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

5. DISCUSSION

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 – May 29, 2025, Attachment A
B.) T. Ryan - Medical Staff Committee Meeting Minutes – May 28, 2025 Attachment B

- **Medical Staff Committee Meeting Minutes – April 30, 2025**
- **Committee Reports**
- **ER Committee Meeting Minutes – May 13, 2025**
- **OP Infusion Committee Meeting Minutes – May 13, 2025**
- **Surgery Committee Meeting Minutes – May 13, 2025**

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

- OP Infusion
  - 6170.25 Airborne Isolation Room Daily Air Exchange Monitoring
  - 6170.25 Insulin Verification And Administration
  - 6170.25 Intake and Output
  - 6710.25 Blood Glucose Testing Using The Nova Statstrip Glucose Meter
- Skilled Nursing Facility
  - 6580.25 Elder Abuse (Revisited)
- Emergency Department
  - 7010.25 Abdominal Pain Standard Of Care
  - 7010.25 Acute Stats Asthmaticous Standard Of Care
- Laboratory
  - 7500.25 C. Auris Yeast Screening With Reflex To ID And Susceptibility
  - 7500.25 Pre-Employment Drug Screen
- Radiology-MRI
  - 7660.25 MRI Contrast and Patients In Renal Failure New P&P
  - 7660.25 MRI Contrast and Pregnant Patient
  - 7660.25 MRI of The Ankle and Hindfoot
- Pharmacy-Hospital
  - 7710.25 Vancomycin Per Protocol Policy and Procedure
- Physical Therapy
  - 7770.25 Rehabilitation Services for Skilled Nursing
- Dietary-SNF
  - 8340.25 Diet Manual SNF
  - 8340.25 Food Brought in from Outside Sources
  - 8340.25 Personnel-General
- Facilities/EOC
  - 8460.25 Infection Control
- Infection Control-SNF
  - 8753.25 SNF Policy For EHP Final
- Pharmacy Retail
  - 9550.25 Quality Assurance
- Infection Control-Acute
  - 8753-A Infection Control Plan Prevention, Education, And Training

7. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Manuals — **Attachment D**

- Health Information Management
- EIS Education In-Service
- NA Nursing Assistant Training Program Manual
- Utilization Review
- RM Risk Management
- C Compliance
- (Quality Assurance) Performance Improvement
- HR Human Resources/Orientation

B.) J. Lin – May 2025 LFHD Financial Statement *(unaudited)* — **Attachment E**

C.) D. King – Tax Appeal Refund – M. Hesser — **Attachment F**

D.) K. Kramer – Strategic Plan — **Attachment G**

E.) K. Kramer – FYE 25.26 Budget — **Attachment H**

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – May 29, 2025 — **Attachment I**

(Per Evidence Code 1157)

- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – April 30, 2025

B.) K. Kramer – Labor Negotiations — **Attachment J**

(Per Evidence Code 54957.6)

9. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – May 29, 2025
(Per Evidence Code 1157)

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –April 30, 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 June 20, 2025.**

ATTACHMENT A

LFHD BOARD OF DIRECTORS REGULAR MEETING MINUTES (draft) May 29, 2025

REGULAR MEETING MINUTES
LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
Thursday May 29, 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; Matt Edmonds, CMO; Edward Johnson, CNO; Adam Willoughby, COO; Amber Vucina, CHRO; Jin Lin, Finance Director; Denise King, LFHD Clerk; Julie Carrillo, Canby Clinic 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

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

Kristin Easley with Modoc Crisis Center voiced her concerns to the Board and asked for suggestions on how to encourage more nurses to become SART certified for pediatric patients.

4. VERBAL REPORTS

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

- Opioid Policy
  - We are extremely pleased with the long-term results of having instituted our opioid prescribing policy, as well as the prescription of other controlled substances. I recently received data from CDPH on opioid overdose deaths, hospitalizations, and ED visits in the North State. We were all very gratified to note that Modoc had one of the very lowest rates for all the statistics. We are not the only medical facility in the county, but we account for the majority of prescribing, and credit should be directed to all the providers whose hard work made this policy a success and made our county a much safer place to live and work.
- **Provider Recruitment**
  - We plan to replace a full-time physician at the Canby Clinic, and a part-time physician to work at the Alturas Clinic and take over the CMO role. Miriam Arana is building her panel in Canby, as is Ryan Ciantar at the Alturas clinic.
- **Chronic Disease Management**
  - We are working to establish a chronic disease management program at Modoc Medical Center. This will focus on complex chronic diseases such as congestive heart failure, chronic obstructive pulmonary disease, and type 2 diabetes. It will involve gathering population data, assisting providers with treatment plans, and likely a chronic disease clinic, also to be run out of the Alturas facility. This is an initiative that should have huge benefits for the community at large and assist our providers in managing the most complex patients.

- **Expanding Specialty Access**
- We are always looking to expand specialty access. We currently have an initiative in the works to bring cardiology to Alturas. As with any significant expansion, this will take time, but we are in preliminary discussions to establish a cardiology clinic and a stress echo program. The ultimate goal will be better disease management locally and improved diagnostic testing in order to keep our patients closer to home to receive this vital care.

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

SNF Project

- All potential change orders submitted by Swinerton that are still outstanding were rejected for timeliness. We have set up a phone call with Swinerton executives to figure out the next steps and to enter into negotiations over those items.
- USDA draft bond/take-out financing documents are still in review.
- Heard Plumbing is supposed to be prepping the well for wireline testing before June 11 so that the rest of the testing work on the geothermal well at the high school can be completed.
- No word back from CMS on being able to keep the old SNF open. I keep getting pushed back when I follow up on this each week.

340B Compliance

- Total outlay to date on claims regarding this issue has been around $13,500.
- We have one claim that we are working through with a manufacturer right now but that will likely be the last claim that we process on this issue.
- This is the last month for manufacturers to submit claims related to this compliance issue

MRI Services

- We are still waiting for the mobile MRI unit to receive an insignia from the State of California so that we can take next steps with licensing for that unit and get the service up and running again. I really am hopeful that this may take another month or so and am hoping we can launch these services again in July or so.
- Draft Agreement for purchase and sharing of an MRI unit is in your packets for review today.

Quality Program Revamp

- This is still in process. The leadership team has decided to take a project approach to quality. We have identified the following projects we are going to engage in as teams:
  - Clinic Partnership QIP Metrics
  - Equity Project for the Hospital
  - SNF specific project (to be determined by SNF leadership team)
  - Individual indicators as identified during last two surveys in SNF and Hospital.
- Next step will be to assign leadership team members to these projects and start working on planning, implementing changed plans, monitoring, and modifying plans based on indicator performance.

Other Items

- DHCS QIP is being worked on currently. It does not look like we will receive any money for clinical depression screening. We may be eligible for some money based on performance with tobacco screening but will not know that for another week.
- 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
  - Likely that this claim will not be paid due to some federal action that has been taken to nullify any claims made after December 31, 2024

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

Warnerview

- Currently at a 4-star CMS rating.
- Census is at 48.
- Admissions are at 4.
- Zero Discharges.
- With the anticipation of moving to the new facility, we have started to work with the residents on smoking cessation. We will have a smoke-free facility when we move. Currently, we have one resident who smokes, one resident who vapes, and one resident who chews.
- All the Plans of Corrections from the licensing surveys have been submitted to CDPH.

Acute

- Census is at 3 today – we have been running a daily census of 3 patients.
- Inpatient – Census 2.13
- ALOS – 3.20
- Swing – Census 0.93
- ALOS – 7.00
- One Isolation patient on the floor at this time.
- Admissions
  - 20 Acute
  - 4 Swing
- Surgeries
  - 23 Surgeries

ER

- 482 patients this month.
- Census Avg 16 per day with an increase acuity level.

Ambulance

- 75 Runs for the month.

Pharmacy

- 2,969 Scripts filled for the month.
- We are revamping the Retail Pharmacy area due to the fact that Rite Aid is closing, and another pharmacy company has agreed to purchase the building.
- We will be adding another register and two additional workstations.

Physical Therapy

- 756 Sessions this month.
- Working through the staffing shortage with only 3 Physical Therapists. We have a PTA coming in June also with two Physical Therapists. This should help with the shortage of staff.

Lab

- 4631 tests performed this month.

Radiology

- 157 X-rays performed.
- 94 Ultrasounds performed.
- 138 CT scans performed.

Wound Care Nurse Program

- Our Wound Care Program is operating out of the Clinic. The wound care room in the clinic has been set up by Dr. Hagge.
- The infusion area in the Hospital Addition will be used if we need to do a procedure that cannot billed out of the clinic.
- Our Wound Care Nurse has remained out on Maternity Leave. We have been looking for a traveler with experience with no luck yet. Hopefully she comes back in July.

Infusion

- Waiting for the new facility to be completed before we increase our marketing campaign for infusions, wound care, and swing bed admissions.
- The Omnicell for the hospital addition should be here sometime in July.

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

Accounting

- Still working on budget – everyone is doing a great job.
- Still looking for a Controller.

Office Workers

- Floaters have been fully trained and are filling a lot of shifts.

Purchasing

- Purchasing is staying busy with receiving items for the New SNF and preparing for the year-end inventory count.

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

Permanent/Travel Staff

- We currently have 276 total staff – 14 student Nurse Assistants to be added in a couple of weeks.

- We have a total of 20 travelers, both Acute and SNF.

Compliance

- Performance Evaluations 89% compliant
- TB 96% compliant
- Physicals 97% compliant

Healthcare Minimum Wage

- June 1, 2025, all staff will realize a 3.5% wage increase.
  - This is to get us to $25/hr. minimum wage by 2033 as mandated by SB 525.

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

Revenue Cycle

- April was one of our best revenue cycle months ever with a ton of highlights. We brought in $2.98 million in payments (monthly benchmark is $2.22 million), reduced our overall AR down to $10.27 million (which is the lowest our AR has been in Cerner since it has built up), which was a reduction of $1.19 million from the month prior, our AR days dropped down to 68.18 (which is the lowest our AR days have been and is the first time that we are in the 60's), and our AR > 90 reduced by about $500k.
- On the charge master review project with Corro Health, we just got back the recommendations on updates, additions, deletions, etc. and are now working through the implementation of those. Most of them are pertaining to our pharmacy charges where we need the HCPCS A9270 with a GY modifier and revenue code 637 for Medicare or where Medicaid doesn't accept the national codes and we instead need to use the Medicaid-specific codes like Z7610. All in all, our charge master was in good shape already based upon these results. They did provide some recommendations that should improve charge capture and revenue in general.
- Right at the end of April, we submitted the first batch of bad debt accounts to collections in the amount of $419k and we are set to send another $215k to collections tomorrow so this process is flowing.

Clinics

- Mobile Mammography event coming up on June 11th at the main campus that our Clinic Managers, Jon Crnkovic and Julie Carrillo have coordinated.
- In Canby, we lost one of our RDA's so we're backfilling that position along with our Scheduler.
- We are going to fly for another Enhanced Care Coordinator to meet the demand.
- Julie and Maintenance are gearing up for some renovations in the second building in Canby and we're clearing out some old stuff from the third building that will serve as storage.
- Maintenance is going to be pushing to complete work on the well in Canby by the end of June as we have been on ISOT's well up to this point.

New SNF and HA

- The updated date for Staff & Stock (S & S) with HCAI is June 5th but that is the best case scenario so we'll see how it plays out as that is dependent on the HCAI FLSO (Fire Life Safety Officer) visit that is going to span from June 2nd to June 5th. This would put Construction Final (CF) in mid-June. Punch listing was scheduled for Thursday and Friday of last week ,but that has been pushed back to June 12th as the buildings weren't ready for punch listing.
- We had our fourth round of transition planning meetings last week. We ended up having to cut our department walkthroughs short and will not be able to get back into the new SNF/HA until we receive S & S from HCAI. Our tentative move date into the new SNF has been Tuesday July 15th but we are going to push that back to the end of August due to the timeframes for S&S/CF pushing back.
- Our interior furniture package delivery is scheduled for the week of June 9th. The outdoor furniture package is set to arrive next week, possibly the week after. We were able to finalize the signage package as well so that is now in production. The OFOI (Owner Furnished Owner Installed) equipment is scheduled to arrive the week of June 16th.

G.) Board Member Reports

- **Carol Madison** – Attended the Senior Award Banquet – it was nice to see Alicia there, representing the Hospital, giving scholarships out.
- **Paul Dolby –** Nothing to report.
- **Mike Mason –** Nothing to report.
- **Rose Boulade –** Nothing to report.
- **Keith Weber –** Nothing to report.

5. DISSCUSSION

Julie Carrillo, Canby Clinic Manager, gave an update on the ECM Program in Canby. Advised the Board that they hired their first ECM Care Coordinator on February 1st; they now have 26 patients enrolled in the program, 17 have been outreached, 9 are pending, and 9 have declined. Also advised that we are still running off the original grant. Looking at getting the 2nd building in Canby converted into an ECM Office. The 2nd ECM position should be flown this week, and we hope to have the program up and running for Alturas Clinic patients as well within the next 6 months.

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

B.) K. Kramer - Adoption of LFHD Board of Directors Special Meeting Minutes – May 20, 2025,

C.) T. Ryan - Medical Staff Committee Meeting Minutes – April 30, 2025

- **Medical Staff Committee Meeting Minutes – March 26, 2025**
- **Pathology Report – January 19, 2025 and February 27, 2025**

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

6. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Manuals

Ed Johnson, CNO told the Board that the Business Office, CAH-Administration, Emergency Management, and Purchasing manuals were reviewed and memos submitted by leaders were reviewed as presented in the packet.

Mike Mason moved to approve the **Departmental Manuals**, **Rose Boulade** seconded, and the motion carried with all voting "aye."

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

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

Paul Dolby moved to accept the April 2025 LFHD Financial Statement as presented, **Keith Weber** seconded, and the motion carried with all present voting "aye."

C.) K. Kramer – Draft MRI Agreement

Kevin Kramer, CEO presented the Draft MRI Agreement to the Board while also giving them an update on the status and answered any questions they may have had.

Mike Mason moved to accept the Draft MRI Agreement as presented, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

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

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 4:38 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Carol Madison, Chair**, at 4:40 pm.

7. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –April 30, 2025– (*Per Evidence Code 1157*).

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – March 26, 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:

- Ryan Ciantar, FNP – Recommending appointment of Allied Health status/privileges in the Family Practice category.
- Alex Ferber, PA – Recommending reappointment of Allied Health status/privileges in the Hospitalist category.
- Tikoes Blankenberg, MD – Recommending reappointment of Consulting privileges in the Pathology category.
- Allen Morris, MD – Recommending reappointment of Consulting privileges in the Pathology category.
- Sean Pitman, MD – Recommending reappointment of Consulting privileges in the Pathology category.
- Landin Hagge, DO – Recommending reappointment of Limited Active privileges in the Family Medicine and Hospitalist category.
- Joseph Esherick, MD – Recommending reappointment of Limited Active privileges in the Emergency Medicine category.
- Jay Lai, MD – Recommending reappointment of Limited Active privileges in the Emergency Medicine category.

B.) K. Kramer – Labor Negotiations (*Per Evidence Code 54957.6*)

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

The Executive Session of the Board of Directors was adjourned at 5:06 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Carol Madison, Chair**, at 5:06 pm.

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – April 30, 2025
(Per Evidence Code 1157)

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –March 26, 2025**

B.) K. Kramer – Labor Negotiations (Per Evidence Code 54957.6)

Rose Boulade moved to approve and accept Minutes, Credentialing, and Privileging items as outlined above as well as the Labor Negotiations, **Paul Dolby** 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 5:06 pm**, Keith Weber** 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 June 26, 2025 at 3:30 pm in the Alturas City Council Chambers, City Hall in Alturas, California.

Respectfully Submitted:

_____ _____

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

ATTACHMENT B

Medical Staff Committee Meeting Minutes

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

DATE: JUNE 26, 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 May 28, 2025, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee Meeting Minutes – April 30, 2025

B. COMMITTEE REPORTS

1. ER Committee Meeting Minutes – 05/13/2025
2. OP Infusion Committee Meeting Minutes – 05/13/2025
3. Surgery Committee Meeting Minutes – 05/13/2025

C. PATHOLOGY REPORT – 04/07/2025

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

MEDICAL STAFF COMMITTEE MEETING
April 30, 2025 – Education Building
MINUTES

In Attendance
Matthew Edmonds, MD Chief Medical Officer
Edward Richert, MD Vice Chief Medical Officer
Landin Hagge, DO
Kevin Kramer- CEO
Ed Johnson- CNO
Vahe Hovasapyan- Pharmacist
Walter Dimarucut- Laboratory Manager
Maria Morales- MSC/H.I.M Director
Taylor Ryan- Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee Meeting was called to order at 1220 by Dr. Richert, MD Vice Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following Minutes were reviewed: A. Medical Staff Committee Meeting of March 26, 2025.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Report, 01/19/2025 & 02/27/2025	Report at next meeting
IV. VICE CHIEF MEDICAL OFFICER REPORT	Currently, there is not much new information to report. We are just trying to get everybody settled in. Wendy is in the Clinic and is working with Miriam and Ryan to get them up to speed so that is our main focus right now. For providers in general, we are working on productivity and seeing where else we can add.	Report at next meeting
V. EMERGENCY ROOM REPORT	Nothing to Report.	
VI. CEO REPORT	A few things, one being we are currently looking to	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	hire two physicians with Medicus. We have received a couple applications, but unfortunately nothing we are considering so we are on hold with that for now. Skilled Nursing Facility project, we are still planning on being in that building at the end of summer. We still have not heard back from CMS on whether we can keep the old Skilled Nursing Facility open. Our negotiations with Swinerton are still ongoing, but overall, the building is going to be a great space and is going to be nice operationally connected to the Hospital. Lastly, we just wrapped up our last leadership team meeting, but our quality program is going to be revamped, and we are likely going to settle on a few projects that we assigned people to work on. That being, we settled on looking at re-adding admissions to the ER from the Skilled Nursing Facility and readmissions within thirty days. We are also going to identify an equity project to do in the Hospital. We have an agency that is going to look at and use the data we submit to HCAI to identify any disparities that exist within our community that are related to Ethnicity, Gender, Race, and then a committee will prioritize those disparities and choose one to develop plans around and try to help improve. Too, we are going to carry some in the Clinics, but they are going to focus on Partnership QIP. Then, we will continue to report and track HCAHPS and CD CAHPS, but that is going to be the extent of our program having around forty to fifty indicators that will be tracked organization wide that is going to be slimmed down to probably less than fifteen and be very project based.	
VII. CNO/SNF REPORT	Currently, we have the results from two site surveys. The SNF had an annual site survey and a state license survey. These both took place at the same time about two weeks ago. The results were, we had three deficiencies from the annual and three deficiencies from the relicensing survey. For the annual, the drug cart was left unlocked twice, but to the nurse demise, there was a change in medication packing and prior to that the drug cart would lock	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	automatically, but the new cart does not. Another deficiency was that we had an outdated can of whip cream in Dietary out of ten cans. The last deficiency was that the Nurses did not wipe down a blood pressure cuff when between patient use and did not wipe down the patient's inhaler from the time it was being used to the time it was given back to the Nurse. However, they did say if the patient had a glove on then you would not need to wipe down the inhaler. For the state relicensing survey, we had a pain assessment, so we had two patients that didn't have a pain assessment consistent to their care plan. Another deficiency was that not all our employees were going through our orientation checklists within the first thirty days of employment. The last deficiency was that Kevin, and I did not get our yearly physicals for the SNF. The Hospital also had their annual recertification survey last week. They are all running together on the few deficiencies that were found. There were outdated glucometer strips and control solution vials in the Acute. They also found that we did not have a way of testing our reverse airflow in our isolation room, in room 107. We could not tell if it was functioning correctly or not because we did not track that. The other thing was that we did not notify our patients prior to admission that we are a critical access facility and do not have Physicians on site 24 hours a day/ 7 days a week. There is a posted sign that states such, but we now must give them a form that states it too and there must be documentation by signature on the form that the patient understands. Also, we had medication in our pharmacy that was not protected from light. Our crash carts did not display our emergency drugs on the outside of the cart and that was in the ORs. Our insulin, there was no standardized process for administering insulin on Acute. The other side to that was our refrigerator broke in our Omnicell, so the deficiency was that we did not have an automatic dispensing area for our insulants. For our Dietary, the kitchen did not have a quality improvement goal for the past two years. For diets in Cerner, the diets did not match the diet manual. They also did not have a standardized process for cleaning in the kitchen that did not avoid cross contamination. They have rags that they use in the	

SUBJECT	DISCUSSION	ACTION
	kitchen, and they have one bucket that they would take the rags back and forth, so we figured we would just change that. They had one employee who did not turn in their orientation form which talks about standards of practice. So overall, the survey went well. It has been seven years since we had a survey at the Hospital. The waitlist for the SNF is currently sitting at sixteen. We are continuing to work through it. Lastly, we are working with the Hospitalists and ER Physicians on the rapid code response and code blue response.	
VIII. PHARMACY REPORT	Currently, we have a new Pharmacist on board. We are going for two weeks now doing retail, but he will transition to inpatient pharmacy for four weeks starting next Monday and then possibly stay as a permanent inpatient Pharmacist. I do have a request for our SNF Providers to change all our Culturelle probiotics to a single product that contains everything our Dietitian wants, the probiotic to contain just to sort of streamline everything because the Culturelle is super expensive and is not really proven to be any better than the probiotic we are using. If that is okay, we will go ahead and change all those orders starting next month. Also, need input from our Providers for vaccinations for inpatients. That being, where are the vaccines going to come from and who is going to report the vaccinations to CAIRs.	Report at next meeting
NEW BUSINESS IX. POLICY REVIEW & APPROVAL	The following New Business was presented for review/approval: 1. Updated Policies, April 2025 (8)	After review and discussion, a recommendation was made to implement the Updated Policies (8) presented April 2025. The recommendations were ratified by motion, second, and vote. Recommendations will be forwarded to the Governing Board for final approval.
X. ADJOURNMENT	The meeting was adjourned at 1325.	

