



REGULAR MEETING OF THE BOARD OF DIRECTORS
AGENDA

Thursday, May 25, 2023 at 9:00 a.m.
Portola Medical Clinic Conference Room, Portola, CA

The May 25, 2023 Board of Directors meeting will be held in both a virtual and an in-person setting for the general public. The Board meeting location at the Portola Medical Clinic Conference Room will be accessible to the public. The meeting is also accessible to the public via Zoom (See the connection information below). Public comment will be accepted on any item on the agenda as called for by the Board chair until the close of public comment for each item.

Any person with a disability may submit a request for reasonable modification or accommodation to the above-described means for accessing and offering comment at the meeting to Barbara Sokolov at barbara.sokolov@ephc.org who will swiftly resolve such request.

The Board meeting is accessible to the public via Zoom:

Meeting ID: 841 0499 5766 Passcode: 988920 Dial In: +1 669 900 6833 US (San Jose)

<https://us06web.zoom.us/j/84104995766?pwd=aVlvMjV2T3p2WHljOGVKNWtndDdxdz09>

	<u>Presenter(s)</u>	<u>I/D/A</u>	<u>Page(s)</u>
1. <u>Call to Order</u>	Augustine Corcoran	A	
2. <u>Roll Call</u>	Augustine Corcoran	I	
3. <u>Board Comments</u>	Board Members	I/D	
• Deletions/Corrections to the Posted Agenda			
4. <u>Public Comment</u>			
There will be an opportunity for public comment on each agenda item listed with an “A” for action. Comments will be limited to three minutes per individual.			
5. <u>Consent Calendar</u>	Augustine Corcoran	I/D/A	
A. Agenda			1-2
B. Meeting Minutes of 4.27.23 Regular Board Meeting			3-6
C. Meeting Minutes of 4.27.23 Finance Committee			7-9
6. <u>Auxiliary Report</u>	Gail McGrath	I/D/A	
7. <u>Staff Reports</u>			
A. Chief Nursing Officer Report	Penny Holland	I/D	10
B. SNF Directors of Nursing Report	Tamara Santella/Lorraine Noble	I/D	11
C. Director of Clinics Report	Tracy Studer	I/D	12
D. Chief Financial Officer	Katherine Pairish	I/D	
8. <u>Chief Executive Officer Report</u>	Doug McCoy	I/D/A	13-14
9. <u>Policies</u>		I/D/A	15-16
A. Policy Review			

The CAH Committee recommends the following for approval by the Board of Directors:

Annual Policy Review

- SNF, Ambulance, Rehab, BOD, Radiology, Pharmacy, Nursing, Lab, IP

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
May 25, 2023 AGENDA – Continued

- 10. Committee Reports** Board Members I/D/A
A. Finance Committee
- 11. Public Comment** Members of the Public I
This is an opportunity for members of the public to address the Board on items which are not on the agenda. Comments are limited to three minutes ordinarily, unless the Board Chair indicates a different amount will be allotted. Comments should be limited to matters within the jurisdiction of the Board. The Board Chair may choose to acknowledge the comment, or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting. Like any other member of the hospital district, an employee or a contracted employee can address the Board in the proper forum at the proper time. However, the Board will not hear personnel issues or grievances, or matters that affect the employees personally.
- 12. Board Closing Remarks** Board Members I/D
- 13. Closed Session** Augustine Corcoran I/D/A
A. Hearing (Health and Safety Code 32155)
Subject Matter: Staff Privileges
- Provisional 1 Year Appointments
- Drake Jr., Macarthur, MD Tele Radiolog
 - Moser, Michael, MD Tele Radiology
- Active 2 Year Appointments
- Bynum, Katherine, NP Clinic
 - Bownds, Shannon, MD Tele Radiology
 - Jacobs, David, MD Tele Radiology
 - Nalaboff, Kenneth, MD Tele Radiology
 - Reuss, Peter, MD Tele Radiology
 - Roeder, Zachary, MD Tele Radiology
- B. Pursuant to Government Code Section 54957.6, conference with District designated negotiators Director Corcoran and Director Satchwell regarding unrepresented employee: Chief Executive Officer.
- C. Public Employee Performance Evaluation (Government Code Section 54957): *CEO*
- 14. Open Session Report of Actions** Augustine Corcoran I
Taken in Closed Session
- 15. Employment Agreement of CEO** Augustine Corcoran I/D/A
Consideration and possible action on employment agreement of Chief Executive Officer.
- 16. Adjournment** Augustine Corcoran

The next regularly scheduled meeting of the Board of Directors of Eastern Plumas Health Care is June 22, 2023 at the Portola Medical Clinic Conference Room, 480 1st Avenue, Portola, CA 96122



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, April 27, 2023 at 9:00 a.m.**

1. Call to Order

Meeting was called to order at 9:01 a.m.

