



AGENDA

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, May 29, 2025, 3:30 pm
City Council Chambers; Alturas City Hall; Alturas, California

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

3:30 pm - CALL TO ORDER – C. Madison, Chair

1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA – C. Madison, Chair

2. AGENDA APPROVAL - Additions/Deletions to the Agenda – C. Madison, 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. VERBAL REPORTS

- A.) M. Edmonds – CMO Report to the Board
- B.) K. Kramer – CEO Report to the Board
- C.) E. Johnson – CNO Report to the Board
- D.) J. Lin – FD Report to the Board
- E.) A. Vucina – CHRO Report to the Board
- F.) A. Willoughby – COO Report to the Board
- G.) Board Member Reports

5. DISCUSSION

- A.) J. Carrilo – Update on ECM Program

REGULAR SESSION

6. 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 – April 24, 2025, Attachment A
- B.) K. Kramer - Adoption of LFHD Board of Directors Special Meeting Minutes – May 20, 2025, Attachment B
- C.) T. Ryan - Medical Staff Committee Meeting Minutes – April 30, 2025 Attachment C
 - Medical Staff Committee Meeting Minutes – March 26, 2025
 - Pathology Report – January 19, 2025 and February 27, 2025
- D.) E. Johnson – Policy and Procedures

- Skilled Nursing Facility
 - Elder Abuse
 - Line of Authority
- Operating Room
 - Terminal Cleaning of the Operating Room Between Each Case
 - Category 111 Surgical Outpatient Care
 - Monitoring the Patient Under Local Anesthetic
- Business Office
 - Cash Posting with Missing Information
 - Charity Case
 - Adjustments
 - Employee Discount Policy
 - Charge Master/Charge Sheet Responsibilities
 - Credit Balances and Refunds
 - Employee Payroll Deductions
 - Patient Complaints
 - Patient Insurance Eligibility
 - Registration Hours
 - Small Balance Write Offs
 - Surgery Admissions Process
- Infection Control – Acute
 - Airborne Infection Control
 - Report of Suspected Infection
 - Infection Control Plan Prevention Education and Training
- Radiology – MRI
 - MRI Safety Guidelines
- Radiology
 - Patient’s Personal Belongings
 - Image-Guided Percutaneous Drainage/Aspiration of Abscesses and Fluid
- Dietary – SNF
 - Dietary Supervision
 - Diet Orders
- Facilities/EOC
 - Infection Control
- Health Information Management
 - Coding Productivity/Quality Review Standards

7. CONSIDERATION/ACTION

- | | |
|---|--------------|
| A.) E. Johnson – Departmental Manuals | Attachment D |
| B.) J. Lin – April 2025 LFHD Financial Statement (<i>unaudited</i>) | Attachment E |
| C.) K. Kramer – Draft MRI Agreement | Attachment F |

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

- | | |
|---|--------------|
| A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – April 30, 2025
(Per Evidence Code 1157) | Attachment G |
| <ul style="list-style-type: none"> • Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – March 26, 2025 | |
| B.) K. Kramer – Labor Negotiations
(Per Evidence Code 54957.6) | |

REGULAR SESSION

9. CONSIDERATION / ACTION

- | | |
|---|--|
| A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – April 30, 2025
(Per Evidence Code 1157) | |
| <ul style="list-style-type: none"> • Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – March 26, 2025 | |
| B.) K. Kramer – Labor Negotiations | |

(Per Evidence Code 54957.6)

8. MOTION TO ADJOURN – C. Madison – Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE / MMC FRONT ENTRANCE -
(www.modocmedicalcenter.org) ON May 23, 2025.

ATTACHMENT A

LFHD BOARD OF DIRECTORS REGULAR MEETING MINUTES

(draft)

April 24, 2025



REGULAR MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday April 24, 2025, at 3:30 pm
City Council Chambers; Alturas City Hall; Alturas, California

Directors present: Carol Madison, Rose Boulade, Mike Mason, Paul Dolby, Keith Weber
Directors absent:
Staff in attendance: Kevin Kramer, CEO; Edward Johnson, CNO; Adam Willoughby, COO; Amber Vucina, CHRO; Jin Lin, Finance Director; Denise King, LFHD Clerk; Alicia Doss, Quality/Risk Manager

Staff absent:

CALL TO ORDER

Carol Madison, Chair, called the meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (Board) to order at 3:30 p.m. The meeting was held at the City Council Chambers, 200 W North St, in Alturas, California.

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

2. AGENDA – Additions/Deletions to the Agenda

Rose Boulade moved that the agenda be approved as amended, with 5B removed. Paul Dolby seconded, and the motion carried with all present voting “aye.”

3. PUBLIC COMMENT

Doreen Smith-Powers advised the Board of being dismissed from Modoc Medical Center and her other Concerns. She spoke for her allotted 3-minute time and was asked to conclude her comments and was dismissed.

4. VERBAL REPORTS

A) K. Kramer – CEO Report to the Board

SNF Project

- Plan right now is to reject all current Potential Change Orders as untimely and then hopefully enter into negotiations with Swinerton on the work they have already completed without formal approval from us.
- USDA draft bond/take out financing documents have been produced and are in review currently. Likely won't close until August with the USDA.
- We have not received a current update on our full geothermal grant application. They have not posted any award notifications for this grant opportunity yet.
- An initial inspection will be conducted on AL1 on June 11 to determine the well's integrity. That will then determine if that well is scheduled to be tested to see if it could be a viable reinjection well.
- No word back from CMS on being able to keep old SNF open. I did have a positive phone call with Benton Williams regarding our circumstance a couple of weeks ago. I anticipate an answer from them by the end of next week on this issue.

340B Compliance

- Have not received any claims since last month. Total outlay to date on claims regarding this issue has been around \$13,500.
- Drug manufacturers have until May 31, 2025 to lodge a claim related to this mistake.

MRI Services

- Heritage mobile unit is in Fall River right now, waiting to be licensed so we can use it. Unit did not pass initial fire inspection, needed updated fire extinguishers and a fire alarm system that was properly connected to fire safety features in the trailer.
- BBK has produced a draft agreement that is being finalized. Plan is for us to get this to our Boards for approval in May, so we are hoping we can get this to you next month.

Ambulance Data Reporting

- This has been completed and was submitted prior to our deadline.

Quality Program Revamp

- This is still in process. We will have our final leadership team meeting to choose projects we will implement as part of the QA program this next week. We are excited about having a different structure to implement to get more engagement out of our leadership team and department heads in the QA process.

Other Items

- Federal Medicaid cuts are still a large concern and is the most discussed legislative matter on every call I am on with the various associations we belong to.
- ERC Funding-COVID-19
 - We submitted an application/claim for Employee Retention Credit funding related to COVID-19.
 - That claim is for a little over \$1.3 million and is related to federal income tax, social security tax, and other employment taxes we paid during COVID that we can get back.
 - It can take a while for these claims to be processed. We will keep the Board informed as we hear anything from the IRS on this claim.

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

Warnerview

- 4-star CMS rating
- Census is currently at 45
- Admissions - Zero
- Discharges - Zero
- We currently have a respiratory illness going around in the SNF. We currently have 8 positive COVID residents and 8 positive COVID employees. We are still isolating residents in place. Staff and Visitors are required to wear a mask while in the building. This current outbreak started on April 18, 2025.
- The Easter egg hunt was done at the doctor's house next to Warnerview.
- We had our Annual Recertification Survey and State Relicensing Survey. The following preliminary results:
 - Annual Recertification Survey Preliminary Results:
 - Storage of drugs and biologicals that was not met when the drug cart was left unlocked.
 - Regulation regarding food storage there was one expired product on the shelf. It was a can of whip.
 - Regulation regarding cleaning of items that go in and out of a resident's room and between resident care. And in one instance, a blood cuff was not cleansed between residents. Another instance was a box of medication (inhaler) was taken into a resident room; the resident handled it and returned it. It was returned to the medication cart with community medication without sanitizing first.
 - State Relicensing Survey Preliminary Results:
 - Pain Assessment being performed in a consistent manner that is appropriate to the patient. This requirement was not met with 2 patients where no consistent plan was assessed or monitored.
 - Staff orientation to the facility and emergency plan being completed at the beginning of their employment. This requirement was not met when five of the employees did not receive orientation to the facility and emergency plan at the beginning of their employment within 30 days of hired according to facility policy.
 - All employees of the SNF must have an annual physical exam. This requirement was not met by the administrator nor did the CNO have not had an annual physical exam.

Acute

- We just finished our regulatory survey which started on Monday April 21 with the following finding:
 - Policies and Procedures
 - Outdated test strips and undated test strip vials and control solution vials.
 - Missing policy for testing the reverse air flow in the isolation room was not found and staff could not confirm that the electronically air flow system was functioning.
 - Patient Notification

- No pre-admission notice provided regarding the absence of 24/7 MD or DO at the facility.
- Pharmaceutical
- Failure to comply with manufacturer storage requirements (e.g., 23 injectable vials of methylprednisolone not protected from light) in the hospital pharmacy.
- A crash cart supplied with emergency drugs in the OR care unit was missing a posted supply list on the outside of the cart with shows expiration dates of medications.
- Issues in insulin management: mixed storage outside the automated dispensing machine and non-standardized process for administration.
- Quality Assurance & Food Services
- Lack of evidence showing ongoing quality improvement efforts in food and nutrition services for over two years.
- Food & Nutrition Discrepancies – Mismatches between prescribed diets in the diet manual, electronic medical records, and the meals served.
- Infection Control and Clean sanitary environment – Registered Dietitian did not provide oversight of food service and equipment in the kitchen was not cleaned. The process used to clean equipment did not meet the professional standard of practice. Staff did not consistently perform the cleaning procedures to avoid cross-contamination.
- Competency-Based Training
- This regulation was not met when job-specific orientation, training, and competency documentation was not completed for one food and nutrition service staff and there were gaps in performance regarding therapeutic diets and some food safety standards of practice.

C.) J. Lin – Finance Director Report to the Board

Accounting

- We are starting to prepare the budget for FYE 2026, hopefully it will be finished by the end of May. We are still looking for a controller position.

Office Workers

- We just hired two office workers. They are getting trained in different departments.

Purchasing

- The purchasing department has started getting very busy with orders for the New SNF.

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

Permanent/Travel Staff

- We currently have 279 total staff
- We have a total of 19 travelers, both Acute and SNF.

Compliance

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

Mountain View Orientation

- Coordinating orientation for all staff to be oriented to the new SNF building.
- Coordinating updates to departmental orientations for SNF departments.

Union MOU Negotiations

- Negotiations are in process to new our MOU with the Union. Changes will be presented to Board once approved by Union and Administration.

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

Revenue Cycle

- March was another great month with just about all of our high-level metrics moving in the right direction. Highlights include \$2.57 million in payments with a reduction in AR of \$119k, which brought our overall AR down to \$11.47 million. Quick update to the DNFB from March – I dug in and did some research on the DNFB increase and found that there was one day where the claim file didn't successfully make it to SSI (the clearinghouse) from Cerner, which increased our DNFB by about 3.1 days as those claims were in a "Ready to Submit" status in Cerner – meaning that those were all not final billed. I just wanted to clarify that as the DNFB increase was not due to HIM/coding.

- The patient price estimator tool I discussed last month is live on our website now and it is amazing. It is mainly geared towards our Medicare patients as this is a CMS mandate, but it can be used by patients with any insurance.
- As a follow-up to the ECM billing process I outlined last meeting, we are going to be able to take the path of least resistance and bill for ECM services via the spreadsheet template rather than setting everything up to be billed electronically.

Clinics

- In Canby, as of 4/1 Dr. Licauco has started practicing as our full-time Dentist and we are grateful she is here providing dental services.
- We're looking at implementing some retinal eye cameras via a grant through Partnership, but that grant would only help us stand up the service, so we're currently evaluating the value this service brings to determine whether or not to proceed further. This would allow us to provide diabetic eye exams within the clinic.

Maintenance

- With everything going on administratively with the SNF/HA project, Marty is going to save us about \$130k by installing some security cameras and card readers with him and his team rather than having Berg/Swinerton do it. On cameras, this saves us about \$24k, and on card readers, this saves us about \$106k. Big kudos to Marty and his team for stepping up to the plate on this stuff. The plan is to install this stuff after we get Staff & Stock from HCAI but before we actually open.

IT

- IT has some work to do on the new SNF/HA project as well. Our phone system which we purchased from Gaynor back during the new facility project needs to be fully updated, which comes with a \$150k price tag, so that is being vetted out currently, as this was unexpected. IT is also procuring the internal cameras for the HA along with the Wireless Access Points (WAPs)

New SNF and HA

- We have been working to finalize the keying matrix, which determines the level of key that is needed at each door, and is a huge lift to be honest. We are now determining the quantity needed for each level of key, and then lastly, we'll need to review every employee to determine what updated card reader access they will need, along with any additional keys they will need.
- We have also been working to finalize the signage package with CG Signage as that needs to get into production ASAP. Production time is slated as 4 – 8 weeks. Final review is ongoing as we're just backchecking to ensure that CG captured all of our edits/comments from the last revision. Hopefully, this will be finalized and signed off on today by Ed, Richard, and I.
- Schedule update: per yesterday's OAC meeting, Swinerton is targeting May 7th for Substantial Completion (SC)/Staff & Stock. They didn't provide an updated target for Construction Final (CF) in OAC, but they stated it would be 2 weeks after Substantial Completion last time they provided an update, which would put CF on May 21st. We will see how it plays out in actuality.
- We also had our third round of Transition Planning meetings – the second onsite round of meetings that went really well and included department walkthroughs in the new SNF and HA in the afternoons. I must say, the new SNF looks absolutely amazing. The design and finish work look better than what I had even imagined, so our residents and staff are really going to love their new space.

G.) Board Member Reports

- **Carol Madison** – Approaching the TEACH Board to have staff volunteer and get out into the community.
- **Paul Dolby** – Nothing to report.
- **Mike Mason** – Nothing to report.
- **Rose Boulade** – Audit season at the Bank.
- **Keith Weber** – Attended the QA Meeting on the 9th – faces similar situations in the education world.

5. DISCUSSION

Alicia Doss, Rick and Quality Manager attended the Board meeting to give a Quality Report to the Board and answered any questions that they may have had.

REGULAR SESSION

6. 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 – March 27, 2025
- B.) T. Ryan - Medical Staff Committee Meeting Minutes – February 29, 2025
 - Medical Staff Committee Meeting Minutes – January 07, 2025
 - Pathology Report – No Report.

Mike Mason moved that the Consent Agenda be approved as presented, **Keith Weber** seconded, and the motion carried with all present voting “aye.”

6. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Manuals

Ed Johnson, CNO presented the Accounting Policy and Procedure Manual. Jin Lin also answered questions the Board may have had.

Rose Boulade moved to approve the **Departmental Manuals**, **Paul Dolby** seconded, and the motion carried with all voting “aye.”

B.) J. Lin – March 2025 LFHD Financial Statement (unaudited)

Jin Lin, Finance Director, presented the March 2025 LFHD Financial Statement provided in the Board meeting packet and answered the questions the Board had.

Paul Dolby moved to accept the March 2025 LFHD Financial Statement as presented, **Rose Boulade** seconded, and the motion carried with all present voting “aye.”

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

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 4:41

EXECUTIVE SESSION

Executive Session was called to order by **Carol Madison**, Chair, at 4:41 pm.

7. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –February 26, 2025– (Per Evidence Code 1157).

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – January 29, 2025.**
Based upon character, competence, training, experience and judgment, favorable recommendation by peers and credentialing criteria fulfillments, the Medical Executive Committee recommended the following appointments for Last Frontier Healthcare District Board of Directors’ acceptance:
- **Camille Young, LCSW** – Recommending appointment of Allied Health status/privileges in the Behavioral Health category.

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

The Executive Session of the Board of Directors was adjourned at 4:55 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Carol Madison**, Chair, at 4:55 pm.

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – February 26, 2025 (Per Evidence Code 1157)

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –January 29, 2025**

Rose Boulade moved to approve and accept Minutes, Credentialing, and Privileging items as outlined above, **Keith Weber** seconded, and the motion carried with all members voting “aye.”

11.) MOTION TO ADJOURN

Rose Boulade moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 4:56 pm, **Mike Mason** 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 May 29, 2025 at 3:30 pm in the Alturas City Council Chambers, City Hall in Alturas, California.

Respectfully Submitted:

Denise R. King
Last Frontier Healthcare District Clerk

Date

DRAFT

ATTACHMENT B

LFHD BOARD OF DIRECTORS SPECIAL MEETING MINUTES

(draft)

May 20, 2025



SPECIAL MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Tuesday, May 20th, 2025, at 2:30 pm

Modoc Medical Center Cafe

Alturas, California

Directors present: Rose Boulade, Mike Mason, Paul Dolby, and Keith Weber

Directors absent: Carol Madison

Staff in attendance: Kevin Kramer; CEO,

Staff absent: Denise King; LFHD District Clerk

CALL TO ORDER

Rose Boulade, Vice Chair called the special meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (BOD) to order at 2:30 pm. The meeting location was in the Education Conference Room at Modoc Medical Center in Alturas, California.

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

The pledge of allegiance was forgone because a flag was not available in the Café.

2. AGENDA – Additions/Deletions to the Agenda

Paul Dolby 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

No Discussion.

REGULAR SESSION

5. CONSIDERATION / ACTION

A.) K. Kramer – Approval to Invest in Mortgage Securities

After discussing the investment further and reviewing the future cash flow needs of the organization, Mike Mason moved to approve investing \$13 million in mortgage securities as outlined in the Board attachment, Keith Weber seconded the motion. Board members, Mike Mason, Keith Weber, and Paul Dolby voted in favor of the investment, Rose Boulade abstained from voting and the motion carried.

5.) MOTION TO ADJOURN

Keith Weber moved to adjourn the Special Meeting of the Last Frontier Healthcare District Board of Directors at 2:45 pm, Paul Dolby seconded, and the motion carried with all present voting “aye.”

The next regular meeting of the Last Frontier Healthcare District’s Board of Directors will be held on Thursday, May 29, 2025, at 3:30 pm in the Alturas City Council Chambers at City Hall in Alturas, California.

Respectfully Submitted:

Denise King
Last Frontier Healthcare District Clerk

Date

ATTACHMENT C

MEDICAL STAFF COMMITTEE MEETING MINUTES April 30, 2025



DATE: MAY 29, 2025

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 April 30, 2025, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee Meeting Minutes – March 26, 2025

B. PATHOLOGY REPORT – 01/19/2025 & 02/27/2025



MEDICAL STAFF COMMITTEE MEETING

March 26, 2025 – Education Building

MINUTES

In Attendance

Matthew Edmonds, MD Chief Medical Officer
 Edward Richert, MD Vice Chief Medical Officer
 Lianne Burkholder, MD
 Landin Hagge, DO
 Walter Dimaricut- Laboratory Manager

Shannon King- Assistant Laboratory Manager
 Vahe Hovasapyan- Pharmacist
 Alicia Doss- Risk Management
 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 February 26, 2025.	Minutes approved by motion, second, and vote. Forward to Governing Board.
	1. The following Committee Reports were reviewed with no corrections or additions noted: A. Environmental Care Committee Meeting of January 07, 2025.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	No Pathology Report.	
IV. CHIEF MEDICAL OFFICER REPORT	Currently, there is not much new information to report. We are just trying to get everybody settled in. Wendy is moving to Alturas Clinic next week and Miriam is settling in at Canby Clinic. Ryan submitted his license and is going to start seeing patients. Overall, just trying to get everybody's feet on the ground and then we will look at their panel sizes to start adjusting patient load.	Report at next meeting

SUBJECT	DISCUSSION	ACTION
V. EMERGENCY ROOM REPORT	Nothing to Report.	
VI. CEO REPORT	Absent.	
VII. CNO/SNF REPORT	Absent.	
VIII. PHARMACY REPORT	Recently, we started doing new QI indicators. We are going to start with weight to first get everybody on board. Essentially, there will be no more estimated weighing when a patient comes into the ER. When a patient is brought and admitted to the ER, they will take a weight on the patient through which then Adam can create a report for us to run to see on that same day every encounter has a documented weight which will help with antibiotic dosing and everything as far as fluids go. After, we are going to build on top of it, further into an Antibiotic Stewardship and get a collaboration going with Nursing, Providers, etc.	Report at next meeting
NEW BUSINESS IX. POLICY REVIEW & APPROVAL INCOMPLETE RECORDS	The following New Business was presented for review/approval: 1. Updated Policies, March 2025 (8) 2. Incomplete Records	After review and discussion, a recommendation was made to implement the Updated Policies (8) presented March 2025. After reviewing the deficiency, a recommendation was made to file the records as incomplete. The recommendations were ratified by motion, second, and vote. A form will be placed in the record delineating the deficiency, and a copy will be placed in the credentialing and/or personnel file. Recommendations will be forwarded to the Governing Board for final approval.

SUBJECT	DISCUSSION	ACTION
X. ADJOURNMENT	The meeting was adjourned at 1240.	



Edward Richert, MD Vice Chief Medical Officer

04/30/2025

Date



PATHOLOGIST ON-SITE VISIT REPORT

DATE OF VISIT: 1/19/2025

During the pathology on-site visit, I spent approximately 8 – 8 1/2 hours in Laboratory, Medical Records, and at Canby Clinic.

While in medical records, I reviewed 7 surgical path reports from October and compared them with their clinical histories, and I reviewed 1 blood product transfusion from November. In addition, I reviewed 18 surgical path reports from December and compared them with their clinic history. I also reviewed 4 blood product transfusions from December. There were no issues identified with these reports.

I spoke with Walter concerning the staffing, and everyone is still working very well within the laboratory and nursing staff. I spoke with the people in the nursing staff, and they were very happy with the people in the laboratory. However, they did mention an issue with the lactic acid testing and there is a planned meeting between the nursing staff and the laboratory Monday morning. I think the issue here is a technical one and it's in the process of being resolved. I reviewed the November QZ results for glucose. The monthly quality control summer. The Alcor group coordinator report. The exceptions report for chemistry. The UA Quantrell report for level one and level two. The seamen's hemostasis QAP program results. The QC results for the XN-550 instrument. The American Proficiency Institute (API) performance review incarnated action documentation for 2024 hematology/coagulation 3rd event. The statistics for the vitros 670. For the month of December, I reviewed the new aALB vitros micro albumen procedure. The CSF meningitis panel sent out a testing specimen procedure. The activated partial thromboplastin time procedure. The prothrombin time procedure, The vitros immunodiagnostic product range verifiers. The vitamin B 12 range verifies for chemistry for vitros. The Beta HCG range verifiers for vitros chemistry. The NBNP2 range verifies vitros for chemistry. The calibrator kit 9 vitros for chemistry. The calibrator kit 32 vitros chemistry. The CK-MB range verifier vitos chemistry. The dLDL reagent vitros chemistry. The dTIBC reagent vitros for chemistry. The Ferran ton range verifier vitros chemistry. The Folate Range Verifiers-vitros chemistry. The free T4 range verifier-viotros chemistry. The myoglobin range verifiers – vitros chemistry. The procalcitonin range verifiers – vitros chemistry. The groponin 1 range verifiers vitros chemistry. The TSH range verifiers vitros chemistry. The vancomycin reagent vitros chemistry. The monthly quality control summary for December. The QC results for December. The exceptions report for Alturas clinics. The director attestation for Canby clinic. The QC chart for XN-550 instrument for December. The QC XN-O 2025 instrument. The Alcor group coordinator report. The seamen's hemostatic QAP program. The UA Quantrell level 1 level 2 for December. The microbiology quality control and reporting procedure for clinical laboratory microbiology. The procedure for pre-employment drug screening. The correlated studies for seamen for the SYSMEX NX-550 and the hematology QA results.

I talked with Dr. Helmer in the emergency room, and he said that he and his colleges are very happy with the results being generated with the laboratory. There have been issues with the lactic acid reporting, but he understands the issue is being addressed with the help of the nursing staff and the new laboratory personnel working together on this issue.

Robert E. [Signature]

ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

4/6/25
Date



PATHOLOGIST ON-SITE VISIT REPORT

DATE OF VISIT: 2/27/2025

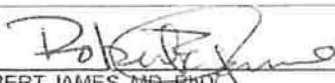
During the pathology on-site visit, I spent approximately 6 1/2 – 7 hours in the Laboratory, Medical Records, and at Canby Clinic.

While in medical records, I reviewed 15 surgical path reports and compared them with their clinical histories. Also reviewed were 6 mortality reviews. There were no issues identified with any of these report.

I spoke with Walter concerning the staffing, and the staff continue to work well and to congeal as an efficient a well-run unit. Levi is back filling in for vacations and weekend coverage. Walter will be taking a much-needed vacation time and will be away much later in March. The lactic acid issue appears to have been solved and the nursing staff and the laboratory personnel have worked well with this issue. We're looking at a procedure which will allow us to measure and monitor keytones in a rapid fashion at the request of the ER physicians. I reviewed the American Proficiency Institute (API) worksheet and reports for the chemistry chore 2025 first event. The exceptions report for January for chemistry. The new procedure for clinical value reporting for pre-employment drug screening. And for yest screening we've reflexed to ID suitability microbiology. The American Proficiency Institute (API) proficiency testing evaluation for 2024 hematology / coagulation third event. The Enova biomedical data exemption report. The Alcor group coordinator report. The UA Cantrell urinary data for level 1 and level 2. For January the siemens Seman static QAP program. The XN-L control level 3 QC charts for December and January. The American Proficiency Institute (API) proficiency testing information for 2025 microbiology first event. The XN-550 QC data for January. The Modoc Medical Center laboratory department folates lot reagent data. The monthly quality review summary for January 2025. The QC report for glucose monitoring for January. The American Proficiency Institute (API) proficiency testing performance evaluation for January 2024 immunology immunohematology third event. And the QC for the vitros 760 analyzer.

I talked with Dr. Perera and Sahli in the ER. Both indicated they were happy with the quality of work generated by the laboratory and the present laboratory staffing.

I spoke with Kevin Kramer, and he indicated all seems to be extremely stable in the laboratory with the addition of the new clinical lab scientist. Walter was very happy with the staffing, and everyone is coming to work together as a very proficient unit.


ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

4/7/25
Date

ATTACHMENT D

POLICY AND PROCEDURES



MEMORANDUM

DATE: 5/23/2025
TO: Last Frontier Healthcare District Board of Directors
FROM: Policy Committee
SUBJECT: **Review of Departmental Policies and
Review of Departmental Manual (Yearly)**

The following information regarding Departmental Policies is submitted for your review:

Review of Departmental Policies (see attached):

SKILLED NURSING FACILITY

6580.25 ELDER ABUSE
6580.25 LINE OF AUTHORITY

OPERATING ROOM

7420.25 TERMINAL CLEANING OF THE OPERATING ROOM BETWEEN EACH CASE
7420.25 CATEGORY 111 SURGICAL OUTPATIENT CARE
7420.25 MONITORING THE PATIENT UNDER LOCAL ANESTHETIC

BUSINESS OFFICE

8350.25 CASH POSTING WITH MISSING INFORMATION
8350.25 CHARITY CARE
8350.25 ADJUSTMENTS
8350.25 EMPLOYEE DISCOUNT POLICY
8350.25 CHARGE MASTER/CHARGE SHEET RESPONSIBILITIES
6350.25 CREDIT BALANCES AND REFUNDS
8350.25 EMPLOYEE PAYROLL DEDUCTIONS
8350.25 PATIENT COMPLAINTS
8350.25 PATIENT INSURANCE ELIGIBILITY
8350.25 REGISTRATION HOURS
8350.25 SMALL BALANCE WRITE OFFS
8350.25 SURGERY ADMISSIONS PROCESS

INFECTION CONTROL-ACUTE

8753-A.25 AIRBORNE INFECTION CONTROL
8753-A.25 REPORT OF SUSPECTED INFECTION
8753-A.25 INFECTION CONTROL PLAN PREVENTION EDUCATION AND TRAINING

RADIOLOGY-MRI

7660.25 MRI SAFETY GUIDELINES

RADIOLOGY
7660.25 PATIENT'S PERSONAL BELONGINGS

7430.25 IMAGE-GUIDED PERCUTANEOUS DRAINAGE/ASPIRATION OF ABSCESSSES AND FLUID

DIETARY-SNF

8340.25 DIETARY SUPERVISION
8340.25 DIET ORDERS

FACILITIES/EOC

8460.25 INFECTION CONTROL

HEALTH INFORMATION MANAGEMENT

8700.25 CODING PRODUCTIVITY/QUALITY REVIEW STANDARDS

The following information regarding Departmental Manuals is submitted for your review:

Review of Departmental Manual (Yearly)

BUSINESS OFFICE MANUAL

Memorandum and Signature Page signed by Adam Willoughby

CAH-ADMINISTRATION MANUAL

Memorandum and Signature Page signed by Kevin Kramer

EMERGENCY MANAGEMENT MANUAL

Memorandum and Signature Page signed by Jeremy Wills

PURCHASING POLICY AND PROCEDURE MANUAL

Memorandum and Signature Page signed by Lance Chrysler

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
POLICY COMMITTEE (POLICIES AND ANNUAL MANUAL REVIEW APPROVAL)
DATE: 5/23/2025
PAGE 3

To complete approval of the above-listed Policies and Procedures, please sign and date the Spreadsheet at the bottom where indicated.

