



November 30, 2023 Board Packet Table of Contents

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Quality Committee Meeting
Thursday, November 30, 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	Barry Hoy, Committee Member
	Mark Turner, Chief Executive Officer	Julie Atwood, Director of Human Resources
	Terry Peña, Chief Operating Officer	Leslie Plouse, Quality Director
	Don Larsen, MD, Community Member	Gerry Hinkley, Community Member

OPEN SESSION

1:00 p.m.

CALL TO ORDER

Cheryl Moxley, Committee Chairperson

PREVIOUS MINUTES

Cheryl Moxley, Committee Chairperson
Action Probable

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

CLOSED SESSION - AGENDA ITEMS

(According to section: (54956.9))

- | | |
|----------------------------------|---|
| 1. Hospital Acquired Harm | Leslie Plouse, Quality Director
Information Only |
| 2. Event Reports – Level of Harm | Leslie Plouse, Quality Director
Information Only |
| 3. Complaints | Leslie Plouse, Quality Director
Information Only |
| 4. USACS Dashboard | Leslie Plouse, Quality Director
Information Only |

RETURN TO OPEN SESSION

- | | |
|-------------------------------|--------------------------------------|
| 1. Closed Session Report | Cheryl Moxley, Committee Chairperson |
| 2. Public Report of Decisions | Cheryl Moxley, Committee Chairperson |

OPEN SESSION – AGENDA ITEMS

- | | |
|--------------------------------|---|
| 1. Performance Improvement | Leslie Plouse, Quality Director
Information Only |
| 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	√	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 Larsen, 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</p>	<p>Quorum present</p>
2.0 Call to Order:	Moxley called the meeting to order at 1:01 p.m.	The meeting was called to order
3.0 Previous Minutes	On a motion made and seconded, the Quality Committee Meeting Minutes of September 28, 2023 were approved as written.	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of September 28, 2023 were approved as written</p> <p>M (Hoy) / S (Turner) / C</p>
4.0 Public Comment:	There was no public comment noted at this time.	None
5.0 Adjourn to Closed Session:	<p>The Quality Committee Adjourned to “Closed Session” at approximately 1:03 p.m.</p> <p>CLOSED SESSION ATTENDEES:</p>	None

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Kieth Burkart, Board President 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 Cheryl Robinson, Board Vice President Barry Smart, Board Treasurer Yvonne Waggener, Chief Financial Officer</p>	
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:15 p.m.	None
6.1 Closed Session Report:	Per Moxley, the following items were reported on during “Closed Session” – Hospital Acquired Harm; Harm Events; Complaints; and USACS Dashboard.	Information only
7.0 Agenda Items 7.1 Performance Improvement (PI)	Plouse reported on the following PI Projects: 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 September 2023, we were at 100%. Plouse noted that she is looking at IP and Observation patients for this metric. 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 September 2023, we are at 50%. 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 colorectal cancer; as of September 2023, we are at 48.57%. 4) <u>2023 PI Priority #1: Hand Hygiene</u> : Committee meetings have	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>been stalled due to MediTech implementation and the team leader's absence; Plouse will assume the lead role in the interim. Meetings to resume 10/31/2023. Quality Data Coordinator added as a new member to help with observations and data collection.</p> <p>5) <u>2023 PI Priority #2: Implementation of new EHR</u>: Deferred; update will be given by COO/CNO at the October 26th Board of Directors meeting.</p> <p>6) <u>2023 PI Priority #3: Patient Experience</u>: E-surveys were initiated for ED patients in early September; response rates increased from 4.1% to 18.4%. Most patients respond within 5 days of their ED visit. Working with MediTech and Press Ganey on integration. E-surveys will be rolled out for Rural Health Clinic and Dental patients as soon as the test file is sent. Paper surveys will continue for Med/Surg (CMS requirement). Patient survey boxes replaced in Radiology, RHC and Lab.</p>	
7.2 Patient Surveys	<p>Patient Satisfaction Surveys (Inpatient & ED) –</p> <ul style="list-style-type: none"> • <u>Inpatient</u>: In September 2023, there were two responses, with a 100% top box score. • <u>ED</u>: In September 2023, there were 67 responses with a 75.5% top box score. 	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: Tracer not completed in September. • TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Critical Results documentation audits will resume in November. • 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 1:23 p.m.	Meeting adjourned



MOUNTAINS

COMMUNITY HOSPITAL

The Heart of Mountain Healthcare

Marketing Committee Meeting

Thursday, November 30, 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#](#) **United States, Riverside**

Phone Conference ID: 605 686 207#

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

OPEN SESSION

1:30 p.m.

CALL TO ORDER

Cheryl Robinson, Committee Chairperson

PREVIOUS MINUTES

Cheryl Robinson, Committee Chairperson
Action Probable

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

AGENDA ITEMS

- | | |
|----------------|---|
| 1. Fundraising | Kim McGuire, Dir. of Community Dev.
Information Only |
| 2. Marketing | Kim McGuire, Dir. of Community Dev.
Information Only |

ADJOURNMENT

San Bernardino Mountains Community Hospital Marketing Committee Meetings

Attendance Matrix - 2023

[illegible]

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Robinson, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Kim McGuire, Member, Community Development Director Gerry Hinkley, Community Member</p> <p>Don Larsen, MD, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Barry Smart, Board Member Cheryl Moxley, Board Secretary Julie Atwood, Human Resources Director Yvonne Waggener, Chief Financial Officer Leslie Plouse, Quality Director Charlie Harrison, Public John McLaughlin, Public</p>	<p>Quorum present</p>
2.0 Call to Order:	Robinson called the meeting to order at 1:33 p.m.	The meeting was called to order
3.0 Previous Minutes:	The minutes of the meeting of the Marketing Committee held on May 25, 2023 were approved as written	<p>The minutes of the meeting of the Marketing Committee held on May 25, 2023, were approved as written.</p> <p>M (Hoy) / S (Turner) / C</p>
4.0 Public Comment:	There was no public comment noted at this time.	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
5.0 Fundraising / Marketing	<p>McGuire updated the committee on Fundraising and Marketing activities.</p> <p>1. <u>Fundraising:</u></p> <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. <p>2. <u>Naming opportunities:</u></p> <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. <p>3. <u>Grant Update</u></p> <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 <p>4. <u>Marketing:</u></p> <ul style="list-style-type: none"> • LeGrand Picnic promotion and wrap-up • Rose Memorial in August • Hospi-Tales • Website Updates 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> 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 	
6.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:57 p.m.	Meeting adjourned



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

DISTRICT BOARD OF DIRECTORS MEETING

Thursday, November 30, 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:

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

1:45 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, November 30, 2023, 1:45 p.m.

