



April 25, 2024, Board Packet Table of Contents

- 1 **QUALITY COMMITTEE MEETING AGENDA 1:00**
- 2 **Quality Committee Meeting Attendance**
- 3 **Quality Committee Meeting Minutes**
- 4 **FACILITIES COMMITTEE MEETING AGENDA 1:30**
- 5 **Facilities Committee Meeting Attendance**
- 6 **Facilities Committee Meeting Minutes**
- 7 **FINANCE COMMITTEE MEETING AGENDA 1:45**
- 8 **Finance Committee Meeting Attendance**
- 9 **Finance Committee Meeting Minutes**
- 10 **Finacial Packet as of month ended March 31, 2024**
- 11 **BOARD OF DIRECTORS MEETING AGENDA 2:15**
- 12 **Board of Directors Meeting Attendance**
- 13 **Board of Directors Meeting Minutes**
- 14 **Special Board of Directors Meeting Minutes 4/15/2024**
- 15 **Revised Policy & Procedures List submitted for Board Approval by email 4/22/2024**
- 16 **MCH Organizational Chart**
- 17 **Claims, Risk Management, Consent to Settle Policy**
- 18 **Patient Care Contracted Services Evaluations**
- 19 ***CLOSED SESSION 3:00***



Quality Committee Meeting
Thursday, April 25, 2024, 1:00 p.m.
George M. Medak Conference Room, Suite 207
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352

Or

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

[Click here to join the meeting](#)

Meeting ID: 234 601 921 58

Passcode: MWdfbE

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

Or call in (audio only)

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

Phone Conference ID: 605 686 207#

Members:	Barry Hoy, Committee Chairperson Mark Turner, Chief Executive Officer Leslie Plouse, Quality Director Jeri Simpson, Community Member	Gerry Hinkley, Committee Member Terry Peña, Chief Operating Officer Don Larsen, MD, Community Member
----------	---	--

OPEN SESSION

1:00 p.m.

CALL TO ORDER

Barry Hoy, Committee Member

PREVIOUS MINUTES

Barry Hoy, Committee Member
Action Probable

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

CLOSED SESSION - AGENDA ITEMS

(According to section: (54956.9))

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

RETURN TO OPEN SESSION

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

OPEN SESSION – AGENDA ITEMS

- | | |
|--------------------------------|---|
| 1. Performance Improvement | Leslie Plouse, Quality Director
Information Only |
| 2. Patient Experience Surveys | Leslie Plouse, Quality Director
Information Only |
| 3. Regulatory Activity/Updates | Leslie Plouse, Quality Director
Information Only |

ADJOURNMENT

San Bernardino Mountains Community Hospital Quality Committee Meetings

Attendance Matrix - 2024

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

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barry Hoy, Committee Chairperson Gerry Hinkley, Committee Member Mark Turner, Member, Chief Executive Officer Julie Atwood, Member, Director of Human Resources Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer</p> <p>Leslie Plouse, Member, Quality Director Don Larsen, MD, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Barry Smart, Board Treasurer Yvonne Waggener, Chief Financial Officer John McLaughlin, Public Jeri Simpson, Public</p>	<p>Quorum present</p>
2.0 Call to Order:	Hoy called the meeting to order at 1:07 p.m.	The meeting was called to order
3.0 Previous Minutes	On a motion made and seconded, the Quality Committee Meeting Minutes of January 25, 2024 were approved as written.	<p>On a motion made and seconded, the Quality Committee Meeting Minutes of January 25, 2024 were approved as written</p> <p>M (Turner) / S (Hoy) / C</p>
4.0 Public Comment:	There was no public comment noted at this time.	None
5.0 Adjourn to Closed Session:	The Quality Committee Adjourned to “Closed Session” at approximately 1:08 p.m.	None

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p><u>CLOSED SESSION ATTENDEES:</u></p> <p>Barry Hoy, Committee Chairperson Gerry Hinkley, Committee Member Mark Turner, Member, Chief Executive Officer Julie Atwood, Member, Director of Human Resources Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Kristi McCasland, Executive Assistant Kieth Burkart, Board President Cheryl Robinson, Board Vice President Barry Smart, Board Treasurer</p>	
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:12 p.m.	None
6.1 Closed Session Report:	Per Hoy, the following items were reported on during “Closed Session” – Hospital Acquired Harm; Event Reports-Levels of Harm; Complaints; and USACS Dashboard.	Information only
7.0 Agenda Items 7.1 Performance Improvement (PI)	<p>Peña reported on the following 2024 Organization Wide Performance Improvement Projects:</p> <p>1) <u>PI Project #1: Patient Experience</u> This project will focus on the Care Transitions domain. Goal: # of respondents selecting “strongly agree” ≥50th percentile Tactics include continue with Journey Mapping project (Peña leading); and hosting a Custom Learning Systems 2-Day Ignite The Patient Experience Event (October 8th – 9th). In Q4 2023, our baseline data was at 41.67% top box score; in February 2024, our top box score for this domain was at 61.11%.</p> <p>2) <u>PI Project #2: BETA Heart Implementation</u> Tactics include: • March 4 – 24: Culture Survey administration – achieved goal of</p>	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>≥75% response rate!</p> <ul style="list-style-type: none"> • March 15: Annual HEART event case submission deadline • April 10 – September 18: Survey Debrief Facilitator Training (virtual) • April 15 – May 15: Culture of Safety and Care for the Caregiver domains validation window • April 15: Culture Survey results returned • April 23: Executive Leadership Briefing Webinar • April 25 – 26: Workshop II: Communication & Transparency/Care for the Caregiver • May 1: Survey Results Debriefing Webinar • May 1 – July 31: Survey debrief sessions 	
7.2 Patient Surveys	<p>Peña report on the following Patient Satisfaction Survey Results:</p> <ul style="list-style-type: none"> • <u>Inpatient</u>: In January 2024, there were five responses, with a 100% top box score. In February 2024, there were three responses with a 66.67% top box score. • <u>ED</u>: In January 2024, there were 42 responses with a 76.99% top box score. In February 2024, there were 11 responses with an 83.43% top box score. • <u>RHC Medical</u>: In January 2024, there were 22 responses with a 59.31% top box score. In February 2024, there were six responses with a 93.51% top box score. • <u>RHC Dental</u>: The RHC Dental patient satisfaction surveys began in February 2024. In February 2024, there were two responses with a 100% top box score. 	Information only
7.3 Regulatory Activity/Updates	<p>Peña report on the following Regulatory Activities and Updates:</p> <ul style="list-style-type: none"> • <u>TJC Lab Reaccreditation Survey: 5/3/2022-5/5/2022</u> Peña reviewed the outcome/status of the plan of correction items 	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>for February 2024.</p> <ul style="list-style-type: none"> • <u>TJC CAH Accreditation Survey: 11/13/2023-11/15/2023</u> Peña reviewed the TJC survey findings noting all items either are completed or are at 100% compliance. We will monitor and report out compliance rates for one more month. • <u>SNF CMS Recertification & CDPH Annual Licensure Survey: 3/25/2024-3/29/2024</u> Peña reported that the CMS Recertification survey is currently in progress. She noted that CDPH concluded their annual licensure survey, and that no deficiencies were noted. 	
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:22 p.m.	Meeting adjourned



