



AGENDA

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, September 25, 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

- A.) K. Kramer – Real Property Transaction

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 – August 28, 2025, Attachment A
- B.) T. Ryan - Medical Staff Committee Meeting Minutes – August 27, 2025 Attachment B
 - Medical Staff Committee Meeting Minutes – July 30th, 2025
 - Committee Reports
 - EOC Committee Minutes- 5/6/2025
 - ER Committee Minutes – 7/31/2025
 - Infection Control Minutes – 7/24/2025

- OP Infusion Committee Minutes – 8/12/2025
- Surgery Committee Minutes – 8/12/2025
- Pathology Report – 7/6/2025

C.) E. Johnson – Policy and Procedures

Attachment C

BUSINESS OFFICE

8350.25 Payment Plan

8350.25 Chain of Command

OPERATING ROOM/SURGERY

7420.25 Surgical Procedures-major, minors and surgical assists

INFECTION CONTROL-ACUTE

8753-A.25 Guidelines for Isolation Precautions

8753-A.25 Needlestick or Body Fluid Exposures

FACILITIES/EOC

8460.25 List of Chemicals not to be mixed

8460.25 Compressed Gas and Oxygen use

8460.25 Disposal of Bio-hazardous Waste

8460.25 Liquid Oxygen

8460.25 Types of Fires

DIETARY-SNF

8340.25 Adjusting Weights for Amputees

8340.25 Determining Body Mass Index

8340.25 Measurements for those who cannot be weighed

8340.25 Safety Water Temperatures

8340.25 Safety in Food Preparation

8340.25 Tracking Weight Changes

RADIOLOGY

7660.25 Breastfeeding After the Administration of Gadolinium Intravenous

EMERGENCY DEPARTMENT

7010.25 Refusal of Blood/Blood Component Transfusion

NURSING/MED SURG

6170.25 Age-Related Documentation Pediatric Patient Policy and Procedure

6170.25 Bed Bath Policy and Procedure

6170.25 Blood Pressure Monitoring Policy and Procedure

PHARMACY/HOSPITAL

7710.25 Rapid Sequence Intubation Tray

7. CONSIDERATION / ACTION

A.) E. Johnson – Departmental Manuals

Attachment D

- Infection Control – Acute
- Environmental Services/Laundry

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

Attachment E

C.) K. Kramer – Warnerview Equipment Budget

Attachment F

D.) K. Kramer – Warnerview Operating Budget Amendment

Attachment G

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – August 27, 2025

Attachment H

(Per Evidence Code 1157)

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

- Real Property Transaction

Attachment I

(Per Government Code 54956.8)

REGULAR SESSION

9. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – August 27, 2025

(Per Evidence Code 1157)

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

- Real Property Transaction

(Per Government Code 54956.8)

8. MOTION TO ADJOURN – C. Madison – Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE / MMC FRONT ENTRANCE -
 (www.modocmedicalcenter.org) ON September 19, 2025.

ATTACHMENT A

LFHD BOARD OF DIRECTORS REGULAR MEETING MINUTES

(draft)

August 28, 2025



REGULAR MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, August 28, 2025, at 3:30 pm
City Council Chambers; Alturas City Hall; Alturas, California

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

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, located at 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

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

3. PUBLIC COMMENT

There was no public comment.

4. VERBAL REPORTS

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

MRI Services

- Should starting MRI services again soon. Application fees were processed this week and will be sent to CDPH. Once they receive those, we should be able to start the service back up.

Hospital Addition and IV Infusion Department Update

- Licensing applications have been submitted for the added beds in the hospital and the IV infusion department. Fees have been processed for these applications as well and will be mailed this week. After those are paid we anticipate coordinating with licensing for a site visit at some point in the future.
- In the meantime, we will try to orient our staff on just those two units so that we can perhaps occupy those ahead of the November 11 date for the New SNF and start recognizing some of the depreciation expense in our cost report this fiscal year to help with reimbursement.

Provider Recruitment

- Sent a draft employment agreement to Virginia Baker who will graduate in September from her FNP school. We are hopeful she will join our team of providers at the Alturas Clinic. With her onboarding, Dr. Richert will transition to being a SNF provider.
- We are still looking for a MD to replace Dr. Edmonds in Canby.

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

Warnerview

- We are currently at a 5-star CMS rating.
- Census is currently at 50.
- Admissions are currently at five.

- Discharges are currently at two.
- We took 13 residents to the Modoc County Fair on Friday, August 22nd. They enjoyed the outing.
- We took 26 residents on a tour of the new SNF on Monday, August 25, 2025. The look on their faces was priceless. We used this as our mock patient move. We were able to move all 26 residents to the new facility and back to Warnerview within 2.5 hours. We are sure that we will be able to move all the residents within 4 hours. Since we did not have as many residents as we originally thought, we had hamburgers and hot dogs at the doctor's house for the staff and residents afterwards.
- We had our Assistant Director of Nursing start yesterday. We interviewed a DON last week and are scheduling her for a site visit for the second week of September.
- We can keep Warnerview open for a total of 34 residents. Our license would read 84 patients with two different addresses for SNF

Acute

- Census is currently at two today – we have been running a daily census of 4 patients.
 - Inpatient – Census 1.71
 - ALOS – 3.53
 - Swing – Census 5.29
 - ALOS – 13.67
- Admissions
 - 15 Acute
 - 12 Swing
- Surgeries
 - 19 Surgeries
 - You should see the number of surgeries increasing because we are adding surgery days to the surgeons in the next couple of months.

ER

- 487 patients this month.
- Census Average is 15.7 per day.

Ambulance

- 106 runs for the month, an increase of 31 runs this month.

Pharmacy

- 3,441 Scripts filled, an increase of 193 scripts from last month.
- We have a new inpatient pharmacist that just started with Eric and a new retail pharmacist that just started Ryan. When they are up and running, we will expand the retail pharmacy hours to include Saturday and Sunday. We will open for 8 hours on Saturday and 4 hours on Sunday to start. If the weekend business warrants more hours, we will address as the need arises.

Physical Therapy

- 1232 Sessions, an increase of 415 sessions from last month.
- We had a Physical Therapist Interview that we will be making an offer to.
- We have performed a review of PT and found out that we were the lowest. We are in the process of correcting that now. This should bring some candidates our way.

Lab

- 5241 Test, an increase of 425 test from last month.

Radiology

- 330 X-rays, an increase of 64 x-rays from last month.
- 156 Ultrasounds, an increase of 74 ultrasounds from last month.
- 196 CT scans, an increase of 46 CT scans from last month.
- The MRI machine has passed all the surveys and should be here soon. CDPH is asking for another \$4,000 for us to apply for a license for the mobile unit. The unit is currently at Mayers in Fall River.

Wound Care Nurse Program

- We have a wound care traveler scheduled to be here on September 1st. This should help Dr. Hagge tremendously and increase the wound care volume.

Infusion

- Waiting for the new facility to be completed before we increase our marketing campaign for infusions, wound care and swing bed admissions. Once we know when CDPH would come to survey the addition, we will increase the marketing campaign.

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

Accounting

- We have created a new department called Infusion Therapy to catch all its expenses and revenues.
- We are busy with the annual Audit and Medi-Cal desk review audit. We are wrapping up the annual audit items, which are going very well.
- The Medicare cost report Cam is available right now, so we are also starting to work on it

Purchasing

- Very busy replenishing supplies and starting the equipment procurement process for Warnerview.

Floaters

- We hired two new extra floaters, one is in training, and the other is waiting for Amber to send the offer letter.

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

Permanent/Travel Staff

- We currently have 289 total staff
- We have a total of 21 travelers, both Acute and SNF.

Compliance

- Performance Evaluations 81% compliant
- TB 91% compliant
- Physicals 96% compliant

Recruitment for Warnerview

- Approximately 50 employees are anticipated to be hired to fill Warnerview staffing needs.
- All jobs for Warnerview have been publicized on the MMC website and outside sources.

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

Revenue Cycle

- As usual, rev cycle is going really well with July being another great month for us. We had just under \$2.6 million in payments, AR was reduced by about a quarter million dollars to \$9.7 million, and our AR days were right at 62. August is looking really strong as well so far with our payments already over the \$2.22 million monthly benchmark at \$2.36 million, AR is at \$9.19 million, and AR days are at 57.46. The metric we were concerned with in the beginning of Cerner was AR > 90 and that is sitting at \$3.1 million per Cerner's reporting which is good but is really about \$2.7 million when subtracting the SNF AR that is not really aged over 90. The month technically closes on Sunday at midnight so I will send out the month end statistics on Monday.
- Cerner did notify us that we are not going to be transitioning over to their new revenue cycle platform, RevElate. Apparently, we will remain on CPA (Cerner Patient Accounting).
- I am working on the Fair Billing submission to HCAI, which entails revision of our Fair Pricing and Bad Debt Write Off policies along with a multitude of notices as well. The deadline for that submission is 9/6.

Clinics

- We are working on an AR cleanup project in Canby on the dental side of things so that we can get patient statements flowing. We are also doing a 3% charge master increase on the dental side as we have not done an increase for a couple of years for dental outside of the Medi-Cal visit rate. Julie has backfilled a majority of the positions that she was needing and has been able to hire a Dental Coordinator, which we really needed.

Maintenance

- The Maintenance crew are plugging through the projects I outlined last month and deserve some major praise. Their list is getting longer now that CMS is allowing us to keep Warnerview open.

IT

- IT is still doing some work on the overhead paging system to help Swinerton get over the finish line with that sign off. There were some issues with the overhead paging system in the new SNF due to the way it was installed and configured in the new facility but we're working through it. Andy is also working on the IP TV's in the new SNF so they can work with the pillow speaker remotes and the Dish network system.

New SNF and HA

- The signage package was successfully installed the week of 8/4, which meant that we were able to get the final sign off by HCAI FLSO, Greg Paul, and local Fire Marshal, Eric Hunter, on 8/8. That then allowed us to submit our applications to CDPH. We then received Construction Final (CF) from HCAI on Monday 8/11 so everything is done with HCAI with the exception of the Final Cost Letters for the HA and increment 3 of the new SNF which will be completed once negotiations with Swinerton have concluded.
- On the transition planning front, we are now readjusting to the fact that we are keeping Warnerview open. We are shooting for early November for the move to the new SNF, currently Tuesday November 11th. Our next series of transition planning meetings will be in September and may be virtual.
- NM&R has a professional photographer onsite today doing some professional photography of the new SNF and HA. We will share those with everyone once we receive them.

F.) Board Member Reports

- **Carol Madison** – Color Run happening on September 13th – curious about possibly a sponsorship from MMC. Kevin advised her to talk with Rylee Pedotti.
- **Paul Dolby** – **Nothing to Report.**
- **Mike Mason** – **Absent**
- **Rose Boulade** – **Absent.**
- **Keith Weber** – **Back to work – School started.**

5. DISCUSSION

A.) A. Doss – Quality/Risk Management Report to the Board

Alicia Doss, QA/Risk Management Manager, presented to the board the report included in the packet and answered the questions the Board had.

B.) K. Kramer – Mountain View and Warnerview Transition Update

Kevin Kramer, CEO provided the following update to the Board and answered the questions they had:

- CMS approved Warnerview staying open and remaining licensed as a Composite DP/SNF.
 - Our intent is to license 50 beds at the New SNF and 34 Beds at Warnerview. Warnerview will consist of 22 private rooms and 12 semi-private rooms.
 - We have put together a staffing plan and need to refine that plan to account for how quickly we will admit residents on the waiting list.
 - Ed, is finding out how many residents want to move to the New SNF, this will also help us determine how to initially staff and who to bring on immediately vs. as our census scales up.
 - Rylee Pedotti issued a press release on this today.
- Our tentative goal for moving into the New SNF is now November 11. This should allow us the time we will need to get some staff onboard and get equipment ordered to accommodate Warnerview remaining open.
- Had a phone call with licensing this week and they feel they can accommodate these dates from their end. We will only have to have a state licensing visit for the SNF, since we already operate a DP/SNF and have been survey for CMS guidelines.
- USDA loan will close in November now. All pay applications have to be processed and we are just barely getting May's pay application approved by the USDA for payment next week. We must use all USDA funds within 60 days of project completion which was a couple of weeks ago, so we are trying to get things finalized and paid as soon as possible right now to maximize our funding opportunities with the USDA on this project.
- Negotiations with Swinerton are ongoing. Written offer was sent to them two weeks ago. We expect a counter from them in the near future. We are hopeful we can come to an agreement soon.
- Rylee Pedotti will start organizing some of the public events in the coming weeks. We will likely do an open house for the public in September or October. Our VIP/Ribbon cutting event will be closer to when we move. We will also have a staff night at some point for staff to show the building to their family members and enjoy a night together prior to moving into the building.
- Heard was not able to kill the geothermal well at the High School. Will likely wait to hear on funding of the grant application we submitted and try to drill another injection well down the road.

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 – July 31, 2025

B.) T. Ryan - Medical Staff Committee Meeting Minutes – July 30, 2025

- Medical Staff Committee Meeting Minutes – June 25, 2025
- Committee Reports
 - Infection Control Committee Minutes – July 8, 2025
 - OP Infusion Committee Meeting Minutes – July 8, 2025
- Pathology Report – June 8, 2025

C.) E. Johnson – Policy and Procedures

DIETARY-SNF

- 8340.25 Equipment Safety
- 8340.25 Emergency Eye Wash
- 8340.25 Equipment Malfunction
- 8340.25 Four-Day Disaster Meal Plan
- 8340.25 Lifting Techniques
- 8340.25 Obtaining Accurate Heights
- 8240.25 Safety Guidelines

NURSING/MED SURG

- 6170.25 Foley Catheter Insertions: Site Care and Removal

EMERGENCY DEPARTMENT

- 7010.25 Neptune Policy and Procedure

FACILITIES/EOC

- 8460.25 Areas Containing Asbestos
- 8460.25 Equipment Management Program
- 8460.25 Safety Policy

INFECTION CONTROL-SNF

- 8753-SNF-A.25 Vaccination of Residents

INFECTION CONTROL-ACUTE

- 8753-A.25 Admission of Patient with Communicable Disease

PHARMACY-HOSPITAL

- 7710.25 Cat Scan Crash Kit
- 7710.25 Medication Errors
- 7710.25 Repacking Records

PHYSICAL THERAPY

- 7770.25 Patient Treatment
- 7770.25 Documentation Guidelines
- 7770.25 Mountain View PT Orientation
- 7770.25 Rehabilitation Services for Skilled Nursing Policy

BUSINESS OFFICE

- 8350.25 Bad Debt Write Off
- 8350.25 Fair Pricing Policy

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

6. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Manuals

Ed Johnson, CNO presented the Departmental Manuals and answered any questions the Board had on the manuals and review processes.

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

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

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

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

C.) K. Kramer – Dirt Disposal

Kevin Kramer, CEO, presented the memo provided to the Board and answered the questions they had. The Board discussed accepting only dirt and grave spoils to be dumped east of Nagle Street. They do not want any concrete or asphalt dumped on the property.

Paul Dolby moved to accept the Dirt Disposal as presented, **Keith Weber** seconded, and the motion carried with all present voting “aye.”

E.) E. Johnson – Acute Ventilator

Ed Johnson, CNO, presented the memo and information provided in the packet and answered any questions the Board had.

Keith Weber moved to accept the Acute Ventilator as presented, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

Paul Dolby 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 4:09 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Carol Madison, Chair**, at 4:10 pm.

7. CONSIDERATION / ACTION

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

• Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – June 25, 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:

- **Kathleen Chesney, PA** – Recommending appointment of Allied Health privileges in the Emergency Medicine category.
- **Ahresh Saha, DO** – Recommending appointment of Consulting privileges in the Pathology category.
- **George Jenfu Wang, MD** – Recommending appointment of Consulting privileges in the Pathology category.
- **Raymond Mandel, PhD** – Recommending appointment of Limited Active privileges in the Psychology category.
- **Carmen Stellar, MD** – Recommending appointment of Limited Active privileges in the Emergency Medicine category.
- **Scott Bleazard, MD** – Recommending appointment of Telemedicine privileges in the Radiology category.
- **Michael Maloney, MD** – Recommending appointment of Telemedicine privileges in the Radiology category.

The Executive Session of the Board of Directors was adjourned at 4:12 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Carol Madison, Chair**, at 4:12 pm.

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – June 30, 2025

(Per Evidence Code 1157)

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –June 25, 2025**

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

11.) MOTION TO ADJOURN

Keith Weber moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 4:12 pm, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

The next meeting of the Last Frontier Healthcare District’s Board of Directors will be held on September 25, 2025, at 3:30 pm in the Alturas City Council Chambers, City Hall in Alturas, California.

Respectfully Submitted:

Denise R. King
Last Frontier Healthcare District Clerk

Date

ATTACHMENT B

**MEDICAL STAFF
COMMITTEE MEETING
MINUTES
August 27, 2025**



DATE: SEPTEMBER 25, 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 August 27, 2025, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

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

B. COMMITTEE REPORTS

1. EOC Committee Meeting Minutes – 05/06/2025
2. ER Committee Meeting Minutes – 07/31/2025
3. Infection Control Committee Meeting Minutes – 07/24/2025
4. OP Infusion Committee Meeting Minutes – 08/12/2025
5. Surgery Committee Meeting Minutes – 08/12/2025

C. PATHOLOGY REPORT – 07/06/2025



MEDICAL STAFF COMMITTEE MEETING

July 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
 Alicia Doss- Risk Management
 Taylor Ryan- Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee Meeting was called to order at 1215 by Dr. Edmonds, MD Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following Minutes were reviewed: A. Medical Staff Committee Meeting of June 25, 2025.	Minutes approved by motion, second, and vote. Forward to Governing Board.
	1. The following Committee Reports were reviewed with no corrections or additions noted: A. OP Infusion Committee Meeting Minutes, 07/08/2025 B. Surgery Committee Meeting Minutes, 07/08/2025	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Report, 06/08/2025	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	Currently, on the new business side, Potential Cardiology Services in the Area, we do have a potential Cardiology group from Reno that would be able to provide services in the area. One of the Practitioners is Christopher Rowan. Dr. Rowan and his group have provided these services to rural areas before and is interested in expanding and coming up here. That being, they are looking for Clinic space to do consultations and Hospital space	Report at next meeting

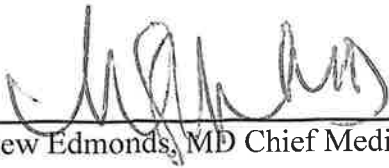
SUBJECT	DISCUSSION	ACTION
	<p>to do stress echos. Depending on the Cardiologist, the stress echo. test may be the new nuclear stress test if done appropriately. This would need floor space, an echo. tech., and the machine itself. We have all of that, but the machine. We would anticipate this would be a huge win for the community, especially with the slim availability of these services nearby. The idea would be they would come up here periodically and do a consultation in the Clinic on people with complex heart disease. Additionally, if they needed a stress echo., we could do that here. Ideally, we would like to do as much as we can here. We have been doing some email communication regarding what we would need to have here, but we have not had a chance to meet due to one of Dr. Rowan's partners being out of town. Once everyone is back in Reno, we will schedule a site visit, go over everything, and have all the staff ready. It is a huge deal, and we are very excited about this. Next, Development of Chronic Disease Management Program, Dr. Burkholder identified some areas that we could do better as a group and she felt that if she could intervene with a specific patient contact time, she would like to meet with people suboptimally managed comorbidities that she could assist with. These would be the more complicated things like congestive heart failure, some COPD (mostly cardiac), diabetes, and other things like that. She knew she could bring her expertise to that and make it a focus to help with the management of those complex issues because, as she identified, it is difficult to deal with, especially within the short 15–20-minute window you have with the patient. We are very excited about this as well. As far as Physician Services Changes Updates, Dr. Burkholder is going to take over as Chief Medical Officer. We are very excited about that and know she will have a very positive effect on the culture. She is a skilled Physician, highly experienced, congenial, pleasant, and just all around going to bring great energy to the position. Kevin knows more about the position recruitment, but we are looking to bring in another Nurse Practitioner to possibly start in September. She is a local and we know this will be good for the entire community. As far as the SNF position is concerned, when the</p>	

SUBJECT	DISCUSSION	ACTION
	new SNF opens, Dr. Richert is looking to take over at the Skilled Nursing Facility and then we would put the new Practitioner in his old office and have his patients transfer over. There will probably still be some short falls as the demand continues to grow, but it will be fantastic. With more ER coverage, the ER group has been asking for this for a while, so we may bring in another PA or FNP that is willing to do some shifts in the ER and then maybe we will have Chantele and that person rotate around each other four days one week and three the next.	
V. EMERGENCY ROOM REPORT	Nothing to Report.	
VI. CEO REPORT	Currently, Federal Budget Cuts and Impact, we are facing some potentially massive federal budget cuts. We just had a phone call with the District Hospital Leadership Forum a couple of weeks ago and initially we thought they were going to do projection specific to each facility, but they are not going to do that. Instead, they told us that they have listed every supplemental reimbursement program that we participate in, and they have given us projections year by year of what we should expect those cuts to be conservatively. Some of it is unknown, because some of it has to do with what California decides to do with the expanded population and with the undocumented. That being, California has some decisions to make which potentially make a cut to us or at least the eligibility of patients that may or may not have insurance coverage. That being, we have those percentages in a spreadsheet listed by program and the next step is going to be to take actual dollars that we received in each of those programs last year and apply them, so we know what we are dealing with. Much of this is not going to hit us until our fiscal year ending in 2026, mostly showing up in 2027, and then the cuts will gradually get higher over the next few years. Overall, the message DHLF gave us is that at the end of the day, after three years, we will probably experience a 30% cut on our MediCal. Skilled Nursing Facility is somewhat insulated in that and so there is a little bit of thought right now going into maybe utilizing or hoping CMS allows us to	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	<p>keep the old Skilled Nursing Facility open so that we can increase our volume there. If this happens and it remains a distinct part of the Skilled Nursing Facility, depreciation expense will be flown through our cost report for the Skilled Nursing Facility. This \$55-\$60-million-dollar project will be depreciated and that will funnel into our daily rate up to the cap, which is like \$700 something dollars a day in California and right now, we are being paid like \$550 a day. So, we stand to gain a couple of million dollars if we can keep the old Skilled Nursing Facility open and if that depreciation flows through because Partnership will match the states rate and then the state will base our rate off that depreciation cost. We have not heard anything yet, but if they do not allow us to keep it open, the same depreciation expense will apply and flow through our cost report. The difference is, we would not be able to ratchet up that utilization as much. We have not done the math, but there is this possibility, depending on what that depreciation expense is every year, that we may hit the cap and then once that happens, we are capped and cannot go beyond that. Also, interested in increasing our utilization at the Skilled Nursing Facility because even if it is being cut, that will impact what we get from the Rate Range Program and the Directed Payment Program and those are our two big programs. Overall, more to come. Our next step is just to determine what the projected loss in reimbursement is each year and then we will build a plan around that. Aside from all this, still in negotiations with Swinerton for the new Skilled Nursing Facility. Closing on the USDA Loan is probably not going to happen until October as everything has kind of been delayed. Our fire clearance forms won't be signed off until HCAI signs off on the whole building. That being, we must wait to even apply for licensing. We are right in the middle of an audit as well with Wipfli and should be here sometime for a site visit. Jin has gathered a bunch of the data they need as well as we are also working on our tax roll which is due August 10th. On the MRI front, our licensing application has been submitted. The fire clearance form has been signed off, so we were able to proceed with that and hope to have that running soon. In conclusion, a lot is going on right</p>	

