



## **January 19, 2023 Board Packet Table of Contents**

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**Quality Committee Meeting**  
**Thursday, January 19, 2023, 1:00 p.m.**  
**UCLA Conference Center, Lakeview Room**  
**850 Willow Creek 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: 263 310 133 851**  
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**Or call in (audio only)**  
[+1 951-384-1117,,676246455#](#) **United States, Riverside**  
**Phone Conference ID: 676 246 455#**

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

**OPEN SESSION**

1:00 p.m.

**CALL TO ORDER**

Cheryl Moxley, Committee Chairperson

**PREVIOUS MINUTES**

Cheryl Moxley, Committee Chairperson  
Action Probable

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

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

**CLOSED SESSION - AGENDA ITEMS**

(According to section: (54956.9))

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

4. USACS Dashboard

Leslie Plouse, Quality Director  
Information Only

**RETURN TO OPEN SESSION**

1. Closed Session Report  
2. Public Report of Decisions

Cheryl Moxley, Committee Chairperson

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  
2. Patient Surveys  
3. Regulatory  
    a. Regulatory Activities  
    b. Regulatory Updates  
4. SCORE Survey Results

Leslie Plouse, Quality Director  
Information Only

Leslie Plouse, Quality Director  
Information Only

Leslie Plouse, Quality Director  
Information Only

Jamaila Torbett, UM Manager/Beta Heart  
Information Only

**ADJOURNMENT**

# San Bernardino Mountains Community Hospital Quality Committee Meetings

## Attendance Matrix - 2022

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cheryl Moxley	C A N C E L L E D	√	√	√	√	√	√	√	C A N C E L L E D	√	√	D A R K
Barry Hoy		√	√	√	√	√	√	E		√	√	
Terry Peña		√	√	√	E	√	√	√		√	√	
Mark Turner		-	√	√	√	√	√	√		√	√	
Julie Atwood		√	√	√	√	√	√	√		√	√	
Bob Bailey		A	A	A	A	A	A	-		-	-	
Barbara Doult		√	√	√	A	A	-	-		-	-	
Don Larsen		√	√	√	√	√	√	√		√	E	
Leslie Plouse		-	-	√	√	√	√	√		√	√	
Kady Fox		√	√	√	E	-	-	-		-	-	
Charles Harrison		√	-	-	-	-	-	-		-	-	
Gerry Hinkley		-	-	-	-	-	-	-		-	√	
Comment:												
	√	Present	E	Excused	A	Absent						



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Moxley, Committee Chairperson Barry Hoy, Committee Member Mark Turner, 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 Gerry Hinkley, Community Member</p> <p>Dr. Don Larsen, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Yvonne Waggener, Chief Financial Officer Barry Smart, Board Treasurer Kim McGuire, Community Development Director Ginny Dunn, Rehabilitation Services Manager Peter Venturini, Foundation Board President</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Moxley called the meeting to order at 1:07 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes	On a motion made and seconded the Quality Committee Meeting Minutes of October 20, 2022 were approved as written	<p><b>On a motion made and seconded, the Quality Committee Meeting Minutes of October 20, 2022 were approved as written</b></p> <p><b>M (Atwood) / S (Hinkley) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
5.0 Adjourn to Closed Session:	The Quality Committee Adjourned to "Closed Session" at approximately 1:08 p.m.	<b>None</b>
6.0 Return to Open Session:	The Committee returned to "Open Session" at approximately 1:17 p.m.	<b>None</b>
6.1 Closed Session Report:	Per Moxley, the following items were reported on during "Closed Session" – Hospital Acquired Harm; Harm Events; Complaints; and USACS Dashboard.	<b>Information only</b>
7.0 Agenda Items  7.1 Regulatory Activity/Updates  7.2 Patient Surveys	<p>Plouse reported on the following:</p> <ol style="list-style-type: none"> <li>1. Regulatory Activities and Updates -- <ul style="list-style-type: none"> <li>• TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Oct – 87% overall compliance</li> <li>• CDPH Complaint Investigation 7/22/2022: investigation ongoing; no communication from CDPH regarding closure of the investigation.</li> </ul> </li> <li>2. Patient Satisfaction Surveys (Inpatient &amp; ED) -- <ul style="list-style-type: none"> <li>• <u>Inpatient</u>: 8 responses in October 2022; 62.5% top box score; 74.54 mean score. Patient satisfaction comment were reviewed.</li> <li>• <u>ED</u>: 6 responses in October 2022; 79.79% top box score; 92.50 mean score. Patient satisfaction comments were reviewed.</li> </ul> </li> </ol>	<b>Information only</b>
8.0 Agenda Topic Suggestions:	None	<b>None</b>
9.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:25 p.m.	<b>Meeting adjourned</b>





# **MOUNTAINS**

## **COMMUNITY HOSPITAL**

*The Heart of Mountain Healthcare*

**Finance Committee Meeting**  
**Thursday, January 19, 2023, 1:30 p.m.**  
**UCLA Conference Center, Lakeview Room**  
**850 Willow Creek 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: 263 310 133 851**  
**Passcode: iN98KS**  
[Download Teams](#) | [Join on the web](#)  
**Or call in (audio only)**  
[+1 951-384-1117,,676246455#](#) **United States, Riverside**  
**Phone Conference ID: 676 246 455#**

Members:	Barrick Smart, Committee Chairperson	Barry Hoy, Committee Member
	Yvonne Waggener, Chief Financial Officer	Terry Peña, Chief Operating Officer
	Mark Turner, Chief Executive Officer	Don Larsen, MD, Community Member
	Gerry Hinkley, Community Member	

### **OPEN SESSION**

1:30 p.m.

### **CALL TO ORDER**

Barry Smart, Committee Chairperson

### **PREVIOUS MINUTES**

Barry Smart, Committee Chairperson  
Action Probable

### **PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

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

### **AGENDA ITEMS**

- |                         |   |
|-------------------------|---|
| 1. Financial Statements | Yvonne Waggener, Chief Financial Officer<br>Action Probable |
| 2. Capital Purchases    | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 3. Investments          | Yvonne Waggener, Chief Financial Officer<br>Action Possible |

### **ADJOURNMENT**

SAN BERNARDINO MOUNTAIN COMMUNITY HOSPITAL DISTRICT



# San Bernardino Mountains Community Hospital Finance Committee Meetings

## Attendance Matrix - 2022

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Barry Smart	√	√	√	√	√	A	√	√	√	√	√	D A R K
Barry Hoy	√	√	√	√	√	√	√	A	A	√	√	
Yvonne Waggener	√	√	√	√	√	√	√	√	√	√	√	
Mark Turner	-	-	√	√	√	√	√	√	√	√	√	
Terry Peña	√	√	√	√	E	√	√	√	√	√	√	
Bob Bailey	A	A	A	A	A	A	A	-	-	-	-	
Don Larsen	√	√	√	√	√	√	√	√	√	√	E	
Charles Harrison	√	√	-	-	-	-	-	-	-	-	-	
Gerry Hinkley	-	-	-	-	-	-	-	-	-	-	√	
Comment:												
	√	Present			E	Excused			A	Absent		



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Mark Turner, Member, Chief Executive Officer Gerry Hinkley, Community Member</p> <p>Don Larsen, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Cheryl Moxley, Board Secretary Julie Atwood, Human Resources Director Kim McGuire, Community Development Director Ginny Dunn, Rehabilitation Services Manager Leslie Plouse, Quality Director Peter Venturini, Foundation Board President</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Smart called the meeting to order at 1:58 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes:	On a motion made and seconded, the Finance Committee Meeting Minutes of October 20, 2022 were approved.	<p><b>On a motion made and seconded, the Finance Committee Meeting Minutes of October 20, 2022 were approved as written</b></p> <p><b>M (Hoy) / S (Smart) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
5.0 Agenda Items: 5.1 Financial Statements	Waggener presented the FY23 Financial Statements as of four (4) months ended October 31, 2022. Comparative statistics and selected financial indicators were reviewed with the committee.	<b>A motion was made and seconded to recommend to the Board to accept the Financial Statements as of four (4) months ended October 31, 2022.</b>  <b>M (Hoy) / S (Smart) / C</b>
5.2 Capital Purchases	Waggener presented the FY23 Capital Purchases as of four (4) months ended October 31, 2022. Updates on FY23 purchases were reviewed.	<b>Information only</b>
5.3 Investments	Waggener presented and reviewed the LAIF and UBS statements as of October 31, 2022.	<b>Information only</b>
6.0 Agenda Topic Suggestions:	None	<b>None</b>
7.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 2:22 p.m.	<b>Meeting adjourned</b>



# **MOUNTAINS**

## **COMMUNITY HOSPITAL**

*The Heart of Mountain Healthcare*

**Facilities Committee Meeting**  
**Thursday, January 19, 2023, 2:00 p.m.**  
**UCLA Conference Center, Lakeview Room**  
**850 Willow Creek 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,,676246455#](#) **United States, Riverside**  
**Phone Conference ID: 676 246 455#**

Members:	Cheryl Robinson – Committee Chairperson	Cheryl Moxley – Committee Member
	Terry Pena – Chief Operating Officer	Tom Madrigal – Facilities Manager
	Mark Turner – Chief Executive Officer	Don Larsen, MD – Community Member

### **OPEN SESSION**

2:00 p.m.

### **CALL TO ORDER**

Cheryl Robinson, Committee Chair

### **PREVIOUS MINUTES**

Cheryl Robinson, Committee Chair  
Action probable

### **PUBLIC COMMENT**

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 Chairman.

