MOUNTAINS COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

April 28, 2023, Board Packet Table of Contents

1 ***QUALITY COMMITTEE MEETING AGENDA 1:00***
2 **Quality Committee Meeting Attendance**
3 **Quality Committee Meeting Minutes**
4 ***FACILITIES COMMITTEE MEETING AGENDA 1:30***
5 **Facilities Committee Meeting Attendance**
6 **Facilities Committee Meeting Minutes**
7 ***FINANCE COMMITTEE MEETING AGENDA 1:45***
8 **Finance Committee Meeting Attendance**
9 **Finance Committee Meeting Minutes**
10 **Finacial Packet as of month ended February 28, 2023**
11 **Finacial Packet as of month ended March 31, 2023**
12 ***BOARD OF DIRECTORS MEETING AGENDA 2:15***
13 **Board of Directors Meeting Attendance**
14 **Board of Directors Meeting Minutes**
15 **Policies submitted for Board Approval by email 4/17/2023**
16 **Policies (ADDENDUM) submitted for Board Approval by email 4/25/2023**
17 **Patient Care Contracted Services Evaluations**
18 ***CLOSED SESSION 3:00***

MOUNTAINS COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

Quality Committee Meeting
Friday, April 28, 2023, 1:00 p.m.
George M. Medak Conference Room, Suite 207
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352

Or

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Join on your computer, mobile app or room device
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Phone Conference ID: 605 686 207#

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

OPEN SESSION	1:00 p.m.
CALL TO ORDER	Cheryl Moxley, Committee Chairperson
PREVIOUS MINUTES	Cheryl Moxley, Committee Chairperson Action Probable
PUBLIC COMMENTS	Government Code Section 54954.3 Sections A & B

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

CLOSED SESSION - AGENDA ITEMS
(According to section: (54956.9)

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

4. USACS Dashboard — Leslie Plouse, Quality Director
   Information Only

RETURN TO OPEN SESSION

1. Closed Session Report — Cheryl Moxley, Committee Chairperson

2. Public Report of Decisions — Cheryl Moxley, Committee Chairperson

OPEN SESSION – AGENDA ITEMS

1. Performance Improvement — Leslie Plouse, Quality Director
   Information Only
   a. Fall & Injury Reduction
   b. Diabetes Program Development
   c. Meds to Beds
   d. Breast Cancer Screening
   e. Colon Cancer Screening

2. Patient Surveys — Leslie Plouse, Quality Director
   Information Only

3. Regulatory — Leslie Plouse, Quality Director
   Information Only
   a. Regulatory Activities
   b. Regulatory Updates

ADJOURNMENT

San Bernardino Mountains Community Hospital Quality Committee Meetings

Attendance Matrix - 2023

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cheryl Moxley	√	√	√									DARK
Barry Hoy	√	√	√									
Terry Peña	√	√	√									
Mark Turner	√	√	√									
Julie Atwood	√	√	√									
Leslie Plouse	√	√	√									
Don Larsen	√	√	√									
Gerry Hinkley	√	√	√									
Comment:												

√ Present E Excused A Absent

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Members Present: Absent: Recording Secretary: Guests:	Cheryl Moxley, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Julie Atwood, Member, Director of Human Resources Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Leslie Plouse, Member, Quality Director Dr. Don Larsen, Community Member Gerry Hinkley, Community Member Kristi McCasland, Executive Assistant Kieth Burkart, Board President Cheryl Robinson, Board Vice President Yvonne Waggener, Chief Financial Officer Barry Smart, Board Treasurer Kim McGuire, Community Development Director	**Quorum present**
2.0 Call to Order:	Moxley called the meeting to order at 1:03 p.m.	**The meeting was called to order**
3.0 Previous Minutes	On a motion made and seconded the Quality Committee Meeting Minutes of February 16, 2023 were approved as written	**On a motion made and seconded, the Quality Committee Meeting Minutes of February 16, 2023 were approved as written** **M (Hoy) / S (Turner) / C**
4.0 Public Comment:	There was no public comment noted at this time.	**None**
5.0 Adjourn to Closed Session:	The Quality Committee Adjourned to “Closed Session” at approximately 1:04 p.m.	**None**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	CLOSED SESSION ATTENDEES: Cheryl Moxley, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Julie Atwood, Member, Director of Human Resources Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Leslie Plouse, Member, Quality Director Dr. Don Larsen, Community Member Gerry Hinkley, Community Member Kristi McCasland, Executive Assistant Kieth Burkart, Board President Cheryl Robinson, Board Vice President Yvonne Waggener, Chief Financial Officer Barry Smart, Board Treasurer	
6.0 Return to Open Session:	The Committee returned to "Open Session" at approximately 1:12 p.m.	**None**
6.1 Closed Session Report:	Per Moxley, the following items were reported on during "Closed Session" – Hospital Acquired Harm; Harm Events; Complaints; and USACS Dashboard.	**Information only**
7.0 Agenda Items 7.1 Performance Improvement (PI)	Plouse reported on the following PI Projects: • Fall/Injury Reduction: The PI team met to review policies; it was found that we do a good job in drilling down and getting to the root cause of a fall. The team will be looking at utilizing different falls scales to ensure they meet the population each unit serves. • Diabetes Program Development: February 2023 data pending	**Information only**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	• Behavioral Health Program Development: Four staff members have been trained in crisis prevention; next training is scheduled for 3/22/2023. The Workplace Violence Prevention policy is in the que for approval; a Weapons in the Workplace policy is in development. The PI team is exploring vendors to complete a property security assessment. • IEHP Performance Improvement Projects: a. Meds to Beds: Our target for 2023 is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. February 2023 results/challenges were reviewed. b. Breast Cancer Screening: Our target for 2023 is that 55.15% of female IEHP patients ages 52-74 receive a mammogram; as of February, we are at 36%. c. Colon Cancer Screening: Our target for 2023 is that 48.75% of IEHP/MediCal patients ages 50-75 receive a screening for colorectal cancer; as of February, we are at 30.99%.	
7.2 Patient Surveys	Patient Satisfaction Surveys (Inpatient & ED) -- • Inpatient: There were 3 responses in February 2023 with a 100% top box score. Patient satisfaction comments were reviewed. • ED: There were 4 responses in February 2023 with a 87.30% top box score. Patient satisfaction comments were reviewed.	**Information only**
7.3 Regulatory Activity/Updates	Regulatory Activities and Updates -- • TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Plan of correction compliance rates were reviewed. • CDPH Complaint Investigation 7/22/2022: investigation ongoing	**Information only**
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:28 p.m.	**Meeting adjourned**

MOUNTAINS COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

Facilities Committee Meeting
Friday, April 28, 2023, 1:30 p.m.
George M. Medak Conference Room, Suite 207
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352

Or

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Phone Conference ID: 605 686 207#

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
	Gerry Hinkley – Community Member	

OPEN SESSION	1:30 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	Tom Madrigal, Facilities Manager / Mark Turner, Chief Executive Officer
2. Construction Projects	Tom Madrigal, Facilities Manager / Mark Turner, Chief Executive Officer Action Possible

ADJOURNMENT

San Bernardino Mountains Community Hospital Facilities Committee Meetings

Attendance Matrix - 2023

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cheryl Robinson	√	MARKETING	HUMAN RESOU		MARKETING	HUMAN RESOU		MARKETING	HUMAN RESOU		MARKETING	DARK
Cheryl Moxley	√											
Mark Turner	√											
Terry Peña	√											
Tom Madrigal	√											
Don Larsen	√											
Gerry Hinkley	√											
Comment:												

√ Present E Excused A Absent

MOUNTAINS COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

FACILITIES COMMITTEE MEETING MINUTES

January 19, 2023

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Members Present: Absent: Recording Secretary: Guests:	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 Gerry Hinkley, Community Member Kristi McCasland – Executive Assistant to Administration 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 Steffanie Miller- Executive Assistant to Facilities Ginny Dunn, Rehabilitation Services Manager Debra Saddlemire, Perioperative Services Manager John Ferguson, Architect Peter Venturini, Foundation Board President	**Quorum present**
2.0 Call to Order:	Robinson called the meeting to order at 2:49 p.m.	**The meeting was called to order.**
3.0 Previous Minutes:	On a motion made and seconded, the Facilities Committee Meeting Minutes of October 20, 2022 were approved.	**On a motion made and seconded, the Facilities Committee Meeting Minutes of October 20, 2022 were approved as written.** **M (Moxley) / S (Peña) / C**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
4.0 Public Comment:	None	**None**
5.0 Agenda Items: 5.1 Hospital Campus	Madrigal gave an update on the following hospital campus projects: • Flooring Project – Madrigal reported that all areas covered in the flooring project contract were completed with the exception of the Lab and the Emergency Department, which could not be done prior to December 31, 2022 due to patient care. • Touchless Fixtures – Madrigal reported that we have replaced 70 faucets, 4 toilets, 2 urinals and 4 public drinking fountains with touchless fixtures. He noted that grant monies were used to pay for this project. • Hospital Van – We are working with Mobility to get a van to transport the SNF residents to their doctor's appointment. Our search has been narrowed it down to a new 4-wheel-drive Ford Transit van, which has been retrofitted for a wheelchair lift; Facilities is just waiting to receive the proposal.	**Information Only**
5.2 Update: Construction Projects	Madrigal gave an update on the following construction projects: • Pyxis Med/Surg Install – This project is basically complete. The contractor is working on the air balance between the Med/Surg nurses station and the new registration area. HCAI is expected to inspect/sign off on this project mid to late February 2023. • Registration Project – This project is nearing completion, the registration area and new waiting room are expected to be completed and signed off by HCAI mid to late February 2023. • Pharmacy Project – The mechanical engineer is working on getting a resolution to the Fire Marshall issues before submitting our responses to HCAI's second set of comments. They are hoping to	**Information Only**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	submit our responses by early to mid-February. • Lab Project – Facilities, IT and Ortho Diagnostic are working on the logistics to move the new analyzers into the Lab. Some construction needs to occur before the move can be done. • Entitlement Process to Acquire Land Use Approval – This item is included on the District Board of Directors agenda.	
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 3:04 p.m.	**Meeting adjourned.**