SUBJECT	DISCUSSION	ACTION
	now.	
VII. CNO/SNF REPORT	<p>Currently, we have lost another bet. The next challenge was we wanted to be a 5-star facility. As of July, we are a 5-star CMS Facility. We just had our 50th admission about 2 hours ago, so we are at 5-star with 50 patients, and we are excited about that. We are also planning for the fair on the 22nd of August. We are taking over 16 residents over and we are coming over for a tour of the New Skilled Nursing Facility on the 25th of August. We want to use the tour as a precursor of what the move is going to look like. We want to bring over as many residents as we can and get a feel of what to expect. So, it is going to be a busy weekend for us. We do have our own full-time Nursing Supervisor starting on Friday and we have a DON starting at the end of August, so we are getting staff and are excited about that as well. Juanita will be continuing the CNA classes. Also, we thought our Wound Care Nurse would be coming back in July, but that is not the case. Therefore, Dr. Hagge and I have interviews set up for Friday for a traveler and a second one set up for next Tuesday for a traveler. So, we are just going to bring in travelers and probably will open the Wound Care Nurse position and see if anybody applies. Lastly, Barbara Howe asks if you are adding potassium to the diet, can you write out the word potassium because they are confusing the 'K+' with vitamin 'K' being that there is a vitamin 'K' diet order.</p>	Report at next meeting
VIII. PHARMACY REPORT	<p>Currently, it is not really conclusive yet, but our Outpatient Infusion and Reimbursement are not really ironed out yet to a level that has required a lot more attention recently. That being, what we are bringing up to this group of Physician that is something kind of being discussed on the back end as far as requirements for getting reimbursements, something along the lines and we preliminarily answered for you guys, but we want you guys to be in the loop of things. It is wanted that a progress note is needed after each infusion by a Physician to figure out whether the infusion is working or not for that patient. Now, we do not think that is reasonable for any Physician, especially not for that Physician that is not really taking care of that patient for a specialty condition so that was kind of</p>	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	<p>my preliminary answer for that. We have asked Revenue Cycle, which is where all these new communications are coming from to kind of get us some more solid requirements or parameters for getting paid for these medications so we can figure out what we can infuse and provide documentation for and what we cannot. We do not think any Specialist is going to complete a self-note after every infusion, but we do not know what the parameters are that are going to get us paid, so that is kind of where we are at in that gray zone right now as to what we need, what can we provide, and what do we need to let go of. Almost all of these are Medicare patients. We are working diligently trying to get some parameters for this. Also, we have hired a permanent Inpatient Pharmacist. He came from Sacramento and was a Nuclear Pharmacist for 15 years and very knowledgeable. He does not have any clinical background in retail or inpatient, but he has a very steady work history, so with some training we think he will be a great asset for us. Lastly, with a lot of support, we have expanded our retail pharmacy, and we are going to have a Pharmacist start in August as a second Pharmacist to help Darryl out with things. The plan is by September to have both pharmacies open seven days a week. We will rotate, so in the retail we will probably do eight hours on Saturday and four on Sunday and see how that works out. If it does not work out, we can always scale back because we do not really need Board permission to change the hours.</p>	
<p>NEW BUSINESS IX. POLICY REVIEW & APPROVAL</p>	<p>The following New Business was presented for review/approval: 1. Updated Policies, July 2025 (15)</p>	<p>After review and discussion, a recommendation was made to implement the Updated Policies (15) presented July 2025. The recommendations were ratified by motion, second, and vote. Recommendations will be forwarded to the Governing Board for final approval.</p>
<p>X. ADJOURNMENT</p>	<p>The meeting was adjourned at 1240.</p>	



Matthew Edmonds, MD Chief Medical Officer

08/27/2025

Date



EOC COMMITTEE MEETING
Tuesday, May 6th, 2025 at 11:00 am
Education Conference Room, Modoc Medical Center

MINUTES

Present:

- **Ed Johnson**
- **Dan Vierra**
- **Jonathan Crnkovic**
- **Jeremy Wills**
- **Alicia Doss**
- **Susan Sauerheber**
- **Michael Appletoft**
- **Amber Vucina**
- **Hao Lin**
- **Lance P. Chrysler**
- **Shelly Bailey**
- **Marty Shaffer**
- **Vahe Hovasapyan**
- **Julie Carrillo**
- **Sandra Brown**
- **Delinda Gover**

Absent:

- Adam Willoughby**
Megan Morris-Wright
Tim Reynolds
Raven Sparks
Judy Jacoby
Suzanne R. Johnson
Jay Dunn

Subject	Discussion	Action
A. Call to Order		
B. Approval of the Agenda	M Shaffer – The EOC Committee meeting was called to order at 11:00 am	Approved
C. Discussion Items		
1. Education/Training	Ed J. <ul style="list-style-type: none"> • Health Stream • Train the Trainer 	no report
2. Emergency Management	J Wills Emergency Management	1. One tag from the fire life safety on SNF demographics has been resolved. 2. Training for Med Surg on June 18.
3. Fire& Life Safety	D Vierra Fire Drills	1. Up to date.

Subject	Discussion	Action
		<ol style="list-style-type: none"> Three tags from the fire life safety on SNF have been addressed. Thirteen Acute tags from the fire life safety—all resolved except smoke detector sensitivity testing and missing fire damper test docs. Relocating the smoke hut from SNF to Acute.
D. New Business		
4. Haz Mat / Waste Management	D Vierria Medical Waste L Chrysler Haz Material	<ol style="list-style-type: none"> Medical waste accumulates normally. Ongoing with MSDS files.
5. Medical Equipment/ Training / Safe Medical Device	M Shaffer <ol style="list-style-type: none"> New Equipment Medical Devices 	<ol style="list-style-type: none"> LifePak 15 received and designated for SNF. Received four Hill-Rom beds for Acute; currently in storage. A certain model of concentrators poses a fire risk. Haven't received any directions from anyone yet, except from Kevin K. Battery recall for Baxter IV pump.
6. Policy & Procedure Manual	M Shaffer <ol style="list-style-type: none"> Policy & Procedure 	<ol style="list-style-type: none"> In progress due May.
7. Water Management Program Committee Update	M Shaffer <ol style="list-style-type: none"> Update on Water Management Program 	<ol style="list-style-type: none"> Five samples tested in 2nd qrt, all negative for Legionella.
8. Safety	A Vucina <ol style="list-style-type: none"> First Aid Injuries Claim Injuries EOC Rounds Due for May 6 th 2025 <ol style="list-style-type: none"> Jon C. / Dan V. – Alturas clinic Jullie C. / Dan V. – Canby clinic Tim R. / Judy J. – Acute Dietary Raven S. / Judy J. – SNF Dietary Delinda G. / Micheal A. – Surgery Area Vahe H. / Micheal A. – Pharmacy 	<p>Three claimable injuries: respiratory, lower back, and finger cut.</p> <p>It is recommended that the Radiology and Surgery departments conduct Code Blue and Staff Assist drills monthly, to see who responds.</p> <p>Surgery: Crash cart not plugged into red emergency outlet;</p>

Subject	Discussion	Action
		battery backup light to be installed. Relocate dirty utility room lock to soiled decontam room. Stained ceiling tiles noted.
9. Security	M. Shaffer 1. Door Locks / Card Readers 2. Security Cameras 3. Cafeteria	1. Hallway door between the retail pharmacy and clinic has been adjusted and now latches properly. 2. Camera blind spots in the parking lot near the retail pharmacy need to be corrected. New security cameras will be installed soon at the Canby Clinic. 3. Members of the public must be presented with a hospital employee and escorted out of the building to access the employee cafeteria.
10. Utilities Management	D Vierria Generators Power Outages M Shaffer 1. Other Utilities	1. Three power outages since the last meeting. 2. Glycol leak detected in the clinic's medical records area. 3. Computer BAS was down.
Adjournment	The next EOC meeting will be held on July 1st, 2025, at 11:00 am in the education conference room.	



MINUTES

ER COMMITTEE MEETING

On Thursday 7-31-2025 from 3:00 to 4:00 pm
Modoc Medical Center -- 1111 N. Nagle Street
Education Conference Room; Alturas, California

Present:

- Susan Sauerheber, Acute/Er Nursing Manager
- Ed Johnson, CNO
- Shannon King
- Lance Chrysler
- Vahe Hovasapyan
- Walter Dimarucut
- Sandra Brown

Absent:

- Mary Lawrence
- Shelly Bailey
- Megan Wright
- Kevin Kramer, CEO
- Alicia Doss

Subject	Discussion	Attachment
1. Call to Order	The meeting was called to order by Susan Sauerheber at 10:01 am 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 May 13, 2025 ER Committee Meeting	Susan Sauerheber – Presentation of May 13, 2025, ER Committee meeting minutes for approval.	All present approved the presented meeting minutes for the May 9, 2025 meeting.
4. Old Business	• Vasopressin	
5. New Business	• PRC Group A Strep Testing • Code Blue Debriefing • Equipment	

Subject	Discussion	Attachment
	• Case Review	
A.	Susan Sauerheber –New ER Nurse hired. She started on 8/1/2025. Welcome Kristen Barnard back. She went back to school to be an RN and now she is back with us.	
B.	Susan Sauerheber –Stem/Stroke Transfer Forms (see attached) These forms make transfers much easier. You can use them for other transfers to Redding and wherever else we go.	
C.	Susan Sauerheber –Equipment-Panda Warmer is here and operational. We have the old Ohio gone and we are ready to go. Looking at Ventilators and will be going with the same model that Fall River uses.	
D.	Susan Saueheber-Antibiotics for ER admissions There is a delay in getting antibiotics provided. Need to make sure correct times are ordered for continued antibiotics when admitted to acute. Antibiotics should be ordered in the ER. There are issues with one-time orders by ER Docs.	
E.	Put in the proper dose for take home packs. For example: 500 mg Tylenol, is 5000 mg dose. If you want to dispense 10 tablets of Tylenol 500 mg, the dose would be 5000 mg. This will help to make sure the quantity is correct from the Omnicell.	
F.	Dropping charges, missed charges and difference between what the insurance companies will pay for and what should be billed. Query why we would not bill for everything and write it off vs. not billing for it??? Rev cycle question?	
G.	Transfusion-hemoglobin testing showed critical levels then back to an 8. This could be because of the way the blood sample was pulled (IV or needle stick) Discussed further in Roundtable under (Susan S.)	
5. Roundtable – See attached.		
6. Adjournment	The next ER Committee Meeting will be TBD in the Education Conf. Room.	

ER COMMITTEE MEETING

On Thursday 7-31-2025 from 3:00 to 4:00 pm

Modoc Medical Center – 1111 N. Nagle Street

Education Conference Room; Alturas, California

ROUNDTABLE

Vahe H.- Proper take home packs with proper dose and quantity.

Walter D.- New Analyzer approved with 2 modules at 36k. Strep A MRSA, C-diff MT2B gonorrhea, chlamydia. Further discussion about blood draw when hemoglobin was critical and repeat blood draw results of 8. Susan to ask nurse how it was pulled.

Susan S.- Glucagon-make sure that there is enough in stock.

Lance C.- Previously, he could not find the Minnesota tube. He found it and ordered it today (7-31-2025)

Shannon K.-If antibiotics are started, no blood cultures should be done. Performed a contamination study in the lab for 6 month period, only 1 true contamination found. Every patient admitted needs MRSA swab.

Edward J.- There should be a start and stop time for all IV antibiotics and IV fluids. This is how Cerner drops a charge for medications to bill. Nurses need to inform Susan if this is not occurring.

Vahe mentioned he cannot see this on his end.



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 Dimaricut
- Vahe Hovasapayan
- Jay Lai
- Lance Chrysler
- Vahe Hovasapayan

Absent:

- Marty Lawrence

Subject	Discussion	Attachment
1. Call to Order – The meeting was called to order by Susan Sauerheber at 9:31 pm in the Education Conference Room.		
2. Agenda Approval	Susan Sauerheber - Changes, additions and/or deletions to the Agenda.	All present approved the Agenda.
3. Minutes of 5/13/2025 ER Committee Meeting	Susan Sauerheber – Presentation of 1/16/2025 ER Committee Meeting Minutes for approval.	All present approved the meeting minutes for the 1/16/2025 ER Committee Meeting Minutes
4. New Business		
Minnesota Tube	<ul style="list-style-type: none"> • Lance to look into purchasing for the ER. This tube is used for upper GI bleeds/esophageal varices 	

Subject	Discussion	Attachment
Vasopressin	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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).	



ER COMMITTEE ROUNDTABLE

Thursday May 13, 2025 at 9:00 to 11:00 pm
Education Conference Room, Modoc Medical Center

Staff Member		Comments	
Susan Sauerheber	<ul style="list-style-type: none"> 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 Warner here—waiting on attachments then will go out for service. Angie is waiting to hear from the state. Fall River let Angie 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Nothing to report. 		
Alicia Doss	<ul style="list-style-type: none"> Nothing to report. 		

Staff Member	Comments
Walter Dimaricut	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Lab STREP/PRC Group A- Can you look into cost effectiveness instead of throat culture
Kevin Krammer	<ul style="list-style-type: none"> • Nothing to report.
Lance Chrysler	<ul style="list-style-type: none"> • Nothing to report.
Marty Lawrence	<ul style="list-style-type: none"> • Absent.
Vahe Hovasapyan	<ul style="list-style-type: none"> • 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.

STEMI Transfer																				
STEMI criteria Met:	Time of symptom onset:	Symptoms:	Weight:																	
Renown: Call transfer center 775-982-2227	Northern Nevada: Call ED at 775-356-4040 Sierra Medical Center: Call ED at 775-799-7399	Saint Mary's: Call ED 775-770-3188	Carson Tahoe: Call 775- 445-8401																	
Transferring Facility name:		Phone:																		
Facility ED arrival Date/ time																				
First Medical Contact Date/ time																				
Thrombolytics given: (should be within 30 minutes of first medical contact when transportation to primary PCI facility >120 mins) If <75 yo give with 300mg Plavix, 324mg Aspirin, one Bolus Heparin and start heparin drip If ≥75yo give with 75mg Plavix and 324mg aspirin, one Bolus Heparin and start heparin drip	Thrombolytic Dose: _____ Time: _____ If NO thrombolytics, contraindications?																			
	<table border="1"> <thead> <tr> <th>Patient weight (kg)</th> <th>TNK (mg)</th> <th>TNK (mL)</th> </tr> </thead> <tbody> <tr> <td>Less than 60 kg</td> <td>30 mg</td> <td>6 mL</td> </tr> <tr> <td>60 or more but less than 70</td> <td>35 mg</td> <td>7 mL</td> </tr> <tr> <td>70 or more but less than 80</td> <td>40 mg</td> <td>8 mL</td> </tr> <tr> <td>80 or more but less than 90</td> <td>45 mg</td> <td>9 mL</td> </tr> <tr> <td>90 or more kg</td> <td>50 mg</td> <td>10 mL</td> </tr> </tbody> </table>	Patient weight (kg)	TNK (mg)	TNK (mL)	Less than 60 kg	30 mg	6 mL	60 or more but less than 70	35 mg	7 mL	70 or more but less than 80	40 mg	8 mL	80 or more but less than 90	45 mg	9 mL	90 or more kg	50 mg	10 mL	Aspirin Dose: _____ Time: _____ Plavix Dose: _____ Time: _____ Heparin drip Dose: _____ Time: _____ (12 Units/kg/hr, max 1,000 Units/hr) Heparin bolus Dose: _____ Time: _____ (60 Units/kg, max 4,000 Units)
Patient weight (kg)	TNK (mg)	TNK (mL)																		
Less than 60 kg	30 mg	6 mL																		
60 or more but less than 70	35 mg	7 mL																		
70 or more but less than 80	40 mg	8 mL																		
80 or more but less than 90	45 mg	9 mL																		
90 or more kg	50 mg	10 mL																		
Dosing for alteplase: Patient weight >67 kg: Infuse 15 mg IV bolus over 1 to 2 minutes, followed by infusions of 50 mg over 30 minutes, then 35 mg over 1 hour; maximum total dose: 100 mg.																				
Patient weight ≤67 kg: Infuse 15 mg IV bolus over 1 to 2 minutes, followed by infusions of 0.75 mg/kg (not to exceed 50 mg) over 30 minutes, then 0.5 mg/kg (not to exceed 35 mg) over 1 hour; maximum total dose: 100 mg.																				
Absolute contraindications <ul style="list-style-type: none"> Any prior Intracranial Hemorrhage (ICH) Known structural cerebral vascular lesion (e.g., arteriovenous malformation) Known malignant Intracranial neoplasm (primary or metastatic) Ischemic stroke within 3 months EXCEPT acute ischemic stroke within 4.5 hours Suspected aortic dissection Active bleeding or bleeding diathesis (excluding menses) Significant closed-head or facial trauma within 3 months Major Trauma or surgery within 14 days Intracranial or intraspinal surgery within 3 months GI/GU bleeding within 3 weeks. Severe uncontrolled hypertension (unresponsive to emergency therapy), SBP >180, DBP >110 Epidural within 7 days Relative contraindications: <ul style="list-style-type: none"> On therapeutic anticoagulation. Consider consultation with a cardiologist prior to administration Pregnancy 																				
Time Primary PCI Facility called																				
Time EMS notified																				
REMSA- Care flight: 775-858-6000, Fax form and face sheet: 775-353-0861	Cal Star: 530-541-4035	SEMSA: 775-737-4200																		

Not Part of the Medical Record

(Patient Name / DOB)

Time EMS Arrived			Time EMS exits			
Vitals	T:	HR:	BP:	SpO2:	FIO2:	Ht:
Allergies						
Labs:	Cr:	Hgb:	Plt	INR:	K:	
Pertinent Hx						
Delay reasons:						
Please send this form and ALL EKGs from ED and EMS with patient						

American CME FAST-ED Scoring Checklist

Patient Name:

Time of this Assessment:

Assessment Items	Score
Facial Palsy - Ask the patient to show their teeth or smile	
1. Both sides of the face move equally or not at all.	0
2. One side of the face droops or is clearly asymmetric.	1
Arm Weakness - Ask the patient to extend both arms with palms up out in front of them, close their eyes, and hold them there for a count of 10	
1. Both arms remain up for > 10 seconds or slowly move down equally.	0
2. Patient can raise arms but one arm drifts down in < 10 seconds	1
3. One or both arms fall rapidly, cannot be lifted, or no movement occurs at all.	2
Speech Changes	
Dysarthria - Ask the patient to repeat the phrase: "The sky is blue in Michigan"	
Is slurred speech present? (circle one)	YES NO
Expressive Aphasia - Ask the patient to name 3 common items	
1. Names 2 to 3 items correctly	0
2. Names only 0-1 items correctly	1
Receptive Aphasia - Ask the patient to perform a simple command. Example: Ask the patient "Show me two fingers"	
1. Normal, patient can follow this simple command	0
2. Unable to follow the simple command	1
Eye Deviation	
1. No deviation, eyes move equally to both sides	0
2. Patient has clear difficulty when looking to one side (left or right)	1
3. Eyes are deviated to one side and do not move to the other side	2
Denial/Neglect - Do not perform if expressive or receptive aphasia is present	
Anosognosia - Show the patient their affect arm and ask, "Do you feel weakness in this arm?"	
1. Patient recognizes the weakness in their weak arm	0
2. Patient does NOT recognize the weakness in their weak arm	1
Asomatognosia - Show the patient their affected arm and ask, "Whose arm is this?"	
1. Patient recognizes their weak arm	0
2. Patient does NOT recognize their weak arm.	1

Normal FAST-ED Total Score

Not Part of the Medical Record

(Patient Name / DOB)



MINUTES

INFECTION CONTROL COMMITTEE MEETING

7/24/2025 2:00-3:00 pm

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

Present

- Walter Dimarucut
- Suzanne Johnson
- Ed Johnson
- Amber Vucina
- Sandra Brown
- Judy Jacoby
- Michael Appletoft
- Alicia Doss
- Delinda Gover

- Edward Richert, M.D.
- Marty Shaffer
- Raven Sparks

Absent:

- Tim Reynolds
-

Subject	Discussion	Attachment
1. Call to Order – The meeting was called to order by Ed Johnson at 11:02 pm in the Education Conference Room.		
2. Agenda Approval		All present approved the presented Agenda.
3. Minutes	• 5/29/2025 presented and approved	Attached
4. New Business		
A.	• Agenda items and analysis	Attached
B.	• Warnerview 2nd quarter IC report	Attached
C.	<ul style="list-style-type: none"> • Topic review: <p>Updates on infection control plans and policies (2024-2025)</p> <p>Data presentation on blood cultures and urine cultures</p> <p>Discussion on employee health concerns</p>	Detail in Attached Agenda

Subject	Discussion	Attachment
	<p>and follow-up procedures</p> <p>Review of vaccination data</p> <p>Review of identified concerns reports</p> <p>Review of upcoming Action Plan</p> <p>Dr. Richert will continue to oversee this committee</p>	
7. Adjournment	The next Infection Control Committee Meeting will October 23, 2025 from 12:00 to 1:00 p.m., in the Education Conf. Room.	



MINUTES

OP INFUSION COMMITTEE MEETING

Tuesday, 8/12/2025 at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Education Room, Alturas, California

Present:

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

Absent:

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	Approved	Attached hereto
4. Old Business	As noted on Minutes and discussed at 7/8 OP Infusion Committee Meeting	
5. New Business	<ul style="list-style-type: none">• What drops Charges? What Medicare requires to pay on certain drugs ie., Inflectra, Simponi, skyrizi, _vyvgart <p>We are not being paid on all Infusion for the above drugs. Medicare, saying they need a note from Provider, many of these Infusion have a Specialist not in facility and this is not possible nor does it seem reasonable for us to be able to produce one here ie., Dr. Edmonds, as he is not overseeing</p>	

Subject	Discussion	Attachment
	these patients.	
	<ul style="list-style-type: none"> Further, some physician notes from specialist do not meet criteria of what Medicare wants to see. Krishna states specifically with J1602 and J1392? They are always denied and require an Appeal 	
	<ul style="list-style-type: none"> Linda has made corrections to her charting and documentation and so far none of those have been kicked. We will wait to hear back from Krishna about those until we change procedure again. 	
	<ul style="list-style-type: none"> Baseline Nursing Notes in Power Chart show stop-start time. Billing tab should have everything for medicine. 	
	<ul style="list-style-type: none"> Weight based drugs need to be ordered by weight 	
	<ul style="list-style-type: none"> Dr. Edmonds-scope of problem- Not all drugs..pushback from Medicare (requiring progress note that no Specialist in a facility is going to revise if the one they gave with referral was insufficient. We need to track what happens in 2025 and figure out what drugs we are not getting paid for and don't infuse those and check with other Infusion Dept. similar to us and find out what they are experiencing. 	
6. Roundtable Do we want to start having roundtable after we do old and new business???		
7. Adjournment	The next OP Infusion Meeting will be Tuesday, 9/9/2025 @ 8:30 a.m. in the Surgery Room.	



AGENDA

SURGERY COMMITTEE MEETING

8/12/2025 at 8:30 a.m.

Modoc Medical Center – 1111 N. Nagle Street
Surgery Dept., Alturas, California

Subject	Discussion	Attachment
1. Call to Order		
2. Agenda Approval	No changes, additions and /or deletions to the Agenda	All present approved the presented Agenda.
3. Minutes	<ul style="list-style-type: none">Attached from 7/8/2025	All present approved the Minutes From 7/8/2025
4. Old Business	<ul style="list-style-type: none">See Attached Minutes	
5. New Business	<ul style="list-style-type: none">Anesthesia billing topics	
6. Roundtable		
7. Adjournment	The next SURGERY COMMITTEE Meeting will be 9/9/2025, at 8:30 am in the Surgery Dept.	



