



Hi-Desert Memorial Health Care District dba
Morongo Basin Healthcare District
BOARD OF DIRECTORS REGULAR MEETING MINUTES
May 6, 2021 at 6:00 p.m.

Convened on site restricted to board members and staff; public invited to attend via GoToMeeting, an electronic, remote-site platform temporarily permitted as per the Executive Order issued by California's Governor in response to the COVID-19 pandemic.

- **Mission Statement:** *To improve the health and wellness of the communities we serve.*
- **Vision:** *A healthy Morongo Basin.*
- **Core Values:** *Commitment, Collaboration, Accountability, Dignity, Integrity.*

Board of Directors:

- Director Brown (*remote*)
- Director Doyle (*not present*)
- Director Evans (*remote*)
- Director Markle-Greenhouse
- Director Mondary

Administrative Staff:

- Jackie Combs, CEO
- Karen Graley, Board Clerk
- Cindy Schmall, COO
- Deborah Anderson, CFO
- Joe Ruddon, Director Community Programming

Guests:

- Linda Evans, Chief Strategy Officer, Desert Mkt, Tenet
- Janeen Duff, Mobile Dental Program manager (*remote*)

CALL TO ORDER

Director Greenhouse called the meeting to order at 6:05 p.m. The meeting was convened on the La Contenta campus and using the electronic platform of Go-To-Meeting.

ROLL CALL

Karen Graley, Board Clerk, conducted roll call and declared a quorum.

OBSERVANCES

Director Mondary read the mission, vision and core value statements.
Director Greenhouse led the assembly in the pledge to the American flag.

PUBLIC COMMENT

No public comments were presented.

APPROVAL OF MEETING AGENDA

Motion 21-26: Director Evans motioned to approve the meeting agenda as presented; motion was seconded by Director Mondary; the motion passed by unanimous vote.

APPROVAL OF MEETING MINUTES

Motion 21-27: Director Mondary motioned to approve the minutes the Board of Directors for April 8, 2021 as presented; motion seconded by Director Evans; motion passed by unanimous vote.



DESERT CARE NETWORK UPDATE – *Linda Evans, Chief Strategy Officer, Desert Mkt, Tenet*
Ms. Evans thanked the board for the opportunity to provide an update about Hi-Desert Medical Center (HDMC), the Continuing Care Center (CCC) and Desert Care Network (DCN), on behalf of Karen Faulis, CEO, HDMC.

COVID-19 Update:

- Acute hospital and home health department successfully completed their unannounced triennial Joint Commission survey the week of April 19. This survey was scheduled to occur last year, but was delayed by Joint Commission due to the pandemic.
- HDMC acute hospital has two positive COVID-19 patients and one PUI patient in-house as of this morning. Zero CCC residents have tested positive for COVID-19.
- DRMC currently has four positive COVID-19 patients and one PUI patients in-house as of this morning.
- JFK currently has no positive COVID-19 patients and two PUI patients in-house as of this morning.
- Desert Care Network (DCN) is now contracted with the State BSC & MyTurn program, effective April 1, so all appointment scheduling goes through the State system.
- Vaccination clinics are continuing at the DCN hospitals, however, vaccination appointment demand has decreased significantly. We are now working with FIND Food Bank, churches, and senior centers to address homebound people and attending food distribution sites to offer vaccines.
- Home health nurses are providing vaccination shots to their patients.
- Personal Protective Equipment remains in adequate supply at all facilities.
- Visitation is now being allowed at the hospitals and CCC under state and county infection control guidelines.

Lease Agreement capital projects update:

- HDMC is on track for the Cerner/PBAR EMR and financial platform conversion on May 18. DRMC and JFK are upgrading their version of Cerner on May 11 so all three facilities will be on the most upgraded version (Cerner Millennium) on May 18.
- The Cerner Long Term Care (LTC) Module for CCC was recently approved for funding by Tenet and the 10-month preparation for this conversion will begin in June. This will allow for CCC to be completely on Cerner documentation. CCC will be converting on May 18 to Cerner for CPOE, physician documentation and partial medication management.
- Home Health will remain on the Homecare system (formerly called Maestro). Cerner does not have a strong home health module.
- Wireless upgrade occurred on April 22.
- The hospital main sewer line construction project will be completed tomorrow.
- New med/surg flooring is scheduled for completion in early May.
- The CCC flooring replacement project is to begin after the med/surg project is complete.
- Acute hospital air handler #1 replacement is complete. Air handler #2 has an anticipated completion date of June.
- The CCC flooring replacement project is scheduled to begin in May.

Ms. Evans congratulated the District on the FIND Food Bank partnership.



ACCEPT BOARD MEMBER RESIGNATION – *Director Greenhouse, president*
Director Greenhouse introduced the action item.

Director Evans thanked Marge for her years of service on the board and wished her well. She also wanted to affirm that the Board will comply with protocols for appointing a new board member.

- **Motion 21-28:** Director Evans motioned to accept the resignation of Marge Doyle from the Morongo Basin Healthcare District Board of Directors, second by Director Mondary; motion passed by unanimous vote.

REPORTS

DISTRICT BUDGET FOR FY2021-22 – *Debbie Anderson, CFO*
Ms. Anderson presented the District budget for fiscal year 2022

NON-CLINICS BUDGET

Grant Revenue: grant revenue has been estimated based on previous years funding. \$15,000 has been estimated due to the recurrence of funding from one grantor. An additional \$40,000 is being included for the Department of Transportation grant awarded.

