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Quality Committee Meeting
Thursday, May 25, 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
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Meeting ID: 234 601 921 58

Passcode: MWdfbE

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[+1 951-384-1117,,605686207#](#) United States, Riverside

Phone Conference ID: 605 686 207#

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, May 25, 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. Meds to Beds
c. Breast Cancer Screening
d. 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 Tom Madrigal, Facilities Director Steffanie Miller, Executive Assistant to Facilities</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Moxley called the meeting to order at 1:01 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 March 16, 2023 were approved as written.</p>	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of March 16, 2023 were approved as written</p> <p>M (Hinkley) / S (Turner) / 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 1:03 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 1:09 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> All action items have been completed with the exception of #5: Develop risk mitigation strategies to include policy revision and implementation of best practices, which is ongoing. 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> • <u>Diabetes Program Development:</u> As of March, we were at 100% on three of the four process outcomes (Education: Disease Management, Medication Reconciliation, and Transitions of Care); and 56% on the Education: Nutrition, Food and Drug Interactions process outcome. A Diabetes brochure has been created and is being distributed to patients through the clinic and ED waiting rooms. • <u>Behavioral Health Program Development:</u> As of March, we are at 100% on the suicide prevention documentation process outcome and 80% on the safety attendant training process outcome. The Workplace Violence Prevention policy and the Weapons in the Workplace policy are in the queue for approval. • <u>IEHP Performance Improvement Projects:</u> <ol style="list-style-type: none"> a. <u>Meds to Beds:</u> Our target for 2023 is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. In March 2023, we were at 100%. b. <u>Breast Cancer Screening:</u> Our target for 2023 is that 55.15% of female IEHP patients ages 52-74 receive a mammogram; as of March 2023, we are at 39.86%. c. <u>Colon Cancer Screening:</u> Our target for 2023 is that 48.75% of IEHP/MediCal patients ages 50-75 receive a screening for colorectal cancer; as of March 2023, we are at 33.57%. 	
7.2 Patient Surveys	<p>Patient Satisfaction Surveys (Inpatient & ED) –</p> <ul style="list-style-type: none"> • <u>Inpatient:</u> In March 2023, there were two responses, with a 50% top box score (85.42 mean score). Patient satisfaction comments were reviewed. • <u>ED:</u> In March 2023, there were four responses with a 57.81% top box score (71.95 mean score). 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
7.3 Regulatory Activity/Updates	<p>Regulatory Activities and Updates --</p> <ul style="list-style-type: none"> • SNF CMS Recertification Survey 4/17/2023-4/20/2023: Expect to receive our CMS Form 2567 by the first or second week of May. Plan of correction will be due 10 business days from the receipt of the 2567 report. • 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 • TJC major modifications to the Emergency Management (EM) chapter. Major modifications on the Emergency Operations Plan are in progress. The annual evaluation to the Emergency Management program and the Environment of Care plan will be conducted at the July QSLC meeting. The revised color code flip chart has been submitted for approval. 	Information only
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:34 p.m.	Meeting adjourned



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

Marketing Committee Meeting
Thursday, May 25, 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

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[+1 951-384-1117,,605686207#](#) **United States, Riverside**

Phone Conference ID: 605 686 207#

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

OPEN SESSION

1:30 p.m.

CALL TO ORDER

Cheryl Robinson, Committee Chairperson

PREVIOUS MINUTES

Cheryl Robinson, Committee Chairperson
Action Probable

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

AGENDA ITEMS

- | | |
|----------------|---|
| 1. Fundraising | Kim McGuire, Dir. of Community Dev.
Information Only |
| 2. Marketing | Kim McGuire, Dir. of Community Dev.
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 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 Dr. Don Larsen, Community Member Gerry Hinkley, 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 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 1:32 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 November 17, 2022 were approved as written</p>	<p>The minutes of the meeting of the Marketing Committee held on November 17, 2022, were approved as written.</p> <p>M (Hoy) / S (Turner) / 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"> • <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. • <u>Grant Update</u> <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. • <u>Naming opportunities:</u> <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. ○ 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 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>a refrigerator or inside a cabinet for future reference.</p> <ul style="list-style-type: none"> ○ Assisting with HR recruiting efforts. Applicants who click on our careers page will be redirected to the Breezy site. The theme is “It’s easier to balance at the Peak”, will include testimonials and a recruitment video. ○ Social media posts continue <ul style="list-style-type: none"> ● <u>Other Projects:</u> <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 – content needs updating, consultant, remove redundancies while also meeting regulatory requirements. ○ Met with SNF regarding their needs for a welcome packet for the residents - would also like a video tour so we are exploring those options. 	
6.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:55 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 Leslie Plouse, Quality Director</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Smart called the meeting to order at 2:00 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 Finance Committee Meeting Minutes of February 16, 2023 were approved.</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of February 16, 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>
<p>5.0 Agenda Items: 5.1 Financial Statements</p>	<p>Waggener presented the FY23 Financial Statements as of Eight (8) months ended February 28, 2023 and Nine (9) months ended March</p>	<p>A motion was made and seconded to recommend to the</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>31, 2023. Comparative statistics and selected financial indicators were reviewed with the committee.</p> <p>Waggener reported that we had two (2) Intergovernmental Transfers (IGT's) totaling \$3.5M which were paid in February; and that we received our IGT monies back with matching funds totaling \$9M in March. Waggener reported that with the IGT monies received, we had surplus funds at Cal Bank & Trust. She further noted that we are in the process of wiring funds to UBS (\$4M was transferred today; and another \$4M will be transferred next week). B. Smart discussed putting funds into a Money Market account at UBS.</p>	<p>Board to accept the Financial Statements as of Eight (8) and None (9) months ending February 28, 2023 and March 31, 2023.</p> <p>M (Hoy) / S (Larsen) / C</p>
5.2 Capital Purchases	Waggener presented the FY23 Capital Purchases as of nine (9) months ended March 31, 2023. Updates on FY23 purchases were reviewed.	Information only
5.3 Investments	Waggener presented and reviewed the LAIF and UBS statements as of February 28, 2023 and March 31, 2023.	Information only
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 2:33 p.m.	Meeting adjourned