To complete approval of the above-listed Manuals, please sign and date where indicated on the Annual Review Signature Page.

Thank you for your time and attention to the above.

Respectfully submitted:



Sandra A. Brown

Administrative Assistant to CNO

1111 N. Nagle Street

Alturas, CA 96101

(530) 708-8808

SKILLED NURSING FACILITY

REFERENCE #	6580.25	EFFECTIVE	01/2012
SUBJECT:	6580.25 ELDER ABUSE		
DEPARTMENT:	SKILLED NURSING FACILITY	REVISED	5/2025

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PURPOSE

The purpose of this policy is to ensure the ongoing safety of all ~~Warnerview~~-Skilled Nursing Facility (SNF) residents through an aggressive program of elder abuse prevention and education.

DEFINITIONS AND TERMS

For all intents and purposes of this policy, the word "patient(s)" refers to all customers receiving health care services ~~in at the SNF Warnerview~~ and Modoc Medical Center, including inpatients, outpatients, ~~residents~~~~residents~~, and clients.

Abuse

Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish. Abuse of a patient includes the deprivation of goods or services ~~that are necessary~~ to attain or maintain physical, ~~mental~~~~mental~~, and psychosocial well-being. -This presumes that instances of abuse of all patients, even those in a coma, irrespective of any mental or physical condition, ~~causes~~~~cause~~ physical harm, ~~pain~~~~pain~~, or mental anguish. Instances include verbal abuse, sexual abuse, physical abuse, and mental abuse, including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the abuser acted deliberately.

Verbal Abuse

Verbal abuse is oral or gestured language that willfully includes disparaging and derogatory terms verbalized to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to:

- Threats of harm
- ~~Saying things to~~Speech that frightens a resident, such as telling a resident that ~~he/she~~~~they~~ will never be able to see ~~his/her~~~~their~~ family again.

Mental ~~a~~Abuse

~~Mental abuse~~ includes, but is not limited to:

- Humiliation
- Harassment
- Threats of harm

Financial Abuse

ELDER ABUSE

Reviewed 5/2023vised: 07/2019

REFERENCE #	6580.25	EFFECTIVE	01/2012
SUBJECT:	6580.25 ELDER ABUSE	REVISED	5/2025
DEPARTMENT:	SKILLED NURSING FACILITY		

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Financial abuse is when someone illegally or improperly uses a resident's money or belongings for their own personal use or gain. occurs when an individual or entity does any of the following: Examples include:

- ~~Misappropriates~~Misappropriation of e-resident property, ~~which~~ meanings the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings and/or money without the resident's consent.
- An individual Takes, ~~secretes~~hides, ~~appropriates~~appropriates, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.

Physical Abuse

Physical abuse is any of the following acts:

- Deprivation
- Assault
- Battery, ~~which~~ includes hitting, slapping, pinching, kicking, etc.
- Assault with a weapon or force likely to produce great bodily injury or death-
- Unreasonable physical constraint or continual deprivation of food or water-
- Use of a physical restraint, ~~or~~ chemical restraint, or psychotropic medication under any of the following conditions:
 - Punishment-
 - For a period beyond ~~that for~~ which a medication was ordered-
 - For any purpose not authorized by the physician-
- Controlling behavior through corporal punishment (i.e., seclusion, isolation)

Sexual Abuse

~~Sexual abuse~~ includes, but is not limited to:

- Sexual harassment-
- Sexual coercion-
- Sexual assault-
- Non-consensual sexual contact of any type-

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DEPARTMENT:	SKILLED NURSING FACILITY		

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Neglect

Neglect is the failure of any person ~~having with~~ the care or custody of an elder or a dependent adult to exercise ~~that the~~ degree of care that a reasonable person in a like position would provide.

Neglect includes, but is not limited to:

- Failure to attempt to assist in personal hygiene, or ~~in the provision~~ ~~provide~~ of food, ~~clothing~~ ~~clothing~~, or shelter.
- Failure to provide medical care for physical and mental health needs.
- Failure to protect from health and safety hazards.
- Failure to prevent malnutrition or dehydration.

Abandonment

Abandonment is the desertion or willful forsaking of an ~~elder~~ ~~elderly~~ or a dependent adult by anyone having ~~care~~ ~~care for~~ or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

Isolation

Isolation occurs when any acts of a caretaker ~~or~~ ~~or~~ ~~for~~ ~~of~~ another person cause the following:

- Retaining mail or telephone calls intended for a resident.
- Preventing a resident from having contact with visitors.
- False imprisonment of a resident.
- Physical restraints that isolate the resident.

Exploitation

~~Exploitation is~~ Taking advantage of a resident for personal gain, through ~~the use of~~ manipulation, intimidation, threats, or coercion

INVOLUNTARY SECLUSION: ~~(2 types)~~

1. ~~Involuntary seclusion is when~~ ~~That in which~~ patients are living in an area of the facility that restricts their freedom of movement throughout the facility.

However, if ~~a specialized care area provides this restricted movement for cognitively impaired patients,~~ ~~this restricted movement is provided by a specialized care area for cognitively impaired~~

REFERENCE #	6580.25	EFFECTIVE	01/2012
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patients, then it is NOT involuntary seclusion. As long as care and services are provided in accordance with each patient's individual needs and preferences rather than for staff convenience and as long as the patient, surrogate, or representative participates in the placement decision and is involved with care planning to assure-ensure placement continues to meet the patient's needs.

2. Involuntary seclusion can also occur whenThat in which a patient is temporarily separated from other patients.

However, if a patient is receiving emergency short-term, monitored, separation due to temporary behavioral symptoms (such as brief catastrophic reactions or combative or aggressive behaviors which that pose a threat to threaten the patient, other patients, visitors, or staff), this is NOT considered involuntary seclusion. as-As long as the least restrictive approach for the minimum amount of time and is being done according to patient needs and not for staff convenience.

POLICY

The policy of Modoc Medical Center (MMC) is to ensure that each patient is free from abuse (verbal, sexual, physical, financialfinancial, and mental), including corporal punishment and involuntary seclusion. Patients must not be subjected to any of the above abuses by anyone, including, but not limited to, facility staff, other patients, consultants, volunteers, agencies that service the patient, family members, legal guardians, or friends. MMCWarnerview prohibits mistreatment, neglectneglect, and the misappropriation of patient property. This includes but is not limited to, the patterned or deliberate misplacement, exploitation, wrongful, temporarytemporary, or permanent use of a patient's belongings or money.

PROCEDURE

Screening

MMCWarnerview will screen potential employees and volunteers for a history of abuse, neglectneglect, or mistreatment of patients by doing the following two things:

- Obtain information from previous and/or current employers.
- Check with the appropriate licensing or certification board or registry.

Training

MMCWarnerview will train employees during orientation and ongoing sessions on issues related to abuse prohibition practices, such as:

- Dealing with aggressive behavior and catastrophic reactions of patients.
- How staff should report their knowledge related to allegations without fear of reprisal.
- How to recognize staff burn-out, frustration, and stress that may lead to abuse.
- What constitutes abuse, neglectneglect, and misappropriation of a patient's property?

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SUBJECT:	6580.25 ELDER ABUSE	REVISED 5/2025
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Prevention

- MMCWamerview will provide patients, ~~family~~family, and staff with information on how and to whom they should report concerns, ~~incidents~~incidents, and grievances without fear of retribution and how they should expect feedback regarding concerns ~~that~~ they have expressed.
- MMCWamerview will identify, ~~correct~~correct, and intervene in situations ~~in which~~where abuse, neglect, ~~and~~or misappropriation of patient property ~~have~~has occurred. These may include:
 - a. Features of ~~the~~ physical environment that may make abuse ~~and~~or neglect more likely to occur, ~~i.e.i.e.~~ secluded areas of the facility.
 - b. Deployment of staff on each shift in sufficient numbers to meet the needs of patients and ~~ensure~~ that the staff assigned ~~has~~knowledge of individual patients' care needs.
 - c. Staff will assess care plans and monitor ~~the~~ patient's needs and behaviors, which might lead to conflict or neglect. Examples include patients with a history of aggressive behaviors (such as entering other patient's' rooms and self-injurious behaviors), patients with communication disorders, and patients that require extensive nursing care and are ~~totally~~entirely dependent on staff.

Identification

MMCWamerview will identify events such as suspicious bruising of patients, occurrences, ~~patterns~~patterns, and trends that may constitute abuse and determine the direction of the investigation.

Investigation

MMCWamerview will investigate all alleged incidents.

Any person who becomes aware of ~~an~~alleged abuse in any form as described in this policy will inform the licensed nurse on duty. The licensed nurse will:

- Obtain written statements ~~by~~from all persons involved while facts are fresh in their minds, including pertinent demographic information. Written statements should include facts, ~~conversations~~conversations, and observations. Use quotations whenever possible.
- Interview the person reporting the alleged abuse (patient, family, visitor, employee).
- Assess the patient.
- Initiate steps to protect the patient (see **Protection** below) and assure patient safety and comfort.
- ~~Document facts in the medical record.~~
- Complete ~~a~~ safety-firstsafety-first form for ~~the~~ patient(s) involved.

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- Complete a SOC 341 Form.
- Notify the Director of Nursing (DON).
- Notify the Chief Nursing Officer (CNO).
- Notify the Administrator or their representative.
- Notify the Ombudsman.
- Notify Local Law Enforcement.
- Document the facts in the medical record.

The DON, or their designee, will review the compiled documentation and ensure the completion of the written report. The DON, or their designee, will perform the following:

- Call the Department of Health Services (DHS) Licensing and Certification (530-895-6711) no later than 2 hours after the allegation is made if the events that cause the allegation involves involve abuse or results result in serious bodily injury, or no later than 24 hours if the events that caused the allegation does not involve abuse or does not result in serious bodily injury.

- Complete the Investigation Tool Form.

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- Conduct interviews as indicated.
- Interview prior shift staff if the time of the incident is unknown.
- Two (2) people should interview the suspected abuser. The suspected abuser should be interviewed by two (2) people. The suspected abuser should sign the interview documentation.
- If the suspected abuser is an employee, then notify Human Resources immediately regarding the investigation.
- Complete a written summary of the incident. Include conclusions reached as to the question of abuse, neglect, natural or unknown cause, and actions taken.

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- Inform the Medical Director. Take action/act as directed.
- Fax the DON's investigation documentation to DHS at fax number 530-895-6723 within 48 hours.
- Complete the written investigation report.

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- Investigation results will detail what happened (i.e., alleged abuser suspended, dismissed, retained, etc.), and the patient's and/or family's reaction. Results of the investigation are reported in writing to the following people with documentation of dates and times, as appropriate:

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- Administration
- LTC Ombudsman
- State Survey, Certification ~~Agency~~Agency, and any other agency according to state law.

Protection

MMC ~~War~~review will protect patients from harm during an investigation. Immediate interventions ~~of for~~ abusive conflict ~~that should to~~ be taken are as follows:

- Safely remove the patient from the situation.
- Assess ~~the~~ immediate needs of both the alleged abuser and victimized patient.
- The nurse on duty should take corrective measures by initiating the following:
 - ~~Administer~~ ~~Give~~ First aid ~~measures~~, if necessary.
 - ~~If a~~Appropriately ~~notification to to the patient's~~ family/guardian.
 - Monitor ~~the~~ patient and assess if abusive behavior could be repeated.
 - Report ~~the~~ situation to ~~the~~ next shift.
 - ~~Chart~~Thoroughly document the occurrence in nurses' notes.
 - Update ~~the patient's~~ care plan.
 - Try alternative methods to change ~~the~~ behavior; ~~and~~ assess and record results.
 - Provide one-on-one observation if there is immediate danger; until other protective measures can be instituted.
- Employees ~~who are~~ being investigated for alleged abuse will be ~~either~~ placed in a non-patient work setting or on administrative leave. ~~Traveler~~ or registry staff involved in the alleged abuse report will be removed from the schedule and the facility, pending investigation and outcome.
- If abuse is alleged to have been caused by individuals that are not staff members, then steps will be taken to prevent other ~~opportunities for abuse from occurring~~abuse opportunities. For example:
 - ~~Visitor~~Visitors may be banned from the facility; pending ~~an~~ investigation.
 - Volunteer(s) will not be allowed to volunteer; pending ~~an~~ investigation.
 - Family, friend(s), etc., may be monitored while present, asked to leave, ~~or be~~ removed with ~~the~~ assistance of law enforcement.
 - ~~Patient~~ ~~Patient to to~~-patient altercations will initiate an investigation of all parties involved.

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REFERENCE #	6580.25	EFFECTIVE	01/2012
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Reporting/Response

If the suspected violation involves abuse or serious bodily injury, the mandated reporter must:

- Verbally report the incident immediately ~~but no later than~~ within 2 hours by telephone ~~to local~~ local law enforcement.
- Send a written report (SOC 341) and call the local Ombudsman and the Licensing and Certification Program within 2 hours ~~to the local Ombudsman and the Licensing and Certification Program~~.

o ~~Skilled Nursing—must reports to the Ombudsman at (530-229-1435). Call DHS at 530-895-6711 to report a complaint within 2 hours of initial knowledge/report.~~

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If an incident does not involve abuse and does not result in serious bodily injury, the mandated reporter must:

- o Verbally report the incident by telephone within 24 hours to a local law enforcement agency.
- o Provide a written report (SOC 341) and ~~call to call~~ the local Ombudsman and the Licensing and Certification Program within 24 hours.

• ~~Skilled Nursing—must reports to the Ombudsman (at 530-229-1435.) Call DHS 530-895-6711 to report complaint within 24 hours of initial knowledge/report.~~

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Post Incident

~~Designated staff~~The Social Service Coordinator, DON, ~~and/or~~ charge nurse will conduct rounds on the affected resident(s) ~~as directed by the DON~~. Findings will be reported directly to the DON and charge nurse. The charge nurse will then ~~do an assessment~~ and report the findings to the DON and MD should ~~there be~~ any observed behavior change or health decline occur~~change in behavior or health decline~~.

REFERENCES:

1. ~~F600—Free~~600 Free from abuse and neglect 483.12(a)(1)
2. F602 Free from misappropriation/exploitation 483.12
3. F03 Free from involuntary seclusion 483.12 (a)(1)
4. F604 Right to be free from physical restraints 483.10(a)(1); 483.12(a)(2)
5. F605 Right to be free from chemical restraints 483.10(a)(1); 483.12(a)(2)
6. F606 Not employ/engage staff with adverse actions 483.12(a)(3)(4)
7. F607 Develop/Implement abuse/Neglect policies 483.12(b)(1)-(3)
8. F608 Reporting of reasonable suspicion of crime 483.12(b)(5)(i)-(iii)

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9. F609 Reporting of alleged violations 483.12(c)(1)(4)

10. F610 Investigate/Prevent/Correct alleged violations 483.12(c)(2)-(4)

REFERENCE #	6580.25	EFFECTIVE
SUBJECT:	6580.25 LINE OF AUTHORITY	REVISED 02/2025
DEPARTMENT:	SKILLED NURSING FACILITY	

PURPOSE:

The purpose of this policy is to have a clear line of authority and responsibility when the dietary manager is absent.

AUDIENCE:

Choose an item.

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center (MMC) that when the dietary manager is not available, temporary management of the dietary department will be assigned to the following:

1. Director of Nursing (if available)
2. Dietary Coordinator
3. Head Cook

PROCEDURE:

1. In the absence of the dietary manager, the cook oversees the kitchen. (The morning cook until he/she leaves at the end of the shift, the afternoon cooks from time the morning as well as their normal duties.
2. In the absence of the dietary manager, the dietary coordinator will assume temporary dietary manager as well as their normal duties.
 - a. Inserting new or temporary meal identification cards for new or readmitted residents.
 - b. Completing diet changes to ensure that all residents receive diets as ordered.
 - c. Supervising meal preparation and services.
 - d. Rescheduling staff as needed.
 - e. Assuring safe and sanitary food service and clean up.
 - f. Assuring timeliness of meal service.
 - g. Contacting the administrator in their absences in cases of emergency that the cook is not authorized to handle.
3. The dietary manager will be responsible for being prepared and ~~up-to-date~~up to date prior to his or her planned absence. (i.e., scheduling of staff, planning food/beverage orders, reviewing menus, preparation with the staff, as well as other routinely scheduled supervisory duties).
4. In the dietary managers' absences, the temporary manager will not hire, discipline, or fire employees unless absences are extensive. The temporary manager will not chart in the permanent medical record or participate in care planning meetings unless trained to do so.
5. In the dietary manger absence, the temporary managers will confer with the administrator and registered dietitian, plan and prepare food orders, record food preferences, and make note of other pertinent information for the dietary manager to follow up on upon his or her return.

<u>REFERENCE #</u> <u>6580.25</u>	<u>EFFECTIVE</u>
<u>SUBJECT:</u> <u>6580.25 LINE OF AUTHORITY</u>	
<u>DEPARTMENT:</u> <u>SKILLED NURSING FACILITY</u>	<u>REVISED 02/2025</u>

REFERENCES:

ATTACHMENTS:

OPERATING ROOM

REFERENCE #	2327420.25	EFFECTIVE: 04/1985
SUBJECT:	TERMINAL CLEANING OF THE OPERATING ROOM AND BETWEEN EACH CASE7420.25 TERMINAL CLEANING OF THE OPERATING ROOM AND BETWEEN EACH CASE	REVISED: 05/2025-09/2017, 08/2024
DEPARTMENT:	OPERATING ROOM	

PURPOSE

The purpose of this policy is to have a terminal operating room cleaning schedule in place and to direct staff in the proper ~~procedures~~ procedures. Values (which commitment does this policy address) and sources of authority (is there a guideline or reference you can refer to?)

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AUDIENCE:

Environmental Services Staff and Surgery Staff

Which part of this policy applies to EVS and what part applies to SX staff? Include a few sentences about the responsibilities for each department.

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POLICY

It is the policy of Modoc Medical Center to have the operating room terminally cleaned and made dust free once weekly regardless of the surgical case schedule. This will include cleaning after all cases have been completed during that day. The operating room (OR) will also be cleaned prior to the first scheduled procedure of the day and between each procedure.

PROCEDURE

Cleaning to be done once weekly regardless of the surgical case schedule as follows:

1. Attire: environmental services personnel to don:
 - a. Scrub attire
 - b. Hair cover (bouffant cap)
 - c. Gloves
 - d. Shoe covers
2. Clean, dust/vacuum all vents and radiators in the room.
3. Using an approved germicidal disinfectant, clean, disinfect and buff all high touch objects. Use a clean area/cloth for each high touch object:
 - a. Cabinet doors
 - b. Light switches
 - c. Operating room door handle
 - d. Telephones

REFERENCE #	<u>2327420 25</u>	EFFECTIVE: 04/1985
SUBJECT:	<u>TERMINAL CLEANING OF THE OPERATING ROOM AND BETWEEN EACH CASE</u> <u>7420 25 TERMINAL CLEANING OF THE OPERATING ROOM AND BETWEEN EACH CASE</u>	REVISED: <u>05/2025-09/2017,</u> <u>08/2024</u>
DEPARTMENT:	OPERATING ROOM	

- e. Anesthesia cart
 - f. Anesthesia intravenous pole
 - g. Hamper
 - h. Mayo Stands
 - i. Operating room table/mattress/arm boards
 - j. X-ray viewer
 - k. Surgical lights/handles
 - l. Operating room table control
 - m. Operating room table railing
 - n. Table strap
 - o. Infusion pumps and IV poles
 - p. Computer accessories
4. Using an approved germicidal disinfectant, clean all carts, including wheels and casters.
 5. Using an approved germicidal disinfectant, mop and damp dust the walls and then the floor of OR: as follows:
 - a. Damp dust the ceiling once a month, then change germicidal solution.
 - b. Damp dust walls next, working from top to bottom, then change germicidal solution.
 - c. Using a clean mop head, starting at the periphery of the room and working towards the center, clean and disinfect the floor. Move equipment as necessary to mop thoroughly.
 6. Cleaning equipment will be cleaned with an approved germicidal disinfectant and allowed to dry thoroughly. This equipment is to remain in the surgical anteroom.

Cleaning Between Cases and After All Cases Have Been Completed.

After the patient is moved out of the operating room, all linen, sponges, sharps, drapes, suction supplies, anesthesia supplies, and garbage will be removed before the cleaning process begins.

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1. Attire: Surgical personnel to don:

REFERENCE #	<u>2327420.25</u>	EFFECTIVE: 04/1985
SUBJECT:	<u>TERMINAL CLEANING OF THE OPERATING ROOM AND BETWEEN EACH CASE</u> <u>7420.25 TERMINAL CLEANING OF THE OPERATING ROOM AND BETWEEN EACH CASE</u>	REVISED: <u>05/2025-09/2017,</u> <u>08/2024</u>
DEPARTMENT:	OPERATING ROOM	

- a. Scrub attire
 - b. Gloves
 - c. Hair cover (bouffant cap)
 - d. Clean shoe covers
2. Remove all trash and dirty linen and replace with clean liners.
3. Using an approved germicidal disinfectant, clean and disinfect all high touch objects. Use a clean cloth/area for each object.
 - a. Operating room table control
 - b. Operating room mattress
 - c. Operating room table/gurney railing
 - d. Surgical lights/handles
 - e. Table strap
 - f. Anesthesia cart
 - g. Anesthesia intravenous pole
 - h. Cabinet doors
 - i. Light switches
 - j. Mobile equipment
 - k. Operating room door handle
 - l. Bovie control panel
 - m. Telephone
4. Damp mop floors with an approved germicidal disinfectant, moving equipment as necessary to mop thoroughly. Begin mopping from the periphery of the room to the center.

REFERENCE # 7420.25	EFFECTIVE: 04/2009
SUBJECT: 7420.245 CATEGORY III SURGICAL OUTPATIENT CARE	REVISED: 10/2025
DEPARTMENT: OPERATING ROOM	

PURPOSE:

The purpose of this policy is to provide instructions in the care of the Category III patient.

AUDIENCE:

Department Staff

TERM: Category III patients have procedures that require a general anesthetic.

POLICY:

It is the policy of Modoc Medical Center (MMC) that at a minimum these guidelines will be used when caring for the Category III surgical patient.

PROCEDURE:

The patient should arrive one hour before the procedure unless otherwise specified.

Once the patient has arrived, they will be escorted to the Peri-operative area.

Instruct the patient regarding what clothing must be removed.

Provide a pre-operative skin prep to cleanse the body with. This is for open cases only, not for Endoscopy procedures.

Provide a hospital gown, head cover, and nonskid socks as appropriate.

Notify the surgeon and anesthesia provider of the patient's arrival.

Take the patient's vital signs including blood pressure, temperature, SaO₂, heart rate, and respirations.

Perform other tests as ordered by the surgeon or anesthesia, including:

1. EKG, (Electrocardiogram)
2. Urine HCG, (Urine human chorionic gonadotropin)
3. CMP, (Complete Metabolic Panel)
4. CBC, (Complete Blood Cell Count)

Administers Medications as ordered.

Complete the peri-operative assessment and document in the electronic healthcare record (EHR).

Complete all consents and check for other required signatures.

Assist the Circulating Nurse by taking the patient to the Operating Room or Procedure Room.

After the patient is out of surgery and taken to the Post Anesthesia Care Unit (PACU), they will be monitored for at least 30 minutes.

When the surgeon and anesthesia provider clear the patient for discharge, the patient will be given all discharge instructions as well as any follow up appointments.

There must be a responsible party to drive the patient home.

Complete all documentation and discharge the patient from the EHR.

REFERENCE # 7420.25	EFFECTIVE: 04/2009
SUBJECT: 7420.245 CATEGORY III SURGICAL OUTPATIENT CARE	REVISED: 10/2025
DEPARTMENT: OPERATATING ROOM	

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	7420.25	EFFECTIVE: 04/2009
SUBJECT:	7420.25 MONITORING THE PATIENT UNDER LOCAL ANESTHETIC	REVISED: 2009, 2025
DEPARTMENT:	OPERATING ROOM	

PURPOSE:

The purpose of this policy is to outline the guidelines for monitoring patients undergoing local anesthesia.

AUDIENCE:

Department Staff

POLICY:

It is the policy of Modoc Medical Center (MMC) that all patients receiving local anesthesia will be monitored using the following parameters.

PROCEDURE:

During the preoperative nursing assessment, review the patient's

- Medication allergies and sensitivities,
- Height and weight
- Current medications and medical history
- Past surgical procedures and responses to anesthesia
- Baseline vital signs
- Skin conditions
- Any neurological, physical, or sensory impairments
- Pain level
- Need for intravenous access

Determine the plan of care based on the patient's condition and needs and the procedure to be performed, including:

- The parameters to be monitored (e.g., heart rate and rhythm, blood pressure, level of consciousness),
- Monitoring frequency (e.g., baseline, after local anesthetic administration, every 5 minutes, post procedure, before discharge), and
- Documentation

Baseline and intraoperative patient assessment, monitoring, and documentation may include

- Pulse(s),
- Blood pressure
- Heart rhythm and rate,
- Respiratory rate,
- SpO2 by pulse oximetry,
- Pain level,
- Anxiety, level, and
- Level of consciousness
- Adverse reactions to anesthesia

REFERENCE #	7420.25	EFFECTIVE: 04/2009
SUBJECT:	7420.25 MONITORING THE PATIENT UNDER LOCAL ANESTHETIC	REVISED: 2009, 2025
DEPARTMENT:	OPERATING ROOM	

The intended dose should be calculated by the Provider to identify the patient-specific local anesthetic maximum dose.

Risk factors for developing local anesthetic systemic toxicity (LAST) should be discussed during the peri-operative briefing.

Signs and symptoms of toxicity, include:

- Metallic taste
- Perioral numbness (e.g., tongue, lips),
- Ringing in the ears
- Agitation,
- Dizziness,
- Diplopia,
- Slurred speech,
- Shivering,
- Tremors,
- Delirium,
- Syncope,
- Seizures,
- Coma,
- Increased heart rate or hypertension
- Decreased heart rate or hypotension
- Arrhythmia,
- Asystole, and
- Respiratory arrest

Intraoperative documentation of medications given, type and amount must be documented including:

- Patient response
- Vital signs
- Any adverse reactions

Documentation during the post-operative phase will include vital signs, level of consciousness, condition of any dressings, and the ability to tolerate fluids if indicated.

Upon discharge the vital signs must be stable with a minimum score of 9 on the Aldrete Scoring System.

REFERENCE:

2021 Edition, Guidelines for Peri-Operative Practice. Page 447 1.2, p. 448 1.2.1, p. 449 2.1, 2.1.1, p. 450 2.1.2, 2.2, p. 451, 3., 3.1, 3.1.1

BUSINESS OFFICE

REFERENCE #	8350.25	EFFECTIVE
SUBJECT:	CASH POSTING WITH MISSING INFORMATION	REVISED 04/2025
DEPARTMENT:	BUSINESS OFFICE	
SUBJECT:	CASH POSTING WITH MISSING INFORMATION	REFERENCE #0011
		PAGE: 1
DEPARTMENT: BUSINESS OFFICE		— OF: 1
		EFFECTIVE:

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POLICY

The purpose of this policy is to ensure that we are tracking all outstanding insurance payments as well as outstanding remittance advices (R/A).

PROCEDURE

- No check – R/A received
 1. Post balances to patient accounts as customary.
 2. Post a miscellaneous transaction within the same batch using the full dollar amount on the R/A, with transaction code 411 (Medicare), 412 (Medi-Cal) or 413 (Insurance).
 3. When check is received, post a miscellaneous transaction to 401 (Medicare), 402 (Medi-Cal) or 403 (Insurance) in the same amount as the miscellaneous transaction, above.
- No R/A-Check rec'd
 1. Post miscellaneous transaction using the full amount of check, with transaction code 401, 402 or 403.
 2. When R/A is received, post accounts as customary.
 3. Post a miscellaneous transaction within the same batch using the full dollar amount on the R/A, with transaction code 411, 412, or 413.
 4. Follow up monthly on receipt of any pending RA's not yet received.

