



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

February 16, 2023, Board Packet Table of Contents

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- 18 ***CLOSED SESSION 3:00***



Quality Committee Meeting
Thursday, February 16, 2023, 1:00 p.m.
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352
George M. Medak Conference Room, Suite 207

Or

Microsoft Teams meeting
Join on your computer, mobile app or room device
[Click here to join the meeting](#)
Meeting ID: 272 397 108 879
Passcode: wKHWzD
[Download Teams](#) | [Join on the web](#)
Or call in (audio only)
[+1 951-384-1117,,174521787#](#) **United States, Riverside**
Phone Conference ID: 174 521 787#

Members:	Cheryl Moxley, Committee Chairperson Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer Don Larsen, MD, Community Member	Barry Hoy, Committee Member Julie Atwood, Director of Human Resources Leslie Plouse, Quality Director Gerry Hinkley, Community Member
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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
Information Only |
| 2. Event Reports – Level of Harm | Leslie Plouse, Quality Director
Information Only |
| 3. Complaints | Leslie Plouse, Quality Director
Information Only |

Quality Committee Meeting
Thursday, February 16, 2023, 1:00 p.m.

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4. USACS Dashboard

Leslie Plouse, Quality Director
Information Only

RETURN TO OPEN SESSION

1. Closed Session Report

Cheryl Moxley, Committee Chairperson

2. Public Report of Decisions

Cheryl Moxley, Committee Chairperson

OPEN SESSION – AGENDA ITEMS

1. Performance Improvement

- a. Fall & Injury Reduction
- b. Diabetes Program Development
- c. Meds to Beds
- d. Breast Cancer Screening
- e. Colon Cancer Screening

Leslie Plouse, Quality Director
Information Only

2. Patient Surveys

Leslie Plouse, Quality Director
Information Only

3. Regulatory

- a. Regulatory Activities
- b. Regulatory Updates

Leslie Plouse, Quality Director
Information Only

ADJOURNMENT

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 Moxley, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Julie Atwood, Member, Director of Human Resources Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Leslie Plouse, Member, Quality Director Dr. Don Larsen, Community Member Gerry Hinkley, 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 Kim McGuire, Community Development Director Ginny Dunn, Rehabilitation Services Manager Jamaila Torbett, Utilization Manger/Beta Heart Lead Debra Saddlemire, Perioperative Services Manager Tom Madrigal, Facilities Manger Steffanie Miller, Executive Assistant to Facilities Peter Venturini, Foundation Board President</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Moxley called the meeting to order at 1:07 p.m.</p>	<p>The meeting was called to order</p>
<p>3.0 Previous Minutes</p>	<p>On a motion made and seconded the Quality Committee Meeting Minutes of November 17, 2022 were approved as written</p>	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of November 17, 2022 were approved as written</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		M (Hoy) / S (Peña) / C
4.0 Public Comment:	There was no public comment noted at this time.	None
5.0 Adjourn to Closed Session:	<p>The Quality Committee Adjourned to “Closed Session” at approximately 1:08 p.m.</p> <p><u>CLOSED SESSION ATTENDEES:</u></p> <p>Cheryl Moxley, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Julie Atwood, Member, Director of Human Resources Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Leslie Plouse, Member, Quality Director Dr. Don Larsen, Community Member Gerry Hinkley, Community Member Kristi McCasland, Executive Assistant Kieth Burkart, Board President Cheryl Robinson, Board Vice President Yvonne Waggener, Chief Financial Officer Barry Smart, Board Treasurer</p>	None
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:26 p.m.	None
6.1 Closed Session Report:	Per Moxley, the following items were reported on during “Closed Session” – Hospital Acquired Harm; Harm Events; Complaints; and USACS Dashboard.	Information only
7.0 Agenda Items 7.1 Performance Improvement (PI)	<p>Plouse reported on the following PI Projects:</p> <ul style="list-style-type: none"> ● <u>Fall/Injury Reduction</u>: This project focuses on decreasing the risk 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>of patient, resident, visitor, and staff falls on the hospital or RHC premises; and ensure the fall/injury reduction program employs the current best practices. Four of the six action items have been completed. The committee will be doing a deep dive into each fall to identify areas for improvement. The fall/risk policies will be updated.</p> <ul style="list-style-type: none"> • <u>Diabetes Program Development:</u> This project is part of IEHP’s P4P program. The goal is to develop a Diabetes Disease-Specific Program that will increase sharing or essential patient education to acutely ill diabetic patients by 10%, and offer opportunities for ongoing education resources and support to the diabetic population. Q4 2022 results were reviewed. The team developed a card resource, which will refer diabetic patients to outside resources. • <u>Behavioral Health Program Development:</u> This project will develop a comprehensive program for management of patients who present with behavioral health concerns, to include patients with suicidal ideation or attempt at suicide, those in mental health crisis, and those requiring continuous monitoring and/or restraints to maintain safety for the patient and staff. The action items being worked on include, training staff on de-escalation; working with law enforcement/EMS on transport of patients; developing policies and staff education; working on signage/policies for weapons in the workplace. • <u>IEHP Performance Improvement Projects:</u> <ol style="list-style-type: none"> a. <u>Meds to Beds:</u> The Meds to Beds work plan was submitted to IEHP on 12/2/2022, and we received notification of our approved work plan on 12/28/2022. Data is pending. b. <u>Breast Cancer Screening:</u> The work plan on the Breast Cancer Screening program was submitted to IEHP on 12/2/2022, and we received notification of our approved work plan on 12/28/2022. 	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Q4 2022 results were reviewed.</p> <p>c. <u>Colon Cancer Screening</u>: The work plan on the Colon Cancer Screening program was submitted to IEHP on 12/2/2022, and we received notification of our approved work plan on 12/28/2022.</p> <p>Q4 2022 results were reviewed.</p>	
7.2 Patient Surveys	<p>Patient Satisfaction Surveys (Inpatient & ED) --</p> <ul style="list-style-type: none"> • <u>Inpatient</u>: There were 3 responses in November 2022 with a 33.33% top box score; and 9 responses in December 2022 with an 88.89% top box score. Patient satisfaction comment were reviewed. • <u>ED</u>: There were 13 responses in November 2022 with a 77.94% top box score; and 10 responses in December 2022 with an 83.75% top box score. Patient satisfaction comments were reviewed. 	Information only
7.3 Regulatory Activity/Updates	<p>Regulatory Activities and Updates --</p> <ul style="list-style-type: none"> • TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Plan of correction compliance rates were reviewed. • CDPH Complaint Investigation 7/22/2022: investigation ongoing; no communication from CDPH regarding closure of the investigation. 	Information only
7.4 SCORE Survey Results	<p>Torbett reported that the BETA Heart SCORE survey measured our employee’s culture, engagement and burnout under the following 5 domains (<u>S</u>afety, <u>C</u>ommunication, <u>O</u>perational Risk, <u>R</u>esilience/Burnout, and <u>E</u>ngagement). Mountains Community Hospital had a 91% employee response rate. Torbett reviewed the identified areas of strength, areas of opportunity, and the post survey timeline.</p>	Information only
8.0 Agenda Topic Suggestions:	None	None