MOUNTAINS
COMMUNITY HOSPITAL
The Heart of Mountain Healthcare

Facilities Committee Meeting
Thursday, April 25, 2024, 1:30 p.m.
George M. Medak Conference Room, Suite 207
MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352

Or

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

[Click here to join the meeting](#)

Meeting ID: 234 601 921 58

Passcode: MWdfbE

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

Or call in (audio only)

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

Phone Conference ID: 605 686 207#

Members: Cheryl Robinson, Committee Chairperson
Terry Pena, Chief Operating Officer
Mark Turner, Chief Executive Officer
Jeri Simpson, Community Member

Gerry Hinkley, Committee Member
Tom Madrigal, Facilities Manager
Don Larsen, MD, Community Member

OPEN SESSION

1:30 p.m.

CALL TO ORDER

Cheryl Robinson, Committee Chair

PREVIOUS MINUTES

Cheryl Robinson, Committee Chair
Action probable

PUBLIC COMMENT

Government Code
Section 54954.3 Sections A & B

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

AGENDA ITEMS

1. Hospital Campus Updates

Tom Madrigal, Facilities Manager /
Mark Turner, Chief Executive Officer

2. Construction Projects

Tom Madrigal, Facilities Manager /
Mark Turner, Chief Executive Officer
Action Possible

ADJOURNMENT

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT

29101 HOSPITAL ROAD ♦ P.O. Box 70 ♦ Lake ARROWHEAD ♦ CALIFORNIA 92352 ♦ (909)336-3651

♦ WWW.MCHcares.com

San Bernardino Mountains Community Hospital Facilities Committee Meetings

Attendance Matrix - 2024

Committee Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
Cheryl Robinson	√	M A R K E T I N G	H U M A N R E S O U R C		M A R K E T I N G	H U M A N R E S O U R C		M A R K E T I N G	H U M A N R E S O U R C		M A R K E T I N G	D A R K		
Gerry Hinkley	√													
Mark Turner	√													
Terry Peña	√													
Tom Madrigal	√													
Don Larsen	√													
Jeri Simpson	--													
Cheryl Moxley	√					--				--				--
Comment:														
	√	Present			E	Excused			A	Absent				

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

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
4.0 Public Comment:	There was no public comment noted at this time.	None
5.0 Agenda Items: 5.1 Hospital Campus	Madrigal reported that the hospital campus activity is on hold until the Spring.	Information Only
5.2 Update: Construction Projects	<p>Madrigal gave an update on the following construction projects:</p> <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 brought to the Board in February for their approval. 	Information Only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> • <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 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. • <u>RHC Remodel:</u> We should be receiving the plans from the architect by the end of the month. 	
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 1:47 p.m.	Meeting adjourned.



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

Or

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

[Click here to join the meeting](#)

Meeting ID: 234 601 921 58

Passcode: MWdfbE

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

Or call in (audio only)

[+1 951-384-1117,,605686207#](tel:+19513841117605686207) **United States, Riverside**

Phone Conference ID: 605 686 207#

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

OPEN SESSION

1:45 p.m.

CALL TO ORDER

Barry Smart, Committee Chairperson

PREVIOUS MINUTES

Barry Smart, Committee Chairperson
Action Probable

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

AGENDA ITEMS

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

ADJOURNMENT

San Bernardino Mountains Community Hospital Finance Committee Meetings

Attendance Matrix - 2024

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

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Mark Turner, Member, Chief Executive Officer</p> <p>Don Larsen, MD – Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Keith Burkart, Board President Gerry Hinkley, Board Member Cheryl Robinson, Board Vice President Julie Atwood, Human Resources Director Kim McGuire, Foundation/Community Development Director John McLaughlin, Public Jeri Simpson, Public</p>	<p>Quorum present</p>
<p>2.0 Call to Order:</p>	<p>Smart called the meeting to order at 1:35 p.m.</p>	<p>The meeting was called to order</p>
<p>3.0 Previous Minutes:</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of February 29, 2024 were approved.</p>	<p>On a motion made and seconded, the Finance Committee Meeting Minutes of February 29, 2024 were approved as written.</p> <p>M (Hoy) / S (Turner) / C</p>
<p>4.0 Public Comment:</p>	<p>There was no public comment noted at this time.</p>	<p>None</p>
<p>5.0 Agenda Items: 5.1 Financial Statements</p>	<p>Waggener presented the FY24 Financial Statements as of and for the eight (8) months ended February 29, 2024. Comparative statistics and selected financial indicators were reviewed with the committee. She</p>	<p>A motion was made and seconded to recommend to the Board to accept the Financial</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>noted that we are \$1.9M ahead of budget fiscal year to date, which can be attributed to:</p> <ul style="list-style-type: none"> • Contractual discounts being at 60%, instead of the budgeted 64%; • Expenses being right on, and • Receiving more investment income than budgeted. <p>In February we sent \$5M to the State for the Rate Range and QIP IGT's; we are expecting to receive our IGT and the matching funds within the next few weeks.</p>	<p>Statements as of eight (8) months ended February 29, 2024.</p> <p>M (Turner) / S (Hoy) / C</p>
5.2 Capital Purchases	<p>Waggener presented and reviewed the FY24 Capital Purchases for the eight (8) months ended February 29, 2024. She noted that many of the items on the capital budget would not end up being purchased this Fiscal Year.</p> <p>Waggener noted that the board approved increasing the line item for the Telemetry Monitoring Equipment from \$700k to \$825k at last month's Board meeting. The budget number was adjusted on the Capital Purchases spreadsheet, but will be reversed to reflect the original \$700k. The overage for the Telemetry Monitoring Equipment will be more than covered items that will not be purchased in FY2024.</p>	Information Only
5.3 Investments	Waggener presented and reviewed the LAIF and UBS statements as of February 29, 2024.	Information Only
6.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 2:03 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	03/31/24	FAR WEST CAH	CA CAH
<u>LIQUIDITY</u>										
Days cash on hand - All sources	161	241	345	524	490	491	454	290	124	222
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	3,476,666	983,245		
Board Designated	8,523,608	14,377,594	21,688,045	20,192,855	29,295,456	35,578,908	37,472,583	29,717,325		
Total	9,433,395	15,322,417	22,313,862	35,434,941	37,538,088	39,747,406	40,949,249	30,700,570		
Days gross revenue in gross AR	58	57	55	49	62	52	57	67		
Days net revenue in net AR	41	33	43	33	41	37	37	56	70	41
Days expense in AP	32	23	25	29	29	42	22	18		
Current ratio	1.6	2.3	1.6	2.1	1.8	1.8	1.9	2.2		
Cash to debt	91%	155%	236%	303%	443%	498%	485%	409%		
<u>CAPITAL STRUCTURE</u>										
Long-term debt to capitalization	38%	28%	24%	25%	16%	14%	14%	13%		
<u>PROFITABILITY</u>										
Total margin	12%	26%	19%	17%	29%	14%	11%	-21%		
<u>OTHER</u>										
Paid full time equivalents (FTE's)	165.66	177.25	183.31	176.66	185.49	182.08	195.86	205.13		
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	9	12
Nov-23	61	8	69	587	2.0	0.3	2.3	19.6	649	22	3	12
Dec-23	44	-	44	620	1.4	-	1.4	20.0	868	28	5	6
Jan-24	65	31	96	620	2.1	1.0	3.1	20.0	760	25	7	19
Feb-24	62	59	121	563	2.1	2.0	4.2	19.4	615	21	3	15
Mar-24	44	50	94	589	1.4	1.6	3.0	19.0	688	22	2	7
	516	256	772	5,344	1.9	0.9	2.8	19.4	6,704	24	42	111
Budget Mar-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	827	310	283	236	120	949
Nov-23	4,929	500	198	78	20	84	880	767	382	274	204	134	994
Dec-23	4,940	569	207	89	20	87	972	644	368	203	199	64	834
Jan-24	6,230	651	285	73	14	126	1,149	722	440	225	230	130	1,025
Feb-24	4,770	552	200	66	17	94	929	606	361	213	294	123	991
Mar-24	6,235	625	190	53	20	104	992	740	432	283	268	141	1,124
	51,109	5,451	2,082	599	170	949	9,251	6,557	3,550	2,188	2,098	1,059	8,895
Budget Mar-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
MAR 2024

