



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, February 1, 2022

4:00 PM

IN AN EFFORT TO PREVENT THE SPREAD OF COVID-19 (CORONAVIRUS), AND IN ACCORDANCE WITH THE GOVERNOR'S EXECUTIVE ORDER N-29-20 (PENDING AB 361 IMPLEMENTATION), THERE WILL BE NO PUBLIC LOCATION FOR ATTENDING THIS BOARD MEETING IN PERSON. MEMBERS OF THE PUBLIC MAY JOIN THE MEETING BY FOLLOWING THE INSTRUCTIONS BELOW:

Meeting Information

Meeting link: <https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=m6333ca8d16a0ad612906be626e312cf2>

Meeting number: 2554 566 2512

Password: 1234

More ways to join

Join by video system

Dial 25545662512@webex.com

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 2554 566 2512

Password: 1234

Emergency phone number if WebEx tech difficulties

951-846-2846

code: 3376#

THE TELEPHONES OF ALL MEMBERS OF THE PUBLIC LISTENING IN ON THIS MEETING MUST BE "MUTED".

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

Members of the public who wish to comment on any item on the agenda may speak during public comment or submit comments by emailing publiccomment@sgmh.org on or before 1:00 PM on Tuesday, February 1, 2022, which will become part of the board meeting record.

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.

OLD BUSINESS

- | | | | |
|------|---|------------|---|
| III. | *Proposed Action - Approve Minutes | S. DiBiasi | |
| | • January 4, 2022, Regular Meeting | | A |

NEW BUSINESS

- | | | | |
|-------|--|-------------------------|--------|
| IV. | Hospital Board Chair Monthly Report | S. DiBiasi | verbal |
| V. | CEO Monthly Report | S. Barron | verbal |
| VI. | February, March, & April Board/Committee Meeting Calendars | S. DiBiasi | B |
| VII. | Foundation monthly report | R. Robbins/
V.Hunter | C |
| VIII. | Annual completion of FPPC Statement of Economic Interest (Form 700) for 2021 (complete forms due back by March 11, 2022) | S. DiBiasi | verbal |
| IX. | * Proposed Action – Approve 2022 Environment of Care Plans
▪ ROLL CALL | D. Mares | D |
| X. | Committee Reports: | | |
| | • Finance Committee | S. DiBiasi/ | |

San Geronio Memorial Hospital
Board of Directors Regular Meeting
February 1, 2022

- January 25, 2022, regular meeting minutes D. Heckathorne E
- * **Proposed Action – Approve December 2021 Financial Statement (Unaudited)**
(Approval recommended by Finance Committee 01/25/2022)
 - **ROLL CALL**
- Updated Self Pay and Charity Care Policy F
(Approval of updated policy recommended by Finance Committee 01/25/2022)
 - See agenda item XII, Tab I
- * **Proposed Action – Recommend approval to Healthcare District Board** G
 - **Adopt Resolution No. 2022-01**
(Authorizing execution and delivery of a Loan and Security Agreement, Promissory Note, and certain actions in connection therewith for the California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program)
(Approval recommended by Finance Committee 01/25/2022)
 - **ROLL CALL**

- XI. Chief of Staff Report S. Khalil, MD H
* **Proposed Action - Approve Recommendations of the Medical Executive Committee**
Chief of Staff
 - **ROLL CALL**

- XII. * **Proposed Action - Approve Policies and Procedures** Staff I
▪ **ROLL CALL**

- XIII. Community Benefit events/Announcements/
and newspaper articles S. DiBiasi J

- XIV. 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*)
 - Telephone conference with legal counsel – pending litigation
(Government Code § 54956.9(d)(1))
Tate V. SGMH (Case No. RIC1905561)
 - Receive 2021 Annual Environment of Care Evaluations
(*Health & Safety Code §32155*)
 - Receive Quarterly Emergency Preparedness/Environment Safety report
(*Health & Safety Code §32155*)
 - Receive Quarterly Corporate Compliance Committee report
(*Health & Safety Code §32155*)
 - Receive Quarterly Performance Improvement Committee report
(*Health & Safety Code §32155*)

San Gorgonio Memorial Hospital
Board of Directors Regular Meeting
February 1, 2022

XV. 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

XVI. ADJOURN

S. DiBiasi

***Action Required**

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 January 28, 2022, 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 January 28, 2022



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

January 4, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, January 4, 2022. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20 (pending AB 361 implementation), there was no public location for attending this board meeting in person. Board members and members of the public participated via WebEx.

Members Present: Phillip Capobianco III, Susan DiBiasi (Chair), Howard Katz, Joel Labha, Ehren Ngo, Ron Rader, Steve Rutledge, Dennis Tankersley, Siri Welch

Members Absent: None

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)(ill), Karan Singh, MD (CMO), Angie Brady (ED Director), Margaret Kammer (Controller), Valerie Hunter (Foundation Director)(ill)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi called the meeting to order at 4:02 pm.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes December 7, 2021, regular meeting.	Chair DiBiasi asked for any changes or corrections to the minutes of the December 7, 2021, regular meeting as included on the board tablets.	The minutes of the December 7, 2021, regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM		ACTION / FOLLOW-UP																
Hospital Board Chair Monthly Report	Susan DiBiasi noted she did not have a report. Dennis Tankersley took a moment to introduce the potential new District Board member that would be recommended and voted on this evening, Randal Stevens.																	
CEO Monthly Report	Steve Barron reported that census is up, and Covid-19 patients are up and that many staff members are out sick. He discussed the need to cancel elective surgeries to utilize the staff on the floor. He, also, updated on the Kronos Crisis.																	
January, February, & March Board/Committee meeting calendars	Calendars for January, February, and March were included on the board tablets.																	
Foundation Monthly Report	The Foundation President, George Moyer, 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.																	
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 1488 1170 1680"> <tbody> <tr> <td>Capobianco</td> <td>Approved</td> <td>DiBiasi</td> <td>Approved</td> </tr> <tr> <td>Labha</td> <td>Absent for this vote</td> <td>Ngo</td> <td>Approved</td> </tr> <tr> <td>Rader</td> <td>Approved</td> <td>Rutledge</td> <td>Approved</td> </tr> <tr> <td>Tankersley</td> <td>Approved</td> <td>Welch</td> <td>Approved</td> </tr> </tbody> </table> <p>Motion carried.</p>	Capobianco	Approved	DiBiasi	Approved	Labha	Absent for this vote	Ngo	Approved	Rader	Approved	Rutledge	Approved	Tankersley	Approved	Welch	Approved	M.S.C., (Tankersley/Rader) the SGMH Board of Directors approved their bylaws as presented.
Capobianco	Approved	DiBiasi	Approved															
Labha	Absent for this vote	Ngo	Approved															
Rader	Approved	Rutledge	Approved															
Tankersley	Approved	Welch	Approved															
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.																	
Hospital Board	Chair DiBiasi announced the 2022 Committee Assignments as																	

AGENDA ITEM		ACTION / FOLLOW-UP																
Chair – Appoint 2022 Committee Members	<p>follows:</p> <p>Executive Committee:</p> <ul style="list-style-type: none"> Susan DiBiasi (Chair), Ehren Ngo (Health Care District Representative), Ron Rader, Steve Rutledge <p>Human Resources Committee:</p> <ul style="list-style-type: none"> Susan DiBiasi, Joel Labha, Ron Rader (Chair), Steve Rutledge, Siri Welch <p>Finance Committee:</p> <ul style="list-style-type: none"> Susan DiBiasi, Ehren Ngo (Chair), Ron Rader Steve Rutledge, Siri Welch <p>Community Planning Committee:</p> <ul style="list-style-type: none"> Susan DiBiasi, Joel Labha, Ron Rader (Chair), Steve Rutledge, Siri Welch, Dennis Tankersley 																	
COMMITTEE REPORTS:																		
Finance Committee Proposed Action – Recommend Approval of the November 2021 Financial Statement (Unaudited).	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the November 2021 Financial report which was included on the board tablet. A copy of the Finance Committee’s December 28, 2021, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the November 2021 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1346 1170 1499"> <tbody> <tr> <td>Capobianco</td> <td>Approve</td> <td>DiBiasi</td> <td>Approve</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Approve</td> </tr> <tr> <td>Rader</td> <td>Approve</td> <td>Rutledge</td> <td>Approve</td> </tr> <tr> <td>Tankersley</td> <td>Approve</td> <td>Welch</td> <td>Approve</td> </tr> </tbody> </table> <p>Motion carried.</p>	Capobianco	Approve	DiBiasi	Approve	Labha	Absent	Ngo	Approve	Rader	Approve	Rutledge	Approve	Tankersley	Approve	Welch	Approve	M.S.C., (Rutledge/Welch), the SGMH Board of Directors approved the November 2021 Financial Statement as presented.
Capobianco	Approve	DiBiasi	Approve															
Labha	Absent	Ngo	Approve															
Rader	Approve	Rutledge	Approve															
Tankersley	Approve	Welch	Approve															
Updated Self Pay and Charity Care Policy	<p>Dan Heckathorne, CFO, spoke briefly on the Charity Guidelines changes on the policy and will bring the Self Pay policy to the board next month as the “No Surprises Act” has changed what we have to do to set Self Payment pricing.</p>																	
Chief of Staff Report	<p>Dr. Khalil reported on the Medical Staff changes.</p> <p>BOARD MEMBER ROLL CALL:</p>	M.S.C., (Rader/Rutledge), the SGMH Board of																

AGENDA ITEM					ACTION / FOLLOW-UP																
	Capobianco	Approve	DiBiasi	Approve	Directors approved the November 2021 Chief of Staff Credentialling recommendations from the Chief of Staff.																
	Labha	Approve	Ngo	Approve																	
	Rader	Approve	Rutledge	Approve																	
	Tankersley	Approve	Welch	Approve																	
	Motion carried.																				
Proposed Action – Approve Policies and Procedures	<p>There were twelve (12) 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="383 716 1170 869"> <tr> <td>Capobianco</td> <td>Approve</td> <td>DiBiasi</td> <td>Approve</td> </tr> <tr> <td>Labha</td> <td>Approve</td> <td>Ngo</td> <td>Approve</td> </tr> <tr> <td>Rader</td> <td>Approve</td> <td>Rutledge</td> <td>Approve</td> </tr> <tr> <td>Tankersley</td> <td>Approve</td> <td>Welch</td> <td>Approve</td> </tr> </table> <p>Motion carried.</p>				Capobianco	Approve	DiBiasi	Approve	Labha	Approve	Ngo	Approve	Rader	Approve	Rutledge	Approve	Tankersley	Approve	Welch	Approve	M.S.C., (DiBiasi/Welch), the SGMH Board of Directors approved the policies and procedures as submitted.
Capobianco	Approve	DiBiasi	Approve																		
Labha	Approve	Ngo	Approve																		
Rader	Approve	Rutledge	Approve																		
Tankersley	Approve	Welch	Approve																		
Community Benefit events/Announcements/and newspaper articles	<p>Miscellaneous information was included on the board tablets.</p> <p>Ehren Ngo noted that we will be signing people up for board education soon.</p>																				
Future Agenda Items	None.																				
Adjourn to Closed Session	<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 <p>The meeting adjourned to Closed Session at 5:03 pm.</p>																				
Reconvene to Open Session	<p>The meeting adjourned from closed session at 5:07 pm.</p> <p>At the request of Chair DiBiasi, Margaret Kammer reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing 																				

AGENDA ITEM		ACTION / FOLLOW-UP
	➤ Received Quarterly Environment of Care/Life Safety/Utility Management report	
Adjourn	The meeting was adjourned at 5:13 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



February 2022

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	2	3	4	5
6	7	8	9	10	11	12
13	14	9:00 am Community Planning Committee	9:00 am HR Committee	17	18	19
20	21 Administration Closed. Presidents Day!	22 9:00 am Finance Committee	23	24	25	26
27	28					


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

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



March 2022

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	2	3	4	5
6	7	8	9	10	11	12
13 Daylight Saving!	14	15	16	17 	18	19
20	21	22	23	24	25	26
27	28	29 9:00 am Finance Committee 10:00 am Executive Committee	30	31		

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

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



April 2022

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26 9:00 am Finance Committee	27	28	29	30

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

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

TAB C

SGMH Foundation February 2022 Report

Foundation Finances for January 2022 (as of January 26, 2022)

Bank of Hemet Checking Acct	\$357,551.72	(actual as of <u>January 26, 2022</u>)
Bank of Hemet Money Market Acct	\$128,064.42	(actual as of <u>January 26, 2022</u>)
I.E. Community Foundation Acct:	\$109,863.30	<u>Actual for December 2021.</u> (Jan 2022 not available)
Total	\$595,479.44	

Foundation Report

- Barring any Covid restrictions, The Foundation Board will continue its on-going focus on the following:
 - Grants
 - Fall golf tournament
 - 1 or 2 annual direct mail pieces for 2022
 - A Veterans event
 - Researching support for capital equipment for SGMH
- The Foundation Board put forth their efforts in promotion of Measure H and are very excited in the passing of the measure.
- The Foundation is steadfast in supporting the associates at the hospital by reaching out to local businesses and donors to support the hospital. The Community has stepped up to help the hospital with in-kind donations.
- In addition to snacks and meals, the community has been very supportive in their donation of warm clothing for indigent patients when discharged.

TAB D



2022 Environment of Care Plans

Presented for Approval to Hospital Board of Directors on February 1, 2022

- 2022 Hazardous Materials and Waste Management Plan
- 2022 Life Safety (Fire Safety) Plan
- 2022 Utilities Management Plan
- 2022 Medical Equipment Management Plan
- 2022 Environmental Safety and Security Management Plan
- 2022 Emergency Management Plan

**San Gorgonio Memorial Hospital
Environment of Care
2022 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
2022 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
2022 Hazardous Materials and Waste Management Plan**

- Hazardous wastes will be stored on site for a maximum of 90 days. In rare cases a 30 days 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

**San Gorgonio Memorial Hospital
Environment of Care
2022 Hazardous Materials and Waste Management Plan**

- Bio Hazardous 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 be 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
2022 Hazardous Materials and Waste Management Plan**

**San Gorgonio Memorial Hospital
Environment of Care/Safety Committee
Life Safety (Fire Safety) Plan
January 1, 2022 to December 31, 2022**

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 staff 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, staff 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 and the Plant Operations Director/Manager 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 Utilities Management Plan 2022

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 Gorgonio 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/Manager 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 Gorgonio Memorial Hospital provides and tests reliable emergency power systems that have:

An adequately sized, designed and fueled emergency power source

San Gorgonio 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 Gorgonio 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 Gorgonio 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

San Gorgonio Memorial Hospital Environment of Care Medical Equipment Management Plan FY 2022

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
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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
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- 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

Environmental Safety and Security Management Plan

2022

I. PURPOSE:

The Environmental Safety and Security Management Plan has combined two of planning documents, which are designed to provide a safe, secure, functional, supportive, and effective environment for patients, associates, visitors, and all others utilizing the facility(s).

II. GOALS & OBJECTIVES:

The 2022 Goals and Objectives for Environmental Safety and Security Plan are based on past performance, data analysis, and information from both internal and external sources. These goals and objectives will have leadership oversight with approval from the hospital governing board and the Environment of Care (EOC)/Safety Committee, and will be reported on a quarterly basis, or sooner if deemed appropriate by the Chief Executive Officer (CEO) or the Vice President/Chief Nursing Officer (VP/CNO).

- Identification of an individual(s) to manage, coordinate, and mitigate risk reduction activities in the physical environment through data collection and dissemination, which will lead to appropriate actions and results.
- Identification of an individual(s) to intervene whenever an environmental safety or security condition immediately threaten life or health, or damage to the property or the environment.
- To incorporate an effective process of identifying individuals entering and/or leaving the facility(s).
- Development of appropriate policies and procedures for controlling the access to and from departments, which are identified as security sensitive.
- Establishment of appropriate policies and procedures to follow in the event of a security incident, such as: a Code Gray, Code Silver (Active Shooter), Code Pink, Code Yellow, as well as a partial or complete lockdown of a department or the entire facility(s).
- Ensure compliance of non-smoking campus by patients, associates, visitors, and others utilizing the facility(s).
- Present new hire, annual and on-going training in environmental safety and security, to associates, department directors, medical staff, and other volunteer and/or contract staff.

San Gorgonio Memorial Hospital

Environmental Safety and Security Management Plan

2022

- Ensure that an annual, proactive Environmental Safety and Security Risk Assessment is conducted and reported to the hospital governing board, the Executive Team, and the Environment of Care Committee (EOC).
- Ensure that identified potential environmental safety and security threats from Environmental Safety rounds and Security Risk Assessment, are incorporated into plans to mitigate the threat, risk and potential impact on the organization and the community.

III. SCOPE AND APPLICABILITY:

The Environmental Safety and Security Management Plan is organization-wide in scope and applies to all inpatient and outpatient care settings, departments, and services.

IV. AUTHORITY:

The Environmental Safety and Security Management Plan is authorized by San Gorgonio Memorial Hospital's (SGMH) governing board. The CEO delegates the monitoring of the Environmental Safety and Security Management Plan and Program to the Environmental Safety Officer, who will work in collaboration with the EOC/Safety Committee members.

The EOC/Safety Committee is currently chaired by the Director of Engineering and is intended to be a multidisciplinary committee with representation from the hospital governing board, Administration, Clinical Laboratory, Diagnostic Imaging, Dietary Services, Emergency Preparedness, the Emergency Department, Employee Health, Engineering, Environmental Services, Human Resources, Infection Control/Risk Management, Materials Management, Medical Staff, Nursing Leadership, Performance Improvement, Security and Surgical Services.

