



## **September 26, 2024 Board Packet Table of Contents**

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**Quality Committee Meeting**  
**Thursday, September 26, 2024, 1:00 p.m.**  
**George M. Medak Conference Room, Suite 202**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**  
[Click here to join the meeting](#)

**Meeting ID: 234 601 921 58 / Passcode: MWdfbE**

**Or call in (audio only): [+1 951-384-1117](tel:+19513841117),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. Complaint/Grievances	Leslie Plouse, Quality Director Information Only
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**RETURN TO OPEN SESSION**

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

**Quality Committee Meeting**  
**Thursday, September 26, 2024, 1:00 p.m.**

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**OPEN SESSION AGENDA ITEMS**

- |  |   |
|--|---|
| 1. Performance Improvement (PI) Priorities | Leslie Plouse, Quality Director<br>Information Only |
| 2. Patient Experience                      | Leslie Plouse, Quality Director<br>Information Only |
| 3. Corporate Compliance Committee Update   | Leslie Plouse, Quality Director<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	√	√	√	E				
Mark Turner	√		√	√	√	√	√	√				
Leslie Plouse	√		E	√	E	√	√	√				
Jeri Simpson	--		--	√	√	√	√	√				
Cheryl Moxley	√		--	--	--	--	--	--	--	--	--	
Julie Atwood	√		√	--	--	--	--	--	--	--	--	
Don Larsen	√		A	A	--	--	--	--	--	--	--	
<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 Gerry Hinkley, Committee Member Mark Turner, Member, Chief Executive Officer Leslie Plouse, Member, Quality Director Jeri Simpson, Community Member</p> <p>Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Barry Smart, Board Treasurer Kim McGuire, Community Development Director Mary Justin Lanyon, Alpine Mountaineer Newspaper</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Hoy called the meeting to order at 1:01 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 July 25, 2024 were approved as written.</p>	<p><b>On a motion made and seconded, the Quality Committee Meeting Minutes of July 25, 2024 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>None</b></p>
<p>5.0 Adjourn to Closed Session:</p>	<p>The Quality Committee Adjourned to “Closed Session” at approximately 1:03 p.m.</p> <p><b><u>CLOSED SESSION ATTENDEES:</u></b> Barry Hoy, Committee Chairperson</p>	<p><b>None</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Gerry Hinkley, Committee Member            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</p>	
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:19 p.m.	<b>None</b>
6.1 Closed Session Report:	Per Hoy, the following items were reported on during “Closed Session” – Quality Dashboards.	<b>Information only</b>
7.0 Agenda Items 7.1 BETA Heart Update	<p>Plouse reported on the BETA Heart Action Plan and Domain Updates:</p> <p><b><u>BETA Heart Action Plan:</u></b></p> <ol style="list-style-type: none"> <li>1. Implementation of HQI Cares/BETA HEART               <ul style="list-style-type: none"> <li>• Quarterly steering committee meetings</li> <li>• Sharing lessons learned via HospiTales, data dashboards, white boards</li> </ul> </li> <li>2. Annual readiness assessment - completed</li> <li>3. Attendance at training workshops               <ul style="list-style-type: none"> <li>• Steering committee members and domain leaders have attended Workshops I and II</li> <li>• Workshop III occurring 9/5 and 9/6. 3 providers will attend in addition to Terry, Mark. Julie Davis will attend the awards dinner – Culture of Safety domain validation will be</li> </ul> </li> </ol>	<b>Information only</b>

	<p>recognized.</p> <ol style="list-style-type: none"> <li>4. Engage with HQI Cares Team and establish goals for 2024-2025. <ul style="list-style-type: none"> <li>• Steering committee members and others attend quarterly calls with BETA HEART in Q1 and Q2</li> <li>• Quarterly reporting schedule for BETA HEART dashboard has been met.</li> <li>• Planning for the 2025 focus areas was discussed in today’s meeting.</li> </ul> </li> <li>5. Refine process for completing the Culture of Safety survey <ul style="list-style-type: none"> <li>• SCORE Survey debriefs are complete and department-level action plans are being developed.</li> </ul> </li> <li>6. Achieve Culture of Safety domain validation – Completed on 5/13/24</li> <li>7. Strengthen senior leadership connection to frontline. <ul style="list-style-type: none"> <li>• Leadership rounding has continued throughout the year</li> <li>• New process implemented in August</li> <li>• Standardized rounding template <ul style="list-style-type: none"> <li>○ Manager feedback, SCORE survey and debrief areas for improvement, action plan objectives, issues already addressed</li> <li>○ Things going well, barriers to improvement, ideas for improvement, resources needed</li> <li>○ Patient perspectives</li> <li>○ Follow up</li> </ul> </li> </ul> </li> <li>8. Leadership team building <ul style="list-style-type: none"> <li>• Leadership retreat for all department managers occurred in Q1</li> <li>• Additional team-building activity is planned for Fall 2024</li> </ul> </li> <li>9. Consult education manager for learning opportunities we can offer</li> </ol>	
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	<p>staff to elevate engagement.</p> <ul style="list-style-type: none"> <li>• Kady has implemented several new trainings and has sought feedback from managers and staff</li> </ul> <p>10. Gap Analysis for 2025 - Completed</p> <p><b><u>BETA Heart Domain Updates</u></b></p> <ul style="list-style-type: none"> <li>• <u>Culture of Safety Domain</u> – Julie Davis, Lead Goal: Administering a scientifically validated, psychometrically sound culture-of-safety survey to measure staff perceptions of safety and engagement, as well as sharing and debriefing results. <ul style="list-style-type: none"> <li>○ Debriefs completed. Department action plans in development.</li> <li>○ Plan to review Beta’s Relias Just Culture module for front line staff training</li> </ul> </li> <li>• <u>Rapid Event Analysis and Response Domain</u> – Leslie Plouse, Lead Goal: A formalized process for early identification of adverse events and rapid response. Includes cognitive interviewing tactics to collect information. Event analysis integrates human factors science, systems analysis and the principles of Just Culture. <ul style="list-style-type: none"> <li>○ Process map for “first responders” in development</li> <li>○ Application for validation approved. Validation visit scheduled for December 11th.</li> </ul> </li> <li>• <u>Communication and Transparency Domain</u> – Kady Fox, New Lead Goal: A commitment to honest and transparent communication with patients and family members after an adverse event; communication that begins early and continues through to resolution. <ul style="list-style-type: none"> <li>○ Change in domain leadership</li> </ul> </li> <li>• <u>Care for the Caregiver Domain</u> – Nicole Sorrent, Lead Goal: An organizational program that ensures emotional support for members of the healthcare team involved in and/or impacted by</li> </ul>	
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<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>an adverse event.</p> <ul style="list-style-type: none"> <li>○ Application for validation approved. Validation visit scheduled for December 11th.</li> </ul> <ul style="list-style-type: none"> <li>● <u>Early Resolution Domain</u> – Mark Turner, Lead Goal: A process for early resolution when harm is deemed the result of inappropriate care or medical error.               <ul style="list-style-type: none"> <li>○ Workshop III (9/5 and 9/6) focuses on early resolution. Dr. Dahlquist, Dr. Nashed and Virgil Robertson will attend along with Denise, Terry and Mark</li> </ul> </li> </ul>	
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:29 p.m.	<b>Meeting adjourned</b>



