



## **January 25, 2024 Board Packet Table of Contents**

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- 25 *CLOSED SESSION 3:00***



**Quality Committee Meeting**  
**Thursday, January 25, 2024, 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<br>Information Only |
| 2. Event Reports – Level of Harm | Leslie Plouse, Quality Director<br>Information Only |
| 3. Complaints                    | Leslie Plouse, Quality Director<br>Information Only |
| 4. USACS Dashboard               | Leslie Plouse, Quality Director<br>Information Only |

**Quality Committee Meeting**  
**Thursday, January 25, 2024, 1:00 p.m.**

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

**ADJOURNMENT**

San Bernardino Mountains Community Hospital Quality Committee Meetings

## Attendance Matrix - 2023

[illegible]

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Moxley, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Julie Atwood, Member, Director of Human Resources Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Leslie Plouse, Member, Quality Director Gerry Hinkley, Community Member</p> <p>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 John McLaughlin, Public Kim McGuire, Foundation Director</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Moxley called the meeting to order at 1:02 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes	On a motion made and seconded, the Quality Committee Meeting Minutes of October 26, 2023 were approved as written.	<p><b>On a motion made and seconded, the Quality Committee Meeting Minutes of October 26, 2023 were approved as written</b></p> <p><b>M (Hoy) / S (Turner) / C</b></p>
4.0 Public Comment:	Hinkley commented that the new patient portal works well and is user friendly.	<b>None</b>
5.0 Adjourn to Closed Session:	The Quality Committee Adjourned to “Closed Session” at approximately 1:03 p.m.	<b>None</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p><b><u>CLOSED SESSION ATTENDEES:</u></b></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  Kristi McCasland, Executive Assistant  Kieth Burkart, Board President  Cheryl Robinson, Board Vice President  Barry Smart, Board Treasurer</p>	
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:12 p.m.	<b>None</b>
6.1 Closed Session Report:	Per Moxley, the following items were reported on during “Closed Session” – Hospital Acquired Harm; Harm Events; Complaints; and USACS Dashboard.	<b>Information only</b>
7.0 Agenda Items 7.1 Performance Improvement (PI)	<p>Plouse reported on the following PI Projects:</p> <ol style="list-style-type: none"> <li>1) <u>Meds to Beds</u>: Our target for 2023 is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. For the month of October 2023, we were at 100%.</li> <li>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 October 2023, we are at 53.39%.</li> <li>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 October 2023, we are at 49.21%.</li> <li>4) <u>2023 PI Priority #1: Hand Hygiene</u>: Next steps include development of organization wide education and polling staff.</li> </ol>	<b>Information only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>Barriers include, Education Manager vacancy, and competing priorities with PI team members.</p> <p>5) <u>2023 PI Priority #2: Implementation of new EHR</u>: Deferred; update will be given by COO/CNO at the November 30<sup>th</sup> Board of Directors meeting.</p> <p>6) <u>2023 PI Priority #3: Patient Experience</u>: E-surveys response rate was 11% in October (24.4% were undeliverable). Next steps are to work with Patient Access to verify contact information at registration; and integrate MediTech and Press Ganey. Patient experience survey are collected and analyzed weekly in Radiology, RHC (Medical, Dental and Telepsych).</p>	
7.2 Patient Surveys	<p>Patient Satisfaction Surveys (Inpatient &amp; ED) –</p> <ul style="list-style-type: none"> <li>• <u>Inpatient</u>: In October 2023, there were two responses, with a 100% top box score.</li> <li>• <u>ED</u>: In October 2023, there were 37 responses with a 68.09% top box score.</li> </ul>	<b>Information only</b>
7.3 Regulatory Activity/Updates	<p>Regulatory Activities and Updates --</p> <ul style="list-style-type: none"> <li>• TJC CAH Accreditation Survey 11/13/2023-11/15/2023. Plouse reviewed the TJC survey findings; our plan of correction is due by 1/20/2024.</li> </ul>	<b>Information only</b>
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:32 p.m.	<b>Meeting adjourned</b>



# **MOUNTAINS**

## **COMMUNITY HOSPITAL**

*The Heart of Mountain Healthcare*

**Facilities Committee Meeting**  
**Thursday, January 25, 2024, 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	Cheryl Moxley, Committee Member
	Terry Pena, Chief Operating Officer	Tom Madrigal, Facilities Manager
	Mark Turner, Chief Executive Officer	Don Larsen, MD, Community Member
	Gerry Hinkley, Community Member	

### **OPEN SESSION**

1:30 p.m.

### **CALL TO ORDER**

Cheryl Robinson, Committee Chair

### **PREVIOUS MINUTES**

Cheryl Robinson, Committee Chair  
Action probable

### **PUBLIC COMMENT**

Government Code  
Section 54954.3 Sections A & B

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

### **AGENDA ITEMS**

- |                            |                                                                                               |
|----------------------------|-----------------------------------------------------------------------------------------------|
| 1. Hospital Campus Updates | Tom Madrigal, Facilities Manager /<br>Mark Turner, Chief Executive Officer                    |
| 2. Construction Projects   | Tom Madrigal, Facilities Manager /<br>Mark Turner, Chief Executive Officer<br>Action Possible |

### **ADJOURNMENT**

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT

## San Bernardino Mountains Community Hospital Facilities Committee Meetings

## Attendance Matrix - 2023

[illegible]

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Robinson – Committee Chairperson Cheryl Moxley – Committee Member / Board Secretary Mark Turner – Chief Executive Officer Terry Pena – Chief Operating Officer / Chief Nursing Officer Tom Madrigal – Facilities Manager Gerry Hinkley, Community Member</p> <p>Don Larson, MD – Community Member</p> <p>Kristi McCasland – Executive Assistant to Administration</p> <p>Keith Burkart – Board President Barry Hoy – Board Trustee Barry Smart – Board Treasurer Julie Atwood – Human Resources Director Yvonne Waggoner – Chief Financial Officer Kim McGuire – Foundation / Community Development Director Leslie Plouse – Quality Director Steffanie Miller- Executive Assistant to Facilities</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Robinson called the meeting to order at 1:24 p.m.	<b>The meeting was called to order.</b>
3.0 Previous Minutes:	On a motion made and seconded, the Facilities Committee Meeting Minutes of July 27, 2023 were approved.	<p><b>On a motion made and seconded, the Facilities Committee Meeting Minutes of July 27, 2023 were approved as written.</b></p> <p><b>M (Moxley) / S (Madrigal) / C</b></p>
4.0 Public Comment:	None	<b>None</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>5.0 Agenda Items:</p> <p>5.1 Hospital Campus</p>	<p>Madrigal gave an update on the following hospital campus projects:</p> <ul style="list-style-type: none"> <li>• <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.</li> </ul>	<p><b>Information Only</b></p>
<p>5.2 Update: Construction Projects</p>	<p>Madrigal gave an update on the following construction projects:</p> <ul style="list-style-type: none"> <li>• <u>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.</li> <li>• <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.</li> <li>• <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.</li> <li>• <u>Gift Shop/Solarium</u>: The plans have been forwarded to the HVAC engineers to design an internal air system in the Gift Shop.</li> <li>• <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 architect and engineer on the final design and construction drawings that will be</li> </ul>	<p><b>Information Only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>needed to obtain the actual construction permits.</p> <ul style="list-style-type: none"> <li>• <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.</li> <li>• <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.</li> </ul>	
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 1:42 p.m.	<b>Meeting adjourned.</b>



**Finance Committee Meeting**  
**Thursday, January 25, 2024, 1:45 p.m.**  
**George M. Medak Conference Room, Suite 207**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

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

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

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

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

1:45 p.m.

**CALL TO ORDER**

Barry Smart, Committee Chairperson

**PREVIOUS MINUTES**

Barry Smart, Committee Chairperson  
Action Probable

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

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

**AGENDA ITEMS**

- |                                                  |                                                             |
|--------------------------------------------------|-------------------------------------------------------------|
| 1. Fiscal Year 2023 Audited Financial Statements | Yvonne Waggener, Chief Financial Officer<br>Action Probable |
| 2. Investments                                   | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 3. Board Compensation Policy                     | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 4. Level of Expenditure Authorization Policy     | Yvonne Waggener, Chief Financial Officer<br>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	√	√	√	√	√	√	√	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	√	A		
Gerry Hinkley	√	√		√	√	√	√	√	√	√		
Comment:												
	√	Present		E	Excused		A	Absent				

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Mark Turner, Member, Chief Executive Officer Gerry Hinkley, Community Member</p> <p>Don Larsen, 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 Peter Venturini, Foundation Board President</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Smart called the meeting to order at 1:43 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes:	On a motion made and seconded, the Finance Committee Meeting Minutes of September 28, 2023 were approved.	<p><b>On a motion made and seconded, the Finance Committee Meeting Minutes of September 28, 2023 were approved as written</b></p> <p><b>M (Hoy) / S (Peña) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>
5.0 Agenda Items: 5.1 Financial Statements	Waggener presented the FY24 Financial Statements as of and for the three (3) months ended September 30, 2023. Comparative statistics	<b>A motion was made and seconded to recommend to the</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	and selected financial indicators were reviewed with the committee. Waggener 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.	<b>Board to accept the Financial Statements as of three (3) months ended September 30, 2023.</b>  M (Hoy) / S (Turner) / C
5.2 Capital Purchases	<p>Waggener presented and reviewed the FY24 Capital Purchases for the three (3) months ended September 30, 2023. She noted that we have only had minimal capital purchases thus far.</p> <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>Waggener further noted that monies raised for the Front of House project and the IV Pumps will be transferred to the hospital in the near future.</p>	<p><b>A motion was made and seconded to recommend to the Board to increase the MOB Improvement Project capital budget item from \$130k to \$275k.</b></p> <p>M (Turner) / S (Hoy) / C</p>
5.3 Investments	Waggener presented and reviewed the LAIF and UBS statements as of September 30, 2023.	<b>Information only</b>
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 2:03 p.m.	<b>Meeting adjourned</b>

 <b>MOUNTAINS</b> COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Board Compensation (Policy) _____	LD - Leadership
ORIGINATION DATE: No Date Set	DATE APPROVED: Not Approved Yet	VERSION: 4

**PURPOSE:** To compensate members of the board of directors pursuant to Cal. Health & Safety Code § 32103.

**POLICY:** As Cal. Health & Safety Code § 32103 authorizes, each Board member may receive a stipend of \$100 for attending meetings on behalf of the District, up to a maximum of \$600 per calendar month. Qualifying meetings include Board meetings, Board Committee meetings whereby the Board member is a member of such Committee and other Board approved meetings relating to the Hospital.

If the District compensates its Board members for over five (5) meetings in a calendar month (reaching the \$600 maximum), the Board will annually adopt a written policy describing, based on a finding supported by substantial evidence, why over five (5) meetings per month are necessary for effectively operating the District.

**Board Compensation Policy for Calendar Year 2024**

Due to significant projects including strategic planning and ongoing construction projects, Directors may be compensated for attending up to six (6) meetings per month during Calendar Year 2024. The Board finds that there is substantial evidence that over five (5) meetings per month may be periodically necessary for effectively operating the District.

**PROCEDURE:**

1. CFO shall track attendance for qualifying meetings.
2. CFO shall submit the number of meetings for each Board member monthly to payroll.
3. CFO shall ensure that the Board members are not being compensated more than the monthly maximum (based on calendar months).
4. Beginning as of January 1, 2023, payments will be subject to standard W2 tax/other withholdings. Board members will not be eligible for benefits.
5. The CFO will maintain substantial evidence as to why over five (5) meetings per month are necessary for effectively operating the District.



