



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

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**Quality Committee Meeting**  
**Thursday, March 28, 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**

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**Or call in (audio only)**

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

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

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

1:00 p.m.

**CALL TO ORDER**

Barry Hoy, Committee Member

**PREVIOUS MINUTES**

Barry Hoy, Committee Member  
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 |

**RETURN TO OPEN SESSION**

- |                               |                             |
|-------------------------------|-----------------------------|
| 1. Closed Session Report      | Barry Hoy, Committee Member |
| 2. Public Report of Decisions | Barry Hoy, Committee Member |

**OPEN SESSION – AGENDA ITEMS**

- |                                |   |
|--------------------------------|---|
| 1. Performance Improvement     | Leslie Plouse, Quality Director<br>Information Only |
| 2. Patient Experience 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 - 2024

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

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>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            Don Larsen, MD, Community Member            Gerry Hinkley, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President            Cheryl Robinson, Board Vice President            Barry Smart, Board Treasurer            John McLaughlin, Public            Kim McGuire, Foundation Director            Tom Madrigal, Facilities Director            Steffanie Miller, Executive Assistant to Facilities</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Moxley called the meeting to order at 1:03 p.m.</p>	<p><b>The meeting was called to order</b></p>
<p>3.0 Previous Minutes</p>	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of November 30, 2023 were approved as written.</p>	<p><b>On a motion made and seconded, the Quality Committee Meeting Minutes of November 30, 2023 were approved as written</b></p> <p><b>M (Hoy) / S (Hinkley) / C</b></p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p><b>None</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
5.0 Adjourn to Closed Session:	<p>The Quality Committee Adjourned to “Closed Session” at approximately 1:04 p.m.</p> <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            Don Larsen, MD, Community Member            Gerry Hinkley, Community Member            Kristi McCasland, Executive Assistant            Kieth Burkart, Board President            Cheryl Robinson, Board Vice President            Barry Smart, Board Treasurer</p>	<b>None</b>
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:16 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 November 2023, we were at 67%; and in December 2023, we were at 50%.</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 December 2023, we exceeded our goal at 56.52%.</li> <li>3) <u>Colon Cancer Screening</u>: Our target for 2023 is that 49.35% of</li> </ol>	<b>Information only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>IEHP/MediCal patients ages 45-75 receive a screening for colorectal cancer; as of December 2023, we exceeded our goal at 50.16%.</p> <p>4) <u>2023 PI Priority #1: Hand Hygiene</u>: This project is on hold and will resume later in 2024.</p> <p>5) <u>2023 PI Priority #2: Implementation of new EHR</u>: MediTech was successfully implemented with a Go-Live date of 10/1/2023.</p> <p>6) <u>2023 PI Priority #3: Patient Experience</u>: Patient experience surveys are collected and analyzed weekly in Radiology, RHC (Medical, Dental and Telepsych). Plouse noted that IEHP's Pay-for-Performance projects include two incentivized projects related to patient experience. T. Peña is leading the Patient Journey Mapping project.</p>	
7.2 Patient Surveys	<p>Patient Satisfaction Surveys (Inpatient &amp; ED) –</p> <ul style="list-style-type: none"> <li><u>Inpatient</u>: In November 2023, there were two responses, with a 50% top box score. In December 2023, there was one response with a 100% top box score.</li> <li><u>ED</u>: In November 2023, there were 39 responses with a 73.74% top box score. In December 2023, there were 48 responses with a 75.57% 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><u>TJC Lab Reaccreditation Survey</u>: 5/3/2022-5/5/2022. Plouse reviewed the outcome/status of the plan of correction items for October and November 2023.</li> <li><u>TJC CAH Accreditation Survey</u>: 11/13/2023-11/15/2023. Plouse reviewed the TJC survey findings; our plan of correction was submitted and accepted on 1/19/2024. The audit/compliance results will be shared beginning in February 2024.</li> </ul>	<b>Information only</b>
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:29 p.m.	<b>Meeting adjourned</b>



**Human Resources Committee Meeting**  
**Thursday, March 28, 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**

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**Meeting ID: 234 601 921 58**

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

Members:	Kieth Burkart, Committee Chairperson Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer	Barry Smart, Committee Member Yesenia DeLaCruz, Human Resources Director Don Larsen, Committee Member
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**OPEN SESSION**

1:30 p.m.

**CALL TO ORDER**

Kieth Burkart, Committee Chairperson

**PREVIOUS MINUTES**

Kieth Burkart, President  
 Action Probable

**PUBLIC COMMENTS**

Government Code  
 Section 54954.3 Sections A & B

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

**AGENDA ITEMS**

- |                       |  |
|-----------------------|--|
| 1. 2023 Turnover      | Yesenia De La Cruz, Human Resources Director<br>Julie Atwood, Human Resources Consultant<br>Information Only |
| 2. 2023 Work Injuries | Yesenia De La Cruz, Human Resources Director<br>Julie Atwood, Human Resources Consultant<br>Information Only |
| 3. Q1 2024 Turnover   | Yesenia De La Cruz, Human Resources Director<br>Julie Atwood, Human Resources Consultant<br>Information Only |

**ADJOURNMENT**



# San Bernardino Mountains Community Hospital Human Resource Committee Meetings

## Attendance Matrix - 2023

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Kieth Burkart	F A C I L I T I E S	M A R K E T I N G	√	F A C I L I T I E S	M A R K E T I N G	√	F A C I L I T I E S	M A R K E T I N G	E	F A C I L I T I E S	M A R K E T I N G	D A R K
Barry Smart			√			√						
Julie Atwood			√			√						
Terry Peña			√			√						
Mark Turner			√			√						
Don Larsen			√			√						
Gerry Hinkley			√			√						
<b>Comment:</b>												
	√	Present		E	Excused		A	Absent				

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barry Smart, Committee Member Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Julie Atwood, Human Resource Director Don Larsen, Community Member Gerry Hinkley, Community Member</p> <p>Keith Burkart, Committee Chairperson</p> <p>Kristi McCasland, Executive Assistant</p> <p>Cheryl Robinson, Board Member Cheryl Moxley, Board Member Barry Hoy, Board Member Yvonne Waggener, Chief Financial Officer Leslie Plouse, Quality Director Kim McGuire, Community Development Director John McLaughlin, Public</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Smart called the meeting to order at 1:23 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes	On a motion made and seconded, the Human Resources Committee Meeting Minutes of June 30, 2023 were approved as written.	<p><b>On a motion made and seconded, the Human Resources Committee Meeting Minutes of June 30, 2023 were approved as written.</b></p> <p><b>M (Peña) / S (Atwood) / C</b></p>
4.0 Public Comment:	There was not public comment at this time.	<b>None</b>
5.1 Turnover	Atwood reported that in Q3, our turnover was 3.16% (2-terminations; 1-RN quit; 3-moved/better job offer). Atwood reported that we are not	<b>Information Only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	utilizing travelers as much, and that the ED and MedSurg units are fully staffed. Currently HR is recruiting for a CLS, FT Hospital Supervisor and an Education Manager.	
5.2 Retirement Plan	<p>Turner reported that they will be changing the eligibility criteria for employees to be able to participate in the hospitals retirement plans (currently employees have to wait 1 year before they can participate in the hospital's 401a &amp; 457b plans). He noted that the 401a plan is employer contributions; and the 457b plan is employee contributions. A request will be sent to Voya &amp; UBS to change our employee eligibility dates to:</p> <ul style="list-style-type: none"> <li>○ 401a Plan – Employees will be eligible after 6 months of employment</li> <li>○ 457b Plan – Employees will be eligible to participate on day one of their employment.</li> </ul> <p>Turner also discussed operational difficulties we have been experiencing with our plan provider (Voya) and that it is unclear where the difficulties lie. We have given them a three-month notice to rectify the issues. In the meantime, Admin has looked into three other vendors just to ensure we are providing the best service to our employees for the cost.</p>	<b>Information Only</b>
6.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:39 p.m.	<b>Meeting adjourned</b>



**Finance Committee Meeting**  
**Thursday, March 28, 2024, 1:45 p.m.**  
**George M. Medak Conference Room, Suite 207**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

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

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

1:45 p.m.

