



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

SPECIAL DISTRICT BOARD OF DIRECTORS MEETING

Tuesday, November 29, 2022, 5:00 p.m.

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 268 672 415 808

Passcode: DbqAop

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

Or call in (audio only)

[+1 951-384-1117,946405673#](tel:+19513841117946405673) United States, Riverside

Phone Conference ID: 946 405 673#

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

5:00 p.m.

CALL TO ORDER

Kieth Burkart, President

PRESIDENTS COMMENTS

Kieth Burkart, President

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.

CONSENT AGENDA

Kieth Burkart, President
Action Probable

(Motion will be made to include all items listed)

1. Approval of the attached Lists of Policy and Procedures that was sent November 28, 2022

AGENDA ITEMS

- | | |
|--|---|
| 1. Electronic Medical Record (EMR) Selection Process | Mark Turner, Chief Executive Officer
Action Possible |
|--|---|

DISTRICT BOARD OF DIRECTORS MEETING
Tuesday, November 29, 2022, 5:00 p.m.

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- | | |
|------------------------------|---|
| 2. 2023 Board Meeting Dates | Mark Turner, Chief Executive Officer
Action Possible |
| 3. Board Compensation Policy | Yvonne Waggener, Chief Financial Officer
Action Possible |
| 4. Hospital Retrofit | Mark Turner, Chief Executive Officer
Information Only |

ADJOURN TO CLOSED SESSION

CLOSED SESSION AGENDA ITEMS

(According to section: (54954.5))

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

RETURN TO OPEN SESSION

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

NEXT BOARD-ATTENDED MEETINGS

Thursday, January 19, 2022 at 1:00 p.m.
(Days & times are subject to change so please refer to the posted agenda for exact times)

FINAL ADJOURNMENT

Board Approvals: (98 Documents)

I. New Policies / Forms / Attachments: (2)

a. Human Resources (HR) Policies: (2)

[Auxiliary, Volunteer and Student Volunteer Programs \(Policy\) - HR](#)
[Sign-On Bonus \(Policy\) - HR](#)

II. Updated Policies / Forms / Attachments: (10)

a. Medical Staff (MS) Policies: (2)

[Employed Medical Staff Application \(Form\) - MS](#)
[Medical Staff Application \(Form\) - MS](#)

b. Medication Management (MM) Policies: (3)

[Abbreviations in Medication Documentation \(Policy\) - MM](#)
[Psychoactive Medications List \(Attachment\) - MM / PC / RI](#)
[Anticoagulation Protocol: Warfarin \(Coumadin\) \(Policy\) - MM](#)

c. Provision of Care Treatment & Services (PC) Policies: (2)

[Service Animal for Patient/Visitor \(Policy\) - PC](#)
[Suicide Risk Screening and Assessment \(Policy\) - PC](#)

d. Performance Improvement (PI) Policies: (1)

[Quality Improvement and Patient Safety Plan 2022 \(Plan\) - PI / RI](#)

f. Nutritional Services Department Policies: (2)

[Altered Consistency Diet Preparation and Service \(Policy\) - Nutritional Services Department](#)
[Standard Diets \(Policy\) - Nutritional Services Department](#)

III. Tri-Annual Renewal Only (no / minor changes): (86)

a. Emergency Management (EM) Policies (1)

[Code Silver \(Active Shooter\) \(Policy\) - EM / LS](#)

b. Human Resources (HR) Policies (1)

[Informing Employee of a Tragedy \(Policy\) - HR](#)

c. Provision of Care Treatment & Services (PC) (3)

[Suicide / Self-Harm Precautions Checklist \(Nursing\) \(Attachment\) - PC](#)
[Suicide Risk Assessment Tool](#)
[Suicide Risk Severity Rating Scale Tool](#)

d. Record of Care (RC) Policies (2)

[Medical Record Definition \(EMR\) \(Policy\) - RC](#)
[Privacy Breach Notification \(Policy\) - RC](#)

e. Laboratory Department Policies: (68)