MOUNTAINS COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

Finance Committee Meeting
Friday, April 28, 2023, 1:45 p.m.
George M. Medak Conference Room, Suite 207
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352

Or

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Phone Conference ID: 605 686 207#

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	1:45 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 Action Probable
2.	Capital Purchases	Yvonne Waggener, Chief Financial Officer Action Possible
3.	Investments	Yvonne Waggener, Chief Financial Officer Action Possible

ADJOURNMENT

San Bernardino Mountains Community Hospital Finance Committee Meetings

Attendance Matrix - 2023

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Barry Smart	√	√										DARK
Barry Hoy	√	√										
Yvonne Waggener	√	√										
Mark Turner	√	√										
Terry Peña	√	√										
Don Larsen	√	√										
Gerry Hinkley	√	√										
Comment:												

√ Present E Excused A Absent

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Members Present: Absent: Recording Secretary: Guests:	Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Mark Turner, Member, Chief Executive Officer Don Larsen, Community Member Gerry Hinkley, Community Member Kristi McCasland, Executive Assistant Kieth Burkart, Board President Cheryl Robinson, Board Vice President Cheryl Moxley, Board Secretary Julie Atwood, Human Resources Director Kim McGuire, Community Development Director Leslie Plouse, Quality Director Peter Venturini, Foundation Board President	**Quorum present**
2.0 Call to Order:	Smart called the meeting to order at 1:55 p.m.	**The meeting was called to order**
3.0 Previous Minutes:	On a motion made and seconded, the Finance Committee Meeting Minutes of January 19, 2023 were approved.	**On a motion made and seconded, the Finance Committee Meeting Minutes of January 29, 2023 were approved as written** **M (Hoy) / S (Turner) / C**
4.0 Public Comment:	There was no public comment noted at this time.	**None**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
5.0 Agenda Items: 5.1 Financial Statements	Waggener presented the FY23 Financial Statements as of seven (7) months ended January 31, 2023. Comparative statistics and selected financial indicators were reviewed with the committee.	**A motion was made and seconded to recommend to the Board to accept the Financial Statements as of Seven (7) months ending January 31, 2023.** **M (Hoy) / S (Hinkley) / C**
5.2 Capital Purchases	Waggener presented the FY23 Capital Purchases as of seven (7) months ended January 31, 2023. Updates on FY23 purchases were reviewed. Waggener reported on an unbudgeted capital item in the amount of $15k, which was for a HEPA filtration system that was needed for the SNF unit.	**A motion was made and seconded to recommend to the Board to approve the $15k additional capital expenditure for the HEPA filtration system.** **M (Hoy) / S (Turner) / C**
5.3 Investments	Waggener presented and reviewed the LAIF and UBS statements as of January 31, 2023 Discussion was held regarding potentially moving some of our monies out of LAIF and into a money market account. Smart and Waggener will meet to discuss potentially moving some of our monies into a money market account.	**Information only**
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 2:17 p.m.	**Meeting adjourned**

Mountains Community Hospital
Key Financial Indicators

	AUDITED							BENCHMARKS	
	06/30/17	06/30/18	06/30/19	06/30/20	06/30/21	06/30/22	02/28/23	FAR WEST CAH	CA CAH
LIQUIDITY									
Days cash on hand - All sources	**161**	**240**	**344**	**523**	**490**	**490**	**371**	**173**	**222**
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	3,098,163		
Funded Depreciation	8,505,612	14,339,180	21,636,014	20,160,931	29,289,726	35,548,549	28,993,760		
Total	9,415,399	15,284,003	22,261,831	35,403,017	37,532,358	39,717,047	32,091,923		
Days gross revenue in gross AR	58	57	55	49	62	52	53		
Days net revenue in net AR	**41**	**33**	**43**	**33**	**41**	**37**	**34**	**59**	**41**
Days expense in AP	**32**	**23**	**25**	**29**	**29**	**42**	**30**		
Current ratio	**1.6**	**2.3**	**1.6**	**2.1**	**1.8**	**1.8**	**2.3**		
Cash to debt	**91%**	**154%**	**236%**	**303%**	**443%**	**498%**	**430%**		
CAPITAL STRUCTURE									
Long-term debt to capitalization	**38%**	**28%**	**24%**	**25%**	**16%**	**14%**	**14%**		
PROFITABILITY									
Total margin	**12%**	**26%**	**19%**	**17%**	**29%**	**14%**	**-22%**		
OTHER									
Paid full time equivalents (FTE's)	**165.66**	**177.25**	**183.31**	**176.66**	**185.49**	**182.08**	**190.82**		
BENCHMARK - FAR WEST	The Industry Benchmark is from the Optum 2022 Almanac of Hospital Financial and Operating Indicators. The Benchmark Average is for Critical Access Hospital in the Far West Region.								
BENCHMARK - CA	The California Benchmark is from the Flex Monitoring Team Data Summary Report #26, CAH Financial indicators Report: Summary of Indicators Medians by State, May 2022.								
Total Margin Goal	Based on Year-To-Date Budget								

Mountains Community Hospital
Comparative Statistics

	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-21	86	-	86	593	2.8	-	2.8	19.1	896	29	18	24
Aug-21	86	3	89	620	2.8	0.1	2.9	20.0	835	27	8	13
Sep-21	74	28	102	600	2.5	0.9	3.4	20.0	727	24	18	21
Oct-21	83	32	115	620	2.7	1.0	3.7	20.0	708	23	18	12
Nov-21	96	2	98	600	3.2	0.1	3.3	20.0	723	24	13	16
Dec-21	121	36	157	620	3.9	1.2	5.1	20.0	682	22	14	22
Jan-22	196	2	198	620	6.3	0.1	6.4	20.0	810	26	2	14
Feb-22	59	1	60	560	2.1	0.0	2.1	20.0	572	20	1	9
Mar-22	34	-	34	573	1.1	-	1.1	18.5	601	19	15	22
Apr-22	49	-	49	553	1.6	-	1.6	18.4	669	22	7	17
May-22	57	-	57	589	1.8	-	1.8	19.0	714	23	10	25
Jun-22	75	-	75	583	2.5	-	2.5	19.4	716	24	12	16
	1,016	104	1,120	7,131	2.8	0.3	3.1	19.5	8,653	24	136	211
	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-22	45	7	52	589	1.5	0.2	1.7	19.0	841	27	18	24
Aug-22	46	28	74	605	1.5	0.9	2.4	19.5	814	26	20	19
Sep-22	50	14	64	585	1.7	0.5	2.1	19.5	760	25	3	7
Oct-22	30	38	68	594	1.0	1.2	2.2	19.2	786	25	-	1
Nov-22	80	56	136	562	2.7	1.9	4.5	18.7	802	27	-	6
Dec-22	47	4	51	558	1.5	0.1	1.6	18.0	786	25	-	12
Jan-23	46	39	85	585	1.5	1.3	2.7	18.9	712	23	-	9
Feb-23	44	46	90	532	1.6	1.6	3.2	19.0	565	20	-	11
	388	232	620	4,610	1.6	1.0	2.6	19.0	6,066	25	41	89
Budget Feb-23	70	14	84	549	2.5	0.5	3.0	19.6	672	24	-	15

