

newERA

THE MAGAZINE OF MADERA COMMUNITY HOSPITAL

2020-Q2



**“I want to personally
reduce patient
suffering.”**

- Bakht Roshan, MD
Board Certified Infectious Disease

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**Madera
Community
Hospital**

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Message from the CEO

Karen Paolinelli, Chief Executive Officer

Madera Community Hospital's first COVID-19 positive patient was discharged from our hospital on March 7, 2020. We had 2 days to prepare for the patient's arrival. We followed all the guidance issued by the Centers for Disease Control (CDC). We were the first hospital in the



Karen Paolinelli, MSN, FNP-C, PA-C, RN
Chief Executive Officer

Central Valley to have a COVID-19 patient. At the time, it was a big deal.

We continued to prepare for the Coronavirus surge. We invested in equipment and supplies, we stocked up on Personal Protective Equipment, we developed a Covid-19 Playbook. We trained and retrained on infectious disease

safety protocols and outlined a capacity plan for our 106 bed facility to care for more than 150 patients. We graciously accepted an outpouring of donations from our community. From hand sanitizer to pizza to home baked cookies, all were appreciated.

In April we suspended elective surgeries - which was a huge financial hit, in order to prepare for the surge and decrease the spread of the virus. We began weekly external briefings via electronic conferencing on the status of hospital operations and clinical updates from our front line physicians. In June, we increased COVID-19 testing for the community, some days swabbing more than 300 people in a day. Madera Community was all in! We were ready to protect and serve. I agonized over the financial impact from the loss of elective surgeries and the decrease in patient volumes.

Then in mid-July the Coronavirus surge hit. What was a big deal in March pales in comparison to the surge we are now experiencing. My concern for our finances pales in comparison to my concern for our teams. Our dedicated doctors, nurses, technicians, house-keepers - those on the front lines have a huge responsibility. Every department and every person who works for Madera Community Hospital has been stretched by increased patient volumes, new assignments, new safety processes and ever evolving regulatory guidance. I watch our teams come together, working long hours, stepping up when and where they are needed.

COVID-19 has not been our only area of focus. During the past few months we have welcomed new department leaders, Surgery, Rural Health Clinics, Emergency and Critical Care, and two professional groups; anesthesia and diagnostic imaging. We added new technology, increased clinical capabilities and worked towards expanding access to healthcare services in Mendota. Thanks to Madera Community Hospital Foundation, the Emergency Department waiting room was renovated during the public health

stay-at-home order. We continued to focus on doing the right thing for our patients, families and community. Even during a pandemic we are continually evaluating how we can be even better.

This was also our reaccreditation year. I am happy to report we have successfully secured another three year accreditation from the Hospital Facilities Accreditation Program. This accreditation is a condition of participation in Medicare/Medicaid services and validates our quality and safe patient care. Yes, we accomplished this during a pandemic!

Reflecting on the past six months, I realize how different life and work is for all of us. I see how our teams have come together, supporting one another and showing remarkable courage and endurance.

I am grateful we have Madera Community Hospital and I know you are too. ■

Karen Paolinelli
Chief Executive Officer



Advancing Clinical Capabilities



Madera Community Hospital is thrilled to welcome Dr. Ehsaan Akhtar home after his Advanced Endoscopy Fellowship at Harbor UCLA Medical Center, Los Angeles. Dr. Akhtar specializes in advanced hepatobiliary interventions and endoscopic ultrasonography.

Just three weeks into his practice, Dr. Akhtar performed the first endoscopic retrograde cholangiopancreatography (ERCP) on a patient with a metal stent at Madera Community Hospital. The patient had contracted a life-threatening infection from her clogged stent and otherwise would have been referred to an outside hospital for treatment.

“We are so very proud of Dr. Akhtar. Patients throughout the Central Valley will benefit from his expertise and his alignment with Madera Community Hospital,” said Karen Paolinelli, Chief Executive Officer. “It is inspiring to continue attracting young and very talented physicians to our community.”

