2023 Press Ganey Guardian of Excellence Award Winner
2023 Press Ganey Pinnacle of Excellence Award Winner

SOUTHERN MONO HEALTHCARE DISTRICT
DECEMBER 2024 MONTHLY BOARD MEETING AGENDA

NOTICE IS HEREBY GIVEN that the Board of Directors of Southern Mono Healthcare District will convene at its regular monthly board meeting at the location and on the date and time set forth below.

This meeting will occur and be held both in-person and via teleconferencing. The meeting will be accessible to all members of the public seeking to observe and to address the Board of Directors, including giving public comment. Attendees will undergo a pre-entry screening process. To access the meeting via teleconference, the District has set up a virtual meeting on Microsoft Teams, as well as a call-in number set forth below.

Click here to join the meeting
+1 619-614-6679,,503680770#
Phone Conference ID: 503 680 770#

In compliance with the Americans with Disabilities Act (ADA), if you need special assistance to attend this meeting via telephone, please contact the District Board Administrative Assistant at Mammoth Hospital by telephoning 760.924.4114. Prompt notification prior to the meeting will enable the District to make reasonable arrangements to assist with accessibility to this meeting.

Note: All public comments will be limited to a speaking time of three minutes.

Date: December 12, 2024

Time: 8:00 a.m.

Place: Mammoth Hospital Administration Conference Rooms A & B and Microsoft Teams
85 Sierra Park Road
Mammoth Lakes, CA 93546

Dr. Yuri Parisky, M.D., will be joining via teleconference and will be located at: 515 Madison Street, Seattle, WA, USA, 98104

I. CALL TO ORDER

II. PLEDGE ALLEGIANCE TO THE FLAG AND READING OF THE SMHD VISION, MISSION AND VALUES

III. OATH OF OFFICE

IV. PUBLIC COMMENTS

V. ADJOURN TO CLOSED SESSION

CREDENTIALING
Initial Appointment to Provisional Staff
Bryan King, MD, Anesthesiology
Alar Saaremets, MD, Anesthesiology

Re-appointment to Active Staff
Chris Hummel, MD, Emergency Medicine

Re-appointment to Allied Health
Eryn Aldrich Coffey, LMFT, Behavioral Health

Re-Appointment to Telemedicine Staff/ Direct Radiology Proxy Contract
Aaron Wickley, MD, Radiology

QUALITY ASSURANCE – (Health and Safety Code §32155)
1. Chief of Staff Report.
2. CEO Report.
3. CFO Report.
4. CNO Report.
5. COO Report.
6. Human Resources Report
7. Director of Clinics Report

QUALITY ASSURANCE QUARTERLY SUMMARIES - (Health and Safety Code §32155)
Review of quarterly Quality Report- Lenna Monte, Quality Director

CONFERENCE WITH LEGAL COUNSEL – PENDING AND THREATENED LITIGATION
(Attorney- Client Privileged and Confidential)

Existing Litigation and Significant exposure to litigation pursuant to Government Code §54956.9. – Cheryl Wagonhurst, Esq.

1. ***Lavendar v. Southern Mono Healthcare District, et al.***, Mono County Superior Court Case No. 22UCM4

2. ***Jane Doe v. Southern Mono Healthcare District, et al.,*** Mono County Superior Court Case No. 23UCM78

PERSONNEL MATTERS (Government Code §54957)
Tom Parker, CEO.

VI. REPORT ON CLOSED SESSION

VII. NEW BUSINESS

1. CEO Contract
2. Resolution 24-07: Thank you to Alec Clowes for his service on the SMHD BOD-Tom Parker
3. North Wing Financing Special Meeting Discussion- Melanie Van Winkle
4. Review and Approval of the Rural Health Clinic Annual Evaluation- Zack Brown
5. Review and Approval of New and Revised Policies

VIII. PUBLIC COMMENTS

IX. CONSENT AGENDA

(All matters on the consent agenda to be approved on one motion unless a Board Member requests separate action on a specific item)

1. Previous Minutes to be approved:
   November 21, 2024, Regular Board Meeting
   November 22, 2024, Special Board Meeting: Annual CEO Review
2. Chief Financial Officer Report
3. Chief Nursing Officer Report
4. Chief Operating Officer Report
5. Human Resources Report
6. Director of Clinics Report

X. COMMITTEE REPORTS

1. Finance Committee:
   Laurey Carlson, Alec Clowes
2. Physician Compensation, Relations, Recruitment, and Retention:
   Ryan Wood, Esq., Joanne Hunt
3. Employee Relations Committee:
   Yuri Parisky, M.D., Joanne Hunt
4. Quality Assurance Committee (December 10, 2024):
   Alec Clowes, Joanne Hunt
5. CEO Annual Review Committee:
   Laurey Carlson, Ryan Wood, Esq.
6. IT Steering Committee (December 2, 2024):
   Alec Clowes, Yuri Parisky, M.D.
7. Facilities Committee:
   Yuri Parisky, M.D., Laurey Carlson
8. Women's Health Committee:
   Joanne Hunt, Ryan Wood, Esq.
9. Compliance Committee:
   Laurey Carlson, Joanne Hunt

XI. CHIEF EXECUTIVE OFFICER'S REPORT

XII. FINANCE REPORT
November 2024 Financial Package

XIII. BOARD EDUCATION
Brown Act: *Govt. Code* Section 54954.2(a)(3) and 54954.2(b)(1-4) by Cheryl Wagonhurst, Esq.

XIV. CREDENTIALING

Initial Appointment to Provisional Staff
Bryan King, MD, Anesthesiology
Alar Saaremets, MD, Anesthesiology

Re-appointment to Active Staff
Chris Hummel, MD, Emergency Medicine

Re-appointment to Allied Health
Eryn Aldrich Coffey, LMFT, Behavioral Health

Re-Appointment to Telemedicine Staff/ Direct Radiology Proxy Contract
Aaron Wickley, MD, Radiology

XV. PUBLIC COMMENTS

XVI. FUTURE BUSINESS

The next Regular meeting will take place on Thursday, January 16, 2024, at 8:00 a.m. in Conference Rooms A&B at Mammoth Hospital, located at 85 Sierra Park Road, Mammoth Lakes, CA 93546 and on Teams at Click here to join the meeting.

ADJOURN

NEW BUSINESS

Southern Mono Healthcare District

Board Meeting

SOUTHERN MONO HEALTHCARE DISTRICT (MAMMOTH HOSPITAL)
BOARD OF DIRECTORS PROCLAMATION AND COMMENDATION OF
ALEC CLOWES FOR HIS COMMITMENT AND SERVICE TO MAMMOTH HOSPITAL

RESOLUTION 24-07

WHEREAS, Alec Clowes, having sought opportunities to serve the Mammoth Lakes community and finding opportunity to serve on the Mammoth Hospital Board of Directors did service in such capacity from 2020 to 2024;

WHEREAS, Alec Clowes served on the Finance Committee, the Quality Assurance Committee, and the IT Steering Committee, bringing to the organization his knowledge of healthcare financing, information technology, and quality improvement, with a keen interest in improving measurable outcomes to improve the health of the residents and guests of the community;

WHEREAS, Alec Clowes has served faithfully in his board duties always considering the best interests of patients and the long-term viability of the hospital and its role as a critical resource in the community;

WHEREAS, Alec Clowes has been a generous supporter of the Mammoth Hospital Little Lupins Child Care Program;

RESOLVED THAT the Board of Directors and Administration of Mammoth Hospital express to Alec Clowes sincere thanks and appreciation for his service to the community of Mammoth Lakes and his support of Mammoth Hospital.

PASSED AND ADOPTED by the Board of Directors of the Southern Mono Healthcare District, County of Mono, State of California, this 12th day of December 2024 at a regular meeting of the Board of Directors held in accordance with the Bylaws of the District by the following votes:

AYES: ___
NOES: ___
ABSENT: ___

Laurey Carlson,
Chair of the Board

Attested by:

Marina Zila, Secretary to the Board

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MAMMOTH HOSPITAL
Elevate Your Health

Annual Evaluation
Mammoth Rural Health Clinic
Fiscal Year 2024

As a condition of participation in the Rural Health Clinic Program, an annual evaluation of each clinic's total operation shall be performed. The evaluation must include a review of the clinic's utilization, policies and procedures and clinical records. The purpose of the evaluation is to:

1) Determine if the utilization of services is appropriate
2) Determine if policies and procedures are being followed
3) Recommend any necessary changes.

In consideration of the regulations, the annual evaluation committee has been formed to evaluate the total rural health clinic program. Findings pertinent to this annual evaluation shall be reported annually by the clinic manager to the annual evaluation committee. The annual evaluation as prepared by the annual evaluation committee shall be reported by the clinic manager to the Performance Improvement Committee.

This Annual Evaluation report shall be filed in MCN (Districts electronic document system). This report will be presented to the Performance Improvement Committee of the District.

The annual evaluation committee shall be comprised of the following: Physician Practice Administrator, Director of Quality, Medical Director, Clinic Managers, and one advanced practice provider. The annual evaluation committee shall meet annually, and more frequently as needed. The Mammoth Rural Health Clinic is located in Mono County which had been designated as a Low-Income Population Health Professional Shortage Area.

Volumes

	Family Medicine	Pediatric	Mammoth Ortho	Surgery	Specialty (incl Women's)	Dental	Behavioral Mental Health	Total
FY 2024	14,953	5,011	7,323	1,178	7,914	4,374	4,040	**44,793**
FY 2023	14,785	4,977	6,990	1,197	6,921	4,422	4,880	**44,172**
FY 2022	15,363	4,888	6,856	1,151	6,603	4,660	4,451	**43,972**
FY 2021	13,489	3,930	6,807	1,082	6,326	3,842	4,522	**39,998**
FY 2020	16,673	4,865	6,367	958	5,189	3,770	3,188	**41,010**
FY 2019	19,764	4,715	6,581	976	5,505	5,293	2,073	**44,907**

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The FY24 volumes of 44,793 were higher than FY23 by 621 visits (1.4 % increase); returning to pre-pandemic, FY19, level of visits of 44,907. Average number of visits per day for the year is 123.

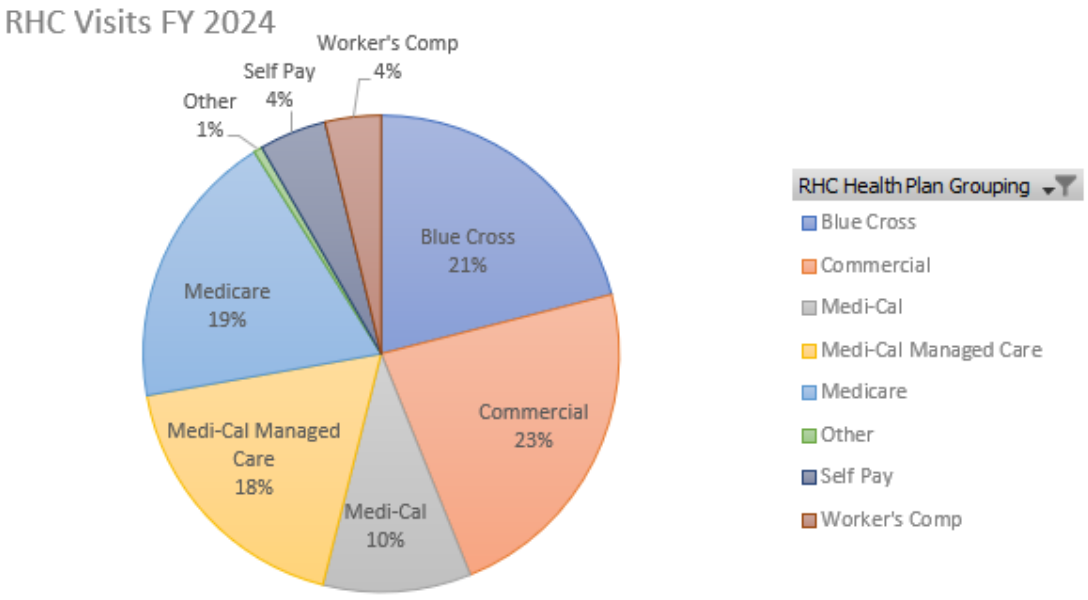
Analysis of the number of visits in particular clinics demonstrated:

- 14.3% increase in the specialty clinic (7,914 FY24 vs 6,921 FY23)
- 1.1% increase in family medicine clinic (14,953 FY24 vs14,785 FY23)
- 0.7 % increase in the pediatric clinic (5,011 FY 24 vs 4,977 FY23)
- 17.2 % decrease in the behavioral mental health (4,040 FY24 vs 4,880 FY23)
- 1.6% decrease in the surgery clinic (1,178 FY24 vs 1,197 FY23)
- 1.1% decrease in the dental clinic (4,372 FY 24 vs 4,422 FY23)

Specialty clinic volumes increased mainly due to Dermatology, Women's, and cardiology increases.