Mountains Community Hospital
Comparative Statistics

	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-21	7,369	736	264	84	19	107	1,210	712	482	215	210	120	1,027
Aug-21	8,120	709	255	77	18	120	1,179	734	535	244	224	155	1,158
Sep-21	7,871	657	243	75	18	80	1,073	746	528	266	234	150	1,178
Oct-21	7,535	659	249	100	15	127	1,150	714	433	205	239	96	973
Nov-21	7,463	620	254	79	24	124	1,101	710	453	243	225	141	1,062
Dec-21	6,673	562	229	51	18	73	933	590	385	167	237	59	848
Jan-22	7,426	689	250	38	7	82	1,066	566	455	278	236	73	1,042
Feb-22	6,098	606	238	49	13	91	997	577	421	216	196	123	956
Mar-22	6,849	559	183	58	8	110	918	807	533	265	285	130	1,213
Apr-22	6,141	592	213	101	23	133	1,062	711	389	263	270	116	1,038
May-22	6,597	620	204	84	15	117	1,040	678	476	316	256	113	1,161
Jun-22	6,794	660	189	74	17	103	1,043	642	514	292	246	115	1,167
	84,936	7,669	2,771	870	195	1,267	12,772	8,187	5,604	2,970	2,858	1,391	12,823
	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-22	7,502	632	276	52	9	107	1,076	642	480	259	221	89	1,049
Aug-22	7,644	635	256	74	23	100	1,088	792	506	291	236	177	1,210
Sep-22	6,523	584	238	51	12	119	1,004	615	395	245	240	140	1,020
Oct-22	6,566	594	206	94	19	102	1,015	722	413	247	244	126	1,030
Nov-22	6,815	575	184	99	23	83	964	715	379	196	213	102	890
Dec-22	5,970	592	203	78	19	93	985	635	337	204	235	97	873
Jan-23	5,784	577	191	37	8	94	907	623	374	227	223	88	912
Feb-23	4,897	488	153	46	13	63	763	526	322	183	196	74	775
	51,701	4,677	1,707	531	126	761	7,802	5,270	3,206	1,852	1,808	893	7,759
Budget Feb-23	6,000	739	204	82	25	113	1,163	681	460	260	240	140	1,100

Through February 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Revenue:								
Gross Patient Service Revenue	3,986,371	4,995,965	-1,009,594	40,083,601	41,816,923	-1,733,322	62,680,783	-22,597,182
Deductions from Revenue:								
Contractual Discounts	2,599,032	3,271,901	-672,869	25,362,641	27,306,208	-1,943,567	40,969,812	-15,607,171
Bad Debt	80,000	100,000	-20,000	591,384	841,000	-249,616	1,261,000	-669,616
Charity Care	52	0	52	52,552	0	52,552	0	52,552
Supplemental Reimbursement	-1,201,286	0	-1,201,286	-1,264,100	0	-1,264,100	-7,852,000	6,587,900
Net Patient Service Revenue	2,508,573	1,624,064	884,509	15,341,124	13,669,715	1,671,409	28,301,971	-12,960,847
Other Operating Revenue	25,460	23,960	1,500	197,536	191,680	5,856	352,520	-154,984
Total Revenue	2,534,033	1,648,024	886,009	15,538,661	13,861,395	1,677,266	28,654,491	-13,115,830
Expenses:								
Salaries and Wages	1,271,254	1,413,060	-141,806	11,237,265	12,126,170	-888,905	18,248,010	-7,010,745
Employee Benefits	298,942	318,230	-19,288	2,404,856	2,531,040	-126,184	3,911,160	-1,506,304
Professional Fees	218,186	164,170	54,016	1,792,667	1,203,500	589,167	1,866,780	-74,113
Supplies	145,064	243,375	-98,311	1,957,927	2,009,305	-51,378	3,131,975	-1,174,048
Purchased Services	208,025	90,055	117,970	1,000,105	846,915	153,190	1,255,185	-255,080
Rent	14,338	9,915	4,423	122,676	79,320	43,356	122,280	396
Repairs & Maintenance	76,634	66,500	10,134	540,727	542,575	-1,848	906,495	-365,768
Utilities	60,556	43,325	17,231	428,245	376,200	52,045	547,500	-119,255
Insurance	39,414	38,960	454	315,226	311,670	3,556	467,500	-152,274
Depreciation Expense	124,474	139,730	-15,256	994,264	1,092,390	-98,126	1,651,310	-657,046
Other Operating Expenses	97,790	105,755	-7,965	921,486	893,820	27,666	1,876,535	-955,049

Through February 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Total Expenses	2,554,676	2,633,075	-78,399	21,715,444	22,012,905	-297,461	33,984,730	-12,269,286
Income (Loss) from Operations	-20,643	-985,051	964,408	-6,176,784	-8,151,510	1,974,726	-5,330,239	-846,545
Non-Operating Rev (Exp):								
District Tax Revenue	245,000	245,000	0	1,960,000	1,960,000	0	2,940,000	-980,000
Investment Income	36,009	0	36,009	521,553	0	521,553	0	521,553
Interest Expenses	-36,020	-36,020	0	-301,675	-301,675	0	-445,765	144,090
Non Capital Grants & Contr	0	0	0	561,320	510,000	51,320	970,000	-408,680
Other Non-Operating Revenue	38,083	37,490	593	303,416	299,920	3,496	450,180	-146,764
Other Non-Operating Expense	-25,145	-26,075	930	-212,981	-223,470	10,489	-331,890	118,909
Gain/Loss On Disp of Property	0	0	0	0	0	0	0	0
Non-Operating Revenue/Expense	257,926	220,395	37,531	2,831,633	2,244,775	586,858	3,582,525	-750,892
Net Income (Loss)	237,283	-764,656	1,001,939	-3,345,151	-5,906,735	2,561,584	-1,747,714	-1,597,437

February 2023

Description	Beginning Balance	Ending Balance	Variance
Assets:			
Cash & Cash Equivalents	4,168,497	3,098,163	-1,070,335
Receivables: Patient - Net	2,875,476	2,393,849	-481,627
Receivables: Other	198,586	3,749,433	3,550,848
Receivables: Foundation	0	109	109
Inventory	569,588	696,668	127,080
Prepaid Expenses & Deposits	477,555	640,651	163,096
Total Current Assets	8,289,702	10,578,873	2,289,170
Assets Limited As To Use	36,015,367	29,312,612	-6,702,755
Capital Assets - Net	16,208,340	17,004,931	796,591
Other Assets	1,982,928	1,982,928	0
Total Assets	62,496,338	58,879,344	-3,616,994
Liabilities:			
Long-Term Debt - CP	509,000	533,200	24,200
AP & Accrued Expenses	1,536,352	1,163,975	-372,377
Patient Credit Balances	583,417	780,085	196,668
Accrued Interest	183,248	34,717	-148,531
Accrued Payroll	1,183,246	1,406,749	223,502
Deferred Revenue	40,294	9,394	-30,900
Est Third-Party Settlements	649,088	749,096	100,008
Total Current Liabilities	4,684,645	4,677,215	-7,430
Long-Term Debt	7,979,957	7,457,167	-522,790
Deferred Inflows-Leases	2,008,540	2,008,540	0
Total Liabilities	14,673,142	14,142,922	-530,220
Net Assets	47,823,196	44,736,421	-3,086,775
Total Liabilities & Net Assets	62,496,338	58,879,344	-3,616,994

Mountains Community Hospital
Key Financial Indicators

	AUDITED							BENCHMARKS	
	06/30/17	06/30/18	06/30/19	06/30/20	06/30/21	06/30/22	03/31/23	FAR WEST CAH	CA CAH
LIQUIDITY									
Days cash on hand - All sources	**161**	**240**	**344**	**523**	**490**	**490**	**460**	**173**	**222**
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	11,467,267		
Board Designated	8,505,612	14,339,180	21,636,014	20,160,931	29,289,726	35,548,549	29,095,006		
Total	9,415,399	15,284,003	22,261,831	35,403,017	37,532,358	39,717,047	40,562,273		
Days gross revenue in gross AR	58	57	55	49	62	52	47		
Days net revenue in net AR	**41**	**33**	**43**	**33**	**41**	**37**	**23**	**59**	**41**
Days expense in AP	**32**	**23**	**25**	**29**	**29**	**42**	**26**		
Current ratio	**1.6**	**2.3**	**1.6**	**2.1**	**1.8**	**1.8**	**3.5**		
Cash to debt	**91%**	**154%**	**236%**	**303%**	**443%**	**498%**	**544%**		
CAPITAL STRUCTURE									
Long-term debt to capitalization	**38%**	**28%**	**24%**	**25%**	**16%**	**14%**	**13%**		
PROFITABILITY									
Total margin	**12%**	**26%**	**19%**	**17%**	**29%**	**14%**	**7%**		
OTHER									
Paid full time equivalents (FTE's)	**165.66**	**177.25**	**183.31**	**176.66**	**185.49**	**182.08**	**170.18**		
BENCHMARK - FAR WEST	The Industry Benchmark is from the Optum 2022 Almanac of Hospital Financial and Operating Indicators. The Benchmark Average is for Critical Access Hospital in the Far West Region.								
BENCHMARK - CA	The California Benchmark is from the Flex Monitoring Team Data Summary Report #26, CAH Financial indicators Report: Summary of Indicators Medians by State, May 2022.								
Total Margin Goal	Based on Year-To-Date Budget								