Page 2 of 3

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held October 26, 2023
2. Approval of Marketing Committee minutes, meeting held August 24, 2023
3. Approval of the attached Policies and Procedures that was sent November 20, 2023

AGENDA ITEMS

- | | |
|---|--|
| 1. Teleconferencing Under the Brown Act (Education) | Clinton Mikel, Attorney
Information Only |
| 2. Capital Budget Item: Endoscope System | Terry Peña, Chief Operating Officer/CNO
Action Probable |
| 3. Board Self-Evaluation Results | Kieth Burkart, President
Information Only |
| 4. Election of Board Officers & Committee Assignments | Kieth Burkart, President
Action Possible |
| 5. CEO Report | Mark Turner, Chief Executive Officer |
| a. Construction & Land Use Approval Update | Information Only |
| b. Seismic Committee | Information Only |
| 6. COO/CNO Report | Terry Peña, Chief Operating Officer
Information only |
| 7. Quality Committee Report
Report of Meeting held November 30, 2023 | Cheryl Moxley, Chairperson
Information only |
| 8. Marketing Committee Report
Report of Meeting held November 30, 2023 | Cheryl Robinson, Chairperson
Information only |
| 9. Board Education | Kieth Burkart, President |
| a. 02/11-14/2024: AHA Rural Healthcare Leadership Conf. | Action Possible |
| 10. Discussion Topic Suggestions | Kieth Burkart, President |
| 11. 2024 Board of Directors Meeting Calendar | Kieth Burkart, President
Information only |

ADJOURN TO CLOSED SESSION

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, November 30, 2023, 1:45 p.m.

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CLOSED SESSION AGENDA ITEMS

(Closed session pursuant to Govt. Code Section 54954.5)

- | | |
|---|--|
| 1. <u>Annual Management Action Plan (MAP) Updates</u>
Subject Matter: Proposed new services, programs & facilities
Estimated date of public disclosure: April 30, 2024
Closed session under Cal. Health & Safety § 32106 | Mark Turner, Chief Executive Officer
Information only |
| 2. <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 |
| 3. <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 |
| 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

Special Board of Directors Meeting:
Friday, December 15, 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	√	√	√	√	√	√	√	√	E	√		
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	n/a	n/a		
Comment												
	√	Present			E	Excused			A	Absent		

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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 2:14 p.m.	The meeting was called to order
2.0 Board Members Present:	Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee	Quorum present
Members Absent:	None	
Recording Secretary	Kristi McCasland, Executive Assistant	
Staff Members Present:	Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Yvonne Waggener, Chief Financial Officer Julie Atwood, Human Resources Director Kim McGuire, Community Development Director Leslie Plouse, Quality Director	
Guests:	Bijan Motamedi, M.D., MEC President Gerry Hinkley, Community Member Peter Venturini, Foundation Board President	
3.0 President's Comments:	None	None
4.0 Board Member's Reports:	None	None
5.0 Public Comments:	None	None
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of September 28, 2023 were approved as written.	On a motion made and seconded the Minutes from the Board of Directors meeting of September 28, 2023 were

