



## **July 27, 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 Finance Packet as of Month/Year Ended June 30, 2023**
  - 10.a. Fixed Assets as of Month/Year Ended June 30, 2023**
  - 10.b. Local Agency Investment Fund (LAIF) June 2023 Statement *(separate attachment)***
  - 10.c. UBS Financial Services June 2023 Statement *(separate attachment)***
- 11 BOARD OF DIRECTORS MEETING AGENDA 2:15**
- 12 Board of Directors Meeting Attendance**
- 13 Board of Directors Meeting Minutes**
- 14 Special Board of Directors Meeting Minutes 7/7/2022**
- 15 Policies submitted for Board Approval by email 7/11/2022**
- 16 *CLOSED SESSION 3:00***



**Quality Committee Meeting**  
**Thursday, July 27, 2023, 1:00 p.m.**  
**George M. Medak Conference Room, Suite 207**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**  
**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

**Meeting ID: 234 601 921 58**

**Passcode: MWdfbE**

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**Or call in (audio only)**

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

**Phone Conference ID: 605 686 207#**

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

1:00 p.m.

**CALL TO ORDER**

Cheryl Moxley, Committee Chairperson

**PREVIOUS MINUTES**

Cheryl Moxley, Committee Chairperson  
Action Probable

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

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

**CLOSED SESSION - AGENDA ITEMS**

(According to section: (54956.9))

- |                                  |   |
|----------------------------------|---|
| 1. Hospital Acquired Harm        | Leslie Plouse, Quality Director<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 |

**Quality Committee Meeting**  
**Thursday, July 27, 2023, 1:00 p.m.**

Page 2 of 2

4. USACS Dashboard

Leslie Plouse, Quality Director  
Information Only

**RETURN TO OPEN SESSION**

1. Closed Session Report

Cheryl Moxley, Committee Chairperson

2. Public Report of Decisions

Cheryl Moxley, Committee Chairperson

**OPEN SESSION – AGENDA ITEMS**

1. Performance Improvement  
a. Hand Hygiene Program  
b. Patient Experience  
c. MediTech Implementation

Leslie Plouse, Quality Director  
Information Only

2. Patient Surveys

Leslie Plouse, Quality Director  
Information Only

3. Regulatory  
a. Regulatory Activities  
b. Regulatory Updates

Leslie Plouse, Quality Director  
Information Only

**ADJOURNMENT**

## San Bernardino Mountains Community Hospital Quality Committee Meetings

### Attendance Matrix - 2023

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<b>Cheryl Moxley</b>	√	√	√	√	A	√						D A R K
<b>Barry Hoy</b>	√	√	√	√	√	√						
<b>Terry Peña</b>	√	√	√	√	E	√						
<b>Mark Turner</b>	√	√	√	√	√	√						
<b>Julie Atwood</b>	√	√	√	√	√	√						
<b>Leslie Plouse</b>	√	√	√	√	√	√						
<b>Don Larsen</b>	√	√	√	√	√	√						
<b>Gerry Hinkley</b>	√	√	√	√	√	√						
<b>Comment:</b>												
	√	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 Dr. Don Larsen, Community Member Gerry Hinkley, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Barry Smart, Board Treasurer Kim McGuire, Community Development Director</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Moxley called the meeting to order at 1:07 p.m.</p>	<p><b>The meeting was called to order</b></p>
<p>3.0 Previous Minutes</p>	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of May 25, 2023 were approved as written.</p>	<p><b>On a motion made and seconded, the Quality Committee Meeting Minutes of May 25, 2023 were approved as written</b></p> <p><b>M (Hoy) / S (Larsen) / C</b></p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p><b>None</b></p>
<p>5.0 Adjourn to Closed Session:</p>	<p>The Quality Committee Adjourned to “Closed Session” at approximately 1:08 p.m.</p>	<p><b>None</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p><b><u>CLOSED SESSION ATTENDEES:</u></b></p> <p>Cheryl Robinson, 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            Barry Smart, Board Treasurer</p>	
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:12 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 Performance Improvement (PI)	<p>Plouse reported on the following PI Projects:</p> <p>a. <u>Fall/Injury Reduction</u>: All action items/process steps have been completed with the exception of item five “Develop risk mitigation strategies to include policy revisions and implementation of best practices”. The barriers, plan and next steps for 2023 were reviewed in detail.</p> <p>b. <u>Behavioral Health Program Development</u>: All action items/process steps have been completed with the exception of item seven “Monitor and report accomplishments” which is ongoing. Next steps for 2023 were reviewed in detail.</p>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>c. <u>IEHP Performance Improvement Projects:</u></p> <ol style="list-style-type: none"> <li>1) <u>Meds to Beds:</u> Our target for 2023 is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. In May 2023, we were at 100%.</li> <li>2) <u>Breast Cancer Screening:</u> Our target for 2023 is that 55.15% of female IEHP patients ages 52-74 receive a mammogram; as of May 2023, we are at 47.06%.</li> <li>3) <u>Colon Cancer Screening:</u> Our target for 2023 is that 48.75% of IEHP/MediCal patients ages 45-75 receive a screening for colorectal cancer; as of May 2023, we are at 39.03%.</li> </ol> <p>d. <u>2023 Proposed Organization-Wide Performance Improvement Priorities</u>  Plouse reviewed the proposed 2023 Performance Improvement Priorities which include:</p> <ol style="list-style-type: none"> <li>1) PI Priority #1: Hand Hygiene</li> <li>2) PI Priority #2: Implementation of new EHR</li> <li>3) PI Priority #3: Patient Experience</li> </ol> <p>Action items/steps were reviewed in detail. The committee was in favor of moving forward with the proposed 2023 PI priorities.</p>	
7.2 Patient Surveys	<p>Patient Satisfaction Surveys (Inpatient &amp; ED) –</p> <ul style="list-style-type: none"> <li>• <u>Inpatient:</u> In May 2023, there were six responses, with an 83.33% top box score (82.29 mean score). Verbatim comments were reviewed.</li> <li>• <u>ED:</u> In May 2023, there were ten responses with an 80.82% top box score (94.41 mean score). Verbatim comments were reviewed.</li> </ul>	<b>Information only</b>
7.3 Regulatory Activity/Updates	<p>Regulatory Activities and Updates --</p> <ul style="list-style-type: none"> <li>• New National Patient Safety Goal (NPSG) 16: Improve Health</li> </ul>	<b>Information only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>Care Equity. Elements of performance 1-6 were reviewed in detail.</p> <ul style="list-style-type: none"> <li>• CDPH Complaint Investigation 6/16/2023: investigation remains open.</li> <li>• SNF Life Safety Survey 5/4/2023: June audit pending.</li> <li>• SNF CMS Recertification Survey 4/17/2023-4/20/2023: 100% compliance to plan of correction audits in May and June.</li> <li>• TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Critical Results documentation (overall) = 97%; Policies uploaded and current = 97%.</li> <li>• CDPH Complaint Investigation 7/22/2022: investigation remains open</li> </ul>	
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:26 p.m.	<b>Meeting adjourned</b>