REFERENCE #	8350-228350.25	EFFECTIVE: 09/2014
SUBJECT:	CHARITY CARE 8350.25 CHARITY CARE	REVISED: 05/2022
DEPARTMENT:	BUSINESS OFFICE	

PURPOSE:

Modoc Medical Center (MMC) is committed to providing quality services in a caring environment and to make a positive measurable difference in the health of individuals we serve. Helping to meet the needs of low-income, uninsured and underinsured persons is an important element of our commitment to the community.

MMC's Charity Care policy provides the means for MMC to demonstrate commitment to achieving our values for a specific population within our community. The charity care policy has been developed in written form to effectively communicate how our commitment will be applied consistently to all patients who apply and are eligible for this program.

TERMS/DEFINITION:

None.

POLICY:

It is the policy of MMC to offer charity care discounts to patients that receive medically necessary healthcare services and are uninsured, underinsured or do not have sufficient income to pay for their medical bills as outlined below.

PROCEDURE:

Covered Patient Services

Covered services include all medically necessary inpatient and outpatient services provided by MMC.

Eligibility for Charity Care

Patients receiving medically necessary services at MMC and that have difficulty paying their medical bills because of financial hardship may be eligible for charity care discounts. If a patient has not provided proof of insurance coverage for medical services, they will be provided a written statement that they may be eligible for third-party coverage through the California Health Benefit Exchange, Medicare, Medi-Cal, or Children Services Programs. MMC will provide a Medi-Cal application; information regarding eligibility for California Health Benefit Exchange, information regarding all financial assistance programs offered by MMC including charity care discounts, and the telephone number of the hospital employee from whom the patient may obtain information about financial assistance programs, and how to apply for that assistance.

In order for a patient to be eligible for charity care discounts, all of the following conditions must be met:

- The patient does not have or does not qualify for private health insurance (including coverage offered through the California Health Benefit Exchange, Medicare, or Medi-Cal as determined and documented by MMC).
- The patient's injury is not a compensable injury for purposes of Workers' Compensation, automobile insurance, or other insurance as determined and documented by MMC.
- The patient's household income does not exceed 100 percent of the Federal Poverty Level.

REFERENCE #	8350.228350.25	EFFECTIVE: 09/2014
SUBJECT:	CHARITY CARE8350.25 CHARITY CARE	REVISED: 05/2022
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- The patient's allowable, qualified monetary assets do not exceed five thousand dollars (\$5,000).
 - In determining a patient's monetary assets, the hospital will not consider retirement or deferred compensation plans; the first ten thousand dollars (\$10,000) of monetary assets, and 50 percent of the patient's monetary assets over the first ten thousand dollars (\$10,000).

Eligibility for charity care discounts is based upon the most current available federal poverty guidelines that are incorporated herein by reference. The federal poverty guidelines are published annually, and this policy will be updated by incorporating each subsequent edition.

Special Eligibility and Enrollment Exceptions

- High Medical Costs/Medically Indigent
 - A patient whose family income does not exceed 400 percent of the federal poverty level and their annual out-of-pocket medical expenses for non-elective/medically necessary services with MMC and other healthcare providers exceed 10 percent of the patient's family gross income in the prior 12 months, is considered "Medically Indigent" as defined by California Legislative Bill AB 774.
 - Those having been informally determined to be medically indigent as defined above will be provided an opportunity to complete a Financial Assistance Application by Patient Financial Services.
 - Supporting documentation to show what medical expenses have been paid for in the prior 12 months is required to determine eligibility under this special provision of the Charity Care policy.
- Homeless/Indigent Patients
 - Patients having been determined to be indigent/homeless by either clinical documentation or are unable to provide sufficient demographic information such as mailing address, phone number, or residential address can be considered for charity care discounts. No Financial Assistance Application will be required of a patient who has been determined to be homeless/indigent. All eligible discounts under this provision shall be approved by the **Chief Financial Officer (CFO)** Revenue Cycle Director or designee.
- Deceased No Estate
 - Upon confirmation that a patient is deceased and has no estate, third-party coverage, or spouse, the deceased patient account will automatically be eligible for charity care discounts upon MMC's verification of the following items:
 - Copy of death certificate from patient family or other source.
 - Confirmation that the patient does not have a living spouse.
 - Confirmation that the patient does not have an estate.

Application

All patients unable to pay for medical services provided by MMC will be offered an opportunity to complete an application form referred to as a Financial Assistance Application (attached). This form is available in Patient Financial Services in English and Spanish. Financial data requested on the form needs to

REFERENCE #	8350.228350.25	EFFECTIVE: 09/2014
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be completed for evaluation purposes. Patient Financial Services is available for any questions the patient may have.

By completing the Financial Assistance Application, uninsured patients not having the financial means to pay, uninsured patients with partial financial means to pay, and insured patients that are unable to pay patient liabilities may have all or part of their medical bills written off by MMC. If the patient qualifies for charity care discounts, under this policy their bill will be written off at 100 percent. MMC staff will assist the patient with completion of the application. However, it is the patient's responsibility to provide the required information.

The patient must apply within 15 days from the date of the billing statement. Willful failure by the patient to provide the required documentation may result in the inability of MMC to provide financial assistance.

Each patient completing the Financial Assistance Application enables MMC to accomplish certain essential steps in the financial assistance process:

- Allows MMC to determine if the patient has declared income and/or assets that could be used to pay for healthcare services provided by MMC.
- Provides documents to support a financial status determination.
- Provides information that documents MMC's commitment to providing financial assistance.

To determine that a patient does not have the ability to pay, Patient Financial Services will make all reasonable efforts to obtain the following information from the patient or other sources:

- Individual or family income and expense.
- Employment status. This will be considered in the context of the likelihood that future earnings will be sufficient to pay for healthcare services within a reasonable period.
- Individual or family net worth including assets, both liquid and non-liquid, less liabilities and claims against assets.
- Family Size. This is used to determine the benchmark for 100 percent financial assistance. If income is at or below the established income levels. For persons 18 years of age or older, family size includes spouse, domestic partner, and children under 21 years of age. For persons under 18 years of age, family size will include parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.
- Whether private or public health insurance or sponsorship may fully or partially cover the charge for care rendered by MMC, including eligibility for Medi-Cal, Medicare, or private insurance including California Health Benefit Exchange products.

Information provided on the Financial Assistance Application will be based upon a signed declaration of the patient or patient's family, or documentation provided by the patient or the patient's family. Additional information may be required as determined by MMC management. In some cases, information may not be obtainable from the patient or other sources and MMC staff will indicate such on the application.

REFERENCE #	8350.228350.25	EFFECTIVE: 09/2014
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All applications that are completed and qualify for charity discounts will remain in effect for a period of 180 days from the date of the approval letter, for services that are medically necessary. After 180 days, another application will be required in order for the patient to obtain charity care discounts.

Standard Enrollment Process

The following process will be followed in order to properly assist patients in determining their eligibility for the Charity Care Program or other discount programs offered by MMC.

- Patient Financial Services will make an informal determination of charity care eligibility based on information that is communicated by the patient verbally.
- After the informal determination by Patient Financial Services is made, potentially eligible patients will complete a Financial Assistance Application. All properly completed submitted applications will be reviewed and considered for implementation within ten (10) business days of receipt.
- All applications must be filled out completely and accurately with the following required information attached:
 - Documentation of non-coverage from Medi-Cal for the dates of service being considered.
 - Documentation of household income, as outlined in the Financial Assistance Application.
 - Documentation of monetary assets, as outlined in the Financial Assistance Application (statements on retirement or deferred-compensation plans will not be included for purposes of this policy).
 - Completed Medicare Secondary Payer (MSP) Questionnaire indicating the patient's injury is not a compensable injury for purposes of Workers' Compensation, automobile insurance, or other insurance.
- Any additional accounts for the responsible party with outstanding balances at time of application will be screened for charity care discount eligibility using the same information collected above.
- Verification of accuracy of application information will be made by Patient Financial Services.
- A letter of approval or denial will be issued to each applicant. Letters of approval will indicate the amount to be written off and indicate that a zero-dollar (\$0) balance remains on the accounts that are to be written off under this policy. Letters of denial for the Charity Care Program will indicate eligibility for discounted payment plans or other opportunities to pay down the outstanding medical bills to MMC.
- A note will be made on the patient's guarantor indicating that the patient qualifies for charity care discounts for a period of 180 days from the date of the approval letter. After the 180-day period of time, the patient will be required to complete another Financial Assistance Application to determine continued eligibility.

Patient Notification of the Charity Care Policy

In the event of MMC providing service to a patient not having provided proof of insurance coverage by a third party at the time the care is provided or upon discharge, MMC will provide a written notice to the patient that includes, but is not limited to the following:

REFERENCE #	8350.228350.25	EFFECTIVE: 09/2014
SUBJECT:	CHARITY CARE8350.25 CHARITY CARE	REVISED: 05/2022
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- At the time of service, patients will be provided with a written notice of our Charity Care and other financial assistance options. This written notice will be provided at all MMC facilities.
- If patient leaves the facility without receiving the notice, it must be mailed to the patient within 72 hours of providing services.
- A statement of charges for services rendered by the facility.
- A request that the patient inform the facility if the patient has health insurance coverage, Medicare, Medi-Cal, Healthy Families Program, or other coverage.
- A statement that if the patient does not have coverage, they may be eligible for Medicare, Healthy Families Program, Medi-Cal, coverage offered through the California Health Benefit Exchange, California Children's Services program, other State- or County-funded health coverage, a discounted payment plan, or charity care.
- The name and telephone number of the Patient Financial Services representative that can be contacted to obtain applications to the above-listed third-party coverage and MMC's Financial Assistance Application.
- Information regarding the requirements to be eligible for discounted payment plans or charity care discounts.

REFERENCES:

CA SB 1276 (Chapter 758, Statutes of 2014), CA AB 774 (Statutes of 2006), and SB 350 (Chapter 347, Statutes of 2007).

Assembly Bill (AB) 1020: Health Care Debt and Fair Billing (Statutes of 2021, Chapter 473). January 1, 2022.

ATTACHMENTS:

Financial Assistance Program - Charity Care Guidelines and Discounted Payment Plan Guidelines

Financial Assistance Application - English

REFERENCE #	8350.25	EFFECTIVE
SUBJECT:	8350.25 ADJUSTMENTS	REVISED 5/2025
DEPARTMENT:	BUSINESS OFFICE	

POLICY

~~It is the policy of Modoc Medical Center (MMC) To~~ provide quality measures for adjustment, write-off, and transfer requests.

PROCEDURE

~~In order to~~To limit adjustment errors, thoroughly research accounts and all billing cycles related to patients to determine that adjustments are absolutely necessary.

If adjustments are requested on insurance financial classifications or insurance payments/adjustments, research fully and post notes in ~~Healthland~~ the Electronic Health Record (EHR) and attach explanations of benefits (EOB's) as appropriate.

After research is complete, and adjustments, ~~write-offs~~ write-offs or transfers are deemed necessary, fill out an adjustment sheet ~~(incorporated herein)~~ and attach all supporting documentation. Forward the adjustment sheet to the ~~Controller or CFO~~ Revenue Cycle Director or COO for approval.

Once adjustments are approved, forward them to the Data Processor for posting to patient accounts.

<u>REFERENCE #</u> <u>8350.25 #33</u>	<u>EFFECTIVE 09/14</u>
<u>SUBJECT:</u> <u>8350.25 EMPLOYEE DISCOUNT POLICY</u>	<u>REVISED 05/2025</u>
<u>DEPARTMENT:</u> <u>BUSINESS OFFICE</u>	

PURPOSE

The purpose of this policy is to establish guidelines that will direct the actions of the Business Office in processing claims and requesting payment for services provided to benefit-eligible employees and their dependents at Modoc Medical Center (MMC).

TERMS/DEFINITIONS

Family/Household - Spouse, domestic partner, and dependents as claimed on the employee's income ~~tax-~~
~~form~~tax from the prior year. If a new dependent or spouse is added to a household in the current time period that is not listed on the prior year's income tax form, other forms of documentation may be accepted.

Benefit-Eligible Employee - A permanent part-time or permanent full-time employee. A permanent part-time employee works a minimum of 48 hours per two-week pay period. A permanent full-time employee works a minimum of 70 hours per two-week pay period.

POLICY

In an effort to provide for the general well-being of its employees, it is the policy of the Last Frontier Healthcare District (LFHD) to extend an employee discount to all benefit-eligible employees and members of their family/household who receive services at MMC.

PROCEDURE

1. Qualifications and Extent of Discount

- a. ~~In order to~~To qualify for the employee discount, the beneficiary must:
 - i. At the time of service, be a permanent part-time or permanent full-time employee of MMC or a member of a benefit-eligible employee's family/household; and
 - ii. Retain third-party insurance coverage from any of the following:
 1. Health insurer (LFHD-sponsored Blue Cross, or otherwise);
 2. Medicare; or
 3. Medi-Cal; and
 - iii. Receive services that are deemed medically necessary and covered by the benefits package of the third-party carrier, as determined by the third-party carrier.
- b. If all the criteria above are met, the following will apply:
 - i. Any amounts determined by the third-party carrier to be deductible, co-insurance, co-pay and/or share of cost shall be waived.
 - ii. Any amounts determined by the third-party carrier to be non-covered, and the responsibility of the member, shall not be waived.

2. Administration of Employee Discount

REFERENCE #	8350.25 #33	EFFECTIVE 09/14
SUBJECT:	8350.25 EMPLOYEE DISCOUNT POLICY	
DEPARTMENT:	BUSINESS OFFICE	REVISED 05/2025

- a. During the course of registration, the Admitting Clerk will determine whether the patient is a benefit-eligible employee of LFHD, or that the patient is a member of a benefit-eligible employee's family/household by referring to the Eligible Employee Discount Spreadsheet, located at the following location: G:/Business Office/Employee Discount.
 - i. If the Admitting Clerk can verify employment and/or eligibility for the employee discount at time of service, he/she shall register the eligible person with their primary and secondary insurance information, whether obtained through MMC or provided independently or through another source. For all employees that have obtained gap insurance through MMC, the gap insurance company shall be loaded as the secondary insurance on the claim. Last Frontier Healthcare District will be entered as the last insurance on the encounter, to the Guarantor of "LFHD Employee/Dependent."
 - ii. ~~The eligible person will be registered with their primary and secondary insurance information, whether obtained through MMC or provided independently or through another source. For all employees that have obtained gap insurance through MMC, the gap insurance company shall be loaded as the secondary insurance on the claim.~~
- b. The outsourced Business Office partner will bill employee accounts as they would normally.
- c. Accounts that have been billed to the gap insurance company will be switched to a self-pay financial class by the cash poster after the gap insurance carrier has paid on the claim. After payment has been received by the gap insurance, the account will be eligible to be written off under this policy. These accounts will be reviewed by patient financial services regularly to verify that payment was received from the gap insurance company and the accounts are ready to be written off.

~~In order to conduct this review, patient financial services will identify the accounts that are in a self-pay financial class and that are also for services provided to eligible employees or dependents under this policy that have obtained gap insurance through MMC. Each account that is in a self-pay financial class and should have been billed to the gap insurance company will be reviewed to ensure that payment was received from the gap insurance company prior to writing off the account. This review should occur regularly by Patient Financial Services.~~
- d. Employees that do not carry gap insurance through MMC shall qualify for their accounts to be written off after their insurance(s) makes payment on their accounts.
- e. If an employee or a member of his/her family/household receives a statement from LFHD and he/she believes the employee discount should apply, it is his/her responsibility to provide proof of eligibility to patient financial services. Employees are encouraged to contact their supervisor or the Chief Human Resources Officer ~~Director~~ to assist in determining eligibility.

REFERENCES

42 U.S.C. Section 1320a-7b(b)(3)(B)-Exception to the Anti-Kickback Statute for Employment Situations.

42 C.F.R. Section 1001.952(i)-Reiteration of the Exception as published by OIG.

REFERENCE #	8350.25	EFFECTIVE
SUBJECT:	8350.25 CHARGE MASTER/CHARGE SHEET RESPONSIBILITIES	REVISED 05/2025
DEPARTMENT:	BUSINESS OFFICE	

PURPOSE:

The purpose of this policy is to ensure that the lines of responsibility are specifically outlined for all parties involved in creating, implementing, and updating the charge master and charge sheets.

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POLICY:

To ensure that the lines of responsibility are specifically outlined for all parties involved in creating, implementing, and updating the charge master and charge sheets. This policy defines the responsibilities of all parties involved with maintaining and updating the charge master and charge sheets.

PROCEDURE:

All new or updated charges must be authorized by the ~~COO Director of Medical Records~~ or the ~~Revenue Cycle Director Business Office Manager~~ prior to any changes being made to the charge master or charge sheets. There are to be no changes made to the charge master or charge sheets without direction from one of these managers, or upon one of their authorized signatures on a charge request/update form. All requested changes to the charge master shall be requested using the charge request form, ~~incorporated herein~~.

~~There are to be no changes to coding without authorization from the Director of Medical Records.~~

~~Ultimate responsibility and protocol of the charge master and charge sheets rests upon the Director of Medical~~

~~due to the sensitive nature of coding. Due to this fact, all Final charge sheets will be password protected.~~

~~All changes completed to charge sheets will be done in copy form, and then after changes are checked for accuracy, will be moved over as the final document.~~

Staff as deemed appropriate by the ~~COO CFO~~ or ~~Revenue Cycle Director Controller~~ will act in an assisting capacity with charge entry and charge sheet creating/updating.

Once the charge request form has been approved by the COO or Revenue Cycle Director, the actual charge build will occur in the charge master. This will be done by the COO, Revenue Cycle Director, or Revenue Cycle Coordinator.

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REFERENCE #	8350.25	EFFECTIVE
SUBJECT:	8350.25 CHARGE MASTER/CHARGE SHEET RESPONSIBILITIES	REVISED 05/2025
DEPARTMENT:	BUSINESS OFFICE	



Charge entry/Charge Sheet Responsibilities Effective

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Modoc Medical Center

"9 leading 9 land, Close to 9 home"

CHARGEMASTER CHANGE REQUEST FORM

Date Requested _____ Date Needed _____

Check Appropriate Request: _____ New _____ Change _____ Inactivate _____

Reason for Change Request Form:

Charge#	Description
Pred/Serv ID Code	HCPCS ICD9 Home Infusion NDC Mutually Defined
Units/CPT Code	
Measurement	Days Int'l Unit Gram Minutes Months Qtr time Unit Week
Standard Unit Cost	\$ Mark Up _____ % Mark up _____
Patient Charge	
Dept#	
Insurance Link	

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Requested By:

Department

Date

Kevin Kramer

Approved By:

Department

Date

Entered By: (including log)

Department

Date

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REFERENCE #	6350.25	EFFECTIVE 03/2018
SUBJECT:	6350.25 CREDIT BALANCES AND REFUNDS	
DEPARTMENT:	BUSINESS OFFICE	REVISED 05/2025

PURPOSE

This policy provides guidance on Modoc Medical Center's (MMC) processes to work credit balances and issue refunds when appropriate. It outlines the processes used to issue refunds to patients and insurance companies and the documentation that is required to initiate those refunds.

POLICY

~~MMC's policy is to ensure that accounts with credit balances are completely researched and resolved after proper documentation is obtained that supports issuing a refund or writing the credit balance back onto the account.~~ MMC's policy is to thoroughly research and resolve accounts with credit balances. This process includes obtaining proper documentation to support either issuing a refund or applying the credit balance back to the account.

PROCEDURE

Patient accounts with credit balances are to be reviewed monthly to ensure that payments posted were applied to the correct accounts and cycles. If refunds are owed, the documentation required to support the refund will include a refund request form, copies of the patient's detailed statement, copies of any remittance advices indicating payments on the account from insurance companies, and any receipts related to payments made by patients. This documentation will be submitted to the CFO-Revenue Cycle Director or COO or CEO for approval of the refund prior to refunds being keyed into the patient accounting systems at MMC and prior to issuing a check.

Patient Refunds

Prior to issuing refunds to patients, the patient financial counselor or Revenue Cycle Coordinator will ensure that there are no other balances owed by that patient on different accounts or cycles. Any credit balances generated by patient payments will be applied towards other accounts/cycles that still show a patient portion owing prior to issuing a refund check to the patient.

If complete research shows that the patient is owed a refund and there is no other account or cycle that the patient owes money on, a refund request will be sent for initial review to the Rrevenue Cecycle Ceordinator. Upon review, the refund request will be reviewedevaluated by the CEO-Revenue Cycle Director or COO or CFO for approval. Approval will be done in the Electronic Health Record (EHR), which then sends the approved refund to Accounts Payable for processing, and then the patient financial counselor will enter the refund into the Electronic Medical Record (EMR) system and forward the refund request to the accounts payable clerk for processing. The hospital will not reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00). Such amounts should be written off as small balance adjustments.

Insurance Refunds

When a credit balance is identified as an insurance overpayment or billing error related to a private insurance carrier, the biller will determine the date the payment was made to MMC by the insurance company. If the payment was made and the date of the refund request from the insurance company is over one year from the date of the mistaken payment, the biller will send a letter to the insurance company denying their request for refund.

REFERENCE #	<u>6350.25</u>	EFFECTIVE 03/2018
SUBJECT:	<u>6350.25 CREDIT BALANCES AND REFUNDS</u>	
DEPARTMENT:	<u>BUSINESS OFFICE</u>	REVISED 05/2025

(See Exhibit A). Private insurance carriers cannot recoup overpayments that are over a year old based on Insurance Code 10133.66(b), as indicated in the letter. This letter shall not be used for overpayments made by government health plans, such as Medi-Cal, Medicare, Tricare, etc.

For insurance carrier refunds that are initiated within one year from the date of payment and also for refunds due to Medicare and other government health plans, documentation will be obtained as outlined above and refund checks will be cut or corrected claims will be submitted to the insurance carrier so that they can recoup their money from future payments to MMC.

If research shows that insurance overpayments are due to a billing error, the appropriate biller shall re-bill a corrected claim or submit adjustment requests as applicable per each insurance carrier's guidelines and processes related to submitting corrected claims and recouping money owed to the insurance carrier.

REFERENCES

1. Insurance Code 10133.66(b)

ATTACHMENTS

1. Exhibit A
2. Exhibit B

EXHIBIT A

KELLY TESTOLIN
Attorney at Law
CA Bar 94395 NV Bar 5799
675 Sierra Rose Drive Suite 101
Reno, Nevada 89511
Phone: 775-453-1164 Fax: 775-453-1376
kellytestolin.com

November 13, 2017

Linda Wagner MHA/MSN, FACHE
Chief Executive Officer
Seneca Healthcare District
P.O. Box 737
Chester, CA 96020
Via email: lwagner@senecahospital.org

Kevin Kramer
Chief Executive Officer
Modoc Medical Center
228 W. McDowell Avenue
Alturas, CA 96101
Via email: K.Kramer@modocmedicalcenter.org

RE: Booking Credit Balances of Private Insurers.

Kevin and Linda:

You have asked whether overpayments by private insurers --- refunds of which are refused by private insurers due to the prohibition of Insurance Code 10133.66(b) --- can be booked as an asset instead of a credit balance. It is my opinion that the balances are the property of the Medical Center's as soon as the one-year period to claim a refund expires.

The Code of Civil Procedures and the Government Code prescribe a process to be followed in order to perfect ownership of many types of "unclaimed property". However, private insurer credit balances are not "unclaimed property" under California law.

The Code of Civil Procedure does not define "unclaimed property". However, the California state controller provides this definition:

"Unclaimed Property is generally defined as any financial asset that has been left inactive by the owner for a period of time specified in the law, generally three (3) years. The California Unclaimed Property Law does NOT include real estate. Unused gift certificates are also

EXHIBIT B

(SAMPLE LETTER)

Date:

NAME
INSURANCE COMPANY
ADDRESS
CITY/STATE/ZIP

RE: Patient Account and Refund Request Reference Number

Dear Sir or Madam:

We recently received your notice that you believe you have overpaid Modoc Medical Center over a year ago for a patient service. As you may know, California Insurance Code 10133.66 Section B limits takebacks by insurance companies as follows:

"Reimbursement requests for the overpayment of a claim shall not be made, including requests made pursuant to Section 10123.145, unless a written request for reimbursement is sent to the provider within 365 days of the date of payment on the overpaid claim."

The take back request you sent was dated _____ but the overpayment was made _____ which is past the one year deadline. Therefore, and in accordance with California Insurance Code, we are denying this request. If you have any questions, please contact us. Thank you.

Sincerely,

Kevin Kramer
Chief Executive Officer
Modoc Medical Center
530-233-5883

REFERENCE #	8350.25	EFFECTIVE
SUBJECT:	EMPLOYEE PAYROLL DEDUCTIONS8350.25 EMPLOYEE PAYROLL DEDUCTIONS	REVISED 05/2025
DEPARTMENT:	BUSINESS OFFICE	

POLICY:

~~This policy outlines an option for~~ Hospital employees ~~to offer~~ ~~to make a separate means of making~~ their approved monthly payment plan ~~by~~ ~~through~~ paycheck deductions.

PROCEDURE:

All employee payment plans must be in accordance with the Payment Plans Policy and Procedure.

If a payroll deduction is desired, the employee must ~~fill out~~ ~~submit~~ a payroll deduction request ~~for to~~ the Payroll Department for the amount of the approved payment plan. After the payroll deduction has been approved, a copy of the payroll deduction request must be given to the Business Office to be kept in the patient file.

If an employee is enrolled in a payroll deduction plan and wishes to temporarily suspend the plan, they must complete the Temporary Request for Suspense form, incorporated herein. The employee should submit the completed form to the Patient Financial Counselor, who will forward the request to the ~~CFO~~ Finance Director or Controller for approval or denial.

REFERENCES:

None.

ATTACHMENTS:

Temporary Request for Suspense form

**Modoc Medical Center
Employee Payroll Deductions**

Temporary Request for Suspense

Employee Name: _____

Date of Request: _____

Proposed Dates of Suspense: _____

Reason: _____

Employee Signature: _____

Approval: _____

Date of Approval: _____

(Approval is on a case-by-case basis)

REFERENCE #	8350.25	EFFECTIVE
SUBJECT:	8350.25 PATIENT COMPLAINTS	REVISED 05/2025
DEPARTMENT:	BUSINESS OFFICE	

POLICY

To ensure patient satisfaction, the following is the grievance procedure for all patient complaints and account disputes relating to the Business Office.

PROCEDURE

1. Patient or guarantor may call or come in to the Business Office and speak with the appropriate representative, depending on type of complaint/dispute.
2. If patient or guarantor does not feel that their complaint/dispute has been resolved to their satisfaction, they may contact the Business Office Manager Revenue Cycle Director or Controller COO.
3. If the Business Office Manager Revenue Cycle Director or Controller COO is unable to resolve complaint/dispute, the patient may consult the Chief Financial Officer or Chief Executive Officer.
4. Complaints other than billing-related are to be referred to Risk Management for appropriate resolution.

REFERENCE #	8350.25 #0031	EFFECTIVE 04/2016
SUBJECT:	8350.25 PATIENT INSURANCE ELIGIBILITY	
DEPARTMENT:	BUSINESS OFFICE	REVISED 5/2025

PURPOSE

The purpose of this policy is to provide ~~direction~~directions on how patient insurance eligibility is verified and included in the patient record at Modoc Medical Center (MMC).

POLICY

The policy of MMC is to verify insurance eligibility each time a patient presents for medical services, unless MMC does not have a tool that can be used to verify insurance eligibility for the health insurance product that the patient has purchased.

PROCEDURE

When a patient presents to receive medical services at MMC, that patient will be registered with all required fields being filled in accurately. During the registration process, the Admitting Clerk or designee will verify insurance eligibility using the insurance eligibility tool within our Electronic Health Record (EHR) or an official insurance portals listed in the table below or others that are available to them:

Insurance Company	Insurance Eligibility Tool
Medicare	Healthland Centriq
MediCal	MediCal Website- https://www.medi-cal.ca.gov/Eligibility/Login.asp or Healthland Centriq
Partnership	Partnership Website https://eligibility.partnershiphp.org/default.aspx or Healthland Centriq
Blue Cross/Blue Shield/Other Commercial Insurances	Healthland Centriq or *Availity Website

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*Availity Website hyperlink to insurance eligibility is as follows:-

<https://apps.availity.com/availability/web/public.elegant.login?goto=https%3A%2F%2Fapps.availity.com%3A443%2Favailability%2Fcommon%2Flogin.jsp>

If a patient has health insurance for which eligibility cannot be checked with the resources listed above, the Admitting Clerk will state that insurance eligibility could not be checked in the episode-encounter notes for the patient at the time of service.