Behavior Mental Health visits decreased due to two providers leaving the practice and one on medical leave during FY24. Two new providers are joining the practice in FY25, thus it is expected the volumes will be increasing.

The Dental Clinic numbers have not improved to pre-covid numbers, partially due to the remodel expansion which started in FY23 and completed in the last half of FY24. It is anticipated that with the expansion of the clinic from three to six dental chairs and the addition of a full-time dentist, volumes should exceed pre-covid numbers.



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As shown above, Medi-Cal and Medi-Cal Managed Care visits account for 28% of visits and Medicare visits account for 19%, for a total of 47% government payers (on par with FY23). Blue Cross and Commercial make up 44% of payors, increasing slightly compared to last year.

Financial – Collectable revenue less direct expenses** (excludes overhead expenses). **These numbers include collections from Medi-Cal QIP program and the Medicare Shared Savings.

Direct Gain/Loss	7080 Family Med & Dermatology & Beh Health	7090 Peds	7060 Dental	Surgery	7160 Mammoth Ortho	Specialty (Incl Women's)	Total
FY 2024	955,164	(142,903)	1,357,322	(113,277)	(104,448)	(261,747)	**1,690,110**
FY 2023	140,282	(274,985)	1,527,179	(141,967)	(179,815)	(397,458)	**673,235**
FY 2022	685,070	(274,752)	686,003	218,627	(100,880)	(723,499)	**490,569**
FY 2021	302,172	(289,446)	522,044	(168,156)	(210,713)	(582,232)	**(426,331)**
FY 2020	569,258	(357,349)	22,287	(68,136)	(272,315)	(759,140)	**(865,395)**

Clinical

Mammoth Hospital Rural Health Clinic provides primary care services in Family Medicine, Women's Health, Pediatrics, Specialty Services, Orthopedics, General Surgery and Family Dental. Christopher Ward, DO, served as the Medical Director of the RHC, providing the medical direction for health care activities, and consultation for and medical supervision of the healthcare staff of the clinic. The Southern Mono Healthcare District Board of Directors approved the re-appointment of Dr. Ward as the medical director at their May 2019 Board meeting, as part of the overall contract with Dr. Ward.

Clinics operate Monday through Friday 8am-5pm with Family Medicine open all day Saturday. Holiday closures are posted, and patients are directed to emergency services within the hospital.

Family Medicine providers include: Peter Clark, MD; Christopher Ward, DO; Jacqueline Yaris, MD; Cara Crosby, PA-C; Jenica Law, PA-C; and Dayna Stimson, DNP.

Behavioral Health providers include: Jacob Eide, Psy. D; Eryn Coffey, MA, MFR; Janelle Clark, Psy. D (termed 2024); Rachel Canning, Psy. D; Teresa Oser, Psy. D (termed 2024); and Charles Saldanha, MD.

Women's Health providers include: Laurence Fakinos, MD; Maureen Fakinos, WHNP-BC (termed 2024); and Lucienne Bouvier, MD.

Pediatrics providers include: Kristin Collins, DO; Mary Bissell, MD; Grace Kim, MD; Sarah Ruberman, MD, and Lauren Spady, MD.

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Orthopedics providers include: Timothy Crall, MD; Brian Gilmer, MD; Michael Karch, MD; Stephen Knecht, MD; Richard Brown, MD; Richard Thunder, MD (termed 2024); Bartlett White, PA-C; Karly Dawson, PA-C; Britt Cogan, PA-C; Chelsea Brown, PA-C; Christine Macdonald, PA-C; and Rita Klabacha, PA-C.

General Surgery providers include: Fru Bahiraei, MD; Richard Koehler, MD; and Sarah Sindell, MD.

Specialty services include: Paul Polishuk, MD and Paul Silverman, MD (collectively provide 1 week a month of Urology services); Marc Kayem, MD (provides 1 week a month of ENT services); Timothy Cragun, DO (Dermatology services 1 week a month); William Cragun, MD (Dermatology services 3 weeks a year); David Baker, MD, Nathan Ho, DO, and Tatsiana Furman, NP (collectively provide 2 days a month of Cardiology services); Rodrigo Rodriguez, MD (provides 2 days a month of Neurology services); Robert Arbuckle, MD (provides Neurology services 1 week a month), and Michelle Newkirk, DO (provides 2 days a month of Rheumatology services).

Dental providers include: Austin Williams, DDS (termed 2024); Jason Bishop, DDS; Steven Fujimoto, DDS; and Joey Chiu, DDS.

The Medical Director reviewed the clinical care resources being utilized by the advanced practice providers, and the decision was made to continue with Up-to-Date. Physician assistant protocols were developed by the PA's and physicians. The final protocols were approved by the Medical Executive Committee in November 2017.

Review of Policies and Procedures

Policies are maintained in the hospital's MCN (electronic document management system). There is a folder/manual called "Clinics" which houses all the specific policies for the clinics and other applicable hospital policies (aliased into this folder). Policies are reviewed annually by the clinic management, Medical Director, and an advanced practice provider. Any new policies are created with input from the Medical Director and advanced practice providers.

Review of Personnel

Clinic staff report to the clinic manager and are evaluated annually on performance and competencies. Each advanced practice provider has at least one supervising physician who provides oversight for patient care and provides feedback for the evaluation. Personnel evaluations are on file with Human Resources.

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Quality Assurance

Routine surveys are performed by the Infection Control Coordinator, Safety Coordinator, and Environmental Services Supervisor. Deficiencies are addressed by the Clinic Manager in conjunction with the appropriate department. Training and education on patient privacy laws occurs at onboarding and annually thereafter for all employees and independent contractor physicians in the RHC. Any violations are addressed in accordance with the applicable federal and state privacy laws by the Privacy Officer and Compliance Officer. The clinic has complied with OSHA standards with no reports or violations.

Third Party Regulatory Reporting & Reimbursement

Filing of annual cost reports to Medicare is required by 150 days of the fiscal year end. The FY24 tentative cost report will be filed in fall 2024. In FY24 a tentative change in Medicare RHC per visit reimbursement was filed and reflected an increase in per visit reimbursement to $402.94 from $424.71.

Medi-Cal requires an annual “RHC Medi-Cal Reconciliation” report which is due each year 150 days after the fiscal year end. The Mammoth Hospital Rural Health Clinics reconciliation report filing for FY24 is not due until November 30, 2024. Medi-Cal does not change the per visit reimbursement rate unless the provider files for a “change of scope” to petition a new rate. A change of Scope was filed in FY20 and facility received affirmative resolution in FY24. The current Medi-Cal RHC per visit reimbursement is up from $374.63 to $388.87.

Review of Clinic Billing

As a rural health clinic, we are required to follow the billing requirements as specified in the CMS Medicare Beneficiary Policy Manual – RHC and FQHC – Chapter 13. There was an update published in December 2016 with no major changes impacting our clinic. To the best of our knowledge, we have complied with the requirements listed in this document.

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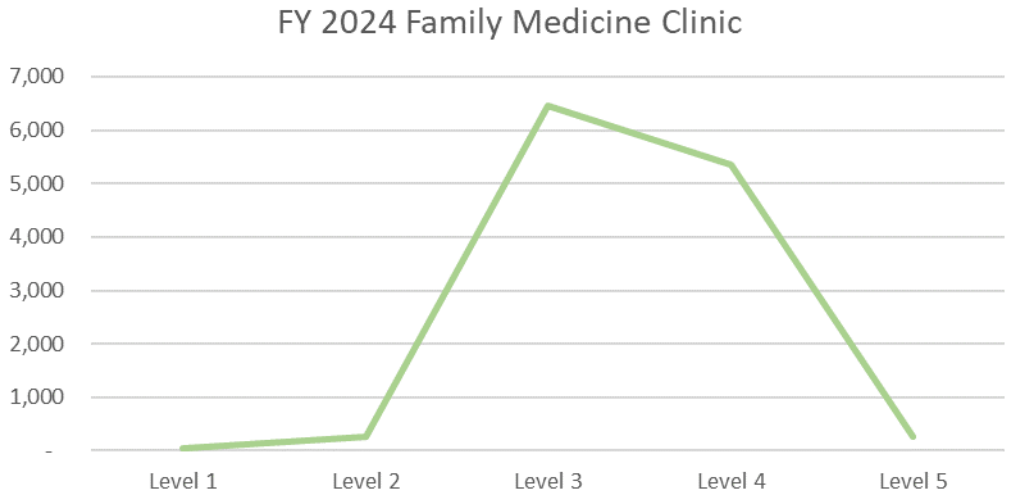
Below is a summary of the unresolved patient accounts as of June 30, 2024.

Mammoth RHCs
AR Status as of 6/30/2024

	# Visits	Dollars
Open Debit Balances:		
FY 24 - DOS	9,719	$2,379,714
Prior to FY 24 - DOS	505	69,322
	10,224	**$2,449,036**
Unresolved Credit Balances:		
FY 24 - DOS	360	($46,497)
Prior to FY 24 - DOS	49	(5,942)
	409	**($52,439)**
Net AR at 6/30/2024	**10,633**	**$2,396,597**
Net AR at 6/30/2023	6,975	$ 1,403,597

An analysis was performed on the distribution of patient visits among the coding levels. Below are graphs of the results:



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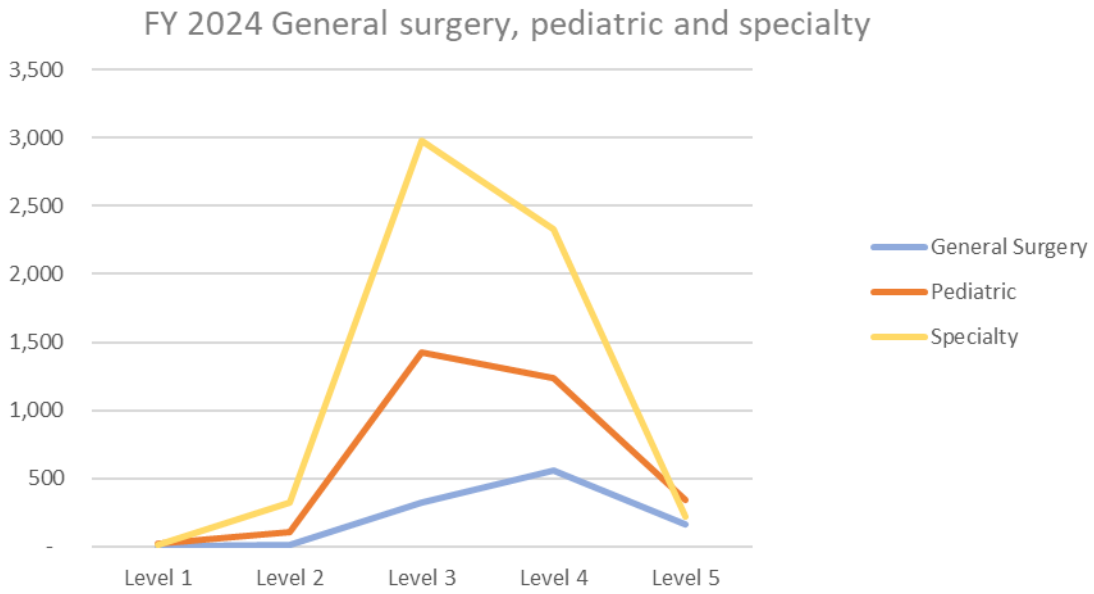

FY24 % Visits are billed at each Level					
Level 1-5	General Surgery	Pediatric	Specialty	Orthopedic	Family
Level 1	0%	1%	0%	0%	0%
Level 2	1%	3%	6%	6%	2%
Level 3	31%	45%	51%	53%	52%
Level 4	53%	39%	40%	39%	43%
Level 5	15%	11%	4%	2%	2%

FY23 % Visits are billed at each Level					
Level 1-5	General Surgery	Pediatric	Specialty	Orthopedic	Family
Level 1	0%	0%	1%	0%	0%
Level 2	3%	5%	5%	6%	5%
Level 3	30%	42%	53%	55%	58%
Level 4	51%	41%	37%	38%	36%
Level 5	16%	12%	5%	1%	1%

The clinics are consistent with the majority of visits billed as level 3, with the exception of General Surgery whose visits are mainly billed as level 4.