**MOUNTAINS**  
COMMUNITY HOSPITAL  
*The Heart of Mountain Healthcare*

**Facilities Committee Meeting**  
**Thursday, July 27, 2023, 1:30 p.m.**  
**George M. Medak Conference Room, Suite 207**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**  
**Join on your computer, mobile app or room device**  
[Click here to join the meeting](#)  
**Meeting ID: 234 601 921 58**  
**Passcode: MWdfbE**  
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**Or call in (audio only)**  
[+1 951-384-1117,,605686207#](#) **United States, Riverside**  
**Phone Conference ID: 605 686 207#**

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

# 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	√	M A R K E T I N G	H U M A N  R E S O U R C E S	√	M A R K E T I N G	H U M A N  R E S O U R C E S		M A R K E T I N G	H U M A N  R E S O U R C E S		M A R K E T I N G	D A R K
Cheryl Moxley	√			√								
Mark Turner	√			√								
Terry Peña	√			√								
Tom Madrigal	√			√								
Don Larsen	√			√								
Gerry Hinkley	√			√								
<b>Comment:</b>												
	√	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 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</p> <p>Kristi McCasland – Executive Assistant to Administration</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            Leslie Plouse – Quality Director            Steffanie Miller- Executive Assistant to Facilities</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Robinson called the meeting to order at 1:34 p.m.</p>	<p><b>The meeting was called to order.</b></p>
<p>3.0 Previous Minutes:</p>	<p>On a motion made and seconded, the Facilities Committee Meeting Minutes of January 19, 2023 were approved.</p>	<p><b>On a motion made and seconded, the Facilities Committee Meeting Minutes of January 19, 2023 were approved as written.</b></p> <p><b>M (Moxley) / S (Madrigal) / C</b></p>
<p>4.0 Public Comment:</p>	<p>None</p>	<p><b>None</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>5.0 Agenda Items: 5.1 Hospital Campus</p>	<p>Madrigal gave an update on the following hospital campus projects:</p> <ul style="list-style-type: none"> <li>• <u>Campus Cleanup</u> – Madrigal reported that they are focusing on campus cleanup following the winter storm season. A contractor is currently on site removing dead trees/wood in the back yard. In addition, repair work will be scheduled to fix the damages to the fence and parking lot.</li> <li>• <u>Hospital Van</u> – A contract has been signed to purchase a new van. We are awaiting the van to be built and modified to our specifications. It is estimated the van will be received in September 2023.</li> </ul>	<p><b>Information Only</b></p>
<p>5.2 Update: Construction Projects</p>	<p>Madrigal gave an update on the following construction projects:</p> <ul style="list-style-type: none"> <li>• <u>Pyxis Med/Surg Install</u> – HCAI was unable to come out to inspect the construction work until recently due to the winter storms. The Fire damper was a concern for the Fire Marshall; the HVAC contractor is addressing this. A re-inspection is scheduled for May 18, 2023.</li> <li>• <u>Registration Project</u> – HCAI was unable to come out to inspect the construction work due to the winter storms. There was a concern that air could not be regulated; concerns are being addressed with the HVAC contractor. A re-inspection is scheduled for May 18, 2023. The furniture is expected to arrive May 17, 2023, which includes furniture for waiting area. Once the inspection is approved, this area will be available for partial occupancy and the front entrance will re-open. A temporary wall will be installed so that the eligibility offices can be worked on next.</li> <li>• <u>Pharmacy Project</u> – Our plans have been approved and we can proceed with the formal bidding process. Facilities will coordinate with our land use attorney to post the bid request with the local newspapers, as well as in contractor bid rooms. It is estimated it</li> </ul>	<p><b>Information Only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>will be 60-days between posting the bid request to the job walks.</p> <ul style="list-style-type: none"> <li>• <u>Lab Project</u> – The large analyzer is scheduled to be moved into the Lab on May 2, 2023; the unit has been in calibration since July 2022. Once the large analyzer is in place, the smaller unit will be scheduled to be moved into the Lab.</li> <li>• Gift Shop – This project was discussed with HCAI and we were told we do not need to resubmit the plans as they have been previously approved; we just need to notify them once we are ready to proceed.</li> <li>• <u>Entitlement Process to Acquire Land Use Approval</u> – <ul style="list-style-type: none"> <li>• <u>New Acute Care Wing</u>: The application has been received and accepted by the County and they have 30 days to review and come back to us with questions. Once it is fully approved, the project will move into the next phase, which includes review by other departments within the County, and public notices. It is estimated this will be a 6-month process.</li> <li>• <u>Education Center/Parking Structure</u>: The application process for the new education center and parking structure has not been started as of yet.</li> </ul> </li> </ul>	
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 1:53 p.m.	<b>Meeting adjourned.</b>



**Finance Committee Meeting**  
**Thursday, July 27, 2023, 1:45 p.m.**  
**George M. Medak Conference Room, Suite 207**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**  
**Join on your computer, mobile app or room device**

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**Or call in (audio only)**

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

**Phone Conference ID: 605 686 207#**

Members:	Barrick Smart, Committee Chairperson Yvonne Waggener, Chief Financial Officer Mark Turner, Chief Executive Officer Gerry Hinkley, Community Member	Barry Hoy, Committee Member Terry Peña, Chief Operating Officer Don Larsen, MD, Community Member
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**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<br>Action Probable |
| 2. Capital Purchases                    | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 3. Investments                          | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 4. FY24 Proposed (DRAFT) Capital Budget | Yvonne Waggener, Chief Financial Officer<br>Action Probable |

**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	√	√	<b>C A N C E L L E D</b>	√	√	√						<b>D A R K</b>
Barry Hoy	√	√		√	√	√						
Yvonne Waggener	√	√		√	√	√						
Mark Turner	√	√		√	√	√						
Terry Peña	√	√		√	√	<b>E</b>	√					
Don Larsen	√	√		√	√	√	√					
Gerry Hinkley	√	√		√	√	√	√					
<b>Comment:</b>												
	√	Present		<b>E</b>	Excused		<b>A</b>	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            Don Larsen, Community Member            Gerry Hinkley, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President            Cheryl Robinson, Board Vice President            Julie Atwood, Human Resources Director            Kim McGuire, Community Development Director            Leslie Plouse, Quality Director            Mary-Justine Lanyon, Editor, The Alpine Mountaineer            Michael Onusko, Interim Corporate Compliance Officer</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Smart called the meeting to order at 1:37 p.m.</p>	<p><b>The meeting was called to order</b></p>
<p>3.0 Previous Minutes:</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of May 25, 2023 and the Special Finance Committee Meeting of June 20, 2023 were approved.</p>	<p><b>On a motion made and seconded, the Finance Committee Meeting Minutes of May 25, 2023 and the Special Finance Committee Meeting of June 20, 2023 were approved as written</b></p> <p><b>M (Turner) / S (Hinkley) / C</b></p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p><b>None</b></p>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
5.0 Agenda Items: 5.1 Financial Statements	Waggener presented the FY23 Financial Statements as of and for the eleven (11) months ended May 31, 2023. Comparative statistics and selected financial indicators were reviewed.	<b>A motion was made and seconded to recommend to the Board to accept the Financial Statements as of Eleven (11) months ending May 31, 2023.</b>  M (Hoy) / S (Larsen) / C
5.2 Capital Purchases	Waggener presented the FY23 Capital Purchases as of eleven (11) months ended May 31, 2023. Updates on FY23 purchases were reviewed.	<b>Information only</b>
5.3 Investments	Waggener presented and reviewed the LAIF and UBS statements as of May 31, 2023.	<b>Information only</b>
5.4 Investment Account at Cal Bank & Trust	Smart reported that he received a proposal from Cal Bank & Trusts preferred money management company. After discussion Smart proposed keeping our current investment accounts at LAIF & UBS, and not add another level of complication by adding a third investment account. A letter will be sent to Cal Bank & Trust thanking them for the information and letting them know we would consider them if we had any future savings needs.	<b>Information only</b>
5.5 FY24 Proposed Operating Budget	Waggener reviewed the FY24 proposed operating budget vs. FY23 actual (June estimated). Waggener noted that she moved the expense for SOL Radiology from “purchased services” into “professional fees”. For FY24 we are projecting a net loss of (\$1,309,480).	<b>A motion was made and seconded to recommend to the Board to approve the FY24 Proposed Operating Budget as presented.</b>  M (Hoy) / S (Hinkley) / C
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 2:26 p.m.	<b>Meeting adjourned</b>

