



**MOUNTAINS**  
COMMUNITY HOSPITAL  
*The Heart of Mountain Healthcare*

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**Quality Committee Meeting**  
**Thursday, May 23, 2024, 1:00 p.m.**  
**George M. Medak Conference Room, Suite 207**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**  
**Join on your computer, mobile app or room device**

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**[+1 951-384-1117,,605686207#](#) United States, Riverside**

**Phone Conference ID: 605 686 207#**

Members:	Barry Hoy, Committee Chairperson Mark Turner, Chief Executive Officer Leslie Plouse, Quality Director	Gerry Hinkley, Committee Member Terry Peña, COO/CNO Jeri Simpson, Community Member
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**OPEN SESSION**

1:00 p.m.

**CALL TO ORDER**

Barry Hoy, Committee Member

**PREVIOUS MINUTES**

Barry Hoy, Committee Member  
Action Probable

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

The public has the right to address the legislative body on any item of interest to the public.  
A time restraint may be implemented at the discretion of the Committee Chairperson.

**CLOSED SESSION - AGENDA ITEMS**

(According to section: (54956.9))

- |                                  |   |
|----------------------------------|---|
| 1. Hospital Acquired Harm        | Terry Peña, COO/CNO<br>Information Only |
| 2. Event Reports – Level of Harm | Terry Peña, COO/CNO<br>Information Only |
| 3. Complaints                    | Terry Peña, COO/CNO<br>Information Only |
| 4. USACS Dashboard               | Terry Peña, COO/CNO<br>Information Only |

**RETURN TO OPEN SESSION**

- |                               |                             |
|-------------------------------|-----------------------------|
| 1. Closed Session Report      | Barry Hoy, Committee Member |
| 2. Public Report of Decisions | Barry Hoy, Committee Member |

**OPEN SESSION – AGENDA ITEMS**

- |  |   |
|--|---|
| 1. Performance Improvement                       | Terry Peña, COO/CNO<br>Information Only |
| 2. Patient Experience Surveys                    | Terry Peña, COO/CNO<br>Information Only |
| 3. Regulatory Activity/Updates                   | Terry Peña, COO/CNO<br>Information Only |
| 4. SCORE Survey (Annual Employee Survey) Results | Terry Peña, COO/CNO<br>Information Only |

**ADJOURNMENT**

## San Bernardino Mountains Community Hospital Quality Committee Meetings

### Attendance Matrix - 2024

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Barry Hoy	√	<b>C A N C E L L E D</b>	√	√								<b>D A R K</b>
Gerry Hinkley	√		√	A								
Terry Peña	√		√	E								
Mark Turner	√		√	√								
Leslie Plouse	√		E	√								
Don Larsen	√		A	A								
Jeri Simpson	--		--	√								
Cheryl Moxley	√		--	--	--	--	--	--	--	--	--	
Julie Atwood	√		√	--	--	--	--	--	--	--	--	
<b>Comment:</b>												
	√	Present	E	Excused	A	Absent						

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barry Hoy, Committee Chairperson Mark Turner, Member, Chief Executive Officer Leslie Plouse, Member, Quality Director Jeri Simpson, Community Member</p> <p>Gerry Hinkley, Committee Member <i>(Attended remotely: does not qualify as part of the quorum under the AB2449 provisions.)</i> Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Don Larsen, MD, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Barry Smart, Board Treasurer Yvonne Waggener, Chief Financial Officer Steffanie Miller, Executive Assistant to Facilities Peter Venturini, Foundation President John McLaughlin, Public</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Hoy called the meeting to order at 1:02 p.m.</p>	<p><b>The meeting was called to order</b></p>
<p>3.0 Previous Minutes</p>	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of March 28, 2024 were approved as written.</p>	<p><b>On a motion made and seconded, the Quality Committee Meeting Minutes of March 28, 2024 were approved as written</b></p> <p><b>M (Simpson) / S (Turner) / C</b></p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p><b>None</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
5.0 Adjourn to Closed Session:	<p>The Quality Committee Adjourned to “Closed Session” at approximately 1:03 p.m.</p> <p><b><u>CLOSED SESSION ATTENDEES:</u></b></p> <p>Barry Hoy, Committee Chairperson            Gerry Hinkley, Committee Member (<i>Attended remotely: does not qualify as part of the quorum under the AB2449 provisions.</i>)            Mark Turner, Member, Chief Executive Officer            Leslie Plouse, Quality Director            Jeri Simpson, Community Member            Kristi McCasland, Executive Assistant            Kieth Burkart, Board President            Cheryl Robinson, Board Vice President            Barry Smart, Board Treasurer            Yvonne Waggener, Chief Financial Officer</p>	<b>None</b>
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:10 p.m.	<b>None</b>
6.1 Closed Session Report:	Per Hoy, the following items were reported on during “Closed Session” – Hospital Acquired Harm; Event Reports-Levels of Harm; Complaints; and USACS Dashboard.	<b>Information only</b>
7.0 Agenda Items 7.1 Performance Improvement (PI)	<p>Plouse reported on the following 2024 Organization Wide Performance Improvement Projects:</p> <p>1) <u>PI Project #1: Patient Experience</u>            Focusing on question, “I understood the purpose of taking medications”. In March 2024, our top box score on this domain was at 33.33%. The goal is to have respondents select “strongly agree” and achieve <math>\geq 50</math>th percentile. The PI team has been</p>	<b>Information only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>charged with implementing strategies to achieve the goal. The Journey Mapping project continues with Peña as the lead. MCH will host a Custom Learning Systems “2-Day Ignite The Patient Experience Event” on October 8<sup>th</sup> – 9<sup>th</sup>, 2024. Each clinical department will develop a plan to focus on at least one improvement opportunity related to patient experience. Quality will collaborate with department leaders to collect and display results over time.</p> <p>2) <u>PI Project #2: BETA Heart Implementation</u> Tactic steps include:</p> <ul style="list-style-type: none"> <li>• April 10 – September 18: Survey Debrief Facilitator Training (virtual)</li> <li>• April 15: Culture Survey results returned</li> <li>• April 23: Executive Leadership Briefing Webinar</li> <li>• April 25 – 26: Workshop II: Communication &amp; Transparency/Care for the Caregiver</li> <li>• May 1: Survey Results Debriefing Webinar</li> <li>• May 1 – July 31: Survey debrief sessions</li> <li>• May 13: Culture of Safety domain validation</li> </ul> <p>3) Other Quality/Performance Improvement Projects include:</p> <ul style="list-style-type: none"> <li>• Reduction in Readmissions workgroup</li> <li>• CMS Star Rating – AI with Dexur</li> <li>• Microbiology services</li> <li>• Workplace violence prevention program</li> <li>• ROI Analysis with John McLaughlin</li> </ul>	
7.2 Patient Surveys	<p>Plouse report on the following Patient Satisfaction Survey Results:</p> <ul style="list-style-type: none"> <li>• <u>Inpatient</u>: In March 2024, there were four responses, with a 75% top box score.</li> <li>• <u>ED</u>: In March 2024, there were 43 responses with an 89.25% top</li> </ul>	<b>Information only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>box score.</p> <ul style="list-style-type: none"> <li>• <u>RHC Medical</u>: In March 2024, there were nine responses with a 69.92% top box score.</li> <li>• <u>RHC Dental</u>: In March 2024, there were no responses received.</li> </ul>	
7.3 Regulatory Activity/Updates	<p>Plouse report on the following Regulatory Activities and Updates:</p> <ul style="list-style-type: none"> <li>• <u>TJC Lab Reaccreditation Survey: 5/3/2022-5/5/2022</u> Plouse reviewed the outcome/status of the plan of correction items for March 2024.</li> <li>• <u>TJC CAH Accreditation Survey: 11/13/2023-11/15/2023</u> Plan of correction completed.</li> <li>• <u>SNF CMS Recertification &amp; CDPH Annual Licensure Survey: 3/25/2024-3/29/2024</u> No deficiencies.</li> <li>• <u>SNF CMS Life Safety Survey: 4/9/2024-4/10/2024</u> Twelve low level deficiencies noted; our plan of correction is due on 4/26/2024.</li> </ul>	<b>Information only</b>
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:27 p.m.	<b>Meeting adjourned</b>





**MOUNTAINS**  
COMMUNITY HOSPITAL  
*The Heart of Mountain Healthcare*

**Marketing Committee Meeting**  
**Thursday, May 23, 2024, 1:30 p.m.**

**George M. Medak Conference Room, Suite 207**

**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**

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[+1 951-384-1117,,605686207#](#) **United States, Riverside**

**Phone Conference ID: 605 686 207#**

Members:	Cheryl Robinson, Committee Chairperson	Barry Hoy Committee Member
	Mark Turner, Chief Executive Officer	Terry Peña, Chief Operating Officer
	Kim McGuire, Director, Community Development	Jeri Simpson, Community Member

**OPEN SESSION**

1:30 p.m.

**CALL TO ORDER**

Cheryl Robinson, Committee Chairperson

**PREVIOUS MINUTES**

Cheryl Robinson, Committee Chairperson  
Action Probable

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

The public has the right to address the legislative body on any item of interest to the public.  
A time restraint may be implemented at the discretion of the Committee Chairperson.

