

HUMBOLDT GENERAL HOSPITAL

DISTRICT BOARD OF TRUSTEES

REGULAR BOARD MEETING

TUESDAY

APRIL 30, 2019

5:30 P.M.

SARAH WINNEMUCCA CONFERENCE
ROOM

JoAnn Casalez - Chairman
Michelle Miller - Secretary
Bill Hammargren - Member
Jennifer Hood - Member
Gene Hunt - Member
Ken Tipton - Member-Humboldt
County Commissioner

HUMBOLDT GENERAL HOSPITAL
118 EAST HASKELL STREET
WINNEMUCCA, NEVADA 89445

DISTRICT BOARD OF TRUSTEES MEETING AGENDA

MEETING DATE: Tuesday April 30, 2019
MEETING TIME: 5:30 pm
MEETING PLACE: Sarah Winnemucca Conference Room
Humboldt General Hospital
118 E Haskell St, Winnemucca, Nevada
PLACES POSTED: in Winnemucca, Nevada at:
Humboldt General Hospital, 118 E Haskell Street
Humboldt County Courthouse, 50 W Fifth Street
Winnemucca City Hall, 90 W Fourth Street
Humboldt County Library, 85 E Fifth Street
United States Post Office, 850 Hanson Street
www.hghospital.org https://notice.nv.gov
PERSON POSTING: Alicia Wogan

A. CALL TO ORDER

B. PUBLIC COMMENT

(This agenda item is designated to give the general public the opportunity to address the Hospital Board. No action may be taken upon a matter raised under this section until it is placed on an agenda for action. Public comment is generally limited to three (3) minutes per person.)

C. MEDICAL STAFF-HOSPITAL DEPARTMENT REPORTS

(These agenda items are designated to give the opportunity to report and update the Hospital Board on each group or department listed. No action may be taken upon a matter raised under this section until it is placed on an agenda for action.)

1. Medical Staff report
2. Hospital Week – EMS Director
3. Clinic allocation-space – Practice Administrator
4. Long term care update – Director of Nursing
5. Administration report – CEO

D. CONSENT AGENDA

(The Board is expected to review, discuss and take action on this agenda item.)

1. Board meeting minutes March 26, 2019, March 30, 2019 and April 9, 2019
2. Medical Staff applications for appointments, reappointments, provisional and temporary privileges for: Srikishna Vulava, MD, Provisional Staff-Hospitalist; Joel McReynolds, MD, Provisional Staff-Hospitalist; Michael Odom, MD, Provisional Staff-Hospitalist; Sara Thorp, DO, Provisional Staff-FP/OB; Alvaro Galvis, MD, Provisional Staff-Pediatrics; Robert Miller, MD, Consulting Staff-Teleradiology; Mark Giovanetti, MD, Consulting Staff-Teleradiology; James Sloves, MD, Consulting Staff-Teleradiology; Neil Staib, MD, Consulting Staff-Teleradiology; and, Shane Draper, DPM, Allied Health-Podiatry.

E. FINANCIAL REPORTS

(The Board is expected to review, discuss and take action on this agenda item.)

1. March 2019 financial reports
2. Warrants disbursed - Monthly expenditures

DISTRICT BOARD OF TRUSTEES MEETING AGENDA

April 30, 2019

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F. BUSINESS ITEMS-OTHER REPORTS

(The agenda items in this section are for discussion and for possible action. The action may consist of approval, disapproval, acceptance, rejection, authorization, adoption, review, recommendation, referral to staff, or any other action as appropriate. The items may be heard in any order and at any time unless a time is specified; two or more items may be combined for consideration; an item may be removed from the agenda; or, discussion relating to an item may be delayed at any time.)

1. Hospital Administration-EMS / proposal to procure security services for hospital, outbuildings and grounds / EMS Director
2. Hospital Administration-OR / proposal to purchase scopes for operating room / OR Director
3. Hospital Administration-Pharmacy / bids-proposals for pharmacy-physical therapy remodel project / award of contract for pharmacy-physical therapy remodel project / Owners Rep-CTA
4. Hospital Administration-Clinic / terms and conditions of employment agreement with C. Robert Westling, M.D. / Administration
5. Hospital Administration / request for approval of QAPI Plan policy / Administration-Quality Control

G. TRUSTEE COMMENTS-STAFF REPORTS

(This period is designated for receiving reports, information, department updates, board and committee updates and proposals by the board, chief executive officer, chief financial officer, human resources director, director of nurses, and other staff upon request. No action may be taken upon a matter raised under this section until it is placed on an agenda for action.)

H. PUBLIC COMMENT

(This agenda item is designated to give the general public an opportunity to address the Hospital Board. No action may be taken upon a matter raised under this section until it is placed on an agenda for action. Public comment is generally limited to three (3) minutes per person.)

Notice: The Executive Assistant at the Administrator's Office located at Humboldt General Hospital, 118 E. Haskell Street, Winnemucca, Nevada, telephone number 775-623-5222 extension 1123, is the designated person from whom a member of the public may request the supporting material for the meeting and the Administrator's Office is the location where the supporting material is available to the public.

Notice: By law a public body may receive information from legal counsel regarding potential or existing litigation involving a matter over which the public body has supervision, control, jurisdiction, or advisory power and such gathering does not constitute a meeting of the public body.

Notice: Members of the public who are disabled and require special assistance or accommodations at the meeting are requested to notify in writing the Executive Assistant at the Administrator's Office located at Humboldt General Hospital, 118 E. Haskell Street, Winnemucca, Nevada 89445, or by telephoning 775-623-5222 extension 1123, at least one (1) business day in advance of the meeting.

Hospital Week Schedule of Events

Humboldt General Hospital
Board of Trustees Meeting
30 April 2019
Agenda item: C2

Mon, 13 May

1000-1400 Administration Open House

Door decorating, jelly bean count, hidden prize, radiology bowling kick off

Tue, 14 May

1730-1930 Community Cleanup Event

Ice Cream Social in Cafeteria (1330, 2130)

Wed, 15 May

1200-1300 Health Services Catalog Lunch and Learn

1400-1700 Flight Program Open House, Tours and Flight Demonstration

Thu, 16 May

0900-1200 Smoothie Bikes

1730-1930 Chamber of Commerce Mixer / Provider Meet and Greet in Sarah Winnemucca Room

Fri, 17 May

1700-1900 Employee Recognition Dinner

Sat, 18 May

1100-1400 EMS BBQ, Bike Rodeo & Helmet Fitting at Ambulance Station

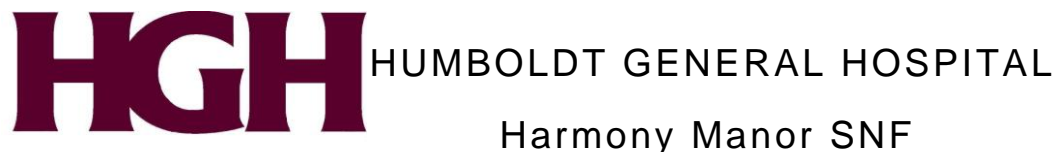
Point of Contact: Sean Burke, EMS Chief

Long Term Care Action Plan 4-19-19

	Issue	Action	Owner	Status
Admission Process	The admission process for Harmony Manor/Quail corner: process is cumbersome/difficult, admission process is too slow.	<ul style="list-style-type: none"> • Admission Policy and intake packet revised • All requested information is to be provided prior to being placed on the prospective admission list. • Meeting with the prospective family/resident offered prior to admission to answer all questions and provide information. • One central point of contact for admissions has been established (Robin Gillis, RN, DON) • Develop intake review to determine success of these changes • Develop quality study on the intake process 	LTC DON	<p>complete</p> <p>Complete</p> <p>Complete</p> <p>in process</p> <p>in process</p>
Customer Service	Reported delays in receiving return phone calls in a timely manner. Different information regarding the admission process provided by different individuals. Prospective residents/families need help completing the required forms and understanding the process. Delay in provider accepting the resident.	<ul style="list-style-type: none"> • Central point of contact (Robin Gillis) noted on admission intake form. • Voicemails/emails checked daily and returned daily Monday thru Friday. • Voicemail is forwarded to Jennifer Slovernik, HGH Social Worker, if Robin is absent longer than two business days. • If Robin is not available, the individual is given her business card to schedule an appointment. • Staff educated in how to schedule an appointment with Robin • Robin's business cards are at the nursing stations. • All communication provided by any member of the IDT with prospective residents/families is documented on the prospective resident spread sheet. • In person meetings and tours offered to anyone inquiring about placement. • Conduct 'post admission' review to determine opportunities for improvement. 	<p>LTC DON</p> <p>Admissions Committee</p> <p>LTC DON or designee</p>	<p>Complete</p> <p>on going</p> <p>in process</p>

	Issue	Action	Owner	Status
LTC Staffing	Lack of staff has resulted in Harmony Manor/Quail Corner declining or limiting admissions. Physician availability has delayed admissions to Harmony Manor intermittently.	<ul style="list-style-type: none"> • GBC committed to holding a minimum of 4 spots in the aide class specifically for HGH • Class began April 15th • GBC committed to having an aide class with low registration numbers if HGH has critical need. • HGH will interview prospective students and sponsor education for those that are chosen to be hired, contingent upon successful completion of the class and licensing requirements (will pay the cost of the class and hire them during the class, request commitment from the student as part of this sponsorship) • GBC/HGH to partner to promote aide careers for Lowry high school students 	LTC DON	complete
		<ul style="list-style-type: none"> • Recruiting efforts: implemented sign on bonus for aides, increased marketing for aide positions, administration is evaluating salary data to determine if adjustments need to be made 	LTC Management team	
		<ul style="list-style-type: none"> • 36 hour staff are adding a 4 hour shift to their schedule to help cover short staffing 	HR/Unit Manager	
		<ul style="list-style-type: none"> • Implemented 'helping hands' orientation for staff that float from other departments rather than take low census 	HR	ongoing
		<ul style="list-style-type: none"> • Researching opportunity to hire nursing assistant trainees (NAT's) prior to completion of aide class 	LTC DON	in process
		<ul style="list-style-type: none"> • Develop job description and determine wage for NAT's 	LTC DON	in process
		<ul style="list-style-type: none"> • Have hired two RN's and extended an offer for another RN • At this time, RN staffing is adequate for admissions • Remain short 6 aide positions, would be able to increase the census with hiring 4 aides 	LTC DON/HR	

	Issue	Action	Owner	Status
<p align="center">Medicaid</p>	<p>Identified issues related to Medicaid redeterminations being completed on time. Difficulty obtaining information from families to complete Medicaid applications in a timely manner. Issues related to Medicaid payments.</p>	<ul style="list-style-type: none"> • Sandi and Shauna are working together and with Chelsea from the state Welfare Office to resolve the issue related to 5 cases in which Medicaid payments are outstanding. Weekly calls • Recommend involving legal counsel on residents deemed 'ineligible' for Medicaid for guidance. • Anticipate this issue being resolved but may take several weeks for final resolution and payment. 	<p>CFO/BO Manager</p>	<p>ongoing</p>
		<ul style="list-style-type: none"> • Discussing opportunity for 'advanced' payment from Medicaid. • Social services is now determining Medicaid redetermination dates for residents upon admission. 	<p>Social Worker</p>	<p>ongoing</p>
		<ul style="list-style-type: none"> • All new residents on Medicaid strongly encouraged to set up HGH as the rep payee. • Families/residents without HGH as the rep payee requested to provide copies of Medicaid redetermination application documents to HGH in a timely manner. • Social services established a tighter timeline for communication between HGH and Medicaid rep payee. 	<p>Social Worker</p>	<p>ongoing</p>
		<ul style="list-style-type: none"> • All residents Medicaid status and accompanying follow up information kept on a spread sheet and reviewed weekly at the SNF case management meeting; required follow up assigned to specific team members. • Discharge notices for nonpayment will be presented to Administration for guidance on any resident that becomes or is deemed ineligible. • Two residents remain 'ineligible' for Medicaid at this time; staff are working diligently with the families in this issue. • Ombudsman contacted for guidance on these residents. • Notified resident in 'pending' status has been approved. • One resident in a 'pending' Medicaid status; anticipate will be determined eligible for Medicaid . 	<p>CFO/Social Worker/BO Manager</p>	<p>ongoing</p>



Admission Intake Form

DATE: _____

Residents Name: _____

Family contact name & phone _____

Dear Prospective Resident and/or Family Member,

Please find enclosed a copy of our protocol along with a list of requested information.

Our goal is to assist you in this transition to make it as smooth as possible. We realize this can be a difficult decision in many ways; after you receive the intake forms, we will contact you within two business days to offer assistance or answer questions you may have regarding completion of the forms.

Once the initial intake information is submitted, we ask that you communicate monthly as to the status of your loved one and your continued desire to remain on the admissions list.

We are available to assist you in any or all parts of the admission process and will request to meet with the prospective resident and family/representatives prior to admission to go over any questions or concerns you may have.

Please direct all inquiries to:

Robin Gillis RN., DNS-CT
Harmony Manor/Quail Corner
Director of Nursing
(775) 623-5222 ext. 1425
robin@hghospital.org

Admission Procedure to Harmony Manor/Quail Corner

Prospective residents for admission to Harmony Manor will be reviewed weekly by the Admissions Committee. The following information outlines our admission process.

Admissions to Harmony Manor Skilled Nursing Facility will be coordinated by the Admissions Committee, which is comprised of the HGH Social Services, Harmony Manor D.O.N., HGH Business Office Manager, HGH Case Management Nurse, Harmony Manor Resident Care Coordinator and Pharmacy Biller.

Days and times of admission are Monday through Friday, unless previously agreed upon by the admissions committee or at the admitting physicians' preference.

Patients in HGH acute inpatient department in need of nursing home care have first priority. Local or county affiliated residents that are on the prospective admissions list will have next priority. Admission intake forms will be provided to the resident or resident's family prior to placement and will be kept on file by Social Services. All requested documentation must be submitted prior to being placed on the prospective admissions list. A member of the admissions committee is available to assist the family or prospective resident in the application process.

A list of potential residents is compiled by date. Prospective residents or their families are requested to contact Harmony Manor on a monthly basis to communicate any changes to the status of their desire for placement. If we do not hear from the family/prospective resident every month, HGH will call them. After three calls, if unable to reach them or receive an updated status, the prospective resident will be removed from the prospective admissions list. Admission will be based on Harmony Manor's ability to provide appropriate care for resident's needs. Candidates for residency must be assessed as appropriate by consensus of the Admission Committee. Although length of time on the list is considered, the decision for admission is based on: the level of care required for the prospective resident in regards to their physical and cognitive functioning, potential for compatibility with the current Harmony Manor population, staffing availability, and pay source.

Note: Medicare does not pay for long term care.

Required Documentation prior to placement on the prospective admissions list

Legal Information:

- Power of Attorney; Health Care and / or Financial
- Guardianship
- Living Will/Advance Directives
- Code Status (DNR/POLST)

Financial Information:

Provide copies of cards:

- Medicare
- Medicaid
- Medicare Part B
- Private Supplemental/ Insurance
- Prescription coverage Medicare Part D (or other Prescription Plan)

For residents who will be private pay:

- Copy of income/asset statements (Social Security, other retirement income)
- Review of other resources (property, life insurance, prepaid burial plan)
- Estimate of time resident will be private pay

Miscellaneous:

- Copies of:
 - Social Security card,
 - Identification (driver's license or ID card)
 - Veteran's Administration Information



There are several ways to pay for Nursing Home care:

1. Private Pay:

If you have the ability to pay through a combination of your monthly retirement income, through social security, cash savings or by selling assets you own, then you will usually be paying for nursing home costs yourself. The cost for nursing home care, referred to as our daily rate is \$ _____ per day. When all eligible assets, including bank accounts, other cashable accounts, land, buildings, etc. approach \$2,000.00, please notify the social worker so she can help you begin the application process for another pay source.

2. Private Insurance:

If you purchased a private insurance that is specifically designed to cover long term care in a nursing home, please let our staff know prior to admission. Most long term care insurance pay for a portion of the daily rate. Please check with your insurance carrier for details prior to admission.

3. Medicare:

Medicare pays for nursing home care under certain conditions. Medicare requires the use of 'skilled services' to access Medicare payment, e.g. IV therapy, physical or occupational therapy, pain control. Medicare will pay the daily rate for nursing home charges when a resident is receiving skilled services. Medicare pays 100% for the first 20 days and, if eligibility continues, day 21 through 100 are covered by Medicare at 80%. Supplemental (or secondary) insurance may pay the co-pay however prior authorization is required. Medicare does not pay for long term care.

4. Medicaid:

Medicaid will pay for any level of nursing home care that is necessary. Strict income and resource guidelines apply for eligibility. Medicaid eligible residents are required to pay a patient liability according to their income. A \$35.00 (or less as determined by Medicaid) personal allowance is set aside for your use. Spousal split downs and other complicated issues can be discussed with the hospital social worker. To apply for Medicaid, you must fill out a written application. Assistance is available to complete this process. If Medicaid retroactively pays for services you have already paid, you will be reimbursed.

NOTE: Transferring your assets or selling them for less than market value in the preceding five years will make you ineligible for Medicaid for a set amount of time (as determined by Medicaid). Please disclose any transfers of assets to the person you are working with on your application.

5. Indigent Services:

If you are denied Medicaid coverage, under specific circumstances, the County you were living in prior to admission may pay for part of your nursing home care. Income and other criteria may apply. The following are telephone numbers for local county indigent services:

Humboldt County: 775-623-6342

Lander County: 775-635-2503

Pershing County: 775-273-2208

If you have any questions concerning application for state or county resources please contact the Social Services Department at HGH: 775-623-5222 ext. 1440.

HUMBOLDT GENERAL HOSPITAL
Quality Report Summary
April 2019

First quarter 2019 - The QAPI/Patient Safety Committee received reports from the following departments:

Nursing-Acute	Nursing-OB
Nursing-ED	Nursing-SNF
Nursing – OR	Pharmacy
EMS	Social Services
Case Management/Discharge Planning	Lab
Radiology	Maintenance
EOP	Materials Mgmt
Dietary	Nutrition Services
IT/Biomed	Business Office
HIM	HIPAA/HITECH
Cardiac Rehab	Human Resources
Environmental Services	Anesthesia

Quality measures are tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include: effective, safe, efficient, patient-centered, equitable, and timely care. The Centers for Medicare & Medicaid Services (CMS) uses quality measures in its quality improvement, public reporting, and pay-for-reporting programs to improve the quality of healthcare for their beneficiaries.

MBQIP - As a Critical Access Hospital, it is difficult to keep up with the larger hospitals so in 2015, the Office of Rural Health developed the Medicare Beneficiary Quality Improvement Project (MBQIP) to capture the data of quality improvement activities of Critical Access Hospitals and compare this information with like hospitals. Antibiotic Stewardship is a new patient safety study to monitor the appropriate use of antibiotics.

LiCON – The LiCON Council has directed the Risk Managers Work Group members to follow quality indicators important and specific to Nevada rural

hospitals. The newest indicator, opioid prescription compliance, was introduced in October 2018 to begin the monitor in the emergency room setting. The opioid prescribing requirements affect emergency, clinic, and acute discharge prescription writing. The emergency room physicians are showing significant improvement. There was a drop in physician response time to see the patient within 30 minutes of notification of arrival. The current plan of action to improve compliance includes better communication and training for emergency room medical staff. ED nursing staff are monitoring real time for improved outcomes.

Patient Perspective - HGH has engaged JL Morgan for our Inpatient HCAHPS patient satisfaction survey. The satisfaction rate shown here is for data gathered so far through March 31, 2019. HCAHPS surveyor have 6 weeks from day of discharge to collect data and have a few weeks remaining to gather 1Q2019. Eligible patients are called to answer scripted questions regarding their inpatient stay at HGH. The Response Rate shown here is for January and February 2019.

Qualitick continues to monitor the Emergency Room satisfaction scores gathered at time of service. 1Q2019 is the first full quarter for this monitor and results represent Satisfied and Very Satisfied responses.

Obstetrics – National measures to determine how many infants are fed only breastmilk while in the hospital; elective deliveries prior to recommended 39 weeks; newborn screening card filled out correctly and completely and received at the state laboratory in Reno within 24 hours of collection.

HGH Clinical Dashboard

2018

Patient Safety Quality Measures		Oct-18	Previous Quarter	Year to Date	Benchmark
P -		3Q18	2Q18		
Aspirin at Arrival		0%	0%	D/E	95%
Median time to ECG		12 min	0 min	7 min	8 minutes
Influenza immunization - patients		98%	97%		90%
Median time from arrival to D/C for ED patients		118 min	132 min	122 min	114 minutes
Median time from ED arrival to acute admit		243 min	233 min	244 min	217 minutes
Admit decision time to ED departure to acute		104 min	101 min	105 min	43 minutes
		4Q18	3Q18		
Emergency Department Transfer Communication		100%	100%	98%	85%
		2017			
Antibiotic Stewardship Program		100%			90%

	CY2017	CY2016	CY2015	State Ave
Patient Left W/O Being Seen (reported annually)	1%	N/A	1%	1%

LiCON Clinical Quality Indicators

	1Q19	4Q18		
Age appropriate vital signs w/i 20 minutes of discharge from ED	93%	94%	94%	92%
Phys compliance with Opioid Prescribing Requirement in ED	93%	54%	75%	92%
ED Physician Response Time - Plan of Action in place	89%	92%	92%	92%
Sentinel Events	2	0	0	0

Patient Perspective	1Q19	Previous Quarter	Year to Date	Benchmark

Satisfaction Surveys:

Emergency Department (Overall satisfaction)	98%	95%		90%
ED Response Rate	37%	N/A		25%
Inpatient	78%	64%		90%
Inpatient Reponse Rates (Jan/Feb only)	16%	21%		25%

Infection Control	Mar-19	Previous Month	Year to Date	Benchmark
Hospital Acquired Infections	0%	0%	0%	0%
Surgical Site Infections	0%	0%	0%	0%
Handwashing Surveillance	98%	98%	90%	90%

	2017/18	2016/17	2015/16	
Staff Influenza Immunization	99%	97%	76%	90%

Obstetrics

Patient Safety Quality Measures	Jan-Mar 2019	Oct-Dec 2018	Year to Date FY 2019	Benchmark
Exclusive Breastfeeding in the Hospital Measures how many infants are fed only breastmilk in the hospital	57%	45.00%	51.00%	Nat Ave - 49.9%
Elective Deliveries Less Than 39 Weeks	0%	0.00%	0.02%	< 3% of total deliveries
Metabolic Screening Demographic Errors	Mar 2019 0%	Feb 2019 0%	11%	Unit goal - 100% error free State Ave - 23.7
Metabolic Screening Transport Errors	Mar 2019 4.3%	Feb 2019 5.26%	Jan 2019 0	Unit goal - 100% error free State Ave - 9.8%



**MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report:
Improving Care Through Patient Safety and Inpatient/Outpatient Measures**

Reporting Period: Fourth Quarter 2017 through Third Quarter 2018 Discharges

291308 - Humboldt General Hospital						Winnemucca, NV 89445						
MBQIP Quality Measures	Your Hospital's Performance by Quarter				CAH State Current Quarter			CAH National Current Quarter			ALL National Current Quarter	
	4Q17	1Q18	2Q18	3Q18	Median Time/Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Median Time/Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Median Time/Overall Rate	
Emergency Department – Quarterly Measures												
OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients	134 Min. based on 88 patients	106 Min. based on 88 patients	132 Min. based on 89 patients	118 Min. based on 94 patients	114 Min.	10	91 Min.	105 Min.	1021	78 Min.	135 Min.	
ED-1b Median Time from ED Arrival to ED Departure for Admitted ED Patients	237 Min. based on 90 patients	264 Min. based on 86 patients	233 Min. based on 88 patients	243 Min. based on 81 patients	217 Min.	10	124 Min.	190 Min.	976	115 Min.	251 Min.	
ED-2b Admit Decision Time to ED Departure Time for Admitted Patients	96 Min. based on 90 patients	121 Min. based on 86 patients	101 Min. based on 88 patients	104 Min. based on 81 patients	43 Min.	10	8 Min.	42 Min.	976	8 Min.	83 Min.	

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/tasc/flexprofile>

* Reporting not required for this quarter

** The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e. 10% of CAHs perform at or better than the 90th percentile)

N/A = the provider did not submit any data to the QualityNet warehouse

0 = the provider had no cases to submit for the measure population

D/E = data was submitted but excluded because it didn't meet the measure criteria



**MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report:
Improving Care Through Patient Safety and Inpatient/Outpatient Measures**

Reporting Period: Fourth Quarter 2017 through Third Quarter 2018 Discharges

291308 - Humboldt General Hospital				Winnemucca, NV 89445							
Emergency Department – Annual Measures											
MBQIP Quality Measures	Your Hospital's Performance by Calendar Year			CAH State Most Recent Year Reported			CAH National Most Recent Year Reported			ALL National Most Recent Year Reported	
	CY 2015	CY 2016	CY 2017	CAH Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	CAH Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	ALL Overall Rate	
OP-22 Patient Left Without Being Seen <i>(Reported annually. Due May 15th reflecting the prior calendar year.)</i>	1% of 7,244 patients	N/A	1% of 7,224 patients	1%	7	0%	1%	800	0%	2%	
NHSN Collected Measures											
MBQIP Quality Measures	Your Hospital's Reported Adherence Percentage			CAH State Most Recent Flu Season			CAH National Most Recent Flu Season			ALL National Most Recent Flu Season	
	4Q15 – 1Q16	4Q16 – 1Q17	4Q17 – 1Q18	CAH Reported Adherence Percentage	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	CAH Reported Adherence Percentage	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	ALL Reported Adherence Percentage	
OP-27 Influenza Vaccination <i>(Due May 15th reflecting the prior Flu season.)</i>	76%	97%	98%	89%	9	100%	88%	1029	99%	89%	

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/tasc/flexprofile>

* Reporting not required for this quarter

** The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e. 10% of CAHs perform at or better than the 90th percentile)

N/A = the provider did not submit any data to the QualityNet warehouse

0 = the provider had no cases to submit for the measure population

D/E = data was submitted but excluded because it didn't meet the measure criteria

**MBQIP Care Transitions Quality Report: Improving Care Through
Emergency Department Transfer Communication (EDTC)**



Reporting Period: First Quarter 2018 through Fourth Quarter 2018 Discharges

291308 - Humboldt General Hospital												State: NV
MBQIP Quality Measures		Your Hospital Performance by Quarter				Your Hospital Performance Aggregate for All Four Quarters	State Current Quarter			National Current Quarter		
		1Q18	2Q18	3Q18	4Q18		Average Current Quarter	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Average Current Quarter	# CAHs with MBQIP MOU Submitting Data	90th Percentile**
Total Medical Records Reviewed		N = 46	N = 47	N = 46	N = 45	N = 184	N = 556			N = 49812		
EDTC-1	Administrative Communication	100% (n=46)	100% (n=47)	100% (n=46)	100% (n=45)	100%	96%	13	100%	97%	1226	100%
EDTC-2	Patient Information	100% (n=46)	100% (n=47)	100% (n=46)	100% (n=45)	100%	99%	13	100%	96%	1226	100%
EDTC-3	Vital Signs	100% (n=46)	100% (n=47)	100% (n=46)	100% (n=45)	100%	99%	13	100%	96%	1226	100%
EDTC-4	Medication Information	100% (n=46)	100% (n=47)	100% (n=46)	100% (n=45)	100%	99%	13	100%	95%	1226	100%
EDTC-5	Practitioner Information	100% (n=46)	100% (n=47)	100% (n=46)	100% (n=45)	100%	99%	13	100%	95%	1226	100%
EDTC-6	Nurse Information	96% (n=44)	100% (n=47)	100% (n=46)	100% (n=45)	99%	89%	13	100%	91%	1226	100%
EDTC-7	Procedures and Tests	98% (n=45)	100% (n=47)	100% (n=46)	100% (n=45)	99%	100%	13	100%	97%	1226	100%
All EDTC	Composite*	93% (n=43)	100% (n=47)	100% (n=46)	100% (n=45)	98%	85%	13	100%	84%	1226	100%

N = denominator
n = numerator
N/A = the provider did not submit any data
D/E = the provider reported 0 records reviewed

* The state and national roll-up for the All-EDTC sub-measure is not inclusive of every reporting CAH, as some CAHs did not report this data element.
** The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e. 10% of CAHs perform at or better than the 90th percentile)

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/tasc/flexprofile>.



**MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report:
Improving Care Through Patient Safety and Inpatient/Outpatient Measures**

Reporting Period: Fourth Quarter 2017 through Third Quarter 2018 Discharges

291308 - Humboldt General Hospital			Winnemucca, NV 89445				
NHSN Annual Facility Survey – Antibiotic Stewardship Core Elements							
Antibiotic Stewardship: CDC's Core Elements	Your Hospital's Performance for Previous and Current Survey Years		CAH State Percentage for Current Survey Year		CAH National Percentage for Current Survey Year		ALL National Current Survey Year
	Previous Survey Year: 2016	Current Survey Year: 2017	Percentage of CAHs Meeting Element	# CAHs with MBQIP MOU Submitting Data	Percentage of CAHs Meeting Element	# CAHs with MBQIP MOU Submitting Data	Percentage of ALL National Meeting Element
Element 1: Leadership	N/A	Y	90%	10	82%	1139	N/A
Element 2: Accountability	N/A	Y	100%	10	92%	1139	N/A
Element 3: Drug Expertise	N/A	Y	90%	10	94%	1139	N/A
Element 4: Action	N/A	Y	100%	10	94%	1139	N/A
Element 5: Tracking	N/A	Y	100%	10	81%	1139	N/A
Element 6: Reporting	N/A	Y	90%	10	86%	1139	N/A
Element 7: Education	N/A	Y	80%	10	83%	1139	N/A
All Elements Met	N/A	7	60%	10	58%	1139	N/A

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/tasc/flexprofile>

* Reporting not required for this quarter

** The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e. 10% of CAHs perform at or better than the 90th percentile)

N/A = the provider did not submit any data to the QualityNet warehouse

0 = the provider had no cases to submit for the measure population

D/E = data was submitted but excluded because it didn't meet the measure criteria

Obstetrics

Patient Safety Quality Measures	Jan-Mar 2019	Oct-Dec 2018	Year to Date FY 2019	Benchmark
Exclusive Breastfeeding in the Hospital Measures how many infants are fed only breastmilk in the hospital	57%	45.00%	51.00%	Nat Ave - 49.9%
Elective Deliveries Less Than 39 Weeks	0%	0.00%	0.02%	< 3% of total deliveries
Metabolic Screening Demographic Errors	Mar 2019 0%	Feb 2019 0%	11%	Unit goal - 100% error free State Ave - 23.7
Metabolic Screening Transport Errors	Mar 2019 4.3%	Feb 2019 5.26%	Jan 2019 0	Unit goal - 100% error free State Ave - 9.8%

Quality Indicators Results Form (rev. May 2018)

Please Fax to Becky Bayley at NRHP

Fax #: (775) 827-0939

Facility Name: Humboldt General Hospital

RMWG Meeting: April 11-12, 2019

RMWG Target Percentage: 92%

QUALITY INDICATOR	DEFINITION (Numerator and Denominator)
<p>1. Physician Compliance with Opioid Prescribing Requirements (AB 474)</p> <p>Numerator (# met): <u>39</u></p> <p>Denominator (total #): <u>42</u></p> <p>Percentage Met: <u>93</u>%</p>	<ul style="list-style-type: none"> • <i>all patients who are prescribed Schedule II, III, or IV drugs for pain in the ED</i> • <i>whose chart reflects</i> • Bona fide relationship with the patient; and • Evaluation and risk assessment, including <ul style="list-style-type: none"> ○ review of PDMP and patient’s medical history ○ physical exam ○ obtain and review medical records, document the conclusions, and assess patient’s mental health and risk of abuse, dependency and addiction; and • Preliminary diagnosis of the patient; tailored treatment plan, and • Documented reasons for prescribing the controlled substance instead of alternative; and • Obtain informed written consent from the patient, parent, or legal guardian <hr/> <ul style="list-style-type: none"> • <i>all patients who are prescribed Schedule II, III, or IV drugs for pain in the ED</i>
<p>2. Age Appropriate Vital Signs w/in 20 minutes of Discharge from ED</p> <p>Numerator (# met): <u>195</u></p> <p>Denominator (total #): <u>210</u></p> <p>Percentage Met: <u>93</u>%</p>	<ul style="list-style-type: none"> • <i>all patients who come to the ED for treatment</i> • will have age-appropriate vital signs (e.g., TPR) • taken and charted • within 20 minutes of discharge from the ED • regardless of where patient goes (e.g., home, inpatient unit, transfer to another facility, etc. <hr/> <ul style="list-style-type: none"> • <i>all patients who come to the ED for treatment</i>
<p>3. ED Physician Response Time</p> <p>Numerator (# met): <u>187</u></p> <p>Denominator (total #): <u>210</u></p> <p>Percentage Met: <u>89</u>%</p>	<ul style="list-style-type: none"> • <i>number of times your on-call physician/ED physician or Qualified Medical Professional (QMP) has had face to face contact with an EMTALA patient in the ED</i> • within 30 minutes of being called/notified by staff that there is a patient to be seen <hr/> <ul style="list-style-type: none"> • <i>number of individuals who “come to the hospital seeking medical care” (EMTALA patients)</i>

Location(s): Humboldt General, NV

Date Range: 1/1/2019 - 1/31/2019

Humboldt General, NV

I would like to complete this survey:

No	47	16%
Yes	248	84%
Total	295	100%

Why did you use our ER facility today?

Could Not See PCP	35	15%
ER Is My Primary Care Service	19	8%
Other	120	51%
Walk-In Clinic Not Available	61	26%
Total	235	100%

Are you the:

Family Member	15	6%
Friend	0	0%
Guardian	16	7%
Other	0	0%
Parent	42	18%
Patient	162	69%
Total	235	100%

What time of day were you cared for by our ER medical team?

11PM - 7AM	21	9%
3PM - 11PM	101	43%
7AM - 3PM	110	47%
Not Sure	3	1%
Total	235	100%

How long did you wait in the Emergency Department room before you were seen by a Doctor?

Greater Than 2 Hours	12	5%
1 - 2 Hours	30	13%
Less Than 1 Hour	193	82%
Total	235	100%

Were you checked on by nursing staff during your wait time?

Did Not Wait	20	9%
No	13	6%

Yes	201	86%
Total	234	100%

How helpful and courteous was the registration clerk?

Very Poor	0	0%
Poor	1	0%
Fair	4	2%
Good	43	18%
Very Good	186	79%
Total	234	100%

Did our nursing staff introduce themselves to you today?

No	5	2%
Yes	229	98%
Total	234	100%

Who was the Registered Nurse that treated you today?

Ashley	32	14%
Becky	1	0%
Brandy	31	13%
Candice	22	10%
Cristal	2	1%
Erin	1	0%
Hannah	43	19%
Jessica	26	11%
Kayhlin	15	6%
Leslie	6	3%
None of These	5	2%
Rita	4	2%
Robyn	13	6%
Stephanie	5	2%
Tina	3	1%
Vai	22	10%
Total	231	100%

How satisfied were you with the level of care shown by the nursing staff?

Very Dissatisfied	0	0%
Dissatisfied	0	0%
Neither Dissatisfied or Satisfied	5	2%
Satisfied	33	14%
Very Satisfied	193	84%
Total	231	100%

Who was the Doctor that treated you today?

Dr. Abrass	58	25%
Dr. Babu	59	26%
Dr. Farr	8	3%
Dr. Herman	27	12%
Dr. Hodnick	13	6%
Dr. Li	13	6%
Dr. Mahendernath	13	6%
Dr. Marks	29	13%
None of These	9	4%
Total	229	100%

How satisfied were you with the level of care shown by your Doctor?

Very Dissatisfied	2	1%
Dissatisfied	3	1%
Neither Dissatisfied or Satisfied	12	5%
Satisfied	51	22%
Very Satisfied	161	70%
Total	229	100%

How satisfied were you with the explanations and instructions the physician gave on what to do when you get home?

Very Dissatisfied	0	0%
Dissatisfied	1	0%
Neither Dissatisfied or Satisfied	12	5%
Satisfied	67	29%
Very Satisfied	149	65%
Total	229	100%

How satisfied were you with the cleanliness of the ER?

Very Dissatisfied	0	0%
Dissatisfied	0	0%
Neither Dissatisfied or Satisfied	0	0%
Satisfied	55	24%
Very Satisfied	173	76%
Total	228	100%

Overall, how were you satisfied with your visit today?

Very Dissatisfied	0	0%
Dissatisfied	2	1%
Neither Satisfied or Dissatisfied	8	4%
Satisfied	58	25%
Very Satisfied	160	70%
Total	228	100%

Would you recommend our Emergency Department, its doctors and staff to provide care to family and friends?

No	5	2%
Yes	223	98%
Total	228	100%

Is there someone who participated in your care who provided exceptionally good service?

No	54	24%
Yes	174	76%
Total	228	100%

Would you like to receive a call from the Patient Relation Department?

No	213	95%
Yes	11	5%
Total	224	100%

Qualitick utilizes all available methodologies approved by HIPAA, to reasonably and appropriately implement the standards and implementation specification, pursuant to said Act, to protect against any reasonably anticipated threat or hazard in the security or integrity of ePHI. "Customer" or recipient shall consider sensitive and confidential any ePHI which is obtained when utilizing the Qualitick "System" and shall protect said information in order to ensure the confidentiality, integrity and availability as set forth within the Health Insurance Portability and Accountability Act (HIPAA).

Location(s): Humboldt General. NV

Date Range: 2/1/2019 - 2/28/2019

Humboldt General. NV

<i>I would like to complete this survey:</i>		
No	50	21%
Yes	185	79%
Total	235	100%

<i>Why did you use our ER facility today?</i>		
Could Not See PCP	25	14%
ER Is My Primary Care Service	13	7%
Other	92	53%
Walk-In Clinic Not Available	44	25%
Total	174	100%

<i>Are you the:</i>		
Family Member	9	5%
Friend	0	0%
Guardian	5	3%
Other	3	2%
Parent	38	22%
Patient	119	68%
Total	174	100%

<i>What time of day were you cared for by our ER medical team?</i>		
11PM - 7AM	16	9%
3PM - 11PM	80	46%
7AM - 3PM	75	43%
Not Sure	3	2%
Total	174	100%

<i>How long did you wait in the Emergency Department room before you were seen by a Doctor?</i>		
Greater Than 2 Hours	7	4%
1 - 2 Hours	34	20%
Less Than 1 Hour	132	76%
Total	173	100%

<i>Were you checked on by nursing staff during your wait time?</i>		
Did Not Wait	14	8%
No	3	2%

Yes	156	90%
Total	173	100%

How helpful and courteous was the registration clerk?

Very Poor	2	1%
Poor	0	0%
Fair	2	1%
Good	34	20%
Very Good	135	78%
Total	173	100%

Did our nursing staff introduce themselves to you today?

No	3	2%
Yes	170	98%
Total	173	100%

Who was the Registered Nurse that treated you today?

Ashley	21	12%
Becky	3	2%
Brandy	13	8%
Candice	16	9%
Cristal	5	3%
Erin	1	1%
Hannah	34	20%
Jessica	23	13%
Kayhlin	6	3%
Leslie	0	0%
None of These	2	1%
Rita	10	6%
Robyn	5	3%
Stephanie	10	6%
Tina	1	1%
Vai	22	13%
Total	172	100%

How satisfied were you with the level of care shown by the nursing staff?

Very Dissatisfied	0	0%
Dissatisfied	0	0%
Neither Dissatisfied or Satisfied	2	1%
Satisfied	29	17%
Very Satisfied	141	82%
Total	172	100%

Who was the Doctor that treated you today?

<i>Dr. Abrass</i>	38	22%
<i>Dr. Babu</i>	47	27%
<i>Dr. Farr</i>	1	1%
<i>Dr. Herman</i>	20	12%
<i>Dr. Hodnick</i>	5	3%
<i>Dr. Li</i>	0	0%
<i>Dr. Mahendernath</i>	15	9%
<i>Dr. Marks</i>	37	22%
<i>None of These</i>	8	5%
<i>Total</i>	171	100%

How satisfied were you with the level of care shown by your Doctor?

<i>Very Dissatisfied</i>	1	1%
<i>Dissatisfied</i>	5	3%
<i>Neither Dissatisfied or Satisfied</i>	7	4%
<i>Satisfied</i>	50	29%
<i>Very Satisfied</i>	108	63%
<i>Total</i>	171	100%

How satisfied were you with the explanations and instructions the physician gave on what to do when you get home?

<i>Very Dissatisfied</i>	0	0%
<i>Dissatisfied</i>	3	2%
<i>Neither Dissatisfied or Satisfied</i>	11	6%
<i>Satisfied</i>	55	32%
<i>Very Satisfied</i>	102	60%
<i>Total</i>	171	100%

How satisfied were you with the cleanliness of the ER?

<i>Very Dissatisfied</i>	0	0%
<i>Dissatisfied</i>	1	1%
<i>Neither Dissatisfied or Satisfied</i>	1	1%
<i>Satisfied</i>	48	28%
<i>Very Satisfied</i>	121	71%
<i>Total</i>	171	100%

Overall, how were you satisfied with your visit today?

<i>Very Dissatisfied</i>	1	1%
<i>Dissatisfied</i>	1	1%
<i>Neither Satisfied or Dissatisfied</i>	8	5%
<i>Satisfied</i>	52	30%
<i>Very Satisfied</i>	109	64%
<i>Total</i>	171	100%

Would you recommend our Emergency Department, its doctors and staff to provide care to family and friends?

No	6	4%
Yes	165	96%
Total	171	100%

Is there someone who participated in your care who provided exceptionally good service?		
No	61	36%
Yes	109	64%
Total	170	100%

Would you like to receive a call from the Patient Relation Department?		
No	158	94%
Yes	10	6%
Total	168	100%

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Location(s): Humboldt General, NV

Date Range: 3/1/2019 - 3/31/2019

Humboldt General, NV

I would like to complete this survey:

No	61	21%
Yes	228	79%
Total	289	100%

Why did you use our ER facility today?

Could Not See PCP	28	13%
ER Is My Primary Care Service	23	11%
Other	107	51%
Walk-In Clinic Not Available	53	25%
Total	211	100%

Are you the:

Family Member	11	5%
Friend	2	1%
Guardian	20	9%
Other	5	2%
Parent	40	19%
Patient	133	63%
Total	211	100%

What time of day were you cared for by our ER medical team?

11PM - 7AM	27	13%
3PM - 11PM	96	45%
7AM - 3PM	86	41%
Not Sure	2	1%
Total	211	100%

How long did you wait in the Emergency Department room before you were seen by a Doctor?

Greater Than 2 Hours	11	5%
1 - 2 Hours	38	18%
Less Than 1 Hour	162	77%
Total	211	100%

Were you checked on by nursing staff during your wait time?

Did Not Wait	29	14%
No	11	5%

Yes	171	81%
Total	211	100%

How helpful and courteous was the registration clerk?

Very Poor	0	0%
Poor	0	0%
Fair	10	5%
Good	48	23%
Very Good	153	73%
Total	211	100%

Did our nursing staff introduce themselves to you today?

No	8	4%
Yes	203	96%
Total	211	100%

Who was the Registered Nurse that treated you today?

Ashley	27	13%
Becky	7	3%
Brandy	17	8%
Candice	13	6%
Cristal	5	2%
Erin	0	0%
Hannah	57	28%
Jessica	23	11%
Kayhlin	18	9%
Leslie	0	0%
None of These	6	3%
Rita	5	2%
Robyn	5	2%
Stephanie	6	3%
Tina	0	0%
Vai	18	9%
Total	207	100%

How satisfied were you with the level of care shown by the nursing staff?

Very Dissatisfied	0	0%
Dissatisfied	1	0%
Neither Dissatisfied or Satisfied	1	0%
Satisfied	27	13%
Very Satisfied	178	86%
Total	207	100%

Who was the Doctor that treated you today?

Dr. Abrass	32	16%
Dr. Babu	68	33%
Dr. Farr	11	5%
Dr. Herman	28	14%
Dr. Hodnick	1	0%
Dr. Li	0	0%
Dr. Mahendernath	17	8%
Dr. Marks	41	20%
None of These	8	4%
Total	206	100%

How satisfied were you with the level of care shown by your Doctor?

Very Dissatisfied	4	2%
Dissatisfied	4	2%
Neither Dissatisfied or Satisfied	6	3%
Satisfied	51	25%
Very Satisfied	140	68%
Total	205	100%

How satisfied were you with the explanations and instructions the physician gave on what to do when you get home?

Very Dissatisfied	2	1%
Dissatisfied	1	0%
Neither Dissatisfied or Satisfied	13	6%
Satisfied	50	25%
Very Satisfied	138	68%
Total	204	100%

How satisfied were you with the cleanliness of the ER?

Very Dissatisfied	1	0%
Dissatisfied	1	0%
Neither Dissatisfied or Satisfied	1	0%
Satisfied	38	19%
Very Satisfied	162	80%
Total	203	100%

Overall, how were you satisfied with your visit today?

Very Dissatisfied	1	0%
Dissatisfied	1	0%
Neither Satisfied or Dissatisfied	8	4%
Satisfied	56	28%
Very Satisfied	137	67%
Total	203	100%

Would you recommend our Emergency Department, its doctors and staff to provide care to family and friends?

No	8	4%
Yes	195	96%
Total	203	100%

Is there someone who participated in your care who provided exceptionally good service?

No	61	30%
Yes	142	70%
Total	203	100%

Would you like to receive a call from the Patient Relation Department?

No	186	93%
Yes	14	7%
Total	200	100%

Qualitick utilizes all available methodologies approved by HIPAA, to reasonably and appropriately implement the standards and implementation specification, pursuant to said Act, to protect against any reasonably anticipated threat or hazard in the security or integrity of ePHI. "Customer" or recipient shall consider sensitive and confidential any ePHI which is obtained when utilizing the Qualitick "System" and shall protect said information in order to ensure the confidentiality, integrity and availability as set forth within the Health Insurance Portability and Accountability Act (HIPAA).

HCAHPS

Category

All

78.00 %

CAHPS %

Desired Direction



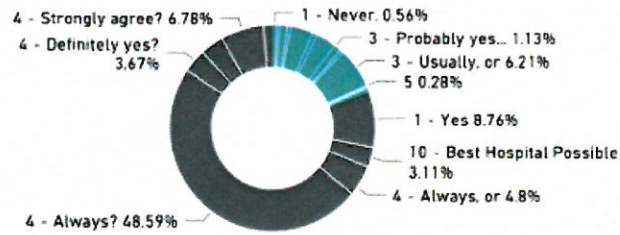
20

Survey Volume

Facility

All

Top_Box_Legend ● Bottom Box ● Top Box



Question

Count of Response % of Response

Question	Count of Response	% of Response
Nursing Courtesy and Respect	20	5.65%
3 - Usually, or	1	0.28%
4 - Always?	19	5.37%
Nursing Listening	20	5.65%
2 - Sometimes	1	0.28%
3 - Usually, or	3	0.85%
4 - Always?	16	4.52%
Nursing Explanation	20	5.65%
2 - Sometimes	1	0.28%
Total	354	100.00%

1/1/2019 3/31/2019



Question

All

Location

All

Physician

All

survey_response ● 1 - Never, ● 1 - Yes, ● 10 - Best Hos..., ● 2 - Disagree, ● 2 - No, ● 2 - Probably ..., ● 2 - Someti..., ● 3 - Agree, ● 3 - Agree, or, ● 3 - Probably y..., ● 3 - Usually, ● 3 - Usually, or



HCAHPS

Category

All

78.00 %

CAHPS %

Desired Direction



20

Survey Volume

Facility

All

1/1/2019 3/31/2019



Question

All

Location

All

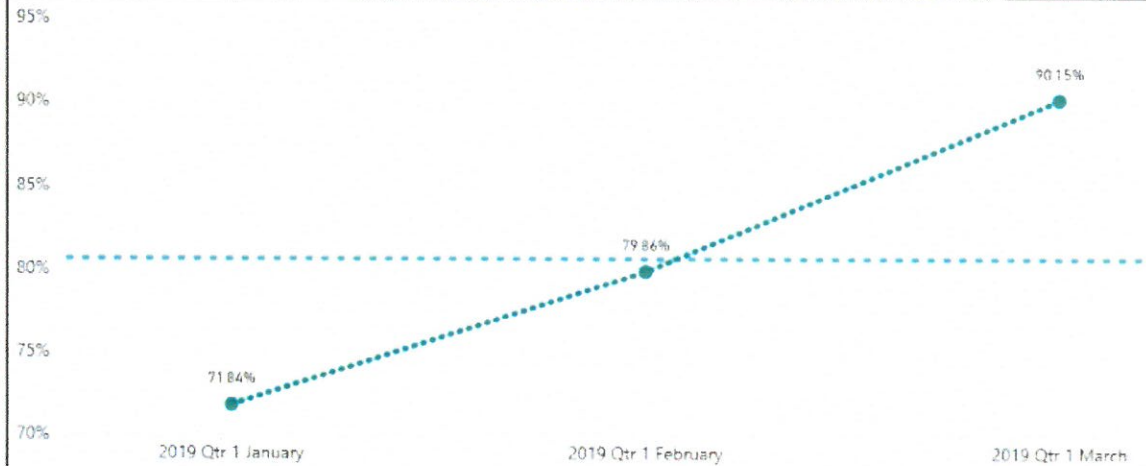
Physician

All

Year	Nursing Communication	Doctor Communication	Responsiveness of Staff	Pain Management	Communication Medications	Cleanliness	Quietness	Discharge Instructions	Overall Rating	Would Recommend	Care Transition
2019	80.80 %	77.20 %	83.07 %	74.87 %	98.30 %	87.20 %	71.40 %	86.87 %	78.00 %	64.92 %	69.21 %
March	95.80 %	97.20 %	99.20 %	96.30 %	98.30 %	97.20 %	91.40 %	98.30 %	64.67 %	96.50 %	66.07 %
February	87.47 %	80.53 %	76.12 %	79.63 %	98.30 %	84.70 %	78.90 %	84.97 %	98.00 %	46.50 %	72.13 %
January	69.87 %	67.57 %	83.82 %	62.97 %	98.30 %	86.09 %	58.07 %	84.01 %	64.67 %	71.50 %	67.58 %
Total	80.80 %	77.20 %	83.07 %	74.87 %	98.30 %	87.20 %	71.40 %	86.87 %	78.00 %	64.92 %	69.21 %

Survey Volume

Year	Survey Volume
2019	20
March	3
February	8
January	9
Total	20



DATA ANALYSIS BY QUARTER (page 2)

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
MARCH 26, 2019 REGULAR MEETING
SARAH WINNEMUCCA CONFERENCE ROOM**

BOARD PRESENT:

Michelle Miller, Secretary
Bill Hammargren, Member
Jennifer Hood, Member
Gene Hunt, Member

Kent Maher, Legal Counsel

BOARD ABSENT:

JoAnn Casalez, Chairman
Ken Tipton, County Comm. Member

MEDICAL STAFF PRESENT:

None

GUESTS:

Ashley Maden (Humboldt Sun), Judy Adams (Auxiliary Member), Susan Rorex (Auxiliary Member), Nicole Maher (Commy Ed. Dev. Director), Millie Custer, Pauline Salla Smith and Marie Jeanne Dawson.

CALL TO ORDER:

Board secretary Miller called the March 26, 2019 board meeting to order at 5:32 p.m.

PUBLIC COMMENT:

There were no comments.

MEDICAL STAFF REPORT:

There was no report.

COMMUNITY EDUCATION DEVELOPMENT REPORT:

Community Education Development Director Nicole Maher gave a presentation on the proposals and program Humboldt Connection Suicide Prevention is planning in relation to suicide awareness and prevention efforts in Winnemucca and Humboldt County.

ADMINISTRATION DEPARTMENT REPORT:

Interim CEO Karen Cole distributed information on the Community Health Fair and thanked the staff and others who participated in the event. Cole provided updates on: (i) physician recruitment with reports on Dr. Thorp, Dr. Curtis, Dr. Janhunen, Dr. Masuck, Internal Medicine, family practice, and two FP/OB candidates; (ii) the nursing home and meeting with DON Bryan and Board member Miller to discuss staffing, policies, admissions, reimbursement and an action plan to address issues; (iii) the pharmacy remodel and discussion with Mike Sheppard, Owner's Representative, about having bids to consider at the

April meeting; and, (iv) the residency program and conversation with Dr. Palmer, who will be here mid-April, appointing Dr. Brecheen as an associate professor of clinical medicine and adding Dr. Thorp to the faculty. The budget workshop meeting is Saturday, March 30, 2019 at 9:00 a.m. and the medical staff bylaws mini-retreat will be May 10-11, 2019.

CONSENT AGENDA:

Motion by board member Hammargren and second by board member Hood to approve the consent agenda as presented, including the board meeting minutes for February 26, 2019 and March 4, 2019. Motion carried unanimously.

FINANCIAL REPORTS:

CFO Lehman presented the February 2019 financials, noting that the AR days went up and an action plan has been implemented. The fifty percent off program for collections has resulted in discharge of 2,300 accounts and collection of \$340,000. Lehman explained the budget review and submittal timeline.

Motion by board member Hood and second by board member Hammargren to approve the February 2019 financials as presented. Motion carried unanimously.

BUSINESS ITEMS-OTHER REPORTS:

1. Hospital Administration-EMS / proposal to procure security services for hospital, outbuildings and grounds / EMS Director

Motion by board member Hammargren and second by board member Miller to table the item until the April 2019 meeting. Motion carried unanimously.

2. Hospital Administration-Respiratory / proposal to purchase rapid point 500 arterial blood gas analyzer / Respiratory Manager

Respiratory Manager Dan Clack explained the machine function and need for the new equipment.

Motion by board member Hammargren and second by board member Miller to approve the proposal to purchase an arterial blood gas analyzer in the amount of \$10,803 as presented. Motion carried unanimously.

3. Hospital Administration-Pharmacy / proposal to add an additional pharmacist position / Administration-Pharmacy Director

Interim CEO Cole referred to the commentary and rationale for the proposal in the meeting packet. Pharmacy Director Simsek stated he and Robert are the 24/7 pharmacists which results in a significant amount of overtime; the overtime costs justify hiring another employee.

Motion by board member Hammargren and second by board member Hunt to authorize administration to solicit for a pharmacist as proposed. Motion carried unanimously.

4. Hospital Administration / proposal to add a nurse practitioner position / Administration

Robert Johnson, PA stated the addition of a nurse practitioner or physician assistant will help with expanding the Walk In Clinic hours and allow Johnson to attend to his other responsibilities which include Clinic administration.

Motion by board member Hammargren and second by board member Hood to approve the recruitment for a practitioner for the Walk In Clinic as proposed. Motion carried unanimously.

5. Hospital Administration / proposal to add a midwife position / Administration

Robert Johnson, PA said staff is working with Dr. Brecheen to develop a women's health clinic and adding a Nurse Midwife position will be beneficial to the team. A Midwife can assist a physician with C-sections and will allow Brecheen to focus on gynecologic surgeries and high risk pregnancies. Interim CEO Cole advised that Brecheen and DON Bryan interviewed a candidate. The proposal is to amend Brecheen's contract to include the Midwife services with HGH billing for the services.

Cole introduced Dr. Sarah Thorp, who is now working part-time in obstetrics. Thorp stated she is very excited to be here.

Motion by board member Hood and second by board member Hammargren to move forward with the proposal to add a Midwife position as presented. Motion carried unanimously.

6. Hospital Administration / proposal to employ and enter into an employment agreement with David Masuck, M.D. to provide physician health care services / Administration

Interim CEO Cole noted Masuck is currently an HGH resident who desires to practice in Winnemucca and she believes he should be welcomed.

Motion by board member Hunt and second by board member Hammargren to authorize an employment agreement with David Masuck, M.D. on the terms proposed by the letter of intent. Motion carried unanimously.

Hospital Administration / proposal to employ and enter into an employment agreement with Veronica Janhunen, MD. to provide pediatrician physician health care services / Administration

There was no discussion.

