



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

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**Quality Committee Meeting**

**Thursday, July 25, 2024, 1:00 p.m.**

**George M. Medak Conference Room, Suite 202**

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

*Or*

**Microsoft Teams meeting**

**[Click here to join the meeting](#)**

**Meeting ID: 234 601 921 58 / Passcode: MWdfbE**

**Or call in (audio only): [+1 951-384-1117,,605686207#](#) United States, Riverside**

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

Members:	Barry Hoy, Committee Chairperson	Gerry Hinkley, Committee Member
	Mark Turner, Chief Executive Officer	Terry Peña, COO/CNO
	Leslie Plouse, Quality Director	Jeri Simpson, 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. Root Cause Analysis (RCA) | Leslie Plouse, Quality Director<br>Information Only |
| 2. BETA Heart Dashboard      | Leslie Plouse, Quality Director<br>Information Only |

**RETURN TO OPEN SESSION**

- |                          |                             |
|--------------------------|-----------------------------|
| 1. Closed Session Report | Barry Hoy, Committee Member |
|--------------------------|-----------------------------|

2. Public Report of Decisions

Barry Hoy, Committee Member

**OPEN SESSION AGENDA ITEMS**

1. Regulatory & Patient Safety Action Plans

Leslie Plouse, Quality Director  
Information Only

2. Regulatory 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	√		√	A	√	√						
Terry Peña	√		√	E	√	√						
Mark Turner	√		√	√	√	√						
Leslie Plouse	√		E	√	E	√						
Jeri Simpson	--		--	√	√	√						
Cheryl Moxley	√		--	--	--	--	--	--	--	--	--	
Julie Atwood	√		√	--	--	--	--	--	--	--	--	
Don Larsen	√		A	A	--	--	--	--	--	--	--	
Comment:												
	√	Present		E	Excused		A	Absent				

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barry Hoy, Committee Chairperson Gerry Hinkley, Committee Member Mark Turner, Member, Chief Executive Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Leslie Plouse, Member, Quality Director Jeri Simpson, 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 Kim McGuire, Community Development Director Yesenia De La Cruz, Human Resource Director Peter Venturini, Foundation President John McLaughlin, Public</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Hoy called the meeting to order at 1:02 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes	On a motion made and seconded, the Quality Committee Meeting Minutes of May 23, 2024 were approved as written.	<p><b>On a motion made and seconded, the Quality Committee Meeting Minutes of May 23, 2024 were approved as written</b></p> <p><b>M (Hoy) / S (Simpson) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
5.0 Adjourn to Closed Session:	<p>The Quality Committee Adjourned to “Closed Session” at approximately 1:03 p.m.</p> <p><b><u>CLOSED SESSION ATTENDEES:</u></b>            Barry Hoy, Committee Chairperson            Gerry Hinkley, Committee Member            Mark Turner, Member, Chief Executive Officer            Terry Peña, COO/CNO            Leslie Plouse, Quality Director            Jeri Simpson, Community Member            Kristi McCasland, Executive Assistant            Kieth Burkart, Board President            Cheryl Robinson, Board Vice President            Barry Smart, Board Treasurer</p>	<b>None</b>
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:15 p.m.	<b>None</b>
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.	<b>Information only</b>
7.0 Agenda Items 7.1 Performance Improvement	<p>Plouse reported on the following 2024 Organization Wide Performance Improvement Projects:</p> <p>1) <b><u>PI Project #1: Patient Experience</u></b>            Focusing on question, “I understood the purpose of taking medications”. In April 2024, our top box score on this domain was at 100.00%; in May 2024, our top box score on this domain was at 50%. The goal is to have respondents select “strongly agree” and achieve <math>\geq 50</math>th percentile. The PI team has been charged with</p>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>implementing strategies to achieve the goal.</p> <p>2) <u>PI Project #2: BETA Heart Implementation</u> Tactic steps include:</p> <ul style="list-style-type: none"> <li>• May 13: Culture of Safety domain validation was achieved</li> <li>• May 1-July 31: SCORE survey debrief sessions; next steps were reviewed.</li> </ul>	
7.2 Patient Surveys	<p>Plouse reported on the following Patient Satisfaction Survey Results:</p> <ul style="list-style-type: none"> <li>• <u>Inpatient</u>: In May 2024, there were four responses, with a 100.00% top box score.</li> <li>• <u>ED</u>: In May 2024, there were 34 responses with a 78.25% top box score.</li> <li>• <u>RHC Medical</u>: In May 2024, there were fourteen responses with a 52.88% top box score.</li> <li>• <u>RHC Dental</u>: In May 2024, there were no responses received.</li> </ul>	<b>Information only</b>
7.3 Regulatory Activity/Updates	<p>Plouse reported on the following Regulatory Activities and Updates:</p> <ul style="list-style-type: none"> <li>• <u>TJC Lab Reaccreditation Survey: 5/3/2022-5/5/2022</u> Plouse reviewed the outcome/status of the plan of correction items for April/May 2024.</li> <li>• <u>SNF CMS Life Safety Survey: 4/9/2024-4/10/2024</u> Plouse reviewed the progress report for the plan of correction.</li> <li>• <u>TJC Lab Reaccreditation Survey: 4/2/2024-4/2/2024</u> Our plan of correction was approved by TJC on 6/10/2024. Progress reports to begin in July 2024.</li> </ul>	<b>Information only</b>
7.4 Quality Committee of the Board FY2025 Calendar of Topics	<p>Plouse presented a Quality Committee Calendar of Topics for FY2025 to the committee. The reporting calendar will begin in July 2024.</p>	<b>Information only</b>
8.0 Final Adjournment:	<p>There being no further business to discuss, the meeting was adjourned at approximately 1:37 p.m.</p>	<b>Meeting adjourned</b>



# **MOUNTAINS**

## **COMMUNITY HOSPITAL**

*The Heart of Mountain Healthcare*

**Facilities Committee Meeting**  
**Thursday, July 25, 2024, 1:30 p.m.**  
**George M. Medak Conference Room, Suite 202**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**  
*Or*

**Microsoft Teams meeting**  
[Click here to join the meeting](#)  
**Meeting ID: 234 601 921 58 / Passcode: MWdfbE**  
**Or call in (audio only): [+1 951-384-1117](tel:+19513841117),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

Gerry Hinkley, Committee Member  
Tom Madrigal, Facilities Manager  
Jeri Simpson, 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  
Information Only

#### **2. Construction Projects**

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

### **ADJOURNMENT**



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	√			A								
Mark Turner	√			√								
Terry Peña	√			A								
Tom Madrigal	√			√								
Don Larsen	√			A								
Jeri Simpson	--			√								
Cheryl Moxley	√		--			--		--				
Comment:												
	√	Present		E	Excused			A	Absent			

