



September 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 HUMAN RESOURCES COMMITTEE MEETING AGENDA 1:30**
- 5 Human Resources Committee Meeting Attendance**
- 6 Human Resources Committee Meeting Minutes**
- 7 FINANCE COMMITTEE MEETING AGENDA 1:45**
- 8 Finance Committee Meeting Attendance**
- 9 Finance Committee Meeting Minutes**
- 10 Financial Packet as of month ended August 31, 2023**
- 10.a. Local Agency Investment Fund (LAIF) August 2023 Statement *(separate attachment)***
- 10.b. UBS Financial Services August 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 09/05/2023**
- 15 Special Board of Directors Meeting Minutes 09/11/2023**
- 16 Policies submitted for Board Approval by email 9/18/2023**
- 17 *CLOSED SESSION 3:15***



Quality Committee Meeting
Thursday, September 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

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

[Click here to join the meeting](#)

Meeting ID: 234 601 921 58

Passcode: MWdfbE

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

Or call in (audio only)

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

Phone Conference ID: 605 686 207#

Members:	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
----------	---	--

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 |
| 2. Patient Surveys | Leslie Plouse, Quality Director
Information Only |
| 3. Regulatory Activity/Updates | Leslie Plouse, Quality Director
Information Only |

ADJOURNMENT

San Bernardino Mountains Community Hospital Quality Committee Meetings

Attendance Matrix - 2023

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

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Moxley, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Julie Atwood, Member, Director of Human Resources Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Leslie Plouse, Member, Quality Director Gerry Hinkley, Community Member</p> <p>Don Larson, MD, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Barry Smart, Board Treasurer Yvonne Waggener, Chief Financial Officer Kim McGuire, Foundation Director Charlie Harrison, Public John McLaughlin, Public</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Moxley called the meeting to order at 1:01 p.m.</p>	<p>The meeting was called to order</p>
<p>3.0 Previous Minutes</p>	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of July 27, 2023 were approved as written.</p>	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of July 27, 2023 were approved as written</p> <p>M (Hoy) / S (Peña) / C</p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p>None</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
5.0 Adjourn to Closed Session:	<p>The Quality Committee Adjourned to “Closed Session” at approximately 1:02 p.m.</p> <p><u>CLOSED SESSION ATTENDEES:</u></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 Gerry Hinkley, Community Member Kristi McCasland, Executive Assistant Kieth Burkart, Board President Cheryl Robinson, Board Vice President Barry Smart, Board Treasurer Yvonne Waggener, Chief Financial Officer</p>	None
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:19 p.m.	None
6.1 Closed Session Report:	Per Moxley, the following items were reported on during “Closed Session” – Hospital Acquired Harm; Harm Events; Complaints; and USACS Dashboard.	Information only
7.0 Agenda Items 7.1 Performance Improvement (PI)	<p>Plouse reported on the following PI Projects:</p> <ol style="list-style-type: none"> 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. For the month of July 2023, we were at 0%. 2) <u>Breast Cancer Screening</u>: Our target for 2023 is that 55.29% of female IEHP patients ages 52-74 receive a mammogram; as of July 2023, we are at 48.06%. 3) <u>Colon Cancer Screening</u>: Our target for 2023 is that 50.38% of IEHP/MediCal patients ages 45-75 receive a screening for 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>colorectal cancer; as of July 2023, we are at 41.04%.</p> <p>4) <u>2023 PI Priority #1: Hand Hygiene</u>: The 2023 project timeline, action steps and tier observation sites were reviewed.</p> <p>5) <u>2023 PI Priority #2: Implementation of new EHR</u>: The steering committee is meeting weekly. Mock Go Live was held for clinical services on 8/14/2023 and for financial services on 8/21/2023. Currently on track to meet go-live, date of October 1, 2023.</p> <p>6) <u>2023 PI Priority #3: Patient Experience</u>: Action items/steps were reviewed in detail. The committee has achieved 100% on 4 of the 9 action items.</p>	
7.2 Patient Surveys	<p>Patient Satisfaction Surveys (Inpatient & ED) –</p> <ul style="list-style-type: none"> • <u>Inpatient</u>: In July 2023, there were ten responses, with a 90% top box score (89.69 mean score). Verbatim comments were reviewed. • <u>ED</u>: In July 2023, there were fourteen responses with a 67.63% top box score (85.91 mean score). Verbatim comments were reviewed. 	Information only
7.3 Regulatory Activity/Updates	<p>Regulatory Activities and Updates --</p> <ul style="list-style-type: none"> • SNF Life Safety Survey 5/4/2023: Three fallouts were found in July; all issues were corrected. • SNF CMS Recertification Survey 4/17/2023-4/20/2023: 100% compliance to plan of correction audits in July. • TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Critical Results documentation stalled due to Orchard report issues-will resume in September. Policies uploaded/current = 100%. • CDPH Complaint Investigation 7/22/2022: Investigation remains open. 	Information only
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:29 p.m.	Meeting adjourned



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

Human Resources Committee Meeting
Thursday, September 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
Microsoft Teams meeting
Join on your computer, mobile app or room device
[Click here to join the meeting](#)
Meeting ID: 234 601 921 58
Passcode: MWdfbE
[Download Teams](#) | [Join on the web](#)
Or call in (audio only)
[+1 951-384-1117,605686207#](tel:+19513841117605686207) **United States, Riverside**
Phone Conference ID: 605 686 207#

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

OPEN SESSION

1:30 p.m.

CALL TO ORDER

Kieth Burkart, Committee Chairperson

PREVIOUS MINUTES

Kieth Burkart, President
Action Probable

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

AGENDA ITEMS

- | | |
|--------------------|---|
| 1. Turnover | Julie Atwood, Director of Human Resources
Information Only |
| 2. Retirement Plan | Julie Atwood, Director of Human Resources
Mark Turner, Chief Executive Officer
Information Only |

ADJOURNMENT

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT

San Bernardino Mountains Community Hospital Human Resource Committee Meetings

Attendance Matrix - 2023

San Bernardino Mountains Community Hospital Human Resource Committee Meetings												
Attendance Matrix - 2023												
Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Kieth Burkart	F A C I L I T I E S	M A R K E T I N G	√	F A C I L I T I E S	M A R K E T I N G	√	F A C I L I T I E S	M A R K E T I N G		F A C I L I T I E S	M A R K E T I N G	D A R K
Barry Smart			√									
Julie Atwood			√									
Terry Peña			√									
Mark Turner			√									
Don Larsen			√									
Gerry Hinkley			√									
Comment:												