Frequency of Eligibility Checks

To ensure proper registration of the patient and billing of the patient's claim, insurance eligibility checks will be performed each time a patient presents to MMC to receive medical care. All hospital visits that are registered after hours during the regular work week will be verified by the Admitting Clerk at the hospital during the next business day. Emergency Room (ER) visits ~~that are~~ registered over the weekend will be verified by the Admitting Clerk by the third business day of the regular work week following the weekend.

REFERENCE #	8350.25 #0031	EFFECTIVE 04/2016
SUBJECT:	8350.25 PATIENT INSURANCE ELIGIBILITY	
DEPARTMENT:	BUSINESS OFFICE	REVISED 5/2025

After Hours Registration Forms

Staff that register patients after hours or on the weekend will complete an Admitting Checklist After Hours form ~~(See Attachment A)~~ and will obtain copies of insurance cards to facilitate proper registration and verification of insurance eligibility by the hospital Admitting Clerk. The Admitting Checklist After Hours Form and copies of insurance cards will be stapled to the patient's face sheet and placed in the basket at the hospital Nurses' Station. These forms will be gathered by the hospital Admitting Clerk the next business day.

Proper Documentation of Eligibility Checks

After insurance eligibility checks are completed, the eligibility message or eligibility summary will be ~~copied from the tool utilized to obtain the eligibility check and pasted into the episode comments/notes for electronically stored in~~ that encounter ~~in the EHR~~. If an authorization or eligibility check is obtained over the phone, a ~~comment will be created on the encounter timeline note will be typed into the episode comments/notes~~ containing the date of the call, person that answered the call for the insurance company, authorization number, and subscriber information. Each encounter should have an ~~episode note eligibility response or encounter comment~~ corresponding to the insurance eligibility check that was performed for that encounter, unless the patient presents with an insurance product for which an insurance eligibility check tool is not available.

ATTACHMENT

1. ~~Attachment A—Admitting Checklist After Hours~~

REFERENCE #	8350.25 #0006	EFFECTIVE 12/2011
SUBJECT:	8350.25 REGISTRATION HOURS	
DEPARTMENT:	BUSINESS OFFICE	REVISED 05/2025

PURPOSE

The purpose of this policy is to provide written direction on the hours that registration staff will be available at Modoc Medical Center's (MMC) facilities.

POLICY

~~It is the~~The policy of MMC is to provide registration staff in its buildings during regular business hours. Registration staffing varies based upon when the services provided in each building are offered and available to the public. Registrations can occur after regular business hours, on holidays and on weekends in locations that are open 24 hours a day and 365 days a year. Those registrations are performed by nursing staff, CNAs or other support staff that are normally staffed after regular business hours, on holidays and on weekends.

PROCEDURE

Hospital Registration

In the Hospital, registration staff is provided Monday through Friday from 7:30am to 5:00pm. After hours registrations in the Hospital are conducted by the nursing staff, CNAs or other support staff that are normally scheduled after hours. All ~~after hours~~after-hours registrations not performed by registration staff in the Hospital are reviewed by registration staff during regular business hours. This is done to ensure that proper registration information is ~~obtained~~obtained, and insurance information is reflected accurately on each admission.

Clinic Registration

~~Registration in the~~ Clinic registration is staffed Monday through Friday, from 8:00am to 5:00pm. ~~However, The~~ Clinic is closed for lunch from 12:30pm to 1:30pm, ~~and during which~~ registration is not available ~~during that time at the Clinic~~. The Clinic does not register or admit patients on holidays, weekends or after business hours.

Physical Therapy Registration

Registration is staffed at Physical Therapy Monday through Friday, from 8:00am to 5:00pm. Physical Therapy does not register or admit patients on holidays, weekends or after business hours.

Skilled Nursing Registration

The Social Services Coordinator and the Charge Nurse coordinate admissions at the Skilled Nursing Facility (SNF) after they are approved by the Director of Nursing (DON). Admissions are normally conducted Monday through Friday from 8:00am to 5:00pm. The Hospital registration staff registers the patient ~~once the patient has been admitted~~ to the SNF after admittance. Admissions can occur after hours, on weekends or on holidays upon approval by the DON. Those admissions are registered by registration staff at the Hospital during normal business hours.

Registration Staff Time Off

<u>REFERENCE #</u> <u>8350.25 #0006</u>	<u>EFFECTIVE 12/2011</u>
<u>SUBJECT:</u> <u>8350.25 REGISTRATION HOURS</u>	
<u>DEPARTMENT:</u> <u>BUSINESS OFFICE</u>	<u>REVISED 05/2025</u>

Written Paid Time Off (PTO) requests ~~for holidays and vacation days~~ are considered on a first come, first serve basis and are approved based on ~~the organization's ability to continue to operate and are valid only upon~~ approval of the registration staff's director supervisor.

REFERENCE #	8350.25 #0025	EFFECTIVE
SUBJECT:	8350.25 SMALL BALANCE WRITE OFFS	
DEPARTMENT:	BUSINESS OFFICE	REVISED 05/2025

POLICY

-To ensure that billing procedures are not costing more than balances due, the Hospital authorizes a small balance write off policy on accounts between \$4.99 and -\$4.99.

PROCEDURE

A small balance adjustment rule has been established in our Electronic Health Record (EHR) to automatically adjust off balances on accounts between \$4.99 and -\$4.99. If a small balance adjustment needs to be done manually, the information will be placed on an adjustment request form and forwarded write-off requests to the Controller Revenue Cycle Director or CFO-COO for approval and posting. per Adjustment Policy and Procedure if balances not adjusted during month-end procedures. The Data Processor will run and post small balance write-offs at the end of each month as part of the month-end procedures.

REFERENCE #	8350.25 #0007	EFFECTIVE
SUBJECT:	8350.25 SURGERY ADMISSIONS PROCESS	
DEPARTMENT:	BUSINESS OFFICE	REVISED 05/2025

POLICY

~~This policy~~To provide written outlines the admissions process from scheduling to surgery.

PROCEDURE

~~The~~ Surgery Department Manager ~~must~~to schedule the patient and provide a copy of the schedule to the Business Office and Admitting Department one week prior to surgeries. ~~Admitting- The Surgery department~~ will determine if pre-authorizations are needed and will make sure that they are granted an authorization number. (~~Medi-Cal~~ TARS will be completed by ~~Medi-Cal biller~~ Surgery department staff as needed.)

After all pre-authorizations are received, Admitting advises the Financial Counselor of any patient that will have balances due (any applicable co-payments, co-insurance, deductible as well as self pay).

The Financial Counselor will advise the patient of estimated amounts due and establish payment arrangements accordingly. -No surgery is to be performed without arrangements for payments on patient balances. -The maximum self pay ~~balances are~~balance is to have payment arrangements in place to satisfy accounts within 12 months, unless authorized by the ~~Controller or CFO~~ Revenue Cycle Director or COO.

INFECTION CONTROL-ACUTE

REFERENCE #	8753-A 25	EFFECTIVE
SUBJECT:	8753.A 25 AIRBORNE INFECTION CONTROL	REVISED 02/2025
DEPARTMENT:	INFECTION CONTROL- ACUTE	

PURPOSE:

~~The purpose of this policy is~~ It is the intent of Modoc Medical Center and its clinics to use precautions to decrease the risk of transmission of infectious diseases.

AUDIENCE:

CHOOSE AN ITEM.

TERMS/DEFINITION:

Click or tap here to enter text.

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POLICY:

It is the policy of Modoc Medical Center Airborne precautions will be used in addition to the standard precautions for patients known or suspected to be infected with a disease spread by ~~very small~~ tiny droplet nuclei (5 mm or smaller). These particles may be spread through the air, carried on air currents where they can be inhaled by another person. Special air handling/ventilation is needed.

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PROCEDURE:

~~PATIENT PLACEMENT:~~ Patient Placement:

If a patient comes in with respiratory symptoms:

The patient ~~is will be~~ asked to apply a mask and use respiratory hygiene/cough etiquette.

A private, negative-pressure Airborne Infection isolation ROOM (AIIR) is recommended. However, if this is not available, the patient is to use the mask provided. All staff including nursing staff, physicians, and providers will apply N95 masks before seeing the patient.

MASKS: Masks:

- A. An N95 mask shall be worn when entering the patient's room.
- B. Susceptible persons entering the room of a patient with measles, chickenpox, or disseminated zoster must wear a mask. It ~~is preferably~~ is preferable that caregivers already immune to those diseases provide the patient care. For ease of communication, however, all facilities require all staff to wear a mask as directed by Infection Control policies.
- C. An N-29 respirator, which the staff ~~have has previously been fit-tested for, or a Powered Air Purifying Respirator (PAPR) is required to be worn by staff for patients known for suspected~~ has had previously been fit-tested for, or a Powered Air Purifying Respirator (PAPR) is required to be worn by staff for patients known for suspected of having TB, smallpox, or SARS, COVID-19, and MERS-CoV.

REFERENCE #	8753-A.25	EFFECTIVE
SUBJECT:	8753.A.25 AIRBORNE INFECTION CONTROL	REVISED 02/2025
DEPARTMENT:	INFECTION CONTROL- ACUTE	

ADDITIONAL PPE: Additional PPE:

- A. CDC PPE recommendations for MERS-CoV states that ~~Goggles~~goggles, ~~Face Shields~~face shields, ~~Gloves~~gloves, ~~Gowns~~gowns, and ~~Eye protection~~are to be worn.
- Protection, in addition to a fit-tested NIOSH-certified disposal N95 filtering facepiece respirator, ~~respirator~~.
- B. ~~If~~ If a respirator is not immediately unavailable, a face mask should be worn. In this situation, respirators should be made available as soon as possible.

SUBJECT:	Modoc Medical Center and Clinics Airborne Infection Control	REFERENCE #
DEPARTMENT:	Modoc Medical Center and Clinics Airborne Infection Control	PAGE: < # > —OF: 2—
		EFFECTIVE: 02/2023
		REVISED: MM/YYYY

TRANSPORT: Transport:

- A. Patients must be masked with a simple surgical mask when being transported to other areas of the facility. The ~~Rceiving~~Receiving department must be alerted to the precaution. Efforts should be made to keep the patient within the room, when possible.

DISEASES REQUIRING AIR: Diseases Requiring Air:

Included but not limited to:

- A. TB, SARS, Chickenpox, Disseminated Zoster, ~~m~~Measles, Middle East Respiratory Syndrome, Coronavirus (MERS-CoV), ~~COVID~~COVID-19, Hemorrhagic ~~F~~ever(s), (Ebola, Lassa, Marburg).

MONITORING OF CONTROLS: Monitoring of Controls:

- A. Employees must be fit tested for ~~the an~~ N-95 respirator. A record of the ~~fit-test~~fit test with the size and model of ~~the~~ respirator will be maintained in the Employee ~~health~~Health File.
- B. Positive Air Purifying respirators are available for staff unable to wear N-95 respirators.
- C. Equipment shall be easily available.
- Respirators (Masks) should be changed if they become moist, misshapen, ~~etc~~etc. ~~And~~Respirators are to be discarded at the end of the day.
- D. Most masks are changed every 4 hours if not moist or misshapen.

CONTACT AND AIRBORNE ISOLATION: Contact and Airborne Isolation:

AIRBORNE INFECTION CONTROL

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REFERENCE #	8753-A.25	EFFECTIVE
SUBJECT:	8753.A.25 AIRBORNE INFECTION CONTROL	REVISED 02/2025
DEPARTMENT:	INFECTION CONTROL- ACUTE	

- A. Certain diseases may require the use of a respirator (mask), goggles, facial shields, gowns, and gloves, and other additional protection always at all times during the care of ~~the~~ patients in isolation.
- B. Airborne Isolation signs shall be posted, and dedicated equipment should be used for that patient in isolation.
- C. Depending on the disease, the staff may choose to limit traffic into the room. Some examples are SARS and smallpox. -Each situation shall be evaluated on a case-by-case basis as some diseases are emerging and information changes rapidly.

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Please refer to "Type and ~~d~~Duration of Precautions Recommended for Selected Infections and Conditions" for a complete listing of diseases requiring precautions.

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REFERENCES:

CDC, Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

AIA, 2006 Guidelines for ~~d~~Design and Construction of Health Care Facilities by the Facility Guidelines Institute and the AIA Academy of Architecture for Health, with assistance from the U.S. Department of Health and Human Services.

ATTACHMENTS:

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REFERENCE #	8753-A.25	EFFECTIVE
SUBJECT:	8753 A.25 AIRBORNE INFECTION CONTROL	REVISED 02/2025
DEPARTMENT:	INFECTION CONTROL- ACUTE	

PURPOSE:

The purpose of this policy is It is the intent of Modoc Medical Center and its clinics to use precautions to decrease the risk of transmission of infectious diseases.

AUDIENCE:

CHOOSE AN ITEM.

TERMS/DEFINITION:

Click or tap here to enter text.

Commented [SF1]: Complete these sections

POLICY:

It is the policy of Modoc Medical Center Airborne precautions will be used in addition to the standard precautions for patients known or suspected to be infected with a disease spread by very-small tiny droplet nuclei (5 mm or smaller). These particles may be spread through the air, carried on air currents where they can be inhaled by another person. Special air handling/ventilation is needed.

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PROCEDURE:

PATIENT PLACEMENT: Patient Placement:

If a patient comes in with respiratory symptoms:

The patient is will be asked to apply a mask and use respiratory hygiene/cough etiquette.

A private, negative-pressure Airborne Infection isolation ROOM (AIIR) is recommended. However, if this is not available, the patient is to use the mask provided. All staff including nursing staff, physicians, and providers will apply N95 masks before seeing the patient.

MASKS: Masks:

- A. An N95 mask shall be worn when entering the patient's room.
- B. Susceptible persons entering the room of a patient with measles, chickenpox, or disseminated zoster must wear a mask. It is preferably is preferable that caregivers already immune to those diseases provide the patient care. For ease of communication, however, all facilities require all staff to wear a mask as directed by Infection Control policies.
- C. An N-29 respirator, which the staff have has previously been fit-tested for, or a Powered Air Purifying Respirator (PAPR) is required to be worn by staff for patients known for suspected suspected has had previously been fit-tested for, or a Powered Air Purifying Respirator (PAPR) is required to be worn by staff for patients known for suspected of having TB, smallpox, or SARS, COVID-019, and MERS-CoV.

REFERENCE #	8753-A.25	EFFECTIVE
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DEPARTMENT:	INFECTION CONTROL- ACUTE	

ADDITIONAL PPE: Additional PPE:-

- A. CDC PPE recommendations for MERS-CoV states that ~~Goggles~~goggles, ~~Face S~~hields, ~~G~~loves, ~~G~~owns, and ~~E~~ye protection ~~are~~is to be worn.
- Protection, in addition to a fit-tested NIOSH-certified disposal N95 filtering facepiece respirator, ~~respirator~~.
- B. ~~If~~ If a respirator is not immediately unavailable, a face mask should be worn. In this situation, respirators should be made available as soon as possible.

SUBJECT:-	Modoc Medical Center and Clinics Airborne Infection Control	REFERENCE #
DEPARTMENT:-	Modoc Medical Center and Clinics Airborne Infection Control	PAGE: < # > —OF: 2
		EFFECTIVE: 02/2023
		REVISED: MM/YYYY

TRANSPORT Transport:

- A. Patients must be masked with a simple surgical mask when being transported to other areas of the facility. The ~~R~~receivingReceiving department must be alerted to the precaution. Efforts should be made to keep the patient within the room, when possible.

DISEASES REQUIRING AIR Diseases Requiring Air :

Included but not limited to:

- A. TB, SARS, Chickenpox, Disseminated Zoster, ~~m~~Measles, Middle East Respiratory Syndrome, Coronavirus (MERS-CoV), ~~COV4D~~COVID-19, Hemorrhagic ~~f~~ever(s), (Ebola, Lassa, Marburg).

MONITORING OF CONTROLS: Monitoring of Controls:-

- A. Employees must be fit tested for ~~the an~~ N-95 respirator. A record of the ~~fit-test~~fit test with the size and model of ~~the~~ respirator will be maintained in the Employee ~~health~~Health File.
- B. Positive Air Purifying respirators are available for staff unable to wear N-95 respirators.
- C. Equipment shall be easily available.
- Respirators (Masks) should be changed if they become moist, misshapen, ~~ee~~etc. ~~And~~Respirators are to be discarded at the end of the day.
- D. Most masks are changed every 4 hours if not moist or misshapen.

CONTACT AND AIRBORNE ISOLATION: Contact and Airborne Isolation:

AIRBORNE INFECTION CONTROL

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REFERENCE #	8753-A.25	EFFECTIVE
SUBJECT:	8753.A.25 AIRBORNE INFECTION CONTROL	REVISED 02/2025
DEPARTMENT:	INFECTION CONTROL- ACUTE	

A. Certain diseases may require the use of a respirator (mask), goggles, facial shields, gowns, and gloves, and other additional protection always at all times during the care of the patients in isolation.

B. Airborne Isolation signs shall be posted, and dedicated equipment should be used for that patient in isolation.

C. Depending on the disease, the staff may choose to limit traffic into the room. Some examples are SARS and smallpox. Each situation shall be evaluated on a case-by-case basis as some diseases are emerging and information changes rapidly.

Please refer to "Type and dDuration of Precautions Recommended for Selected Infections and Conditions" for a complete listing of diseases requiring precautions.

REFERENCES:

CDC, Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

AIA, 2006 Guidelines for dDesign and Construction of Health Care Facilities by the Facility Guidelines Institute and the AIA Academy of Architecture for Health, with assistance from the U.S. Department of Health and Human Services.

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REFERENCE #	8753-A.25	EFFECTIVE 2009
SUBJECT:	8753-A.25 REPORT OF SUSPECTED INFECTION	REVISED 05/2025
DEPARTMENT:	INFECTION CONTROL- ACUTE	

PURPOSE:

The purpose of this policy is to facilitate early detection of possible Health care Associated Infections (HAI's) in patients and personnel

AUDIENCE:

Choose an item.

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center (MMC)

PROCEDURE:

Report Suspected Infection if any of the following signs/symptoms is noted:

- Localized erythema, edema, drainage or tenderness at any surgical site.
- Elevated WBCs
- Elevated temperature (greater than 100.8x2 in a 24-hour period)
- unexplained rash
- Positive chest x-ray not present on admission
- positive blood culture not present on admission
- Any intravascular device related adverse reaction, i.e., redness at site of insertion, signs, and symptoms of phlebitis

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Immediately telephone notification to the Infection Control Preventionist for any of the following:

- When physician orders anti-TB medications, i.e., IHN, Rifampin, Ethambutol, PZA
- When culture and sensitivity report reveals MRSA or VRE, any site.
- When culture and sensitivity report reveals MRSA or VRE, any site.
- When culture report from any postoperative surgical site is positive.

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- Once ~~telephonetelephone~~ notified to the Infection Control Practitioner is complete, enter this ~~informatoninformation~~ in the patient's medical record.

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REFERENCES:

ATTACHMENTS:

REFERENCE #	8753-A.25	EFFECTIVE
SUBJECT:	INFECTION CONTROL PLAN PREVENTION, EDUCATION AND TRAINING 8753-A.25 INFECTION CONTROL PLAN PREVENTION, EDUCATION AND TRAINING	REVISED 2/43/2025
DEPARTMENT:	INFECTION CONTROL- ACUTE	

PURPOSE: —The purpose and policy are identifying the Infection Control Plan for prevention, education, and training.

AUDIENCE:
Facility Wide

TERMS/DEFINITION: —

POLICY: —This policy of Modoc Medical Center utilizes the Infection Control Plan for Prevention, Education and Training for all staff.

PREVENTION:

Prevent healthcare-associated infections inpatient, staff, and visitors through:

- A. Education of patients, staff, and visitors about infection prevention and control guidelines and methods.
- B. Procedure review and evaluations.
- C. Maintaining a system to monitor and improve adherence to hand hygiene policies.
- D. Determining whether precautions are appropriate for individual patients by conducting infection prevention rounds.
- E. Ensuring adequate preparation for surg of infectious patients (i.e., patient rooms, clinic rooms, PPE, equipment, linens, and medical supplies and equipment).
- F. Communicating with the pharmacy regarding antibiotic utilization practice patterns and antimicrobial stewardship actions.
- G. Participating in construction and renovation planning and activities.
- H. Planning for emergency management of infectious patients (bioterrorism, chemical terrorism, pandemic, or outbreak).

EDUCATION AND TRAINING OF HEALTHCARE WORKERS:

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The Infection Preventionist, managers, or designated appointed Registered nurse will plan and implement the Modoc Medical Center and Clinics Infection Control orientation and mandatory in-service programs. Specific departmental in-services will be conducted upon ~~request~~the request of the manager as deemed necessary.

Educational sessions will be provided for staff as they can completely participate in infection prevention and control activities.

Training addresses:

- Infection control measures
- Personal protective equipment (PPE)

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SUBJECT:	INFECTION CONTROL PLAN PREVENTION, EDUCATION AND TRAINING8753-A.25 INFECTION CONTROL PLAN PREVENTION, EDUCATION AND TRAINING	REVISED 2/43/2025
DEPARTMENT:	INFECTION CONTROL- ACUTE	

- Isolation precautions
- Hand hygiene
- Disinfecting/cleaning
- Bloodborne pathogen exposure.
- Additional areas required by government, accreditations, or licensing agencies.
- This training will take place upon hire, annually thereafter and periodically as needed.

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In general, established criteria from the Center of Disease Control and Prevention (CDC) are used to define healthcare associated infections. CDC has sets of criteria that must be met to determine that an infection qualifies as a healthcare associated infection.

The Infection Preventionist nurse determines the type and scope of surveillance system at MMC and reviews its effectiveness from previous years. A target surveillance method is utilized to focus resources on high priority or high-risk populations and settings. In addition to target surveillance, single occurrences and/or outbreaks of HAIs related to any unusual or virulent pathogenic organism are evaluated.

Data produced from the surveillance process is presented to the Infection Prevention Committee to facilitate decision concerning prevention and control activities and resource allocation within the IP (Infection Prevention (IP)) Program. Infection rates are established using recognized statistical methodology. Management of data is performed by the Infection Control Nurse.

Surgical Site Infections:

The Infection Prevention Program conducts surveillance to detect Surgical Site Infections (SSI) as defined by the CDC published guidelines. Sources that may result in detection of the SSI include, review of the daily microbiology report of positive cultures and reports from nursing and medical staff. Modoc Medical Center has surgical suite and follow up with patients after the surgery. This process is to follow up with the patient the day after the surgery to see how the patient is progressing. Any symptoms such as fevers, bleeding, any abnormal swelling, increased pain or abnormal signs are to be reported to the provider or Emergency Department. Documentation is needed in the chart and logbook in the Operating Department. If the patient had surgery from another provider, they are referred to follow up with primary surgeon that did the procedure.

Central Line Related Blood Stream Infections:

The IP Nurse conducts surveillance for Central Line Related Blood Stream Infections (CLABSI). Detection is done by monitoring microbiology reports of positive blood cultures. Chart review is conducted to determine whether the bacteremia meets CDC criteria for CLABSI. The Insertion Bundle and Central Line maintenance criteria are monitored with education and review provided. The data is presented to the IP committee. The process would be to progress due to standards of care if the patient had a previous central line or currently has central line which may be causing fever or other symptoms such as a PICC line, Groshong, or port. The primary surgeon or hospital where the central online was placed will be contacted by the Infection Control Nurse or Nurse Manager or designated registered nurse.

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Multi-Drug-Resistant Organism:

- A. The IP Professional conducts surveillance for infection or colonization with multidrug resistant organisms.
- B. Methicillin-Resistant Staphylococcus Aureus (MRSA); Vancomycin Resistant Enterococcus (VRE), Extended Spectrum Beta-Lactamase (ESBL), and Carbapenem Resistant Enterobacteriaceae CRE are monitored.
- C. A microbiology report of positive culture for these organisms is made available for the IP nurse.
- D. This data is presented to the IP committee. MRSA active surveillance testing of the nares is performed per SB 1058 to admit to tertiary facilities for all patients who:
 1. Are scheduled for surgery.
 2. Have been previously discharged from a general acute care hospital within 30 days of current admission.
 3. Are being transferred from a skilled nursing facility.
- E. Modoc Medical Center does not have inpatient dialysis, ICU or burn unit, those patients would also be tested for MRSA at a tertiary hospital if the patient is admitted.

MRSA testing is done regularly at Modoc Medical Center per the physician or provider that orders it. This is documented in the patient's chart.

Clostridium difficile-Associated diarrhea Clostridium difficile (C-difficile, C-diff) associated diarrhea is a major Hospital Acquired Infection (HAI) with significant morbidity.

Surveillance is conducted by the IP nurse via laboratory reports of positive stool toxin assay. The ongoing surveillance data are presented to the Infection Prevention Committee only if a patient has come to Modoc Medical Center and was diagnosed by laboratory specimen.

Infection control and ongoing transmission of healthcare-associated infections are addressed and develop a corrective measure to reduce the risk of acquiring infections by:

1. Performing epidemiologic studies when appropriate based on surveillance recognizing clusters or significant deviations from endemic level.
2. Investigate adherence issues to infection prevention procedures.
3. Institute appropriate corrective measures and advise clinical staff of prevention procedures.
4. The Infection Preventionist Control nurse/or manager works closely with and serves as a resource for environmental services and supervisors and all departments regarding disinfection, cleaning products and procedures.

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Infection Prevention Rounds

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All patients who require isolation are identified by the nursing staff and the institution of appropriate isolation is ensured rounding and record checks.

Feedback from hospital rounds of environmental or patient related infection control or safety hazard is appropriately managed to directors, managers, supervisors, and staff via written report if noncompliance is found.

Resources:

Modoc Medical Center will provide adequate human and material resources, both personnel are on personnel to achieve the Infection Prevention Program goal of reducing infections.

Additional Activities:

Employee Health Services

Infection Preventionist and managers will assist with the developing policies/procedures related to placement evaluations, immunization programs, TB prevention and control activities, exposures to infectious diseases, work-related and work – restricting illnesses, health and safety education and appropriate follow-up of hospital/clinic associated infections and policy development to prevent their occurrences. special emphasis is placed on prevention of occupationally acquired diseases due to blood borne pathogens and annual TB testing and influenza vaccination programs. Annual Fit Testing for N95 masks will be done annually per OSHA guidelines.

Collaboration with Safety and Quality Programs

The Infection Preventionist, ~~Chief Nursing Officer~~NO, and managers participate ~~on~~in the MMC Safety Committee and Quality Committee. Environmental care issues, patient safety issues and potential hazards are examined and strategies to reduce these are formulated. Infection Control Risk assessments will be conducted by the Infection Preventionist as a part of the preconstruction planning for any renovation or new construction projects.

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Liaison role with Public Health Department

The Infection Preventionist is responsible for notifying state and local Public Health Departments of reportable diseases. This may include chart reviews as necessary to assist health departments in gathering epidemiological information. The Infection Preventionist has links with the local PHS for notification of unusual events including outbreaks and bioterrorism events.

Education and Training

Training and education courses in Epidemiology and Infection Prevention and Control are available from the Association for Professionals in Infection (APIC) and ~~Epidemiology, Inc~~ (APIC S)society for Healthcare

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REFERENCE #	8753-A.25	EFFECTIVE
SUBJECT:	INFECTION CONTROL PLAN PREVENTION, EDUCATION AND TRAINING 8753-A.25 INFECTION CONTROL PLAN PREVENTION, EDUCATION AND TRAINING	REVISED 2/13/2025
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Epidemiology (SHEA) and the Center of Disease Control and Prevention (CDC). Continuing education in Infection Prevention is required and supported by Modoc Medical Center. This includes active participation

in APIC (~~Associating for Professionals in Infection Control~~) at the regional and national levels and with other related organizations promoting infectious disease prevention and education.

REFERENCES:

APIC (Associating for Professionals in Infection Control and Epidemiology) Test of Infection Control and Epidemiology 2009. www.apic.org \

Guidelines for Disinfection and Sterilization in Healthcare Facilities, HICIPAC CDC (2008). Guidelines for Disinfection and Sterilization. The compendium of Strategies to Prevent Healthcare Associated Infection in Acute Care Hospitals, by SHEA, IDSA, TJC, APIC, and AHA. 2014. APIC Guide to Elimination of Catheter-Related Bloodstreams Infections, 2009.