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Robinson – Committee Chairperson Mark Turner – Chief Executive Officer Tom Madrigal – Facilities Manager Jeri Simpson, Community Member</p> <p>Gerry Hinkley, Committee Member <i>(Attended remotely: does not qualify as part of the quorum under the AB2449 provisions.)</i> Terry Pena – Chief Operating Officer / Chief Nursing Officer Don Larson, MD – Community Member</p> <p>Kristi McCasland – Executive Assistant to Administration</p> <p>Keith Burkart – Board President Barry Hoy – Board Trustee Barry Smart – Board Treasurer Yvonne Waggoner – Chief Financial Officer Kim McGuire – Foundation / Community Development Director Steffanie Miller- Executive Assistant to Facilities Peter Venturini, Foundation President John McLaughlin, Public</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Robinson called the meeting to order at 1:28 p.m.	<b>The meeting was called to order.</b>
3.0 Previous Minutes:	On a motion made and seconded, the Facilities Committee Meeting Minutes of January 25, 2024 were approved.	<p><b>On a motion made and seconded, the Facilities Committee Meeting Minutes of January 25, 2024 were approved as written.</b></p> <p><b>M (Simpson) / S (Turner) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>5.0 Agenda Items:</p> <p>5.1 Hospital Campus</p>	<p>Madrigal reported that Facilities staff are working on the following in-house campus projects:</p> <ul style="list-style-type: none"> <li>• Flooring and painting was done in the MedSurg nurses station</li> <li>• Flooring and painting was done in the Human Resources office</li> <li>• Tree trimming</li> <li>• Campus cleanup by gardeners</li> <li>• SNF remodel (flooring, lighting, clean up, painting)</li> <li>• Replacing the doors on the loading dock</li> <li>• Upgrading the camera system</li> <li>• Keyless entry on exterior doors</li> </ul>	<p><b>Information Only</b></p>
<p>5.2 Update: Construction Projects</p>	<p>Madrigal gave an update on the following construction projects:</p> <ul style="list-style-type: none"> <li>• <u>Eligibility Office Project</u>: The structural element repairs, fire alarm, HVAC, T-Bar grid, electrical and data lines are complete. Flooring installation is scheduled for 4/25/2024. Contacting architectural designer for furniture install. Hoping to have HCAI approval to occupy within a month.</li> <li>• <u>Pharmacy Project</u>: The fire corridor issues have been resolved via ACD. Contractor is beginning roof work to accommodate new A/C for the area. Interior framing to begin soon.</li> <li>• <u>Lab Project</u>: This project is completed.</li> <li>• <u>MOB Improvements/Repairs</u>: The roofing bids were sent back to our attorney as the scope of the project changed to include the whole building (roofing, siding, and plaster repair). Once the package is complete, our land use attorney will place ads in the required publications to solicit bidders for the revised scope of the project.</li> <li>• <u>Gift Shop Remodel</u>: Ferguson and PBS Engineers submitted our responses to the questions from HCAI. HCAI is completing their</li> </ul>	<p><b>Information Only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>second review of the project. If everything goes right with HCAI, we are hoping this project will be complete in the fall 2024.</p> <p>B. Hoy proposed an idea that we to purchase a shed (with electricity) to be placed in the Rose Garden for the Auxiliary to use in the meantime until the Gift Shop Remodel project is completed. Once the Auxiliary moves into their new space the shed could be utilized by the SNF for storage. M. Turner and T. Madrigal will look into this option.</p> <ul style="list-style-type: none"> <li>• <u>New Acute Care Wing Project</u>: Three Design Build teams will be on site next Tuesday to attend the first of three required visits to go over the scope of the project, and answer their questions as part of their due diligence.</li> <li>• <u>Land Use Approval (Parking Solution)</u>: Our land use attorney is working with the County to find out what permits are required to do a temporary parking lot on the flat land below the hospital. The County has made no final decision yet.</li> <li>• <u>Rural Health Clinic Remodel</u>: The architect will be submitting the plans to the County tomorrow. The project will bring the clinic up to ADA requirements and modernize the space.</li> </ul>	
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 1:59 p.m.	<b>Meeting adjourned.</b>



**Finance Committee Meeting**  
**Friday, June 28, 2024, 1:45 p.m.**  
**George M. Medak Conference Room, Suite 202**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**  
*Or*  
**Microsoft Teams meeting**  
[Click here to join the meeting](#)  
**Meeting ID: 234 601 921 58 / Passcode: MWdfbE**  
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**Phone Conference ID: 605 686 207#**

Members:      Barrick Smart, Committee Chairperson  
                    Yvonne Waggener, Chief Financial Officer  
                    Mark Turner, Chief Executive Officer

Barry Hoy, Committee Member  
Terry Peña, Chief Operating Officer  
Jeri Simpson, 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<br>Action Probable |
| 2. Capital Purchases                    | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 3. Investments                          | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 4. FY25 Proposed Capital Budget         | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 5. Earmarking Use of Debt Service Money | Yvonne Waggener, Chief Financial Officer<br>Action Possible |

6. Cell Tower Sale Option

Mark Turner, Chief Executive Officer  
Action Possible

**ADJOURNMENT**

San Bernardino Mountains Community Hospital Finance Committee Meetings

## Attendance Matrix - 2024

[illegible]

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>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 Jerri Simpson, Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Keith Burkart, Board President Gerry Hinkley, Board Member Cheryl Robinson, Board Vice President Kim McGuire, Foundation/Community Development Director Peter Venturini, Foundation President John McLaughlin, Public Jay Gibson, JLL Project Management Firm Megan Barajas, HASC Regional Vice President</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Smart called the meeting to order at 1:57 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes:	On a motion made and seconded, the Finance Committee Meeting Minutes of May 23, 2024 were approved.	<p><b>On a motion made and seconded, the Finance Committee Meeting Minutes of May 23, 2024 were approved as written.</b></p> <p><b>M (Hoy) / S (Simpson) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>
5.0 Agenda Items:	Waggener presented the FY24 Financial Statements as of and for the	<b>A motion was made and</b>



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
5.1 Financial Statements	<p>eleven (11) months ended May 31, 2024. Comparative statistics and selected financial indicators were reviewed with the committee. Waggener is estimating we will end FY24 \$3.2M.</p> <p>Waggener reported that we received approval yesterday for the \$48,500,000 USDA loan at a maximum rate of 3.5%, but we still need to complete some paperwork to make it official.</p>	<p><b>seconded to recommend to the Board to accept the Financial Statements as of eleven (11) months ended May 31, 2024.</b></p> <p><b>M (Hoy) / S (Turner) / C</b></p>
5.2 Capital Purchases	Waggener presented and reviewed the FY24 Capital Purchases for the eleven (11) months ended May 31, 2024. She noted that we still need to capitalize more costs associated with the Acute Care Wing in June, and that we would be requesting approval of the overage at the July 2024 Board meeting.	<b>Information Only</b>
5.3 Investments	Waggener presented and reviewed the LAIF and UBS statements as of May 31, 2024. Waggener noted that \$5.6M was transferred to US Bank today to pay off the 2007 COPs on August 1, 2024; and that another \$2M would be transferred in July to pay off the financing of the MOB. Discussion was held about potentially moving some money from UBS to LAIF.	<b>Information Only</b>
5.4 FY25 Proposed Operating Budget	Waggener presented the FY25 Operating Budget and reviewed the assumptions for gross charges (by department); assumptions for deductions from revenue; assumptions for operating expenses; assumptions for non-operating revenue/expenses; and the FY25 proposed operating budget vs. actual estimated FY24 budget. Category line items were reviewed and discussed in detail. For FY25 we are projecting a net income of \$1,242,870.	<p><b>A motion was made and seconded to recommend to the Board to approve the FY25 Proposed Operating Budget as presented.</b></p> <p><b>M (Hoy) / S (Turner) / C</b></p>
6.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 2:45 p.m.	<b>Meeting adjourned</b>