V. PROGRAM ELEMENTS:

- Development, implementation and maintenance of the Environmental Safety and Security Plan and the processes that will be used to effectively manage the environmental safety and security of patients, associates, visitors, and all others utilizing the facility(s).
- Identification of an individual(s) who will identify, manage, and coordinate environmental safety and security risk reduction activities in the physical environment, through data collection and dissemination, which will lead to appropriate actions and results.
- Identification of an individual(s) to intervene whenever environmental safety and security conditions immediately threaten life, health, or the property of the organization (equipment and/or buildings).

San Gorgonio Memorial Hospital

Environmental Safety and Security Management Plan

2022

- Identification of environmental safety and security risks associated with the environment of care.
- Identification of individuals entering the facility(s).
- Control of the access to and from areas that are identified as security sensitive within the facility.
- Ensure that effective policies and procedures are in place to be followed in the event of a security incident, including an infant or pediatric abduction, as well as a workplace violence incident.
- Respond, review, and collection of data regarding injuries to patients, associates, and/or others within the facility which are or could potentially have been caused by an environmental safety and security issue or practice and/or the result of workplace violence.
- Respond, review and collection of data on security incidents involving patients, associates, others within the facility and damage to hospital property or the property of others.
- Establish and maintain environmental safety and security policies and procedures, which will be reviewed for effectiveness as needed, but at least once every three years.
- Report and investigate all other incidents, which result in injury to patients, associates, visitors, and other utilizing the facility(s) including property damage and “,” in collaboration with the EOC/Safety Committee members.
- Reports on this plan, goals, objectives, and plan elements will be presented quarterly to the hospital governing board, the EOC/Safety Committee, or as deemed appropriate by the Chief Executive Officer (CEO) or Vice President/Chief Nursing Executive (VP/CNE).

San Gorgonio Memorial Hospital Environmental Safety and Security Management Plan 2022

VI. ADDITIONAL PROGRAM ELEMENTS:

The multi-disciplinary EOC/Safety Committee shall report, collect data, analyze, investigate, and take required action on additional program elements. These additional program elements will include, but is not necessarily limited to the following:

- Conducting environmental tours regularly in patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks
- Conducting annual environmental tours in non-patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment.
- Occupational illnesses and staff injuries, including any workplace violence incidents
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Utility systems management problems, failures or use errors

VII. EDUCATION AND TRAINING:

Environmental Safety and Security training is provided to all associates at new hire, general orientation. Additional education and training are provided by the Environmental Safety Officer, the Security department and/or members of the EOC/Safety Committee, as needed and to include attendance at departmental staff meetings. However, at San Gorgonio Memorial Hospital, environmental safety and security is everyone's responsibility and all associates are encouraged to report or say something immediately, if they see something doesn't appear safe, secure, or looks suspicious.

Additional education on department specific and general environmental safety and security topics, are available to associates on-line with competencies to be completed, to ensure understanding.

The Environmental Safety Officer in collaboration with the EOC/Safety Committee will coordinate an annual organization-wide environmental safety and security education program event, by providing two Annual Environmental Safety Fairs.

San Gorgonio Memorial Hospital

Environmental Safety and Security Management Plan

2022

VIII. OTHER TRAINING:

- Department level training is provided to educate associates to specific job-related hazards and is assessed and monitored by Department Directors or designees.
- EOC/Safety Inspection Rounds, regulatory surveys, emergency code exercises and drills are utilized to ensure associates are following appropriate environmental safety and security practices, evaluate associate understanding of practices, policies and procedures as well as provide “just in time” training to prepare associates and help them become more comfortable in responding to and recovering from an actual incident or emergency code.
- All education and training programs are conducted in accordance with state and federal regulatory requirements to reduce the risk of workplace injury, exposure, and/or violence.
- As new or revised environmental safety or security regulations are established, they will be presented to associates promptly through appropriate training and/or education programs, as required to ensure understanding.
- Environmental safety and security education is also provided for associates, through articles published in the hospital newsletter and information posted in display cases, outside of the cafeteria and other locations throughout the facility, if required.

IX. PERFORMANCE MEASUREMENT:

To improve Environmental Safety and Security and assist in meeting annual goals and objectives of this plan, performance measures will be monitored and evaluated on an on-going basis throughout the organization to determine effectiveness.

Performance measures for the coming year include (but are not limited to):

- Monitoring for environmental “never events”
- Assess associate’s knowledge regarding environmental safety and security policies and procedure by conducting emergency code exercises/drills. Any corrective actions items identified will be addressed in an After-Action Report and become part of an Improvement Plan, which assigns associate responsible and a timeline for completion to ensure appropriate follow-up.
- Conduct at least one Code Pink (infant/child abduction) exercise annually.
- Ensure appropriate reporting and follow-up on findings from the annual Environmental Safety and Security Threat Assessment.

San Gorgonio Memorial Hospital Environmental Safety and Security Management Plan 2022

PROGRAM EVALUATION:

The goals, objectives, scope, and performance measures of the Environmental Safety and Security Management Plan will be evaluated on an annual basis. Revisions and/or changes in laws regulations and standards will be addressed as part of the annual evaluation process and incorporated into the Environmental Safety and Security Management Program and Plan for the coming year.

Annual evaluation of the plan and any revisions to the plan for the coming year will be done with leadership oversight and reported to the hospital governing board and EOC/Safety Committee annually, or sooner if indicated.

REFERENCES

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

SAN GORGONIO MEMORIAL HOSPITAL

Emergency Operations Plan

2022

INTRODUCTION

San Gorgonio Memorial Hospital (SGMH) is committed to furnishing a safe, accessible, effective, and efficient environment consistent with its mission, services, and applicable governmental mandates. This includes fostering the protection, safety and well-being of patients, volunteers, associates, physicians, and visitors during natural or man-made disasters and ensuring to the greatest extent possible, adherence to our social responsibility and commitment to the community.

SGMH develops and maintains a written Emergency Operations Plan (EOP) to describe the facility's local emergency operations plans and to ensure an effective response to a variety of natural or man-made disasters, to describe the local emergency preparedness program and ensure an effective response to a variety of disasters that could cause harm and/or disrupt the hospital and medical treatment environment. The response procedures addressed within the EOP, include response procedures to maintaining or expand services, conserve resources, curtailing services, supplementing resources from outside the local community, closing the hospital to new patients and performing stages and total evacuation of the hospital. This plan provides policy direction, describes the roles and responsibilities of personnel, and contains information and references to corresponding mitigation, preparedness, response, and recovery procedures. The objectives of the EOP include:

- Maintain the continuity of patient care operations.
- Meeting the medical needs of our community.
- Identify and assess vulnerabilities and hazards which may have a direct or indirect impact on the organization.
- Strategic planning for emergency response.
- Effectively managing disaster assets and resources.
- Exercising critical program elements.
- Provide training and assessment of staff knowledge.

SCOPE AND OBJECTIVES

This plan applies to all facilities owned, leased, or rented by SGMH and to all departments, associates, volunteers, and physicians. The EOP is an all-hazards plan to guide preparations, response, and recovery to emergencies and disasters, internal and external. It is supplemented by specific policies and procedures that are cited throughout the plan and by reference materials kept in the Hospital Incident Command Center (HICC). This plan incorporates the principles and elements of the National Incident Management System (NIMS) as defined by the NIMS Implementation Activities for Hospitals and Healthcare System elements. NIMS has been adopted by San Gorgonio Memorial Hospital.

SAN GORGONIO MEMORIAL HOSPITAL

Emergency Operations Plan

2022

The goal of the EOP is to provide medical continuity of care in a safe and secure environment during an emergency. To achieve this goal in an uncertain and unpredictable environment, this plan is based on a comprehensive all-hazards approach to emergency management. Incidents will be managed using the Hospital Incident Command System (HICS)/Homeland Security Exercise & Evaluation Program (HSEEP) and their associated forms, templates, Job Action Sheets, and Incident Response Guides.

The core of the EOP focuses on the six critical functions. Those areas of focus include communications, resources & asset management, safety and security, staff responsibilities, utility management, and patient and clinical support activities. Additionally, the Hazard Vulnerability Analysis (HVA) identifies risk associated with those natural or man-made disaster possibilities within the geographical location and county in which the hospital is located. Emergency Management activities are targeted at preparation for those identified events and an annual evaluation and review of risk factors provides direction for exercises and drills. Sections within the Emergency Operations Plan are dedicated to the four phases of a disaster: mitigation, preparedness, response, and recovery. This EOP guides policies as they relate to the Emergency Management Program (EMP). Departures from the EOP, in actual emergencies, are likely and are directed through the HICC as needed.

PROMULGATION, REVIEW AND DISTRIBUTION

The plan is promulgated under the authority of the Environment of Care Committee and the Emergency Preparedness Committee. Changes and revision of the EOP are reviewed at the Emergency Preparedness Committee (EPC) level and forwarded for review by the Environment of Care Committee. The EOP is forwarded to Executive Leadership/Hospital Board for final review, approval, and implementation. Executive Leadership/Hospital Board provide the program vision, leadership, support, and appropriate resources through the development, communication and institutionalizing of pertinent business fundamentals. The Chief Executive Officer (CEO) or designee receives regular reports on the activities of the Emergency Operations Plan from the Environment of Care Committee through hospital committee reporting structures. The CEO or designee reviews reports and, as necessary, communicates concerns about key issues and regulatory compliance to the Emergency Preparedness Coordinator or designee who oversees disaster response. The CEO collaborates with the Vice President/Chief Financial Officer to establish operating and capital budgets for the EOP.

This plan is reviewed annually as part of the management process for this program. The goal of the annual review of the EOP is improvement of the overall emergency management capability and the review is overseen by the Emergency Preparedness Committee, who represent a cross-section of leadership, clinical and operations support stakeholders and is approved by Executive Leadership.

SAN GORGONIO MEMORIAL HOSPITAL

Emergency Operations Plan

2022

The EOP is an evolving document based on best practices and lessons learned. The EOP is available electronically to all hospital associates through policy stat on the hospitals intranet.

EMERGENCY MANAGEMENT COMMITTEE

In accordance with its administrative protocols, the Executive Leadership team and the Hospital Board provide the Emergency Preparedness Committee with the authority to ensure that this plan is appropriately set forth and carried out. The administrative leadership is responsible to ensure the San Gorgonio Memorial Hospital EOP is appropriately designed, implemented, tested, and maintained. The chairperson of the Emergency Preparedness Committee is accountable for overall program coordination. The Emergency Preparedness Committee monitors the ongoing program and provides a forum for consensus building, approvals, and recommendations for improvements and exercise planning.

The Emergency Preparedness Committee meets bi-monthly to establish priorities for emergency management activities and to ensure readiness within the Medical Center.

The committee's responsibilities include:

- Strategic Planning.
- Ongoing hazard, threat, and vulnerability risk assessment – Hazard Vulnerability Analysis (HVA).
- Developing and editing the EOP to ensuring program consistency with other healthcare organizations and response partners in the community.
- Defining the role of the facility in the community-wide emergency preparedness program.
- Developing and editing policies, procedures and guidelines as needed to address hazards identified in the HVA. For each high-risk hazard, the committee will also assess and recommend measures for mitigation, preparedness, response, and recovery.
- Ensuring departments have developed department specific procedures that associates are trained in disaster roles and responsibilities and that associates participate in exercises and real events.
- Managing resources, space, and supplies.
- Monitoring performance of the plan.
- Providing direction and oversight for emergency management accreditation and regulatory compliance activities.
- Developing and maintaining primary and alternate Hospital Incident Command Center (HICC).
- Identifying and implementing an Incident Command System. Ensuring that all hospital associates have received appropriate training for their roles in the command system.
- Designing, implementing, and evaluating disaster exercises, drills, and tabletops, and ensuring that findings from these activities are corrected in a timely manner.

SAN GORGONIO MEMORIAL HOSPITAL

Emergency Operations Plan

2022

- Performing an annual review of the HVA, inventory of resources, assets, inventory processes and the Emergency Preparedness Program's objectives and scope.
- Regular membership on the Emergency Preparedness Committee includes representatives from key stakeholders representing patient care services (inpatient, outpatient), Pharmacy, Laboratory, Diagnostic Imaging, Medical Staff, Human Resources, Plant Operations, Materials Management/Purchasing, Environmental Services, Safety/Security, Infection Control, and Nursing.

PERFORMANCE STANDARDS

The performance measurements for the Emergency Preparedness Program for 2022 include:

- Individuals trained/re-trained for WMD (decontamination) participation
- Timely follow-up of incident or exercise requiring follow-up actions, After Action Report (AAR)
- Compliance with National Incident Management System's (NIMS), Standardized Emergency Management System (SEMS) Implementation
- Annual review of the Emergency Operations Plan (EOP)
- Annual Emergency Management risk assessment (HVA)

The information outlined in these performance standards will be reported to the (Environment of Care Committee) on a quarterly basis, and to the hospital's governing board. Aggregate information will also be reported on a quarterly basis using at least one year's data and information. Conclusions, actions, and results of follow-up monitoring will be documented in the minutes of the Emergency Preparedness Committee or in logs designed to monitor performance and results.

Related and Supportive Documentation

- After Action Reports from Drills and Exercises
- HICS (Hospital Incident Command Structure) Plan
- Hazard Vulnerability Analysis (HVA)
- Policies addressing preparation, mitigation, response and recovery from a disaster or emergency in the six defined areas of the EOP (Emergency Operations Plan)
- Minutes, exercise critiques, agreements from community integration activities with local, state, or federal agencies
- Minutes from Emergency Preparedness Meetings
- Evacuation Plans
- Annual Program Evaluation

TAB E

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, January 25, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, January 25, 2022. To prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor's Executive Order N-29-20, there was no public location for attending this committee meeting in person. Committee members, staff members, and members of the public participated telephonically.

Members Present: Susan DiBiasi, Ehren Ngo (Chair), Ron Rader, Steve Rutledge, Siri Welch

Members Absent: None

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), Annah Karam (CHRO), Karan P. Singh, MD (CMO), Angela Brady (ED Director), Margaret Kammer (Controller)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair Ngo called the meeting to order at 9:02 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes December 28, 2021, regular meeting	Ehren Ngo asked for any changes or corrections to the minutes of the December 28, 2021, regular meeting. There were none.	The minutes of the December 28, 2021, regular meeting will stand correct as presented.
NEW BUSINESS		
Overview of Agenda Items	Dan Heckathorne, CFO, provided a brief written overview of the agenda items that will be discussed.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p>Proposed Action – Recommend Approval to Hospital Board of Directors – Updated Self Pay and Charity Care Policy</p>	<p>Dan discussed the changes that have been made to the Self Pay and Charity Care Policy. The policy update includes Obstetrical Pricing Packages. There were no actual changes to the Charity Policy which was adopted on January 4, 2022.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="396 512 1227 627"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td></td> <td></td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Welch	Yes			<p>M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the Updated Self Pay and Charity Care Policy to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Yes											
Rader	Yes	Rutledge	Yes											
Welch	Yes													
<p>Proposed Action – Recommend approval to Hospital Board to adopt Resolution No. 2022-01 regarding authorizing the execution and delivery of a Loan and Security Agreement, Promissory Note, and certain actions in connection therewith for the California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program</p>	<p>Due to the State’s shifting the Supplemental Funding programs from a fiscal year to a calendar year, many hospitals are experiencing significant cash shortages during this 6 month “black-out” period. The District Hospital Leadership Forum team has worked with the Legislature to enact a loan program for district hospitals that would somewhat help “bridge” this gap. Adopting Resolution No. 2022-01 would allow the Hospital to complete the two loan applications to address our large cash needs to come in Spring.</p> <p>It was noted that the Finance Committee recommends approval to the Hospital Board who will then recommend approval to the Healthcare District Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="396 1310 1227 1425"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td></td> <td></td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Welch	Yes			<p>M.S.C. (Rutledge/Welch), the SGMH Finance Committee voted to recommend approval to adopt Resolution No. 2022-01 regarding authorizing the execution and delivery of a Loan and Security Agreement, Promissory Note, and certain actions in connection therewith for the California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program.</p>
DiBiasi	Yes	Ngo	Yes											
Rader	Yes	Rutledge	Yes											
Welch	Yes													

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – December 2021</p>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited December 2021 finance report as included in the board packets.</p> <p>Mr. Heckathorne reported that December had a \$5.07M EBIDA compared to budgeted earnings of \$4.06M. Adjustments and unusual items that occurred in December include no IGT Fees booked and low inpatient workloads. Adjusted Patient Days, Patient Days, and Emergency Visits were under budget while Surgeries (93 vs 95) were basically on budget. He also discussed plans for the Hospital to acquire financing to cover the delay in the State’s Supplemental Funding programs during the current fiscal year and indicated that more information will be forthcoming to the Committee and Boards in the near future.</p> <p>It was noted that approval is recommended to the Hospital Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 915 1221 1031"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td></td> <td></td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Welch	Yes			<p>M.S.C. (DiBiasi/Welch), the SGMH Finance Committee voted to recommend approval of the Unaudited December 2021 Financial report to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Yes											
Rader	Yes	Rutledge	Yes											
Welch	Yes													
<p>HFMA Blog/Article – Informational</p>	<p>Dan Heckathorne, CFO, included an HFMA blog titled “Hospital margins increased in November, but labor expenses remained a drag on finances.”</p>													
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> • Bridge Loan 													
<p>Next Meeting</p>	<p>The next regular Finance Committee meeting will be held on February 22, 2022.</p>													
<p>Adjournment</p>	<p>The meeting was adjourned 10:32 am.</p>													

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, 2021

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.

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

CFO

San Gorgonio Memorial Hospital

Financial Report - Executive Summary

For the Month of December 31, 2021 and Six Months Ended December 31, 2021 (Unaudited)

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

The month of December had a \$5.07M positive Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted earnings of \$4.06M.