Mountains Community Hospital
Key Financial Indicators

	AUDITED							BENCHMARKS	
	06/30/17	06/30/18	06/30/19	06/30/20	06/30/21	06/30/22	04/30/23	FAR WEST CAH	CA CAH
<u>LIQUIDITY</u>									
Days cash on hand - All sources	161	240	344	523	490	490	456	173	222
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	7,600,486		
Board Designated	8,505,612	14,339,180	21,636,014	20,160,931	29,289,726	35,548,549	33,255,893		
Total	9,415,399	15,284,003	22,261,831	35,403,017	37,532,358	39,717,047	40,856,379		
Days gross revenue in gross AR	58	57	55	49	62	52	53		
Days net revenue in net AR	41	33	43	33	41	37	30	59	41
Days expense in AP	32	23	25	29	29	42	29		
Current ratio	1.6	2.3	1.6	2.1	1.8	1.8	2.4		
Cash to debt	91%	154%	236%	303%	443%	498%	548%		
<u>CAPITAL STRUCTURE</u>									
Long-term debt to capitalization	38%	28%	24%	25%	16%	14%	13%		
<u>PROFITABILITY</u>									
Total margin	12%	26%	19%	17%	29%	14%	5%		
<u>OTHER</u>									
Paid full time equivalents (FTE's)	165.66	177.25	183.31	176.66	185.49	182.08	187.99		
BENCHMARK - FAR WEST	The Industry Benchmark is from the Optum 2022 Almanac of Hospital Financial and Operating Indicators. The Benchmark Average is for Critical Access Hospital in the Far West Region.								
BENCHMARK - CA	The California Benchmark is from the Flex Monitoring Team Data Summary Report #26, CAH Financial indicators Report: Summary of Indicators Medians by State, May 2022.								
Total Margin Goal	Based on Year-To-Date Budget								

Mountains Community Hospital
Comparative Statistics

	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-21	86	-	86	593	2.8	-	2.8	19.1	896	29	18	24
Aug-21	86	3	89	620	2.8	0.1	2.9	20.0	835	27	8	13
Sep-21	74	28	102	600	2.5	0.9	3.4	20.0	727	24	18	21
Oct-21	83	32	115	620	2.7	1.0	3.7	20.0	708	23	18	12
Nov-21	96	2	98	600	3.2	0.1	3.3	20.0	723	24	13	16
Dec-21	121	36	157	620	3.9	1.2	5.1	20.0	682	22	14	22
Jan-22	196	2	198	620	6.3	0.1	6.4	20.0	810	26	2	14
Feb-22	59	1	60	560	2.1	0.0	2.1	20.0	572	20	1	9
Mar-22	34	-	34	573	1.1	-	1.1	18.5	601	19	15	22
Apr-22	49	-	49	553	1.6	-	1.6	18.4	669	22	7	17
May-22	57	-	57	589	1.8	-	1.8	19.0	714	23	10	25
Jun-22	75	-	75	583	2.5	-	2.5	19.4	716	24	12	16
	1,016	104	1,120	7,131	2.8	0.3	3.1	19.5	8,653	24	136	211
	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-22	45	7	52	589	1.5	0.2	1.7	19.0	841	27	18	24
Aug-22	46	28	74	605	1.5	0.9	2.4	19.5	814	26	20	19
Sep-22	50	14	64	585	1.7	0.5	2.1	19.5	760	25	3	7
Oct-22	30	38	68	594	1.0	1.2	2.2	19.2	786	25	-	1
Nov-22	80	56	136	562	2.7	1.9	4.5	18.7	802	27	-	6
Dec-22	47	4	51	558	1.5	0.1	1.6	18.0	786	25	-	12
Jan-23	46	39	85	585	1.5	1.3	2.7	18.9	712	23	-	9
Feb-23	44	46	90	532	1.6	1.6	3.2	19.0	565	20	-	11
Mar-23	56	45	101	584	1.8	1.5	3.3	18.8	497	16	-	9
Apr-23	54	27	81	535	1.8	0.9	2.7	17.8	602	20	-	14
	498	304	802	5,729	1.6	1.0	2.6	18.8	7,165	24	41	112
Budget Apr-23	75	15	90	588	2.5	0.5	3.0	19.6	720	24	-	15

Mountains Community Hospital
Comparative Statistics

	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-21	7,369	736	264	84	19	107	1,210	712	482	215	210	120	1,027
Aug-21	8,120	709	255	77	18	120	1,179	734	535	244	224	155	1,158
Sep-21	7,871	657	243	75	18	80	1,073	746	528	266	234	150	1,178
Oct-21	7,535	659	249	100	15	127	1,150	714	433	205	239	96	973
Nov-21	7,463	620	254	79	24	124	1,101	710	453	243	225	141	1,062
Dec-21	6,673	562	229	51	18	73	933	590	385	167	237	59	848
Jan-22	7,426	689	250	38	7	82	1,066	566	455	278	236	73	1,042
Feb-22	6,098	606	238	49	13	91	997	577	421	216	196	123	956
Mar-22	6,849	559	183	58	8	110	918	807	533	265	285	130	1,213
Apr-22	6,141	592	213	101	23	133	1,062	711	389	263	270	116	1,038
May-22	6,597	620	204	84	15	117	1,040	678	476	316	256	113	1,161
Jun-22	6,794	660	189	74	17	103	1,043	642	514	292	246	115	1,167
	84,936	7,669	2,771	870	195	1,267	12,772	8,187	5,604	2,970	2,858	1,391	12,823
	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-22	7,502	632	276	52	9	107	1,076	642	480	259	221	89	1,049
Aug-22	7,644	635	256	74	23	100	1,088	792	506	291	236	177	1,210
Sep-22	6,523	584	238	51	12	119	1,004	615	395	245	240	140	1,020
Oct-22	6,566	594	206	94	19	102	1,015	722	413	247	244	126	1,030
Nov-22	6,815	575	184	99	23	83	964	715	379	196	213	102	890
Dec-22	5,970	592	203	78	19	93	985	635	337	204	235	97	873
Jan-23	5,784	577	191	37	8	94	907	623	374	227	223	88	912
Feb-23	4,897	488	153	46	13	63	763	526	322	183	196	74	775
Mar-23	3,813	450	148	19	5	62	684	378	278	108	198	54	638
Apr-23	6,309	574	204	55	11	92	936	678	362	264	199	91	916
	61,823	5,701	2,059	605	142	915	9,422	6,326	3,846	2,224	2,205	1,038	9,313
Budget Apr-23	6,000	739	204	82	25	113	1,163	681	460	260	240	140	1,100