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

**DISTRICT BOARD OF DIRECTORS MEETING**

**Thursday, January 25, 2024, 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**

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**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, January 25, 2024 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 November 31, 2023
2. Approval of Facilities Committee minutes, meeting held October 26, 2023
3. Approval of Finance Committee minutes, meeting held October 26, 2023
4. Approval of the attached Policies and Procedures that was sent January 15, 2024
5. Approval of the attached Policies and Procedures ADDENDUM that was sent January 18, 2024

**AGENDA ITEMS**

- |                                                                           |                                                         |
|---------------------------------------------------------------------------|---------------------------------------------------------|
| 1. Form 700 Statement of Economic Interest (due 3/15/2024)                | Kieth Burkart, President<br>Information Only            |
| 2. Code of Conduct Annual Review                                          | Mark Turner, Chief Executive Officer<br>Action Possible |
| 3. Board Self-Evaluation Performance Improvement Plan                     | Mark Turner, Chief Executive Officer<br>Action Possible |
| 4. CEO Report                                                             | Mark Turner, Chief Executive Officer                    |
| a. Construction & Land Use Approval Update                                | Information Only                                        |
| b. Human Resources Director Recruitment Update                            | Information Only                                        |
| 5. COO/CNO Report                                                         | Terry Peña, Chief Operating Officer<br>Information only |
| 6. Quality Committee Report<br>Report of Meeting held January 25, 2024    | Cheryl Moxley, Chairperson<br>Information only          |
| 7. Facilities Committee Report<br>Report of Meeting held January 25, 2024 | Cheryl Robinson, Chairperson<br>Information only        |
| 8. Finance Committee Report<br>Report of Meeting held January 25, 2024    | Barry Smart, Chairperson                                |
| a. Fiscal Year 2023 Audited Financial Statement                           | Action Probable                                         |
| b. Investments                                                            | Action Possible                                         |
| c. Board Compensation Policy                                              | Action Possible                                         |
| d. Level of Expenditure Authorization Policy                              | Action Possible                                         |
| 9. Board Education                                                        | Kieth Burkart, President                                |
| a. 3/4-5/2024: CHA Rural Health Care Symposium                            | Action Possible                                         |
| b. 5/20-22/2024: HASC Annual Meeting                                      |                                                         |
| c. CSDA Virtual Workshop: Board Member Best Practices                     |                                                         |
| 10. Discussion Topic Suggestions                                          | Kieth Burkart, President                                |
| 11. 2024 Board of Directors Meeting Calendar & Assignments                | Kieth Burkart, President<br>Information only            |

**ADJOURN TO CLOSED SESSION**

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, January 25, 2024 2:15 p.m.**

Page 3 of 3

**CLOSED SESSION AGENDA ITEMS**

(Closed session pursuant to Govt. Code Section 54954.5)

- |                                                                                                                                                                                     |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. <u>Hearings</u><br>Subject matter: Staff Privileges<br>Re: Credentialing Recommendations<br>Closed session pursuant to Cal. Health & Safety § 32155                              | Bijan Motamedi, M.D., MEC President<br>Action Probable  |
| 2. <u>Medical Executive Committee Report</u><br>Subject Matter: Report of Medical Executive Committee<br>Meeting minutes<br>Closed session pursuant to Cal. Health & Safety § 32155 | Bijan Motamedi, M.D., MEC President<br>Information only |
| 3. <u>Executive session</u><br>Subject Matter: Personnel Issues<br>Re: Executive Compensation<br>Closed session under Cal. Gov. Code § 54957                                        | Board Members & CEO Only<br>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:  
Thursday, February 29, 2024 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	√	√	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	n/a	n/a	n/a	
Comment												
	√	Present			E	Excused			A	Absent		

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 1:50 p.m.	<b>The meeting was called to order</b>
2.0 Board Members Present:  Members Absent:  Recording Secretary  Staff Members Present:  Guests:	Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee  None  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 Clinton Mikel, Attorney John McLaughlin, Public	<b>Quorum present</b>
3.0 President's Comments:	None	<b>None</b>
4.0 Board Member's Reports:	None	<b>None</b>
5.0 Public Comments:	None	<b>None</b>
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of October 26, 2023 were approved as written.	<b>On a motion made and seconded the Minutes from the Board of Directors meeting of October 26,</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p><b>2023 were approved as written.</b></p> <p><b>M (Smart) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
7.0 Consent Agenda:	<p>The following Consent Agenda items were reviewed:</p> <ol style="list-style-type: none"> <li>1. Approval of Quality Committee minutes, meeting held October 26, 2023</li> <li>2. Approval of Marketing Committee minutes, meeting held August 24, 2023</li> <li>3. Approval of the attached list of Policies and Procedures that was sent November 20, 2023 (<i>see list attached to the November Board Packet</i>).</li> </ol>	<p><b>On a motion made and seconded, the Consent Agenda items were approved as presented.</b></p> <p><b>M (Robinson) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.0 Agenda 8.1 Teleconferencing Under the Brown Act (Education)	Mikel, Hospital Attorney, presented education to the Board on the Traditional Teleconferencing guidelines under the Brown Act; and the teleconferencing guidelines under AB361 and AB2449.	<b>Information only</b>
8.2 Capital Budget Item: Endoscope System	Peña reported that it was ultimately decided to purchase new endoscope systems for the hospital, at a cost of approximately \$400k. Due to the urgency of the matter, Burkart approved moving forward with the purchase. The new endoscope system is currently on backorder, and we are hoping to receive it by mid-December.	<p><b>A motion was made and seconded to approve the \$400k additional capital expenditure for the purchase of the new endoscope systems.</b></p> <p><b>M (Robinson) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.3 Board Self-Evaluation Results	Turner presented the compiled results from the Board Self-Evaluation Survey, noting that the next step is for him to prepare a Performance Improvement (PI) plan based off the results. The PI plan will be presented for review and approval at the January 2024 Board meeting.	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.4 Election of Board Officers & Committee Assignments	<p>Board members reviewed the 2023 Board Assignments and recommended no changes in positions for 2024; with the exception of updating Hoy's title from "Trustee" to "Director".</p> <p>Discussion was held regarding if D. Larson was going to remain on as a Community Member.</p>	<p><b>A motion was made and seconded to make no changes to the Board Assignments for 2024; with the exception of updating Hoy's title to Director.</b></p> <p><b>M (Robinson) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>8.5 CEO Report</p> <p>a. Construction &amp; Land Use Approval Updates</p>	<p>Turner reported on the progress of the construction projects:</p> <ul style="list-style-type: none"> <li>• <u>Registration Project</u>: Phase 1 (Waiting Room) and Phase 2 (Registration Area) have been completed, and the Front of the House opened to the public on November 1, 2023. Contractors are currently working on Phase 3 of the project (Eligibility Offices). The framing and drywall are complete. They are working on structural issues, which will be discussed during HCAI's on-site visit on 12/5/2023.</li> <li>• <u>Pharmacy Project</u>: Demo of the interior walls is complete. Working on fire protection issues with HCAI, which will be discussed during HCAI's on-site visit on 12/5/2023.</li> <li>• <u>Lab Project</u>: Need to discuss with Signature Construction timing for completion and installation of the new analyzer.</li> <li>• <u>Gift Shop/Solarium</u>: Engineers were on site to evaluate current conditions of future gift shop to make sure they meet new California building code standards as of 2021. They will evaluate current construction and advise if anything needs to be updated. We are hoping to start this project in 2024.</li> <li>• <u>Medical Office Building (MOB) Improvements/Repairs</u>: All</li> </ul>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>documents for scope of work has been sent to B. McManigal and the bid documents will be finalized. The architect is staging the completion in phases as to not disrupt clinic operations.</p> <ul style="list-style-type: none"> <li>• <u>Land Use Permit - New Acute Care Project:</u> <ul style="list-style-type: none"> <li>○ The USDA financing requires that a feasibility study be done. Turner, Waggener and Hicks met with USDA to see what was needed; this information will be forwarded to the three firms who submitted their proposals.</li> <li>○ Hanson &amp; Bridgett (HB) will serve as our legal counsel on the new acute care wing project. We will be working to try to set up an on-site education session with HB in January 2024.</li> <li>○ The architect is working on completing the drawings to bring to the Board for approval; we are estimating they will be done in Q1 2024.</li> <li>○ Turner suggested we look at having B. McManigal and JT Stanton do a Facilities Master Plan for the campus in late winter or early spring.</li> </ul> </li> <li>• <u>Land Use Approval (Education Center/Parking Solution):</u> Turner presented and reviewed three preliminary site plan maps with temporary parking options that were prepared by Bonadiman Engineering. After discussion it was recommended to look into the feasibility of using the existing parking spaces around the loop down below during the winter months; then potentially move forward with one of the temporary parking options in the spring.</li> </ul>	
b. Seismic Committee	Turner reported that there has been no movement with the committee yet.	<b>Information only</b>
8.6 COO/CNO Report	<p>Peña reported on the following:</p> <ol style="list-style-type: none"> <li>1. <u>MediTech:</u> Overall everything is going well with MediTech, however there are some issues with report writing and getting the</li> </ol>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>laboratory instrumentation onto the live environment; these areas are being worked on daily.</p> <p>2. <u>BETA Heart</u>: The annual survey will be performed within the next few months. J. Torbett, BETA Heart Champion / Case Manager, will be leaving MCH effective, 1/1/2024; D. Cummins will serve as the new BETA Heart Champion.</p> <p>3. <u>Staffing</u>:</p> <ul style="list-style-type: none"> <li>○ Case Management: L. Romero and C. Skowron will share the Case Management role and duties.</li> <li>○ SNF Manager is out on medical leave until May 2024. V. Croppi, LVN, will be covering, with assistance from Nick Starr, RN.</li> <li>○ Education Coordinator: Have a few candidate interviews scheduled for next week.</li> <li>○ Hospital Supervisor: K. Pineda started today.</li> </ul>	
<p>8.7 Quality Committee Report</p> <p>a. Report of meeting held November 30, 2023</p>	<p>Moxley reported on the Quality Committee meeting:</p> <p>1. <u>Performance Improvement</u>:</p> <ul style="list-style-type: none"> <li>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 October 2023, we were at 100%.</li> <li>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 October 2023, we are at 53.39%.</li> <li>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 October 2023, we are at 49.21%.</li> <li>d. <u>2023 PI Priority #1: Hand Hygiene</u>: Next steps include development of organization wide education and polling staff. Barriers include, Education Manager vacancy, and competing</li> </ul>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>priorities with PI team members.</p> <p>e. <u>2023 PI Priority #2: Implementation of new EHR:</u> Deferred; update will be given by COO/CNO at the November 30th Board of Directors meeting. (see item 8.6 above)</p> <p>f. <u>2023 PI Priority #3: Patient Experience:</u> E-surveys response rate was 11% in October (24.4% were undeliverable). Next steps are to work with Patient Access to verify contact information at registration; and integrate MediTech and Press Ganey.</p> <p>Patient experience survey are collected and analyzed weekly in Radiology, RHC (Medical, Dental and Telepsych).</p> <p>2. <u>Patient Satisfaction Surveys (Inpatient &amp; ED):</u></p> <p>a. <u>Inpatient:</u> In October 2023, there were two responses, with a 100% top box score.</p> <p>b. <u>ED:</u> In October 2023, there were 37 responses with a 68.09% top box score.</p> <p>3. <u>Regulatory Activities and Updates:</u></p> <p>a. <u>TJC CAH Accreditation Survey:</u> 11/13/2023-11/15/2023. Plouse reviewed the TJC survey findings; our plan of correction is due by 1/20/2024.</p>	
<p>8.8 Marketing Committee Report</p> <p>a. Report of meeting held November 30, 2023</p>	<p>Robinson reported on the Marketing Committee meeting:</p> <p>1. <u>Fundraising:</u></p> <ul style="list-style-type: none"> <li>• YTD, the Foundation has raised \$400k.</li> <li>• The Year-End Giving Campaign is estimated to raise another \$50k.</li> <li>• The LeGrand Picnic committee is starting to meet to plan the 2024 event; an organization chart was created.</li> <li>• The threshold for the Summit Circle donor recognition dinner was raised from \$500 to \$750.</li> </ul>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>2. <u>Naming opportunities:</u></p> <ul style="list-style-type: none"> <li>• Next steps are to develop a gift agreement; finalize values and market the program to the community.</li> </ul> <p>3. <u>Grant Update</u></p> <ul style="list-style-type: none"> <li>• A \$3500 grant was received from Lake Arrowhead Rotary</li> <li>• Grant applications have been submitted to the Mountain Sunrise Rotary for \$3000 and San Manual Mission Band of Indians for \$7M.</li> </ul> <p>4. <u>Marketing:</u></p> <ul style="list-style-type: none"> <li>• Post-Acute Inpatient Care Rack Card</li> <li>• Surgery Rack Card</li> <li>• Thanksgiving Video</li> <li>• Employee Recruitment Video</li> <li>• Social Media Posts</li> </ul> <p>5. <u>Events:</u></p> <ul style="list-style-type: none"> <li>• Participated in the Mile High Charity Golf Tournament on 9/15/2023</li> <li>• Auxiliary Installation was held at UCLA on 9/14/2023</li> <li>• Participated in the Soroptimist Breast Cancer Walk on 10/8/2023</li> <li>• Tri-Chamber Mixer was held on 10/12/2023</li> <li>• Contour Dermatology held free skin cancer screening on 10/23/2023</li> <li>• Participated in the SkyPark Locals Day and CHE First Responders Day on 11/2/2023</li> <li>• First Friday at the Lake House benefiting MCH Foundation was held on 11/3/2023</li> <li>• Supporting the Auxiliary pie/candy sales on behalf of the Auxiliary</li> </ul>	