2. Roll Call

Augustine Corcoran, Board Chair; Gail McGrath, Board Member; Paul Swanson, M.D., Board Member; Linda Satchwell, Board Member; Marcia Hughes, Board Member.

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Penny Holland, Chief Nursing Officer; Tracy Studer, Director of Clinics; Michelle Romero, Infection Prevention; Donna Dorsey, ER Manager; Lorraine Noble, Director of Nursing Portola; Tamara Santella, Director of Nursing Loyalton; Joanna Garneau, Program Manager; and Barbara Sokolov, Executive Assistant/Clerk of the Board.

3. Board Comments

None.

4. Public Comment

None

5. Consent Calendar

- **ACTION:** Motion was made by Director McGrath, seconded by Director Corcoran to approve the consent calendar.

Roll-Call Vote: AYES: Directors McGrath, Corcoran, Hughes, Swanson, Satchwell
Nays: None

- **Public Comment:** None

6. Auxiliary Report

Director McGrath reported that donations are pouring in, sales are up, and shelves are half empty because items are selling so quickly.

7. Staff Reports

A. Infection Control/COVID-19

Michelle Romero

See attached report. Michelle clarified that bivalent vaccines are more effective, even for those that have had COVID-19, which is why the monovalent vaccines had been phased out.

B. Chief Nursing Officer Report

Penny Holland

See attached report. Penny also noted that Jennifer Vimbor was implementing new menus as of 5/1. EPHC would be participating in a table-top re: chemical burns in Quincy and a “pseudo-care flight” drunk driving exercise with the High School.

C. Loyalton SNF Director of Nursing

Tamara Santella

See attached report. Tamara reported for both Loyalton & Portola SNFs. At the time of the meeting the census was up to 58. Highest ever.

D. Director of Clinics

Tracy Studer

See attached report. In addition, discussed Anthem audit, the fast-tracking of the Loyalton Clinic license and Clinic opening, and ongoing planning with Ken Munsterman at Tahoe Forest about OB Care at EPHC.

- E. Program Manager Joanna Garneau
See attached report. Discussion with Directors Swanson and Satchwell re: Managed Medical, mental health, and transportation. Director Satchwell and Katherine Pairish commended Joanna on grant money obtained and quality of presentation. There was no public comment on the USDA van grant.
- F. Chief Financial Officer Katherine Pairish
See attached report. Katherine added that \$1.8 million in IGTs had come in this week and that delayed Anthem payments would be coming in at the end of the fiscal year – both of which would contribute to a stronger cash position and a decrease in AR days.

8. Chief Executive Officer Report
OPERATIONAL OVERVIEW:

Doug McCoy

EPHC successfully implemented the Cerner EMR transition on April 3rd. We anticipated some challenges with a variety of modules and staff education but had both the Cerner and ProTechnical implementation teams on campus for the first two weeks following the go-live event. Although we continue to work through some challenges including the revenue cycle and billing modules, overall the process went fairly smoothly considering the significant operational impact across the campus. We will continue provider training sessions, daily/weekly department debriefing meetings, and begin reviewing the reporting capabilities for implementation into our committee meetings.

On April 20th we announced that EPHC had received a grant from the State of California for a staff retention program. Eligible organizations submitted applications at the end of 2022 to qualify for funding to recognize health care workers who provided exceptional service during the COVID pandemic. EPHC received \$293,000 for the grant which was given directly to staff through retention bonuses. Eligibility criteria for staff included that team members had to work at least 100 hours during a review period of July-October 2022 and remain employed through November 28th, 2022. We have been very excited to hand deliver checks to over 240 of our talented staff in recognition for their service to our community through these challenging times.

