

HUMBOLDT GENERAL HOSPITAL

DISTRICT BOARD OF TRUSTEES

REGULAR BOARD MEETING

TUESDAY

June 28, 2022

5:30 P.M.

SARAH WINNEMUCCA CONFERENCE ROOM

Michelle Miller - Chairperson
Alicia Cramer - Vice-Chairperson
JoAnn Casalez - Member
Gene Hunt - Member
Lewis Trout - 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 June 28, 2022
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

MEETING ATTENDANCE MAY BE
VIA TELECONFERENCE OR VIDEOCONFERENCE OR IN-PERSON
THE ATTENDANCE FOR MEMBERS OF THE GENERAL PUBLIC AT THE
PHYSICAL LOCATION MAY BE LIMITED DUE TO DISTANCING REQUIREMENTS
THE TELECONFERENCE AND VIDEOCONFERENCE ACCESS INSTRUCTIONS APPEAR BELOW

Teleconference: Dial 1-872-256-8790 - Access Code 681-152-330

Videoconference (press ctrl + click): [Click here to join the meeting](#)

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. TRUSTEE COMMENT

(No action may be taken upon a matter raised under this section.)

D. 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 – Chief of Staff
2. Ethics Training – Ross Armstrong, State of Nevada Ethics Commission
3. Administration report
 - a) CEO report – Bertha Higbee
 - b) Financial update – Shelly Smith

E. CONSENT AGENDA

(The Board is expected to review, discuss and take action on this agenda item. The items may be approved in a single motion; however, upon Board member request, any consent item may be

DISTRICT BOARD OF TRUSTEES MEETING AGENDA

June 28, 2022

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moved to the discussion portion of the agenda and other action, including postponement or denial of the item, may take place.)

1. Board meeting minutes for: April 19, 2022, April 26, 2022, and May 24, 2022.

Medical Staff applications for appointments, reappointments, provisional and temporary privileges for: Scott Curtis, MD, Active-OBGYN; Conrad Roberson, DO, Active-OBGYN; Jeffrey Meter, MD, Active-orthopedics; and, Bejal Patel, MD, Active-Pediatrics.

Warrants disbursed - Monthly expenditures.

Quality report summary.

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, recommendation, review, 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. The general public has the opportunity to comment after each item on the agenda on which action may be taken is discussed by the Board, but before the Board takes action on the item. Public comment is generally limited to three (3) minutes per person.)

1. Hospital Administration-Finance / request to adopt a resolution to augment the FY2021-2022 general fund budget in the amount of \$2,933,000 / CFO-Administration
2. Hospital Administration-Finance / request for determination that two treadmills, two procedure chairs, pulmonary function testing equipment, two colon scopes, Regius imaging equipment, hydrotherapy tub and bladder scanner, are no longer needed or used for the hospital or the public and authorization for staff to dispose of the property in any manner including sale or donation / CFO-Administration
3. Hospital Administration-Finance / request for authorization of medium-term obligations for (1) purchase of a magnetic resonance imaging system not to exceed 1,656,000 and (2) purchase of a robotic arm system in the estimated principal sum not to exceed 1,300,000 / CFO-Administration
4. Hospital Administration-Urology Clinic / request for authorization to purchase two flexible cystoscopes and accompanying equipment for outpatient diagnostic procedures at an estimated cost of \$\$57,500 / DOO-Administration
5. Hospital Administration-Respiratory Therapy / request for authorization to purchase two blood gas analyzers for patient diagnostic testing at an estimated cost of \$28,000 to replace existing equipment / DOO-Administration
6. Hospital Administration-IT / request for authorization to purchase hard drives for PACS (picture archiving and communication system) to increase the available imaging storage capacity at an estimated cost of \$42,100 and a two-year service agreement for the system at an estimated cost of \$11,500 / IT Director-Administration

G. TRUSTEE COMMENTS-STAFF REPORTS

(This period is designed for receiving reports, information, updates and proposals from the board and/or staff. 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: This agenda has been physically posted at the locations noted above and electronically posted at <http://www.hghospital.org/> and at <https://notice.nv.gov/>.

Notice: The meeting may be accessed via: (i) teleconference by dialing 1-872-256-8790 and using access code 681-152-330; or, (ii) videoconference by clicking on the link above or entering https://teams.microsoft.com/join/19%3ameeting_NWUwYzExMWItYmNkMy00YTFlLTlkOGQtZmJiZDIzNDYxOGYx%40thread.v2/0?context=%7b%22id%22%3a%2252721390-7ff3-4e39-9f39-551adc05949b%22%2c%22oid%22%3a%22a892099c-ae15-4e25-

DISTRICT BOARD OF TRUSTEES MEETING AGENDA

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[91bf-c80a32bce46e%22%7d](#) in a web browser; or (iii) in-person at the scheduled location listed above. Questions about remote access may be submitted by emailing adminoffice@hghospital.org.

Notice: Members of the public may make a public comment at the meeting without being physically present by: (i) emailing adminoffice@hghospital.org no later than 5:00 p.m. on the business day prior to the day of the meeting and messages received will be transcribed or printed for entry into the record and provided to the Board of Trustees for review; (ii) telephone dialing 1-872-256-8790 and using access code 681-152-330; or, (iii) by clicking on the link above; or (iii) entering the link described in the preceding paragraph in a web browser.

Notice: The Executive Assistant at the Administration 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. Staff reports and supporting material for the meeting are available on the Humboldt General Hospital website at <http://www.hghospital.org/> and are available to the general public at the same time the materials are provided to the Board of Trustees.

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: Reasonable efforts will be made to assist and accommodate disabled persons. Please contact the Administration Office by telephoning 775-623-5222 extension 1123, one (1) business day in advance of the meeting.

EMS Department Update

- Extrication Course training provided to Winnemucca City Volunteer Fire, and for Nevada Gold Mines
- Car Seat Safety Course completed with a checkpoint held at Walmart following the course.
- EMS Open house for EMS week, there was a large turnout from the community.





HGH
Humboldt General Hospital

EMS Fleet Status—Command/Support Vehicles

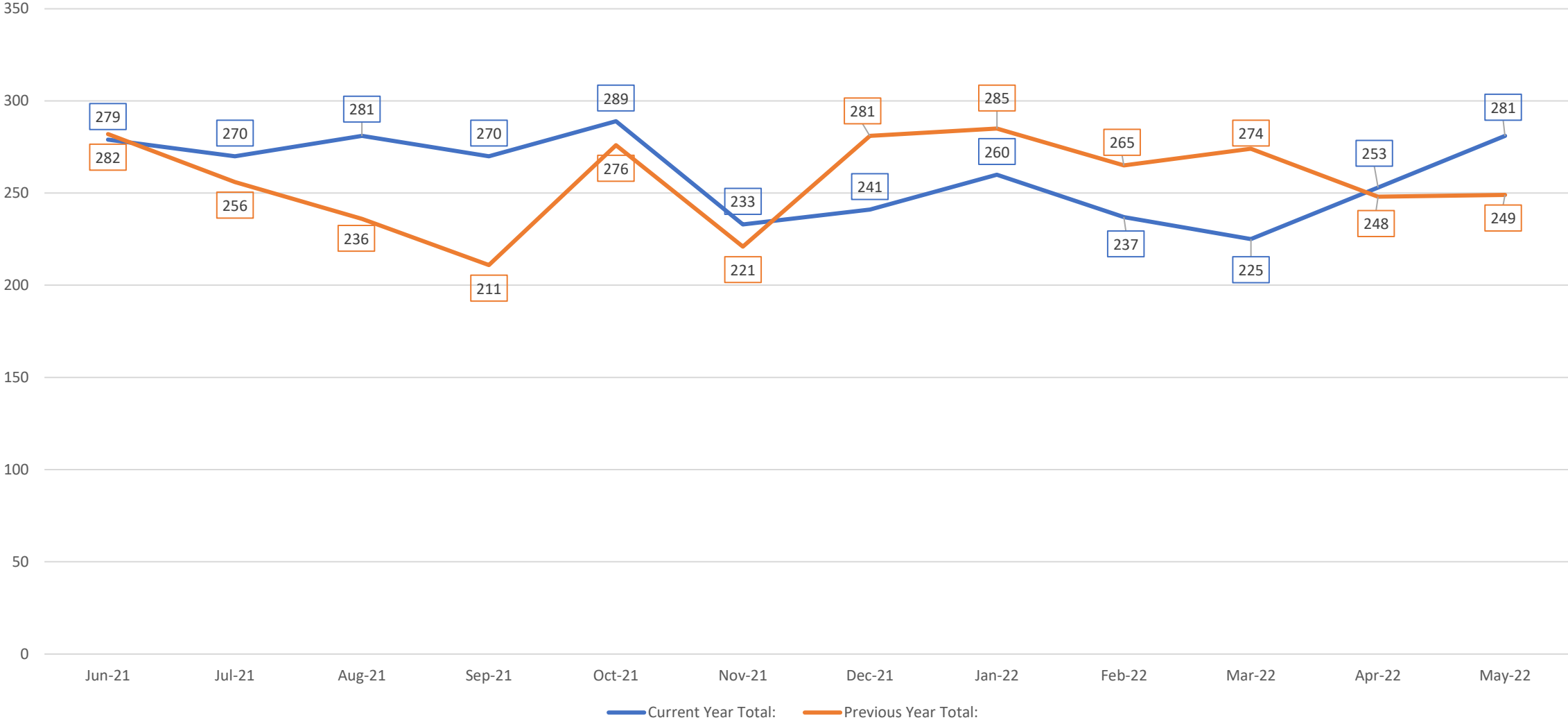
	Year	Make	Model	Current Mileage	Previous Mileage	Mileage Change	Operational Status
CP 1	2009	Ford	Crown Vic	205,408	205,227	181	Fully operational
HGH 1	2016	Dodge	Durango	105,437	105,281	156	Fully operational
HGH 2	2010	Ford	Explorer	53,594	52,813	781	Fully operational
Command 1	2015	Dodge	3500	42,245	41,108	1,137	Transmission Problems. Awaiting Parts for repair
Command 2	2021	Dodge	Durango	197			
Command 3	2021	Dodge	Durango	639			
						Total:	2,255



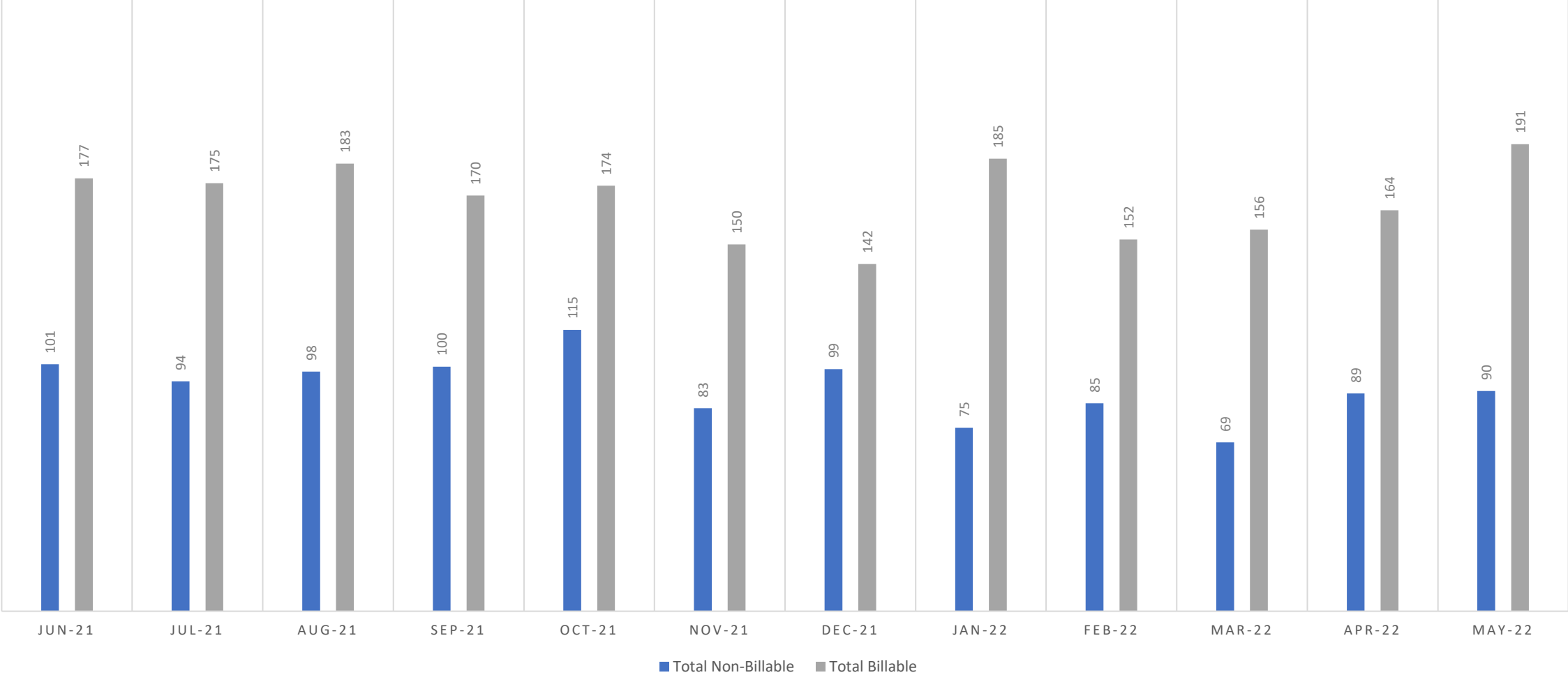
EMS Fleet Status—Ambulances/Rescue

Unit	Year	Make	Model	Current Mileage	Previous Mileage	Mileage Change	Designation/Use	Operational Status
M1	2018	Dodge	5500	74,523	72,061	2,462	Winnemucca Ambulance	Fully Operational
M2	2018	Dodge	5500	71,182	71,006	176	Winnemucca Ambulance	Fully Operational
M3	2017	Dodge	5500	110,215	106,303	3,912	Winnemucca Ambulance	Fully Operational
M4	2015	Freightliner	Truck	463,014	456,740	6,274	Interfacility transfers	Fully Operational
M6	2001	Ford	F-350	228,280	228,279	1	Back-up/Stand-by's	Fully Operational
RA11	2010	Spartan	Rescue	61,632	61,425	207	Rescue Ambulance	Fully Operational
R12	2016	SVI	Rescue	7,125	7,121	4	Heavy Rescue	Fully Operational
9802	2019	Ford	F-450	33,469	33,424	45	Orovada Ambulance	Fully Operational
2636	2020	Ford	F-450	22,043	18,323	3,720	Winnemucca Ambulance	Fully Operational
D6	1996	Ford	E-350	78,227	78,227	0	Stand-by's, off road calls, pulls UTV	Fully Operational
						Total:	16,801	

TOTAL RUNS BY MONTH



NON-BILLABLE VS BILLABLE RUNS BY MONTH



Standby/Outreach Events

10 Events covered in the month of May

Standby events

- Lowry Softball/Baseball Tournaments
- 1 - Stock Car Race
- 2 - High School Rodeo's
- High Noon Bike Drags
- Run-A-Mucca

Outreach Events

- EMS Open House for EMS Week
- EMS Safety Rodeo
- Car Seat Check point
- Senior Center BP Checks

Standby's – A standby is added whenever EMS is asked to standby at an event with an ambulance to provide onsite medical coverage (Drag Races, Race-Track, Football, ...)

Community Outreach – A community outreach is an event that is designed to provide education to the community, showcase our equipment, demonstrate skills or abilities of our department , or is aimed at community engagement.

CP 13 Month Rolling Summary



	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023
# of Active Patients (in the program for the month)	19	26											
Home Visits	20	21											
Phone Calls (billable)	9	0											
Billable Encounters	29	21											

● # of Active Patients (in the program for the month)
 ● Home Visits
 ● Phone Calls (billable)
 ● Billable Encounters



HUMBOLDT GENERAL HOSPITAL

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Hghospital.org

HUMBOLDT GENERAL HOSPITAL

Quality Report Summary

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 healthcare and/or that relate to one or more quality goals for healthcare. 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.

HGH currently monitors the following quality measures: Healthcare Personnel Influenza Vaccination, HCAHPS, Emergency Department Transfer Communication, Median Time to ECG, Aspirin at Arrival, Median time to pain management for Long Bone Fracture, Median Time from ED Arrival to Provider contact for ED Patients, Median time from ED Arrival to ED Departure for Discharged ED patients, Admit Decision time to Ed departure time for Admitted patients, Patient Left Without Being Seen, ED Average triage to bed, ED Average Door to Bed, ED total volume monthly, Hand Hygiene, ED discharge vitals, AB471 Compliance, 72 hour ED readmissions, 30 day readmissions, Critical Lab values, Admission with difficult discharges, Open beds, Overdose reports, COVID, Nevada WebIZ, Vaccine finder, Aggregate report, LTC reporting, Flu Vaccine and Sentinel Events.

QAPI - The Quality Assurance Performance Improvement plan is to ensure HGH demonstrate a consistent endeavor to deliver safe, effective, optional patient care and services in an environment of minimal risk. As patient care is coordinated and collaborative effort, the approach to improving performance involves multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the performance improvement activities at HGH. The primary goals are to plan continually and systematically, design measures, assess and improve performance of critical focus areas, improve healthcare outcomes, and reduce and prevent medical/health care errors. All information related to performance improvement activities performed by the HGH staff in accordance with the QAPI plan are confidential

March, April, May, June 2022 – The Quality Assurance Performance Improvement received reports from the following departments:

- **Acute/Case Management**
- **Emergency**
- **OB**
- **Surgery**
- **Central Processing**
- **Infection Control**
- **Pharmacy**
- **EMS**
- **Social Services**
- **Laboratory**
- **Respiratory**
- **Radiology**
- **Maintenance Services**
- **Materials Management**
- **Anesthesia**
- **Rural Health Clinics**
- **Physical Therapy**
- **Dietary**
- **IT**
- **HIPPA/HITECH**
- **Nutrition Services**
- **Cardiac Rehab**
- **Wellness**
- **Environmental services**
- **Human Resources**
- **Revenue Cycle/Business Services**
- **Health Information Management**

LiCon – The LiCon Council has directed the Risk Managers Work Group members to follow quality indicators important and specific to Nevada rural hospitals. The current NRHP Quality Indicators are: Physician Compliance with Opioid Prescribing Requirements (AB474) in the emergency room setting; Age-Appropriate Vital Signs within 20 minutes of Discharge from the ED: Prompt communication of critical lab values to appropriate healthcare professional. NRHP Quality Indicators show HGH meeting the goals with Critical Value at 100% with a goal of 92%; Opioid Prescribing Compliance at 95% with a goal of 92%; Vital Signs on ED Discharge is at 99% with a goal of 92%. With HGH management monitoring and continuous staff education this keeps HGH within in the goals of performance. (Q12022 reports attached)

MBQIP – Medicare Beneficiary Quality Improvement Project (MBQIP) – Measure’s quality improvement activity under Medicare rural Hospital Flexibility (FLEX) grant program of the Health Resources and Services Administration’s Federal Office of Rural Health Policy. This project provides an opportunity for individual hospitals to look at their own data, measure their outcomes against other CAHs and partner with other hospitals in the state around quality improvement initiatives to improve outcomes and provide the highest quality care to their patients. (Q42021 reports are attached)

Patient Experience Core Measures – HGH has engaged JL Morgan for out Inpatient HCAHPS patient satisfaction survey. HCAHPS surveyor have 6 weeks from day of discharge to collect data. Eligible patients answer scripted questions regarding their inpatient stay HGH. HGH is currently also using Qualitck 360 to continue to monitor the Emergency Room, Acute Medical Surgical Unit and Obstetrics Unit to gather satisfaction scores gathered at time of service. Humboldt General Hospital will be implementing Press Ganey to capture HCAHPS and CHAPS patient satisfaction surveys.