**Human Resources Committee Meeting**  
**Thursday, September 26, 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**  
**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, Committee Chairperson Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer	Barry Smart, Committee Member Yesenia DeLaCruz, Human Resources Director Jeri Simpson, Community Member
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**OPEN SESSION**

1:30 p.m.

**CALL TO ORDER**

Kieth Burkart, Committee Chairperson

**PREVIOUS MINUTES**

Kieth Burkart, President  
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. Turnover (Quarterly Update)                   | Yesenia DeLaCruz, Human Resources Dir.<br>Information Only |
| 2. Meal Break Rest Periods (Policy & Forms) – HR | Yesenia DeLaCruz, Human Resources Dir.<br>Action Possible  |
| 3. Employee Appreciation Dinner                  | Yesenia DeLaCruz, Human Resources Dir.<br>Information Only |

**ADJOURNMENT**

# San Bernardino Mountains Community Hospital Human Resource Committee Meetings


## Attendance Matrix - 2024

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Kieth Burkart	F A C I L I T I E S	M A R K E T I N G	√	F A C I L I T I E S	M A R K E T I N G	√	F A C I L I T I E S	M A R K E T I N G		F A C I L I T I E S	M A R K E T I N G	D A R K
Barry Smart			√			√						
Yesenia De La Cruz			√			√						
Terry Peña			√			√						
Mark Turner			√			√						
Gerry Hinkley			--			√						
Don Larsen			A			--						
<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>Keith Burkart, Committee Chairperson Barry Smart, Committee Member Mark Turner, Chief Executive Officer Yesenia De La Cruz, Human Resource Director Terry Peña, Chief Operating Officer/Chief Nursing Officer Jeri Simpson, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Cheryl Robinson, Board Member Barry Hoy, Board Member Yvonne Waggener, Chief Financial Officer Kim McGuire, Foundation/Community Development Director Gerry Hinkley, Board Member Peter Venturini, Foundation President John McLaughlin, Public</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Burkart called the meeting to order at 1:36 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 Human Resources Committee Meeting Minutes of March 28, 2024 were approved as written.</p>	<p><b>On a motion made and seconded, the Human Resources Committee Meeting Minutes of March 28, 2024 were approved as written.</b></p> <p><b>M (Smart) / S (Simpson) / C</b></p>
<p>4.0 Public Comment:</p>	<p>There was not public comment at this time.</p>	<p><b>None</b></p>
<p>5.0 Agenda Items 5.1 Hospital Week</p>	<p>De La Cruz reported that employees received a MCH duffel bag in recognition of Hospital week. In addition, the follow events were</p>	<p><b>Information Only</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>coordinated for employees during the week:</p> <ul style="list-style-type: none"> <li>• Monday: Rosa Maria’s burritos</li> <li>• Tuesday: “I Do Coffee” in the morning; Dunk tank and inflatable sports games in the afternoon</li> <li>• Wednesday: Pie Eating Contest</li> <li>• Thursday: Ice Cream Social</li> <li>• Friday: Buddy’s BBQ</li> </ul> <p>Hinkley noted that the Board would coordinate the Ice Cream Social Event for 2025.</p>	
<p>5.2 Annual Salary &amp; Benefits Review</p>	<p>De La Cruz reported that Senate Bill 525 increases minimum wage for health care workers to \$18.00 per hour. While the start date has been delayed until further notice, we plan to adjust those under \$18.00 or very near it on or about October 1, 2024. She noted that 5.2% of our employees are under \$18.00.</p> <p>De La Cruz reported that the 401a waiting period was reduced from 1 year to 6 months; and the 457b waiting period from 1 year to zero effective 1/1/2024. She also noted that we have given UBS 1 year to work with Voya to resolve the issues we have had with them servicing our account.</p> <p>Additionally, she reported that there were talks last year about possibly adding additional Paid Time Off days. She noted that we have not done this yet, but hope to do so if our financial performance is beating budgeted expectations mid-way through the FY25 year.</p>	<p><b>Information Only</b></p>
<p>5.3 Turnover</p>	<p>De La Cruz reported that YTD our turnover rate is at 9.8%.</p>	<p><b>Information Only</b></p>
<p>5.4 Workers Compensation Experience Modification (Ex-Mod)</p>	<p>De La Cruz reported that our Workers Comp Ex-Mod rate has decreased by 25.4%, contributing to an overall net rate decrease of 13.4%. This decrease occurred due to a past poor year dropping off.</p>	<p><b>Information Only</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
6.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:55 p.m.	<b>Meeting adjourned</b>

 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Meal Break & Rest Periods (Policy) - HR	HR - Human Resources
ORIGINATION DATE: 12/13/2023	DATE APPROVED: Not Approved Yet	VERSION: 1

**PURPOSE:** Mountains Community Hospital (MCH) complies with the new California state law, effective 1/1/23 which provides public health care entity employees the same meal and rest period protections generally given to private sector employees.