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	06/30/23	FAR WEST CAH	CA CAH
<b><u>LIQUIDITY</u></b>									
Days cash on hand - All sources	161	240	344	523	490	490	453	173	222
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	3,475,697		
Board Designated	8,505,612	14,339,180	21,636,014	20,160,931	29,289,726	35,548,549	37,386,706		
Total	9,415,399	15,284,003	22,261,831	35,403,017	37,532,358	39,717,047	40,862,403		
Days gross revenue in gross AR	58	57	55	49	62	52	57		
Days net revenue in net AR	41	33	43	33	41	37	32	59	41
Days expense in AP	32	23	25	29	29	42	21		
Current ratio	1.6	2.3	1.6	2.1	1.8	1.8	1.6		
Cash to debt	91%	154%	236%	303%	443%	498%	484%		
<b><u>CAPITAL STRUCTURE</u></b>									
Long-term debt to capitalization	38%	28%	24%	25%	16%	14%	14%		
<b><u>PROFITABILITY</u></b>									
Total margin	12%	26%	19%	17%	29%	14%	8%		
<b><u>OTHER</u></b>									
Paid full time equivalents (FTE's)	165.66	177.25	183.31	176.66	185.49	182.08	195.86		
<b>BENCHMARK - FAR WEST</b>	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.								
<b>BENCHMARK - CA</b>	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.								
<b>Total Margin Goal</b>	Based on Year-To-Date Budget								

Mountains Community Hospital  
Comparative Statistics

	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-21	86	-	86	593	2.8	-	2.8	19.1	896	29	18	24
Aug-21	86	3	89	620	2.8	0.1	2.9	20.0	835	27	8	13
Sep-21	74	28	102	600	2.5	0.9	3.4	20.0	727	24	18	21
Oct-21	83	32	115	620	2.7	1.0	3.7	20.0	708	23	18	12
Nov-21	96	2	98	600	3.2	0.1	3.3	20.0	723	24	13	16
Dec-21	121	36	157	620	3.9	1.2	5.1	20.0	682	22	14	22
Jan-22	196	2	198	620	6.3	0.1	6.4	20.0	810	26	2	14
Feb-22	59	1	60	560	2.1	0.0	2.1	20.0	572	20	1	9
Mar-22	34	-	34	573	1.1	-	1.1	18.5	601	19	15	22
Apr-22	49	-	49	553	1.6	-	1.6	18.4	669	22	7	17
May-22	57	-	57	589	1.8	-	1.8	19.0	714	23	10	25
Jun-22	75	-	75	583	2.5	-	2.5	19.4	716	24	12	16
	1,016	104	1,120	7,131	2.8	0.3	3.1	19.5	8,653	24	136	211
	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-22	45	7	52	589	1.5	0.2	1.7	19.0	841	27	18	24
Aug-22	46	28	74	605	1.5	0.9	2.4	19.5	814	26	20	19
Sep-22	50	14	64	585	1.7	0.5	2.1	19.5	760	25	3	7
Oct-22	30	38	68	594	1.0	1.2	2.2	19.2	786	25	-	1
Nov-22	80	56	136	562	2.7	1.9	4.5	18.7	802	27	-	6
Dec-22	47	4	51	558	1.5	0.1	1.6	18.0	786	25	-	12
Jan-23	46	39	85	585	1.5	1.3	2.7	18.9	712	23	-	9
Feb-23	44	46	90	532	1.6	1.6	3.2	19.0	565	20	-	11
Mar-23	56	45	101	584	1.8	1.5	3.3	18.8	497	16	-	9
Apr-23	54	27	81	535	1.8	0.9	2.7	17.8	602	20	-	14
May-23	81	43	124	513	2.6	1.4	4.0	16.5	692	22	-	9
Jun-23	55	48	103	548	1.8	1.6	3.4	18.3	774	26	4	7
	634	395	1,029	6,790	1.7	1.1	2.8	18.6	8,631	24	45	128
Budget Jun-23	75	15	90	588	2.5	0.5	3.0	19.6	720	24	-	15

Mountains Community Hospital  
Comparative Statistics

	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-21	7,369	736	264	84	19	107	1,210	712	482	215	210	120	1,027
Aug-21	8,120	709	255	77	18	120	1,179	734	535	244	224	155	1,158
Sep-21	7,871	657	243	75	18	80	1,073	746	528	266	234	150	1,178
Oct-21	7,535	659	249	100	15	127	1,150	714	433	205	239	96	973
Nov-21	7,463	620	254	79	24	124	1,101	710	453	243	225	141	1,062
Dec-21	6,673	562	229	51	18	73	933	590	385	167	237	59	848
Jan-22	7,426	689	250	38	7	82	1,066	566	455	278	236	73	1,042
Feb-22	6,098	606	238	49	13	91	997	577	421	216	196	123	956
Mar-22	6,849	559	183	58	8	110	918	807	533	265	285	130	1,213
Apr-22	6,141	592	213	101	23	133	1,062	711	389	263	270	116	1,038
May-22	6,597	620	204	84	15	117	1,040	678	476	316	256	113	1,161
Jun-22	6,794	660	189	74	17	103	1,043	642	514	292	246	115	1,167
	84,936	7,669	2,771	870	195	1,267	12,772	8,187	5,604	2,970	2,858	1,391	12,823
	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-22	7,502	632	276	52	9	107	1,076	642	480	259	221	89	1,049
Aug-22	7,644	635	256	74	23	100	1,088	792	506	291	236	177	1,210
Sep-22	6,523	584	238	51	12	119	1,004	615	395	245	240	140	1,020
Oct-22	6,566	594	206	94	19	102	1,015	722	413	247	244	126	1,030
Nov-22	6,815	575	184	99	23	83	964	715	379	196	213	102	890
Dec-22	5,970	592	203	78	19	93	985	635	337	204	235	97	873
Jan-23	5,784	577	191	37	8	94	907	623	374	227	223	88	912
Feb-23	4,897	488	153	46	13	63	763	526	322	183	196	74	775
Mar-23	3,813	450	148	19	5	62	684	378	278	108	198	54	638
Apr-23	6,309	574	203	55	11	92	935	678	361	264	199	91	915
May-23	6,569	611	210	64	7	97	989	811	483	284	217	106	1,090
Jun-23	6,118	606	244	63	26	119	1,058	810	449	272	224	104	1,049
	74,510	6,918	2,512	732	175	1,131	11,468	7,947	4,777	2,780	2,646	1,248	11,451
Budget Jun-23	6,000	739	204	82	25	113	1,163	681	460	260	240	140	1,100