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
9.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 2:08 p.m.	Meeting adjourned



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

Marketing Committee Meeting
Thursday, February 16, 2023, 1:30 p.m.
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352
George M. Medak Conference Room, Suite 207

Or

Microsoft Teams meeting
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Or call in (audio only)
[+1 951-384-1117,,174521787#](#) United States, Riverside
Phone Conference ID: 174 521 787#

Members: Cheryl Robinson, Committee Chairperson
Mark Turner, Chief Executive Officer
Kim McGuire, Director, Community Development
Gerry Hinkley, Community Member
Barry Hoy Committee Member
Terry Peña, Chief Operating Officer
Don Larsen, MD, 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.
Information Only
2. Marketing
Kim McGuire, Dir. of Community Dev.
Information Only

ADJOURNMENT

SAN BERNARDINO MOUNTAIN COMMUNITY HOSPITAL DISTRICT

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Robinson, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Kim McGuire, Member, Community Development Director Gerry Hinkley, Community Member</p> <p>Dr. Don Larsen, Community 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 Peter Venturini, Foundation Board President</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Robinson called the meeting to order at 1:26 p.m.</p>	<p>The meeting was called to order</p>
<p>3.0 Previous Minutes:</p>	<p>The minutes of the meeting of the Marketing Committee held on August 18, 2022 were approved as written</p>	<p>The minutes of the meeting of the Marketing Committee held on August 18, 2022, were approved as written.</p> <p>M (Turner) / S (Peña) / C</p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
5.0 Fundraising / Marketing	<p>McGuire updated the committee on Fundraising and Marketing activities</p> <ul style="list-style-type: none"> • New Foundation Board Members: Greg Naylor and Jack Herson • <u>Fundraising</u>: In August, it was reported that we had raised \$108,000; as of now, we have raised \$442,000. <ul style="list-style-type: none"> ○ Awaiting a \$50,000 donation for the county for the RHC retrofit project. ○ Awaiting a \$14,000 donation from the Ted Roy Charity Foundation ○ The Year-End Giving Campaign will launch in December 2021; McGuire reviewed the campaign in detail. We are estimating we will end the year having raised around \$540,000, which is \$80,000 more than we raised in 2021. ○ “Giving Tuesday” is November 29; we will be putting something on Facebook. Meta will match donations made on this day. ○ Summer Fundraiser raised \$380,000 (\$5,000 over the goal); which included \$100,000 restricted to the Willerth Education Center, \$150,000 from the Ahmanson Foundation and \$130,000 from over 300 community members. With the monies raised, we have been able to purchase seven of the 10 items on our wish list. ○ Recommendations for 2023: <ul style="list-style-type: none"> ➢ Move Summit Donor Appreciation Dinner to earlier in the year ➢ Move Le Grand picnic a little later in July ➢ Offer 2nd gold coin in a virtual sweepstakes ➢ Use virtual sweepstakes to promote Le Grand Picnic ➢ Raise ticket prices • <u>Grant Update</u> <ul style="list-style-type: none"> ○ Ahmanson Foundation - \$150,000 received; need to write final grant report. ○ San Manuel Band of Mission Indians Grant – We were granted an extension to December 31, 2022; monies received are being used for the Central Registration project. We can potentially reapply 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>for another grant in March 2023.</p> <ul style="list-style-type: none"> ○ Vaccine Confidence Grant – \$100,000 received, which needs to be spent by December 31, 2022 (see details under “Marketing: Vaccine Confidence Campaign” below). Three reports will need to be completed by the end of the year. ○ Looked into a Network Planning Grant and a GME Planning Grant, however, it was decided not to pursue those in 2022. <ul style="list-style-type: none"> ● <u>Naming opportunities:</u> <ul style="list-style-type: none"> ○ Presentation Design Group audited our spaces; they will be developing a list of locations for potential naming opportunities. Once the professional floor plans for the Medical Office building are complete, the vendor will upload them and assigning values to the spaces. ● <u>Marketing:</u> <ul style="list-style-type: none"> ○ Vaccine Confidence Campaign - Marketing deliverables include: <ul style="list-style-type: none"> ➤ Ads ➤ Vaccine Confident Landing Page ➤ Bus Ad ➤ Direct Mailer (sent to 15,000 people) ➤ Facebook Ad (McGuire noted that Facebook shut down our ad account stating it did not comply with their advertising policy or other standards. McGuire is looking into this further.) ➤ Email (sent to 5,000 contacts) ➤ School Backpack Flyer ○ “We Go the Distance” Service Line Campaigns – A mammogram ad was created; will be creating additional service line ads for ED, Lab, Radiology, Surgery. ○ Social Media posts on Facebook and Linked In ○ Creating a courtesy card advertising piece for people that have recently closed escrow. ○ Helping with HR recruiting efforts by sprucing up the Breezy 	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>landing page. A recruitment video will be created in 2023.</p> <ul style="list-style-type: none"> ○ Looking to resurrect our community Health Fair. <ul style="list-style-type: none"> ● <u>Upcoming Events:</u> <ul style="list-style-type: none"> ○ Foundation Board Holiday Party – December 8th at the Grapevine ○ Summit Circle Dinner – April 15, 2023 at Millers Landing ○ Le Grand Picnic – July 23, 2023, theme “Back to the Future” 	
6.0 Agenda Suggestions	There were no agenda suggestions.	Information only
7.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:58 p.m.	Meeting adjourned

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Mark Turner, Member, Chief Executive Officer Don Larsen, Community Member Gerry Hinkley, 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 Leslie Plouse, Quality Director Debra Saddlemire, Perioperative Services Manager Peter Venturini, Foundation Board President John Ferguson, Architect</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Smart called the meeting to order at 2:10 p.m.</p>	<p>The meeting was called to order</p>
<p>3.0 Previous Minutes:</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of November 17, 2022 were approved.</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of November 17, 2022 were approved as written</p> <p>M (Hoy) / S (Peña) / C</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
4.0 Public Comment:	There was no public comment noted at this time.	None
5.0 Agenda Items: 5.1 Financial Statements	<p>Waggener made some brief comments about the 6/30/2022 audited financial statements. She encouraged the Board to review the packet in advance of the special meetings. She noted that there is a Management’s Discussion and Analysis (MD&A) section towards the beginning. This is followed by comparative statements and notes. She noted that in the MD&A there is discussion regarding the Provider Relief Fund (PRF) and American Rescue Plan (ARP). She further noted that \$2,449,000 and \$2,400,000 of PRF and ARP funds were recognized into non-operating revenue in Fiscal Years (FY) 2022 and 2021, respectively. She also noted that FY 2021 includes \$2,736,000 of PPP Loan Forgiveness. Without these nonrecurring items, net income (Income before capital grants and contributions) would have been approximately \$1.5 Million and \$3.2 Million in FY 2022 and 2021, respectively. The audited Financial Statements will be reviewed in detail at the Special Board of Directors meeting on January 30, 2023.</p> <p>Waggener presented the FY23 Financial Statements as of five (5) months ended November 30, 2022 and six (6) months ended December 31, 2022. Comparative statistics and selected financial indicators were reviewed with the committee.</p> <p>Waggener noted that we have two (2) Intergovernmental Transfers (IGT’s) totaling \$3.5M due by February 17, 2023.</p>	<p>A motion was made and seconded to recommend to the Board to accept the Financial Statements as of Five (5) and Six (6) months ending November 30, 2022 and December 31, 2022.</p> <p>M (Hoy) / S (Hinkley) / C</p>
5.2 Capital Purchases	Waggener presented the FY23 Capital Purchases as of six (6) months ended December 31, 2022. Updates on FY23 purchases were reviewed.	Information only
5.3 Investments	Waggener presented and reviewed the LAIF and UBS statements as of December 31, 2022.	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 2:49 p.m.	Meeting adjourned

