



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

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MOUNTAINS

COMMUNITY HOSPITAL

The Heart of Mountain Healthcare

Marketing Committee Meeting

Thursday, February 29, 2023, 1:00 p.m.

George M. Medak Conference Room, Suite 207

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

Or

Microsoft Teams meeting

Join on your computer, mobile app or room device

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Meeting ID: 234 601 921 58

Passcode: MWdfbE

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

Phone Conference ID: 605 686 207#

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

OPEN SESSION

1:00 p.m.

CALL TO ORDER

Cheryl Robinson, Committee Chairperson

PREVIOUS MINUTES

Cheryl Robinson, Committee Chairperson
Action Probable

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

AGENDA ITEMS

- | | |
|----------------|---|
| 1. Fundraising | Abby Savich, Marketing & Events Manager
Information Only |
| 2. Marketing | Abby Savich, Marketing & Events Manager
Information Only |

ADJOURNMENT

San Bernardino Mountains Community Hospital Marketing Committee Meetings

Attendance Matrix - 2023

[illegible]

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Robinson, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Kim McGuire, Member, Community Development Director Gerry Hinkley, Community Member</p> <p>Don Larsen, MD, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Barry Smart, Board Member Cheryl Moxley, Board Secretary Julie Atwood, Human Resources Director Leslie Plouse, Quality Director Clinton Mikel, Attorney John McLaughlin, Public</p>	<p>Quorum present</p>
2.0 Call to Order:	Robinson called the meeting to order at 1:32 p.m.	The meeting was called to order
3.0 Previous Minutes:	The minutes of the meeting of the Marketing Committee held on August 24, 2023 were approved as written	<p>The minutes of the meeting of the Marketing Committee held on August 24, 2023, were approved as written.</p> <p>M (Hoy) / S (Peña) / C</p>
4.0 Public Comment:	There was no public comment noted at this time.	Information only
5.0 Fundraising / Marketing	McGuire updated the committee on Fundraising and Marketing activities.	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>1. <u>Fundraising:</u></p> <ul style="list-style-type: none"> • YTD, the Foundation has raised \$400k. • The Year-End Giving Campaign is estimated to raise another \$50k. • The LeGrand Picnic committee is starting to meet to plan the 2024 event; an organization chart was created. • The threshold for the Summit Circle donor recognition dinner was raised from \$500 to \$750. <p>2. <u>Naming opportunities:</u></p> <ul style="list-style-type: none"> • Next steps are to develop a gift agreement; finalize values and market the program to the community. <p>3. <u>Grant Update</u></p> <ul style="list-style-type: none"> • A \$3500 grant was received from Lake Arrowhead Rotary • Grant applications have been submitted to the Mountain Sunrise Rotary for \$3000 and San Manual Mission Band of Indians for \$7M. <p>4. <u>Marketing:</u></p> <ul style="list-style-type: none"> • Post-Acute Inpatient Care Rack Card • Surgery Rack Card • Thanksgiving Video • Employee Recruitment Video • Social Media Posts <p>5. <u>Events:</u></p> <ul style="list-style-type: none"> • Participated in the Mile High Charity Golf Tournament on 9/15/2023 • Auxiliary Installation was held at UCLA on 9/14/2023 • Participated in the Soroptimist Breast Cancer Walk on 10/8/2023 • Tri-Chamber Mixer was held on 10/12/2023 • Contour Dermatology held free skin cancer screening on 10/23/2023 • Participated in the SkyPark Locals Day and CHE First Responders Day on 11/2/2023 • First Friday at the Lake House benefiting MCH Foundation was held 	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>on 11/3/2023</p> <ul style="list-style-type: none"> Supporting the Auxiliary pie/candy sales on behalf of the Auxiliary 	
6.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:49 p.m.	Meeting adjourned



Finance Committee Meeting
Thursday, February 29, 2024, 1:15 p.m.
George M. Medak Conference Room, Suite 207
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352

Or

Microsoft Teams meeting
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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

1:15 p.m.

CALL TO ORDER

Barry Smart, Committee Chairperson

PREVIOUS MINUTES

Barry Smart, Committee Chairperson
Action Probable

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

AGENDA ITEMS

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

ADJOURNMENT

San Bernardino Mountains Community Hospital Finance Committee Meetings

Attendance Matrix - 2024

[illegible]

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Mark Turner, Member, Chief Executive Officer Don Larsen, MD – Community Member Gerry Hinkley, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Keith Burkart – Board President Cheryl Robinson, Board Vice President Cheryl Moxley, Board Secretary Barry Smart – Board Treasurer Julie Atwood – Human Resources Director Yvonne Waggoner – Chief Financial Officer Kim McGuire – Foundation / Community Development Director Leslie Plouse – Quality Director John McLaughlin, Public Eric Volk, Partner, Wipfli, LLP David Imus, Senior Manager, Wipfli, LLP Peter Venturini, Foundation Board President</p>	<p>Quorum present</p>
2.0 Call to Order:	Smart called the meeting to order at 1:30 p.m.	The meeting was called to order
3.0 Previous Minutes:	On a motion made and seconded, the Finance Committee Meeting Minutes of October 26, 2023 were approved.	On a motion made and seconded, the Finance Committee Meeting Minutes of October 26, 2023 were approved as written.

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		M (Hoy) / S (Hinkley) / C
4.0 Public Comment:	There was no public comment noted at this time.	None
5.0 Agenda Items: 5.1 FY 2023 Audited Financial Statements	<p>Eric Volk, Partner and David Imus, Senior Manager from Wipfli reviewed the SBMCHD Audit Presentation year ended June 30, 2023. Item reviewed during the presentation included:</p> <ul style="list-style-type: none"> • Required communications • Internal control communications • Financial analysis • Accounting and auditing update • Key financial indicators <p>It was reported that an unmodified opinion was issued for the financial statements for the year ended June 30, 2023, which is the highest rating possible. After discussion, a motion was made and seconded to recommend to the Board to accept the Fiscal Year 2023 Audited Financial Statements as presented.</p>	<p>A motion was made and seconded to recommend to the Board to accept the Fiscal Year 2023 Audited Financial Statements as presented.</p> <p>M (Hoy) / S (Hinkley) / C</p>
5.2 Investments	Waggener presented the LAIF and UBS statements as of December 30, 2023. She noted that we have two IGT's totaling \$5M due soon, and requested authorization from the committee/Board to withdraw the monies from the investment account, and replace the funds once the IGT match has been received from the State.	<p>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 any Intergovernmental Transfers (IGT's); and replace the funds once the IGT match has been received from the State.</p> <p>M (Turner) / S (Hoy) / C</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
5.3 Board Compensation Policy	<p>Waggener presented and discussed the draft Board Compensation policy, noting that the policy allows Board members to receive a stipend for \$100 for attending meetings on behalf of the District up to a maximum of \$600 per calendar month. If the District compensates its Board members for over five (5) meetings in a calendar month, the board will adopt a written policy describing, based on findings supported by substantial evidence, why over five (5) meetings per month is necessary for effectively operating the district.</p> <p>Waggener reviewed the policy for 2024, which states that 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.</p> <p>This policy will be brought back to the Financial Committee/Board annually for review.</p>	<p>A motion was made and seconded to recommend that the Board approve the Board Compensation Policy for Calendar year 2024 as presented, which allows Directors to be compensated for attending up to six (6) meetings per month.</p> <p>M (Hoy) / S (Hinkley) / C</p>
5.4 Level of Expenditure Authorization Policy	<p>Waggener presented and discussed the draft Levels of Expenditure Authorization policy, noting that the purpose of the policy is to define the levels of expenditure authority that management of processes relating to conducting all aspects of MCH business.</p> <p>Under the Operating Expense Items, the policy would allow officers to execute all agreements included in the operating budget. Board approval would be required for overages and unbudgeted expenses exceeding \$100k. Officers may approve overages and unbudgeted operating expense items up to \$100k.</p> <p>Under the Capital Item, budgeted items would not require further Board approval unless the purchase price exceeds the amount included in the approved capital budget by \$50k. Unbudgeted items require Board approval when the purchase price exceeds \$50k.</p> <p>This policy will be brought back to the Finance Committee/Board annually for review.</p>	<p>A motion was made and seconded to recommend that the Board approve the Levels of Expenditure Authorization Policy as presented, which allows Officers to approve overages and unbudgeted Operating Expense Items <u>up to</u> \$100k; and overages on Capital Items <u>up to</u> \$50k, without requiring Board approval.</p> <p>M (Turner) / S (Hinkley) / C</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 2:36 p.m.	Meeting adjourned