**AGENDA ITEMS**

- |                |   |
|----------------|---|
| 1. Fundraising | Kim McGuire, Dir. of Community Dev.<br>Information Only |
| 2. Marketing   | Kim McGuire, Dir. of Community Dev.<br>Information Only |

**ADJOURNMENT**

# San Bernardino Mountains Community Hospital Marketing Committee Meetings

## Attendance Matrix - 2024

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cheryl Robinson	F A C I L I T I E S	√	U M A N	F		U M A N	F		U M A N	F		D A R K
Barry Hoy		√		A				A				
Terry Peña		√	R E S O U R C E	L		R E S O U R C E	L		R E S O U R C E	L		
Mark Turner		√		E				E				
Kim McGuire			A									
Don Larsen			√									
Gerry Hinkley												
<b>Comment:</b>												
	√	Present		E	Excused		A	Absent				

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Robinson, Committee Chairperson            Barry Hoy, Committee Member            Mark Turner, Member, Chief Executive Officer            Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer            Gerry Hinkley, Community Member</p> <p>Kim McGuire, Foundation / Community Development Director            Don Larsen, MD, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President            Barry Smart, Board Member            Julie Atwood, Human Resources Director            Yvonne Waggener, Chief Financial Officer            Abby Savich, Marketing &amp; Events Manager            Peter Venturini, Foundation President            Gary Hicks, G.L. Hicks Financial, LLC            John McLaughlin, Public</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Robinson called the meeting to order at 1:02 p.m.</p>	<p><b>The meeting was called to order</b></p>
<p>3.0 Previous Minutes:</p>	<p>The minutes of the meeting of the Marketing Committee held on November 30, 2023 were approved as written</p>	<p><b>The minutes of the meeting of the Marketing Committee held on November 30, 2023, were approved as written.</b></p> <p><b>M (Hoy) / S (Hinkley) / C</b></p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
5.0 Fundraising / Marketing	<p>Savich updated the committee on Fundraising and Marketing activities.</p> <p>1. <u>Foundation/Fundraising:</u></p> <ul style="list-style-type: none"> <li>• In CY 2023, the Foundation has raised \$650k and gave the hospital over \$850k, which was used for the front entrance renovation and new equipment. In December, the foundation received:               <ul style="list-style-type: none"> <li>○ \$150k from the Ahmanson Foundation;</li> <li>○ \$10k from the Ted Roy Charity Foundation;</li> <li>○ \$3,500 from the Rotary Club of Lake Arrowhead; and</li> <li>○ \$20k from the MCH Auxiliary.</li> </ul>               Both the Lifetime Giving and 2023 Summit Circle Donor Walls have been refreshed.             </li> <li>• Currently, the Foundation has \$1.7M in cash and investments at Edward Jones.</li> <li>• So far in CY 2024, the Foundation has raised \$12k, which includes:               <ul style="list-style-type: none"> <li>○ \$3k grant from the Mountain Sunrise Rotary;</li> <li>○ \$100k donation from a couple who recently passed away; and</li> <li>○ \$5,500 from the PolaRotary Plunge event, in which the hospital had two teams.</li> </ul> </li> <li>• The LeGrand Picnic has been scheduled for July 21, 2024 and will have a “Field of Dreams” theme. The steering committee and subcommittee have begun meeting, and are working to create “Save the Date” postcards, sponsorship flyers, etc. Robbin Nordsten will serve as the LGP Coordinator for the event; and will be the event’s emcee.</li> <li>• The Foundation is looking at bringing on two prospective Board Members: Amy Doutt and Paul Medawar.</li> <li>• The Winter Edition of the Foundation’s newsletter included our first CEO video. Video updates will be done on a quarterly basis.</li> </ul> <p>2. <u>Grant Update</u></p> <ul style="list-style-type: none"> <li>• The Foundation applied for a \$7M grant from the San Manuel Mission Band of Indians at the end of last year; they let us know it not a no, it’s just a no for right now as they want us to have a</li> </ul>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>greater insight into our fundraising capability. They invited us to apply for an off cycle grant to help pay for a fundraising feasibility study, which would take about 5 months to complete. A draft LOI was submitted to San Manuel for \$250k.</p> <ul style="list-style-type: none"> <li>• A \$10k grant was received from Stater Bros to be used for defibrillators and a hands-free voice and messaging system.</li> <li>• A \$10k grant was received from the J.E. Fehsenfeld Family Foundation to be used for defibrillators and a hand-free voice and messaging system.</li> <li>• A small grant request was submitted to Lowes Hometown Grant, to purchase outside furniture for the SNF and for conference room renovations.</li> </ul> <p>3. <u>Naming opportunities:</u></p> <ul style="list-style-type: none"> <li>• The naming opportunities Report and Gift Agreement have been completed; they are working to finalize the Gift Policy.</li> <li>• The Auxiliary will be our first naming opportunity, and will contribute \$20k for the next three years for the naming of the Gift Shop.</li> </ul> <p>4. <u>Marketing:</u></p> <ul style="list-style-type: none"> <li>• The 2023-2024 Community Benefit Report is out. As of Tuesday, 15,000 copies have been sent to all of the P.O. Boxes from Crestline to Green Valley Lake. They still have 2,000 to send, which will go to donors with addresses down the mountain. The benefit report was also sent out via email, and posted on social media sites.</li> <li>• Fourteen (14) editions of HospiTales have now been sent out, both in print and electronically.</li> <li>• The Hospital recently received good press in the Alpine Mountaineer newspaper.</li> <li>• Social Media posts continue; the hospital now has over 2,000 followers on Facebook, over 500 followers on Instagram and over 600 followers on LinkedIn.</li> </ul>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• The Surgical Services, Post-Acute Inpatient Care and Skilled Nursing Facility rack cards have been updated. They will work on a Behavioral Health rack card next.</li> <li>• Future Marketing Activities include:               <ul style="list-style-type: none"> <li>○ About us video</li> <li>○ CEO Q2 video</li> <li>○ Nurses Week and Hospital Week</li> <li>○ BETA Heart SCORE survey promotion</li> <li>○ Considering rebranding and RHC name options</li> </ul> </li> </ul> <p>5. <u>Events:</u></p> <ul style="list-style-type: none"> <li>• The Summit Circle dinner has been scheduled for Thursday, June 6, 2024; save the date postcards will be coming out soon.</li> </ul>	
6.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:26 p.m.	<b>Meeting adjourned</b>



**Finance Committee Meeting**  
**Thursday, May 23, 2024, 1:45 p.m.**  
**George M. Medak Conference Room, Suite 207**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

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**Phone Conference ID: 605 686 207#**

Members:	Barrick Smart, Committee Chairperson Yvonne Waggener, Chief Financial Officer Mark Turner, Chief Executive Officer	Barry Hoy, Committee Member Terry Peña, Chief Operating Officer Jeri Simpson, Community Member
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**OPEN SESSION**

1:45 p.m.

**CALL TO ORDER**

Barry Smart, Committee Chairperson

**PREVIOUS MINUTES**

Barry Smart, Committee Chairperson  
Action Probable

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

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A time restraint may be implemented at the discretion of the Committee Chairperson.

**AGENDA ITEMS**

- |   |   |
|---|---|
| 1. Financial Statements                                     | Yvonne Waggener, Chief Financial Officer<br>Action Probable |
| 2. Capital Purchases  | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 3. Investments  | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 4. USDA Financing Update: Acute Care Wing Project           | Gary Hicks, G.L. Hicks Financial<br>Action Possible         |
| 5. Paying off Existing Debt: 2007 COPs & 2016 MOB Financing | Yvonne Waggener, Chief Financial Officer<br>Action Possible |

**ADJOURNMENT**

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT

San Bernardino Mountains Community Hospital Finance Committee Meetings

Attendance Matrix - 2024

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Barry Smart	√	√	√	√								<b>D A R K</b>
Barry Hoy	√	√	√	√								
Yvonne Waggener	√	√	√	√								
Mark Turner	√	√	√	√								
Terry Peña	√	√	√	E								
Don Larsen	√	A	A	A								
Jeri Simpson	--	--	--	√								
Gerry Hinkley	√	√	--	--	--	--	--	--	--	--	--	
<b>Comment:</b>												
	√	Present		E	Excused		A	Absent				



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Mark Turner, Member, Chief Executive Officer Jerri Simpson, Community Member</p> <p>Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Don Larsen, MD – Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Keith Burkart, Board President Gerry Hinkley, Board Member Cheryl Robinson, Board Vice President Kim McGuire, Foundation/Community Development Director Peter Venturini, Foundation President John McLaughlin, Public</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Smart called the meeting to order at 1:59 p.m.</p>	<p><b>The meeting was called to order</b></p>
<p>3.0 Previous Minutes:</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of March 28, 2024 were approved.</p>	<p><b>On a motion made and seconded, the Finance Committee Meeting Minutes of March 28, 2024 were approved as written.</b></p> <p><b>M (Hoy) / S (Turner) / C</b></p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p><b>None</b></p>
<p>5.0 Agenda Items: 5.1 Financial Statements</p>	<p>Waggener presented the FY24 Financial Statements as of and for the nine (9) months ended March 31, 2024. Comparative statistics and selected financial indicators were reviewed with the committee.</p>	<p><b>A motion was made and seconded to recommend to the Board to accept the Financial</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>She noted that we have sent \$5.3M in intergovernmental transfers (IGT's) in February and March. In March, we received an IGT/matching funds payment of \$700k; in April, we received additional funds totaling approximately \$13M.</p> <p>Waggener reported that we are ahead of budget fiscal year to date; and she is estimating that we will end the fiscal year recognizing net income of approximately \$3.5M.</p>	<p><b>Statements as of nine (9) months ended March 31, 2024.</b></p> <p><b>M (Hoy) / S (Turner) / C</b></p>
<p>5.2 Capital Purchases</p>	<p>Waggener presented and reviewed the FY24 Capital Purchases for the nine (9) months ended March 31, 2024.</p> <p>Waggener noted that \$75k was budgeted for the Acute Care Wing Project, but that \$155k has been spent on the project through March 31, 2024. After discussion, the board motioned to approve increasing the Acute Care Project line item by an additional \$175k, for a total of \$250k budgeted for this project in FY2024. It was noted that many of the items on the capital budget would not end up being purchased this fiscal year, so even with this increase on the Acute Care Wing project line item; we would be under on the capital budget for FY2024.</p>	<p><b>A motion was made and seconded to recommend to the Board to increase the Acute Care Wing Project line item by \$175k, for a total of \$250k budgeted for this project in FY2024.</b></p> <p><b>M (Hoy) / S (Simpson) / C</b></p>
<p>5.3 Investments</p>	<p>Waggener presented and reviewed the LAIF and UBS statements as of March 31, 2024.</p>	<p><b>Information Only</b></p>
<p>6.0 Adjournment:</p>	<p>There being no further business to discuss, the meeting was adjourned at approximately 2:24 p.m.</p>	<p><b>Meeting adjourned</b></p>