[24-Hour Urine Collection \(Policy\) - Laboratory Department](#)
[Abbreviated Transfusion Reaction Workup \(Policy\) - Laboratory Department](#)
[ABO Blood Grouping \(Policy\) - Laboratory Department](#)
[Accession Numbers for Lab Specimen Identification \(Policy\) - Laboratory Department](#)
[Acid Leak, Spill Cleanup \(Policy\) - Laboratory Department](#)
[Acid Precautions \(Policy\) - Laboratory Department](#)
[Advance Beneficiary Notice \(ABN\) \(Policy\) - Laboratory Department](#)
[Age Specific Guidelines, Lab \(Policy\) - Laboratory Department](#)
[Anti-A,B Testing \(Policy\) - Laboratory Department](#)
[Antibody Detection Indirect Antiglobulin Testing \(Policy\) - Laboratory Department](#)
[Antiglobulin Testing \(Policy\) - Laboratory Department](#)
[Auto Control Indirect Coomb's Test \(Policy\) - Laboratory Department](#)
[Autologous Blood Units \(Policy\) - Laboratory Department](#)
[Billing Procedure, Lab \(Policy\) - Laboratory Department](#)
[Blood and Component Types to Use in Transfusion \(Policy\) - Laboratory Department](#)

Special Board of Directors Meeting - November 29, 2022
Policy Review/Approval

[Blood Bank Alarm Response \(Policy\) - Laboratory Department](#)
[Blood Bank Lookback Program \(Policy\) - Laboratory Department](#)
[Blood Bank Temperature Recording Chart \(Policy\) - Laboratory Department](#)
[Blood Component Storage and Expiration \(Policy\) - Laboratory Department](#)
[Blood Transfusion & Blood Transfusion Components \(Policy\) - Laboratory Department](#)
[Blood Transfusion Reactions \(Policy\) - Laboratory Department](#)
[Clinical Consultant Responsibilities, Lab \(Policy\) - Laboratory Department](#)
[Collection and Transportation of Microbiological Specimens \(Policy\) - Laboratory Department](#)
[Collection of Fluid Aspiration of Breast or Thyroid \(Policy\) - Laboratory Department](#)
[Compliance with Law and Codes Storage, Lab \(Policy\) - Laboratory Department](#)
[Compressed Gas Cylinders \(Policy\) - Laboratory Department](#)
[Consent for Treatment-Blood Transfusion in Compliance w/ Paul Gann Blood Safety Act S.1645 \(Policy\) - Laboratory Department](#)
[Continuing Education, Lab \(Policy\) - Laboratory Department](#)
[Correction of Erroneous Reports, Lab \(Policy\) - Laboratory Department](#)
[Criteria for the Rejection of Microbiology Specimens \(Policy\) - Laboratory Department](#)
[Detection of Clerical Errors \(Policy\) - Laboratory Department](#)
[Evaluation of Lab Test Results \(Policy\) - Laboratory Department](#)
[Flushing, Eyewash System \(Policy\) - Laboratory Department](#)
[General and Technical Supervisor Qualifications, Lab \(Policy\) - Laboratory Department](#)
[General Supervisor Responsibility, Lab \(Policy\) - Laboratory Department](#)
[Laboratory Director Job Description \(Policy\) - Laboratory Department](#)
[Laboratory Orders \(Policy\) - Laboratory Department](#)
[Laboratory Orders and Referrals \(Policy\) - Laboratory Department](#)
[Laboratory Reports, Confidentiality of \(Policy\) - Laboratory Department](#)
[Laboratory Safety-Annual Review \(Policy\) - Laboratory Department](#)
[LSC-02: Laboratory Requisition Form \(Policy\) - Laboratory Department](#)
[LSC-03: Verbal Laboratory Orders \(Policy\) - Laboratory Department](#)
[LSC-11: Specimen Rejection Criteria \(Policy\) - Laboratory Department](#)
[Password ID of Laboratory Personnel \(Policy\) - Laboratory Department](#)
[Patient Education, Lab \(Policy\) - Laboratory Department](#)
[Personal Protective Equipment, Lab \(Policy\) - Laboratory Department](#)
[Point of Care Testing: Skin Puncture: Finger, Heel \(Policy\) - PC / WT](#)
[Quality Control Guideline for Accepting Results, Lab \(Policy\) - Laboratory Department](#)
[Quality Control-General Laboratory \(Policy\) - Laboratory Department](#)
[Release of Laboratory Results \(Policy\) - Laboratory Department](#)
[Reporting Results Above or Below Assay Range, Lab \(Policy\) - Laboratory Department](#)
[RhoGAM Candidacy and Administration \(Policy\) - Laboratory Department](#)
[Rhogam Candidacy Criteria \(Policy\) - Laboratory Department](#)
[Routine Rho\(D\) Testing \(Policy\) - Laboratory Department](#)
[Safety in Microbiology \(Policy\) - Laboratory Department](#)
[Saline Replacement to Demonstrate Alloantibodies in the Presence of Rouleaux \(Policy\) - Laboratory Department](#)
[Screening of Blood and Blood Products \(Policy\) - Laboratory Department](#)
[Set up and Issuance of Cryoprecipitate \(Policy\) - Laboratory Department](#)
[Set Up and Issuance of Fresh Frozen Plasma \(Policy\) - Laboratory Department](#)
[Setup and Issuance of Platelets \(Policy\) - Laboratory Department](#)
[STAT Laboratory Testing \(Policy\) - Laboratory Department](#)
[Stock Supplies Available \(Policy\) - Laboratory Department](#)
[Technical Supervisor Responsibilities, Lab \(Policy\) - Laboratory Department](#)
[Temperature Monitor Form \(Form\) - Laboratory Department](#)
[Transfusion Reaction Worksheet \(Form\) - Laboratory Department](#)
[Transfusion Reactions \(Policy\) - Laboratory Department](#)
[Weak D Testing \(Du\) Testing \(Policy\) - Laboratory Services Department](#)
[Wet Mount for Vaginal Fluid \(Policy\) - Laboratory Services Department](#)