√ Present E Excused A Absent

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Keith Burkart, Committee Chairperson Barry Smart, Committee Member Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Julie Atwood, Human Resource Director Don Larsen, Community Member Gerry Hinkley, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Cheryl Robinson, Board Member Cheryl Moxley, Board Member Barry Hoy, Board Member Leslie Plouse, Quality Director Kim McGuire, Community Development Director Mary-Justine Lanyon, Editor, The Alpine Mountaineer</p>	<p>Quorum present</p>
2.0 Call to Order:	Burkart called the meeting to order at 1:26 p.m.	The meeting was called to order
3.0 Previous Minutes	On a motion made and seconded, the Human Resources Committee Meeting Minutes of March 16, 2023 were approved as written.	<p>On a motion made and seconded, the Human Resources Committee Meeting Minutes of March 16, 2023 were approved as written.</p> <p>M (Peña) / S (Smart) / C</p>
4.0 Public Comment:	There was not public comment at this time.	None
5.1 Hospital Week	Atwood reported that employees received an MCH car shade in recognition of Hospital week. In addition, the follow events were	Information Only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	coordinated for employees during the week: <ul style="list-style-type: none"> • Monday: BBQ • Tuesday: Rosa Maria's • Wednesday: Deli Sandwiches • Thursday: Ice Cream • Friday: Breakfast 	
5.2 Annual Salary & Benefits Review	Atwood reported that as part of the budgeting process, she 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. Atwood noted that looking ahead, the Senior Management Team would be looking into: <ul style="list-style-type: none"> • Potentially changing the enrollment requirement for our retirement plan from 1 year of service to 90 days. • Adding three additional PTO days to fall in line with other local hospitals • Adding additional PTO accrual levels for length of service Turner 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.	Information Only
5.3 Turnover	Atwood reported that in Q1, our turnover was 3.68% (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).	Information Only
6.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:36 p.m.	Meeting adjourned



Finance Committee Meeting
Thursday, September 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

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

[Click here to join the meeting](#)

Meeting ID: 234 601 921 58

Passcode: MWdfbE

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

Or call in (audio only)

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

Phone Conference ID: 605 686 207#

Members:	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
----------	---	--

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	√	√	C A N C E L L E D	√	√	√	√	√				D A R K	
Barry Hoy	√	√		√	√	√	√	√					
Yvonne Waggener	√	√		√	√	√	√	√					
Mark Turner	√	√		√	√	√	√	√					
Terry Peña	√	√		√	√	E	√	√	√				
Don Larsen	√	√		√	√	√	√	A	A				
Gerry Hinkley	√	√		√	√	√	√	√	√				
Comment:													
	√	Present		E	Excused		A	Absent					

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Mark Turner, Member, Chief Executive Officer Gerry Hinkley, Community Member</p> <p>Don Larson, MD – Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Cheryl Moxley, Board Secretary Julie Atwood, Human Resources Director Kim McGuire, Community Development Director Leslie Plouse, Quality Director Charlie Harrison, Public John McLaughlin, Public</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Smart called the meeting to order at 1:58 p.m.</p>	<p>The meeting was called to order</p>
<p>3.0 Previous Minutes:</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of July 27, 2023 were approved.</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of July 27, 2023 were approved as written</p> <p>M (Hoy) / S (Turner) / C</p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p>None</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>5.0 Agenda Items: 5.1 Financial Statements</p>	<p>Waggener presented the FY24 Financial Statements as of and for the one (1) month ended July 31, 2023. Comparative statistics and selected financial indicators were reviewed with the committee.</p>	<p>A motion was made and seconded to recommend to the Board to accept the Financial Statements as of One (1) month ended July 31, 2023.</p> <p>M (Hoy) / S (Turner) / C</p>
<p>5.2 Capital Purchases</p>	<p>Waggener presented and reviewed the FY24 Capital Purchases for the one (1) month ended July 31, 2023.</p>	<p>Information only</p>
<p>5.3 Investments</p>	<p>Waggener presented and reviewed the LAIF and UBS statements as of July 31, 2023.</p>	<p>Information only</p>
<p>5.4 FY24 Proposed Capital Budget</p>	<p>Waggener presented and reviewed the proposed FY24 Capital Budget. It was noted that the items highlighted in yellow are capital budget items that were started in a previous fiscal year. She also noted that items were prioritized (1-5), and then sorted by rank and cost (high to low). Capital Budget items that have a funding source are noted in the capital budget.</p> <p>T. Peña reported that we would need to purchase a new tower for our surgery scopes as our current tower is having issues and it not repairable (this item is not on the proposed FY24 Capital Budget). Peña is working on getting quotes for the newest model. Once the quotes have been receive, this item will be brought to the Finance Committee/Board for review/approval.</p>	<p>A motion was made and seconded to recommend to the Board to accept the FY24 Capital Budget as presented.</p> <p>M (Hoy) / S (Hinkley) / C</p>
<p>6.0 Adjournment:</p>	<p>No further business to discuss, the meeting was adjourned at approximately 2:27 p.m.</p>	<p>Meeting adjourned</p>

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	08/31/23	FAR WEST CAH	CA CAH
<u>LIQUIDITY</u>										
Days cash on hand - All sources	161	240	344	523	490	490	452	450	173	222
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	3,476,666	2,661,687		
Board Designated	8,505,612	14,339,180	21,636,014	20,160,931	29,289,726	35,548,549	37,386,706	37,682,430		
Total	9,415,399	15,284,003	22,261,831	35,403,017	37,532,358	39,717,047	40,863,372	40,344,117		
Days gross revenue in gross AR	58	57	55	49	62	52	57	59		
Days net revenue in net AR	41	33	43	33	41	37	32	32	59	41
Days expense in AP	32	23	25	29	29	42	23	25		
Current ratio	1.6	2.3	1.6	2.1	1.8	1.8	1.5	1.4		
Cash to debt	91%	154%	236%	303%	443%	498%	484%	478%		
<u>CAPITAL STRUCTURE</u>										
Long-term debt to capitalization	38%	28%	24%	25%	16%	14%	14%	14%		
<u>PROFITABILITY</u>										
Total margin	12%	26%	19%	17%	29%	14%	7%	-6%		
<u>OTHER</u>										
Paid full time equivalents (FTE's)	165.66	177.25	183.31	176.66	185.49	182.08	195.86	192.28		
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-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
	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-23	41	54	95	589	1.3	1.7	3.1	19.0	874	28	4	7
Aug-23	59	13	72	607	1.9	0.4	2.3	19.6	786	25	7	16
	100	67	167	1,196	1.6	1.1	2.7	19.3	1,660	27	11	23
Budget Aug-23	71	62	133	605	2.3	2.0	4.3	19.5	744	24	6	16

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-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
	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-23	6,374	643	241	68	20	111	1,083	690	422	227	214	77	940
Aug-23	6,514	675	277	77	21	127	1,177	837	472	288	233	160	1,153
	12,888	1,318	518	145	41	238	2,260	1,527	894	515	447	237	2,093
Budget Aug-23	6,200	615	220	70	16	102	1,023	650	500	250	230	120	1,100

Statement of Revenue & Expenses

Application Code : GL

User Login Name:waggeny

Through August 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Revenue:								
Gross Patient Service Revenue	5,568,540	5,297,978	270,562	11,143,856	10,585,726	558,130	65,148,058	-54,004,202
Deductions from Revenue:								
Contractual Discounts	3,404,833	3,392,884	11,949	6,448,162	6,779,768	-331,606	41,944,608	-35,496,446
Bad Debt	70,000	80,000	-10,000	153,000	160,000	-7,000	983,000	-830,000
Charity Care	-32	6,000	-6,032	12,902	12,000	902	72,000	-59,098
Supplemental Reimbursement	-82,123	-15,000	-67,123	-84,954	-30,000	-54,954	-8,254,000	8,169,046

Net Patient Service Revenue	2,175,861	1,834,094	341,767	4,614,745	3,663,958	950,787	30,402,450	-25,787,705

Other Operating Revenue	44,743	30,835	13,908	77,115	61,670	15,445	424,648	-347,533