Matthew Edmonds, MD Chief Medical Officer — Date 05/28/2025

MINUTES

ER COMMITTEE MEETING

Thursday, May 13, 2025 9:00 to 11:00 pm

Modoc Medical Center – 1111 N. Nagle Street
Education Conference Room; Alturas, California

Present:

- Susan Sauerheber
- Shannon King
- Alicia Doss
- Walter Dimarucut
- Vahe Hovasapyan
- Jay Lai
- Lance Chrysler
- Vahe Hovasapyan
- Denise King
- Kevin Kramer
- Ed Johnson
- Lance Chrysler
- Shelly Bailey
- Megan Wright

Absent:

- Marty Lawernce

Subject	Discussion	Attachment
1. Call to Order – The meeting was called to order by **Susan Sauerheber** at 3:31 pm in the Education Conference Room.		
2. Agenda Approval	**Susan Sauerheber** - Changes, additions and/or deletions to the Agenda.	All present approved the presented Agenda.
3. Minutes of August 29, 2024, ER Committee Meeting	**Susan Sauerheber** – Presentation of 1/16/2025 ER Committee Meeting Minutes for approval.	All present approved the presented meeting minutes for the 1/16/2025 ER Committee Meeting Minutes
4. New Business		
Minnesota Tube	• Lance to look into purchasing for the ER. This tube is used for upper GI bleeds/esophageal varices	
Vasopressin		

Subject	Discussion	Attachment
	• If we need it-we can get it. VH will look into it and make sure it is cost effective. We will let the nurses know. •	
PRC Group A Strep Testing	• Walter is looking into equipment that can be used for this type of testing. Cost/budget is the issue here. He will report back at the next meeting.	
Code Blue Debriefing	• The nurses have made a request to reinstate code blue debriefings post-codes to discuss real-time improvements and education. Engaging directly with the providers on call during these events would provide closure and clarify what was effective and what needs to be adjusted. This is seen as essential for fostering learning and growth among the nursing staff.	
Equipment	• Ventilators-Fall River has the same type and they are ordering replacements. Ours from the State "cannot be used in a hospital" and you cannot order replacement items for them. We will need to purchase new ones and place this in our budget. • Panda Warmer is here. Working on getting attachments and then it will go out for service. •	
Case Review	• A review was conducted on an IFT to SkyLakes for hemorrhagic shock.	
5. Roundtable – See attached.		
6. Adjournment	**The next ER Committee Meeting is (TBD in the Education Conf. Room).**	

MODOC MEDICAL CENTER
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Last Frontier Healthcare District

ER COMITTEE ROUNDTABLE

Thursday May 13, 2025 at 9:00 to 11:00 pm

Education Conference Room, Modoc Medical Center

Staff Member	Comments
Susan Sauerheber	• Code Blue debriefing- would like to know what could be done better in the process- Dr. Lai thinks every major event should be talked about. end of shit what happened/what could have been done better. PANDA Warmer here--waiting on attachments then will go out for service. Angie is waiting to hear from the state. Fall River let Angle know that they have the same ventilators that don't work—same issues getting rid of them. The current ones we have can no longer be serviced. We will need to put ventilators into the budget for now.
Ed Johnson	• Code response for when SNF patients are over here—They shouldn't be brought over for rapid response, we could respond there. If a patient needs to be seen in ER non- critical, no EMS response, just bring them over.
Shannon King	• Working on blood banks- when pt's are in the ER they are ordering RH ABO need antibody screen as well-always order the RBC –it will be everything you need. If nurses don't do the proper scan of the pt then their blood will be thrown away and redone.
Shelly Bailey	• Nothing to report.
Alicia Doss	• Noting to report.

Staff Member	Comments
Walter Dimarucut	1. No blood transfusion policy in place. We called Sacramento to find out what to do. It went good and we were able to do it-Susan. Walter will get a policy in place.
Megan Wright	• Active Shooter Training Announcement • An Active Shooter training event is scheduled for June 18 with law enforcement and fire services. Jeremy plans to incorporate our service plan into this training. Although it is unclear how many ER patients we will have that day or what types. The PAC-U will serve as an overflow area to minimize disruption in the ER during peak afternoon hours.
Jay Lai	• Lab STREP/PRC Group A- Can you look into cost effectiveness instead of throat culture
Kevin Kramer	• Nothing to report.
Lance Chrysler	• Nothing to report.
Marty Lawernce	• Absent.
Vahe Hovasapyan	• See a lot of patients admitted to acute and physicians forgot to do the MRSA swab-policy for MRSA swab for everyone admitted to the floor to help de-escalate things. Dr. Lai will let the group know per Susan can order it. Durg shortages Levakit IV is short-- Oral is available. Will see if we can get the 50 mg. Dilated 2ml concentrated available.

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MINUTES

OP INFUSION COMMITTEE MEETING

Tuesday, 5/13/2025 at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Surgery Department Alturas, California

Present:

- Susan Sauerheber, Committee Chair
- Shirley Hughes, Infusion
- Vahe Hovasapyan, Hospital Pharmacy Manager
- Matthew Edmonds, M.D. COS
- Ed Johnson, CNO
- Linda Sawyer, Infusion Nurse
- Delinda Gover-Perez, Surgery Manager
- Sandra Brown

Absent:

- SusanSaueheber, Manager, Chair

Subject	Discussion	Attachment
1. **Call to Order** – The meeting was called to order by Delinda Gover-Perez at 8:30 am in the Surgery Room.		
2. **Agenda Approval**	No Changes, additions and/or deletions to the Agenda.	All present approved the presented Agenda.
3. **Minutes**	Reviewed and discussed	
4. Old Business	**We discussed the issue of NP's and what they could and could not prescribe.** **Basically, NP'S can prescribe medications but not biologics or any specialty items.**	
5. New Business		
A. COURSES	• Talked about looking to Susanville -Banner to see if we can get some training or view their procedure. They are critical access as well.	
B. NEW CENTER ADVERTISEMENT	• The plan is still to advertise post entry into the new facility	

Subject	Discussion	Attachment
C. POLICIES AND PROCEDURES	• Still working on getting those done for the new facility	
6. Roundtable		
7. Adjournment	The next OP Infusion Meeting will be Tuesday, 6/10/2025 @ 8:30 a.m. in the Surgery Room.	

MODOC MEDICAL CENTER
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MINUTES

SURGERY COMMITTEE MEETING

Tuesday, 5/13/2025, at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Surgery Department Alturas, California

Present:

- Delinda Gover Perez, Committee Chair
- Matthew Edmonds, M.D. COS
- Susan Sauerheber, Nursing Manager
- Ed Johnson, CNO
- Sandra Brown
- Katrina Murray
- Sidney Barnes, Surgery Tech
- John Crnkovic, Clinic Manager
- Helen Northrup, Referral Coordinator
- Linda Sawyer, RN

Absent:

- Edward Richert, M.D.
- Dale Syverson, M.D.
- Kevin Kramer, CEO
- Marty Shaffer, Plant Op Director
- Katrina Murray

Subject	Discussion	Attachment
1. **Call to Order** – The meeting was called to order by Delinda Gover-Perez at 8:30 am in the Surgery Room.		
2. **Agenda Approval**	No Changes, additions and/or deletions to the Agenda.	All present approved the presented Agenda.
3. **Minutes**	See Attached	
4. Old Business	none	
5. New Business		
A. **Cancer Screening Results**	• Discussion about the amount of patients having had positive cancer screens recently	
B. **Surgery Procedure time and variety**	• Discussion about operating time and different procedures being handled in Surgery Department	
C. **Patient Referrals**	• Dr. Torman and Dr. Syverson should be able to do referrals and actually in some cases depending on the referral, that referral will	

Subject	Discussion	Attachment
	be better received than one coming from the primary care physician only. In the few cases we have monthly where this occurs the referral will be followed up through surgery, ie., Sidney Barnes, will act as a care coordinator and make sure that these are followed through.	
D. Changing Primary Care Physician	• If someone wishes to change their Primary Treating Physician because their physician is no longer available, they may do so.	
6. Roundtable Discussions between Infusion Department and Surgery about the upcoming move and what that will mean for both Departments		
7. Adjournment	The next Surgery Meeting will be Tuesday, 6/10/2025 @ 8:30 a.m. in the Surgery Room.	

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PATHOLOGIST ON-SITE VISIT REPORT
DATE OF VISIT: 4/7/2025

During the pathology on-site visit, I spent approximately 7 ½ - 8 hours in the Laboratory, Medical Records, and at Canby Clinic.

While in medical records, I reviewed 16 surgical path reports and compared them with their clinical histories. In addition, I reviewed 2 mortality reports. There were no issues identified with any of this report.

While in the laboratory, I spoke with Walter concerning the staffing. The new staff are continuing to work well with each other and have become very accustomed and apricated by the staff of the hospital. One of the clinical lab scientists is away and Levi is taking her place while she is away. Levi is our permanent substitute, filling in for vacations at times and on weekends to relieve the staff. The new method for detection of carbapenems produced by Enterobacterales and pseudomonas aeruginosa were submitted to the medical staff and approved. Also, the critical value for lactic acid is now 4 instead of 2. This is also approved by the medical staff. While in the laboratory I reviewed a revised a pre-employment drug screen procedure to include fentanyl, the American Proficiency Institute (API) performance review and corrected action documentation for 2025 microbiology first event. The American Proficiency Institute (API) check list for the 2025 immunology / immunohematology first event. The American Proficiency Institute (API) proficiency texting performance evaluation for 2025 chemistry chore first event. The Istat new CG4+ (white) calibration verification. The American Proficiency Institute (API) 2025 hematology / coagulation first event. The semen's hemostasis QA program for February and March. The Nova Bio medical data exemption for February. The ALCOR group coordinator report for February. The certification statement for verification 2025 hematology / coagulation first event. The XN-550 QC chart for February and March. 2025 Microbiology verification fist event for the American Proficiency Institute (API). The exceptions report for general chemistry for January. The American Proficiency Institute (API) performance review coordination action documentation for 2025 chemistry core's first event

I spoke with Dr. McBride in the Emergency Room, and he indicated he was happy with the results from the laboratory and had no suggestion at this time. I also spoke with Sahlie, and she indicated that she is also pleased with the performance of the medical technologist and happy with the results that are being generated by the laboratory.

I spoke with Kevin Kramer concerning several issues. The staffing in the laboratory is stable at this time and he and the clinicians and nurses throughout the hospital are happy with their interactions with the laboratory personnel and the results generated by the laboratory. I have found the new staff to be very knowledgeable as clinical lab scientists and feel that Walter has put together a very good team in the laboratory which interacts well with the CLS and the people in the laboratory and with the hospital staff in general. We also talked about the concern for the fact the drug screen for the hospital employees will include fentanyl as a new testing. Also, we discussed the interdiction of the new testing for the detection for the presence of Enterobacterales and pseudomonas aeruginosa.

I spoke with Dr Perera and he indicated that he had no issues with the laboratory and felt they were performing very well.

5/1/25
Date

ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

ATTACHMENT C

Policy and Procedures

MODOC MEDICAL CENTER
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Last Frontier Healthcare District

MEMORANDUM

DATE: 6/26/2025
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):

OP INFUSION

6170.25 AIRBORNE ISOLUATION ROOM DAILY AIR EXCHANGE MONITORING
6170.25 INSULIN VERIFICATION AND ADMINISTRATION
6170.25 INTAK EAND OUTPUT
6710.25 BLOOD GLUCOSE TESTING USING THE NOVA STATSTRIP GLOCOSE METER

SKILLED NURSING FACILITY

6580.25 ELDER ABUSE (REVISITED)

EMERGENCY DEPARTMENT

7010.25 ABDOMINAL PAIN STANDARD OF CARE
7010.25 ACUTE STATS ASTHMATICOUS STANDARD OF CARE

LABORATORY

7500.25 C. AURIS YEAST SCREENING WITH REFLEX TO ID AND SUSCEPTIBILITY
7500.25 PRE-EMPLOYMENT DRUG SCREEN

RADIOLOGY-MRI

7660.25 MRI CONTRAST AND PATIENTS IN RENAL FAILURE NEW P&P
7660.25 MRI CONTRAST AND PREGNANT PATIENT
7660.25 MRI OF THE ANKLE AND HINDFOOT

PHARMACY-HOSPITAL

7710.25 VANCOMYCIN PER PROTOCOL POLICY AND PROCEDURE

PHYSICAL THERAPY

7770.25 REHABILITATION SERVICES FOR SKILLED NURSING

DIETARY-SNF

8340.25 DIET MANUAL SNF
8340.25 FOOD BROUGHT IN FROM OUTSIDE SOURCES
8340.25 PERSONNEL-GENERAL

FACILITIES/EOC

8460.25 INFECTION CONTROL

INFECTION CONTROL-SNF

8753.25 SNF POLICY FOR EBP FINAL

PHARMACY RETAIL

9550.25 QUALITY ASSURANCE

INFECTION CONTROL-ACUTE

8753-A INFECTION CONTRL PLAN PREVENTION, EDUCATION AND TRAINING

The following information regarding the Annual Policy and Procedure Department Manual Review is submitted for your review:

Review of Departmental Manuals and Department Manager's Memo and Annual Review Signature Page (see attached):

8700 HEALTH INFORMATION MANAGEMENT

Memorandum
Annual Review Signature Page

8740-EIS EDUCATION IN-SERVICE

Memorandum
Annual Review Signature Page

8740-NA NURSING ASSISTANT TRAINING PROGRAM MANUAL

Memorandum
Annual Review Signature Page

8751 UTILIZATION REVIEW

Memorandum
Annual Review Signature Page

8610-RM RISK MANAGEMENT

Memorandum
Annual Review Signature Page

8610-C COMPLIANCE

Memorandum
Annual Review Signature Page

(QUALITY ASSURANCE) PERFORMANCE IMPROVEMENT

Memorandum
Annual Review Signature Page

8650-HR HUMAN RESOURCES/ORIENTATION

Memorandum
Annual Review Signature Page

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

OP INFUSION DEPARTMENT

REFERENCE #	6170.25	EFFECTIVE: 4/2025
SUBJECT:	6170.25 AIRBORNE ISOLATION ROOM DAILY AIR EXCHANGE MONITORING	REVISED
DEPARTMENT:	~~NURING -MED SURG~~NURSING -MED SURG	

PURPOSE:

The purpose of this policy is to provide guidance to the nursing staff on the procedure for checking the air exchange in the airborne isolation room.

AUDIENCE:
Department Wide

TERMS/DEFINITION:

Negative Airflow: air pressure inside the room is lower than the air pressure outside the room. This means that when the door is opened, potentially contaminated air or other dangerous particles from inside the room will not flow outside into non-contaminated areas.

POLICY:

It is the policy of Modoc Medical Center for the nursing staff to conduct daily checks on the air exchange in the airborne isolation room.

PROCEDURE:

Please test the negative pressure air exchange in the Airborne Isolation room "**DAILY**" by following the procedure below:

1. Hold a piece of tissue at the bottom of the closed door. If air pressure is appropriately negative, the tissue will be sucked "**TOWARD**" the room. This is an acceptable airflow.
2. If the tissue blows back toward the hallway or if there seems to be no pull to the room," **DO NOT**" use this room for airborne isolation.
3. Check the control panel on the outside of the room to ensure the green light is on and the system is working properly. If the red light is on, please contact the maintenance department.
4. Remove patient from the room to another room with negative pressure ventilation or a HEPA filter positioned at the foot of the bed.
5. Immediately contact Maintenance @ 530-640-0559 to have the problem corrected.
6. Complete an on-line Risk occurrence report.

ATTACHMENTS

Airborne isolation room daily air exchange monitoring tool

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DATE	TIME	Is Negative Pressure Acceptable?	If not, document actions.

REFERENCE #	Click or tap here to enter text.	EFFECTIVE: 02/1983
SUBJECT:	INSULIN VERIFICATION AND ADMINISTRATION	REVISED: 5/2025
DEPARTMENT:	NURING -MED SURG	

PURPOSE:

The purpose of this policy is to outline the steps that will be taken to verify that the correct type and dose of insulin is administered to patients at Modoc Medical Center (MMC).

AUDIENCE:
Department Wide

POLICY:

It is the policy of MMC that patients who are prescribed Insulin receive the medication by injection only after one nurse prepares the Insulin and a second nurse checks the type of Insulin and units drawn in the syringe to reduce potential errors in the administration of Insulin. This process will be followed for both subcutaneous and intravenous (IV) administration of Insulin.

PROCEDURE:

The following steps will be taken to administer insulin at MMC:

1. Prior to preparing to administer a coverage or regular dose of Insulin, the nurse will check the physician order in the electronic medical record (EMR) and the medication administration record (MAR) to see if a glucometer test is required, such as with sliding scale coverage. If it is, the nurse will perform the test and document the result in the EMR.
2. Identify the patient for whom the dose is prescribed and assess for and document any report of physical symptoms.
3. Arrange for a second nurse to come to the portable computer on wheels to verify the Insulin administration as a safety check.
4. The nurse will assemble the supplies needed, including the correct Insulin per provider order.
5. The nurse will review the information specific to the type of Insulin prescribed (onset, peak, duration, and potential hypoglycemic time).
6. The nurse will perform hand hygiene.
7. Once the second nurse arrives to the area, the nurse will prepare the Insulin. Insulin orders should be verified by the pharmacist prior to administration.
8. The nurse will examine the Insulin vial for signs of discoloration, deterioration, expiration date, as well as the "use by" date. Vials of Insulin can only be used for 28 days from the time they are first opened. The nurse will make sure to date the vial when opened.
9. The nurse will slowly rotate the vial between the palms of both hands to ensure even drug particle distribution. Do not shake the vial because this can cause foam or bubbles to develop in the syringe, as well as damage the protein molecules.
10. The nurse will clean the vial rubber stopper, insert the needle, and withdraw the ordered dose. The nurse will be sure to understand the value of the lines on the syringe and be accurate in drawing up the desired number of Insulin units.