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Mark Turner, Member, Chief Executive Officer Don Larsen, Community Member Gerry Hinkley, 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 Eric Volk, Partner, Wipfli, LLP David Imus, Senior Manager, Wipfli, LLP</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Smart called the meeting to order at 4:59 p.m.</p>	<p>The meeting was called to order</p>
<p>3.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p>None</p>
<p>4.0 Agenda Items: 4.1 Financial Statements</p>	<p>Eric Volk, Partner and David Imus, Senior Manager from Wipfli reviewed the SBMCHD Audit Presentation year ended June 30, 2022. Item reviewed during the presentation included:</p> <ul style="list-style-type: none"> • Required communications • Internal control communications • Financial analysis • Accounting and auditing update • Key financial indicators <p>It was reported that an unmodified opinion was issued for the financial statements for the year ended June 30, 2022, which is the highest rating</p>	<p>A motion was made and seconded to recommend to the Board to accept the Fiscal Year 2022 Audited Financial Statements as presented.</p> <p>M (Larsen) / S (Hinkley) / C</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	possible. After discussion, a motion was made and seconded to recommend to the Board to accept the Fiscal Year 2022 Audited Financial Statements as presented.	
5.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 5:39 p.m.	Meeting adjourned



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

DISTRICT BOARD OF DIRECTORS MEETING

Thursday, February 16, 2023, 2:15 p.m.

**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352
 George M. Medak Conference Room, Suite 207**

Or

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 272 397 108 879

Passcode: wKHWzD

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

Or call in (audio only)

[+1 951-384-1117,,174521787#](#) United States, Riverside

Phone Conference ID: 174 521 787#

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

1. Form 700 Statement of Economic Interest (*Due 3/15/2023*)

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

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, February 16, 2023, 2:15 p.m.

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CONSENT AGENDA

Kieth Burkart, President
Action Probable

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held January 19, 2023
2. Approval of Marketing Committee minutes, meeting held November 17, 2022
3. Approval of Finance Committee minutes, meeting held January 19, 2023
4. Approval of the Special Finance Committee minutes, meeting held January 30, 2023

AGENDA ITEMS

- | | |
|--|--------------------------------------|
| 1. Strategic Plan | Mark Turner, Chief Executive Officer |
| a. Review, edit and validate MCH's Mission, Vision, Values | Action Possible |
| b. Annual Management Action Plan | Information only |
| | |
| 2. CEO Report | Mark Turner, Chief Executive Officer |
| a. Construction and Land Use approval update | Information Only |
| b. General Surgeon Onboarding update | Information Only |
| | |
| 3. COO/CNO Report | Terry Peña, Chief Operating Officer |
| | Information only |
| | |
| 4. Quality Committee Report | Cheryl Moxley, Chairperson |
| a. Report of Meeting held February 16, 2023 | Information only |
| | |
| 5. Marketing Committee Report | Cheryl Robinson, Chairperson |
| a. Report of Meeting held February 16, 2023 | Information only |
| | |
| 6. Finance Committee Report | Barry Smart, Committee Member |
| a. Report of Meeting held February 16, 2023 | Action Probable |
| b. Capital Purchases | Action Possible |
| c. Investments | Action Possible |
| | |
| 7. Board Education | Kieth Burkart, President |
| a. FPPC Board Ethics Training (<i>Due 3/15/2023</i>) | Information only |
| b. MCH Board Member Annual Education (Relias) | Action Possible |
| c. HASC Annual Conference, May 17-19, 2023 | Action Possible |
| d. CHA Rural Health Care Symposium, April 10-11, 2023 | Action Possible |
| | |
| 8. Discussion Topic Suggestions | Kieth Burkart, President |
| | 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 | |

SAN BERNARDINO MOUNTAIN COMMUNITY HOSPITAL DISTRICT

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, February 16, 2023, 2:15 p.m.

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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

(Closed session pursuant to Govt. Code Section 54957)

1. Executive session
a. CEO Evaluation

Board Members & CEO Only
Action Possible

RETURN TO OPEN SESSION

1. Closed Session Report
2. Public Report of Decisions

Kieth Burkart, President

Kieth Burkart, President

NEXT BOARD-ATTENDED MEETINGS

Thursday, March 16, 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 - 2023

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

D
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TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 3:04 p.m.	The meeting was called to order
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 Bijan Motamedi, M.D., Chief of Staff 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 Kim McGuire, Community Development Director Leslie Plouse, Quality Director Ginny Dunn, Rehabilitation Services Manager Debra Saddlemire, Perioperative Services Manager Tom Madrigal, Facilities Manager Steffanie Miller, Executive Assistant to Facilities Don Larson, MD, Community Member Gerry Hinkley, Community Member Peter Venturini, Foundation President Brent McManigal, Land Use Attorney, Fennemore Law John Ferguson, Architect JT Stanton, Engineer, Bonadiman & Associates, Inc.	Quorum present
3.0 President's Comments:	None	None
4.0 Board Member's Reports:	None	None

