



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

March 16, 2023, Board Packet Table of Contents

- 1 **QUALITY COMMITTEE MEETING AGENDA 1:00**
- 2 **Quality Committee Meeting Attendance**
- 3 **Quality Committee Meeting Minutes**
- 4 **HUMAN RESOURCES COMMITTEE MEETING AGENDA 1:30**
- 5 **Human Resources Committee Meeting Attendance**
- 6 **Human Resources Committee Meeting Minutes**
- 7 **Special Human Resources Committee Meeting Minutes 10/20/2022**
- 8 **BOARD OF DIRECTORS MEETING AGENDA 1:45**
- 9 **Board of Directors Meeting Attendance**
- 10 **Board of Directors Meeting Minutes**
- 11 **Policies submitted for Board Approval by email 3/2/2023**
- 12 **MCH Mission, Vision, Values**
- 13 **CLOSED SESSION 2:30**



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

Or

Microsoft Teams meeting
Join on your computer, mobile app or room device
[Click here to join the meeting](#)
Meeting ID: 253 845 289 298
Passcode: 4HZsuN
[Download Teams](#) | [Join on the web](#)
Or call in (audio only)
[+1 951-384-1117](tel:+19513841117), [816751430#](tel:+19513841117) **United States, Riverside**
Phone Conference ID: 816 751 430#

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
Information Only |
| 2. Event Reports – Level of Harm | Leslie Plouse, Quality Director
Information Only |
| 3. Complaints | Leslie Plouse, Quality Director
Information Only |

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

San Bernardino Mountains Community Hospital Quality Committee Meetings

Attendance Matrix - 2023

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

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl 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 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 January 19, 2023 were approved as written</p>	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of January 19, 2023 were approved as written</p> <p>M (Hoy) / S (Peña) / C</p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p>None</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
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 1:17 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> Four of the six action items have been completed. The PI team will meet on 2/17/2023 and will look at root causes for each reported fall; develop mitigation strategies to include policy revision; and implement best practices. 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> • <u>Diabetes Program Development</u>: In January 2023, we were at 100% on the four process outcomes (Education, Nutrition, Medication Management, Transitions of Care) for this project. • <u>Behavioral Health Program Development</u>: Five of our staff members have been trained in crisis prevention. The PI team will continue to collaborate with SBC Mental Health on this project. • <u>IEHP Performance Improvement Projects</u>: <ol style="list-style-type: none"> a. <u>Meds to Beds</u>: Our target for this program is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. In December 2022, we were at 100%; and in January 2023, we were at 67%. b. <u>Breast Cancer Screening</u>: Our target for 2022 was that 54.12% of IEHP patients ages 52-74 received a mammogram; we ended the year above target at 54.47%. For 2023, our target is 55.15%; as of January, we are at 36%. c. <u>Colon Cancer Screening</u>: Our target for 2022 was that 39.61% of IEHP/MediCal patients ages 50-75 received a screening for colorectal cancer; we ended the year above target at 47.13%. For 2023, our target is 48.75%; as of January, we are at 31.15%. 	
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 January 2023 with a 66.67% top box score. Patient satisfaction comments were reviewed. • <u>ED</u>: There were 18 responses in January 2023 with a 71.68% 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 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:32 p.m.	Meeting adjourned



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

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

Or

Microsoft Teams meeting
Join on your computer, mobile app or room device
[Click here to join the meeting](#)
Meeting ID: 253 845 289 298
Passcode: 4HZsuN
[Download Teams](#) | [Join on the web](#)
Or call in (audio only)
[+1 951-384-1117,,816751430#](#) **United States, Riverside**
Phone Conference ID: 816 751 430#

Members: Kieth Burkart, President
Mark Turner, Chief Executive Officer
Terry Peña, Chief Operating Officer
Barry Smart, Committee Member
Don Larsen, Committee Member
Julie Atwood, Director of Human Resources

OPEN SESSION

1:30 p.m.