### **AGENDA ITEMS**

1. Hospital Campus Updates
2. Construction Projects

Tom Madrigal, Facilities Manager /  
Mark Turner, Chief Executive Officer

Tom Madrigal, Facilities Manager /  
Mark Turner, Chief Executive Officer  
Action Possible

### **ADJOURNMENT**

SAN BERNARDINO MOUNTAIN COMMUNITY HOSPITAL DISTRICT





# San Bernardino Mountains Community Hospital Facilities Committee Meetings

## Attendance Matrix - 2022

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cheryl Robinson	√	M A R K E T I N G	H U M A N  R E S O U R C	√	M A R K E T I N G	H U M A N  R E S O U R C	√	M A R K E T I N G	H U M A N  R E S O U R C	√	M A R K E T I N G	D A R K
Cheryl Moxley	√			√			√					
Mark Turner	■			√			√					
Terry Peña	√			√			√					
Tom Madrigal	√			√			√					
Bob Bailey	A			A			■					
Don Larsen	√			√			√					
Charles Harrison	√			■			■					



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Robinson – Committee Chairperson Cheryl Moxley – Committee Member / Board Secretary Mark Turner – Chief Executive Officer Terry Pena – Chief Operating Officer / Chief Nursing Officer Tom Madrigal – Facilities Manager Don Larson MD – Community Member</p> <p>Steffanie Miller, Facilities Executive Assistant</p> <p>Keith Burkart – Board President Barry Hoy – Board Trustee Barry Smart – Board Treasurer Julie Atwood – Human Resources Director Yvonne Waggoner – Chief Financial Officer Kim McGuire – Foundation / Community Development Director Kristi McCasland- Executive Assistant to Administration Ginny Dunn, Rehabilitation Services Manager Gerry Hinkley, Community Member</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Robinson called the meeting to order at 1:32 p.m.	<b>The meeting was called to order.</b>
3.0 Previous Minutes:	On a motion made and seconded, the Facilities Committee Meeting Minutes of July 21, 2022 were approved.	<p><b>On a motion made and seconded, the Facilities Committee Meeting Minutes of July 21, 2022 were approved as written.</b></p> <p><b>M (Larsen) / S (Moxley) / C</b></p>
4.0 Public Comment:	None	<b>None</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>5.0 Agenda Items:</p> <p>5.1 Hospital Campus</p> <p>5.2 Update: Construction Projects</p> <p>5.3 Update: Entitlement Process to Acquire Land Use Approval</p>	<p>1. Hospital Campus –</p> <ul style="list-style-type: none"> <li>• <u>Flooring Project</u> – Madrigal reported that the hallway flooring in the Hospital and Medical Office Building are complete. The flooring contractor is currently working in Med Surg and the OR. Waggener noted that grant monies are being used to pay for the flooring project.</li> <li>• <u>Touchless Fixtures</u> – Madrigal reported that we have replaced 36 faucets, 6 auto flushers and 2 public drinking fountains with touchless fixtures. He noted that grant monies are being used to pay for this project.</li> <li>• <u>CASP Study</u> – Madrigal reported that an accessibility survey was conducted to look at our ADA compliance. Facilities staff continue to work through the list of items that they are able to fix. Some of the items identified are long-term projects, which will require capital expenditures to rectify.</li> <li>• <u>Snow Removal</u> – Madrigal reported that we are set up with a contractor for snow removal for the upcoming winter season.</li> </ul> <p>2. Update: Construction Projects –</p> <ul style="list-style-type: none"> <li>• <u>Pyxis Med/Surg Install</u> – Madrigal reported that this project is basically complete. The State Fire Marshall required us to install fire damper, which are being installed now. We are still waiting on the arrival of the A/C unit; the contractor is working with the manufacturer to get a delivery date.</li> <li>• <u>Registration Project</u> – Madrigal reported that the framing is complete in the waiting room area and that the contractors are starting the demo in the registration area. Electrical work is being done now. The A/C unit for the Med/Surg project will</li> </ul>	<p>None</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>serve the registration area as well.</p> <ul style="list-style-type: none"> <li>• <u>Pharmacy Project</u> – Madrigal reported that HCAI completed the first review and returned it to us with over 70 comments that require a response. Our responses will be submitted to HCAI within the next 2 weeks. We are hoping for approval by the end of the calendar year.</li> <li>• <u>Lab Project</u> – Madrigal reported that the new analyzers are not ready to be moved into the Lab due to interface issues. The Lab Manager anticipates they will be ready to be moved within the next few weeks.</li> <li>• <u>OR Countertop Replacement</u> – Madrigal reported that the cabinets in the SPD area are currently being replaced.</li> </ul> <p>3. Update: Entitlement Process to Acquire Land Use Approval</p> <ul style="list-style-type: none"> <li>• <u>Parking Structure Project</u> – Madrigal reported that we are awaiting the topographical maps, soil survey and the recommendations from the civil engineer. Madrigal will contact our Land Use Attorney to try to get an estimated timeframe. Turner noted that he hopes we will have more information before the Board’s Strategic Planning Session.</li> </ul>	
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 1:43 p.m.	<b>Meeting adjourned.</b>





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

**DISTRICT BOARD OF DIRECTORS MEETING**

**Thursday, January 19, 2023, 2:15 p.m.  
UCLA Conference Center, Lakeview Room  
850 Willow Creek Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**

**Join on your computer, mobile app or room device**

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

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**Or call in (audio only)**

**[+1 951-384-1117, 676246455#](#) United States, Riverside**

**Phone Conference ID: 676 246 455#**

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

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, January 19, 2023, 2:15 p.m.**

Page 2 of 3

**CONSENT AGENDA**

Kieth Burkart, President  
Action Probable

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held November 17, 2022
2. Approval of Facilities Committee minutes, meeting held October 20, 2022
3. Approval of Finance Committee minutes, meeting held November 17, 2022
4. Approval of the attached Lists of Policy and Procedures that was sent January 5, 2023

**AGENDA ITEMS**

- |   |  |
|---|--|
| 1. Resolution 2023-08 – AB 361 – Authorizing Remote Teleconference Meetings   | Kieth Burkart, President<br>Action Probable  |
| 2. FPPC Board Ethics Training ( <i>Due 3/15/2023</i> )  | Keith Burkart, President<br>Information Only   |
| 3. Form 700 Statement of Economic Interest ( <i>Due 3/15/2023</i> )   | Keith Burkart, President<br>Information Only   |
| 4. Land Use Discussion  | Mark Turner, Chief Executive Officer<br>Action Possible                                |
| 5. Board Self-Assessment Action Plan  | Mark Turner, Chief Executive Officer<br>Action Possible                                |
| 6. Strategic Plan   | Mark Turner, Chief Executive Officer<br>Action Possible                                |
| 7. ATC Tower Offer  | Mark Turner, Chief Executive Officer<br>Action Possible                                |
| 8. CEO Report <ol style="list-style-type: none"><li>a. Electronic Medical Record (EMR)</li><li>b. Recruitment for General Surgeon</li></ol>                                 | Mark Turner, Chief Executive Officer<br>Information Only<br>Information Only           |
| 9. COO/CNO Report   | Terry Peña, Chief Operating Officer<br>Information only                                |
| 10. Quality Committee Report <ol style="list-style-type: none"><li>a. Report of Meeting held January 19, 2023</li></ol>   | Cheryl Moxley, Chairperson<br>Information only   |
| 11. Finance Committee Report <ol style="list-style-type: none"><li>a. Report of Meeting held January 19, 2023</li><li>b. Capital Purchases</li><li>c. Investments</li></ol> | Barry Smart, Committee Member<br>Action Probable<br>Action Possible<br>Action Possible |
| 12. Facilities Committee Report <ol style="list-style-type: none"><li>a. Report of Meeting held January 19, 2023</li></ol>  | Cheryl Robinson, Chairperson<br>Information only                                       |



**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, January 19, 2023, 2:15 p.m.**

Page 3 of 3

- 13. Board Education
  - a. AHA Rural HealthCare Leadership Conference
  - b. HASC Annual Conference

Kieth Burkart, President  
Action Possible

- 14. Discussion Topic Suggestions

Kieth Burkart, President  
Information only

**ADJOURN TO CLOSED SESSION**

**CLOSED SESSION AGENDA ITEMS**

(Closed session pursuant to Govt. Code Section 54957)

- 1. Executive session
  - a. CEO Evaluation Process

Board Members & CEO Only  
Action Possible

**RETURN TO OPEN SESSION**

- 1. Closed Session Report
- 2. Public Report of Decisions

Kieth Burkart, President

Kieth Burkart, President

**NEXT BOARD-ATTENDED MEETINGS**

Thursday, February 16, 2023 at 1:00 p.m.  
*(Days & times are subject to change so please refer to the posted agenda for exact times)*

**FINAL ADJOURNMENT**



# San Bernardino Mountains Community Hospital Board of Directors Meetings

## Attendance Matrix - 2022

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	√	√	√	√	√	A	√	√	√	√	√	
Barry Hoy	√	√	√	√	√	√	√	A	A	√	√	
Staff Members												
Mark Turner	—	—	√	√	√	√	√	√	√	√	√	
Terry Peña	√	√	√	√	√	√	√	√	√	√	√	
Yvonne Waggener	√	√	√	√	√	√	√	√	√	√	√	
Lawrence Walker, M.D.	√	√	√	√	√	√	—	—	—	—	—	
Julie Atwood	√	√	√	√	√	√	√	√	√	√	√	
Kristi McCasland	√	√	√	√	√	√	√	√	√	√	√	
Charles Harrison	√	√	—	—	—	—	—	—	—	—	—	
Van Martin, M.D.	—	—	—	—	—	—	√	√	√	—	—	
Bijan Motamedi, M.D.	—	—	—	—	—	—	—	—	—	√	—	
Comment												
	√	Present			E	Excused			A	Absent		



