



## **November 17, 2022 Board Packet Table of Contents**

- 1 QUALITY COMMITTEE MEETING AGENDA 1:00**
- 2 Quality Committee Meeting Attendance**
- 3 Quality Committee Meeting Minutes**
- 4 MARKETING COMMITTEE MEETING AGENDA 1:30**
- 5 Marketing Committee Meeting Attendance**
- 6 Marketing Committee Minutes**
- 7 FINANCE COMMITTEE MEETING AGENDA 1:45**
- 8 Finance Committee Meeting Attendance**
- 9 Finance Committee Meeting Minutes**
- 10 BOARD OF DIRECTORS MEETING AGENDA 2:15**
- 11 Board of Directors Meeting Attendance**
- 12 Board of Directors Meeting Minutes**
- 13 Special Board of Directors Meeting Minutes - 11/11-12/2022**
- 14 Policies submitted for Board Approval by email 11/3/2022**
- 15 Board Bylaws Revision**
- 16 Board Self-Evaluation Results**
- 17 2022 Board Assignments**
- 18 AHA Rural Health Care Leadership Conference 2023**
- 19 2023 Board Calendar**
- 20 CLOSED SESSION 3:00**



**Quality Committee Meeting**  
**Thursday, November 17, 2022, 1:00 p.m.**

**Microsoft Teams meeting**

**Join on your computer or mobile app**

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

**Or call in (audio only)**

**+1 951-384-1117,,375206292# United States, Riverside**

**Phone Conference ID: 375 206 292#**

Members:	Cheryl Moxley, Committee Chairperson	Barry Hoy, Committee Member
	Mark Turner, Chief Executive Officer	Julie Atwood, Director of Human Resources
	Terry Peña, Chief Operating Officer	Leslie Plouse, Quality Director
	Don Larsen, MD, Community Member	Gerry Hinkley, Community Member

**OPEN SESSION**

1:00 p.m.

**CALL TO ORDER**

Cheryl Moxley, Committee Chairperson

**PREVIOUS MINUTES**

Cheryl Moxley, 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.

**CLOSED SESSION - AGENDA ITEMS**

(According to section: (54956.9))

- |                                  |   |
|----------------------------------|---|
| 1. Hospital Acquired Harm        | Leslie Plouse, Quality Director<br>Information Only |
| 2. Event Reports – Level of Harm | Leslie Plouse, Quality Director<br>Information Only |
| 3. Complaints                    | Leslie Plouse, Quality Director<br>Information Only |
| 4. USACS Dashboard               | Leslie Plouse, Quality Director<br>Information Only |

**RETURN TO OPEN SESSION**

- |                               |                                      |
|-------------------------------|--------------------------------------|
| 1. Closed Session Report      | Cheryl Moxley, Committee Chairperson |
| 2. Public Report of Decisions | Cheryl Moxley, Committee Chairperson |

**Quality Committee Meeting**  
**Thursday, November 17, 2022, 1:00 p.m.**

Page 2 of 2

**OPEN SESSION – AGENDA ITEMS**

1. Regulatory
  - a. Regulatory Activities
  - b. Regulatory Updates

Leslie Plouse, Quality Director  
Information Only

2. Patient Surveys

Leslie Plouse, Quality Director  
Information Only

**ADJOURNMENT**

# San Bernardino Mountains Community Hospital Quality Committee Meetings

## Attendance Matrix - 2022

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cheryl Moxley	C A N C E L L E D	√	√	√	√	√	√	√	C A N C E L L E D	√		D A R K
Barry Hoy		√	√	√	√	√	√	E		√		
Terry Peña		√	√	√	E	√	√	√		√		
Mark Turner		-	√	√	√	√	√	√		√		
Julie Atwood		√	√	√	√	√	√	√		√		
Bob Bailey		A	A	A	A	A	A	-		-	-	
Barbara Doult		√	√	√	A	A	-	-		-	-	
Don Larsen		√	√	√	√	√	√	√		√		
Leslie Plouse		-	-	√	√	√	√	√		√		
Kady Fox		√	√	√	E	-	-	-		-	-	
Charles Harrison		√	-	-	-	-	-	-		-	-	
Comment:												
	√	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>Cheryl Moxley, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Chief Executive Officer Julie Atwood, Director of Human Resources Terry Peña, Chief Operating Officer/Chief Nursing Officer Leslie Plouse, Quality Director Dr. Don Larsen, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Yvonne Waggener, Chief Financial Officer Barry Smart, Board Treasurer Steffanie Miller, Executive Assistant to Facilities Tom Madrigal, Facilities Manager Kim McGuire, Community Development Director Ginny Dunn, Rehabilitation Services Manager Gerry Hinkley, Community Member</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Moxley called the meeting to order at 1:03 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes	On a motion made and seconded the Quality Committee Meeting Minutes of August 18, 2022 were approved as written	<p><b>On a motion made and seconded, the Quality Committee Meeting Minutes of August 18, 2022 were approved as written</b></p> <p><b>M (Turner) / S (Hoy) / C</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>
5.0 Adjourn to Closed Session:	The Quality Committee Adjourned to “Closed Session” at approximately 1:04 p.m.	<b>None</b>
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:15 p.m.	<b>None</b>
6.1 Closed Session Report:	Per Moxley, the following items were reported on during “Closed Session” – Hospital Acquired Harm; Harm Events; and Complaints.	<b>Information only</b>
7.0 Agenda Items  7.1 Regulatory Activity/Updates  7.2 Patient Surveys  7.3 USACS Dashboard	<p>Plouse reported on the following:</p> <ol style="list-style-type: none"> <li>Regulatory Activities and Updates -- <ul style="list-style-type: none"> <li>TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Aug – 92% overall compliance; Sept – 87% overall compliance</li> <li>CDPH Complaint Investigation 7/22/2022: investigation ongoing as of 10/10/2022 no communication from CDPH.</li> <li>TJC made major modifications to the Joint Commission Emergency Management (EM) chapter. Plouse reviewed the next steps to ensure we are in compliance with the new standards.</li> </ul> </li> <li>Patient Satisfaction Surveys (Inpatient &amp; ED) -- <ul style="list-style-type: none"> <li><u>Inpatient</u>: 4 responses in August 2022; 50% top box score; 84.98 mean score. 3 responses in September 2022; 66.67% top box score; 85.19 mean score. Patient satisfaction comment were reviewed.</li> <li><u>ED</u>: 14 responses in August 2022; 78.50% top box score; 91.67 mean score. 12 responses in September 2022; 74.32% top box score; 87.11 mean score. Patient satisfaction comments were reviewed.</li> </ul> </li> </ol>	<b>Information only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>3. USACS Dashboard –</p> <ul style="list-style-type: none"> <li>• In August 2022, there were 814 ED visits, which resulted in 18 admissions and 30 transfers. In September 2022, there were 760 ED visits, which resulted in 14 admissions and 30 transfers.</li> <li>• USACS quality and service specific metrics were reviewed. Discussion was held regarding the metrics that were below target. Plouse will follow up with Dr. Wyman to see if the targets are reasonable for a Critical Access Hospital. Committee members recommended moving the review of the USACS dashboard to the closed session of the Quality Committee meeting.</li> </ul>	
8.0 Agenda Topic Suggestions:	None	<b>None</b>
9.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:31 p.m.	<b>Meeting adjourned</b>



# **MOUNTAINS**

## **COMMUNITY HOSPITAL**

*The Heart of Mountain Healthcare*

**Marketing Committee Meeting**  
**Thursday, November 17, 2022, 1:30 p.m.**

**Microsoft Teams meeting**

**Join on your computer or mobile app**

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

**Or call in (audio only)**

**+1 951-384-1117,,375206292# United States, Riverside**

**Phone Conference ID: 375 206 292#**

Members:	Cheryl Robinson, Committee Chairperson	Barry Hoy Committee Member
	Mark Turner, Chief Executive Officer	Terry Peña, Chief Operating Officer
	Kim McGuire, Director, Community Development	Don Larsen, MD, Community Member
	Gerry Hinkley, 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 - 2022

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	√	H U M A N  R E S O U R C E	F A C I L I T I E S	√	H U M A N  R E S O U R C E	F A C I L I T I E S	√	H U M A N  R E S O U R C E	F A C I L I T I E S		D A R K
Barry Hoy		√			√			E				
Terry Peña		√			E			√				
Mark Turner		√			√			√				
Kim McGuire		√			√			E				
Bob Bailey		A			A			-				
Don Larsen		√			√			√				
Abby Savich		-			-			√				
Comment:												
	√	Present	E	Excused	A	Absent						

## MARKETING MEETING MINUTES

August 18, 2022

**Meeting was Via “Microsoft Teams Meeting” due to COVID-19 Pandemic**

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 Mark Turner, Member, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Abby Savich, Marketing &amp; Events Manager Dr. Don Larsen, Committee Member</p> <p>Kim McGuire, Member, Community Development Director Barry Hoy, Committee Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Moxley, Board Secretary Barry Smart, Board Member Julie Atwood, Human Resources Director Yvonne Waggener, Chief Financial Officer Leslie Plouse, Quality Director Ginny Dunn, Rehabilitation Services Manager</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Robinson called the meeting to order at 1:29 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes:	The minutes of the meeting of the Marketing Committee held on May 19, 2022 were approved as written	<p><b>The minutes of the meeting of the Marketing Committee held on May 19, 2022, were approved as written.</b></p> <p><b>M (Peña) / S (Larsen) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>Information only</b>
5.0 Fundraising / Marketing	Savich updated the committee on Fundraising and Marketing activities	<b>Information only</b>

## MARKETING MEETING MINUTES

August 18, 2022

**Meeting was Via “Microsoft Teams Meeting” due to COVID-19 Pandemic**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• <u>Fundraising:</u> So far this year we have raised \$108,000. Last year at this time, we were at \$136,000 (which included a one-time \$36k donation from a new donor and a \$15k grant from the California Relief Fund during COVID.) <ul style="list-style-type: none"> <li>○ The Summer Fundraiser has raised \$71,104. There are currently 19 entries for the gold coin drawing, 150 auction bids and 96 straight donations, which were mailed in.</li> <li>○ The Foundation has approximately \$2MM in total assets (about half is unrestricted and the other half is restricted). The restrictions are primarily for: Central registration area, waiting room and gift shop; Willerth Education Center; Hoyer Lift for Skilled Nursing Facility; and Patient transport vehicle for Skilled Nursing Facility</li> </ul> </li> <li>• <u>Grant Update</u> <ul style="list-style-type: none"> <li>○ We received a grant from the Rotary Club of Lake Arrowhead (afternoon Rotary) for \$2,000 for an IV and blood fluid warmer for the ED.</li> <li>○ Will be receiving \$150k grant from a foundation with ties to the mountain which will be going towards 10 stretchers with capabilities to weigh patients; and a small frag tray for surgery</li> <li>○ We will be applying for an extension for the San Manual grant by the end of the month. Monies from this grant are being used towards the Central Registration Project.</li> <li>○ We have roughly \$30,000 left of the \$100,000 vaccine confidence grant which need to be use by the end of the year. Monies will be used towards “We go the distance” ad campaign as well as bus advertisement.</li> </ul> </li> <li>• <u>Naming opportunities</u> <ul style="list-style-type: none"> <li>○ Meeting with Presentation Design Group next week to help organize and manage naming opportunities. They will tour the facility and provide us with suggestions for possible naming opportunities.</li> </ul> </li> </ul>	

## MARKETING MEETING MINUTES

August 18, 2022

**Meeting was Via “Microsoft Teams Meeting” due to COVID-19 Pandemic**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• <u>Marketing:</u> <ul style="list-style-type: none"> <li>○ Main focus is marketing the Summer Fundraiser; have been able to highlight some staff achievements. Once the Summer Fundraiser is done, MCH service lines will be marketed</li> <li>○ Working to increase our presence and staff engagement on LinkedIn</li> </ul> </li> <li>• <u>Past Events:</u> <ul style="list-style-type: none"> <li>○ MCH Clean-Up Day – May 27<sup>th</sup></li> <li>○ Summit Circle Donor Appreciation Event – June 20<sup>th</sup></li> <li>○ Lake Arrowhead Chamber Mixer – July 21<sup>st</sup></li> <li>○ Rose Memorial – August 6<sup>th</sup></li> </ul> </li> <li>• <u>Upcoming Events:</u> <ul style="list-style-type: none"> <li>○ Summer Sweepstakes/Auction – now until September 5<sup>th</sup></li> <li>○ Mile High Charity Classic – September 16<sup>th</sup></li> <li>○ Breast Cancer Walk – October 2<sup>nd</sup></li> <li>○ Dinner with the Doctors – October 8<sup>th</sup></li> <li>○ Foundation Board Holiday Party – Dec 8<sup>th</sup></li> </ul> </li> </ul>	
6.0 Agenda Suggestions	There were no agenda suggestions.	<b>Information only</b>
7.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:44 p.m.	<b>Meeting adjourned</b>



# **MOUNTAINS**

## **COMMUNITY HOSPITAL**

*The Heart of Mountain Healthcare*

**Finance Committee Meeting**  
**Thursday, November 17, 2022, 1:45 p.m.**

**Microsoft Teams meeting**

**Join on your computer or mobile app**

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

**Or call in (audio only)**

**+1 951-384-1117,,375206292# United States, Riverside**

**Phone Conference ID: 375 206 292#**

Members:      Barrick Smart, Committee Chairperson      Barry Hoy, Committee Member  
                 Yvonne Waggener, Chief Financial Officer      Terry Peña, Chief Operating Officer  
                 Mark Turner, Chief Executive Officer      Don Larsen, MD, Community Member  
                 Gerry Hinkley, 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<br>Action Probable |
| 2. Capital Purchases    | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 3. Investments          | Yvonne Waggener, Chief Financial Officer<br>Action Possible |

**ADJOURNMENT**

# San Bernardino Mountains Community Hospital Finance Committee Meetings

## Attendance Matrix - 2022

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Barry Smart	√	√	√	√	√	A	√	√	√	√		D A R K
Barry Hoy	√	√	√	√	√	√	√	A	A	√		
Yvonne Waggener	√	√	√	√	√	√	√	√	√	√		
Mark Turner	-	-	√	√	√	√	√	√	√	√		
Terry Peña	√	√	√	√	E	√	√	√	√	√		
Bob Bailey	A	A	A	A	A	A	A	-	-	-	-	
Don Larsen	√	√	√	√	√	√	√	√	√	√		
Charles Harrison	√	√	-	-	-	-	-	-	-	-	-	
Comment:												
	√	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, Chief Financial Officer Terry Peña, , Chief Operating Officer/Chief Nursing Officer Mark Turner, Chief Executive Officer Don Larsen, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Cheryl Moxley, Board Secretary Julie Atwood, Human Resources Director Kim McGuire, Community Development Director Ginny Dunn, Rehabilitation Services Manager Gerry Hinkley, Community Member</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Smart called the meeting to order at 1:59 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes:	On a motion made and seconded, the Finance Committee Meeting Minutes of September 15, 2022 were approved.	<p><b>On a motion made and seconded, the Finance Committee Meeting Minutes of September 15, 2022 were approved as written</b></p> <p><b>M (Hoy) / S (Peña) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>
5.0 Agenda Items: 5.1 Financial Statements	Waggener presented the FY23 Financial Statements as of three (3) months ended September 30, 2022. Comparative statistics and	<b>A motion was made and seconded to recommend to the</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	selected financial indicators were reviewed with the committee.	<b>Board to accept the Financial Statements as of three (3) months ended September 30, 2022.</b>  M (Hoy) / S (Turner) / C
5.2 Capital Purchases	<p>Waggener presented the FY23 Capital Purchases as of three (3) months ended September 30, 2022. Updates on FY23 purchases were reviewed.</p> <p>Waggener reported that we received a bid for approximately \$30k to replace/retrofit and place a badge entry system on the entryway doors by the Emergency Department. It was noted that the majority of the bid is to replace/retrofit the doors as the current door are not functional (hard to open) and the handle is not ergonomic. The system would provide for better security and is a long-term fix. Waggener noted that monies to pay for this project would be shifted from another capital budget item that we would not purchase. Committee members recommended she check to see if there are any COVID funds to help pay for this project.</p>	<p><b>A motion was made and seconded to recommend to the Board to approve adding the \$30k bid to replace/retrofit and place a badge entry system on the entryway door by the Emergency Department to the FY23 Capital Budget.</b></p> <p>M (Hoy) / S (Smart) / C</p>
5.3 Investments	Waggener presented LAIF and UBS statements as of September 30, 2022.	<b>Information only</b>
6.0 Agenda Topic Suggestions:	None	<b>None</b>
7.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 2:26 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, November 17, 2022, 2:15 p.m.**

**Microsoft Teams meeting**

**Join on your computer or mobile app**

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

**Or call in (audio only)**

**+1 951-384-1117,,375206292# United States, Riverside**

**Phone Conference ID: 375 206 292#**

Members:	Kieth Burkart, President Barrick Smart, Treasurer Barry Hoy, Trustee	Cheryl Robinson, Vice President Cheryl Moxley, Secretary
Staff Members:	Mark Turner, Chief Executive Officer Bijan Motamedi, M.D., Chief of Staff Julie Atwood, Human Resources 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 October 20, 2022
2. Approval of Marketing Committee minutes, meeting held August 18, 2022
3. Approval of Finance Committee minutes, meeting held October 20, 2022
4. Approval of the attached Lists of Policy and Procedures that was sent November 3, 2022

## DISTRICT BOARD OF DIRECTORS MEETING

Thursday, November 17, 2022, 2:15 p.m.