Joining his father, Naeem Akhtar, MD, Dr. Ehsaan Akhtar is developing his private practice with California Gastroenterology Associates in Madera. He is accepting new patients by referral at 559-673-4000. ■



Ehsaan Akhtar, MD, MPH

EDUCATION & TRAINING

Undergraduate
University of California, Berkeley, CA
Graduate School, Masters of Public Health
University of Southern California, Los Angeles, CA
Medical School
University of California, Davis, CA

Internal Medicine Residency
Harbor UCLA Medical Center, Los Angeles, CA
Gastroenterology Fellowship
Scripps Clinic and Scripps Green Hospital, San Diego, CA
Advanced Endoscopy Fellowship
Harbor UCLA Medical Center, Los Angeles, CA

SPECIALTY INTERESTS

EUS guided: pancreatic mass biopsy, pancreatic and esophageal cancer staging, mediastinal lymph node biopsy, AXIOS stent placement, celiac block for pain management, Trans-gastric Liver Biopsy, pancreas cyst aspiration.

ERCP and Spyglass
Endoscopic management of post-Roux-En-Y gastric bypass stenosis and leaks
Endoscopic Suturing
Endoscopic stent placement for malignant strictures
Endoscopic pneumatic dilation for achalasia
Intra-gastric Balloon Insertion
Endoscopic Mucosa Resection.

Physician Profile

Bakht Roshan, MD - Board Certified Infectious Disease

MCH: What inspired your specialty in Infectious Disease?

Dr. Roshan: I was raised in a developing country where infections are very common and people close to me suffered greatly. Their stories and studying very interesting cases as a medical student, inspired me to devote my career to preventing and reducing suffering from infectious disease.

MCH: You have spent 16 years in research: chronic liver disease, Hepatitis C, Celiac, Valley Fever and even Typhoid. What motivated you to begin providing direct patient care?

Dr. Roshan: Clinical research is very important and I am thankful for my training and experience. The simple answer is, patient need provided the motivation for deciding to do the practical work of infectious disease. I want to personally reduce patient suffering.

MCH: How would you describe the transition from petri dishes to patients?

Dr. Roshan: Applying research to practical patient care is a lot more demanding. Helping patients and being a resource for my colleagues is extremely gratifying.

MCH: What are the challenges?

Dr. Roshan: Patient non-compliance with the prescribed care and treatment is an unnecessary challenge. The rising cost of healthcare and poor compensation models are some more practical issues.

MCH: What are the most common conditions you treat?

Dr. Roshan: A large subset of my patients have Valley Fever. But, infectious disease is a broad specialty encompassing infections of all kinds in every organ and system. Sometimes patients come in with resistant bugs and need specialized treatment.

MCH: Infectious Disease Doctors went from behind the scenes, prior to COVID-19, to the front line. Describe how you have adjusted to the transformation?

Dr. Roshan: There have been days, if given the choice, I would go back behind the scenes. But, actually this pandemic has been professionally gratifying. The Medical Executive Committee appointed me as chair of our physician taskforce on COVID-19 response. It is imperative for me to know the latest prevention and diagnosis guidance as well as treatment research to establish hospital policies, procedures and protocols. Ensuring our COVID-19 response is appropriate, protecting our workforce and conserving our PPE is a completely new role. I feel more



Dr Roshan joined Madera Medical Staff in 2017. In addition to inpatient consultation and management, Dr. Roshan has developed a private practice with Affiliated Physician Practice and Family Health Services Specialty Clinic.

Dr. Roshan and his wife, Zinat Pari, have three children. Their son, Adnan, is a final year medical student in Islamabad, Pakistan, at his father's alma mater, Aga Kahn University. Their two daughters, Aroosa and Mahrukh are both Clovis West High School Graduates and are looking forward to their undergraduate programs.

EDUCATION

Fellowship Infectious Disease - University of California San Francisco, Fresno: 2015-2017
Fellowship Hepatology – University of Illinois College of Medicine, Chicago: 2010-2011

Residency Internal Medicine - Tufts University School of Medicine, Boston, MA
Medical School – Aga Khan University: Bachelor of Medicine, Bachelor of Surgery

CLINICAL RESEARCH

Chronic Liver Disease
Chronic Hepatitis C
Celiac Disease
Hereditary Hemochromatosis
Typhoid in Pediatric Population

empowered and satisfied with my interventions and present role.

MCH: When thinking about the pandemic, what has been your biggest challenge as an infectious disease doctor?

Dr. Roshan: I have three. Convincing people to do the right thing is the biggest challenge. Personal freedom is a right in our Country. We also have laws and rules to protect public safety. Wearing a face covering, maintaining physical distancing and reducing non-essential travel is a shared responsibility to protect the physical and economic health of our communities.