CALL TO ORDER

Kieth Burkart, Committee Chairperson

PREVIOUS MINUTES

Kieth Burkart, President
Action Probable

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

AGENDA ITEMS

1. New Manager Introduction:
Delacey Foster, Dietary Manager
Julie Atwood, Director of Human Resources
Information Only
2. 2022 Turnover
Julie Atwood, Director of Human Resources
Information Only
3. 2022 Work Injuries
Julie Atwood, Director of Human Resources
Information Only
4. Rest & Meal Break Periods
Julie Atwood, Director of Human Resources
Information Only

ADJOURNMENT

SAN BERNARDINO MOUNTAIN COMMUNITY HOSPITAL DISTRICT

San Bernardino Mountains Community Hospital Human Resource Committee Meetings

Attendance Matrix - 2022

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Kieth Burkart	F A C I L I T I E S	M A R K E T I N G	√	F A C I L I T I E S	M A R K E T I N G	√	F A C I L I T I E S	M A R K E T I N G	√	F A C I L I T I E S	M A R K E T I N G	D A R K	
Barry Smart			√			A			√				
Julie Atwood			√			√			√				
Terry Peña			√			√			√				
Mark Turner			√			√			√				
Bob Bailey			A			—			—				
Don Larsen			√			√			√				
Comment:													
	√	Present	E	Excused	A	Absent							

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Keith Burkart, Committee Chairperson Barry Smart, Committee Member Mark Turner, Chief Executive Officer Don Larsen, Community Member Terry Peña, Chief Operating Officer/Chief Nursing Officer Julie Atwood, Human Resource Director</p> <p>Kristi McCasland, Executive Assistant</p> <p>Cheryl Robinson, Board Member Cheryl Moxley, Board Member Yvonne Waggener, Chief Financial Officer Peter Venturini, Foundation Board President Gerry Hinkley, Community Member</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Burkart called the meeting to order at 1:00 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 Human Resources Committee Meeting Minutes of June 16, 2022 were approved as written.</p> <p><u>Benefits Review:</u> Turner reported that we do not have the information on rate changes for our health, vision or dental benefits as of yet. He stated that increases were included as part of the approved budget. This item will be included as an agenda item under the CEO report at the October Board meeting.</p>	<p>On a motion made and seconded, the Human Resources Committee Meeting Minutes of June 16, 2022 were approved as written</p> <p>M (Larsen) / S (Turner) / C</p>
<p>4.0 Public Comment:</p>	<p>There was not public comment at this time. Turner introduce Gerry Hinkley, noting he is interested in becoming a community member. Hinkley gave a brief update on his background.</p>	<p>None</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
5.1 Board Self-Assessment Form	<p>Burkart reported that we need to re-implement the board Self-Assessment process, noting that Atwood distributed three self-assessment samples to the committee members prior to the meeting for their review. Turner reviewed the purpose, timing and the process of the Board Self Assessments. After discussion the committee agreed upon the following process:</p> <ul style="list-style-type: none"> • Finalize the self-assessment form with input from the Board. • Self-Assessment form to be presented at the October Board meeting for approval. • Once approved, self-assessment forms 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. • Action plan to be developed for presentation at the January 2023 Board meeting. 	<p>Self-Assessment samples will be sent to the Board to seek their input on which form to use, along with suggested revisions.</p>
6.0 Agenda Topic Suggestions:	None	None
7.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:15 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>Keith Burkart, Committee Chairperson Barry Smart, Committee Member Mark Turner, Chief Executive Officer Don Larsen, Community Member Terry Peña, Chief Operating Officer/Chief Nursing Officer Julie Atwood, Human Resource Director</p> <p>Kristi McCasland, Executive Assistant</p> <p>Cheryl Robinson, Board Member Cheryl Moxley, Board Member Barry Hoy, Board Member Yvonne Waggener, Chief Financial Officer Kim McGuire, Community Development Director Ginny Dunn, Rehabilitation Services Manager Gerry Hinkley, Community Member</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Burkart called the meeting to order at 1:44 p.m.</p>	<p>The meeting was called to order</p>
<p>3.0 Public Comment:</p>	<p>None</p>	<p>None</p>
<p>4.1 Board Self-Assessment Form</p>	<p>Burkart reported that the Board Self-Assessment was a regulatory requirement and needed to be completed annually. A draft Board Self-Assessment was prepared using the format from the Governance Institute. Once approved, the Board Self-Assessment Form 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 be developed for presentation at the January 2023 Board meeting.</p>	<p>A motion was made and seconded to recommend to the Board to approve the Board Self-Assessment Form as presented.</p> <p>M (Larsen) / S (Smart) / C</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	Moving forward the Board Self-Assessment will be taken out of the Human Resources Committee meeting and will fall under the responsibility of the Board of Directors.	
4.2 Benefits Review	<p>Atwood presented the annual benefits review, noting that benefitted full-time and part-time employee are offered the following benefits:</p> <ul style="list-style-type: none"> • Medical, dental, vision, life and prescription drug plan offered at low cost to employee and their dependents. • Jury duty reimbursement • Paid time off • Prolonged illness benefits • 401a Plan (employee fully vested after 5 years of service) • Section 125 Plan • Supplemental Insurance for Cancer, Disability and Life is available at employee cost <p>All employees are eligible for the following benefits:</p> <ul style="list-style-type: none"> • Hospital discount • Pharmacy discount • Direct Deposit • Employee Assistance Program • Entertainment Discounts • Free Parking • Reduced Cost to Fitness Centers • Employee Recognition Program • MCH Scholarships 	Information only
5.0 Agenda Topic Suggestions:	Atwood reported that the annual Employee Appreciation Party was scheduled for Saturday, December 10, 2022 and that invitations would be going out soon.	Information only
6.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:58 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, March 16, 2023, 1:45 p.m.
George M. Medak Conference Room, Suite 207
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352