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	FY BUDGET	FY REMAINING
REVENUE								
GROSS PATIENT SERVICE REVENUE	5,234,807	5,599,047	364,240	46,884,171	48,508,917	1,624,746	65,148,058	18,263,887
DEDUCTIONS FROM REVENUE								
CONTRACTUAL DISCOUNTS	3,154,084	3,613,884	(459,800)	28,309,071	31,204,956	(2,895,885)	41,944,608	(13,635,537)
BAD DEBT	100,000	84,000	16,000	709,000	732,000	(23,000)	983,000	(274,000)
CHARITY CARE	465	6,000	(5,535)	40,270	54,000	(13,731)	72,000	(31,731)
SUPPLEMENTAL REIMBURSEMENT	(283,428)	(515,000)	231,573	(1,270,347)	(1,305,000)	34,653	(8,254,000)	6,983,653
TOTAL DEDUCTIONS FROM REVENUE	2,971,121	3,188,884	(217,763)	27,787,993	30,685,956	(2,897,963)	34,745,608	(6,957,615)
NET PATIENT SERVICE REVENUE	2,263,686	2,410,163	146,477	19,096,178	17,822,961	(1,273,217)	30,402,450	11,306,272
OTHER OPERATING REVENUE	74,300	30,835	(43,465)	422,407	304,829	(117,578)	424,648	2,241
TOTAL REVENUE	2,337,986	2,440,998	103,013	19,518,585	18,127,790	(1,390,795)	30,827,098	11,308,513
OPERATING EXPENSES								
SALARIES & WAGES	1,688,540	1,645,870	42,670	14,493,637	14,481,960	11,677	19,351,540	(4,857,903)
EMPLOYEE BENEFITS	379,142	329,480	49,662	3,055,759	2,936,990	118,769	3,948,200	(892,441)
PROFESSIONAL FEES	257,658	220,790	36,868	2,157,748	1,931,895	225,853	2,683,885	(526,137)
SUPPLIES	316,788	263,945	52,843	2,334,583	2,430,205	(95,622)	3,257,650	(923,067)
PURCHASED SERVICES	78,169	88,695	(10,526)	696,516	739,200	(42,684)	976,710	(280,194)
RENT/LEASE	15,541	16,435	(894)	193,631	147,915	45,716	199,220	(5,589)
REPAIRS & MAINTENANCE	82,511	68,236	14,275	720,826	637,681	83,145	858,579	(137,753)
UTILITIES	57,072	51,630	5,442	481,692	486,670	(4,978)	648,560	(166,868)
INSURANCE	46,185	45,638	547	416,512	410,734	5,778	547,648	(131,136)
DEPRECIATION	199,600	199,600	0	1,574,400	1,574,400	0	2,173,200	(598,800)
OTHER OPERATING EXPENSE	163,481	121,233	42,248	1,102,523	1,114,612	(12,089)	2,010,594	(908,071)
TOTAL EXPENSES	3,284,686	3,051,552	233,134	27,227,827	26,892,262	335,565	36,655,786	(9,427,959)
INCOME (LOSS) FROM OPERATIONS	(946,701)	(610,554)	336,147	(7,709,243)	(8,764,472)	(1,055,229)	(5,828,688)	1,880,555
NON-OPERATING REVENUE (EXPENSE)								
DISTRICT TAX REVENUE	258,000	258,000	0	2,322,000	2,322,000	0	3,096,000	774,000
INVESTMENT INCOME (LOSS)	124,635	76,200	(48,435)	1,308,529	685,800	(622,729)	914,400	(394,129)
INTEREST EXPENSE	(41,698)	(41,646)	52	(399,465)	(398,947)	518	(522,182)	(122,717)
DONATIONS/GRANTS FOR PROGRAMS	224,582	223,000	(1,582)	285,217	283,000	(2,217)	952,000	666,783
GAIN (LOSS) ON DISPOSAL OF PROPERTY	0	0	0	0	0	0	0	0
OTHER NON-OPERATING REVENUE	39,634	36,110	(3,524)	348,561	324,540	(24,021)	432,570	84,009
OTHER NON-OPERATING EXPENSE	(36,981)	(28,715)	8,266	(320,236)	(268,135)	(52,101)	(353,580)	(33,345)
NON-OPERATING REVENUE (EXPENSE)	568,171	522,949	(45,222)	3,544,607	2,948,258	(596,349)	4,519,208	974,601
NET INCOME (LOSS)	(378,530)	(87,605)	290,925	(4,164,635)	(5,816,214)	(1,651,579)	(1,309,480)	2,855,155