Page 2 of 3

### **AGENDA ITEMS**

- |   |  |
|---|--|
| 1. Board Bylaws Revision                                    | Mark Turner, Chief Executive Officer<br>Action Possible  |
| 2. Electronic Medical Record (EMR) Selection Process        | Mark Turner, Chief Executive Officer<br>Action Possible  |
| 3. Board Self-Evaluation Results                            | Mark Turner, Chief Executive Officer<br>Information only |
| 4. CEO Report   | Mark Turner, Chief Executive Officer                     |
| a. Strategic Planning Retreat                               | Information Only   |
| b. Update: Recruitment for General Surgeon                  | Action Possible  |
| c. Update: Construction Projects                            | Action Possible  |
| d. Update: Entitlement Process to Acquire Land Use Approval | Action Possible  |
| e. Update: ATC Cell Tower Offer                             | Action Possible  |
| 5. COO/CNO Report   | Terry Peña, Chief Operating Officer<br>Information only  |
| 6. Quality Committee Report                                 | Cheryl Moxley, Chairperson                               |
| a. Report of Meeting held November 17, 2022                 | Information only   |
| 7. Marketing Committee Report                               | Cheryl Robinson, Chairperson                             |
| a. Report of Meeting held November 17, 2022                 | Information only   |
| 8. Finance Committee Report                                 | Barry Smart, Committee Member                            |
| a. Report of Meeting held November 17, 2022                 | Action Probable  |
| b. Capital Purchases  | Action Possible  |
| c. Investments  | Action Possible  |
| 9. Board Restructuring                                      | Kieth Burkart, President<br>Action Possible              |
| 10. Board Education   | Kieth Burkart, President                                 |
| a. AHA Rural Health Care Leadership Conference              | Action Possible  |
| 11. Discussion Topic Suggestions                            | Kieth Burkart, President<br>Information only             |

### **ADJOURN TO CLOSED SESSION**

### **CLOSED SESSION AGENDA ITEMS**

(Closed session pursuant to Govt. Code Section 54954.5)

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| 1. Hearings                       | Bijan Motamedi, M.D., Chief of Staff |
| Subject matter: Staff Privileges  | Action Probable                      |
| Re: Credentialing Recommendations |                                      |

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, November 17, 2022, 2:15 p.m.**

Page **3** of **3**

2. Medical Executive Committee Issues

Bijan Motamedi, M.D., Chief of Staff  
Information only

(Closed session pursuant to Govt. Code Section 54956.9(d)(2))

1. Risk Management Discussion

Leslie Plouse, Quality Director  
Information only

**RETURN TO OPEN SESSION**

1. Closed Session Report  
  
2. Public Report of Decisions

Kieth Burkart, President

Kieth Burkart, President

**NEXT BOARD-ATTENDED MEETINGS**

Thursday, January 19, 2023 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 - 2022

Board Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Kieth Burkart	√	√	√	√	√	√	√	√	√	√		
Cheryl Robinson	√	√	√	√	√	√	√	√	√	√		
Cheryl Moxley	√	√	√	√	√	√	√	√	√	√		
Barry Smart	√	√	√	√	√	A	√	√	√	√		
Barry Hoy	√	√	√	√	√	√	√	A	A	√		
Staff Members												
Mark Turner	—	—	√	√	√	√	√	√	√	√		
Terry Peña	√	√	√	√	√	√	√	√	√	√		
Yvonne Waggener	√	√	√	√	√	√	√	√	√	√		
Lawrence Walker, M.D.	√	√	√	√	√	√	—	—	—	—	—	
Julie Atwood	√	√	√	√	√	√	√	√	√	√		
Kristi McCasland	√	√	√	√	√	√	√	√	√	√		
Charles Harrison	√	√	—	—	—	—	—	—	—	—	—	
Van Martin, M.D.	—	—	—	—	—	—	√	√	√	—	—	
Bijan Motamedi, M.D.	—	—	—	—	—	—	—	—	—	√		
Comment												
	√	Present				E	Excused		A	Absent		

D  
A  
R  
K

<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 2:27 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 Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee  Kristi McCasland, Executive Assistant  Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Yvonne Waggener, Chief Financial Officer Julie Atwood, Human Resources Director Bijan Motamedi, M.D., Chief of Staff  Dr. Don Larsen, Community Member Kim McGuire, Community Development Director Ginny Dunn, Rehabilitation Services Manager Gerry Hinkley, Community Member Clinton Mikel, Attorney	<b>Quorum present</b>
3.0 President's Comments:	Burkart questioned the progress of our financial audit for FY22. Waggener reported that the audit is in progress, but not ready to finalize yet.	<b>Information only</b>
4.0 Board Member's Reports:	None	<b>None</b>
5.0 Public Comments:	None	<b>None</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of September 16, 2022, and the Special Board of Directors meeting of September 27, 2022 were approved as written.	<p><b>On a motion made and seconded the Minutes from the Board of Directors meeting of September 16, 2022, and the Special Board of Directors meeting of September 27, 2022 were approved 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>
7.0 Consent Agenda:	The following Consent Agenda items were reviewed: (1) Approval of the Quality Committee minutes, meeting held September 15, 2022; (2) Approval of the Facilities Committee minutes, meeting held July 21, 2022; (3) Approval of the Finance Committee minutes, meeting held September 15, 2022; (4) Approval of the attached Lists of Policy and Procedures that was sent October 10, 2022 (see list attached to the October 2022 Board Packet).	<p><b>On a motion made and seconded, the Consent Agenda items were approved as presented.</b></p> <p><b>M (Moxley) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.0 Agenda 8.1 Resolution 2023-06 – AB361 – Authorizing Remote Teleconference Meetings	<p>Burkart reviewed the background on Assembly Bill 361, which provides additional flexibility for local agencies to meet remotely during a proclaimed state-of-emergency (COVID-19).</p> <ul style="list-style-type: none"> <li><b>RESOLUTION NO. 2023-06</b></li> </ul> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT AUTHORIZING REMOTE TELECONFERENCE MEETINGS</b></p> <p>See Resolution 2023-06 for entire text.</p>	<p><b>On a motion made and seconded, the following resolution was accepted as presented:</b></p> <p><b>RESOLUTION NO. 2023-06</b></p> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT AUTHORIZING REMOTE TELECONFERENCE MEETINGS</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<b>M (Smart) / S (Robinson) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
8.2 Board Bylaws Revision	<p>Turner reported that the Board Bylaws have not been updated since 2018. A letter outlining the changes, a redlined version of the Bylaws and a clean copy of the Bylaws was included in the October Board Packet. Turner review the changes as outlined in the letter.</p> <p>Turner noted that one additional change would be made to the Bylaws in Article VIII-Medical Staff, Section 3. Medical Staff Membership, which states that <i>"All initial appointments to the Medical Staff <del>shall</del> will be for a period not to exceed one (1) year, renewable by the Board pursuant to formal reapplication for a period not to exceed two (2) years."</i> This line will be changed to reflect, "initial appointments to the Medical Staff will be for a period of <b><u>two (2) years</u></b>". Our attorney will make this revision in the Bylaws.</p> <p>After discussion, Board members requested time to review the Bylaws in detail.</p>	<b>This item will be added to the November 2022 Board agenda for discussion/approval</b>
8.3 Electronic Medical Records (EMR) Selection Process	<p>Turner reported that we are getting close on the EMR selection process, and that we just have a few more reference checks to do. He is hoping to have the decision matrix finalized within the next few weeks. A Special Board meeting may be called in the next few weeks so the Board can review and approve an EMR system based off the finalized decision matrix.</p>	<b>Information only</b>
8.4 CEO Report a. Community Member Vacancy Policy / Application	<p>Turner reported that the Board decided to have two community members on each Board Committee, leaving one open seat to fill on each committee. Turner noted that we have received one Community Member application from Gerry Hinkley, and that the input received from the Board members has been positive.</p>	<b>On a motion made and seconded, the Board approved adding Gerry Hinkley as a Community Member to the Board.</b>  <b>M (Moxley) / S (Smart) / C</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
b. Update: Strategic Planning Retreat	Turner reported that the attendees to the Strategic Planning Retreat would include Senior Management Team, Board Members, Board Community Members, Medical Executive Committee Leadership and the Foundation President. Emails regarding the retreat have been sent out from him and Wipfli; please reach out to Administration if you have not received those emails.	<b>Information only</b>
c. Update: Recruitment for General Surgeon	<p>Turner reported that we have had two very qualified General Surgery candidates interview on site. A contract has been given to Dr. Nashed; his attorney is in the process of reviewing it. Dr. Sudan communicated after his visit that the timing is not right for him.</p> <p>Turner reported that another candidate has expressed interest and will be driving through Lake Arrowhead today to learn about the community. He will meet informally with Virgil Robertson, ARNP, and our nurse anesthetist, Robert Augat.</p>	<b>Information only</b>
d. Update: ATC Cell Tower Offer	Turner reported that he reached back out to Verizon regarding the one-time payment offer of \$1M, in lieu of the monthly rental payments, but that they now changed their offer to \$750k. After discussion, the board had conceded that Turner should go back to Verizon to see if they would honor their original \$1M offer or come up on their last offer of \$750k.	<b>Information only</b>
8.5 COO/CNO Report	<p>Peña reported on the following:</p> <ul style="list-style-type: none"> <li>COVID: <ul style="list-style-type: none"> <li>MCH's COVID positivity rate for 9/15/2022 to 10/18/2022 was at 3%.</li> <li>The Rural Health Clinic is offering both the Pfizer and Moderna Bivalent COVID vaccination</li> </ul> </li> </ul>	<b>Information only</b>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>The Nurses Fair was held this week; the fair is an education and competency platform for all of the clinical staff.</li> <li>Annual Employee Health Assessments were conducted during the first week of October; assessments included TB screening, N95 fit testing and flu shots.</li> <li>Quality Director is developing work plans to submit for our participation in IEHP's Pay for Performance Incentive Program.</li> <li>The BETA Heart SCORE survey will be sent out to employees at the beginning of November.</li> </ul>	
<p>8.6 Quality Committee Report</p> <p>a. Report of meeting held October 20, 2022</p>	<p>Moxley reported on the Quality Committee meeting:</p> <ul style="list-style-type: none"> <li>Regulatory Activities and Updates -- <ul style="list-style-type: none"> <li>TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Aug – 92% overall compliance; Sept – 87% overall compliance</li> <li>CDPH Complaint Investigation 7/22/2022: investigation ongoing as of 10/10/2022 no communication from CDPH.</li> <li>TJC made major modifications to the Joint Commission Emergency Management (EM) chapter. Plouse is working to ensure we comply with the new standards.</li> </ul> </li> <li>Patient Satisfaction Surveys (Inpatient &amp; ED) -- <ul style="list-style-type: none"> <li><u>Inpatient</u>: 4 responses in August 2022; 50% top box score; 84.98 mean score. 3 responses in September 2022; 66.67% top box score; 85.19 mean score. Patient satisfaction comment were reviewed.</li> <li><u>ED</u>: 14 responses in August 2022; 78.50% top box score; 91.67 mean score. 12 responses in September 2022; 74.32% top box score; 87.11 mean score. Patient satisfaction</li> </ul> </li> </ul>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>comments were reviewed.</p> <ul style="list-style-type: none"> <li>USACS Dashboard – <ul style="list-style-type: none"> <li>In August 2022, there were 814 ED visits, which resulted in 18 admissions and 30 transfers. In September 2022, there were 760 ED visits, which resulted in 14 admissions and 30 transfers.</li> <li>USACS quality and service specific metrics were reviewed.</li> </ul> </li> </ul>	
<p>8.7 Facilities Committee Report</p> <p>a. Report of meeting held October 20, 2022</p>	<p>Robinson reported on the Facilities Committee meeting:</p> <ul style="list-style-type: none"> <li>Hospital Campus – <ul style="list-style-type: none"> <li>Flooring Project – The hallway flooring in the Hospital and Medical Office Building are complete. The flooring contractor currently working in Med Surg and the OR.</li> <li>Touchless Fixtures – 36 faucets, 6 auto flushers and 2 public drinking fountains have been replaced with touchless fixtures.</li> <li>CASP Study – An accessibility survey was conducted to look at our ADA compliance. Facilities staff continue to work through the list of items that they are able to fix.</li> <li>Snow Removal – MCH is set up with a contractor for snow removal for the upcoming winter season.</li> </ul> </li> <li>Update: Construction Projects – <ul style="list-style-type: none"> <li>Pyxis Med/Surg Install – This project is basically complete. A fire damper is being installed as required by the State Fire Marshall. We are still waiting on the arrival of the A/C unit; the contractor is working with the manufacturer to get a delivery date.</li> <li>Registration Project – The framing is complete in the waiting room area and that the contractors are starting the demo in the registration area. Electrical work is being done now. The A/C unit for the Med/Surg project will serve the registration area as well.</li> <li>Pharmacy Project – HCAI completed the first review and</li> </ul> </li> </ul>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>returned it to us with over 70 comments that require a response. Our responses will be submitted to HCAI within the next 2 weeks. We are hoping for approval by the end of the calendar year.</p> <ul style="list-style-type: none"> <li>○ Lab Project – The new analyzers are not ready to be moved into the Lab due to interface issues. The Lab Manager anticipates they will be ready to be moved within the next few weeks.</li> <li>○ OR Countertop Replacement – Cabinets in the SPD area are currently being replaced.</li> <li>• Update: Entitlement Process to Acquire Land Use Approval <ul style="list-style-type: none"> <li>○ Parking Structure Project – We are awaiting the topographical maps, soil survey and the recommendations from the civil engineer. Madrigal will contact our Land Use Attorney to try to get an estimated timeframe.</li> </ul> </li> </ul>	
<p>8.8 Special Human Resources Committee Report</p> <p>a. Report of meeting held October 20, 2022</p>	<p>Burkart reported on the Special Human Resources Committee meeting:</p> <ul style="list-style-type: none"> <li>• The Board Self-Assessment is a regulatory requirement and needs to be completed annually. Once the Board Self-Assessment Form is approved, it will be distributed to Board members, with a return date of early November. Self-Assessments will be tallied/summarized by the Board Secretary for presentation at the November Board meeting. An action plan will then be developed for presentation at the January 2023 Board meeting.</li> <li>• Benefits Review: <ul style="list-style-type: none"> <li>○ Benefitted full-time and part-time employee are offered the following benefits: <ul style="list-style-type: none"> <li>▪ Medical, dental, vision, life and prescription drug plan offered at a low cost to employee and their dependents.</li> <li>▪ Jury duty reimbursement</li> </ul> </li> </ul> </li> </ul>	<p><b>On a motion made and seconded, the Board approved the Board Self-Assessment Form as presented.</b></p> <p><b>M (Smart) / S (Moxley) / 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>▪ Paid time off</li> <li>▪ Prolonged illness benefits</li> <li>▪ 401a Plan (employee fully vested after 5 years of service)</li> <li>▪ Section 125 Plan</li> <li>▪ Supplemental Insurance for Cancer, Disability and Life is available at employee cost</li> <li>○ All employees are eligible for the following benefits: <ul style="list-style-type: none"> <li>▪ Hospital discount</li> <li>▪ Pharmacy discount</li> <li>▪ Direct Deposit</li> <li>▪ Employee Assistance Program</li> <li>▪ Entertainment Discounts</li> <li>▪ Free Parking</li> <li>▪ Reduced Cost to Fitness Centers</li> <li>▪ Employee Recognition Program</li> <li>▪ MCH Scholarships</li> </ul> </li> </ul>	
8.9 Finance Committee Report a. Report of meeting held October 20, 2022	<p>Smart reported on the Finance Committee meeting:</p> <p><u>FY23 Financial Statements</u> – Smart presented the FY23 Financial Statements as of three (3) months ended September 30, 2022. Comparative statistics and selected financial indicators were reviewed with the Board.</p>	<p><b>On a motion made and seconded, the Financial Statements as of Three (3) months ended September 30, 2022 were accepted 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>
b. Capital Purchases	<p><u>Capital Purchases</u> – Smart presented the FY23 Capital Purchases as of one (3) months ended September 30, 2022. Updates on FY23 purchases were reviewed with the Board.</p> <p>Smart reported that approval was requested for approximately \$30k to replace/retrofit and place a badge entry system on the entryway doors by the Emergency Department. The majority of the bid is to replace/retrofit the doors as the current door are not functional (hard to</p>	<p><b>On a motion made and seconded, the Board approved adding the \$30k bid to replace/retrofit and place a badge entry system on the entryway door by the Emergency Department to the FY23 Capital Budget.</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	open) and the handle is not ergonomic. The system would provide for better security and is a long-term fix. Monies to pay for this project would be shifted from another capital budget item that we would not purchase.	<b>M (Smart) / S (Moxley) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
c. Investments	<u>Investments</u> – LAIF and UBS statements for month ending September 30, 2022 was presented.	<b>Information only</b>
8.10 Board Education	a. Strategic Planning Retreat, November 11-12, 2022, UCLA Conference Center, Lake Arrowhead, CA.  b. AHA Rural Health Care Leadership Conference, January 19-22, 2023, San Antonio, TX. Board members interested in attending the AHA conference should notify McCasland by November 11, 2022.	<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 3:30 p.m.	<b>Information only</b>
10.0 Return to Open Session:	The Board returned to "Open Session" at approximately 4:00 p.m.	<b>Information only</b>
10.1 Closed Session Report:	Per Kieth Burkart, the following items were reported on during "Closed Session": <ul style="list-style-type: none"> <li>• Medical Staff Report of October 20, 2022 from the September 27, 2022 Medical Executive Committee meeting</li> <li>• Risk Management Discussion – N/A</li> <li>• Exposure to Potential Litigation Discussion</li> </ul>	<b>Information only</b>
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	No reportable actions taken.	<b>Information only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
12.0 Next Regular Board-Attended Meetings:	The next Regular Board-Attended meetings will be on Thursday, November 17, 2022 at 1:00 p.m. ( <i>Days &amp; times are subject to change so please refer to the posted agenda for exact times</i> ). All meetings to be held <b><u>Via "Microsoft Teams Meeting" due to COVID-19 Pandemic</u></b>	<b>Information only</b>
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 4:03 p.m.	<b>Meeting adjourned</b>