All the clinic coding is being reviewed by a certified coder from a contracted coding company. In FY24 Mammoth Hospital changed its coding company. The certified coder will change the codes when the documentation supports a change.

Referrals

The clinic providers refer patients to specialists as medically necessary. A centralized referral team tracks and manages all outgoing referrals.

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Chart reviews

For FY2024, a minimum of 50 charts were reviewed by physicians (MD or DO).

Overview

Based upon the number of patients served and the market share, Mammoth Rural Health Clinic is productive and is benefiting the residents in Mammoth Lakes and Mono County.

All patients at the Mammoth Rural Health Clinic continue to be treated with dignity and respect regardless of their ability to pay.

Conclusion

At the October 30, 2024 Annual Evaluation Committee review meeting, the conclusion is that the Mammoth Rural Health Clinic continues to properly provide services as intended to effectively meet the needs of the patients it serves.

Organizational structure remains in place with the necessary audit tools and leadership to remain in compliance with providing services appropriately and is following established policies and procedures.

Christopher Ward, D.O. — 11/13/2024
Christopher Ward, M.D. — Date

Cara Crosby — 11/16/2024
Cara Crosby, PA-C — Date

Michael McMahon — 11/14/2024
Michael McMahon, Clinic Manager — Date

Connor Polcyn — 11/11/2024
Connor Polcyn, Clinic Manager — Date

Teresa Toups — 11/13/2024
Teresa Toups, Clinic Manager — Date

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Lenna Monte
Lenna Monte, Quality Director

11/13/2024
Date

Zack Brown
Zack Brown, Director of Clinics

11/11/2024
Date

Thomas S. Parker
Thomas S. Parker, CEO

11/12/2024
Date

Manual Name	Document Name/Policy	Revision #	Approved On
Pharmacy	Sterile compounding	10	7/8/2024
BioMed	Medical Equipment Management Plan	11	7/10/2024
Case Management	Case Management Utilization Review Plan	7	7/10/2024
Central Supply	Cleaning and Care of Surgical Instruments	9	7/10/2024
Central Supply	Event Related Shelf Life and Sterile Packaging	9	7/10/2024
Central Supply	Receiving Sterile Supplies brought in by Vendors to the PeriOperative Area	8	7/10/2024
Central Supply	Delivering and Receiving Clinic Instruments	3	7/10/2024
Clinics	Scope of Practice-Family Medicine	7	7/10/2024
Dietary	Communicating Diet Orders	10	7/10/2024
Dietary	Dietary Department Employee Hygiene	10	7/10/2024
Dietary	Hand washing	8	7/10/2024
Dietary	Leftovers Cooling	8	7/10/2024
Dietary	Temperature Logging	8	7/10/2024
Dietary	Pest Control	8	7/10/2024
Dietary	Right to Refuse Service	8	7/10/2024
Dietary	Machine Ware Washing	8	7/10/2024
Dietary	Nursing Station Food Refridgerators	8	7/10/2024
Dietary	Nutrition Diet Manual	5	7/10/2024
Emergency Preparedness	Disaster Triage Categories	11	7/10/2024
Human Resources	Applicant Failed Drug Screen	9	7/10/2024
Human Resources	Dress Code Policy	9	7/10/2024
Human Resources	Drug Rehabilitation Leave Policy	9	7/10/2024
Human Resources	Leaves of Absence Policy	10	7/10/2024
Human Resources	Moving Expense Reimbursement Policy	9	7/10/2024
Human Resources	Separation of Employment Policy	9	7/10/2024
Human Resources	Organizational Chart	13	7/10/2024
Human Resources	Compensation for Nurse Practitioners, Physician Assistants, & Behavioral Health Providers	5	7/10/2024
Infection Prevention	Infection Prevention Plan	7	7/10/2024
Medical Staff	Fine Policy for Chart Delinquencies	6	7/10/2024
Medical Staff	End of Life Option Act	4	7/10/2024
Pharmacy	Anti-Infective Dosing in Renal Impairment	9	7/10/2024
Pharmacy	Emergency Dispensing Medications from Mammoth Hospital and Bishop Clinic	9	7/10/2024
Physical Therapy	TLSO - BOA Brace Application	10	7/10/2024
Safety	Injury and Illness Prevention Plan	10	7/10/2024
Safety	Physical Enviroment Management Plan	9	7/10/2024
Safety	Above Ceiling Work Plan	7	7/10/2024
Security	Emergency Security Management Plan	11	7/10/2024
Security	Workplace Violence Prevention Plan	7	7/10/2024
Clinics	Infection Prevention	9	7/17/2024
Clinics	Staffing Requirements	8	7/17/2024
Laboratory	ABORh Unit Confirmation	5	7/17/2024
Laboratory	Blood Transfusion Criteria	5	7/17/2024
Laboratory	Lab Microbiology Bile Solubility	6	7/17/2024
Laboratory	Lab Microbiology Carbon Dioxide Detection Kit	6	7/17/2024
Laboratory	Lab Microbiology Catalase	6	7/17/2024
Laboratory	Lab Microbiology CSF Culture	5	7/17/2024
Laboratory	Lab Microbiology Fyrite Operation and Maintenance	6	7/17/2024
Laboratory	Lab Microbiology MRSA Select II Agar	6	7/17/2024
Laboratory	Lab Microbiology Routine Culture Set-up Protocol	5	7/17/2024
Laboratory	Hematology - Coagulation, Urinalysis, and Automated Hematology Quality Assurance	4	7/17/2024
Laboratory	Microbiology - IQCP for Meridian STAT Campy Antigen	5	7/17/2024
Laboratory	Lab Microbiology - IQCP for Campylobacter Quik Chek Antigen	3	7/17/2024
Laboratory	Lab Microbiology - IQCP for H. pylori Rapid Urease Testing	3	7/17/2024
Laboratory	Lab Microbiology - IQCP for Meridian STAT EHEC test kit	3	7/17/2024
Laboratory	Lab Microbiology - IQCP for Remel RapID NH System	3	7/17/2024
Laboratory	Lab Microbiology - IQCP for Vitek Compact Antimicrobial Susceptibility Testing System	3	7/17/2024
Laboratory	Lab Microbiology - IQCP for Vitek Compact 2 Identification System	3	7/17/2024
Laboratory	Hematology - Crystal Examination in Synovial Fluid	2	7/17/2024
Laboratory	Hematology - Innovance D-Dimer Procedure	2	7/17/2024
Laboratory	Hematology - Manual Cell Counts	2	7/17/2024
Laboratory	Hematology - Pathology Review	2	7/17/2024
Laboratory	Hematology - Peripheral Blood Smear Reviews, Morphologies & Manual Differentials	2	7/17/2024
Laboratory	Hematology - Protime Procedure on Dade Sysmex CA600	2	7/17/2024
Laboratory	Hematology - Protocol for Coagulation Errors	2	7/17/2024
Laboratory	Blood Bank - Transfer of Blood Products with Patient	2	7/17/2024
Laboratory	Serology - Cepheid MVP	1	7/17/2024
Laboratory	IQCP for Cepheid MVP Assay	1	7/17/2024

Quality	Against Medical Advice	8	7/17/2024
Laboratory	POC - HemoCue Hemoglobin 201+	8	7/24/2024
Laboratory	POC - New Hire and Annual Training Requirements	8	7/24/2024
Laboratory	POC - Proficiency Testing	8	7/24/2024
Laboratory	POC - Quick Vue Dipstick Strep A Test	8	7/24/2024
Laboratory	POC - SP Brand Urine HCG Cassette	8	7/24/2024
Laboratory	Preanalytical - AFP Screening	6	7/24/2024
Laboratory	POC - Hemosure iFOB	7	7/24/2024
Laboratory	Postanalytical - Correction of Error	5	7/24/2024
Laboratory	Postanalytical - Specimen Collection and Reporting Schedule	5	7/24/2024
Laboratory	Laboratory On-Call Afterhours Policy	2	7/24/2024
Physical Therapy	Fire Response Bishop Clinic	8	7/24/2024
Laboratory	Lab Microbiology GENERAL GUIDELINES FOR ISOLATES	6	7/26/2024
Behavioral Health	MC MH BH Collaboration Meeting SOP	1	7/30/2024
Clinics	Electronic Health Record	9	7/31/2024
Clinics	Legal and Regulatory Compliance	9	7/31/2024
Clinics	Organizational Framework	9	7/31/2024
Environmental Services	Environmental Services - Emergency Management	11	7/31/2024
Environmental Services	Scope of Services - Environmental Services	11	7/31/2024
Environmental Services	Staffing Plan	11	7/31/2024
Facilities	Engineering Department - Emergency Management	12	7/31/2024
Facilities	Utilities Management Plan	11	7/31/2024
Hospital Wide Nursing Policies	Domestic Violence Screening	9	7/31/2024
Hospital Wide Nursing Policies	Hand Off Communication	9	7/31/2024
Hospital Wide Nursing Policies	Latex Allergy	9	7/31/2024
Hospital Wide Nursing Policies	Nursing Chain of Command	9	7/31/2024
Hospital Wide Nursing Policies	Nursing Department Records Retention	9	7/31/2024
Hospital Wide Nursing Policies	Patient Belongings	9	7/31/2024
Hospital Wide Nursing Policies	Patient Weight	9	7/31/2024
Hospital Wide Nursing Policies	Safe Patient Handling	9	7/31/2024
IT	Computer Lock/Log Off	9	7/31/2024
IT	Encryption of Protected Health Information on Backup Tape and Hard Drives	8	7/31/2024
IT	IT Inventory Tracking	7	7/31/2024
Laboratory	POC - Accu-chek Inform II Comprehensive Policies, Processes and Procedures Manual	8	7/31/2024
Laboratory	POC - Point of Care Testing Scope of Service	8	7/31/2024
Laboratory	Quality Control Requirements for POC Testing	8	7/31/2024
Laboratory	POC - Resulting and Reporting of POCT	8	7/31/2024
Laboratory	POC - Urinalysis Dipstick Clinitek Status	7	7/31/2024
Safety	Safety Management Plan	11	7/31/2024
Pharmacy	Peripheral Indwelling Intermittent Infusion Devises (PIID, Heparin lock) Maintenance SALINE FLUSH	8	8/7/2024
Pharmacy	Potassium IV	8	8/7/2024
Pharmacy	Storage of Medications and Solutions in Patient Care Areas	8	8/7/2024
Respiratory Therapy	Respiratory Therapy Continuing Education	9	8/7/2024
Respiratory Therapy	Infection Control	9	8/7/2024
Respiratory Therapy	Medical Gas Cylinders	9	8/7/2024
Clinics	Advanced Practice Provider	9	8/8/2024
Clinics	Termination of a Patient and Reinstatement	9	8/8/2024
Emergency Preparedness	Bioterrorism Communication Chain of Command	11	8/8/2024
Emergency Preparedness	Evacuation	11	8/8/2024
Facilities	Fire Prevention and Alternative Life Safety Management Plan	11	8/8/2024
Facilities	Life Safety Management Plan	8	8/8/2024
Facilities	Lock Out / Tag Out	5	8/8/2024
Facilities	Maintenance Department On-Call Policy	3	8/8/2024
Foundation	Gift Acceptance and Donor Recognition	3	8/8/2024
IT	Requirements for Hospital-Issued Computer Use in Remote Work Settings	3	8/8/2024
IT	Computer Hard Drive Encryption Policy	3	8/14/2024
Admitting	Admitting Opening and Closing Policy	10	8/20/2024
Environmental Services	COVID Pandemic Cleaning Plan	7	8/20/2024
Payroll	Interim Supervisor-Manager Pay	11	8/20/2024
Laboratory	Lab Microbiology Backup Procedures	6	8/22/2024
Laboratory	Lab Microbiology Beta Lactamase - Cefinase Disk	6	8/22/2024
Laboratory	Lab Microbiology H pylori Urease Testing	6	8/22/2024
Laboratory	Lab Microbiology Haemophilis ID Quad Plate	6	8/22/2024
Laboratory	Lab Microbiology Reagent Quality Control	5	8/22/2024
Laboratory	Lab Microbiology Susceptibility by Disk Diffusion	5	8/22/2024
Laboratory	Hemosure iFOB Occult Blood	5	8/22/2024
Laboratory	SP Brand Rapid hCG Combo	5	8/22/2024
Laboratory	Sure-Vue Mono Screen	5	8/22/2024