March 7, 2020 - Press Conference on the first COVID-19 patient in the Central Valley

Next, like every other person who provides direct patient care, managing the lingering sword of personal infection, is a challenge. The last challenge is access to proven therapeutics to treat patients with COVID-19. I know we are no different than any other hospital; the virus is novel and the therapeutics are under development, experimental or at best historically validated, like the convalescent plasma. We are literally experimenting with treatments – caring for patients under these conditions is a challenge.

MCH: The hospital has been blessed with community support as a result of COVID-19. What positive outcomes do you see from the pandemic?

Dr. Roshan: What first comes to mind is how the pandemic has provided us with time and a reason to focus on others. The limits on travel and access to our elderly family members has been difficult. I would like to think the pandemic will infuse us with a renewed respect for our elderly population.

I am also thrilled with the team work in the scientific community. People from all over the world are working tirelessly on treatments and a vaccination. I'm so impressed with what they have accomplished and shared in such a short period of time. The therapeutics were very sad at first. Mortality was in excess of 70%. In six months, the introduction of therapies has reduced mortality to less than 25% in severely ill people.

MCH: In February, I received a text message from you asking to have a reception with the Medical Staff for the new public health officer, Dr. Simon Paul. Dr. Paul had been one of your instructors at UCSF-Fresno. What is your relationship today?

Dr. Roshan: This probably should have been my first response to the positive outcomes from the pandemic. Madera County and our hospital are so very lucky to have Dr. Paul as the Public Health Officer. He is an excellent leader, he is accessible and he advocates for what we need to care for COVID-19 positive patients and to

open elective surgeries so our hospital can get back to business. He is an outstanding partner – we couldn't ask for more.

MCH: Regarding the pandemic, I have heard emergency department physicians and staff often say, "This is what we train for." How has your training prepared you for the pandemic?

Dr. Roshan: You might be surprised to know, there is a lot of adrenaline in the infectious disease specialty – especially with a novel disease. Many ID Docs travel to the latest outbreak just to be on the front line of the disease. Our training and my research experience has been especially helpful in combing through publications to ensuring we are following guidance and outcomes from reputable scientific sources. It is a very exciting time for infectious disease specialists.

MCH: You are leading the Medical Staff COVID-19 Response Task Force. What can you share about the leadership experience?

Dr. Roshan: Yes. This appointment is important. I have to be absolutely knowledgeable about the most current data and guidance when working with my colleagues. Doctors represent different specialties and have many information resources specific to their patient population. We, as a diverse group of physicians, are tasked to develop policies and processes based on scientific evidence benefiting all patients, our workforce and the community.

MCH: Beyond direct patient care and leading the task force, what would you like to do to prepare Madera County for the next stage of COVID-19?

Dr. Roshan: My first priority is a donor project. I really want to encourage recovered patients, those who have restarted their lives to donate their plasma. This will build our arsenal.

I also am interested in partnering with Public Health to develop and implement Seroprevalence testing to determine where we are in developing immunity to the virus. I have been following these studies in other Countries. I would like to be able to do it in our Hospital and in community.

MCH: When you think about COVID-19 and our hospital – what do you want the community to know?

Dr. Roshan: Despite being an independent hospital, we are not behind. Our administrative team has empowered us and are fully supportive and work tirelessly to secure the tools and treatment needed to successfully work through the pandemic. Our Emergency Department Physicians, Hospitalists and Intensivists are well trained and I value their collaboration.

One more thing, don't delay care. When symptoms are developing or worsen, if you have difficulty breathing come to the Emergency Department. The sooner we can start interventional therapies the better off you will be. Don't fight the virus on your own. ■



New Leaders

Surgical Services



Amanda Cortes, BSN, RN
Clinical Director
Surgical Services

I'm inspired by our team of surgeons, nurses, techs and anesthesiologists, who each day commit to providing clinically competent patient care with compassion for both the patient and their family.

During my seven year career with Madera Community Hospital, I have built relationships on a foundation of

respect, appreciation, and trust. Without a doubt, these relationships have provided me with the opportunity to lead the Surgical Services Team.

