENCE #	8480 24 01	EFFECTIVE	
SUBJECT:	ACCEPTABLE COMPUTER USE	REVISED	
DEPARTMENT:	INFORMATION TECHNOLOGY		

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The following activities are, in general, prohibited. Employees may be exempted from these restrictions during their legitimate job responsibilities (e.g., systems administration staff may have a need to disable the network access of a host if that host is disrupting production services).

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Under no circumstances is an employee of MMC authorized to engage in any activity that is illegal under local, state, federal or international law while utilizing MMC-owned resources.

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The lists below are by no means exhaustive but attempt to provide a framework for activities which fall into the category of unacceptable use.

• **System and Network Activities**

• The following activities are strictly prohibited, with no exceptions:

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- o Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of "pirated" or other software products that are not appropriately licensed for use by MMC.
- o Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which MMC or the end user does not have an active license is strictly prohibited.
- o Exporting software, technical information, encryption software or technology, in violation of international or regional export control laws, is illegal. The appropriate management should be consulted prior to the export of any material that is in question.
- o Introduction of malicious programs into the network or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).
- o Revealing your account password to others or allowing use of your account by others. This includes family and other household members when work is being done at home.
- o Using a MMC computing asset to actively engage in procuring or transmitting material that is in violation of sexual harassment or hostile workplace laws in the user's local jurisdiction.
- o Making fraudulent offers of products, items, or services originating from any MMC account.
- o Making statements about warranty, expressly or implied, unless it is a part of normal job duties.
- o Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data of which the employee is not an intended recipient or logging into a server or account that the employee is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, pinged floods, packet spoofing, denial of service, and forged routing information for malicious purposes.
- o Unauthorized connection of any MMC computer to another computer or network.
- o Port scanning or security scanning is expressly prohibited unless prior notification to ITS is made.
- o Executing any form of network monitoring which will intercept data not intended for the employee's host unless this activity is a part of the employee's normal job/duty.

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SUBJECT:	ACCEPTABLE COMPUTER USE	REVISED	
DEPARTMENT:	INFORMATION TECHNOLOGY		

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- o Circumventing user authentication or security of any host, network, or account.
- o Interfering with or denying service to any user other than the employee's host (for example, denial of service attack).
- o Using any program/script/command, or sending messages of any kind, with the intent to interfere with, or disable, a user's terminal session, via any means, locally or via the Internet/Intranet/Extranet.
- o Providing information about, or lists of, MMC employees, patients, customers, partners, or vendors to parties outside MMC unless it is part of normal job duties.
- o Perform acts that waste Computer resources or unfairly monopolize resources to the exclusion of others. These acts include, but are not limited to, sending mass mailings or chain letters, spending excessive amounts of time on the Internet, playing games, engaging in online chat groups, printing multiple copies of documents, or otherwise creating unnecessary network traffic.

• **Email and Communications Activities**

- Sending unsolicited email messages, including the sending of "junk mail" or other advertising material to individuals who did not specifically request such material (email spam).
- Any form of harassment via email, social networking, telephone, or paging, whether through language, frequency, or size of messages.
- Unauthorized use, or forging, of email header information.
- Solicitation of email for any other email address, other than that of the poster's account, with the intent to harass or to collect replies.
- Creating or forwarding "chain letters", "Ponzi" or other "pyramid" schemes of any type.
- Use of unsolicited email originating from within MMC's networks of other Internet/Intranet/Extranet service providers on behalf of, or to advertise, any service hosted by MMC or connected via MMC's network.
- Posting the same or similar non-business-related messages to online networking services (Usenet, Reddit, Facebook, TikTok, etc.)

• **Blogging and Social Networking**

- Blogging and social networking by employees using MMC's property and systems is prohibited.
- MMC's Information Sensitivity Policy also applies to blogging and social networking. As such, Employees are prohibited from revealing any MMC confidential or proprietary information, trade secrets or any other material covered by MMC's Confidential Information policy when engaged in blogging or social networking.
- Employees may not take pictures, record video, or record audio while on MMC property unless it is done as part of their normal job duties and using approved MMC equipment.
- Employees shall not engage in any blogging or social networking that may harm or tarnish the image, reputation, and/or goodwill of MMC and/or any of its employees. Employees are also prohibited from making any discriminatory, disparaging, defamatory or harassing comments

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DEPARTMENT:	INFORMATION TECHNOLOGY		

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when blogging, posting to social media, or otherwise engaging in any conduct prohibited by MMC's Non-Discrimination and Anti-Harassment policy.

- When an employee expresses his or her beliefs and/or opinions online, the employee may not, expressly, or implicitly, represent themselves as an employee or representative of MMC. Employees assume all risk associated with posting any material online.
- Apart from following all laws pertaining to the handling and disclosure of copyrighted or export-controlled materials, MMC's trademarks, logos and any other MMC intellectual property may also not be used in connection with any online activity.

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**PROCEDURE:**

**REFERENCES:**

None

**ATTACHMENTS:**

None

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Commented [AC14R13]: I used to have something like "Failure to follow this policy can result in discipline up to and including termination" but I was told at one point (a long time ago) that I could not have that in my policy as it was up to HR and not IT.

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Commented [SF15]: @Andreas Camacho do you have references to support your policy? Where did you get the information to support you process?

Commented [AC16R15]: I did not keep track of my sources. I used policies from other facilities, recommendations from IT related websites, etc.

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Page 1: [8] Commented [SF2] <a href="#">@Andreas Camacho</a> MMC is used over 50 times in this document. Can you reword the document so MMC is not used as much or does it need to be stated that way?	Samantha Farr	8/20/2024 7:28:00 AM
Page 1: [9] Commented [AC3R2] This is done for clarity; each item can be referenced individually and it still makes sense without the rest of the document.	Andreas Camacho	8/20/2024 8:55:00 AM
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@Andreas Camacho What is the policy statement? What is going or not going to happen due to this policy?

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@Andreas Camacho These are level II headings which are sentence case and bold.

Numbering is for step by step procedures. If you want to bullet a list that is not step by step it is just the black dot.

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@Andreas Camacho Write out the word before using acronyms

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REFERENCE #	8480 24 02	EFFECTIVE	01/2016
SUBJECT:	IT SUPPORT TICKET DOCUMENTATION	REVISED	
DEPARTMENT:	INFORMATION TECHNOLOGY		

**PURPOSE**

The purpose of this policy is to establish basic rules for the proper documentation of Information Technology (IT) support tickets by the IT Department staff.

**AUDIENCE:**  
Department Staff

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**Commented [AC2R1]:** The IT Department Staff

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**TERMS/DEFINITIONS**

**IT:** Information Technology

**IT Support Ticket:** A record of IT staff actions with regard to support requests, projects, and maintenance of IT related systems and hardware.

**Ticket System:** An electronic database and software used for the recording, management, and review of IT support tickets.

**POLICY**

It is the policy of Modoc Medical Center (MMC) that IT staff will adhere to the rules described herein for the documentation of IT support tickets.

**PROCEDURE**

**Intended Use**

IT support tickets are utilized to record IT support requests, projects, and maintenance of IT-related systems and hardware. They are to be documented accurately and clearly for review by end users, IT staff and MMC Administration.

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**IT Support Ticket Creation**

IT support tickets are to be created for all IT-related activities including, but not limited to, end user support, regular system maintenance tasks, projects, IT-staff-identified issues and infrastructure improvements.

Support tickets may be created by the following methods:

- By an MMC employee via online IT support website
- By IT staff.

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**Commented [EJ3]:** Worxhub - should we name it?

Tickets created by MMC employees must be reviewed by an IT staff member and updated, if necessary, to contain the required information.

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**Commented [EJ4]:** We may need to check worxhub to see if the information lines up with the descriptions are.