Or

Microsoft Teams meeting
Join on your computer, mobile app or room device
[Click here to join the meeting](#)
Meeting ID: 253 845 289 298
Passcode: 4HZsuN
[Download Teams](#) | [Join on the web](#)
Or call in (audio only)
[+1 951-384-1117,,816751430#](#) **United States, Riverside**
Phone Conference ID: 816 751 430#

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

<u>OPEN SESSION</u>	1:45 p.m.
<u>CALL TO ORDER</u>	Kieth Burkart, President
<u>PRESIDENTS COMMENTS</u>	Kieth Burkart, President Action Possible
<u>BOARD MEMBER REPORTS</u>	All Board Members
<u>PUBLIC COMMENTS</u>	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.

<u>PREVIOUS MINUTES approval</u>	Kieth Burkart, President Action probable
---	---

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, March 16, 2023, 1:45 p.m.

CONSENT AGENDA

Kieth Burkart, President
Action Probable

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held February 16, 2023
2. Approval of Human Resources Committee minutes, meeting held September 15, 2022
3. Approval of Special Human Resources Committee minutes, meeting held October 10, 2022

AGENDA ITEMS

- | | |
|---|--|
| 1. Unbudgeted Capital Item: Blood Bank Refrigerator/Brackets | Mark Turner, Chief Executive Officer
Yvonne Waggener, Chief Financial Officer
Action Possible |
| 2. Strategic Plan
a. Review, edit and validate MCH's Mission, Vision, Values | Mark Turner, Chief Executive Officer
Action Possible |
| 3. CEO Report
a. Construction and Land Use approval update
b. General Surgeon Onboarding update
c. Annual Management Action Plan
d. ATC Tower Offer
e. BETA Council Update | Mark Turner, Chief Executive Officer
Information Only
Information Only
Information Only
Information Only
Information Only |
| 4. COO/CNO Report | Terry Peña, Chief Operating Officer
Information only |
| 5. Quality Committee Report
a. Report of Meeting held March 16, 2023 | Cheryl Moxley, Chairperson
Information only |
| 6. Human Resources Committee Report
a. Report of Meeting held March 16, 2023 | Kieth Burkart, Chairperson
Information only |
| 7. Finance Committee Report
a. Report of Meeting held March 16, 2023
b. Capital Purchases
c. Investments | Barry Smart, Committee Member
Action Probable
Action Possible
Action Possible |
| 8. Board Education
a. MCH Board Member Annual Education (Relias)
b. CHA Rural Health Care Symposium, April 10-11, 2023
c. HASC Annual Conference, May 17-19, 2023 | Kieth Burkart, President
Action Possible
Action Possible
Action Possible |
| 9. Discussion Topic Suggestions | Kieth Burkart, President
Information only |

ADJOURN TO CLOSED SESSION

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, March 16, 2023, 1:45 p.m.