f. Rehabilitation Services Department Policies: (10)

[Clinical Affiliation Agreements \(Policy\) - Rehabilitation Services Department](#)
[Continuing Education, Rehabilitation \(Policy\) - Rehabilitation Services Department](#)
[PT Treatment Modalities: Hydrotherapy \(Policy\) - Rehabilitation Services Department](#)
[PT Treatment Modalities: Superficial Cold and Heat \(Policy\) - Rehabilitation Services Department](#)
[PT Treatment Modalities: Traction \(Policy\) - Rehabilitation Services Department](#)
[Rehab Computer Down Time \(Policy\) - Rehabilitation Services Department](#)

Special Board of Directors Meeting - November 29, 2022
Policy Review/Approval

[Scope of Practice, Speech Language Pathology \(Policy\) - Rehabilitation Services Department](#)
[Speech Therapy: Swallowing Disorders \(Policy\) - Rehabilitation Services Department](#)
[Staple or Suture Removal by a Physical Therapist \(Policy\) - Rehabilitation Services Department](#)
[Sternal Precautions \(Policy\) - Rehabilitation Services Department](#)

g. Respiratory Services Department Policies: (1)

[Continuing Education, Respiratory \(Policy\) - Respiratory Department](#)

Proposed Board of Directors Calendar

2023

Board Meeting

QSCl

MEC

Auxiliary Board

Foundation Board

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
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12	13	14	15	16	17	18
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26	27	28				
Marketing Committee						

March

Su	Mo	Tu	We	Th	Fr	Sa
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Human Resources Committee						

April

Su	Mo	Tu	We	Th	Fr	Sa
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Facilities Committee						

May

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Marketing Committee						

June

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Human Resources Committee						

July

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30	Facilities Committee					

August

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27	28	29	30	31		
Marketing Committee						

September

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Human Resources Committee						

October


Su	Mo	Tu	We	Th	Fr	Sa
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29	30	31				
Facilities Committee						

November

Su	Mo	Tu	We	Th	Fr	Sa
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26	27	28	29	30		
Marketing Committee						

December

Su	Mo	Tu	We	Th	Fr	Sa
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24	25	26	27	28	29	30
DARK						

 MOUNTAINS COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Board Compensation (Policy) - LD	LD - Leadership
ORIGINATION DATE: No Date Set	DATE APPROVED: 09/17/2021	VERSION: 2

PURPOSE: To compensate members of the board of directors pursuant to Cal. Health & Safety Code § 32103.

POLICY: 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 (reaching the \$600 maximum), 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.

Board Compensation Policy For Calendar Year 2022 & 2023

Due to significant projects including strategic planning and ongoing construction projects, Directors may be compensated for attending up to six (6) meetings per month during Calendar Year 2022 & Calendar Year 2023. The Board finds that there is substantial evidence that over five (5) meetings per month may be periodically necessary for effectively operating the District.

PROCEDURE:

1. CFO shall track attendance for qualifying meetings.
2. CFO shall submit the number of meetings for each Board member monthly to payroll.
3. CFO shall ensure that the Board members are not being compensated more than the monthly maximum (based on calendar months).
4. Beginning as of January 1, 2023, payments will be subject to standard W2 tax/other withholdings. Board members will not be eligible for benefits.
5. The CFO will maintain substantial evidence as to why over five (5) meetings per month are necessary for effectively operating the District.

 MOUNTAINS COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Board Compensation (Policy) - LD	LD - Leadership
ORIGINATION DATE: No Date Set	DATE APPROVED: 09/17/2021	VERSION: 2

4860-8024-4799, v. 1

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