MINUTES

SURGERY COMMITTEE MEETING

Tuesday, 7/8/2025, at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Surgery Department Alturas, California

Present:

- Sandra Brown
- Delinda Gover Perez, Committee Chair
- Matthew Edmonds, M.D. COS
- Susan Sauerheber, Nursing Manager

Absent:

- Edward Richert, M.D.
- Dale Syverson, M.D.
- Kevin Kramer, CEO
- Marty Shaffer, Plant Op Director
- Katrina Murray
- Sidney Barnes, Surgery Tech
- Ed Johnson, CNO
- Linda Sawyer, RN

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 from 6/10/2025	
4. Old Business	See attached Minutes	
5. New Business		
A.	<ul style="list-style-type: none"> • What is the limit for weight on surgical procedures (gall bladder) at MMC? • A: BMI of 35 	
B.	<ul style="list-style-type: none"> • Torman probably didn't sign in under a different encounter in Cerner when she struggled with the referral 	
C.	<ul style="list-style-type: none"> • VOLUME-doing good, pretty booked on surgery days (ENDOSCOPY, HERNIAS, CANCER REMOVAL) 	

Subject	Discussion	Attachment
D.	<ul style="list-style-type: none"> • STRIKER CO2 problem, says empty and is not, Delinda has found a work around for the moment. 	
6. Roundtable	Discussions between Infusion Department and Surgery about the upcoming move and how nice the new Infusion area looks with the chairs all faced looking out the window!!	
7. Adjournment	The next Surgery Meeting will be Tuesday, 8/12/2025 @ 8:30 a.m. in the Surgery Room.	



SURGERY COMMITTEE SIGN-IN SHEET

Member	signature
DeLinda Gover-Perez Committee Chair	
Matthew Edmonds, M.D. Chief of Staff	
Edward Richert, M.D. Vice Chief of Staff	
Dale Syverson, M.D. Surgeon	
Katrina Murray Surgery Tech	
Sidney Barns Surgery Tech	
Ed Johnson Chief Nursing Officer	
Kevin Kramer Chief Executive Officer	
Susan Sauerheber Acute/ER Nursing Manager	
Marty Shaffer Plant Operations Director	
John Crnkovic Alturas Clinic Manager	
Sandra Brown Administrative Asst to CNO	
Adam Willoughby, COO	
Krishna Desai	(zoom)

6/21/2022



MINUTES

SURGERY COMMITTEE MEETING

Tuesday, 8/12/2025, at 8:30-9:30 a.m.

Modoc Medical Center – 1111 N. Nagle Street

Surgery Department Alturas, California

Present:

- Sandra Brown

- Delinda Gover Perez, Committee Chair
- Matthew Edmonds, M.D. COS
- Susan Sauerheber, Nursing Manager

Absent:

- Edward Richert, M.D.
- Dale Syverson, M.D.
- Kevin Kramer, CEO
- Marty Shaffer, Plant Op Director
- Katrina Murray
- Sidney Barnes, Surgery Tech
- Ed Johnson, CNO
- Linda Sawyer, RN

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 from 7/8/2025	
4. Old Business	See attached Minutes	
5. New Business		
A.	<ul style="list-style-type: none"> • Anesthesia billing topic discussion Blue Cross will not pay for Anesthesiologist Fee. (SPECIFIC to EDG & Colonoscopy) They want Conscious Sedation Nurse when patients have no conditions • Maria is adding a code on the back end for this charge if applicable. • Need to make sure that doctors include all history, diabetes, hbp, etc. 	

Subject	Discussion	Attachment
B.	<ul style="list-style-type: none"> Lipoma can't be used as a description. It has to see neoplasia??? (did I get that right) 	
C.	<ul style="list-style-type: none"> How are we doing on Surgeries? Great, Syverson did a gall bladder and other surgeries Torman is great and booked up Need to make sure we do our follow-up and letters. 	
D.	<ul style="list-style-type: none"> Probably time for a new CO2 Tower 	
6. ROUNDTABLE		
7. Adjournment	The next Surgery Meeting will be Tuesday, 9/9/2025 @ 8:30 a.m. in the Surgery Room.	



PATHOLOGIST ON-SITE VISIT REPORT

DATE OF VISIT: 7/6/2025

During the pathology on-site visit, I spent approximately 9 ½ - 10 hours in the Laboratory, Medical Records, and at Canby Clinic.

While in medical records, I reviewed 11 surgical path reports and compared them with their clinical histories. I reviewed 4 blood transfusion reports and 3 mortality reports for the month of May. In addition, I reviewed 21 surgical path reports and compared them with the clinical histories, 5 mortality reports, and 4 blood product reports from June. There were no issues identified with any of this report.

While in the laboratory, I spoke with Brenda about the staff and the workflow and workloads which appear to be up. Walter was away; however, I spoke with him prior to him leaving and he indicated everything was running smoothly and that the staffing levels were adequate for the volume. It appears that we will have a stable and very competent staff in the future. While in the laboratory I reviewed the exceptions report for May, the siemens hemostasis QAP program, the XN-L quality control QC information, the Sysmex QC data for the XN-500 instrument, the Alcor scientific group coordinator report for the Minii Sed-291 instrument, the UA Quantrell level one and level two for the multistix ten SG QC, the American Proficiency Institute (API) 2025 micro biology second event. The Sysmex correction study for the XN-550 instrument for the platelet count and other hematologic paramotors, the corrective action for the American Proficiency Institute (API) 2025 hematology coagulation first kit, the competency testing check list for scientist JLG/LL, the creatine correlation for the Nova and vitros machines, the proficiency testing performance evaluation 2025 chemistry – misalliances first event, the Nova Bio Medical data exception report, and the Triage meter validation data folder.

I spoke to Dr. Esherick about the conditions in the laboratory and he indicated he was happy with efficiency of the staff and the quality of the work performed.


ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

8/7/25
Date

ATTACHMENT C

POLICY AND PROCEDURES



MEMORANDUM

DATE: 9/25/2025
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):

BUSINESS OFFICE

8350.25 Payment Plan
8350.25 Chain of Command

OPERATING ROOM/SURGERY

7420.25 Surgical Procedures-major, minors and surgical assists

INFECTION CONTROL-ACUTE

8753-A.25 Guidelines for Isolation Precautions
8753-A.25 Needlestick or Body Fluid Exposures

FACILITIES/EOC

8460.25 List of Chemicals not to be mixed
8460.25 Compressed Gas and Oxygen use
8460.25 Disposal of Bio-hazardous Waste
8460.25 Liquid Oxygen
8460.25 Types of Fires

DIETARY-SNF

8340.25 Adjusting Weights for Amputees
8340.25 Determining Body Mass Index
8340.25 Measurements for those who cannot be weighed
8340.25 Safety Water Temperatures
8340.25 Safety in Food Preparation
8340.25 Tracking Weight Changes

RADIOLOGY

7660.25 Breast Feeding After the Administration of Gadolinium Intravenous

EMERGENCY DEPARTMENT

7010.25 Refusal of Blood/Blood Component Transfusion

NURSING/MED SURG

6170.25 Age-Related Documentation Pediatric Patient Policy and Procedure
6170.25 Bed Bath Policy and Procedure
6170.25 Blood Pressure Monitoring Policy and Procedure

PHARMACY/HOSPITAL

7710.25 Rapid Sequence Intubation Tray

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

Infection Control Acute

Memorandum
Annual Review Signature Page
Revising and Archive List

Environmental Services/Laundry

Memorandum
Annual Review Signature Page
Revising and Archive list

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

Enc.

BUSINESS OFFICE

REFERENCE #	8350.25 #0021	EFFECTIVE 01/2015
SUBJECT:	8350.25 PAYMENT PLAN	
DEPARTMENT:	BUSINESS OFFICE	REVISED 6/2022, 6/2025

PURPOSE:

The purpose of this policy is to effectively communicate Modoc Medical Center's (MMC) commitment to helping meet the needs of the low-income, uninsured and underinsured persons in our community. This policy will be applied consistently to patients eligible for the various payment plan options we offer to assist patients to pay off their medical bills within their financial means to do so.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None

POLICY:

It is the policy of MMC to offer eligible patients with unpaid balances an option of making monthly payments for medically necessary services that are received at MMC through various types of payment plans, including regular payment plans, discounted payment plans, reasonable payment plans, and extended payment plans available to patients based on income, size of family, and a patient's ability to pay for their medical bills.

PROCEDURE:

Eligibility

Patients receiving medically necessary services at MMC that are experiencing difficulty paying their medical bills because of financial hardship may be eligible for different types of payment plans, based on their income and essential living expenses. Patients that feel they would qualify to participate in a discounted payment plan, or a reasonable payment plan will be required to fill out a Financial Assistance Application. The application will help Patient Financial Services to identify the various payment programs and discounts for which a patient qualifies so that MMC can assist those patients that cannot afford to pay their medical bills in full and may require assistance. Financial Assistance Applications will be processed within 10 business days of receipt by Patient Financial Services.

As part of the Financial Assistance Application process, Patient Financial Services will make all reasonable efforts to obtain from the patient or their representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by MMC. This review will include an initial determination of whether or not the patient may qualify for Medicare or Medi-Cal coverage or for a California Health Benefit Exchange product.

REFERENCE #	8350.25 #0021	EFFECTIVE 01/2015
SUBJECT:	8350.25 PAYMENT PLAN	
DEPARTMENT:	BUSINESS OFFICE	REVISED 6/2022, 6/2025

Discounted Payment Plan

MMC offers discounted payment plans in addition to regular payment plans for patients not having the financial capabilities to pay their bills. Payment plans that are initiated after discounts/write-offs are made are called discounted payment plans. Given the MMC service area demographics and our commitment to meeting the health care needs of our community, the primary qualifying levels for discounted payment plans are based on 200 percent of the federal poverty level guidelines. In subsequent years, this percentage may be evaluated and modified as necessary. Pursuant to California Legislative Act AB 774 Sect. 127405 (2), MMC has established eligibility levels for financial assistance at less than 350 percent of the federal poverty level as appropriate to maintain its financial and operational integrity. MMC is a rural hospital as defined in Section 124840.

Discounts/write-offs are based on the federal poverty level as updated each year and are made based on the following criteria:

- Patients between 101 and 150 percent of federal poverty level qualify for an 80 percent discount on their bill.
- Patients between 151 and 200 percent of the federal poverty level qualify for a 60 percent discount on their bill.
- Patients between 201 and 300 percent of federal poverty level qualify for a 40 percent discount on their bill.
- Patients between 301 and 400 percent of federal poverty level qualify for a 20 percent discount on their bill.

All patients wishing to receive a discounted payment plan will be required to complete a Financial Assistance Application and provide the documentation required by the application. This application will help Patient Financial Services determine the eligibility of a patient to participate in a discounted payment plan or other form of financial assistance. All professional fees charged by emergency physicians at MMC will qualify for discounts/write-offs under the discounted payment plan provisions described above if the patient is found to be eligible for this program.

If a patient qualifies for a discounted payment plan, after the discounts/write-offs are applied to the outstanding medical bills of the patient, a payment plan will be established according to the minimum payment schedule listed in this policy. In the event that a patient does not agree with the minimum payment schedule listed in this policy, Patient Financial Services may establish a reasonable payment plan with the patient as described below.

Reasonable Payment Plan

A reasonable payment plan is one that is based on a patient's family income and essential living expenses, as outlined in the Financial Assistance Application and as defined in SB 1276 and AB 1020. Essential living expenses include rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

REFERENCE # 8350.25 #0021	EFFECTIVE 01/2015
SUBJECT: 8350.25 PAYMENT PLAN	
DEPARTMENT: BUSINESS OFFICE	REVISED 6/2022, 6/2025

A reasonable payment plan can be requested by any patient who feels their medical bills are beyond their capacity to pay. Under a reasonable payment plan, the monthly payment is calculated by applying 10 percent to the patient-family's monthly income that remains after the essential living expenses are deducted from their monthly income.

A responsible payment plan is only initiated when a payment schedule outlined in this policy. Reasonable payment plans must be approved by the Revenue Cycle Director or designee.

Regular Payment Plan

A regular payment plan can be instituted for patients that need to pay their medical bills off over time because of the financial burden that would be caused if they were to pay their bills off in a single payment. Regular payment plans will be set up by Patient Financial Services according to the minimum monthly payments established in this policy, and do not require approval by the Revenue Cycle Director or designee.

Minimum payment amounts are based on the total bill outstanding for the guarantor responsible for the bill. Regular payment plans do not require an accompanying Financial Assistance Application.

If the payment plan becomes a financial hardship, a Financial Assistance Application to reduce minimum payments must be completed, signed and returned by the patient with all the necessary documentation to Patient Financial Services in order for the patient's monthly payment amount to be reduced. All deviations from the payment schedule below must be forwarded to the Revenue Cycle Director or designee for approval.

The minimum monthly payment amounts are established for payment plans as outlined below:

Payment Schedule

ACCOUNT BALANCE AFTER DISCOUNT IF APPLICABLE	MINIMUM MONTHLY PAYMENT
Up to \$100	Payment in full
\$101-300	\$25
\$301-330	\$50
\$331-360	\$55
\$361-390	\$60
\$391-420	\$70
\$421-450	\$75
\$451-480	\$80
\$481-500	\$85
\$501-1,200	\$100
\$1,201-3,000	\$150
\$3,001-5000	\$200
\$5,001+	\$250

REFERENCE # 8350.25 #0021	EFFECTIVE 01/2015
SUBJECT: 8350.25 PAYMENT PLAN	
DEPARTMENT: BUSINESS OFFICE	REVISED 6/2022, 6/2025

Extended Payment Plans

The term of payment plans may extend for as long as necessary if they meet the minimum monthly payment guidelines above. If the financial circumstances warrant a reduction of the minimum monthly payment amount as listed above, a Financial Assistance Application must be completed by the patient and the reduction in the monthly payment amount and extension of the payment plan must be approved by the Revenue Cycle Director or designee.

Extended Payment Plans

The term of payment plans may extend for as long as necessary if they meet the minimum monthly payment guidelines above. If the financial circumstances warrant a reduction of the minimum monthly payment amount, a Financial Assistance Application must be completed by the patient and the reduction in the monthly payment amount and extension of the payment plan must be approved by the Revenue Cycle Director or designee.

General Provisions

All payment plans and discounts, as listed above that are initiated with a Financial Assistance Application will be formalized with a letter to the patient stating whether or not their Financial Assistance Application was approved and which programs they may access under this policy. A formal payment agreement must be signed by the responsible party in order to finalize all types of payment plans and applicable discounts. If two consecutive monthly payments are not received or they do not fall within the payment schedule, the payment plan may be revoked and further collection procedures may be made, up to and including account transfers to a collection agency or litigation. In these cases, the patient will be notified in writing that their payment plan is past due and will be transferred to a collections agency if payment is not received or a new payment plan is not established. Reasonable effort will be made to also contact the patient by phone to communicate consequences of non-payment and opportunity to renegotiate the payment plan if applicable. Under no circumstance will adverse information be reported to a consumer credit reporting agency or civil action commence against the patient for nonpayment at any time prior to 180 days from the initial billing for medical services.

REFERENCES

CA SB 1276 (Chapter 758, Statutes of 2014), CA AB 774 (Statutes of 2006), and SB 350 (Chapter 347, Statutes of 2007).
Assembly Bill (AB) 1020: Health Care Debt and Fair Billing (Statutes of 2021, Chapter 473). January 1, 2022.

ATTACHMENTS

Financial Assistance Program Chart - Charity Care Guidelines and Discounted Payment Plan Guidelines.
Financial Assistance Application
Financial Agreement

REFERENCE # 8350.25 #0012	EFFECTIVE
SUBJECT: 8350.25 CHAIN OF COMMAND	
DEPARTMENT: BUSINESS OFFICE	REVISED 2025

PURPOSE:

To ensure all employees under the supervision of the Business Office are following the chain of command for all grievances and employee-rated issues.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

None

POLICY:

Prior to utilizing the chain of command, the Revenue Cycle Director must have made a determination on the item that the employee is disputing.

PROCEDURE:

The Revenue Cycle Director must be informed from the employee prior to going to the next person in the chain of command in order to ensure that all avenues in the employee's control have been exhausted prior to involving Administration.

The chain of command is a follows:

1. Chief Operations Officer
2. Chief Executive Officer

REFERENCES:

None

ATTACHMENTS:

None

OPERATING ROOM/SURGERY

REFERENCE #	7420.25	EFFECTIVE	04/2009
SUBJECT:	7420.25 SURGICAL PROCEDURES-MAJORS, MINORS, AND SURGICAL ASSISTS	REVISED	07/2025
DEPARTMENT:	OPERTATING ROOM		

PURPOSE:

The purpose of this policy is to determine whether or not to use an assistant for surgery specific surgical procedures.

AUDIENCE:

Department Wide

DEFINITION:

Surgical Assistants:

The American College of Surgeons supports the concept that, ideally, the first assistant at the operating table should be a qualified surgeon or a resident in an approved surgical training program. If such assistants are unavailable, other physicians who are experienced in assisting may participate.

POLICY:

It is the policy of Modoc Medical Center (MMC) that the decision to use an assistant in surgery be determined by primary surgeon using the following list of characteristics of the patient and of the operation. Documentation of any one of these should validate the need to use an assistant in surgery. The decision to use an assistant for surgery should always be first and foremost a quality-of-care issue.

Characteristics of the patient:

- Extremes of age
- Obesity
- Bleeding tendency
- Immune status
- Cardiovascular status
- Metabolic status
- Intercurrent illness

Characteristics of the operation

- Complexity
- Delicacy
- Danger
- Significant decision-making required

Major procedures (Assistant optional)

Amputation of Major Limb
Appendectomy

Bowel Resection
Bakers Cyst Excision

REFERENCE #	7420.25	EFFECTIVE	04/2009
SUBJECT:	7420.25 SURGICAL PROCEDURES-MAJORS, MINORS, AND SURGICAL ASSISTS	REVISED	07/2025
DEPARTMENT:	OPERTATING ROOM		

Cecostomy-colectomy
 Cholecystectomy open or with laparoscopic instruments.
 Common Duct Exploration
 Cystotomy
 Cystocele
 Cystocele and Rectocele Repair
 Cesarean Section

Division of Abdominal Adhesions

Esophago-gastrectomy
 Evisceration
 Excision Dupuytren's Contracture

Gastrectomy
 Gastric Resection

Hiatal Hernioplasty
 Hydrocelectomy (Inguinal)
 Hysterectomy, (Abdominal)
 Laparotomy
 Laparoscopic surgery(gastro-intestinal, gynecology, and orthopedic)

Mastectomy (simple)

Oophorectomy
 Orchiectomy (Inguinal)
 Orchiectomy (Scrotal)
 Orchiopexy

Perforated Gastric Ulcer
 Pyloroplasty

Repair Major Lacerations
 Repair of Wound Separation

Salpingectomy
 Salpingo-oophorectomy
 Skin Graphs
 Sigmoid Resection
 Splenectomy
 Stone Manipulation

Tendon Repairs
 Trans Thoracic Hiatal Hernioplasty

REFERENCE #	7420.25	EFFECTIVE	04/2009
SUBJECT:	7420.25 SURGICAL PROCEDURES-MAJORS, MINORS, AND SURGICAL ASSISTS	REVISED	07/2025
DEPARTMENT:	OPERTATING ROOM		

Vagotomy
Vein Stripping

MAJORS (Assistant Optional or Not Required)

Hernioplasty (Umbilical or Inguinal)
Rectocele and Cystocele Repair
Tubal Ligation, open or Laparoscopic
Vein Ligation

MINORS (Assistant Optional or Not Required)

Amputation Fingers or Toes

Bartholin Cyst Excision
Biopsy of Cervix
Breast Biopsy
Breast Tumor or Cyst

Cast Application
Cataract Extraction/Lens Implantation
Cauterization Lesions
Cervical Conization
Cervical Node Biopsy
Closed Reduction
Circumcision

Debride of Burns
Debride of Minor Injuries
Dilation and Curettage

Esophagogastroduodenoscopy
Colonoscopy
Neuroma Excision

Fissurectomy
Fistulectomy
Fractures (less than 1 ½ hours)

Ganglion Excision

Hemorrhoidectomy
Hydrocelectomy (Scrotal)
Hymenectomy

REFERENCE #	7420.25	EFFECTIVE	04/2009
SUBJECT:	7420.25 SURGICAL PROCEDURES-MAJORS, MINORS, AND SURGICAL ASSISTS	REVISED	07/2025
DEPARTMENT:	OPERTATING ROOM		

Incision and Drainage of Abscesses
Laryngoscopy
Laparoscopic procedures (gastro-intestinal, gynecology, and orthopedics)

Opening of Colostomy
Oral Cyst Excision
Open Reduction of Fractures

Pilonidal Cystectomy
Pre-Scalene Node Biopsy

Removal of Foreign Body

Saphenous Ligation
Sigmoidoscopy
Suturing of Minor Lacerations

Teeth Extractions
Thyroglossal Cyst
Tracheotomy
Tonsillectomy and Adenoidectomy

REFERENCES:

Physician's as Surgical Assistants: Update 2023.
American College of Surgeons Statements on Principles.
II. QUALIFICATIONS OF THE RESPONSIBLE SURGEON
G. Surgical Assistants

ATTACHMENTS:

None

INFECTION CONTROL-ACUTE

REFERENCE #	8753.A.25	EFFECTIVE: 03/2023
SUBJECT:	GUIDELINES FOR ISOLATION PRECAUTIONS	REVISED: 04/2025
DEPARTMENT:	INFECTION CONTROL -ACUTE	

PURPOSE:

The purpose of this policy is for the ~~protection-in-care~~protection of all patients and health care workers and to prevent the spread of infection from health care workers to patients.

Apply to all patients, regardless of suspected or confirmed infection status in all health care settings.

Any patient who is isolated ~~for~~from an infectious disease will be given the same quality of care as any non-isolated patient. Isolated patients will not be discriminated against at any time and will have total patient care with the specifications of the isolation needs.

AUDIENCE:

Facility Wide.

TERMS/DEFINITION:

POLICY

It is the policy of Modoc Medical Center to ensure all patients and health care workers are protected from the spread of infection by using proper isolation techniques.

The Health Care Infection Control Practices Advisory Committee (HICPAC) has issued Guidelines for Isolation Precautions in Preventing Transmission of Infectious agents in healthcare settings.

PROCEDURE

Standard Precautions/Safe injection practices and use of surgical Respiratory Hygiene/Cough Etiquette and masks during lumbar punctures in addition to familiar Standard Precautions.

Refer to Appendix A for Disease-Specific Isolation Recommendations.

Hand Hygiene

After touching blood, body fluid, secretions, excretions and contaminated items immediately after removing gloves and between patient contacts.

Safe Injection Needles and Syringes are single-use devices.

Limit use of multi-dose vials and ~~dediated~~dedicate them to a single patient when possible.

Personal Protective Equipment (PPE)

Gloves, gowns and mask/eye protection during procedures and patient care activities with anticipated splashes or sprays of blood, body fluids or secretions.

Safe Handling

Commented [EJ1]: Department should only be infection control not acute

REFERENCE #	8753.A.25	EFFECTIVE: 03/2023
SUBJECT:	GUIDELINES FOR ISOLATION PRECAUTIONS	REVISED: 04/2025
DEPARTMENT:	INFECTION CONTROL -ACUTE	

Potentially contaminated equipment or surfaces in the patient environment.
Environmental cleaning and disinfection per facility policy.