Promise to Give and Donations: Previous years promises to give and donations have been one time, unexpected entries. Future promises to give and donations are not anticipated for this budget.

Other Operating Income: As the board discussed at a previous meeting, the internal transportation journal entry is being eliminated starting with this budget cycle.

Non Clinic Revenue FY22: \$2,055,000

Non Clinic Expenses FY22: \$2,241,129

Non Clinic Other Direct Expenses FY22: \$195,473

CONSOLIDATED BUDGET

Revenue: \$13,227,448

Expense: \$11,672,815

P&L Financial Statement: \$1,515,873

P&L Cash: \$2,214,168

CAPITAL NEEDS BUDGET

The District is expecting capital improvement money may be awarded to the District; the monies are not yet awarded. Should the money materialize, it is assumed that some of the capital projects would qualify under the grant. This summary of capital needs projects for the District, including the clinics, is presented in anticipation of receiving those monies.



Project / Equipment	Facility	Estimated Cost
HVAC Units x3 (\$6,900/ea)	Yucca Valley Clinic	\$20,700
New Roof	Yucca Valley Clinic	\$40,000
New Septic System	Split Rock	\$40,000

FINANCIAL REPORTS – *Debbie Anderson, CFO*

Ms. Anderson presented the financial statements for February and March 2021. February’s report was delayed to this board meeting because she had been preparing the budgets for the new fiscal year.

Ms. Anderson reported that she heard back from the consultant on stimulus funding. The revised methodology has been incorporated into the presented financial statements, which includes lost income of \$330,679 and COVID-19 related healthcare expenses. However, we had to back out expenses related to “maintaining health center operations.” This has caused the clinic financial statements to reflect a loss. Additionally, it has recalculated the amount in deferred revenue (\$326,118 that remains of the stimulus funding). Based on the new criteria, management has come up with a plan to try to spend down the rest of the monies.

The food project program is completed. The final costs came in at \$470,242.55. Exact expenses could not be known ahead of time, and a number of factors were variables when it came to estimating remaining costs including: food costs, depending upon what was available to be bought, overhead, depending upon space used, and salary costs, depending upon which staff could stuff boxes/distribute. Average costs per month were reported throughout the months of the project. The final average cost per month for the nine months (June – February) of giveaways landed at \$40,138.06, which does not include the community donations.

FEBRUARY AND MARCH FINANCIAL REPORTS:

CHC visits were up for March 2021. It is reflected in the clinic revenue as well as some expenses such as physician fees, salaries and related employee benefits. March visits were 3,437. Average visits prior to the pandemic were 3,595 per month.

All Medicare cost reports and Medi-Cal payment reconciliations for FY 19-20 have been completed, along with the YV behavioral health PPS rate setting report.

Finally, the Medi-Cal Prospective Payment System (PPS) rate audit completed for Yucca Valley and 29 Palms. The final rate for Yucca Valley landed at \$228.72 (up from \$198.71), effective October 1, 2020 and the final rate for 29 Palms landed at \$206.78 (up from \$179.88), effective October 1, 2020. Not sure how long it will take Medi-Cal to implement the change, but it should be coming at some point in the future.

Consolidated February 2021 operating loss after allocation came in at \$(25,487) and the change in net position came in at \$(55,906). Consolidated March 2021 operating income after allocation came in at \$48,244, which was over budgeted expectations, and the change in net position came in at \$60,460. Year to date consolidated operating income after allocation came in at \$57,672, and the change in net position came in at \$394,488.

Non-clinics operations for February 2021: operating loss after allocation came in at \$14,421 and the change in net position came in at \$14,407, both of which were below budgeted

expectations. Non-clinics operations for March 2021: operating income after allocation came in at \$43,424, which was above budgeted expectations, and the change in net position came in at \$55,641, which was below budgeted expectations. Year to date non-clinic operating income after allocation came in at \$108,985, and the change in net position came in at \$476,206, both of which were below budgeted expectations.

- **Motion 21-29:** Director Mondary motioned to accept the financial report as presented, second by Director Evans; motion passed by unanimous vote.

MORONGO BASIN HEALTHCARE DISTRICT UPDATE – Jackie Combs, CEO

Ms. Combs referred the board to the agenda packet for her report. Additionally, she highlighted:

- Vacant Seat: Ms. Graley read the communique from the attorneys regarding how to fill the seat: The current board members must make the appointment within 60 days after the District receives notice

CALENDAR REVIEW AND COORDINATION

The calendars for the Board of Directors were reviewed and coordinated.

- CHC board meeting is Thursday, May 13, 2021

DIRECTOR COMMENTS

- Director Brown: Not present.
- Director Evans: She thanked staff for their reports, and complimented Debbie Anderson on the detail of the budget presentation, especially the service lines. She is glad to hear clinic volumes are rising. She wished staff a happy Nurse's Week.
- Director Mondary: "As always, thank you Debbie for your report. Again, my list of questions were answered before I could ask them. Nice to see Linda Evans here tonight. Happy Nurse's Week." He thanked Marge Doyle for all of her service to the community and District. "If you ask anyone in this community about this healthcare District, it was either Paul Hoffman or Marge Doyle who were recognized as advocates for the community. I am sad to see her go. Maybe one day she will return to the board."
- Director Greenhouse: She thanked staff members for being here and presenting reports; she thanked Linda Evans for coming to tonight's meeting. "It was an interesting, fact filled meeting."

MEETING ADJOURNED

The meeting adjourned at 7:24 p.m.

Board meeting minutes recorded by K. Graley, Board Clerk.


Dianne Markle-Greenhouse
President


Greg Brown
Secretary