YTD – There was a \$1.72M loss in Earnings before Interest, Depreciation and Amortization (EBIDA) compared to a budgeted loss of \$2.49M.

Month – Adjustments/unusual items: December's financial statements include 6 months of Supplemental Funding Rate Range Income of \$6.02M. There were no IGT Fees (Expense) to be booked in December, as the fees had been booked in the previous year's financial statements. (The 2022 budget includes \$895K for the Fees Expense in the current year.)

Unfortunately, there will not be Rate Range Revenues for the next 6 months due to the State moving its Supplemental Funding Rate Range program from the fiscal year to a calendar year. Thus, we have plans underway to borrow funds to fill this gap resulting from the State's change in fiscal years.

The Hospital started seeing a gradual increase in covid related cases toward the end of December, which continued to accelerate into January. This had a slight effect on the December financials and will also have a significant impact on January's operations.

December's inpatient workloads were up from the November levels; however, they were still unusually low, both compared to budget and to previous year's volumes. Adjusted Patient Days were 8.5% below budget (2,076 vs. 2,269) while Patient Days were 27% under budget (814 vs. 1,109). Emergency Visits were 2.3% below budget (3,212 vs. 3,289), and Surgeries were basically on budget (93 vs. 95).

YTD – Overall workloads are as follows: Adjusted Patient Days = 12,159 vs. 12,851 budgeted (-5.4%); Patient Days = 5,047 vs. 6,129 budgeted (-17.7%); Emergency Visits = 20,217 vs. 19,158 (+5.5%), and Surgeries were 654 vs. 515 (+27%). EBIDA results are now \$760K better than budget for the first 6 months of the year, however, there will not be any Rate Range Supplemental income during the second half of the fiscal year. Overall Operating Revenues are \$208K under budget, while Operating Expenses were \$968K under budget.

Patient Revenues (MTD) Positive & YTD Negative

Month - The Net Patient Revenue in December was \$5.69M compared to the budgeted \$5.33M. There was an estimated increase in managed care contracted revenues of \$263K in December which helped improve the Net Revenues.

YTD – Net Patient Revenue through December was \$29.7M compared to the budgeted \$29.5M. The increase in managed care contracted revenue since September has been estimated at \$757K.

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

Month – Operating Revenue in December was \$47K over budget. This was favorably impacted by the favorable \$365K variance in Net Patient Revenues. Offsetting this variance were impacts from delay of booking DSH income (\$83K) until the final audit results are available, and 2) miscellaneous revenues were below budget in the month due to less than projected Physical Therapy Joint Venture SWB reimbursement and other covid-related grants which were experienced in the previous year.

YTD – Operating Revenue was \$208K under budget, impacted by the Net Patient Revenues being \$265K over budget while Non-Patient Revenues were \$473K under budget.

Operating Expenses (MTD) Negative & (YTD) Negative

Month - Operating Expenses in December were \$7.08M and were under budget by \$961K. The largest favorable variance resulted in not having to book \$845K of IGT Fees which had been booked in the previous year. Other notable items impacting the budget were as follows: 1) Salaries were \$154K under

budget due to additional PTO “flexing”; 2) Contract Labor was \$37K over budget due to covid relief staff; 3) Physician Fees were \$143K under budget due to a reduction in the accrual rates for the Medical Residents, offset by additional anesthesia costs; 4) Purchased Services were over budget by \$85K, which was impacted by variances in legal fees (\$25K), Allscripts/Navigant (\$18K), Education, Accounting, and Nurse Administration (\$56K); 5) Supplies were \$188K over budget including Lab (\$45K), Surgery (\$21K), and Pharmacy (\$142K); 6) Utilities were over budget (\$65K) primarily due to the increase in gas costs impacted by the cold weather in December; 7) Other Expenses were \$117K below budget, which continues to reflect everyone continuing to take a conservative approach on all costs including dues and subscriptions, outside travel, and educations costs. 8) Rents and Leases were \$57K below budget, which includes the delay in the startup of the surgical robotics program (\$25K) and conversion of a portion of telemetry monitors to actual purchases (\$34K).

YTD – Variances include: 1) Salaries and Employee Benefits were under budget (\$299K and \$141K respectively) primarily to lower than expected patient days; 2) Contract Labor was over budget by \$229K due to shortage of nurses and the covid surge; 3) Supplies were over budget by \$1.04M, largely due to the covid surges and much higher Surgery volumes than budgeted. Some of the major variances over budget include Surgery (\$118K), Lab (\$520K), Pharmaceuticals (\$182K), Emergency (\$54K), Nursing Units (\$167K), and Blood (\$51K). 4) Repairs were over budget by \$88K, which included accelerated repairs made on emergency doors and negative pressure rooms; 5) Other Expenses were \$694K below budget as generally everyone is taking a conservative approach toward many projects during this year, including dues and subscriptions, outside education, travel, and other (combined \$524K); and 6) Leases and Rentals were \$320K below budget, of which \$279K was impacted by the exclusion of leasing telemetry monitors along with the delay in the surgical robotics lease.

Balance Sheet/Cash Flow

Patient cash collections in December were \$6.0M, reflecting another very good month. The Gross A/R Days stand at 69.5. Cash balances as of December 31 were \$4.4M, up from \$2.9M in November, however, the line of credit balance was increased to \$9M at the end of the month, also allowing the Accounts Payable to drop slightly from \$10.6M in November to \$9.9M in December. Net Accounts Receivables also dropped slightly by \$289K from November. Finally, the 2021 Revenue Bonds funds (\$2.3M) for the Siemens Electrical project were required to be “drawn down” and were subsequently deposited into the Restricted Asset Account and the full liability was recognized as “Long-Term Debt, Revenue Bond” in December.

Concluding Summary

Positive takeaways:

- 1) Patient cash collections continued to be strong.
- 2) There was favorable EBIDA for the month and for the 6 months YTD.
- 3) Net Patient Revenues were favorable for December, and Expenses (even excluding the absence of an IGT Fee) were favorable to budget.

Negative takeaways:

- 1) Patient Discharges and Patient Days were significantly under budget.
- 2) Supplies costs continue to be high.
- 3) The next 6 months will be challenging without having any Rate Range Supplemental funding.

Dashboard Items:

Included in the December Financial Reports are the Dashboard reports as previously presented.

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

UN 1 A

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

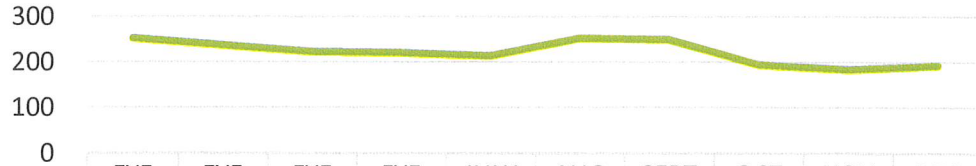
Divides the Total Paid FTE's by the daily average of the Adjusted Patient Days.

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.

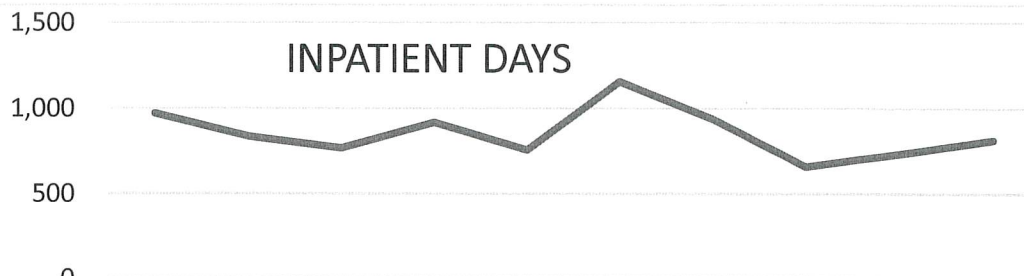
SAN GORGONIO MEMORIAL HOSPITAL

INPATIENT DISCHARGES



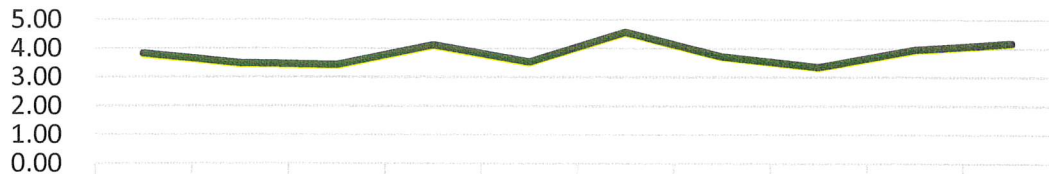
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021
DISCHARGES	253	238	224	222	214	253	251	196	185	194

INPATIENT DAYS



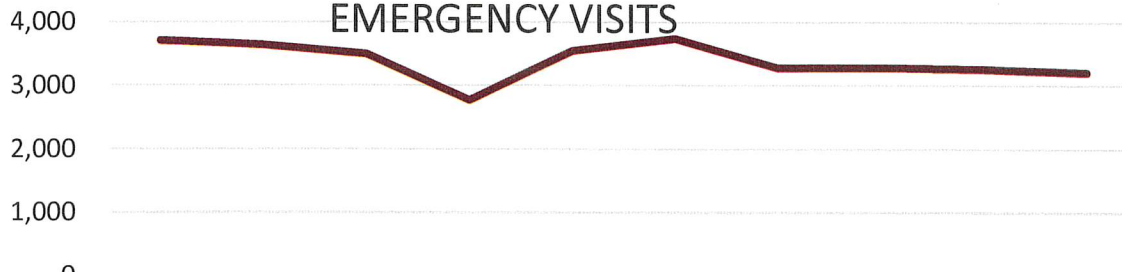
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021
PATIENT DAYS	969	833	767	917	755	1,157	935	658	732	814

AVERAGE LENGTH OF STAY



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021
Series8	3.83	3.50	3.43	4.13	3.53	4.57	3.73	3.36	3.96	4.20

EMERGENCY VISITS

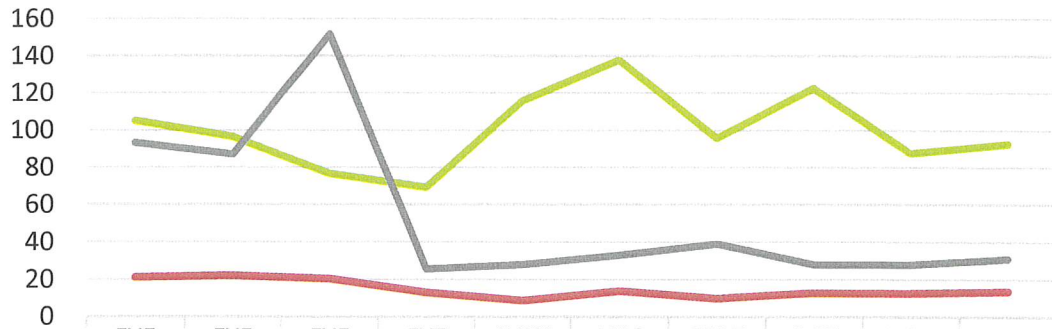


	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021
VISITS	3,714	3,641	3,500	2,775	3,548	3,742	3,277	3,284	3,268	3,212

3-B

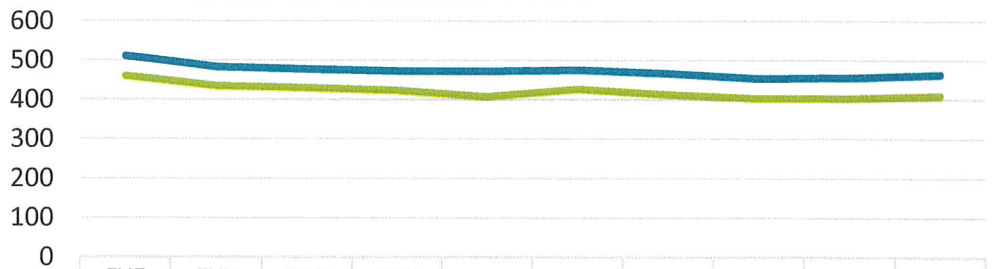
SAN GORGONIO MEMORIAL HOSPITAL

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



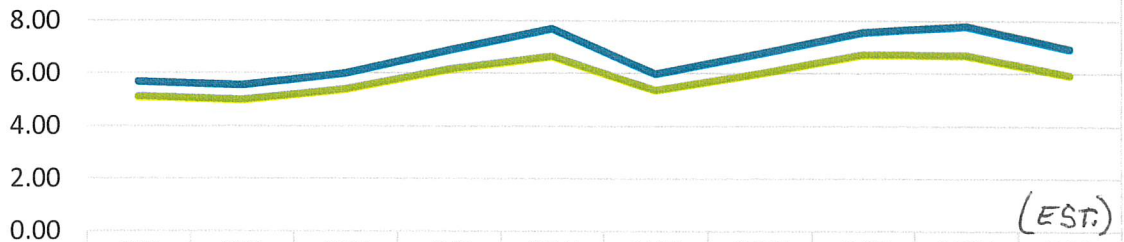
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021
— SURGERIES	105	97	77	70	116	138	96	123	88	93
— G.I. CASES	93	87	152	26	28	33	39	28	28	31
— DELIVERIES	21	22	21	13	9	14	10	13	13	14

PAID & WORKED FTE'S



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021 (EST.)
— PD FTE'S	511	484	479	474	473	476	468	455	457	466
— WKD FTE'S	461	436	431	425	408	428	414	404	405	412

PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021 (EST.)
— PAID/APD	5.69	5.55	6.01	6.89	7.72	6.00	6.79	7.59	7.84	6.96
— WKD/APD	5.13	5.00	5.41	6.18	6.66	5.39	6.01	6.74	6.72	5.95

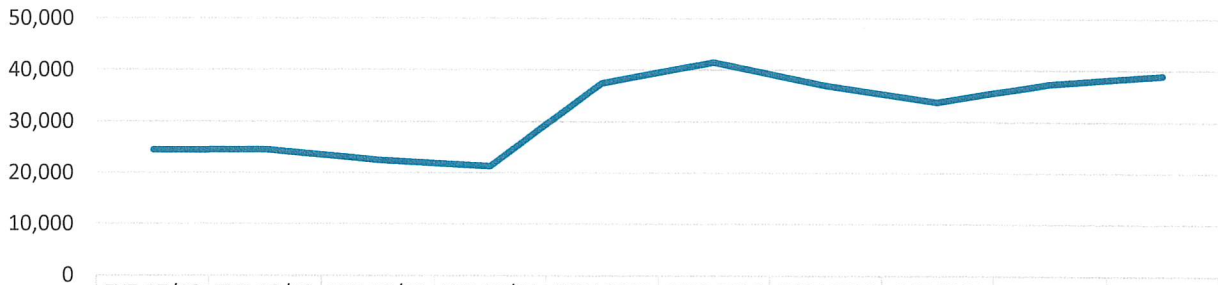
INCOME STATEMENT

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.

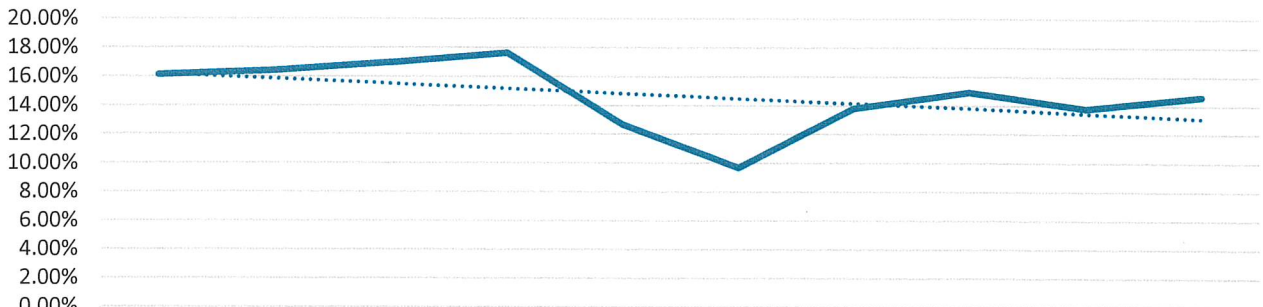
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SAN GORGONIO MEMORIAL HOSPITAL