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 2:22 p.m.	<b>The meeting was called to order</b>
2.0 Board Members Present:	Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee	<b>Quorum present</b>
Members Absent:	Bijan Motamedi, M.D., Chief of Staff	
Recording Secretary	Kristi McCasland, Executive Assistant	
Staff Members Present:	Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Yvonne Waggener, Chief Financial Officer Julie Atwood, Human Resources Director	
Guests:	Kim McGuire, Community Development Director Leslie Plouse, Quality Director Ginny Dunn, Rehabilitation Services Manager Gerry Hinkley, Community Member Peter Venturini, Foundation President	
3.0 President's Comments:	Burkart commented that the recent Strategic Planning Retreat was very productive, encouraging and enjoyable.	<b>Information only</b>
4.0 Board Member's Reports:	Moxley, Smart and Robinson echoed Burkart's comments regarding the Strategic Planning Retreat. Moxley commented that a follow-up meeting should potentially be scheduled to discuss operationalizing the goals identified at the retreat.	<b>Information only</b>
5.0 Public Comments:	Hinkley commented that it was nice to meet all of the board members in person, and that he gained a greater understanding of MCH through his	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	attendance at the Strategic Planning Retreat.	
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of October 20, 2022, and the Special Board of Directors meeting of November 11-12, 2022 were approved as written.	<p><b>On a motion made and seconded the Minutes from the Board of Directors meeting of October 20, 2022, and the Special Board of Directors meeting of November 11-12, 2022 were approved as written.</b></p> <p><b>M (Hoy) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
7.0 Consent Agenda:	The following Consent Agenda items were reviewed: (1) Approval of the Quality Committee minutes, meeting held October 20, 2022; (2) Approval of the Marketing Committee minutes, meeting held August 18, 2022; (3) Approval of the Finance Committee minutes, meeting held October 20, 2022; (4) Approval of the attached Lists of Policy and Procedures that was sent November 3, 2022 (see list attached to the November 2022 Board Packet).	<p><b>On a motion made and seconded, the Consent Agenda items were approved as presented.</b></p> <p><b>M (Hoy) / S (Robinson) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.0 Agenda 8.1 Board Bylaws Revision	<p>Turner reported that the Board Bylaws have not been updated since 2018. A letter outlining the changes, a redlined version of the Bylaws and a clean copy of the Bylaws was included in the November Board Packet. Turner noted that most changes were just to bring the bylaws up to the current law.</p> <p>Turner noted that per our discussion last month that one additional change would be made to the Bylaws in Article VIII-Medical Staff, Section 3. Medical Staff Membership, which states that <i>"All initial appointments to the Medical Staff <del>shall</del> will be for a period not to exceed one (1) year, renewable by the Board pursuant to formal reapplication for a period not to exceed two (2) years."</i> This line will be changed to reflect, "initial appointments to the Medical Staff will be</p>	<p><b>On a motion made and seconded, the Board approved the 2022 Board of Directors Bylaws as presented, with the edit to Article VIII-Medical Staff, Section 3, Medical Staff Membership, to read "initial appointments to the Medical Staff will be for a period of <u>two (2) years</u>".</b></p> <p><b>M (Moxley) / S (Robinson) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	for a period of <b><u>two (2) years</u></b> ". Our attorney will make this revision in the Bylaws.	
8.2 Electronic Medical Records (EMR) Selection Process	Turner reported that we need to add more information to the analysis and need additional time to review before presenting to the Board. A Special Board meeting will be scheduled for the last week in November so the Board can review and approve an EMR system based off the finalized decision matrix.	<b>McCasland will work to schedule a Special Board Meeting for the week following Thanksgiving.</b>
8.3 Board Self-Evaluation Results	Turner presented the compiled results from the Board Self-Evaluation Survey, noting that the next step is for him to prepare a Performance Improvement (PI) plan based off the results. The PI plan will be presented for review and approval at the January 2023 Board meeting. The goal of the PI plan is to see improvement in the Board Self Evaluation scores in 2023.	<b>Information only</b>
8.4 CEO Report a. Strategic Planning Retreat	Turner reported that he was pleased with the turnout and participation at the recent Strategic Planning Retreat. He noted that we are still waiting on the draft Strategic Plan from WIPFLI, which should be received in the next few weeks. Prior to the retreat, department managers submitted their ideas on growth opportunities to Turner, which was forwarded to WIPFLI. Once the plan is received, we can schedule additional meetings to discuss or fine-tune it if needed.	<b>Information only</b>
b. Update: Recruitment for General Surgeon	Turner reported that we are making progress in the negotiations with Dr. Nashed, General Surgeon, and that they are down to three items that need to be finalized. Turner hopes that the negotiations will be finalized in the next two weeks.	<b>Information only</b>
c. Update: Construction Projects	Turner gave an update on the following construction projects: <ul style="list-style-type: none"> <li>• <u>Pyxis Med/Surg Install</u> – We are getting closer to be able to occupy the Med/Surg nurses station. The A/C unit has been placed on the roof and we are just waiting for the contractors to</li> </ul>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>finish what they need to do to make it functional. We are anticipating this project to be done in the next few weeks.</p> <ul style="list-style-type: none"> <li>• <u>Front of the House</u> – Demo has been done in the waiting room and registration areas. The ceiling and HVAC are completed. The contractors will be closing walls and installing flooring next.</li> <li>• <u>Gift Shop Project</u> – Construction on the new Gift Shop will start after completion of the Front of the House project.</li> <li>• <u>Pharmacy Project</u> – HCAI completed the first review and returned it to us with over 70 comments that require a response. Our responses will be submitted to HCAI next week. The review and approval process is iterative, so it is unclear when the plans will be final approved.</li> <li>• <u>Lab Project</u> – Lab and IT are working to fix interface issues between the analyzers and Orchard. Once those issues have been resolved, the units can be moved into the Lab. We are anticipating this project to be completed within the next 60 days.</li> <li>• <u>Flooring Project</u> – Most of the flooring in the Hospital and Medical Office Building has been done. The contractor is on track to complete this project by the end of the year.</li> <li>• <u>Touchless Fixtures Grant</u> – As of today, 36 faucets, 6 auto flushers and 2 public drinking fountains have been installed.</li> </ul>	
d. Update: Entitlement Process to Acquire Land Use Approval	Turner reported that he has a meeting tomorrow with our Land Use Attorney, architect, and civil engineers to discuss the civil engineers' recommendations and plan, which will then be submitted to the Board for approval prior to filing the application with the County.	<b>Information only</b>
e. Update: ATC Cell Tower Offer	Turner reported that he reached out to Verizon regarding the one-time payment offer of \$1M, in lieu of the monthly rental payments, but that they changed their offer to \$750k. Turner reached back out to them again to see if they would honor their original offer, and they came back with \$850k as their best and final offer. Smart crunched the numbers and discussed the pros and cons of taking the upfront \$850k payment	<b>Information only</b>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>with the Board. Turner noted that we have not received the agreement yet. After discussion, the board had consensus that Turner should request the agreement from ATC so that we could review the details of the contract and the risks before making a decision.</p>	
<p>8.5 COO/CNO Report</p>	<p>Peña reported on the following:</p> <ul style="list-style-type: none"> <li>• COVID / RSV / Flu / Respiratory Illnesses: <ul style="list-style-type: none"> <li>○ MCH's COVID positivity rate is at 6%.</li> <li>○ We are seeing an increase in RSV hospitalizations, which seems to be affecting pediatric and elderly patients.</li> <li>○ We have seen an increase in staff illnesses due to respiratory illnesses.</li> <li>○ The Rural Health Clinic is offering both the Pfizer and Moderna Bivalent COVID vaccination, as well as the Flu vaccine.</li> </ul> </li> <li>• Two clinical managers are still out on LOA; however, their leads are doing a good job in maintaining those departments.</li> <li>• Projects: <ul style="list-style-type: none"> <li>○ CA Bridge Substance Abuse Navigator Project – The Gantt chart was reviewed. She noted that as part of phase 3, we are looking at the potential of setting up an outpatient substance abuse follow-up clinic.</li> <li>○ BETA Heart – The timeline was reviewed. The SWOT analysis was conducted during the Executive Leadership Summary. Staff are in the process of completing the SCORE survey; our goal is for a 90% completion rate.</li> </ul> </li> <li>• Peña reported that she enjoyed attending, and appreciated the ideas that were discussed at the recent Strategic Planning Retreat. She will be creating a Gantt chart for the projects she will be leading.</li> </ul>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.6 Quality Committee Report a. Report of meeting held November 17, 2022	<p>Moxley reported on the Quality Committee meeting:</p> <ul style="list-style-type: none"> <li>Regulatory Activities and Updates -- <ul style="list-style-type: none"> <li>TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Oct – 87% overall compliance</li> <li>CDPH Complaint Investigation 7/22/2022: investigation ongoing; no communication from CDPH regarding closure of the investigation.</li> </ul> </li> <li>Patient Satisfaction Surveys (Inpatient &amp; ED) -- <ul style="list-style-type: none"> <li><u>Inpatient</u>: 8 responses in October 2022; 62.5% top box score; 74.54 mean score. Patient satisfaction comment were reviewed.</li> <li><u>ED</u>: 6 responses in October 2022; 79.79% top box score; 92.50 mean score. Patient satisfaction comments were reviewed.</li> </ul> </li> </ul>	<b>Information only</b>
8.7 Marketing Committee Report a. Report of meeting held November 17, 2022	<p>Robinson reported on the Marketing Committee meeting:</p> <ul style="list-style-type: none"> <li>New Foundation Board Members: Greg Naylor and Jack Herson</li> <li><u>Fundraising</u>: In August, it was reported that we had raised \$108,000; as of now, we have raised \$442,000. <ul style="list-style-type: none"> <li>Awaiting a \$50,000 donation for the county for the RHC retrofit project.</li> <li>Awaiting a \$14,000 donation from the Ted Roy Charity Foundation</li> <li>The Year-End Giving Campaign will launch in December 2021; McGuire reviewed the campaign in detail. We are estimating we will end the year having raised around \$540,000, which is \$80,000 more than we raised in 2021.</li> <li>“Giving Tuesday” is November 29; we will be putting something on Facebook. Meta will match donations made on</li> </ul> </li> </ul>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>this day.</p> <ul style="list-style-type: none"> <li>○ Summer Fundraiser raised \$380,000 (\$5,000 over the goal); which included \$100,000 restricted to the Willerth Education Center, \$150,000 from the Ahmanson Foundation and \$130,000 from over 300 community members. With the monies raised, we have been able to purchase seven of the 10 items on our wish list.</li> <li>○ Recommendations for 2023: <ul style="list-style-type: none"> <li>➤ Move Summit Donor Appreciation Dinner to earlier in the year</li> <li>➤ Move Le Grand picnic a little later in July</li> <li>➤ Offer 2<sup>nd</sup> gold coin in a virtual sweepstakes</li> <li>➤ Use virtual sweepstakes to promote Le Grand Picnic</li> <li>➤ Raise ticket prices</li> </ul> </li> <li>• <u>Grant Update</u> <ul style="list-style-type: none"> <li>○ Ahmanson Foundation - \$150,000 received; need to write final grant report.</li> <li>○ San Manuel Band of Mission Indians Grant – We were granted an extension to December 31, 2022; monies received are being used for the Central Registration project. We can potentially reapply for another grant in March 2023.</li> <li>○ Vaccine Confidence Grant – \$100,000 received, which needs to be spent by December 31, 2022 (see details under “Marketing: Vaccine Confidence Campaign” below). Three reports will need to be completed by the end of the year.</li> <li>○ Looked into a Network Planning Grant and a GME Planning Grant, however, it was decided not to pursue those in 2022.</li> </ul> </li> <li>• <u>Naming opportunities:</u> <ul style="list-style-type: none"> <li>○ Presentation Design Group audited our spaces; they will be developing a list of locations for potential naming opportunities. Once the professional floor plans for the Medical Office building are complete, the vendor will upload them and</li> </ul> </li> </ul>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>assigning values to the spaces.</p> <ul style="list-style-type: none"> <li>• <u>Marketing:</u> <ul style="list-style-type: none"> <li>○ Vaccine Confidence Campaign - Marketing deliverables include: <ul style="list-style-type: none"> <li>➤ Ads</li> <li>➤ Vaccine Confident Landing Page</li> <li>➤ Bus Ad</li> <li>➤ Direct Mailer (sent to 15,000 people)</li> <li>➤ Facebook Ad (McGuire noted that Facebook shut down our ad account stating it did not comply with their advertising policy or other standards. McGuire is looking into this further.)</li> <li>➤ Email (sent to 5,000 contacts)</li> <li>➤ School Backpack Flyer</li> </ul> </li> <li>○ "We Go the Distance" Service Line Campaigns – A mammogram ad was created; will be creating additional service line ads for ED, Lab, Radiology, Surgery.</li> <li>○ Social Media posts on Facebook and Linked In</li> <li>○ Creating a courtesy card advertising piece for people that have recently closed escrow.</li> <li>○ Helping with HR recruiting efforts by sprucing up the Breezy landing page. A recruitment video will be created in 2023.</li> <li>○ Looking to resurrect our community Health Fair.</li> </ul> </li> <li>• <u>Upcoming Events:</u> <ul style="list-style-type: none"> <li>○ Foundation Board Holiday Party – December 8<sup>th</sup> at the Grapevine</li> <li>○ Summit Circle Dinner – April 15, 2023 at Millers Landing</li> <li>○ Le Grand Picnic – July 23, 2023, theme "Back to the Future"</li> </ul> </li> </ul>	
<p>8.8 Finance Committee Report a. Report of meeting held November 17, 2022</p>	<p>Smart reported on the Finance Committee meeting:</p> <p><u>FY23 Financial Statements</u> – Smart presented the FY23 Financial Statements as of four (4) months ended October 31, 2022.</p>	<p><b>On a motion made and seconded, the Financial Statements as of four (4) months ended October 31, 2022 were accepted as</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	Comparative statistics and selected financial indicators were reviewed with the Board.	presented.  M (Smart) / S (Moxley) / C  5 Ayes / 0 Nays / 0 Abstain / 0 Absent
b. Capital Purchases	<u>Capital Purchases</u> – Smart presented the FY23 Capital Purchases as of four (4) months ended October 31, 2022. Updates on FY23 purchases were reviewed with the Board.	<b>On a motion made and seconded, the Capital Purchases Statements as of four (4) months ended October 31, 2022 were accepted as presented.</b>  M (Smart) / S (Hoy) / C  5 Ayes / 0 Nays / 0 Abstain / 0 Absent
c. Investments	<u>Investments</u> – LAIF and UBS statements for month ending October 31, 2022 was presented.	<b>Information only</b>
8.9 Board Restructuring	Board members reviewed the 2022 Board Assignments and recommended no changes in positions for 2023, with the exception of removing Bob Baily as a Community Member, and adding Gerry Hinkley as a Community Member.  Discussion was held regarding cross training board members to the President position in the event that Burkart ever decides to retire.	<b>A motion was made and seconded to make no changes to the Board Assignments for 2023; with the exception of removing Bob Baily as a Community Member, and adding Gerry Hinkley as a Community Member.</b>  M (Robinson) / S (Hoy) / C  5 Ayes / 0 Nays / 0 Abstain / 0 Absent
8.10 Board Education	The AHA Rural Health Care Leadership Conference is January 19-22, 2023, San Antonio, TX. None of the board members indicated they	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	wanted to attend this conference.	
8.9 Discussion Topic Suggestions:	None	<b>None</b>
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:30 p.m.	<b>Information only</b>
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 3:31 p.m.	<b>Information only</b>
10.1 Closed Session Report:	Per Kieth Burkart, the following items were reported on during “Closed Session”: <ul style="list-style-type: none"> <li>• Medical Staff Report / Credentialing – N/A</li> <li>• Risk Management Discussion – N/A</li> </ul>	<b>Information only</b>
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	No reportable actions taken.	<b>Information only</b>
12.0 Next Regular Board-Attended Meetings:	The next Regular Board-Attended meetings will be on Thursday, January 19, 2023 at 1:00 p.m. ( <i>Days &amp; times are subject to change so please refer to the posted agenda for exact times</i> ). All meetings to be held <b><u>Via “Microsoft Teams Meeting” due to COVID-19 Pandemic</u></b>	<b>Information only</b>
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 3:32 p.m.	<b>Meeting adjourned</b>

