



**AGENDA**

**REGULAR MEETING OF THE BOARD OF DIRECTORS**

**Tuesday, October 3, 2023 – 4:00 PM**

**Modular C Classroom**

**600 N. Highland Springs Avenue, Banning, CA 92220**

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

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

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

**OLD BUSINESS**

III. **\*Proposed Action - Approve Minutes**

S. DiBiasi

o September 5, 2023, Regular Meeting

A

**NEW BUSINESS**

IV. Hospital Board Chair Monthly Report

S. DiBiasi

verbal

San Geronio Memorial Hospital  
 Board of Directors Regular Meeting  
 October 3, 2023

V.	CEO Monthly Report	S. Barron	verbal
VI.	October, November, & December Board/Committee Meeting Calendars	S. DiBiasi	B
VII.	Quarterly Foundation Report	V. Hunter	C
VIII.	<p><b>*Proposed Action – Recommend Approval to the Healthcare District Board of the Purchase of Three Physio-Control Lifepak 15 Defibrillators</b></p> <ul style="list-style-type: none"> <li>▪ <b>ROLL CALL</b></li> </ul>	A. Brady	D
IX.	Committee Reports:		
	<ul style="list-style-type: none"> <li>• <u>Human Resources Committee</u> <ul style="list-style-type: none"> <li>○ September 26, 2023, special meeting minutes</li> </ul> </li> </ul>	S. DiBiasi/ A. Karam	E
	<ul style="list-style-type: none"> <li>• <u>Finance Committee</u> <ul style="list-style-type: none"> <li>○ September 26, 2023, regular meeting minutes</li> <li>* <b>Proposed Action – Approve August 2023 Financial Statement (Unaudited)</b> (Approval recommended by Finance Committee 09/26/2023)               <ul style="list-style-type: none"> <li>▪ <b>ROLL CALL</b></li> </ul> </li> <li>* <b>Proposed Action – Approve the FY 23-24 Salary Program</b> (Approval recommended by Finance Committee 09/26/2023)               <ul style="list-style-type: none"> <li>▪ <b>ROLL CALL</b></li> </ul> </li> <li>* <b>Proposed Action – Recommend Approval to the Healthcare District Board of Additional Funding for the Acquisition of New Fluoroscopy Equipment and Construction Associated with Installation</b> (Approval recommended by Finance Committee 09/26/2023)               <ul style="list-style-type: none"> <li>▪ <b>ROLL CALL</b></li> </ul> </li> </ul> </li> </ul>	S. DiBiasi/ S. Barron	F
		S. Barron	verbal
		J. Peleuses	G
	<ul style="list-style-type: none"> <li>• <u>Community Planning Committee</u> <ul style="list-style-type: none"> <li>○ September 26, 2023, special meeting minutes</li> <li>○ Reports</li> </ul> </li> </ul>	S. DiBiasi	H
X.	<p><b>* Proposed Action - Approve Policies and Procedures</b></p> <ul style="list-style-type: none"> <li>▪ <b>ROLL CALL</b></li> </ul>	Staff	I
XI.	<p>Chief of Staff Report</p> <p><b>* Proposed Action - Approve Recommendations of the Medical Executive Committee</b></p> <ul style="list-style-type: none"> <li>▪ <b>ROLL CALL</b></li> </ul>	R. Sahagian, MD Chief of Staff	J
XII.	Community Benefit events/Announcements/ and newspaper articles	S. DiBiasi	K

XIII. Future Agenda Items

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

S. DiBiasi

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

XIV. **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

XV. **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 September 29, 2023, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Geronio Memorial Hospital, and on the San Geronio 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 September 29, 2023



Ariel Whitley, Executive Assistant

**TAB A**

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

September 5, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, September 5, 2023, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi (Chair), Perry Goldstein, Darrell Petersen, Ron Rader, Steve Rutledge, Randal Stevens, Lanny Swerdlow, Dennis Tankersley

Members Absent: Shannon McDougall

Required Staff: Steve Barron (CEO), Daniel Heckathorne (CFO), Raffi Sahagian, MD (Chief of Staff), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Angie Brady (CNE), John Peleuses (VP Ancillary and Support Services), Karan P. Singh, MD (CMO), Margaret Kammer (Controller), Tracie Hudson (Infection Prevention Director)

AGENDA ITEM		ACTION / FOLLOW-UP
<b>Call To Order</b>	Chair, Susan DiBiasi, called the meeting to order at 4:00 pm.	
<b>Public Comment</b>	No public comment.	
<b>GENERAL TOPIC</b>		
<b>Graduate Medical Education (GME) Presentation</b>	Susan Stafford, GME Coordinator, presented details about the GME and UGME programs here at San Gorgonio Memorial Hospital.	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes August 1, 2023, regular meeting.</b>	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the August 1, 2023, regular meeting.  There we none.	<b>The minutes of the August 1, 2023, regular meeting will stand correct as presented.</b>
<b>NEW BUSINESS</b>		
<b>Hospital Board Chair Monthly Report</b>	Chair DiBiasi did not give a formal report due to a lengthy agenda.	
<b>CEO Monthly Report</b>	Steve Barron, CEO, briefly reported that there will be an item on the District Board's agenda, asking for approval to acquire new lighting for OR3.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
<b>September, October, &amp; November Board/Committee meeting calendars</b>	Calendars for September, October, & November were included on the board tablets.																					
<b>Bi-Monthly Patient Care Services Report</b>	Angela Brady, CNE, gave the Bi-Monthly Patient Care Services Report as included on the board tablets.																					
<b>Proposed Action – Approve Letter of Support for the Extension of Sun Lakes Blvd. as an Alternative Bypass to the I-10 Freeway for Emergency Services</b>	<p>Steve Barron, CEO, briefly explained the letter of support for the extension of Sun lakes Blvd. as an alternative bypass to the I-10 freeway for emergency services.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 743 1253 919"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td></td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow		Tankersley	Yes	Motion carried.		<b>M.S.C., (Rader/Stevens), the SGMH Board of Directors approved the Letter of Support for the Extension of Sun Lakes Blvd. as an Alternative Bypass to the I-10 Freeway for Emergency Services.</b>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Absent	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow																				
Tankersley	Yes	Motion carried.																				
<b>COMMITTEE REPORTS:</b>																						
<b>Proposed Action – Approve July 2023 Financial Statement (Unaudited).</b>	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the July 2023 Financial report which was included as a handout. A copy of the Finance Committee’s August 29, 2023, meeting minutes were also included on the board tablet.</p> <p>It is noted that approval is recommended by the Finance Committee.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 1314 1253 1491"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td></td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow		Tankersley	Yes	Motion carried.		<b>M.S.C., (Rutledge/Petersen), the SGMH Board of Directors approved the July 2023 Financial Statement as presented.</b>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Absent	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow																				
Tankersley	Yes	Motion carried.																				
<b>Proposed Action – Approve the 2024 Associates Health Plan Benefits</b>	<p>Annah Karam, CHRO, reviewed the Associates Health Plan Benefits package as included in the committee packet.</p> <p>It is noted that approval is recommended by the Finance Committee.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 1759 1253 1894"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td></td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow		<b>M.S.C., (Stevens/Rutledge), the SGMH Board of Directors approved the 2024 Associates Health Plan Benefits as presented.</b>				
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Absent	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow																				

AGENDA ITEM				ACTION / FOLLOW-UP																				
	Tankersley	Yes	Motion carried.																					
<b>Proposed Action - Recommend Approval to the Healthcare District Board – The Acquisition of New Fluoroscopy Equipment and Construction Associated with Installation</b>	<p>John Peleuses, VP, Ancillary and Support Svcs., reported on the need for the acquisition of new fluoroscopy equipment and construction associated with the installation.</p> <p>This project will be funded from the FY2024 capital budget, adjusting as appropriate.</p> <p>It is noted that approval is recommended by the Finance Committee.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 695 1255 873"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td></td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>			DiBiasi	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow		Tankersley	Yes	Motion carried.		<p><b>M.S.C., (Rader/Tankersley), the SGMH Board of Directors voted to recommend approval of the Acquisition of New Fluoroscopy Equipment and Construction Associated with Installation to the Healthcare District Board.</b></p>
DiBiasi	Yes	Goldstein	Yes																					
McDougall	Absent	Petersen	Yes																					
Rader	Yes	Rutledge	Yes																					
Stevens	Yes	Swerdlow																						
Tankersley	Yes	Motion carried.																						
<b>Proposed Action - Recommend Approval to the Healthcare District Board – The Acquisition of a New Aero HygenX SparX Ultraviolet Sterilization System</b>	<p>John Peleuses, VP, Ancillary and Support Svcs., reported on the need for the acquisition of a new Aero HygenX SparX Ultraviolet Sterilization System.</p> <p>The funding of this equipment item was not included in the FY2024 capital budget as a line item but would be considered as a discretionary item.</p> <p>It is noted that approval is recommended by the Finance Committee.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 1310 1255 1488"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td></td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>			DiBiasi	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow		Tankersley	Yes	Motion carried.		<p><b>M.S.C., (Swerdlow/Rutledge), the SGMH Board of Directors voted to recommend approval of the acquisition of a new Aero HygenX SparX Ultraviolet Sterilization System to the Healthcare District Board.</b></p>
DiBiasi	Yes	Goldstein	Yes																					
McDougall	Absent	Petersen	Yes																					
Rader	Yes	Rutledge	Yes																					
Stevens	Yes	Swerdlow																						
Tankersley	Yes	Motion carried.																						
<b>\$9.8M Distressed Hospital Loan Recommendations – Discussion</b>	<p>Steve Barron, CEO, reported that a draft resolution has been received and will be taken to the District Board at their September 5, 2023, meeting.</p>																							
<b>Proposed Action – Approve Policies and Procedures</b>	<p>There were One Hundred Fifty-eight (158) policies and procedures included on the board tablets presented for approval by the Board.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 1864 1255 1894"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> </table>			DiBiasi	Yes	Goldstein	Yes	<p><b>M.S.C., (Stevens/Rutledge), the SGMH Board of Directors approved the policies and procedures as</b></p>																
DiBiasi	Yes	Goldstein	Yes																					

AGENDA ITEM					ACTION / FOLLOW-UP																				
	McDougall	Absent	Petersen	Yes	<b>submitted.</b>																				
	Rader	Yes	Rutledge	Yes																					
	Stevens	Yes	Swerdlow																						
	Tankersley	Yes	Motion carried.																						
<b>Chief of Staff Report</b>  <b>Proposed Action – Approve Recommendations of the Medical Executive Committee</b>	<p>Raffi Sahagian, MD, Chief of Staff, briefly reviewed the Medical Executive Committee report as included on the board tablets.</p> <p>Approval Items:</p> <ul style="list-style-type: none"> <li>• 2023 Annual Approval of Policies &amp; Procedures               <ul style="list-style-type: none"> <li>○ Infection Prevention &amp; Control</li> <li>○ Pharmacy &amp; Therapeutics</li> </ul> </li> <li>• Pharmacy &amp; Therapeutics Committee Reports               <ul style="list-style-type: none"> <li>○ Automatic Substitution</li> </ul> </li> <li>• Reference Laboratories – Recommendations</li> <li>• Juven Dietary Supplement Wound Health</li> </ul> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 915 1256 1087"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td></td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>				DiBiasi	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow		Tankersley	Absent	Motion carried.		<b>M.S.C., (Swerdlow/Rader), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</b>
DiBiasi	Yes	Goldstein	Yes																						
McDougall	Absent	Petersen	Yes																						
Rader	Yes	Rutledge	Yes																						
Stevens	Yes	Swerdlow																							
Tankersley	Absent	Motion carried.																							
<b>Community Benefit events/Announcements/and newspaper articles</b>	<p>There were no miscellaneous materials included on the board tablets this month.</p>																								
<b>Future Agenda Items</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>																								
<b>Adjourn to Closed Session</b>	<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"> <li>➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing</li> <li>➤ Receive Quarterly Infection Prevention and Control Report</li> </ul> <p>The meeting adjourned to Closed Session at 6:25 pm.</p>																								
<b>Reconvene to Open Session</b>	<p>The meeting adjourned from closed session at 6:26 pm.</p> <p>At the request of Chair DiBiasi, Ariel Whitley reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> <li>➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing</li> <li>➤ Received Quarterly Infection Prevention and Control Report</li> </ul>																								



<b>AGENDA ITEM</b>		<b>ACTION / FOLLOW-UP</b>
<b>Adjourn</b>	The meeting was adjourned at 6:59 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**



# October 2023

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	<b>4:00 pm Hospital Board Meeting</b>  <b>6:00 pm Healthcare District Board Meeting</b>	4	5 <i>Beaumont High School Expansion Project Ribbon Cutting @4:30pm</i>	6 <i>*SGMH Foundation Golf Tournament @ Tukwet Canyon</i>	7 <i>Banning Parks and Rec Cookie Series (SGMH Dietician, Jean Kielhold hosting)</i>
8	9	10 <i>Calimesa Chamber Breakfast @7:30AM</i>	11	12 <i>Banning State of the City 11am—2pm @Morrongo</i>	13 <i>Beaumont Chamber Breakfast @7:30 AM</i>	14
15	16	17	18 <i>Banning Chamber Breakfast @7:30AM</i> Note: No HR and Community Planning Committee Meetings as they took place on 9/26.	19	20	21 <i>Calimesa Chamber Night @ the races 6-9pm.</i>
22	23	24	25	26	27	28
29	30	31 <b>9:00 am Finance Committee</b>  				

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

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



# November 2023

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7 <b>4:00 pm Hospital Board Meeting</b> <b>6:00 pm Healthcare District Board Meeting</b>	8	9	10 <i>Beaumont Chamber Breakfast @7:30 AM</i>	11 <i>Veterans Day</i>
12	13	14 <i>Calimesa Chamber Breakfast @7:30 AM</i>	15 <i>Banning Chamber Breakfast @7AM</i>  <b>5:00 pm Measure H Mtg.</b> <b>5:15 pm Measure A Mtg.</b>	16	17	18
19	20	21	22	23 <i>Thanksgiving Day!</i> <i>Administration Closed</i>	24 <i>Administration Closed</i>	25
26	27	28 <b>9:00 am Finance Committee</b>	29	30		

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

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



# December 2023

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2 <i>Calimesa Christmas Light Parade @5:00PM</i>
3	4	5 <b>4:00 pm Hospital Board Meeting</b> <b>6:00 pm Healthcare District Board Meeting</b>	6	7	8 <i>Beaumont Chamber Breakfast @7:30 AM</i>	9
10	11	12 <i>Calimesa Chamber Breakfast @7:30 AM</i>	13	14	15	16
17	18	19	20 <i>Banning Chamber Breakfast @7AM</i>	21	22	23
24	25 	26 <b>9:00 am Finance Committee</b>	27	28	29	30
31 <i>New Year's Eve</i>						

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

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

**TAB C**

## SGMH Foundation report as of Sept 27, 2023

### Foundation Finances for Sept 2023

(as of 9/27/2023)

Bank of Hemet Checking Acct:	\$283,775.56	(actual as of 9/27/2023)
Bank of Hemet Money Market Acct:	\$128,384.77	(actual as of 9/27/2023)
I.E. Community Foundation Acct:	\$100,694.39	(actual as of 8/31/2023)
<b>Total</b>	<b>\$512,854.72</b>	

### Foundation Report

- The Foundation Golf tournament is this Friday October 6<sup>th</sup> and at least 12 athletes are confirmed to attend. The tournament is 99% sold out in players and the new element – “Sneak-Peek” is close to being sold out. The Sneak-Peek is a special invite to individuals to an event while the golfers are out golfing. The Sneak-Peek attendees will get a view of Raffle, Live Auction and Silent Auction first with an offer of “BUY NOW” options on most of the Silent Auction items. That means if you want it for the “Buy Now” price, get your dollars out, pay for it and take it to your car because it’s yours. In addition to first peek at auctions, the Sneak-Peek attendees will get a up-close and personal conversation with SGMH’s Stroke Coordinator Guillermo Soriano Fregoso who will speak on Stroke prevention.
- Once the golf tournament is over, the foundation will be voting on 2 new board members who both participate in community events and are dedicated to giving back to the Pass area.