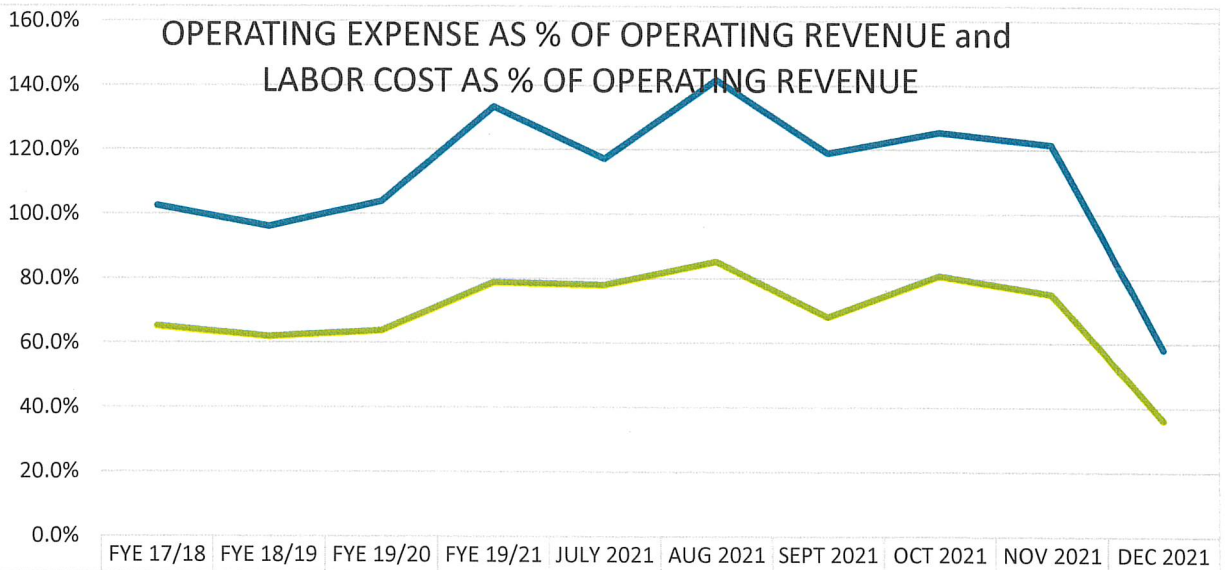
GROSS PATIENT REVENUE



NET PATIENT REVENUE AS % OF GROSS



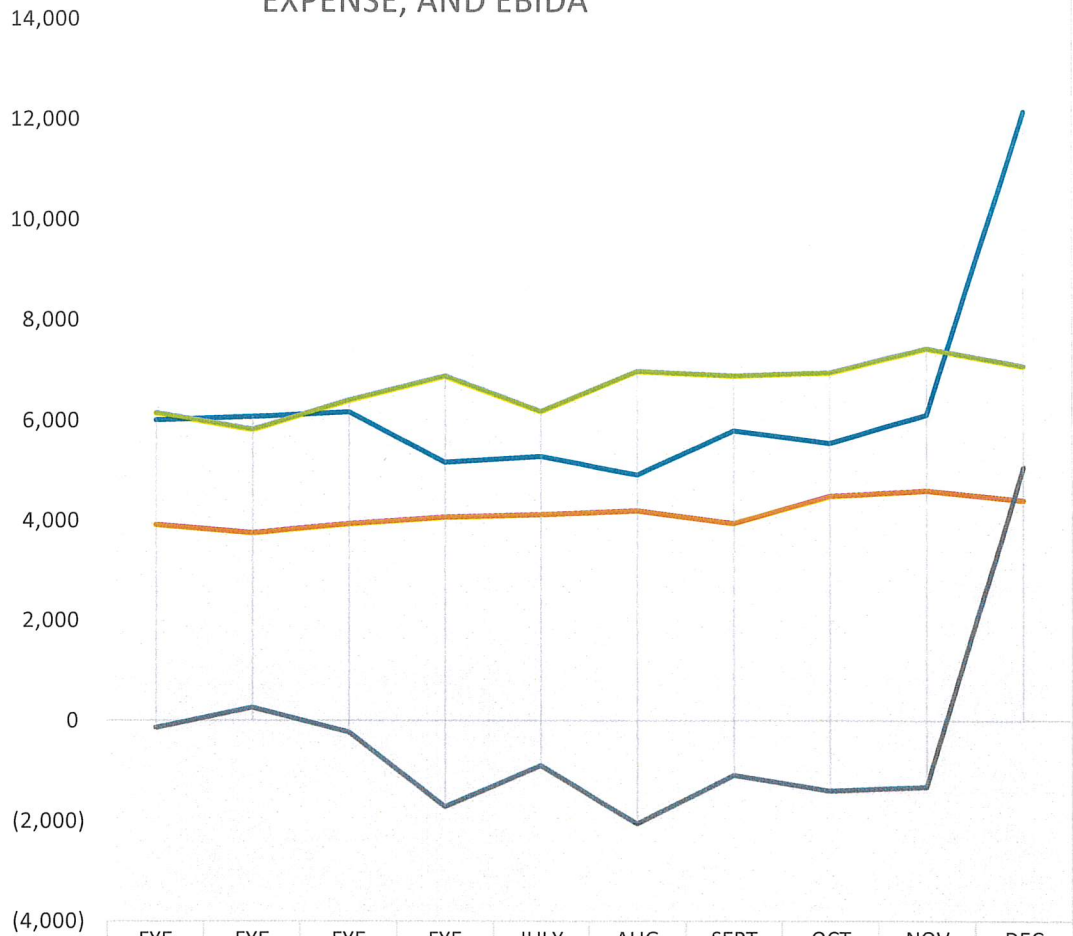
OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



3-E

SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 19/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021
OP REV	6,006	6,069	6,165	5,160	5,275	4,914	5,787	5,541	6,107	12,147
OP EXP	6,147	5,817	6,398	6,878	6,175	6,969	6,880	6,947	7,429	7,079
LABOR EXP	3,915	3,755	3,932	4,065	4,115	4,194	3,939	4,484	4,601	4,405
EBIDA	(141)	252	(233)	(1,719)	(899)	(2,055)	(1,093)	(1,406)	(1,321)	5,068

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.

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

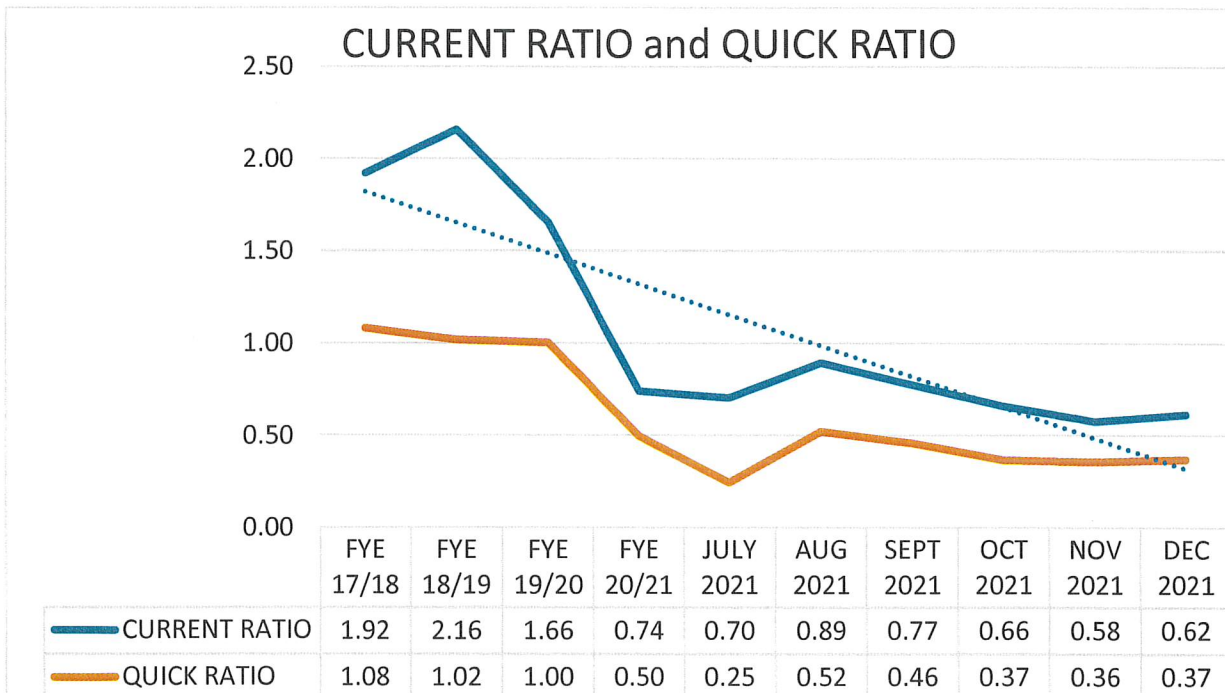
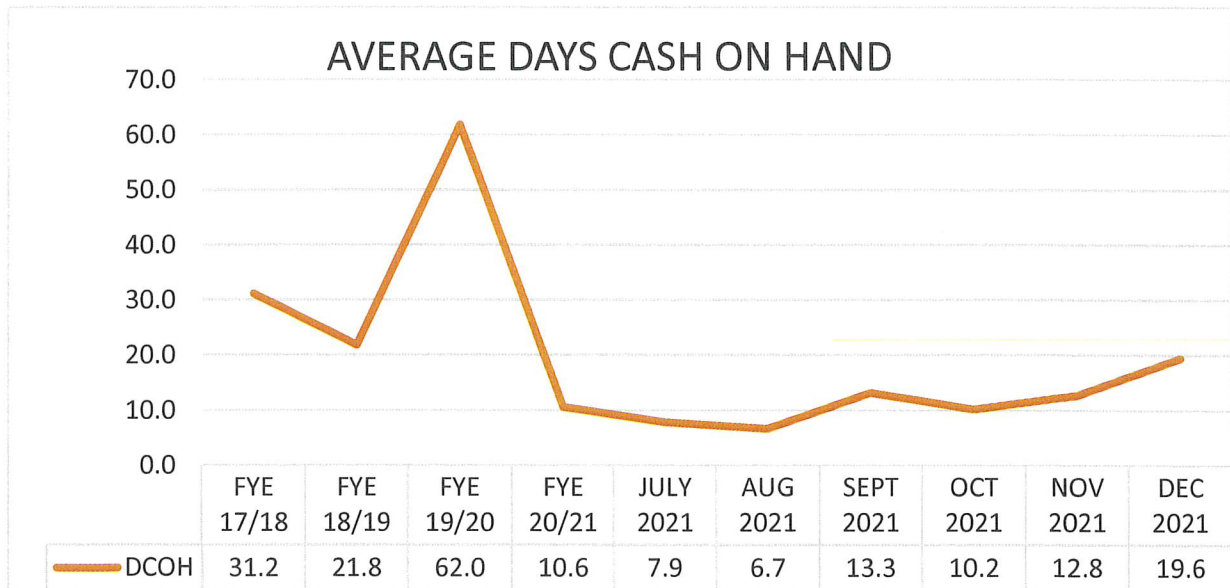
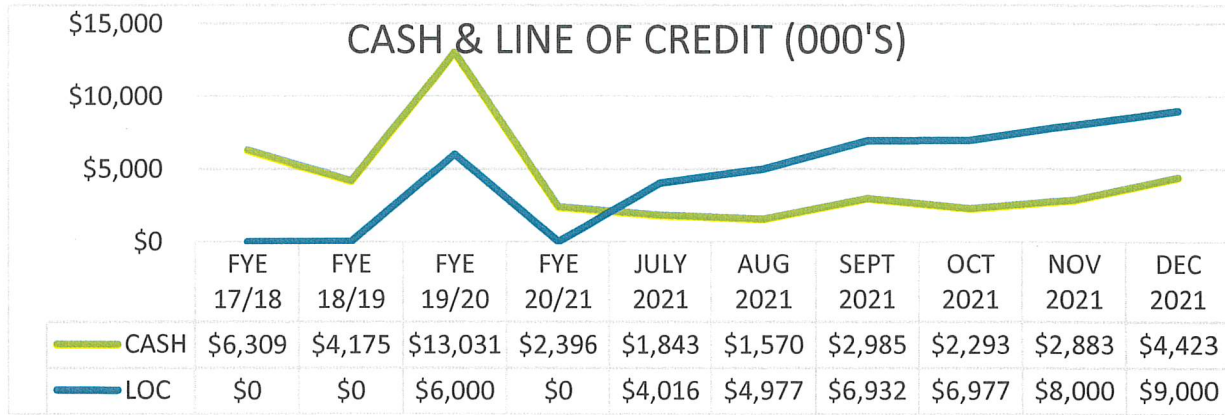
Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.

Line of Credit Balance (000's)

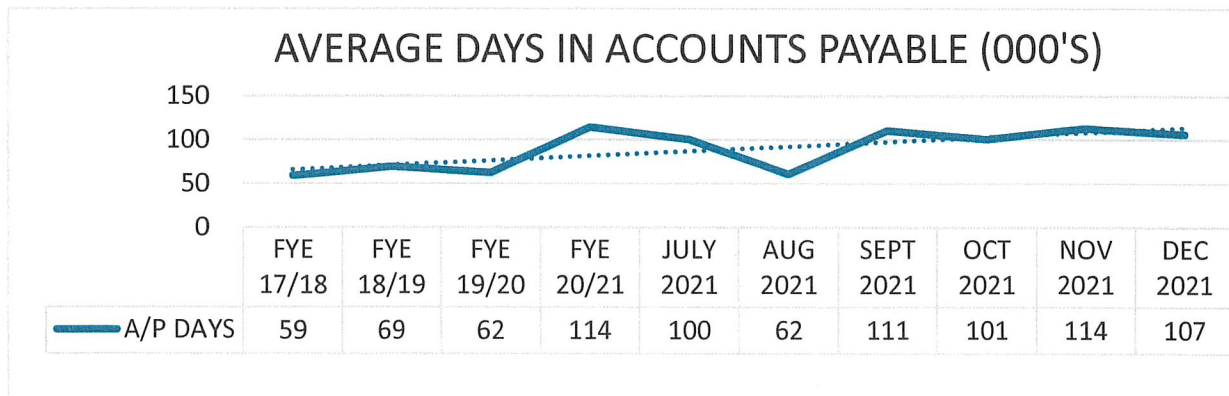
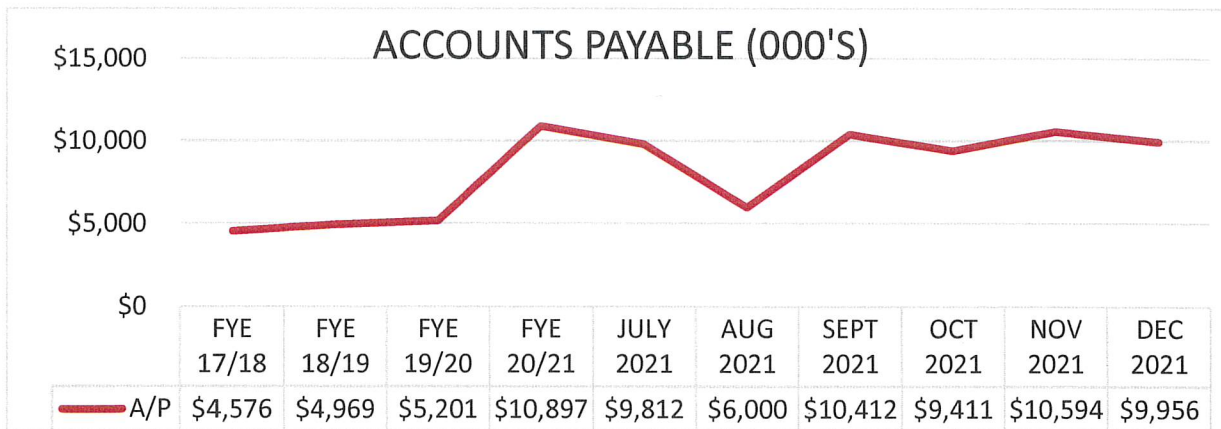
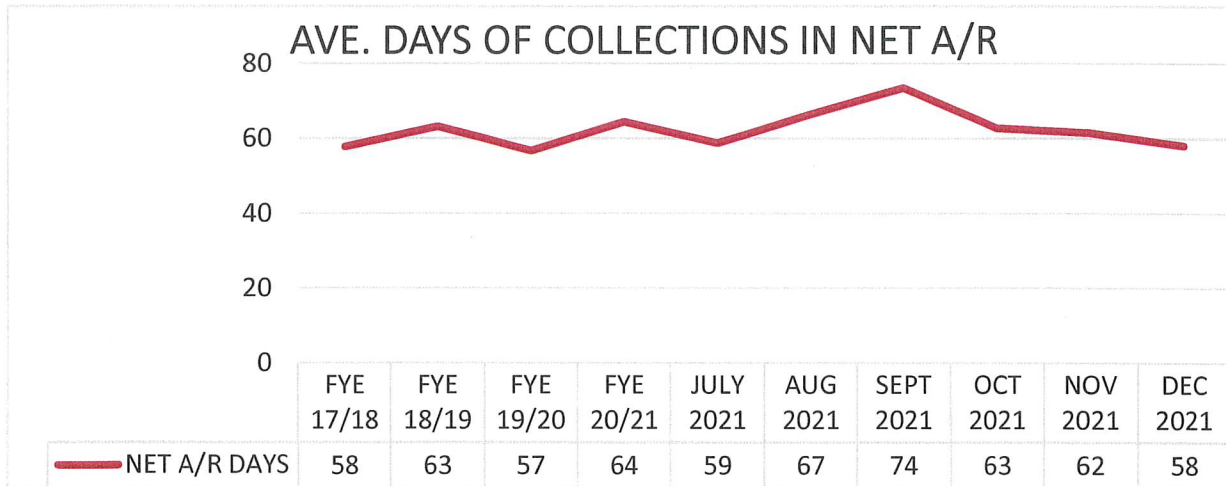
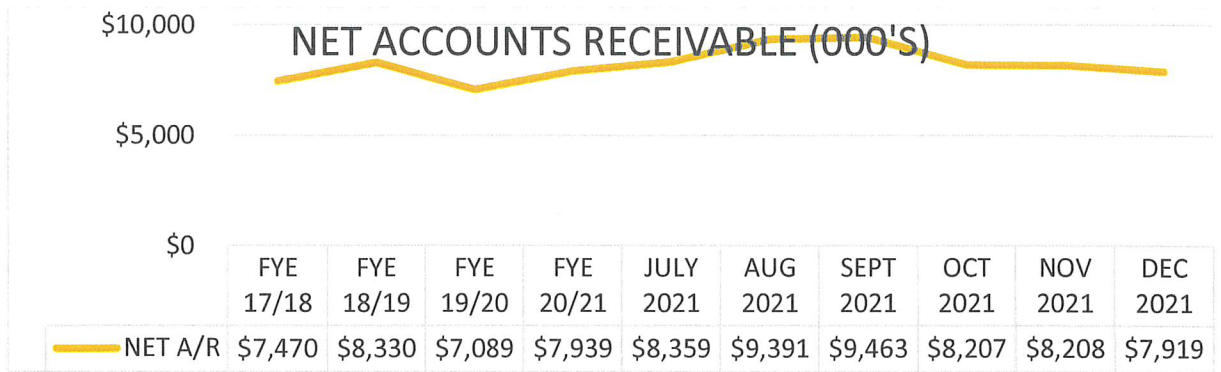
The amount that is currently borrowed from a lending institution as of a given point in time.