EDTC - The Emergency Department Transfer Communication (EDTC) measure aims to provide a means of assessing how well key patient information is communicated from an emergency department (ED) to any health care facility. The measure is applicable to patients with a wide range of medical conditions (e.g., acute myocardial infarction, heart failure, pneumonia, respiratory compromise, and trauma) and is relevant for both internal quality improvement purposes and external reporting to consumers and purchasers. HGH core measures have been 100% since Q2 2021 to Q1 2022. (Q12022 reports are attached)

HGH Performance to Goal

NRHP Quality Indicators 2022 Q1

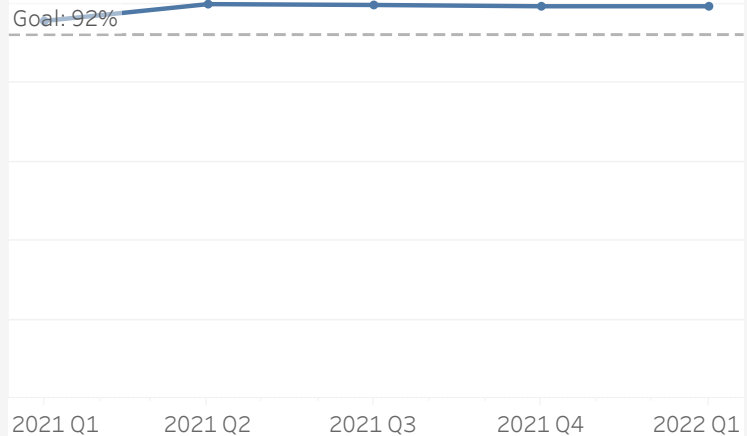
Critical Lab Values

100%

Goal: **92%**

+/- to Goal: **9%**

+/- to Prior Qtr: **1%**



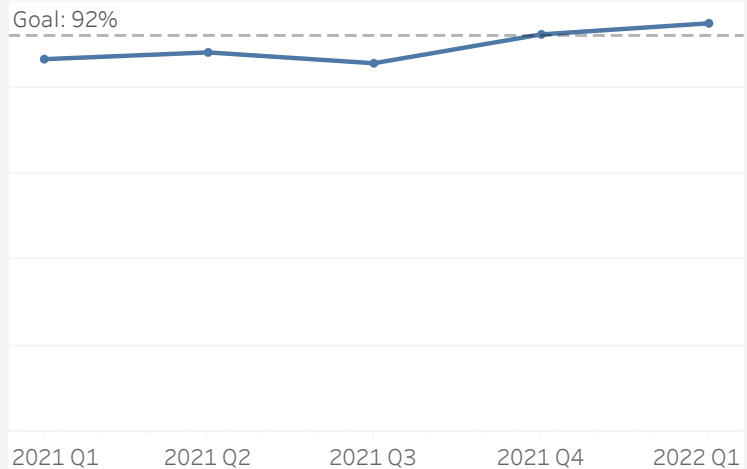
Opioid Prescribing Compliance

95%

Goal: **92%**

+/- to Goal: **3%**

+/- to Prior Qtr: **3%**



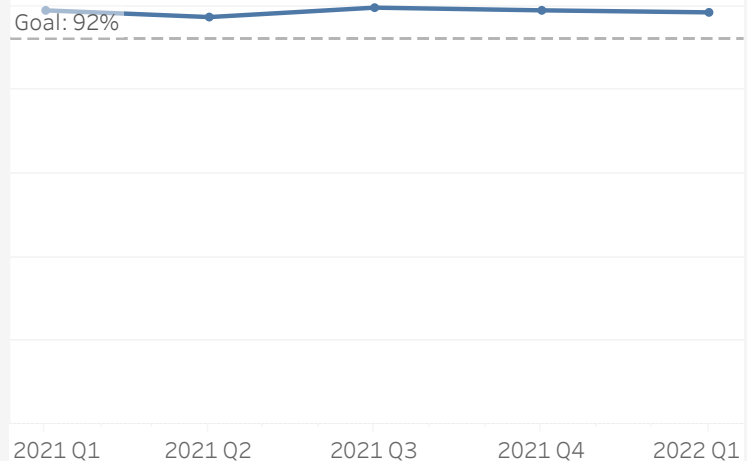
Vital Signs on ED Discharge

99%

Goal: **92%**

+/- to Goal: **8%**

+/- to Prior Qtr: **0%**



Performance to Group

NRHP QI: Critical Lab Values

2022 Q1

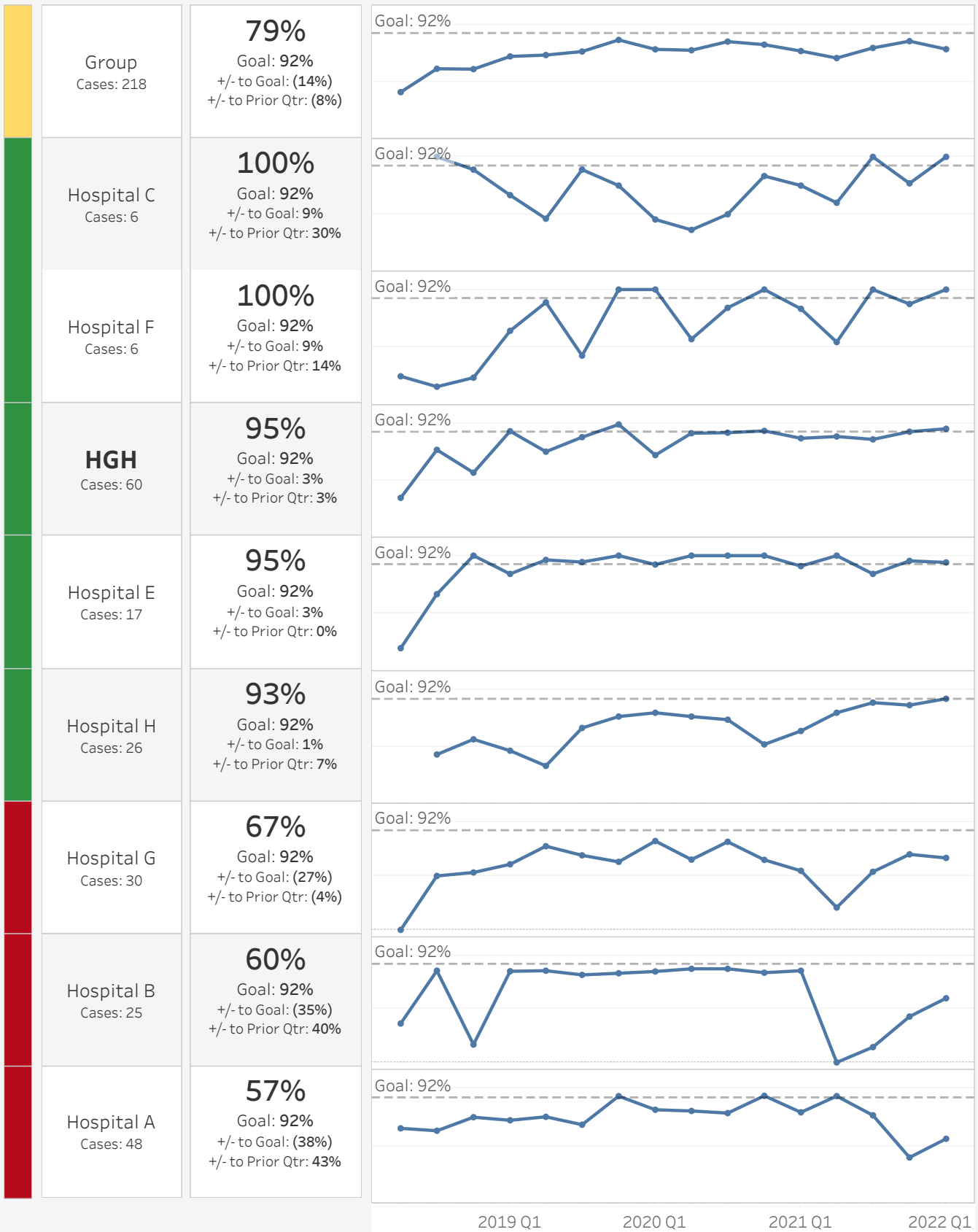
	<p>Group Cases: 2,359</p> <p>99% Goal: 92% +/- to Goal: 8% +/- to Prior Qtr: 0%</p>	
	<p>Hospital G Cases: 77</p> <p>100% Goal: 92% +/- to Goal: 9% +/- to Prior Qtr: 0%</p>	
	<p>Hospital H Cases: 55</p> <p>100% Goal: 92% +/- to Goal: 9% +/- to Prior Qtr: 0%</p>	
	<p>HGH Cases: 1,656</p> <p>100% Goal: 92% +/- to Goal: 9% +/- to Prior Qtr: 1%</p>	
	<p>Hospital F Cases: 43</p> <p>98% Goal: 92% +/- to Goal: 7% +/- to Prior Qtr: 13%</p>	
	<p>Hospital E Cases: 415</p> <p>98% Goal: 92% +/- to Goal: 7% +/- to Prior Qtr: (2%)</p>	
	<p>Hospital B Cases: 27</p> <p>97% Goal: 92% +/- to Goal: 5% +/- to Prior Qtr: 2%</p>	
	<p>Hospital C Cases: 33</p> <p>88% Goal: 92% +/- to Goal: (4%) +/- to Prior Qtr: 11%</p>	
	<p>Hospital A Cases: 53</p> <p>74% Goal: 92% +/- to Goal: (20%) +/- to Prior Qtr: (22%)</p>	

2020 Q1 2020 Q3 2021 Q1 2021 Q3 2022 Q1

Performance to Group

NRHP QI: Opioid Prescribing Compliance

2022 Q1



Performance to Group

NRHP QI: Vital Signs on ED Discharge

2022 Q1

Group	<p style="text-align: center;">96%</p> <p style="text-align: center;">Goal: 92% +/- to Goal: 4% +/- to Prior Qtr: (1%)</p>	
Hospital H	<p style="text-align: center;">100%</p> <p style="text-align: center;">Goal: 92% +/- to Goal: 9% +/- to Prior Qtr: 0%</p>	
Hospital B	<p style="text-align: center;">100%</p> <p style="text-align: center;">Goal: 92% +/- to Goal: 9% +/- to Prior Qtr: 0%</p>	
Hospital G	<p style="text-align: center;">99%</p> <p style="text-align: center;">Goal: 92% +/- to Goal: 8% +/- to Prior Qtr: 0%</p>	
HGH	<p style="text-align: center;">99%</p> <p style="text-align: center;">Goal: 92% +/- to Goal: 8% +/- to Prior Qtr: 0%</p>	
Hospital F	<p style="text-align: center;">97%</p> <p style="text-align: center;">Goal: 92% +/- to Goal: 5% +/- to Prior Qtr: 0%</p>	
Hospital E	<p style="text-align: center;">93%</p> <p style="text-align: center;">Goal: 92% +/- to Goal: 1% +/- to Prior Qtr: 0%</p>	
Hospital C	<p style="text-align: center;">91%</p> <p style="text-align: center;">Goal: 92% +/- to Goal: (1%) +/- to Prior Qtr: (1%)</p>	
Hospital A	<p style="text-align: center;">86%</p> <p style="text-align: center;">Goal: 92% +/- to Goal: (7%) +/- to Prior Qtr: (1%)</p>	



Hospital-Level Care Transition Core Measures/EDTC Report

Quarter 1 - 2022

Humboldt General Hospital

The Medicare Beneficiary Quality Improvement Program (MBQIP) focuses on quality improvement efforts in the 45 states that participate in the Medicare Rural Hospital Flexibility (Flex) Program. Through Flex, MBQIP supports more than 1,350 small hospitals certified as rural Critical Access Hospitals (CAHs) in voluntarily reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS).

The Federal Office of Rural Health Policy (FORHP) tasked the Flex Monitoring Team with producing a set of hospital-level reports for the core MBQIP measures.

This report contains the following core MBQIP measures:

- EDTC-All
 - Home Medications
 - Allergies and/or Reactions
 - Medications Administered in Emergency Department
 - Emergency Department Provider Note
 - Mental Status/Orientation Assessment
 - Reason For Transfer and/or Plan Of Care
 - Tests and/or Procedures Performed
 - Tests and/or Procedures Results

General Report Information

For the table in this report, hospital-level data are included for previous reporting periods and the current reporting period. State-level data and national data are also included in the table for the current quarter, including:

- The number of CAHs reporting
- Average values
- 90th percentile

The number of records reviewed are reported at the hospital, state, and national level.

These data may be useful in understanding how your hospital's performance compares to other hospitals.

The data for state and national values in this report only include CAHs with a signed MBQIP Memorandum of Understanding (MOU). The data used for this report are from the Federal Office of Rural Health Policy as reported by CAHs to State Flex Programs.

Specific information on how data elements were calculated for inclusion in this report is outlined below. 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>.

Percentage Values

The EDTC measure is calculated as the percentage of patients that met all of the eight data elements.

Percentiles

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).

Benchmarks

Benchmarks for the EDTC measure are set at 100% to align with the benchmarks used in FORHP's MQBIP Performance Score. Find more information about these benchmarks at: <https://www.ruralcenter.org/resource-library/mbqip-performance-score>.

Measure Aggregation

State measures aggregate all CAHs in the state and national measures aggregate all CAHs.

Data Exceptions

- "N/A" indicates that the CAH did not submit any data.
- "#" indicates that the CAH did not have a signed MOU at the time of reporting for this period.

Trend Figure

The trend figure shows CAH and national performance over multiple quarters. Missing or excluded data are indicated by a missing data point, and a missing line indicates that data are not available for any of the previous three quarters or the current quarter.

291308: Humboldt General Hospital

Winnemucca, NV, 89445

Hospital-Level Care Transition Core Measures/EDTC Report

Quarter 1 - 2022

Generated on 05/26/22

MBQIP Quality Measure		Your Hospital's Performance by Quarter					State Current Quarter			National Current Quarter		Benchmark
		Q2 2021	Q3 2021	Q4 2021	Q1 2022	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter
EDTC-All	Composite	100%	100%	100%	100%	100%	13	94%	100%	1,210	90%	100%
	Home Medications	100%	100%	100%	100%	100%	13	97%	100%	1,210	94%	100%
	Allergies and/or Reactions	100%	100%	100%	100%	100%	13	100%	100%	1,210	96%	100%
	Medications Administered in ED	100%	100%	100%	100%	100%	13	99%	100%	1,210	96%	100%
	ED Provider Note	100%	100%	100%	100%	100%	13	100%	100%	1,210	95%	100%
	Mental Status/Orientation Assessment	100%	100%	100%	100%	100%	13	100%	100%	1,210	96%	100%
	Reason for Transfer and/or Plan of Care	100%	100%	100%	100%	100%	13	100%	100%	1,210	97%	100%
	Tests and/or Procedures Performed	100%	100%	100%	100%	100%	13	98%	100%	1,210	97%	100%
	Tests and/or Procedures Results	100%	100%	100%	100%	100%	13	97%	100%	1,210	96%	100%
	Total Medical Records Reviewed (N)	N=45	N=45	N=45	N=45	N=180	N=544			N=47,272		

“N/A” indicates that the CAH did not submit any data.

indicates that the CAH did not have a signed MOU at the time of reporting for this period.

291308: Humboldt General Hospital

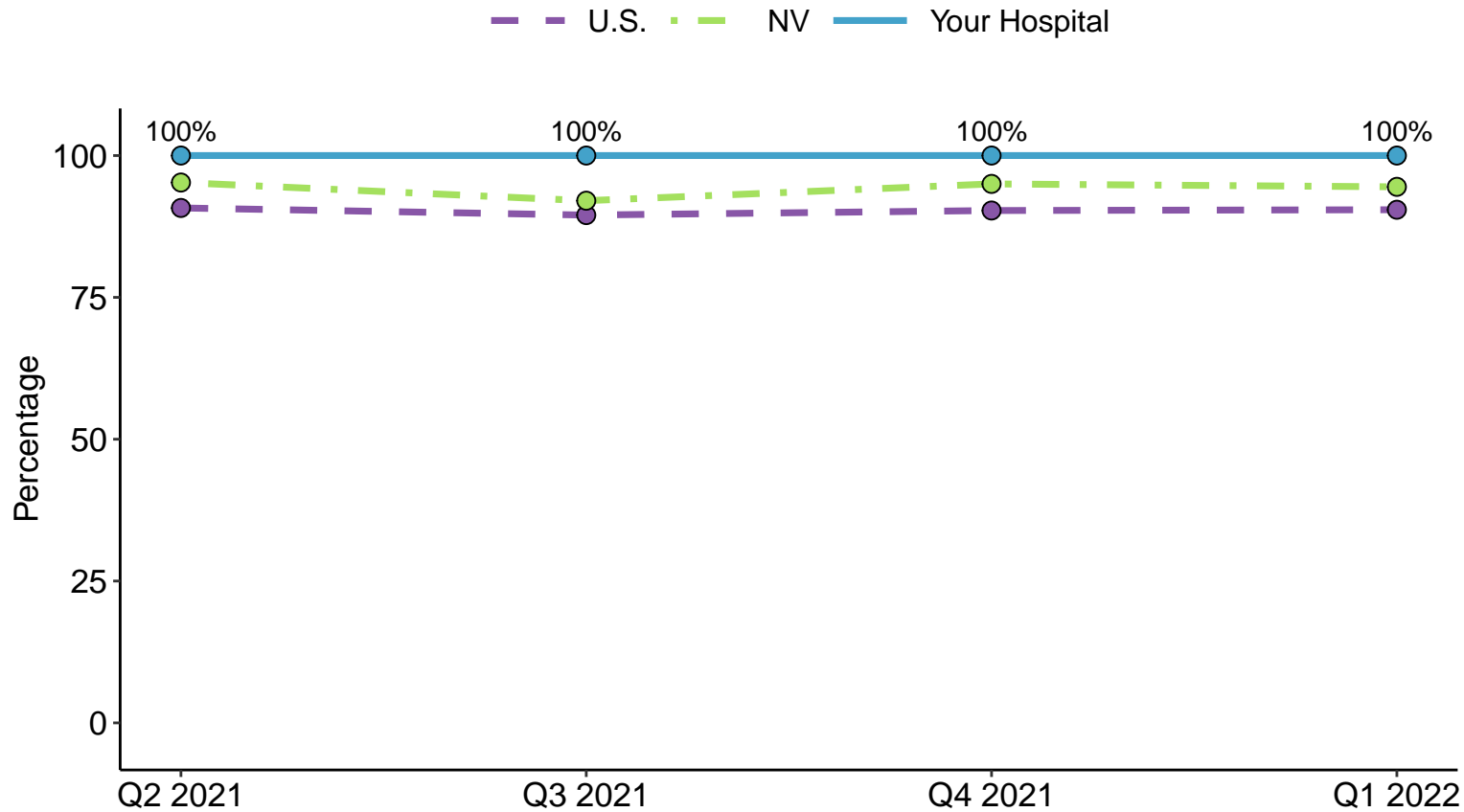
Winnemucca, NV, 89445

Hospital-Level Care Transition Core Measures/EDTC Report

Quarter 1 - 2022

Generated on 05/26/22

Figure 1. EDTC Composite Trend in Humboldt General Hospital and All CAHs Nationally





Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report

Quarter 4 - 2021

Humboldt General Hospital

The Medicare Beneficiary Quality Improvement Program (MBQIP) focuses on quality improvement efforts in the 45 states that participate in the Medicare Rural Hospital Flexibility (Flex) Program. Through Flex, MBQIP supports more than 1,350 small hospitals certified as rural Critical Access Hospitals (CAHs) in voluntarily reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS) and other Federal programs.

The Federal Office of Rural Health Policy (FORHP) tasked the Flex Monitoring Team with producing a set of hospital-level reports for the core MBQIP measures.

This report contains the following core MBQIP measures:

Patient Safety/Inpatient Measures

- HCP/IMM-3: Influenza Vaccination Coverage Among Health Care Personnel (annual measure, updated in quarter 4 only)
- Antibiotic Stewardship (annual measure, updated in quarters 3 & 4 only)
 - Number of Elements Met
 - Element 1: Leadership
 - Element 2: Accountability
 - Element 3: Drug Expertise
 - Element 4: Action
 - Element 5: Tracking
 - Element 6: Reporting
 - Element 7: Education

Outpatient Measures

- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-22: Patient Left Without Being Seen (annual measure, updated in quarter 4 only)

General Report Information

For the tables in this report, hospital-level data are included for previous reporting periods and the current reporting period. State-level data and national data are also included in the tables for the current quarter, including:

- The number of CAHs reporting
- Median values
- 90th percentile values

State measures aggregate all CAHs in the state and national measures aggregate all CAHs nationwide. These data may be useful in understanding how your hospital's performance compares to other hospitals. The data for state and national values in this report only include CAHs with a signed MBQIP Memorandum of Understanding (MOU). The data used for this report are reported to the Centers for Medicare and Medicaid Services (CMS) and extracted from QualityNet, or to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) annual survey.