IT	IT Incident Response Plan	4	8/26/2024
IT	IT Business Continuity Plan	2	8/26/2024
Medical Imaging	Staffing Plan	11	8/26/2024
Medical Imaging	Mammographic Imaging Protocol	3	8/26/2024
Case Management	Coordination of Care	9	8/28/2024
Case Management	Hourly Observation Patients	9	8/28/2024
Case Management	Safe Surrender of Newborn	7	8/28/2024
Emergency Department	Change of shift for Emergency Department Physicians	10	8/28/2024
Hospital Wide Nursing Policies	Patient Visitors	7	8/28/2024
Human Resources	Preceptor Pay	2	8/28/2024
Med Surg / ICU / Telemetry	Adult MedicalSurgical Patient Assessment	10	8/28/2024
Med Surg / ICU / Telemetry	Non-Procedural Continuous Sedation Infusion Medications	7	8/28/2024
Payroll	Charge Nurse	9	8/28/2024
Payroll	MICN Differential	12	8/28/2024
Pharmacy	Decreasing Medication Errors	9	8/28/2024
Pharmacy	Drug Storage	9	8/28/2024
Pharmacy	Pharmacy department operational policies	9	8/28/2024
Pharmacy	Post Splenectomy guidelines	8	8/28/2024
Pharmacy	Vaccine Adverse event Reporting System	8	8/28/2024
Respiratory Therapy	ECG Review and Signature	9	8/28/2024
HIMS	HIMS Department Practices	10	9/5/2024
Payroll	Call Back Pay Rate	9	9/5/2024
Administration	Continuing Education Reimbursement for SMHD Board of Directors	9	9/16/2024
Administration	Travel Compensation and Reimbursement for SMHD Board of Directors	9	9/16/2024
Administration	SMHD Conflict of Interest Code	9	9/16/2024
Administration	Statement of Investment	10	9/16/2024
Dietary	Salad Bar	8	9/16/2024
Emergency Preparedness	Response Codes Quickview	1	9/16/2024
Emergency Preparedness	Code Black Activation Checklist	1	9/16/2024
Emergency Preparedness	Code Gray Activation Checklist	1	9/16/2024
Emergency Preparedness	Code Yellow Activation Checklist	1	9/16/2024
Emergency Preparedness	Code Red Activation Checklist	1	9/16/2024
Emergency Preparedness	Code Orange Activation Checklist	1	9/16/2024
Emergency Preparedness	Code Pink and Purple Activation Checklist	1	9/16/2024
HIMS	Release of Protected Health Information	8	9/16/2024
Hospital Wide Nursing Policies	Nursing Licensure and Certifications	10	9/16/2024
Med Surg / ICU / Telemetry	Pediatric Patient and Family Rights and Responsibilites	9	9/16/2024
Med Surg / ICU / Telemetry	Pediatric Siblings Visitors	9	9/16/2024
Med Surg / ICU / Telemetry	Pediatric IV Therapy	9	9/16/2024
Quality	ISO 9001 Control of Documents and Records	8	9/16/2024
Quality	ISO 9001 Control of Nonconforming Product	9	9/16/2024
Quality	ISO 9001 Corrective and Preventative Action	9	9/16/2024
Respiratory Therapy	Arterial Blood Gas Puntcture certification	9	9/17/2024
Clinics	COVID VACCINE NURSE VISIT	2	9/18/2024
Clinics	Flu vaccine nurse visit SOP	2	9/18/2024
Dietary	Visitor Meals	8	9/18/2024
Dietary	New Hire Training	8	9/18/2024
Emergency Department	Transport Unit Driving Requirements	9	9/18/2024
Emergency Department	Emergency Physician Clinical Responsibilities	10	9/18/2024
Emergency Department	EMS Radio and Patch Phone Communications	3	9/18/2024
Human Resources	Wage Setting and Movement	12	9/18/2024
Human Resources	Job Posting Policy	9	9/18/2024
Medical Imaging	Medical Imaging - Emergency Management	9	9/18/2024
Medical Imaging	Emergency Medical Imaging Exams	9	9/18/2024
Medical Imaging	Medical Imaging Department Infection Control	9	9/18/2024
Medical Imaging	Patient Recall for Diagnostic Imaging	9	9/18/2024
Medical Imaging	Pregnant Employee Precautions	9	9/18/2024
Medical Imaging	Standardized Invasive/Interventional Procedure Time Out	8	9/18/2024
Behavioral Health	BEHAVIORAL HEALTH MINOR REQUESTING SERVICES CHECK IN PROCEDURE	1	9/19/2024
Emergency Preparedness	Chemical Decontamination Algorithm	1	9/19/2024
Emergency Preparedness	CHEMPACK Inventory	1	9/19/2024
Emergency Preparedness	Decon Level C Suit PAPR Donning and Doffing Packet	1	9/19/2024
Emergency Preparedness	FRO Manual - English	1	9/19/2024
Emergency Preparedness	FRO Manual Spanish	1	9/19/2024
Emergency Preparedness	Hazmat Incident Command Checklist	1	9/19/2024
Emergency Preparedness	ICEMA Nerve Agent Exposure Response	1	9/19/2024
Emergency Preparedness	Infection Control Guidelines for Potential Agents of Bioterrorism	1	9/19/2024
Emergency Preparedness	Recommended PPE Decon Levels - Hospital Setting	1	9/19/2024

Emergency Preparedness	Mono County EMS HazMat Response	1	9/19/2024
Emergency Preparedness	MIHCC- Chempack Operational Plan	1	9/19/2024
Emergency Preparedness	Materials-Waste During Disaster	1	9/19/2024
Emergency Preparedness	Mass Decon Area, Boiler Lot, E-Building	1	9/19/2024
Perioperative	Anesthesia Coverage-Captured Call	9	9/20/2024
Perioperative	Antibiotic Irrigation Policy	9	9/20/2024
Perioperative	Sterilization Consent	7	9/20/2024
Perioperative	Anesthesia Breathing circuit Maintenance	6	9/20/2024
Clinics	Rural Health Clinic Certification	9	9/23/2024
Dietary	Staff Food Refridgeration	8	9/23/2024
Laboratory	Preanalytical - Venipuncture Procedure	8	9/23/2024
Laboratory	Lab Microbiology MRSA Admission Screening Culture	6	9/23/2024
Laboratory	Lab Microbiology MRSA Nasal Swab Collection Protocol	6	9/23/2024
Laboratory	Lab Microbiology Stock Cultures	6	9/23/2024
Laboratory	Quidel Quick-Vue Dipstick Strep A	5	9/23/2024
Laboratory	Emergency Acquisition of Blood or Components	5	9/23/2024
Laboratory	Microbiology - IQCP for Commercially Prepared CLSI Exempt Media	5	9/23/2024
Laboratory	Receiving and Rotating Blood Products	3	9/23/2024
Medical Imaging	Medical Imaging Critical Test Results Reporting	11	9/23/2024
Medical Imaging	Equipment for Emergent Patients in Medical Imaging	9	9/23/2024
Medical Imaging	Personal Protective Equipment and Supplies In Medical Imaging	9	9/23/2024
Medical Imaging	Preventive Maintenance of Equipment in Medical Imaging	9	9/23/2024
Physical Therapy	Medications-topical medication administration in rehabiliation	10	9/23/2024
Quality	Mock Audits - Safety Audits	2	9/23/2024
Emergency Department	Emergency Department Nurse Initiated Orders Protocol	12	9/25/2024
Emergency Department	Unresponsive patient in MRI	10	9/25/2024
Environmental Services	Environmental Services Department Performance Improvement Plan	11	9/25/2024
Infection Prevention	CDC isolation guidelines for Disease Specific Isolation	8	9/25/2024
Infection Prevention	Latent Tuberculosis Infection (LTBI) Treatment with Isoniazid and Rifapentine	5	9/25/2024
Infection Prevention	COVID Inpatient Outpatient Testing	21	9/25/2024
Perioperative	Patient Positioning	9	9/27/2024

POLICIES REVIEW AND APPROVAL SIGN-OFF SHEET

I, Tom Parker, CEO, attest that I have reviewed and approved all of the policies on the attached list and recommend that the Southern Mono Healthcare District Board of Directors ratify my approvals.

Organizational Policies

The attached list of policies have been reviewed and approved by the following people.

Chief Executive Officer _____ Date_____
Thomas S. Parker, CEO

SMHD Chairperson _____ Date_____
Laurey Carlson

5. Review and Approval of New and Revised Policies

VIII. PUBLIC COMMENTS

IX. CONSENT AGENDA

(All matters on the consent agenda to be approved on one motion unless a Board Member requests separate action on a specific item)

1. Previous Minutes to be approved:
   November 21, 2024, Regular Board Meeting
   November 22, 2024, Special Board Meeting: Annual CEO Review
2. Chief Financial Officer Report
3. Chief Nursing Officer Report
4. Chief Operating Officer Report
5. Human Resources Report
6. Director of Clinics Report

X. COMMITTEE REPORTS

1. Finance Committee:
   Laurey Carlson, Alec Clowes
2. Physician Compensation, Relations, Recruitment, and Retention:
   Ryan Wood, Esq., Joanne Hunt
3. Employee Relations Committee:
   Yuri Parisky, M.D., Joanne Hunt
4. Quality Assurance Committee (December 10, 2024):
   Alec Clowes, Joanne Hunt
5. CEO Annual Review Committee:
   Laurey Carlson, Ryan Wood, Esq.
6. IT Steering Committee (December 2, 2024):
   Alec Clowes, Yuri Parisky, M.D.
7. Facilities Committee:
   Yuri Parisky, M.D., Laurey Carlson
8. Women's Health Committee:
   Joanne Hunt, Ryan Wood, Esq.
9. Compliance Committee:
   Laurey Carlson, Joanne Hunt

XI. CHIEF EXECUTIVE OFFICER'S REPORT

XII. FINANCE REPORT

November 2024 Financial Package

XIII. BOARD EDUCATION

Brown Act: *Govt. Code* Section 54954.2(a)(3) by Cheryl Wagonhurst, Esq.

XIV. CREDENTIALING

Initial Appointment to Provisional Staff

Bryan King, MD, Anesthesiology
Alar Saaremets, MD, Anesthesiology

Re-appointment to Active Staff
Chris Hummel, MD, Emergency Medicine

Re-appointment to Allied Health
Eryn Aldrich Coffey, LMFT, Behavioral Health

Re-Appointment to Telemedicine Staff/ Direct Radiology Proxy Contract
Aaron Wickley, MD, Radiology

XV. PUBLIC COMMENTS

XVI. FUTURE BUSINESS

The next Regular meeting will take place on Thursday, January 16, 2024, at 8:00 a.m. in Conference Rooms A&B at Mammoth Hospital, located at 85 Sierra Park Road, Mammoth Lakes, CA 93546 and on Teams at Click here to join the meeting.

ADJOURN

CONSENT AGENDA

Southern Mono Healthcare District

Board Meeting

SOUTHERN MONO HEALTHCARE DISTRICT
NOVEMBER 21, 2024, MONTHLY BOARD MEETING MINUTES

Date: November 21, 2024

Place: Mammoth Hospital Administration Conference Rooms A & B and Microsoft Teams
85 Sierra Park Road
Mammoth Lakes, CA 93546

Attendance of Board Members: Laurey Carlson, Chairwoman of the Board; Joanne Hunt, Vice Chair; Yuri Parisky, M.D., Secretary; Ryan Wood, Esq., Member at Large.

Attendance of Staff Members: Tom Parker, Chief Executive Officer; Melanie Van Winkle, Chief Financial Officer; Mark Lind, Chief Operating Officer; Dr. Daniel Harrison, M.D., Interim CMO; Cheryl Wagonhurst, Esq., General Counsel/Compliance Officer; Marina Zila, Recording Secretary.