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SAN GORGONIO MEMORIAL HOSPITAL



SAN GORGONIO MEMORIAL HOSPITAL



3-I

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
SIX MONTHS ENDING DECEMBER 31, 2021

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD						
REF LINE#	12/31/21 ACTUAL	12/31/21 BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE	
	Revenue:					
[1]	\$ 38,978,936	\$ 43,391,312	\$ 225,922,871	\$ 247,126,865	\$ (21,203,994)	
[2]	(33,283,504)	(38,060,630)	(196,205,478)	(217,674,984)	21,469,506	
[3]	5,695,431	5,330,682	29,717,393	29,451,881	265,511	
[4]	6,016,888	6,062,227	6,016,888	6,282,227	(265,339)	
[5]	434,403	706,441	4,030,284	4,238,646	(208,363)	
[6]	12,146,722	12,099,350	39,764,564	39,972,755	(208,190)	
	Total Operating Revenues					
	Expenses:					
[7]	4,296,735	4,477,998	25,124,314	25,564,430	440,116	
	108,418	71,423	621,209	392,457	(228,752)	
	198,313	340,810	1,974,969	2,022,018	47,049	
	953,575	868,853	5,178,888	5,207,538	28,649	
[8]	1,260,306	1,281,085	7,775,066	7,622,012	(153,053)	
[9]	1,044,298	855,619	5,912,226	4,867,927	(1,044,299)	
[10]	477,399	580,359	2,673,828	3,504,464	830,636	
[11]	-	845,056	-	895,056	895,056	
[12]	\$ 7,078,738	\$ 8,040,117	\$ 41,485,435	\$ 42,453,889	\$ 968,455	
[13]	\$ 5,067,984	\$ 4,059,233	\$ (1,720,870)	\$ (2,481,135)	\$ 760,265	
	EBIDA					
[14]	879,290	926,118	5,364,409	5,556,707	192,297	
[15]	618,347	741,667	3,727,643	4,450,000	(722,357)	
[16]	\$ 4,807,040	\$ 3,874,782	\$ (3,357,637)	\$ (3,587,842)	\$ 230,205	
	TOTAL NET SURPLUS (LOSS)					

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
SIX MONTHS ENDING DECEMBER 31, 2021

BALANCE SHEET

	YTD 12/31/2021	Prior FYE 6/30/2021
ASSETS		
[1] Current Assets	\$ 20,305,297	\$ 14,763,567
[2] Assets Whose Use is Limited	15,599,861	15,999,821
[3] Property, Plant & Equipment (Net)	75,006,356	77,860,175
[4] Other Assets	629,973	1,320,339
[5] Total Unrestricted Assets	111,541,488	109,943,902
[6] Restricted Assets	0	0
[7] Total Assets	\$ 111,541,488	\$ 109,943,902
LIABILITIES AND NET ASSETS		
[8] Current Liabilities	\$33,010,828	\$22,077,546
[9] Long-Term Debt	105,725,745	105,992,009
[10] Other Long-Term Liabilities	0	0
[11] Total Liabilities	\$ 138,736,573	\$ 128,069,555
[12] Net Assets	\$ (27,195,085)	\$ (18,125,653)
[13] Total Liabilities and Net Assets	\$ 111,541,488	\$ 109,943,902

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
SIX MONTHS ENDING DECEMBER 31, 2021

KEY STATISTICS AND RATIOS						
	11/30/21 ACTUAL FY 22	12/31/21 ACTUAL FY 22	12/31/21 BUDGET FY 22	2022 YTD FY 22	2021 YR END TOTAL FY 21	
[1] Total Acute Patient Days	723	814	1,109	5,047	11,008	
[2] Average Daily Census	24.1	26.3	35.8	27.4	30.2	
[3] Average Acute Length of Stay	3.7	4.2	4.1	3.9	4.1	
[4] Patient Discharges	194	194	268	1,293	2,667	
[5] Observation Days	238	238	253	1,501	2,512	
[6] Total Emergency Room Visits	3,253	3,212	3,289	20,217	33,299	
[7] Average ED Visits Per Day	108	104	106	110	91	
[9] Total Surgeries	88	93	95	654	837	
[10] Deliveries/Births	13	14	19	73	158	

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
SIX MONTHS ENDING DECEMBER 31, 2021

	DISTRICT ONLY	COMBINED		CURRENT MONTH		Prior Yr Mo Actual 12/31/20
		Actual 12/31/21	Actual 12/31/21	Budget 12/31/21	Positive (Negative) Variance	
Gross Patient Revenue						
[1] Inpatient Revenue	\$ -	\$ 17,581,450	\$ 21,197,926	\$ (3,616,476)	-20.6%	\$ 16,708,225
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-	\$ -
[3] Outpatient Revenue	-	21,397,485	\$ 22,193,386	(795,900)	-3.7%	\$ 10,865,711
[4] Long Term Care Revenue	-	-	-	-	-	\$ -
[5] Home Health Revenue	-	-	-	-	-	\$ -
[6] Total Gross Patient Revenue	\$ -	\$ 38,978,936	\$ 43,391,312	\$ (4,412,376)	-11.3%	\$ 27,573,936
Deductions From Revenue						
[7] Discounts and Allowances	-	(31,514,954)	\$ (37,152,297)	\$ 5,637,343	-17.9%	\$ (22,031,901)
[8] Bad Debt Expense	-	(1,744,778)	\$ (850,000)	(894,778)	51.3%	\$ 4,177
[9] Prior Year Settlements	-	-	\$ -	-	-	\$ -
[10] Charity Care	-	(23,772)	\$ (58,333)	34,561	-145.4%	\$ (7,842)
[11] Total Deductions From Revenue	-	(33,283,504)	(38,060,630)	\$ 4,777,126	-14.4%	(22,035,566)
[12]		-85.4%	-88%			80%
[13] Net Patient Revenue	\$ -	\$ 5,695,431	\$ 5,330,682	\$ 364,749	6.4%	\$ 5,538,371
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	-	6,016,888	\$ 6,062,227	\$ (45,339)	-0.8%	\$ -
[15] Grants & Other Op Revenues	-	51,070	\$ 300,191	(249,121)	-487.8%	\$ 232,094
[16] Clinic Net Revenues	-	-	\$ -	-	-	\$ -
[17] Tax Subsidies Measure D	233,333	233,333	\$ 239,583	(6,250)	-2.7%	\$ 188,750
[18] Tax Subsidies Prop 13	150,000	150,000	\$ 166,667	(16,667)	-11.1%	\$ 113,740
[19] Tax Subsidies County Supplemental Funds	-	-	\$ -	-	#DIV/0!	\$ -
Non - Patient Revenue	\$ 383,333	\$ 6,451,291	\$ 6,768,668	\$ (317,377)	-4.9%	\$ 534,584
Total Operating Revenue	\$ 383,333	\$ 12,146,722	\$ 12,099,350	\$ 47,372	0.4%	\$ 6,072,955
Operating Expenses						
[20] Salaries and Wages	-	3,541,554	3,695,653	\$ 154,100	4.4%	\$ 7,291,801
[21] Fringe Benefits	-	755,181	782,345	27,163	3.6%	\$ 1,530,925
[22] Contract Labor	-	108,418	71,423	(36,995)	-34.1%	\$ 175,953
[23] Physicians Fees	-	198,313	340,810	142,497	71.9%	\$ 1,046,078
[24] Purchased Services	12,119	953,575	868,853	(84,723)	-8.9%	\$ 1,381,616
[25] Supply Expense	-	1,044,298	855,619	(188,679)	-18.1%	\$ 2,245,485
[26] Utilities	2,250	145,701	81,225	(64,476)	-44.3%	\$ 112,291
[27] Repairs and Maintenance	7,000	48,900	55,920	7,021	14.4%	\$ 91,499
[28] Insurance Expense	-	129,887	115,494	(14,392)	-11.1%	\$ -
[29] All Other Operating Expenses	-	75,944	193,338	117,394	154.6%	\$ 126,408
[30] Supplemental and Grant Expense	-	-	845,056	845,056	0.0%	\$ -
[31] Leases and Rentals	-	76,968	134,381	57,413	74.6%	\$ 213,428
[32] Clinic Expense	-	-	0	-	0.0%	\$ 44
[33] Total Operating Expenses	\$ 21,369	\$ 7,078,738	\$ 8,040,117	\$ 961,379	13.6%	\$ 14,215,528
[34] EBIDA	\$ 361,964	\$ 5,067,984	\$ 4,059,233	\$ 1,008,751	19.9%	\$ (8,142,574)
Interest Expense and Depreciation						
[35] Depreciation	504,865	504,865	494,658	\$ (10,207)	-2.0%	\$ 494,658
[36] Interest Expense and Amortization	359,422	374,425	431,460	57,034	15.2%	\$ 431,223
[37] Total Interest & depreciation	864,287	879,290	926,118	46,827	5.3%	925,881
Non-Operating Revenue:						
[38] Contributions & Other	3,045	4,381	75,000	(70,619)	-1611.8%	\$ 6,412
[39] Tax Subsidies for GO Bonds - M-A	613,966	613,966	666,667	(52,701)	-8.6%	\$ 597,442
[40] Total Non Operating Revenue/(Expense)	617,011	618,347	741,667	\$ (123,320)	-19.9%	603,853
[41] Total Net Surplus/(Loss)	\$ 114,687	\$ 4,807,040	\$ 3,874,782	\$ 932,258	19.4%	\$ (8,464,601)
[42] Extra-ordinary loss on Financing	-	-	-	-	-	\$ -
[43] Increase/(Decrease in Unrestricted Net Assets	\$ 114,687	\$ 4,807,040	\$ 3,874,782	\$ 932,258	19.4%	\$ (8,464,601)
[44] Total Profit Margin	29.92%	39.57%	32.02%			-139.38%
[45] EBIDA %	94.43%	41.72%	33.55%			-134.08%

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
SIX MONTHS ENDING DECEMBER 31, 2021

		YEAR-TO-DATE					
		DISTRICT ONLY			Positive (Negative) Variance	Percentage Variance	PRIOR YTD 12/31/20
		Actual 12/31/21	Actual 12/31/21	Budget 12/31/21			
Gross Patient Revenue							
[1]	Inpatient Revenue	\$ -	\$ 101,122,421	\$ 118,123,898	\$ (17,001,477)	-16.8%	\$ 55,586,038
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	-	-
[3]	Outpatient Revenue	-	124,800,450	\$ 129,002,967	(4,202,518)	-3.4%	71,684,672
[4]	Long Term Care Revenue	-	-	-	-	-	-
[5]	Home Health Revenue	-	-	-	-	-	-
[6]	Total Gross Patient Revenue	\$ -	\$ 225,922,871	\$ 247,126,865	\$ (21,203,994)	-9.4%	\$ 127,270,710
Deductions From Revenue							
[7]	Discounts and Allowances	-	(187,183,038)	\$ (212,224,984)	\$ 25,041,945	13.4%	(94,775,880)
[8]	Bad Debt Expense	-	(8,580,964)	\$ (5,100,000)	(3,480,964)	-40.6%	(6,209,961)
[9]	Prior Year Settlements	-	-	\$ -	-	-	-
[10]	Charity Care	-	(441,476)	\$ (350,000)	(91,476)	-20.7%	(352,980)
[11]	Total Deductions From Revenue	-	(196,205,478)	(217,674,984)	\$ 21,469,506	10.9%	\$ (101,338,821)
[12]			86.8%	-88.1%			80%
[13]	Net Patient Revenue	\$ -	\$ 29,717,393	\$ 29,451,881	\$ 265,511	0.9%	\$ 25,931,889
Non Patient Operating Revenues							
[14]	IGT/DSH Revenues	-	6,016,888	\$ 6,282,227	\$ (265,339)	-4.4%	3,783,984
[15]	Grants & Other Op Revenues	-	1,730,286	\$ 1,801,146	(70,861)	-4.1%	4,194,132
[16]	Clinic Net Revenues	-	-	\$ -	-	-	64,145
[17]	Tax Subsidies Measure D	1,399,998	1,399,998	\$ 1,437,500	(37,502)	-2.7%	1,132,500
[18]	Tax Subsidies Prop 13	900,000	900,000	\$ 1,000,000	(100,000)	-11.1%	682,440
[19]	Tax Subsidies County Supplemental Funds	-	-	\$ -	-	#DIV/0!	-
	Non- Patient Revenue	\$ 2,299,998	\$ 10,047,172	\$ 10,520,873	\$ (473,702)	-4.7%	\$ 9,857,201
	Total Operating Revenue	\$ 2,299,998	\$ 39,764,564	\$ 39,972,755	\$ (208,190)	-0.5%	\$ 35,789,090
Operating Expenses							
[20]	Salaries and Wages	-	20,445,265	\$ 20,744,414	\$ 299,149	1.5%	23,721,481
[21]	Fringe Benefits	-	4,679,049	\$ 4,820,015	140,966	3.0%	6,065,888
[22]	Contract Labor	-	621,209	\$ 392,457	(228,752)	-36.8%	630,925
[23]	Physicians Fees	-	1,974,969	\$ 2,022,018	47,049	2.4%	3,052,552
[24]	Purchased Services	134,149	5,178,888	\$ 5,207,538	28,649	0.6%	5,155,799
[25]	Supply Expense	-	5,912,226	\$ 4,867,927	(1,044,299)	-17.7%	5,946,787
[26]	Utilities	12,425	637,764	\$ 565,134	(72,631)	-11.4%	592,644
[27]	Repairs and Maintenance	53,563	422,864	\$ 334,021	(88,843)	-21.0%	406,819
[28]	Insurance Expense	-	714,593	\$ 692,965	(21,628)	-3.0%	549,648
[29]	All Other Operating Expenses	-	461,989	\$ 1,156,056	694,068	150.2%	373,195
[30]	Supplimental and Grant Expense	-	-	\$ 895,056	895,056	0.0%	-
[31]	Leases and Rentals	-	436,618	\$ 756,288	319,670	73.2%	521,912
[32]	Clinic Expense	-	-	\$ -	-	0.0%	291,505
[33]	Total Operating Expenses	\$ 200,138	\$ 41,485,435	\$ 42,453,889	\$ 968,455	2.3%	\$ 47,309,156
[34]	EBIDA	\$ 2,099,860	\$ (1,720,870)	\$ (2,481,135)	\$ 760,265	-44.2%	\$ (11,520,066)
Interest Expense and Depreciation							
[35]	Depreciation	3,029,190	3,029,190	\$ 2,967,949	\$ (61,241)	-2.0%	2,967,949
[36]	Interest Expense and Amortization	2,161,440	2,335,219	\$ 2,588,758	253,538	10.9%	2,575,665
[37]	Total Interest & depreciation	5,190,630	5,364,409	5,556,707	192,297	3.6%	5,543,614
Non-Operating Revenue:							
[38]	Contributions & Other	40,590	43,849	\$ 450,000	(406,151)	-926.3%	92,784
[39]	Tax Subsidies for GO Bonds - M-A	3,683,794	3,683,794	\$ 4,000,000	(316,206)	-8.6%	4,182,092
[40]	Total Non Operating Revenue/(Expense)	3,724,384	3,727,643	4,450,000	(722,357)	-19.4%	4,274,876
[41]	Total Net Surplus/(Loss)	\$ 633,614	\$ (3,357,637)	\$ (3,587,842)	\$ 230,205	-6.9%	\$ (12,788,805)
[42]	Extra-ordinary loss on Financing	-	-	-	-	-	-
[43]	Increase/(Decrease in Unrestricted Net Assets	\$ 633,614	\$ (3,357,637)	\$ (3,587,842)	\$ 230,205	-6.9%	\$ (12,788,805)
[44]	Total Profit Margin	27.55%	-8.44%	-8.98%			-35.73%
[45]	EBIDA %	91.30%	-4.33%	-6.21%			-32.19%

Balance Sheet - Assets

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

SIX MONTHS ENDING DECEMBER 31, 2021

	DISTRICT ONLY		
	Current Month 12/31/2021	Current Month 12/31/2021	Prior Year End 6/30/2021
Current Assets			
[1] Cash and Cash Equivalents	\$452,104	\$4,423,104	\$ 1,763,843
[2] Gross Patient Accounts Receivable	\$0	\$81,105,242	58,800,003
[3] Less: Bad Debt and Allowance Reserves	\$0	(\$73,186,245)	(50,860,772)
[4] Net Patient Accounts Receivable	\$0	\$7,918,997	7,939,231
[5] Taxes Receivable	\$3,490,607	\$4,151,673	99,170
[6] Other Receivables	\$0	(\$1,418,468)	1,609,566
[7] Inventories	\$0	\$2,071,300	1,830,192
[8] Prepaid Expenses	\$126,169	\$894,015	21,540
[9] Due From Third Party Payers	\$0	(\$1,206,984)	598,026
[10] Malpractice Receivable	\$0	\$0	-
[11] Supplemental Receivables	\$0	\$3,471,660	902,000
Total Current Assets	4,068,879	20,305,297	\$ 14,763,567
Assets Whose Use is Limited			
[12] Cash			
[13] Investments			
[14] Bond Reserve/Debt Retirement Fund	\$11,765,214	\$15,599,861	15,999,821
[15] Trustee Held Funds			
[16] Funded Depreciation			
[17] Board Designated Funds			
[18] Other Limited Use Assets			
Total Limited Use Assets	11,765,214	15,599,861	\$ 15,999,821
Property, Plant, and Equipment			
[19] Land and Land Improvements	\$4,828,182	\$4,828,182	\$ 4,828,182
[20] Building and Building Improvements	\$129,281,491	\$129,281,491	129,257,409
[21] Equipment	\$26,719,749	\$26,719,749	26,562,627
[22] Construction In Progress	\$293,412	\$293,412	299,244
[23] Capitalized Interest			
[24] Gross Property, Plant, and Equipment	161,122,834	161,122,834	160,947,462
[25] Less: Accumulated Depreciation	(\$86,116,477)	(\$86,116,477)	(83,087,287)
[26] Net Property, Plant, and Equipment	75,006,356	75,006,356	\$ 77,860,175
Other Assets			
[27] Unamortized Loan Costs	\$629,973	\$629,973	\$ 728,520
[28] Assets Held for Future Use		\$0	
[29] Investments in Subsidiary/Affiliated Org.	\$17,909,450	\$0	591,819
[30] Other			
[31] Total Other Assets	18,539,423	629,973	\$ 1,320,339
[32] TOTAL UNRESTRICTED ASSETS	109,379,873	111,541,488	\$ 109,943,902
Restricted Assets			
	0	0	0
[33] TOTAL ASSETS	\$109,379,873	\$111,541,488	\$ 109,943,902

