



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, February 7, 2023 – 4:00 PM

Modular C Classroom

600 N. Highland Springs Avenue, Banning, CA 92220

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Administration Office at (951) 769-2160. **Notification 48 hours prior to the meeting** will enable the Hospital to make reasonable arrangement to ensure accessibility to this meeting. [28 CFR 35.02-35.104 ADA Title II].

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

A five-minute limitation shall apply to each member of the public who wishes to address the Hospital Board of Directors on any matter under the subject jurisdiction of the Board. A thirty-minute time limit is placed on this section. No member of the public shall be permitted to “share” his/her five minutes with any other member of the public. (Usually, any items received under this heading are referred to staff for future study, research, completion and/or future Board Action.) (PLEASE STATE YOUR NAME AND ADDRESS FOR THE RECORD.)

On behalf of the Hospital Board of Directors, we want you to know that the Board acknowledges the comments or concerns that you direct to this Board. While the Board may wish to occasionally respond immediately to questions or comments if appropriate, they often will instruct the Hospital CEO, or other Hospital Executive personnel, to do further research and report back to the Board prior to responding to any issues raised. If you have specific questions, you will receive a response either at the meeting or shortly thereafter. The Board wants to ensure that it is fully informed before responding, and so if your questions are not addressed during the meeting, this does not indicate a lack of interest on the Board’s part; a response will be forthcoming.

GENERAL TOPIC

III. Homeless Survey Presentation

L. Swerdlow verbal

OLD BUSINESS

IV. ***Proposed Action - Approve Minutes**

S. DiBiasi

o January 3, 2023, Regular Meeting

A

o January 18, 2023, Special Meeting

B

NEW BUSINESS

- | | | | |
|-------|--|-------------------------------|--------|
| V. | Hospital Board Chair Monthly Report | S. DiBiasi | verbal |
| VI. | CEO Monthly Report | S. Barron | C |
| VII. | February, March, & April Board/Committee Meeting Calendars | S. DiBiasi | D |
| VIII. | Foundation Monthly Report | V. Hunter | E |
| IX. | Annual completion of FPPC Statement of Economic Interest (Form 700) for 2022 (complete forms due back by March 10, 2023) | S. DiBiasi | verbal |
| X. | Appoint Ad Hoc Nomination Committee for Hospital Board Vacancy | S. DiBiasi | verbal |
| XI. | * Proposed Action – Approve 2023 Environment of Care Plans
■ ROLL CALL | S. Sanchez | F |
| XII. | Committee Reports: | | |
| | <ul style="list-style-type: none"> • Finance Committee <ul style="list-style-type: none"> ○ January 31, 2023, regular meeting minutes * Proposed Action – Approve December 2022 Financial Statement (Unaudited)
 (Approval recommended by Finance Committee 01/31/2023) <ul style="list-style-type: none"> ■ ROLL CALL * Proposed Action – Recommend approval to Healthcare District Board <ul style="list-style-type: none"> • Professional Services Agreement with Walter P. Moore to constitute critical and mandatory steps toward obtaining seismic compliance beyond 2030. <ul style="list-style-type: none"> ■ ROLL CALL ○ Informational Report – Robotics DaVinci Surgical Program 9-Months Ended December 31, 2022 | S. DiBiasi/
D. Heckathorne | G |
| | <ul style="list-style-type: none"> • Human Resources Committee <ul style="list-style-type: none"> ○ January 18, 2023, regular meeting minutes ○ Reports | R. Rader/
A. Karam | J |
| | <ul style="list-style-type: none"> • Community Planning Committee <ul style="list-style-type: none"> ○ January 18, 2023, regular meeting minutes ○ Reports | S. Rutledge | K |
| XIII. | * Proposed Action – Approve Resolution No. 2023-01 (Change in banking authorized signers)
■ ROLL CALL | M. Kammer | L |

- | | | | |
|--------|---|---------------------------------|---------|
| XIV. | * Proposed Action – Approve the purchase of technology services with CDW Government <ul style="list-style-type: none">▪ ROLL CALL | C. Maja | Handout |
| XV. | Chief of Staff Report
* Proposed Action - Approve Recommendations of the Medical Executive Committee <ul style="list-style-type: none">▪ ROLL CALL | S. Khalil, MD
Chief of Staff | M |
| XVI. | * Proposed Action - Approve Policies and Procedures <ul style="list-style-type: none">• ROLL CALL | Staff | N |
| XVII. | Community Benefit events/Announcements/
and newspaper articles | S. DiBiasi | O |
| XVIII. | Future Agenda Items | | |

***** ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION**

S. DiBiasi

- Proposed Action - Recommend approval to Healthcare District Board - Medical Staff Credentialing (*Health & Safety Code §32155; and Evidence Code §1157*)
- Receive Quarterly Environment of Care/Life Safety/Utility Management Report (*Health & Safety Code §32155*)
- Receive Quarterly Emergency Preparedness/Environment Safety Report (*Health & Safety Code §32155*)
- Receive Quarterly Performance Improvement Committee Report (*Health & Safety Code §32155*)
- Receive Quarterly Corporate Compliance Committee Report (*Health & Safety Code §32155*)

XIX. ADJOURN TO CLOSED SESSION

*** The Board will convene to the Open Session portion of the meeting approximately 2 minutes after the conclusion of Closed Session.**

RECONVENE TO OPEN SESSION

***** REPORT ON ACTIONS TAKEN DURING CLOSED SESSION**

S. DiBiasi

XX. ADJOURN

S. DiBiasi

***Action Required**

San Gorgonio Memorial Hospital
Board of Directors Regular Meeting
February 7, 2023

In accordance with The Brown Act, *Section 54957.5*, all public records relating to an agenda item on this agenda are available for public inspection at the time the document is distributed to all, or a majority of all, members of the Board. Such records shall be available at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

I certify that on February 3, 2023, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors
(*Government Code Section 54954.2*).

Executed at Banning, California, on February 3, 2023



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

January 3, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, January 3, 2023, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi (Chair), Ron Rader, Steve Rutledge (Vice Chair), Randal Stevens, Lanny Swerdlow, Dennis Tankersley, Siri Welch

Members Absent: Shannon McDougall, Darrell Petersen

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Sherif Khalil, MD (Chief of Staff), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Angie Brady (ED Director), Streamline

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:07 pm.	
Public Comment	Diego Rose spoke about CDC/Covid Guidance. He stated that the hospital is practicing “state guidelines” and not medicine. He stated that if the hospital is going to listen to mask mandates, where is the proof that they reduce viral spread?	
GENERAL TOPIC		
Streamline Presentation	Madison with Streamline gave a brief presentation about redesigning our external sgmh.org website. Streamline works with many special districts to aid in ensuring compliance with the Brown Act and other state mandated requirements.	
OLD BUSINESS		
Proposed Action - Approve Minutes December 6, 2022, regular meeting	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the December 6, 2022, regular meeting.	The minutes of the December 6, 2022, regular meeting will stand correct as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Chair DiBiasi announced that Siri Welch will be resigning from the Hospital Board effective January 4, 2023. We will be putting together an Ad Hoc Nomination Committee to fill the vacant seat.	
CEO Monthly Report	Steve Barron, CEO, reported that we will work on the Community Benefit Plan at the next Community Planning Committee meeting. Steve also mentioned that it is time to discuss seismic compliance and the steps	

AGENDA ITEM		ACTION / FOLLOW-UP																				
	we need to take to be in compliance by 2030.																					
January, February, and March Board/Committee meeting calendars	Calendars for January, February, and March were included on the board tablets.																					
Foundation Monthly Report	Foundation President, Allen Koblin, gave the Foundation Monthly Report as included on the board tablets.																					
Reminder – All Hospital Board Members Annual Execution of Confidentiality and Nondisclosure Agreement	Chair DiBiasi noted that the Confidentiality and Nondisclosure Agreement is presented annually for each board member’s signature. These were given to each Board Member to return to Ariel Whitley.																					
Patient Care Services Bi-Monthly Report	Chair DiBiasi noted that the Patient Care Services Bi-Monthly report was included in the board packet for review.																					
Proposed Action – Annual Approval of Hospital Bylaws	<p>Chair DiBiasi noted that the bylaws require that the Board review and approve their bylaws annually. She asked if there were any suggested changes to the current Hospital Board Bylaws. It was noted that staff had no recommended changes. No changes were recommended.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1327 1253 1503"> <tbody> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Absent</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </tbody> </table>	DiBiasi	Yes	McDougall	Absent	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Absent	Welch	Yes	Motion carried.		M.S.C., (Rader/Swerdlow) the SGMH Board of Directors approved their bylaws as presented.
DiBiasi	Yes	McDougall	Absent																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Absent																			
Welch	Yes	Motion carried.																				
Hospital Board Chair – Appoint 2023 Committee Members	<p>Chair DiBiasi announced the 2023 Committee Assignments as follows:</p> <p>Human Resources Committee:</p> <ul style="list-style-type: none"> Ron Rader (Chair), Susan DiBiasi, Shannon McDougall, Steve Rutledge <p>Finance Committee:</p> <ul style="list-style-type: none"> Susan DiBiasi (Chair), Ron Rader, Steve Rutledge, Dennis 																					

AGENDA ITEM		ACTION / FOLLOW-UP																				
	<p style="text-align: center;">Tankersley</p> <p>Community Planning Committee:</p> <ul style="list-style-type: none"> Steve Rutledge (Chair), Susan DiBiasi, Shannon McDougall, Darrell Petersen, Ron Rader, Steve Rutledge, Randal Stevens, Lanny Swerdlow, Dennis Tankersley 																					
<p>2023 Slate of Officers</p>	<p>Chair DiBiasi noted that a copy of the 2023 Slate of Officers was included on the board tablet.</p>																					
<p>Proposed Action – Nominate/Approve 2023 Hospital Board Chair</p>	<p>Steve Rutledge nominated Susan DiBiasi as the Hospital Board Chair.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 816 1252 993"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Absent</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	McDougall	Absent	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Absent	Welch	Yes	Motion carried.		<p>M.S.C., (Rutledge/Rader), the SGMH Board of Directors approved Susan DiBiasi as the 2023 Hospital Board Chair.</p>
DiBiasi	Yes	McDougall	Absent																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Absent																			
Welch	Yes	Motion carried.																				
<p>Proposed Action – Nominate/Approve 2023 Hospital Board Vice Chair</p>	<p>Susan DiBiasi nominated Steve Rutledge as the Hospital Board Vice Chair.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1199 1252 1375"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Absent</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	McDougall	Absent	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Absent	Welch	Yes	Motion carried.		<p>M.S.C., (DiBiasi/Rader), the SGMH Board of Directors approved Steve Rutledge as the 2023 Hospital Board Vice Chair.</p>
DiBiasi	Yes	McDougall	Absent																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Absent																			
Welch	Yes	Motion carried.																				
<p>Proposed Action – Nominate/Approve 2023 Hospital Board Secretary/Treasurer</p>	<p>Susan DiBiasi nominated Ron Rader as the Hospital Board Secretary/Treasurer.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1587 1252 1764"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Absent</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	McDougall	Absent	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Absent	Welch	Yes	Motion carried.		<p>M.S.C., (DiBiasi/Rutledge), the SGMH Board of Directors approved Ron Rader as the 2023 Hospital Board Secretary/Treasurer.</p>
DiBiasi	Yes	McDougall	Absent																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Absent																			
Welch	Yes	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
Proposed Action – Approve 2023 Environment of Care Plans	This item will be tabled to the February meeting.																					
COMMITTEE REPORTS:																						
Finance Committee Proposed Action – Recommend Approval of the November 2022 Financial Statement (Unaudited).	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the November 2022 Financial report which was included on the board tablet. A copy of the Finance Committee’s December 27, 2022, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of November 2022 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 835 1255 1014"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Absent</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	McDougall	Absent	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Rader/Rutledge), the SGMH Board of Directors approved the November 2022 Financial Statement as presented.</p>
DiBiasi	Yes	McDougall	Absent																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
Proposed Action – Recommend Approval to the Healthcare District Board of Resolution No. 2023-01, a resolution approving the form and authorizing the execution and delivery of a first amendment to line of credit with First Foundation Public Finance, a Delaware Statutory Trust and a wholly-owned subsidiary of First Foundation Bank and approving certain other actions.	<p>Danial Heckathorne reviewed and explained Resolution No. 2023-01, a resolution approving the form and authorizing the execution and delivery of a first amendment to line of credit with First Foundation Public Finance, a Delaware Statutory Trust and a wholly owned subsidiary of First Foundation Bank and approving certain other actions.</p> <p>It was noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 1476 1255 1654"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Absent</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	McDougall	Absent	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C. (Welch/Rutledge), the SGMH Board of Directors voted to recommend approval of Resolution No. 2023-01, a resolution approving the form and authorizing the execution and delivery of a first amendment to line of credit with First Foundation Public Finance, a Delaware Statutory Trust and a wholly owned subsidiary of First Foundation Bank and approving certain</p>
DiBiasi	Yes	McDougall	Absent																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>Proposed Action – Recommend Approval to the Healthcare District Board of the replacement of SGMH’s Acudose ADCs with Omnicell ADCs at the current price of \$562,831.60 plus taxes and shipping.</p>	<p>The Finance Committee is recommending that SGMH replaces the Acudose ADCs with Omnicell ADCs at the current price of \$562,831.60 plus taxes and shipping.</p> <p>A Purchase Order to secure this price is required to be generated before December 30, 2022 and will include the language “Subject to final Board approval”.</p> <p>It was noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 890 1252 1064"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Absent</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	McDougall	Absent	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Absent	Welch	Yes	Motion carried.		<p>other action to the Healthcare District Board.</p> <p>M.S.C. (Rader/Rutledge), the SGMH Board of Directors voted to recommend approval of the replacement of SGMH’s Acudose ADCs with Omnicell ADCs at the current price of \$562,831.60 plus taxes and shipping to the Healthcare District Board.</p>
DiBiasi	Yes	McDougall	Absent																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Absent																			
Welch	Yes	Motion carried.																				
<p>Proposed Action – Recommend Approval to the Healthcare District Board of the renewal of the 3M Software Coding Agreement.</p>	<p>SGMH has been using 3M coding software for many years. This software facilitates the coding needed for each medical chart. The coding is then used for billing purposes and reporting purposes. The current agreement expires on January 6, 2023.</p> <p>It was noted that approval is recommended to the Healthcare District Board.</p> <p>Shannon McDougall joined the meeting at 5:27 PM.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1549 1252 1724"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Yes</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C. (Welch/Swerdlow), the SGMH Board of Directors voted to recommend approval of the renewal of the 3M Software Coding Agreement to the Healthcare District Board.</p>
DiBiasi	Yes	McDougall	Yes																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>Chief of Staff Report</p> <p>Proposed Action – Approve Recommendations of the Medical Executive Committee</p>	<p>Sherif Khalil, MD, Chief of Staff, briefly reviewed the Medical Executive Committee report as included on the board tablets.</p> <p>Approval Items:</p> <ul style="list-style-type: none"> Pharmacy and Therapeutics Approval of Medical Staff Bylaws Amendment and 2022 Annual Approval of the Medical Staff Bylaws <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 611 1253 785"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Yes</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Swerdlow/Rader), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</p>
DiBiasi	Yes	McDougall	Yes																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p>Proposed Action – Approve Policies and Procedures</p>	<p>There were two (2) policies and procedures included on the board tablets presented for approval by the Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 999 1253 1173"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Yes</td> </tr> <tr> <td>Petersen</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Rutledge/Welch), the SGMH Board of Directors approved the policies and procedures as submitted.</p>
DiBiasi	Yes	McDougall	Yes																			
Petersen	Absent	Rader	Yes																			
Rutledge	Yes	Stevens	Absent																			
Swerdlow	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p>Community Benefit events/Announcements/and newspaper articles</p>	<p>Miscellaneous information was included on the board tablets.</p>																					
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> None 																					
<p>Adjourn to Closed Session</p>	<p>Chair, DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> ➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing ➤ Receive Quarterly Environment of Care/Life Safety/Utility Management Report ➤ Receive 2022 Environment of Care Plan Evaluations <p>The meeting adjourned to Closed Session at 5:43 pm.</p>																					
<p>Reconvene to Open Session</p>	<p>The meeting adjourned from closed session at 5:46 pm.</p> <p>At the request of Chair DiBiasi, Ariel Whitley reported on the actions</p>																					

AGENDA ITEM		ACTION / FOLLOW-UP
	taken/information received during the Closed Session as follows: <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing ➤ Received Quarterly Environment of Care/Life Safety/Utility Management Report was tabled to February. ➤ Received 2022 Environment of Care Plan Evaluations as informational. 	
Adjourn	The meeting was adjourned at 5:47 pm.	

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B

**SPECIAL MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS**

January 18, 2023

The Special Meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, January 18, 2023, in Classroom C, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Ron Rader, Steve Rutledge (C), Randal Stevens

Absent: Shannon McDougall, Darrell Petersen, Lanny Swerdlow, Dennis Tankersley

Staff Present: Steve Barron (CEO), Dan Heckathorne (CFO), Ariel Whitley (Executive Assistant), Annah Karam (CHRO), Pat Brown (CNO), Karan P. Singh, MD (CMO), John Peleuses (Project Manager), F. Johnson (HRM), B. Gupta (Walter P. Moore)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Committee Chair Steve Rutledge called the meeting to order at 10:02 am.	
Public Comment	No public comment.	
OLD BUSINESS		
* Proposed Action - Approve minutes November 15, 2022, regular open session meeting	Chair Rutledge asked for any changes or corrections to the minutes of November 15, 2022, regular open session meeting. There were none.	The minutes of the November 15, 2022, regular open session meeting was reviewed and will stand correct as presented.
NEW BUSINESS		
2023 Seismic Compliance for San Gorgonio Memorial Hospital	Balram Gupta with Walter P. More and Ferrell Johnson with HRM gave a presentation that detailed the importance of engaging in structural engineering professional services for seismic compliance.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
	San Gorgonio Memorial Healthcare District and Hospital are mandated by the State of California to submit a plan for mitigation of potential damage from a major earthquake by January 1 st , 2024. The scope of services covers NPC-3 Evaluation of NPC-2 Buildings.	
Future Agenda Items	<ul style="list-style-type: none"> • Community Health Benefit Plan 	
Next Meeting	The next Community Planning Committee meeting (Special Meeting of the Hospital Board) will be held on Tuesday, April 19, 2023, at 9:00 am.	
Adjournment	The meeting was adjourned at 10:55 am.	

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

TAB C

Whitley, Ariel

From: Barron, Steven
Sent: Friday, January 13, 2023 9:53 AM
To: Whitley, Ariel
Subject: FW: 23-24 Proposed State Budget Released Today

Follow Up Flag: Follow up
Flag Status: Flagged

Put this in the CEO report for Feb

From: Sherreta Lane <[REDACTED]>
Sent: Tuesday, January 10, 2023 5:29 PM
Subject: 23-24 Proposed State Budget Released Today

TO: DHLF Board

Governor Newsom released his proposed 23-24 state budget today, As anticipated, risks to the state's economic and revenue outlook -- continued high inflation, multiple federal reserve bank interest rate increases, and further stock market declines -- have been realized.

The good news is the proposed budget does not contain any provider rate reductions in the Medi-Cal program, but the bad news is it also does not contain any investments in the providers in this program. The DHLF is continuing to work with CHA and the rest of the California hospital community for a one-time budget ask of \$1.5 billion for hospitals. This 23-24 request is part of a larger educational effort to set the stage for some structural reforms in the Medi-Cal program in 2024 and beyond. Based on the state's revenues, etc., as noted above, the 2023 request will be a big lift but all hospital constituency groups are driven to put forth significant effort based on the increasing needs of California's hospitals.

Some notable highlights of the proposed budget (thank you Connie Delgado):

- Governor Newsom presented a \$297 billion - balanced budget.
- Noted a shortfall of \$22.5 billion (previous estimates noted almost a \$25 billion deficit).
- \$22.4 billion in Rainy Day Fund.
- \$8.5 billion for Public School Rainy Day Fund.
- \$3.8 billion for SFEU (special fund for economic uncertainties).
- \$900 million for Safety Net Reserve.
- Noted budget resilience for retirement liabilities.

Healthcare

- \$10.7 billion Cal AIM (Advancing and Innovation in Medi-Cal)
- \$8+ billion increased behavioral health services and housing
- \$4.8 billion universal access to health care regardless of immigration status
- \$238 Million Expanded Middle-Class Subsidies
- \$214 million CARE court costs
- \$200+ million reproductive health care
- \$100 million launched CalRX/single purchaser

Opioids and Fentanyl - \$97 million New Investments

- \$79 million Naloxone distribution project
- \$10 million grants for education testing, recovery and support services
- \$4 million – make tests strips more available

- \$3.5 million overdose medication for all middle and high schools

Homelessness \$15.3 billion homeless package

- \$3 billion flexible aid to local government -accountability
- \$3 billion homekey
- \$2.2 billion behavioral health continuum infrastructure
- \$1.5 billion behavioral health bridge housing
- \$860 million community care expansion
- \$750 million encampment clean up grants
- \$262 Project Roomkey