Specific information on how data elements were calculated for inclusion in this report is outlined below. 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>.

Population and Sampling Data

Population and sampling refers to recording of the number of cases the hospital is submitting to the CMS Clinical Warehouse. Entering a “zero” (0) when appropriate in population and sampling data is a mechanism that allows CAHs to report that they had no cases that met the measure set population requirements in a given quarter. These data are used to distinguish between hospitals that did not have any cases in the patient population versus those that chose not to report. The state and national values for number of CAHs reporting a given measure include:

- All CAHs that submitted case values for that measure, and
- All CAHs that indicated that did not have any patients in the measure population.

Percentage Values

Percentages are calculated using the number of patients (or healthcare workers for the measure HCP/IMM-3) who meet the measure criteria, divided by the number of patients or workers in the measure population, which are specifically defined for each measure. Values are rounded to the nearest whole number.

Time Values

Median time includes the median number of minutes until the specified event occurs among patients who meet certain criteria, which are specifically defined for each measure.

Percentiles

Some measures include state and national values for 90th percentile. The 90th percentile is the level of performance required 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).

Benchmarks

Benchmarks for HCP/IMM-3 and Antibiotic Stewardship are set at 100% to align with the benchmarks used in FORHP’s MQBIP Performance Score (<https://www.ruralcenter.org/resource-library/mbqip-performance-score>). Benchmarks for OP-2, OP-22, OP-3b, and OP-18b are set at the national 90th percentiles of CAHs with MOUs during 2020.

Binary Responses (Y/N)

For antibiotic stewardship measures, data include a yes (Y) or no (N) for each of the seven core elements, indicating if the CAH fulfilled that element or not. The report also includes a Y or N for whether the CAH met requirements for all seven elements.

Reporting Periods for Annual Measures

Measure OP-22 is reported annually, with data due May 15 of each year reflecting the prior calendar year. Measure HCP/IMM-3 is also reported annually, with data due May 15 of each year reflecting the prior Flu season (quarter 4 of the previous year through quarter 1 of the current year).

Antibiotic Stewardship is an annually reported measure collected through submission of the NHSN Annual Facility Survey. Hospitals are asked to submit surveys reflective of the previous calendar year by March 1 (e.g., 2020 surveys are submitted by March 1, 2021). New survey data first becomes available with the Quarter 4 reports and are repeated in reports for Quarters 1 and 2 (in our example, Quarter 4 2020, Quarter 1 2021, and Quarter 2 2021). A final run of the data reflecting any updates to the survey or additional hospital submissions will be reflected in Quarter 3 data reports of the following year (in our example, Quarter 3 2021).

Data Exceptions & Labels

- “*” indicates that the CAH either:
 - Reported a population of 0, meaning there were no patients that met the patient population, or
 - Submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure.
- “N/A” indicates that a CAH either:
 - Did not submit any measure data, or
 - Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.
- “#” indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

Trend Figures

Trend figures show CAH, state, and national data over multiple reporting periods. Missing or excluded data are indicated by a missing data point or bar, and a missing line or three missing bars indicates data are not available for any reporting period in the figure. For measures OP-2, OP-3b, and OP-18b, in instances where a CAH does not report a data value greater than 0 (shown by an * in the tables), the trend figures will also have a missing data point for that period. Due to similarities between some CAH, state, and national values, trend lines may overlap in some figures. A trend figure is not included for OP-22 due to its low annual variation and the trend figure for Antibiotic Stewardship only shows CAH-level data.

291308: Humboldt General Hospital

Winnemucca, NV, 89445

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report

Quarter 4 - 2021

Generated on 05/25/22

		Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Benchmark
		Q1 2021	Q2 2021	Q3 2021	Q4 2021	# CAHs Reporting	Median Time/Overall Rate	90th Percentile	# CAHs Reporting	Median Time/Overall Rate	Median Time/Overall Rate
AMI Cardiac Care Measures											
OP-2	Fibrinolytic Therapy Received within 30 Minutes of ED Arrival	*	*	*	*	13	67%	100%	999	48%	100%
	Number of Patients (N)	*	*	*	*						
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	*	*	*	*	13	73 min	69 min	999	76 min	33 min
	Number of Patients (N)	*	*	*	*						

		Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Benchmark
		Q1 2021	Q2 2021	Q3 2021	Q4 2021	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	Median Time
Emergency Department – Quarterly Measure											
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	130 min	130 min	101 min	88 min	12	131 min	96 min	1,032	119 min	79 min
	Number of Patients (N)	N=81	N=81	N=88	N=90						

“*” indicates that the CAH either:

- Reported a population of 0, meaning there were no patients that met the patient population, or
- Submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure.

“N/A” indicates that a CAH either:

- Did not submit any measure data, or
- Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.

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291308: Humboldt General Hospital

Winnemucca, NV, 89445

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report

Quarter 4 - 2021

Generated on 05/25/22

	Emergency Department – Annual Measure	Your Hospital’s Performance by Calendar Year			State Current Year			National Current Year		Bench- mark
		CY 2019	CY 2020	CY 2021	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
OP-22	Patient Left Without Being Seen Number of Patients (N)	0% N=8,137	2% N=7,256	1% N=8,457	13	1%	1%	827	1%	0%

	NHSN Immunization Measure	Your Hospital’s Reported Adherence Percentage			State Current Flu Season			National Current Flu Season		Bench- mark
		4Q19 - 1Q20	4Q20 - 1Q21	4Q21 - 1Q22	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
HCP/IMM-3	Healthcare Provider Influenza Vaccination	98%	95%	71%	11	71%	97%	983	79%	100%

“N/A” indicates that the CAH did not submit any data for this measure.

“#” indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

291308: Humboldt General Hospital

Winnemucca, NV, 89445

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report

Quarter 4 - 2021

Generated on 05/25/22

	Your Hospital's Performance by Survey Year		State Percentage for Current Survey Year		National Percentage for Current Survey Year		Benchmark
	Survey Year 2020	Survey Year 2021	# CAHs Reporting	% of CAHs Meeting Element	# CAHs Reporting	% of CAHs Meeting Element	% of CAHs Meeting Element
Antibiotic Stewardship Measure – CDC Core Elements							
Number of Elements Met	7	7	10	80%	1,157	89%	100%
Element 1: Leadership	Y	Y	10	100%	1,157	98%	100%
Element 2: Accountability	Y	Y	10	100%	1,157	97%	100%
Element 3: Drug Expertise	Y	Y	10	100%	1,157	97%	100%
Element 4: Action	Y	Y	10	90%	1,157	97%	100%
Element 5: Tracking	Y	Y	10	100%	1,157	96%	100%
Element 6: Reporting	Y	Y	10	90%	1,157	98%	100%
Element 7: Education	Y	Y	10	100%	1,157	99%	100%

“N/A” indicates that the CAH did not submit any data for this measure.

“#” indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

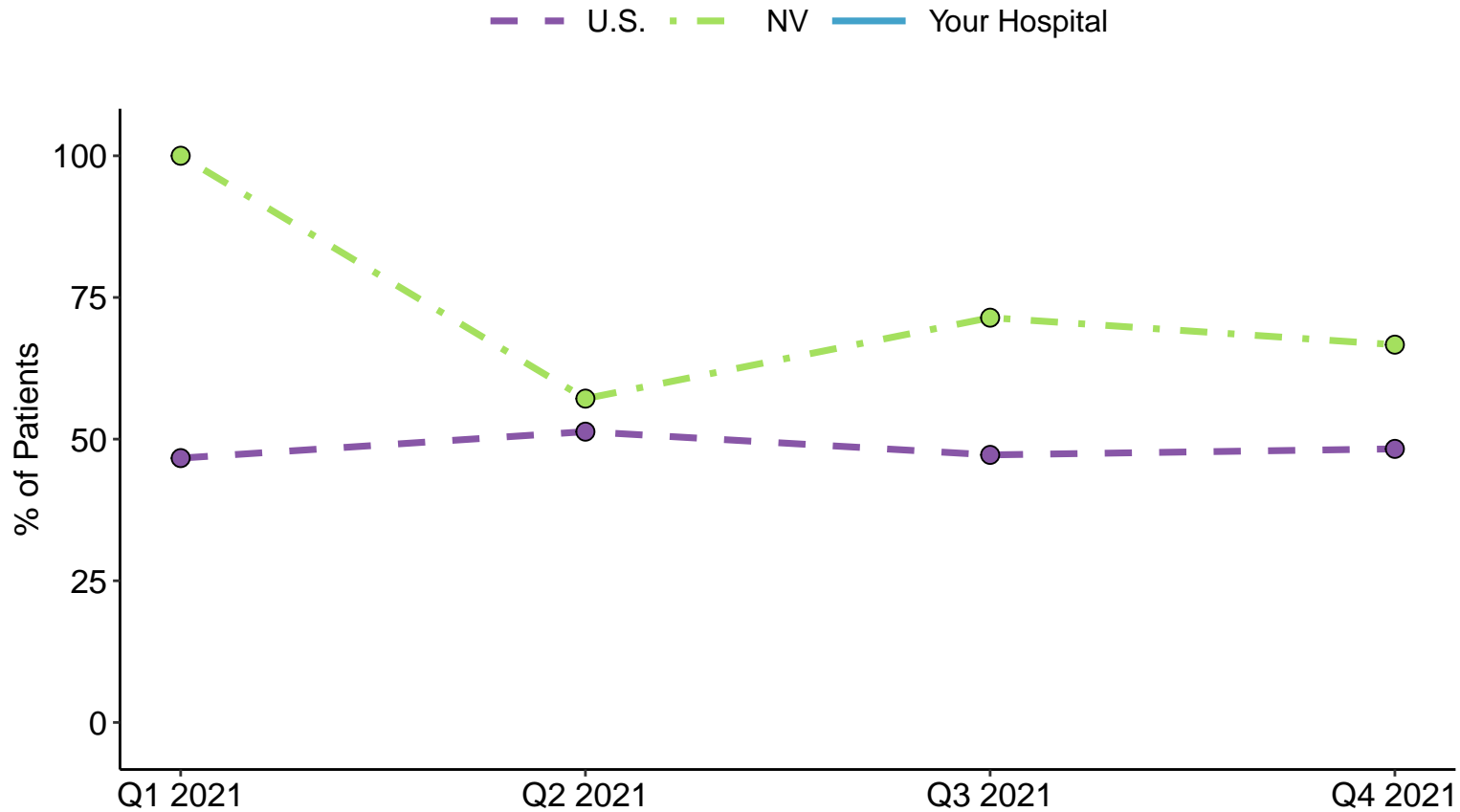
291308: Humboldt General Hospital

Winnemucca, NV, 89445

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report Quarter 4 - 2021

Generated on 05/25/22

Figure 1. OP-2 Trends in Humboldt General Hospital, Nevada, and All CAHs Nationally
Fibrinolytic therapy received within 30 minutes



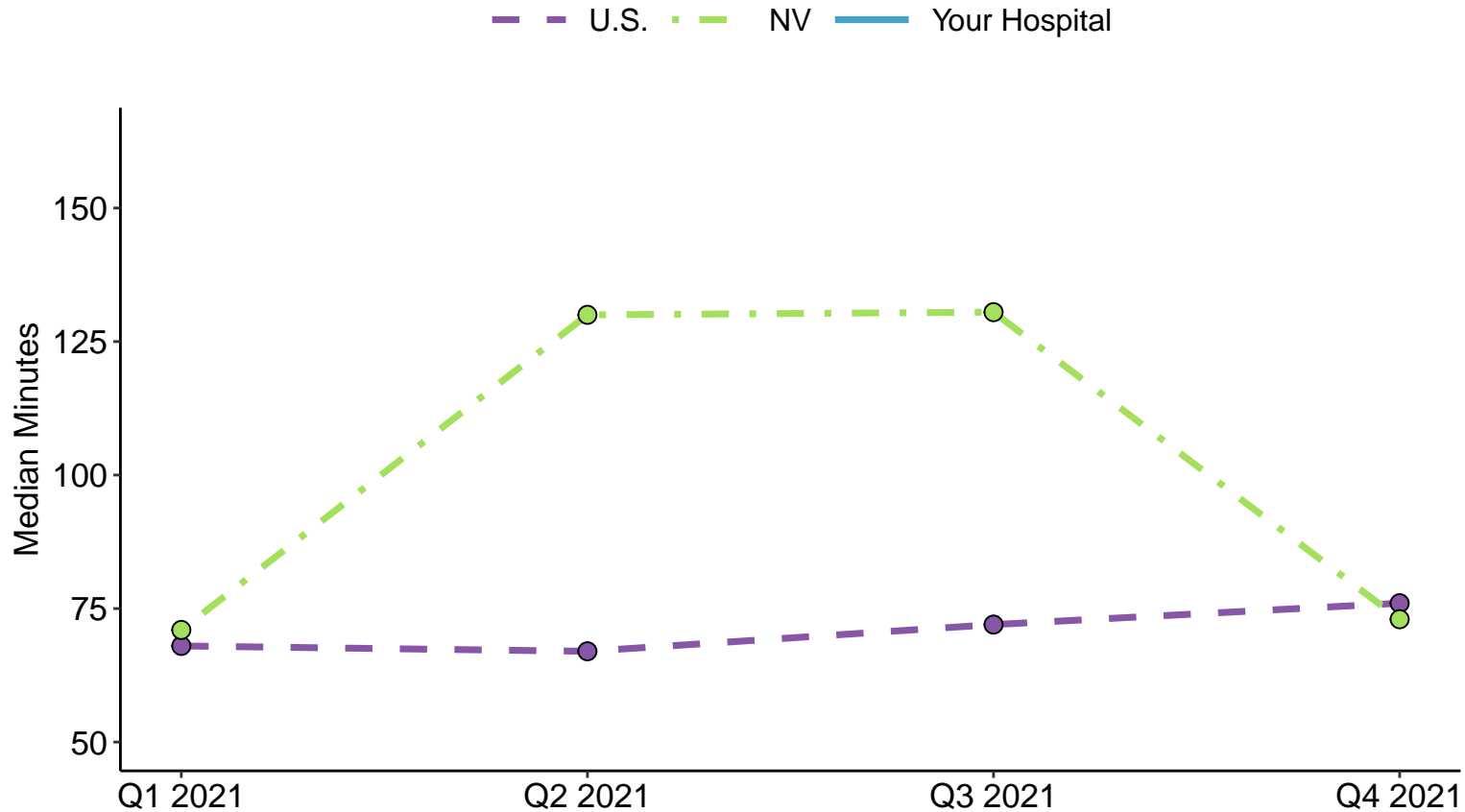
291308: Humboldt General Hospital

Winnemucca, NV, 89445

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report Quarter 4 - 2021

Generated on 05/25/22

Figure 2. OP-3b Trends in Humboldt General Hospital, Nevada, and All CAHs Nationally
Median time to transfer to another facility - acute coronary intervention (lower is better)



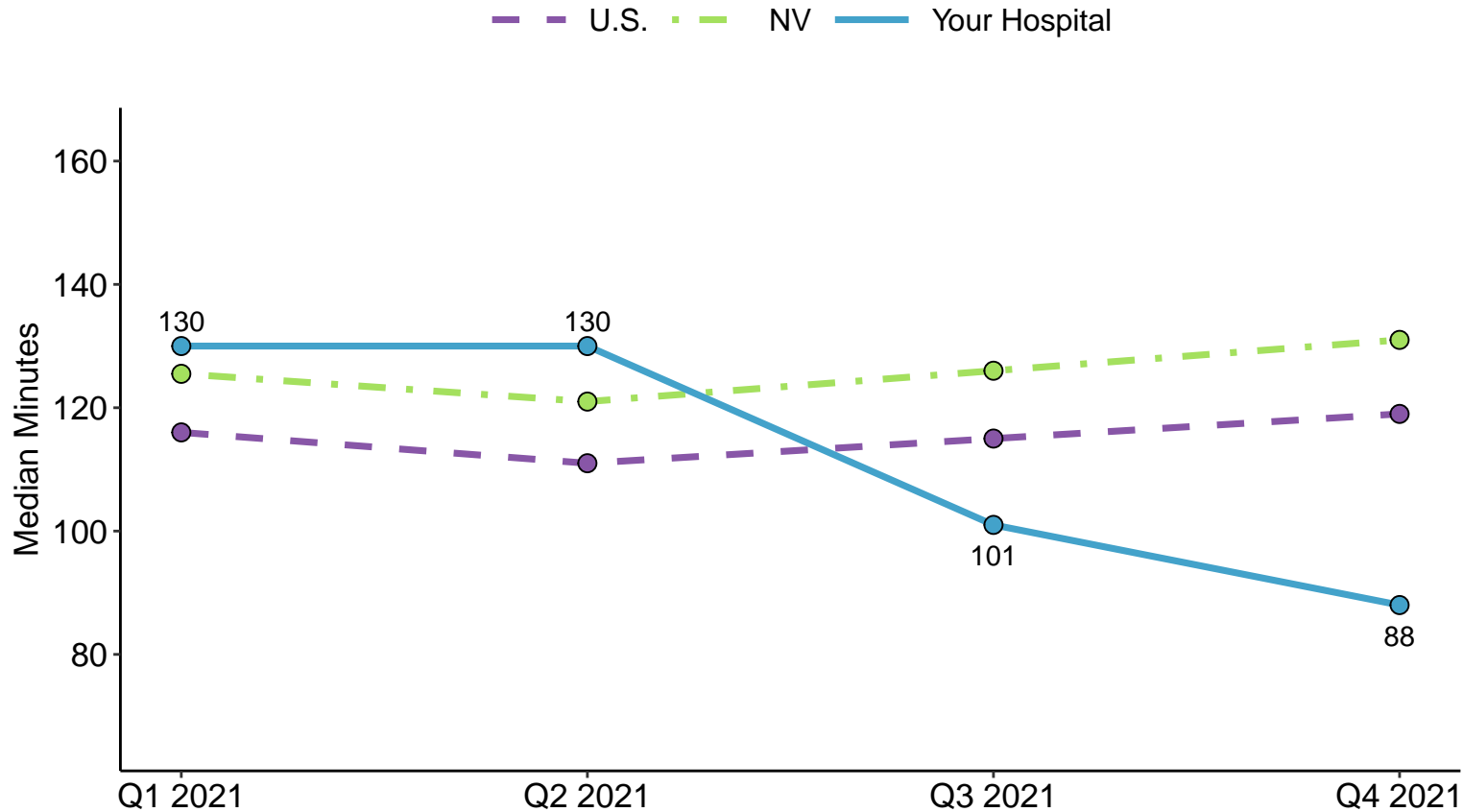
291308: Humboldt General Hospital

Winnemucca, NV, 89445

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report Quarter 4 - 2021

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Figure 3. OP-18b Trends in Humboldt General Hospital, Nevada, and All CAHs Nationally
Median time from ED arrival to ED departure for discharged patients (lower is better)