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ATTACHMENTS:

NONE

RADIOLOGY-MRI

REFERENCE #	7660.25	EFFECTIVE 09/21,
SUBJECT:	7660.25 MRI SAFETY GUIDELINES	REVISED 02/2025
DEPARTMENT:	RADIOLOGY-MRI	

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POLICY STATEMENT

Medical Resonance Imaging (MRI) safety procedures consistent with regulatory requirements and medical center safety policies and procedures will be implemented and maintained for the following safety zones:

- Zone I: General Public
- Zone II: Unscreened MRI Patients & Personnel
- Zone III: Screened MRI Patients & Personnel Level 1 MRI personnel
- Zone IV: Screened MRI Patients Under Immediate Supervision
(line of Sight) of Level 2 MRI personnel

PURPOSE

The purpose of this policy is to provide guidelines for the safety of all members and personnel working within or visiting the MRI suite/coach.

TERMS/DEFINITIONS

MRI Event: Near miss, ~~accident~~accident, or injury within MRI Zone IV.

Near Miss: An unplanned event that did not result in injury, illness, or damage, but had the potential to do so, i.e., ferrous O2 tank entering the MRI Zone IV, patient does not accurately answer MR safety questions, etc. ~~do so, i.e., ferrous O2 tank entering the MRI Zone IV, patient does not accurately answer MR safety questions, etc.~~

Level 1 MR Personnel: Those who have passed minimal safety educational efforts to ensure their own safety as they work within Zone III, i.e., Transporters, Tele RN's, Imaging Assistants, MR Directors, and Clinical Technology.

Level 2 MR Personnel: Those who have been more extensively trained in the broader aspects of MR safety issues can ensure their own and the safety of others, i.e., MR Technologists and Radiologists.

MRI Suite: Could potentially include MR Zones II, III, and/or IV depending upon the department layout.

MR Safe: An object that poses no known hazards in all MR environments. MR safe can only be applied to objects that are 100% safe to be taken, used, or placed within all MR environments without any risk or potential harm.



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REFERENCE #	7660.25	EFFECTIVE 09/21
SUBJECT:	7660.25 MRI SAFETY GUIDELINES	
DEPARTMENT:	RADIOLOGY-MRI	REVISED 02/2025

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MR Conditional: An object that is safe when used in a specific manner within specific MR environments. Most objects will receive this rating. An object with this label warns the user that there are limitations to the usability or to the testing that was performed on it. The object may have been tested for a 1.5 Tesla system, but not for a 3.0 Tesla system. The conditions should be included on the object in its packaging, or the accompanying instructions.



MR Unsafe: An object that poses a known threat or hazard in all MR environments.



POLICY

It is the policy of Modoc Medical Center to provide guidelines for the safety of all members and personnel working within or visiting the MRI suite.

PROCEDURE

General Rules for the MRI Suite

The magnet is always on (Zone IV).

Entry into the MRI Zone IV is only for authorized business and only by approval of the MRI technologist, radiologist, and/or other authorized imaging staff who have completed MRI Level 2 safety training.

REFERENCE #	7660.25	EFFECTIVE 09/21
SUBJECT:	7660.25 MRI SAFETY GUIDELINES	
DEPARTMENT:	RADIOLOGY-MRI	REVISED 02/2025

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Employees, ~~visitors~~visitors, or staff will not be allowed in the magnet area (Zones III and IV) without the appropriate screening, ~~evaluation~~evaluation, and supervision.

No patients with unapproved telemetry ~~leads~~lead or telemetry monitors shall be allowed entry into MRI Zone IV.

Employees, visitors or staff with Harrington rods, prothesis, bone or joint pins, or any other potential for foreign ferromagnetic materials will need to be evaluated prior to entering MRI Zone IV.

All ferromagnetic or magnetic items must be removed prior to entering the MRI room (Zone IV). Examples: watches, change, rings, pens, keys, buckles, or any other metal object, etc.

All ancillary equipment, i.e., gurneys, wheelchairs, IV poles, patient monitoring devices, blood pressure cuffs, scissors, pagers, or rescue equipment, will not be taken into the MRI room unless they are proven (tested) nonferromagnetic.

Oxygen tanks must be non-ferromagnetic (aluminum) and will not be placed closer than the end of the MRI imaging table (Zone IV). Plastic airway tubing will be used to reach the patient.

Non-MRI compatible ventilators and portable suction pumps will not be taken into the MRI room (Zone IV).

~~Equipment~~The equipment must be labeled MR Safe or MR Conditional.

If MRI Conditional, equipment must be managed per the manufacturer's recommendations.

In the event of a near miss or actual event where ferromagnetic objects enter Zone IV, MRI personnel will immediately document the incident in the ~~Safety-First~~Safety-First incident reporting system.

Safety Education and Monitoring

Basic MRI Safety education approved for all appropriate medical center staff employees and advanced MRI safety education for Level 2 MRI personnel will be conducted annually.

The Radiology Manager will ensure that policies and procedures are followed; training and safety certification for technologists and MRI staff is completed and current; MRI incidents are investigated, documented, and reported as appropriate, and deficiencies corrected. The Radiology Manager has the authority to immediately cease unsafe activities or activities that are out of compliance with the medical center's MRI safety Guidelines policy.

Signage

MRI Zones III and IV shall be clearly marked with the appropriate zone signage.

Zone IV signage shall state that the magnet is always on.

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SUBJECT:	7660.25 MRI SAFETY GUIDELINES	REVISED	02/2025
DEPARTMENT:	RADIOLOGY-MRI		

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Thermal Burns for Adult and Pediatric Patients

To ensure staff is aware of the potential danger and problems that may occur in using physiologic monitoring equipment, ECG monitors, electrocardiographic electrodes, ECS cables/leads, and pulse oximeters in the MRI unit, the following precautions should be taken:

Use systems that have electrically nonconductive paths (i.e. fiber optic cable and plastic tubing).

Use systems that have high resistance paths (i.e. carbon ECG leads).

Do not loop leads, cables, or coils.

Place the sensor well away from the radio frequency coil and run the cables away from the coil whenever possible.

Remove all unused sensors, cables, and surface coils from the MRI system.

Instruct conscious patients to call out or utilize call button if they experience uncomfortable levels of warming anywhere, especially at the sites of sensor application.

Technologists should periodically check the sites of the bore, coils, and body parts in contact with each other.

Eye makeup that contains metal can cause eye irritation. Patient shall be instructed to remove makeup before scanning. Patients with permanent eyeliner or other metallic ink tattoos shall be informed about the risk of temporary skin irritation and instructed to inform the technologist during the examination if irritation occurs and get medical attention if the irritation persists.

Patients will be required to remove undergarments that have suspected or known metallic fibers or metal objects included in their design, (i.e. X-static: Coolmax/Lycra, as examples – refer to article Invisible Metallic Microfiber in Clothing Presents Unrecognized MRI Risk for Cutaneous Burn, published December 15, 2011 as 10.3174/ajnr.A2827).

In the event of an accident, injury, or near miss, MRI personnel will document the incident in the Safety-First Reporting System.

Acoustic Noise Protection

Hearing protection is required for patients and staff in Zone IV during scan.

MRI technologist or designee will explain the use of ear plugs to patients and others entering Zone IV for noise reduction.

Regular headphones designated for communication with patients cannot replace the ear plugs. Only specifically designating metal free headphones for noise protection can be used in place of the ear plugs.

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Quench Evaluation

In the event of a quench, the patient's safety is always the first concern. Cryogens leaking into the room may appear as clouds of smoke.

Action to be taken:

Only trained service personnel may handle cryogens. During cryogen fills, Zone III and Zone IV must be evacuated of all, but trained service personnel.

If pressure within the room prevents opening the door:

The window to the control room should be broken.

Ventilate adjacent areas as they may also rapidly fill with cryogen vapor.

Evacuate the patient from the MRI room as quickly and carefully as possible. Reassure the patient of his/her safety while transporting them out of the magnet room to a safer area to prevent asphyxiation.

Cryogen condensate (on the floor and horizontal surfaces) is extremely cold and may cause thermal injury (frostbite) on contact.

Staff entering Zone IV to evacuate the ~~patient, patient~~ should be careful to maintain space orientation in the ~~room by keeping the exit door in sight-~~
~~room by keeping the exit door in sight.~~

Notify Radiology Manager or designee, of the quench.

In the event of a quench or near miss, MRI personnel will document the incident in the Safety First reporting system.

Restricted access should be maintained.

Communicate with the first responders regarding the safety status of the magnet and the MRI suite.

Notify the Emergency Response Team (ERT):

ERT will respond to the scene and assist with evaluation of the situation and plan clean-up and re-occupation process.

If ERT evaluation indicates, a Code Triage may be activated.

When the helium quench is complete and re-occupancy approved by the ERT, the MRI lead will evaluate the cryogen levels.

The lead will notify the Radiology Director of the anticipated ~~down-time~~downtime.

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Staff initiated quench of the magnet only when the object held against the MRI scanner poses an imminent threat of injury or death, such as if a patient or staff member is pinned between the object and the magnet. Note that quench is a potentially dangerous procedure, and essential precautions must be taken before and after quenching the magnet.

MRI Technologist

The MRI technologist must be free of implanted devices or materials that could be adversely affected by the magnet field.

Prior to entering Zone IV, the patient is to change into an approved, MRI safe, metal free gown.

All patients and visitors must be wanded with handheld metal detector, even if the MRI suite has a ferrous detection system in place.

Hearing protection is required for patients and staff in Zone IV during scan.

Keep the door to the MRI room (Zone IV) closed at all times.

After hours, the door to the MRI suite shall be locked.

The MRI suite shall not be left unlocked and unattended during business hours.

Patients shall be visually monitored at all times while in Zone IV.

Maintain two-way audio access to the patient during scanning procedures.

Ensure that regular PMs will be performed to ensure optimal magnet performance.

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All discrepancies in equipment performance will be reported to the Radiology Manager.

Annual physicist evaluations will be arranged through Alliance Radiology Heritage Imaging.

Pregnant MRI technologist and Radiology Heritage Imaging Manager should refer to *Pregnant Technologists and Healthcare Workers Safety* Information at www.MRISafety.com

Nursing Staff and Physicians

May enter the MRI room (Zone III and IV) in the performance of their duties and during patient care activities only after all metallic items have been removed and screened by MRI Technologist, to include being wanded with a MRI ~~hand-held~~handheld metal detector prior to entering Zone IV. All non-MRI staff will be wanded, regardless if the MRI suite has a ferrous detection system in place.

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Only the patients' non-ferromagnetic, MR safe and MR conditional monitoring equipment designed for the MRI environment will be used.

Patients and Visitors

Patients and visitors will not be allowed in the MRI area (Zone III & IV) unless escorted and screened by an MRI technologist, radiologist, or other trained Level 2 MRI personnel.

All patients having an MRI procedure will complete and sign an MRI Safety Screening form before being allowed into Zone III.

Any questions answered YES will be investigated and resolved before the patient is allowed into Zone III.

Commented [MM2]: Answered yes, on what or to what questions?

MRI patients will remove all outer clothing and footwear and will be provided with safe approved metal free gown.

Transdermal Patches:

The MRI department will screen for transdermal patches for outpatients and inpatients as follows:

Outpatients:

Outpatients will be screened for transdermal patches verbally over the phone during the scheduling process.

Patients who have questions regarding the temporary removal of the transdermal patches during the MRI exam shall be referred to their provider.

On the day of the exam, if the patient presents with a transdermal patch, the patient will be asked to remove it prior to entering Zone IV of the MRI scanner. At the end of the exam, the patient will be informed they may apply a new patch as per further instructions by their ordering provider.

The patches will be disposed of in a designated pharmaceutical waste bin.

Inpatients:

If a patient arrives in the MRI department with a medication patch on, the licensed provider (RN or MD) will remove the patch.

Patches on an inpatient will not be removed without an MD order to do so.

MRI technologists or non-nurse personnel will not remove transdermal patches.

Piercings:

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The MRI department will screen and ensure that all ferromagnetic piercing(s) are removed prior to entering Zone IV of the MRI scanner.

If patients will not or cannot remove their ferromagnetic will contact the appropriate providers (i.e. referring physician or radiologist) who will determine MRI exam risk versus benefits, or for further exam instructions.

If it has been determined by the provider that the MRI exam is necessary:

The technologist will document on the requisition the physician approval (MD name, date, time of exam approval).

Pediatric Patients

All patients will be screened with the help of their parent or guardian.

All pediatric patients will be required to change into an approved metal-free patient gown.

All pediatric patients must be wanded with handheld metal detector, even if the MRI suite has a ferrous detection system in place.

If a parent or guardian is needed to accompany the patient in Zone IV, the parent or guardian will be required to complete a screening form, change clothing and must be wanded.

Family Support Services

All cleaning and maintenance equipment must be previously approved by MRI Level 2 trained personnel, before use in Zone IV.

Metallic tools, devices, and equipment will not be brought into Zone IV without explicit examination and approval by Level 2 trained MRI personnel. (Floor buffers, mechanized floor stripper, mops, buckets, cleaning utensils, power drill, metallic tools, etc...)

No cleaning devices shall be brought into Zone IV when a patient is on the table.

No cleaning will be performed in Zone IV without the immediate supervision of authorized Level 2 trained MRI staff.

Emergency and Security Personnel

In the event of an emergency (i.e., respiratory arrest or cardiac arrest), patientpatients will be removed promptly from Zone IV by MRI Level 2 trained staff, and treatment will be administered outside of Zone IV.

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If Security or Emergency personnel are ever called by Imagingthe Imaging department to report to the MRI area, they will be screened prior to entering Zone III; all patients will be taken out of Zone IV by the MRI technologist.

If a need arises that requires Emergency or Security personnel to enter the MRI room (Zone IV), this can only be done after being cleared by a level 2 MRI personnel. (Non-MRI personnel will be asked to remove any ferromagnetic materials (Zone III) including credit cards, walletwallets, watches, rings, electronic devices, etc.)

During the course of exams on critically ill patients or during emergencies which attract numerous personnel, entrance into the MRI exam area (Zone II and III) will be continually controlled by level 2 MRI personnel that will screen equipment and persons for potential hazards.

All fire extinguishers and oxygen tanks located in or brought into the MRI scanning room will be checked for MRI safety compliance (ex: non-ferrous), by level 2 MRI personnel.

MRI safety education for all appropriate medical center employees shall be conducted annually.

REFERENCES

<http://mrifafety.com/>

Reference Manual for Magnetic Resonance Safety, Implants and Devices-2006-
Frank G. Shellock, PhD

Invisible Metallic Microfiber in Clothing Presents Unrecognized MRI Risk for Cutaneous Burn
published December 15, 2011 as 10.3174/ajnr.A2827

ACR Guidance on MRI Safety – 2013

Interrelating Sentinel Event Alert #38:
<https://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/MR-Safety/InterrelatingSentinelEventAlert38.pdf>

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RADIOLOGY

REFERENCE #	7660.25	EFFECTIVE: 04/04/2025
SUBJECT:	7660.25 PATIENT'S PERSONAL BELONGINGS PATIENTS PERSONAL-BELONGINGS	REVISED 02/2025
DEPARTMENT:	RADIOLOGY	

PURPOSE:

To keep patient personal belongings protected.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

None

POLICY:

It is the Policy of Modoc Medical Center to make a reasonable effort to maintain the safety of patients' personal belongings.

PROCEDURE:

- 4. Personal belongings are the responsibility of the patient. Modoc Medical Center will not be liable for loss of personal belongings.
- 2. Any personal belongings/valuables accompanying patients will be locked up in designated area.
- 3. All locked personal belongings will be returned to the patients prior to leaving.
- 4. All inpatient belongings will be left on their hospital unit or in the hospital safe.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	7430.25	EFFECTIVE 08/2024
SUBJECT:	7430.25 IMAGE-GUIDED PERCUTANEOUS DRAINAGE/ASPIRATION OF ABSCESSSES AND BLUID COLLECTIONS (PDAFC)	REVISED 05/2025
DEPARTMENT:	RADIOLOGY	

PURPOSE

The purpose of this policy is to provide guidance in performing high quality percutaneous drainage/aspiration of abscesses and fluid collections (PDAFC).

TERMS/DEFINITIONS

Image-guided percutaneous drainage: The placement of a catheter using image guidance to provide continuous drainage of a fluid collection, using access pathways that may be either transorificial (e.g., transrectal, transvaginal, transgastric, peroral) or transcutaneous. It includes localization of the fluid collection by imaging and placement of one or more catheters and may also include catheter maintenance and eventual removal of the catheter(s). It may be performed during a single session or as a staged procedure during multiple sessions.

Image-guided percutaneous aspiration:

~~Defined as:~~ Therapeutic evacuation or diagnostic sampling of a fluid collection using either a catheter or a needle during a single imaging session, with removal of the catheter or needle immediately after the aspiration.

POLICY

It is the policy of Modoc Medical Center (MMC) to provide percutaneous drainage/aspiration of abscesses and fluid collections in concordance with the parameters as set for by the American College of Radiology (ACR).

PROCEDURE

I. ~~Indications and Contraindications~~

A. ~~Indications~~

~~Because of variability in the presentation of abscesses and fluid collections, the indications for PDAFC must be stated in general terms enumerated at the end of this section. A collection may be detected by physical examination but is typically discovered by an imaging study. Additional studies may be helpful prior to the procedure to confirm the presence or nature of the fluid collection and to evaluate the feasibility of a percutaneous procedure.~~

~~Diagnostic aspiration may be the only means of determining whether a fluid collection is infected. For instance, while fever, leukocytosis, malaise, anorexia, or other systemic symptoms point to an infection, these signs and symptoms may be absent in elderly, very ill, diabetic, or immunocompromised patients. If infected material is obtained or if the operator suspects the presence of infection, a drainage catheter may then be placed.~~

~~Percutaneous drainage or aspiration may be performed in essentially any organ system. Recently, the feasibility and safety of addressing abnormal postoperative air collections related to infection has~~

Commented [SF1]: @Shelly Bailey @Amber Vucina have you reviewed the sections you are indicating need to be deleted with Shelly? That is a significant change that needs manager input.

Commented [AV2R1]: Hi @Samantha Farr , in the previous policy Shelly indicated in the comments that she wanted to keep the indicators and contradictions. I'm okay with what @Shelly Bailey wants to keep as it is her department policy.

Commented [3R1]: I prefer that it is left as written. We follow ACR Guidelines.

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also been described [22]. The contraindications are relative and depend on the suitability of surgical alternatives. Common relative contraindications include coagulopathy and/or the absence of an acceptable path for needle and catheter introduction.

There is a spectrum of disease complexity. Examples of more complex situations include multiple or multiloculated abscesses, abscess due to Crohn's disease, pancreatic abscesses, a drainage route that traverses the bowel or pleura, infected hematoma, and tumor abscess. Articles have documented curative or partially successful percutaneous drainage in patients with these complex situations [23-31]. However, one should expect that percutaneous drainage in such cases will potentially have a lower chance of success, be more technically difficult, require longer periods of time for drainage, require subsequent drain manipulation/repositioning/upsizing, have a higher likelihood of recurrence, may require the use of transcatheter fibrinolytic such as [TPA] or [DNase] to achieve clinically significant drainage, and have a higher rate of complications [7,18,32].

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Commented [AV5]: Spell out

In the setting of moderate, severe, and/or necrotizing pancreatitis, the role of prospective percutaneous drainage, as part of nonoperative management is evolving [33-38]. Likewise, the decision to provide drainage for pancreatic pseudocysts in a transcutaneous or transgastric fashion versus by endoscopic ultrasound should be made in collaboration with the referring physician [39].

For other abscesses that are incompletely drained after PDAFC, some have reported success with adjunctive intracavitary fibrinolytics and/or adjunctive procedures such as upsizing to a larger catheter or one with additional side holes [40,41]. Decisions regarding percutaneous versus surgical drainage of complex collections should be made in concert with other physicians involved in the patient's care. Some have advocated the possibility of draining abscesses using needles alone [32,42,43]. However, a majority of abscesses need catheter placement for proper drainage, and the overall utility of needle drainage of abscesses awaits further study.

The indications for PDAFC include, but are not limited to, the presence of an abnormal fluid collection with:

- Suspicion that the fluid is infected or the result of an abnormal fistulous communication.
- Need for fluid characterization.
- Suspicion that the collection is producing symptoms or adverse physiologic effects such as sepsis, respiratory compromise, gastrointestinal or urinary obstruction, compartment syndrome, etc.
- Need for an adjunctive procedure to facilitate the improved outcome of a subsequent intervention (eg, paracentesis prior to liver intervention) or additional therapy to follow access (sclerotherapy, pleurodesis, laser ablation, debridement, etc).

Threshold—PDAFC should be done for 1 of the above 4 indications in 98% of the cases.

B. Contraindications

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~~There are no absolute contraindications. However, there are relative contraindications and, as for all patients considered for this procedure, the relative benefits and risks of the procedure should be weighed carefully. These relative contraindications should be addressed and corrected or controlled before the procedure, when feasible. The relative contraindications for PDAFC include:~~

- ~~1. Significant coagulopathy that cannot be adequately corrected.~~
- ~~2. Severely compromised cardiopulmonary function or hemodynamic instability.~~
- ~~3. Lack of a safe pathway to access the abscess or fluid collection.~~
- ~~4. Inability of the patient to cooperate with, or to be positioned for, the procedure.~~

~~For the pregnant or potentially pregnant patient, see the ACR–SPR Practice Parameter for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation [44].~~

II.1. Specifications and Performance of the procedure

- a. ~~Imaging Equipment and Facilities The choice of modality for imaging guidance will depend on the site and characteristics of the collection, the skill and preference of the intervening physician, and the availability of appropriate imaging devices for guidance.~~ The minimum requirements for facilities in which PDAFC is performed include the following:
 - i. When fluoroscopic guidance is used, a high-resolution unit with adequate shielding and collimation is desirable. The ability to perform complex angle (e.g. anteroposterior, lateral, or oblique) fluoroscopy views is often necessary to ensure proper needle or catheter placement. Image and written documentation of needle or drainage catheter location is essential. Overhead fluoroscopic tube suites are less desirable because of their increased radiation exposure to personnel during this procedure.
 - ii. When ultrasound guidance is used, proper transducer frequency is required to direct and monitor needle placement. That is especially true for diagnostic aspiration of fluid collections in the pleural space, peritoneal cavity, etc.
 - iii. CT, CT fluoroscopy, flat-panel cone-beam CT, or MRI equipment may better visualize the anatomy, particularly in:
 1. Patients with fluid collections that are difficult to visualize or access with other imaging modalities or are in unusual or precarious locations.
 2. Planning the optimal access route to avoid, when possible, transgression of vital structures.
 3. Patients with unusual anatomy.

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- iv. The facility should provide an area within the institution appropriate for patient preparation and for observation after the procedure. This might be within the radiology department, in a short-stay unit, or in a routine nursing unit as outlined in the Patient Care section below. There should be immediate access to emergency resuscitation equipment.
- v. For patients undergoing thoracic procedures, appropriate equipment for decompression of a clinically significant pneumothorax should be available. (i.e., Access to a laboratory with expertise in cytopathology, microbiology, and chemistry should be available. These resources need not to be located in the facility.) When MR guidance is used, MR compatible equipment must be used.

b. Performance guidelines

When using fluoroscopy, CT, or MRI guidance for PDAFC, a facility should meet or exceed the following imaging practices:

- i. Radiation doses for both X-ray and CT guidance should be kept to a minimum. The operator will use only as much fluoroscopy or CT imaging as is necessary to achieve aspiration and/or catheter drainage, consistent with the ALARA radiation safety guidelines. One method to minimize fluoroscopic time is to use units with "last image hold" capability. See the ACR–AAPM Technical Standard for Management of the Use of Radiation in Fluoroscopic Procedures [49].
- ii. Tight collimation and, when appropriate, shielding (e.g., thyroid, gonadal, eye) should be used for the operating radiologist, for the patient, and for any other personnel who might be affected.
- iii. On units where dose-reduction pulsed fluoroscopy is available, its use is recommended.
- iv. For CT-guided drainages, appropriately lowering the mAs, kVp, and/or increasing slice thickness can substantially reduce radiation dose without compromising the procedure for larger fluid collections.
- v. The MRI equipment specifications and performance must meet all state and federal requirements. The requirements include, but are not limited to, specifications of maximum static magnetic field strength, maximum rate of change of magnetic field strength (dB/dt), maximum radiofrequency power deposition (specific absorption rate), and maximum acoustic noise levels.

c. Physiologic Monitoring and Resuscitation Equipment

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- i. Appropriate equipment should be present to allow for monitoring the patient's heart rate, cardiac rhythm, and blood pressure. For facilities using moderate sedation, a pulse oximeter and capnography, if available, should be utilized. (See the ACR–SIR Practice Parameter for Sedation/Analgesia [51].)
- ii. Any procedure performed using MRI guidance must have MRI safety compatible emergency resuscitation equipment available.
- iii. Appropriate emergency equipment and medications must be immediately available to treat procedural complications or adverse reactions associated with administered medications. The equipment should be monitored and the medications inventoried for drug expiration dates on a regular basis. The equipment, medications, and other emergency support must also be appropriate for the age range and/or sizes in the patient population.

d. Acute Care Support

Although complications of PDAFC only rarely require urgent surgery, high-risk procedures should be performed in an environment in which surgical intervention can be instituted promptly. Ideally, this would be a facility with adequate surgical, anesthesia, and ancillary support. When these procedures are performed in a freestanding center, detailed protocols for the rapid transport or admission of patients to an acute-care hospital should be formalized in writing.

e. Patient Care

i. Preprocedural care

1. The physician performing the procedure must have knowledge of the following:
 - a. Clinically significant history, including indications for the procedure and any related preprocedural imaging.
 - b. Screening results for significant bleeding risks, relevant medications, such as anticoagulants, and allergies.
 - c. Clinically significant physical examination findings, to include an awareness of clinical or medical conditions or comorbidities that may necessitate specific care, such as preprocedural antibiotics or other measures.
 - d. Possible alternative methods, such as surgery, to obtain the desired diagnostic information or therapeutic result.

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2. Informed consent must be in compliance with state laws and should comply with the ACR–SIR–SPR Practice Parameter on Informed Consent for Image-Guided Procedures [52].

ii. Procedural care

1. Adherence to the Joint Commission's current Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™ is required for procedures in nonoperating room settings, including bedside procedures. The organization should have processes and systems in place for reconciling differences in staff responses during the "time out."
2. Nursing personnel, technologists, and those directly involved in patient care during PDAFC should have protocols for use in standardizing care. These should include, but are not limited to:
 - a. Equipment needed for the procedure
 - b. Patient monitoring
3. Protocols should be reviewed and updated periodically.

iii. Postprocedural care

1. Orders for postprocedural patient care should include the frequency of monitoring vital signs, drainage catheter care, and discharge instructions. Discharge instructions should include instructions for following catheter outputs, appointments for physician catheter evaluation and follow-up imaging, postprocedural instructions regarding any modifications to the patient's medications, including resumption of anticoagulants, when applicable.
2. Specific anatomic and management considerations
 - a. Thoracic cavity: pulmonary assessment for the presence of pneumothorax and to confirm adequate catheter placement.
 - i. If guidance was by fluoroscopy or ultrasound, an upright chest radiograph should be obtained when appropriate.
 - ii. If guidance was by CT, a tailored postprocedural CT scan should be obtained.
 - b. Peritoneal and other cavities: confirmation of appropriate tube placement.

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- c. Postprocedural imaging and follow-up may involve injection of contrast material to confirm catheter placement within the abscess or symptomatic fluid collection cavity, catheter patency, assess fistulae to bowel or other structures, or documentation of the reduction in cavity size.
- d. Appropriate adjunct drainage maneuvers may often include irrigation of the abscess cavity, drainage tube repositioning, drainage tube upsizing or downsizing, antibiotic therapy, fibrinolytics, etc.

3. Clinical and imaging follow-up

- a. The patient should be informed of which provider will be following the drainage tube and who the patient should contact for questions about or issues with the drain.
- b. Periodic imaging follow-up may be appropriate to evaluate for resolution or persistence of an abscess or symptomatic fluid collection and for development of new abscesses.
- c. Clinical follow-up only may suffice if the patient's condition is substantially improved and there was near-complete initial drainage, as well as laboratory evidence confirming progressive improvement.
- d. A facility or practice in concert with the clinical team should have a set protocol to address monitoring of catheter outputs and arrangements for follow-up imaging to ensure timely and consistent patient care.

f. Specifics of the Procedure

- i. All image-guided percutaneous procedures involving aspiration of fluid collections with or without percutaneous catheter drainage are performed for specific indications, and the examination or procedure should therefore be tailored accordingly.
- ii. In the setting of image-guided percutaneous aspiration of fluid collections for diagnostic purposes, initial placement of a small needle (i.e., 18-22 gauge) or centesis catheter is advised when appropriate.
- iii. Diagnostic percutaneous fluid aspiration may lead to therapeutic placement of a percutaneous drainage catheter using modified Seldinger (needle/guidewire/catheter) or trocar techniques, for definitive drainage.