Today's budget release is the first step in this process. The Legislature will debate and amend the proposed budget and a May Revise will be released in May that better reflects state revenues. The final budget is required to be passed by the Legislature by June 15, 2023. We will keep you posted on activities and the various proposals related to the state budget. If you have any questions, please let me know.

~~~~~  
Sherreta Lane | District Hospital Leadership Forum


950 Glenn Street, Suite 250, Folsom, CA 95630 | cell: 916-591-2090 | email: [REDACTED]

**TAB D**



# February 2023

## Board of Directors Calendar

| Sun | Mon                                                         | Tue                                                                                            | Wed | Thu | Fri | Sat |
|-----|-------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----|-----|-----|-----|
|     |                                                             |                                                                                                | 1   | 2   | 3   | 4   |
| 5   | 6                                                           | 7<br><b>4:00 pm Hospital Board Meeting</b><br><b>6:00 pm Healthcare District Board Meeting</b> | 8   | 9   | 10  | 11  |
| 12  | 13                                                          | 14<br>       | 15  | 16  | 17  | 18  |
| 19  | 20<br><i>Administration Closed</i><br><i>Presidents Day</i> | 21                                                                                             | 22  | 23  | 24  | 25  |
| 26  | 27                                                          | 28<br><b>9:00 am Finance Committee</b>                                                         |     |     |     |     |

Items in **bold** = Board/Committee meetings


Items with \* = Associate functions that Board members are invited to attend





# March 2023

## Board of Directors Calendar

| Sun | Mon | Tue                                                                                            | Wed | Thu | Fri                                                                                                                | Sat |
|-----|-----|------------------------------------------------------------------------------------------------|-----|-----|--------------------------------------------------------------------------------------------------------------------|-----|
|     |     |                                                                                                | 1   | 2   | 3                                                                                                                  | 4   |
| 5   | 6   | 7<br><b>4:00 pm Hospital Board Meeting</b><br><b>6:00 pm Healthcare District Board Meeting</b> | 8   | 9   | 10                                                                                                                 | 11  |
| 12  | 13  | 14                                                                                             | 15  | 16  | 17<br> Happy St. Patrick's Day | 18  |
| 19  | 20  | 21                                                                                             | 22  | 23  | 24                                                                                                                 | 25  |
| 26  | 27  | 28<br><b>9:00 am Finance Committee</b><br><b>10:00 Executive Committee</b>                     | 29  | 30  | 31                                                                                                                 |     |

Items in **bold** = Board/Committee meetings

Items with \* = Associate functions that Board members are invited to attend



# April 2023

## Board of Directors Calendar

| Sun                                                                                    | Mon | Tue                                                                                                   | Wed                                                                                            | Thu | Fri | Sat |
|----------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----|-----|-----|
|                                                                                        |     |                                                                                                       |                                                                                                |     |     | 1   |
| 2                                                                                      | 3   | <b>4</b><br><b>4:00 pm Hospital Board Meeting</b><br><b>6:00 pm Healthcare District Board Meeting</b> | 5                                                                                              | 6   | 7   | 8   |
| 9<br> | 10  | 11                                                                                                    | 12                                                                                             | 13  | 14  | 15  |
| 16                                                                                     | 17  | 18                                                                                                    | <b>19</b><br><b>9:00 am HR Committee Meeting</b><br><b>10:00 am Community Planning Meeting</b> | 20  | 21  | 22  |
| 23                                                                                     | 24  | <b>25</b><br><b>9:00 am Finance Committee</b>                                                         | <b>26</b><br><i>ADMIN. Professionals Day!</i>                                                  | 27  | 28  | 29  |
| 30                                                                                     |     |                                                                                                       |                                                                                                |     |     |     |

Items in **bold** = Board/Committee meetings

Items with \* = Associate functions that Board members are invited to attend

# TAB E

## SGMH Foundation as of Jan 31, 2023

### Foundation Finances for December 2022

(as of 12/28/2022)

|                                  |                     |                                                    |
|----------------------------------|---------------------|----------------------------------------------------|
| Bank of Hemet Checking Acct:     | \$305,903.95        | (actual as of 1/31/2023)                           |
| Bank of Hemet Money Market Acct: | \$128,272.99        | (actual as of 1/31/2023)                           |
| I.E. Community Foundation Acct:  | \$109,913.77        | <u>Actual for Dec 2022 (Jan '23 not available)</u> |
| <b>Total</b>                     | <b>\$544,090.71</b> |                                                    |

### Foundation Report

- The SGMH Foundation had their first golf meeting, and the committee members are committed to making this a successful event with a different spin on attendance. The Golf Chairman is Foundation board member Larry James, and the Honorary Chairman is Dr. Karan P. Singh. The group is excited for the SGMH Foundation's first event coming out of Covid. Again, the golf tournament is slated for October 2023 at Morongo Golf Club at Tukwet Canyon.
- The SGMH Foundation Director and President are working with a couple of Foundation board members who will take on the role of obtaining clothing needed for the indigent discharged patients at SGMH.
- Valerie will soon meet with a major donor in the Inland Empire to ask for major support for the Women's center at SGMH.

**TAB F**



## **2023 Environment of Care Plans**

For Hospital Board approval

January 3, 2023

- 2022 Annual Evaluation Utilities Management Plan
- 2023 Environment of Care/Safety Committee Plan
- 2023 Environment of Care - Materials Management Plan
- 2023 Hazardous Materials and Waste Management Plan
- 2023 Environmental Safety and Security Management Plan
  - 2023 Utilities Management Plan

**San Gorgonio Memorial Hospital  
Environment of Care/Safety Committee  
Life Safety (Fire Safety) Plan  
January 1, 2023, to December 31, 2023**

**I. PURPOSE**

San Gorgonio Memorial Hospital's Fire Safety Plan provides a method to effectively maintain a fire-safe environment.

**II. OBJECTIVE**

The objective of the San Gorgonio Memorial Hospital's Fire Safety Plan is to minimize the potential for harm to patients, visitors and associates through inspection, testing, surveillance, education, and response preparedness.

**III. SCOPE**

The scope of the Fire Safety Plan addresses San Gorgonio Memorial Hospital's Main Hospital and Behavioral Health Center.

**IV. GOAL**

To maintain compliance to all applicable National Fire Protection Association standards and ensure the fail-safe operation of all fire detection, containment, and suppression systems.

**V. AUTHORITY**

San Gorgonio Memorial Hospital's Chief Executive Officer has final authority and responsibility for the assurance of a comprehensive Fire Safety Plan to the Board of Directors. The Chief Executive Officer delegate the monitoring of the Fire Safety Plan to the Safety Committee and the Safety Officer. The EOC/ Safety Committee is responsible for ensuring that the Fire Safety is compatible with Federal, State and Local requirements.

## VI. ELEMENTS OF THE PLAN

Protect patients, visitors, associates and property from fire, smoke, and other products of combustion.

- The San Geronio Memorial Hospital fire protection program is designed to limit the development and spread of fire through maintenance of a smoke-free facility; emergency response education, training, and performance evaluation; facility flammability control; fire safety inspection and monitoring; and maintenance and testing of fire protection and life safety systems.
- Elements of the fire protection program are inspected annually by the vendor of record and tri annually by our accrediting organization.

Inspect, test, and maintain fire protection and life safety systems, equipment, and components on a regular basis.

- Elements of the facility fire detection and suppression systems are inspected, tested and maintained in accordance to applicable National Fire Protection Association standards:

### NFPA 72

Supervisory Signal Devices-tested annually  
Tamper Switches and Water Flow-tested quarterly  
Occupant Alarm Notification-tested quarterly with each day, evening, and night shift fire drills  
Off Premises Emergency Response Notification-event driven, tested annually

### NFPA 25

Riser systems-main drain test, annually  
Fire Department Connections-inspected quarterly  
Kitchen Detection/Suppression Systems-tested semi-annually

### NFPA 10

Manual Fire Extinguishers are:  
Clearly identified  
Inspected monthly  
Maintained annually



#### NFPA 90A

All fire and smoke dampers are operated (with fusible links removed where applicable) every six years to verify they fully close.

All automatic smoke detection shutdown devices for air handling equipment are tested at least annually.

#### NFPA 80

Fire/smoke doors are tested for proper operation annually and with each quarterly, day, evening, and night shift fire drills where observable.

- Elements of the facility fire detection and suppression systems are inspected and tested annually by vendor of record and tri annually by accrediting organization.

Report and investigate fire protection of deficiencies, failures, and user Errors.

- Fire protection deficiencies, failures and user errors are reported to and investigated, as appropriate, by the Safety Officer / Plant Operations Director for immediate resolution and are reported, as applicable, to the EOC/Safety Committee.

Review proposed acquisitions of bedding, window draperies, and other curtains, furnishings, decorations, wastebaskets, and other items for fire Safety.

- All proposed acquisitions to furnish or decorate the facility are reviewed, as applicable to Life Safety Code, by Materials Management to ensure that compliance to mandated fire retardant ratings.
- Wastebaskets, and other items as appropriate, are made of non-combustible materials and are labeled as required to verify UL or FM approval.

### **EVALUATION**

- The Fire Safety Plan's scope, program objectives and performance standards measures will be evaluated annually for effectiveness by the EOC/Safety Committee. The annual evaluation is submitted to Administration and the Board of Directors.

The criteria used to measure the effectiveness of the Life Safety Plan are:

1. A summary of non-complying factors related to Life Safety Codes, with action plan recommendation.
2. Preventative maintenance completion rates.
3. Fire drill completion rates.
4. General orientation and annual update training compliance rates.

### **EDUCATION & TRAINING**

- Fire prevention training of all San Geronio Memorial Hospital staff is provided by the employee's Department Director/Nurse Manager, the Safety Officer/designee.
- The Safety Officer/designee presents fire prevention training at new employee orientation.
- The Safety Officer and the EOC/Safety Committee coordinate annual organization wide fire prevention education at employee annual safety fair.

### **MONITORING OF PERFORMANCE**

- In an effort to improve the Fire Safety Plan, the Goals and Performance Standards Measures, as approved by the EOC/Safety Committee, will be monitored on an ongoing basis and annually by the Safety Officer and the EOC/Safety Committee. Performance measurements address: staff fire prevention knowledge, skills, and level of participation in fire drill exercises, and the monitoring and inspection of related fire prevention programs. The results of the fire prevention performance monitoring are reported to Administration and Department Directors/Managers on a quarterly basis, and annually to the Board of Directors.

### **EMERGENCY PROCEDURES**

- Established emergency procedures (RACE) are evaluated through fire drills. Fire Drills to assess staff knowledge of:

Use, function, and transmission of fire alarm systems

Containment of smoke and fire  
Horizontal transfer to refuge areas

Fire extinguishments (PASS)  
Specific fire-response duties

- The San Geronio Memorial Hospital life safety orientation and education programs address:

Specific roles and responsibilities of staff, physicians, and other licensed independent practitioners at the fire's point of origin.

Specific roles and responsibilities of other personnel who must participate in the fire plan, such as volunteers, students, and physicians.

Use and function of fire alarm systems.

Specific roles and responsibilities in preparing for building evacuation.

Location and proper use of equipment to evacuate or transport patients to areas of refuge.

Building compartmentalization features and procedures for containing fire and smoke.

In accordance with Life Safety Code NFPA 101, use of interim life safety measures is utilized to evaluate various deficiencies and hazards prior to the onset of building renovation or construction. Written criteria are established to address each of the interim life safety measures and are approved by the Safety Officer / Director of Plant Operations, and the responsible managing architect.

All renovation and construction areas where interim life safety measures have been activated are monitored daily for hazard surveillance, infection control and contractor compliance to the measures identified for the duration of the activation.

# **San Gorgonio Memorial Hospital Environment of Care Medical Equipment Management Plan FY 2023**

## **I. PURPOSE**

San Gorgonio Memorial Hospitals Medical Equipment Management Plan provides for the safe and reliable operation of medical equipment used in the treatment of patients throughout San Gorgonio Memorial Hospital. The Medical Equipment Management Plan will ensure that the equipment provides accurate, reliable information to the clinicians. It is safe for patients, operators and visitors, and is utilized to its fullest capacity in order to optimize patient care.

## **II. OBJECTIVE**

The objective of San Gorgonio Memorial Hospitals Medical Equipment Management Plan is to ensure the safe, hazard-free operation of equipment through risk-based preventive maintenance and management of equipment problems, recalls, failures and user errors.

## **III. SCOPE**

The scope of the Medical Equipment Management Plan addresses the Main Hospital of San Gorgonio Memorial Hospital and the Behavioral Health Center.

## **IV. GOAL**

To identify life support equipment as part of the hospital equipment inventory, and reduce potential injuries for patients and/ or associates. This is done through equipment risk assessment, completion of preventive maintenance, equipment inventory, responding to product safety alerts, hazards and recalls, and staff education

## **V. AUTHORITY**

San Gorgonio Memorial Hospital Chief Executive Officer has final authority and responsibility for the assurance of a comprehensive Medical Equipment Management Plan to the Board of Directors. The Chief Executive Officer delegates the monitoring of the Medical Equipment Management Plan to the Director of Materials Management, who then reports to the Environment of Care Committee. The EOC/Safety Committee is responsible for ensuring that the Medical Equipment Management Plan is compatible with all Federal, State and Local requirements.

## VI. ELEMENTS OF THE PLAN

Equipment selection and acquisition:

- Selection is based on the efficacy, safety, acceptability, serviceability, and standardization of equipment. Equipment replacement include, but not limited to, submitting planned capital equipment requests based on depreciation of equipment, schedules, monitoring approved capital equipment, hazard/product recalls, and reactively replacing based on inability to further maintain.
- A recommendation for new or replacement equipment may be originated by any department.
  - The recommendation is a multi-disciplinary process that may include other pertinent parties as necessary, e.g. Materials Management, medical staff, risk management, and end users. This process may include developing a list of potential vendors, developing and implementing an evaluation tool, defining bid document specifications, attending vendor presentations, conducting technical evaluations, participating in clinical trials, making site visits and final evaluation of bid response documents. Utilizing facility GPO contracted vendors.
- The Materials Management Department shall be made aware of any disposables/ consumables required in conjunction with equipment so that availability and cost are addressed prior to equipment acquisition. The user and the Materials Management Department are responsible for coordinating the arrival of new equipment, installation, and removal of old equipment, along with Bio-Medical Company.
- Establishment of risk criteria to identify, evaluate, and take inventory of equipment to be included in the management program before the equipment is used. The risk criteria address: equipment function, the physical risks associated with use, and equipment incident history. Contracted Bio-Medical Company shall be on site twice per month as per agreement will also be responsible for:
- All equipment included in the Biomedical Department inventory database for San Gorgonio Memorial Hospital shall be included in this program and kept in Materials Management; a web site database with equipment inventory will be made accessible via computer.
- Prior to placing any new, rental, leased, demo, borrowed or loaner medical equipment into service, the Engineering Department performs an electrical

safety/ground check. All new equipment purchased must first be inspected by contracted Bio-Medical Company which will perform safety, operational and functional check and is responsible for the initial incoming inspection, risk assessment, and assignment of inspection interval for preventive/routine maintenance.

- Equipment will be added to equipment inventory listing. A unique number is assigned to each piece of equipment and is recorded in the central database by Bio-Medical Company.
- The Materials Management Department maintains a current and accurate inventory of medical equipment for which they are responsible. This inventory includes a minimum of the reference number, manufacturer, model number, description, serial number, assigned location of the equipment, and Bio-Medical ID code.
- The Materials Management Department shall maintain and make available upon request an inventory list and equipment history.
- Monitor and act on equipment safety alerts, hazard notices and recalls.
- All medical equipment recalls, alerts, and hazard notices are addressed in accordance with all applicable policies, procedures, and governing agencies (e.g. Economic Cycle Research Institute (ECRI, Food and Drug Administration (FDA), and Manufacturer).
- Monitor and report all incidents, in which a medical device is connected to death, serious injury or serious illness of any individual, as required by the Safe Medical Devices Act (SMDA) of 1990. Any medical equipment device related incidents are to be reported immediately and coordinated through Risk Management or Administration when the Risk Management Director is not available.
- All incidents in which a medical device may have caused or contributed to the death, serious injury, or serious illness of a patient are addressed and reported per Safe Medical Devices Act (SMDA) requirements.
- Report and investigate equipment management problems, failures, and user errors.
- Any associate, upon becoming aware of a potential patient incident either involving a medical device or resulting from user error, will act in accordance with the Medical Equipment Management Plan including, but not limited to:

- Immediately notify a supervisor and other pertinent personnel (Risk Management, Safety Officer, etc.) as appropriate.
- Complete a quality review report via Verge Incident Report System.
- Impound equipment and all consumables/disposables pending investigation and release.
- All occurrences of incident, abuse, operator error and “could not duplicate” shall be reported to the Safety Officer for review and action as necessary.
- Utilize maintenance strategies appropriate to equipment identified the inventory to ensure safe operation.
- Establish intervals for the inspection, testing and maintenance of equipment to minimize clinical and physical risks based on criteria such as manufacturers’ recommendations, risk levels, and current organization experience.
- The Materials Management Department shall complete a risk assessment for each type of device in the Medical Equipment Management Plan. Risk and preventive maintenance frequency shall be established using a weighted scoring system as follows:

Equipment function (34%)  
Physical Risks (33%)  
Maintenance requirements (33%)

- The Contracted Bio-Medical Company shall perform inspections, testing, and maintenance as determined by the risk assessment or per manufacturer recommendations and Economic Cycle Research Institute (ECRI) procedures. Will be responsible for equipment level of services graphs each month and provided to EOC/Safety Committee meetings on a regular basis. These measures will evaluate performance level of Bio-Medical Company.
- A review annually shall be conducted to determine if any preventive maintenance program needs to be adjusted to any item in the equipment inventory.

The Medical Equipment Plan consists of the following overlapping programs:

Risk Management program  
Infection Control Committee  
Employee Orientation  
Education Program  
Performance Improvement Committee

Emergency Preparedness Plan

Medical Equipment Management Plan  
Page 5 of 7

Patient Safety Program  
Safety Program  
Life Safety Plan  
Utility Systems Plan

## **EVALUATION**

The Medical Equipment Management Plans scope, program objectives and performance standards measures will be evaluated annually for effectiveness by the EOC/Safety Committee.

The annual evaluation is submitted to Administration and the Board of Directors for review.

The criteria used to measure the effectiveness of the Medical Equipment Plan are:

1. The effectiveness of the preventative maintenance procedures.
2. The completion of the preventative maintenance schedules.
3. Staff response capability and their understanding of training.
4. Status of compliance with employee training and orientation.

## **EDUCATION & TRAINING: EQUIPMENT MAINTAINERS**

- Emergency procedures that address: equipment disruption or failure; when and how to perform emergency clinical interventions when medical equipment fails; the availability of backup equipment; and how to obtain repair services by Bio-Medical Company and/or direct manufacturer.
- Service providers meet minimum educational and/or experience requirements upon employment.
- The Biomedical service is responsible for the technical and engineering support of the majority of medical equipment at San Gorgonio Memorial Hospital. The Engineering Department supports, maintains records on electrical safety performed on all in-coming equipment to include rental, and hospital own equipment. The Engineering department will have a working knowledge of equipment maintenance through service schools, seminars, and on-the-job/cross training.



- The Engineering Department maintains documentation of training/ education provided and received. Training/education content includes, but is not limited to:
  - Participate in the development of area specific Medical Equipment Management related policies and procedures as necessary.
  - Development, provision, and documentation of department/job specific Medical Equipment Management training as required.
  - Maintain appropriate Medical Equipment Management procedural knowledge regarding policies, practices, procedures, and safety emergency plans affecting their area(s) of responsibility and clinical interventions in the event of failure.
  - Processes for requesting backup medical equipment and equipment repair or service as needed.
  - Orientation and annual skills performance checks administered according to clinical user group needs ensuring that a level of competence is maintained.

#### **EDUCATION & TRAINING: EQUIPMENT USERS**

- The Materials Management and Engineering Department, in coordination with vendor representatives and clinical staff, as appropriate, ensures that training of users is addressed prior to placing new types of equipment into service.
- The Materials Management and Engineering Department work together to ensure training as requested or in response to suspected operator error.
- Users are assigned the responsibility and accountability for establishing and documenting appropriate internal policies and procedures establishing safe practices for their areas of operation including, but not limited to:
  - Capabilities, limitations, and special applications of equipment.
  - Basic operating and safety procedures for equipment use.
  - Processes for reporting medical equipment problems, failures, and operator errors.

- Processes for reporting incidents and adverse patient outcomes.

Medical Equipment Management Plan  
Page 7 of 7

- The Safety Officer presents safe medical equipment practices at new associate orientation.
- The Safety Officer and the EOC/Safety Committee Chairperson coordinate annual organization wide medical equipment safety education programs, updates.

### **PRODUCT EVALUATION COMMITTEE**

- The Product Evaluation Committee meets as needed when new products are being considered and involving the end users.

### **MONITORING OF PERFORMANCE**

- In an effort to improve the Medical Equipment Management Program, the Goals and Performance Measures, as approved by the Environment of Care Committee, will be monitored on an ongoing basis and annually by the Safety Officer and the EOC/Safety Committee. Performance measurements address: staff knowledge, monitoring and inspection activities, emergency and incident reporting, and preventive maintenance and testing of equipment. The results of medical equipment performance monitoring are reported to Administration and Department Directors/Managers on a quarterly basis, and annually to the Board of Directors.

**San Gorgonio Memorial Hospital  
Environment of Care  
2023 Hazardous Materials and Waste Management Plan**

**I. PURPOSE**

San Gorgonio Memorial Hospital's Hazardous Materials and Waste Management Plan is designed to provide a safe, functional, supportive, and effective environment for patients, associates, and others utilizing the facility through the coordination, management, control, safe handling, storage and disposal of hazardous material and waste that is in accordance with Federal, State and Local regulations.

**II. GOAL & OBJECTIVE**

It is the goal of the Hazardous Materials and Waste Management Plan to:

1. Identify materials and waste that require special handling  
The EPA has published listing of known hazardous substances with an identification number assigned to each. Also, the State of California has a "Director's List" of hazardous substances. These lists are incomplete. The basic designations should be used when determining what is and what is not hazardous waste.
  
2. Implement a process to minimize the risks that are associated with unsafe use of Hazardous Material and improper disposal of Hazardous Waste. Training employees regarding hazardous wastes, including identification of hazardous wastes, the hazardous effect, safe handling procedures, use of personal protective equipment and emergency procedures.

**III. SCOPE**

The scope of the Hazardous Materials and Waste Management Plan is organization wide in scope, and applies to all care settings, departments, and services.

**IV. AUTHORITY**

The Hazardous Materials and Waste Management Plan is authorized by the Chief Executive Officer (CEO) and the hospital governing board. The EOC/Safety Committee has been charged with the responsibility to develop, implement, and evaluate this plan on at least an annual basis.

**V. ELEMENTS OF THE PLAN**

- Development and maintenance of a written management plan describing the processes it implements to effectively manage hazardous materials and waste.

**San Gorgonio Memorial Hospital  
Environment of Care  
2023 Hazardous Materials and Waste Management Plan**

- Creation and maintenance of an inventory that identifies hazardous materials and waste used, stored, or generated using criteria consistent with applicable law and regulation.
- Establish and implement processes for selecting, handling, storing, transporting, using, and disposing of hazardous materials and waste from receipt or generation through use and/or final disposal; including managing the following:
  - Hazardous chemicals and waste
  - All hazardous wastes will be approximately labeled with written information that explains what the material is. Its strength (if applicable) and the type of hazards it represented (if not obvious). All hazardous wastes will be packaged, labeled, placarded, and marked according to the Department of Transportation Regulations. These regulations are found in the code of Federal Regulations at 49CFR parts 172, 173, 178 and 179. These regulations specify packaging requirements for regulated materials, labeling requirements according to hazard category and all necessary placarding for use when transporting hazardous wastes. Labels must be clear and undamaged. Labels, when required, will be printed on, or affixed to the surface of the package near the proper shipping name.

When two or more different labels are required, they will be displayed next to each other.

When two or more packages containing compatible hazardous wastes are packaged within the same over pack, the outside container will be labeled as required for each class of material contained therein.

Certain hazardous wastes can be stored in bags without labels, provided a universally accepted coloring system is used. For example, all infectious wastes would be disposed of in red bags.

- Chemotherapeutic materials and waste
- Radioactive materials and waste
- Infectious and regulated medical waste
- Provision of adequate and appropriate space and equipment for safe handling and storage of hazardous materials and waste
- Biohazardous waste is removed from specific pickup area in each department. It is then transported to the locked biohazardous holding area to await pick up from "Waste Hauler".
- Hazardous wastes which cannot be legally disposed of by incineration, chemical neutralization or through the sewage system, will be stored in approved drums and containers in specially designated areas that are accessible only to authorized personnel.

**San Gorgonio Memorial Hospital  
Environment of Care  
2023 Hazardous Materials and Waste Management Plan**

- Hazardous wastes will be stored on site for a maximum of 90 days. In rare cases a 30-day extension is allowed by obtaining a treatment storage and handling permit from the California Department of Health Services.

Hazardous wastes will be segregated by class and separated by space.

Lists of incompatible chemicals (i.e., acids and bases) will be readily available for personnel who handle waste chemical storage.

- Minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous gases and vapors, including monitoring levels of hazardous gases and vapors to determine that they are in safe range.

- Flammable will be kept in a flammable liquid storage cabinet.

Irritants and highly volatile materials will be kept in ventilated storage under slightly negative pressure.

Ignitable or reactive wastes will be stored at least 15 meters (50 feet) from the property line.

If a container is holding a hazardous waste that is stored near any incompatible substance, it will be separated by means of a dike, berm, wall, or other device.

- Identification and implementation of emergency procedures that include the specific precautions, procedures, and protective equipment used during hazardous materials and waste spills or exposures.
- Any hazardous material spill or exposure will be safely contained and cleaned up in accordance with policies and procedures, with notifications made to the appropriate municipal, state, and federal agencies and/or emergency response agencies as required.
  - Maintenance of documentation, including required permits, licenses, manifests, and safety data sheets as required by law and regulation
  - Department of Environmental Health- Annually
  - Medical Waste Management Annually
  - Dot Training – Annually
  - Manifests – Daily
  - Safety Data Sheets are changed when a new product is implemented
  - Proper labeling of hazardous materials and waste

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- Biohazardous waste is labeled with the hazardous symbol

**VI. EVALUATION**

The scope, goals and objectives, and plan elements of the Hazardous Materials and Waste Management Plan will be evaluated annually for effectiveness by the EOC/Safety Committee. The annual evaluation is submitted to the EOC/Safety Committee for review and include the following criteria:

1. The number of potential spills/exposure incidents.
2. The number and type of potential improperly segregated waste disposal.
3. The number and type of potential deficiencies during Riverside County Environmental Health Survey.

**VII. EDUCATION & TRAINING**

- All associates will receive education in Hazardous material and waste management at new hire orientation by the Safety Officer and thereafter by their Department Director, immediate Supervisor, the Infection Control Practitioner and/or Employee Health Nurse.
- The EOC/Safety Committee in coordination with the Safety Officer will provide annual organization-wide safety education, which will include hazardous material and waste management.

**VIII. MONITORING OF PERFORMANCE**

- The Hazardous Material and Waste Management Program Performance Standards will be monitored on an on-going basis and reported quarterly to the EOC/Safety Committee, and will include the following:
  - Associate knowledge of hazardous material and waste management.
  - Monitoring and inspection activities.
  - Emergency and incident reporting.
  - Equipment and hazardous environmental monitoring and/or testing.
  - Emergency response procedures performed satisfactorily in the event of a potential spill to include the following: use of appropriate Personal Protective Equipment (PPE); containment and cleaned-up; and appropriate initiation of notifications in alignment with Federal, State and Local regulatory requirements.

**San Gorgonio Memorial Hospital  
Environment of Care  
2023 Hazardous Materials and Waste Management Plan**

# San Gorgonio Memorial Hospital Environmental Safety and Security Management Plan 2023

## SCOPE

The Security Management Plan describes the methods of providing security for people, equipment and other materials through risk assessment and management for San Gorgonio Memorial Hospital, as well as associated off site locations. Security protects individuals and property against harm or loss, including workplace violence, theft, infant abduction, and unrestricted access to medications.

The program applies to the Behavioral Health Center and all other associated clinics and off-site facilities related to San Gorgonio Memorial Hospital.

## FUNDAMENTALS

- A. A visible security presence in the hospital helps reduce crime and increases the feeling of security by patients, visitors and staff.
- B. The assessment of risks to identify potential problems is key to reducing crime, injuries, and other incidents.
- C. Analysis of security incidents provides information to assist with predicting and preventing crime, injury, and other incidents from occurring.
- D. Training hospital associates is critical to ensuring their appropriate performance. Associates are trained to recognize and report either potential or actual incidents to ensure a timely response.
- E. Associates in sensitive or high-risk areas receive training about the protective measures designed for those areas and their responsibilities in the protection of patients, visitors, associates and property.
- F. Violence in the workplace awareness; please refer to Policy Stat "Workplace Violence", Code of Conduct policies.

## OBJECTIVES

The Objectives for the Security Management Plan are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's plan, performance measures, Security Incident Reports and environmental tours. The Objectives for Security to fulfill this plan are:

- Conduct and document adequate security rounds on all shifts.
- Respond to emergencies and requests for assistance in a timely fashion.
- Maintain and expand current electronic security protection devices, including card access, surveillance cameras, and alarm systems.



# **San Gorgonio Memorial Hospital Environmental Safety and Security Management Plan 2023**

## **ORGANIZATION & RESPONSIBILITY**

The Hospital Board receives regular reports of the activities of the Security Management Plan from the Environment of Care Committee (EOC), which is responsible for the physical environment issues. The board reviews reports and, as appropriate, communicate concerns about identified issues and regulatory compliance. The board also provides financial and administrative support to facilitate the ongoing activities of the Security Management Plan.

The Chief Executive Officer or other designated leader collaborates with the Director of Security to establish operating and capital budgets for the Security Management Plan.

The Director of Security, in collaboration with the committee, is responsible for monitoring all aspects of the Security Management Plan. The Director of Security advises the committee regarding security issues which may necessitate changes to policies and procedures, orientation or education, or expenditures of funds.

Department leaders are responsible for orientating new associates to their departments, as appropriate, to job and tasks specific to security procedures. They are also responsible for the investigation of incident occurring in their departments. When necessary, the Director of Security provides directors with assistance in developing department security plans or policies and assists in investigations as necessary.

Associates are responsible for learning and following job and task-specific procedures for secure operations.

# San Gorgonio Memorial Hospital Environmental Safety and Security Management Plan 2023

## PERFORMANCE ACTIVITIES

The performance measurement process is one part of the evaluation of the effectiveness of the Security Management Plan. Performance measures have been established to measure at least one important aspect of the plan.

The performance measures for the plan are:

| <b>Security Management Plan Performance Measures</b>                                                                                                                             |                                                                                                          |                                                  |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <b>Performance Standard</b>                                                                                                                                                      | <b>Performance Indicator</b>                                                                             | <b>Justification for the measure</b>             | <b>Source of Data</b>                            |
| Security will conduct monthly panic alarm testing for all devices monitored by the Centurion Elite system. An alarm should sound and register on appropriate monitoring devices. | Percentage of properly working panic alarms. (Needs Improvement 0-95%, Threshold 96-97%, Target 98-100%) | Associate and patient safety and timely response | Panic Alarm Binder-Director of Security's office |
| Security will enforce smoking policy and track the number of contacts for non-compliance                                                                                         | Informational                                                                                            | Enforcement of hospital no-smoking policy        | Daily Activity Reports                           |
| Number of reported security restraint incident, which are evaluated for compliance with established security procedures                                                          | % of reports evaluated (0-60% needs improvement, threshold 80-90%, Target 100%)                          | Annual risk reporting                            | Security Department Reports                      |

## PROCESSES FOR MANAGING SECURITY RISKS

### Management Plan

The Director of Security develops and maintains the Security Management Plan. The scope, objectives, performance, and effectiveness of the plan are evaluated on an annual basis.

# **San Gorgonio Memorial Hospital Environmental Safety and Security Management Plan 2023**

## **Security Risk Assessment**

The Director of Security manages the security risk assessment process for the organization and offsite facilities. The Director of Security is designated to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. The Director of Security ensures compliance with applicable codes and regulations.

The assessment of the hospital identifies security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, result of root cause analysis, results of annual proactive risk assessment, and from credible external sources such as Sentinel Event Alerts.

The risk assessment is used to evaluate the impact of the environment of care on the ability of the hospital to perform clinical and business activities. The impact may include disruption of normal functions or injury to individuals. The assessment evaluates the risk from a variety of functions, including structure of the environment, the performance of everyday tasks, workplace violence, theft, infant abduction, and unrestricted access to medications.

## **Use of Risk Assessment Results**

Where the identified risks are not appropriately handles, action is taken to eliminate or minimize the risk. The actions may include creating new programs, processes, procedures, or training programs. Monitoring programs may be developed to ensure the risks have been controlled to achieve the lowest potential for adverse impact on the security of patients, associates, and visitors.

## **Identification Program**

The Director of Security coordinated the identification program. All supervisory personnel manage enforcement of the identification program.

Hospital administration maintains policies for identification of patient, associates, visitors, and vendors. All associates are required to display and identification badge on their upper body while on duty. Identification badges are displayed on the individual with the picture showing. Associates who fail to properly display their identification badges are counseled individually by their directors.

Visitors to patients are also expected to have identification. Visitors and vendors entering the facility are expected to stop at the entrance desks so that a visitor identification pass is issued. The Security Officer assist in the enforcement of visitor identification policies.

# San Gorgonio Memorial Hospital

## Environmental Safety and Security Management Plan

### 2023

The Purchasing Department provides vendor identification. Contract identification is provided by Security.

#### **Sensitive Areas**

The Director of Security works with leadership to identify security sensitive areas by utilizing risk assessment and analysis of incident reports.

The following areas are currently designated as security sensitive areas:

- Business Office
- Emergency Department
- Human Resources
- Pharmacy
- OB/GYN
- Behavioral Health

Associates are reminded during their annual in-service about those areas of the facility that have been designated as sensitive. Associates assigned to work in sensitive area receive department level education on an annual basis that focuses on special precautions or responses that pertain to their areas.

#### **Security Incident Procedures**

The Director of Security coordinates the development of organization-wide written security policies and procedures and provides assistance to departments in the development of departmental security procedures, as requested. These policies and procedures include infant and pediatric abduction, workplace violence, and other events that are caused by individuals from either inside or outside the organization. Organization-wide security policies and procedures are available online to all departments and associates. Department directors are responsible for ensuring enforcement of security policies and procedures. Each associate is responsible for following security policies and procedures. Organization-wide and departmental security policies and procedures are reviewed at least every three years. Additional interim reviews may be performed on an as needed basis. The Director of Security coordinated the triennial and interim reviews of organization-wide procedures with department directors and other appropriate associates.

#### **Security Department Response**

Upon notification of a security incident, the Director of Security or designee assesses the situation and implements the appropriate response procedures. The Director of Security notifies Administration, if necessary, to obtain additional support. Security incidents that occur in the Emergency Department are managed initially by the posted

# **San Gorgonio Memorial Hospital Environmental Safety and Security Management Plan 2023**

Officer in accordance with the policies and procedures for this area. The Director of Security is notified about the incident as soon as possible.

Security incidents that occur in the departments are managed according to departmental or facility-wide policy. The Director of Security or designee is notified about any significant incident that occurs in a department as soon as possible. Additional support is provided by the Security Department, as well as public law enforcement if necessary.

Following any security incident, a written "Security Department Report" is completed by the Security Officer responding to the incident. The report is reviewed by the appropriate Security Supervisor and Director of Security. Any deficiencies identified in the report are corrected.

## **Evaluating the Management Plan**

On an annual basis the Director of Security evaluates the scope, objectives, performance, and effectiveness of the plan to manage the utility system risks to associates, visitors, and patients.

## **REFERENCES**

1. CIHQ Standards CE-3, CE-4
2. CMS Conditions of Participation for Acute Care Hospitals – §482.41

# **San Gorgonio Memorial Hospital Environment of Care Utilities Management Plan 2023**

## **I. PURPOSE**

San Gorgonio Memorial Hospital's Utilities Management Plan provides a method to effectively maintain a safe and comfortable environment of care through continuous evaluation, improvement, and maintenance of utility systems.

## **II. OBJECTIVE**

The objective of San Gorgonio Memorial Hospital's Utilities Management Plan is to establish and maintain utility systems within the facility that promote a safe, controlled environment; reduce the potential for organization-acquired illness; minimize the risk of utility failures; and ensure operational reliability.

## **III. SCOPE**

The scope of the Utilities Management Plan addresses San Gorgonio Memorial Hospital's Main Hospital.

## **IV. GOAL**

To reduce the potential for utility service disruptions or malfunctions; to reduce any resulting risk of injury to patient care and staff; and to prolong equipment life through inspection, testing, preventive maintenance, and staff education.

## **V. AUTHORITY**

San Gorgonio Memorial Hospital's Chief Executive Officer has final authority and responsibility for the assurance of a comprehensive Utilities Management Plan to the Board of Directors. The Chief Executive Officer delegates the monitoring of the Utilities Management Plan to the EOC/Safety Committee and the Safety Officer. The EOC/Safety Committee is responsible for ensuring that the Utilities Management Plan is compatible with Federal, State and Local requirements.

## **VI. ELEMENTS OF THE PLAN**

Promote a safe, controlled, comfortable environment of care.

- San Geronio Memorial Hospital promotes a safe, controlled, comfortable environment of care through management of preventive maintenance of utility systems that maintain life support; the prevention and control of infection; environmental support; and equipment support.