Page 3 of 3

CLOSED SESSION AGENDA ITEMS

(Closed session pursuant to Govt. Code Section 54954.5)

1. Hearings
Subject matter: Staff Privileges
Re: Credentialing Recommendations

Bijan Motamedi, M.D., Chief of Staff
Action Probable

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, April 27, 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
A
R
K

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 2:17 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 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 Kim McGuire, Community Development Director Leslie Plouse, Quality Director Don Larson, MD, Community Member Gerry Hinkley, Community Member Peter Venturini, Foundation President	Quorum present
3.0 President’s Comments:	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
4.0 Board Member’s Reports:	None	None
5.0 Public Comments:	None	None

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of January 19, 2023, and the Special Board of Directors meetings of January 30, 2023 were approved as written.	<p>On a motion made and seconded the Minutes from the Board of Directors meeting of January 19, 2023, and the Special Board of Directors meeting of January 30, 2023 were approved as written.</p> <p>M (Smart) / S (Moxley) / 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 January 19, 2023; (2) Approval of the Marketing Committee minutes, meeting held November 17, 2022; (3) Approval of the Finance Committee minutes, meeting held January 19, 2023; (4) Approval of the Special Finance Committee minutes, meeting held January 30, 2023.	<p>On a motion made and seconded, the Consent Agenda items were approved as presented.</p> <p>M (Robinson) / S (Smart) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.0 Agenda 8.1.Strategic Plan a. Review, edit and validate MCH’s Mission, Vision, Values	Turner reported that the last time the Board approved the hospitals Mission Statement was 1994. He further noted that reviewing, editing and validating our Mission, Vision and Values was one of the action items in the Strategic Plan. Board members were asked to look over the hospital’s Mission, Vision and Values, for discussion at next month’s Board meeting.	Information only
b. Annual Management Action Plan	Turner reported that the Senior Management Team was working to develop the Management Action Plan (MAP) based off of the Strategic Plan. The MAP will serve as the roadmap for the next year to ensure we stay on track. Once the MAP is complete it will be brought to the Board for approval.	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>8.2 CEO Report</p> <p>a. Construction and Land Use Approval Update</p>	<p>Turner reported on the progress of the construction projects:</p> <ul style="list-style-type: none"> • <u>Med/Surg Nurses Station / Front of the House project</u>: These projects are nearing completion. The contractor is conducting the air balancing now. HCAI will be on site next week to do a walkthrough. We are hoping to get approval to occupy these areas by late March 2023. • <u>Pharmacy Project</u>: The responses to the second round of questions was submitted earlier this month. We are expecting that it will be 3-5 months before the plans are approved and we can solicit bids. • <u>Lab Project</u>: The larger analyzer is expected to be moved into the Lab on or about March 1st. Demo work will need to be done in the Lab to be able to accommodate the smaller analyzer. It is anticipated this project will be completed within the next 2 months. • <u>Gift Shop Project</u>: Once the Lab project is complete, the architect will work to finalize the plans for the Gift Shop so we can solicit bids for the construction. • <u>Flooring Project</u>: The flooring project is complete and the grant monies have been spent. Flooring in most areas in the hospital/MOB were completed. The only remaining departments that need to be done are Laboratory and the ED. We will be soliciting bids to bring to the Board for approval by this summer. • <u>Hospital Van</u>: We are working with the dealership to configure a van to meet the needs of our residents/staff. Turner noted that the Foundation is purchasing the new van. • <u>Land Use Approval</u>: Our application will be going in this week for the acute care wing, and the county will have 30 days to respond. It is estimated that the approval process will take about 6 months. Once we hear back from the County we will work with the architect to finalize the plans. 	<p>Information only</p>
<p>b. General Surgeon Onboarding Update</p>	<p>Turner reported that we are on track to be able to have Dr. Nashed start on April 3, 2023.</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
c. BETA Healthcare Group Board	Turner reported that the BETA Healthcare Group has invited him to become a board member. The time commitment would be about 2 days per quarter.	Information only
d. ATC Tower Offer	Turner reported that ATC has taken the one-time payment offer off the table. He noted that they also wanted to re-negotiate their contract to pay less.	Information only