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p>approved as written.</p> <p>M (Hoy) / S (Smart) / 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 September 28, 2023 2. Approval of Facilities Committee minutes, meeting held July 27, 2023 3. Approval of Finance Committee minutes, meeting held September 28, 2023 4. Approval of the attached list of Policies and Procedures that was sent October 16, 2023 (<i>see list attached to the October Board Packet</i>). 	<p>On a motion made and seconded, the Consent Agenda items were approved as presented.</p> <p>M (Smart) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.0 Agenda 8.1 Acute Care Wing Project: Legal Counsel Evaluations	<p>Turner presented and reviewed the “Evaluation and Selection of Project Legal Counsel” memorandum. He noted that Requests for Proposals (RFP’s) were sent to four legal firms who they believed had particular areas of expertise and experience that would qualify them to provide needed legal services relating to the Acute Care Wing project. RFP’s were sent to: Best, Best & Krieger, Goldfarb & Lipman, Hanson Bridgett and Nave Law. Turner reviewed in detail the summary, analysis and rankings from the proposals, interviews and reference checks that were conducted by G. Hicks, G. Hinkley, Y. Waggener and himself. They concluded that they believe the District would be best served by engaging Hanson Bridgett to act as our project lead counsel on the Acute Care Wing project. Hinkley noted he would help Turner with the invoicing to ensure attorney costs are kept to a minimum.</p>	<p>On a motion made and seconded, the Board approved engaging Hanson Bridgett to act as the project lead counsel for the Acute Care Wing project.</p> <p>M (Robinson) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.2 2023 Board Self-Evaluations: Due by November 15, 2023	<p>Burkart reported that the Board Self-Assessment was a regulatory requirement and needed to be completed annually. McCasland will distribute the Board Self-Assessment Form to the Board members, with a return date of November 15. Self-Assessments will be tallied/summarized by the Board Secretary for presentation at the</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	November Board meeting. An action plan will be developed for presentation at the January 2024 Board meeting.	
<p>8.3 CEO Report</p> <p>a. CA Legislative Updates</p> <ol style="list-style-type: none"> 1) AB 242, CAH Physician Employment 2) SB 525, Minimum Wage 	<p>Turner gave an update on the following CA Legislative items:</p> <ol style="list-style-type: none"> 1) AB 242: Turner reported that the Governor signed AB 242, which removes the sunset on the pilot program that gave Critical Access Hospitals the ability to employ physicians. The bill is now in place in perpetuity, or at least until any new legislation is created that changes that right for Critical Access Hospitals. (AB 242 had been set to expire on December 31, 2023.) Turner noted this is a huge win for MCH, since other options for recruiting and retaining physicians in our community, chiefly self-employment or independent group practice, are becoming more rare in rural communities like ours. 2) SB 525: Turner reported that the Governor signed SB 525, the minimum wage for healthcare workers bill. The minimum wage bill creates three pathways to a \$25 minimum wage. He noted that MCH falls into the second tier as noted below: For California's communities, served by: <ol style="list-style-type: none"> 1. The 31 hospitals in the state that are not part of a health system and are rural; 2. The 39 hospitals in the state that are not part of a health system and have a government payer mix of 75% or more; and 3. The seven hospitals in the state that are part of a health system where both the hospital and the health system have a government payer mix of 90% or more: <ul style="list-style-type: none"> • \$18 in June 2024 • Minimum wage after 2024 would be increased by 3.5% annually until it reaches \$25 in June 2033; it would be indexed thereafter to the lower of inflation or 3.5%. <p>Turner noted that because we are in close proximity to larger hospitals that are required to pay \$25 an hour, we would likely be paying higher than the required \$18 an hour in order to compete.</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
b. Seismic Committee	Turner reported that the California Hospital Association (CHA) is encouraging hospitals to develop a seismic committee to get support from community members to lobby the state on seismic issues. Committee members include Gerry Hinkley, Peter Venturini, Tom Madrigal and Charlie Harrison. The committee will meet and develop a plan following the CHA education, which is scheduled for 10/31/2023.	Information only
8.4 COO/CNO Report	<p>Peña reported on the following:</p> <ul style="list-style-type: none"> • MediTech: MediTech Go Live was on 12:01 a.m. on October 1, 2023 and overall everything went well. All departments are now utilizing MediTech, with the exception of Lab and Surgery; A. Rios is currently working with these departments to get them into the Live environment. So far, the MD's and RN's like the new EMR system. • Journey Mapping Project: We received the scripts and QR codes from WIPFLI. The next step is to introduce the project to the MedSurg patients and invite them to participate. A meeting will be scheduled in two weeks to implement the scripts and get committee members involved. • Public Health Update: MCH has seen a slight increase in COVID+ cases (approximately 2 every other day). 	Information only
<p>8.5 Quality Committee Report</p> <p>a. Report of meeting held October 26, 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 September 2023, we were at 100%. Plouse noted that she is looking at IP and 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Observation patients for this metric.</p> <ul style="list-style-type: none"> 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 September 2023, we are at 50%. 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 September 2023, we are at 48.57%. d. <u>2023 PI Priority #1: Hand Hygiene</u>: Committee meetings have been stalled due to MediTech implementation and the team leader's absence; Plouse will assume the lead role in the interim. Meetings to resume 10/31/2023. Quality Data Coordinator added as a new member to help with observations and data collection. e. <u>2023 PI Priority #2: Implementation of new EHR</u>: Deferred; update will be given by COO/CNO at the October 26th Board of Directors meeting. (see item 8.4 above) f. <u>2023 PI Priority #3: Patient Experience</u>: E-surveys were initiated for ED patients in early September; response rates increased from 4.1% to 18.4%. Most patients respond within 5 days of their ED visit. Working with MediTech and Press Ganey on integration. E-surveys will be rolled out for Rural Health Clinic and Dental patients as soon as the test file is sent. Paper surveys will continue for Med/Surg (CMS requirement). Patient survey boxes replaced in Radiology, RHC and Lab. <p>2. <u>Patient Satisfaction Surveys (Inpatient & ED)</u>:</p> <ul style="list-style-type: none"> a. <u>Inpatient</u>: In September 2023, there were two responses, with a 100% top box score. b. <u>ED</u>: In September 2023, there were 67 responses with a 75.5 top box score. <p>3. <u>Regulatory Activities and Updates</u>:</p> <ul style="list-style-type: none"> a. <u>SNF Life Safety Survey 5/4/2023</u>: Tracer not completed in September. b. <u>TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022</u>: 	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Critical Results documentation audits will resume in November.</p> <p>c. <u>CDPH Complaint Investigation 7/22/2022</u>: Investigation remains open.</p>	
<p>8.6 Facilities Committee Report</p> <p>a. Report of meeting held October 26, 2023</p>	<p>Robinson reported on the Facilities Committee meeting:</p> <ol style="list-style-type: none"> 1. <u>Hospital Campus</u>: <ul style="list-style-type: none"> • <u>Transportation Van</u>: The new 2023 transport van was received by the hospital. They are working on designing/ordering the logos to be placed on the van. 2. <u>Construction Projects</u>: <ul style="list-style-type: none"> • <u>Registration Project</u>: Phase 1 (Waiting Room) and Phase 2 (Registration Area) have been completed and occupancy has been granted. A Front of the House grand opening will be scheduled for November 1, 2023. Currently, contractors are working on Phase 3 of the project (Eligibility Offices). Asbestos abatement and A/C ductwork is completed. Framing has begun, with electrical and data lines to follow. There may be a delay with the structural component; contractors are currently working with the architect and engineer on the solution. At this time, we do not have a time frame for completion, as it is dependent on the inspections and HCAI. • <u>Pharmacy Project</u>: This project is now underway. A temporary door has been constructed for dust containment during the demo phase. The project is estimated to take around 1 year to complete. • <u>Lab Project</u>: Demo is complete for the new analyzer to be moved into the Lab. The installation of the analyzer is scheduled for the week of October 30. • <u>Gift Shop/Solarium</u>: The plans have been forwarded to the HVAC engineers to design an internal air system in the Gift Shop. • <u>Land Use Permit - New Acute Care Project</u>: 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 	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>architect and engineer on the final design and construction drawings that will be needed to obtain the actual construction permits.</p> <ul style="list-style-type: none"> • <u>Land Use Approval (Education Center/Parking Solution):</u> Turner has been working with Brent McManigal (Land Use Attorney) and our engineer to look at parking options. It was noted that we might be able to utilize the flat land below the hospital for temporary parking during the Acute Care Wing construction project. It was also noted that they are looking at potentially placing the education center on the flat land below the hospital. • <u>Medical Office Building (MOB) Improvements/Repairs:</u> This project will include modernization of the RHC for ADA compliance. Additionally, the roof, gutters, plaster and fascia boards on the MOB will be replaced. This project will be sent out for bid. 	
<p>8.7 Finance Committee Report</p> <p>a. Report of meeting held October 26, 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 three (3) months ended September 30, 2023. Comparative statistics and selected financial indicators were reviewed with the Board. It was noted that this was the last close on our old EMR; and that they are still transitioning the GL to the new EMR. All outstanding AP invoices were paid out prior to the October 1, 2023 conversion. 2. <u>Capital Purchases:</u> The FY24 Capital Purchases for the three (3) months ended September 30, 2023. It was noted that we have only had minimal capital purchases thus far. <p>Waggener noted that \$130k was budgeted for the MOB improvement project, however that project will actually cost around \$275k. Burkart approved increasing this capital budget item on an interim basis, with ratification by the full board.</p>	<p>On a motion made and seconded, the Financial Statements as of three (3) months ended September 30, 2023 were accepted as presented.</p> <p>M (Smart) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p> <hr/> <p>On a motion made and seconded, the Board approved increasing the MOB Improvement Project capital budget item from \$100k to \$275k.</p> <p>M (Smart) / S (Moxley) / C</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>It was further noted that the monies raised for the Front of House project and the IV Pumps will be transferred to the hospital in the near future.</p> <p>3. <u>Investments</u>: LAIF and UBS statements for month ended September 30, 2023 were presented and reviewed.</p>	5 Ayes / 0 Nays / 0 Abstain / 0 Absent
8.8 Board Education	<p>Burkart report on the following upcoming Board education opportunities:</p> <ul style="list-style-type: none"> a. 11/1/2023: AHA Q&A call with Governance Expert b. 11/8/2023: AHA Role of Governance in Quality & Safety c. 11/17/2023: CSDA "Introduction to Special District Finances" d. 02/11-14/2024: AHA Rural Healthcare Leadership Conference, Orlando FL 	<p>A motion was made and seconded to approve out of state travel for one (1) Board Member to attend the AHA Rural Healthcare Leadership Conference, which is scheduled for February 11-14, 2023 in Orlando, FL.</p> <p>M (Smart) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.9 Discussion Topic Suggestions:	None	None
9.0 Adjourn to Closed Session:	The Board adjourned to "Closed Session" at approximately 3:13 p.m.	Information only
10.0 Return to Open Session:	The Board returned to "Open Session" at approximately 3:48 p.m.	Information only
10.1 Closed Session Report:	<p>Per Burkart, the following items were reported on during "Closed Session":</p> <ul style="list-style-type: none"> • Medical Staff Reports of October 26, 2023 and Credentialing from the October 19, 2023 Special Medical Executive Committee meeting. • Strategic Initiatives/Services/Programs Update • Executive Session: Personnel Issues: CEO Compensation 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations</p>	<p>The Board accepted the Medical Staff Report of October 26, 2023, and Credentialing from the October 19, 2023 Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p> <ul style="list-style-type: none"> • <u>New Appointments/Provisional Staff:</u> <ul style="list-style-type: none"> ○ FRANK CHEN MD – Tele-Radiology (Advanced Tele-Radiology) ○ GHOLAMREZA MALEK, MD – Tele-Radiology (Advanced Tele-Radiology) ○ JOHN A. VIGILANTE, MD – Tele-Radiology (Advanced Tele-Radiology) ○ SYED AKBAR, MD - Tele-Radiology (Chicago Teleradiology) ○ AMMAR TAHA, MD – Tele-Radiology (Chicago Teleradiology) ○ JASON CHU, MD - 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> None • <u>Revision of Privileges:</u> None • <u>Leave of Absence Requests:</u> None 	<p>On a motion made and seconded, the Medical Staff Reports of October 26, 2023, and Credentialing from the October 19, 2023 Medical Executive Committee meeting were accepted as recommended by the MEC.</p> <p>M (Robinson) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>11.2 Executive Session: Personnel Issues: CEO Compensation</p>	<p>The Board accepted the First Amendment to the San Bernardino Mountains Community Hospital District CEO Employment Agreement as presented.</p>	<p>On a motion made and seconded, the First Amendment to the San Bernardino Mountains Community Hospital District CEO Employment Agreement was accepted as presented.</p> <p>M (Robinson) / S (Smart) / C</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		5 Ayes / 0 Nays / 0 Abstain / 0 Absent
12.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, November 30, 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 3:49 p.m.	Meeting adjourned