- **Requestor** - the person that is the main contact for the work to be done. This may be an MMC employee or IT staff member.

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- **Description** – a brief description of the support request or work to be done. This will be documented in the following format: “specific category” – “summary.”
  - The specific categories are software, hardware, printer, phone, email, EMR, infrastructure, medical equipment, security, user account, and others.
  - Summary must contain problem to be corrected or task to be performed and the system identifier, username, or software name if applicable. For example: “user jdoe domain password reset” or “workstation LABW7W01 hard drive error.”
- **Details** – a detailed description of the problem to be corrected or task to be performed. The description must contain, at a minimum:
  - Users, systems, and or equipment affected.
  - Detailed information on the reported problem or task to be completed including any error messages, screen captures, or third-party documents.
  - If the ticket is a support request, when did the issue first present itself and how often is the issue occurring.
  - If the ticket is a support request, document the steps necessary to replicate the problem.
- **Due Date** – the date by which the work needs to be completed.
- **Priority** – indication of the severity of the problem or importance of the task.
  - High – user(s) are unable to perform job duties, impacts patient care or facility revenue, or timeline for completion is less than one week.
  - Medium – user(s) are able to perform major job duties with minor difficulties, task timeline for completion less than one month.
  - Low – user(s) job duties not impacted, task timeline greater than one month, low or no impact to facility processes and/or revenue.
- **Category** – general category of the problem or task to be completed. General categories are: administrative, project, maintenance, and end user support.

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**Commented [SF5]:** @Andreas Camacho Is this still the correct information that is collected? I do not see some of these categories in Workhub. Also it would be helpful if they were in the same order as the app.

**Commented [AC6R5]:** The names of some of the fields have changed; Contact is now Requestor, Summary is now Description, and Description is now Details. However, this document is for the IT staff specifically. There are additional fields that we have access to that the general staff do not. We do not expect the general staff to follow this strict documentation policy, but we in the IT department are expected to clarify and modify tickets we receive to adhere to these rules.

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### IT Support Ticket Acceptance

All IT support tickets are to be reviewed by an IT staff member within 24 hours of submission. During the review process, the IT staff member will edit the ticket to contain the above-required information, if needed. The IT staff member will communicate with the ticket contact either via email, phone, or in person to acknowledge receipt of the support ticket and an estimated time for when work will begin. The ticket will then be assigned to an IT staff member.

REFERENCE #	8480.24.02	EFFECTIVE	01/2016
SUBJECT:	IT SUPPORT TICKET DOCUMENTATION	REVISED	
DEPARTMENT:	INFORMATION TECHNOLOGY		

### IT Support Ticket Activity Documentation

All IT support tickets must be updated when one of the following occurs:

- Work has been performed.

- Documentation will include detailed description work performed using full, complete sentences.
- Identify persons or entities involved by name.
- For example: when creating a new user account, identify the user by name, the new user Domain ID created, any other system IDs created, email address, doors programmed for access by user, departmental shared resources granted access to, etc.
- If there is additional work to be performed on the ticket, the documentation must include the next steps to be performed and an estimated time until work will continue.

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 Commented [ACBR7]: OK  
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- Attempt to contact person or entity related to the ticket has occurred.

- Document the name of the person or entity, contact information used in the attempt (phone number, email address, etc.) and content of any message left.
- If email communication has not been responded to within three business days, contact via phone or in person.

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- 24 hours have passed since the last update of a high-priority ticket.

- Documentation must include the reason for the lack of activity on the ticket, what is being done to resolve any hindrances to working on the ticket, and estimated time until work will continue.

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- One week has passed since the last update of a medium- or low-priority ticket.

- Documentation must include the reason for the lack of activity on the ticket, what is being done to resolve any hindrances to working on the ticket, and estimated time until work will continue.

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- Ticket is to be closed by request of ticket contact.

- Documentation must include detailed reason for closing the ticket in full and complete sentences.

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- Ticket priority changed.

- Documentation must include detailed reason for the change in ticket priority in full and complete sentences.

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REFERENCE #	<u>8480.24.02</u>	EFFECTIVE	<u>01/2016</u>
SUBJECT:	<u>IT SUPPORT TICKET DOCUMENTATION</u>	REVISED	
DEPARTMENT:	<u>INFORMATION TECHNOLOGY</u>		

• Ticket closure or merging with other ticket.

- o Documentation must include detailed reason for the closure or merger of the ticket in full and complete sentences. Assigned IT staff member must communicate with the ticket contact to notify them of the closure or merger; this conversation must be documented in the ticket.

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**IT Support Ticket Follow Up**

IT staff members are to communicate with the IT support ticket initiator, either by phone or in person, between three and five business days after the ticket closes to determine whether they are satisfied with the work performed and whether additional work needs to be completed.

If it is determined that the issue is not resolved, the ticket will be reposed and assigned to an IT staff member.

**REFERENCES:**  
None

**ATTACHMENTS:**  
None

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# Infusion



REFERENCE # 6170-I.24.01	EFFECTIVE	
SUBJECT: TREATMENT OF ADVERSE REACTIONS	REVISED	
DEPARTMENT: INFUSION		

**PURPOSE:**

The purpose of this policy is to outline treatment for mild adverse medication reactions in the Infusion Department

**AUDIENCE:**

Department Staff

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) that only mild adverse medication reactions will be treated in the Infusion Department.

**PROCEDURE:**

If a patient is receiving an Outpatient medication in the Infusion Department, they will be continuously monitored for any adverse reactions. Examples of mild adverse reactions are as follows:

- Mild Nausea
- Mild Headache
- Mild Chills
- Mild Rash

All Allergies to medications should be reviewed before any of the listed medications are administered.

Medications used to treat the above reactions are as follows:

- Zofran 4mg ODT Sublingual x1 [for nausea](#)
- Zofran 4mg IVP every 6 hours [for nausea](#)
- Tylenol 650mg po x1 [for headache](#)
- Motrin 400mg po x1 [for headache](#)
- Benadryl 25mg po x1 [for rash](#)

If an adverse reaction is observed the prescribing physician should be notified. Also notify the physician if there is no response to the reaction after medications have been administered.

For all moderated to severe adverse reactions, the patient should be transferred to the ER department.

**REFERENCES:**

None

**ATTACHMENTS:**

None

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# Operating Room

REFERENCE # 7420.24.02	EFFECTIVE:	04/2009
SUBJECT: SURGICAL PRIVILEGES	REVISED:	
	REVIEWED	03/2017
DEPARTMENT: OPERATING ROOM		

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**PURPOSE:**

The purpose of this policy is to define the requirements for surgical privileges that Modoc Medical Center, (MMC) can perform.

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**AUDIENCE:**

Department Wide

**POLICY:**

It is the policy of MMC, to determine the surgical privileges of each surgeon that will be approved by the Medical Staff and placed on file in the Operating Room Department. These privileges will be reviewed, approved, and updated annually by the Medical Staff.

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**PROCEDURE:**

The surgical procedures that MMC are generally qualified to perform are as follows:

- Most general surgeries, some gynecological surgeries, laparoscopic procedures, minor plastic surgery, and minor orthopedic surgery.
- Endoscopy procedures include, but not limited to, upper endoscopy and lower endoscopy procedures.
- Cataract and other ophthalmic procedures as deemed by the Ophthalmologist.

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Surgical procedures that MMC is not equipped to perform are as follows:

- Newborn, major ophthalmic procedures, major chest procedures, vascular, neurological, spinal, major urological, ear and nose, except for minor procedure.

**REFERENCES:**

None

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**ATTACHMENTS:**

None

# Physical Therapy

REFERENCE #	7770.24.15	EFFECTIVE	06/2006
SUBJECT:	BILLING PROCEDURES	REVISED	11/2020
DEPARTMENT:	PHYSICAL THERAPY		

**PURPOSE:**

**AUDIENCE:**  
Department Staff

**TERMS/DEFINITION:**  
None

**POLICY:**  
It is the policy of Modoc Medical Center to perform client billing in a manner that is ethical, fair, and in compliance with all Healthcare Financing Administration, state, local, federal, and other regulatory agencies.