Statement of Revenue & Expenses

Application Code : GL

User Login Name:waggeny

Through Junr 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
<b>Revenue:</b>								
Gross Patient Service Revenue	5,392,772	5,171,965	220,807	58,997,663	62,680,783	-3,683,120	62,680,783	-3,683,120
<b>Deductions from Revenue:</b>								
Contractual Discounts	3,436,474	3,386,901	49,573	37,081,290	40,969,812	-3,888,522	40,969,812	-3,888,522
Bad Debt	70,000	104,000	-34,000	781,384	1,261,000	-479,616	1,261,000	-479,616
Charity Care	-391	0	-391	74,981	0	74,981	0	74,981
Supplemental Reimbursement	-194,989	-752,000	557,011	-9,643,392	-7,852,000	-1,791,392	-7,852,000	-1,791,392
-----								
Net Patient Service Revenue	2,081,679	2,433,064	-351,385	30,703,400	28,301,971	2,401,429	28,301,971	2,401,429
Other Operating Revenue	90,876	88,960	1,916	371,480	352,520	18,960	352,520	18,960
-----								
Total Revenue	2,172,555	2,522,024	-349,469	31,074,880	28,654,491	2,420,389	28,654,491	2,420,389
<b>Expenses:</b>								
Salaries and Wages	1,496,766	1,520,120	-23,354	17,410,237	18,248,010	-837,773	18,248,010	-837,773
Employee Benefits	325,288	342,400	-17,112	3,712,321	3,911,160	-198,839	3,911,160	-198,839
Professional Fees	404,325	189,400	214,925	2,839,026	1,866,780	972,246	1,866,780	972,246
Supplies	268,203	344,495	-76,292	2,985,066	3,131,975	-146,909	3,131,975	-146,909
Purchased Services	-80,528	143,550	-224,078	1,314,225	1,255,185	59,040	1,255,185	59,040
Rent	13,305	13,215	90	181,556	122,280	59,276	122,280	59,276
Repairs & Maintenance	82,634	155,860	-73,226	878,367	906,495	-28,128	906,495	-28,128
Utilities	41,157	43,325	-2,168	824,652	547,500	277,152	547,500	277,152
Insurance	39,415	38,955	460	473,384	467,500	5,884	467,500	5,884
Depreciation Expense	-40,431	139,730	-180,161	1,327,254	1,651,310	-324,056	1,651,310	-324,056
Other Operating Expenses	134,459	189,260	-54,801	1,851,032	1,876,535	-25,503	1,876,535	-25,503
-----								

Statement of Revenue & Expenses

Application Code : GL

User Login Name:waggeny

Through Junr 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Total Expenses	2,684,593	3,120,310	-435,717	33,797,119	33,984,730	-187,611	33,984,730	-187,611
-----								
Income (Loss) from Operations	-512,039	-598,286	86,247	-2,722,240	-5,330,239	2,608,000	-5,330,239	2,608,000
-----								
Non-Operating Rev (Exp):								
District Tax Revenue	420,693	245,000	175,693	3,115,693	2,940,000	175,693	2,940,000	175,693
Investment Income	128,054	0	128,054	958,878	0	958,878	0	958,878
Interest Expenses	-66,867	-36,030	-30,837	-476,601	-445,765	-30,836	-445,765	-30,836
Non Capital Grants & Contr	406,780	247,500	159,280	1,360,149	970,000	390,149	970,000	390,149
Other Non-Operating Revenue	42,319	37,640	4,679	463,742	450,180	13,562	450,180	13,562
Other Non-Operating Expense	-26,222	-28,760	2,538	-324,773	-331,890	7,117	-331,890	7,117
Gain/Loss On Disp of Property	10,000	0	10,000	10,000	0	10,000	0	10,000
-----								
Non-Operating Revenue/Expense	914,757	465,350	449,407	5,107,088	3,582,525	1,524,563	3,582,525	1,524,563
-----								
Net Income (Loss)	402,719	-132,936	535,655	2,384,848	-1,747,714	4,132,562	-1,747,714	4,132,562
=====								

12:36

## Balance Sheet

Application Code : GL

User Login Name:waggeny

Junr 2023

Description	Beginning	Ending	Variance
	Balance	Balance	
<b>Assets:</b>			
Cash & Cash Equivalents	4,168,497	3,475,697	-692,800
Receivables: Patient - Net	2,875,476	2,712,261	-163,215
Receivables: Other	198,586	106,034	-92,552
Receivables: Foundation	0	0	0
Inventory	569,588	704,423	134,835
Prepaid Expenses & Deposits	477,555	590,636	113,081
-----			
<b>Total Current Assets</b>	<b>8,289,702</b>	<b>7,589,051</b>	<b>-700,651</b>
<b>Assets Limited As To Use</b>	<b>36,015,367</b>	<b>37,737,176</b>	<b>1,721,809</b>
<b>Capital Assets - Net</b>	<b>16,208,340</b>	<b>18,752,581</b>	<b>2,544,241</b>
<b>Other Assets</b>	<b>1,982,928</b>	<b>1,982,928</b>	<b>0</b>
-----			
<b>Total Assets</b>	<b>62,496,338</b>	<b>66,061,737</b>	<b>3,565,399</b>
=====			
<b>Liabilities:</b>			
Long-Term Debt - CP	509,000	1,036,629	527,629
AP & Accrued Expenses	1,536,352	870,116	-666,236
Patient Credit Balances	583,417	627,197	43,780
Accrued Interest	183,248	173,599	-9,650
Accrued Payroll	1,183,246	1,341,475	158,228
Deferred Revenue	40,294	41,221	927
Est Third-Party Settlements	649,088	753,815	104,727
-----			
<b>Total Current Liabilities</b>	<b>4,684,645</b>	<b>4,844,051</b>	<b>159,406</b>
<b>Long-Term Debt</b>	<b>7,979,957</b>	<b>8,445,994</b>	<b>466,037</b>
<b>Deferred Inflows-Leases</b>	<b>2,008,540</b>	<b>2,008,540</b>	<b>0</b>
-----			
<b>Total Liabilities</b>	<b>14,673,142</b>	<b>15,298,586</b>	<b>625,444</b>
<b>Net Assets</b>	<b>47,823,196</b>	<b>50,763,151</b>	<b>2,939,955</b>
-----			
<b>Total Liabilities &amp; Net Assets</b>	<b>62,496,338</b>	<b>66,061,737</b>	<b>3,565,399</b>
=====			