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	01/31/24	FAR WEST CAH	CA CAH
<u>LIQUIDITY</u>										
Days cash on hand - All sources	161	240	344	523	490	490	453	413	124	222
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	3,476,666	1,636,281		
Board Designated	8,505,612	14,339,180	21,636,014	20,160,931	29,289,726	35,548,549	37,386,706	36,478,229		
Total	9,415,399	15,284,003	22,261,831	35,403,017	37,532,358	39,717,047	40,863,372	38,114,510		
Days gross revenue in gross AR	58	57	55	49	62	52	57	69		
Days net revenue in net AR	41	33	43	33	41	37	37	42	70	41
Days expense in AP	32	23	25	29	29	42	22	30		
Current ratio	1.6	2.3	1.6	2.1	1.8	1.8	1.9	1.3		
Cash to debt	91%	154%	236%	303%	443%	498%	484%	483%		
<u>CAPITAL STRUCTURE</u>										
Long-term debt to capitalization	38%	28%	24%	25%	16%	14%	14%	14%		
<u>PROFITABILITY</u>										
Total margin	12%	26%	19%	17%	29%	14%	11%	-18%		
<u>OTHER</u>										
Paid full time equivalents (FTE's)	165.66	177.25	183.31	176.66	185.49	182.08	195.86	201.76		
BENCHMARK - FAR WEST	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.									
BENCHMARK - CA	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	10	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
	410	147	557	4,192	1.9	0.7	2.6	19.5	5,401	25	38	89
Budget Oct-23	71	62	133	605	2.3	2.0	4.3	19.5	744	24	8	17
Budget Nov-23	69	60	129	585	2.3	2.0	4.3	19.5	720	24	8	17
Budget Dec-23	71	62	133	605	2.3	2.0	4.3	19.5	744	24	8	18
Budget Jan-24	93	62	155	605	3.0	2.0	5.0	19.5	744	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	868	310	283	236	120	949
Nov-23	4,929	500	198	78	20	84	880	833	382	274	204	134	994
Dec-23	4,940	569	207	89	20	87	972	699	368	203	199	64	834
Jan-24	6,230	651	285	73	14	126	1,149	784	440	225	230	130	1,025
	40,104	4,274	1,692	480	133	751	7,330	5,435	2,757	1,692	1,536	795	6,780
Budget Oct-23	6,200	615	220	70	16	102	1,023	650	500	250	230	120	1,100
Budget Nov-23	6,200	615	220	70	16	102	1,023	650	500	250	230	120	1,100
Budget Dec-23	6,200	615	220	70	16	102	1,023	650	500	250	230	120	1,100
Budget Jan-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
OCT 2023

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	FY BUDGET	FY REMAINING
REVENUE								
GROSS PATIENT SERVICE REVENUE	5,000,619.61	5,335,978.00	335,358.39	21,597,464.85	21,137,682.00	(459,782.85)	65,148,058.00	43,550,593.15
DEDUCTIONS FROM REVENUE								
CONTRACTUAL DISCOUNTS	2,835,674.80	3,417,884.00	(582,209.20)	12,867,808.53	13,538,536.00	(670,727.47)	41,944,608.00	(29,076,799.47)
BAD DEBT	75,000.00	81,000.00	(6,000.00)	310,000.00	320,000.00	(10,000.00)	983,000.00	(673,000.00)
CHARITY CARE	0.00	6,000.00	(6,000.00)	26,896.52	24,000.00	2,896.52	72,000.00	(45,103.48)
SUPPLEMENTAL REIMBURSEMENT	(599,026.19)	(615,000.00)	15,973.81	(686,716.05)	(660,000.00)	(26,716.05)	(8,254,000.00)	7,567,283.95
TOTAL DEDUCTIONS FROM REVENUE	2,311,648.61	2,889,884.00	(578,235.39)	12,517,989.00	13,222,536.00	(704,547.00)	34,745,608.00	(22,227,619.00)
NET PATIENT SERVICE REVENUE	2,688,971.00	2,446,094.00	(242,877.00)	9,079,475.85	7,915,146.00	(1,164,329.85)	30,402,450.00	21,322,974.15
OTHER OPERATING REVENUE	64,089.42	58,149.00	(5,940.42)	173,783.31	150,654.00	(23,129.31)	424,648.00	250,864.69
TOTAL REVENUE	2,753,060.42	2,504,243.00	(248,817.42)	9,253,259.16	8,065,800.00	(1,187,459.16)	30,827,098.00	21,573,838.84
OPERATING EXPENSES								
SALARIES & WAGES	1,643,211.47	1,637,540.00	5,671.47	6,379,370.79	6,371,730.00	7,640.79	19,351,540.00	(12,972,169.21)
EMPLOYEE BENEFITS	332,126.43	334,350.00	(2,223.57)	1,263,442.15	1,277,180.00	(13,737.85)	3,948,200.00	(2,684,757.85)
PROFESSIONAL FEES	299,034.42	244,795.00	54,239.42	961,753.71	841,640.00	120,113.71	2,683,885.00	(1,722,131.29)
SUPPLIES	203,262.99	270,995.00	(67,732.01)	924,722.70	1,090,730.00	(166,007.30)	3,257,650.00	(2,332,927.30)
PURCHASED SERVICES	71,891.36	74,810.00	(2,918.64)	287,982.59	302,530.00	(14,547.41)	976,710.00	(688,727.41)
RENT/LEASE	21,249.22	16,435.00	4,814.22	89,980.01	65,740.00	24,240.01	199,220.00	(109,239.99)
REPAIRS & MAINTENANCE	73,777.86	73,331.00	446.86	311,845.13	283,616.00	28,229.13	858,579.00	(546,733.87)
UTILITIES	54,035.84	49,630.00	4,405.84	230,228.12	228,520.00	1,708.12	648,560.00	(418,331.88)
INSURANCE	46,925.90	45,638.00	1,287.90	185,848.66	182,544.00	3,304.66	547,648.00	(361,799.34)
DEPRECIATION	199,600.00	199,600.00	0.00	576,400.00	576,400.00	0.00	2,173,200.00	(1,596,800.00)
OTHER OPERATING EXPENSE	112,365.81	140,596.00	(28,230.19)	465,768.71	497,556.00	(31,787.29)	2,010,594.00	(1,544,825.29)
TOTAL EXPENSES	3,057,481.30	3,087,720.00	(30,238.70)	11,677,342.57	11,718,186.00	(40,843.43)	36,655,786.00	(24,978,443.43)
INCOME (LOSS) FROM OPERATIONS	(304,420.88)	(583,477.00)	(279,056.12)	(2,424,083.41)	(3,652,386.00)	(1,228,302.59)	(5,828,688.00)	(3,404,604.59)
NON-OPERATING REVENUE (EXPENSE)								
DISTRICT TAX REVENUE	258,000.00	258,000.00	0.00	1,032,000.00	1,032,000.00	0.00	3,096,000.00	2,064,000.00
INVESTMENT INCOME (LOSS)	163,120.39	76,200.00	(86,920.39)	598,574.56	304,800.00	(293,774.56)	914,400.00	315,825.44
INTEREST EXPENSE	(45,119.26)	(45,057.00)	62.26	(182,084.97)	(181,850.00)	234.97	(522,182.00)	(340,097.03)
DONATIONS/GRANTS FOR PROGRAMS	60,000.00	60,000.00	0.00	60,000.00	60,000.00	0.00	952,000.00	892,000.00
GAIN (LOSS) ON DISPOSAL OF PROPERTY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER NON-OPERATING REVENUE	36,550.08	36,110.00	(440.08)	155,270.44	144,290.00	(10,980.44)	432,570.00	277,299.56
OTHER NON-OPERATING EXPENSE	(61,640.65)	(28,215.00)	33,425.65	(156,700.72)	(125,710.00)	30,990.72	(353,580.00)	(196,879.28)
NON-OPERATING REVENUE (EXPENSE)	410,910.56	357,038.00	(53,872.56)	1,507,059.31	1,233,530.00	(273,529.31)	4,519,208.00	3,012,148.69
NET INCOME (LOSS)	106,489.68	(226,439.00)	(332,928.68)	(917,024.10)	(2,418,856.00)	(1,501,831.90)	(1,309,480.00)	(392,455.90)