- PROCEDURE:**
- Billing is done by the therapist when documenting the patient for evaluation or treatment in the electronic medical record.
  - Billing is time-based according to the 8-minute rule (for time-based codes, you must provide direct treatment for at least eight minutes to receive reimbursement from Medicare).
  - The treating therapist should check the charges after completing the documentation and billing to ensure that the correct information was entered.
  - If any mistakes have been made in the billing process, the incorrect charges should be credited, and the appropriate charges should be entered in their place.
  - Therapists are to ensure they enter the correct charge codes according to the patient's insurance.
  - Charges should be completed before the end of the workday.

**REFERENCES:**  
None

**ATTACHMENTS:**  
None

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- Deleted: REVIEWED
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- Commented [SF2R1]: @Brandi Polley what does ... [2]
- Commented [MW3R1]: I googled it and it means ... [3]
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**Page 1: [1] Commented [BP1]** Brandi Polley 6/7/2024 11:48:00 AM

What does HCFA mean? Please spell it out first.

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@Brandi Polley what does ?? mean? Please write out your question.

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I googled it and it means healthcare financing administration. I have no idea what that organization is so I'm not sure if we should take it out or just put healthcare financing administration?

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@Michele Wolfe write the word out before using the acronym.

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[@Michele Wolfe](#) the procedure does not seem to be as detailed as the prior policy. Is there missing steps or processes?

**Page 1: [18] Commented [8R7] Michele Wolfe 5/6/2024 1:38:00 PM**

I took out some of it that no longer applies since we have Cerner

REFERENCE # 7770.24.14	EFFECTIVE	06/2017
SUBJECT: PATIENT PRIVACY DURING PHYSICAL THERAPY TREATMENT	REVISED	2020
DEPARTMENT: PHYSICAL THERAPY		

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**PURPOSE:**

The purpose of this policy is to ensure patients are provided privacy during physical therapy.

**AUDIENCE:**

Department Staff

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to follow the guidance of the Practice Act to provide privacy for patients receiving physical therapy whenever appropriate or requested. This may include the use of a private room, draping, or providing a therapist with whom the patient is comfortable.

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**PROCEDURE:**

None

**REFERENCES:**

(n.d.). *Laws and Regulations*. Physical Therapy Board of CA. <https://www.ptbc.ca.gov/laws/index.shtml>

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**ATTACHMENTS:**

None

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DRAFT



# **ATTACHMENT F**

## **Departmental Policy Manuals**



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## MEMORANDUM

**DATE:** August 22, 2024, 2024  
**TO:** Last Frontier Healthcare District Board of Directors  
**FROM:** Samantha Farr  
**SUBJECT:** Review of Departmental Policy Manual

The following manuals are presented for your review.

Dietary -Skilled Nursing Facility  
Dietary – Acute  
Environmental Services /Laundry  
Operating Room

Respectfully Submitted,

A handwritten signature in blue ink, appearing to be 'S. Farr', is written over the typed name.

Samantha Farr  
CNO Assistant  
Policy Coordinator



---

## MEMORANDUM

**DATE:**  
**TO:** Board of Directors  
**FROM:**  
**SUBJECT:** Review of Departmental Policy Manual

The following manual is submitted for your review and approval:  
Dietary Department Policy Manual

This year's revisions/accomplishments:

1. I have read the policy manual.
2. Archived many policies (removing ones that no longer pertain to procedures).
3. Revised Policies.

Follow-up actions to be completed by:

I will continue to revise and create policies that pertain to my department. When Mountain View opens many procedures will change therefore, I will be creating policies until the manual is current and reflects the process of dietary department.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read 'Raven Sparks', is written over a horizontal line.

Raven Sparks CDM/CFPP



---

## MEMORANDUM

**DATE:**  
**TO:** Board of Directors  
**FROM:**  
**SUBJECT:** **Review of Departmental Policy Manual**

The following manual is submitted for your review and approval: Acute Dietary

This year's revisions/accomplishments: Keeping all policies up to date.

Follow-up actions to be completed by:

Respectfully Submitted,

Tim Reynolds CDM/CFPP



---

## MEMORANDUM

**DATE:** 08/21/2024  
**TO:** Board of Directors  
**FROM:** Michael Appletoft  
**SUBJECT:** Review of Departmental Policy Manual

The following manual is submitted for your review and approval:  
Environmental Services

This year's revisions/accomplishments:

Reviewed the manual and policies.  
Aligned the manual with Revver

Follow-up actions to be completed by:

Will update the manual when SNF opens at the new facility.

Respectfully Submitted,



---

## MEMORANDUM

**DATE:**  
**TO:** Board of Directors  
**FROM:**  
**SUBJECT:** Review of Departmental Policy Manual

The following manual is submitted for your review and approval: Operating Room

This year's revisions/accomplishments: Continue to revise policies.

Follow-up actions to be completed by: Ongoing

Respectfully Submitted,

*D. Owens, MD*  
8/12/24

# **ATTACHMENT G**

## **LFHD Financial Statement July 2024 *(unaudited)***



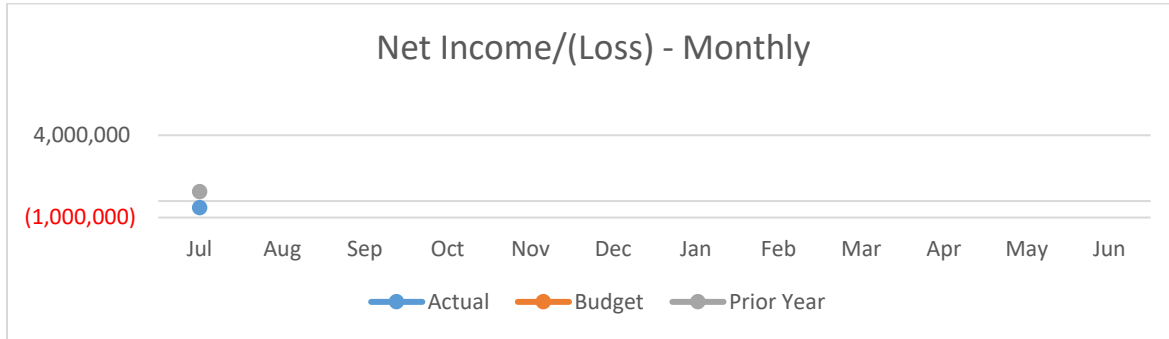
Modoc Medical Center  
Financial Narrative  
For the Month of July 2024

