



Hi-Desert Memorial Health Care District dba
Morongo Basin Healthcare District
BOARD OF DIRECTORS REGULAR MEETING MINUTES
October 7, 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 Evans
- Director Markle-Greenhouse
- Director Mondary (*remote*)
- Director Savitt

Administrative Staff:

- Mitch Hall, CEO
- Karen Graley, Board Clerk
- Cindy Schmall, COO
- Deborah Anderson, CFO

Guests:

- Linda Evans, Chief Strategy Officer, Desert Market, Tenet
- Beverly Scott, CHC board member (*remote*)

CALL TO ORDER

Director Greenhouse called the meeting to order at 6:00 p.m. The meeting was convened on the La Contenta campus and by electronic platform using Go-To-Meeting.

ROLL CALL

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

OBSERVANCES

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

PUBLIC COMMENT

No public comments were initially presented.

APPROVAL OF MEETING AGENDA

Motion 21-57: Director Evans motioned to approve the meeting agenda as presented; motion was seconded by Director Savitt; the motion passed by unanimous vote.

APPROVAL OF MEETING MINUTES

Motion 21-58: Director Evans motioned to approve the minutes the Board of Directors with changes; motion seconded by Director Savitt; motion passed by unanimous vote.

- Minutes: Regular meeting of the Board of Directors, September 2, 2021

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. She congratulated Director Savitt on being seated on the Board.



COVID-19 Update:

- HDMC acute hospital has six positive COVID-19 patients, up from three and five for the previous two months. CCC continues with zero COVID-19 positive residents and zero PUIs.
- DRMC currently has 27 positive COVID-19 patients and zero PUIs; last month's count was 35. JFK currently has five positive COVID-19 patients and four PUI patients in-house, down from 17 last month.
- Personal Protective Equipment remains in adequate supply at all facilities.
- The California Department of Health mandate for healthcare worker COVID-19 vaccinations went into effect September 30. Desert Care Network hospitals are in compliance with the mandate and test employees who received medical and religious exemptions twice per week.
- Vaccine clinics for employees and providers remain in place and have increased in frequency for easier access and convenience.
- Community: Hospitals are in discussions with the County(s) to determine vaccine allocation and potential for community clinics to offer the "third" dose, per State & CDC guidelines.

Capital Project Update:

- The Cerner EMR Long Term Care (LTC) Module for CCC work continues with an anticipated go-live early 2022. This will allow for CCC to also be completely on Cerner documentation.
- The CCC flooring replacement project should be completed within the next two weeks.
- The sterile processing department air handler replacement project is under way with an anticipated completion date in November.
- Completion of the hospital roof project will follow the air handler project.
- Plans are in the works to replace the remaining floor at the hospital with the same new flooring as on the med/surg unit.

Other News:

- Recent News: ICEMA (Inland Counties Emergency Medical Agency) is working with HDMC to become the first Level IV Trauma Center in San Bernardino County. All three DCN hospitals would then be designated trauma centers.
- REMSA (Riverside Emergency Services) designated JFK Memorial Hospital a Level IV Trauma Center, effective September 1.
- Lastly, we appreciate the invitation to participate at your Community Health & Resources Fair this Saturday at Luckie Park. We look forward to being there.

Director Evans commented that it's wonderful that JFK Medical Center has received the Trauma 4 designation. Mitch Hall expressed his appreciation for the time and hospitality of Karen Faulis, CEO, HDMC and for the tour of the facilities. Director Savitt asked if the COVID-19 DRMC patients were vaccinated; of the 27 at DRMC five had been vaccinated.

ACTION ITEMS

POLICY & PROCEDURE 1d-208 LEVELS OF AUTHORIZATION – *Debbie Anderson, CFO*
Debbie Anderson, CFO introduced the policy. The previous format of the authorization levels was confusing. The levels of authorization have not changed but the language and categories



were consolidated to simplify the presentation. The revised policy is based on dollar amounts rather than categories.

- **Motion 21-95:** Director Evans motioned to approve policy LD-208 Levels of Authorization as presented, second by Director Brown; motion passed by unanimous vote.

DISCUSSION

Director Greenhouse introduced the discussion: The District board and CHC governing board meet quarterly to receive staff reports and information relative to both boards, no business items are presented at the shared meetings.

Mitch Hall, CEO, reported that staff present a total of 28 meetings a year (District board of directors, CHC governing board, and shared meetings) and propose that the boards consider reducing the number of joint meetings from four to two per year, or as needed. He consulted with legal counsel who warned that board members must be careful not to wander away from the agenda and thereby violate the Brown Act.

Director Greenhouse agreed with meeting twice a year and would prefer that additional shared meetings be convened as needed. Director Evans asked if the proposal was due to lack of meeting content; Mitch Hall responded that reports and information common to both boards is limited. Director Evans likes continuing with quarterly meetings because it helps improve the communication between boards; she also requested that the CHC board have input into the discussion. In conclusion, the discussion will be presented to the CHC board.

REPORTS

FINANCIAL REPORTS – *Debbie Anderson, CFO*

Debbie Anderson reported that the consolidated financials for August show a negative variance to budget of **\$(205,512)** and year to date show a negative variance to budget of **\$(353,989)**. The consolidated actual loss for August is **\$(96,700)** and the consolidated actual loss year to date is **\$(227,531)**.