REFERENCE # 6170.25	EFFECTIVE 4/20252012
SUBJECT: 6170.25 INTAKE AND OUTPUT	REVISED: 201204/2025
DEPARTMENT: NURING -MED SURG	

PURPOSE:

The purpose of this policy is to guide nursing staff on how to maintain an accurate record of the patient's fluid balance.

AUDIENCE:

Department Wide

POLICY:

It is the policy of Modoc Medical Center (MMC) to accurately measure the total amount of fluids taken in and eliminated by the patient, by all routes to determine fluid balance status and needs. Intake and output assessment provides essential information about hydration level, overall health status, and response to treatments, such as fluid restriction and intravenous (IV) therapy, particularly for patients with certain conditions.

PROCEDURE:

Fluid intake includes the following: oral fluids, IV fluids, liquid medications, blood products, saline flushes, tube feeding and any other tube irrigates such as bladder irrigation or nasogastric tube irrigation.

Fluid output includes the following: urine, liquid stool, vomitus, blood, and drainage from tubes such as chest, nephrostomy, nasogastric, ileostomy, suction devices, wound or surgical drain.

Intake and output measurements will be recorded in the electronic medical record. Recording can occur hourly or every four hours depending on the patient's condition. Total intake and output are calculated and recorded in the electronic medical record for a twenty-four-hour period. This will guide treatment to help achieve optimal fluid balance.

- Measurements and documentation must be accurate.
- Obtain a doctor's order.
- Gather the necessary equipment and supplies.
- Wash hands
- Confirm the patient's identity using two patient identifiers.
- Explain the purpose and procedure for measuring intake and output to the patient.
- Record the volume for all fluids consumed.
- Make sure that all IV fluids are administered at the prescribed rate.

Commented [AV1]: Footer needs to be updated to Revised 04/2025 but document will not allow me to update

REFERENCE #	6710.25	EFFECTIVE: 4/2025
SUBJECT:	6710.2 5BLOOD GLUCOSE TESTING USING THE NOVA STATSTRIP GLUCOSE METER	REVISED
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:

The purpose of this policy is to provide guidance to the nursing staff on the procedure for obtaining blood glucose with the Nova Statstrip Glucose Meter.

AUDIENCE:
Department Wide

POLICY:

It is the policy of Modoc Medical Center that nursing staff are competent in the skill of obtaining blood glucose using the Nova Statstrip Glucose Meter.

PROCEDURE:

All nursing staff will complete competency training every year for compliance.
Quality Control (QC) is checked daily on the meters. The night shift charge nurse is responsible for ensuring that the QC is completed at night.
Nursing staff are responsible for dating and initialing the QC and test strips when a new bottle is opened.

- Test strips expire 180 days after opening.
- QC bottles expire 90 days after opening.

The meter shows graphically a step-by-step procedure to run a glucose test.

1. Read the test strip package insert sheet for complete instructions, indications, precautions, and limitations of the system for the Nova Statstrip Glucose Meter.
2. From the Patient Test screen, press the Accept soft key.
3. The Enter Strip Lot screen displays. Enter or scan the strip lot number.
4. Once the Lot Number has been added, press the Accept soft key.
5. The Enter Patient ID screen will appear.
6. Enter the Patient ID by pressing numeric/alphanumeric soft keys or scan the barcode ID.
    - To scan the Patient ID number, press the Scan soft key on the screen. Then scan the patient's barcode with the bottom of the meter.
7. Once the Patient's ID number has been entered, press the Accept soft key.
8. The Insert Strip screen displays. Insert a test strip as shown on the meter screen.
9. Wash the patient's hand with water and dry thoroughly. Alternatively, use alcohol pads to clean area and dry thoroughly after cleaning.
10. Holding hand downward, massage finger with bump toward the tip to stimulate blood flow.
11. Use Safety Lancet to puncture the finger.
12. Squeeze the finger to form a drop of blood.
13. The Apply Sample screen should be displaying. When the blood drop appears, touch the end of the test strip to the blood drop until the well of the test strip is full and the meter beeps.
    - Warning: The test strip must fill completely upon touching the blood droplet. If the test strip does not fill completely, do not touch the test strip to the blood droplet a second time.

SKILLED NURSING FACILITY DEPARTMENT

SUBJECT: ELDER ABUSE	REFERENCE: 6580.25
	PAGE: 1
DEPARTMENT: ~~WARNERVIEW~~ SKILLED NURSING FACILITY	OF: 9
	EFFECTIVE: 01/2012
APPROVED BY:	REVISED: 3/2025~~10/2018, 07/2019~~

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 ~~i~~includes, but is not limited to:

- Humiliation
- Harassment
- Threats of harm

Financial Abuse

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 of~~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 ~~T~~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.

- Conduct a criminal background check through a third party background check vendor.
- SAM, OIG and federal background checks completed upon hire

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Training

MMC~~Warnerview~~ 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, ~~neglect~~neglect, and misappropriation of a patient's property~~?~~

Prevention

- MMC~~Warnerview~~ 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.
- MMC~~Warnerview~~ 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~~ knows~~ledge 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

MMC~~Warnerview~~ 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

- Two (2) people should interview the suspected abuser. ~~The sSuspected 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.
- 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.
- Investigation results will detail what happened (~~i.e.~~ 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:
  - Administration
  - LTC Ombudsman
  - State Survey, Certification ~~Agency~~Agency, and any other agency according to state law.

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Protection

MMC~~Warnerview~~ 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 ~~fGive f~~irst aid ~~measures~~, if necessary.
  - If a~~A~~ppropriately notify~~ication~~ ~~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.

SUBJECT: ELDER ABUSE	REFERENCE: 6580.25
	PAGE: 9
DEPARTMENT: ~~WARNERVIEW~~ SKILLED NURSING FACILITY	OF: 9
	EFFECTIVE: 01/2012
APPROVED BY:	REVISED: 3/2025~~10/2018, 07/2019~~

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~~ assess~~ment~~ 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. F~~600 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)
9. F609 Reporting of alleged violations 483.12(c)(1)(4)
10. F610 Investigate/Prevent/Correct alleged violations 483.12(c)(2)-(4)

EMERGENCY DEPARTMENT

REFERENCE #	7010.25	EFFECTIVE 2/2025
SUBJECT:	7010.25 ABDOMINAL PAIN STANDARD OF CARE	REVISED 2/2025
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:
The purpose of this policy is to establish guidelines for the nursing staff in caring for patients with abdominal pain.

AUDIENCE:
Department Wide
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POLICY:
It is the policy of Modoc Medical Center (MMC) to provide timely service and treatment to all patients.

PROCEDURE:
Obtain subjective data from the patient to include the following:

- Review history and signs and symptoms related to abdominal pain with the patient.
- Include the date of last menstrual period in women aged fifty or- less.
- Obtain past medical history along with current medications and allergies.
- Obtain information on characteristics of any pain, location, quality, and intensity along with associated symptoms.
- Any treatment used prior to arrival.
- Obtain a history and focused physical examination.

Obtain objective data to include the following:

- Perform focused physical exam relevant to abdominal pain.
- Measure vital signs on arrival to include pulse oximetry.
- Measure level of consciousness using the Glascow Coma Scale.
- Evaluate skin signs: color, temperature, moisture, and capillary refill.

The following procedures may be performed as ordered by the provider:

- Establish an intravenous (IV) catheter for possible intravenous fluids (IVF).
- Draw blood specimens for analysis.
- Obtain a clean-catch urine specimen.
- Attach cardiac monitor, assess rhythm, and monitor for any dysrhythmia.
- Obtain an electrocardiogram (EKG).
- Keep patient on nothing by mouth (NPO) status pending clinical diagnosis.

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REFERENCE #	7010.25	EFFECTIVE 10/2007
SUBJECT:	7010.25 ACUTE STATUS ASTHMATICUS STANDARD OF CARE	REVISED 4/2025
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:
The purpose of this policy is to establish guidelines for the nursing staff in caring for the patient with acute status asthmaticus.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
Status Asthmaticus is severe and persistent asthma that does not respond to conventional therapy. Attacks can occur with little or no warning and can progress rapidly to asphyxiation. Infection, anxiety, nebulizer abuse, dehydration, increased adrenergic blockage, and nonspecific irritants may contribute to these episodes. Two predominant pathological problems occur: a decrease in bronchial diameter and a ventilation-perfusion abnormality.

POLICY:
It is the policy of Modoc Medical Center (MMC) to treat all patients presenting with symptoms of status asthmaticus as emergent patients.

PROCEDURE:
- Nursing priorities consist of maintaining/establishing airway patency; assist with measures to facilitate gas exchange; enhance nutritional intake; prevent complications and slow progression of condition; provide information about disease process, prognosis, and treatment regimen.
- Initial treatment: beta-2-adrenergic agonists, corticosteroids, supplemental oxygen, and intravenous fluids to hydrate the patient. *Sedatives are contraindicated.*
- High-flow supplemental oxygen is best delivered using a partial or complete non-rebreather mask (Pa02 at a minimum of 92 mmHg or 02 saturation greater than 95%).
- Magnesium sulfate, a calcium antagonist, may be administered to induce smooth muscle relaxation.
- Hospitalization if there is no response to repeated treatments of if blood gas levels deteriorate.
- Mechanical ventilation if patient is tiring or in respiratory failure or condition does not respond to treatment. If this occurs, prepare the patient for transfer to a higher level of care following the EMTALA guidelines.
- Constantly monitor the patient for the first 12 to 24 hours, if admitted to Modoc Medical Center (MMC), or until status asthmaticus is under control. Blood pressure and cardiac rhythm should be monitored continuously during the acute phase and/or until the patient stabilizes and responds to therapy.
- Assess the patient's skin turgor for signs of dehydration; fluid intake is essential to combat dehydration, to loosen secretions, and to facilitate expectoration.
- Administer intravenous fluids as prescribed, up to three or four liters a day, unless contraindicated.
- Encourage the patient to conserve energy.

LABORATORY DEPARTMENT

REFERENCE #	7500.25	EFFECTIVE 2/20/2025
SUBJECT:	C. AURIS YEAST SCREENING WITH REFLEX TO ID AND SUSCEPTIBILITY	REVISED
DEPARTMENT:	LABORATORY	

PURPOSE:

The purpose of this policy is to describe how to screen for yeast to comply with the California Department of Public Health (CDPH) requirements for *Candida auris* (*C. auris*) screening and reporting.

~~This Policy describes how to screen for yeast to comply with the California Department of Public Health (CDPH) requirements for *Candida auris* (*C. auris*) screening and reporting.~~

Modoc Medical Center (MMC) does not identify yeast in house, so a screening program with reflex send-out testing for yeast isolates has been implemented to protect our patients from this multidrug-resistant yeast.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

POLICY:

The policy is that staff will adhere to the guidelines described herein with regard to policies and procedures for yeast screening and isolate send-outs in the MMC Microbiology department.

PRINCIPLES OF PROCEDURE

Candida auris (C. auris) is a yeast that can survive in the healthcare environment for long periods of time. It can cause invasive infections in hospitalized patients, including in the bloodstream.

C. auris can spread quickly from person to person and via contaminated surfaces in healthcare settings like hospitals and skilled nursing facilities. *C. auris* infections can be serious, difficult to treat, and even fatal. *C. auris* infections are often resistant to several kinds of antifungal medications, or multidrug-resistant.

Since September 2022, healthcare providers and laboratories are required to report cases of *C. auris* colonization and infection to public health per California state regulations.

To prevent further transmission of C. auris in California, CDPH recommends admission screening for high-risk patients.

If a screening culture grows a predominant yeast isolate, it shall be sent out to Lab Corp for ID and sensitivity testing.

PROCEDURE

1. The nurse will collect a composite swab of the patient's axilla (armpit) and groin (one swab is used to swab **both** areas). The swab will then be placed in transport media and will be sent to the lab for processing. MMC uses the Remel BactiSwab with gel transport media.
    a. Specimens must be transported at ambient temperatures (15-30 degrees C). Do not refrigerate.

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REFERENCE #	7500.25	EFFECTIVE
SUBJECT:	PRE-EMPLOYMENT DRUG SCREEN (MMC)	REVISED 02/2025
DEPARTMENT:	LABORATORY	

PURPOSE:
This policy establishes basic rules for the policies and procedures relating to performing the Pre-employment Drug screen at Modoc Medical Center (MMC).

MMC is a drug-free workplace. The use of nonprescribed drugs during work hours is strongly prohibited. If the employee comes to work under the influence of drugs or uses drugs during work time, the employee will be disciplined in accordance with the Drug and Alcohol Testing Policy up to and including termination. Under the MMC Drug and Alcohol Testing Policy, all current and prospective employees must submit to a pre-employment drug test.

The prospective employee will only be asked to submit to a test once a conditional offer of employment has been extended and accepted. An offer of employment by MMC is conditioned on the prospective employee testing negative for illegal substances.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:

POLICY:
It is the policy of MMC that drug use, possession, sale, or transfer in the workplace will not be tolerated. The policy is intended to comply with all state and federal laws governing drug testing and is designed to fully safeguard employee privacy rights of the law.

CONFIDENTIALITY AND RECORDKEEPING

Drug and alcohol testing records are strictly confidential. MMC securely maintains drug-testing records within the HR Department.PROCEDURE:

- MMC HR Department will extend a conditional job offer to a prospective employee contingent on the applicant passing the drug screen. HR will provide the applicant with the Drug and Alcohol Testing Policy, which they will sign off on before being tested.
- HR will coordinate the scheduling of a pre-employment physical at which time the prospective employee will also be seen for their drug screen within the MMC Laboratory.
- Parental and/or guardian consent of a minor is required by MMC before testing. While minors can consent to a drug test, it is not enforceable unless their parent or guardian also consent.
- A urine sample will be provided by the prospective employee and if they cannot produce one, they will be subjected to a blood draw. The prospective employee is not allowed to leave the Lab during this time. If they leave the Lab this is considered a dirty test, and the offer of employment will be retracted.

10. Applicants can now wash their hands with soap and water.

Materials

- Bluing tablet
- The 14 Panel CLIA waived Inc. Instant Drug Test Cup II (IDTC II), cat no. CLIA-IDTC-14-BUPA
- Soap
- Water
- Glove

The CLIA waived, Inc. Instant Drug Test Cup/Card II offers a variety of solutions for fast and reliable drug testing in the privacy of your own home. This product can detect up to 15 commonly abused drugs in human urine:

Abbreviation	Drug	Cutoff (ng/ml)
AMP	Amphetamine	500
BAR	Barbiturates	300
BUP	Buprenorphine	10
BZO	Benzodiazepines	300
COC	Cocaine	150
EDDP	Methadone Metabolite	300
MET	Methamphetamine	500
MDMA	Ecstasy	500
MTD	Methadone	300
OPI	Morphine	300
OPI	Opiates	2,000
OXY	Oxycodone	100
PCP	Phencyclidine	25
TCA	Tricyclic Antidepressants	1,000
THC	Marijuana	50

This test provides only a preliminary analytical test result. A more specific alternate chemical method must be used to obtain a confirmed analytical test result. Gas chromatography/mass spectrometry (GC/MS), Liquid Chromatography / Mass Spectrometry / Tandem Mass Spectrometry (LC/MS/MS) and High-Performance Liquid Chromatography (HPLC) are the preferred confirmatory methods. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly in the evaluation of a preliminary positive test result. This test does not distinguish between drugs of abuse and certain medications. It may yield preliminary positive results when prescription tricyclic antidepressants, barbiturates, benzodiazepines, methadone, buprenorphine or opiates are ingested, even at therapeutic doses. There are no uniformly recognized drug levels for these prescription drugs in urine.

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RADIOLOGY-MRI DEPARTMENT

REFERENCE #	7660.25	EFFECTIVE: 04/01/2025
SUBJECT:	MRI CONTRAST AND PATIENTS IN RENAL FAILURE	REVISED
DEPARTMENT:	RADIOLOGY	

PURPOSE:
The purpose of this policy is ~~T~~to avoid causing injury to patients in renal failure.

GUIDELINES:
The FDA has issued information for healthcare professionals regarding the use of gadolinium contrast agents in magnetic resonance imaging scans. There have been multiple reports of patients who develop nephrogenic systemic fibrosis/nephrogenic fibrosing dermopathy (NSF/NFD) after receiving gadolinium-based contrast agents for magnetic resonance imaging and angiography. All of these initial cases have had evidence for pre-existing renal failure (moderate, GFR mL/min/1.73m2) to end-stage renal disease (GFR <15mL/min/1.73m²). They have recommended that physicians should carefully assess the need for gadolinium-based contrast agents in patients with moderate to end-stage renal disease when performing MRI and MRA.

NSF/NFD was first described in 1997 and is characterized by skin thickening with inhibition of flexion and extension of joints due to contractures. Patients may develop ~~wide spread~~widespread fibrosis of other organs. The disease is progressive and may be fatal.

The initial cases reported occurred with Omniscan (Amersham). However, the FDA has recommended caution administering of OptiMARK, Magnevist, ProHance and MultiHance. In those patients with severe renal failure (defined as GFR <15mL/min/1.7m²), it has been suggested that hemodialysis be instituted promptly after receiving the contrast agent for MRI. This has been interpreted by some as meaning as early as two to three hours following contrast injection.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center that dialysis patients must be cleared by the radiologist for use of gadolinium contrast agents.

PROCEDURE:
Our current MRI screening form contains a question about the presence of kidney (renal) disease. If this is checked positive (indicating yes, the patient has a history of kidney disease), the technologist must notify the radiologist before the MRI scan is initiated. The radiologist will determine if the MRI scan should be performed and if performed, if the scan should be with or without contrast agents. In all patients with any history of renal disease, the use of gadolinium compounds should be minimized. Specifically, the use of Omniscan must be avoided. In patients with known renal disease, it is important to assess the degree of renal disease, if possible. If a recent (within 30 days) serum creatinine level is available, GFR can be estimated at www.globalrph.com/cgi-bin/crcl.cgi, www.nephron.com. If no creatinine is available, the use of gadolinium contrast should be used only in emergency cases and where it is deemed essential to the emergency

REFERENCE #	7660.25	EFFECTIVE: 04/01/2025
SUBJECT:	MRI CONTRAST AND PREGNANT PATIENT	REVISED
DEPARTMENT:	RADIOLOGY	

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PURPOSE:
The purpose of this policy is tto aid in ordering and performing the appropriate exam.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the Policy of Modoc Medical Center to allow the use of gadolinium-based contrast agents for the pregnant patient, but only with a well-documented risk benefit analysis demonstrating the need for an MRI with gadolinium. This analysis must involve the attending radiologist and attending referring physician (not a fellow or resident).

PROCEDURE:
Unusual and extenuating circumstances may arise where the care of the mother and/or fetus would be significantly compromised without a contrast enhanced MRI during pregnancy, and no other diagnostic test would answer the clinical question. In these rare situations, the Modoc Medical Center Policy allows for the use of gadolinium-based contrast agents, but only with a well-documented risk benefit analysis demonstrating the need for an MRI with gadolinium. This analysis must involve the attending radiologist and attending referring physician (not a fellow or resident). In addition to the same documentation required for noncontrast MRI, it should be documented that:

1. Alternative imaging tests, including ultrasound and those using ionizing radiation (CT with or without iodinated contrast, nuclear scintigraphy, fluoroscopy, etc) could not provide the necessary information. Only if such tests will not provide the needed information should MRI with a gadolinium-based contrast agent be considered.