Total Revenue	2,220,605	1,864,929	355,676	4,691,861	3,725,628	966,233	30,827,098	-26,135,237
Expenses:								
Salaries and Wages	1,599,674	1,587,730	11,944	3,142,548	3,178,740	-36,192	19,351,540	-16,208,992
Employee Benefits	313,566	314,820	-1,254	627,616	629,900	-2,284	3,948,200	-3,320,584
Professional Fees	236,913	197,595	39,318	437,088	406,520	30,568	2,683,885	-2,246,797
Supplies	224,237	263,945	-39,708	481,900	529,790	-47,890	3,257,650	-2,775,750
Purchased Services	70,018	74,610	-4,592	137,904	150,610	-12,706	976,710	-838,806
Rent	23,558	16,435	7,123	41,986	32,870	9,116	199,220	-157,234
Repairs & Maintenance	75,926	69,200	6,726	148,105	141,045	7,060	858,579	-710,474
Utilities	58,625	61,630	-3,005	112,808	120,260	-7,452	648,560	-535,752
Insurance	44,165	45,638	-1,473	92,147	91,268	879	547,648	-455,501
Depreciation Expense	125,600	125,600	0	251,200	251,200	0	2,173,200	-1,922,000
Other Operating Expenses	110,631	110,335	296	240,757	243,375	-2,618	2,010,594	-1,769,837

Statement of Revenue & Expenses

Application Code : GL

User Login Name:waggeny

Through August 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Total Expenses	2,882,913	2,867,538	15,375	5,714,060	5,775,578	-61,518	36,655,786	-30,941,726

Income (Loss) from Operations	-662,308	-1,002,609	340,301	-1,022,199	-2,049,950	1,027,751	-5,828,688	4,806,489

Non-Operating Rev (Exp):								
District Tax Revenue	258,000	258,000	0	516,000	516,000	0	3,096,000	-2,580,000
Investment Income	158,280	76,200	82,080	296,472	152,400	144,072	914,400	-617,928
Interest Expenses	-45,664	-45,598	-66	-91,597	-91,464	-133	-522,182	430,585
Non Capital Grants & Contr	0	0	0	0	0	0	952,000	-952,000
Other Non-Operating Revenue	40,214	35,810	4,404	76,332	72,070	4,262	432,570	-356,238
Other Non-Operating Expense	-31,871	-32,215	344	-60,570	-64,780	4,210	-353,580	293,010
Gain/Loss On Disp of Property	0	0	0	0	0	0	0	0

Non-Operating Revenue/Expense	378,960	292,197	86,763	736,637	584,226	152,411	4,519,208	-3,782,571

Net Income (Loss)	-283,349	-710,412	427,063	-285,562	-1,465,724	1,180,162	-1,309,480	1,023,918
=====								

12:03

Balance Sheet

Application Code : GL

User Login Name:waggeny

August 2023

Description	Beginning	Ending	Variance
	Balance	Balance	
Assets:			
Cash & Cash Equivalents	3,476,666	2,661,687	-814,979
Receivables: Patient - Net	2,704,200	2,728,893	24,693
Receivables: Other	106,034	564,260	458,225
Inventory	704,011	696,474	-7,537
Prepaid Expenses & Deposits	590,636	675,230	84,594

Total Current Assets	7,581,547	7,326,543	-255,004
Assets Limited As To Use	37,737,176	38,006,396	269,221
Capital Assets - Net	18,803,544	18,658,756	-144,789
Other Assets	1,982,928	1,982,928	0

Total Assets	66,105,196	65,974,624	-130,572
=====			
Liabilities:			
Long-Term Debt - CP	1,036,629	955,487	-81,142
AP & Accrued Expenses	965,759	927,189	-38,569
Patient Credit Balances	627,197	621,255	-5,941
Accrued Interest	173,599	34,720	-138,879
Accrued Payroll	1,357,134	1,758,631	401,496
Deferred Revenue	41,221	31,644	-9,577
Est Third-Party Settlements	753,815	778,817	25,002

Total Current Liabilities	4,955,354	5,107,744	152,390
Long-Term Debt	8,445,994	8,448,594	2,600
Deferred Inflows-Leases	2,008,540	2,008,540	0

Total Liabilities	15,409,888	15,564,878	154,990
Net Assets	50,695,308	50,409,746	-285,562

Total Liabilities & Net Assets	66,105,196	65,974,624	-130,572
=====			

FY24 CAPITAL BUDGET & ASSET ADDITIONS AS OF 08/31/23						
Department	Item Description	Budget	Complete	Actual	Funding Source	
FACILITIES	Pharmacy Relocation (Includes Hood)	900,000		14,167		
FACILITIES	Front of House & Gift Shop	565,000		50,148	Foundation	514,500
FACILITIES	Seismic NPC3 (Anchor Equipment) & SPC 4D	200,000		5,429		
FACILITIES	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	150,000		12,978		
FACILITIES	MOB Improvements	130,000				
FACILITIES	New Acute Care Wing	75,000		11,745		
FACILITIES	SNF Nurses' Station	50,000				
FACILITIES	Seal & Stripe Parking Lot	48,000				
FACILITIES	Keyless Entry Doors	45,000		6,055		
FACILITIES	Front of House & Med Surg HVAC	40,000				
FACILITIES	Chemistry Analyzers (2) Construction	25,000		675		
FACILITIES	Hospital Exterior Paint	25,000		9,984		
FACILITIES	OR Doors	20,000				
FACILITIES	MOB Electrical Panel	15,000				
FACILITIES	Med Surg Nursing Station (Pyxis)	10,000		500		
EVS	Soiled Linen Enclosure	6,500				
FACILITIES	RHC LA Interior Remodel/Retrofit	275,000			Foundation	50,000
FACILITIES	SNF Renovations	150,000				
FACILITIES	Surgery Water Filtration System Construction	20,000				
FACILITIES	Med Surg Windows	200,000				
FACILITIES	SNF Windows	200,000				
FACILITIES	Hospital & MOB Flooring	75,000				
FACILITIES	Parking Lot Expansion	100,000				
FACILITIES	SNF Fence	24,000				
FACILITIES	PFS Remodel	125,000				
FACILITIES	Second Floor Remodel	60,000				
FACILITIES	Education Center	-			Foundation	327,000
FACILITIES	Parking Solution	-				
ED/MS/OR/SNF	Telemetry Monitoring Equipment	700,000				
IT	EHR System (Meditech Expense)	600,000		20,761		
FACILITIES	Nurses' Call System	285,000				

FY24 CAPITAL BUDGET & ASSET ADDITIONS AS OF 08/31/23						
Department	Item Description	Budget	Complete	Actual	Funding Source	
IT	Voice & Messaging System	165,000				
FACILITIES	Hospital Camera System	150,000				
ED/MS/OR/SNF	IV Pumps	104,000			Foundation	104,000
FACILITIES	Fire Suppression (Server Room)	100,000				
FACILITIES	Patient Transfer Vehicle	90,000			Foundation	90,000
ED/MS/OR/SNF	Defibrillators (4)	85,000				
FACILITIES	Chiller	80,000				
LAB	Coagulation Analyzer	67,000				
FACILITIES	Tractor	56,000				
IT	Med Surg & SNF IDF Cabinets	55,000				
IT	Microsoft Veem Cloud Backup	35,000				
IT	Cisco Firewalls	30,000				
IT	Cisco Catalyst Network Switches	25,000				
ED	Carbon Monoxide Monitor	8,000				
RESP	Blood Gas Analyzer	8,000				
IT	Cisco Wireless Controller	7,000				
DIET	Worktop Freezer	6,000				
FACILITIES	ER Exam Lights	50,000				
LAB	Phlebotomy Carts (2)	19,000				
EVS	ECH20 Scrubber	12,500				
EVS	T1B Scrubber for OR	7,300				
EVS	i-Mop	6,700				
FACILITIES	Storage Containers	60,000				
FACILITIES	Utility Vehicle	30,000				
OR	Endoscopes	28,000				
ANESTH	Anesthesia Machines	146,000				
RESP	EKG Machine	15,000				
		\$ 6,564,000		\$ 132,441		\$ 194,000



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

DISTRICT BOARD OF DIRECTORS MEETING

Thursday, September 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

[Click here to join the meeting](#)

Meeting ID: 234 601 921 58

Passcode: MWdfbE

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

Or call in (audio only)

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

Phone Conference ID: 605 686 207#

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

OPEN SESSION

2:15 p.m.