Motion by board member Hammargren and second by board member Hood to authorize an employment agreement with Veronica Janhunen, M.D. on the terms proposed by the letter of intent. Motion carried unanimously.

Hospital Administration / proposals for use and occupancy of medical office space / Administration

Interim CEO Cole said with the changes in providers it's important to consider how the clinic space is being utilized to make sure the space is utilized so it is customer friendly and efficient, such as the grouping of some specialties to allow for collaboration. Board member Hammargren commented he is a huge proponent of examining the use of space; the facility was built to encourage people to come and the uses need to be continually reviewed so that it is filled with those with who will deliver the necessary health care services. Board members Hunt and Miller suggested evaluating for efficiency.

TRUSTEE COMMENTS-STAFF REPORTS:

Board member Hunt said he appreciated the suicide program presentation by Community Education Development Director Maher and requested to meet with her.

Board member Miller expressed thanks to the Interim CEO and the staff for their efforts.

Board member Hammargren also expressed thanks to the staff.

Interim CEO Cole invited the board to the Cerner Express kickoff event and commented Community Ed. Development Director Maher did a great job of putting it together.

PUBLIC COMMENT:

There were no comments.

Board secretary Miller adjourned the March 26, 2019 meeting of the Humboldt County Hospital District Board of Trustees at 6:42 p.m.

APPROVED:

ATTEST:

JoAnn Casalez, Board Chairman

Alicia Wogan, Executive Assistant

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
MARCH 30, 2019 SPECIAL MEETING
SARAH WINNEMUCCA CONFERENCE ROOM**

BOARD PRESENT:

JoAnn Casalez, Chairman
Michelle Miller, Secretary
Bill Hammargren, Member
Jennifer Hood, Member
Gene Hunt, Member

Kent Maher, Legal Counsel

BOARD ABSENT:

Ken Tipton, County Comm. Member

MEDICAL STAFF PRESENT:

None

GUESTS:

None.

CALL TO ORDER:

Board chairman Casalez called the March 30, 2019 special meeting to order at 9:03 a.m.

PUBLIC COMMENT:

There were no comments.

BUSINESS ITEMS-OTHER REPORTS:

1. Hospital Administration / FY2019-2020 budget workshop for presentation, review and discussion of Hospital District revenues, expenditures and funding and budget projections and proposals which may include additions or deletions to personnel, equipment, supplies and services, and tentative approval of the proposed budget subject to final approval and action at the time final budgets are submitted / Administration

Interim CEO Cole presented information on the margin summary and stated significant changes have been made. The new budget includes Pharmacy, Great Basin College and the Cerner conversion. Cole commented on FTE's and how they are calculated; she discussed with CFO Lehman about calculating them different next year.

CFO Lehman went over volume assumption highlights. There were questions and discussion on when the WIC hours will be extended, are there increases in orthopedic surgeries each year, self-pay in the nursing home and possibly offering a discount if paid in advance, and reimbursements and where things can be changed to get more reimbursements. Lehman explained the rate assumption summary and Cole suggested there are some areas that may need lower prices and some may need increases, which will be presented to

STAFF PRESENT:

Karen Cole, Interim CEO
Sandi Lehman, CFO
Darlene Bryan, CNO
Rose Green, HR Director
Lisa Andre, Quality Director
Mike Bell, IT Director
Bryn Echeverria, Radiology Manager
Kim Plummer, Controller
Alicia Wogan, Executive Assistant
Lorrie Merion, OB Manager
Dan Clack, Respiratory Manager
Robert Johnson, PA

the Board if changes need to be made. Lehman went over: FTE highlights; expense category highlights; the 340B program; ad valorem and consolidated taxes being budgeted based on projections provided by the Nevada Department of Taxation; net proceeds of mines are not budgeted; Great Basin College (GBC); budget of 3% per Buckhead Capital for interest; and, no grant funding being budgeted. Board member Miller asked about the increase in infection control expenses; Lehman explained it is due to one person working both the IC and Surgery. DON Bryan said GBC indicated the CAN class will be scheduled no matter how many students attend this year. Cole noted there may be some pay adjustments that need to be made and suggested looking at all contracts as there is a lot of money tied up there. Miller said she is concerned with the revenue and expenses for the emergency medical services. Cole explained there are things that can be looked at. Board member Hammargren suggested a work group to consider EMS matters. Board chairman Casalez noted EMS funding is discussed every budget meeting and there should be a better understanding of expenses for community events. Cole suggested possibly considering a remodel of the dietary services area at the same time as the pharmacy to help keep costs down; she thinks it can help employee morale. Cardiac Rehab was discussed; with added providers they are seeing more referrals. There was discussion on: the increase in the Communication Center expenses; Dr. Beckman revenue and expenses; increase in the business office expenses increase due to the Cerner program which still requires servers and hardware even though it is cloud based; the residents clinic program; telehealth services; the doubling of advertising budget due to the Cerner program and adding physicians; rolling over the remaining \$45,000 in the community education budget; the website contract which has two more years; and, the business office and administration leases for copiers and other items.

Lehman said the copier contracts will be reviewed and alternatives will be considered. Controller Plummer is looking into account maintenance fees. Casalez noted her business has multiple accounts which lowers the rate. Lehman increased the general fund account balance to avoid the monthly fees. Miller asked about the IT budget and if next year there will be less fees. IT Director Bell said the upgrade this year will carry through and there will be less fees in the next budget. The decrease of professional contracts expenses in the HR budget is due to moving the legal expenses. HR Director Green said the Ninth Brain software equipment lease is expensive. Casalez asked about Café RX and expanding services.

Lehman went over the capital budget worksheet summary. Radiology Manager Echevarria explained the fluoroscopy room has been down for almost a year, the 3D mammography machine is at end of service life and the flooring and electrical in the fluoroscopy room need to be replaced. The pharmacy remodel is in the budget. Housekeeping and laundry requested an iron folder. OB Manager Merion stated the new rooms have new fetal monitors; some of the older fetal monitors need replacing due to frequent repairs. The ER pricing has increased due to changing the supplier brand (Zoll) which costs more.

Another budget meeting is scheduled for April 9, 2019 to review the revised tentative budget before submittal by April 15. Casalez appointed workgroups for: EMS-Hunt and Hammargren; Social Services-Hood; Salaries-Casalez; and, LTC-Miller. In the future Casalez asked to have a breakdown on salary and wages to see base salary/overtime/benefits. Merion asked if the Cerner training can be allocated separately.

Motion by board member Casalez and second by board member Hammargren to authorize staff to proceed with changes to the proposed tentative budget as discussed. Motion carried unanimously.

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2. Hospital Administration / proposal to enter into an agreement to engage the professional services of Sridevi Challapalli, M.D. and Ram H. Challapalli, M.D. to provide diagnostic cardiac ultrasound (echocardiogram) analysis and reports services / Administration

Interim CEO Cole stated since Dr. Li has not been working the hospital is unable to read Echo tests which is a service that should be offered to patients. Board member Hammargren questioned if Dr. Li could be used to read the tests while his sentencing is pending because he is still licensed. Legal Counsel Maher explained the proposed contract can be terminated with a thirty day notice and recommends leaving things with Li as they are currently pending a final determination of his status upon sentencing.

Motion by board member Hunt and second by Miller to approve the agreement with Sridevi Challapalli, M.D. and Ram H. Challapalli, M.D. to provide diagnostic cardiac ultrasound (echocardiogram) services as presented. Motion carried with board members Hunt, Miller, Hood and Casalez voting aye and board member Hammargren voting nay.

TRUSTEE COMMENTS-STAFF REPORTS:

Board member Miller thanked staff for their work on the budget.

PUBLIC COMMENT:

There were no comments.

Board chairman Casalez adjourned the March 30, 2019 meeting of the Humboldt County Hospital District Board of Trustees at 11:54 a.m.

APPROVED:

ATTEST:

JoAnn Casalez, Board Chairman

Alicia Wogan, Executive Assistant

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
APRIL 9, 2019 SPECIAL MEETING
SARAH WINNEMUCCA CONFERENCE ROOM**

BOARD PRESENT:

JoAnn Casalez, Chairman
Michelle Miller, Secretary – by phone
Bill Hammargren, Member
Jennifer Hood, Member
Gene Hunt, Member
Ken Tipton, County Comm. Member

Kent Maher, Legal Counsel

BOARD ABSENT:

None

MEDICAL STAFF PRESENT:

None

GUESTS:

Ashley Maden (Humboldt Sun) and Nicole Maher (Public Relations Director).

CALL TO ORDER:

Board chairman Casalez called the April 9, 2019 board meeting to order at 5:30 p.m.

PUBLIC COMMENT:

There were no comments.

BUSINESS ITEMS-OTHER REPORTS:

1. Hospital Administration / FY2019-2020 budget meeting for presentation, review and discussion of Hospital District revenues, expenditures and funding and budget projections and proposals which may include additions or deletions to personnel, equipment, supplies and services, and tentative approval of the proposed budget subject to final approval and action at the time final budgets are submitted / Administrator-CFO

CFO Sandi Lehman stated there were few significant changes and explained the highlighted changes; however, there are several items that will be looked at throughout the year. Board member Tipton asked why the housekeeping budget wasn't increased very much; seemingly with more growth there is a need for more help. Lehman stated no increase was requested. Interim CEO Cole advised there were increases for staff leave time, and that the expenses will be monitored to see if adjustments are necessary.

Motion by board member Casalez and second by board member Hammargren to approve the proposed tentative budget which will be subject to final approval and action prior to submission of the final budget. Motion carried unanimously.

STAFF PRESENT:

Karen Cole, Interim CEO
Sandi Lehman, CFO
Darlene Bryan, CNO
Rose Green, HR Director
Lisa Andre, Quality Director
Mike Bell, IT Director
Sean Burke, EMS Director
Kim Plummer, Controller
Jeremy L. Hurst, FNP-C
Alicia Wogan, Executive Assistant
Robert Johnson, PA

TRUSTEE COMMENTS-STAFF REPORTS:

There were none.

PUBLIC COMMENT:

Jessie Becker and Rachel Asten reporters with Las Vegas Review Journal advised they are in Winnemucca following Jennifer Hood to learn about suicide and mental health in the rural areas and observe the great things the hospital is doing.

Board chairman Casalez adjourned the April 9, 2019 meeting of the Humboldt County Hospital District Board of Trustees at 5:35 p.m.

APPROVED:

ATTEST:

JoAnn Casalez, Board Chairman

Alicia Wogan, Executive Assistant



HUMBOLDT GENERAL HOSPITAL

118 E. Haskell Street ■ Winnemucca, Nevada 89445
Phone 775.623.5222 ■ Fax 775.623.5904

**Humboldt General Hospital
Board of Trustees Meeting
30, April 2019
Agenda item: D2**

Memorandum

To: Hospital Board of Trustees

From: Paul Gaulin, M.D.






Date: April 10, 2019

Re: Appointments/Reappointments






At the April 10, 2019 Medical Staff meeting, we approved the following applications:

Appointments:

Provisional:

 Srikishna Vulava, M.D.	Provisional Staff- Hospitalist
 Joel McReynolds, M.D.	Provisional Staff Hospitalist
 Michael Odom, M.D.	Provisional Staff - Hospitalist
 Sara Thorp, D.O.	Provisional Staff - FP/OB
 Alvaro Galvis, M.D.	Provisional Staff- Pediatrics

Reappointments:

 Robert Miller, M.D.	Consulting Staff- Teleradiology
 Mark Giovanetti, M.D.	Consulting Staff- Teleradiology
 James Sloves, M.D.	Consulting Staff- Teleradiology
 Neil Staib, M.D.	Consulting Staff- Teleradiology
 Shane Draper, DPM	Allied Health- Podiatry

The Medical Staff recommends your final approval of these applications listed

Thank You,

Financial Narrative

Period Ending March 31, 2019

STATISTICS

- Patient days are 119 days over budget for the month and 758 days under budget year to date
- OR cases are over budget by 32 for the month and over budget by 102 cases year to date
- Radiology tests are higher than budgeted by 165 tests for the month and 100 tests year to date
- Lab tests for the month are 1,950 tests over budget and year to date is over budget by 1,427 tests
- Emergency room visits are over budget by 112 for the month and 200 year to date
- Clinic visits are 413 visits lower than budgeted for the month and 3,878 visits lower than budgeted for the year

FINANCIAL STATEMENTS

- Net income from operations for March was \$294,835 compared to a budgeted loss of \$323,206 and is mainly due to an increase in stats as indicated above
- March operating revenues are higher than budgeted by approximately \$589K
- Month to date non-operating revenues are approximately \$9K over budget
- Month to date net income is \$704,060, approximately \$627K over budget
- Year to date net income is \$3,156,097, approximately \$2.4M over budget
- Restricted cash of approximately \$22K is related to nursing home patient funds held in trust for the residents

YEAR TO DATE REVENUE PAYOR MIX

Payor	Hospital FY19	Hospital FY18	Clinic FY19	Clinic FY18
Medicare	37.0%	37.1%	27.9%	27.2%
Medicaid	22.1%	21.1%	24.7%	27.8%
Insurance	28.9%	30.7%	38.6%	36.1%
Private pay	8.4%	7.7%	6.0%	6.2%
Other	3.6%	3.4%	2.8%	2.7%

**Humboldt General Hospital
Statistics Comparison**

March 31, 2019

	<u>Monthly Budget</u>	<u>March-19 Actual</u>	<u>MTD Variance</u>	<u>YTD Budget</u>	<u>YTD Actual</u>	<u>YTD Variance</u>
Med/Surg Pt Days	158	174	9.89%	1,425	1,487	4.35%
Pediatric Days	-	8	0.00%	-	12	0.00%
Obstetrics Pt Days	30	30	-1.10%	273	274	0.37%
Nursery Pt Days	32	32	1.05%	285	292	2.46%
ICU Pt Days	12	20	71.43%	105	134	27.62%
Swing Bed Days	28	72	161.82%	248	275	11.11%
Harmony Manor Days	840	866	3.10%	7,560	6,720	-11.11%
Quail Corner Days	200	217	8.50%	1,800	1,744	-3.11%
Labor Room Deliveries	19	19	1.33%	169	175	3.70%
Operating Room Cases	93	125	33.93%	840	942	12.14%
Radiology Tests	1,100	1,265	15.00%	9,900	10,000	1.01%
Laboratory Tests	7,018	8,968	27.79%	63,161	64,587	2.26%
Emergency Room Visits	600	712	18.67%	5,400	5,600	3.70%
Amulance Runs	225	225	0.00%	2,025	2,075	2.47%
RHC Visits	2,424	2,011	-17.05%	21,819	17,941	-17.77%

Days are counted in month discharged.

Humboldt General Hospital
Statement of Profit and (Loss)
For Period Ending: March 31, 2019

	Month to Date			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Patient Service Revenue	\$8,724,702	\$7,308,109	\$1,416,593	\$65,514,655	\$65,879,969	(\$365,314)
Deductions From Revenue						
Contractual Adjustments	3,721,629	2,968,343	(753,286)	25,902,043	26,715,049	813,006
Bad Debt & Charity Adjustments	447,009	546,091	99,082	5,037,345	4,914,819	(122,526)
Total Deductions From Revenue	<u>4,168,638</u>	<u>3,514,434</u>	<u>(654,204)</u>	<u>30,939,388</u>	<u>31,629,868</u>	<u>690,480</u>
Net Patient Service Revenue	4,556,064	3,793,675	762,389	34,575,267	34,250,101	325,166
Other Operating Revenue	<u>30,289</u>	<u>97,879</u>	<u>(67,590)</u>	<u>389,340</u>	<u>880,913</u>	<u>(491,573)</u>
Total Operating Revenue	<u>4,586,352</u>	<u>3,891,554</u>	<u>694,798</u>	<u>34,964,607</u>	<u>35,131,014</u>	<u>(166,407)</u>
Operating Expenses						
Salaries & Wages	1,384,471	1,453,696	69,225	12,614,302	13,083,265	468,963
Employee Benefits	446,522	518,416	71,894	4,469,366	4,665,744	196,378
Contract Labor	130,305	82,320	(47,985)	1,035,606	740,888	(294,718)
Professional Contracts	894,044	652,366	(241,678)	6,133,155	5,921,296	(211,859)
Supplies & Small Equipment	253,572	511,848	258,276	4,109,181	4,606,639	497,458
Equipment Maintenance	128,105	176,046	47,941	1,298,432	1,584,424	285,992
Rental & Lease	21,512	30,049	8,537	221,067	270,455	49,388
Insurance	47,696	45,666	(2,030)	312,318	410,994	98,676
Utilities	63,292	56,834	(6,458)	537,346	511,506	(25,840)
Depreciation	561,311	582,726	21,415	5,127,203	5,244,539	117,336
Travel, Meals & Education	37,019	40,098	3,079	269,416	281,753	12,337
Other Expenses	<u>323,669</u>	<u>64,695</u>	<u>(258,974)</u>	<u>788,550</u>	<u>661,423</u>	<u>(127,127)</u>
Total Operating Expenses	<u>4,291,517</u>	<u>4,214,760</u>	<u>(76,757)</u>	<u>36,915,942</u>	<u>37,982,926</u>	<u>1,066,984</u>
Net Operating Income / (Loss)	<u>294,836</u>	<u>(323,206)</u>	<u>618,042</u>	<u>(1,951,335)</u>	<u>(2,851,912)</u>	<u>900,577</u>
Non-Operating Revenue & Expenses						
County Tax Revenue	371,373	386,853	(15,480)	4,860,106	3,481,677	1,378,429
Interest Income	<u>37,851</u>	<u>12,991</u>	<u>24,860</u>	<u>247,326</u>	<u>116,919</u>	<u>130,407</u>
Total Non-Operating Revenue & Expenses	<u>409,224</u>	<u>399,844</u>	<u>9,380</u>	<u>5,107,432</u>	<u>3,598,596</u>	<u>1,508,836</u>
Net Income / (Loss)	<u><u>\$704,060</u></u>	<u><u>\$76,638</u></u>	<u><u>\$627,422</u></u>	<u><u>\$3,156,097</u></u>	<u><u>\$746,684</u></u>	<u><u>\$2,409,413</u></u>

Humboldt General Hospital
Hospital
Statement of Profit and (Loss)
For Period Ending: March 31, 2019

	Month to Date			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Patient Service Revenue	\$7,311,480	\$6,176,857	\$1,134,623	\$55,904,806	\$55,591,696	\$313,110
Deductions From Revenue						
Contractual Adjustments	3,350,937	2,567,678	(783,259)	22,912,223	23,109,068	196,845
Bad Debt & Charity Adjustments	394,960	474,642	79,682	4,374,293	4,271,778	(102,515)
Total Deductions From Revenue	<u>3,745,898</u>	<u>3,042,320</u>	<u>(703,578)</u>	<u>27,286,517</u>	<u>27,380,846</u>	<u>94,329</u>
Net Patient Service Revenue	3,565,582	3,134,537	431,045	28,618,289	28,210,850	407,439
Other Operating Revenue	<u>24,819</u>	<u>74,372</u>	<u>(49,553)</u>	<u>275,094</u>	<u>669,350</u>	<u>(394,256)</u>
Total Operating Revenue	<u>3,590,401</u>	<u>3,208,909</u>	<u>381,492</u>	<u>28,893,383</u>	<u>28,880,200</u>	<u>13,183</u>
Operating Expenses						
Salaries & Wages	885,770	909,944	24,174	7,887,508	8,189,497	301,989
Employee Benefits	446,522	518,416	71,894	4,469,366	4,665,744	196,378
Contract Labor	122,880	82,320	(40,560)	1,023,306	740,888	(282,418)
Professional Contracts	718,173	583,926	(134,247)	5,358,354	5,305,336	(53,018)
Supplies & Small Equipment	226,993	444,684	217,691	3,660,298	4,002,163	341,865
Equipment Maintenance	107,546	164,230	56,684	1,222,669	1,478,080	255,411
Rental & Lease	19,698	27,539	7,841	199,686	247,865	48,179
Insurance	47,696	45,666	(2,030)	312,318	410,994	98,676
Utilities	60,002	53,667	(6,335)	513,835	483,003	(30,832)
Depreciation	359,897	385,788	25,891	3,321,738	3,472,097	150,359
Travel, Meals, & Education	5,808	27,938	22,130	128,410	195,569	67,159
Other Expenses	319,982	46,972	(273,010)	740,467	480,088	(260,379)
Total Operating Expenses	<u>3,320,967</u>	<u>3,291,090</u>	<u>(29,877)</u>	<u>28,837,957</u>	<u>29,671,324</u>	<u>833,367</u>
Net Operating Income / (Loss)	<u>269,434</u>	<u>(82,181)</u>	<u>351,615</u>	<u>55,426</u>	<u>(791,124)</u>	<u>846,550</u>
Non-Operating Revenue & Expenses						
County Tax Revenue	371,373	386,853	(15,480)	4,860,106	3,481,677	1,378,429
Interest Income	<u>37,851</u>	<u>12,991</u>	<u>24,860</u>	<u>247,326</u>	<u>116,919</u>	<u>130,407</u>
Total Non-Operating Revenue & Expenses	<u>409,224</u>	<u>399,844</u>	<u>9,380</u>	<u>5,107,432</u>	<u>3,598,596</u>	<u>1,508,836</u>
Net Income / (Loss)	<u><u>\$678,658</u></u>	<u><u>\$317,663</u></u>	<u><u>\$360,995</u></u>	<u><u>\$5,162,858</u></u>	<u><u>\$2,807,472</u></u>	<u><u>\$2,355,386</u></u>

Humboldt General Hospital
Harmony Manor & Quail Corner
Statement of Profit and (Loss)
For Period Ending: March 31, 2019

	<u>Month to Date</u>			<u>Year to Date</u>		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Patient Service Revenue	\$573,270	\$473,997	\$99,273	\$3,735,386	\$4,265,963	(\$530,577)
Deductions From Revenue						
Contractual Adjustments	86,817	181,497	94,680	1,141,844	1,633,470	491,626
Bad Debt & Charity Adjustments	0	0	0	0	0	0
Total Deductions From Revenue	<u>86,817</u>	<u>181,497</u>	<u>94,680</u>	<u>1,141,844</u>	<u>1,633,470</u>	<u>491,626</u>
Net Patient Service Revenue	486,453	292,500	4,593	2,593,543	2,632,493	(1,022,203)
Other Operating Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Operating Revenue	<u>486,453</u>	<u>292,500</u>	<u>193,953</u>	<u>2,593,543</u>	<u>2,632,493</u>	<u>(38,950)</u>
Operating Expenses						
Salaries & Wages	177,229	170,997	(6,232)	1,461,642	1,538,973	77,331
Contract Labor	7,425	0	(7,425)	12,300	0	(12,300)
Professional Contracts	0	7,250	7,250	51,976	65,250	13,274
Supplies & Small Equipment	16,940	18,667	1,727	108,626	168,003	59,377
Equipment Maintenance	82	2,083	2,001	6,821	18,747	11,926
Rental & Lease	614	477	(137)	1,638	4,293	2,655
Utilities	0	0	0	0	0	0
Depreciation	66,579	66,759	180	599,921	600,831	910
Travel, Meals & Education	(235)	2,234	2,469	6,569	26,628	20,059
Other Expenses	2,465	4,607	2,142	17,587	34,941	17,354
Total Operating Expenses	<u>271,098</u>	<u>273,074</u>	<u>1,976</u>	<u>2,267,081</u>	<u>2,457,666</u>	<u>190,585</u>
Net Operating Income / (Loss)	<u><u>\$215,354</u></u>	<u><u>\$19,426</u></u>	<u><u>\$195,928</u></u>	<u><u>\$326,461</u></u>	<u><u>\$174,827</u></u>	<u><u>\$151,634</u></u>

Humboldt General Hospital
Emergency Medical Services
Statement of Profit and (Loss)
For Period Ending: March 31, 2019

	Month to Date			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Patient Service Revenue	\$201,366	\$288,848	(\$87,483)	\$2,448,910	\$2,706,636	(\$257,726)
Deductions From Revenue						
Contractual Adjustments	124,394	134,415	10,021	1,093,364	1,209,732	116,368
Bad Debt & Charity Adjustments	27,471	35,950	8,479	346,088	323,550	(22,538)
Total Deductions From Revenue	<u>151,865</u>	<u>170,365</u>	<u>18,500</u>	<u>1,439,452</u>	<u>1,533,282</u>	<u>93,830</u>
Net Patient Service Revenue	49,501	118,483	(105,983)	1,009,457	1,173,354	(351,556)
Other Operating Revenue	<u>5,470</u>	<u>23,507</u>	<u>(18,037)</u>	<u>114,246</u>	<u>211,563</u>	<u>(97,317)</u>
Total Operating Revenue	<u>54,971</u>	<u>141,990</u>	<u>(87,019)</u>	<u>1,123,703</u>	<u>1,384,917</u>	<u>(261,214)</u>
Operating Expenses						
Salaries & Wages	169,058	142,904	(26,154)	1,587,025	1,286,136	(300,889)
Contract Labor	0	0	0	0	0	0
Professional Contracts	(1,000)	6,233	7,233	27,600	56,097	28,497
Supplies & Small Equipment	(261)	25,417	25,678	180,623	228,753	48,130
Equipment Maintenance	19,842	9,250	(10,592)	63,359	83,250	19,891
Rental & Lease	1,200	2,033	833	19,723	18,297	(1,426)
Utilities	3,290	3,167	(123)	23,511	28,503	4,992
Depreciation	36,231	42,917	6,686	317,710	386,253	68,543
Travel, Meals & Education	19,898	8,500	(11,398)	110,098	51,000	(59,098)
Other Expenses	1,017	9,680	8,663	16,861	112,620	95,759
Total Operating Expenses	<u>249,275</u>	<u>250,101</u>	<u>826</u>	<u>2,346,511</u>	<u>2,250,909</u>	<u>(95,602)</u>
Net Operating Income / (Loss)	<u><u>(\$194,305)</u></u>	<u><u>(\$108,111)</u></u>	<u><u>(\$86,194)</u></u>	<u><u>(\$1,222,807)</u></u>	<u><u>(\$865,992)</u></u>	<u><u>(\$356,815)</u></u>

Humboldt General Hospital
Rural Health Clinics
Statement of Profit and (Loss)
For Period Ending: March 31, 2019

	Month to Date			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Patient Service Revenue	\$638,586	\$368,407	\$270,179	\$3,425,553	\$3,315,674	\$109,879
Deductions From Revenue						
Contractual Adjustments	159,481	84,753	(74,728)	754,612	762,779	8,167
Bad Debt & Charity Adjustments	24,578	35,499	10,921	316,964	319,491	2,527
Total Deductions From Revenue	<u>184,058</u>	<u>120,252</u>	<u>(63,806)</u>	<u>1,071,575</u>	<u>1,082,270</u>	<u>10,695</u>
Net Patient Service Revenue	454,528	248,155	333,986	2,353,978	2,233,404	99,185
Other Operating Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Operating Revenue	<u>454,528</u>	<u>248,155</u>	<u>206,373</u>	<u>2,353,978</u>	<u>2,233,404</u>	<u>120,574</u>
Operating Expenses						
Salaries & Wages	152,414	229,851	77,437	1,678,126	2,068,659	390,533
Contract Labor	0	0	0	0	0	0
Professional Contracts	176,870	54,957	(121,913)	695,224	494,613	(200,611)
Supplies & Small Equipment	9,900	23,080	13,180	159,633	207,720	48,087
Equipment Maintenance	636	483	(153)	5,582	4,347	(1,235)
Rental & Lease	0	0	0	20	0	(20)
Utilities	0	0	0	0	0	0
Depreciation	98,604	87,262	(11,342)	887,833	785,358	(102,475)
Travel, Meals & Education	11,548	1,426	(10,122)	24,340	8,556	(15,784)
Other Expenses	205	3,436	3,231	13,634	33,774	20,140
Total Operating Expenses	<u>450,176</u>	<u>400,495</u>	<u>(49,681)</u>	<u>3,464,393</u>	<u>3,603,027</u>	<u>138,634</u>
Net Operating Income / (Loss)	<u><u>\$4,352</u></u>	<u><u>(\$152,340)</u></u>	<u><u>\$156,692</u></u>	<u><u>(\$1,110,415)</u></u>	<u><u>(\$1,369,623)</u></u>	<u><u>\$259,208</u></u>