Mountains Community Hospital  
Key Financial Indicators

	AUDITED								BENCHMARKS	
	06/30/17	06/30/18	06/30/19	06/30/20	06/30/21	06/30/22	06/30/23	04/30/24	FAR WEST CAH	CA CAH
<b><u>LIQUIDITY</u></b>										
Days cash on hand - All sources	161	241	345	524	490	491	454	455	124	222
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	3,476,666	4,634,767		
Board Designated	8,523,608	14,377,594	21,688,045	20,192,855	29,295,456	35,578,908	37,472,583	38,812,469		
Total	9,433,395	15,322,417	22,313,862	35,434,941	37,538,088	39,747,406	40,949,249	43,447,236		
Days gross revenue in gross AR	58	57	55	49	62	52	57	62		
Days net revenue in net AR	41	33	43	33	41	37	37	38	70	41
Days expense in AP	32	23	25	29	29	42	22	24		
Current ratio	1.6	2.3	1.6	2.1	1.8	1.8	1.9	1.9		
Cash to debt	91%	155%	236%	303%	443%	498%	485%	583%		
<b><u>CAPITAL STRUCTURE</u></b>										
Long-term debt to capitalization	38%	28%	24%	25%	16%	14%	14%	12%		
<b><u>PROFITABILITY</u></b>										
Total margin	12%	26%	19%	17%	29%	14%	11%	11%		
<b><u>OTHER</u></b>										
Paid full time equivalents (FTE's)	165.66	177.25	183.31	176.66	185.49	182.08	195.86	201.61		
<b>BENCHMARK - FAR WEST</b>	The Industry Benchmark is from the Optum 2023 Almanac of Hospital Financial and Operating Indicators. The Benchmark Average is for Critical Access Hospitals in the Far West Region.									
<b>BENCHMARK - CA</b>	The California Benchmark is from the Flex Monitoring Team Data Summary Report #33, CAH Financial indicators Report: Summary of Indicators Medians by State, April 2023.									

Mountains Community Hospital  
Comparative Statistics

	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-22	45	7	52	589	1.5	0.2	1.7	19.0	841	27	18	24
Aug-22	46	28	74	605	1.5	0.9	2.4	19.5	814	26	20	19
Sep-22	50	14	64	585	1.7	0.5	2.1	19.5	760	25	3	7
Oct-22	30	38	68	594	1.0	1.2	2.2	19.2	786	25	-	1
Nov-22	80	56	136	562	2.7	1.9	4.5	18.7	802	27	-	6
Dec-22	47	4	51	558	1.5	0.1	1.6	18.0	786	25	-	12
Jan-23	46	39	85	585	1.5	1.3	2.7	18.9	712	23	-	9
Feb-23	44	46	90	532	1.6	1.6	3.2	19.0	565	20	-	11
Mar-23	56	45	101	584	1.8	1.5	3.3	18.8	497	16	-	9
Apr-23	54	27	81	535	1.8	0.9	2.7	17.8	602	20	-	14
May-23	81	43	124	513	2.6	1.4	4.0	16.5	692	22	-	9
Jun-23	55	48	103	548	1.8	1.6	3.4	18.3	774	26	4	7
	634	395	1,029	6,790	1.7	1.1	2.8	18.6	8,631	24	45	128
	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-23	41	54	95	589	1.3	1.7	3.1	19.0	874	28	4	7
Aug-23	59	13	72	607	1.9	0.4	2.3	19.6	786	25	7	16
Sep-23	80	38	118	570	2.7	1.3	3.9	19.0	725	24	2	17
Oct-23	60	3	63	599	1.9	0.1	2.0	19.3	739	24	9	12
Nov-23	61	8	69	587	2.0	0.3	2.3	19.6	649	22	3	12
Dec-23	44	-	44	620	1.4	-	1.4	20.0	868	28	5	6
Jan-24	65	31	96	620	2.1	1.0	3.1	20.0	760	25	7	19
Feb-24	62	59	121	563	2.1	2.0	4.2	19.4	615	21	3	15
Mar-24	44	50	94	589	1.4	1.6	3.0	19.0	688	22	2	7
Apr-24	41	4	45	578	1.4	0.1	1.5	19.3	651	22	2	12
	557	260	817	5,922	1.8	0.9	2.7	19.4	7,355	24	44	123
Budget Apr-24	90	60	150	585	3.0	2.0	5.0	19.5	720	24	12	19

Mountains Community Hospital  
Comparative Statistics

	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-22	7,502	632	276	52	9	107	1,076	642	480	259	221	89	1,049
Aug-22	7,644	635	256	74	23	100	1,088	792	506	291	236	177	1,210
Sep-22	6,523	584	238	51	12	119	1,004	615	395	245	240	140	1,020
Oct-22	6,566	594	206	94	19	102	1,015	722	413	247	244	126	1,030
Nov-22	6,815	575	184	99	23	83	964	715	379	196	213	102	890
Dec-22	5,970	592	203	78	19	93	985	635	337	204	235	97	873
Jan-23	5,784	577	191	37	8	94	907	623	374	227	223	88	912
Feb-23	4,897	488	153	46	13	63	763	526	322	183	196	74	775
Mar-23	3,813	450	148	19	5	62	684	378	278	108	198	54	638
Apr-23	6,309	574	203	55	11	92	935	678	361	264	199	91	915
May-23	6,569	611	210	64	7	97	989	811	483	284	217	106	1,090
Jun-23	6,118	606	244	63	26	119	1,058	810	449	272	224	104	1,049
	74,510	6,918	2,512	732	175	1,131	11,468	7,947	4,777	2,780	2,646	1,248	11,451
	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-23	6,374	643	241	68	20	111	1,083	690	422	227	214	77	940
Aug-23	6,514	675	277	77	21	127	1,177	838	472	288	233	160	1,153
Sep-23	6,075	648	256	49	25	115	1,093	723	363	192	220	110	885
Oct-23	5,042	588	228	46	13	101	976	827	310	283	236	120	949
Nov-23	4,929	500	198	78	20	84	880	767	382	274	204	134	994
Dec-23	4,940	569	207	89	20	87	972	644	367	203	199	64	833
Jan-24	6,230	651	285	73	14	126	1,149	722	440	225	230	130	1,025
Feb-24	4,770	552	200	66	17	94	929	606	361	213	294	123	991
Mar-24	6,235	625	190	53	20	104	992	740	432	283	268	141	1,124
Apr-24	5,558	506	217	78	10	129	940	729	277	305	268	122	972
	56,667	5,957	2,299	677	180	1,078	10,191	7,286	3,826	2,493	2,366	1,181	9,866
Budget Apr-24	6,200	615	220	70	16	102	1,023	650	500	250	230	120	1,100

## Fiscal Calendar JULJUN

**MOUNTAINS COMMUNITY HOSPITAL**  
**STATEMENT OF REVENUE AND EXPENSES**  
**APR 2024**

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	FY BUDGET	FY REMAINING
REVENUE								
GROSS PATIENT SERVICE REVENUE	4,746,747	5,515,047	768,300	51,630,917	54,023,964	2,393,047	65,148,058	13,517,141
DEDUCTIONS FROM REVENUE								
CONTRACTUAL DISCOUNTS	2,866,486	3,559,884	(693,398)	31,175,557	34,764,840	(3,589,283)	41,944,608	(10,769,051)
BAD DEBT	200,000	83,000	117,000	909,000	815,000	94,000	983,000	(74,000)
CHARITY CARE	18,519	6,000	12,519	58,789	60,000	(1,211)	72,000	(13,211)
SUPPLEMENTAL REIMBURSEMENT	(8,765,271)	(5,915,000)	(2,850,271)	(10,035,618)	(7,220,000)	(2,815,618)	(8,254,000)	(1,781,618)
TOTAL DEDUCTIONS FROM REVENUE	(5,680,266)	(2,266,116)	(3,414,150)	22,107,727	28,419,840	(6,312,113)	34,745,608	(12,637,881)
NET PATIENT SERVICE REVENUE	10,427,012	7,781,163	(2,645,849)	29,523,190	25,604,124	(3,919,066)	30,402,450	879,260
OTHER OPERATING REVENUE	70,462	58,149	(12,313)	492,869	362,978	(129,891)	424,648	(68,221)
TOTAL REVENUE	10,497,474	7,839,312	(2,658,162)	30,016,059	25,967,102	(4,048,957)	30,827,098	811,039
OPERATING EXPENSES								
SALARIES & WAGES	1,617,122	1,594,350	22,772	16,110,759	16,076,310	34,449	19,351,540	(3,240,781)
EMPLOYEE BENEFITS	387,887	349,280	38,607	3,443,645	3,286,270	157,375	3,948,200	(504,555)
PROFESSIONAL FEES	358,716	255,995	102,721	2,516,464	2,187,890	328,574	2,683,885	(167,421)
SUPPLIES	222,097	263,945	(41,848)	2,556,680	2,694,150	(137,470)	3,257,650	(700,970)
PURCHASED SERVICES	81,571	78,190	3,381	778,087	817,390	(39,303)	976,710	(198,623)
RENT/LEASE	20,653	16,435	4,218	214,285	164,350	49,935	199,220	15,065
REPAIRS & MAINTENANCE	135,841	65,381	70,460	856,666	703,062	153,604	858,579	(1,913)
UTILITIES	50,543	52,630	(2,087)	532,235	539,300	(7,065)	648,560	(116,325)
INSURANCE	46,185	45,638	547	462,697	456,372	6,325	547,648	(84,951)
DEPRECIATION	199,600	199,600	0	1,774,000	1,774,000	0	2,173,200	(399,200)
OTHER OPERATING EXPENSE	120,361	604,673	(484,312)	1,222,884	1,719,285	(496,401)	2,010,594	(787,710)
TOTAL EXPENSES	3,240,575	3,526,117	(285,542)	30,468,403	30,418,379	50,024	36,655,786	(6,187,384)
INCOME (LOSS) FROM OPERATIONS	7,256,899	4,313,195	(2,943,704)	(452,344)	(4,451,277)	(3,998,933)	(5,828,688)	(5,376,344)
NON-OPERATING REVENUE (EXPENSE)								
DISTRICT TAX REVENUE	258,000	258,000	0	2,580,000	2,580,000	0	3,096,000	516,000
INVESTMENT INCOME (LOSS)	110,564	76,200	(34,364)	1,419,094	762,000	(657,094)	914,400	(504,694)
INTEREST EXPENSE	(41,414)	(41,363)	51	(440,879)	(440,310)	569	(522,182)	(81,303)
DONATIONS/GRANTS FOR PROGRAMS	0	0	0	285,217	283,000	(2,217)	952,000	666,783
GAIN (LOSS) ON DISPOSAL OF PROPERTY	0	0	0	0	0	0	0	0
OTHER NON-OPERATING REVENUE	35,985	35,960	(25)	384,546	360,500	(24,046)	432,570	48,024
OTHER NON-OPERATING EXPENSE	(27,743)	(28,215)	(472)	(347,979)	(296,350)	(51,629)	(353,580)	(5,601)
NON-OPERATING REVENUE (EXPENSE)	335,391	300,582	(34,809)	3,879,999	3,248,840	(631,159)	4,519,208	639,209
NET INCOME (LOSS)	7,592,290	4,613,777	(2,978,513)	3,427,655	(1,202,437)	(4,630,092)	(1,309,480)	(4,737,135)