By: _____
Cheryl Moxley, Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

Board Approvals: (34 Documents)

I. New Policies / Forms / Attachments: (2)

- a. **Leadership (LD) Policies:** (1)
[Patient Care Contracted Services Evaluations \(Policy\) - LD](#)
- b. **Emergency Department Policies:** (1)
[Vital Signs \(VS\) in the Emergency Department \(Policy\) - Emergency Department](#)

II. Updated Policies / Forms / Attachments: (10)

- a. **Medical Staff (MS) Policies:** (1)
[Privileges, Family Practice - Clinic \(Form\) - MS](#)
- b. **Provision of Care, Treatment & Services (PC) Policies:** (1)
[Restraints, Physical \(Policy\) - PC / RI](#)
- c. **Anesthesiology Department Policies:** (1)
[PACU Anesthesia Orders \(Form\) - Anesthesiology Department](#)
- d. **Nutritional Services Department Policies:** (2)
[Antibacterial Sanitation Produce Cleaner \(Policy\) - Nutritional Services Department](#)
[Screening/Assessment of Medical Surgical & Pediatric Patients \(Policy\) - Nutritional Services Department](#)
- e. **Radiology Department Policies:** (2)
[CT Scans Prep Procedures \(Policy\) - Radiology Services Department](#)
[Scheduling CT Scan Procedures \(Policy\) - Radiology Services Department](#)
- f. **Skilled Nursing Facility Policies:** (3)
[Notice of Proposed Discharge/Transfer & Discharge Planning Process \(Policy\) - Skilled Nursing Facility](#)
[SNF COVID-19 Detection and Testing Policy \(Policy\) - Skilled Nursing Facility](#)
[Unit Staffing, Acuties, Schedule Posting and Assignment of Resident Care, SNF \(Policy\) - Skilled Nursing Facility](#)