Respiratory Hygiene

Instruct patients to cover mouth/nose when sneezing/coughing.

Tissue disposal in ~~no-touch~~ receptacles.

Hand hygiene after soiling ~~had~~ with respiratory secretions.-

~~Use masks to maintain spatial separation (>3 feet) if possible.~~

Commented [EJ2]: What is this supposed to be?

CONTACT ISOLATION

- Prevents transmission of infectious organisms spread by direct or indirect contact with the patient or the patients' environment.
- Recommended when presence of excessive wound drainage, fecal incontinence, or other secretions discharged from the body suggest and increase risk for environmental contamination and transmission of infection.
- ~~Refer to Appendix A for Disease—Specific Isolation Recommendations.~~
- Private Rooms.
- Clean nonsterile gloves when entering the room, remove them before exiting.
- Clean, nonsterile gown when entering the room, remove before exiting.
- Clean, nonsterile gown when entering the room if substantial contact with the patient or potentially contaminated areas in the patients' environment is anticipated, remove before exiting.
- Limit transport to essential purposes and ensure precautions are taken to minimize contamination of environmental surfaces and equipment.
- When possible, dedicate use of noncritical patient care equipment to a single patient and avoid sharing between patients.

Commented [EJ3]: No Appendix A available?

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DROPLET PRECAUTIONS

- Prevents transmission of infectious organisms spread by droplets (~~>5-microns~~) through close respiratory or mucous membrane contact with respiratory secretions through coughing, sneezing, talking, or droplet-inducing procedures.

REFERENCE #	8753.A.25	EFFECTIVE: 03/2023
SUBJECT:	GUIDELINES FOR ISOLATION PRECAUTIONS	REVISED: 04/2025
DEPARTMENT:	INFECTION CONTROL -ACUTE	

- Droplet precautions are used to reduce the transmission of infectious agents from close respiratory or mucous membrane contact, i.e., less than three (3) feet. Masks are required for direct patient contact. However, because these droplets are so large, they do not remain suspended in the air and therefore, N95 masks are not required. A regular mask is appropriate. Masks should be worn inside the patient room once the care of the patient has been initiated. Masks should be disposed of in the patient's room. Hand hygiene should always be performed before leaving the patient's room.
- ~~Refer to Appendix A for Disease-specific Isolations Recommendations.~~
- Private room ~~unless you have two patients with the same isolation.~~
- If special air flow is not needed the door may remain open.
- Limit transport to essential purposes only.
- Follow respiratory hygiene/cough etiquette.
- Gowns and gloves as per standard precautions ~~and facility policy.~~

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AIRBORNE PRECAUTIONS

- Airborne precautions prevent transmission of infectious ~~diseasediseases~~ that are spread by airborne droplets (~~<5 microns~~) that remain infectious and suspended in air for long periods of time over long distances and can be widely dispersed by air currents. Therefore, special air handling and ventilation must be provided in the way of a negative airflow room.
- ~~Private room with monitored negative pressure ventilation of 6-12 air exchanges per hour; Airborne Isolation Room (AHR) preferred.~~
- Discharge of air to the outside of High Efficiency Particulate Air-Filter before recirculation.
- The door and windows must be kept closed at all times.
- Respiratory protection (usually an N-95 mask) for susceptible people must be worn prior to entering ~~roomthe room~~ and removed after leaving ~~roomthe room~~.
- Droplet mask on patient when leaving room if tolerated; follow respiratory hygiene/cough etiquette.
- Limit transport to essential purposes only.
- If possible, non-immune healthcare workers (HCW) should not care for patients with vaccine-preventable airborne diseases.

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REFERENCE #	8753.A.25	EFFECTIVE: 03/2023
SUBJECT:	GUIDELINES FOR ISOLATION PRECAUTIONS	REVISED: 04/2025
DEPARTMENT:	INFECTION CONTROL -ACUTE	

- **PERSONAL PROTECTIVE EQUIPMENT:**

Assuming that all patients are potentially infected or colonized, HCW's must create barriers and use respirators to protect mucous membranes, skin and clothing from contact with these infectious agents. The type of protection will depend upon the tasks involved and the proximity to the patient. The following sections list the type of barrier and the rationale for its use. Refer to appendix A, Sequence for Donning/Removing PPE.

- **GLOVES:**

Gloves should be donned whenever there is possibility of contact with the patient's blood and body fluids, mucous membranes or non-intact skin, when manipulating or handling potentially contaminated patient care equipment and /or environmental surfaces. This protects both the patient and the HCW's.

Gloves must be available in all sizes and all non-allergenic materials. It is often necessary to change gloves while caring for a patient to prevent cross-contamination from one patient site to another. Whenever gloves are changed, hand hygiene should be practiced before donning a clean pair of gloves and should not take the place of good hand washing. Gloves should not be worn outside the patient room and should be removed and disposed of before removing other PPE.

- **ISOLATION GOWNS:**

Gowns should be worn to protect the HCW's clothing from being contaminated with a patient's blood or body fluids and /or other transmittable infectious agents. Protective apparel is worn to reduce the risk of exposure to a patient's blood or body fluids and is mandated by OSHA, as all the PPE's. Gowns are always worn in conjunction with gloves and other PPE's as indicated by the extent of contact with infectious agents or blood/body fluids. Gowns should be removed in the patient's room. The outer side of the gown should be rolled inward to prevent contaminating the HCW's uniform. It should be discarded into a designated container.

- **MASKS:**

Masks should be worn to protect the eyes, mouth, nose and facial skin. Masks are an important part of PPE's as they can prevent the transmission of infectious agents from the HCW to the patient when performing a sterile procedure, and the mask also protects the HCW from the patient's large droplets, which are produced from coughing should the patient have a respiratory infection. Masks used to protect mucosal surfaces against large droplet, splashes and sprays should not be confused with particulate respirators which are used to protect against small droplets containing infectious agents, which are transmitted via the airborne route.

Goggles and Face Shields

REFERENCE #	8753.A.25	EFFECTIVE: 03/2023
SUBJECT:	GUIDELINES FOR ISOLATION PRECAUTIONS	REVISED: 04/2025
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Various types of goggles and face shields must be available to fit the differing facial shapes and contours of all HCW's. Removal of gloves should be done before removing the face shield, goggles or mask.

- **PARTICULATE RESPIRATORS:**

Respiratory protection through the use of the National Institute of Occupational Safety and Health approved N95 dust/mist respirator is an Occupational Safety & Health Association requirement for all HCW to protect them against M. Tuberculosis. N-95 respirators are used in caring for patients with Severe Acute Respiratory Syndrome, Varicella-zoster (chicken pox), smallpox and measles. (Respirators should be used when caring for all patients in all isolation). The respirator should be removed directly outside the patient's room and may be reworn by HCW if the integrity of the mask is intact, i.e., not wet or torn.

Respirators must be tested for each HCW using the most recent fit-testing protocol as issued by OSHA. It is presently required to fit-test all HCWs who care for patients at the time of new hire orientation and annually thereafter.

- **RESPIRATORY HYGIENE/COUGH ETIQUETTE-now part of Standard Precautions**

Respiratory and cough etiquette constitute the basic strategy of successful prevention of health-associated transmission of infectious agents among patients and HCW's. These precautions are to be utilized for contact with all patients regardless of diagnoses or presumed infections. Assume that every patient is potentially infected or colonized with an infectious agent and that the infection can be transmitted.

Respiratory Hygiene/Cough Etiquette has been incorporated into Standard Precautions. Education for staff, family, patients and visitors is essential. Instructions should be clearly stated in appropriate language regarding covering the mouth/nose with a tissue when tolerated and appropriate. Hand hygiene is respiratory infections should be maintained in common waiting area. All these means of containment will help prevent infected people from dispersing respiratory droplets into the air. Cough etiquette should apply to all patients, family members and visitors. HCWs should don a mask when examining or caring for patients with signs of symptoms of respiratory infection.

- **PROTECTIVE ENVIRONMENT**

This category has been added to Expand Precautions and is designated for highly immuno-compromised patients. It is designed to minimize fungal spore counts in the air. Most importantly, the need for such controls has been demonstrated in studies of outbreaks for Aspergillus associated with

REFERENCE #	8753.A.25	EFFECTIVE: 03/2023
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construction projects. Air quality is improved through a combination of the following: HEPA filtration of the incoming air; positive room air pressure relative to the corridor; well-sealed walls, floors, ceilings, windows and electrical outlets to prevent infiltration of outside air. Carpet and upholstery should be replaced with surface's that can be scrubbed. Flowers and potted plants are prohibited in patients' rooms.

APPENDIX A

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

1. Gown

- Fully covered torso from neck to knees; arms to end of wrists and wrap around the back
- Fasten in back of neck and waist

2. Mask or Respirator

- Secure ties or elastic bands or middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit check respiratory

3. Goggles or Face Shield

- Place over face and eyes and adjust to fit

4. Gloves

- Extend to cover wrist of isolation gown.

5. Use Safe Work Practices to Protect Yourself and Limit the Spread of Contamination

- Keep hands away from face
- Limit surfaces touched
- Change gloves when worn or heavily contaminated
- Perform hand hygiene

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Gloves

Outside of gloves is contaminated
 Grasp outside of glove with opposite gloved hand; peeled off
 Hold removal glove in gloved hand
 Slide fingers of ungloved hand under removing glove at the risk
 Peel love off over first glove
 Discard gloves in waste container

REFERENCE #	8753.A.25	EFFECTIVE: 03/2023
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2. Facemask Do' and Don'ts
 - Clean your hands and put on your face mask so it fully covers your mouth and nose
 - When wearing a face mask, don't do the following:
 - Don't wear your face mask under your nose or mouth/ Don't allow a strap to hang down. Don't cross the straps
 - Don't touch or adjust your facemask without cleaning your hands before and after
 - Don't wear a face mask on your head
 - Don't wear your facemask around your neck
 - Don't wear a face mask around your arm
3. When removing a face mask
 - Clean your hands and remove your facemask by touching only the straps or ties.
 - Do leave the patient area, then clean your hands with alcohol-based hand sanitizer or soap and water.
 - Do remove your facemask touching only the straps or ties, throw it away" and clean your hands again.

ATTACHMENTS:

TERMS/DEFINITION:

REFERENCES:

Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2004.

REFERENCE #	8753.A.25	EFFECTIVE: 03/2023
SUBJECT:	GUIDELINES FOR ISOLATION PRECAUTIONS	REVISED: 04/2025
DEPARTMENT:	INFECTION CONTROL -ACUTE	

REFERENCE #	8753.A.25	EFFECTIVE: 03/2023
SUBJECT:	GUIDELINES FOR ISOLATION PRECAUTIONS	
DEPARTMENT:	INFECTION CONTROL -ACUTE	REVISED: 04/2025

REFERENCE #	8753.A.25	EFFECTIVE: 10/2007
SUBJECT:	NEEDLESTICK OR BODY FLUIDS EXPOSURE	REVISED: 6/2025
DEPARTMENT:	INFECTION CONTROL -ACUTE	

PURPOSE:

The purpose of this policy is a guide staff on the procedure to be followed I the event of a needlestick or body fluid exposure.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

Employees: Any worker that has been vetted by Modoc Medical Center (MMC); Human Resources (HR) Department.

Non-Employees: Travelers, Volunteer Medics or Firefighters and anyone that is employed by another agency

HBV: Hepatitis B Virus

HCV: Hepatitis C Virus

HIV: Human Immune Deficiency Virus

Medical Designee: may include providers, MDs, Nurse practitioner and /or PA

POLICY:

It is the policy of MMC to guide the staff on the procedure in the event of a needle stick or body fluid exposure.

PROCEDURE:

EXPOSED /INVOLVED EMPLOYEE:

1. The exposed employee must immediately stop what they are doing and rinse/disinfect the exposed area.
 - a. Percutaneous injuries (a needlestick or skin break from a needle or sharps that was in contact with blood and body fluids). Allow to bleed and wash with soap and rinse with running water for five minutes.
 - b. Eyes, mouth or other mucous membranes: Rinse with running water for 5 minutes.
2. If a medical evaluation is needed report to the Emergency Department for evaluation if the clinic does not have a walk-in provider.
3. If a medical evaluation is needed report to the Emergency Department for evaluation if the clinic does not have a walk-in provider.
4. If the employee refuses to be seen after reporting an injury, they must sign the Physician Referral Waiver for employee injuries form and turn it in with the injury packet.

REFERENCE #	8753.A.25	EFFECTIVE: 10/2007
SUBJECT:	NEEDLESTICK OR BODY FLUIDS EXPOSURE	REVISED: 6/2025
DEPARTMENT:	INFECTION CONTROL -ACUTE	

5. Complete the employee injury/incident checklist packet. Remember to complete all forms and they must be submitted to the Human Resource Department immediately following the injury/incident (no later than 24 hours).
6. Complete safety -first report of the injury/incident.

Supervisor:

1. Assess the need for additional first aid.
2. Assist the exposed employee with first aid if needed and appropriate.
3. If there is an identifiable source (patient), the supervisor or designated must inform the source about the incident.
 - a. All attempts must be made to confidentially request that the source consents to a blood draw to document their status for HIV, HBV, and HCV.
4. Facilitate medical follow-up for the exposed employee.
5. Escort the source and the exposed employee to the ED if a clinic walk in provider is not available.
6. Ensuring submission of Employee Injury/Incident Checklist packet is completed filled out an sent to HR immediately following the injury /incident (no later than 24 hours).

Medical Designee:

1. Evaluate the exposed employee's needs for further first aid or immediate post-exposure prophylaxis (PEP).
2. Determine whether blood drawn on the source is necessary.
 - a. Obtaining the name and date birth of the source
 - b. Performing a health record chart review of the source.
 - c. Confirming the source consent for testing has been obtained or refused.
3. Order the labs necessary on the source from the following list:
 - a. Needlestick Exposure MODO Order set (Which includes HIV Ag/Ab Combination ½ screen and Acute Hepatitis Panel.
4. Excuse the source as no further source appointments are required.
5. If the source HIV, HBV and/or HCV status is positive the provider will determine the need for PEP for the employee.
6. Ensure that a blood sample from the exposed employee is drawn
 - a. If the exposed employee gives consent the sample will be tested for:
 - i. Acute Hepatitis Panel
 - ii. HIV Ag/Ab Combination ½ Screen
 - iii. ALT
 - iv. AST
7. Complete the Workers' Compensation Claim Form (Doctor's First Form)
8. The follow up will be done in 6 weeks, 3 months, and 6 months with clinic provider.
9. If the person is not an employee of MMC (Non-employee) they must follow up with their Workman's Comp company and primary care provider for further follow up.

Human Resources:

REFERENCE #	8753.A.25	EFFECTIVE: 10/2007
SUBJECT:	NEEDLESTICK OR BODY FLUIDS EXPOSURE	
DEPARTMENT:	INFECTION CONTROL -ACUTE	REVISED: 6/2025

1. Ensure all steps are completed in accordance with the On-the-job Injury Protocol.
2. Communicating with exposed employees regarding rights and how to access injury compensation benefits
3. Assign exposure cases to the Infection Preventionist Nurses (Judy Jacoby Acute and Suzanne Johnson SNF and/or Laboratory personnel as appropriate to follow up.
 - a. Skilled Nursing Facility (SNF) exposure will be sent to the SNF Infection Preventionist.
 - b. All other exposures will be sent to the acute Infection Preventionist.

Infection Preventionist is to follow up with the entire six-month process to be sure patient gets their f/u testing/counseling done and gets their results interpreted and responded to as follows:

1. Maintain a sharps/injury log.
2. Provide a sharp/injury report to the infection control committee.
3. Assist in the evaluation of devices being used in the workplace.
4. Responsible for communicating with exposed employees regarding post exposure follow up care with clinic providers.
 - a. Assess exposed employee scheduling the follow up appointments. The follow-up appointments should be scheduled:
 - i. 6 weeks-HIV
 - ii. 3 months- HIV, Hepatitis C
 - iii. 6 months-HIV Hepatitis C, Hepatitis B
 - b. When the exposed employee starts with one provider, they see the same provider until the post exposure series is completed.

NON- EMPLOYEE

1. The exposed non-employee must immediately stop what they are doing and rinse/disinfect the exposed area.
 - c. Percutaneous injuries (a needlestick or skin break from a needle or sharps that was in contact with blood and body fluids). Allow to bleed and wash with soap and rinse with running water for five minutes.
 - d. Eyes, mouth or other mucous membranes: Rinse with running water for 5 minutes.
2. If a medical evaluation is needed, report to the Emergency Department for evaluation.
3. Post exposure follow up should be done by their primary care provider or wherever their company directs them to.

Attachment 1: Employee Injury Incident Checklist

Attachment 2: MMC Employee Injury Report Form

Attachment 3: Workers' Compensation Claim Form

Attachment 4: Physician Referral Waiver Form

Attachment 5: In Case of Exposure to Bloodborne Pathogens

Attachment 6: Report of Exposure to Bloodborne Pathogen Form

Attachment 7: hepatitis B Vaccination/Declination form

REFERENCE #	8753.A.25	EFFECTIVE: 10/2007
SUBJECT:	NEEDLESTICK OR BODY FLUIDS EXPOSURE	
DEPARTMENT:	INFECTION CONTROL -ACUTE	REVISED: 6/2025

Attachment 8: Bloodborne Pathogen Exposure checklist for Infection Preventionist (for internal use only)

REFERENCES

CDC, MMWR. "Updated Public Health Service Guidelines for the management of Occupational Exposure to HIV and Recommendations for Postexposure Prophylaxis." 09/25/2013.

CDC, MMWR. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, HIV and Recommendations for Postexposure Prophylaxis 2001: 50(RR-11): 1-52.

Bennett G. Infection Prevention Manual for Ambulatory Care ICP Associates 2009.
New York State Department of Health AIDS Institute. Recommendations for HIV Postexposure Prophylaxis (PEP). 2008. Available at <http://www.hibguidelines.org>

Henderson DK, Fahey BJ, Willy M, Schmitt JM, Carey, K, Koziol DE. Risk for Occupational Transmission of Human Immunodeficiency Virus Type (HIV-1) Associated with Clinical Exposure. A prospective evaluation. Ann Intern Med 1990. Nov 15. 113 (10):740-6

REFERENCES:

ATTACHMENTS:

Blood Transfusion Informed Consent Information

FACILITIES/EOC

<u>REFERENCE #</u> <u>8460.25</u>	<u>EFFECTIVE 1997</u>
<u>SUBJECT:</u> <u>8460.25 LIST OF CHEMICALS NOT TO BE MIXED</u>	
<u>DEPARTMENT:</u> <u>FACILITIES</u>	<u>REVISED 6/2025</u>

PURPOSE:

The purpose of this policy is to identify hazardous combinations of chemicals that should not be mixed.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC) to maintain safe handling of **c**Chemicals not to be mixed.

PROCEDURE:

Bold face chemicals shall not be mixed with the agents following them in the list below:

1. **Alkali Metals:** Calcium, Potassium Water, Carbon Dioxide, Carbon Tetrachloride, and Sodium Chlorinated Hydrocarbons.
2. **Acetic Acid:** Chromic Acid, Nitric Acid, Hydroxyl containing compounds Ethylene Peroxides.
3. **Acetone:** Concentrated Sulfuric and Nitric Acid mixes.
4. **Acetylene:** Copper (tubing) Fluorine, Bromine, Chlorine, Iodine, Silver, Mercury and their compounds.
5. **Anhydrous Ammonia:** Mercury, Halogens, Calcium, Hydrochloride, and Hydrogen Fluoride.
6. **Aniline:** Nitric Acid and Hydrogen Peroxide.
7. **Bromine:** Ammonia, Acetylene, Butadiene, Butane, Hydrogen, Sodium Carbide and Turpentine.
8. **Chlorate:** Ammonium Salts, Acids, Metal Powders, Sulfur, Combustibles and Carbon.
9. **Chromic Acid:** Acetic Acid, Naphalene, Camphor Alcohol, Glycerin Turpentine and other flammable liquids.
10. **Chlorine:** Ammonia, Acetylene, Butadiene and Benzene.
11. **Cyanided:** Acids
12. **Hydrogen Peroxides:** Copper, Chromium, Iron, Flammable Fluids and other Combustible Materials.
13. **Hydrogen Sulfide:** Nitric Acid and Oxidizing Gases.

REFERENCE #	8460.25	EFFECTIVE 1997
SUBJECT:	8460.25 LIST OF CHEMICALS NOT TO BE MIXED	REVISED 6/2025
DEPARTMENT:	FACILITIES	

14. **Iodine:** Acetylene, Ammonia.

15. **Hydrocarbons:** Fluorine, Chlorine, Bromine, Chromic Acid and Sodium Peroxide.

16. **Mercury:** Acetylene, Fulminic Acid and Hydrogen.

17. **Nitric Acid:** Acetic Chromic, Hydrocyanic Acids and Flammable Materials.

18. **Oxygen:** Oils, Grease, Hydrogen, Flammable Liquids, Solids and Gases.

19. **Perchloric Acid:** Acetic Anhydride, Bismuth and its Alloys, Alcohol, Paper, Wood and other Organic Materials.

20. **Phosphorous Pentoxide:** Water

21. **Potassium Permanganates:** Glycerin, Ethylene, Glycol, Benzaldehyde and Sulfuric Acid.

22. **Sodium Peroxide:** Oxidizable Substances, Methanol, Glacial Acetic Acids, Acetic Anhydride Benzaldehyde and Glycerin

23. **Sulfuric Acid:** Chlorates, Perchlorates permanganates and Water.

REFERENCES:

[None.](#)

ATTACHMENTS:

[None.](#)

REFERENCE # 8460.25	EFFECTIVE 10/2020
SUBJECT: 8460.25 COMPRESSED GAS AND OXYGEN USE	
DEPARTMENT: FACILITIES/EOC	REVISED 6/2025

PURPOSE:

The purpose of this policy is to ensure the safety of all patients, visitors and staff of Modoc Medical Center (MMC) by establishing safe practices in storage, transportation and usage of compressed gases.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center (MMC) to ensure all staff involved in the storage, transportation and usage of compressed gases are trained and follow the guidelines set out in the following procedures.

PROCEDURE:

A. General Guidelines for Storage, Transportation and Use of Compressed Gas Cylinders

1. The person that receives compressed gas cylinders shall be responsible for ensuring that all cylinders have caps on them and shall immediately reject all cylinders which are not equipped with caps.

EXCEPTION: Small "E" and similar sized compressed gas cylinders which are not threaded for caps are excepted from this rule, although they must have tape or other forms of dust cover over the valve when they are received.

2. Compressed gas cylinders shall be secured at all times when on MMC property. Chains or other methods for securing the cylinders will be used for this purpose.
 - a. Where small cylinders are stored, boxes and/or carts with dividers to hold the cylinders upright shall be installed and used.
 - b. Large cylinders are secured by a dual chain system.
 - c. Small and large cylinders cannot be adequately secured together with a single chain.
3. Compressed gas cylinders shall be transported on carts only and must be secured while on the carts. Carrying compressed gas cylinders by hand is prohibited.
4. The tag supplied with each cylinder indicating FULL, IN USE and EMPTY shall be used to indicate the status of the cylinder.
5. Full and partially full cylinders shall be stored separately from empty cylinders.