2. If an MRI is needed, consideration to non-contrast techniques should be strongly considered. Reasons why a non-contrast MRI could not provide the necessary information must be provided. Informed consent from the pregnant patient must be obtained by the MRI Technologist when contrast is to be given and should document that the patient is aware of the potential risks. The consent form must be signed by both the patient and the Technologist.

REFERENCES:

https://radiology.wisc.edu/wp-content/uploads/2017/10/gadolinium-in-pregnancy.pdf

ACR Manual on MR Safety; Chapter 15

INFORMED CONSENT FOR MRI WITH IV CONTRAST

Name: _____ DOB: _____ MRN: _____ Date: _____

Referring Physician: _____ Procedure(s): _____

Consent for Gadolinium-Based IV Contrast

Some patients undergoing an MRI scan may require an intravenous (IV) dye (contrast) known as Gadolinium. There are many benefits of using IV contrast for an MRI. It improves accuracy, assists in diagnosing abnormalities and may help direct your treatment. As with all drugs or medications, there are risks; however, the benefits usually outweigh the small chance of side effects or reactions. The decision to give you IV contrast is not taken lightly and is carefully made by your referring doctor and/or our radiologist. Most injections of IV contrast occur without any issues.

A rare, but possible side effect from IV contrast injections is extravasation. Extravasation means that the contrast material went outside the blood vessel and has gone into the surrounding tissue. Extravasation may result in a stinging or burning sensation, and/or tightness or swelling at the injection site.

Minor contrast reactions are the most common but happen in less than 0.05 percent of cases. Symptoms may include headache, sneezing, nausea, vomiting, hives and swelling and usually resolve rapidly. Occasionally medications may be required to help treat these symptoms if they persist.

Rarely, a severe reaction can happen. This may include a rapid or slow heart rate, low blood pressure, an asthma attack (bronchospasm) or complete circulatory arrest/shock. Such reactions require urgent medical treatment, which our offices are prepared to handle.

If you have ANY symptoms that concern you, please tell your technologist promptly.

Patients with reduced kidney (renal) function or kidney failure should not undergo an injection of Gadolinium unless this has been cleared by a specialist in this field (renal physician) in order to avoid a potentially life-threatening condition known as NSF (Nephrogenic Systemic Fibrosis).

Patients who have had a contrast reaction to the contrast used in CT, IVP, and angiographic examinations are at a 3.7 times increased risk of an adverse reaction. Otherwise, there is no way of predicting who will be allergic to contrast until the dye is given. A patient who becomes allergic will usually develop their symptoms within 10 minutes.

It has been shown that Gadolinium agents can be retained in areas of the body, such as the brain, or in bone. The importance of this is unclear, and no disease process has been associated, even in cases where deposits have been found. The lowest retention has been shown with the type of agents (macrocyclic) used at all of our clinics.

If after reading this information you are not willing to undergo a study with IV contrast, the test may still be done without it; however, in certain cases this will limit the amount of information we can get from the test.

The risks associated with the use of Gadolinium-based contrast has been explained to me, and I have been given the opportunity to address my questions or concerns.

- ☐ **I have received the Gadolinium-Based Contrast Agents (GBCA) Medication Guide.**
- ☐ **I *CONSENT*** to the administration of a Gadolinium-based contrast for the completion of an MRI and/or MRA Study.
- ☐ **I *DECLINE*** to have the MRI and/or MRA with contrast.

X_____ _____
Patient Signature Date

X_____ _____
Patient Signature Date

REFERENCE # 7660.25	EFFECTIVE: 04/01/2025
SUBJECT: MRI OF THE ANKLE AND HINDFOOT	REVISED
DEPARTMENT: RADIOLOGY	

PURPOSE:

The purpose of this policy is to aid in ordering and performing appropriate MRI exams of the ankle and hindfoot.

AUDIENCE:
Department Wide

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center to follow the ACR Practice Parameter Guidelines when performing Magnetic Resonance Imaging (MRI) of the ankle and hindfoot.

INDICATIONS:

A. Primary indications for MRI of the ankle and hindfoot include, but are not limited to, diagnosis, exclusion, and grading of the following suspected disorders:

1. Achilles tendon disorders: partial and complete tears, tendinitis, tendinopathy, treated tears, paratenonitis, and xanthomas
2. Posterior tibial tendon disorders: partial and complete tears, tendinitis, tendinopathy, tenosynovitis, subluxation, and dislocation
3. Peroneal tendon disorders: partial and complete tears, tendinitis, tendinopathy, tenosynovitis, subluxation, dislocation, and abnormalities of the peroneal retinaculum
4. Abnormalities of other hindfoot tendons: partial and complete tears, tendinitis, tendinopathy, tenosynovitis, and entrapment
5. Anterior and posterior talofibular, anterior and posterior tibiofibular, calcaneofibular, deltoid, spring, and syndesmotic ligament tears
6. Impingement syndromes: anterolateral, anteromedial, posterior, and posteromedial
7. Osteochondral abnormalities, degenerative or traumatic articular cartilage abnormalities, and intra-articular bodies
8. Neurologic conditions: nerve entrapment and compression, denervation neuropathy, including tarsal tunnel syndrome
9. Plantar fasciitis, plantar fascia rupture, and plantar fibromatosis
10. Sinus tarsi syndrome
11. Synovial-based disorders: inflammatory and nodular synovitis, tenosynovitis, bursitis, and ganglion cysts
12. Marrow abnormalities: fractures, bone contusions, osteonecrosis, marrow edema syndromes, and stress fractures
13. Neoplasms of bone, joint, or soft tissue

The request for the examination must be originated by a physician or other appropriately licensed health care provider. The accompanying clinical information should be provided by a physician or other appropriately licensed health care provider familiar with the patient's clinical problem or question and consistent with the state's scope of practice requirements. (ACR Resolution 35 adopted in 2006 – revised in 2016, Resolution 12-b)

1. Specifications of the Examination

The physician responsible for the examination should supervise patient selection and preparation and be available in person or by telephone for consultation. Patients must be screened and interviewed prior to the examination to exclude those who may be at risk through exposure to the MR environment.

Certain indications require administration of intravenous (IV) contrast media. IV contrast enhancement should be performed using appropriate injection protocols and in accordance with the institution's policy on IV contrast utilization. For further information refer to the following:

ACR–SPR Practice Parameter for the Use of Intravascular Contrast Media

Pediatric patients or patients suffering from anxiety or claustrophobia may require sedation or additional assistance. Any sedation will be handled by the patients ordering physician or primary care provider.

Moderate sedation or general anesthesia may be needed to achieve a successful examination, particularly in young children. If moderate sedation is necessary, refer to the following:

ACR–SIR Practice Parameter for Minimal and/or Moderate Sedation/Analgesia

A. Patient Selection

The physician responsible for the examination should supervise patient selection and preparation and be available in person or by telephone for consultation. Patients must be screened and interviewed prior to the examination to exclude those who may be at risk by exposure to the MR environment.

Certain indications require administration of intravenous (IV) contrast media. IV contrast enhancement should be performed using appropriate injection protocols and in accordance with the institution's policy on IV contrast utilization. For more information refer to the following:

ACR–SPR Practice Parameter for the Use of Intravascular Contrast Media [139]

Pediatric patients or patients suffering from anxiety or claustrophobia may require sedation or additional assistance. Any sedation will be handled by the ordering provider or the patients primary care provider. We do not administer sedation. Moderate sedation may be needed to achieve a successful examination, particularly in young children. If moderate sedation is necessary, refer to the following:

not available. If both ankles are to be imaged, examining each side separately with a smaller coil (eg, an extremity coil) will provide better SNR and higher-resolution imaging than can be achieved by imaging both ankles together in a larger coil (eg, a head coil). A single surface coil can image superficial structures, but for high-resolution imaging of very small, relatively superficial structures, a microscopy coil will provide the SNR necessary at the expense of anatomic coverage. Newer multichannel coils containing multiple coil elements will further increase SNR and are required in use of techniques like parallel imaging that decrease the time of the scan. The coil selected for a given study will also influence limb positioning.

Patient and hindfoot positioning may be individually tailored to the specific indication(s). Allowing the patient to plantar flex the ankle avoids aliasing of the toes onto the heel when the phase direction is oriented along the long axis of the foot. Plantar flexion, which is possible with the patient either supine or prone, also reorients the medial and lateral ankle tendons so that a single imaging plane can show a larger length of each in cross section and so that a smaller segment of each tendon will pass through the magic angle. However, this nonstandard position may make visualization of the ankle ligaments more difficult and may make it harder to include the entire Achilles tendon in the FOV. The prone position is more comfortable for some patients, reduces involuntary motion, and may reduce claustrophobic feelings in susceptible individuals.

Ankle and hindfoot MRI usually includes images acquired in both the short axis and long axis of the foot. These may be sagittal, coronal, transverse, or oblique to the bore of the magnet and to the limb, depending on the position of the ankle. It is beneficial to orient the imaging planes orthogonal to a specific anatomic structure: for the ankle, the talar dome is commonly used; for the hindfoot, the posterior subtalar joint is used. Multiplanar images can be acquired directly or reconstructed electronically from volumetric data acquired in one imaging plane. Standard MR software also allows the prescription of oblique images in virtually any plane if images oriented along the course of a given structure are needed. Oblique sagittal, axial, and coronal sequences have been utilized for improved assessment of the peroneal tendons, syndesmotic ligaments, and calcaneofibular ligaments, respectively, although are not required.

The size of the anatomic structures under consideration and the suspected pathology determine the necessary FOV. For example, visualization of the entire extent of a large Achilles tendon tear may require a 22-cm FOV in the sagittal plane, although a FOV of 12 cm or smaller in the coronal plane may be needed to demonstrate small chondral defects around the ankle joint, the syndesmotic ligaments, and the contents of the sinus tarsi. For routine ankle and hindfoot studies, a FOV of 16 cm or less is desirable for detecting most clinically relevant disorders. A rectangular FOV for coronal and transaxial images of the hindfoot can save imaging time without sacrificing in-plane resolution. Slice thickness should be 4 mm or less to minimize partial-volume effects, but thinner sections may be advantageous for detailed analysis of the ligaments and articular cartilage. Typically, an interslice gap no wider than 10% of the slice width will ensure complete visualization of the

reasonable scan times. Fat suppression is a useful adjunct to T1-weighted images when IV contrast is used or when MR arthrography is performed with a dilute gadolinium mixture.

It may be possible to shorten the time required for an ankle or hindfoot MR examination without compromising diagnostic yield. Parallel imaging techniques decrease acquisition times for individual pulse sequences, but at the expense of decreased SNR and the required use of a multichannel receiver coil. Alternatively, newer fast 3-D gradient-recalled and fast spin-echo sequences can produce near-isotropic images that can be reconstructed into multiple imaging planes; using these methods, a single volumetric acquisition can substitute for several acquisitions in separate imaging planes, thereby decreasing the total time required for a complete examination.

Various techniques are useful to minimize artifacts that can degrade image quality. Aliasing is reduced or eliminated by repositioning the extremity (eg, plantar flexing the hindfoot to prevent images of the toes from superimposing on the heel), by orienting the phase-encoding direction anterior-to-posterior when possible, by shielding body parts outside of the area of interest, or by the use of phase oversampling. Gentle immobilization combined with patient comfort measures best controls involuntary motion, although newer pulse sequences can partly correct for some limb motion Presaturation pulses or gradient moment nulling will reduce ghosting artifacts from flowing blood and other periodic motion. Chemical shift artifact is most severe at high field strengths and may necessitate an increase in the receiver bandwidth on high-field scanners. Susceptibility artifacts, which originate from heterogeneity of the local field, are also more severe at higher field strengths, in the presence of metallic implants, and when using gradient-recalled pulse sequences. Avoiding gradient-echo imaging and reducing the voxel size by increasing the imaging matrix and/or decreasing the slice thickness and FOV will help reduce the magnitude of susceptibility artifacts. Lastly, magic angle artifact can produce apparently increased signal intensity on short TE images within tendons that curve around the ankle, mimicking intratendinous pathology. Plantar flexing the hindfoot to reorient the tendons can reduce this phenomenon. Confirming abnormal signal intensity in the tendons on images with a longer TE and correlating apparent signal intensity abnormalities with changes in tendon thickness will also help avoid this pitfall.

DOCUMENTATION:

Reporting should be in accordance with the ACR Practice Parameter for Communication of Diagnostic Imaging Findings.

At a minimum, the report should address the condition of the major ankle tendons, ligaments, and joints. In selected cases, a description of findings in the bone and bone marrow, synovium, joints, retinacula, muscles, sinus tarsi, plantar fascia, neurovascular structures, and subcutaneous tissue would be appropriate. The report should use standard anatomic nomenclature and precise terms for describing identified abnormalities whenever possible.

PHARMACY-HOSPITAL DEPARTMENT

REFERENCE #	7710.25	EFFECTIVE
SUBJECT:	VANCOMYCIN PER PROTOCOL POLICY AND PROCEDURE	REVISED
DEPARTMENT:	PHARMACY - HOSPITAL	

PURPOSE:

The purpose of this policy is to guide standardized pharmacist-managed intravenous (IV) Vancomycin dosing hospital-wide, upon the request of the physician/provider, using agreed upon guidelines, based on best practices.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

Upon provider request, Modoc Medical Center (MMC) pharmacists will manage IV vancomycin therapy in accordance with the below guidelines based on current best practices.

1. Calculate and put in an order for a loading dose and maintenance dose
2. Adjust vancomycin orders as needed
3. Order pertinent labs
4. Provide documentation in patient's profile via daily progress notes for therapy duration

Protocol exclusions:

1. One-time dose
2. Pediatric patients (<18 years of age)

PROCEDURE:

1. Physician / Ordering provider responsibilities
    - Contacting pharmacist and asking for "Vancomycin Per Protocol", and specifying the following:
        - Initial indication
        - Suspected infection type / source
        - Anticipated duration of therapy
    - Follow up with pharmacist regarding any change in diagnosis/treatment plan or acute changes in patient's status that may impact vancomycin dosing.
2. Pharmacist responsibilities

Suggested approach to parenteral vancomycin dosing in adults who are not receiving hemodialysis*

1. Loading dose for critically ill patient or severe infection:[¶] 25 mg/kg (rounded to nearest 250 mg)						
2. Initial maintenance dose and interval: Based on target trough, patient weight, and estimated creatinine clearance[Δ] as follows:						
Creatinine clearance in mL/minute (Cockcroft Gault equation)[Δ]	**Weight (actual)[◇]**					
	50 to 59 kg	**60 to 69 kg**	**70 to 79 kg**	**80 to 89 kg**	**90 to 99 kg**	**100 kg[◇]**
Severe or deep-seated infection:[‡] Target trough 15 to 20 mcg/mL						
<10 (not receiving hemodialysis)[¥]	Repeat dose when spot (random) serum concentration ≤20 mcg/mL					
10 to 19 (not receiving hemodialysis)[¥]	750 mg every 48 hours	1000 mg every 48 hours	1000 mg every 48 hours	1250 mg every 48 hours	1250 mg every 48 hours	1500 mg every 48 hours
20 to 29	500 mg every 24 hours	750 mg every 24 hours	1000 mg every 36 hours	1250 mg every 36 hours	1250 mg every 36 hours	1250 mg every 36 hours
30 to 39	750 mg every 24 hours	750 mg every 24 hours	1000 mg every 24 hours	1250 mg every 24 hours	1250 mg every 24 hours	1250 mg every 24 hours
40 to 49	750 mg every 18 hours	750 mg every 18 hours	1000 mg every 18 hours	1250 mg every 18 hours	1250 mg every 18 hours	1250 mg every 18 hours
50 to 59	750 mg every 18 hours	1000 mg every 18 hours	1000 mg every 18 hours	1250 mg every 18 hours	1250 mg every 18 hours	1500 mg every 18 hours
60 to 69	750 mg every 12 hours	750 mg every 12 hours	1000 mg every 12 hours	1000 mg every 12 hours	1250 mg every 12 hours	1250 mg every 12 hours
70 to 79	750 mg every 12 hours	1000 mg every 12 hours	1000 mg every 12 hours	1250 mg every 12 hours	1250 mg every 12 hours	1500 mg every 12 hours
80 to 89	750 mg every 12 hours	1000 mg every 12 hours	1250 mg every 12 hours	1250 mg every 12 hours	1500 mg every 12 hours	1500 mg every 12 hours
90 to 99	1000 mg every 12 hours	1000 mg every 12 hours	1250 mg every 12 hours	1500 mg every 12 hours	1500 mg every 12 hours	1500 mg every 12 hours
≥100 **and** <60 years old[Δ]	750 mg every 8 hours	750 mg every 8 hours	1000 mg every 8 hours	1250 mg every 8 hours	1250 mg every 8 hours	1250 mg every 8 hours

Table 1: Vancomycin dosing nomogram, acquired from Up-to-Date on July 16, 2024.

PHYSICAL THERAPY DEPARTMENT

REFERENCE #	7770.24.21	EFFECTIVE	6/2006
SUBJECT:	REHABILITATION SERVICES FOR SKILLED NURSING	REVISED	~~2023~~12/2024
DEPARTMENT:	PHYSICAL THERAPY		

PURPOSE:

The purpose of this policy is to meet the therapy needs of all residents.

AUDIENCE:
Department Staff

TERMS/DEFINITION:
None

POLICY:
It is the policy of Modoc Medical Center (MMC) ~~This facility~~to ensure~~s~~ ~~that~~ specialized services, such as physical therapy, meet the rehabilitation and functional needs of all residents and are readily available.
~~-~~ Services ~~shall~~will be provided in accordance with accepted professional practices by licensed therapists or
by qualified assistants or other supportive personnel under the direct supervision.
~~-~~ There ~~shall~~will be written administrative and resident care policies and procedures developed for each rehabilitation service provided.

PROCEDURE:

□ Each resident with physician orders for rehabilitation services ~~shall~~ will receive an evaluation. The purpose of this evaluation is to ensure that the services provided are appropriate to the needs of the ~~resident~~residents. Discharge planning will be considered during the initial assessment as well as in each reassessment.

□ Each resident receiving rehabilitation services ~~shall~~will have a current plan of care. The resident plan of care ~~shall~~will include resident rehabilitation services specific to the resident's needs and goals. The resident's plan of care should include treatment, objectives, rehabilitation potential, precautions, frequency and duration, and procedures and modalities to be applied.

□ Reassessments will include the resident's response to rehabilitation interventions, changes in the resident's condition, choices for alternative interventions, and progress towards meeting goals and objectives.

REFERENCES:

DIETARY-SNF DEPARTMENT

SUBJECT: DIET MANUAL	REFERENCE #
DEPARTMENT: DIETARY/SNF	PAGE: 1 OF: 2
	EFFECTIVE: 02/25
APPROVED BY: .	REVISED:

PURPOSE The purpose of this policy is to keep the diet manual current and available to staff.

POLICY

It is the policy of Modoc Medical Center's (MMC) that the diet manual used in the facility will reflect current nutritional knowledge and recommendations and will be approved for use by the medical staff.

PROCEDURE

1. The registered dietitian (RD) will review available diet/nutrition care manuals. Select and make recommendations for approval by the medical staff. The medical director will approve the manual, along with the RD, Administrator, and Director of Nursing (DON).

2. The diet care manual will:

   a. Reflect current nutritional knowledge based on evidence ~~based on~~ of reached and/or best practice standards.

   b. Meet established national standards.

   c. Will have a date that is less than three (3) years old.

   d. It will represent diets utilized in the facility.

   e. Specify diets that are nutritionally deficient.

   f. It will represent the diets appropriate for and/or needed by the residents served.

   g. Included information on the role of medical nutrition therapy (MNT) in treating various diseases and conditions.