Fiscal Calendar JULJUN

MOUNTAINS COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
NOV 2023

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	FY BUDGET	FY REMAINING
REVENUE								
GROSS PATIENT SERVICE REVENUE	4,376,104.63	5,377,047.00	1,000,942.37	25,973,569.48	26,514,729.00	541,159.52	65,148,058.00	39,174,488.52
DEDUCTIONS FROM REVENUE								
CONTRACTUAL DISCOUNTS	2,721,723.30	3,470,884.00	(749,160.70)	15,589,531.83	17,009,420.00	(1,419,888.17)	41,944,608.00	(26,355,076.17)
BAD DEBT	65,000.00	81,000.00	(16,000.00)	375,000.00	401,000.00	(26,000.00)	983,000.00	(608,000.00)
CHARITY CARE	1,501.55	6,000.00	(4,498.45)	28,398.07	30,000.00	(1,601.93)	72,000.00	(43,601.93)
SUPPLEMENTAL REIMBURSEMENT	(97,183.81)	(15,000.00)	(82,183.81)	(783,899.86)	(675,000.00)	(108,899.86)	(8,254,000.00)	7,470,100.14
TOTAL DEDUCTIONS FROM REVENUE	2,691,041.04	3,542,884.00	(851,842.96)	15,209,030.04	16,765,420.00	(1,556,389.96)	34,745,608.00	(19,536,577.96)
NET PATIENT SERVICE REVENUE	1,685,063.59	1,834,163.00	149,099.41	10,764,539.44	9,749,309.00	(1,015,230.44)	30,402,450.00	19,637,910.56
OTHER OPERATING REVENUE	39,481.09	30,835.00	(8,646.09)	213,264.40	181,489.00	(31,775.40)	424,648.00	211,383.60
TOTAL REVENUE	1,724,544.68	1,864,998.00	140,453.32	10,977,803.84	9,930,798.00	(1,047,005.84)	30,827,098.00	19,849,294.16
OPERATING EXPENSES								
SALARIES & WAGES	1,613,128.56	1,591,290.00	21,838.56	7,992,499.35	7,963,020.00	29,479.35	19,351,540.00	(11,359,040.65)
EMPLOYEE BENEFITS	333,322.03	321,500.00	11,822.03	1,596,764.18	1,598,680.00	(1,915.82)	3,948,200.00	(2,351,435.82)
PROFESSIONAL FEES	196,464.72	188,890.00	7,574.72	1,158,218.43	1,030,530.00	127,688.43	2,683,885.00	(1,525,666.57)
SUPPLIES	227,415.68	269,145.00	(41,729.32)	1,152,138.38	1,359,875.00	(207,736.62)	3,257,650.00	(2,105,511.62)
PURCHASED SERVICES	72,084.82	85,195.00	(13,110.18)	360,067.41	387,725.00	(27,657.59)	976,710.00	(616,642.59)
RENT/LEASE	18,772.31	16,435.00	2,337.31	108,752.32	82,175.00	26,577.32	199,220.00	(90,467.68)
REPAIRS & MAINTENANCE	68,420.13	71,536.00	(3,115.87)	380,265.26	355,152.00	25,113.26	858,579.00	(478,313.74)
UTILITIES	50,590.70	48,630.00	1,960.70	280,818.82	277,150.00	3,668.82	648,560.00	(367,741.18)
INSURANCE	46,425.78	45,638.00	787.78	232,274.44	228,182.00	4,092.44	547,648.00	(315,373.56)
DEPRECIATION	199,600.00	199,600.00	0.00	776,000.00	776,000.00	0.00	2,173,200.00	(1,397,200.00)
OTHER OPERATING EXPENSE	146,794.66	125,606.00	21,188.66	612,563.37	623,162.00	(10,598.63)	2,010,594.00	(1,398,030.63)
TOTAL EXPENSES	2,973,019.39	2,963,465.00	9,554.39	14,650,361.96	14,681,651.00	(31,289.04)	36,655,786.00	(22,005,424.04)
INCOME (LOSS) FROM OPERATIONS	(1,248,474.71)	(1,098,467.00)	150,007.71	(3,672,558.12)	(4,750,853.00)	(1,078,294.88)	(5,828,688.00)	(2,156,129.88)
NON-OPERATING REVENUE (EXPENSE)								
DISTRICT TAX REVENUE	258,000.00	258,000.00	0.00	1,290,000.00	1,290,000.00	0.00	3,096,000.00	1,806,000.00
INVESTMENT INCOME (LOSS)	169,021.27	76,200.00	(92,821.27)	767,595.83	381,000.00	(386,595.83)	914,400.00	146,804.17
INTEREST EXPENSE	(45,119.26)	(44,784.00)	335.26	(227,204.23)	(226,634.00)	570.23	(522,182.00)	(294,977.77)
DONATIONS/GRANTS FOR PROGRAMS	0.00	0.00	0.00	60,000.00	60,000.00	0.00	952,000.00	892,000.00
GAIN (LOSS) ON DISPOSAL OF PROPERTY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER NON-OPERATING REVENUE	34,813.70	36,110.00	1,296.30	190,084.14	180,400.00	(9,684.14)	432,570.00	242,485.86
OTHER NON-OPERATING EXPENSE	(28,366.63)	(28,215.00)	151.63	(185,067.35)	(153,925.00)	31,142.35	(353,580.00)	(168,512.65)
NON-OPERATING REVENUE (EXPENSE)	388,349.08	297,311.00	(91,038.08)	1,895,408.39	1,530,841.00	(364,567.39)	4,519,208.00	2,623,799.61
NET INCOME (LOSS)	(860,125.63)	(801,156.00)	58,969.63	(1,777,149.73)	(3,220,012.00)	(1,442,862.27)	(1,309,480.00)	467,669.73

Fiscal Calendar JULJUN

MOUNTAINS COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSES
DEC 2023

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	FY BUDGET	FY REMAINING
REVENUE								
GROSS PATIENT SERVICE REVENUE	4,748,298.65	5,480,047.00	731,748.35	30,721,868.13	31,994,776.00	1,272,907.87	65,148,058.00	34,426,189.87
DEDUCTIONS FROM REVENUE								
CONTRACTUAL DISCOUNTS	2,899,900.13	3,536,884.00	(636,983.87)	18,489,431.96	20,546,304.00	(2,056,872.04)	41,944,608.00	(23,455,176.04)
BAD DEBT	71,000.00	83,000.00	(12,000.00)	446,000.00	484,000.00	(38,000.00)	983,000.00	(537,000.00)
CHARITY CARE	5,827.20	6,000.00	(172.80)	34,225.27	36,000.00	(1,774.73)	72,000.00	(37,774.73)
SUPPLEMENTAL REIMBURSEMENT	(180,110.08)	(85,000.00)	(95,110.08)	(964,009.94)	(760,000.00)	(204,009.94)	(8,254,000.00)	7,289,990.06
TOTAL DEDUCTIONS FROM REVENUE	2,796,617.25	3,540,884.00	(744,266.75)	18,005,647.29	20,306,304.00	(2,300,656.71)	34,745,608.00	(16,739,960.71)
NET PATIENT SERVICE REVENUE	1,951,681.40	1,939,163.00	(12,518.40)	12,716,220.84	11,688,472.00	(1,027,748.84)	30,402,450.00	17,686,229.16
OTHER OPERATING REVENUE	48,971.79	30,835.00	(18,136.79)	262,236.19	212,324.00	(49,912.19)	424,648.00	162,411.81
TOTAL REVENUE	2,000,653.19	1,969,998.00	(30,655.19)	12,978,457.03	11,900,796.00	(1,077,661.03)	30,827,098.00	17,848,640.97
OPERATING EXPENSES								
SALARIES & WAGES	1,562,675.00	1,642,550.00	(79,875.00)	9,555,174.35	9,605,570.00	(50,395.65)	19,351,540.00	(9,796,365.65)
EMPLOYEE BENEFITS	357,300.60	357,170.00	130.60	1,954,064.78	1,955,850.00	(1,785.22)	3,948,200.00	(1,994,135.22)
PROFESSIONAL FEES	259,782.14	234,090.00	25,692.14	1,418,000.57	1,264,620.00	153,380.57	2,683,885.00	(1,265,884.43)
SUPPLIES	251,907.42	271,945.00	(20,037.58)	1,404,045.80	1,631,820.00	(227,774.20)	3,257,650.00	(1,853,604.20)
PURCHASED SERVICES	78,143.65	88,695.00	(10,551.35)	438,211.06	476,420.00	(38,208.94)	976,710.00	(538,498.94)
RENT/LEASE	21,370.66	16,435.00	4,935.66	130,122.98	98,610.00	31,512.98	199,220.00	(69,097.02)
REPAIRS & MAINTENANCE	79,923.44	70,561.00	9,362.44	460,188.70	425,713.00	34,475.70	858,579.00	(398,390.30)
UTILITIES	46,841.04	51,630.00	(4,788.96)	327,659.86	328,780.00	(1,120.14)	648,560.00	(320,900.14)
INSURANCE	46,184.48	45,638.00	546.48	278,458.92	273,820.00	4,638.92	547,648.00	(269,189.08)
DEPRECIATION	199,600.00	199,600.00	0.00	975,600.00	975,600.00	0.00	2,173,200.00	(1,197,600.00)
OTHER OPERATING EXPENSE	101,182.99	123,651.00	(22,468.01)	713,746.36	746,813.00	(33,066.64)	2,010,594.00	(1,296,847.64)
TOTAL EXPENSES	3,004,911.42	3,101,965.00	(97,053.58)	17,655,273.38	17,783,616.00	(128,342.62)	36,655,786.00	(19,000,512.62)
INCOME (LOSS) FROM OPERATIONS	(1,004,258.23)	(1,131,967.00)	(127,708.77)	(4,676,816.35)	(5,882,820.00)	(1,206,003.65)	(5,828,688.00)	(1,151,871.65)
NON-OPERATING REVENUE (EXPENSE)								
DISTRICT TAX REVENUE	258,000.00	258,000.00	0.00	1,548,000.00	1,548,000.00	0.00	3,096,000.00	1,548,000.00
INVESTMENT INCOME (LOSS)	171,908.72	76,200.00	(95,708.72)	939,504.55	457,200.00	(482,304.55)	914,400.00	(25,104.55)
INTEREST EXPENSE	(44,292.41)	(44,509.00)	(216.59)	(271,496.64)	(271,143.00)	353.64	(522,182.00)	(250,685.36)
DONATIONS/GRANTS FOR PROGRAMS	0.00	0.00	0.00	60,000.00	60,000.00	0.00	952,000.00	892,000.00
GAIN (LOSS) ON DISPOSAL OF PROPERTY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER NON-OPERATING REVENUE	39,514.47	36,110.00	(3,404.47)	229,598.61	216,510.00	(13,088.61)	432,570.00	202,971.39
OTHER NON-OPERATING EXPENSE	(24,766.81)	(28,715.00)	(3,948.19)	(209,834.16)	(182,640.00)	27,194.16	(353,580.00)	(143,745.84)
NON-OPERATING REVENUE (EXPENSE)	400,363.97	297,086.00	(103,277.97)	2,295,772.36	1,827,927.00	(467,845.36)	4,519,208.00	2,223,435.64
NET INCOME (LOSS)	(603,894.26)	(834,881.00)	(230,986.74)	(2,381,043.99)	(4,054,893.00)	(1,673,849.01)	(1,309,480.00)	1,071,563.99