- Such systems include electrical distribution, emergency power, horizontal transport, heating, ventilating and air conditioning, plumbing, boiler, and steam utilization, piped gas and vacuum systems, communication systems, and information systems.

Reduce the potential for hospital-acquired illness.

- Reducing the potential for hospital-acquired illness is accomplished through management of building utilities that address infection control, including air handling and environmental automation systems, domestic hot/cold water, steam distribution, hot water heating, and chilled water distribution.

Assess and minimize risks of utility failures.

- The risk of utility failure is minimized through the inspection, testing, and maintenance of critical operating components, and through the education of users and maintainers of utility systems.

Ensure the operational reliability of utility systems.

- Operational reliability of utility systems is accomplished through the completion and review of scheduled preventive maintenance; the ongoing assessment and scheduled upgrade of utility system components; and through the review and investigation of problems, failures, unscheduled outages or user errors to determine cause and corrective action necessary to minimize recurrence.

Establish risk criteria for identifying, evaluating, and inventorying of critical Operating components.

- Risk criteria used to prioritize maintenance of critical operating components address: threat to general patient safety, life threat to patient safety, the risk of treatment delays due to equipment failure or lack of capacity and the potential discomfort to patients, visitors, staff or danger to life or health as a result of equipment failure, accidental discharge or lack of capacity.

Maintenance strategies for all inventoried critical components.

- Maintenance strategies of inventoried critical components are established utilizing predictive maintenance records, interval-based inspections, metered maintenance, and corrective maintenance histories.

Intervals for inspection, testing and maintenance of inventoried critical Components.

- Intervals for inspection, testing and maintenance to minimize clinical or physical risk are established based on manufacturers' recommendations, risk levels identified, and health care system experience.

Inspection, testing and maintenance of critical components of piped gas medical Systems.

- Medical gas system master signal panels and area alarms are inspected and tested annually. Automatic pressure switches, main and area shutoff valves, connectors, and outlets are inspected and tested annually.

Medical gas pipe systems are tested when installed, modified, or repaired.

- Medical gas systems are initially certified upon installation and are re-certified in the event of modification or repair. The certification and re-certification process shall include cross-connection testing, piping purity testing, and pressure testing.

Maintain accessibility to and clear labeling of medical gas system main supply valve and area shutoff valves.

- Medical gas system main shutoff and area shutoff valves are readily accessible and clearly labeled in the event of scheduled or emergency shut down.

Manage pathogenic agents in cooling towers, domestic hot water, and other Aerosolizing systems.

- The potential for growth of and exposure to pathogenic agents is minimized through the treatment and maintenance of hospital cooling towers, and scheduled cleaning and disinfecting of aerosolizing water systems (sinks, showers and drinking fountains), respiratory treatment equipment, and decorative fountains.

Install and maintain appropriate pressure relationships, air exchange rates and filtration efficiencies for ventilation systems that serve areas specially designed to control airborne contaminants.



- Specially designed areas to control airborne contaminants: operating rooms, special procedure rooms, delivery rooms, negative isolation rooms, laboratories and sterile supply rooms are tested annually to ensure air exchange rates and filtration efficiencies, or as required to ensure proper isolation pressure relationships are maintained.

Develop and maintain utility system operating plans.

- Utility system operating plans are maintained to help ensure equipment reliability and to reduce the risk of malfunction or failure.

Map the distribution of utility systems and label controls.

- Blueprints and single-line drawings are maintained to identify how utility systems are distributed, and all controls points are clearly labeled to facilitate partial or complete emergency shutdown.

Investigate utility systems management problems, failures, user errors or reported incidents.

- Reports of utility system failures, problems and/or user errors are reviewed and investigated by the Plant Operations Director for corrective action, reviewed by the Safety officer, and reported to the EOC/Safety Committee.

## **EDUCATION & TRAINING**

- Plant Operations Supervision is responsible for ensuring the orientation, education, and annual evaluation of staff responsible for maintaining utility systems.
- The Safety Officer presents appropriate staff response to utility system failures at new employee orientation; and, department level utility system user training is provided by the employee's Department Director/Nurse Manager, Plant Operations representative.
- The Safety Officer and EOC/Safety Committee coordinate annual organization wide utility systems education.

## **MONITORING OF PERFORMANCE**

In an effort to improve the Utilities Management Program, the Goals and Performance Standards Measures, as approved by the EOC/Safety Committee, will be monitored on an ongoing basis and annually by the Safety Officer.

The EOC/Safety Committee. Performance measurements address: user utility systems knowledge, completion of preventive

Maintenance, monitoring, testing and inspection of identified critical components, and review and investigation of emergency and incident reporting. The results of the utility systems performance monitoring are reported to Administration and Department Directors/Managers on a quarterly basis, and annually to the Board of Directors.

Emergency procedures for utility system disruptions or failures.

- Emergency procedures are maintained that address specific procedures to follow in the event of utility disruption; the identification and procurement, if applicable, of alternative sources; instructions for shutoff of malfunctioning systems and how to obtain repair; and when and how to perform emergency clinical intervention.

## **EVALUATION**

- The Utility Systems Management Plan's scope, program objectives and performance standards measures will be evaluated annually for effectiveness by the EOC/Safety Committee. The annual evaluation is submitted to Administration and the Board of Directors for review.

The criteria used to measure the effectiveness of the Utility Plan are:

1. The effectiveness of current preventative maintenance procedures.
2. Evaluation of incident reporting procedures (quality review reports).
3. Status of compliance with employee training and orientation.

## **EMERGENCY POWER SOURCE**

San Geronio Memorial Hospital provides and tests reliable emergency power systems that have:

An adequately sized, designed, and fueled emergency power source

San Geronio Memorial Hospital maintains and routinely tests two (2) emergency power generators to service its acute patient care facilities

and support services. Sufficient fuel storage is maintained on campus to provide a minimum of ninety-six (96) hours of service.

Provide reliable emergency power and stored energy power systems as required by occupancy classification.

- San Geronio Memorial Hospital maintains emergency power generators and stored energy systems to provide electricity to the following systems when normal power is interrupted:

- Alarm systems
- Exit route and exit signs illumination
- Emergency communication systems

Provide reliable emergency power systems for hospital services and patients served.

- San Geronio Memorial Hospital maintains emergency power generators to provide electricity to the following areas when normal power is interrupted:

- Blood storage units
- Emergency/Urgent care areas
- Medical air compressors
- Medical and surgical vacuum systems
- Operating rooms
- Postoperative recovery rooms
- Patient and special care units
- Obstetrical delivery rooms
- Newborn nurseries
- Air Conditioning Units
- Food Storage Units
- Pharmacy Supply Units

**TAB G**

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

FINANCE COMMITTEE  
Tuesday, January 31, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, January 31, 2023, in Classroom B, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Ron Rader, Steve Rutledge, Dennis Tankersley

Members Absent: None

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), Karan P. Singh, MD (CMO), John Peleuses (Project Manager)

| AGENDA ITEM                                                                 | DISCUSSION                                                                                                                    | ACTION / FOLLOW-UP                                                                            |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Call To Order</b>                                                        | Susan DiBiasi called the meeting to order at 9:00 am.                                                                         |                                                                                               |
| <b>Public Comment</b>                                                       | No public present.                                                                                                            |                                                                                               |
| <b>OLD BUSINESS</b>                                                         |                                                                                                                               |                                                                                               |
| <b>Proposed Action - Approve Minutes December 27, 2022, regular meeting</b> | Susan DiBiasi asked for any changes or corrections to the minutes of the December 27, 2022, regular meeting. There were none. | <b>The minutes of the December 27, 2022, regular meeting will stand correct as presented.</b> |
| <b>NEW BUSINESS</b>                                                         |                                                                                                                               |                                                                                               |

| AGENDA ITEM                                                                                                                                                                                                                                            | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ACTION / FOLLOW-UP |     |       |     |          |     |            |     |                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----|-------|-----|----------|-----|------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Proposed Action – Recommend Approval to Hospital Board and Healthcare District Board of Professional Services Agreement with Walter P. Moore to constitute critical and mandatory steps toward obtaining seismic compliance beyond 2030.</b></p> | <p>Balram Gupta with Walter P. Moore gave a presentation that detailed the importance of engaging in structural engineering professional services for seismic compliance.</p> <p>San Geronio Memorial Healthcare District and Hospital are mandated by the State of California to submit a plan for mitigation of potential damage from a major earthquake by January 1<sup>st</sup>, 2024. The scope of services covers NPC-3 Evaluation of NPC-2 Buildings.</p> <p><b>ROLL CALL:</b></p> <table border="1" data-bbox="386 659 1213 730"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DiBiasi            | Yes | Rader | Yes | Rutledge | Yes | Tankersley | Yes | <p><b>M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of a Professional Services Agreement with Walter P. Moore to constitute critical and mandatory steps toward obtaining seismic compliance beyond 2030 to the Hospital Board and Healthcare District Board.</b></p> |
| DiBiasi                                                                                                                                                                                                                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rader              | Yes |       |     |          |     |            |     |                                                                                                                                                                                                                                                                                                         |
| Rutledge                                                                                                                                                                                                                                               | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tankersley         | Yes |       |     |          |     |            |     |                                                                                                                                                                                                                                                                                                         |
| <p><b>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – December 2022</b></p>                                                                                                               | <p>Daniel Heckathorne, CFO, reviewed the Unaudited December 2022 finance report as included in the committee packets.</p> <p>The month of December resulted in negative \$747K EBIDA compared to budgeted EBIDA loss of \$1.365M. Adjustments and items of note include:</p> <ul style="list-style-type: none"> <li>• The December Patient Days were the highest month for this fiscal year.</li> <li>• Salaries, Benefits, and Contract Labor were over budget by \$114K, which was impacted by \$512K plus benefits, offset by 238K from the State Covid “Matching” Recognition program.</li> <li>• An accrual of \$900K was recorded to Non-Patient Revenues Grant Income for recently earned IEHP Pay for Performance Incentive Earnings.</li> <li>• A YTD software lease adjustment of \$139,377 was re-classed from Purchased Services Expense to Amortization and Interest Expenses and reflected in December’s monthly operations.</li> </ul> <p>It was noted that approval is recommended to the Hospital Board.</p> <p><b>ROLL CALL:</b></p> <table border="1" data-bbox="386 1640 1213 1711"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p> | DiBiasi            | Yes | Rader | Yes | Rutledge | Yes | Tankersley | Yes | <p><b>M.S.C. (Tankersley/Rader), the SGMH Finance Committee voted to recommend approval of the Unaudited December 2022 Financial report to the Hospital Board of Directors.</b></p>                                                                                                                     |
| DiBiasi                                                                                                                                                                                                                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rader              | Yes |       |     |          |     |            |     |                                                                                                                                                                                                                                                                                                         |
| Rutledge                                                                                                                                                                                                                                               | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tankersley         | Yes |       |     |          |     |            |     |                                                                                                                                                                                                                                                                                                         |

| AGENDA ITEM                                                                                      | DISCUSSION                                                                                                                                        | ACTION / FOLLOW-UP |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>Informational Report – Robotics DaVinci Surgical Program 9-Months Ended December 31, 2022</b> | Dan Heckathorne, CFO, gave a summary of the Robotics DaVinci Surgical Program activities for 9 months ended December 31, 2022.                    |                    |
| <b>Future Agenda Items</b>                                                                       | <ul style="list-style-type: none"> <li>• Decision Support Software RFP’s</li> <li>• Update on Altera Upgrade</li> <li>• Audit Partners</li> </ul> |                    |
| <b>Next Meeting</b>                                                                              | The next regular Finance Committee meeting will be held on February 28, 2023 @ 9:00 am.                                                           |                    |
| <b>Adjournment</b>                                                                               | The meeting was adjourned 10:23 am.                                                                                                               |                    |

In accordance with The Brown Act, *Section 54957.5*, all reports, and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**

**Unaudited Financial Statements**

**for**

**SIX MONTHS ENDING DECEMBER 31, 2022**

**FY 2023**

**Certification Statement:**

To the best of my knowledge, I certify for the hospital that the attached financial statements, except for the uncertainty of IGT revenue accruals, do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

Note: Because these reports are prepared for internal users only, they do not purport to conform to the principles contained in U.S. GAAP.

Certified by:

*Daniel R. Heckathorne*

**Daniel R. Heckathorne**

CFO



# San Gorgonio Memorial Hospital

## Financial Report - Executive Summary

For the Month of December, 2022 and Six Months Ended December 31, 2022 (Unaudited)

### Profit/Loss (EBIDA) Summary (MTD) Negative and (YTD) Negative

The month of December resulted in negative \$747K Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$1.365M.

**YTD** – The YTD December results were a negative \$6.50M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$7.91M.

**Month** – Adjustments and Items of note:

- The December Patient Days were the highest month for this fiscal year.
- Salaries, Benefits, and Contract Labor were over budget by \$114K, which was impacted by \$512K plus benefits, offset by \$238K from the State Covid “Matching” Recognition program.
- An accrual of \$900K was recorded to Non-Patient Revenues Grant Income for recently earned IEHP Pay for Performance Incentive Earnings.
- A YTD software lease adjustment of \$139,377 was re-classed from Purchased Services Expense to Amortization and Interest Expenses and reflected in December’s monthly operations. (The month-to-month Budget was also re-classed accordingly.)

December’s inpatient average daily census was 29.4. Adjusted Patient Days were 5.3% over budget (2,166 vs. 2,056) which includes the Patient Days which were 12% below budget (910 vs. 1,033). Emergency Visits were 4% over budget (3,506 vs. 3,381), and overall Surgeries were under budget by 17% (105 vs. 126).

**YTD** - Inpatient average daily census was 22.7. Adjusted Patient Days were 4.6% under budget (11,113 vs. 11,653) and Patient Days were 29% below budget (4,181 vs. 5,854). Emergency Visits were 11% over budget (21,893 vs. 19,684), and overall Surgeries were 7% under budget (684 vs. 737).

### Patient Revenues (MTD) Negative (YTD) Negative

**Month** - Net Patient Revenue in December were \$671K (12.7%) below budget. This is impacted by the Deductions from Revenues due to the higher-than-expected mix of Outpatient Revenues (compared to Inpatient Revenues), which generally pay about 10% of charges compared to Inpatient Revenues which generally pay about 18% of charges. This also directly relates to the lower-than-expected count of Inpatient Days. The Residency Program recovery was \$41K and is included in the Deductions from Revenues. Managed care rate increases negotiated a year ago were estimated at \$232K for the month.

**YTD** – Net Patient Revenues were \$3.46M (11%) below budget. This is also impacted by the Deductions from Revenues due to the higher-than-expected mix of Outpatient Revenues (compared to Inpatient Revenues), which generally pay about 10% of charges compared to Inpatient Revenues which generally pay about 18% of charges. This also directly relates to the lower- than-expected count of Inpatient Days. The Deductions are favorably offset by \$247K of Residency Program recovery. Managed care rate increases negotiated last year are estimated at \$1.14M combined for the six months.

### Total Operating Revenues (MTD) Positive & (YTD) Negative

**Month** – Operating Revenue in December was \$233K over budget. This was favorably impacted by the \$900K IEHP Grant which offset the unfavorable \$671K Net Revenue variance.

**YTD** - Operating Revenue was \$3.06M below budget. This was impacted by the \$3.46M negative variance in Net Patient Revenues for the six months and a \$401K positive variance in Other Income.

### Operating Expenses (MTD) Positive & (YTD) Positive

**Month** - Operating Expenses in December were \$7.48M and were under budget by \$385K. Key items that impacted overall Expenses were as follows: 1) Salaries and Wages, Benefits, and Contract Labor

were collectively \$114K over budget, primarily impacted by the State Covid Retention Pay “matching” program describe above; 2) Purchased Services were \$270K below budget which included a) a YTD software lease reclass of \$139,377 from Purchased Services to Amortization and Interest Expense, and b) Altera (Allscripts), Guidehouse, I/T, and other service agreements being under budget; 3) Supplies were under budget by \$312K, which can be attributed to a) lower than expected Inpatient Admissions, b) no covid surges thus far, and c) not experiencing the full impact of inflation which is expected to accelerate over the remainder of the year. Large variances included Drugs (\$192K) and general Medical Supplies (\$221K); 4) Other Expense had a negative variance of \$44K which was largely impacted by the annual \$67K payment of the District Hospital Leadership Forum dues.

**YTD – Operating Expenses** were \$42.0M and were under budget by \$4.1M. Key items that impacted overall Expenses were as follows: 1) Salaries, Benefits, and Contract Labor were a combined \$1.02M under budget which was impacted by the PTO Flex-Down variance during the summer months along with the much lower than expected Patient Days workloads; 2) Physician fees were \$336K under budget and a significant portion of the variance relates to the Residency Program (\$229K); 3) Purchased Services showed a favorable variance of \$1.032M due to legal fees variance (\$173K), Allscripts/Navigant (\$786K), Dialysis (\$137K), along with various other Service Agreements being lower than expected; 4) Supplies were under budget by \$1.80M, and large favorable variances, as in the current month, can be attributable to a) much lower than expected Inpatient Admissions, b) no covid surges thus far, and c) not experiencing the full impact of inflation which is expected to accelerate over the remainder of the year. Note: Although there has been success in controlling expenses and there are some significant favorable variances, it is important to remember that there may be some expenses which have not fully materialized in the first 6 months of the year, and this could have some impact on future months’ expenses.

### **Balance Sheet/Cash Flow**

Patient cash collections in December were \$4.11M compared to \$4.27M in November and \$5.89M in October. The Gross A/R Days increased from 70.1 in November to 76.2 in December. This was impacted by the carryover of the I/T system down-time in November in addition to the Christmas holiday time, which always seems to impact cash collections in a negative manner.

Cash balances were \$3.83M compared to \$3.98M in November. Accounts Payable decreased slightly to \$11.3M compared to 11.6M in November, and the Line of Credit was accessed bringing the total balance to \$6M. Other notable activity included the re-classing of software leases to the Balance Sheet. Based on new GASB Statement # 87, software leases which previously expensed directly will now be treated by the establishment of assets of \$723K, along with a current liability of \$298K, and a long term liability of \$425K. Monthly lease payments will then be applied to these liabilities, and offsetting entries will be made to Amortization and Interest expenses over the life of each respective lease. The December statements were adjusted to bring the FY 2023 accounts up to date with these standards. Other items of note included the accrual of the \$900K grant as a receivable, and establishment of \$960K payable to Medicare for outliers, sequestration, and loss of low volume status.

### **Concluding Summary**

#### **Positive takeaways:**

- 1) Patient Days increase over previous months, and Adjusted Patient Days exceeded budget.
- 2) Pay for Performance Quality Earnings from IEHP of \$900K were a welcome boost.
- 3) The Hospital was able to reward employees covid retention pay costing \$512K plus benefits, which was partially offset by taking advantage of a match of \$238K from the State.
- 4) If all prorated expected Supplemental Pay had been accrued through December, the YTD EBIDA would be \$1.65M.

**Negative takeaways:** Inpatient Days and Surgeries were less than expected.

**STATISTICS**

Inpatient Admissions/Discharges (Monthly Average)

Represents number of patients admitted/discharged into and out of the hospital.

Patient Days (Monthly Average)

Each day a patient stays in the hospital is counted as a patient day. This count is normally done at midnight.

Average Daily Census (Inpatient)

Equals the average number of inpatients in the hospital on any given day or month.

Average Length of Stay (Inpatient)

Represents that average number of days that inpatients stay in the hospital.

Emergency Visits (Monthly Average)

Represents the number of patients who sought services at the emergency room.

Surgery Cases - Excluding G.I. (Monthly Average)

Equals the number of patients who had a surgical procedure(s) performed.

G.I. Cases (Monthly)

Number of patients who had a gastrointestinal exam performed.

Newborn Deliveries (Monthly)

Number of babies delivered.

**PRODUCTIVITY**

Worked FTEs ( includes Registry FTEs)

Represents an equivalency of full-time staff worked. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours worked by the number of hours in the respective work period (40, 80, etc.) Example: 340 hours worked in an 80 hour pay period = 4.25 FTE's

Worked FTEs per APD

Divides the Total Worked FTE's by the daily average of the Adjusted Patient Days.

Paid FTEs ( includes Registry FTEs)

Represents an equivalency of full-time staff paid. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours paid (includes all hours paid consisting of worked hours, PTO hours, sick pay, etc.) by the number of hours in the respective work period (40, 80, etc.) Example: 500 hours paid in an 80 hour pay period = 6.25 FTE's.

Paid FTEs per APD

Divides the Total Paid FTE's by the daily average of the Adjusted Patient Days.

ADJUSTED PATIENT DAYS

This is a blend of total patient days stayed in the hospital for a month, plus an equivalency factor (based on average inpatient revenue per patient day) applied to the outpatient revenues in order to account for outpatient workloads.

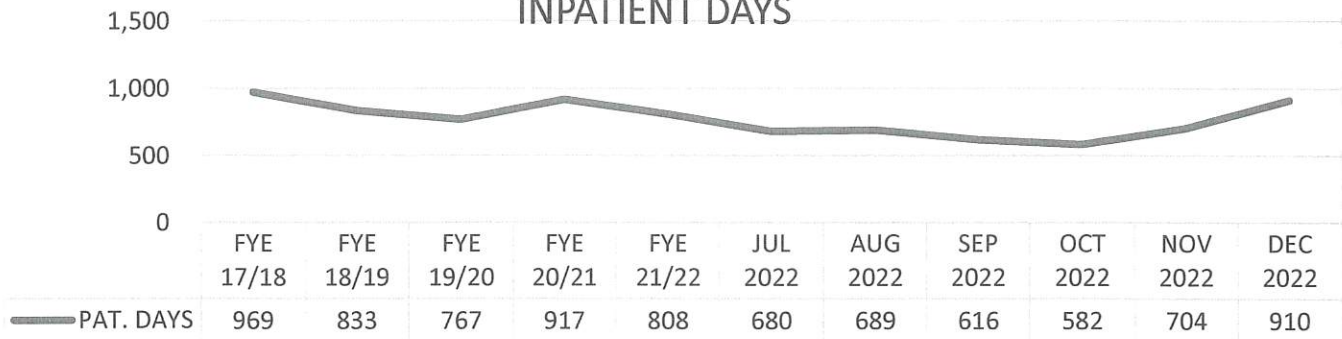
W-A

# SAN GORGONIO MEMORIAL HOSPITAL

## INPATIENT DISCHARGES



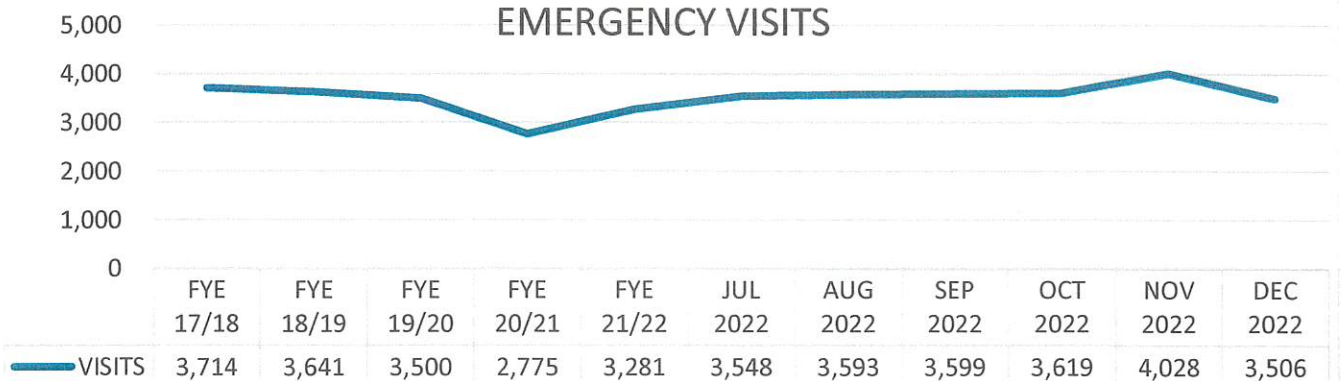
## INPATIENT DAYS



## AVERAGE LENGTH OF STAY

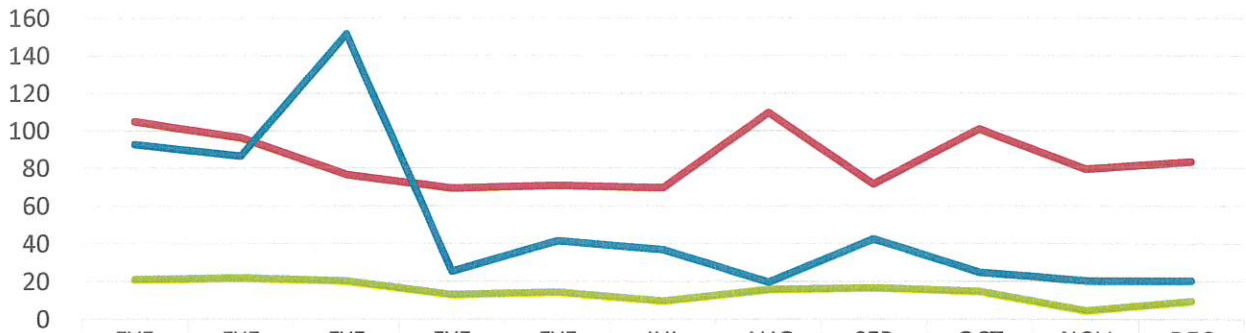


## EMERGENCY VISITS



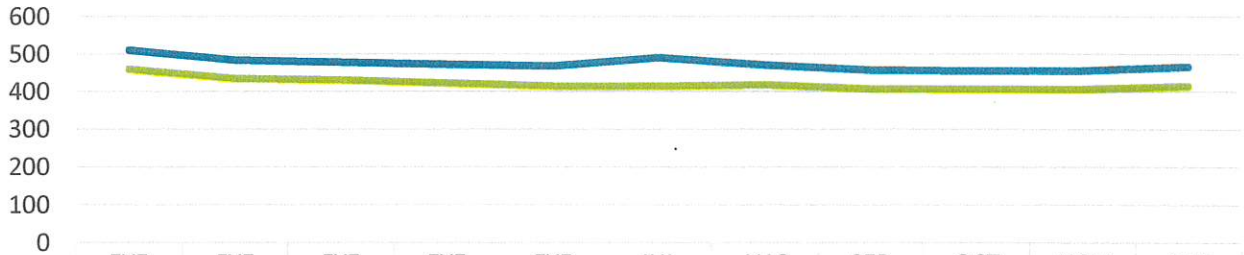
# SAN GORGONIO MEMORIAL HOSPITAL

## SURGERY CASES, G.I. CASES, N/B DELIVERIES



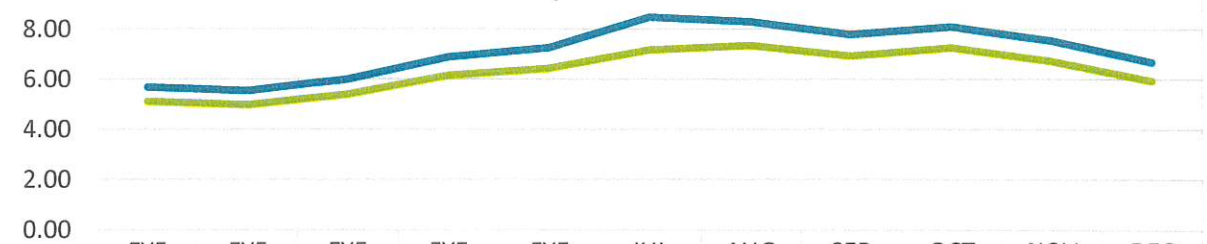
|                                                | FYE 17/18 | FYE 18/19 | FYE 19/20 | FYE 20/21 | FYE 21/22 | JUL 2022 | AUG 2022 | SEP 2022 | OCT 2022 | NOV 2022 | DEC 2022 |
|------------------------------------------------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|
| <span style="color: red;">—</span> SURG.       | 105       | 97        | 77        | 70        | 71        | 70       | 110      | 72       | 101      | 80       | 84       |
| <span style="color: blue;">—</span> G.I. CASES | 93        | 87        | 152       | 26        | 42        | 37       | 20       | 43       | 25       | 21       | 21       |
| <span style="color: green;">—</span> BIRTHS    | 21        | 22        | 21        | 13        | 15        | 10       | 16       | 17       | 15       | 5        | 10       |

## PAID & WORKED FTE'S



|                                              | FYE 17/18 | FYE 18/19 | FYE 19/20 | FYE 20/21 | FYE 21/22 | JUL 2022 | AUG 2022 | SEP 2022 | OCT 2022 | NOV 2022 | DEC 2022 |
|----------------------------------------------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|
| <span style="color: blue;">—</span> P FTE's  | 511       | 484       | 479       | 474       | 470       | 491      | 473      | 459      | 457      | 458      | 468      |
| <span style="color: green;">—</span> W FTE's | 461       | 436       | 431       | 425       | 417       | 416      | 419      | 409      | 409      | 409      | 416      |

## PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



|                                                | FYE 17/18 | FYE 18/19 | FYE 19/20 | FYE 20/21 | FYE 21/22 | JUL 2022 | AUG 2022 | SEP 2022 | OCT 2022 | NOV 2022 | DEC 2022 |
|------------------------------------------------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|
| <span style="color: blue;">—</span> PFTES/APD  | 5.69      | 5.55      | 6.01      | 6.89      | 7.27      | 8.49     | 8.31     | 7.80     | 8.11     | 7.56     | 6.70     |
| <span style="color: green;">—</span> WFTES/APD | 5.13      | 5.00      | 5.41      | 6.18      | 6.45      | 7.18     | 7.37     | 6.94     | 7.27     | 6.76     | 5.96     |

3-C

**INCOME STATEMENT**

Gross Patient Revenue (000's) (Monthly Ave.)

Represents total charges (before discounts and allowances) made for all patient services provided.

Net Patient Revenue (NPR) (000's) (Monthly Ave.)

Equals the sum of all (patient) charges for services provided that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.

NPR as % of Gross

Reflects the percentage of Gross Patient Revenues (charges) that are expected to be collected. Calculated by dividing Net Patient Revenue by the Gross Patient Revenue.

Total Operating Revenue (000's) (Monthly Ave.)

This reflects all Revenues available for payment of Operating Expenses. This includes Net Patient Revenue plus all other forms of miscellaneous Revenues.

Salaries, Wages, Benefits & Contract Labor (000's) (Monthly Ave.)

Represents the total staffing expenses of the Hospital

SWB + Contract Labor as % of Total Operating Revenue

Identifies what portion the Operating Revenues are spent on staffing costs.

Total Operating Expense (TOE) (000's)(Monthly Ave.)

Operating Expense reflects all costs needed to fund the Hospital's business operations.

TOE as % of Total Operating Revenue

Identifies the relationship that Operating Expenses have to the Total Operating Revenues.

EBIDA (000's)(Monthly Average)

Earnings Before Interest, Depreciation, and Amortization. This reflects the difference between Net Operating Revenues and Total Operating Expense. This is a quick measurement of the Hospital's ability to meet its financial obligations and have additional funds for equipment replacement and future growth of the organization.

EBIDA as % of NPR

This measurement is a gauge of the surplus (or deficit) of funds available for operations and future growth.

Net Patient Revenue vs. Total Labor Expense

This measurement illustrates that Net Patient Revenues basically only cover Total Labor Expense, and that all of the Other Revenues and Supplemental Incomes are necessary to cover the remaining operational Expenses and EBIDA required to operate the Hospital.

Operating Revenues (Normalized), Expenses, Staffing Expenses, and EBIDA (Normalized)

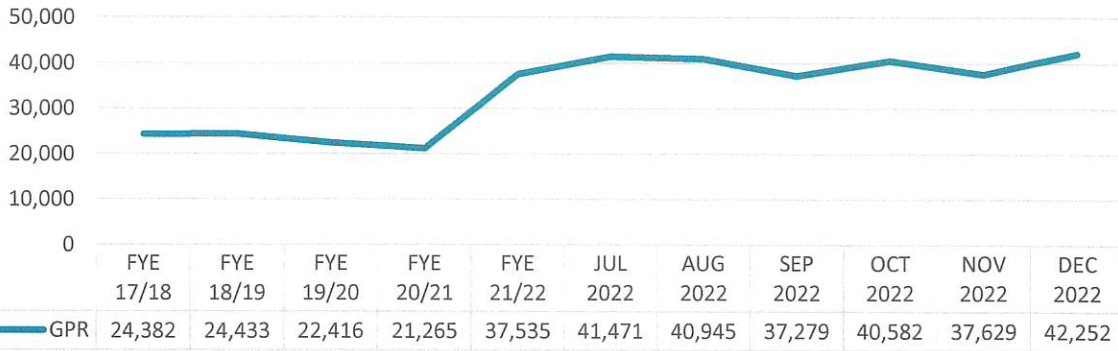
This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating proportionate Supplemental Revenues and related Expenses into the current month and YTD results.

3-D

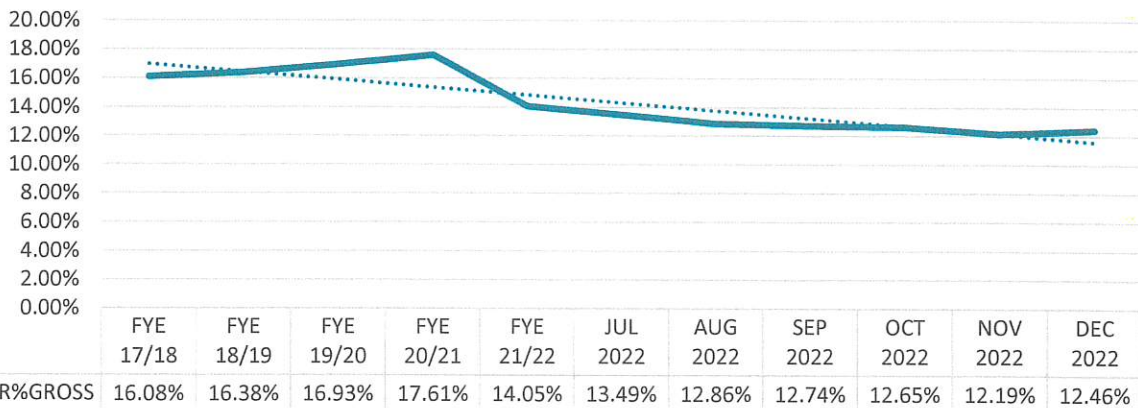


# SAN GORGONIO MEMORIAL HOSPITAL

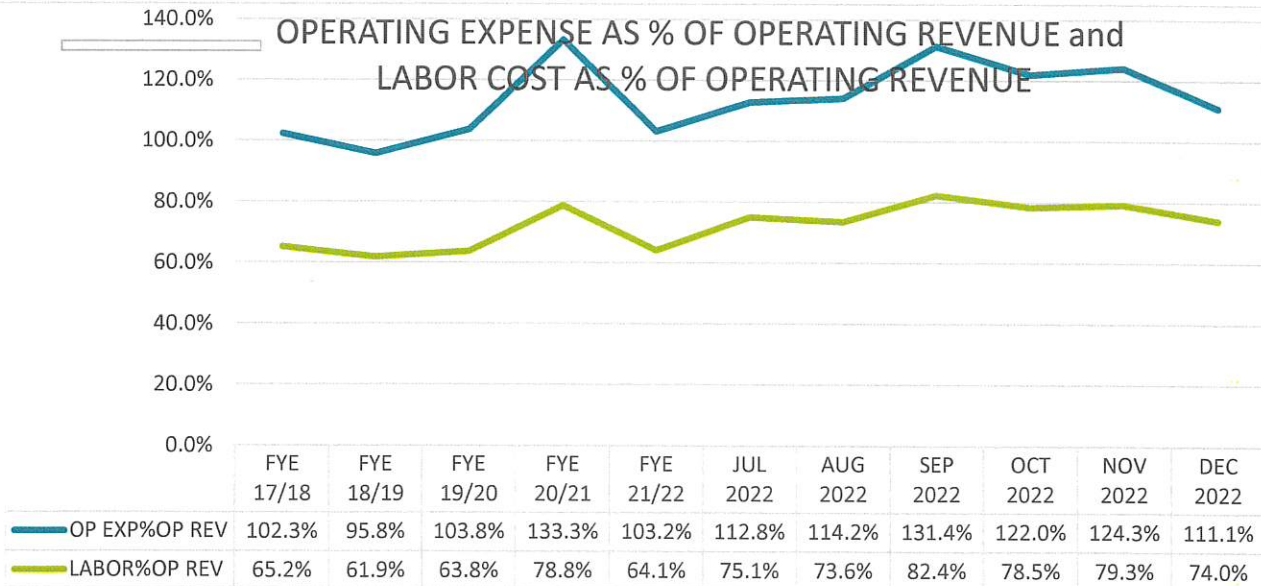
## GROSS PATIENT REVENUE (000's)



## NET PATIENT REVENUE AS % OF GROSS

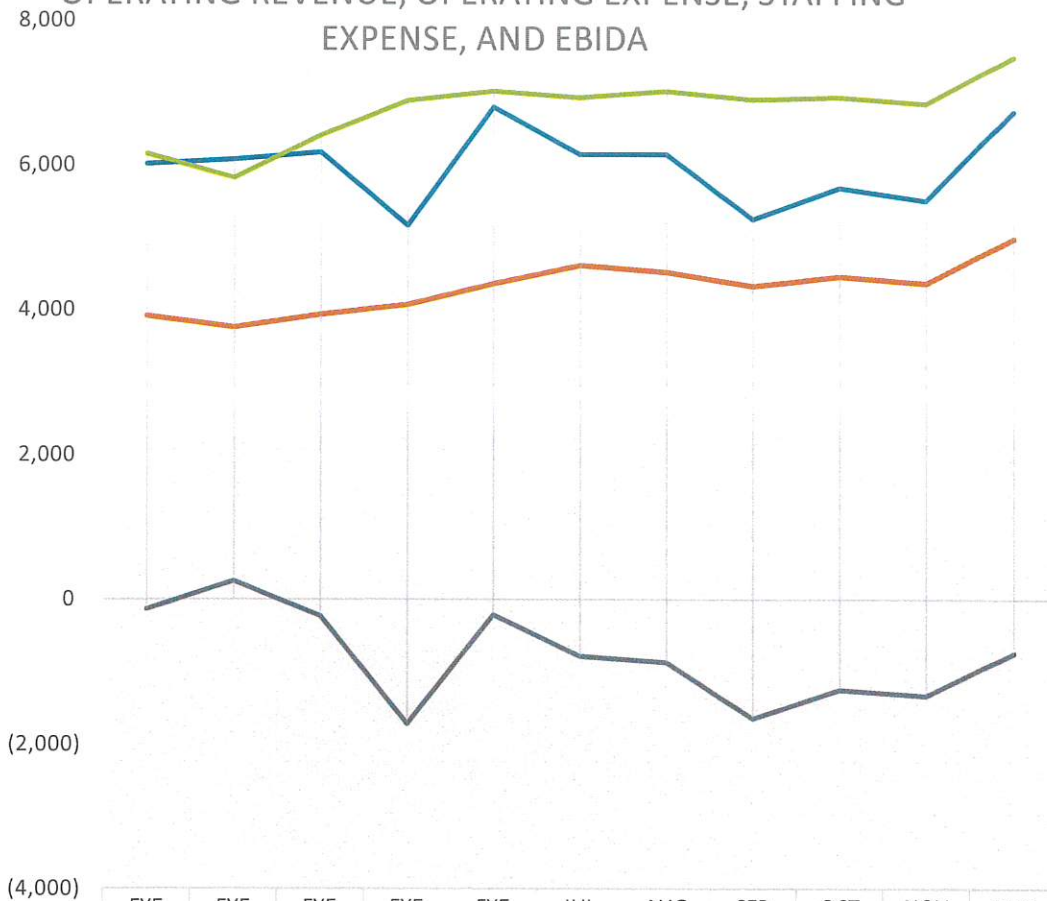


## OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



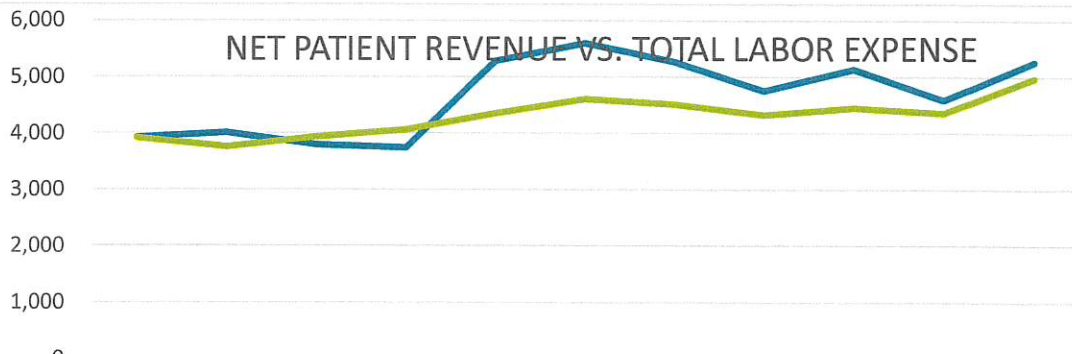
# SAN GORGONIO MEMORIAL HOSPITAL

## OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



|           | FYE 17/18 | FYE 18/19 | FYE 19/20 | FYE 20/21 | FYE 21/22 | JUL 2022 | AUG 2022 | SEP 2022 | OCT 2022 | NOV 2022 | DEC 2022 |
|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|
| OP REV    | 6,006     | 6,069     | 6,165     | 5,160     | 6,791     | 6,132    | 6,137    | 5,246    | 5,674    | 5,499    | 6,728    |
| OP EXP    | 6,147     | 5,817     | 6,398     | 6,878     | 7,007     | 6,920    | 7,010    | 6,893    | 6,923    | 6,834    | 7,475    |
| STAFF EXP | 3,915     | 3,755     | 3,932     | 4,065     | 4,354     | 4,604    | 4,515    | 4,322    | 4,452    | 4,359    | 4,980    |
| EBIDA     | (141)     | 252       | (233)     | (1,719)   | (216)     | (788)    | (873)    | (1,648)  | (1,249)  | (1,335)  | (747)    |

## NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE

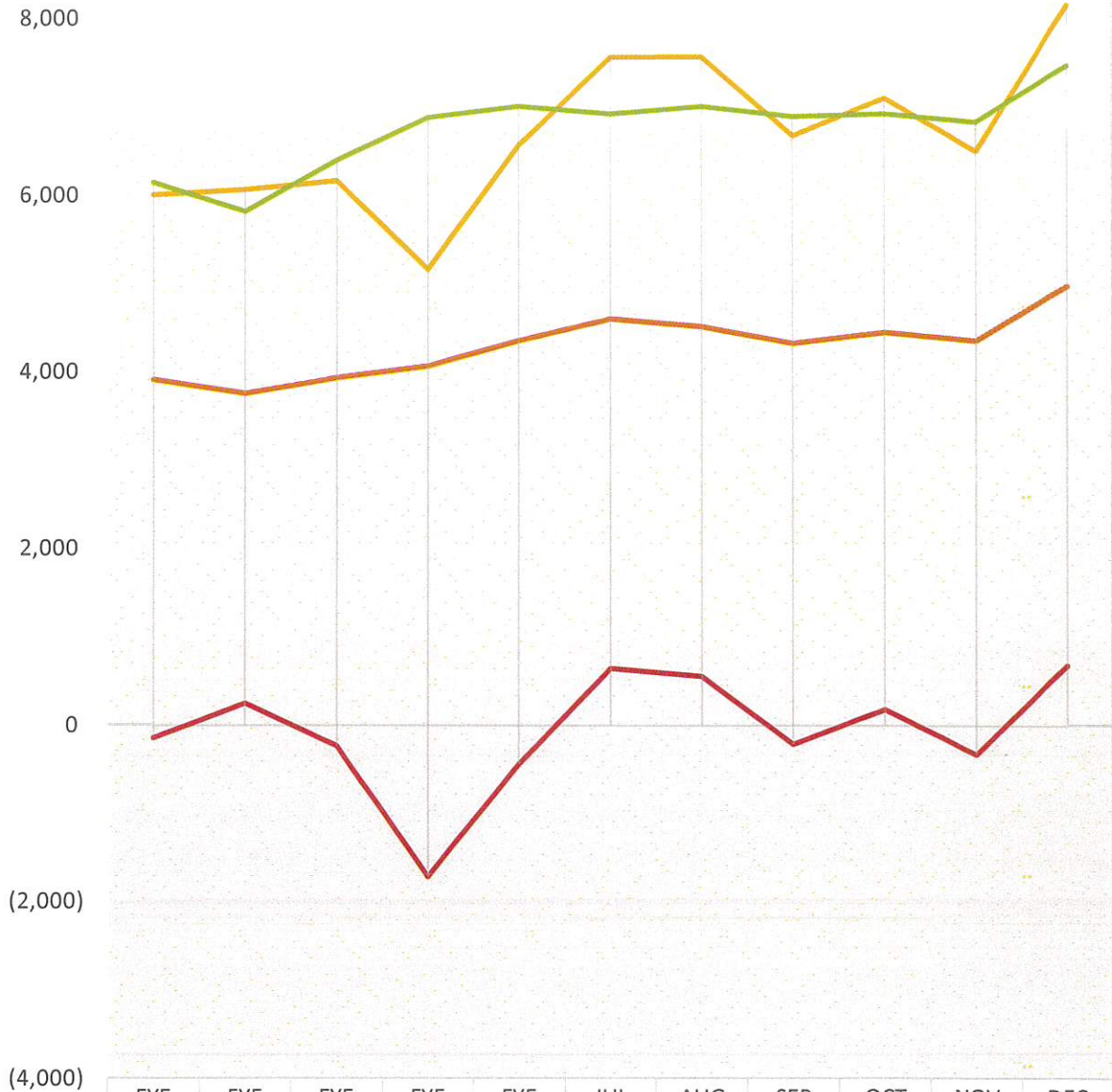


|             | FYE 17/18 | FYE 18/19 | FYE 19/20 | FYE 20/21 | FYE 21/22 | JUL 2022 | AUG 2022 | SEP 2022 | OCT 2022 | NOV 2022 | DEC 2022 |
|-------------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|
| NET PAT REV | 3,921     | 4,003     | 3,795     | 3,744     | 5,275     | 5,594    | 5,267    | 4,751    | 5,134    | 4,585    | 5,266    |
| LABOR EXP   | 3,915     | 3,755     | 3,932     | 4,065     | 4,354     | 4,604    | 4,515    | 4,322    | 4,452    | 4,359    | 4,980    |



# SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE (NORMALIZED), OPERATING EXPENSE,  
STAFFING EXPENSE, AND EBIDA (NORMALIZED) (000's)



|              | FYE 17/18 | FYE 18/19 | FYE 19/20 | FYE 20/21 | FYE 21/22 | JUL 2022 | AUG 2022 | SEP 2022 | OCT 2022 | NOV 2022 | DEC 2022 |
|--------------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|
| REV NORMAL   | 6,006     | 6,069     | 6,165     | 5,160     | 6,569     | 7,564    | 7,569    | 6,678    | 7,106    | 6,504    | 8,160    |
| OP EXP       | 6,147     | 5,817     | 6,398     | 6,878     | 7,007     | 6,920    | 7,010    | 6,893    | 6,923    | 6,834    | 7,475    |
| LABOR EXP    | 3,915     | 3,755     | 3,932     | 4,065     | 4,354     | 4,604    | 4,515    | 4,322    | 4,452    | 4,359    | 4,980    |
| EBIDA NORMAL | (141)     | 252       | (233)     | (1,719)   | (438)     | 644      | 559      | (216)    | 183      | (330)    | 685      |

3-G







**BALANCE SHEET (Period End)**

Cash (000's)

Represents all unrestricted cash in the bank at each month-end.

Days Cash on Hand

Calculated by dividing amount of Cash on Hand by the historical average daily amount of cash requirements to cover operating expenses.

Accounts Receivable - Net (000's)

Equals the sum of all (patient) accounts that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.

A/R Days - Net

This measures the average number of days it takes to collect payment of the Net Accounts Receivable. Lower values are desired.

Current Ratio (Current Assets/Current Liabilities)

A measure that illustrates the ability for the hospital to pay its obligations that come due over the course of the next year. The greater the Current Assets as compared to the Current Liabilities, the stronger position the organization is in to pay its upcoming obligations. Desired position is greater than 1:00 to 1:00, preferably at least 1:25 to 1:00 or greater.

Quick Ratio

This measures the Cash + Net Accounts Receivable compared to the Current Liabilities. Desired ratio is greater than 1:00 : 1:00.

3.4

Accounts Payable (000's)

Reflects payment obligations of the Hospital as of a point in time. Excludes Loans, Payroll and other Debt obligations. Lower values are desired.

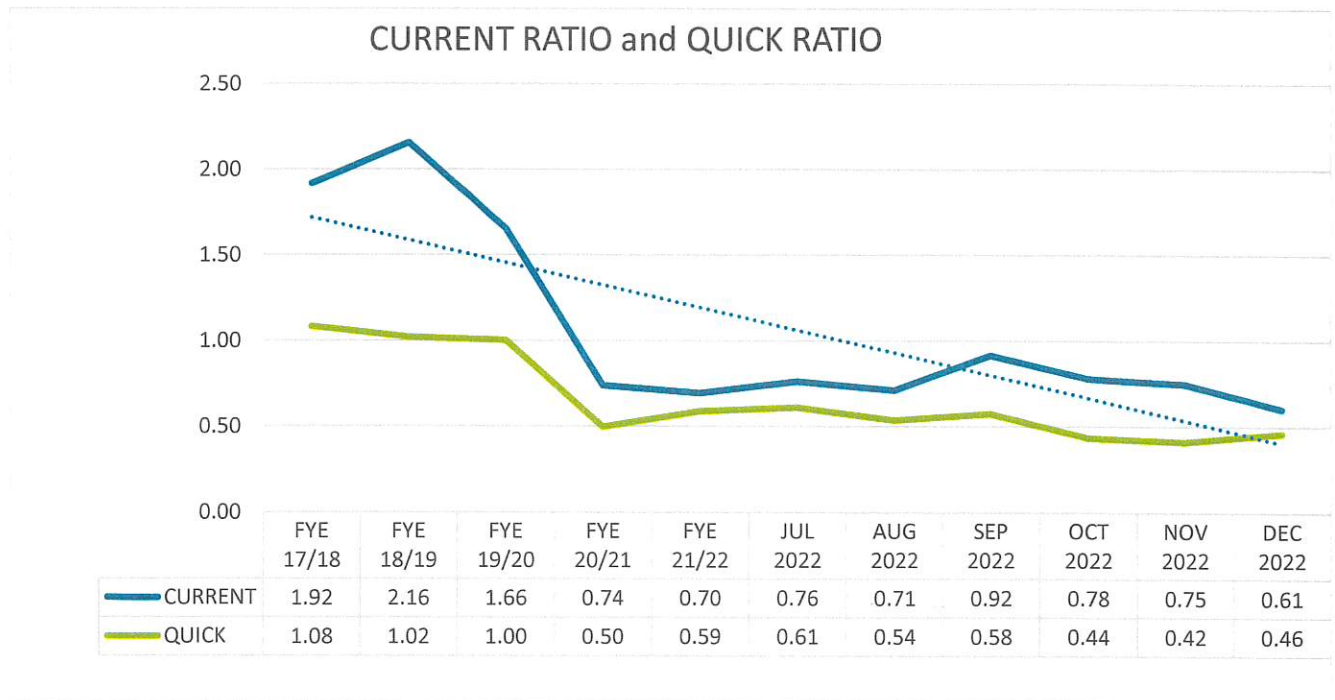
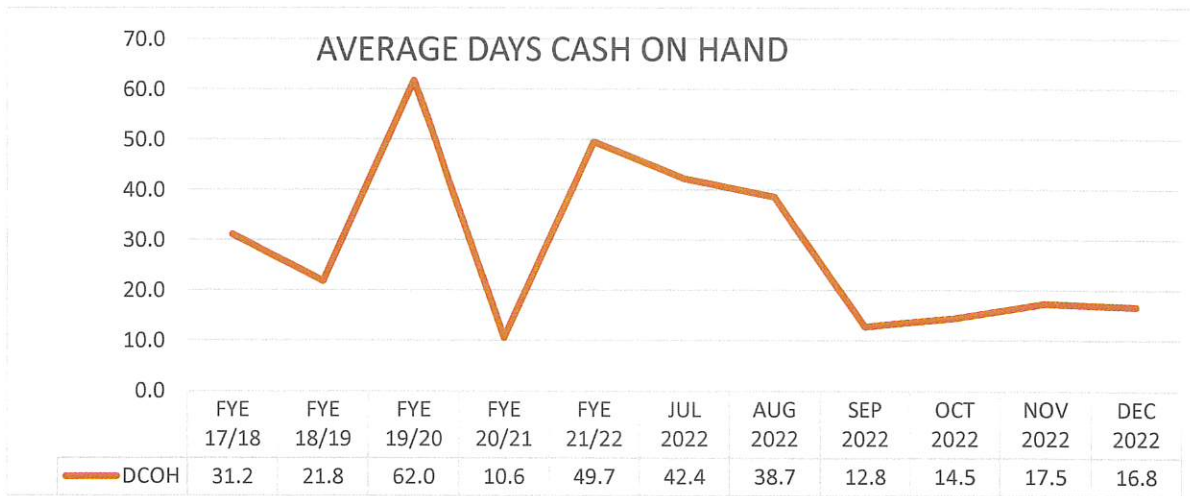
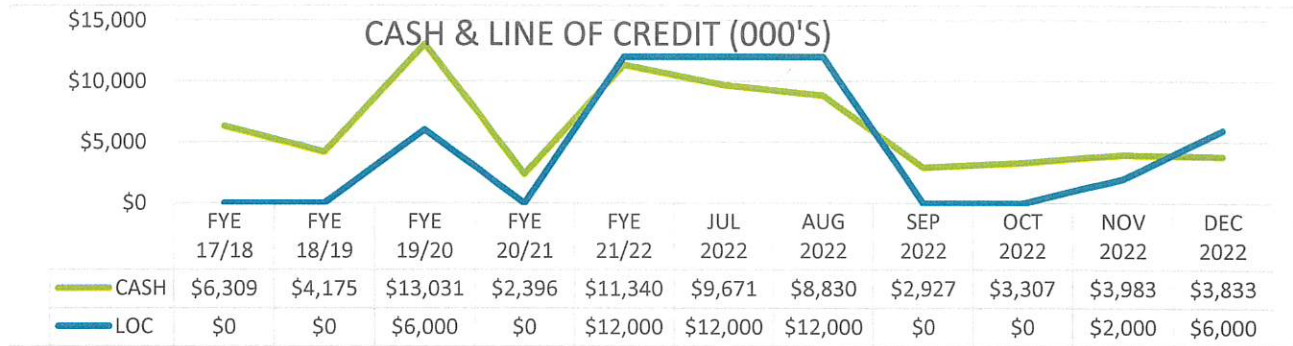
Accounts Payable Days

Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.

Line of Credit Balance (000's)

The amount that is currently borrowed from a lending institution as of a given point in time.

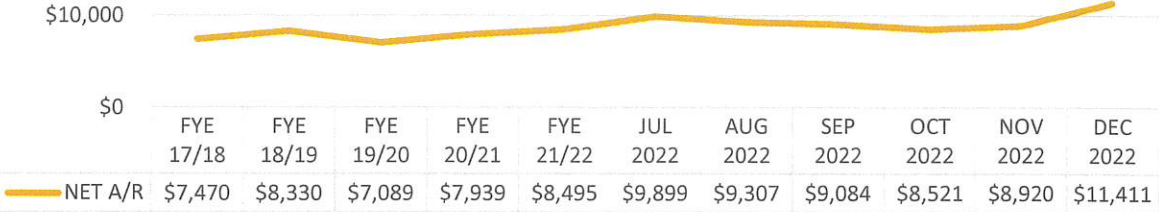
# SAN GORGONIO MEMORIAL HOSPITAL





# SAN GORGONIO MEMORIAL HOSPITAL

## NET ACCOUNTS RECEIVABLE (000'S)



## AVE. DAYS OF COLLECTIONS IN NET A/R



## ACCOUNTS PAYABLE (000'S)



## AVERAGE DAYS IN ACCOUNTS PAYABLE



**SAN GORGONIO MEMORIAL HOSPITAL**  
**EXECUTIVE FINANCIAL SUMMARY**  
**SIX MONTHS ENDING DECEMBER 31, 2022**

| <b>STATEMENT OF REVENUE AND EXPENSES - MONTH &amp; YTD</b> |                                 |                       |                       |                       |                     |  |
|------------------------------------------------------------|---------------------------------|-----------------------|-----------------------|-----------------------|---------------------|--|
| REF LINE#                                                  | 12/31/22 ACTUAL                 | 12/31/22 BUDGET       | YTD ACTUAL            | YTD BUDGET            | YTD DIFFERENCE      |  |
|                                                            | <b>Revenue:</b>                 |                       |                       |                       |                     |  |
| [1]                                                        | \$ 42,251,693                   | \$ 45,486,755         | \$ 240,158,063        | \$ 261,898,313        | \$ (21,740,250)     |  |
| [2]                                                        | (36,985,198)                    | (39,549,723)          | (209,435,295)         | (227,714,761)         | 18,279,465          |  |
| [3]                                                        | <b>5,266,495</b>                | <b>5,937,033</b>      | <b>30,722,768</b>     | <b>34,183,552</b>     | <b>(3,460,785)</b>  |  |
| [4]                                                        | -                               | -                     | -                     | -                     | -                   |  |
| [5]                                                        | 1,461,014                       | 557,030               | 4,817,605             | 4,416,837             | 400,768             |  |
| [6]                                                        | <b>6,727,509</b>                | <b>6,494,063</b>      | <b>35,540,373</b>     | <b>38,600,389</b>     | <b>(3,060,016)</b>  |  |
|                                                            | <b>Total Operating Revenues</b> |                       |                       |                       |                     |  |
|                                                            | 4,898,600                       | 4,782,463             | 26,797,490            | 27,799,541            | 1,002,051           |  |
| [7]                                                        | 81,713                          | 79,250                | 433,526               | 453,162               | 19,637              |  |
|                                                            | 352,767                         | 365,231               | 1,855,756             | 2,191,386             | 335,631             |  |
|                                                            | 746,115                         | 1,015,903             | 5,062,394             | 6,094,505             | 1,032,110           |  |
| [8]                                                        | 1,180,596                       | 1,460,383             | 7,351,676             | 8,739,053             | 1,387,377           |  |
| [9]                                                        | 839,353                         | 1,151,794             | 4,880,219             | 6,682,468             | 1,802,249           |  |
| [10]                                                       | 556,050                         | 464,857               | 3,013,902             | 2,887,455             | (126,446)           |  |
| [11]                                                       | -                               | -                     | -                     | -                     | -                   |  |
| [12]                                                       | <b>\$ 7,474,599</b>             | <b>\$ 7,859,498</b>   | <b>\$ 42,043,286</b>  | <b>\$ 46,108,517</b>  | <b>\$ 4,065,231</b> |  |
|                                                            | <b>Total Expenses</b>           |                       |                       |                       |                     |  |
| [13]                                                       | <b>\$ (747,090)</b>             | <b>\$ (1,365,435)</b> | <b>\$ (6,502,914)</b> | <b>\$ (7,508,128)</b> | <b>\$ 1,005,214</b> |  |
|                                                            | <b>EBIDA</b>                    |                       |                       |                       |                     |  |
| [14]                                                       | 1,274,500                       | 1,093,819             | 5,745,994             | 6,263,234             | 517,239             |  |
| [15]                                                       | 935,307                         | 1,092,982             | 5,470,782             | 6,557,890             | (1,087,108)         |  |
| [16]                                                       | <b>\$ (1,086,283)</b>           | <b>\$ (1,366,272)</b> | <b>\$ (6,778,126)</b> | <b>\$ (7,213,471)</b> | <b>\$ 435,346</b>   |  |
|                                                            | <b>TOTAL NET SURPLUS (LOSS)</b> |                       |                       |                       |                     |  |



**SAN GORGONIO MEMORIAL HOSPITAL**  
**EXECUTIVE FINANCIAL SUMMARY**  
**SIX MONTHS ENDING DECEMBER 31, 2022**

**BALANCE SHEET**

|                                              | YTD<br>12/31/2022     | Prior FYE<br>6/30/2022 |
|----------------------------------------------|-----------------------|------------------------|
| <b>ASSETS</b>                                |                       |                        |
| [1] Current Assets                           | \$ 19,977,194         | \$ 23,401,085          |
| [2] Assets Whose Use is Limited              | 11,732,131            | 12,704,494             |
| [3] Property, Plant & Equipment (Net)        | 75,539,859            | 73,514,801             |
| [4] Other Assets                             | 589,683               | 503,000                |
| [5] <b>Total Unrestricted Assets</b>         | <b>107,838,867</b>    | <b>110,123,380</b>     |
| [6] Restricted Assets                        | 0                     | 0                      |
| [7] <b>Total Assets</b>                      | <b>\$ 107,838,867</b> | <b>\$ 110,123,380</b>  |
| <b>LIABILITIES AND NET ASSETS</b>            |                       |                        |
| [8] Current Liabilities                      | \$32,929,531          | \$33,649,575           |
| [9] Long-Term Debt                           | 113,198,142           | 105,323,946            |
| [10] Other Long-Term Liabilities             | 2,231,628             | 2,231,626              |
| [11] <b>Total Liabilities</b>                | <b>\$ 148,359,300</b> | <b>\$ 141,205,147</b>  |
| [12] Net Assets                              | \$ (40,520,433)       | \$ (31,081,767)        |
| [13] <b>Total Liabilities and Net Assets</b> | <b>\$ 107,838,867</b> | <b>\$ 110,123,380</b>  |



**KEY STATISTICS AND RATIOS**

|                                  | <b>11/30/22<br/>ACTUAL<br/>FY 23</b> | <b>12/31/22<br/>ACTUAL<br/>FY 23</b> | <b>12/31/22<br/>BUDGET<br/>FY 23</b> | <b>2023<br/>YTD<br/>FY 23</b> | <b>2022<br/>YR END TOTAL<br/>FY 22</b> |
|----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|----------------------------------------|
| [1] Total Acute Patient Days     | 704                                  | 910                                  | 1,033                                | 4,181                         | 9,689                                  |
| [2] Average Daily Census         | 23.5                                 | 29.4                                 | 33.3                                 | 22.7                          | 26.5                                   |
| [3] Average Acute Length of Stay | 3.9                                  | 3.9                                  | 4.1                                  | 3.6                           | 3.9                                    |
| [4] Patient Discharges           | 182                                  | 235                                  | 255                                  | 1,166                         | 2,502                                  |
| [5] Observation Days             | 249                                  | 302                                  | 248                                  | 1,568                         | 2,775                                  |
| [6] Total Emergency Room Visits  | 4,028                                | 3,506                                | 3,381                                | 21,893                        | 39,374                                 |
| [7] Average ED Visits Per Day    | 134                                  | 113                                  | 109                                  | 119                           | 108                                    |
| [9] Total Surgeries              | 101                                  | 105                                  | 126                                  | 684                           | 1,446                                  |
| [10] Deliveries/Births           | 5                                    | 10                                   | 13                                   | 73                            | 175                                    |

Statement of Revenue and Expense

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

SIX MONTHS ENDING DECEMBER 31, 2022

|                                                    | DISTRICT ONLY      | CURRENT MONTH         |                             |                                 | Positive<br>(Negative)<br>Variance | Percentage<br>Variance |
|----------------------------------------------------|--------------------|-----------------------|-----------------------------|---------------------------------|------------------------------------|------------------------|
|                                                    |                    | ACTUAL<br>12/31/22    | FY 23<br>ACTUAL<br>12/31/22 | FY 23<br>CUR MO BUD<br>12/31/22 |                                    |                        |
| Gross Patient Revenue                              |                    |                       |                             |                                 |                                    |                        |
| [1] Inpatient Revenue                              | \$ -               | \$ 17,505,552         | \$ 22,404,160               | \$ (4,898,608)                  | -28.0%                             |                        |
| [2] Inpatient Psych/Rehab Revenue                  | -                  | -                     | -                           | -                               | -                                  |                        |
| [3] Outpatient Revenue                             | -                  | 24,746,141            | \$ 23,082,596               | 1,663,545                       | 6.7%                               |                        |
| [4] Long Term Care Revenue                         | -                  | -                     | -                           | -                               | -                                  |                        |
| [5] Home Health Revenue                            | -                  | -                     | -                           | -                               | -                                  |                        |
| [6] Total Gross Patient Revenue                    | <u>\$ -</u>        | <u>\$ 42,251,693</u>  | <u>\$ 45,486,755</u>        | <u>\$ (3,235,062)</u>           | <u>-7.7%</u>                       |                        |
| Deductions From Revenue                            |                    |                       |                             |                                 |                                    |                        |
| [7] Discounts and Allowances                       | -                  | (35,904,405)          | \$ (37,865,491)             | \$ 1,961,086                    | -5.5%                              |                        |
| [8] Bad Debt Expense                               | -                  | (1,015,237)           | \$ (1,601,821)              | 586,584                         | -57.8%                             |                        |