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	06/30/24	FAR WEST CAH	CA CAH
<b><u>LIQUIDITY</u></b>										
Days cash on hand - All sources	161	241	345	524	490	491	454	390	124	222
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	3,476,666	4,051,832		
Board Designated	8,523,608	14,377,594	21,688,045	20,192,855	29,295,456	35,578,908	37,472,583	33,540,094		
Total	9,433,395	15,322,417	22,313,862	35,434,941	37,538,088	39,747,406	40,949,249	37,591,926		
Days gross revenue in gross AR	58	57	55	49	62	52	57	60		
Days net revenue in net AR	41	33	43	33	41	37	37	39	70	41
Days expense in AP	32	23	25	29	29	42	22	22		
Current ratio	1.6	2.3	1.6	2.1	1.8	1.8	1.9	1.9		
Current Assets	4,670,721	6,154,281	4,749,036	18,867,003	12,801,089	8,289,704	8,331,559	10,333,157		
Current Liabilities	2,902,397	2,724,485	2,948,770	8,965,859	6,992,349	4,684,644	4,342,144	5,384,681		
Cash to debt	91%	155%	236%	303%	443%	498%	485%	511%		
<b><u>CAPITAL STRUCTURE</u></b>										
Long-term debt to capitalization	38%	28%	24%	25%	16%	14%	14%	12%		
<b><u>PROFITABILITY</u></b>										
Total margin	12%	26%	19%	17%	29%	14%	11%	11%		
<b><u>OTHER</u></b>										
Paid full time equivalents (FTE's)	165.66	177.25	183.31	176.66	185.49	182.08	195.86	200.03		
<b>BENCHMARK - FAR WEST</b>	The Industry Benchmark is from the Optum 2023 Almanac of Hospital Financial and Operating Indicators. The Benchmark Average is for Critical Access Hospitals in the Far West Region.									
<b>BENCHMARK - CA</b>	The California Benchmark is from the Flex Monitoring Team Data Summary Report #33, CAH Financial indicators Report: Summary of Indicators Medians by State, April 2023.									

Mountains Community Hospital  
Comparative Statistics

	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-22	45	7	52	589	1.5	0.2	1.7	19.0	841	27	18	24
Aug-22	46	28	74	605	1.5	0.9	2.4	19.5	814	26	20	19
Sep-22	50	14	64	585	1.7	0.5	2.1	19.5	760	25	3	7
Oct-22	30	38	68	594	1.0	1.2	2.2	19.2	786	25	-	1
Nov-22	80	56	136	562	2.7	1.9	4.5	18.7	802	27	-	6
Dec-22	47	4	51	558	1.5	0.1	1.6	18.0	786	25	-	12
Jan-23	46	39	85	585	1.5	1.3	2.7	18.9	712	23	-	9
Feb-23	44	46	90	532	1.6	1.6	3.2	19.0	565	20	-	11
Mar-23	56	45	101	584	1.8	1.5	3.3	18.8	497	16	-	9
Apr-23	54	27	81	535	1.8	0.9	2.7	17.8	602	20	-	14
May-23	81	43	124	513	2.6	1.4	4.0	16.5	692	22	-	9
Jun-23	55	48	103	548	1.8	1.6	3.4	18.3	774	26	4	7
	634	395	1,029	6,790	1.7	1.1	2.8	18.6	8,631	24	45	128
	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-23	41	54	95	589	1.3	1.7	3.1	19.0	874	28	4	7
Aug-23	59	13	72	607	1.9	0.4	2.3	19.6	786	25	7	16
Sep-23	80	38	118	570	2.7	1.3	3.9	19.0	725	24	2	17
Oct-23	60	3	63	599	1.9	0.1	2.0	19.3	739	24	9	12
Nov-23	61	8	69	587	2.0	0.3	2.3	19.6	649	22	3	12
Dec-23	44	-	44	620	1.4	-	1.4	20.0	868	28	5	6
Jan-24	65	31	96	620	2.1	1.0	3.1	20.0	760	25	7	19
Feb-24	62	59	121	563	2.1	2.0	4.2	19.4	615	21	3	15
Mar-24	44	50	94	589	1.4	1.6	3.0	19.0	688	22	2	7
Apr-24	41	4	45	578	1.4	0.1	1.5	19.3	651	22	2	12
May-24	43	39	82	620	1.4	1.3	2.6	20.0	828	27	5	11
Jun-24	46	37	83	600	1.5	1.2	2.8	20.0	814	27	2	12
	646	336	982	7,142	1.77	0.92	2.7	19.51	8,997	24.58	51	146
Budget Jun-24	90	60	150	585	3.0	2.0	5.0	19.5	720	24	12	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	367	203	199	64	833
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	360	213	294	123	990
Mar-24	6,235	625	190	53	20	104	992	740	432	283	268	141	1,124
Apr-24	5,558	506	217	78	10	129	940	729	277	305	268	122	972
May-24	6,315	645	262	63	27	136	1,133	744	424	250	275	147	1,096
Jun-24	5,950	587	193	60	28	130	998	799	431	259	259	140	1,089
	68,932	7,189	2,754	800	235	1,344	12,322	8,829	4,680	3,002	2,900	1,468	12,050
Budget Jun-24	6,200	615	220	70	16	102	1,023	650	500	250	230	120	1,100

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	FY BUDGET	FY REMAINING
REVENUE								
GROSS PATIENT SERVICE REVENUE	5,313,788	5,515,047	201,259	62,621,431	65,148,058	2,526,627	65,148,058	2,526,627
DEDUCTIONS FROM REVENUE								
CONTRACTUAL DISCOUNTS	2,999,544	3,559,884	(560,340)	37,594,593	41,944,608	(4,350,015)	41,944,608	(4,350,015)
BAD DEBT	100,000	83,000	17,000	1,209,000	983,000	226,000	983,000	226,000
CHARITY CARE	11,020	6,000	5,020	76,996	72,000	4,996	72,000	4,996
SUPPLEMENTAL REIMBURSEMENT	(468,959)	(130,000)	(338,959)	(11,374,052)	(8,254,000)	(3,120,052)	(8,254,000)	(3,120,052)
TOTAL DEDUCTIONS FROM REVENUE	2,641,605	3,518,884	(877,279)	27,506,537	34,745,608	(7,239,071)	34,745,608	(7,239,071)
NET PATIENT SERVICE REVENUE	2,672,183	1,996,163	(676,020)	35,114,894	30,402,450	(4,712,444)	30,402,450	(4,712,444)
OTHER OPERATING REVENUE	44,941	30,835	(14,106)	565,862	424,648	(141,214)	424,648	(141,214)
TOTAL REVENUE	2,717,124	2,026,998	(690,126)	35,680,755	30,827,098	(4,853,657)	30,827,098	(4,853,657)
OPERATING EXPENSES								
SALARIES & WAGES	1,553,023	1,624,350	(71,327)	19,321,166	19,351,540	(30,374)	19,351,540	(30,374)
EMPLOYEE BENEFITS	369,026	329,670	39,356	4,186,928	3,948,200	238,728	3,948,200	238,728
PROFESSIONAL FEES	259,295	273,205	(13,910)	3,087,551	2,683,885	403,666	2,683,885	403,666
SUPPLIES	366,432	292,320	74,112	3,173,819	3,257,650	(83,831)	3,257,650	(83,831)
PURCHASED SERVICES	129,983	92,160	37,823	1,009,182	976,710	32,472	976,710	32,472
RENT/LEASE	19,012	18,435	577	252,788	199,220	53,568	199,220	53,568
REPAIRS & MAINTENANCE	66,475	99,031	(32,556)	1,019,736	858,579	161,157	858,579	161,157
UTILITIES	50,466	52,630	(2,164)	628,408	648,560	(20,152)	648,560	(20,152)
INSURANCE	46,184	45,638	546	555,066	547,648	7,418	547,648	7,418
DEPRECIATION	199,600	199,600	0	2,173,200	2,173,200	0	2,173,200	0
OTHER OPERATING EXPENSE	136,239	177,691	(41,452)	1,506,148	2,010,594	(504,446)	2,010,594	(504,446)
TOTAL EXPENSES	3,195,735	3,204,730	(8,995)	36,913,992	36,655,786	258,206	36,655,786	258,206
INCOME (LOSS) FROM OPERATIONS	(478,611)	(1,177,732)	(699,121)	(1,233,236)	(5,828,688)	(4,595,452)	(5,828,688)	(4,595,452)
NON-OPERATING REVENUE (EXPENSE)								
DISTRICT TAX REVENUE	308,879	258,000	(50,879)	3,146,879	3,096,000	(50,879)	3,096,000	(50,879)
INVESTMENT INCOME (LOSS)	153,633	76,200	(77,433)	1,750,428	914,400	(836,028)	914,400	(836,028)
INTEREST EXPENSE	(40,840)	(40,793)	47	(522,847)	(522,182)	665	(522,182)	665
DONATIONS/GRANTS FOR PROGRAMS	224,582	446,000	221,418	739,181	952,000	212,819	952,000	212,819
GAIN (LOSS) ON DISPOSAL OF PROPERTY	0	0	0	0	0	0	0	0
OTHER NON-OPERATING REVENUE	40,180	36,110	(4,070)	464,980	432,570	(32,410)	432,570	(32,410)
OTHER NON-OPERATING EXPENSE	(40,648)	(29,015)	11,633	(370,537)	(353,580)	16,957	(353,580)	16,957
NON-OPERATING REVENUE (EXPENSE)	645,786	746,502	100,716	5,208,085	4,519,208	(688,877)	4,519,208	(688,877)
NET INCOME (LOSS)	167,174	(431,230)	(598,404)	3,974,848	(1,309,480)	(5,284,328)	(1,309,480)	(5,284,328)

