



MEETING MINUTES
ANTELOPE VALLEY HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING - PUBLIC SESSION
Board Room, 1600 West Avenue J, Lancaster, CA 93534

LOCATION FOR PUBLIC ATTENDEES: Auditorium, Community Resource Center
44151 15th St. West, Lancaster, CA 93534

MARCH 31, 2021

DIRECTORS PRESENT:

Abdallah Farrukh, M.D., Chair
Kristina Hong, 1st Vice Chair
Mike Rives, 2nd Vice Chair
Dr. Tusso, M.D., Secretary
Don Parazo, M.D., Treasurer

DIRECTORS ABSENT: NONE

OTHERS PRESENT:

Edward Mirzabegian, Chief Executive Officer
Troy Schell, General Counsel
Trisha Guerrero, Sr. Project Manager

6:30PM – ESTIMATED START TIME – Called to order at 6:34PM

OPEN TO PUBLIC SESSION

I. REPORTABLE ACTIONS TAKEN IN EXECUTIVE (CLOSED) SESSION – Abdallah Farrukh, MD, Chair

- A. Report on Actions on Claims Filed with the District (**REPORT**)
- B. Medical Staff Recommendations (**REPORT**)

Dr. Farrukh reported action from executive session to include the approval of potential litigation as recommended by legal counsel, and the approval the MEC report and medical staff recommendations.

II. CONSENT CALENDAR – THE CONSENT CALENDAR, AGENDA ITEMS MAY BE ACTED UPON WITH ONE MOTION, A SECOND AND THE VOTE – Abdallah Farrukh, MD, Chair

- A. Approval of Board Public Session Meeting Minutes of February 24, 2021 (**ACTION**)
- B. Acceptance of Finance Committee Meeting Minutes of February 24, 2021 (**ACTION**)

MOTION: Ms. Hong made a motion approve the consent calendar with spelling corrections to the last name of an individual who provided public comment; Dr. Parazo seconded. The motion Unanimous.

III. COMMITTEE REPORTS & RECOMMENDATIONS

- A. Finance Committee – Dr. Parazo, Chair



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1. Approval of February 2021 Financial Report (**ACTION**) – Ed Mirzabegian, CEO

Dr. Parazo stated that he will be gathering comments on the Finance Committee Charter and will bring back to the committee and Board.

Mr. Mirzabegian presented the Finance report:

February Income
Total Operating Revenue - \$37.5M
Total Operating Income - \$395K
Net Income Loss - \$607K

YTD Income
Total Operating Revenue - \$314KM
Total Operating Income - \$302K
Net Income Loss - \$3.6M

Volumes have gone down in comparison to last year due to COVID-19.

Mr. Mirzabegian discussed the bond covenant requirements. The hospital is close to being in an uncomfortable position with the bond covenants.

MOTION: Ms. Hong made a motion to approve the February financials; Dr. Parazo seconded. The motion passed unanimously.

IV. NEW BUSINESS

- A. Resolution No. 033121 of the Board of Directors of the Antelope Valley Healthcare District (**ACTION**) Abdallah Farrukh, MD, Chair.

Mayor Parris presented Mr. Mirzabegian with a key to the City of Lancaster.
Mayor Hofbauer presented Mr. Mirzabegian and the Hospital with certificates of appreciation on behalf of the City of Palmdale.

The Board and executive staff gave thanks to Mr. Mirzabegian for all his hard work through the pandemic.



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MOTION: Ms. Hong made a motion to approve resolution no. 033121; Dr. Tusso seconded. The motion passed unanimously.

- B. Three-Year Certificate of Accreditation to the Comprehensive Community Cancer Program of Antelope Valley Hospital (**INFORMATION ONLY**) Ed Mirzabegian, CEO

Mr. Mirzabegian presented for information the certificate of accreditation for the Cancer Program.

V. CHIEF EXECUTIVE OFFICER'S REPORT – Ed Mirzabegian (INFORMATION ONLY**)**

- A. COVID-19 Summary & Update

Mr. Mirzabegian said we have started a TAVR and Watchman program. The hospital now has a steady running Bariatric program. Please visit the new website to see all our programs. The work for the ED modular continues. Brought a VP of Finance to assist in the work with the bond market. Have vaccinated 2300 school district employees and our employees.

VI. PUBLIC COMMENT ON NON-AGENDA ITEMS

Ms. Hong stated:

Review our public comment guidelines

Each speaker gets 2 minutes

If another speaker has extra time and wants to give their remaining time to a different speaker, they can. This is the time for the board to hear out your public comment.