**TAB D**



# Sales Quote QUO076455



## Coro Medical LLC

416 Mary Lindsay Polk Dr  
Suite 505  
Franklin, TN 37067

### Document Date

September 25, 2023

### Quote Expiration Date

November 24, 2023

### Bill-To Address

San Gorgonio Memorial Hospital  
Christina Parker  
600 N. Highland Springs Ave.  
Banning, CA 92220  
USA

### Ship-to Address

San Gorgonio Memorial Hospital  
Robert Perez  
Emergency Department  
600 N. Highland Springs Ave.  
Banning, CA 92220  
USA

### Salesperson

Luke Fonash

### Payment Terms

Net 30 days

No.	Description	Quantity	Unit	Unit Price	Line Amount
LP1512PMBCABT V4	Physio-Control Lifepak 15- 12ld,Pacing,Masimo 02,Nibp,EtCo2,BT, V4	3	Each	17,500.00	52,500.00
Includes:					
1 Year Warranty					
Physio-Control Lifepak 15 Carrying Case w/ side pouches					
21330-001176-E	Encore-Physio-Control Lifepak 15 LITHIUM-ION BATTERY	6	PCS	0.00	0.00
11113-000004-E	Physio-Control Lifepak 15 Quik Combo therapy cable - encore	3	Each	0.00	0.00
11111-000018-E	Encore-Physio-Control Trunk cable with AHA limb leads	3	Each	0.00	0.00
11111-000022-E	Encore-Physio-Control 12 Lead ECG, Precordial Leads (AHA)	3	Each	0.00	0.00

Home Page  
[www.AED.us](http://www.AED.us)

Phone No.  
800.695.1209

Email  
[support@coromed.us](mailto:support@coromed.us)

Tax Registration No.  
82-2669986

# Sales Quote QUO076455

September 25, 2023

Page 2 / 2

1863	Masimo LNCS DCI Adult Reusable Sensor	3	Each	0.00	0.00
2055	Masimo Red LNC-04 Patient Cable	3	Each	0.00	0.00
21300-008148-E	Physio-Control Lifepak 15 NIBP Hose, 9' coiled-Encore	3	Each	0.00	0.00
11160-000015	Physio-Control NIBP Cuff-Reusable, Adult	3	Each	0.00	0.00
4454	Masimo NomoLine-O LH Adult/Pediatric Airway Adapter	3	Each	0.00	0.00
11996-000017	Physio-Control Lifepak REDI-PAK Adult Pad	3	Each	0.00	0.00
12394	Physio-Control Lifepak 12/15 100mm printer paper (1 roll)	3	Each	0.00	0.00
LP15SBC	Physio-Control Lifepak 15 Station Bay Charger- Encore	3	Each	400.00	1,200.00
				Subtotal	53,700.00
				Total Tax	0.00
				<b>Total \$</b>	<b>53,700.00</b>

Amount Subject to Sales Tax 0.00

Amount Exempt from Sales Tax 53,700.00

# TAB E

SPECIAL MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE  
September 26, 2023

The Special meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Tuesday, September 26, 2023, in Classroom C, 600 N. Highland Springs Avenue, Banning, California.

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

Excused Absence:

Staff Present: Steve Barron (CEO) Angela Brady (CNE), Annah Karam (CHRO), Daniel Heckathorne (CFO) Karan P. Singh, MD (CMO), Ariel Whitley (Executive Assistant), John Peleuses (VP, Ancillary and Support Services)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
<b>Call To Order</b>	Susan DiBiasi called the meeting to order at 9:01 am.									
<b>Public Comment</b>	No public was present.									
<b>NEW BUSINESS</b>										
<b>Proposed Action – Recommend Approval to the Finance Committee of the FY 23-24 Salary Program</b>	<p>Various staff including Steve Barron, Dan Heckathorne, and Annah Karam discussed the need for the FY 23-24 Salary Program. Steve mentioned that this was not budgeted for, but it is necessary to potentially occur in October which is our regular schedule.</p> <p><b>ROLL CALL:</b></p> <table border="1" style="margin-left: 20px;"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Goldstein	Absent	Rader	Yes	Rutledge	Yes	<b>M.S.C., (Rader/Rutledge), the SGMH Human Resources Committee voted to recommend approval to the Finance Committee of the FY 23-24 Salary Program.</b>
DiBiasi	Yes	Goldstein	Absent							
Rader	Yes	Rutledge	Yes							
<b>Adjournment</b>	The meeting was adjourned at 9:28 am.									

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

**TAB F**

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

FINANCE COMMITTEE  
September 26, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, September 26, 2023, in Classroom C, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi (Chair), Darrell Petersen, Steve Rutledge

Members Absent: Shannon McDougall

Required Staff: Steve Barron (CEO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), John Peleuses (VP Support & Ancillary Svs.), Annah Karam (CHRO), Karan P. Singh, MD (CMO), Angela Brady (CNE)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
<b>Call To Order</b>	Susan DiBiasi called the meeting to order at 10:01 am.									
<b>Public Comment</b>	No public present.									
<b>OLD BUSINESS</b>										
<b>Proposed Action - Approve Minutes August 29, 2023, regular meeting</b>	Susan DiBiasi asked for any changes or corrections to the minutes of the August 29, 2023, regular meeting. There were none.	<b>The minutes of the August 29, 2023, regular meeting will stand correct as presented.</b>								
<b>NEW BUSINESS</b>										
<b>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – August 2023</b>	<p>Daniel Heckathorne, CFO, reviewed the August 2023 Financial Report – Executive Summary. This report was included as a handout. For the month of August, Adjustments and Items of Note include:</p> <ul style="list-style-type: none"> <li>• The August Patient Days were on target.</li> <li>• Emergency visits were under budget while Surgery cases were over budget.</li> <li>• The Average Length of Stay was 10% lower than August 2022, yet there were 29 (16%) more inpatients stays in August than the previous year, and 53 (34%) more than last month (July)</li> </ul> <p><b>ROLL CALL:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 25%;">DiBiasi</td> <td style="width: 25%;">Yes</td> <td style="width: 25%;">McDougall</td> <td style="width: 25%;">Absent</td> </tr> <tr> <td>Petersen</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Absent	Petersen	Yes	Rutledge	Yes	<b>M.S.C. (Rutledge/Petersen), the SGMH Finance Committee voted to recommend approval of the Unaudited August 2023 Financial report to the Hospital Board of Directors.</b>
DiBiasi	Yes	McDougall	Absent							
Petersen	Yes	Rutledge	Yes							

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
<p><b>Proposed Action – Discuss and Recommend Approval to the Hospital Board of the FY 23-24 Salary Program</b></p>	<p>Dan discussed the FY 23-24 Salary Program. Steve mentioned that this was not budgeted for, but it is necessary to potentially occur in October which is our regular schedule.</p> <p>It is noted that approval is recommended by the Human Resources Committee.</p> <p><b>ROLL CALL:</b></p> <table border="1" data-bbox="386 552 1214 625"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Absent</td> </tr> <tr> <td>Petersen</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Absent	Petersen	Yes	Rutledge	Yes	<p><b>M.S.C. (Rutledge/Petersen) the SGMH Finance Committee voted to recommend approval to the Hospital Board of Directors of the FY 23-24 Salary Program.</b></p>
DiBiasi	Yes	McDougall	Absent							
Petersen	Yes	Rutledge	Yes							
<p><b>Proposed Action - Recommend Approval to Hospital Board and Healthcare District Board of Additional Funding for the Acquisition of New Fluoroscopy Equipment and Construction Associated with Installation</b></p>	<p>John Peleuses, VP, Ancillary and Support Svs., reported on the need for the acquisition of new fluoroscopy equipment and construction associated with the installation at the September board meeting. The Healthcare District Board asked that the purchase not exceed \$1.2M.</p> <p>After reviewing bids for construction, the total exceeds \$1.2M. John is asking for the approval of the additional funds to move forward with this project.</p> <p><b>ROLL CALL:</b></p> <table border="1" data-bbox="386 1056 1214 1129"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Absent</td> </tr> <tr> <td>Petersen</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Absent	Petersen	Yes	Rutledge	Yes	<p><b>M.S.C. (DiBiasi/Rutledge), the SGMH Finance Committee voted to recommend approval of Additional Funding for the Acquisition of new Fluoroscopy Equipment and Construction Associated with Installation to the Hospital Board and Healthcare District Board as presented.</b></p>
DiBiasi	Yes	McDougall	Absent							
Petersen	Yes	Rutledge	Yes							
<p><b>Future Agenda Items</b></p>	<ul style="list-style-type: none"> <li>• None</li> </ul>									
<p><b>Next Meeting</b></p>	<p>The next regular Finance Committee meeting will be held on October 31, 2023 @ 9:00 am.</p>									
<p><b>Adjournment</b></p>	<p>The meeting was adjourned at 10:53 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

**TWO MONTHS ENDING AUGUST 31, 2023**

**FY 2024**

**Certification Statement:**

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

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

Certified by:

*Daniel R. Heckathorne*

**Daniel R. Heckathorne**

CFO



# San Geronio Memorial Hospital

## Financial Report - Executive Summary

For the Month of August, 2023 and Two Months Ended August 31, 2023 (Unaudited)

### **Profit/Loss (EBIDA) Summary (MTD) Negative and (YTD) Negative (comparisons to Budget)**

The month of August resulted in negative \$1.67M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$1.024M and a Flex Budget loss of \$1.72M.

**YTD** - Two months ending in August resulted in negative \$5.05M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$1.90M and a Flex Budget loss of \$4.46M.

**Note 1:** The budgeted monthly workload allocations for the 12 months ending June 30, 2024 were based on the historical monthly usages for the fiscal years 2016 – 2020 plus 2023. Fiscal years 2021 and 2022 were excluded from these historical usages due to the erratic workload volumes associated with the covid surges.

**Note 2:** The new Premier Budget and Financial Reporting System (BFR) allows the Income Statements to be presented in two ways: a) The traditional comparison of Actual outcomes to Budgeted amounts and b) A comparison that adjusts Budgeted Amounts in accordance with increases or decreases in budgeted Workloads. This is referred to as the “Flex Budget”. This tool, which does not supplant the actual budget, allows leadership to view outcomes adjusted for variances in Workload Volumes.

#### **Month – Adjustments and Items of Note:**

- August Patient Days were on target.
- Emergency visits were under budget while Surgery cases were over budget.
- The Average Length of Stay was 10% lower than August, 2022, yet there were 29 (16%) more inpatient stays in August than the previous year, and 53 (34%) more than last month (July).
- Non-Operating Revenues were over budget (in the current month) by \$760K related to certain Stroke Center capital acquisitions.

**Month** – August’s inpatient average daily census was 21.6. Adjusted Patient Days were 6.4% over budget (2,009 vs. 1,888), and Patient Days were 1% below budget (670 vs. 677). Emergency Visits were 5% under budget (3,584 vs. 3,790), and Surgeries were 7% over budget (151 vs. 138).

**YTD** - Inpatient average daily census was 19.8. Adjusted Patient Days were 2.7% under budget (3,660 vs. 3,762), Patient Days were 10.2% below budget (1,229 vs. 1,368). Emergency Visits were 8.5% under budget (6,855 vs. 7,493), and Surgeries were 10.7% under budget (249 vs. 279).

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

**Month** - Net Patient Revenues in August were \$919K (16%) below budgeted \$5.72M. Although the Inpatient Days were only 1% below budget, and overall Surgeries were 7% over budget, the Inpatient Surgical Cases were 22% (10 cases) below budget. Further, the overall Case Mix Index which is a measurement of the “intensity” of Inpatients in the Hospital was a CMI of 1.38 which was 19% lower than the 1.71 CMI in August, 2022. These are substantiated by the fact that the I/P Revenue was 9.4% under budget while O/P Revenue was right on budget. All of these contributed to lower than anticipated Net Revenues.

**YTD** – Net Patient Revenues in August were \$3.21M (28%) below budgeted \$11.37M. This was impacted by the notes in the previous paragraph, plus the YTD Inpatient Days being 10% below budget, the E/R visits being 8.5% below budget and Inpatient Surgeries being 37% (31 cases) below budget. Additionally, in July the Outpatient Medi-Cal and Medi-Cal HMO Revenues were a combined \$937K over the “Flex Revenues” budget, and these are among the lowest paying plans in the Hospitals revenue repertoire, thus having minimal

impact to Net Revenues.

**Total Operating Revenues (MTD) Negative Variance & (YTD) Negative Variance**

**Month** – Operating Revenue in August was \$891K under budget. This is mostly impacted by the Net Patient Revenues being \$919K under budget and the Non-Patient Revenues being \$28K over budget.

YTD - Operating Revenue through August was \$3.24M under budget. This is impacted by the Net Patient Revenues being \$3.21M under budget and the Non-Patient Revenues being \$26K under budget.

**Operating Expenses (MTD) Positive Variance & (YTD) Positive Variance**

**Month** - Operating Expenses in August were \$7.16M and were under budget by \$247K. Key items that impacted overall Expenses were as follows: 1) Salaries and Wages, Benefits, and Contract Labor were collectively \$28.5K under budget and \$9.4K over the Flex budget. This was driven by a) The overall PTO accrual being reduced by \$128K due to the continued PTO flexing accomplished by the associates, and b) Contract Labor was over budget by \$16K due to several nurse staffing vacancies in the Emergency Department, but somewhat offset by favorable variances in the O.B. Department; 2) Supplies were under budget by \$122K, primarily due to the lower case mix of patient services rendered and lower than expected Blood costs

**Year-to Date** – Operating Expenses in August were \$14.63M and were under budget by \$84K. Key items that impacted overall Expenses were as follows: 1) Salaries and Wages, Benefits, and Contract Labor were collectively \$405K over budget and \$727K over the Flex budget. This was driven by three matters: a) The \$527K State Mandated California Paid Sick Leave program that was accrued for the had to be accrued for the entire year in July; b) The overall PTO accrual was reduced by \$386K due to the aggressive PTO flexing accomplished by the associates, and c) Contract Labor was over budget by \$100K due to several nurse staffing vacancies in the Emergency Department; 2) Supplies are the most notable item under budget by \$355K, again reflected by lower than anticipated intensities of services, especially on the Inpatient side; 3) Physician fees are under budget by \$84K primarily due to lower “on-call” variances; and 4) Purchased Services were over budget by \$47K, mostly due to an unfavorable variance of \$84K in Legal fees.

**Balance Sheet/Cash Flow**

Patient cash collections in August totaled \$5.00M compared to \$4.29M in July and \$4.37M in June. Gross Accounts Receivable Days in August dropped slightly to 66.2 compared to 66.9 in July and 66.4 in June. Gross Accounts Receivables and Allowance Reserves are both “grossed up” by \$1.41M to reflect the value of Credit Balances in the A/R.