**CALL TO ORDER**

Barry Smart, Committee Chairperson

**PREVIOUS MINUTES**

Barry Smart, Committee Chairperson  
Action Probable

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

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

**AGENDA ITEMS**

- |                         |   |
|-------------------------|---|
| 1. Financial Statements | Yvonne Waggener, Chief Financial Officer<br>Action Probable |
| 2. Capital Purchases    | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 3. Investments          | Yvonne Waggener, Chief Financial Officer<br>Action Possible |

**ADJOURNMENT**

# San Bernardino Mountains Community Hospital Finance Committee Meetings

## Attendance Matrix - 2024

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Barry Smart	√	√										D A R K
Barry Hoy	√	√										
Yvonne Waggener	√	√										
Mark Turner	√	√										
Terry Peña	√	√										
Don Larsen	√	A										
Gerry Hinkley	√	√										
<b>Comment:</b>												
	√	Present		E	Excused			A	Absent			

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>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>Keith Burkart, Board President Cheryl Robinson, Board Vice President Julie Atwood, Human Resources Director Lawrence Walker, MD, Vice Chief of Staff Gary Hicks, G.L. Hicks Financial, LLC John McLaughlin, Public</p>	<p><b>Quorum present</b></p>
<p>2.0 Call to Order:</p>	<p>Smart called the meeting to order at 1:27 p.m.</p>	<p><b>The meeting was called to order</b></p>
<p>3.0 Previous Minutes:</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of January 25, 2024 were approved.</p>	<p><b>On a motion made and seconded, the Finance Committee Meeting Minutes of January 25, 2024 were approved as written.</b></p> <p><b>M (Hoy) / S (Hinkley) / C</b></p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p><b>None</b></p>
<p>5.0 Agenda Items: 5.1 Financial Statements</p>	<p>Waggener presented the FY24 Financial Statements as of and for the seven (7) months ended January 31, 2024. Comparative statistics and selected financial indicators were reviewed with the committee for the months of October, November, December 2023 and January 2024.</p>	<p><b>A motion was made and seconded to recommend to the Board to accept the Financial Statements as of seven (7)</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>She noted that we are \$2M ahead of budget fiscal year to date, which can be attributed to:</p> <ul style="list-style-type: none"> <li>• Contractual discounts being at 60%, instead of the budgeted 64%;</li> <li>• Receiving more supplemental reimbursements than budgeted;</li> <li>• Expenses being below budget, and</li> <li>• Receiving more investment income than budgeted.</li> </ul>	<p><b>months ended January 31, 2024.</b></p> <p>M (Hoy) / S (Hinkley) / C</p>
<p>5.2 Capital Purchases</p>	<p>Waggener presented and reviewed the FY24 Capital Purchases for the seven (7) months ended January 31, 2024.</p> <p>Waggener noted that \$700k was budgeted for the Telemetry Monitoring Equipment line item; however, the cost is actually \$825k including sales tax.</p>	<p><b>A motion was made and seconded to recommend to the Board to increase the Telemetry Monitoring Equipment capital budget line item from \$700k to \$825k.</b></p> <p>M (Hoy) / S (Hinkley) / C</p>
<p>5.3 Investments</p>	<p>Waggener presented the LAIF and UBS statements as of January 31, 2024.</p> <p>She noted that the Board approved an ongoing authorization at the January 25, 2024 meeting, which allows the CEO to withdraw monies necessary from the LAIF and/or UBS investment account(s) to fund any intergovernmental Transfers; and replace the funds once the IGT match has been received from the State.</p> <p>Waggener requested that an additional motion be made to allow the CEO to withdraw monies necessary from the LAIF and/or UBS investment account(s) to fund operational needs, as long as the monies are replaced.</p>	<p><b>A motion was made and seconded to recommend to that the Board approve an ongoing authorization allowing CEO (M. Turner) to withdraw monies necessary from the LAIF and/or UBS investment account(s) to fund operational needs, limited to the amount of the expected return from the IGT payment or other operation replacement fund source.</b></p> <p>M (Hinkley) / S (Hoy) / C</p>
<p>6.0 Adjournment:</p>	<p>There being no further business to discuss, the meeting was adjourned at approximately 2:25 p.m.</p>	<p><b>Meeting adjourned</b></p>

Mountains Community Hospital  
Key Financial Indicators

	AUDITED								BENCHMARKS	
	06/30/17	06/30/18	06/30/19	06/30/20	06/30/21	06/30/22	06/30/23	02/29/24	FAR WEST CAH	CA CAH
<b><u>LIQUIDITY</u></b>										
Days cash on hand - All sources	161	241	345	524	490	491	454	341	124	222
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	3,476,666	2,421,687		
Board Designated	8,523,608	14,377,594	21,688,045	20,192,855	29,295,456	35,578,908	37,472,583	29,593,998		
Total	9,433,395	15,322,417	22,313,862	35,434,941	37,538,088	39,747,406	40,949,249	32,015,685		
Days gross revenue in gross AR	58	57	55	49	62	52	57	70		
Days net revenue in net AR	41	33	43	33	41	37	37	46	70	41
Days expense in AP	32	23	25	29	29	42	22	54		
Current ratio	1.6	2.3	1.6	2.1	1.8	1.8	1.9	2.1		
Cash to debt	91%	155%	236%	303%	443%	498%	485%	424%		
<b><u>CAPITAL STRUCTURE</u></b>										
Long-term debt to capitalization	38%	28%	24%	25%	16%	14%	14%	13%		
<b><u>PROFITABILITY</u></b>										
Total margin	12%	26%	19%	17%	29%	14%	11%	-22%		
<b><u>OTHER</u></b>										
Paid full time equivalents (FTE's)	165.66	177.25	183.31	176.66	185.49	182.08	195.86	198.09		
<b>BENCHMARK - FAR WEST</b>	The Industry Benchmark is from the Optum 2023 Almanac of Hospital Financial and Operating Indicators. The Benchmark Average is for Critical Access Hospitals in the Far West Region.									
<b>BENCHMARK - CA</b>	The California Benchmark is from the Flex Monitoring Team Data Summary Report #33, CAH Financial indicators Report: Summary of Indicators Medians by State, April 2023.									