| [9] Prior Year Settlements                         | -                  | -                     | \$ -                        | -                               | -                                  |                        |
| [10] Charity Care                                  | -                  | (65,555)              | \$ (82,411)                 | 16,855                          | -25.7%                             |                        |
| [11] Total Deductions From Revenue                 | <u>-</u>           | <u>(36,985,198)</u>   | <u>(39,549,723)</u>         | <u>\$ 2,564,525</u>             | <u>-6.9%</u>                       |                        |
| [12]                                               |                    | 87.5%                 | -86.9%                      |                                 |                                    |                        |
| [13] Net Patient Revenue                           | <u>\$ -</u>        | <u>\$ 5,266,495</u>   | <u>\$ 5,937,033</u>         | <u>\$ (670,538)</u>             | <u>-12.7%</u>                      |                        |
| Non Patient Operating Revenues                     |                    |                       |                             |                                 |                                    |                        |
| [14] IGT/DSH Revenues                              | -                  | -                     | \$ -                        | \$ -                            | 0.0%                               |                        |
| [15] Grants & Other Op Revenues                    | -                  | 1,059,520             | \$ 144,286                  | 915,234                         | 86.4%                              |                        |
| [16] Clinic Net Revenues                           | -                  | -                     | \$ -                        | -                               | -                                  |                        |
| [17] Tax Subsidies Measure D                       | 246,994            | 246,994               | \$ 246,994                  | (0)                             | 0.0%                               |                        |
| [18] Tax Subsidies Prop 13                         | 154,500            | 154,500               | \$ 154,500                  | -                               | 0.0%                               |                        |
| [19] Tax Subsidies County Supplemental Funds       | -                  | -                     | \$ 11,250                   | (11,250)                        | 0.0%                               |                        |
| Non- Patient Revenue                               | <u>\$ 401,494</u>  | <u>\$ 1,461,014</u>   | <u>\$ 557,030</u>           | <u>\$ 903,984</u>               | <u>61.9%</u>                       |                        |
| <b>Total Operating Revenue</b>                     | <u>\$ 401,494</u>  | <u>\$ 6,727,509</u>   | <u>\$ 6,494,063</u>         | <u>\$ 233,447</u>               | <u>3.5%</u>                        |                        |
| Operating Expenses                                 |                    |                       |                             |                                 |                                    |                        |
| [20] Salaries and Wages                            | -                  | 3,976,933             | 3,853,647                   | \$ (123,286)                    | -3.1%                              |                        |
| [21] Fringe Benefits                               | -                  | 921,667               | 928,816                     | 7,149                           | 0.8%                               |                        |
| [22] Contract Labor                                | -                  | 81,713                | 79,250                      | (2,463)                         | -3.0%                              |                        |
| [23] Physicians Fees                               | -                  | 352,767               | 365,231                     | 12,464                          | 3.5%                               |                        |
| [24] Purchased Services                            | 134,079            | 746,115               | 1,015,903                   | 269,787                         | 36.2%                              |                        |
| [25] Supply Expense                                | -                  | 839,353               | 1,151,794                   | 312,441                         | 37.2%                              |                        |
| [26] Utilities                                     | 3,616              | 115,611               | 104,043                     | (11,568)                        | -10.0%                             |                        |
| [27] Repairs and Maintenance                       | 10,638             | 98,149                | 75,564                      | (22,585)                        | -23.0%                             |                        |
| [28] Insurance Expense                             | -                  | 118,248               | 122,979                     | 4,731                           | 4.0%                               |                        |
| [29] All Other Operating Expenses                  | 8                  | 143,484               | 99,325                      | (44,159)                        | -30.8%                             |                        |
| [30] Supplemental and Grant Expense                | -                  | -                     | 0                           | -                               | 0.0%                               |                        |
| [31] Leases and Rentals                            | -                  | 80,559                | 62,946                      | (17,613)                        | -21.9%                             |                        |
| [32] Clinic Expense                                | -                  | -                     | 0                           | -                               | 0.0%                               |                        |
| [33] Total Operating Expenses                      | <u>\$ 148,341</u>  | <u>\$ 7,474,599</u>   | <u>\$ 7,859,498</u>         | <u>\$ 384,899</u>               | <u>5.1%</u>                        |                        |
| [34] <b>EBIDA</b>                                  | <u>\$ 253,153</u>  | <u>\$ (747,090)</u>   | <u>\$ (1,365,435)</u>       | <u>\$ 618,346</u>               | <u>-82.8%</u>                      |                        |
| Interest Expense and Depreciation                  |                    |                       |                             |                                 |                                    |                        |
| [35] Depreciation                                  | 406,450            | 648,669               | 614,513                     | \$ (34,156)                     | -5.3%                              |                        |
| [36] Interest Expense and Amortization             | 556,436            | 625,830               | 479,306                     | (146,525)                       | -23.4%                             |                        |
| [37] Total Interest & depreciation                 | <u>962,886</u>     | <u>1,274,500</u>      | <u>1,093,819</u>            | <u>(180,681)</u>                | <u>-14.2%</u>                      |                        |
| Non-Operating Revenue:                             |                    |                       |                             |                                 |                                    |                        |
| [38] Contributions & Other                         | 1,015              | 307,953               | 466,744                     | (158,791)                       | -51.6%                             |                        |
| [39] Tax Subsidies for GO Bonds - M-A              | 627,353            | 627,353               | 626,237                     | 1,116                           | 0.2%                               |                        |
| [40] Total Non Operating Revenue/(Expense)         | <u>628,368</u>     | <u>935,307</u>        | <u>1,092,982</u>            | <u>\$ (157,675)</u>             | <u>-16.9%</u>                      |                        |
| [41] Total Net Surplus/(Loss)                      | <u>\$ (81,364)</u> | <u>\$ (1,086,283)</u> | <u>\$ (1,366,272)</u>       | <u>\$ 279,990</u>               | <u>-25.8%</u>                      |                        |
| [42] Extra-ordinary loss on Financing              | -                  | -                     | -                           | -                               | -                                  |                        |
| [43] Increase/(Decrease in Unrestricted Net Assets | <u>\$ (81,364)</u> | <u>\$ (1,086,283)</u> | <u>\$ (1,366,272)</u>       | <u>\$ 279,990</u>               | <u>-25.8%</u>                      |                        |
| [44] Total Profit Margin                           | -20.27%            | -16.15%               | -21.04%                     |                                 |                                    |                        |
| [45] EBIDA %                                       | 63.05%             | -11.10%               | -21.03%                     |                                 |                                    |                        |



**Statement of Revenue and Expense**  
**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**SIX MONTHS ENDING DECEMBER 31, 2022**

|                                                     | YEAR-TO-DATE       |                    |                    |                                    |                        |
|-----------------------------------------------------|--------------------|--------------------|--------------------|------------------------------------|------------------------|
|                                                     | DISTRICT ONLY      |                    |                    | Positive<br>(Negative)<br>Variance | Percentage<br>Variance |
|                                                     | Actual<br>12/31/22 | Actual<br>12/31/22 | Budget<br>12/31/22 |                                    |                        |
| <b>Gross Patient Revenue</b>                        |                    |                    |                    |                                    |                        |
| [1] Inpatient Revenue                               | \$ -               | \$ 90,584,302      | \$ 127,429,548     | \$ (36,845,247)                    | -40.7%                 |
| [2] Inpatient Psych/Rehab Revenue                   | -                  | -                  | -                  | -                                  | -                      |
| [3] Outpatient Revenue                              | -                  | 149,573,761        | \$ 134,468,764     | 15,104,997                         | 10.1%                  |
| [4] Long Term Care Revenue                          | -                  | -                  | -                  | -                                  | -                      |
| [5] Home Health Revenue                             | -                  | -                  | -                  | -                                  | -                      |
| [6] Total Gross Patient Revenue                     | \$ -               | \$ 240,158,063     | \$ 261,898,313     | \$ (21,740,250)                    | -9.1%                  |
| <b>Deductions From Revenue</b>                      |                    |                    |                    |                                    |                        |
| [7] Discounts and Allowances                        | -                  | (203,248,319)      | \$ (218,017,488)   | \$ 14,769,169                      | 7.3%                   |
| [8] Bad Debt Expense                                | -                  | (5,532,251)        | \$ (9,222,777)     | 3,690,525                          | 66.7%                  |
| [9] Prior Year Settlements                          | -                  | -                  | \$ -               | -                                  | -                      |
| [10] Charity Care                                   | -                  | (654,725)          | \$ (474,495)       | (180,230)                          | -27.5%                 |
| [11] Total Deductions From Revenue                  | -                  | (209,435,295)      | (227,714,761)      | \$ 18,279,465                      | 8.7%                   |
| [12]                                                |                    | 87.2%              | -86.9%             |                                    |                        |
| [13] Net Patient Revenue                            | \$ -               | \$ 30,722,768      | \$ 34,183,552      | \$ (3,460,785)                     | -11.3%                 |
| <b>Non Patient Operating Revenues</b>               |                    |                    |                    |                                    |                        |
| [14] IGT/DSH Revenues                               | -                  | -                  | \$ -               | \$ -                               | 0.0%                   |
| [15] Grants & Other Op Revenues                     | -                  | 2,408,642          | 1,537,844          | 870,798                            | 36.2%                  |
| [16] Clinic Net Revenues                            | -                  | -                  | \$ -               | -                                  | -                      |
| [17] Tax Subsidies Measure D                        | 1,234,969          | 1,481,963          | \$ 1,481,963       | (0)                                | 0.0%                   |
| [18] Tax Subsidies Prop 13                          | 772,500            | 927,000            | \$ 783,750         | 143,250                            | 15.5%                  |
| [19] Tax Subsidies County Supplemental Funds        | -                  | -                  | \$ 613,280         | (613,280)                          | 0.0%                   |
| Non- Patient Revenue                                | \$ 2,007,469       | \$ 4,817,605       | \$ 4,416,837       | \$ 400,768                         | 8.3%                   |
| <b>Total Operating Revenue</b>                      | \$ 2,007,469       | \$ 35,540,373      | \$ 38,600,389      | \$ (3,060,016)                     | -8.6%                  |
| <b>Operating Expenses</b>                           |                    |                    |                    |                                    |                        |
| [20] Salaries and Wages                             | -                  | 21,381,640         | \$ 22,289,709      | \$ 908,069                         | 4.2%                   |
| [21] Fringe Benefits                                | -                  | 5,415,850          | \$ 5,509,832       | 93,982                             | 1.7%                   |
| [22] Contract Labor                                 | -                  | 433,526            | \$ 453,162         | 19,637                             | 4.5%                   |
| [23] Physicians Fees                                | -                  | 1,855,756          | \$ 2,191,386       | 335,631                            | 18.1%                  |
| [24] Purchased Services                             | 6,159              | 5,062,394          | \$ 6,094,505       | 1,032,110                          | 20.4%                  |
| [25] Supply Expense                                 | -                  | 4,880,219          | \$ 6,682,468       | 1,802,249                          | 36.9%                  |
| [26] Utilities                                      | 8,909              | 651,876            | \$ 722,573         | 70,697                             | 10.8%                  |
| [27] Repairs and Maintenance                        | 49,416             | 526,685            | \$ 453,382         | (73,303)                           | -13.9%                 |
| [28] Insurance Expense                              | -                  | 753,127            | \$ 737,873         | (15,254)                           | -2.0%                  |
| [29] All Other Operating Expenses                   | 159,371            | 614,730            | \$ 595,948         | (18,782)                           | -3.1%                  |
| [30] Supplemental and Grant Expense                 | -                  | -                  | \$ -               | -                                  | 0.0%                   |
| [31] Leases and Rentals                             | -                  | 467,483            | \$ 377,679         | (89,804)                           | -19.2%                 |
| [32] Clinic Expense                                 | -                  | -                  | \$ -               | -                                  | 0.0%                   |
| [33] Total Operating Expenses                       | \$ 223,855         | \$ 42,043,286      | \$ 46,108,517      | \$ 4,065,231                       | 9.7%                   |
| [34] <b>EBIDA</b>                                   | \$ 1,783,614       | \$ (6,502,914)     | \$ (7,508,128)     | \$ 1,005,214                       | -15.5%                 |
| <b>Interest Expense and Depreciation</b>            |                    |                    |                    |                                    |                        |
| [35] Depreciation                                   | 2,175,842          | 2,896,267          | \$ 3,615,651       | \$ 719,384                         | 24.8%                  |
| [36] Interest Expense and Amortization              | 1,735,325          | 2,849,727          | \$ 2,647,583       | (202,144)                          | -7.1%                  |
| [37] Total Interest & depreciation                  | 3,911,167          | 5,745,994          | 6,263,234          | 517,239                            | 9.0%                   |
| <b>Non-Operating Revenue:</b>                       |                    |                    |                    |                                    |                        |
| [38] Contributions & Other                          | 1,396,679          | 1,706,663          | \$ 2,800,466       | (1,093,802)                        | -64.1%                 |
| [39] Tax Subsidies for GO Bonds - M-A               | 3,764,119          | 3,764,119          | \$ 3,757,425       | 6,694                              | 0.2%                   |
| [40] Total Non Operating Revenue/(Expense)          | 5,160,798          | 5,470,782          | 6,557,890          | (1,087,108)                        | -19.9%                 |
| [41] Total Net Surplus/(Loss)                       | \$ 3,033,245       | \$ (6,778,126)     | \$ (7,213,471)     | \$ 435,346                         | -6.4%                  |
| [42] Extra-ordinary loss on Financing               | -                  | -                  | -                  | -                                  | -                      |
| [43] Increase/(Decrease in Unrestricted Net Assets) | \$ 3,033,245       | \$ (6,778,126)     | \$ (7,213,471)     | \$ 435,346                         | -6.4%                  |
| [44] Total Profit Margin                            | 151.10%            | -19.07%            | -18.69%            |                                    |                        |
| [45] EBIDA %                                        | 88.85%             | -18.30%            | -19.45%            |                                    |                        |

**Balance Sheet - Assets**

**SAN GORGONIO MEMORIAL HOSPITAL**

**BANNING, CALIFORNIA**

**SIX MONTHS ENDING DECEMBER 31, 2022**

|                                       |                                           | ASSETS                         |                                |                              |                                     |                                |
|---------------------------------------|-------------------------------------------|--------------------------------|--------------------------------|------------------------------|-------------------------------------|--------------------------------|
|                                       |                                           | DISTRICT ONLY                  |                                |                              |                                     |                                |
|                                       |                                           | Current<br>Month<br>12/31/2022 | Current<br>Month<br>12/31/2022 | Prior<br>Month<br>11/30/2022 | Positive/<br>(Negative)<br>Variance | Prior<br>Year End<br>6/30/2022 |
| <b>Current Assets</b>                 |                                           |                                |                                |                              |                                     |                                |
| [1]                                   | Cash and Cash Equivalents                 | 2,030,781                      | \$3,833,449                    | \$3,983,464                  | \$ (150,015)                        | \$ 11,340,002                  |
| [2]                                   | Gross Patient Accounts Receivable         | \$0                            | \$100,229,411                  | \$88,863,121                 | \$ 11,366,290                       | 77,594,807                     |
| [3]                                   | Less: Bad Debt and Allowance Reserves     | \$0                            | (\$88,818,067)                 | (\$79,943,069)               | \$ (8,874,998)                      | (69,099,845)                   |
| [4]                                   | Net Patient Accounts Receivable           | \$0                            | \$11,411,344                   | \$8,920,053                  | \$ 2,491,291                        | 8,494,961                      |
| [5]                                   | Taxes Receivable                          | \$3,978,247                    | \$3,978,247                    | \$5,836,289                  | \$ (1,858,043)                      | 1,178,859                      |
| [6]                                   | Other Receivables (includes advances)     | 660,465                        | \$588,563                      | \$579,481                    | \$ 9,083                            | 738,141                        |
| [7]                                   | Inventories                               | \$0                            | \$2,384,635                    | \$2,354,710                  | \$ 29,925                           | 2,297,204                      |
| [8]                                   | Prepaid Expenses                          | 126,169                        | \$822,748                      | \$866,864                    | \$ (44,116)                         | 1,197,395                      |
| [9]                                   | Due From Third Party Payers-DSH           | \$0                            | (\$3,041,791)                  | (\$1,332,477)                | \$ (1,709,314)                      | (1,845,477)                    |
| [10]                                  | Malpractice Receivable                    | \$0                            | \$0                            | \$0                          | \$ -                                | -                              |
| [11]                                  | Supplimental Receivables                  | \$0                            | (\$0)                          | \$426,574                    | \$ (426,574)                        | -                              |
|                                       | <b>Total Current Assets</b>               | <b>6,795,662</b>               | <b>19,977,194</b>              | <b>21,634,957</b>            | <b>\$ (736,481)</b>                 | <b>\$ 23,401,085</b>           |
| <b>Assets Whose Use is Limited</b>    |                                           |                                |                                |                              |                                     |                                |
| [12]                                  | Cash                                      |                                |                                |                              |                                     |                                |
| [13]                                  | Investments                               |                                |                                |                              |                                     |                                |
| [14]                                  | Bond Reserve/Debt Retirement Fund         | \$11,732,131                   | \$11,732,131                   | \$8,809,050                  | \$ 2,923,081                        | 12,704,494                     |
| [15]                                  | Trustee Held Funds                        |                                |                                |                              |                                     |                                |
| [16]                                  | Funded Depreciation                       |                                |                                |                              |                                     |                                |
| [17]                                  | Board Designated Funds                    |                                |                                |                              |                                     |                                |
| [18]                                  | Other Limited Use Assets                  |                                |                                |                              |                                     | 0                              |
|                                       | <b>Total Limited Use Assets</b>           | <b>11,732,131</b>              | <b>11,732,131</b>              | <b>8,809,050</b>             | <b>\$ (223,324)</b>                 | <b>\$ 12,704,494</b>           |
| <b>Property, Plant, and Equipment</b> |                                           |                                |                                |                              |                                     |                                |
| [19]                                  | Land and Land Improvements                | 4,828,182                      | 4,828,182                      | 4,828,182                    | \$ -                                | \$ 4,828,182                   |
| [20]                                  | Building and Building Improvements        | 129,281,491                    | 129,281,491                    | 129,281,491                  | \$ -                                | 129,281,491                    |
| [21]                                  | Equipment                                 | 27,119,506                     | 29,877,793                     | 29,253,087                   | \$ 624,705                          | 26,856,789                     |
| [22]                                  | Construction In Progress                  | 2,353,203                      | 2,353,203                      | 2,082,369                    | \$ 270,833                          | 1,694,007                      |
| [23]                                  | Capitalized Interest                      |                                |                                |                              |                                     |                                |
| [24]                                  | Gross Property, Plant, and Equipment      | 163,582,382                    | 166,340,669                    | 165,445,130                  | \$ 895,539                          | 162,660,469                    |
| [25]                                  | Less: Accumulated Depreciation            | (\$90,800,810)                 | (\$90,800,810)                 | (\$90,394,360)               | \$ (406,450)                        | (89,145,667)                   |
| [26]                                  | <b>Net Property, Plant, and Equipment</b> | <b>72,781,572</b>              | <b>75,539,859</b>              | <b>75,050,770</b>            | <b>\$ (475,050)</b>                 | <b>\$ 73,514,801</b>           |
| <b>Other Assets</b>                   |                                           |                                |                                |                              |                                     |                                |
| [27]                                  | Unamortized Loan Costs                    | \$627,385                      | \$589,683                      | \$592,272                    | \$ (2,589)                          | \$ 614,440                     |
| [28]                                  | Assets Held for Future Use                |                                | \$0                            | \$0                          | \$ -                                | 485                            |
| [29]                                  | Investments in Subsidiary/Affiliated Org. | \$26,205,242                   | \$0                            | \$0                          | \$ -                                | (111,925)                      |
| [30]                                  | Other                                     |                                |                                |                              |                                     |                                |
| [31]                                  | <b>Total Other Assets</b>                 | <b>26,832,626</b>              | <b>589,683</b>                 | <b>592,272</b>               | <b>\$ (2,589)</b>                   | <b>\$ 503,000</b>              |
| [32]                                  | <b>TOTAL UNRESTRICTED ASSETS</b>          | <b>118,141,991</b>             | <b>107,838,867</b>             | <b>106,087,049</b>           | <b>\$ 1,751,818</b>                 | <b>\$ 110,123,381</b>          |
| <b>Restricted Assets</b>              |                                           |                                |                                |                              |                                     |                                |
|                                       |                                           | 0                              | 0                              | 0                            | 0                                   | 0                              |
| [33]                                  | <b>TOTAL ASSETS</b>                       | <b>\$118,141,991</b>           | <b>\$107,838,867</b>           | <b>\$106,087,049</b>         | <b>\$ 1,751,818</b>                 | <b>\$ 110,123,381</b>          |

**Balance Sheet - Liabilities and Net Assets**

**SAN GORGONIO MEMORIAL HOSPITAL**

**BANNING, CALIFORNIA**

**SIX MONTHS ENDING DECEMBER 31, 2022**

|                                                   | DISTRICT ONLY               | LIABILITIES AND FUND BALANCE |                           |                                     |                             |
|---------------------------------------------------|-----------------------------|------------------------------|---------------------------|-------------------------------------|-----------------------------|
|                                                   | Current Month<br>12/31/2022 | Current Month<br>12/31/2022  | Prior Month<br>11/30/2022 | Positive/<br>(Negative)<br>Variance | Prior Year End<br>6/30/2022 |
| <b>Current Liabilities</b>                        |                             |                              |                           |                                     |                             |
| [1] Accounts Payable                              | \$ 506,662                  | \$ 11,309,352                | \$ 11,607,919             | \$ 298,567                          | \$ 10,600,622               |
| [2] Notes and Loans Payable (Line of Credit)      | -                           | 6,000,000                    | 2,000,000                 | \$ (4,000,000)                      | 12,000,000                  |
| [3] Accounts Payable- Tax advance                 | -                           | -                            | -                         | \$ -                                | -                           |
| [4] Accrued Payroll Taxes                         | -                           | 5,112,316                    | 8,080,041                 | \$ 2,967,726                        | 5,597,527                   |
| [5] Accrued Benefits                              | -                           | -                            | -                         | \$ -                                | -                           |
| [6] Accrued Benefits Current Portion              | -                           | -                            | -                         | \$ -                                | -                           |
| [7] Other Accrued Expenses                        | -                           | -                            | -                         | \$ -                                | -                           |
| [8] Accrued GO Bond Interest Payable              | 2,183,248                   | 2,183,248                    | 1,615,481                 | \$ (567,767)                        | 2,526,756                   |
| [9] Lease Liabilities                             | -                           | 1,986,444                    | 1,403,104                 | \$ (583,339)                        | 4,259                       |
| [10] Due to Third Party Payers (Settlements)      | -                           | 3,417,500                    | 3,417,500                 | \$ -                                | -                           |
| [11] Advances From Third Party Payers             | -                           | -                            | -                         | \$ -                                | -                           |
| [12] Current Portion of LTD (Bonds/Mortgages)     | 2,335,000                   | 2,335,000                    | 2,335,000                 | \$ -                                | 2,335,000                   |
| [13] Current Portion of LTD (Leases)              | -                           | -                            | -                         | \$ -                                | -                           |
| [14] Other Current Liabilities                    | -                           | 585,671                      | 598,834                   | -                                   | 585,411                     |
| <b>Total Current Liabilities</b>                  | <b>5,024,910</b>            | <b>32,929,531</b>            | <b>31,057,880</b>         | <b>\$ 791,861</b>                   | <b>33,649,575</b>           |
| <b>Long Term Debt</b>                             |                             |                              |                           |                                     |                             |
| [15] Bonds/Mortgages Payable (net of Cur Portion) | 96,487,744                  | \$101,432,351                | \$ 101,878,159            | \$ 445,809                          | \$ 103,030,598              |
| [16] Leases Payable (net of current portion)      | \$11,765,791                | \$11,765,791                 | \$11,779,417              | \$ 13,626                           | \$2,293,348                 |
| [17] <b>Total Long Term Debt (Net of Current)</b> | <b>108,253,535</b>          | <b>113,198,142</b>           | <b>113,657,576</b>        | <b>\$ 313,358</b>                   | <b>105,323,946</b>          |
| <b>Other Long Term Liabilities</b>                |                             |                              |                           |                                     |                             |
| [18] Deferred Revenue                             | -                           | -                            | -                         | \$ -                                | -                           |
| [19] Accrued Pension Expense (Net of Current)     | -                           | -                            | -                         | \$ -                                | -                           |
| [20] Other-Bridge Loan                            | 0                           | 2,231,628                    | 2,231,628                 | \$ -                                | 2,231,628                   |
| [21] <b>Total Other Long Term Liabilities</b>     | <b>0</b>                    | <b>2,231,628</b>             | <b>2,231,628</b>          | <b>0</b>                            | <b>2,231,628</b>            |
| <b>TOTAL LIABILITIES</b>                          | <b>\$ 113,278,445</b>       | <b>\$ 148,359,300</b>        | <b>\$ 146,947,084</b>     | <b>\$ (1,412,216)</b>               | <b>\$ 141,205,148</b>       |
| <b>Net Assets:</b>                                |                             |                              |                           |                                     |                             |
| [22] Unrestricted Fund Balance                    | 1,830,302                   | (33,723,878)                 | \$ (33,723,878)           | \$ -                                | \$ (25,347,940)             |
| [23] Temporarily Restricted Fund Balance          | -                           | -                            | -                         | -                                   | -                           |
| [24] Restricted Fund Balance                      | -                           | (18,430)                     | (18,430)                  | -                                   | -                           |
| [25] Net Revenue/(Expenses)                       | 3,033,245                   | (6,778,126)                  | (7,117,728)               | (339,602)                           | (5,733,827)                 |
| [26] <b>TOTAL NET ASSETS</b>                      | <b>4,863,547</b>            | <b>(40,520,433)</b>          | <b>\$ (40,860,036)</b>    | <b>\$ (339,602)</b>                 | <b>\$ (31,081,767)</b>      |
| [27] <b>TOTAL LIABILITIES AND NET ASSETS</b>      | <b>\$ 118,141,991</b>       | <b>\$ 107,838,867</b>        | <b>\$ 106,087,048</b>     | <b>\$ (1,751,818)</b>               | <b>\$ 110,123,381</b>       |
|                                                   | \$ 0                        | \$ (0)                       | \$ (0)                    | (\$0) 0                             | \$ -                        |



## Statement of Cash Flows

### SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA SIX MONTHS ENDING DECEMBER 31, 2022

|                                    |                                               | CASH FLOW  |                  |
|------------------------------------|-----------------------------------------------|------------|------------------|
|                                    |                                               | Current    |                  |
|                                    |                                               | Month      |                  |
|                                    |                                               | 12/31/2022 |                  |
| <b>HEALTHCARE SYSTEM CASH FLOW</b> |                                               |            |                  |
| <b>BEGINNING CASH BALANCES</b>     |                                               |            |                  |
| [1]                                | Cash: Beginning Balances- HOSPITAL            | \$         | 1,906,055        |
| [2]                                | Cash: Beginning Balances- DISTRICT            |            | 2,077,409        |
| [3]                                | Cash: Beginning Balances TOTALS               | \$         | 3,983,464        |
| <b>Receipts</b>                    |                                               |            |                  |
| [4]                                | Pt Collections                                | \$         | 4,113,297        |
| [5]                                | Tax Subsidies Measure D/Prop 13               |            | -                |
| [6]                                | Misc Tax Subsidies                            |            | -                |
| [7]                                | Donations/Grants                              |            | 305,011          |
| [8]                                | IGT & other Supplemental (Net)                |            | 426,574          |
| [9]                                | Draws/(Paydown) of LOC Balances               |            | 4,000,000        |
| [10]                               | Other Misc Receipts/Transfers                 |            | 159,520          |
|                                    | <b>TOTAL RECEIPTS</b>                         | <b>\$</b>  | <b>9,004,402</b> |
| <b>Disbursements</b>               |                                               |            |                  |
| [11]                               | Payroll/ Benefits                             | \$         | 4,898,600        |
| [12]                               | Other Operating Costs                         |            | 3,957,249        |
| [13]                               | Capital Spending                              |            | 0                |
| [14]                               | Debt serv payments (Hosp onlyw/ LOC interest) |            |                  |
| [15]                               | Other (increase) in AP /other bal sheet       |            | 298,567          |
| [16]                               | <b>TOTAL DISBURSEMENTS</b>                    | <b>\$</b>  | <b>9,154,416</b> |
| [17]                               | <b>TOTAL CHANGE in CASH</b>                   | <b>\$</b>  | <b>(150,014)</b> |
| <b>ENDING CASH BALANCES</b>        |                                               |            |                  |
| [18]                               | Ending Balances- HOSPITAL                     | \$         | 1,802,668        |
| [19]                               | Ending Balances- DISTRICT                     |            | 2,030,781        |
| [20]                               | Ending Balances- TOTALS                       | \$         | 3,833,450        |
| <b>ADDITIONAL INFO</b>             |                                               |            |                  |
| [21]                               | LOC CURRENT BALANCES                          | \$         | 6,000,000        |
|                                    |                                               |            | \$120,000        |

**TAB H**

San Geronio Memorial Hospital and San Geronio Memorial Health Care District

To: Finance Committee, Board of Directors, and District Board

Agenda Item for January 31, 2023, Finance Committee and February 7, 2023, Board Meetings

**Subject:**

***Engagement for Structural Engineering Professional Services For Seismic Compliance –***

San Geronio Memorial Healthcare District & Hospital are mandated by the State of California to submit a plan for mitigation of potential damage from a major earthquake by January 1<sup>st</sup>, 2024. The Scope of services covers NPC-3 Evaluation of NPC-2 Buildings.

Walter P Moore Company is recommended to be the Structural Engineer of Record. They will review the existing drawings and previously approved HCAI projects related to nonstructural items. They will prepare a consolidated NPC-3 evaluation package for submittal to HCAI, and submittal of a plan of action.

Recommended Action: To approve the agreement to complete critical and mandatory steps toward obtaining seismic compliance beyond 2030. The total Structural fee for basic services is \$105,000 with Reimbursable Expenses (Estimated) at \$2,400 and Budgetary "Allowance" for MEP Engineers (if needed) \$18,000.

Copies of the supporting documents are included in the packet.



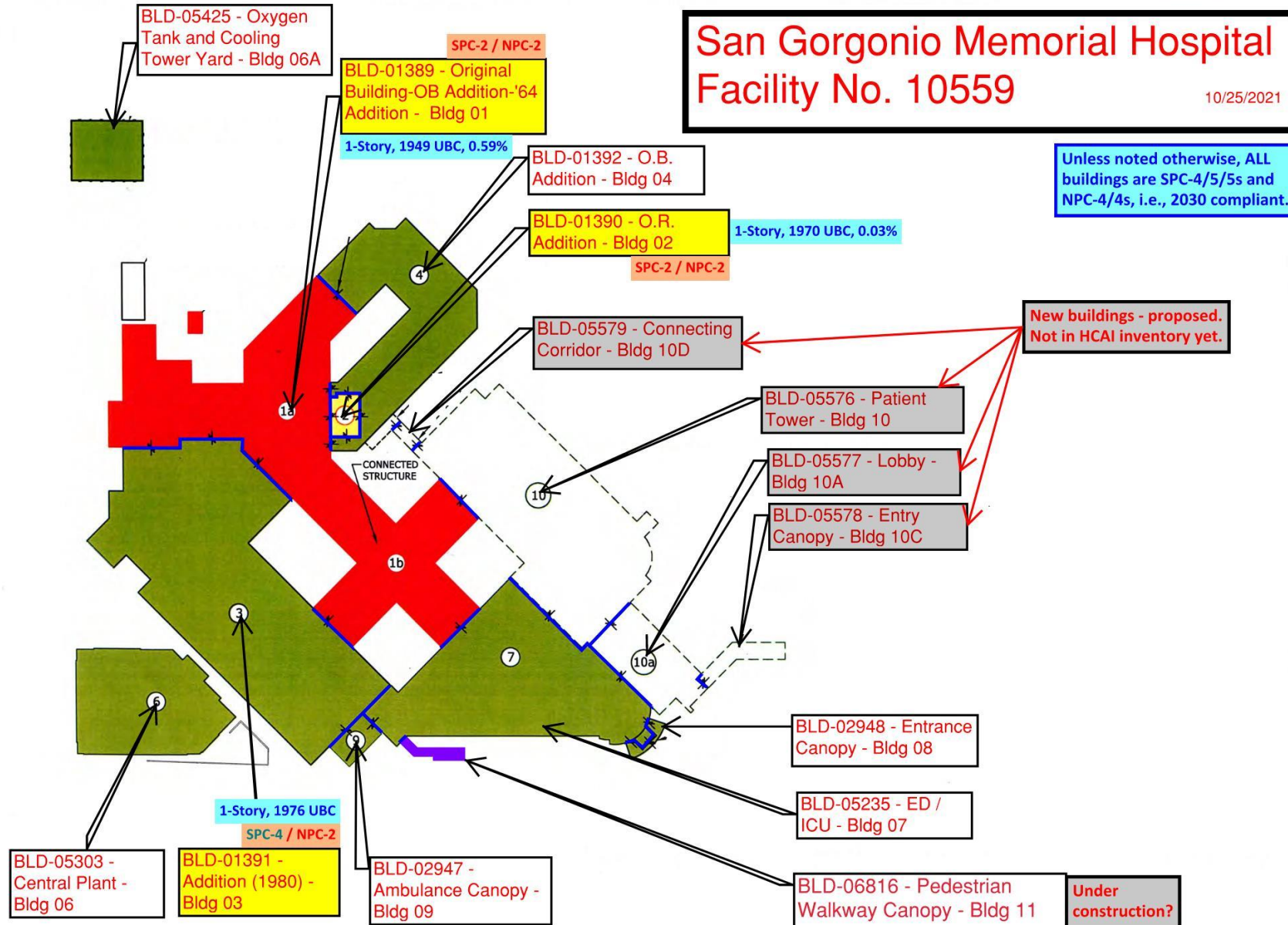
**2030 Seismic Compliance**

**for**

**San Geronio Memorial Hospital**



# Current Seismic Status





# Campus Google Map





# History of Relevant Seismic Projects



| Projects By Facility<br>Facility: <a href="#">10559</a> - San Gorgonio Memorial Hospital |                                        |                 |            | If a cell is filled with Yellow or Red, contact your RCO or Compliance Officer. Yellow or Red is an indication time limits have been or are about to be exceeded or failure to submit NoSoC. |                 |           |               |               |                   |                                  |             | These project cost are milestone and are reflected in the Project Closure Summary Report.                    |                                                                                               |                                                                                                            |                     |
|------------------------------------------------------------------------------------------|----------------------------------------|-----------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|---------------|---------------|-------------------|----------------------------------|-------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------|
| Project Number                                                                           | Project Name                           | Status          | % Complete | Primary Gravity LFRS                                                                                                                                                                         | Kind of Project | Open Date | Approval Date | BP Issue Date | Const. Start Date | Last Field Report                | Closed Date | First Costs                                                                                                  | First Contract Costs                                                                          | Costs Before Final                                                                                         | Project Type        |
| <a href="#">HL072658-0</a>                                                               | 6 STORY PATIENT BED TOWER              | Cancelled       |            | Yes                                                                                                                                                                                          | Addition        | 12/04/07  |               |               | 1/1/1900          | No Field Reports                 | 08/26/09    | [Type: Estimated]<br>[Date: 12/04/2007]<br>[Const Cost: \$82M]<br>[Fixed Equip: \$0]<br>[Imaging: \$4M]      | Unknown                                                                                       | [Type: Estimated]<br>[Date: 12/04/2007]<br>[Const Cost: \$82M]<br>[Fixed Equip: \$0]<br>[Imaging: \$4M]    | New Building (2007) |
| <a href="#">HL072658-0-GEO</a>                                                           | 6 STORY PATIENT BED TOWER              | Cancelled       |            | Yes                                                                                                                                                                                          | Addition        | 04/08/08  |               |               | 1/1/1900          | No Field Reports                 |             | Unknown                                                                                                      | Unknown                                                                                       | Unknown                                                                                                    | Geotech             |
| <a href="#">SL072896-0</a>                                                               | PHASE 3 -BLDG AREAS C/D - NPC4 UPGRADE | Closed Inactive |            | No                                                                                                                                                                                           | Remodel         | 12/27/07  |               |               | 1/1/1900          | No Field Reports                 | 11/12/10    | [Type: Estimated]<br>[Date: 12/27/2007]<br>[Const Cost: \$2M]<br>[Fixed Equip: \$0]<br>[Imaging: \$0]        | Unknown                                                                                       | [Type: Estimated]<br>[Date: 12/27/2007]<br>[Const Cost: \$2M]<br>[Fixed Equip: \$0]<br>[Imaging: \$0]      | NPC-4 Upgrade       |
| <a href="#">HL103010-0</a>                                                               | PHASE 2A TOWER ADDITION                | Withdrawn       |            | Yes                                                                                                                                                                                          | Addition        | 12/07/10  |               |               | 1/1/1900          | No Field Reports                 |             | [Type: Estimated]<br>[Date: 12/07/2010]<br>[Const Cost: \$83.5M]<br>[Fixed Equip: \$0]<br>[Imaging: \$10M]   | Unknown                                                                                       | [Type: Estimated]<br>[Date: 06/02/2011]<br>[Const Cost: \$83.5M]<br>[Fixed Equip: \$0]<br>[Imaging: \$10M] | New Building (2010) |
| <a href="#">HL103010-0-GEO</a>                                                           | PHASE 2A TOWER ADDITION                | Approved        |            | Yes                                                                                                                                                                                          | Addition        | 06/02/11  | 05/30/13      |               | 1/1/1900          | No Field Reports                 |             | Unknown                                                                                                      | Unknown                                                                                       | Unknown                                                                                                    | Geotech             |