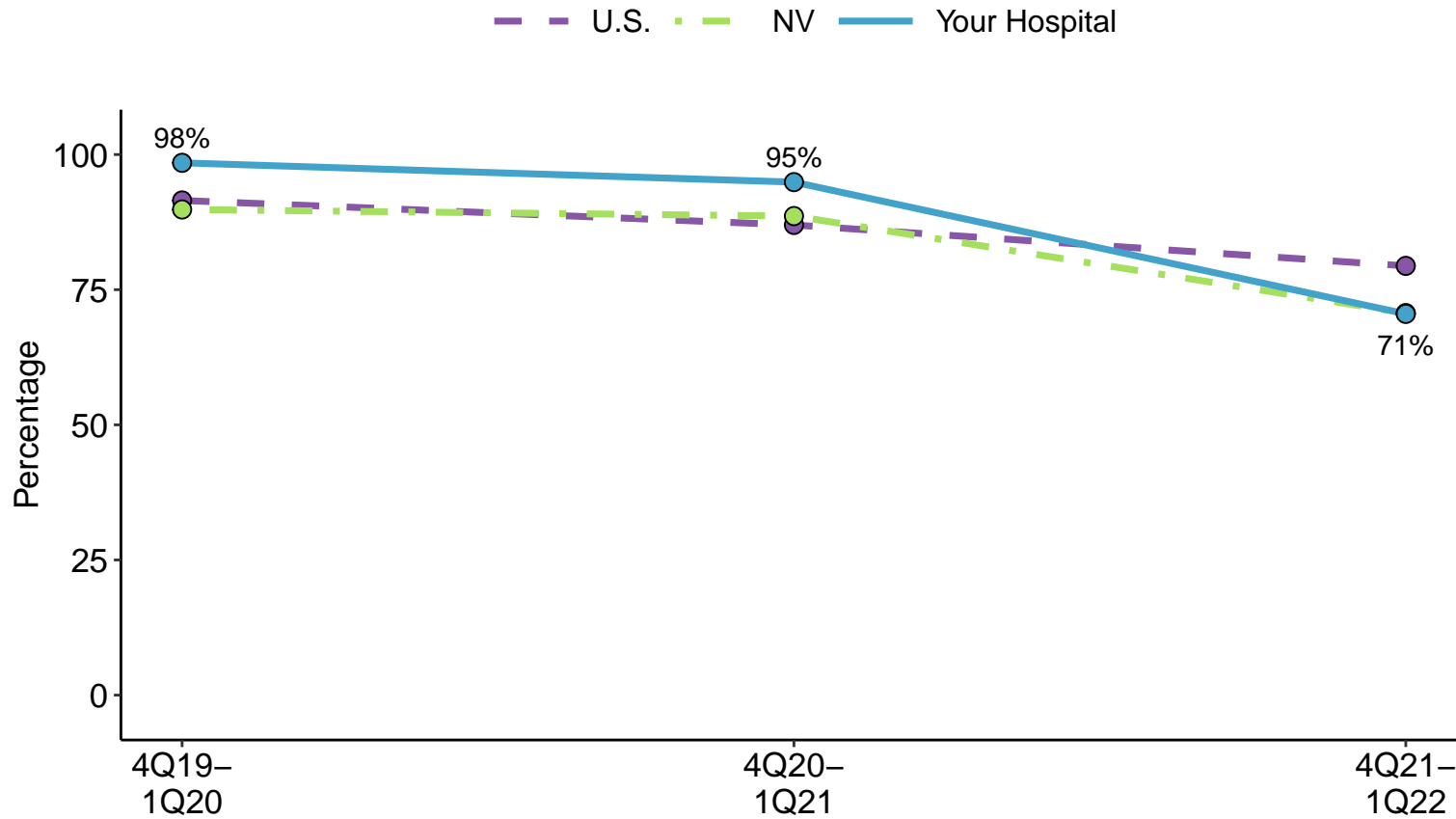
291308: Humboldt General Hospital

Winnemucca, NV, 89445

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report Quarter 4 - 2021

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Figure 4. HCP/IMM-3 Trends in Humboldt General Hospital, Nevada, and All CAHs Nationally
Healthcare workers given influenza vaccination



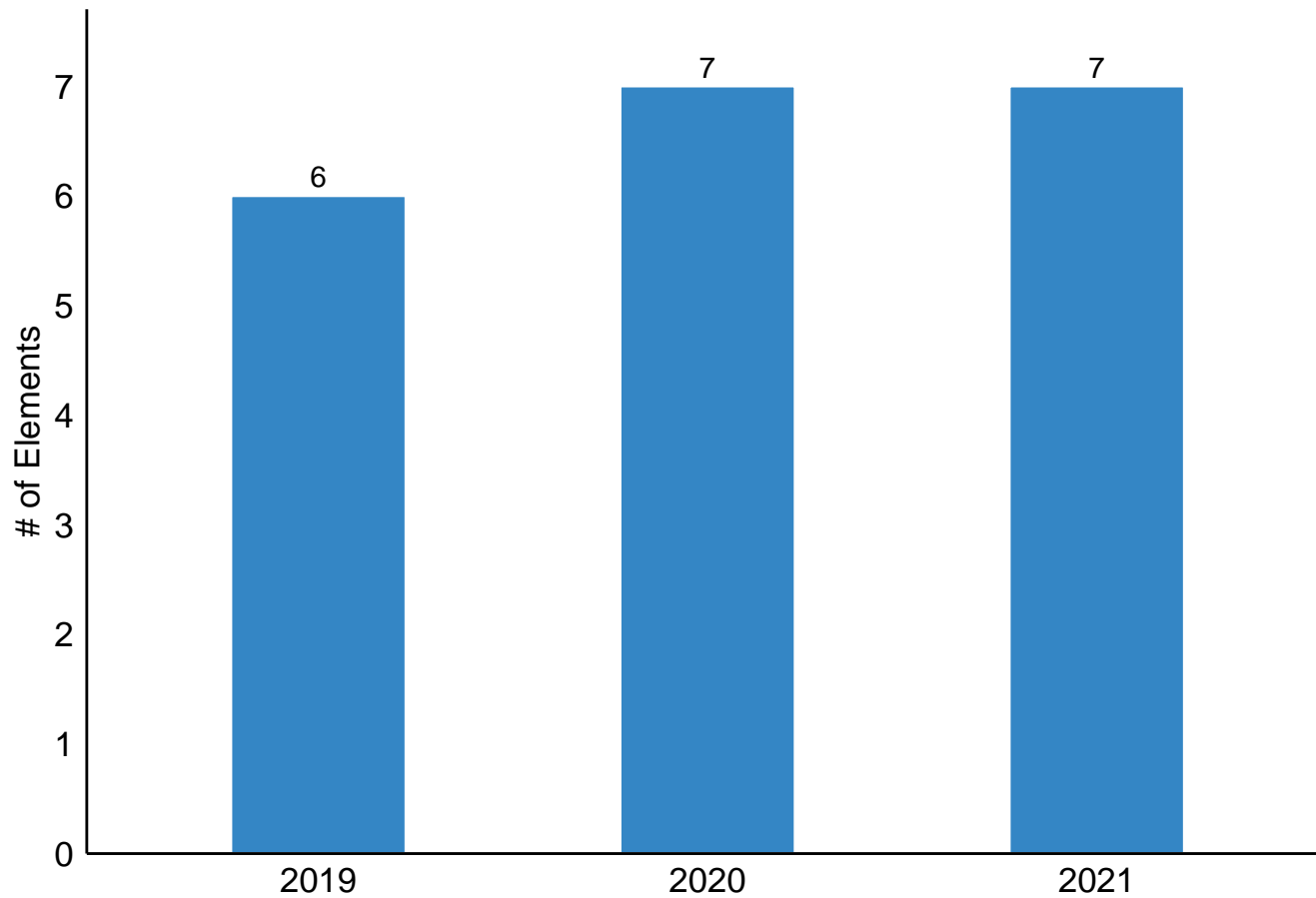
291308: Humboldt General Hospital

Winnemucca, NV, 89445

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report Quarter 4 - 2021

Generated on 05/25/22

Figure 5. Antibiotic Stewardship Trend in Humboldt General Hospital
Antibiotic stewardship core elements met



Ethics Quick Reference Guide

Descriptions of statutes are summaries and do not necessarily include all legal elements nor should this document be viewed as legal advice.

ETHICS BASICS

Topic: Which individuals are covered by the Ethics Law?

Answers: Public Officers (position in Nevada Constitution, Nevada Law, local government charter or ordinance, or listed in NRS 281A.182), Public Employees, and in some cases former public officer or employees.

Legal Citation: NRS 281A.160, NRS 281A.150, NRS 281.180

Topic: State of limitations

Answers: Jurisdiction is limited to acts that occurred within last two years. Some exceptions for unknown or concealed activity.

Legal Citation: NRS 281A.280

Topic: Conduct Specifically Outside Jurisdiction

Answers: Allegations of harassment or other activity covered by Equal Employment Opportunity Commission or Nevada Equal Rights Commission or other employment related grievances or activity not specifically prohibited by NRS 281A

Legal Citation: NRS 281A.280

IMPORTANT DEFINITIONS

Term: Commitment in a private capacity

Definition: Specific relationship such as 1) Spouse/domestic partner 2) Member of household 3) Related by third degree of consanguinity 4) Employer of individual or their spouse/partner/household member 5) Substantial and continuing business interest or 6) "Substantially similar" to any of the above

Legal Citation: NRS 281A.065

Term: Pecuniary Interest

Definition: Any beneficial or detrimental interest in a matter that consists or is measured in money or otherwise related to money including 1) Anything of economic value or 2) Payments or other money which a person is owed.

Legal Citation: NRS 281A.139

Term: Unwarranted

Definition: Without justification or reason

Legal Citation: NRS 281A.400

STATUTORY PROHIBITIONS THE COMMISSION CAN ENFORCE

Gifts, services, favor, engagements that “tend improperly to influence a reasonable person to depart from the faithful and impartial discharge of duties. NRS 281A.400(1)

No unwarranted privileges, preferences, exemptions, or advantages using public officer’s position. NRS 281A.400(2)

Negotiating a contract for self or others with current agency. NRS 281A.400(3)

Salary, retainer, augmentation, expense allowance, or compensation from private source for performance of public duties. NRS 281A.400(4)

Use of non-public information for benefit of self or others. NRS 281A.400(5)

Suppression of government report to benefit self or others. NRS 281A.400(6)

Use of government time, property, equipment, or other facility to benefit a significant personal or pecuniary interest (Limited use exceptions). NRS 281A.400(7)

Legislator-only version of use of government time. NRS 281A.400(8)

Benefit to self or other using influence over a subordinate. NRS 281A.400(9)

Seeking/obtaining other employment or contracts using official position. NRS 281A.400(10)

Voting to benefit someone/entity without proper disclosure or abstention. NRS 281A.420

Failure to file a timely acknowledgment of statutory ethical standards form. NRS 281A.500

Receiving an honorarium (money for speaking, appearing) - limited exceptions. NRS 281A.510

Benefit to a ballot question or candidate using a governmental entity. NRS 281A.520






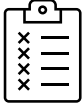
Compensation for lobbying, consulting, or representation on issue before current or former public agency. NRS 281A.410

New employment or soliciting new employment using current position. NRS 281A.550

BASIC COMPLAINT PROCESS

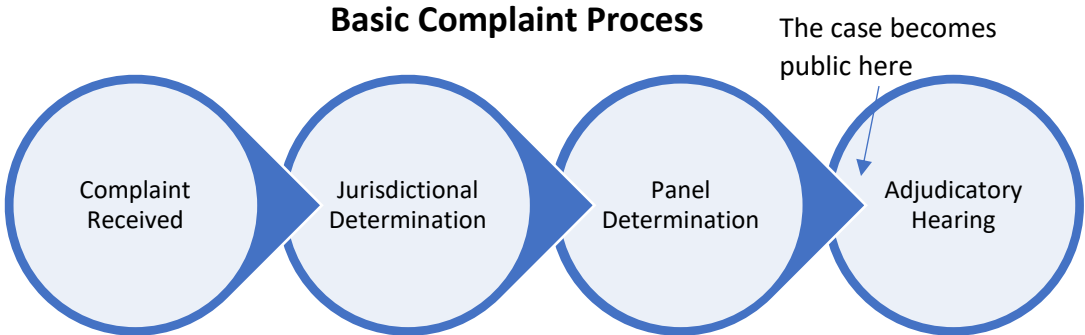
1. A complaint is submitted to the Commission
2. The makes a jurisdictional determination
3. If there is jurisdiction, the case moves to a determination by a Review Panel
4. If the Review Panel refers to the Commission, the Commission hold an adjudicatory hearing

The complaint process is confidential until after a Review Panel has made a determination.

Nevada Commission on Ethics Quick Reference Guide		
Topic	Answer	Legal Citation*
Basics		
 Individuals Covered	Public Officers (position in Nevada Constitution, Nevada Law, local government charter or ordinance, or listed in NRS 281A.182)	NRS 281A.160
	Public Employees	NRS 281A.150
	Some cases – former public officers/employees	NRS 281A.180
 Statute of Limitations	Jurisdiction is limited to acts that occurred within last two years. Some exceptions for unknown or concealed activity.	NRS 281A.280
 Specifically Outside Jurisdiction	Allegations of harassment or other activity covered by Equal Employment Opportunity Commission or Nevada Equal Rights Commission Other employment related grievances Activity not specifically covered by NRS 281A	NRS 281A.280
Important Definitions		
 “Commitment in a Private Capacity”	<ul style="list-style-type: none"> • Spouse/domestic partner • Member of household • Related by third degree of consanguinity • Employer of individual or their spouse/partner/household member • Substantial and continuing business interest • “Substantially similar” to any of the above 	NRS 281A.065
 “Pecuniary interest”	Any beneficial or detrimental interest in a matter that consists or is measured in money or otherwise related to money including <ul style="list-style-type: none"> • Anything of economic value • Payments or other money which a person is owed 	NRS 281A.139
 “Unwarranted”	Without justification of reason	NRS 281A.400

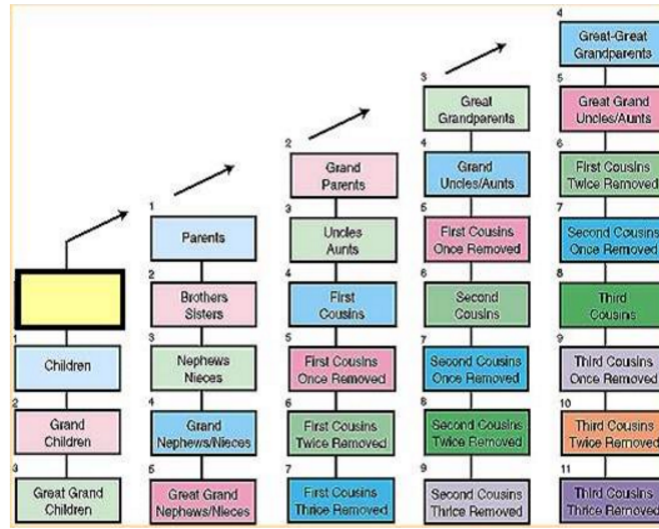
*Descriptions of statutes are summaries and do not necessarily include all legal elements nor should this document be viewed as legal advice.

Nevada Commission on Ethics Quick Reference Guide	
Statutory Prohibitions the Commission Can Enforce*	
Improper Benefit - General	
Gifts, services, favor, engagements that “tend improperly to influence a reasonable person to depart from the faithful and impartial discharge of duties	NRS 281A.400(1)
No unwarranted privileges, preferences, exemptions, or advantages using public officer’s position	NRS 281A.400(2)
Negotiating a contract for self or others with current agency	NRS 281A.400(3)
Salary, retainer, augmentation, expense allowance, or compensation from private source for performance of public duties	NRS 281A.400(4)
Use of non-public information for benefit of self or others	NRS 281A.400(5)
Suppression of government report to benefit self or others	NRS 281A.400(6)
Use of government time, property, equipment, or other facility to benefit a significant personal or pecuniary interest (Limited use exceptions)	NRS 281A.400(7)
Legislator-only version of use of government time	NRS 281A.400(8)
Benefit to self or other using influence over a subordinate	NRS 281A.400(9)
Seeking/obtaining other employment or contracts using official position	NRS 281A.400(10)
Voting to benefit someone/entity without proper disclosure or abstention	NRS 281A.420
Failure to file a timely acknowledgment of statutory ethical standards form	NRS 281A.500
Receiving an honorarium (money for speaking, appearing) - limited exceptions	NRS 281A.510
Improper Benefit – Political Cause	
Benefit to a ballot question or candidate using a governmental entity	NRS 281A.520
Employment Restrictions / Cooling Off	
Compensation for lobbying, consulting, or representation on issue before current or former public agency	NRS 281A.410
New employment or soliciting new employment using current position	NRS 281A.550



*Descriptions of statutes are summaries and do not necessarily include all legal elements nor should this document be viewed as legal advice.

Consanguinity/Affinity Chart



INSTRUCTION:

For Consanguinity (relationship by blood) calculations:

Place the public officer/employee for whom you need to establish relationships by consanguinity in the blank box. The labeled boxes will then list the relationship by title to the public officer/employee and the degree of distance from the public officer/employee.

Anyone in a box numbered 1, 2, or 3 is within the third degree of consanguinity.

For Affinity (relationship by adoption, marriage or domestic partnership) calculations:

Place the spouse or domestic partner of the public officer/employee for whom you need to establish relationships by affinity in the blank box. The labeled boxes will then list the relationship by title to the spouse or domestic partner and the degree of distance from the public officer/employee by affinity.

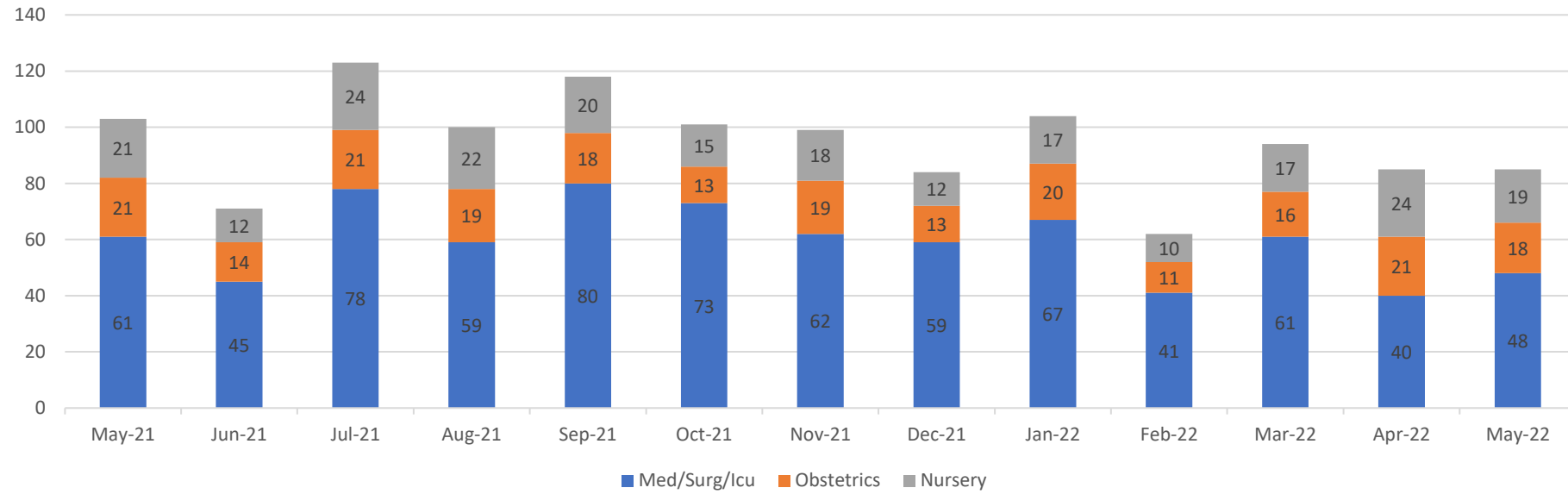
Spouses are related in the first degree of affinity by marriage and domestic partners are related in the first degree of affinity by domestic partnership. For adoption and other relationships by marriage or domestic partnership, the degree of relationship is the same as the degree of underlying relationship by blood.