**POLICY:**

A. Meal Breaks


Non-exempt employees who work five (5) or more hours in a workday are entitled to take a full thirty (30) minute uninterrupted, unpaid, duty-free meal break to start no later than the end of the fifth (5<sup>th</sup>) hour of work.

An employee who works more than ten (10) hours per day is entitled to a second thirty (30) minute unpaid, duty-free meal break to start no later than the end of the tenth (10<sup>th</sup>) hour of work.

Employees may leave the premises, are relieved of all job duties, and are not expected to perform any work during their meal break.

An employee may choose to waive their meal break if they do not work over six (6) hours in a day and provide MCH with a written meal break waiver signed by both the employee and their manager or the Human Resources Director. Employees who work shifts in excess of eight (8) hours in a workday, may waive their right to one of their two meal breaks, provided the waiver is documented in a written agreement signed by the employee and their manager or the Human Resources Director.

Duration of Shift in Hours	# Meal Breaks	Explanation and Waiver Option
0 to < 5.0	0	A non-exempt Employee who does not work more than five (5) hours in a workday is not provided with a meal break.
5.0 to < 10.0	1	A non-exempt Employee who works more than five (5) hours in a workday, but who does not work more than ten (10) hours in a workday, is expected to take a thirty (30) minute duty-free meal break before the end of the fifth (5 <sup>th</sup> ) hour of work, unless the employee is working six (6) or fewer hours and elects in writing to waive the first meal break.
10.0 >	2	A non-exempt Employee who works more than ten (10) hours in a workday is expected to take a second duty-free thirty (30) minute meal break before the end of the tenth (10 <sup>th</sup> ) hour of work, unless the Employee is working eight (8) or more hours, and elects in writing to waive one of their two meal breaks.

 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Meal Break & Rest Periods (Policy) - HR	HR - Human Resources
ORIGINATION DATE: 12/13/2023	DATE APPROVED: Not Approved Yet	VERSION: 1

15.0 >	3	A non-exempt Employee who works more than fifteen (15) hours in a workday is expected to take a third duty-free thirty (30) minute meal break before the end of the fifteenth (15 <sup>th</sup> ) hour of work, unless the Employee is working eight (8) or more hours, and elects in writing to waive one of their three meal breaks.
20.0 >	4	A non-exempt Employee who works more than twenty (20) hours in a workday is expected to take a fourth duty-free thirty (30) minute meal break before the end of the twentieth (20 <sup>th</sup> ) hour of work, unless the Employee is working eight (8) or more hours, and elects in writing to waive one of their four meal breaks.


### B. Rest Periods

Non-exempt employees are provided a paid, duty-free ten (10) minute rest period for every four (4) hours of work or major fraction thereof. Rest periods may be scheduled, but employees are responsible to take their rest period approximately in the middle of each four (4) hour work period.

Employees may leave the premises, are relieved of all job duties, and are not expected to perform any work during their rest period. All employees are given the opportunity to take rest periods free of interruptions and it is your responsibility to take your rest periods. Any deviation in this policy must be approved in writing by your manager.

Duration of Shift In Hours	# 10-Min. Rest Periods	Comments
0 to < 3.5	0	A non-exempt Employee who works less than three and a half (3.5) hours in a workday is not entitled to a rest period.
3.5 to ≤ 6	1	A non-exempt Employee who works between three and a half (3.5) and six (6) hours in a workday is entitled to one ten (10) minute rest period.
> 6.0 to ≤ 10.0	2	A non-exempt Employee who works more than six (6) hours in a workday but who does not work more than ten (10) hours in a workday is entitled to two ten (10) minute rest periods.
> 10.0 to ≤ 14.0	3	A non-exempt Employee who works more than ten (10) hours in a workday but who does not work more than fourteen (14) hours in a workday is entitled to three ten (10) minute rest periods.



 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Meal Break Rest Periods (Policy) - HR	HR - Human Resources
ORIGINATION DATE: 12/13/2023	DATE APPROVED: Not Approved Yet	VERSION: 1

### Examples of Proper Meal and Rest Period Timing

#### TYPICAL EIGHT (8) HOUR SHIFT EMPLOYEE – TWO REST PERIODS AND ONE UNPAID THIRTY (30) MINUTE MEAL BREAK


Time Worked	Hour Worked and Break Timing
08:00 to 09:00	1 <sup>st</sup> hour
09:00 to 10:00	2 <sup>nd</sup> hour
10:00 to 11:00	3 <sup>rd</sup> hour – <b>Take first ten (10) minute rest period</b>
11:00 to 12:00	4 <sup>th</sup> hour
12:00 to 13:00	5 <sup>th</sup> hour – (less thirty (30) minute unpaid meal break). <b>Take first meal break <u>before</u></b> the end of the fifth (5 <sup>th</sup> ) hour (i.e., no later than 12:59).*
13:00 to 14:00	6 <sup>th</sup> hour
14:00 to 15:00	7 <sup>th</sup> hour – <b>Take second ten (10) minute rest period</b>
15:00 to 16:30	8 <sup>th</sup> hour