| <a href="#">I-2012-00010</a>                                                             | San Gorgonio Phase 2A Patient Building | Closed Inactive | 4%         | No                                                                                                                                                                                           |                 | 02/29/12  | 06/19/13      | 06/08/15      | 06/24/15          | M. Marrs - FV - 4% on 2019-07-30 | 09/02/20    | Unknown                                                                                                      | Unknown                                                                                       | Unknown                                                                                                    | New Building (2012) |
| <a href="#">IM-2012-00004</a>                                                            | San Gorgonio Patient Building          | Closed Inactive | 0%         | Yes                                                                                                                                                                                          | New Building    | 02/27/12  |               |               | 1/1/1900          | L. Choi - FV - 0% on 2013-10-11  | 09/02/20    | [Type: Estimated]<br>[Date: 02/27/2012]<br>[Const Cost: \$65.5M]<br>[Fixed Equip: \$18M]<br>[Imaging: \$10M] | [Type: Contract] [Date: 06/29/2015] [Const Cost: \$65M] [Fixed Equip: \$5M] [Imaging: \$7.5M] | [Type: Estimated]<br>[Date: 11/03/2016]<br>[Const Cost: \$65M]<br>[Fixed Equip: \$5M]<br>[Imaging: \$7.5M] | New Building (2012) |

# Recommended Next Steps for 2030 Compliance



1. Proceed with NPC evaluation of three NPC-2 buildings (HCAI deadline is 01/01/2024).
2. Proceed with (a) Material Testing & Condition Assessment and (b) SPC-4D upgrade designs for two SPC-2 buildings (HCAI deadline for SPC-4D reclassification is 01/01/2030).

**Walter P Moore  
can assist SGMH  
in obtaining  
2030 compliance**



**walter  
p moore**

# Steps for NPC-2 to NPC-4D Reclassification

1. Prepare complete non-structural evaluation to NPC-3 and NPC-4D for HCAI submittal (deadline is 01/01/2024).
2. Prepare CDs for upgrade of deficient non-structural anchorages for HCAI submittal (deadline is 01/01/2026).
3. Obtain HCAI approval of upgrade CDs (deadline is 01/01/2028).
4. Field implement upgrade of deficient anchorages (deadline is 01/01/2030).
5. Select a Level (1 or 2 or 3) for NPC-4D and develop an Operational Plan.
6. Design and install holding tanks for NPC-5 (deadline is 01/01/2030).

# **Steps for SPC-2 to SPC-4D Reclassification**

- 1. Prepare MTCAP (Material Testing & Condition Assessment Program) for each SPC-2 building and submit to HCAI for approval followed by field implementation.**
- 2. Perform detailed SPC-4D upgrade designs and prepare construction documents for HCAI approval.**



# Summary of Success Stories

**Note:**  
 Info presented on slides 9 through 17 (both inclusive) is from projects worked on by Balram at another firm.

| SPC-2 Reclassifications |                                            |             |              |              |
|-------------------------|--------------------------------------------|-------------|--------------|--------------|
| #                       | Hospital                                   | Bldgs.      | With VSI     | W/O VSI      |
| 1                       | Southern California Hospital - Culver City | 3           | 2            | 1            |
| 2                       | Community Hospital of Huntington Park      | 1           | 1            |              |
| 3                       | Children's Hospital of Orange County       | 1           |              | 1            |
| 4                       | Coast Plaza Doctors Hospital               | 1           | 1            |              |
| 5                       | Citrus Valley - Inter Community Campus     | 7           |              | 7            |
| 6                       | East Los Angeles Doctors Hospital          | 2           | 2            |              |
| 7                       | Memorial Hospital of Gardena               | 1           | 1            |              |
| 8                       | Glendale Adventist Medical Center          | 3           | 1            | 2            |
| 9                       | Hoag Memorial Hospital Presbyterian        | 6           | 1            | 5            |
| 10                      | Mission Community Hospital                 | 3           | 1            | 2            |
| 11                      | Motion Picture & Television Fund           | 1           | 1            |              |
| 12                      | Prov. Little Company of Mary San Pedro     | 7           | 2            | 5            |
| 13                      | Prov. Saint Joseph Medical Center          | 2           |              | 2            |
| 14                      | Prov. Tarzana Medical Center               | 3           | 3            |              |
| 15                      | Scripps La Jolla Medical Center            | 8           | 4            | 4            |
| 16                      | Sherman Oaks Hospital                      | 1           | 1            |              |
| 17                      | Silver Lake Medical Center                 | 3           |              | 3            |
| 18                      | Simi Valley Hospital                       | 2           |              | 2            |
| 19                      | USC Verdugo Hills Hospital                 | 2           | 1            | 1            |
| 20                      | Valley Presbyterian Hospital               | 3           | 2            | 1            |
| 21                      | Victor Valley Community Hospital           | 3           |              | 3            |
| 22                      | Los Angeles Community Hospital             | 1           | 1            |              |
| 23                      | Barlow Respiratory Hospital                | 5           | 1            | 4            |
| <b>TOTALS</b>           |                                            | <b>69</b>   | <b>26</b>    | <b>43</b>    |
|                         |                                            | <b>100%</b> | <b>37.7%</b> | <b>62.3%</b> |

# I: Victor Valley Global Medical Center

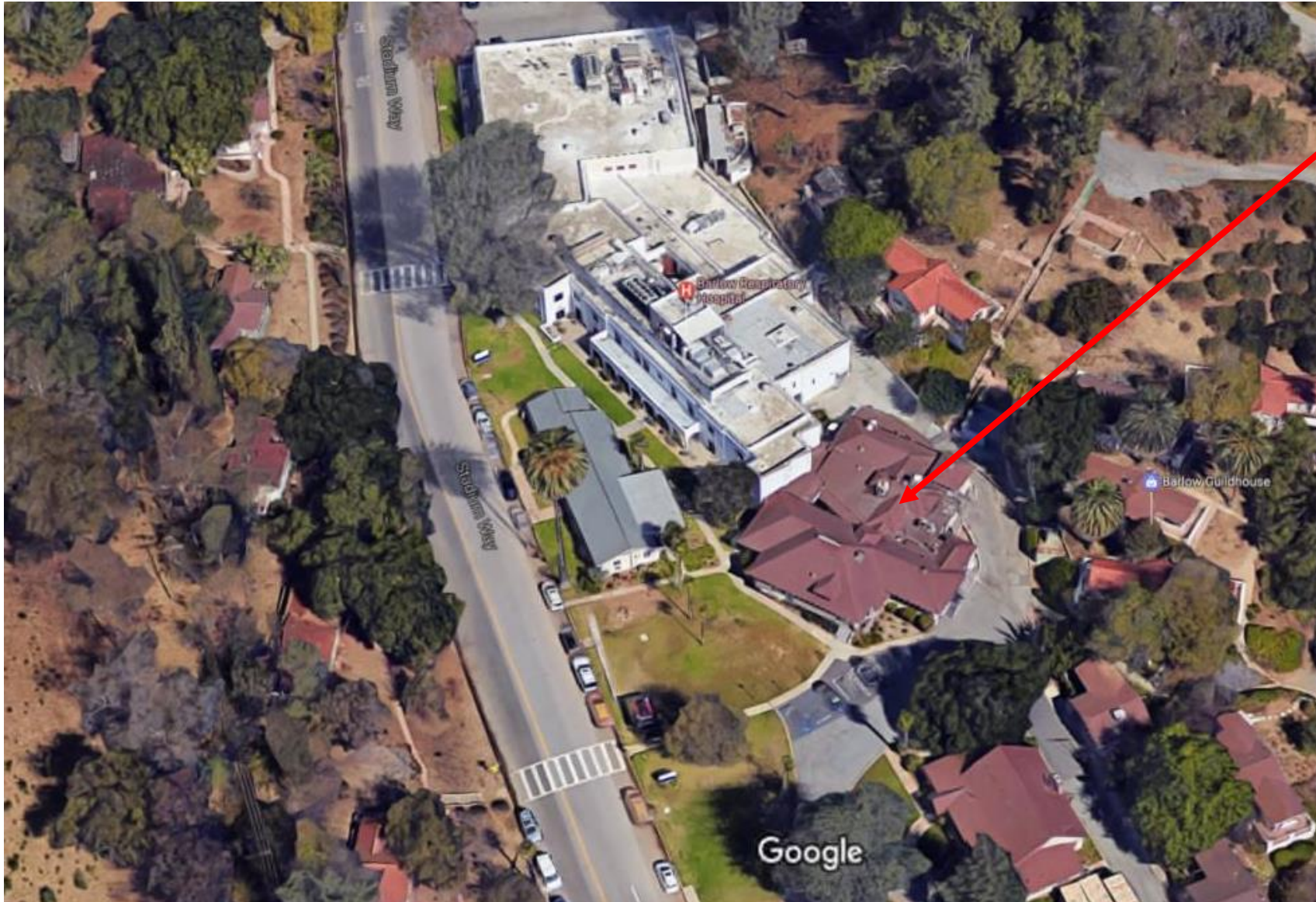
**“Birdcage”**



- ▶ **Construction for “Birdcage” was stopped immediately after 1994 Northridge Earthquake.**
- ▶ **We obtained SPC-5 reclassification with a retrofit cost of ±\$80,000.**



# II: Barlow Respiratory Hospital



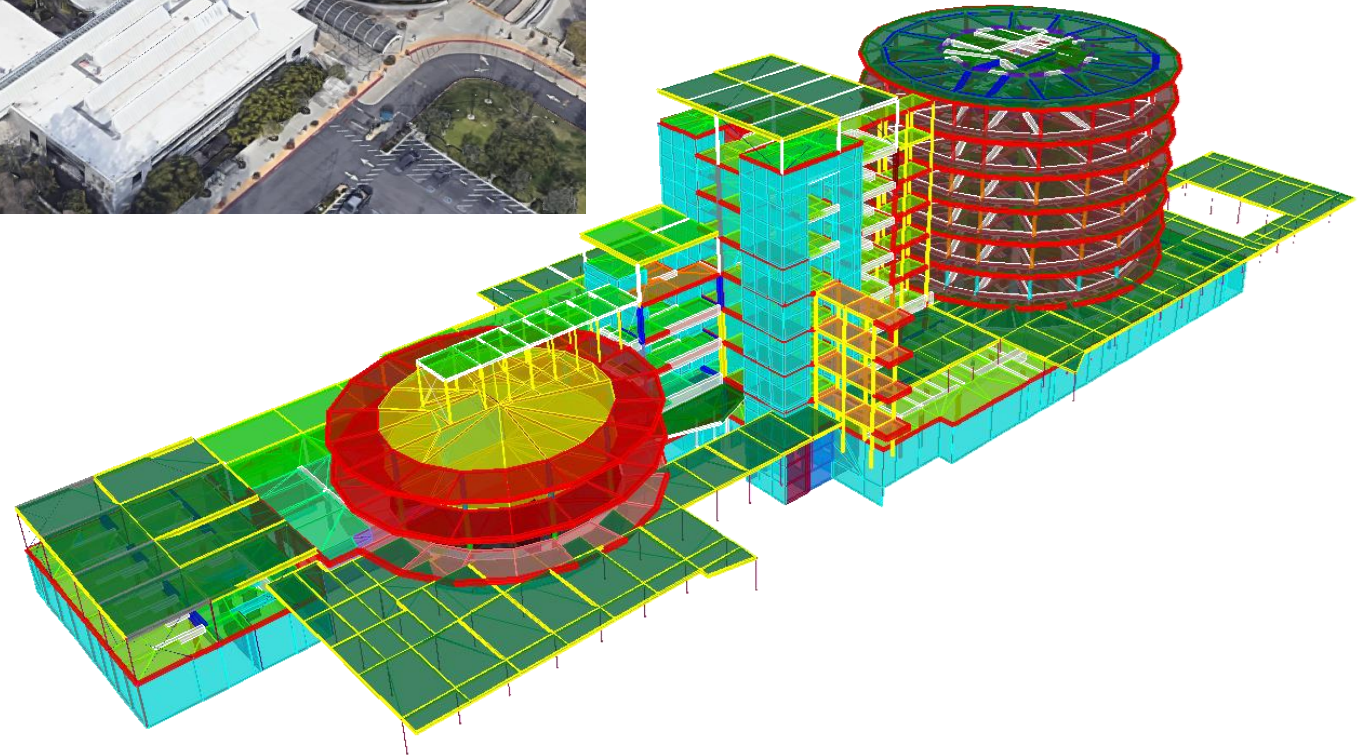
**Kitchen Building  
(built in 1902) was  
reclassified to SPC-2  
with zero upgrade**

- Campus had 5 SPC-1 buildings.
- BRH had designed a new \$90M building with HCAI approval.
- We reclassified 4 buildings to SPC-2 with zero upgrade.



# III: Valley Presbyterian Hospital

- Number of (N) seismic separations were proposed by prior engineer.
- We ran HAZUS 4 times.
- We even severed (E) rebars.
- Retrofit limited to fiber-wrap.
- “Structural” retrofit cost was less than \$10/SF (2013 \$s).



# IV: Olympia Medical Center

- Prior engineer had proposed new shear walls & footings plus lot of interior retrofit causing significant disruption to hospital.
- Couldn't get HCAI approval for 3 years.
- We got SPC-2 approval without any new walls and less than half the scope of retrofit (mostly outside the building) within 9 months.

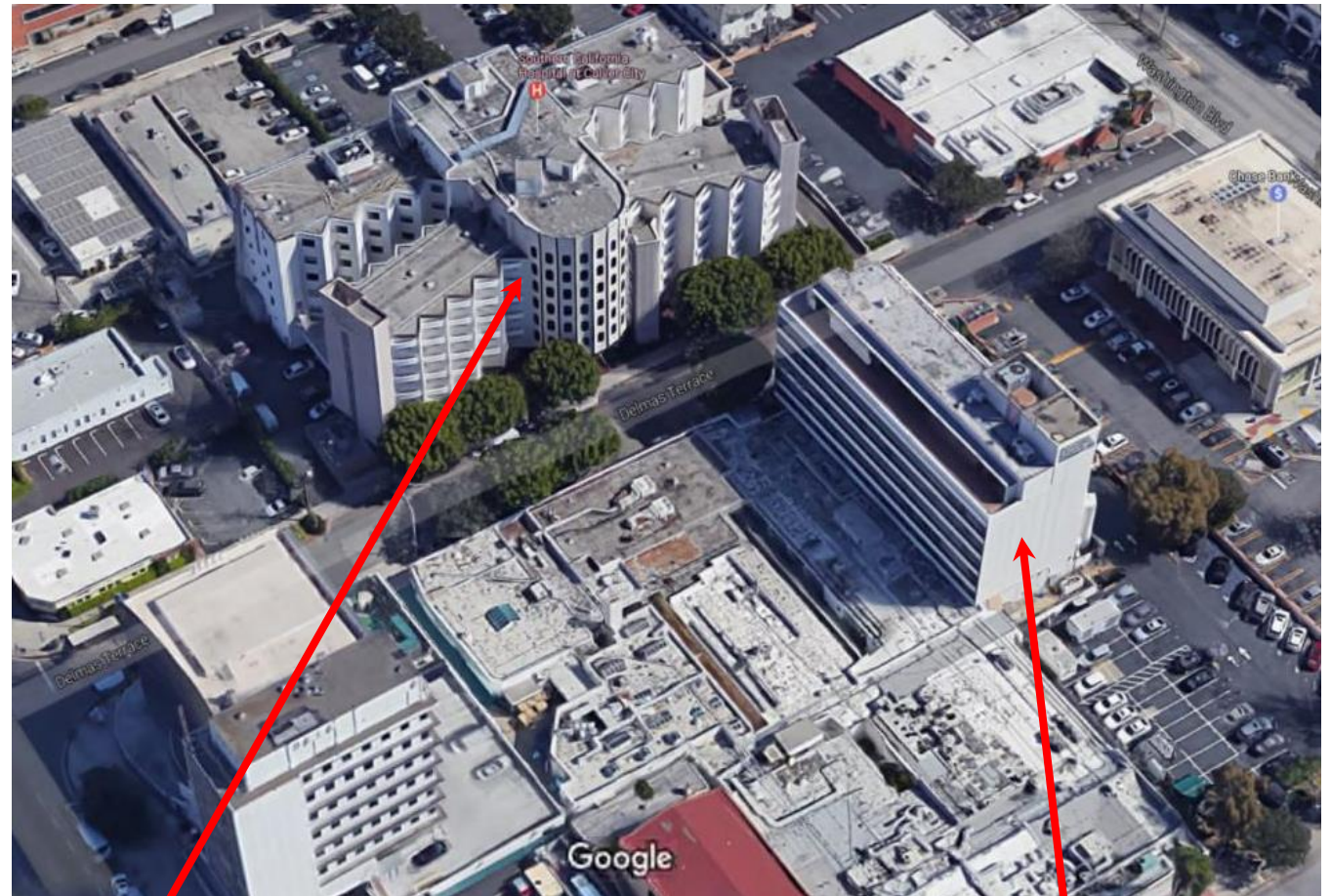


**East Wing**



# V: Southern California Hospital – Culver City

- Prior engineer's solution was to demo top 5 floors of Pavilion and retrofit remaining 2 stories with a lot of new shear walls & new footings.
- We designed SPC-2 retrofit for Pavilion with whole building intact ( $\pm 158,000$  SF) and "structural" cost of less than \$1,000,000 (2015 \$s).
- "Structural" retrofit cost for Tower ( $\pm 53,500$  SF) was  $\pm \$1,200,000$ .



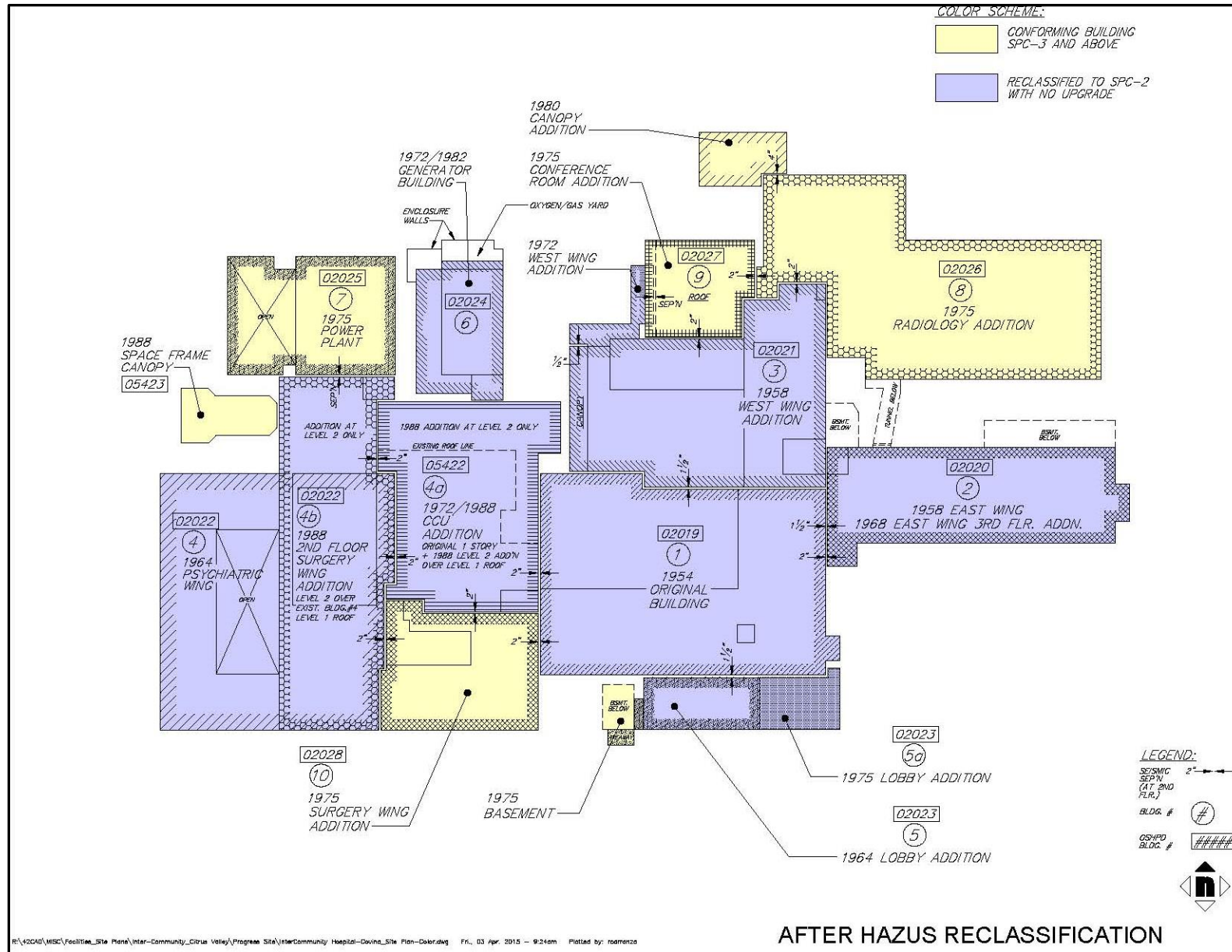
**Pavilion**

**Tower**





# VII: Emanate Health – Intercommunity Campus

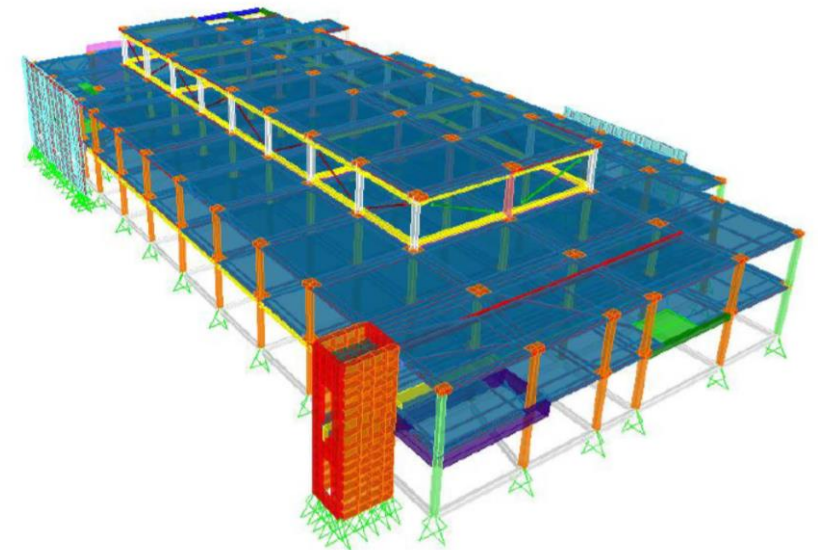


- Emanate was originally advised that SPC-1 buildings could not be saved.
- Owner had started preparing for replacement of existing buildings with new buildings
- We reclassified ALL 7 SPC-1 buildings to SPC-2 with zero upgrade.



# VIII: Providence Cedars-Sinai Tarzana MC

- Ancillary Building retrofitted from SPC-1 to SPC-4D.
- Installed new SFRS outside building's footprint to minimize disruption inside the operational hospital building.
- Short HCAI review schedule.
- Addressed constructability issues in parallel with SPC-4D retrofit design.
- Already reclassified to SPC-4D.



# Benefits of Acting NOW

1. As per geologists, SoCal is long overdue for a big quake.
2. Compliance deadlines might get pushed, but they won't disappear.
3. AB-1882 requires owners to post a sign in the lobby that hospital is non-compliant. This would frighten staff and drive customers/patients away.
4. "Design" costs are a fraction of upgrade construction costs.
5. Once HCAI approves the projects, retrofit construction can be phased.
6. Future code changes cannot be applied retroactively.
7. Construction costs escalate. Sooner you start, lesser the escalation.
8. Save on earthquake insurance premiums for compliant buildings.
9. It would become harder, if not impossible, to find qualified GCs to do the work closer to the deadline. Also, they would charge a premium.

# Presenters

1. **Balram Gupta, Ph.D., S.E. / Senior Principal  
Healthcare Market Leader – West Coast  
Walter P Moore  
bgupta@walterpmoore.com  
(818) 723-7085 Cell  
(213) 694-4796 Direct**
  
2. **Farrell Johnson, Seismic Consultant  
President, HRM-Healthcare Resource Management  
[hrm\\_advisor@yahoo.com](mailto:hrm_advisor@yahoo.com)  
(951) 377-6279 Cell**

January 16, 2023

Mr. Steve Barron  
Chief Executive Officer  
San Geronio Memorial Hospital  
600 N. Highland Springs Avenue  
Banning, CA 92220

**Re: Proposal for Professional Services  
NPC-3 Evaluation of Three NPC-2 Buildings at  
San Geronio Memorial Hospital (HCAI Facility ID: 10559)  
600 N. Highland Springs Avenue, Banning, CA 92220  
Walter P Moore Proposal No. 23-0109**

Dear Steve:

Walter P Moore is pleased to submit this proposal to provide professional services for the referenced project. This project constitutes a critical and mandatory step towards obtaining seismic compliance beyond 2030. Walter P Moore has extensive experience with this type of project, and we are excited that you are taking the first step for 2030 seismic compliance.

This proposal is presented to establish a basis for the commencement of our scope of services for the Project. Walter P Moore would be the prime design consultant for this Project, and we would bring in other consultants, if and as needed, and as articulated in more detail in the proposal. We anticipate that this Proposal and Agreement for Professional Services and attachments, when signed, will serve as our entire Agreement unless superseded by another document signed by both parties.

#### **Basis of Proposal**

This proposal is based on your request during our meeting at the hospital on 01/12/23.

#### **Agreement**

If this proposal is acceptable, please sign the attached Proposal and Agreement for Professional Services where indicated and return the signed copy to us. This proposal is valid for 60 days.

We very much appreciate the opportunity to provide these services and look forward to collaborating with you on this Project. The undersigned is authorized to bind this proposal.

Sincerely,

**WALTER P. MOORE AND ASSOCIATES, INC.**



Balram Gupta, Ph.D., S.E. / Senior Principal  
Healthcare Market Leader – West Coast  
[bgupta@walterpmoore.com](mailto:bgupta@walterpmoore.com)  
(213) 694-4796 Direct; (818) 723-7085 Cell

Attachments



**PROPOSAL AND AGREEMENT FOR PROFESSIONAL SERVICES – Terms Attached**

**Project:** NPC-3 Evaluation of Three NPC-2 Buildings at  
 San Geronio Memorial Hospital (HCAI Facility ID: 10559)  
 600 N. Highland Springs Avenue, Banning, CA 92220

**Client:** San Geronio Memorial Hospital (SGMH)

**Client Contact:** Steve Barron

**Proposal Date:** January 16<sup>th</sup>, 2023

**Proposal Number:** 23-0109

Walter P. Moore and Associates, Inc. (Walter P Moore) shall provide services to Client for the Project as defined below and in accordance with the attachments listed below:

**Executive Summary**

Following table provides relevant information about three buildings at SGMH that are non-compliant for 2030 seismic requirements.

| #            | Building Name                    | SGMH / HCAI Bldg. #s | Bldg. Code Year | # Of Stories | Current SPC Rating | Current NPC Rating | Overall Bldg. Area <sup>1±</sup> (SF) | NPC-3 Area <sup>1±</sup> (SF) |
|--------------|----------------------------------|----------------------|-----------------|--------------|--------------------|--------------------|---------------------------------------|-------------------------------|
| 1            | Original Bldg. – OB Addition '64 | 01 / 01389           | 1949            | 1            | 2                  | 2                  | 31,500                                | 9,000                         |
| 2            | OR Addition                      | 02 / 01390           | 1970            | 1            | 2                  | 2                  | 900                                   | 900                           |
| 3            | Addition (1980)                  | 03 / 01391           | 1976            | 1            | 4                  | 2                  | 30,000                                | 14,100                        |
| <b>TOTAL</b> |                                  |                      |                 |              |                    |                    | <b>62,400</b>                         | <b>24,000</b>                 |

**Our understanding of the project needs and our approach for a successful project outcome is presented in this section.**

NPC-3 Evaluation of NPC-2 Buildings

Each NPC-2 building needs to be evaluated, upgraded, and reclassified to NPC-3 first. This entails structural bracing and anchorage of selected non-structural components, equipment, and fire-sprinkler systems in critical care areas, clinical labs, pharmaceutical spaces, imaging spaces, and central & sterile supply spaces.

Overall, NPC-3 reclassification of an NPC-2 building requires completion of the following steps:

1. Preparation of NPC-3 evaluation report: Deadline for HCAI submittal for this is 01/01/2024. In our opinion, this is the most critical step in the overall process since minimizing the number (inventory) of non-compliant components through detailed field investigation and/or research into prior HCAI projects could result in reduction in the scope of required upgrade and consequently cost.
2. Development of Construction Documents (CDs) for NPC-3 upgrade: Deadline for HCAI submittal for this is 01/01/2026. This step can be completed only after the non-compliant components have been identified from the step above.
3. Obtain HCAI approval of upgrade CDs: HCAI deadline for this step is 01/01/2028.
4. Field Implementation of upgrade and NPC-3 reclassification: Field implementation of seismic upgrades is expected to be a phased process to ensure continuity of hospital operations. Once the upgrade

<sup>1</sup>Estimated from Life-Safety/Evacuation Plans provided by SGMH and Google maps.

construction projects have been closed in compliance, an updated evaluation (developed in step #1 above) is required to be submitted to HCAI for them to reclassify the building to NPC-3. HCAI deadline for this is 01/01/2030.

Please refer to the attached Schedule SR-01 for a detailed list of included Basic Services, Additional Services if any, and deliverables.

## Scope of Services

Schedule SR-01: Scope of Services for NPC-3 Evaluation of NPC-2 Buildings

## Compensation

Walter P Moore proposes to provide the defined structural Scope of Services on a fixed-fee basis as follows:

| Scope                                                            | Fee              |
|------------------------------------------------------------------|------------------|
| NPC-3 Evaluation of Three NPC-2 Buildings                        | \$105,000        |
| <b>Total Structural Fee for Basic Services</b>                   | <b>\$105,000</b> |
| Reimbursable Expenses (Estimated)                                | \$2,400          |
| Budgetary "Allowance" for MEP Engineers (if needed) <sup>2</sup> | \$18,000         |

Compensation shall be equitably adjusted for changes in the scope of the project as described in the Project Description or changes in the scope of service as described in the Scope of Service.

Miscellaneous out-of-pocket project related expenses including, without limitation; printing, postage, courier costs, lodging, travel expenses, etc., shall be invoiced and paid at the incurred cost. Mileage shall be charged at IRS Standard Business Mileage Rate in effect at the time of travel. Sales tax, if applicable, will be paid by the Client.

## Additional Services

Walter P Moore would provide Additional Services not included in the Basic Scope of Services upon request and upon approval by the Client in writing. Additional Services shall be provided without invalidating this Agreement. Additional Services shall be compensated at a mutually agreed upon fee.

## Client's Responsibilities

The Client shall provide overall management and coordination of the Project. Walter P Moore agrees to participate in the coordination effort, to be led by the Client, in order that our portion of the project is coordinated with the designs and deliverables of other members of the project team, if any.

The Client shall provide to Walter P Moore, in a timely manner, full information of which the Client is aware regarding any special conditions, design criteria, reports, or special services needed, and to make available any existing data or drawings concerning the project and the project site. Walter P Moore shall be entitled to rely upon the accuracy and completeness of any such information provided.

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<sup>2</sup>Walter P Moore did not have any discussion with any MEP engineers re the potential scope/fee, if needed. Accordingly, we are calling it a budgetary "allowance".



## Project Schedule

We are estimating following durations/schedules:

- **NPC-3 Evaluation:** Considering the current unknowns for NPC scope (e.g., schedule for HCAI's concurrence for NPC-3 areas, availability, or lack thereof, of HCAI approved drawings for prior projects in NPC-3 areas, schedule for bringing an architect and 3D laser scanning teams on board, schedule for site visits, etc.), we believe the best approach would be to meet with SGMH and facility personnel immediately upon award of the project and developing a schedule working backwards from the known HCAI submittal deadline of 01/01/2024 while keeping some float.

Walter P Moore's fee for the defined Scope of Services is based, in part, upon the Project being executed in a timely manner without significant delays or interruptions.

In order for Walter P Moore to proceed with its services toward the accomplishment of the Project Schedule, the following information shall be provided by the Client in a timely manner:

- An executed copy of the Agreement for Professional Services
- As-built structural drawings

## Payment

As defined in the attached Schedule T2: Terms of Agreement.

## Limitation of Liability

**To the maximum extent permitted by law, Client agrees to limit Walter P Moore's liability for claims arising from or related to the Agreement or the Scope of Services to the Sum of \$50,000 or Walter P Moore's paid fee, whichever is greater. This limitation shall apply regardless of the cause of action or legal theory pleaded or asserted, including any kind of indemnity.**

## Terms of Agreement

In accordance with the attached Schedule T2.


## Attachments

The following attachments are incorporated by reference as if set forth at length. In the event of a direct conflict between this Agreement and the content of any of the Attachments, this Agreement shall govern.

- Schedule SR-01: Scope of Services for NPC-3 Evaluation
- Schedule T2: Terms of Agreement

PROPOSAL AND AGREEMENT FOR PROFESSIONAL SERVICES  
NPC-3 Evaluation for Three NPC-2 Buildings at  
San Geronio Memorial Hospital (HCAI Facility ID: 10559)  
January 16<sup>th</sup>, 2023  
Page 4 of 4

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2023 by:

|                                                   |                                                                                                                                       |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>San Geronio Memorial Hospital</b><br>Accepted: | <b>Walter P. Moore and Associates, Inc.:</b><br>Balram Gupta, Ph.D., S.E. / Senior Principal<br>Healthcare Market Leader – West Coast |
| Signature                                         |                                                     |





## **Schedule SR-01: Scope of Services for NPC-3 Evaluation of NPC-2 Buildings**

### **I. General Services**

- A. Walter P Moore shall be the Structural Engineer of Record (SEOR) for parts of the Project as described in the Agreement Letter.
- B. Walter P Moore will review the existing drawings as required to become generally familiar with the nonstructural systems of the building as described in the engagement letter. The availability of as-built MEP drawings, including those for fire-sprinkler systems, and previously approved HCAI projects related to nonstructural items is an important assumption in this proposal.
- C. Hospital's ability to provide cut-sheets for medical, MEP, and architectural equipment is an important assumption in this proposal.
- D. Walter P Moore will visit the project site to become familiar with the present condition of the building. Walter P Moore's Basic Services do not include performing a detailed assessment of the structural conditions of the facilities nor a survey of field measurements.
- E. If Walter P Moore's evaluation indicates that the structure will not be able to readily accommodate the intended modifications, Walter P Moore will consult with the Hospital as appropriate and make recommendations to modify the location and/or character of the proposed modifications as needed.
- F. The Basic Services to be performed by Walter P Moore includes consultation, as outlined below in Table A: Scope of Services.
- G. The assumptions made in determining the fees and scope of work by Walter P Moore are outlined below in Table A: Scope of Services – under "Notes and Assumptions" column.
- H. The exclusions made in determining the fees and scope of work by Walter P Moore are outlined below in Table B: Exclusions. Walter P Moore's scope of Basic Services does not include structural analysis, design or detailing to upgrade the existing building's gravity or lateral load resisting system to meet the current building code or to meet any SPC requirements.
- I. For each phase of the Work, Walter P Moore will work with the Hospital (or their designated representative) to ascertain the requirements for that phase of the Work, will participate in necessary meetings, will be available for general consultation, will prepare necessary documentation, and will make appropriate recommendations.
- J. Walter P Moore will recommend to the Hospital the appropriate investigations, reports, surveys, tests, and services of other Consultants that should be retained for proper execution of Services. Walter P Moore will assist in the development of appropriate scopes of work for such services. Services that may be required include, but may not be limited to, 3D laser scanning, geotechnical investigations, surveys, material tests, wind tunnel studies, and site-specific seismic studies.

- K. Walter P Moore’s Scope of Services is limited to those items specifically described herein. If requested and authorized by the Client, other Additional Services may be provided for an additional fee.
- L. **Number of meetings included** in the basic scope of services and **deliverables** are identified in the tables below.

**II. Scope of Services**

- A. Following written authorization from the Client to proceed with each subsequent phase of the Work, Walter P Moore shall provide the services for each phase as described in Table A: Scope of Services.

| Table A: SCOPE OF SERVICES                       |                                                                                                                                                                                                                             |          |              |                                                                                                                                                                                                                                                             |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHASE                                            |                                                                                                                                                                                                                             | Included | Not Included | NOTES AND ASSUMPTIONS                                                                                                                                                                                                                                       |
| <b>A. Preparation of NPC-3 Evaluation Report</b> |                                                                                                                                                                                                                             | <b>X</b> |              | Shall be prepared in accordance with CAC’2022 (California Administrative Code 2022 edition), Chapter 6, Section 1.3.4, and Table 11.1.                                                                                                                      |
| 1                                                | Identify extent of NPC-3 areas.                                                                                                                                                                                             | <b>X</b> |              | Life-safety plans provided by SGMH shall be used.                                                                                                                                                                                                           |
| 2                                                | Arrange one preliminary meeting with HCAI Seismic Compliance Unit (SCU) to obtain concurrence for NPC-3 areas.                                                                                                              | <b>X</b> |              | <b>One virtual meeting with HCAI is included.</b>                                                                                                                                                                                                           |
| 3                                                | Review publicly available information on HCAI website and work with SGMH to compile a list of previously completed HCAI projects for bracing and anchorage of equipment and/or utilities within the identified NPC-3 areas. | <b>X</b> |              | Hospital shall provide OSA/HCAI approved documents for previously completed projects within the NPC-3 areas. <b>Two (one in-person and one virtual) meetings with SGMH and facility personnel are included. We have allocated 12 hours for this effort.</b> |
| 4                                                | Review existing as-built documents for the disciplines included in this scope of work (viz. architectural, structural, mechanical, electrical, plumbing, civil).                                                            | <b>X</b> |              | Hospital to provide as-built documents especially for MEP, utilities, and fire protection systems.                                                                                                                                                          |
| 5                                                | Perform site visits to observe, photograph, and document NPC-3 related equipment and their bracing and/or anchorages.                                                                                                       | <b>X</b> |              | <b>Two site visits are included.</b> Hospital to coordinate and provide access (escorted, if needed) to NPC-3 areas.                                                                                                                                        |
| 6                                                | Collaborate with a 3D laser scanning team for digital documentation of above-ceiling utilities within the NPC-3 areas and gravity/seismic supports for the same.                                                            | <b>X</b> |              | 3D laser scanning team and MEP engineers, if needed, shall be hired by SGMH at their cost and would work under our direction.                                                                                                                               |
| 7                                                | Collaborate with an architectural team for them to prepare and inventory and document medical                                                                                                                               | <b>X</b> |              | Architect shall be hired by SGMH at their cost and would work under our direction.                                                                                                                                                                          |

| <b>Table A: SCOPE OF SERVICES</b>                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |              |                                                                                                                                                                                  |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHASE                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Included | Not Included | NOTES AND ASSUMPTIONS                                                                                                                                                            |
|                                                          | equipment and architectural items including, but not limited to, ceilings, cabinets, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |              |                                                                                                                                                                                  |
| 8                                                        | Compile cut-sheets for Medical and MEP equipment related to NPC-3 for evaluation and design of existing and new anchorages.                                                                                                                                                                                                                                                                                                                                                                                                                                 | X        |              | SGMH and/or other consultants shall provide cut-sheets of medical and MEP equipment.                                                                                             |
| 9                                                        | Document only those above-ceiling utilities that need to have seismic restraints for NPC-3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | X        |              | Info generated by the 3D laser scanning team shall be used for this.                                                                                                             |
| 10                                                       | Develop NPC-3 Evaluation Report which will include partial plans for each NPC-3 area and a detailed matrix of current conditions of NPC-3 related equipment, including the following: <ul style="list-style-type: none"> <li>• Equipment Name/Type</li> <li>• Photograph</li> <li>• Dimensions</li> <li>• Weight</li> <li>• Mounting (floor, wall, or ceiling)</li> <li>• Existing anchorage (reference to an existing HCAI project, if applicable)</li> <li>• Anchorage (compliant or non-compliant if not included in a previous HCAI project)</li> </ul> | X        |              | WPM would develop detailed matrix of current conditions using the detailed plans of each NPC-3 area created from life-safety plans (to be provided by SGMH in CAD format).       |
| 11                                                       | Prepare preliminary NPC-3 evaluation package for review with HCAI SCU prior to final submittal.                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X        |              | <b>We have allocated 20 hours for this preliminary review.</b>                                                                                                                   |
| 12                                                       | Incorporate HCAI comments, if any, on the preliminary package into the final package.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X        |              |                                                                                                                                                                                  |
| 13                                                       | Prepare a consolidated NPC-3 Evaluation package and submit to HCAI SCU.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X        |              | <b>**Deliverable**</b><br>WPM would provide the detailed matrix for submittal of NPC-3 Evaluation package to HCAI SCU. Entire hospital will be submitted to HCAI as one package. |
| 14                                                       | Meet with HCAI SCU, if requested, to present the submitted NPC-3 Evaluation Report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X        |              | <b>One virtual meeting is included.</b>                                                                                                                                          |
| 15                                                       | Respond to HCAI SCU's plan review comments on the NPC-3 Evaluation Report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | X            |                                                                                                                                                                                  |
| <b>B. Construction Documents (CDs) for NPC-3 Upgrade</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | X            | Scope of work shall be provided as an Additional Service once NPC-3 evaluation has been completed and the scope of work is fully defined.                                        |
| <b>C. Field Implementation of CDs for NPC-3 Upgrade</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | X            | Scope of work shall be provided as an Additional Service once NPC-3 CDs have been completed and the scope of work is fully defined, and                                          |

| Table A: SCOPE OF SERVICES                                            |          |              |                                                                                                                                                                                                         |
|-----------------------------------------------------------------------|----------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHASE                                                                 | Included | Not Included | NOTES AND ASSUMPTIONS                                                                                                                                                                                   |
|                                                                       |          |              | when a construction schedule has been established to complete the work.<br><br>It is expected that this will be a phased process that allows continuity of operations to be maintained in the hospital. |
| <b>D. Update NPC-3 Evaluation Report for submittal to HCAI SCU.</b>   |          | <b>X</b>     | Scope of work shall be provided as an Additional Service once NPC-3 Upgrades have been completed.                                                                                                       |
| <b>E. Project Close-Out in accordance with HCAI SCU Requirements.</b> |          | <b>X</b>     | Scope of work shall be provided as an Additional Service once NPC-3 Upgrades have been completed.                                                                                                       |

### III. Exclusions

Exclusions from our Scope of Services are described in Table B: Exclusions

| Table B: EXCLUSIONS |                                                                                             |                                                                                                                                                                         |
|---------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     | EXCLUSIONS                                                                                  | NOTES                                                                                                                                                                   |
| 1                   | Manual field investigation and documentation of above-ceiling utilities.                    | This mandatory investigation and documentation shall be performed digitally by utilizing 3D laser scanning to minimize disruption to hospital functions and operations. |
| 2                   | MEP engineering, architectural, medical equipment planning, and other consulting services.  |                                                                                                                                                                         |
| 3                   | Development of construction documents (CDs) for NPC-3 upgrade.                              |                                                                                                                                                                         |
| 4                   | Construction administration for NPC-3 upgrade.                                              |                                                                                                                                                                         |
| 5                   | Preparation of as-built drawings.                                                           |                                                                                                                                                                         |
| 6                   | Review of structural anchorage of MEP equipment and/or systems outside of NPC-3 areas.      |                                                                                                                                                                         |
| 7                   | Study of impact of potential NPC-3 upgrades on disruption to hospital functions.            |                                                                                                                                                                         |
| 8                   | Review and evaluation of existing MEP equipment or systems to assess functional conditions. |                                                                                                                                                                         |

| <b>Table B: EXCLUSIONS</b> |                                                                                                                                          |              |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>EXCLUSIONS</b>          |                                                                                                                                          | <b>NOTES</b> |
| 9                          | Air measurements, power measurements, and recording of fluid flows.                                                                      |              |
| 10                         | Review of Article 10 Items in CAC'2022.                                                                                                  |              |
| 11                         | Hazardous material monitoring and abatement.                                                                                             |              |
| 12                         | ADA related condition assessment.                                                                                                        |              |
| 13                         | Move management, phasing, and evaluations related to ADA upgrades.                                                                       |              |
| 14                         | Probing, patching, and testing of structural systems to document strength and physical geometry.                                         |              |
| 15                         | Material testing and condition assessment for as-built material strengths and conditions.                                                |              |
| 16                         | Additional efforts because of unforeseen conditions.                                                                                     |              |
| 17                         | Site visits in excess of those indicated in Table A.                                                                                     |              |
| 18                         | Development of Operational Plan for NPC-4D reclassification.                                                                             |              |
| 19                         | SPC related evaluations and/or upgrades.                                                                                                 |              |
| 20                         | Preparation of cost estimates.                                                                                                           |              |
| 21                         | Fee for HCAI reviews.                                                                                                                    |              |
| 22                         | Anchorage designs for any new medical equipment and new food service equipment, if any are proposed as part of Tenant Improvements (TI). |              |
| 23                         | Vibration analysis for equipment.                                                                                                        |              |
| 24                         | Phasing Drawings.                                                                                                                        |              |
| 25                         | Response to HCAI plan review comments.                                                                                                   |              |
| 26                         | NPC-5 Evaluation.                                                                                                                        |              |
| 27                         | Response to outstanding HCAI comments, if any.                                                                                           |              |
| 28                         | Efforts to close prior HCAI projects that might have been closed non-compliant.                                                          |              |
| 29                         | Testing of anchors and preparation of anchor testing program.                                                                            |              |
|                            |                                                                                                                                          |              |



## Schedule T2 TERMS OF AGREEMENT

### I. Compensation & Expenses

A. Walter P. Moore and Associates, Inc., "WALTER P MOORE", shall be paid as stated in the Agreement for Professional Services.

1. Lump Sum Fee - The total fee payable shall be the total sum stated herein, and payments shall be made periodically based upon WALTER P MOORE's percentage complete of the total fee as of the invoice date, or according to the schedule of payment by design phase if such schedule is expressly included herein.
2. Time and Expense Fee - The periodic fee payable shall be the cumulative sum of the mathematical products of the actual hours worked by individuals assigned to and providing services on the Project multiplied by the category billing rate for each respective individual as indicated in the Hourly Billing Rate Schedule attached to this Agreement for Professional Services.

B. WALTER P MOORE shall be compensated for all services provided regardless of whether the improvements designed are built, in whole or in part.

C. Additional Services: Additional Services shall be paid monthly in proportion to the percentage of the Additional Services completed for Fixed Fee compensation, or for the number of hours spent for Time and Expense Fee compensation, as of the invoice date.

D. Reimbursable Expenses: Miscellaneous out-of-pocket project related expenses including, without limitation; printing, postage, courier costs, lodging, travel expenses, etc., shall be charged at the incurred cost. Mileage shall be charged at IRS Standard Business Mileage Rate in effect at the time of travel.

E. Reimbursable Services: Third Party services retained by WALTER P MOORE on behalf of Owner shall be charged at the incurred cost plus 10%.

F. Sales taxes, if applicable, are not included and shall be paid by the Client.

### II. Invoices and Payments

A. WALTER P MOORE will prepare and present invoices in WALTER P MOORE's standard format

on a monthly basis, unless other arrangements are stated in the Agreement for Professional Services.

B. Client shall pay WALTER P MOORE for approved invoices within thirty (30) days after receipt of invoice from WALTER P MOORE.

C. If the Client fails to make any payment due WALTER P MOORE for services and expenses within thirty (30) days after receipt of invoice from WALTER P MOORE may charge interest on the amounts due but unpaid at the lesser of the highest legal rate or twelve percent (12%) per annum.

D. Final payment for all fees and expenses is due to WALTER P MOORE no later than completion of the construction of This Part of the Project.

E. Any costs incurred by WALTER P MOORE in collecting delinquent amounts including, without limitation, reasonable attorney's fees shall be reimbursed by the Client. If any portion of WALTER P MOORE's invoice is disputed, the undisputed portion shall be paid by the Client by the due date, and Client shall contemporaneously advise WALTER P MOORE in writing of the basis for any disputed portion of any invoice.

F. WALTER P MOORE reserves the right to declare a substantial breach of this Agreement upon the Client's failure to make payment for services performed or Reimbursable Expenses incurred within ninety (90) days after Client's receipt of invoice from WALTER P MOORE.

G. No deductions shall be made from WALTER P MOORE's compensation on account of penalty, liquidated damages, or on account of the cost of changes in the Work except to the extent such costs are found by a court of competent jurisdiction to be caused by WALTER P MOORE.

### III. Responsibilities of the Client

A. The Client shall, with reasonable promptness, perform normal administrative and management tasks to facilitate the design process, including, without limitation, the following:

1. Verify that the contemplated Project will be financed adequately, including provisions for contingencies, to accomplish stated goals and commitments.

2. Define the Project in writing and list the intended functions and needs and enumerate any special design criteria<sup>7</sup> for This Part of the Project.
3. Provide all available information regarding requirements for This Part of the Project. WALTER P MOORE shall have the right to rely on the accuracy and completeness of any information provided by Client.
4. When requested in writing by WALTER P MOORE, the Client shall furnish the services of other reasonably required consultants including, without limitation, 3D laser scanning, surveyor, MEP engineer, architect, medical equipment planner, geotechnical and testing laboratory. These services shall be furnished at no charge to WALTER P MOORE which shall be entitled to rely upon the accuracy and completeness of any such consultants' work.
5. Advise WALTER P MOORE of the identity and scope of services of other consultants participating in the Project.
6. Review WALTER P MOORE's work for compliance with Client's programmatic requirements and for overall coordination with the work of the Clients' other consultants.
7. Notify WALTER P MOORE promptly if Client becomes aware of any fault with This Part of the Project or WALTER P MOORE's Services.
8. The Client or other professional consultant retained by the Client shall prepare and assemble specifications for the General Conditions, Supplementary Conditions and all components of the Project, and coordinate assembly of WALTER P MOORE's specification sections into the proper format.
9. Furnish to WALTER P MOORE copies of preliminary or detailed estimates of Total Project Construction Cost, bidding documents, change orders, and construction change directives, to the extent that they pertain to This Part of the Project.