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
8.9 Board Education	<p>Burkart report on the following upcoming Board education opportunities:</p> <p>a. 02/11-14/2024: AHA Rural Healthcare Leadership Conference, Orlando FL</p> <p>Peña reported that CHA is doing a Rural Health Symposium on March 4-5, 2024 in Rancho Bernardo. McCasland will send the information on this conference to the Board members.</p>	<b>Information only</b>
8.10 Discussion Topic Suggestions:	None	<b>None</b>
8.11 2024 Board of Directors Meeting Calendar	Burkart reported that the 2024 Board of Directors Meeting Calendar was included in the November 2023 Board packet.	<b>Information only</b>
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:30 p.m.	<b>Information only</b>
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 4:01 p.m.	<b>Information only</b>
10.1 Closed Session Report:	<p>Per Burkart, the following items were reported on during “Closed Session”:</p> <ul style="list-style-type: none"> <li>• Annual Management Action Plan (MAP) Updates. Estimated date of public disclosure: April 30, 2024.</li> <li>• Medical Staff Reports of November 30, 2023 and Credentialing from the November 14, 2023 Special Medical Executive Committee meeting.</li> <li>• Medical Staff Reports of November 30, 2023 and Credentialing from the November 28, 2023 Medical Executive Committee meeting.</li> <li>• Executive Session: Personnel Issues: CEO Compensation</li> </ul>	<b>Information only</b>
11.0 Public Report of Decisions 11.1 Management Action Plan Update: Items Completed	Please see the attached “Management Action Plan (MAP) - Public Report of Tactics/Steps Completed” as of November 30, 2023.	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
11.2 Hearings; Staff Privileges; Credentialing Recommendations	<p>The Board accepted the Medical Staff Report of November 30, 2023, and Credentialing from the November 14, 2023 Special Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p> <ul style="list-style-type: none"> <li>• <b><u>New Appointments/Provisional Staff:</u></b> <ul style="list-style-type: none"> <li>○ RAJAA ALMESTADY, MD - Tele-Radiology (Advanced Tele-Radiology)</li> <li>○ DAVID C. BLOOD, MD – Tele-Radiology (Advanced Tele-Radiology)</li> <li>○ JULIA L. LEE, MD – Tele-Radiology (Advanced Tele-Radiology)</li> <li>○ SAIF SIDDIQI, MD – Tele-Radiology (Advanced Tele-Radiology)</li> <li>○ NATHAN M. KAN, DO – Tele-Radiology (SOL)</li> <li>○ JUSTIN PHAM, MD- Tele-Radiology/Mammography (SOL Radiology)</li> <li>○ WILLIAM ZINN, MD - Tele-Radiology (Chicago Teleradiology)</li> </ul> </li> <li>• <b><u>Provisional Extensions:</u></b> None</li> <li>• <b><u>Advancement from Provisional Staff/Regular Staff:</u></b> None</li> <li>• <b><u>Reappointments:</u></b> None</li> <li>• <b><u>Staff Status Changes:</u></b> None</li> <li>• <b><u>Revision/Increase of Privileges:</u></b> None</li> <li>• <b><u>Terminations/Resignations:</u></b> None</li> <li>• <b><u>Revision of Privileges:</u></b> None</li> <li>• <b><u>Leave of Absence Requests:</u></b> None</li> </ul> <p>The Board accepted the Medical Staff Report of November 30, 2023, and Credentialing from the November 28, 2023 Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p>	<p><b>On a motion made and seconded, the Medical Staff Reports of November 30, 2023, and Credentialing from the November 14, 2023 Special Medical Executive Committee meeting were accepted as recommended by the MEC.</b></p> <p><b>M (Moxley) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p> <p><b>On a motion made and seconded, the Medical Staff Reports of November 30, 2023, and Credentialing from the November 28, 2023 Medical Executive Committee meeting</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• <b><u>New Appointments/Provisional Staff:</u></b> <ul style="list-style-type: none"> <li>○ PATRICK BROWNING, MD - Tele-Radiology (SOL/Advanced Tele-Radiology)</li> <li>○ JACK L. CHEN, MD – Tele-Radiology (SOL/Advanced Tele-Radiology)</li> <li>○ WILLIAM V. GLENN, MD – Tele-Radiology (SOL/Advanced Tele-Radiology)</li> <li>○ GERALD B. HOLTZ, MD – Tele-Radiology (SOL/Advanced Tele-Radiology)</li> <li>○ DAVID B. JACKSON, MD- Tele-Radiology (SOL/Advanced Tele-Radiology)</li> <li>○ THOMAS J. KELLY, MD – Tele-Radiology (SOL/Advanced Tele-Radiology)</li> <li>○ BEN LEE, MD - Tele-Radiology (SOL/Advanced Tele-Radiology)</li> <li>○ GREGORY L. PARANAY, MD - Tele-Radiology (SOL/Advanced Tele-Radiology)</li> <li>○ PETER P. PIAMPIANO, MD - Tele-Radiology (SOL/Advanced Tele-Radiology)</li> </ul> </li> <li>• <b><u>Provisional Extensions:</u></b> None</li> <li>• <b><u>Advancement from Provisional Staff/Regular Staff:</u></b> None</li> <li>• <b><u>Reappointments:</u></b> <ul style="list-style-type: none"> <li>○ LEANDRA FEENSTRA, CRNA – Nurse Anesthesia</li> <li>○ ANTONIO GONZALEZ, DDS – General Dentistry – MCH Rural/Dental Clinic</li> <li>○ XIA L. LIU, DDS - General Dentistry – MCH Rural/Dental Clinic</li> </ul> </li> <li>• <b><u>Staff Status Changes:</u></b> None</li> <li>• <b><u>Revision/Increase of Privileges:</u></b> None</li> <li>• <b><u>Terminations/Resignations:</u></b> <ul style="list-style-type: none"> <li>○ KENNETH DALE, DO – Emergency Medicine &amp; Family Practice</li> </ul> </li> <li>• <b><u>Revision of Privileges:</u></b> None</li> <li>• <b><u>Leave of Absence Requests:</u></b> None</li> </ul>	<p><b>were accepted as recommended by the MEC.</b></p> <p><b>M (Robinson) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
11.3 Executive Session: Personnel Issues: CEO Compensation	The Board accepted the clarification to the First Amendment to the San Bernardino Mountains Community Hospital District CEO Employment Agreement as presented.	<b>On a motion made and seconded, the Board accepted the clarification to the First Amendment to the San Bernardino Mountains Community Hospital District CEO Employment Agreement as presented.</b>  <b>M (Smart) / S (Robinson) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
12.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, January 25, 2024</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	<b>Information only</b>
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 4:02 p.m.	<b>Meeting adjourned</b>

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 1:00 p.m.	<b>The meeting was called to order</b>
2.0 Board Members Present:  Members Absent:  Staff Members Present:  Guests:	<p>Kieth Burkart, Board President Cheryl Robinson, Vice President Barrick Smart, Board Treasurer (<i>Attended remotely under AB2449 Just Cause Provision</i>) Cheryl Moxley, Board Secretary Barry Hoy, Board Trustee</p> <p>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 Tom Madrigal, Facilities Manager</p> <p>Gerry Hinkley, Community Member Gary Hicks, G.L. Hicks Financial Lisa Dal Gallo, Attorney, Hanson &amp; Bridgett</p>	<b>Quorum present</b>
3.0 President's Comments:	None	<b>None</b>
4.0 Board Member's Reports:	None	<b>None</b>
5.0 Public Comments:	None	<b>None</b>
6.0 Agenda 6.1 Legal discussion regarding traditional Design, Bid, Build versus Design Build delivery, and recommendation for delivery of	<p>Turner introduced Lisa Dal Gallo, Attorney from Hanson &amp; Bridgett, the attorney the Board selected to represent us on the Acute Care Wing project.</p> <p>Dal Gallo gave an overview of the Traditional Design, Bid, Build</p>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
Acute Care Wing	<p>(DBB) versus Design, Build (DB) delivery options for the Acute Care Wing project. She noted that the Acute Care Wing Project actually encompasses three separate projects: 1) the Acute Care wing, 2) seismic upgrade and 3) conversion of the current Acute Care Wing into a Skilled Nursing Unit.</p> <ul style="list-style-type: none"> <li>• <b><u>DBB:</u></b> There is no early involvement of key team players; construction documents are completed before advertising for bids; there are separate contracts for design and construction; and can prequalify but must award to lowest, responsive, responsible bidder. Under the feedback cycle for DBB, there is delayed feedback, which causes design effort wasted; design/project schedule extended; options constrained; and an upward drift in project costs. DBB projects are a complex process and statistically run behind schedule. Most hospitals are no longer going with DBB anymore. If we chose to go with DBB, the USDA financing would only be for 1-project, the Acute Care Wing.</li> <li>• <b><u>DB:</u></b> Is a one-stop shop for the owner; allows value based selection under PCC20160 et seq; gives reduced owner risk; and allows for early involvement of key project team members. Under the feedback cycle for DB, there is continuous cost data and rapid estimation from engaged contractors. All three phases would be under one contract, and there is a single point of responsibility for the project. It also included validation stages with continuous cost data to ensure the project is under the agreed contract price. DB is more collaborative and coordinated with less claims/issues.</li> <li>• <b><u>The 2-Step Proposal Process is as follows:</u></b> <ul style="list-style-type: none"> <li>○ Request for Qualifications (RFQ)</li> <li>○ Request for Proposal (RFP) to top three Qualified Teams. The award would be based on scored evaluation criteria which includes: Design Build Expertise; Teams Design and Construction Expertise; Conceptual Design/Technical Design/Sustainability; Value=Cost, Best Value</li> </ul> </li> </ul>	<p><b>On a motion made and seconded, the Board approved moving forward in the pursuit of securing a Project Manager to oversee the Acute Care Wing Project on our behalf.</b></p> <p>M (Robinson) / S (Hoy) / C</p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p> <p><b>On a motion made and seconded, the Board approved accepting the advice of legal counsel to move forward with the Design Build (DB) delivery option for the Acute Care Wing project.</b></p> <p>M (Hoy) / S (Moxley) / C</p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Recommendations, Life Cycle Cost Analysis; Execution=Project Schedule, Site Logistics, Proposed Project Approach; QA/QC Program and Safety; In-Person Interview; Exceptions to Agreement</p> <ul style="list-style-type: none"> <li>• <u>Contract Award:</u> Proposers are ranked based on top score; DB allows the ability to negotiate per PCC Section 22164 (D) (4).</li> <li>• <u>Design Development:</u> <ul style="list-style-type: none"> <li>○ Validation Stage: Engagement with Project Team to further develop Agreed program; engage in target value design to deliver best value.</li> <li>○ Design Development Documents: Reconciliation with Agreed Program; Reconciliation of Cost and Schedule</li> <li>○ Construction Documents: Final Approval; Permit</li> </ul> </li> </ul> <p>Del Gallo reported that she has been working with M. Turner and G. Hicks to prepare an RFQ and RFP for a Project Manager (PM). The PM would be an outside consultant who would manage the project all the way through completion, ensuring that the project stays on target and within the agreed contract price.</p>	
7.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, January 25, 2024</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	<b>Information only</b>
8.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 2:13 p.m.	<b>Meeting adjourned</b>