The non-clinic financials for the month show negative variance to budget of **\$(64,925)** and year to date show a negative variance to budget of **\$(46,933)**. The non-clinic actual income for August is \$13,538 and the non-clinic actual income year to date is \$87,189.

The clinic financials for the month show negative variance to budget of **\$(140,587)** and year to date show a negative variance to budget of **\$(307,056)**. The clinic actual loss for August is **\$(110,238)** and the clinic actual loss year to date is **\$(314,720)**.

Director Greenhouse commented that she was pleased that the trend of loss was being reversed. Director Brown asked about the increased expenses and if they were due to inflation or waste. Debbie Anderson responded that the increased expenses were related to legal fees and supplies that reflect the increased activity related to COVID-19 vaccinations. Cindy Schmall confirmed that inflation also has had an impact with dramatic increases in necessary supplies.

- **Motion 21-60:** Director Evans motioned to accept the financial report, second by Director Savitt; motion passed by unanimous vote.



PERFORMANCE YTD SUMMARY – Mitch Hall, CEO

Mitch Hall referred the board to tab 4 in the agenda packet. He prefaced his comments that the budget is only a projected benchmark for performance. The bottom line is “What is in your wallet?” or what is the actual bottom line. In the future, this report will demonstrate financial trends.

Cindy Schmall noted that changes to reverse the negative trend were begun late July and were reflected in August. The focus has been on scheduling: that provider schedules were being managed well and contacting patients to schedule follow up visits. Staff has been assigned based on their personal strengths. We met with providers and gave recommendations to improve volume, requesting their feedback to improve productivity. That effort is now starting to come together. Don’t focus on budget, focus on trending.

Director Evans liked that staff is being assigned to their areas of strength and skill.

Mitch Hall presented a PowerPoint slide showing the number of provider encounters to show where we are and what our availability is to serve the community. This report is based on the actual July statistics. It shows the actual encounters, or patient visits that occurred during the month of July. The report will evolve to show the industry standard benchmark for encounters. Future reports will provide month by month comparison, thereby demonstrating trends.

Dept.	Actual	Budget	Variance
Adult	909	1,401	(492)
Wound/Surgery	41	13	28
Pediatrics	694	801	(107)
Behavioral Health	384	868	(484)
Dental	581	516	65
Chiropractic	219	362	(143)
CPSP	5	-	5
Total	2,833	3,961	(1,128)
Health-MMU	-	10	(10)
Dental-MMU	48	50	(2)
Total	48	60	(12)
Total all clinics	2,881	4,021	(1,140)

Consolidated Net Income/(Loss) Month	
July	August
(130,831)	(96,700)

Consolidated Net Income/(Loss) YTD	
July	August
(130,831)	(227,531)

Mitch Hall reviewed the performance for each of the listed services. He spoke to the mobile medical unit and about upgrading dental equipment on board to increase encounters.

Director Evans likes the way the report presented statistics. With the MMU available, we might consider using the MMU to fulfill the HIV grant and reach out to the community.



DISTRICT UPDATE – Mitch Hall, CEO

Cindy Schmall presented an update about the California Department of Public Health (CDPH) mandate for healthcare workers. “I’m pleased to report all but five employees chose to get vaccinated. We lost three non-clinical staff who felt strongly against vaccination. Overall, the clinical staff remain in place.” Unvaccinated employees are tested weekly; masks are required for non-vaccinated personnel. Director Evans followed up with ACHD regarding the legislative position of the mandate; the recommendation was not to protest the mandate but write letters of concern. Mitch Hall praised Cindy Schmall for her efforts to educate staff who were initially opposed to the vaccination.

There were no questions about the written report. It included a list of active grants. He stated, “The grants are organized, and leadership has been assigned to manage specific grants. We are being extremely careful to fulfill the requirements of the grants.”

Directors Greenhouse and Evans expressed their appreciation for the list of grants.

CALENDAR REVIEW AND COORDINATION

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

- October is the District’s health fair in 29 Palms at Luckie Park

DIRECTOR COMMENTS

- Director Mondary: Attending the meeting remotely, “Since I have such a poor signal, I will make no comments this evening except thanks to staff as always for doing great work.”
- Director Evans: She liked that there is a new team-based approach used. “There was a lot of positive information reported tonight.”
- Director Brown: He was pleased that staffing levels related to the CDPH mandate were not impacted as dramatically as projected.
- Director Savitt: She appreciated what is being done to increase patient visits and COVID vaccinations. The grant list and a brief overview of the grant management was helpful.
- Director Greenhouse: “Thank you to Linda Evans for attending tonight’s meeting.”

ADJOURN TO CLOSED SESSION


Director Greenhouse adjourned the open session at 7:18 p.m.; the closed session convened at 7:25 p.m.


- *Pursuant to Section 32106 of the Health and Safety Code: report involving trade secrets. Estimated date of public disclosure is April 2022.*

ADJOURN TO OPEN SESSION / ADJOURN MEETING

Closed session adjourned at 8:43 p.m. Director Greenhouse reported that staff was instructed to provide additional information as it became available. The meeting was adjourned at 8:45 p.m.

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


Dianne Markle-Greenhouse
President


Greg Brown
Secretary