Statement of Revenue & Expenses

Application Code : GL

User Login Name:waggeny

Through April 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Revenue:								
Gross Patient Service Revenue	4,756,411	5,171,965	-415,554	48,493,557	52,248,853	-3,755,296	62,680,783	-14,187,226
Deductions from Revenue:								
Contractual Discounts	2,830,346	3,386,901	-556,555	30,334,788	34,138,010	-3,803,222	40,969,812	-10,635,024
Bad Debt	50,000	104,000	-54,000	641,384	1,051,000	-409,616	1,261,000	-619,616
Charity Care	0	0	0	60,032	0	60,032	0	60,032
Supplemental Reimbursement	-525,792	0	-525,792	-7,893,666	-6,100,000	-1,793,666	-7,852,000	-41,666

Net Patient Service Revenue	2,401,857	1,681,064	720,793	25,351,020	23,159,843	2,191,177	28,301,971	-2,950,951
Other Operating Revenue	25,779	23,960	1,819	249,268	239,600	9,668	352,520	-103,252

Total Revenue	2,427,635	1,705,024	722,611	25,600,288	23,399,443	2,200,845	28,654,491	-3,054,203
Expenses:								
Salaries and Wages	1,754,642	1,500,120	254,522	14,395,079	15,174,690	-779,611	18,248,010	-3,852,931
Employee Benefits	335,389	374,270	-38,881	3,057,885	3,228,850	-170,965	3,911,160	-853,275
Professional Fees	230,011	164,700	65,311	2,244,546	1,525,800	718,746	1,866,780	377,766
Supplies	274,654	272,625	2,029	2,508,753	2,521,855	-13,102	3,131,975	-623,222
Purchased Services	120,916	93,115	27,801	1,275,960	1,027,585	248,375	1,255,185	20,775
Rent	17,934	9,915	8,019	154,219	99,150	55,069	122,280	31,939
Repairs & Maintenance	113,708	69,180	44,528	717,444	678,895	38,549	906,495	-189,051
Utilities	47,361	42,325	5,036	519,156	461,850	57,306	547,500	-28,344
Insurance	39,414	38,960	454	394,555	389,585	4,970	467,500	-72,945
Depreciation Expense	124,474	139,730	-15,256	1,243,211	1,371,850	-128,639	1,651,310	-408,099
Other Operating Expenses	109,161	116,070	-6,909	1,599,642	1,582,280	17,362	1,876,535	-276,893

Statement of Revenue & Expenses

Application Code : GL

User Login Name:waggeny

Through April 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Total Expenses	3,167,665	2,821,010	346,655	28,110,450	28,062,390	48,060	33,984,730	-5,874,280

Income (Loss) from Operations	-740,029	-1,115,986	375,957	-2,510,162	-4,662,947	2,152,785	-5,330,239	2,820,077
Non-Operating Rev (Exp):								
District Tax Revenue	245,000	245,000	0	2,450,000	2,450,000	0	2,940,000	-490,000
Investment Income	108,418	0	108,418	764,818	0	764,818	0	764,818
Interest Expenses	-36,020	-36,020	0	-373,715	-373,715	0	-445,765	72,050
Non Capital Grants & Contr	179,250	0	179,250	953,369	722,500	230,869	970,000	-16,631
Other Non-Operating Revenue	36,767	37,490	-723	381,331	375,050	6,281	450,180	-68,849
Other Non-Operating Expense	-31,047	-26,075	-4,972	-267,261	-277,055	9,794	-331,890	64,629
Gain/Loss On Disp of Property	0	0	0	0	0	0	0	0

Non-Operating Revenue/Expense	502,368	220,395	281,973	3,908,543	2,896,780	1,011,763	3,582,525	326,018

Net Income (Loss)	-237,661	-895,591	657,930	1,398,380	-1,766,167	3,164,547	-1,747,714	3,146,094
=====								

11:54

Balance Sheet

Application Code : GL

User Login Name:waggeny

April 2023

Description	Beginning	Ending	Variance
	Balance	Balance	
Assets:			
Cash & Cash Equivalents	4,168,497	7,600,486	3,431,988
Receivables: Patient - Net	2,875,476	2,520,254	-355,222
Receivables: Other	198,586	-388,020	-586,605
Receivables: Foundation	0	-170	-170
Inventory	569,588	685,731	116,143
Prepaid Expenses & Deposits	477,555	570,917	93,362

Total Current Assets	8,289,702	10,989,198	2,699,496
Assets Limited As To Use	36,015,367	33,543,348	-2,472,019
Capital Assets - Net	16,208,340	17,108,599	900,259
Other Assets	1,982,928	1,982,928	0

Total Assets	62,496,338	63,624,073	1,127,735
=====			
Liabilities:			
Long-Term Debt - CP	509,000	533,200	24,200
AP & Accrued Expenses	1,536,352	1,187,673	-348,679
Patient Credit Balances	583,417	713,810	130,394
Accrued Interest	183,248	104,157	-79,091
Accrued Payroll	1,183,246	1,146,265	-36,981
Deferred Revenue	40,294	49,178	8,884
Est Third-Party Settlements	649,088	941,531	292,443

Total Current Liabilities	4,684,645	4,675,814	-8,831
Long-Term Debt	7,979,957	7,459,767	-520,190
Deferred Inflows-Leases	2,008,540	2,008,540	0

Total Liabilities	14,673,142	14,144,121	-529,021
Net Assets	47,823,196	49,479,952	1,656,756

