

Hi-Desert Memorial Health Care District dba
Morongo Basin Healthcare District
BOARD OF DIRECTORS REGULAR MEETING MINUTES
August 17, 2023 at 6:00 p.m.

Convened on the La Contenta campus; the public was invited to attend the meeting on campus or via Microsoft Teams, an electronic, remote-site platform.

- **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 Cooper
- Director Evans
- Director Markle-Greenhouse
- Director Savitt
- Director Stiemsma

Administrative Staff:

- Cindy Schmall, CEO
- Karen Graley, Board Clerk (*remote*)
- Debbie Anderson, CFO
- Joe Ruddon, Chief Community Programs Officer
- Tele Thornett, Administrative Assistant
- Janeen Duff, Program Development Liaison

Guests:

Linda Evans, Chief Strategy Officer, Desert Market, Tenet (*remote*)
Jenna Hunt, Hi-Desert Star, reporter

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 Microsoft Teams.

ROLL CALL

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

OBSERVANCES

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

PUBLIC COMMENT

No public comments were presented.

APPROVAL OF MEETING AGENDA

Motion 23-40: Director Stiemsma motioned to approve the meeting agenda as presented; the motion was seconded by Director Savitt and passed by unanimous vote.

APPROVAL OF THE CONSENT AGENDA

Motion 23-41: Director Evans motioned to approve the Consent Agenda as presented; motion was seconded by Director Stiemsma and passed by unanimous vote.

- Minutes: Regular Meeting of the Board of Directors, July 6, 2023.

ACTION ITEMS

CO-APPLICATION AGREEMENT REVIEW – *Cindy Schmall, CEO*

Ms. Schmall introduced the action item, referring the Directors to the agenda packet for a copy of the agreement. She reminded the Directors of the purpose of the agreement, defining the relationship between boards and their respective responsibilities. At their August meeting, the CHC Governing Board ratified the document without changes. There were no questions or discussion from the Directors.

- **Motion 23-42:** Director Evans motioned to ratify the Co Application Agreement as presented, second by Director Savitt; motion passed by unanimous vote.

POLICY REVIEW – *Cindy Schmall, CEO*

The agenda packet presented five policies for consideration.

- HR-230 Overtime Pay (revised)
- HR-289 Conduct and Service Excellence Expectations (revised)
- LD-210 Compliance Plan (revised)
- LD-231 Fraud, Waste and Abuse (new)
- LD-242 Compliance Reporting and Monitoring (new)

Ms. Schmall noted that the instruction from legal counsel is to present to the board those policies related to employee benefits and compensation. The human resource policies presented tonight fall under that definition. Also, the compliance policies demonstrate that we are in compliance with state and federal requirements.

HR-230 OVERTIME PAY: This policy was updated to comply with our actual practices and to bring policy language into compliance with the state's law and language. Director Savitt asked for an explanation of "pyramiding overtime." Debbie Anderson responded to the inquiry.

HR-289 CONDUCT AND SERVICE EXCELLENCE EXPECTATIONS: This policy was updated to work with the compliance policies being introduced tonight. It was updated per the Office of Inspector General standards. In function, the policy is presented for review to every newly hired employee and the acknowledgement of receipt form is filed in their personnel file. Employees review the policy and sign the acknowledgement form annually. She noted that the policy was edited to include "equity" to represent the District's position as stated in the past resolution against racism in healthcare.

LD-210 COMPLIANCE PLAN: There was no discussion regarding this policy.

LD-231 FRAUD, WASTE AND ABUSE: This policy defines how we comply with published requirements.

LD-242: COMPLIANCE REPORTING AND MONITORING: There was no discussion surrounding this policy.

- **Motion 23-43:** Director Evans motioned to approve policies HR-230, HR-289, LD-210, LD-231 and LD-242 as presented; second by Director Savitt; motion passed by unanimous vote.

HRSA GRANT: Ms. Schmall stated that the initial capital grant was returned to HRSA as instructed by both boards. However, during that conversation with our HRSA agent, an alternative option was given to accept the grant for equipment purchases only. It would allow the purchase of



equipment over \$5,000 for the Split Rock expansion project. Currently, staff has identified about \$200,000 in equipment and may identify additional items that qualify under the grant guidelines. This grant does not require a property lien.

- **Motion 23-44:** Director Cooper motioned to accept HRSA grant #C8E44351 Health Center Infrastructure Support in the amount of \$602,433 for the Split Rock expansion project; second by Director Stiemsma; motion passed by unanimous vote.

REPORTS

ACHD UPDATE – Director Evans

Director Evans reported that she has served extensively on the ACHD Board of Directors, their advocacy, finance and governance committees. She will be stepping down from those positions as the term of office completes. She encouraged board members to look for opportunities to serve on the ACHD board and committees. She thanked the Directors for the opportunity to , saying that it had been an invaluable experience for her. She also stated that she will be unable to attend the annual ACHD conference in September.

OUTREACH AND MARKETING REPORT

Mr. Ruddon referred the Directors to his written report in the agenda packet. He added that August has been busy with grant activities. The District received \$25,000 in grant monies from Kaiser Permanente for the LIFT program. We are asking Cal Trans for substantial support in grant monies. October 14 is the annual health fair in 29Palms. He noted a change in venue from Luckie Park to Freedom Plaza in downtown 29 Palms.