HUMBOLDT GENERAL HOSPITAL
 FINANCIAL STATEMENT OF PROFIT OR (LOSS)
 COMPARISON TO BUDGET
 FOR 9TH MONTH ENDED
 MARCH 31, 2019

DATE: 4/25/19
 TIME: 7:46:28

	ACTUAL	CURRENT PERIOD BUDGET	VARIANCE	ACTUAL	YEAR-TO-DATE BUDGET	VARIANCE
OPERATING REVENUES						
ROOM / BED CHARGES REVENUE						
ACUTE CARE	\$ 838,446	\$ 649,325	\$ 189,121	\$ 5,665,461	\$ 5,843,918	\$ (178,457)
NURSING HOME (Harmony Manor)	197,282	208,659	(11,377)	1,500,574	1,877,924	(377,350)
MEMORY CARE (Quail Corner)	75,350	66,916	8,434	578,325	602,252	(23,927)
TOTAL ROOM / BED CHARGES	1,111,078	924,900	186,178	7,744,360	8,324,094	(579,734)
ANCILLARY CHARGES REVENUE						
IN-PATIENTS	2,388,982	2,184,381	204,601	18,871,096	19,659,403	(788,307)
OUT-PATIENTS	4,924,697	3,998,827	925,870	37,236,404	36,096,482	1,139,922
NURSING HOME (Harmony Manor)	271,364	166,889	104,475	1,478,067	1,501,996	(23,929)
MEMORY CARE (Quail Corner)	29,274	33,111	(3,837)	186,533	297,993	(111,460)
TOTAL ANCILLARY SERVICES REV	7,614,317	6,383,208	1,231,109	57,772,100	57,555,874	216,226
GROSS REVENUES						
FROM SERVICES TO PATIENTS	8,725,395	7,308,108	1,417,287	65,516,460	65,879,968	(363,508)
(LESS) CONTRACTUALS TO REVENUE	3,749,236	2,988,863	760,373	26,198,050	26,899,747	(701,697)
NET REVENUE FROM PATIENT SERV	4,976,159	4,319,245	656,914	39,318,410	38,980,221	338,189
OTHER OPERATING REVENUES	30,289	97,879	(67,590)	389,340	880,913	(491,573)
GRAND TOTAL OPERATING REVENUES	5,006,448	4,417,124	589,324	39,707,750	39,861,134	(153,384)
OPERATING EXPENSES						
PROFESSIONAL CARE OF PATIENTS	2,071,603	2,175,854	(104,251)	18,656,426	19,582,751	(926,325)
NURSING ADMIN. / QUALITY IMP.	100,422	68,129	32,293	815,853	613,167	202,686
DIETARY DEPARTMENT	71,089	89,562	(18,473)	748,108	806,058	(57,950)
HOUSEKEEPING/LAUNDRY/JANITOR	55,380	62,707	(7,327)	534,219	564,363	(30,144)
PLANT OPERATION & MAINTENANCE	87,920	96,114	(8,194)	832,923	865,026	(32,103)
MEDICAL RECORDS	38,980	41,240	(2,260)	493,536	371,160	122,376
ADMINISTRATION	1,303,675	1,098,246	205,429	9,708,425	9,934,214	(225,789)
PROVISION FOR DEPRECIATION	561,311	582,909	(21,598)	5,127,203	5,246,186	(118,983)
BAD DEBTS, NET OF RECOVERY	421,233	525,569	(104,336)	4,742,392	4,730,121	12,271
TOTAL OPERATING EXPENSES	4,711,613	4,740,330	(28,717)	41,659,085	42,713,046	(1,053,961)
OPERATING PROFIT OR (LOSS)	294,835	(323,206)	618,041	(1,951,335)	(2,851,912)	900,577
NON-OPERATING REVENUES						
AD VALOREM TAXES	297,719	319,762	(22,043)	3,437,352	2,877,858	559,494
CONSOLIDATED TAXES	73,655	67,091	6,564	590,381	603,819	(13,438)
NET PROCEEDS OF MINES TAX	00	00	00	832,373	00	832,373
INTEREST EARNED	37,851	12,991	24,860	247,326	116,919	130,407
EXPANSION DEBT TAX-REPAY LOAN	00	00	00	00	00	00
TOTAL NON-OPERATING REVENUES	409,225	399,844	9,381	5,107,432	3,598,596	1,508,836
NET INCOME OR (LOSS)	\$ 704,060	\$ 76,638	\$ 627,422	\$ 3,156,097	\$ 746,684	\$ 2,409,413

HUMBOLDT GENERAL HOSPITAL
BALANCE SHEET
AT
MARCH 31, 2019

DATE: 4/25/19
TIME: 7:46:06

	THIS YEAR	LAST YEAR	INC/ (DEC)	INC/ (DEC) %
ASSETS:				
CURRENT ASSETS				
CASH AND INVESTMENTS	\$ 27,104,969	\$ 19,400,855	\$ 7,704,114	39.7
RESTRICTED CASH	21,616	11,354	10,262	90.4
ACCOUNTS RECEIVABLE, NET OF ALLOW.DBTFL.ACCT	12,004,213	8,880,451	3,123,762	35.2
INVENTORY	1,664,237	1,453,643	210,594	14.5
PREPAID EXPENSES	723,891	511,114	212,777	41.6
	-----	-----	-----	-----
TOTAL CURRENT ASSETS	41,518,926	30,257,417	11,261,509	37.2
	-----	-----	-----	-----
PROPERTY, PLANT, & EQUIPMENT				
NET OF DEPRECIATION	61,483,569	67,974,880	(6,491,311)	(9.5)
	-----	-----	-----	-----
DEFERRED OUTFLOWS OF RESOURCES				
PENSION DEFERRED OUTFLOWS	5,170,460	5,070,455	100,005	2.0
	-----	-----	-----	-----
TOTAL ASSETS:	\$ 108,172,955	\$ 103,302,752	\$ 4,870,203	4.7
	=====	=====	=====	=====
LIABILITIES:				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	666,297	1,002,696	(336,399)	(33.5)
ACCRUED PAYROLL	1,115,273	1,035,413	79,860	7.7
ACCRUED PTO & SICK LEAVE	976,160	946,464	29,696	3.1
3RD PARTY PAYABLE/(REC)	(506,249)	(459,118)	(47,131)	(10.3)
SNF TRUST FUND DEPOSITS	21,466	11,104	10,362	93.3
	-----	-----	-----	-----
TOTAL CURRENT LIABILITIES	2,272,947	2,536,559	(263,612)	(10.4)
	-----	-----	-----	-----
LONG-TERM LIABILITIES				
NET PENSION LIABILITY	27,377,824	26,093,478	1,284,346	4.9
	-----	-----	-----	-----
DEFERRED INFLOWS OF RESOURCES				
PENSION DEFERRED INFLOWS	1,796,539	3,669,432	(1,872,893)	(51.0)
	-----	-----	-----	-----
TOTAL LIABILITIES:	31,447,310	32,299,469	(852,159)	(2.6)
	-----	-----	-----	-----

HUMBOLDT GENERAL HOSPITAL
BALANCE SHEET
AT
MARCH 31, 2019

DATE: 4/25/19
TIME: 7:46:06

	THIS YEAR	LAST YEAR	INC/ (DEC)	INC/ (DEC) %
FUND BALANCE:				
RETAINED EARNINGS	\$ 3,156,098	\$ 3,228,562	\$ (72,464)	(2.2)
NET WORTH-OPERATING FUND	73,569,547	67,774,721	5,794,826	8.6
	-----	-----	-----	-----
TOTAL FUND BALANCE:	76,725,645	71,003,283	5,722,362	8.1
	-----	-----	-----	-----
TOTAL LIABILITIES AND FUND				
BALANCES COMBINED	\$ 108,172,955	\$ 103,302,752	\$ 4,870,203	4.7
	=====	=====	=====	=====

HUMBOLDT GENERAL HOSPITAL

RATIOS FOR THE PERIOD ENDING MARCH 31, 2019:

			<<<<<<< <FY2019												<<<<<<< <FY2018							
		Standard	MAR	FEB	JAN	DEC	NOV	OCT	SEPT	AUG	JUL	JUN	MAY	APR.	MAR.	FEB.	JAN.	DEC.	NOV.	OCT.	SEPT	AUG
CURRENT RATIO Measure of short-term debt paying ability (Current Assets / Current Liabilities) Assets are 2x as large as Liabilities		>2:1	18.27	12.84	17.76	7.89	6.92	5.69	5.81	5.93	3.07	2.38	3.43	4.48	4.60	5.38	5.08	4.03	4.17	4.46	4.76	4.69
DAYS CASH ON HAND Cash + Temp Investments + Investments divided by Total Expenses (less Depreciation AND Net Bad Debts), divided by Days in Period		>150 DAYS	231.73	237.02	235.13	219.56	221.97	231.47	212.70	218.06	229.13	225.64	197.59	180.93	172.7	176.4	150.5	136.11	146.85	130.46	137.60	136.95
DAYS RECEIVABLES (NET OF ALLOWANCE) Measure of worth as well as billing and collection performance		< 70 DAYS	65.17	57.84	54.52	55.95	51.74	61.36	63.57	49.92	58.55	50.27	64.71	53.23	56.07	52.63	52.35	55.95	51.29	65.66	56.86	53.32
DAYS RECEIVABLES (GROSS)			88.06	80.91	79.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OPERATING MARGIN YTD Operating Profit (Loss) divided by YTD Gross Revenue from Services to Patients (Guide to Hopsital's profitability)		Percent > 3%	-2.98%	-3.96%	-4.18%	-6.17%	-7.52%	-5.77%	-7.94%	-11.00%	-0.58%	-0.71%	-1.39%	-1.31%	-0.96%	-1.85%	-1.02%	-3.73%	-3.60%	-2.32%	-3.92%	-5.07%

Op Margin = measurement of what proportion of revenue is left over after paying for operating costs

Security Guard Options

Humboldt General Hospital
Board of Trustees Meeting
30 April 2019
Agenda item: F1

Executive Summary – Security Guard Options

Request

To establish contract for security guard services

Rationale

HGH has an extensive campus employing over 300 people. We deal regularly with disgruntled patients, and occasionally employees. Unfortunately, national trends indicate that workplace violence, especially in the healthcare setting, is on the rise. Last year HGH had 399 calls for service with WPD, including multiple unauthorized intrusions inside our facilities. In one instance a local provider was threatened with a firearm in his office. The perpetrator later shot himself.

The Security Work Group has developed several potential options to employ armed security guards (all quotes are for 7 x 24 x 365 coverage):

Allied Universal: \$302K per year

Fast Guard: Previous Non-RFP quote \$330K per year. Did not bid on RFP.

ESI Security: Services not offered in Winnemucca

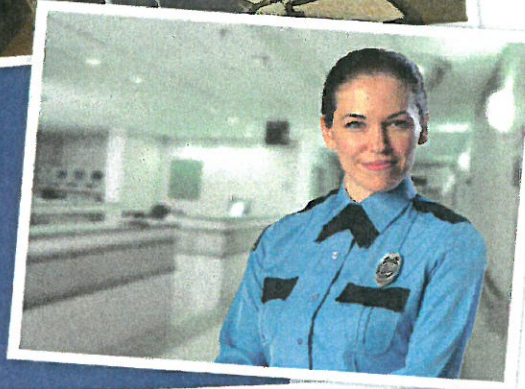
Winnemucca Police Department: Declined to quote

HGH-employed guards: Assuming we paid between \$20 and \$25 per hour (AU's quote indicated \$33.22/hr for an armed guard) and required a bare minimum of 6 FTE to staff 7x24 shifts, we would need to spend \$325K - \$350K. We would also need to do all training, supervision, liability insurance, etc.

Recommendation

Approve the contract with Allied Universal for one year of security services.

Point of Contact: Sean Burke, EMS Chief



A Security Team Trained for Your Environment

A Security Program for
Humboldt General Hospital

March 25, 2019

HGH
Humboldt General Hospital

Presented to:
Hospital Administrator
Humboldt General Hospital

Presented by:
Rick Ward
Healthcare Business Development
Allied Universal Security Services

Steve McCoy
Nevada Business Development
Allied Universal Security Services

ALLIEDUNIVERSALSM
There for you.

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March 25, 2019

Hospital Administrator
Humboldt General Hospital
118 East Haskell Street
Winnemucca, NV. 89445

Hello Ladies and Gentlemen,

Thank you for inviting Allied Universal Security Services to participate in your search for a security provider to partner with you at Humboldt General Hospital.

With Allied Universal on your team, you'll benefit from expertise developed from the security programs of over 800 acute care hospitals across North America. Our experience with leading health systems, hospitals, clinics, medical office buildings, nursing/assisted living homes and treatment centers has produced best practices and the seamless delivery of customized security programs with a scope of work similar to yours.

As the security service provider to Humboldt County District Court, as well as two mines near to Winnemucca city limits, we have strong local presence and professional management, which serves to further support Humboldt General Hospital on a daily basis and during contingencies.

Our service is based on an in-depth understanding of your requirements. Allied Universal's proven track record in the following areas will enhance your security strategy:

- Emergency preparedness
- Regulations, compliance and code response
- Security and safety drills
- Access control
- Risk mitigation and safety programs
- Providing educational seminars
- Exceptional customer service increasing staff satisfaction and the patient experience
- Strong management and supervision

Allied Universal hereby certifies that it has complied with the requirements of this RFP for Security Services, issued by Humboldt General Hospital in March of 2019.

Universal Protection Service, LP, d/b/a Allied Universal Security Services, is the full legal name of the firm submitting this proposal. The hospital will be serviced through the Reno Branch, located at 241 Ridge Street, Suite 340, Reno, NV. 89503.

The person authorized to represent Allied Universal during the proposal consideration process is Rick Ward, who oversees healthcare business development in the Southwest Region of the United States. His contact information is included below.

Together, Allied Universal and Humboldt General Hospital can develop a safety and security culture that provides peace of mind and supports your brand!

Sincerely,


Rick Ward
Healthcare Business Development
Allied Universal Security Services
Rick.ward@aus.com (310) 261-9038

Provider Profile

Company Background

Founded in 1965, Allied Universal is the largest American security service provider. We have dual headquarters in Santa Ana, CA. and Conshohocken, PA., and have over 180 branch offices throughout the country. As the leading provider of hospital security in North America, Allied Universal provides unparalleled service, systems and solutions to serve, secure and care for our client's staffs, patients and visitors. The blending of highly-skilled people and leading technology creates unlimited potential for customized solutions designed to help you meet your goals. Allied Universal is a true partner who is **there for you** each and every day.

Entity Organization

The full legal name of our organization is Universal Protection Service LP, d/b/a/ Allied Universal Security Services.

We are a privately held security service provider with over \$7.2 Billion in annual revenue and over 210,000 employees. Although we are the largest provider of healthcare security in the U.S., due to our size, healthcare represents approximately 8% of our business.

Allied Universal Mission - Allied Universal provides unparalleled service, systems and solutions to serve, secure and care for the people and businesses of our communities. We put our relationships with our employees and clients at the heart of everything we do each and every day.

Staff

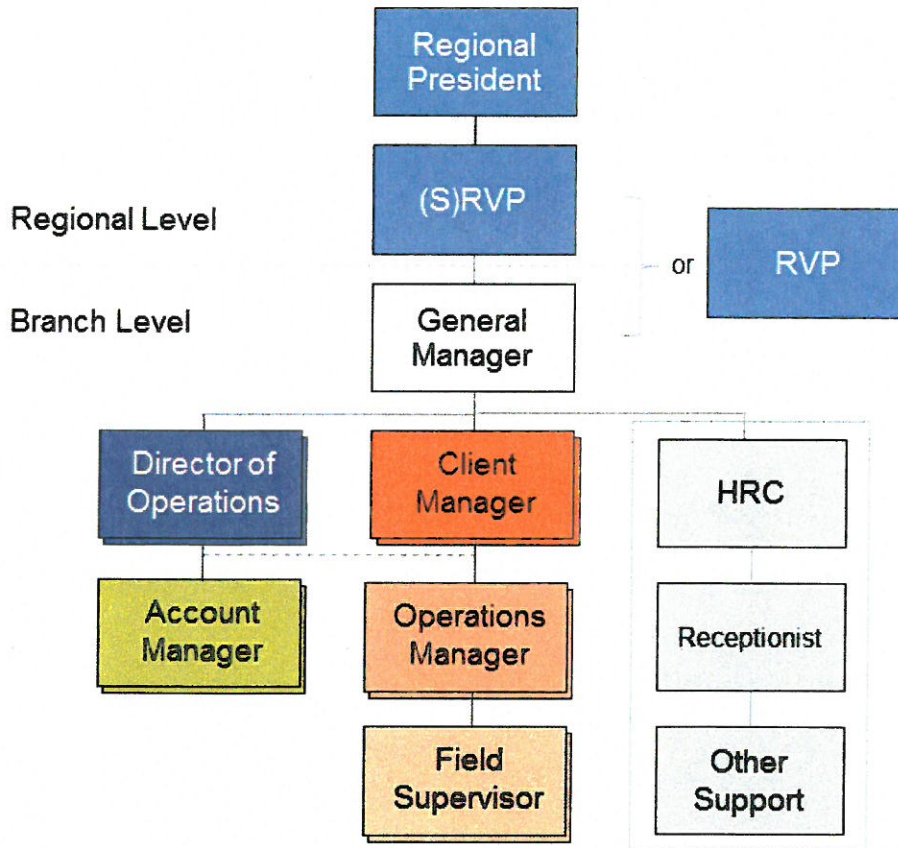
The individuals specifically responsible for service to Humboldt General Hospital are:

- Regional President Steve Claton
- Regional Vice President Tammy Nixon
- General Manager Scott Allen
- Director of Operations Phyllis Erb
- Client Manger Nicholas Anderson
- Human Resources Coordinator Gomecinda Nicolas

The diagram on the following page is a graphic representation of this organizational structure.

Organization Chart

Allied Universal Operational Structure

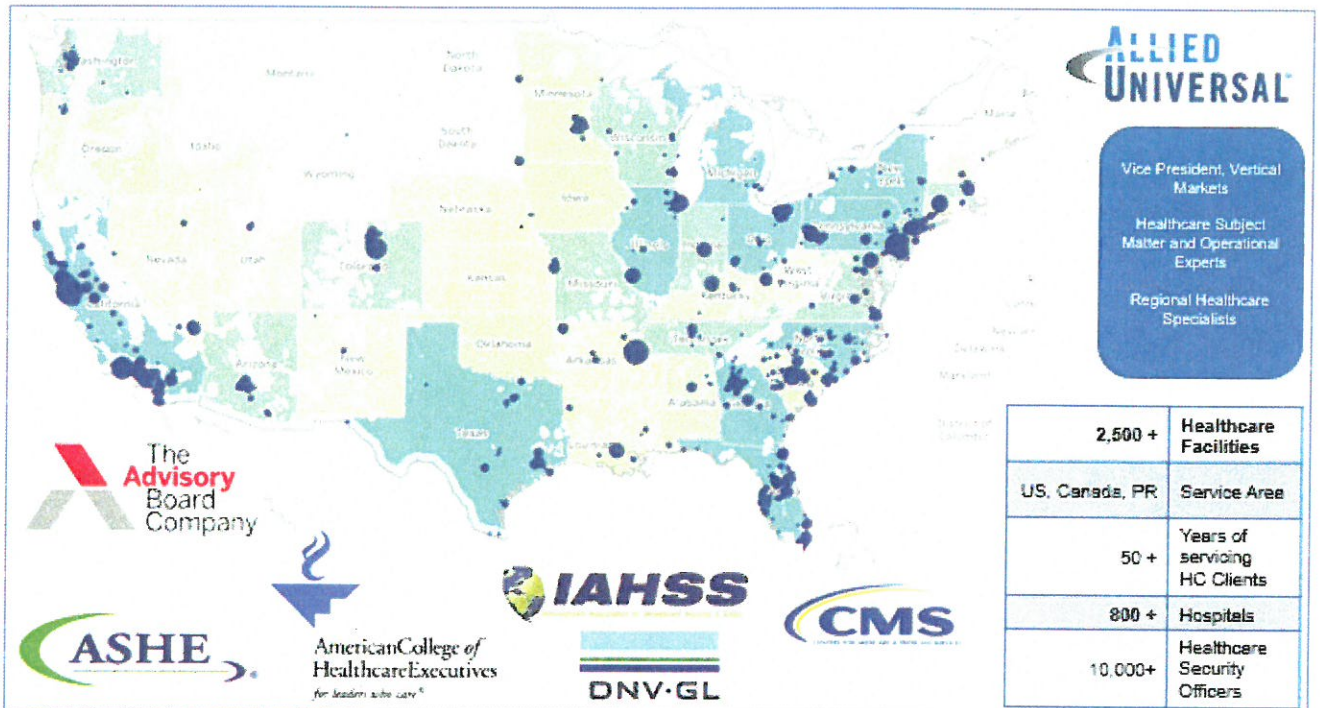


Center of Excellence Support



Experience

Our Healthcare Division serves over 2,500 healthcare clients, over 800 of which are acute care hospitals. Our VP of Healthcare, Lisa Terry, CHPA, CPP oversees regional directors of healthcare throughout the country in support of this client base along with our local managers. The diagram below represents where our hospital clients are located, and our company and team members are either members of, or have close associations with, the organizations listed.



A Comprehensive, Customized Solution

Allied Universal provides unparalleled service, systems and solutions to serve, secure and care for the people and businesses in our communities.

What makes Allied Universal's service, systems and solutions unparalleled? You could say it's the people: the well-trained security professionals, technicians and local management teams. You could say it's the best technology in the business, from access control services to industrial video systems and autonomous robots.

But at Allied Universal, we know it's about how they work together, with you, to produce a comprehensive, customized solution that not only meets your security needs but also anticipates issues.

Allied Universal Services & Solutions



Allied Universal Expertise

- Proprietary School of Healthcare Security - certification levels from officer to manager
- Dedicated National and Regional Healthcare Security Experts
- Regulatory / Accreditation Compliance: CMS, TJC, DNV, OSHA, NFPA, NCMEC, CPTED and more
- Specialized programs for Sensitive Security Areas - Emergency Departments, Behavioral Health, Infants and Pediatrics and more
- Patient Watch Protocols
- Specialized Use of Force Protocols
- Customized programs to fit the needs of individual facilities
- Critical System monitoring
- HIPAA and EMTALA Compliance Controls
- Emergency Response Protocols
- Security Program Reviews and Compliance Assessments
- Situation Management: Domestic Abuse, Drug and Alcohol Abuse, High Risk / Confrontational

Healthcare Security Leadership



Ken Bukowski, Vice President, Vertical Markets

Ken Bukowski has over 30 years of business experience and has held various leadership positions in the areas of security services, hospital and health system solutions and regulatory compliance. He currently has national responsibility for specialty markets, focused on providing customized solutions in the areas of strategy and implementation, business development, marketing, client experience and retention, regulatory compliance, operational support and training.

Ken has been a guest speaker at many seminars, webinars and conferences, presenting such topics as workplace violence prevention and healthcare security best practices, including the 2013 ASHE and 2016 ASIS conferences. He has had over 20 articles published on security related topics and was an expert contributor for “Potential – Workplace Violence Prevention and You Organizational Success” by Bill Whitmore.

Bukowski is a graduate of Lamar University with a Bachelor of Business Administration degree in Marketing. He is very active in industry affiliations such as ASIS International, International Association of Healthcare Security and Safety (IAHSS – Chair of the Houston/Galveston Chapter), The Advisory Board Company, American Society of Healthcare Engineers (ASHE), and American College of Healthcare Executives (ACHE).



Lisa Price, CHPA, CPP, Vice President, Healthcare

Lisa has served as Director of Hospital Police and Transportation at the University of North Carolina in Chapel Hill, as the Chief of Campus Police and Public Safety with WakeMed Health and Hospitals in Raleigh, North Carolina, and Chief of Police and Public Safety with Eastern Virginia Medical School in Norfolk, Virginia. She shares her knowledge, strategies, and lessons learned for successfully preventing and mitigating violence in her books: “Preventing Violence in the Emergency Department” and “The Active Shooter Response Toolkit for Healthcare Workers.”

Lisa holds a BS, Political Science – Criminal Justice and an MBA/Master of Healthcare Administration.



Mike Dunning, CHPA, CPP, Senior Director, Healthcare

Mike has over 30 years of experience in the healthcare and security industries and is a recognized expert in the fields of healthcare security operations and regulatory compliance. He currently leads a team with national oversight for over 2,500 healthcare facilities across the country. Mike has developed operational and training programs which have received numerous acclamations from The Joint Commission, DNV and CMS.

Mike is a recognized expert in the fields of healthcare security operations and regulatory compliance with numerous publications on these topics. He has been featured in Security Magazine and has been a guest speaker at many seminars, webinars and conferences, and has been the author of several courses for the IAHSS Basic and Advanced certification levels.

Mike is a graduate of the University of Maryland with a Bachelor of Arts/Criminal Psychology, and a M.A. in Emergency Management from Jacksonville State University.

Training

We have provided an in-depth review of our training programs specific to Humboldt General Hospital in Section 7, Training / Consultant / Documentation, as required, therefore we would like to provide an overview of the awards that we have received for our training programs:

Training Awards

Allied Universal is known as the industry's training leader, and we are continuously awarded for our distinguished learning and development programs. Awards are validation for you that Allied Universal is not only leading training in our industry, but is also on par with learning and development innovators across many sectors.

Training Awards



Named one of the top organizations for learning and development for employing exemplary workforce development strategies that deliver significant results



First security services company recognized by *Training* magazine as one of the Top 125 training companies (list includes Fortune 500 companies and leading businesses from many industries)



2017 SDM 100 list of largest electronic security companies



Named to Forbes' third annual America's Best Employers list

Gold Award – Best Launch of a Corporate Learning University

Silver Award – Excellence in Compliance Training

Bronze Award – Excellence in Best Custom Content for Use of Force Scenario course



Awarded multiple years by *Leadership Excellence* magazine in the large company category



Awarded for demonstrating enterprise-wide success as a result of associated learning and development.



Two categories: "Outstanding Security Training Initiative" and "Outstanding Contract Security Officer"

As you review this proposal, you will learn that a number of our key team members have been instrumental in developing and providing training programs not just for our organization, but for many professional healthcare security and general security organizations and associations.