**FY 2023 Capital Budget & Asset Additions as of 06/30/23**

Department	Item Description	Budget	Complete	Actual	Funding	
Facilities	Front of House	498,000		386,781	507,000	Grants & Donations
Facilities	Gift Shop	165,600				
Facilities	Front of House & Gift Shop Soft Costs & Furniture	152,600		169,597		
Facilities	RHC LA Interior Remodel/Retrofit	200,000		68,546	50,000	County
Facilities	Touchless Bathrooms	60,000	X	74,402	200,000	Federal COVID Relief
Facilities	Hallway Flooring MOB	20,000				
Environmental Services	Hand Hygiene Monitoring	50,000	X	15,653		
Surgery	Surgery Cabinetry	23,000	X	27,400		
Facilities	Hospital & MOB Flooring	307,000	X	355,884	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		51,661		
Facilities	Parking Structure	-				
Facilities	New Acute Care Wing	-				
Anesthesia	Anesthesia Monitor	30,000				
Dietary	A/C Project	81,000				Approved Aug 2022
Emergency	Radio System (Wearable Alert Notifiers)	TBD				
Emergency	Slit Lamp	10,000				
Facilities	Chemistry Analyzers (2) Construction	25,000		36,668		
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		276,842		
Facilities	Med Surg Nursing Station (Pyxis)	135,000		177,784		
Facilities	Med Surg Windows	150,000				
Facilities	MOB A/C Units	25,000	X	5,400		
Facilities	MOB Electrical Panel	15,000				
Facilities	MOB Repairs on Pop-Outs	75,000				
Facilities	Nurses' Call System	250,000				
Facilities	OR Doors	15,000				
Facilities	Parking Lot Expansion	50,000				
Facilities	Parking Lot Slurry & Restripe	38,000	X	37,565		
Facilities	Pharmacy Relocation (Includes Hood)	496,800		87,815		
Facilities	Seismic NPC3 (Anchor Equipment) & SPC 4D	100,000		69,993		
Facilities	SNF Nurses' Station	15,000				



**FY 2023 Capital Budget & Asset Additions as of 06/30/23**

<u>Department</u>	<u>Item Description</u>	<u>Budget</u>	<u>Complete</u>	<u>Actual</u>	<u>Funding</u>
Facilities	Storage Containers	74,000			
Facilities	Surgery Water Filtration System Construction	20,000			
Facilities	Utility Vehicle	25,000			
Information Tech	Cisco Firewalls	28,000			
Information Tech	EHR	TBD		1,828,180	
Laboratory	Centrifuge	9,000	X	8,369	
Laboratory	Chemistry Analyzer Interface	19,000			
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	X	36,392	
		<b>4,263,000</b>		<b>3,851,898</b>	<b>1,617,000</b>
<u>Not Budgeted</u>					
Facilities	Entrance Doors Near ED	NA		22,259	
Facilities	Physical Therapy Doors	NA	X	7,714	
Facilities	Medical Supply Storage Fencing	NA	X	8,309	
Information Tech	Phone System Upgrade	NA	X	8,520	
Laboratory	Blood Bank Fridge	NA	X	11,787	
Med Surg	Pyxis machines	NA	X	82,146	
Radiology	Windows 10 Upgrade to Ultrasound Machine	NA	X	6,007	
Skilled Nursing Facility	Hepa Air Filtration	NA	X	15,111	
Skilled Nursing Facility	Shed	NA	X	7,902	
	<b>Total</b>	<b>4,263,000</b>		<b>4,021,653</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, July 27, 2023, 2:15 p.m.**

**George M. Medak Conference Room, Suite 207**

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

*Or*

**Microsoft Teams meeting**

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

[Click here to join the meeting](#)

**Meeting ID: 234 601 921 58**

**Passcode: MWdfbE**

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**Or call in (audio only)**

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

**Phone Conference ID: 605 686 207#**

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

**OPEN SESSION**

2:15 p.m.

**CALL TO ORDER**

Kieth Burkart, President

**PRESIDENTS COMMENTS**

Kieth Burkart, President  
 Action Possible

**BOARD MEMBER REPORTS**

All Board Members

**PUBLIC COMMENTS**

Government Code  
 Section 54954.3 Sections A & B

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

**PREVIOUS MINUTES approval**

Kieth Burkart, President  
 Action probable

**CONSENT AGENDA**

Kieth Burkart, President  
 Action Probable

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, July 27, 2023, 2:15 p.m.**

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held June 30, 2023
2. Approval of Facilities Committee minutes, meeting held April 28, 2023
3. Approval of Finance Committee minutes, meeting held June 30, 2023
4. Approval of the attached Policies and Procedures that was sent July 11, 2023

**AGENDA ITEMS**

- |  |   |
|--|---|
| 1. CEO Report  |   |
| a. Construction and Land Use approval update                           | Information Only  |
| b. Corporate Compliance Update   | Information Only  |
| <br>   |   |
| 2. COO/CNO Report  | Terry Peña, Chief Operating Officer<br>Information only |
| <br>   |   |
| 3. Quality Committee Report<br>Report of Meeting held July 27, 2023    | Cheryl Moxley, Chairperson<br>Information only          |
| <br>   |   |
| 4. Facilities Committee Report<br>Report of Meeting held July 27, 2023 | Cheryl Robinson, Chairperson<br>Information only        |
| <br>   |   |
| 5. Finance Committee Report<br>Report of Meeting held July 27, 2023    | Barry Smart, Chairperson                                |
| a. Financial Statements  | Action Probable   |
| b. Capital Purchases   | Action Possible   |
| c. Investments   | Action Possible   |
| d. FY24 Proposed (DRAFT) Capital Budget                                | Action Possible   |
| <br>   |   |
| 6. Board Education   | Kieth Burkart, President<br>Action Possible             |
| <br>   |   |
| 7. Discussion Topic Suggestions  | Kieth Burkart, President<br>Information only            |

**ADJOURN TO CLOSED SESSION**

**CLOSED SESSION AGENDA ITEMS**

(Closed session pursuant to Govt. Code Section 54954.5)

- |   |   |
|---|---|
| 1. <u>Hearings</u><br>Subject matter: Staff Privileges<br>Re: Credentialing Recommendations<br>Closed session pursuant to Cal. Health & Safety § 32155                              | Bijan Motamedi, M.D., MEC President<br>Action Probable  |
| <br>  |   |
| 2. <u>Medical Executive Committee Report</u><br>Subject Matter: Report of Medical Executive Committee<br>Meeting minutes<br>Closed session pursuant to Cal. Health & Safety § 32155 | Bijan Motamedi, M.D., MEC President<br>Information only |

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, July 27, 2023, 2:15 p.m.**

Page 3 of 3

**RETURN TO OPEN SESSION**

1. Closed Session Report

Kieth Burkart, President

2. Public Report of Decisions

Kieth Burkart, President

**NEXT BOARD-ATTENDED MEETINGS**

Thursday, August 24, 2023 at 1:00 p.m.  
*(Days & times are subject to change so please refer to the posted agenda for exact times)*