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

- a. **Information Management (IM) Policies:** (1)
[Information Security Compliance Program \(Policy\) - IM](#)
- b. **Leadership (LD) Policies:** (1)
[CAH Provision of Services \(Policy\) - LD](#)
- c. **Provision of Care, Treatment & Services (PC) Policies:** (1)
[Chain of Command \(Policy\) - PC](#)
- d. **Emergency Department Policies:** (1)
[Psychiatric Patients-5150 Holds \(Policy\) - Emergency Department](#)
- e. **Nutritional Services Department Policies:** (6)
[48-hour Baseline Care Plan \(Policy\) - Nutritional Services Department](#)
[Dining Services \(Policy\) - Nutritional Services Department](#)
[Latex Sensitivity \(Policy\) - Nutritional Services Department](#)
[Special Day Menus and Meals for Patients and Residents \(Policy\) - Nutritional Services Department](#)
[Special Diets not on Therapeutic Guide \(Policy\) - Nutritional Services Department](#)
[Standard Recipes \(Policy\) - Nutritional Services Department](#)
- f. **Perioperative Services Department Policies:** (1)
[Malignant Hyperthermia \(MH\) Cart Management \(Policy\) - Perioperative Services Department](#)
- g. **Rehabilitation Services Department Policies:** (5)
[Code Yellow \(Bomb Threat\) Plan \(Policy\) - Rehabilitation Services Department](#)
[Infection Prevention \(Policy\) - Rehabilitation Services Department](#)
[Organizational Chart \(Policy\) - Rehabilitation Services Department](#)

Board of Directors Meeting - November 30, 2023
Policy Review/Approval

[Rehab Department Safety: Fire Safety Plan \(Policy\) - Rehabilitation Services Department](#)
[Rehab Department Safety: Department & Equipment Preventive Maintenance \(Policy\) - Rehabilitation Services Department](#)

h. Rural Health Clinic Department Policies: (5)

[Identifying and Reporting Potential Abuse of RHC Patients \(Policy\) - Rural Health Clinic](#)
[Medical Record Completion \(Policy\) - Rural Health Clinic](#)
[Medical Record Confidentiality \(Policy\) - Rural Health Clinic](#)
[Medical Record Maintenance, Telemedicine \(Policy\) - Rural Health Clinic](#)
[Temperature-Electronic Systems \(Policy\) - Rural Health Clinic](#)

i. Skilled Nursing Facility Department Policies: (1)

[SNF Oxygen Therapy \(Policy\) - Skilled Nursing Facility](#)

San Bernardino Mountains Community Hospital District - 2023 Board Self-Assessment Results

Section 1 - Planning Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	The board receives and adopts a strategic plan from management and approves modifications to keep it current.	5	80%	20%	0%	0%	0%	Board was involved in the strategic plan and adoption. -- I would like to review the material we made to check progress on goals.
B.	The administration, medical staff, nursing service and other appropriate departments and advisors participate in our planning process.	5	80%	20%	0%	0%	0%	All of the different departments were represented in the plan creation and adoption. The managers used to meet monthly, I would like to see the new process.
C.	The board regularly reviews progress toward meeting goals in the plan to assess the degree to which the hospital is meeting its mission.	5	60%	20%	20%	0%	0%	No need to review at every Board meeting. "Good" is appropriate. -- Every meeting includes reports regarding our plan.
Section 2 - Quality Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	Our board understands and accepts our responsibility - legal, moral and regulatory - for the actions of all physicians, nurses and other individuals who work in the hospital.	5	80%	20%	0%	0%	0%	Board is involved all the time, seeks info though
B.	We appoint physicians to governing body committees and seek physician participation in the governance process to assist us in our patient quality assessment responsibilities.	5	60%	40%	0%	0%	0%	
C.	We fully understand our responsibilities and relationships with the medical staff, and have effective mechanisms for communicating with them.	5	40%	60%	0%	0%	0%	Procedure seems adequate, more info could be helpful.
D.	We carefully review recommendations of the medical staff regarding new physicians who wish to practice at our hospital and are familiar with our termination and fair-hearing policies.	5	60%	40%	0%	0%	0%	
E.	We review and carefully discuss quality reports which provide comparative statistical data about our hospital's clinical services and patient care and set targets to ensure improvement.	5	80%	0%	20%	0%	0%	Very well developed part of our reporting
F.	We require, receive on a regular basis and discuss malpractice data reflecting our hospital experience, and the experience of individual physicians who we have appointed to the medical staff.	5	60%	20%	20%	0%	0%	
G.	We regularly receive and discuss data about our medical staff to assure that future staffing will be adequate regarding ages, numbers, specialties and other demographic characteristics.	5	40%	60%	0%	0%	0%	We receive the information, there are problems due to our location regarding staffing.
H.	We periodically review and assess the attitudes and opinions of those who work in the hospital to identify our strengths, weaknesses and opportunities for improvement.	5	60%	20%	20%	0%	0%	Every meeting includes reports from Human Resources. -- I would like to review the staff comments and attitudes.
Section 3 - Community Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	The board's policies and criteria for selecting new members of the board are clearly defined and followed to ensure continued leadership and appropriate representation.	5	40%	40%	20%	0%	0%	I don't have much experience with this, members are the same during my tenure.
B.	The governing body requires mechanisms to assure that all patients with the same health problems are receiving the same level of care in the hospital.	5	60%	20%	0%	0%	20%	This is a part of our quality control efforts - very well represented. -- I haven't been aware of the "mechanisms".
C.	The board members are active and effective in representing the community's interest and serve as a communication link between the hospital, government officials and others important to the provision of community health services.	5	80%	20%	0%	0%	0%	
Section 4 - Financial Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	The board reviews and adopts an annual budget which sets revenue and expense targets and receives and discusses regular reports during the year to determine compliance.	5	100%	0%	0%	0%	0%	
B.	The board receives and adopts a long-term capital expenditure plan which estimates projected sources, uses, and costs of future funds for buildings and equipment.	5	100%	0%	0%	0%	0%	Expenditure plan is reviewed at every meeting.
C.	Our board approves specific targets and limits on items such as debt, liquidity, return on investment, profitability, and other financial ratios to provide us with early warning signals of financial performance.	5	60%	40%	0%	0%	0%	Under constant review and comparison.
D.	We receive and review follow-up reports on programs that were previously approved such as joint ventures. To assure that our original projections and expectations are being met.	5	60%	40%	0%	0%	0%	