Service Lines

Allied Universal is not merely a security staffing company. To ensure our clients get the best possible consultation from us, we are the premier integrated security solutions provider. Beyond guarding operations, we offer:

Security Systems and Solutions

- Physical Security Consulting
- Design & Engineering
- Project Management and Installation
- Access Control
- Video Surveillance Systems
- Intrusion & Fire Alarms
- Managed/Hosted Video Surveillance & Access Control
- Service and Repair

Allied Universal Monitoring & Response Center

- Global Security Operations Center
- Event Based Remote Video Monitoring
- Critical Incident Management
- Threat Awareness
- Situational Intelligence
- Autonomous Data Machines (Robots)

Preparedness Training & Education

- Fire Life Safety Training Systems
- Fire Warden Training & Fire Drill Assistance
- Workplace Violence Training
- Emergency Preparedness Training

Customer References

Healthcare

Northeastern Nevada Regional Hospital
2001 Errecart Blvd, Elko, NV. 89801



Type of Facility:	59-Bed Short Term Acute Care
Hours per Week:	208
Service Started:	2013
Contact Name:	Dennis Moore, Director of Plant Operations
Contact Phone:	(775) 748-2443
Contact Email:	Dennis.moore@lpnt.net

Valley Health Systems
6655 Cimarron , Suite 100, Las Vegas, NV. 89113



Type of Facility:	7 acute care and critical access hospitals, 1 free standing ED
Hours per Week:	2,808
Service Started:	2013
Contact Name:	Wayne Cassard, Market Director, Human Resources
Contact Phone:	(702) 369-7736
Contact Email:	Wayne.cassard@uhsinc.com

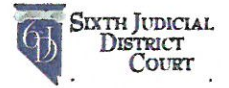
University of Colorado Health
12401 E. 17th Ave., MS A073, Aurora, CO. 80045



Type of Facility:	Medical Center
Hours per Week:	9,850
Service Started:	2011
Customer Name:	James L. Strife, CHPA, CPP, PCI, Director of Security, Facilities, Design and Construction
Customer Phone:	(720) 848-4061
Customer Email:	James.strife@uchealth.org

Local

Humboldt County District Court
 50 West Fifth Street, Winnemucca, NV. 89445



Type of Facility:	County Courthouse
Hours per Week:	80
Service Started:	April 2018
Contact Name:	Dave Mendiola, County Administrator
Contact Phone:	(775) 623-6300
Contact Email:	dave.mendiola@hcnv.us

Barrick Gold Corporation



Type of Facility:	Gold Mines
Hours per Week:	Goldstrike – 770, Cortez - 72
Service Started:	Prior to 2014
Contact Name:	Travis Anderson
Contact Phone:	(775) 397-3967
Contact Email:	tanderson@barrick.com

Hecla Mining



Type of Facility:	Gold Mines
Hours per Week:	Firecreek – 212, Midas - 252
Service Started:	Prior to 2014
Contact Name:	Colt Nelson
Contact Phone:	(775) 304-9532
Contact Email:	cnelson@hecla-mining.com

Costs

168 HPW Schedule

POSITION	SUN	MON	TUE	WED	THU	FRI	SAT
Security Officer 7:00AM- 3:00PM	8	8	8	8	8	8	8
Security Officer 3:00PM- 11:00PM	8	8	8	8	8	8	8
Security Officer 11:00PM- 7:00AM	8	8	8	8	8	8	8
Service Hours	24	24	24	24	24	24	24

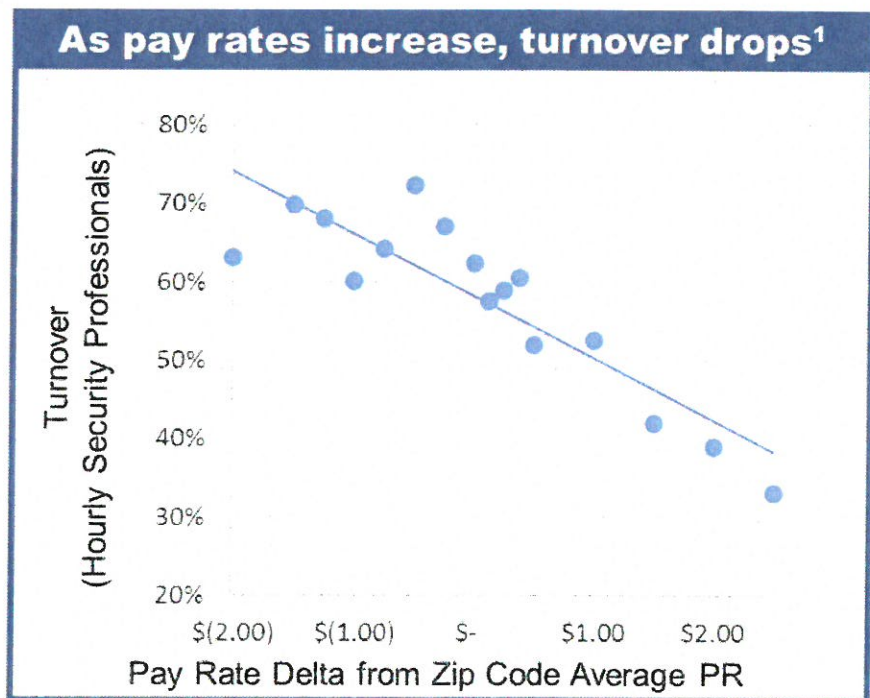
ARMED 168 HPW Budget Estimate

POSITION	WEEKLY HOURS	PAY RATE	BILL RATE	HOLIDAY & OT RATE	WEEKLY	MONTHLY	ANNUALLY
Site Supervisor	40	\$24.00	\$37.96	\$56.94	\$1,514.32	\$6,579.73	\$78,956.80
Security Officer	128	\$21.00	\$33.22	\$49.83	\$4,240.74	\$18,426.03	\$221,112.32
CyCop (Includes Cell Phone) EACH	1		\$150.00			\$150.00	\$1,800.00
TOTAL WEEKLY HOURS	168				\$5,755.07	\$25,155.76	\$301,869.12

Wages would increase commensurate with any state or local minimum increase, while maintaining the current mark-up percentage.

Wages

In today's labor market, the wage of the security professional is a significant variable in the quality of your program. It is essential that the right wage is offered in order to ensure a safe and secure environment, build stakeholder confidence and protect Humboldt General Hospitals and its stakeholders.



¹ Analysis based on all Allied Universal security jobs and all Allied Universal hourly Security Professionals search data point on the chart represents the average turnover at approximately 1,200 jobs that have the corresponding PR delta to the zip code average.
² NOTE: Pay rates are compared to zip code averages because a nominal \$ pay rate (e.g. \$15.00) is substantially different in different geographic areas based on cost of living, average market-wide pay rates in the zip code, minimum wages, union rates, population density, and similar factors.

Medical Insurance

Allied Universal offers medical plans to all benefit-eligible employees through payroll deduction and/or client contribution. Benefits will be offered pursuant to our eligibility requirements/policy. Detailed information regarding coverage and premium costs is available. The estimates provided in this proposal include any client related costs and are based upon proposed and evolving regulations, plan structure and estimated participation.

Dental Insurance

Allied Universal offers quality dental insurance to all benefit-eligible employees through payroll deduction and/or client contribution. Detailed information regarding coverage and premium costs for all plans is available.

Life Insurance

Allied Universal offers Basic Life insurance in the amount of \$10,000 to benefit-eligible employees at no charge. Additional supplemental life insurance and AD&D is available to employees at competitive rates.

401(k) Retirement Plan

Allied Universal employees are eligible to enroll in our 401(k) retirement savings program anytime following six months of employment.

Anniversary Bonus Program

Allied Universal recognizes continuous service of our employees through our Anniversary Bonus Program. The Anniversary Bonus is available to all employees who complete one year of continuous service. The amount is based on each full year of service completed and is paid on the employee's anniversary date. Security professionals can still arrange to take unpaid time off if desired, but our experience has shown that the majority of security professionals would rather have the money in hand than the time off. This Anniversary Bonus offers our valued employees greater flexibility, while also serving as an incentive for employees to stay with the company therefore improving overall employee retention.

Holidays

Allied Universal recognizes the following holidays: New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

Employees who work on a designated holiday will receive 1.5 times their wage rate for hours worked. Allied Universal will invoice 1.5 times the hourly billing rate for hours worked on the designated holidays. Holiday revenue is not included in our annual budget estimate or standard billing rates.

Overtime

Overtime of 1.5 times the hourly billing rate is only billed in the following circumstances outside of the regular schedule, and not for scheduling issues or vacation coverage:

Proposed Short Notice Requests

Requests with less than 72-hour notice will be billed overtime.

Specific Requests

With requests for a specific individual to work more than their 40 hours for a special reason, regardless of the notice provided, only the overtime impact for that individual will be billed. Example: "We need Security Professional Smith to stay two extra hours at the end of his shift to help with a special project." Only the additional two hours will be billed at the overtime rate if it will put him over 40 hours.

Requests for Security Professionals That Exceed Five Percent of Total Deployment

Requests for coverage in excess of five percent of the total security professionals' base hours on site may be billed as overtime until coverage is incorporated into the permanent base hours.

Billing Frequency and Payment Terms

Allied Universal will invoice the client on a weekly basis for all scheduled services for the preceding weekly period (starting on Friday and ending the following Thursday) based upon the rates listed above. All invoices are due net 15 days.

Response to Specifications

Allied Universal takes pride in pricing transparency. We understand that the RFP is for one (1) armed and fully screened and trained Healthcare Security Officer to protect staff, patients and visitors, as well as the hospital's assets and brand reputation.

The pricing provided in the budget estimate on Page 13 is all inclusive – no hidden or additional costs to provide the service asked for, to include the elements of our services that make Allied Universal unique in the industry, such as the utilization of our very broad best practices during planning and projects we work on at the request of the hospital, the consultation of our Healthcare Division's leadership on issues related to EM, DP, Business Continuity and Workplace Violence and security planning and the utilization of CyCop, our industry leading security rounding and documentation software.

Should the hospital request the regular schedule be increased from the currently proposed hours of service, the hourly rate for additional staff is provided in the bill rate column of the budget estimate. Any additional equipment not specified in the RFP, such as a vehicle or magnetometers for use at the ED, will be priced as a direct bill item to HGH, at our cost, and include volume and relationship discounts that we enjoy.

Rate Increases

Billing rates will increase annually by 3.5% or by the percentage increase in certain agreed upon costs incurred by Allied Universal, whichever is greater. Allied Universal's rates during the term will be subject to adjustment to reflect any increases in Allied Universal's costs related to medical, welfare and other benefits and related costs, which may include, without limitations, costs incurred by Allied Universal pursuant to applicable federal, state and/or local law, including without limitation health care reform legislation costs.

Other Information / Provider Proprietary Proposal Format

Armed Security Professionals

Allied Universal provides the highest quality security professionals (both armed and unarmed), experienced management and award-winning training to implement a comprehensive security program. For more than 60 years Allied Universal has been providing armed security professional services across the United States. We currently employ more than 5,200 armed professionals in Arizona, California, Colorado, Washington D.C., Florida, Georgia, Illinois, Kansas, Maryland, Minnesota, Michigan, **Nevada**, North Carolina, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia and Washington.

All armed security professionals must meet Allied Universal's strict hiring, background, and security professional training standards. Additionally, armed security professionals are required to meet, or exceed, all federal, state and local laws and regulations with respect to firearms and less-than-lethal weapons licensing, training and qualification.

Armed Personnel Recruitment

Applicant must:

- Be 21 years of age
- Be a citizen of the United States and/or legally authorized to work in the U.S.
- Have high school diploma or GED
- Not suffer from any mental or physical infirmity which would prevent the safe handling and operation of a handgun
- Provide a valid driver's license and have access to transportation
- Have no disqualifying criminal convictions applicable to state licensing regulations, the Federal Gun Control Act of 1968 which bars misdemeanor crimes of domestic violence, and the (often higher standard) Pennsylvania Private Detective Act of 1954

Allied Universal's recruitment is targeted at, but not limited to, individuals with a background in or experience as:

- Military/Military Police
- Police/Peace Officers
- Corrections Officers

Armed Personnel Screening

- Comprehensive Review of Completed Application
- Initial Interview to assess timeliness, appearance, communication skills and personality
- Social Security Check
- Criminal Background Check
- A fingerprint-based national check through a State Identification Bureau and the FBI Integrated Automated Fingerprint Identification System where permitted
- A name-based statewide and/or county criminal history records search
- County by county searches are conducted based on:

- Residences or names which are discovered through a Credit Check or Social Security Number Check
- The location of listed residences
- Both felony and misdemeanors are searched
- Conviction and (where permitted by state law) pending prosecution searched
- In addition to meeting relevant state requirements, as a matter of Allied Universal policy applicants must not have a conviction for any of the following:
 - Any felony conviction
 - Illegally using, carrying or possessing a pistol or other dangerous weapon
 - Making or possessing burglar's instruments
 - Burglary
 - Buying or receiving stolen property
 - Unlawful entry of a building
 - Corruption of Minors
 - DWI/DUI within three years of application
 - Forgery, Fraud, Deceptive Practices or False Report
 - Aiding escape from prison
 - Unlawfully possessing or distributing habit forming narcotic drugs
 - Theft, Shoplifting, Larceny or Picking pockets or attempting to do so
 - Soliciting any person to commit sodomy or other lewdness
 - Recklessly endangering another person, including manslaughter
 - Harassment and Stalking
 - Kidnapping
 - Making Terroristic Threats
 - Aggravated Simple Assault, Sexual Assault, Indecent Assault and Battery, Fighting
 - Rape, Involuntary Deviate Sexual Intercourse
 - Indecent Exposure
 - Incest
 - Sexual Abuse of Children, Child Abuse, Child Endangerment
 - Dealing in Infant Children
 - Unlawful Restraint
 - Resisting Arrest
 - Trespass/Loitering
- Prior Employment Verification (minimum two references)
- Pre-employment ten-panel drug screen
- Secondary Interview with account manager or client representative

Firearms Training

Firearms training varies by state, but generally ranges from 20-40 hours, covering these or similar topics:

- Use of firearms
- Ethical and moral considerations of weapons use
- Liability for acts while armed
- Use of deadly force/the Force Continuum
- Search, seizure and arrest procedures while armed
- Firearms safety and maintenance
- Fundamentals of Non-Lethal Weapons use

- Qualification (Range practice, one-day fire, Minimum qualification course typically of 50 rounds, minimum passing score 70 - 80 percent)
- Successful completion of written examination with a minimum passing score

All armed security professional hiring and training is conducted in accordance with the laws and regulations of the State and other jurisdictions in which the officer will be assigned.

Recruiting

Security professional quality begins even before we identify a candidate for a position with Humboldt General Hospital. Our dedicated recruiters identify only top quality candidates. In today's employment climate, it becomes even more important that we utilize our talents and resources to find individuals that represent the highest standards of both Allied Universal and our clients. Better recruiting translates into:

- "Best-fit" personnel for your clinics
- Higher employee satisfaction
- Higher quality of performance
- High-quality, screened candidates
- Higher employee retention

Allied Universal Recruiting Resources

The first step is having a thorough understanding of your site-specific needs. This allows us to recruit by position and post. Some of the recruitment resources we use:

- aus.com/careers
- Promotions, employee referrals and bonuses
- Career websites (eg., Indeed, Career Builder, Employer Partnership for the Armed Forces, H2H, LinkedIn, Facebook)
- Colleges, universities and schools
- Former military and reservists
- Job fairs and open houses
- Police and fire departments, and rescue squads
- Professional organizations (eg., ASIS, BOMA, ICSC)
- Civic/community organizations
- Senior associations
- Veterans administration and organizations
- Strategic partnerships with: AARP, International Association of Jewish Vocational Services, National Indian Council on the Aging and National Asian Pacific Center on Aging.

**1 million+ candidates in our hiring pipeline.
Hire only 5% of applicants.**

Hire our HeroesSM

Allied Universal is committed to hiring veterans, reservists, their families and caregivers. Our company-wide military hiring program, Hire Our Heroes, is an essential part of our recruiting strategy. Since 2013, more than 25,000 heroes have been hired as part of this initiative. We have partnered with these military assistance groups to ensure our service men and women have opportunities as they transition back to civilian life:



Recruiting Process: The vast number of recruiting resources we utilize along with our reputation for being a great place to work directly contributes to the more than one million candidates in our hiring pipeline. A large number of applicants means that we can select the right candidates for your security program. And, we have the resources to identify the best-suited individuals quickly and efficiently.



To ensure high quality employees that are the right fit and have the right skills for your hospital, Allied Universal uses an automated, highly customized Applicant Tracking System, Allied Universal|**Gateway**.

Our easy-to-use, digital platform features:

- **Advanced Filtering:** Utilizing a smart search feature, managers and recruiters are able to search for candidates by shift preferences, ranking, location and other requirements such as a driver's license. This feature gives our recruiters an edge in identifying a qualified candidate quicker and allows us to meet your needs faster.
- **Paperless Processes:** Pre-employment forms and acknowledgements can be completed electronically and stored within Allied Universal|**Gateway**, making the many parts of the process paperless and shortening the time from application to hire.
- **Transparency:** Candidates, recruiters and hiring managers can view the status of a position or application at any time during the process. This means that any questions you have about your open positions can be immediately addressed.
- **Integration:** Integration with other systems such as background screening and drug testing vendors promotes efficiency and consistency in ensuring that every step of our extensive screening process is complete and that only the best candidates are selected for your location.

One of the true differentiators in our recruiting process is the extra step that we take during the application stage. **In addition to completing our standard application information, candidates also answer questions related to their preferences for type of work environment.** These preferences correspond with profiles developed by an industrial psychologist, which allow for successful personnel to position matching.

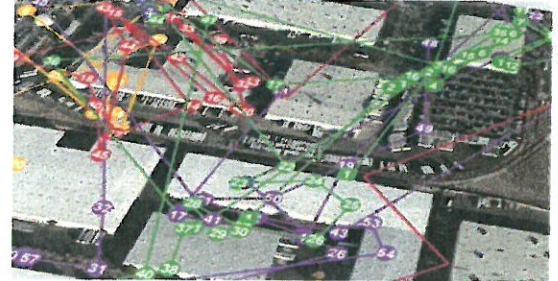
The Guardian, Protector, Community and Concierge profiles are based on the level of people interaction, physical asset protection and safety awareness that each position requires. At Allied Universal, we are not looking to fill a position with just any candidate. We go the extra mile to dig deeper to find the right person for you. When our employees are well matched to the position requirements, they stay longer in their position, will be better engaged in their day-to-day responsibilities, and provide better service for you. Our ultimate recruiting goal is to find the best qualified candidate for every post. This translates into improved security professional quality and better results for Humboldt General Hospital.

Technology that Supports Your Security Program



CyCop - The Next Generation Intelligence Tool for Security Operations Professionals

This web and GPS-based technology is an advanced patrol and reporting program that transforms the traditional reporting process into a paperless, real-time solution. It gives clients the latest accurate data about their property and security professionals.



Key Features

Information Management

- Compatible with multiple smartphones, tablets, laptops or desktop computers
- Consumer data digitally stored on the Cloud for instant access

Security Guard Tour Tracking and Supervision

- Offers real-time information on personnel locations
- Includes color-coded checkpoint history of time, place and tour activity
- Alerts officers of required tasks and escalates problems in real time to supervisors

Automated Incident and Daily Activity Reporting

- Delivers reports securely to management
- Accommodates digital photos
- Archive reports for later use

Interactive Post Orders and Online Training

- Access course materials for each hospital
- Tailor test criteria as needed

Visitor and Parking Management

- Create property access lists
- Enter data manually or by import
- Generate and print visitor passes

Trend Analysis Reporting

- Check statistics, review and compare data for efficiency and liability improvements

Incident Heat Mapping and Security Asset Allocation

- Display incident location data graphically
- Overlay visual depictions of assets and security equipment for forecasting

Key Benefits

- Specifically tailored to Humboldt General Hospital
- Web-based monitoring of security professionals 24/7
- Critical incident notification and escalated alerts for immediate resolution
- Environment friendly-uses green technology
- Cost efficient and easy to deploy

Reporting

When it comes time for reporting, CyCop saves you time and money. The information you need is easily accessed through your tailored web portal and available when you need it.

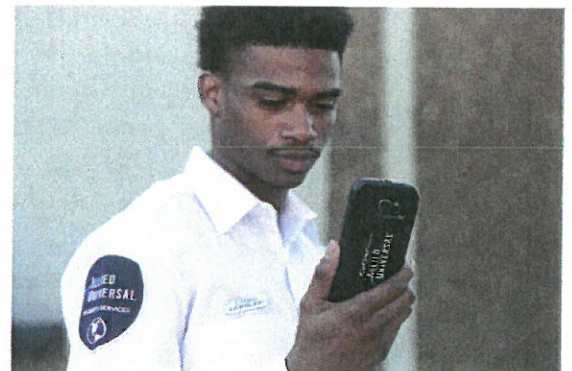
Flexible reports allow CyCop to be a part of nearly all reporting needs within your security program. Standard activity reports are delivered before 9:00 a.m. on a daily basis, and incident reports are delivered immediately to all specified managers.



Allied Universal becomes an extension of your team, allowing you to perform and feel secure even when your back is turned.

Security Professionals Alert on Post

Through CyCop, Allied Universal is able to require a security professional to respond to an alert via a CyCop enabled device. If the security professional does not respond immediately, or a roving security professional becomes inactive (no movement by GPS/RFID), or the security professional's cell phone is turned off, a supervisor or manager will immediately be notified of the missed alert and call to resolve the inactivity. If the security professional does not respond or cannot be found, a roving field supervisor will be immediately dispatched to the hospital to investigate.




Company-wide Safety Program and Resources

Allied Universal's Safety Program

Selecting a security company that is already focused on safety as part of its every day operations will help achieve your safety goals and avoid preventable accidents. Allied Universal has a company-wide safety program. This program instills a personal commitment to safety in every one of our employees and has resulted in fewer accidents, less time lost from work due to injury, and fewer service interruptions for our clients. Our safety program is driven by Allied Universal's safety training and reinforced by our Safety Manual. A committee, which includes representation by senior management, safety and risk executives, operational teams and corporate representatives works to promote consistent, safe work practices at each site we service.

Allied Universal's Safety Program & Workplace Violence Prevention



Safety Resources

- Corporate Safety Manual
- Safety Calendar
- Monthly Tips and Articles
- Safety Webinars

Safety Training

- Workplace Violence Awareness & Prevention
- Driver Safety
- Bloodborne Pathogens
- Personal Protection Equipment
- Hazard Communication
- Slips/Falls Prevention
- + More



Workplace Violence Prevention

Workplace Violence website
www.aus.com/workplaceviolence

Workplace Violence Webinars & Seminars
 Workplace Violence & Active Shooter Awareness Tips
 Workplace Violence Quick Reference Guide



Safety Security Professional Specialist Training

- Injury & Illness Prevention
- First Aid, Incident Reporting & Investigation
- Job Safety Analysis
- Workplace Violence
- Emergency Action/Fire Prevention

Fire Safety Security Specialist Training

- Detecting & Preventing Fires
- Fire Extinguishers
- Avoiding Injuries
- Hazardous Materials

Local Safety Management

Our local managers play an active role in managing safety programs. They support our security professionals, ensure safety tools, resources and training are available at every site, conduct random inspections, and work with clients to ensure safety priorities are achieved.

	<p>Slip Resistant Shoes Slip resistant shoes available to employees at a highly discounted rate.</p>	<p>Snow/Ice Traction Devices</p>		<p>Vehicle & Driver Safety</p>	
	<p>15% reduction in slips & falls</p>	<p>Ice traction devices attach to shoes; greater stability for walking in winter weather conditions.</p>		<p>Drivers and company vehicles carefully screened. Vehicles with back-up alarms to prevent accidents.</p>	

Comprehensive Quality Assurance Program

Proactive and Ongoing Quality Assurance

In today's business world it's becoming increasingly important for you and your provider to establish performance standards and measure results. To take your security service to a higher level, your provider must be focused on quality assurance every step of the way. Our quality assurance efforts are proactive and ongoing. We want to ensure every security program exceeds our clients', and our own, high expectations. Our desire to identify opportunities for improvement and share best practices helps us keep our programs fresh and our service offerings geared to our clients' unique needs. All security programs, whether they've been in place for 10 months or 10 years, are carefully reviewed and monitored to ensure contractual obligations are met and your program is efficient and successful.

Allied Universal's Quality Assurance Program



Allied Universal Voice

We measure your experience as a client from day one to help us deliver consistently excellent service.

Quality Assurance Tools

- ✓ Account Audits
- ✓ Account Standards
- ✓ Performance Evaluations
- ✓ Management Inspections
- ✓ On-Site Focus Groups



Measuring Results

We regularly review and measure our performance. Some of our measurements and evaluations include:

- Weekly service hours – OT, bill OT, bill hours
- Employee retention & tenure
- Recognition & rewards
- Training
- Incidents
- Performance evaluations
- Trends
- Customer satisfaction survey results
- Best practices
- Goals and improvement processes



Contract Compliance

Our operations staff work together with our Legal Services Group to provide effective contract review, administration and compliance to ensure we meet our contract obligations to the complete satisfaction of our clients.



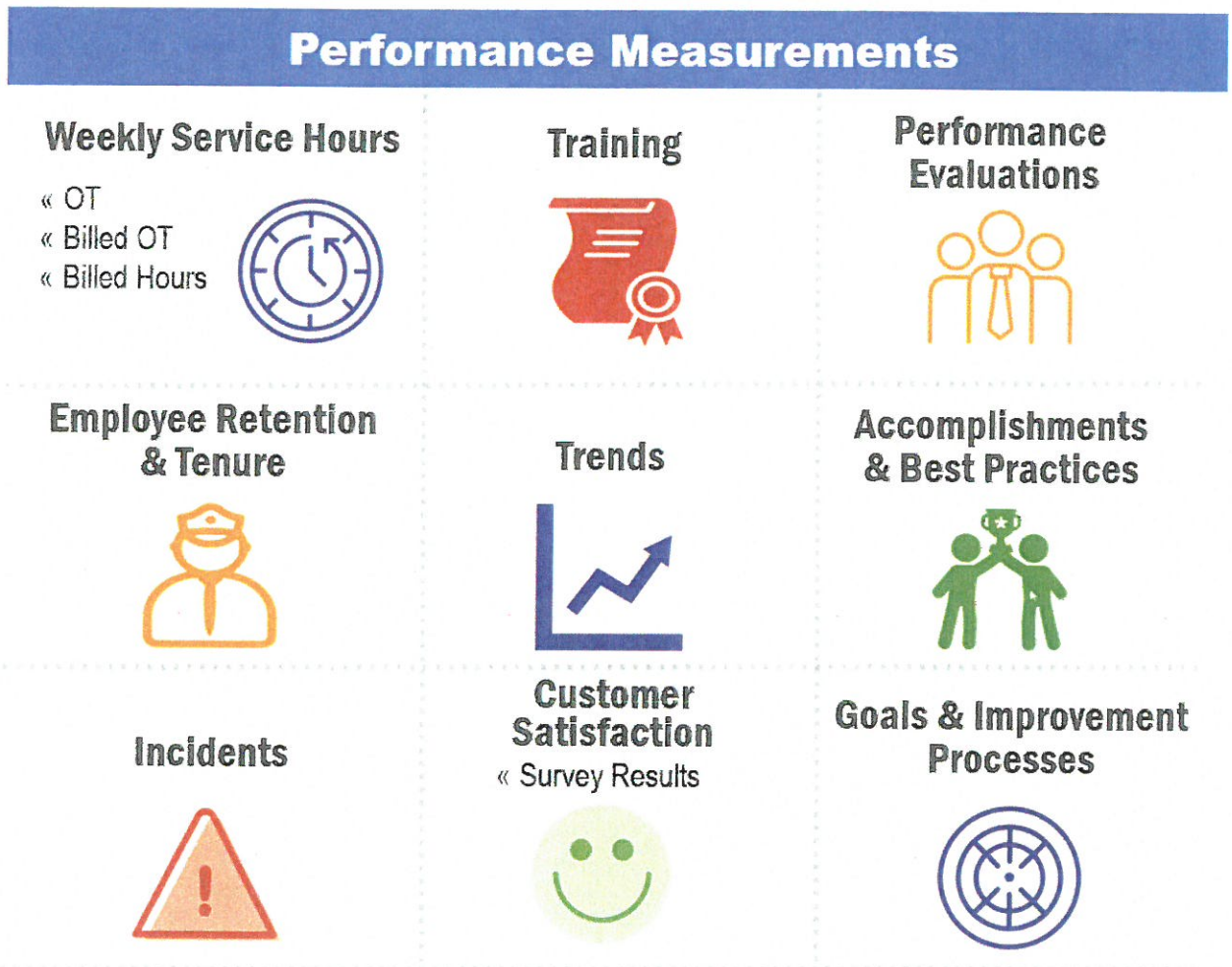
Quality Business Reviews

Regularly scheduled assessments designed to: 1) review accomplishments, 2) create benchmarking for future reviews, and 3) establish measureable goals.

Performance Measurements

The ultimate goal of our contract can be interpreted in only one way: Building great value for Humboldt General Hospital by providing superior security, safety and customer service to your staff, patients and visitors. Accomplishing this ultimate goal requires meeting several subordinate goals including:

- Providing an exceptional management effort to ensure contract terms and goals are met
- Recruit and retain employees of uncommonly high quality
- Maintain a focused effort of continuous service improvement



Customer Action Plan

We utilize a formal Customer Action Plan for any and all issues that could arise at your account, which documents your concerns and assigns a due date and responsible party to correct the situation. Once the issue is addressed and properly handled, we ask that you sign the Customer Action Plan Form to acknowledge that those concerns were addressed successfully.