Total Liabilities & Net Assets	62,496,338	63,624,073	1,127,735
=====			

FY 2023 Capital Budget & Asset Additions as of 04/30/23

<u>Department</u>	<u>Item Description</u>	<u>Budget</u>	<u>Complete</u>	<u>Actual</u>	<u>Funding</u>	
Facilities	Front of House	498,000		469,876	507,000	Grants & Donations
Facilities	Gift Shop	165,600				
Facilities	Front of House & Gift Shop Soft Costs & Furniture	152,600				
Facilities	RHC LA Interior Remodel/Retrofit	200,000		68,546	50,000	County
Facilities	Touchless Bathrooms	60,000		74,402	200,000	Federal COVID Relief
Facilities	Hallway Flooring MOB	20,000				
Environmental Services	Hand Hygiene Monitoring	50,000	X	35,135		
Surgery	Surgery Cabinetry	23,000	X	26,550		
Facilities	Hospital & MOB Flooring	307,000		357,925	258,000	ARP Ship Grant
Facilities	Patient Transfer Vehicle	125,000			125,000	Foundation
Emergency/Surgery	Stryker Gurneys	95,000	X	94,572	150,000	Ahmanson Grant
Facilities	Education Center	-			327,000	Donations
Facilities	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	200,000		45,295		
Facilities	Parking Structure	-				
Facilities	New Acute Care Wing	-				
Anesthesia	Anesthesia Monitor	30,000				
Dietary	A/C Project	81,000		845		Approved Aug 2022
Emergency	Radio System (Wearable Alert Notifiers)	TBD				
Emergency	Slit Lamp	10,000				
Facilities	Chemistry Analyzers (2) Construction	25,000		11,390		
Facilities	ER Exam Lights	50,000		433		
Facilities	Extension to Bio Hazard Cage	6,000				
Facilities	Fire Suppression (Server Room)	65,000				
Facilities	Front of House & Med Surg HVAC	306,000		267,449		
Facilities	Med Surg Nursing Station (Pyxis)	135,000		250,915		
Facilities	Med Surg Windows	150,000				
Facilities	MOB A/C Units	25,000		5,400		
Facilities	MOB Electrical Panel	15,000				
Facilities	MOB Repairs on Pop-Outs	75,000				
Facilities	Nurses' Call System	250,000				
Facilities	OR Doors	15,000				
Facilities	Parking Lot Expansion	50,000				
Facilities	Parking Lot Slurry & Restripe	38,000	X	37,565		
Facilities	Pharmacy Relocation (Includes Hood)	496,800		71,662		
Facilities	Seismic NPC3 (Anchor Equipment) & SPC 4D	100,000		63,946		
Facilities	SNF Nurses' Station	15,000				

FY 2023 Capital Budget & Asset Additions as of 04/30/23

<u>Department</u>	<u>Item Description</u>	<u>Budget</u>	<u>Complete</u>	<u>Actual</u>	<u>Funding</u>
Facilities	Storage Containers	74,000			
Facilities	Surgery Water Filtration System Construction	20,000			
Facilities	Utility Vehicle	25,000			
Information Tech	Cisco Firewalls	28,000			
Information Tech	EHR	TBD		245,154	
Laboratory	Centrifuge	9,000	X	8,369	
Laboratory	Chemistry Analyzer Interface	19,000		18,318	
Laboratory	Coagulation Analyzer	67,000			
Laboratory	Microscope	15,000	X	14,817	
Med Surg	Accuvein Vein Finder	6,000			
Respiratory	EKG Machine	13,000			
RHC Dental	Air Compressor	9,000			
RHC Dental	Autoclave	12,000	X	10,644	
RHC Dental	Exam Chair	17,000	X	16,499	
Surgery	Cardiac Monitors (2)	23,000			
Surgery	EGD & Colonscopy Scopes	55,000			
Surgery	Electrosurgical Unit with Smoke Evacuator	37,000		8,744	
		4,263,000		2,204,449	1,617,000
<u>Not Budgeted</u>					
Information Tech	Phone System Upgrade	NA	X	8,520	
Radiology	Windows 10 Upgrade to Ultrasound Machine	NA	X	6,007	
Skilled Nursing Facility	Shed	NA	X	7,902	
Skilled Nursing Facility	Hepa Air Filtration	NA	X	15,111	
Facilities	Sprinklers	NA	X	9,217	
Laboratory	Blood Bank Fridge	NA	X	12,279	
	Total	4,263,000		2,263,485	



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

DISTRICT BOARD OF DIRECTORS MEETING

Thursday, May 25, 2023, 2:15 p.m.

George M. Medak Conference Room, Suite 207

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

Or

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 234 601 921 58

Passcode: MWdfbE

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

Or call in (audio only)

[+1 951-384-1117,605686207#](#) **United States, Riverside**

Phone Conference ID: 605 686 207#

Members:

Kieth Burkart, President
 Barrick Smart, Treasurer
 Barry Hoy, Trustee

Cheryl Robinson, Vice President
 Cheryl Moxley, Secretary

Staff Members:

Mark Turner, Chief Executive Officer
 Bijan Motamedi, M.D., Chief of Staff
 Julie Atwood, Human Resources Director

Terry Peña, Chief Operating Officer
 Yvonne Waggener, Chief Financial Officer
 Kristi McCasland, Executive Assistant

OPEN SESSION

2:15 p.m.

CALL TO ORDER

Kieth Burkart, President

PRESIDENTS COMMENTS

Kieth Burkart, President
 Action Possible

BOARD MEMBER REPORTS

All Board Members

PUBLIC COMMENTS

Government Code
 Section 54954.3 Sections A & B

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

PREVIOUS MINUTES approval

Kieth Burkart, President
 Action probable

CONSENT AGENDA

Kieth Burkart, President
 Action Probable

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, May 25, 2023, 2:15 p.m.

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held April 28, 2023
2. Approval of Marketing Committee minutes, meeting held February 16, 2023
3. Approval of Finance Committee minutes, meeting held April 28, 2023
4. Approval of the attached Policies and Procedures (Revised list) that was sent May 17, 2023

AGENDA ITEMS

- | | |
|---|---|
| 1. Resolution 2023-09 – Establishing Appropriations Limits for FY 2023-2024 | Mark Turner, Chief Executive Officer
Action Possible |
| 2. CEO Report | |
| 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 May 25, 2023 | Information only |
| 5. Marketing Committee Report | Cheryl Robinson, Chairperson |
| a. Report of Meeting held May 25, 2023 | Information only |
| 6. Finance Committee Report | Barry Smart, Chairperson |
| a. Report of Meeting held May 25, 2023 | Action Probable |
| b. Capital Purchases | Action Possible |
| c. Investments | Action Possible |
| d. Investments Account at Cal Bank & Trust | Action Possible |
| 7. Board Education | Kieth Burkart, President |
| a. | 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. <u>Hearings</u>
Subject matter: Staff Privileges
Re: Credentialing Recommendations
Closed session pursuant to Cal. Health & Safety § 32155 | Bijan Motamedi, M.D., Chief of Staff
Action Probable |
|--|---|

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, May 25, 2023, 2:15 p.m.