Fiscal Calendar JULJUN

**MOUNTIANS COMMUNITY HOSPITAL
 BALANCE SHEET**

	03/31/24	06/30/23
CURRENT ASSETS:		
CASH & CASH EQUIVALENTS	983,245	3,490,303
RECEIVABLES: PATIENT - NET	4,251,815	3,211,642
RECEIVABLES: OTHER	4,921,732	81,856
INVENTORY	805,711	760,938
CURRENT PORTION OF LEASES RECEIVABLE	209,828	209,828
RECEIVABLES: INTERCOMPANY	0	0
PREPAID EXPENSES & DEPOSITS	564,565	590,636
	-----	-----
TOTAL CURRENT ASSETS	11,736,895	8,345,204
ASSETS LIMITED AS TO USE - COP INVESTMENTS	248,775	250,955
ASSETS LIMITED AS TO USE - FUNDED DEPRECIATION	29,717,325	37,472,583
CAPITAL ASSETS - NET	19,710,385	18,796,112
OTHER ASSETS	2,382,133	2,382,133
	-----	-----
TOTAL ASSETS	63,795,513	67,246,987
	=====	=====
CURRENT LIABILITIES:		
CURRENT PORTION LONG-TERM DEBT	1,092,253	1,036,629
ACCOUNTS PAYABLE & ACCRUED EXPENSES	962,319	907,080
ACCRUED PAYROLL & RELATED LIABILITIES	1,528,737	1,357,135
ACCRUED INTEREST	65,385	173,599
ESTIMATED THIRD-PARTY SETTLEMENTS, NET	503,353	199,284
UNEARNED REVENUE	60,049	41,221
PATIENT CREDIT BALANCES	1,080,266	627,197
	-----	-----
TOTAL CURRENT LIABILITIES	5,292,362	4,342,144
LONG-TERM PORTION OF DEBT	7,497,392	8,445,994
DEFERRED INFLOWS - LEASES	2,591,961	2,591,961
	-----	-----
TOTAL LIABILITIES	15,381,715	15,380,099
NET ASSETS	48,413,798	51,866,889
	-----	-----
TOTAL LIABILITIES & NET ASSETS	63,795,513	67,246,987
	=====	=====

FY24 CAPITAL BUDGET & ASSET ADDITIONS AS OF 03/31/24					
Department	Item Description - CONSTRUCTION	Budget	Done	Actual	Funding (MCHF)
FACILITIES	Pharmacy Relocation (Includes Hood)	900,000		222,042	
FACILITIES	Front of House & Gift Shop	565,000		157,906	514,500
FACILITIES	Seismic NPC3 (Anchor Equipment) & SPC 4D	200,000		20,801	
FACILITIES	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	150,000		33,804	
FACILITIES	MOB Improvements	130,000		32,979	
FACILITIES	New Acute Care Wing	75,000		154,975	
FACILITIES	SNF Nurses' Station	50,000			
FACILITIES	Seal & Stripe Parking Lot	48,000	X	28,662	
FACILITIES	Keyless Entry Doors	45,000		6,055	
FACILITIES	Front of House & Med Surg HVAC	40,000		21,148	
FACILITIES	Chemistry Analyzers (2) Construction	25,000		31,682	
FACILITIES	Hospital Exterior Paint	25,000		9,984	
FACILITIES	OR Doors	20,000	X	13,606	
FACILITIES	MOB Electrical Panel	15,000			
FACILITIES	Med Surg Nursing Station (Pyxis)	10,000		1,710	
EVS	Soiled Linen Enclosure	6,500	X	6,350	
FACILITIES	RHC LA Interior Remodel/Retrofit	275,000		14,500	50,000
FACILITIES	SNF Renovations	150,000			
FACILITIES	Surgery Water Filtration System Construction	20,000			
FACILITIES	Med Surg Windows	200,000			
FACILITIES	SNF Windows	200,000			
FACILITIES	Hospital & MOB Flooring	75,000			
FACILITIES	Parking Lot Expansion	100,000			
FACILITIES	SNF Fence	24,000			
FACILITIES	PFS Remodel	125,000			
FACILITIES	Second Floor Remodel	60,000			
FACILITIES	Education Center	-			476,735
FACILITIES	Parking Solution	-			
		\$ 3,533,500		\$ 756,202	\$ 1,041,235

FY24 CAPITAL BUDGET & ASSET ADDITIONS AS OF 03/31/24					
Department	Item Description - EQUIPMENT	Budget	Done	Actual	
ED/MS/OR/SNF	Telemetry Monitoring Equipment	700,000	X	820,929	
IT	EHR System (Meditech Expanse)	600,000		166,210	
FACILITIES	Nurses' Call System	285,000			
IT	Voice & Messaging System	165,000			163,000
FACILITIES	Hospital Camera System	150,000			
ED/MS/OR/SNF	IV Pumps	104,000		108,205	109,300
FACILITIES	Fire Suppression (Server Room)	100,000			
FACILITIES	Patient Transfer Vehicle	90,000	X	88,839	90,000
ED/MS/OR/SNF	Defibrillators (4)	85,000		82,876	
FACILITIES	Chiller	80,000			
LAB	Coagulation Analyzer	67,000	X	53,875	
FACILITIES	Tractor	56,000			
IT	Med Surg & SNF IDF Cabinets	55,000	X	39,789	
IT	Microsoft Veem Cloud Backup	35,000		23,860	
IT	Cisco Firewalls	30,000		35,663	
IT	Cisco Catalyst Network Switches	25,000		8,550	
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	396,652	
ANESTH	Anesthesia Machines	146,000			
RESP	EKG Machine	15,000			
		\$ 3,430,500		\$ 1,832,873	\$ 362,300
<u>Not Budgeted</u>		\$ 6,964,000		\$ 2,589,075	\$ 1,403,535
MED SURG	Blanket Warmer		X	8,740	
DIET	Reach In Freezer		X	7,992	
	TOTAL			\$ 2,605,808	



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

DISTRICT BOARD OF DIRECTORS MEETING

Thursday, April 25, 2024, 2:15 p.m.

George M. Medak Conference Room, Suite 207

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

Or

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 234 601 921 58

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
Barry Hoy, Secretary
Gerald Hinkley, Director | Cheryl Robinson, Vice President
Barrick Smart, Treasurer |
| Staff Members: | Mark Turner, Chief Executive Officer
Bijan Motamedi, M.D., MEC President
Kim McGuire, Community Development Director | Terry Peña, Chief Operating Officer
Yvonne Waggener, Chief Financial Officer
Kristi McCasland, Executive Assistant |

OPEN SESSION

2:15 p.m.