**FINAL ADJOURNMENT**

San Bernardino Mountains Community Hospital Board of Directors Meetings

Attendance Matrix - 2023

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

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<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 2:27 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 Terry Peña, Chief Operating Officer/Chief Nursing Officer Yvonne Waggener, Chief Financial Officer Walter Maier, M.D., MEC Treasurer  Kim McGuire, Community Development Director Leslie Plouse, Quality Director Don Larson, MD, Community Member Gerry Hinkley, Community Member Mary-Justine Lanyon, Editor, The Alpine Mountaineer Michael Onusko, Interim Corporate Compliance Officer	<b>Quorum present</b>
3.0 President’s Comments:	Burkart commented that the budget that was presented during the Finance Committee meeting was strong in light of the challenges the hospital has faced due to the pandemic.	<b>None</b>
4.0 Board Member’s Reports:	None	<b>None</b>
5.0 Public Comments:	None	<b>None</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of May 25, 2023 and Special Board of Directors meeting of June 20, 2023 were approved as written.	<p><b>On a motion made and seconded the Minutes from the Board of Directors meeting of May 25, 2023 and Special Board of Directors meeting of June 20, 2023 were approved as written.</b></p> <p><b>M (Smart) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
7.0 Consent Agenda:	<p>The following Consent Agenda items were reviewed:</p> <ol style="list-style-type: none"> <li>1. Approval of Quality Committee minutes, meeting held May 25, 2023</li> <li>2. Approval of Human Resources Committee minutes, meeting held March 16, 2023</li> <li>3. Approval of Finance Committee minutes, meeting held May 25, 2023</li> <li>4. Approval of the Special Finance Committee minutes, meeting held June 20, 2023</li> <li>5. Approval of the attached list of Policies and Procedures that was sent June 21, 2023 (<i>see list attached to the June Board Packet</i>).</li> <li>6. Approval of the attached list of Policies and Procedures ADDENDUM that was sent June 27, 2023 (<i>see list attached to the June Board Packet</i>).</li> </ol>	<p><b>On a motion made and seconded, the Consent Agenda items were approved as presented.</b></p> <p><b>M (Moxley) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.0 Agenda 8.1 Corporate Compliance Program	Turner reported that he contracted with Michael Onusko to update the hospital's Corporate Compliance Plan, and that Onusko would be serving as the interim Corporate Compliance and Privacy Officer. Onusko presented a compliance overview to the Board members as well as the draft of MCH's Corporate Compliance Committee Charter for the Board's review/approval.	<p><b>On a motion made and seconded, the Corporate Compliance Committee Chart was approved as presented.</b></p> <p><b>M (Robinson) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>8.2 Resolution 2023-11 – Special Tax Levies for FY2023-2024</p>	<p>Burkart reviewed Resolution 2023-11 noting that we are required to complete the special tax levies resolution each year.</p> <ul style="list-style-type: none"> <li>• <b>RESOLUTION NO. 2023-11</b></li> </ul> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT DETERMINING, CERTIFYING, AND DIRECTING 2023-2024 SPECIAL TAX LEVIES WITHIN THE DISTRICT</b></p> <p>See Resolution 2023-11 for entire text.</p>	<p><b>On a motion made and seconded, the following resolution was accepted as presented:</b></p> <p><b>RESOLUTION NO. 2023-11</b></p> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT DETERMINING, CERTIFYING, AND DIRECTING 2023-2024 SPECIAL TAX LEVIES WITHIN THE DISTRICT</b></p> <p><b>M (Smart) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>8.3 Agreement for Collecting of Special Taxes, Fees &amp; Assessments for FY 2023-2024</p>	<p>Turner presented and reviewed the agreement with the County of San Bernardino regarding the collection of special taxes, fees and assessments for FY 2023-2024. The agreement outlines the districts and counties responsibilities.</p>	<p><b>A motion was made and seconded to accept the annual FY 2023-2024 County Collection Agreement as presented.</b></p> <p><b>M (Moxley) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>8.4 CEO Report a. Construction and Land Use Approval Update</p>	<p>Turner reported on the progress of the construction projects:</p> <ul style="list-style-type: none"> <li>• <u>Pyxis Install &amp; Med/Surg Nurses Station Remodel</u>: The Med/Surg project is complete; occupancy was granted by HCAI in June 2023.</li> </ul>	<p><b>Information only</b></p>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• <u>Registration Project</u>: The registration and waiting room area complete. HCAI will be scheduled to come out and sign off on the project in early July. Once occupancy is granted, construction will begin on the new eligibility offices.</li> <li>• <u>Pharmacy Project</u>: We are currently accepting contractor bids, which are due by July 23<sup>rd</sup>. We are hoping to select a contractor and begin construction in October. It is estimated this project will take 1 year to complete.</li> <li>• <u>Laboratory Project</u>: The larger analyzer has been installed and is operational. The smaller unit will be installed once the demo and reconstruction of the area has been completed.</li> <li>• <u>Gift Shop Project</u>: Once the smaller analyzer is moved out of the space, we can begin work on the Gift Shop Project. We are hoping to start construction within the next month or so.</li> <li>• <u>Hospital Van</u>: It is estimated the hospital van will be received sometime in September once the new build is complete.</li> <li>• <u>RHC Remodel</u>: The architect plans and proposal are complete. The next step will be to finalize the work plan so the construction does not disrupt the clinic operations.</li> <li>• <u>Land Use Approval (Acute Wing)</u>: We submitted a revised site plan to the county with the dumpster locations. Once the county approves the project, the county will move forward with scheduling public meetings.</li> <li>• <u>Education Center/Parking Solution</u>: These projects are on hold right now. It is anticipated we will start the application process within the next month or so.</li> </ul>	
<p>b. General Surgeon Onboarding Update</p>	<p>Turner reported that Dr. Nashed has been credentialed with more of the commercial insurances; the only outstanding insurance he is awaiting to be credentialed with is Regal. Turner noted that Dr. Nashed is getting busier now and that the independent PCP's are aware that he is able to accept patient referrals.</p>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.5 COO/CNO Report	<p>Peña reported on the following:</p> <ul style="list-style-type: none"> <li>• Dr. Nashed is excellent based on personal experience; we are fortunate to have him on staff.</li> <li>• Awaiting more applicants for the SNF Manager, we have contracted with a second recruiting agency to help fill this position.</li> <li>• Staffing has steadied; we are only utilizing registry for CNA positions due to the high turnover in that entry-level position.</li> <li>• The Hospital Coordinator position is working well; we still have 1 weekend night shift position still to fill</li> <li>• The QSLC committee is being disbanded, as it is no longer needed and the information has already been presented at multiple other committees and to the Board.</li> </ul>	<b>Information only</b>
<p>8.6 Quality Committee Report</p> <p>a. Report of meeting held June 30, 2023</p>	<p>Moxley reported on the Quality Committee meeting:</p> <ol style="list-style-type: none"> <li>1. <u>Performance Improvement:</u> <ol style="list-style-type: none"> <li>a. <u>Fall/Injury Reduction:</u> All action items/process steps have been completed with the exception of item 5 “Develop risk mitigation strategies to include policy revisions and implementation of best practices”. The barriers, plan and next steps for 2023 were reviewed in detail.</li> <li>b. <u>Behavioral Health Program Development:</u> All action items/process steps have been completed with the exception of item 7 “Monitor and report accomplishments” which is ongoing. Next steps for 2023 were reviewed in detail.</li> <li>c. <u>IEHP Performance Improvement Projects:</u> <ol style="list-style-type: none"> <li>1) <u>Meds to Beds:</u> Our target for 2023 is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. In May 2023, we were at 100%.</li> <li>2) <u>Breast Cancer Screening:</u> Our target for 2023 is that 55.15% of female IEHP patients ages 52-74 receive a mammogram; as of May 2023, we are at 47.06%.</li> <li>3) <u>Colon Cancer Screening:</u> Our target for 2023 is that 48.75%</li> </ol> </li> </ol> </li> </ol>	<b>Information only</b>

of IEHP/MediCal patients ages 45-75 receive a screening for colorectal cancer; as of May 2023, we are at 39.03%.

d. 2023 Proposed Organization-Wide Performance Improvement Priorities

Plouse reviewed the proposed 2023 Performance Improvement Priorities which include:

- 1) PI Priority #1: Hand Hygiene
- 2) PI Priority #2: Implementation of new HER
- 3) PI Priority #3: Patient Experience

Action items/steps were reviewed in detail. The committee was in favor of moving forward with the proposed 2023 PI priorities.