Internal Quality Audit

Security programs must be reviewed regularly to be sure we are meeting the ever-changing needs of our clients. Allied Universal's new initiatives and enhanced training programs are the results of our internal quality audits. We continuously review our services and programs to ensure we exceed the expectations of Humboldt General Hospital.

Internal Quality Audits



Account Standards

All accounts must comply with standards mutually agreed upon between the client and Allied Universal management.



Performance Evaluations

Hourly personnel and management staff receive formal performance evaluations every year. All evaluations are tracked in our integrated human resources system.



Management Inspections

Our local management team is committed to regular, non-scheduled inspections at each client location. These inspections are used to promote consistent service delivery.



Client Surveys

In addition to our standard Allied Universal|Voice surveys, we can work with your management team to survey your employees regarding security professional performance.



On Site Focus Groups

We can schedule focus groups with our security professionals, and where applicable members of your staff to discuss process improvement ideas.

Allied Universal understands that our performance has a direct impact on the patient experience and staff satisfaction. The relationship of our performance and its potential impact on these important elements are so vitally important, is a subject that is taught in our School of Healthcare Security during Customer Service training, and reinforced through recurring training and staff recognition programs.

Formal Compliance Program

Ensuring Compliance

Partnering with a security provider that delivers on commitments and embraces compliance is crucial to your business and brand. Closely monitoring and adhering to federal, state and local laws, and industry standards, are Allied Universal operational non-negotiables.



You will be able to focus on your business strategy knowing your security program is designed to be compliant with all laws and regulations. At Allied Universal, our compliance focus is two-fold - addressing requirements that apply to our business, and those that impact the services you receive. We understand that your needs extend beyond trained and licensed security professionals to include security's integrated involvement in the regulatory requirements of your industry and state. Our formal compliance program, as well as industry-specific leadership and training, create an unsurpassed standard of excellence.

Maintaining compliance requires the collaborative effort of everyone supporting your security program from corporate support functions to compliance professionals and local leadership.

- **Branch Compliance Program:** Our proprietary program makes it easy for our local teams to track compliance with local, state and federal laws. Your Allied Universal branch office maintains and tracks security professional licensing (when applicable), certain training, I-9 records and compliance with our Written Information Security Program. Local managers and human resource representatives are accountable for keeping this information up to date, so you can have peace of mind knowing that compliance is constantly managed.
- **Adherence to Regulations and Requirements:** Regulatory compliance is an ongoing priority. Allied Universal recognizes and supports security's valuable contribution to your regulatory compliance efforts. Whether through access control, reporting, or safety programs, a knowledgeable security team is a key component of any successful compliance initiative.
- **Contract Compliance:** Allied Universal's ability to monitor service commitments makes a significant impact on your satisfaction, and ensures that security professionals are trained for your clinics. Unannounced security professional inspections are conducted to confirm contract compliance. You and your stakeholders can feel safe knowing that you have engaged a security provider with proficient security personnel that meet all training and licensing requirements.

Resources to Support Your Business Needs

Business Continuity

Allied Universal's core systems are hosted in a secure data center at SunGard in Philadelphia, with multiple layers of redundancy. Our applications are deployed over a wide area network to more than 180 offices throughout North America. Our company has taken steps to ensure system integrity, including both physical security measures as well as mission-critical system security practices.

Remote access to email and our intranet allows our management and support staff to operate from anywhere. Our focus on local management also ensures that business will continue as usual if there is an unexpected challenge. We have the resources in place to fill open positions, provide additional staff and management as needed. Allied Universal can meet the security services needs of Humboldt General Hospital at all times.

Extra Coverage Requests

From time to time, Humboldt General Hospital may require supplemental security coverage for special events or emergencies. Allied Universal regularly staffs all types of requests and successfully handles thousands each year. **Each year, we provide over 1 million hours of extra coverage to our valued customers nationwide.** With more than 210,000 security professionals and over 180 offices, we have the people, resources, procedures and expertise to effectively deliver on all of Humboldt General Hospital's security staffing needs.

We make it easy for HGH to request extra coverage. Simply contact your Allied Universal manager directly or utilize the extra coverage feature in the eHub client portal at any time to make a request electronically. We work with you to assess the amount of staff and supervision needed and fulfill your requirements with carefully screened and trained security professionals. Your Allied Universal team is much broader than the security professionals you see daily. Cross-trained flex and part-time security professionals and managers are ready when you need them.

The level of quality, training and supervision that you'll experience with your permanent Allied Universal team will be consistent with your emergency or temporary staff. Regardless of the length of assignment, you can count on our quality commitments. Every step of the way, we will communicate with you to ensure that the extra coverage request is fulfilled, and services are delivered as promised.

Whether your extra coverage needs are for an advanced long-term project or a small, short notice request, Allied Universal has the resources and is ready to respond!

Training / Consultant / Documentation

On-the-Job Training (OJT) Post Certification

Phase two of Allied Universal's Five Phases of Security Professional Onboarding and Development is OJT Post Certification. Allied Universal recognizes that a work site's policies, procedures and post orders cannot be learned in a classroom but must be learned at the work site. Security professionals will be prepared for your individual needs and know how to effectively manage your security program.

OJT is site-specific and customized to your hospital. This training is guided by a checklist which is entered into our online database providing a checkpoint to track completion.

OJT Post Certification Training – Sample Topics			
<ul style="list-style-type: none"> • Access Control • Bomb Threats • CPR/First Aid/AED • Electrical Emergencies • Equipment Removal Procedures 	<ul style="list-style-type: none"> • Fire Alarm Response • ID Checks • Key Control • Mechanical Emergencies • Media Relations • Medical Emergencies 	<ul style="list-style-type: none"> • Opening/Closing Procedures • Parking & Enforcement • Parking Lot Security • Patrol Techniques • Post Responsibilities • Report Writing 	<ul style="list-style-type: none"> • Report Writing • Terrorism Awareness • Use of Telephones • Vehicle Assistance • Water Leaks • Weather Emergencies

A security presence is important, but a motivated, directed security presence with a purpose, assignment and goals is even more effective and critical to your organization. OJT and post orders define the role of your security professionals, develop a team prepared just for you, and help guide your security program.

Core Training and Continuous Learning

Allied Universal Security Professionals have many opportunities to further their career and expand their knowledge through various training. Core Training must be completed within six months of hire; compliance is tracked through our online compliance management system, WinTeam.

Core Training		
<ul style="list-style-type: none"> • Introduction to Contract Security • Legal Aspects of Private Security • Note Taking and Report Writing • Importance of Documentation • Patrol and Observation • Liability and Loss Prevention • Post Orders 	<ul style="list-style-type: none"> • Appearance and Wellness • Exceptional Customer Care • Difficult People or Situations • Introduction to Safety • Personal Safety • First Aid, CPR and AED • Harassment 	<ul style="list-style-type: none"> • Workplace Violence • Emergency Management • Indicators of Terrorist Surveillance • Video Surveillance • Bomb Threats • Media Management

CPR/First Aid/AED Certifications

Allied Universal offers CPR, First Aid and Automated External Defibrillation (AED) training. Many of our full-time trainers are certified instructors for First Aid/CPR/AED. Training can be conducted in a variety of ways including at a local office pre-assignment, using an outside certifying agency, or by trainers at your hospital. We ensure that trained employees receive the appropriate certificates and track certification anniversary dates in our online compliance system.

School of Healthcare Security: Training Curriculum

School of Healthcare Security

Allied Universal's School of Healthcare Security builds knowledge that enables the delivery of services distinct to the healthcare industry which help you to:

Meet regulatory requirements. Achieve greater patient satisfaction scores.



HIPAA for Healthcare Security

- HIPAA Terms
- Protected Health Information (PHI)
- Security's Role in Relation to HIPAA and PHI
- Ways to Protect PHI
- Reporting Breaches
- Failure to Comply Consequences



Must be completed by all healthcare security personnel.

Healthcare Essentials

- Introduction to Healthcare
- White Glove Service in Healthcare Security
- Healthcare Fundamentals (types and categories of healthcare facilities, trauma, triage, infection control and hospital accreditation)
- EMTALA
- Use of Force (scenario-based learning)
- Bloodborne Pathogens
- OSHA, HAZMAT and General Safety Guidelines
- MRI Safety Zone Orientation
- Infant Abduction Prevention and Newborn Safe Haven
- Transcultural and Age Specific Competencies
- Emergency Preparedness

An exam must be successfully completed to advance.

Certified Healthcare Security Professional

- FEMA 100 and 200
- Crisis Management and Intervention
- Working in an Emergency Department
- Working with Behavioral Health Patients
- Patient Restraints
- Selection and Use of PPE
- Hand Hygiene
- Advance Bloodborne Pathogens
- HIPAA
- Workplace Violence Awareness
- Patrol Techniques
- Search Techniques

An exam must be successfully completed to obtain certification.

Certified Healthcare Security Supervisor

- FEMA 700 & 800
- Healthcare Training Records
- Regulations, Standards and Guidelines
- Completing the Job Safety Analysis (JSA)
- What is PTSD
- Terrorism Awareness
- Workplace Violence

Certified Healthcare Security Manager

- De-escalation Training
- Workplace Violence Prevention
- The healthcare Environment
- Regulations, Standards and Guidelines
- Staffing your Program
- Developing and Assessing your Security Program
- Developing your Staff

Knowledge and skill-based testing are incorporated throughout this curriculum which is available on the Allied Universal|EDGE.

Additional Online Course Offerings

More than 1,000 assets including training modules, webinars, videos and learning tools are available through the Allied Universal|EDGE, our online learning management system. New topics are constantly added. Our employees have on-demand access, through eLearning, and in 2018, more than 800,000 courses were successfully completed through the EDGE.

Customer Service

Allied Universal places a high priority on customer service and we understand that it is a critical component of any security program. Some additional ways for employees to improve their customer service skills include:

- **Customer Service Lightning Lessons:** These lessons provide employees with customer service essentials including success stories.
- **White Glove Customer Service:** This course covers the tools necessary to provide a higher level of customer service and better manage perception to create an excellent impression and communicate effectively.

Ongoing and Refresher Training

The key to effective learning and long-term performance excellence is the reinforcement of initial training by way of an effective, structured process. Per your annual requirements, we can provide refresher training on a variety of courses. Local and branch management and regional training staff continually deliver a number of company-wide training modules as well as programs customized to meet market or client specific needs. Allied Universal managers will work with you to select training appropriate for the security professionals at your facility helping to ensure that ongoing training is a priority. Possible training topics:

Ongoing & Refresher Training			
<ul style="list-style-type: none"> • Fire Alarms • Access Control • Bomb Threats 	<ul style="list-style-type: none"> • Medical Emergencies • Broken Windows • Patrol • Water Leaks 	<ul style="list-style-type: none"> • Suspicious Persons/ Disturbances • Water Leaks • Power Outages 	<ul style="list-style-type: none"> • Customer Service • Safety Awareness • Elevator Entrapments

Consultant

Most of the consultation we do with our clients is gratis through our Healthcare Division. With their expertise and our vast best practices and resources, we often have solutions at our fingertips for even the most pressing issues. Departmental surveys are part of the job, and we conduct those on a regular basis. We can separately be engaged to also conduct, or just assist with, full hospital security risk assessments.

Documentation

All data regarding our staff is maintained in our Winteam database for documentation management and ease of retrieval. Additionally, 4-part Compliance Folders are maintained in hard copy format on all Healthcare Security Officers, for client reference on demand and to comply with regulatory body standards. A copy of the Compliance Folder Checklist is available on request.

Closing

Thank you for the opportunity to partner with Humboldt General Hospital. We look forward to the next Steps.



CAPITAL BUDGET REQUEST

Department: Surgery

Dept Head Name: Janet Sturtz, RN

Budget Year: FY 2019

Item Description: Olympus CV-190 Evis Exera III Processor and Light Source for Endoscopy
(please attach additional material) _____

Item Cost: \$17,742.01

Other Costs:
Service/Maintenance Agreement _____
Consumables _____

Justification: Our current system is 12+ years old and has reached end of life. We are unable to up-
grade our current colonoscopes or gastroscopes due to incompatibility issues with our
current processor. In FY 2018, we performed 443 GI procedures. Year to date FY 2019,
we have performed 345 GI procedures. Upgrading our processor will allow us to also
upgrade our scopes.
We have budgeted \$40,000 in FY 2019 for the purchase of a new processor.

Financing Cost Flow \$17,742.01

Note: A capital item is equipment that costs over \$5,000



Olympus America Inc.
 3500 Corporate Parkway
 P.O. BOX 610
 Center Valley, PA 18034-0610

TEL: (800) 848-9024
 FAX: (800) 228-4963

chris.worthington@olympus.com
 www.olympusamerica.com

Quote Number: Q-00715426

Please refer to this number on all correspondence

Effective Date: April 26, 2019

Expiration Date: June 25, 2019

Customer Information

Contact Name: JANET STURTZ

Contact Email: sturtzj@hghospital.org

Account Name: HUMBOLDT GENERAL HOSPITAL

Customer Address: 118 E HASKELL ST
 WINNEMUCCA, Nevada
 89445-3299

Customer Number: 20007794
 (Sold To)

Payment Terms: Net 30 subject to Olympus credit approval
F.O.B.: Shipping point, unless otherwise mutually agreed upon in writing
Tax: Applicable taxes are not included in this quote and are the responsibility of the customer

Olympus Information

Representative: Chris Worthington
Phone: (484) 602-4993
Email: chris.worthington@olympus.com

Cage code: 32212
DUNS#: 017018859
Tax ID: 11-2416961

Comments

null

190 Tower Kit Promo

#	Item Type	Model And Description	Kit Component(s)	Qty	List Price	Contract Price	Unit Price	Total Price
1 *	New	190-TOWER-KIT : CV-190, CLV-190, Convert, Cable		1	\$49,245.30	Not Available	\$29,000.00	\$29,000.00
1			: CLV-190 EVIS EXERA III LIGHT SOURCE	1				
1			: CV-190 EVIS EXERA III VIDEO PROCESSOR	1				



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#	Item Type	Model And Description	Kit Component(s)	Qty	List Price	Contract Price	Unit Price	Total Price
1			: MAJ-1916 CV-190 INTERFACE CONVERT DEVICE	1				
1			: MAJ-1918 REMOTE CABLE PERIPH DEVICE 1.8M	1				

* DENOTES OPEN MARKET ITEM

Pricing may be based on a local agreement or the following contract(s):

Trade-In Terms and Conditions (If Applicable)

Trade-In equipment must originate from the facility purchasing the new equipment and must have original serial number tags intact. Trade-In credits are offered exclusively on a one-for-one basis toward the simultaneous purchase of a like-kind product from any product category (i.e. video/fiber GI, SIG, Pulmonary, ENT, Intubation) and listed in or identified under the quoted products section. Olympus reserves the right in its sole discretion to make the final determination of what constitutes like-kind product categories. Trade-In credits will be issued to the customer facility upon Olympus receipt and inspection of the Trade-In equipment to verify its condition and value. Trade-In equipment must be received by the Olympus facility in San Jose, CA within 30 days from the customers receipt of the like-kind product. Olympus reserves the right to cancel the associated credits to the customer if the Trade-In equipment is not received within the 30-day timeframe. Trade-In equipment will be accepted by Olympus for credit only, and under no circumstances will Trade-In equipment be exchanged for cash. Olympus reserves the right to modify the list of qualified models for trade-in or the stated value for any qualified model from time to time, based on then current market conditions and needs. Trade-in values are valid until the expiration date of this quote.

#	Item Type	Model and Description	Serial Number	Qty	List Price	Contract Price	Unit Price	Total Price
2 *	Trade-In - Olympus	CLV-180 : CLV-180 EVIS EXERA II LIGHT SOURCE	7909186	1	\$(4,000.00)	Not available	\$(4,000.00)	\$(4,000.00)
3 *	Trade-In - Olympus	CV-180 : CV-180 EVIS EXERA II VIDEO PROCESSOR	7665819	1	\$(7,500.00)	Not available	\$(7,500.00)	\$(7,500.00)

HUMBOLDT GENERAL HOSPITAL

Total List Price: \$49,245.30
 (Before Trade-Ins)

Signature: _____

Total Net Price: \$29,000.00
 (Before Trade-Ins)

Name: _____

Total Trade-In Value: \$(11,500.00)

Title: _____

Sub Total: \$17,500.00

Effective Date: _____

Freight: \$242.01

Purchase Order #: _____

Grand Total: \$17,742.01



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- I. Olympus Standard Terms and Conditions apply to this quote, unless otherwise mutually agreed upon in writing
- II. Errors & Omissions Excepted. Price quotes and the total package prices are for the quoted items only.
- III. Changes and additions to, or deletions from this quote may cause pricing adjustments.
- IV. Service manuals and additional operator manuals are not included and may be ordered by contacting the Customer Care Center at (800) 848 9024.
- V. If freight charge is included, the freight charge may not necessarily reflect the exact charge paid by Olympus to the carrier due to the volume incentive discount agreements entered into between Olympus and carrier, unless otherwise mutually agreed upon in writing.

Based on the products purchased, the following terms may apply:

- I. ET1457 promotional kit: This package pricing is contingent upon product availability and on customer's purchase of all items included in the package. Return of any products under the promotion package pricing may increase the price for the other items purchased under the promotion package pricing. Promotion is subject to termination at any time.
- II. Certified Pre Owned promotional MP1752 This promotional package must be purchased in conjunction with the BTTF5 promotional package. Return of any items within this promotional package may trigger pricing changes to the remaining items. Promotion is subject to termination at any time.
- III. Quotes containing the following item numbers or promotional discount codes are eligible for the 160 Service Contract Upgrade Promotion (GIF-H180J-160SVCT, GIF-H180-160SVCT, GIF-Q180-160SVCT, CF-H180AL-160SVCT, CF-Q180AL-160SVCT, PCF-H180AL-160SVCT, PCF-Q180AL-160SVCT, and 160 to 190 Customer Loyalty). In order to receive the benefit of this promotion, customers must have an active service agreement which covers a corresponding like-type 160 generation endoscope. By accepting this promotional offer, Customer acknowledges and agrees that any applicable trade-in 160 scopes will be removed from their service agreement and replaced with a corresponding like-type promotional 180 or 190 generation endoscope ("Replacement Scope"). Once the Replacement Scope is shipped, Olympus will send Customer notification of the updated service agreement. Except as specifically modified by the above, the terms and conditions of the service agreement remain in full force and effect.
- IV. ScopeLocker storage product: Please take note of the ScopeLocker's specifications and dimensions and carefully measured the space where the ScopeLocker will be installed to ensure a good and proper fit. By submitting payment and/or a purchase order for any ScopeLocker, customer acknowledges and agrees that Olympus' standard return goods policy does not apply. ScopeLockers may only be returned if they have been delivered to the customer damaged. Customer is responsible for noting and reporting any external shipping damage prior to signing the carrier's receipt form for the ScopeLocker. Once customer signs the carrier's receipt form for the ScopeLocker, it is understood that the customer has inspected the shipment and has found no evidence of external shipping damage. Customer has seven (7) days after customer's receipt of the ScopeLocker to notify Olympus of any internal shipping damage which was undetectable at time of product receipt. Only returns with a valid Return Merchandise Authorization ("RMA") number issued by Olympus will be accepted and eligible for return. All authorized returns must be sent prepaid to Olympus or its designee and the RMA number must be prominently displayed on the shipping carton and all paperwork. Merchandise returned with proper RMA identification, with all accompanying items and manuals (as shipped to customer), shall be credited at the original customer's purchase price. No returns will be accepted more than 14 days from date of invoice. Credits will be given against customer's account; no cash refunds will be issued.
- V. Used Products: All used products carry a 90 day limited warranty, supplied with your order. These products are designated as 'Used' as the item type.



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Quote Number: Q-00715426

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Effective Date: April 26, 2019

Expiration Date: June 25, 2019



CAPITAL BUDGET REQUEST

Department: Surgery

Dept Head Name: Janet Sturtz, RN

Budget Year: FY 2019

Item Description: Colonoscope and Gastroscope
(please attach additional material) Please see attached quote

Item Cost: Colonoscope \$37,593.60
Gastroscope \$32,256.64

Other Costs: Service/Maintenance Agreement
Consumables

Justification: The physician's are requesting the purchase of new scopes with better optics. Our current scopes are 10+ years old. In FY 2019, we have spent \$9,217.00 to repair the gastroscopes and \$9,000.00 to repair the colonoscopes. This equipment is used often. In FY 2018 we performed 443 procedures with these scopes and FY 2019, year to date we have done 345 procedures with them.

Financing Cost Flow These are in the FY 2019 budget with \$40,000 budgeted for each scope

Note: A capital item is equipment that costs over \$5,000



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Quote Number: Q-00715431

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Effective Date: April 26, 2019

Expiration Date: June 25, 2019

Customer Information

Contact Name: JANET STURTZ

Contact Email: sturtzj@hghospital.org

Account Name: HUMBOLDT GENERAL HOSPITAL

Customer Address: 118 E HASKELL ST
 WINNEMUCCA, Nevada
 89445-3299

Customer Number: 20007794
 (Sold To)

Payment Terms: Net 30 subject to Olympus credit approval

F.O.B.: Shipping point, unless otherwise mutually agreed upon in writing

Tax: Applicable taxes are not included in this quote and are the responsibility of the customer

Olympus Information

Representative: Chris Worthington

Phone: (484) 602-4993

Email: chris.worthington@olympus.com

Cage code: 32212

DUNS#: 017018859

Tax ID: 11-2416961

Comments

PRICING FOR THE FOLLOWING KIT REFLECTS PROMOTIONAL PACKAGE PRICING. AVAILABILITY OF THIS PACKAGE PRICING IS CONTINGENT UPON PRODUCT AVAILABILITY AT THE TIME OF ORDER AND ON CUSTOMER'S PURCHASE OF ALL ITEMS INCLUDED IN THE KIT. TO RECEIVE CREDIT FOR RETURNED ITEMS, ALL OF THE ITEMS WITHIN THE KIT MUST BE RETURNED. PROMOTION IS SUBJECT TO TERMINATION AT ANY TIME.

#	Item Type	Model And Description	Kit Component(s)	Qty	List Price	Contract Price	Unit Price	Total Price
1 *	New	PCF-H190DL-QCP-KT4 : PCF-H190DL QCP KIT SCOPE AND DEVICES		1	\$59,771.50	Not Available	\$37,593.60	\$37,593.60
1			: BW-412T DISP COMBO CLEANING BRUSH	1				
1			: Catchem PolypTrap	1				



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#	Item Type	Model And Description	Kit Component(s)	Qty	List Price	Contract Price	Unit Price	Total Price
1			4 cham FIXED 12/bx	1				
1			: DISP 3 PC AWS VALVE SET 25/bx	1				
1			: ENDOJAW AGTR LC W/NDL 2.8mm 230cm 20/bx	1				
1			: HX-202UR.A QUICKCLIPPRO 230 CM 10/BX(EN)	1				
1			: NEEDLEMASTER 4MMx 26G LOWER 5/BX	1				
1			: NEEDLEMASTER 5MMx 25G LOWER 5/BX	1				
1			: PCF-H190DL W/ SCOPEGUIDE	1				
1			: SD-240U-15 SNAREMASTER SOFT 15MM DISP	1				
1			: Wide-Eye PolypTrap 1 chamber 50/bx	1				
2 *	New	GIF-XP190N-STARTKIT : GIF-XP190N KIT SCOPE AND DEVICES		1	\$50,833.00	Not Available	\$32,256.64	\$32,256.64
2			: BW-412T DISP COMBO CLEANING BRUSH	4				
2			: FB-221K.A DISP BPSY FRCPS ALLGTR JAW	2				
2			: GIF-XP190N ULTRA-SLIM SCOPE, 4-WAY, NBI	1				
2			: MAJ-1555 Disposable biopsy valve	10				
2			: MAJ-1632 60FR. MOUTHPIECE	2				
2			: NEEDLEMASTER 4MMx 25G UPPER 5/BX	2				
2			: SD-221L-25 DISP.CRESCENT SNARE-25MM	1				

* DENOTES OPEN MARKET ITEM

Pricing may be based on a local agreement or the following contract(s):

HUMBOLDT GENERAL HOSPITAL

Total List Price: \$110,604.50
 (Before Trade-Ins)

Signature: _____

Total Net Price: \$69,850.24
 (Before Trade-Ins)



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Quote Number: Q-00715431
Please refer to this number on all correspondence
Effective Date: April 26, 2019
Expiration Date: June 25, 2019

Name: _____
 Title: _____
 Effective Date: _____
 Purchase Order #: _____

Total Trade-In Value:	\$0.00
Sub Total:	\$69,850.24
Freight:	\$49.50
Grand Total:	\$69,899.74

- I. Olympus Standard Terms and Conditions apply to this quote, unless otherwise mutually agreed upon in writing
- II. Errors & Omissions Excepted. Price quotes and the total package prices are for the quoted items only.
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- V. Used Products: All used products carry a 90 day limited warranty, supplied with your order. These products are designated as 'Used' as the item type.



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Michael Clay

C O R P O R A T I O N

BOARD REPORT

Date: April 26, 2019
To: Karen Cole, CEO
From: Mike Sheppard, Michael Clay Corporation
Owner's Representative for Humboldt General Hospital District
Subject: Pharmacy & PT Remodel Bid

We received a bid for the Pharmacy & PT Remodel as follows:

Bidder: Sletten Construction Inc.

Bid Price: \$2,795,000.00

Budget: \$1,000,000 to \$1,500,000

Recommendation: I recommend we table the award and allow the Architect, Construction Team to consider value engineering and scope of work adjustments.

Options:

1. Award as Bid
2. Reject
3. Table and evaluate possible savings



PROJECT:
HGH Remodel

CTA Project Ref.:
HGHPHARMPT

TO: Humboldt General Hospital

BID FROM: Sletten Construction of Nevada, Inc.
(Contractor)

Submit Bids and Subcontractor Listing in an opaque, sealed envelope. Identify the envelope with: (1) project name, (2) name of Bidder, (3) type of Contractor, (4) Contractor's License Number. Submit proposals in accordance with the Invitation to Bid.

I acknowledge receipt of the following documents prepared by CTA Architects Engineers:
Drawings G001 through E503
Specifications Invitation to Bid through 28 31 11 - Digital, Addressable Fire-Alarm System

I have also received Addenda Nos. 1, through 1 and have included their provisions in my Bid.

I have included AIA Document A305 and the required certifications with this bid.

I have examined both the documents and the site and agree to furnish all labor, materials, equipment and services required to complete The Work and submit the following Bid for:

Two million Seven Hundred ninety five thousand Dollars (\$ 2,795,000)

In submitting this Bid, I agree:

1. To hold my Bid open 60 consecutive calendar days.
2. To enter into and execute a Contract, if awarded on the basis of this Bid.
3. To accomplish The Work in accord with the Contract Documents.
4. To accomplish The Work within 300 consecutive calendar days
(Contractor to fill in)

List of Sub Contractors whom will work this project

Demolition	<u>Sletten Construction of Nevada, Inc. - 0023972</u>
General Construction	<u>Sletten Construction of Nevada, Inc. - 0023972</u>
Cabinetry	<u>SDF Inc. DBA, Pro Cabinet Solutions - 52008</u>
Finishes	<u>Summit Wall Systems, Inc. - 0076136</u>
Electrical Construction	<u>C.R. Drake and Sons, Inc. - 12115A</u>
Plumbing Construction	<u>RHP Mechanical, Inc. - 3714</u>
Mechanical Construction	<u>RHP Mechanical, Inc. - 3714</u>

I agree to complete The Work within the time stipulated and in accordance with established construction practices, local building codes and worker safety regulations. Changes to The Work shall be processed in accordance with the provisions of AIA Document A201 (General Conditions of the Contract for Construction).

Respectfully Submitted:

Date: April 26, 2019

By: Sletten Construction of Nevada, Inc.

Contractor



Signature

Vice President

Title

5825 South Polaris Ave., Las Vegas, NV 89118
Business Address

0023972

Contractor's License No.