10. Furnish to WALTER P MOORE for review and recommendation all construction phase submittals that pertain, directly or indirectly, to This Part of the Project.

11. Confer with WALTER P MOORE before issuing any interpretations or clarifications of documents prepared by WALTER P MOORE.
12. Endeavor to protect the interests of WALTER P MOORE in any dealings with Owner during the course of the Project to same extent as Client protects its interests.

- B. If a signed certificate is to be provided as a deliverable of WALTER P MOORE, the Client shall provide WALTER P MOORE with the exact requested wording no later than five (5) days prior to the anticipated execution date of the Agreement for Professional Services. To the extent such wording is currently available; it shall be attached to the Agreement for Professional Services as an exhibit and made part of the Agreement for Professional Services. Under no circumstances shall WALTER P MOORE be required to execute a certificate that requires WALTER P MOORE to accept duties or have knowledge beyond that required by the Agreement.
- C. CLIENT shall pay all costs WALTER P MOORE incurs because of any professional licensing or other complaint filed against WALTER P MOORE, or anyone related to it, related to any certificate of merit, or its equivalent, that results from this Project.

#### **IV. Instruments of Service**

- A. Drawings, specifications, and other documents prepared by WALTER P MOORE pursuant to the Agreement are instruments of WALTER P MOORE's professional services ("Instruments of Service"). WALTER P MOORE shall be deemed the author of these documents and shall retain all common law, statutory, and other reserved rights, including the copyrights. Provided that Client is not in breach of the Agreement, Client is granted a limited, non-exclusive license to use WALTER P MOORE's Instruments of Service for the construction, use, replacement, and maintenance of the Project. The Client shall be permitted to retain copies, including reproducible copies, of the Instruments of Service for the purposes permitted by the non-exclusive license. The Instruments of Service shall not be used on any other project, or for completion of the Project by others, except as permitted by law in the event WALTER P MOORE has been adjudged in default under the Agreement or except by separate



written agreement of the parties with appropriate compensation to WALTER P MOORE. Third parties such as the Contractor shall be permitted to obtain a copy of the Instruments of Service in electronic format in connection with the construction of the Project by executing WALTER P MOORE's standard agreement for such use.

- B. The Client or WALTER P MOORE shall not make changes in each other's Drawings, Specifications, and other documents without written permission of the other party.

**V. Insurance**

- A. WALTER P MOORE shall endeavor to maintain professional liability insurance covering claims arising out of the performance of professional services under the Agreement or the Project or caused by negligent errors, omissions or acts for which each may be liable. This insurance, as reflected in the parties' certificates of insurance, shall be maintained in force for a period of One (1) year after the date of Substantial Completion of the Project, if reasonably available and commercially affordable, or as otherwise agreed to and documented by Client and WALTER P MOORE.
- B. If insurance is required, and an Architect or other professional consultants are part of the design team, the Architect and any other consultants shall be required by the Client to obtain and maintain insurance coverage of similar nature to cover errors, omissions, or negligent acts for which the Architect or consultant are legally liable.
- C. Unless otherwise agreed, WALTER P MOORE, Client, Architect, and other professional consultants shall each provide insurance to protect themselves from: 1) claims under workers' or workmen's compensation acts; 2) from general liability claims for damages because of bodily injury, including personal injury, sickness, disease, or death of any employees or of any other person and from claims for damages because of destruction of property including loss of valuable papers and records coverage and including loss of use resulting therefrom; and 3) employment practices liability.
- D. The insurance coverage required by the above paragraphs shall be in not less than the limits required by law and as otherwise agreed.

- E. If Client enters into a construction contract based in whole or in part upon design services performed or deliverables prepared by WALTER P MOORE under the Agreement, Client shall use its best efforts to require in the Contract Documents that the Contractor shall: 1) provide liability insurance appropriate and adequate for the size and complexity of the Project; 2) agree to hold harmless, defend and indemnify Client and WALTER P MOORE against claims and lawsuits by Contractor or its subcontractors or suppliers of any tier for economic loss; and 3a) name WALTER P MOORE as an additional insured party, and 3b) waive any right of subrogation against WALTER P MOORE, under any commercial general liability or builders' risk policy providing coverage with respect to the construction of the Project; provided, however, that Client shall use its best efforts to have Client name WALTER P MOORE as an additional insured on, and waive subrogation against WALTER P MOORE under, any such policies Client provides with respect to the Project.

**VI. Controlling Law and Disputes**

- A. The Agreement, and its interpretation and performance, shall be governed by the laws of the United States of America and State of Texas notwithstanding any choice of law principles. Exclusive venue for any dispute arising out of the interpretation or performance of the Agreement shall be a court of competent jurisdiction where the Project is located.

**VII. Standard of Care**

- A. WALTER P MOORE shall provide services under the Agreement in a manner consistent with that degree of care and skill customarily exercised by members of the same profession currently practicing under similar circumstances.

**VIII. Time for Performance**

- A. WALTER P MOORE shall perform its services as expeditiously as is consistent with the Standard of Care as defined herein and the orderly progress of the Project.

**IX. Indemnity, Limitations of Liabilities, Warranty and Remedies**

- A. WALTER P MOORE shall not be responsible or held liable for any acts or omissions of Client, Client's other consultants, Contractor or any of its subcontractors or suppliers of any tier or any



other persons or entity performing any of the Work.

- B. WALTER P MOORE agrees, to the fullest extent permitted by law, to hold harmless and indemnify Client from and against any and all claims, damages, fines, penalties, assessments, requirements or liabilities including, without limitation, claims for injury to persons or property, death, or economic loss, and costs including, without limitation, reasonable attorney's fees and defense and response costs that arise under the Agreement for Professional Services to the extent such damages are caused by the negligence of WALTER P MOORE.
- C. Client agrees, to the fullest extent permitted by law, to hold harmless and indemnify WALTER P MOORE from and against any and all claims, damages, fines, penalties, assessments, requirements or liabilities including, without limitation, claims for injury to persons or property, death, or economic loss, and costs including, without limitation, reasonable attorney's fees and defense and response costs that arise under the Agreement for Professional Services to the extent such damages are caused by the negligence of the Client.
- D. If WALTER P MOORE's construction contract administration services are limited or excluded from WALTER P MOORE's scope of services, it is agreed that WALTER P MOORE's professional services shall not extend to or include any review or site observation of Contractor's work or performance, and Client shall in such circumstances, to the fullest extent permitted by law, hold harmless and indemnify WALTER P MOORE from and against any and all claims, damages, liabilities including without limitation, claims for injury to persons or property, death, or economic loss, or costs including without limitation reasonable attorney's fees and defense costs arising out of, or alleged to arise out of, designs or deliverables of WALTER P MOORE regardless of whether any such claims, damages, liabilities, or costs were, or were alleged to be, caused in part by the negligence or negligent misrepresentation of WALTER P MOORE or someone for whom WALTER P MOORE is legally responsible.
- E. Because remodeling and/or rehabilitation of an existing structure and/or related infrastructure

requires that certain assumptions be made regarding existing conditions, and because these assumptions may not be verifiable without expending inordinate amounts of time and money, or damaging otherwise adequate and serviceable portions of the structure, Client agrees, to the fullest extent permitted by law to hold harmless and indemnify WALTER P MOORE from and against any and all claims, damages or liabilities including, without limitation, claims for injury to persons or property, death, or economic loss, and costs including, without limitation, reasonable attorney's fees and defense costs arising out of any designs or deliverables of WALTER P MOORE based in whole or in part upon any assumptions made by WALTER P MOORE regarding existing conditions, excepting only those claims, damages, liabilities or costs to extent caused by the negligence or willful misconduct by WALTER P MOORE.

- F. **To the maximum extent permitted by law, Client agrees to limit Walter P Moore's liability for claims arising from or related to the Agreement or the Scope of Services to the Sum of \$50,000 or Walter P Moore's paid fee, whichever is greater. This limitation shall apply regardless of the cause of action or legal theory pleaded or asserted, including any kind of indemnity.**
- G. Other than as expressly stated herein, WALTER P MOORE makes no other express or implied warranties regarding the performance or result of these services.
- X. **Successors and Assigns**
  - A. Client and WALTER P MOORE, respectively, bind themselves, their partners, successors, assigns, and legal representatives to the other party to the Agreement and to the partners, successors, assigns and legal representatives of such other party with respect to all covenants of the Agreement.
  - B. Neither party to the Agreement shall transfer, sublet, or assign any rights under or interest in the Agreement (including, without limitation, monies that are due or monies that may be due) without the prior written consent of the other party. Subcontracting by WALTER P MOORE shall not be considered an assignment for purposes of the Agreement, and nothing contained in this paragraph shall prevent WALTER P MOORE from employing such independent professional

associates and consultants as WALTER P MOORE may deem appropriate to assist in the performance of services hereunder.

- C. Nothing under the Agreement shall be construed to confer any rights or benefits in the Agreement to anyone other than Client and WALTER P MOORE, and all duties and responsibilities undertaken pursuant to the Agreement shall be for the sole and exclusive benefit of Client and WALTER P MOORE and not for the benefit of any other party.

#### **XI. Hazardous Material**

- A. WALTER P MOORE shall have no responsibility for the detection, presence, removal, encapsulation, treatment, abatement, storage, transportation, disposal, or any other form of identification or handling of any asbestos, asbestos containing products materials or substances, polychlorinated biphenyl (PCB), or any other materials, constituents or substances that are, or are deemed to be, hazardous under the Resource Conservation and Recovery Act of 1976 as amended or any other similar federal, state or local regulation or law ("Hazardous Material"). Client shall use its best efforts to have Client furnish any tests for Hazardous Materials and other laboratory and environmental tests, inspections, reports, mitigation, or removal as necessary or required by law since no such test shall be provided by or through WALTER P MOORE.
- B. Client agrees, to the fullest extent permitted by law, to hold harmless and indemnify WALTER P MOORE from and against any and all claims, damages, fines, penalties, assessments, requirements, or liabilities including, without limitation, claims for injury to persons or property, death, or economic loss, and costs including, without limitation, reasonable attorney's fees and defense and response costs arising out of any claims related to Hazardous Materials.

#### **XII. Termination and Suspension**

- A. The Agreement may be terminated by either party upon not less than Seven (7) days' written notice should the other party fail substantially to perform in accordance with the terms of the Agreement through no fault of the party initiating the termination, and such failure to perform is not cured within such Seven (7) days.

- B. After the Project or WALTER P MOORE's services are interrupted or suspended for any cause other than the fault of WALTER P MOORE for more than Forty-Five (45) calendar days in the aggregate over the term of the Agreement, WALTER P MOORE may, at its option at any time thereafter, without waiving any other right or remedy, and without incurring any liability to Client or any other party, terminate the Agreement upon seven days written notice without cure or suspend its services, and WALTER P MOORE shall be compensated for all its services performed and reimbursable expenses incurred prior to the termination or commencement of suspension of services by WALTER P MOORE. WALTER P MOORE shall have no liability to Client or otherwise for such suspension, and Client covenants not to make any claim for any delay or damage alleged to have resulted from such suspension. If WALTER P MOORE elects to suspend its services, Client shall, upon WALTER P MOORE's resumption of services, compensate WALTER P MOORE for expenses incurred as a result of the suspension and resumption of its services, and WALTER P MOORE's schedule and fees for the remainder of WALTER P MOORE's Project services shall be equitably adjusted.
- C. If Client is in breach of the Agreement, WALTER P MOORE may at any time thereafter, without waiving any other right or remedy, and without incurring any liability to Client or any other party, upon Seven (7) calendar days' written notice suspend its services to Client. WALTER P MOORE shall have no liability to Client or otherwise for such suspension, and Client covenants not to make any claim for any delay or damage alleged to have resulted from such suspension. If WALTER P MOORE elects to resume its services, provided that WALTER P MOORE has not previously terminated the Agreement, and upon receipt of payment in full to WALTER P MOORE of all outstanding sums due from Client, or curing of such other breach by Client which caused WALTER P MOORE to suspend services, Client shall as Additional Services compensate WALTER P MOORE for expenses incurred as a result of the suspension and resumption of its services, and WALTER P MOORE's schedule and fees for the remainder of WALTER P MOORE's Project services shall be equitably adjusted.

### **XIII. Force Majeure**

- A. In the event that WALTER P MOORE is obstructed, interrupted, or impeded, directly or indirectly, in performing any of its obligations under the Agreement by an Act of God, sickness, disease, infection, epidemic, government order, building closure, fire, flood, earthquake, terrorism or terrorism threat, adverse weather, war, attack, labor unrest or shortage, civil unrest or any other occurrence beyond the control of WALTER P MOORE, or by any complications, responses (e.g., COVID plans), or unreasonable risks arising from such occurrences, then WALTER P MOORE shall be excused from any further performance of its obligations under the Agreement and entitled to adjustment of the Project schedule and its compensation under this Agreement. Additionally, any obligation by WALTER P MOORE to attend an in-person meeting or site visit shall be: (a) excused if it would, in WALTER P MOORE's judgment, be unsafe or its purposes may be satisfied virtually, and (b) subject to any reasonable protocols that WALTER P MOORE has adopted for the health and safety of its employees.

### **XIV. Waiver**

- A. The failure on the part of either party, at any time, to require full performance by the other party of any portion of the Agreement, shall not be deemed a waiver of, or in any way affect, that party's rights to enforce such provisions or any other provision at a later time. Any waiver by any party of any provision or on any occasion shall not be taken or held to be a waiver of any other provision or on any other occasion.

### **XV. Severability and Survival of Terms**

- A. If any one or more provisions of the Agreement, any portion thereof, or the application thereof to any person or circumstance, shall for any reason be held invalid, illegal or unenforceable in any respect, any such invalidity, illegality or unenforceability shall be deemed stricken and shall not affect any other provision of the Agreement or the application of such provisions to other persons or circumstances, and the balance of the Agreement shall be enforced to the greatest extent permitted by law. Limitations of liability and remedies and all indemnity obligations shall survive termination of the Agreement for any cause.

### **XVI. Dispute Resolution**

- A. If a dispute arises out of or relates to this contract or the breach thereof, and if the dispute cannot be settled through negotiation, the parties agree first to try to settle the dispute by mediation administered by the American Arbitration Association under its Construction Industry Mediation Procedures before resorting to arbitration or litigation.

### **XVII. Meaning of Terms**

- A. **Client** - The party, with which WALTER P MOORE has entered into the Agreement, responsible for managing the overall design including, without limitation, the design and deliverables of WALTER P MOORE as a consultant to the Client.
- B. **Construction Cost of This Portion of the Project** - The total cost incurred by, or if the project is not built, the estimated construction cost to, Client of all elements of the Project designed or specified by WALTER P MOORE. Such Cost shall include the cost (at current market rates if estimated) of all labor and materials furnished including the overhead, fee or profit contingency for This Part of the Project.
- C. **Contractor** - A third party, if any, engaged to provide construction services to Client based in part upon designs and deliverables of WALTER P MOORE.
- D. **WALTER P MOORE** - Walter P. Moore and Associates, Inc., and WALTER P MOORE's independent professional associate or consultant engineering firms.
- E. **Project** - As defined in the Agreement for Professional Services.
- F. **Services** - As defined in the Agreement for Professional Services.
- G. **This Part of the Project** - All elements of the Project design within WALTER P MOORE's engineering discipline designed or specified by WALTER P MOORE.
- H. **Total Project Construction Cost** - The total cost incurred by, or if the project is not built, the estimated construction cost to, Client of all elements of the Project designed or specified by Client and its Consultants. Such Cost shall include the cost at current market rates of all labor and materials furnished including the overhead, fee or profit contingency, plus the cost of equipment specifically specified by Client and its Consultants.

**TAB I**

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

To: Finance Committee, Board of Directors, and District Board

Agenda Item for January 31, 2023 Finance Committee and February 7, 2023 Board Meetings

**Subject:**

Informational Report: Robotics DaVinci Surgical Program - 9 months Ended December 31, 2022

San Gorgonio Memorial Healthcare District & Hospital established a new robotics surgical service which commenced in April 2022.

Key findings:

- 1) There have been 98 cases over the past 9 months. This projects to 131 cases for 12 months, and the original projections were for 173 incremental cases, which is the basis for the original return on the program. (The projections also included conversion of 95 existing cases to robotics for a total of 268 cases, although the financial contribution from the converted cases was only projected to add \$55K per year.)
- 2) The “mix” of Inpatients vs. Outpatients is significantly different than projected, i.e., 55% of the cases were projected as Inpatient, however the current Inpatient cases are only 12% of the cases. This has a negative impact on the financial results, as Inpatient cases are paying 16.3% of billings whereas Outpatient payments are only paying 9.26% of billings.
- 3) The projected annual Net Return for the first full year of operations based on Net Revenues less incremental and equipment costs was \$761,767. Based on current activity, the annual Net Return is estimated to be (\$30,250). If case volumes increase to the original budgeted 173 cases, the Net Return would be \$81,290.

Recommended Action: No action is required.

A summary of the program activities is attached.

**SAN GORGONIO MEMORIAL HOSPITAL**  
**SURGICAL SERVICES**  
*Robotic Surgery Overview 2022*

| SURGERY                  | Apr-22    | May-22   | Jun-22    | Jul-22    | Aug-22   | Sep-22    | Oct-22    | Nov-22    | Dec-22   | TOTAL CASES | COST PER CASE | TOTAL DIRECT COST | DOWN PAYMENT PRORATED OVER 60 MONTHS | EQUIPMENT COST | PROJECTED NET REVENUE | CONTRIBUTION TO OVERHEAD |
|--------------------------|-----------|----------|-----------|-----------|----------|-----------|-----------|-----------|----------|-------------|---------------|-------------------|--------------------------------------|----------------|-----------------------|--------------------------|
| Ventral/Umbilical Hernia | 2         | 2        | 1         |           | 1        | 3         | 1         |           |          | 10          | 3,021         | 30,210            |                                      |                | (Included Below)      | #VALUE!                  |
| Inguinal Hernia          | 2         | 3        | 7         | 5         | 3        | 5         | 2         | 2         |          | 29          | 3,021         | 87,609            |                                      |                | (Included Below)      | #VALUE!                  |
| Cholecystectomy          | 4         | 1        | 11        | 2         | 4        | 5         | 7         | 7         | 5        | 46          | 2,224         | 102,304           |                                      |                | (Included Below)      | #VALUE!                  |
| Gastric/Bowel Resection  |           | 1        |           | 1         |          |           | 1         |           |          | 3           | 5,267         | 15,801            |                                      |                | (Included Below)      | #VALUE!                  |
| Gyn                      |           |          |           |           |          | 3         | 4         | 3         |          | 10          | 2,133         | 21,330            |                                      |                | (Included Below)      | #VALUE!                  |
| Other                    |           |          |           |           |          |           |           |           |          |             | 0             | 0                 |                                      |                | (Included Below)      | #VALUE!                  |
| <b>Monthly Total</b>     | <b>8</b>  | <b>7</b> | <b>19</b> | <b>8</b>  | <b>5</b> | <b>14</b> | <b>18</b> | <b>12</b> | <b>7</b> | <b>98</b>   |               | <b>257,254</b>    | <b>45,000</b>                        | <b>235,917</b> | <b>515,479</b>        | <b>(22,692)</b>          |
| <b>Annualized</b>        | <b>11</b> | <b>9</b> | <b>25</b> | <b>11</b> | <b>7</b> | <b>19</b> | <b>24</b> | <b>16</b> | <b>9</b> | <b>131</b>  | <b>0</b>      | <b>343,005</b>    | <b>60,000</b>                        | <b>314,556</b> | <b>687,305</b>        | <b>(30,256)</b>          |
| <b>Budgeted Volumes</b>  |           |          |           |           |          |           |           |           |          | <b>173</b>  |               | <b>454,132</b>    | <b>60,000</b>                        | <b>314,556</b> | <b>909,978</b>        | <b>81,290</b>            |

| Physician      | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | TOTAL CASES |
|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|
| Lee            | 6      |        | 6      | 3      |        | 4      | 8      | 5      | 5      | 37          |
| Arnold         | 2      | 2      | 7      | 1      | 1      | 6      | 3      |        |        | 22          |
| Yoh            |        |        | 6      | 1      |        |        | 2      |        |        | 9           |
| Nguyen         |        | 3      |        | 1      |        | 1      |        | 1      | 1      | 7           |
| Yung           |        | 2      |        |        | 2      |        |        |        | 1      | 5           |
| Hayton         |        |        |        |        | 2      |        | 1      | 1      |        | 4           |
| DePew          |        |        |        | 2      |        |        |        | 2      |        | 4           |
| Toursarkissian |        |        |        |        |        | 3      | 4      | 3      |        | 10          |
|                |        |        |        |        |        |        |        |        |        | <b>98</b>   |

|                     | I/P | O/P | TOTAL | I/P CASES % TOTAL | I/P PAY % CHARGES | O/P PAY % CHARGES |
|---------------------|-----|-----|-------|-------------------|-------------------|-------------------|
| BUDGET              | 96  | 77  | 173   | 55.49%            | 16.19%            | 9.26%             |
| ACTUAL (ANNUALIZED) | 15  | 116 | 131   | 11.63%            |                   |                   |

**TAB J**



REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE  
January 18, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, January 18, 2023, in Classroom C, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Ron Rader (C), Steve Rutledge

Excused Absence: Shannon McDougall

Staff Present: Steve Barron (CEO), Annah Karam (CHRO), Daniel Heckathorne (CFO)  
Ariel Whitley (Executive Assistant)

| AGENDA ITEM                                                                  | DISCUSSION                                                                                                                                                                                            | ACTION / FOLLOW-UP                                                                                     |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Call To Order</b>                                                         | Chair Ron Rader called the meeting to order at 9:10 am.                                                                                                                                               |                                                                                                        |
| <b>Public Comment</b>                                                        | No public was present.                                                                                                                                                                                |                                                                                                        |
| <b>OLD BUSINESS</b>                                                          |                                                                                                                                                                                                       |                                                                                                        |
| <b>Proposed Action - Approve Minutes: November 16, 2022, Regular Meeting</b> | Chair Rader asked for any changes or corrections to the minutes of the November 16, 2022, regular meeting.<br><br>There were none.                                                                    | <b>The minutes of the November 16, 2022, regular meeting was reviewed and will stand as presented.</b> |
| <b>NEW BUSINESS</b>                                                          |                                                                                                                                                                                                       |                                                                                                        |
| <b>Reports</b>                                                               |                                                                                                                                                                                                       |                                                                                                        |
| <b>A. Employment Activity/Turnover Reports</b>                               |                                                                                                                                                                                                       |                                                                                                        |
| <b>1. Employee Activity by Job Class/Turnover Report</b>                     | Annah Karam, Chief Human Resources Officer, reviewed the report "Employee Activity by Job Class/Turnover Report" for the period of 09/13/2022 through 12/31/2022 as included in the Committee packet. |                                                                                                        |

| AGENDA ITEM                                                                                 | DISCUSSION                                                                                                                                                                                                                                                                                 | ACTION / FOLLOW-UP |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| (09/13/2022 through 11/09/2022)                                                             |                                                                                                                                                                                                                                                                                            |                    |
| 2. Separation Reasons Analysis All Associates (09/13/2022 through 12/31/2022)               | <p>Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 09/13/2022 through 12/31/2022 as included in the Committee packet.</p> <p>For this period, there were 59 Voluntary Separations and 3 Involuntary Separations for a total of 62.</p>                |                    |
| 3. Separation Reason Analysis Full and Part Time Associates (09/13/2022 through 12/31/2022) | <p>Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 09/13/2022 through 12/31/2022 as included in the Committee packet.</p> <p>For this period, there were 33 Voluntary Separations and 3 Involuntary Separations for a total of 36.</p> |                    |
| 4. Separation Reason Analysis Per Diem Associates (09/13/2022 through 12/31/2022)           | <p>Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 09/13/2022 through 12/31/2022 as included in the Committee packet.</p> <p>For this period, there were 26 Voluntary Separations and 0 Involuntary Separations for a total of 26.</p>           |                    |
| 5. FTE Vacancy Summary (09/13/2022 through 12/31/2022)                                      | <p>Annah reviewed the “FTE Vacancy Summary” for the period of 09/13/2022 through 12/31/2022 as included in the Committee packet.</p> <p>Annah reported that the Facility Wide vacancy rate as of 12/31/2022 was 22.47%.</p>                                                                |                    |
| 6. RN Vacancy Summary (09/13/2022 through 12/31/2022)                                       | <p>Annah reviewed the “RN Vacancy Summary” for the period of 09/13/2022 through 12/31/2022 as included in the Committee packet.</p> <p>Annah reported that the Overall All RN Vacancy rate as of 12/31/2022 was 21.18%.</p>                                                                |                    |

| AGENDA ITEM                                                        | DISCUSSION                                                                                                                                                                                                                                                                               | ACTION / FOLLOW-UP |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>B. Workers Compensation Report</b>                              |                                                                                                                                                                                                                                                                                          |                    |
| <b>Workers Compensation Report (12/01/2022 through 12/31/2022)</b> | Annah reviewed the Workers Compensation Reports covering the period of 12/01/2022 through 12/31/2022 as included in the Committee packet.                                                                                                                                                |                    |
| <b>Education</b>                                                   | Annah reviewed each education article as included in the committee packets: <ul style="list-style-type: none"> <li>• California Expands Pay and Transparency and Reporting Obligations</li> <li>• New Employment Laws for 2023</li> <li>• New 2023 California Employment Laws</li> </ul> |                    |
| <b>Future Agenda items</b>                                         | <ul style="list-style-type: none"> <li>• Kronos Update</li> </ul>                                                                                                                                                                                                                        |                    |
| <b>Next regular meeting</b>                                        | The next regular Human Resources Committee meeting is scheduled for April 19, 2023, @ 9 am.                                                                                                                                                                                              |                    |
| <b>Adjournment</b>                                                 | The meeting was adjourned at 9:49 am.                                                                                                                                                                                                                                                    |                    |

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

A B C D E F G H I J K

**EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT**

09/13/2022 THROUGH 12/31/2022

| JOB CLASS/FAMILY      | CURRENT<br>NEW HIRES                | 2021<br>NEW HIRES | YTD<br>NEW HIRES                    | CURRENT<br>SEPARATIONS              | 2021<br>SEPARATIONS | YTD<br>TERMS                        | ACTIVE<br>ASSOCIATE<br>COUNT | LOA<br>ASSOCIATE<br>COUNT | CURRENT<br>TURNOVER | ANNUALIZED<br>TURNOVER |    |
|-----------------------|-------------------------------------|-------------------|-------------------------------------|-------------------------------------|---------------------|-------------------------------------|------------------------------|---------------------------|---------------------|------------------------|----|
|                       | 09/13/2022<br>THROUGH<br>12/31/2022 |                   | 01/01/2022<br>THROUGH<br>12/31/2022 | 09/13/2022<br>THROUGH<br>12/31/2022 |                     | 01/01/2022<br>THROUGH<br>12/31/2022 | AS OF<br>12/31/2022          | AS OF<br>12/31/2022       | AS OF<br>12/31/2022 |                        |    |
| ADMIN/CLERICAL        | 6                                   | 17                | 22                                  | 5                                   | 22                  | 20                                  | 78                           | 6                         | 6.41%               | 25.64%                 | 1  |
| ANCILLARY             | 5                                   | 28                | 16                                  | 6                                   | 24                  | 20                                  | 60                           | 1                         | 10.00%              | 33.33%                 | 2  |
| CLS                   | 0                                   | 7                 | 2                                   | 0                                   | 8                   | 3                                   | 19                           | 0                         | 0.00%               | 15.79%                 | 3  |
| DIRECTORS/MGRS        | 0                                   | 2                 | 2                                   | 1                                   | 3                   | 3                                   | 27                           | 1                         | 3.70%               | 11.11%                 | 4  |
| LVN                   | 2                                   | 5                 | 3                                   | 2                                   | 8                   | 6                                   | 20                           | 1                         | 10.00%              | 30.00%                 | 5  |
| OTHER NURSING         | 10                                  | 30                | 28                                  | 11                                  | 27                  | 27                                  | 69                           | 4                         | 15.94%              | 39.13%                 | 6  |
| PT                    | 0                                   | 3                 | 0                                   | 3                                   | 3                   | 4                                   | 6                            | 1                         | 50.00%              | 66.67%                 | 7  |
| RAD TECH              | 3                                   | 6                 | 7                                   | 3                                   | 7                   | 7                                   | 35                           | 0                         | 8.57%               | 20.00%                 | 8  |
| RN                    | 11                                  | 59                | 44                                  | 22                                  | 51                  | 59                                  | 155                          | 5                         | 14.19%              | 38.06%                 | 9  |
| RT                    | 0                                   | 4                 | 0                                   | 1                                   | 2                   | 2                                   | 21                           | 0                         | 4.76%               | 9.52%                  | 10 |
| SUPPORT SERVICES      | 9                                   | 34                | 32                                  | 8                                   | 32                  | 28                                  | 77                           | 4                         | 10.39%              | 36.36%                 | 11 |
|                       |                                     |                   |                                     |                                     |                     |                                     |                              |                           |                     |                        | 12 |
| <b>FACILITY TOTAL</b> | <b>46</b>                           | <b>195</b>        | <b>156</b>                          | <b>62</b>                           | <b>187</b>          | <b>179</b>                          | <b>567</b>                   | <b>23</b>                 | <b>10.93%</b>       | <b>31.57%</b>          | 13 |
|                       |                                     |                   |                                     |                                     |                     |                                     |                              |                           |                     |                        | 14 |
| <i>Full Time</i>      | 27                                  | 113               | 96                                  | 33                                  | 97                  | 91                                  | 383                          | 16                        | 8.62%               | 23.76%                 | 15 |
| <i>Part Time</i>      | 2                                   | 15                | 8                                   | 3                                   | 17                  | 13                                  | 48                           | 4                         | 6.25%               | 27.08%                 | 16 |
| <i>Per Diem</i>       | 17                                  | 67                | 52                                  | 26                                  | 73                  | 75                                  | 136                          | 3                         | 19.12%              | 55.15%                 | 17 |
| <b>TOTAL</b>          | <b>46</b>                           | <b>195</b>        | <b>156</b>                          | <b>62</b>                           | <b>187</b>          | <b>179</b>                          | <b>567</b>                   | <b>23</b>                 | <b>10.93%</b>       |                        | 18 |

Current Turnover: J22  
Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:  
Turnover for all Associates = 10.80%  
Turnover for all RNs = 10.20%

**SEPARATION ANALYSIS**  
**ALL ASSOCIATES**  
**09/13/2022 THROUGH 12/31/2022**

| REASON                                   | Current Qtr<br>%<br>by Category | Length Of Service              |               |            |              |               |              | Total<br>Separations |
|------------------------------------------|---------------------------------|--------------------------------|---------------|------------|--------------|---------------|--------------|----------------------|
|                                          |                                 | Less than 90 days -<br>90 days | 1-2<br>1 year | 3<br>years | 4-5<br>years | 6-10<br>years | 11+<br>years |                      |
| <b>Voluntary Separations</b>             |                                 |                                |               |            |              |               |              |                      |
| Full-Time                                | 41.5%                           | 0                              | 4             | 3          | 11           | 9             | 0            | 27                   |
| Part-Time                                | 10.8%                           | 0                              | 0             | 1          | 1            | 4             | 1            | 7                    |
| Per Diem                                 | 40.0%                           | 0                              | 10            | 4          | 5            | 5             | 2            | 26                   |
| <b>Subtotal, Voluntary Separations</b>   | <b>92.3%</b>                    | <b>0</b>                       | <b>14</b>     | <b>8</b>   | <b>17</b>    | <b>18</b>     | <b>3</b>     | <b>60</b>            |
| <b>Involuntary Separations</b>           |                                 |                                |               |            |              |               |              |                      |
| Full-Time                                | 6.2%                            | 2                              | 1             | 0          | 0            | 1             | 0            | 4                    |
| Part-Time                                | 1.5%                            | 1                              | 0             | 0          | 0            | 0             | 0            | 1                    |
| Per Diem                                 | 1.5%                            | 0                              | 0             | 0          | 0            | 0             | 0            | 0                    |
| <b>Subtotal, Involuntary Separations</b> | <b>7.7%</b>                     | <b>3</b>                       | <b>1</b>      | <b>0</b>   | <b>0</b>     | <b>1</b>      | <b>0</b>     | <b>5</b>             |
| <b>Total Separations</b>                 | <b>100.0%</b>                   | <b>3</b>                       | <b>15</b>     | <b>8</b>   | <b>17</b>    | <b>19</b>     | <b>3</b>     | <b>65</b>            |

**SEPARATION ANALYSIS**  
**ALL ASSOCIATES**  
**09/13/2022 THROUGH 12/31/2022**

| REASON                                   | Current Qtr %<br>by Category | Length Of Service           |                  |           |           |            |           | Total Separations |
|------------------------------------------|------------------------------|-----------------------------|------------------|-----------|-----------|------------|-----------|-------------------|
|                                          |                              | Less than 90 days - 90 days | 90 days - 1 year | 1-2 years | 3-5 years | 6-10 years | 10+ years |                   |
| <b>Voluntary Separations</b>             |                              |                             |                  |           |           |            |           |                   |
| Full-Time                                | 48.4%                        | 9                           | 9                | 6         | 3         | 1          | 2         | 30                |
| Part-Time                                | 4.8%                         | 1                           |                  | 2         |           |            |           | 3                 |
| Per Diem                                 | 41.9%                        | 4                           | 6                | 9         | 3         | 2          | 2         | 26                |
| <b>Subtotal, Voluntary Separations</b>   | 95.2%                        | <b>14</b>                   | <b>15</b>        | <b>17</b> | <b>6</b>  | <b>3</b>   | <b>4</b>  | <b>59</b>         |
| <b>Involuntary Separations</b>           |                              |                             |                  |           |           |            |           |                   |
| Full-Time                                | 4.8%                         | 2                           |                  |           | 1         |            |           | 3                 |
| Part-Time                                | 0.0%                         |                             |                  |           |           |            |           | 0                 |
| Per Diem                                 | 0.0%                         |                             |                  |           |           |            |           | 0                 |
| <b>Subtotal, Involuntary Separations</b> | 4.8%                         | <b>2</b>                    | <b>0</b>         | <b>0</b>  | <b>1</b>  | <b>0</b>   | <b>0</b>  | <b>3</b>          |

|                          |               |           |           |           |          |          |          |           |
|--------------------------|---------------|-----------|-----------|-----------|----------|----------|----------|-----------|
| <b>Total Separations</b> | <b>100.0%</b> | <b>16</b> | <b>15</b> | <b>17</b> | <b>7</b> | <b>3</b> | <b>4</b> | <b>62</b> |
|--------------------------|---------------|-----------|-----------|-----------|----------|----------|----------|-----------|

| Count of LENGTH OF SERVICE | Column Labels |                  |               |                |                 |               |         |             |
|----------------------------|---------------|------------------|---------------|----------------|-----------------|---------------|---------|-------------|
| Row Labels                 | 1-LT 90 DAYS  | 2-90 DAYS TO 1YR | 3-1YR TO 2YRS | 4-3YRS TO 5YRS | 5-6YRS TO 10YRS | 6-10 PLUS YRS | (blank) | Grand Total |
| <b>INVOLUNTARY</b>         | <b>2</b>      |                  |               | <b>1</b>       |                 |               |         | <b>3</b>    |
| CT                         |               |                  |               | 1              |                 |               |         | 1           |
| ED                         | 1             |                  |               |                |                 |               |         | 1           |
| Nursing Administration     | 1             |                  |               |                |                 |               |         | 1           |
| <b>VOLUNTARY</b>           | <b>13</b>     | <b>15</b>        | <b>17</b>     | <b>6</b>       | <b>3</b>        | <b>4</b>      |         | <b>58</b>   |
| Accounting                 |               | 1                |               |                |                 |               |         | 1           |
| BHC                        |               |                  | 1             |                |                 |               |         | 1           |
| CT                         |               | 1                |               |                |                 |               |         | 1           |