3. The diet care manual (hard copy) will be kept in the dietary manager's office. An electronic copy will be kept in Reyver. If requested, at each nursing station.

4. The diet care manual will be reviewed on a regular basis.

   a. Revision will be identified and dated.

   b. The revised manual will be approved ~~by them~~ in the same manner as described above for the original manual.

   c. The diet care manual will be replaced every 3 to 5 years to ensure ~~they are~~it is up to date with the most current standards of practice.

REFERENCES

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	FOOD BROUGHT IN FROM OUTSIDE SOURCES AND PERSONAL FOOD STORAGE,	REVISED 03/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

PURPOSE:
The purpose of this policy is to ensure the safe handling of food brought into forthe residents' formfrom outside the facility.

AUDIENCE:
All Staff

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) that food brought into the facility by family members or friends for a loved one or for a special event will be handled according to safe food handling guidelines.

- Designated staff will monitor foods and beverages brought in from outside sources for storage in facility pantries, refrigeration units, or personal room refrigeration units.
- -Families, Volunteers and others not employed by the facility will be educated on safe food handling and storage techniques by designated facility staff.
- Staff will examine food for quality (visual, smell, packaging) to identify potential concerns.
- The dietary department will ensure that once food is brought to the facility from an outside source, reheating and hot/cold handling of leftovers is appropriate.
- If MMC equipment is used to prepare or reheat visitor food, the dietary staff will ensure steps are taken to prevent contamination of facility food.
- Foods brought in from an outside source that require refrigeration or freezing will be labeled with the resident's name and date and stored in the refrigerator/freezer apart from facility food. Food prepared for events such as parties will be also identified and stored apart from facility food.
- Food that can be stored at room temperature can be kept in a resident's room.
- Staff will provide information on safe food storage handling as deemed appropriate.
- Designated facility staff will be assigned to monitor individual room storage and refrigeration units of food or beverage.
- All refrigeration units will have an internal thermometer to monitor safe food storage temperature. Units must maintain safe internal temperatures in accordance with state and federal standards for safe food storage temperatures, Staff will monitor and document unit refrigerator temperatures.
- Food can be reheated in a microwave. It should be stirred during the reheating process and reheated to at least 165 f for 15 seconds. Staff may need to re-heat food for a resident who is not able to perform this task safely.
- Reheated food should be cooled to a palatable temperature prior to eating to prevent burns.

REFERENCES:

REFERENCE #	Click or tap here to enter text.	EFFECTIVE
SUBJECT:	PERSONNEL-GENERAL	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	REVISED 3/2025

PURPOSE: It is the purpose of this policy to describe the general expectations of the dietary department and staff.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:

POLICY:
It is the policy of Modoc Medical Center (MMC) that the dietary department will be staffed to ensure that sufficient, competent, supportive personnel carry out the functions of the department.

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PROCEDURE:

1. The dietary department will have an adequate number of staff.
2. Dietary department staff will be on duty to allow the kitchen to be open for a period of no less than 12 hours. A department employee will be present in the kitchen during the hours of operation.
3. A clear written job description for each position will be on file and available for staff to review,
4. Department staff will be trained to perform assigned duties and will be expected to participate in in-services programs. The dietary manager will conduct these programs.
5. Work schedules will be posted two weeks, or 15 days before the beginning of the month. Weekly work schedules will include all departmental personnel including management and professional staff.
6. Work schedules will be maintained on file for a minimum of one year.
7. Meal and break times will be clearly stated on the work schedule. All exceptions need to be approved by the director of food and nutrition services or designee.
8. Overtime hours must be pre-approved by the dietary manager.
9. A dietary employee should not be assigned duties outside of the department, except in an emergency. These duties must not interfere with the sanitation, safety, or time required for work assignment.

REFERENCE:

ATTACHMENTS:

FACILITIES/EOC DEPARTMENT

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

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. ~~A~~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.

- 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 lin~~e~~in supplies shall be distributed daily in a covered clean lin~~e~~in cart designed for this purpose.
- Lin~~e~~in cart shall be wet cleaned weekly inside and out, including wheels. There shall be an adequate inventory of clean linen.
- The shelves for clean lin~~e~~in 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~~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.

INFECTION CONTROL-SNF DEPARTMENT

REFERENCE #	LEAVE BLANK	EFFECTIVE
SUBJECT:	ENHANCED BARRIER PRECAUTIONS	REVISED
		REVIEWED
DEPARTMENT:	INFECTION CONTROL -SKILLED NURSING FACILITY	PRIOR REVISIONS:

PURPOSE:
The purpose of this policy is to define Enhanced Barrier Precautions and its use at the ~~MMC~~Modoc Medical Center (MMC) Skilled Nursing Facility (SNF)

AUDIENCE:
All Staff

TERMS/DEFINITION:
EBP: Enhanced Barrier Precautions
ESP: Enhanced Standard Precautions (CDPH version of EBP- terms used interchangeably within facility and applied to the higher standard))
MDRO: Multi Drug Resistant Organism

POLICY:
It is the policy of ~~Modoc Medical Center (~~MMC~~)~~ to follow CMS requirements and CDPH guidance for the use of Enhanced Barrier Precautions (EBS) at the ~~Skilled Nursing Facility~~SNF as a step in t~~T~~ransmission b~~B~~ased p~~P~~recautions for the mitigation of the spread of MDRO and their associated infections.
"~~(~~EBP~~)~~ refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. EBP are indicated for residents with any of the following:

- Infection or colonization with a CDC-targeted MDRO when c~~C~~ontact p~~P~~recautions do not otherwise apply; or
- Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid®) or similar dressing. Examples of Page 3 of 5 chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.
- Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP. EBP should be used for any residents who meet the above criteria, wherever they reside in the facility. Facilities have discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by the CDC."1

The resistant organisms that will be included for Facility EBP criteria are:

- Pan-resistant organisms (i.e., resistant to most or all antibiotics or antifungals)
- Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE)
- Carbapenemase-producing carbapenem-resistant Pseudomonas spp. (CP-CRPA)
- Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii (CP-CRAB)
- Candida auris

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REFERENCE #	LEAVE BLANK	EFFECTIVE
SUBJECT:	ENHANCED BARRIER PRECAUTIONS	REVISED REVIEWED
DEPARTMENT:	INFECTION CONTROL -SKILLED NURSING FACILITY	PRIOR REVISIONS:

REFERENCES:

1) QSO-24-08-NH (cms.gov)

ATTACHMENTS:

EBP ASSESSMENT CRITERIA DECISION QSO-24-08-NH (cms.gov)

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PHARMACY RETAIL DEPARTMENT

REFERENCE #	9550.25	EFFECTIVE
SUBJECT:	9550.25 QUALITY ASSURANCE	REVISED 4/2025
DEPARTMENT:	PHARMACY- RETAIL	

PURPOSE:
The purpose of this policy is to ensure public safety by creating a pharmacy process that reports documents and reduces pharmacy--related medication errors/adverse events.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
A ~~M~~medication error/adverse event is any variation from the written prescriber order. This includes incorrect directions, dosage, quantity, strength, prescriber, patient information, etc.

POLICY:
It is the policy of Last Frontier Pharmacy to address medication errors/adverse events immediately (within 2 days) upon discovery. If the medication error reaches the patient, both the patient's prescriber and the patient shall be contacted to assess any patient harm.

PROCEDURE:
~~In order to~~To reduce and prevent medication errors/adverse events, there is an attached, "daily quality related event (QRE) report key.

The QRE report key allows pharmacy staff to place medication errors/events into detailed categories.

This process should help to identify system processes that may prevent errors, therefore allowing pharmacy staff to correct processes that may contribute to errors.

All pharmacy medication errors/adverse events shall be reported to the pharmacist on duty and/or pharmacy manager.

See, "daily quality related event (QRE) report key" for instructions.

Required elements include:

1. Date, location, and participants in Quality Assurance (QI) review.
2. Patient's data and other information relating to the medication error reviewed and documentation of any patient contact.
3. Findings and determination generated by the Quality Assurance (QA) review, and
4. Recommended changes to pharmacy policy, procedure, systems or processes, if any.

Future reporting of medication errors/adverse events will be reported to a third-party vendor as approved by the California board of pharmacy.

REFERENCES:
California code of regulation (CCR) section 1711

REFERENCE #	9550.25	EFFECTIVE
SUBJECT:	9550.25 QUALITY ASSURANCE	
DEPARTMENT:	PHARMACY- RETAIL	REVISED 4/2025

Daily Quality Related Event (QRE) Report Key

Where was QRE discovered?	Where did the QRE occur?	What type of QRE was made?		Contributing Factors and Systems	Corrective Action
A. Receipt of Rx B. Data Entry **C. Entry Check/ PV1** D. Assembly of Rx/filling E. Pharmacist Check (data/DUR/ clinical review) F. Product verification G. Bagging H. Counseling I. POS/delivery area/delivery to patient J. Administration (immunization) K. Extra quality assurance (partner check, other implemented check) L. Patient discovery/ caregiver/ prescriber	A. Receipt of Rx B. Data Entry D. Assembly of Rx/filling E. Pharmacist Check (data/DUR/clinical review) G. Bagging H. Counseling I. POS/delivery area/ delivery to patient J. Administration (immunization) M. Intervention/ Prescriber error N. Adverse Drug Event (non-preventable) O. Other	39. Wrong date **40. Wrong day supply** **41. Wrong directions** 42. Wrong dosage 43. Wrong dosage form 44. Wrong drug 45. Wrong drug in container 46. Wrong flavor 47. Wrong generic sub/DAW 48. Wrong label on Rx or container 49. Wrong NDC 50. Wrong packaging 51. Wrong patient/ patient profile 52. Wrong prescriber **53. Wrong quantity** 54. Wrong refill info 55. Wrong refill selected to refill 56. Wrong response to DUR alert 57. Wrong storage **58. Wrong strength** 59. Wrong vaccine 60. Wrong/incomplete counseling	2. Calculation or decimal point error 3. Clarification needed/Rx unclear 4. Collect info in Pharmacy Notes 5. Communications (language barriers) 8. Device failure (air pocket) 9. Discovered prescriber error 10. Drug allergy interaction 11. Drug-disease interaction 12. Drug-drug interaction 13. Duplicate therapy 14. Formula entry error 17. Incorrect beyond use date **18. Left out/wrong package inserts, labels, med guide** 19. Missed/left out Rx 20. Missing or inappropriate auxiliary labels 21. Mixed contents 22. No patient counseling occurred 23. Order mix up 24. Other 25. Over/under utilization 26. Patient info missing/ incomplete/inaccurate **28. Safety cap issue** 29. Shipping/packaging error 31. Technique or precision 32. Therapeutic utilization 33. Transmission mode error 34. Wrong container	1. Allergy/DUR overrides 2. Communication 3. Environmental factors 4. Human-related 5. Inappropriate drug/indication 6. No or incomplete product verification 7. Patient related 8. Pharmacy factors (culture, intimidation, policies, staffing) 9. Product characteristics (look alike, sound alike) 10. Technology/equipment defects 11. Training or supervision 12. Undocumented/ undisclosed interaction 13. Work-around 14. Workflow or process in place	1. Amended labeling or packaging 2. Dispensing workflow of process change 3. Environmental factors (improved lighting, physical space, reduce interruptions) 4. Medication product (change vendor for active/inactive ingredients) 5. No actions planned 6. Other 7. Patient profile update (allergy, intolerance) 8. Pharmacy management factor (safety culture, P&P) 9. Refer patient to medical care 10. Safe medication practice 11. Sent product for lab analysis 12. Software change 13. Staffing change 14. Training/competency/ roles responsibilities change or adjustment

INFECTION CONTROL-ACUTE DEPARTMENT

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
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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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 preciously 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 difficle-Associated diarrhea Clostridium difficle (C-difficle, 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 form 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.

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

ATTACHMENT D

Departmental Policies Manuals

HEALTH INFORMATION MANAGEMENT

DEPARTMENT YEARLY BINDER REVIEW

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

HEALTH INFORMATION MANAGEMENT POLICY & PROCEDURE MANUAL 2025

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

Health Information Management — Date: 6/3/25

Chief Executive Officer — Date: 6/18/25

Chair, Board of Directors — Date

MODOC MEDICAL CENTER
A Public Entity

Healing Hands Close To Home
Last Frontier Healthcare District

MEMORANDUM

DATE: 5/28/2025
TO: Last Fronter Healthcare District Board of Directors
FROM: Maria Morales HIM Director
SUBJECT: **Annual Policy Manual Review**

I have completed the policy manual review for the Health Information Management 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, so 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,

MARIA MORALES
HIM Director

EIS EDUCATION IN-SERVICE DEPARTMENT YEARLY BINDER REVIEW

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

EDUCATION IN-SERVICE REVIEW MANUAL
2025

The Education In-Service Manual has been reviewed and is approved for use at Modoc Medical Center.

Juanita Wagner — 6/10/25

EDUCATION IN-SERVICE — Date

[illegible] — 6/18/25

Chief Executive Officer — Date

Chair, Board of Directors — Date

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

MEMORANDUM

DATE: 6/5/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: SAN JUANITA WAGNER
SUBJECT: ANNUAL POLICY MANUAL REVIEW

I have completed the policy manual review for the EDUCATION IN-SERVICE 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,
San Juanita Wagner
SAN JUANITA WAGNER
EDUCATION IN-SERVICE
SJW/sab

NA NURSING ASSISTANT TRAINING PROGRAM MANUAL

DEPARTMENT YEARLY BINDER REVIEW

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

NURSING ASSISTANT TRAINING PROGRAM REVIEW MANUAL 2025

The Nursing Assistant Training Program Manual has been reviewed and is approved for use at Modoc Medical Center.

Mary Jeanette Wagner — 6/10/25

EDUCATION IN-SERVICE — Date

[illegible] — 6/18/25

Chief Executive Officer — Date

Chair, Board of Directors — Date

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

MEMORANDUM

DATE: 6/5/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: SAN JUANITA WAGNER
SUBJECT: ANNUAL POLICY MANUAL REVIEW

I have completed the manual review for the Nursing Assistant Training Program Manual. Due to the change to Cerner and operational changes I have identified several items that need to be updated or added to this manual.

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 items will need to be finalized and/all edits that need to be made to reflect our current practices and forms utilized to administer and implement training at MMC (Modoc Medical Center).

Respectfully Submitted,
San Juanita Wagner
SAN JUANITA WAGNER
EDUCATION IN-SERVICE
SJW/sab

UTILIZATION REVIEW

DEPARTMENT YEARLY BINDER REVIEW

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

UTILIZATION REVIEW MANUAL
2025

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

Quality, Risk Management & Compliance — Date 6/4/25

Chief Executive Officer — Date 6/18/25

Chair, Board of Directors — Date

MODOC MEDICAL CENTER
A Public Entity

Healing Hands Close To Home
Last Frontier Healthcare District

MEMORANDUM

DATE: 5/28/2025
TO: Last Fronter Healthcare District Board of Directors
FROM: Alicia Doss, Quality, Risk Management & Compliance Director
SUBJECT: **Annual Manual Review**

I have completed the manual review for the Utilization Review Manual. Due to the change to Cerner and operational changes I have identified several items that need to be updated or added to this manual.

I am beginning the process of editing the plans that require updates. Those policies will be submitted back to Policy Committee, and the Board for approval as they are finalized, so 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 items within the Plan 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 Plan items.

Respectfully Submitted,

ALICIA DOSS
Quality, Risk Management & Compliance Director

RM RISK MANAGEMENT

DEPARTMENT YEARLY BINDER

REVIEW

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

RISK MANAGEMENT MANUAL
2025

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

RICHARD OSS — 6/4/25

Quality, Risk Management & Compliance — Date

[signature] — 6/18/25

Chief Executive Officer — Date

Chair, Board of Directors — Date

MODOC MEDICAL CENTER
A Public Entity

Healing Hands Close To Home
Last Frontier Healthcare District

MEMORANDUM

DATE: 5/28/2025
TO: Last Fronter Healthcare District Board of Directors
FROM: Alicia Doss, Quality, Risk Management & Compliance Director
SUBJECT: **Annual Manual Review**

I have completed the manual review for the Risk Management Manual. Due to the change to Cerner and operational changes I have identified several items that need to be updated or added to this manual.

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Respectfully Submitted,

ALICIA DOSS
Quality, Risk Management & Compliance Director

COMPLIANCE

DEPARTMENT YEARLY BINDER REVIEW

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

COMPLIANCE MANUAL
2025

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

Quality, Risk Management & Compliance — Date: 6/4/25

Chief Executive Officer — Date: 6/18/25

Chair, Board of Directors — Date

MODOC MEDICAL CENTER
A Public Entity

Healing Hands Close To Home
Last Frontier Healthcare District

MEMORANDUM

DATE: 5/28/2025
TO: Last Fronter Healthcare District Board of Directors
FROM: Alicia Doss, Quality, Risk Management & Compliance Director
SUBJECT: **Annual Manual Review**

I have completed the manual review for the Compliance Manual. Due to the change to Cerner and operational changes I have identified several items that need to be updated or added to this manual.

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

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Respectfully Submitted,

ALICIA DOSS
Quality, Risk Management & Compliance Director

QUALITY ASSURANCE

PERFORMANCE IMPROVEMENT

DEPARTMENT YEARLY BINDER REVIEW

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

QUALITY ASSURANCE MANUAL
2025

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

Quality, Risk Management & Compliance — Date 6/4/25

Chief Executive Officer — Date 6/18/25

Chair, Board of Directors — Date

MODOC MEDICAL CENTER
A Public Entity

Healing Hands Close To Home
Last Frontier Healthcare District

MEMORANDUM

DATE: 5/28/2025
TO: Last Fronter Healthcare District Board of Directors
FROM: Alicia Doss, Quality, Risk Management & Compliance Director
SUBJECT: **Annual Manual Review**

I have completed the manual review for the Quality Assurance Manual. Due to the change to Cerner and operational changes I have identified several items that need to be updated or added to this manual.

I am beginning the process of editing the plans that require updates. Those policies will be submitted back to Policy Committee, and the Board for approval as they are finalized, so 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 items within the Plan 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 Plan items.

Respectfully Submitted,

ALICIA DOSS
Quality, Risk Management & Compliance Director

HUMAN RESOURCES/ORIENTATION DEPARTMENT YEARLY BINDER REVIEW

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

HUMAN RESOURCES/ORIENTATION POLICY & PROCEDURE MANUAL 2025

The Human Resources/Orientation Policy and Procedure Manual has been reviewed and is approved for use at Modoc Medical Center.

Anibal M. Vuerna — 12-10-25

Human Resources/Orientation — Date

[signature] — 6/18/25

Chief Executive Officer — Date

Chair, Board of Directors — Date

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

MEMORANDUM

DATE: 03/19/2025
TO: Board of Directors
FROM: Amber Vucina
SUBJECT: **Review of Departmental Policy Manual**

The following manual is submitted for your review and approval:
Human Resources

This year's revisions/accomplishments:
I thoroughly reviewed my manual and removed over 20 policies that were no applicable to my department any longer.