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

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

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 5:00 p.m.	<b>The meeting was called to order</b>
2.0 Board Members Present:  Members Absent:  Recording Secretary:  Staff Members Present:  Guests:	Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee  Kristi McCasland, Executive Assistant  Mark Turner, Chief Executive Officer Yvonne Waggener, Chief Financial Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Julie Atwood, Human Resources Director Bijan Motamedi, M.D., Chief of Staff Patrick Miller, IT Manager  Gerry Hinkley, Community Member Don Larsen, M.D., Community Member Peter Venturini, Foundation Board President	<b>Quorum present</b>
3.0 Presidents Comments:	None	<b>None</b>
4.0 Board Member Reports:	None	<b>None</b>
5.0 Public Comments:	None	<b>None</b>
6.0 Consent Agenda:	The following Consent Agenda items were reviewed: (1) Approval of the attached Lists of Policy and Procedures that was sent November 28, 2022 (see list attached to the November 2022 Special Board Meeting Packet).	<b>On a motion made and seconded, the Consent Agenda items were approved as presented.</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<b>M (Smart) / S (Robinson) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
<p>7.0 Agenda Items:</p> <p>7.1 Electronic Health Record (EHR) Selection Process</p>	<p>Tuner presented and reviewed the <a href="#">EHR Comparison Sheet_Final</a>. He noted that extensive research has gone into preparing the comparison sheet to compare Cerner's Community Connect platform, Meditech's Expanse platform and CPSI's Thrive platform. Turner reviewed the KLAS rating, the Monthly Subscription Fee Starts, the Estimated Go-Live Time Frame, the Term, the CA Footprint, the Modules Excluded, the Ease of Use, the number of References checked, and staff's preference. He noted that between the three systems, we would be recommending either (1<sup>st</sup> choice) Meditech Expanse; or (2<sup>nd</sup> choice) Cerner Community Connect; and that we would not be pursuing the CPSI Thrive platform, as it is not much better than the EHR we currently have.</p> <p>Miller presented and reviewed the <a href="#">EHR Module Comparison</a>, focusing on the modules that were included in each platform in the following categories: Acute Modules, Technology Solutions, Community Wellness, Department Specialties/Post-Acute, Interoperability, Revenue Cycle &amp; HIM, Ambulatory, Analytics &amp; Reporting, Supply Chain Management, and General &amp; Employee Finance. He noted that Meditech's Expanse platform is the most inclusive as compared with Cerner's platform.</p> <p>Waggener presented and reviewed the <a href="#">EHR Cost Comparison_Final</a>. With Cerner's Community Connect platform, there is a 10-year term, and costs would not start until "Go-Live". With Meditech's Expanse platform, there are no terms, but the costs would start at implementation. Waggener reviewed in detail the cost comparisons between Cerner and Meditech for years 1 through year 7.</p>	<p><b>Waggener/Miller will include the costs associated with 3<sup>rd</sup> party vendor's interfaces (that are not included in Cerner's platform) in the cost comparison sheet.</b></p> <p><b>Smart &amp; Hoy (Moxley as backup) will serve on a special Board Ad Hoc Committee to assist in the negotiations, and to gain inside knowledge on both platforms.</b></p> <p><b>The final proposals will be brought to the Board, at a Special Board meeting, for review and approval.</b></p>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Smart requested that the costs associated with 3<sup>rd</sup> party vendor's interfaces be included in the cost comparison so that the two platforms could be compared apples to apples.</p> <p>A special Board ad hoc committee will be formed to assist in the negotiations, and to gain inside knowledge on both EHR platforms. Smart and Hoy will serve on the ad hoc committee; with Moxley as a backup. Once the negotiations have been completed, the final proposals will be brought to the Board, at a Special Board meeting, for their review and approval.</p> <p>Peña noted that our current EHR system would be sunsetted in September 2023.</p>	
7.2 2023 Board Meeting Dates	<p>Turner reported that we would like to propose moving the meeting dates of the Regular Monthly Board meetings to the last Thursday of each month. The reasoning behind the date change is to 1) allow a quicker turn around to approve the credentialing from the Medical Executive Committee (MEC) meeting; and 2) to allow more time for the Finance department to close the prior month's financials.</p> <p>McCasland presented a proposed 2023 calendar. After discussion, the Board concurred with the recommendation to move the meeting dates. McCasland will send out the revised 2023 calendar to the Board members, and seek their input on any conflicts prior to finalizing the 2023 calendar.</p>	<b>McCasland will send out the revised 2023 calendar to the Board members, and seek their input on any conflicts prior to finalizing the 2023 calendar.</b>
7.3 Board Compensation Policy	<p>Waggener presented and discussed the draft Board Compensation policy, noting that the policy would allow Board members to receive a stipend for \$100 for attending meetings on behalf of the District up to a maximum of \$600 per calendar month. If the District compensates its Board members for over five (5) meetings in a calendar month, the board will adopt a written policy describing, based on findings supported by substantial evidence, why over five (5) meetings per month is necessary</p>	<p><b>On a motion made and seconded, the Board Compensation Policy was approved as presented.</b></p> <p><b>M (Hoy) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	for effectively operating the district. Waggener reviewed the policy for 2022 & 2023, which states that due to significant projects including strategic planning and ongoing construction projects, Directors may be compensated for attending up to six (6) meetings per month during calendar year 2022 & calendar year 2023.	
7.4 Hospital Retrofit	Turner reported that initially it was thought that the 2-story portion of the building could not be retrofitted to meet the seismic requirements, however, he received word last week that state approval appears favorable, although not final yet, that it can be retrofitted. He noted that the cost of retrofitting the existing structure would come in quite a bit less than building a new acute care wing. Turner will work with the architect, engineers and the Facilities manager to come up with options to present to the Board at a Special Board Meeting in January 2023.	<b>Turner will work with the architect, the engineers and the Facilities manager to come up with options to present to the Board at a Special Board Meeting in January 2023.</b>
8.0 Adjourn to Closed Session:	<p>The Board adjourned to "Closed Session" at approximately 6:30 p.m.</p> <p><b><u>ATTENDEES:</u></b></p> <p>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  Yvonne Waggener, Chief Financial Officer  Terry Peña, Chief Operating Officer/Chief Nursing Officer  Julie Atwood, Human Resources Director  Bijan Motamedi, M.D., Chief of Staff</p>	<b>Information only</b>
9.0 Return to Open Session:	The Board returned to "Open Session" at approximately 6:41 p.m.	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
9.1 Closed Session Report:	Per Burkart, the following items were reported on during "Closed Session": <ul style="list-style-type: none"> <li>Medical Staff Report of November 29, 2022 and Credentialing from the November 22, 2022 Medical Executive Committee meeting</li> </ul>	<b>Information only</b>
10.0 Public Report of Decisions 10.1 Hearings; Staff Privileges; Credentialing Recommendations	<p>The Board accepted the Medical Staff Report of November 29, 2022, and Credentialing from the November 22, 2022 Medical Executive Committee meeting as follows:</p> <p><b><u>New Appointments:</u></b> JASON L. MORRIS, MD – Emergency Medicine &amp; Family Practice</p> <p><b><u>Provisional Extensions:</u></b> MICHAEL S. GREEN, MD – Gynecology – MCH Rural Clinic</p> <p><b><u>Advancement from Provisional Staff/Regular Staff:</u></b> ERIC T. TEACHER, MD – Emergency Medicine &amp; Family Practice;</p> <p><b><u>Reappointments:</u></b> BABEK ADILI-KHAMS, MD – Emergency Medicine, Family Practice &amp; Family Practice MCH Rural Clinic; SHARON CLAY-MATEMAVI, FNP – Nurse Practitioner-Psychiatry/Telemedicine via MCH Rural Clinic; ANDREW S. FLOREA, MD – Otolaryngology; JAGDEEP GAREWAL, MD – Psychiatry – Telemedicine via MCH Rural Clinic; CHERYL JO REEDER, DO – Emergency Medicine &amp; Family Practice; MARTIN L. ROCHA, MD – Pediatrics; LAWRENCE R. WALKER, MD – Orthopedic Surgery</p> <p><b><u>Changes in Staff Status:</u></b> None</p> <p><b><u>Revision/Increase of Privileges:</u></b> None</p> <p><b><u>Terminations/Resignations:</u></b> MARTIN, CARNAGHI VAN, MD – General Surgeon</p> <p><b><u>Revision of Privileges:</u></b> None</p> <p><b><u>Leave of Absence Requests:</u></b> None</p>	<p><b>On a motion made and seconded, the Medical Staff Report of November 29, 2022, and Credentialing from the November 22, 2022 Medical Executive Committee meeting was accepted as recommended by the MEC.</b></p> <p><b>M (Robinson) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
11.0 Next Regular Board-Attended Meetings:	The next Regular Board-Attended meetings will be on Thursday, January 26, 2022 at 1:00 p.m. ( <i>Days &amp; times are subject to change so please refer to the posted agenda for exact times</i> ). All meetings to be held <b><u>Via "Microsoft</u></b>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<b><u>Teams Meeting" due to COVID-19 Pandemic.</u></b>	
12.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 6:43 p.m.	<b>Meeting adjourned</b>