Fiscal Calendar JULJUN

**MOUNTIANS COMMUNITY HOSPITAL  
 BALANCE SHEET**

	04/30/24	06/30/23
<b>CURRENT ASSETS:</b>		
CASH & CASH EQUIVALENTS	4,649,681	3,490,303
RECEIVABLES: PATIENT - NET	3,737,868	3,211,642
RECEIVABLES: OTHER	307,795	81,856
INVENTORY	808,850	760,938
CURRENT PORTION OF LEASES RECEIVABLE	209,828	209,828
RECEIVABLES: INTERCOMPANY	0	0
PREPAID EXPENSES & DEPOSITS	597,963	590,636
	-----	-----
<b>TOTAL CURRENT ASSETS</b>	<b>10,311,985</b>	<b>8,345,204</b>
ASSETS LIMITED AS TO USE - COP INVESTMENTS	249,780	250,955
ASSETS LIMITED AS TO USE - FUNDED DEPRECIATION	38,812,469	37,472,583
CAPITAL ASSETS - NET	19,660,199	18,796,112
OTHER ASSETS	2,382,133	2,382,133
	-----	-----
<b>TOTAL ASSETS</b>	<b>71,416,566</b>	<b>67,246,987</b>
	=====	=====
<b>CURRENT LIABILITIES:</b>		
CURRENT PORTION LONG-TERM DEBT	1,095,816	1,036,629
ACCOUNTS PAYABLE & ACCRUED EXPENSES	1,008,475	907,080
ACCRUED PAYROLL & RELATED LIABILITIES	1,398,127	1,357,135
ACCRUED INTEREST	98,077	173,599
ESTIMATED THIRD-PARTY SETTLEMENTS, NET	515,854	199,284
UNEARNED REVENUE	55,951	41,221
PATIENT CREDIT BALANCES	1,194,016	627,197
	-----	-----
<b>TOTAL CURRENT LIABILITIES</b>	<b>5,366,317</b>	<b>4,342,144</b>
LONG-TERM PORTION OF DEBT	7,452,201	8,445,994
DEFERRED INFLOWS - LEASES	2,591,961	2,591,961
	-----	-----
<b>TOTAL LIABILITIES</b>	<b>15,410,478</b>	<b>15,380,099</b>
NET ASSETS	56,006,088	51,866,889
	-----	-----
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>71,416,566</b>	<b>67,246,987</b>
	=====	=====

<b>FY24 CAPITAL BUDGET &amp; ASSET ADDITIONS AS OF 04/30/24</b>					
<b>Department</b>	<b>Item Description - CONSTRUCTION</b>	<b>Budget</b>	<b>Done</b>	<b>Actual</b>	<b>Funding (MCHF)</b>
FACILITIES	Pharmacy Relocation (Includes Hood)	900,000		227,934	
FACILITIES	Front of House & Gift Shop	565,000		198,213	514,500
FACILITIES	Seismic NPC3 (Anchor Equipment) & SPC 4D	200,000		21,051	
FACILITIES	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	150,000		48,511	
FACILITIES	MOB Improvements	130,000		33,669	
FACILITIES	New Acute Care Wing	75,000		202,997	
FACILITIES	SNF Nurses' Station	50,000			
FACILITIES	Seal & Stripe Parking Lot	48,000	X	28,662	
FACILITIES	Keyless Entry Doors	45,000		6,055	
FACILITIES	Front of House & Med Surg HVAC	40,000		21,148	
FACILITIES	Chemistry Analyzers (2) Construction	25,000		31,682	
FACILITIES	Hospital Exterior Paint	25,000		9,984	
FACILITIES	OR Doors	20,000	X	14,246	
FACILITIES	MOB Electrical Panel	15,000			
FACILITIES	Med Surg Nursing Station (Pyxis)	10,000		1,710	
EVS	Soiled Linen Enclosure	6,500	X	6,350	
FACILITIES	RHC LA Interior Remodel/Retrofit	275,000		22,500	50,000
FACILITIES	SNF Renovations	150,000			
FACILITIES	Surgery Water Filtration System Construction	20,000			
FACILITIES	Med Surg Windows	200,000			
FACILITIES	SNF Windows	200,000			
FACILITIES	Hospital & MOB Flooring	75,000			
FACILITIES	Parking Lot Expansion	100,000			
FACILITIES	SNF Fence	24,000			
FACILITIES	PFS Remodel	125,000			
FACILITIES	Second Floor Remodel	60,000			
FACILITIES	Education Center	-			476,735
FACILITIES	Parking Solution	-			
		<b>\$ 3,533,500</b>		<b>\$ 874,710</b>	<b>\$ 1,041,235</b>



<b>FY24 CAPITAL BUDGET &amp; ASSET ADDITIONS AS OF 04/30/24</b>					
<b>Department</b>	<b>Item Description - EQUIPMENT</b>	<b>Budget</b>	<b>Done</b>	<b>Actual</b>	<b>Funding (MCHF)</b>
ED/MS/OR/SNF	Telemetry Monitoring Equipment	700,000	X	842,469	
IT	EHR System (Meditech Expanse)	600,000		168,215	
FACILITIES	Nurses' Call System	285,000			
IT	Voice & Messaging System	165,000			163,000
FACILITIES	Hospital Camera System	150,000			
ED/MS/OR/SNF	IV Pumps	104,000		108,205	109,300
FACILITIES	Fire Suppression (Server Room)	100,000			
FACILITIES	Patient Transfer Vehicle	90,000	X	88,839	90,000
ED/MS/OR/SNF	Defibrillators (4)	85,000		82,876	
FACILITIES	Chiller	80,000			
LAB	Coagulation Analyzer	67,000	X	53,875	
FACILITIES	Tractor	56,000			
IT	Med Surg & SNF IDF Cabinets	55,000	X	39,789	
IT	Microsoft Veem Cloud Backup	35,000		23,860	
IT	Cisco Firewalls	30,000		35,663	
IT	Cisco Catalyst Network Switches	25,000		13,053	
ED	Carbon Monoxide Monitor	8,000	X	7,426	
RESP	Blood Gas Analyzer	8,000			
IT	Cisco Wireless Controller	7,000			
DIET	Worktop Freezer	6,000			
FACILITIES	ER Exam Lights	50,000			
LAB	Phlebotomy Carts (2)	19,000			
EVS	ECH20 Scrubber	12,500			
EVS	T1B Scrubber for OR	7,300			
EVS	i-Mop	6,700			
FACILITIES	Storage Containers	60,000			
FACILITIES	Utility Vehicle	30,000			
OR	Endoscopes	28,000			
OR	Endoscope System	400,000	X	396,652	
ANESTH	Anesthesia Machines	146,000			
RESP	EKG Machine	15,000			
		<b>\$ 3,430,500</b>		<b>\$ 1,860,921</b>	<b>\$ 362,300</b>
		<b>\$ 6,964,000</b>		<b>\$ 2,735,632</b>	<b>\$ 1,403,535</b>
<b>Not Budgeted</b>					
MED SURG	Blanket Warmer		X	8,740	
DIET	Reach In Freezer		X	7,992	
LAB	Freezer (2)		X	15,872	
	<b>TOTAL</b>			<b>\$ 2,768,237</b>	



**“Mountains Community Hospital makes possible essential quality medical services to the residents and visitors of the local mountains.”**

**DISTRICT BOARD OF DIRECTORS MEETING**

**Thursday, May 23, 2024, 2:45 p.m.**

**George M. Medak Conference Room, Suite 207**

**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

**Meeting ID: 234 601 921 58**

**Passcode: MWdfbE**

[Download Teams](#) | [Join on the web](#)

**Or call in (audio only)**

[+1 951-384-1117,605686207#](#) **United States, Riverside**

**Phone Conference ID: 605 686 207#**

- |                |  |  |
|----------------|--|--|
| Members:       | Kieth Burkart, President<br>Barry Hoy, Secretary<br>Gerald Hinkley, Director   | Cheryl Robinson, Vice President<br>Barrick Smart, Treasurer  |
| Staff Members: | Mark Turner, Chief Executive Officer<br>Bijan Motamedi, M.D., MEC President<br>Kim McGuire, Community Development Director | Terry Peña, Chief Operating Officer<br>Yvonne Waggener, Chief Financial Officer<br>Kristi McCasland, Executive Assistant |

**OPEN SESSION**

2:45 p.m.

**CALL TO ORDER**

Kieth Burkart, President

**PRESIDENTS COMMENTS**

Kieth Burkart, President  
Action Possible

**BOARD MEMBER REPORTS**

All Board Members

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

The public has the right to address the legislative body on any item of interest to the public.  
A time restraint may be implemented at the discretion of the Board President.