| Diagnostic Imaging         | 1             |                  |               |                |                 |               |         | 1           |

|                                |           |           |           |          |          |          |           |
|--------------------------------|-----------|-----------|-----------|----------|----------|----------|-----------|
| Diagnostic imaging             | 1         |           |           |          |          |          | 1         |
| Dietary                        |           |           | 1         |          |          |          | 1         |
| DOU                            | 1         | 1         | 1         |          |          |          | 3         |
| Echo                           |           |           | 1         |          |          |          | 1         |
| ED                             |           | 2         | 4         | 1        | 1        |          | 8         |
| Environmental Services         | 2         |           |           |          |          |          | 2         |
| ICU                            | 2         |           |           |          |          |          | 2         |
| Infection Control              |           |           |           | 1        |          |          | 1         |
| Joint Venture Physical Therapy |           |           | 1         |          |          |          | 1         |
| Laboratory                     | 2         | 1         | 1         |          |          |          | 4         |
| MS                             | 2         | 3         | 1         |          | 1        | 1        | 8         |
| Nursing Administration         |           |           | 1         |          |          | 1        | 2         |
| OB                             |           | 1         |           | 2        |          |          | 3         |
| OR                             |           | 1         | 1         |          |          |          | 2         |
| PACU                           |           | 1         |           | 2        |          |          | 3         |
| Physical Therapy               |           |           | 1         |          |          | 1        | 2         |
| Registration                   |           | 1         | 1         |          |          | 1        | 3         |
| Resource Pool                  | 1         |           | 1         |          |          |          | 2         |
| Respiratory Therapy            |           |           |           |          | 1        |          | 1         |
| Security                       | 2         | 2         | 1         |          |          |          | 5         |
| ▣ (blank)                      |           |           |           | 1        |          |          | 1         |
| ICU                            |           |           |           | 1        |          |          | 1         |
| (blank)                        |           |           |           |          |          |          |           |
| <b>Grand Total</b>             | <b>15</b> | <b>15</b> | <b>17</b> | <b>8</b> | <b>3</b> | <b>4</b> | <b>62</b> |



**Separation Reason Analysis**  
**FULL AND PART TIME ASSOCIATES**  
**09/12/2022 THROUGH 12/31/2022**

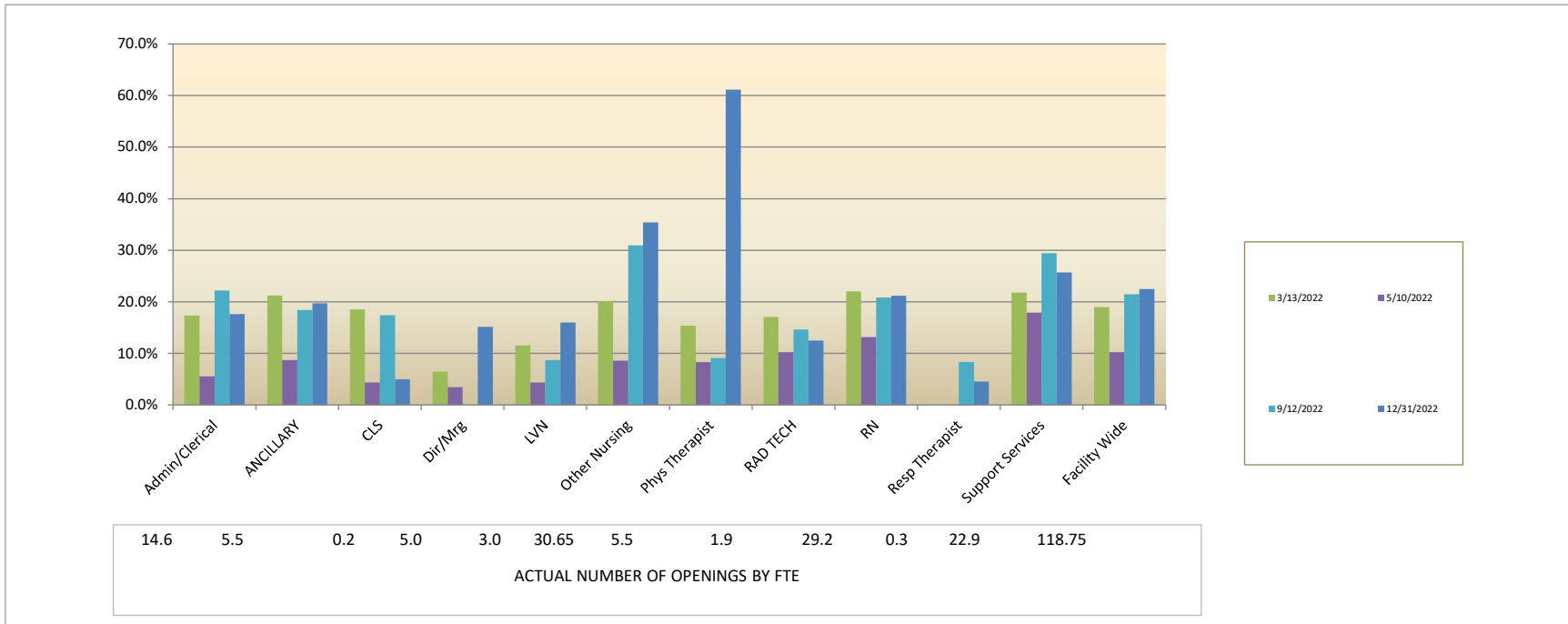
| REASON                                          | Current Qtr<br>%<br>by Category | Length Of Service    |                     |              |              |               |              | Total<br>Separations |
|-------------------------------------------------|---------------------------------|----------------------|---------------------|--------------|--------------|---------------|--------------|----------------------|
|                                                 |                                 | Less than<br>90 days | 90 days -<br>1 year | 1-2<br>years | 3-5<br>years | 6-10<br>years | 10+<br>years |                      |
| <b><i>Voluntary Separations</i></b>             |                                 |                      |                     |              |              |               |              |                      |
| Did not Return from LOA                         | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Employee Death                                  | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Family/Personal Reasons                         | 22.2%                           | 3                    | 1                   | 3            |              |               | 1            | 8                    |
| Job Abandonment                                 | 16.7%                           | 3                    | 3                   |              |              |               |              | 6                    |
| Job Dissatisfaction                             | 5.6%                            |                      |                     | 2            |              |               |              | 2                    |
| Medical Reasons                                 | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| New Job Opportunity                             | 36.1%                           | 2                    | 4                   | 2            | 3            | 1             | 1            | 13                   |
| Not Available to Work                           | 5.6%                            | 1                    | 1                   |              |              |               |              | 2                    |
| Pay                                             | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Relocation                                      | 2.8%                            |                      |                     | 1            |              |               |              | 1                    |
| Retirement                                      | 2.8%                            |                      |                     |              | 1            |               |              | 1                    |
| Return to School                                | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Unknown                                         | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| <b><i>Subtotal, Voluntary Separations</i></b>   | <b>91.7%</b>                    | <b>9</b>             | <b>9</b>            | <b>8</b>     | <b>4</b>     | <b>1</b>      | <b>2</b>     | <b>33</b>            |
| <b><i>Involuntary Separations</i></b>           |                                 |                      |                     |              |              |               |              |                      |
| Attendance/Tardiness                            | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Conduct                                         | 2.8%                            |                      |                     |              | 1            |               |              | 1                    |
| Didn't meet certification deadline              | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Didn't meet scheduling needs                    | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Poor Performance                                | 5.6%                            | 2                    |                     |              |              |               |              | 2                    |
| Position Eliminations                           | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Temporary Position                              | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| <b><i>Subtotal, Involuntary Separations</i></b> | <b>8.3%</b>                     | <b>2</b>             | <b>0</b>            | <b>0</b>     | <b>1</b>     | <b>0</b>      | <b>0</b>     | <b>3</b>             |
| <b>Total Separations</b>                        | <b>100.0%</b>                   | <b>11</b>            | <b>9</b>            | <b>8</b>     | <b>5</b>     | <b>1</b>      | <b>2</b>     | <b>36</b>            |

**Separation Reason Analysis**  
*Per Diem Associates Only*  
09/12/2022 THROUGH 12/31/2022

| REASON                                   | Current Qtr<br>%<br>by Category | Length Of Service    |                     |              |              |               |              | Total<br>Separations |
|------------------------------------------|---------------------------------|----------------------|---------------------|--------------|--------------|---------------|--------------|----------------------|
|                                          |                                 | Less than<br>90 days | 90 days -<br>1 year | 1-2<br>years | 3-5<br>years | 6-10<br>years | 10+<br>years |                      |
| <b>Voluntary Separations</b>             |                                 |                      |                     |              |              |               |              |                      |
| Did not Return from LOA                  | 3.8%                            |                      |                     |              | 1            |               |              | 1                    |
| Employee Death                           | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Family/Personal Reasons                  | 11.5%                           |                      | 1                   | 1            | 1            |               |              | 3                    |
| Job Abandonment                          | 11.5%                           |                      | 1                   | 1            |              | 1             |              | 3                    |
| Job Dissatisfaction                      | 3.8%                            | 1                    |                     |              |              |               |              | 1                    |
| Medical Reasons                          | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| New Job Opportunity                      | 50.0%                           | 2                    | 3                   | 6            |              | 1             | 1            | 13                   |
| Not Available to Work                    | 7.7%                            | 1                    | 1                   |              |              |               |              | 2                    |
| Pay                                      | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Relocation                               | 7.7%                            |                      |                     | 1            | 1            |               |              | 2                    |
| Retirement                               | 3.8%                            |                      |                     |              |              |               | 1            | 1                    |
| Return to School                         | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Unknown                                  | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| <b>Subtotal, Voluntary Separations</b>   | 100.0%                          | <b>4</b>             | <b>6</b>            | <b>9</b>     | <b>3</b>     | <b>2</b>      | <b>2</b>     | <b>26</b>            |
| <b>Involuntary Separations</b>           |                                 |                      |                     |              |              |               |              |                      |
| Attendance/Tardiness                     | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Conduct                                  | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Didn't meet certification deadline       | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Didn't meet scheduling needs             | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Poor Performance                         | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Position Eliminations                    | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| Temporary Position                       | 0.0%                            |                      |                     |              |              |               |              | 0                    |
| <b>Subtotal, Involuntary Separations</b> | 0.0%                            | <b>0</b>             | <b>0</b>            | <b>0</b>     | <b>0</b>     | <b>0</b>      | <b>0</b>     | <b>0</b>             |
| <b>Total Separations</b>                 | <b>100.0%</b>                   | <b>4</b>             | <b>6</b>            | <b>9</b>     | <b>3</b>     | <b>2</b>      | <b>2</b>     | <b>26</b>            |

**FTE Vacancy Summary: 09/13/2022 THROUGH 12/31/2022**

|            | <u>Admin/Clerical</u> | <u>ANCILLARY</u> | <u>CLS</u> | <u>Dir/Mrg</u> | <u>LVN</u> | <u>Other Nursing</u> | <u>Phys Therapist</u> | <u>RAD TECH</u> | <u>RN</u> | <u>Resp Therapist</u> | <u>Support Services</u> | <u>Facility Wide</u> |
|------------|-----------------------|------------------|------------|----------------|------------|----------------------|-----------------------|-----------------|-----------|-----------------------|-------------------------|----------------------|
| 3/13/2022  | 17.35%                | 21.25%           | 18.52%     | 6.45%          | 11.54%     | 20.19%               | 15.38%                | 17.07%          | 22.03%    | 0.00%                 | 21.82%                  | 18.97%               |
| 5/10/2022  | 5.56%                 | 8.70%            | 4.35%      | 3.45%          | 4.35%      | 8.60%                | 8.33%                 | 10.26%          | 13.17%    | 0.00%                 | 17.92%                  | 10.25%               |
| 9/12/2022  | 22.20%                | 18.42%           | 17.39%     | 0.00%          | 8.70%      | 30.97%               | 9.09%                 | 14.63%          | 20.83%    | 8.33%                 | 29.41%                  | 21.48%               |
| 12/31/2022 | 17.65%                | 19.74%           | 5.00%      | 15.15%         | 16.00%     | 35.40%               | 61.11%                | 12.50%          | 21.18%    | 4.55%                 | 25.69%                  | 22.47%               |

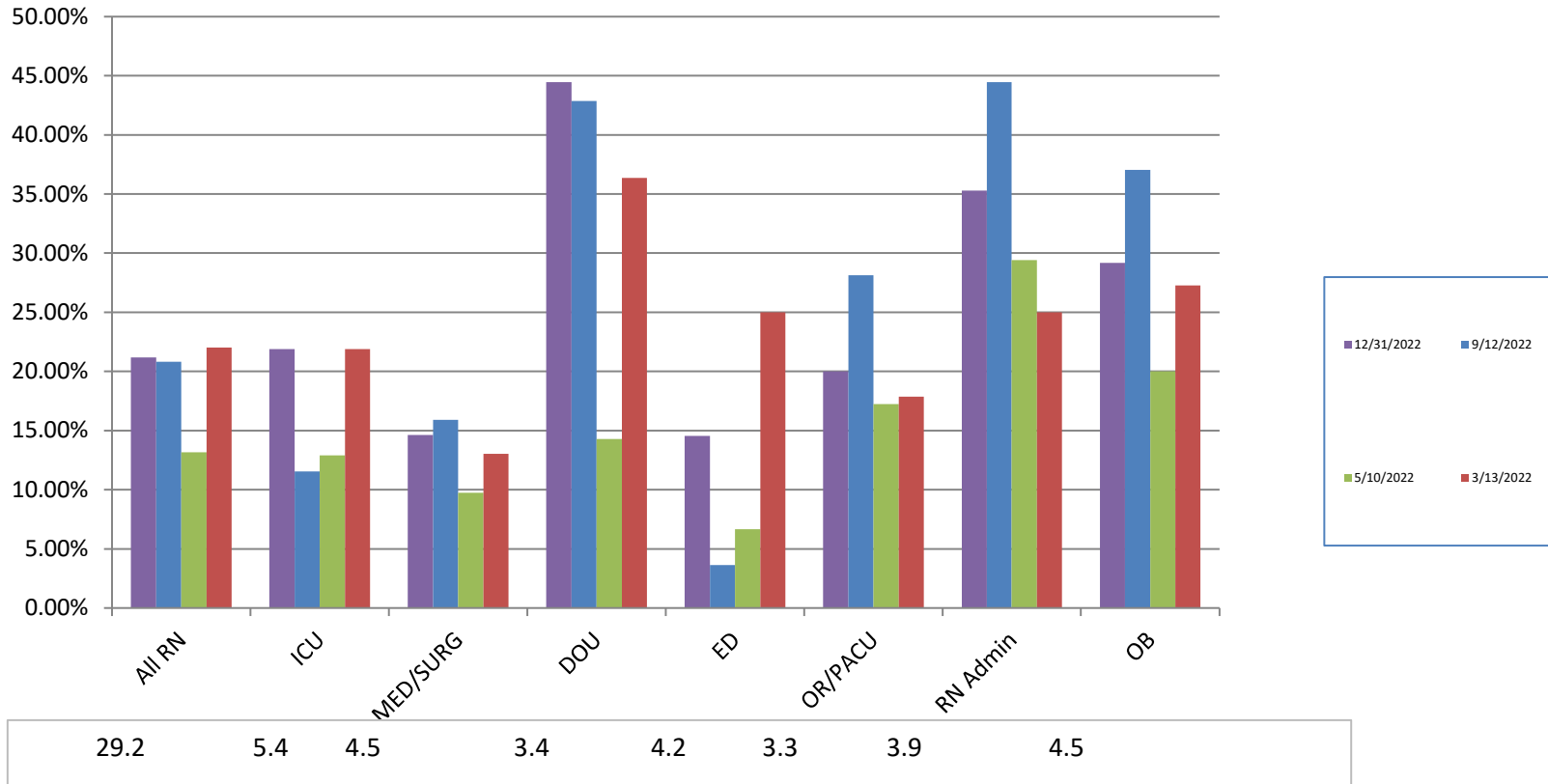


**RN FTE Vacancy Summary: 09/13/2022 through 12/31/2022**

**VACANCY RATE = Number of openings/(total staff + openings)**

|          | <b>12/31/2022</b> | <b>9/12/2022</b> | <b>5/10/2022</b> | <b>3/13/2022</b> |
|----------|-------------------|------------------|------------------|------------------|
| All RN   | 21.18%            | 20.83%           | 13.17%           | 22.03%           |
| ICU      | 21.88%            | 11.54%           | 12.90%           | 21.88%           |
| MED/SURG | 14.63%            | 15.91%           | 9.76%            | 13.04%           |
| DOU      | 44.44%            | 42.86%           | 14.29%           | 36.36%           |
| ED       | 14.55%            | 3.64%            | 6.67%            | 25.00%           |
| OR/PACU  | 20.00%            | 28.13%           | 17.24%           | 17.86%           |
| RN Admin | 35.29%            | 44.44%           | 29.41%           | 25.00%           |
| OB       | 29.17%            | 37.04%           | 20.00%           | 27.27%           |

|          | <b>OPEN POSITIONS</b> | <b>TOTAL STAFF</b> | <b>VACANCY RATE</b> |
|----------|-----------------------|--------------------|---------------------|
| All RN   | <b>43</b>             | <b>160</b>         | 21.18%              |
| ICU      | <b>7</b>              | <b>25</b>          | 21.88%              |
| Med Surg | <b>6</b>              | <b>35</b>          | 14.63%              |
| DOU      | <b>4</b>              | <b>5</b>           | 44.44%              |
| ER       | <b>8</b>              | <b>47</b>          | 14.55%              |
| OR/PACU  | <b>5</b>              | <b>20</b>          | 20.00%              |
| RN Adm.  | <b>6</b>              | <b>11</b>          | 35.29%              |
| OB       | <b>7</b>              | <b>17</b>          | 29.17%              |





### DASHBOARD REPORT

Fiscal Year Basis: July

### San Gorgonio Memorial Hospital

Data as of 12/31/2022

Reporting Period 12/1/2022 - 12/31/2022

#### SUMMARY DATA

| FiscalYear         | ValuationDate | Values           |                |                  | Count      | Open Count |
|--------------------|---------------|------------------|----------------|------------------|------------|------------|
|                    |               | Total Paid       | Total Reserves | Total Incurred   |            |            |
| 2015-2016          | 2022-12-31    | 844,591          | 85,078         | 929,669          | 40         | 4          |
| 2016-2017          | 2022-12-31    | 205,546          | -              | 205,546          | 27         | -          |
| 2017-2018          | 2022-12-31    | 72,312           | -              | 72,312           | 18         | -          |
| 2018-2019          | 2022-12-31    | 87,684           | 7,313          | 94,997           | 15         | 1          |
| 2019-2020          | 2022-12-31    | 68,021           | 2,693          | 70,714           | 15         | 1          |
| 2020-2021          | 2022-12-31    | 247,763          | 121,750        | 369,512          | 22         | 3          |
| 2021-2022          | 2022-12-31    | 72,187           | 78,103         | 150,290          | 18         | 3          |
| 2022-2023          | 2022-12-31    | 7,140            | 45,358         | 52,498           | 6          | 4          |
| <b>Grand Total</b> |               | <b>1,605,244</b> | <b>340,295</b> | <b>1,945,539</b> | <b>161</b> | <b>16</b>  |

### DASHBOARD REPORT

Fiscal Year Basis: July

### San Gorgonio Memorial Hospital

Data as of 12/31/2022

Reporting Period 12/1/2022 - 12/31/2022

#### TOP TEN CLAIMS

| Claim Number | Claimant | Department             | Cause                                  | DOI        | Status  | Total Paid | Total Reserves | Total Incurred |
|--------------|----------|------------------------|----------------------------------------|------------|---------|------------|----------------|----------------|
| 20805905     |          | Surgical Services      | Fall, Slip or Trip Injury              | 2020-08-04 | Open    | 147,200    | 94,048         | 241,248        |
| 16000811     |          | Environmental Services | Fall, Slip or Trip Injury              | 2016-05-31 | Open    | 172,688    | 26,538         | 199,225        |
| 16000026     |          | Obstetrics             | Fall, Slip or Trip Injury              | 2016-01-05 | Open    | 138,024    | 17,357         | 155,380        |
| 16001005     |          | Medical Surgical       | Burn or Scald - Heat or Cold Exposures | 2016-07-21 | Closed  | 98,814     | -              | 98,814         |
| 16000233     |          | Environmental Services | Strain or Injury By                    | 2016-02-20 | Closed  | 93,934     | -              | 93,934         |
| 16000357     |          | Medical Surgical       | Struck or Injured By                   | 2016-03-16 | Open    | 82,643     | 10,906         | 93,549         |
| 16000185     |          | Medical Surgical       | Fall, Slip or Trip Injury              | 2016-02-13 | Closed  | 77,289     | -              | 77,289         |
| 15000959     |          | Environmental Services | Strain or Injury By                    | 2015-07-06 | Closed  | 61,315     | -              | 61,315         |
| 21001795     |          | Medical Surgical       | Strain or Injury By                    | 2021-08-13 | Open    | 24,713     | 36,580         | 61,293         |
| 15001161     |          | CT/Echotechnology      | Strain or Injury By                    | 2015-08-20 | Re-Open | 27,087     | 30,277         | 57,364         |



**Open Claims**

**San Gorgonio Memorial Hospital**

Fiscal Year Basis: July

Data as of 12/31/2022

Reporting Period 12/1/2022 - 12/31/2022

|                    |          |         |                  |                           |               | Values    |                |                |                |              |  |
|--------------------|----------|---------|------------------|---------------------------|---------------|-----------|----------------|----------------|----------------|--------------|--|
| Loss Date          | Claim #  | Status  | ClaimantTypeDesc | InjuryCauseGroupDesc      | Litigated (1= | Count     | Paid           | Outstanding    | Incurred       | Lost Time    |  |
| 2015-08-20         | 15001161 | Re-Open | Future Medical   | Strain or Injury By       | 0             | 1         | 27,087         | 30,277         | 57,364         | 0            |  |
| 2016-01-05         | 16000026 | Open    | Future Medical   | Fall, Slip or Trip Injury | 1             | 1         | 138,024        | 17,357         | 155,380        | 749          |  |
| 2016-03-16         | 16000357 | Open    | Future Medical   | Struck or Injured By      | 1             | 1         | 82,643         | 10,906         | 93,549         | 190          |  |
| 2016-05-31         | 16000811 | Open    | Future Medical   | Fall, Slip or Trip Injury | 1             | 1         | 172,688        | 26,538         | 199,225        | 730          |  |
| 2019-02-11         | 19000235 | Open    | Future Medical   | Fall, Slip or Trip Injury | 0             | 1         | 25,544         | 7,313          | 32,857         | 0            |  |
| 2019-09-19         | 19001622 | Open    | Future Medical   | Miscellaneous Causes      | 0             | 1         | 14,662         | 2,693          | 17,356         | 0            |  |
| 2020-08-04         | 20805905 | Open    | Indemnity        | Fall, Slip or Trip Injury | 1             | 1         | 147,200        | 94,048         | 241,248        | 441          |  |
| 2021-03-16         | 21000657 | Re-Open | Indemnity        | Fall, Slip or Trip Injury | 1             | 1         | 8,218          | 10,508         | 18,727         | 0            |  |
| 2021-04-30         | 21001003 | Open    | Indemnity        | Strain or Injury By       | 0             | 1         | 1,439          | 17,194         | 18,633         | 0            |  |
| 2021-08-13         | 21001795 | Open    | Indemnity        | Strain or Injury By       | 0             | 1         | 24,713         | 36,580         | 61,293         | 70           |  |
| 2021-10-20         | 21002354 | Open    | Future Medical   | Caught In, Under or Betwe | 0             | 1         | 2,419          | 6,269          | 8,688          | 9            |  |
| 2022-01-23         | 22000651 | Re-Open | Indemnity        | Fall, Slip or Trip Injury | 0             | 1         | 1,931          | 35,254         | 37,184         | 0            |  |
| 2022-09-11         | 22002088 | Open    | Indemnity        | Motor Vehicle             | 0             | 1         | 3,531          | 34,469         | 38,000         | 0            |  |
| 2022-11-20         | 22002611 | Open    | Medical          | Strain or Injury By       | 0             | 1         | 11             | 2,189          | 2,200          | 0            |  |
| 2022-11-20         | 22002677 | Open    | Medical          | Strain or Injury By       | 0             | 1         | -              | 3,200          | 3,200          | 0            |  |
| 2022-12-02         | 22002737 | Open    | Indemnity        | Strain or Injury By       | 0             | 1         | 1,540          | 5,500          | 7,040          | 10           |  |
| <b>Grand Total</b> |          |         |                  |                           |               | <b>16</b> | <b>651,648</b> | <b>340,295</b> | <b>991,943</b> | <b>2,199</b> |  |



# JacksonLewis

## California Workplace Law Blog

Insight & Commentary on California Workplace Law Issues & Developments

# California Expands Pay Transparency and Reporting Obligations

By Christopher T. Patrick & Jacklin Rad on September 27, 2022

On September 27, 2022, California Governor Gavin Newsom signed **Senate Bill (SB) 1162**, which requires certain employers to provide more pay transparency on pay scales and expands pay data reporting obligations for other employers. The new obligations take effect on January 1, 2023.

## Pay Transparency

Previously, under California law, employers had to provide an applicant with the pay scale for a position upon reasonable request. But beginning January 1, 2023, California employers with 15 or more employees must include in any job posting the pay scale for a position.

Before SB 1162, California employers did not have to disclose to current employees the pay ranges for any position. But after SB 1162, California employers must provide current employees with the pay scale for their current position, when they ask.

Employers are also required to maintain records of a job title and wage rate history for each employee throughout the employment plus three years after the employment ends.

## Pay Data Reporting

SB 1162 also expands the pay data reporting obligation. Before SB 1162, employers with 100 or more employees had to submit a pay data report tabulating (A) the number of employees within each establishment (B) by race, ethnicity, and sex within each (C) job category (for example, Professionals, Technicians, Laborers, and Service Workers) (D) the number of employees within each of 12 specific pay band during the prior year.

Next year, employers with 100 or more employees will also have to:

1. Submit a separate pay data report for employees hired through labor contractors (i.e., covering temporary staffing agencies) that also discloses the “ownership names of all labor contractors used to supply employees”; and
2. Report the median and mean hourly rate for each combination of race, ethnicity, and sex for each job category for both traditional employees and those hired through labor contractors.

The first reporting deadline for these new pay data will be May 10, 2023.

Under SB 1162, the California Civil Rights Department (CRD) may ask a court to impose a civil penalty of up to one hundred dollars (\$100) per employee on any employer who fails to file the required reports. For any subsequent failures, the CRD may request a civil penalty of up to two hundred dollars (\$200) per employee.

Please contact a Jackson Lewis attorney with any questions on the new law.

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# California Employers: New Employment Laws for 2023

December 12, 2022 | Publications | 13 minutes

This year has yet again been busy for the California Legislature and Governor Gavin Newsom, as they enacted several significant changes to hiring and workforce management, wage and hour, COVID-19, and other employment laws.

Employers with California workforces should take steps now to understand these major changes and ensure they are ready to comply with the new laws in the coming year.

Unless otherwise noted, all new laws discussed below will take effect on January 1, 2023.

## Hiring & Workforce Management

### Discrimination Protections for “Reproductive Health Decisionmaking” and Off-Duty Cannabis Use

[SB 523](#) amends California’s Fair Employment and Housing Act (FEHA) to include “reproductive health decisionmaking” as a new protected category. The law defines “reproductive health decisionmaking” as “a decision to use or access a particular drug, device, product, or medical service for reproductive health.” SB 523 makes clear that discrimination on the basis of “sex” may also include reproductive health decisionmaking. FEHA’s anti-discrimination provisions apply to employers with five or more employees. The law also makes it unlawful to require employees or applicants to disclose information regarding reproductive health decisionmaking, and amends certain Health & Safety Code sections related to the provision of contraceptive drugs, devices, products, and medical procedures pursuant to a group health care service plan contract.

In addition, new protections for the off-duty use of cannabis go into effect on January 1, 2024. Unless specifically exempted thereunder, [AB 2188](#) amends FEHA to prohibit discrimination on the basis of off-duty, off-site use of cannabis, as well as on the basis of testing positive for the presence of non-psychoactive cannabis metabolites in an

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employee's or applicant's hair, blood, or bodily fluids. This means that employers may still prohibit on-the-job use and impairment as well as screen for and take employment action based on the presence of cannabis metabolites that cause impairment or have psychoactive effects on an employee or applicant. Included among the employees exempt from AB 2188's protections are those in the building and construction trades, as well as those who are legally required to be tested for controlled substances.

Employees' reasonable accommodation requests related to the use of medical marijuana should be viewed in light of this new law. The California Supreme Court held in *Ross v. Ragingwire Telecommunications, Inc.*, 174 P.3d 200 (Cal. 2008), that employers need not reasonably accommodate an employee's use of medical marijuana since the drug remains illegal under federal law. However, once AB 2188 goes into effect, employers need to consider whether an employee's reasonable accommodation request may now fall within the law's parameters.

In addition, as of July 1, 2022, the California Department of Fair Employment and Housing, the agency charged with enforcing FEHA and California's other civil rights laws, was renamed the California Civil Rights Department (CRD). The agency's [website address](#) has similarly changed.

### **Paid Sick Time and Family Medical Leave to Care for a Designated Person**

[AB 1041](#) amends both the California Family Rights Act (CFRA) and the Healthy Workplaces, Health Family Act of 2014 (the "Paid Sick Leave Law") to permit eligible employees to take leave to care for a "designated person." Importantly, the definition of "designated person" varies slightly under the two laws, as well as from the similar San Francisco provision.

CFRA, which applies to employers with five or more employees, provides eligible employees with up to 12 weeks of leave per year to use for their own serious health condition or to care for a family member with a serious health condition, or to bond with a new child. AB 1041 expands the definition of "family member" to include an employee's "designated person," which is defined to include any individual related by blood or whose association with the employee is the equivalent of a family relationship. Under this law, employees may identify their designated person at the time the employee requests leave, but employers may limit an employee to one designated person per 12-month period. AB 1041 does not increase the total amount of time that an employee may take under CFRA.

Although CFRA leave often runs concurrently with leave under the federal Family and

Medical Leave Act (FMLA), employers should remember that there are important distinctions between the two laws and, thus, circumstances when the leaves will not run concurrently:

- In addition to this new “designated person” provision, CFRA already covers more family members than the FMLA, including registered domestic partners, grandparents, grandchildren, siblings, parents-in-law, and adult non-dependent children, as we wrote about [previously](#).
- Unlike the FMLA, CFRA does not cover disability due to pregnancy. Instead, leave taken in connection with pregnancy, childbirth, and related medical conditions is covered by the California Pregnancy Disability Leave law (PDL).
- Leave taken for baby bonding time is covered by CFRA. Accordingly, in connection with a pregnancy, an eligible employee could be entitled to up to four months of leave for pregnancy disability under PDL, plus an additional 12 weeks for baby bonding under CFRA. FMLA, if applicable, could run concurrently with either or both leaves, depending on the timing.

California’s Paid Sick Leave Law provides paid sick leave to employees who work in California for at least 30 days within a year. Such leave may be used for the diagnosis, care, or treatment of an existing health condition, or preventative care for the employee or a covered family member. AB 1041 expands the definition of “family member” under this law to include a “designated person,” which is broadly defined to mean any person the employee identifies at the time the employee seeks paid sick leave. There is no requirement that the individual be a blood relative or akin to a family member as there is under CFRA. As with CFRA, employers may limit an employee to one designated person under California’s Paid Sick Leave Law per 12-month period.

### Pay Transparency—Pay Scale Disclosures and Pay Data Reports

Perhaps highest on employers’ radars going into 2023, [SB 1162](#) creates several new obligations to disclose pay scales to applicants and employees.

Employers already had an obligation to provide pay scales to job *applicants* upon request. California employers will now also need to provide such information to any *current employee* who requests it for the position in which the employee is currently employed. “Pay scale” is defined as “the salary or hourly wage range that the employer reasonably expects to pay for the position.”

Additionally, employers with 15 or more employees will also have to include pay scales on all job postings. And if such employers engage a third party to announce, post, or otherwise publish their job postings, then the employer will also need to provide pay scales to the third party for inclusion in their job postings.

In addition to making the appropriate pay scale disclosures, covered employers will also have new recordkeeping requirements such that they must maintain job title and wage rate history information for each employee for the duration of the employee's employment, plus three years thereafter.

Employers that fail to comply with SB 1162's new pay disclosure requirements may be subject to administrative or civil action, with damages, injunctive relief, and penalties available for violations.

SB 1162 also expands California employers' pay data reporting obligations. Since 2021, California law has required private employers who have 100 or more employees and who must file a federal EEO-1 to file an annual pay data report with the CRD on or before March 31 of each year, as we have [previously](#) discussed. SB 1162 broadens these obligations in several significant ways.

First, the bill expands who must file a pay data report so that:

- all private employers with 100 or more employees will be required to file a pay data report regardless of whether they also must file a federal EEO-1, and
- private employers with 100 or more employees hired through labor contractors will be required to submit a separate pay data report regarding these contracted workers.

Second, in addition to demographic and pay band information, employers' pay data reports will also need to identify, within each job category, the median and mean pay rate for each combination of race, ethnicity, and sex. While SB 1162 eliminates employers' ability to submit a copy of their federal EEO-1 in lieu of the California pay data report, it does provide multi-establishment employers with a small reprieve by eliminating the requirement that such employers include a consolidated report in their annual filings.

Third, SB 1162 includes several administrative changes to the current law, including:

- delaying the deadline to file pay data reports from March 31 to the second

Wednesday of May each year, beginning in 2023, and

- implementing a penalty scheme under which a court may impose a fine of up to \$100 per employee for an employer's initial failure to file the required pay data reports and a fine of up to \$200 per employee for each subsequent failure.

## Bereavement Leave

[AB 1949](#) amends CFRA to require employers with five or more employees to provide employees who have worked for the employer for at least 30 days with up to five days of bereavement leave in connection with the death of a spouse, child, parent, sibling, grandparent, grandchild, domestic partner, or parent-in-law. Such leave must be taken within three months of the death, but need not be taken on consecutive days. In addition, AB 1949 prohibits employers from discriminating, retaliating, or interfering with an employee's use of bereavement leave. This time is in addition to the 12 weeks employees may take under CFRA for other covered purposes.

Except to the extent that an employer's existing policy provides paid benefits, bereavement leave will be unpaid. However, employees are permitted to use other available paid leave, including vacation, paid time off, or paid sick leave for bereavement purposes.

## Retaliation Protections for Certain Workplace Emergency Conditions

Although much legislative attention has been given to the COVID-19 emergency over the last two and a half years, [SB 1044](#) outlines new anti-retaliation protections for employees with a reasonable belief that they face non-COVID-19-related emergency conditions in the workplace. The law defines "emergency conditions" to include:

- conditions of disaster or extreme peril to the safety of persons or property at the workplace or worksite caused by natural forces or a criminal act, and
- an order to evacuate a workplace, a worksite, a worker's home, or the school of a worker's child due to a natural disaster or a criminal act.

SB 1044 generally prohibits employers from taking or threatening to take adverse action against an employee because the employee refuses to report to the worksite or refuses to leave the worksite based on the employee's reasonable belief that the worksite is unsafe during such emergency conditions. In these situations, employers will also be prohibited from preventing employees from accessing their mobile devices.



Exceptions to this law include jobs where the nature of the work involves facing risk, such as first responders and employees working at health care or nursing facilities, military bases, or nuclear facilities. Depository institutions (such as banks) are also excepted.

## Consumer Privacy

Employers should be aware that current provisions of the California Consumer Privacy Act, as amended by the California Privacy Rights Act (CCPA), that [exempt](#) personal information collected in the employment context from most of the statute's privacy requirements will expire on January 1, 2023. After this time, covered employers will need to be sure that any personal information they collect from California residents (either as employees or applicants) complies with the CCPA's [rigorous standards](#). This includes updating privacy notices and policies to notify applicants, employees, and contractors of the categories of personal information and sensitive personal information collected, the purposes for the collection, to whom the information is disclosed and for what purposes, and how long the employer keeps the information, among other requirements.

Perplexingly for employers, the CCPA also appears to give employees the right to correct their personal information and request that it be deleted. It is not clear how the tension between these rights and employers' obligations to create and maintain accurate employment records will be reconciled.

Importantly, employers must provide training on this new law to any individuals who are responsible for handling consumer inquiries (including from employees and applicants) about the business's privacy practices or the business's compliance with the CCPA.

Employers covered under the CCPA generally include those that do business in California and meet one of the following requirements:

- have annual gross revenues in excess of \$25,000,000;
- annually buy, receive, sell, or share the personal information of 50,000 or more consumers, households, or devices; or
- derive 50 percent or more of their annual revenues from selling consumers' personal information.

## Wage & Hour

### State Minimum Wage

Under a 2016 amendment, California implemented a multiphase process to increase the state's minimum wage to \$15 per hour. Employers with 26 or more employees have been subject to the \$15 minimum wage since January 1, 2022, and smaller employers were scheduled to see the same increase on January 1, 2023. However, the law also allows for a cost-of-living increase once the minimum wage reaches \$15. Thus—as a result of inflation—the state's Director of Finance [announced](#) earlier this year that, beginning on January 1, 2023, the minimum wage for all employers in the state will increase to \$15.50 per hour. As a result of this increase, the minimum salary threshold for certain exempt classifications under state wage and hour laws will also increase for all employers to \$64,480 per year (\$5,373.33 per month). As always, employers should be mindful that local minimum wage requirements may be higher.

### Wage Garnishment Threshold Formula

[SB 1477](#) repeals the current formula for calculating the maximum amount that a judgment debtor's wages may be garnished and replaces it with a new formula, effective as of September 1, 2023. Under the new formula, wage garnishments will not be able to exceed the lesser of 20 percent of the individual's disposable earnings for that week or 40 percent of the amount by which the individual's disposable earnings for that week exceed 48 times the state's minimum wage.

## COVID-19

### COVID-19 Supplemental Paid Sick Leave

Earlier this year, California [enacted](#) a new COVID-19 Supplemental Paid Sick Leave (SPSL) program, under which employers with 26 or more employees were required to provide eligible employees with up to 80 hours (two weeks) of SPSL until September 30, 2022. [AB 152](#) extends this deadline to December 31, 2022, but does not provide employees with any additional hours of SPSL.

AB 152 also makes two other significant changes to employers' SPSL obligations:

- It specifies that employers have no obligation to provide some SPSL ([the](#)

[potential leave is divided into two banks](#)) if an employee refuses to provide documentation regarding the results of their COVID-19 diagnostic test or submit to an employer-required confirmatory COVID-19 diagnostic test within 24 hours. However, employers remain responsible for covering the cost of these diagnostic tests.

- It establishes the California Small Business and Nonprofit COVID-19 Relief Grant Program to assist qualified small businesses or nonprofits that are incurring costs for COVID-19 SPSL until January 1, 2024.

AB 152 went into effect immediately upon Governor Newsom's signature on September 29, 2022.

### COVID-19 Workers' Compensation Presumption

As we previously [reported](#), California revised Section 3212.86 of its Labor Code last year, temporarily establishing a rebuttable presumption that, under certain circumstances, any COVID-19-related illness of an employee arises out of, and in the course of, employment for purposes of awarding workers' compensation benefits. The presumption was supposed to expire on January 1, 2023, but [AB 1751](#) extends this presumption until January 1, 2024.

### COVID-19 Notifications

In late 2020, California [adopted](#) broad emergency regulations regarding COVID-19 in the workplace, including various workplace notice requirements for employers. Here are a few examples:

- If the California Division of Occupational Safety and Health (Cal/OSHA) prohibits operations/processes at, or entry to, a worksite because there is an imminent risk to employees of contracting COVID-19, employers are required to post a notice regarding the same (a "Prohibition Notice").
- If an employer receives a notice of a potential COVID-19 exposure at the worksite, within one business day of receiving such notice, the employer is required to, among other things, provide specific written notice to all employees on the premises at the same worksite that they may have been exposed to COVID-19 (an "Exposure Notice").
- If the workplace has a COVID-19 "outbreak" (as that term is defined under the

law), the employer generally is required to notify the local public health agency of the outbreak within 48 hours (a “Public Health Authority Notice”).

[AB 2693](#) makes several important changes to these notice requirements.

First, AB 2693 provides employers with an alternative means to satisfy their Exposure Notice requirements. The law will now permit employers to post and prominently display a notice for 15 days that identifies, among other things, the relevant dates on which an employee with a confirmed case of COVID-19 was at the worksite and the location of the exposure. Employers will need to post the notice in a place where notices to employees concerning workplace rules or regulations are customarily posted and keep a log of the dates during which it was posted. AB 2693 does, however, still require employers to provide written notice to those employees (and their representatives, if applicable) who were in “close contact” (now defined to change as Cal/OSHA may update its definition) with a confirmed case of COVID-19 at the worksite.

Second, AB 2693 extends employers’ Prohibition Notice and Exposure Notice requirements by a year, delaying the law’s sunset until January 1, 2024.

Finally, AB 2693 eliminates the Public Health Authority Notice obligations from the statutory notice requirements.

While AB 2693 modifies COVID-19 notice requirements, California employers should remember that they currently remain [subject](#) to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standard through December 31, 2022. Thereafter, employers will likely be subject to a non-emergency standard, which, if adopted later this month, would remain in effect through December 31, 2024. Additional information regarding the proposed non-emergency standard is available [here](#).

## Industry-Specific and Other Bills

### Fast-Food Industry Council

[AB 257](#) revolutionizes the fast-food industry by creating a “Fast Food Council,” which will be responsible for establishing and implementing minimum standards for wages, hours, training, and working conditions. Importantly, the law will apply to fast-food establishments with 100 or more locations nationally that:

- share a common brand or that are characterized by standardized options for décor, marketing, packaging, products, and services, and

- provide food or beverage for immediate consumption on or off premises to customers who order and pay for food before eating, with items prepared in advance or with items prepared or heated quickly, and with limited or no table service.

As we [previously](#) outlined, the requirements and impact of AB 257 are extensive. Given this impact, businesses and restaurant trade groups have been working since the fall to initiate a voter referendum that, if successful, would repeal AB 257. Whether a ballot measure will ultimately be put forward to voters remains unknown, but the referendum process is well underway, with a collation of opponents to AB 257 [announcing](#) on December 5, 2022, that they had submitted over one million voter signatures in support of the referendum.

### Meal and Rest Breaks for Certain Public Hospital Employees

California has long required most employers to provide employees with certain meal and rest breaks, including private-sector hospital employees. [SB 1334](#) expands these meal and rest break requirements to apply to hospital employees in the public sector as well. Specifically, public-sector employees who provide direct patient care or support direct patient care in a general acute care hospital, clinic, or public health setting will be entitled to:

- one unpaid 30-minute meal period on shifts over five hours and a second unpaid 30-minute meal period on shifts over 10 hours, and
- a rest period calculated based on 10 minutes net rest time for every four hours or major fraction thereof worked.

Under certain circumstances, SB 1334 allows covered public-sector hospital employees to waive their meal breaks and/or receive on-duty meals. If an employer violates these meal and rest break requirements, the employee will be entitled to one additional hour of pay at the employee's regular rate of pay for each workday that the meal or rest period is not provided.

Importantly, SB 1334 exempts public-sector hospital employees who are covered by a valid collective bargaining agreement that provides for meal and rest periods and a monetary penalty equal to that available under SB 1334.

## Call Center Relocations

[AB 1601](#) amends the California Worker Adjustment and Retraining Act (Cal/WARN) to provide additional notice requirements for employers that operate “call centers,” which the bill defines as “a facility or other operation where employees, as their primary function, receive telephone calls or other electronic communication for the purpose of providing customer service or other related functions.” Under the new law, covered employers will be required to provide employees with statutory notice if they intend to:

- move a call center to a foreign country, or
- move a unit within a call center that comprises at least 30 percent of the call center’s total calls from the last 12 months to a foreign country.

## What California Employers Should Do Now

These new laws will impact a variety of policies and practices for California employers. To ensure that they are ready to comply with the new legal landscape that awaits them in 2023 (or sooner), employers with a California workforce should do the following:

- Consider updating COVID-19-related notice policies, and confirm that SPSL remains available to employees through the end of the year.
- Update equal employment opportunity policies and corresponding trainings to identify “reproductive health decisionmaking” as a protected class.
- Review and revise upcoming job postings (including promotions and transfer opportunities) to include the applicable pay scale. In addition, consider working with legal counsel to determine whether to conduct a [pay equity audit](#).
- Prepare to receive and handle requests from current employees for the pay scale related to their existing positions.
- Review and revise paid sick leave and leave of absence policies to permit employees to take time off for a “designated person,” and adopt bereavement leave policies or update them with any missing rights. These policies should clearly identify when bereavement leave is available, by when it must be taken, and what an employee must do to identify their designated person.