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

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

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 1:19 p.m.	<b>The meeting was called to order</b>
2.0 Board Members Present:  Members Absent:  Staff Members Present:  Guests:	<p>Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee</p> <p>Mark Turner, Chief Executive Officer Yvonne Waggener, Chief Financial Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Julie Atwood, Human Resources Director Kim McGuire, Community Development Director Patrick Miller, IT Manager</p> <p>Gerry Hinkley, Community Member</p>	<b>Quorum present</b>
3.0 Presidents Comments:	None	<b>None</b>
4.0 Board Member Reports:	None	<b>None</b>
5.0 Public Comments:	None	<b>None</b>
6.0 Agenda Items: 6.1 Resolution 2023-07 – AB 361 Authorizing Remote Teleconference Meetings	<p>Burkart reviewed the background on Assembly Bill 361, which provides additional flexibility for local agencies to meet remotely during a proclaimed state-of-emergency (COVID-19).</p> <ul style="list-style-type: none"> <li><b>RESOLUTION NO. 2023-07</b></li> </ul> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY</b></p>	<p><b>On a motion made and seconded, the following resolution was accepted as presented:</b></p> <p><b>RESOLUTION NO. 2023-07</b></p> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p><b>HOSPITAL DISTRICT AUTHORIZING REMOTE TELECONFERENCE MEETINGS</b></p> <p>See Resolution 2023-07 for entire text.</p>	<p><b>THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT AUTHORIZING REMOTE TELECONFERENCE MEETINGS</b></p> <p><b>M (Hoy) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
6.2 Electronic Health Record (EHR) Selection	<p>Tuner presented and reviewed the EHR Comparison Sheet_Final.</p> <p>A motion was made to approve executing the Meditech agreement, subject to legal review, and to issue the required \$150,000 deposit by December 30, 2022.</p>	<p><b>On a motion made and seconded, the Board approved executing the Meditech agreement, subject to legal review, and to issue the required \$150,000 deposit by December 30, 2022.</b></p> <p><b>M (Robinson) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
7.0 Next Regular Board-Attended Meetings:	<p>The next Regular Board-Attended meetings will be on Thursday, January 19, 2022 at 1:00 p.m. <i>(Days &amp; times are subject to change so please refer to the posted agenda for exact times).</i></p>	<b>Information only</b>
8.0 Final Adjournment:	<p>There being no further business to discuss, the Board of Directors meeting adjourned at approximately 1:35 p.m.</p>	<b>Meeting adjourned</b>

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

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





**Board Approvals: (2 Documents)**

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

**II. Updated Policies / Forms / Attachments: (2)**

**a. Leadership (LD) Policies: (1)**

[Board Member Self-Evaluations \(Policy\) - LD](#)

**b. Environmental Services Department Policies: (1)**

[Cleaning - Changing Cubicle Curtains \(Policy\) - EVS](#)

**III. Tri-Annual Renewal Only (no / minor changes): (0)**



 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Board Member Self-Evaluations (Policy) - LD	LD - Leadership
ORIGINATION DATE: 01/28/1992		DATE APPROVED: 03/17/2022	VERSION: 5

**PURPOSE:** An annual self-evaluation, evaluating how the Board Members performed their responsibilities as members.

**POLICY:** The Board ~~Members~~ will ~~complete~~approve a self-evaluation, ~~using a form approved by the Board~~ in October of each year. ~~The Chairman of the Human Resources Committee will be responsible for providing this form to each Board member one (1) month prior to the annual organizational meeting.~~

~~The completed form will be returned to the staff and medians, standard deviations plus an analysis will be made.~~

~~The Human Resources Committee will discuss the self-evaluations at its meeting immediately preceding the annual organizational meeting.~~


~~The Board President will participate in the discussion of the self-evaluation results at the Human Resources Committee and the results will be incorporated into the following year appointments.~~

Each Board member will complete the self-evaluation form, which will be collected and tallied by the District Secretary for the Board. The tallied results will be presented at the November Board of Directors meeting. The Chief Executive Officer will use the tallied results to prepare a Performance Improvement Plan, which will be presented for review and approval at the at the January Board of Directors Meeting.

**REVISION DATES:** 2/97, 1/99, 4/00, 11/02, 1/03

**REFERENCES:** Board Human Resources Committee Minutes of October 18, 1991 and January 16, 1992, Board of Directors Minutes of October 24, 1991.



 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Cleaning - Changing Cubicle Curtains (Policy) - EVS	EVS
ORIGINATION DATE: Not Set	DATE APPROVED: 07/01/2020	VERSION: 2

## Changing Cubicle Curtains/Drapes Policy

**SCOPE:** All EVS Staffing, Nursing and Infection Control

**PURPOSE:** To ensure that cleaning is performed in the same manner each time by all Environmental Services workers with the same dedication to hospital cleanliness and sanitation guidelines.

**POLICY:** The Environmental Service staff to maintain the cleanliness and replacement of cubicle curtains ~~daily; accordingly, with the regulatory requirements~~ as needed.

## PROCEDURE:

1. Required equipment for cleaning:


- ❖ ~~Caution sign~~
- ❖ ~~Clean cloths~~
- ❖ ~~Clean curtains~~
- ❖ ~~Equipment required for changing a specific type of curtain~~
- ❖ StepUV Machine to be used prior to cleaning the discharge room
- ❖ Caution sign(s)
- ❖ Clorox HP Spray
- ❖ Clean curtains, if other is visibly soiled
- ❖ A stable and proper ladder
- ❖ Appropriate Personal Protective Equipment, ~~for determined isolation~~ (PPE)

2. ~~Replace~~If visibly soiled, replace the curtains and/or draperies ~~anytime they become soiled, or after isolation to prevent cross contamination. Place the dirty curtain or drape in a bag according to hospital policy and give to the Laundry for cleaning. Place the dirty curtain or drape in a bag, bring to the EVS department for washing and drying, being sure to use safe handling and isolation precautions as required.~~

2.3.If the Anti-microbial curtain is not visibly soiled, you will apply HP spray to the curtains and let dry.

3.4.Post the caution sign and set up the ~~step~~ladderladder in a safe manner. Ensure that the ladder is on a level surface and that it is locked open before climbing on it.

4.5.Remove all hardware and hooks and replace them on the track, or set aside for use with

 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Cleaning - Changing Cubicle Curtains (Policy) - EVS	EVS
ORIGINATION DATE: Not Set	DATE APPROVED: 07/01/2020	VERSION: 2

the new curtain.

~~5.6.~~ Insert new hooks in the clean curtain, being careful to keep the new curtain off the floor.

~~6.7.~~ Wipe the track or ledges with a clean damp cloth prior to hanging the new curtain.

~~7.8.~~ Hang the new curtain and ensure it is working properly.

9. Regardless whether or not the cubicle curtains are visibly soiled, each curtain will be laundered at least once a year in our washing room.

**RESOLUTION NO. 2023-08**

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE MOUNTAINS COMMUNITY HOSPITAL DISTRICT PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY GOVERNOR GAVIN NEWSOM ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES OF MOUNTAINS COMMUNITY HOSPITAL DISTRICT FOR THE PERIOD JANUARY 22, 2023, THROUGH FEBRUARY 21, 2023, PURSUANT TO BROWN ACT PROVISIONS.**

WHEREAS, the Mountains Community Hospital District (District) is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of the Mountains Community Hospital District's legislative bodies are open and public, as required by the Ralph M. Brown Act (Gov't Code § 54950 *et seq.*), so that any member of the public may attend, participate, and watch the District's legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District's boundaries, caused by natural, technological, or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the state of emergency continues to directly impact the ability of the members to meet safely in person; and

WHEREAS, such conditions now exist in the District, specifically, a state of emergency has been proclaimed due to an outbreak of respiratory illness due to a novel coronavirus (a disease now known as COVID-19); and

WHEREAS, the San Bernardino County Department of Health has recommended measures to promote social distancing;

WHEREAS, the Board of Directors has determined that the state of emergency continues to directly impact the ability of the members to meet safely in person; and

WHEREAS, the Board of Directors does hereby find that the current state of emergency with respect to COVID-19, local official recommendations to promote social distancing, and conditions causing imminent risk to the health and safety of attendees have caused, and will continue to cause, conditions of peril to the safety of persons within the District that are likely to be beyond the control of services, personnel, equipment, and facilities of the District, and desires to proclaim a local emergency and ratify the proclamation of state of emergency by the Governor of the State of California; and

WHEREAS, as a consequence of the local emergency, the Board of Directors does hereby find that the legislative bodies of Mountains Community Hospital District shall conduct their meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and that such legislative bodies shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953;

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF MOUNTAINS COMMUNITY HOSPITAL DISTRICT** as follows:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Proclamation of Local Emergency. The Board hereby proclaims that a local emergency now exists throughout the District, and declares that meeting in person would not comply with local official recommendations to promote social distancing and would present imminent risk to the health and safety of attendees.

Section 3. Ratification of Governor's Proclamation of a State of Emergency. The Board hereby ratifies the Governor of the State of California's Proclamation of a State of Emergency, effective as of its issuance date of March 4, 2020.