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
5.0 Public Comments:	None	None
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of November 17, 2022, and the Special Board of Directors meetings of November 29, 2022 and December 23, 2022 were approved as written.	<p>On a motion made and seconded the Minutes from the Board of Directors meeting of November 17, 2022, and the Special Board of Directors meetings of November 29, 2022 and December 23, 2022 were approved as written.</p> <p>M (Moxley) / S (Smart) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
7.0 Consent Agenda:	The following Consent Agenda items were reviewed: (1) Approval of the Quality Committee minutes, meeting held November 17, 2022; (2) Approval of the Facilities Committee minutes, meeting held October 20, 2022; (3) Approval of the Finance Committee minutes, meeting held November 17, 2022; (4) Approval of the attached Lists of Policy and Procedures that was sent January 5, 2023 (see list attached to the January 2023 Board Packet).	<p>On a motion made and seconded, the Consent Agenda items were approved as presented.</p> <p>M (Hoy) / S (Robinson) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.0 Agenda 8.1 Resolution 2023-08 – 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"> • RESOLUTION NO. 2023-08 <p>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT AUTHORIZING REMOTE TELECONFERENCE MEETINGS</p> <p>See Resolution 2023-08 for entire text.</p>	<p>On a motion made and seconded, the following resolution was accepted as presented:</p> <p>RESOLUTION NO. 2023-08</p> <p>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT AUTHORIZING REMOTE</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p>TELECONFERENCE MEETINGS</p> <p>M (Robinson) / S (Smart) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.2 FPPC Board Ethics Training	Burkart reported that the FPPC Board Ethics training is due biennially, and was last completed in 2021. Board members were requested to complete their 3-hour ethics training and submit their certificate to the Board clerk by March 15, 2023.	Information only
8.3 Form 700 Statement of Economic Interest	Burkart reported that the annual Form 700 “Statement of Economic Interest” is due. Board members were requested to complete their Form 700 and submit it to the Board clerk by March 15, 2023.	Information only
8.4 Land Use Discussion	Turner introduced 1) Brent McManigal, Land Use Attorney, Fennemore Law; 2) John Ferguson, Architect and 3) JT Stanton, Engineer, Bonadiman & Associates, Inc. McManigal, Ferguson and Stanton discussed options for the construction of a new acute care structure, education center and parking structure. It was their recommendation to have the construction of the new acute care wing as a stand-alone project as it would be able to “fast track” through the county approval process quicker than if it were included as a part of the land use approval process. It would also eliminate the project needing to go through California Environmental Quality Act (CEQA) approval. Stanton estimated that the approval process for the acute care wing project would be between 6-8 months; and the approval process for the education center (part of the master plan) would be between 18-24 month. Stanton presented and reviewed the Survey Base Map, Site/Preliminary Grading Plan, and the Front of the Hospital Rendering. He noted that if the board approved separating the acute care wing and education center as stand-alone projects, they could still move through the approval process concurrently.	<p>On a motion made and seconded, the board approved prioritizing the construction of a new acute care wing, and moving forward with obtaining the Minor Use Permits for that project. The construction of the education center would be included in the master plan to acquire land use approval.</p> <p>M (Burkart) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.5 Board Self-Assessment Action Plan	Turner presented and reviewed the action plan to address low scoring items on the Board’s 2022 Self-Assessment.	<p>On a motion made and seconded, the board approved the Board Self-Assessment Action Plan as presented, with the ability to make edits to it throughout the year.</p> <p>M (Smart) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.6 Strategic Plan	Turner presented the draft of the 3-year strategic plan that was prepared based upon discussions prior to and during the Board Strategic Planning Retreat. He noted that the plan should be updated annually and monitored quarterly. Discussion was held regarding developing a tag line for Mountains Community Hospital. This will be discussed at a future meeting.	<p>On a motion made and seconded, the board approved the Three-Year Strategic Plan as presented.</p> <p>M (Robinson) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.7 ATC Tower Offer	Turner reported that he worked with ad hoc members Smart and Hoy, and that ATC is now offering a one-time payment of \$850K. Smart noted that it made sense financially, and recommended the money be invested over 10 years. He also suggested the money be board designated so that it would require approval to spend it. Hoy requested that language be added to the agreement that states if they stop utilizing the cell tower, that they would need to remove and take the equipment with them in a non-disruptive manner. Turner will work with our attorney, Clinton Mikel, on the final agreement to ensure the hospital’s interests are protected.	<p>On a motion made and seconded, the board approved accepting the one-time payment of \$850K from ATC to invest over the next 10 years. Language will be added to the final agreement regarding removal of the equipment if they stop utilizing the cell tower; the final agreement will be reviewed by the hospital’s attorney to ensure the hospital’s interests are protected.</p> <p>M (Smart) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.8 CEO Report a. Electronic Medical Record (EMR)	Turner reported that the EMR agreement with MediTech has been signed and the deposit given. He noted that our attorney reviewed the agreement prior to us signing to ensure the hospital was protected. The planning work to covert our EMR system is already underway.	Information only