STATS



Humboldt General Hospital

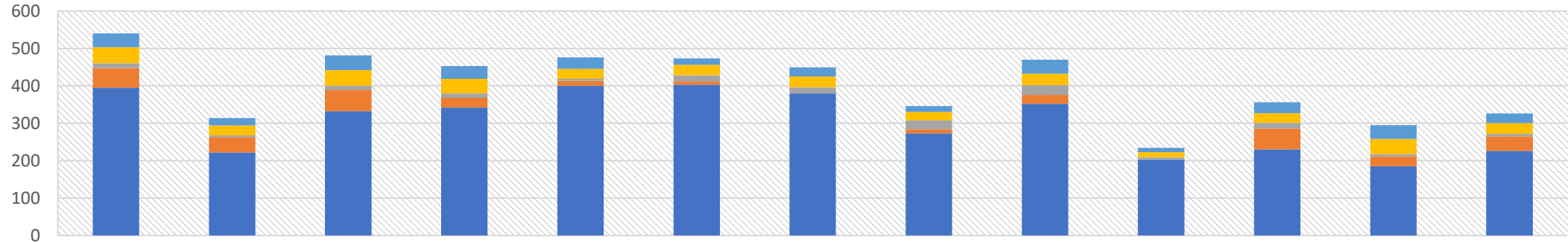
Admits



Humboldt General Hospital



Patient Days



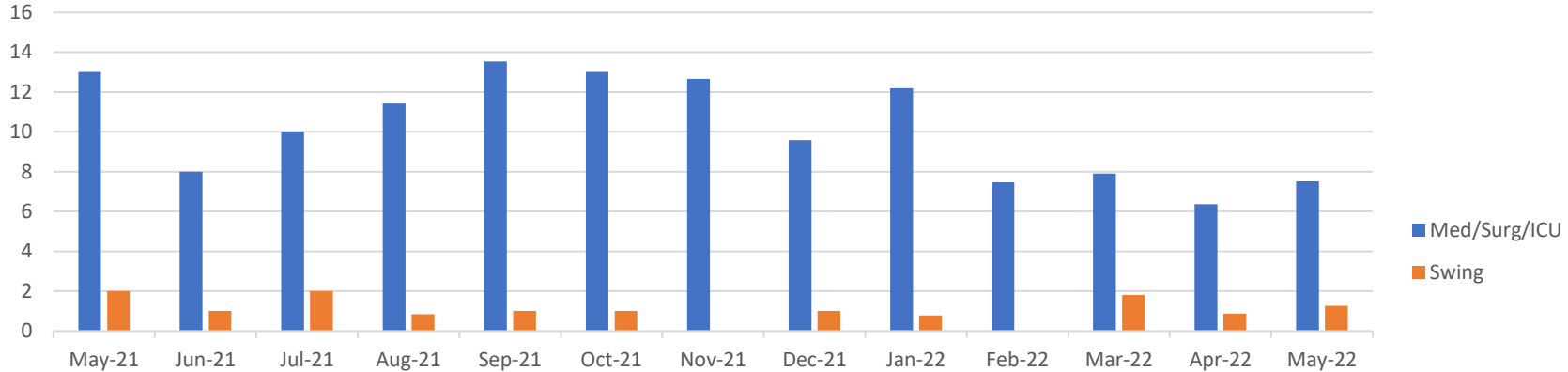
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
■ Nursery	37	20	39	34	31	17	24	16	38	11	29	37	26
■ Obstetrics	43	26	42	39	26	28	29	22	30	14	26	41	28
■ ICU	13	5	11	12	6	16	16	24	26	6	15	6	7
■ Swing	52	41	57	26	13	9	0	11	24	0	56	26	39
■ Med/Surg	395	222	332	342	400	403	380	273	352	203	230	185	226

■ Med/Surg ■ Swing ■ ICU ■ Obstetrics ■ Nursery

Humboldt General Hospital



Daily Average Census

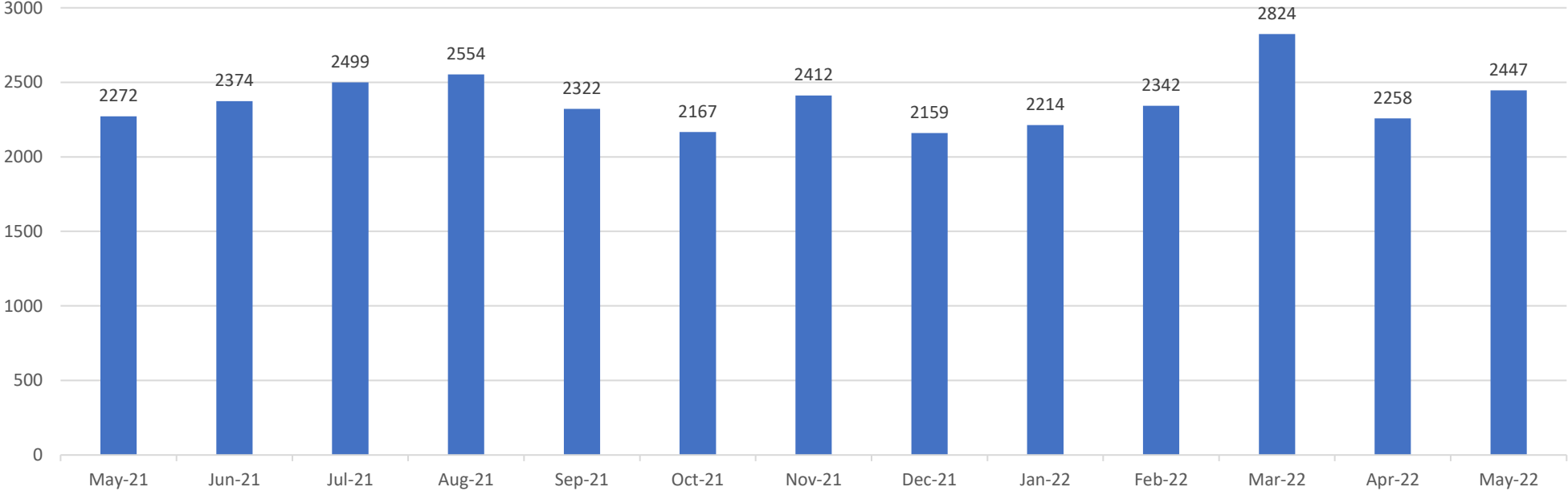


	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
■ Med/Surg/ICU	13	8	10	11	14	13	13	10	12	7	8	6	8
■ Swing	2	1	2	1	1	1	0	1	1	0	2	1	1

Humboldt General Hospital

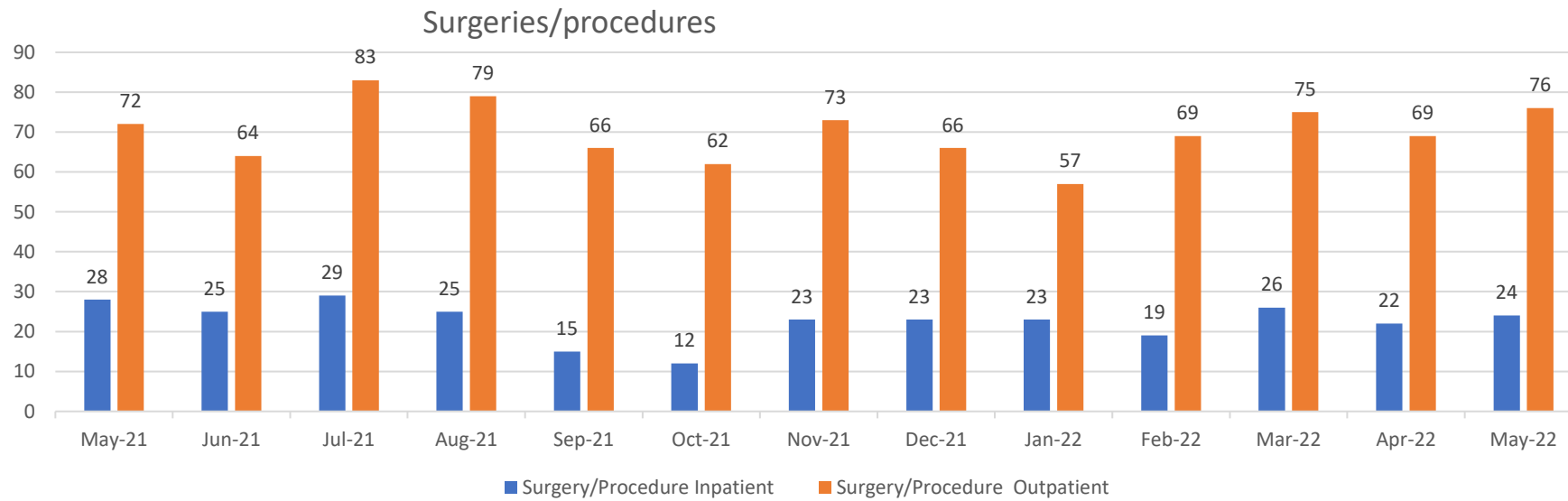


Clinic Visits



Humboldt General Hospital





Humboldt General Hospital



Surgeries			
Class	IP	OP	Total
C-Section	3	0	8
Cardiology	0	2	2
General	6	5	11
GYN	4	2	6
ORTHOPEDIC	7	16	23
Podiatry	0	5	5
Otorhinolarngology	0	0	0
Pain Management	0	0	0
Urology	0	5	5
Grand Total	20	35	55

Procedures			
Class	IP	OP	Total
Colonoscopy	2	27	29
EGD	2	9	11
Sigmoid	0	0	0
Paracentesis	0	0	0
PICC line	0	0	0
Pain Management	0	5	5
Grand Total	4	41	45

Humboldt General Hospital



Humboldt General Hospital							
Monthly Statistics Comparison							
	21-Mar	21-Apr	21-May	22-Mar	22-Apr	22-May	
Med/Surg Pt Days	356	365	395	230	185	226	
Obstetrics Pt Days	30	35	43	26	41	28	
Nursery Pt Days	32	26	37	29	37	26	
ICU Pt Days	0	10	13	15	6	7	
Swing Bed Days	36	29	52	56	26	39	
Harmony Manor Days	865	803	832	682	778	789	
Quail Corner Days	217	195	186	248	240	278	
Admissions	89	96	103	94	86	86	
Labor Room Deliveries	14	12	21	16	21	17	
Operating Room Cases- Inpatient	36	38	28	26	22	24	
Operating Room Cases- Outpatient	77	66	72	75	69	76	
Radiology Tests	1347	1348	1121	1611	1351	1484	
Laboratory Tests	8879	8479	8717	9361	7715	8616	
Emergency Room Visits	663	640	639	743	690	731	
Billable Amulance Runs	161	147	137	156	155	180	

Humboldt General Hospital



Humboldt General Hospital							
Monthly Statistics Comparison							
	21-Mar	21-Apr	21-May	22-Mar	22-Apr	22-May	
RHC Visits- Total Visits	2493	2463	2272	2824	2258	2447	
RHC FP1 MATTHEWS	326	241	228	246	223	219	
RHC FP2 SMITH	144	150	155	268	176	211	
RHC FP3 RAJAN	356	360	253	0	0	0	
RHC FP4	0	0	0	0	0	0	
RHC FP6 FETTIC	66	44	77	129	81	121	
RHC Int Med ADAJAR	293	323	333	332	300	286	
RHC Pain Management WESLEY	46	39	53	39	37	46	
RHC Peds JANHUNEN	281	301	255	327	215	314	
RHC Podiatry DRAPER/LINDSTROM	138	147	161	197	170	188	
RHC RESIDENCY	260	206	239	293	228	233	
RHC TELE-HEALTH	36	41	22	29	27	28	
RHC WOMENS HEALTH	207	235	208	309	280	281	
RHC Walk In	340	376	288	649	505	490	
RHC LTC Clinic				6	16	30	
Behavioral Health/Mental Health	249	283	282	263	274	251	
Cardiology	0	0	29	174	166	170	
Physical Medicine	32	72	45	87	94	79	
Outpatient Ambulatory Screening Clinic	376	232	142	495	158	130	
Urology				55	58	63	
Orthopedic Clinic				262	266	262	
Sleep Medicine				12	13	12	

Humboldt General Hospital



Humboldt General Hospital										
Monthly Statistics Comparison										
		21-Mar	21-Apr	21-May	22-Mar	22-Apr	22-May			
Radiology Tests by modality										
MRI		61	51	69	77	70	79			
Mammogram		39	118	57	86	75	70			
Bone Denisty		23	28	13	17	11	11			
Computed Tomography		249	190	182	243	239	257			
General Diagnostic		648	674	580	787	664	765			
Nuclear Cardiac		8	8	9	24	15	9			
Nuclear Medicine		6	6	3	3	6	7			
Ultrasound		267	217	173	331	238	244			
Vascular Ultrasound		46	56	35	43	33	42			
		1347	1348	1121	1611	1351	1484			

Humboldt General Hospital



HUMBOLDT GENERAL HOSPITAL

PRESENTATION OF CASH ACCOUNTS

MAY 31, 2022-- FISCAL YEAR 2022

ACCOUNTS FOR:	G/L ACCT. #:	LOCATION HELD:	ACCOUNT.#:	BALANCES:
Cash Drawers	10100	Safe/Business Office/Clinics	Cash Drawers(12)	3,075
General Fund Checking	10000	Wells Fargo Bank	3828	1,785,748
Tax Account	10005	Wells Fargo Bank	925	16,615
Payroll Checking	10010	Wells Fargo Bank	3836	(38,921)
General Fund Investment	10020	Wells Fargo Bank	6671	945,898
Hanssen Scholarship Fund	10050	Wells Fargo Bank	7067	3,911
EMS Scholarship Fund	10055	Wells Fargo Bank	917	16,972
SNF Patient Trust	10035	Wells Fargo Bank	0021	27,972
SNF Memorial/Activity	10040	Wells Fargo Bank	9304	4,816
Investment Trust	10030	Wells Fargo Bank	6500	10,544,577
LGIP Savings	10025	NV State Treasurer	#xxxGHO	800,162

HGH TOTALS: 14,110,825

I, Kim Plummer, CFO for Humboldt General Hospital, hereby certifies the above report of cash account balances accurately reflects the actual cash book balances as reported in the general ledger.

SUBMITTED & SIGNED:

Kim Plummer, CFO

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
APRIL 19, 2022 BUDGET MEETING
MEETING VIA TELECONFERENCE—VIDEOCONFERENCE—IN-PERSON**

BOARD PRESENT:

Michelle Miller, Chair
Alicia Cramer, Vice-chair
Gene Hunt, Member (via phone)
Ken Tipton, County Comm. Member
Lewis Trout, Member

ABSENT:

JoAnn Casalez, Member
Kent Maher, Legal Counsel

MEDICAL STAFF PRESENT:

STAFF PRESENT:

Robyn Dunckhorst, Interim CEO
Kim Plummer, CFO
Bertha Higbee, Interim CNO
Alicia Wogan, Executive Assistant
Angela Giese, Chief Human Resources Officer
Shelly Smith, Controller
Kevin Grannis, EMS
Andrew Loveless, EMS Chief
Theresa Bell, Quality Manager
Duane Grannis, Maintenance Manager
Jeanette Grannis, Revenue Cycle Manager
Cody Bright, Pharmacy Director
Janet Sturtz, OR Manager
Lorrie Meiron, OB Manager
Jordan Kohler, EMS
Becky Tissue, ER Manager
Michel Winters, SNF Manager
Laura Shea, Community Relations

GUESTS:

There were no guests.

CALL TO ORDER:

Board chair Miller called the April 19, 2022, board meeting to order at 5:39 p.m.

PUBLIC COMMENT:

There were no public comments.

TRUSTEE COMMENT:

Board member Trout complimented staff for their diligence and good job going through the budget, working with the numbers, and making a real effort to balance revenue and expenses. Trout asked about how specialty surgeries are counted. It was explained that specialty surgeries such as podiatrist surgeries are not shown under podiatry, they are listed under general surgery along with the surgeries performed by other departments.

BUSINESS ITEMS-OTHER REPORTS:

1. Hospital Administration-Finance / FY2022-2023 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-CFO

CFO Plummer stated an 8% inflation factor was added to the proposed budget and there was a department by department review to cut or defer expenses.

Board chair Miller asked about the patient service revenue assumptions, and how that will be made up. The contractual adjustments were reduced by 5%, not sure of the thought process. Plummer advised that in the current fiscal year there are issues, they are being cleaned up, and it is expected bad debt will be a more reasonable number by the end of the year. Contractual allowances are up a bit. The goal is to start July 1 with cleaner accounts receivables.

Board member Trout commented on reductions in revenue and of his visits with the City Manager, County Assessor and County Treasurer, noting it would be helpful to see the March numbers to see if the numbers are improving.

Miller remarked net proceeds of mines for next fiscal year are not known. Board member Tipton stated those figures will come out in May.

Tipton asked about salary and benefits, which seem like they went up in an odd amount. He asked if that includes PERS. Plummer advised it included PERS, GASB 68 and health insurance. Tipton asked about the increase in health insurance; Plummer advised they increased it 2%. Tipton asked about travel, which seems like a big chunk; Plummer advised the \$290,000 includes travel and education for physicians as included in their contracts, but that departments have cut down their travel, which is largely for education. CEO Dunckhorst further explained.

Trout asked about medical supplies, noting that there is a 40% drop. Trout suggested governing board travel and meal expenses should be looked at. Trout questioned the board (gifting) donations item saying that the board should be an example in budget frugality. Tipton commented that he feels the donation line item should be left in. Miller commented on services that do not generate revenue. She said she would feel better if there is improved tracking of all (gifting) donations. Dunckhorst advised the plan is to meet with the Employees Committee and review the (gifting) donation budget. Trout suggested a 20% cut in board (gifting) donations along with board travel and meals. Dunckhorst reminded of the requirement to provide board education, and of the cost to bring people in. Miller would like to discuss with Dunckhorst the training needs. Trout withdrew the suggestion about travel and meals. Tipton suggested thinking carefully about cutting donations too much.

The board reviewed each department budget, with the focus on revenue and expenses: inpatient; obstetrics; LTC; surgical services, noting that board members would like breakdown of surgeries by department; central stores; cardiac clinic; urology; pharmacy; physical therapy; respiratory; occupational therapy; speech therapy; cardiac rehab; radiology; lab; cath lab; emergency services; nutrition; ER; Mathews; FP2 (Smith); Walk in Clinic (WIC), noting that possible expansion of clinic hours is not reflected; WHS; residency, with CEO Dunckhorst agreeing to speak with UNLV to determine if revenues and expenses can be strengthened, and if grant funding is possible; PEDS; internal med 1 (Adajar); FP3 (Argyle); general surgery clinic; ortho surgery; clinic management; pain management; podiatry; psychiatry; physical med; telehealth; sleep med; infection control; social services; wellness; dietary; Café RX, asking if that function can be contracted out and if menus can be placed in rooms; administration; accounting; HR; marketing, for which the Board would like to know why the "other" line item has increased substantially and also would like to know if there is any evidence that patients are coming from Elko as a result of marketing initiatives; quality; environmental services; maintenance; IT; revenue cycle, materials management; medical staff; and governing board (which was discussed in detail above).

One expense item applicable to various departments is the cost of leased copiers. IT Department Manager Bell commented on copier leasing versus owning, explaining that because the copiers are used for so many years, it is less expensive to purchase.

Capital expenses for each department were not ranked by priority or urgency. Trout would like the capital list divided between the wants and the necessities.

May 31 is the deadline to submit a final budget to the state. Miller said that she would like to receive the final proposed budget ten days prior to the May 24 meeting, and that the final budget should be included in the agenda for the May 24 meeting.

TRUSTEE COMMENTS-STAFF REPORTS:

Board member Tipton thanked everyone who worked on the budgets, which were presented much better than last year.

Board member Cramer thanked everyone for showing up.

Board member Hunt thanked everyone for putting the budget information together, and agreed with Tipton that the presentation was much better.

PUBLIC COMMENT:

There was no public comment.

Board chair Miller adjourned the April 19, 2022, meeting of the Humboldt County Hospital District Board of Trustees at 8:01 p.m.

APPROVED:

ATTEST:

Michelle Miller, Board Chair

Alicia Wogan, Executive Assistant

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
APRIL 26, 2022 REGULAR MEETING
MEETING VIA TELECONFERENCE—VIDEOCONFERENCE—IN-PERSON**

BOARD PRESENT:

Michelle Miller, Chair
Alicia Cramer, Vice-chair
Gene Hunt, Member
Ken Tipton, County Comm. Member
Lewis Trout, Member

Kent Maher, Legal Counsel

ABSENT:

JoAnn Casalez, Member

MEDICAL STAFF PRESENT:

Veronica Janhunen, MD, Chief of Staff
Jeff Meter, MD

STAFF PRESENT:

Robyn Dunckhorst, CEO
Kim Plummer, CFO
Bertha Higbee, CNO
Alicia Wogan, Executive Assistant
Brian Washburn, DOO
Angela Giese, Chief Human Resources Officer
Diane Klassen, Radiology Director
Cody Bright, Pharmacy
Becky Tissue, ER Manager
Andrew Loveless, EMS Chief
Theresa Bell, Project Manager
Kelly Pullin, Business Office Manager
Jackie Wilson, CIO
Minh Tran, Pharmacist
Laura Shea, Community Relations

GUESTS:

Millie Custer (via phone); Lori Meter; Jason Cramer; Kasy Hamilton; Serenity Orr (MedX); Bill Hammargren (Med X); and, Opal Hamilton.

CALL TO ORDER:

Board chair Miller called the April 26, 2022, board meeting to order at 5:30 p.m.

PUBLIC COMMENT:

There were no public comments.