**PREVIOUS MINUTES approval**

Kieth Burkart, President  
Action probable

**CONSENT AGENDA**

Kieth Burkart, President  
Action Probable

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, May 23, 2024 2:45 p.m.**

Page 2 of 3

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held April 25, 2024
2. Approval of Marketing Committee minutes, meeting held February 29, 2024
3. Approval of Finance Committee minutes, meeting held April 25, 2024
4. Approval of the revised Policies and Procedures list that was sent May 14, 2024

**AGENDA ITEMS**

- |  |   |
|--|---|
| 1. FY 2023-2024 Annual Patient Care Contract Evaluations             | Mark Turner, Chief Executive Officer<br>Action Possible |
| 2. CEO Report  | Mark Turner, Chief Executive Officer                    |
| a. Mission Moment  | Action Possible   |
| b. Construction Updates  | Information Only  |
| c. Construction Financing Update                                     | Information Only  |
| 3. COO/CNO Report  | Terry Peña, Chief Operating Officer<br>Information only |
| 4. Quality Committee Report<br>Report of Meeting held May 23, 2024   | Barry Hoy, Chairperson<br>Information Only              |
| 5. Marketing Committee Report<br>Report of Meeting held May 23, 2024 | Cheryl Robinson, Chairperson<br>Information only        |
| 6. Finance Committee Report<br>Report of Meeting held May 23, 2024   | Barry Smart, Chairperson                                |
| a. Financial Statements  | Action Probable   |
| b. Capital Purchases   | Action Possible   |
| c. Investments   | Action Possible   |
| d. UDSA Financing Update: Acute Care Wing Project                    | Action Possible   |
| e. Paying off Existing Debt: 2007 COPs & 2016 MOB Financing          | Action Possible   |
| 7. Board Education   | Kieth Burkart, President                                |
| a. MCH Board Member Annual Education (Relias)                        | Information Only  |
| b. 5/20-22/2024: HASC Annual Meeting -- Recap                        | Information Only  |
| 8. Discussion Topic Suggestions                                      | Kieth Burkart, President                                |

**ADJOURN TO CLOSED SESSION**

**CLOSED SESSION AGENDA ITEMS**

(Closed session pursuant to Govt. Code Section 54954.5

- |  |  |
|--|--|
| 1. <u>Hearings</u><br>Subject matter: Staff Privileges<br>Re: Credentialing Recommendations<br>Closed session pursuant to Cal. Health & Safety § 32155 | Bijan Motamedi, M.D., MEC President<br>Action Probable |
|--|--|

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, May 23, 2024 2:45 p.m.**

Page 3 of 3

- |   |   |
|---|---|
| 2. <u>Medical Executive Committee Report</u><br>Subject Matter: Report of Medical Executive Committee<br>Meeting minutes<br>Closed session pursuant to Cal. Health & Safety § 32155 | Bijan Motamedi, M.D., MEC President<br>Information only |
| 3. <u>Executive session</u><br>Subject Matter: Personnel Issues<br>Closed session under Cal. Gov. Code § 54957  | Board Members Only<br>Information only                  |

**RETURN TO OPEN SESSION**

- |                               |                          |
|-------------------------------|--------------------------|
| 1. Closed Session Report      | Kieth Burkart, President |
| 2. Public Report of Decisions | Kieth Burkart, President |

**NEXT BOARD-ATTENDED MEETINGS**

Special Board of Directors Meeting/USDA  
Community Meeting:  
Friday, June 7, 2024 at 1:00 p.m.

Regular Board of Directors Meeting:  
Friday, June 28, 2024 at 1:00 p.m.  
*(Days & times are subject to change so please refer to the posted agenda for exact times)*

**FINAL ADJOURNMENT**

## San Bernardino Mountains Community Hospital Board of Directors Meetings

### Attendance Matrix - 2024

Meeting Dates	1/12/2024**	1/25/2024*	2/22/2024**	2/29/2024*	3/28/2024*	4/25/2024*	5/23/2024*	6/28/2024*	7/25/2024*	8/29/2024*	9/26/2024*	10/24/2024*	11/21/2024*	DEC*
<b>Board Members</b>														
Kieth Burkart	√	√	√	√	√	√								
Cheryl Robinson	√	√	√	√	√	√								
Barry Hoy	√	√	√	√	√	√								
Barrick Smart	JC	√	√	√	JC	√								
Gerald Hinkley	--	--	--	√	√	A								
Cheryl Moxley	√	√	--	--	--	--	--	--	--	--	--	--	--	
<b>Staff Members</b>														
Mark Turner	√	√	√	√	√	√								
Terry Peña	√	√	√	√	√	E								
Yvonne Waggener	√	√	√	√	√	√								
Julie Atwood	√	√	E	√	√	--	--	--	--	--	--	--	--	
Kim McGuire	√	√	E	E	√	√								
Kristi McCasland	√	√	E	√	√	√								
Bijan Motamedi, M.D.	E	√	E	E	√	√								
Lawrence Walker, M.D.	--	--	--	√	--	--								

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### Comments

\* Regular Board of Directors Meeting / \*\* Special Board of Directors Meeting

√ Present

JC Board Member Attended Remotely Under AB2449 "Just Cause" Provisions

EC Board Member Attended Remotely Under AB2449 "Emergency Circumstances"