REFERENCE # 8460.25	EFFECTIVE 10/2020
SUBJECT: 8460.25 COMPRESSED GAS AND OXYGEN USE	
DEPARTMENT: FACILITIES/EOC	REVISED 6/2025

6. Prior to attaching a regulator or flow meter to a compressed gas cylinder the valve of the cylinder shall be opened slightly to clear it of dust. The valve opening shall be pointed in a safe direction when the procedure is performed.
7. After a regulator or flow meter has been attached the main cylinder valve shall be slowly opened. Only after the valve has been opened completely, and then closed approximately $\frac{1}{4}$ turn so the tightly turned valve will not be mistaken for a closed valve, should the second stage of the regulator be opened.
8. Organic materials, such as oil, shall never be applied to oxygen and nitrous oxide delivery equipment and regulators.

B. Oxidizing Gases

1. Quantities of oxidizing gases in excess of 2,000 cu ft, approximately 10 "H" size cylinders, shall be stored only in special storage rooms provided for this purpose.
2. Regardless of quantity, the storage rooms in which oxidizing gases are located shall be maintained free of flammable and combustible materials.
3. NO SMOKING signs shall be prominently displayed in all areas where oxidizing gases are stored, in use, or present.
4. All electrical products or devices which may produce a spark, and any smoking materials shall be prohibited whenever oxygen is present.

C. Flammable Gases

1. Flammable gases shall be stored separately from oxidizing gases. The only exception shall be acetylene cylinders on welding carts.
2. A no smoking policy shall be in effect in all areas where flammable gases are present, and signs shall be displayed.
3. The flammable gas storage area shall be maintained free of combustibles and oxidizing agents.
4. When flammable gas cylinders are attached to regulators or other equipment a soap solution will be used to check for leaks.

D. Pressure Regulators and Needle Valves

1. Needle valves and regulators are designed specifically for different families of gases. Use only

REFERENCE # 8460.25	EFFECTIVE 10/2020
SUBJECT: 8460.25 COMPRESSED GAS AND OXYGEN USE	
DEPARTMENT: FACILITIES/EOC	REVISED 6/2025

the properly designed fittings.

2. Throats and surfaces must be clean and tightly fitting. Do not lubricate.
3. Tighten regulators and valves firmly with the proper-sized wrench. Do not use adjustable wrenches or pliers. Do not force tight fits.
4. Open valves slowly. Do not stand directly in front of gauges (the gauge face may blow out). Do not force valves that stick.
5. Check for leaks at connections. Leaks are usually due to damaged faces at connections or improper fittings. Do not attempt to force an improper fit (it may only damage a previously undamaged connection and compound the problem).
6. Valve handles must be left attached to the cylinders.
7. The maximum rate of flow will be set by the high-pressure valve on the cylinder.
8. Shut off the cylinder when it is not in use.

E. Empty Cylinders

1. Each cylinder must be transferred to EMPTY when it is empty.
2. Empty or unused cylinders must be returned promptly.
3. Replace valve safety caps.

F. Oxygen Use

1. Oxygen and other gases are potentially dangerous. Special safety precautions will be taken at all times while using or storing oxygen.
2. Ensure cylinders are secure in the rack and never hang anything on cylinder.
3. Crack valves to clear them before bringing the tank into patient/resident care areas.
4. Read labels, tags, and color code before administering any compressed gas. Check oxygen supply.
5. Store oxygen cylinders upright and secured.

REFERENCE # 8460.25	EFFECTIVE 10/2020
SUBJECT: 8460.25 COMPRESSED GAS AND OXYGEN USE	
DEPARTMENT: FACILITIES/EOC	REVISED 6/2025

REFERENCES:

"GUIDELINE TO MEDICAL OXYGEN SUPPLY SYSTEM FOR HEALTHCARE FACILITIES."
https://asiaiga.org/uploaded_docs/aiga%20049_17%20healthcare%20facility%20bulk%20medical%20o2%20supply%20systems%2010_05_17.pdf.

ATTACHMENTS:

NONE

REFERENCE #	8460.25	EFFECTIVE 3/2015
SUBJECT:	8460.25 DISPOSAL OF BIO-HAZARDOUS WASTE	REVISED 2/2025
DEPARTMENT:	FACILITIES/EOC	

PURPOSE:

The purpose of this policy is to provide a method for segregation of bio-hazardous wastes from point of origin to disposal.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center (MMC) to protect both healthcare workers and the general public by ensuring that bio-hazardous waste is properly handled, stored, and disposed of, following established safety guidelines.

PROCEDURE:

Contaminated waste containers shall be clearly identified by stating "bio-hazardous waste" on the container lid and the plastic liner. These containers shall be readily accessible in the following areas and used only for waste contaminated with bloody fluid or bloody fluid products, and certain isolation wastes.

- ~~Labor/Delivery anteroom~~
- Emergency room
- Acute Hospital
- Surgery Department
- Skilled Nursing Facility
- Clinic
- Lab
- Contact Isolation

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The above containers will also be placed in the room of any patient in isolation precautions.

Only state approved red bags, which meet the Standard B 1709-75 test of the American Society for Testing and Materials and certified by the bag manufacturer, shall be used. These bags shall be clear marked as containing bio-hazardous waste and shall be impervious and tear resistant. The bag shall be tied securely, double bagged, if needed for additional protection and taken to the waste room.

The waste room shall have limited access, and shall have a prominent warning sign, both in English and Spanish. The sign shall state: "Caution-Bio-Hazardous Waste Storage Area-Unauthorized Persons Keep Out.

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Waste cans shall be securely closed to prevent rodent or vermin entry and shall have the universal bio-hazard symbol on them.

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REFERENCE # 8460.25	EFFECTIVE 3/2015
SUBJECT: 8460.25 DISPOSAL OF BIO-HAZARDOUS WASTE	REVISED 2/2025
DEPARTMENT: FACILITIES/EOC	

Maintenance personnel shall transport the bio-hazardous waste to the medical waste freezer where it is held until transported to the medical waste treatment center.

6. Reusable containers for infectious waste shall be thoroughly washed and decontaminated, only if plastic bags containing waste have been broken or have leaked. If this is the case the containers shall be thoroughly rinsed with hypochlorite solution of 500ppm available chlorine.

REFERENCES:

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ATTACHMENTS:

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REFERENCE #	8460.25	EFFECTIVE 02/25
SUBJECT:	8460.25 LIQUID OXEGEN	REVISED
DEPARTMENT:	FACILITIES	

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PURPOSE:

The purpose of this policy is ~~to establish~~ establishes guidelines and procedures for the safe handling, storage, and utilization of liquid oxygen within Modoc Medical Center (MMC), ensuring the safety of patients, staff, and visitors.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

~~None.~~

POLICY:

It is the policy of Modoc Medical Center (MMC) to make sure all personnel involved in the handling, storage, distribution, and use of liquid oxygen within the hospital premises ~~follow proper procedures as outlined in this document.~~

PROCEDURE:

1. Storage and Handling:

- Liquid oxygen shall be stored in O2 room that is well-ventilated, dry, and secure from unauthorized access.
- Storage areas must be equipped with appropriate signage indicating the presence of liquid oxygen and any associated hazards.
- Personnel responsible for handling liquid oxygen must be trained in safe practices and emergency procedures.

2. Safety Precautions:

- Smoking, open flames, and sparks are strictly prohibited in areas where liquid oxygen is stored or handled.
- No receptacles or light switches in O2 room.
- Only approved containers and equipment specifically designed for use with liquid oxygen shall be used.
- Regular inspections of storage tanks and equipment shall be conducted to ensure integrity and identify any potential hazards.

3. Usage:

- Liquid oxygen should only be used for its intended medical purposes, following established protocols and guidelines.
- Proper ventilation and adequate space shall be maintained during the use of liquid oxygen to prevent accumulation of oxygen-enriched atmospheres.

4. Emergency Procedures:

REFERENCE #	8460.25	EFFECTIVE 02/25
SUBJECT:	8460.25 LIQUID OXEGEN	REVISED
DEPARTMENT:	FACILITIES	

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- Emergency procedures for spills, leaks, or other incidents involving liquid oxygen shall be clearly documented and accessible to all personnel.
- Personnel shall be trained in emergency response protocols, including evacuation procedures and first aid measures.

5. Training and Education:

- All personnel involved in the handling of liquid oxygen shall receive initial and ongoing training on safety procedures, including the hazards associated with oxygen-enriched atmospheres.
- Training records shall be maintained and updated as necessary.

Safety and operational procedures for managing liquid oxygen tanks:

1. Initial Setup:

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- Ensure all valves are off before proceeding.
- Strap liquid oxygen tank securely with safety straps (top and bottom).
- Attach air hoses to the gas valve (labeled on liquid tank as gas) and tighten them securely with a wrench.
- Turn gas valve on and check for leaks by using soapy water.

2. Flow Rate Management:

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- If the oxygen usage is over 12 liters per minute, turn on the pressure builder all the way.
 - The pressure builder valve is located on the liquid oxygen tank (labeled as pressure builder) and should be adjusted accordingly.

3. Switching Between Tanks:

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- When switching from tank A to tank B:
 - Shut off the gas valve on tank A.
 - Turn on the gas valve on tank B.
- When switching from liquid oxygen to compressed gas oxygen:
 - Shut off all valves on the liquid oxygen canisters.
 - Open all valves on the compressed gas oxygen.

4. Monitoring and Safety Checks:

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SUBJECT:	8460.25 LIQUID OXEGEN	REVISED
DEPARTMENT:	FACILITIES	

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- Check O2 room gauges daily to ensure everything is functioning properly.
- The low oxygen alarm will activate when pressure drops to 1500 psi and will remain on until 1400 psi.

REFERENCES:

[None.](#)

ATTACHMENTS:

[None.](#)

REFERENCE #	8460.25	EFFECTIVE 2015
SUBJECT:	8460.25 TYPES OF FIRES	REVISED 2025
DEPARTMENT:	FACILITIES	

PURPOSE:

The purpose of this policy is to provide clear guidelines and procedures for ~~fire-fighting~~firefighting, particularly focusing on different types of fires and corresponding extinguishing methods.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC) to give a better understanding of ~~fire-fighting~~firefighting procedures, fires are divided into three classifications called A, B, and C.

Extinguishers are also classified as A, B, or C. Wwater possesses the greatest cooling effect of any ordinary and readily available known substance and therefore, since a cooling effect is required for class "A" fires, water is used as the ~~principle~~principal content of all class "A" or cooling type extinguishers.

A wide variety of dense, heavier than air gases, powdered chemicals and foam producing substances are used in class "B" extinguishers. Aall of them smother class "B" fires by excluding air.

Class "C" extinguishers use a nonconductive extinguishing agent.

PROCEDURE:

Types of Fires:

Class "A"

Fires in ordinary combustible such as paper, wood, cloth, etc., are normally extinguished by cooling.

Class "B"

Fires involving flammable liquids, such as gasoline, oil, alcohol, benzine, etc., are best extinguished by smothering. (This includes food on the stove fires.)

Class "C"

Fires involving electrical equipment, appliances and wiring in which the use of nonconductive extinguishing agent prevents injury.

REFERENCE # <u>8460.25</u>	EFFECTIVE 2015
SUBJECT: <u>8460.25 TYPES OF FIRES</u>	
DEPARTMENT: <u>FACILITIES</u>	REVISED 2025

REFERENCES:

None

ATTACHMENTS:

None

TYPES OF FIRE EXTINGUISHERS

		RECOMMENDED FOR CLASS OF FIRE		
TYPE OF EXTINGUISHER	CONTENTS	A	B	C
SODA-ACID	BICARBONATE OF SODA	x		
	POWDER			
	WATER			
	SULFURIC ACID			
PRESSURIZED WATER	PLAIN WATER			
	CARBON DIOXIDE CARTRIDGE	x		
FOAM	BICARBONATE OF SODA	x	x	
	FOAM STABILIZING AGENT			
	WATER			
	ALUMINUM SULFATE			
LOADED STREAMS	ALKALI-METAL-SALT-SOLUTION	x	x	
VAPORIZING LIQUID*	CARBON TETRACHLORIDE	x	x	
CARBON DIOXIDE	CARBON DIOXIDE UNDER PRESSURE	x	x	
STANDARD DRY CHEMICAL	DRY CHEMICAL	x	x	

REFERENCE #	8460.25	EFFECTIVE 2015
SUBJECT:	8460.25 TYPES OF FIRES	
DEPARTMENT:	FACILITIES	REVISED 2025

	CARBON DIOXIDE CARTRIDGE			
MULTIPURPOSE DRY	DRY CHEMICAL	x	x	x
CHEMICAL	CARBON DIOXIDE CARTRIDGE			

CLASS A FIRES = ORDINARY COMBUSTIBLES (WOOD, PAPER, ETC.)

CLASS B FIRES = FLAMMABLE LIQUIDS (OIL, GASOLINE, PAINTS, ETC.)

CLASS C FIRES = ELECTRICAL EQUIPMENT

•CAUTION: NOT RECOMMENDED FOR INDOOR USE. DO NOT USE EXTINGUISHERS OF THIS TYPE IN SMALL ROOMS OR CONFINED SPACES BECAUSE OF THE TOXICITY OF THE LIBERATED OR PRODUCED VAPORS AND GASES.

DIETARY-SNF

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25 ADJUSTING WEIGHTS FOR AMPUTEES	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	REVISED 06/2025

PURPOSE:

The purpose of this policy is to know the correct formulas and information to adjusting an amputee's weight.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center to determine adjusted ideal body weight and adjusted BMI for those with amputations, the percentage of body weight indicated by the chart below is subtracted from the ideal body weight (IBW) range.

Average Weight Percentage of Body Segments

Foot	1.5%
Lower Arm and Hand	2.3%
Entire Arm and Hand	5.0%
Lower Leg and Foot	5.9%
Entire Leg	16%

PROCEDURE for Ideal Body Weight

1. Using the *Height/Weight Tables for Determining Body Weight Ranges* to determine the individual's normal IBW for height.
2. Locate the percentage weight of the amputated limb and calculate the number of estimated pounds for that limb.
3. Subtract the estimated weight of the limb from the IBW range for an estimated normal IBW after amputation.

Example:

Male with below knee amputation (5.9%) – height 5'7"

- Ideal Body Weight (mean Range) – 148#
- $148\# \times .059$ (5.9%) = 8.73 pounds
- Adjusted Ideal Body Weight = $148\# - 8.55\# = 139.27\#$

PROCEDURE for calculating BMI:

1. Go to the webpage <https://www.limbpower.com/exercise/new-amputee-bmi-calculator> to begin calculation
2. Check the appropriate limb(s) that is missing
3. Have the calculator determine the BMI
4. Document this BMI in the EMRI and know that the Cerner BMI is not a field that one can be manually changed.

REFERENCES:

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25 ADJUSTING WEIGHTS FOR AMPUTEES	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	REVISED 06/2025

1. Lefton JC. Anthropometric measurements. In: Charney P, Malone A. Academy of Nutrition and Dietetics Pocket Guide to Nutrition Assessment. Chicago IL: Academy of Nutrition and Dietetics. 2016;50-75.
2. Elliot CH, ed. Dietetics in Health Care Communities Pocket Resource for Nutrition Assessment, 2017 edition. Chicago IL: Academy of Nutrition and Dietetics; 2017.

ATTACHMENTS:

None

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25 DETERMINING BODY MASS INDEX	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	REVISED 06/2025

PURPOSE:

The purpose of this is to understand what body mass index (BMI) is used for and/or how to calculate BMI.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

Body mass index (BMI) is a measure of body fat based on height and weight, which applies to both adults, men and women, as well as children.

POLICY:

It is the policy of Modoc Medical Center that all individuals will be assessed for indicators of nutritional status and e using BMI (as one of many factors).

PROCEDURE:

1. BMI will be utilized as an indicator of body fatness and/or ideal body weight. Higher BMI is associated with diabetes and cardiovascular disease. Data suggests that a higher BMI range may be protective in older adults and that the standards for ideal weight (BMI of 18.5 to 25) may be too restrictive in the elderly. A lower BMI may be considered detrimental to older adults due to the association with declining nutrition status, potential pressure injuries, infection and other complications. A BMI of 19 or less may indicate nutritional depletion, while a BMI of 30 or above indicates obesity.

Classification	BMI (kg/m ²)	
	Principal cut-off points	Additional cut-off points
Underweight	<18.50	<18.50
Severe thinness	<16.00	16.00
Moderate thinness	16.00 - 16.99	16.00 - 16.99
Mild thinness	17.00 - 18.49	17.00 - 18.49
Normal range	18.50 - 24.99	18.50 - 22.99
		23.00 - 24.99
Overweight	≥25.00	≥25.00
Pre-obese	25.00 - 29.99	25.00 - 27.49
		27.50 - 29.99
Obese	≥30.00	≥30.00
Obese class I	30.00 – 34.99	30.00 - 32.49
		32.50 - 34.99
Obese class II	35.00 - 39.99	35.00 - 37.49
		37.50 - 39.99
Obese class III	≥40.00	≥40.00

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25 DETERMINING BODY MASS INDEX	REVISED 06/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

- The registered dietitian nutritionist (RDN) or designee will determine the BMI for individuals utilizing the following formula (or by utilizing the online BMI calculator that can be found at https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html). In some instances, computer programs utilized by the RDN or designee will calculate the BMI automatically when weights and heights are recorded.

$$\text{BMI} = \text{weight (kg)} / \text{height (meters squared)}$$

Current weight in kilograms divided by the square of the height in meters

OR

$$\text{BMI} = \text{weight (lbs.)} / \text{height (inches squared)} \times 705$$

- The RDN or designee will provide appropriate nutrition interventions for individuals with low or declining BMI or individuals with BMI over 30 as appropriate and consistent with goals of care.
- BMI is interpreted based on age, health history, usual body weight, and weight history.

REFERENCES:

- World Health Organization. <http://www.assessmentpsychology.com/icbmi.htm>. Accessed June 20, 2025.
- Neidert K, ed. *Nutrition Care of the Older Adult: A Handbook for Nutrition Throughout the Continuum of Care*. 3rd. ed. Chicago IL: Academy of Nutrition and Dietetics;2016:80-81.

ATTACHMENTS:

None

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 MEASUREMENTS FOR THOSE WHO CANNOT BE WEIGHED	REVISED 07/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

PURPOSE:

The purpose of this policy to who are unable to be weighted will be measured at abdomen, mid arm, thigh and calf, Measurements will be monitored for change.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center for individuals who are unable or unwilling to be weighed, measurements can be taken on a regular basis and tracked for changes.

PROCEDURE:

Procedure for Mid-Arm Circumference

- Using a tape measure, find the mid-point of the arm which is half the distance between the tip of the shoulder and the tip of the elbow. Mark the midpoint with a pen or marker.
- Use the marked location on the arm measured to measure the mid-arm circumference; the individual being measured should be in a supine position with the arm extended along the side of the body and the palm facing upward.
- Raise the individual's arm slightly off the surface of the bed by placing a folded towel under the elbow.
- Slip the tape measure around the arm and into position over the mid-point mark.
- Read and record the measurement and repeat twice for accuracy.

Procedure for Mid-Thigh Circumference

- Legs should be slightly apart. Measure midway between the proximal border of the patella (upper knee) and the intersection of the inguinal crease and the mid-line of the thigh.
- Pull tape snug, but do not compress the tissue.
- Read and record the measurement and repeat twice for accuracy.

Procedure for Mid-Calf Circumference

- Individuals should lie in a supine position with the knee bent at a 90-degree angle.
- Slip the tape over the bent leg and slide it up to the calf, until the largest diameter is located.
- Pull the tape snug but do not compress the tissue.
- Read and record the measurement and repeat twice for accuracy.

Procedure for Waist (Abdominal) Circumference

- Place measuring tape around the waist, just above the bony crease of the hip.

MEASUREMENTS FOR THOSE WHO CANNOT BE
WEIGHED.

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 MEASUREMENTS FOR THOSE WHO CANNOT BE WEIGHED	REVISED 07/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

- The tape should run parallel to the floor and is snug but does not compress the tissue.
- The measurement should be taken at the end of normal expiration of breath.
- Read and record the measurement and repeat twice for accuracy.

To Assure Accurate Measurements

- Tape measure should be taut, but not tight. Measurement variations of >1/4" difference from the previous measurement should be remeasured for accuracy.
- For accuracy and reliability each measurement should be taken three times, yielding similar readings, measurements should be taken by two separate professionals, and repeated measurements should agree within 0.5 cm.
- Measurements should be done monthly and are recorded in inches, recorded per facility policy and monitored for change.
- The registered dietitian nutritionist (RDN) or designee will review these measurements monthly and assess the need for changes in medical nutrition therapy (MNT).
-

REFERENCE:

Mitchell CO. Nutritional Assessment of Elderly Adults. In: Chernoff R, ed. *Geriatric Nutrition: The Health Professional's Handbook*. 4th ed. Burlington MA: Jones and Bartlett Learning; 2014:449-451.

ATTACHMENTS:

None

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 SAFETY WATER TEMPERATURES	
DEPARTMENT:	DIETARY-SKILLED NURSING FACILITY	REVISED 5/2025

PURPOSE:

It is the purpose of this policy to train staff on water temperatures and safety.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center that food service, water temperatures will be safe for all employees, residents, and guests.

PROCEDURE:

- Water temperatures will be monitored and logged in all food and dining areas accessible to employees and residents as part of routine facility maintenance.
- Hot beverages and food temperatures will be monitored on a regular basis to assure appropriate temperatures at the point of service.
- Supervision will be provided to any individual demonstrating decreased safety awareness and/or anyone who is at risk for burns or scalds per clinical assessments.

The chart below shows the estimated time for people to receive second and third degree burns at various temperatures.

WATER TEMPERATURE	TIME TO RECEIVE THIRD DEGREE BURN
120°F	5 minutes
125°F	2 minutes
130°F	10 seconds
140°F	5 seconds
155°F	1 second

Safe hot water temperature goal (<120 degrees). If the target temperature is not met, the kitchen manager needs to notify maintenance.

REFERENCES:

Surveyor for Identified Excessively Hot Tap Water Temperatures That May Cause Scald Burns in Health Care Facilities. <https://ahca.myflorida.com/content/download/10671/file/Hazardouswatertempolicy1.pdf>. Accessed May 29, 2025

ATTACHMENTS:

NONE

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 SAFETY WATER TEMPERATURES	REVISED 5/2025
DEPARTMENT:	DIETARY-SKILLED NURSING FACILITY	

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 SAFETY IN FOOD PREPARATION	REVISED 5/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

PURPOSE:

The purpose of this policy will be to train all dietary staff in food safety while cooking. Dietary staff will be properly trained on equipment and utensils.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center that Food will be prepared in a safe manner to prevent employee injury.

PROCEDURE:

Staff will be trained in the following:

1. Only heavy, dry mitts or potholders will be used when handling hot utensils (wet clothes conduct heat more rapidly). These will be readily available for use. Towels and mitts will not be placed on the stove top.
2. Food should be cooked in appropriate size containers to avoid boiling over. When the food reaches the boiling point, heat should be reduced to prevent boiling over.
3. Pot and pan covers should be removed slowly and by lifting sideways and away from face and body to assure that steam escapes without scalding hands or face.
4. The handles of cooking utensils should be turned away from the edge of the stove so utensils will not be accidentally bumped off. Handles should not be positioned over an open flame.
5. Adequate assistance should be available prior to removing heavy containers from the stove. The work area should be clear prior to moving hot containers.
6. All pots, pans and any cooking equipment can potentially be hot and should be handled properly to avoid burns and other accidents.
7. Grease should be considered a fire hazard. Avoid splashing grease on top of the range. Do not allow grease to build up on equipment (including the hoods). Avoid overheating fat.
8. Food containers should not be over-filled. Ladle foods into other containers to transfer instead of pouring to prevent spills and burns.
9. Breakable dishes and glassware should not be stored on or above shelves or tables where food is prepared.
10. Poisonous and toxic materials should be labeled and used only under conditions that will not contaminate food. They should be stored in locked cabinets in their original containers-outside of the food storage, preparation, equipment and utensil storage areas.
11. Easily shredded, abrasive materials, such as steel wool or sponges should not be used to clean food preparation equipment or utensils.