Mountains Community Hospital  
Comparative Statistics

	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-22	45	7	52	589	1.5	0.2	1.7	19.0	841	27	18	24
Aug-22	46	28	74	605	1.5	0.9	2.4	19.5	814	26	20	19
Sep-22	50	14	64	585	1.7	0.5	2.1	19.5	760	25	3	7
Oct-22	30	38	68	594	1.0	1.2	2.2	19.2	786	25	-	1
Nov-22	80	56	136	562	2.7	1.9	4.5	18.7	802	27	-	6
Dec-22	47	4	51	558	1.5	0.1	1.6	18.0	786	25	-	12
Jan-23	46	39	85	585	1.5	1.3	2.7	18.9	712	23	-	9
Feb-23	44	46	90	532	1.6	1.6	3.2	19.0	565	20	-	11
Mar-23	56	45	101	584	1.8	1.5	3.3	18.8	497	16	-	9
Apr-23	54	27	81	535	1.8	0.9	2.7	17.8	602	20	-	14
May-23	81	43	124	513	2.6	1.4	4.0	16.5	692	22	-	9
Jun-23	55	48	103	548	1.8	1.6	3.4	18.3	774	26	4	7
	634	395	1,029	6,790	1.7	1.1	2.8	18.6	8,631	24	45	128
	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-23	41	54	95	589	1.3	1.7	3.1	19.0	874	28	4	7
Aug-23	59	13	72	607	1.9	0.4	2.3	19.6	786	25	7	16
Sep-23	80	38	118	570	2.7	1.3	3.9	19.0	725	24	2	17
Oct-23	60	3	63	599	1.9	0.1	2.0	19.3	739	24	9	12
Nov-23	61	8	69	587	2.0	0.3	2.3	19.6	649	22	3	12
Dec-23	44	-	44	620	1.4	-	1.4	20.0	868	28	5	6
Jan-24	65	31	96	620	2.1	1.0	3.1	20.0	760	25	7	19
Feb-24	62	59	121	563	2.1	2.0	4.2	19.4	616	21	3	15
	472	206	678	4,755	1.9	0.8	2.8	19.5	6,017	25	40	104
Budget Feb-24	84	56	140	546	3.0	2.0	5.0	19.5	672	24	10	19

Mountains Community Hospital  
Comparative Statistics

	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-22	7,502	632	276	52	9	107	1,076	642	480	259	221	89	1,049
Aug-22	7,644	635	256	74	23	100	1,088	792	506	291	236	177	1,210
Sep-22	6,523	584	238	51	12	119	1,004	615	395	245	240	140	1,020
Oct-22	6,566	594	206	94	19	102	1,015	722	413	247	244	126	1,030
Nov-22	6,815	575	184	99	23	83	964	715	379	196	213	102	890
Dec-22	5,970	592	203	78	19	93	985	635	337	204	235	97	873
Jan-23	5,784	577	191	37	8	94	907	623	374	227	223	88	912
Feb-23	4,897	488	153	46	13	63	763	526	322	183	196	74	775
Mar-23	3,813	450	148	19	5	62	684	378	278	108	198	54	638
Apr-23	6,309	574	203	55	11	92	935	678	361	264	199	91	915
May-23	6,569	611	210	64	7	97	989	811	483	284	217	106	1,090
Jun-23	6,118	606	244	63	26	119	1,058	810	449	272	224	104	1,049
	74,510	6,918	2,512	732	175	1,131	11,468	7,947	4,777	2,780	2,646	1,248	11,451
	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-23	6,374	643	241	68	20	111	1,083	690	422	227	214	77	940
Aug-23	6,514	675	277	77	21	127	1,177	838	472	288	233	160	1,153
Sep-23	6,075	648	256	49	25	115	1,093	723	363	192	220	110	885
Oct-23	5,042	588	228	46	13	101	976	827	310	283	236	120	949
Nov-23	4,929	500	198	78	20	84	880	767	382	274	204	134	994
Dec-23	4,940	569	207	89	20	87	972	644	368	203	199	64	834
Jan-24	6,230	651	285	73	14	126	1,149	722	440	225	230	130	1,025
Feb-24	4,770	552	200	66	17	94	929	606	361	213	294	123	991
	44,874	4,826	1,892	546	150	845	8,259	5,817	3,118	1,905	1,830	918	7,771
Budget Feb-24	6,200	615	220	70	16	102	1,023	650	500	250	230	120	1,100

## Fiscal Calendar JULJUN

**MOUNTAINS COMMUNITY HOSPITAL**  
**STATEMENT OF REVENUE AND EXPENSES**  
**FEB 2024**

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	FY BUDGET	FY REMAINING
REVENUE								
GROSS PATIENT SERVICE REVENUE	4,719,058	5,316,047	596,989	41,649,364	42,909,870	1,260,507	65,148,058	23,498,695
DEDUCTIONS FROM REVENUE								
CONTRACTUAL DISCOUNTS	2,841,511	3,430,884	(589,373)	25,154,987	27,591,072	(2,436,085)	41,944,608	(16,789,621)
BAD DEBT	70,000	80,000	(10,000)	609,000	648,000	(39,000)	983,000	(374,000)
CHARITY CARE	752	6,000	(5,248)	39,805	48,000	(8,196)	72,000	(32,196)
SUPPLEMENTAL REIMBURSEMENT	(20,318)	(15,000)	(5,318)	(986,920)	(790,000)	(196,920)	(8,254,000)	7,267,080
TOTAL DEDUCTIONS FROM REVENUE	2,891,945	3,501,884	(609,939)	24,816,872	27,497,072	(2,680,200)	34,745,608	(9,928,736)
NET PATIENT SERVICE REVENUE	1,827,113	1,814,163	(12,950)	16,832,492	15,412,798	(1,419,694)	30,402,450	13,569,958
OTHER OPERATING REVENUE	36,056	30,835	(5,221)	348,107	273,994	(74,113)	424,648	76,541
TOTAL REVENUE	1,863,170	1,844,998	(18,172)	17,180,599	15,686,792	(1,493,807)	30,827,098	13,646,499
OPERATING EXPENSES								
SALARIES & WAGES	1,604,998	1,582,880	22,118	12,805,097	12,836,090	(30,993)	19,351,540	(6,546,443)
EMPLOYEE BENEFITS	355,545	322,050	33,495	2,676,617	2,607,510	69,107	3,948,200	(1,271,583)
PROFESSIONAL FEES	264,839	259,290	5,549	1,900,090	1,711,105	188,985	2,683,885	(783,795)
SUPPLIES	366,377	263,995	102,382	2,017,796	2,166,260	(148,464)	3,257,650	(1,239,854)
PURCHASED SERVICES	104,160	86,195	17,965	618,347	650,505	(32,158)	976,710	(358,363)
RENT/LEASE	25,220	16,435	8,785	178,090	131,480	46,610	199,220	(21,130)
REPAIRS & MAINTENANCE	91,898	67,486	24,412	638,315	569,445	68,870	858,579	(220,264)
UTILITIES	48,357	52,630	(4,273)	424,620	435,040	(10,420)	648,560	(223,940)
INSURANCE	45,685	45,638	47	370,328	365,096	5,232	547,648	(177,320)
DEPRECIATION	199,600	199,600	0	1,374,800	1,374,800	0	2,173,200	(798,400)
OTHER OPERATING EXPENSE	111,375	115,603	(4,228)	939,043	993,379	(54,337)	2,010,594	(1,071,552)
TOTAL EXPENSES	3,218,053	3,011,802	206,251	23,943,141	23,840,710	102,431	36,655,786	(12,712,645)
INCOME (LOSS) FROM OPERATIONS	(1,354,883)	(1,166,804)	188,079	(6,762,542)	(8,153,918)	(1,391,376)	(5,828,688)	933,854
NON-OPERATING REVENUE (EXPENSE)								
DISTRICT TAX REVENUE	258,000	258,000	0	2,064,000	2,064,000	0	3,096,000	1,032,000
INVESTMENT INCOME (LOSS)	88,567	76,200	(12,367)	1,183,895	609,600	(574,295)	914,400	(269,495)
INTEREST EXPENSE	(41,981)	(41,926)	55	(357,766)	(357,301)	465	(522,182)	(164,416)
DONATIONS/GRANTS FOR PROGRAMS	0	0	0	60,635	60,000	(635)	952,000	891,365
GAIN (LOSS) ON DISPOSAL OF PROPERTY	0	0	0	0	0	0	0	0
OTHER NON-OPERATING REVENUE	39,664	35,960	(3,704)	308,928	288,430	(20,498)	432,570	123,643
OTHER NON-OPERATING EXPENSE	(40,284)	(28,215)	12,069	(283,255)	(239,420)	43,835	(353,580)	(70,326)
NON-OPERATING REVENUE (EXPENSE)	303,967	300,019	(3,948)	2,976,436	2,425,309	(551,127)	4,519,208	1,542,772
NET INCOME (LOSS)	(1,050,917)	(866,785)	184,132	(3,786,106)	(5,728,609)	(1,942,503)	(1,309,480)	2,476,626