2. Patient Satisfaction Surveys (Inpatient & ED):

- a. Inpatient: In May 2023, there were six responses, with an 83.33% top box score (82.29 mean score). Verbatim comments were reviewed.
- b. ED: In May 2023, there were ten responses with an 80.82% top box score (94.41 mean score). Verbatim comments were reviewed.

3. Regulatory Activities and Updates:

- a. New National Patient Safety Goal (NPSG) 16: Improve Health Care Equity. Elements of performance 1-6 were reviewed in detail.
- b. CDPH Complaint Investigation 6/16/2023: investigation remains open.
- c. SNF Life Safety Survey 5/4/2023: June audit pending.
- d. SNF CMS Recertification Survey 4/17/2023-4/20/2023: 100% compliance to plan of correction audits in May and June.
- e. TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Critical Results documentation (overall) = 97%; Policies uploaded and current = 97%
- f. CDPH Complaint Investigation 7/22/2022: investigation remains open

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>8.7 Human Resources Committee Report</p> <p>a. Report of meeting held June 30, 2023</p>	<p>Burkart reported on the Human Resources Committee meeting:</p> <ol style="list-style-type: none"> <li>1. <u>Hospital Week</u>: Employees received an MCH car shade in recognition of Hospital week. In addition, the follow events were coordinated for employees during the week: <ul style="list-style-type: none"> <li>• Monday: BBQ</li> <li>• Tuesday: Rosa Maria’s</li> <li>• Wednesday: Deli Sandwiches</li> <li>• Thursday: Ice Cream</li> <li>• Friday: Breakfast</li> </ul> </li> <li>2. <u>Annual Salary &amp; Benefits Review</u>: As part of the budgeting process, Atwood looks at the HASC wages and benefits for management, non-management and executive positions; and compares our wages and benefits to local Inland Empire hospitals. Adjustments are made accordingly. Looking ahead, the Senior Management Team would be looking into: <ul style="list-style-type: none"> <li>• Potentially changing the enrollment requirement for our retirement plan from 1 year of service to 90 days.</li> <li>• Adding three additional PTO days to fall in line with other local hospitals</li> <li>• Adding additional PTO accrual levels for length of service</li> </ul> <p>It was noted that these were items that were identified on our employee satisfaction survey. A message will be sent to staff that these are being looked into for the FY24-25 fiscal year.</p> </li> <li>3. <u>Turnover</u>: In Q1, our turnover was 3.86% (3-resigned, 1-retired, 1-new job, 1-moved out of state, and 1-terminated). In Q2, our turnover was 2.63% (2-school, 1-moved up north, 1-moved out of state, and 1-resigned).</li> </ol>	<p><b>Information only</b></p>
<p>8.8 Finance Committee Report</p> <p>a. Report of meeting held June 30, 2023</p>	<p>Smart reported on the Finance Committee meeting:</p> <ol style="list-style-type: none"> <li>1. <u>Financial Statements</u>: The FY23 Financial Statements as of Eleven</li> </ol>	<p><b>On a motion made and seconded, the Financial Statements as of Eleven (11) months ending May</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>(11) months ended May 31, 2023 were presented. Comparative statistics and selected financial indicators were reviewed in detail.</p> <p>2. <u>Capital Purchases</u>: The FY23 Capital Purchases as of Eleven (11) months ended May 31, 2023 was presented. Updates on FY23 purchases were reviewed.</p> <p>3. <u>Investments</u>: LAIF and UBS statements for months ending May 31, 2023 were presented and reviewed.</p> <p>4. <u>Investment Account with Cal Bank &amp; Trust</u>: We received a proposal from Cal Bank &amp; Trusts preferred money management company. After discussion it was proposed to keep our current investment accounts at LAIF &amp; UBS, and not add another level of complication by adding a third investment account. A letter will be sent to Cal Bank &amp; Trust thanking them for the information and letting them know we would consider them if we had any future savings needs.</p> <p>5. <u>FY24 Proposed Operating Budget</u>: The FY24 proposed operating budget was presented and reviewed. The FY24 proposed operating budget vs. estimated FY23 budget category line items were discussed in detail. The expense for SOL Radiology was moved from “purchased services” into “professional fees”. For FY24 we are projecting a net loss of (\$1,309,480).</p>	<p><b>31, 2023 were accepted as presented.</b></p> <p><b>M (Smart) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p> <hr/> <p><b>A motion was made and seconded to approve the FY24 Proposed Operating Budget as presented.</b></p> <p><b>M (Smart) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.9 Board Education	None	<b>None</b>
8.10 Discussion Topic Suggestions:	None	<b>None</b>
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:54 p.m.	<b>Information only</b>
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 4:02 p.m.	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
10.1 Closed Session Report:	<p>Per Kieth Burkart, the following items were reported on during “Closed Session”:</p> <ul style="list-style-type: none"> <li>• Medical Staff Reports of June 30, 2023 and Credentialing from the June 27, 2023 Medical Executive Committee meeting.</li> </ul>	<b>Information only</b>
<p>11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations</p>	<p>The Board accepted the Medical Staff Report of June 30, 2023, and Credentialing from the June 27, 2023 Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p> <ul style="list-style-type: none"> <li>• <b><u>New Appointments:</u></b> <ul style="list-style-type: none"> <li>○ SAYED W. SADAT, DO – Tele-Radiology (SOL)</li> </ul> </li> <li>• <b><u>Provisional Extensions:</u></b> <ul style="list-style-type: none"> <li>○ MICHAEL S. GREEN, MD – Gynecology – MCH Rural Clinic</li> </ul> </li> <li>• <b><u>Advancement from Provisional Staff/Regular Staff:</u></b> <ul style="list-style-type: none"> <li>○ JOSEPH KALLINI, MD – Tele-Radiology (SOL)</li> </ul> </li> <li>• <b><u>Reappointments:</u></b> <ul style="list-style-type: none"> <li>○ ALFRED W. FERNANDEZ, MD – Emergency Medicine &amp; Family Medicine</li> <li>○ MICHAEL K. O’SHEA, DPM – Podiatry</li> <li>○ HASSAN SAM SHEIKHO, MD – Emergency Medicine &amp; Internal Medicine</li> </ul> </li> <li>• <b><u>Changes in Staff Status:</u></b> None</li> <li>• <b><u>Revision/Increase of Privileges:</u></b> None</li> <li>• <b><u>Terminations/Resignations:</u></b> None</li> <li>• <b><u>Revision of Privileges:</u></b> None</li> <li>• <b><u>Leave of Absence Requests:</u></b> None</li> </ul>	<p><b>On a motion made and seconded, the Medical Staff Reports of June 30, 2023, and Credentialing from the June 27, 2023 Medical Executive Committee meeting were accepted as recommended by the MEC.</b></p> <p><b>M (Moxley) / S (Robinson) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
12.0 Next Board-Attended Meetings:	<p>A Special Board of Directors meeting will be on <u>Friday, July 7, 2023</u> at 3:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.</p> <p>The next Regular Board of Directors meeting will be on <u>Thursday, July</u></p>	<b>Information only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<u>27, 2023</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 4:04 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 3:02 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 Barry Hoy, Board Trustee Barrick Smart, Board Treasurer  Kristi McCasland, Executive Assistant  Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Yvonne Waggener, Chief Financial Officer Kim McGuire, Community Development Director  Don Larsen, Community Member Gerry Hinkley, Community Member Gary Hicks, President, G.L. Hicks Financial	<b>Quorum present</b>
3.0 President’s Comments:	None	<b>None</b>
4.0 Board Member’s Reports:	None	<b>None</b>
5.0 Public Comments:	None	<b>None</b>
6.0 Agenda 6.1 USDA Direct Loan & Interim Construction Financing	Turner introduced Gary Hicks, President of G.L. Hicks Financial. Hicks gave a background of his work in helping hospital districts obtain financing for construction projects. Hicks presented and reviewed the “New Hospital Construction Program; Plan of Finance - Basic Infrastructure” presentation. Topics covered in the presentation included: <ul style="list-style-type: none"> <li>• Project funding alternatives</li> </ul>	<b>Information only</b>