By: \_\_\_\_\_  
Cheryl Moxley, Secretary of the Board

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

<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 12:00 p.m. on Friday, November 11, 2022	<b>The meeting was called to order</b>
2.0 Board Members Present:  Members Absent:  Staff Members Present:  Guests:	<p>Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee</p> <p>Bijan Motamedi, M.D., Chief of Staff</p> <p>Mark Turner, Chief Executive Officer Yvonne Waggener, Chief Financial Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Julie Atwood, Human Resources Director Kim McGuire, Community Development Director Lawrence Walker, M.D., Vice Chief of Staff Walter Maier, M.D., MEC Treasurer</p> <p>Gerry Hinkley, Community Member Don Larsen, M.D., Community Member Peter Venturini, Foundation Board President Charles Harrison, Foundation Board Member Michelle Joseph, Consultant, WIPFLI, LLP Robert Zondag, Consultant, WIPFLI, LLP</p>	<b>Quorum present</b>
3.0 Public Comments:	None	<b>None</b>
4.0 Agenda Items:	<p>M. Joseph and R. Zondag facilitated the Strategic Planning Retreat using the following framework:</p> <p><b><u>AGENDA – Friday, November 11, 2022</u></b></p>	<b>WIPFLI LLP Consultants, M. Joseph and R. Zondag, will use the information and discussions from the Strategic Planning Retreat to prepare San</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p><b>Introductions and Framework</b></p> <p>I. Introductions</p> <p>II. Review of Strategic Planning Concepts</p> <p><b>Strategic Assessment</b></p> <p>III. Culture and People</p> <p>a. Predictive Index</p> <p>b. Growth Performance and Strategy GPS™ Survey</p> <p>IV. Market and Operations</p> <p>a. Market Analysis</p> <p>V. SWOT</p> <p>a. Situational Assessment</p> <p><b>Summary</b></p> <p>VI. Summary</p> <p>a. Comments and Questions</p> <p><b><u>AGENDA - Saturday, November 12, 2022</u></b></p> <p><b>Plan Development</b></p> <p>VII. Developing Strategic Priorities</p> <p>a. Strategic Priorities</p> <p>b. Metrics for Success</p> <p>VIII. Developing Tactics</p> <p>a. Tactics to Support Strategic Priorities</p> <p>b. Timelines and Metrics for Tactics</p> <p><b>Conclusion and Next Steps</b></p> <p>IX. Conclusion and Next Steps</p>	<p><b>Bernardino Mountains Community Hospital District's 3-year Strategic/Financial plan.</b></p>
10.0 Next Regular Board-Attended Meetings:	The next Regular Board-Attended meetings will be on Thursday, November 17, 2022 at 1:00 p.m. <i>(Days &amp; times are subject to change so</i>	<b>Information only</b>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<i>please refer to the posted agenda for exact times).</i> All meetings to be held <b><u>Via "Microsoft Teams Meeting" due to COVID-19 Pandemic.</u></b>	
11.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 12:00 p.m. on Saturday, November 12, 2022.	<b>Meeting adjourned</b>

By: \_\_\_\_\_  
**Cheryl Moxley, Secretary of the Board**

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

**Board of Directors Approvals: (2 Documents)**

**I. New Policies / Forms / Attachments: (0)**

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

**a. Community Development Department Policies: (2)**

[Marketing Materials, Approval of \(Policy\) - Community Development Department](#)

**III. Tri-Annual Renewal Only (no / minor changes): (70)**

**a. Community Development Department Policies**

[Advertising Equipment or Products, Authorization to Use Hospital's Name in \(Policy\) - Community Development Department](#)

October 17, 2022

MCH Board of Directors  
P.O. Box 70  
Lake Arrowhead, CA 92352

**Re: Summary of Proposed Changes to MCH's Bylaws**

Dear Board:

San Bernardino Mountains Community Hospital District's bylaws required some important revisions. Working with outside counsel, we have proposed updates to the bylaws.

Attached in your packet are the following materials:

1. A clean draft of all proposed changes to MCH's bylaws; and
2. A redline showing all changes that have been made to MCH's bylaws as they currently exist.

***WHAT ARE THE PROPOSED CHANGES?***

We have proposed the following changes:

- Updates where statutory requirements have changed;
- Updates based on best practices (including review of other hospital districts' bylaws for best practices); and
- Updates to facilitate readability/accessibility (formatting and "plain language" revisions).

The proposed material changes to the bylaws are as follows:

1. **Purposes.** *See page 1 of redline.* Article I, section 3(b) makes explicit that the Board may not discriminate based on a class protected by law in admissions, provisions of service, hiring, training, and employment practices.
2. **Compensation.** *See page 4 of redline.*
  - a. Directors may now be compensated for attending six (6) meetings per month, an increase from the previous statutory cap of five (5), if the Board provides a written policy describing why more than five (5) meetings are necessary for the District to effectively operate.
  - b. The Board may increase Director compensation for attending meetings by no more than 5% annually.
3. **Vacancies.** *See page 4 of redline.* If there is a vacancy in the Board, the Board must notify the county elections official within fifteen (15) days after either: (1) the Board is notified of the vacancy; or (2) the

effective date of the vacancy, whichever is later.

4. **Director Resignation.** *See page 4 of redline.* A resigning Director must provide written notice to the Board. The resignation is effective either on the date specified in the written notice, or if no date is specified, when the Board receives the written notice.
5. **Majority Voting.** *See page 5 of redline.* Under California law, a majority vote of the total membership of the Board is required for the Board to act. Votes from at least three (3) of the five (5) Directors are required.
6. **Online Posting Requirements.** *See pages 5 & 6 of redline.* The Board must post on the District's website: (1) notice of special meetings; and (2) agendas for regular meetings.
7. **Biennial Review of Bylaws.** *See page 18 of redline.* Every two years, the Board must review the bylaws to determine if the bylaws comply with changes in the law and to ensure that the bylaws are efficiently meeting the District's needs.
8. **Meeting via Teleconference.** *See page 6 of redline.* The Board may meet via teleconference if it satisfies certain notice and quorum requirements as provided under California law.

In order to adopt the proposed bylaws, there must be a four-fifths (4/5) vote of the Board at any regular meeting.<sup>1</sup>

Please let me know if you have any questions, comments, or concerns. I look forward to discussing these proposed changes, and to continuing to serve MCH and our Mountains community.

Sincerely,



**Mark Turner**  
CEO,  
San Bernardino Mountains  
Community Hospital District

4883-9403-8583, v. 4

---

<sup>1</sup> In the event a proposed amendment to or repeal of the Bylaws does not receive four-fifths (4/5) vote at its initial presentation to the Board, said action may be presented to the Board for vote at the next regular Board meeting, at which time adoption requires an affirmative vote of at least three (3) Board members.

## FOR BOARD REVIEW

### Redline Showing Proposed 2022 Changes To Bylaws of San Bernardino Mountains Community Hospital District

~~Red stricken text~~ = Deletion

Blue underlined text = Insertion

## ARTICLE I – SCOPE AND PURPOSE

### Section 1. Nature of District.

San Bernardino Mountains Community Hospital District (the “**District**”) is a hospital district organized under The Local Health Care District Law of the State of California (Health and Safety Code Sections 32000 ~~and following~~) et seq.

### Section 2. Bylaws.

These Bylaws are intended for ~~the regulation of~~ regulating the District, its Board of Directors (the ~~“Board” and~~ individual Directors of the Board (“Directors”), and San Bernardino Mountains Community Hospital (the “**Hospital**”). These Bylaws ~~shall be regarded as are the~~ rules and regulations of the District adopted ~~pursuant to~~ under The Local Health Care District Law, and any powers ~~hereunder with respect to~~ regarding the operation of the Hospital ~~shall will~~ be interpreted to ~~be consistent with~~ follow such law.

### Section 3. Purposes.

The jurisdiction, powers and purposes of the District, its Board ~~of Directors~~, and its officers and agents ~~shall be as now or hereafter provided by the provisions of~~ is set forth in The Local Health Care District Law. Subject thereto, the purposes of the District ~~shall will~~ include, but not be limited to, ~~the following~~:

- (a) Within the limits of Hospital and community resources, to provide outpatient, acute inpatient, and continued care of the injured and ill, regardless of race, creed, national origin, gender, religion, handicap, ability or inability to pay for services, method of payment, or any other basis prohibited by law.
- (b) To not discriminate in admissions, provisions of service, hiring, training and employment practices based on age; ancestry; color; disability; gender, gender identity, or gender expression; marital status; medical condition; national origin; political affiliation; race; religion; sexual orientation; veteran status/military service; genetic information; or any other class protected by law.
- ~~(b)(c)~~ (c) To coordinate the services of the District with community agencies and other hospitals providing specialized care.
- ~~(c)(d)~~ (d) ~~(e)~~ To conduct educational and research activities essential to the attainment of its purposes.

~~(d)(e) (d)~~ — To do any ~~and all~~ other acts and things necessary to carry out ~~the provisions of~~ The Local Health Care District Law.

Section 4. **Profit or Gain.**

There ~~shall~~will be no contemplation of profit or pecuniary gain and no distribution of profits to any individual, under any guise ~~whatsoever~~, nor ~~shall~~will there be any distribution of assets or surpluses to any individual on the dissolution of this District.

Section 5. **Disposition of Surplus.**

Should the operation of the District result in a surplus of revenue over expenses during any particular period, such surplus may be used and dealt with by the ~~Directors~~Board for improvements in the Hospital's facilities and services for the care of the sick, injured, or disabled, or for other purposes ~~not inconsistent~~consistent with The Local Health Care District Law or these Bylaws.

**ARTICLE II - GENERAL PROVISIONS**

Section 1. **Principal Office.**

The principal office for the transaction of the business of the District is ~~hereby~~ fixed at 29101 Hospital Road, Lake Arrowhead, San Bernardino County, California. ~~Branch offices may at any time be established by the Board of Directors at any place or places within the geographical boundaries of the District, when necessary or desirable for the conduct of the business of the District. Branch offices may be established outside the geographical boundaries of the District when specific requirements to extend needed services exist.~~

Section 2. **Seal.**

The Board ~~shall~~will have the power to adopt a form of corporate seal and to alter it at its pleasure. The Secretary may affix the seal to all appropriate documents. ~~The failure~~Failing to affix the seal ~~shall~~will not, however, affect the validity of any instrument.

**ARTICLE III - DIRECTORS**

Section 1. **Number and Qualification.**

The Board ~~of Directors shall~~will consist of five members, each of whom ~~shall~~will be a registered voter residing in the District.

Section 2. **Election and Term.**

A Director ~~shall~~will be elected for a term of four (4) years or until ~~his or her~~their successor is elected and has qualified. ~~The terms of Directors shall~~will be staggered such that two (2) seats



are filled in one district election and three (3) seats are filled in the following District election. The election of Directors ~~shall~~will be consolidated with the statewide general election and ~~shall~~will be held in each even-numbered year.

**Section 3. Powers and Duties.**

The Board ~~shall~~will have and exercise all the powers of a hospital district ~~as set forth~~ in The Local Health Care District Law, including, but not limited to ~~the following~~:

- (a) To control and be responsible for the financial viability and management of all operations and affairs of the District and the Hospital.
- (b) To make and enforce all rules and regulations necessary or desirable for the administration, government, protection, and maintenance of the Hospital and other facilities under District jurisdiction.
- (c) To approve or disapprove all articles of incorporation, constitutions, bylaws, rules and regulations, including amendments thereof, of all affiliated or subordinate organizations.
- (d) To establish policies for ~~the operation of~~operating the District and its facilities, including the Hospital.
- (e) To designate by resolution persons who ~~shall~~will have authority to sign checks drawn on the funds of the District.
- (f) To negotiate and ~~enter into agreements~~contract with independent contractors, including practitioners and paramedical personnel.
- (g) To appoint a Chief Executive Officer and to define the qualifications, powers, and duties of such appointee.
- (h) To delegate certain powers to the Medical Staff and other affiliated or subordinate organizations ~~in accordance with~~under their respective Bylaws ~~as long as if~~ such delegation is not inconsistent with ~~the provisions of~~ these Bylaws or The Local Health Care District Law.
- (i) To appoint, reappoint, promote, demote, discipline, and remove members of the Medical Staff.
- (j) To negotiate or ~~enter into agreements~~contract with representative labor organizations.
- (k) To be actively involved in the accreditation process, which involvement may include, at least, participation in the summation conference.
- (l) To regularly monitor, through information provided by appropriate persons and entities such as designated committees of the Medical Staff, the quality and appropriateness of services provided.
- (m) To provide for resources and support systems for the quality management functions and risk management functions related to patient care and safety.
- (n) To do any ~~and all~~ other acts and things necessary to carry out ~~the provisions of~~ these Bylaws or The Local Health Care District Law.



Section 4. **Compensation.**

- (a) As Cal. Health & Safety Code § 32103 authorizes, each Board member ~~shall~~may receive a stipend of \$100 for attending meetings on behalf of the District, up to a maximum of ~~\$500~~600 per calendar month.- Qualifying meetings include Board meetings, Board Committee meetings whereby the Board member is a member of such Committee and other Board approved meetings relating to the Hospital. If the District compensates its Board members for over five (5) meetings in a calendar month, the Board will annually adopt a written policy describing, based on a finding supported by substantial evidence, why over five (5) meetings per month are necessary for effectively operating the District. The Board may increase the compensation received for attending meetings of the Board by no more than 5 percent annually.
- (b) Each Board member ~~shall~~will be allowed ~~his or her~~their actual necessary traveling and incidental expenses incurred in the performance of official business of the District, as approved by the Board, and ~~pursuant to~~under Cal. Health & Safety Code § 32103.

Section 5. **Vacancies.**

Any vacancy on the Board ~~shall~~will be filled by appointment by the remaining members of the Board. The District will notify the county elections official of the vacancy within 15 calendar days after either the date on which the District board is notified of the vacancy, or the effective date of the vacancy, whichever is later. Any person appointed to fill such vacancy ~~shall~~will hold office for such term and under such conditions as specified by California Government Code Section 1780.

Section 6. **Absence from Regular Meetings.**

All Board members ~~shall~~will notify the President or designee not later than 24-~~hours~~ ~~prior~~ ~~to~~before any regular meeting of their intent not to attend said meeting. -If any member of the Board is absent, with or without excuse, from three (3) consecutive regular meetings, or from three (3) or more of any five (5) consecutive meetings of the Board, the Board may by resolution declare that a vacancy exists on the Board, and that Director's term ~~shall~~will expire upon adoption by the Board of such resolution. ~~For the purpose of this section, regular~~Regular meetings ~~shall include~~includes regular meetings of all standing committees.

Section 7. **Resignation.**

Any Board member may resign by providing written notice to the Board. The Board member's resignation will be effective when the Board receives the written notice, unless the written notice specifies a later date for the Board Member's resignation.

## ARTICLE IV - MEETINGS OF THE BOARD

### ~~Section 7.~~Section 1. **Public Meetings.**

All meetings of the Board, whether regular, special or adjourned, ~~shall~~will be open to the public, except for closed or executive sessions permitted by law.

### Section 2. **Quorum & Voting.**

A majority of the members of the Board ~~shall~~will constitute a quorum for the transaction of business at any duly convened meeting of the Board. Except as otherwise specifically provided by law, a majority vote of the *total membership* of the Board, as opposed to a majority of the quorum, is required for the Board to take action (California Government Code Section 61045(c)).

### ~~Section 8.~~Section 3. **Regular Meetings.**

Regular meetings of the Board ~~shall~~will be established and scheduled by the Board at least monthly, unless otherwise determined by the Board. ~~The Board may from time to time occasionally~~ change the day and time of such regular meetings as dictated by holiday schedules or changing circumstances. ~~The Board also may, at its discretion, cancel a maximum of two (2) regularly scheduled meetings of the Board each year.~~

### ~~Section 9.~~Section 4. **Special Meetings.**

Special meetings may be called by the President of the Board or by a majority of the members of the Board by giving notice to each member of the

Board, each local newspaper of general circulation, ~~and~~ each radio or television station requesting notice in writing ~~, and on the District's website (under Section 54954.2 of the Government Code).~~ The notice ~~shall~~will be delivered personally or by mail and ~~shall~~will be received at least twenty-four (24) hours before the time of the meeting as specified in the notice, except for emergency meetings held in compliance with Section 54956.5 of the Government Code. ~~The call and notice for special meetings shall will specify the time and place of the special meeting and the business to be transacted or discussed, and no other business shall will be considered at such meetings. Written notices may be dispensed with in the case of a Board member who at or prior to the time of before the special meeting files a written waiver of notice with the clerk or Secretary of the Board. Likewise, written notices may also be dispensed with in the case of members who are actually present at the special meeting when it convenes.~~

~~Section 5.~~

~~Section 10.~~Section 5. **Adjournment.**

The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment, provided that ~~the provisions of~~ Section 54955 of the Government Code ~~are~~is complied with.