Cash Balances were \$5.96M in August compared to \$8.59M in July and \$13.58M at the end of June. (Note: the \$4.87M transferred from the Hospital for the August 1<sup>st</sup> G.O. Bonds payments was returned to the Hospital from the Trustee U.S. Bank as of Friday, September 22.) Accounts Payable decreased from \$11.88M in July to \$9.48M in August. Finally, a liability is in place reflecting \$252K for July and August (plus \$1.5M for FY 2022 & 1.51M for FY 2023) payable to Medicare for estimated overpayments for outliers and sequestration funds.

**Summary**

**Positive takeaways:**

- 1) Increased Patient Days and Surgeries performed in August.
- 2) For future statements, Rate Range income and Medicare increases are now projected to collectively exceed budgeted amounts by approximately \$2.5M

**Negative takeaways:**

August EBIDA, adjusted for pending revised Supplemental Income and reserving for Cash Payments required for Leases was a negative \$300K, and YTD is a negative \$2.21M.

**SGMH AUGUST 2023 EXTRAORDINARY ITEMS**

9/25/2023

	EXPENSE	INCOME	GAIN/(LOSS)
<b>SALARIES / BENEFITS</b>			
		(918,764)	
PTO FLEX DOWN IMPACT (FAVORABLE)	(127,762)		
CONTRACT LABOR OVER BUDGET DUE TO STAFF VACANCIES	15,902	136,446	
SUPPLIES EXPENSE (FAVORABLE)	(121,753)		
<b>OTHER EXPENSE</b>			
<b>OTHER:</b>			
<b>EXTRAORDINARY NEGATIVE EXPENSES</b>	<u>(233,613)</u>		
<b>EXTRAORDINARY NEGATIVE REVENUES</b>		<u>(882,875)</u>	<u>(649,262)</u>

3-1

**STATISTICS**

Inpatient Admissions/Discharges (Monthly Average)

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

Patient Days (Monthly Average)

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

Average Daily Census (Inpatient)

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

Average Length of Stay (Inpatient)

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

Emergency Visits (Monthly Average)

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

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

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

G.I. Cases (Monthly)

Number of patients who had a gastrointestinal exam performed.

Newborn Deliveries (Monthly)

Number of babies delivered.

**PRODUCTIVITY**

Worked FTEs ( includes Registry FTEs)

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

Worked FTES per APD

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

Paid FTEs ( includes Registry FTEs)

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

Paid FTES per APD

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

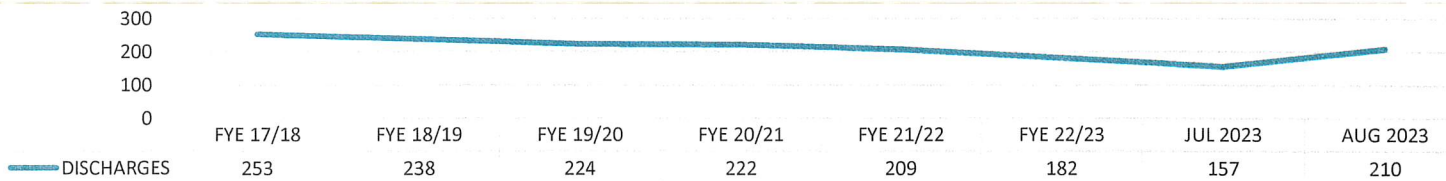
ADJUSTED PATIENT DAYS

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

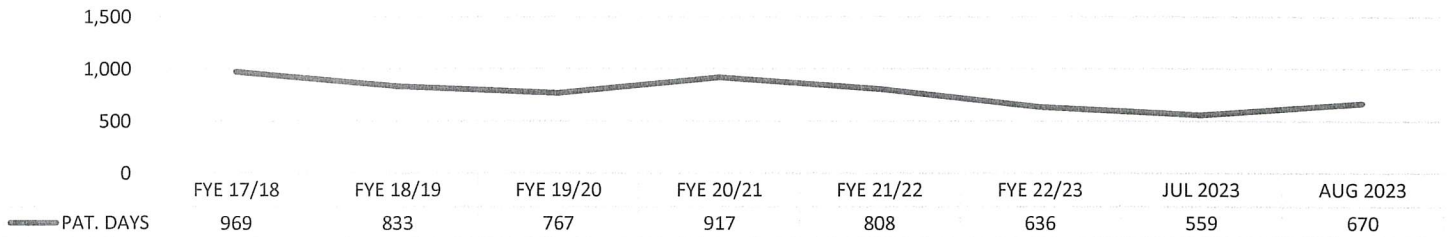
4

# SAN GORGONIO MEMORIAL HOSPITAL

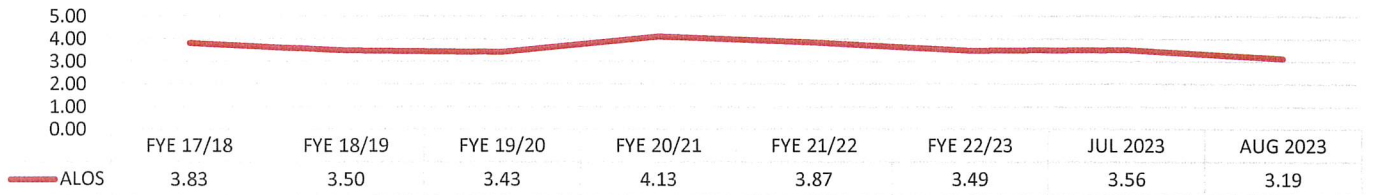
## INPATIENT DISCHARGES



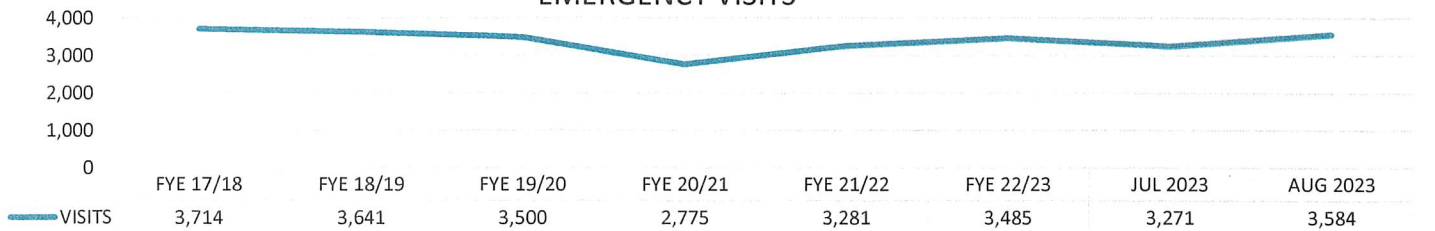
## INPATIENT DAYS



## AVERAGE LENGTH OF STAY

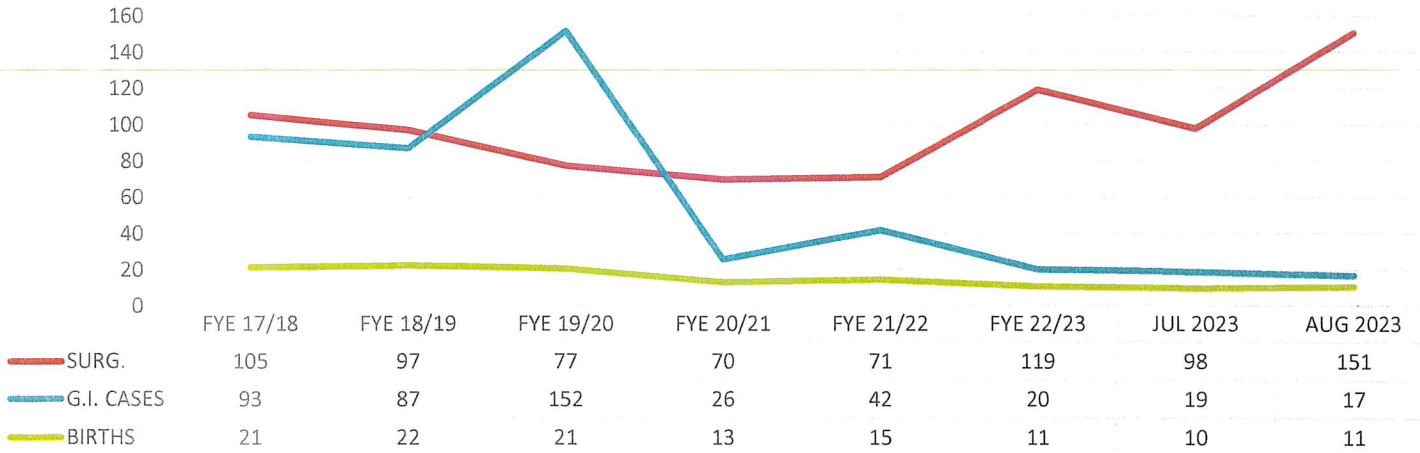


## EMERGENCY VISITS

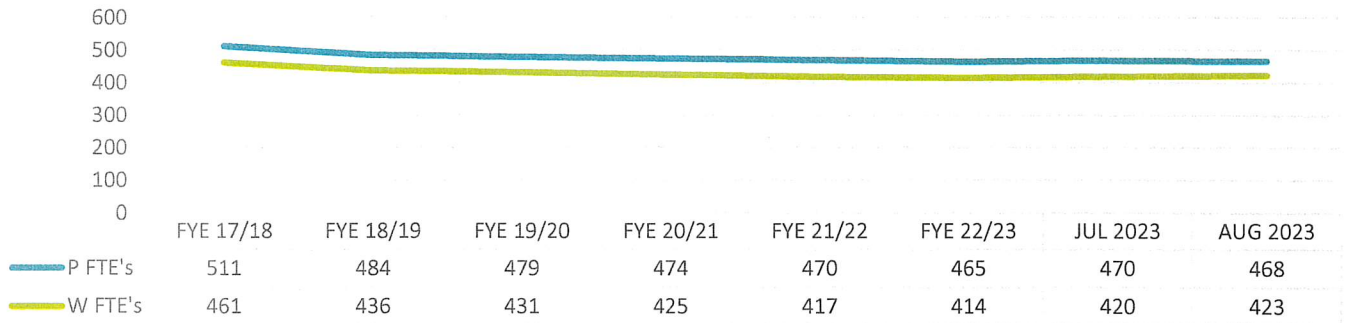


# SAN GORGONIO MEMORIAL HOSPITAL

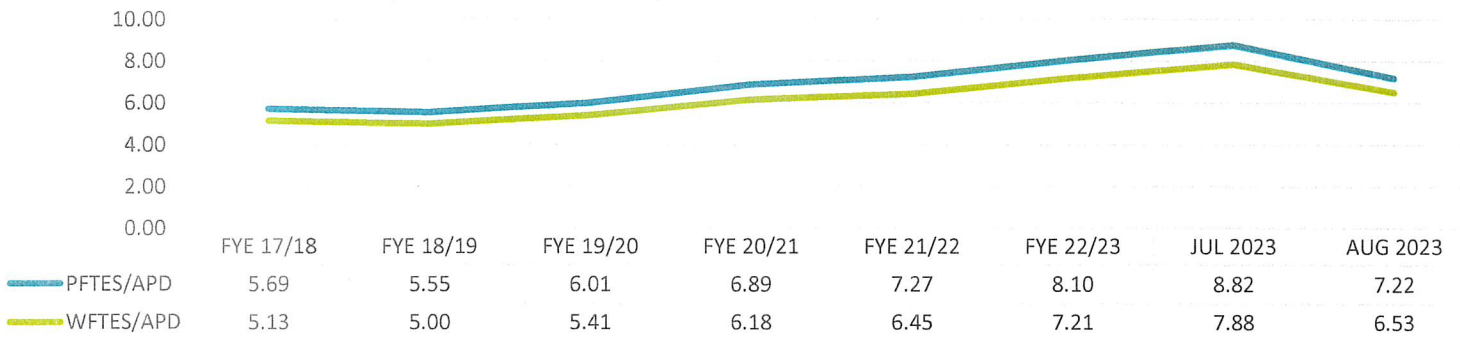
## SURGERY CASES, G.I. CASES, N/B DELIVERIES



## PAID & WORKED FTE'S



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



**INCOME STATEMENT**

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

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

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

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

NPR as % of Gross

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

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

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

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

Represents the total staffing expenses of the Hospital

SWB + Contract Labor as % of Total Operating Revenue

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

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

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

TOE as % of Total Operating Revenue

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

EBIDA (000's)(Monthly Average)

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

EBIDA as % of NPR

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

Net Patient Revenue vs. Total Labor Expense

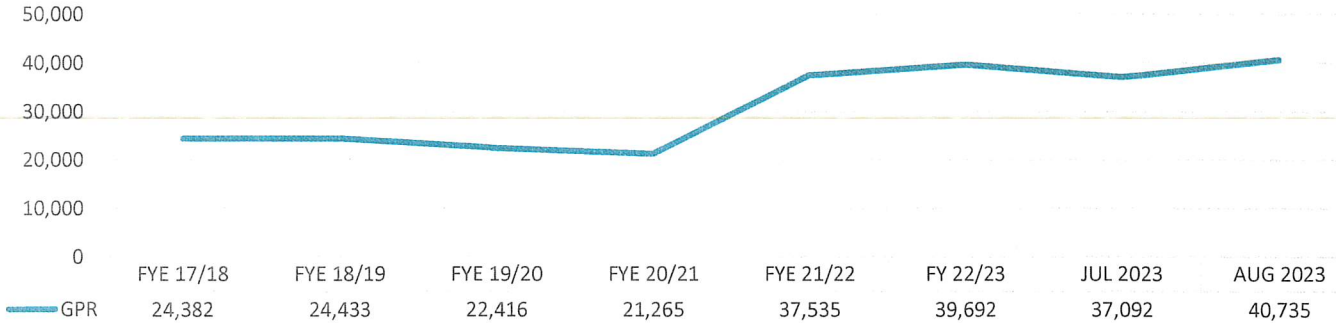
This measurement illustrates that Net Patient Revenues basically only cover Total Labor Expense, and that all of the Other Revenues and Supplemental Incomes are necessary to cover the remaining operational Expenses and EBIDA required to operate the Hospital.

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

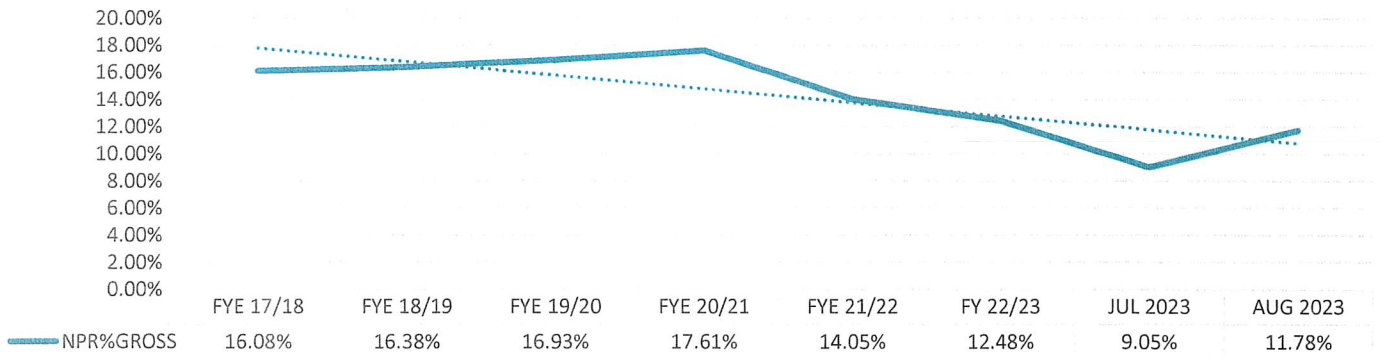
This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating proportionate Supplemental Revenues and related Expenses into the current month and YTD results.