As anticipated, April operations have been impacted by the Cerner EMR transition as departments migrate data into the new system and focus on new workflows. However, our SNF census has continued to remain at a 3 year high of 57 ADC, and we have also maintained a strong inpatient/swing bed ADC. The clinics have seen the largest decrease in volume, but we anticipate a return to pre-implementation levels within 60 days. Traveler expense has been decreasing with the hiring of additional lab and RN staff, and the recent graduation and certification of CNA students in Loyalton. After earlier delays in the processing of IGT funds, we are beginning to recoup additional program funding over the past 3 weeks. We anticipate the largest IGT to be received before the end of the fiscal year which will increase of overall days cash on hand.

The EPHC Foundation will hold their first meeting on April 28th. We are excited to reignite the Foundation activities, and our new Board members bring a strong knowledge and enthusiasm to assist EPHC in our strategic initiatives.

We continue to work with our external consulting vendor on the licensing of the Loyalton clinic through CMS and CDPH. We have provided all of the application materials and I have been in contact with Congressman Kiley and the California Hospital Association for assistance in expediting this process. The entry doors for the clinic were replaced as part of the final preparation for opening last week, and we look forward to the grand opening celebration once we receive a timeline for licensing from CMS.

After a long delay due to supply chain issues, our 3D mammography system installation began on April 20th. We look forward to beginning services within the next two weeks. Our x-ray room replacement is also in the final stages of OSHPD approval and equipment has been acquired from the vendor to begin construction as soon as the final permit is issued.

CUSTOMER SERVICE INITIATIVE:

We continue to receive positive patient feedback during the second half of Q1. For 3/1-4/20 we have received the following experience survey results:

- 10 out of 10 rating for inpatient hospital services
- 94% recommendation rate for clinic services
- 70% recommendation rate for ED services
- 100% recommendation rate for hospital swing bed services
- 100% recommendation rate for outpatient therapy services
- 100% recommendation rate for lab services
- 100% recommendation rate for skilled nursing services

Our goal for the next 90 days will be to educate and register our patients across all lines of service into the new Cerner system to increase their access to personal health care information, automated appointment scheduling, and test results.

COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period of March 18th through April 20th.

Doug also thanked Director Swanson, Lorraine, and Tamara for the great SNF census. Discussion with Director Satchwell about advertising for new 3D Mammography. Will connect with Lauren Westmoreland and Jan Buck to do a piece in local news outlets about it.

9. Discussion and Possible Action

on Amendment Number One to Chief Executive Officer Employment Agreement.

- **ACTION:** Motion was made by Director Corcoran, seconded by Director Satchwell to approve Amendment Number One to Chief Executive Officer Employment Agreement.
Roll Call Vote: AYES: Directors McGrath, Corcoran, Hughes, Swanson, Satchwell
Nays: None
- **Public Comment:** None

10. Discussion and Possible Action

on designation of labor negotiators for negotiations with Chief Executive Officer pursuant to Government Code Section 54957.6

- **ACTION:** Motion was made by Director Corcoran, seconded by Director Swanson to approve designation of labor negotiators for negotiations with Chief Executive Officer pursuant to Government Code Section 54957.6
Roll Call Vote: AYES: Directors McGrath, Corcoran, Hughes, Swanson, Satchwell
Nays: None
- **Public Comment:** None

11. Policies

Public Comment: None.

ACTION: Motion was made by Director McGrath, seconded by Director Swanson to approve all policies.

Roll Call Vote: AYES: Directors McGrath, Corcoran, Hughes, Swanson, Satchwell.

Nays: None

12. Committee Reports

Board Members

I/D/A

A. Finance Committee

Director Swanson reported that Katherine reviewed the financials and they discussed extracting IGTs from reports to get a better sense of day-to-day operations. Financial picture is very good overall.

13. Public Comment

None.

14. Board Closing Remarks

Board Chair Corcoran thanked everyone.

Open Session recessed at 9:58 a.m.

15. Closed Session

A. Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

- Provisional 1 Year Appointments
 - Sutherland-Stolting, Amina MD Telepsych/ ED
- Active 2 Year Appointments
 - Daniels, Trevor PsyD Telepsych/ Clinic

B. Pursuant to Government Code Section 54957.6, Conference with Labor Negotiations, District designated negotiators: As designated in agenda item 11, above; Unrepresented employee: Chief Executive Officer.

C. Public Employee Performance Evaluation (Government Code Section 54957): CEO

16. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 11:20 am.

A: ACTION- All providers approved for privileges

B: No Action Taken.

C: No Action Taken.

17. Adjournment

Meeting adjourned at 10:45 a.m.