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	FY BUDGET	FY REMAINING
REVENUE								
GROSS PATIENT SERVICE REVENUE	6,208,436.95	5,599,047.00	(609,389.95)	36,930,305.08	37,593,823.00	663,517.92	65,148,058.00	28,217,752.92
DEDUCTIONS FROM REVENUE								
CONTRACTUAL DISCOUNTS	3,824,044.53	3,613,884.00	210,160.53	22,313,476.49	24,160,188.00	(1,846,711.51)	41,944,608.00	(19,631,131.51)
BAD DEBT	93,000.00	84,000.00	9,000.00	539,000.00	568,000.00	(29,000.00)	983,000.00	(444,000.00)
CHARITY CARE	4,827.14	6,000.00	(1,172.86)	39,052.41	42,000.00	(2,947.59)	72,000.00	(32,947.59)
SUPPLEMENTAL REIMBURSEMENT	(2,592.19)	(15,000.00)	12,407.81	(966,602.13)	(775,000.00)	(191,602.13)	(8,254,000.00)	7,287,397.87
TOTAL DEDUCTIONS FROM REVENUE	3,919,279.48	3,688,884.00	230,395.48	21,924,926.77	23,995,188.00	(2,070,261.23)	34,745,608.00	(12,820,681.23)
NET PATIENT SERVICE REVENUE	2,289,157.47	1,910,163.00	(378,994.47)	15,005,378.31	13,598,635.00	(1,406,743.31)	30,402,450.00	15,397,071.69
OTHER OPERATING REVENUE	49,814.82	30,835.00	(18,979.82)	312,051.01	243,159.00	(68,892.01)	424,648.00	112,596.99
TOTAL REVENUE	2,338,972.29	1,940,998.00	(397,974.29)	15,317,429.32	13,841,794.00	(1,475,635.32)	30,827,098.00	15,509,668.68
OPERATING EXPENSES								
SALARIES & WAGES	1,644,925.17	1,647,640.00	(2,714.83)	11,200,099.52	11,253,210.00	(53,110.48)	19,351,540.00	(8,151,440.48)
EMPLOYEE BENEFITS	367,006.53	329,610.00	37,396.53	2,321,071.31	2,285,460.00	35,611.31	3,948,200.00	(1,627,128.69)
PROFESSIONAL FEES	217,250.32	187,195.00	30,055.32	1,635,250.89	1,451,815.00	183,435.89	2,683,885.00	(1,048,634.11)
SUPPLIES	247,372.44	270,445.00	(23,072.56)	1,651,418.24	1,902,265.00	(250,846.76)	3,257,650.00	(1,606,231.76)
PURCHASED SERVICES	75,976.09	87,890.00	(11,913.91)	514,187.15	564,310.00	(50,122.85)	976,710.00	(462,522.85)
RENT/LEASE	22,746.81	16,435.00	6,311.81	152,869.79	115,045.00	37,824.79	199,220.00	(46,350.21)
REPAIRS & MAINTENANCE	86,228.32	76,246.00	9,982.32	546,417.02	501,959.00	44,458.02	858,579.00	(312,161.98)
UTILITIES	48,602.97	53,630.00	(5,027.03)	376,262.83	382,410.00	(6,147.17)	648,560.00	(272,297.17)
INSURANCE	46,184.48	45,638.00	546.48	324,643.40	319,458.00	5,185.40	547,648.00	(223,004.60)
DEPRECIATION	199,600.00	199,600.00	0.00	1,175,200.00	1,175,200.00	0.00	2,173,200.00	(998,000.00)
OTHER OPERATING EXPENSE	113,921.49	130,963.00	(17,041.51)	827,667.85	877,776.00	(50,108.15)	2,010,594.00	(1,182,926.15)
TOTAL EXPENSES	3,069,814.62	3,045,292.00	24,522.62	20,725,088.00	20,828,908.00	(103,820.00)	36,655,786.00	(15,930,698.00)
INCOME (LOSS) FROM OPERATIONS	(730,842.33)	(1,104,294.00)	(373,451.67)	(5,407,658.68)	(6,987,114.00)	(1,579,455.32)	(5,828,688.00)	(421,029.32)
NON-OPERATING REVENUE (EXPENSE)								
DISTRICT TAX REVENUE	258,000.00	258,000.00	0.00	1,806,000.00	1,806,000.00	0.00	3,096,000.00	1,290,000.00
INVESTMENT INCOME (LOSS)	155,823.21	76,200.00	(79,623.21)	1,095,327.76	533,400.00	(561,927.76)	914,400.00	(180,927.76)
INTEREST EXPENSE	(44,288.69)	(44,232.00)	56.69	(315,785.33)	(315,375.00)	410.33	(522,182.00)	(206,396.67)
DONATIONS/GRANTS FOR PROGRAMS	634.85	0.00	(634.85)	60,634.85	60,000.00	(634.85)	952,000.00	891,365.15
GAIN (LOSS) ON DISPOSAL OF PROPERTY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER NON-OPERATING REVENUE	39,664.47	35,960.00	(3,704.47)	269,263.08	252,470.00	(16,793.08)	432,570.00	163,306.92
OTHER NON-OPERATING EXPENSE	(33,136.58)	(28,565.00)	4,571.58					

Fiscal Calendar JULJUN

**MOUNTIANS COMMUNITY HOSPITAL
BALANCE SHEET**

	01/31/24	06/30/23
CURRENT ASSETS:		
CASH & CASH EQUIVALENTS	1,651,264	3,490,303
RECEIVABLES: PATIENT - NET	3,889,935	3,211,642
RECEIVABLES: OTHER	53,626	81,856
INVENTORY	793,682	760,938
CURRENT PORTION OF LEASES RECEIVABLE	209,828	209,828
RECEIVABLES: INTERCOMPANY	0	0
PREPAID EXPENSES & DEPOSITS	481,066	590,636
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TOTAL CURRENT ASSETS	7,079,401	8,345,204
ASSETS LIMITED AS TO USE - COP INVESTMENTS	707,043	250,955
ASSETS LIMITED AS TO USE - FUNDED DEPRECIATION	36,508,886	37,472,583
CAPITAL ASSETS - NET	19,035,710	18,796,112
OTHER ASSETS	2,382,133	2,382,133
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TOTAL ASSETS	65,713,173	67,246,987
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CURRENT LIABILITIES:		
CURRENT PORTION LONG-TERM DEBT	1,067,198	1,036,629
ACCOUNTS PAYABLE & ACCRUED EXPENSES	1,102,694	893,442
ACCRUED PAYROLL & RELATED LIABILITIES	1,726,799	1,357,135
ACCRUED INTEREST	171,844	173,599
OTHER ACCRUED	53,084	13,638
ESTIMATED THIRD-PARTY SETTLEMENTS, NET	286,791	199,284
OTHER CURRENT LIABILITIES	974,706	668,418
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TOTAL CURRENT LIABILITIES	5,383,116	4,342,144
LONG-TERM PORTION OF DEBT	7,894,853	8,445,994
DEFERRED INFLOWS - LEASES	2,591,961	2,591,961
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TOTAL LIABILITIES	15,869,930	15,380,099
NET ASSETS	49,843,244	51,866,889
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TOTAL LIABILITIES & NET ASSETS	65,713,173	67,246,987
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FY24 CAPITAL BUDGET & ASSET ADDITIONS AS OF 01/31/24						
Department	Item Description	Budget	Complete	Actual	Funding Source	
FACILITIES	Pharmacy Relocation (Includes Hood)	900,000		185,238		
FACILITIES	Front of House & Gift Shop	565,000		139,898	Foundation	514,500
FACILITIES	Seismic NPC3 (Anchor Equipment) & SPC 4D	200,000		14,044		
FACILITIES	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	150,000		24,083		
FACILITIES	MOB Improvements	130,000		24,599		
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		6,915		
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		4,500	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		9,941		
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	-				
		\$ 3,533,500		\$ 529,910		\$ 1,041,235
ED/MS/OR/SNF	Telemetry Monitoring Equipment	700,000				
IT	EHR System (Meditech Expanse)	600,000		166,450		
FACILITIES	Nurses' Call System	285,000				
IT	Voice & Messaging System	165,000				

FY24 CAPITAL BUDGET & ASSET ADDITIONS AS OF 01/31/24							
<u>Department</u>	<u>Item Description</u>	<u>Budget</u>	<u>Complete</u>	<u>Actual</u>	<u>Funding Source</u>		
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	X	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	38,920			
IT	Microsoft Veem Cloud Backup	35,000		23,860			
IT	Cisco Firewalls	30,000					
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					
		\$ 3,430,500		\$ 967,132			\$ 199,300
<u>Not Budgeted</u>		\$ 6,964,000		\$ 1,497,042			\$ 1,240,535
MED SURG	Blanket Warmer		X	8,740			
	TOTAL			\$ 1,505,782			



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

DISTRICT BOARD OF DIRECTORS MEETING

Thursday, February 29, 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

[Click here to join the meeting](#)

Meeting ID: 234 601 921 58

Passcode: MWdfbE

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

Or call in (audio only)

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

Phone Conference ID: 605 686 207#

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

OPEN SESSION

1:45 p.m.

CALL TO ORDER

Kieth Burkart, President

PRESIDENTS COMMENTS

Kieth Burkart, President
Action Possible

BOARD MEMBER REPORTS

All Board Members

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

PREVIOUS MINUTES approval

Kieth Burkart, President
Action probable

CONSENT AGENDA

Kieth Burkart, President
Action Probable

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, February 29, 2024 1:45 p.m.