# SAN GORGONIO MEMORIAL HOSPITAL

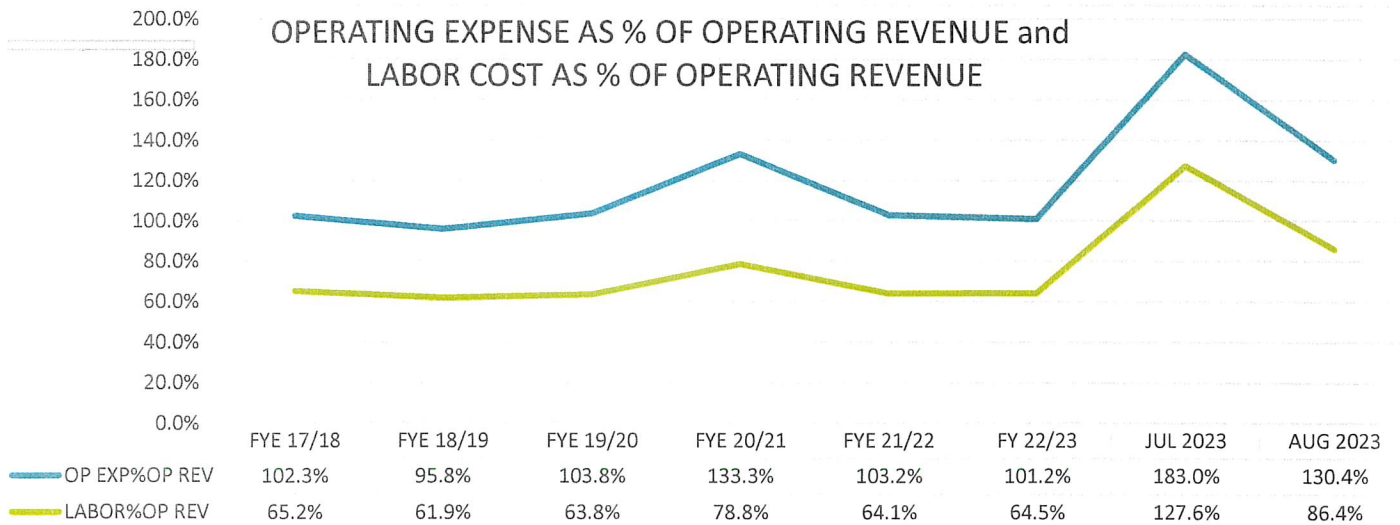
## GROSS PATIENT REVENUE (000's)



## NET PATIENT REVENUE AS % OF GROSS



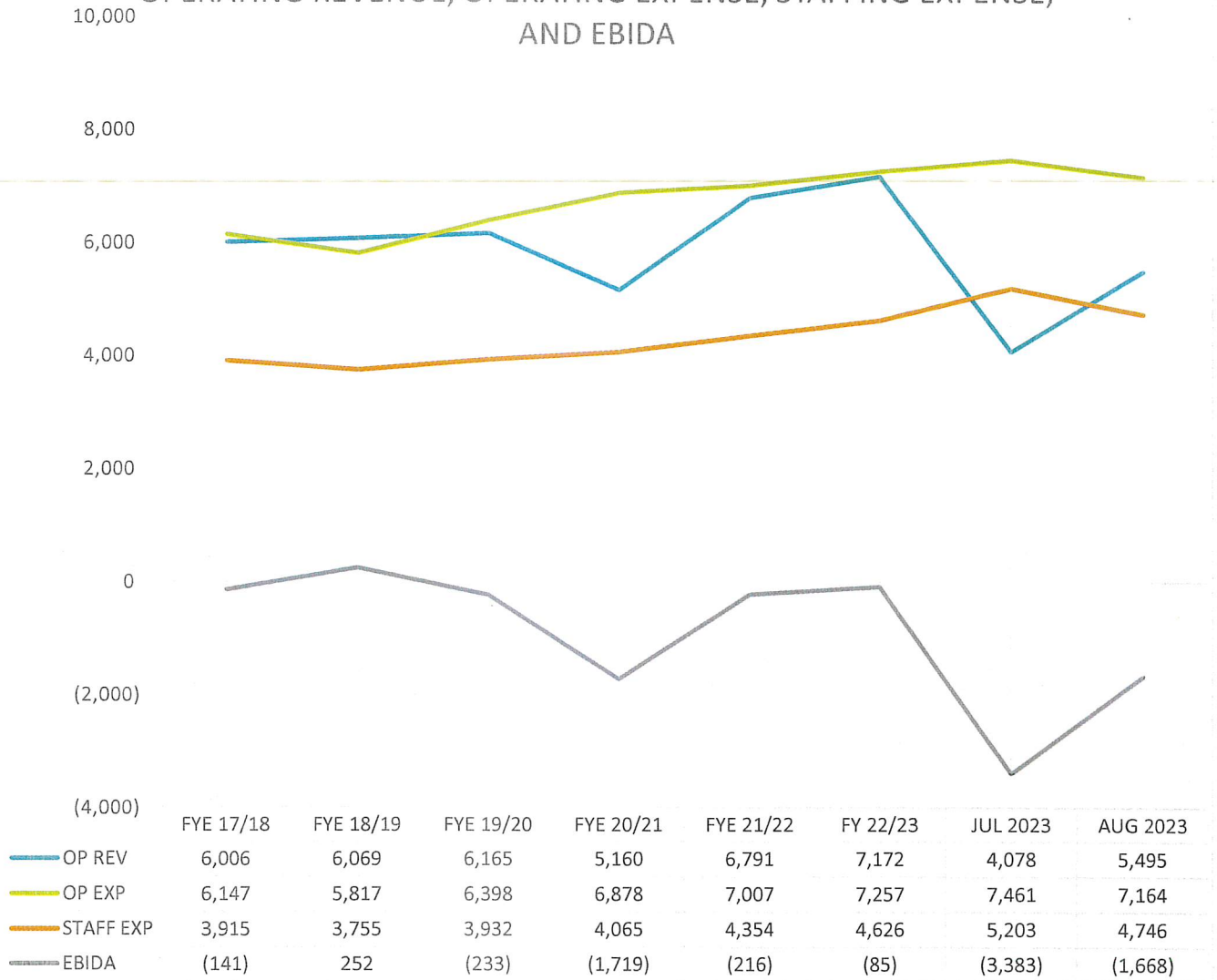
## OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



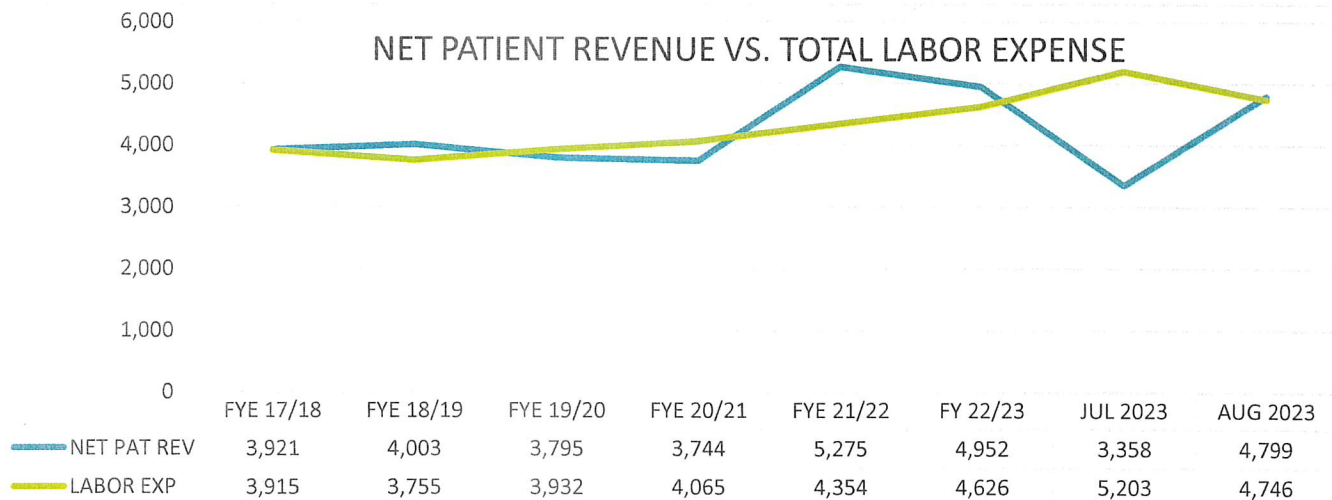


# SAN GORGONIO MEMORIAL HOSPITAL

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

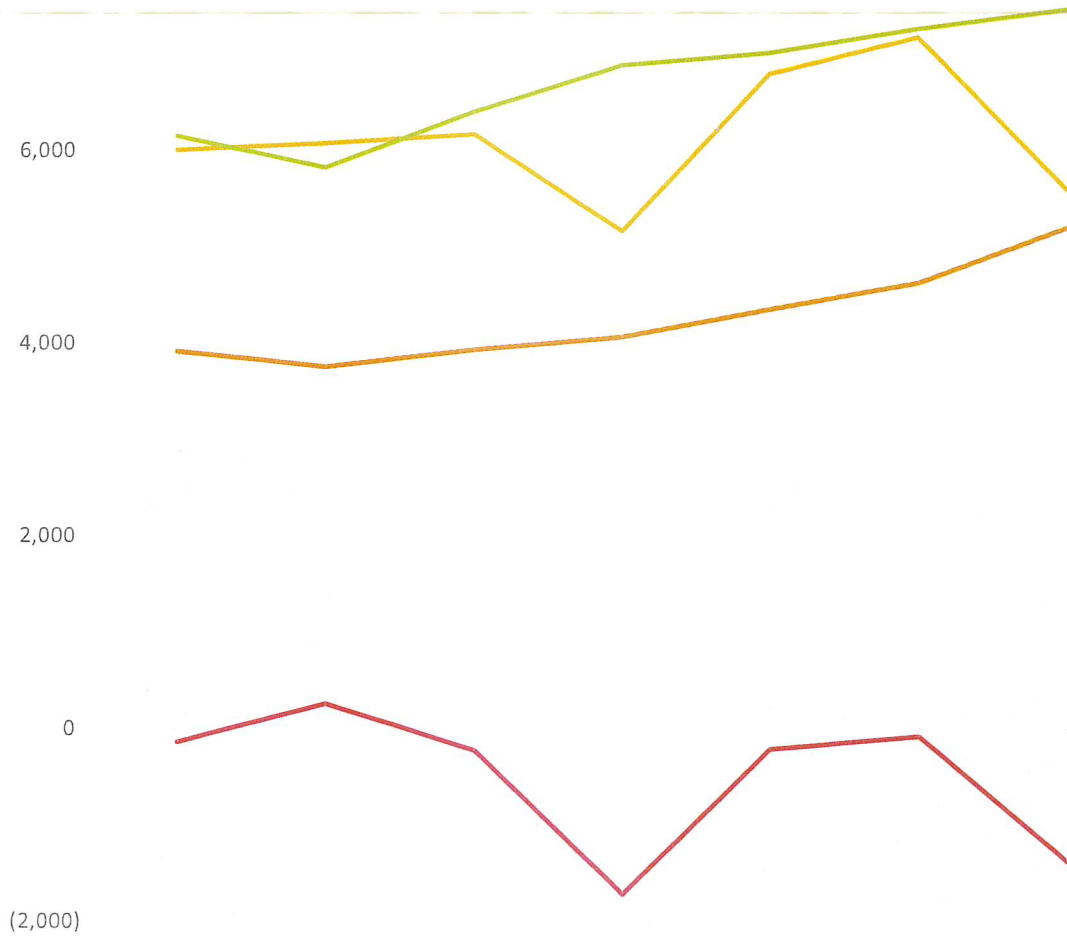


## NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE



# SAN GORGONIO MEMORIAL HOSPITAL

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



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	JUL 2023	AUG 2023
REV NORMAL	6,006	6,069	6,165	5,160	6,791	7,172	5,600	6,916
OP EXP	6,147	5,817	6,398	6,878	7,007	7,257	7,461	7,164
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,626	5,203	4,746
EBIDA NORMAL	(141)	252	(233)	(1,719)	(216)	(85)	(1,378)	(247)



**SAN GORGONIO HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA**  
**5 Year Monthly Averages and 12 Rolling Months Ended 08/31/2023**