~~Section 11.~~Section 6. **Posting of Agendas.**

The Board ~~shall~~will post agendas of all regular meetings, containing a brief general description of each item of business to be transacted or discussed at the meeting, at least seventy-two (72) hours before such regular meeting. ~~The agenda shall~~will specify the time and location of the regular meeting and ~~shall~~will be posted in a location that is freely accessible to members of the public, ~~and on the District's website (under Section 54954.2 of the Government Code).~~ No action ~~shall~~will be taken on any item not appearing on such posted agendas, except as provided by Section 54954.2 of the Government Code.

~~Section 12.~~Section 7. **Opportunity for Public to Address the Board.**

Each agenda for a regular meeting ~~shall~~will provide an opportunity for members of the public to address the Board directly on matters of interest to the public, provided that such matters are within the subject matter jurisdiction of the Board, and provided that no action ~~shall~~will be taken by the Board on any item arising out of such addresses unless the matter already appears on the agenda for that meeting. ~~The Board may adopt reasonable regulations which govern the amount of time allocated to and the decorum of members of the public addressing the Board. In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are willfully interrupting the meeting, the Board may order the meeting room cleared and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to~~may attend any such session. ~~The Board may establish a procedure for readmitting an individual or individuals not responsible for willfully disturbing the orderly conduct of the meeting.~~

~~Section 13.~~Section 8. **Minutes.**

The Secretary of the Board ~~shall~~will cause to be kept at the principal office of the District a book of minutes of all meetings of the Board showing the time and place, whether regular or special, and if special, how authorized, the notice given, the names of the Directors present, and a statement of the vote of the Directors on all motions and resolutions.

~~Section 14.~~Section 9. **Voting Rights.**

Each Director ~~shall~~will be entitled to one (1) vote for each action of the Board.

Section 10. Meetings via Teleconference.

The Board may conduct meetings in-person, via teleconference, or in-person with a teleconference option. As authorized under Government Code Section 54953, Directors may participate in regular or special or annual meetings by, or through the use of, any means of communication allowing all participants to simultaneously hear each other, such as teleconference or videoconference. Teleconferencing may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the Board. A Director may attend an in-person meeting via teleconference, and may count towards the quorum of said meeting.

If a meeting is conducted via teleconference, then:

(a) The presiding officer will, at the commencement of the teleconference meeting: (i) inform all participating Members a meeting is taking place at which official business may be transacted; and (ii) require each Director participating via teleconference to disclose the physical location where they are currently located.

(b) Any participant in a meeting by teleconferencing means will be deemed present in person at such meeting.

(c) For purposes of establishing a quorum at a meeting occurring solely via teleconference, at least a quorum of the Directors **must participate from locations within the boundaries of the territory over which Mountains exercises jurisdiction.** *Until December 31, 2023, this provision is waived if there is a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing. Absent a change in the law, as of January 1, 2024, this requirement will apply to all meetings via teleconference.*

(d) If a meeting is to be held via teleconference, the meeting must be accessible to the public, and the public must have the ability to address the Board directly pursuant to Government Code Section 54954.3.

(e) In any required agenda/notice, the Board will identify the location and access information for the teleconference so that members of the public may attend.

(f) When a meeting is held via teleconference, or any member attends an in-person meeting via teleconference, all votes taken will be by rollcall.

(g) Electronic meetings must meet all other requirements of these Bylaws related to quorums, meeting notice, *et cetera*.

~~Article IV~~ ARTICLE V - OFFICERS

Section 1. Officers.

The officers of the Board ~~shall~~will be a President, a Vice President, a Secretary, and a Treasurer.

Section 2. Election of Officers.

The officers of the Board ~~shall~~will be chosen every year by the Board during its first meeting of every November (or, in election years, on or after the last Friday of November), and each officer ~~shall~~will hold office for one (1) year, until ~~his~~their successor ~~shall be~~is elected and qualified, or until ~~he~~they resign or ~~she resigns or is~~are otherwise disqualified to serve.

Section 3. President.

The Board ~~shall~~will elect one (1) of their number to act as President. ~~If at any time the President shall be unable to~~cannot act, the Vice President ~~shall~~will perform the ~~President's~~President's duties. ~~If the Vice President shall also be unable to~~cannot act, the Board ~~shall~~will appoint another member of the Board to do so, and such person ~~shall~~will be vested temporarily with all the functions and duties of the office of the President.

The President ~~shall~~will: (a)-preside over all meetings of the Board; (b)-sign as President, on behalf of the District, all instruments in writing which ~~he or she has~~they have been specifically authorized by the Board to sign; and (c)-have, subject to the advice and control of the Board, general responsibility for management of the affairs of the District during ~~his or her~~their term of office.

Section 4. Vice President.

The Board ~~shall~~will elect one (1) of their number ~~to act as Vice President.~~ ~~The Vice President shall~~will, in the event of death, absence or other inability of the President, exercise all the powers and perform all the duties herein given to the President.

Section 5. Secretary.

The Board ~~shall~~will elect one (1) of their number to act as Secretary. ~~The Secretary shall~~will keep, or cause to be kept, accurate and complete minutes of all meetings, call meetings on order of the President, attend to all correspondence of the Board, and perform such other duties as ordinarily pertain to this office or which are designated by the Board.

Section 6. **Treasurer.**

The Board ~~shall~~will elect a Treasurer, who ~~shall~~will be charged with the safekeeping and disbursal of the funds in the treasury of the District. -Except as to principal and interest of bonds, moneys in the treasury of the District ~~shall~~will be paid out by the Treasurer or such other officer or officers of the District as ~~may be~~ authorized by the Board. -The Treasurer ~~shall~~will keep such orders as a voucher and ~~shall~~will keep accounts of all receipts into the District treasury and all disbursements therefrom. - The Board may appoint one or more Assistant Treasurers or other officers to maintain the financial records of the District and to prepare such financial reports as ~~are~~ required by the Board.

Section 7. **Other Officers.**

The Board may create such other offices as the business of the District may require, and the holder of each such office ~~shall~~will hold office for such period, have such authority and perform such duties as ~~are~~ provided in these Bylaws or as the Board may ~~from time to time~~occasionally determine. - Where permitted by law, such additional offices may be filled either by members or nonmembers of the Board.

~~Article V~~ARTICLE VI - COMMITTEES OF THE BOARD

Section 1. **Committees Generally.**

Committees of the Board ~~shall~~may be established by resolution of the Board, ~~shall~~will continue in existence until discharged by the Board, and may be standing or special. -Standing committees ~~shall~~will be a Finance Committee, a Facilities Committee, a Marketing Committee, a Human Resources Committee, a Quality Committee, and such other committees as the Board may authorize. -Members of all committees, including the ~~chairman~~chairperson thereof, ~~shall~~will be appointed by the Board. -Officers ~~shall~~will serve on committees as further set forth herein. Appointed members ~~shall~~will serve terms of one (1) year. -Members of the Medical Staff ~~shall~~will be included on Board committees that deliberate issues affecting the discharge of Medical Staff responsibilities. -Members of the community may be appointed to any/all committees. -Where required by these Bylaws or appointed by the Board, Hospital employees ~~shall~~will be members of committees, ~~shall~~will serve in an ex officio capacity, and ~~shall~~will be entitled to a vote.

Section 2. **Quorum and Voting.**

A majority of the members of a committee ~~shall~~will constitute a quorum, and any transaction of a committee ~~shall~~will require a majority vote of the quorum present at any meeting. Each member of a committee, including the person presiding at the meeting, ~~shall~~will be entitled to one (1) vote. -There ~~shall~~will be no voting by proxy or absentee ballot.

Section 3. **Meetings of Committees.**



Regular meetings of the standing committees or special committees ~~shall~~will be scheduled by the members of each committee. - The committee may change the time and day of such regular committee meetings as dictated by holiday schedules or changing circumstances. -Each committee ~~shall~~will keep minutes of its meetings and ~~shall~~will promptly and regularly report to the Board ~~concerning~~about its recommendations. -Standing committees of the Board ~~shall~~will comply with the requirements for open meetings, notice, posting of agendas and other matters ~~with respect to~~regarding meetings of the Board set forth in Article- IV of these Bylaws.

**Section 4. Finance Committee.**

The Finance Committee ~~shall~~will consist of the Treasurer, another Board member, and at least the Chief Executive Officer, and the Chief Financial Officer. -The Committee ~~shall be responsible for managing~~will manage all endowment and trust funds and ensuring that proceeds are paid into proper funds of the District and used in accordance with the terms of the trust. -The Committee ~~shall~~will also review the proposed annual budgets and monthly financial statements of the District, and ~~shall~~will make recommendations to the Board with respect thereto. -It ~~shall~~will also review all proposed contracts and capital expenditure proposals, including provisions for financing, and ~~shall~~will make recommendations to the Board with respect thereto.

**Section 5. Facilities Committee.**

The Facilities Committee ~~shall~~will consist of two (2) Board members, and at least the Chief Executive Officer, and the Director of Maintenance. -The Committee ~~shall~~will be responsible for appropriate use of all District property, including planning of construction, remodeling, space allocation, and acquisition of equipment. -The Committee ~~shall~~will also consider relocation of the Hospital. ~~(if necessary).~~

**Section 6. Marketing Committee.**

The Marketing Committee ~~shall~~will consist of two (2) Board members and at least the Chief Executive Officer. -The Committee ~~shall be responsible for recommending~~will recommend an annual marketing plan to the Board. -The plan ~~shall~~will cover promotion of existing services ~~as well as~~and development of new services.

**Section 7. Human Resources Committee.**

The Human Resources Committee ~~shall~~will consist of two (2) Board members, and at least the Chief Executive Officer, the Director of Human Resources, and the Director of Patient Care Services. -The Committee ~~shall be responsible for reviewing~~will review and ~~recommending~~recommend personnel policies and salary and benefit packages ~~prior to~~before development of the annual operating budget.

**Section 8. Quality Committee.**

The Quality Committee ~~shall~~will consist of two (2) Board members, and at least the Chief Executive Officer, members of Senior Management, and Medical Staff as deemed appropriate by the Board ~~of Directors~~. The areas of the Committee oversight will be ~~but~~ limited to risk management, patient safety, ethics and quality of care.

Section 9. **Special Committees.**

The President with the concurrence of the Board may, ~~from time to time~~occasionally, appoint one (1) or more members of the Board and other persons as necessary or appropriate to constitute special committees for the investigation, study or review of specific matters. ~~A special committee shall~~will be discharged upon completion of the task for which it was constituted or upon action by the Board, whichever occurs first.

Section 10. **Authority.**

All committees ~~shall~~will serve only as advisors to the Board, and no committee ~~shall~~will have any power or authority to commit the Board, the Hospital, or the District in any manner or to expend any funds of the Hospital or the District.

~~Article VI~~ARTICLE VII - CHIEF EXECUTIVE OFFICER

The Board ~~shall~~will select and employ a person who, by virtue of education and experience, has demonstrated ~~his or her qualifications~~their qualifications to be the Chief Executive Officer of the Hospital. ~~Subject to the Chief Executive Officer's employment contract and such policies as may be adopted and such orders as may be issued by the Board, the authority and responsibility of the Chief Executive Officer shall~~will include:

- (a) Carrying out all policies established by the Board and advising on the formation of ~~these~~those policies.
- (b) Developing and submitting to the Board for approval a plan of organization for the conduct of Hospital operations and recommending changes to that plan when necessary.
- (c) Directing the preparation of and adherence to an annual budget showing the expected revenue and expenditures as required by the Board or its Finance Committee.
- (d) Guiding the selection, employment, supervision, and termination of employees of the Hospital and developing and maintaining personnel policies and practices for the Hospital.
- (e) Maintaining physical properties in good and safe state of repair and operating condition.
- (f) Supervising business affairs to ensure that funds are collected and expended to the District's advantage.



- (g) Working continually with health care professionals to ~~provide~~ensure that quality patient care ~~may be~~is consistently rendered, within the limits and resources of the Hospital.
- (h) Presenting to the Board, or its authorized committees, periodic reports reflecting the professional services and financial activities of the Hospital and such special reports as ~~may be~~ required by the Board.
- (i) Attending all meetings of the Board and serving on committees thereof, with the right to vote at committee level only.
- (j) Serving as the liaison and channel of communications between the Board and any of its committees and the Medical Staff, and assisting the Medical Staff with its organization and medical-administrative problems and responsibilities.
- (k) Preparing a plan for the achievement of the Hospital's specific objectives and periodically reviewing and evaluating that plan.
- (l) Representing the Hospital in its relationships with other agencies.
- (m) Preparing, ~~in conjunction~~ with the Board, the Chief Executive Officer's performance objectives, which ~~shall~~will be reviewed and approved by the Board ~~on an annual basis~~annually and placed in the Chief Executive Officer's personnel file.
- (n) Providing for compliance with applicable laws, regulations, and standards of performance and acting on reports and recommendations of authorized regulatory and accrediting agencies.
- (o) Performing such other duties as ~~may be~~ required by the Chief Executive Officer's employment contract or necessary for or in the best interest of the Hospital.

## ~~Article VII~~ARTICLE VIII - MEDICAL STAFF

### Section 1. Organization.

The Board ~~shall~~will cause to be created a medical staff organization, which ~~shall~~will be known as the Mountains Community Hospital Medical Staff. ~~The membership of the Medical Staff shall be comprised of~~will comprise all physicians and surgeons, dentists, and podiatrists ~~who have been~~ granted privileges by the Board to attend patients in the Hospital. ~~Membership in this~~the Medical Staff ~~shall~~will be a prerequisite to ~~the exercise of~~exercising clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Bylaws. ~~Subject to state and federal law and the powers and duties of the Board, the Medical Staff shall~~will govern its own affairs ~~with respect to~~regarding the professional work performed at the Hospital, elect its own officers, and conduct meetings ~~in accordance with~~under the Medical Staff Bylaws.

### Section 2. Medical Staff Bylaws.

The Medical Staff ~~shall~~will have the initial responsibility to formulate, adopt, and recommend to the Board Medical Staff Bylaws, Rules and Regulations, and amendments thereto.

These Bylaws, ~~and~~ Rules and Regulations ~~shall~~will be effective when approved by the Board, ~~shall be consistent with~~will follow Hospital policies and applicable law, and ~~shall~~will include those matters required by Sections 809 and following of the California Business and Professions Code, Section 32128 of the California Health and Safety Code, the Joint Commission ~~on Accreditation of Healthcare Organizations~~, and all other applicable laws, regulations, standards, and orders. ~~If~~ the Medical Staff Bylaws, ~~or~~ Rules and Regulations ~~are do~~ not ~~in compliance~~comply with requirements ~~that are~~ imposed by statute, regulation, or a court of law, or that are reasonably necessary for due process, accreditation, tax, or other purposes, the Board may request ~~appropriate~~ amendment of such Bylaws. ~~- If the Medical Staff fails to adopt such amendment within a reasonable period of time as specified by the Board, the amendment shall~~will be deemed ~~to be~~ adopted by the Medical Staff.

### Section 3. Medical Staff Membership.

Membership on the Medical Staff is a privilege, not a right, which ~~shall~~will be extended only to physicians and surgeons (M.D. or D.O.), dentists, and podiatrists licensed to practice in California whose background, experience, training, demonstrated competence, adherence to the ethics to their profession, good reputation, and ability to work with others assures that, in the judgment of the Board, that any patient admitted to or treated in the Hospital can reasonably expect to receive care of the generally recognized professional level of quality and efficiency established by the Medical Staff and the Board, ~~taking into account~~considering the patient's needs, the available Hospital facilities and resources, the utilization standards in effect at the Hospital, and the standard of care at hospitals of similar size, means, and circumstances.

Applicants for Medical Staff appointment or ~~reappointment shall~~reappointment will be considered without regard to race, color, creed, gender, national origin, or any other criterion unrelated to professional care or the Hospital's purposes, needs, or capabilities. ~~-Each applicant and member shall~~will agree in writing to abide by, and ~~shall~~will abide by, the District Bylaws, Medical Staff Bylaws, Rules, Regulations, and policies of the Hospital. ~~-All applications for appointment or reappointment to the Medical Staff shall~~will be in writing and ~~shall~~will contain full information concerning about the applicant's identity, education, licensure, practice, previous hospital experience, malpractice lawsuits, any unfavorable history ~~with regard to~~regarding licensure and hospital privileges, and other matters set forth in the Medical Staff Bylaws or requested by the Board. ~~-All initial appointments to the Medical Staff shall~~will be for a period not to exceed one (1) year, renewable by the Board pursuant to formal reapplication for a period not to exceed two (2) years. ~~-All hearing and appellate reviews regarding adverse recommendations or actions shall~~will be conducted ~~in accordance with~~under the procedures ~~set forth~~ in the Medical Staff Bylaws and applicable law.

Section 4. **Liability Insurance.**

Medical Staff members must obtain, submit to the Chief Executive Officer of the Hospital proof of, and maintain professional liability insurance in the amount and form required by the Board. -Medical Staff members ~~shall~~will notify the Chief Executive Officer of the Hospital not less than ten (10) days ~~prior to~~before any cancellation, reduction or other material change in the amount or scope of such insurance.