**EASTERN PLUMAS HEALTH CARE DISTRICT
MEETING OF THE STANDING FINANCE COMMITTEE
OF THE BOARD OF DIRECTORS
MINUTES
Thursday, April 27, 2023 at 8:00 a.m.**

1. Call to Order

Meeting was called to order at 8:06 a.m.

2. Roll Call

Present: Paul Swanson, M.D., Committee Chair/Board Member; Augustine Corcoran, Board Chair.

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Penny Holland, Chief Nursing Officer; Barbara Sokolov, Executive Assistant/Clerk of the Board.

3. Consent Calendar

The consent calendar items were approved as submitted.

Motion: Director Swanson, seconded by Director Corcoran.

4. Board Comments

None.

5. Public Comments

None.

6. CFO Report

Summary

Year to Date gross revenue exceeded last year to date gross revenue by \$1,038,845. Revenue increases have been primarily impacted by increased swing bed, SNF, clinic and outpatient volumes. For the month of March 2023, we posted net income in the amount of \$760,921, thanks to the receipt of \$604,704 in IGT monies and the recognition of \$958,444 in CARES Act monies. We anticipate receipt of the remaining IGT monies prior to the end of the fiscal year in the amount of approximately \$3 million.

Revenues

For the month of March 2023, Gross Revenues were under budget by \$253,385. Inpatient Revenues were under budget by \$53,552. Skilled Nursing Revenues were over budget by \$60,800. Outpatient Revenues were under budget by \$371,381 and Clinic Revenues were over budget by \$171,548.

Expenses

Salaries and Benefits: Combined Salaries and Benefits were over budget by \$113,669.

Professional Fees: Professional Fees were over budget by \$34,694.

Repairs & Maintenance: Repairs & Maintenance were over budget by \$46,184.

Utilities: Utilities were over budget by \$7,257.

Supplies: Supplies were under budget by \$58,763.

Katherine Pairish, CFO

Purchased Services: Purchased Services were over budget by \$192,047.

Depreciation Expense: Depreciation Expense was under budget by \$75,793.

Other Expenses: Other Expenses were over budget by \$1,027. These include training, travel, and dues and subscriptions.

Revenue Cycle

Gross Accounts Receivable as of March 31, 2023, was \$9.8 million. Gross Accounts Receivable days were 74. We budgeted 62 and best practice is 55. The increase is due to challenges with certain payers. We continue to work to rectify this and hope to have it resolved prior to the end of our current fiscal year.

Balance Sheet

Total Assets decreased by 25.72% compared to March 2022. Cash decreased 51.69% as last year's cash included \$6,596,979 in IGT monies. The decrease in cash is also due to the challenges with the payers as mentioned above.

Additional Information

Days cash on hand on March 31, 2023, was 135. March 31, 2022, days cash on hand was 321. Our cash position is still very strong. To date, we have spent \$2,810,638 on capital equipment with \$2,285,836 of that going towards the construction of the new Loyalton Clinic.

Katherine was also pleased to report that \$1,800,000 in IGTs had been received last week. A check from Anthem, to resolve outstanding monies owed by that payer, should be received in a week or two. This is something other hospitals are also struggling with. In addition, Katherine noted that an error in by the state in QIP resulted in underpayment of \$78k and this money should be paid by the end of June. Doug asked if Medicare money was still pending. Katherine replied that it was on the balance sheet but not accounted for/applied to revenue and that there was the potential for \$250,000 more coming in. Dr. Swanson asked if IGTs obscured operations month to month and Katherine responded that she'd be happy to pull them out for the Finance Committee. Dr. Swanson also asked if the new system was easier to use. Katherine explained that Multiview was definitely an improvement but that the Finance team was still learning how to push Cerner into Multiview. Cerner implementation was creating delays in the business office but a Cerner consultant was coming out to work with them in the next few weeks. Doug noted that he was a fan of year over year reviews and that IGTs and Cares Act monies have had a big impact. The goal is for revenue increases year over year. From 2021 to 2022, 17-19% increase in patient revenues. He is confident that EPHC will make budget before the end of the year. Katherine added that she was hoping for budget approvals for the June BOD meeting but that Cerner delays may mean July. Doug reminded everyone that meal break penalties are still an issue with \$40-50k per month in penalties and \$520,000 annually. He also reported that Penny was driving an increase in the Swing census that was offsetting inpatient revenue. SNF census was at 58, an all-time high. Last year at this time the SNF census was 46. No travelers in the hospital and almost none in Loyalton. 3D Mammography currently being installed, a plus for women's health. Clinic was working its way

back post Cerner. Director Corcoran stated that the Loyalton Clinic renovation had been the right move for the community and it was a solid business move and revenue source. Doug shared that licensing for Loyalton had been fast-tracked and now was only 2-3 weeks away. Katherine asked that everyone keep an eye on efficiencies going forward especially as technology helps with tasks and that we use smart, prudent analysis for sound fiscal management.