	FYE18/19	FYE19/20	FYE 20/21	FYE 21/22	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 23/24	FYE 23/24		
<b>Gross Patient Revenue</b>																		
Inpatient Revenue	7,667,883	7,401,282	9,331,371	16,603,390	14,336,446	13,156,157	13,207,417	14,560,451	17,505,552	15,327,216	13,691,246	12,451,963	12,872,356	13,178,063	11,147,397	12,272,477	13,826,953	
Inpatient Psych/Rehab Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Outpatient Revenue	16,765,365	15,067,104	11,933,692	20,932,075	25,353,762	24,122,052	27,374,507	23,065,968	23,543,843	27,831,252	22,609,141	22,609,141	22,609,141	29,465,200	28,023,203	24,819,128	26,907,760	
Long Term Care Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Home Health Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total Gross Patient Revenue</b>	<b>24,433,247</b>	<b>22,468,386</b>	<b>21,265,063</b>	<b>37,535,465</b>	<b>39,690,208</b>	<b>37,279,019</b>	<b>40,581,924</b>	<b>37,629,419</b>	<b>42,251,693</b>	<b>41,322,085</b>	<b>37,235,189</b>	<b>40,283,214</b>	<b>35,481,497</b>	<b>42,643,263</b>	<b>39,176,601</b>	<b>37,091,605</b>	<b>40,734,713</b>	
<b>Deductions From Revenue</b>																		
Discounts and Allowances	(19,588,148)	(17,845,730)	(16,635,734)	(31,267,149)	(33,562,183)	(30,986,845)	(34,683,286)	(32,035,399)	(35,904,405)	(35,468,343)	(30,914,713)	(35,779,812)	(30,383,694)	(35,144,037)	(32,029,039)	(32,843,917)	(34,825,978)	
Bad Debt Expense	(858,023)	(653,280)	(824,395)	(1,045,570)	(1,047,941)	(1,113,485)	(734,463)	(971,962)	(1,015,237)	(353,998)	(1,246,067)	(334,016)	(799,841)	(2,076,998)	(2,233,123)	(864,969)	(964,980)	
GI/HMO Discounts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charity Care	(56,168)	(86,517)	(41,382)	(136,947)	(97,443)	(427,789)	(29,952)	(36,715)	(65,555)	(14,815)	(14,782)	(57,399)	(121,864)	(183,865)	(24,281)	(144,312)	(144,312)	
<b>Total Deductions From Revenue</b>	<b>(20,502,339)</b>	<b>(18,585,527)</b>	<b>(17,501,490)</b>	<b>(32,449,666)</b>	<b>(34,707,567)</b>	<b>(32,528,120)</b>	<b>(35,447,702)</b>	<b>(33,044,076)</b>	<b>(36,985,198)</b>	<b>(35,837,156)</b>	<b>(32,175,652)</b>	<b>(36,171,227)</b>	<b>(31,305,599)</b>	<b>(37,342,898)</b>	<b>(34,445,026)</b>	<b>(33,733,167)</b>	<b>(35,935,270)</b>	
<b>Net Patient Revenue</b>	<b>3,930,908</b>	<b>3,882,859</b>	<b>3,763,563</b>	<b>5,085,799</b>	<b>4,982,641</b>	<b>4,750,899</b>	<b>5,134,222</b>	<b>4,585,343</b>	<b>5,266,495</b>	<b>5,484,928</b>	<b>5,059,627</b>	<b>4,111,987</b>	<b>4,176,098</b>	<b>5,300,365</b>	<b>4,731,574</b>	<b>3,388,438</b>	<b>4,799,443</b>	
<b>Non-Patient Revenues</b>																		
IGT/DSH Revenues	1,485,337	1,157,326	869,707	501,407	939,467	-	-	-	-	-	-	8,095,568	3,178,030	-	0	0	35,377	136,446
Grants & Other Op Revenues	205,590	750,434	505,190	725,065	873,887	93,358	138,568	612,304	1,059,520	383,032	951,722	4,151,470	285,071	440,060	1,866,646	115,377	158,046	
Clinic Net Revenues	22,382	15,743	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Tax Subsidies Measure D	196,524	199,469	209,744	229,405	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994	
Tax Subsidies Prop 13	115,538	114,061	142,552	145,104	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	
Tax Subsidies County Supplmtl Funds	16,159	9,064	16,163	25,561	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	2,388	
<b>Non-Patient Revenues</b>	<b>2,041,381</b>	<b>2,246,997</b>	<b>1,743,395</b>	<b>1,627,542</b>	<b>2,217,155</b>	<b>494,852</b>	<b>540,062</b>	<b>913,798</b>	<b>1,461,014</b>	<b>784,526</b>	<b>1,353,216</b>	<b>12,676,224</b>	<b>3,864,596</b>	<b>811,554</b>	<b>2,299,140</b>	<b>719,506</b>	<b>695,986</b>	
<b>Total Operating Revenue</b>	<b>5,972,289</b>	<b>6,128,956</b>	<b>5,506,919</b>	<b>6,713,341</b>	<b>7,199,796</b>	<b>5,245,751</b>	<b>5,674,284</b>	<b>5,499,141</b>	<b>6,727,509</b>	<b>6,269,454</b>	<b>6,412,844</b>	<b>16,788,211</b>	<b>8,040,693</b>	<b>6,111,918</b>	<b>7,023,715</b>	<b>4,077,944</b>	<b>5,495,429</b>	
<b>Operating Expenses</b>																		
Salaries and Wages	2,941,226	3,104,224	3,125,159	3,420,974	3,600,025	3,344,149	3,505,628	3,406,624	3,976,933	3,389,453	3,077,122	3,403,893	4,883,009	3,569,623	3,495,555	4,119,595	3,674,360	
Fringe Benefits	702,477	752,708	856,889	938,302	938,302	904,958	895,221	928,984	921,667	923,548	909,630	983,304	1,136,954	980,844	909,491	913,089	970,221	
Contract Labor	106,628	59,516	114,886	99,977	87,455	72,561	80,719	25,244	61,713	109,814	141,964	74,693	115,720	57,987	25,758	170,726	101,775	
Physicians Fees	246,631	331,858	330,533	322,584	308,777	291,979	352,767	359,584	329,711	329,866	329,866	329,711	350,604	344,225	242,648	280,402	260,382	
Purchased Services	513,957	691,337	772,336	892,521	816,761	945,477	802,604	890,157	746,115	797,016	476,515	766,170	849,009	868,813	1,125,988	941,985	941,985	
Supplies Expense	685,518	751,025	903,883	995,446	876,735	823,019	895,128	735,602	739,328	723,243	476,515	988,949	1,051,584	806,794	1,080,707	700,018	814,829	
Utilities	75,471	80,660	89,282	111,192	115,835	113,507	99,363	120,651	115,611	96,716	105,667	98,940	194,633	105,066	136,293	104,939	107,960	
Repairs and Maintenance	58,325	58,592	139,712	77,524	90,737	113,507	99,363	120,651	115,611	96,716	105,667	98,940	194,633	105,066	136,293	104,939	107,960	
Insurance Expense	85,267	103,277	110,683	117,524	119,141	133,709	119,141	122,505	118,248	114,116	117,116	103,000	117,993	122,000	141,364	185,434	133,116	
All Other Operating Expenses	70,922	160,745	148,752	101,142	135,411	47,279	84,177	185,078	143,484	139,122	48,806	72,459	384,176	118,594	125,742	59,602	47,639	
IGT Expense	58,743	109,484	172,366	37,982	69,475	106,555	51,072	59,251	80,559	765	61,844	62,060	72,328	65,966	103,254	25,370	42,245	
Leases and Rentals	76,150	79,233	79,424	37,982	69,475	106,555	51,072	59,251	80,559	765	61,844	62,060	72,328	65,966	103,254	25,370	42,245	
1206 (b) CLINIC	98,810	94,628	34,096	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total Operating Expenses</b>	<b>5,720,023</b>	<b>6,377,906</b>	<b>6,901,285</b>	<b>7,010,605</b>	<b>7,266,151</b>	<b>6,893,407</b>	<b>6,923,449</b>	<b>6,833,839</b>	<b>7,474,959</b>	<b>7,091,173</b>	<b>6,093,690</b>	<b>7,770,997</b>	<b>9,556,872</b>	<b>7,067,438</b>	<b>7,448,059</b>	<b>7,461,433</b>	<b>7,163,744</b>	
<b>EBIDA</b>	<b>252,266</b>	<b>(248,351)</b>	<b>(1,394,337)</b>	<b>(297,264)</b>	<b>(66,356)</b>	<b>(1,647,656)</b>	<b>(1,249,165)</b>	<b>(1,334,698)</b>	<b>(747,090)</b>	<b>(821,719)</b>	<b>319,154</b>	<b>9,017,214</b>	<b>(1,516,179)</b>	<b>(955,520)</b>	<b>(419,344)</b>	<b>(3,383,489)</b>	<b>(1,668,315)</b>	
<b>Interest, Depreciation, and Amortization</b>																		
Depreciation and Amortization	497,808	506,497	494,721	472,317	558,920	406,450	446,580	426,319	648,669	661,981	660,120	626,682	627,615	609,030	625,348	514,671	515,528	
Interest Expenses	418,193	422,094	447,994	391,606	481,556	409,794	394,794	419,794	625,830	491,596	425,067	467,039	550,064	573,399	421,777	434,111	445,099	
<b>Total Interest, Depr. &amp; Amort.</b>	<b>916,000</b>	<b>928,591</b>	<b>942,715</b>	<b>863,923</b>	<b>1,040,476</b>	<b>816,243</b>	<b>841,374</b>	<b>846,112</b>	<b>1,274,500</b>	<b>1,153,577</b>	<b>1,085,187</b>	<b>1,093,721</b>	<b>1,177,679</b>	<b>1,182,429</b>	<b>1,047,126</b>	<b>948,782</b>	<b>960,627</b>	
<b>Non-Operating Revenue:</b>																		
Contributions & Other	7,745	27,759	7,121	25,068	149,485	3,065	2,068	3,065	307,953	(48,783)	1,875	3,578	5,682	2,771	738	13,926	1,225,118	
Tax Subsidies for GO Bonds - M-A	692,457	666,966	598,410	610,059	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353	
<b>Total Non Operating Revenue/(Expense)</b>	<b>700,202</b>	<b>694,725</b>	<b>605,531</b>	<b>641,127</b>	<b>776,839</b>	<b>630,418</b>	<b>629,421</b>	<b>630,418</b>	<b>935,307</b>	<b>578,570</b>	<b>630,035</b>	<b>630,035</b>	<b>630,035</b>	<b>630,125</b>	<b>628,091</b>	<b>641,279</b>	<b>1,852,471</b>	
<b>Total Net Surplus/(Loss)</b>	<b>36,467</b>	<b>(482,217)</b>	<b>(1,731,521)</b>	<b>(520,060)</b>	<b>(329,993)</b>	<b>(1,833,481)</b>	<b>(1,461,118)</b>	<b>(1,336,804)</b>	<b>(1,086,283)</b>	<b>(1,396,726)</b>	<b>(1,36,804)</b>	<b>8,554,424</b>	<b>(2,060,822)</b>	<b>(1,507,824)</b>	<b>(838,378)</b>	<b>(3,690,992)</b>	<b>(776,471)</b>	
Change in Interest in Foundation	0	(689,574)	(650)	(284,792)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Extra-ordinary Loss on Financing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Increase/(Decrease in Unrestricted Net)</b>	<b>\$ 36,467</b>	<b>\$ (1,171,791)</b>	<b>\$ (1,732,171)</b>	<b>\$ (504,852)</b>	<b>\$ (329,993)</b>	<b>\$ (1,833,481)</b>	<b>\$ (1,461,118)</b>	<b>\$ (1,336,804)</b>	<b>\$ (1,086,283)</b>	<b>\$ (1,396,726)</b>	<b>\$ (136,804)</b>	<b>\$ 8,554,424</b>	<b>\$ (2,060,822)</b>	<b>\$ (1,507,824)</b>	<b>\$ (838,378)</b>	<b>\$ (3,690,992)</b>	<b>\$ (776,471)</b>	
<b>Total Profit Margin</b>	0.6%	-7.9%	-31.4%	-7.7%	-4.6%	-35.0%	-25.7%	-28.2%	-16.1%	-22.3%	-2.1%	51.0%	-25.6%	-24.7%	-11.9%	-90.5%	-14.1%	
<b>EBIDA %</b>	4.2%	-4.1%	-25.3%	-4.4%	-0.9%	-31.4%	-22.0%	-24.3%										

**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 allowances 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.

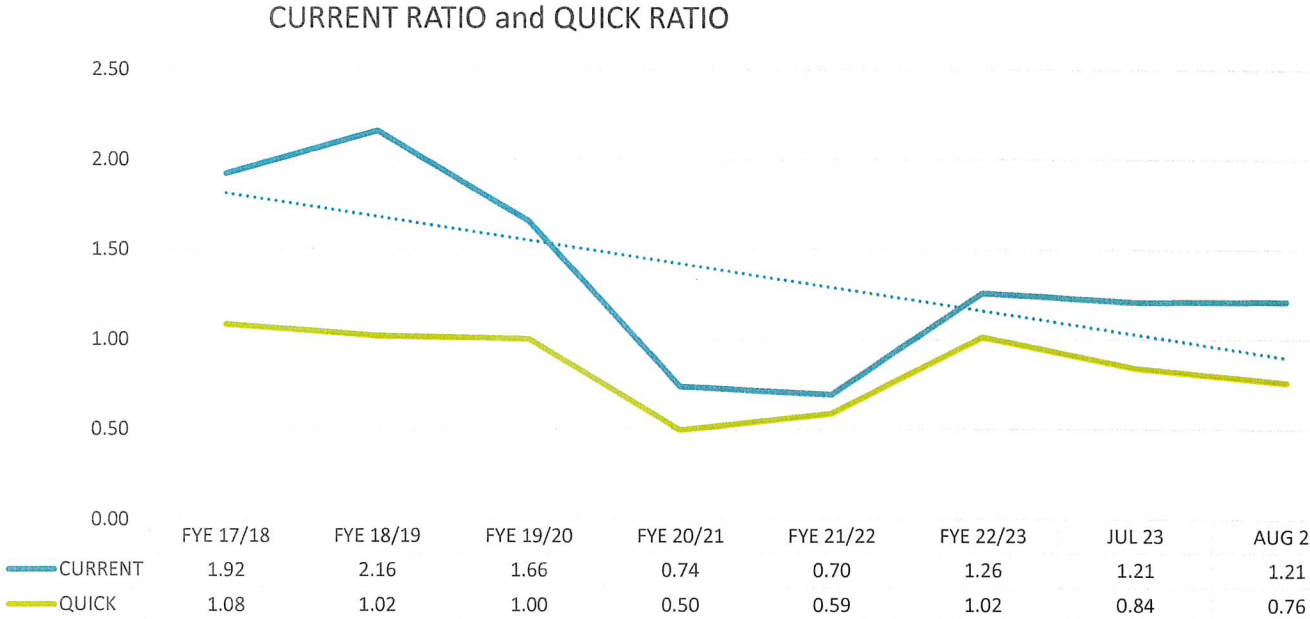
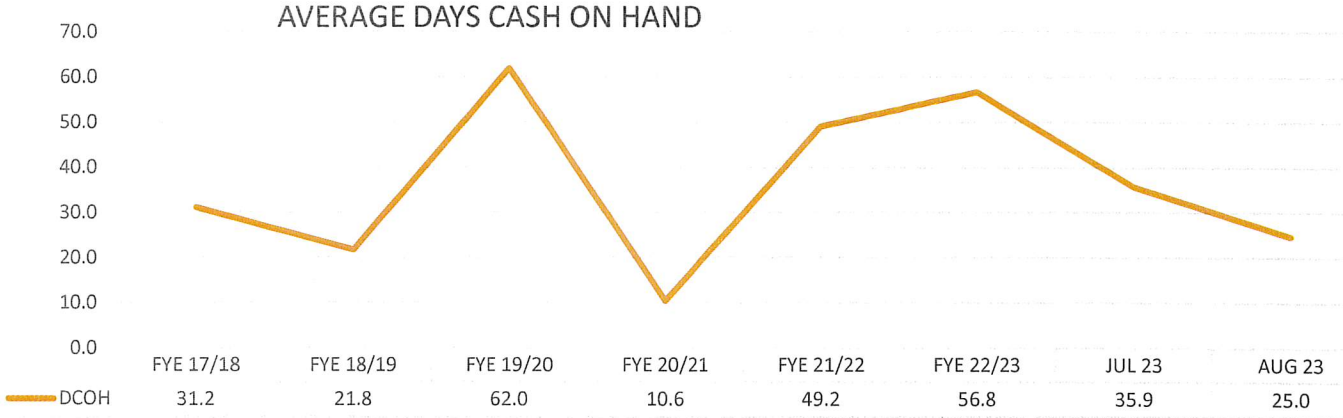
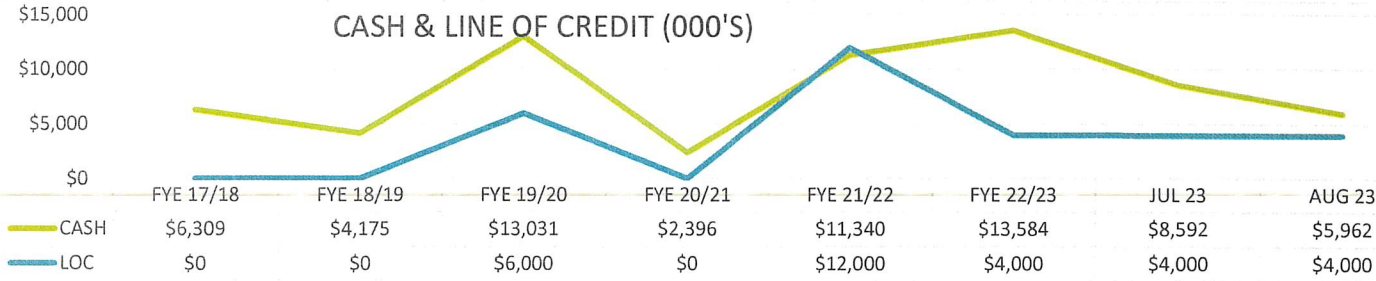
Accounts Payable Days

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.