Fiscal Calendar JULJUN

**MOUNTIANS COMMUNITY HOSPITAL  
 BALANCE SHEET**

	02/29/24	06/30/23
<b>CURRENT ASSETS:</b>		
CASH & CASH EQUIVALENTS	2,421,687	3,490,303
RECEIVABLES: PATIENT - NET	4,206,487	3,211,642
RECEIVABLES: OTHER	5,185,541	81,856
INVENTORY	803,424	760,938
CURRENT PORTION OF LEASES RECEIVABLE	209,828	209,828
RECEIVABLES: INTERCOMPANY	160	0
PREPAID EXPENSES & DEPOSITS	577,015	590,636
	-----	-----
<b>TOTAL CURRENT ASSETS</b>	<b>13,404,141</b>	<b>8,345,204</b>
ASSETS LIMITED AS TO USE - COP INVESTMENTS	247,836	250,955
ASSETS LIMITED AS TO USE - FUNDED DEPRECIATION	29,593,998	37,472,583
CAPITAL ASSETS - NET	19,719,041	18,796,112
OTHER ASSETS	2,382,133	2,382,133
	-----	-----
<b>TOTAL ASSETS</b>	<b>65,347,149</b>	<b>67,246,987</b>
	=====	=====
<b>CURRENT LIABILITIES:</b>		
CURRENT PORTION LONG-TERM DEBT	1,088,714	1,036,629
ACCOUNTS PAYABLE & ACCRUED EXPENSES	2,158,763	907,080
ACCRUED PAYROLL & RELATED LIABILITIES	1,889,850	1,357,135
ACCRUED INTEREST	32,692	173,599
ESTIMATED THIRD-PARTY SETTLEMENTS, NET	299,292	199,284
UNEARNED REVENUE	14,974	41,221
PATIENT CREDIT BALANCES	936,300	627,197
	-----	-----
<b>TOTAL CURRENT LIABILITIES</b>	<b>6,420,586</b>	<b>4,342,144</b>
LONG-TERM PORTION OF DEBT	7,542,275	8,445,994
DEFERRED INFLOWS - LEASES	2,591,961	2,591,961
	-----	-----
<b>TOTAL LIABILITIES</b>	<b>16,554,822</b>	<b>15,380,099</b>
NET ASSETS	48,792,327	51,866,889
	-----	-----
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>65,347,149</b>	<b>67,246,987</b>
	=====	=====

<b>FY24 CAPITAL BUDGET &amp; ASSET ADDITIONS AS OF 02/29/24</b>						
<b>Department</b>	<b>Item Description - CONSTRUCTION</b>	<b>Budget</b>	<b>Complete</b>	<b>Actual</b>	<b>Funding Source</b>	
FACILITIES	Pharmacy Relocation (Includes Hood)	900,000		206,143		
FACILITIES	Front of House & Gift Shop	565,000		141,796	Foundation	514,500
FACILITIES	Seismic NPC3 (Anchor Equipment) & SPC 4D	200,000		14,924		
FACILITIES	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	150,000		33,804		
FACILITIES	MOB Improvements	130,000		32,442		
FACILITIES	New Acute Care Wing	75,000		32,620		
FACILITIES	SNF Nurses' Station	50,000				
FACILITIES	Seal & Stripe Parking Lot	48,000	X	28,662		
FACILITIES	Keyless Entry Doors	45,000		6,055		
FACILITIES	Front of House & Med Surg HVAC	40,000		21,148		
FACILITIES	Chemistry Analyzers (2) Construction	25,000		20,550		
FACILITIES	Hospital Exterior Paint	25,000		9,984		
FACILITIES	OR Doors	20,000				
FACILITIES	MOB Electrical Panel	15,000				
FACILITIES	Med Surg Nursing Station (Pyxis)	10,000		1,380		
EVS	Soiled Linen Enclosure	6,500	X	6,350		
FACILITIES	RHC LA Interior Remodel/Retrofit	275,000		14,500	Foundation	50,000
FACILITIES	SNF Renovations	150,000				
FACILITIES	Surgery Water Filtration System Construction	20,000				
FACILITIES	Med Surg Windows	200,000				
FACILITIES	SNF Windows	200,000				
FACILITIES	Hospital & MOB Flooring	75,000				
FACILITIES	Parking Lot Expansion	100,000				
FACILITIES	SNF Fence	24,000				
FACILITIES	PFS Remodel	125,000				
FACILITIES	Second Floor Remodel	60,000				
FACILITIES	Education Center	-			Foundation	476,735
FACILITIES	Parking Solution	-				
		<b>\$ 3,533,500</b>		<b>\$ 570,356</b>		<b>\$ 1,041,235</b>

<b>FY24 CAPITAL BUDGET &amp; ASSET ADDITIONS AS OF 02/29/24</b>						
<b>Department</b>	<b>Item Description - EQUIPMENT</b>	<b>Budget</b>	<b>Complete</b>	<b>Actual</b>	<b>Funding Source</b>	
ED/MS/OR/SNF	Telemetry Monitoring Equipment	825,000		820,929		
IT	EHR System (Meditech Expanse)	600,000		164,610		
FACILITIES	Nurses' Call System	285,000				
IT	Voice & Messaging System	165,000				
FACILITIES	Hospital Camera System	150,000				
ED/MS/OR/SNF	IV Pumps	104,000		108,205	Foundation	109,300
FACILITIES	Fire Suppression (Server Room)	100,000				
FACILITIES	Patient Transfer Vehicle	90,000	X	88,839	Foundation	90,000
ED/MS/OR/SNF	Defibrillators (4)	85,000		82,876		
FACILITIES	Chiller	80,000				
LAB	Coagulation Analyzer	67,000	X	53,875		
FACILITIES	Tractor	56,000				
IT	Med Surg & SNF IDF Cabinets	55,000	X	39,789		
IT	Microsoft Veem Cloud Backup	35,000		23,860		
IT	Cisco Firewalls	30,000		35,663		
IT	Cisco Catalyst Network Switches	25,000				
ED	Carbon Monoxide Monitor	8,000	X	7,426		
RESP	Blood Gas Analyzer	8,000				
IT	Cisco Wireless Controller	7,000				
DIET	Worktop Freezer	6,000				
FACILITIES	ER Exam Lights	50,000				
LAB	Phlebotomy Carts (2)	19,000				
EVS	ECH20 Scrubber	12,500				
EVS	T1B Scrubber for OR	7,300				
EVS	i-Mop	6,700				
FACILITIES	Storage Containers	60,000				
FACILITIES	Utility Vehicle	30,000				
OR	Endoscopes	28,000				
OR	Endoscope System	400,000	X	396,681		
ANESTH	Anesthesia Machines	146,000				
RESP	EKG Machine	15,000				
		<b>\$ 3,555,500</b>		<b>\$ 1,822,752</b>		<b>\$ 199,300</b>
<u>Not Budgeted</u>		<b>\$ 7,089,000</b>		<b>\$ 2,393,108</b>		<b>\$ 1,240,535</b>
MED SURG	Blanket Warmer		X	8,740		
	<b>TOTAL</b>			<b>\$ 2,401,848</b>		