Page 2 of 3

(Motion will be made to include all items listed)

1. Approval of Marketing Committee minutes, meeting held November 30, 2023
2. Approval of Finance Committee minutes, meeting held January 25, 2024
3. Approval of the attached Policies and Procedures that was sent February 19, 2024

AGENDA ITEMS

- | | |
|---|---|
| 1. Form 700 Statement of Economic Interest (due 3/15/2024) | Kieth Burkart, President
Information Only |
| 2. SBMCHD Notice of Vacancy, Board of Directors | Kieth Burkart, President
Action Possible |
| 3. Board Assignments | Kieth Burkart, President
Action Possible |
| 4. Board Self-Evaluation Performance Improvement Plan | Mark Turner, Chief Executive Officer
Action Possible |
| 5. CEO Report | Mark Turner, Chief Executive Officer |
| a. Construction Updates | Information Only |
| b. Construction Financing Update | Information Only |
| a. USDA Direct Loans and Interim Construction
Financing Finance Schedule | |
| b. USDA Direct Loans and Interim Construction
Loan Interested Parties List | |
| c. Human Resources Director Recruitment Update | Information Only |
| 6. COO/CNO Report | Terry Peña, Chief Operating Officer
Information only |
| 7. Marketing Committee Report
Report of Meeting held February 29, 2024 | Cheryl Robinson, Chairperson
Information only |
| 8. Finance Committee Report
Report of Meeting held February 29, 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. 3/4-5/2024: CHA Rural Health Care Symposium | Action Possible |
| b. 5/20-22/2024: HASC Annual Meeting | |
| 10. Discussion Topic Suggestions | Kieth Burkart, President |

ADJOURN TO CLOSED SESSION

DISTRICT BOARD OF DIRECTORS MEETING
Thursday, February 29, 2024 1:45 p.m.

Page 3 of 3

CLOSED SESSION AGENDA ITEMS

(Closed session pursuant to Govt. Code Section 54954.5)

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

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, March 28, 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*
Board Members														D A R K
Kieth Burkart	√	√	√											
Cheryl Robinson	√	√	√											
Cheryl Moxley	√	√	--	--	--	--	--	--	--	--	--	--	--	
Barry Smart	JC	√	√											
Barry Hoy	√	√	√											
Staff Members														
Mark Turner	√	√	√											
Terry Peña	√	√	√											
Yvonne Waggener	√	√	√											
Julie Atwood	√	√	E											
Kim McGuire	√	√	E											
Kristi McCasland	√	√	E											
Bijan Motamedi, M.D.	E	√	E											
Comments	* 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

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 2:37 p.m.	The meeting was called to order
2.0 Board Members Present: Members Absent: Recording Secretary Staff Members Present: Guests:	<p>Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee</p> <p>None</p> <p>Kristi McCasland, Executive Assistant</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 Leslie Plouse, Quality Director Bijan Motamedi, M.D., MEC President</p> <p>Donald Larsen, MD, Community Member Gerry Hinkley, Community Member John McLaughlin, Public Peter Venturini, Foundation Board President</p>	Quorum present
3.0 President's Comments:	None	None
4.0 Board Member's Reports:	None	None
5.0 Public Comments:	None	None
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of November 30, 2023 and the Special Board of	On a motion made and seconded the Minutes from the Board of