**MOUNTIANS COMMUNITY HOSPITAL  
BALANCE SHEET**

	06/30/24	06/30/23
CURRENT ASSETS:		
CASH & CASH EQUIVALENTS	4,051,832	3,490,303
RECEIVABLES: PATIENT - NET	3,738,073	3,211,642
RECEIVABLES: OTHER	825,851	81,856
INVENTORY	797,852	760,938
CURRENT PORTION OF LEASES RECEIVABLE	209,828	209,828
RECEIVABLES: INTERCOMPANY	0	0
PREPAID EXPENSES & DEPOSITS	709,721	590,636
	-----	-----
TOTAL CURRENT ASSETS	10,333,157	8,345,204
ASSETS LIMITED AS TO USE - COP INVESTMENTS	5,843,644	250,955
ASSETS LIMITED AS TO USE - FUNDED DEPRECIATION	33,540,094	37,472,583
CAPITAL ASSETS - NET	19,797,309	18,796,112
OTHER ASSETS	2,382,133	2,382,133
	-----	-----
TOTAL ASSETS	71,896,337	67,246,987
	=====	=====
CURRENT LIABILITIES:		
CURRENT PORTION LONG-TERM DEBT	1,103,014	1,036,629
ACCOUNTS PAYABLE & ACCRUED EXPENSES	940,065	907,080
ACCRUED PAYROLL & RELATED LIABILITIES	1,633,993	1,357,135
ACCRUED INTEREST	163,462	173,599
ESTIMATED THIRD-PARTY SETTLEMENTS, NET	490,852	199,284
UNEARNED REVENUE	47,756	41,221
PATIENT CREDIT BALANCES	1,005,539	627,197
	-----	-----
TOTAL CURRENT LIABILITIES	5,384,681	4,342,144
LONG-TERM PORTION OF DEBT	7,360,886	8,445,994
DEFERRED INFLOWS - LEASES	2,591,961	2,591,961
	-----	-----
TOTAL LIABILITIES	15,337,528	15,380,099
NET ASSETS	56,558,809	51,866,889
	-----	-----
TOTAL LIABILITIES & NET ASSETS	71,896,337	67,246,987
	=====	=====

<b>FY24 CAPITAL BUDGET &amp; ASSET ADDITIONS AS OF 06/30/24</b>					
<b>Department</b>	<b>Item Description - CONSTRUCTION</b>	<b>Budget</b>	<b>Done</b>	<b>Actual</b>	<b>Funding (MCHF)</b>
FACILITIES	Pharmacy Relocation (Includes Hood)	900,000		266,094	
FACILITIES	Front of House & Gift Shop	565,000		344,782	514,500
FACILITIES	Seismic NPC3 (Anchor Equipment) & SPC 4D	200,000		23,672	
FACILITIES	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	150,000		-	
FACILITIES	New Acute Care Wing	75,000		349,852	
FACILITIES	MOB Improvements	130,000		35,873	
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	X	31,682	
FACILITIES	Hospital Exterior Paint	25,000		9,984	
FACILITIES	OR Doors	20,000	X	14,246	
FACILITIES	MOB Electrical Panel	15,000			
FACILITIES	Med Surg Nursing Station (Pyxis)	10,000	X	1,710	
EVS	Soiled Linen Enclosure	6,500	X	6,350	
FACILITIES	RHC LA Interior Remodel/Retrofit	275,000		25,400	50,000
FACILITIES	SNF Renovations	150,000		17,706	
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	-			
		<b>\$ 3,533,500</b>		<b>\$ 1,183,216</b>	<b>\$ 1,041,235</b>

FY24 CAPITAL BUDGET & ASSET ADDITIONS AS OF 06/30/24					
Department	Item Description - EQUIPMENT	Budget	Done	Actual	
ED/MS/OR/SNF	Telemetry Monitoring Equipment	700,000	X	845,969	
IT	EHR System (Meditech Expanse)	600,000	X	148,292	
FACILITIES	Nurses' Call System	285,000			
IT	Voice & Messaging System	165,000		155,124	163,000
FACILITIES	Hospital Camera System	150,000			
ED/MS/OR/SNF	IV Pumps	104,000	X	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	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	39,789	
IT	Microsoft Veem Cloud Backup	35,000	X	32,315	
IT	Cisco Firewalls	30,000		46,253	
IT	Cisco Catalyst Network Switches & Wireless Controller	32,000		35,103	
ED	Carbon Monoxide Monitor	8,000	X	7,426	
RESP	Blood Gas Analyzer	8,000			
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		\$ 2,040,716	\$ 362,300
		\$ 6,964,000		\$ 3,223,932	\$ 1,403,535
<u>Not Budgeted</u>					
MED SURG	Blanket Warmer		X	8,740	
DIET	Reach In Freezer		X	9,477	
LAB	Freezer (2)		X	15,872	
FACILITIES	MOB Boilers (2)		X	15,604	
FACILITIES	MOB Elevator Doors		X	28,485	
PT	Traction Unit		X	14,169	
SNF	Ice Machine & Water Dispenser		X	6,898	
MED SURG	GOLVO Mobile Lift		X	7,398	
	<b>TOTAL</b>			<b>\$ 3,330,577</b>	