E Excused

A Absent

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 2:25 p.m.	<b>The meeting was called to order</b>
2.0 Board Members Present:  Members Absent:  Recording Secretary  Staff Members Present:  Guests:	<p>Kieth Burkart, Board President Cheryl Robinson, Vice President Barrick Smart, Board Treasurer Barry Hoy, Board Secretary</p> <p>Gerry Hinkley, Board Director <i>(Attended remotely: does not qualify as part of the quorum under the AB2449 provisions.)</i> Terry Peña, Chief Operating Officer/Chief Nursing Officer</p> <p>Kristi McCasland, Executive Assistant</p> <p>Mark Turner, Chief Executive Officer Yvonne Waggener, Chief Financial Officer Kim McGuire, Foundation/Community Development Director Bijan Motamedi, M.D., MEC Chief of Staff</p> <p>Jeri Simpson, Community Member Peter Venturini, Foundation President John McLaughlin, Public</p>	<b>Quorum present</b>
3.0 President’s Comments:	None	<b>None</b>
4.0 Board Member’s Reports:	None	<b>None</b>
5.0 Public Comments:	None	<b>None</b>
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of March 28, 2024 and the Special Board of Directors meeting of April 15, 2024 were approved as written.	<b>On a motion made and seconded the Minutes from the Board of Directors meeting of March 28, 2023 and the Special Board of Directors meeting of April 15,</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p><b>2024 were approved as written.</b></p> <p><b>M (Smart) / S (Robinson) / C</b></p> <p><b>4 Ayes / 0 Nays / 0 Abstain / 1 Absent</b></p>
7.0 Consent Agenda:	<p>The following Consent Agenda items were reviewed:</p> <ol style="list-style-type: none"> <li>1. Approval of the Quality Committee minutes, meeting held March 28, 2024.</li> <li>2. Approval of Facilities Committee minutes, meeting held January 25, 2024.</li> <li>3. Approval of the Finance Committee minutes, meeting held March 28, 2024.</li> <li>4. Approval of the revised list of Policies and Procedures that was sent April 22, 2024 (<i>see list attached to the April Board Packet</i>).</li> </ol>	<p><b>On a motion made and seconded, the Consent Agenda items were approved as presented.</b></p> <p><b>M (Robinson) / S (Smart) / C</b></p> <p><b>4 Ayes / 0 Nays / 0 Abstain / 1 Absent</b></p>
8.0 Agenda 8.1 MCH Organizational Chart	<p>Turner presented and reviewed the changes made to the 2024 MCH Organizational Chart, which included departmental name changes and the addition of officer titles.</p> <p>McCasland will forward a copy of the revised organizational chart to the Board members with the manager names populated.</p>	<p><b>On a motion made and seconded, the changes to the MCH Organizational Chart were accepted as presented.</b></p> <p><b>M (Robinson) / S (Smart) / C</b></p> <p><b>4 Ayes / 0 Nays / 0 Abstain / 1 Absent</b></p>
8.2 Archive: Claims, Risk Management, Consent to Settle Policy	<p>Turner presented and reviewed the “Claims, Risk Management, Consent to Settle” policy and recommended that it be archived, as we now have a “Levels of Expenditure Authorization” policy in place.</p>	<p><b>On a motion made and seconded, the board approved archiving the “Claims, Risk Management, Consent to Settle” policy.</b></p> <p><b>M (Smart) / S (Robinson) / C</b></p> <p><b>4 Ayes / 0 Nays / 0 Abstain / 1 Absent</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
8.3 CEO Report a. Mission Moment	Turner reported that he needs time to inform the workforce and develop a process to implement the Mission Moment; he should have an update to present at the July 2024 Board meeting.	<b>Information only</b>
b. Construction Updates	Turner reported that the construction updates were already presented during the Facilities Committee meeting (see section 8.6 below).	<b>Information only</b>
c. Construction Financing Update	Turner reported that they continue to work on obtaining the items needed for the USDA financing application, which is on track to be submitted mid to late June 2024. He noted that they are closer to finalizing the financial feasibility study, but are still in need of the “not to exceed” bid from the Design Builder (DB).	<b>Information only</b>
8.4 COO/CNO Report	<p>McCasland presented Peña’s COO/CNO report, as she is at a BETA Heart Workshop.</p> <ol style="list-style-type: none"> <li>1. <u>BETA Heart</u>: We achieved our goal of <math>\geq 75\%</math> response rate on the annual BETA Heart employee satisfaction SCORE survey. Results will be distributed in May 2024.</li> <li>2. <u>MediTech</u>: Clinical departments are working smoothly, minor tweaks continue. All equipment in the Lab is now up and running. Working on streamlining the IP workflow for Physical Therapy; Clinitek, educating nurses on the new glucometers; building interfaces with Quest and LabCorp; building interfaces for the new Mindray cardiac monitors, B Braun IV Pumps and CDPH reporting; and archiving patient records from Centriq and AHT into MediTech.</li> <li>3. <u>Journey Mapping Project</u>: Wipfli compiling results of patient interviews; expecting report any day.</li> <li>4. <u>Education</u>: K. Fox is doing an excellent job ensuring the employee competency files are up to date.</li> <li>5. <u>CHA Rural Health Symposium Follow-Up</u>: CHA has launched social media campaigns centered on Rural Healthcare.</li> <li>6. <u>Regulatory Surveys</u>: Kudos to the Skilled Nursing Department for</li> </ol>	<b>Information only</b>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>going through two surveys with no deficiency findings. Thank you to L. Plouse, K. Fox and A. Taylor for guiding us through those surveys.</p>	
<p>8.5 Quality Committee Report Report of meeting held April 25, 2024</p>	<p>Hoy reported on the Quality Committee meeting:</p> <ol style="list-style-type: none"> <li>1. <u>Performance Improvement:</u> <ol style="list-style-type: none"> <li>a. <u>PI Project #1: Patient Experience</u> Focusing on question, “I understood the purpose of taking medications”. In March 2024, our top box score on this domain was at 33.33%. The goal is to have respondents select “strongly agree” and achieve <math>\geq</math>50th percentile. The PI team has been charged with implementing strategies to achieve the goal. The Journey Mapping project continues with Peña as the lead. MCH will host a Custom Learning Systems “2-Day Ignite The Patient Experience Event” on October 8th – 9th, 2024. Each clinical department will develop a plan to focus on at least one improvement opportunity related to patient experience. Quality will collaborate with department leaders to collect and display results over time.</li> <li>b. <u>PI Project #2: BETA Heart Implementation</u> Tactic steps include: <ul style="list-style-type: none"> <li>• April 10 – September 18: Survey Debrief Facilitator Training (virtual)</li> <li>• April 15: Culture Survey results returned</li> <li>• April 23: Executive Leadership Briefing Webinar</li> <li>• April 25 – 26: Workshop II: Communication &amp; Transparency/Care for the Caregiver</li> <li>• May 1: Survey Results Debriefing Webinar</li> <li>• May 1 – July 31: Survey debrief sessions</li> <li>• May 13: Culture of Safety domain validation</li> </ul> </li> <li>c. <u>Other Quality/Performance Improvement Projects include:</u> <ul style="list-style-type: none"> <li>• Reduction in Readmissions workgroup</li> </ul> </li> </ol> </li> </ol>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• CMS Star Rating – AI with Dexur</li> <li>• Microbiology services</li> <li>• Workplace violence prevention program</li> <li>• ROI Analysis with John McLaughlin</li> </ul> <p>2. <u>Patient Satisfaction Surveys:</u></p> <ul style="list-style-type: none"> <li>a. <u>Inpatient:</u> In March 2024, there were four responses, with a 75% top box score.</li> <li>b. <u>ED:</u> In March 2024, there were 43 responses with an 89.25% top box score.</li> <li>c. <u>RHC Medical:</u> In March 2024, there were nine responses with a 69.92% top box score.</li> <li>d. <u>RHC Dental:</u> In March 2024, there were no responses received.</li> </ul> <p>3. <u>Regulatory Activities and Updates:</u></p> <ul style="list-style-type: none"> <li>a. <u>TJC Lab Reaccreditation Survey: 5/3/2022-5/5/2022</u> Plouse reviewed the outcome/status of the plan of correction items for March 2024.</li> <li>b. <u>TJC CAH Accreditation Survey: 11/13/2023-11/15/2023</u> Plan of correction completed.</li> <li>c. <u>SNF CMS Recertification &amp; CDPH Annual Licensure Survey: 3/25/2024-3/29/2024</u> No deficiencies.</li> <li>d. <u>SNF CMS Life Safety Survey: 4/9/2024-4/10/2024</u> Twelve low level deficiencies noted; our plan of correction is due on 4/26/2024</li> </ul>	
<p>8.6 Facilities Committee Report Report of meeting held April 25, 2024</p>	<p>Robinson reported on the Facilities Committee Meeting:</p> <p>1. <u>Hospital Campus:</u> Facilities staff are working on the following in-house campus projects:</p> <ul style="list-style-type: none"> <li>• Flooring and painting was done in the MedSurg nurses station</li> <li>• Flooring and painting was done in the Human Resources office</li> </ul>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• Tree trimming</li> <li>• Campus cleanup by gardeners</li> <li>• SNF remodel (flooring, lighting, clean up, painting)</li> <li>• Replacing the doors on the loading dock</li> <li>• Upgrading the camera system</li> <li>• Keyless entry on exterior doors</li> </ul> <p>2. <u>Construction Projects:</u></p> <ul style="list-style-type: none"> <li>• <u>Eligibility Office Project:</u> The structural element repairs, fire alarm, HVAC, T-Bar grid, electrical and data lines are complete. Flooring installation is scheduled for 4/25/2024. Contacting architectural designer for furniture install. Hoping to have HCAI approval to occupy within a month.</li> <li>• <u>Pharmacy Project:</u> The fire corridor issues have been resolved via ACD. Contractor is beginning roof work to accommodate new A/C for the area. Interior framing to begin soon.</li> <li>• <u>Lab Project:</u> This project is completed.</li> <li>• <u>MOB Improvements/Repairs:</u> The roofing bids were sent back to our attorney as the scope of the project changed to include the whole building (roofing, siding, and plaster repair). Once the package is complete, our land use attorney will place ads in the required publications to solicit bidders for the revised scope of the project.</li> <li>• <u>Gift Shop Remodel:</u> Ferguson and PBS Engineers submitted our responses to the questions from HCAI. HCAI is completing their second review of the project. If everything goes right with HCAI, we are hoping this project will be complete in the fall 2024. B. Hoy proposed an idea that we to purchase a shed (with electricity) to be placed in the Rose Garden for the Auxiliary to use in the meantime until the Gift Shop Remodel project is completed. Once the Auxiliary moves into their new space the shed could be utilized by the SNF for storage. M. Turner and T. Madrigal will look into this option.</li> <li>• <u>New Acute Care Wing Project:</u> Three Design Build teams will be</li> </ul>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>on site next Tuesday to attend the first of three required visits to go over the scope of the project, and answer their questions as part of their due diligence.</p> <ul style="list-style-type: none"> <li>• <u>Land Use Approval (Parking Solution)</u>: Our land use attorney is working with the County to find out what permits are required to do a temporary parking lot on the flat land below the hospital. The County has made no final decision yet.</li> <li>• <u>Rural Health Clinic Remodel</u>: The architect will be submitting the plans to the County tomorrow. The project will bring the clinic up to ADA requirements and modernize the space.</li> </ul>	
<p>8.7 Finance Committee Report Report of meeting held April 25, 2024 a. Financial Statement</p>	<p>Smart reported on the Finance Committee meeting:</p> <p>The FY24 Financial Statements as of and for the nine (9) months ended March 31, 2024. Comparative statistics and selected financial indicators were reviewed with the committee.</p> <p>It was noted that we have sent \$5.3M in intergovernmental transfers (IGT's) in February and March. In March, we received an IGT/matching funds payment of \$700k; in April, we received additional funds totaling approximately \$13M.</p> <p>Waggener reported that we are ahead of budget fiscal year to date; and she is estimating that we will end the fiscal year recognizing net income of approximately \$3.5M.</p>	<p><b>On a motion made and seconded, the Financial Statements as of nine (9) months ended March 31, 2024 were accepted as presented.</b></p> <p><b>M (Smart) / S (Hoy) / C</b></p> <p><b>4 Ayes / 0 Nays / 0 Abstain / 1 Absent</b></p>
<p>b. Capital Purchases</p>	<p>The FY24 Capital Purchases for the nine (9) months ended March 31, 2024 was presented and reviewed.</p> <p>It was noted that \$75k was budgeted for the Acute Care Wing Project, but that \$155k has been spent on the project through March 31, 2024. After discussion, the board motioned to approve increasing the Acute Care Project line item by an additional \$175k, for a total of \$250k budgeted for this project in FY2024. It was noted that many of the</p>	<p><b>On a motion made and seconded, the Board approved increasing the Acute Care Wing Project line item by \$175k, for a total of \$250k budgeted for this project in FY2024.</b></p> <p><b>M (Hoy) / S (Robinson) / C</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	items on the capital budget would not end up being purchased this fiscal year, so even with this increase on the Acute Care Wing project line item; we would be under on the capital budget for FY2024.	<b>4 Ayes / 0 Nays / 0 Abstain / 1 Absent</b>
c. Investment	The LAIF and UBS statements as of March 31, 2024 were presented and reviewed.	<b>Information only</b>
8.8 Board Education	Burkart report on the following upcoming Board education opportunities: <ul style="list-style-type: none"> <li>a. MCH Board Member Annual Education (Relias): Sent to Board members via email; due May 7, 2024.</li> <li>b. 5/20-22/2024: HASC Annual Meeting. Hoy, Robinson and Hinkley will attend.</li> </ul>	<b>Information only</b>
8.9 Discussion Topic Suggestions:	None	<b>None</b>
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:15 p.m.	<b>Information only</b>
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 3:25 p.m.	<b>Information only</b>
10.1 Closed Session Report:	Per Burkart, the following items were reported on during “Closed Session”: <ul style="list-style-type: none"> <li>• Medical Staff Report of February 29, 2024 and Credentialing from the February 27, 2024 Medical Executive Committee meeting.</li> <li>• Annual Management Action Plan (MAP) Updates. Estimated date of public disclosure: April 30, 2024.</li> </ul>	<b>Information only</b>
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	The Board accepted the Medical Staff Report of April 25, 2024, and Credentialing from the April 23, 2024 Medical Executive Committee meeting.  Approvals were as follows: <ul style="list-style-type: none"> <li>• <b><u>New Appointments/Provisional Staff:</u></b> None</li> </ul>	<b>On a motion made and seconded, the Medical Staff Report of April 25, 2024, and Credentialing from the April 23, 2024 Medical Executive Committee meeting were accepted as recommended</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• <b><u>Provisional Extensions:</u></b> None</li> <li>• <b><u>Advancement from Provisional Staff/Regular Staff:</u></b> <ul style="list-style-type: none"> <li>○ JASON L. MORRIS, MD – Emergency Medicine/Family Practice</li> </ul> </li> <li>• <b><u>Reappointments:</u></b> None</li> <li>• <b><u>Staff Status Changes:</u></b> None</li> <li>• <b><u>Revision/Increase of Privileges:</u></b> None</li> <li>• <b><u>Terminations/Resignations:</u></b> <ul style="list-style-type: none"> <li>○ LARRY GIVENS, MD –Tele-Radiology (SOL Radiology)</li> <li>○ JOSEPH KALLINI, MD –Tele-Radiology/Mammography (SOL Radiology)</li> <li>○ KAREN D. REUSS, MD –Tele-Radiology/Mammography (SOL Radiology)</li> </ul> </li> <li>• <b><u>Revision of Privileges:</u></b> None</li> <li>• <b><u>Leave of Absence Requests:</u></b> None</li> </ul>	<p>by the MEC.</p> <p><b>M (Hoy) / S (Robinson) / C</b></p> <p><b>4 Ayes / 0 Nays / 0 Abstain / 1 Absent</b></p>
<p>11.2 Management Action Plan Update: Items Completed</p>	<p>Please see the attached “Management Action Plan (MAP) - Public Report of Tactics/Steps Completed” as of April 25, 2024.</p>	<p><b>Information only</b></p>
<p>12.0 Next Board-Attended Meetings:</p>	<p>The next Regular Board of Directors meeting will be on <u>Thursday, May 23, 2024</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.</p>	<p><b>Information only</b></p>
<p>13.0 Final Adjournment:</p>	<p>There being no further business to discuss, the Board of Directors meeting adjourned at approximately 3:26 p.m.</p>	<p><b>Meeting adjourned</b></p>