Section 4. Remote Teleconference Meetings. The Chief Executive Officer and legislative bodies of the Mountains Community Hospital District are hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 5. Effective Date of Resolution. This Resolution shall take effect on January 22, 2023, and shall be effective until the earlier of (a) February 21, 2023, or (b) such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the legislative bodies of the Mountains Community Hospital District may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.



ADOPTED, SIGNED AND APPROVED this 19<sup>th</sup> day of January 2023

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

ATTEST:

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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 2023-08 adopted by the Board of Directors of the District at the Board Meeting held on January 19, 2023, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

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



Section 1 - Planning Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	Action Plan
A.	The board receives and adopts a strategic plan from management and approves modifications to keep it current.	5	40%	20%	20%	0%	20%	This will be great to organize.	Leadership held a strategic planning retreat to create a long-range strategic plan. The retreat included governing board members, community board committee members, medical staff leadership, organization leadership, and Foundation board chair. Department managers also participated in the strategic plan development by submitting recommendations to the CEO. A draft strategic plan will be reviewed by the governing board at their January 2023 board meeting.
B.	The administration, medical staff, nursing service and other appropriate departments and advisors participate in our planning process.	5	40%	40%	0%	0%	20%	This will be great to organize.	
C.	The board regularly reviews progress toward meeting goals in the plan to assess the degree to which the hospital is meeting its mission.	5	0%	60%	20%	0%	20%		After approving the long-range strategic plan, organization leadership will develop an annual management action plan (MAP) to correspond with the annual budget, and update the board on a regular basis throughout the year.

Section 2 - Quality Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	
A.	Our board understands and accepts our responsibility - legal, moral and regulatory - for the actions of all physicians, nurses and other individuals who work in the hospital.	5	40%	60%	0%	0%	0%		
B.	We appoint physicians to governing body committees and seek physician participation in the governance process to assist us in our patient quality assessment responsibilities.	5	60%	20%	20%	0%	0%		
C.	We fully understand our responsibilities and relationships with the medical staff, and have effective mechanisms for communicating with them.	5	40%	60%	0%	0%	0%		
D.	We carefully review recommendations of the medical staff regarding new physicians who wish to practice at our hospital and are familiar with our termination and fair-hearing policies.	5	20%	80%	0%	0%	0%		
E.	We review and carefully discuss quality reports which provide comparative statistical data about our hospital's clinical services and patient care and set targets to ensure improvement.	5	60%	40%	0%	0%	0%		
F.	We require, receive on a regular basis and discuss malpractice data reflecting our hospital experience, and the experience of individual physicians who we have appointed to the medical staff.	5	20%	60%	20%	0%	0%		
G.	We regularly receive and discuss data about our medical staff to assure that future staffing will be adequate regarding ages, numbers, specialties and other demographic characteristics.	5	40%	20%	0%	20%	20%		This was done with the strategic planning retreat, and will be updated annually when the MAP is updated
H.	We periodically review and assess the attitudes and opinions of those who work in the hospital to identify our strengths, weaknesses and opportunities for improvement.	5	0%	60%	20%	20%	0%		We administered the SCORE survey, a culture of safety and employee engagement survey tool, to our employees in November 2022. Debriefs at department level were completed in December 2022, and survey results reporting and performance improvement plans will be developed in January 2023. We plan to administer the SCORE survey every 18 to 24 months.

Section 3 - Community Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	
A.	The board's policies and criteria for selecting new members of the board are clearly defined and followed to ensure continued leadership and appropriate representation.	5	40%	60%	0%	0%	0%		
B.	The governing body requires mechanisms to assure that all patients with the same health problems are receiving the same level of care in the hospital.	5	40%	20%	0%	0%	40%		A report of the top 10 diagnosis is being made. Each diagnosis will break down the race of the patients with that specific diagnosis. This list will be compared to the QRR list and medical staff peer review to monitor medical decision making and patient outcomes, and reported to the Board on a periodic basis to be determined.
C.	The board members are active and effective in representing the community's interest and serve as a communication link between the hospital, government officials and others important to the provision of community health services.	5	40%	60%	0%	0%	0%		

Section 4 - Financial Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	
A.	The board reviews and adopts an annual budget which sets revenue and expense targets and receives and discusses regular reports during the year to determine compliance.	5	60%	40%	0%	0%	0%		
B.	The board receives and adopts a long-term capital expenditure plan which estimates projected sources, uses, and costs of future funds for buildings and equipment.	5	80%	20%	0%	0%	0%		
C.	Our board approves specific targets and limits on items such as debt, liquidity, return on investment, profitability, and other financial ratios to provide us with early warning signals of financial performance.	4	25%	75%	0%	0%	0%		
D.	We receive and review follow-up reports on programs that were previously approved such as joint ventures. To assure that our original projections and expectations are being met.	4	25%	50%	0%	0%	25%		No projections or follow-up reports were completed in the past. We plan to prepare projections and follow-up reports for any new service lines or program expansions done in the future.

Section 5 - Management Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	A committee of the board conducts an evaluation of the CEO using specific targets agreed upon in advance with the CEO.	5	40%	40%	20%	0%	0%	The whole board. The new contract is an excellent tool.
B.	Our board members clearly understand the differences between the board's policy making-role and the CEO's management role.	5	60%	40%	0%	0%	0%	

C.	Our board communicates effectively with the CEO regarding goals, expectation, and concerns.	5	60%	40%	0%	0%	0%		
D.	Our board supports the CEO in providing support to the medical staff with it's responsibility to evaluate and resolve quality of patient care issues.	5	60%	40%	0%	0%	0%		
E.	Our board periodically surveys CEO contract arrangements at other hospitals to assure our compensation, contract and conditions are reasonable and competitive.	5	20%	60%	0%	0%	20%		The CEO and HRD will annually provide Hospital Association comparative compensation data to the board for their use in determining CEO compensation.
F.	We periodically review the hospital's top management succession plan to assure ourselves of leadership continuity.	5	0%	0%	60%	20%	20%		A formal succession plan currently does not exist. We plan to develop a succession plan this year and present it to the board for review and approval as a new policy.

Section 6 - Board Effectiveness		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	
A.	The governing board evaluates its own performance, and the individual performance of each board member, to determine appropriateness of continued service on the board.	5	0%	20%	0%	20%	60%		This evaluation was done through the board self-assessment questionnaire.
B.	We have a written conflict of interest policy that includes guidelines (or the resolution of) any existing or apparent conflict of interest of board members, physicians or administrators conducting transactions with the hospital that could appear to be self-dealing.	5	0%	60%	0%	0%	40%		MCH has the following Conflict of Interest policies in place: "Conflict of Interest Code (Policy) - LD" and "Board Member, Conflict of Interest re: Monetary Issues (Policy) - LD". In addition, Board members are required annually to file their Form 700 "Annual Statement of Economic Interest"; and MCH files a "Local Agency Biennial Notice of Conflict of Interest Code" with the San Bernardino County Board of Supervisors every 2 years. Leadership is developing an annual inservice plan for board members, and the Conflict of Interest policy will be included in that annual inservice.
C.	All members of the board understand and fulfill their responsibilities, and each board member has received written descriptions of the boards duties and reporting relationships.	5	0%	40%	40%	0%	20%		MCH has a "Board of Directors, Statement of Policy (Policy) - LD" in place, which states the general philosophy and policy of the Board's scope of responsibility. In addition, the "MCH Board Bylaws" also outlines the duties for each position on the board.
D.	All members of the board participate in an orientation program and regular program of continuing education.	5	0%	80%	20%	0%	0%	No orientation	MCH has a "Board Member Orientation (Policy) - LD" in place which states that an orientation shall be provided by the CEO, Board Chairman, and others, as requested, for each new Board member, within (1) month after each election to the Board. An orientation packet was created for oncoming Community Members as well.
E.	The board periodically reviews its own structure to assess its size, committee structure, member tenure, turnover policy, and tenure of officers and committee chairs.	5	20%	20%	20%	20%	20%		Not applicable to a district board.
F.	The frequency and duration of board and committee meetings are adequate to conduct the board's oversight/responsibilities, but do not discourage attendance and participation by misusing valuable trustee time.	5	60%	40%	0%	0%	0%		
G.	Our chairperson exercises a firm and fair hand with individual board members to assure that all have equal opportunity to participate, time is not monopolized by a few.	5	60%	20%	20%	0%	0%		
H.	The board members receive the agenda and back-up materials well in advance of meetings, and come prepared.	5	40%	40%	20%	0%	0%		

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

Section 8 - Mission and Philosophy		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	
A.	The Board regularly reviews the Mission Statement of the hospital, ensuring that administration has methods in place to communicate and make sure the mission is understood by the staff/employees.	5	20%	40%	20%	0%	20%		The board will review the Mission, Vision, and Values over the first few months of CY 2023, and organization leadership will implement methods to ensure they are known and understood by all staff.
B.	The board receives reports on a periodic basis that indicate how well the Mission is understood by the Medical Staff, employees and the public that is served by the hospital.	5	0%	20%	20%	20%	40%		A reporting system will be developed by organization leadership to accomplish this task.

# Mountains Hospital

## Strategic Plan 2023



WHEEL  
Clinical Consulting



**MOUNTAINS**  
COMMUNITY HOSPITAL

## STRATEGIC DIRECTION



Patient Outcomes

Strategic Assessment (GPS + Market Analysis + Predictive Index)

Situational Analysis (SWOT)

Mission and Vision

Strategic Priorities

Tactics & Measures of Success

Annual Plan

Annual Budget

Implementation of Action Plans

Execution



## ENHANCED PERFORMANCE

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Market Analysis *(See separate document provided.)*

## PREFACE

In 2022, Mountains Community Hospital engaged Wipfli LLP to facilitate a strategic planning process to enhance the Organization's commitment to strategic thinking, while developing priorities and strategies to serve patients and improve their distinct competitive advantage. Wipfli's process included working with the MCH Executive Leadership and Board Members to develop a strategic plan "umbrella" for ongoing use. The Leadership team and Board met in November of 2022 to plan strategically for future sustainable growth and success. The result was the development of this written Strategic Plan.

This Strategic Plan is a "rolling" three-year plan that should be updated annually and monitored quarterly. Preceding the Plan development, an online Growth, Performance & Strategy GPS™ survey was administered, one-on-one interviews were conducted with members of the Board and Leadership and a market study was performed. The results of the interviews, market study and online survey helped inform and fuel dialogue on the Strategic Priorities. Additionally, members of the Board and Executive Leadership completed the Predictive Index assessment to better understand group dynamics and help with the planning process.

In all aspects of fulfilling this Strategic Plan, the Board and Leadership will remain firmly focused on the order of priorities with all decisions, both strategic and tactical.

**Patient safety and health  
come first**



**Sustainable growth is second**



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# PARTICIPANTS

The following actively participated in the development of this Plan document and are ultimately accountable for its implementation.