I. CALL TO ORDER

The meeting was called to order at 8:02 a.m.

II. PLEDGE ALLEGIANCE TO THE FLAG AND READING OF THE SMHD VISION, MISSION AND VALUES

The meeting opened with the Pledge of Allegiance to the Flag led by Laurey Carlson, Chairwoman of the Board, and the reading of the SMHD Mission, Vision & Values.

III. PUBLIC COMMENTS

There were no public comments.

IV. ADJOURN TO CLOSED SESSION

The Board adjourned to closed session at 8:04 a.m.

V. REPORT ON CLOSED SESSION

Cheryl Wagonhurst, Esq., General Counsel, provided the report on the Closed Session.

Cheryl Wagonhurst, Esq., reported that the Board adjourned to Closed Session at 8:04 a.m. to discuss the items on the agenda and commenced discussion of the items as follows:

Cheryl Wagonhurst, Esq., reported that at 8:06 a.m., Dr. Sarah Sindell, M.D., Chief of Staff, requested to join the Closed Session and the Board approved.

Cheryl Wagonhurst, Esq., reported that the first topic was Credentialing. There was discussion and no action was taken.

CREDENTIALING

Initial Appointment to Provisional Staff

Tucker Fischbeck, DO, Radiology
Ryan Stites, MD, Anesthesiology
Connor Telles, MD, Orthopedics

Initial Appointment to Provisional Staff / Allied Health

Chelsea Feller, PsyD, Psychology

Re-appointment to Courtesy Staff

Jonathan Bourne, MD, Anesthesia

Re-Appointment to Telemedicine Staff/ Direct Radiology Proxy Contract

Jack Newman, MD, Radiology
William Phillips, MD, Radiology

Cheryl Wagonhurst, Esq., reported that the next topic was Quality Assurance. The CEO, CFO, CNO, COO and Director of Clinics had nothing to report.

QUALITY ASSURANCE – (Health and Safety Code §32155)

1. CEO Report.
2. CFO Report.
3. CNO Report.
4. COO Report.
5. Director of Clinics.
6. Chief of Staff Report.

Cheryl Wagonhurst, Esq., reported that the Chief of Staff, Dr. Sarah Sindell, M.D., provided her report, including a confidential report protected under California Evidence Code Section 1157. There was discussion and no action was taken.

Cheryl Wagonhurst, Esq., reported that at 8:35 a.m. Dr. Sarah Sindell, M.D., as well as all Mammoth Hospital Administrative Staff, except for Tom Parker and Cheryl Wagonhurst, Esq., left the Closed Session Board meeting.

CONFERENCE WITH LEGAL COUNSEL – PENDING AND THREATENED LITIGATION (Attorney- Client Privileged and Confidential)
Existing Litigation and Significant exposure to litigation pursuant to Government Code §54956.9. – Cheryl Wagonhurst, Esq.

1. ***Lavender v. Southern Mono Healthcare District, et al.***, Mono County Superior Court Case No. 22UCM4
2. ***Jane Doe v. Southern Mono Healthcare District dba Mammoth Hospital***, Mono County Superior Court Case No. 23UCM78.

PERSONNEL MATTERS (Government Code §54957)
Tom Parker, CEO.

Next, the Board held a conference with Cheryl Wagonhurst, Esq., General Counsel, related to pending and threatened litigation. Cheryl Wagonhurst, esq. Presented a report on ***Jane Doe v. Southern Mono Healthcare District, dba Mammoth Hospital ,***Superior Court Case Number 23UCM78. There was discussion and no reportable action was taken.

Cheryl Wagonhurst, Esq., reported that the Board moved to the topic of Personnel matters. Tom Parker, Cheryl Wagonhurst, Esq. and the Board members attended. Cheryl Wagonhurst, Esq., left the meeting at 8:43 a.m. and discussion of personnel matters continued. Following the discussion, no action was taken.

Cheryl Wagonhurst, Esq., reported that at 9:21 a.m., Dr. Parisky, M.D., left the Closed Session meeting and Cheryl Wagonhurst, Esq. joined the Closed Session meeting. The remaining Board members, and Tom Parker and Cheryl Wagonhurst, Esq., resumed the discussion of pending and threatened litigation regarding the following: 1) an update on a complaint involving threatened litigation. There was discussion and no action was taken; and 2) an update on ***Lavendar v. Southern Mono Healthcare District***, Superior Court Case No. 22UCM4. There was discussion and no reportable action was taken.

Cheryl Wagonhurst, Esq., reported that Dr. Yuri Parisky, M.D., joined the meeting at 9:42 a.m.

Cheryl Wagonhurst, Esq., reported that the Closed Session ended at 9:43 a.m.

After a brief break, the meeting resumed in Open Session at 9:50 a.m.

VI. NEW BUSINESS

1. Election Process- Cheryl Wagonhurst, Esq.

Cheryl Wagonhurst, Esq. explained the election process to the members of the Board.

2. Review and Approval of Professional Services Agreement between

   Southern Mono Healthcare District and Rodrigo Rodriguez Jr., M.D. - Melanie Van Winkle, CFO

Ryan Wood, Esq., moved, seconded by Alec Clowes, to approve the Professional Services Agreement between Southern Mono Healthcare District and Rodrigo Rodriguez Jr., M.D. A vote was taken, the motion passed unanimously. Yes, 5, No, 0.

3. Declaration of Surplus District Property, Equipment and Supplies

Laurey Carlson moved, seconded by Joanne Hunt, to approve the Declaration of Surplus District Property, Equipment and Supplies. A vote was taken, the motion passed unanimously. Yes, 5, No, 0.

VII. CONSENT AGENDA

(All matters on the consent agenda to be approved on one motion unless a Board Member requests separate action on a specific item)

1. Previous Minutes to be approved:
   October 17, 2024, Regular Board Meeting
2. Chief Financial Officer Report
3. Chief Nursing Officer Report
4. Chief Operating Officer Report
5. Human Resources Report
6. Director of Clinics Report

Joanne Hunt moved, seconded Alec Clowes to approve the consent Agenda. A vote was taken, the motion passed unanimously. Yes, 5, No, 0.

VIII. COMMITTEE REPORTS

1. Finance Committee (October 14, 2024):
   Laurey Carlson, Alec Clowes

There was a Finance Committee meeting on October 14, 2024. Minutes were included in the Board packet.

2. Physician Compensation, Relations, Recruitment, and Retention:
   Ryan Wood, Esq., Joanne Hunt

There was no Physician Compensation, Recruitment and Retention Committee meeting this month; no report.

3. Employee Relations Committee (October 16, 2024):
Yuri Parisky, M.D., Joanne Hunt

There was an Employee Relations Committee meeting on October 16, 2024. Minutes were included in the Board packet.

4. Quality Assurance Committee (September 12, 2024):
Alec Clowes, Joanne Hunt

There was no Quality Assurance Committee meeting this month; no report.

5. CEO Annual Review Committee (October 11, 2024):
Laurey Carlson, Ryan Wood, Esq.

There was a CEO Annual Review Committee meeting on October 11, 2024. Minutes were included in the Board packet.

6. IT Steering Committee (December 2, 2024):
Alec Clowes, Yuri Parisky, M.D.

There was no IT Steering Committee meeting this month; no report.

7. Facilities Committee:
Yuri Parisky, M.D., Laurey Carlson

There was no Facilities Committee meeting this month; no report.

8. Women's Health Committee (October 16, 2024):
Joanne Hunt, Ryan Wood, Esq.

There was a Women's Health Committee meeting on October 16, 2024. Minutes were included in the Board packet.

9. Compliance Committee (October 3, 2024):
Laurey Carlson, Joanne Hunt

There was a Compliance Committee meeting on October 3, 2024. Minutes were included in the Board packet.

IX. CHIEF EXECUTIVE OFFICER'S REPORT

Tom Parker, CEO, reported on certain items in his report, including the shout-outs. He asked if there were any questions regarding his report. There were no questions.

X. FINANCE REPORT

1. October 2024 Financial Package

The financial package was included in the Board packet. Melanie Van Winkle, CFO asked if there were any questions. There were no questions. No action taken.

XI. BOARD EDUCATION

Brown Act: *Govt. Code* Section 54954.2(a)(3) by Cheryl Wagonhurst, Esq.

In Dr. Yuri Parisky, M.D.'s absence, the Board decided to move the board education presentation on The Brown Act *Govt. Code* Section 54954.2(a)(3) to the December 12, 2024, SMHD Regular Board Meeting.

XII. CREDENTIALING

Initial Appointment to Provisional Staff
Tucker Fischbeck, DO, Radiology
Ryan Stites, MD, Anesthesiology
Connor Telles, MD, Orthopedics

Initial Appointment to Provisional Staff / Allied Health
Chelsea Feller, PsyD, Psychology

Re-appointment to Courtesy Staff
Jonathan Bourne, MD, Anesthesia

Re-Appointment to Telemedicine Staff/ Direct Radiology Proxy Contract
Jack Newman, MD, Radiology
William Phillips, MD, Radiology

Ryan Wood, Esq., moved, seconded by Alec Clowes to approve all credentialing. A vote was taken, the motion passed unanimously. Yes, 4, No, 0.

XIII. PUBLIC COMMENTS

There were no additional public comments.

XIV. FUTURE BUSINESS

A Special Board meeting will take place on Thursday, December 5, 2024, at 8:00 a.m. in Conference Rooms A&B at Mammoth Hospital, located at 85 Sierra Park Road, Mammoth Lakes, CA 93546 and on Teams at Click here to join the meeting.

The next Regular meeting will take place on Thursday, December 12, 2024, at 8:00 a.m. in Conference Rooms A&B at Mammoth Hospital, located at 85 Sierra Park Road, Mammoth Lakes, CA 93546 and on Teams at Click here to join the meeting.

ADJOURN

There being no further business, the meeting adjourned at 10:12 a.m.

SOUTHERN MONO HEALTHCARE DISTRICT
BOARD OF DIRECTORS SPECIAL MEETING MINUTES
CEO ANNUAL REVIEW 2024

Date: November 22, 2024

Place: Mammoth Hospital Administration, Conference Rooms A&B
85 Sierra Park Road
Mammoth Lakes, CA 93546

Click here to join the meeting
+1 619-614-6679,427942483#
Phone Conference ID: 427 942 483#

Attendance of Board Members Conference Room A&B: Laurey Carlson, Chair; Joanne Hunt, Vice Chair; Alec Clowes, Treasurer; Ryan Wood, Esq., Member at Large.

Attendance of Board Members via Teams: Yuri Parisky, M.D., Secretary

Attendance of Staff Members: Tom Parker, Chief Executive Officer; Cheryl Wagonhurst, Esq., General Counsel; Melia Anderson, Human Resources Director; Marina Zila, Recording Secretary.

I. CALL TO ORDER

II. PLEDGE ALLEGIANCE TO THE FLAG AND READING OF THE SMHD MISSION, VISION AND VALUES

The meeting opened with the Pledge of Allegiance to the Flag led by Laurey Carlson and the reading of the SMHD Mission, Vision & Values.

III. PUBLIC COMMENTS

There were no public comments.

IV. ADJOURN TO CLOSED SESSION

The Board adjourned to closed session at 11:35 a.m.

PERSONNEL MATTERS (Government Code §54957)
1. Tom Parker, CEO – 2024 Annual Review.

V. REPORT ON CLOSED SESSION

The Board adjoined to Closed Session at 11:35 a.m. and Cheryl Wagonhurst reported on the Closed Session as follows:

Cheryl Wagonhurst, Esq. reported that Human Resources Director, Melia Anderson requested permission to join Closed Session. Permission was granted and Melia Anderson joined Closed Session at 11:36 a.m.

Cheryl Wagonhurst, Esq. reported that Chief of Staff Dr. Sarah Sindell, M.D., requested permission to join the Closed Session. Permission was granted and Dr. Sarah Sindell, M.D., joined Closed Session at 11:36 a.m.

Cheryl Wagonhurst, Esq. reported that she provided the Board with a refresher on the rules that govern CEO performance reviews.

Cheryl Wagonhurst, Esq. and Melia Anderson, Human Resources Director left the meeting at 11:40 a.m.