REFERENCES

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ACR-SIR-SPR PRACTICE PARAMETER FOR SPECIFICATIONS AND PERFORMANCE OF IMAGE-GUIDED PERCUTANEOUS DRAINAGE/ASPIRATION OF ABSCESSSES AND FLUID COLLECTIONS (PDAFC), Revised 2018 (Resolution 13)*

DIETARY-SNF

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25 DIETARY SUPERVISION	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	REVISED 3/2025

PURPOSE: The purpose of this policy is to know the duties of the dietary manager, and who is the immediate supervisor of the dietary manager.

TERMS/DEFINITION:

None

POLICY:

The dietary manager is responsible for the safety, sanitary, economical, and nutritional operation of the dietary department

PROCEDURE:

1. The administrator, who is the dietary manager's immediate supervisor, hires the dietary manager.
2. The dietary manager is qualified according to the position's job description.
3. The dietary manager carries out his or her duties according to the job description and work schedule (list of duties).
4. The dietary manager is the immediate supervisor of the cooks and dietary staff.
5. The dietary manager cooperates with other department heads and dietetic professionals for the health and welfare of the residents and patients.
6. The dietary manager participates in:
 - Regular meetings with the administrator
 - Regular meetings with dietary staff
7. Department head meetings

Plan of care meetings

Infection control committee meetings and activities

Regular meetings with the dietetics professional

Quality assurance meetings

REFERENCE:

None

<u>REFERENCE #</u> <u>8340.25</u>	<u>EFFECTIVE</u>
<u>SUBJECT:</u> <u>8340.25 DIET ORDERS</u>	
<u>DEPARTMENT:</u> <u>SKILLED NURSING FACILITY</u>	<u>REVISED 02/2025</u>

PURPOSE:

The purpose of this policy is that all SNF staff will have access to available diets at the facility. Residents will be educated on their diet and evaluated.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center (MMC) physicians will be notified of available diets on facility menus. Any diets ordered that are not on the menus will be written / approved by the Registered Dietitian.

PROCEDURE:

1. Physicians will be notified of the available diets in the facility.
2. A list of diets will be available at the nurse's station.
3. Diets will be offered as ordered by the physician.
4. The Registered Dietitians will be notified of any special diets not listed on the menu, so that they can be written,
5. Residents' responses to special diets and modified diets will be evaluated and ineffective or inappropriate diets (including texture modifications) will be referred to the physician for discontinuation or change to a more appropriate diet.
6. When appropriate, a resident will be educated about his/her dietary modifications.
7. A diet manual is available in the kitchen for staff use.
8. The diet manual will be updated as needed by the registered and /or licensed dietitian,

REFERENCES:

ATTACHMENTS:

FACILITIES/EOC

REFERENCE # 8460.25	EFFECTIVE 05/2011
SUBJECT: 8460.25 INFECTION CONTROL	
DEPARTMENT: FACILITIES/EOC	REVISED 05/2025

PURPOSE:

The purpose of this policy is to control the spread of infection within the hospital by maintaining a thoroughly clean and safe environment.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

POLICY:

Environmental/Engineering Services Director:

- Supervise all activities in the department.
- Assess skills of personnel in the department.
- Evaluate products used in the department and submit them to the Infection Control Committee for approval. ~~As~~ appropriate.
- Act as consultant to the Infection Control Committee. Review possible role of fomites in infection outbreaks.
- Provide educational programs for Environmental services employees and document attendance.
- Submit all departmental policies and procedures relative to infection control to the Infection Control Committee; review and revise annually.

Infection Control Practitioner:

- Assist executive housekeeper in evaluation of sanitation practices.
- Assist in infection control related programs for Environmental services.
- Periodically assess infection control practices in the department.

PROCEDURE:

Sanitation within the hospital environment depends upon cleaning thoroughness and frequency. There shall be procedures for cleaning walls, floors, windows, beds, furniture, draperies, carpets, waste containers, bathrooms, equipment, stairs, special patient care departments and other nonpatient areas.

Patient Rooms:

- All upward facing horizontal surfaces shall be damp cleaned daily.
Hard floor surfaces shall be wet cleaned daily.
- Tile floor surfaces shall be wet mopped daily, using approved germicide solution. Spills shall be attended to immediately.

REFERENCE # 8460.25	EFFECTIVE 05/2011
SUBJECT: 8460.25 INFECTION CONTROL	REVISED 05/2025
DEPARTMENT: FACILITIES/EOC	

- Carpeted floors shall be vacuumed and cleaned daily with approved germicide agent. Carpets shall be shampooed on a regular basis. The vacuum cleaner shall be one that does not add airborne particles to the environment. Filters shall be changed daily.
- Bathrooms shall be cleaned daily, and special attention given to sanitizing the commodes, all bars, handles, and doorknobs.
- Drapes shall be vacuumed on a regular basis. Cubicle chains shall be damp cleaned on a regular basis.
- Upon patients discharge, all parts of beds and mattresses shall be wet cleaned with an approved germicide solution before remaking.
- When cleaning isolation rooms, personnel shall observe dress code and cleaning requirements.
- Emergency Department and special procedure areas, such as Surgery shall be thoroughly cleaned daily, utilizing approved procedures.
- All mattresses and pillows shall be covered with plastic covers.
- Environmental services carts shall be wet cleaned and restocked daily.
- All trash receptacles shall have waterproof liners to confine any organism that may be on trash surfaces.
- Environmental services personnel shall report any equipment failure to the Environmental services director.

Nonpatient Areas:

- Entrances, lobbies, and halls shall be wet, or vacuum cleaned daily.
- The soap dispenser shall be maintained per established procedure.

Infectious Waste:

- All infectious waste, including impervious needle containers and pathological specimens, shall be single RED bagged at the point of origin, transported by Environmental Services personnel to the outside compound and placed in the designated area.

REFERENCE #	8460.25	EFFECTIVE 05/2011
SUBJECT:	8460.25 INFECTION CONTROL	REVISED 05/2025
DEPARTMENT:	FACILITIES/EOC	

- Environmental aides, when assigned to the area, shall observe hand washing requirements and the precautions for the handling of infectious waste.
- The enclosed compound area shall be kept clean of debris, locked and secure when unattended.

Clean Linen:

- Clean linen supplies shall be distributed daily in a covered clean linen cart designed for this purpose.
- Linen cart shall be wet cleaned weekly inside and out, including wheels. There shall be an adequate inventory of clean linen.
- The shelves for clean linen storage shall be wet cleaned weekly.
- Clean linen shall remain wrapped until needed and/or cart covers lowered and zipped when carts are not in use.
- There shall be no contact between soiled and processed linen. Separate carts shall be used for transport.
- Soiled linen shall be placed in an impervious bag of sufficient strength to contain wet/soiled linen without contaminating the patient environment.
- Soiled linen shall be bagged in or near the patient's room and securely closed prior to transport.
- Transport trucks shall be cleaned daily and kept clean of gross contamination. A statement from the linen provider to this effect shall be available to the Environmental Services Director.

Equipment:

- All equipment, including electrical cords and wheels, shall be wet cleaned with approved germicide, daily before returning to storage.
- Cleaning equipment for specialty areas are not interchangeable.

Personnel:

- Personnel shall comply with the Employee Health Program.
- Personnel shall be free of skin lesions, respiratory and/or gastrointestinal infections.

REFERENCE # 8460.25	EFFECTIVE 05/2011
SUBJECT: 8460.25 INFECTION CONTROL	
DEPARTMENT: FACILITIES/EOC	REVISED 05/2025

- Personnel, off duty three (3) days or more with an infection process, shall obtain director's approval before returning to work.
- Personnel shall attend mandated Inservice education programs.
- All personnel shall observe the departmental dress code.

Controls of the System:

- There shall be a formula for every mixture used in the department. Each must have a proven, effective spectrum of germicidal action and be EPA approved for hospital use.
- All bottles and containers shall be properly labeled as to content and mix date and purpose for which it is intended.
- Environmental; cultures will not be performed unless there is an epidemiological reason to do so.
- Environmental cultures will be ordered by the Infection Control Practitioner or his/her designee.

REFERENCES:

None.

ATTACHMENTS:

None.

HEALTH INFORMATION MANAGEMENT

REFERENCE #	8700.25	EFFECTIVE 01/2024
SUBJECT:	8700.25 CODING PRODUCTIVITY/QUALITY REVIEW STANDARDS	REVISED 05/2025
DEPARTMENT:	HEALTH INFORMATION MANAGEMENT	

PURPOSE

The purpose of this policy is to establish a coding productivity standard for Medical Coders. The Health Information Management (HIM) departmental productivity standards have been established with consideration for routine interruptions encountered in the normal course of the business day.

POLICY

It is the policy of Modoc Medical Center (MMC) to ensure all encounters are final coded within a timely manner. The standard level of productivity is expected regardless of the workload.

PROCEDURE

In order to maintain the coding workflow at acceptable and adequate levels, each coder is expected to meet the established coding productivity requirements as follows:

Access HIM:

- Outpatient/Ancillary visits are expected to be final coded within 2 business days after discharge.
- Outpatient ED visits are expected to be final coded within 3 business days after discharge.
- Inpatient visits are expected to do be final coded within 4 business days after discharge.
- Clinic Visits are expected to be final coded within 2 business days after discharge.

Revenue Cycle:

Coders are required to complete at least 80 work items per week on the designated day for this type of work.

Monitoring:

Productivity and quality will be monitored monthly through reviewing coding productivity reports. If coding is not completed within the timeframes specified above for each claim type or if the revenue cycle work items are not being completed at the volume threshold above on the designated day in each week for those tasks, the HIM Director will further analyze the reports and data to determine if additional staff is needed or if a performance issues exists with specific staff members and will take appropriate action to correct the issue.

ATTACHMENT D

Departmental Policies Manuals



MEMORANDUM

DATE: 4/24/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: ADAM WILLOUGHBY
SUBJECT: ANNUAL POLICY MANUAL REVIEW

I have completed the policy manual review for the Business Office manual. Due to the change to Cerner and operational changes I have identified several policies that need to be updated or added to this manual.

I am beginning the process of editing the policies that require updates. Those policies will be submitted back to Policy Committee, and the Board for approval as they are finalized. You should see some of those come through in future board meeting packets.

Overall, the manual is in good shape and it is my recommendation that the Board approve the manual as is, understanding that a few of these policies will be submitted back through the process in the coming months, as I am able to finalize the edits that need to be made to reflect our current practices and forms utilized to administer and implement some of these policies.

Respectfully Submitted,

Adam Willoughby

AW/sab



Healing Hands Close To Home

LAST FRONTIER HEALTHCARE DISTRICT
A Public Entity

MEMORANDUM

I have completed the policy manual review for the CAH-Administration manual. I have identified some policies that will require minor updates, mostly related to the change in title from CFO to Finance Director and policies that contain reference to that title for our Finance Director.

In addition to these small changes I need to update our schedule for services and services available, as we have added in new services and have different schedules now than are indicated in our CAH policies. I am also in the process of verifying that our references to Life Safety Code guidelines are current in those policies that reference those guidelines.

Overall, the manual is in good shape and these changes will be made quickly and will not represent any substantive changes to what is already in effect for Administration and the CAH manual.

Regards,

Kevin Kramer



MEMORANDUM

DATE: 5/5/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: JEREMY WILLS
SUBJECT: ANNUAL POLICY MANUAL REVIEW

I have completed the policy manual review for the EMERGENCY MANAGEMENT Policies and Procedure Manual. Due to the change to Cerner and operational changes I have identified several policies that need to be updated or added to this manual.

I am beginning the process of editing the policies that require updates. Those policies will be submitted back to Policy Committee, and the Board for approval as they are finalized. You should see some of those come through in future board meeting packets.

Overall, the manual is in good shape and it is my recommendation that the Board approve the manual as is, understanding that a few of these policies will be submitted back through the process in the coming months, as I am able to finalize the edits that need to be made to reflect our current practices and forms utilized to administer and implement some of these policies.

Respectfully Submitted,

JEREMY WILLS

Hospital Disaster Preparedness Coordinator

JW/sab



MEMORANDUM

DATE: 4/30/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: LANCE CHRYSLER
SUBJECT: ANNUAL PURCHASING POLICY MANUAL REVIEW

I have completed the policy manual review for the Purchasing Policy and Procedure Manual. Due to the change to Cerner and operational changes I have identified several policies that need to be updated or added to this manual.

I am beginning the process of editing the policies that require updates. Those policies will be submitted back to Policy Committee, and the Board for approval as they are finalized. You should see some of those come through in future board meeting packets.

Overall, the manual is in good shape and it is my recommendation that the Board approve the manual as is, understanding that a few of these policies will be submitted back through the process in the coming months, as I am able to finalize the edits that need to be made to reflect our current practices and forms utilized to administer and implement some of these policies.

Respectfully Submitted,

LANCE CHRYSLER
Purchasing Manager
LC/sab

A handwritten signature in black ink, appearing to be "Lance Chrysler", is written over a horizontal line.

ATTACHMENT E

LFHD FINANCIAL STATEMENT

**April 2025
(unaudited)**



Modoc Medical Center
Financial Narrative
For the Month of April 2025

Prepared by Jin Lin, Finance Director

Summary

During the month of April, Modoc Medical Center reported a net income from operations of \$1.68 million that was above budget by \$1.9 million. Inpatient revenue was down by \$80K and outpatient revenue was up by \$17K compared to the budget. Total patient revenue was \$4.7 million, showing a decrease of \$63K compared to the budget. Net income, including Non-Operating Activity, was \$2.26 million that was above budget by \$2.58 million.

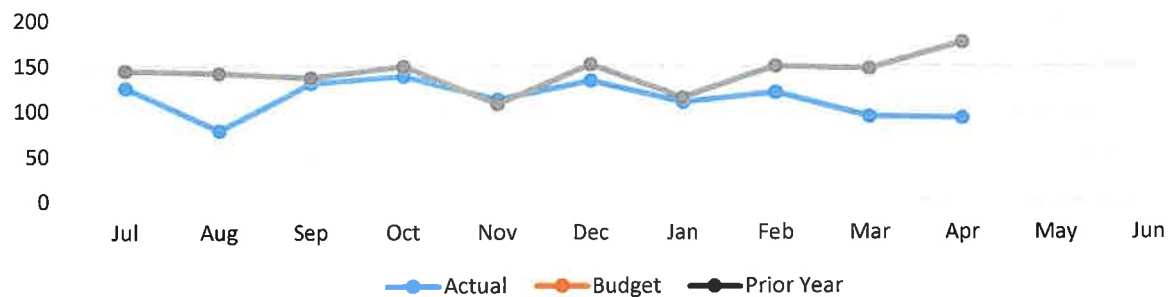
Net Income/(Loss) - Monthly



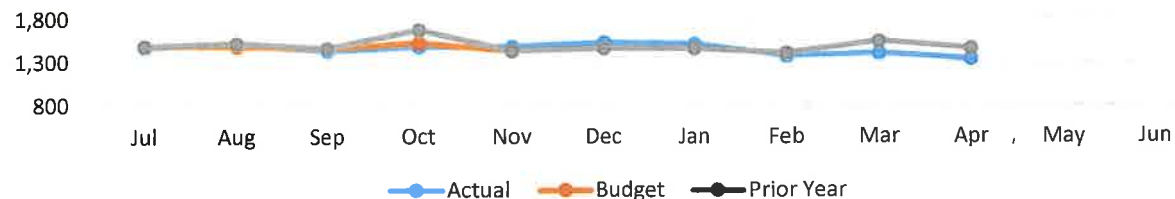
Patient Volumes

Combined Acute Days were under budget for the month by 84 days. The SNF Patient Days were down to 1,340 under budget by 123 days. Overall Inpatient Days were under budget by 207 days (1,432 actual vs. 1,639 budget). Outpatient visits in all areas were under budget, except for surgery, ultrasound and Retail Pharmacy were above budget.

Acute/Swing Patient Days - Monthly



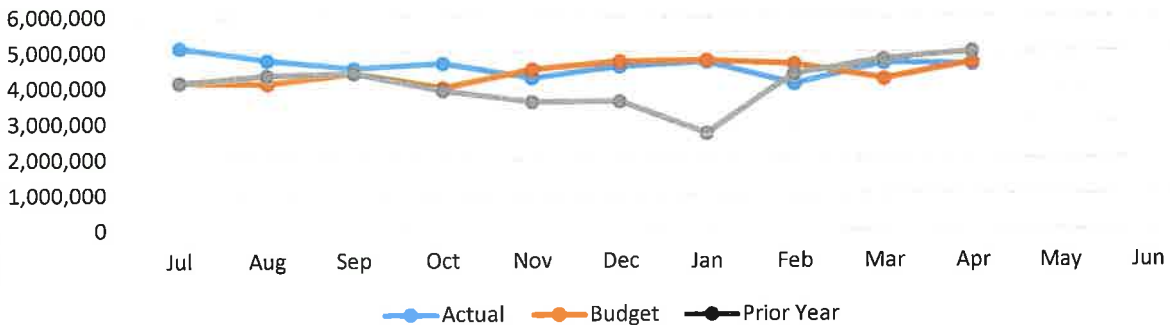
SNF Patient Days - Monthly



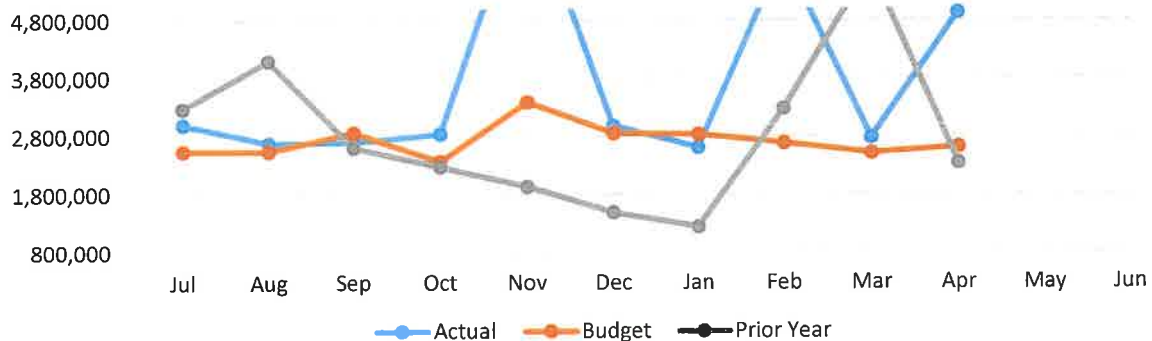
Revenues

Gross Patient Revenues were \$4.65 million, compared to the budget of \$4.71 million. Inpatient Revenue was \$1.22 million compared to the budget of \$1.3 million; and Outpatient Revenue was \$3.44 million compared to the budget of \$3.42 million. Net patient Revenue was \$4.92 million, compared to the budget of \$2.61 million. Net revenue was higher than gross patient revenue because the IGT revenue of \$1.25 million was recorded in the contractual adjustment account, that reduced the deduction from revenue.

Gross Patient Revenue Monthly

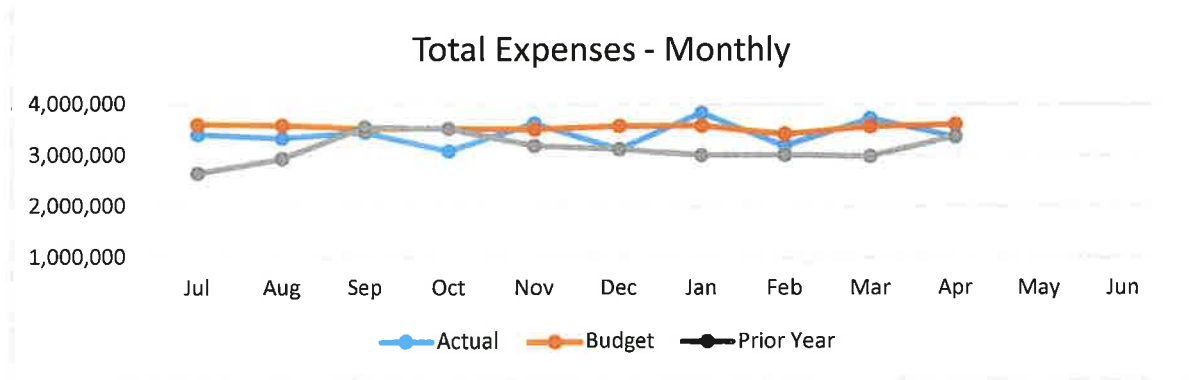


Net Patient Revenue - Monthly



Expenses

Total Operating Expenses were \$3.35 million this month, that was under budget of \$254K. Operating expenses were down by \$400K from the prior month.



Non-Operating Activity

Non-Operating expenses for the month: Accrued Interest from USDA Loan was \$82K. District Vouchers totaled \$13K. Interest income of \$90K from CDs and the new SNF interim loan, the property tax revenue was \$548K, and Retail pharmacy showed a profit of \$33K. Total non-operating net income for the month was \$576K.

Balance Sheet

Cash decreased in April by \$2.35 million to \$32.13million mainly due to the SNF App payment in April being \$1.79 million. The total current liabilities decreased by \$717K. Days in Cash totaled 293. Days in AP totaled 12. Days in AR totaled 70. The current ratio was 1.48. Net AR as a percentage of gross AR was 41.59%.

Modoc Medical Center
Income Statement
For the month of April 2025

	Month	Apr-25 Budget	Variance	Prior Year Month	2025 YTD	2025 YTD Budget	Variance	Prior Year YTD
Revenues								
Room & Board - Acute	465,847	513,095	(47,248)	840,593	5,861,344	3,232,437	2,628,907	4,857,951
Room & Board - SNF	749,778	782,640	(32,862)	805,773	7,842,423	7,930,752	(88,329)	8,010,040
Ancillary	0	0	0	0	0	0	0	718,859
<u>Total Inpatient Revenue</u>	<u>1,215,625</u>	<u>1,295,735</u>	<u>(80,110)</u>	<u>1,646,366</u>	<u>13,703,767</u>	<u>11,163,189</u>	<u>2,540,578</u>	<u>13,586,850</u>
Outpatient Revenue	3,436,621	3,419,158	17,463	3,366,093	32,734,922	31,184,137	1,550,785	29,297,610
<u>Total Patient Revenue</u>	<u>4,652,246</u>	<u>4,714,893</u>	<u>(62,647)</u>	<u>5,012,459</u>	<u>46,438,689</u>	<u>42,347,326</u>	<u>4,091,363</u>	<u>42,884,461</u>
Bad Debts (580000,580011,58010)	(74,232)	169,304	(243,536)	2,678,575	2,042,864	1,482,861	560,004	6,086,815
Contractuals Adjs	(287,309)	1,880,926	(2,168,236)	0	4,873,678	15,470,846	(10,597,168)	1,109,224
Admin Adjs (5930002-593001,598)	89,976	57,708	32,269	0	1,824,350	518,907	1,305,443	0
<u>Total Revenue Deductions</u>	<u>(271,565)</u>	<u>2,107,938</u>	<u>(2,379,503)</u>	<u>2,678,575</u>	<u>8,740,892</u>	<u>17,472,613</u>	<u>(8,731,721)</u>	<u>7,196,039</u>
<u>Net Patient Revenue</u>	<u>4,923,811</u>	<u>2,606,955</u>	<u>2,316,856</u>	<u>2,333,884</u>	<u>37,697,797</u>	<u>24,874,714</u>	<u>12,823,083</u>	<u>35,688,422</u>
% of Charges	105.8%	55.3%	50.5%	46.6%	81.2%	58.7%	22.4%	83.2%
Other Revenue	108,713	774,725	(666,012)	68,797	593,003	1,164,250	(571,247)	546,441
<u>Total Net Revenue</u>	<u>5,032,524</u>	<u>3,381,680</u>	<u>1,650,844</u>	<u>2,402,681</u>	<u>38,290,800</u>	<u>26,038,964</u>	<u>12,251,836</u>	<u>36,234,863</u>
Expenses								
Salaries	1,693,660	1,635,969	57,691	1,391,143	15,128,191	16,294,787	(1,166,596)	13,436,730
Benefits and Taxes	384,251	351,222	33,028	348,262	3,302,874	3,505,017	(202,143)	2,992,796
Registry	172,792	318,534	(145,743)	327,070	2,750,559	3,185,342	(434,783)	2,619,690
Professional Fees	285,185	369,302	(84,117)	500,562	3,870,765	3,733,876	136,889	4,673,344
Purchased Services	158,500	196,356	(37,856)	143,938	1,699,505	1,894,919	(195,414)	1,381,787
Supplies	303,963	355,674	(51,711)	299,464	3,412,379	3,036,050	376,329	2,860,156
Repairs and Maint	23,567	30,299	(6,732)	29,875	314,953	312,295	2,658	253,890
Lease and Rental	4,223	3,836	387	4,348	45,780	38,360	7,420	33,096
Utilities	54,269	46,681	7,588	38,576	719,488	473,867	245,621	453,458
Insurance	43,852	42,779	1,073	35,168	458,213	427,790	30,423	388,900
Depreciation	175,394	172,980	2,413	172,977	1,765,557	1,729,804	35,753	1,742,576
Other	52,498	82,352	(29,854)	79,903	744,706	908,056	(163,350)	817,214
<u>Total Operating Expenses</u>	<u>3,352,153</u>	<u>3,605,985</u>	<u>(253,832)</u>	<u>3,371,286</u>	<u>34,212,970</u>	<u>35,540,164</u>	<u>(1,327,194)</u>	<u>31,653,638</u>
<u>Income from Operations</u>	<u>1,680,371</u>	<u>(224,306)</u>	<u>1,904,676</u>	<u>(968,605)</u>	<u>4,077,830</u>	<u>(9,501,200)</u>	<u>13,579,030</u>	<u>4,581,225</u>
Property Tax Revenue	547,677	(3,446)	551,123	539,137	1,886,366	1,358,175	528,191	1,921,462
Interest Income	90,298	180	90,118	25,673	1,076,706	706,564	370,142	462,141
Interest Expense	(81,859)	(76,989)	(4,870)	(78,876)	(1,076,704)	(780,154)	(296,550)	(813,764)
Gain/Loss on Asset Disposal/Foretara		0	0	0	0	0	0	(27,024)
Retail Pharmacy Net Activity	33,213	(14,102)	47,315	(40,770)	308,613	(112,914)	421,527	(125,668)
DISTRICT VOUCHERS AND OTHER	(12,937)	0	(12,937)	0	(96,900)	(2,400)	(94,500)	(14,400)
<u>Total Non-Operating Revenue</u>	<u>576,392</u>	<u>(94,357)</u>	<u>670,749</u>	<u>445,164</u>	<u>2,098,080</u>	<u>1,169,271</u>	<u>928,809</u>	<u>1,402,747</u>
<u>Net Income/(Loss)</u>	<u>2,256,763</u>	<u>(318,663)</u>	<u>2,575,426</u>	<u>(523,441)</u>	<u>6,175,910</u>	<u>(8,331,929)</u>	<u>14,507,839</u>	<u>5,983,973</u>
<u>EBIDA</u>	<u>2,514,016</u>	<u>(68,693)</u>	<u>2,582,709</u>	<u>(271,588)</u>	<u>9,018,172</u>	<u>(5,821,971)</u>	<u>14,840,142</u>	<u>8,540,312</u>
Operating Margin %	33.4%	-6.6%	40.0%	-40.3%	10.6%	-36.5%	47.1%	12.6%
Net Margin %	44.8%	-9.4%	54.3%	-21.8%	16.1%	-32.0%	48.1%	16.5%
EBIDA Margin %	50.0%	-2.0%	52.0%	-11.3%	23.6%	-22.4%	45.9%	23.6%