CALL TO ORDER

Kieth Burkart, President

PRESIDENTS COMMENTS

Kieth Burkart, President
Action Possible

BOARD MEMBER REPORTS

All Board Members

PUBLIC COMMENTS

Government Code
Section 54954.3 Sections A & B

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

PREVIOUS MINUTES approval

Kieth Burkart, President
Action probable

CONSENT AGENDA

Kieth Burkart, President
Action Probable

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

Page 2 of 3

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held March 28, 2024
2. Approval of Facilities Committee minutes, meeting held January 25, 2024
3. Approval of Finance Committee minutes, meeting held March 28, 2024
4. Approval of the revised Policies and Procedures list that was sent April 22, 2024

AGENDA ITEMS

- | | |
|---|---|
| 1. MCH Organizational Chart | Mark Turner, Chief Executive Officer
Action Possible |
| 2. Archive: Claims, Risk Management, Consent to Settle Policy | Mark Turner, Chief Executive Officer
Action Possible |
| 3. CEO Report | Mark Turner, Chief Executive Officer |
| a. Mission Moment | Action Possible |
| b. Construction Updates | Information Only |
| c. Construction Financing Update | Information Only |
| 4. COO/CNO Report | Terry Peña, Chief Operating Officer
Information only |
| 5. Quality Committee Report
Report of Meeting held April 25, 2024 | Barry Hoy, Chairperson
Information Only |
| 6. Facilities Committee Report
Report of Meeting held April 25, 2024 | Cheryl Robinson, Chairperson
Information only |
| 7. Finance Committee Report
Report of Meeting held April 25, 2024 | Barry Smart, Chairperson |
| a. Financial Statements | Action Probable |
| b. Capital Purchases | Action Possible |
| c. Investments | Action Possible |
| 8. Board Education | Kieth Burkart, President |
| a. MCH Board Member Annual Education (Relias) | Information Only |
| b. 5/20-22/2024: HASC Annual Meeting | Information Only |
| 9. Discussion Topic Suggestions | Kieth Burkart, President |

ADJOURN TO CLOSED SESSION

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

Page 3 of 3

CLOSED SESSION AGENDA ITEMS

(Closed session pursuant to Govt. Code Section 54954.5

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

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, May 23, 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	√	√	√	√	√									
Barry Hoy	√	√	√	√	√									
Barrick Smart	JC	√	√	√	JC									
Gerald Hinkley	--	--	--	√	√									
Cheryl Moxley	√	√	--	--	--	--	--	--	--	--	--	--	--	
Staff Members														
Mark Turner	√	√	√	√	√									
Terry Peña	√	√	√	√	√									
Yvonne Waggener	√	√	√	√	√									
Julie Atwood	√	√	E	√	√									
Kim McGuire	√	√	E	E	√									
Kristi McCasland	√	√	E	√	√									
Bijan Motamedi, M.D.	E	√	E	E	√									
Lawrence Walker, M.D.	--	--	--	√	--									
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 2:15 p.m.	The meeting was called to order
2.0 Board Members Present:	Kieth Burkart, Board President Cheryl Robinson, Vice President Barrick Smart, Board Treasurer (<i>Attended remotely under AB2449 Just Cause Provision</i>) Barry Hoy, Board Secretary Gerry Hinkley, Board Director	Quorum present
Members Absent:	None	
Recording Secretary	Kristi McCasland, Executive Assistant	
Staff Members Present:	Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Yvonne Waggener, Chief Financial Officer Kim McGuire, Foundation/Community Development Director Bijan Motamedi, M.D., MEC Chief of Staff	
Guests:	Jeri Simpson, Public	
3.0 President's Comments:	None	None
4.0 Board Member's Reports:	None	None
5.0 Public Comments:	Simpson had questions regarding the number of beds the hospital has and the increase in the FTE's; answers provided.	None
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of February 29, 2024 were approved as written.	On a motion made and seconded the Minutes from the Board of Directors meeting of February 29, 2023 were approved as written.