#### TYPICAL TWELVE (12) HOUR SHIFT EMPLOYEE – THREE REST PERIODS AND UP TO TWO UNPAID, THIRTY (30) MINUTE MEAL BREAKS

Time Worked	Hour Worked and Break Timing
07:00 to 08:00	1 <sup>st</sup> hour
08:00 to 09:00	2 <sup>nd</sup> hour
09:00 to 10:00	3 <sup>rd</sup> hour – <b>Take first ten (10) minute rest period</b>
10:00 to 11:00	4 <sup>th</sup> hour
11:00 to 12:00	5 <sup>th</sup> hour – (less thirty (30) minute unpaid meal break). <b>Take first meal break <u>before</u></b> the end of the fifth (5 <sup>th</sup> ) hour (i.e., no later than 11:59).*
12:00 to 13:00	6 <sup>th</sup> hour
13:00 to 14:00	7 <sup>th</sup> hour
14:00 to 15:00	8 <sup>th</sup> hour – <b>Take second ten (10) minute rest period</b>
15:00 to 16:00	9 <sup>th</sup> hour
16:00 to 17:00	10 <sup>th</sup> hour – (less thirty (30) minute unpaid meal break) <b>Take second meal break <u>before</u></b> the end of the tenth (10 <sup>th</sup> ) hour (i.e., no later than 16:59).**
17:00 to 18:00	11 <sup>th</sup> hour – <b>Take third ten (10) minute rest period</b>
18:00 to 19:30	12 <sup>th</sup> hour

\* May be waived by mutual consent (in writing) for shifts lasting fewer than six (6) hours and may be waived by mutual consent (in writing) for shifts lasting eight (8) hours or more.

\*\* May be waived by mutual consent (in writing) for shifts lasting eight (8) hours or more.

 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Meal Break & Rest Periods (Policy) - HR	HR - Human Resources
ORIGINATION DATE: 12/13/2023	DATE APPROVED: Not Approved Yet	VERSION: 1

C. Employee Responsibilities

You must report to your supervisor, manager, or the Human Resources Director, if any of the following occur:

- You start your meal break after the end of your fifth (5<sup>th</sup>) hour of work or after the end of your tenth (10<sup>th</sup>) hour if you work more than ten (10) hours.
- You miss your meal break or any rest period.
- You return from your meal break before a full thirty (30) minutes have gone by or return from your rest period early.
- You are asked or encouraged to work during your meal or rest period or are asked to return before your meal or rest period is complete to resume work duties.


D. Impermissible Use of Meal Break and/or Rest Period

Rest periods and meal breaks are to be taken separately. Please make sure that you understand the following rules regarding rest periods and meal breaks:

- Rest periods may not be accumulated to extend a meal break.
- Rest periods may not be combined to allow for one long rest period.
- Employees may not use their meal break or rest period to account for late arrival or early departure or to cover time off for other purposes.

**PROCEDURE:**

1. The supervisor of the department may establish a schedule of all meal breaks and rest periods if necessary. Employees are responsible for taking meal and rest periods provided to them.
2. Employees who need help finding coverage while they are on a meal break or rest period may contact their supervisor for assistance. Supervisors will take steps necessary to ensure meal breaks and rest periods are provided.
3. Misuse of meal breaks and rest periods and failure to comply with the rules set forth in this policy may result in corrective action, up to and including termination.
4. Employees who do not take their meal breaks and rest periods as required are subject to corrective action. That said, if an employee believes that they do not have the opportunity to take a meal break or rest period, the employee must provide notification to management or the Human Resources Director. MCH will not retaliate against you for reporting that you are unable to take a meal break or rest period and will not tolerate or permit retaliation by management, employees, or coworkers. If it is determined, following

 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Meal Break & Rest Periods (Policy) - HR	HR - Human Resources
ORIGINATION DATE: 12/13/2023	DATE APPROVED: Not Approved Yet	VERSION: 1

an investigation, that the employee was not provided a meal break or rest period, they will be paid one (1) hour of premium pay, for any rest period or any meal break that was not provided (up to one (1) rest period and one (1) meal break per day). The premium pay will be paid at the employee's regular rate.

5. Employees who waive their first lunch and leave prior to working ten (10) hours due to personal issues (such as illness or emergencies) are not eligible for missed meal period premium pay.

**ATTACHMENTS:**

[Meal Period Waiver \(6 Hours\) \(Form\) - HR](#)

[Meal Period Waiver \(10+ Hours\) \(Form\) - HR](#)



**MEAL PERIOD WAIVER**  
**(FOR A WORK PERIOD OF NOT MORE THAN 6 HOURS)**

I acknowledge that I am entitled to an unpaid, uninterrupted off-duty meal period of at least 30 minutes for each work period of more than five hours. However, I understand that I can waive my meal period when my total day's work will be completed within a work period of not more than six hours.

I am voluntarily waiving my right to my meal period as permitted under California law, whenever my total day's work will be completed within a work period of not more than six hours.

I understand that I will be paid for all time worked while this agreement is in effect and that I may revoke this agreement at any time **with at least one day's written notice**, by signing the revocation form, and returning it to Human Resources.

\_\_\_\_\_  
Print Associate's Name

\_\_\_\_\_  
Unit/Department

\_\_\_\_\_  
Associate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director's Signature

\_\_\_\_\_  
Date



**MEAL PERIOD WAIVER  
(FOR EMPLOYEES WHO MAY WORK MORE THAN 10 HOURS IN A WORKDAY)**

I acknowledge that I am entitled to an unpaid, uninterrupted off-duty meal period of at least 30 minutes for each work period of more than five hours. I am voluntarily waiving my right to one of my two meal periods as permitted under California law.

I voluntarily agree to waive my first meal period, which would allow me to take my scheduled meal period no later than the 5<sup>th</sup> hour of my shift. (I understand that I should take my second meal period no later than the 10<sup>th</sup> hour of my shift.)

I voluntarily agree to waive my second meal period which would require me to take my scheduled meal period no later than the 10<sup>th</sup> hour of my shift. I understand that I should take my first meal period no later than the 5<sup>th</sup> hour of my shift. (I understand that I should take my first meal period no later than the 5<sup>th</sup> hour of my shift.)

By signing below, Mountains Community Hospital and I voluntarily agree that I may waive one of my two meal periods based on my election above. I also understand that rest breaks will have to meet California ratios. I agree to clock out for my meal period and clock back in when I return from my 30-minute uninterrupted meal period, as well as ensure that my time records are correct.