CALL TO ORDER

Kieth Burkart, President

PRESIDENTS COMMENTS

Kieth Burkart, President
Action Possible

BOARD MEMBER REPORTS

All Board Members

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

PREVIOUS MINUTES approval

Kieth Burkart, President
Action probable

CONSENT AGENDA

Kieth Burkart, President
Action Probable

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, September 28, 2023, 2:15 p.m.

Page 2 of 3

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held August 24, 2023
2. Approval of Human Resources Committee minutes, meeting held June 30, 2023
3. Approval of Finance Committee minutes, meeting held August 24, 2023
4. Approval of the attached Policies and Procedures that was sent September 18, 2023

AGENDA ITEMS

- | | |
|--|---|
| 1. ATC Cell Tower Lease Purchase Agreement | Mark Turner, Chief Executive Officer
Action Possible |
| 2. CEO Report | Mark Turner, Chief Executive Officer |
| a. Construction and Land Use approval update | Information Only |
| b. Seismic Committee | Information Only |
| c. SB525 | Information Only |
| 3. COO/CNO Report | Terry Peña, Chief Operating Officer
Information only |
| 4. Quality Committee Report
Report of Meeting held September 28, 2023 | Cheryl Moxley, Chairperson
Information only |
| 5. Human Resources Committee Report
Report of Meeting held September 28, 2023 | Kieth Burkart, Chairperson
Information only |
| 6. Finance Committee Report
Report of Meeting held September 28, 2023 | Barry Smart, Chairperson |
| a. Financial Statements | Action Probable |
| b. Capital Purchases | Action Possible |
| c. Investments | Action Possible |
| 7. Board Education | Kieth Burkart, President
Action Possible |
| 8. Discussion Topic Suggestions | Kieth Burkart, President
Information only |

ADJOURN TO CLOSED SESSION

CLOSED SESSION AGENDA ITEMS

(Closed session pursuant to Govt. Code Section 54954.5)

- | | |
|--|--|
| 1. <u>Hearings</u>
Subject matter: Staff Privileges
Re: Credentialing Recommendations
Closed session pursuant to Cal. Health & Safety § 32155 | Bijan Motamedi, M.D., MEC President
Action Probable |
|--|--|

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, September 28, 2023, 2:15 p.m.

Page 3 of 3

- | | |
|--|--|
| 2. <u>Medical Executive Committee Report</u>
Subject Matter: Report of Medical Executive Committee
Meeting minutes
Closed session pursuant to Cal. Health & Safety § 32155 | Bijan Motamedi, M.D., MEC President
Information only |
| 3. <u>Risk Management Discussion</u>
Case Name Unspecified: Disclosure would jeopardize
service of process or existing settlement negotiations
Closed session pursuant to Gov. Code § 54956.9 | Mark Turner, Chief Executive Officer
Information only |
| 4. <u>Executive session</u>
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, October 26, 2023 at 1:00 p.m.
*(Days & times are subject to change so please
refer to the posted agenda for exact times)*

FINAL ADJOURNMENT

San Bernardino Mountains Community Hospital Board of Directors Meetings

Attendance Matrix - 2023

Board Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Kieth Burkart	√	√	√	√	√	√	√	√				D A R K
Cheryl Robinson	√	√	√	√	√	√	√	√				
Cheryl Moxley	√	√	√	√	A	√	√	√				
Barry Smart	√	√	√	√	√	√	√	√				
Barry Hoy	√	√	√	√	√	√	√	√				
Staff Members												
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	√	n/a	n/a				
Comment												
	√	Present	E	Excused	A	Absent						

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 2:35 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 Kim McGuire, Community Development Director Leslie Plouse, Quality Director Bijan Motamedi, M.D., MEC President Gerry Hinkley, Community Member Peter Venturini, Foundation President Charlie Harrison, Public John McLaughlin, Public	Quorum present
3.0 President’s Comments:	Burkart offered his condolences to Laurie Carlton’s family and friends over the senseless killing that occurred last week.	None
4.0 Board Member’s Reports:	None	None
5.0 Public Comments:	Hinkley questioned the estimated date of public disclosure for the Management Action Plan (MAP). Turner will be proposing to the Board that updates be given to the public as action items are completed.	None