The demand for services and vision for increased surgical capabilities requires our entire team delivers best practice surgical support, from pre-op to post anesthesia care and discharge to family or hand-off to their receiving inpatient nurse. My staff and I vow to remain educated, professional and compassionate. I further commit to modeling expectations and guiding a team of medical professionals, who chose to serve our surgeons and welcome our diverse patient populations. ■



Rural Health Clinics



Skylar Mazonni, FNP-C, RN
Clinical Director
Rural Health Clinics

I feel very grateful for this new opportunity to come "home" and serve my community. I was born and raised in Madera and started my nursing career at Madera Community Hospital. This is where I developed lasting relationships with our physicians, my colleagues and our patients. In 2018, when I became a Nurse Practitioner, many of the patients I cared

for in the hospital selected me as their primary care provider.

One of the greatest treasures about working in my home town is forming the personal connections. Whether someone knew my grandfather, Dr. Gatz, because he was their Veterinarian or hearing stories about my dad, Roger Howe, coaching Pop-Warner Football, I enjoy talking with patients about their Madera memories and sharing some of my own. Our common roots, values, and community experiences establishes trust.

In my role as Director of our Rural Health Clinic System, I am very passionate about and committed to enhancing the overall patient experience. Our patients can expect and deserve to receive excellent care, on the phone, in Madera, in Chowchilla, in our Specialty Clinic, in RapidCare and soon, in Mendota. Our Family Health Services Team of health professionals are committed to ensuring equal access to the highest quality of primary and specialty outpatient care. My expectation is for us to care for patients as if they are our own family. We do this with an ultimate goal of improving the health of the communities we serve, one person and one visit at a time. ■

"To be 'in charge' is certainly not only to carry out the proper measures yourself, but to see that everyone else does so, too."

Florence Nightingale

Critical Care Services



Kellie McCracken, MSN, RN, PHN
Clinical Director
Critical Care/Respiratory Therapy

In addition to being a practicing critical care nurse, I teach those who want to become a nurse. For me, practicing and teaching are synonymous and feeds my need for continual learning. The cycle of gaining and sharing benefits my patients, my students and my colleagues. Continuous learning makes me a better educator and most

importantly, continuous learning makes me a better nurse.

After years of working as a traveling nurse I came home to serve in my own community. I am very pleased to be working with the intensivists and alongside a strong group of nurses and respiratory therapists in Madera's Intensive Care Unit.

Caring for the sickest patients requires coordinated diligence and a focus on clinical best practices sprinkled with creativity; every patient is different. As a critical care nurse, you learn a multidisciplinary team approach provides the best outcomes for patients. Madera Community Hospital uses this approach. For example, any change in a patient's medication or nutrition impacts vital organs. Under the direction of the intensivist, the team, each with our own expertise, set daily goals for the patient, give feedback and recommendations on the patient's care.

What I bring to Madera Community Hospital is department qualified leadership; leadership learned from some of the best throughout the country. I am committed to sharing knowledge and coaching toward excellence for our team to provide the highest level of care. ■

Emergency Services



Dayna Worthan, MSN, MHA, RN, BCEN
Clinical Director
Emergency Services

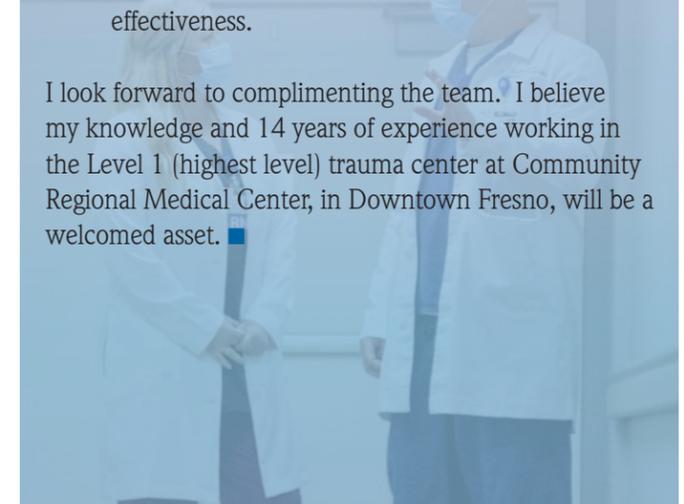
Working in Emergency Medicine is unlike any other medical specialty. Our team is highly invested and acutely engaged in a myriad of simultaneous health situations with varying degrees of urgency. We care for people when they are most vulnerable and value the trust our patients and their families place in us.

I am thrilled to be a clinical partner with the physicians, providers, and staff of Madera Community Hospital. While focused on best practices they are equipped with an unmatched level of compassion.