b. Update: Recruitment for General Surgeon	Turner reported that the agreement with Dr. Nashed, General Surgeon, has been signed and that the credentialing work is currently being done. Dr. Nashed’s start date has been set for April 3, 2023.	Information only
8.9 COO/CNO Report	Peña reported on the following: <ul style="list-style-type: none"> • We are switching to a new tele psych provider (Iris Telehealth) on April 3, 2023. We will have two psych providers (Dr. Walker and a nurse practitioner). • COVID: <ul style="list-style-type: none"> ○ MCH’s COVID positivity rate is currently 13%. ○ Over the last two months, we have had 20% of our employees go out with COVID; and we had an outbreak with the SNF residents. Things are starting to slow down a bit. ○ The public health emergency was extended on the Federal level; however, we are unsure if CA will extend it. The public health emergency in CA is set to expire on 2/28/2023. Not all mandates will be lifted even after the health emergency expires. • The three clinical managers who were out on LOA have all returned to work. Their leads did a great job in maintaining those departments during their absence. 	Information only
8.10 Quality Committee Report a. Report of meeting held January 17, 2023	Moxley reported on the Quality Committee meeting: <ol style="list-style-type: none"> 1. <u>Performance Improvement –</u> <ul style="list-style-type: none"> • <u>Fall/Injury Reduction:</u> This project focuses on decreasing the risk of patient, resident, visitor, and staff falls on the hospital or 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>RHC premises; and ensure the fall/injury reduction program employs the current best practices. Four of the six action items have been completed. The committee will be doing a deep dive into each fall to identify areas for improvement. The fall/risk policies will be updated.</p> <ul style="list-style-type: none"> • <u>Diabetes Program Development:</u> This project is part of IEHP’s P4P program. The goal is to develop a Diabetes Disease-Specific Program that will increase sharing or essential patient education to acutely ill diabetic patients by 10%, and offer opportunities for ongoing education resources and support to the diabetic population. Q4 2022 results were reviewed. The team developed a card resource, which will refer diabetic patients to outside resources. • <u>Behavioral Health Program Development:</u> This project will develop a comprehensive program for management of patients who present with behavioral health concerns, to include patients with suicidal ideation or attempt at suicide, those in mental health crisis, and those requiring continuous monitoring and/or restraints to maintain safety for the patient and staff. The action items being worked on include, training staff on de-escalation; working with law enforcement/EMS on transport of patients; developing policies and staff education; working on signage/policies for weapons in the workplace. • <u>IEHP Performance Improvement Projects:</u> <ol style="list-style-type: none"> a. <u>Meds to Beds:</u> The Meds to Beds work plan was submitted to IEHP on 12/2/2022, and we received notification of our approved work plan on 12/28/2022. Data is pending. b. <u>Breast Cancer Screening:</u> The work plan on the Breast Cancer Screening program was submitted to IEHP on 12/2/2022, and we received notification of our approved work plan on 	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>12/28/2022. Q4 2022 results were reviewed.</p> <p>c. <u>Colon Cancer Screening</u>: The work plan on the Colon Cancer Screening program was submitted to IEHP on 12/2/2022, and we received notification of our approved work plan on 12/28/2022. Q4 2022 results were reviewed.</p> <p>2. <u>Patient Satisfaction Surveys (Inpatient & ED) –</u></p> <ul style="list-style-type: none"> • <u>Inpatient</u>: There were 3 responses in November 2022 with a 33.33% top box score; and 9 responses in December 2022 with an 88.89% top box score. Patient satisfaction comment were reviewed. • <u>ED</u>: There were 13 responses in November 2022 with a 77.94% top box score; and 10 responses in December 2022 with an 83.75% top box score. Patient satisfaction comments were reviewed. <p>3. <u>Regulatory Activities and Updates --</u></p> <ul style="list-style-type: none"> • TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Plan of correction compliance rates were reviewed. • CDPH Complaint Investigation 7/22/2022: investigation ongoing; no communication from CDPH regarding closure of the investigation. <p>4. <u>SCORE Survey Results –</u> The BETA Heart SCORE survey measures the employee’s culture, engagement and burnout under the following 5 domains (<u>S</u>afety, <u>C</u>ommunication, <u>O</u>perational Risk, <u>R</u>esilience/Burnout, and <u>E</u>ngagement). Mountains Community Hospital had a 91% employee response rate. Areas of strength, areas of opportunity, and the post survey timeline were reviewed.</p>	