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

By: \_\_\_\_\_

**Kristi McCasland, Recording Secretary**

**Board Approvals: (20 Documents)**

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

**a. Rural Health Clinic-Dental Department Policies: (4)**

[Adjust Dentures Extra Oral \(Policy\) - Rural Health Clinic-Dental](#)  
[Coronal Polishing \(Policy\) - Rural Health Clinic-Dental](#)  
[Place Post Extraction Dressings Policy \(Policy\) - Rural Health Clinic-Dental](#)  
[Suture Removal Policy \(Policy\) - Rural Health Clinic-Dental](#)

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

**a. Environment of Care (EC) Policies: (1)**

[Code Yellow \(Bomb Threat\) Procedures \(Policy\) - EC / EM](#)

**III. Triennial Renewal Only (no / minor changes): (15)**

**a. Environment of Care (EC) Policies: (4)**

[Utilities Management Plan \(Plan\) - EC](#)  
[Electrical Service Outlet Testing - UT-004 \(Policy\) - EC](#)  
[Equipment, Sterilizers - ME-018 \(Policy\) - EC](#)  
[Equipment, Technical Literature - ME-016 \(Policy\) - EC](#)

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

[CAH Physical Plant and Environment \(Policy\) - LD](#)

**c. Nutritional Services Department Policies: (10)**

[Small Portion Diet \(Policy\) - Nutritional Services Department](#)  
[Altered Consistency Diet Preparation and Service \(Policy\) - Nutritional Services Department](#)  
[Hydration \(Policy\) - Nutritional Services Department](#)  
[Scope of Service, Nutritional Services \(Policy\) - Nutritional Services Department](#)  
[Refrigerator, Staff \(Policy\) - Nutritional Services Department](#)  
[Refrigerator and Freezer Acceptable Temperature Range \(Policy\) - Nutritional Services Department](#)  
[Food Portioning \(Policy\) - Nutritional Services Department](#)  
[Nutritional Care Manual Care of the Patient and Resident \(Policy\) - Nutritional Services Department](#)  
[Aprons \(Policy\) - Nutritional Services Department](#)  
[Organizational Chart \(Policy\) - Nutritional Services Department](#)

**Board Approvals: (18 Documents)**

**I. New Policies / Forms / Attachments: (18)**

**a. Medication Management (MM) Policies: (18)**

[797 Compounding: Responsibilities of Sterile Compounding Personnel \(Policies\) - MM](#)  
[797 Compounding Microbiological Air and Surface Monitoring Program \(Policy\) - MM](#)  
[797 Compounding: BUD Determination and Stability Considerations \(Policy\) - MM](#)  
[797 Compounding: Certification and Recertification of Sterile Compounding Areas \(Policy\) - MM](#)  
[797 Compounding: Cleaning and Disinfecting Compounding Areas \(Policy\) - MM](#)  
[797 Compounding: Complaints, Adverse Drug Reactions, & Recall Handling \(Policy\) - MM](#)  
[797 Compounding: CSP Handling, Storage, Packaging, Transport, & Shipping \(Policy\) - MM](#)  
[797 Compounding: CSP Release Inspections & Testing \(Policy\) - MM](#)  
[797 Compounding: Designated Person for Sterile Compounding \(Policy\) - MM](#)  
[797 Compounding: Equipment, Supplies & Components for Sterile Compounding](#)  
[797 Compounding: Facilities and Engineering Controls for Sterile Compounding Areas \(Policy\) - MM](#)  
[797 Compounding: Hand Hygiene and Garbing for Sterile Compounding in a Cleanroom Suite \(Policy\) - MM](#)  
[797 Compounding: Hand Hygiene and Garbing for Sterile Compounding in a Segregated Compounding Area \(Policy\) - MM](#)  
[797 Compounding: Immediate-use Compounding \(Policy\) - MM](#)  
[797 Compounding: Labeling of Compounded Preparations \(Policy\) - MM](#)  
[797 Compounding: Master Formula & Compounding Records \(Policy\) - MM](#)  
[797 Compounding: Sterile Compounding Program Overview \(Policy\) - MM](#)  
[797 Compounding: Workflow and Aseptic Technique for Sterile Compounding \(Policy\)](#)

**II. Updated Policies / Forms / Attachments: (0)**

**III. Triennial Renewal Only (no / minor changes): (0)**



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

**MOUNTAINS COMMUNITY HOSPITAL**

## *Code of Conduct*



As a guardian of t h i s  
amazing organization, *I will*:

Uphold **INTEGRITY** in my  
words and actions.

Show **COMPASSION** to  
every person, every time.

Provide **SERVICE** to my  
patients, my co-workers,  
and my community.

Demonstrate **EXCELLENCE**  
every day, in every way.

Take **OWNERSHIP** for all I do.

ABOVE ALL...  
*do the right thing!*

Dear Colleague,

At Mountains Community Hospital our mission Statement is, “To make possible essential quality medical services to the residents and visitors of the local mountains.” In order to achieve that mission, we must first and foremost be a people of integrity and honesty. To assure this ongoing commitment to integrity and honesty, we are pleased to introduce the Mountains Community Hospital Code of Conduct.

The Mountains Community Hospital Code of Conduct is part of our overall Compliance Program. It serves as a guide for each of us – board members, employees, volunteers and service providers – as we strive to conduct all of our business dealings with a high degree of honesty and integrity. Medical and business decisions can be complex. The Code of Conduct is a guide to using good judgment and making the right choices. We expect all of us to know and follow it. We all have a role to play and every one of us can make a real difference. Everyone has individual responsibility and accountability to follow our legal and regulatory compliance policies, and to conduct activities in an ethical manner. To help you, our Code of Conduct sets out our standards on how we should behave with our stakeholders, patients, fellow employees, community, physicians and regulators. However, no code of conduct can spell out appropriate behavior for every situation. Mountains Community Hospital relies on each of us to use good judgment of what is right and proper in any particular situation. If there is any doubt, ask yourself:

- 1. Does it comply with Mountains Community Hospital standards, including this code and our policies and procedures?*
- 2. How would my action look as a headline in tomorrow's newspaper?*
- 3. How would my family or friends view my behavior?*
- 4. Does it follow the letter and spirit of the law and regulation?*

You are a critical member of our team and play an important role in our future. Thank you for your Commitment to Mountains Community Hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Turner", with a long horizontal flourish extending to the right.

Mark Turner, CEO

# Compliance Mission Statement

The mission of the compliance department is to support Mountains Community Hospital and our facilities as a trusted advisor providing information and support regarding regulatory requirements. We promote an ethical environment, protect our organizations' integrity, and promote adequate controls. While working collaboratively, we perform audits, conduct investigations, provide education, and promote the values of honesty, integrity, respect, and professionalism as outlined in the Code of Conduct.

By fulfilling this mission, we help to ensure outstanding patient care and stand as valuable partners in the communities where we serve. The Mountains Community Hospital compliance department guides our employees by setting forth ethical and legal standards through our Code of Conduct and policies. Working together, we create awareness of these standards among everyone in our company. Compliance is everyone's job at Mountains Community Hospital and we appreciate your contributions to making us an outstanding health care provider.



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# Chapter 1:

## Program Overview and Standards of Behavior

Mountains Community Hospital's (MCH) Compliance Program is designed around the seven elements of an effective compliance program, as set forth by the HHS Office of Inspector General (OIG) in its model hospital compliance program guidance. These seven elements are also reflected in the federal sentencing guidelines established by the U.S. Department of Justice. The following summarizes the structure of our program and its relevance to the seven elements.

1. Governance and Oversight — Our compliance program is governed at the highest level of MCH. The Compliance Officer reports to the MCH CEO and to the board of Directors, and the hospital Compliance Committee reports directly to the MCH Board of Directors and the compliance officer.
2. Standard and Procedures — We have adopted policies and procedures that aim to address various areas of regulatory risk and compliance. This Code of Conduct booklet is intended to be a high-level summary of those policies. Each workforce member is responsible for fully understanding the compliance policies that affect their role in the organization.
3. Education Programs — We have established various education modules to ensure our workforce members are properly trained on the requirements of the compliance policies that impact their respective jobs. These training programs are provided through a variety of platforms, including webinars, live training and self-study courses.
4. Auditing and Monitoring — We routinely audit and monitor adherence to our compliance policies, especially in areas we deem to be at high risk of potential non-compliance.
5. Standards of Discipline — To ensure that our compliance policies are followed and workforce members are treated equally, we have adopted standard levels of disciplinary action for violations of our compliance policies. These standards also state that workforce members who self-report accidental or non-purposeful violations of our compliance policies generally will not be disciplined but instead will be provided additional education on the policies in question.
6. Reporting Options for Compliance Issues — As set forth in this booklet, we have established various means to report compliance issues, including the operation of a secure ethics hotline that is staffed 24 hours a day, every day of the year. All workforce members

who file a report with the ethics hotline can choose to remain anonymous. We have a strong non-retaliation policy, which states there will be no retaliation against any workforce member for contacting the ethics hotline or otherwise reporting a compliance concern. Retaliation against a person who reports a compliance issue will be subject to disciplinary action up to, and including, termination. Civil penalties may also apply.

7. Response and Prevention — Our compliance policies state that we will respond to all compliance issues raised by our compliance program, whether it is an ethics hotline call, an audit finding or a referral from an outside agency. We will remediate the issue raised, take steps to mitigate the risk of a future occurrence and, if necessary, pay back any excess payments we may have received as a result of non-compliance.

### Standards of Behavior

Everyone must commit and adhere to the following standards of behavior:

- I will treat all people with respect and dignity, and be responsive to their needs.
- I will provide patients with quality care.
- I will build positive relationships with patients, guests and fellow employees.
- I will address patients by name and identify myself to them.
- I will answer all call lights and telephones promptly and courteously.
- I will present myself to patients and guests in a professional manner.
- I will take the time to explain all tests, procedures and treatments to the patient, within the scope of my authority.
- I will comply with patient/staff privacy and confidentiality requirements.
- I will respect the privacy of patients.
- I will be committed to patient safety as my first priority.
- I will be committed to positive behavior by promoting cooperation throughout the facility.
- I will be a responsible team member who is honest, trustworthy, ethical and accountable for all my actions.
- I understand not only my role on the team, but also the larger goals of other departments and MCH, as we strive to meet our community's needs.

## Chapter 2: Patient Care

### Quality of Care and Patient Safety

MCH's primary purpose is to provide high quality care in a cost-effective manner. We are committed to providing health care services that meet the needs of each individual, family and community where we have facilities in a safe and productive environment. We provide patient care designed to achieve the intended outcome of the patient's treatment plan in an appropriate manner. We treat patients with respect and professionalism and in a manner that preserves their dignity and self-esteem. We will involve patients in decisions about their health care and continue to seek new approaches to increase the quality of care we deliver.

We are responsible for providing health services and products while complying with all applicable laws, regulations and standards, including state and federal legislation regarding patients' rights. Clinical assessments of all patients will be undertaken by individuals qualified to conduct such assessments. MCH will seek out and employ only health care professionals with proper experience and expertise in meeting the needs of our patients.

At MCH, the safety of our patients is our highest priority. It is our duty to protect patients that are under our care. For example, we must remain diligent to protect patients from falling, ensure patients are given the correct medications, and safeguard them when they are under sedation. Patient safety is everyone's responsibility; not just the doctors, nurses and others directly involved in patient care. Individuals in other occupations, such as housekeeping or food services, must also stay alert for any potential for harm, which may jeopardize our patients.

To achieve a strong culture of safety, all of us (physicians, nurses and others) must work together to develop an environment of self-respect and trust. A culture of safety is free from harassment, retaliation, accusation and blame, and requires individual willingness to take responsibility for our actions. We are all on the same team and the safety of our patients is paramount.

It is essential that all employees bring knowledge of any deficiencies or errors in health care services to the attention of someone in authority within MCH who can properly assess and correct any problems. It is each employee's responsibility to ensure that only the best care be provided, and this responsibility cannot be ignored.



# Chapter 3:

## Patient Privacy and Information Security

### Patient Privacy

One of the most important rights of our patients is the right to privacy. This right is protected by the Health Insurance Portability and Accountability Act (HIPAA) and its accompanying regulations. HIPAA protects a patient's Protected Health Information (PHI) from unauthorized access, use and disclosure.