Prepared by Jin Lin, Finance Director



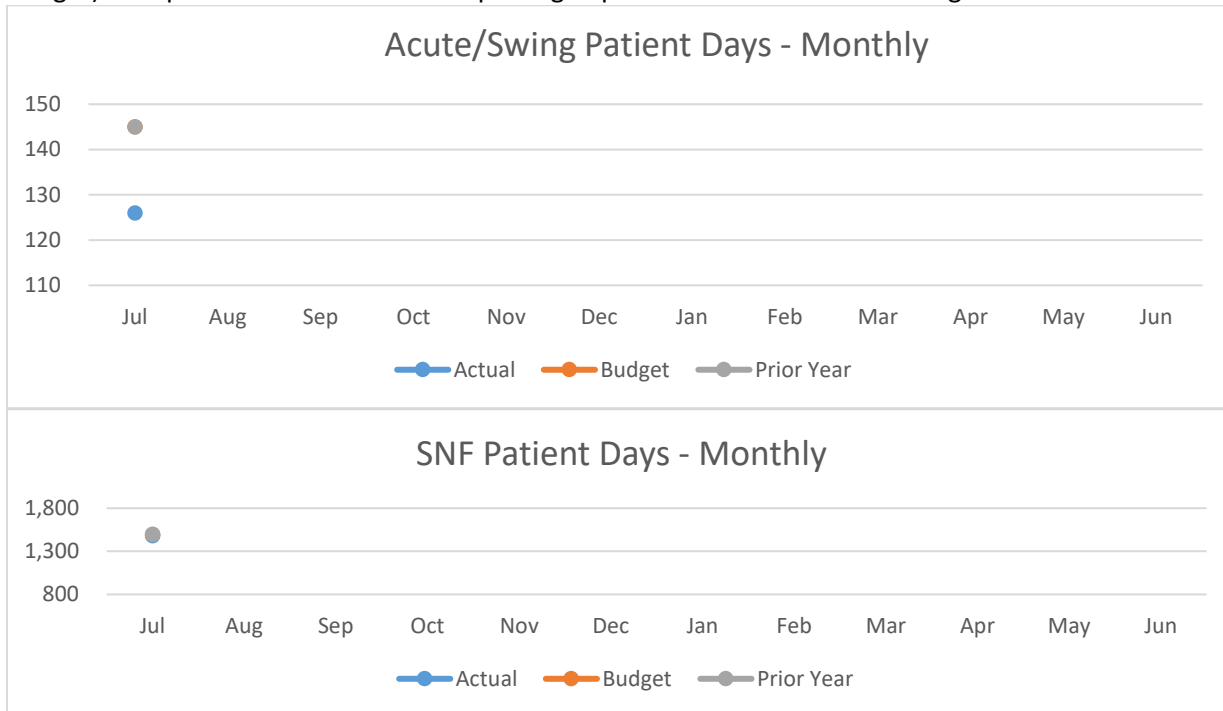
**Summary**

During the month of July, Modoc Medical Center reported a net Loss from operations of \$528,930 showing better than the budgeted loss of \$1.063 million. Both Inpatient and outpatient revenue were up from the prior month. Total patient revenue was \$4.965 million, an increase of \$524K from the prior month. Net income, including Non-Operating Activity, showed a loss of \$404K while was budgeted a loss of \$1.164 million.



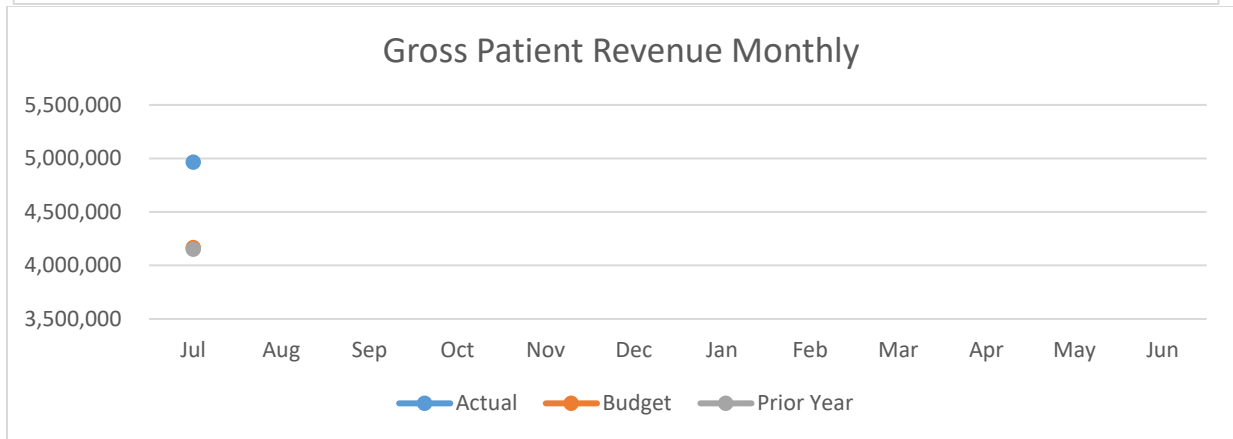
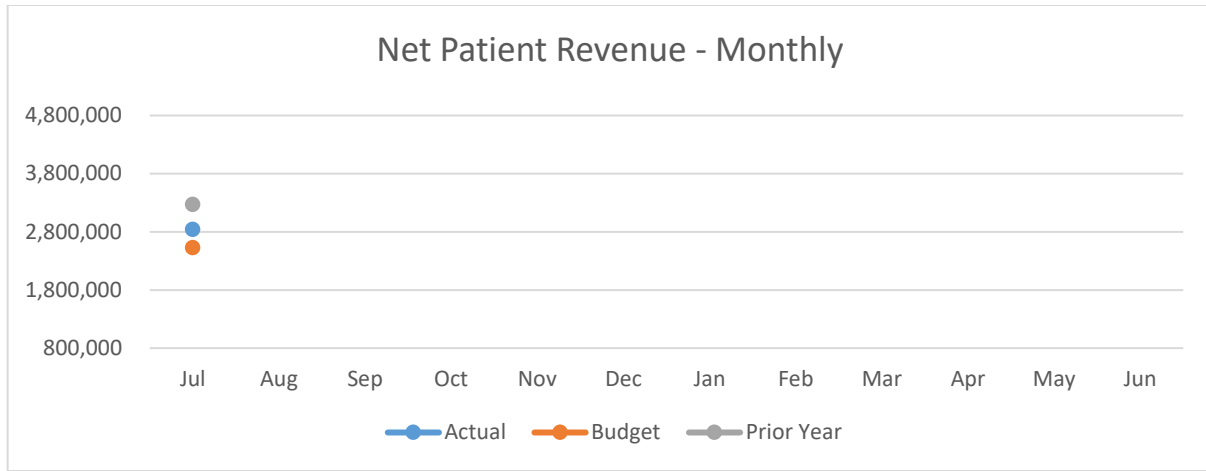
**Patient Volumes**

Combined Acute Days were under budget for the month by 19 days. The SNF Patient Days declined to 1,478 under budget by 17 days. Overall Inpatient Days were under budget by 36 (1,604 actual vs. 1,640 budget). Outpatient volumes saw all reporting departments over or under budget.



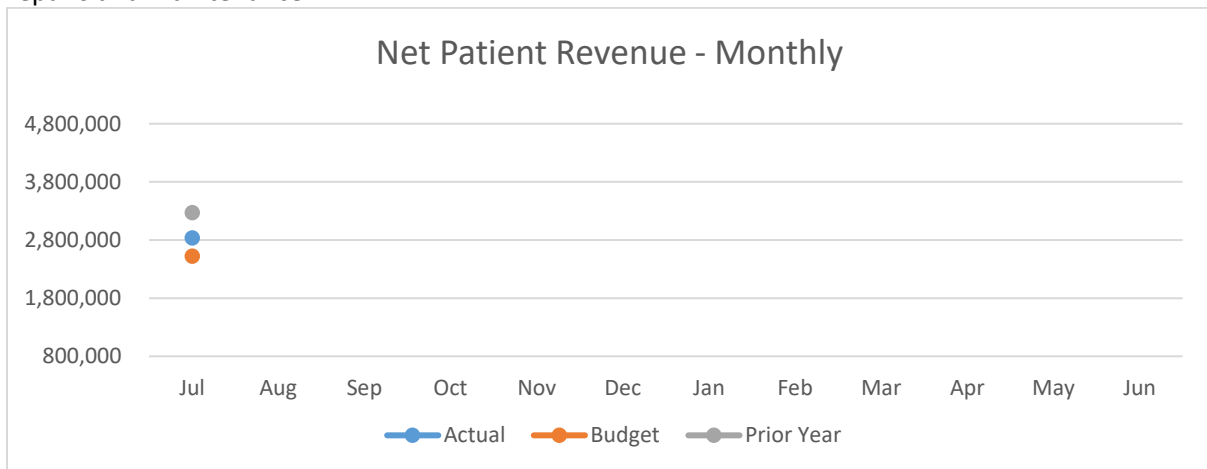
**Revenues**

Gross Patient Revenues were \$4.965million, while was budgeted of \$4.164 million. Of this, the Inpatient Revenue was over budget by \$64K and Outpatient Revenue over budget by \$801K. Net Patient Revenue was \$2.841 million.