Balance Sheet - Liabilities and Net Assets
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
SIX MONTHS ENDING DECEMBER 31, 2021

		DISTRICT ONLY		
		Current Month 12/31/2021	Current Month 12/31/2021	Prior Year End 6/30/2021
Current Liabilities				
[1]	Accounts Payable	\$ 349,948	\$ 9,956,173	\$ 9,285,913
[2]	Notes and Loans Payable (Line of Credit)	-	9,000,000	16,391
[3]	Accounts Payable- Construction	-	-	-
[4]	Accrued Payroll Taxes	-	8,355,341	5,565,216
[5]	Accrued Benefits	-	-	-
[6]	Accrued Benefits Current Portion	-	-	-
[7]	Other Accrued Expenses	-	-	-
[8]	Accrued GO Bond Interest Payable	1,846,057	1,846,057	2,484,778
[9]	Stimulus Advance	-	921,532	2,336,777
[10]	Due to Third Party Payers (Settlements)	-	-	-
[11]	Advances From Third Party Payers	-	-	-
[12]	Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	2,335,000
[13]	Current Portion of LTD (Leases)	-	-	-
[14]	Other Current Liabilities	-	596,724	53,471
	Total Current Liabilities	4,531,005	33,010,828	22,077,546
Long Term Debt				
[15]	Bonds/Mortgages Payable (net of Cur Portion)	103,110,745	\$103,110,745	\$ 105,677,009
[16]	Leases Payable (net of current portion)	\$2,615,000	\$2,615,000	\$315,000
[17]	Total Long Term Debt (Net of Current)	105,725,745	105,725,745	105,992,009
Other Long Term Liabilities				
[18]	Deferred Revenue			
[19]	Accrued Pension Expense (Net of Current)			
[20]	Other			
[21]	Total Other Long Term Liabilities	0	0	0
	TOTAL LIABILITIES	\$ 110,256,751	\$ 138,736,573	\$ 128,069,555
Net Assets:				
[22]	Unrestricted Fund Balance	(1,510,492)	(23,837,448)	\$ (3,774,444)
[23]	Temporarily Restricted Fund Balance	-	-	-
[24]	Restricted Fund Balance	-	-	-
[25]	Net Revenue/(Expenses)	633,614	(3,357,637)	(14,351,209)
[26]	TOTAL NET ASSETS	(876,878)	(27,195,085)	\$ (18,125,653)
[27]	TOTAL LIABILITIES AND NET ASSETS	\$ 109,379,873	\$ 111,541,488	\$ 109,943,902
		\$ (0)	\$ (0)	\$ -

Statement of Cash Flows

SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA SIX MONTHS ENDING DECEMBER 31, 2021

		CASH FLOW	
		Current Month 12/31/2021	
HEALTHCARE SYSTEM CASH FLOW			
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$	2,219,757
[2]	Cash: Beginning Balances- DISTRICT		662,870
[3]	Cash: Beginning Balances TOTALS	\$	2,882,627
Receipts			
[4]	Pt Collections	\$	6,019,974
[5]	Tax Subsidies Measure D		-
[6]	Tax Subsidies Prop 13		472,046
[7]	Tax Subsidies County Supplemental Funds		-
[8]	IGT & other Supplemental (Net)		381,291
[9]	Draws/(Paydown) of LOC Balances		1,000,000
[10]	Other Misc Receipts/Transfers		775,601
	TOTAL RECEIPTS	\$	8,648,911
Disbursements			
[11]	Payroll/ Benefits	\$	4,482,040
[12]	Other Operating Costs		4,074,271
[13]	Capital Spending		0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		-
[15]	Other (increase) in AP /other bal sheet		(1,447,875)
[16]	TOTAL DISBURSEMENTS	\$	7,108,436
[17]	TOTAL CHANGE in CASH	\$	1,540,476
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$	3,971,000
[19]	Ending Balances- DISTRICT		452,104
[20]	Ending Balances- TOTALS	\$	4,423,104
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$	9,000,000
[22]	LOC Interest Expense Incurred		0

TAB F



Origination: 10/1996
Approved: N/A
Last Revised: 01/2022
Policy Area: Patient Financial Services
References:

Self Pay and Charity Care

Policy:

It is the policy of San Gorgonio Memorial Hospital (SGMH) to offer ~~self~~ Self-pay discounts for uninsured patients, under-insured patients, or for patients needing service not otherwise covered by an insurance company. All Self-pay patients who do have an ability to pay and whose income exceeds ~~350~~400% of the Federal Poverty Level (FPL) will receive the standard ~~self pay discount. Note: All~~ Self-pay discount. Note: All Self pay patients whose documented income falls below ~~350~~400% FPL can be considered for Charity Care.

Interdepartmental Team Members:

- Patient Financial Services
- Finance
- Administration

Procedure:

For patients presenting to San Gorgonio Memorial Hospital without insurance coverage, ~~the patient (or representative) will be provided with the Self-Pay and Charity Care Policy guidelines along with a Charity Care application. In accordance with the California Assembly and State bills AB 774, SB 1276, AB 1503, AB 532 and AB1020, which are requirements for Fair Pricing Policies and the Charity and Discount payment policies, patients will be screened to the extent possible for consideration in these programs. The initial billing statement submitted to the patient will request that the patient contact the Patient Financial Services Department to verify the absence of insurance coverage. Additionally, the~~ letter will be sent to the patient with the initial billing statement. In accordance with the California Assembly and State bills AB 774, SB 1276, and AB 1503, which are requirements for Fair Pricing Policies and the Charity and Discount payment policies, patients will be screened to the extent possible for consideration in these offer assistance in applying for various local, state and federal insurance programs. The initial letter submitted to the patient will request that the patient and provide information related to the agency to contact the Patient Financial Services Department to verify the absence of insurance coverage. Additionally the letter will offer assistance in applying for various local, state and federal insurance programs and provide information related to the agency to contact for the Local Consumer Assistance Center.

Self-~~Pay~~pay discounts will be available for patients that are uninsured, under-insured or where coverage is not available from their insurance company for the service being rendered. All Self-pay patients will be screened for linkage to any appropriate form of assistance, including but not limited to Medi-~~ca~~Cal, Covered

CA, Healthy Family program, or any third party liability program (Automobile Insurance, Worker's Compensation, Home Owners Insurance, etc.). Note: For future or current services at SGMH, the patient may be requested to complete the application process for Covered CA, California Medi-cal, presumptive Medi-cal and/or any other available programs to determine whether health care coverage is available to the patient to meet their health care needs.

~~Whenever it becomes apparent that the patient may have difficulty in meeting their financial responsibility to the hospital based on being uninsured or under-insured, the patient will be offered a Self-Pay discount. In accordance with SB 1276 which expands the availability of charity care and discount payment plans to all patients with high medical costs, pending applications for health insurance coverage does not preclude the patient from being eligible for the hospital's charity care or discount payment program. In the event that the patient does not qualify for any of the above programs the following generic discount policy will be applied:~~

Self Pay patients will be offered a Self-Pay discount in accordance with the Hospital's current discount policy and in compliance with the State and Federal Guidelines.

Charity

Patients who qualify for Charity, i.e., whose income is up to 200% of Federal Poverty Guidelines (FPG) will be eligible for Full Charity total free care.

Patients whose income exceeds the FPG but is less than 400% of FPG will be eligible for Partial Charity free care (See attached Schedule).

Those patients who are eligible for Partial Charity free care will have their payment amounts established either on A) a percentage of the Medicare DRG payment amount for Inpatient services or B) calculated on a percentage of the Medicare APC rate for outpatient services (See attached schedule).

Patients whose income exceeds 400% of the FPG and who have no other insurance, Medicare, or Medi-Cal payment coverage will be considered Self-Pay patients.

Self-Pay

Self-Pay patients will have their payment amounts established at 20 percent of current established rates and charges. Also see Obstetrical Delivery service guidelines below.

Self-Pay patients who pay their bill in full within 60 days from the date of service will be provided a discount, i.e., their bill will be adjusted to the lesser of the 20% discount from billed charges, or A) 100% of the Medicare DRG payment amount for Inpatient services or B) calculated at 100% of the Medicare APC rate for outpatient services.

Third Party Coverages and Charity

Patients who have insurance, Medicare, or Medi-Cal coverage and who also qualify for Full Charity care shall be entitled to total free care for the portion of the bill for which they are responsible.

Patients who have insurance, Medicare, or Medi-Cal coverage and who also qualify for Partial Charity care shall be entitled to partial free care for the portion of the bill for which they are responsible as per the terms of their individual insurance coverage.

Any patient who seeks Full Charity free care or Partial Charity free care must first exhaust all methods of payment coverage for which they may be eligible, e.g., Medi-Cal, Medicare, or Medi-Medi participation.

Prompt Pay Discount

Any patient who has commercial insurance coverage (not governmental insurance coverage, such as Medicare, Medi-Cal, ChampVA, Managed Medicare, Managed Medi-Cal) is eligible for a Prompt Pay Discount of 25% of their portion of the bill if their payment is made in full within 45 days of the first billing statement from the hospital. This discount must be personally requested by the patient (or representative) during that time. Patient's accounts which have previously written off as uncollectible and assigned to a collection agency are not eligible for the Prompt Pay Discount.

Payment at time of service:

~~Lump sum payment at time of service or within 3 months of the service date, a discount of 50% of billed charges is authorized to be offered. Discount will be applied when payment is made.~~

- A. For elective procedures, a minimum of 50% payment of the estimated amount payable is required at time of service.
- B. For patient's who do not pay the full estimated amount payable at time of service will need to set up a payment plan. Payments should not be stretched over more than 6 months' time without approval of Revenue Cycle Director.
- C. ~~For~~A reasonable payment plan must be offered to all patients meeting the eligibility requirements in situations where an agreement cannot be reached regarding a payment plan during the negotiation process between hospital and patient. This payment plan will require that monthly payments not exceed 10% of a patient's ~~requesting a discount but needing to set up a payment plan to meet the payment obligation, a discount of 30% of billed charges is authorized to be offered~~familial income for one month excluding deductions for 'essential living expenses'. ~~Payments should not be stretched over more than 6 months time without approval of director. Discount will be applied when final payment is made.~~
 - ~~1. A reasonable payment plan must be offered to all patients meeting the eligibility requirements in situations where an agreement cannot be reached regarding a payment plan during the negotiation process between hospital and patient. This payment plan will require that monthly payments not exceed 10% of a patient's familial income for one month excluding deductions for 'essential living expenses'.~~
- D. Interest is not applied if payment ~~arrangements are made~~(s) fully completed prior to the account being referred to an outside collection agency.
- E. See attached Obstetrical delivery discount policy rates offered at San Gorgonio Memorial Hospital.

~~Payment for service after 3 month from the time of service:~~

- A. ~~For lump sum payments after date of service, discounts of between 30%—50% of billed charges can be offered. These discounts will be applied after taking the patients financial status and the age of the account into consideration. Discount will be applied when payment is made.~~

~~Note: if account is in bad debt, patient must work with bad debt agency to resolve the bill.~~
- B. ~~For patient's requesting a discount, but needing to set up a payment plan to meet the payment obligation, a discount of between 30%—50% of billed charges is authorized to be offered. These discounts will be applied after taking the patients financial status and the age of the account into consideration. Payments should not be stretched over more than 6 months time without approval of director. Discount will be applied when last payment is made.~~
 - ~~1. A reasonable payment plan must be offered to all patients meeting the eligibility requirements in situations where an agreement cannot be reached regarding a payment plan during the negotiation~~

~~process between hospital and patient. This payment plan will require that monthly payments not exceed 10% of a patient's familial income for one month excluding deductions for 'essential living expenses'. Note: if account is in bad debt, patient must work with bad debt agency to resolve the bill.~~

~~C. Interest is not applied if payment arrangements are made prior to the account being referred to an outside collection agency.~~

Adjustment

The approval process is:

All: Patient Financial Services Director

Bad Debt: Chief Financial Officer

Ensure appropriate approval levels are obtained prior to applying adjustments.

Resources:

- Insurance Contracts
- Charity Care Policy
- Discount policies

Supplies:

- Insurance matrix
- Contract guidelines
- Adjustment request form
- Calculator
- EOB's/RA's

Attachments

[Self Pay Cash Price Plans for OB Delivery Patients 01 01 22.docx](#)

[Self Pay Cash Price Plans for OB Delivery Patients 5.5.21.docx](#)

[SGMH Charity Care Schedule -01 01 2022 Policy Attachment \(1\).xls](#)

[Synopsis - Patient Financial Assistance and Discount Policy 01 01 2022 Attachment.docx](#)

Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Ariel Whitley: Executive Assistant	pending
Corporate Compliance	Annah Karam: Director Human Resources	01/2022
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	01/2022
	Mayda Cox: Director Financial Services	01/2022

TAB G

Resolution No. 2022-01

RESOLUTION OF SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT
AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY
AGREEMENT, PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION
THEREWITH FOR THE CALIFORNIA HEALTH FACILITIES FINANCING
AUTHORITY
NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM

WHEREAS, San Gorgonio Memorial Healthcare District (the “Borrower”) is a nondesignated public hospital as defined in Welfare and Institutions Code Section 14165.55, subdivision (1), excluding those affiliated with county health systems pursuant to Chapter 240, Statutes of 2021 (SB 170), Section 25; and

WHEREAS, Borrower has determined that it is in its best interest to borrow an aggregate amount not to exceed **\$2,852,500.00** from the California Health Facilities Financing Authority (the “Lender”), such loan to be funded with the proceeds of the Lender’s Nondesignated Public Hospital Bridge Loan Program; and

WHEREAS, the Borrower intends to use the funds solely to fund its working capital needs to support its operations;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Borrower as follows:

Section 1. The Board of Directors of Borrower hereby ratifies the submission of the application for a loan from the Nondesignated Public Hospital Bridge Loan Program.

Section 2. Steven Barron, Chief Executive Officer and Daniel Heckathorne, Chief Financial Officer (each an “Authorized Officer”) are hereby authorized and directed, for and on behalf of the Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officers deem necessary or advisable in order to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 3. The proposed form of Loan and Security Agreement (the “Agreement”), which contains the terms of the loan is hereby approved. The loan shall be in a principal amount not to exceed **\$2,852,500.00**, shall not bear interest, and shall mature 24 months from the date of the executed Loan and Security Agreement between the Borrower and the Lender. Each Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in substantially said form that includes the redirection of up to 20% of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default, with such changes therein as the Authorized Officers may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 4. The proposed form of Promissory Note (the “Note”) as evidence of the Borrower's obligation to repay the loan is hereby approved. The Authorized Officers are hereby authorized and directed, for and on behalf of the Borrower, to execute the Note in substantially said form, with such changes therein as the Authorized Officers may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Date of Adoption: February 1, 2022

SECRETARY'S CERTIFICATE

I, Joel Labha, Secretary of the Board of Directors of San Gorgonio Memorial Healthcare District, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of San Gorgonio Memorial Healthcare District duly and regularly held at the regular meeting place thereof on the 1st day of February, 2022, of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

Ayes:

Noes:

Absent:

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in my office; that said resolution is a full, true and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

Secretary

Date: February 1, 2022

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Nondesignated Public Hospital Bridge Loan Program

Loan and Security Agreement

This Loan and Security Agreement (“Agreement”) is entered into between the CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY, a public instrumentality of the State of California (“Lender” or “Authority”), authorized by the California Health Facilities Financing Authority Act (the “Act”), having its principal place of business at 915 Capitol Mall, Room 435, Sacramento, California 95814, and **San Geronio Memorial Healthcare District**, a nondesignated public hospital District, DBA San Geronio Memorial Hospital (“Borrower”) as defined in the Nondesignated Public Hospital Bridge Loan Program guidelines, having its principal place of business at **600 North Highland Springs Avenue, Banning, California 92220**.

RECITALS

A. The Borrower has applied to the Authority for a loan from the Nondesignated Public Hospital Bridge Loan Program to fund its Working Capital needs to support its operations.

B. Borrower is a nondesignated public hospital as defined in Welfare and Institutions Code 14165.55, subdivision (l), excluding those affiliated with county health systems pursuant to Chapter 240, Statutes of 2021 (SB 170), Section 25.

C. The Authority has determined that the Borrower’s Application meets eligibility requirements of the hereinafter defined Guidelines.

D. Borrower has requested that Lender lend Borrower certain funds from the Authority’s Nondesignated Public Hospital Bridge Loan Program’s fund balance for the following purpose: To fund its Working Capital needs to support its operations (the “Purpose”).