REFERENCES:

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 SAFETY IN FOOD PREPARATION	REVISED 5/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

NONE

ATTACHMENTS:
NONE

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25TRACKING WEIGHT CHANGES	REVISED 06/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

PURPOSE:

It is the purpose of this policy to maintain accurate weights that will be monitored periodically ~~monitored~~.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center that weights will be documented for all individuals, for the purpose of assessing significant and gradual weight changes.

PROCEDURE:

1. The skilled nursing facility (SNF) will be responsible for obtaining accurate weights on a regular basis ideally monthly, for keeping accurate records. This includes having adequate weight scales, bed scales, lift scales, and/or wheelchair scales as needed.
2. A copy of weight records will be forwarded to the appropriate professional each month: weight team leader, registered dietitian nutritionist (RDN) or designee, nursing supervisor, etc. The RDN or designee will review monthly weights and calculate significant change over one, three, and six months. Many electronic weight tracking programs or electronic medical record reports will calculate weight changes over time and flag those that are significant, however they should be confirmed by a review by the RDN or designer. A copy of all significant weight losses and gains will be given to the interdisciplinary care team for appropriate review and documentation.
3. Weight records should also be reviewed for gradual (insidious) weight loss over a period of a few months. The care plan team should address weight loss that does not trigger as significant because it may be an indicator of other changes in the individual's condition.
4. All residents with significant weight changes will be reweighed to assure accuracy of the weight prior to reporting this to the staff, physician, or family.
5. The care plan team will review and document on all insidious and significant weight changes, with appropriate referrals to the physician and RDN or designee. The RDN or designee will review all significant weight losses and assess for gradual weight loss. The RDN or designer will make referrals and act as necessary (including follow up documentation).
6. The residents, family (or representative), physician and RDN or designee will be notified of any individual with an unintended significant weight change of 5% in one month, 7.5% in three months, or 10% in six months. This includes significant weight gain, which could be an indicator of heart or kidney failure.
7. Residents with significant unintended weight changes will be added to weekly weights for a minimum of 4 weeks or until weight stabilizes.
8. Residents with insidious weight loss may be added to weekly weights at the discretion of the physician, RDN, or interdisciplinary team, particularly if medical condition has changed or meal intake has declined.

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REFERENCES:

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25TRACKING WEIGHT CHANGES	REVISED 06/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

NONE

ATTACHMENTS:

NONE

REFERENCE #	7660.25	EFFECTIVE 4/1/2025
SUBJECT:	7660.25 BREAST FEEDING AFTER THE ADMINISTRATION OF GADOLINIUM INTRAVENOUSLY	
DEPARTMENT:	RADIOLOGY	REVISED

PURPOSE:

The purpose of this policy is to define an appropriate procedure for patients that are breast feeding after the administration of gadolinium.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center to define proper procedures to follow for patients that are breast feeding post administration of gadolinium intravenously.

PROCEDURE:

1. Patients can continue breast feeding immediately after receiving an intravenous injection of gadolinium contrast agent.
2. Patients must be given the Breast-Feeding Information Form prior to their MRI procedure. If the patient has any questions or concerns, they can speak to a Radiologist.
3. If the patient still has concerns, they can pump and throw their milk away for the next 24 hours after their injection of gadolinium.
4. This policy is based on the ACR recommendations stated below:
 - a. Gadolinium compounds are safe and useful as magnetic resonance imaging contrast agents. Although free gadolinium is neurotoxic, when complexed to one of a variety of chelates it is safe for use in adults and children. These hydrophilic gadoliniums chelate agents have pharmacokinetic properties very similar to those of iodinated X-ray contrast media. Like iodinated contrast agents, gadolinium contrast agents have a plasma half-life of approximately two hours and are nearly completely cleared from the bloodstream within 24 hours. Less than 0.04 % of the intravascular dose given to the mother is excreted into the breast milk in the first 24 hours (4-6). Because less than **1%** of the contrast medium ingested by the infant is absorbed from its gastrointestinal tract (7), the expected dose absorbed by the infant from the breast milk is less than 0.0004% of the intravascular dose given to the mother. Even in the extreme circumstances of a mother weighing 150 kg and receiving a dose of 0.2 mmol/kg, the absolute amount of gadolinium excreted in the breast milk in the first 24 hours after administration would be no more than 0.012 mmol. Thus, the dose of gadolinium absorbed from the gastrointestinal tract of a breastfeeding infant weighing 1500 grams or more would be no more than 0.00008 mmol/kg, or 0.04% (four ten-thousandths) of the permitted adult or pediatric (two years or older) intravenous dose of 0.2 mmol/kg. The potential risks to the infant include direct toxicity (including toxicity from free gadolinium, because it is unknown how much, if any, of the gadolinium in breast milk is in the

RADIOLOGY

REFERENCE #	7660.25	EFFECTIVE 4/1/2025
SUBJECT:	7660.25 BREAST FEEDING AFTER THE ADMINISTRATION OF GADOLINIUM INTRAVENOUSLY	
DEPARTMENT:	RADIOLOGY	REVISED

unchelated form) and allergic sensitization or reaction, which are theoretical concerns but have not been reported.

- b. Review of the literature shows no evidence to suggest that oral ingestion by an infant of the tiny amount of gadolinium contrast agent excreted into breast milk would cause toxic effects. We believe, therefore, that the available data suggest that it is safe for the mother and infant to continue breast feeding after receiving such an agent. If the mother remains concerned about any potential ill effects, she should be given the opportunity to make an informed decision as to whether to continue breast-feeding or temporarily abstain from breastfeeding after receiving a gadolinium contrast agent. If the mother so desires, she may abstain from breast-feeding for 24 hours with active expression and discarding of breast milk from both breasts during that period.

REFERENCES:

ACR Manual on Contrast Media 2024; Breast Feeding Recommendations with Associated Strength of Evidence

ATTACHMENTS:

Breast Feeding Information Form

REFERENCE #	7660.25	EFFECTIVE 4/1/2025
SUBJECT:	7660.25 BREAST FEEDING AFTER THE ADMINISTRATION OF GADOLINIUM INTRAVENOUSLY	
DEPARTMENT:	RADIOLOGY	REVISED



BREAST FEEDING INFORMATION FORM

Your doctor has ordered an MRI exam that requires us to give you a gadolinium contrast agent for this exam. Gadolinium is a type of contrast agent that will be injected in a vein in your arm and will give the radiologist additional information when reading your images. After the gadolinium contrast agent is injected, a tiny amount will be excreted into your breast milk. A review of the medical literature suggests that this tiny amount of gadolinium in your breast milk is unlikely to be harmful to your baby. Published data and guidelines from the American College of Radiology suggest that it is safe for your baby to continue breast feeding after you receive an injection of gadolinium contrast agent. If you are concerned about any potential ill effects to your baby from gadolinium contrast, you can speak to a radiologist to help you make an informed decision about whether to continue breast-feeding or temporarily stop breast-feeding after you receive gadolinium contrast agent. If you remain concerned about any potential ill-effects, you can stop breast-feeding for 24 hours, pump both breasts and discard the collected breast milk. After 24 hours you can resume normal breast feeding. If you have any questions and would like to speak to a radiologist, please ask the receptionist.

EMERGENCY DEPARTMENT

REFERENCE #	7010,.25	EFFECTIVE: 10/2007
SUBJECT:	7010.25 REFUSAL OF BLOOD/BLOOD COMPONENT TRANSFUSION	REVISED: 5/2025
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:

The purpose of this policy is to protect the rights of individuals in respect of their refusal to be treated with blood components and/or blood products.

AUDIENCE:

Department Wide

POLICY:

It is the policy of Modoc Medical Center to support and respect the rights of any patient to refuse the administration of blood or blood products, whether for religious or personal reasons, High quality health care will be maintained while preserving the autonomy and dignity of all patients in an environment that is respectful of the patient's desire to minimize or eliminate exposure to blood and blood products.

PROCEDURE:

- The consent form must clearly state the wishes of the patient relating to refusal of all or specific blood components or products.
- Patients who refuse blood or blood products will be identified on initial assessment and documentation of this will be made in the electronic medical record (EMR). At this initial assessment, it will be established whether the patient fully understands the potential implications of the refusal of blood products, the circumstances in which he/she would refuse blood/blood products, and whether this refusal extends to emergency and/or life-saving treatment. All discussions will be fully documented in the EMR.
- A fully informed, competent adult patient is entitled to decide whether to accept medical treatment or not.
- Primary care providers have an obligation to provide the patient with all the information necessary to enable the patient to make an informed decision and to answer any relevant questions the patient may have.
- It is the exclusive duty and responsibility of the treating provider to provide information and to obtain informed consent.
- Primary care providers have an obligation to themselves that a patient is fully informed before the patient accepts or refuses treatment. Staff should not assume that the existence of a medical advance directive automatically means the patient carrying it will refuse treatment.
- If the patient refuses to give consent for the proposed blood/blood component transfusion, the provider has a duty to give the patient all the information that is relevant for a meaningful decision by the patient. The patient needs to be able to verbalize his/her understanding of the potential consequences of declining blood transfusion.
- A valid consent can only be obtained under circumstances which are free of any suggestion of duress or coercion.
- If the patient is unconscious or not competent to make an informed decision, the primary care provider will make every effort to notify the patient's emergency contact or power of attorney to discuss treatment options.

REFERENCE #	7010,.25	EFFECTIVE: 10/2007
SUBJECT:	7010.25 REFUSAL OF BLOOD/BLOOD COMPONENT TRANSFUSION	REVISED: 5/2025
DEPARTMENT:	EMERGENCY DEPARTMENT	

- Medical and nursing staff must accept and respect the patient's informed refusal irrespective of their personal beliefs and opinions.
- It is the responsibility of the treating provider to document in the EMR the initial refusal and outcome. The documentation will include the specifying information that was given to the patient, including the potential consequences of declining blood/blood component transfusion.
- The "Refusal to Permit Blood Transfusion" consent will have the date and time documented along with the patient's signature and witness signature. If the consent is signed by someone other than the patient (e.g., parent/conservator/guardian) the relation needs to be documented on the form.

REFERENCES:

None

ATTACHMENTS:

Blood Transfusion Informed Consent Information/ Refusal to Permit Blood Transfusion

NURSING/MED SURG

REFERENCE #	6170.25	EFFECTIVE: 09/2006
SUBJECT:	6170.25 AGE RELATED DOCUMENTATION FOR PEDIATRIC PATIENTS	
DEPARTMENT:	NURSING -MED SURG	REVISED: 07/2025

PURPOSE:

The purpose of this policy is to ensure accurate, comprehensive, age-appropriate documentation of medical care for pediatric patients (0-18 years old) that supports quality care, legal compliance, and continuity of care.

AUDIENCE:

Department Wide

POLICY:

It is the policy of Modoc Medical Center to outline the standards and requirements for healthcare providers when documenting care, assessment, and communication for patients from birth through adolescence.

PROCEDURE:

Documentation must consider the developmental stage of the patient. Age groups are categorized as follows:

- Neonate: Birth to 28 days
- Infant: 29 days to 1 year
- Toddler: 1-3 years
- Preschool: 3-5 years
- School-age: 6-12 years
- Adolescent: 13-18 years

Developmentally Appropriate Documentation

- Document developmental milestones, growth parameters (height, weight, head circumference), and nutritional status.
- Document vital signs.
- Note any delays or abnormalities in physical, cognitive, social, or emotional development.

Age-Specific Assessments

- Use age-appropriate pain scales (e.g., Wong-Baker FACES, numeric scale).
- Record immunization status.
- Document any education/guidance given to parents/caregivers.

Consent

- Parents and/or legal guardians provide informed consent for minors.
- Document the name and relationship of the consenting adult.

Confidentiality for Adolescents

- For patients 12 years and older, certain information (e.g., reproductive health, mental health, substance use) may be confidential.
- Document separately any confidential discussions with the adolescent and note what was and/or was not shared with parents.

Parent/Caregiver Communication

REFERENCE #	6170.25	EFFECTIVE: 09/2006
SUBJECT:	6170.25 AGE RELATED DOCUMENTATION FOR PEDIATRIC PATIENTS	REVISED: 07/2025
DEPARTMENT:	NURSING -MED SURG	

- Document all discussions with parents or caregivers, including education provided, instructions given, and their understanding.
- Document any parental concerns, observations, and input into the care plan and electronic medical record.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	6170.25	EFFECTIVE: 09/2006
SUBJECT:	6170.25 BED BATH	
DEPARTMENT:	NURSING -MED SURG	REVISED: 7/2025

PURPOSE:

The purpose of this policy is to provide guidelines for the nursing staff on how to provide a bed bath.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

Bed bath is a fundamental aspect of nursing and caregiving. It involves cleaning and refreshing a bedridden person without the need to move them to a shower or bathtub. This procedure not only maintains their cleanliness but also contributes to their comfort and overall well-being.

Partial bed bath focuses on cleaning the face, hands, underarms, and perineal area. It is suitable for patients that can partially assist in their care.

A complete bed bath involves cleaning the entire body, including the back and legs. It is necessary for patients that cannot move or assist with the procedure.

Sponge bath uses a basin of warm water and a washcloth to clean the body. It is a practical alternative when a full bath is not possible.

POLICY:

It is the policy of Modoc Medical Center for every patient to receive a daily bed bath (unless otherwise ordered by the provider) to promote a feeling of well-being, stimulate circulation and remove secretions, perspiration, and microorganisms.

PROCEDURE:

1. Check the patient's care plan and provider orders and note the type of bath and therapeutic bath treatment that is ordered.
2. Review the patients' medical history/medical record for indications of existing skin condition with current skin assessment findings, medication use, and allergies.
3. Perform hand hygiene and put on personal protective equipment as needed.
4. Introduce yourself to patient/family.
5. Identify the patient using at least two unique identifiers.
6. Provide privacy for the patient. Respect the patient's dignity and privacy throughout the procedure by using towels or blankets to cover areas not being bathed.
7. Raise bed to a comfortable working height to avoid self-injury. Lower side rail closest to you and assist patient into a comfortable position.
8. Remove patient's gown carefully. If gown has snaps, unsnap the gown to prevent interference with intravenous (IV) lines.
9. Position any invasive lines to ensure they are free of kinking, coiling, or external compression.

REFERENCE #	6170.25	EFFECTIVE: 09/2006
SUBJECT:	6170.25 BED BATH	
DEPARTMENT:	NURSING -MED SURG	REVISED: 7/2025

10. Perform skin assessments for each area of exposed skin throughout bath. Observe for any abnormalities and notify the nurse of any abnormalities.
11. If using a wash basin, change the water when it cools and between sections of body.
12. Start with the face. Begin by cleansing the patient's face using a soft washcloth and warm, soapy water. Use gentle, circular motions to clean the skin. Encourage the patient to participate as much as they can with the process.
13. Maintain warmth and privacy using a bath blanket.
14. Move to the upper body. Continue with the upper body, including the arms, chest, and abdomen. Ensure thorough but gentle cleaning to prevent skin irritation.
15. Clean the lower body. Next, proceed to the lower body, which includes the legs and feet. Pay close attention to areas where moisture can accumulate.
16. Proceed to the perineal area. When cleaning the perineal area, use a separate washcloth and be particularly gentle and thorough. This is a sensitive area that requires special care.
17. Assist the patient to turn on their side and wash the patient's back with a soapy washcloth using long, firm strokes. Rinse the area and gently dry.
18. Check the skin for any irritation, breakdown, and other abnormalities.
19. Provide a back rub using lotion, if feasible and desired by the patient.
20. After the bath, carefully pat the patient's skin dry with a clean towel. Apply lotion to keep the skin moisturized and dress the patient in fresh, clean clothes.
21. Assess the patient's comfort level and tolerance of bathing procedure.
22. Assist the patient in to a comfortable position in the bed or chair, as appropriate.
23. Verify the function and position of any therapeutic device(s) in place.
24. Maintain patient safety. For example, position for safety, verify any alarms are audible, and verify call light is in easy reach.
25. Make sure the bed linens are clean and dry. Change linens, if necessary.
26. Remove and discard used personal protective equipment and other used materials properly.
27. Clean equipment if there has been any patient contact.
28. Perform hand hygiene.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	6160.25	EFFECTIVE: 09/2006
SUBJECT:	6170.25 BLOOD PRESSURE MONITORING	REVISED: 7/2025
DEPARTMENT:	NURSING -MED SURG	

PURPOSE:

The purpose of this policy is to provide guidelines to the nursing staff on how to obtain blood pressure readings manually and automated.

AUDIENCE:

Department Wide

POLICY:

It is the policy of Modoc Medical Center to provide skilled care when obtaining a patient's blood pressure.

PROCEDURE:

Manual Blood Pressure:

1. Wash hands and ensure the equipment is ready and the correct blood pressure cuff size is selected.
2. Position the patient with arm at heart level and legs uncrossed. Ensure the patient remains still.
3. Locate the brachial artery, just above the elbow.
4. Wrap the blood pressure cuff snugly around the right upper arm, about an inch above the elbow, align the cuff with the brachial artery.
5. Position the stethoscope's diaphragm over the brachial artery below the cuff.
6. Inflate the cuff to constrict the artery until the radial pulse is no longer palpable. Close the valve on the bulb and inflate the cuff by squeezing the bulb. Continue inflating until the manometer reaches at least thirty millimeters of mercury (mmHg) above the expected systolic pressure.
7. Deflate the cuff slowly. Open the valve slightly to deflate the cuff at two to three mmHg per second. Listen to the first Korotkoff sound (systolic pressure) and note the reading on the manometer.
8. Continue deflating the cuff and listen to the point where the Korotkoff sounds disappear (diastolic pressure). Note this reading.
9. Fully deflate and remove the cuff.
10. Document the systolic and diastolic readings in the patient electronic medical record. Documentation to include patient position and blood pressure measurement site.

Automated Blood Pressure Device:

1. Wash hands and ensure the equipment is ready and the correct blood pressure cuff size is selected.
2. Position the patient with arm at heart level and legs uncrossed. Ensure the patient remains still.
3. Locate the brachial artery, just above the elbow.
4. Wrap the blood pressure cuff snugly around the right upper arm, about an inch above the elbow, align the cuff with the brachial artery.
5. Turn on the monitor and let it inflate.
6. Document the blood pressure reading. Documentation to include patient position and blood pressure measurement site.
7. Turn off the monitor and remove the blood pressure cuff from the patient's arm.

If the nursing staff need to use a patient's leg to obtain blood pressure, the primary site for measuring blood pressure in the leg is at the popliteal artery, located behind the knee.

REFERENCE #	6160.25	EFFECTIVE: 09/2006
SUBJECT:	6170.25 BLOOD PRESSURE MONITORING	
DEPARTMENT:	NURSING -MED SURG	REVISED: 7/2025

Popliteal Blood Pressure:

1. Wash hands and ensure the equipment is ready and the correct blood pressure cuff size is selected. The blood pressure cuff should fit snugly around the thigh or calf; improper sizing can lead to inaccurate reading.
2. The patient should be lying down comfortably with legs elevated slightly if necessary. Make sure that both legs are relaxed without any tension.
3. Wrap the blood pressure cuff around the upper part of the thigh. Position the blood pressure cuff approximately one inch above where you palpated the pulse.
4. Inflate the cuff until you can no longer hear any sounds through the stethoscope (usually about twenty-thirty mmHg above the expected systolic pressure). If you use an automated blood pressure monitoring device, turn the machine on and press start to obtain a reading.
5. Slowly deflate the cuff while listening to Korotkoff sounds. Record systolic pressure when you first hear the Korotkoff sound and diastolic when the Korotkoff sounds disappear.
6. Record the blood pressure reading in the patient's electronic medical record. Documentation to include patient position and blood pressure measurement site.

REFERENCES:

None

ATTACHMENTS:

None

PHARMACY/ HOSPITAL

REFERENCE #	7710.25	EFFECTIVE 2012
SUBJECT:	7710.25 RAPID SEQUENCE INTUBATION TRAY	REVISED 6/2025
DEPARTMENT:	PHARMACY - HOSPITAL	

PURPOSE:

The management of Rapid Intubation Trays and their contents to ensure that medications needed for intubation are readily available.

POLICY:

Emergency Room and Acute Nursing staff shall be knowledgeable regarding the facility protocol on Rapid Intubation Tray and the maintenance of its contents.

AUDIENCE:

Facility Wide

PROCEDURE:

1. All licensed staff will be oriented with the rapid intubation tray contents, procedure for verifying and documenting intactness of the seals, and procedure for replacing an open tray during orientation.
- 7 The contents of the trays will be reviewed and revised as needed on an annual basis by the P&T Committee. Any changes in the contents shall be approved by the P&T Committee. A list of contents and next expiration date will be posted on the outside of each tray.
3. The pharmacist will inspect each tray every 30 days for content and expired items and records the check on the pharmacy audit form.
4. There are two trays available for use in the ER Omnicell. The trays are sealed with plastic numbered locks for content control. A replacement tray is available in the Pharmacy.
5. Nursing will return opened kits to the pharmacy for restocking. A replacement tray can be obtained from the Pharmacy and placed in the Emergency Room Omnicell.
6. Pharmacist on call will be notified during the day if only 1 intubation kit remains on a weekend or holiday.

REFERENCE # 7710.25	EFFECTIVE 2012
SUBJECT: 7710.25 RAPID SEQUENCE INTUBATION TRAY	
DEPARTMENT: PHARMACY - HOSPITAL	REVISED 6/2025

CONTENTS

QTY	Item	Exp. Date
1	Atropine 1 mg (10mL)	/
1	Etomidate (AMIDATE) 40 mg (20mL)	/
1	Lidocaine (XYLOCAINE) 100 mg (5mL)	/
1	Succinylcholine 400 mg (20mL)	/
1	Rocuronium 150 mg (15mL)	/
1	Vecuronium (NORCURON) 20 mg (1 VIAL)	/
1	SWFI (Sterile Water for Injection) 20mL Vial	/
1	Syringe 10mL	-
1	Syringe 20mL	-
4	18 Gauge Needles	-
8	Alcohol Prep Pads	-

REFERENCE #	7710.25	EFFECTIVE 2012
SUBJECT:	7710.25 RAPID SEQUENCE INTUBATION TRAY	REVISED 6/2025
DEPARTMENT:	PHARMACY - HOSPITAL	

REFERENCES:

ATTACHMENTS:

1 Rapid Intubation Tray Med List

REFERENCE #	7710.25	EFFECTIVE 2012
SUBJECT:	7710.25 RAPID SEQUENCE INTUBATION TRAY	
DEPARTMENT:	PHARMACY - HOSPITAL	REVISED 6/2025

Modoc Medical Center Rapid Intubation Tray

Patient Name: _____ Date: _____

QTY	Item	Exp. Date
1	Atropine 1 mg (10mL)	/
1	Etomidate (AMIDATE) 40 mg (20mL)	/
1	Lidocaine (XYLOCAINE) 100 mg (5mL)	/
1	Succinylcholine 400 mg (20mL)	/
1	Rocuronium 150 mg (15mL)	/
1	Vecuronium (NORCURON) 20 mg (1 VIAL)	/
1	SWFI (Sterile Water for Injection) 20mL Vial	/
1	Syringe 10mL	-
1	Syringe 20mL	-
4	18 Gauge Needles	-
8	Alcohol Prep Pads	-

Checked & Sealed by: _____ Date: _____

1st Drug to Expire: _____ Exp. Date: _____

Drug Doses

Atropine: Inhibit secretions OR Acute Bradycardia

Adults 0.5mg – 1mg IV push every 5 min, MAX 3mg

Infants: 0.02 mg/kg/dose IV

Etomidate: 0.4 mg/kg over 30 sec IV Push. Onset 30 sec. Duration 3-5 min

Morphine: Adults: 2 – 5 mg IV. Infants: 0.1 mg/kg IV.