Page 3 of 3

2. Medical Executive Committee Report
Subject Matter: Report of Medical Executive Committee
Meeting minutes
Closed session pursuant to Cal. Health & Safety § 32155

Bijan Motamedi, M.D., Chief of Staff
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, June 29, 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	√	√	√	√								D A R K
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						

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 2:33 p.m.	The meeting was called to order
2.0 Board Members Present: Members Absent: Recording Secretary Staff Members Present: Guests:	<p>Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee</p> <p>Kristi McCasland, Executive Assistant</p> <p>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</p> <p>Kim McGuire, Community Development Director Leslie Plouse, Quality Director Don Larson, MD, Community Member Gerry Hinkley, Community Member</p>	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 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of March 16, 2023 were approved as written.	On a motion made and seconded the Minutes from the Board of Directors meeting of March 16, 2023 were approved

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p>as written.</p> <p>M (Smart) / S (Robinson) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
7.0 Consent Agenda:	<p>The following Consent Agenda items were reviewed:</p> <ol style="list-style-type: none"> 1. Approval of Quality Committee minutes, meeting held March 16, 2023 2. Approval of Facilities Committee minutes, meeting held January 19, 2023 3. Approval of Finance Committee minutes, meeting held February 16, 2023 4. Approval of the attached list of Policies and Procedures that was sent April 17, 2023 (<i>see list attached to the April Board Packet</i>). McCasland reported that the MEC tabled the approval of the Eyewash Procedure (Policy) and the Eyewash Station Safety and Maintenance per OSHA Regulations (Policy) at their last meeting. 5. Approval of the attached list of Policies and Procedures ADDENDUM that was sent April 25, 2023 (<i>see list attached to the April Board Packet</i>). 	<p>On a motion made and seconded, the Consent Agenda items were approved as presented, with the exception of the 1) Eyewash Procedure (Policy) and the 2) Eyewash Station Safety and Maintenance per OSHA Regulations (Policy) from the Policy list dated April 17, 2023.</p> <p>M (Moxley) / S (Smart) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.0 Agenda 8.1 Board Member Pay/Benefits	<p>Turner reported that a question was brought forward from a board member on why they are being paid through payroll (W2) vs. through accounts payable (1099). Waggener presented a brief the history of how board members were paid previously, and why the decision was made to switch to W2 payments. She noted that our attorney did extensive research and worked with CalPERS regarding this topic. Through his research, it was decided that MCH would need to pay the board members through payroll, starting January 1, 2023.</p>	<p>Information only</p>
8.2 FY2022-2023 Annual Patient Care Contract Evaluations	<p>Turner presented the FY2022-2023 Patient Care Contracted Services Evaluation Summary. Turner noted that it is a regulatory requirement to review patient care contracts annually. He noted that through the evaluation process, three of the vendors (ALSCO, Psychiatric Medical</p>	<p>On a motion made and seconded, the board recommended approving the FY 2022-2023 Patient Care Contracted Services</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Professionals “PMP” and KLO Consulting) were rated as “improvement required”. Services have already been transferred to another vendor from ALSCO and PMP; and Facilities is soliciting bids to replace KLO Consulting.</p>	<p>Evaluation, as presented, and continue with these contracted services.</p> <p>M (Smart) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>8.3.Strategic Plan a. Review, edit and validate MCH’s Mission, Vision, Values</p>	<p>Turner reported that the last time the Board approved the hospital’s Mission Statement was 1994, however, he feels the hospital’s Mission, Vision and Values are all still relevant. Turner noted that Moxley had suggested that we edit the hospital’s Vision Statement to be a complete sentence. Turner proposed changing the Vision statement to read: “Mountains Community Hospital provides peace of mind by securing the health of the Community.”</p>	<p>On a motion made and seconded, the board recommended keeping the Mission Statement and Values the same; and update the Vision statement to read: “Mountains Community Hospital provides peace of mind by securing the health of the Community.”</p> <p>M (Hoy) / S (Robinson) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>8.4 CEO Report a. Construction and Land Use Approval Update</p>	<p>Turner reported that the construction and land use approval updates were already given during the Facilities Committee meeting (see section 8.7 below).</p>	<p>Information only</p>
<p>b. General Surgeon Onboarding Update</p>	<p>Turner reported that Dr. Nashed started on April 3, 2023 and that his insurance credentialing is ongoing. Dr. Nashed has begun seeing clinic patients and is scheduling procedures to be done once his credentialing is finalized. Dr. Nashed has completed 2 of his 6-proctored procedures with Dr. Martin; Dr. Walker will proctor the other four procedures.</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.5 COO/CNO Report	<p>Peña reported on the following:</p> <ul style="list-style-type: none"> • Education Manager: Cynthia Bush has been selected as the new Education Manager, however, she will continue in her role as SNF Manager until her replacement is found. • SNF Manager: The position has been posted for three weeks with no qualified applicants. HR will post this position with a recruiting agency. • Employee orientation will be going back to being held in person; managers are working on updating their presentations. • A Clinical Supervisor position was created, which is a dedicated position to cover the whole hospital on nights/weekends. Peña is looking at changing the position title to reflect the scope of their role. • Clinical staff continue to work with MediTech as we prepare to implement our new EMR system. 	Information only
<p>8.6 Quality Committee Report</p> <p>a. Report of meeting held April 28, 2023</p>	<p>Moxley reported on the Quality Committee meeting:</p> <ol style="list-style-type: none"> 1. <u>Performance Improvement:</u> <ol style="list-style-type: none"> a. <u>Fall/Injury Reduction:</u> All action items have been completed with the exception of #5: Develop risk mitigation strategies to include policy revision and implementation of best practices, which is ongoing. b. <u>Diabetes Program Development:</u> As of March, we were at 100% on three of the four process outcomes (Education: Disease Management, Medication Reconciliation, and Transitions of Care); and 56% on the Education: Nutrition, Food and Drug Interactions process outcome. c. <u>Behavioral Health Program Development:</u> As of March, we are at 100% on the suicide prevention documentation process outcome and 80% on the safety attendant training process outcome. d. <u>IEHP Performance Improvement Projects:</u> <ol style="list-style-type: none"> 1) <u>Meds to Beds:</u> Our target for 2023 is that 100% of IEHP 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>members who are discharged from an IP setting are offered the Meds to Beds program. In March 2023, we were at 100%.</p> <p>2) <u>Breast Cancer Screening</u>: Our target for 2023 is that 55.15% of female IEHP patients ages 52-74 receive a mammogram; as of March 2023, we are at 39.86%.</p> <p>3) <u>Colon Cancer Screening</u>: Our target for 2023 is that 48.75% of IEHP/MediCal patients ages 50-75 receive a screening for colorectal cancer; as of March 2023, we are at 33.57%.</p> <p>2. <u>Patient Satisfaction Surveys (Inpatient & ED)</u>:</p> <p>a. <u>Inpatient</u>: In March 2023, there were two responses, with a 50% top box score (85.42 mean score). Patient satisfaction comments were reviewed.</p> <p>b. <u>ED</u>: In March 2023, there were four responses with a 57.81% top box score (71.95 mean score).</p> <p>3. <u>Regulatory Activities and Updates</u>:</p> <p>a. <u>SNF CMS Recertification Survey 4/17/2023-4/20/2023</u>: Expect to receive our CMS Form 2567 by the first or second week of May. Plan of correction will be due 10 business days from the receipt of the 2567 report.</p> <p>b. <u>TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022</u>: Plan of correction compliance rates were reviewed.</p> <p>c. <u>CDPH Complaint Investigation 7/22/2022</u>: investigation ongoing</p> <p>d. TJC major modifications to the Emergency Management (EM) chapter are ongoing.</p>	
<p>8.7 Facilities Committee Report</p> <p>a. Report of meeting held April 28, 2023</p>	<p>Robinson reported on the Facilities Committee meeting:</p> <p>1. <u>Hospital Campus Update</u>:</p> <p>a. <u>Campus Cleanup</u>: Madrigal reported that they are focusing on campus cleanup following the winter storm season. A contractor</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>is currently on site removing dead trees/wood in the back yard. In addition, repair work will be scheduled to fix the damages to the fence and parking lot.</p> <p>b. <u>Hospital Van</u>: A contract has been signed to purchase a new van. We are awaiting the van to be built and modified to our specifications. It is estimated the van will be received in September 2023.</p> <p>2. <u>Construction Projects</u>:</p> <p>a. <u>Pyxis Med/Surg Install</u>: HCAI was unable to come out to inspect our construction until recently due to the winter storms. The Fire damper was a concern for the Fire Marshall; the HVAC contractor is addressing this. A re-inspection is scheduled for May 18, 2023.</p> <p>b. <u>Registration Project</u>: HCAI was unable to come out to inspect our construction until recently due to the winter storms. There was a concern that air could not be regulated; concerns are being addressed with the HVAC contractor. A re-inspection is scheduled for May 18, 2023. The furniture is expected to arrive May 17, 2023, which includes furniture for waiting area. Once the inspection is approved, this area will be available for partial occupancy and the front entrance will re-open. A temporary wall will be installed so that the eligibility offices can be worked on next.</p> <p>c. <u>Pharmacy Project</u>: Our plans have been approved and we can proceed with the formal bidding process. Facilities will coordinate with our land use attorney to post the bid request with the local newspapers, as well as in contractor bid rooms. It is estimated it will be 60-days between posting the bid request to the job walks.</p> <p>d. <u>Lab Project</u>: The large analyzer is scheduled to be moved into the Lab on May 2, 2023; the unit has been in calibration since July 2022. Once the large analyzer is in place, the smaller unit will be scheduled to move into the Lab.</p> <p>e. <u>Gift Shop</u>: This project was discussed with HCAI and we were</p>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>told we do not need to resubmit the plans as they have been previously approved; we just need to notify them once we are ready to proceed.</p> <p>f. <u>Entitlement Process to Acquire Land Use Approval:</u></p> <ol style="list-style-type: none"> 1) <u>New Acute Care Wing:</u> The application has been received and accepted by the County and they have 30 days to review and come back to us with questions. Once it is fully approved, the project will move into the next phase, which includes review by other departments within the County, and public notices. It is estimated this will be a 6-month process. 2) <u>Education Center/Parking Structure:</u> The application process for the new education center and parking structure has not been started as of yet. 	
<p>8.8 Finance Committee Report</p> <ol style="list-style-type: none"> a. Report of meeting held April 28, 2023 	<p>Smart reported on the Finance Committee meeting:</p> <ol style="list-style-type: none"> 1. <u>Financial Statements:</u> The FY23 Financial Statements as of Eight (8) months ended February 28, 2023 and Nine (9) months ended March 31, 2023. Comparative statistics and selected financial indicators were reviewed with the committee. <p>It was reported that we had two (2) Intergovernmental Transfers (IGT's) totaling \$3.5M which were paid in February; and that we received our IGT monies back with matching funds totaling \$9M in March. With the IGT monies received, there was a surplus of \$11M, which would be transferred into a Money Market account.</p> <ol style="list-style-type: none"> 2. <u>Capital Purchases:</u> The FY23 Capital Purchases as of nine (9) months ended March 31, 2023. Updates on FY23 purchases were reviewed. 3. <u>Investments:</u> LAIF and UBS statements for months ending February 28, 2023 and March 31, 2023 were presented and reviewed. 	<p>On a motion made and seconded, the Financial Statements as of Eight (8) months ending February 28, 2023 and Nine (9) months ended March 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
8.9 Board Education	a. <u>HASC Annual Conference</u> is May 17-19, 2023 in Palm Desert, CA. Robinson, Hoy and Turner will be attending.	Information only
8.10 Discussion Topic Suggestions:	None	None
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:15 p.m.	Information only
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 4:15 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 Reports of April 28, 2023 and Credentialing from the March 28, 2023 Medical Executive Committee meeting; Credentialing from the April 5, 2023 “Special” Medical Executive Committee meeting; and Credentialing from the April 25, 2023 Medical Executive Committee meeting. • Annual Management Action Plan: Proposed new services, programs and facilities. Estimated date of disclosure: April 30, 2024. • Executive Session: Personnel Issues: CEO Compensation 	Information only
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	<p>The Board accepted the Medical Staff Reports of April 28, 2023, and Credentialing from the March 28, 2023 Medical Executive Committee meeting; Credentialing from the April 5, 2023 “Special” Medical Executive Committee meeting; and Credentialing from the April 25, 2023 Medical Executive Committee meetings.</p> <ul style="list-style-type: none"> • Credentialing from the March 28, 2023 Medical Executive Committee meeting. Approvals were as follows: <ul style="list-style-type: none"> • <u>New Appointments:</u> BESHOY A. NASHED, DO – General Surgery & MCH Rural Clinic JOSEPH KALLINI, MD – Tele-Radiology (SOL) 	On a motion made and seconded, the Medical Staff Reports of April 28, 2023, and Credentialing from the March 28, 2023 Medical Executive Committee meeting