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

**DISTRICT BOARD OF DIRECTORS MEETING**

**Thursday, March 28, 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**

**Passcode: MWdfbE**

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

**Or call in (audio only)**

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

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

- |                |   |  |
|----------------|---|--|
| Members:       | Kieth Burkart, President<br>Barry Hoy, Secretary<br>Gerald Hinkley, Director  | Cheryl Robinson, Vice President<br>Barrick Smart, Treasurer  |
| Staff Members: | Mark Turner, Chief Executive Officer<br>Bijan Motamedi, M.D., MEC President<br>Yesenia De La Cruz, Human Resources Director | Terry Peña, Chief Operating Officer<br>Yvonne Waggener, Chief Financial Officer<br>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, March 28, 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 January 25, 2024
2. Approval of Human Resources Committee minutes, meeting held September 28, 2024
3. Approval of Finance Committee minutes, meeting held February 29, 2024
4. Approval of the attached Policies and Procedures that was sent March 18, 2024

**AGENDA ITEMS**

- |  |   |
|--|---|
| 1. Community Member for Board Committees                                     | Mark Turner, Chief Executive Officer<br>Action Possible |
| 2. Review, edit and validate MCH's Mission, Vision, Values                   | Mark Turner, Chief Executive Officer<br>Action Possible |
| 3. Revision to MCH Value Definitions   | Mark Turner, Chief Executive Officer<br>Action Possible |
| 4. CEO Report  | Mark Turner, Chief Executive Officer                    |
| a. Mission Moment  | Action Possible   |
| b. Construction Updates  | Information Only  |
| c. Construction Financing Update   | Information Only  |
| 5. COO/CNO Report  | Terry Peña, Chief Operating Officer<br>Information only |
| 6. Quality Committee Report<br>Report of Meeting held March 28, 2024         | Barry Hoy, Chairperson<br>Information Only              |
| 7. Human Resources Committee Report<br>Report of Meeting held March 28, 2024 | Kieth Burkart, Chairperson<br>Information only          |
| 8. Finance Committee Report<br>Report of Meeting held March 28, 2024         | Barry Smart, Chairperson                                |
| a. Financial Statements  | Action Probable   |
| b. Capital Purchases   | Action Possible   |
| c. Investments   | Action Possible   |
| 9. Board Education   | Kieth Burkart, President                                |
| a. MCH Board Member Annual Education (Relias)                                | Information Only  |
| b. 3/4-5/2024: CHA Rural Health Care Symposium -- Recap                      | Information Only  |
| c. 5/20-22/2024: HASC Annual Meeting   | Information Only  |
| 10. Discussion Topic Suggestions   | Kieth Burkart, President                                |

**ADJOURN TO CLOSED SESSION**



**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, March 28, 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 |

**RETURN TO OPEN SESSION**

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

**NEXT BOARD-ATTENDED MEETINGS**

Regular Board of Directors Meeting:  
Thursday, April 25, 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 - 2024