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	Directors meeting of January 12, 2024 were approved as written.	<p>Directors meeting of November 30, 2023 and the Special Board of Directors meeting of January 12, 2024 were approved as written.</p> <p>M (Smart) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
7.0 Consent Agenda:	<p>The following Consent Agenda items were reviewed:</p> <ol style="list-style-type: none"> 1. Approval of Quality Committee minutes, meeting held November 30, 2023 2. Approval of Facilities Committee minutes, meeting held October 26, 2023. 3. Approval of the Finance Committee minutes, meeting held October 26, 2023. 4. Approval of the attached list of Policies and Procedures that was sent January 15, 2024 (<i>see list attached to the January Board Packet</i>). 5. Approval of the attached list of Policies and Procedures ADDENDUM that was sent January 18, 2024 (<i>see list attached to the January Board Packet</i>). 	<p>On a motion made and seconded, the Consent Agenda items were approved as presented.</p> <p>M (Robinson) / S (Smart) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</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.	Information only
8.2 Code of Conduct Annual Review	Turner presented the Code of Conduct booklet, noting that employees receive the booklet and sign the attestation sheet upon hire and annually thereafter.	<p>On a motion made and seconded, the Board approved the Code of Conduct booklet as presented; Board and Community Members will sign the attestation annually.</p> <p>M (Smart) / S (Moxley) / C</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		5 Ayes / 0 Nays / 0 Abstain / 0 Absent
8.3 Board Self-Evaluation Performance Improvement Plan	Turner presented a draft of the Performance Improvement (PI) Plan to address low scoring items or comments. Turner requested clarification on a few of the comments to ensure he understood them completely. Turner will revise the PI plan and will present it to the Board for approval at the February 2024 Board meeting.	Information only
8.4 CEO Report a. Construction & Land Use Approval Updates	Turner reported that the construction and land use approval updates were already presented during the Facilities Committee meeting (see section 8.7 below).	Information only
b. Human Resources Director Recruitment Update	Turner reported that an offer was made and accepted by Yesenia DeLaCruz, to be our new HR Director. DeLaCruz will start on February 5, 2024 and will work alongside Atwood until she feels comfortable to be on her own. Atwood will stay on through the end of March, and will then go per diem so she can assist with any special projects as needed.	Information only
8.5 COO/CNO Report	Peña reported on the following: 1. <u>MediTech</u> : Progress has been made in connecting the Laboratory instrumentation: nine of the analyzers are up and on-line; three are connected and being tested; and two are awaiting connection. We are still having issues with reporting, which will be the next big focus. 2. <u>BETA Heart</u> : D. Cummins has taken over as the BETA Heart Champion. The annual employee satisfaction SCORE survey will be conducted in March 2024. 3. <u>Staffing</u> : o Education Coordinator: K. Fox has been hired as the new Education Coordinator o Hospital Supervisor: One of the per diem ED RN's was hired as a night Hospital Supervisor.	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>4. <u>Journey Mapping Project</u>: The team has identified the “stage gates” and started observation of the patient experience at each stage; feedback was sent to Wipfli. Wipfli will professionally interview patients who agree to participate.</p> <p>5. <u>Equipment</u>:</p> <ul style="list-style-type: none"> ○ New IV pumps have been purchased and received. Pharmacy is working to upload the drug library; staff will be trained on the new pumps. Go live is scheduled for June 4, 2024. ○ Mind Ray Monitors have been purchased and received. Cable is being pulled to have a better connection; staff are being trained on the new monitors. Go live is scheduled for April 9, 2024. ○ Zoll defibrillators have been received and inspected by our BioMed vendor. Staff training is being scheduled. <p>6. <u>Patient Portal</u>: Hinkley noted that he was having issues in connecting to our Patient Portal; Peña will look into and follow up with him.</p> <p>7. <u>Front Door Signage</u>: Robinson questioned if signage could be placed at the Front Entrance informing patients to go the ED entrance any time before 8 a.m., after 4 p.m., or on weekends. Peña will work with Facilities to see if we still have the freestanding signs that can be placed at the entrances after hours.</p>	
8.6 Quality Committee Report Report of meeting held January 25, 2024	<p>Moxley reported on the Quality Committee meeting:</p> <p>1. <u>Performance Improvement</u>:</p> <ul style="list-style-type: none"> a. <u>Meds to Beds</u>: Our target for 2023 is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. For the month of November 2023, we were at 67%; and in December 2023, we were at 50%. 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 December 2023, we exceeded our goal at 56.52%. c. <u>Colon Cancer Screening</u>: Our target for 2023 is that 49.35% of 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<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> <ul style="list-style-type: none"> d. <u>2023 PI Priority #1: Hand Hygiene:</u> This project is on hold and will resume later in 2024. e. <u>2023 PI Priority #2: Implementation of new EHR:</u> MediTech was successfully implemented with a Go-Live date of 10/1/2023. f. <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>2. <u>Patient Satisfaction Surveys (Inpatient & ED):</u></p> <ul style="list-style-type: none"> a. <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. b. <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. <p>3. <u>Regulatory Activities and Updates:</u></p> <ul style="list-style-type: none"> a. <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 b. <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. 	
8.7 Facilities Committee Report	Robinson reported on the Facilities Committee meeting:	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>Report of meeting held January 25, 2024</p>	<ol style="list-style-type: none"> 1. <u>Hospital Campus</u>: Madrigal reported that the hospital campus activity is on hold until the Spring. 2. <u>Construction Projects</u>: <ul style="list-style-type: none"> • <u>Registration Project</u>: No new information. Still awaiting HCAI response for structural element repairs, which pertain to the original hospital structure. We are hoping to have a resolution by next week. • <u>Pharmacy Project</u>: HCAI was on site yesterday to discuss possible resolutions to corridor issues. The Fire Marshall's concerns were forwarded to the architect for his input. HCAI has made a standing appointment to be on site every 2 weeks to resolve issues as they arise. • <u>Lab Project</u>: Lab equipment installation of equipment is complete. HCAI will be here on 2/5/2024 and we are hoping they will sign off on the project at that time. • <u>Gift Shop/Solarium</u>: Received a revised proposal from PBS Engineers for mechanical work within the gift shop area. The plans have to be resubmitted to HCAI due to the age of the initial submittal approval. J. Ferguson indicated he would move this project to the top of his list in an effort to get approval from HCAI. • <u>Land Use Permit - New Acute Care Project</u>: A job walk was conducted today with prospective Project Management firms; three firms attended the job walk. RFQ/RFP's for the Project Manager are due by 2/16/2024; bids will be brought to the Board in February for their approval. • <u>Land Use Approval (Education Center/Parking Solution)</u>: Turner reported that he is planning to have B. McManigal and JT Stanton come to a Board meeting in March or April to discuss facility master planning. There has been no new update regarding the parking solution. • <u>Medical Office Building (MOB) Improvements/Repairs</u>: The 	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>project had to go out to bid to comply with Public Works. Roofing proposals were due today by 2 p.m.; two bids were received. Bids will be forwarded to our attorney to review for completeness.</p> <ul style="list-style-type: none"> • <u>RHC Remodel</u>: We should be receiving the plans from the architect by the end of the month. 	
<p>8.8 Finance Committee Report Report of meeting held January 25, 2024 a. FY 2023 Audited Financial Statement</p>	<p>Smart reported on the Finance Committee meeting:</p> <p>Eric Volk, Partner and David Imus, Senior Manager from Wipfli reviewed the SBMCHD Audit Presentation year ended June 30, 2023. Item reviewed during the presentation included:</p> <ul style="list-style-type: none"> • Required communications • Internal control communications • Financial analysis • Accounting and auditing update • Key financial indicators <p>It was reported that an unmodified opinion was issued for the financial statements for the year ended June 30, 2023, which is the highest rating possible. After discussion, a motion was made and seconded to recommend to the Board to accept the Fiscal Year 2023 Audited Financial Statements as presented.</p>	<p>On a motion made and seconded, the Fiscal Year 2023 Audited Financial Statements were accepted as presented.</p> <p>M (Smart) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>b. Investment</p>	<p>The LAIF and UBS statements as of December 30, 2023 were presented. Waggener reported that the hospital has two IGT's totaling \$5M due soon, and requested authorization from the committee/Board to withdraw the monies from the investment account, and replace the funds once the IGT match has been received from the State.</p>	<p>On a motion was 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 any Intergovernmental Transfers (IGT's); and replace the funds once the</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p>IGT match has been received from the State.</p> <p>M (Smart) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
c. Board Compensation Policy	<p>Waggener presented and discussed the draft Board Compensation policy, noting that the policy allows Board members to receive a stipend for \$100 for attending meetings on behalf of the District up to a maximum of \$600 per calendar month. If the District compensates its Board members for over five (5) meetings in a calendar month, the board will adopt a written policy describing, based on findings supported by substantial evidence, why over five (5) meetings per month is necessary for effectively operating the district.</p> <p>Waggener reviewed the policy for 2024, which states that 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.</p> <p>This policy will be brought back to the Financial Committee/Board annually for review.</p>	<p>On a motion made and seconded, the Board Compensation Policy for Calendar year 2024 was approved as presented, which allows Directors to be compensated for attending up to six (6) meetings per month.</p> <p>M (Smart) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
d. Level of Expenditure Authorization Policy	<p>Waggener presented and discussed the draft Levels of Expenditure Authorization policy, noting that the purpose of the policy is to define the levels of expenditure authority that management of processes relating to conducting all aspects of MCH business.</p> <p>Under the Operating Expense Items, the policy would allow officers to execute all agreements included in the operating budget. Board approval would be required for overages and unbudgeted expenses exceeding \$100k. Officers may approve overages and unbudgeted operating expense items up to \$100k.</p>	<p>On a motion made and seconded, the Levels of Expenditure Authorization Policy was approved as presented, which allows Officers to approve overages and unbudgeted Operating Expense Items <u>up to</u> \$100k; and overages on Capital Items <u>up to</u> \$50k, without requiring Board approval.</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Under the Capital Item, budgeted items would not require further Board approval unless the purchase price exceeds the amount included in the approved capital budget by \$50k. Unbudgeted items require Board approval when the purchase price exceeds \$50k.</p> <p>This policy will be brought back to the Finance Committee/Board annually for review.</p>	<p>M (Smart) / S (Robinson) / C 5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
8.9 Board Education	<p>Burkart report on the following upcoming Board education opportunities:</p> <ul style="list-style-type: none"> a. 3/4-5/2024: CHA Rural Health Symposium b. 5/20-22/2024: HASC Annual Meeting c. CSDA Virtual Workshop: Board Member Best Practices <p>Any board members interested in attending any of the conferences / workshop should contact McCasland.</p>	Information only
8.10 Discussion Topic Suggestions:	None	None
8.11 2024 Board of Directors Meeting Calendar & Assignments	Burkart reported that the 2024 Board of Directors Meeting Calendar & Assignments was included in the January 2024 Board packet.	Information only
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:32 p.m.	Information only
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 4:09 p.m.	Information only
10.1 Closed Session Report:	<p>Per Burkart, the following items were reported on during “Closed Session”:</p> <ul style="list-style-type: none"> • Medical Staff Report of January 25, 2024 and Credentialing from the December 19, 2023 Medical Executive Committee meeting. • Medical Staff Report of January 25, 2024 and Credentialing from the January 23, 2024 Medical Executive Committee meeting. • Executive Session: Personnel Issues: Executive Compensation 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	<p>The Board accepted the Medical Staff Report of January 25, 2024, and Credentialing from the December 19, 2023 Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p> <ul style="list-style-type: none"> • <u>New Appointments/Provisional Staff:</u> <ul style="list-style-type: none"> ○ MICHAEL J. MANZANO , MD - Tele-Radiology (SOL Radiology) ○ CHRISTOPHER Y. YAU, MD - Tele-Radiology (SOL Radiology) • <u>Provisional Extensions:</u> None • <u>Advancement from Provisional Staff/Regular Staff:</u> <ul style="list-style-type: none"> ○ MEGHA N. GUPTA, MD – Tele-Radiology (SOL Radiology) None • <u>Reappointments:</u> <ul style="list-style-type: none"> ○ BRENT A. BEAIRD, MD – Emergency Medicine & Family Practice ○ MICHAEL S. GREEN, MD – Gynecology – MCH Rural Clinic • <u>Staff Status Changes:</u> None • <u>Revision/Increase of Privileges:</u> None • <u>Terminations/Resignations:</u> <ul style="list-style-type: none"> ○ ELWOOD COHEN, DO – Family Practice • <u>Revision of Privileges:</u> None • <u>Leave of Absence Requests:</u> None 	<p>On a motion made and seconded, the Medical Staff Reports of January 25, 2024, and Credentialing from the December 19, 2023 Medical Executive Committee meeting were accepted as recommended by the MEC.</p> <p>M (Robinson) / S (Moxley) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>The Board accepted the Medical Staff Report of January 25, 2024, and Credentialing from the January 23, 2024 Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p> <ul style="list-style-type: none"> • <u>New Appointments/Provisional Staff:</u> <ul style="list-style-type: none"> ○ STELLA C. ONYI, DO, MD - Tele-Radiology (SOL Radiology) ○ DANIELLE S. WILLIAMS, MD - Tele-Radiology (SOL Radiology) ○ ANDRO N. SHAROBIEM, MD – Internal Medicine • <u>Provisional Extensions:</u> <ul style="list-style-type: none"> ○ LANDON P. WOOD, DO – Emergency Medicine & Family Practice • <u>Advancement from Provisional Staff/Regular Staff:</u> None • <u>Reappointments:</u> None • <u>Staff Status Changes:</u> None • <u>Revision/Increase of Privileges:</u> None • <u>Terminations/Resignations:</u> <ul style="list-style-type: none"> ○ MICHAEL J. MANZANO, MD – Tele-Radiology (SOL Radiology) • <u>Revision of Privileges:</u> None • <u>Leave of Absence Requests:</u> None 	<p>On a motion made and seconded, the Medical Staff Reports of January 25, 2024, and Credentialing from the January 23, 2024 Medical Executive Committee meeting were accepted as recommended by the MEC.</p> <p>M (Hoy) / S (Smart) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>11.2 Executive Session: Personnel Issues: CEO Compensation</p>	<p>The Board approved adjusting the compensation for the CEO, CFO, and COO/CNO to the 75th percentile of the 2022 Hospital Association of Southern California (HASC) Market Data.</p>	<p>On a motion made and seconded, the Board approved adjusting the compensation for the CEO, CFO, and COO/CNO to the 75th percentile of the 2022 Hospital Association of Southern California (HASC) Market Data.</p> <p>M (Robinson) / S (Smart) / C</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		5 Ayes / 0 Nays / 0 Abstain / 0 Absent
12.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, February 29, 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.	Information only
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 4:09 p.m.	Meeting adjourned

By: _____
Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 5:37 p.m.	The meeting was called to order
2.0 Board Members Present: Members Absent: Staff Members Present: Guests:	Kieth Burkart, Board President Cheryl Robinson, Vice President Barrick Smart, Board Treasurer Barry Hoy, Board Trustee Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Yvonne Waggener, Chief Financial Officer Gerry Hinkley, Community Member Gary Hicks, G.L. Hicks Financial Lisa Dal Gallo, Attorney, Hanson & Bridgett	Quorum present
3.0 President's Comments:	Burkart recognized Cheryl Moxley's passing, noting all of her contributions to the hospital and the community over her career. Her funeral services have not been announced as of yet.	None
4.0 Board Member's Reports:	None	None
5.0 Public Comments:	None	None
6.0 Agenda 6.1 Legal discussion regarding traditional Design, Bid, Build versus Design Build delivery, and recommendation for delivery of Acute Care Wing	Turner reviewed the memorandum that was prepared by Special Legal Counsel, Lisa Dal Gallo. He reported that the Request for Proposal ("RFQ / RFP") was issued by the District on January 17, 2024, as amended through Addenda 1 and 2. Project management services will be provided in connection with the hospital improvements, which include: Seismic upgrades to the 1951 building (phase I), design and construction of the new acute care facility (phase II), and conversion of existing acute care beds to skilled nursing care services (phase III)	On a motion made and seconded, the Board approved moving forward with executing a contract with JLL as our Project Manager for the hospital improvements, which include: Seismic upgrades to the 1951 building (phase I), design and