There was a discussion and Dr. Sarah Sindell, M.D., was excused from closed session at 12:15 p.m.

Cheryl Wagonhurst, Esq. reported that Tom Parker, CEO, was asked to return to Closed Session at 1:01 p.m.

Cheryl Wagonhurst, Esq. reported that Human Resources Director, Melia Anderson and Cheryl Wagonhurst, Esq. were asked to return to closed session at 1:39 p.m.

Cheryl Wagonhurst, Esq. reported that Tom Parker, CEO was excused from closed session at 1:40 p.m.

Cheryl Wagonhurst, Esq. reported that Closed Session ended at 1:41 p.m.

Cheryl Wagonhurst, Esq. reported that no action was taken during the Closed Session.

VI. PUBLIC COMMENTS

There were no additional public comments.

VII. FUTURE BUSINESS

A Special Board meeting will take place on December 5, 2024 at 8:00 a.m. in Conference Rooms A&B at Mammoth Hospital and on Teams.

The next Regular meeting of the Board will take place on December 12, 2024, at 8:00 a.m. in Conference Rooms A&B at Mammoth Hospital and on Teams.

ADJOURN

There being no further business, the meeting adjourned at 1:47p.m.

DATE: **December 12, 2024**

TO: **Board of Directors**

FROM: **Caitlin Crunk, RN, BSN, Chief Nursing Officer**

RE: **Chief Nursing Officer Report, Regular Meeting of the Board of Directors**

Strategic Plan Updates

Title	Description	Update
Establish the Quality Assurance & Process Improvement Plan & Dashboard High Reliability and Quality Outcomes.	90% of departments will have PI projects posted within their departments.	Q1 Milestone: Present project to Management Team – **milestone met** *Q2 Milestone: Data posted in 40% of departments-* ***on track*** *Q3 Milestone: Data Posted in 75% of departments* *Q4 Milestone: Data Posted in 90% of departments*
Develop an improved way to know where we have Quality, Issues, High Reliability, and Quality Outcomes.	Development of a great catch program and present to Quality Committee. Program developed and presented.	Q1 Milestone: Research other hospitals' great catch programs – **milestone met** *Q2 Milestone: Conduct focus groups to develop plan-* ***on track*** *Q3 Milestone: Initial draft of program developed and presented to Admin team* *Q4 Milestone: Program developed and presented*
Conduct evaluation of Care coordination Function, Customer Experience, and Relationships. Conduct resource evaluation of all the roles (population health, social work,	Present to Admin Team and Quality Committee. Evaluation completed and presented.	Q1 Milestone: Gather information; request report from HBI and other hospitals – **milestone met** *Q2 Milestone: Develop SBAR and present to Admin Team-* ***on track*** *Q3 Milestone: Present SBAR to Quality Committee; post position(s), if needed* *Q4 Milestone: Evaluation completed and presented*

nurse navigation, and case management).		
Build in-house disease management capacity based on best practices.	Program proposal developed and presented to Admin Team and Quality Committee.	Q1 Milestone: Research best practices and programs available for disease management – **milestone met** *Q2 Milestone: Compare best practices with our current capabilities and resources; develop gap analysis-* ***on track*** *Q3 Milestone: Present initial draft of proposal to Admin team* *Q4 Milestone: Present program proposal to Quality Committee*

Select Operational Updates

Emergency Department:

Members of the emergency department and emergency preparedness team attended the winter snow meeting at Mammoth Mountain Ski Area. This was an informative meeting for a variety of local entities to discuss resources, concerns, and updates.

Along with the CNO, members of the ED have attended the Countywide High Vulnerability Assessment Mitigation Planning Meetings. Areas of potential high risk were discussed to help guide the varying entities on creating their own mitigation plans for these high-risk concerns.

Elizabeth Weeks-Comeau began a workgroup focusing on the Public Information Officer role when the hospital stands up Incident Command. We are hoping to fine tune our communications during these incidents.

We are still looking to recruit an ED supervisor. We have heard of expressed interest but have had no qualified formal applicants at this time.

We have several employees out on medical leave or FMLA currently. We are looking to onboard two travelers to help get us through the holidays.

Jasmine Hutchinson is working with Cheryl Wagonhurst and the CNO on updating several MOUs and contracts we currently have within the ED.

We are pleased to announce that we received the final report from CMS/CDPH regarding the results of the EMTALA on-site survey. The survey was triggered by a patient complaint.

CMS/CDPH found no EMTALA violations and no deficiencies across the board and had no recommendations for improvements.

Inpatient (Medical Surgical/ ICU):

Patient daily census was 3.0 for November 2024 in comparison to 3.63 for November 2023. We have been waiting for the snow and for the mountain operations to return in expectation of the town getting busier and an influx of volumes. The last week of November we saw the average patient days increase to 5.7, which we anticipate continuing to grow.

In preparation for the winter census increase, we have hired a part time PCA and two per diem RNs.

We have experienced some overtime due to staff calling out sick, major medical, FMLA, maternity leave, and staff switching to part time. Inpatient resource RNs have also been assisting the hospital in other departments this month such as PACU, ED, Case management, as well as assisting with the Telemetry course that was available countywide for first responders and hospital staff.

Unit education is underway, and a staff meeting was held on 12/2 at 1700 for updates on the unit and hospital wide changes. Results of the Employee Culture of Survey Score were also discussed.

Perioperative:

Wheels in at 0800 for November was 80%. October was 85%. We were at 96.9% in September. In August we were at 93.75%. We have now reached our 80% goal for four months in a row.

AdaptX has officially begun training members of the perioperative team as well as the CNO. We continue to meet weekly with them as we look for an official formal roll out in January. AdaptX plans to make a site visit for the official launch. We are currently making dashboards to study efficiencies in the OR and PACU. The system is highly intuitive, and we are really excited to see how this can help quality driven change.

The OR Excellence group is currently working on many areas. We are looking at surgery scheduling, scope of registered nurse first assists, patients receiving Propofol by anesthesia and the ability to drive home, onboarding new anesthesiologists, and GLP1 medications and impacts on surgery.

We have hired a new assistant manager in the OR with the transfer of Javier Deras to materials manager. Yaira Liedl has taken the position and will be an excellent asset due to her extensive

prior management experience. She has limited experience in sterile processing and environmental services, however, Javier Deras has provided focused education in these areas.

Before Javier's departure he conducted in-service training sessions on two critical topics: the location and use of the eyewash station, and the assembly and disassembly of the Zimmer dermatome, an instrument used to harvest skin grafts from one site of the patient to another. These sessions addressed knowledge gaps among staff, ensuring everyone is now familiar with these essential protocols. He also completed a comprehensive inventory of surgical instruments, including their locations, and uploaded this file to the OR Shared Drive. This resource allows all OR staff to quickly access instrument information as needed, enhancing efficiency and organization.

Perioperative leadership, ED management, CNO, and pediatricians met to prepare for a STAT C-Section training drill.

Radiology:

We had a nice Radiologic Technologist week November 3-9. Kevin Larsen, the radiology manager, helped provide the team with lunches throughout the week to recognize them for their role.

The front desk PARs have moved near the main entrance in preparation for the department remodel project starting 12/9/24. Signage is being moved as well to the 2nd lobby which will be the permanent location for Radiology Patients to check in and then wait for their exams.

Radiologic Technologist staffing continues to be challenging as we have had a couple techs and the manager out on medical leave / working at a reduced capacity. There are still two full-time night positions open with no applicants. We are currently seeking a traveler during this time to help cover leaves and start filling gaps in the night schedule. Kevin attended a conference in November to help recruit which was not fruitful. We will be working with HR to explore more robust recruitment efforts.

The direct radiology X-ray and CT Replacement projects continue and are currently on schedule.

Two technologists are going down to Southern California for onsite training at Canon's Irvine Campus to get thorough education on the new CT.

Volumes were slightly under (91%) of the anticipated budget.

Dietary:

We have still not had any qualified applicants for the dietary supervisor position. Alternative options are being explored as the dietary manager will be going on a leave of absence in January.

Infusion:

The internal audit has been completed and the quality department is organizing the findings to present to the PI and QA committees.

The CNO met with the CNO of Tahoe Forest to discuss their infusion department. They have a very successful and robust department that affiliates with UC Davis. The CNO is working to meet with the director of the department to discuss processes.

Hospital Wide:

As we have seen the increase utilization and value of the nurse resource role, we are planning to post additional members of the team to start in January. As the role has gained traction, the current group has discussed being the preceptors in the areas outside of their home departments for training those getting added to the pool.

MAMMOTH HOSPITAL
Elevate Your Health

2023 Press Ganey Guardian of Excellence Award Winner
2023 Press Ganey Pinnacle of Excellence Award Winner

DATE: **December 12, 2024**

TO: **Board of Directors**

FROM: **Mark Lind, Chief Operating Officer**

RE: **Chief Operating Officer Report; Regular Meeting of the Board of Directors**

Strategic Plan Updates

Strategy	Metric	Update
Keep North Wing project on schedule (value engineering, the less we borrow the better).	Design-Build Contract timeline completion in early 2028. Goal is less than 10% extension of timeline.	The Design Development phase is wrapping up, with area approval design sessions going on into early December. All designs will go through area stakeholder/management approval and the Steering Committee before they are finalized. Next up is the start of Construction Documents, where the drawings for the building of the structure will be developed. This design phase is scheduled through March 2025.
	The Quarterly milestone for Q2 FY'25 is final execution of Amendment 1 of the contract with the Joint Venture.	Amendment 1 is the incorporation of the guaranteed maximum price (GMP) and the shared savings plan with the design build contract for the North Wing. The document is complete and executed. The overall timeline is on track for a FY '28 completion.

Select Operational Updates

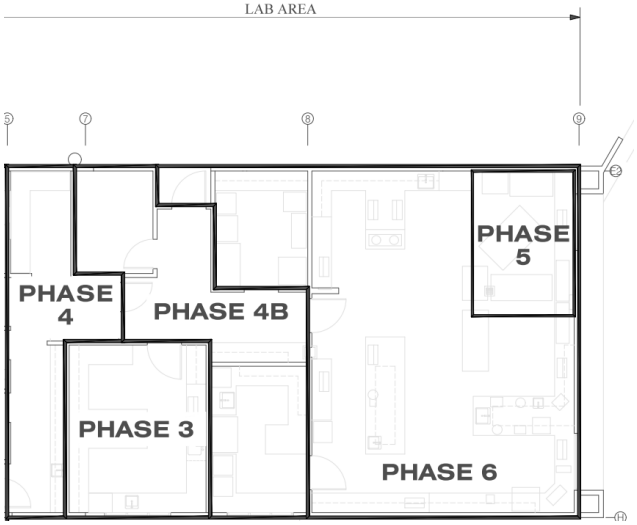
Biomedical Engineering
Preventative Maintenance work orders were at a 100% on time compliance rate for November. This applies to 89 Non-Life Support and two Life Support PMs for the month. Compliance to the established quality metric of 100% on time PMs remains on track for the year to date.

One repair work order was processed due to user error. So far this year, ten work orders have been attributed to user error. Seven medical devices were retired for the month, and one added to the medical equipment database.

In November, Biomed started a project to bring back into service older infusion pumps with updated firmware to help mitigate the IV fluid shortage that is affecting the hospital. It is planned that these older pumps will reduce IV fluid usage. Work also continues on the physical therapy pool.

Facilities, Housing, and EVS:
Facilities completed 2,534 preventative maintenance work orders in November with an on-time performance metric of 93.7%. On time PM work is averaging a 97.4% rating year to date. There were a total of 106 repair work orders opened in November, with an average of 114 work orders being opened per month. There were no repair orders opened for user errors or equipment abuse for Facilities in November. No equipment was retired, and one item was added to the Facilities equipment inventory.

The Laboratory remodel is in Phase 4. In this phase, the blood draw rooms are being built out. Phase 3, the Pathology Lab, is complete and in use. There was a significant structural engineering item that had to go through the Town Building Department review in October and November slowing the framing and flooring work for Phase 4. This has been approved so work is now back on track.