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p>M (Robinson) / S (Smart) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>7.0 Consent Agenda:</p>	<p>The following Consent Agenda items were reviewed:</p> <ol style="list-style-type: none"> 1. Approval of the Quality Committee minutes, meeting held January 25, 2024. 2. Approval of Human Resources Committee minutes, meeting held September 28, 2023. 3. Approval of the Finance Committee minutes, meeting held February 29, 2024. 4. Approval of the attached list of Policies and Procedures that was sent March 18, 2024 (<i>see list attached to the March Board Packet</i>). 	<p>On a motion made and seconded, the Consent Agenda items were approved as presented.</p> <p>M (Robinson) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>8.0 Agenda 8.1 Community Member for Board Committees</p>	<p>Turner reported that Jeri Simpson had submitted an application to fill the Board vacancy caused by the passing of Cheryl Moxley, however, the Board appointed Gerry Hinkley to fill the vacancy. As such, Turner reached out to Simpson to see if she would be interested in being Community Member (voting member) on the Board’s Committees.</p> <p>Simpson gave Board members a brief overview on her healthcare background as well as her involvement in the community.</p>	<p>On a motion made and seconded, the Board approved adding Jeri Simpson as a Community Member (voting member) to the Board’s Committees.</p> <p>M (Hinkley) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>8.2 Review, edit and validate MCH’s Mission, Vision, Values</p>	<p>Turner reported that it is time for the Board to do their annual review of the hospital’s Mission, Vision and Value, which were last approved by the Board in April 2023. He noted that the Mission, Vision and Values are all still relevant and did not have any changes to recommend.</p>	<p>On a motion made and seconded, the board approved the Mission Statement and Values as presented.</p> <p>M (Hoy) / S (Robinson) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>8.3 Revision to MCH Values (Policy) Definitions</p>	<p>Turner presented and reviewed changes he is proposing to the MCH Values (Policy) definitions. He noted that the hospital recognizes employees who reflect the values annually at the Hospital’s Employee Appreciation Party.</p> <p>Board members recommended that the MCH Values (Policy) be sent to the Medical Executive Committee (MEC) for their review and approval.</p>	<p>On a motion made and seconded, the board approved the changes to the MCH Values (Policy) definitions as presented. The policy will be sent to the MEC for their review and approval.</p> <p>M (Robinson) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>8.4 CEO Report a. Mission Moment</p>	<p>Turner reported that a suggestion was made to add a “Mission Moment” to the Board meeting agenda, which will give an example of how we are living our Mission Statement. He noted that he needs time to inform the workforce and develop an implementation process about the Mission Moment. Once a process has been developed, it will be brought to the Board for their review/approval. It was suggested to tie the “Mission Moment” in with the employee of the month selection process.</p>	<p>Information only</p>
<p>b. Construction Updates</p>	<p>Turner gave an update on the following construction projects:</p> <ul style="list-style-type: none"> • <u>Registration Project</u>: Received HCAI approval for structural element repairs, which pertain to the original hospital structure. Construction has re-started; we are hoping to have the registration project completed by September 2024. • <u>Pharmacy Project</u>: Received HCAI approval for the structural element repairs to the corridor issues; but they are still working through some fire suppression issues. We are hoping to have the pharmacy project completed by the end of the calendar year. • <u>Gift Shop/Solarium</u>: The previously approved permit for the Gift Shop project had expired. New plans, which meet the new code requirements, were submitted to HCAI on 3/3/2024; HCAI has 60 	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>days to respond. Updating/retrofitting of the Solarium area will occur sometime in 2025.</p> <ul style="list-style-type: none"> • <u>RHC Remodel</u>: The RHC remodel will bring the clinic up to ADA compliance and make the space more modern. Once started, this project will be planned in phases so to not disrupt the clinic operations. We are anticipating the project will be completed by the end of the calendar year. • <u>MOB Project</u>: The MOB project will include new roofing, gutter system, soffit work and siding repairs to the medical office building. Bids have been received and came in higher than budgeted. Once a winning bid has been selected, the proposal will be brought back to the Board for their approval. • <u>Facilities Master Plan (FMP)</u>: Plan to involve the Board in developing a Facilities Master Plan sometime this spring or summer, which hopefully will drive our long term parking solution. We may need to involve engineers/consultants to assist in developing the FMP. The Senior Management Team will discuss timing of the FMP, and potentially waiting until after we have received the results of the Community Needs Assessment to begin. 	
<p>c. Construction Financing Update</p>	<p>Turner reported that they are working on obtaining the items needed for the USDA financing application, which will be submitted in June 2024. One of the items needed is the “not to exceed” bid from the Design Builder (DB). RFP’s will be sent out to three or four qualified DB firms on April 9, 2024; RFP’s will be due back to us by June 6, 2024. Turner noted that the Project Manager (PM) is working hard to keep everything on track.</p>	<p>Information only</p>
<p>8.5 COO/CNO Report</p>	<p>Peña reported on the following:</p> <ol style="list-style-type: none"> 1. <u>MediTech</u>: Current issues we are working on include MDS report submittal; getting Biofire into the live environment; and getting the Lab interfaces with Quest (75% completed) and LabCorp (50% completed) done. Advances include the auto system for faxing lab 	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>results goes live tomorrow; templates have been updated; Surgery is developing MD preference cards; and the patient portal issue has been corrected.</p> <ol style="list-style-type: none"> 2. <u>BETA Heart</u>: We achieved our goal of $\geq 75\%$ response rate on the annual BETA Heart employee satisfaction SCORE survey. Results will be available in April 2024. 3. <u>Journey Mapping Project</u>: Eight patients have agreed to participate in the journey mapping interview process; Wipfli will conduct the interviews on our behalf. 	
<p>8.6 Quality Committee Report Report of meeting held March 28, 2023</p>	<p>Hoy reported on the Quality Committee meeting:</p> <ol style="list-style-type: none"> 1. <u>Performance Improvement</u>: <ol style="list-style-type: none"> a. <u>PI Project #1: Patient Experience</u> This project will focus on the Care Transitions domain. Goal: # of respondents selecting “strongly agree” ≥ 50th percentile. Tactics include continuing the Journey Mapping project (Peña leading); and hosting a Custom Learning Systems 2-Day Ignite The Patient Experience Event (October 8th – 9th). In Q4 2023, our baseline data was at 41.67% top box score; in February 2024, our top box score for this domain was at 61.11%. b. <u>PI Project #2: BETA Heart Implementation</u> Tactics include: <ul style="list-style-type: none"> • March 4 – 24: Culture Survey administration – achieved goal of $\geq 75\%$ response rate! • March 15: Annual HEART event case submission deadline • April 10 – September 18: Survey Debrief Facilitator Training (virtual) • April 15 – May 15: Culture of Safety and Care for the Caregiver domains validation window • April 15: Culture Survey results returned • April 23: Executive Leadership Briefing Webinar • April 25 – 26: Workshop II: Communication & 	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Transparency/Care for the Caregiver</p> <ul style="list-style-type: none"> • May 1: Survey Results Debriefing Webinar • May 1 – July 31: Survey debrief sessions <p>2. <u>Patient Satisfaction Surveys:</u></p> <ul style="list-style-type: none"> a. <u>Inpatient:</u> In January 2024, there were five responses, with a 100% top box score. In February 2024, there were three responses with a 66.67% top box score. b. <u>ED:</u> In January 2024, there were 42 responses with a 76.99% top box score. In February 2024, there were 11 responses with an 83.43% top box score. c. <u>RHC Medical:</u> In January 2024, there were 22 responses with a 59.31% top box score. In February 2024, there were six responses with a 93.51% top box score. d. <u>RHC Dental:</u> The RHC Dental patient satisfaction surveys began in February 2024. In February 2024, there were two responses with a 100% top box score. <p>3. <u>Regulatory Activities and Updates:</u></p> <ul style="list-style-type: none"> a. <u>TJC Lab Reaccreditation Survey: 5/3/2022-5/5/2022</u> Peña reviewed the outcome/status of the plan of correction items for February 2024. b. <u>TJC CAH Accreditation Survey: 11/13/2023-11/15/2023</u> Peña reviewed the TJC survey findings noting all items either are completed or are at 100% compliance. We will monitor and report out compliance rates for one more month. c. <u>SNF CMS Recertification & CDPH Annual Licensure Survey: 3/25/2024-3/29/2024</u> Peña reported that the CMS Recertification survey is currently in progress. She noted that CDPH concluded their annual licensure survey, and that no deficiencies were noted. 	
8.7 Human Resources Committee Report	Burkart reported on the Human Resources Committee Meeting:	Information only