Lidocaine: V-Fib in Adults & Infants: 1 mg/kg IV push.

Midazolam (VERSED): 0.3 mg/kg IV push. Onset 1-5 min IV. Duration 1-2 hr

Neuromuscular Blockers – Respiratory Paralytics

Succinylcholine: 1 – 1.5 mg/kg IV push. Onset 30 sec. Duration 4-6 min

Vecuronium (NORCURON): 0.1 mg/kg IV push, dilute to 1 mg/mL

**EXCELL
SPREADSHEET OF
POLICES FOR
SIGNATURE BY
BOARD OF
DIRECTORS**

Contact	Name	Tech Reader Appro	Item Status
Adam Willoughby	8350.25 #0021 PAYMENT PLAN.docx	Kevin Kramer	Pending
Adam Willoughby	8350.25 0012 CHAIN OF COMMAND.docx		Pending
Delinda Gover	7420.25 SURGICAL PROCEDURES-MAJOR, MINORS, AND SURGICAL ASSISTS.docx	Alicia Doss	Pending
Judy Jacoby	8753.A GUIDELINES FOR ISOLATION PRECAUTIONS.docx	Edward Johnson	Pending
Judy Jacoby	8753-A.25 NEEDLESTICK OR BODY FLUID EXPOSURES.docx	Edward Johnson	Pending
Marty Shaffer	8460.24 LIST OF CHEMICALS NOT TO BE MIXED.dotx	Alex Cole	Pending
Marty Shaffer	8460.25 COMPRESSED GAS AND OXYGEN USE.docx	Kevin Kramer	Pending
Marty Shaffer	8460.25 DISPOSAL OF BIO-HAZARDOUS WASTE.docx	Edward Johnson	Pending
Marty Shaffer	8460.25 LIQUID OXEGEN.docx	Alex Cole	Pending
Marty Shaffer	8460.25 TYPES OF FIRES.dotx	Maria Morales	Pending
Raven Sparks	8340.25 ADJUSTING WEIGHTS FOR AMPUTEES.docx	Amber Vucina	Pending
Raven Sparks	8340.25 DETERMINING BODY MASS INDEX.docx	Maria Morales	Pending
Raven Sparks	8340.25 MEASUREMENTS FOR THOSE WHO CANNOT BE WEIGHED.docx	Amber Vucina	Pending
Raven Sparks	8340.25 SAFEETY WATER TEMPERATURES.docx	Amber Vucina	Pending
Raven Sparks	8340.25 SAFETY IN FOOD PREPARATION.docx	Alicia Doss	Pending
Raven Sparks	8340.25 TRACKING WEIGHT CHANGES.docx	Maria Morales	Pending
Shelly Bailey	7660.25 BREAST FEEDING AFTER THE ADMINISTRATION OF GADOLINIUM INTRAVEN	Kevin Kramer	Pending
Susan Sauerheber	6170.25 Age-Related Documentation Pediatric Patient Policy and Procedure 2.docx	Alicia Doss	Pending
Susan Sauerheber	6170.25 Bed Bath Policy and Procedure.docx	Alicia Doss	Pending
Susan Sauerheber	6170.25 Blood Pressure Monitoring Policy and Procedure.docx	Alicia Doss	Pending
Susan Sauerheber	7010.25 Refusal of Blood-Blood Component Transfusion Policy.docx	Alicia Doss	Pending
Vahe Hovasapyan	7710.25 RAPID SEQUENCE INTUBATION TRAY.docx		Pending

DATED: _____ APPROVED BY _____

ATTACHMENT D

**DEPARTMENTAL
MANUALS**

INFECTION CONTROL ACUTE BINDER REVIEW



MEMORANDUM

DATE: 7/30/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: INFECTION CONTROL (ACUTE)
SUBJECT: ANNUAL POLICY MANUAL REVIEW

I have completed the policy manual review for THE INFECTION CONTROL (ACUTE) DEPARTMENT. 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,

Judy Jacoby *HRH MSN. PHN*
JUDY JACOBY

INFECTION CONTROL (ACUTE) MANAGER

JJ/sab



INFECTION CONTROL (ACUTE) POLICY & PROCEDURE MANUAL 2025

The Infection Control (ACUTE) Policy and Procedure Manual has been reviewed and is approved for use at Modoc Medical Center.

Judy Jacoby HAC, MSN PHN
Infection Control (ACUTE)

08/26/2025
Date

Chief Executive Officer

Date

Chair, Board of Directors

Date

INFECTION CONTROL ACUTE DEPARTMENT

REVISING LIST

VANCOMYCIN RESISTANT ENTEROCOCCUS

COVID-19 EMPLOYEE HEALTH AND SAFETY PROTOCOLS

N95 FIT-TESTING

COHORTING ISOLATION PATIENTS IN ACUTE CARE SETTING

GUIDELINES FOR ISOLATED PRECAUTIONS

OUTBREAK INVESTIGATION (DONE IN 2024 BUT NEEDS BOARD APPROVAL)

ARCHIVED/REMOVED

COMMITTEE CHAIRPERSON

SENTINEL EVENT REPORTING

PRE-EMPLOYMENT PHYSICAL EXAMINATION

EMPLOYEE MEASLES, RUBELLA AND VARICELLA DISEASE SCREENING

MOVED TO PROCEDURE MANUAL

INTRODUCTION

INFECTION PREVENTION AND CONTROL PLAN

INFECTION CONTROL COMMITTEE

INFECTION CONTROL COMMITTEE METHODS OF SURVEILLANCE

PERFORMANCE IMPROVEMENT PLAN

ADVERSE EVENT REPORTING

VARICELLA ZOSTER

HEPATITIS B VACCINATION FOR EMPLOYEES

HEPATITIS B VACCINE PROGRAM

PARENTAL CONSENT FOR UNDERAGE EMPLOYEES

ENVIRONMENTAL SERVICES/LAUNDRY BINDER REVIEW



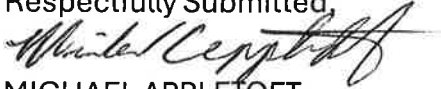
MEMORANDUM

DATE: 8/28/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: MICHAEL APPLETOFT ENVIRONMENTAL SERVICES/LAUNDRY MANAGER
SUBJECT: ANNUAL MANUAL REVIEW

I have completed the review for the ENVIRONMENTAL SERVICES Manual Review. I have identified several items that need to be edited but no critical process changed.

Overall, the Manual is in good shape and it is my recommendation that the Board approve the manual as is, understanding with the new additions to MMC in the coming months, I need add and/or change some Policies.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Michael Appletoft', is written over the printed name.

MICHAEL APPLETOFT

ENVIRONMENTAL SERVICES/LAUNDRY MANAGER

MA/sab



ENVIRONMENTAL SERVICES/LAUNDRY POLICY & PROCEDURE MANUAL 2025

The Environmental Services/Laundry Policy and Procedure Manual has been reviewed and is approved for use at Modoc Medical Center.



Environmental Services/Laundry Policy Office

8-28-25
Date

Chief Executive Officer

Date

Chair, Board of Directors

Date

ENVIRONMENTAL SERVICES DEPARTMENT

REVISING LIST

WASHING OF WINDOW CURTAINS POLICY

ARCHIVED

DIRTY LINEN HANDLING POLICY

ATTACHMENT E

LFHD FINANCIAL STATEMENT

August 2025

(unaudited)

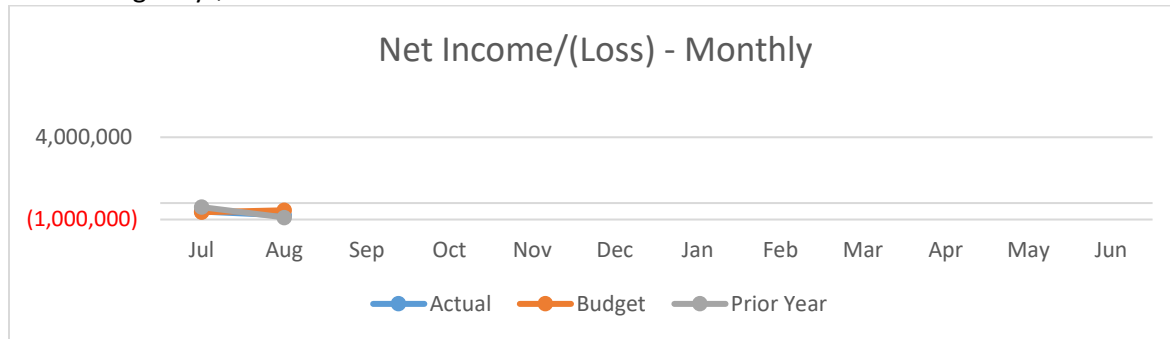


Modoc Medical Center
Financial Narrative
For the Month of August 2025

Prepared by Jin Lin, Finance Director

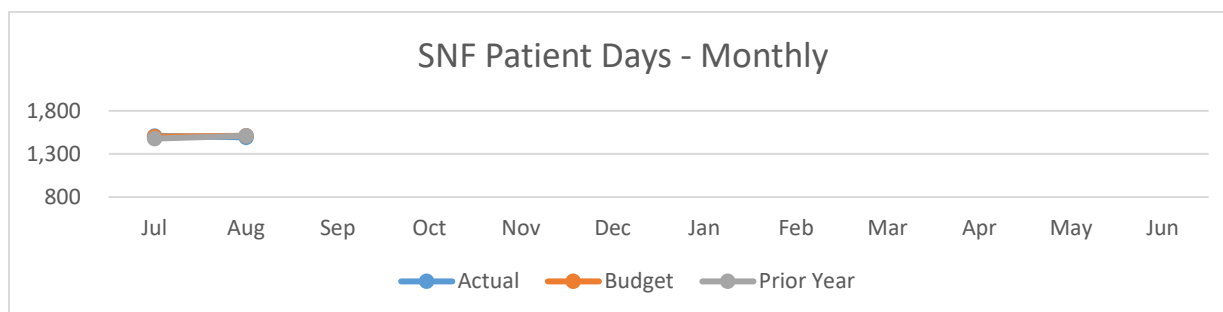
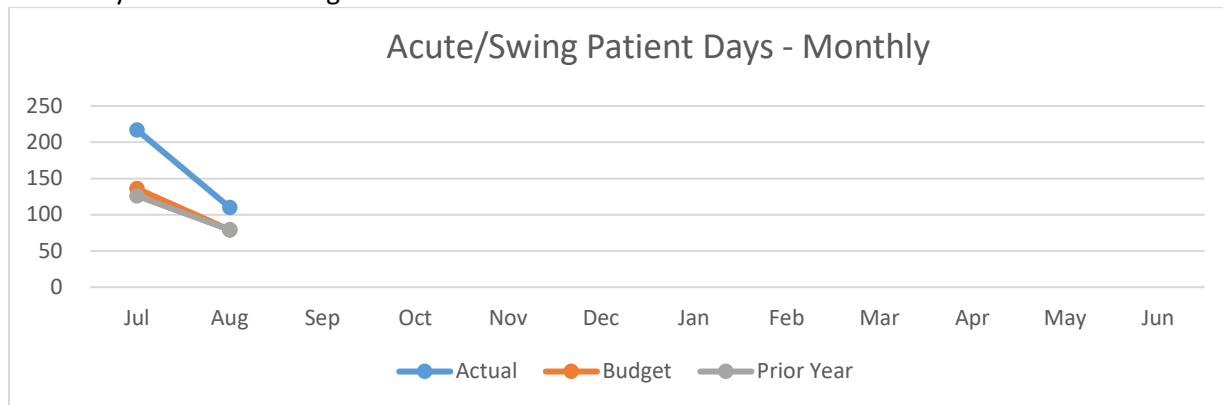
Summary

During the month of August, Modoc Medical Center reported a net Loss from operations of \$1.06 million that was under budget by \$242K. Inpatient revenue was up by \$53K, and outpatient revenue was under by \$783K compared to the budget. Total patient revenue was \$4.3 million, showing a decrease of \$730K compared to the budget. Net income, including Non-Operating Activity, was a loss of \$746K under budget by \$307K.



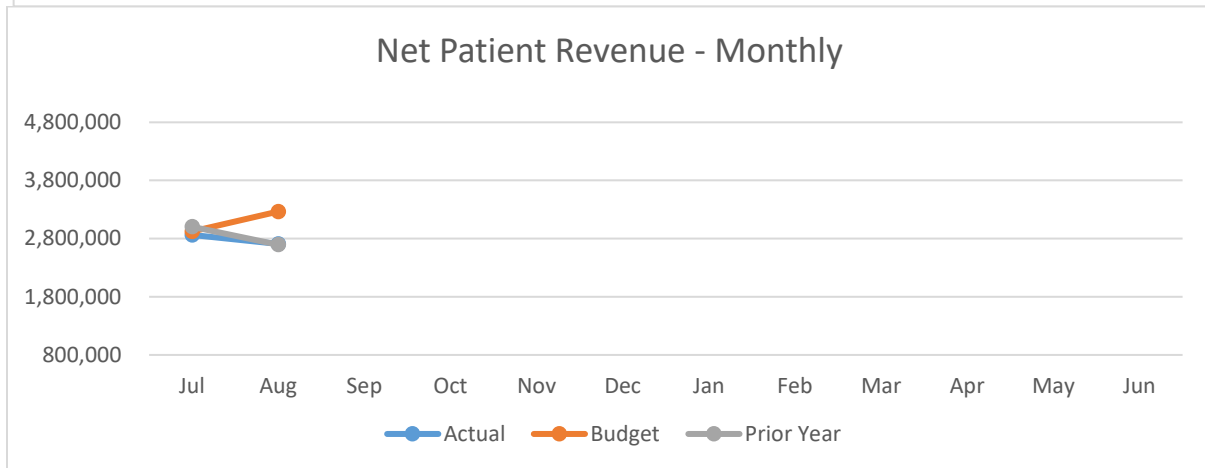
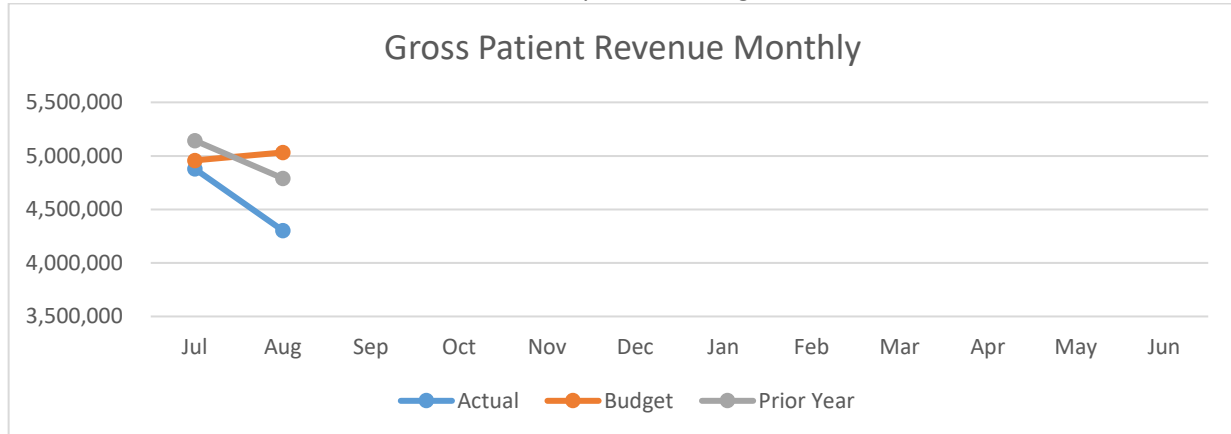
Patient Volumes

Combined Acute Days were above budget for the month by 11 days. The SNF Patient Days were down to 1,493 under budget by 18 days. Overall Inpatient Days were above budget by 13 days (1,603 actual vs. 1,590 budget). Outpatient visits were relatively under budget, except for Ultrasound, CT, Retail Pharmacy were above budget.



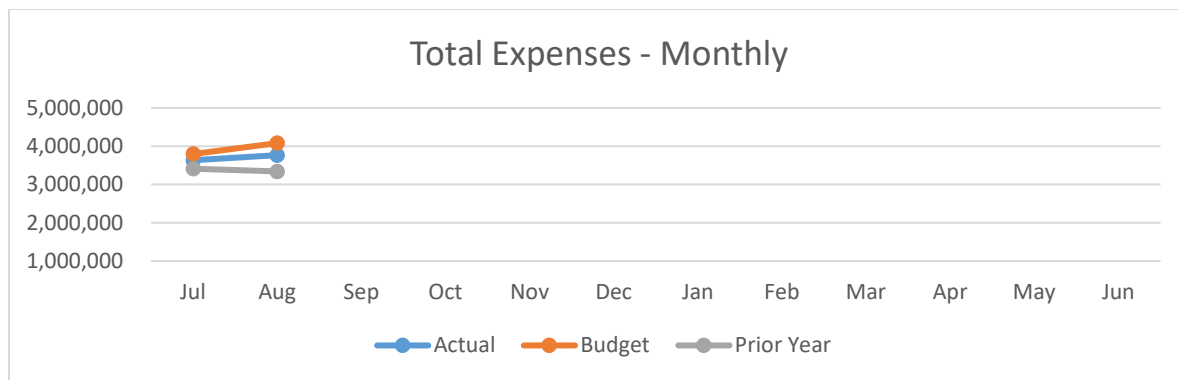
Revenues

Gross Patient Revenues were \$4.3 million, compared to the budget of \$5 million. Inpatient Revenue was \$1.4 million compared to the budget of \$1.37 million; and Outpatient Revenue was \$2.9 million compared to the budget of \$3.7 million. Outpatient revenue of \$206K was taken back by PHP due to overpayment. Net patient Revenue was \$2.7 million, compared to the budget of \$3.3 million. Total deductions from revenue were \$1.6 million, compared to budget of \$1.8 million.



Expenses

Total Operating Expenses were \$3.8 million this month, that was under budget of \$315K. The decrease was in all areas except for Professional Fees and Repairs.



Non-Operating Activity

Non-Operating expenses for the month: Accrued Interest from USDA Loan was \$83K. District Vouchers totaled \$8K. Interest income of \$104K from CDs and the new SNF interim loan. Property Tax revenue was \$318K, and we accrued \$257K in June, and recorded the rest of the revenue of \$61K in August. The retail pharmacy showed a profit of \$236K. Total non-operating net income for the month was \$311K.

Balance Sheet

Cash decreased in August by \$464K to \$26.9 million. The total current liabilities were 29 million. Days in Cash totaled 176. Days in AP totaled 19. Days in AR totaled 61. The current ratio was 1.15. Net AR as a percentage of gross AR was 46.07%

Modoc Medical Center
Income Statement
For the month of August 2025

	Month	Aug-25 Budget	Variance	Prior Year Month	2026 YTD	2026 YTD Budget	Variance	Prior Year YTD
Revenues								
Room & Board - Acute	529,453	532,365	(2,912)	405,005	1,214,896	1,199,687	15,209	1,086,028
Room & Board - SNF	893,655	837,669	55,986	827,753	1,734,807	1,678,278	56,529	1,651,970
<u>Total Inpatient Revenue</u>	<u>1,423,108</u>	<u>1,370,034</u>	<u>53,074</u>	<u>1,232,758</u>	<u>2,949,703</u>	<u>2,877,965</u>	<u>71,738</u>	<u>2,737,998</u>
Outpatient Revenue	2,878,680	3,662,121	(783,441)	3,557,140	6,230,550	7,112,213	(881,664)	7,195,373
<u>Total Patient Revenue</u>	<u>4,301,788</u>	<u>5,032,155</u>	<u>(730,367)</u>	<u>4,789,898</u>	<u>9,180,253</u>	<u>9,990,178</u>	<u>(809,926)</u>	<u>9,933,371</u>
Bad Debts (580000,580011,58010)	101,595	(33,181)	134,776	(753,529)	185,777	49,922	135,855	(1,086,970)
Contractuals Adjs	1,481,549	1,794,005	(312,456)	1,215,413	3,400,397	3,728,419	(328,022)	2,809,875
Admin Adjs (5930002-593001,598)	24,241	16,897	7,344	1,645,218	36,602	33,794	2,808	2,524,249
<u>Total Revenue Deductions</u>	<u>1,607,384</u>	<u>1,777,721</u>	<u>(170,336)</u>	<u>2,107,102</u>	<u>3,622,776</u>	<u>3,812,135</u>	<u>(189,359)</u>	<u>4,247,154</u>
<u>Net Patient Revenue</u>	<u>2,694,403</u>	<u>3,254,434</u>	<u>(560,031)</u>	<u>2,682,796</u>	<u>5,557,477</u>	<u>6,178,044</u>	<u>(620,567)</u>	<u>5,686,217</u>
% of Charges	62.6%	64.7%	-2.0%	56.0%	60.5%	61.8%	-1.3%	57.2%
Other Revenue	14,505	11,421	3,084	11,308	52,246	211,421	(159,175)	48,773
<u>Total Net Revenue</u>	<u>2,708,908</u>	<u>3,265,855</u>	<u>(556,946)</u>	<u>2,694,104</u>	<u>5,609,722</u>	<u>6,389,464</u>	<u>(779,742)</u>	<u>5,734,990</u>
Expenses								
Salaries	1,690,354	1,777,194	(86,840)	1,445,742	3,475,773	3,513,623	(37,850)	2,973,605
Benefits and Taxes	382,644	535,180	(152,536)	289,544	759,993	965,967	(205,974)	620,672
Registry	207,040	284,982	(77,941)	339,927	469,630	569,963	(100,334)	586,106
Professional Fees	488,717	387,241	101,476	382,412	867,529	671,699	195,830	850,041
Purchased Services	207,311	237,966	(30,656)	186,434	259,187	439,922	(180,735)	288,620
Supplies	344,371	413,247	(68,877)	288,679	741,655	830,502	(88,847)	646,856
Repairs and Maint	79,156	36,191	42,966	34,099	111,350	77,440	33,910	70,061
Lease and Rental	1,683	4,541	(2,858)	4,219	4,076	9,095	(5,019)	8,748
Utilities	58,079	79,256	(21,178)	65,094	106,236	158,512	(52,276)	113,231
Insurance	44,241	45,821	(1,581)	43,552	87,522	91,643	(4,120)	87,104
Depreciation	183,829	198,681	(14,852)	177,549	367,717	397,361	(29,645)	355,495
Other	77,764	80,000	(2,236)	84,564	147,790	150,125	(2,335)	152,673
<u>Total Operating Expenses</u>	<u>3,765,189</u>	<u>4,080,301</u>	<u>(315,112)</u>	<u>3,341,817</u>	<u>7,398,458</u>	<u>7,875,852</u>	<u>(477,394)</u>	<u>6,753,213</u>
<u>Income from Operations</u>	<u>(1,056,280)</u>	<u>(814,446)</u>	<u>(241,834)</u>	<u>(647,712)</u>	<u>(1,788,736)</u>	<u>(1,486,388)</u>	<u>(302,348)</u>	<u>(1,018,223)</u>
Property Tax Revenue	61,179	257,288	(196,109)	0	61,179	257,288	(196,109)	0
Interest Income	104,327	107,670	(3,343)	30,566	318,471	215,341	103,130	138,018
Interest Expense	(82,545)	(105,646)	23,101	(79,713)	(165,688)	(211,291)	45,603	(159,686)
Gain/Loss on Asset Disposal/Forte	0	0	0	0	0	0	0	0
Retail Pharmacy Net Activity	235,880	120,577	115,303	(171,567)	329,474	243,643	85,832	(63,831)
DISTRICT VOUCHERS AND OTHER	(8,218)	(4,090)	(4,128)	(4,090)	(15,404)	(13,758)	(1,646)	(13,952)
<u>Total Non-Operating Revenue</u>	<u>310,623</u>	<u>375,800</u>	<u>(65,176)</u>	<u>(224,804)</u>	<u>528,031</u>	<u>491,222</u>	<u>36,809</u>	<u>(99,451)</u>
<u>Net Income/(Loss)</u>	<u>(745,657)</u>	<u>(438,647)</u>	<u>(307,010)</u>	<u>(872,516)</u>	<u>(1,260,704)</u>	<u>(995,165)</u>	<u>(265,539)</u>	<u>(1,117,674)</u>
<u>EBIDA</u>	<u>(479,283)</u>	<u>(134,320)</u>	<u>(344,963)</u>	<u>(615,255)</u>	<u>(727,299)</u>	<u>(386,513)</u>	<u>(340,786)</u>	<u>(602,493)</u>
Operating Margin %	-39.0%	-24.9%	-14.1%	-24.0%	-31.9%	-23.3%	-8.6%	-17.8%
Net Margin %	-27.5%	-13.4%	-14.1%	-32.4%	-22.5%	-15.6%	-6.9%	-19.5%
EBIDA Margin %	-17.7%	-4.1%	-13.6%	-22.8%	-13.0%	-6.0%	-6.9%	-10.5%