Meeting Dates	1/12/2024**	1/25/2024*	2/22/2024**	2/29/2024*	3/28/2024*	4/25/2024*	5/23/2024*	6/28/2024*	7/25/2024*	8/29/2024*	9/26/2024*	10/24/2024*	11/21/2024*	DEC*
<b>Board Members</b>														D A R K
Kieth Burkart	√	√	√	√										
Cheryl Robinson	√	√	√	√										
Barry Hoy	√	√	√	√										
Barrick Smart	JC	√	√	√										
Gerald Hinkley	--	--	--	√										
Cheryl Moxley	√	√	--	--	--	--	--	--	--	--	--	--		
<b>Staff Members</b>														
Mark Turner	√	√	√	√										
Terry Peña	√	√	√	√										
Yvonne Waggener	√	√	√	√										
Julie Atwood	√	√	E	√										
Kim McGuire	√	√	E	E										
Kristi McCasland	√	√	E	√										
Bijan Motamedi, M.D.	E	√	E	E										
Lawrence Walker, M.D.	--	--	--	√										
<b>Comments</b>	* Regular Board of Directors Meeting / ** Special Board of Directors Meeting													
	√	Present			JC	Board Member Attended Remotely Under AB2449 "Just Cause" Provisions				EC	Board Member Attended Remotely Under AB2449 "Emergency Circumstances"			
	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 2:26 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 Barrick Smart, Board Treasurer Barry Hoy, Board Director  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 Lawrence Walker, M.D., MEC Vice Chief of Staff  Gerry Hinkley, Community Member Gary Hicks, G.L. Hicks Financial, LLC John McLaughlin, Public	<b>Quorum present</b>
3.0 President’s Comments:	Burkart recognized Cheryl Moxley for her love and devotion to the hospital and mountain community; everyone who knew her will miss her.	<b>None</b>
4.0 Board Member’s Reports:	Hoy recognized the loss of Cheryl Moxley as the Chair of the Hospital’s Quality Committee, her leadership and enthusiasm will be greatly missed.	<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 January 25, 2024 and the Special Board of	<b>On a motion made and seconded the Minutes from the Board of</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	Directors meeting of February 22, 2024 were approved as written.	<p><b>Directors meeting of January 25, 2024 and the Special Board of Directors meeting of February 22, 2023 were approved as written.</b></p> <p><b>M (Hoy) / S (Smart) / C</b></p> <p><b>4 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 Marketing Committee minutes, meeting held November 30, 2023.</li> <li>2. Approval of the Finance Committee minutes, meeting held January 25, 2024.</li> <li>3. Approval of the attached list of Policies and Procedures that was sent February 19, 2024 (<i>see list attached to the February 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 (Smart) / C</b></p> <p><b>4 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.0 Agenda 8.1 Form 700 Statement of Economic Interest	Burkart reported that the annual Form 700 "Statement of Economic Interest" is due. Board members were requested to complete their Form 700 and submit it to the Board clerk by March 15, 2024.	<b>Information only</b>
8.2 SBMCHD Notice of Vacancy, Board of Directors	<p>Burkart reported that notice was given to the Secretary of State on January 31, 2024 regarding the passing of Cheryl Moxley, noting that we have 60 days from the date we were notified of the vacancy (or the effective date of the vacancy) to fill the vacancy by appointment; or call a special election. A Notice of Vacancy was posted (in three or more conspicuous locations within the district) from February 8, 2024 through February 23, 2024. The District received applications from Gerald Hinkley and Jeri Simpson.</p> <p>He noted that our option is to either make an appointment now, if everyone feels comfortable, or interview the applicants and bring a recommendation to a future board meeting for a vote.</p>	<p><b>On a motion made and seconded, the Board approved appointing Gerald Hinkley to serve on the Board of Directors until the next District General Election in 2024.</b></p> <p><b>M (Hoy) / S (Robinson) / C</b></p> <p><b>4 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p>After discussion, it was motioned and seconded to appoint Gerald Hinkley to serve on the Board of Directors until the next District General Election in 2024.</p> <p><b>RESOLUTION NO. 2024-02</b></p> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT APPOINTING GERALD HINKLEY TO SERVE ON THE BOARD OF DIRECTORS UNTIL THE NEXT DISTRICT GENERAL ELECTION IN 2024.</b></p> <p><b>WHEREAS, a vacancy exists on the Board of Directors of the San Bernardino Mountains Community Hospital District; and</b></p> <p><b>WHEREAS, pursuant to Government Code section 1780, the Board of Directors may appoint a director to fill the vacancy until the next District general election in 2024.</b></p> <p><b>NOW, THEREFORE, the Board of Directors of the San Bernardino Mountains Community Hospital District does hereby resolve, find, determine, and order as follows:</b></p> <p><b><u>Section 1.</u> Pursuant to section 1780 of the Government Code, the Board of Directors of the San Bernardino Mountains Community Hospital District hereby appoints Gerald Hinkley to serve as a member of the Board of Directors until the next District general election in 2024.</b></p> <p><b><u>Section 2:</u> The Secretary of the San Bernardino Mountains Community Hospital District is hereby directed to deliver forthwith one (1) certified copy of this resolution to the Clerk of the Board of Supervisors of the County of San</b></p>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p><b>Bernardino.</b></p> <p><b>ADOPTED, SIGNED AND APPROVED this 29<sup>th</sup> day of January 2024.</b></p> <p>Kristi McCasland swore in Gerald Hinkley for his one (1) year term which takes effect 2/29/2024.</p>	
<p>8.3 Board Assignments</p>	<p>After discussion, the following changes to the 2024 Board Assignments were proposed:</p> <p>Board</p> <ul style="list-style-type: none"> <li>○ Barry Hoy, Secretary</li> <li>○ Gerald Hinkley, Director</li> </ul> <p>Quality Committee</p> <ul style="list-style-type: none"> <li>○ Barry Hoy, Chair</li> <li>○ Gerald Hinkley, Committee Member</li> </ul> <p>Facilities Committee</p> <ul style="list-style-type: none"> <li>○ Gerald Hinkley, Committee Member</li> </ul>	<p><b>On a motion made and seconded, the Board approved the proposed changes to the 2024 Board Assignments as discussed.</b></p> <p><b>M (Robinson) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>8.4 Board Self-Evaluation Performance Improvement Plan</p>	<p>Turner presented and reviewed the performance improvement plan to address low scoring items on the Board’s 2023 Self-Evaluation.</p>	<p><b>On a motion made and seconded, the board approved the Board Self-Evaluation Performance Improvement Plan as presented.</b></p> <p><b>M (Smart) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>8.5 CEO Report a. Construction Updates</p>	<p>Turner gave an update on the following construction projects:</p> <ul style="list-style-type: none"> <li>• <u>Registration Project</u>: Received HCAI approval for structural</li> </ul>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>element repairs, which pertain to the original hospital structure. Construction re-started this week. We are hoping to have the registration project completed within 30-60 days.</p> <ul style="list-style-type: none"> <li>• <u>Pharmacy Project</u>: Received HCAI approval for the structural element repairs to the corridor issues. Construction re-started this week. The pharmacy project is estimated to be completed by the end of the year.</li> <li>• <u>Gift Shop/Solarium</u>: The plans for the Gift Shop need to be resubmitted to HCAI due to the age of the initial submittal approval; the plans will be submitted either tomorrow or early next week. HCAI approval typically takes around 3 months.</li> <li>• <u>RHC Remodel</u>: The architect's documents are in the process of being made electronic. Once started, this project will be planned in phases so to not disrupt the clinic operations. We are anticipating the project will be completed by the end of the year.</li> <li>• <u>Acute Care Wing / Retrofit / SNF Wing Project</u>: The Project Manager contract has been fully executed, and a kick-off meeting has been scheduled for tomorrow morning. Work is ongoing to fast track the UDSA loan application for submittal on June 3, 2024. A financial feasibility study is currently in process.</li> <li>• <u>Interim Parking</u>: Plan to involve the Board in developing a Facilities Master Plan sometime this spring or summer, which will help determine our long term parking solution.</li> </ul>	
<p>b. Human Resources Director Recruitment Update</p>	<p>Turner reported that Yesenia De La Cruz has been hired as the new HR Director. De La Cruz will be training with Julie Atwood until Julie's retirement at the end of March.</p>	<p><b>Information only</b></p>
<p>8.6 COO/CNO Report</p>	<p>Peña reported on the following:</p> <ol style="list-style-type: none"> <li>1. <u>MediTech</u>: The Lab interface will go live next month. Two additional Lab instruments still need to be connected (UA machine and the glucometers). The issues with reporting has been resolved and the Quality reports have been built.</li> <li>2. <u>BETA Heart</u>: The BETA Heart annual employee satisfaction</li> </ol>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>SCORE survey will go out next week; employees will have 30 days to complete it. We are required to have at least 60% participation, but are aiming for a 90% participation rate. Results will be available in April 2024.</p> <p>3. <u>Journey Mapping Project</u>: Eight patients have agreed to participate in the journey mapping interview process; Wipfli will conduct the interviews on our behalf.</p> <p>4. <u>Chlamydia Screening Project</u>: D. Cummins and BYU Nurse Practitioner Masters Student (Lydia Jorgensen) will be working with the RHC on a quality improvement project to implement best practice guidelines for chlamydia screening among women ages 16-24. Chlamydia screening is one IEHP’s initiatives; and is also one of the State’s QIP metrics. Under the QIP program, if we are able to achieve a 10% gap closure over our baseline data, the hospital would receive approximately \$200k in funding from the State.</p> <p>5. <u>Cal Bridge Navigator Program</u>: We continue to do the Cal Bridge Navigator program even though we have not received any grant monies. The California Hospital Association is working with DHCS to obtain long term funding for this project.</p>	
<p>8.7 Marketing Committee Report Report of meeting held February 29, 2024</p>	<p>Robinson reported on the Marketing Committee Meeting:</p> <p>1. <u>Foundation/Fundraising</u>:</p> <ul style="list-style-type: none"> <li>• In CY 2023, the Foundation has raised \$650k and gave the hospital over \$850k, which was used for the front entrance renovation and new equipment. In December, the foundation received: <ul style="list-style-type: none"> <li>○ \$150k from the Ahmanson Foundation;</li> <li>○ \$10k from the Ted Roy Charity Foundation;</li> <li>○ \$3,500 from the Rotary Club of Lake Arrowhead; and</li> <li>○ \$20k from the MCH Auxiliary.</li> </ul> </li> </ul> <p>Both the Lifetime Giving and 2023 Summit Circle Donor Walls have been refreshed.</p> <ul style="list-style-type: none"> <li>• Currently, the Foundation has \$1.7M in cash and investments at</li> </ul>	<p><b>Information only</b></p>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Edward Jones.</p> <ul style="list-style-type: none"> <li>• So far in CY 2024, the Foundation has raised \$12k, which includes:               <ul style="list-style-type: none"> <li>○ \$3k grant from the Mountain Sunrise Rotary;</li> <li>○ \$100k donation from a couple who recently passed away; and</li> <li>○ \$5,500 from the PolaRotary Plunge event, in which the hospital had two teams.</li> </ul> </li> <li>• The LeGrand Picnic has been scheduled for July 21, 2024 and will have a “Field of Dreams” theme. The steering committee and subcommittee have begun meeting, and are working to create “Save the Date” postcards, sponsorship flyers, etc. Robbin Nordsten will serve as the LGP Coordinator for the event; and will be the event’s emcee.</li> <li>• The Foundation is looking at bringing on two prospective Board Members: Amy Doutt and Paul Medawar.</li> <li>• The Winter Edition of the Foundation’s newsletter included our first CEO video. Video updates will be done on a quarterly basis.</li> </ul> <p>2. <u>Grant Update</u></p> <ul style="list-style-type: none"> <li>• The Foundation applied for a \$7M grant from the San Manuel Mission Band of Indians at the end of last year; they let us know it not a no, it’s just a no for right now as they want us to have a greater insight into our fundraising capability. They invited us to apply for an off cycle grant to help pay for a fundraising feasibility study, which would take about 5 months to complete. A draft LOI was submitted to San Manuel for \$250k.</li> <li>• A \$10k grant was received from Stater Bros to be used for defibrillators and a hands-free voice and messaging system.</li> <li>• A \$10k grant was received from the J.E. Fehsenfeld Family Foundation to be used for defibrillators and a hand-free voice and messaging system.</li> <li>• A small grant request was submitted to Lowes Hometown Grant, to purchase outside furniture for the SNF and for conference room renovations.</li> </ul>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>3. <u>Naming opportunities:</u></p> <ul style="list-style-type: none"> <li>• The naming opportunities Report and Gift Agreement have been completed; they are working to finalize the Gift Policy.</li> <li>• The Auxiliary will be our first naming opportunity, and will contribute \$20k for the next three years for the naming of the Gift Shop.</li> </ul> <p>4. <u>Marketing:</u></p> <ul style="list-style-type: none"> <li>• The 2023-2024 Community Benefit Report is out. As of Tuesday, 15,000 copies have been sent to all of the P.O. Boxes from Crestline to Green Valley Lake. They still have 2,000 to send, which will go to donors with addresses down the mountain. The benefit report was also sent out via email, and posted on social media sites.</li> <li>• Fourteen (14) editions of HospiTales have now been sent out, both in print and electronically.</li> <li>• The Hospital recently received good press in the Alpine Mountaineer newspaper.</li> <li>• Social Media posts continue; the hospital now has over 2,000 followers on Facebook, over 500 followers on Instagram and over 600 followers on LinkedIn.</li> <li>• The Surgical Services, Post-Acute Inpatient Care and Skilled Nursing Facility rack cards have been updated. They will work on a Behavioral Health rack card next.</li> <li>• Future Marketing Activities include: <ul style="list-style-type: none"> <li>○ About us video</li> <li>○ CEO Q2 video</li> <li>○ Nurses Week and Hospital Week</li> <li>○ BETA Heart SCORE survey promotion</li> <li>○ Considering rebranding and RHC name options</li> </ul> </li> </ul> <p>5. <u>Events:</u></p> <ul style="list-style-type: none"> <li>• The Summit Circle dinner has been scheduled for Thursday, June 6, 2024; save the date postcards will be coming out soon.</li> </ul>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>8.8 Finance Committee Report Report of meeting held January 25, 2024 a. Financial Statement</p>	<p>Smart reported on the Finance Committee meeting:</p> <p>The FY24 Financial Statements as of and for the seven (7) months ended January 31, 2024 were presented and reviewed. Comparative statistics and selected financial indicators were reviewed with the committee for the months of October, November, December 2023 and January 2024. It was noted that we are \$2M ahead of budget fiscal year to date, which can be attributed to:</p> <ul style="list-style-type: none"> <li>• Contractual discounts being at 60%, instead of the budgeted 64%;</li> <li>• Receiving more supplemental reimbursements than budgeted;</li> <li>• Expenses being below budget, and</li> <li>• Receiving more investment income than budgeted.</li> </ul>	<p><b>On a motion made and seconded, the Financial Statements as of seven (7) months ended January 31, 2024 were accepted as presented.</b></p> <p><b>M (Smart) / S (Robinson) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>b. Capital Purchases</p>	<p>The FY24 Capital Purchases for the seven (7) months ended January 31, 2024 was presented.</p> <p>Waggener noted that \$700k was budgeted for the Telemetry Monitoring Equipment line item; however, the cost is actually \$825k including sales tax.</p>	<p><b>On a motion made and seconded, the Board approved increasing the Telemetry Monitoring Equipment capital budget line item from \$700k to \$825k.</b></p> <p><b>M (Smart) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>c. Investment</p>	<p>The LAIF and UBS statements as of January 31, 2024 were presented and reviewed.</p> <p>Waggener noted that the Board approved an ongoing authorization at the January 25, 2024 meeting, which allows the CEO to withdraw monies necessary from the LAIF and/or UBS investment account(s) to fund any Intergovernmental Transfers (IGT's); and replace the funds once the IGT match has been received from the State.</p> <p>Waggener requested that an additional motion be made to allow the</p>	<p><b>On a motion made and seconded the Board approved an ongoing authorization allowing CEO (M. Turner) to withdraw monies necessary from the LAIF and/or UBS investment account(s) to fund operational needs, limited to the amount of the expected return from the IGT</b></p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	CEO to withdraw monies necessary from the LAIF and/or UBS investment account(s) to fund operational needs, as long as the monies are replaced.	<p><b>payment or other operation replacement fund source.</b></p> <p><b>M (Smart) / S (Hinkley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.9 Board Education	<p>Burkart report on the following upcoming Board education opportunities:</p> <ul style="list-style-type: none"> <li>a. 3/4-5/2024: CHA Rural Health Symposium. Hoy &amp; Robinson will attend.</li> <li>b. 5/20-22/2024: HASC Annual Meeting. Hoy, Robinson and Hinkley will attend.</li> </ul>	<b>Information only</b>
8.10 Discussion Topic Suggestions:	Hinkley suggested adding a “Mission Moment” at the Board of Directors meeting, which gives an example of how we are living our Mission Statement.	<b>A “Mission Moment” will be added to future Board of Directors Meeting agendas.</b>
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:40 p.m.	<b>Information only</b>
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 3:54 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>• Medical Staff Report of February 29, 2024 and Credentialing from the February 27, 2024 Medical Executive Committee meeting.</li> </ul>	<b>Information only</b>
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	<p>The Board accepted the Medical Staff Report of February 29, 2024, and Credentialing from the February 27, 2024 Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p>	<b>On a motion made and seconded, the Medical Staff Report of February 29, 2024, and Credentialing from the February 27, 2024 Medical Executive Committee meeting were</b>