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>Report of meeting held March 28, 2024</p>	<ol style="list-style-type: none"> 1. <u>2023 Turnover</u>: We currently have 266 employees; 75.56% of which live on the mountain (Crestline to Green Valley Lake); and 24.44% who live in Big Bear or down the hill. In 2023, our turnover was at 12.08%. 2. <u>2023 Work Injuries</u>: In 2023 we had six reportable injuries, with 290 days lost and 238 days on the job with restrictions. 3. <u>Q1 2024 Turnover</u>: In Q1 2024 our turnover was 2.6% (3 terminations, 1 another job, 1 unable to meet per Diem requirements). 	
<p>8.8 Finance Committee Report Report of meeting held March 28, 2024 a. Financial Statement</p>	<p>Smart reported on the Finance Committee meeting:</p> <p>The FY24 Financial Statements as of and for the eight (8) months ended February 29, 2024 were presented and reviewed. Comparative statistics and selected financial indicators were reviewed with the committee. It was noted that we are \$1.9M ahead of budget fiscal year to date, which can be attributed to:</p> <ul style="list-style-type: none"> • Contractual discounts being at 60%, instead of the budgeted 64%; • Expenses being right on, and • Receiving more investment income than budgeted. <p>In February, we sent \$5M to the State for the Rate Range and QIP IGT's; we are expecting to receive our IGT and the matching funds within the next few weeks.</p>	<p>On a motion made and seconded, the Financial Statements as of eight (8) months ended February 29, 2024 were accepted as presented.</p> <p>M (Smart) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>b. Capital Purchases</p>	<p>The FY24 Capital Purchases for the eight (8) months ended February 29, 2024 was presented and reviewed. It was noted that many of the items on the capital budget would not end up being purchased this Fiscal Year.</p> <p>Waggener noted that the board approved increasing the line item for</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	the Telemetry Monitoring Equipment from \$700k to \$825k at last month's Board meeting. The budget number was adjusted on the Capital Purchases spreadsheet, but will be reversed to reflect the original \$700k. The overage for the Telemetry Monitoring Equipment will be more than covered items that will not be purchased in FY2024.	
c. Investment	The LAIF and UBS statements as of February 29, 2024 were presented and reviewed.	Information only
8.9 Board Education	Burkart report on the following upcoming Board education opportunities: <ul style="list-style-type: none"> a. MCH Board Member Annual Education (Relias): Sent to Board members via email; due May 7, 2024. b. 3/4-5/2024: CHA Rural Health Symposium. Hoy & Robinson attended and provided a recap of some of the key issues presented during the conference. c. 5/20-22/2024: HASC Annual Meeting. Hoy, Robinson and Hinkley will attend. 	Information only
8.10 Discussion Topic Suggestions:	None	None
9.0 Adjourn to Closed Session:	The Board adjourned to "Closed Session" at approximately 3:20 p.m.	Information only
10.0 Return to Open Session:	The Board returned to "Open Session" at approximately 3:33 p.m.	Information only
10.1 Closed Session Report:	Per Burkart, the following items were reported on during "Closed Session": <ul style="list-style-type: none"> • Medical Staff Report of February 29, 2024 and Credentialing from the February 27, 2024 Medical Executive Committee meeting. 	Information only
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	The Board accepted the Medical Staff Report of March 28, 2024, and Credentialing from the March 26, 2024 Medical Executive Committee meeting.	On a motion made and seconded, the Medical Staff Report of March 28, 2024, and

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>Approvals were as follows:</p> <ul style="list-style-type: none"> • <u>New Appointments/Provisional Staff:</u> <ul style="list-style-type: none"> ○ MARK B. LE, MD - Tele-Radiology (SOL Radiology/Medical Search Int'l) • <u>Provisional Extensions:</u> None • <u>Advancement from Provisional Staff/Regular Staff:</u> <ul style="list-style-type: none"> ○ GREGORY E. DAHLQUIST, MD – Family Practice/Geriatric • <u>Reappointments:</u> <ul style="list-style-type: none"> ○ KRISHNA DAS, MD – Tele-Radiology/Mammography (SOL Radiology) ○ RAHUL NAYYAR, MD – Tele-Radiology (SOL Radiology) • <u>Staff Status Changes:</u> None • <u>Revision/Increase of Privileges:</u> None • <u>Terminations/Resignations:</u> <ul style="list-style-type: none"> ○ SYED AKBAR, MD –Tele-Radiology (SOL Radiology/Chicago Teleradiology) ○ FARUKH MIAN, MD –Tele-Radiology (SOL Radiology/Chicago Teleradiology) ○ BINOR SAID, MD –Tele-Radiology (SOL Radiology/Chicago Teleradiology) ○ PERVEZ SIDDIQUI, MD –Tele-Radiology (SOL Radiology/Chicago Teleradiology) ○ AMMAR TAHA, MD –Tele-Radiology (SOL Radiology/Chicago Teleradiology) ○ WILLIAM ZINN, MD –Tele-Radiology (SOL Radiology/Chicago Teleradiology) • <u>Revision of Privileges:</u> None • <u>Leave of Absence Requests:</u> None 	<p>Credentialing from the March 26, 2024 Medical Executive Committee meeting were accepted as recommended by the MEC.</p> <p>M (Robinson) / S (Hoy) / C</p> <p>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</p>
<p>12.0 Next Board-Attended Meetings:</p>	<p>The next Regular Board of Directors meeting will be on <u>Thursday, April 25, 2024</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.</p>	<p>Information only</p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 3:33 p.m.	Meeting adjourned

By: _____
Barry Hoy, 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: Recording Secretary: Staff Members Present: Guests:	Kieth Burkart, Board President Cheryl Robinson, Vice President Barry Hoy, Board Secretary Barrick Smart, Board Treasurer Gerry Hinkley, Board Director Kristi McCasland, Executive Assistant Mark Turner, Chief Executive Officer Yvonne Waggener, Chief Financial Officer	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 Agenda 6.1 Medical Office Building (MOB) Exterior Repair Work Contract Award	Turner reported that we received two bids for the Medical Office Building (MOB) Exterior Repair Work project. The bids were from Signature Building Services, Inc. at \$492,766.00 and BR Building Resources at \$599,000.00. Turner noted that restrictions had been placed on the project prior to the bid process (e.g. timing of project work hours, timing of project completion.) After discussion, the Board agreed that we need to revise the parameters of the project and restart the bidding process.	On a motion made and seconded, the Board approved revising the parameters of the Medical Office Building (MOB) Exterior Repair Work Project, and restart the bidding process. M (Hoy) / S (Hinkley) / C 5 Ayes / 0 Nays / 0 Abstain / 0 Absent

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
7.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, April 25, 2024</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	Information only
8.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 5:41 p.m.	Meeting adjourned

By: _____
Barry Hoy, Secretary of the Board

By: _____
Kristi McCasland, Recording Secretary

Board Approvals: (15 Documents)

I. New Policies / Forms / Attachments: (1)

- a. Provision of Care, Treatment and Services Policies: (1)**
[Patient Identification \(Policy\) - PC](#)