I understand that I will be paid for all time worked while this agreement is in effect and that I may revoke this agreement at any time **with at least one day's written notice**, by signing the revocation form, and returning to Human Resources.

\_\_\_\_\_  
Print Associate's Name

\_\_\_\_\_  
Unit/Department

\_\_\_\_\_  
Associate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director's Signature

\_\_\_\_\_  
Date



**Finance Committee Meeting**  
**Thursday, September 26, 2024, 1:45 p.m.**  
**George M. Medak Conference Room, Suite 202**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**  
[Click here to join the meeting](#)  
**Meeting ID: 234 601 921 58 / Passcode: MWdfbE**  
**Or call in (audio only): [+1 951-384-1117](tel:+19513841117),[605686207#](tel:+19513841117) United States, Riverside**  
**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

**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

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. Financial Statements

Yvonne Waggener, Chief Financial Officer  
Action Probable

2. Capital Purchases

Yvonne Waggener, Chief Financial Officer  
Action Possible

3. Investments

Yvonne Waggener, Chief Financial Officer  
Action Possible

**ADJOURNMENT**

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	√	√	√	E				
Jeri Simpson	--	--	--	√	√	√	√	√				
Don Larsen	√	A	A	A	--	--	--	--	--	--	--	
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</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 Ryan Witz, District Hospital Leadership Forum Nathan Davis, District Hospital Leadership Forum Brent McManigal, Fennemore Law Mary Justin Lanyon, Alpine Mountaineer Newspaper</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Smart called the meeting to order at 2:04 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 July 25, 2024 were approved as written.</p>	<p><b>On a motion made and seconded, the Finance Committee Meeting Minutes of July 25, 2024 were approved as amended.</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 District Hospital Leadership</p>	<p>Waggener introduced Ryan Witz and Nathan Davis from District Hospital Leadership Forum/ Steve Clark &amp; Associates. Witz and</p>	<p><b>Information Only</b></p>



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
Forum (DHLF) Supplemental Reimbursement	Davis gave an educational presentation on: <ul style="list-style-type: none"> <li>• Background on Steve Clark &amp; Associates (SCA Consulting) and District Hospital Leadership Forum (DHLF)</li> <li>• Medi-Cal Supplemental Payment Programs</li> <li>• DHLF and SCA’s involvement in creating and or maximizing programs</li> <li>• Creation of District Hospital Directed Payment (DHDP) Program               <ul style="list-style-type: none"> <li>○ Latest News on CY2025 DHDP</li> <li>○ Estimated Gross per diems/per visits</li> </ul> </li> </ul>	
5.2 FY25 Proposed Capital Budget	Waggener presented and reviewed the revised FY25 Proposed Capital Budget. She noted that the revised format shows the “Roll over projects” from FY24 and the “New capital items”. Additionally, columns were included to show the capital items that are “In process/ordered” and in which quarter we anticipate the capital purchase to occur.	<p><b>A motion was made and seconded to recommend to the Board to accept the revised FY25 Capital Budget as presented.</b></p> <p><b>M (Turner) / S (Hoy) / C</b></p>
5.3 Financial Statements	Waggener presented the FY25 Financial Statements as of and for the one (1) month ended July 31, 2024. Comparative statistics and selected financial indicators were reviewed with the committee.	<p><b>A motion was made and seconded to recommend to the Board to accept the Financial Statements as of one (1) month ended July 31, 2024.</b></p> <p><b>M (Hoy) / S (Turner) / C</b></p>
5.4 Capital Purchases	Waggener presented and reviewed the FY24 Capital Purchases for the twelve (12) months ended June 30, 2024. She noted that we needed to request approval for the overage associated with the New Acute Care Wing project. The overage was mostly attributed to the legal fees associated with the project.	<p><b>A motion was made and seconded to recommend to the Board to approve the overage associated with the New Acute Care Wing project.</b></p> <p><b>M (Hoy) / S (Simpson) / C</b></p> <hr/> <p><b>Information Only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	one (1) month ended July 31, 2024.	
5.5 Investments	Waggener presented and reviewed the LAIF and UBS statements as of July 31, 2024. She noted that we would be transferring monies from UBS to LAIF to replenish what we withdrew to pay off our debts.	<b>Information Only</b>
5.6 Resolution 2025-01 Authorizing Investment of Monies in the Local Agency Investment Fund &  5.7 California State Treasurer’s Office Authorization for Transfer of Funds	Waggener presented and reviewed the LAIF Resolution 2025-01; and the California State Treasurer’s Office Local Agency Investment Fund (LAIF) Authorization to Transfer Funds form, which authorizes Mark Turner, CEO; Yvonne Waggener, CFO and Barrick Smart, Treasurer to be able to deposit or withdrawal funds in LAIF.	<b>A motion was made and seconded to recommend to the Board to approve Resolution 2025-01; and the California State Treasurer’s Office Authorization for Transfer of Funds form, which authorizes Mark Turner, CEO; Yvonne Waggener, CFO and Barrick Smart, Treasurer to be able to deposit or withdrawal funds in LAIF.</b>  <b>M (Hoy) / S (Simpson) / C</b>
6.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 3:16 p.m.	<b>Meeting adjourned</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, September 26, 2024, 2:15 p.m.**

**George M. Medak Conference Room, Suite 202**

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

*Or*

**Microsoft Teams meeting**

**[Click here to join the meeting](#)**

**Meeting ID: 234 601 921 58 / Passcode: MWdfbE**

**Or call in (audio only): [+1 951-384-1117,,605686207#](#) United States, Riverside**

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

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

**OPEN SESSION**

2:15 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

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held August 29, 2024
2. Approval of Human Resources Committee minutes, meeting held March 28, 2024

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, September 26, 2024 2:15 p.m.**

Page 2 of 3

3. Approval of Finance Committee minutes, meeting held August 29, 2024
4. Approval of the attached list of Policies and Procedures that was sent September 16, 2024