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>ARI D. PLOSKER, MD – Tele-Radiology (OnRad) SHAYNA T. WALKER, MD – Psychiatry – Telemedicine via MCH Rural Clinic JAYMIE T. LOPEZ, FNP – Nurse Practitioner - Psychiatry – Telemedicine via MCH Rural Clinic</p> <ul style="list-style-type: none"> • <u>Provisional Extensions:</u> None • <u>Advancement from Provisional Staff/Regular Staff:</u> NICOLAUS KUEHN, MD – Tele-Radiology • <u>Reappointments:</u> VIRGIL L. ROBERTSON, FNP – Nurse Practitioner - MCH Rural Clinic XIAOYAN ZHOU, MD – Pathology • <u>Changes in Staff Status:</u> None • <u>Revision/Increase of Privileges:</u> None • <u>Terminations/Resignations:</u> None • <u>Revision of Privileges:</u> None • <u>Leave of Absence Requests:</u> None <p>• Credentialing from the April 5, 2023 “Special” Medical Executive Committee meeting. Approvals were as follows:</p> <ul style="list-style-type: none"> • <u>New Appointments:</u> None • <u>Provisional Extensions:</u> None • <u>Advancement from Provisional Staff/Regular Staff:</u> None • <u>Reappointments:</u> DUCLE DECASTRO, MD – Pathology • <u>Changes in Staff Status:</u> None • <u>Revision/Increase of Privileges:</u> None • <u>Terminations/Resignations:</u> None • <u>Revision of Privileges:</u> None • <u>Leave of Absence Requests:</u> None <p>• Credentialing from the April 25, 2023 Medical Executive Committee meeting. Approvals were as follows:</p> <ul style="list-style-type: none"> • <u>New Appointments:</u> AMAR AMIN, MD – Tele-Radiology (SOL) 	<p>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> <hr/> <p>On a motion made and seconded, the Medical Staff Reports of April 28, 2023, and Credentialing from the April 5, 2023 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> <hr/> <p>On a motion made and seconded, the Medical Staff Reports of April 25, 2023, and Credentialing from</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>GENE Y. KIM, MD – Tele-Radiology (SOL) CHIRAG A. PATEL, MD – Tele-Radiology (SOL) MARYAM SOKHAN SANJ, MD – Tele-Radiology (SOL)</p> <ul style="list-style-type: none"> • <u>Provisional Extensions:</u> KENNETH DALE, MD – Emergency Medicine & Family Practice • <u>Advancement from Provisional Staff/Regular Staff:</u> None • <u>Reappointments:</u> JANETTE FRANCIS, FNP – Nurse Practitioner - MCH Rural Clinic • <u>Changes in Staff Status:</u> None • <u>Revision/Increase of Privileges:</u> None • <u>Terminations/Resignations:</u> ERNEST DE GUZMAN, MD – Psychiatry/Telemedicine RHC Rural Clinic JAGDEEP S. GAREWAL, MD – Psychiatry/Telemedicine RHC Rural Clinic SHARON CLAY-MATEMAVI, FNP – Nurse Practitioner - Psychiatry/Telemedicine RHC Rural Clinic JASON LUE, MD – Radiology/Tele-Radiology – (OnRad) PARUL GILARDI, MD – Radiology/Tele-Radiology – (SOL Radiology) • <u>Revision of Privileges:</u> None • <u>Leave of Absence Requests:</u> None 	<p>the April 5, 2023 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>
<p>12.0 Next Board-Attended Meetings:</p>	<p>The next Board-Attended meeting will be on Thursday, May 25, 2023 at 1:00 p.m. Meeting to be held in the George M. Medak Conference Room (Suite 207) in the Medical Office Building.</p>	<p>Information only</p>
<p>13.0 Final Adjournment:</p>	<p>There being no further business to discuss, the Board of Directors meeting adjourned at approximately 4:15 p.m.</p>	<p>Meeting adjourned</p>