Modoc Medical Center
Income Statement Trend

	FYE 2025 YTD	Jul-24	Aug-24	FYE 2025 YTD	FYE 2026 YTD	Jul-25	Aug-25
	YTD			YTD	YTD		
Revenues							
Room & Board - Acute	6,946,872	681,023	405,005	1,086,028	1,214,896	685,444	529,453
Room & Board - SNF	9,504,192	824,217	827,753	1,651,970	1,734,807	841,152	893,655
<u>Total Inpatient Revenue</u>	<u>16,451,064</u>	<u>1,505,240</u>	<u>1,232,758</u>	<u>2,737,998</u>	<u>2,949,703</u>	<u>1,526,595</u>	<u>1,423,108</u>
Outpatient Revenue	38,908,265	3,638,233	3,557,140	7,195,373	6,230,550	3,351,869	2,878,680
<u>Total Patient Revenue</u>	<u>55,359,329</u>	<u>5,143,473</u>	<u>4,789,898</u>	<u>9,933,371</u>	<u>9,180,253</u>	<u>4,878,465</u>	<u>4,301,788</u>
Bad Debts	(947,440)	(333,441)	(753,529)	(1,086,970)	185,777	84,182	101,595
Contractual Adj's	8,628,880	1,594,462	1,215,413	2,809,875	3,400,397	1,918,848	1,481,549
Admin Adj's	4,034,450	879,031	1,645,218	2,524,249	36,602	12,361	24,241
<u>Total Revenue Deductions</u>	<u>11,715,890</u>	<u>2,140,052</u>	<u>2,107,102</u>	<u>4,247,154</u>	<u>3,622,776</u>	<u>2,015,392</u>	<u>1,607,384</u>
<u>Net Patient Revenue</u>	<u>43,643,439</u>	<u>3,003,421</u>	<u>2,682,796</u>	<u>5,686,217</u>	<u>5,557,477</u>	<u>2,863,073</u>	<u>2,694,403</u>
% of Charges	78.8%	58.4%	56.0%	57.2%	60.5%	58.7%	62.6%
Other Revenue	758,704	37,465	11,308	48,773	52,246	37,741	14,505
<u>Total Net Revenue</u>	<u>44,402,143</u>	<u>3,040,886</u>	<u>2,694,104</u>	<u>5,734,990</u>	<u>5,609,722</u>	<u>2,900,814</u>	<u>2,708,908</u>
Expenses							
Salaries	18,318,651	1,527,863	1,445,742	2,973,605	3,475,773	1,785,419	1,690,354
Benefits and Taxes	4,040,217	331,128	289,544	620,672	759,993	377,349	382,644
Registry	3,349,908	246,179	339,927	586,106	469,630	262,589	207,040
Professional Fees	4,559,998	467,629	382,412	850,041	867,529	378,812	488,717
Purchased Services	1,951,518	102,186	186,434	288,620	261,616	54,305	207,311
Supplies	4,075,105	358,177	288,679	646,856	741,655	397,284	344,371
Repairs and Maint	391,263	35,962	34,099	70,061	111,350	32,193	79,156
Lease and Rental	54,598	4,529	4,219	8,748	4,076	2,393	1,683
Utilities	883,546	48,137	65,094	113,231	117,287	59,208	58,079
Insurance	547,088	43,552	43,552	87,104	87,522	43,282	44,241
Depreciation	2,125,071	177,946	177,549	355,495	367,717	183,888	183,829
Other	952,805	68,109	84,564	152,673	147,790	70,025	77,764
<u>Total Operating Expenses</u>	<u>41,249,767</u>	<u>3,411,397</u>	<u>3,341,817</u>	<u>6,753,213</u>	<u>7,411,937</u>	<u>3,646,748</u>	<u>3,765,189</u>
<u>Income from Operations</u>	<u>3,152,376</u>	<u>(370,511)</u>	<u>(647,712)</u>	<u>(1,018,223)</u>	<u>(1,802,214)</u>	<u>(745,934)</u>	<u>(1,056,280)</u>
Property Tax Revenue	2,143,660	0	0	0	61,179	0	61,179
Interest Income	1,233,759	107,452	30,566	138,018	318,471	214,143	104,327
Interest Expense	(1,958,479)	(79,974)	(79,713)	(159,686)	(165,688)	(83,144)	(82,545)
Gain/Loss on Asset Disposal/Forte	(202,113)	0	0	0	0	0	0
Retail Pharmacy Net Activity	515,756	107,736	(171,567)	(63,831)	329,474	93,595	235,880
DISTRICT VOUCHERS AND OTHER	(111,894)	(9,862)	(4,090)	(13,952)	(15,404)	(7,186)	(8,218)
<u>Total Non-Operating Revenue</u>	<u>1,620,689</u>	<u>125,353</u>	<u>(224,804)</u>	<u>(99,451)</u>	<u>528,031</u>	<u>217,408</u>	<u>310,623</u>
<u>Net Income</u>	<u>4,773,065</u>	<u>(245,158)</u>	<u>(872,516)</u>	<u>(1,117,674)</u>	<u>(1,274,183)</u>	<u>(528,526)</u>	<u>(745,657)</u>
EBIDA	<u>8,856,614</u>	<u>12,762</u>	<u>(615,255)</u>	<u>(602,493)</u>	<u>(740,778)</u>	<u>(261,495)</u>	<u>(479,283)</u>
Operating Margin %	7.1%	-12.2%	-24.0%	-17.8%	-32.1%	-25.7%	-39.0%
Net Margin %	10.7%	-8.1%	-32.4%	-19.5%	-22.7%	-18.2%	-27.5%
EBIDA Margin %	19.9%	0.4%	-22.8%	-10.5%	-13.2%	-9.0%	-17.7%

Modoc Medical Center
Balance Sheet
For the month of August 2025

	Unaudited 8/31/2025	Unaudited 7/31/2025	Unaudited 6/30/2025	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
Cash	364,654	133,445	1,343,671	1,172,124	1,043,515	1,197,526	1,407,806	1,154,789	1,783,638	766,701	1,349,083	1,286,064
Investments	18,491,661	19,210,474	25,133,123	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
Designated Funds	8,039,751	8,016,285	7,993,985	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
Total Cash	26,896,066	27,360,203	34,470,779	35,934,221	32,094,639	34,480,868	38,229,750	27,403,061	31,471,044	40,162,118	25,002,260	31,454,315
Gross Patient AR	9,637,386	10,084,488	10,432,654	10,486,306	11,116,819	12,166,012	12,438,409	12,460,612	12,014,386	11,877,656	12,834,528	15,217,390
Allowances	(5,197,898)	(5,333,160)	(5,933,536)	(5,953,361)	(6,473,169)	(7,512,033)	(7,348,306)	(7,194,833)	(7,019,794)	(7,664,513)	(7,717,620)	(9,190,983)
Net Patient AR	4,439,488	4,751,329	4,499,118	4,532,945	4,643,650	4,653,979	5,090,103	5,265,779	4,994,592	4,213,143	5,116,908	6,026,407
% of Gross	46.1%	47.1%	43.1%	43.2%	41.8%	38.3%	40.9%	42.3%	41.6%	35.5%	39.9%	39.6%
Third Party Receivable	337,926	(129,883)	(129,883)	(152,771)	2,662,634	704,793	(387,171)	10,220,971	11,560,050	10,220,971	(435,169)	(435,169)
Other AR	842,542	674,415	636,825	627,132	463,976	452,797	534,816	559,179	544,751	575,125	607,392	549,917
Inventory	737,889	688,927	685,089	706,294	645,669	655,858	650,807	642,809	626,748	648,765	606,175	644,092
Prepays	581,982	643,543	635,285	433,040	473,185	527,245	546,553	601,634	575,318	553,767	630,453	748,609
Total Current Assets	33,835,893	33,988,534	40,797,213	42,080,860	40,983,752	41,475,540	44,664,858	44,693,433	49,772,503	56,373,888	31,528,020	38,988,171
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 (12110)	47,927,861	47,927,861	47,927,861	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
Equipment (124100-124204)	14,495,515	14,495,515	14,495,515	14,373,480	14,373,480	14,357,799	14,357,799	14,320,612	14,320,612	14,320,612	14,320,612	14,320,612
Construction In Progress (125)	55,268,398	54,911,525	54,304,202	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
Fixed Assets	118,405,314	118,048,441	117,441,118	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
Accum Depreciation	(20,402,475)	(20,218,448)	(20,034,362)	(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)
Net Fixed Assets	98,002,839	97,829,993	97,406,756	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
Other Assets	0	0	0	0	0	0	0	0	0	0	0	0
Total Assets	131,838,732	131,818,527	138,203,969	134,701,162	133,331,133	131,791,254	132,351,700	129,326,314	130,912,541	129,658,071	101,435,214	102,642,635
Accounts Payable	2,113,910	1,629,172	7,156,909	1,946,297	1,319,919	1,601,522	1,539,319	1,711,699	1,642,125	1,949,303	1,447,256	2,085,315
Accrued Payroll	1,716,038	1,513,818	1,241,389	1,171,016	998,387	1,513,772	1,276,374	1,292,732	1,187,780	1,047,141	905,404	1,439,060
Patient Trust Accounts	10,906	10,556	10,580	11,275	11,170	10,960	10,600	7,757	16,247	14,932	13,722	12,512
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	480,000
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	24,633,275	24,633,275	24,633,275	633,275	633,275
Other Current Liabilities/Accr	400,082	321,529	519,110	443,446	330,329	242,936	164,387	232,844	761,666	542,307	325,575	247,049
Total Current Liabilities	29,354,211	28,588,349	34,041,264	28,685,309	27,773,081	28,482,466	28,103,955	28,358,306	28,721,093	28,666,959	3,805,232	4,897,211
Long Term Liabilities	31,860,368	31,860,368	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
Total Liabilities	61,214,579	60,448,717	66,305,632	60,949,677	60,037,449	60,746,834	60,368,323	60,622,674	60,985,461	60,931,327	36,069,600	37,161,579
Fund Balance	71,898,336	71,898,336	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)	(1,274,183)	(528,526)	4,773,065	6,626,212	6,168,412	3,919,148	4,858,105	1,578,367	2,801,808	1,601,471	(1,759,659)	(1,644,217)
Total Equity	70,624,153	71,369,810	71,898,338	73,751,485	73,293,685	71,044,420	71,983,378	68,703,640	69,927,080	68,726,744	65,365,614	65,481,056
Total Liabilities and Equity	131,838,732	131,818,527	138,203,969	134,701,162	133,331,133	131,791,254	132,351,700	129,326,314	130,912,541	129,658,071	101,435,213	102,642,635
Days in Cash	176	180	330	340	292	298	372	242	249	365	227	286
Days in AR (Gross)	61	64	66	66	70	77	79	79	76	75	81	96
Days in AP	19	15	65	18	12	15	14	16	15	18	13	19
Current Ratio	1.15	1.19	1.20	1.47	1.48	1.46	1.59	1.58	1.73	1.97	8.29	7.96
Net AR as a percentage of grc	46.07%	47.12%	43.13%	43.23%	41.77%	38.25%	40.92%	42.26%	41.57%	35.47%	39.87%	39.60%

STATEMENT OF CASH FLOWS

August-25

	CURRENT MONTH	FISCAL YEAR YTD
CASH FLOWS FROM OPERATING ACTIVITIES		
NET INCOME	-745,657	-1,274,183
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
DEPRECIATION EXPENSE	184,027	368,113
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	311,841	59,631
CHANGE IN OTHER RECEIVABLES	-635,936	-673,526
CHANGE IN INVENTORIES	-48,962	-52,800
CHANGE IN PREPAID EXPENSES	61,561	53,303
CHANGE IN ACCOUNTS PAYABLE	484,739	-5,042,999
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	202,220	474,649
CHANGE IN OTHER PAYABLES	0	0
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	559,490	-4,813,629
CASH FLOWS FROM INVESTMENT ACTIVITIES		
PURCHASE OF EQUIPMENT/CIP	-356,873	-964,196
CUSTODIAL HOLDINGS	350	326
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-356,523	-963,870
CASH FROM FINANCING ACTIVITIES		
Current Liability L32	78,553	-119,028
Long Term Liability	0	-404,000
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	78,553	-523,028
CASH AT BEGINNING OF PERIOD	27,360,203	34,470,779
NET INCREASE (DECREASE) IN CASH	-464,137	-7,574,710
CASH AT END OF PERIOD	26,896,066	26,896,066

MODOC MEDICAL CENTER "FULL TIME EQUIVALENT REPORT" Twelve Months Ending: August 31st, 2025													
Department	Aug-25	Jul-25	Jun-25	May-25	Apr-25	Mar-25	Feb-25	Jan-25	Dec-24	Nov-24	Oct-24	Sep-24	12 Mo Ave
Med / Surg	16.15	15.37	16.06	16.47	14.81	14.77	14.50	13.76	15.50	15.13	15.01	13.82	15.11
Comm Disease Care													#DIV/0!
Swing Beds													#DIV/0!
Long Term - SNF	57.55	55.38	53.39	55.93	53.24	54.82	54.32	54.41	54.93	57.77	54.72	54.02	55.04
Emergency Dept	14.13	10.59	12.51	12.64	11.62	14.17	13.95	11.94	10.36	12.71	11.10	12.09	12.32
Ambulance - Alturas	12.65	12.06	12.31	12.50	12.53	11.96	11.34	10.55	11.03	10.90	9.94	10.78	11.55
Clinic	19.71	20.32	19.93	20.31	19.52	18.89	18.54	16.84	16.87	17.84	18.33	18.26	18.78
Canby Clinic	10.55	10.89	9.80	10.95	10.66	12.18	10.39	9.27	9.23	9.84	9.93	8.21	10.16
Canby Dental	4.33	3.85	4.37	5.29	4.80	3.72	3.66	3.63	3.28	3.71	3.53	3.33	3.96
Surgery	3.93	4.11	3.70	3.98	4.01	4.21	3.97	3.30	3.79	3.26	3.35	3.60	3.77
IRR													#DIV/0!
Lab	9.07	8.21	8.74	8.78	9.32	9.15	9.09	8.56	7.97	8.21	8.33	8.60	8.67
Radiology	5.67	5.85	3.65	4.12	4.45	4.35	4.52	3.81	4.30	3.72	3.67	3.82	4.33
MRI													#DIV/0!
Ultrasound	1.28	1.33	1.13	1.27	1.36	1.29	1.31	1.26	1.29	1.36	1.27	1.34	1.29
CT	1.72	1.67	1.47	2.10	1.93	1.92	1.84	1.48	1.62	1.66	1.49	1.71	1.72
Pharmacy	1.83	1.33	1.09	1.17	1.24	1.30	1.33	1.38	1.85	2.07	2.15	2.16	1.58
Physical Therapy	6.75	6.88	6.41	5.46	5.74	6.19	6.34	6.34	4.60	5.78	6.27	5.71	6.04
Other PT													#DIV/0!
Dietary	13.15	14.01	11.48	12.87	13.82	13.99	13.37	12.65	11.85	12.83	12.77	12.33	12.93
Dietary Acute	7.77	6.76	7.36	7.81	7.69	8.39	7.60	7.27	8.06	8.43	7.59	7.67	7.70
Laundry	1.03	1.01	0.90	1.02	1.01	1.02	0.97	1.02	0.99	0.88	1.00	1.00	0.99
Activities	4.64	4.43	4.41	4.50	4.12	3.59	3.76	3.67	3.75	3.77	3.60	3.74	4.00
Social Services	1.95	1.43	1.65	2.12	1.97	2.04	1.95	1.87	1.88	1.92	1.79	1.93	1.88
Purchasing	3.01	3.01	3.02	2.96	3.11	3.16	3.18	3.04	2.95	3.02	3.06	3.05	3.05
Housekeeping	14.00	13.78	13.94	13.82	14.45	14.52	14.87	13.39	13.72	13.93	13.59	13.54	13.96
Maintenance	5.16	5.82	5.99	5.96	5.99	6.04	5.96	5.44	5.38	5.31	5.32	5.10	5.62
Data Processing	4.73	4.58	4.63	4.68	4.76	4.26	4.05	4.00	4.07	4.56	4.66	4.65	4.47
General Accounting	3.99	3.92	3.40	3.38	3.64	3.89	3.97	3.74	3.80	3.73	2.65	3.01	3.59
Patient Accounting	7.17	8.25	8.95	8.85	9.86	8.98	7.76	7.60	6.97	8.03	7.58	7.21	8.10
Administration	3.53	3.40	3.65	3.25	3.41	3.32	3.46	3.15	3.40	3.36	3.54	3.11	3.38
Human Resources	2.92	1.98	2.01	2.00	2.01	2.01	2.01	2.01	2.01	2.02	1.99	1.98	2.08
Medical Records	8.30	8.51	8.51	8.57	8.70	8.74	8.62	8.29	8.05	8.10	7.83	7.84	8.34
Nurse Administration	3.02	2.88	2.80	3.05	3.11	3.02	2.51	2.33	2.19	2.55	2.87	3.07	2.78
In-Service	1.00	1.00	1.00	0.94	0.87	1.01	1.00	1.00	1.00	1.00	1.00	1.01	0.99
Utilization Review	1.48	1.41	1.44	1.49	1.39	1.47	1.48	1.49	1.49	1.45	1.46	1.36	1.45
Quality Assurance	0.50	0.50	0.51	0.50	0.50	0.50	0.51	0.51	0.51	0.50	0.51	0.50	0.50
Infection Control	0.64	0.39	0.70	0.46	0.61	0.48	0.60	0.60	0.61	0.59	0.61	0.60	0.57
Retail Pharmacy	5.94	4.96	4.50	5.03	4.96	4.13	4.15	3.92	3.86	4.06	4.10	3.96	4.46
TOTAL	259.25	249.87	245.41	254.23	251.21	253.48	246.88	233.52	233.16	244.00	236.61	234.11	245.14

0.78	0.05
0.00	#DIV/0!
0.00	#DIV/0!
2.17	0.04
3.54	0.25
0.59	0.05
-0.61	(0.03)
-0.34	(0.03)
0.48	0.11
-0.18	(0.05)
0.00	#DIV/0!
0.86	0.09
-0.18	(0.03)
0.00	#DIV/0!
-0.05	(0.04)
0.05	0.03
0.50	0.27
-0.13	(0.02)
0.00	#DIV/0!
-0.86	(0.07)
1.01	0.13
0.02	0.02
0.21	0.05
0.52	0.27
0.00	-
0.22	0.02
-0.66	(0.13)
0.15	0.03
0.07	0.02
-1.08	(0.15)
0.13	0.04
0.94	0.32
-0.21	(0.03)
0.14	0.05
0.00	-
0.07	0.05
0.00	-
0.25	0.39
0.98	0.16
9.38	0.04

2,941.73 August through September

ATTACHMENT F

WARNERVIEW EQUIPMENT BUDGET

IT Needs				Med Equipment			
Quantities		Extended Cost		Quantities		Extended Cost	
Computer	18	\$	25,893.54	Beds	25	\$	77,295.11
Monitors	28	\$	3,359.44	Med Cart	2	\$	11,784.86
IP Phones	17	\$	5,950.00	Treatment Cart	1	\$	7,000.00
Printers	7	\$	2,968.00	Sit to Stand	1	\$	614.48
Scanners	9	\$	1,277.19	Vital Sign	2	\$	6,380.00
Laptops	2	\$	2,380.64	Glucometer	2	\$	1,720.00
iPADS	6	\$	7,770.00	Indago Portable Oxygen	1	\$	2,195.00
				Whirlpool Tub	1	\$	26,466.00
				Chairs	21	\$	5,565.00
PT	Quantities	Extended Cost					
Eva Walker	1	\$	1,812.44				
Rickshaw	1	\$	1,366.90				
Upper/Lower Bike	1	\$	1,895.00				

ATTACHMENT G

WARNERVIEW OPERATING BUDGET AMENDMENT



LAST FRONTIER HEALTHCARE DISTRICT

A Public Entity

Budget Amendment-Warnerview FYE 2026

Administration would like to recommend the following budget amendment for approval for FYE 2026:

The projected income statement below represents our estimates on what expenses and revenues will look like for Warnerview for the remainder of the fiscal year, starting from the time we occupy the New SNF (mid-November 2025). We anticipate making a small profit after we onboard new staff and ramp up census over the first couple of months of operation at Warnerview. The projected income statement below also shows what we anticipate a full year looking like, assuming that we are reimbursed at our current rate per day and that we continue using registry at the same basic level in Warnerview as we have in the past, which are both very conservative estimates. It is likely that our reimbursement will be higher than projected and our registry use will likely be lower based on a maximum census of 34 vs. the 50 that we staff for today.

			Remainder FYE 2026	Full Annual Projection
*Net Patient Revenue			\$ 3,380,813	\$ 6,241,500
**Expenses				
*** Salaries & Benefits			\$ 2,064,606	\$ 3,539,325
Registry			\$ 831,171	\$ 1,424,864
Professional Fees			\$ 101,739	\$ 174,410
Purchased Services			\$ 15,777	\$ 27,046
Supplies			\$ 134,936	\$ 231,320
Repairs and Maint			\$ 4,369	\$ 7,490
Lease and Rental			\$ 1,680	\$ 2,880
Utilities			\$ 544	\$ 933
Insurance			\$ 7,437	\$ 12,748
Depreciation			\$ 41,060	\$ 70,389
Other			\$ 18,774	\$ 32,183
Total Expenses			\$ 3,222,093	\$ 5,523,588
Net Profit (Loss)			\$ 158,720	\$ 717,912
*Assumes Average Daily Census of 30 in Warnerview and \$570 per day				
**Based on FYE 2025 actual departmental expenses				
***Salaries and benefits calculated based on updated staffing model				

Presented By: Kevin Kramer
Date: 9/17/2025