San Bernardino Mountains Community Hospital District - 2023 Board Self-Assessment Results

Section 5 - Management Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	A committee of the board conducts an evaluation of the CEO using specific targets agreed upon in advance with the CEO.	5	100%	0%	0%	0%	0%	I am a part of that committee.
B.	Our board members clearly understand the differences between the board's policy making-role and the CEO's management role.	5	100%	0%	0%	0%	0%	
C.	Our board communicates effectively with the CEO regarding goals, expectation, and concerns.	5	100%	0%	0%	0%	0%	It helps that the CEO monitors this as well.
D.	Our board supports the CEO in providing support to the medical staff with it's responsibility to evaluate and resolve quality of patient care issues.	5	60%	40%	0%	0%	0%	
E.	Our board periodically surveys CEO contract arrangements at other hospitals to assure our compensation, contract and conditions are reasonable and competitive.	5	40%	60%	0%	0%	0%	
F.	We periodically review the hospital's top management succession plan to assure ourselves of leadership continuity.	5	20%	20%	40%	0%	20%	I haven't seen a succession plan per se.
Section 6 - Board Effectiveness		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	The governing board evaluates its own performance, and the individual performance of each board member, to determine appropriateness of continued service on the board.	5	20%	60%	20%	0%	0%	
B.	We have a written conflict of interest policy that includes guidelines (or the resolution of) any existing or apparent conflict of interest of board members, physicians or administrators conducting transactions with the hospital that could appear to be self-dealing.	5	40%	60%	0%	0%	0%	
C.	All members of the board understand and fulfill their responsibilities, and each board member has received written descriptions of the boards duties and reporting relationships.	5	40%	60%	0%	0%	0%	I do not recall receiving a written document regarding Board members.
D.	All members of the board participate in an orientation program and regular program of continuing education.	5	0%	100%	0%	0%	0%	
E.	The board periodically reviews its own structure to assess its size, committee structure, member tenure, turnover policy, and tenure of officers and committee chairs.	5	40%	20%	20%	0%	20%	
F.	The frequency and duration of board and committee meetings are adequate to conduct the board's oversight/responsibilities, but do not discourage attendance and participation by misusing valuable trustee time.	5	100%	0%	0%	0%	0%	
G.	Our chairperson exercises a firm and fair hand with individual board members to assure that all have equal opportunity to participate, time is not monopolized by a few.	5	100%	0%	0%	0%	0%	Chair is very experienced, manages Board activity very well.
H.	The board members receive the agenda and back-up materials well in advance of meetings, and come prepared.	5	100%	0%	0%	0%	0%	
Section 7 - Individual Self-Assessment		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	<u>Continuing Education:</u> Participation in education opportunities outside the hospital to remain current on changing trends and issues affecting hospital governance.	5	40%	40%	20%	0%	0%	I could do a better job with this.
B.	<u>Demonstrated Interest:</u> Attendance, preparation and participation at board and committee meetings: assumption of a fair workload with my colleges.	5	80%	20%	0%	0%	0%	
C.	<u>Interpersonal Relations:</u> Dealings with other board members, management and professional staff.	5	80%	20%	0%	0%	0%	Very good group to work with,
D.	<u>Relations with Management:</u> Support for the CEO and recognition of the differences between the board's policy-making role and the CEO's day-to-day operations role.	5	100%	0%	0%	0%	0%	
E.	<u>Privacy:</u> Maintain privacy issues and information discussed in board and committee meetings.	5	100%	0%	0%	0%	0%	
F.	<u>Board Recruitment:</u> Identification of community leaders whose skills and knowledge may be useful to the hospital as potential board members.	5	60%	0%	40%	0%	0%	We could possibly have more community involvement.
G.	<u>Community Representation:</u> Serve as a voice between the community and the hospital to identify and meet the healthcare needs of our geographic area	5	80%	20%	0%	0%	0%	

San Bernardino Mountains Community Hospital District - 2023 Board Self-Assessment Results

Section 8 - Mission and Philosophy		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments
A.	The Board regularly reviews the Mission Statement of the hospital, ensuring that administration has methods in place to communicate and make sure the mission is understood by the staff/employees.	5	40%	40%	20%	0%	0%	
B.	The board receives reports on a periodic basis that indicate how well the Mission is understood by the Medical Staff, employees and the public that is served by the hospital.	5	0%	40%	40%	0%	20%	This needs to be discussed at a Board meeting. -- We should consider a periodic report in this area.

Verbatim Comments:

I am very proud to be a part of such an important part of my community.

I believe the board is a cohesive unit dedicated to good ethics, responsible public behavior and the good name of the hospital we caretake.

2023 Board of Directors Assignments

Board and Committee Meetings:

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

Kieth Burkart, President

Cheryl Robinson, Vice President

Barrick Smart, Treasurer

Cheryl Moxley, Secretary

Barry Hoy, Trustee

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

Barry Smart, Chair

Barry Hoy, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

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

Cheryl Moxley, Chair

Barry Hoy, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

Facilities Committee Meeting – January, April, July and October

Cheryl Robinson, Chair

Cheryl Moxley, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

Marketing Committee Meeting – February, May, August and November

Cheryl Robinson, Chair

Barry Hoy, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

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

Kieth Burkart, Chair

Barry Smart, Committee Member

Don Larsen, MD, Community Member

Gerry Hinkley, Community Member

Hospital, MEC, Auxiliary & Foundation Meetings:

CQIP Meetings – Schedule Varies

Board Member Assigned: Cheryl Moxley and/or Barry Hoy

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

Board Member Assigned: Cheryl Moxley and/or Barry Hoy

Medical Executive Committee Meeting – 4th Thursday of every month, 12:00-2:00 p.m.

Board Member Assigned: Kieth Burkart

Auxiliary Board – 2nd Thursday of every other month, 10:00 a.m.-12:00 p.m.