END OF BID FORM

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

BOND # SCCNV042619

KNOW ALL MEN BY THESE PRESENTS, that we **SLETTEN CONSTRUCTION OF NEVADA, INC.**

5825 South Polaris Avenue, Las Vegas, NV 89118

(Here insert full name and address or legal title of Contractor)

as Principal, hereinafter called the Principal, and **Travelers Casualty And Surety Company Of America**
One Tower Square, Hartford, CT 06183-6014

(Here insert full name and address or legal title of Surety)

a corporation duly organized under the laws of the State of **CT**

as Surety, hereinafter called the Surety, are held and firmly bound unto

Humbolt County Hospital District

118 East Haskell Street, Winnemucca, NV 89445

(Here insert full name and address or legal title of Owner)

as Obligee, hereinafter called the Obligee, in the sum of

Five Percent of Amount Bid----- Dollars (**\$ 5.00%**),

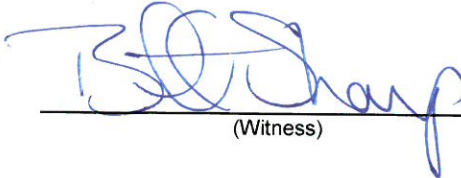
for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for **HGH Pharmacy**

(Here insert full name, address and description of project)

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this **26th** day of **April** 2019



(Witness)

SLETTEN CONSTRUCTION OF NEVADA, INC.

(Principal)

(Seal)



(Title)

Travelers Casualty And Surety Company Of America

(Surety)

(Seal)



(Title)

Timothy G. Lightbourne, Attorney-in-Fact

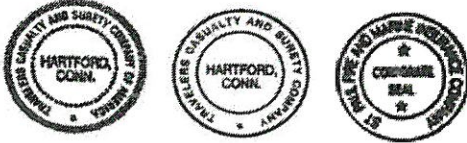


**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **TIMOTHY G LIGHTBOURNE** of **GREAT FALLS Montana**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **17th** day of **January**, 2019.



State of Connecticut

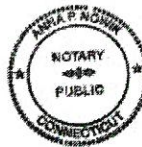
City of Hartford ss.

By:
Robert L. Raney, Senior Vice President

On this the **17th** day of **January**, 2019, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2021



Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 26th day of April, 2019.



Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.**



American Hospital Association

American Hospital Association Certification Center

recognizes

William Andrew Sharp

as having successfully completed
the requirements to be designated a

*Certified
Healthcare Constructor*

July 1, 2016 to July 31, 2019

Ray C. Shohm
President

Alison Benefield
Director of Operations



Certificate Number:

CHC 1267



American Hospital
Association

American Hospital Association
Certification Center

recognizes

Dustin Keyes

as having successfully completed
the requirements to be designated a

Certified
Healthcare Constructor

September 28, 2017 to September 30, 2020

Ralph C. Shohmugh
President

Alison Benefield
Director of Operations



Certificate Number:

CHC

1635



American Hospital
Association



Certificate of Completion

This certificate is awarded to

Kristian Allison

Completed the Health Care Construction (HCC) Certificate Workshop™

Earned: 1.25 CEUs (12.5 contact hours)

Conducted: January 17 and 18, 2017: ABC Keystone Chapter 135 Shellyland Road, Manheim PA 17545

The holder of this certificate has completed a level of health care construction experience along with a commitment and desire to improve their awareness, knowledge, and understanding of the healthcare construction environment, and thereby improve the quality of patient care.

Russell Harbaugh

**Russell Harbaugh, CHEP
ASHE President**



Patrick J. Andrus

**Patrick J. Andrus, MBA, CAE
Executive Director**



Certificate of Completion

This certificate is awarded to

Richard Reynolds

Completed the Health Care Construction (HCC) Certificate Workshop™

Earned: 12.5 CECs (1 CEC = 1 contact hour)

Completed: Chicago, IL | May 8 & 9, 2017

The holder of this certificate has completed a level of health care construction experience along with a commitment and desire to improve their awareness, knowledge, and understanding of the healthcare construction environment, and thereby improve the quality of patient care.

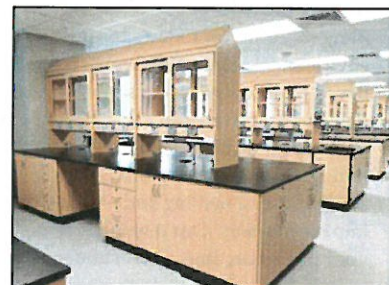
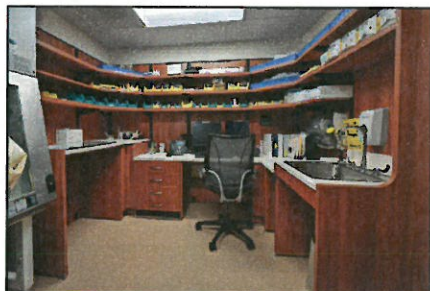
Dean M. Pufahl, CHFM
ASHE 2019 President

Dale Woodin, FASHE, CHFM
Vice President, PMG



Systems and Space Inc.

Proposal to Improve Space Management and Storage Capacity



We have set the standard in customer care - Because we understand the composition and characteristics that are intrinsic to space management and capacity planning.

Humboldt General Hospital Pharmacy Remodel

March 22, 2019

Submitted To: Dave Simsek
Humboldt General Hospital
118 East Haskell St
Winnemucca, NV 89445

Submitted By: Chelsea Clyde
Systems Planner
Systems & Space, Inc.
500 Boulder Court, Suite B
Pleasanton, CA 94566
(925) 426-1955

Partners in Progressive Storage Solutions

This proposal will demonstrate to you that selecting SSI as your storage solution partner will create smarter storage initiatives and help uncover the space needed to grow.

Who Is Systems & Space?

SYSTEMS & SPACE, INC. (SSI) is a premier provider of space, storage and filing solutions for today's business environment. Since 1988 we've been developing complete storage and space management strategies and solutions – for all types of businesses. We are experts at individual systems analysis, systems hardware, engineering and implementation. Our mission is to deliver your project on time, within budget – and trouble free.

Executive Summary

SYSTEMS & SPACE, INC., is pleased to present this proposal to the space management team at your company. The attached detailed architectural drawings outline your specific requirements and our solution. This proposal is available for acceptance 30 days from the cover date.

Why Systems & Space, Inc.?

In order to complete this project on time, with high quality results, it is essential to select a company that can work within your timelines, budget and meet your planning requirements, now and for the long term.

SSI possesses the capability to ensure the success of this project because:

- SSI understands the scope of your specific planning requirements
- SSI engineering, project management experience and system planning are unparalleled in the industry
- SSI has a longstanding partnership with Hamilton Caseworks
- SSI offers extended warranty programs to preserve your investment for years to come.

The SSI management team is committed at every level to the success of your project.

Why Hamilton Sorter? Casework Simplified

Since our founding in 1966, Hamilton Sorter's mission remains the same: make the lives of our customers easier. This charge moves well beyond product to encompass every aspect of your project. Our service to customers truly simplifies the process. The whole Hamilton Sorter team constantly strives to ease each step of your project from concept to installation. Our goal is to ensure that your experience working with Hamilton Sorter is an effortless partnership.

"Modular casework allows the client to install in phases and later re-purpose and re-configure the layout as needs change." With the lifetime guarantee in place, a customer's casework pieces need never occupy landfills.

In addition, Hamilton Sorter pursued several green initiatives. The GREENGUARD Children & Schools certification, complying with the most stringent criteria for low emitting products, was actively sought and received. Hamilton Sorter products meet and exceed LEED (Leadership in Energy and Environmental Design) requirements that can help earn credits for client's building projects

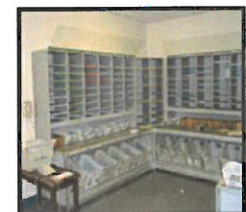
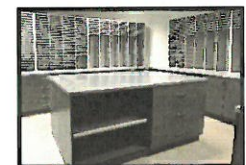
Modular Casework moves with your business as it grows and changes! It features a 7-year depreciable life (versus 31 years for built in millwork), and is backed by a **Lifetime Warranty!**

Systems & Space is your #1 supplier of space and cost effective systems for today's critical business utilities.

- **Laboratory**
- **Pharmacy**
- **Mail distribution**
- **Print/copy areas**
- **Nurse Stations**
- **Patient Rooms**
- **Document dependent business processes**

Delivery, Installation, Training, and Warranty

Components and materials will be shipped approximately 6-8 weeks upon receipt of purchase order and completed checklist. A field service supervisor and job crew leader will be assigned prior to the system installation. They will remain with the project until completion to control all scheduling, freight, elevator access and all phases of the installation to assure complete satisfaction with minimal disruption to your staff. This proposal is based on installation utilizing a Monday-Friday workweek and non-union hours of 8:00 AM – to 5:00 PM. Should you require different hours, other options are available. SSI will provide unlimited training to all users to assure optimal use of your system.



Systems & Space Inc. Guarantees the Success of Your Project!

Investment

Drawing No.	Description	Investment
19457	Hamilton Casework Solutions – See Drawing #20190315	
OPTION 1	BASE BID: Includes Elevations 1-12	\$86,720.16
OPTION 2	BASE BID elevations AND additional elevations for Managers Office Elevations 1-10, Vault & File/Breakdown Elevations 1-5, Receiving/Tech Elevations 1-6 – See Drawing #20190301 *See List of Material Included, no electrical wiring or raceways provided by SSI/RCS. No plumbing hook by SSI *Includes Solid Surface Counter Tops (Standard selection) Includes Standard Labor and Hours	\$146,509.39

The Investment includes all materials, tax, freight, and installation for the Spacesaver system

Our price is valid for 60 days from the date of this proposal.

Systems & Space, Inc. is not responsible for any additional engineering fees. If a client elects to pay for our Seismic Calculation Services, it includes a standard set of calculations. Any additional engineering or product modifications will be an add on cost to the client.

Items for Consideration

Structural Calculation Services* \$2,975.00

Systems & Space, Inc. can provide structural calculations for the seismic anchorage of the shelving system. Services include preparation of calculations by a licensed structural engineer and all wet stamped & signed copies. The calculations should be used by your General Contractor or Architect to obtain any necessary permits. It is the sole responsibility of the client to have any necessary permits obtained. If the engineer determines that any type of special anchoring is required, the cost will be a charge to the client (i.e. under floor bolting). In the event of a post tension slab, the cost of the x-ray will be paid by the client.

- I have read the above and would like to request Structural Calculation Services.
- I have read the above and would not like to request Structural Calculation Services.

The State of California has determined that any person who purports to have the capacity to undertake or submits a bid to construct these types of structures must be licensed pursuant to Contractors License Law (B & P Code, Division 3, Chapter 9)

CALIFORNIA STATE CONTRACTOR'S LICENSE NUMBER 599899

* Strut and other supporting members under floor are the responsibility of Humboldt General Hospital.

Permit Services

OSHPD permits are the sole responsibility of Humboldt General Hospital to obtain. This is typically handled through facilities or the architect of record.

Payment Terms *50% Deposit with order *40% Order ships from factory *Balance due upon completion

**** A copy of the Front and Back of the Credit Card and the Cardholders Photo Identification is Required**

X

Client Approval

Print Name

Date

Systems Planner: Chelsea Clyde

Project #19457

Critical Path to Installation: 8-Week Standard Lead Time

Order placed – (see attached checklist)

- Week 1 – Systems Ordered by SSI
- Week 6 – Product Ships from Manufacturer
- Week 7-8 – SSI receives product and begins installation based on date set with Humboldt General Hospital

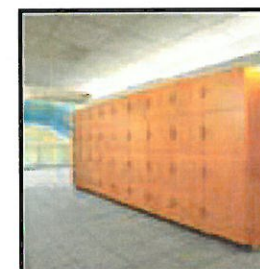
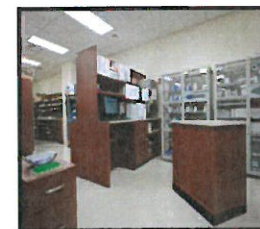
Installation Information:

1. Company Name _____
2. Contact name at installation area _____
3. Street Address _____
4. Suite, Bldg., or Floor _____
5. City, State, Zip Code _____
6. Contact Phone # _____ Pager/Cell # _____
7. Fax # _____ E-Mail Address _____



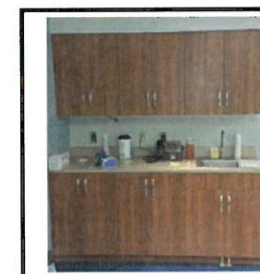
Billing Information:

8. Company Name: _____
9. Accounting Department Contact Name _____
10. Billing Address _____
11. Suite, Bldg., or Floor _____
12. City, State, Zip Code _____
13. Contact Phone # _____ Pager/Cell # _____
14. Fax # _____ E-Mail Address _____



Acknowledgement Information:

15. Company Name _____
16. Contact name to send order Acknowledgement to _____
17. Street Address _____
18. Suite, Bldg., or Floor _____
19. City, State, Zip Code _____
20. Contact Phone # _____ Pager/Cell _____



Systems Planner: Chelsea Clyde

Project # 19457

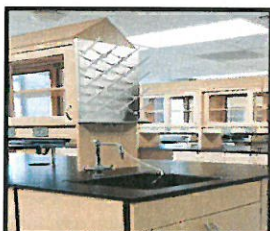
Checklist for Ordering & Developing the Casework Solution

- Review and sign off drawings
- Complete the Color Selections Sheet
- Attach purchase order and deposit to proposal
- Sign and date acceptance areas on proposal
- Client's Move Date: _____
- General Contractor's Name: _____

Phone # _____ Fax # _____

Mobile # _____ Email _____

- Is there a Construction/Move schedule available? Yes or No
- Project Completion Date: _____
- Hours of Installation are Monday through Thursday, anytime at regular rate. After 5 PM on Fridays, anytime on Saturday and Sunday are overtime.
- Security: Do SSI personnel need access badges, escorts, etc.?
- Parking: Are permits required? Yes or No
- Other Information Needed to Complete Installation successfully:



X

Client Approval

Print Name

Date

Systems Planner: Chelsea Clyde

Project # 19457

NOTICE: This proposal contains information that is proprietary to Systems & Space, Inc. and is intended for the use of Humboldt General Hospital only. No part of this proposal or the enclosed CAD drawings may be used, reproduced or disclosed to any other party without prior consent of Systems & Space, Inc.

TERMS & CONDITIONS FOR PRODUCTS, SYSTEMS & INSTALLATIONS

1. **GENERAL:** These terms & conditions shall apply to sales from SYSTEMS & SPACE, INC. to BUYER and to any quotation by SYSTEMS & SPACE, INC. for sales. These terms & conditions shall not be superseded by any terms & conditions in BUYER'S order. **If a Contract Agreement will be issued in lieu of, or in addition to execution of this proposal, Buyer agrees to include this proposal as an Exhibit to the Contract Agreement.**
2. **PRICING:** This proposal is valid for **60 days** from the date of the proposal.
3. **PAYMENT TERMS:** The Buyer shall issue SYSTEMS & SPACE INC. a 50% deposit with order, 40% when product ships from factory, and 10% balance due upon completion. If the BUYER issues a purchase order for goods and/or services, the BUYER shall state the deposit amount on BUYER'S purchase order. A monthly finance charge of 1 1/2% per month shall accrue to the BUYER on all outstanding invoices beyond 30 days.
4. **ENGINEERING DATA:** The proposal, drawings and/or specifications of any quotation are confidential engineering data, and represent SYSTEMS & SPACE, INC.'S investment in engineering skill and development, and remain the property of SYSTEMS & SPACE, INC. Such are submitted with the understanding that the information will not be disclosed or used in any manner detrimental to SYSTEMS & SPACE, INC. All specifications and dimensions of proposal, drawings are approximate, and are subject to changes during detailed engineering.
5. **DELIVERY:** Shipping or delivery dates are approximate. SYSTEMS & SPACE, INC. shall not be liable for delays in or failure of delivery due to changes requested by BUYER, or causes beyond its control. At the request of BUYER, BUYER shall make payment as though shipment has been made as specified and for any expenses incurred by SYSTEMS & SPACE, INC. due to BUYER'S request in delaying shipment.
6. **STORAGE:** If product is stored for more than 30 days at SYSTEMS & SPACE, Inc. due to delays in delivery caused by BUYER, SYSTEMS & SPACE INC. will charge BUYER at the rate of 1% of BUYER'S invoice per month pro-rated daily.
7. **SPECIALS:** Special items not considered as standard inventory by SYSTEMS & SPACE, INC. and/or manufactured by SYSTEMS & SPACE, INC. to BUYER'S specifications or job requirements, will become the sole property of the BUYER and will not be accepted for return.
8. **INSURANCE:** SYSTEMS & SPACE, INC. carries Workers' Compensation insurance with statutory limits as required by law. In addition, SYSTEMS & SPACE, INC. carries General Liability Insurance with \$1M occurrence/\$2M general aggregate/\$2M completed operations, and Auto Liability with \$1M combined single limit. Upon request, entities shall be named as Additional Insured under endorsements available for the current policy period.
9. **CANCELLATION:** On all cancelled orders, BUYER shall compensate SYSTEMS & SPACE, INC. for its performance, commitments and damage as follows: BUYER shall pay SYSTEMS & SPACE, INC. a cancellation fee not to exceed the original purchase price.
10. **CONSTRUCTION AREA:** BUYER shall provide SYSTEMS & SPACE, INC. with a free and clear construction site. All materials and/or construction shall be removed from the area. BUYER will furnish SYSTEMS & SPACE, INC. with adequate electrical power to efficiently operate the power tools required for the installation.
11. **UNLOADING, SPOTTING AND STORAGE:** BUYER shall provide SYSTEMS & SPACE, INC. with adequate unloading facilities, and sufficient access to those facilities to insure SYSTEMS & SPACE, INC.'S efficient unloading procedure. Adequate aisles shall be provided by the BUYER to provide efficient handling of the materials from the unloading of storage area to the construction site.
12. **COMMENCEMENT OF INSTALLATION AT JOB SITE:** SYSTEMS & SPACE, INC. will not be obligated to commence work at job site until receipt of written notice from BUYER that BUYER'S building is ready for use and necessary utilities and equipment are supplied there as well.
13. **CHANGES IN WORK:** Should the BUYER order changes in the work, such orders and adjustments shall be made in writing to SYSTEMS & SPACE, INC. The contract price shall be adjusted according to the changes in the work specified.
14. **COMPLETION:** Installation shall be deemed completed upon use of any equipment by BUYER.
15. **FLOORS:** BUYER is responsible for the load bearing capacity of the floor upon which the proposed installation shall be constructed.
16. **SURVEYS, PERMITS AND REGULATIONS:** BUYER shall procure and pay for all permits, inspections, and/or structural calculations required by any governmental authority for any part of the work performed by SYSTEMS & SPACE, INC., except if otherwise stated.
17. **TESTING:** All material and equipment for testing the installation shall be provided at BUYER'S expense. At the time that SYSTEMS & SPACE, INC. states to the BUYER that the work is complete, the BUYER will inspect the work and if the work is in conformity with the terms and provisions of the proposal, the BUYER shall accept the same and deliver to SYSTEMS & SPACE, INC. a signed statement of acceptance. If the BUYER fails to so notify SYSTEMS & SPACE, INC. or if the BUYER fails to make such inspection, the work shall be conclusively deemed accepted by the BUYER.
18. **LABOR RELATIONS:** SYSTEMS & SPACE, INC. is a non-union contractor. Unless specifically outlined in the project specifications and/or bid documentation, our bid will not be based upon compliance with the terms and conditions of any labor agreements. Any requirement to comply with labor agreements identified after submission of this bid will require an increase in our contract amount to reflect this change. Our proposal is based upon an eight (8) hour workday during normal business hours (unless otherwise specified). No provisions have been made for overtime or shift premium pay.
19. **LEGAL ACTION:** In the event that any legal action is initiated regarding the breach of any terms or conditions of this agreement, the prevailing party shall be entitled to receive in addition to any damages suffered, their court costs and attorney's fees incurred.

X

Client Approval

Print Name

Date

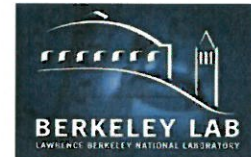
Systems Planner: Chelsea Clyde

Project#19457

References

Companies who have entrusted SYSTEMS & SPACE, INC.

**Lucile Packard
Children's Hospital
AT STANFORD**

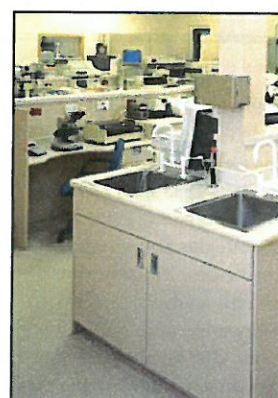
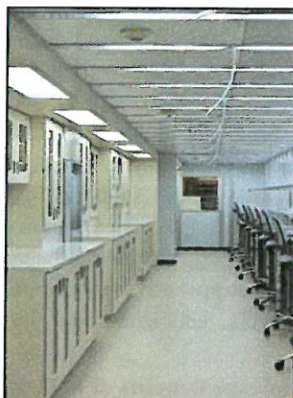


**Travis
Air Force Base**



Systems and Space Inc.

Proposal to Enhance Modular Pharmacy Casework



We have set the standard in customer care - Because we understand the composition and characteristics that are intrinsic to space management and capacity planning.

Humboldt General Hospital Pharmacy Remodel

March 20, 2019

Submitted To: Dave Simsek
Humboldt General Hospital
118 East Haskell St
Winnemucca, NV 89445

Submitted By: Chelsea Clyde
Systems Planner
Systems & Space, Inc.
500 Boulder Court, Suite B
Pleasanton, CA 94566
(925) 426-1955

Partners in Progressive Storage Solutions

This proposal will demonstrate to you that selecting SSI as your storage solution partner will create smarter storage initiatives and help uncover the space needed to grow.

Who Is Systems & Space?

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SSI possesses the capability to ensure the success of this project because:

- SSI understands the scope of your specific planning requirements
- SSI engineering, project management experience and system planning are unparalleled in the industry
- SSI has a longstanding partnership with R.C. Smith Company
- SSI offers extended warranty programs to preserve your investment for years to come.

The SSI management team is committed at every level to the success of your project.

Why R. C. Smith Company Modular Pharmacy Casework?

R.C. Smith Company provides the design, manufacture, and installation of modular pharmacy casework systems. After supplying our patented modular casework to over 3,000 medical installations worldwide, we have accumulated vast knowledge and experience in the unique and ever changing industry. Our patented product line has been designed and engineered with a form meeting function approach, based on feedback from countless numbers of departmental managers, technicians, and designers located in the pharmacy field.

Features & Benefits of R. C. Smith Modular Pharmacy Casework

- Modular components allow for ease of reconfiguration
- Integrated post system provides support for above-counter storage cabinets and shelving
- Customization of product available as needs dictate
- Integrated leveling system insures level work surfaces
- 90-degree, post-formed radius on door and drawer vertical edges
- Flush-mount, zinc-plated door and drawer pulls
- Integrated modular electrical system available
- Utilizes usable storage space 30-40% more efficiently than our cantilever-style competitors
- Pre-approved In California for use in earthquake-prone areas by the California Office of Statewide Health Planning and Development

Installation & Warranty

Installation includes:

- Off-loading the truck
- Moving equipment into the pharmacy space
- Uncrating and assembly of fixtures as drawn
- Disposal of waste from in hospital provided receptacles
- Use of non-union labor

Installation does NOT include:

- Alterations to the approved plans
- Removal of existing furniture or site preparation
- All electrical, computer and phone wiring and devises by others
- Final connection of plumbing, electrical, phone and computer lines/devices by others

Warranty: Three full years of coverage on all equipment manufactured by R. C. Smith Company, when purchased with our installation program. For complete details, please request a copy of the warranty.

Systems & Space Inc. Guarantees the Success of Your Project!

Drawing No.	Description	Investment
19457	RC Smith Modular Casework- See Drawing #NV-12461- See List of Materials included	
OPTION 1	BASE BID Includes: Elevations C1-C8 – See attached List of included materials per elevation	\$95,452.77
OPTION 2	BASE BID Elevations AND Elevations A1-4, B1, C9, D1-2, E1-5	\$163,160.32
	*Includes all Notations on drawing. **No electrical wiring or final plumbing hookup provided by SSI/RCS	
	*Counter Tops are Solid Surface (Standard selection)	
	*Includes Standard Labor and Hours	

The Investment includes all modular casework product, and installation for the **R. C. Smith Company** system. Tax is included. See Attached Bill of Materials for details. Freight and Installation based on a one-phase project.

Systems & Space, Inc. is not responsible for any additional engineering fees. If a client elects to pay for our Seismic Calculation Services, it includes a standard set of calculations. Any additional engineering or product modifications will be an add on cost to the client.

Structural Calculation Services*

\$2,975.00

Systems & Space, Inc. can provide structural calculations for the seismic anchorage of the shelving system. Services include preparation of calculations by a licensed structural engineer and all wet stamped & signed copies. The calculations should be used by your General Contractor or Architect to obtain any necessary permits. It is the sole responsibility of the client to have any necessary permits obtained. If the engineer determines that any type of special anchoring is required, the cost will be a charge to the client (i.e. under floor bolting). In the event of a post tension slab, the cost of the x-ray will be paid by the client.

- I have read the above and would like to request Structural Calculation Services.
- I have read the above and would not like to request Structural Calculation Services.

The State of California has determined that any person who purports to have the capacity to undertake or submits a bid to construct these types of structures must be licensed pursuant to Contractors License Law (B & P Code, Division 3, Chapter 9)

** Strut and other supporting members under floor are the responsibility of Humboldt General Hospital.*

Permit Services

OSHPD permits are the sole responsibility of Humboldt General Hospital to obtain. This is typically handled through facilities or the architect of record.

Freight Notes

Freight charges are estimated and can vary depending upon actual carrier charges. Includes delivery to receiving dock. Lift gate on truck is available at an additional charge, if loading is not available.

Installation Notes

- Installation includes: uncrating and assembly of fixtures as drawn. Disposal of waste from packing materials in hospital provided receptacles. Use of non-union labor.
- Installation does NOT include: Alterations to the plan, removal of existing furniture or site preparation. All electrical, computer and phone wiring and devices by others. Final connection of plumbing, electrical, phone and computer lines/devices by others.

Color Selections

Pricing in this proposal reflects the use of R.C. Smith standard laminate colors. An up-charge in price is required for custom colors.

CALIFORNIA STATE CONTRACTOR'S LICENSE NUMBER 599899

Payment Terms

*50% Deposit with order *40% Order ships from factory *Balance due upon completion

X

Client Approval

Systems Planner: Chelsea Clyde

Print Name

Date

Project #19457

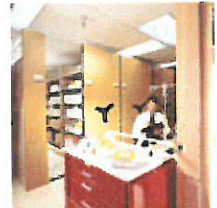
Critical Path to Installation: 8-Week Standard Lead Time

Order placed – (see attached checklist)

- Week 1 – Product Ordered by SSI
- Week 7 – Product Ships from Manufacturer
- Week 8 – SSI receives product and begins installation based on date set with Humboldt General Hospital

Installation Information:

1. Company Name _____
2. Contact name at installation area _____
3. Street Address _____
4. Suite, Bldg., or Floor _____
5. City, State, Zip Code _____
6. Contact Phone # _____ Pager/Cell # _____
7. Fax # _____ E-Mail Address _____



Billing Information:

8. Company Name: _____
9. Accounting Department Contact Name _____
10. Billing Address _____
11. Suite, Bldg., or Floor _____
12. City, State, Zip Code _____
13. Contact Phone # _____ Pager/Cell # _____
14. Fax # _____ E-Mail Address _____



Acknowledgement Information:

15. Company Name _____
16. Contact name to send order Acknowledgement to _____
17. Street Address _____
18. Suite, Bldg., or Floor _____
20. City, State, Zip Code _____
21. Contact Phone # _____ Pager/Cell _____



Systems Planner: Chelsea Clyde

Project #19457

NOTICE: This proposal contains information that is proprietary to Systems & Space, Inc. and is intended for the use of Humboldt General Hospital only. No part of this proposal or the enclosed CAD drawings may be used, reproduced or disclosed to any other party without prior consent of Systems & Space, Inc.