**Expenses**

Total Operating Expenses were \$3.406 million this month, compared to a budget of \$3.613 million. Operating expenses were down \$156K from the prior month. The largest expenses were in Staffing and repairs and maintenance.



**Non-Operating Activity**

Non-Operating expense for the month was (\$80K) from accrued USDA loan interest. District Vouchers totaled \$10K. Interest income of \$107K was from CDs, and the profit of \$108K from the retail pharmacy. Total non-operating income for the month showed a gain of \$125k.

### **Balance Sheet**

Cash decreased for July by \$483k to \$37.983 million. Total assets increased by \$3.822 million during the month, while total liabilities decreased by \$2.124 million. Days in Cash totaled 345. Days in AP totaled 62. Days in AR totaled 100. Net AR as a percent of Gross AR declined to 7.0%. The current ratio was 12.

Modoc Medical Center  
Income Statement  
For the month of July 2024

	Month	Budget	Variance	Prior Year Month	YTD	Budget	Variance	Prior Year YTD
<b>Revenues</b>								
Room & Board - Acute	667,828	333,587	334,241	345,492	667,828	333,587	334,241	345,492
Room & Board - SNF	824,217	808,728	15,489	812,447	465,630	808,728	(343,098)	812,447
Ancillary		285,618	(285,618)	195,932		285,618	(285,618)	195,932
<u>Total Inpatient Revenue</u>	<u>1,492,045</u>	<u>1,427,933</u>	<u>64,112</u>	<u>1,353,871</u>	<u>1,133,458</u>	<u>1,427,933</u>	<u>(294,475)</u>	<u>1,353,871</u>
Outpatient Revenue	3,472,954	2,736,552	736,402	2,797,167	3,472,954	2,736,552	736,402	2,797,167
<u>Total Patient Revenue</u>	<u>4,964,999</u>	<u>4,164,485</u>	<u>800,514</u>	<u>4,151,038</u>	<u>4,606,412</u>	<u>4,164,485</u>	<u>441,927</u>	<u>4,151,038</u>
Bad Debts	333,441	137,741	195,700		333,441	137,741	195,700	
Contractuals Adjs	1,784,833	1,453,267	331,566	878,097	1,784,833	1,453,267	331,566	878,097
Admin Adjs	5,987	46,463	(40,476)		5,987	46,463	(40,476)	
<u>Total Revenue Deductions</u>	<u>2,124,261</u>	<u>1,637,471</u>	<u>486,790</u>	<u>878,097</u>	<u>2,124,261</u>	<u>1,637,471</u>	<u>486,790</u>	<u>878,097</u>
<u>Net Patient Revenue</u>	<u>2,840,738</u>	<u>2,527,014</u>	<u>313,724</u>	<u>3,272,941</u>	<u>2,482,151</u>	<u>2,527,014</u>	<u>(44,863)</u>	<u>3,272,941</u>
% of Charges	57.2%	60.7%	-3.5%	78.8%	53.9%	60.7%	-6.8%	78.8%
Other Revenue	36,697	22,525	14,172	22,979	36,697	22,525	14,172	22,979
<u>Total Net Revenue</u>	<u>2,877,435</u>	<u>2,549,539</u>	<u>327,896</u>	<u>3,295,920</u>	<u>2,518,848</u>	<u>2,549,539</u>	<u>(30,691)</u>	<u>3,295,920</u>
<b>Expenses</b>								
Salaries	1,527,863	1,645,061	(117,198)	1,312,653	1,527,863	1,645,061	(117,198)	1,312,653
Benefits and Taxes	331,128	352,210	(21,083)	283,231	331,128	352,210	(21,083)	283,231
Registry	246,179	318,534	(72,355)	164,005	246,179	318,534	(72,355)	164,005
Professional Fees	467,629	384,221	83,408	245,148	467,629	384,221	83,408	245,148
Purchased Services	102,020	156,909	(54,889)	226,663	102,020	156,909	(54,889)	226,663
Supplies	358,177	330,938	27,239	111,164	358,177	330,938	27,239	111,164
Repairs and Maint	35,962	35,749	213	20,972	35,962	35,749	213	20,972
Lease and Rental	4,529	3,836	693	3,649	4,529	3,836	693	3,649
Utilities	45,142	57,228	(12,086)	52,947	45,142	57,228	(12,086)	52,947
Insurance	43,552	42,779	773	1,973	43,552	42,779	773	1,973
Depreciation	177,946	172,980	4,965	176,246	177,946	172,980	4,965	176,246
Other	66,237	112,161	(45,924)	54,308	66,237	112,161	(45,924)	54,308
<u>Total Operating Expenses</u>	<u>3,406,365</u>	<u>3,612,607</u>	<u>(206,242)</u>	<u>2,652,959</u>	<u>3,406,365</u>	<u>3,612,607</u>	<u>(206,242)</u>	<u>2,652,959</u>
<u>Income from Operations</u>	<u>(528,930)</u>	<u>(1,063,068)</u>	<u>534,138</u>	<u>642,961</u>	<u>(887,517)</u>	<u>(1,063,068)</u>	<u>175,551</u>	<u>642,961</u>
Property Tax Revenue	0	(3,446)	3,446	(2,516)	0	(3,446)	3,446	(2,516)
Interest Income	107,452	180	107,272	38,542	107,452	180	107,272	38,542
Interest Expense	(79,974)	(79,555)	(419)	(84,271)	(79,974)	(79,555)	(419)	(84,271)
Retail Pharmacy Net Activity	107,736	0	107,736	0	107,736	0	107,736	0
District Vouchers and Other	(9,847)	(18,178)	8,331	(20,671)	(9,847)	(18,178)	8,331	(20,671)
Other Non-Operating Income	0	0	0	0	0	0	0	0
<u>Total Non-Operating Revenue</u>	<u>125,367</u>	<u>(100,999)</u>	<u>226,366</u>	<u>(68,916)</u>	<u>125,367</u>	<u>(100,999)</u>	<u>226,366</u>	<u>(68,916)</u>
<u>Net Income/(Loss)</u>	<u>(403,563)</u>	<u>(1,164,067)</u>	<u>760,504</u>	<u>574,045</u>	<u>(762,150)</u>	<u>(1,164,067)</u>	<u>401,917</u>	<u>574,045</u>
<b>EBIDA</b>	<b>(145,644)</b>	<b>(911,532)</b>	<b>765,888</b>	<b>834,562</b>	<b>(504,231)</b>	<b>(911,532)</b>	<b>407,301</b>	<b>834,562</b>
Operating Margin %	-18.4%	-41.7%	23.3%	19.5%	-35.2%	-41.7%	6.5%	19.5%
Net Margin %	-14.0%	-45.7%	31.6%	17.4%	-30.3%	-45.7%	15.4%	17.4%
EBIDA Margin %	-5.1%	-35.8%	30.7%	25.3%	-20.0%	-35.8%	15.7%	25.3%