# SAN GORGONIO MEMORIAL HOSPITAL

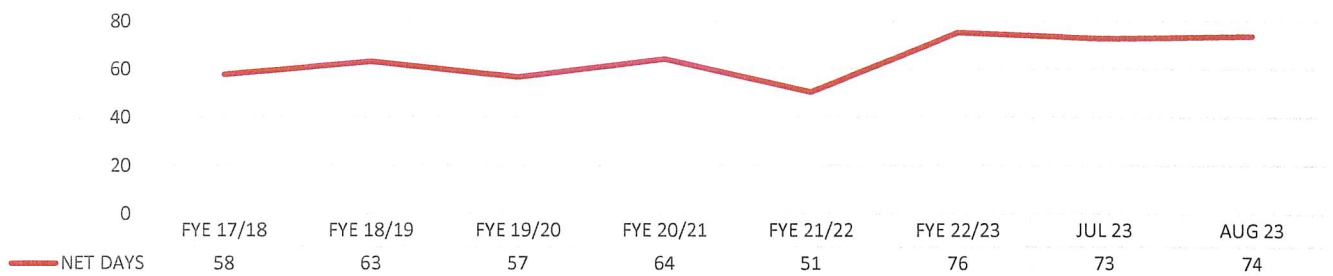


# SAN GORGONIO MEMORIAL HOSPITAL

## NET ACCOUNTS RECEIVABLE (000'S)



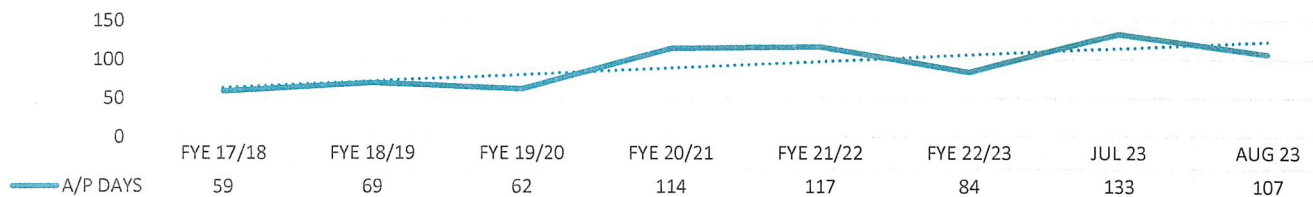
## AVE. DAYS OF COLLECTIONS IN NET A/R



## ACCOUNTS PAYABLE (000'S)



## AVERAGE DAYS IN ACCOUNTS PAYABLE



**Income Statement Select Periods**  
**SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - Monthly**

	Aug 22 Act	Jul 23 Act	Aug 23 Bud	Aug 23 Act	Var (Aug 23 Act - Aug 23 Bud)	Var%
NET INCOME	-1,601,575	-3,690,992	-877,593	-776,471	101,122	11.52 %
EBIDA	-1,215,379	-3,383,489	-1,024,421	-1,668,315	-643,894	-62.85 %
NET SERVICE REVENUE	5,658,117	4,077,944	6,386,637	5,495,429	-891,208	-13.95 %
NET PATIENT REVENUE	4,877,772	3,358,438	5,718,207	4,799,443	-918,764	-16.07 %
OTHER OPERATING REVENUE	780,345	719,506	668,430	695,986	27,556	4.12 %
TOTAL OPERATING EXPENSE	6,873,496	7,461,433	7,411,058	7,163,744	247,314	3.34 %
TOTAL OPERATING EXPENSE	6,873,496	7,461,433	7,411,058	7,163,744	247,314	3.34 %
TOTAL LABOR EXPENSE	4,500,424	5,203,412	4,774,906	4,746,356	28,550	0.60 %
PROFESSIONAL FEES	1,141,994	1,120,798	1,231,536	1,202,367	29,169	2.37 %
SUPPLIES & OTHER EXPENSES	1,231,078	1,137,223	1,404,616	1,215,021	189,595	13.50 %
NON-OPERATING REVENUE & EXPENSE	640,995	641,279	1,107,777	1,852,471	744,694	67.22 %
TOTAL INTEREST & DEPRECIATION	1,027,191	948,782	960,949	960,627	322	0.03 %

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# Income Statement Select Periods

## SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - YTD

	Aug 22 ActYTD	Jul 23 ActYTD	Aug 23 BudYTD	Aug 23 ActYTD	Var (Aug 23 ActYTD - Aug 23 BudYTD )	Var%
NET INCOME	-1,188,089	-3,690,992	-2,055,734	-4,467,463	-2,411,729	-117.32 %
EBIDA	-1,741,252	-3,383,489	-1,897,390	-5,051,804	-3,154,414	-166.25 %
NET SERVICE REVENUE	11,825,685	4,077,944	12,812,235	9,573,373	-3,238,862	-25.28 %
NET PATIENT REVENUE	10,360,933	3,358,438	11,370,380	8,157,881	-3,212,499	-28.25 %
OTHER OPERATING REVENUE	1,464,752	719,506	1,441,855	1,415,492	-26,363	-1.83 %
TOTAL OPERATING EXPENSE	13,566,937	7,461,433	14,709,625	14,625,177	84,448	0.57 %
TOTAL OPERATING EXPENSE	13,566,937	7,461,433	14,709,625	14,625,177	84,448	0.57 %
NON-OPERATING REVENUE & EXPENSE	2,666,479	641,279	1,763,554	2,493,750	730,196	41.40 %
NON-OPERATING REVENUE & EXPENSE	2,666,479	641,279	1,763,554	2,493,750	730,196	41.40 %
NON-OPERATING REVENUE & EXPENSE	2,666,479	641,279	1,763,554	2,493,750	730,196	41.40 %
TOTAL INTEREST & DEPRECIATION	2,113,316	948,782	1,921,898	1,909,409	12,489	0.65 %
TOTAL INTEREST & DEPRECIATION	2,113,316	948,782	1,921,898	1,909,409	12,489	0.65 %
TOTAL INTEREST & DEPRECIATION	2,113,316	948,782	1,921,898	1,909,409	12,489	0.65 %

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## SAN GORGONIO MEMORIAL HOSPITAL

KEY STATISTICS AND RATIOS						
	08/31/22 ACTUAL FY23	08/31/23 ACTUAL FY 24	08/31/23 BUDGET FY 24	2024 2 MOS. YTD ACTUAL FY 24	2024 2 MOS. YTD BUDGET FY 24	2023 YR END TOTAL FY 23
[1] Total Acute Patient Days	689	670	677	1,229	1,368	7,636
[2] Average Daily Census	22.2	21.6	21.8	19.8	22.1	20.9
[3] Average Acute Length of Stay	3.81	3.19	3.51	3.35	3.47	3.49
[4] Patient Discharges	181	210	193	367	394	2,186
[5] Adjusted Patient Days	1,765	2,009	1,888	3,660	3,762	21,460
[6] Observation Days	277	316	286	595	566	3,160
[7] Total Emergency Room Visits	3,593	3,584	3,790	6,855	7,493	41,821
[8] Average ED Visits Per Day	116	116	122	111	121	115
[9] Total Surgeries (Excluding G.I.'s)	134	151	138	249	279	1,433
[10] Deliveries/Births	17	11	14	21	27	131

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - Monthly													
								Aug 22 Act	Jul 23 Act	Aug 23 Bud	Aug 23 Act	Var (Aug 23 Act - Aug 23 Bud)	Var%	
1														1
2	NET INCOME						(1,601,575)	(3,690,992)	(877,593)	(776,471)	101,122	11.52%		2
3	EBIDA						(1,215,379)	(3,383,489)	(1,024,421)	(1,668,315)	(643,894)	-62.85%		3
4	NET SERVICE REVENUE						5,658,117	4,077,944	6,386,637	5,495,429	(891,208)	-13.95%		4
5	NET PATIENT REVENUE						4,877,772	3,358,438	5,718,207	4,799,443	(918,764)	-16.07%		5
6	GROSS REVENUE FROM PATIENT SERVICES						41,005,636	37,091,605	42,160,239	40,734,713	(1,425,526)	-3.38%		6
7	TOTAL INPATIENT REVENUE						16,241,103	12,272,477	15,256,191	13,826,953	(1,429,238)	-9.37%		7
8	TOTAL OUTPATIENT REVENUE						24,764,533	24,819,128	26,904,048	26,907,760	3,712	0.01%		8
9	DEDUCTIONS FROM REVENUE						(36,127,864)	(33,733,167)	(36,442,032)	(35,935,270)	506,762	1.39%		9
10							(501052 - CONTRACTUAL ALLOWANCES	(32,843,917)	(35,517,540)	(34,825,978)	691,562	1.95%		10
11							(501153 - BAD DEBT EXPENSE	(864,969)	(837,044)	(964,980)	(127,936)	-15.28%		11
12							(501254 - CHARITY WRITE_OFFS	(24,281)	(87,448)	(144,312)	(56,864)	-65.03%		12
13	OTHER OPERATING REVENUE						780,345	719,506	668,430	695,986	27,556	4.12%		13
14	OTHER REVENUE - RATE RANGE						0	0	0	0	0	0.00%		14
15	OTHER REVENUE - OTHER SUPPLEMENTALS						0	0	0	0	0	0.00%		15
16	OTHER REVENUE - DSH						0	35,377	0	0	0	0.00%		16
17	OTHER REVENUE - P4P						0	0	0	0	0	0.00%		17
18	OTHER REVENUE - OTHER						378,851	115,377	258,603	158,046	(100,557)	-38.88%		18
19	OPERATING TAX REVENUES						401,494	568,752	409,827	401,494	(8,333)	-2.03%		19
20	TOTAL OPERATING EXPENSE						6,873,496	7,461,433	7,411,058	7,163,744	247,314	3.34%		20
21	TOTAL LABOR EXPENSE						4,500,424	5,203,412	4,774,906	4,746,356	28,550	0.60%		21
22	WAGES						3,551,181	4,119,595	3,690,132	3,674,360	15,772	0.43%		22
23	EMPLOYEE BENEFITS						876,468	913,089	998,901	970,221	28,680	2.87%		23
24	CONTRACT LABOR						72,775	170,728	85,873	101,775	(15,902)	-18.52%		24
25	PHYSICIAN FEES						312,861	280,402	312,187	260,382	51,805	16.59%		25
26	PURCHASED SERVICES						829,133	840,396	919,349	941,985	(22,636)	-2.46%		26
27	SUPPLY EXPENSE						874,922	700,018	936,582	814,829	121,753	13.00%		27
28	UTILITIES						35,981	104,939	109,587	107,960	1,627	1.48%		28
29	REPAIRS AND MAINTENANCE						112,708	61,860	82,349	69,232	13,117	15.93%		29
30	INSURANCE						127,547	185,434	146,289	133,116	13,173	9.00%		30
31	OTHER EXPENSES						79,920	59,602	84,435	47,639	36,796	43.58%		31
32	LEASE AND RENTALS						0	25,370	45,374	42,245	3,129	6.90%		32
33	NON-OPERATING REVENUE & EXPENSE						640,995	641,279	1,107,777	1,852,471	744,694	67.22%		33
34	OTHER NON-OPERATING REVENUE						13,642	13,926	480,424	1,225,118	744,694	155.01%		34
35	NON-OPERATING TAX REVENUE						627,353	627,353	627,353	627,353	0	0.00%		35
36	TOTAL INTEREST & DEPRECIATION						1,027,191	948,782	960,949	960,627	322	0.03%		36
37	DEPRECIATION						455,357	514,671	522,162	515,528	6,634	1.27%		37
38	INTEREST & AMORTIZATION						571,834	434,111	438,787	445,099	(6,312)	-1.44%		38
39														39
40														40

19

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - Monthly													
1														
2	NET INCOME							-1,601,575	-3,690,992	-1,571,675	-776,471	795,204	50.60%	1
3	EBIDA						-1,215,379	-3,383,489	-1,718,460	-1,668,315	50,145	2.92%	2	
4	NET SERVICE REVENUE						5,658,117	4,077,944	5,641,231	5,495,429	-145,802	-2.58%	3	
5	NET PATIENT REVENUE						4,877,772	3,358,438	4,972,801	4,799,443	-173,358	-3.49%	4	
6	GROSS REVENUE FROM PATIENT SERVICES						41,005,636	37,091,605	40,837,431	40,734,713	-102,718	-0.25%	5	
7	TOTAL INPATIENT REVENUE						16,241,103	12,272,477	14,405,725	13,826,953	-578,772	-4.02%	6	
8	TOTAL OUTPATIENT REVENUE						24,764,533	24,819,128	26,431,706	26,907,760	476,054	1.80%	7	
9	DEDUCTIONS FROM REVENUE						-36,127,864	-33,733,167	-35,864,630	-35,935,270	-70,640	-0.20%	8	
10							501052 - CONTRACTUAL ALLOWANCES	-35,209,893	-32,843,917	-34,954,786	-34,825,978	128,808	0.37%	9
11							501153 - BAD DEBT EXPENSE	-851,375	-864,969	-823,782	-964,980	-141,198	-17.14%	10
12							501254 - CHARITY WRITE_OFFS	-66,596	-24,281	-86,062	-144,312	-58,250	-67.68%	11
13	OTHER OPERATING REVENUE						780,345	719,506	668,430	695,986	27,556	4.12%	12	
14	OTHER REVENUE - RATE RANGE						0	0	0	0	0	0.00%	13	
15	OTHER REVENUE - OTHER SUPPLEMENTALS						0	0	0	0	0	0.00%	14	
16	OTHER REVENUE - DSH						0	35,377	0	0	0	0.00%	15	
17	OTHER REVENUE - P4P						0	0	0	0	0	0.00%	16	
18	OTHER REVENUE - OTHER						378,851	115,377	258,603	158,046	-100,557	-38.88%	17	
19	OPERATING TAX REVENUES						401,494	568,752	409,827	401,494	-8,333	-2.03%	18	
20	TOTAL OPERATING EXPENSE						6,873,496	7,461,433	7,359,691	7,163,744	195,947	2.66%	19	
21	TOTAL LABOR EXPENSE						4,500,424	5,203,412	4,736,878	4,746,356	-9,478	-0.20%	20	
22	WAGES						3,551,181	4,119,595	3,681,278	3,674,360	6,918	0.19%	21	
23	EMPLOYEE BENEFITS						876,468	913,089	982,590	970,221	12,369	1.26%	22	
24	CONTRACT LABOR						72,775	170,728	73,010	101,775	-28,765	-39.40%	23	
25	PHYSICIAN FEES						312,861	280,402	312,187	260,382	51,805	16.59%	24	
26	PURCHASED SERVICES						829,133	840,396	928,206	941,985	-13,779	-1.48%	25	
27	SUPPLY EXPENSE						874,922	700,018	914,392	814,829	99,563	10.89%	26	
28	UTILITIES						35,981	104,939	109,587	107,960	1,627	1.48%	27	
29	REPAIRS AND MAINTENANCE						112,708	61,860	82,170	69,232	12,938	15.75%	28	
30	INSURANCE						127,547	185,434	146,289	133,116	13,173	9.00%	29	
31	OTHER EXPENSES						79,920	59,602	84,604	47,639	36,965	43.69%	30	
32	LEASE AND RENTALS						0	25,370	45,378	42,245	3,133	6.90%	31	
33	NON-OPERATING REVENUE & EXPENSE						640,995	641,279	1,107,777	1,852,471	744,694	67.22%	32	
34	OTHER NON-OPERATING REVENUE						13,642	13,926	480,424	1,225,118	744,694	155.01%	33	
35	NON-OPERATING TAX REVENUE						627,353	627,353	627,353	627,353	0	0.00%	34	
36	TOTAL INTEREST & DEPRECIATION						1,027,191	948,782	960,992	960,627	365	0.04%	35	
37	DEPRECIATION						455,357	514,671	522,205	515,528	6,677	1.28%	36	
38	INTEREST & AMORTIZATION						571,834	434,111	438,787	445,099	-6,312	-1.44%	37	
39														38
40														39
														40