By: \_\_\_\_\_  
**Barry Hoy, Secretary of the Board**

By: \_\_\_\_\_  
**Kristi McCasland, Recording Secretary**

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
1	<b>OUR PATIENTS MATTER -</b> MCH takes our patient experience beyond simple care. At every touchpoint, our patients encounter inclusiveness, friendliness, and professionalism in a welcoming, clean environment.			Terry Peña		
1.1		Select an EMR System by 12/31/2022. Begin implementation in the first quarter of 2023. Complete implementation within 12 months.				
1.1 a			Select and obtain BOD approval for a new EMR system.	Mark Turner	Dec 31, 2022	Dec 23, 2022
1.1 b			Finalize contract with Meditech.	Mark Turner	Dec 31, 2022	Dec 30, 2022
1.1 c			Kick off visit with Meditech personnel.	Patrick Miller	Feb 21-Feb 22, 2023	Feb 21-Feb 22, 2023
1.1 d			Access to Live Environment	Patrick Miller	Apr 30, 2023	Apr 06, 2023
1.1 e			Integrated Testing @ Meditech	Katie Miller, Meditech Project Manager	Jul 10-13, 2023	Jul 13, 2023
1.1 f			Mock Go Live	Patrick Miller	Aug 14-16, 2023	Aug 15-17, 2023
1.1 g			HR module demo	Patrick Miller Julie Atwood	Aug 31, 2023	Aug 31, 2023
1.1 h			Live Copy	Patrick Miller	Sept 11-15, 2023	Sep 15, 2023
1.1 i			Go Live	Patrick Miller	Oct 01, 2023	Oct 01, 2023
1.2		Evaluate all options (structure, pavement, valet, shuttle) for parking within 6 months.				
1.2 a			Hold meeting for initial discussions. Attendees to include: Mark, Tom, Terry, Steffanie, Danny, Lauren, Ginny	Terry Peña	May 05, 2023	May 02, 2023
1.2 b			Develop initial short-range and long-range plans for parking adequacy. Short-range plan can be implemented immediately, while the long-range plan can be included in a Master Facilities Plan.	Terry Peña, Mark Turner, Tom Madrigal	Jul 01, 2023	Nov 15, 2023
1.3		Strengthen communication and engagement with patients to further our patient experience with MCH by developing a Patient Experience Survey for all departments within 9 months.				
1.3 a			Introduction to Journey Mapping with Wipfil.	Terry Peña	Feb 28, 2023	Feb 07, 2023
1.3 b			Obtain quote for Journey Mapping services including patient interviewing. (Requested 4/13/23)	Terry Peña	Apr 30, 2023	Jun 24, 2023
1.3 c			Finalize agreement with Wipfil for Journey Mapping services.	Terry Peña	May 05, 2023	Jul 04, 2023
1.3 d			Kick-off meeting with Robert, Veronica, Andrew and Terry	Terry Peña	Aug 02, 2023	Aug 02, 2023

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
1.3 e			2nd Kick-off meeting with Wipfli and MCH Journey Mapping Team	Terry Peña	Sep 18, 2023	Sep 18, 2023
2	<b>OUR TEAM MATTERS -</b> MCH is committed to creating a culture that promotes talent, retention and recruitment. MCH leadership is committed to fostering an environment where employees can seamlessly align their skillset and the work that they are performing everyday to the mission of MCH.			Julie Atwood		
2.1		Administer Beta Heart Survey				
2.1 a			Administer Beta Heart Survey	Jamaila Torbett	November, 2022	November, 2022
2.1 b			After the survey results are analyzed, we will build a communication plan to share results and feedback with employees.	Jamaila Torbett	June, 2023	February, 2023
2.2		Review, edit, and validate MCH's Mission Vision and Values with the Board	It is an agenda item in April	Mark Turner	Apr 28, 2023	Apr 20, 2023
2.3		Measure current turnover and aim to have no greater turnover than our peers	Review the turnover quarterly and present to the board	Julie Atwood	June, 2023	Jun 16, 2023
2.4		Evaluate Current recruitment efforts				
2.4 a			A sign on bonus was offered to select positions	Julie Atwood	January, 2023	January, 2023
2.4 b			Sprucing up our Breezy site and evaluate this partnership	Julie Atwood Kim McGuire	May, 2023	Ongoing
3	<b>OUR EXCELLENCE MATTERS -</b> MCH is committed to increasing revenue through aligned services and expanded market share to meet the unique health care needs of its patients and the community.			Kim McGuire		
3.1		Recruit a general surgeon by Fall 2023.				
3.1 a			Dr. Nashed signed employment contract and is scheduled to start on April 3, 2023	Mark Turner	Oct 01, 2023	Apr 03, 2023
3.1 b			Work through insurance credentialing process with our consultant	Yvonne Waggner/Terry Peña	Apr 03, 2023	Apr 03, 2023
3.1 c			Get staff in place	Lauren Corea	Apr 03, 2023	Apr 03, 2023
3.1 d			Develop his preference card	Cliff Bennett	Apr 03, 2023	Nov 01, 2023
3.1.1		Market Dr. Nashed as a highly skilled general surgeon and our Surgery Department as a safe place for patients to go. Develop positive word of mouth marketing to increase patient visits,				
3.1.1 a			Dr. Nashed was introduced in From the Heart newsletter, Chamber email and social media	Kim McGuire/Abby Savich	Mar 10, 2023	Mar 10, 2023
3.1.1 b			Issue press release	Kim McGuire/Abby Savich	Apr 20, 2023	Apr 28, 2023
3.1.1 c			Introduce Dr. Nashed to local media and set up interviews	Abby Savich	Apr 30, 2023	Apr 30, 2023
3.1.1 d			Schedule Dr. Nashed to speak to community organizations	Abby Savich	May 31, 2023;	Jan 31, 2024
3.1.1 e			Introduce Dr. Nashed at Summit Circle Donor Appreciation Dinner	Mark Turner	Apr 15, 2023	Apr 15, 2023
3.1.1 f			Introduce Dr. Nashed to donors at Le Grand Picnic	Emcee	Jul 23, 2023	Jul 21, 2024



Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
3.1.1 g			Cocktail party/dinner with Dr. Nashed and primary care physicians	Kim McGuire/Abby Savich	Jun 30, 2023	Oct 14, 2023
3.1.1 j			Update website	Kim McGuire/Abby Savich	Apr 14, 2023	Apr 14, 2023
3.2		Increase swing bed utilization by marketing to discharge planners and consumers by June 2023.				
3.2.1		Promote swing bed services to the community. Educate residents to advocate for themselves or loved ones if they are eligible for swing bed and would like to be at MCH.				
3.2.1 a			Clearly explain the services offered and eligibility requirements. Educate community through owned and paid media, and direct mail.	Kim McGuire/Abby Savich	Oct 31, 2023	Nov 01, 2023
3.2.1 f			Change how we refer to swing bed in marketing materials and in communication with other providers and case managers.	Kim McGuire/Abby Savich	Sep 30, 2023	Nov 01, 2023
3.2.2		Build relationships with case managers at referring hospitals so we stay top-of-mind when they are trying to place a patient from the Rim of the World Communities.				
3.2.2.a			Identify which hospitals refer patients to us.	Adela Rios-Taylor	Aug 31, 2023	Nov 20, 2023
3.2.2 e			Learn more about how case managers choose a post-acute care site for patients.	Jamaila Torbett	Aug 31, 2023	Aug 31, 2023