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of July 27, 2023 were approved as written.	<p>On a motion made and seconded the Minutes from the Board of Directors meeting of July 27, 2023 were approved as written.</p> <p>M (Smart) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
7.0 Consent Agenda:	<p>The following Consent Agenda items were reviewed:</p> <ol style="list-style-type: none"> 1. Approval of Quality Committee minutes, meeting held July 27, 2023 2. Approval of Marketing Committee minutes, meeting held May 25, 2023 3. Approval of Finance Committee minutes, meeting held July 27, 2023 4. Approval of the attached list of Policies and Procedures that was sent August 14, 2023 (<i>see list attached to the August Board Packet</i>). 	<p>On a motion made and seconded, the Consent Agenda items were approved as presented.</p> <p>M (Hoy) / S (Robinson) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>8.0 Agenda</p> <p>8.1 Resolution 2021-01 Authorizing Application for Certificate of Consent to Self-Insure Workers' Comp Liabilities</p>	<p>Turner reported that our new Workers Comp carrier for FY24 is BETA Healthcare Group and that they require Board approval of this Resolution as part of the application process.</p> <ul style="list-style-type: none"> • RESOLUTION NO. 2024-01 <p>RESOLUTION AUTHORIZING APPLICATION TO THE DIRECTORS OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA FOR A CERTIFICATE OF CONSENT TO SELF-INSURE WORKERS' COMPENSATION LIABILITIES.</p> <p>See Resolution 2024-01 for entire text.</p>	<p>On a motion made and seconded, the following resolution was accepted as presented:</p> <p>RESOLUTION NO. 2024-01</p> <p>RESOLUTION AUTHORIZING APPLICATION TO THE DIRECTORS OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA FOR A CERTIFICATE OF CONSENT TO SELF-INSURE WORKERS' COMPENSATION LIABILITIES.</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p>M (Smart) / S (Robinson) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>8.2 Bid Results for the Pharmacy Relocation Project</p>	<p>Turner presented a memo from our Land Use Attorney, which gives the summary, background and recommendations for the Pharmacy Relocation Project. He noted that we only received one bid from Signature Construction for \$880,041. The contract is in the process of being finalized with our attorney. We are hoping to begin the project in October 2023. It is estimate that the project will take one-year or less to complete.</p>	<p>On a motion made and seconded, the Board approved the \$880,041 bid from Signature Construction, and authorized Turner to sign the contract once our attorney has finalized it.</p> <p>M (Robinson) / S (Smart) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>8.3 CEO Report a. Construction and Land Use Approval Update</p>	<p>Turner reported on the progress of the construction project:</p> <ul style="list-style-type: none"> • <u>Land Use Permit - New Acute Care Project</u>: Turner reviewed a memo from our Land Use Attorney, which gives the summary and status of the Acute Care Wing project. He noted that a public meeting was held on August 10, and that no community members attended. The San Bernardino County Zoning Administrator approved the Minor Use Permit Project No. PROJ-2023-00047 to allow construction of the Acute Care Project on August 10, 2023. The Acute Care Project is final with the county; the initial approval is valid for a period of three years. Next steps will be to work with the architect and engineer on the final design and construction drawings that will be needed to obtain the actual construction permits. • <u>Land Use Approval (Education Center/Parking Solution)</u>: Turner will be working with Brent McManigal (Land Use Attorney) and our engineer to look at parking options to bring to the Board for approval. We are hoping to submit our application for the Education Center/Parking Solution by January 2024. 	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> • <u>Pyxis Med/Surg Install</u>: HCAI granted occupancy on June 16, 2023. The new area will house the House Supervisors and the Pyxis unit. The small conference room will remain as the Med/Surg nurses station. We plan to reconfigure the small conference room to meet the nursing staff's needs. • <u>Registration Project</u>: Awaiting the State to sign off on the paperwork granting us occupancy to the new registration area. Our Facilities Manager is in constant contact with the State regarding this. Once occupancy is granted, work will begin on the new eligibility offices. • <u>Lab Project</u>: The main analyzer was moved and anchored in the Lab. Working with the contractor to install of the second smaller analyzer. • <u>Rural Health Clinic (RHC) Remodel/AHA Compliance</u>: Construction plans for the RHC are underway to remodel the clinic and make it ADA compliant. Construction will be planned in phases so it will not disrupt the clinic operations. • <u>Medical Office Building (MOB) Exterior Project</u>: We will be getting quotes to fix the roof, siding, and other exterior issues on the MOB. Moxley suggested looking into getting solar panels installed on the MOB roof once the roofing has been replaced. 	
<p>b. Corporate Compliance Update</p>	<p>Turner reported that Onusko has finalized the policies, which have been submitted for review/approval through PolicyTech. The members of the Corporate Compliance Committee have been identified. The committee will meet quarterly starting in October 2023, and updates will be given to the Finance Committee on a quarterly basis. The Corporate Compliance Hotline is up and operational, and staff have been educated about the new hotline.</p>	<p>Information only</p>
<p>8.4 COO/CNO Report</p>	<p>Peña reported on the following:</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> • MediTech implementation is going well. A MediTech Mock Go Live was held on 8/14/2023 for clinical services; many of the issues identified during the Mock Go Live have been fixed. The Surgery department is a little behind on their implementation steps; IT staff will work to get them caught up. MediTech did not offer us the full HR module; a demo for the HR module has been scheduled for 8/31/2023. We are still on track to Go Live on 10/1/2023. • Leadership rounding has been completed in five departments so far. Senior Managers have received good input and engagement from staff during the rounding. • C. Bush has decided to remain at the SNF Director; the Education Coordinator position has been posted internally, and will be posted externally. • Peña attended the California Hospital Association CNO Meeting, noting that there are many bills in legislation that may need the Boards support to oppose; more details to come. • SB County Public Health Updates: <ul style="list-style-type: none"> ○ San Bernardino County is seeing an increase in West Nile Virus cases; be sure to look around your property for standing water. ○ San Bernardino County has not seen a significant increase in COVID cases. 	
<p>8.5 Quality Committee Report a. Report of meeting held August 24, 2023</p>	<p>Moxley reported on the Quality Committee meeting:</p> <ol style="list-style-type: none"> 1. <u>Performance Improvement:</u> <ol style="list-style-type: none"> a. <u>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. For the month of July 2023, we were at 0%. 	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>b. <u>Breast Cancer Screening</u>: Our target for 2023 is that 55.29% of female IEHP patients ages 52-74 receive a mammogram; as of July 2023, we are at 48.06%.</p> <p>c. <u>Colon Cancer Screening</u>: Our target for 2023 is that 50.38% of IEHP/MediCal patients ages 45-75 receive a screening for colorectal cancer; as of July 2023, we are at 41.04%.</p> <p>d. <u>2023 PI Priority #1: Hand Hygiene</u>: The 2023 project timeline, action steps and tier observation sites were reviewed.</p> <p>e. <u>2023 PI Priority #2: Implementation of new EHR</u>: The steering committee is meeting weekly. Mock Go Live was held for clinical services on 8/14/2023 and for financial services on 8/21/2023. Currently on track to meet go-live, date of October 1, 2023.</p> <p>f. <u>2023 PI Priority #3: Patient Experience</u>: Action items/steps were reviewed in detail. The committee has achieved 100% on four of the nine action items.</p> <p>2. <u>Patient Satisfaction Surveys (Inpatient & ED)</u>:</p> <p>a. <u>Inpatient</u>: In July 2023, there were ten responses, with a 90% top box score (89.69 mean score). Verbatim comments were reviewed.</p> <p>b. <u>ED</u>: In July 2023, there were fourteen responses with a 67.63% top box score (85.91 mean score). Verbatim comments were reviewed.</p> <p>3. <u>Regulatory Activities and Updates</u>:</p> <p>a. <u>SNF Life Safety Survey 5/4/2023</u>: Three fallouts were found in July; all issues were corrected.</p> <p>b. <u>SNF CMS Recertification Survey 4/17/2023-4/20/2023</u>: 100% compliance to plan of correction audits in July.</p> <p>c. <u>TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022</u>: Critical Results documentation stalled due to Orchard report issues-will resume in September. Policies uploaded/current = 100%.</p>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>d. <u>CDPH Complaint Investigation 7/22/2022</u>: Investigation remains open</p>	
<p>8.6 Marketing Committee Report a. Report of meeting held August 24, 2023</p>	<p>Robinson reported on the Facilities Committee meeting:</p> <ol style="list-style-type: none"> 1. <u>Fundraising</u>: <ul style="list-style-type: none"> • YTD, the Foundation has raised \$328K, which includes the funds raised from the LeGrand Picnic. Last year at this time, we had raised \$215K. • This total does not include a \$50K donation we should be receiving by the end of the week; or the \$100K Grant which is pending from San Manuel Band of Mission Indians. With these donations, we will be at \$478K, which is just \$70K shy of how we ended 2022. • LeGrand Picnic broke all records (most raised, better engagement, more bidding, more excitement, best sound). An after action meeting is scheduled for September 7 to look at what we can improve and the expenses. 2. <u>Naming opportunities</u>: <ul style="list-style-type: none"> • A rededication ceremony was held last month for our refurbished Mary shrine, which was made possible by Peter and Jeannie Venturini. • Next steps are to create a gift agreement; put up a plaque; develop a hierarchical plaque program; value all of our current opportunities and get them into the GiftMap system. 3. <u>Grant Update</u>: <ul style="list-style-type: none"> • San Manuel Band of Mission Indians - \$100K request pending • Ahmanson Foundation – Final report submitted • Mountain Small Business Grant Program – Awarded \$15K 4. <u>Marketing</u>: <ul style="list-style-type: none"> • LeGrand Picnic promotion and wrap-up 	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> • Rose Memorial in August • Hospi-Tales • Website Updates • Weekly meetings with Cyrano (two videos have been created so far for LeGrand Picnic; we plan to shoot an employee recruitment video on September 1.) <p>5. <u>Upcoming Events:</u></p> <ul style="list-style-type: none"> • Foundation Board Meeting at UCLA – 8/31/2023 • Auxiliary Installation at UCLA – 9/14/2023 • Mile High Charity Golf Tournament at LACC- 9/15/2023 • Breast Cancer Walk at SkyPark – 10/8/2023 • Chamber Mixer in the Rose Garden – 10/12/2023 • Foundation Board Meeting - 10/19/2023 • SkyPark Locals Day and CHE First Responders Day – 11/2/2023 • First Friday at the Lake House – 11/3/2023 	
<p>8.8 Finance Committee Report a. Report of meeting held July 27, 2023</p>	<p>Smart reported on the Finance Committee meeting:</p> <ol style="list-style-type: none"> 1. <u>Financial Statements:</u> FY24 Financial Statements as of and for the one (1) month ended July 31, 2023 were presented and reviewed. Comparative statistics and selected financial indicators were reviewed with the Board. 2. <u>Capital Purchases:</u> The FY24 Capital Purchases for the one (1) month ended July 31, 2023 was presented and reviewed. 3. <u>Investments:</u> LAIF and UBS statements for month ended July 31, 2023 were presented and reviewed. 4. <u>FY24 Proposed Capital Budget:</u> The proposed FY24 Capital Budget was presented and reviewed. It was noted that the items highlighted 	<p>On a motion made and seconded, the Financial Statements as of One (1) month ended July 31, 2023 were accepted as presented.</p> <p>M (Smart) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p> <p>On a motion made and seconded, the FY24 Proposed Capital</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>in yellow are capital budget items that were started in a previous fiscal year. She also noted that items were prioritized (1-5), and then sorted by rank and cost (high to low). Capital Budget items that have a funding source are noted in the capital budget.</p> <p>T. Peña reported that we would need to purchase a new tower for our surgery scopes as our current tower is having issues and it not repairable (this item is not on the proposed FY24 Capital Budget). Peña is working on getting quotes for the newest model. Once the quotes have been receive, this item will be brought to the Finance Committee/Board for review/approval.</p>	<p>Budget was accepted as presented.</p> <p>M (Smart) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.9 Board Education	None	None
8.10 Discussion Topic Suggestions:	None	None
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:18 p.m.	Information only
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 4:10 p.m.	Information only
10.1 Closed Session Report:	<p>Per Kieth Burkart, the following items were reported on during “Closed Session”:</p> <ul style="list-style-type: none"> • Medical Staff Reports of July 27, 2023 and Credentialing from the July 25, 2023 Medical Executive Committee meeting. • Annual Management Action Plan (MAP) Updates. Estimated date of public disclosure: April 30, 2024. • Executive Session: Personnel Issues: CEO Compensation 	Information only
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	<p>The Board accepted the Medical Staff Report of August 24, 2023, and Credentialing from the August 22, 2023 Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p> <ul style="list-style-type: none"> • <u>New Appointments/Provisional Staff:</u> 	On a motion made and seconded, the Medical Staff Reports of August 24, 2023, and Credentialing from the August 22, 2023 Medical Executive Committee meeting were