Board Member Assigned: Cheryl Robinson

Foundation Board – Meeting schedule varies

Board Member Assigned: Cheryl Robinson and/or Kieth Burkart

SCHEDULE

SUNDAY, FEBRUARY 11

10:00 AM – 5:00 PM	Registration
12:30 – 3:30 PM	Pre-Conference Intensive – Fee \$199 Building Better Board Leadership in a Time of Crisis Registration open to board chairs, incoming board chairs and CEOs of AHA member hospitals and health systems. Lunch will be served.
2:00 – 3:30 PM	Pre-Conference Workshops – Complimentary #1 Co-Designing Solutions to Advance Health Equity #2 High-Impact Cyberattacks and AI: Cyber-Risk Preparedness in Rural Hospitals
3:00 – 5:30 PM	Hosted Buyer Forum – By Invitation Only
4:00 – 5:30 PM	Pre-Conference Workshops – Complimentary #1 Harmony in Health Care: Cultivating Strong Relationships with Vital Stakeholders #2 Building Competencies in the Community to Address Unmet Behavioral Health Needs

MONDAY, FEBRUARY 12

7:00 – 8:30 AM	Registration and Continental Breakfast
8:30 – 10:00 AM	Plenary Session: Transforming Rural Health Care: Navigating the Digital Frontier Conference Welcome and Presentation of the 2023 AHA Rural Hospital Leadership Team Award
10:15 – 11:15 AM	Concurrent Sessions
11:30 AM – 12:30 PM	Concurrent Sessions
12:30 – 1:45 PM	Networking Lunch
1:45 – 3:00 PM	Plenary Session: Driving Innovation and Access in Rural Health Care
3:30 – 4:30 PM	Concurrent Sessions
5:00 – 6:30 PM	Networking Reception

TUESDAY, FEBRUARY 13

7:00 – 8:00 AM	Registration and Continental Breakfast
8:00 – 9:00 AM	Concurrent Sessions

TUESDAY, FEBRUARY 13 CONTINUED

9:15 – 10:00 AM	Plenary Session: AHA Washington Update
10:15 – 11:15 AM	Concurrent Sessions
11:30 AM – 12:30 PM	Concurrent Sessions
12:30 – 1:45 PM	Networking Lunch with Conversation Starter Tables
1:45 – 3:00 PM	Plenary Session: Rural Hospitals at the Tipping Point

WEDNESDAY, FEBRUARY 14

7:00 – 8:00 AM	Breakfast in the Sponsor Hall
8:00 – 9:00 AM	Concurrent Sessions
9:15 – 10:15 AM	Concurrent Sessions
10:30 – 11:30 AM	Plenary Session: Lead with Passion

Visit www.aha.org/rural-conference for full details on the conference sessions.

SPECIAL FEATURES



ENHANCED GOVERNANCE PROGRAMMING

These sessions focus on the information and skills that can help trustees enhance their understanding of emerging issues in governance and learn to apply new models and practices.

- Emerging trends and their impact on the structure and work of governing boards.
- Engaging your board and community in value-based care conversations.
- The board's critical role in quality and patient safety.
- Strategic questions boards must ask in the independence or merger discussion.
- Strategies to modernize organizational governance in changing organizations.



TUESDAY LUNCH WITH CONVERSATION STARTERS

Join a Conversation Starter table if you want to connect for meaningful discussions with other attendees with similar roles or topical interests. Every Conversation Starter table will have a host to launch the talk. Topics may vary from perennial challenges like improving access to behavioral health and substance abuse services, tactics for leveraging telehealth and building great boards to creative tips for supporting workforce well-being.

REGISTRATION

REGISTER ONLINE

Visit www.aha.org/rural-conference for easy, online registration.

QUESTIONS

(312) 422-2722
ruralregistration@aha.org

REGISTRATION RATES

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

EARLY BIRD **REGULAR RATE**
By December 8 After December 8

Health Care Provider Organizations, AHA Organizational Member	\$725	\$775
Health Care Provider Organizations, Non-Member	\$825	\$875
Academic, Government, Nonprofit, Associations	\$825	\$875

FIFTH TEAM MEMBER — FREE

Send four people from your organization and the fifth attends for free. The discount will be applied during online registration. This special offer is available to Health Care Provider Organizations, Academic Institutions, Government Entities, Nonprofit Associations only.

BUSINESS REGISTRANTS

Attendance at the conference by business representatives is limited to AHA Associates and conference sponsors.

AHA ORGANIZATIONAL MEMBERS

Interested in receiving complimentary registration?
Consider our Hosted Buyer Program on Sunday, February 11.

The Hosted Buyer Forum brings together hospital and health system buyers and influencers with solution providers. Take part in an intimate series of presentations and networking environment designed for those who play a role in your business decisions. This event is perfect for investigating and evaluating health solutions as potential partners or investment opportunities for your organization.

Learn more at ruralconference.aha.org/program/hosted-buyer

RURAL HEALTH CARE LEADERS are transforming their organizations through a focus on affordability and value with innovative responses to emerging opportunities. Strategic partnerships for advancing community health, improving access to care through new models of delivery and value-based payment, unique workforce approaches, effective leveraging of digital technologies, and attention to elevating health equity are enabling rural providers to provide quality care for patients and communities. Success is being driven by inspired leadership, forward-thinking governance, and resilient clinicians and staff.

The American Hospital Association's 2024 Rural Health Care Leadership Conference brings together top practitioners and thinkers to share strategies and resources for accelerating the growth of a stronger rural health system. We'll examine the most significant operational, financial and environmental challenges and present innovative approaches that will enable you to transform your organization's care delivery model and business practices. Plan to arrive early to enjoy Orlando and join us on Sunday afternoon for pre-conference interactive workshops where you will collaborate with peers to develop innovative solutions to challenges facing rural hospitals and health systems.



Visit www.aha.org/rural-conference for full details on the conference agenda, speakers and networking opportunities.