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>○ EUGENE S. BARASCH, MD – Tele-Radiology (SOL Radiology)</li> <li>○ LARRY GIVENS, MD - Tele-Radiology (SOL Radiology)</li> <li>○ NASIEM M. NIROUMAND, MD - Tele-Radiology (SOL Radiology)</li> </ul> </li> <li>• <b><u>Provisional Extensions:</u></b> None</li> <li>• <b><u>Advancement from Provisional Staff/Regular Staff:</u></b> <ul style="list-style-type: none"> <li>○ RAJAA ALMESTADY, MD – Tele-Radiology (SOL/Advanced Teleradiology)</li> <li>○ AMMAR AMIN, MD – Tele-Radiology (SOL Radiology)</li> <li>○ NILOFAR FIROOZNI, MD – Tele-Radiology/Mammography ((SOL Radiology)</li> <li>○ APRIL GARCIA, DO – Tele-Radiology/Mammography (SOL Radiology)</li> <li>○ DAVID B. JACKSON, MD – Tele-Radiology (SOL/Advanced Teleradiology)</li> <li>○ MICHAEL MCCONNELL, DO – Tele-Radiology/Mammography (SOL Radiology)</li> <li>○ FARUKH MIAN, MD – Tele-Radiology (SOL/ Chicago Teleradiology)</li> <li>○ CHIRAG PATEL, MD – Tele-Radiology (SOL Radiology)</li> <li>○ PETER P. PIAMPIANO, MD – Tele-Radiology (SOL /Advanced Teleradiology)</li> <li>○ SAYED W. SADAT, DO – Tele-Radiology (SOL Radiology)</li> <li>○ SAIF SIDDIQI, MD – Tele-Radiology (SOL / Advanced Teleradiology)</li> <li>○ MARYAM SOKHAN SANJ, MD – Tele-Radiology (SOL Radiology)</li> <li>○ JOHN THUESON, DO – Tele-Radiology (SOL Radiology)</li> <li>○ RAY ZHANG, MD – Tele-Radiology (SOL Radiology)</li> </ul> </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></li> </ul>	<p><b>accepted as recommended by the MEC.</b></p> <p><b>M (Robinson) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>○ *MARYAM SOKHAN SANJ, MD – Tele-Radiology (SOL Radiology)</li> <li>● <b><u>Terminations/Resignations:</u></b> <ul style="list-style-type: none"> <li>○ *JASON CHU, MD – Tele-Radiology (SOL Radiology)</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>	
12.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, March 28, 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 3:54 p.m.	<b>Meeting adjourned</b>