Follow-up actions to be completed by:

- Policies to Create
  - Onboarding Policy
  - Pre-Employment Reference Check Policy
  - Anti Nepotism Policy
  - Employment Classification Policy
  - Employee Performance Evaluation Policy

- Policies to Edit
  - Job Description Policy
  - Licensure & Certification Verification Policy
  - Background Screening Policy
  - Pre-Employment Physical Examination Policy
  - Relocation Assistance Policy
  - Performance Improvement Plan (PIP) Policy

Respectfully Submitted,

Amber M. Vucina

EXCELL SPREADSHEET

FOR BOARD OF DIRECTORS

SIGNATURE

Board

JUNE 2025

Department	Contact	Name
		OneDrive
INFUSION	Susan Sauerheber	6170.25 AIRBORNE ISOLATION ROOM DAILY AIR EXCHANGE MONITORING.docx
INFUSION	Susan Sauerheber	6170.25 INSULIN VERIFICATION AND ADMINISTRATION.docx
INFUSION	Susan Sauerheber	6170.25 INTAKE AND OUTPUT.docx
SKILLED NURSING FAC	Edward Johnson	6580.25 ELDER ABUSE_ AV edits.docx
INFUSION	Susan Sauerheber	6710.2 5BLOOD GLUCOSE TESTING USING THE NOVA STATSTRIP GLUCOSE METER.docx
EMERGENCY DEPT	Susan Sauerheber	7010.25 Abdominal Pain Standard of Care Policy.docx
EMERGENCY DEPT	Susan Sauerheber	7010.25 ACUTE STATS ASTHMATICOUS STANDARD OF CARE .docx
LABORATORY	Walter Dimarucut	7500.25 C. Auris Yeast Screening with Reflex to ID and Susceptibility.docx
LABORATORY	Walter Dimarucut	7500.25 PRE-EMPLOYMENT DRUG SCREEN, (MMC).docx
RADIOLOGY MRI	Shelly Bailey	7660.25 MRI CONTRAST AND PATIENTS IN RENAL FAILURE NEW P&P 2025.docx
RADIOLOGY MRI	Shelly Bailey	7660.25 MRI CONTRAST AND PREGNANT PATIENT.docx
RADIOLOGY MRI	Shelly Bailey	7660.25 MRI OF THE ANKLE AND HINDFOOT .docx
PHARMACY HOSPITAL	Vahe Hovasapyan	7710.25 VANCOMYCIN PER PROTOCOL POLICY AND PROCEDURE Reviewed 3.28.25.docx
PHYSICAL THERAPY	Jay Dunn	7770.24.21 REHABILITATION SERVICES FOR SKILLED NURSING.docx
DIETARY-SNF	Raven Sparks	8340.25 DIET MANUAL SNF.docx
DIETARY-SNF	Raven Sparks	8340.25 Food Brought in From Outside Sources.docx
DIETARY-SNF	Raven Sparks	8340.25 PERSONNEL-GENERAL.url
FACILITIES/EOC	Marty Shaffer	8460.25 INFECTION CONTROL .docx
INFECTION CNTL SNF	Suzanne R. Johnson	8753.25-SNF POLICY FOR EBP FINAL .docx
RETAIL PHARMACY	Darryl Moore	9550.25 QUALITY ASSURANCE.docx
INFECTION CTRL ACUTE	Judy Jacoby	8753-A.25 INFECTION CONTROL PLAN PREVENTION, EDUCATION AND TRAINING.docx

POLICIES FOR APPROVAL BY THE BOARD OF DIRECTORS

DATED: _____

SIGNED_____

BOARD OF DIRECTORS

ATTACHMENT E

LFHD FINANCIAL STATEMENT

May 2025

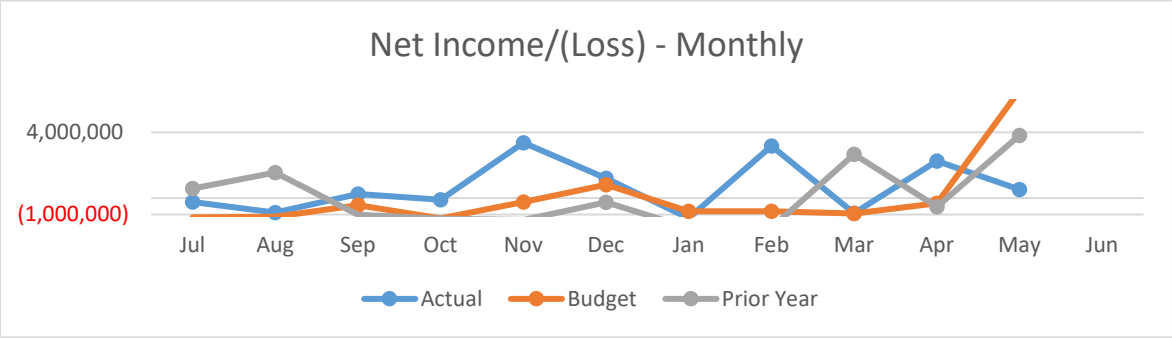
(unaudited)

Modoc Medical Center
Financial Narrative
For the Month of May 2025

Prepared by Jin Lin, Finance Director

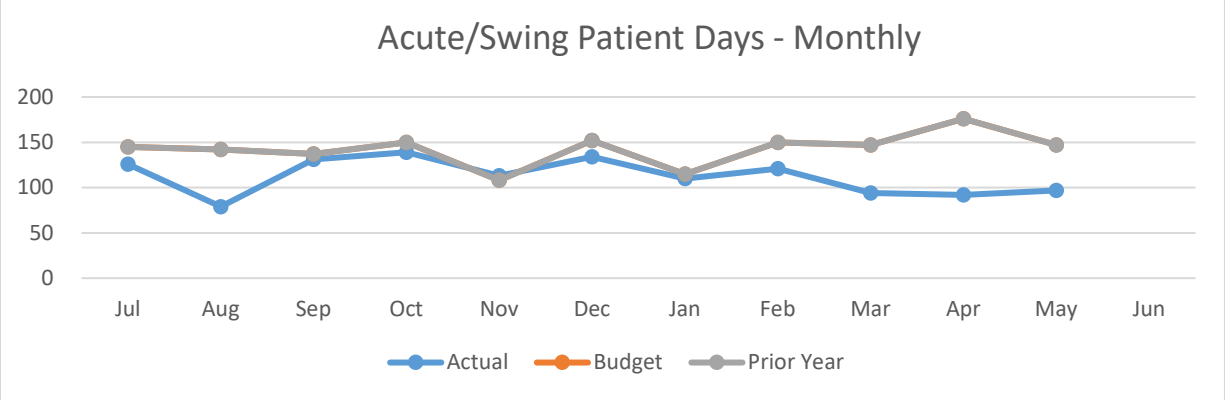
Summary

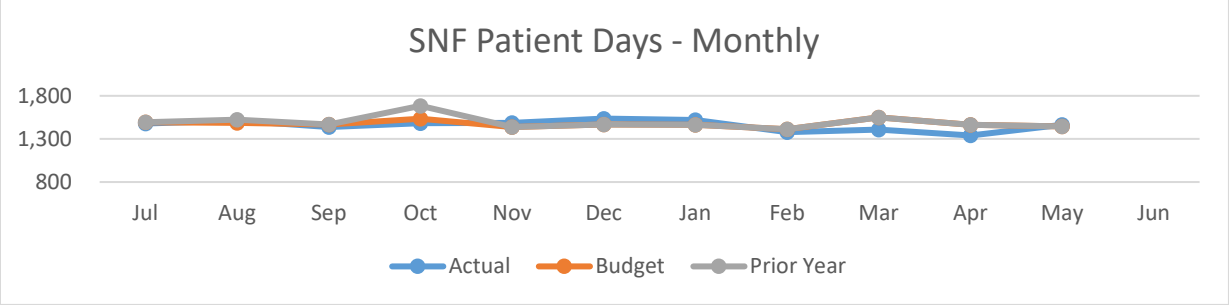
During the month of May, Modoc Medical Center reported a net income from operations of $591K that was under budget by $5.5 million. Inpatient revenue was up by $35K and outpatient revenue was down by $76K compared to the budget. Total patient revenue was $4.3 million, showing a decrease of $42K compared to the budget. Net income, including Non-Operating Activity, was $524K under budget by $6 million.



Patient Volumes

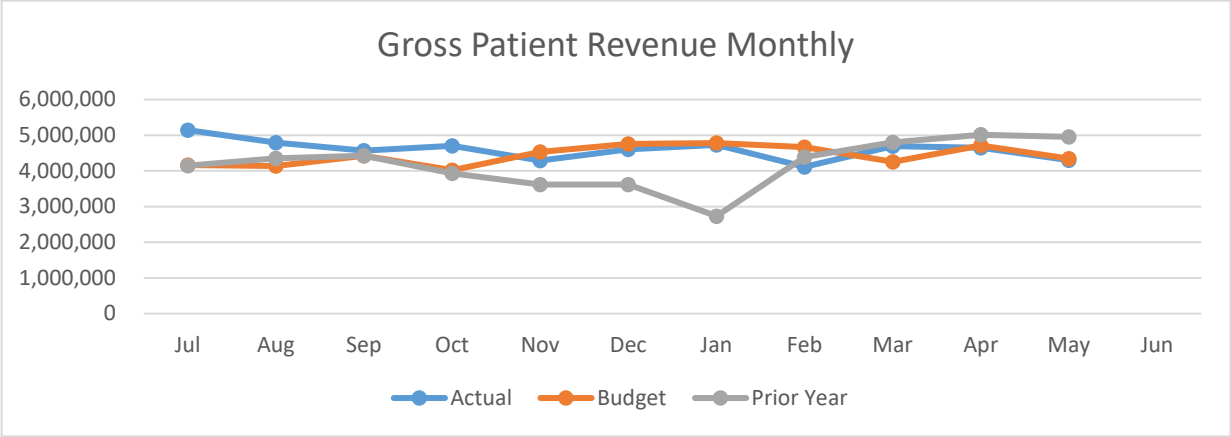
Combined Acute Days were under budget for the month by 50 days. The SNF Patient Days were up to 1,465 above budget by 19 days. Overall Inpatient Days were under budget by 31 days (1,562 actual vs. 1,593 budget). Outpatient visits in all areas were under budget, except for Retail Pharmacy and Alturas Clinic were above budget.

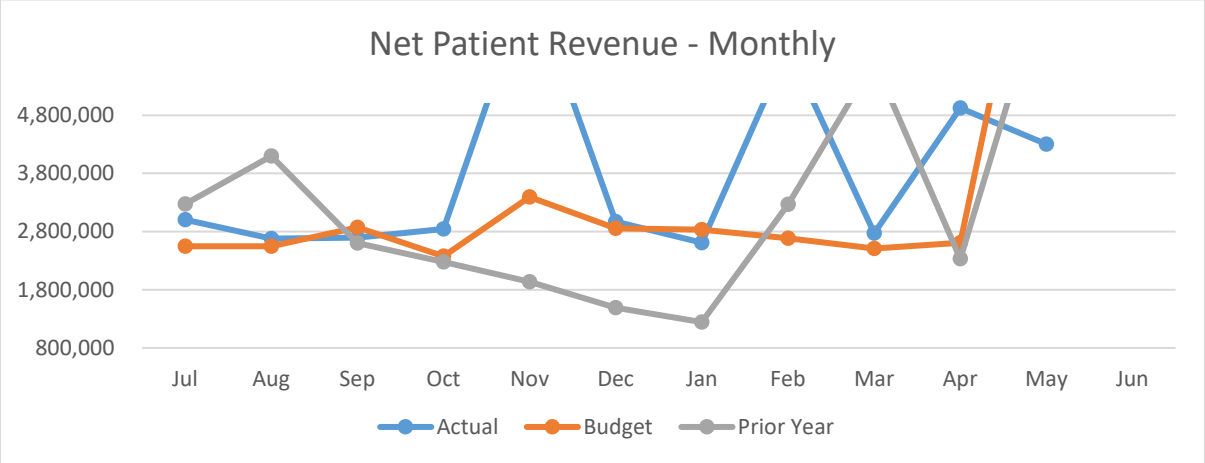




Revenues

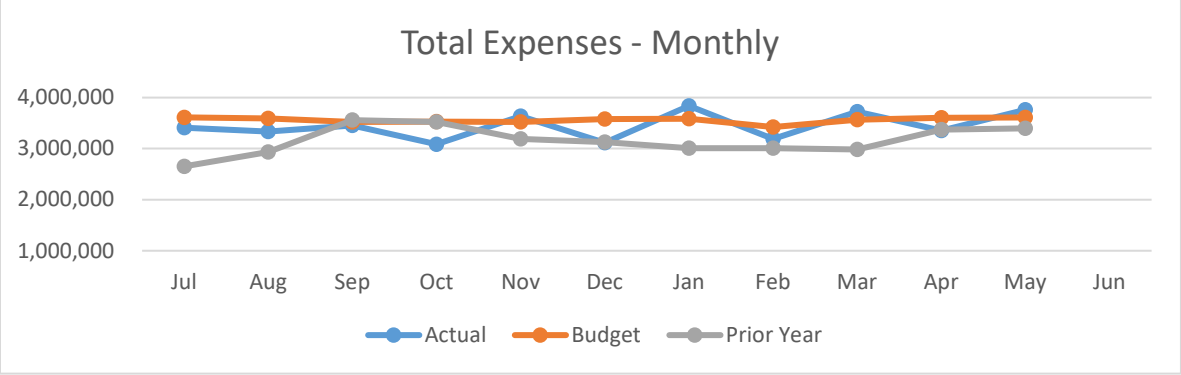
Gross Patient Revenues were $4.30 million, compared to the budget of $4.34 million, and Inpatient Revenue was $1.36 million compared to the budget of $1.32 million; and Outpatient Revenue was $2.94 million compared to the budget of $3 million. Net patient Revenue was $4.3 million, compared to the budget of $9.6 million. Total deductions from revenue were negative $502 because we received IGT of $2.8 million that offset the deduction amounts.





Expenses

Total Operating Expenses were $3.76 million this month, that was above budget of $150K. The increase was mainly in Registry and Professional Fees.



Non-Operating Activity

Non-Operating expenses for the month: Accrued Interest from USDA Loan was $82K. District Vouchers totaled $8K. Interest income of $64K from CDs and the new SNF interim loan. We also have an unrealized loss of $202K from the investment account. The retail pharmacy showed a profit of $161K. Total non-operating net loss for the month was $67K.

Balance Sheet

Cash increased in May by $3.8 million to $35.9 million. We have not made any payment to New SNF App this month. The total current liabilities increased by $869K. Days in Cash totaled 340. Days in AP totaled 18. Days in AR totaled 71. The current ratio was 1.47. Net AR as a percentage of gross AR was 41.59%.

Modoc Medical Center
Income Statement Trend

Revenues

- Room & Board - Acute
- Room & Board - SNF
- Ancillary

Total Inpatient Revenue

Outpatient Revenue

Total Patient Revenue

- Bad Debts
- Contractual Adjs
- Admin Ajds

Total Revenue Deductions

Net Patient Revenue

% of Charges

Other Revenue

Total Net Revenue

Expenses

- Salaries
- Benefits and Taxes
- Registry
- Professional Fees
- Purchased Services
- Supplies
- Repairs and Maint
- Lease and Rental
- Utilities
- Insurance
- Depreciation
- Other

Total Operating Expenses

Income from Operations

- Property Tax Revenue
- Interest Income
- Interest Expense
- Gain/Loss on Asset Disposal/Forte
- Retail Pharmacy Net Activity
- DISTRICT VOUCHERS AND OTHER

Total Non-Operating Revenue

Net Income

EBIDA

- Operating Margin %
- Net Margin %
- EBIDA Margin %

Modoc Medical Center
Balance Sheet
For the month of May 2025

	Unaudited 5/31/2025	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	unudited 7/31/2024	Audited 24-Jun
Cash	1,182,279	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	26,073,817	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	8,688,280	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	35,944,376	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	11,228,072	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	(6,682,372)	(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	4,545,700	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	*40.5%*	*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	(152,771)	2,662,634	704,793	(387,171)	10,220,971	11,560,050	10,220,971	(435,169)	(435,169)	(713,610)	(456,322)	-332,321
Other AR	627,132	463,976	452,797	534,816	559,179	544,751	575,125	607,392	549,917	564,585	744,835	601,047
Inventory	706,294	645,669	655,858	650,807	642,809	626,748	648,765	606,175	644,092	501,991	476,338	414,897
Prepaids	433,040	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	42,103,770	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	713,540
Bldg & Improvements (121100-122500)	47,893,361	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	47,326,807	47,326,806
Equipment (124100-124204)	14,373,480	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)	49,496,085	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	112,476,466	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	82,622,435	82,547,083
Accum Depreciation	(19,856,164)	(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	92,620,302	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	63,604,551	63,707,343
Other Assets	0	0	0	0	0	0	0	0	0	0	0	0
Total Assets	134,724,072	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	1,936,948	1,318,206	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	1,178,355	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	11,275	11,170	10,960	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	480,000	539,000
Accrued Interest												
Current Portion Liabilities	24,633,275	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
Other Current Liabilities/Accrued Interest	407,829	330,329	242,936	164,387	232,844	761,666	542,307	325,575	247,049	170,349	90,794	487,290
Total Current Liabilities	28,647,683	27,778,706	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
Long Term 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	32,264,368	32,744,368
Total Liabilities	60,912,051	60,043,074	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
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	67,125,273
Current Year Income/(Loss)	6,686,749	6,162,786	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)	
Total Equity	73,812,021	73,288,059	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	134,724,072	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	108,565,625	109,705,034
Days in Cash	340	293	298	372	242	249	365	227	286	298	346	350
Days in AR (Gross)	71	70	77	79	79	76	75	81	96	91	101	107
Days in AP	18	12	15	14	16	15	18	13	19	17	63	65
Current Ratio	1.47	1.48	1.46	1.59	1.58	1.73	1.97	8.29	7.96	8.81	4.77	4.68

STATEMENT OF CASH FLOWS

May-25

	CURRENT MONTH	May-25	Apr-25	FISCAL YEAR YTD	May-25	Jun-24
CASH FLOWS FROM OPERATING ACTIVITIES						
NET INCOME	523,962			6,686,749		
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES						
DEPRECIATION EXPENSE	181,704	19,856,164	19,674,460	1,016,424	19,856,164	18,839,740
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	62,851	4,545,700	4,608,551	1,572,705	4,545,700	6,118,405
CHANGE IN OTHER RECEIVABLES	2,652,250	474,360	3,126,610	-205,634	474,360	268,726
CHANGE IN INVENTORIES	-60,625	706,294	645,669	-291,397	706,294	414,897
CHANGE IN PREPAID EXPENSES	40,145	433,040	473,185	296,147	433,040	729,187
CHANGE IN ACCOUNTS PAYABLE	618,742	1,936,948	1,318,206	-5,186,855	1,936,948	7,123,803
CHANGE IN ACCRUED EXPENSES PAYABLE	77,500	407,829	330,329	341,539	407,829	66,290
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	172,630	1,178,355	1,005,726	134,952	1,178,355	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	3,745,196			-2,381,118		
CASH FLOWS FROM INVESTMENT ACTIVITIES						
PURCHASE OF EQUIPMENT/CIP	-454,625	112,476,466	112,021,841	-29,929,383	112,476,466	82,547,083
CUSTODIAL HOLDINGS	105	11,275	11,170	2,653	11,275	8,622
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-454,520			-29,926,730		
CASH FROM FINANCING ACTIVITIES						
Current Libility 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	32,129,738			38,466,476	6/30/2024	
NET INCREASE (DECREASE) IN CASH	3,814,638			-2,522,100		
CASH AT END OF PERIOD	35,944,376			35,944,376		

MODOC MEDICAL CENTER

"FULL TIME EQUIVALENT REPORT"