FEATURED SESSIONS

- Washington Update: The Latest from Capitol Hill and the Impact on Rural Hospitals
- Real-World Lessons in Converting to a Rural Emergency Hospital
- Interactive Governance Clinic
- Best-In-Class Leadership Solutions for Sustaining Rural Health Care
- Innovative Care Delivery Models in Maternity Care Deserts
- Building a More Sustainable Rural Nursing Workforce with Technology and AI
- Preventing Workplace Violence in Rural Emergency Departments
- Navigating Crises in Rural Health Care: Implementing a Comprehensive Response Plan
- Resilience and Innovation in Rural Health Care: Lessons from an Independent Critical Access Hospital
- 7 Minutes to Innovation: Building a More Flexible and Sustainable Workforce
- Leading Together: The Importance of Building Strong CEO and Board Chair Relationships
- Policy and Research Update: Financial Models for Rural Hospitals

RURAL HEALTH CARE LEADERS WILL:

- Develop strategies for a more sustainable and flexible rural health care workforce.
- Promote the adoption of innovative approaches to improve quality, patient safety and performance in rural health care to enhance patient satisfaction, increase efficiency and reduce costs.
- Explore disaster preparedness and response plans specific to rural communities.
- Explore new models of care and payment that align with rural health care systems' needs.
- Elevate equity and eliminate disparities in treatment, access and outcomes.
- Advance community and population health and economic development in rural areas through collaborative efforts between health care organizations, public health agencies and community stakeholders.
- Share inventive approaches to mergers, joint ventures and affiliations to help improve financial stability, operational efficiency and clinical outcomes.
- Learn how advances in telehealth, information technology and artificial intelligence are improving access in rural communities.
- Share best practices in health care delivery for American Indians and Alaskan Natives.
- Highlight best practices for achieving governance excellence in rural health care organizations, including effective leadership, stakeholder engagement and accountability.

WHO SHOULD ATTEND:

The conference is designed for health care leaders from rural hospitals, health care systems with a strong presence in rural communities, rural health clinics, associations and community health organizations. Participants include administrators, trustees, physician executives, nursing administrators, public health officials and community leaders.

FEATURED SPEAKERS



TRANSFORMING RURAL HEALTH CARE: NAVIGATING THE DIGITAL FRONTIER

Geeta Nayyar, MD, Former Chief Medical Officer, **Salesforce**; author of *Dead Wrong: Diagnosing and Treating Healthcare's Misinformation Illness*



LEAD WITH PASSION

Art delaCruz, Chief Executive Officer, **Team Rubicon**; Officer, **United States Navy**, Retired



RURAL HOSPITALS AT THE TIPPING POINT

Jamie Orlikoff, President, **Orlikoff & Associates, Inc.**, National Advisor on Governance and Leadership to the **American Hospital Association**, and health care governance expert

HOTEL ACCOMMODATIONS

The **Signia by Hilton Bonnet Creek** and the adjacent **Waldorf Astoria** hotels are located within the serene and expansive 482-acre nature preserve of Bonnet Creek, offering a truly unparalleled escape. Surrounded by the enchantment of Walt Disney World® Theme Parks, this resort complex presents an exquisite blend of contemporary luxury and natural beauty.

Signia by Hilton Orlando Bonnet Creek Rate: \$279 plus a \$20 resort fee and tax per night.

Waldorf Astoria Orlando Rate: \$379 plus a \$20 resort fee and tax per night. The Waldorf Astoria is connected to the Hilton.

Registration for the Rural Health Care Leadership Conference is required to reserve a guest room at the special conference rate. A link to reserve hotel guest rooms will be provided in the conference registration confirmation email.

TRANSPORTATION

The Signia by Hilton Orlando Bonnet Creek is 18 miles from the Orlando International Airport (MCO). For information on airline and rental car discounts, and other ground transportation options, visit www.aha.org/rural-conference.

Approximate taxi costs to and from MCO Airport: \$70 one way
Reserved shuttle transportation through www.mearsconnect.com: \$16 one way

WALT DISNEY WORLD® RESORT TICKETS/TRANSPORTATION

Attendees have access to special theme park tickets and specials. Visit www.mydisneygroup.com/aharlc2024/ for details. Complimentary continuous private motor coach transportation is available to all four Walt Disney World® Theme Parks and Disney Springs® – hiltonbonnetcreek.com/map-directions/transportation

CONTINUING EDUCATION CREDIT

Visit www.aha.org/rural-conference for more information on the Continuing Education Credit opportunities for the conference.

CONFERENCE REGISTRATION SUBSTITUTIONS AND CANCELLATIONS

If you are no longer able to attend the conference you can send a substitute, even at the last minute. If you must cancel, your request for a refund – minus a \$250 processing fee – must be made in writing to ruralregistration@aha.org no later than January 19, 2024. Cancellations made after January 19 are not eligible for a refund.

COVID-19 INFORMATION

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

GUARANTEE

In the unlikely event that we should have to cancel the event, attendees can request a full refund of registration fees or transfer the fees for credit to the 2025 AHA Rural Health Care Leadership Conference. AHA is not responsible for any nonrefundable travel or lodging expenses in the event of program cancellation.

SPECIAL ACCOMMODATIONS

If you need any of the auxiliary aids and services identified in the Americans with Disabilities Act, contact Bree Angelo at bangelo@aha.org with a written description of your needs.

SPONSORS

(AS OF SEPTEMBER 22, 2023)



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Attn: Samantha Swift
155 North Wacker Drive, 4th Floor
Chicago, IL 60606-1725



37TH ANNUAL AHA RURAL HEALTH CARE LEADERSHIP CONFERENCE

FEBRUARY 11-14, 2024 | ORLANDO, FL

SIGNIA BY HILTON ORLANDO BONNET CREEK

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AND THE **FIFTH ATTENDS**
FOR FREE!



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www.aha.org/rural-conference



Board of Directors Meeting Calendar

2024

Board Meeting

MEC

Auxiliary Board

Foundation Board

Feb 11-14, 2024 - AHA Rural Healthcare Leadership Conference (Orlando, FL) // May 20-22, 2023 - HASC Annual Conference (Carlsbad, CA)

January							February							March						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6					1	2	3						1	2
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9
14	15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30
Facilities Committee							Marketing Committee							Human Resources Committee						
April							May							June						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6				1	2	3	4							1
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
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28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
Facilities Committee							Marketing Committee							Human Resources Committee						
July							August							September						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6					1	2	3	1	2	3	4	5	6	7
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28	29	30	31				25	26	27	28	29	30	31	29	30					
Facilities Committee							Marketing Committee							Human Resources Committee						
October							November							December						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5						1	2	1	2	3	4	5	6	7
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
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20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				
Facilities Committee							Marketing Committee							DARK						