By: _____
Cheryl Moxley, Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

Board Approvals: (66 Documents)

I. New Policies / Forms / Attachments: (5)

- a. **Infection Control (IC) Policies:** (2)
[Eyewash Procedures \(Policy\) - IC](#)
[Eyewash Station Safety and Maintenance per OSHA Regulations \(Policy\) - IC](#)
- b. **Provision of Care, Treatment and Services (PC) Policies:** (1)
[Family Request for Autopsies \(Attachment\) - PC](#)
- c. **Laboratory Services Policies:** (1)
[Cor QC Test Kit for Blood Bank Quality Control \(Policy\) - Laboratory Department](#)
- d. **Skilled Nursing Facility Policies:** (1)
[Eye Drop Administration \(Policy\) - Skilled Nursing Facility](#)

II. Updated Policies / Forms / Attachments: (14)

- a. **Medication Management (MM) Policies:** (1)
[Antibiotic Selection Order Set: Intra-Abdominal Infections \(Protocol\) - MM](#)
- b. **Provision of Care, Treatment & Services (PC) Policies:** (2)
[Quality Review Reports, QRR \(Policy\) - PC / PI](#)
[Rapid Response Team Documentation \(Form\) - PC](#)
- c. **Emergency Department Policies:** (2)
[ED Standardized Procedure for Chest Pain \(Policy\) - Emergency Department](#)
[Against Medical Advice/Elopement \(Policy\) - RI](#)
- d. **Environmental Services Department Policies:** (3)
[Cleaning Chemicals Determination and Use \(Policy\) - EVS](#)
[EVS Cleaning Cart Set Up \(Policy\) - EVS](#)
[UV Standard Operating and Usage Policy \(Policy\) - EVS](#)
- e. **Laboratory Services Department Policies:** (4)
[Delegation of Responsibility 2023, Lab \(Policy\) - Laboratory Department](#)
[Point of Care Testing: Operation and Use of Bedside Glucose Monitoring \(Policy\) - PC / WT](#)
[Scope of Service, Lab \(Policy\) - Laboratory Department](#)
[Specimen Requirement and Turn Around Times \(Attachment\) - Laboratory Department](#)
- f. **Nutritional Services Department Policies:** (2)
[Food Temperature Control \(Policy\) - Nutritional Services Department](#)
[Thickened Liquids, Nutritional Services \(Policy\) - Nutritional Services Department](#)

III. Triennial Renewal Only (no / minor changes): (47)

- a. **Emergency Management (EM) Policies:** (1)
[Hazard Vulnerability Analysis - EP-010 \(Policy\) - EM](#)
- b. **Infection Control (IC) Policies:** (8)
[Bedside Procedures \(Policy\) - IC](#)
[Communicable Diseases, Reporting of \(Policy\) - IC](#)
[Exposure Control Plan Appendix A \(Plan\) - IC](#)

Board of Directors Meeting - May 25, 2023
Policy Review/Approval -- Revised 5/17/2023

[Exposure, Assignment of Personnel \(Policy\) - IC](#)
[Fit Testing \(Policy\) - IC](#)
[Infection Control Policy Statement \(Policy\) - IC](#)
[Infection Control Practices, Employees \(Policy\) - IC](#)
[Linen, Safe Handling of \(Policy\) - IC](#)

c. Leadership (LD) Policies: (1)