<p>8.11 Finance Committee Report a. Report of meeting held January 17, 2023</p>	<p>Smart reported on the Finance Committee meeting:</p> <p>Smart reviewed comments made by Waggener about the 6/30/2022</p>	<p>On a motion made and seconded, the Financial Statements as of Five (5) and Six (6) months</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>audited financial statements. Board members were encouraged to review the packet in advance of the special meetings. It was noted that there is a Management’s Discussion and Analysis (MD&A) section towards the beginning. This is followed by comparative statements and notes. In the MD&A there is discussion regarding the Provider Relief Fund (PRF) and American Rescue Plan (ARP). It was further noted that \$2,449,000 and \$2,400,000 of PRF and ARP funds were recognized into non-operating revenue in Fiscal Years (FY) 2022 and 2021, respectively. It was also noted that FY 2021 includes \$2,736,000 of PPP Loan Forgiveness. Without these nonrecurring items, net income (Income before capital grants and contributions) would have been approximately \$1.5 Million and \$3.2 Million in FY 2022 and 2021, respectively. The audited Financial Statements for FY22 will be reviewed in detail at the Special Board of Directors meeting on January 30, 2023.</p> <ol style="list-style-type: none"> 1. <u>Financial Statements</u> – The FY23 Financial Statements as of five (5) months ended November 30, 2022 and six (6) months ended December 31, 2022 were presented. Comparative statistics and selected financial indicators were reviewed with the board. He noted that we have two (2) Intergovernmental Transfers (IGT’s) totaling \$3.5M due by February 17, 2023. 2. <u>Capital Purchases</u> – The FY23 Capital Purchases as of six (6) months ended December 31, 2022 were presented. Updates on FY23 purchases were reviewed with the Board. 3. <u>Investments</u> – LAIF and UBS statements for month ending December 31, 2022 were presented. 	<p>ending November 30, 2022 and December 31, 2022 were accepted as presented.</p> <p>M (Smart) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>8.12 Facilities Committee Report a. Report of meeting held January 17, 2023</p>	<p>Robinson reported on the Facilities Committee meeting:</p> <ol style="list-style-type: none"> 1. <u>Hospital Campus Updates</u> – <ul style="list-style-type: none"> • <u>Flooring Project</u> – Madrigal reported that all areas covered in 	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>the flooring project contract were completed with the exception of the Lab and the Emergency Department, which could not be done prior to December 31, 2022 due to patient care.</p> <ul style="list-style-type: none"> • <u>Touchless Fixtures</u> – Madrigal reported that we have replaced 70 faucets, 4 toilets, 2 urinals and 4 public drinking fountains with touchless fixtures. He noted that grant monies were used to pay for this project. • <u>Hospital Van</u> – We are working with Mobility to get a van to transport the SNF residents to their doctor’s appointment. Our search has been narrowed it down to a new 4-wheel-drive Ford Transit van, which has been retrofitted for a wheelchair lift; Facilities is just waiting to receive the proposal. <p>2. <u>Construction Projects</u> –</p> <ul style="list-style-type: none"> • <u>Pyxis Med/Surg Install</u> – This project is basically complete. The contractor is working on the air balance between the Med/Surg nurses station and the new registration area. HCAI is expected to inspect/sign off on this project mid to late February 2023. • <u>Registration Project</u> – This project is nearing completion, the registration area and new waiting room are expected to be completed and signed off by HCAI mid to late February 2023. • <u>Pharmacy Project</u> – The mechanical engineer is working on getting a resolution to the Fire Marshall issues before submitting our responses to HCAI’s second set of comments. They are hoping to submit our responses by early to mid-February. • <u>Lab Project</u> – Facilities, IT and Ortho Diagnostic are working on the logistics to move the new analyzers into the Lab. Some construction needs to occur before the move can be done. 	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> • <u>Entitlement Process to Acquire Land Use Approval</u> – This item is included on the District Board of Directors agenda. 	
8.13 Board Education	<p>The AHA Rural Health Care Leadership Conference is January 19-22, 2023, San Antonio, TX. None of the board members indicated they wanted to attend this conference.</p> <p>The HASC Annual Conference is May 17-19, 2023 in Palm Desert, CA. Robinson, Moxley and Hoy expressed interest in attending.</p>	Information only
8.14 Discussion Topic Suggestions:	None	None
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 5:20 p.m.	Information only
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 5:20 p.m.	Information only
10.1 Closed Session Report:	<p>Per Kieth Burkart, the following items were reported on during “Closed Executive Session”:</p> <ul style="list-style-type: none"> • CEO Evaluation Process 	Information only
11.0 Public Report of Decisions	No reportable actions taken.	Information only
12.0 Next Board-Attended Meetings:	The next Board-Attended meeting will be on Monday, January 30, 2023 at 5:00 p.m. Meeting to be held <u>Via “Microsoft Teams Meeting” due to COVID-19 Pandemic.</u>	Information only
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 5:20 p.m.	Meeting adjourned