TRUSTEE COMMENT:

Board member Hunt commented on his recent medical experience with a heart attack, going to ER, and now dealing with cardiac rehab. Notwithstanding the worries experienced by him and his wife about what was going to happen to him, the staff of HGH were very comforting and reassuring, and he felt at ease. He was transferred to Reno, where a physician (erroneously) advised there are no cardiac rehab services in Winnemucca. Hunt suggested that since HGH has a marketing department, other facilities, especially in Reno, should be made aware of the available services. Hunt thanked everyone who participated with his care.

Board member Trout apologized for the minutes not being ready to present to the board. Trout echoed Hunt's comments, explaining he had two incidents in ER the past month. FEMS paramedics responded quickly and effectively controlled the problems until he was treated in the ER. Trout commented on the quality report summary at page 2, vital signs 9% figure which later in the report listed as 99%. ER staff is functioning exactly as indicated in quality report. Trout complimented both ER and EMS. Trout also remarked about the last board meeting discussion of consolidating the giving committee and employee committee functions to have and review just one application for each charitable donation request rather

than the current system of separate applications to administration, the giving committee and the employee committee.

MEDICAL STAFF – HOSPITAL DEPARTMENT REPORTS:

Medical Staff report:

Chief of Staff Janhunen stated: a credentialing committee started this month and will assist with review of medical staff appointments and reappointments. Janhunen thanked Dr. Feticc for helping to find surgical coverage during the recent staffing gap.

Board member Trout noted the new Covid variant message at the bottom of the HGH television monitors, and asked if medical staff sees an impact on the community. Dr. Janhunen said staff is not seeing anything at this time.

Administration Department reports:

a. CEO report: Community Relations Director Laura Shea went over the 2022 strategic plan process and the outcome.

b) Financial report: CFO Plummer went over: March revenue; the balance sheet; income statement; monthly cash inflow; monthly cash outflow; Cerner gross AR; Cerner DNFB; KPIs; claim volume and the 50% discount program. Board member Trout asked if the extraordinary items were removed, what would the percentages be for March. Plummer said contractals would be approximately 44% and bad debt 18%, a total of 62%. Trout commented that there is actually more than one type of correction which has been made. Plummer agreed. Trout noted actual adjustments for the year total 52%. He remarked that the new financial team is striving to bring down the contractals and bad debt percentages, and analyzing component parts instead of a lump sum approach, which is more detailed and potentially more accurate. Plummer agreed, adding that the break down, detailed analysis was recommended by the auditors. Board member Hunt asked about the 920 codes that could not be billed and asked if they are being re-billed. Trout asked about the increases in monthly cash inflow and if a trend is starting. Plummer said the outsourced coding firm and outside billing help with extra staff is helping with corrections and sending bills. Business Office Manager Pullin answered questions on secondary insurance.

CONSENT AGENDA:

Motion by board member Trout and second by board member Hunt to approve the consent agenda including the medical staff applications for appointments, reappointments, provisional and temporary privileges for: Jonathan Bold, MD, Consulting-Teleradiology; Tina Carbone, APRN-CNP, Allied Health-Advanced Practice Registered Nurse; Landon Mouritsen, CRNA, Allied Health-Anesthesia; and, George Rodway, PhD, APRN-CNP, Allied Health-Sleep Medicine; warrants disbursed—monthly expenditures, the quality report summary, and excluding the minutes for March 22, 2022. Motion carried unanimously.

BUSINESS ITEMS-OTHER REPORTS:

1. Hospital District / request for approval of employment agreement with Robyn Dunckhorst for Chief Executive Officer position / Board of Trustees

Board member Trout asked about page 2, section 2b, employee “vicarious liability,” and why it is not just “liability.” Legal Counsel Maher explained and advised it is correct as written. Trout questioned if the word “criminal” should be inserted at page 3, section (f)(v)(3). Board chair Miller does not see the need for the insertion and explained. CEO Dunckhorst said she is comfortable with the employment agreement as written.

Motion by board member Cramer and second by board member Hunt to approve the employment agreement with Robyn Dunckhorst for Chief Executive Officer position as presented. Motion carried unanimously.

2. Hospital Administration / request for approval of agreement with Humboldt County to provide certain professional medical services for inmates of the Humboldt County detention facility / CEO-Administration

Legal Counsel Maher advised that the proposed agreement is similar to the agreement which has been in place for a number of years, but there were questions by the insurer regarding the indemnification language. Maher recommended approving the agreement with authorization to work with Pool-Pact on the indemnification wording. Board member Trout asked about the notification provisions at page 3, section 1.3, and page 8, section 12.11, which have two county persons, the Sheriff and County Manager, receiving notices. Maher said the Sheriff will know immediately if the County Manager is notified and further explained. Board member Hunt said the district does not have to specify how County personnel do their jobs.

Motion by board member Trout and second by board member Miller to approve the agreement with Humboldt County to provide certain professional medical services for inmates of the Humboldt County detention facility as presented and to authorize Legal Counsel Maher to work with Pool-Pact on the indemnification section. Motion carried unanimously.

3. Hospital Administration-EMS / request for approval to purchase a new ambulance vehicle / EMS Director-Administration

EMS Director Loveless went over the purpose and need; mileage; cost; vendors/quotes; and the scheduled delivery date of September 2023. Board member Trout asked board member Tipton about an earlier comment that vehicles with similar engines get close to one million miles. Tipton stated yes, they do, but not on an ambulance, which has many miles on unpaved roads. Tipton asked if the old vehicle has any value. Loveless said he checked and similar used vehicles range in value from \$70,000 to \$100,000. CEO Dunckhorst asked about any hidden costs. Loveless stated everything is included.

Motion by board member Hunt and second by board member Miller to approve the purchase of a new ambulance vehicle for EMS as presented. Motion carried unanimously.

4. Hospital Administration-Radiology / request for approval to purchase a Canon Aplio i700 prism ultrasound system for the sum of \$206,893 and a four-year maintenance service agreement for \$38,376 / Radiology Manager -Administration

DOO Washburn explained the current unit is near the end its useful life a gave a brief description of the power requirements, capabilities and other benefits of a new machine. The acquisition cost of \$206,893 was paid by a grant and the district will be responsible for an annual preventive maintenance contract of \$9,594 starting in the second year. Board member Hunt asked about the probes and warranty. The old machine will be kept and used in another department.

Motion by board member Hunt and second by board member Trout to approve the purchase of Canon Aplio i700 prism ultrasound system in the sum of \$206,893 and to authorize the service contract as presented. Motion carried unanimously.

TRUSTEE COMMENTS-STAFF REPORTS:

There were no trustee comments.

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PUBLIC COMMENT:

There was no public comment.

Board chair Miller adjourned the April 26, 2022, meeting of the Humboldt County Hospital District Board of Trustees at 6:43 p.m.

APPROVED:

ATTEST:

Michelle Miller, Board Chair

Alicia Wogan, Executive Assistant

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
MAY 24, 2022 REGULAR MEETING
MEETING VIA TELECONFERENCE—VIDEOCONFERENCE—IN-PERSON**

BOARD PRESENT:

Michelle Miller, Chair
JoAnn Casalez, Member (via phone)
Gene Hunt, Member
Ken Tipton, County Comm. Member
Lewis Trout, Member

Kent Maher, Legal Counsel

ABSENT:

Alicia Cramer, Vice-chair

MEDICAL STAFF PRESENT:

Veronica Janhunen, MD, Chief of Staff
Timothy Musick, MD

STAFF PRESENT:

Robyn Dunckhorst, Interim CEO
Kim Plummer, CFO
Bertha Higbee, CNO
Alicia Wogan, Executive Assistant
Brian Washburn, DOO
Angela Giese, Chief Human Resources Officer
Shelly Smith, Controller
Diane Klassen, Radiology Director
Kevin Grannis, EMS
Cody Bright, Pharmacy
Rachel Lara, Infection Control (via phone)
Theresa Bell, Quality
Kelly Pullin, Business Office Manager
Duane Grannis, Maintenance Manager
Lorrie Meiron, OB Manager
Jessica Villarreal, Credentialing Coordinator
Rachel Meiron, Maintenance
Tori Stephen, Materials Manager

GUESTS:

Elissa Palmer, MD (UNLV); Jenna Fox (UNLV); and Jill Stepper.

CALL TO ORDER:

Board chair Miller called the May 24, 2022, board meeting to order at 5:30 p.m.

PUBLIC COMMENT:

Elissa Palmer, MD, UNLV Department of Family Medicine Chair, thanked the board, medical staff, the hospital staff and community for the continued support of the residency program.

TRUSTEE COMMENT:

Board member Trout thanked the Employees Committee for extending an invitation to attend their meeting and reported their meeting was professional with a comprehensive agenda. Committee members carefully considered each item and applicants were immediately contacted by phone to provide additional information, if needed.

MEDICAL STAFF – HOSPITAL DEPARTMENT REPORTS:

Medical Staff report:

Chief of Staff Janhunen said all appointments and reappointments for this month were approved.

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Administration Department reports:

- a. CHRO report: CHRO Giese presented the employee survey action plan, covering concerns for: improvement; teamwork among departments; department work decisions; employee recognition; and appreciation strategy. Board chair Miller asked about the action plans and if they track them. Giese advised these have gone out to departments and that managers and supervisors are looking to see which one(s) best fit their situations. Board member Trout asked at what degree are departments using more than one action approach. Giese gave examples.
- b. CEO report: CEO Dunckhorst reported on: (1) screening clinic/Covid update; (2) service expansion; (3) Hospital week/EMS week; (4) June board meeting; and (5) Residents graduation.
- c. Financial report: CFO Plummer presented the April income statement; balance sheet; monthly cash inflow; monthly cash outflow; Cerner AR; Cerner financial dashboard; and financial dashboard. Board chair Miller congratulated the team on this transition happening and appreciates seeing the trend. Controller Smith gave explanations of the individual DNFs. The Business Office Manager clarified several items.

CONSENT AGENDA:

Motion by board member Hunt and second by board member Tipton to approve, with a correction on Dr. Perry to include a capital "P": (1) the board meeting minutes for March 22, 2022; (2) medical staff applications for appointments, reappointments, provisional and temporary privileges for: Stephen Perry, MD, Provisional-Internal Medicine/Hospitalist; Christopher Madsen, MD, Provisional-General Surgery; Petar Planinic, MD, Active-OBGYN; Sarah Fryberger, MD, Active-Pediatrics; and Joseph Doan, MD, Consulting-Nephrology; and (3) warrants disbursed-monthly expenditures. Motion carried unanimously.

BUSINESS ITEMS-OTHER REPORTS:

1. Hospital Administration-Finance / Public Hearing / fiscal year 2022-2023 tentative budget and amendments to the budget / request for approval of 2022-2023 tentative budget as amended and submission of fiscal year 2022-2023 final budget / CFO-CEO-Administration

There was no public comment on the tentative budget. CFO Plummer and CEO Dunckhorst reviewed the first draft budget, met with some managers, and dialed back some revenue. Board member Trout advised there were eleven departments that went over \$11,000 in changes and he would like to go over them individually. The departments include: central stores; cardiac clinic; urology; cardiac services; emergency services to which EMS Chief Kevin Grannis explained future billing will include items that have not been billed in the past and the revenue figure was estimated by the new EMS billing company; WIC; family practice 3; psychiatry; sleep medicine; community education; and maintenance. Board member Tipton asked about salaries, noting the current year shows over budget and the next fiscal year budget shows lower. He asked if there is a reason for the projected reduction. There was a discussion of dissolved positions and screeners.

Motion by board member Trout and second by board chair Miller to approve the fiscal year 2022-2023 tentative budget as amended and to authorize submission to the state as the final budget. Motion carried unanimously.

2. Hospital District / request for authorization to issue a request for proposals to solicit Hospital District attorney services / Board of Trustees

Board chair Miller stated board member Casalez and CEO Dunckhorst put together an RHP for attorney legal services. Miller suggested one hard copy in lieu of five bound copies; section two, should it state all. Casalez advised it can be changed to whatever. Miller commented about the attorney attending meetings

in person and having an office at HGH, with hours of availability similar to office hours and continuity of services. Board member Trout said it appears the RFP as written will require the position to have two bosses, the board and the CEO. If there are conflicts, the person could be caught in the middle. If they are to provide legal advice, who will be the client. Trout noted the board is the client not the CEO, and the CEO is delegated certain authority by the board as the board's agent. The points should be clarified.

Board member Casalez stated the district will be the client. However, she said she is not qualified to come up with the technical terms, which will need to be pointed out to the attorneys who will review the RFP. Miller said Casalez and Dunckhorst will update the proposal request to include the requested changes and send out the document for final review by Holland and Hart. Dunckhorst explained the procedure for seeking legal counsel. There was further discussion of the office hours availability and changing California to Nevada throughout the document. Miller advised corrections can be made prior to sending out for solicitation following final review.

Trout asked how the attorney position will be advertised. Miller advised it will be sent out to attorneys. Trout asked who will review and rank the response. Miller suggested the board should review and rank the responses which will be discussed in a board meeting.

Motion by board member Miller and second by board member Hunt to move forward with request for proposals to solicit Hospital District attorney services based on changes from the board and final review by Miller and Dunckhorst. Motion carried unanimously.

3. Hospital District / proposal to dissolve the HGH Community Giving Committee and transfer the duties and funds of the Committee to the HGH Employees Committee / Board of Trustees

There was no public comment. Board member Hunt feels funding the committee is important as long as the district is financially sound and with the way it appears, the district will get to financial soundness, but there is need to get there before making donations. He believes the application procedure should be consolidated to eliminate the duplication of applications to both committees, and there should be discussion about moving the funds. Hunt asked legal counsel if it is appropriate for him to vote on this agenda item if he is affiliated with an entity that accepts funds. Legal Counsel Maher advised that having disclosed his relationship with a charitable group, it is appropriate to vote on the agenda item, noting that Hunt will not be voting on a donation to the entity, only voting on the structure for handling donations.

Board chair Miller gave a brief history of the committees and remarked that the application process had become disjointed recently, and there is a need for the application process to be brought back together and organized. Board member Trout stated the Employees Committee met at least monthly during Covid, and he is impressed with how the committee members conduct business. The issue of how health care related scholarships and health care donations is something the Employee Committee deals with regularly. Trout disclosed that he donates to the organization, but does not believe he is biased and he intends to vote on this agenda item.

Trout suggested that the board look at quarterly income to see if revenue exceeds expenses, which could provide money for charitable donations and scholarships. Board chair Miller commented on the ongoing donations to the Humboldt County School District school closet program, adding that she trusts employees to make good decisions. Board member Tipton reminded everyone that even though there is \$20,000 in the budget, it does not have to be spent. CEO Dunckhorst reminded that the Employees Committee has always covered the closet program. Trout suggested a possible agreement. Legal Counsel Maher advised that since the board controls the program through the budget, a formal agreement is not necessary; either there is money in the budget, or there is not, which is why there are budget meetings. Board member Casalez said it essential to stay within the budget and to know how much is donated. Miller

remarked the Employees Committee could report to the board annually on the donations. Casalez stated the reason the giving committee was started was to place controls on donations. IT Director Bell advised the board implemented the by-laws for the giving committee that met the goals of the hospital and that donation requests were supposed to come back to the board for approval. Miller does not feel this is a function of the board. Controller Smith advised the staff dissects the applications and solicits information if necessary. Bell noted that the group functions under by-laws.

Motion by board member Hunt and second by board member Trout to dissolve the Community Giving Committee and turn over charitable donation giving to the Employees Committee, including the school closets program as long as the committee is financially able to do so. Motion carried unanimously.

4. Hospital District / proposals for updating the CEO goals /Board of Trustees

CEO Dunckhorst proposed the board move to adopt the strategic plan as the CEO goals and explained the goals of the plan, the majority of which have been completed. The remaining goals that are left align with the strategic plan with the exception of one. Board member Tipton spoke of and requested, if Saturday Walk in Clinic (WIC) hours are added, then there should be a long-term commitment to having Saturday hours. Dunckhorst agreed. Board chair Miller suggested a marketing campaign on WIC expanded hours to Saturdays.

Motion by board chair Miller and second by board member Hunt to transition the CEO goals to align with the different pillars as described by CEO Dunckhorst. Motion carried unanimously.

TRUSTEE COMMENTS-STAFF REPORTS:

Board member Miller thanked everyone for working on the budget.

PUBLIC COMMENT:

There was no public comment.

Board chair Miller adjourned the May 24, 2022, meeting of the Humboldt County Hospital District Board of Trustees at 7:31 p.m.

APPROVED:

ATTEST:

Michelle Miller, Board Chair

Alicia Wogan, Executive Assistant



June 28, 2022

Board of Trustees
Ref: Medical Staff Meeting

The following Medical Staff Appointment, Reappointment, and Provisional privilege files were approved by the Medical Staff on June 21, 2022.

Provisional:

- None

Appointment:

- Scott Curtis, MD Active-OBGYN
- Conrad Roberson, DO Active-OBGYN
- Jeffrey Meter, MD Active-Orthopedics

Reappointment:

- Bejal Patel, MD Active-Pediatrics

Below details additional information on each Medical Staff file:

- **Scott Curtis, MD** earned his Doctor of Medicine from Ross University School of Medicine in 2012. In 2012, Dr. Curtis earned his certification through the Educational Commission for Foreign Medical Graduates. Dr. Curtis completed his internship in OB-GYN with Rochester General Hospital from 2012 to 2013 and his residency in OB-GYN with Aultman Hospital through North Eastern Ohio Medical School from 2013 to 2016. Dr. Curtis earned his board certification in general Obstetrics and Gynecology through the American Board of Obstetrics and Gynecology in 2018 and is maintaining this certification. He also has current certifications in ACLS, BLS, and NRP. He has worked with Northeastern Nevada Regional Hospital in Elko, NV and was most recently with Prevea Women's Health Care in Sheboygan, WI. Dr. Curtis joined Humboldt General Hospital on January 10, 2022 as one of our employed OBGYN Physicians.
- **Conrad Roberson, DO** earned his Doctor of Osteopathic Medicine from New York College of Osteopathic Medicine in 1999. From 1999 to 2000, Dr. Roberson completed his track internship in OBGYN with Riverside Osteopathic Hospital and then went on to complete his OBGYN residency with Henry Ford Wyandotte Hospital from 2000 to 2003. Dr. Roberson is board certified in Obstetrics and Gynecology through the American Osteopathic Board of Obstetrics and Gynecology. He was initially certified from 2006 to 2012 and was recertified in 2021. Dr. Roberson has been practicing as an OBGYN physician since 2003 between Elko, NV and Las Vegas, NV. Currently he is working at a private practice, Northern Nevada OBGYN in Elko, NV. Dr. Roberson joined Humboldt General Hospital January 3, 2022 as one of our employed OBGYN Physicians. He was granted temporary privileges to provide coverage for December 22, 2021.
- **Jeffrey Meter, MD** earned his Doctor of Medicine from Hahnemann University in Philadelphia in 1989. Dr. Meter completed a transitional internship with Letterman Army Medical Center in 1990. By 1997, Dr. Meter completed his residency training in Orthopedic Surgery with Walter Reed Army Medical Center. He also completed two fellowship trainings,



HUMBOLDT GENERAL HOSPITAL
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Phone 775.623.5222 ■ Fax 775.623.5904

one in Spine Surgery and one in Trauma. Dr. Meter initially earned his board certification in Orthopedics with the American Board of Orthopedic Surgeons in 1999 and is maintaining this certification. He has been practicing as an orthopedic surgeon since 1997, mainly in California. Dr. Meter was most recently working with Bristol Health in Connecticut since 2019. Dr. Meter joined Humboldt General Hospital on January 3, 2022 as our first employed Orthopedic Physician. He has been performing surgeries and providing clinic care in our Ortho Clinic with Robert Johnson, PA-C.

- **Bejal Patel, MD** earned her Doctor of Medicine from the Medical Universities of the Americas in 2011. She earned her Educational Commission for Foreign Medical Graduates in 2011. Dr. Patel completed her internship and residency training in Pediatrics with the USA Children and Women’s Hospital in Mobile, AL from 2011 to 2014. She is currently board certified in Pediatrics through the American Board of Pediatrics, initially earning her certification in 2014. Dr. Patel has been practicing since 2014 as a pediatric hospitalist, working in South Carolina, Georgia, Reno, and Elko. Dr. Patel joined Humboldt General Hospital as a contracted pediatrician to take call beginning August 2019.