Mountains Community Hospital
Comparative Statistics

	Patient Days				Average Daily Census				ER Visits	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day
Jul-21	86	-	86	593	2.8	-	2.8	19.1	896	29
Aug-21	86	3	89	620	2.8	0.1	2.9	20.0	835	27
Sep-21	74	28	102	600	2.5	0.9	3.4	20.0	727	24
Oct-21	83	32	115	620	2.7	1.0	3.7	20.0	708	23
Nov-21	96	2	98	600	3.2	0.1	3.3	20.0	723	24
Dec-21	121	36	157	620	3.9	1.2	5.1	20.0	682	22
Jan-22	196	2	198	620	6.3	0.1	6.4	20.0	810	26
Feb-22	59	1	60	560	2.1	0.0	2.1	20.0	572	20
Mar-22	34	-	34	573	1.1	-	1.1	18.5	601	19
Apr-22	49	-	49	553	1.6	-	1.6	18.4	669	22
May-22	57	-	57	589	1.8	-	1.8	19.0	714	23
Jun-22	75	-	75	583	2.5	-	2.5	19.4	716	24
	1,016	104	1,120	7,131	2.8	0.3	3.1	19.5	8,653	24
	Patient Days				Average Daily Census				ER Visits	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day
Jul-22	45	7	52	589	1.5	0.2	1.7	19.0	841	27
Aug-22	46	28	74	605	1.5	0.9	2.4	19.5	814	26
Sep-22	50	14	64	585	1.7	0.5	2.1	19.5	760	25
Oct-22	30	38	68	594	1.0	1.2	2.2	19.2	786	25
Nov-22	80	56	136	562	2.7	1.9	4.5	18.7	802	27
Dec-22	47	4	51	558	1.5	0.1	1.6	18.0	786	25
Jan-23	46	39	85	585	1.5	1.3	2.7	18.9	712	23
Feb-23	44	46	90	532	1.6	1.6	3.2	19.0	565	20
Mar-23	56	45	101	584	1.8	1.5	3.3	18.8	497	16
	444	277	721	5,194	1.6	1.0	2.6	19.0	6,563	24
Budget Mar-23	78	16	94	608	2.5	0.5	3.0	19.6	744	24

Mountains Community Hospital
Comparative Statistics

	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-21	7,369	736	264	84	19	107	1,210	712	482	215	210	120	1,027
Aug-21	8,120	709	255	77	18	120	1,179	734	535	244	224	155	1,158
Sep-21	7,871	657	243	75	18	80	1,073	746	528	266	234	150	1,178
Oct-21	7,535	659	249	100	15	127	1,150	714	433	205	239	96	973
Nov-21	7,463	620	254	79	24	124	1,101	710	453	243	225	141	1,062
Dec-21	6,673	562	229	51	18	73	933	590	385	167	237	59	848
Jan-22	7,426	689	250	38	7	82	1,066	566	455	278	236	73	1,042
Feb-22	6,098	606	238	49	13	91	997	577	421	216	196	123	956
Mar-22	6,849	559	183	58	8	110	918	807	533	265	285	130	1,213
Apr-22	6,141	592	213	101	23	133	1,062	711	389	263	270	116	1,038
May-22	6,597	620	204	84	15	117	1,040	678	476	316	256	113	1,161
Jun-22	6,794	660	189	74	17	103	1,043	642	514	292	246	115	1,167
	84,936	7,669	2,771	870	195	1,267	12,772	8,187	5,604	2,970	2,858	1,391	12,823
	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-22	7,502	632	276	52	9	107	1,076	642	480	259	221	89	1,049
Aug-22	7,644	635	256	74	23	100	1,088	792	506	291	236	177	1,210
Sep-22	6,523	584	238	51	12	119	1,004	615	395	245	240	140	1,020
Oct-22	6,566	594	206	94	19	102	1,015	722	413	247	244	126	1,030
Nov-22	6,815	575	184	99	23	83	964	715	379	196	213	102	890
Dec-22	5,970	592	203	78	19	93	985	635	337	204	235	97	873
Jan-23	5,784	577	191	37	8	94	907	623	374	227	223	88	912
Feb-23	4,897	488	153	46	13	63	763	526	322	183	196	74	775
Mar-23	3,813	450	148	19	5	62	684	378	278	108	198	54	638
	55,514	5,127	1,855	550	131	823	8,486	5,648	3,484	1,960	2,006	947	8,397
Budget Mar-23	6,000	739	204	82	25	113	1,163	681	460	260	240	140	1,100

Through March 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Revenue:								
Gross Patient Service Revenue	3,653,545	5,259,965	-1,606,420	43,737,146	47,076,888	-3,339,742	62,680,783	-18,943,637
Deductions from Revenue:								
Contractual Discounts	2,141,800	3,444,901	-1,303,101	27,504,441	30,751,109	-3,246,668	40,969,812	-13,465,371
Bad Debt	0	106,000	-106,000	591,384	947,000	-355,616	1,261,000	-669,616
Charity Care	7,480	0	7,480	60,032	0	60,032	0	60,032
Supplemental Reimbursement	-6,103,774	-6,100,000	-3,774	-7,367,874	-6,100,000	-1,267,874	-7,852,000	484,126
Net Patient Service Revenue	7,608,039	7,809,064	-201,025	22,949,163	21,478,779	1,470,384	28,301,971	-5,352,808
Other Operating Revenue	25,953	23,960	1,993	223,489	215,640	7,849	352,520	-129,031
Total Revenue	7,633,992	7,833,024	-199,032	23,172,652	21,694,419	1,478,233	28,654,491	-5,481,839
Expenses:								
Salaries and Wages	1,403,172	1,548,400	-145,228	12,640,437	13,674,570	-1,034,133	18,248,010	-5,607,573
Employee Benefits	317,640	323,540	-5,900	2,722,496	2,854,580	-132,084	3,911,160	-1,188,664
Professional Fees	221,868	157,600	64,268	2,014,536	1,361,100	653,436	1,866,780	147,756
Supplies	276,172	239,925	36,247	2,234,099	2,249,230	-15,131	3,131,975	-897,876
Purchased Services	154,939	87,555	67,384	1,155,044	934,470	220,574	1,255,185	-100,141
Rent	13,609	9,915	3,694	136,285	89,235	47,050	122,280	14,005
Repairs & Maintenance	63,009	67,140	-4,131	603,736	609,715	-5,979	906,495	-302,759
Utilities	43,549	43,325	224	471,794	419,525	52,269	547,500	-75,706
Insurance	39,914	38,955	959	355,140	350,625	4,515	467,500	-112,360
Depreciation Expense	124,474	139,730	-15,256	1,118,737	1,232,120	-113,383	1,651,310	-532,573
Other Operating Expenses	568,974	572,390	-3,416	1,490,461	1,466,210	24,251	1,876,535	-386,074

Through March 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Total Expenses	3,227,321	3,228,475	-1,154	24,942,765	25,241,380	-298,615	33,984,730	-9,041,965
Income (Loss) from Operations	4,406,671	4,604,549	-197,878	-1,770,113	-3,546,961	1,776,848	-5,330,239	3,560,126
Non-Operating Rev (Exp):								
District Tax Revenue	245,000	245,000	0	2,205,000	2,205,000	0	2,940,000	-735,000
Investment Income	134,847	0	134,847	656,400	0	656,400	0	656,400
Interest Expenses	-36,020	-36,020	0	-337,695	-337,695	0	-445,765	108,070
Non Capital Grants & Contr	212,799	212,500	299	774,119	722,500	51,619	970,000	-195,881
Other Non-Operating Revenue	41,148	37,640	3,508	344,564	337,560	7,004	450,180	-105,616
Other Non-Operating Expense	-23,233	-27,510	4,277	-236,214	-250,980	14,766	-331,890	95,676
Gain/Loss On Disp of Property	0	0	0	0	0	0	0	0
Non-Operating Revenue/Expense	574,541	431,610	142,931	3,406,174	2,676,385	729,789	3,582,525	-176,351
Net Income (Loss)	4,981,212	5,036,159	-54,947	1,636,062	-870,576	2,506,638	-1,747,714	3,383,776

March 2023

Description	Beginning Balance	Ending Balance	Variance
Assets:			
Cash & Cash Equivalents	4,168,497	11,467,267	7,298,769
Receivables: Patient - Net	2,875,476	1,930,092	-945,384
Receivables: Other	198,586	330,300	131,715
Receivables: Foundation	0	-633	-633
Inventory	569,588	690,891	121,303
Prepaid Expenses & Deposits	477,555	585,644	108,088
Total Current Assets	8,289,702	15,003,561	6,713,859
Assets Limited As To Use	36,015,367	29,446,982	-6,568,385
Capital Assets - Net	16,208,340	16,991,980	783,640
Other Assets	1,982,928	1,982,928	0
Total Assets	62,496,338	63,425,451	929,113
Liabilities:			
Long-Term Debt - CP	509,000	533,200	24,200
AP & Accrued Expenses	1,536,352	1,064,031	-472,321
Patient Credit Balances	583,417	685,842	102,425
Accrued Interest	183,248	69,437	-113,811
Accrued Payroll	1,183,246	907,662	-275,584
Deferred Revenue	40,294	53,156	12,862
Est Third-Party Settlements	649,088	927,483	278,395
Total Current Liabilities	4,684,645	4,240,811	-443,834
Long-Term Debt	7,979,957	7,458,467	-521,490
Deferred Inflows-Leases	2,008,540	2,008,540	0
Total Liabilities	14,673,142	13,707,818	-965,324
Net Assets	47,823,196	49,717,634	1,894,438
Total Liabilities & Net Assets	62,496,338	63,425,451	929,113