Modoc Medical Center  
Income Statement Trend

	FYE 2024 YTD		FYE 2025 YTD	
	YTD	Jul-23	Jun-24	Jul-24
<b>Revenues</b>				
Room & Board - Acute	6,016,327	345,492	621,412	667,828
Room & Board - SNF	9,398,699	812,447	724,820	824,217
Ancillary	720,857	195,932	0	0
<u>Total Inpatient Revenue</u>	<u>16,135,883</u>	<u>1,353,871</u>	<u>1,346,232</u>	<u>1,492,045</u>
Outpatient Revenue	35,626,433	2,797,167	3,094,588	3,472,954
<u>Total Patient Revenue</u>	<u>51,762,316</u>	<u>4,151,039</u>	<u>4,440,820</u>	<u>4,964,999</u>
Bad Debts	5,908,023	3,892,666	3,892,666	333,441
Contractual Adjts	1,109,224	878,097	0	1,784,833
Admin Ajds	0	0	0	5,987
<u>Total Revenue Deductions</u>	<u>7,017,247</u>	<u>878,097</u>	<u>3,892,666</u>	<u>2,124,261</u>
<u>Net Patient Revenue</u>	<u>44,745,069</u>	<u>3,272,942</u>	<u>548,154</u>	<u>2,840,738</u>
<i>% of Charges</i>	<i>86.4%</i>	<i>78.8%</i>	<i>12.3%</i>	<i>57.2%</i>
Other Revenue	647,376	22,979	38,814	36,697
<u>Total Net Revenue</u>	<u>45,392,445</u>	<u>3,295,921</u>	<u>586,968</u>	<u>2,877,435</u>
<b>Expenses</b>				
Salaries	16,387,304	1,312,653	1,414,821	1,527,863
Benefits and Taxes	3,576,544	283,231	308,852	331,128
Registry	3,280,739	164,005	325,959	246,179
Professional Fees	5,671,331	245,148	461,359	467,629
Purchased Services	1,930,188	226,663	342,633	102,020
Supplies	3,442,469	111,164	322,883	358,177
Repairs and Maint	304,223	20,972	19,737	35,962
Lease and Rental	37,453	3,649	4,002	4,529
Utilities	551,752	52,947	60,768	45,142
Insurance	459,775	1,973	35,335	43,552
Depreciation	2,094,280	176,246	172,961	177,946
Other	1,014,684	54,308	93,147	66,237
<u>Total Operating Expenses</u>	<u>38,750,742</u>	<u>2,652,959</u>	<u>3,562,457</u>	<u>3,406,365</u>
<u>Income from Operations</u>	<u>6,641,703</u>	<u>642,962</u>	<u>(2,975,489)</u>	<u>(528,930)</u>
Property Tax Revenue	2,232,447	(2,516)	335,711	0
Interest Income	1,266,830	38,542	775,661	107,452
Interest Expense	(975,125)	(84,271)	(79,950)	(79,974)
Gain/Loss on Asset Disposal/Forte	0	0	0	107,736
Retail Pharmacy Net Activity	105,803	(20,671)	176,966	(9,847)
Other Non-Operating Income	156,533	0	156,533	0
<u>Total Non-Operating Revenue</u>	<u>2,786,488</u>	<u>(68,916)</u>	<u>1,364,921</u>	<u>125,367</u>
<u>Net Income</u>	<u>9,428,191</u>	<u>574,046</u>	<u>(1,610,568)</u>	<u>(403,563)</u>
<b>EBIDA</b>	<u>12,497,596</u>	<u>834,563</u>	<u>(1,357,657)</u>	<u>(145,644)</u>
Operating Margin %	14.6%	19.5%	-506.9%	-18.4%
Net Margin %	20.8%	17.4%	-274.4%	-14.0%
EBIDA Margin %	27.5%	25.3%	-231.3%	-5.1%

Modoc Medical Center  
Balance Sheet  
For the month of July 2024

	Unaudited 31-Jul	Unaudited 24-Jun	Unaudited 24-May	Unaudited 24-Apr	Unaudited 24-Mar	Unaudited 24-Feb	Unaudited 24-Jan	Unaudited 23-Dec	Unaudited 23-Nov	Unaudited 23-Jul
Cash	2,323,935	2,040,226	1,461,100	1,475,140	2,524,085	677,751	1,121,545	1,395,384	326,804	834,261
Investments	34,438,664	35,207,420	41,068,608	23,539,822	21,514,382	21,659,450	29,504,053	31,271,417	33,414,624	34,723,012
Designated Funds	1,220,579	1,218,830	1,220,821	915,998	917,895	918,356	917,902	913,758	914,608	621,067
<b>Total Cash</b>	<b>37,983,178</b>	<b>38,466,476</b>	<b>43,750,529</b>	<b>25,930,959</b>	<b>24,956,361</b>	<b>23,255,557</b>	<b>31,543,500</b>	<b>33,580,560</b>	<b>34,656,036</b>	<b>36,178,340</b>
Gross Patient AR	15,830,015	17,014,906	18,067,468	19,104,506	20,642,241	20,663,365	19,174,034	17,032,707	15,278,904	12,942,701
Allowances	(10,459,358)	(10,896,504)	(10,475,514)	(10,817,046)	(10,955,688)	(10,249,085)	(11,234,472)	(9,294,158)	(7,977,587)	(5,794,697)
<b>Net Patient AR</b>	<b>5,370,657</b>	<b>6,118,405</b>	<b>7,591,954</b>	<b>8,287,460</b>	<b>9,686,553</b>	<b>10,414,280</b>	<b>7,939,562</b>	<b>7,738,548</b>	<b>7,301,317</b>	<b>7,148,004</b>
% of Gross	33.9%	36.0%	42.0%	43.4%	51.3%	50.4%	41.4%	45.4%	47.8%	55.2%
Third Party Receivable	486,818	610,819	404,549	14,256,512	13,564,567	12,571,039	151,107	151,107	151,107	472,166
Other AR	744,835	601,047	438,491	379,774	504,211	554,889	475,283	428,029	479,695	479,695
Inventory	451,317	474,741	464,974	480,896	456,600	425,161	405,115	406,575	413,036	253,513
Prepays	678,955	729,187	477,478	440,264	522,783	522,483	548,118	578,026	569,994	296,980
<b>Total Current Assets</b>	<b>45,715,760</b>	<b>47,000,675</b>	<b>53,127,975</b>	<b>49,775,864</b>	<b>50,591,075</b>	<b>47,743,409</b>	<b>41,062,685</b>	<b>42,993,958</b>	<b>43,519,520</b>	<b>44,828,698</b>
Land	713,540	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	47,326,806	47,326,806
Equipment	12,927,245	12,927,245	12,927,245	12,927,245	12,927,245	12,814,345	12,814,345	12,814,345	12,814,345	12,618,550
Construction in Progress	20,414,450	15,128,909	12,831,246	10,112,006	9,194,159	9,227,542	8,459,503	8,459,529	7,932,196	7,125,575
Fixed Assets	81,382,041	76,096,500	73,998,836	71,079,597	70,161,750	70,082,233	69,314,194	69,294,220	68,786,887	67,784,471
Accum Depreciation	(10,017,884)	(18,839,740)	(18,666,588)	(18,487,648)	(18,314,480)	(18,135,539)	(17,969,358)	(17,791,715)	(17,612,910)	(16,919,573)
<b>Net Fixed Assets</b>	<b>62,364,157</b>	<b>57,256,760</b>	<b>55,132,248</b>	<b>52,591,949</b>	<b>51,847,270</b>	<b>51,946,694</b>	<b>51,344,836</b>	<b>51,502,505</b>	<b>51,173,977</b>	<b>50,864,898</b>
Other Assets	0	0	0	0	0	0	0	0	0	0
<b>Total Assets</b>	<b>108,079,916</b>	<b>104,257,435</b>	<b>108,260,223</b>	<b>102,367,813</b>	<b>102,438,345</b>	<b>99,690,103</b>	<b>92,407,521</b>	<b>94,496,462</b>	<b>94,693,497</b>	<b>95,693,596</b>
Accounts Payable	6,866,864	7,066,391	4,301,989	1,783,216	1,554,387	1,591,413	1,485,577	1,416,707	1,540,663	1,110,854
Accrued Payroll	1,213,430	1,243,183	1,114,355	1,435,404	1,278,546	1,232,410	1,073,671	1,031,976	905,124	1,090,317
Patient Trust Accounts	10,067	8,622	8,435	8,420	8,133	7,712	7,422	7,367	7,220	17,479
Third Party Payables	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000
Accrued Interest	90,794	487,290	406,605	321,122	245,228	165,429	89,790	485,158	405,474	84,157
<b>Total Current Liabilities/Accrue</b>	<b>8,661,155</b>	<b>9,285,486</b>	<b>6,311,385</b>	<b>4,028,162</b>	<b>3,566,294</b>	<b>3,476,964</b>	<b>3,136,460</b>	<b>3,421,208</b>	<b>3,338,481</b>	<b>2,782,806</b>
Long Term Liabilities	32,101,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000
<b>Total Liabilities</b>	<b>40,762,155</b>	<b>41,925,486</b>	<b>38,951,385</b>	<b>36,668,162</b>	<b>36,206,294</b>	<b>36,116,964</b>	<b>35,776,460</b>	<b>36,061,208</b>	<b>35,978,481</b>	<b>35,422,806</b>
Fund Balance	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743
Current Year Income/(Loss)	(403,563)	8,001,526	9,612,096	6,002,909	6,535,309	3,876,397	-3,065,681	-1,261,488	-981,727	574,046
<b>Total Equity</b>	<b>59,293,180</b>	<b>67,698,269</b>	<b>69,308,838</b>	<b>65,699,652</b>	<b>66,232,052</b>	<b>63,573,140</b>	<b>56,631,062</b>	<b>58,435,254</b>	<b>58,715,016</b>	<b>60,270,789</b>
<b>Total Liabilities and Equity</b>	<b>100,055,335</b>	<b>109,623,755</b>	<b>108,260,223</b>	<b>102,367,813</b>	<b>102,438,346</b>	<b>99,690,103</b>	<b>92,407,522</b>	<b>94,496,462</b>	<b>94,693,497</b>	<b>95,693,595</b>
Days in Cash	345	350	412	244	239	223	303	322	333	347
Days in AR (Gross)	100	107	108	114	133	148	137	122	109	93
Days in AP	62	64	40	17	14	15	14	13	14	10
Current Ratio	5.28	5.06	8.42	12.36	14.19	13.73	13.09	12.57	13.04	16.11