7. **Adjournment**

Meeting adjourned at 8:50 a.m.

DRAFT

Eastern Plumas Health Care
Board Report
Penny Holland CNO

5/25/2023

Staffing is stable.

Waiting for Central Monitoring System.

Nurses Week was celebrated with a bang. All nurses got a gift certificate at local business, and we had a wonderful Coffee truck come on the 10th. They also received an endless supply of chips and salsa and we all very much appreciate it all!

Eastern Plumas Health Care
Nursing Division
Skilled Nursing Facilities
Board Report 05/17/2023
by Lorraine Noble, RN & Tamara Santella, RN

Financials and Productivity:

	JANUARY	FEBRUARY	MARCH	APRIL	MAY
LOYALTON-actual census for month	27.00	27.17	28.93	31	31
admits	0	0	1	1	1, planned admit 5/22
discharges	0	0	0	0	1
PORTOLA-actual census for month	25.51	25.71	26.61	27	27
admits	2	3	1	1	0
discharges	0	2	1	0	0
TOTAL CENSUS for month	52.51	52.88	55.54	58	59 at present

53.78 Census for 1st quarter of 2023
55.39 Census for the 2nd quarter thus far 2023
58 is the current census

Staffing:

- Both SNF units continue to use Traveling Nurses , 3 are currently employed, 2 are coming on as FT direct hires
- We have one traveling C.N.A. working in Loyalton at present.
- DSD held annual Elder Abuse Training for ALL staff.

State Issues:

- 2 self reported incidents.
 - 1 resident to resident issue
 - 1 fall with injury

Challenges with getting conservatorship with Plumas County completed in a timely manner.

Eastern Plumas Health Care
Board Report
Tracy Studer Director of Clinics

05-25-2023

Meetings continue with Wipfli in licensing of the new Loyalton Medical Clinic. Katherine and I had a meeting Monday, May 8, 2023, with Cecelia and Mila at Wipfli. Three documents that will help with seamless licensing are to be submitted including a new and updated fire inspection form, (CDPH 270) and a floor plan for the new clinic.

Dr. Streit, TFH OB, introduced me to Carrie Riley, RN, who will be working with the Telehealth OB Team from Tahoe Forest Hospital. Ken Munsterman is still working on billing details, but the date of June 5, 2023 has been targeted as a soft launch for the new OB Telehealth program. One of our talented medical assistants has been shadowing TFH OB physicians and staff in Truckee. That MA will play a vital role in helping to schedule OB follow ups and assisting patients during their telehealth visit at EPHC. Our current staff member in the role of telehealth coordinator will also play a part in making sure the equipment is running properly and can also assist with making follow up appointments.

Communication with Renown Telehealth has been rekindled. Renown's Telehealth program was in its debut at EPHC two years ago, but momentum stalled after the loss of employees who were trained in telehealth. Renown telehealth offers California licensed nephrologists and cardiologists. The Renown telehealth team understands our desire for providers in Behavioral Health care and hope to find California providers in this field.

Providers and staff continue to learn the Cerner EMR. Two employees within the clinic work daily migrating data from Centriq to Cerner.



**Eastern Plumas Health Care
Board Report
Executive Summary**

Date: May 25, 2023

OPERATIONAL OVERVIEW:

EPHC has been operational on the new Cerner system for the past 6 weeks and we continue to work through some operational challenges and orientation to the system. Overall the implementation continues to go well however we have identified several improvement areas are being addressed. Clinic providers have reported their workflows and patient volumes are operating at 75% of pre-implementation levels. This was anticipated but we are addressing some needed improvements including larger computer monitors for exam rooms, additional order set builds for lab and diagnostic services, additional EPHC staff for data migration, and training assistance.