Twelve Months Ending: May 31th, 2025

Department	May-25	Apr-25	Mar-25	Feb-25	Jan-25	Dec-24	Nov-24	Oct-24	Sep-24	Aug-24	Jul-24	Jun-24	12 Mo Ave		
Med / Surg	16.47	14.81	14.77	14.50	13.76	15.50	15.13	15.01	13.82	15.30	15.20	16.11	15.03	1.66	0.10
Comm Disease Care													#DIV/0!	0.00	#DIV/0!
Swing Beds													#DIV/0!	0.00	#DIV/0!
Long Term - SNF	55.93	53.24	54.82	54.32	54.41	54.93	57.77	54.72	54.02	55.09	51.19	56.39	54.74	2.69	0.05
Emergency Dept	12.64	11.62	14.17	13.95	11.94	10.36	12.71	11.10	12.09	12.19	10.73	11.94	12.12	1.02	0.08
Ambulance - Alturas	12.50	12.53	11.96	11.34	10.55	11.03	10.90	9.94	10.78	11.60	10.12	10.24	11.12	-0.03	(0.00)
Clinic	20.31	19.52	18.89	18.54	16.84	16.87	17.84	18.33	18.26	18.57	18.61	16.40	18.25	0.79	0.04
Canby Clinic	10.95	10.66	12.18	10.39	9.27	9.23	9.84	9.93	8.21	8.03	7.46	6.27	9.37	0.29	0.03
Canby Dental	5.29	4.80	3.72	3.66	3.63	3.28	3.71	3.53	3.33	5.24	3.53	3.84	3.96	0.49	0.09
Surgery	3.98	4.01	4.21	3.97	3.30	3.79	3.26	3.35	3.60	3.92	4.25	4.01	3.80	-0.03	(0.01)
IRR													#DIV/0!	0.00	#DIV/0!
Lab	8.78	9.32	9.15	9.09	8.56	7.97	8.21	8.33	8.60	8.76	9.05	10.10	8.83	-0.54	(0.06)
Radiology	4.12	4.45	4.35	4.52	3.81	4.30	3.72	3.67	3.82	4.96	3.91	3.47	4.09	-0.33	(0.08)
MRI													#DIV/0!	0.00	#DIV/0!
Ultrasound	1.27	1.36	1.29	1.31	1.26	1.29	1.36	1.27	1.34	1.33	1.32	1.31	1.31	-0.09	(0.07)
CT	2.10	1.93	1.92	1.84	1.48	1.62	1.66	1.49	1.71	1.69	1.76	1.86	1.76	0.17	0.08
Pharmacy	1.17	1.24	1.30	1.33	1.38	1.85	2.07	2.15	2.16	1.77	1.93	1.84	1.68	-0.07	(0.06)
Physical Therapy	5.46	5.74	6.19	6.34	6.34	4.60	5.78	6.27	5.71	6.99	6.51	8.22	6.18	-0.28	(0.05)
Other PT													#DIV/0!	0.00	#DIV/0!
Dietary	12.87	13.82	13.99	13.37	12.65	11.85	12.83	12.77	12.33	12.01	11.76	11.02	12.61	-0.95	(0.07)
Dietary Acute	7.81	7.69	8.39	7.60	7.27	8.06	8.43	7.59	7.67	8.26	7.81	7.24	7.82	0.12	0.02
Laundry	1.02	1.01	1.02	0.97	1.02	0.99	0.88	1.00	1.00	1.01	0.93	0.96	0.98	0.01	0.01
Activities	4.50	4.12	3.59	3.76	3.67	3.75	3.77	3.60	3.74	3.68	3.85	4.23	3.86	0.38	0.08
Social Services	2.12	1.97	2.04	1.95	1.87	1.88	1.92	1.79	1.93	1.97	1.97	2.04	1.95	0.15	0.07
Purchasing	2.96	3.11	3.16	3.18	3.04	2.95	3.02	3.06	3.05	3.07	3.26	2.96	3.07	-0.15	(0.05)
Housekeeping	13.82	14.45	14.52	14.87	13.39	13.72	13.93	13.59	13.54	13.54	13.45	13.24	13.84	-0.63	(0.05)
Maintenance	5.96	5.99	6.04	5.96	5.44	5.38	5.31	5.32	5.10	6.05	6.02	5.95	5.71	-0.03	(0.01)
Data Processing	4.68	4.76	4.26	4.05	4.00	4.07	4.56	4.66	4.65	4.32	3.65	4.20	4.32	-0.08	(0.02)
General Accounting	3.38	3.64	3.89	3.97	3.74	3.80	3.73	2.65	3.01	3.51	3.84	3.85	3.58	-0.26	(0.08)
Patient Accounting	8.85	9.86	8.98	7.76	7.60	6.97	8.03	7.58	7.21	6.13	6.88	6.78	7.72	-1.01	(0.11)
Administration	3.25	3.41	3.32	3.46	3.15	3.40	3.36	3.54	3.11	2.73	2.46	2.69	3.16	-0.16	(0.05)
Human Resources	2.00	2.01	2.01	2.01	2.01	2.01	2.02	1.99	1.98	2.01	2.00	2.01	2.01	-0.01	(0.01)
Medical Records	8.57	8.70	8.74	8.62	8.29	8.05	8.10	7.83	7.84	7.97	7.70	7.70	8.18	-0.13	(0.02)
Nurse Administration	3.05	3.11	3.02	2.51	2.33	2.19	2.55	2.87	3.07	3.05	3.13	2.91	2.82	-0.06	(0.02)
In-Service	0.94	0.87	1.01	1.00	1.00	1.00	1.00	1.00	1.01	1.00	1.00	1.00	0.99	0.07	0.07
Utilization Review	1.49	1.39	1.47	1.48	1.49	1.49	1.45	1.46	1.36	1.48	1.44	1.48	1.46	0.10	0.07
Quality Assurance	0.50	0.50	0.50	0.51	0.51	0.51	0.50	0.51	0.50	0.51	0.51	0.50	0.51	0.00	-
Infection Control	0.46	0.61	0.48	0.60	0.60	0.61	0.59	0.61	0.60	0.65	0.62	0.60	0.59	-0.15	(0.33)
Retail Pharmacy	5.03	4.96	4.13	4.15	3.92	3.86	4.06	4.10	3.96	3.58	3.47	3.20	4.04	0.07	0.01
TOTAL	**254.23**	**251.21**	**253.48**	**246.88**	**233.52**	**233.16**	**244.00**	**236.61**	**234.11**	**241.97**	**231.32**	**236.56**	**241.42**	3.02	0.01

2,897.05 May thru June

MODOC MEDICAL CENTER

"KEY STATISTICS"

Twelve Months Ending, May 31st, 2025

	May-25		Apr-25		Mar-25		Feb-25		Jan-25		Dec-24		Nov-24		Oct-24		Sep-24		Aug-24		Jul-24		Jun-24		FY 25 YTD	FY 24 YTD	12 Mos.
	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.			
Patient-Days																											
Adults/Peds	51	***76***	64	***137***	49	***63***	48	***68***	40	***72***	64	***89***	83	***46***	75	***62***	82	***89***	48	***72***	90	***92***	57	81	694	866	751
Swing	46	***71***	28	***89***	45	***84***	73	***82***	70	***43***	70	***63***	30	***62***	64	***88***	49	***48***	31	***70***	36	***53***	50	26	542	753	592
SNF	1,465	***1,446***	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***	1,301	1,495	16,046	16,259	17,347
Total "Patient Days"	***1,562***	***1,593***	***1,432***	***1,689***	***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***	***1,408***	***1,602***	**17,282**	**17,878**	**18,690**
ADC																											
Adults/Peds	1.65	2.45	2.13	4.42	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	1.90	2.70	2.07	2.58	2.06
Swing	1.48	2.29	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	1.67	0.87	1.62	2.24	1.62
SNF	47.26	46.65	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	43.37	49.83	47.90	48.39	47.53
Total "Average Daily Census"	***50.39***	***51.39***	***47.73***	***54.48***	***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***	***46.93***	***53.40***	**51.59**	**53.21**	**51.21**
ALOS																											
Adults/Peds	3.00		3.20		2.45		2.82		2.35		3.37		3.46		3.75		2.93		3.43		3.33		3.35		3.11	4.27	3.13
Swing	4.60		7.00		4.09		12.17		11.67		7.78		3.75		12.80		6.13		6.20		6.00		7.14		6.95	8.96	6.96
Admissions																											
Adults/Peds	17	23	20	19	20	19	17	18	17	18	19	24	24	8	20	18	28	18	14	20	27	19	17	16	223	203	240
Swing	10	12	4	10	11	10	6	10	6	8	9	4	8	10	5	2	8	7	5	1	6	8	7	6	78	84	85
SNF	4	4	1	1	2	-	-	2	2	-	2	1	1	2	2	3	2	1	1	2	4	1	5	2	21	20	26
Total "Admissions"	***31***	***39***	***25***	***30***	***33***	***29***	***23***	***30***	***25***	***26***	***30***	***29***	***33***	***20***	***27***	***23***	***38***	***26***	***20***	***23***	***37***	***28***	***29***	***24***	**322**	**307**	**351**
Discharges																											
SNF	1		1		3		4		2		2		-		2		1		2		2		2		20	21	22
																									-	-	-
Days in Period	31		30		31		28		31		31		30		31		30		31		31		30		335	336	365
																									-	-	-
Amulatory Service Statistics																									-	-	-
Emergency Visits	481	552	482	553	496	523	482	427	465	415	510	454	435	406	491	456	476	475	525	520	526	468	464	439	5,369	5,310	5,833
Ambulance Runs Visits	77	113	75	108	93	104	95	87	75	98	93	88	93	93	61	50	87	79	87	73	133	81	81	77	969	980	1,050
Clinic Visits	1,081	902	827	1,229	727	1,016	790	1,156	805	1,134	684	854	634	991	896	950	709	908	857	1,213	956	1,021	772	1,054	8,966	11,058	9,738
Canby Clinic Visits	261	274	233	331	257	217	243	169	300	280	251	218	272	256	314	221	245	204	325	269	378	208	301	227	3,079	2,657	3,380
Canby Dental	136	237	163	286	142	200	133	123	175	194	147	195	147	195	69	200	165	195	210	195	163	-	171	57	1,650	1,443	1,821
Observation Admits	5	5	4	5	3	4	2	2	2	3	5	5	2	4	2	5	5	5	6	2	4	2	2	8	40	46	42
Observation Care Hours	218.2	160	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	49.6	334	1,253	1,624	1,302
																									-	-	-
Ancillary Services Statistics																									-	-	-
Surgeries	11	8	2	5	3	3	4	14	10	3	11	5	3	2	3	3	4	2	2	1	8	2	4	12	61	58	65
Endoscopies	19	30	21	19	21	26	20	14	18	23	20	13	17	21	20	22	13	39	17	17	18	14	24	22	204	248	228
Surgery & Recovery Minutes	869	1,064	767	574	623	611	666	666	682	696	731	434	413	462	566	518	498	923	501	297	546	474	642	498	6,862	7,024	7,504
Anesthesia Minutes	585	1,556	864	1,076	960	943	1,020	1,047	1,058	1,052	1,326	612	673	745	898	941	793	1,579	565	760	922	905	946	1,103	9,664	11,842	10,610
Laboratory Tests	4543	4,832	4631	4,914	4648	4,348	4648	4,980	4485	4,697	4427	4,759	4301	4,236	5153	5,005	4567	5,042	4534	3,917	5299	3,928	4112	4,554	51,236	49,552	55,348
Radiology-Diagnosti Proc	297	293	257	297	262	254	301	249	288	275	256	253	267	255	280	290	261	273	283	278	303	322	300	289	3,055	2,975	3,355
Ultrasounds Proc	83	85	94	89	88	61	105	102	89	95	86	58	53	52	103	109	64	133	99	88	76	111	102	119	940	972	1,042
CT Scans Proc	150	173	138	195	168	130	153	163	128	126	145	148	170	133	171	172	128	128	167	149	195	146	139	140	1,713	1,636	1,852
MRI Proc		18		-	-	30	-	18	-	17	-	13	-	15	-	25	-	25	28	18	18	12	26	23	46	205	72
Physical Therapy Sessions	551	718	756	770	889	600	517	624	563	575	429	536	547	536	675	429	610	536	677	745	760	760	775	840	6,974	3,726	7,749
Retail Pharmacy-Scripts	3,309	2,689	2,969	2,598	2,513	2,548	2,354	2,463	2,735	2,639	2,586	2,410	2,420	2,334	2,807	2,518	2,445	2,343	2,594	2,658	2,624	2,628	2,351	2,521	29,356	27,523	31,707
Dietician Consults																						-		-			-

ATTACHMENT F

Tax Appeal Refund - M. Hesser

Matthew J. Hesser

P.O. Box 880
Arroyo Grande, CA 93421

May 8, 2025

Last Frontier Healthcare District
dba: Modoc Medical Center
P.O. Box 190
Alturas, CA 96101

Hello Denise King:

How are you? My name is Matthew J. Hesser... I have tried to reach you several times by phone, and left messages either through voicemail or through other associates of yours in your office.

As you know the healthcare tax of $195 yearly, is to be paid only once per land owner but sometimes there is a mixup and the same owner gets billed and pays more than once. There is "supposedly" a way to get that problem rectified and made fair, but it s a big secret on how that actually works and who is in charge to actually get it rectified. It seems the Modoc Medical Healthcare tax system benefits by being vague and difficult to correct any erroneous payments.

For example, If you call the healthcare tax phone numbers provided on the tax bills, nobody know anything about getting reimbursed or fixing over billings. They tell you to call the tax assessor and also the tax collector. Then by calling either of those offices or both of them, neither of those organizations know anything about how to fix the overbilling and duplicate healthcare tax billing problem. Furthermore, If you look online there is nothing about it as far as I could find with any reasonable search. (The only thing I could find after a lot of diligence was an outdated form from 2023.)

I realize there is no real monetary incentive to get this system fixed or to be made fair for all people and property owners by the medical healthcare tax collecting division. However, I do find it a bit appalling that the healthcare tax system hides behind vagueness and non-attention in order to keep extra money they collect. What I am saying is that the process to get these funds rectified is not forthcoming and you hide by not providing truthful information on how to fix over billings and by not having

anybody know anything about how to fix the problems when you call the phone numbers provided. Furthermore, getting your administrative department to accept direct calls about this and to return phone calls regarding the matter are absolutely non-existent. I know this from prior years too. To me, this healthcare taxing process is appalling and takes unfair advantage of many people who don't know any better or just wind up overpaying or do not even realize that they don't really owe as much as they are billed for.

With that said... please know in advance that I am not readily going to listen or accept any reasons, forms or process that "I should have followed" in order to get my refund. That is because you hid that too well, your people answering phones provided no information and my requests and attempts to get this handled earlier were ignored and had fallen on deaf ears with no returned phone calls.

I have paid the healthcare tax three times: (I have provided proof of each payment. Please send me a refund for 2 * $195 = $390.00

You will see all three land parcels that I paid and had the healthcare tax added to it for the 2024-2025 tax year:

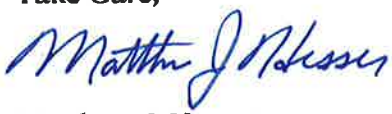
APN: 039-051-010-000 I paid $195.00

APN: 037-462-004-000 I paid $195.00

APN: 035-091-003-000 I paid $195.00

Please handle this reimbursement as soon as possible. Thank you for your help and cooperation and please fix your system to provide better details more readily available on all of the pertinent county websites (healthcare and tax assessor) and provide your personal answering the healthcare phone lines with knowledge and information to help direct callers appropriately. Please be honorable and handle all of this fairly and truthfully. Thank you.

Take Care,



Matthew J. Hesser

P.O. Box 880

Arroyo Grande, CA 93421

805-215-9300 cell ph

wTBSA-RTL
2.6.005

10/ 2/2024
2:17:36PM

MODOC COUNTY 2024 - 2025 PROPERTY TAX BILL

204 S Court St, Alturas, CA 96101
(530) 233-6223 / tax.modoc.us

SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 THROUGH JUNE 30, 2025

PROPERTY INFORMATION - TAX YEAR: 2024			
ASMT NUMBER:	037-462-004-000	TAX RATE AREA:	057-038
FEE NUMBER:	037-462-004-000	ACRES:	
LOCATION:	LOT 35, BLOCK 45-UNIT 3		
ASSESSED OWNER:	BICKFORD ROSCOE L & BICKFORD BARBARA K TR		

HESSER MATTHEW J
PO BOX 880
ARROYO GRANDE CA 93421

IMPORTANT MESSAGES

Original bill date 09/26/2024
To pay with Credit Card or E-Check go to
http://tax.modoc.us or call 866-415-4720

2024-2025

COUNTY VALUES, EXEMPTIONS AND TAXES

PHONE #S	VALUE DESCRIPTION	ASSESSED VALUES	X	TAX RATE /100	=	COUNTY TAXES
GENERAL INQUIRIES 530-233-6223	LAND	3,000				
VALUATIONS 530-233-6218						
TAX RATES 530-233-6204						
EXEMPTIONS 530-233-6218						
PAYMENTS 866-415-4720						
PERS PROP 530-233-6218						
ADDR CHGS 530-233-6218						
	NET TAXABLE VALUE	3,000		1.000000		30.00

VOTER APPROVED TAXES, TAXING AGENCY DIRECT CHARGES AND SPECIAL ASSESSMENTS

PHONE #S	CODE	DESCRIPTION	DIR CHRG	ASSESSED VALUES	X	TAX RATE /100	=	AGENCY TAXES
(530) 233-2766	50502	Cal Pines Fire	25.00	(530) 233-6358	50601	Modoc Library Assessi	18.00	(530) 233-7660	50604	Solid Waste Fee	13.00
(530) 708-8800	50605	Last Frontier Healthca	195.00	(530) 233-2766	50704	Cal Pines Refuse	2.00				

DIRECT CHARGES 253.00

253.00

1ST INSTALLMENT $141.50	2ND INSTALLMENT $141.50	TOTAL TAXES $283.00
DELINQUENT AFTER 12/10/2024	DELINQUENT AFTER 04/10/2025	

PAID

Tax Details

To pay an item, add it to the cart. Multiple cart items can be paid at once to avoid multiple debit card fees during checkout.

TAXES | ASSESSMENT INFO | TAX CODE INFO

ASMT	PARCEL	YEAR	
037-462-004-000	037-462-004-000	2024	VIEW TAX BILL

1st Installment

Paid Status	PAID
Paid Date	12/19/2024
Total Due	$155.65
Total Paid	$155.65
Balance	$0.00

2nd Installment

Paid Status	PAID
Paid Date	3/26/2025
Total Due	$141.50
Total Paid	$141.50
Balance	$0.00

Totals - 1st and 2nd Installments

Total Due	$297.15
Total Paid	$297.15
Total Balance	$0.00

Service Fees

All payments processed on-line will be assessed a service fee. The Treasurer-Tax Collector's office does not charge a fee to process payments on-line, however, the vendor processing your payments assesses the service fees. All service fees are assessed by our credit card vendor, not the County.