8.3 COO/CNO Report	<p>Peña reported on the following:</p> <ul style="list-style-type: none"> • COVID: <ul style="list-style-type: none"> ○ MCH’s COVID positivity rate was at 13% last month. ○ Employee COVID testing has declined. ○ We have seen COVID outbreaks in department; however most employees are back to work now. ○ The Public Health Emergency (PHE) in CA is set to expire on 2/28/2023, which will cancel the space and staffing waivers. We have until 4/11/2023 to remove the plastic barriers and the air filtration system in the ED. In addition, we will be removing the POD outside the ED. Mask mandates will remain in place for healthcare facilities. ○ Paxlovid will become commercial in March/April, which means the hospital will need to purchase this COVID treatment. ○ COVID coverage for the uninsured will end on May 31, 2023. • Staffing has stabilized in the nursing departments, and the use of travelers has declined or has been eliminated. • New Clinical Supervisor positions have been created to give coverage over the weekend; both position have been filled by qualified candidates. • Our Education Manager has resigned; we will be looking recruit for this position. 	Information only
8.4 Quality Committee Report a. Report of meeting held	Moxley reported on the Quality Committee meeting:	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>February 16, 2023</p>	<p>1. <u>Performance Improvement:</u></p> <ul style="list-style-type: none"> • <u>Fall/Injury Reduction:</u> Four of the six action items have been completed. The PI team will meet on 2/17/2023 and will look at root causes for each reported fall; develop mitigation strategies to include policy revision; and implement best practices. • <u>Diabetes Program Development:</u> In January 2023, we were at 100% on the four process outcomes (Education, Nutrition, Medication Management, Transitions of Care) for this project. • <u>Behavioral Health Program Development:</u> Five of our staff members have been trained in crisis prevention. The PI team will continue to collaborate with SBC Mental Health on this project. • <u>IEHP Performance Improvement Projects:</u> <ol style="list-style-type: none"> a. <u>Meds to Beds:</u> Our target for this program is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. In December 2022, we were at 100%; and in January 2023, we were at 67%. b. <u>Breast Cancer Screening:</u> Our target for 2022 was that 54.12% of IEHP patients ages 52-74 received a mammogram; we ended the year above target at 54.47%. For 2023, our target is 55.15%; as of January, we are at 36%. c. <u>Colon Cancer Screening:</u> Our target for 2022 was that 39.61% of IEHP/MediCal patients ages 50-75 received a screening for colorectal cancer; we ended the year above target at 47.13%. For 2023, our target is 48.75%; as of January, we are at 31.15%. <p>2. <u>Patient Satisfaction Surveys (Inpatient & ED):</u></p> <ul style="list-style-type: none"> • <u>Inpatient:</u> There were 3 responses in January 2023 with a 66.67% top box score. Patient satisfaction comments were reviewed. • <u>ED:</u> There were 18 responses in January 2023 with a 71.68% 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: 	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Plan of correction compliance rates were reviewed.</p> <ul style="list-style-type: none"> CDPH Complaint Investigation 7/22/2022: investigation ongoing 	
<p>8.5 Marketing Committee Report a. Report of meeting held February 16, 2023</p>	<p>Robinson reported on the Marketing Committee meeting:</p> <ol style="list-style-type: none"> <u>Fundraising</u>: <ul style="list-style-type: none"> Raised \$547k in 2022, which was \$86k higher than the previous year. So far this year, we have raised \$54k. The virtual donor wall is on the MCH website and reflects the 2022 donations; the panels for the physical donor wall have been ordered. Summit Circle dinner to thank donors has been scheduled for April 15th at Miller’s Landing. Save the date cards have been sent, and the formal invites are being finalized. PolaRotary Plunge had 13 jumpers, which was split into two teams. MCH raised close to \$4k. The “Back to the Future” themed LeGrand Picnic is scheduled for July 23, 2023. The committee is working on finalizing items for the event. Grant Update: <ul style="list-style-type: none"> Closing out the Vaccine Confidence Grant, San Manuel Grant and Ahmanson Foundation Grants; our reports are being submitted. Working on a grant from J.E. Fehsenfeld Family Foundation. Naming opportunities: <ul style="list-style-type: none"> Floorplans have been sent to GiftMap and they are working to upload the plans into their system to set up the Naming Opportunities. A meeting is scheduled for next week. <u>Marketing</u>: <ul style="list-style-type: none"> HospiTales, the monthly employee newsletter, is back starting with the January 2023 edition. 	