We will have Cerner staff on site the week of May 23rd for additional training for our finance and HIM departments to address some current workflow challenges and revenue cycle issues. The long term care (SNF) module launch started on May 4th and is expected to go live in October. We are doing additional community education on access to the new Cerner patient portal which requires staff assistance to complete. Patient access to medical record information prior to April 3rd will still require a log in to the Centriq system as we are unable to migrate the historic data into Cerner. This has caused confusion for patients who are seeking their information in Cerner for pre-April services, or those who have not visited EPHC since the transition. We are hoping this additional community education will limit customer frustration and improve access.

At the end of May we will be having an onsite training by Cerner to review the reporting system which will provide data extraction and trending across the organization. We intend to utilize these reports to enhance our quality assurance program, committee presentations, and Board reporting. Historically this information was difficult to obtain or unavailable, so we are anxious to initiate this module within Cerner to assist with quality and leadership decision making for the organization. In order for the reporting function to be utilized we required data to be populated into the new system which is the reason for the June 1st start to this process.

We are in the final phases of planning for the opening of the Loyalton clinic. We received approval for the license transition from the current clinic and are finalizing the remaining equipment needs before announcing the ribbon cutting ceremony and grand opening.

The EPHC Foundation initially meeting on April 28th was very successful with 9 members in attendance. The varied work backgrounds and experience of the Board members will be valuable to the initiative development and success of the Board moving forward. Initiatives discussed based on community needs included multi-generational day

care, our Rehabilitation & Wellness project, and the coordination of EPHC and community agency resources.

EPHC leadership has intensified efforts since the beginning of the year with employee engagement initiatives to recognize staff and improve retention. In addition to the employee retention bonuses that were provided at the end of April, we have also hosted a variety of events to include recognition of nurse's week, hospital week, administrative professionals' day, Laboratory staff week, and emergency services week. These activities included an on-site coffee truck, meal events, and employee gifts to recognize the excellent performance provided by our departments. We have future events occurring at least monthly along with a summer party planned in mid-June and our annual holiday festivities. We have seen a three-year trend of reduced organization turnover from 2021 to current and continue to receive positive feedback on the impact from these engagement activities.

The 3D mammogram installation is complete and the require federal/state testing for final certification has been completed. Additional projects currently in process include the anticipated OSHPD/HCAI approval on the x-ray room installation, replacement of the facility fire panel, remodel of the physician house, renovation of the materials management/ED physician charting area, and exterior painting and flooring project for the Loyalton SNF.

COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period of April 21th through May 19th.

AGENDA ITEM COVER SHEET

ITEM	CAH Committee Consent Agenda
RESPONSIBLE PARTY	Donna Dorsey, RN, BSN Emergency Room Manager
ACTION REQUESTED?	For Board Action
BACKGROUND: During the April 26, 2023 CAH Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: Annual Policy Review: <ul style="list-style-type: none">• SNF• Ambulance• Rehab• BOD• Radiology• Pharmacy• Nursing• Lab• IP	
SUGGESTED DISCUSSION POINTS: None	
SUGGESTED MOTION/ALTERNATIVES: Move to approve CAH Committee Consent Agenda as presented.	
LIST OF ATTACHMENTS: List attached.	

Policy List:
Title

Area

Activities for Swing Bed Patients	SNF
Ambulance Cleaning/Decontamination	Ambulance
Ambulance Dress Code and Appearance Standards	Ambulance
Ambulance Restocking & Expiration Checks	Ambulance
Blood Flow Restriction Therapy	Rehab
Code of Conduct	BOD
Communication of Mammography Results to Primary Care Provider	Radiology
Driver Requirements	Ambulance
Drug Samples	Pharmacy
Fentanyl Patch Order Policy	Nursing
Field Trip	SNF
Influenza, Pneumococcal and COVID-19 Immunizations in Skilled Nursing Facility	SNF
In-House Testing and Analyzers	Lab
Laboratory Testing for Therapeutic Drug Levels for SNF Residents	Lab
Minimum Data Set and Resident Assessment Instrument Process	SNF
Minimum Data Set and Resident Assessment Instrument	SNF
Time Schedule	SNF
Pre-Employment Evaluation Policy	IP
Quality Assessment and Performance Improvement Plan (QA/PI)	SNF
Reference Laboratories	Lab
Reflex Testing	Lab
Resident Care Fall Policy	SNF
Resident Safety	SNF
Retention of Records	Lab
Skilled Nursing Facility Activity Program	SNF
Smoking for Residents	SNF
Waived Testing	Lab