20

C	D	E	F	G	H	I	J	K	L	M	N	O	P
SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - YTD													
							Aug 22 ActYTD	Jul 23 ActYTD	Aug 23 BudYTD	Aug 23 ActYTD	Var	Var%	
											(Aug 23 ActYTD - Aug 23 BudYTD )		
1													1
2							(1,188,089)	(3,690,992)	(2,055,734)	(4,467,463)	(2,411,729)	-117.32%	2
3							(1,741,252)	(3,383,489)	(1,897,390)	(5,051,804)	(3,154,414)	-166.25%	3
4							11,825,685	4,077,944	12,812,235	9,575,373	(3,238,862)	-25.28%	4
5							10,360,933	3,358,438	11,370,380	8,157,881	(3,212,499)	-28.25%	5
6							82,416,019	37,091,605	83,984,217	77,826,318	(6,157,899)	-7.33%	6
7							32,025,737	12,272,477	30,671,227	26,099,430	(4,571,797)	-14.91%	7
8							50,390,282	24,819,128	53,312,990	51,726,888	(1,586,102)	-2.98%	8
9							(72,055,086)	(33,733,167)	(72,613,837)	(69,668,437)	2,945,400	4.06%	9
10							(70,263,269)	(32,843,917)	(70,771,709)	(67,669,895)	3,101,814	4.38%	10
11							(1,697,104)	(864,969)	(1,667,881)	(1,829,949)	(162,068)	-9.72%	11
12							(94,713)	(24,281)	(174,247)	(168,593)	5,654	3.24%	12
13							1,464,752	719,506	1,441,855	1,415,492	(26,363)	-1.83%	13
14							0	0	0	0	0	0.00%	14
15							0	0	0	0	0	0.00%	15
16							18,745	35,377	18,745	35,377	16,632	88.73%	16
17							99,751	0	86,250	136,446	50,196	58.20%	17
18							543,268	115,377	517,206	273,423	(243,783)	-47.13%	18
19							802,988	568,752	819,654	970,246	150,592	18.37%	19
20							13,566,937	7,461,433	14,709,625	14,625,177	84,448	0.57%	20
21							9,060,911	5,203,412	9,544,642	9,949,768	(405,126)	-4.24%	21
22							7,103,763	4,119,595	7,375,501	7,793,955	(418,454)	-5.67%	22
23							1,767,018	913,089	1,996,907	1,883,310	113,597	5.69%	23
24							190,130	170,728	172,234	272,503	(100,269)	-58.22%	24
25							564,436	280,402	624,374	540,784	83,590	13.39%	25
26							1,600,140	840,396	1,735,516	1,782,381	(46,865)	-2.70%	26
27							1,581,162	700,018	1,870,190	1,514,847	355,343	19.00%	27
28							137,593	104,939	218,234	212,899	5,335	2.44%	28
29							171,309	61,860	164,501	131,092	33,409	20.31%	29
30							259,525	185,434	292,578	318,550	(25,972)	-8.88%	30
31							191,861	59,602	168,842	107,241	61,601	36.48%	31
32							0	25,370	90,748	67,615	23,133	25.49%	32
33							2,666,479	641,279	1,763,554	2,493,750	730,196	41.40%	33
34							1,411,773	13,926	508,848	1,239,044	730,196	143.50%	34
35							1,254,706	627,353	1,254,706	1,254,706	0	0.00%	35
36							2,113,316	948,782	1,921,898	1,909,409	12,489	0.65%	36
37							1,113,799	514,671	1,044,324	1,030,199	14,125	1.35%	37
38							999,517	434,111	877,574	879,210	(1,636)	-0.19%	38
39													39
40													40

21

C	D	E	F	G	H	I	J	K	L	M	N	O	P
							Aug 22 ActYTD	Jul 23 ActYTD	Aug 23 FlexYTD	Aug 23 ActYTD	Var (Aug 23 ActYTD - Aug 23 FlexYTD )	Var%	
1													
	SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - YTD												
2	NET INCOME						(1,188,089)	(3,690,992)	(4,616,364)	(4,467,463)	148,901	3.23%	1
3	EBIDA						(1,741,252)	(3,383,489)	(4,460,399)	(5,051,804)	(591,405)	-13.26%	2
4	NET SERVICE REVENUE						11,825,685	4,077,944	9,701,232	9,573,373	(127,859)	-1.32%	3
5	NET PATIENT REVENUE						10,360,933	3,358,438	8,259,377	8,157,881	(101,496)	-1.23%	4
6	GROSS REVENUE FROM PATIENT SERVICES						82,416,019	37,091,605	75,991,483	77,826,318	1,834,835	2.41%	5
7	TOTAL INPATIENT REVENUE						32,025,737	12,272,477	26,213,482	26,099,430	(114,052)	-0.44%	6
8	TOTAL OUTPATIENT REVENUE						50,390,282	24,819,128	49,778,001	51,726,888	1,948,887	3.92%	7
9	DEDUCTIONS FROM REVENUE						(72,055,086)	(33,733,167)	(67,732,106)	(69,668,437)	(1,936,331)	-2.86%	8
10							(70,263,269)	(32,843,917)	(66,013,822)	(67,669,895)	(1,656,073)	-2.51%	9
11							(1,697,104)	(864,969)	(1,555,752)	(1,829,949)	(274,197)	-17.62%	10
12							(94,713)	(24,281)	(162,532)	(168,593)	(6,061)	-3.73%	11
13	OTHER OPERATING REVENUE						1,464,752	719,506	1,441,855	1,415,492	(26,363)	-1.83%	12
14	OTHER REVENUE - RATE RANGE						0	0	0	0	0	0.00%	13
15	OTHER REVENUE - OTHER SUPPLEMENTALS						0	0	0	0	0	0.00%	14
16	OTHER REVENUE - DSH						18,745	35,377	18,745	35,377	16,632	88.73%	15
17	OTHER REVENUE - P4P						99,751	0	86,250	136,446	50,196	58.20%	16
18	OTHER REVENUE - OTHER						543,268	115,377	517,206	273,423	(243,783)	-47.13%	17
19	OPERATING TAX REVENUES						802,988	568,752	819,654	970,246	150,592	18.37%	18
20	TOTAL OPERATING EXPENSE						13,566,937	7,461,433	14,161,631	14,625,177	(463,546)	-3.27%	19
21	TOTAL LABOR EXPENSE						9,060,911	5,203,412	9,222,341	9,949,768	(727,427)	-7.89%	20
22	WAGES						7,103,763	4,119,595	7,146,799	7,793,955	(647,156)	-9.06%	21
23	EMPLOYEE BENEFITS						1,767,018	913,089	1,937,500	1,883,310	54,190	2.80%	22
24	CONTRACT LABOR						190,130	170,728	138,042	272,503	(134,461)	-97.41%	23
25	PHYSICIAN FEES						564,436	280,402	624,374	540,784	83,590	13.39%	24
26	PURCHASED SERVICES						1,600,140	840,396	1,677,083	1,782,381	(105,298)	-6.28%	25
27	SUPPLY EXPENSE						1,581,162	700,018	1,704,967	1,514,847	190,120	11.15%	26
28	UTILITIES						137,593	104,939	218,234	212,899	5,335	2.44%	27
29	REPAIRS AND MAINTENANCE						171,309	61,860	163,644	131,092	32,552	19.89%	28
30	INSURANCE						259,525	185,434	292,578	318,550	(25,972)	-8.88%	29
31	OTHER EXPENSES						191,861	59,602	167,656	107,241	60,415	36.04%	30
32	LEASE AND RENTALS						0	25,370	90,754	67,615	23,139	25.50%	31
33	NON-OPERATING REVENUE & EXPENSE						2,666,479	641,279	1,763,554	2,493,750	730,196	41.40%	32
34	OTHER NON-OPERATING REVENUE						1,411,773	13,926	508,848	1,239,044	730,196	143.50%	33
35	NON-OPERATING TAX REVENUE						1,254,706	627,353	1,254,706	1,254,706	0	0.00%	34
36	TOTAL INTEREST & DEPRECIATION						2,113,316	948,782	1,919,519	1,909,409	10,110	0.53%	35
37	DEPRECIATION						1,113,799	514,671	1,041,945	1,030,199	11,746	1.13%	36
38	INTEREST & AMORTIZATION						999,517	434,111	877,574	879,210	(1,636)	-0.19%	37
39													38
40													39
													40

**TAB G**

**PROPOSAL and AGREEMENT**  
**ARCHITECTURAL and ENGINEERING DESIGN SERVICES**

September 19, 2023

Client: **San Gorgonio Memorial Hospital**  
600 N. Highland Spring Avenue  
Banning, CA 92220

Attention: **Mr. John Peleuses**  
**Vice President of Ancillary and Support Services**  
And/or  
**Mr. Salvador Sanchez**  
**Director Plant Operations**

Subject: **San Gorgonio Memorial Hospital**  
**Fluoroscopy Room 2 Equipment Replacement**  
600 N. Highland Spring Avenue  
Banning, CA 92220

Thank you for the opportunity to submit the following proposal and agreement for the subject project:

**1. Project Scope of Work:**

The project scope includes replacement of the existing Radio Fluoroscopy equipment in the Rad & Fluoro Room #2 with new Philips DXR N90 HP (2 Detectors + Ceiling Suspended Monitor) equipment based on Request for Proposal dated 5 September 2023. This will include the consequential room alterations to accommodate the new equipment and upgrade the adjoining Patient Toilet for accessibility compliance. Provide HCAI processing assistance for an emergency replacement project under HCAI PIN 72 – Emergency Work Authorization.

The project is located in the First Floor Imaging/Radiology Department of a one-story Type III-A sprinklered Building 03 (BLD-01391 – Addition (1980), I-2 General Acute Care Occupancy. The project is under the jurisdiction of HCAI. Disciplines include Architectural, Structural, Mechanical, Plumbing and Electrical Engineers and Physicist Designer.

**2. Scope of Services:**

Based on the above understanding, ML Aol will provide Architectural and Engineering Design Services for the improvement of the subject project as follows:

- A. Schematic Design Phase Services:** Architect shall provide Schematic Design based on Project Scope of Work and coordination with the R/F equipment vendor. Architect shall review the plans with the client SGMH to ascertain the requirements of the project and shall arrive at a mutual understanding of such requirements with the client.
- B. Site Investigation Services:** After receiving the R/F equipment vendor's final drawings and documents, Architect, Structural, Mechanical, Plumbing and Electrical Engineers shall investigate the existing site conditions.



- C. Construction Document Phase Services:** Based on the mutually agreed-upon scope, the design team shall prepare the Construction Documents consisting of Drawings and Specifications setting forth in detail the requirements for the construction of the project.
- D. Governmental and Bid Processing Assistance Services:** Architect shall assist in connection with the Owner's responsibility for filing documents required for the approval of government authorities, HCAI. A&E shall respond to plan check comments.
- E. Construction Administration Services:** A&E shall provide necessary telephone and drawing support for field operations to supplement or clarify information presented on the Construction Documents within the scope of work.

**3. Exclusions:**

- A. Additional design services based on Owner revisions.  
B. Extensive Governmental agency processing assistance  
C. Extensive Construction Administration Services  
D. Plotting and printing  
E. Please see Exclusions on Engineers' proposals

**4. Fee Proposal:**

- A. Total Fixed Fee Compensation for Architectural and Engineering Design Services:**

The fixed fee for Architectural and Engineering Design Services for the **Fluoroscopy Room 2 Equipment Replacement** project, based upon the currently identified project scope of work and scope of services, shall be as follows:

Architectural Services (ML AoI)	\$ 37,300.00
Engineering Consultant Fees:	
Structural Engineering (Spire Structural Engineering)	\$ 12,500.00
Mechanical Engineering (BMS)	\$ 9,000.00
Electrical Engineering (SOBE)	\$ 13,200.00
Physicist Report (National Radiologic Physics)	\$ 2,500.00
 Total Architectural and Engineering Design Services Proposal:	 <b><u>\$ 74,500.00</u></b>

- B. Estimated Reimbursable Expenses Amount**

Reimbursable expenses, such as overnight delivery, plotting  
And printing fees will be billed at cost plus 15%. \$ 8,000.00

Proposed A&E Design Services and Reimbursable: **\$ 82,500.00**

- C. Additive Alternate #1:** Rooftop Mechanical Equipment \$ 7,400.00  
A&E Design Services in case mechanical unit has to be replaced.

Proposed A&E Services and Reimbursable with Additive Alternate: **\$ 89,900.00**

**D. Hourly Rates for Additional Architectural Services:**

Architect	\$195/Hr.
Project Coordinator/ Senior Designer	\$130/Hr.
Cad Operator	\$100/Hr.

**E. Hourly Rates for Additional Engineering Design Services:**

Please see Engineer proposals for their specific rates.

a. Term of Fee Proposal

The total fee, stated lump sum, shall be understood to be an estimate, based upon Scope of Services, and shall not be exceeded by more than ten percent, without written approval of CLIENT. This fee proposal is valid for 30 days from the date of the Agreement. Where the fee arrangement is to be on an hourly basis, the rates shall be those that prevail at the time services are rendered.

**5. Owner/Client Provided Information:**

- A. Record drawings (as-built drawings)
- B. Existing Lead Shielding information
- C. Equipment drawings (shop drawings and seismic calculations)
- D. Plan Review and Building permit fees
- E. Electrical Panel Readings
- F. Mechanical Air Readings
- G. Fire Alarm Design
- H. Fire Sprinkler Design
- I. Nurse Call System Design
- J. Please see Owner/Client Provided Information on Engineers' proposals

**6. Schedule of Payment:**

A separate invoice for this project shall be submitted monthly for payment. The accumulated amount shall not exceed the percentage of completion of the services as estimated by ML Aol and approved by Owner/Client. ML Aol has an understanding that the first payments will accumulate and be issued by Owner starting at 5% completion.

This fee shall be distributed as follows:

At Completion of:	Accumulated Fee	Payment Schedule
Schematic Design Phase	10%	TBD
Construction Documents Phase:	75%	TBD
Gov't. Processing Assistance/Bid:	80%	TBD
Construction Phase:	100%	TBD

**7. Contract and Business Terms:**

- A. Unless otherwise noted within the proposal, invoices are due 30 days net and are subject to a 1.5% (18% per annum) interest charge on the unpaid balance.

- B. This Agreement may be terminated by either party at any time with or without cause by written notice. Termination shall be effective seven days after the date of notice. Upon termination, all invoices presented by ML Architecture of Imaging for Services and Expenses for periods prior to the date of termination shall become immediately due and payable.
- C. Failure of Owner/Client to make payments to ML Architecture of Imaging in accordance with this Agreement shall be cause for termination. ML Architecture of Imaging may upon seven days written notice to Owner/Client of payment not received, suspend Services under this Agreement. In the event of suspension of services by ML Architecture Of Imaging shall in no way relieve Owner/Client of compensating ML Architecture Of Imaging for Services performed and Expenses incurred prior to the date of termination.
- D. The scope of ML Architecture of Imaging services for this Agreement is limited to Architecture and Engineering Design Services. This Agreement does not include construction services, does not include any responsibility for detection, remediation, accidental release, or services relating to waste, oil, asbestos, lead, or other hazardous materials, as defined by Federal, State and local laws or regulations.