We discuss or share protected patient information only with those who have a right or need to know, only if necessary authorizations have been received, and only in a manner consistent with legal requirements. We will avoid discussing protected patient information in public areas. We proactively safeguard patient information by adhering to the HIPAA regulations and our privacy and security policies and procedures. MCH employees must never use or disclose confidential patient information in a manner that violates the privacy rights of our patients. Violation of this policy may result in disciplinary action up to and including immediate termination.

### Information Security

Information security addresses how we protect electronic patient and company information. Examples include firewalls, email and hard drive encryption, and reviewing user access to our systems and applications. However, our processes for handling and using this type of information are also part of information security. Everyone plays a role in keeping information safe.

MCH defines information assets as any computer, application, system, database, storage or device that is connected to the corporate network and/or has access to the corporate networks and any associated protected or sensitive information. Information assets must be protected from unauthorized access and exposure of sensitive or protected information. It is important for you to understand this concern and the important role you play in protecting our information assets. MCH information security policies exist to provide requirements and guidance for securing information assets.

*The HIPAA Security Rule mandates that we protect all patient health information by having a secure system that controls access.*

### Passwords

Passwords and other personal security codes are to be kept confidential. You are responsible for the actions resulting from the use of your accounts. Do not share your password or let others use your computer while you are logged in. For additional information, review MCH Information Security policies.

### Encryption

Any time protected health or other sensitive information needs to be sent or made available to someone outside of the MCH network, it must be encrypted.

Encryption is a way to make this information unreadable by outside parties, thus protecting it from unauthorized exposure. Keep in mind the following when handling protected or sensitive information:

- When emailing, use MCH's information technology (IT) advised methods. If unsure of the best way to encrypt, please contact IT for proper instructions.
- If attachments are too big for email, contact IT for secure ways to send this information outside of MCH.
- Protected or sensitive information must be encrypted before storing on any mobile/ removable media (ex. USB drives, CD/DVD, etc.). Encryption software is available for this purpose. Contact IT for assistance.
- If ever in doubt on how to properly handle protected or sensitive information, please contact IT.

### Paper Records

While the push has been to use electronic systems and information, there are still situations where paper-based use and exchange is necessary. When handling protected or sensitive information on paper:

- Do not leave on desks, printers, or any other open areas while unattended.
- Use designated shred bins to properly dispose of paper.
- File or storage areas must have adequate safeguards including locks, limited access, and fire-proofing/natural disaster protections.

## Inappropriate Access to Protected or Sensitive Information

Inappropriate access can occur when someone gains access to protected or sensitive information without the need or permission to do so. Information assets are monitored on a continuous basis to identify abuse, misuse, or unauthorized access. MCH policies dictate disciplinary actions for inappropriate access. Common examples of inappropriate access include:

- Looking at the electronic medical record of a patient with whom you have no involvement
- Looking at your own medical record without following proper request processes through the health information management (HIM) department
- Accessing user or department file shares that are not yours or part of your department

*We are committed to providing the best possible care to all of our patients. This includes treating our patient's information with care, including maintaining every patient's confidentiality and keeping their protected health information secure.*

## Social Media

Most likely, you have an account with Facebook, Twitter, LinkedIn or some other type of social media. Posting any protected or sensitive information on social media can be grounds for dismissal, if the appropriate authorization processes have not been followed. Other infractions include using social media to bully or embarrass fellow staff members, post false information about MCH and associated facilities, engage in illegal activity or divulge confidential business information. Be sure to read MCH's policies and guidelines on use of social media.

## Questions and Answers

**Q:** *Who has access to my personnel records and wage information?*

**A:** Personnel records and wage information are confidential. Access to personnel files is limited to management and human resources. Individuals who have access to personnel files are held accountable for protecting the privacy of that information.

**Q:** *I am an employee of MCH. May I access my family member's electronic health record to monitor them? How about if I am the minor patient's parent or designated agent?*

**A:** No. When you have a family member or friend receiving care, you may not use your status as an employee to access records. You must go through the process to obtain medical information like any non-employee family member or friend. When you are a parent or a family member, you must act like any other patient or family member.

**Q:** *When I am speaking to a patient, and friends or family members are in the treatment room, do I assume the patient has given permission to speak of their PHI in front of these persons, or do I need to ask them to leave the room?*

**A:** Do not assume it is okay to speak in front of other people in the room with the patient. Ask the patient if it is okay to discuss their PHI, such as diagnosis, medications, treatment plans, etc., in front of other person(s). If highly sensitive information needs to be discussed, then ask the person(s) to leave the room before beginning any discussion about the sensitive information.



## Chapter 4:

# Laws and Regulations

The health care industry is complex and heavily regulated. There are numerous laws and regulations that apply to health care and hospitals. It is very important that you understand the specific laws that apply to your role in our organization. The purpose of this chapter is not to explain every applicable law in great detail, but to briefly highlight the laws of greatest compliance concern and give you the tools to get further information.

We will uphold all laws and regulations. If there is a doubt as to the legality of any action, seek advice from your supervisor or manager, and, as appropriate, the MCH compliance officer and/or general counsel before taking that action.

Anti-kickback and Stark federal and state laws and regulations govern the relationship between hospitals and physicians and anyone else who may refer patients to MCH. The applicable federal laws include the Anti-Kickback Statute and the Stark Law. It is important that those who interact with physicians, particularly regarding making payments to physicians for services rendered, providing space or services to physicians, recruiting physicians to the community, and arranging for physicians to serve in leadership positions in facilities, are aware of the requirements of the laws, regulations and policies that address relationships between MCH and physicians.

If relationships with physicians are properly structured, but not diligently administered, this failure may result in violations of the law. Issuance of payments to physicians under agreements must be supported by all required documentation (e.g., time sheets). Any arrangement with a physician must be structured to ensure compliance with legal requirements, our policies and procedures, and with any operational guidance that has been issued.

*MCH adheres to all state and federal laws and regulations governing the health care industry.*

### Anti-Trust and Unfair Competition

We believe that the welfare of consumers is best served by economic competition. Our policy is to compete vigorously, aggressively, and successfully in today's increasing competitive business climate; and to do so in compliance with all applicable anti-trust, competition, and fair dealing laws. We seek to excel while operating honestly and ethically, and not by taking unfair

advantage of others. Each employee should endeavor to deal fairly with our customers, suppliers, competitors and other employees. No employee should take unfair advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair-dealing practice.

Anti-trust laws are designed to preserve a competitive economy and promote fair and vigorous competition. These laws could be violated by discussing our business with a competitor (such as how our prices are set), disclosing the terms of supplier relationships, allocating markets among competitors, agreeing with a competitor to refuse to deal with a supplier, or disclosing the wage rates we pay our employees. Employees involved in marketing, sales and purchasing, contracts, or in discussions with competitors have a particular responsibility to ensure that they understand our standards and are familiar with applicable competition laws. Because these laws are complex, employees should consult with the MCH general counsel when questions arise.

### Billing and Coding

MCH employees are responsible for ensuring our bills accurately reflect the services rendered and supplies used to treat our patients. We have implemented policies, procedures, and systems to facilitate accurate billing to government and other payers in compliance with federal and state laws and regulations. We prohibit any employee or agent from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious or fraudulent. Services must be billed with codes that accurately describe the care provided and must be supported by documentation in the medical record. Employees involved with the billing and coding functionalities must understand and follow our policies in this area.

*Only bill for services which are properly ordered and performed.*

MCH facilities must only bill for services that have been properly ordered and performed. Employees are expected to understand and comply with all billing related policies and procedures established by MCH, as well as all third-party carriers, including Medicare, Medicaid and other governmental programs. MCH facilities will not routinely waive co-payments or deductible payments, except in strict conformity with specific MCH policies.

When any payer agreement requires the collection of co-payments and/or deductible amounts, these amounts will be collected as required by the agreement. Decisions to waive any co-payment or deductible must be disclosed and implemented in accordance with MCH policy.

*Code what you do, do what you code.*

# Contracts

We will accurately specify the services to be provided, benefits to be received, realistic time commitments, and reasonable compensation rate(s) in all contracts.

All contracts must be reviewed prior to issuance in accordance with established MCH policy. Various factors determine the required level of review. Many contracts require review by general counsel or outside counsel approved by general counsel.

*All contracts must be in writing and current.*

# False Claims Act

The Deficit Reduction Act contains specific requirements regarding entities that receive more than \$5 million annually from Medicaid. The law requires that entities covered by the law have specific policies dealing with matters of fraud and abuse. In addition, employees and contractors are to be informed about a federal law known as the False Claims Act, a civil anti-fraud statute providing that any person who knowingly submits or causes the submission of false claims for government, funds or property is liable for damages and penalties. Entities that knowingly violate this law can be liable for triple damages and penalties in excess of \$10,000 to \$20,000 per claim. The False Claims Act contains provisions for individuals who are known as “relators” or whistleblowers. The law provides certain protection for employees who are retaliated against by an employer because the employee filed a whistleblower lawsuit. Many states have enacted False Claims Act statutes that contain provisions that are similar to the federal statute, including whistleblower provisions. Individuals who have

questions regarding the specifics should refer to MCH's policies for additional information.

## Ineligible Individuals and Entities

We do not contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in federal health care programs; or is suspended or debarred from federal government contracts and has not been reinstated in a federal health care program after a period of exclusion, suspension, debarment, or ineligibility. Ineligible individuals or entities include anyone who has defaulted on a federal loan or contract or anyone who has been debarred from the Medicare and Medicaid programs for violating billing and other regulations. We routinely search the Department of Health and Human Services' Office of Inspector General and General Service Administration's list of excluded and ineligible persons. Employees, vendors and privileged practitioners are required to report to us if they become excluded, debarred, or ineligible to participate in federal health care programs.

# EMTALA

The Emergency Medical Treatment and Labor Act (EMTALA) is a federal statute that addresses how hospitals deliver emergency medical services to the public. Known as the “anti-dumping” law, it prohibits a hospital emergency department (ER) from delaying care, refusing treatment, or transferring a patient to another hospital based on the patient’s ability to pay for services.



A significant portion of our patients enter the hospital through the emergency department. Anyone with an emergency medical condition is provided a medical screening examination and necessary stabilization. In an emergency situation or if the patient is in active labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge, or transfer patients with emergency medical conditions simply based on their ability or inability to pay.

Patients with emergency medical conditions will only be transferred to another hospital at the patient's request or if the patient's medical needs cannot be met at MCH (e.g., we do not have the capacity or capability) and appropriate care is knowingly available at another hospital. Patients will only be transferred after they have been stabilized within the capabilities and capacity of the transferring hospital, and are formally accepted for treatment at the receiving hospital. Patients are only transferred in strict compliance with state and federal EMTALA regulatory and statutory requirements.

## Environmental Compliance

It is our policy to comply with all environmental laws and regulations as they relate to our operations. We will act to preserve our natural resources to the fullest extent reasonably possible. We will comply with all environmental laws and operate our facilities with the necessary permits, approvals, and controls. We will diligently employ proper procedures to provide a good environment of care and to prevent pollution.

*Always err on the side of caution when handling chemicals that might be harmful to you or others.*

In helping MCH comply with these laws and regulations all employees must understand how their job duties may impact the environment, adhere to all requirements for the proper handling of hazardous materials, and immediately alert their supervisor of any situation regarding the discharge of a hazardous substance, improper disposal of medical waste, or any situation that may be potentially damaging to the environment.

## Questions and Answers

- Q: *I discovered a coding error in the billing system and corrected it. What obligations do I have to determine if other claims were submitted in error?*
- A: It is MCH's policy to refund any overpayment made as a result of coding errors and to notify the appropriate payer of the problem. You should immediately notify your supervisor or a higher level MCH official of your discovery so the nature and magnitude of any potential error can be determined and corrected.
- Q: *I work in the business office and have noticed that rent is not being paid by a physician who is renting office space from the hospital. Is this a problem?*
- A: This could be a violation of the Anti-Kickback Statute and subject to both the hospital and the physician to criminal penalties. Rent must not only be collected, it must be at fair market value. You should bring this matter to the attention of your supervisor.
- Q: *I sometimes attend trade shows or professional meetings where I run into old friends who work for our competitors. Are there any subjects that I should avoid?*
- A: Avoid anything that affects competition in the marketplace, included pricing, profit margins or credit and billing practices. Stay away from any business discussions with our competitors.
- Q: *As a newly hired nurse in our home health agency, I noted that some of the patients I visit did not appear to be homebound. Should I report this?*
- A: Yes, you should report your observation to your supervisor so they can take action to ensure these services are not being billed until the issue is resolved.
- Q: *I have a friend in the managed care department of one of our competitors. She has been asked by her company to survey managed care prices in the region. Can I give her copies of price lists and bids?*
- A: Absolutely not. Any sharing with competitors of pricing information not normally available to the public could be perceived as, or be legally treated as, an effort to fix fees or limit competition.