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> ○ GREGORY E. DAHLQUIST, MD – Family Medicine/Geriatric – MCH Rural Clinic; SNF Admissions only ○ JOHN MAGPAYO, MD – Pathology ○ APRIL GARCIA, D.O. - Tele-Radiology (SOL Radiology) ○ KAREN LEE REUSS, MD – Tele-Radiology/Mammography (SOL Radiology) ○ PERVEZ SIDDIQUI, MD – Tele-Radiology (SOL/Chicago Teleradiology) ○ JOHN H. THUESON, DO – Tele-Radiology (SOL Radiology) ● <u>Provisional Extensions:</u> None ● <u>Advancement from Provisional Staff/Regular Staff:</u> None ● <u>Reappointments:</u> None ● <u>Staff Status Changes:</u> None ● <u>Revision/Increase of Privileges:</u> None ● <u>Terminations/Resignations:</u> <ul style="list-style-type: none"> ○ *GENE KIM, MD – Tele-Radiology (SOL Radiology) ● <u>Revision of Privileges:</u> None ● <u>Leave of Absence Requests:</u> None 	<p>accepted as recommended by the MEC, with the exception of BINOR B. SAID, MD-Tele-Radiology, who was tabled until the 9/26/2023 MEC meeting.</p> <p>M (Moxley) / S (Robinson) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
11.2 Management Action Plan Update: Items Completed	Please see the attached “Management Action Plan (MAP) - Public Report of Tactics/Steps Completed” as of August 24, 2023.	Information only
11.3 Executive Session: Personnel Issues: CEO Compensation	The board reviewed and agreed with the weights assigned to the Management Action Plan (MAP) tactics, and the process that will be used to calculate the CEO incentive compensation amount based the on MAP completion component.	Information only
12.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, September 28, 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.	Information only
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 4:11 p.m.	Meeting adjourned

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP

By: _____
Cheryl Moxley, Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

San Bernardino Mountains Community Hospital District 2023-2024 Strategic Plan: Action Plan
Public Report of Tactics/Steps Completed

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
1	OUR PATIENTS MATTER - MCH takes our patient experience beyond simple care. At every touchpoint, our patients encounter inclusiveness, friendliness, and professionalism in a welcoming, clean environment.			Terry Peña		
1.1		Select an EMR System by 12/31/2022. Begin implementation in the first quarter of 2023. Complete implementation within 12 months.				
1.1 a			Select and obtain BOD approval for a new EMR system.	Mark Turner	Dec 31, 2022	Dec 23, 2022
1.1 b			Finalize contract with Meditech.	Mark Turner	Dec 31, 2022	Dec 30, 2022
1.1 c			Kick off visit with Meditech personnel.	Patrick Miller	Feb 21-Feb 22, 2023	Feb 21-Feb 22, 2023
1.1 d			Access to Live Environment	Patrick Miller	Apr 30, 2023	Apr 06, 2023
1.1 e			Integrated Testing @ Meditech	Katie Miller, Meditech Project Manager	Jul 10-13, 2023	Jul 13, 2023
1.1 f			Mock Go Live	Patrick Miller	Aug 14-16, 2023	Aug 15-17, 2023
1.2		Evaluate all options (structure, pavement, valet, shuttle) for parking within 6 months.				
1.2 a			Hold meeting for initial discussions. Attendees to include: Mark, Tom, Terry, Steffanie, Danny, Lauren, Ginny	Terry Peña	May 05, 2023	May 02, 2023
1.3		Strengthen communication and engagement with patients to further our patient experience with MCH by developing a Patient Experience Survey for all departments within 9 months.				
1.3 a			Introduction to Journey Mapping with Wipfli.	Terry Peña	Feb 28, 2023	Feb 07, 2023
1.3b			Obtain quote for Journey Mapping services including patient interviewing. (Requested 4/13/23)	Terry Peña	Apr 30, 2023	Jun 24, 2023
1.3c			Finalize agreement with Wipfli for Journey Mapping services.	Terry Peña	May 05, 2023	Jul 04, 2023
			Kick-off meeting with Robert, Veronica, Andrew and Terry	Terry Peña	Aug 02, 2023	Aug 02, 2023