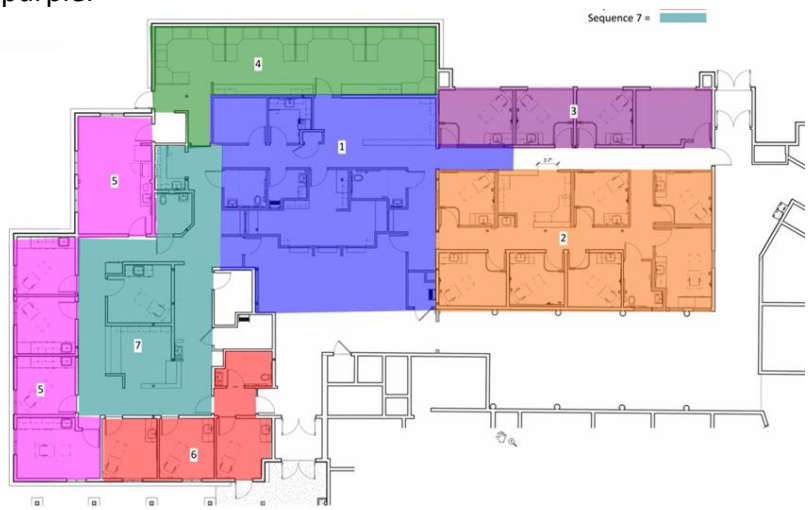


The lab remodel exterior is getting close to completion with only additional custom steel sheeting waiting for installation on the outside vertical walls on the clearstory. Stucco and

flashing area are complete for the season drying the remodel in. Minor rock work is ongoing that has been somewhat delayed by the colder weather.

The Family Medicine Clinic remodel is getting close to having the first phase, the front office, check-in, and lobby ready to go. Flooring, ceiling tiles, and finish work are ongoing. The new check in windows are shown below.

Work will next move into the two phases in the old Women's clinic space, remodeling the existing exam and work areas into almost all exam rooms, a nurses station, a Behavioral Health office, and a procedure room. Phase #2 is indicated in orange in the diagram below; and Phase #3 is indicated in purple.



The Medical Imaging Remodel is in building Phase 2 out of the total of four phases. Finish work and electrical work is ongoing prior to drywall and the ceiling going in later in the month (see below).

Work will start soon in installing a fire door in the now public hallway through the clinic that will become the service corridor for the new CT scanner. The existing public hallway is moving down to the remodeled L&D hallway mid-month. The project remains on track for a January CT installation and March go live. The remodels of the existing Medical Imaging rooms will start late in December. A cost estimate is being developed by the contractor on a noise mitigation plan and schedule to minimize disruption to patients, department staff, and operations.

Safety rails were installed on the top of the new main drive aisle as part of the ongoing South Parking Lot project, making the driveway much safer for pedestrians (see below). Still pending for installation this December are the light posts and a new staircase from the upper lot. These two items are pending delivery on long lead time materials. Final work on the Admin parking lot area and on the landscaping is now on hold until the spring.

For the North Wing, in November all aspects of the Design Development stage reached near completion. Meetings were held with all stakeholder groups as they put the finishing touches on the building requirements. Final room layouts, equipment requirements, and configuration are being validated with another series of meetings with the steering groups followed by a full review of the building design at the Steering Committee meeting.

The Construction Documents phase is now starting. In this phase the drawings used in construction by the builders are developed. Construction Documents runs through the end of March 2025. All of this work product is now starting to go through local and State building department design reviews. The project remains on track for a May 2025 start of excavation.

Informatics/HIS:
Work is wrapping up on the patient referrals project. The new solution, which is integrated with the Oracle EMR, allows the referral team to coordinate and track patient referrals as an integrated workflow. This improves the patient experience through better management of the referral process and more reliable compliance.

The new Revenue Cycle scheduling module project is wrapping up in PT and the Laboratory. In PT the ability to modify patient appointments is a big hit with scheduling staff. Conversion in the Lab went well, with their simpler appointment types. The new system is now in use.

The Oracle Clinical Digital Assistant, which is an AI voice transcription and documentation automation tool, continues to see favorable results in the pilot work by Dr. Ward and Dr. Karch. Dr. Karch is advocating for its wide use given the productivity improvements for the providers. We are currently looking for other orthopedic surgeons to pilot the application.

We are making progress with the AdaptX Clinical Reporting project. The solution was brought up on October 28th with training and validation being largely wrapped up for the core users. Dr. Karch participated in the reporting validation checking that the data filters were working as expected. With some further training for the anesthesiologists, the goal is to use the application to drive clinical process improvement in the Perioperative Department. Focusing on key metrics like time per surgery per provider, turnover times between procedures, and other items that will identify best practices.

IT:
In November, the servers for the new remote desktop access system “Scale” replacing Citrix arrived. It is required to be installed and working before the end of December. The existing Citrix remote access system will no longer be licensed so the organization is moving over to Scale by the end of the calendar year. The new solution promises more intuitive management of the digital images for the support team.

Work is ongoing to deploy the new IT asset management system, and the automatic deployment system is working well. This solution will track a variety of key bits of data as required by the HHS cybersecurity recommendations.

Lastly, Blaise Jones was promoted to Desktop Support Technician from the Helpdesk Support Technician role in November. He successfully passed the rigorous Comptia A+ exams, qualifying for the promotion.

Laboratory:
The Laboratory performed 6,031 discrete tests in the month of November on a forecast of 6,803. Volumes were down 23.5% from the November total 7,451 discrete tests.

The Pathology team is rolling out a project for pathology bar code labels for the slides and trays used in processing. To date, we have used a hand labeling system which can have transcription or soiling issues causing possible misidentification of the specimen. The bar code system ensures that the right specimen is identified with the order. Jaime Rolewicz is coordinating with NIH on the solution as they already have it in place with their more recent EMR deployment.

Pharmacy:
Pharmacy dispensed 5,288 doses of medication on a forecast of 5,541 doses for November, representing a shortfall of 4.8% from forecast. 6,324 medications were dispensed in October for reference.

We had some turnover in our pharmacy technicians, with Max Piercy leaving for nursing school in November. Sunnie Tallent joined the pharmacy team as a pharmacy tech and is working through orientation and onboarding with the team. Sunnie was previously a pharmacy technician at CVS Pharmacy.

Security:
The security team is now complete for full-time staff. Now working to hire a per diem staff member to cover vacations or other days off so that 24/7 coverage can be maintained.

The team is continuing to work on a replacement workplace violence program. This is incorporating the new de-escalation program that includes additional materials on handling physical contact with patients and visitors who may be in an escalated or altered mental capacity.

DATE: **December 12, 2024**

TO: **Board of Directors**

FROM: **Zack Brown, Director of Outpatient Clinics and Community Outreach**

RE: **Regular Meeting Board of Directors**

Survey #	Approved Strategy	Focus Area	Metric	Milestones and Updates
11	Expand Clinics and Ambulatory Services Surveys to better understand the experience after the visit: (ie. scheduling diagnostic tests and receiving test results)	Customer Experience and Relationships	Implement a dual process survey system to measure the after visit and after receiving test results.	Q1: Implement 1st Survey. Update: implemented Q2: Implement 2nd Survey. Update: Waiting on Cerner to implement 2nd survey. Q3: Data stratification and analysis. Q4: Design an appropriate improvement project based on the survey results.

Community Engagement:

- Ehren Goetz has produced a printed patient guide specifically focused on the services provided in our clinics. This guide provides the community with clear information about the services available to patients. The creation of this guide was an action item that emerged from a multi-cultural focus group. The team has been brainstorming on the distribution plan with ideas including: Board of Realty, Mammoth Welcome Center, Mammoth Business Essentials, Hospital Lobbies, Chamber Events, and the Ice Rink.
- The hospital has continued its sponsorship at Mammoth and Bishop airports, using posters to display information about the services offered by the clinics. In addition to listing services, the posters also highlight the hospital's focus on recruitment.

Outpatient Clinics:

- An action item from the L&D steering committee was to engage patients that have delivered at NIH and received post-delivery care at Mammoth Hospital.
    - Survey Engagement: The steering committee decided to engage patients who had delivered at NIH and received post-delivery care at Mammoth Hospital. Surveys were conducted with these patients, and the feedback received was generally positive.
    - Patient Meeting for Process Design: Last week, the team met with a patient to gain deeper insights into how to improve and better design the post-delivery care process. This meeting was intended to provide firsthand feedback from a patient's experience, potentially informing future process adjustments.

- The clinics participated in the Mono County Mental Health Needs Assessment Project Design Team Kick-off Meeting. Mammoth Mountain Community Foundation has engaged a consultant that is leading a design process to build a roadmap on how to better meet the behavioral health needs in the community. The team is comprised of several members that represent the different agencies in our town.

- Dr. Harrison and Dr. Araya have offered availability to see appropriate appointment types in the Family Medicine Clinic if access is limited enough to meet timeliness standards.

- With the departure of Dr. Yaris, Dr. Harrison is meeting twice per week with two Family Medicine Clinic nurses to review Dr. Yaris's incoming results and refill requests. They are reviewing charts, providing temporary prescription refills, communicating results to patients, and ensuring patients have a plan to establish care with a new PCP. This process has helped the clinic respond to patient needs and distribute "established care" appointments over several months to prevent significant impact to the FMC providers and the community.

DATE: **December 12, 2024**

TO: **Board of Directors**

FROM: **Melia Anderson, Human Resources Director**

RE: **Human Resources Report, Regular Meeting of the Board of Directors**

Strategic Plan Updates

Title	Description	Update (Quarterly Goals)
Develop a program with the college for Medical Terminology, CNA, PAR, or EMT training that includes multi-disciplinary shadowing at the high school level.	Develop a joint plan with the college and present to the Employee Relations Committee.	• Quarter 1: Connect and establish relationship with Cerro Coso and gather information on what programs and classes they offer. – Met with Cerro Coso and Mammoth High School previously and met again with the director of Cerro Coso on September 24th to learn about classes and programs. • Quarter 2: Identify areas of highest need. Establish internal areas to focus on whether it be classes or programs and identify if further internal training programs can be offered. – Meeting internally to develop proposed plan. • Quarter 3: Begin plan with Cerro Coso to make a streamlined process to offer classes and programs to staff. If Mammoth High School is able to get the healthcare pathways program started, students may begin shadowing from class. If program at MHS is not established, work with Cerro Coso to identify any current students they have through the dual enrollment that may benefit from shadowing. • Quarter 4: Get coursework and program guide together. Propose final plan and

		present to Employee Relations Committee for implementation.

Select Operational Updates

Human Resources

- Currently, there have been no long-term critical staffing concerns in any department; however, there are some departments with multiple open positions in which we are seeking additional resources through travelers or using more aggressive recruitment strategies to fill. We have five travelers presently working. The current travelers are Clinical Laboratory Scientists in the Lab, a Surgical Technician in the OR, a Radiologic Technologist, and a Physical Therapist. We have an incoming traveler expected to start in the Bishop clinic in February.
- Health benefits: The hospital's Open Enrollment ended November 30, 2024, with the new plan changes and additions to supplemental insurance benefits. Continued evaluation of the plan and areas for improvement will be top priority for our Committee discussions in the coming year.
- Retirement benefits: After an evaluation of the plan, we are continuing to find areas for improved processes in the coming year.
- Onboarding: The hospital onboarded six full-time employees, four per diem employee, and one traveler in the two orientations in November.
- Offboarding: The hospital had nine full-time and two per diem employees separate in November.
- We have made an update to our Shift Differentials to better align with the most commonly scheduled shifts and provide consistency across the hospital. This update was intended to highlight the value of those staff members who support night coverage to ensure the hospital's 24/7, 365-day operation and providing excellent patient care all day and night long. This update expands night shift differential hours and updates the compensation for night shift differential for many roles.
- We have recently rolled out a new system, Workforce Validate, for automation of exclusion verification. It is used to verify whether a potential or current employee is prohibited from participating in certain federal healthcare programs. Exclusions were previously checked by the HR staff manually. The new system will help us check verifications more efficiently.
- The hospital's Employee Engagement Survey was open September 30th through October 21st. Results of the survey were distributed to the management team, and we will be conducting departmental debriefs in the coming months.
- I conducted a new manager and supervisor training on Human Resources functions of their new role on November 14th with six new managers and supervisors.
- Mammoth Hospital will be sending some interested staff to attend a frontline customer service workshop with the Mammoth Lakes Chamber of Commerce on December 2 and December 3.
- The hospital Holiday Party is scheduled for December 10 at the Mammoth Rock 'N' Bowl.