I envision our community further realizing that Madera Community Hospital's Emergency Department is committed to:

- Improving the health of the communities we serve,
- Practicing at the top of our license,
- Providing extraordinary emergency care,
- Committed to continual advancement of clinical effectiveness.

I look forward to complimenting the team. I believe my knowledge and 14 years of experience working in the Level 1 (highest level) trauma center at Community Regional Medical Center, in Downtown Fresno, will be a welcomed asset. ■





Join Me

Madera Community Hospital FOUNDATION

The Coronavirus, COVID-19, has transformed our lives at a remarkable pace and in unbelievable ways. During this time of great uncertainty, we've been comforted, encouraged, and humbled by the outpouring of generosity and support from our community.

For Madera Community Hospital, and hospitals throughout the nation, the virus is creating unsustainable financial losses. While we know our legislators, Jim Costa, Anna Caballero and Frank Bigelow, are working tirelessly to secure financial relief for our hospital, I am reminded of our individual responsibility for ensuring Madera Community Hospital survives the COVID-19 Pandemic.

Hospitals, before the pandemic, were experiencing record closures due to declining reimbursement and increasing costs. In the best of times, hospitals are competing for staff, struggling to afford state of the art medical technology to remain in compliance with the standards of quality healthcare services, and to attract the best and brightest physicians.

If ever there were a time to invest in Madera Community Hospital, it is now. Social media posts have documented our neighbors' outpouring of support for our Hospital's workforce; donut and ice cream deliveries, handmade face coverings and gracious gifts of iPads. The hospital has also received high quality personal protective equipment from many of our local businesses. Even Madera's Sister City, I-Lan, Taiwan, donated 10,000 ear loop masks to our Hospital.

While all these gifts and symbols of gratitude are appreciated, our hospital needs money. COVID-19 isn't going away anytime soon, and we are on the cusp of the traditional flu season, and we anticipate even greater demand for hospital based medical care though the winter months.

For many of us, discretionary income has accumulated with travel and social gathering restrictions. I urge you to invest this money and more, if you can, in Madera Community Hospital's sustainably. Your financial gift and recurring contributions are accepted on line, www.MaderaHospital.org/donate or via US Mail: Madera Community Hospital Foundation, 1250 E. Almond Avenue, Madera, CA 93637.

Today, as we continue to collectively experience a change in our daily routines that impact so many of us in so many different ways, let us remember to thank our physicians, nurses, and all healthcare workers and support staff who are risking their own health to care for the most vulnerable among us. They truly deserve our thanks and our support.

Please join me in supporting Madera Community Hospital, so they can continue supporting us.

James Chin, PhD, President
Madera Community Hospital Foundation Advisory Board



James Chin, PhD, President
Madera Community Hospital
Foundation Advisory Board

Our healthcare workforce has experienced an unprecedented outpouring of support. The community has cared about protecting us as much as we care about protecting them, and we can't thank them enough. ■



Hospital visitation restrictions inspired Noble Credit Union to donate iPads for video conferencing to improve patient and family communication.

COVID-19 Donor List

Asera Care Hospice
Asian Accessories
Anita Avila
Laura Barajas
Benaddiction
Blohm & Company, Certified Public Accounts
Rosanne Bonilla
Sherry Booker
Gary Bradshaw in honor of Pastor Al
Brenda and Steve Prazenica
Avery Bunnel
Cal Pacific Supply
California Home Health
Central Valley Community Foundation
Church & Dwight Company
Cold Stone Creamery
Community Member
Steve Copeland
Deidre and Tom daSilva
Deli Delicious
DiCiccio Italian Restaurant
Dole
Cindy Dolph
Dominos
Farmer's Ag Management, Inc.
Fastway Chicken
Kelsey Fernandez
Halle Freitas
Fresno Madera Medical Society
Front Line Appreciation Group (FLAG)

Raymond Garcia
Girl Scouts of Central California
Harbor Freight
Ernie Hernandez
Home Depot
Jack in the Box
KFC
Krystle Kidwell
Krispy Kreme
Kuppa Joy
Lois Lenord
Little Cesears
I-Lan, Taiwan - Madera's Sister City
Kathy Lopes
Lotus N Luna
Elijah Lowe
Lowe's
Madera Ambulatory Endo Center
Madera Community College Center
Madera County Library
Madera High
Madera Mask Brigade
Madera Police Officer's Association
Patty Manfredi
Valerie Maniquiz
Renee and Fredo Martin
McDonald Crop Insurance
Motion Industries
Soni Moua
Nijjar Family
Nobel Credit Union