FINANCIAL REPORT

Ms. Anderson reported that the consolidated financials for the month of June show income of \$55,993 and year to date income of \$2,238,631. The non-clinic financials for the month of June show income of \$53,330 and year to date income of \$1,906,634. The clinic financials for the month of June show income of \$2,663 and year to date income of \$331,997.

Please note that June is held open longer due to it being the last month of the fiscal year. This is so that subsequent activity for patient receivables can be captured allowing for a better estimate at June 30. As such, the numbers for June are not final – they are interim numbers only.

GASB 96 implementation took place in FY 22-23. Similar to GASB 87, which capitalized operating leases, GASB 96 capitalizes software leases. Leases that meet this criteria have been reclassified in the financial statements in June.

Directors asked questions for clarification.

- **Motion 23-44:** Director Stiemsma motioned to accept the financial reports as presented, second by Director Savitt; motion passed by unanimous vote.

CEO STAFF REPORT

Ms. Schmall presented a written report to the board.

- The HRSA 330 grant is due this month and staff is close to submitting it to HRSA.
- Staff will be issuing another board self-assessment tool in September.
- She reminded the Directors that they received an invitation to attend the BasnWide Foundation fundraiser. The healthcare District is a silver sponsor and has purchased a table for next Thursday evening. We are co-recipients with Morongo Reach Out award for Together We Can for transportation collaboration.



- After developing the compliance plan policy, the committee met for the first time this last week. We received one hotline complaint which turned out to be unrelated to fraud, waste, or abuse. We have had the hotline for four years and this was our first complaint.
- She reviewed the HR data with the Directors. We currently have eight open positions and continue to struggle with recruitment, primarily for medical assistants. Morongo Unified School District has launched a program for training medical assistants, but that is a two-year process. Staff is exploring an internal District training program for medical assistants.

Ms. Schmall also updated the Directors on her CEO performance goals as presented in the CEO performance review. (* see detail provided below)

CEO GOALS	STATUS	NOTES
1. Develop a framework for holding management staff accountable and developing SMART goals *	Partially completed. Continuous measurement will be conducted	All department managers have met with CEO to establish goals for their areas of responsibility
2. Create organizational goals for all employees *	Completed. Continuous measurement will be conducted	These goals will be posted in employee breakrooms and added to annual evaluation measurements. Managers have already received department goals
3. Continue to work with and support CFO to establish recommendations for long and short term financial goals	On-Going	CFO has hired a billing specialist and established a patient finance team to assist with billing and the Sliding Fee Discount Program to help free up her time.
4. Hire one more family practitioner full time for 29 Palms health center	On-Going	Currently advertising and may possibly use a search firm
5. Develop a 10-year strategic plan with the District Board	Partially complete	CEO interviewed three companies to work on strategic planning. Cost was prohibitive at \$30,000 and up. Recommend keeping this in house for this year and limiting the strategic plan to 5 years due to constantly changing healthcare landscape.

There was discussion about the length of the new strategic plan, 10-years vs 5-years. The Directors agreed to focus on a 5-year plan and to make the revision of the Community Health Needs Assessment document a priority since the strategic plan uses it in developing a relevant response to community needs.

CALENDAR REVIEW AND COORDINATION

- ACHD annual conference begins September 13, the CHC board meeting has been rescheduled to September 21 as both Director Cooper and Stiemsma will be unavailable for the regular CHC board meeting date.



DIRECTOR COMMENTS

DIRECTOR STIEMSMA: Thanked Director Evans for her service on the ACHD board and committees.

DIRECTOR EVANS: Thanked Director Stiemsma for her acknowledgement.

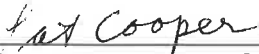
DIRECTOR SAVITT: Stated she was glad the HRSA capital grant for equipment was available to us.

DIRECTOR COOPER: Thanked Debbie Anderson for her report.

DIRECTOR GREENHOUSE: “Thank you to all our wonderful staff who keep us moving forward. It is much appreciated.”

ADJOURN MEETING

The meeting was adjourned at 7:02 p.m.



Pat Cooper, Secretary of the Board

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

***MANAGEMENT GOALS**

- Goal #1 Set expectations and provide department goals to achieve Organization Goals.
- Goal #2 Improve the employee experience through proper training and communication with staff, reduce turnover by retaining staff whenever possible.
- Goal #3 Use resources wisely, perform departmental audits to ensure productivity and accuracy.
- Goal #4 Meet or exceed budgeted volumes and cost expectations, eliminating waste where possible.

***ORGANIZATIONAL GOALS**

- Goal #1 Best Place to Get Care: Improve patient outcomes through quality improvement and community collaboration.
- Goal #2 Best Place to Work: Improve employee experience through a culture of value and accountability, employee engagement.
- Goal #3 Best Value: Lowered cost of care through appropriate use of resources and provider documentation, reduce patient no-show rate.
- Goal #4 Best Place to Practice: Improve physician experience through education, improved schedules and collaborative care with internal and external providers.