Modoc Medical Center
Income Statement Trend

	Apr-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
	FYE 2024 YTD	FYE 2025 YTD									
	YTD	YTD									
Revenues											
Room & Board - Acute	840,593	5,861,344	405,005	744,172	708,677	666,206	613,961	572,229	463,733	540,491	465,847
Room & Board - SNF	805,773	7,842,423	827,753	766,813	810,479	689,749	832,648	825,009	743,957	772,020	749,778
Ancillary	0	0	0	0	0	0	0	0	0	0	0
Total Inpatient Revenue	1,646,366	13,703,767	1,232,758	1,510,985	1,519,156	1,355,955	1,446,608	1,397,238	1,207,690	1,312,512	1,215,625
Outpatient Revenue	3,366,093	32,734,922	3,557,140	3,056,540	3,181,959	2,934,115	3,157,692	3,332,377	3,055,600	3,384,645	3,436,621
Total Patient Revenue	5,012,459	46,438,689	4,789,898	4,567,524	4,701,115	4,290,070	4,604,300	4,729,615	4,263,290	4,697,156	4,652,246
Bad Debts	2,678,575	2,042,864	753,529	116,967	(123,520)	222,941	(123,520)	933,401	(95,063)	(24,600)	(74,232)
Contractual Adjts	0	4,873,678	1,186,979	1,267,377	1,839,209	(3,065,421)	1,722,745	1,113,784	(1,754,932)	1,868,008	(287,309)
Admin Aids	0	1,824,350	166,594	484,062	17,071	13,207	31,098	72,126	29,005	97,839	89,976
Total Revenue Deductions	2,678,575	8,740,892	2,107,102	1,868,406	1,856,280	(2,829,723)	1,630,322	2,119,311	(1,820,990)	1,941,247	(271,565)
Net Patient Revenue	2,333,884	37,697,797	2,682,796	2,699,118	2,844,835	7,119,343	2,973,978	2,610,305	6,084,280	2,755,909	4,923,811
% of Charges	46.6%	81.2%	56.0%	59.1%	60.5%	165.9%	64.6%	55.2%	142.7%	58.7%	105.8%
Other Revenue	68,797	593,003	11,308	16,924	40,534	19,445	60,098	82,810	199,850	15,857	108,713
Total Net Revenue	2,402,681	38,290,800	2,694,104	2,716,042	2,885,369	7,138,788	3,034,076	2,693,114	6,284,130	2,771,767	5,032,524
Expenses											
Salaries	1,391,143	15,128,191	1,445,742	1,444,284	1,510,934	1,520,455	1,473,348	1,473,038	1,392,813	1,646,053	1,693,660
Benefits and Taxes	348,262	3,302,874	289,544	316,206	342,146	355,483	264,599	347,775	309,262	362,479	384,251
Registry	327,070	2,750,559	339,927	277,286	197,516	330,884	239,350	373,696	336,686	266,243	272,792
Professional Fees	500,562	3,870,765	382,412	407,095	270,910	356,859	277,732	596,966	366,723	459,253	285,185
Purchased Services	143,938	1,699,505	186,434	246,625	103,565	179,949	163,284	252,433	122,231	184,297	158,500
Supplies	299,464	3,412,379	288,679	357,516	265,495	511,257	233,935	402,088	291,609	399,660	303,963
Repairs and Maint	29,875	314,953	34,099	75,654	31,931	23,171	27,599	(110)	22,479	40,600	23,567
Lease and Rental	4,348	45,780	4,219	7,647	5,105	3,654	4,198	7,981	648	3,576	4,223
Utilities	38,576	719,488	65,094	74,090	68,206	70,685	101,132	64,353	77,902	95,619	54,269
Insurance	35,168	458,213	43,552	42,632	43,552	43,552	60,507	45,671	45,671	45,671	43,852
Depreciation	172,977	1,765,557	177,549	174,027	180,297	173,896	183,856	177,600	163,743	181,250	175,394
Other	79,903	744,706	84,564	100,195	80,562	55,469	81,796	97,281	63,117	61,115	52,498
Total Operating Expenses	3,371,286	34,212,970	3,341,817	3,483,258	3,100,221	3,635,314	3,111,337	3,838,773	3,192,885	3,745,817	3,352,153
Income from Operations	(968,605)	4,077,830	(647,712)	(767,216)	(214,851)	3,503,473	(77,261)	(1,145,658)	3,091,245	(974,050)	1,680,371
Property Tax Revenue	539,137	1,886,366	0	0	0	0	1,339,079	0	0	(390)	547,677
Interest Income	25,673	1,076,706	30,566	186,563	86,571	131,797	91,387	135,345	134,733	81,993	90,298
Interest Expense	(78,876)	(813,764)	(79,713)	(77,315)	(80,904)	(218,433)	(218,322)	(221,487)	64,557	(83,255)	(81,859)
Gain/Loss on Asset Disposal/Forte	0	(27,024)	0	0	0	0	0	0	0	0	0
Retail Pharmacy Net Activity	(40,770)	(125,668)	(171,567)	133,165	101,457	(43,333)	73,364	17,811	5,162	51,606	33,213
DISTRICT VOUCHERS AND OTHER	0	(14,400)	(4,090)	(2,952)	(7,714)	(12,375)	(7,911)	(9,450)	(14,744)	(14,865)	(12,937)
Total Non-Operating Revenue	445,164	2,098,080	(224,804)	239,460	99,410	(142,344)	1,277,597	(77,782)	189,709	35,090	576,392
Net Income	(523,441)	6,175,910	(872,517)	(527,755)	(115,441)	3,361,129	1,200,336	(1,223,440)	3,280,954	(938,960)	2,256,763
EBIDA	(271,588)	9,018,172	(615,255)	(276,413)	145,759	3,753,459	1,602,515	(824,352)	3,380,139	(674,455)	2,514,016
Operating Margin %	-40.3%	12.6%	-24.0%	-28.2%	-7.4%	49.1%	-2.5%	-42.5%	49.2%	-35.1%	33.4%
Net Margin %	-21.8%	16.1%	-32.4%	-19.4%	-4.0%	47.1%	39.6%	-45.4%	52.2%	-33.9%	44.8%
EBIDA Margin %	-11.3%	23.6%	-22.8%	-10.2%	5.1%	52.6%	52.8%	-30.6%	53.8%	-24.3%	50.0%

Modoc Medical Center
Balance Sheet
For the month of April 2025

	Unaudited 4/30/2025	Unaudited 3/31/2025	Unaudited 2/28/2025	Unaudited 1/31/2025	Unaudited 12/31/2024	Unaudited 11/30/2024	Unaudited 10/31/2024	Unaudited 9/30/2024	Unaudited 8/31/2024	unaudited 7/31/2024	Audited 24-Jun
Cash	1,078,614	1,197,526	1,407,806	1,154,789	1,783,638	766,701	1,349,083	1,286,064	2,336,433	2,365,865	2,040,226
Investments	22,391,706	22,690,661	23,899,307	10,362,811	10,497,990	12,393,660	20,648,864	27,164,374	29,258,720	34,438,664	35,207,420
Designated Funds	8,659,418	10,592,681	12,922,637	15,885,462	19,189,416	27,001,756	3,004,313	3,003,877	1,222,069	1,220,579	1,218,830
Total Cash	32,129,738	34,480,868	38,229,750	27,403,061	31,471,044	40,162,118	25,002,260	31,454,315	32,817,221	38,025,108	38,466,476
Gross Patient AR	11,081,720	12,166,012	12,438,409	12,460,612	12,014,386	11,877,656	12,834,528	15,217,390	14,384,129	15,951,519	16,999,067
Allowances	(6,473,169)	(7,512,033)	(7,348,306)	(7,194,833)	(7,019,794)	(7,664,513)	(7,717,620)	(9,190,983)	(9,053,140)	(10,459,358)	(10,880,662)
Net Patient AR	4,608,551	4,653,979	5,090,103	5,265,779	4,994,592	4,213,143	5,116,908	6,026,407	5,330,989	5,492,161	6,118,405
% of Gross	41.6%	38.3%	40.9%	42.3%	41.6%	35.5%	39.9%	39.6%	37.1%	34.4%	36.0%
Third Party Receivable	2,662,634	704,793	(387,171)	10,220,971	11,560,050	10,220,971	(485,169)	(435,169)	(713,610)	(456,322)	-332,321
Other AR	463,976	452,797	534,816	559,179	544,751	575,125	607,392	549,917	564,585	744,835	601,047
Inventory	645,669	655,858	650,807	642,809	626,748	648,765	606,175	644,092	501,991	476,338	414,897
Prepays	473,185	527,245	546,553	601,634	575,318	553,767	630,453	748,609	635,005	678,955	729,187
Total Current Assets	40,983,752	41,475,540	44,664,858	44,693,433	49,772,503	56,373,888	31,528,020	38,988,171	39,136,181	44,961,075	45,997,691
Land (120000-120900)	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540
Bldg & Improvements (121100-122500)	47,893,361	47,893,361	47,893,361	47,413,856	47,413,856	47,413,856	47,413,856	47,413,856	47,326,806	47,326,806	47,326,806
Equipment (124100-124204)	14,357,799	14,357,799	14,357,799	14,320,612	14,320,612	14,320,612	14,320,612	14,320,612	14,222,626	14,222,626	14,222,626
Construction In Progress (125000-125665)	49,057,141	46,849,888	44,039,570	42,270,651	38,600,009	30,560,100	27,009,050	20,576,305	20,513,275	20,359,462	20,284,111
Fixed Assets	112,021,841	109,814,588	107,004,269	104,718,658	101,048,017	93,008,108	89,457,057	83,024,313	82,776,246	82,627,435	82,547,083
Accum Depreciation	(19,674,460)	(19,498,874)	(19,317,427)	(20,085,777)	(19,907,979)	(19,723,925)	(19,549,863)	(19,369,849)	(19,195,631)	(19,017,884)	(18,839,740)
Net Fixed Assets	92,347,381	90,315,714	87,686,842	84,632,882	81,140,038	73,284,183	69,907,194	63,654,464	63,580,615	63,609,551	63,707,343
Other Assets	0	0	0	0	0	0	0	0	0	0	0
Total Assets	133,331,133	131,791,254	132,351,700	129,326,314	130,912,541	129,658,071	101,435,214	102,642,635	102,716,797	108,565,626	109,705,034
Accounts Payable	1,305,081	1,601,522	1,539,319	1,711,699	1,642,125	1,949,303	1,447,256	2,085,315	1,819,533	6,954,329	7,123,803
Accrued Payroll	1,005,726	1,513,772	1,276,374	1,292,732	1,187,780	1,047,141	905,404	1,439,060	1,329,159	1,252,679	1,043,403
Patient Trust Accounts	11,170	10,600	10,600	7,757	16,247	14,932	13,722	12,512	11,302	10,067	8,622
Third Party Payables	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	539,000
Accrued Interest	24,633,275	24,633,275	24,633,275	24,633,275	24,633,275	24,633,275	633,275	633,275	633,275	633,275	633,275
Current Portion Liabilities	330,329	242,936	164,387	232,844	761,666	542,307	325,575	247,049	170,349	90,794	487,290
Other Current Liabilities/Accrued Interest	27,765,592	28,482,466	28,103,955	28,358,306	28,721,093	28,666,959	3,805,232	4,897,211	4,443,618	9,421,144	9,835,393
Total Current Liabilities	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,744,368
Long Term Liabilities	60,029,950	60,746,834	60,368,323	60,622,674	60,985,461	60,931,327	36,069,600	37,161,579	36,707,986	41,685,512	42,579,761
Total Liabilities	92,294,318	93,011,198	92,636,691	92,887,042	93,250,829	93,195,695	68,333,968	69,425,947	68,972,354	73,949,880	75,294,129
Fund Balance	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273
Current Year Income/(Loss)	6,175,910	3,919,148	4,858,105	1,578,367	2,801,808	1,601,471	(1,759,659)	(1,644,217)	(1,116,461)	(245,159)	(245,159)
Total Equity	73,301,183	71,044,420	71,983,378	68,703,640	69,927,080	68,726,744	65,365,614	65,481,056	66,008,812	66,880,114	67,125,273
Total Liabilities and Equity	133,331,133	131,791,254	132,351,700	129,326,314	130,912,541	129,658,071	101,435,213	102,642,635	102,716,797	108,565,626	109,705,034
Days in Cash	293	298	372	242	249	365	227	286	298	346	350
Days in AR (Gross)	70	77	79	79	76	75	81	96	91	101	107
Days in AP	12	15	14	16	18	19	18	19	17	63	65
Current Ratio	1.48	1.46	1.59	1.58	1.73	1.97	8.29	7.96	8.81	4.77	4.68
Net AR as a percentage of gross AR	41.59%	38.25%	40.92%	42.26%	41.57%	35.47%	39.87%	39.60%	37.06%	34.43%	35.99%

April-25

STATEMENT OF CASH FLOWS

	CURRENT MONTH	Apr-25	Mar-25	FISCAL YEAR YTD	Apr-25	Jun-24
CASH FLOWS FROM OPERATING ACTIVITIES						
NET INCOME	2,256,763			6,175,910		
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES						
DEPRECIATION EXPENSE	175,586	19,674,460	19,498,874	834,720	19,674,460	18,839,740
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	45,428	4,608,551	4,653,979	1,509,854	4,608,551	6,118,405
CHANGE IN OTHER RECEIVABLES	-1,969,020	3,126,610	1,157,590	-2,857,884	3,126,610	268,726
CHANGE IN INVENTORIES	10,189	645,669	655,858	-230,772	645,669	414,897
CHANGE IN PREPAID EXPENSES	54,060	473,185	527,245	256,002	473,185	729,187
CHANGE IN ACCOUNTS PAYABLE	-296,441	1,305,081	1,601,522	-5,818,722	1,305,081	7,123,803
CHANGE IN ACCRUED EXPENSES PAYABLE	87,393	330,329	242,936	264,039	330,329	66,290
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	-508,046	1,005,726	1,513,772	-37,677	1,005,726	1,043,403
CHANGE IN OTHER PAYABLES	0	480,000	480,000	-59,000	480,000	539,000
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	-2,400,850			-6,139,439		
CASH FLOWS FROM INVESTMENT ACTIVITIES						
PURCHASE OF EQUIPMENT/CIP	-2,207,253	112,021,841	109,814,588	-29,474,758	112,021,841	82,547,083
CUSTODIAL HOLDINGS	210	11,170	10,960	2,548	11,170	8,622
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-2,207,043			-29,472,210		
CASH FROM FINANCING ACTIVITIES						
Current Liability L32	0	24,633,275	24,633,275	23,579,000	24,633,275	1,054,275
Long Term Liability	0	32,264,368	32,264,368	-480,000	32,264,368	32,744,368
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	0			23,099,000		
CASH AT BEGINNING OF PERIOD	34,480,868			38,466,476	6/30/2024	
NET INCREASE (DECREASE) IN CASH	-2,351,129			-6,336,738		
CASH AT END OF PERIOD	32,129,738			32,129,738		

Modoc Investment Portfolio

As of 4/30/25

Date	Item	Amount	Mature	Rate
04/23/25	Tbill	14,045,447		4.050%
04/30/25	Dividend	51,000		
	PB MM	8,248,908		4.00%
	LAIF	697,000		4.00%
Total		23,042,355		4.017%
	Zion Bank	7,437,202		

MODOC MEDICAL CENTER
"KEY STATISTICS"

Twelve Months Ending, April 30th, 2025																																														
	Apr-25		Mar-25		Feb-25		Jan-25		Dec-24		Nov-24		Oct-24		Sep-24		Aug-24		Jul-24		FY 25 YTD		FY 24 YTD																							
	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.																										
Patients/Days	64	87	49	63	48	68	40	72	64	89	83	46	75	62	82	89	48	72	90	92		643	790	913																						
	28	89	45	84	73	82	70	43	70	63	30	62	64	88	49	48	31	70	36	53		496	682	706																						
	1,340	1,463	1,408	1,550	1,377	1,413	1,520	1,464	1,536	1,469	1,488	1,437	1,484	1,534	1,439	1,466	1,511	1,488	1,478	1,484		14,581	14,813	18,791																						
	1,432	1,639	1,502	1,697	1,498	1,563	1,630	1,579	1,670	1,621	1,601	1,545	1,623	1,684	1,570	1,603	1,590	1,630	1,604	1,629		15,720	16,285	20,410																						
Total "Patient Days"																																														
ADC	2.13	2.81	1.58	2.03	1.71	2.19	1.29	2.32	2.06	2.97	2.77	1.53	2.42	2.07	2.73	2.97	1.55	2.40	2.90	3.07		2.12	2.59	2.31																						
	0.93	2.87	1.45	2.71	2.61	2.65	2.26	1.39	2.26	2.10	1.00	2.07	2.06	2.93	1.63	1.60	1.00	2.33	1.16	1.77		1.63	2.24	1.79																						
	44.67	47.19	45.42	50.00	49.18	45.58	49.03	47.23	49.55	48.97	49.60	47.90	47.87	51.13	47.97	48.87	48.74	49.60	47.68	49.47		47.96	48.57	47.57																						
	47.73	52.87	48.45	54.74	53.50	50.42	52.58	50.94	53.87	54.03	53.37	51.50	52.35	56.13	52.33	53.43	51.29	54.33	51.74	54.30		51.71	53.39	51.67																						
Total "Average Daily Census"																																														
ALOS	3.20		2.45		2.82		2.35		3.37		3.46		3.75		2.93		3.43		3.33			3.12	4.39	3.45																						
	7.00		4.09		12.17		11.67		7.78		3.75		12.80		6.13		6.20		6.00			7.29	9.47	7.28																						
Admissions	20	19	20	19	17	18	17	18	19	24	24	8	20	18	28	18	14	20	27	19		206	180	265																						
	4	10	11	10	6	10	6	8	9	4	8	10	5	2	8	7	5	1	6	8		68	72	97																						
	1	1	2	-	-	2	2	-	2	1	1	2	2	3	2	1	1	2	4	1		17	16	27																						
	25	30	33	29	23	30	25	26	30	29	33	20	27	23	38	26	20	23	37	28		291	268	389																						
Total "Admissions"																																														
Discharges	1		3		4		2		2		-		2		1		2		2			19	15	28																						
																						-	-	-																						
																						304	305	395																						
																						-	-	-																						
Days in Period	30		31		28		31		31		30		31		30		31		31																											
Ambulatory Service Statistics	Emergency	482	553	496	523	482	427	465	510	454	435	406	491	456	476	475	525	520	526	468		4,888	4,758	6,457																						
	Venue	75	108	93	104	95	87	75	98	88	93	93	61	50	87	79	87	73	133	81		892	867	1,194																						
	Visits	827	1,229	727	1,016	790	1,156	805	1,134	854	634	991	896	950	709	908	857	1,213	956	1,021		7,885	10,156	10,788																						
	Canby Clinic	233	331	257	217	243	169	300	280	251	232	256	314	221	245	204	235	269	378	208		2,818	2,383	3,724																						
	Canby Dental	163	286	142	200	133	123	175	194	147	195	147	195	69	200	165	195	210	195	163		1,514	1,206	2,208																						
	Observation	4	5	3	4	2	2	2	3	5	5	2	4	2	5	5	6	2	4	2		35	41	47																						
	Admits																																													
	Care	89.5	131	74.0	143	93.9	54	78.3	114	158.0	249	80.1	132	42.8	275	123.8	132	192.7	89	101.4	38	1,034	1,464	1,376																						
	Hours																																													
	Ancillary Services Statistics	Surgeries	2	5	3	3	4		10	11	5	3	2	3	3	4	2	2	1	8	2		50	50	67																					
		Endoscopies	21	19	21	26	20	14	18	20	13	17	21	20	22	13	39	17	17	18	14		185	218	258																					
		Minutes	767	574	623	611	666	666	682	696	731	434	413	462	566	498	923	501	297	546	474		5,993	5,960	8,273																					
Anesthesia		864	1,076	960	943	1,020	1,047	1,058	1,052	1,326	612	673	745	898	941	1,579	565	760	922	905		9,079	10,286	12,657																						
Laboratory		4631	4,914	4,648	4,348	4,648	4,980	4,485	4,697	4,027	4,759	4,301	4,236	5,153	5,005	4,567	5,042	3,917	5,299	3,928		46,693	44,720	60,551																						
Tests		157	297	282	254	301	249	288	275	256	253	267	255	280	261	273	283	278	303	322		2,658	2,682	3,548																						
Radiology-Diagnosti		Proc	94	89	88	61	105	102	95	86	58	53	52	103	109	64	133	99	88	76		857	887	1,133																						
Ultrasounds		Proc	138	195	168	130	153	163	128	126	145	148	170	133	171	128	128	167	149	195		1,563	1,463	2,070																						
CT Scans		Proc																																												
MRI		Proc																																												
Physical Therapy		Sessions	756	770	889	600	517	624	563	429	536	547	536	675	429	610	536	677	745	760		6,423	3,008	8,686																						
Retail Pharmacy-Scripts			2,969	2,598	2,513	2,548	2,354	2,463	2,735	2,586	2,410	2,420	2,334	2,807	2,518	2,445	2,343	2,594	2,658	2,624		26,047	24,834	33,685																						

ATTACHMENT F

DRAFT MRI AGREEMENT

MOBILE MRI PURCHASE AND OPERATION AGREEMENT

This Mobile MRI Purchase and Operation Agreement (this “**Agreement**”) is made and entered into by and among Eastern Plumas Healthcare District, a California health care district with its principal place of business at 500 1st Ave., Portola, CA 96122 (“**Eastern Plumas**”); Mayers Memorial Healthcare District, a California health care district with its principal place of business at 43563 Highway 299 East, Fall River Mills, CA 96028 (“**Mayers**”); Last Frontier Healthcare District d.b.a. Modoc Medical Center, a California health care district with its principal place of business at 1111 N. Nagle Street, Alturas, CA 96101 (“**Modoc**”); Plumas Healthcare District d.b.a. Plumas District Hospital, a California health care district with its principal place of business at 1065 Bucks Lake Rd., Quincy, CA 95971 (“**Plumas**”); and Seneca Healthcare District, a California health care district with its principal place of business at 130 Brentwood Dr., Chester, CA 96020 (“**Seneca**”). Eastern Plumas, Mayers, Modoc, Plumas, and Seneca are sometimes referred to in this Agreement individually as a “**Party**” and collectively as the “**Parties**.”

RECITALS

- A. The Parties are healthcare providers providing medical services in the northeast region of California and are in need of a magnetic resonance imaging (“**MRI**”) system to provide services to their patients.
- B. The Parties are engaged in a collaborative partnership to jointly purchase and operate a mobile MRI system that can be moved among the Parties’ facilities via a trailer (“**Mobile MRI Unit**”).
- C. The Parties will jointly own and operate the Mobile MRI Unit pursuant to the terms and conditions set forth in this Agreement.

NOW THEREFORE, in consideration of the above Recitals and of the mutual promises and agreements contained herein, the Parties agree as follows:

ARTICLE 1

MOBILE MRI UNIT PURCHASE, OWNERSHIP, OPERATION

- 1.1 **Purchase and Delivery of Mobile MRI Unit.** Each Party will deposit its proportionate share of the cost to purchase the Mobile MRI Unit to the Management Agency (as defined in Section 2.1 below) within 30 days’ notice from the Management Agency. The number of payments to the Management Agency shall be based on compliance with the commercial seller’s order and payment terms for the Mobile MRI Unit. For example, if the commercial seller requires a deposit to be paid, the Management Agency will invoice the Parties for their proportionate share of the deposits, and shall further invoice the Parties for their proportionate share of the remaining amount(s) at or around the time payments are due to the commercial seller. The purchase price of the Mobile MRI Unit shall not exceed \$2 million, unless otherwise approved by the Parties as an amendment to this Agreement. Each Party’s proportionate share of the purchase price shall be based on the proportion of scheduled days that each Party is scheduled to use the Mobile MRI Unit upon delivery and operation, as set forth in Exhibit A, attached hereto and incorporated herein. Retroactive adjustments to the Parties’ share of the purchase price, if any, will be addressed pursuant to Section 1.3.2.
- 1.2 **Ownership.** The Parties shall jointly own and share legal title to the Mobile MRI Unit. In the event the commercial seller of the Mobile MRI Unit will not agree to the sale with joint

ownership and legal title, the Parties' may agree in writing to designate one Party to serve as the owner or holder of legal title, while the other Parties shall have binding contractual rights to use of the Mobile MRI Unit pursuant to this Agreement (or agree to transfer ownership and legal title jointly to all of the Parties at a later date). An agreement to designate one Party to serve as the owner or holder of legal title, or to transfer ownership and legal title jointly to all of the Parties at a later date, may be approved pursuant to the Administrative Approval Process described in Section 8.1.

1.3 Operation.

1.3.1 Operation Generally. The Parties shall use the Mobile MRI Unit pursuant to the terms and conditions of this Agreement, and shall comply with all applicable laws, rules and regulations in the use and operation of the Mobile MRI Unit.

(a) Privacy Compliance. Without limiting the generality of the foregoing, each Party shall comply with any applicable health and consumer information privacy laws, including without limitation the Health Insurance Portability and Accountability Act of 1996, the Confidentiality of Medical Information Act, and the California Consumer Privacy Act, as each may be amended from time to time. If deemed appropriate in the reasonable discretion of the Management Agency, the Parties agree to execute one or more business associate agreements or similar agreements to provide further assurances for legal compliance in relation to the use and operation of the Mobile MRI Unit and nondisclosure of protected health information or similar data.

(b) Required Licenses or Permits for Individual Parties. Notwithstanding Section 2.1.1, if a Party or its employees or agents is required by applicable laws, rules or regulations to obtain individual licenses or permits for use or operation of the Mobile MRI Unit, each Party shall be responsible for obtaining such licenses or permits; a Party's failure or delay in obtaining such licenses or permits shall not affect its obligations under this Agreement, including without limitation any financial obligations.

(c) Medical Malpractice Liability. Except to the extent covered by medical malpractice liability or other professional liability insurance of the Operator, each Party shall be responsible for medical malpractice liability arising from such Party's use or operation of the Mobile MRI Unit and agrees to defend, indemnify, and hold harmless the other Parties therefor pursuant to the provisions of Section 5.2.

~~(a)~~(d) Billing. Each Party is responsible for billing its own patients relating to the Party's use and operation of the Mobile MRI Unit.

1.3.2 Operating Schedule. The Parties hereby agree that the Mobile MRI Unit will rotate for use by each of the Parties in accordance with the schedule set forth in Exhibit A. Exhibit A may be amended or replaced pursuant to the Administrative Approval Process described in Section 8.1.

- (a) *Updates to Purchase Price Responsibility.* If, during the initial term of this Agreement, the Parties amend the operating rotation in Exhibit A, the amendment will state whether, and to what extent, the Parties will make payments or receive credits due to retroactively updating the Parties' proportionate shares of the purchase price based on the updated schedule. Such amendment may generally be approved pursuant to the Administrative Approval Process described in Section 8.1 (provided that a Party whose share of the purchase price will increase as a result of the amendment may be required to submit such amendment to its governing body for approval because the additional amount exceeds the delegated authority of its chief executive officer or general manager).
- (b) *Updates to O&M Expenses.* If, at any time during the term of this Agreement, the Parties amend the operating rotation in Exhibit A, the Parties' responsibilities for O&M Expenses (as defined below) will be updated on a going-forward basis as of the effective date of such amendment. In addition, the amendment will state whether, and to what extent, the Parties will make payments or receive credits due to retroactively updating the Parties' proportionate shares of the O&M Expenses for the current Fiscal Year (as defined below) in which the amendment took effect. Such amendment may generally be approved pursuant to the Administrative Approval Process described in Section 8.1 (provided that a Party whose share of the O&M Expenses will increase as a result of the amendment may be required to submit such amendment to its governing body for approval because the additional amount exceeds the delegated authority of its chief executive officer or general manager).

- 1.4 Damage by Party or Its Agents.** Each Party agrees to exercise reasonable care in the use of the Mobile MRI Unit. In the event a Party or its officials, officers, employees, contractors, consultants, or agents negligently, recklessly, or willfully causes loss or damage to the Mobile MRI Unit or causes a penalty or enforcement action by a court, regulatory agency, or other governmental body, such Party shall pay the reasonable and necessary costs, including the costs of defense, incurred by the Management Agency or other Parties as a result of the damage, penalty, or enforcement action, which may include but not be limited to costs of repairs or replacement. Costs allocated to a specific Party under this section shall be included in a quarterly bill issued by the Management Agency following consultation with representatives of all of the Parties. In the event that the Management Agency cannot or does not make an allocation to one or more specific Parties pursuant to this section, such costs shall be shared by the Parties as part of O&M Expenses, or one or more of the Parties may invoke the dispute resolution provisions of this Agreement prior to pursuing legal action to enforce this section.
- 1.5 Cooperation and Coordination.** The Parties recognize the necessity and hereby agree to cooperate with each other in carrying out the purposes of this Agreement. Designated representatives of each of the Parties will meet from time to time to discuss matters related to the Mobile MRI Unit, including existing or anticipated issues related to operation and maintenance and the schedule provided under Exhibit A.