Section 5. **Medico-Administrative Officers.**

Medico-Administrative Officers are practitioners who are hospital-based or are engaged by the Hospital on a full-time or part-time basis to perform duties which, although partially administrative, include clinical responsibilities. -Medico-Administrative Officers must be members of the active Medical Staff. -Such practitioners ~~shall~~will have all the prerogatives and responsibilities of active staff members, except as specified in their respective contracts or set forth in the Medical Staff Bylaws. -Unless otherwise provided in such contract, neither the Medical Staff membership nor the clinical privileges of a Medico-Administrative Officer ~~shall~~will be terminated for reasons involving medical competence without the same hearing and review opportunities as ~~are~~ provided for other reasons in the Medical Staff Bylaws. - However, notwithstanding any provision in the Medical Staff Bylaws to the contrary, whenever a dispute arises that is administrative ~~in nature~~, the Board ~~shall~~will follow the ~~terms of the~~ Medico-Administrator's contract or, if such contract does not include dispute resolution and termination procedures, the Hospital's usual personnel procedures for dispute resolutions, discipline and termination, and the Medico-Administrative Officer ~~shall~~will not be entitled to the hearing and appellate review procedures set forth in the Medical Staff Bylaws.

Section 6. **Closure of Staff.**

If any member has privileges in a specialty that is presently governed by or is later made the subject of an exclusive contract with another practitioner or entity, the Medical Staff membership and clinical privileges of all members who are not parties to the exclusive contract ~~shall~~will be terminated automatically and immediately upon the effective date of the contract; provided, however, that if a member also has privileges that are not the subject of the exclusive contract, only those privileges made exclusive or semi-exclusive under the contract ~~shall~~will be so terminated. -Members whose membership or privileges have been terminated ~~pursuant to~~under this Section ~~shall~~will not have the right to the hearing and appeal procedures ~~set forth~~ in the Medical Staff Bylaws, and such termination is not reportable to the NPDB or other organizations.

Section 7. **Medical Staff Officers and Chiefs of Service.**

All appointments and elections of Medical Staff officers and clinical chiefs of service ~~shall~~will be made ~~pursuant to~~under the Medical Staff Bylaws and ~~shall~~will not be effective until approved by the Board. -Duties and responsibilities of the officers and clinical chiefs will also ~~shall~~

be ~~set forth~~ in the Medical Staff Bylaws. ~~Officers and clinical chiefs shall be required to~~ must maintain their qualifications for Medical Staff membership and privileges appropriate to their assignments.

#### Section 8. Actions of the Board.

The Board ~~shall~~ will approve or deny all applications for appointment and reappointment to the Medical Staff and for delineation of clinic privileges based upon the findings and recommendations of the Medical Staff, the needs and capabilities of the Hospital and District, the existence of an exclusive contract (s) for the provision of services in the practitioner's specialty, other factors relating to the plans and goals of the Hospital and District, and such additional criteria as ~~are~~ set forth in the Medical Staff Bylaws. ~~In exercising its powers under this section, the Board may exclude from Medical Staff membership, deny reappointment to the Medical Staff, or restrict, terminate, or otherwise change the privileges of any practitioner if the Board finds that it is in the interest of maintaining or enhancing quality patient care to do so. Under unusual circumstances, any Medical Staff qualification, requirement, or limitation provided for in these Bylaws or the Medical Staff Bylaws but not required by law or accreditation may be waived in the sole discretion of the Board, upon the Board's determination that such waiver is in the best interests of the patients and the Hospital.~~

The Board will act on all recommendations involving Medical Staff membership, clinical privileges, and corrective actions ~~in accordance with~~ under the procedures ~~set forth~~ in the Medical Staff Bylaws, except as otherwise provided in these Bylaws or as required by law. ~~In reviewing recommendations for Medical Staff membership, clinical privileges, or corrective actions, the Board may continue its proceedings for a reasonable period of time in order to permit a complete and fair hearing of the issues involved.~~

The Board ~~shall~~ will have the power to inquire independently into any matters relating to the professional competency of a Medical Staff member whether or not the Medical Staff is conducting or has conducted an inquiry into that matter.

At any time when the Board has reason to suspect that an applicant or Medical Staff member might endanger patient care or disrupt the operations of the Hospital because of a physical or mental illness, impairment, or disorder of any type, such applicant or member ~~shall~~ will, at ~~his~~ their expense, undergo an examination by a physician, psychiatrist, or psychologist approved by the Board and ~~shall~~ will cooperate with any proposed treatment, as a prerequisite to further consideration of ~~his~~ their application for appointment or reappointment, to the exercise of previously granted privileges, or to the maintenance of ~~his~~ their Medical Staff appointment and privileges.

### ~~Article VIII~~ ARTICLE IX - QUALITY OF PROFESSIONAL SERVICES

**Section 1. Board Responsibility.**

After considering the recommendations of the Medical Staff and the other health care professional staffs providing patient care services in the Hospital, the Board ~~shall~~will require the conduct of specific evaluation and remedial activities to assess, preserve, and assure the overall quality and efficiency of patient care in the Hospital. -The Board ~~shall~~will provide whatever administrative assistance is reasonably necessary, within the resources of the District, to support and facilitate the implementation and the ongoing operation of these evaluation and remedial activities.

**Section 2. Delegation to the Medical Staff.**

- (a) The Board ~~shall~~will, in the exercise of its overall responsibility, delegate to the Medical Staff reasonable authority for ensuring appropriate professional care to the Hospital's patients. -The Medical Staff ~~shall~~will be accountable to the Board for such patient care.
- (b) The Medical Staff ~~shall~~will conduct an ongoing analysis and evaluation of the quality of professional care rendered in the Hospital by reviewing patient medical records and other pertinent information, ~~shall~~will report such activities and their results to the Board at such times as the Board may require, and ~~shall~~will implement appropriate actions, including corrective action of Medical Staff members, to assure the quality of care.
- (c) The Medical Staff ~~shall~~will establish controls that are designed to ensure the achievement and maintenance of appropriate standards of professional and ethical practices, including provisions that all practitioners may be required periodically to demonstrate their ability to perform surgical and other procedures competently and to the satisfaction of the appropriate committee or committees of the Medical Staff.
- (d) The Medical Staff ~~shall~~will ensure that only members of the Medical Staff with admitting privileges may admit patients to the Hospital, all individuals may practice only within the scope of the privileges granted by the Board, and each patient's general medical condition ~~shall~~will be the responsibility of a qualified physician member of the Medical Staff.

**Section 3. Initiative of Action by Board.**

If the Executive Committee (or equivalent) of the Medical Staff fails to investigate or initiate corrective action regarding a member of the Medical Staff and the Board determines that such failure is contrary to the weight of the evidence, the Board may consult with the Medical Executive Committee regarding the matter. -If the Medical Executive Committee refuses to act after such consultation, the Board may direct the Medical Executive Committee to initiate an

investigation or corrective action. ~~-If the Medical Executive Committee fails to take action~~act in response to a direction from the Board, the Board may, after giving written notice to the Medical Executive Committee, ~~take action~~act on its own initiative. ~~-If the Board's action is of a nature entitling the practitioner to a hearing under the Medical Staff hearing and appeal procedures, the appropriate procedures shall~~will be followed; otherwise the Board's action ~~shall~~will become effective as the final decision of the Board.

## ~~Article IX~~ARTICLE X – RESERVATION OF AUTHORITY

No assignment, referral or other delegation of the Board's authority to the Chief Executive Officer, the Medical Staff, or anyone else by these Bylaws, by contract, or by other means ~~shall~~will preclude the Board from exercising the authority required to meet its responsibilities for the conduct of the District's business. ~~-The Board shall~~will retain the right to rescind any such delegation.

## ~~Article X~~ARTICLE XI – ADJUNCT ORGANIZATIONS

### Section 1. Mountains Community Hospital Auxiliary.

There may be an organization designated the Mountains Community Hospital District Auxiliary (the "District Auxiliary"). It ~~shall~~will be the purpose of the District Auxiliary to promote and advance the welfare of the District and the Hospital and its patients through ways and means prescribed and approved by the Board. ~~-The Bylaws and other governing documents of the District Auxiliary, and the adoption, amendment or repeal thereof, shall~~will not be effective until approved by the Board. ~~-Officers of the District Auxiliary shall~~will present periodic reports of its activities to the Board, and the District Auxiliary ~~shall not~~will have ~~any~~no power or authority to commit the Board, the Hospital, or the District ~~in any manner~~, or to expend any funds of the Hospital or the District.

### Section 2. Mountains Community Hospital Foundation.

There ~~shall~~will be an organization designated the Mountains Community Hospital Foundation, Inc., a California nonprofit Corporation. It ~~shall~~will be the purpose of this corporation: (1) to obtain, acquire, receive, accept and hold gifts, contributions, donations, bequests, and devises of money, property and assets of every kind and character for the use and benefit of the District and the Hospital; (2) to hold, manage, invest, deposit, lease, exchange, and sell such money, property and assets for the use and benefit of the District and the Hospital; (3) to pay and expend the monies of this corporation for the improvement, development, expansion, advancement and maintenance of the District, the Hospital, and the property, buildings, structures, furnishings, fixtures, equipment and assets thereof; and (4) to encourage and solicit gifts, contributions, donations, memorials and bequests and devises by last will and testament for



the use and benefit of the District and the Hospital. -This corporation ~~shall not~~will have ~~any~~no power or authority to commit the Board, the Hospital, or the District ~~in any manner,~~ or to expend any funds of the Hospital or the District.

~~Article XI~~ARTICLE XII - CONFLICT OF INTEREST CODE

The Board ~~shall~~will adopt and maintain in force a conflict-~~of-~~interest code which ~~shall~~will conform to ~~the provisions of~~ California Government Code Sections 81000 ~~and following, et seq.,~~ as amended from time to time.

~~Article XII~~ARTICLE XIII - AMENDMENT AND REVIEW—

~~These~~At intervals of no more than two (2) years, the Board will review these Bylaws in their entirety to ensure that they comply with all provisions of applicable law, that they continue to meet the needs of the administration and Medical Staff, and that they facilitate the efficient administration of the District. The Bylaws may, ~~from time to time,~~ be amended or repealed, and new or additional Bylaws adopted, at any regular meeting of the Board by four-fifths (4/5) vote of the Board ~~of Directors.~~ In the event a proposed amendment to or repeal of the Bylaws does not receive four-fifths (4/5) vote at its initial presentation to the Board, said action may be presented to the Board for vote at the next regular Board meeting, at which time adoption ~~shall~~will require an affirmative vote of at least three (3) Board members.

**BYLAWS  
OF  
SAN BERNARDINO MOUNTAINS  
COMMUNITY HOSPITAL DISTRICT**



## TABLE OF CONTENTS

<b>ARTICLE I – SCOPE AND PURPOSE.....</b>	<b>1</b>
Section 1. Nature of District.....	1
Section 2. Bylaws. ....	1
Section 3. Purposes. ....	1
Section 4. Profit or Gain. ....	1
Section 5. Disposition of Surplus.....	2
<b>ARTICLE II – GENERAL PROVISIONS.....</b>	<b>2</b>
Section 1. Principal Office.....	2
Section 2. Seal. ....	2
<b>ARTICLE III – DIRECTORS.....</b>	<b>2</b>
Section 1. Number and Qualification. ....	2
Section 2. Election and Term. ....	2
Section 3. Powers and Duties. ....	2
Section 4. Compensation. ....	3
Section 5. Vacancies.....	4
Section 6. Absence from Regular Meetings. ....	4
Section 7. Resignation.....	4
<b>ARTICLE IV – MEETINGS OF THE BOARD .....</b>	<b>4</b>
Section 1. Public Meetings.....	4
Section 2. Quorum and Voting.....	4
Section 3. Regular Meetings.....	5
Section 4. Special Meetings.....	5
Section 5. Adjournment.....	5
Section 6. Posting of Agendas. ....	5
Section 7. Opportunity for Public to Address the Board.....	5
Section 8. Minutes. ....	6
Section 9. Voting Rights. ....	6
Section 10. Meetings via Teleconference. ....	6
<b>ARTICLE V – OFFICERS.....</b>	<b>7</b>
Section 1. Officers. ....	7

Section 2. <b>Election of Officers.</b> .....	7
Section 3. <b>President</b> .....	7
Section 4. <b>Vice President</b> .....	8
Section 5. <b>Secretary.</b> .....	8
Section 6. <b>Treasurer</b> .....	8
Section 7. <b>Other Officers.</b> .....	8
<b>ARTICLE VI - COMMITTEES OF THE BOARD</b> .....	8
Section 1. <b>Committees Generally</b> .....	8
Section 2. <b>Quorum and Voting</b> .....	9
Section 3. <b>Meetings of Committees.</b> .....	9
Section 4. <b>Finance Committee.</b> .....	9
Section 5. <b>Facilities Committee</b> .....	9
Section 6. <b>Marketing Committee.</b> .....	9
Section 7. <b>Human Resources Committee.</b> .....	10
Section 8. <b>Quality Committee.</b> .....	10
Section 9. <b>Special Committees.</b> .....	10
Section 10. <b>Authority.</b> .....	10
<b>ARTICLE VII - CHIEF EXECUTIVE OFFICER</b> .....	10
<b>ARTICLE VIII - MEDICAL STAFF</b> .....	11
Section 1. <b>Organization</b> .....	11
Section 2. <b>Medical Staff Bylaws</b> .....	12
Section 3. <b>Medical Staff Membership.</b> .....	12
Section 4. <b>Liability Insurance.</b> .....	13
Section 5. <b>Medico-Administrative Officers.</b> .....	13
Section 6. <b>Closure of Staff</b> .....	13
Section 7. <b>Medical Staff Officers and Chiefs of Service.</b> .....	13
Section 8. <b>Actions of the Board</b> .....	14
<b>ARTICLE IX - QUALITY OF PROFESSIONAL SERVICES</b> .....	15
Section 1. <b>Board Responsibility.</b> .....	15
Section 2. <b>Delegation to the Medical Staff</b> .....	15
Section 3. <b>Initiative of Action by Board</b> .....	15
<b>ARTICLE X - RESERVATION OF AUTHORITY</b> .....	16
<b>ARTICLE XI - ADJUNCT ORGANIZATIONS</b> .....	16

Section 1. Mountains Community Hospital Auxiliary.....	16
Section 2. Mountains Community Hospital Foundation.....	16
ARTICLE XII - CONFLICT OF INTEREST CODE .....	17
ARTICLE XIII - AMENDMENT AND REVIEW .....	17

DRAFT 11/14/2022

## ARTICLE I – SCOPE AND PURPOSE

### Section 1. Nature of District.

San Bernardino Mountains Community Hospital District (the “**District**”) is a hospital district organized under The Local Health Care District Law of the State of California (Health and Safety Code Sections 32000 *et seq.*).

### Section 2. Bylaws.

These Bylaws are intended for regulating the District, its Board of Directors (the “**Board**”), individual Directors of the Board (“**Directors**”), and San Bernardino Mountains Community Hospital (the “**Hospital**”). These Bylaws are the rules and regulations of the District adopted under The Local Health Care District Law, and any powers regarding the operation of the Hospital will be interpreted to follow such law.

### Section 3. Purposes.

The jurisdiction, powers and purposes of the District, its Board, and its officers and agents is set forth in The Local Health Care District Law. Subject thereto, the purposes of the District will include, but not be limited to:

- (a) Within the limits of Hospital and community resources, to provide outpatient, acute inpatient, and continued care of the injured and ill, regardless of race, creed, national origin, gender, religion, handicap, ability or inability to pay for services, method of payment, or any other basis prohibited by law.
- (b) To not discriminate in admissions, provisions of service, hiring, training and employment practices based on age; ancestry; color; disability; gender, gender identity, or gender expression; marital status; medical condition; national origin; political affiliation; race; religion; sexual orientation; veteran status/military service; genetic information; or any other class protected by law.
- (c) To coordinate the services of the District with community agencies and other hospitals providing specialized care.
- (d) To conduct educational and research activities essential to the attainment of its purposes.
- (e) To do any other acts and things necessary to carry out The Local Health Care District Law.

### Section 4. Profit or Gain.

There will be no contemplation of profit or pecuniary gain and no distribution of profits to any individual, under any guise, nor will there be any distribution of assets or surpluses to any individual on the dissolution of this District.

Section 5. **Disposition of Surplus.**

Should the operation of the District result in a surplus of revenue over expenses during any particular period, such surplus may be used and dealt with by the Board for improvements in the Hospital's facilities and services for the care of the sick, injured, or disabled, or for other purposes consistent with The Local Health Care District Law or these Bylaws.

**ARTICLE II - GENERAL PROVISIONS**

Section 1. **Principal Office.**

The principal office for the transaction of the business of the District is fixed at 29101 Hospital Road, Lake Arrowhead, San Bernardino County, California. Branch offices may at any time be established by the Board at any place or places within the geographical boundaries of the District, when necessary or desirable for the conduct of the business of the District. Branch offices may be established outside the geographical boundaries of the District when specific requirements to extend needed services exist.

Section 2. **Seal.**

The Board will have the power to adopt a form of corporate seal and to alter it at its pleasure. The Secretary may affix the seal to all appropriate documents. Failing to affix the seal will not, however, affect the validity of any instrument.

**ARTICLE III - DIRECTORS**

Section 1. **Number and Qualification.**

The Board will consist of five members, each of whom will be a registered voter residing in the District.

Section 2. **Election and Term.**

A Director will be elected for a term of four (4) years or until their successor is elected and has qualified. The terms of Directors will be staggered such that two (2) seats are filled in one district election and three (3) seats are filled in the following District election. The election of Directors will be consolidated with the statewide general election and will be held in each even-numbered year.

Section 3. **Powers and Duties.**

The Board will have and exercise all the powers of a hospital district in The Local Health Care District Law, including, but not limited to:

- (a) To control and be responsible for the financial viability and management of all operations and affairs of the District and the Hospital.