FY 2025 CAPITAL BUDGET		
DEPARTMENT	ITEM DESCRIPTION	BUDGET AMOUNT
FACILITIES	ADDITIONAL PARKING	200,000
FACILITIES	CHEMISTRY ANALYZERS (2) CONSTRUCTION	10,000
FACILITIES	CT HEAT PUMP	12,000
FACILITIES	DUMBWAITER	75,000
FACILITIES	FIRE SUPPRESSION (SERVER ROOM)	125,000
FACILITIES	FRONT OF HOUSE	250,000
FACILITIES	FRONT OF HOUSE & MED SURG HVAC	25,000
FACILITIES	GIFT SHOP	265,000
FACILITIES	HOSPITAL EXTERIOR PAINT	45,000
FACILITIES	HOSPITAL HALLWAY LED LIGHTING	20,000
FACILITIES	MED SURG EXTERIOR DOORS	18,000
FACILITIES	MED SURG HALLWAY & NURSE STATION LIGHTS	9,000
FACILITIES	MED SURG NURSING STATION (PYXIS)	10,000
FACILITIES	MEDICAL AIR PUMP	16,000
FACILITIES	MICROBIOLOGY ANALYZER CONTRUCTION	175,000
FACILITIES	MOB EXTERIOR	800,000
FACILITIES	MOB TRANSFERS SWITCHES	30,000
FACILITIES	NEW ACUTE CARE WING	TBD
FACILITIES	PFS REMODEL	125,000
FACILITIES	PHARMACY RELOCATION (INCLUDES HOOD)	900,000
FACILITIES	PT & TIMESHARE FLOORING	100,000
FACILITIES	PT COUNTERS	20,000
FACILITIES	RETUBE BOILER	120,000
FACILITIES	RHC LA INTERIOR REMODEL/RETROFIT	250,000
FACILITIES	SEISMIC NPC3 (ANCHOR EQUIPMENT) & SPC 4D	200,000
FACILITIES	SNF AC/HEAT	250,000
FACILITIES	SNF RENOVATIONS	150,000
FACILITIES	SNF WINDOWS	220,000
FACILITIES	STRIPE & SEAL PARKING LOT	45,000
DIETARY	MEAL TRAY DELIVERY CART	6,500
EMERGENCY	OB GURNEY	8,000
EMERGENCY	SLIT LAMP	13,000
EMERGENCY	SONOSITE ULTRASOUND	76,000
EMERGENCY	TONOMETER	6,000
ENVIRONMENTAL SERVICES	ECH2O	13,000
ENVIRONMENTAL SERVICES	I-MOP	6,500
ENVIRONMENTAL SERVICES	T1B SCRUBBER	8,000
EVS/PURCHASING	UTILITY CART	30,000
FACILITIES	NURSES' CALL SYSTEM	285,000
FACILITIES	STORAGE CONTAINERS	60,000
FACILITIES	UTILITY VEHICLE	25,000
INFORMATION TECHNOLOGY	98 INCH DISPLAY MONITOR	11,500
INFORMATION TECHNOLOGY	ARCHIVING SYSTEM	230,000
INFORMATION TECHNOLOGY	CISCO CATALYST NETWORK SWITCHES (5)	33,000
INFORMATION TECHNOLOGY	HOST SERVER	27,000
INFORMATION TECHNOLOGY	IMPRIVATA G4 SERVER	10,000
INFORMATION TECHNOLOGY	INTERACTIVE WHITE BOARD	6,000

FY 2025 CAPITAL BUDGET		
DEPARTMENT	ITEM DESCRIPTION	BUDGET AMOUNT
INFORMATION TECHNOLOGY	NETWORK FIBER UPGRADE	130,000
LABORATORY	ALLEGRA X-30 CENTRIFUGE	9,500
LABORATORY	PHELBOTOMY CARTS (2)	19,500
LABORATORY	VITEK 2 MICROBIOLOGY ANALYZER	177,000
MED SURG	RECLINERS (4)	30,000
RADIOLOGY	TROHPON2 EPR (ULTRASOUND PROBE DISINFECTOR)	19,000
RADIOLOGY	ULTRASOUND MACHINE	112,000
RESPIRATORY THERAPY	BLOOD GAS ANALYZER	20,000
RURAL HEALTH CLINIC	DENTAL COMPRESSOR	9,000
SECURITY	HOSPITAL CAMERA SYSTEM & CARD ACCESS	225,000
SECURITY	MED SURG PATIENT ROOM CAMERAS	29,000
SURGERY	DRI-SCOPE AID/STERIVIEW	17,000
SURGERY	MINDRAY N1 MONITORS	23,000
		<b>\$ 6,139,500</b>



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

**DISTRICT BOARD OF DIRECTORS MEETING**

**Thursday, July 25, 2024, 2:30 p.m.**

**George M. Medak Conference Room, Suite 202**

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

*Or*

**Microsoft Teams meeting**

**[Click here to join the meeting](#)**

**Meeting ID: 234 601 921 58 / Passcode: MWdfbE**

**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**

2:30 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

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held June 28, 2024
2. Approval of Facilities Committee minutes, meeting held April 25, 2024

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, July 25, 2024 2:30 p.m.**

Page 2 of 3

3. Approval of Finance Committee minutes, meeting held June 28, 2024
4. Approval of the attached list of Policies and Procedures that was sent July 15, 2024

**AGENDA ITEMS**

- |  |   |
|--|---|
| 1. MCH Organizational Chart  | Mark Turner, Chief Executive Officer<br>Action Possible |
| 2. CEO Report  | Mark Turner, Chief Executive Officer                    |
| a. Mission Moment  | Action Possible   |
| b. Internal Construction Updates   | Information Only  |
| c. Acute Care Wing/Retrofit/SNF Wing Project Updates                     | Information Only  |
| 3. COO/CNO Report  | Terry Peña, Chief Operating Officer<br>Information only |
| 4. Quality Committee Report<br>Report of Meeting held July 25, 2024      | Barry Hoy, Chairperson<br>Information Only              |
| 5. Facilities Committee Report<br>Report of Meeting held July 25, 2024   | Cheryl Robinson, Chairperson<br>Information only        |
| 6. Finance Committee Report<br>Report of Meeting held July 25, 2024      | Barry Smart, Chairperson                                |
| a. Financial Statements  | Action Probable   |
| b. Capital Purchases   | Action Possible   |
| c. Investments   | Action Possible   |
| d. FY25 Proposed Capital Budget  | Action Possible   |
| e. Earmarking use of Debt Service Money                                  | Action Possible   |
| f. Cell Tower Sale Option  | Action Possible   |
| 7. Board Education   | Kieth Burkart, President                                |
| a. MCH Board Member Annual Education (Relias)                            | Information Only  |
| b. AHA Rural Health Care Leadership Conference<br>– February 23-26, 2025 |   |
| 8. Discussion Topic Suggestions  | Kieth Burkart, President                                |

**ADJOURN TO CLOSED SESSION**

## DISTRICT BOARD OF DIRECTORS MEETING

Thursday, July 25, 2024 2:30 p.m.