Staff Development

- Internal Training Programs: We currently have two employees in our Surgical Technician training program to address recruitment challenges. We are looking at training opportunities in other areas and in connection with classes offered at Cerro Coso.
- Students: We hosted one high school observation student at the Bishop Ortho clinic in November.
- Annual required Healthstream assignments are currently being reviewed and prepared to be rolled out to all staff on January 1.

Childcare Updates

- We currently have 13 children enrolled in Little Lupins.
- We have filled our Preschool Teacher vacancy with Rachel Guinn and have hired Liz Holte as a Preschool Aide to assist in the classroom and allow us to enroll more children.

COMMITTEE REPORTS

Southern Mono Healthcare District

Board Meeting

SOUTHERN MONO HEALTHCARE DISTRICT BOARD OF DIRECTORS
IT STEERING COMMITTEE MEETING MINUTES

Attendees: Laura Bowman, Melanie Van Winkle, Tom Parker, Phyllis Meneses, Zack Brown, Alec Clowes, Yuri Parisky, M.D., Slavka Crouthamel, Caitlin Crunk, Mike McMahon, Alasdair Simonds, Kevin Larson, Tyler Durant, Marina Zila (recorder)

Began at 12:00 p.m.

Date: December 2, 2024

Time: 12:00 PM

Place: Mammoth Hospital Administration, Teams Meeting
85 Sierra Park Road, Mammoth Lakes, CA 93546

I. CALL TO ORDER

II. FOLLOW UP FROM MINUTES

III. OLD BUSINESS

a. Cerner Process Improvement
  i. Referral Management

b. Informatics/HIS Projects

i. Cerner Clinical Digital Assistant
- Laura is working with Oracle leadership. Karch, Ward, and Araya are onboard. Is there a way of measuring progress? Think about surveying pilot users, having them share feedback. Karch gave a testimonial in Surgery Committee, encouraging providers to get involved.

ii. AdaptX Clinical Reporting for Perioperative
- All integrated with Cerner. They are making dashboards for staff. Staff will learn how to drive dashboards and get the data that they want.

iii. Ultralinq – Echo Results to PACS

c. Planned Projects

i. Bar Code Med Admin for ED

- Improving a lot in different depts. Will integrate into ED in spring of ’25. Is the ED staff involved in planning? Yes, Jasmine and Jeremy. Dr. Hummel has agreed to work with Tyler.

IV. NEW BUSINESS

a. Committee Charter Update – Adding Cybersecurity Governance

- Mark and Alasdair want to add this recurring topic to IT Steering Committee discussions. Governance and policy oversight for AI. The change to the charter will be presented at the next IT Steering Committee.

V. FUTURE BUSINESS

a. ERP Replacement Project

- Narrowed down to four options being considered. Slavka and Laura will start exploring demos.
- Shout out to Blaise and Brian from Dr. Parisky.
- Thank you to Alec Clowes for serving on the IT Steering Committee

VI. Q&A

VII. ADJOURN

Ended at 12:20 p.m.

MAMMOTH HOSPITAL
Elevate Your Health

CEO REPORT

Southern Mono Healthcare District

Board Meeting

DATE: **December 12, 2024**

TO: **Board of Directors**

FROM: **Tom Parker, Chief Executive Officer**

RE: **CEO Report, Regular Meeting of the Board of Directors**

Follow Up Items: This section of my report is used to track follow up items discussed in the prior Board Meeting. While these are not decisions of the Board, they do constitute valuable comments and input from the Board to management.

November 2024	Reason for DNV finding on OPPE.	We had not yet created OPPE plans and reports in every specialty. The surveyors in the prior survey had indicated that they could be created over time starting with the specialties with the most providers. The surveyor in the most recent survey said they all need to be completed within 60 days.
	Discuss at next Physician Compensation, Relations, Recruitment, and Retention Committee meeting best practices in recruitment.	I have asked our contact at Jackson Physician search to attend the next Committee meeting to present on their approach to physician recruitment including techniques to consider for in-house recruitments.
	Produce report of major contract terms of the organization's physician contracts to the Physician Compensation, Relations, Recruitment, and Retention Committee.	Will develop a report that can be updated for new contracts and as contracts are renewed. Will provide draft to the Physician Compensation, Relations, Recruitment, and Retention Committee.
	Consider having a member of the medical staff attend the Physician Compensation, Relations, Recruitment, and Retention Committee.	Discussed with Dr. Sindell and on the MEC agenda for January.

	Provide MEC invite letter that was sent to Dr. Yaris	Dr. Sindell and Cheryl will report at the board meeting in closed session under Quality Assurance: Chief of Staff Report on the process that was used to give information to Dr. Yaris and invite her to the MEC meeting.
	Schedule special meetings for the year when we set the schedule for regular meetings.	Marina will schedule the CEO Evaluation and Board Self-Assessment special meetings in January along with the other regular meetings of the board.

FY25 Strategic Plan Updates

Strategy & Lead	**Metric**	**Goal**	**Milestones and Updates**
Expand Relationships with community organizations: MMSA, foundations and other hospitals. (Tom)	Make initial contact to explore possible joint projects with leaders of the following organizations: - Cerro Coso College - Mammoth Mountain Ski Area - Mammoth Lakes Foundation - Mammoth Mountain Community Foundation - High potential clinical affiliate hospitals (13)	90%	Q1 – Send letters of interest for high potential clinical affiliate hospitals <u>Update</u>: Thirteen letters have been sent. Q2 – Follow up on responses from the letters. Make initial contact with local organizations. <u>Update:</u> - We have received a response from one of the hospitals and are working on a meeting with them. - MMSA Employee Wellness Program is now active with Industrial Athletic Trainer, Sean Shahmirzadi, working with MMSA Employees at Main Lodge. - Melia Met with Cerro Coso and Mammoth High School regarding training programs and shadowing and met again with the director of Cerro Coso to learn about classes and programs. She is now working with her team on a plan. Q3 – Make initial contact with foundations. Q4 – Develop joint projects with foundations.

Complete the Feasibility Study for the capital campaign and use the results to set the fund-raising goal. (Gardiner)	Number of lead gifts pledged to the North Wing project of $25,000 and above.	7	Have received six lead gifts and pledges for lead gifts thus far.

Select Operational Updates

North Wing: The Design Development phase is wrapping up, with area approval design sessions going on into early December. All designs will go through area stakeholder/management approval and the Steering Committee before they are finalized. Next up is the start of Construction Documents, where the drawings for the building of the structure will be developed. This design phase is scheduled through March 2025. The overall timeline is on track for a FY '28 completion.

November 2024 Financial Results: The board meeting this month is a week earlier than usual. A separate packet with financial reports and the CFO report will be sent to the board during the week of the board meeting.

Medical Staff/MEC: I have engaged Jackson Physician Search to conduct a nation-wide search for providers in Rheumatology and ENT. Other searches being conducted internally are for Internal Medicine, Dental, Neurology, and Anesthesia.

Strategic Planning: I met with Eric Clark, President of MMSA to hear from him the approach he used for their strategic planning session. I will be incorporating aspects of their process including more attendees (managers), state of our business reports from seniors, updating our SWOT from last year and SWOT prioritization.

Patient Satisfaction: Press Ganey patient satisfaction scores remain high, with all mean scores above 92% and percentile rankings over 95 in the Emergency Department and Inpatient units.

Quality: DNV Surveyors were on-site from October 22 -25, 2024 to conduct a full re-accreditation survey. The surveyors determined that we are compliant with the NIAHO (CMS) and ISO standards and recommended full reaccreditation for the hospital as well as ISO certification. A full list and description of the survey findings are contained in the Quality Report.

Foundation:

Holiday Campaign: The Foundation launched its holiday campaign on Giving Tuesday, celebrating the excellent patient care our donors help make possible. This year's communications feature Marlene Fisher, a grateful patient, whose husband Alan shared "Mammoth Hospital saved my wife's life. It's that simple. I've been in lots of ERs over my career, but this team moved with blistering speed. As a retired OB/GYN, I know exceptional care when I see it." We are overwhelmed by the community's initial response and generosity this holiday season!

Rhiannon's Kids Fundraiser: Volunteer Eastern Sierra hosted a bingo fundraiser for our Rhiannon's Kids Program in November raising $11,438 for our pediatric patients who must travel for specialty medical or dental care. We are grateful for our community's partnership in ensuring that local families get the care they need.

Community Engagement: Ehren Goetz has produced a printed patient guide specifically focused on the services provided in our clinics. This guide provides the community with clear information about the services available to patients. The creation of this guide was an action item that emerged from a multi-cultural focus group. The team has been brainstorming on the distribution plan with ideas including: Board of Realty, Mammoth Welcome Center, Mammoth Business Essentials, Hospital Lobbies, Chamber Events, and the Ice Rink.

Legal and Compliance: Cheryl has worked on several legal and compliance matters that have required close coordination with the management team and medical staff. She continues to work closely with our ED staff and physicians in planning and providing assessments, guidance on EMTALA and state law rules governing the ED. She recently assisted in successfully assisting the hospital with an EMTALA survey by CDPH/CMS resulting in no findings of violations of EMTALA. She recently provided EMTALA training to the medical staff at the Medical Staff Annual meeting. She is working with the Director of the ED to finalize the MOU with the County service agencies and resources.

Cheryl is actively creating the structure and implementing the elements of an effective compliance program including but not limited to a redraft of the Code of Conduct and revisions to the use of the Verge reporting system.

In January, Cheryl will provide a Legislative update from CHA's legal group as well as a detailed Compliance Report that will be presented to the Compliance Committee and a Summary version that will go to the full board.

Human Resources: Internal Training Programs: We currently have two employees in our Surgical Technician training program to address recruitment challenges. We are looking at training opportunities in other areas and in connection with classes offered at Cerro Coso.

Thirteen children are currently enrolled in Little Lupins. We have filled two positions, Preschool Teacher and Preschool Aide, which will allow us to enroll more children.

Tom Paker SMHD Board Report December 12, 2024
Shoutouts/Recognition

Tina Villla sent a shoutout to **Brittany Cooper, LVN** from Pediatrics for special recognition regarding exceptional care and compassion shown during a recent pediatric wellness visit.

During the intake of my daughter, a young and anxious child, Brittany really went beyond her normal duties. She knew well how scary it is for her, so she patiently conducted anxiolysis using slow breathing exercises and told her stories, understanding her anxieties about vaccinations. It was this empathetic approach that made the child overcome her fears and foster a trusting relationship.

Brittany explained all the procedures in an uncomplicated manner that the patient easily understood, while her soft nature was a significant contributing factor in making the experience as non-threatening as possible. She is indeed adept at managing this appointment on schedule without forgetting to keep a calm and supportive atmosphere.

The fact that my daughter has now asked specifically for Brittany to do all future vaccinations speaks volumes to the care she provides. Her belief in making sure the patient is comfortable and as pain-free as possible is what our organization is all about.

I feel that Brittany's actions are worthy of special recognition and inspiration to her coworkers.

BOARD EDUCATION

Southern Mono Healthcare District

Board Meeting

Southern Mono Healthcare District
Board of Directors
Regular Meeting – Education

November 21, 2024

The Brown Act (CA Government Code)

Sections 54954.2 (a)(3) and 54954.2(b)(1-4)

Mammoth Hospital
Elevate Your Health

CA Government Code Section 54954.2(a)(3)

- No action or discussion can take place on an item that is not on the posted agenda
- Exceptions:
  - **Public Comments** – legislative body members or their staff can **briefly** respond to questions or statements made by the public
  - **Clarification** – Legislative body members or their staff can ask questions for clarification, make **brief** announcements or make **brief** reports
  - **Staff resources** – Legislative body members or the body itself can direct staff to provide resources for factual information, request a staff report at a future meeting, or add a matter of business to a further agenda.

CA Government Code Section 54954.2(b)(1-4)

- The legislative body may take action on items of business not appearing on the posted agenda after publicly identifying the item in the following circumstances:
  - **Emergency situation** – upon determination of a majority vote of legislative body
  - **Need for immediate action** – 2/3 vote or unanimous of those present
  - **Item posted for a prior meeting of board**– not more than five days prior to date of action taken and at the prior meeting the item was continued
  - **Remote participation request**