Thank you,
Jessica Villarreal
Medical Staff Credentialing Coordinator

**HUMBOLDT COUNTY HOSPITAL DISTRICT
NOTICE OF INTENTION TO ACT ON A
RESOLUTION TO AUGMENT BUDGET**

Notice is hereby given that the Board of Trustees of the Humboldt County Hospital District dba Humboldt General Hospital, in Winnemucca, Humboldt County, Nevada, will act on a resolution to augment the fiscal year 2021-2022 General Fund budget in the amount of \$2,933,000 to increase the appropriations thereof to compensate for previously unbudgeted resources.

The Board of Trustees meeting will be held at the Sarah Winnemucca Conference Room, Humboldt General Hospital, 118 E Haskell St, Winnemucca, Nevada on June 28, 2022 at 5:30 pm, at which time any person may attend and be heard. Written comments filed with the Executive Assistant in the Hospital Administration Office prior to the meeting will be considered.

/s/Kimberley A. Plummer
Chief Financial Officer
Humboldt General Hospital

Publish: One time (1X) – Humboldt Sun – June 22, 2022

HUMBOLDT GENERAL HOSPITAL
FY22 BUDGET AUGMENT

Operating Expenses

	<u>Original Budget</u>	<u>Augmented Budget</u>	<u>Variance</u>
Salaries & Wages	\$ 27,914,127	\$ 30,720,430	\$ (2,806,303) 1
Employee Benefits	7,663,413	8,502,240	(838,827) 2
Contract Labor	1,841,790	1,996,458	(154,668)
Professional Contracts	12,426,868	14,804,478	(2,377,610) 3
Supplies & Small Equipment	12,964,524	8,800,000	4,164,524 4
Equipment Maintenance	1,544,127	2,265,110	(720,983) 5
Rental & Lease	483,594	647,194	(163,600)
Insurance	747,904	747,904	-
Utilities	763,404	980,749	(217,345)
Depreciation	6,244,913	6,244,913	-
Travel, Meals & Education	381,812	200,000	181,812
Other Expenses	1,623,627	1,623,627	-
	<u>74,600,103</u>	<u>77,533,103</u>	<u>(2,933,000)</u>

Nonoperating Expenses

Donations	125,000	125,000	-
	<u>-</u>	<u>-</u>	<u>-</u>
	125,000	125,000	-

Total estimated increase in expenses

\$ (2,933,000)

Additional Resources

Net Proceeds of Mines	<u>-</u>	<u>2,600,000</u>	<u>2,600,000</u>
	<u>\$ -</u>	<u>\$ 2,600,000</u>	<u>\$ 2,600,000</u>

NOTES

1. Salaries increased due to providers hired at higher than anticipated wage levels as well as positions added that were not originally budgeted.
2. Benefits increased due to higher salaries or additional positions added. Also increased for GABS 68 adjustment.
3. Professional Contracts increased due to unanticipated additional expenses related to billing/coding and clean up of accounts in Cerner.
4. Supplies decreased due to less surgeries performed than originally anticipated therefore supply expense was lower for the year.
5. Unanticipated repairs as well as increased costs due to supply chain issues.

Surplus List 1/19/2022

<u>Name</u>	<u>Make</u>	<u>Model #</u>	<u>Serial #</u>	<u>HGH Tag</u>	<u>Bio #</u>
Trackmaster Treadmill	Mortara	TMX428110	FVDC-043	500312	27682
Treadmill	Cardiac Science	TM55	11040081157	500122	27293
Procedure Chair	Ritter	119	EM 4147		27670
Procedure Chair	Ritter	319-005	KK003635		27665
PFT	Medgraphics	Elite DL 83004-002	232000087		27044
Colon Scope	Olympus	CF-140L	2916183		
Colon Scope	Olympus	CF-140L	2915217		
Regius 190	Konica	DD-941	6764104	500028	
Hydrotherapy Tub	Whitehall	TA-25-M, E-45-M	C-13727		20187
Bladder Scanner	Verathon	BVI 9400	B4005168	500108	3234

**HUMBOLDT COUNTY HOSPITAL DISTRICT
NOTICE OF INTENTION TO AUTHORIZE
MEDIUM TERM OBLIGATIONS**

Notice is hereby given the Board of Trustees of the Humboldt County Hospital District dba Humboldt General Hospital, in Winnemucca, Humboldt County, Nevada, at a public hearing, will act upon resolutions authorizing installment purchase agreements for: (1) purchase of a magnetic resonance imaging system in the estimated principal sum not to exceed one million six hundred fifty-six thousand dollars to enable the District to replace obsolete equipment with newer technology equipment which will provide improved patient care; and, (2) purchase of a robotic arm system in the estimated principal sum not to exceed one million three hundred thousand dollars to enable the District to provide improved patient experiences, outcomes and care with various joint replacement procedures. The installment obligations are proposed to be repaid from the operating revenues of the District.

The public hearing will be held during the Board of Trustees regular meeting at the Sarah Winnemucca Conference Room, Humboldt General Hospital, 118 E Haskell St, Winnemucca, Nevada on June 28, 2022 at 5:30 pm, at which time any person may attend and be heard. Written comments filed with the Executive Assistant in the Hospital Administration Office prior to the meeting will be considered.

/s/ Kimberley A. Plummer
Chief Financial Officer
Humboldt General Hospital

Publish: One time (1X) – Humboldt Sun – June 15, 2022

Department: Urology Clinic

Item Description: HD View Flexible Cystoscope

Justification:

Cystoscopy is one of the most common procedures performed by a urologic surgeon. It allows for direct visualization of the urethra, urethral sphincter, prostate, bladder, and ureteral orifices. There are various indications to perform a cystoscopy and it can be performed safely as a simple office procedure.

At the present time, Dr. Drew cannot perform cystoscopies as an outpatient procedure because we do not have the equipment. It is mainly used as a diagnostic procedure.

We are asking for two scopes due to the nature of patient flow in the clinic. While every attempt will be made to ensure optimal scheduling of these procedures, it will inevitably become necessary to have another cystoscope available while the other is being cleaned and reprocessed using high-level disinfectant in the outpatient clinic. Having an additional cystoscope will also facilitate continued operations if one were to become inoperable.

- **Purpose:** Detect frequent urinary tract infections (UTIs), blood in urine (hematuria), urinary incontinence, painful urination, and viewing abnormal cells.
- **Other vendors considered/other quotes:** The only product available for outpatient use is from Storz. Materials Management researched diligently to find other vendors.
- **Return on Investment:**

Urology - Cystoscope Procurement

ASSUMPTIONS			Source
A.	Equipment Cost	\$57,223	Karl Storz
B.	Loan Cost/month	\$0	Plan is to purchase outright; no loan or lease
C.	Average billed/procedure	\$519	Healthcarebluebook.com
D.	Monthly Procedures	10	Based on data from vendor product trial in Jan/Feb
E.	Billings/month	\$5,190	Average billed x Monthly Procedure (above)

Results			Source
F.	Payback Period (months)	12 months	
G.	Break-even Volume	111 exams	

Payback Period based on accruals

Month	Monthly Cash Flow	Cumulative Cash Flow
0	(\$57,223.00)	(\$57,223.00)
1	\$5,190	(\$52,033.00)
2	\$5,190	(\$46,843.00)
3	\$5,190	(\$41,653.00)
4	\$5,190	(\$36,463.00)
5	\$5,190	(\$31,273.00)
6	\$5,190	(\$26,083.00)
7	\$5,190	(\$20,893.00)
8	\$5,190	(\$15,703.00)
9	\$5,190	(\$10,513.00)
10	\$5,190	(\$5,323.00)
11	\$5,190	(\$133.00)
12	\$5,190	\$5,057.00

Cost to purchase: \$57,223.36

Other Costs:

- **Service/Maintenance Agreement:** N/A
- **Other Items included in quote:**
 - See quote for other items included

Request: Purchase 2 Flexible Cystoscopes (and accompanying equipment) for Urology clinic that can be used for outpatient procedures.

Purpose: To provide optimal patient care to patients experiencing urinary tract problems.

Budgeted: Cystoscope was budgeted for FY 2023.

Recommendation: Purchase of 2 Flexible Cystoscopes for Urology Clinic.



Quotation

**Quotation No.
41273496**

Ship To 339004
Humboldt General Hospital
118 E Haskell St
Winnemucca NV 89445-3247

Sold To 120274
Humboldt General Hospital
Attn: Accounts Payable
118 E Haskell St
Winnemucca NV 89445-3247

Attention

Information	
Quote Expires on	07/10/2022
Document Date	04/11/2022
Sales Rep Name	Tyler Fitzgerald
Sales Rep Ext	
Sales Rep Email	Tyler.Fitzgerald@karlstorz.com
Sales Rep Cell	916-281-6397
Contract Name	Healthtrust Purchasing Group
Payment Terms	Net due in 30 days

Details for Quotation # 41273496 Page 1 of 4

Line	Material / Description	Qty	List Price	Customer Selling Price	Extended Price
1	<p>NEW CUSTOMER SELF-SERVICE PORTAL!! Check Order Status, Pricing, Inventory, Contacts and get copies of documents. To register send email to: CustomerPortal@karlstorz.com Subject Line: Registration Request</p> <p>TP101-UG TELEPACK +, CCU/LIGHT SOURCE/MONITOR <i>"Connection to StreamConnect requires labor and/or licensing quoted separately"</i> The kit part number is composed of the following products: TP101 TELE PACK +, CCU/LIGHT SOURCE/MONITOR * Manufacturer's Warranty - 2 years</p>	1 EA	32,220.00	14,499.00	14,499.00
2	<p>11272VHUK HD-VIEW FLEXIBLE VIDEO CYSTOSCOPE, CMOS 16FRX37CM, CHNL:7FR, US DEFL, 210°/140° * Manufacturer's Warranty - 1 year</p> <p style="text-align: center;">LEUR PORT</p>	2 EA	26,221.08	18,894.65	37,789.30
3	<p>11014LU DOUBLE LUER PORT, ATTACHMENT TO WORKING CHANNEL, FOR USE WITH HD-VIEW CYSTOSCOPE * Manufacturer's Warranty - 1 year</p> <p style="text-align: center;">SEAL FOR PORT</p>	2 EA	111.00	78.09	156.18
4	<p>11014DS SEAL WORKING CHANNEL CONNECTOR, WITH HOLE, PKG/10, SINGLE USE, NON-STERILE</p>	2 PAC	41.00	29.01	58.02



Quotation No. 41273496

Details for Quotation # 41273496

Page 2 of 4

Line	Material / Description	Qty	List Price	Customer Selling Price	Extended Price
	* Manufacturer's Warranty - 90 days				
	SUCTION COVER				
5	11301P SEAL FOR SUCTION VALVE PORT, FOR SEAL OF THE SUCTION CHANNEL * Manufacturer's Warranty - 90 days	10 EA	26.00	17.94	179.40
	CLEANING ACCESSORIES				
6	11301CD1-UG IRRIGATION ADAPTOR FOR MACHINE CLEANING The kit part number is composed of the following products: 11301CD1 IRRIGATION ADAPTOR FOR MACHINE CLEANING, * Manufacturer's Warranty - 1 year	4 EA	23.00	14.72	58.88
7	11301CDT RINSE TUBE ASSEMBLY * Manufacturer's Warranty - 90 days	4 EA	3.00	1.92	7.68
8	11014RA CLEANING ADAPTOR FOR WORKING CHANNEL, FOR USE WITH HD-VIEW VIDEO CYSTOSCOPE * Manufacturer's Warranty - 1 year	4 EA	111.00	94.35	377.40
	CART				
9	XUSM0001-UG COMPACT ENDOSCOPY CART W/ DRAWER,KEYBOAR TRAY AND ISOLATION TRANSFORMER, UG The kit part number is composed of the following products: XUSM0001 COMPACT ENDOSCOPY CART W/DRAWER, KEYBOARD TRAY, AND ISOLATION TRANSFORMER * Manufacturer's Warranty - 2 years	1 EA	8,222.00	3,699.90	3,699.90
	IV POLE				
10	XUSM0001-4 IV POLE ASSEMBLY, FOR XUSM0001/XUSM0013 IV POLE ASSEMBLY WITH 8.5# EXTENSION ARM * Manufacturer's Warranty - 90 days	1 EA	457.00	319.90	319.90
11	XUSM0001-5 SCOPE HOLDER, FOR XUSM0001/XUSM0013 * Manufacturer's Warranty - 1 year	1 EA	111.00	77.70	77.70



Quotation No. 41273496

Details for Quotation # 41273496

Page 3 of 4

Line	Material / Description	Qty	List Price	Customer Selling Price	Extended Price
				List Price	94,564.16
			Sell Price	Discount	- 37,340.80

			Sell Price	Subtotal	57,223.36

				Quote Total	57,223.36
	<p>This is not a customary discount; there are special circumstances which justify the volume or special discount herein.</p> <p>The attached KARL STORZ Terms and Conditions shall govern purchases made pursuant to this Quotation and shall prevail over any conflicting, inconsistent, and/or additional provisions set forth in Customer's purchase order except to the extent otherwise provided in (i) a currently-effective direct written agreement by and between KARL STORZ and Customer for the purchase of the products identified in this Quotation or (ii) a group purchasing organization ("GPO") agreement, negotiated by and between KARL STORZ and the respective GPO on behalf of the Customer/member, which is currently effective with respect to Customer, for the purchase of the products identified in this Quotation.</p> <p>Signed _____ Name: _____ Title: _____ Phone: _____ Date: _____</p> <p>Sales Tax: Sales tax will be added to the invoice total unless we have an exemption certificate on file for the "Ship-to" entity. Freight: The freight charge will be calculated during the shipment process and will be included on the invoice.</p>				



Quotation No. 41273496

QUOTE TOTAL: **\$57,223.36**
(Excludes applicable freight/tax)

FINANCING OPTIONS:

Page 4 of 4

KARL STORZ CAPITAL ("KSC"), the captive finance arm of KSEA specializes in providing our customers with the basic and customized financial solutions necessary to meet their fiscal and technological requirements.

Our field based KSC Finance Managers are ready to meet with you to develop a plan specific to your needs to help you service your patients while meeting the economic challenges of today and tomorrow.

For additional information on how we can best help you acquire your KSEA equipment, please ask your KSEA Sales Executive or contact us directly at 800-421-0837 ext. 8258.

KARL STORZ CAPITAL
...PROVIDING SOLUTIONS, CREATING RELATIONSHIPS

KARL STORZ ENDOSCOPY – AMERICA, INC.
TERMS AND CONDITIONS



The following terms and conditions (“Terms”) apply to the acquisition of KARL STORZ products.

1. **ORDERS.** Orders are to be placed with the Customer Support Department or sales force of KARL STORZ Endoscopy-America, Inc. (“KARL STORZ”); however, orders will only be accepted by KARL STORZ’s Customer Support Department located in California or Massachusetts. In the event of any conflicting, inconsistent and/or additional provisions in a customer purchase order or other document, these Terms will supersede and prevail and such conflicting, inconsistent and/or additional provisions shall be of no force or effect; KARL STORZ hereby objects to such other provisions or terms proposed by customer. By accepting delivery of products from, and/or the performance of services by KARL STORZ and/or by paying for same, customer accepts and agrees to these Terms, all of which constitute the sole and entire agreement between KARL STORZ and customer.
2. **PRICES.** Prices are subject to change without notice. Nevertheless, prices in effect at the time that an order is accepted will prevail; provided, however, that quotations, including pricing therein, are valid until the expiration date reflected on the quotation. All applicable taxes, shipping and/or handling charges, will be added to the invoice. If customer is tax exempt, customer shall provide a tax exemption certificate for the “sold to” entity at the time of issuance of the purchase order under these Terms.
3. **SHIPPING.** Shipments are F.O.B. shipping point, shipping and handling prepaid by KARL STORZ and added to the invoice. However, KARL STORZ will utilize customer-designated third-party freight programs for shipment and payment when requested by customer. In such case, customer is solely responsible for all third-party freight charges, KARL STORZ handling charges and any loss or damage to products during shipment. If use of a customer-designated third-party freight program is not requested by customer, and any loss or damage to products occurs during shipment, KARL STORZ will replace such products at no additional cost. All shipments should be carefully examined upon receipt and, if a product is damaged, customer must promptly notify KARL STORZ of the nature and extent of the damage and return such product to KARL STORZ in accordance with the “Return Policy” below. If shipments are received short, customer must promptly contact KARL STORZ’s Customer Support Department. KARL STORZ may make partial shipments on any order with customer’s authorization.
4. **PAYMENT.** Invoices are due and payable upon receipt, net 30 days from date of invoice, which shall not be earlier than the date of shipment. KARL STORZ accepts customer payment in ACH, wire, or check form. All other forms of customer payment must be reviewed and approved by the KARL STORZ Credit & Collections department. Invoices will be issued on authorized partial shipments and are payable as set forth in this section. Customer agrees that KARL STORZ may use all legal means at its disposal to collect on all customer balances outstanding for more than 30 days, including, but not limited to, court orders, use of third-party collection agencies, and reporting to credit agencies. To the extent that KARL STORZ must incur reasonable attorney’s fees and/or other extraordinary costs to effectuate repossession of products purchased from KARL STORZ in accordance with the applicable customer agreement or to recover products loaned, leased, or rented to customer, customer agrees that it shall be responsible to KARL STORZ for all such reasonable costs and that KARL STORZ may use all legal means at its disposal to collect such amounts. Amounts payable to KARL STORZ for the purchase, lease, or rental of products and/or the provision of services are not subject to withholding, set-off, or counter-claim under any circumstances without the prior written consent of KARL STORZ.
5. **SECURITY INTEREST.** Until customer has paid KARL STORZ in full for all products purchased pursuant to an order, KARL STORZ shall have, and customer hereby grants to KARL STORZ, a security interest in all products purchased pursuant to such order to secure payment of the entire purchase price for all products sold, shipped and delivered to customer pursuant to such order and all costs, expenses or other charges relating thereto which are payable by customer to KARL STORZ.
6. **RETURN MERCHANDISE AUTHORIZATION PROCESS.** A return merchandise authorization (“RMA”) must be obtained from KARL STORZ’s Customer Support Department prior to sending any products to KARL STORZ for any reason. When contacting KARL STORZ for an RMA, the Customer Support Representative must be provided with: (a) the applicable P.O. number; (b) the KARL STORZ catalog number and, if applicable, the serial number for each product; and (c) the reason for the return. KARL STORZ will not be responsible for products returned without an RMA. Returns must be carefully packed and shipped pre-paid to KARL STORZ, Attn: RMA number. KARL STORZ’s Customer Support Department will provide the return address and the RMA number. In order to prevent the transmission of disease to the medical facilities’ and/or KARL STORZ’s personnel, all opened products must be cleaned and then sterilized and/or disinfected before sending to KARL STORZ, which reserves the right to return unclean and contaminated products to customer. Additionally, if any product becomes damaged and is not immediately returned for repair or exchange, KARL STORZ assumes no responsibility or liability for customer’s continued use of that damaged product. KARL STORZ does not guarantee the performance of, and may decline to repair or accept for repair/exchange, any product that has been repaired, modified and/or altered by any person or entity other than KARL STORZ or a KARL STORZ authorized repair facility.
7. **RETURN POLICY.** Full credit will only be issued for products that are received by KARL STORZ within 120 days of date of shipment (“Ship Date”) so long as such items are unused and in resalable condition. If products are received by KARL STORZ more than 120 days after the Ship Date, KARL STORZ may, in its sole and absolute discretion, either refuse acceptance of the returned products or require payment of an inspection fee of up to 25% of the invoiced price of the product, which will require a separate P.O. number. Shipping charges will be reimbursed, inspection fees will not be charged and full credit will be given if the return was due to a shipping error on the part of KARL STORZ. Customer must follow the RMA procedure set forth in the “Return Merchandise Authorization Process” above to return products for credit. The following products may not be returned for credit or exchange: (a) products held longer than 120 days from Ship Date (except as provided above); (b) sterile packaged products where the package is opened and/or damaged; (c) products identified and purchased as discontinued products; (d) instruments that are etched or engraved by customer; (e) products damaged by customer; and (f) used products.
8. **WARRANTY POLICY.** This section (“Warranty Policy”) applies to all warranty repairs and exchanges. All products are warranted to be in good working order and free from defects in workmanship and materials on the date of shipment and continuing for a period of one (1) year thereafter, unless otherwise specified in a quotation or product specific literature. During the applicable warranty period and continuing thereafter for the life of the product, KARL STORZ shall, upon request or consent by Customer, perform on-site inspections of the products to ensure such

KARL STORZ ENDOSCOPY – AMERICA, INC.
TERMS AND CONDITIONS



products are operating in accordance with specifications. All repairs made under this Warranty Policy shall be free from defects in materials and workmanship for the remainder of the original warranty period (if any) or 90 days, whichever is longer. To submit a warranty claim, customer must follow the RMA procedure set forth in the "Return Merchandise Authorization Process" above. Customer must return the defective product within 30 days of issuance of the RMA.