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> • Welcome to the neighborhood cards are being developed for anyone who closed escrow. The cards will have a removable sticker that has the hospital’s information, which can be placed on a refrigerator or inside a cabinet for future reference. • Assisting with HR recruiting efforts. Applicants who click on our careers page will be redirected to the Breezy site. The theme, “It’s easier to balance at the Peak”, will include testimonials and a recruitment video. • Social media posts continue. <p>3. <u>Other Projects:</u></p> <ul style="list-style-type: none"> • Working with interior designer and auxiliary on gift shop layout to ensure their needs are met; will be surveying the staff and residents to see what they are interested in. • Working with interior designer on signage and artwork for the front of house renovation. • Working on developing an Auxiliary table skirt and recruiting banner for special events. • Assisting with staff orientation – reformatted and updated slides. • Working with Quality to update the Med/Surg inpatient folder. • Working with SNF to create a “Welcome Packet” for new residents. 	
<p>8.6 Finance Committee Report a. Report of meeting held February 16, 2023</p>	<p>Smart reported on the Finance Committee meeting:</p> <ol style="list-style-type: none"> 1. <u>Financial</u> Statements: The FY23 Financial Statements as of seven (7) months ended January 31, 2023 were presented. Comparative statistics and selected financial indicators were reviewed with the board. 2. <u>Capital Purchases:</u> The FY23 Capital Purchases as of seven (7) months ended January 31, 2023 were presented. 	<p>On a motion made and seconded, the Financial Statements as of Seven (7) months ending January 31, 2023 were accepted as presented.</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
	<p>Smart reported that there was an unbudgeted capital item in the amount of \$15k, which was for a HEPA filtration system that was needed for the SNF unit.</p> <p>3. <u>Investments</u>: LAIF and UBS statements for month ending December 31, 2022 were presented.</p>	<p>On a motion made and seconded, the Board approved the \$15k unbudgeted capital expenditure for the HEPA filtration system.</p> <p>M (Smart) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.7 Board Education	<p>a. <u>FPPC Board Ethics Training</u>: Board members were reminded to complete this training and to submit their certificate to the Board Clerk by March 15, 2023.</p> <p>b. <u>MCH Board member Annual Education</u>: Turner presented a list of modules he recommended including in the Board Member Annual Education. Modules include: Sexual Harassment, HIPAA / Patient Information Privacy and Security, Fraud, Waste, and Abuse, Patient Rights and Responsibilities, Whistleblower Protection, Computer Security, and Code of Conduct. The total time commitment would be less than an hour. McCasland will work with S. Sayre to get the Board members set up in Relias.</p> <p>c. <u>HASC Annual Conference</u> is May 17-19, 2023 in Palm Desert, CA. Robinson and Hoy will be attending.</p> <p>d. <u>CHA Rural Health Care Symposium</u> is April 10-11, 2023 in Sacramento. Peña will be attending.</p>	Information only
8.8 Discussion Topic Suggestions:	None	None
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:14 p.m.	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 4:38 p.m.	Information only
10.1 Closed Session Report:	<p>Per Kieth Burkart, the following items were reported on during “Closed Session”:</p> <ul style="list-style-type: none"> • Medical Staff Report of February 16, 2023 and Credentialing from the January 24, 2023 Medical Executive Committee meeting; and the February 7, 2023 Special Medical Executive Committee meeting. • Risk Management – N/A • CEO Evaluation 	Information only
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	<p>The Board accepted the Medical Staff Report of February 16, 2023, and Credentialing from the January 24, 2023 Medical Executive Committee meeting; and the February 7, 2023 Special Medical Executive Committee meeting as follows:</p> <p><u>New Appointments:</u> PARUL BENDOKAR PENKAR GILARDI, MD – Radiology/Tele-Radiology <u>Provisional Extensions:</u> ALFRED W. FERNANDEZ, MD – Emergency Medicine & Family Practice <u>Advancement from Provisional Staff/Regular Staff:</u> None <u>Reappointments:</u> <u>Changes in Staff Status:</u> None <u>Revision/Increase of Privileges:</u> None <u>Terminations/Resignations:</u> MICHAEL E. WITKOSKY, MD – Tele-Radiology (OnRad Group) <u>Revision of Privileges:</u> None <u>Leave of Absence Requests:</u> None</p>	<p>On a motion made and seconded, the Medical Staff Report of February 16, 2023, and Credentialing from the January 24, 2023 Medical Executive Committee meeting; and the February 7, 2023 Special Medical Executive Committee meeting were accepted as recommended by the MEC.</p> <p>M (Robinson) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
12.0 Next Board-Attended Meetings:	The next Board-Attended meeting will be on Thursday, March 16, 2023 at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	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 4:38 p.m.	Meeting adjourned