ARTICLE 2

MANAGEMENT AGENCY; O&M EXPENSES

- 2.1 Management Agency.** One Party will be designated in Exhibit A as the management agency ("Management Agency") responsible for:
- 2.1.1 Permits and Licensing.** Obtaining and maintaining, or causing applicable contractors or agents to obtain and maintain, any and all permits, licenses, or other legal entitlements which are required to be obtained or maintained with respect to ownership, operation, and maintenance of the Mobile MRI Unit; and
- 2.1.2 Services Necessary for Operation & Maintenance.** Operating and maintaining the Mobile MRI Unit in good repair and working order and providing the services envisioned under this Agreement, including contracting for all services reasonably necessary to operate and maintain the Mobile MRI unit, which may include but not be limited to: (1) a mobile operator ("**Operator**") to move and operate the Mobile MRI Unit among the Parties' designated facilities based on the schedule in Exhibit A; (2) leasing or otherwise contracting for a tractor/semi-truck to move the Mobile MRI Unit (to the extent not provided by the Operator); (3) obtaining and maintaining insurance coverage as described herein; (4) performing or causing performance of maintenance and repairs; and (5) licensing compliance. For the clarity of the Parties, the Management Agency may contract for a contractor to be responsible for some or all of these services, but shall generally be responsible for ensuring they are provided under this Agreement.
- 2.2 Contracting Procedures.** The Management Agency shall comply with applicable laws, rules and regulations when contracting for services for the operation and maintenance of the Mobile MRI Unit. Prior to any O&M Expense contract or expenditure that will exceed \$50,000 in any Fiscal Year (defined below), the Management Agency will provide prior written notice to the designated representatives of the other Parties and provide at least 15 business days' opportunity for comments and questions on the proposed contract or expenditure. The notice must include the proposed scope of services and anticipate annual cost during the term of the Agreement. Notwithstanding the above, if the O&M Expense contract or expenditure arises from an Emergency (as defined below), the Management Agency may proceed with the contract or expenditure, provided that it must provide written notice to the other Parties as soon as practicable, but in no case more than five (5) calendar days after execution of the contract or incurring the expense. For purposes of this Agreement, "**Fiscal Year**" shall mean the one-year period commencing on the first day of July each year and ending on the last day of June of the following year.
- 2.3 Insurance.** The Management Agency will procure and maintain and/or cause the Operator to procure and maintain, all insurance reasonably necessary related to the operation, maintenance, and protection of the Mobile MRI Unit, which may include, but not be limited to: (1) commercial general liability insurance; (2) property insurance sufficient to cover the replacement value of the Mobile MRI Unit; (3) automobile liability insurance; (4) workers' compensation coverage; and (5) applicable professional liability insurance.
- 2.4 O&M Expenses.** Costs for all expenses incurred by the Management Agency pursuant to Section 3.1 shall be referred to as "**O&M Expenses.**"

2.4.1 Administrative Costs. The Management Agency may include its administrative costs in the O&M Expenses. Such administrative costs will be determined by tracking the Management Agency's actual costs at the fully burdened rate for its employees. The administrative costs shall not exceed 5% of the cost of other O&M Expenses during a Fiscal Year, except as otherwise approved pursuant to the Administrative Approval Process described in Section 8.1 for such Fiscal Year.

2.4.2 Billing for O&M Expenses. On a quarterly basis, the Management Agency will bill the other Parties in advance of the beginning of each quarter for their proportionate share of O&M Expenses for the upcoming quarter, which will be divided among the Parties based on the proportion of scheduled days that each Party will use the Mobile MRI Unit as set forth in Exhibit A (except as otherwise provided in Section 1.4 of this Agreement). Retroactive adjustments to the Parties' share of the O&M Expenses for a Fiscal Year, if any, will be addressed pursuant to Section 1.3.2. Payments to the Management Agency must be made within 60 days of receipt of the quarterly invoice from the Management Agency. In addition to the amount due for the upcoming quarter, the invoice will include O&M Expenses incurred in the previous quarter. If a Party disputes any charges included on the invoice, the disputing Party must ~~pay any undisputed amounts to the Management Agency and~~ provide written notice of the amount and basis for dispute within the 60-day period. Upon receipt of such notice, Management Agency shall schedule a meeting within thirty (30) days, or such other period of time agreed upon by the Parties, with the Parties' representatives to discuss the disputed amount(s) prior to resorting to the dispute resolution provisions of this Agreement. The Management Agency may charge interest for any ~~undisputed~~ amounts not paid within the 60-day period at a rate of 10% per annum or the maximum legal rate, whichever is less.

2.4.3 Cash Flow Reserve. ~~In consideration for advancing funds for expenses under this Agreement, or to pay for emergency expenditures, the Management Agency shall establish a "Cash Flow Reserve" in the amount of 25% of the estimated O&M Expenses for the applicable Fiscal Year so as not to require Management Agency to utilize unrelated Management Agency cash to advance O&M Expenses. The Cash Flow Reserve will be funded by the Parties as part of their quarterly payments for O&M Expenses, and otherwise replenished as described below. Any net surplus or deficit of cash used by Management Agency arising from advance quarterly payments~~ ing funds to fulfill its obligations under this Agreement will be added or deducted from the Cash Flow Reserve ~~future quarterly payments.~~ A reconciliation of the net surplus or deficit of actual funds used by Management Agency will be calculated and/or reconciled by Management Agency each Fiscal Year and reflected in the quarterly payments for the upcoming Fiscal Year. ~~Each year through the quarterly payments, the Parties shall replenish the Cash Flow Reserve to its original amount, as such amount may be revised from time to time pursuant to the Administrative Approval Process described in Section 8.1. In addition to advance any annual replenishment of the Cash Flow Reserve~~ quarterly payments, the Cash Flow Reserve may be replenished at any time upon approval pursuant to the Administrative Approval Process described in Section 8.1 if Management Agency determines the then Cash Flow Reserve ~~advance quarterly payments will balance to be insufficient due to anticipated operations or unanticipated expenses, Management Agency may issue a supplemental invoice upon approval~~

pursuant to the Administrative Approval Process described in Section 8.1, which approval shall not be unreasonably conditioned, withheld, or delayed.

- 2.4.4** Unexpected Expenditures. Management Agency may utilize the ~~Cash-Flow Reserve~~ advance quarterly payments to pay for unexpected costs and expenses required: (1) in the event of an emergency or sudden unexpected occurrence requiring immediate action to prevent or mitigate loss or damage to the Mobile MRI Unit (“Emergency”); and/or (2) in the event of new or expanded federal, state, and local laws, rules and regulations applicable to the operation of the Mobile MRI Unit. Following any event or occurrence under this section, Management Agency shall promptly provide to representatives of the other Parties a summary of the emergency circumstance, actions taken, and estimated costs thereof. Management Agency shall replenish the ~~Cash-Flow Reserve~~ advance quarterly payment fund for any unexpected expenditures resulting from loss or damage caused by Management Agency pursuant to Section 1.4.
- 2.4.5** Annual Estimates for O&M Expenses. The Management Agency will prepare a non-binding estimate of O&M Expenses ~~(including contributions to the Cash-Flow Reserve)~~ and quarterly payments by April 1 of each year in order to assist the other Parties with budgeting for anticipated O&M Expenses for the upcoming Fiscal Year.
- 2.4.6** Year-End Adjustment. At the end of each Fiscal Year, the Management Agency shall reconcile the O&M Expenses, ~~Cash-Flow Reserve~~, and quarterly payments by the Parties. If one or more of the Parties overpaid, the Management Agency shall credit any future charges; if one or more of the Parties underpaid, the Management Agency shall bill for any additional amounts due in the quarter after the prior year costs have been reconciled.

ARTICLE 3 RECORDS AND AUDITS

- 3.1** Keeping and Maintenance of Records. The Management Agency shall keep appropriate records and accounts of all costs and expenses related to the acquisition of the Mobile MRI Unit and the O&M Expenses. The Management Agency shall keep such records and accounts related to acquisition for at least ten (10) years and O&M Expenses for at least four (4) years, or for any longer periods required by law or other obligation. All Parties shall keep appropriate records and accounts related to the use of the Mobile MRI Unit for at least four (4) years or for any longer periods required by law or other obligations. Notwithstanding the disposition of any records or accounts as authorized above, the Management Agency shall maintain basic records and/or accounts showing the Parties’ total contributions toward the purchase of the Mobile MRI Unit and O&M Expenses throughout the term of the Agreement.
- 3.2** Inspection and Annual Audits. Said records and accounts shall be subject to reasonable inspection by any authorized representative of any Party. Further, Management Agency’s accounts and records shall be audited annually by an independent certified public accounting firm appointed by Management Agency pursuant to generally accepted accounting principles. A copy of said report shall be available to any Party. As part of said audit, the actual amount of acquisition costs (in the applicable Fiscal Year(s), O&M Expenses, and payments from each Party

Commented [A1]: Prior provisions included a Cash Flow Reserve fund. Upon further review, the amortization of the Cash Flow Reserve could have been difficult to track.

A simpler approach is to simply provide for *advance* quarterly payments. This provides the Management Agency with cash flow needed to pay for costs incurred in the upcoming quarter, without the need to separately track a Cash Flow Reserve.

shall be determined and audited by the Management Agency's external auditors, and a summary of such amounts shall be included as a footnote or attachment to the annual audit. Incremental additional audit costs for Management Agency to comply with this section, if any, may be included as O&M Expenses in the Fiscal Year in which the audit is performed.

ARTICLE 4

TERM; WITHDRAWAL; TERMINATION; SALE OR DISPOSAL OF MOBILE MRI UNIT

- 4.1 Initial Term; Renewal Terms.** This Agreement shall be effective upon execution by all of the Parties, and shall be dated as of the signature date of the last executing Party ("**Effective Date**"). The initial term of this Agreement shall be five (5) years, commencing upon delivery of the Mobile MRI Unit by the commercial seller to the Parties ("**Commencement Date**"). This Agreement shall automatically renew for up to three (3) additional renewal terms of five (5) years (for a potential total term of 20 years), unless a Party provides prior written notice to all other Parties at least 180 days before the end of the initial term or a renewal term of its intent not to renew its participation in this Agreement. Upon the start of the new renewal term, the non-renewing Party shall no longer be considered a Party to this Agreement.
- 4.2 Further Extension.** This Agreement is subject to extension beyond the initial term and three (3) renewal terms by agreement of the then-existing Parties.
- 4.3 Termination.** The Parties may mutually terminate this Agreement by a written instrument signed by all Parties.
- 4.4 Withdrawal During Renewal Term.** Notwithstanding the provisions of Section 3.1, a Party may withdraw during a renewal term (but not during the initial term) by providing prior written notice to all of the other Parties under the following circumstances: (1) the Party declares bankruptcy or insolvency under any applicable federal or state standard, has filed for protection or relief under any applicable bankruptcy or creditor protection statute, or has been formally threatened by creditors with an involuntary application of any applicable bankruptcy or creditor protection statute, in which case the Party's withdrawal may be effective within 60 days; or (2) at least 180 days before the start of a Fiscal Year, the Party provides notice to the other Parties of its intent to withdraw. The other Parties may agree to an earlier withdrawal date pursuant to the Administrative Approval Process described in Section 8.1. Upon the effective date of withdrawal, the withdrawing Party shall no longer be considered a Party to this Agreement.
- 4.5 Sale or Disposal of Mobile MRI Unit.** The Mobile MRI Unit will not be sold, otherwise disposed of, or subcontracted without the prior written approval of all the then-existing Parties to the Agreement pursuant to the Administrative Approval Process described in Section 8.1. Proceeds from the sale, disposition, or subcontracting of the Mobile MRI Unit shall be divided among the then-existing Parties based on their total contributions toward the purchase of the Mobile MRI Unit and O&M Expenses during the term of the Agreement. Notwithstanding any other provisions of this Agreement, the provisions of this Section 4.5 shall survive the expiration or mutual termination of this Agreement.

ARTICLE 5

INSURANCE AND INDEMNIFICATION

Commented [A2]: Parties are checking on two options with regard to who puts capital asset and depreciation on its books: (1) management agency carries the capital asset and depreciation, bills the others; OR (2) all agencies carry a proportionate share of capital asset and depreciation.

Parties would prefer that all agencies carry a proportionate share but will run by CPA before we put in language. –Nick/BBK

Commented [A3R2]: Have there been any further developments on this subject? –Nick/BBK

5.1 Insurance. During the Term of this Agreement, the Parties shall maintain in full force and effect insurance policies and/or equivalent risk management coverage in the manner and to the extent that each Party insures and/or self-insures itself for similar risks with respect to such Party's operations, equipment, and property. The manner in which such insurance and/or self-insurance is provided and the extent of such insurance and/or self-insurance shall be set forth in a Certificate of Insurance and/or Certificate of Self-Insurance, delivered to the other Parties and signed by an authorized representative of the applicable Party, which fully describes the insurance and/or self-insurance program and how the insurance/program covers the risks set forth in this section. Minimum policy limits maintained by any Party shall in no way limit the Party's indemnification obligations under this Agreement. Insurance provided by a joint powers agency insurance pool shall be considered self-insurance for the purposes of this section. Coverage under such insurance and/or self-insurance shall provide coverage for the following:

5.1.1 Commercial General Liability. Commercial general liability insurance or equivalent risk management coverage covering bodily injury, property damage, personal/advertising injury, premises/operations liability, products/completed operations liability, and contractual liability, in an amount no less than \$2,000,000 per occurrence / \$4,000,000 aggregate. The policy shall give the other Parties, their officials, officers, employees, agents and designated volunteers additional insured status, or endorsements providing the same coverage. Any Party may request a mutual increase in the dollar amount of insurance required under this Section every five (5) years; the new amount shall be based on prevailing insurance standards in the healthcare industry applicable at the time.

5.1.2 Automobile Liability. Automobile liability insurance or equivalent risk management coverage in an amount no less than \$1,000,000 per occurrence for bodily injury and property damage. Coverage shall include owned, non-owned and hired vehicles. The policy shall give the other Parties, their officials, officers, employees, agents and designated volunteers additional insured status, or endorsements providing the same coverage. Any Party may request a mutual increase in the dollar amount of insurance required under this Section every five (5) years; the new amount shall be based on prevailing insurance standards in the healthcare industry applicable at the time.

5.1.3 Workers' Compensation. Workers' compensation insurance or equivalent risk management coverage as required by law. Each Party certifies that it is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and each Party will comply with such provisions before commencing work under this Agreement.

In addition, the Parties shall ensure that all contractors and subcontractors performing work in or around the Mobile MRI Unit maintain in full force and effect insurance policies consistent with the types and amounts of insurance required above. To the maximum extent practicable, each Party shall ensure that its contractors' and subcontractors' Commercial General Liability and Automobile Liability policies give the other Parties and their officials, officers, employees, agents, and designated volunteers additional insured status, or endorsements providing the same coverage.

5.2 Indemnification.

5.2.1 Each Party (the “Indemnifying Party”) shall indemnify, defend and hold harmless the other Parties and their officials, officers, employees and agents (the “Indemnified Parties”) from and against any and all liability, loss, damages, expenses, costs (including, without limitation, costs and fees of litigation or arbitration) of every nature, arising out of any act or omission of the Indemnifying Party related to this Agreement, provided, however, that the foregoing obligations shall not apply to the proportionate extent such claims or damages are caused by the negligence, recklessness, or willful misconduct of the Indemnified Parties.

5.2.2 Notwithstanding any other provision of this Agreement, this Section 5.2 and any obligations arising from this section shall survive any expiration of, termination of, nonrenewal of, or withdrawal from, this Agreement.

ARTICLE 6 FORCE MAJEURE

6.1 Force Majeure Event. A “Force Majeure Event” means an act, event, or condition described below that materially and adversely affects the ability of a Party to perform any obligation under this Agreement as long as such act, event or condition is beyond the reasonable control of such Party and is not a result of a negligent, reckless, or willful act or omission of or breach of this Agreement by such Party. Such acts, events, or conditions are: (a) an act of God, including an earthquake, wildfire, or other natural disaster or phenomenon, the effects of which could not be prevented or avoided by the exercise of due care or foresight; (b) terrorism, acts of a public enemy, war, blockage, or insurrection, riot, or civil disturbance; (c) an epidemic or pandemic affecting the area, a government ordered work stoppage in response to a declared public health crisis in the state or local area, or an epidemic, pandemic, or government ordered work stoppage in response to a declared public health crisis inside or outside the local area, if it impacts the supply chain for necessary equipment, materials, or labor; or (d) strikes, lockouts, work stoppages or labor disputes. Upon the occurrence of a Force Majeure Event, a Party shall be excused from its obligations under this Agreement (except payment obligations) for the period during which it is unable to comply with such obligations as a result of the Force Majeure Event. Any excuse of obligations of such pursuant to this section is subject to the proviso that, upon obtaining knowledge of a Force Majeure Event, such Party: (a) promptly notifies the other Parties of the Force Majeure Event; (b) provides reasonable details and updates relating to such Force Majeure Event and mitigation measures; and (c) implements mitigation measures to the extent commercially reasonable.

ARTICLE 7 DISPUTE RESOLUTION; ENFORCEMENT; EVENTS OF DEFAULT

7.1 Dispute Resolution.

7.1.1 Non-Binding Mediation. If a dispute arises among the Parties relating to or arising from a Party’s obligations under this Agreement, the Parties involved in the dispute shall first endeavor to resolve the matter through informal discussions and meetings among senior management of the Parties. If the matter remains unresolved, the Parties

involved in the dispute shall next endeavor to settle the dispute in an amicable manner, using mandatory non-binding mediation under the rules of JAMS, AAA, or any other neutral organization agreed upon by the Parties before having recourse in a court of law. Mediation shall be commenced by sending a notice of demand for mediation to the other Party or Parties to the dispute. A copy of the notice shall be sent to all of the Parties.

7.1.2 Selection of Mediator. A single mediator that is acceptable to the Parties involved in the dispute shall be used to mediate the dispute. The mediator will be knowledgeable in the subject matter of this Agreement, if possible, and chosen from lists furnished by JAMS, AAA, or any other agreed upon mediator.

7.1.3 Mediation Expenses. The expenses of witnesses for either side shall be paid by the Party producing such witnesses. All mediation costs, including required traveling and other expenses of the mediator, and the cost of any proofs or expert advice produced at the direct request of the mediator, shall be equally shared by the Parties to the dispute.

7.1.4 Conduct of Mediation. Mediation will be conducted in an informal manner. Discovery shall not be allowed. The discussions, statements, writings and admissions and any offers to compromise during the proceedings will be confidential to the proceedings (Evidence Code §§ 1115 – 1128; 1152) and will not be used for any other purpose unless otherwise agreed by the Parties in writing. The Parties may agree to exchange any information they deem necessary. The Parties involved in the dispute shall have representatives attend the mediation who are authorized to settle the dispute, though a recommendation of settlement may be subject to the approval of each agency's boards or legislative bodies. Either Party may have attorneys, witnesses, or experts present.

7.1.5 Mediation Results. Any resultant agreements from mediation shall be documented in writing. The results of the mediation shall not be final or binding unless otherwise agreed to in writing by the Parties. Mediators shall not be subject to any subpoena or liability and their actions shall not be subject to discovery.

7.1.6 Performance Required During Dispute. Nothing in this Section **7.1** shall relieve the Parties from performing their obligations under this Agreement. The Parties shall be required to comply with this Agreement, including the performance of all disputed activity and disputed payments, pending the resolution of any dispute under this Agreement.

7.1.7 Offers to Compromise. Any offers to compromise before or after mediation proceedings will not be used to prove a Party's liability for loss or damage unless otherwise agreed by the Parties in writing (pursuant to Evidence Code Section 1152).

7.2 Enforcement. The Parties are hereby authorized to take any and all legal or equitable actions, including but not limited to an injunction and specific performance, necessary or permitted by law to enforce this Agreement.

7.3 Additional Remedies. In the event that a Party has violated any material obligation in this Agreement, one or more of the other Parties may provide the violating Party with notice and written description of such violation. In the event that the violating Party is unwilling or unable

to cure such breach within 60 days (or commence to cure such breach, if not reasonably curable within such period), the violating Party shall be deemed to have defaulted under this Agreement, and the other Parties may, by unanimous agreement among the other Parties: (1) immediately or on a specified date terminate the defaulting Party as a Party to this Agreement; (2) order that the defaulting Party shall not continue as a Party to this Agreement upon the start of a renewal term; (3) if the defaulting Party's violations relate to nonpayment of obligations under this Agreement, require the defaulting Party to make an additional advanced deposit of funds; or (4) provide a written warning to the defaulting Party that further violations of this Agreement may result in termination, nonrenewal, or payment of an additional advanced deposit.

ARTICLE 8 MISCELLANEOUS PROVISIONS

- 8.1 Administrative Approval Process.** The "Administrative Approval Process" is a formal binding process by which aspects of this Agreement may be amended or supplemented and relates to technical, administrative, operational, and/or procedural details of this Agreement. Matters subject to the Administrative Approval Process, as expressly identified in this Agreement, may be approved by a writing signed by the chief executive officer or general manager of each of the Parties, without requiring approval by the Parties' governing bodies. Upon approval of an amendment or supplement to this Agreement approved by the Administrative Approval Process, the Management Agency shall provide copies of the executed amendment or supplement to all of the Parties.
- 8.2 Amendment.** Except as otherwise provided in this Agreement, neither this Agreement nor any provision hereof may be modified or amended except by a written instrument signed by the Parties.
- 8.3 Severability.** If any section, clause or phrase of this Agreement or the application thereof to any Party or any other person or circumstance is for any reason held to be invalid by a court of competent jurisdiction, it shall be deemed severable, and the remainder of the Agreement or the application of such provisions to any other Party or to other persons or circumstances shall not be affected thereby. Each Party hereby declares that it would have entered into this Agreement, and each subsection, sentence, clause and phrase thereof, irrespective that one or more sections, subsections sentences, clauses or phrases or the application thereof might be held invalid.
- 8.4 Notices.** Notices required or permitted hereunder shall be sufficiently given if made in writing and delivered either personally or by registered or certified mail, postage prepaid to the respective Parties, as follows:

EASTERN PLUMAS:

Eastern Plumas Healthcare District
500 1st Avenue
Portola, CA 96122
Attn: Chief Executive Officer

MAYERS:

Mayers Memorial Healthcare District
P.O. Box 459
Fall River Mills, CA 96028
Attn: Chief Executive Officer

MODOC:

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

PLUMAS:

Plumas Healthcare District
1065 Bucks Lake Rd.
Quincy, CA 95971
Attn: Chief Executive Officer

SENECA:

Seneca Healthcare District
199 Reynolds Road
Chester, CA 96020
Attn: Chief Executive Officer

The Parties may from time to time change the address to which notice may be provided by providing notice of the change to the other Parties.

- 8.5 Other Agreements Not Prohibited.** Other agreements by and between the Parties of this Agreement or any other entity are neither prohibited nor modified in any manner by execution of this Agreement.
- 8.6 Assignment.** Except as otherwise provided in this Agreement, the rights, titles and interests of any Party to this Agreement shall not be assignable or transferable without the consent of each Party hereto.
- 8.7 Section Headings.** The section headings herein are for convenience of the Parties only, and shall not be deemed to govern, limit, modify or in any manner affect the scope, meaning or intent of the provisions or language of this Agreement.
- 8.8 Laws of California.** This Agreement is made in the State of California, under the Constitution and laws of such State, and shall be construed and enforced in accordance with the laws of such State.
- 8.9 Construction of Language.** It is the intention of the Parties hereto that if any provision of this Agreement is capable of two constructions, one of which would render the provision void and the other of which would render the provision valid, then the provision shall have the meaning which renders it valid.
- 8.10 Successors.** This Agreement shall be binding upon and shall inure to the benefit of the successors of the Parties hereto.
- 8.11 Time of Essence.** Time is of the essence for each and every provision of this Agreement.
- 8.12 Integration.** This Agreement constitutes the full and complete Agreement of the Parties.
- 8.13 Counterparts.** This Agreement may be executed in counterparts, each of which shall constitute an original and all of which together shall constitute one and the same agreement.

8.14 No Third Party Beneficiaries. All of the covenants contained in this Agreement are for the express benefit of each and all such Parties. This Agreement is not intended to benefit any third parties, and any such third party beneficiaries are expressly disclaimed.

SIGNATURES ON FOLLOWING PAGE(S)

IN WITNESS WHEREOF, the Parties have caused this Mobile MRI Purchase and Operation Agreement to be executed and attested by their proper officers thereunto duly authorized on the day and year set forth below, making the same effective on the date signed by the last of the Parties hereto.

EASTERN PLUMAS HEALTHCARE DISTRICT

By: _____
Name: _____
Title: _____

Date: _____

MAYERS MEMORIAL HEALTHCARE DISTRICT

By: _____
Name: _____
Title: _____

Date: _____

**LAST FRONTIER HEALTHCARE DISTRICT d.b.a.
MODOC MEDICAL CENTER**

By: _____
Name: _____
Title: _____

Date: _____

**PLUMAS HEALTHCARE DISTRICT d.b.a. PLUMAS
DISTRICT HOSPITAL**

By: _____
Name: _____
Title: _____

Date: _____

SENECA HEALTHCARE DISTRICT

By: _____
Name: _____
Title: _____

Date: _____

EXHIBIT A

ROTATION SCHEDULE; MANAGEMENT AGENCY

The Parties hereby agree to the following rotation schedule for the Mobile MRI Unit:

[Insert]

The Parties further agree that the Management Agency shall be: Seneca Healthcare District.



Fw: Shared Mobile MRI Agreementmischele.dillon@ephc.org

From Kevin Kramer <kkramer@modocmedicalcenter.org>
Date Thu 5/22/2025 9:36 AM
To Denise King <dking@modocmedicalcenter.org>

📎 1 attachment (163 KB)

Mobile MRI - Draft Agreement (5.7.25 Post-Review Updates)-c1.doc;

Kevin Kramer
 CEO
 Modoc Medical Center
 530-708-8801

A Proud Member of the MMC Promoting Positivity Committee (PPC)

From: Nicholas Norvell <Nicholaus.Norvell@bbklaw.com>
Sent: Wednesday, May 7, 2025 10:00 AM
To: Ryan Harris <rharris@mayersmemorial.com>; Kevin Kramer <kkramer@modocmedicalcenter.org>; Lisa Neal <lneal@mayersmemorial.com>; Steve Boline <sboline@senecahospital.org>; Shawn McKenzie <smckenzie@senecahospital.org>; JoDee Johnson <jjohnson@pdh.org>; Judith A. Cline <jcline@senecahospital.org>; Darren Beatty <dbeatty@pdh.org>; Douglas McCoy <Doug.mccoy@ephc.org>; Brady Haynes <bhaynes@senecahospital.org>; Adam Willoughby <awilloughby@modocmedicalcenter.org>
Cc: Noel Caughman <Noel.Caughman@bbklaw.com>
Subject: RE: Shared Mobile MRI Agreementmischele.dillon@ephc.org

Hi everyone,

Attached is an updated draft of the Agreement. This draft incorporated the comments and proposed edits from Kevin Kramer on behalf of Modoc Medical Center, as it sounded like there are, to date, no objections from the other parties on his comments/edits. I also made a few additional clarifications or changes based on the items Kevin noted, and they are shown in the redline as well. If you have any comments or questions on the substance of the Agreement, please reply via e-mail and we can set up a brief meeting to talk through the issue(s) and resolve final proposed language.

Below is a list of items that remain outstanding for the Agreement:

- **Section 4.1 - Capital Asset/Depreciation Issue.** If there has been feedback from the CPA on whether the Management Agency should carry the asset and depreciation on its books, or if all of the Parties can/should carry their proportionate share for the asset and depreciation on their books (preferred by Parties), please let me know and I can finalize language in this section.
- **Rotation for Exhibit A.** If the Parties have decided what the unit's weekly or monthly rotation will be, please let me know and I can insert that information in Exhibit A.
- **Management Agency for Exhibit A.** If the Parties have determined who the Management Agency will be (at least initially), please let me know and I will insert it into Exhibit A.
- **Section 8.4 - Notices.** I received notice address and information from most Parties; for those parties I did not receive an e-mail from, I inserted notice information based on contact the information on your agency's website and put it to the attention of the CEO. Please review and confirm the notice information is correct.
- **Section Cross-References.** Once the text is finalized, I will remove the highlights for section cross-references and circulate a clean copy for the Parties to use for Board consideration.

Please let me know if you have any follow up questions/comments or would like to schedule a meeting.

Best,

Nick



BBK
 BEST BEST & KRIEGER LLP
 ATTORNEYS AT LAW

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 (He/Him)
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