For all warranty claims submitted within the first 30 days of the applicable warranty period ("Advance Replacement Period"), a replacement product will be provided to the customer prior to receipt of the product subject to such warranty claim. KARL STORZ will notify customer if the warranty claim is not valid. In such event, customer must submit a purchase order for the replacement product including any shipping and handling costs. Some limited product categories may qualify for a longer Advance Replacement Period to be confirmed by KARL STORZ's Customer Support Department at the time of issuance of the RMA.

For all other warranty claims, KARL STORZ shall evaluate the warranty claim following receipt of the product from customer and, if valid, shall at its sole discretion either repair or replace the product at no charge to the customer. KARL STORZ will notify customer if such warranty claim is not valid and provide an estimate of the repair cost. In such event, customer must submit a purchase order for the repair or request that the product be returned to the customer as is.

Damage which might arise or be caused, whether by customer or by any of the users of the products provided by KARL STORZ, as a result of, in connection with, or otherwise attributable to the following is excluded from all product and service warranty coverage: (a) misuse, abuse, mishandling and/or improper operation and/or storage; (b) repairs, servicing, modifications and/or alterations performed by any person or entity other than KARL STORZ or an authorized repair facility of KARL STORZ; (c) use in combination with adaptors, accessories and/or equipment from other manufacturers unless authorized or recommended by KARL STORZ; (d) use in any manner other than those for which such products are designed and are otherwise intended to be used; or (e) a failure to comply with power and grounding specifications provided by KARL STORZ. THE WARRANTIES SET FORTH HEREIN ARE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS, IMPLIED AND/OR STATUTORY, INCLUDING, BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY, FITNESS AND/OR OF SUITABILITY FOR A PARTICULAR PURPOSE, WITH RESPECT TO ALL KARL STORZ PRODUCTS AND/OR SERVICES. ANY AND ALL OTHER WARRANTIES, REPRESENTATIONS AND/OR GUARANTEES, OF ANY TYPE, NATURE OR EXTENT, BE IT IMPLIED, EXPRESS AND/OR WHETHER ARISING UNDER OR AS A RESULT OF ANY STATUTE, LAW, COMMERCIAL USAGE, CUSTOM, TRADE OR OTHERWISE, ARE HEREBY EXPRESSLY EXCLUDED AND DISCLAIMED. Any contrary course of performance by and between the parties will not modify any representations and/or warranties set forth herein. KARL STORZ neither assumes nor authorizes any person to assume for it any other liabilities in conjunction with and/or related to the sale and/or use of KARL STORZ products or provision of services. To ensure proper use, handling and care of KARL STORZ products, customer should consult the product- specific literature, instruction manual and/or labeling included with the product or otherwise available. Repair, modification or alteration of KARL STORZ products performed by any person or entity other than by KARL STORZ or an authorized repair facility of KARL STORZ nullifies and otherwise voids all applicable KARL STORZ warranties. Repair or replacement of a KARL STORZ product shall not extend the term of any applicable warranty. The remedies provided herein are customer's exclusive remedies under this Warranty Policy.

9. REPAIR PROGRAM. This section ("Repair Program") applies to all repairs and exchanges not covered under the Warranty Policy. If such repairs or exchanges become necessary, customer must follow the RMA procedure set forth in the "Return Merchandise Authorization Process" above. All repairs and exchanges shall be subject to KARL STORZ's applicable standard repair or exchange charges. Customer will be advised of the estimated cost of the repair work or a product exchange before it is undertaken. All repairs under this Repair Program carry a 90 day warranty. Any exchange product provided under this Repair Program carries the applicable KARL STORZ new product warranty. If an exchange product is provided and the damaged product is not returned within 30 days of receipt of the exchange product, Customer will be invoiced for the applicable contracted price or the full list price of the exchange product. Subject to the availability of product, KARL STORZ may provide customer with loaner product while repairs are being made.

10. SOFTWARE OWNERSHIP AND LICENSING. Subject to annual license fees, as applicable, set forth in the applicable quotation, KARL STORZ grants to customer a non-exclusive, limited, non-transferable (except in connection with a transfer of a product), non-sublicensable and irrevocable (except as provided herein) license ("License") to use software (including, but not limited to, programmed logic, computer programs and/or operating information) programmed into and/or embedded in products provided by KARL STORZ or separately provided by KARL STORZ. Such licensed software may be developed by or on behalf of (a) KARL STORZ ("KARL STORZ Software") and/or (b) third-party developers (all of whom are considered third-party beneficiaries of this section) ("Third-Party Software") ("KARL STORZ Software" and "Third-Party Software" are referred to collectively as "Software"). The Software is licensed only in the form in which delivered to customer and only for use in accordance with KARL STORZ's written instructions for the Software or the product in which the Software is embedded or to which the Software relates and may be subject to annual license fees as set forth in the applicable quotation. The Software, and all modifications, updates, enhancements and upgrades provided by KARL STORZ, will, at all times, remain the property of KARL STORZ or the applicable third-party developer. Customer may not (a) duplicate, copy, reverse-engineer, create, re-create, de-compile or disassemble the Software (or the source code of the Software), (b) create derivatives of the Software, or (c) unless authorized by KARL STORZ in advance, modify or customize the Software. Any and all duplicates, copies and derivatives of the Software, and any and all unauthorized modifications to, or customizations of, the Software will immediately become the sole property of KARL STORZ. Customer acknowledges and agrees that (a) neither the licensing of Software to customer, nor the purchase, lease or other acquisition of products by customer constitutes a transfer of the Software, (b) the Software is the property of KARL STORZ or the applicable third-party developer, (c) customer neither owns nor acquires any interest in any copyright, patent or other intellectual property right in or to the Software as a result of the License granted herein or the purchase, lease or other acquisition of any product, and (d) KARL STORZ, or the applicable third-party developer, retains and owns all right, title, and interest in and to the Software and the ownership rights therein, at all times, regardless of the form or media in or on which the original or any copy of the Software may exist. In the event of a failure of customer or its agents, employees or representatives to comply with any terms and conditions of the License granted herein, the License will, without any further action by KARL STORZ or any other party, immediately terminate.

KARL STORZ ENDOSCOPY – AMERICA, INC.
TERMS AND CONDITIONS



11. **SOFTWARE AND SECURITY SERVICES.** Solely with respect to products for which customer has purchased software licenses and security services, KARL STORZ shall: (a) install security patches for such products connected to customer's network, provided the license includes a service contract or a separate service contract is purchased; (b) provide software updates to address bug fixes; (c) provide remote troubleshooting and related services, provided the software is accessible by KARL STORZ through a mutually executed Business Associate Agreement; and (d) provide software upgrades including new features (excluding EHR implementation and interfacing, chargeable features, and hardware upgrades). KARL STORZ shall provide the foregoing services at times and frequency, and in the manner, determined solely by KARL STORZ based upon the critical or non-critical nature of such software patches, updates and upgrades. The services provided by KARL STORZ pursuant to this section do not apply to any related hardware issues, and do not carry a repair warranty or otherwise affect any warranty provided under these Terms. KARL STORZ does not warrant or represent that use of the software application will be uninterrupted or error-free.

12. **DISPUTES.** All controversies, disputes and claims, shall be adjudicated by a court of competent jurisdiction within the County of Los Angeles, State of California or the United States District court, Central District of California, which courts shall have exclusive jurisdiction over such matters. All transactions by and between customer and KARL STORZ shall be governed by and construed in accordance with the laws of the State of California without regard to its conflict of laws principles. The invalidity or unenforceability of any of the within Terms will not affect the validity or enforceability of any other or remaining term or condition hereof.

13. **LIMITATION OF LIABILITY.** KARL STORZ is not liable for any special, incidental, consequential, punitive, exemplary or indirect damages, from any cause whatsoever in connection with or arising from the purchase, sale, lease, rental, installation, performance or use of KARL STORZ products or services, even if KARL STORZ has been advised of the possibility of such damages. SOME JURISDICTIONS DO NOT ALLOW EXCLUSIONS AND DISCLAIMERS OF CERTAIN WARRANTIES OR LIMITATIONS OF LIABILITY, SO THE LIMITATIONS AND/OR EXCLUSIONS SET FORTH IN THESE TERMS MAY NOT APPLY. IN THAT EVENT, KARL STORZ'S LIABILITY WILL BE LIMITED TO THE GREATEST EXTENT PERMITTED BY LAW IN THE SUBJECT JURISDICTION.

14. **COMPLIANCE WITH LAWS; DISCOUNT EXCEPTION AND SAFE HARBOR.** Customer shall comply with all applicable laws and regulations, including but not limited to the federal health care program anti-kickback statute, 42 U.S.C. § 1320a-7b(b) ("AKS"). Customer acknowledges its obligations to fully and accurately report the discounts, rebates, credits, product replacements (including those related to a warranty, service, or otherwise) and/or other price reductions (collectively "Discounts"), if any, it receives from KARL STORZ, under all applicable laws and regulations, including but not limited to the AKS, the Discount Exception and the Discount Safe Harbor. Customer may be obligated to report and/or provide information concerning any such Discounts provided by KARL STORZ pursuant to 42 U.S.C. § 1320a-7b(b)(3)(A) (the "Discount Exception") and/or 42 C.F.R. § 1001.952(h) (the "Discount Safe Harbor"), other federal or state laws, or agreement with third-party payers. Customer should retain documentation of Discounts and make such information available to federal or state health care programs, applicable federal and/or state agencies, and/or third-party payors, upon request. KARL STORZ will provide to customer invoices related to purchases, and other reports/documentation as applicable, documenting any Discounts for such products and/or services. Customer is responsible for appropriate allocation and/or apportionment of any Discounts among products and/or services purchased. Customer acknowledges that this section has put customer on notice of its obligations under the AKS, Discount Exception and Discount Safe Harbor and all other applicable laws and regulations.

Department: Respiratory Therapy

Item Description: Nova Biomedical Prime Plus Critical Care Blood Gas Analyzer

Justification:

HGH owns two RAPIDPoint 500 Arterial Blood Gas (ABG) machines manufactured by Siemens. Early in 2022, one of the machines broke, leaving HGH with only one ABG machine that services the entire facility including ER, Labor & Deliver, and Acute. Patient care could be compromised if the last machine becomes defective. Both RAPIDPoint 500s operate on Windows 8, which is an operating system that Microsoft ended support on January 12, 2016. The selection committee has reviewed two machines: Siemens' EPOC Portable, and Nova Biomedical's Prime Plus. The selection committee has agreed that the Prime Plus would suit the needs of the department better than the EPOC.

Prime Plus is EP23-A compliant therefore the automated QC on the Prime Plus meets all regulations. The current system requires an individual quality control plan, which is ongoing, labor intensive, requires the purchase of the third-party quality control material, and can be an issue during inspections. Prime Plus uses NovaNet, a bidirectional connectivity and point of care management system that is built in, eliminating the cost for middleware, potentially saving \$16,000 in cost. The Prime Plus also provides 20 critical care tests, including BUN, Creatinine, and iMg. These added tests will help assess kidney function as well as provide comprehensive electrolyte profiles which can catch disruptions that cause cardiac complications. The consumables consist of microsensor cards, which decreases the extra need for storage space currently being used for the 3 large cartridges used with the Siemens machine. Prime Plus also has a mobile cart making it ideal for use in the Cath Lab.

- **Purpose:** To measure oxygen, carbon dioxide, and acid-base balance levels in patient's blood
- **Other vendors considered/other quotes:** Siemens (\$23,522 for 2 Rapidpoint 500e, or \$11,761 for single Rapidpoint 500e and \$9,175.90 for EPOC, \$16,970 for middleware)
- **Return on Investment:** \$280 arterial puncture charge, \$326 arterial blood gas analysis = \$606 per ABG, as well as the daily revenue for patients on bipaps, highflows, and ventilators (\$2688/day).

Cost to purchase: \$14,000 each (asking to replace both machines for total cost of \$28,000).

Other Costs:

- **Service/Maintenance Agreement:** 5 years of full on-site service included with purchase

- **Consumables:** All consumables for Electrolytes, ABG's Lactate, Glucose, iMg, iCa, EPV, measured Hgb, measured Hct: \$2,105/month: Annual \$25,260. Add COOX: \$2,391/month

Request: Purchase 2 Prime Plus Analyzers to replace the current Siemens Rapidpoint 500s. We are currently operating with one ABG analyzer as the second went down for repair several months ago. To repair the machine will cost nearly as much as replacing it with a new model. The current analyzer is running on an outdated Windows 8 operating system and is at end of life. The current machine has required many hours of added maintenance from employees to keep machine operating efficiently. Without ABG results the hospital cannot effectively treat patients with respiratory or cardiac issues. This could result in a loss of revenue and hospital liability.

Purpose: To provide optimal patient care to patients experiencing respiratory or cardiac issues.

Budgeted: EPOC was budgeted. A better solution has since been found with the Prime Plus as this analyzer will also be utilized for the Cath Lab.

Recommendation: Purchase of 2 Prime Plus Analyzers. This will allow for a backup to the chemistry analyzer as well as more testing with a single sample in one minute.



Capital Purchase

Quotation For: Humboldt General Hospital
Contact Name: COO / Brian Washburn
Email: WashburnB@HGHospital.org

Address: 118 E. Haskell St.
Winnemucca NV 89445
Phone Number: 775-623-5220

Date: 5/17/2022
Quote Expiration Date: 6/16/2022
Quote ID: HGH05172022CP
Account Executive: Denise Clutier Brooks

GPO: None

F.O.B . Factory Waltham, MA	Estimated Delivery: 60-90 Days ARO	Payment Terms: Net 30 Days Taxes are not included in the quoted price. Payment terms subject to credit approval.		
Item No.	Qty	Description	Unit Price	Extended Price

59423	2	STAT PROFILE PRIME PLUS ANALYZER (with accessory pack)	\$14,000.00	\$28,000.00
<ul style="list-style-type: none"> • MicroSensor Card w/CO-Ox: pH, PCO2, PO2, SO2%, Hct, Na+, K+, Cl-, Ca++, Mg++, TCO2, Glu, Lac, HHb, O2Hb, Methb, COHb • MicroSensor Card w/o CO-Ox: pH, PCO2, PO2, SO2%, Hct, Hb, Na+, K+, Cl-, Ca++, Mg++, TCO2, Glu, Lac • Renal Card: BUN (Blood Urea Nitrogen) and Creatinine 				

Total: \$28,000.00

Quoted Price Includes:

The Following is included:

1) **Installation:** As part of our commitment to superior customer support, a Nova Biomedical support professional will coordinate the installation of your Analyzer(s). The goal of our implementation team during this important transition period includes providing assistance with analyzer functions, set up, linearity, precision as well as answering any correlation and validation questions. In addition, Nova personnel will be available to provide training for all operator skill levels. Finally, Nova will help guide inventory management, assist in establishing QC programs and enrollment in Nova's Quality Assurance Program.

2) **Warranty: Year 1 -** Includes 24 hour/day telephone support and onsite comprehensive service during normal business hours (Monday – Friday excluding holidays) including mechanical/electrical parts, corrective maintenance and loaner/replacement unit, excludes consumables that are covered under separate warranty.

Warranty: Years 2 – 5: Includes 24 hour/day telephone support. If there is an unresolved hardware/software failure, at the sole discretion of Nova Biomedical, Nova service will either provide onsite repair or provide a replacement swap unit at no cost to the customer. Annual PM is included with analyzers during years 2-5 warranty period. No linearity or precision will be included with replacement swap units, unless otherwise stated.

Warranty Year 1 to cover the instrument for 12 months from the installation date, or 15 months from the date of shipment, whichever occurs first.

This Quotation constitutes the entire agreement between you and Nova with respect to purchase of the products/services quoted herein. Representations or statements not expressed herein, and terms and conditions of any other document (including, without limitation, a Purchase Order) submitted by you, shall be of no force and effect and considered void. Any Purchase Orders, or similar payment instruments, issued after this Quotation is issued do not amend or supplement the terms of this Quotation. Such Purchase Orders are considered by Nova to serve as a payment mechanism only and no future act by Nova, including providing goods described in such a Purchase Order, shall be considered acceptance of any terms and conditions included in such a purchase order. This Quotation shall only be amended or supplemented with Nova's express and specific written agreement.

Department: IT

Item Description: Hard drives for PACS (picture archiving and communication system) images

Justification:

The IT department has updated our servers and drive arrays to move from our older hardware. We have since migrated all our servers over to the new hardware except for our PACs system. The PACs hard drive array currently stores six terabytes worth of images and these drives are now at capacity. We have no other option but to purchase more in order to accommodate the migration of our PACs server and all the data.

- **Purpose:** To store Xray type images
- **Other vendors considered/other quotes:** No other vendor can supply these drives they come from the Dell corporation.
- **Return on Investment:** N/A

Cost to purchase: \$42,074.25 for 5 drives plus next day on-site support service.

Other Costs:

- **Service/Maintenance Agreement:** \$11,404.05 two years
- **Consumables:** N/A

Request: To purchase drives for our storage array.

Purpose: To store PACS images.

Budgeted: This is budgeted for this year.

Recommendation: Purchase 5 3.8TB drives with Next Business Day on-site support two years

NUVODIA

2818 N Sullivan Rd. Ste. 120
Spokane Valley, WA 99216
8555688634
www.nuvodia.com

NUVODIA

Please review this quote.

Drives

QUOTE # 003890 V3

PREPARED FOR

Humboldt General Hospital

PREPARED BY

Paula Tarbert

Software

Description	Price	Qty	Ext. Price
826-0155 DELL HARDWARE LIMITED WARRANTY PLUS ON SITE SERVICE	\$326.05	1	\$326.05
400-BGJI P1 25X2.5 NVME SED SSD 3.84TB UG	\$8,414.85	5	\$42,074.25
839-7125 PROSUPPORT: NEXT BUSINESS DAY ON-SITE LOW CAPACITY SSD ADD-ON, 2 YEARS	\$2,280.81	5	\$11,404.05
Subtotal:			\$53,804.35

8555688634
ptarbert@nuvodia.com
www.nuvodia.com

Drives

Prepared by:

NUVODIA

Paula Tarbert
(509) 755-9419
ptarbert@nuvodia.com

Prepared for:

Humboldt General Hospital

118 E Haskell Street
Winnemucca, NV 89445
Jackie Wilson
(775) 623-5222
wilsonj@hghospital.org

Quote Information:

Quote #: 003890

Version: 3
Delivery Date: 03/25/2022
Expiration Date: 03/31/2022

Quote Summary

Description	Amount
Software	\$53,804.35
Total:	\$53,804.35

Terms: Net 30
 Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.
 Microsoft 365 Licensing Fees. The Services may require us to purchase certain "per seat" licenses from Microsoft (which Microsoft refers to as New Commerce Experience or "NCE Licenses") to provide you with one or more of the following applications: Microsoft 365, Office 365, Dynamics 365, Windows 365, Microsoft Power Platform, or any future Microsoft offerings (each, an "NCE Application"). As per Microsoft's requirements, NCE Licenses cannot be canceled once they are purchased and cannot be transferred to any other customer. If we purchase NCE Licenses for you on an order, then those licenses will require a one (1) year term, or you will be assessed additional Microsoft monthly fees for purchasing month-to-month licensing instead of committing to the one (1) year term. For that reason, you understand and agree that regardless of the reason for termination of the Services, you are required to pay for all applicable NCE Licenses in full for the entire term of those licenses. Provided that you have paid for the NCE Licenses in full, you will be permitted to use the applicable NCE Applications until the expiration of their license terms, even if you move to a different technology services provider. Signature of this quote will be considered an amendment to any existing agreement under which Nuvodia provides Office 365.

NUVODIA

Humboldt General Hospital

Signature: Paula Tarbert
 Name: Paula Tarbert
 Title: _____
 Date: 03/25/2022

Signature: _____
 Name: Jackie Wilson
 Date: _____