# Chapter 5:

## Workplace Rules

Our goal is to create a positive work environment for all workforce members based on mutual respect and open lines of communications. We need you to help us create that environment by your working with your co-workers and peers to create a culture where patient safety and quality will flourish. This chapter covers the required workplace rules to ensure we continue to be a great place to work.

If you observe anyone violating these rules, you have a duty to report the violation to your supervisor, the human resources department or the ethics hotline (See Chapter 6 for more on the ethics hotline). We will not tolerate retaliation or harassment against any workforce member in response to the member filing a report with the ethics hotline or reporting workplace concerns through other channels.

### Confidentiality of Business Information

As a workforce member, you must safeguard our business information. Business information includes, but is not limited to, billing records, computer data, contracts, emails, financial records, internal communications, letters, marketing plans, personnel records, and prices. If you use business information as part of your job, you have a duty to safeguard this information and keep it confidential. The same measures of safe-guarding PHI also apply to safeguarding business information.

*Do not disclose confidential or proprietary company information.*

### Conflicts of Interest

A conflict of interest is any activity which involves, or appears to involve, an arrangement that could be detrimental to MCH. You may have a conflict of interest if your outside activities or personal interests influence, or appear to influence, your ability to make objective decisions on behalf of MCH. There may not be anything wrong with having a conflict of interest. Our objective is to manage conflicts of interest.

Conflicts of interest not only extend to your personal interests, but also the interests of your spouse, your spouse's family, your grandparents, your children, and your brothers and sisters. For example, if your sister-in-law owns a catering company and you were in charge of arranging for a catered event at the hospital, you have a conflict of interest with the catering company. What this

means is you must remove yourself from the decision to select the caterer; however, it does not mean the hospital cannot use the caterer. In this example, there is a conflict of interest and removing yourself from the catering decision is a way of properly managing that particular conflict of interest.

*If a deal or relationship feels or looks like a conflict of interest, it probably is and should be avoided, or disclosed and resolved.*

In order to properly manage any potential conflicts, and to protect you from any accusations that you may have improperly acted on a conflict of interest, we have established a policy that requires designated managers (who are governed by the conflict of interest code), senior managers, and board members to annually report any actual or potential conflicts they may have now or might have in the future. This annual disclosure is accomplished by having these individuals complete and file the California Form 700 by March 31 of each year. By properly disclosing your conflicts, we will be able to manage the conflicts of interest and ensure our business transactions are fair to all parties involved.

### Copyrights and Intellectual Property

Print and electronic materials (including photography, audio recordings, video recordings, and software) are usually protected by copyright laws. MCH workforce members are expected to respect and comply with these laws, which ensure those who created these materials receive proper credit and compensation for their work. We will not reproduce articles, pamphlets, software or other electronic materials without written permission from the writer or publisher.

- We will maintain proper licenses (such as BMI, ASCAP or MPAA) to play copyrighted music or video in public areas.
- We will not make copies of copyrighted magazines, books, or other publications without having prior permission or a blanket license.
- We will not use trademarks or logos of other organizations without prior permission.
- We will not make copies of licensed software for distribution without having a license.
- We will not use photographs of people in our promotional publications without proper consent.

## Diversity and Equal Opportunity

Our workforce is diverse, and includes people from many places and many ancestries. Their talents and different viewpoints contribute greatly to our success. We are committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity, and respect. Accordingly, we will not discriminate based on sex, race, religion, creed, color, national origin, age, sexual orientation, gender identity, genetic information, disability, family medical history, or any other protected category. Our policy applies to all personnel actions such as hiring, staff reductions, terminations, transfers, evaluations, recruiting, compensation, corrective action, discipline, promotions, and training.

## Harassment

We are committed to providing a work environment that is free of harassment. Harassment of any kind is strictly prohibited; including harassment on the basis of race, color, religion, national origin, age, sex, sexual orientation, gender identity, disability, genetic information, veteran status, or other characteristic protected by law.

Harassment may take on many forms, but the most common forms include:

- verbal conduct such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations or comments;
- visual conduct such as derogatory and/or sexually-oriented posters, photography, cartoons, drawings or gestures;
- physical conduct such as assault, unwanted touching, blocking normal movement or interfering with another person because of sex, race, or any other protected characteristic.

***MCH will not permit discrimination in any form.***

MCH strongly urges the reporting of all incidents of discrimination, harassment, or retaliation, regardless of the offenders' identity or position. Individuals who believe they

have experienced conduct contrary to MCH policy or who have concerns about such matters should file their complaints with any member of management, a human resources representative, or the Ethics Hotline. Reporting harassment to an Employee Assistance Program ("EAP") counselor is not sufficient since all information an employee provides to the EAP is kept confidential. MCH cannot intervene and rectify inappropriate situations unless it is made aware of them.

## Duty to Report

If you experience or observe any form of harassment, violence, or discrimination in the workplace, or become aware of threats of potential violence, you have a duty to immediately report the incident to a supervisor, the human resources department, the compliance officer or call the ethics hotline. We take all complaints of workplace violence and/or harassment very seriously. All reports will be promptly investigated.

***Report all cases of discrimination to the proper MCH official to ensure appropriate resolution.***

## Gifts

MCH employees are expected to remain above reproach in their business dealings, are encouraged to err on the side of prudence, and to avoid even the appearance of impropriety. It is critical to avoid the appearance of impropriety when giving gifts to individuals who do business with or are seeking to do business with MCH. We will never use gifts or other incentives to improperly influence relationships or business outcomes.

MCH's policies set forth the parameters for receiving and giving gifts with those with whom we do business. If the gift or entertainment would influence, or reasonably appear to others to be capable of influencing the employee's judgment in conducting business affairs with the donor, then it should not be accepted. Should there be any question regarding this policy you should seek advice from your supervisor or the compliance officer. This policy applies to family members of an employee as well. You must never offer a gift to, or accept a gift from, an agent of any governmental or accrediting agency. This does not affect gifts given to an employee by MCH.

## Vendors

You are allowed to accept gifts from vendors, generally not to exceed \$75 per year per vendor. This gift must be for an item or service, such as a clock or sporting tickets. You cannot accept cash or cash equivalents, such as check cards or savings bonds. However, you may accept a “targeted” gift card to a specific restaurant or store. If a vendor offers you free overnight travel, you must get advance permission from the compliance officer.

## Patients

Gifts from patients or patients’ families should be avoided. Where courtesy requires acceptance of a gift, it should be of modest value and shareable with co-workers if possible. Gifts to patients must follow specific guidelines such as of nominal value: less than \$15 individually or an aggregate value of \$75 per year per patient; to promote access to care; for financial need; or for preventive care. The intent of any gift or service is not to influence patients to receive items or services payable by the federal or state programs. Gifts should not be provided in cash or by checks. Gift certificates that can be exchanged for goods or services are acceptable; but gift certificates that can be exchanged for cash are not. Contact the compliance officer to assure guidelines are followed accordingly prior to any gifting.

## Physicians

Under federal law, it is unlawful for any person to solicit, offer, pay for, or receive anything of value that would induce the referral of business to a hospital or other medical facility. If the item or service is reimbursable directly or indirectly, in whole or in part, under Medicare, Medicaid or another federal program it should not be accepted.

Therefore, since physicians are individuals who refer patients to our facilities, any gifts to a physician must fall under the restrictions of the Stark Law and Federal Anti-Kickback Statute, and are not to exceed those limitations. Under no circumstances will any gift, payment, or other thing of value be provided to a physician or physician’s family that in anyway could be construed as a payment for the referral of a patient or other business to MCH.

*Gifts must never be offered to influence the referral of a patient or business.*

Any questions related to these guidelines should be resolved by contacting MCH corporate general counsel or compliance officer.

## Entertainment

Entertainment is generally a social event (e.g., a meal, attendance at a sporting or cultural event, participation in a sporting activity, etc.) where business matters are discussed but is not the main purpose of the event. All business entertainment events must include some business discussion and a host from MCH must be present. The cost associated with such an event must not be excessive or extravagant in frequency or amount in any calendar year. Entertainment may not be offered for the purpose of influencing or inducing the referral of business.

Any entertainment involving physicians or other persons who are in a position to refer patients or other business to our health care facilities must be undertaken in accordance with MCH policies and government regulations.

*A host from MCH must accompany a physician during any event where entertainment is involved.*

## Information Technology Systems

Because our information technology systems contain sensitive and private information, it is critical that you understand our concern about properly safeguarding electronic information. These systems should be used primarily for business purposes.

Our MCH computer systems are monitored on a continuous basis. This monitoring includes emails, internet access, medical record access, systems access, etc. MCH systems may not be used for viewing or transmitting pornographic or other offensive material, or for threatening, harassing, spreading rumors, or actively supporting or opposing a candidate for public office. The IT and compliance departments will work collaboratively to monitor MCH systems. If they detect that you have viewed inappropriate websites, sent explicit emails, or accessed protected health information inappropriately, human resources and the department manager will be in contact with you. Various levels of discipline will apply.



## Personal Use of MCH Resources

MCH resources, such as photocopiers, computers and paper, are meant for MCH use. However, it is permissible to use MCH resources, in a very limited way, as long as your supervisor consents to such use. Some examples of limited use include making occasional copies or limited personal use of email.

*Treat all MCH property and equipment  
with care and respect.*

## Substance Abuse

For the safety of our patients, it is vital that we have a drug and alcohol-free workforce. We may perform drug or alcohol testing if there is an on-site accident or other incident, or if there is a reasonable suspicion that a workforce member is under the influence of drugs or alcohol.

If you are taking a legally-prescribed drug that may impair your performance, you must advise your supervisor immediately. If you report to work under the influence of alcohol or drugs, you will be subject to disciplinary action, up to and including termination of employment.

Employees are prohibited from using, selling, distributing, possessing, or manufacturing illegal drugs, controlled substances, narcotics, or alcoholic beverages on MCH premises (including parking lots or work sites), with the exception of MCH-sponsored events.

Employees subject to the Drug-Free Workplace Act who are convicted of any criminal drug violation occurring in the workplace must report the conviction to the human resources department within five days. Human resources will take appropriate action as required by law.

Employees may be subject to disciplinary action, up to and including termination, for violations of this policy. Violations include, but are not limited to, possessing illegal or controlled substances and narcotics, or alcoholic beverages at work; being under the influence of those substances while working; using them while working; or distributing or illegally manufacturing or selling them on MCH premises and work sites.

## Workplace Violence

We will maintain a violence-free work environment. Workplace violence may include harassment, assault, blackmail, and other acts that may threaten the safety of another person, impact another person's physical or psychological well-being, or cause property damage. Any workforce member who commits an act of violence will be subject to discipline up to and including termination.

Firearms, explosive devices, fireworks, lasers, tasers, and other dangerous materials are prohibited on our property (with the exception of law enforcement officers and on-duty MCH security members).

## Questions and Answers

**Q:** *What qualifies as sexual harassment and what can I do if I believe that it is happening to me?*

**A:** Sexual harassment includes any unwelcome or unwanted conduct of a sexual nature (verbal or physical) when submission to, or rejection of, this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, promotion, or other aspects of employment; or the conduct substantially or unreasonably interferes with an individual's employment or creates an intimidating, hostile, or offensive work environment. You should report this conduct to management, your human resources department or call the Ethics Hotline.

**Q:** *What are my options if I feel that I have been discriminated against in my performance review?*

**A:** You should discuss your concerns directly with your supervisor who should be prepared to give you a candid and honest appraisal of your performance. If this does not resolve your concern, you should bring your concerns to your human resources department or another appropriate MCH executive team leader.