By: _____
Cheryl Moxley, Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

Board Approvals: (26 Documents)

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

- a. Medication Management (MM) Policies: (1)**
[Pyxis Drug Diversion Monitoring Policy \(Policy\) - MM](#)

II. Updated Policies / Forms / Attachments: (6)

- a. Human Resources (HR) Policies: (1)**
[Scope of Service, Education Department \(Policy\) - HR](#)
- b. Medication Management (MM) Policies: (4)**
[Fact Sheet for Healthcare Providers: Emergency Use Authorization \(EAU\) of Paxlovid for Coronavirus Disease 2019 \(COVID-19\) \(Attachment\) - MM](#)
[Fact Sheet for Patient, Parents, and Caregivers Emergency Use Authorization \(EUA\) of Paxlovid for Coronavirus Disease 2019 \(COVID-19\) \(Attachment\) - MM](#)
[On-Call Pharmacist and Emergency Pharmacy Access \(Policy\) - MM](#)
[Treatment with Emergency Use Authorization \(EUA\) of PAXLOVID for Coronavirus Disease 2019 \(COVID-19\) \(Policy\) - MM](#)
- c. Provision of Care, Treatment & Services (PC) Policies: (1)**
[Rapid Response Team Policy \(Policy\) - PC](#)

III. Tri-Annual Renewal Only (no / minor changes): (19)

- a. Human Resources (HR) Policies: (1)**
[CPR Certification, Employees \(Policy\) - HR](#)
- b. Medication Management (MM) Policies: (1)**
[Pharmacy Master Formula Sheet: Zofran \(Protocol\) - MM](#)
- c. Rights & Responsibilities of the Individual (RI) Policies: (1)**
[Abuse, Child Abuse - Neglect Reporting Requirements \(Policy\) - RI](#)
- d. Rehabilitation Services Department Policies: (16)**
[Equipment Use and General Guidelines \(Policy\) - Rehabilitation Services Department](#)
[Gait/Crutch Training \(Policy\) - PC](#)
[Gifts \(Policy\) - Rehabilitation Services Department](#)
[Inpatient: Evaluation, Treatment, Reassessment & Discharge \(Policy\) - Rehabilitation Services Department](#)
[Medicare B - Outpatient Advanced Beneficiary Notice \(ABN\) \(Policy\) - Rehabilitation Services Department](#)
[Medicare B Documentation including 10th Visit Report \(Policy\) - Rehabilitation Services Department](#)
[Opening & Closing the Outpatient Department \(Policy\) - Rehabilitation Services Department](#)
[Orientation Rehabilitation Services \(Policy\) - Rehabilitation Services Department](#)
[Outpatient Rehab HealthGuard 865 Vital Sign Kiosk \(Policy\) - Rehabilitation Services Department](#)
[Outpatient Rehabilitation Services Processing of New Outpatients \(Policy\) - Rehabilitation Services Department](#)
[Outpatient Rehabilitation Services Scheduling and Registering New Outpatients \(Policy\) - Rehabilitation Services Department](#)
[Outpatient: Evaluation, Treatment, Reassessment & Discharge \(Policy\) - Rehabilitation Services Department](#)
[Productivity for Physical Therapy Services \(Policy\) - Rehabilitation Services Department](#)
[PT Treatment Procedures: Wound Care & Debridement \(Policy\) - Rehabilitation Services Department](#)
[Rehab Patient Education \(Policy\) - Rehabilitation Services Department](#)
[Vestibular Rehabilitation Services \(Policy\) - Rehabilitation Services Department](#)

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