Page 3 of 3

### **CLOSED SESSION AGENDA ITEMS**

(Closed session pursuant to Govt. Code Section 54954.5

1. Hearings  
Subject matter: Staff Privileges  
Re: Credentialing Recommendations  
Closed session pursuant to Cal. Health & Safety § 32155  
Bijan Motamedi, M.D., MEC President  
Action Probable
2. Medical Executive Committee Report  
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. Executive session  
Subject Matter: CEO Evaluation  
Closed session under Cal. Gov. Code § 54957  
Board Members & CEO Only  
Information only
4. Executive session  
Subject Matter: Personnel Issues  
Closed session under Cal. Gov. Code § 54957  
Board Members Only  
Action Possible

### **RETURN TO OPEN SESSION**

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

### **NEXT BOARD-ATTENDED MEETINGS**

Regular Board of Directors Meeting:  
Thursday, August 29, 2024 at 1:00 p.m.  
*(Days & times are subject to change so  
please refer to the posted agenda for exact  
times)*

### **FINAL ADJOURNMENT**

San Bernardino Mountains Community Hospital Board of Directors Meetings

## Attendance Matrix - 2024

Meeting Dates	1/12/2024**	1/25/2024*	2/22/2024**	2/29/2024*	3/28/2024*	4/15/2024**	4/25/2024*	5/23/2024*	6/7/2024**	6/21/2024**	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	√	√	√	A	√	√						
Gerald Hinkley	--	--	--	√	√	√	A	√	√	√	√						
Cheryl Moxley	√	√	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
Staff Members																	
Mark Turner	√	√	√	√	√	√	√	√	√	√	√						
Terry Peña	√	√	√	√	√	--	E	√	√	√	E						
Yvonne Waggener	√	√	√	√	√	√	√	√	√	√	√						
Kim McGuire	√	√	--	E	√	--	√	√	√	--	√						
Kristi McCasland	√	√	--	√	√	√	√	√	E	√	√						
Bijan Motamedi, M.D.	--	√	--	--	√	--	√	√	--	--	√						
Lawrence Walker, M.D.	--	--	--	√	--	--	--	--	--	--	--						
Julie Atwood	√	√	--	√	√	--	--	--	--	--	--	--	--	--	--	--	
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									

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 2:46 p.m.	<b>The meeting was called to order</b>
2.0 Board Members Present:  Members Absent:  Recording Secretary  Staff Members Present:  Guests:	Kieth Burkart, Board President Cheryl Robinson, Vice President Barrick Smart, Board Treasurer Barry Hoy, Board Secretary Gerry Hinkley, Board Director  Terry Peña, Chief Operating Officer/Chief Nursing Officer  Kristi McCasland, Executive Assistant  Mark Turner, Chief Executive Officer Yvonne Waggener, Chief Financial Officer Kim McGuire, Foundation/Community Development Director Bijan Motamedi, M.D., MEC Chief of Staff  Megan Barajas, HASC, Regional Vice President Jay Gibson, JLL Project Management Firm Peter Venturini, Foundation President Mary Justine Lanyon, Alpine Mountaineer John McLaughlin, Public	<b>Quorum present</b>
3.0 President's Comments:	None	<b>None</b>
4.0 Board Member's Reports:	Hinkley questioned if it was appropriate to do another Board Strategic Planning session. Turner noted that he would like to schedule one later this year to discuss the Facility Master Planning.	<b>None</b>
5.0 Public Comments:	None	<b>None</b>
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of May 23, 2024 and the Special Board of	<b>On a motion made and seconded the Minutes from</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	Directors meeting of June 21, 2024 were approved as written.	<p><b>the Board of Directors meeting of May 23, 2024 and the Special Board of Directors meeting of June 21, 2024 were approved as written.</b></p> <p><b>M (Smart) / S (Robinson) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
7.0 Consent Agenda:	<p>The following Consent Agenda items were reviewed:</p> <ol style="list-style-type: none"> <li>1. Approval of the Quality Committee minutes, meeting held May 23, 2024.</li> <li>2. Approval of Human Resources Committee minutes, meeting held March 28, 2024.</li> <li>3. Approval of the Finance Committee minutes, meeting held May 23, 2024.</li> <li>4. Approval of the Policies and Procedures that were sent June 17, 2024 (<i>see list attached to the June Board Packet</i>).</li> </ol>	<p><b>On a motion made and seconded, the Consent Agenda items were approved as presented.</b></p> <p><b>M (Robinson) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.0 Agenda 8.1 Legislative Update	Turner introduced M. Barajas, the Regional VP of the Hospital Association of Southern California (HASC). Barajas noted that HASC represents hospitals at the local level and that the California Hospital Association (CHA) represents hospitals at the State level. Barajas presented a legislative update, which included information on the State Budget; Budget Cuts and Solutions; and the State Legislation Bills CHA and HASC are following.	<b>Information only</b>
8.2 Recommendation of Design Build Team Contract Award	<p>Turner reported that we received approval yesterday for the \$50,000,000 USDA loan at a rate of 3.5%. He noted that we now need Board approval of the Evaluation Team's recommendation of Bernards/HMC as the Design Build (DB) team. Artist renderings &amp; layout designs were shared with the Board.</p> <p>Turner reviewed the process the evaluation team took as they reviewed</p>	<p><b>On a motion made and seconded, the Board approved the Evaluation Committee's recommendation of the Bernards/HMC Team as the Design Builder for the Acute Care Wing / Retrofit / SNF Wing</b></p>



TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>the two (2) Design Build (DB) proposals for the Acute Care Wing / Retrofit / SNF Wing Project. The evaluation team, which consisted of, Mark Turner (CEO), Terry Peña (COO/CNO), Tom Madrigal (Facilities), Barry Hoy (Board) and Gerald Hinkley (Board) reviewed both proposals independently using criteria developed by JLL and approved by our legal counsel. Evaluation criteria included: Evaluation of: Design-Build Expertise; Team's Design and Construction Expertise; Proposal Overall Design; Proposal Overall Value; Proposal Project Execution; Proposal Interview and Presentation; and Proposal Exceptions to Design Build Agreement. Based upon the compiled evaluation scoring, the team agreed that the clear winner was the Bernards/HMC Team. In accordance with Public Contract Code and Article 10 of the Request for Proposal, the District issued a Notice of Intent of Recommendation or Contract Award, subject to negotiation with the Bernards/HMC team. Negotiations with Bernards/HMC are ongoing, and we hope to have everything finalized by the second week of July.</p> <p>Smart expressed his concerns with depleting the hospital's cash reserves by 70% and having to service the debt at \$200k per month. He questioned whether we scaled the project appropriately based on the size of our community, what we are currently doing and our finances; or if we were overdoing it. Turner noted that we are not committed to doing anything at this point, and that we need to look at the project in perspective to our needs, and scale back on some of our wants. He noted that we could work with the DB team to develop a new scaled back plan, and that the biggest cost reduction would come by reducing the number of MedSurg beds. After discussion, Board members agreed to look at our priorities and potential design changes that would save the District money.</p>	<p><b>Project.</b></p> <p><b>M (Robinson) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
8.3 Resolution 2024-05 – Special Tax Levies for FY2024-25	Waggener reviewed Resolution 2024-05 noting that we are required to complete the special tax levies resolution each year.	<b>On a motion made and seconded, the following resolution was accepted as presented:</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li><b>RESOLUTION NO. 2024-05</b></li> </ul> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT DETERMINING, CERTIFYING, AND DIRECTING 2024-2025 SPECIAL TAX LEVIES WITHIN THE DISTRICT</b></p> <p>See Resolution 2024-05 for entire text.</p>	<p><b>RESOLUTION NO. 2024-05</b></p> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT DETERMINING, CERTIFYING, AND DIRECTING 2024-2025 SPECIAL TAX LEVIES WITHIN THE DISTRICT.</b></p> <p><b>M (Hoy) / S (Smart) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>8.4 Resolution 2024-06 – Establishing Appropriations Limits for FY 2024-2025</p>	<p>Waggener reviewed Resolution 2024-06 noting that we are required to establish appropriations limits by resolution each year.</p> <ul style="list-style-type: none"> <li><b>RESOLUTION NO. 2024-06</b></li> </ul> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT ESTABLISHING APPROPRIATIONS LIMITS FOR FISCAL YEAR 2024-2025</b></p> <p>See Resolution 2024-06 for entire text.</p>	<p><b>On a motion made and seconded, the following resolution was accepted as presented:</b></p> <p><b>RESOLUTION NO. 2024-06</b></p> <p><b>RESOLUTION OF THE BOARD OF DIRECTORS OF THE SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT ESTABLISHING APPROPRIATIONS LIMITS FOR FISCAL YEAR 2024-2025.</b></p> <p><b>M (Hoy) / S (Smart) / C</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
8.5 Agreement for Collection of Special Taxes, Fees & Assessments for FY2024-25	Waggener presented and reviewed the agreement with the County of San Bernardino regarding the collection of special taxes, fees and assessments for FY 2024-25. The agreement outlines the districts and counties responsibilities.	<b>A motion was made and seconded to accept the annual FY 2024-25 County Collection Agreement as presented.</b>  <b>M (Smart) / S (Hinkley) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
8.6 CEO Report a. Mission Moment	Turner reported that he is still working to develop a process to implement the Mission Moment; he should have an update to present at the August 2024 Board meeting.	<b>Information only</b>
b. Internal Construction Updates	Turner reported on the following construction projects: <ul style="list-style-type: none"> <li>• Eligibility Office Project: This project is close to being done. The only item pending is the air balancing, which should be completed by July 3, 2024. Once resolved, HCAI will come to inspect and hopefully grant occupancy.</li> <li>• Pharmacy Project: An additional construction document was returned from HCAI. The shaft wall installation has begun on the hallway wall in the Pharmacy area; interior walls are scheduled to be installed on July 8, 2024. Rough electric and fire alarm work has begun in the area. HCAI continues to be on site every other week to discuss construction issues. We are hoping to have this project done by the end of calendar year 2024.</li> <li>• Gift Shop/Solarium: Architectural and structural plans have not been approved by HCAI. Mechanical, electrical and plumbing plans were returned with comments to be resolved by the engineers. An electric load study was done; once the load study results are received, we will re-submit to HCAI for review.</li> </ul>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>RHC Remodel: Awaiting county permits for this project, which should be received any day now.</li> </ul>	
c. Acute Care Wing / Retrofit / SNF Wing Project	See item 8.2 above. Turner noted that we would be scheduling a Board Retreat later this year to discuss the Facility Master Planning.	<b>Information only</b>
d. Insurance Renewals	Turner presented an insurance cost comparison between FY25 vs. FY24. He noted that for FY25 we saw slight increases in our Cyber Liability, Workplace Violence, Fiduciary Liability, Auto, D&O insurance rates; and decreases on our Property, Malpractice and Workers Comp rates.	<b>Information only</b>
8.7 COO/CNO Report	<p>Peña reported on the follow items:</p> <ol style="list-style-type: none"> <li><u>BETA Heart</u>: SCORE survey department debriefs are wrapping up this week. Action plans will be developed based upon the staff's feedback.</li> <li><u>MediTech</u>: The Clintek in the RHC is still waiting to go through the validation process; the lab has been short staffed which has caused the delay. The interface with Quest is complete; orders are now being sent/received through MediTech, and results are automatically being faxed to the ordering physician.</li> <li><u>Journey Mapping Project</u>: We continue to have difficulty with patients agreeing to be interviewed. We continue to collect names and send them to WIPFLI, the problem is that while the patient agrees to participate here, they change their mind when they get home.</li> <li><u>Immunizations</u>: Immunizations are now available to all patients in the RHC. Previously, vaccinations were only provided to MediCal patients through the Vaccines for Children (VCF) program. MCH has purchased vaccines through our Pharmacy, has built charging codes, and can now offer the vaccines to all patients regardless of their payer type.</li> <li><u>Dietary Consultations</u>: Our Registered Dietician (RD), Delacey</li> </ol>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	Foster, will begin providing Dietary Consultation services. We have built the charging codes and established a space where she can provide her services. Once the space is set up and Delacey is settled in, we will begin marketing her services to the local physicians. Additionally, Delacey is in the process of obtaining her Diabetes Educator certification; once received, her plan is to start Diabetes Support Groups.	
8.8 Quality Committee Report Report of meeting held June 28, 2024	<p>Hoy reported that the Quality Committee Meeting (Open Session) included presentations on the following agenda items:</p> <ol style="list-style-type: none"> <li>1. Performance Improvement <ol style="list-style-type: none"> <li>a. PI Project #1: Patient Experience</li> <li>b. PI Project #2: BETA Heart Implementation</li> </ol> </li> <li>2. Patient Experience Surveys: <ol style="list-style-type: none"> <li>a. Inpatient</li> <li>b. ED</li> <li>c. RHC Medical</li> <li>d. RHC Dental</li> </ol> </li> <li>3. Regulatory Activities/Updates</li> <li>4. Quality Committee FY2025 Calendar of Topics</li> </ol>	<b>Information only</b>
8.9 Human Resources Committee Report Report of meeting held June 28, 2024	<p>Burkart reported that the Marketing Committee meeting included presentations on the following agenda items:</p> <ol style="list-style-type: none"> <li>1. Hospital Week</li> <li>2. Annual Salary &amp; Benefits Review</li> <li>3. Turnover</li> <li>4. Workers Compensation Experience Modification (Ex-Mod)</li> </ol>	<b>Information only</b>
8.10 Finance Committee Report Report of meeting held June 28, 2024	<p>Smart reported that the Finance Committee meeting included presentations on the following agenda items:</p> <ol style="list-style-type: none"> <li>a. Financial Statements</li> </ol>	<b>On a motion made and seconded, the Financial Statements as of eleven (11) months ended May 31, 2024 were accepted as</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	The FY24 Financial Statements as of and for the eleven (11) months ended May 30, 2024 was presented and reviewed. Comparative statistics and selected financial indicators were shared with the Board.	<b>presented.</b>  <b>M (Smart) / S (Hoy) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
	b. Capital Purchases The FY24 Capital Purchases for the eleven (11) months ended May 31, 2024 was presented and reviewed.	<b>Information only</b>
	c. Investments The LAIF and UBS statements as of May 31, 2024 were presented and reviewed.	<b>Information only</b>
	d. FY 25 Proposed Operating Budget The FY25 Operating Budget was presented and reviewed to include the assumptions for gross charges (by department); assumptions for deductions from revenue; assumptions for operating expenses; assumptions for non-operating revenue/expenses; and the FY25 proposed operating budget vs. actual estimated FY24 budget. Category line items were reviewed and discussed in detail.	<b>A motion was made and seconded to approve the FY25 Proposed Operating Budget as presented.</b>  <b>M (Smart) / S (Hoy) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>
8.11 Board Education	Burkart report on the following upcoming Board education opportunities: a. MCH Board Member Annual Education (Relias) b. AHA Rural Health Care Leadership Conference: February 23-26, 2025.	<b>Information only</b>
8.12 Discussion Topic Suggestions	Adding “Earmarking use of Debt Service Money” to next month’s agenda. Adding a Legislative Update to the annual Board Reporting Calendar (look at having Carmela Coyle from CHA present in 2025).	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 4:31 p.m.	<b>Information only</b>
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 4:43 p.m.	<b>Information only</b>
10.1 Closed Session Report:	Per Burkart, the following items were reported on during “Closed Session”: <ul style="list-style-type: none"> <li>Medical Staff Report of June 28, 2024 and Credentialing from the June 25, 2024 Medical Executive Committee meeting.</li> </ul>	<b>Information only</b>
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	<p>The Board accepted the Medical Staff Report of June 28, 2024, and Credentialing from the June 25, 2024 Medical Executive Committee meeting.</p> <p>Approvals were as follows:</p> <ul style="list-style-type: none"> <li><b><u>New Appointments/Provisional Staff:</u></b> <ul style="list-style-type: none"> <li>ROBERT T. PETRUZZO, JR., DO – Tele-Radiology (SOL Radiology Group)</li> <li>ROBERT M. TURNER, MD – Tele-Radiology (Sol Radiology)</li> <li>MIRIAM A. VELAZQUEZ, DO – Pathology</li> </ul> </li> <li><b><u>Provisional Extensions:</u></b> None</li> <li><b><u>Advancement from Provisional Staff/Regular Staff:</u></b> None</li> <li><b><u>Reappointments:</u></b> <ul style="list-style-type: none"> <li>ROBERT V. AUGAT, CRNA – Nurse Anesthesia</li> <li>MEGHA N. GUPTA, MD – Tele-Radiology/Mammography</li> </ul> </li> <li><b><u>Staff Status Changes:</u></b> None</li> <li><b><u>Revision/Increase of Privileges:</u></b> None</li> <li><b><u>Terminations/Resignations:</u></b> None</li> <li><b><u>Revision of Privileges:</u></b> None</li> <li><b><u>Leave of Absence Requests:</u></b> None</li> </ul>	<p><b>On a motion made and seconded, the Medical Staff Report of June 28, 2024, and Credentialing from the June 25, 2024 Medical Executive Committee meeting were accepted as recommended by the MEC.</b></p> <p><b>M (Hinkley) / S (Robinson) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
12.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, July 25, 2024</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	<b>Information only</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 4:43 p.m.	<b>Meeting adjourned</b>