**The Board of Directors, Foundation Directors, and Committee Members**

Kieth Burkart  
Gerry Hinkley  
Barry Hoy  
Donald Larsen  
Walter Maier  
Cheryl Moxley  
Cheryl Robinson  
Barrick Smart  
Peter Venturini  
Lawrence Walker

**Executive Leadership**

Mark Turner  
Yvonne Waggener  
Terry Pena  
Julie Atwood  
Kimberly McGuire



## SITUATIONAL ASSESSMENT (ENHANCED SWOT)

What from the past, present and anticipated future needs to be taken into consideration in planning? What have been the accomplishments and setbacks? What are current strengths and weaknesses? Looking into the near future what are threats and opportunities?

Critical to the Strategic Plan is the need to ensure that future direction capitalizes on those things the Hospital does well (its strengths) as well as on the most significant opportunities ahead.

Simultaneously, those areas deemed critical to sustain competitive position and financial stability but presently viewed as weaknesses or potential threats have been examined. Effort should be made to invest in and/or improve these critical areas to avoid any negative impact or adverse conditions that would hinder Mountains Community Hospital's achievement of its Mission and its identified Strategic Priorities.

The Situational Assessment compilation on the following page was developed from the November 2022 planning meeting.



PAST	
Accomplishments	Setbacks
<ul style="list-style-type: none"><li>• Increased reserves</li><li>• Employed general surgeon</li><li>• SNF has 100% occupancy</li><li>• Increased appropriations limit</li><li>• Swing Beds</li><li>• Staff recruitment and retention</li><li>• Maximized supplemental payment</li><li>• Started hospitalist program</li><li>• Established rural health clinic</li><li>• Have a great foundation</li><li>• Good relationship with the community</li></ul>	<ul style="list-style-type: none"><li>• Increased wages across board</li><li>• Pandemic itself caused strife</li><li>• Delayed improvements</li><li>• Surgeon turnover</li><li>• Reputation</li><li>• Recruitment and maintenance of staff</li><li>• Staff leaving for financial reasons</li><li>• Red tape</li><li>• HAI</li></ul>

PRESENT	
Strengths	Weaknesses
<ul style="list-style-type: none"><li>• Excellent leadership</li><li>• Excelling staff</li><li>• Capacity</li><li>• New CEO</li><li>• Strong financial reserves</li><li>• No bond</li><li>• Construction updates to front of house</li><li>• Positivity and support from The Foundation</li><li>• Wage adjustments because that enabled a more stable workforce</li><li>• Great community support</li><li>• Creative response to the crisis</li><li>• We have an attentiveness to our services and patient care</li><li>• The fact that the community has a hospital</li><li>• Excellent management and community support</li><li>• Location – easy access to get in and out of facility</li></ul>	<ul style="list-style-type: none"><li>• Underutilized</li><li>• Medical office building needs accessibility</li><li>• Unaware of lab and other services – need to promote</li><li>• negative profit margin</li><li>• Staff recruitment and retention</li><li>• Need to strengthen reputation</li><li>• Still have pandemic problems</li><li>• No growth in volume</li><li>• Strain on expenses due to wage increases</li><li>• Loss of PCPs</li><li>• Referrals down the hill</li><li>• Size of medical staff</li><li>• Primary medical staff is shrinking</li><li>• Insurance limitations</li></ul>

FUTURE	
Opportunities	Threats/Risks
<ul style="list-style-type: none"> <li>• Community awareness</li> <li>• Hiring a new surgeon</li> <li>• Grow primary services</li> <li>• Internal medicine</li> <li>• Collaboration with other medical facilities</li> <li>• Marketing to diverse population</li> <li>• Off campus services to reach out to more of community</li> <li>• Large population base to pull from</li> <li>• Market share potential is fantastic</li> <li>• Telemedicine</li> <li>• Family medicine / residence program</li> <li>• Rural health clinic or urgent care in Crestline</li> <li>• Senior living / assisted living facility</li> <li>• Using more technology</li> <li>• Education center</li> <li>• Reaching out to Latinx community</li> <li>• Reaching out to the LGBTQ+ community</li> <li>• Annexing Crestline to generate tax revenue / grow patient base</li> <li>• Renovate suites in MOB</li> <li>• Vacant lot by McKay Park – development opportunity</li> <li>• Education center</li> <li>• Memory care</li> <li>• Improve patient experience</li> <li>• Medical billing/registration and getting into MyChart</li> </ul>	<ul style="list-style-type: none"> <li>• Competition from new doctors/caregivers on the mountain that are replacing those who are retiring</li> <li>• Competition from hospitals down the mountain</li> <li>• 3<sup>rd</sup> party payers</li> <li>• New providers (CVS/Walgreens)</li> <li>• Managed care presence in terms of routing patients</li> <li>• Staff recruitment and retention – constant CNA turnover</li> <li>• Provider shortages that we must get creative around</li> <li>• Seismic requirements</li> <li>• Live in an area where catastrophic events are a high possibility</li> <li>• Changing healthcare environment</li> <li>• Changing demographics of the community</li> <li>• Potential union activity</li> <li>• Money and bureaucratic changes</li> </ul>

## OUR VISION

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

## OUR MISSION

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

## OUR VALUES

Respect: We respect each persons individuality and are sensitive and responsive to their needs.

Integrity: We are committed to an environment of trust and honesty.

Excellence: We promote personal and professional development, accountability, innovation, teamwork, and a commitment to quality.

Compassion: Our genuine concern for the whole person is demonstrated by a thoughtful and caring attitude.



# STRATEGIC PRIORITIES



## Our Patients Matter

MCH takes our patient experience beyond simple care. At every touchpoint, our patients encounter inclusiveness, friendliness, and professionalism in a welcoming, clean environment.



## Our Team Matters

MCH is committed to creating a culture that promotes talent retention and recruitment. MCH leadership is committed to fostering an environment where employees can seamlessly align their skillset and the work that they are performing every day to the mission of MCH.



## Our Excellence Matters

MCH is committed to increasing revenue through aligned services and expanded market share to meet the unique health care needs of its patients and the community.



## Our Ongoing Sustainability Matters

With visibility throughout the community, and a solid plan for managing our capital, leadership will continue to ensure the financial security and sustainability of Mountains Community Hospital.

## DIVING INTO DETAILS

### Strategic Priorities

Strategic priorities were developed from the market analysis, GPS Survey, SWOT analysis, preplanning interviews, and from the strategic planning discussions. These priorities represent the most important steps necessary to achieve the strategic goals over the plan.

The Board and Leadership have developed four written strategic priority statements, with associated champions, tactics, and metrics as the foundation of the strategic plan. The primary themes of the strategic priorities centered around a need to stabilize and improve upon our existing services, processes, and procedures to enhance patient and employee experiences.

### Champion

A champion is a leader within the organization assigned responsibility for shepherding the priority or tactic to successful completion.

### Tactics

For each strategic priority, Board and Leadership developed supporting tactics and metrics. Tactics are adaptable throughout the plan and may change. Tactics support the strategic priorities.



**Priority 1: Our Patients Matter -**

MCH takes our patient experience beyond simple care. At every touchpoint, our patients encounter inclusiveness, friendliness, and professionalism in a welcoming, clean environment.



**Champion: Terry Pena**



**Metric: Patient Survey for Satisfaction**



**Tactics**

1. Select an EMR System by 12/31/2022. Begin implementation in the first quarter of 2023. Complete implementation within 12 months.
2. Evaluate all options (structure, pavement, valet, shuttle) for parking within 6 months.
3. Strengthen communication and engagement with patients to further our patient experience with MCH by developing a Patient Experience Survey for all departments within 9 months.
4. Develop a Patient Experience Campaign and initiate staff education/training in fourth quarter of 2023.

**Priority 2: Our Team Matters -**

MCH is committed to creating a culture that promotes talent retention and recruitment. MCH leadership is committed to fostering an environment where employees can seamlessly align their skillset and the work that they are performing every day to the mission of MCH.



**Champion: Julie Atwood**



**Metric: Employee Survey Results, Turnover Ratio**



**Tactics**

1. Administer Beta Heart Survey to employees. Aiming for 90% completion by end of November 2022.  
(Accomplished!)
  - a. After the survey results are analyzed, we will build a communication plan to share results and feedback with employees by June 2023.
2. Review, edit, and validate MCH's Mission, Vision, and Values.
  - a. At the end of the first quarter of 2023, we will bring the current Mission, Vision, and Values to the Board to see if they need to be updated or enhanced.
  - b. Based on the Board decision, we will create a timeline to share either share the agreed upon Mission, Vision, and Values with employees in our newsletter that is relaunching in the first quarter of 2023.
3. Measure current turnover and aim to have no greater turnover than our peers.
  - a. We will measure this every quarter and share the findings with the board.
4. Evaluate current recruitment efforts and consider what additional avenues are available for bringing talent to Mountains Community Hospital.
  - a. We just launched a sign on bonus program for specific roles open at MCH.
  - b. We are currently exploring digital avenues to promote jobs at MCH and promote living in Lake Arrowhead. Currently working with a company called Breezy to assist with LinkedIn job postings.
  - c. Will continue to evaluate this partnership in the first two quarters of 2023. We will also investigate other avenues to promote MCH and Lake Arrowhead over the course of 2023.

**Priority 3: Our Excellence Matters -**

MCH is committed to increasing revenue through aligned services and expanded market share to meet the unique health care needs of its patients and the community.



**Champion: Kimberly McGuire**



**Metric: Quality metrics – Further metric definitions to be decided**



**Tactics**

1. Recruit a general surgeon by Fall 2023.
  - a. Increase elective surgeries by 100% within two years of the surgeon's start date at MCH.
2. Increase swing bed utilization by marketing to discharge planners and consumers by June 2023.
  - a. Increase census to 4 patients/day by June 2024
3. Develop a planning strategy for Crestline by Fall 2023.
  - a. Once all data is collected and analyzed, open a service by Fall 2025
4. Develop a strategy to Improve primary care growth in collaboration with current primary care providers.
  - a. Complete strategy by Summer of 2023.
  - b. Implement the strategy by January 2024.
5. Complete parcel tax Increase assessment for the hospital district by October 2024.
  - a. Target Spring 2025 for a special election

**Priority 4: Our Sustainability Matters -**

With visibility throughout the community, and a solid plan for managing our capital, leadership will continue to ensure the financial security and sustainability of Mountains Community Hospital



**Champion: Yvonne Waggener**



**Metric: Debt Service Coverage Ratio, Days Cash on Hand**



**Tactics**

1. Develop insurance contracts strategy and execute strategy in calendar year 2023.
2. Analyze existing service lines to understand contribution margin and analyze new services in 2023.
3. Understand (and influence where appropriate) payer mix in 2023.
4. Develop financial evaluation and approval plan in calendar year 2023 for all construction projects that have been discussed to date.
  - a. Analyze departmental profitability as framework for project analysis.
  - b. Projects discussed to be evaluated: Parking Lot, Education Center, Acute Wing, Assisted Living, Seismic Planning

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## ACCOUNTABILITY & COMMUNICATION PLAN

Part of the success of the strategic plan is accountability and communication. To that end, below are some guidelines. Additionally, the Board or Leadership may wish to consider ongoing facilitated support to monitor results to plan.