TERMS & CONDITIONS FOR PRODUCTS, SYSTEMS & INSTALLATIONS

1. **GENERAL:** These terms & conditions shall apply to sales from SYSTEMS & SPACE, INC. to BUYER and to any quotation by SYSTEMS & SPACE, INC. for sales. These terms & conditions shall not be superseded by any terms & conditions in BUYER'S order. **If a Contract Agreement will be issued in lieu of, or in addition to execution of this proposal, Buyer agrees to include this proposal as an Exhibit to the Contract Agreement.**
2. **PRICING:** This proposal is valid for **60 days** from the date of the proposal.
3. **PAYMENT TERMS:** The Buyer shall issue SYSTEMS & SPACE INC. a 50% deposit with order, 40% when product ships from factory, and 10% balance due upon completion. If the BUYER issues a purchase order for goods and/or services, the BUYER shall state the deposit amount on BUYER'S purchase order. A monthly finance charge of 1 1/2% per month shall accrue to the BUYER on all outstanding invoices beyond 30 days.
4. **ENGINEERING DATA:** The proposal, drawings and/or specifications of any quotation are confidential engineering data, and represent SYSTEMS & SPACE, INC.'S investment in engineering skill and development, and remain the property of SYSTEMS & SPACE, INC. Such are submitted with the understanding that the information will not be disclosed or used in any manner detrimental to SYSTEMS & SPACE, INC. All specifications and dimensions of proposal, drawings are approximate, and are subject to changes during detailed engineering.
5. **DELIVERY:** Shipping or delivery dates are approximate. SYSTEMS & SPACE, INC. shall not be liable for delays in or failure of delivery due to changes requested by BUYER, or causes beyond its control. At the request of BUYER, BUYER shall make payment as though shipment has been made as specified and for any expenses incurred by SYSTEMS & SPACE, INC. due to BUYER'S request in delaying shipment.
6. **STORAGE:** If product is stored for more than 30 days at SYSTEMS & SPACE, Inc. due to delays in delivery caused by BUYER, SYSTEMS & SPACE INC. will charge BUYER at the rate of 1% of BUYER'S invoice per month pro-rated daily.
7. **SPECIALS:** Special items not considered as standard inventory by SYSTEMS & SPACE, INC. and/or manufactured by SYSTEMS & SPACE, INC. to BUYER'S specifications or job requirements, will become the sole property of the BUYER and will not be accepted for return.
8. **INSURANCE:** SYSTEMS & SPACE, INC. carries Workers' Compensation insurance with statutory limits as required by law. In addition, SYSTEMS & SPACE, INC. carries General Liability Insurance with \$1M occurrence/\$2M general aggregate/\$2M completed operations, and Auto Liability with \$1M combined single limit. Upon request, entities shall be named as Additional Insured under endorsements available for the current policy period.
9. **CANCELLATION:** On all cancelled orders, BUYER shall compensate SYSTEMS & SPACE, INC. for its performance, commitments and damage as follows: BUYER shall pay SYSTEMS & SPACE, INC. a cancellation fee not to exceed the original purchase price.
10. **CONSTRUCTION AREA:** BUYER shall provide SYSTEMS & SPACE, INC. with a free and clear construction site. All materials and/or construction shall be removed from the area. BUYER will furnish SYSTEMS & SPACE, INC. with adequate electrical power to efficiently operate the power tools required for the installation.
11. **UNLOADING, SPOTTING AND STORAGE:** BUYER shall provide SYSTEMS & SPACE, INC. with adequate unloading facilities, and sufficient access to those facilities to insure SYSTEMS & SPACE, INC.'S efficient unloading procedure. Adequate aisles shall be provided by the BUYER to provide efficient handling of the materials from the unloading of storage area to the construction site.
12. **COMMENCEMENT OF INSTALLATION AT JOB SITE:** SYSTEMS & SPACE, INC. will not be obligated to commence work at job site until receipt of written notice from BUYER that BUYER'S building is ready for use and necessary utilities and equipment are supplied there as well.
13. **CHANGES IN WORK:** Should the BUYER order changes in the work, such orders and adjustments shall be made in writing to SYSTEMS & SPACE, INC. The contract price shall be adjusted according to the changes in the work specified.
14. **COMPLETION:** Installation shall be deemed completed upon use of any equipment by BUYER.
15. **FLOORS:** BUYER is responsible for the load bearing capacity of the floor upon which the proposed installation shall be constructed.
16. **SURVEYS, PERMITS AND REGULATIONS:** BUYER shall procure and pay for all permits, inspections, and/or structural calculations required by any governmental authority for any part of the work performed by SYSTEMS & SPACE, INC., except if otherwise stated.
17. **TESTING:** All material and equipment for testing the installation shall be provided at BUYER'S expense. At the time that SYSTEMS & SPACE, INC. states to the BUYER that the work is complete, the BUYER will inspect the work and if the work is in conformity with the terms and provisions of the proposal, the BUYER shall accept the same and deliver to SYSTEMS & SPACE, INC. a signed statement of acceptance. If the BUYER fails to so notify SYSTEMS & SPACE, INC. or if the BUYER fails to make such inspection, the work shall be conclusively deemed accepted by the BUYER.
18. **LABOR RELATIONS:** SYSTEMS & SPACE, INC. is a non-union contractor. Unless specifically outlined in the project specifications and/or bid documentation, our bid will not be based upon compliance with the terms and conditions of any labor agreements. Any requirement to comply with labor agreements identified after submission of this bid will require an increase in our contract amount to reflect this change. Our proposal is based upon an eight (8) hour workday during normal business hours (unless otherwise specified). No provisions have been made for overtime or shift premium pay.
19. **LEGAL ACTION:** In the event that any legal action is initiated regarding the breach of any terms or conditions of this agreement, the prevailing party shall be entitled to receive in addition to any damages suffered, their court costs and attorney's fees incurred.

X

Client Approval

Systems Planner: Chelsea Clyde

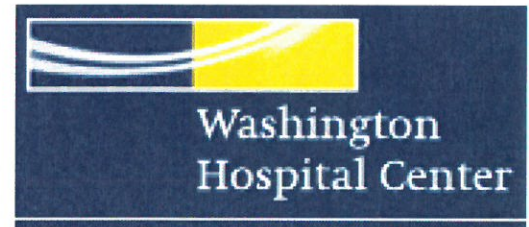
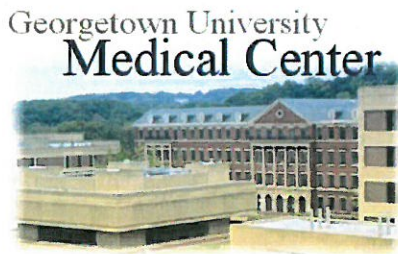
Print Name

Date

Project#19457

References

Companies who have entrusted SYSTEMS & SPACE, INC.



Humboldt General Hospital

Quality Assurance/Performance Improvement (QAPI) Plan

POLICY:

The purpose of the Quality Assurance/Performance Improvement (QAPI) plan is to provide a framework for promoting and sustaining performance improvement at Humboldt General Hospital. The goals are to provide high quality care and services to ensure optimal care experience for our patients and customers and to proactively reduce risk to our patients by eliminating or reducing factors that contribute to unanticipated adverse events and/or outcomes. This will be accomplished through the support and involvement of the Board of Directors, Administration, Medical Staff, Management, and employees, in an environment that fosters collaboration and mutual respect. This collaborative approach supports innovation, data management, performance improvement, proactive risk assessment, commitment to customer satisfaction, and use of the Just Culture model to promote and improve awareness of patient safety. Humboldt General Hospital has an established mission, vision, and values statement, and utilizes a foundation of excellence model, which are used to guide all improvement activities.

ORGANIZATION FRAMEWORK

Processes cross many departmental boundaries and performance improvement requires a planned, collaborative effort between all hospital-based and contracted departments and services, including third-party payors and other physician groups. Though the responsibilities of this plan are delineated according to common groups, it is recognized that true process improvement and positive outcomes occur only when each individual works cooperatively and collaboratively to achieve improvement.

Governing Board

- A. The Humboldt County Hospital District Board of Trustees has the ultimate responsibility for the quality of care and services provided throughout the system. The Board assures that a planned and systematic process is in place for measuring, analyzing and improving the quality and safety of the Hospital activities.
- B. The Board:
 1. Delegates the authority for developing, implementing, and maintaining performance improvement activities to administration, medical staff, management, and employees;
 2. Responsible for determining, implementing, and monitoring policies governing the Critical Access Hospital (CAH) total operation and for ensuring that those

policies are administered to provide quality health care in a safe environment (CMS 485.627(a));

3. Recognizes that performance improvement is a continuous, never-ending process, and therefore they will provide necessary resources to carry out this philosophy;
4. Provides direction for the organization's improvement activities through the development of strategic initiatives.
5. Evaluates the organization's effectiveness in improving quality through reports from the various board committees, Medical Executive Committee, and Medical Staff Quality Committee, and Hospital Quality Committee.

Hospital Quality Committee

The Hospital Quality Committee is to provide oversight for the HGH QA/PI Plan and set expectations of quality care, patient safety, environmental safety, and performance improvement throughout the organization. The committee will monitor the improvement of care, treatment and services to ensure that it is safe, timely, effective, efficient, equitable and patient-centered. They will oversee and be accountable for the organization's subsequent quality improvement activities. The committee will assure the development and implementation of the ongoing education focusing on service and performance excellence, risk-reduction/safety enhancement, and healthcare outcomes.

Medical Executive Committee

- A. The Medical Executive Committee shares responsibility with the Hospital Quality Committee and senior management for the ongoing quality of care and services provided within the Hospital.
- B. The Medical Executive Committee provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of patient care and the medical performance of all individuals with delineated clinical privileges. These mechanisms function under the purview of the medical staff peer review process. Consistent with this process, performance improvement opportunities are addressed, and important problems in patient care or safety are identified and resolved.
- C. The Medical Executive Committee delegates the oversight authority for performance improvement activity monitoring, assessment, and evaluation of patient care services provided throughout the system to the Medical Staff Quality and Peer Review Committees.

Department Medical Directors

- A. The Department Medical Directors:
 1. Provide a communications channel to the Medical Executive Committee;

2. Monitor Ongoing Professional Performance Evaluation and Focused Professional Performance Evaluation and make recommendations regarding reappointment based on data regarding quality of care;
3. Maintain all duties outlined by appropriate accrediting bodies.

Medical Staff

- A. The medical staff is expected to participate and support performance improvement activities. The medical staff provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of patient care and the clinical performance of all individuals with delineated clinical privileges. These mechanisms are under the purview of the medical staff peer review process. Consistent with this process, performance improvement opportunities are addressed, and important problems in patient care or safety are identified and resolved. Annually, the Departments will determine critical indicators/performance measures consistent with strategic and performance improvement priorities and guidelines.
- B. The Vice-Chief of Staff will serve as Chair of Medical Quality and Peer Review Committees. He or she provides physician leadership that creates a vision and direction for clinical quality and patient safety throughout the Hospital. The Medical Quality and Peer Review Chair, in conjunction with the medical staff and Hospital leaders, directs and coordinates quality, patient safety, and performance improvement initiatives to enhance the quality of care provided to our patients. The chairperson communicates patient safety, best practices, and process improvement activities to the medical staff and engages them in improvement activities.

Hospital Management (Directors, Managers, and Supervisors)

- A. Management is responsible for ongoing performance improvement activities in their departments and for supporting teams chartered by the Medical Staff Quality Committee. Many of these activities will interface with other departments and the medical staff. They are expected to do the following:
 1. Foster an environment of collaboration and open communication with both internal and external customers;
 2. Participate and guide staff in the patient advocacy program;
 3. Advance the philosophy of Just Culture within their departments;
 4. Utilize quality principles and process improvement activities for department-specific performance improvement initiatives;
 5. Establish performance and patient safety improvement activities in conjunction with other departments;
 6. Encourage staff to report any and all reportable events including “near-misses”;
 7. Participate in the investigation and determination of the causes that underlie a “near-miss” /Sentinel/Adverse Event/Error or Unanticipated Outcome as

recommended by the Just Culture model and implement changes to reduce the probability of such events in the future.

Employees

- A. The role of the individual employee is critical to the success of a performance improvement initiative. Quality is everyone's responsibility and each employee is charged with practicing and supporting the Standards of Business Conduct: Hospital Code of Conduct and Chain of Command for Medical Care Issues policies. All employees must feel empowered to report, correct, and prevent problems.
- B. The Nursing Quality and Peer Review Council consist of registered nurses from each service area. This Council is an integral part of reviewing QA/PI data, evaluating processes, providing recommendations, and communicating their findings with peers to improve nursing practice.
- C. Employees are expected to do the following:
 - 1. Contribute to improvement efforts, including reporting Sentinel/Adverse Events/Error or Unanticipated Outcomes, to produce positive outcomes for the patient and ensure the perfect care experience for patients and customers.
 - 2. Make suggestions/recommendations for opportunities of improvement or for a cross-functional team, including risk reduction recommendations and suggestions for improving patient safety, by contacting the Supervisor or Manager, the Quality Director, or the Medical Staff Quality Committee Chair.

PERFORMANCE IMPROVEMENT STRUCTURE

The Medical Staff Quality Committee:

The Medical Staff Quality Committee is an interdisciplinary committee led by the Chief of Medical Quality and Peer Review. The committee is responsible for prioritizing performance improvement activities and improving processes within the Medical Staff.

- A. Annually reviews and approves the Infection Control Plan, Environment of Care Management Program, Utilization Review Plan, Risk Management Plan, and the Patient Safety Plan;
- B. Regularly reviews progress to the aforementioned plans;
- C. Reviews quarterly quality indicators to evaluate patient care and delivery of services and takes appropriate actions based on patient and process outcomes;
- D. Reviews recommendations for performance improvement activities based on patterns and trends identified by the proactive risk reduction programs and from the various Hospital committees;
- E. Elicits and clarifies suspected or identified problems in the provision of service, quality, or safety standards that may require further investigation;

- F. Reviews and approves chartered Performance Improvement Teams as recommended by the Performance Improvement Committee (PIC). Not all performance improvement efforts require a chartered team;
- G. Reviews progress reports from chartered teams and assists to address and overcome identified barriers.
- H. Reviews summaries and recommendations of Root Cause Analysis (RCA) and Failure Mode and Effects Analysis (FMEA) activities.
- I. Oversees the radiation safety program, including nuclear medicine and radiation oncology and evaluates the services provided and make recommendations to the MEC.

Quality Assurance and Performance Improvement Committee (PIC)

- A. Medical Staff Quality Assessment Committee provides direct oversight for the Quality Assurance and Performance Improvement Committee (PIC). PIC is an executive committee with departmental representatives, within Humboldt General Hospital, presenting their QA/PI findings as assigned. The goal of this committee is to achieve optimal patient outcomes by making sure that all staff participates in performance improvement activities. Department Medical Directors or their designee review assigned quality metrics biannually at the PIC. Performance improvement includes collecting data analyzing the data and taking action to improve. The Hospital Quality Director is responsible for processes related to this committee.
- B. The Performance Improvement Committee will:
 1. Oversee the performance improvement activities of HGH including data collection, data analysis, improvement, and communication to stakeholders;
 2. Set performance improvement priorities and provide the resources to achieve improvement;
 3. Reviews requests for chartered Performance Improvement Teams. Requests for teams may come from committees, department or individual employees. Not all performance improvement efforts require a chartered team;
 4. Report the committee's activities to the Medical Staff Quality Committee.

SCIENTIFIC METHOD FOR IMPROVEMENT ACTIVITIES

Humboldt General Hospital utilizes the Plan, Do Study Act methodology. The Board, Senior Management Team, or the Medical Staff Quality Committee charter formal cross-functional teams to improve current processes and design new services, while each department utilizes tools and techniques to address opportunities for improvement within their individual areas.

Performance Improvement Teams

- A. Teams are cross-functional and multidisciplinary in nature. The priority and type of team are based on the strategic initiatives of the organization, with regard to high risk, high volume, problem prone, and low volume.

- B. Performance Improvement Teams will:
 - 1. Follow the approved team charter.
 - 2. Establish specific, measurable goals and monitoring for identified initiatives.
 - 3. Utilize quality principles to improve processes, reduce waste, and eliminate inefficiencies.
 - 4. Report their findings and recommendations to key stakeholders, PIC, and the MSQC.

PERFORMANCE IMPROVEMENT EDUCATION

- A. Training and education are essential to promote a culture of quality within Humboldt General Hospital. All employees and Medical Staff receive education about performance improvement upon initial orientation. Employees and Medical Staff receive additional annual training on various topics related to performance improvement.
- B. A select group of employees have received specialized facilitator training in using improvement processes and utilizing statistical data tools for performance improvement. These facilitators may be assigned to chartered teams at the discretion of the PIC, MSQC and Administrative Council Members. Staff trained and qualified in approve process improvement methods will facilitate the chartering, implementation, and control of enterprise level projects.
- C. Team members receive “just-in-time” training as needed, prior to team formation to ensure proper quality tools and techniques are utilized throughout the team’s journey in process improvement.
- D. Annual evaluation of the performance improvement program will include an assessment of needs to target future educational programs. The Quality Director is responsible for this evaluation.

PERFORMANCE IMPROVEMENT PRIORITIES

- A. Improvement activities must be data driven, outcome based, and updated annually. Careful planning, testing of solutions and measuring how a solution affects the process will lead to sustained improvement or process redesign. Improvement priorities are based on the mission, vision, and strategic plan for Humboldt General Hospital. During planning, the following are given priority consideration:
 - 1. Processes that are high risk, high volume, or problem prone areas with a focus on the incidence, prevalence, and severity of problems in those areas
 - 2. Processes that affect patient safety and outcomes
 - 3. Processes related to the National Quality Forum (NQF) Endorsed Set of Safe Practices
 - 4. Processes related to patient flow
 - 5. Processes associated with near miss, Sentinel/Adverse Event/Error or Unanticipated Outcome

- B. Because Humboldt General Hospital is sensitive to the ever-changing needs of the organization, priorities may be changed or re-prioritized due to:
1. Identified needs from data collection and analysis
 2. Unanticipated adverse occurrences affecting patients
 3. Processes identified as error prone or high-risk regarding patient safety
 4. Processes identified by proactive risk assessment
 5. Changing regulatory requirements
 6. Significant needs of patients and/or staff
 7. Changes in the environment of care
 8. Changes in the community

DESIGNING NEW AND MODIFIED PROCESSES/FUNCTION/SERVICES

- A. Humboldt General Hospital designs and modifies processes, functions, and services with quality in mind. When designing or modifying a new process the following steps are taken:
1. Key individuals, who will own the process when it is completed, are assigned to a team led by the responsible individual.
 2. An external consultant is utilized to provide technical support, when needed.
 3. The design team develops or modifies the process utilizing information from the following concepts:
 - a. It is consistent with the mission, vision, and strategic priorities and meets the needs of individual served staffed and others.
 - b. It is clinically sound and current
 - c. Current knowledge when available and relevant i.e. practice guidelines, successful practices, information from relevant literature and clinical standards
 - d. It incorporates available information and/or literature from within the organization and from other organizations about potential risks to patients, including the occurrence of sentinel/near-miss events, in order to minimize risks to patients affected by the new or redesigned process, function, or service
 - e. Conducts an analysis and/or pilot testing to determine whether the proposed design/redesign is an improvement and implements performance improvement activities, based on this pilot
 - f. It incorporates the results of performance improvement activities
 - g. It incorporates consideration of staffing effectiveness
 - h. It incorporates consideration of patient safety issues
 - i. It incorporates consideration of patient flow issues

4. Performance expectations are established, measured, and monitored. These measures may be developed internally or may be selected from an external system or source. The measures are selected utilizing the following criteria:
 - a. They can identify the events it is intended to identify
 - b. They have a documented numerator and denominator or description of the population to which it is applicable
 - c. They have defined data element and allowable values
 - d. They can detect changes in performance over time
 - e. They allow for comparison over time within the organization and between other entities
 - f. The data to be collected is available
 - g. Results can be reported in a way that is useful to the organization and other interested stakeholders
- B. An individual with the appropriate expertise within the organization is assigned the responsibility of developing the new process.

PROACTIVE RISK ASSESSMENTS

- A. Risk assessments are conducted to proactively evaluate the impact of buildings, grounds, equipment, occupants, and internal physical systems on patient and public safety. This includes, but is not limited to the following:
 1. A Failure Mode and Effects Analysis (FMEA) will be completed based on the organization's assessment and current trends in the health care industry and as approved by PIC or the MSQC.
 2. The Medical Staff Quality Committee and other leadership committees will recommend the processes chosen for our proactive risk assessments based on literature, errors and near miss events, sentinel event alerts, and the National Quality Forum (NQF) Endorsed Set of Safe Practices.
 - a. The process is assessed to identify steps that may cause undesirable variations, or "failure modes".
 - b. For each identified failure mode, the possible effects, including the seriousness of the effects on the patient are identified and the potential breakdowns for failures will be prioritized.
 - c. Potential risk points in the process will be closely analyzed including the seriousness of the effects on the patient's moving from one level of care to another through the continuum of care.
 - d. For the effects on the patient that are determined to be "critical", a root cause analysis is conducted to determine why the effect may occur.

- e. The process will then be redesigned to reduce the risk of these failure modes occurring or to protect the patient from the effects of the failure modes.
 - f. The redesigned process will be tested and then implemented. Performance measurements will be developed to measure the effectiveness of the new process.
 - g. Strategies for maintaining the effectiveness of the redesigned process over time will be implemented.
3. Ongoing hazard surveillance rounds including Environment of Care Rounds and departmental safety hazard inspections are conducted to identify any trends and to provide a comprehensive ongoing surveillance program.
 4. The Environment of Care Safety Officer and EOC/Safety Committee review trends and incidents related to the Safety Management Plans. The EOC Safety Committee provides guidance to all departments regarding safety issues.
 5. The Infection Control Officer and Environment of Care Safety Officer complete a written infection control and preconstruction risk assessment for interim life safety for new construction or renovation projects.

DATA COLLECTION

- A. Humboldt General Hospital chooses processes and outcomes to monitor based on the mission and scope of care and services provided and populations served. The goal is 100% compliance with each identified quality metric. Data that the organization considers for the purpose of monitoring performance includes, but is not limited to the following:
 1. Medication therapy
 2. Infection control surveillance and reporting
 3. Surgical/Invasive and manipulative procedures
 4. Blood product usage
 5. Data management
 6. Discharge planning
 7. Utilization Management
 8. Complaints and grievances
 9. Restraints/seclusion use
 10. Mortality review
 11. Medical Errors including medications, surgical, and diagnostic errors; equipment failures, infections, blood transfusion related injuries, and deaths due to seclusion or restraints.
 12. Needs, expectations, and satisfaction of individuals and organizations served, including:
 - a. Their specific needs and expectations

- b. Their perceptions of how well the organization meets these needs and expectations
 - c. How the organization can improve patient safety
 - d. The effectiveness of pain management
 - 13. Resuscitation and critical incident debriefings
 - 14. Performance measures from acceptable data bases/comparative reports, i.e., HCAHPS, Hospital Compare, and MBQIP
 - 15. Summaries of performance improvement actions and actions to reduce risks to patients.
- B. In addition, the following clinical and administrative data is aggregated and analyzed to support patient care and operations:
- 1. Quality measures delineated in clinical contracts will be reviewed annually
 - 2. Pharmacy transactions as required by law and to control and account for all drugs
 - 3. Information about hazards and safety practices used to identify safety management issues to be addressed by the organization
 - 4. Records of required reporting to federal state, authorities ie. sentinel events
 - 5. Performance measures of processes and outcomes, including measures outline in clinical contracts
- C. These data are reviewed regularly with a goal of 100% compliance. The review focuses on any identified outlier and the plan of correction.

AGGREGATION AND ANALYSIS OF DATA

- A. Humboldt General Hospital believes that excellent data management and analysis are essential to an effective performance improvement initiative. Statistical tools are used to analyze and display data. These tools consist of dashboards, bar graphs, pie charts, run charts (SPC), histograms, Pareto charts, control charts, fishbone diagrams, and other tools as appropriate. All performance improvement teams and activities must be data driven and outcome based. The analysis includes comparing data within our organization, with other comparable organizations, with published regulatory standards, and best practices. Data is aggregated and analyzed within a time frame appropriate to the process or area of study. Data will also be analyzed to identify system changes that will help improve patient safety and promote a perfect care experience.
- B. Data is analyzed in many ways including:
- 1. Using appropriate performance improvement problem solving tools
 - 2. Making internal comparisons of the performance of processes and outcomes over time
 - 3. Comparing performance data about the processes with information from up-to-date sources

4. Comparing performance data about the processes and outcomes to other hospitals and reference databases
- C. Intensive analysis is completed for:
1. Levels of performance, patterns or trends that vary significantly and undesirably from what was expected
 2. Significant and undesirable performance variations from the performance of other operations
 3. Significant and undesirable performance variations from recognized standards
 4. A sentinel event which has occurred
 5. Variations which have occurred in the performance of processes that affect patient safety
 6. Hazardous conditions which would place patients at risk
 7. The occurrence of an undesirable variation which changes priorities
- D. The following events will automatically result in intense analysis:
1. Significant confirmed transfusion reactions
 2. Significant adverse drug reactions
 3. Significant medication errors
 4. All major discrepancies between preoperative and postoperative diagnosis
 5. Adverse events or patterns related to the use of sedation or anesthesia
 6. Hazardous conditions that significantly increase the likelihood of a serious adverse outcome
 7. Staffing effectiveness issues
 8. Deaths associated with a hospital acquired infection
 9. Core measure data, that over two or more consecutive quarters for the same measure, identify the hospital as a negative outlier

REPORTING

- A. Results of the outcomes of performance improvement and patient safety activities identified through data collection and analysis, performed by medical staff, ancillary, and nursing services, in addition to outcomes of performance improvement teams, will be reported to the MSQAC on a quarterly basis. Results of the appraisal of performance measures outlined in clinical contracts will be reported to the MSQAC and Medical Staff annually.
- B. The MSQAC will provide their analysis of the quality of patient care and services to the Medical Executive Committee on a quarterly basis. The Medical Executive Committee, Quality Medical Director, or Quality Director will report to the Board at least quarterly relevant findings from all performance improvement activities performed throughout the Hospital.

- C. Humboldt General Hospital also recognizes the importance of collaborating with state agencies to improve patient outcomes and reduce risks to patients by participating in voluntary quality reporting initiatives.

CONFIDENTIALITY AND CONFLICT OF INTEREST

All communication and documentation regarding performance improvement activities will be maintained in a confidential manner. Any information collected by any Medical Staff committee, the Administrative Council, or Hospital department in order to evaluate the quality of patient care, is to be held in the strictest confidence, and is to be carefully safeguarded against unauthorized disclosure. Access to peer review information is limited to review by the Medical Staff and its designated committees and is confidential and privileged. No member of the Medical Staff shall participate in the review process of any case in which he/she was professionally involved unless specifically requested to participate in the review. All information related to performance improvement activities performed by the Medical staff or Hospital staff in accordance with this plan is confidential and are protected by disclosure and discoverability through Nevada Code NRS 49.265.

ANNUAL ASSESSMENT

- A. The Critical Access Hospital Quality Assurance program and the objective, structure, methodologies, and results of performance improvement activities will be evaluated at least annually (CMS 485.641(b)(1)).
- B. The evaluation includes a review of patient care and patient related services, infection control, medication administration, medical care, and the Medical Staff. More specifically, the evaluation includes a review of the utilization of services (including at least the number of patients served and volume of services), chart review (a representative sampling of both active and closed clinical records), and the Hospital policies addressing provision of services.
- C. The purpose of the evaluation is to determine whether the utilization of services is appropriate, policies are followed, and needed changes are identified. The findings of the evaluation and corrective actions, if necessary, are reviewed. The Quality Assurance program evaluates the quality and appropriateness of diagnoses, treatments furnished, and treatment outcomes.
- D. An annual report summarizing the improvement activities and the assessment will be submitted to the Medical Staff Quality Committee, the Medical Executive Committee, and the Board of Trustees.

PLAN APPROVAL

Quality Assurance Performance Improvement Plan will be reviewed, updated, and approved annually by the Medical Staff Quality Committee, the Medical Executive Committee, and the Board of Trustees.