FY 2023 Capital Budget & Asset Additions as of 03/31/23						
Department	Item Description	Budget	Complete	Actual	Funding	
Facilities	Front of House	498,000		464,881	507,000	Grants & Donations
Facilities	Gift Shop	165,600				
Facilities	Front of House & Gift Shop Soft Costs & Furniture	152,600				
Facilities	RHC LA Interior Remodel/Retrofit	200,000		68,546	50,000	County
Facilities	Touchless Bathrooms	60,000		74,288	200,000	Federal COVID Relief
Facilities	Hallway Flooring MOB	20,000				
Environmental Services	Hand Hygiene Monitoring	50,000	X	35,135		
Surgery	Surgery Cabinetry	23,000	X	26,550		
Facilities	Hospital & MOB Flooring	307,000		357,925	258,000	ARP Ship Grant
Facilities	Patient Transfer Vehicle	125,000			125,000	Foundation
Emergency/Surgery	Stryker Gurneys	95,000	X	94,572	150,000	Ahmanson Grant
Facilities	Education Center	-			327,000	Donations
Facilities	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	200,000		45,295		
Facilities	Parking Structure	-				
Facilities	New Acute Care Wing	-				
Anesthesia	Anesthesia Monitor	30,000				
Dietary	A/C Project	81,000		845		Approved Aug 2022
Emergency	Radio System (Wearable Alert Notifiers)	TBD				
Emergency	Slit Lamp	10,000				
Facilities	Chemistry Analyzers (2) Construction	25,000		11,390		
Facilities	ER Exam Lights	50,000		433		
Facilities	Extension to Bio Hazard Cage	6,000				
Facilities	Fire Suppression (Server Room)	65,000				
Facilities	Front of House & Med Surg HVAC	306,000		267,199		
Facilities	Med Surg Nursing Station (Pyxis)	135,000		129,568		
Facilities	Med Surg Windows	150,000				
Facilities	MOB A/C Units	25,000				
Facilities	MOB Electrical Panel	15,000				
Facilities	MOB Repairs on Pop-Outs	75,000				
Facilities	Nurses' Call System	250,000				
Facilities	OR Doors	15,000				
Facilities	Parking Lot Expansion	50,000				
Facilities	Parking Lot Slurry & Restripe	38,000	X	37,565		
Facilities	Pharmacy Relocation (Includes Hood)	496,800		68,962		
Facilities	Seismic NPC3 (Anchor Equipment) & SPC 4D	100,000		54,031		
Facilities	SNF Nurses' Station	15,000				

FY 2023 Capital Budget & Asset Additions as of 03/31/23						
Department	Item Description	Budget	Complete	Actual	Funding	
Facilities	Storage Containers	74,000				
Facilities	Surgery Water Filtration System Contruction	20,000				
Facilities	Utility Vehicle	25,000				
Information Tech	Cisco Firewalls	28,000				
Information Tech	EHR	TBD		150,180		
Laboratory	Centrifuge	9,000	X	8,369		
Laboratory	Chemistry Analyzer Interface	19,000		18,318		
Laboratory	Coagulation Analyzer	67,000				
Laboratory	Microscope	15,000	X	14,817		
Med Surg	Accuvein Vein Finder	6,000				
Respiratory	EKG Machine	13,000				
RHC Dental	Air Compressor	9,000				
RHC Dental	Autoclave	12,000	X	10,644		
RHC Dental	Exam Chair	17,000	X	16,499		
Surgery	Cardiac Monitors (2)	23,000				
Surgery	EGD & Colonscopy Scopes	55,000				
Surgery	Electrosurgical Unit with Smoke Evacuator	37,000		6,610		
		4,263,000		**1,962,621**	**1,617,000**	
Not Budgeted						
Information Tech	Phone System Upgrade	NA	X	8,520		
Radiology	Windows 10 Upgrade to Ultrasound Machine	NA	X	6,007		
Skilled Nursing Facility	Shed	NA	X	7,902		
Skilled Nursing Facility	Hepa Air Filtration	NA	X	15,111		
Facilities	Sprinklers	NA	X	9,217		
	Total	**4,263,000**		**2,009,378**		

MOUNTAINS COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

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

DISTRICT BOARD OF DIRECTORS MEETING
Friday, April 28, 2023, 2:15 p.m.
George M. Medak Conference Room, Suite 207
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352

Or

Microsoft Teams meeting
Join on your computer, mobile app or room device
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Phone Conference ID: 605 686 207#

Members:	Kieth Burkart, President	Cheryl Robinson, Vice President
	Barrick Smart, Treasurer	Cheryl Moxley, Secretary
	Barry Hoy, Trustee	
Staff Members:	Mark Turner, Chief Executive Officer	Terry Peña, Chief Operating Officer
	Bijan Motamedi, M.D., Chief of Staff	Yvonne Waggener, Chief Financial Officer
	Julie Atwood, Human Resources Director	Kristi McCasland, Executive Assistant

OPEN SESSION	2:15 p.m.
CALL TO ORDER	Kieth Burkart, President
PRESIDENTS COMMENTS	Kieth Burkart, President Action Possible
BOARD MEMBER REPORTS	All Board Members
PUBLIC COMMENTS	Government Code Section 54954.3 Sections A & B

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

PREVIOUS MINUTES approval	Kieth Burkart, President Action probable

CONSENT AGENDA — Kieth Burkart, President; Action Probable

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held March 16, 2023
2. Approval of Facilities Committee minutes, meeting held January 19, 2023
3. Approval of Finance Committee minutes, meeting held February 16, 2023
4. Approval of the attached list of Policies and Procedures that was sent April 17, 2023
5. Approval of the attached list of Policies and Procedures ADDENDUM that was sent April 25, 2023

AGENDA ITEMS

1.	Board Member Pay/Benefits	Mark Turner, Chief Executive Officer Action Possible
2.	FY 2022-2023 Annual Patient Care Contract Evaluations	Mark Turner, Chief Executive Officer Action Possible
3.	Strategic Plan	Mark Turner, Chief Executive Officer
	a. Review, edit and validate MCH's Mission, Vision, Values	Action Possible
4.	CEO Report	Mark Turner, Chief Executive Officer
	a. Construction and Land Use approval update	Information Only
	b. General Surgeon Onboarding update	Information Only
5.	COO/CNO Report	Terry Peña, Chief Operating Officer Information only
6.	Quality Committee Report	Cheryl Moxley, Chairperson
	a. Report of Meeting held April 28, 2023	Information only
7.	Facilities Committee Report	Cheryl Robinson, Chairperson
	a. Report of Meeting held April 28, 2023	Information only
8.	Finance Committee Report	Barry Smart, Chairperson
	a. Report of Meeting held April 28, 2023	Action Probable
	b. Capital Purchases	Action Possible
	c. Investments	Action Possible
9.	Board Education	Kieth Burkart, President
	a. HASC Annual Conference, May 17-19, 2023	Action Possible
10.	Discussion Topic Suggestions	Kieth Burkart, President Information only

ADJOURN TO CLOSED SESSION

CLOSED SESSION AGENDA ITEMS

(Closed session pursuant to Govt. Code Section 54954.5

1.	Hearings Subject matter: Staff Privileges Re: Credentialing Recommendations Closed session pursuant to Cal. Health & Safety § 32155	Bijan Motamedi, M.D., Chief of Staff Action Probable
2.	Medical Executive Committee Report Subject Matter: Report of Medical Executive Committee Meeting minutes Closed session pursuant to Cal. Health & Safety § 32155	Bijan Motamedi, M.D., Chief of Staff Information only
4.	Annual Management Action Plan Subject Matter: Proposed new services, programs & facilities Estimated date of public disclosure: April 30, 2024 Closed session under Cal. Health & Safety § 32106	Mark Turner, Chief Executive Officer Information only
5.	Executive session Subject Matter: Personnel Issues Re: CEO Compensation Closed session under Cal. Gov. Code § 54957	Board Members & CEO Only Action Possible

RETURN TO OPEN SESSION

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

NEXT BOARD-ATTENDED MEETINGS — Thursday, May 25, 2023 at 1:00 p.m.
(Days & times are subject to change so please refer to the posted agenda for exact times)