**STATEMENT OF CASH FLOWS**

**July-24**

	<b>CURRENT MONTH</b>	<b>July</b>	<b>June</b>	<b>FISCAL YEAR</b>		
				<b>YTD</b>		
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
NET INCOME	-403,563			-403,563		
<b>ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES</b>						
DEPRECIATION EXPENSE	178,144	19,017,884	18,839,740	178,144	19,017,884	18,839,740
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	747,748	5,370,657	6,118,405	747,748	5,370,657	6,118,405
CHANGE IN OTHER RECEIVABLES	-19,787	1,231,653	1,211,866	-19,787	1,231,653	1,211,866
CHANGE IN INVENTORIES	-36,420	451,317	414,897	-36,420	451,317	414,897
CHANGE IN PREPAID EXPENSES	50,232	678,955	729,187	50,232	678,955	729,187
CHANGE IN ACCOUNTS PAYABLE	-199,527	6,866,864	7,066,391	-199,527	6,866,864	7,066,391
CHANGE IN ACCURED EXPENSES PAYABLE	-396,496	90,794	487,290	-396,496	90,794	487,290
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	209,277	1,213,430	1,004,153	209,277	1,213,430	1,004,153
CHANGE IN OTHER PAYABLES	<u>0</u>	480,000	480,000	<u>0</u>	480,000	480,000
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	533,171			533,171		
<b>CASH FLOWS FROM INVESTMENT ACTIVITIES</b>						
PURCHASE OF EQUIPMENT/CIP	-75,350	81,382,041	81,306,691	-75,350	81,382,041	81,306,691
CUSTODIAL HOLDINGS	<u>1,445</u>	10,067	8,622	<u>1,445</u>	10,067	8,622
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-73,905			-73,905		
<b>CASH FROM FINANCING ACTIVITIES</b>						
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	<u>-539,000</u>	32,101,000	32,640,000	<u>-539,000</u>	32,101,000	32,640,000
CASH AT BEGINNING OF PERIOD	38,466,476			38,466,476		
NET INCREASE (DECREASE) IN CASH	-483,297			-483,297		
CASH AT END OF PERIOD	37,983,179			37,983,179		

June

**FISCAL YEAR**  
**YTD**

-403,563

18,839,740	178,144	19,017,884	18,839,740
6,118,405	747,748	5,370,657	6,118,405
1,211,866	-19,787	1,231,653	1,211,866
474,741	23,424	451,317	474,741
729,187	50,232	678,955	729,187
7,066,391	-199,527	6,866,864	7,066,391
487,290	-396,496	90,794	487,290
1,243,183	-29,753	1,213,430	1,243,183
480,000	0	480,000	480,000
	<u>353,985</u>		
81,306,691	-75,350	81,382,041	81,306,691
8,622	0	8,622	8,622
	<u>-75,350</u>		
32,101,000	<u>0</u>	32,101,000	32,101,000
	0		