San Bernardino Mountains Community Hospital District 2023-2024 Strategic Plan: Action Plan
Public Report of Tactics/Steps Completed

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
2	OUR TEAM MATTERS - MCH is committed to creating a culture that promotes talent, retention and recruitment. MCH leadership is committed to fostering an environment where employees can seamlessly align their skillset and the work that they are performing everyday to the mission of MCH.			Julie Atwood		
2.1		Administer Beta Heart Survey				
2.1 a			Administer Beta Heart Survey	Jamaila Torbett	November, 2022	November, 2022
2.1 b			After the survey results are analyzed, we will build a communication plan to share results and feedback with employees.	Jamaila Torbett	June, 2023	February, 2023
2.2		Review, edit, and validate MCH's Mission Vision and Values with the Board	It is an agenda item in April	Mark Turner	Apr 28, 2023	Apr 20, 2023
2.3		Measure current turnover and aim to have no greater turnover than our peers	Review the turnover quarterly and present to the board	Julie Atwood	June, 2023, to share 1st quarter results at the Human Resource Committee of the Board	Jun 16, 2023
2.4		Evaluate Current recruitment efforts				
2.4 a			A sign on bonus was offered to select positions	Julie Atwood	January, 2023	January, 2023
2.4 b			Sprucing up our Breezy site and evaluate this partnership	Julie Atwood Kim McGuire	May, 2023	Ongoing

San Bernardino Mountains Community Hospital District 2023-2024 Strategic Plan: Action Plan
Public Report of Tactics/Steps Completed

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
3	OUR EXCELLENCE MATTERS - MCH is committed to increasing revenue through aligned services and expanded market share to meet the unique health care needs of its patients and the community.			Kim McGuire		
3.1		Recruit a general surgeon by Fall 2023.				
3.1 a			Dr. Nashed signed employment contract and is scheduled to start on April 3, 2023	Mark Turner	Oct 01, 2023	Apr 03, 2023
3.1 b			Work through insurance credentialing process with our consultant	Yvonne Waggener/Terry Peña	Apr 03, 2023	Apr 03, 2023 Pending: Health Net, Tricare
3.1 c			Get staff in place	Lauren Corea	Apr 03, 2023	Apr 03, 2023
3.1 d			Develop his preference card	Cliff Bennett	Apr 03, 2023	Apr 03, 2023
3.1.1		Market Dr. Nashed as a highly skilled general surgeon and our Surgery Department as a safe place for patients to go. Develop positive word of mouth marketing to increase patient visits.				
3.1.1 a			Dr. Nashed was introduced in From the Heart newsletter, Chamber email and social media	Kim McGuire/Abby Savich	Mar 10, 2023	Mar 10, 2023
3.1.1 b			Issue press release	Kim McGuire/Abby Savich	Apr 20, 2023	Apr 28, 2023
3.1.1 c			Introduce Dr. Nashed to local media and set up interviews	Abby Savich	Apr 30, 2023	Apr 30, 2023
3.1.1 e			Introduce Dr. Nashed at Summit Circle Donor Appreciation Dinner	Mark Turner	Apr 15, 2023	Apr 15, 2023
3.1.1 f			Introduce Dr. Nashed to donors at Le Grand Picnic	Emcee	Jul 23, 2023	Dr. Nashed unable to attend
3.1.1 j			Update website	Kim McGuire/Abby Savich	Apr 14, 2023	Apr 14, 2023
3.3		Develop a planning strategy for Crestline by Fall 2023.				
3.3.1		Learn more about Optima Health	Optima Health purchased Dr. Bramson's practice in February 2023. Learn more about Optima Health, its Crestline providers, services, and accepted insurance. Meet with providers or leadership.	Mark Turner	Jun 30, 2023	Aug 15, 2023
3.4		Develop a strategy to improve primary care growth in collaboration with current primary care providers.				

San Bernardino Mountains Community Hospital District 2023-2024 Strategic Plan: Action Plan
 Public Report of Tactics/Steps Completed

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
3.4.1		Get to know the primary care providers on the mountain and better understand their plans for the future.	CEO to have one-on-one or small group meetings with: -Dr. Shareef -Dr. Cohen/Dwayne -Dr. Maier -Dr. Rocha -Dr. Burkart -Dr. Cheeley -Dr. Giacomuzzi -Bob Beeman (Beeman's Pharmacy) -Optima Health providers in Crestline -RHC providers	Mark Turner	Aug 01, 2023	Aug 15, 2023

San Bernardino Mountains Community Hospital District 2023-2024 Strategic Plan: Action Plan
Public Report of Tactics/Steps Completed

Item #	Priority / Big Rock	Tactic	Action Step	Tactic/ Action Step Champion	Target Completion Date	Actual Completion Date
4	OUR SUSTAINABILITY MATTERS - With visibility throughout the community, and a solid plan for managing our capital, leadership will continue to ensure the financial security and sustainability of Mountains Community Hospital			Yvonne Waggener		
4.2		Analyze existing service lines to understand contribution margin and analyze new services in 2023.				
4.2.1		Perform Service Line Analysis				
4.2.1 a			Build Revenue Code Report to include revenue code, charge code, charge, department, primary financial class (PFC), insurance payer, patient class	CPSI	Mar-23	Mar-23
4.2.1 b			Run zero balance reports to use in Service Line Analysis model. Reports will be used to determine contractual adjustment percentages by patient class/PFC/payers	Yvonne Waggener and Eric Volk (Wipfli)	Mar-23	Mar-23
4.2.1 c			Build Service Line Analysis model	Yvonne Waggener and Eric Volk (Wipfli)	May-23	May-23
4.2.1 d			Determine contribution margins by revenue producing cost centers	Yvonne Waggener and Eric Volk (Wipfli)	May-23	May-23
4.4		Develop financial evaluation and approval plan in calendar year 2023 for all construction projects that have been discussed to date. <i>Projects discussed to be evaluated: Parking Lot, Education Center, Acute Wing, Assisted Living, Seismic Planning</i>				
4.4.1		Financial Impact Analysis to determine necessary annual support from a tax basis				
4.4.1 a			Initial meeting with Kelly Arduino, Wipfli	Yvonne Waggener/Mark	Apr-23	Apr-23
4.4.2		Independent Registered Municipal Advisor				
4.4.2 a			Discussions with Independent Registered Municipal Advisor (IRMA)_ G.L. Hicks Financial, LLC	Mark Turner and Yvonne Waggener	May-23	May-23
4.4.2 b			Engage an IRMA_ G.L. Hicks Financial LLC	Mark Turner and Yvonne Waggener	May-23	Jul-23

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 5:03 p.m.	The meeting was called to order
2.0 Board Members Present: Members Absent: Staff Members Present: Guests:	Kieth Burkart, Board President Cheryl Moxley, Board Secretary Barry Hoy, Board Trustee Barrick Smart, Board Treasurer Cheryl Robinson, Vice President Mark Turner, Chief Executive Officer Kim McGuire, Community Development Director	Quorum present
3.0 President’s Comments:	None	None
4.0 Board Member’s Reports:	None	None
5.0 Public Comments:	None	None
6.0 Adjourn to Closed Session:	The Board did not adjourn to “Closed Session” due to a Brown Act issue.	Information only
7.0 Return to Open Session:	N/A	Information only
7.1 Closed Session Report:	N/A	Information only
8.0 Public Report of Decisions	N/A	Information only
9.0 Next Board-Attended Meetings:	A Special Board of Directors Meeting will be scheduled for Monday, September 11, 2023 at 5:00 p.m. The meeting will be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
10.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 5:11 p.m.	Meeting adjourned