FINAL ADJOURNMENT

San Bernardino Mountains Community Hospital Board of Directors Meetings

Attendance Matrix - 2023

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

√ Present E Excused A Absent

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 1:45 p.m.	**The meeting was called to order**
2.0 Board Members Present: Members Absent: Recording Secretary Staff Members Present: Guests:	Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee Kristi McCasland, Executive Assistant Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Yvonne Waggener, Chief Financial Officer Julie Atwood, Human Resources Director Bijan Motamedi, M.D., Chief of Staff Kim McGuire, Community Development Director Leslie Plouse, Quality Director Don Larson, MD, Community Member Gerry Hinkley, Community Member	**Quorum present**
3.0 President's Comments:	Burkart commented that he was glad everyone was ok following the 2023 blizzard.	**Information only**
4.0 Board Member's Reports:	None	**None**
5.0 Public Comments:	None	**None**
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of February 16, 2023 were approved as written.	**On a motion made and seconded the Minutes from the Board of Directors meeting of**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		February 16, 2023 were approved as written. **M (Hoy) / S (Smart) / C** **5 Ayes / 0 Nays / 0 Abstain / 0 Absent**
7.0 Consent Agenda:	The following Consent Agenda items were reviewed: (1) Approval of the Quality Committee minutes, meeting held February 16, 2023; (2) Approval of the Human Resources Committee minutes, meeting held September 15, 2022; (3) Approval of the Special Human Resources Committee meeting held October 20, 2023; (4) Approval of the attached List of Policy and Procedures that was sent March 2, 2023 (see list attached to the March 2023 Special Board Packet).	**On a motion made and seconded, the Consent Agenda items were approved as presented.** **M (Moxley) / S (Robinson) / C** **5 Ayes / 0 Nays / 0 Abstain / 0 Absent**
8.0 Agenda 8.1 Unbudgeted Capital Item: Blood Bank Refrigerator/Brackets	Turner reported that the Blood Bank refrigerator was failing and that we cannot get replacement parts easily. Waggener discussed this issue with Burkart, Board President, who approved an emergency capital expenditure to purchase a new unit and required brackets, for approximately $15,000. Turner noted the unit has been ordered and we are awaiting an ETA for its arrival. Discussion was held regarding if we could donate the failing unit to Operation Provider; Turner will look into this.	**On a motion made and seconded, the Board approved the $15,000 emergency capital expenditure for the purchase a new Blood Bank refrigerator and brackets.** **M (Smart) / S (Moxley) / C** **5 Ayes / 0 Nays / 0 Abstain / 0 Absent**
8.2.Strategic Plan a. Review, edit and validate MCH's Mission, Vision, Values	Turner reported that the last time the Board approved the hospitals Mission Statement was 1994, however, he feels they are still relevant. Moxley would like to see the Vision Statement as a complete sentence.	**Moxley will provide suggested edits to the Vision Statement to Turner. The Mission, Vision, Values will be brought back to the April Board meeting for approval.**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.3 CEO Report a. Construction and Land Use Approval Update	Turner reported on the progress of the construction projects: • Med/Surg Nurses Station / Front of the House project: These projects were delayed due to the storm. HCAI will be on site late March to do a walkthrough. We are hoping to get approval to occupy these areas by late March/early April. • Pharmacy Project: The responses to the fire marshal's questions were submitted last week. We are expecting that it will be 3-5 months before the plans are approved and we can solicit bids. • Gift Shop Project: A meeting will be scheduled with HCAI to discuss our plans for the area and to see if they need to go through the HCAI approval process. • Hospital Van: An order has been placed for a Ford Transit van, which will cost approximately $81K. Turner noted that the Foundation would be paying for the new van. It is estimated the van will be received in about 3-7 months once the build is complete. • Land Use Approval: The application for land use approval was submitted to the county; however, they will not approve receipt of the application until our fees have been paid. Once they approve receipt of the application, they have 30 days to respond.	**Information only**
b. General Surgeon Onboarding Update	Turner reported that we are on track for Dr. Nashed to start on April 3, 2023. Medical Staff credentialing is scheduled to go to the MEC this month (with interim Board approval) and to the full Board in April for final approval; insurance credentialing is ongoing.	**Information only**
c. Annual Management Action Plan	Turner reported that the Senior Management Team is working to develop the Management Action Plan (MAP) based off of the Strategic Plan. The MAP will serve as the roadmap for the next year to ensure we stay on track. Once complete, the MAP will be sent to Board members so they can review it prior to the next Regular Board meeting.	**Information only**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
d. ATC Tower Offer	Turner reported that ATC has taken the one-time payment offer off the table, and that they want to re-negotiate their contract to pay less. Turner noted we were not looking to re-negotiate their contract.	**Information only**
e. BETA Healthcare Group Board	Turner reported that the BETA Healthcare Group invited him to become a council member, and he accepted. The BETA Council meets four times a year, with the first meeting scheduled for next week.	**Information only**
f. Blizzard 2023 Update	Turner reported that staff did a stellar job in dealing with the recent blizzard. All services remained intact and we had adequate supplies on hand. He noted that we incurred significant costs with supplies, staffing (overtime), linen, snow removal, etc. The Incident Command system was set up to document the event so that we could submit for reimbursements; Accounting will be compiling those expenses to file for relief. Senior Management will be looking at incentives for staff who sacrificed or went the extra mile to keep the hospital staffed during the storm.	**Information only**
g. Banking Crisis	Turner reported that with the current banking crisis that Waggener reached out to our bank to ensure our funds were safe. He noted that since we are a government entity our money is collateralized by the bank so we should be fine, but we just want their affirmation.	**Information only**

8.4 COO/CNO Report	Peña reported on the following:
	• COVID:
	  ○ MCH's COVID positivity rate was less than 1%.
	  ○ The county is expecting cases to rise until mid-April, but do not expect an increase in hospitalizations.
	  ○ Anticipating the receipt of an AFL, which will end the mask and vaccination mandates on April 3rd.
	• In the process of interviewing for the Education Manager position; 3 applications were received; expecting to make a decision next week.
	• Great job by staff who worked during the blizzard.
		Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.5 Quality Committee Report a. Report of meeting held March 16, 2023	Moxley reported on the Quality Committee meeting: 1. Performance Improvement: a. Fall/Injury Reduction: The PI team met to review policies; it was found that we do a good job in drilling down and getting to the root cause of a fall. The team will be looking at looking at utilizing different falls scales to ensure they meet the population each unit serves. b. Diabetes Program Development: February 2023 data pending c. Behavioral Health Program Development: Four staff members have been trained in crisis prevention; next training is scheduled for 3/22/2023. The Workplace Violence Prevention policy is in the que for approval; a Weapons in the Workplace policy is in development. The PI team is exploring vendors to complete a property security assessment. d. IEHP Performance Improvement Projects: 1) Meds to Beds: Our target for 2023 is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. February 2023 results/challenges were reviewed. 2) Breast Cancer Screening: Our target for 2023 is that 55.15% of female IEHP patients ages 52-74 receive a mammogram; as of February, we are at 36%. 3) Colon Cancer Screening: Our target for 2023 is that 48.75% of IEHP/MediCal patients ages 50-75 receive a screening for colorectal cancer; as of February, we are at 30.99%. 2. Patient Satisfaction Surveys (Inpatient & ED): a. Inpatient: There were 3 responses in February 2023 with a 100% top box score. Patient satisfaction comments were reviewed. b. ED: There were 4 responses in February 2023 with a 87.30% top box score. Patient satisfaction comments were reviewed.	**Information only**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	3. Regulatory Activities and Updates: a. TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Plan of correction compliance rates were reviewed. b. CDPH Complaint Investigation 7/22/2022: investigation ongoing	
8.6 Human Resources Committee Report a. Report of meeting held March 16, 2023	Burkart reported on the Human Resources Committee meeting: 1. New Manager Introduction: Delacey Foster, Dietary Manager Atwood introduced Delacey Foster as the new Dietary Manager. Foster provided an introduction and reviewed her background. 2. 2022 Turnover: We currently have 253 employees; 71% of which live on the mountain (Crestline to Green Valley Lake); and 30% who live in Big Bear or down the hill. In 2022, our turnover was 14%. Moving forward turnover will be reported to the Board on quarterly basis. 3. 2022 Work Injuries: In 2022, we had 10 reportable injuries, with 14 days lost and 182 days on the job with restrictions. The hospital's insurance provider will be giving a presentation on Workers Comp at tomorrow's Department Managers meeting. 4. Rest & Meal Periods: Beginning January 1, 2023, we are no longer exempt from the CA law regarding employee rest and meal periods. Employees who do not get their full 30 minute meal period will be paid an hour of time. Employees scheduled to work 10 or 12 hours are granted (2) meal periods, however, they can choose to waive one of them.	**Information only**
8.7 Board Education	a. MCH Board member Annual Education: Information was sent to Board members on how to access the Relias education modules.	**Information only**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	b. CHA Rural Health Care Symposium is April 10-11, 2023 in Sacramento. Peña will be attending. c. HASC Annual Conference is May 17-19, 2023 in Palm Desert, CA. Robinson, Hoy and Turner will be attending.	
8.8 Discussion Topic Suggestions:	Robinson questioned the activities planned for Hospital Week and how the board could be involved.	**This item will be brought back to the April board meeting once the activities are finalized.**
9.0 Adjourn to Closed Session:	The Board adjourned to "Closed Session" at approximately 2:32 p.m.	**Information only**
10.0 Return to Open Session:	The Board returned to "Open Session" at approximately 2:42 p.m.	**Information only**
10.1 Closed Session Report:	Per Kieth Burkart, the following items were reported on during "Closed Session": • Medical Staff Report of March 16, 2023 and Credentialing from the February 28, 2023 Medical Executive Committee meeting. • Risk Management – N/A	**Information only**
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	The Board accepted the Medical Staff Report of March 16, 2023, and Credentialing from the February 28, 2022 Medical Executive Committee meeting *with the exception of the Reappointment of VIRGIL L. ROBERTSON, FNP – Nurse Practitioner - MCH Rural Clinic.* Approvals were as follows: **New Appointments**: PARUL BENDOKAR PENKAR GILARDI, MD – Radiology/Tele-Radiology LANDON P. WOOD, D.O. Emergency Medicine & Family Practice **Provisional Extensions**: NICOLAUS KUEHN, MD – Tele-Radiology	**On a motion made and seconded, the Medical Staff Report of March 16, 2023, and Credentialing from the February 28, 2023 Medical Executive Committee meeting were accepted as recommended by the MEC, with the exception of the Reappointment of VIRGIL ROBERTSON, FNP – Nurse Practitioner - MCH Rural Clinic.** **M (Robinson) / S (Smart) / C**