North Fork Rancheria of Mono Indians
Ester Oliveres
Pabla Family
Pacific Farm Management
Pacific Orchard Development
Mary & Ray Paolucci
Vince Petrucci
Premier Brick Oven Pizza
Prestige Farm Management, Inc.
Mickie Purl
Quit Bugging Mee
Riley's Brewing
Xio Rodriguez
Round Table Pizza
Salter's Distributing
Sherman Thomas STEM Academy
The Sikh Community of Madera
St. Mary's Home Health and Hospice
Starbucks
Sun-Maid Growers
Devin Swartz
Mandinka Swartz
Candy Talley
Teresa Thayer
The Pi Shop
TZU CHI Medical Foundation
United Way of Fresno and Madera Counties
University of Phoenix
Valley State Prison Youth Offender Program
Working Arts
Rosemarie Wright



Advancements in Technology

In May of 2020 Madera Community Hospital entered into a long term agreement with Siemens Automation Company to equip our hospital and outpatient center with state-of-the-art diagnostic imaging equipment. We have accepted delivery of two ultrasound machines and a mobile x-ray unit.

The latest in diagnostic technology provides confidence for the technologist, the radiologist and the patient. “Our aim is to provide the most current advancements in technology,” Karen Paolinelli, CEO. This purchase has been in the works for several months. Installation of some equipment requires construction that has been placed on hold due to the anticipated, and now actual, pandemic surge. “The timing was perfect for getting the mobile technology on site and staff trained to even further enhance our ability to provide safe patient care.” ■



RADS On August, 1, 2020, Madera Community Hospital welcomed Radiology and Diagnostic Services to our campus. The multi-specialty group of Radiologists, under the Medical Direction of Richard Porzio, MD and Mario Sattah, MD, bring more than 25 physicians on to our panel of diagnostic expertise.



Most Valuable Players Respiratory Therapists

Respiratory therapists have a crucial role in the care and treatment of COVID-19 patients. Their expertise in assessing and managing blood gases, assisting with intubations and bronchoscopies and their specialty in ventilator management has them caring for our sickest patients. ■



Members of Madera Community Hospital's Respiratory Team. Pictured: Left to right: Jose Sanchez, Brenda Morales, Noe Navarro, David Hoge, William Jones, Kyle Solis, Adrian Garcia, Kenny Legaspi, Anthony Solis, Sam Vue.

Matchmaking for Patient Safety

Welcome Central California Anesthesia Associates



In recent years, surgical cases at Madera Community Hospital have increased. The pre-pandemic increase required a thorough review of the Hospital's anesthesia coverage.

“With more surgeons and patients choosing Madera Community Hospital, the need to increase anesthesia coverage was evident,” said Karen Paolinelli, Chief Executive Officer. The relationship between our surgeons and the anesthesia provider is critical for patient safety. Selecting the right match for our surgeons and their patients required a partner with values aligned with ours.

In April of this year, Madera Community Hospital welcomed Central California Anesthesia Solutions (CCAS). The private anesthesia group of 14 is composed of Board Certified Physicians and Certified Registered Nurse Anesthetists (CRNA). These experienced anesthesia providers have built their careers serving the Central Valley, and currently provide surgical and perioperative support for emergent, diagnostic and elective procedures. Both born and raised in the Central



Richard Romo, MD, Board Certified Anesthesiology, Medical Director

Bryan Tune, PhD, DNO, CRNA Practice Manager

The relationship between our surgeons and the anesthesiologists is critical for patient safety

Valley, CCAS managing partners; Bryan Tune, PhD, CRNA and Nathan Adams, DNP, CRNA, have a firm understanding of the unique needs of our community and our hospital.

“CCAS is dedicated to providing anesthesia and perioperative care of the highest quality. They are committed to patient safety, integrity, professionalism and the compassionate care of our patients,” added Paolinelli. “Madera Community Hospital and our doctors are very excited to have this new group.”

“Patient safety is at the forefront of our surgical support,” said Dr. Richard Romo, Medical Director. “We are dedicated to optimal patient outcomes and are fully invested in the patient's experience.” ■



Central California Anesthesia Solutions is a 21 member provider led and owned specialty practice. Pictured Left to right: Robert Lopez, CRNA, Bryan Tune, CRNA, Richard Romo, MD, Matthew Twichell, CRNA



Madera
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