We do not typically respond. We just listen. Responding to your comment is going to open a conversation that more than likely isn't going to be finished in your 2 minute time limit....which wouldn't be fair to you. And if we allow extra time, it's not fair to others.

Just like the senate or other government body meeting. There are time limits.

After the last meeting, a lot of nurses told me the CNA union stewards had a conference call with nurses about the public comment session. The board was accused of being disrespectful because none of us looked at Maria Altamirano.

That's a VERY misleading and disappointing comment. Although correct. Because, we are NOT looking at you nor are you looking at us, since we are in TWO completely different buildings. But,



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that wasn't explained to these nurses. Instead, you allow them to jump to a conclusion and misled them to believe we were all in the same room and the board didn't have the gall to look at you. I guarantee all 5 of us have no problem with looking at you.

In November of 2020, I had been asked to have a zoom meeting with union stewards, your union rep, AND your union political advisor... I participated in the zoom meeting, and I even gave you guys advice on how to properly address the complaints you had about someone in management, and how to do so in your own favor.

So, if you wanted to meet with me again, you never reached out. Instead, Maria Altamirano called out each individual board member's name twice and stated she wanted to see us.

After the last board meeting, I reached out to one of your union stewards and asked if the union wanted another zoom meeting. That steward told me they'd want a meeting with me only if the CEO could be part of the meeting. So, THAT was confusing. Why name out each board member, if it's the ceo that you want to meet with? I asked this steward if any attempt was made at reaching out to Ed and asking for a meeting. I never got a clear yes or a clear no.

So, I offered to make that meeting with the CEO happen. The answer I got was, "not if we're not going to get results."

So, I hear two complaints. I address both and offer solutions. And both solutions were denied. The board does not get involved in negotiations. We are oversight and we must have administrative personnel who have their degrees in finance and business management. We vote on the end result of the negotiations.

However, if there's anything that is either clearly or perceived unfair, then by all means, we would definitely like to know. If there is misbehavior or accusations of embezzlement or unfair treatment by administration, then we would like to know. If patients are endangered and that endangerment was not addressed by the CEO, then we need to know.

These are examples of why the board has gotten rid of previous CEOs. But, we do NOT participate directly in negotiations. We do NOT get weekly reports on articles you're discussing or what the give and take offers were from either side.

During covid, other hospitals had lay offs and furloughs. Or pay cuts. Many hospitals have shut down, due to the cost.

The CEO of this hospital never ONCE mentioned to the board that it may be a possible need to do ANY of those things to the staff. We have lost MILLIONS during covid due to the cost of treatment therapies that this hospital ends up eating the cost for, because we treat the under AND un-insured. And he still never entertained ANY of those ideas to the board. When PPE was scarce and price gouging was occurring throughout the country, Ed did not give a limit to our ordering personnel. Instead, he gave them the ok to buy any and all PPE that they could find by any means necessary. Including, all unconventional ways through the Internet. They were even searching through eBay and Amazon. All this was just to try their best at keeping our staff safe.



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This hospital went up in ratio by ONE patient only, and did so at the tail end of the surge, in comparison to hospitals who did that early on in covid and were up to a 10 patient to 1 nurse ratio. Such as Kaiser.

We had the DMAT team sent from FEMA. We had the state and county send us nurses. We still have 57 FREE nurses helping us.

The CEO and our city Mayor brought Samaritan's Purse.

And we STILL lost millions, but we STILL never had one discussion of cutting pay or staff.

Now with the end of the last surge, we have a severe decrease in volume. We actually had a decrease in volume DURING covid, but we had a higher acuity and longer length of stay. The physicians have made their own cuts in hours in the ICU AND the ER. We are down 16k a month in patient volume for the ER. ER providers have gone from working 40 hours a week to 24-29 hours a week. Nurses are being flexed. Registry nurses in both ER and ICU have been cancelled, because there is no need for extra nurses. But, again, from what the board saw last month, administration has STILL offered pay raises as well as additional extra pay for multiple things unrelated to regular wages.

So, anyways. With that being said, I think we can move on to public comment.

Jack Robinson, Community Member provided public comment.

Ruth Godde, AVH Nurse provided public comment.

VII. ADJOURNMENT - 7:32PM

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right, positioned above a solid horizontal line.

Abdallah Farrukh, MD, Chair