E. Lender is willing to lend Borrower such funds subject to the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the foregoing, the parties agree as follows:

1. Waiver of Sovereign Immunity

The Borrower hereby waives any immunity it may have from lawsuits and other legal proceedings brought under this Agreement or in connection therewith that are brought by the Authority in the California Superior Court for the County of Sacramento and all courts to which appeals therefrom are available, and enforcement of any judgment of such court in any court of competent jurisdiction, to enforce the terms of this Agreement, and to

enforce and execute any order, judgment or ruling resulting therefrom against any assets or revenues of the Borrower.

If, and only if, a dispute arises between the parties over a matter for which the Borrower has provided a waiver of immunity under this Agreement (the “Dispute”), and the California Superior Court for the County of Sacramento cannot or is unwilling to hear the Dispute, then either party may request binding arbitration of the Dispute. To initiate binding arbitration of a Dispute, a party shall notify the other party in writing. The Dispute shall be settled by binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association and subject to California law concerning arbitration, and judgment on the award rendered by the arbitrator may be entered in any court pursuant to California law concerning arbitration. One arbitrator shall preside and shall be selected by the American Arbitration Association. The arbitration shall take place in Sacramento, California. The arbitrator shall render an award within forty-five days from the conclusion of the arbitration. In the event of arbitration, the prevailing party shall be entitled to all of its costs, including reasonable attorneys’ fees, from the nonprevailing party.

ARTICLE I – DEFINITIONS

Section 1.1- CHECKWRITE means a reimbursement for Medi-Cal covered services, due to the Borrower from the California Department of Health Care Services (“DHCS”), for a particular payment period.

Section 1.2- GUIDELINES means the Nondesignated Public Hospital Bridge Loan Program Guidelines approved by the Authority, as may be amended from time to time.

Section 1.3- LIEN means the securitization of the Loan, including but not limited to the Authority’s intercept of the Borrower’s Medi-Cal reimbursements.

Section 1.4- LOAN DOCUMENTS means this Agreement, the Promissory Note, the agreement referenced in Section 3, and the Borrower’s Application, including all exhibits to such documents.

Section 1.5- WORKING CAPITAL means those costs as defined in Government Code Section 15432, subdivision (h) and are the costs eligible for reimbursement to the Borrower from the Loan amount approved by the Authority.

Section 1.6 – DOCUMENT DATE means the date of this Agreement, which is the date Lender signs this Agreement.

Section 1.7- Any capitalized terms used but not otherwise defined in this Agreement shall have the meaning set forth in the Guidelines.

2. The Loan Repayment.

(a) Subject to the terms and conditions of this Agreement, Lender agrees to make a zero percent (0%) interest rate loan in the aggregate principal amount of **two million eight hundred fifty-two thousand five hundred dollars and zero cents (\$2,852,500.00)** (the “Loan”) to Borrower. The Loan proceeds shall be disbursed to Borrower upon the satisfaction of all of the conditions precedent set forth in Sections 3, 4 and 5 of this Agreement. It is the intent of the Borrower and the Lender to

create a line of credit agreement between the Borrower and the Lender whereby the Borrower may borrow up to **two million eight hundred fifty-two thousand five hundred dollars and zero cents (\$2,852,500.00)** from Lender.

(b) Borrower's obligation to repay the Loan shall be evidenced by a promissory note executed by Borrower (the "Note"), payable to the order of the Lender, in which Borrower agrees to repay the principal sum of the Loan no later than 24 months from the date of this Agreement ("Due Date"). Borrower shall have the right at any time to prepay the Note in whole or in part without premium or penalty.

(c) All payments and prepayments of principal shall, at the option of Lender, be applied first to any fees and costs owing, and after all such fees and penalties have been paid any remainder shall be applied to reduction of the principal balance.

3. Security Agreement.

To induce Lender to make the Loan, to secure Borrower's performance under this Agreement, and to ensure punctual payment of amount due under this Agreement and the Note, the Borrower hereby grants a security interest to Lender and to its successors, and assigns, for so long as Borrower has any obligations to Lender under this Agreement, and for the security and benefit of the Lender, in 20% of the Borrower's respective Medi-Cal checkwrite payments (all such rights being the "Collateral").

Borrower agrees to execute a written agreement substantially in the form set forth in Exhibit A attached hereto and incorporated herein by reference, which authorizes DHCS to redirect Borrower's checkwrite payments to the Lender, if the Loan amount is not repaid in full within 24 months of the date of this Agreement, until such time as the Loan to the Borrower made by Lender (including any fees and other loan related costs as may arise) is paid in full. By execution of the attached agreement, Borrower agrees to assign 20% of its respective Medi-Cal checkwrite payments to the Lender until the Lender notifies DHCS that the loan has been satisfied.

4. Representations and Warranties.

To induce Lender to make the Loan under this Agreement, Borrower hereby represents and warrants to Lender that as of the date hereof and, where relevant, until the Note is paid in full and all obligations under this Agreement are performed in full, that:

(a) Borrower is duly organized under applicable law, is qualified to do business and in good standing in each jurisdiction where required, and has complied with all laws necessary to conduct its business as presently conducted;

(b) Borrower has authority, and has completed all proceedings and obtained all approvals and consents necessary, to execute and deliver all documents authorizing this Loan, including, without limitation, all the Loan Documents, and the transactions contemplated by these Loan Documents;

(c) the execution, delivery and performance of the Loan Documents will not contravene, or constitute a default under or result in a lien upon assets of Borrower pursuant to any applicable law or regulation, any charter document of Borrower or any contract, agreement, judgment, order, decree, or other instrument binding upon or affecting Borrower except for, if applicable, (i) certain liens created by the Loan Documents evidencing this Loan and (ii) other liens in favor of Lender;

(d) this Agreement, the Note, the agreement referenced in Section 3 and all of the other Loan Documents constitute the legal, valid and binding obligations of Borrower, enforceable in accordance with their respective terms;

(e) Borrower represents, except as previously disclosed to Lender, and warrants there is no financing statement, security agreement or any other document covering any required Collateral, or any part thereof, on file, recorded or in effect in any public office;

(f) except as previously disclosed to Lender in writing, there is no action, suit or proceeding, pending or threatened against Borrower which might adversely affect Borrower in any material respect;

(g) Borrower does not have any delinquent tax obligations, and all tax returns required of Borrower have been filed; and

(h) all proceeds of this Loan will be used by the Borrower solely for the Purpose as described in the Recitals and as has been approved by Lender.

5. Conditions Precedent.

Lender shall have no obligation to make the Loan under this Agreement until Lender is satisfied that all of the following conditions have been satisfied:

(a) as of the date of this Agreement, there shall exist no Event of Default, as defined in Section 7, and no event which, with the giving of notice or passage of time, or both, would constitute an Event of Default;

(b) Borrower shall have delivered to Lender a duly executed Agreement, Note, and all other requested Loan Documents;

(c) Borrower shall have delivered to Lender a resolution of the Borrower's Board of Directors duly authorizing the execution, delivery and performance by it of each of the Loan Documents as well as ratification of the submitted application; and

(d) Borrower shall have delivered any other documents reasonably required by Lender in connection with carrying out the purposes of this Agreement, including all documents specified in Sections 2, 3, 4 and 5.

6. Covenants.

From the date of this Agreement until the Note is paid in full and all obligations under this Agreement are performed, Borrower agrees that:

(a) at all times during this Agreement, Borrower shall accurately maintain, in accordance with generally accepted accounting principles, all books of account, records and documents of every kind in which all matters relating to this Loan, including, without limitation, all income, expenditures, assets, and liabilities;

(b) Borrower shall at all times maintain its corporate existence and shall do or cause to be done all things necessary to preserve and keep in full force and effect its rights, licenses, and franchises;

(c) Borrower shall not, without the prior written notification to Lender, change its name or place of business, merge, affiliate, or consolidate with any company or enterprise, or otherwise substantially change its corporate structure or the general character of its business as it is presently conducted;

(e) Borrower shall do all acts that may be necessary to maintain, preserve and protect any required Collateral;

(f) Borrower shall not use or permit any required Collateral to be used unlawfully or in violation of any provision of this Agreement, or any applicable statute, regulation, ordinance or any policy of insurance covering the Collateral;

(g) Borrower shall execute and deliver any financing statement, assignment or other writing deemed necessary or appropriate by Lender to perfect, maintain and protect its security interest under this Agreement;

(i) Borrower shall pay all taxes, assessments, and related obligations when such taxes, assessments and obligations are due and payable;

(j) Borrower shall not create, incur, assume or suffer to exist any further assignment, encumbrance, or lien upon any required Collateral without the prior written consent of Lender;

(k) Borrower shall pay all costs, fees and expenses incurred by Lender in connection with this Agreement;

(l) Borrower may not assign the Agreement or Note to any person or entity, and the Agreement or Note may not be assumed by any person or entity without the prior written consent of Lender;

(m) Borrower shall promptly notify Lender in writing of the occurrence of any event which might materially adversely affect Borrower or which constitutes, or upon notice or passage of time or both, would constitute an Event of Default; and

(n) Borrower shall pay to Lender a fee equal to one percent (1.00%) of the loan amount as a reduction in disbursement of loan proceeds to Borrower.

7. Events of Default.

A default exists, upon the occurrence and during the continuance of any of the following events (“Events of Default”):

(a) failure by Borrower to pay any principal or any other amount payable hereunder or under the Note when due in accordance with the terms of the Agreement or the Note;

(b) any representation or warranty made by Borrower in this Agreement or in any other Loan Document or financial or other statement furnished at any time under or in connection herewith or therewith shall prove to have been incorrect, false or misleading in any material respect on or as of the date when made or deemed to have been made or prior to the date when all obligations of this Agreement have been fully satisfied;

(c) failure of Borrower to fully and completely perform any obligation (except for the obligation set forth in Section 2(b) of this Agreement), covenant or agreement set forth in this Agreement or in the other Loan Documents or any agreement as may be required by Sections 3,4 and 5 herein and the failure to cure the default may, in the sole discretion of the Lender, not constitute an Event of Default unless (i) Borrower fails to commence steps to cure the failure within the fifteen (15) day period or (ii) Borrower fails to cure the failure within thirty (30) days after the date of the failure;

(d) (i) Borrower shall have applied for or consented to the appointment of a custodian, receiver, trustee or liquidator of all or a substantial part of its assets, (ii) a custodian, receiver, trustee or liquidator shall have been appointed with or without the consent of Borrower, (iii) Borrower shall generally not be paying its debts as they become due, has made a general assignment for the benefit of creditors, has filed a voluntary petition in bankruptcy, or has filed a petition or an answer seeking reorganization or an arrangement with creditors or to take advantage of any insolvency law, (iv) Borrower shall have filed an answer admitting the material allegations of a petition in any bankruptcy, reorganization or insolvency proceeding, or taken any corporate action for the purpose of effecting the filing of such an answer, (v) a petition in bankruptcy shall have been filed against Borrower and shall not have been dismissed for a period of thirty (30) consecutive days, (vi) an order for relief shall have been entered under the Federal Bankruptcy Code against Borrower, (vii) an order, judgment or decree shall have been entered, without the application, approval or consent of Borrower, by any court of competent jurisdiction approving a petition seeking reorganization of Borrower or appointing a receiver, trustee, custodian or liquidator of Borrower or a substantial part of its assets, and the order, judgment or decree shall have continued unstayed and in effect for any period of forty-five (45) consecutive days, (viii) Borrower shall have suspended the transaction of its usual business, or (ix) Borrower shall have ceased to be authorized by the laws of this State to operate a health facility, as defined by the Act; and

(e) if the Loan amount due under this Agreement is not paid in full within twenty-four (24) months from the date of this Agreement, then at the option and upon the declaration of Lender, all amounts owed to Lender under this Agreement and the Note shall, without presentment, demand, protest or notice of any kind, all of which are hereby expressly waived, become immediately due and payable, and Lender may immediately, and without expiration of any period of grace, enforce payment of all amounts owed to Lender under this Agreement and the Note and exercise any and all other remedies granted to it at law, in equity or otherwise, for the enforcement of realization of the security interests provided in this Agreement. In addition, Lender shall be entitled to recover from Borrower all costs and expenses, including, without limitation, reasonable attorneys' fees, incurred by Lender in exercising any remedies under this Agreement.

No delay in accelerating the maturity of any obligation contained in this Agreement or in taking any other action with respect to any Event of Default shall affect the rights of Lender later to take such action with respect thereto, and no waiver as to a prior occasion shall affect rights as to any other Event of Default. A waiver or release with reference to any one event shall not be construed as continuing, as a bar to, or as a waiver or release of, any subsequent right, remedy or recourse as to a subsequent event.

Borrower waives presentment and demand for payment, notice of intent to accelerate maturity, notice of acceleration and maturity, protest or notice of protest and nonpayment, bringing of suit and diligence in taking any action to collect any sums owing under this Agreement, and agrees that its liability on this Agreement shall not be affected by any release of or change in any security for the payment of sums due under this Agreement.

If Borrower fails to pay its one-time installment of principal due under this Agreement by the Due Date of the one-time installment, Borrower shall pay Lender twenty percent (20%) of its respective Medi-Cal checkwrite payments due for the purpose of the handling of a delinquent payment. Borrower and Lender agree that the method of repayment represents a reasonable means of collection considering all of the circumstances existing on the date of this Agreement.

Acceptance by the Lender or holder of the Note of any installment after any default under this Agreement shall not operate to extend the time of payment of any amount then remaining unpaid or constitute a waiver of any of the other rights of the Lender or holder under the Note or this Agreement.

8. Security Agreement.

This Agreement shall constitute a security agreement with respect to any required Collateral.

9. Miscellaneous.

(a) Borrower hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless Lender, Authority members, officers, directors, trustees, employees and agents, from and against any and all claims, liabilities, losses and expenses (including reasonable attorneys' fees) directly,

indirectly, wholly or partially arising from or in connection with any act or omission of Borrower, its employees or agents, in applying for or accepting the Loan, or in expending or applying the funds furnished pursuant to this Agreement. This section shall survive the termination of this Agreement.

(b) The terms of this Agreement may be revised or modified only with the prior written consent of both parties.

(c) The descriptive headings in this Agreement are inserted for convenience only and shall not be deemed to affect the meaning or construction of any of the provisions of this Agreement.

(d) Any provision of this Agreement that is illegal, invalid or unenforceable, shall be ineffective to the extent of such illegality, invalidity or unenforceability without rendering illegal, invalid or unenforceable the remaining provisions of this Agreement.

(e) This Agreement is intended by the parties to be the final expression of their agreement with respect to the terms included in this Agreement and may not be contradicted by evidence of any prior or contemporaneous agreement.

(f) This Agreement may be executed in any number of counterparts, each of which when so executed and delivered shall be an original, but all counterparts shall together constitute one and the same instrument.

(g) All notices given under this Agreement shall be in writing and shall be hand-delivered or mailed by registered or certified mail, postage prepaid and shall be sent to the parties' respective addresses first written above or any other address as a party may have specified in writing.

(h) Borrower waives trial by jury in any litigation arising out of or relating to this Agreement in which a holder of the Note is an adverse party and further waives the right to interpose any defense, set-off, or counterclaim of any nature or description.

(i) Lender and Borrower hereby agree that the laws of the State of California apply to this Agreement. Any legal action or proceedings brought to enforce or interpret the terms of this Agreement shall be initiated and maintained in the courts of the State of California and or the United States in Sacramento, California, but Lender may waive venue in Sacramento County in its sole discretion.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in day and year first hereinabove written.

LENDER: **CALIFORNIA HEALTH FACILITIES
FINANCING AUTHORITY**, a public
instrumentality of the State of California

By: _____

Name: **Frank Moore**

Title: **Executive Director**

Date: _____

BORROWER: **San Gorgonio Memorial Healthcare District**,
a nondesignated public hospital District, DBA
San Gorgonio Memorial Hospital

By: _____
(Authorized Officer)

Name: **Dennis Tankersley**

Title: **Board Chair**

Date: _____

EXHIBIT A

AUTHORIZATION TO CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
REDIRECTION OF MEDI-CAL WARRANTS TO
CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

1. NAME OF BORROWER (MEDI-CAL PROVIDER)		2. MEDI-CAL PROVIDER NUMBER	
San Gorgonio Memorial Hospital		1568469997	
3. MAIN CONTACT PERSON NAME		4. TELEPHONE NUMBER	
Margaret Kammer, Controller		951-769-2118	
5. ADDRESS CITY STATE ZIP			
600 North Highland Springs Ave., Banning, CA 92220			
6. LOAN AMOUNT NOT TO EXCEED			
Two million eight hundred fifty-two thousand five hundred dollars and zero cents(\$2,852,500.00)			

Borrower hereby assigns all of its rights to 20% of its respective Medi-Cal checkwrite payments, along with any and all underlying right to reimbursement as may currently exist, to the California Health Facilities Financing Authority (CHFFA) if the Loan amount is not repaid in full within 24 months of the date of this Agreement, as part of the re-payment requirements of the Nondesignated Public Hospital Bridge Loan Program approved by CHFFA Resolution No. 2021-04 on October 28, 2021.

This assignment shall be in place until CHFFA has notified the Department of Health Care Services (DHCS) that the loan has been paid in full, whereupon the right to full future reimbursements shall revert to the Borrower.

Borrower receives Medi-Cal reimbursement via (check appropriate box):

- Paper warrants
- Electronic funds transfer (EFT)

If an EFT recipient, Borrower acknowledges and agrees to the following requirements:

Borrower shall complete an EFT cancellation form (see attached), which shall be submitted to DHCS. This form must be submitted to DHCS at least one week in advance of the applicable State Controller's Office (SCO) checkwrite issuance date.

Borrower acknowledges that after DHCS receives notice from CHFFA that Borrower's loan is paid in full, the Medi-Cal reimbursement to Borrower will be by paper warrants until such time as the Borrower reapplies for EFT and that application is effective.

Borrower assumes the responsibility of updating its address on file with DHCS and submitting to DHCS any necessary address correction using the Medi-Cal Supplemental Changes form (Form 6209).