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
3.3		Develop a planning strategy for Crestline by Fall 2023.				
3.3.1		Learn more about Optima Health	Optima Health purchased Dr. Bramson's practice in February 2023. Learn more about Optima Health, its Crestline providers, services, and accepted insurance. Meet with providers or leadership.	Mark Turner	Jun 30, 2023	Aug 15, 2023
3.4		Develop a strategy to improve primary care growth in collaboration with current primary care providers.				
3.4.1		Get to know the primary care providers on the mountain and better understand their plans for the future.	CEO to have one-on-one or small group meetings with: -Dr. Shareef -Dr. Cohen/Dwayne -Dr. Maler -Dr. Rocha -Dr. Burkart -Dr. Cheeley -Dr. Giacomuzzi -Bob Beeman (Beeman's Pharmacy) -Optima Health providers in Crestline -RHC providers	Mark Turner	Aug 01, 2023	Aug 15, 2023
3.4.2		Renovate and rebrand the Rural Health Clinic System				
3.4.2 a			Hire a project manager to move renovation project forward.	Mark Turner	Oct 21, 2023	Apr 01, 2024
4	<b>Our Sustainability Matters - With visibility throughout the community, and a solid plan for managing our capital, leadership will continue to ensure the financial security and sustainability of Mountains Community Hospital</b>			Yvonne Waggener		
4.2		Analyze existing service lines to understand contribution margin and analyze new services in 2023.				
4.2.1		Perform Service Line Analysis				
4.2.1 a			Build Revenue Code Report to include revenue code, charge code, charge, department, primary financial class (PFC), insurance payer, patient class	CPSI	Mar-23	Mar-23
4.2.1 b			Run zero balance reports to use in Service Line Analysis model. Reports will be used to determine contractual adjustment percentages by patient class/PFC/payers	Yvonne Waggener and Eric Volk (Wipfli)	Mar-23	Mar-23
4.2.1 c			Build Service Line Analysis model	Yvonne Waggener and Eric Volk (Wipfli)	May-23	May-23
4.4.1 f		Financial Feasibility Study	Engage CPA firm to conduct a financial feasibility study. IRMA to perform RFP.		Dec-23	Dec-23
4.4.2		Independent Registered Municipal Advisor				
4.4.2 b			Engage an IRMA_G.L. Hicks Financial LLC	Mark Turner and Yvonne Waggener	May-23	Jul-23
4.4.4		Legal Counsel	Engage Legal Counsel. IRMA to perform RFP.		TBD	Nov-23
4.4.5		Bond Counsel	Engage Legal Counsel. IRMA to perform RFP.		TBD	Mar-24

**Board Approvals: (25 Documents)**

**I. New Policies / Forms / Attachments: (5)**

**a. Medication Management (MM) Policies: (5)**

- [797 Compounding Out of Specification Events Impacting Sterile Facilities, Controls and Systems \(Policy\) - MM](#)
- [797 Compounding Personnel Training and Competency \(Policy\) - MM](#)
- [797 Compounding Quality Assurance and Quality Control Program \(Policy\) - MM](#)
- [Master Formula Sheet: Gentamicin \(Protocol\) - MM](#)
- [Master Formula Sheet: Phenobarbital \(Protocol\) - MM](#)

**II. Updated Policies / Forms / Attachments: (8)**

**a. Medical Staff (MS) Policies: (1)**

- [Privileges, Emergency Medicine \(Form\) - MS](#)

**b. Medication Management (MM) Policies: (1)**

- [Computer Downtime Procedure - Pharmacy \(Policy\) - MM](#)

**c. Record of Care (RC) Policies: (1)**

- [Medical Record, Documentation Requirements and Authorized Entries \(Policy\) - RC](#)

**d. Anesthesiology Department Policies: (1)**

- [Conscious Sedation Moderate Sedation Analgesia \(Policy\) - Anesthesiology Department](#)

**e. Nutritional Services Department Policies: (1)**

- [Supplements \(Policy\) - Nutritional Services Department](#)

**f. Perioperative Services Department Policies: (1)**

- [Chemical Indicators \(Policy\) - Perioperative Services Department](#)

**g. Rehabilitation Services Department Policies: (2)**

- [Charging for Rehabilitation Services Provided \(Policy\) - Rehabilitation Services Department](#)
- [Outpatient Rehabilitation Services Payments \(Policy\) - Rehabilitation Services Department](#)

**III. Triennial Renewal Only (no / minor changes): (12)**

**a. Medical Staff (MS) Policies: (1)**

- [Privileges, Family Practice \(Form\) - MS](#)

**b. Record of Care (RC) Policies: (1)**

- [Abstracting Patient Discharge Data For HCAI \(Policy\) - RC](#)

**c. Nutritional Services Department Policies: (7)**

- [Altered Meal Schedule \(Policy\) - Nutritional Services Department](#)
- [Downtime Procedure \(Policy\) - Nutritional Services Department](#)
- [Fluid Restriction \(Policy\) - Nutritional Services Department](#)
- [Food Handling use of Gloves \(Policy\) - Nutritional Services Department](#)
- [Food Transport Carts \(Policy\) - Nutritional Services Department](#)
- [Meals on Wheels Role of the Nutritional Services Department \(Policy\) - Nutritional Services Department](#)
- [Sanitization and Safety Cleaning Rules for Dietary Staff \(Policy\) - Nutritional Services Department](#)

**d. Rehabilitation Services Department Policies: (3)**

- [Fiscal Management \(Policy\) - Rehabilitation Services Department](#)
- [Handling Emergencies in the Outpatient Rehabilitation Office \(Policy\) - Rehabilitation Services Department](#)
- [Outpatient Rehabilitation Medical Records Management \(Policy\) - Rehabilitation Services Department](#)

**San Bernardino Mountains Community Hospital District  
FY 23-24 Annual Patient Care Related Contract Service Evaluation Summary**

**Rating Key (%)**

85-100	EXCEEDS EXPECTATIONS
60-84	MEETS EXPECTATIONS
40-59	IMPROVEMENT REQUIRED
< 40	CORRECTIVE ACTION PLAN REQUIRED

Contractor Name	Scope and Nature of Service(s)	Date of Evaluation	Evaluator	Score (%)					Improvement/ Corrective Action Taken (Required for a an overall Score < 60%)	Quality Metrics
				Quality	Regulatory Compliance	Service Delivery	Customer Service	Overall		
Adili-Khams, Babek MD	RHC Medical Director	5/7/2024	Lauren Corea	80	70	70	80	75		
Adili-Khams, Babek MD	RHC Provider	5/7/2024	Lauren Corea	60	65	65	80	67.5		
Agilitii-BioMed 360	Bio-Medical Services	5/7/2024	Cameron Egerer	100	100	100	100	100		
Air Methods, LLC	Preferred Provider Agreement	5/15/2024	Julie Davis	90	100	65	90	86.3		
Angelica	Linen & Laundry Service	5/17/2024	Daniel Pensabene	80	80	80	80	80		
Cibelli, Ludwig MD	Hospital Epidemiologist	5/6/2024	Terry Peña	80	90	100	100	92.5	Dr. Cibelli's last day as Epidemiologist was April 30, 2024.	
Clean Harbors	Medical Waste Management	5/17/2024	Daniel Pensabene	70	65	65	70	67.5		
Cyracom	Translation Service	5/15/2024	Julie Davis	80	100	70	70	80		
Dahlquist, Gregory MD	SNF Medical Director	5/6/2024	Vanessa Croppi	95	95	95	95	95		
Emerald-Encore Textile Services	Linen Service	5/17/2024	Daniel Pensabene	80	80	80	80	80		
Ewert, Kevin DDS	Dental Provider	5/7/2024	Lauren Corea	70	80	80	80	77.5		
Gonzalez, Antonio DDS	Dental Provider	5/7/2024	Lauren Corea	70	80	80	80	77.5		
Iris Telehealth Medical Group, PA	Psychiatrists (Telemedicine)	5/7/2024	Lauren Corea	85	80	85	100	87.5		
Koo, Choon MD	Laboratory Medical Director	5/17/2024	Guillermo Santa	85	80	95	85	86.3		
LabCorp	Laboratory Testing	5/17/2024	Guillermo Santa	80	80	80	80	80		
Lifestream (Blood Bank)	Blood Supply	5/17/2024	Guillermo Santa	80	80	75	80	78.8		
Liu, Liang Xia DDS	Dental Provider	5/7/2024	Lauren Corea	100	80	100	80	90		
Motamedi, Bijan MD (B&M Medical Group)	CA Bridge Navigator Program	5/15/2024	Julie Davis	100	100	100	100	100		
Motamedi, Bijan MD (B&M Medical Group)	Chief of Staff	5/13/2024	Mark Turner	80	80	80	80	80		
One Transcription	Transcription Services	5/14/2024	Christy Russell	70	70	70	80	72.5		
OneLegacy	Organ/Tissue Donation	5/6/2024	Leslie Plouse	80	80	80	80	80		
Pipeline RX	Telepharmacy	5/15/2024	Vivian Yang	70	80	70	75	73.8		
Quest Diagnostics	Laboratory Testing	5/17/2024	Guillermo Santa	80	80	80	80	80		
Rocha, Martin MD	ER On-Call (Peds)	5/15/2024	Julie Davis	60	60	60	60	60		
San Antonio Community Hospital	Pathology Testing	5/17/2024	Guillermo Santa	80	80	80	80	80		

**San Bernardino Mountains Community Hospital District  
FY 23-24 Annual Patient Care Related Contract Service Evaluation Summary**

Contractor Name	Scope and Nature of Service(s)	Date of Evaluation	Evaluator	Quality	Regulatory Compliance	Service Delivery	Customer Service	Overall	Improvement/ Corrective Action Taken (Required for a an overall Score < 60%)	Quality Metrics
Sol Radiology	TeleRadiology Services	5/15/2024	Allan Maneje	50	80	60	65	63.8	Plan is to extend their agreement by 90 days after the contract expiration date of May 31, 2024, to give them time and notice to comply with the quality requirements.	
Superior Courier & Logistics	Lab Courier	5/17/2024	Guillermo Santa	80	80	80	75	78.8		
Teleconnect Therapies	Psychologists (Telemedicine)	5/7/2024	Lauren Corea	80	80	70	80	77.5		
Therapy Physics, Inc.	Medical Physicist	5/14/2024	Allan Maneje	100	100	100	100	100		
USACS (Western Sierra)	ER Hospitalist Coverage	5/15/2024	Julie Davis	100	100	80	100	95		
Walker, Lawrence MD	Surgery Medical Director	5/13/2024	Debra Saddlemire	80	100	80	90	87.5		
Walker, Lawrence MD	ER On-Call (Ortho)	5/15/2024	Julie Davis	100	100	100	100	100		