By: _____
Cheryl Moxley, Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 5:39 p.m.	The meeting was called to order
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 Bijan Motamedi, M.D., Chief of Staff 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 Don Larsen, Community Member Gerry Hinkley, Community Member Eric Volk, Partner, Wipfli, LLP David Imus, Senior Manager, Wipfli, LLP	Quorum present
3.0 President’s Comments:	None	None
4.0 Board Member’s Reports:	None	None
5.0 Public Comments:	None	None
6.0 Consent Agenda:	The following Consent Agenda items were reviewed: (1) Approval of the attached Lists of Policy and Procedures that was sent January 25, 2023 (see list attached to the January 2023 Special Board Packet).	On a motion made and seconded, the Consent Agenda items were approved as presented. M (Smart) / S (Hoy) / C

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		5 Ayes / 0 Nays / 0 Abstain / 0 Absent
7.0 Agenda 7.1 Audited Financial Statements FY2022	<p>Smart reported on the Special Finance Committee meeting:</p> <p>Eric Volk, Partner and David Imus, Senior Manager from Wipfli reviewed the SBMCHD Audit Presentation year ended June 30, 2022. Item reviewed during the presentation included:</p> <ul style="list-style-type: none"> • Required communications • Internal control communications • Financial analysis • Accounting and auditing update • Key financial indicators <p>It was reported that an unmodified opinion was issues for the financial statements for the year ended June 30, 2022, which is the highest rating possible. After discussion, a motion was made and seconded to recommend to the Board to accept the Fiscal Year 2022 Audited Financial Statements as presented.</p>	<p>On a motion made and seconded, the Fiscal Year 2022 Audited Financial Statements were accepted as presented.</p> <p>M (Smart) / S (Hoy) / C</p>
8.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 5:47 p.m.	Information only
9.0 Return to Open Session:	The Board returned to “Open Session” at approximately 6:01 p.m.	Information only
10.1 Closed Session Report:	<p>Per Kieth Burkart, the following items were discussed during “Closed Executive Session”:</p> <ul style="list-style-type: none"> • Discussion with auditors 	Information only
11.0 Public Report of Decisions	No reportable actions taken.	Information only
12.0 Next Board-Attended Meetings:	The next Board-Attended meeting will be on Thursday, February 16, 2023 at 1:00 p.m. Meeting to be held in the George M. Medak Conference Room, 29099 Hospital Road, Suite 207, Lake Arrowhead, CA 92352.	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 6:01 p.m.	Meeting adjourned