- (b) To make and enforce all rules and regulations necessary or desirable for the administration, government, protection, and maintenance of the Hospital and other facilities under District jurisdiction.
- (c) To approve or disapprove all articles of incorporation, constitutions, bylaws, rules and regulations, including amendments thereof, of all affiliated or subordinate organizations.
- (d) To establish policies for operating the District and its facilities, including the Hospital.
- (e) To designate by resolution persons who will have authority to sign checks drawn on the funds of the District.
- (f) To negotiate and contract with independent contractors, including practitioners and paramedical personnel.
- (g) To appoint a Chief Executive Officer and to define the qualifications, powers, and duties of such appointee.
- (h) To delegate certain powers to the Medical Staff and other affiliated or subordinate organizations under their respective Bylaws if such delegation is not inconsistent with these Bylaws or The Local Health Care District Law.
- (i) To appoint, reappoint, promote, demote, discipline, and remove members of the Medical Staff.
- (j) To negotiate or contract with representative labor organizations.
- (k) To be actively involved in the accreditation process, which involvement may include, at least, participation in the summation conference.
- (l) To regularly monitor, through information provided by appropriate persons and entities such as designated committees of the Medical Staff, the quality and appropriateness of services provided.
- (m) To provide for resources and support systems for the quality management functions and risk management functions related to patient care and safety.
- (n) To do any other acts and things necessary to carry out these Bylaws or The Local Health Care District Law.

**Section 4. Compensation.**

- (a) As Cal. Health & Safety Code § 32103 authorizes, each Board member may receive a stipend of \$100 for attending meetings on behalf of the District, up to a maximum of \$600 per calendar month. Qualifying meetings include Board meetings, Board Committee meetings whereby the Board member is a member of such Committee and other Board approved meetings relating to the Hospital. If the District compensates its Board members for over five (5) meetings in a calendar month, the Board will annually adopt a written policy describing, based on a finding supported by substantial evidence, why over five (5) meetings per month are necessary for effectively operating the District. The Board may increase

the compensation received for attending meetings of the Board by no more than 5 percent annually.

(b) Each Board member will be allowed their actual necessary traveling and incidental expenses incurred in the performance of official business of the District, as approved by the Board, and under Cal. Health & Safety Code § 32103.

**Section 5. Vacancies.**

Any vacancy on the Board will be filled by appointment by the remaining members of the Board. The District will notify the county elections official of the vacancy within 15 calendar days after either the date on which the District board is notified of the vacancy, or the effective date of the vacancy, whichever is later. Any person appointed to fill such vacancy will hold office for such term and under such conditions as specified by California Government Code Section 1780.

**Section 6. Absence from Regular Meetings.**

All Board members will notify the President or designee not later than 24-hours before any regular meeting of their intent not to attend said meeting. If any member of the Board is absent, with or without excuse, from three (3) consecutive regular meetings, or from three (3) or more of any five (5) consecutive meetings of the Board, the Board may by resolution declare that a vacancy exists on the Board, and that Director's term will expire upon adoption by the Board of such resolution. Regular meetings includes regular meetings of all standing committees.

**Section 7. Resignation.**

Any Board member may resign by providing written notice to the Board. The Board member's resignation will be effective when the Board receives the written notice, unless the written notice specifies a later date for the Board Member's resignation.

**ARTICLE IV - MEETINGS OF THE BOARD**

**Section 1. Public Meetings.**

All meetings of the Board, whether regular, special or adjourned, will be open to the public, except for closed or executive sessions permitted by law.

**Section 2. Quorum & Voting.**

A majority of the members of the Board will constitute a quorum for the transaction of business at any duly convened meeting of the Board. Except as otherwise specifically provided by law, a majority vote of the *total membership* of the Board, as opposed to a majority of the quorum, is required for the Board to take action (California Government Code Section 61045(c)).



Section 3. **Regular Meetings.**

Regular meetings of the Board will be established and scheduled by the Board at least monthly, unless otherwise determined by the Board. The Board may occasionally change the day and time of such regular meetings as dictated by holiday schedules or changing circumstances. The Board also may, at its discretion, cancel a maximum of two (2) regularly scheduled meetings of the Board each year.

Section 4. **Special Meetings.**

Special meetings may be called by the President of the Board or by a majority of the members of the Board by giving notice to each member of the Board, each local newspaper of general circulation, each radio or television station requesting notice in writing, and on the District's website (under Section 54954.2 of the Government Code). The notice will be delivered personally or by mail and will be received at least twenty-four (24) hours before the time of the meeting as specified in the notice, except for emergency meetings held in compliance with Section 54956.5 of the Government Code. The call and notice for special meetings will specify the time and place of the special meeting and the business to be transacted or discussed, and no other business will be considered at such meetings. Written notices may be dispensed with in the case of a Board member who at or before the special meeting files a written waiver of notice with the clerk or Secretary of the Board. Likewise, written notices may also be dispensed with in the case of members who are actually present at the special meeting when it convenes.

Section 5. **Adjournment.**

The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment, provided that Section 54955 of the Government Code is complied with.

Section 6. **Posting of Agendas.**

The Board will post agendas of all regular meetings, containing a brief general description of each item of business to be transacted or discussed at the meeting, at least seventy-two (72) hours before such regular meeting. The agenda will specify the time and location of the regular meeting and will be posted in a location that is freely accessible to members of the public and on the District's website (under Section 54954.2 of the Government Code). No action will be taken on any item not appearing on such posted agendas, except as provided by Section 54954.2 of the Government Code.

Section 7. **Opportunity for Public to Address the Board.**

Each agenda for a regular meeting will provide an opportunity for members of the public to address the Board directly on matters of interest to the public, provided that such matters are within the subject matter jurisdiction of the Board, and provided that no action will be taken by the Board on any item arising out of such addresses unless the matter already appears on the



agenda for that meeting. The Board may adopt reasonable regulations which govern the amount of time allocated to and the decorum of members of the public addressing the Board. In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals willfully interrupting the meeting, the Board may order the meeting room cleared and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, may attend any such session. The Board may establish a procedure for readmitting an individual or individuals not responsible for willfully disturbing the orderly conduct of the meeting.

Section 8. **Minutes.**

The Secretary of the Board will cause to be kept at the principal office of the District a book of minutes of all meetings of the Board showing the time and place, whether regular or special, and if special, how authorized, the notice given, the names of the Directors present, and a statement of the vote of the Directors on all motions and resolutions.

Section 9. **Voting Rights.**

Each Director will be entitled to one (1) vote for each action of the Board.

Section 10. **Meetings via Teleconference.**

The Board may conduct meetings in-person, via teleconference, or in-person with a teleconference option. As authorized under Government Code Section 54953, Directors may participate in regular or special or annual meetings by, or through the use of, any means of communication allowing all participants to simultaneously hear each other, such as teleconference or videoconference. Teleconferencing may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the Board. A Director may attend an in-person meeting via teleconference, and may count towards the quorum of said meeting.

If a meeting is conducted via teleconference, then:

(a) The presiding officer will, at the commencement of the teleconference meeting: (i) inform all participating Members a meeting is taking place at which official business may be transacted; and (ii) require each Director participating via teleconference to disclose the physical location where they are currently located.

(b) Any participant in a meeting by teleconferencing means will be deemed present in person at such meeting.

(c) For purposes of establishing a quorum at a meeting occurring solely via teleconference, at least a quorum of the Directors **must participate from locations within the boundaries of the territory over which Mountains exercises jurisdiction.**

*Until December 31, 2023, this provision is waived if there is a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing. Absent a change in the law, as of January 1, 2024, this requirement will apply to all meetings via teleconference.*

(d) If a meeting is to be held via teleconference, the meeting must be accessible to the public, and the public must have the ability to address the Board directly pursuant to Government Code Section 54954.3.

(e) In any required agenda/notice, the Board will identify the location and access information for the teleconference so that members of the public may attend.

(f) When a meeting is held via teleconference, or any member attends an in-person meeting via teleconference, all votes taken will be by rollcall.

(g) Electronic meetings must meet all other requirements of these Bylaws related to quorums, meeting notice, *et cetera*.

## ARTICLE V - OFFICERS

### Section 1. Officers.

The officers of the Board will be a President, a Vice President, a Secretary, and a Treasurer.

### Section 2. Election of Officers.

The officers of the Board will be chosen every year by the Board during its first meeting of every November (or, in election years, on or after the last Friday of November), and each officer will hold office for one (1) year, until their successor is elected and qualified, or until they resign or are otherwise disqualified to serve.

### Section 3. President.

The Board will elect one (1) of their number to act as President. If at any time the President cannot act, the Vice President will perform the President's duties. If the Vice President cannot act, the Board will appoint another member of the Board to do so, and such person will be vested temporarily with all the functions and duties of the office of the President.

The President will: (a) preside over all meetings of the Board; (b) sign as President, on behalf of the District, all instruments in writing which they have been specifically authorized by the Board to sign; and (c) have, subject to the advice and control of the Board, general responsibility for management of the affairs of the District during their term of office.

Section 4. **Vice President.**

The Board will elect one (1) of their number to act as Vice President. The Vice President will, in the event of death, absence or other inability of the President, exercise all the powers and perform all the duties herein given to the President.

Section 5. **Secretary.**

The Board will elect one (1) of their number to act as Secretary. The Secretary will keep, or cause to be kept, accurate and complete minutes of all meetings, call meetings on order of the President, attend to all correspondence of the Board, and perform such other duties as ordinarily pertain to this office or which are designated by the Board.

Section 6. **Treasurer.**

The Board will elect a Treasurer, who will be charged with the safekeeping and disbursal of the funds in the treasury of the District. Except as to principal and interest of bonds, moneys in the treasury of the District will be paid out by the Treasurer or such other officer or officers of the District as authorized by the Board. The Treasurer will keep such orders as a voucher and will keep accounts of all receipts into the District treasury and all disbursements therefrom. The Board may appoint one or more Assistant Treasurers or other officers to maintain the financial records of the District and to prepare such financial reports as required by the Board.

Section 7. **Other Officers.**

The Board may create such other offices as the business of the District may require, and the holder of each such office will hold office for such period, have such authority and perform such duties as provided in these Bylaws or as the Board may occasionally determine. Where permitted by law, such additional offices may be filled either by members or nonmembers of the Board.

## **ARTICLE VI - COMMITTEES OF THE BOARD**

Section 1. **Committees Generally.**

Committees of the Board may be established by resolution of the Board, will continue in existence until discharged by the Board, and may be standing or special. Standing committees will be a Finance Committee, a Facilities Committee, a Marketing Committee, a Human Resources Committee, a Quality Committee, and such other committees as the Board may authorize. Members of all committees, including the chairperson thereof, will be appointed by the Board. Officers will serve on committees as further set forth herein. Appointed members will serve terms of one (1) year. Members of the Medical Staff will be included on Board committees that deliberate issues affecting the discharge of Medical Staff responsibilities. Members of the community may be appointed to any/all committees. Where required by these Bylaws or appointed by the Board, Hospital employees will be members of committees, will serve in an ex officio capacity, and will be entitled to a vote.

Section 2. **Quorum and Voting.**

A majority of the members of a committee will constitute a quorum, and any transaction of a committee will require a majority vote of the quorum present at any meeting. Each member of a committee, including the person presiding at the meeting, will be entitled to one (1) vote. There will be no voting by proxy or absentee ballot.

Section 3. **Meetings of Committees.**

Regular meetings of the standing committees or special committees will be scheduled by the members of each committee. The committee may change the time and day of such regular committee meetings as dictated by holiday schedules or changing circumstances. Each committee will keep minutes of its meetings and will promptly and regularly report to the Board about its recommendations. Standing committees of the Board will comply with the requirements for open meetings, notice, posting of agendas and other matters regarding meetings of the Board set forth in Article IV of these Bylaws.

Section 4. **Finance Committee.**

The Finance Committee will consist of the Treasurer, another Board member, and at least the Chief Executive Officer, and the Chief Financial Officer. The Committee will manage all endowment and trust funds and ensuring that proceeds are paid into proper funds of the District and used in accordance with the terms of the trust. The Committee will also review the proposed annual budgets and monthly financial statements of the District, and will make recommendations to the Board with respect thereto. It will also review all proposed contracts and capital expenditure proposals, including provisions for financing, and will make recommendations to the Board with respect thereto.

Section 5. **Facilities Committee.**

The Facilities Committee will consist of two (2) Board members, and at least the Chief Executive Officer, and the Director of Maintenance. The Committee will be responsible for appropriate use of all District property, including planning of construction, remodeling, space allocation, and acquisition of equipment. The Committee will also consider relocation of the Hospital (if necessary).

Section 6. **Marketing Committee.**

The Marketing Committee will consist of two (2) Board members and at least the Chief Executive Officer. The Committee will recommend an annual marketing plan to the Board. The plan will cover promotion of existing services and development of new services.

Section 7. **Human Resources Committee.**

The Human Resources Committee will consist of two (2) Board members, and at least the Chief Executive Officer, the Director of Human Resources, and the Director of Patient Care Services. The Committee will review and recommend personnel policies and salary and benefit packages before development of the annual operating budget.

Section 8. **Quality Committee.**

The Quality Committee will consist of two (2) Board members, and at least the Chief Executive Officer, members of Senior Management, and Medical Staff as deemed appropriate by the Board. The areas of the Committee oversight will be limited to risk management, patient safety, ethics and quality of care.

Section 9. **Special Committees.**

The President with the concurrence of the Board may, occasionally, appoint one (1) or more members of the Board and other persons as necessary or appropriate to constitute special committees for the investigation, study or review of specific matters. A special committee will be discharged upon completion of the task for which it was constituted or upon action by the Board, whichever occurs first.

Section 10. **Authority.**

All committees will serve only as advisors to the Board, and no committee will have any power or authority to commit the Board, the Hospital, or the District in any manner or to expend any funds of the Hospital or the District.

## **ARTICLE VII - CHIEF EXECUTIVE OFFICER**

The Board will select and employ a person who, by virtue of education and experience, has demonstrated their qualifications to be the Chief Executive Officer of the Hospital. Subject to the Chief Executive Officer's employment contract and such policies as may be adopted and such orders as may be issued by the Board, the authority and responsibility of the Chief Executive Officer will include:

- (a) Carrying out all policies established by the Board and advising on the formation of those policies.
- (b) Developing and submitting to the Board for approval a plan of organization for the conduct of Hospital operations and recommending changes to that plan when necessary.
- (c) Directing the preparation of and adherence to an annual budget showing the expected revenue and expenditures as required by the Board or its Finance Committee.

- (d) Guiding the selection, employment, supervision, and termination of employees of the Hospital and developing and maintaining personnel policies and practices for the Hospital.
- (e) Maintaining physical properties in good and safe state of repair and operating condition.
- (f) Supervising business affairs to ensure that funds are collected and expended to the District's advantage.
- (g) Working continually with health care professionals to ensure that quality patient care is consistently rendered, within the limits and resources of the Hospital.
- (h) Presenting to the Board, or its authorized committees, periodic reports reflecting the professional services and financial activities of the Hospital and such special reports as required by the Board.
- (i) Attending all meetings of the Board and serving on committees thereof, with the right to vote at committee level only.
- (j) Serving as the liaison and channel of communications between the Board and any of its committees and the Medical Staff, and assisting the Medical Staff with its organization and medical-administrative problems and responsibilities.
- (k) Preparing a plan for the achievement of the Hospital's specific objectives and periodically reviewing and evaluating that plan.
- (l) Representing the Hospital in its relationships with other agencies.
- (m) Preparing, with the Board, the Chief Executive Officer's performance objectives, which will be reviewed and approved by the Board annually and placed in the Chief Executive Officer's personnel file.
- (n) Providing for compliance with applicable laws, regulations, and standards of performance and acting on reports and recommendations of authorized regulatory and accrediting agencies.
- (o) Performing such other duties as required by the Chief Executive Officer's employment contract or necessary for or in the best interest of the Hospital.

## ARTICLE VIII – MEDICAL STAFF

### Section 1. Organization.

The Board will cause to be created a medical staff organization, which will be known as the Mountains Community Hospital Medical Staff. The membership of the Medical Staff will comprise all physicians and surgeons, dentists, and podiatrists granted privileges by the Board to attend patients in the Hospital. Membership in the Medical Staff will be a prerequisite to exercising clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Bylaws. Subject to state and federal law and the powers and duties of the Board, the



Medical Staff will govern its own affairs regarding the professional work performed at the Hospital, elect its own officers, and conduct meetings under the Medical Staff Bylaws.

**Section 2. Medical Staff Bylaws.**

The Medical Staff will have the initial responsibility to formulate, adopt, and recommend to the Board Medical Staff Bylaws, Rules and Regulations, and amendments thereto. These Bylaws and Rules and Regulations will be effective when approved by the Board, will follow Hospital policies and applicable law, and will include those matters required by Sections 809 and following of the California Business and Professions Code, Section 32128 of the California Health and Safety Code, the Joint Commission, and all other applicable laws, regulations, standards, and orders. If the Medical Staff Bylaws or Rules and Regulations do not comply with requirements imposed by statute, regulation, or a court of law, or that are reasonably necessary for due process, accreditation, tax, or other purposes, the Board may request amendment of such Bylaws. If the Medical Staff fails to adopt such amendment within a reasonable period of time as specified by the Board, the amendment will be deemed adopted by the Medical Staff.