- Monthly
  - Strategic Champions will meet with their Tactic Champions to discuss progress and barriers on Tactics
  - Dashboard or reporting, as available, will be provided to the Leadership Team to understand how Strategic Priorities are contributing to actual results
  - Strategic Champions will monitor the metrics
- Bi-Monthly
  - Strategic Champions will meet to discuss the progress of the Strategic Priorities
  - Provide each other support and best practices
  - Identify successes and barriers
- Quarterly
  - Strategic Champions will provide updates to the Board, including suggested tactical changes that may be necessary to support the Strategic Priorities
- As Needed
  - Collaboration / communication between Strategic Champions to ensure continued progress toward the successful execution of the Tactics by their respective Tactic Champions





(<https://www.aha.org>)



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# Registration

Health Care Provider Organizations, Academic Institutions, Government Entities, Nonprofit Associations - please click below for online registration.

**REGISTER NOW!** (<https://cvent.me/g3mOOZ>)

For general registration questions, contact [ruralregistration@aha.org](mailto:ruralregistration@aha.org) (<mailto:ruralregistration@aha.org?subject=AHA%20Rural%20Health%20Care%20|%20Leadership%20Conference%20Inquiry>).

## ***Health Care Provider Organizations, Academic Institutions, Government Entities, Nonprofit Associations***

If you are unsure as to whether your organization is an AHA Organizational member (these are hospitals and health systems, pre-acute/post-acute facilities and hospital-affiliated educational programs), please contact AHA Field Engagement at 312-422-3000 (tel:312-422-3000) or email [ahahelp@aha.org](mailto:ahahelp@aha.org) (mailto:ahahelp@aha.org?subject=AHA%20Rural%20Health%20Care%20|%20Leadership%20Conference%20Inquiry).

	REGISTRATION RATE
Health Care Provider, AHA Organizational Member	\$725
Health Care Provider, Non-Member of the AHA	\$825
Academic, Government, Nonprofit, Associations	\$825

### ***Fifth Team Member — FREE***

Register four people from your organization and the fifth attends for free. Add all registrants from your organization and the promotion will be automatically applied at check out. Contact [ruralregistration@aha.org](mailto:ruralregistration@aha.org) (mailto:ruralregistration@aha.org?subject=AHA%20Rural%20Health%20Care%20|%20Leadership%20Conference%20Inquiry) if you experience any issues or errors.

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

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

**Learn More!** (/program/hosted-buyer)



## ***Business Representatives***

Sponsor and AHA Associate registration is only available through a separate registration pathway. This includes all complimentary and paid options. Please contact Shannon White at [swhite@tradeshowlogic.com](mailto:swhite@tradeshowlogic.com) (mailto:swhite@tradeshowlogic.com?subject=AHA%20Rural%20Health%20Care%20|%20Leadership%20Conference%20Inquiry) for full instructions on how to access 2023 AHA Rural Health Care Leadership Conference registration.

Attendance at the 2023 AHA Rural Health Care Leadership Conference by business representatives is limited to AHA Associates or conference sponsors. If you would like to attend the conference as a member of the business community, we encourage you to become an AHA Associate (<https://sponsor.aha.org/associate-program>) and conference sponsor (<https://ruralconference.aha.org/sponsorship/sponsorship-opportunities>). Contact Ryan Engstrom at [rengstrom@aha.org](mailto:rengstrom@aha.org) (mailto:rengstrom@aha.org?subject=AHA%20Rural%20Health%20Care%20|%20Leadership%20Conference%20Inquiry) for more information on these opportunities.

## **Workshops, Sunday, February 19**

You will have the option to select complimentary workshops during online registration.

- ***WORKSHOP #1: Multi-Sector Health Partnerships for Community Investment in Rural Settings: A Playbook | 2:00 – 3:30 pm***
- ***WORKSHOP #2: Navigating the Top 3 Threats Facing America's Rural Hospitals | 2:00 – 3:30 pm***
- ***WORKSHOP #3: Workforce Mental Well-Being and Suicide Prevention: Engaging Trustees | 4:00 – 5:30 pm***

## **Recreational Activities, Tuesday, February 21**

- ***Nature Hike***

3:30 – 5:30 pm | **Complimentary**

Nature lovers and exercise enthusiasts will enjoy this scenic hike surrounded by bucolic vistas and oak-covered hills. Maps for the walking trails will be provided.

- ***San Antonio Riverwalk Excursion***

3:30 – 8:00 pm | **\$25**

Stroll, shop and dine along the winding path of the San Antonio River Walk for a uniquely Texas experience. Experience vintage and historical sites and learn their history while discovering new attractions, authentic boutiques and exceptional restaurants.

Shuttle bus to and from the San Antonio Riverwalk departs from the JW Marriott.

## Special Accommodations

In you need any of the auxiliary aids and services identified in the Americans with Disabilities Act, contact Bree Angelo at [bangelo@aha.org](mailto:bangelo@aha.org) (mailto:breeangelo@aha.org?

subject=AHA%20Rural%20Health%20Care%20|%20Leadership%20Conference%20Inquiry) with a written description of your needs.

## COVID-19 Information

Health care leaders work every day to ensure the safety of their patients and team, and the AHA prioritizes the same goal – your health and safety. The AHA continuously monitors local, state and federal guidelines and determines safety protocols and requirements for all face-to-face events. Additional details on safety protocols will be provided closer to the start date of the AHA Rural Health Care Leadership Conference.

## Guarantee

In the unlikely event that we should have to cancel the event due to the COVID-19 pandemic, attendees can request a full refund of registration fees or transfer the fees for credit to the 2024 Rural Health Care Leadership Conference. The AHA is not responsible for any nonrefundable travel or lodging expenses in the event of program cancellation.

# Substitutions/Cancellations

If you cannot attend the conference you can send a substitute, even at the last minute. If you must cancel entirely, your request for a refund – minus a \$250 processing fee – must be made in writing to [ruralregistration@aha.org](mailto:ruralregistration@aha.org) (<mailto:ruralregistration@aha.org?subject=AHA%20Rural%20Health%20Care%20|%20Leadership%20Conference%20Inquiry>) no later than January 20, 2023. Cancellations made after January 20 are not eligible for a refund.

**RELATED TOPICS:**    [AHA Rural Health Care Leadership Conference \(/topics/aha-rural-health-care-leadership-conference\)](/topics/aha-rural-health-care-leadership-conference)    [Education & Events \(/taxonomy/term/575\)](/taxonomy/term/575)  
    [Rural issues \(/topics/rural-issues\)](/topics/rural-issues)    [Current & Emerging Payment Models \(/topics/current-emerging-payment-models\)](/topics/current-emerging-payment-models)

(/)

## ALSO OF INTEREST

[Multidisciplinary CAUTI Prevention Team \(https://www.aha.org/websites/2016-02-29-cauti-prevention-team\)](https://www.aha.org/websites/2016-02-29-cauti-prevention-team)

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

[Workforce \(https://www.aha.org/workforce-home\)](https://www.aha.org/workforce-home)

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[Summary](#) [Agenda](#) [Registration Fees](#) [Hotel](#)[Register Now](#)[Already Registered?](#)

Please join us May 17 -19 for HASC's Annual Meeting, a gathering of Southern California's top health care leaders, at the JW Marriott Desert Springs Resort & Spa in Palm Desert, CA.

We are bringing together visionaries and thought leaders to provoke thoughtful discussion on how we can evolve and work together to shape our future.

This meeting attracts close to 500 attendees annually including hospital CEOs and system executives, c-suite executives, sponsors, family members and guests. The event features a packed agenda of renowned speakers, Face-to-Face ACHE credits, a guest event, and many opportunities to network.

This is the one event you need to attend annually. We can't wait to see you there!

[Register Now](#)[Already registered?](#)[Add to Calendar](#)[Contact Us](#)



# Revised Board of Directors Calendar

# 2023

Board Meeting

QSC

MEC

Auxiliary Board

Foundation Board

Feb 19-22, 2023 - AHA Rural Healthcare Leadership Conference (San Antonio, TX) // May 17-19, 2023 - HASC Annual Conference (location TBA)

## January

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

## February

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

## March

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

## April

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

## May

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

## June

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

## July

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

## August

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

## September

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

## October

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

## November

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

## December

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

# 2023 Board of Directors Assignments

## Board and Committee Meetings:

Board of Directors Meeting – 3<sup>rd</sup> Thursday of every month (January, February, March); Last Thursday of every month (April, May, June, July, September, October, November); 4<sup>th</sup> Thursday of the month (August); Dark in December

Kieth Burkart, President

Cheryl Robinson, Vice President

Barrick Smart, Treasurer

Cheryl Moxley, Secretary

Barry Hoy, Trustee

Finance Committee Meeting – 3<sup>rd</sup> Thursday of every month (January, February, March); Last Thursday of every month (April, May, June, July, September, October, November); 4<sup>th</sup> Thursday of the month (August); Dark in December

Barry Smart, Chair

Barry Hoy, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

Quality Committee Meeting – 3<sup>rd</sup> Thursday of every month (January, February, March); Last Thursday of every month (April, May, June, July, September, October, November); 4<sup>th</sup> Thursday of the month (August); Dark in December

Cheryl Moxley, Chair

Barry Hoy, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

Facilities Committee Meeting – January, April, July and October

Cheryl Robinson, Chair

Cheryl Moxley, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

Marketing Committee Meeting – March, May, August and November

Cheryl Robinson, Chair

Barry Hoy, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

Human Resources Committee Meeting – March, June and September (*Dark in December*)

Kieth Burkart, Chair

Barry Smart, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

## Hospital, MEC, Auxiliary & Foundation Meetings:

CQIP Meetings – Schedule Varies

Board Member Assigned: Cheryl Moxley and/or Barry Hoy

Quality & Safety Leadership (QSLC) Meetings – 2<sup>nd</sup> Monday of every third month, 10:00–11:30 a.m.

Board Member Assigned: Cheryl Moxley and/or Barry Hoy

Medical Executive Committee Meeting – 4<sup>th</sup> Thursday of every month, 12:00–2:00 p.m.

Board Member Assigned: Kieth Burkart

Auxiliary Board – 2<sup>nd</sup> Thursday of every other month, 10:00 a.m.–12:00 p.m.

Board Member Assigned: Cheryl Robinson

Foundation Board – Meeting schedule varies

Board Member Assigned: Cheryl Robinson and/or Kieth Burkart