By: _____
Cheryl Moxley, Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

San Bernardino Mountains Community Hospital District

Mission Statement

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

Approved at October 26, 1994 Board Meeting

Vision Statement

Providing peace of mind by securing the health of the community.

Values

Respect, Integrity, Excellence, Compassion

From: [Sarah Sayre](#)
To: [Mark Turner](#); [Kristi Mccasland](#)
Subject: Board member annual education
Date: Monday, February 6, 2023 10:54:05 AM
Attachments: [image001.png](#)

Title	Credit Hours
Due Date	
Regulation Express: Sexual Harassment REL-ACU-0-RESH23	0.1
Regulation Express: HIPAA / Patient Information Privacy and Security REL-ACU-0-REPI23	0.18
Regulation Express: Fraud, Waste, and Abuse REL-ACU-0-REFC23	0.13
Regulation Express: Patient Rights and Responsibilities REL-ACU-0-REPB23	0.1
Clinical Express: Whistleblower Protection REL-ACU-0-CEWP23	0.1
Regulation Express: Computer Security REL-ACU-0-RECS23	0.13
Mountains Community Hospital- Code of Conduct 1422474	0
Total: 7	0.74

Let me know your thoughts,

Sarah Sayre, MSN, APRN, FNP-BC

Education Coordinator

Sarah.sayre@mchcares.com

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CONFERENCE / SYMPOSIUM

2023 Rural Health Care Symposium

A CHA members-only symposium

April 10, 2023 | 1:00 - 6:00PM PST

April 11, 2023 | 9:00AM - 5:00PM PST

[Register Now](#) 

Join us for the only symposium designed for California rural hospital leaders – a chance to discuss the unique challenges facing rural hospitals, gain insights on navigating health care's financial crisis, and engage with CHA leadership to talk strategy and explore paths to a more stable future.

This C-suite gathering will focus on financial instability issues and feature a CEO roundtable addressing the most important topics in rural health care. It will also provide:

- A deep dive into a proven financial preparedness checklist
- Perspectives from national rural health care organization leaders
- Tips for applying data analytics to improve patient outcomes

New this year, the symposium includes an optional hospital board development session for executives who sit on rural hospital boards.

This will be the premiere gathering of health care leaders offering strategies for surviving the financial and operational challenges crippling so many rural hospitals. Be a part of it!

This is a members-only, invitation-only event.

Tuition



***Members: \$395**

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Kimpton Sawyer Hotel

500 J Street

Sacramento, CA 95814

(877) 678-6255 (reservations)

Discount Deadline is March 13.

The Kimpton Sawyer Hotel has rooms available at the discounted rate of \$239 for the meeting. One-time convenience and housekeeping fees are additional. For reservations, call (877) 678-6255 and mention the "Rural Health Care Leadership Meeting." Don't delay; the deadline for discounted sleeping rooms is Monday, March 13. To book a room online, [click here](#).

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For sponsorship opportunities at the Rural Health Care Symposium email Lisa Hartzell at lhartzell@calhospital.org.

This item appears in

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Hospital Operations

Rural Health Care

CONFERENCE

FEBRUARY 21, 2023 | 10:00AM - 5:00PM PST

FEBRUARY 22, 2023 | 7:30AM - 2:00PM PST

**2023 California
Hospital Volunteer
Leadership
Conference**

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CONFERENCE / SYMPOSIUM

APRIL 10, 2023 | 1:00 - 6:00PM PST

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