**Section 3. Medical Staff Membership.**

Membership on the Medical Staff is a privilege, not a right, which will be extended only to physicians and surgeons (M.D. or D.O.), dentists, and podiatrists licensed to practice in California whose background, experience, training, demonstrated competence, adherence to the ethics to their profession, good reputation, and ability to work with others assures that, in the judgment of the Board, that any patient admitted to or treated in the Hospital can reasonably expect to receive care of the generally recognized professional level of quality and efficiency established by the Medical Staff and the Board, considering the patient's needs, the available Hospital facilities and resources, the utilization standards in effect at the Hospital, and the standard of care at hospitals of similar size, means, and circumstances.

Applicants for Medical Staff appointment or reappointment will be considered without regard to race, color, creed, gender, national origin, or any other criterion unrelated to professional care or the Hospital's purposes, needs, or capabilities. Each applicant and member will agree in writing to abide by, and will abide by, the District Bylaws, Medical Staff Bylaws, Rules, Regulations, and policies of the Hospital. All applications for appointment or reappointment to the Medical Staff will be in writing and will contain full information about the applicant's identity, education, licensure, practice, previous hospital experience, malpractice lawsuits, any unfavorable history regarding licensure and hospital privileges, and other matters set forth in the Medical Staff Bylaws or requested by the Board. All initial appointments to the Medical Staff will be for a period not to exceed one (1) year, renewable by the Board pursuant to formal reapplication for a period not to exceed two (2) years. All hearing and appellate reviews regarding adverse recommendations or actions will be conducted under the procedures in the Medical Staff Bylaws and applicable law.

Section 4. **Liability Insurance.**

Medical Staff members must obtain, submit to the Chief Executive Officer of the Hospital proof of, and maintain professional liability insurance in the amount and form required by the Board. Medical Staff members will notify the Chief Executive Officer of the Hospital not less than ten (10) days before any cancellation, reduction or other material change in the amount or scope of such insurance.

Section 5. **Medico-Administrative Officers.**

Medico-Administrative Officers are practitioners who are hospital-based or are engaged by the Hospital on a full-time or part-time basis to perform duties which, although partially administrative, include clinical responsibilities. Medico-Administrative Officers must be members of the active Medical Staff. Such practitioners will have all the prerogatives and responsibilities of active staff members, except as specified in their respective contracts or set forth in the Medical Staff Bylaws. Unless otherwise provided in such contract, neither the Medical Staff membership nor the clinical privileges of a Medico-Administrative Officer will be terminated for reasons involving medical competence without the same hearing and review opportunities as provided for other reasons in the Medical Staff Bylaws. However, notwithstanding any provision in the Medical Staff Bylaws to the contrary, whenever a dispute arises that is administrative, the Board will follow the Medico-Administrator's contract or, if such contract does not include dispute resolution and termination procedures, the Hospital's usual personnel procedures for dispute resolutions, discipline and termination, and the Medico-Administrative Officer will not be entitled to the hearing and appellate review procedures set forth in the Medical Staff Bylaws.

Section 6. **Closure of Staff.**

If any member has privileges in a specialty that is presently governed by or is later made the subject of an exclusive contract with another practitioner or entity, the Medical Staff membership and clinical privileges of all members who are not parties to the exclusive contract will be terminated automatically and immediately upon the effective date of the contract; provided, however, that if a member also has privileges that are not the subject of the exclusive contract, only those privileges made exclusive or semi-exclusive under the contract will be so terminated. Members whose membership or privileges have been terminated under this Section will not have the right to the hearing and appeal procedures in the Medical Staff Bylaws, and such termination is not reportable to the NPDB or other organizations.

Section 7. **Medical Staff Officers and Chiefs of Service.**

All appointments and elections of Medical Staff officers and clinical chiefs of service will be made under the Medical Staff Bylaws and will not be effective until approved by the Board. Duties and responsibilities of the officers and clinical chiefs will also be in the Medical Staff



Bylaws. Officers and clinical chiefs must maintain their qualifications for Medical Staff membership and privileges appropriate to their assignments.

**Section 8. Actions of the Board.**

The Board will approve or deny all applications for appointment and reappointment to the Medical Staff and for delineation of clinic privileges based upon the findings and recommendations of the Medical Staff, the needs and capabilities of the Hospital and District, the existence of an exclusive contract(s) for the provision of services in the practitioner's specialty, other factors relating to the plans and goals of the Hospital and District, and such additional criteria as set forth in the Medical Staff Bylaws. In exercising its powers under this section, the Board may exclude from Medical Staff membership, deny reappointment to the Medical Staff, or restrict, terminate, or otherwise change the privileges of any practitioner if the Board finds that it is in the interest of maintaining or enhancing quality patient care to do so. Under unusual circumstances, any Medical Staff qualification, requirement, or limitation provided for in these Bylaws or the Medical Staff Bylaws but not required by law or accreditation may be waived in the sole discretion of the Board, upon the Board's determination that such waiver is in the best interests of the patients and the Hospital.

The Board will act on all recommendations involving Medical Staff membership, clinical privileges, and corrective actions under the procedures in the Medical Staff Bylaws, except as otherwise provided in these Bylaws or as required by law. In reviewing recommendations for Medical Staff membership, clinical privileges, or corrective actions, the Board may continue its proceedings for a reasonable period of time in order to permit a complete and fair hearing of the issues.

The Board will have the power to inquire independently into any matters relating to the professional competency of a Medical Staff member whether or not the Medical Staff is conducting or has conducted an inquiry into that matter.

At any time when the Board has reason to suspect that an applicant or Medical Staff member might endanger patient care or disrupt the operations of the Hospital because of a physical or mental illness, impairment, or disorder of any type, such applicant or member will, at their expense, undergo an examination by a physician, psychiatrist, or psychologist approved by the Board and will cooperate with any proposed treatment, as a prerequisite to further consideration of their application for appointment or reappointment, to the exercise of previously granted privileges, or to the maintenance of their Medical Staff appointment and privileges.

## ARTICLE IX – QUALITY OF PROFESSIONAL SERVICES

### Section 1. **Board Responsibility.**

After considering the recommendations of the Medical Staff and the other health care professional staffs providing patient care services in the Hospital, the Board will require the conduct of specific evaluation and remedial activities to assess, preserve, and assure the overall quality and efficiency of patient care in the Hospital. The Board will provide whatever administrative assistance is reasonably necessary, within the resources of the District, to support and facilitate the implementation and the ongoing operation of these evaluation and remedial activities.

### Section 2. **Delegation to the Medical Staff.**

- (a) The Board will, in the exercise of its overall responsibility, delegate to the Medical Staff reasonable authority for ensuring appropriate professional care to the Hospital's patients. The Medical Staff will be accountable to the Board for such patient care.
- (b) The Medical Staff will conduct an ongoing analysis and evaluation of the quality of professional care rendered in the Hospital by reviewing patient medical records and other pertinent information, will report such activities and their results to the Board at such times as the Board may require, and will implement appropriate actions, including corrective action of Medical Staff members, to assure the quality of care.
- (c) The Medical Staff will establish controls that are designed to ensure the achievement and maintenance of appropriate standards of professional and ethical practices, including provisions that all practitioners may be required periodically to demonstrate their ability to perform surgical and other procedures competently and to the satisfaction of the appropriate committee or committees of the Medical Staff.
- (d) The Medical Staff will ensure that only members of the Medical Staff with admitting privileges may admit patients to the Hospital, all individuals may practice only within the scope of the privileges granted by the Board, and each patient's general medical condition will be the responsibility of a qualified physician member of the Medical Staff.

### Section 3. **Initiative of Action by Board.**

If the Executive Committee (or equivalent) of the Medical Staff fails to investigate or initiate corrective action regarding a member of the Medical Staff and the Board determines that such failure is contrary to the weight of the evidence, the Board may consult with the Medical Executive Committee regarding the matter. If the Medical Executive Committee refuses to act after such consultation, the Board may direct the Medical Executive Committee to initiate an

investigation or corrective action. If the Medical Executive Committee fails to act in response to a direction from the Board, the Board may, after giving written notice to the Medical Executive Committee, act on its own initiative. If the Board's action is of a nature entitling the practitioner to a hearing under the Medical Staff hearing and appeal procedures, the appropriate procedures will be followed; otherwise the Board's action will become effective as the final decision of the Board.

## **ARTICLE X - RESERVATION OF AUTHORITY**

No assignment, referral or other delegation of the Board's authority to the Chief Executive Officer, the Medical Staff, or anyone else by these Bylaws, by contract, or by other means will preclude the Board from exercising the authority required to meet its responsibilities for the conduct of the District's business. The Board will retain the right to rescind any such delegation.

## **ARTICLE XI - ADJUNCT ORGANIZATIONS**

### **Section 1. Mountains Community Hospital Auxiliary.**

There may be an organization designated the Mountains Community Hospital District Auxiliary (the "District Auxiliary"). It will be the purpose of the District Auxiliary to promote and advance the welfare of the District and the Hospital and its patients through ways and means prescribed and approved by the Board. The Bylaws and other governing documents of the District Auxiliary, and the adoption, amendment or repeal thereof, will not be effective until approved by the Board. Officers of the District Auxiliary will present periodic reports of its activities to the Board, and the District Auxiliary will have no power or authority to commit the Board, the Hospital, or the District, or to expend any funds of the Hospital or the District.

### **Section 2. Mountains Community Hospital Foundation.**

There will be an organization designated the Mountains Community Hospital Foundation, Inc., a California nonprofit Corporation. It will be the purpose of this corporation: (1) to obtain, acquire, receive, accept and hold gifts, contributions, donations, bequests, and devises of money, property and assets of every kind and character for the use and benefit of the District and the Hospital; (2) to hold, manage, invest, deposit, lease, exchange, and sell such money, property and assets for the use and benefit of the District and the Hospital; (3) to pay and expend the monies of this corporation for the improvement, development, expansion, advancement and maintenance of the District, the Hospital, and the property, buildings, structures, furnishings, fixtures, equipment and assets thereof; and (4) to encourage and solicit gifts, contributions, donations, memorials and bequests and devises by last will and testament for the use and benefit of the District and the Hospital. This corporation will have no power or authority to commit the Board, the Hospital, or the District, or to expend any funds of the Hospital or the District.

## ARTICLE XII – CONFLICT OF INTEREST CODE

The Board will adopt and maintain in force a conflict-of-interest code which will conform to California Government Code Sections 81000 *et seq.*, as amended from time to time.

## ARTICLE XIII – AMENDMENT AND REVIEW

At intervals of no more than two (2) years, the Board will review these Bylaws in their entirety to ensure that they comply with all provisions of applicable law, that they continue to meet the needs of the administration and Medical Staff, and that they facilitate the efficient administration of the District. The Bylaws may be amended or repealed, and new or additional Bylaws adopted, at any regular meeting of the Board by four-fifths (4/5) vote of the Board. In the event a proposed amendment to or repeal of the Bylaws does not receive four-fifths (4/5) vote at its initial presentation to the Board, said action may be presented to the Board for vote at the next regular Board meeting, at which time adoption will require an affirmative vote of at least three (3) Board members.

**APPROVED:** \_\_\_\_\_ October \_\_, 202  
Kieth J. Burkart, President of  
Board of Directors

**APPROVED:** \_\_\_\_\_ October \_\_, 2022  
Cheryl Moxley, Secretary of  
Board of Directors

**APPROVED:** \_\_\_\_\_ October \_\_, 202  
Barrick Smart, Treasurer of  
Board of Directors

**APPROVED:** \_\_\_\_\_ October \_\_, 2022  
Cheryl Robinson, Vice President of  
Board of Directors

**APPROVED:** \_\_\_\_\_ October \_\_, 202  
Barry Hoy, Trustee of  
Board of Directors

## San Bernardino Mountains Community Hospital District - 2022 Board Self-Assessment Results

Section 1 - Planning Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	The board receives and adopts a strategic plan from management and approves modifications to keep it current.	5	40%	20%	20%	0%	20%	This will be great to organize.
B.	The administration, medical staff, nursing service and other appropriate departments and advisors participate in our planning process.	5	40%	40%	0%	0%	20%	This will be great to organize.
C.	The board regularly reviews progress toward meeting goals in the plan to assess the degree to which the hospital is meeting it's mission.	5	0%	60%	20%	0%	20%	

Section 2 - Quality Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	Our board understands and accepts our responsibility - legal, moral and regulatory - for the actions of all physicians, nurses and other individuals who work in the hospital.	5	40%	60%	0%	0%	0%	
B.	We appoint physicians to governing body committees and seek physician participation in the governance process to assist us in our patient quality assessment responsibilities.	5	60%	20%	20%	0%	0%	
C.	We fully understand our responsibilities and relationships with the medical staff, and have effective mechanisms for communicating with them.	5	40%	60%	0%	0%	0%	
D.	We carefully review recommendations of the medical staff regarding new physicians who wish to practice at our hospital and are familiar with our termination and fair-hearing policies.	5	20%	80%	0%	0%	0%	
E.	We review and carefully discuss quality reports which provide comparative statistical data about our hospital's clinical services and patient care and set targets to ensure improvement.	5	60%	40%	0%	0%	0%	
F.	We require, receive on a regular basis and discuss malpractice data reflecting our hospital experience, and the experience of individual physicians who we have appointed to the medical staff.	5	20%	60%	20%	0%	0%	
G.	We regularly receive and discuss data about our medical staff to assure that future staffing will be adequate regarding ages, numbers, specialties and other demographic characteristics.	5	40%	20%	0%	20%	20%	
H.	We periodically review and assess the attitudes and opinions of those who work in the hospital to identify our strengths, weaknesses and opportunities for improvement.	5	0%	60%	20%	20%	0%	

**San Bernardino Mountains Community Hospital District - 2022 Board Self-Assessment Results**

<b>Section 3 - Community Oversight</b>		<b>Responses</b>	<b>Excellent %</b>	<b>Good %</b>	<b>Fair %</b>	<b>Poor %</b>	<b>Unsure %</b>	<b>Comments</b>
A.	The board's policies and criteria for selecting new members of the board are clearly defined and followed to ensure continued leadership and appropriate representation.	5	40%	60%	0%	0%	0%	
B.	The governing body requires mechanisms to assure that all patients with the same health problems are receiving the same level of care in the hospital.	5	40%	20%	0%	0%	40%	
C.	The board members are active and effective in representing the community's interest and serve as a communication link between the hospital, government officials and others important to the provision of community health services.	5	40%	60%	0%	0%	0%	

<b>Section 4 - Financial Oversight</b>		<b>Responses</b>	<b>Excellent %</b>	<b>Good %</b>	<b>Fair %</b>	<b>Poor %</b>	<b>Unsure %</b>	<b>Comments</b>
A.	The board reviews and adopts an annual budget which sets revenue and expense targets and receives and discusses regular reports during the year to determine compliance.	5	60%	40%	0%	0%	0%	
B.	The board receives and adopts a long-term capital expenditure plan which estimates projected sources, uses, and costs of future funds for buildings and equipment.	5	80%	20%	0%	0%	0%	
C.	Our board approves specific targets and limits on items such as debt, liquidity, return on investment, profitability, and other financial ratios to provide us with early warning signals of financial performance.	4	25%	75%	0%	0%	0%	
D.	We receive and review follow-up reports on programs that were previously approved such as joint ventures. To assure that our original projections and expectations are being met.	4	25%	50%	0%	0%	25%	

<b>Section 5 - Management Oversight</b>		<b>Responses</b>	<b>Excellent %</b>	<b>Good %</b>	<b>Fair %</b>	<b>Poor %</b>	<b>Unsure %</b>	<b>Comments</b>
A.	A committee of the board conducts an evaluation of the CEO using specific targets agreed upon in advance with the CEO.	5	40%	40%	20%	0%	0%	The whole board. The new contract is an excellent tool.
B.	Our board members clearly understand the differences between the board's policy making-role and the CEO's management role.	5	60%	40%	0%	0%	0%	
C.	Our board communicates effectively with the CEO regarding goals, expectation, and concerns.	5	60%	40%	0%	0%	0%	
D.	Our board supports the CEO in providing support to the medical staff with it's responsibility to evaluate and resolve quality of patient care issues.	5	60%	40%	0%	0%	0%	
E.	Our board periodically surveys CEO contract arrangements at other hospitals to assure our compensation, contract and conditions are reasonable and competitive.	5	20%	60%	0%	0%	20%	
F.	We periodically review the hospital's top management succession plan to assure ourselves of leadership continuity.	5	0%	0%	60%	20%	20%	

# San Bernardino Mountains Community Hospital District - 2022 Board Self-Assessment Results

Section 6 - Board Effectiveness		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	The governing board evaluates its own performance, and the individual performance of each board member, to determine appropriateness of continued service on the board.	5	0%	20%	0%	20%	60%	
B.	We have a written conflict of interest policy that includes guidelines (or the resolution of) any existing or apparent conflict of interest of board members, physicians or administrators conducting transactions with the hospital that could appear to be self-dealing.	5	0%	60%	0%	0%	40%	
C.	All members of the board understand and fulfill their responsibilities, and each board member has received written descriptions of the boards duties and reporting relationships.	5	0%	40%	40%	0%	20%	
D.	All members of the board participate in an orientation program and regular program of continuing education.	5	0%	80%	20%	0%	0%	No orientation
E.	The board periodically reviews its own structure to assess its size, committee structure, member tenure, turnover policy, and tenure of officers and committee chairs.	5	20%	20%	20%	20%	20%	
F.	The frequency and duration of board and committee meetings are adequate to conduct the board's oversight/responsibilities, but do not discourage attendance and participation by misusing valuable trustee time.	5	60%	40%	0%	0%	0%	
G.	Our chairperson exercises a firm and fair hand with individual board members to assure that all have equal opportunity to participate, time is not monopolized by a few.	5	60%	20%	20%	0%	0%	
H.	The board members receive the agenda and back-up materials well in advance of meetings, and come prepared.	5	40%	40%	20%	0%	0%	

Section 7 - Individual Self-Assessment		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	<u>Continuing Education:</u> Participation in education opportunities outside the hospital to remain current on changing trends and issues affecting hospital governance.	5	40%	20%	20%	20%	0%	
B.	<u>Demonstrated Interest:</u> Attendance, preparation and participation at board and committee meetings: assumption of a fair workload with my colleges.	5	40%	60%	0%	0%	0%	
C.	<u>Interpersonal Relations:</u> Dealings with other board members, management and professional staff.	5	80%	20%	0%	0%	0%	
D.	<u>Relations with Management:</u> Support for the CEO and recognition of the differences between the board's policy-making role and the CEO's day-to-day operations role.	5	80%	20%	0%	0%	0%	
E.	<u>Privacy:</u> Maintain privacy issues and information discussed in board and committee meetings.	5	80%	20%	0%	0%	0%	
F.	<u>Board Recruitment:</u> Identification of community leaders whose skills and knowledge may be useful to the hospital as potential board members.	5	40%	60%	0%	0%	0%	
G.	<u>Community Representation:</u> Serve as a voice between the community and the hospital to identify and meet the healthcare needs of our geographic area	5	80%	20%	0%	0%	0%	

## San Bernardino Mountains Community Hospital District - 2022 Board Self-Assessment Results

Section 8 - Mission and Philosophy		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	The Board regularly reviews the Mission Statement of the hospital, ensuring that administration has methods in place to communicate and make sure the mission is understood by the staff/employees.	5	20%	40%	20%	0%	20%	
B.	The board receives reports on a periodic basis that indicate how well the Mission is understood by the Medical Staff, employees and the public that is served by the hospital.	5	0%	20%	20%	20%	40%	

### Verbatim Comments:

Ethically, I think our board is excellent in consistently wanting to provide honesty, transparency and dedication to our responsibility as Public Entities for our District.