**AGENDA ITEMS**

- |  |   |
|--|---|
| 1. Upcoming Board Vacancy  | Kieth Burkart, President<br>Information Only            |
| 2. CEO Report  | Mark Turner, Chief Executive Officer                    |
| a. Strategic & Facilities Master Planning  | Information Only  |
| b. Mission Moment  | Information Only  |
| c. Internal Construction Updates   | Information Only  |
| d. Acute Care Wing/Retrofit/SNF Wing Project Updates                                     | Information Only  |
| e. Cell Tower Sale Option  | Information Only  |
| f. Community Member to the Board Committees  | Information Only  |
| 3. COO/CNO Report  | Terry Peña, Chief Operating Officer<br>Information only |
| 4. Quality Committee Report<br>Report of Meeting held September 26, 2024                 | Barry Hoy, Chairperson<br>Information Only              |
| 5. Human Resources Committee Report<br>Report of Meeting held September 26, 2024         | Kieth Burkart, Chairperson<br>Information Only          |
| a. Meal Break Rest Periods (Policy & Forms) – HR   | Action Possible   |
| 6. Finance Committee Report<br>Report of Meeting held September 26, 2024                 | Barry Smart, Chairperson<br>Information Only            |
| a. Financial Statements  | Action Probable   |
| b. Capital Purchases   | Action Possible   |
| c. Investments   | Action Possible   |
| 7. Board Education   | Kieth Burkart, President                                |
| a. AHA Rural Health Care Leadership Conference,<br>February 23-26, 2025, San Antonio, TX | Information Only  |
| b. HASC Annual Conference, April 23-25, 2025, Indian Wells, CA                           |   |
| 8. Discussion Topic Suggestions  | Kieth Burkart, President                                |

**ADJOURN TO CLOSED SESSION**

**CLOSED SESSION AGENDA ITEMS**

(Closed session pursuant to Govt. Code Section 54954.5)

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, September 26, 2024 2:15 p.m.**

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- |  |  |
|--|--|
| 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   |
| 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>Risk Management Discussion</u><br>Subject Matter: Proposed Litigation, Case Name<br>Unspecified: Disclosure would jeopardize service of<br>process or existing settlement negotiations<br>Closed session pursuant to Gov. Code § 54956.9 | Mark Turner, Chief Executive Officer<br>Information only |
| 4. <u>Executive session</u><br>Subject Matter: CEO Evaluation<br>Closed session under Cal. Gov. Code § 54957   | Board Members & CEO 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**

Regular Board of Directors Meeting:  
Thursday, October 24, 2024 at 1 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*	4/15/2024**	4/25/2024*	5/23/2024*	6/7/2024**	6/21/2024**	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	√	√	√	A	√	√	√	√					
Gerald Hinkley	--	--	--	√	√	√	A	√	√	√	√	√	√					
Cheryl Moxley	√	√	--	--	--	--	--	--	--	--	--	--	--	--	--	--		
<b>Staff Members</b>																		
Mark Turner	√	√	√	√	√	√	√	√	√	√	√	√	√					
Terry Peña	√	√	√	√	√	--	E	√	√	√	E	√	E					
Yvonne Waggener	√	√	√	√	√	√	√	√	√	√	√	√	√					
Kim McGuire	√	√	--	E	√	--	√	√	√	--	√	√	√					
Kristi McCasland	√	√	--	√	√	√	√	√	E	√	√	√	√					
Bijan Motamedi, M.D.	--	√	--	--	√	--	√	√	--	--	√	√	√					
Yesenia De La Cruz	--	--	--	--	--	--	--	--	--	--	--	--	--					
Lawrence Walker, M.D.	--	--	--	√	--	--	--	--	--	--	--	--	--					
Julie Atwood	√	√	--	√	√	--	--	--	--	--	--	--	--	--	--	--		
<b>Comments</b>	* 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													