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>("Project"). Design and construction of the Project is currently estimated to cost \$45MM.</p> <p>He noted that after review, the District's selection committee has determined that JLL met the qualifications, and evaluation criteria set forth in the RFQ/ RFP. The District issued a Notice of Recommendation of Award on February 15, 2024, subject to negotiations. In response to the RFQ/RFP JLL had noted exceptions to certain terms and conditions of the Project Management Agreement. Legal counsel reviewed these exceptions. Negotiations of certain terms and conditions to the Project Management Service Agreement were held on February 20, 2024 between Turner, Dal Gallo and two principals of JLL, and a deal was reached.</p> <p>Dal Gallo reported that the Project Manager would be compensated on a not-to-exceed basis, which means that the Project is paid for time spent based on the agreed billing rates plus reimbursable expenses, which are defined under the contract. The Not-to-Exceed Amount is \$1,588,588. This amount would be spread over the duration of the Project, which is anticipated to take until 2029. Dal Gallo reviewed the general role of the project manager; the milestones schedule; and key deal points. She noted that there is a termination provision built into the contract and that we have flexibility if things are not working out.</p>	<p>construction of a new acute care facility (phase II), and conversion of existing acute care beds to skilled nursing care services (phase III).</p> <p>M (Smart) / S (Hoy) / C</p> <p>4 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>6.2 Underwriter Engagement Letter for \$48,500,000 USDA Direct Loan Financing (Hilltop Securities)</p>	<p>Turner reported that a contract has been executed with Hilltop Securities to be an underwriter or placement agent for the interim construction loan financing for the USDA Direct Loan.</p> <p>Hicks noted that we used a competitive bid process and sent RFPs to three firms that were qualified and capable of doing the work; three RFP's were received back. After review, the selection committee decided that Hilltop Securities would provide the best services to the District at the lowest price.</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	Turner noted that this agreement is merely an engagement letter, and that there was no financial risk in him approving this contract without prior board approval.	
6.3 Agreement for Legals Services 2024 Bond Anticipation Notes & Revenue Bonds, Series 2026 (Quint & Thimmig, LLP)	<p>Turner reported that a contract has been executed with Quint & Thimmig, LLP, who will act as our bond counsel.</p> <p>Hicks reported that Quint & Thimmig, LLP is favored by the USDA, and the USDA was pleased that we had secured them as our bond counsel. He further noted that Brian Quint has had a lot of experience as bond counsel for district hospitals, critical access hospitals and rural hospitals.</p> <p>Turner noted that this agreement is merely an engagement letter, and that there was no financial risk in him approving this contract without prior board approval.</p>	Information only
6.4 SBMCHD Notice of Vacancy, Board of Directors	Turner reported that to date we have received two applications to fill an open board seat (Gerry Hinkley and Jeri Simpson). The deadline for people to submit their application is Friday, February 23, 2024 at 4 p.m. This item will be added to next week's Regular Board of Directors meeting agenda for discussion and next steps.	Information only
7.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, February 29, 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.	Information only
8.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 6:21 p.m.	Meeting adjourned

By: _____
Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

Board Approvals: (19 Documents)

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

- a. Medical Staff (MS) Policies: (1)
[Optometry Privileges](#)
- b. Nutritional Services Department Policies: (1)
[Safe Tray - Nutritional Services Department](#)

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

- a. Environment of Care (EC) Policies: (2)
[Code Gray Team, Security \(Policy\) - EC](#)
[Code Red, Fire - EP-002, LS-005, SFT-001 \(Policy\) - EC / LS](#)
- b. Emergency Management/Life Safety (EM/LS) Policies: (1)
[Code Silver \(Active Shooter\) \(Policy\) - EM / LS](#)
- c. Medical Staff (MS) Policies: (1)
[Medical Staff Rules & Regulations 2023- MS](#)
- d. Purchasing Department Policies: (1)
[Ordering Non-Stock & New Items \(Policy\) - Purchasing Department](#)

III. Triennial Renewal Only (no / minor changes): (12)

- a. Medical Staff (MS) Policies: (1)
[Privileges, Radiology \(Form\) - MS](#)
- b. Medication Management (MM) Policies: (5)
[IV Therapy: Administration of Intradermal Local Analgesia Prior to PICC/Venipuncture \(Policy\) - PC](#)
[On-Call Pharmacist and Emergency Pharmacy Access \(Policy\) - MM](#)
[Pharmacy Master Formula Sheet: Acetadote \(acetylcysteine\) Infusion \(Protocol\) - MM](#)
[Pharmacy Master Formula Sheet: Narcan Naloxone Infusion \(Protocol\) - MM](#)
[Pharmacy Master Formula Sheet: Potassium Phosphate IV \(Protocol\) - MM](#)
- c. Environmental Services Department Policies: (2)
[Bed Bug Precautions \(Policy\) - EVS](#)
[Cleaning - Toilet Paper Dispensers \(Policy\) - EVS](#)
- d. Nutritional Services Department Policies: (4)
[Food Allergies and Intolerances \(Policy\) - Nutritional Services Department](#)
[Food Leftovers \(Policy\) - Nutritional Services Department](#)
[Potential Food/Drug Interactions \(Policy\) - Nutritional Services Department](#)
[Weights-Admission, Weekly, Monthly, Nutritional Services \(Policy\) - Nutritional Services Department](#)

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
 - **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:
 - **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
 - **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

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 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 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%		
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%		

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

B.	The board receives and adopts a long-term capital expenditure plan which estimates projected sources, uses, and costs of future funds for buildings and equipment.	5	100%	0%	0%	0%	0%	Expenditure plan is reviewed at every meeting.	
C.	Our board approves specific targets and limits on items such as debt, liquidity, return on investment, profitability, and other financial ratios to provide us with early warning signals of financial performance.	5	60%	40%	0%	0%	0%	Under constant review and comparison.	
D.	We receive and review follow-up reports on programs that were previously approved such as joint ventures. To assure that our original projections and expectations are being met.	5	60%	40%	0%	0%	0%		

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

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.	
H.	The board members receive the agenda and back-up materials well in advance of meetings, and come prepared.	5	100%	0%	0%	0%	0%		
Section 7 - Individual Self-Assessment		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	Action Plan
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.	Board members to follow through on continuing education offerings.
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%		

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

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.	Recruit additional community members for Quality Committees.
G.	<u>Community Representation:</u> Serve as a voice between the community and the hospital to identify and meet the healthcare needs of our geographic area	5	80%	20%	0%	0%	0%		

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

Section 8 - Mission and Philosophy		Responses	Excellent %	Good %	Fair %	Poor %	Unsure %	Comments	Action Plan
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.	Select an employee or medical staff member to highlight in Hospi-Tales every quarter who represents our Mission or one of our Values, and invite the individual to meet with the Board. Ensure our Mission statement is placed on all official stationary and on all meeting agendas.

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.

TO: INTERESTED PARTIES

FROM: GARY HICKS

DATE: FEBRUARY 26, 2024

**RE: SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
USDA DIRECT LOANS AND INTERIM CONSTRUCTION FINANCING
FINANCE AND PROJECT SCHEDULE**

The following is revised finance schedule for the above-referenced issues to assist financing team members in planning for critical dates and events. Please contact me at your earliest convenience should any of the dates indicated present a problem for any interested party.

DATE	TASK TO BE COMPLETED
July 7, 2023 3:00 p.m.	* District Board meeting – review of USDA financing (the “Financing”), other debt issuance and equity contribution.
August 4, 2023	* Solicit proposals from special project legal counsel.
August 23, 2023	* Receipt of proposals from special project legal counsel.
September 22, 2023	* Selection of special project legal counsel.
September 23, 2023	* Submit pre-application to USDA.
November 2, 2023	* Solicit proposals from Feasibility Consultants.
November 17, 2023	* Receipt of proposals from Feasibility Consultants.
November 20, 2023	* Execute letter of agreement with special project legal counsel.
December 14, 2023	* Selection of Feasibility Consultant.
January 9, 2024	* USDA site visit at Mountains Community Hospital
January 12, 2024	* District Special Board meeting - select Design-Build form of construction.
January 17, 2024	* Solicit qualifications and proposals from Project Managers.
January 20, 2024	* Solicit proposals from Underwriters.
January 25, 2024	* District Board meeting – approve audit for the FYE June 30, 2023.

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
USDA DIRECT LOANS & INTERIM CONSTRUCTION LOAN FINANCE SCHEDULE
PAGE 2

January 30, 2024	* USDA approves pre-application and requests a formal application be submitted by the District to USDA.
February 1, 2024	* Receipt of proposals from Underwriters.
February 5, 2024	* District provides data requested by Wipfli for financial feasibility study.
February 6, 2024	* Financial Advisor provides preliminary draft of Sources & Uses of Funds.
February 8, 2024	* Evaluate and recommend an Underwriter and Bond Counsel.
February 9, 2024	* Receipt of qualifications and cost proposals from Project Managers.
February 14, 2024	* Update meeting with Wipfli regarding status of feasibility study.
February 15, 2024	* Send Finance Schedule to District for inclusion in Board member packets.
February 16, 2024	* Evaluate proposals and recommend a Project Manager to the District.
February 22, 2024 5:30 p.m.	* District Special Board meeting – select Project Manager. Execute letter of agreement with Project Manager.
February 23, 2024	* Provide preliminary draft of Preliminary Architect’s Report (“PAR”).
February 29, 2024 1:45 p.m.	District Board meeting – Review of Finance Schedule and Interested Parties List.
March 1, 2024 9:00 a.m.	Teams meeting review with John of PAR and provide comments.
March 5, 2024	Provide preliminary draft of Environmental Assessment Report (“EAR”).
March 8, 2024	Send RFQ to Design-Build firms.
March 12, 2024	Provide revised Sources & Uses of Funds and debt service schedules.
March 13, 2024	Teams meeting review with Brent of EAR and provide comments.
March 15, 2024	Wipfli provides draft of financial modeling and forecast results.
March 15, 2024	District’s Project Manager provides initial cost estimate for the project.
March 19, 2024 8:00 a.m.	Review modeling and forecast results with District and Wipfli.
March 22, 2024	Send RFP to Design-Build firms.

**SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
USDA DIRECT LOANS & INTERIM CONSTRUCTION LOAN FINANCE SCHEDULE
PAGE 3**

DATE	TASK TO BE COMPLETED
April 1, 2024	Provide final draft of PAR to finance team.
April 5, 2024	Provide final draft of EAR to finance team.
April 12, 2024	Provide draft of Feasibility Study (“FS”) to finance team for review.
April 15, 2024 10:00 a.m.	Review draft of FS with District & Wipfli and provide comments.
April 16, 2024	Wipfli provides draft FS to USDA for review and comments.
April 18, 2024	Provide final draft of PAR to USDA for their review and comment.
April 23, 2024	Provide final draft of EAR to USDA for their review and comment.
April 29, 2024	USDA provides final comments on FS, PAR and EAR.
May 7, 2024	Publish notice and posting of USDA community meeting to be held in conjunction with District Board meeting to be held on May 23, 2024.
May 8, 2024	Deliver draft of FS to finance team for their review and comment.
May 10, 2024	Provide final draft of PAR to USDA for their review and comment.
May 13, 2024 10:00 a.m.	Finance team meeting to review FS and provide comments.
May 16, 2024	Proposals received from Design-Builder firms.
May 20, 2024	District’s Project Manager provides updated cost estimate for the project.
May 21, 2024	Financial Advisor provides updated Sources & Uses of Funds Statement.
May 23, 2024 2:30 p.m.	District Board meeting – Community Meeting to discuss project & financing. Approve Resolution authorizing submission of formal USDA application.
May 24, 2024	Recommendation of award for Design-Builder.
June __, 2024 (Lisa)	Special District Board meeting - Contract award Design-Builder.
June 3, 2024	Provide formal application to USDA (includes financials, PAR, EAR & FS).

**SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
USDA DIRECT LOANS & INTERIM CONSTRUCTION LOAN FINANCE SCHEDULE
PAGE 4**

DATE	TASK TO BE COMPLETED
June 12, 2024	Execute Design-Build contract.
July 1, 2024	Interim construction loan structure chosen by District. Begin work on Appendix A, if warranted.
July 15, 2024	Provide Request for Terms and Appendix A for approval by the District.
July 25, 2024	District Board meeting – discuss and approve Request for Terms.
September 16, 2024	USDA issues its Letter of Conditions.
October 15, 2024	Send Request for Terms to USDA & District for consent to distribute.
November 1, 2024	Send Request for Terms and Appendix A to prospective Bank Lenders.
November 22, 2024	Receipt of Term Sheets from prospective Bank Lenders.
December 2, 2024	Prepare analysis of Term Sheets received and select preferred Bank or choose to pursue a public offering of Bond Anticipation Notes (“BANs”).
December 20, 2024	Provide draft of BAN/construction financing documents, and resolutions (the “Financing Documents”), as needed to finance team.
January 10, 2025 10:00 a.m.	Financing update and Financing Documents review conference call.
January 15, 2025	Distribution of revised Financing Documents and related documents.
February 5, 2025	Distribution of USDA Direct Loan/COP documents and bond resolutions (the “COP Documents”) to finance team members by Bond Counsel.
March __, 2025	Construction plans and documents sent to USDA for review and approval.
March 10, 2025 10:00 a.m.	Financing update and Financing & Bond Documents review conference call. Due diligence management discussion (follows document review call).
March 20, 2025	Distribution of revised Financing Documents and Bond Documents.
April 10, 2025	Bank lender secures credit approval for interim construction loan.

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
USDA DIRECT LOANS & INTERIM CONSTRUCTION LOAN FINANCE SCHEDULE
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DATE	TASK TO BE COMPLETED
May 30, 2025	Receive approval from USDA that all requirements contained in Letter of Conditions are complete as required for interim construction loan.
July 17, 2025	Send Resolutions, Financing Documents and other materials to the finance team and to the District for inclusion in Board member packets.
July 31, 2025 3:00 p.m.	District Board meeting – review project and financing status and approve Resolutions for interim construction loan.
August 15, 2025	On or before this date, execute all opinions, documents and certificates relating to the Financing Documents for the interim construction loan.
August 27, 2025	Interim construction loan pre-closing.
August 28, 2025	Interim construction loan closing.
September 10, 2025	Receive approval from USDA that all requirements contained in Letter of Conditions are complete as required for USDA Direct Loans/COPs.
September 25, 2025	Permit issued by HCAi for site work and foundation, subject to conditions.
September 26, 2025	Provide USDA with foundation permits, executed GMP, executed Certificate of District Counsel and contractors' insurance certificates.
September 29, 2025	Pre-construction meeting with USDA, Contractor, HCAi and others.
September 29, 2025	Ground breaking ceremony at project site. Invite USDA and other officials.
September 30, 2025	Commencement of construction on site work, infrastructure and foundation.
March 10, 2026	Permit issued by HCAi for building, subject to conditions.
March 13, 2026	Provide USDA with building permits, executed GMP, executed Certificate of District Counsel and contractors' insurance certificates.
March 30, 2026	Receive approval from USDA that all requirements contained in Letter of Conditions are complete as required for USDA Direct Loans/COPs.
March 31, 2026	Complete construction of site work, infrastructure and foundation work.

**SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
USDA DIRECT LOANS & INTERIM CONSTRUCTION LOAN FINANCE SCHEDULE
PAGE 6**

DATE	TASK TO BE COMPLETED
April 1, 2026	Commencement of construction on the building.
January __, 2028	Distribution of prior draft of Bond Documents for USDA Direct Loans.
February __, 2028 10:00 a.m.	Financing update and Bond Documents (for USDA Direct Loans/COPs financing) review conference call.
February __, 2028 3:00 p.m.	District Board meeting – review of project and financing status and approve Ordinance and other matters for USDA Direct Loans/COPs.
March 4, 2028	Distribution of revised Bond Documents.
March 11, 2028 10:00 a.m.	Financing update and Bond Documents review conference call.
March 16, 2028	Distribution of revised Bond Documents.
March 18, 2028	Send Bond Documents and other materials to the District for inclusion in Board member packets.
March __, 2028 5:00 p.m.	District Board meeting – review of project and financing status and approve Resolution and Bond Documents for USDA Direct Loans/COPs.
March 31, 2028	Complete construction of the building (assumes 24-month construction).
April 7, 2028	On or before this date, execute all opinions, documents and certificates relating to the Bond Documents for the USDA Direct Loans/COPs.
April 14, 2028	Pre-closing conference call for USDA Direct Loans/COPs with finance team.
April 15, 2028	Closing of USDA Direct Loans/COPs. Go live to admit patients.

I look forward to working with all those involved with this financing. Should any of the scheduled dates established above for the completion of tasks cause difficulty for any participant, please contact me immediately at (530) 903-9000 to resolve any potential problem areas.

** Task Completed*

Color Index:

Construction Related Timeline Dates

Financial Feasibility Study (FS)

Preliminary Architect's Report (PAR)

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
USDA DIRECT LOANS & INTERIM CONSTRUCTION LOAN FINANCE SCHEDULE
PAGE 7

Environmental Assessment Report (EAR)

**SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
USDA DIRECT LOANS AND INTERIM CONSTRUCTION LOAN**

INTERESTED PARTIES LIST

DISTRICT

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
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Lake Arrowhead, CA 92352

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Kristi McCasland, Executive Assistant

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DISTRICT BOND COUNSEL (interim construction & USDA direct loan financings)

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DISTRICT FINANCIAL ADVISOR (registered municipal advisor & fiduciary consultant)

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Orem, UT 84097

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SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
INTERESTED PARTIES LIST
PAGE 2

PURCHASER OF DIRECT LOANS (project takeout long-term lender)

USDA RURAL DEVELOPMENT

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CELL (559) 309-6381

(559) 754-3146

lisa.butler@usda.gov

Lisa Butler, Community Facilities Programs Director

DISTRICT PROJECT MANAGER (owner's representative on project)

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Diaz Osvaldo, Vice President & Senior Project Manager

(

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SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
INTERESTED PARTIES LIST
PAGE 3

DISTRICT CRITERIA ARCHITECT (provides project criteria documents)

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San Bernardino, CA 92408

Brent McManigal, Director

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PLACEMENT AGENT/UNDERWRITER (facilitator of interim construction financing)

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Josh Lentz, Senior Vice President

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DISTRICT DESIGN-BUILD FIRM (design architect & general contractor for the project)
(to be determined)

CELL ()
()
.com

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
INTERESTED PARTIES LIST
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PURCHASER (bank lender for interim construction loan if private placement)
(to be determined)

PURCHASER'S COUNSEL (interim construction loan if private placement)
(to be determined)

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT
INTERESTED PARTIES LIST
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OFFICIAL STATEMENT PRINTER (interim construction loan if public offering)

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Cheryl Granger, Customer Service

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