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

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



## Board Approvals: (8 Documents)

### I. New Policies / Forms / Attachments: (3)

- a. Performance Improvement (PI) Policies: (1)  
[Quality Improvement and Patient Safety Plan Annual Assessment 2022 \(Attachment\)](#)
- b. Provision of Care, Treatment & Services (PC) Policies: (1)  
[Fall Type Decision Tree \(Attachment\) - PC](#)
- c. Laboratory Department Policies: (1)  
[Under Sink Storage SOP \(Policy\) - Laboratory Department](#)

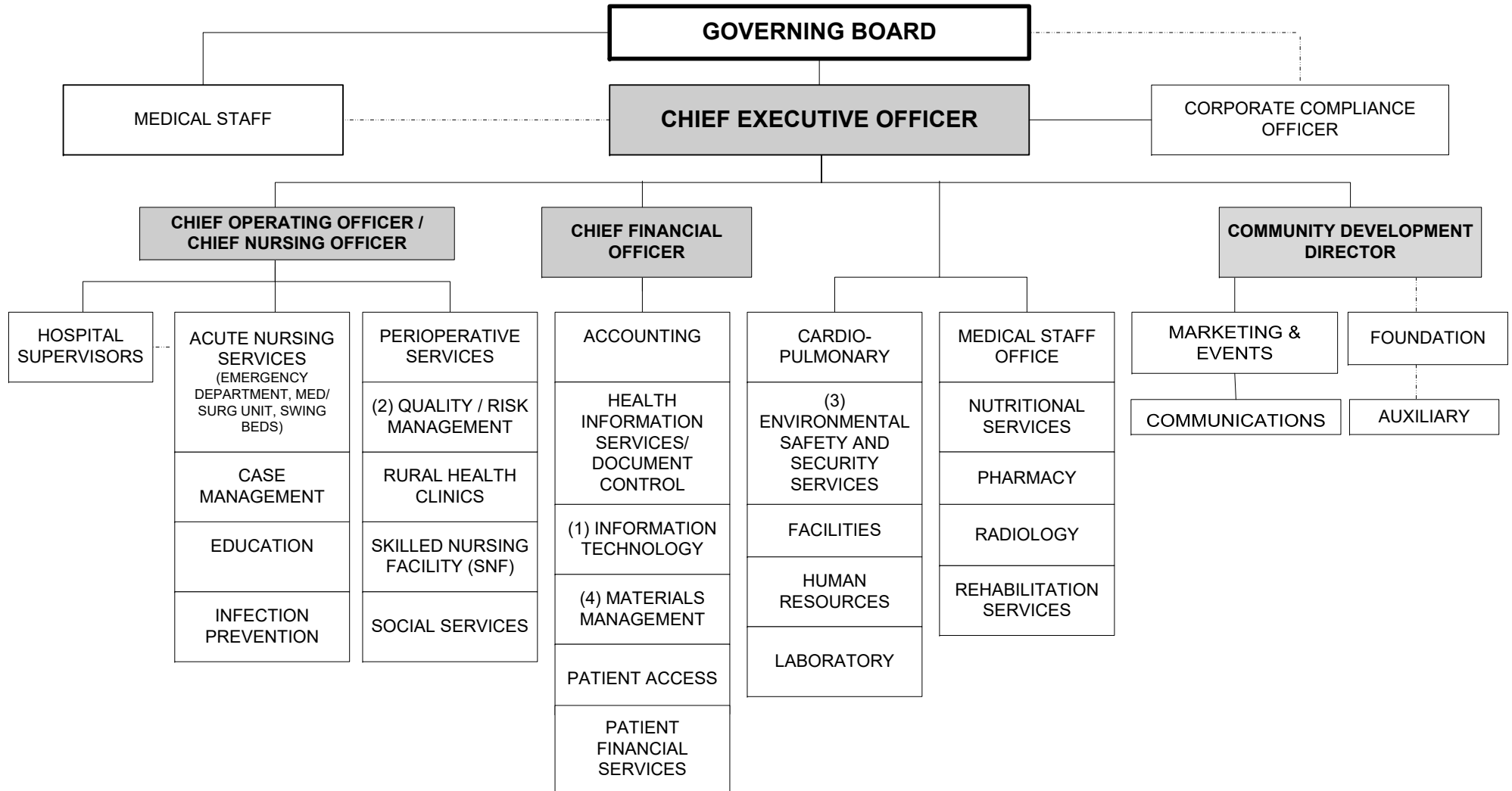
### II. Updated Policies / Forms / Attachments: (3)

- a. Anesthesiology Department Policies: (1)  
[Anesthesia Lumbar Epidural Injections \(Policy\) - Anesthesiology Department](#)
- b. Medical Staff (MS) Policies: (1)  
[Privileges, General Dentistry \(Form\) - MS](#)
- c. Rights & Responsibilities of the Individual (RI) Policies: (1)  
[Photography and Recording of Patients and Staff \(Policy\) - RI](#)

### III. Triennial Renewal Only (no / minor changes): (2)

- a. Provision of Care, Treatment and Services (PC) Policies: (1)  
[Consent to Treat a Minor \(Policy\) - PC](#)
- b. Purchasing Department Policies: (1)  
[Equipment Needing Repairs \(Policy\) - Purchasing 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**