The survey is adequate but does not leave areas for comments of responses beyond the "Excellent to Unsure" areas to mark.

We should strive to be more inclusive of the ideas and development of the staff.

I have marked "Excellent" in several categories because I sincerely feel that we are very compatible and dedicated to the hospital.



# 2022 Board Assignments

**President—Kieth Burkart      Vice President—Cheryl Robinson      Treasurer—Barrick Smart**  
**Secretary— Cheryl Moxley      Trustee—Barry Hoy**

## **Board, Finance and Quality will meet every 3<sup>rd</sup> Thursday of the month**

### Finance Committee

Barry Smart, Chair  
Barry Hoy, Committee Member  
Bob Bailey, Community Member  
Don Larsen, MD, Community Member

### Quality Committee

Cheryl Moxley, Chair  
Barry Hoy, Committee Member  
Bob Bailey, Community Member  
Don Larsen, MD, Community Member

## **Facilities, Human Resource and Marketing will rotate months meeting as follows**

### Facilities Committee (January, April, July and October)

Cheryl Robinson, Chair  
Cheryl Moxley, Committee Member  
Bob Bailey, Community Member  
Don Larsen, MD, Community Member

### Marketing Committee (February, May, August and November)

Cheryl Robinson, Chair  
Barry Hoy, Committee Member  
Bob Bailey, Community Member  
Don Larsen, MD, Community Member

### Human Resources Committee (March, June, September and December (if there is a meeting))

Kieth Burkart, Chair  
Barry Smart, Committee Member  
Bob Bailey, Community Member  
Don Larsen, MD, Community Member

Board Member on CQIP— Cheryl Moxley and/or Barry Hoy

CQIP meets on the fourth Wednesday of the month from 10:00-12:00 pm

Board Member on Quality & Safety Leadership – Cheryl Moxley and/or Barry Hoy

Q & L Leadership meeting schedule varies

Board Member on the MEC – Kieth Burkart

MEC meets on the fourth Tuesday of the month from 12:00-2:00 pm

Auxiliary Board –Cheryl Robinson

Auxiliary Board meeting is first Thursday of every month 10:00-12:00 pm

Foundation Board—Cheryl Robinson and/or Kieth Burkart

Foundation meeting schedule varies

The latest [Updates and Resources on Novel Coronavirus \(COVID-19\)](#) (/2020-01-22-updates-and-resources-novel-coronavirus-2019-cov).



[Home \(/\)](#) / [Event \(/calendar\)](#)



# 2023 AHA Rural Health Care Leadership Conference

## EVENT FORMAT

In-Person Event

## DATE

Sun, Feb 19, 2023, 12:00 PM – Wed, Feb 22, 2023, 03:06 PM

## TYPE

Annual Conference

## EVENT HOST



# American Hospital Association

## CONTACT INFORMATION

✉ [ruralregistration@aha.org](mailto:ruralregistration@aha.org) (mailto:ruralregistration@aha.org)

## DESCRIPTION

The 2023 AHA Rural Health Care Leadership Conference, February 19-22, in San Antonio, brings together top practitioners and thinkers to share strategies and resources for accelerating the shift to a more integrated and sustainable rural health system. We'll examine the most significant operational, financial and environmental challenges and present innovative approaches that will enable you to transform your organization's care delivery model and business practices.

## OBJECTIVES

Participants will:

- Gain practical tools for achieving peak operational and clinical performance.
- Understand what the latest developments in Washington mean for rural hospitals and their communities.
- Hear lessons learned for emergency disaster planning in a post-COVID-19 world.
- Elevate health equity and eliminate disparities through collaborations with community and public health organizations.
- Revitalize leadership, boost governance expertise, and nurture a more flexible and resilient workforce.
- Strengthen the hospital's capacity to deliver value-based care through strategic partnerships and collaborations.

- Engage clinical talent and enhance care delivery through innovative workforce solutions.
- Explore how to build upon the experience of telehealth to improve access to care, coverage and outcomes.
- Learn best practices in health care access and quality for American Indians and Alaskan Natives.

The AHA Rural Health Care Leadership Conference offers a powerful focus on innovative ideas, thoughtful insights, and tested strategies for responding to an ever-changing world.

### **WHO SHOULD ATTEND:**

- Rural Hospital CEOs, Administrators, Senior Executives and System Leaders
- Governing Board Members
- Nursing and Physician Executives
- Public Health and Community Leaders
- Executives of Rural Health Care Associations, Networks and Clinics

## **Date**

February 19-22, 2023

Additional information on the conference is available on the AHA Rural Health Care Leadership Conference website ([https://ruralconference.aha.org?utm\\_source=aha&utm\\_medium=weblisting&utm\\_campaign=2023-Rural-Registration](https://ruralconference.aha.org?utm_source=aha&utm_medium=weblisting&utm_campaign=2023-Rural-Registration)).

## **AHA Members – Interested in receiving complimentary registration? Consider our Hosted Buyer Forum to connect with high-quality solutions providers**

The Hosted Buyer Forum - February 19, 2023 | 3:45 – 5:45 pm CST - offers a private showcase for hospital and health system leaders interested in connecting with solution providers addressing key hospital issues. Approved applicants are given complimentary registration to the 2023 Rural Conference. After the Forum is complete participants are encouraged to join the Associate and Sponsor Reception for beverages, appetizers, and networking.

**Learn More!** ([https://ruralconference.aha.org/program/hosted-buyer?utm\\_source=aha&utm\\_medium=weblisting&utm\\_campaign=2023-Rural-Registration](https://ruralconference.aha.org/program/hosted-buyer?utm_source=aha&utm_medium=weblisting&utm_campaign=2023-Rural-Registration))

## **Interested in Sponsorship**

Sponsorship enables you to partner with the most trusted name in health care to reach a highly-targeted, senior-level health care audience. Learn more about our available opportunities.

([https://ruralconference.aha.org/sponsorship/sponsorship-opportunities?utm\\_source=aha&utm\\_medium=weblisting&utm\\_campaign=2023-Rural-Registration](https://ruralconference.aha.org/sponsorship/sponsorship-opportunities?utm_source=aha&utm_medium=weblisting&utm_campaign=2023-Rural-Registration))

Register ([https://ruralconference.aha.org/registration?utm\\_source=aha&utm\\_medium=weblisting&utm\\_campaign=2023-Rural-Registration](https://ruralconference.aha.org/registration?utm_source=aha&utm_medium=weblisting&utm_campaign=2023-Rural-Registration))



(/)

*Advancing Health in America*

**ABOUT AHA (/ABOUT)**

**ADVOCACY (/ADVOCACY/2020-01-30-2020-AHA-ADVOCACY-AGENDA)**

**CAREER RESOURCES (/ABOUT/CAREERS-AHA)**

**DATA & INSIGHTS (/DATA-INSIGHTS/HEALTH-CARE-BIG-PICTURE)**

**EDUCATION AND EVENTS (/CALENDAR)**

**NEWS (/NEWS)**

**ADVANCING HEALTH IN AMERICA (/ADVANCING-HEALTH-IN-AMERICA)**

**PRESS CENTER (/PRESS-CENTER)**

**AFFILIATED ORGANIZATIONS (/ABOUT/AHA-RELATED-ORGANIZATIONS)**

**ALSO OF INTEREST**

Bed Alarm Removal Initiative (<https://www.aha.org/websites/2016-02-29-bed-alarm-removal-initiative>)

Health Care for the Homeless (<https://www.aha.org/websites/2016-02-29-health-care-homeless>)

People Matter, Words Matter (<https://www.aha.org/people-matter-words-matter>)

© 2022 by the American Hospital Association. All rights reserved. [Privacy Policy \(/2022-07-14-privacy-policy\)](#)

[Terms of Use \(/2022-07-14-termsofuse\)](#)

 (<https://www.facebook.com/ahahospitals>)  (<http://twitter.com/ahahospitals>)

 (<http://www.youtube.com/user/AHAhospitals>)

 (<https://www.instagram.com/ahahospitals/>)

Noncommercial use of original content on [www.aha.org](http://www.aha.org) is granted to AHA Institutional Members, their employees and State, Regional and Metro Hospital Associations unless otherwise indicated. AHA does not claim ownership of any content, including content incorporated by permission into AHA produced materials, created by any third party and cannot grant permission to use, distribute or otherwise reproduce such third party content. To request permission to reproduce AHA content, please click here (<https://askrc.libraryresearch.info/reft100.aspx?key=ExtPerm>).


[Summary](#)
[Schedule-at-a-Glance](#)
[Agenda](#)
[Speakers](#)
[Hosted Buyer Forum](#)
[Hotel & Travel](#)
[Register Now](#)

# 36TH ANNUAL AHA RURAL HEALTH CARE LEADERSHIP CONFERENCE

**FEBRUARY 19-22, 2023 | SAN ANTONIO, TX**

JW MARRIOTT SAN ANTONIO HILL COUNTRY



## Agenda

We're continually adding valuable sessions and compelling speakers to our agenda, so check back often!




### February 19, 2023

› Navigating the Top 3 Threats Facing America's Rural Hospitals

2:00 PM-3:30 PM

Pre-Conference Workshop

› Multi-Sector Health Partnerships for Community Investment in Rural

087

## Settings

2:00 PM-3:30 PM

Pre-Conference Workshop

&gt; Workforce Mental Well-Being and Suicide Prevention: Engaging Trustees

4:00 PM-5:30 PM

Pre-Conference Workshop

## February 20, 2023

&gt; Leading for Resilience

8:30 AM-9:45 AM

Plenary Session

Networking Break

9:45 AM-10:00 AM

Networking Break

> Equity Means Everyone: Creative Health Care Solutions in Rural Areas by  
Community Organizations

10:00 AM-11:00 AM

Concurrent Session

> Fortifying the Nursing Pipeline: How to Create Partnerships that Get  
Results

10:00 AM-11:00 AM

Concurrent Session

&gt; Panel: Value-based Care: You Don't Have to Go It Alone



10:00 AM-11:00 AM

## Concurrent Session

- Sustainability Assessment: Can Independent Community Health Systems be Sustained?

10:00 AM-11:00 AM

## Concurrent Session

- The Board's Critical Role in Enterprise Risk Management

10:00 AM-11:00 AM

## Concurrent Session

- Lessons Learned: Quality Improvement and Innovation Strategy in the Indian Health Service

10:00 AM-11:00 AM

## Concurrent Session

## Networking Break

11:00 AM-11:15 AM

## Networking Break

- Improving Behavioral Health Workforce and Services in a Rural State

11:15 AM-12:15 PM

## Concurrent Session

- Health Equity Policy in Rural Health Systems

11:15 AM-12:15 PM

## Concurrent Session

➤ Forming a Successful Rural Health System by Bringing Together Former Competitors

11:15 AM-12:15 PM

Concurrent Session

➤ Panel: Mergers, Acquisitions and Affiliations and What It Means for Our Hospital and Community

11:15 AM-12:15 PM

Concurrent Session

➤ Engaging Your Board to Advance Value-Based Care

11:15 AM-12:15 PM

Concurrent Session

Lunch in the Sponsor Hall

12:15 PM-1:30 PM

Networking Luncheon

➤ The Power of Leaving Your Comfort Zone

1:45 PM-3:00 PM

Plenary Session

Networking Break

3:00 PM-3:30 PM

Networking Break

➤ Transforming Rural Health Care Through Digital Innovation

3:30 PM-4:30 PM

Concurrent Session

➤ How a Rapidly Expanding Rural Health System Is Restructuring Governance

3:30 PM-4:30 PM

Concurrent Session

➤ Acute Care 360 — Developing Access to Lifesaving Specialty Services

3:30 PM-4:30 PM

Concurrent Session

➤ Lessons From Creating the Dartmouth Health Center to Advance Rural Health Equity

3:30 PM-4:30 PM

Concurrent Session

➤ Preventing, Mitigating and Responding to Violence in the Rural Hospital Setting

3:30 PM-4:30 PM

Concurrent Session

Networking Reception

5:00 PM-6:30 PM

Networking Reception

## February 21, 2023

Continental Breakfast in the Sponsor Hall

7:00 AM-8:30 AM

Breakfast in the Sponsor Hall

## › Governance Best Practice — It Takes Practice

7:15 AM-8:15 AM

Concurrent Session

## › Rural Health Policy and Research Issues Facing Rural Hospitals

7:15 AM-8:15 AM

Concurrent Session

## › Trenches and Bridges: Addressing the Rural Veteran Health Care Crisis

7:15 AM-8:15 AM

Concurrent Session

## › Insurer Watch: Leverage Data to Hold Payers Accountable

7:15 AM-8:15 AM

Concurrent Session

## › AHA Washington Update

8:30 AM-9:30 AM

Plenary Session

## Networking Break

9:30 AM-10:00 AM

Networking Break

## › Rural Realities: Value-based Payment and Accountable Care Organizations

10:00 AM-11:00 AM

Concurrent Session

➤ Improving Maternal and Infant Services Access and Quality Through a Regional Center of Excellence

10:00 AM-11:00 AM

Concurrent Session

➤ Critical Communications: Building Trust and Your Brand in Times of Crisis

10:00 AM-11:00 AM

Concurrent Session

Networking Break

11:00 AM-11:15 AM

Networking Break

➤ Expanding Behavioral Health Programs Into Schools and Community Access Sites

11:15 AM-12:15 PM

Concurrent Session

➤ Rural Emergency Hospitals: New Opportunities and Opportunities for Improvement

11:15 AM-12:15 PM

Concurrent Session

➤ Integrating Community Outreach and Population Health to Advance a Rural Community's Health Equity

11:15 AM-12:15 PM

Concurrent Session

➤ The Key to Independence is Partnership

11:15 AM-12:15 PM

## Concurrent Session

## &gt; Long Term Strategies for Your Most Valuable Resource

11:15 AM-12:15 PM

## Concurrent Session

## &gt; Networking Lunch in the Sponsor Hall with Conversation Starter Tables

12:15 PM-1:45 PM

## Networking Luncheon

## &gt; Powering Through the Super Storm: The Rural Governance Challenge

1:45 PM-3:00 PM

## Plenary Session

**February 22, 2023**

## Continental Breakfast in the Sponsor Hall

7:00 AM-8:45 AM

## Breakfast in the Sponsor Hall

## &gt; Panel: Value-based Care: What's Working and What Isn't

8:45 AM-9:45 AM

## Concurrent Session

## &gt; Interactive Governance Clinic

8:45 AM-9:45 AM

## Concurrent Session

> Post-Pandemic Health Care Delivery in Rural Communities: Facts & Fiction

8:45 AM-9:45 AM

Concurrent Session

Networking Break

9:45 AM-10:00 AM

Networking Break

> Leading Through Uncertainty

10:00 AM-11:00 AM

Plenary Session

Questions?

Contact Us



# Board of Directors Calendar

# 2023

Board Meeting - December is DARK

MEC

QSLC

MEC Doctor's Education Day

Feb 19-22, 2023 - AHA Rural Healthcare Leadership Conference (San Antonio, TX)

May 17-19, 2023 - HASC Annual Conference (location TBA)

## January

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
Facilities Committee						

## February

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				
Marketing Committee						

## March

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
Human Resources Committee						

## April

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
Facilities Committee						

## May

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
Marketing Committee						

## June

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
Human Resources Committee						

## July

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	Facilities Committee					

## August

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
Marketing Committee						

## September

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
Human Resources Committee						

## October

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
Facilities Committee						

## November

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
Marketing Committee						

## December

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
DARK						