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	JASON LUE, MD – Tele-Radiology **Advancement from Provisional Staff/Regular Staff**: ALFRED W. FERNANDEZ, MD – Emergency Medicine & Family Practice CHARLES M. DAVIS, MD – Tele-Radiology (OnRad Group) CHRISTIAN INGUI, MD – Tele-Radiology (OnRad Group) DAVID ISHIMITSU, MD – Tele-Radiology (OnRad Group) JOSE OSPINA, MD – Tele-Radiology (OnRad Group) **Reappointments**: ERNEST V. DE GUZMAN, MD – Psychiatry – MCH Rural/Telemedicine PING YANG, FNP – Nurse Practitioner - MCH Rural Clinic **Changes in Staff Status**: None **Revision/Increase of Privileges**: None **Terminations/Resignations**: None **Revision of Privileges**: None **Leave of Absence Requests:** None	**5 Ayes / 0 Nays / 0 Abstain / 0 Absent**
12.0 Next Board-Attended Meetings:	Due to a conflict in scheduling, the next Board-Attended meeting will be on Friday, April 28, 2023 at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	**Information only**
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 2:43 p.m.	**Meeting adjourned**

By: _____

Cheryl Moxley, Secretary of the Board

By: _____

Kristi McCasland, Recording Secretary

Board of Directors Meeting - April 28, 2023
Policy Review/Approval

Board Approvals: (85 Documents)

I. New Policies / Forms / Attachments: (3)

a. Infection Control (IC) Policies: (2)
Eyewash Procedures (Policy) - IC
Eyewash Station Safety and Maintenance per OSHA Regulations (Policy) - IC

b. Radiology Services Department Policies: (1)
ACR Manual on Contrast Media (Attachment) - Radiology Department

II. Updated Policies / Forms / Attachments: (12)

a. Environment of Care (EC) / Infection Control (IC) Policy: (3)
Theft - SEC-009 (Policy) - EC
Water Management and Risk Assessment of the Potential for Hospital Associated Infections Resulting from Exposure to Waterborne Pathogens (Policy) - EC / IC
Water Management Plan, Annual Assessment 2022 (Plan) - EC / IC

b. Leadership (LD) Policies: (1)
CAH Organizational Structure (Policy) - LD

c. Nutritional Services Department Policies: (4)
Cooling Hot Food Safely (Policy) - Nutritional Services Department
Food and Beverage from Outside Source (Policy) - Nutritional Services Department
Food Production (Policy) - Nutritional Services Department
Identification of Residents at Risk for Malnutrition (Policy) - Nutritional Services Department

d. Radiology Services Department Policies: (2)
Contrast Administation Procedures (Policy) - Radiology Services Department
Equip - Mammogram Image Evaluation Form (Form) - Radiology Services Department

e. Skilled Nursing Facility Policies: (2)
Change of Condition Charting (Policy) - Skilled Nursing Facility
Vaccination of Residents (Policy) - Skilled Nursing Facility

III. Tri-Annual Renewal Only (no / minor changes): (70)

a. Environment of Care (EC) / Infection Control (IC) Policies: (3)
Emergency Generator - UT-002 (Policy) - EC / EM
Life Safety, Reporting of Issues - LS-009 (Policy) - LS
Lock Out-Tag Out - UT-017 (Policy) - EC

b. Leadership (LD) Policies: (3)
Charitable Contribution Requests (Policy) - LD
Conference Room, Scheduling Use of (Policy) - LD
Records and Reports (Policy) - LD

c. Life Safety (LS) Policies: (1)
Horizontal and Vertical Slider Door Testing - LS-014 (Policy) - LS

d. Medication Management (MM) Policies: (1)
Therapeutic Interchange: Insulins (Policy) - MM

e. Environmental Services Department Policies: (44)
Cleaning - Clean Linen Room (Policy) - EVS
COVID-19 Cleaning Policy (Policy) - IC / EVS
Cleaning - Damp Dusting (Policy) - EVS
Cleaning - Conference Rooms (Policy) - EVS
Cleaning - Blinds (Policy) - EVS
Cleaning - Paper Towel Dispensers (Policy) - EVS
Cleaning - Nurses Stations (Policy) - EVS
Cleaning - Nourishment Room (Policy) - EVS
Cleaning - Vacuuming of Carpet (Policy) - EVS
Cleaning - Locker Areas (Policy) - EVS
Cleaning - Interior Entrances (Policy) - EVS
Cleaning - Elevators (Policy) - EVS
Linen - Goals and Objectives (Policy) - EVS

EVS Mission (Policy) - EVS
EVS Department Inservice Training (Form) - EVS
Cleaning - Water Fountains (Policy) - EVS
Cleaning - Stairwells (Policy) - EVS
Cleaning - Stainless Steel or Metal (Policy) - EVS
Cleaning - Staff Lounges (Policy) - EVS
Cleaning - Soap Dispensers (Policy) - EVS
Cleaning - Doors and Door Jambs (Policy) - EVS
Linen - Storage of Linen Supplies (Policy) - EVS
Linen - Laundry Area Cleaning (Policy) - EVS
Linen - Cleaning of Laundry Containers (Policy) - EVS
EVS Work Assignments (Policy) - EVS
Linen - Storage, Collection, and Transportation (Policy) - EVS
Cleaning - Wet Vacuuming (Policy) - EVS
Cleaning - Walls and Ceilings (Policy) - EVS
Cleaning - Treatment Areas (Policy) - EVS
Cleaning - Soiled Utility Room (Policy) - EVS
Cleaning - Clean Utility Room (Policy) - EVS
Cleaning - Central Services Department (Policy) - EVS
Cleaning - Waste Containers (Policy) - EVS
Cleaning - Trash Handling (Policy) - EVS
Cleaning - Patient Room Occupied (Policy) - EVS
Cleaning - Imaging and Radiology Department (Policy) - EVS
Cleaning - Clinical Laboratory (Policy) - EVS
Linen - Infectious Control (Policy) - EVS
Linen - Handling Soiled Linen (Policy) - EVS
Cleaning - Supplies and Chemicals (Policy) - EVS
Cleaning - Restroom (Policy) - EVS
Cleaning - Patient Room Discharge (Policy) - EVS
Cleaning - Patient Isolation Room Occupied (Policy) - EVS
EVS Staffing Plan (Policy) - EVS

f. **Nutritional Services Department Policies:** (8)
Cost Control Policy (Policy) - Nutritional Services Department
Department Schedule, Work Assignments, and Job Outlines (Policy) - Nutritional Services Department
Disinfection of Food Thermometers (Policy) - Nutritional Services Department
Enteral/Tube Feeding (Policy) - Nutritional Services Department
Labeling and Dating (Policy) - Nutritional Services Department
Menu Item Substitutions (Policy) - Nutritional Services Department
Nourishments and Snacks (Policy) - Nutritional Services Department
Sanitation and Safety Cleaning Schedules for Dietary Staff (Policy) - Nutritional Services Department

g. **Perioperative Services Department Policies:** (1)
Infection Control in the Operating Room (Policy) - Perioperative Services Department

h. **Purchasing Department Policies:** (1)
Equipment, Trapeze Policy (Policy) - Purchasing Department

i. **Rehabilitation Services Department Policies:** (1)
SNF Rehabilitation Screening Process (Policy) - Rehabilitation Services Department

j. **Skilled Nursing Facility Policies:** (7)
Activity Participation Record (Policy) - Skilled Nursing Facility
Disruptive Residents (Policy) - Skilled Nursing Facility
Medical Director, SNF (Policy) - Skilled Nursing Facility
Medications-Initiation of & Counseling (Policy) - Skilled Nursing Facility
Resident's Council (Policy) - Skilled Nursing Facility
SNF Family Council (Policy) - Skilled Nursing Facility
Transportation of Resident to Medical Appointments Off Site (Policy) - Skilled Nursing Facility

Board of Directors Meeting - April 28, 2023
Policy Review/Approval
ADDENDUM

In addition to the previous list of policies which was emailed on 4/17/2023, the policies listed below will be reviewed/approved at the April 28, 2023 Board of Directors Meeting.