Q: *I work in the accounts payable department, I noted we purchased a gift of several hundred dollars for a physician who refers a lot of patients to us. Is this acceptable?*

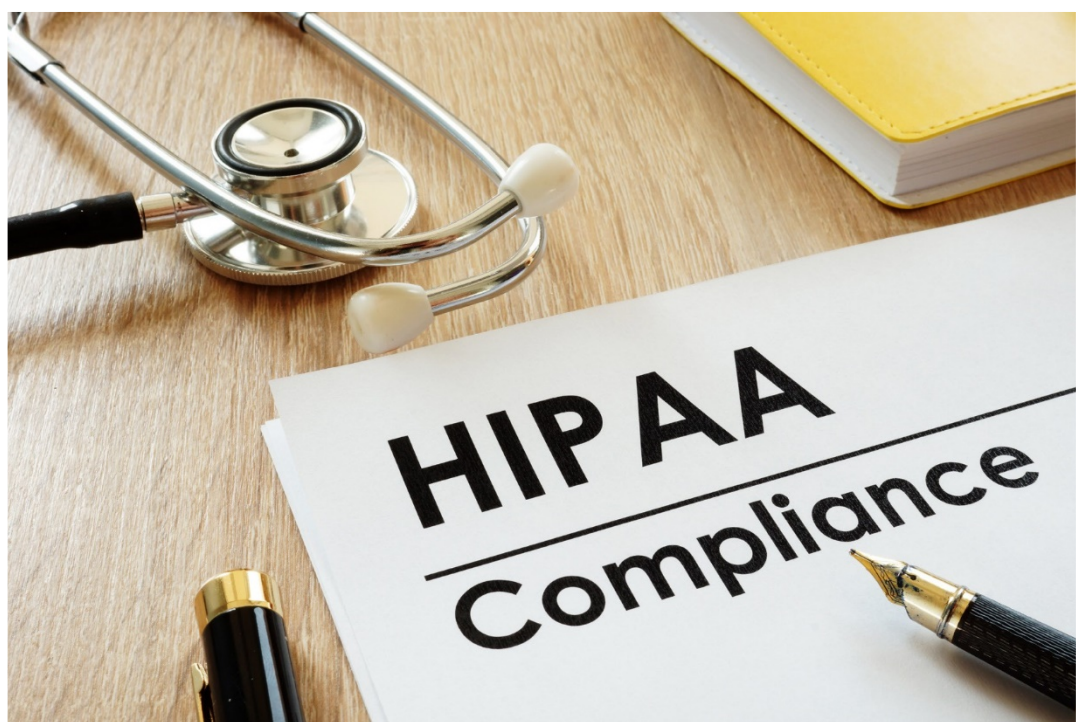
A: Gifts to physicians by a hospital are strictly limited by provisions of the Stark Law and Anti-Kickback Statute. Should there be a question about such a gift, the matter should be brought to the attention of your supervisor or the compliance officer.

Q: *Are the results of drug tests kept confidential?*

A: Yes. Drug test results will be carefully monitored to protect employee privacy and will be used only as needed to address the employee's particular situation, or as otherwise required by law.

Q: *There is one office in my facility where offensive pictures are displayed. I have expressed my objections to the person responsible and the response I have received is, "Grow up." What should I do?*

A: You should contact your supervisor or the human resources department to have it investigated.



# Chapter 6:

## Reporting Violations and Addressing Integrity

MCH and its affiliates include a multitude of different businesses: the hospital, outpatient centers, skilled nursing facility, clinical laboratory, and Rural Health clinics, to name a few. Within each of these businesses there are complex, ever changing, rules and regulations that govern each type of service. We recognize that this can create areas of uncertainty for employees who carry out daily operations. Questions and concerns about the correct way to handle different situations may, and often do, arise. Open discussion of these issues without fear of retribution is vital to the effectiveness of our Compliance Program. MCH will not tolerate retaliation against any employee who reports issues or concerns. Our Code of Conduct requires you to report infractions of our policies. A few examples of infractions or concerns you should report without delay include:

- Patient safety concerns or patient endangerment
- Patient complaints and grievances
- Performance of unnecessary procedures or surgeries
- EMTALA violations
- Billing or coding errors and lack of willingness to correct these
- Harassment or a hostile workplace environment
- Stealing or other criminal acts
- Intentional non-compliance with internal control systems
- Breaches of patient privacy
- Substance abuse or someone who is intoxicated at work
- Failure to safeguard narcotics

### How to Report Infractions or Concerns

Always consider reporting infractions first to your direct supervisor. If you are not comfortable doing this, the following suggestions will assist you in reporting infractions and concerns in an effective manner.

- Reports of a human resource nature, such as sexual harassment or a hostile workplace, should be directed to the human resources department.
- Reports involving breaches of patient privacy should be directed to the privacy officer.
- Reports involving potential identity theft should be directed to the compliance officer.
- All other reports should be directed to administration or the compliance officer.
- Reports of patient safety concerns and patient

**THE COMPLIANCE  
HOTLINE:**  
**1-844-706-5282**  
<https://mchcares.ethicspoint.com>

complaints should be reported through the Quality Review Reporting (QRR) system.

MCH has established an ethics hotline that is answered by an outside company to enable employees to report problems or concerns involving ethical or compliance issues. This toll-free number 1-844-706-5282 allows employees to report a concern anonymously and without fear of retribution. Callers are not required to identify themselves. All calls will receive immediate attention and will be investigated in an appropriate manner. The ethics hotline is intended to supplement existing internal communication channels. It is not intended to replace your management team, senior management or other MCH resources outlined under the MCH resources section. The ethics hotline is available when you believe that you have exhausted normal MCH channels or feel uncomfortable about bringing an issue to your supervisor, manager, human resources department or compliance officer.

The MCH ethics hotline is your opportunity to report concerns or infractions that you believe are not being handled properly by the facility or in cases where you are uncomfortable discussing these issues with MCH personnel.

### Suggestions for Effective Reporting

Whether you bring your concern to a person at the facility level, the MCH ethics hotline or report via the internet, it is a good idea to have all your facts together first. Gather documentation. This could include:

- Copies of erroneous bills
- Examples of privacy breaches
- Evidence of theft or other illegal acts
- Letters or emails

Organize your account of the situation. Often times, there may not be physical evidence that you can easily obtain to demonstrate a concern. In this case, it is especially important that you organize the details of your concern. Writing out your

story often helps you to think through the actual history of your concern. When organizing your facts, be as factual and specific as possible.

## Non-Retaliation/Retribution for Reporting Compliance Issues

MCH's policy prohibits any employee from retaliating against or engaging in harassment of another employee who has reported suspected wrongdoing. Every MCH supervisor and manager has the responsibility to create a work environment in which ethical and legal concerns can be raised and openly discussed without fear of retaliation or retribution. This includes avoiding any action that might constitute retaliation, retribution or harassment against an employee who has reported a concern. If you suspect that any MCH employee is engaging in acts of retaliation, retribution, or harassment against another employee for reporting suspected wrongdoing, immediately notify the compliance officer, or call the ethics hotline. Harassment, retaliation, or seeking retribution against a reporting employee may lead to disciplinary action, up to and including termination of employment on the first offense.

*Every supervisor and manager has the responsibility to create an environment in which concerns can be openly discussed.*

It is the responsibility of every employee to report concerns about actual or potential wrongdoing and employees are not permitted to overlook such actions. If an employee has knowledge of actual wrongdoing and does not report the activity, it will be considered a serious offense which can lead to disciplinary action, up to and including termination of employment.

*It is the responsibility of every employee to report concerns about actual or potential wrongdoing.*

**No one will be punished or terminated simply for calling the hotline or reporting a compliance-related problem in good faith.**

## Questions and Answers

**Q:** *What happens when I call the Compliance Hotline?*

**A:** The hotline is available 24 hours a day, 7 days a week. You can communicate your concern through phone or web-based services. The hotline is a confidential option provided by a third-party reporting service. Your concern is documented by an interview specialist, which is then sent to the MCH compliance department or an independent investigator. Each matter is closely reviewed before being submitted to MCH's compliance department. If a department or individual is named within a submitted concern, the third-party reporting service directs the case to be investigated by an independent person.

**Q:** *I had a dispute with my supervisor; therefore, I made a call to the hotline alleging things I knew not to be accurate just to cause a problem for this supervisor. Are there consequences for my actions?*

**A:** Yes, there can be serious consequences. The Hotline is for making legitimate complaints about suspected or possible wrongdoing by MCH or someone else. By making false or unfounded allegations, you may have caused undue hardships for a fellow employee and unnecessary use of valuable resources of MCH. We would consider this type of behavior unacceptable, and could lead to disciplinary action (up to and including termination of employment).

**Q:** *I suspect that due to my poor work performance my supervisor is going to fire me at the end of the month. Knowing this, I called the hotline to make several unfounded allegations of wrongdoing at my facility. Since MCH has a policy that prohibits retaliation or retribution against me for calling the hotline, Mountains Community Hospital could not fire me in this situation, correct?*

**A:** You could be fired under these circumstances as the reason for your termination is for poor work performance, not from retaliation for calling the hotline. Your complaint would be investigated to determine the legitimacy of the allegations before closing the investigation.

*Q: How will I know if anything has been done about my complaint?*

A: If there were improprieties occurring, you will most likely see a change in the activities which you have reported. You can also call the hotline to make inquiry into the status of the investigation. During your initial call or web-based submission, you will receive instructions how to retrieve available updates concerning your inquiry.

*Q: I did not receive pay for the overtime I worked during the last pay period. Should I call the hotline to get this resolved?*

A: No. Calling the hotline is not the place to address routine administrative matters. You should work with your supervisor and the MCH's human resources business partner to resolve the issue. Should you call the hotline, the investigation will begin by contacting your human resources business partner and supervisor, which could delay faster action had you gone to the supervisor and HR manager in the first place.



## Resources

The following contacts may be utilized to help you find an answer to your questions. In most cases, you first should have contacted your supervisor, the human resources department or the compliance officer. If you believe it is inappropriate to contact one of these individuals, then you should consider contacting one of these resources.

### THE COMPLIANCE HOTLINE:

- <https://mchcares.ethicspoint.com>
- <https://mchcares.navexone.com/peoplehub/home>
- **Mobile Intake Site:** [mchcaresmobile.ethicspoint.com](https://mchcaresmobile.ethicspoint.com)
- **Hotline Number:** 844-706-5282

# Acknowledgment of the Code of Conduct

My signature on this form acknowledges that I have received a copy of the Mountains Community Hospital (MCH) Code of Conduct and agree to read and abide by its contents.

I agree to obey all federal, state and local governmental laws and regulations at all times. If I am not certain about MCH's policies, or about the law, it is my responsibility and my right to get advice from my supervisor, human resources, any management personnel, general counsel, or the compliance officer.

I agree to comply fully with the Compliance Program guidelines contained in this booklet. I understand that compliance with these guidelines is a condition of my continued employment or association with MCH. Likewise, I understand any failure to report a violation (even if the violation is committed by another employee), can result in disciplinary action, up to and including termination of employment. I also understand that MCH reserves the right to occasionally amend, modify, and update these Compliance Program guidelines.

I also acknowledge that the Code of Conduct is only a statement of principles for individual and business conduct and does not, in any way, constitute an employment contract or an assurance of continued employment.

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Printed Name

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Signature

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Date



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

Section 1 - Planning Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	Action Plan
A.	The board receives and adopts a strategic plan from management and approves modifications to keep it current.	5	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.	Quarterly updates are provided to the board on the progress to date on the annual Management Action Plan (MAP) which is derived from the the long range strategic plan.
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.	Our monthly Managers Meeting occurs the first Monday of each month. This monthly meeting was restarted in summer 2022.
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.	Quarterly updates are provided to the board on the progress to date on the annual Management Action Plan (MAP) which is derived from the the long range strategic plan.
Section 2 - Quality Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	Action Plan
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.	We can add staff comments from exit interviews in our quarterly HR Committee meeting report. We will administer another SCORE survey to all employees and medical staff members in March 2024.
Section 3 - Community Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	Action Plan
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".	We will eventually be able to mine this data from our new HIS/EMR system once staff are fully trained and competent in using the new system. We are also having a Community Health Needs Assessment completed to identify priority needs
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%		

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

Section 4 - Financial Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	Action Plan
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%		
Section 5 - Management Oversight		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	Action Plan
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%		The CEO met with an ad hoc committee of the board in 12/23 to review comparative compensation data compiled through the Hospital Association to recommend salary adjustments for CEO, CFO, and COO/CNO compensation. The full board will consider the committee's recommendations at the 01/24 board meeting.
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.	A formal succession plan currently does not exist. We plan to develop a succession plan this year and present it to the board for review and approval as a new policy.
Section 6 - Board Effectiveness		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	Action Plan
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%		Much of this is not applicable due to our organization being a public entity. Only committee chairs and members, and tenure of officers, apply.
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.	