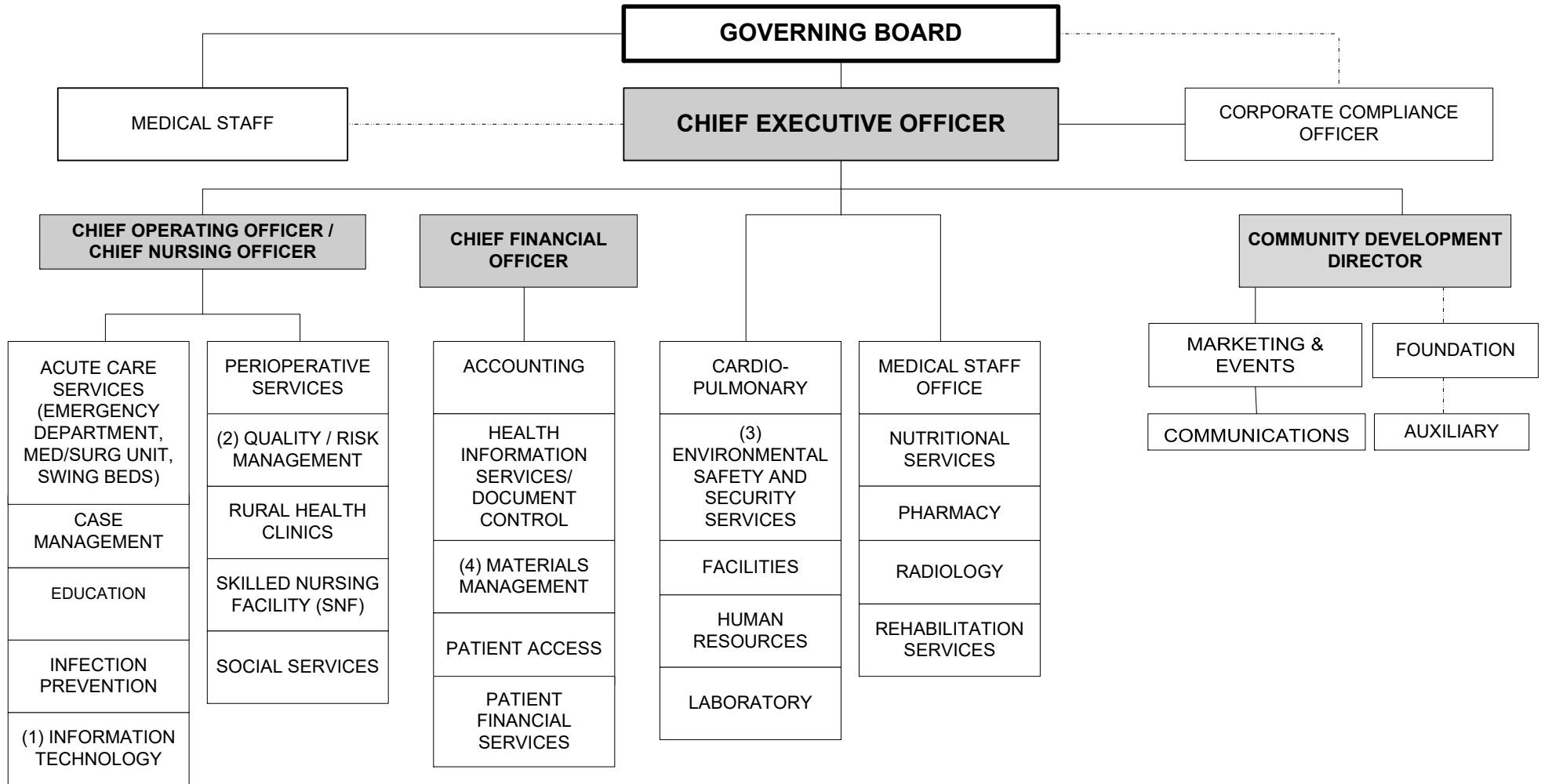
II. Updated Policies / Forms / Attachments: (8)

- a. Medical Staff (MS) Policies: (4)**
[Gynecology Privileges, Clinic \(Form\) - MS](#)
[Privileges, Gynecology Only \(Form\) - MS](#)
[Privileges, Nurse Anesthesia \(Form\) - MS](#)
[Privileges, Nurse Practitioner \(Form\) - MS](#)
- b. Performance Improvement (PI) Policies: (1)**
[Quality Improvement and Patient Safety Plan 2023 \(Plan\) - PI / RI](#)
- c. Perioperative Services Department Policies: (2)**
[Endoscope Cleaning Policy \(Policy\) - Perioperative Services Department](#)
[Competency, Surgery Competency Assessment \(Policy\) - Perioperative Services Department](#)
- d. Rehabilitation Services Department Policies: (1)**
[Outpatient Rehabilitation Services Medical Records \(Policy\) - Rehabilitation Services Department](#)

III. Triennial Renewal Only (no / minor changes): (6)

- a. Leadership (LD) Policies: (1)**
[Disclosure of Adverse Outcome\(s\) to Patients Families \(Policy\) - LD](#)
- b. Provision of Care, Treatment & Services (PC) Policies: (2)**
[Quality Review Reports, QRR \(Policy\) - PC / PI](#)
[Response to Adverse, Unusual, Serious or Sentinel Events \(Policy\) - PC / PI](#)
- c. Record of Care (RC) Policies: (1)**
[Coding of the Medical Record \(Policy\) - RC](#)
- d. Nutritional Services Department Policies: (1)**
[Nutritional Education For Medical and Surgical Patients and SNF Residents and Families \(Policy\) - Nutritional Services Department](#)
- e. Perioperative Services Department Policies: (1)**
[Transfer of Patients to and from OR \(Policy\) - Perioperative Services Department](#)

MOUNTAINS COMMUNITY HOSPITAL



- (1) FACILITY INFORMATION SECURITY OFFICER (FISO)
- (2) CORPORATE COMPLIANCE AND PRIVACY OFFICER
- (3) SAFETY AND SECURITY OFFICER
- (4) DISASTER COORDINATOR

GOVERNING BOARD APPROVAL _____

Board Chairman _____

Date _____

**SENIOR
MANAGEMENT**

 MOUNTAINS COMMUNITY HOSPITAL <i>The Heart of Mountain Healthcare</i>	Claims, Risk Management - Consent to Settle (Policy) - LD	LD - Leadership
ORIGINATION DATE: 11/24/1992	DATE APPROVED: 03/17/2022	VERSION: 5

PURPOSE: To state the protocol by which the Chief Executive Officer may settle claims in a timely manner.

POLICY: The Board authorizes the Chief Executive Officer to settle claims up to \$100,000.00 that commit no more than \$5,000.00 of District funds through its insurance carrier. This allows the Hospital to act in a timely manner.

PROCEDURE:

1. Chief Executive Officer and the Risk Manager have apprised the Board of the impending suit and provide progress reports.
2. Chief Executive Officer informs the Board President prior to settlement of the claim.
3. Chief Executive Officer informs the Board of the settlement with the next Risk Management Report in Closed Board Session.

REVISION DATES PRIOR TO POLICY TECH: 7/97, 1/99, 4/00, 10/02, 1/03, 1/12

REFERENCES: Program Beta Claims Agent recommendation.