DARK

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 3:17 p.m.	<b>The meeting was called to order</b>
2.0 Board Members Present:  Members Absent:  Recording Secretary  Staff Members Present:  Guests:	Kieth Burkart, Board President Cheryl Robinson, Vice President Barrick Smart, Board Treasurer Barry Hoy, Board Secretary Gerry Hinkley, Board Director  Terry Peña, Chief Operating Officer/Chief Nursing Officer  Kristi McCasland, Executive Assistant  Mark Turner, Chief Executive Officer Yvonne Waggener, Chief Financial Officer Kim McGuire, Foundation/Community Development Director Bijan Motamedi, M.D., MEC Chief of Staff  Jeri Simpson, Community Member Brent McManigal, Fennemore Law Mary Justine Lanyon, Alpine Mountaineer Newspaper	<b>Quorum present</b>
3.0 President’s Comments:	Burkart commented on a nice article in the Mountain News which recognized Cheryl Robinson for all of her volunteerism in our community.	<b>None</b>
4.0 Board Member’s Reports:	Robinson reported she received kudos from a patient regarding Dr. Nashed.	<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 July 25, 2024 were approved as written.	<b>On a motion made and seconded, the Board approved the Minutes from the Board of</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p><b>Directors meeting of July 25, 2024 as written.</b></p> <p><b>M (Robinson) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>7.0 Consent Agenda:</p>	<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 July 25, 2024.</li> <li>2. Approval of Marketing Committee minutes, meeting held May 23, 2024.</li> <li>3. Approval of the Finance Committee minutes, meeting held July 25, 2024.</li> <li>4. Approval of the Policies and Procedures that were sent August 20, 2024 (<i>see list attached to the August Board Packet</i>).</li> </ol>	<p><b>On a motion made and seconded, the Board approved the Consent Agenda items as presented.</b></p> <p><b>M (Smart) / S (Robinson) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>8.0 Agenda 8.1 Resolution 2025-02 Amendment to the Conflict of Interest Code</p>	<p>Turner presented the Legislative Version (shows changes made) of the Conflict of Interest Code (Amended August 29, 2024), noting that the only changes were: title changes/combining of positions (see Legislative Version for entire text)</p> <ul style="list-style-type: none"> <li>• <b>RESOLUTION NO. 2025-02</b></li> </ul> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT AMENDING THE CONFLICT OF INTEREST CODE PURSUANT TO THE POLITICAL REFORM ACT OF 1974</b></p> <p>See Resolution 2025-02 for entire text.</p>	<p><b>On a motion made and seconded, the Board approved the following resolution as presented:</b></p> <p><b>RESOLUTION NO. 2025-02</b></p> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT AMENDING THE CONFLICT OF INTEREST CODE PURSUANT TO THE POLITICAL REFORM ACT OF 1974</b></p> <p><b>M (Hoy) / S (Robinson) / C</b></p>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
8.2 Medical Office Building (MOB) Exterior Repair Work Contract Award	<p>Turner reported that we received two (2) bids for the Medical Office Building (MOB) Exterior Repair Work project. The bids received were from Signature Building Services, Inc. at \$307,650.00 for the Mandatory Tasks (\$164,880.00 for Optional Task 1; and \$202,384.00 for Optional Task 2); and from OCS Construction Services, Inc. at \$437,511.00 for the Mandatory Tasks (\$47,425.00 for Optional Task 1; and \$103,224.00 for Optional Task 2). Per our Land Use Attorney, Brent McManigal, public agencies are required to go with the lowest price on the primary project a.k.a. Mandatory Tasks.</p> <p>It was discussed that we would go back out to bid in calendar year 2025 for Optional Tasks 1 &amp; 2, with input from an engineer.</p>	<p><b>On a motion made and seconded, the Board approved awarding the contract for the Mandatory Tasks to Signature Building Services, Inc. at a cost of \$307,650.00</b></p> <p><b>M (Robinson) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.3 CEO Report a. Strategic & Facilities Master Planning	Turner reported that he would be working with WIPFLI to schedule a board retreat in January/February 2025 to work on the Strategic Plan and Facility Master Plan (FMP). He is hoping that we will be able to determine a long-term parking solution for our campus as part of the FMP process.	<b>Information only</b>
b. Mission Moment	Turner reported that he has received ideas/feedback from managers on how to make the “Mission Moment” actionable. He will meet with the team one more time to discuss how to operationalize it. One idea that was presented was updating our Values using the letters in “CARES”. Turner should have an update/plan to present at the September 2024 Board meeting.	<b>Information only</b>
c. Internal Construction Updates	<p>Turner reported on the following construction projects:</p> <ul style="list-style-type: none"> <li>• Pharmacy Project: This project is moving along; we are hoping the project will be done by the end of the calendar year 2024.</li> <li>• Gift Shop/Inpatient PT: A contract was signed with Signature</li> </ul>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Building Services. The timeline for the buildout was reviewed; we are hoping the project will be completed by the end of October 2024.</p> <ul style="list-style-type: none"> <li>• Solarium: Once the Gift Shop project is complete, the next project will be to renovate the Solarium to make it more inviting for multi-purpose use (e.g. dining, break area, meetings, and visitors). This project is expected to begin early next calendar year.</li> </ul>	
<p>d. Acute Care Wing / Retrofit / SNF Wing Project</p>	<p>Turner reported that a meeting was held with the Design Build team mid-August to do a 2-day “Charrette”, which included input from all of the stakeholders. He noted that the DB team is revising the drawings, which will include detailed schematics, and the revised project costs. A meeting will be scheduled mid to late September to review the revised drawings/projected costs. The team will then work to fine tune our needs vs. wants in an effort to keep the costs down. It is anticipated we should have a final design by early November.</p> <p>Turner noted that Gary Hicks performed some additional financial analysis and we determined that we would like \$12-14M in either cost savings, grants or donations to make our team feel more comfortable with the financials for this project.</p>	<p><b>Information only</b></p>
<p>e. Cell Tower Sale Option</p>	<p>Turner reported that he received a request from another party that is interested in purchasing all of our Cell Towers, and they requested to see our current cell tower leases. M. Turner will send them an NDA to execute prior to sharing our current lease agreements. Turner will work with the interested parties and bring it back to the Board for approval if he feels it is favorable enough for us to pursue.</p>	<p><b>Information only</b></p>
<p>8.4 COO/CNO Report</p>	<p>Report tabled.</p>	<p><b>Tabled</b></p>
<p>8.5 Quality Committee Report Report of meeting held August 29, 2024</p>	<p>Hoy reported that the Quality Committee Meeting (Open Session) included presentations on the following agenda items (see committee minutes):</p>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	1. BETA Heart Update	
8.6 Marketing Committee Report Report of meeting held August 29, 2024	Robinson reported that the Marketing Committee meeting included presentations on the following agenda items (see committee minutes):  1. Foundation/Fundraising Update 2. Events Update	<b>Information only</b>
8.7 Finance Committee Report Report of meeting held August 29, 2024	Smart reported that the Finance Committee meeting included presentations on the following agenda items (see committee minutes):  a. District Hospital Leadership Forum (DHLF) Supplemental Reimbursement Education	<b>Information only</b>
	b. FY25 Proposed Capital Budget	<b>On a motion made and seconded, the Board approved the FY25 Proposed Capital Budget as presented.</b>  <b>M (Smart) / S (Hoy) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
	c. Financial Statements as of and for the one (1) month ended July 31, 2024.  .	<b>On a motion made and seconded, the Board approved the Financial Statements as of one (1) month ended July 31, 2024 as presented.</b>  <b>M (Smart) / S (Robinson) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>d. Capital Purchases</p> <ol style="list-style-type: none"> <li>1. FY24 Capital Purchases for the twelve (12) months ended June 30, 2024.</li> <li>2. FY25 Capital Purchases for the one (1) month ended July 31, 2024.</li> </ol>	<p><b>On a motion made and seconded, the Board approved the overages on the FY24 Capital Purchases associated with the Acute Care Wing Project as presented.</b></p> <p><b>M (Smart) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
	<p>e. Investments Statements (LAIF &amp; UBS) as of month ended July 31, 2024.</p>	<p><b>Information only</b></p>
	<p>f. Resolution 2025-01 Authorizing Investment of Monies in the Local Agency Investment Fund &amp;</p> <p>g. California State Treasurer’s Office Authorization for Transfer of Funds.</p>	<p><b>On a motion made and seconded, the Board approved Resolution 2025-01; and the California State Treasurer’s Office Authorization for Transfer of Funds form, which authorizes Mark Turner, CEO; Yvonne Waggener, CFO and Barrick Smart, Treasurer to be able to deposit or withdrawal funds in LAIF.</b></p> <p><b>M (Smart) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>8.8 Board Education</p>	<p>Burkart report on the following upcoming Board education opportunities:</p> <ol style="list-style-type: none"> <li>a. AHA Rural Health Care Leadership Conference: February 23-26, 2025 in San Antonio, TX.</li> <li>b. HASC Annual Conference, April 23-25, 2025, Indian Wells, CA.</li> </ol>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.9 Discussion Topic Suggestions	None	<b>Information only</b>
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 4:13 p.m.	<b>Information only</b>
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 5:25 p.m.	<b>Information only</b>
10.1 Closed Session Report:	<p>Per Burkart, the following items were reported on during “Closed Session”:</p> <ul style="list-style-type: none"> <li>• Medical Staff Report of August 29, 2024 and Credentialing from the August 27, 2024 Medical Executive Committee meeting.</li> <li>• Annual Management Action Plan (MAP) Updates. Estimated date of public disclosure: March 31, 2025.</li> <li>• Executive Session: CEO Evaluation</li> </ul>	<b>Information only</b>
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	<p>The Board accepted the Medical Staff Report of August 29, 2024, and Credentialing from the August 27, 2024 Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p> <ul style="list-style-type: none"> <li>• <b><u>New Appointments/Provisional Staff:</u></b> <ul style="list-style-type: none"> <li>○ COLTON T. BUSH, MD – Tele-Radiology (SOL Radiology via Advanced Teleradiology Group)</li> <li>○ MICHAEL I. CHRISTIE, MD– Tele-Radiology (SOL Radiology)</li> <li>○ ASHWANI GORE, MD – Tele-Radiology (SOL Radiology)</li> <li>○ CLINTON J. SCHAEFER, DO – Tele-Radiology (SOL Radiology)</li> <li>○ VIKRAM S. WADHWA, MD – Tele-Radiology (SOL Radiology)</li> <li>○ WILLIAM PETER KEHR, MD – Emergency Medicine &amp; Family Practice</li> </ul> </li> <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>○ LANDON P. WOOD, DO – Emergency Medicine &amp; Family Practice</li> </ul> </li> </ul>	<p><b>On a motion made and seconded, the Medical Staff Report of August 29, 2024, and Credentialing from the August 27, 2024 Medical Executive Committee meeting were accepted as recommended by the MEC.</b></p> <p><b>M (Smart) / S (Robinson) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• <b><u>Reappointments:</u></b> <ul style="list-style-type: none"> <li>○ CHUN JOEY CHANG, MD – Emergency Medicine &amp; Family Practice</li> </ul> </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> None</li> <li>• <b><u>Revision of Privileges:</u></b> None</li> <li>• <b><u>Leave of Absence Requests:</u></b> None</li> </ul>	
11.2 Management Action Plan Update: Items Completed	Please see the attached “Management Action Plan (MAP) - Public Report of Tactics/Steps Completed” as of August 29, 2024.	<b>Information only</b>
12.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, September 26, 2024</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 202) in the Medical Office Building.	<b>Information only</b>
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 5:25 p.m.	<b>Meeting adjourned</b>