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

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%		
<b>Section 7 - Individual Self-Assessment</b>		<b>Responses</b>	<b>Excellent %</b>	<b>Good %</b>	<b>Fair %</b>	<b>Poor %</b>	<b>Unsure %</b>	<b>Comments</b>	<b>Action Plan</b>
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%		
<b>Section 8 - Mission and Philosophy</b>		<b>Responses</b>	<b>Excellent %</b>	<b>Good %</b>	<b>Fair %</b>	<b>Poor %</b>	<b>Unsure %</b>	<b>Comments</b>	<b>Action Plan</b>
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.



[Home](#) / [EVENTS](#) / [CONFERENCE / SYMPOSIUM](#)

CONFERENCE / SYMPOSIUM

# 2024 Rural Health Care Symposium

A CHA members-only symposium  
March 4, 2024 | 9:00AM - 6:00PM PT  
March 5, 2024 | 8:00AM - 3:30PM PT

Register Now

Join us in San Diego at the beautiful Rancho Bernardo Inn for the only symposium designed for California rural hospital leaders. Let's gather to discuss the unique challenges facing rural hospitals and gain new insights on the many topics affecting health care.

Agenda | Monday, March 4



Details are being finalized. Agenda will be posted soon.

Agenda | Tuesday, March 5



Details are being finalized. Agenda will be posted soon.

Tuition



**\*Members: \$99**  
**Government Entities: \$99**

\*Members are CHA member hospitals. Education programs and publications are a membership benefit and are not available to eligible non-member California hospitals.

## Cancellation Policy



In the unlikely event that the program is cancelled, refunds will be issued to paid registrants within 30 days.

Confirmations

A confirmation will be sent to all registrants. On-site registrations and any unpaid registrations may be subject to an additional 10% fee.

Special Accommodations

If you require special accommodations pursuant to the American’s with Disabilities Act please call (916) 552-7637.

Photography

CHA will photograph this event. If you prefer not to be photographed, please email CHA at [education@calhospital.org](mailto:education@calhospital.org).

Host Hotel

**Rancho Bernardo Inn**  
17550 Bernardo Oaks Drive  
San Diego, CA 92128  
(844) 226-8262 (reservations)

Discount Deadline is February 2.

The Rancho Bernardo Inn has rooms available at the discounted rate of \$319 plus taxes and a \$20 daily resort fee. For reservations, call (844) 226-8262 and mention the “Rural Health Care Symposium.” Don’t delay; the deadline for discounted sleeping rooms is **Friday, February 2**. To book a room online, [click here](#).

Sponsorship

This item appears in

Conference / Symposium

Hospital Operations

Upcoming Events

**WEBINAR**  
FEBRUARY 6, 2024 | 11:30AM - 12:30PM PT



SEMINAR

MARCH 11, 2024 | 8:00AM - 3:30PM PT

MARCH 13, 2024 | 8:00AM - 3:30PM PT

2024 Hospital Finance and Reimbursement Seminar

MORE EVENTS >

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We provide the leadership, advocacy, training and tools that empower California's hospitals and health systems to do their best work.

info@calhospital.org

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**Washington D.C. Office**

499 South Capitol Street SW, Suite 410

Washington, D.C. 20003

(202) 488-3740



On this page

ANNUAL MEETING

## HASC 2024 Annual Meeting

May 20, 2024 | 6:00PM - May 22, 2024 | 11:00AM PT

**PASSION AND  
PERSEVERANCE**  
2024 HASC ANNUAL MEETING

**PASSION AND  
PERSEVERANCE**  
2024 HASC **ANNUAL MEETING**

[REGISTER NOW](#) 

[BECOME A SPONSOR](#) 



Our Annual Meeting has been called the “can’t-miss” conference for Southern California hospital leaders. You’ll join 300-plus CEOs, executives and other leaders from over 180 hospitals and health systems for learning, networking and social events in an elegant setting.

One of the 2024 Annual Meeting highlights will be our trademark Strolling Dinner and Sponsor Exhibit, on Tuesday, May 21. We’ll travel back in time to the pioneering world of the **Wild, Wild West!** — paying homage to our courageous health care providers on the frontlines. We invite you to wear your best frontier duds — prizes will be awarded! (Sponsors, don’t forget to decorate your booths too. Please see the Become a Sponsor section below for details on how to register.)

## Members

Registration is now open! To learn more, view the information tabs below (event brochure coming soon). For any questions, please email [annualmeeting@hasc.org](mailto:annualmeeting@hasc.org).

## Become a Sponsor

HASC is grateful to the many partners who make our conference possible year after year. We invite you to become a 2024 Annual Meeting sponsor. Please see the Sponsorship Info tab for details on selecting your sponsorship.

## Conference Details

Sponsorship Info and Brochure



Member Brochure – coming soon



Hotel Information



### Park Hyatt Aviara Resort, Golf Club & Spa

7100 Aviara Resort Drive • Carlsbad, CA 92011  
(760) 448-1234

A special rate of \$385 per night plus applicable fees and taxes, single or double occupancy, has been arranged for the HASC Annual Meeting. Our room block expires on **April 22, 2024**, or sooner if sold out.



#### Registration fees:

- **HASC Hospital/Health System Member: \$795** by February 16, 2024; **\$895** after February 16.
  - For every five attendees registering together from the same hospital or system headquarters, the fifth registration will be complimentary. Call (213) 538-0715 to register your team with this discount.
- **HASC Member Guest: \$295** for spouse or adult family member (limit one guest per registrant). Includes all hosted meals and general sessions.
- **HASC Associate Member: \$995**
- **HASC Associate Member Guest: \$395** for spouse or adult family member (limit one guest per registrant). Includes all hosted meals and general sessions.
- **Sponsor:** Fees may vary based on sponsorship levels. Please see the [sponsor brochure](#) for details.

#### Meeting Agenda

### Monday, May 20

- 6 – 9 p.m. Welcome Reception

### Tuesday, May 21

- 7:15 – 8:15 a.m. Breakfast
- 8:30 a.m. – 4 p.m. General Sessions, Breakouts and Luncheon Programs
- 5:30 – 8 p.m. Strolling Dinner and Sponsor Exhibit

### Wednesday, May 22

- 7:15 a.m. – 8:15 a.m. Breakfast
- 8:30 a.m. – 11 a.m. General Session

#### Important Information

- **Cancellations:** Meeting registration cancellations received in writing by April 5, 2024, will be subject to a \$100 processing fee. We welcome substitutions. Refunds will not be granted after April 5 or for no-shows.
- **Independent Events:** Members attending the Annual Meeting may not plan independent hospitality or other activities during conference hours without specific permission from HASC. Planning such competing events without HASC permission will result in cancellation of your event and loss of any food and beverage deposits. Companies or individuals who violate this rule will be restricted from future events. Competing times are Monday, May 20, 2 to 9 p.m.; Tuesday, May 21, 7 a.m. to 8:30 p.m.; and Wednesday, May 22, 7 a.m. to noon.
- **Americans With Disabilities Act (ADA):** Please call (213) 538-0715 for any special needs.
- **Filming and Photography Notice:** You may be photographed or videotaped at the event. HASC reserves the right to use these video or photo images in promotional, marketing, educational and other materials.



This item appears in

## Annual Meeting

Upcoming Events

### HASC EDUCATION PROGRAMS

JANUARY 19, 2024 | 8:30AM - 12:30PM PT

JANUARY 23, 2024 | 1:30 - 5:30PM PT

## Essential Human Trafficking Training in Health Care

[Details](#)

### PARTNER EVENT

FEBRUARY 1, 2024 | 12:00 - 1:00PM PT

## AblePay: The Next Generation in Patient Financial Engagement

[Details](#)

MORE EVENTS ( > )

### OUR MISSION

Our mission is to lead, represent and serve hospitals and their related organizations, working collaboratively with our members and other stakeholders to improve health and health care in the communities we serve.

### OUR VISION

Our vision is for all member hospitals to consistently and uniformly provide safe, high-quality, cost-effective, and culturally appropriate person-centered health care services.

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### PRIVACY POLICY



### Inland Empire Office

2280 Market Street, Suite 250  
Riverside, CA 92501  
(951) 316-9395

**Orange County Office**

12399 Lewis Street, Suite 103  
Garden Grove, CA 92840  
(714) 663-0294

**Patient Access Services Office**

12383 Lewis Street, Suite 101  
Garden Grove, CA 92840  
(714) 750-0788

**Santa Barbara / Ventura Counties Office**

515 South Figueroa Street, Suite 1300  
Los Angeles, CA 90071  
(805) 679-1717





## Virtual Workshop: Board Member Best Practices



**Presenters:**

David Aranda, CSDM

Mustafa Hessabi, CSDA

This fast paced and informative session covers all of the essential best practices of serving as a board member or trustee of a special district: the roles of board members and staff, policies and procedures your district should consider to ensure effective governance, and general ethics principles related to special districts including an overview of the laws affecting special districts.

9:00 a.m. - 12:00 p.m. each day

\$230 CSDA Member

\$345 Non-member

**Price** 230.00

**When** 1/24/2024 9:00 AM - 1/25/2024 12:00 PM  
Pacific Standard Time

**REGISTER MYSELF**

**REGISTER SOMEONE ELSE**

1112 "I" Street, Suite 200  
Sacramento, CA 95814  
877.924.2732 | 916.442.7887



#### FIND IT FAST

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#### CALIFORNIA SPECIAL DISTRICTS ALLIANCE



California Special  
Districts Association  
*Districts Stronger Together*



CSDA  
Finance Corporation

#### SPECIAL DISTRICT LEADERSHIP FOUNDATION



#### DISTRICTS MAKE THE DIFFERENCE



#### CALIFORNIA CLASS



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
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
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
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28
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
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
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						

# 2024 Board of Directors Assignments

## **Board and Committee Meetings:**

- **Board of Directors Meeting** – Monthly (see Board of Directors Meeting Calendar for dates; dark in December).  
Board Members:
  - Kieth Burkart, President
  - Cheryl Robinson, Vice President
  - Barrick Smart, Treasurer
  - Cheryl Moxley, Secretary
  - Barry Hoy, Director
- **Finance Committee Meeting** – Monthly (see Board of Directors Meeting Calendar for dates; *dark in December*).  
Committee Members:
  - Barry Smart, Chair
  - Barry Hoy, Committee Member
  - Don Larsen, MD, Community Member
  - Gerry Hinkley, Community Member
- **Quality Committee Meeting** – Monthly (see Board of Directors Meeting Calendar for dates; *dark in December*).  
Committee Members:
  - Cheryl Moxley, Chair
  - Barry Hoy, Committee Member
  - Don Larsen, MD, Community Member
  - Gerry Hinkley, Community Member
- **Facilities Committee Meeting** – Quarterly (January, April, July and October)  
Committee Members:
  - Cheryl Robinson, Chair
  - Cheryl Moxley, Committee Member
  - Don Larsen, MD, Community Member
  - Gerry Hinkley, Community Member
- **Marketing Committee Meeting** – Quarterly (February, May, August and November)  
Committee Members:
  - Cheryl Robinson, Chair
  - Barry Hoy, Committee Member
  - Don Larsen, MD, Community Member
  - Gerry Hinkley, Community Member
- **Human Resources Committee Meeting** – Quarterly (March, June and September; dark in December)  
Committee Members:
  - Kieth Burkart, Chair
  - Barry Smart, Committee Member
  - Don Larsen, MD, Community Member
  - Gerry Hinkley, Community Member

## **Medical Executive Committee, Auxiliary Board & Foundation Board Meetings:**

- **Medical Executive Committee Meeting** – Board Member Assigned: Kieth Burkart
- **Auxiliary Board** – Board Member Assigned: Cheryl Robinson
- **Foundation Board** – Board Member Assigned: Cheryl Robinson *and/or* Kieth Burkart