[Logo Usage \(Policy\) - LD](#)

d. Provision of Care Treatment and Services (PC) Policies: (9)

[Crisis Care and Surge Plan \(Policy\) - PC](#)
[Patient Activity \(Policy\) - PC](#)
[Patient Family Education \(Policy\) - PC](#)
[Patients in the Custody of Peace Officers & Reporting of Patients to Law Enforcement \(Policy\) - PC](#)
[Physician Standards for Clinical Services-Physician Orders \(Policy\) - PC](#)
[Response to Adverse, Unusual, Serious or Sentinel Events \(Policy\) - PC / PI](#)
[Safety Attendants \(Policy\) - PC](#)
[Smoking, Patients - SEC-014 \(Policy\) - PC](#)
[Traction Set-Up \(Policy\) - PC](#)

e. Rights & Responsibilities of the Patient (RI) Policies: (3)

[Patient Rights and Responsibilities \(Attachment\) - RI](#)
[Visitation \(Policy\) - RI](#)
[Pastoral Care \(Policy\) - RI](#)

f. Emergency Department Policies: (16)

[Animal Bites \(Policy\) - Emergency Department](#)
[Blood Test Request by Peace Officer \(Policy\) - Emergency Department](#)
[Discharge from the Emergency Department \(Policy\) - Emergency Department](#)
[Discharge Instructions \(Policy\) - Emergency Department](#)
[Emergency Department Staffing Ratios \(Policy\) - Emergency Department](#)
[EMTALA Medical Screening Examination \(MSE\) \(Policy\) - Emergency Department](#)
[EMTALA Patient Transfer from ED \(Policy\) - Emergency Department](#)
[EMTALA Potential Emergency Medical Condition \(Policy\) - Emergency Department](#)
[Infant Abandonment Safe Surrender \(Policy\) - Emergency Department](#)
[Lapse of Consciousness Reporting \(Policy\) - Emergency Department](#)
[Medical Advice by Telephone \(Policy\) - Emergency Department](#)
[Medical Director, ED \(Policy\) - Emergency Department](#)
[Patient Gown Requirements \(Policy\) - Emergency Department](#)
[Pediatric Guidelines for Administration of Ketamine in the Emergency Department \(Policy\) - Emergency Department](#)
[Poison Control Procedure \(Policy\) - Emergency Department](#)
[Scope of Service, ED \(Policy\) - Emergency Department](#)

g. Foundation Department Policies: (1)

[Foundation Investment Committee Policy \(Policy\) - Foundation](#)

h. Laboratory Services Department Policies: (1)

[Hazardous Materials Communication Program. Lab \(Policy\) - Laboratory Department](#)

i. Nutritional Services Department Policies: (1)

[Department Equipment-Procedure Competency Assessment & Training \(Policy\) - Nutritional Services Department](#)

j. Patient Access Department Policies: (2)

Board of Directors Meeting - May 25, 2023
Policy Review/Approval -- Revised 5/17/2023

[Admission Procedure - Direct Admit \(Policy\) - Patient Access Department](#)
[Eligibility \(Policy\) - Patient Access Department](#)

k. Rehabilitation Services Department Policies: (3)

[Gait/Crutch Training \(Policy\) - PC](#)

[Physical Therapy Reference Books \(Policy\) - Rehabilitation Services Department](#)

[Rehab Department Safety: Phone System \(Policy\) - Rehabilitation Services Department](#)

l. Skilled Nursing Facility Policies: (1)

[MCH DPSNF Facility Assessment 2020 \(Attachment\) - Skilled Nursing Facility](#)

RESOLUTION NO. 2023-09

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
ESTABLISHING APPROPRIATIONS LIMITS
FOR FISCAL YEAR 2023-2024**

WHEREAS, article XIII B of the California Constitution places an annual limitation upon appropriations from proceeds of taxes by each local government of the State of California; and

WHEREAS, Section 7910 of the California Government Code implements article XIII B of the California Constitution by requiring each local jurisdiction to establish, by resolution, its appropriations limit for each fiscal year, beginning with 1980-1981, and to make the documentation used in determining each year's appropriations limit available to the public 15 days prior to adoption of the resolution establishing each year's appropriations limit; and

WHEREAS, the San Bernardino Mountains Community Hospital District ("District") previously assumed the financial responsibility from the County of San Bernardino ("County") for providing service to certain areas within the County outside of the District's service area; and

WHEREAS, pursuant to article XIII B, section 3(a) of the California Constitution, the District and the County previously entered into that certain Agreement to Transfer a Portion of Appropriations Limit, whereby the County transferred \$2,000,000 of its appropriations limit to the District, creating an adjusted base appropriations limit of \$4,099,403 for fiscal year 2020-2021; and

WHEREAS, this Board of Directors is permitted to annually adjust its appropriations limit in accordance with inflation and population adjustment factors and certain per capita income changes, and has determined that its 2023-2024 appropriation limit should increase by 4.57%, or \$212,485; and

WHEREAS, the documentation used in the determination of the appropriations limit and other necessary determinations has been available to the public at least 15 days prior to the adoption of this Resolution, as required by Government Code section 7910(a).

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the San Bernardino Mountains Community Hospital District that the appropriations limit applicable to this District pursuant to article XIII B of the California Constitution for Fiscal Year 2023-2024 is hereby established and determined to be the sum of \$4,866,815.

ADOPTED, SIGNED AND APPROVED this 25th day of May, 2023.

Kieth J Burkart
President of the Board of Directors
San Bernardino Mountains Community Hospital District

ATTEST:

Cheryl J. Moxley
Secretary of the Board of Directors
San Bernardino Mountains Community Hospital District

CERTIFICATION

I, Cheryl J. Moxley, Secretary of the Board of Directors of the San Bernardino Mountains Community Hospital District, hereby certify that the foregoing is a full, true and correct copy of the Resolution 2023-09 adopted by the Board of Directors of the District at the Board Meeting held on May 25, 2023, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Cheryl J. Moxley
Secretary of the Board of Directors
San Bernardino Mountains Community
Hospital District

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT

2023-2024 ADJUSTED APPROPRIATION AMOUNT

Article XIII B Appropriations Limit Calculation		
2022-2023 Appropriations Limit		\$ 4,654,330
Per Capita income change	4.44%	1.0444
Population converted to ratio	0.12%	1.0012
Calculation factor		1.0457
Increase in limit		212,485
2023-2024 Appropriations Limit		\$ 4,866,815

* Sums may not be exact due to rounding.