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 WipFli.	Terry Peña	Feb 28, 2023	Feb 07, 2023

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
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 Wipfli 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
1.3 e			2nd Kick-off meeting with Wipfli and MCH Journey Mapping Team	Terry Peña	Sep 18, 2023	Sep 18, 2023



Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
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, to share 1st quarter results at the Human Resource Committee of the Board	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

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
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 Waggener/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 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
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

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
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 b			Reach out to leadership at referring hospitals and make sure they know what we offer.	Mark Turner	Aug 31, 2023	May 31, 2024
3.2.2 e			Learn more about how case managers choose a post-acute care site for patients.	Azar Syed	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. Maier -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

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
4	<b>Our Sustainability Matters -</b> 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			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
4.2.1 d			Determine contribution margins by revenue producing cost centers	Yvonne Waggener and Eric Volk (Wipfli)	May-23	May-23
4.4		Develop financial evaluation and approval plan in calendar year 2023 for all construction projects that have been discussed to date. <i>Projects discussed to be evaluated: Parking Lot, Education Center, Acute Wing, Assisted Living, Seismic Planning</i>				
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: (6 Documents)**

**I. New Policies / Forms / Attachments: (1)**

- a. **Rights & Responsibilities of the Individual (RI) Policies :** (1)  
[Patient Rights and Responsibilities \(Attachment\) - RI](#)

**II. Updated Policies / Forms / Attachments: (1)**

- a. **Skilled Nursing Department Policies:** (1)  
[Volunteer Services-Activities Program \(Policy\) - Skilled Nursing Facility](#)

**III. Triennial Renewal Only (no / minor changes): (4)**

- a. **Provision of Care, Treatment & Services (PC) Policies:** (1)  
[Management of Clinical Alarms in Patient Care Setting \(Policy\) - PC](#)
- b. **Nutritional Services Department Policies:** (2)  
[Thermometer Calibration \(Policy\) - Nutritional Services Department](#)  
[Medical-Surgical Nutrition Review \(Policy\) - Nutritional Services Department](#)
- c. **Skilled Nursing Facility Department Policies:** (1)  
[Vital Signs \(Policy\) - Skilled Nursing Facility](#)