- Determine if you are covered by the CCPA and, if so, review your notices and policies regarding the collection, use, and disclosure of the personal information of employees, applicants, and contractors, and work with legal counsel to develop and implement a [robust CCPA-compliant process](#) for the same, including [training of designated personnel](#).
- Develop policies regarding employee attendance during emergency working conditions and train human resources personnel and managers on them.
- Review pay practices and ensure that employee compensation complies with the updated minimum [wage](#) requirement and, for exempt employees, the updated salary threshold requirement.
- Review drug screening policies and practices to ensure that, beginning in 2024, you do not screen for non-psychoactive cannabis metabolites except as explicitly permitted under AB 2188.
- If you are an employer in the fast-food, health care, or call center sector, review your policies and practices to ensure that they comply with the new industry-specific laws.

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## **New 2023 California Employment Laws**

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It's that time of year again! With a deadline of September 30, Governor Gavin Newsom signed many of the California Legislature's labor and employment bills into law. Here's a quick look at some of the new laws that will impact employers. Unless noted otherwise, the new laws take effect January 1, 2023.

### **Leaves of Absence**

AB 1041 expands who an employee can take leave to care for under both the California Family Rights Act (CFRA) and California's paid sick leave law. Beginning January 1, 2023, employees can take CFRA leave or paid sick leave to care for a "designated person."

In both instances, an employer may limit an employee to one designated person per 12-month period.

The governor also signed AB 1949, which makes bereavement leave a protected leave of absence. The law applies to all private employers with five or more employees and all public employers. Employees may take up to five days of bereavement leave upon the death of a family member, including a spouse, child, parent, sibling, grandparent, grandchild, domestic partner or parent-in-law.

Bereavement leave may be unpaid, but employees can use their existing available leave (e.g., vacation, PTO, sick leave, etc.). Employers can require documentation to support the leave, and the leave must be completed within three months of the family member's death.

### **Discrimination**

Two new laws will expand the scope of California's Fair Employment and Housing Act (FEHA).

First, AB 2188 adds cannabis protection to the state's discrimination law. Specifically, employers will be prohibited from discriminating against an employee or job applicant based on the person's use of cannabis **off the job and away from the workplace**. Employers may still conduct preemployment drug testing and refuse to hire someone based on a valid preemployment drug screening that **doesn't** screen for non-psychoactive cannabis metabolites.

The new law also doesn't permit an employee to possess, be impaired by or use cannabis on the job, or affect the rights or obligations of an employer to maintain a drug- and alcohol-free workplace.

Importantly, AB 2188 doesn't go into effect until **January 1, 2024**.

SB 523, among other things, amends the FEHA to make it unlawful to discriminate against an employee or job applicant based on their "reproductive health decision-making." Reproductive health decision-making includes, but is not limited to, a decision to use or access a particular drug, device, product or medical service for reproductive health.

### **Pay Scales, Pay Data**

As previously reported, SB 1162 requires employers to make pay scale information available to job applicants and employees as well as expands California's pay data reporting requirements.

Under the new law, employers must, upon request, provide a pay scale to an employee for the position the employee is working. Additionally, employers with 15 or more employees must include the pay scale information for a position in any job posting.

SB 1162 also revises and expands California's pay data reporting requirements, which apply to employers with 100 or more employees. In addition to reporting the number of employees by race, ethnicity and sex by job-title categories and pay bands, California employers must report the median and mean hourly rate within each job category, for each combination of race, ethnicity and sex in the report.

### **Workplace Safety**



[SB 1044](#) prohibits an employer, in the event of an “emergency condition,” as defined in the law, from taking or threatening adverse action against the employee for refusing to report to or leaving a workplace because the employee has a reasonable belief that the workplace is unsafe.

The new law also prohibits an employer from preventing any employee from accessing their mobile device or other communications device to get emergency assistance, assess the safety of the situation or communicate with someone to verify their safety.

### **COVID-19-Related Laws**

[AB 2693](#) made several changes to the state’s COVID-19 notice requirements. Among other things, employers may now satisfy the notice requirements by prominently displaying a notice in the workplace of the potential exposure. The posted notice must contain the dates on which the COVID-19 case was at the worksite within the infectious period, and it must remain posted for 15 days.

AB 2693 also removes the requirement that employers report cases to their local health departments.

The COVID-19 notice requirements were set to expire on January 1, 2023, but AB 2693 extended the notice requirements to January 1, 2024.

In 2020, along with the COVID notice requirements, SB 1159 established a rebuttable workers’ compensation presumption for workers that contract COVID-19 under certain conditions and required employers to report COVID-19 cases to their workers’ compensation carriers. The presumption was originally set to expire on January 1, 2023, but [AB 1751](#) extended the presumption an extra year to January 1, 2024.

The new year may also see a new version of the California Division of Occupational Safety and Health (Cal/OSHA) COVID-19 regulation. As [previously reported](#), the current COVID-19 Emergency Temporary Standard (ETS) will expire at the end of the year. Cal/OSHA is considering a new COVID-19 regulation with some significant changes from the ETS. The Occupational Safety and Health Standards Board is expected to vote on the regulation in November or December of this year.

Lastly, as [previously reported](#), AB 152 extended employee’s eligibility to use 2022 COVID-19 Supplemental Paid Sick leave through December 31, 2022.

### **Privacy**

Many of the amendments made by California Privacy Rights Act (CPRA) (formerly the California Consumer Privacy Act (CCPA)) take effect January 1, 2023. As [previously reported](#), the expiration of the CPRA’s employment information exemption from most of the law’s requirements will notably affect all covered employers.

This means that, effective January 1, 2023, CPRA-covered employers will have new obligations for employee and job applicant personal information, including notice and disclosure requirements, and new obligations for employees to view, access, correct and delete their personal information. Covered employers should consult with their legal counsel to ensure they have compliant policies and procedures in place next year.

### **Industry-Specific Measures**

Once again, California continued its practice of enacting employment laws specific to certain industries and sectors.

[AB 257](#) will create the Fast Food Council within the Department of Industrial Relations, composed of 10 members appointed by the Governor, the Speaker of the Assembly and the Senate Rules Committee. The unelected Council will work to establish minimum wages, working hours and other working conditions for fast food restaurants.

California also passed new requirements for call center employers. [AB 1601](#) requires an employer of customer service employees in a call center to follow the California Worker Adjustment and Retraining Act (Cal/WARN) requirements prior to relocating a call center to a foreign country. The law applies to call centers that employ, or have employed within the preceding 12 months, 75 or more persons.

*[James W. Ward, J.D., Employment Law Subject Matter Expert/Legal Writer and Editor, CalChamber](#)*

CalChamber employment law experts will cover the new employment laws for 2023 in more detail in the October issue of our HRCalifornia Extra newsletter ([subscribe to HRCalifornia Extra](#)) and in our annual new laws whitepaper (coming in November). Not a member? See how CalChamber [can help you](#).

**TAB K**

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

COMMUNITY PLANNING COMMITTEE  
January 18, 2023

The Regular Open Session Meeting of the Community Planning Committee of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, January 18, 2023, in Classroom C, in Banning, California

Members Present: Susan DiBiasi, Ron Rader, Steve Rutledge (C), Randal Stevens

Absent: Shannon McDougall, Darrell Petersen, Lanny Swerdlow, Dennis Tankersley

Staff Present: Steve Barron (CEO), Dan Heckathorne (CFO), Ariel Whitley (Executive Assistant), Annah Karam (CHRO), Pat Brown (CNO), Karan P. Singh, MD (CMO), John Peleuses (Project Manager), F. Johnson (HRM), B. Gupta (Walter P. Moore)

| AGENDA ITEM                                                                                | DISCUSSION                                                                                                                                           | ACTION / FOLLOW-UP                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Call To Order</b>                                                                       | Committee Chair Steve Rutledge called the meeting to order at 10:02 am.                                                                              |                                                                                                                             |
| <b>Public Comment</b>                                                                      | No public comment.                                                                                                                                   |                                                                                                                             |
| <b>OLD BUSINESS</b>                                                                        |                                                                                                                                                      |                                                                                                                             |
| <b>* Proposed Action - Approve minutes November 15, 2022, regular open session meeting</b> | Chair Rutledge asked for any changes or corrections to the minutes of November 15, 2022, regular open session meeting. There were none.              | <b>The minutes of the November 15, 2022, regular open session meeting was reviewed and will stand correct as presented.</b> |
| <b>NEW BUSINESS</b>                                                                        |                                                                                                                                                      |                                                                                                                             |
| <b>2023 Seismic Compliance for San Gorgonio</b>                                            | Balram Gupta with Walter P. More and Ferrell Johnson with HRM gave a presentation that detailed the importance of engaging in structural engineering |                                                                                                                             |

| AGENDA ITEM                | DISCUSSION                                                                                                                                                                                                                                                                                                                          | ACTION / FOLLOW-UP |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>Memorial Hospital</b>   | professional services for seismic compliance.<br><br>San Geronio Memorial Healthcare District and Hospital are mandated by the State of California to submit a plan for mitigation of potential damage from a major earthquake by January 1 <sup>st</sup> , 2024. The scope of services covers NPC-3 Evaluation of NPC-2 Buildings. |                    |
| <b>Future Agenda Items</b> | <ul style="list-style-type: none"> <li>• Community Health Benefit Plan</li> </ul>                                                                                                                                                                                                                                                   |                    |
| <b>Next Meeting</b>        | The next Community Planning Committee meeting will be held on Tuesday, April 19, 2023, at 9:00 am.                                                                                                                                                                                                                                  |                    |
| <b>Adjournment</b>         | The meeting was adjourned at 10:55 am.                                                                                                                                                                                                                                                                                              |                    |

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

**2030 Seismic Compliance**

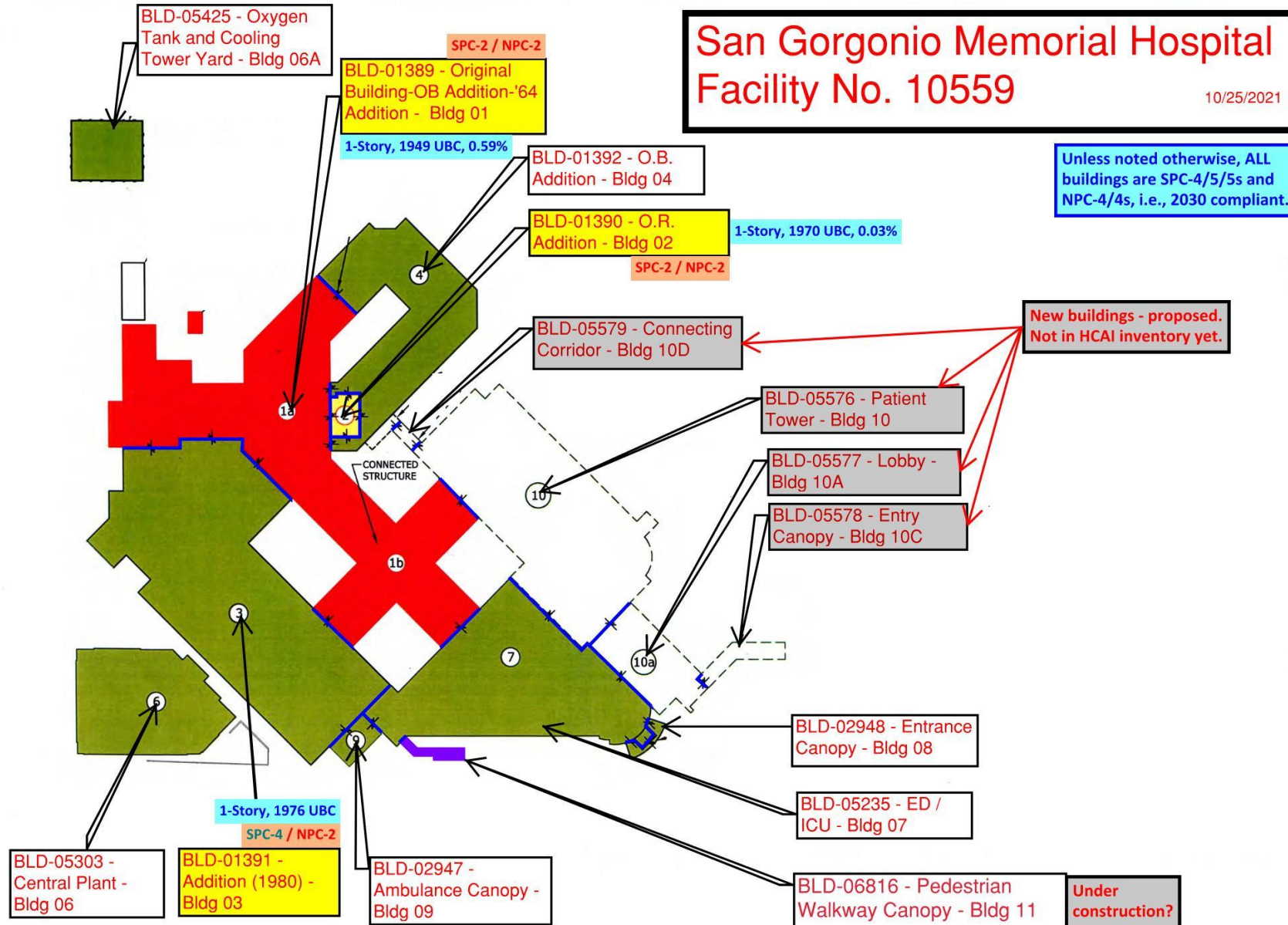
**for**

**San Geronio Memorial Hospital**





# Current Seismic Status





# Campus Google Map





# History of Relevant Seismic Projects



| Projects By Facility<br>Facility: <a href="#">10559</a> - San Gorgonio Memorial Hospital |                                        |                 |            | If a cell is filled with Yellow or Red, contact your RCO or Compliance Officer. Yellow or Red is an indication time limits have been or are about to be exceeded or failure to submit NoSoC. |                 |           |               |               |                   |                                  |             | These project cost are milestone and are reflected in the Project Closure Summary Report.                    |                                                                                               |                                                                                                            |                     |
|------------------------------------------------------------------------------------------|----------------------------------------|-----------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|---------------|---------------|-------------------|----------------------------------|-------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------|
| Project Number                                                                           | Project Name                           | Status          | % Complete | Primary Gravity LFRS                                                                                                                                                                         | Kind of Project | Open Date | Approval Date | BP Issue Date | Const. Start Date | Last Field Report                | Closed Date | First Costs                                                                                                  | First Contract Costs                                                                          | Costs Before Final                                                                                         | Project Type        |
| <a href="#">HL072658-0</a>                                                               | 6 STORY PATIENT BED TOWER              | Cancelled       |            | Yes                                                                                                                                                                                          | Addition        | 12/04/07  |               |               | 1/1/1900          | No Field Reports                 | 08/26/09    | [Type: Estimated]<br>[Date: 12/04/2007]<br>[Const Cost: \$82M]<br>[Fixed Equip: \$0]<br>[Imaging: \$4M]      | Unknown                                                                                       | [Type: Estimated]<br>[Date: 12/04/2007]<br>[Const Cost: \$82M]<br>[Fixed Equip: \$0]<br>[Imaging: \$4M]    | New Building (2007) |
| <a href="#">HL072658-0-GEO</a>                                                           | 6 STORY PATIENT BED TOWER              | Cancelled       |            | Yes                                                                                                                                                                                          | Addition        | 04/08/08  |               |               | 1/1/1900          | No Field Reports                 |             | Unknown                                                                                                      | Unknown                                                                                       | Unknown                                                                                                    | Geotech             |
| <a href="#">SL072896-0</a>                                                               | PHASE 3 -BLDG AREAS C/D - NPC4 UPGRADE | Closed Inactive |            | No                                                                                                                                                                                           | Remodel         | 12/27/07  |               |               | 1/1/1900          | No Field Reports                 | 11/12/10    | [Type: Estimated]<br>[Date: 12/27/2007]<br>[Const Cost: \$2M]<br>[Fixed Equip: \$0]<br>[Imaging: \$0]        | Unknown                                                                                       | [Type: Estimated]<br>[Date: 12/27/2007]<br>[Const Cost: \$2M]<br>[Fixed Equip: \$0]<br>[Imaging: \$0]      | NPC-4 Upgrade       |
| <a href="#">HL103010-0</a>                                                               | PHASE 2A TOWER ADDITION                | Withdrawn       |            | Yes                                                                                                                                                                                          | Addition        | 12/07/10  |               |               | 1/1/1900          | No Field Reports                 |             | [Type: Estimated]<br>[Date: 12/07/2010]<br>[Const Cost: \$83.5M]<br>[Fixed Equip: \$0]<br>[Imaging: \$10M]   | Unknown                                                                                       | [Type: Estimated]<br>[Date: 06/02/2011]<br>[Const Cost: \$83.5M]<br>[Fixed Equip: \$0]<br>[Imaging: \$10M] | New Building (2010) |
| <a href="#">HL103010-0-GEO</a>                                                           | PHASE 2A TOWER ADDITION                | Approved        |            | Yes                                                                                                                                                                                          | Addition        | 06/02/11  | 05/30/13      |               | 1/1/1900          | No Field Reports                 |             | Unknown                                                                                                      | Unknown                                                                                       | Unknown                                                                                                    | Geotech             |
| <a href="#">I-2012-00010</a>                                                             | San Gorgonio Phase 2A Patient Building | Closed Inactive | 4%         | No                                                                                                                                                                                           |                 | 02/29/12  | 06/19/13      | 06/08/15      | 06/24/15          | M. Marrs - FV - 4% on 2019-07-30 | 09/02/20    | Unknown                                                                                                      | Unknown                                                                                       | Unknown                                                                                                    | New Building (2012) |
| <a href="#">IM-2012-00004</a>                                                            | San Gorgonio Patient Building          | Closed Inactive | 0%         | Yes                                                                                                                                                                                          | New Building    | 02/27/12  |               |               | 1/1/1900          | L. Choi - FV - 0% on 2013-10-11  | 09/02/20    | [Type: Estimated]<br>[Date: 02/27/2012]<br>[Const Cost: \$65.5M]<br>[Fixed Equip: \$18M]<br>[Imaging: \$10M] | [Type: Contract] [Date: 06/29/2015] [Const Cost: \$65M] [Fixed Equip: \$5M] [Imaging: \$7.5M] | [Type: Estimated]<br>[Date: 11/03/2016]<br>[Const Cost: \$65M]<br>[Fixed Equip: \$5M]<br>[Imaging: \$7.5M] | New Building (2012) |

# Recommended Next Steps for 2030 Compliance



1. Proceed with NPC evaluation of three NPC-2 buildings (HCAI deadline is 01/01/2024).
2. Proceed with (a) Material Testing & Condition Assessment and (b) SPC-4D upgrade designs for two SPC-2 buildings (HCAI deadline for SPC-4D reclassification is 01/01/2030).

**Walter P Moore  
can assist SGMH  
in obtaining  
2030 compliance**



**walter  
p moore**

# Steps for NPC-2 to NPC-4D Reclassification

1. Prepare complete non-structural evaluation to NPC-3 and NPC-4D for HCAI submittal (deadline is 01/01/2024).
2. Prepare CDs for upgrade of deficient non-structural anchorages for HCAI submittal (deadline is 01/01/2026).
3. Obtain HCAI approval of upgrade CDs (deadline is 01/01/2028).
4. Field implement upgrade of deficient anchorages (deadline is 01/01/2030).
5. Select a Level (1 or 2 or 3) for NPC-4D and develop an Operational Plan.
6. Design and install holding tanks for NPC-5 (deadline is 01/01/2030).

# **Steps for SPC-2 to SPC-4D Reclassification**

- 1. Prepare MTCAP (Material Testing & Condition Assessment Program) for each SPC-2 building and submit to HCAI for approval followed by field implementation.**
- 2. Perform detailed SPC-4D upgrade designs and prepare construction documents for HCAI approval.**

# Summary of Success Stories

**Note:**  
 Info presented on slides 9 through 17 (both inclusive) is from projects worked on by Balram at another firm.

| SPC-2 Reclassifications |                                            |             |              |              |
|-------------------------|--------------------------------------------|-------------|--------------|--------------|
| #                       | Hospital                                   | Bldgs.      | With VSI     | W/O VSI      |
| 1                       | Southern California Hospital - Culver City | 3           | 2            | 1            |
| 2                       | Community Hospital of Huntington Park      | 1           | 1            |              |
| 3                       | Children's Hospital of Orange County       | 1           |              | 1            |
| 4                       | Coast Plaza Doctors Hospital               | 1           | 1            |              |
| 5                       | Citrus Valley - Inter Community Campus     | 7           |              | 7            |
| 6                       | East Los Angeles Doctors Hospital          | 2           | 2            |              |
| 7                       | Memorial Hospital of Gardena               | 1           | 1            |              |
| 8                       | Glendale Adventist Medical Center          | 3           | 1            | 2            |
| 9                       | Hoag Memorial Hospital Presbyterian        | 6           | 1            | 5            |
| 10                      | Mission Community Hospital                 | 3           | 1            | 2            |
| 11                      | Motion Picture & Television Fund           | 1           | 1            |              |
| 12                      | Prov. Little Company of Mary San Pedro     | 7           | 2            | 5            |
| 13                      | Prov. Saint Joseph Medical Center          | 2           |              | 2            |
| 14                      | Prov. Tarzana Medical Center               | 3           | 3            |              |
| 15                      | Scripps La Jolla Medical Center            | 8           | 4            | 4            |
| 16                      | Sherman Oaks Hospital                      | 1           | 1            |              |
| 17                      | Silver Lake Medical Center                 | 3           |              | 3            |
| 18                      | Simi Valley Hospital                       | 2           |              | 2            |
| 19                      | USC Verdugo Hills Hospital                 | 2           | 1            | 1            |
| 20                      | Valley Presbyterian Hospital               | 3           | 2            | 1            |
| 21                      | Victor Valley Community Hospital           | 3           |              | 3            |
| 22                      | Los Angeles Community Hospital             | 1           | 1            |              |
| 23                      | Barlow Respiratory Hospital                | 5           | 1            | 4            |
| <b>TOTALS</b>           |                                            | <b>69</b>   | <b>26</b>    | <b>43</b>    |
|                         |                                            | <b>100%</b> | <b>37.7%</b> | <b>62.3%</b> |



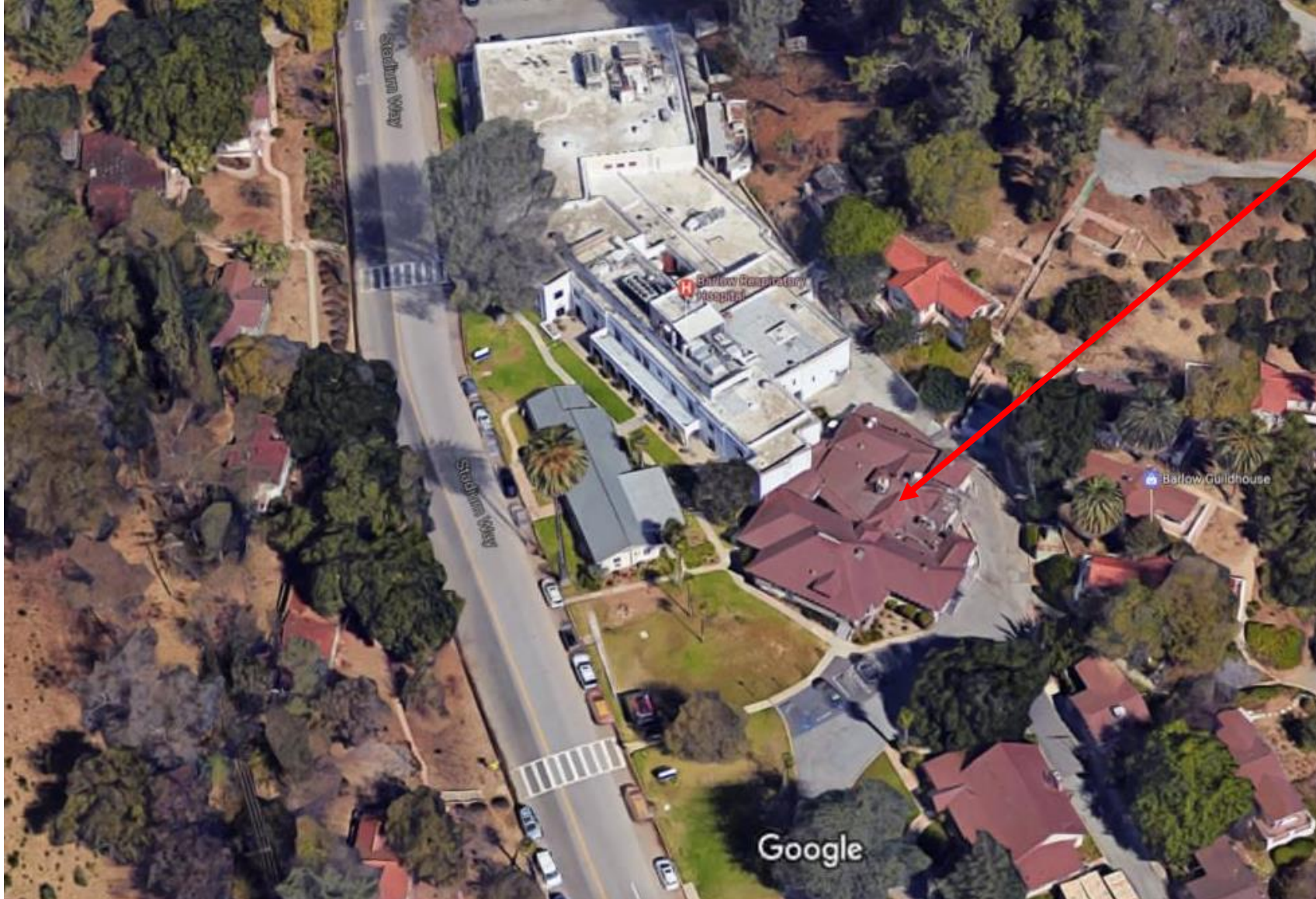
# I: Victor Valley Global Medical Center

**“Birdcage”**



- ▶ **Construction for “Birdcage” was stopped immediately after 1994 Northridge Earthquake.**
- ▶ **We obtained SPC-5 reclassification with a retrofit cost of ±\$80,000.**

# II: Barlow Respiratory Hospital



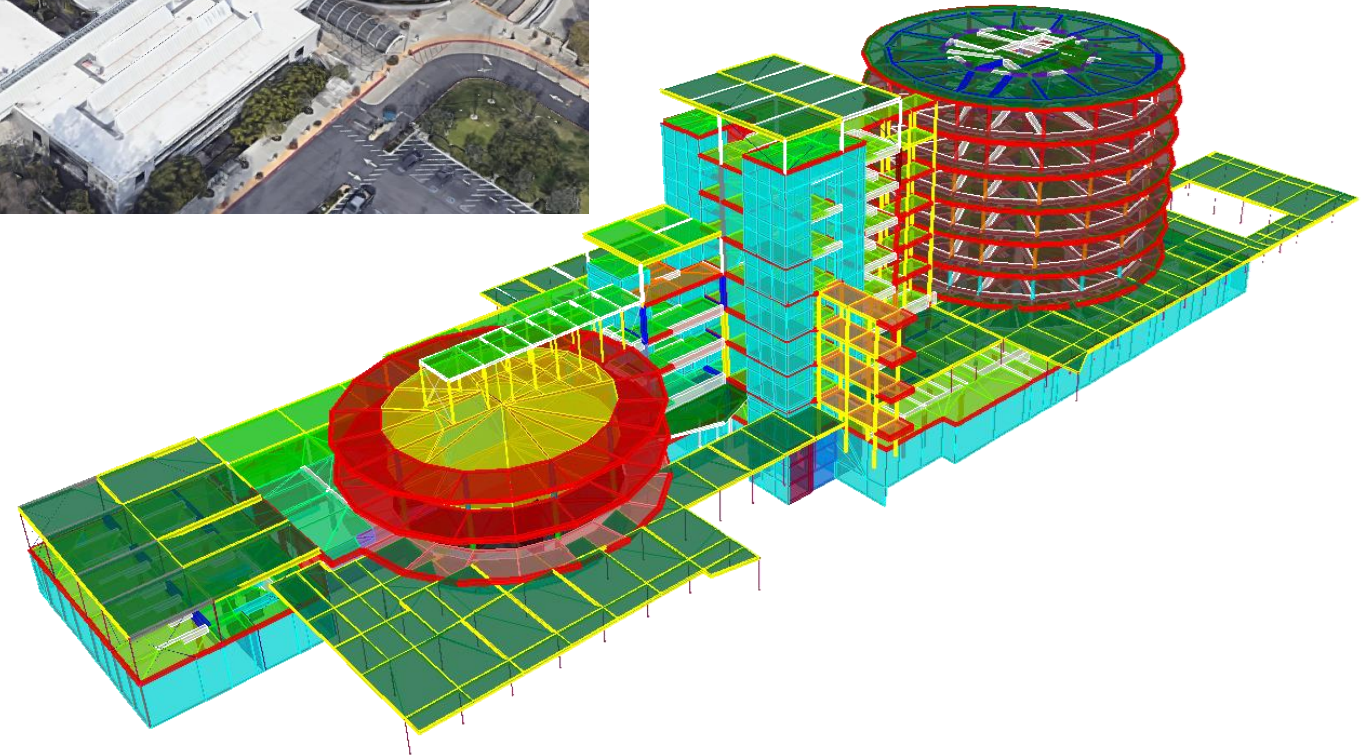
**Kitchen Building  
(built in 1902) was  
reclassified to SPC-2  
with zero upgrade**

- Campus had 5 SPC-1 buildings.
- BRH had designed a new \$90M building with HCAI approval.
- We reclassified 4 buildings to SPC-2 with zero upgrade.



# III: Valley Presbyterian Hospital

- Number of (N) seismic separations were proposed by prior engineer.
- We ran HAZUS 4 times.
- We even severed (E) rebars.
- Retrofit limited to fiber-wrap.
- “Structural” retrofit cost was less than \$10/SF (2013 \$s).



# IV: Olympia Medical Center

- Prior engineer had proposed new shear walls & footings plus lot of interior retrofit causing significant disruption to hospital.
- Couldn't get HCAI approval for 3 years.
- We got SPC-2 approval without any new walls and less than half the scope of retrofit (mostly outside the building) within 9 months.

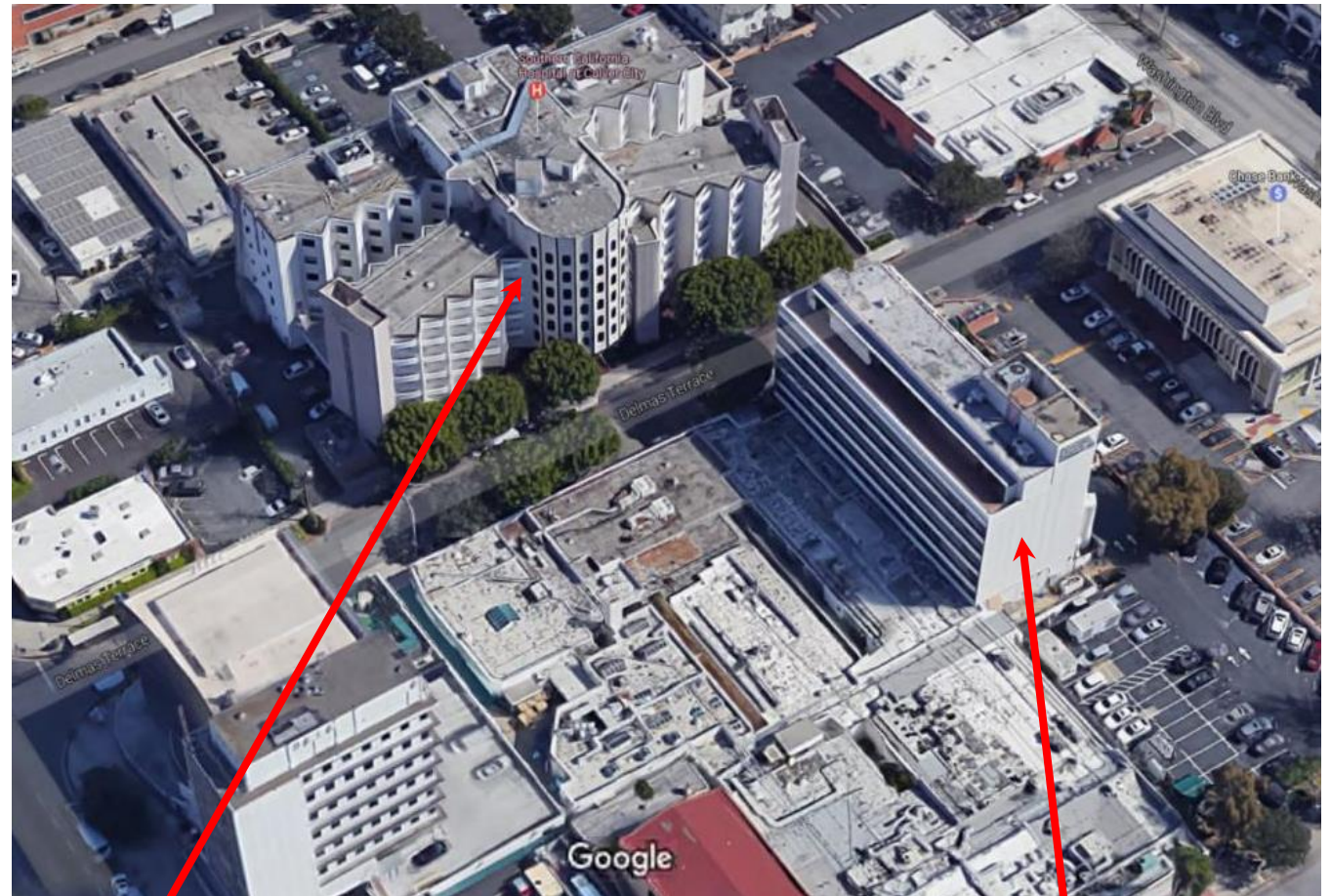


**East Wing**



# V: Southern California Hospital – Culver City

- Prior engineer's solution was to demo top 5 floors of Pavilion and retrofit remaining 2 stories with a lot of new shear walls & new footings.
- We designed SPC-2 retrofit for Pavilion with whole building intact ( $\pm 158,000$  SF) and "structural" cost of less than \$1,000,000 (2015 \$s).
- "Structural" retrofit cost for Tower ( $\pm 53,500$  SF) was  $\pm \$1,200,000$ .

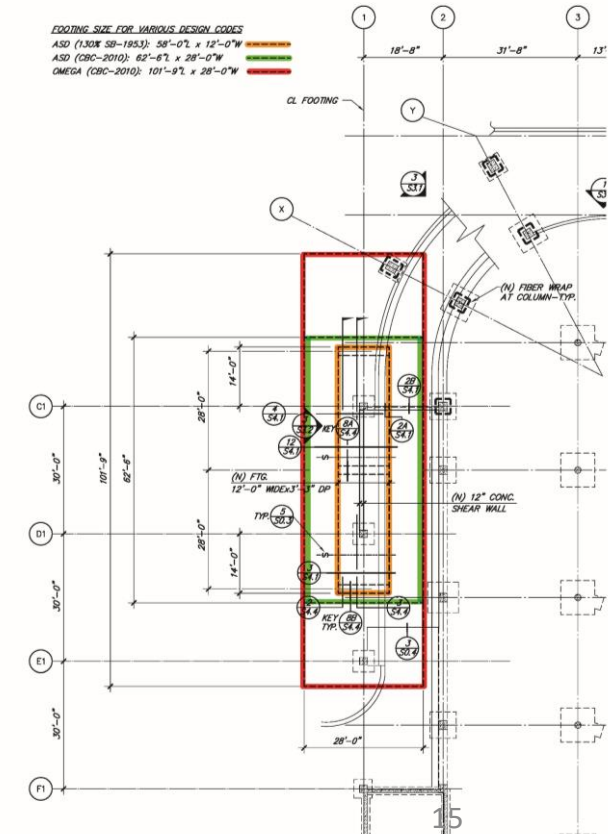
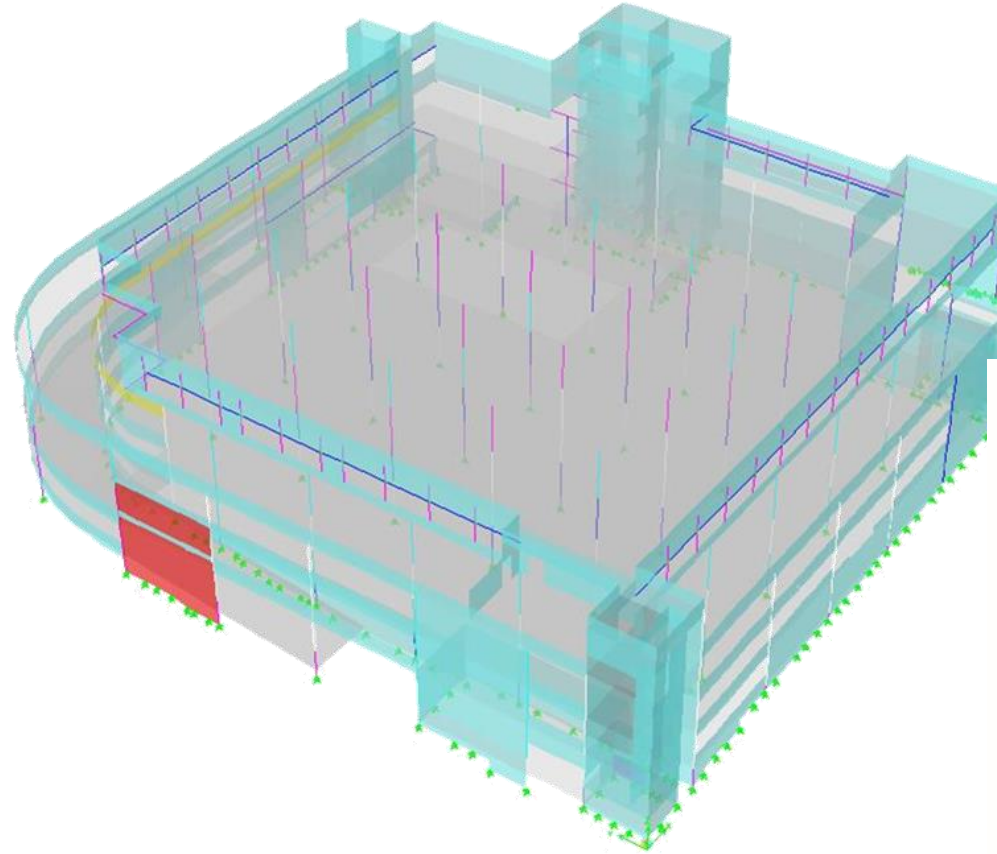


Pavilion

Tower

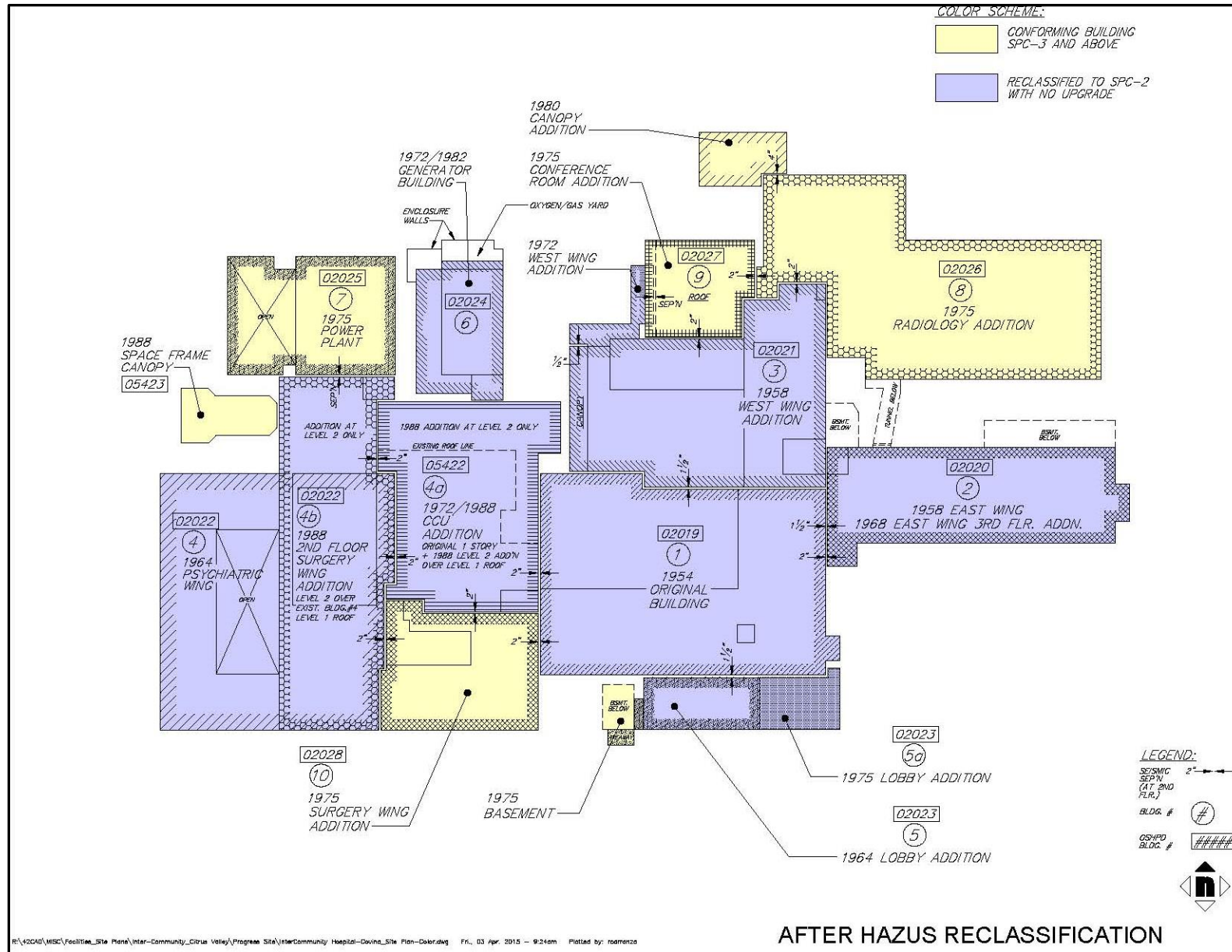
# VI: Adventist Health Glendale

- New shear wall was needed to mitigate Torsion.
- Building Code required designing new wall & its footing per current code, which would have needed 120' long footing.
- We submitted an AMC to design footings for much smaller forces.
- “Structural” upgrade cost was less than \$4.50/SF (2012 \$s).





# VII: Emanate Health – Intercommunity Campus

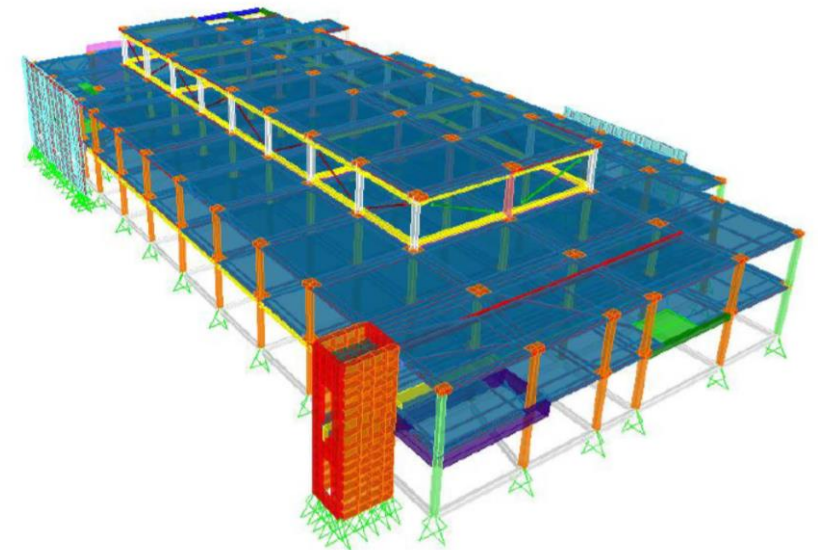


- Emanate was originally advised that SPC-1 buildings could not be saved.
- Owner had started preparing for replacement of existing buildings with new buildings
- We reclassified ALL 7 SPC-1 buildings to SPC-2 with zero upgrade.



# VIII: Providence Cedars-Sinai Tarzana MC

- Ancillary Building retrofitted from SPC-1 to SPC-4D.
- Installed new SFRS outside building's footprint to minimize disruption inside the operational hospital building.
- Short HCAI review schedule.
- Addressed constructability issues in parallel with SPC-4D retrofit design.
- Already reclassified to SPC-4D.



# Benefits of Acting NOW

1. As per geologists, SoCal is long overdue for a big quake.
2. Compliance deadlines might get pushed, but they won't disappear.
3. AB-1882 requires owners to post a sign in the lobby that hospital is non-compliant. This would frighten staff and drive customers/patients away.
4. "Design" costs are a fraction of upgrade construction costs.
5. Once HCAI approves the projects, retrofit construction can be phased.
6. Future code changes cannot be applied retroactively.
7. Construction costs escalate. Sooner you start, lesser the escalation.
8. Save on earthquake insurance premiums for compliant buildings.
9. It would become harder, if not impossible, to find qualified GCs to do the work closer to the deadline. Also, they would charge a premium.

# Presenters

1. **Balram Gupta, Ph.D., S.E. / Senior Principal  
Healthcare Market Leader – West Coast  
Walter P Moore  
bgupta@walterpmoore.com  
(818) 723-7085 Cell  
(213) 694-4796 Direct**
  
2. **Farrell Johnson, Seismic Consultant  
President, HRM-Healthcare Resource Management  
[hrm\\_advisor@yahoo.com](mailto:hrm_advisor@yahoo.com)  
(951) 377-6279 Cell**

**TAB L**

**SAN GORGONIO MEMORIAL HOSPITAL  
RESOLUTION NO. 2023-01**

**BE IT RESOLVED**, that at a regular board meeting held February 7, 2023 by the Board of Directors of San Gorgonio Memorial Hospital, a California Non-profit Public Benefit Corporation, that Ehren Ngo, former Treasurer of the Board of Directors and Patricia Brown, former Chief Nursing Officer of the Hospital are hereby removed as authorized persons as well as any signer not on the list that follows; and that Susan DiBiasi, Chair of the Board; Steve Rutledge, Vice-Chair of the Board of Directors; Ronald Rader, Secretary of the Board of Directors; Steven Barron, Chief Executive Officer of the Hospital; Daniel Heckathorne, Chief Financial Officer; and Angela Brady, Chief Nursing Officer of the Hospital are authorized to enter into deposit accounts, transfer funds, brokerage, invest, manage cash, deposit service agreements and sign on behalf of the corporate with financial institutions. They may designate from time to time who is authorized to withdraw funds, initiate payment orders and otherwise give instructions on behalf of the Hospital with respect to its deposit and brokerage accounts. Two (2) signatures are required for withdrawal amounts in excess of \$10,000.

**AND BE IT FURTHER RESOLVED**, that this authorization is in addition to any other authorizations in effect and shall remain in full force until written notice of its revocation is delivered to said financial institutions.

Signed: \_\_\_\_\_ Date: February 7, 2023  
Ronald Rader, Secretary  
San Gorgonio Memorial Hospital Board of Directors

**TAB M**



**SAN GORGONIO MEMORIAL HOSPITAL**

**Medical Staff Services Department**

**M E M O R A N D U M**

**DATE:** January 18, 2023

**TO:** Susan DiBiasi, Chair  
Governing Board

**FROM:** Sherif Khalil, M.D., Chairman  
Medical Executive Committee

**SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT**

---

At the Medical Executive Committee held this date, the following items were approved, with recommendations for approval by the Governing Board:

**Approval Item(s):**

**2023 Annual Approval of Policies & Procedures**

The attached list of policies & procedures is recommended for approval (See attached)

**SAN GORGONIO MEMORIAL HOSPITAL**

**2023 ANNUAL APPROVAL OF POLICIES & PROCEDURES**

| <b>Title</b>                                                                            | <b>Policy Area</b>      | <b>Revised?</b> |
|-----------------------------------------------------------------------------------------|-------------------------|-----------------|
| 2023 Patient Safety Program                                                             | Performance Improvement | Revised         |
| 2023 Performance Improvement (PI) Plan                                                  | Performance Improvement | Revised         |
| Clozaril (clozapine) Protocol                                                           | Behavior Health         | Revised         |
| Controlled Substance - Pharmacy Responsibility                                          | Pharmacy                | Revised         |
| CT Contrast Policy and Protocol                                                         | Diagnostic Imaging      | Revised         |
| Infectious Waste Disposal - Red Bag Usage                                               | Infection Control       | Revised         |
| MRI KNEE                                                                                | Diagnostic Imaging      | Revised         |
| PACU - Discharge Criteria Following Moderate/Deep Sedation or Monitored Anesthesia Care | Surgical Services       | Revised         |

TAB N

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting February 7, 2023

|    | <b>Title</b>                                                                            | <b>Policy Area</b>      | <b>Owner</b>                                       | <b>Workflow Approval</b>                      |
|----|-----------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------|-----------------------------------------------|
| 1  | 2023 Patient Safety Program                                                             | Performance Improvement | Kim, Peter: Director of Quality and Patient Safety | Ariel Whitley for Hospital Board of Directors |
| 2  | 2023 Performance Improvement (PI) Plan                                                  | Performance Improvement | Kim, Peter: Director of Quality and Patient Safety | Ariel Whitley for Hospital Board of Directors |
| 3  | Clozaril (clozapine) Protocol                                                           | Behavior Health         | Maciel, Christian: Director of BHC                 | Ariel Whitley for Hospital Board of Directors |
| 4  | Controlled Substance - Pharmacy Responsibility                                          | Pharmacy                | Lopez, Jose: Director Pharmacy                     | Ariel Whitley for Hospital Board of Directors |
| 5  | CT Contrast Policy and Protocol                                                         | Diagnostic Imaging      | Chamberlin, Krystal: Director Diagnostic Imaging   | Ariel Whitley for Hospital Board of Directors |
| 6  | Infectious Waste Disposal - Red Bag Usage                                               | Infection Control       | Simms-Bullock, Mia: Infection Preventionist        | Ariel Whitley for Hospital Board of Directors |
| 7  | MRI KNEE                                                                                | Diagnostic Imaging      | Chamberlin, Krystal: Director Diagnostic Imaging   | Ariel Whitley for Hospital Board of Directors |
| 8  | PACU - Discharge Criteria Following Moderate/Deep Sedation or Monitored Anesthesia Care | Surgical Services       | Goodner, Jayme: Director Surgical Services         | Ariel Whitley for Hospital Board of Directors |
| 9  | Privacy Officer                                                                         | Compliance              | Cornwall, Connie: HIM Manager                      | Ariel Whitley for Hospital Board of Directors |
| 10 | Washing Fruits & Vegetables Using Antimicrobial Treatment                               | Dietary                 | Hawthorne, Lakeisha: Director Food and Nutrition   | Ariel Whitley for Hospital Board of Directors |

TAB O



**SAN GORGONIO  
MEMORIAL HOSPITAL**

# We Are Ready For You

- Robotic Surgery
- Less time for recuperation
- Less re-infection
- Fewer complications
- Most effective minimally invasive surgery with a successful track record



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# Every life, every moment, every day.



**SAN GORONIO**  
MEMORIAL HOSPITAL

Since 1951 we've provided the best possible healthcare to our community. Whether you're new to the area, or have lived here for generations, San Geronio Memorial Hospital is here to care for you.

600 N. Highland Springs Ave., Banning, CA  
951-845-1121 | [www.sgmh.org](http://www.sgmh.org)



# Support for local hospital and tribe included in omnibus bill

By DAVID JAMES HEISS  
Record Gazette

A couple of Pass area entities will benefit from the \$1.7 billion funding package that was signed by President Biden at the end of last month, as the omnibus bill includes funding for San Gorgonio Memorial Hospital and the Morongo Band of Mission Indians.

It also includes funding for the Indian Health Service that Biden had promised to include during a summit earlier last month in Washington, D.C., which was attended by Morongo tribal Chairman Charles Martin, and received

See BILL, page 10



First responders from 13 Riverside high-rise emergency and evacuation Morongo Ba

## BILL

Continued from page 1

support from Congressman Dr. Raul Ruiz.

Investments included in the Dec. 29, 2022 package benefit several projects in Ruiz's 36th District: the crisis at the Salton Sea; increased funding for mental health programs for law enforcement officers; clean water access in Hemet and the Eastern Coachella Valley; road and bridge improvements in Indio and Desert Hot Springs; and expansion of clean transportation and access to child care throughout the Inland Empire.

A significant portion of funding toward the Pass area includes \$1 million to construct a fire station on 4.116 acres east of Malki Road in the southeast portion of the Morongo Indian Reservation.

That project includes the construction of a building to house fire engines and a second firehouse equipped with office space, sleeping quarters and kitchen space, as the current Morongo fire station is at least 30 years old and was never intended to serve in its current capacity, and is not properly equipped to accommodate its staff.

A new station would increase efficacy and bring the Morongo Fire Department into compliance with National Fire Protection Association standards, while improving emergency response times by at least three minutes, according to Morongo.

"The current Morongo Fire Station is more than 30 years old and no longer fully serves the needs of the tribe and the surrounding communities. The new state-of-the-art fire station will improve average response times, include bunk space for our firefighters on overnight shifts, and will enable us to better serve both the tribe and the surrounding

community. I want to sincerely thank Congressman Ruiz for supporting and championing this community project – it will make a real difference for both our tribe and all communities in the Pass," said Tribal Chairman Charles Martin.

Another portion of funding earmarked for the Pass area is the inclusion of \$452,000 to purchase two pieces of equipment for San Gorgonio Memorial Hospital, including the purchase of a \$170,000 portable x-ray unit, and a \$282,000 mobile C-arm fluoroscopy unit to provide imaging services in the operation room.

Technical support for the current x-ray unit is no longer available, since the product has been discontinued; and the existing C-arm is inefficient in handling cases with large volumes of images, and has issues with overheating.

"Congressman Ruiz's office has been very supportive of San Gorgonio Memorial Hospital, particularly during the pandemic," said hospital CEO Steve Barron. "His office talked to me several times a month to see how they could support our hospital during a very difficult time. We are grateful for the community grant that will fund much-needed imaging equipment and support the high-quality care we provide."

Elsewhere in Southern California, the legislation also includes Ruiz's bills to rename the La Quinta and a Palm Springs post offices in honor of fallen Marine Cpl. Hunter Lopez and Agua Caliente Tribal Chairman Richard Milanovich, respectively.

The omnibus expands the Bureau of Reclamation's ability to carry out projects at the Salton Sea and allow the agency to partner with local actors and enter into grants, contracts, or cooperative agreements



Additionally, Ruiz led efforts to increase funding for the Law Enforcement Mental Health and Wellness Act Grant program under the Department of Justice. Working closely with local law enforcement, Ruiz successfully secured a \$10 million investment for the program. After meeting with local law enforcement in the wake of Palm Springs Officers Zerebny and Vega's deaths, Ruiz has worked to increase funding for the program by \$8 million.

And, it includes the Physician Wellness Program Act, a bill that expands access to hospital-based mental health care programs created to give providers the mental health and wellness resources they need.

"This is good news for our

local economy and communities. With the \$21 million in federal funding that I secured, local families from Hemet to Coachella to Blythe will see critical projects move forward that will drive economic development and strengthen our infrastructure," Ruiz said. "I am also thrilled to see the House send my bills that will honor the legacies of Cpl. Hunter Lopez and Agua Caliente Tribal Chairman Richard Milanovich to President Biden's desk. Along with my provisions to bolster the federal response to the crisis at the Salton Sea and increase mental health funding for our local law enforcement, this year's funding package will make a positive difference in the lives of my constituents."

Dr. Matthew Chang of

Riverside University Health System expressed gratitude for Ruiz's help in getting funding included within the omnibus bill.

"We are grateful to Congressman Ruiz for his help securing resources for critical mental health services in the Coachella Valley," Chang said. "Congressman Ruiz's efforts in securing funds for the Coachella Recovery Village will help connect those in need with vital behavioral health, substance use services, and housing."

Staff Writer David James Heiss may be reached at [dheiss@recordgazette.net](mailto:dheiss@recordgazette.net), and messages may be left at (951) 849-4586 x114.

# Volunteers needed for Riverside County 2023 Homeless Count

Riverside County is looking for volunteers to get involved with the annual Homeless Point-In-Time (PIT) Count. The annual count helps agencies respond to homelessness. Volunteers are encouraged to sign up now for the annual survey of homeless adults and youth in cities and unincorporated communities throughout Riverside County.

More than 700 volunteers are needed for the 2023 count, which is scheduled for Jan. 25. Volunteers from community-based organizations, churches and other groups will fan out across Riverside County's 7,300-square-mile landscape alongside staff from the county and all 28 cities.

"To obtain an accurate count, we need participation from those who know their communities," said Laura Gonzalez, social services planner and PIT Count coordi-



Kim Statler of the city of Highland interviews a homeless man during the annual Point-in-Time count in 2019.

nator. "Volunteers can sign up to survey individuals in their city of residence or another city of their choice. Volunteers will work with experienced providers to connect those in need to housing and social services."

Last year, volunteers counted 1,966 unsheltered individuals. Of those, 538 or 28 percent requested follow-up services and were subsequently referred for support-

ive services.

The Department of Housing and Urban Development (HUD) requires communities that receive funding from the Continuum of Care (CoC) Program, such as Riverside County, to perform the count. The CoC funds provide support and services, including housing, long-term solutions toward ending homelessness. HUD CoC funding has been combined with other federal and state funding such as No Place Like Home (NPLH), CARES and American Rescue Plan Act (ARPA) funds to increase the total number of permanent supportive housing units by 300 units, or 40 percent, since 2019.

"Riverside County and the Continuum of Care have taken an aggressive approach to address homelessness across the region," said Riverside County Board of

Supervisors Second District Supervisor Karen Spiegel, who is on the CoC's Board of Governance. "The data gathered from the count informs us where our services are needed most. It is so important that we all support the count, so that every person experiencing homelessness is identified."

Training is required prior to the count. Volunteers must also have a smart phone or tablet to conduct the survey, be able to walk up to 100 feet, and must be 18 or older. Volunteers ages 16-17 must be accompanied by an adult.

The General Point-in-Time Count is scheduled for Wednesday, Jan. 25, while the Youth Count is scheduled Wednesday, Jan. 25, through Friday, Jan. 27.

Interested participants can register at [rivcohw.org/homeless-point-time-pit-count](http://rivcohw.org/homeless-point-time-pit-count)

# WE'RE READY WHEN YOU NEED US



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Since 1951 we've provided the best possible healthcare to our community. Whether you're new to the area, or have lived here for generations, San Gorgonio Memorial Hospital is here to care for you.

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## Letters to the editor

Jan. 22, 2023

Winter Wish would like to thank the citizens of Beaumont, Cherry Valley, and the surrounding communities for your support of the 33rd year of Winter Wish. Winter Wish was started by the Beaumont Soroptimist 33 years ago serving one family in need.

This year, warm clothing, toys and some household needs (blankets and/or towels) were given to 699 children in 229 families that were selected to be recipients of Winter Wish gifts in 2022. Food, collected through the community food drive, was also given on distribution day.

Community groups and businesses to thank are as follows: Bank of Hemet, Beaumont Chamber of Commerce, Beaumont Cherry Valley Rec & Parks District, DRB Store, San Gorgonio Memorial Hospital, Highland Springs Outpatient Rehabilitation Center, Pro Craft Construction, Blooming Lotus Hair Salon, the City of Beaumont, including their Transit Department, Police Dispatchers and the Citizen Volunteer Patrol, the commu-

nities of Altis of Beaumont, Fairway Canyon Community, Solera Oak Valley Greens, Four Seasons at Beaumont, and Highland Springs Country Club. The Pass Patchers Quilter's Guild donated amazing quilts with matching toys or books. Hundreds of tags were selected to satisfy the wishes of children in our community. Donations were also received to purchase gifts and food.

Service groups donating to this project were, the Cherry Festival Association, Kiwanis Club of Beaumont, Lions Club of Beaumont, San Gorgonio Pass Rotary, the Beaumont-Cherry Valley Rotary, and their Interact Club. The Beaumont/Banning Soroptimist International continually gives volunteer time and financial support.

Churches in our community helped to fulfill the wishes and needs of local families, Beaumont Presbyterian and St. Stephen's Episcopal.

The following businesses displayed tags for their customers to choose from, Leah Larkin Law Offices, Huntress Innovations Salon, Wines Chiropractic & Wellness, Family Chiropractic Wellness

Center, Cherry Valley Nails & Hair, Shear Wonders Salon & Day Spa, Coldwell Banker Kivett-Teeters and Beaumont Unified School.

Financial assistance came from Bank of Hemet, Cherry Valley Nursery and Landscape, Oak Valley Florist, Banning Beaumont Elks' Lodge, Beaumont Presbyterian Church, Sensible Advisor, Steve Leach, Citrus Escrow Inc., BNI-Pass Area Business Builders, and numerous individuals for their donations. Also, a special recognition to Toscano's Pizza, Do It Best Home Center, Beaumont Self Storage and Rod's Bicycle Ministry.

A special thanks to Citizens Volunteers (CVPs) of the Beaumont Police Department, Domino's Pizza - Beaumont and Johnny Russo's - Banning

Winter Wish has developed into a unique, individualized community-wide all-volunteer effort of which we can all be proud.

*Sincere thank you from,  
Winter Wish Committee*



**Beaumont Chamber of Commerce  
Annual Citizen of the Year  
and Installation of Officers Banquet  
Thursday, February 23, 2023 @ 5:00 p.m.  
The Lodge at Four Seasons  
1518 Four Seasons Circle, Beaumont**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Sponsorships: All sponsors will be announced at the event, as well as recognized in the program, listed in the Chamber Website, Beaumont Now, Facebook Page, Constant Contact E-Mails, Twitter, Linked-In, and Tabletop Card.

Schooner Sponsor - \$3000 - Includes dinner for 8 and a RESERVED TABLE \$ \_\_\_\_\_  
Paddlewheel Sponsor - \$1500 - Includes dinner for 6 RESERVED seats \$ \_\_\_\_\_  
Joy Juice Sponsor - \$750 - Includes dinner for 4 and special signage  
at the wine bar. \$ \_\_\_\_\_  
Steamer Sponsor - \$500 - Includes dinner for 4 \$ \_\_\_\_\_  
Ferry Boat Sponsor - \$250 - Includes dinner for 2 \$ \_\_\_\_\_  
Number of attendees - \$65 each: \_\_\_\_\_ \$ \_\_\_\_\_  
Total Amount Enclosed \$ \_\_\_\_\_

YES!! I WOULD LIKE TO DONATE A GIFT BASKET: \_\_\_\_\_  
Please deliver raffle to the Chamber Office by February 16, 2023

PLEASE PRINT NAME ON CARD: \_\_\_\_\_

Visa/Mastercard # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Guests Names: \_\_\_\_\_

\_\_\_\_\_

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