BORROWER: San Gorgonio Memorial Healthcare District, a nondesignated public hospital District, DBA San Gorgonio Memorial Hospital

By: _____
(Authorized Officer)

Name: Dennis Tankersley

Title: Board Chair

EFT	Electronic Fund Transfer Authorization	<u>Department of Health Care Services – Medi-Cal:</u> This authorization remains in full force and effect until the California Medicaid Program/Title <input type="checkbox"/> receives written notification from the provider of its termination, or until the California Medicaid Program/Title <input type="checkbox"/> or appointing authority deems it necessary to terminate the agreement.
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Directions: An original pre-imprinted voided check for checking accounts, or an original bank letter for savings accounts, must be submitted with this form. The provider name, routing number and account number on either of those documents must match what is entered on this form. Photocopied documents will not be accepted. Use blue ink for signatures, including notary.

Section A

Please Print or Type

1. Name of Provider (must match name on bank account and name registered with Medi-Cal)	2. NPI OR Legacy Number (one EFT form per number)
3. Name of Main Contact Person	4. Telephone Number
5. Provider Address	City State Zip
6. Last 4 Digits of Provider Social Security Number or Complete Federal Tax ID Number (must match number registered with Medi-Cal)	

Section B

1. Bank Routing Number	2. Bank Account Number (including leading zeroes)	3. Type of Account Checking Savings
4. Bank Name		
5. Bank Address	City	State <input type="checkbox"/> ip

Section C (Check the appropriate box)

I hereby authorize the California Medicaid Program/Title to initiate credit entries to my bank account as indicated above, and the depository named above to credit the same to such account. For changes to existing accounts, do not close an existing account until the first payment has been deposited into the new account

I hereby **CANCEL** my EFT authorization.

I understand that by signing this form, payments issued will be from Federal and State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Provider Signature _____ Date _____
(Blue ink only. Must be owner or corporate officer.)

Form Must Be Notarized

Mail This Form To:

California MMIS Fiscal Intermediary
Attn: EFT nit
PO Box 1302
Sacramento, CA 5 13-402

press Mail Only

California MMIS Fiscal Intermediary
Attn: EFT nit
20 Stillwater Road
West Sacramento, CA 5605

Privacy Statement (Civil Code Section 17 et seq.): The information requested on this form is required by the Department of Health Care Services for purposes of identification and document processing. Furnishing the information requested on this form is mandatory. Failure to provide the mandatory information may result in your request being delayed or not processed.

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Nondesignated Public Hospital Bridge Loan Program

Promissory Note (“Note”)

\$2,852,500.00

San Geronio Memorial Healthcare District, a nondesignated public hospital District, DBA San Geronio Memorial Hospital having its principal place of business at **600 North Highland Springs Ave., Banning, CA 92220** (“Borrower”), for value received, hereby promises to pay to the order of CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY, a public instrumentality of the State of California (the “Lender” or “Holder”), at its office located at 915 Capitol Mall, Room 435, Sacramento, California 95814, or at such other place as the Holder may from time to time designate in writing, in lawful money of the United States of America, the principal sum of **two million eight hundred fifty-two thousand five hundred dollars and zero cents (\$2,852,500.00)** or so much thereof as may be advanced to or for the benefit of the Borrower by the Lender in Lender’s sole and absolute discretion, until payment of such principal sum shall be discharged in no event later than 24 months from the date as more particularly provided for in that certain Loan and Security Agreement between Borrower and the Lender, dated as of the date thereof (the “Agreement”). It is the intent of the Borrower and Lender to create a line of credit agreement between Borrower and Lender whereby Borrower may borrow up to **\$2,852,500.00** from Lender provided, however, that Lender has no obligation to lend Borrower any amounts hereunder and the decision to lend such money lies in the sole discretion of Lender.

All payments on this Note shall, at the option of Holder, be applied first to any fees and costs owing and any remainder shall be applied to a reduction of the principal balance.

The Borrower shall be in default of this Note on the occurrence of any of the events set forth in the Agreement executed simultaneously herewith, including but not limited to the following: (i) the Borrower shall fail to meet its obligation to make the required principal payment hereunder; (ii) the Borrower shall be dissolved or liquidated; (iii) the Borrower shall make an assignment for the benefit of creditors or shall be unable to, or shall admit in writing their inability to pay their debts as they become due; (iv) the Borrower shall commence any case, proceeding, or other action under any existing or future law of any jurisdiction relating to bankruptcy, insolvency, reorganization or relief of debtors, or any such action shall be commenced against the undersigned; (v) the Borrower shall suffer a receiver to be appointed for it or for any of its property or shall suffer a garnishment, attachment, levy or execution.

Upon default of this Note, Lender may declare the entire amount due and owing hereunder to be immediately due and payable. Lender may also use all remedies in law and in equity to enforce and collect the amount owed under this Note. The remedies of the Holder, as provided in the Agreement shall be cumulative and concurrent and may be pursued singularly, successively or together, at the sole discretion of Holder, and may be exercised as often as occasion therefor shall arise. No act of omission or commission of Holder, including specifically any failure to exercise any right, remedy or recourse shall be deemed to be a waiver or release of the same, such waiver or release to be effected only through a written document executed by Holder and

then only to the extent specifically recited therein. A waiver or release with reference to any one event shall not be construed as continuing, as a bar to, or as a waiver or release of, any subsequent right, remedy or recourse as to a subsequent event.

Borrower hereby waives presentment and demand for payment, notice of intent to accelerate maturity, notice of acceleration and maturity, protest or notice of protest and non-payment, bringing of suit and diligence in taking any action to collect any sums owing hereunder, and agrees that its liability on this Note shall not be affected by any release of or change in any security for the payment of this Note.

Borrower shall have the right to prepay this Note in whole or in part at any time without penalty or premium.

Any provision of this Note or corresponding Agreement, that is illegal, invalid or unenforceable, shall be ineffective to the extent of such illegality, invalidity or unenforceability without rendering illegal, invalid or unenforceable the remaining provisions of this Note.

Borrower agrees that the laws of the State apply to this Note. Any legal action or proceedings brought to enforce or interpret the terms of this Note shall be initiated and maintained in the courts of the State of California or the United States in Sacramento, California, but Lender may waive venue in Sacramento County in its sole discretion.

San Geronio Memorial Healthcare District,
a nondesignated public hospital District,
DBA San Geronio Memorial Hospital

By: _____
(Authorized Officer)

Name: **Dennis Tankersley** _____

Title: **Board Chair** _____

Date: _____

TAB H

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: January 19, 2022

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):

2022 Annual Approval of Policies & Procedures

The attached list of policies & procedures is recommended for approval.

Pharmacy & Therapeutics – Update on COVID 19 Drug Formulary

The following drugs will be added to the hospital Formulary:

Monoclonal Antibodies: US has paused distribution of Regeneron and BAM/ETE due to lack of activity against omicron variant. Sotrovimab only MAB to show activity against omicron is in limited supply. State of California received limited doses and allocated to 4 infusion centers in Riverside County. Infusion centers were chosen due to overwhelming workload in hospitals and ED. Morongo Infusion Center, Desert Oasis, Riverside University and Eisenhower.

Oral COVID Antivirals: Distributed to CVS/Rite Aid and to local clinics in rural Riverside Co, for example Idyllwild that doesn't have the big chain store.

Tocilizumab/Sarilumab: Interleukin 6 inhibitor for covid induced cytokine storm. Limited supply only allocated 2-3 doses per week through wholesaler; pharmacist will follow up if available.

Black Cumin (thymoquinone): For approval through Ad Hoc P&T in December; anti-inflammatory properties RCT suggests black cumin and honey given with meals will reduce the duration of covid symptoms. Given as nutritional supplement with dietary. For approval as a natural remedy and amend policy and procedure.

Epinephrine Shortage: National shortage ongoing for months, have placed MDV plus syringes with instructions to draw up (low dose) 1mg/10ml syringes commonly used in crash carts. Reserving boxed syringes for code carts whenever possible.

Approval of Beta Strep Screen for Sore Throat

R/O Group A Beta-Hemolytic Strep Pharyngitis on a Swab

The objective of this practice is to provide a test that is a highly reliable way to diagnose strep throat (See attached).

SAN GORGONIO MEMORIAL HOSPITAL
ANNUAL APPROVAL OF POLICIES & PROCEDURES

Title	Policy Area	Revised?
Clostridium difficile Prevention and Control	Infection Control	Revised
Controlled Air Purifying Respirator (CAPR)	Infection Control	Revised
Coronavirus Disease 2019 (COVID-19) Risk Assessment & Management Decision Making	Infection Control	Revised
CTA Chest / Abdomen Aneurysm / Dissection	Diagnostic Imaging	Revised
Diagnostic Imaging General Information Interpretation of Studies	Diagnostic Imaging	Revised
Disinfecting & Transporting Ultrasound Probes with the Trophon2 system.	Diagnostic Imaging	Revised
Homeless Patient Discharge Planning	Case Management	Revised
Hospitalized Homeless Patient Service Plan	Case Management	Revised
Inpatient Assessments: Admission, Shift, Focus, Reassessment, Discharge	Nursing	Revised
Lab - Specimens, Collection and Handling	Clinical Laboratory	Revised
Laboratory Critical Test Result List	Clinical Laboratory	Revised
Mammography Services	Diagnostic Imaging	Revised
MRI Medical and Safety Director	Diagnostic Imaging	Revised
Transporting Patients to Other Departments	Nursing	Revised
Types of Containers Used for Specimen Collection	Clinical Laboratory	Unchanged
Use of Interim Permit Registered Nurses	Nursing	Unchanged
Valuable Property: Patient	Nursing	Revised
Whole Blood Glucose Testing Using the Roche® Accucheck Inform II Meter	Clinical Laboratory	Revised



R/O Group A beta-hemolytic Strep Pharyngitis on a Swab

NEGATIVE PREDICTIVE VALUE

CENTOR CRITERIA

<20%

MODIFIED CENTOR CRITERIA

SCORE 1/5 5-10%

--WILL MISS A POSITIVE IF NO SWAB

SCORE 0/5 1-2.5%

ROUTINE CULTURE

5-10%

CLEARVIEW RAPID CHROMATOGRAPHIC IMMUNOASSAY FOR QUALITATIVE DETECTION OF STREP A SCREEN

1-3%

--WILL MISS A POSITIVE IF A SWAB IS TAKEN

RISK/BENEFIT ANALYSIS

SGMH NP SWABS/MONTH = 25

COST OF CULTURE = \$10.50

COST OF SCREEN =- \$1.50 PER PATIENT

TESTING TIME = 2 DAYS

TESTING TIME = 30 MIN

TAB I

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting of February 1, 2022

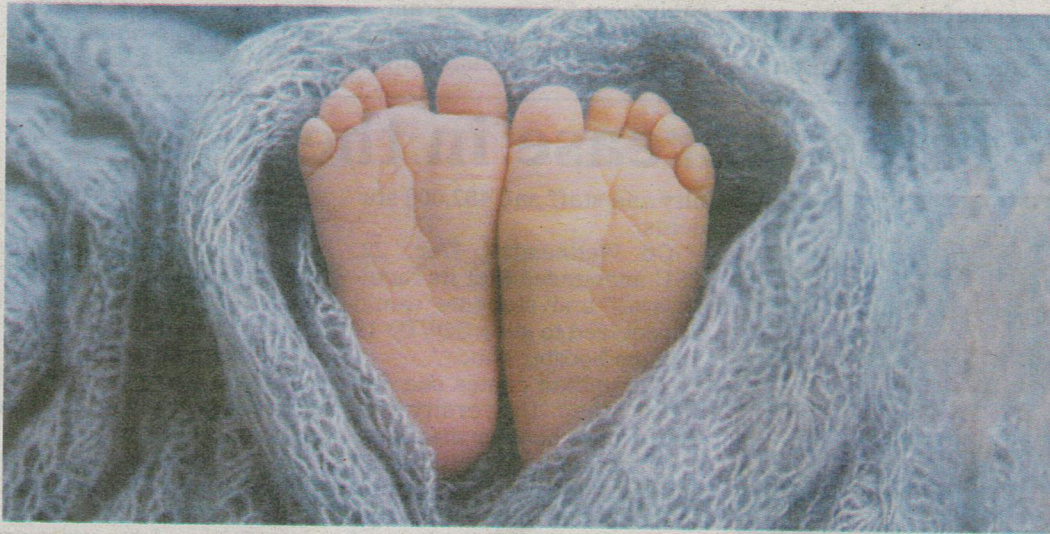
	Title	Policy Area	Owner	Workflow Approval
1	Clostridium difficile Prevention and Control	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
2	Controlled Air Purifying Respirator (CAPR)	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
3	Coronavirus Disease 2019 (COVID-19) Risk Assessment & Management Decision Making	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
4	CTA Chest / Abdomen Aneurysm / Dissection	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
5	Diagnostic Imaging General Information Interpretation of Studies	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
6	Disclosure of Adverse Outcomes or Unanticipated Events	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
7	Disinfecting & Transporting Ultrasound Probes with the Trophon2 system.	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
8	Environment of Care/Safety Committee Life Safety (Fire Safety) Plan 2022	Environment of Care	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
9	Homeless Patient Discharge Planning	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
10	Hospitalized Homeless Patient Service Plan	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
11	Inpatient Assessments: Admission, Shift, Focus, Reassessment, Discharge	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
12	Lab - Specimens, Collection and Handling	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
13	Laboratory Critical Test Result List	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
14	Mammography Services	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting of February 1, 2022

	Title	Policy Area	Owner	Workflow Approval
15	MRI Medical and Safety Director	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
16	Self Pay and Charity Care	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Hospital Board of Directors
17	Transporting Patients to Other Departments	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
18	Types of Containers Used For Specimen Collection	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
19	Use of Interim Permit Registered Nurses	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
20	Valuable Property: Patient	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
21	Whole Blood Glucose Testing Using the Roche® Accucheck Inform II Meter	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors

TAB J

Big Dreams Small Toes



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

WE'RE READY WHEN YOU NEED US



SAN GORGONIO
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 Gorgonio Memorial Hospital is here to care for you.

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PAID ADVERTISEMENT

Supporters Celebrate Big Win For Measure H, Benefitting San Gorgonio Memorial Hospital

Banning, CA. Following official certification by the Riverside County Registrar of Voters on December 30th showing 71.5% support for Measure H, campaign leaders driving the effort to pass the 2021 San Gorgonio Memorial Hospital mail ballot measure cheered in victory — and relief.

“We did it! Measure H has cleared the bar!” declared a delighted Lynn Baldi, Yes on H Campaign Co-Chair. “With all the people voting, what a thrill it is to see this overwhelming vote of support to keep our local Emergency Room open.”

A jubilant Estelle Lewis, who co-chaired the YES Campaign with Baldi, added, “We have so many people to thank, most of all, the VOTERS! We know that this measure will benefit our entire Pass Area community, and we are so thankful to our supporters for making sure that their voices were heard and their votes were mailed in!”

Passage of Measure H will help maintain local access to lifesaving emergency medical care, keep qualified physicians and nurses at SGMH, provide up-to-date medical technologies/treatments, protect patient safety and short wait times, and add medical expertise and advanced services for stroke victims. Most critically, it will make sure that San Gorgonio Memorial Hospital is OPEN, with a fully operational ER, 24/7.

“Measure H funding is absolutely essential to San Gorgonio Memorial Hospital’s emergency room operation,” said Dennis Tankersley, Chair of the locally elected SGMH District Board of Directors. “Without this funding, our community would suffer. As a local parent, taxpayer, and medical professional who works in an ER every day, I am especially grateful to our voters today. They made a very wise decision to support Measure H and in doing so they said YES to saving lives.”

The Measure H Campaign was active locally over the past few months, with yard signs



San Gorgonio Memorial Hospital will remain open with a fully operational ER, 24/7.

posted across the Pass Area, thousands of mailers sent to local residents, a visible online presence featuring videos of local hospital supporters urging a yes vote on Measure H, and a small but mighty volunteer army calling and texting voters and holding community meetings about the measure to educate the public and mobilize support.

“We couldn’t have won without our volunteers! This was a grassroots effort through and through,” said Campaign Co-Chair Estelle Lewis. “Our volunteers put their hearts and souls into winning this campaign — and it paid off!” added Campaign Co-Chair Lynn Baldi.

Funding for the YES on H Campaign was primarily provided by the San Gorgonio Memorial Hospital Foundation.

“We are in awe of the team effort that went into mobilizing this win, thrilled to be able to do our part to help, and ecstatic at the end result,” said George Moyer, President of the Hospital Foundation. “Our singular goal remains: helping to contribute to the betterment of this hospital for the benefit of

our community. Helping pass Measure H is the kind of thing we exist to do, and we’re so happy for all involved.”

Measure H applies to local property owners living within San Gorgonio Health Care District boundaries. The measure has now authorized the measure without increasing the District parcel tax, originally passed in 2002 and re-authorized in 2012 for 10 years.

“Our community relies on us to provide emergency care in an emergency situation, and we appreciate that they’ve now helped us in our time of need,” said SGMH CEO Steve Barron. “We want to thank you to us to continue improving what we do and to show the voters that their investment was well placed.”

The Measure H authorization will take effect on July 1, 2022 without changing the existing SGMH tax rate currently assessed to local taxpayers. The Health Care District will establish an independent Citizens Oversight Committee to ensure the spending of Measure H funds is managed by local voters.



**We'll make
sure you
and your
family
get off to
a beautiful
start**



SAN GORGONIO
MEMORIAL HOSPITAL
WOMEN'S CENTER

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

WE ARE EXCEPTIONALLY HONORED TO BE YOUR HEALING PLACE



SAN GORGNIO
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 Gorgonio Memorial Hospital is here to care for you.

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