Quick Menu

SEARCH
VIEW/PRINT TAXBILL
CART
COUNTY HOME

Last Search

037-462-004-000
990-012-625-000

wTBUN2-RTL
2.6.006

MODOC COUNTY 2024 - 2025 PROPERTY TAX BILL

1/ 2/2025
11:04:01AM

Modoc County Tax Collector

204 S Court St, Alturas, CA 96101 (530) 233-6223 Tax.modoc.us

SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 - JUNE 30, 2025

PROPERTY INFORMATION - TAX YEAR: 2024			IMPORTANT MESSAGES
ASMT NUMBER:	039-051-010-000	TAX RATE AREA: 057-006	Original bill date 09/27/2024
FEE NUMBER:	039-051-010-000	ACRES:	Additional Fees may apply if paid late.
LOCATION:	LOT 16, BLOCK 7-LAKE UNIT 1B		New owner bill
ASSESSED OWNER:	CUEVAS MARIA S		To pay with Credit Card or E-Check go to http://tax.modoc.us or call 866-415-4720

HESSER MATTHEW J
PO BOX 880
ARROYO GRANDE CA 93421

2024-2025

COUNTY VALUES, EXEMPTIONS AND TAXES

PHONE #S	VALUE DESCRIPTION	PRIOR	CURRENT	THIS BILL
GENERAL INQUIRIES 530-233-6223	LAND		2,500	2,500
VALUATIONS 530-233-6218	NET TAXABLE VALUE			2,500
TAX RATES 530-233-6204				
EXEMPTIONS 530-233-6218				
PAYMENTS 866-415-4720				
PERS PROP 530-233-6218				
ADDR CHGS 530-233-6218				

VALUES X TAX RATE PER $100 1.000000 $ 25.00

VOTER APPROVED TAXES, TAXING AGENCY DIRECT CHARGES AND SPECIAL ASSESSMENTS

PHONE #S	CODE DESCRIPTION	DIR CHRG	ASSESSED VALUES X TAX RATE PER $100 = AGENCY TAXES				
			PHONE #S	DESCRIPTION	DIR CHRG	PHONE #S	DESCRIPTION	DIR CHRG
(530) 233-2766	Cal Pines Fire	$25.00	(530) 233-6358	Modoc Library Assessment	$18.00	(530) 233-7660	Solid Waste Fee	$13.00
(530) 708-8800	Last Frontier Healthcare Distri	$195.00	(530) 233-2766	Cal Pines CSD	$69.00	(530) 233-2766	Cal Pines Refuse	$2.00

PENALTY + COST $17.35 DIRECT CHARGES $322.00

AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES $339.35

1ST INSTALLMENT $190.85 DELINQUENT AFTER 12/10/2024	2ND INSTALLMENT $173.50 DELINQUENT AFTER 4/10/2025	TOTAL TAXES $364.35

PAID

Tax Details

To pay an item, add it to the cart. Multiple cart items can be paid at once to avoid multiple debit card fees during checkout.

TAXES | ASSESSMENT INFO | TAX CODE INFO

ASMT	PARCEL	YEAR	
039-051-010-000	039-051-010-000	2024	VIEW TAX BILL

1st Installment

Paid Status	PAID
Paid Date	3/26/2025
Total Due	$190.85
Total Paid	$190.85
Balance	$0.00

2nd Installment

Paid Status	PAID
Paid Date	3/26/2025
Total Due	$173.50
Total Paid	$173.50
Balance	$0.00

Totals - 1st and 2nd Installments

Total Due	$364.35
Total Paid	$364.35
Total Balance	$0.00

Service Fees

All payments processed on-line will be assessed a service fee. The Treasurer-Tax Collector's office does not charge a fee to process payments on-line, however, the vendor processing your payments assesses the service fees. All service fees are assessed by our credit card vendor, not the County.

Quick Menu

SEARCH
VIEW/PRINT TAXBILL
CART
COUNTY HOME

Last Search

039-051-010-000

Payment Receipt

Cashier Payment

Parcel Number	Bill Number	Bill Type	Amount
035-091-003-000	2024	2	$165.65

PAID

Merchant Name	Modoc County Tax Collector Cashier/MB Web IVR
First Name	Matthew
Middle Initial	J
Last Name	Hesser
Address	P.O. Box 880
City	Arroyo Grande
Country	United States
State	California
Postal Code	93421
Phone	US +1 805-215-9300
Email Address	healthywater777@gmail.com
Bill Payment Amount	$165.65
Conv. Fee	$3.94
Total Payment Amount	$169.59
Credit Card Number	xxxxxxxxxxx3002
Expiration Date	xx / xxxx
Name on Card	Matthew Hesser
Card Verification Number	xxxx

Payment successful!

Amount Charged	$169.59
Transaction ID	311737667
Payment Date / Time	5/8/2025 5:49:34 PM Pacific

Email Address:

Payment email already sent to healthywater777@gmail.com

Email Additional Receipt

Print Receipt

Finish

Heartland
A Global Payments Company

Privacy Policy | Terms of Use

Tax Details

To pay an item, add it to the cart. Multiple cart items can be paid at once to avoid multiple debit card fees during checkout.

TAXES | ASSESSMENT INFO | ★ TAX CODE INFO

ASMT	PARCEL	YEAR
035-091-003-000	035-091-003-000	2024

VIEW TAX BILL

Tax Code	00001
Description	Basic Tax 1.00%
Rate	1.000000
1st Installment	$15.00
2nd Installment	$15.00
Total	$30.00
Phone	

Tax Code	50502
Description	Cal Pines Fire
Rate	0.000000
1st Installment	$12.50
2nd Installment	$12.50
Total	$25.00
Phone	(530) 233-2766

Tax Code	50601
Description	Modoc Library Assessment
Rate	0.000000
1st Installment	$9.00
2nd Installment	$9.00
Total	$18.00
Phone	(530) 233-6358

Tax Code	50604
Description	Solid Waste Fee
Rate	0.000000
1st Installment	$6.50
2nd Installment	$6.50
Total	$13.00
Phone	(530) 233-7660

Tax Code	50605
Description	Last Frontier Healthcare District
Rate	0.000000
1st Installment	$97.50
2nd Installment	$97.50
Total	$195.00
Phone	(530) 708-8800

Tax Code	50704
Description	Cal Pines Refuse
Rate	0.000000
1st Installment	$1.00
2nd Installment	$1.00
Total	$2.00
Phone	(530) 233-2766

Quick Menu

SEARCH

VIEW/PRINT TAXBILL

CART

COUNTY HOME

Last Search

035-091-003-000

Tax Details

To pay an item, add it to the cart. Multiple cart items can be paid at once to avoid multiple debit card fees during checkout.

TAXES | ASSESSMENT INFO | TAX CODE INFO

ASMT	PARCEL	YEAR	
035-091-003-000	035-091-003-000	2024	VIEW TAX BILL

1st Installment

Paid Status	PAID
Paid Date	10/28/2024
Total Due	$141.50
Total Paid	$141.50
Balance	$0.00

2nd Installment

Paid Status	PAID
Paid Date	5/8/2025
Total Due	$165.65
Total Paid	$165.65
Balance	$0.00

Totals - 1st and 2nd Installments

Total Due	$307.15
Total Paid	$307.15
Total Balance	$0.00

Service Fees

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Quick Menu

SEARCH
VIEW/PRINT TAXBILL
CART
COUNTY HOME

Last Search

035-091-003-000

wTBDNZ.rpt
2.6.005

23,531,037
4/30/2025
9:51:07AM

County of MODOC 2024 - 2025
Modoc County Tax Collector
204 S Court St, Alturas, CA 96101 (530) 233-6223 Tax.modoc.us
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2024 THROUGH JUNE 30, 2025

PROPERTY INFORMATION - TAX YEAR: 2024			IMPORTANT MESSAGES
ASMT NUMBER:	035-091-003-000	TAX RATE AREA: 057-038	Original bill date 01/23/2025
FEE NUMBER:	035-091-003-000	ACRES: .86	New owner bill
LOCATION:	LOT 10, BLOCK 23, UNIT 1		
LIEN DATE OWNER:	BARBAGIOVANNI KATHLEEN T TR		

HESSER MATTHEW J
PO BOX 880
ARROYO GRANDE CA 93421

2024-2025

CURRENT SECURED REMINDER NOTICE

As of 4/30/2025 our records indicate that your current year taxes remain unpaid. Please submit the stubs below with your payment by 6/30/2025 to avoid additional penalties. Please disregard this notice if you recently made a payment. However, if you feel that your payment was previously made and this delinquent notice is in error, please contact our office as soon as possible, so we may research the payment.

PAID SEE ATTACHED RECEIPT

$165.65 DUE BY 6/30/2025

County of MODOC COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB

ASMT NUMBER:	035-091-003-000	TAX YEAR: 2024	MAKE CHECK PAYABLE TO:
FEE NUMBER:	035-091-003-000		MODOC COUNTY TAX COLLECTOR
LOCATION:	LOT 10, BLOCK 23, UNIT 1		204 S COURT ST
CURRENT OWNER:	HESSER MATTHEW J		ALTURAS, CA 96101
	PO BOX 880		
	ARROYO GRANDE CA 93421		

DELQ 2ND

SCAN TO PAY

PAID

IF PAID BY 6/30/2025 $165.65

INCLUDES 10% PENALTY OF $14.15, $10.00 COST AND APPLICABLE FEES

0350910030005202480000001415092000000165653202 48

County of MODOC COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB

ASMT NUMBER:	035-091-003-000	TAX YEAR: 2024	MAKE CHECK PAYABLE TO:
FEE NUMBER:	035-091-003-000		MODOC COUNTY TAX COLLECTOR
LOCATION:	LOT 10, BLOCK 23, UNIT 1		204 S COURT ST
CURRENT OWNER:	HESSER MATTHEW J		ALTURAS, CA 96101
	PO BOX 880		
	ARROYO GRANDE CA 93421		

1ST

SCAN TO PAY

PAID

PAID ON 10/28/2024

INCLUDES 10% PENALTY OF $14.15 AND APPLICABLE FEES

TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 6/30/2025 $307.15

0350910030005202480000001415091000000155655202 48

ATTACHMENT G

2026 Strategic Plan

Modoc Medical Center Strategic Plan
Fiscal Year Ending 6/30/2026

OBJECTIVES	GOALS	TASKS
SERVICE	Expand Primary Care Access	Successfully recruit a replacement Chief Medical Officer.
		Successfully recruit a replacement physician for Canby Clinic.
		Transition Dr. Richert to a dedicated skilled nursing facility (SNF) physician.
		Analyze patient panel sizes of all current providers and establish panel size standards for providers if possible to better utilize current providers.
	Increase Capacity for Providing Skilled Nursing Services	Facilitate continued operation of current SNF if CMS approves of its continued licensure and operation.
		Develop feasible plan to expand SNF services at the new site if CMS does not approve continued operation of current SNF.
	Re-Establish Mobile MRI Services in the Region	Finalize licensing and implementation of mobile MRI service with Heritage Imaging.
		Finalize agreement for the purchase of a shared mobile MRI unit with Mayers, Seneca, Plumas, and Eastern Plumas.
		Fund shared mobile MRI unit with regional facilities and initiate procurement processes for unit to be manufactured.
QUALITY	Enhance Quality Incentive Program Performance	Re-educate MAs, Care Coodinators, and Providers on the performance of tobacco use and clinical depression screenings and how to document results of those screenings in Cerner. Re-educate providers on documenting valid interventions if patients screen positive for either one of these screenings.
		Graduate both clinics off of modified Quality Incentive Program (QIP) for Partnership Healthplan of California (PHP) incentive programs for the clinics.
		Develop workflow for Care Coordinators and MAs to login to PHP QIP portal to contact patients who have not met metrics in down time or when they are without a provider and have time.
	Develop Chronic Disease Management Program	Establish feasible schedule for Hospitalist Director to begin building a chronic disease management program.
		Identify viable reporting to identify and prioritize chronic diseases that we would want to address in the program.
		Develop proper structure for delivery of management services to patients and/or providers.
		Implement the chronic disease management program.
	Expand Enhanced Care Management (ECM) Program	Hire an additional Enhanced Care Coordinator.
		Enroll at least 15 new members in the ECM program.
		Remodel Canby Clinic to accommodate growth of the ECM.
	Increase Organizational Knowledge About Emergency/Disaster Preparedness	Establish department-level drilling and regular participation in staff meetings to expand knowledge of emergency management plans, codes, and other components of emergency preparedness.
		Increase frequency of radio checks and E3 Checks to ensure proper communication mechanisms function during an incident/event.
PEOPLE	Enhance Departmental Orientation Process	Refine existing departmental orientation process to include familiarization with intranet, more detailed and documented familiarization with software systems, equipment, where to locate forms and general information about the organization, and organizational processes and procedures.
		Finalize database of policies and procedures on the intranet and require employee navigation to the site to locate policies and procedures for their department and the organization.
	Develop Opportunities for College Education to Occur within the Local Community	Finalize relationship with Junior College or other institution of higher learning that wants to collaborate to bring more educational opportunities to our area.
		Begin development of remote Registered Nurse program that allows for more local learning of both didactic and experiential portions of the program.
	Implement Quarterly Manager Training Program	Develop curriculum to be used to train managers quarterly, to include MOU compliance, proper communication, financial management, quality assurance processes, and other topics beneficial to the continued efficient and effective operation of Modoc Medical Center.

		Implement quarterly training sessions for all managers. Incorporate incentive for attendance and participation if appropriate and feasible.
FINANCE	Improve Efficiency and Effectiveness of Dental Billing Processes	Evaluate collections for dental services and verify that all current insurances are paying per established fee schedules.
		Evaluate total dental AR and effectiveness of R1 billing processes for dental services.
		Explore and implement process to bill patients remaining balances on dental bills.
	Increase Use of the Swing Bed Program	Develop formal outreach strategy for patients and other healthcare providers that would have use of swing bed services.
		Identify facilities to visit within 200 mile radius of Alturas, based on OSHPD market data and outmigration of surgeries and rehab services.
	Recruit Regular PT Staff	Evaluate market data for PT wage rates to ensure proper pay scale.
		Evaluate feasibility of utilizing a PTA in the PT department.
		Finalize most effective and efficient staffing structure and invest in recruitment of PTs and/or PTAs to establish permanent employee bank in PT department.
GROWTH	Establish Cardiology Service Availability in Area	Continue engaging with Dr. Chris Rowan and accommodate site visit to new facility.
		Develop a financially feasible structure with Dr. Rowan to provide reading of echos, clinic visit schedule, and opportunities for patients to establish with him as their cardiologist. Explore use of telemedicine technology for some of these visits.
		Implement and market the cardiology service to local patients.
	Expand Behavioral Health Services	Engage firm to launch geriatric behavioral health program.
		Analyze current patient volumes of behavioral health patients in the clinics and determine if additional demand exists for behavioral health services in the clinic environment.
		Evaluate financial feasibility of expanding behavioral health in the clinic if demand exists, both from a labor cost and space standpoint.
		Expand behavioral health services in the clinic space if feasible and warranted, after obtaining approval for outlay of funds from the Board.
	Explore Feasibility of Visiting Nurse Program as a Mechanism to Deliver Some Home Health Services	Engage consultant to run feasibility study on visiting nurse program as a mechanism for home health delivery out of the RHC.
		If financially feasible, recruit additional RN to perform visiting nurse services and establish administrative space for the program.
		Implement visiting nurse program and actively market the service to the community.

ATTACHMENT H

FYE 25.26 Budget

Modoc Medical Center - Budget FYE 26 with YTD and Annualized Comparison to FYE 25

	YTD Apr 25		Annualized		FYE 2026 BudgetTotal
IP Acute Rev	68,599		82,319		7,215,890
IP SNF Rev	11,097		13,316		9,507,548
IP Ancillary Rev	13,635,603		16,362,724		
Total IP Rev	13,715,299		16,458,359		16,723,438
OP Rev	33,052,030		39,662,436		41,318,056
Total Pt Rev	46,767,329		56,120,795		58,041,495
BD	(1,256,079)		(1,507,295)		96,600
CA	10,317,948		12,381,538		11,241,812
Admin	0		0		0
Total Deducs	9,061,869		10,874,243		11,338,411
Net Pt Rev	37,705,460		45,246,552		46,703,084
% of Gross	80.62%		80.62%		80.46%
Other Rev	1,643,210		1,971,852		988,662
Total Net Rev	**39,348,670**		**47,218,404**		**47,691,746**
Salaries	15,120,224		18,144,269		20,972,114
Benefits	4,754,071		5,704,885		6,486,510
Registry	2,750,560		3,300,672		3,419,780
Pro Fees	3,864,487		4,637,384		4,635,275
Purch Svcs	1,986,876		2,384,251		2,852,015
Supplies	3,808,087		4,569,705		4,973,704
Repairs	375,501		450,601		474,237
Lease	44,825		53,790		54,507
Utils	720,510		864,612		950,028
Ins	458,214		549,856		549,856
Depr	1,765,557		2,118,669		3,833,688
Other	752,921		903,505		1,147,328
Total Op Exp	**36,401,832**		**43,682,198**		**50,349,042**
Income from Operations	**2,946,838**		**3,536,206**		**(2,657,296)**
Prop Tax	1,789,489		2,147,387		2,028,026
Int Income	1,076,704		1,292,045		1,292,045
Int Exp	(1,056,455)		(1,267,746)		(1,716,822)
Gain/Loss	0		0		0
Retail Rx	417,348		500,818		1,417,511
District Vouchers	0		0		(116,019)
Total Non-Op	**2,227,086**		**2,672,503**		**2,904,741**
Total Net Income	**5,173,924**		**6,208,709**		**247,445**

Modoc Medical Center

3 year Capital Budget starting FYE 2026

Item Description	Total	Dept	Funding Source	Fiscal Year
Geothermal Injection Well	$250,000	Admin	District Budget	FYE 2026
Admin/Support Svcs Building	$2,000,000	Admin	District Budget	FYE 2026
Server Upgrades	$25,000	Data Processing	District Budget	FYE 2026
UPS Refresh	$20,000	Data Processing	District Budget	FYE 2026
Backup System	$10,000	Data Processing	District Budget	FYE 2026
Computer Refresh Additions	$103,500	Data Processing	District Budget	FYE 2026
Upgrade Wireless	$35,000	Data Processing	District Budget	FYE 2026
PT Generator	$85,000	PT	ERHC Grant	FYE 2026
Torch	$75,000	Lab	District Budget	FYE 2026
Blood Bank Gel System	$20,000	Lab	District Budget	FYE 2026
Cepehid	$100,000	Lab	District Budget	FYE 2026
Main Generator for Acute/Clinic	$600,000	Plant Op	District Budget/ERHC Grant	FYE 2026
Water Filtration System for Acute	$10,000	Plant Op	District Budget	FYE 2026
Exam Chair	$8,000	Canby Clinic	District Budget	FYE 2026
Heat Exchanger Hot Water- Acute	$25,000	Plant Op	District Budget	FYE 2026
Canby Well	$20,000	Canby	District Budget	FYE 2026
Canby Clinic Buildings Maintnance	$200,000	Canby	District Budget	FYE 2026
Canby Clinic ECM Remodel	$50,000	Canby	District Budget	FYE 2026
McDowell House Roof	$20,000	Maintenance	District Budget	FYE 2026
PT Equipment	$8,000	Physcial Therapy	District Budget	FYE 2026
UTV Electric with Plow	$18,000	Plant Op	District Budget	FYE 2026
Car	$35,000	Maintenance/EVS	District Budget	FYE 2026
Full Size Plow for New Truck	$14,000	Maintenance	District Budget	
Heat Pump Replacement-Support Services	$6,000	Maintenance	District Budget	FYE 2026
Commercial Washing Machine	$16,000	Laundry	District Budget	FYE 2026
Refurished PCF Colonoscopy	$23,000	Surgery	District Budget	FYE 2026
Subtotal FYE 2026	**$3,776,500**			

Server Upgrades	$25,000	Data Processing	District Budget	FYE 2027
Computers (50)	$85,000	Data Processing	District Budget	FYE 2027
Omni Cell Replace	$750,000	Pharmacy	District	FYE 2027
Manufactured Home for ER Docs	$250,000	Emergency	District	FYE 2027
Subtotal FYE 2027	**$1,110,000**			

Server Upgrades	$25,000	Data Processing	District Budget	FYE 2028
Coag Analyzer	$90,000	Lab	District Budget	FYE 2028
Hematology Analyzer	$90,000	Lab	District Budget	FYE 2028
Computers (50)	$85,000	Data Processing	District Budget	FYE 2028
Clinic Expansion	$6,000,000	Clinic	District Budget	FYE 2028
Subtotal FYE 2028	**$6,290,000**			