By: \_\_\_\_\_  
**Barry Hoy, Secretary of the Board**

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

**Board Approvals: (44 Documents)**

**I. New Policies / Forms / Attachments: (11)**

**a. Human Resources (HR) Policies/Forms: (3)**

- [Meal Period Waiver \(12 hour\) \(Form\) - HR](#)
- [Meal Period Waiver \(More Than 10 Hours\) \(Form\) - HR](#)
- [Workplace Critical Incident Stress Debriefing \(CISD\) \(Policy\) - HR / EM](#)

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

- [Corporate Compliance Education and Training Policy \(Policy\) - LD / HR](#)

**c. Provision of Care (PC) Policies/Forms: (2)**

- [Interview Template: Persons Involved in Patient Safety Event](#)
- [Violent & Non-Violent Restraint Documentation Form](#)

**d. Nutritional Services Department Policies: (5)**

- [Organ, Eye, and Tissue Donation - OneLegacy Administrative Policy for Donation Protocol \(Policy\) - RI / TS](#)
- [Organ, Eye, and Tissue Donation - OneLegacy Donation After Cardiac \(or Circulatory\) Death \(Policy\) - RI / TS](#)
- [Organ, Eye, and Tissue Donation - OneLegacy Donation After Death by Neurological Criteria \(Policy\) - RI / TS](#)
- [Organ, Eye, and Tissue Donation - OneLegacy General Donation Protocol \(Policy\) - RI / TS](#)
- [Organ, Eye, and Tissue Donation - OneLegacy Tissue Donation After Death \(Policy\) - RI / TS](#)

**II. Updated Policies / Forms / Attachments: (5)**

**a. Performance Improvement (PI) Policies: (1)**

- [Performance Improvement Organizational Plan for Continuous Quality Improvement \(Plan\) - PI](#)

**b. Provision of Care Policies: (1)**

- [Restraints, Physical \(Policy\) - PC / RI](#)

**c. Anesthesiology Department Policies: (1)**

- [Aspiration Prophylaxis \(Policy\) - Anesthesiology Department](#)

**d. Rehabilitation Services Department Policies: (2)**

- [Rehab Acute Care Vital Signs & Lab Values \(Policy\) - Rehabilitation Services Department](#)
- [Splint Fabrication \(Policy\) - Rehabilitation Services Department](#)

**III. Triennial Renewal Only (no / minor changes): (28)**

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

- [Physician Employee Policy \(Policy\) - HR / MS](#)

**b. Leadership (LD) Policies: (2)**

- [Anti-Kickback Statute / Stark Law \(Policy\) - LD](#)
- [Public Records, Requests for Inspection and/or Copying of Public Records \(Policy\) - LD](#)

**c. Provision of Care and Services (PC) Policies: (2)**

- [Consultation and Referral, Social Services \(Policy\) - PC](#)
- [IV Therapy: PICC Utilizing the Modified Seldinger Procedure with or without Ultrasound Guidance \(Policy\) - PC](#)

**d. Anesthesiology Department Policies: (1)**

- [Pre Anesthesia Evaluation \(Policy\) - Anesthesiology Department](#)

**e. Emergency Department Policies: (1)**

- [Customer Service Standards \(Policy\) - Emergency Department](#)

**f. Environmental Services Department Policies: (14)**

- [Cleaning - Baseboards \(Policy\) - EVS](#)
- [Cleaning - Carpet \(Policy\) - EVS](#)
- [Cleaning - Dining Area of Cafeteria \(Policy\) - EVS](#)

**Board of Directors Meeting - March 28, 2024**  
**Policy Review/Approval**

[Cleaning - Emergency Department \(Policy\) - EVS](#)  
[Cleaning - Exterior Entrances \(Policy\) - EVS](#)  
[Cleaning - Furniture \(Policy\) - EVS](#)  
[Cleaning - General Office \(Policy\) - EVS](#)  
[Cleaning - Glass and Plexiglas \(Policy\) - EVS](#)  
[Cleaning - Light Fixtures \(Policy\) - EVS](#)  
[Cleaning - Perioperative Services Department \(Policy\) - EVS](#)  
[Cleaning - Vents \(Policy\) - EVS](#)  
[Cleaning - Wet Mopping \(Policy\) - EVS](#)  
[Cleaning - Windows \(Policy\) - EVS](#)  
[EVS Definition of Biohazard Waste \(Policy\) - EVS](#)

**g. Laboratory Department Policies: (1)**

[Biohazardous, Physical #C82 \(Policy\) - Laboratory Department](#)

**h. Nutritional Services Department Policies: (5)**

[Pots and Pans Washing, Knife Cleaning \(Policy\) - Nutritional Services Department](#)  
[Quality Assurance-Improvement Plan \(Policy\) - Nutritional Services Department](#)  
[Refrigerator/Freezer, Nursing \(Policy\) - Nutritional Services Department](#)  
[Safety General Safety, Accident Prevention and Safety Techniques \(Policy\) - Nutritional Services Department](#)  
[Telephone Orders, Nutritional Services \(Policy\) - Nutritional Services Department](#)

**i. Rehabilitation Services Department Policies: (1)**

[Inpatient Rehabilitation Orders \(Policy\) - Rehabilitation Services Department](#)



# **San Bernardino Mountains Community Hospital District**

## **Mission Statement**

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

*Mission Statement originally approved at October 26, 1994 Board Meeting*


## **Vision Statement**

**Mountains Community Hospital provides peace of mind by securing the health of the community.**

## **Values**

**Respect, Integrity, Excellence, Compassion**

*Mission/Vision/Values: Reviewed/Validated at the April 28, 2023 Board Meeting*

	MCH Values (Policy) - LD	LD - Leadership
ORIGINATION DATE: 01/01/1999	DATE APPROVED: 03/17/2022	VERSION: 5

**PURPOSE:** To define the Values of Mountains Community Hospital

**POLICY:**

“*Respect*” We respect each person’s individuality and are sensitive and responsive to ~~his~~ or her ~~their~~ needs.

“*Integrity*” We are committed to an environment of trust worthiness, and honesty, and doing the right thing.

“*Excellence*” We promote personal and professional development, accountability, innovation, teamwork and a commitment to quality, safety, and compliance.

“*Compassion*” Our genuine concern for the whole person is demonstrated by ~~a~~ our thoughtful and caring attitude towards all.

**REVISION DATES PRIOR TO POLICY TECH:** 1/99, 1/03, 1/12