By: _____
Cheryl Moxley, Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

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 5:00 p.m.	The meeting was called to order
2.0 Board Members Present: Members Absent: Staff Members Present:	Kieth Burkart, Board President Cheryl Moxley, Board Secretary Barry Hoy, Board Trustee Barrick Smart, Board Treasurer Cheryl Robinson, Vice President Mark Turner, Chief Executive Officer Julie Atwood, Human Resources Director	Quorum present
3.0 President’s Comments:	None	None
4.0 Board Member’s Reports:	None	None
5.0 Public Comments:	None	None
6.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 5:00 p.m.	Information only
7.0 Return to Open Session:	The Board returned to “Open Session” at approximately 5:32 p.m.	Information only
7.1 Closed Session Report:	Per Kieth Burkart, the following items were reported on during “Closed Session”: <ul style="list-style-type: none"> Executive Session: Subject Matter: Public employee discipline/dismissal/release 	Information only
8.0 Public Report of Decisions	No reportable actions taken.	Information only
9.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, September 28, 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.	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
10.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 5:32 p.m.	Meeting adjourned

By: _____
Cheryl Moxley, Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

Board Approvals: (50 Documents)

I. New Policies / Forms / Attachments: (13)

a. Leadership (LD) Policies: (3)

[Code of Conduct Policy \(Policy\) - LD](#)
[Corporate Compliance Committee Policy \(Policy\) - LD](#)
[Non-Retaliation Policy \(Policy\) - HR / LD](#)

b. Emergency Department Policies: (1)

[Vital Signs \(VS\) in the Emergency Department \(Policy\) - Emergency Department](#)

c. Rural Health Clinic-Dental Policies: (9)

[Direct Restorations \(Policy\) - Rural Health Clinic-Dental](#)
[Extraction \(Policy\) - Rural Health Clinic-Dental](#)
[Scaling and Root Planning \(Policy\) - Rural Health Clinic-Dental](#)
[Silver Diamine Fluoride \(Policy\) - Rural Health Clinic-Dental](#)
[Fabricate, Adjust, Cement and Remove Provisional Restorations Including Stainless Steel Crowns \(Policy\) - Rural Health Clinic-Dental](#)
[Mouth Mirror Inspection Policy \(Policy\) - Rural Health Clinic-Dental](#)
[Pit and Fissure Sealants Policy \(Policy\) - Rural Health Clinic-Dental](#)
[Place Bases, Liners and Bonding Agents \(Policy\) - Rural Health Clinics-Dental](#)
[Removing Excess Cement with Hand Instrument Policy \(Policy\) - Rural Health Clinic-Dental](#)

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

a. Human Resources (HR) Policies: (1)

[Peer Support After Adverse Events – “Care for the Caregiver” \(Policy\) - HR](#)

b. Medical Staff (MS) Policies: (3)

[Medical Staff Bylaws 2023 \(Bylaws\) - MS](#)
[Privileges, General Surgery \(Form\) - MS](#)
[Privileges, Plastic & Reconstructive & Cosmetic Surgery \(Form\) - MS](#)

c. Record of Care (RC) Policies: (1)

[Analysis-HIM \(Attachment\) - RC](#)

d. Emergency Department Policies: (2)

[Admission to the ER and Pre-Care Assessment \(Policy\) - Emergency Department](#)
[Intraosseous Infusion--Assisting with Insertion and Removal \(Policy\) - Emergency Department](#)

e. Skilled Nursing Facility Policies: (1)

[SNF COVID-19 Testing with Abbott BinaxNOWTM COVID-19 Ag Card \(Policy\) - Skilled Nursing Facility / Laboratory Services Department](#)

III. Triennial Renewal Only (no / minor changes): (29)

a. Medication Management (MM) Policies: (1)

[Dilaudid Guidelines for Intravenous Medication Administration \(Policy\) - MM](#)

b. Medical Staff (MS) Policies: (3)

[Privileges, Emergency Medicine \(Form\) - MS](#)
[Emergency Room Physician Focused Professional Practice Evaluation \(FPPE\) \(Form\) - MS](#)
[Privileges, Family Practice \(Form\) - MS](#)

c. Provision of Care, Treatment & Services (PC) Policies: (3)

[Management of Clinical Alarms in Patient Care Setting \(Policy\) - PC](#)
[Transfer Criteria, Admission Criteria \(Policy\) - PC](#)
[Death of a Patient/Resident \(Policy\) - PC](#)

d. Rights of the Individual (RI) Policies: (1)

[Organ, Eye, and Tissue Donation \(Policy\) - RI / TS](#)

e. Emergency Department Policies: (5)

[Care of Amputated Parts \(Policy\) - Emergency Department](#)

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

[ED and Radiology Hand-Off Report Communication of Procedures \(Policy\) - Emergency Department](#)
[Culture and Sensitivity Follow-Up \(Policy\) - Emergency Department](#)
[Surrogate Decision Maker \(Policy\) - Emergency Department](#)
[Thoracentesis in the ED \(Policy\) - Emergency Department](#)

f. Nutritional Services Department Policies: (2)

[Food Drug and Herbal Drug Interactions \(Policy\) - Nutritional Services Department](#)
[Recall Notification Procedure for Nutritional Services Food and Fluids \(Policy\) - Nutritional Services Department](#)

g. Radiology Services Department Policies: (2)

[ALARA Program \(Policy\) - Radiology Services Department](#)
[Injection of IV Contrast in the Absence of the Radiologist \(Policy\) - Radiology Services Department](#)

h. Rehabilitation Services Department Policies: (10)

[Medicare Certifications for Outpatient Rehab Services \(Policy\) - Rehabilitation Services Department](#)
[PT Modalities Light Therapy \(Policy\) - Rehabilitation Services Department](#)
[PT Treatment Interventions: Instrument Assisted Soft Tissue Mobilization \(IASTM\) \(Policy\) - Rehabilitation Services Department](#)
[PT Treatment Modalities: Electric Stimulation \(Policy\) - Rehabilitation Services Department](#)
[PT Treatment Modalities: Ultrasound \(Policy\) - Rehabilitation Services Department](#)
[Outpatient Rehabilitation Medical Records Management \(Policy\) - Rehabilitation Services Department](#)
[Outpatient Rehabilitation Services Referral Prescription Guidelines \(Policy\) - Rehabilitation Services Department](#)
[PT Treatment Modalities ThermoStim \(Policy\) - Rehabilitation Services Department](#)
[PT Treatment Modalities ThermX \(Policy\) - Rehabilitation Services Department](#)
[Therapist of Record, Hand Off & Continuity of Care \(Policy\) - Rehabilitation Services Department](#)

i. Respiratory Services Department Policies: (1)

[Spirometry Guidelines \(Policy\) - Respiratory Department](#)

j. Rural Health Clinic Department Policies: (1)

[Safety, Internal Disaster Plan \(Policy\) - Rural Health Clinic](#)