38,466,476

-124,928

38,341,548



**MODOC MEDICAL CENTER**  
**"FULL TIME EQUIVALENT REPORT"**  
 Twelve Months Ending July 31, 2024

Department	Jul-24	Jun-24	May-24	Apr-24	Mar-24	Feb-24	Jan-24	Dec-23	Nov-23	Oct-23	Sep-23	Aug-23	12 Mo Ave	#DW/O!	#DW/O!	#DW/O!	
Med / Surg	15.20	16.11	16.35	16.08	15.04	14.57	11.56	15.61	12.59	13.97	14.64	15.41	14.76		-0.91	(0.06)	
Comm Disease Care															0.00	#DW/O!	0.00
Swing Beds																	
Long Term - SNF	51.19	56.99	64.00	54.30	56.26	51.60	49.47	52.18	46.23	51.45	52.83	49.84	52.07		5.20	(0.10)	
Emergency Dept	10.73	11.94	12.36	9.94	10.87	9.98	9.87	12.52	9.5	10.69	10.93	9.71	10.77		-1.21	(0.11)	
Ambulance - Alturas	10.12	10.24	10.74	10.69	11.34	10.56	12.07	11.92	11.08	11.46	11.82	11.02	11.08		-0.12	(0.01)	
Clinic	18.61	16.40	17.04	16.62	18.67	22.04	19.76	20.74	20.51	21.20	20.46	19.26	19.36		2.21	0.12	
Canby Clinic	7.46	6.27	7.38	7.45	6.95	7.58	7.95	7.57	7.56	9.17	7.69	7.05	7.51		1.19	0.16	
Canby Dental	3.53	3.84	3.05	4.18	3.68	2.99	2.87	3.51	2.82	3.19	4.21	4.44	3.53		-0.31	(0.09)	
Surgery	4.25	4.01	4.15	4.05	4.13	4.65	3.65	3.76	4.33	4.00	3.56	3.71	4.02		0.24	0.06	
IRR															0.00	#DW/O!	0.00
Lab	9.05	10.10	10.77	9.36	9.38	8.56	7.25	7.38	8.84	11.23	9.06	7.04	9.00		-1.05	(0.12)	
Radiology	3.91	3.47	3.48	3.12	3.96	4.28	4.2	4.45	4.78	5.67	6.27	4.24	4.32		0.44	0.11	
MRI															0.00	#DW/O!	0.00
Ultrasound	1.32	1.31	1.31	1.32	1.38	1.50	1.28	1.49	1.36	1.28	1.15	1.11	1.11		0.01	0.01	0.01
CT	1.76	1.86	1.66	1.08	1.61	0.87	1.4	1.46	1.69	1.52	1.57	1.42	1.51		-0.10	(0.06)	-0.10
Pharmacy	1.93	1.84	2.18	2.12	2.05	1.91	1.38	2.04	2.16	1.93	1.05	1.52	1.84		0.09	0.05	0.05
Physical Therapy	6.51	8.22	8.24	6.29	7.63	4.88	3.72	4.64	5.12	4.20	5.08	6.20	5.73		-1.71	(0.28)	-1.71
Other PT															0.00	#DW/O!	0.00
Dietary	11.76	11.02	11.22	11.16	11.83	11.74	11.63	13.04	13.11	13.79	11.94	11.62	11.99		0.74	0.06	0.74
Dietary Acute	7.61	7.24	7.74	7.91	7.23	7.61	7.62	7.07	7.27	6.56	6.56	5.98	7.23		0.57	0.07	0.57
Laundry	0.93	0.96	0.99	1.00	0.95	1.07	1.01	1.08	0.97	1.04	1.01	1.04	1.00		-0.03	(0.03)	-0.03
Activities	3.95	4.23	3.72	3.54	3.47	3.56	3.54	3.62	3.64	3.78	3.55	3.68	3.68		-0.38	(0.10)	-0.38
Social Services	1.97	2.04	2.05	1.98	1.75	2.06	2.04	2.32	1.99	1.94	2.1	2.03	2.02		-0.07	(0.04)	-0.07
Purchasing	3.95	2.96	3.19	3.15	3.11	3.06	2.99	3.02	3.19	2.98	2.97	3.03	3.08		0.30	0.09	0.30
Housekeeping	13.45	13.24	13.42	13.71	11.78	11.77	12.83	13.65	13.56	13.49	12.58	12.14	12.98		0.21	0.02	0.21
Maintenance	6.02	5.95	5.95	6.01	6.02	6.03	5.9	5.95	5.9	5.99	5.98	5.33	5.92		0.07	0.01	0.07
Data Processing	3.65	4.20	4.65	4.69	4.45	3.94	3.94	4.01	4.43	5.08	3.65	4.35	4.25		-0.55	(0.15)	-0.55
General Accounting	3.64	3.85	3.37	3.14	3.62	4.07	4.1	4.05	4.21	4.02	4.11	4.69	3.92		-0.01	(0.00)	-0.01
Patient Accounting	6.88	6.78	6.25	6.22	6.2	6.87	5.96	6.33	5.2	5.36	6.13	5.69	6.16		0.10	0.01	0.10
Administration	2.46	2.69	3.10	3.41	3.12	2.75	3.12	3.35	3.33	3.53	3.52	3.42	3.15		-0.23	(0.09)	-0.23
Human Resources	2.00	2.01	1.99	1.99	2.01	2.00	2	2.00	2	2.00	2	1.82	1.99		-0.01	(0.00)	-0.01
Medical Records	7.70	7.70	7.77	7.92	7.64	7.67	7.6	7.88	7.77	7.97	7.86	7.80	7.76		0.00	-	0.00
Nurse Administration	3.13	2.91	3.05	3.21	3.01	2.76	3.1	2.75	2	2.45	2.67	2.36	2.73		0.22	0.07	0.22
In-Service	1.00	1.00	1.00	1.00	1	1.03	1.00	1.05	1.00	1.00	1.00	1.00	1.01		0.00	-	0.00
Utilization Review	1.44	1.48	1.50	1.49	1.48	1.50	1.44	1.44	1.48	1.01	0.97	0.98	1.35		-0.04	(0.03)	-0.04
Quality Assurance	0.51	0.50	0.50	0.51	0.5	0.51	0.51	0.50	0.5	1.00	1	1.00	0.63		0.01	0.02	0.01
Infection Control	0.62	0.60	0.59	0.66	0.54	0.60	0.63	0.64	0.7	0.75	0.69	0.51	0.64		0.02	0.03	0.02
Retail Pharmacy	3.47	3.20	2.96	2.89	3.01	3.43	4.04	4.24	3.94	4.00	4.51	4.88	3.71		0.27	0.06	0.27
<b>TOTAL</b>	<b>231.32</b>	<b>236.56</b>	<b>235.69</b>	<b>232.19</b>	<b>236.82</b>	<b>230.00</b>	<b>221.73</b>	<b>236.96</b>	<b>223.95</b>	<b>238.90</b>	<b>234.52</b>	<b>225.42</b>	<b>232.01</b>		<b>-5.24</b>	<b>(0.02)</b>	<b>-5.24</b>



## Modoc Investment Portfolio

As of August 23, 2024

	Item	Amount	Term	Rate
Fix Income	Tbill	\$21,956,354		
N/A	PB MM	\$3,598,289		4.310%
N/A	LAIF	\$673,830		4.310%
<b>Total</b>		<b>\$26,228,473</b>		<b>0.70%</b>

# **ATTACHMENT H**

## **Resolution #24-07 Bank Signature Cards**



Resolution #24-07

August 29, 2024

**LAST FRONTIER HEALTHCARE DISTRICT  
BOARD OF DIRECTORS  
CONSIDERATION / ACTION**

**RESOLUTION REQUESTING THE BOARD OF DIRECTORS TO AUTHORIZE SIGNERS  
ON DISTRICT ACCOUNTS AT PLUMAS BANK**

**WHEREAS** there have been several changes in personnel at Modoc Medical Center; and

**WHEREAS** it is important for smooth operations to have an adequate number of authorized signers on all District accounts at Plumas Bank in Alturas, California.

**THEREFORE:** Effective August 29, 2024, the **LAST FRONTIER HEALTHCARE DISTRICT** hereby authorizes the following, and only the following, as authorized signers on District accounts at Plumas Bank in Alturas, California as follows:

- Payroll - #171012314
- Debit Card Purchases - #171012578
- Last Frontier Pharmacy - #171016516
- Business Money Market - #17811752
- Operating - # 171017781
- Credit Card Account - #178104905
- Prorerty Tax Account - # 178105147

Jin Lin – Finance Director  
 Jennifer Cipro – Controller  
 Kevin Kramer – CEO  
 Carol Madison – Board Vice Chair  
 Mike Mason – Board Treasurer

**PASSED, APPROVED AND ADOPTED** by the **LAST FRONTIER HEALTHCARE DISTRICT** Board of Directors in the City of Alturas, County of Modoc, California at the regular meeting held on the 23<sup>rd</sup> day of February 2023 by the following vote:

<u>LFHD Board Members</u>	<u>Aye</u>	<u>Nay</u>	<u>Absent</u>	<u>Abstain</u>
<b>Edouard (Jim) Cavasso</b> , Chair	X			
<b>Carol Madsion</b> , Vice Chair	X			
<b>Paul Dolby</b> , Secretary	X			
<b>Mike Mason</b> , Treasurer	X			
<b>Rose Boulade</b> , Member	X			

**THE MOTION CARRIES / FAILS.**

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**Jim Cavasso, Chair**  
**LAST FRONTIER HEALTHCARE DISTRICT**  
**BOARD OF DIRECTORS**

**LAST FRONTIER HEALTHCARE DISTRICT**

I, **Denise King**, Clerk of the Board of Directors in and for the **LAST FRONTIER HEALTHCARE DISTRICT**, do hereby certify and attest that the above and foregoing is a full, true and correct copy of an **ORDER** as it appears in the Minutes of said Regular Meetings of the Board of Directors this 29th day of August 2024 on file in my office.

**WITNESS** my hand and the seal of the Board of Directors this 29th day of August 2024.

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**Denise R. King, Clerk of the Board**  
**LAST FRONTIER HEALTHCARE DISTRICT**