Board Approvals: (11 Documents)

I. New Policies / Forms / Attachments: (3)

a. Environment of Care (EC) / Infection Control (IC) Policies: (1)
Ice Machine / Icemaker Quarterly Cleaning (Policy) - EM/IC

b. Life Safety (LS) Policies: (1)
Weapons Free Workplace (Policy) - LS

c. Environment Services Department Policies: (1)
Cleaning Exterior Trash Collection Area (Policy) -EVS

II. Updated Policies / Forms / Attachments: (1)

a. Leadership (LD) Policies: (1)
Policy and Procedure Management (Policy) - LD

III. Tri-Annual Renewal Only (no / minor changes): (7)

a. Environment of Care (EC) Policies: (5)
Electrical Distribution System - UT-003 (Policy) - EC
Filters-Changing Procedures - UT-008 (Policy) - EC
Helicopter Safety Guidelines (Policy) - EC
Security, Contracted Security Firm-Service Agreement - SEC-003 (Policy) - EC
Ventilation, Air Conditioning - UT-007 (Policy) - EC

b. Life Safety (LS) Policies: (1)
Life Safety, Interim - LS-001 (Policy) - LS

c. Facilities Department Policies: (1)
Vehicle Policy (Policy) - Facilities Department

San Bernardino Mountains Community Hospital District
FY 22-23 Annual Patient Care Related Contract Service Evaluation Summary

Rating Key (%)	
85-100	EXCEEDS EXPECTATIONS
60-84	MEETS EXPECTATIONS
40-59	IMPROVEMENT REQUIRED
< 40	CORRECTIVE ACTION PLAN REQUIRED

				Score (%)						
Contractor Name	Scope and Nature of Service(s)	Date of Evaluation	Evaluator	Quality	Regulatory Compliance	Service Delivery	Customer Service	Overall	Improvement/ Corrective Action Taken (Required for a Score < 60%)	Quality Metrics
Adili-Khams, Babek MD	RHC Medical Director	3/16/2023	Lauren Corea	80	70	70	80	75	The EMR is set up to send a percentage of midlevel charts to Dr. Adili for his review and signature.	
Adili-Khams, Babek MD	RHC Provider	3/16/2023	Lauren Corea	60	55	65	80	65	Dr. Adili has shown improvement and is prioritizing timely chart completion.	
ALSCO	Floor Mats & EVS Uniforms	3/13/2023	Daniel Pensabene	25	60	55	40	45	I have tried several times to correct and work with the company to resolve. I gave them a 30-day notice to discontinue services. About 2 days later received a call instead of a response to my email. Then 2 weeks after that they finally showed up when I wasn't in the building and did a survey with our replacement driver. This is not efficient and a little too late to satisfy our needs. Services have been transferred to Emerald Textiles.	
B&M Medical Group (Dr. Bijan Motamedi)	CA Bridge Navigator Program	3/21/2023	Julie Davis	100	100	100	100	100		
B&M Medical Group (Dr. Bijan Motamedi)	Chief of Staff	3/21/2023	Mark Turner	65	70	70	80	71.3	Monthly meetings with CEO are becoming more consistent.	
Cibelli, Ludwig MD	BETA Heart Champion	2/2/2023	Jamaila Torbett	100	100	100	100	100		
Cibelli, Ludwig MD	Hospital Epidemiologist	3/13/2023	Chris Duer	70	100	n/a	95	66.3		
Clean Harbors	Medical Waste Management	3/13/2023	Daniel Pensabene	70	80	60	70	70		
Cyracom	Translation Service	3/14/2023	Julie Davis	85	90	100	100	93.8		
Emerald-Encore Textile Services	Linen Service	3/13/2023	Daniel Pensabene	70	80	75	60	71.3	Since plan of correction established and implemented with the Corporate entities at Emerald, we have seen improvement.	
Ewert, Kevin DDS	Dental Provider	3/16/2023	Lauren Corea	70	80	80	80	77.5		
Farley, Donald	Medical Physicist	2/1/2023	Allan Maneje	100	100	100	100	100		

San Bernardino Mountains Community Hospital District
FY 22-23 Annual Patient Care Related Contract Service Evaluation Summary

Contractor Name	Scope and Nature of Service(s)	Date of Evaluation	Evaluator	Quality	Regulatory Compliance	Service Delivery	Customer Service	Overall	Improvement/ Corrective Action Taken (Required for a Score < 60%)	Quality Metrics
Gonzalez, Antonio DDS	Dental Provider	3/16/2023	Lauren Corea	70	80	80	80	77.5		
KLO Consulting	Bio-Medical Services	3/15/2023	Tom Madrigal	50	65	55	40	52.5	Services provided are as expected with contract. Reports and documentation are accurate but difficult to obtain copies of at times. There is only 1 person alloted to our facility. The inspector does show up but times and dates are subject to change by the inspector, sometimes without adequate communication. Department managers reach out for equipment that was expired from being missed during routine inspections. Company does not give priority for inspection of missed items or new items. At times it is challenging to get the inspector on site. Reached out to AGILITY of Redlands for pricing; this compnay maintains Bear Valley's equipment.	
Koo, Choon MD	Laboratory Medical Director	2/2/2023	Guillermo Santa	100	90	100	90	95		
LabCorp	Laboratory Testing	2/2/2023	Guillermo Santa	80	80	80	80	80		
Liang, Liu Xia DDS	Dental Provider	3/16/2023	Lauren Corea	100	80	100	80	90		
Lifestream (Blood Bank)	Blood Supply	2/2/2023	Guillermo Santa	100	100	100	100	100		
Maier, Walter MD	SNF Medical Director		Cynthia Bush	60	60	60	60	60	Provide staff education at least once a year, conduct community marketing. Review Policy Tech more frequently. More accessible/responsive to residents.	
One Transcription	Transcription Services	3/13/2023	Christy Russell	80	70	80	100	82.5		
Online Radiology	TeleRadiology Services	2/1/2023	Allan Maneje	75	100	75	90	85		
Onsite Repairs	Surgical Instrument Maintenance	2/13/2023	Debra Saddlemire	80	80	80	90	82.5		
Pipeline RX	Telepharmacy	2/13/2023	Vivian Yang	65	80	70	70	71.3		
Psychiatric Medical	Psychiatrists (Telemedicine)	3/16/2023	Lauren Corea	60	55	65	55	58.8	PMPI notified of plans to change to Iris. PMPI is not being cooperative in the transition of care to the new Iris providers. PMPI contract will be terminating on 4/7. Iris contract starts 4/3.	

San Bernardino Mountains Community Hospital District
FY 22-23 Annual Patient Care Related Contract Service Evaluation Summary

Contractor Name	Scope and Nature of Service(s)	Date of Evaluation	Evaluator	Quality	Regulatory Compliance	Service Delivery	Customer Service	Overall	Improvement/ Corrective Action Taken (Required for a Score < 60%)	Quality Metrics
Quest Diagnostics	Laboratory Testing	2/2/2023	Guillermo Santa	65	90	90	80	81.3		
Rocha, Martin MD	ER On-Call (Peds)	3/14/2023	Julie Davis	60	100	65	80	76.3	Handwritten documentation is difficult to read; Communication is difficult - over the phone and in-person, language barrier.	
San Antonio Community Hospital	Pathology Testing	2/2/2023	Guillermo Santa	100	100	100	100	100		
Sol Radiology	TeleRadiology Services	2/1/2023	Allan Maneje	95	100	90	100	96.3		
Superior Courier & Logistics	Lab Courier	2/2/2023	Guillermo Santa	80	80	80	80	80		
Teleconnect Therapies	Psychologists (Telemedicine)	3/16/2023	Lauren Corea	80	80	70	80	77.5	TCT has been faced with some staff crisis since the beginning of Covid and has struggled to place and retain therapist.	
USACS (Western Sierra)	ER Hospitalist Coverage	3/14/2023	Julie Davis	90	100	90	80	90	Documentation from some providers is delayed.	
Walker, Lawrence MD	ER On-Call (Ortho)	3/14/2023	Julie Davis	100	100	100	100	100		
Walker, Lawrence MD	Surgery Medical Director	2/13/2023	Debra Saddlemire	80	80	80	85	81.3		