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<ul style="list-style-type: none"> <li>• Summary of SBMCHD Financial Statements and Ratio Analysis</li> <li>• USDA Direct Loan Program: The Basics; Advantages; Disadvantages; and Process</li> <li>• Tax Supported Debt: The Basics; Secured by Ad Valorem; Secured by Parcel Tax; Secured by Sales Tax</li> <li>• Next Steps</li> </ul> <p>Turner noted that the county land use application process for the acute care wing project is moving forward and that a public meeting has been set for August 10, 2023.</p>	
7.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 5:08 p.m.	<b>Information only</b>
8.0 Return to Open Session:	The Board returned to “Open Session” at approximately 5:20 p.m.	<b>Information only</b>
8.1 Closed Session Report:	<p>Per Kieth Burkart, the following items were discussed during “Closed Executive Session”:</p> <ul style="list-style-type: none"> <li>• Executive Session: Personnel Issues: CEO Compensation</li> </ul>	<b>Information only</b>
9.0 Public Report of Decisions	No reportable actions taken.	<b>Information only</b>
10.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, July 27, 2023</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	<b>Information only</b>
11.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 5:20 p.m.	<b>Meeting adjourned</b>

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

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

**Board Approvals: (34 Documents)**

**I. New Policies / Forms / Attachments: (4)**

- a. **Environment of Care (EC) Policies: (1)**  
[Fire Response Plan, Annual Assessment 2022 \(Plan\) - EC](#)
- b. **Human Resources (HR) Infection Control (IC) Policies: (1)**  
[Contact Tracing \(Policy\) - HR / IC](#)
- c. **Medication Management (MM) Policies: (1)**  
[Pharmacy Master Formula Sheet Thiamine IV Drip \(Policy\) - MM](#)
- d. **Skilled Nursing Department Policies: (1)**  
[Enhanced Standard Precautions Skilled Nursing \(DPSNF\) \(Policy\) - Skilled Nursing Department](#)

**II. Updated Policies / Forms / Attachments: (8)**

- a. **Emergency Management (EM) Policies: (2)**  
[Emergency and Operational Actions Flip Chart \(Attachment\) - EM](#)  
[Emergency Operations Plan \(EOP\) \(Plan\) - EM](#)
- b. **Medical Staff (MS) Policies: (2)**  
[General Dentistry Focused Professional Practice Evaluation \(FPPE\) \(Form\) - MS](#)  
[Documentation License, DEA, Liability \(Policy\) - MS](#)
- c. **Emergency Department Policies: (1)**  
[IV Dilantin Administration \(Policy\) - Emergency Department](#)
- d. **Perioperative Services Department Policies: (1)**  
[Procedural Sedation Checklist \(Form\) Ver#2 - PC](#)
- e. **Nutritional Services Department Policies: (2)**  
[Disaster Guide \(Policy\) - Nutritional Services Department](#)  
[Menu Planning \(Policy\) - Nutritional Services Department](#)

**III. Triennial Renewal Only (no / minor changes): (22)**

- a. **Human Resources (HR) Infection Control (IC) Policies: (14)**  
[Employee Work Injury Process \(Policy\) - HR / IC](#)  
[Education and Training, Employees and Volunteers \(Policy\) - IC / HR](#)  
[Harassment, Employees \(Policy\) - HR](#)  
[Job Changes and Promotional Opportunities \(Policy\) - HR](#)  
[Employee Handbook \(Policy\) - HR](#)  
[Equal Opportunity Employment \(Policy\) - HR](#)  
[Exit Interviews, Employee \(Policy\) - HR](#)  
[Grievance Procedure, Employees \(Policy\) - HR](#)  
[Classification of Employees \(Policy\) - HR](#)  
[Volunteers, Insurance Coverage for \(Policy\) - HR](#)  
[Group Insurance, Employees \(Policy\) - HR](#)  
[Medical Information; "Favors" or Other "Freebies" Requested From Physicians \(Policy\) - HR](#)  
[Discipline, Employee \(Policy\) - HR](#)  
[Just Culture \(Policy\) - HR](#)
- b. **Medical Staff (MS) Policies: (2)**  
[Privileges, Orthopedic Surgery \(Form\) - MS](#)  
[Med Staff Meeting Management \(Policy\) - MS](#)
- c. **Provision of Care, Treatment & Services (PC) Policies: (1)**  
[Restraints, Psychoactive Medications \(Policy\) - PC / RI](#)
- d. **Rights and Responsibilities of the Individual (RI): (1)**  
[Managing High Profile and Patient Care Conflict Situations \(Policy\) - RI](#)
- e. **Laboratory Department Policies: (1)**  
[Infection Control Program, Lab \(Policy\) - Laboratory Department](#)

**Board of Directors Meeting - July 27, 2023**  
**Policy Review/Approval**

**f. Rehabilitation Services Department Policies: (3)**

[Rehab Department Safety: Evacuation Plan \(Policy\) - Rehabilitation Services Department](#)

[Rehab Department General Safety Injury & Illness Prevention Plan \(Policy\) - Rehabilitation Services Department](#)

[Rehabilitation Services Department Response and Plan in Managing the COVID-19 Pandemic \(Policy\) - Rehabilitation Services Department](#)