**8. List of Attachments:**


- A. A&E Hourly Rates (Fee Break Out)
- B. Spire Structural Engineering Proposal
- C. Building Mechanical Systems Proposal
- D. Salas O'Brien (Electrical Engineering) Proposal


**\*\*\* AGREEMENT \*\*\***


This agreement when signed and dated by both parties, will by this action, authorize **ML Aol** to proceed with the terms of the above proposal:

For: **San Geronio Memorial Hospital**

For: **ML Architecture of Imaging**

 Date 9/20/2023  
Steven Barron, CEO

 Date 9/20/2023  
Margie N. Licauco, AIA

 Date 09/20/2023  
Mr. John Peleuses  
Vice President of Ancillary and  
Support Services

\*\*\* End of this agreement\*\*\*

A&E Hourly Rates (Fee Break Out)  
 San Gorgonio Memorial Hospital  
**Fluoroscopy Room 2 Equipment Replacement**

ML Aol Project # ML 576

9/19/2023

Labor Category	Labor Rate	Labor Hours	Total Labor \$	Discipline Fee
<b>Architectural (ML Aol)</b>				<b>\$37,300.00</b>
Principal Architect	\$195.00 /hr	60	\$11,700.00	
Sr. Designer	\$130.00 /hr	62	\$8,060.00	
CADD Operator	\$100.00 /hr	100	\$10,000.00	
Construction Administration	\$130.00 /hr	58	\$7,540.00	
<b>Structural Engineer (Spire)</b>				<b>\$12,500.00</b>
Lump Sum			\$12,500.00	
<b>Mechanical Engineer (BMS)</b>				<b>\$9,000.00</b>
Mechanical & Plumbing Design			\$9,000.00	
<b>Electrical (SOBE)</b>				<b>\$13,200.00</b>
Site Visit (1)			\$1,500.00	
Design Development			\$2,200.00	
Construction Document			\$5,200.00	
HCAI Plan Check Corrections			\$800.00	
Construction Administration			\$3,500.00	
<b>Physicist Shielding Report</b>				<b>\$2,500.00</b>
Design Report (budget)			\$2,500.00	
<b>DESIGN SERVICES TOTAL FEE</b>				<b><u>\$74,500.00</u></b>
<b>Reimbursable Items</b>				<b>\$8,000.00</b>
Reimbursable Budget			\$8,000.00	
<b>PROPOSED Design &amp; Reimbursable Total</b>				<b><u>\$82,500.00</u></b>
R/F Equipment replacement in Rad-Flouro Room #2 including consequential Architectural, Structural, Mechanical/Plumbing and Electrical Remodel/Alteration				
<b>Additive Alternate #1: Rooftop Mechanical Equipment</b>				<b>\$7,400.00</b>
Architectural Fee			\$3,700.00	
Structural Engineering Fee			\$2,500.00	
Electrical Engineering Fee			\$1,200.00	
<b>PROPOSED Design &amp; Reimbursable with Additive Alternate #1 Total</b>				<b><u>\$89,900.00</u></b>

ML576\_SGMH RF Replacement\_A&E\_Hourly Rates\_Rev.xls



2791 Saturn Street Unit A  
 Brea, CA 92821

P 714-524-0044  
 M714-904-4004

## EXHIBIT "A"

September 19, 2023

Subject: **San Geronio Memorial Hospital**  
**Fluoroscopy Room 2 Equipment Replacement**  
600 N. Highland Spring Avenue  
Banning, CA 92220

### **Project Scope of Work:**

The project scope includes replacement of the existing Radio Fluoroscopy equipment in the Rad & Fluoro Room #2 with new Philips DXR N90 HP (2 Detectors + Ceiling Suspended Monitor) equipment with consequential room alterations to accommodate the new equipment and upgrade the adjoining Patient Toilet for accessibility compliance.

The project is located in the First Floor Imaging/Radiology Department of a one-story Type III-A sprinklered Building 03 (BLD-01391 – Addition (1980), I-2 General Acute Care Occupancy. The project is under the jurisdiction of HCAI.

### **Detailed Description of Estimated Scope of work includes the following:**

#### **Architectural**

- Replacement of vendor equipment in existing Radiographic room with new R/F vendor equipment
- New (N) lead-shielded partition to extend wing wall to allow for 18" clearance to control window
- Remodel adjacent toilet to be made accessible compliant, including new lavatory, water closet, mirror, paper towel dispenser, toilet paper dispenser, and seat cover dispenser. New partition walls, new hard-lid ceiling. Assume R-13 insulation in Toilet walls. Sawcut for plumbing pipes in remodeled Toilet. Infill concrete.
- Remove existing Unistrut and replace with (N) overhead Unistrut supports for vendor equipment and anchorage.
- Remove existing t-bar ceiling grid and tiles and replace with (N) suspended t-bar ceiling grid and lay in tiles
- Replace "L" shaped base cabinet with (N) "L" shaped base cabinet with solid-surface top in the scan room
- (N) sheet vinyl flooring, topset rubber base, and wall paint in R/F Room.
- (N) sheet vinyl flooring, self-coved base, and wall paint in adjacent Toilet.
- (N) Physicist shielding report. Patch and repair existing lead shielding as necessary for new equipment
- Existing shielded control window and door are assumed adequate.
- (N) wall or floor gutters as needed for new vendor equipment. Assume to reuse as much of existing gutters as possible.
- Likely will need to sawcut a small section of concrete at gutter to the new table base for underground conduits. Infill concrete.

### **Structural**

- Anchorage of new equipment
- New overhead Unistrut attached to existing tube steel above ceiling at 4'-0" O.C.

### **Mechanical/ Plumbing**

- Adjust existing airflows to add 70 CFM supply to R/F Room and reduce the supply in X-ray across the hall by 70 CFM. Existing exhaust assumed adequate based on the pre-air readings dated 9/5/23. Relocate exhaust in Toilet Room. Test and balance rooms.
- Replace existing exam sink with new ADA sink at same location
- New restroom fixtures water closet and lavatory (Sensor), and plumbing piping as needed

### **Electrical**

- (E) electrical outlets in R/F Room and Control Area assumed adequate for new equipment
- Remove existing lights in R/F Room and Toilet. Provide (N) LED lights in R/F Room, Control Area and Toilet
- Existing disconnect is 150A on emergency power. New equipment required 70A disconnect. Reduction in load. Assume new disconnect and possibly pull new sized wires.
- Relocate outlet in Toilet area and provide power for sensor water closet and lavatory

### **Life Safety (Deferred Item by Vendor)**

- Potentially needs additional fire alarm device in the Control Area
- Possibly relocate sprinkler heads in R/F and Toilet and possibly add one head in R/F Room
- Replace at new location the nurse call pull station in Toilet Room including the overhead dome at Toilet door and R/F door.
- Potentially add (N) Staff call button in R/F Room with overhead dome at R/F door.

### **Additive Alternate #1 (Replace Mechanical Unit on Roof)**

- Additive Alternate was included in the proposal in case the existing mechanical air is not sufficient for the replacement project.
- This is based on past experiences.
- The Pre-Air Readings dated 9/5/23 indicates adequate air, however, the mechanical calculations is pending actual Design Services.

### **Air Balance Request During Site Visit**

- Request to have Owner's Air Balance personnel during A&E site visit.

# Professional Fee Proposal



Proposal No: 23MLA06

**Date:** September 11, 2023  
**Client:** ML Architecture of Imaging  
**Contact:** Margie Licauco  
**Project Name:** San Geronio Hospital R/F Replacement  
**ML No:** ML576  
**Location:** 600 N. Highland Springs Avenue, Banning, CA 92220

**Scope of Services:** Provide structural engineering for the replacement of R/F equipment in the one-story hospital building with wood-framed roof. This proposal is based on information received by email on 0818.23. Scope includes:

- Site visit during design (1 total).
- General notes and typical details (slab-on-grade repair, utility supports/bracing, etc.).
- Partial first floor foundation and equipment plan.
- Partial first floor ceiling plan and roof framing plan.
- Design of new strut suspension system utilizing existing tube steel framing if appropriate.
- Equipment anchorage design for R/F equipment [table with footing if required, bucky, suspended tube/monitors and additional equipment (5 max)].
- Analysis and upgrade of roof framing as required for all suspended loads.
- Coordinate structural items of the TIO and sign final documents.
- Respond to HCAI plan check comments.
- Construction administration (review of submittals, remote RFI support and sign VCRs).
- Construction site visit (1 total).

**Assumptions and Qualifications:**

- Existing structural drawings will be made available during design.

**Fixed Fee: \$12,500.00 lump sum.**

**Add alternate 1: Rooftop Mechanical Equipment**

Provide structural engineering services for the anchorage of new rooftop mechanical equipment. Scope includes:

- Rooftop anchorage design:
  - Packaged unit.
  - Exhaust Fan.
- Analysis and upgrade roof framing as required for rooftop loads.

**Fixed Fee: \$2,500.00 lump sum.**

**Miscellaneous reimbursable expenses:** Included.

**Notes:** Additional structural consultation, construction administration and/or structural observation services can be provided on a time-and-material basis at the hourly rates per Table 1 below.

**Deliverables:** Signed calculations and drawings.

**Schedule:** To be determined (to meet ML's schedule).

**Special Conditions:** Construction documents will be prepared with the information available during design. It should be noted that unknown existing conditions can cause alterations to the design during construction which may incur additional fees.

Offered by:

Handwritten signature of Jeremy C. Welton in blue ink.

Jeremy C. Welton, SE 4614  
Principal, Spire Structural Engineering Inc.

Accepted by (Client):

\_\_\_\_\_  
(signature) (date)

Margie Licauco, AIA  
Principal, ML Architecture of Imaging

***The Terms and Conditions on pages 2 and 3 of this form are part of this agreement***

**Table 1 – Hourly Rates**

<b>Position</b>	<b>Hourly Rate</b>
Principal	\$225.00
Project Manager	\$190.00
Project Engineer	\$160.00
Engineer	\$130.00
Senior Drafter	\$120.00

## **Terms and Conditions**

Spire Structural Engineering Inc. (SPIRE) shall perform the services outlined in this Agreement for the stated fee arrangement.

### **Fee**

The total fee, except stated lump sum, shall be understood to be an estimate, based upon Scope of Services, and shall not be exceeded by more than ten percent, without written approval of CLIENT. This fee proposal is valid for 30 days from the date of the Agreement. Where the fee arrangement is to be on an hourly basis, the rates shall be those that prevail at the time services are rendered.

### **Billings/Payments**

At the end of each calendar month during which work is performed, SPIRE shall tender an invoice to ML Architecture of Imaging setting forth the amount due. ML Architecture of Imaging shall pay the total amount due under invoice within ten (10) days after receipt of payment from the Owner.

### **Access To Site**

Unless otherwise stated, SPIRE shall have access to the site for activities necessary for the performance of the services. SPIRE will take precautions to minimize damage due to these activities, but has not included in the fee the cost of restoration of any resulting damage.

### **Hidden Conditions and Hazardous Materials**

A structural condition is hidden if concealed by existing finishes such that it cannot be discovered by reasonable visual observation. If SPIRE has reason to believe that such a condition may exist, SPIRE shall notify CLIENT who shall authorize and pay for all costs associated with the investigation of such a condition and, if necessary, all costs necessary to correct said condition. If (1) CLIENT fails to authorize such investigation or correction after due notification, or (2) SPIRE has no reason to believe that such a condition exists, CLIENT is responsible for all risks associated with this condition, and SPIRE shall not be responsible for the existing condition nor any resulting damages to persons or property. SPIRE shall have no responsibility for the discovery, presence, handling, removal, disposal or exposure of persons to hazardous materials of any form.

### **Indemnifications**

CLIENT shall indemnify and hold harmless SPIRE and all of its personnel from and against any and all claims, damages, losses and expenses (including reasonable attorney's fees) arising out of or resulting from the performance of the services, provided that any such claims, damage, loss or expense is caused in whole or in part by the negligent act or omission and/or strict liability of CLIENT, anyone directly or indirectly employed by CLIENT (except SPIRE) or anyone for whose acts any of them may be liable. This indemnification shall include any claim, damage or losses due to the presence of hazardous materials.

### **Risk Allocation**

In recognition of the relative risks, rewards and benefits of the project to both CLIENT and SPIRE, the risks have been allocated such that CLIENT agrees that, to the fullest extent permitted by law, SPIRE's total liability to CLIENT, for any and all claims, injuries, damages, losses and expenses arising out of SPIRE's services, or alleged to have been caused or contributed to by SPIRE's services, shall not exceed the total amount of \$20,000.00, the amount of SPIRE's fee (whichever is greater) or other amount agreed upon when added under Special Conditions. Such causes include, but are not limited to, SPIRE's negligence, errors, omissions, strict liability, breach of contract or breach of warranty.

### **Termination of Services**

This Agreement may be terminated by mutual agreement of CLIENT and SPIRE at any time and may be





terminated upon 10 days written notice by either party should the other fail to perform its obligations hereunder. In the event of termination instigated by CLIENT, CLIENT shall pay SPIRE for all services rendered to the date of termination, all reimbursable expenses, and reasonable termination expenses per the following:

- A. Fixed-fee contract: remaining balance of fee.
- B. Time and materials contract: the fee for one month of work, based on the agreed budget and project duration, not to exceed the remaining budget.

#### Dispute Resolution

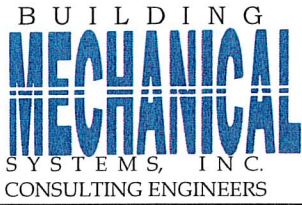
All claims, counterclaims, disputes and other disagreements between CLIENT and SPIRE arising out of the project or relating to this Agreement will be presented to nonbinding mediation before a mediator mutually agreed to by the Parties. The Parties agree that no complaint or cause of action shall proceed with arbitration or be filed in court concerning a matter arising out of the Project or this Agreement until completion of a mediation attended in good faith by the Parties.

Arbitration: It is understood that any dispute as to the services rendered under this Agreement, including whether such services were performed, not performed, unnecessary, unauthorized, or were improperly, negligently or incompetently performed, will be determined by submission to arbitration as provided by California law, and not by lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Both Parties to this Agreement, by entering into it, are giving up their constitutional right to have any dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. **NOTICE: BY SIGNING THIS AGREEMENT, YOU ARE AGREEING TO HAVE ANY ISSUE OR DISPUTE CONCERNING THE SUBJECT MATTER OF THIS AGREEMENT DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.**

  
\_\_\_\_\_  
SPIRE Structural Engineering Inc.

\_\_\_\_\_  
ML Architecture of Imaging

CLIENT



# PROPOSAL

---

**DATE**

8/21/2023

**PROPOSAL FOR:**

ML ARCHITECTURE OF IMAGING  
ATTN: MARGIE LICAUCO  
2791 SATURN STREET, UNIT A  
BREA, CA 92821

**Proposal #**

36402

**PROJECT #**

486-115

**CLIENT #**

ML576

**PROJECT NAME**

SAN GORGONIO HOSPITAL

**ITEM**

HVAC & PLUMBING DESIGN

**DESCRIPTION**

HVAC/PLUMBING DESIGN (INCLUDING INITIAL AND  
FINAL SITE VISITS

**Total**

9,000.00

PROPOSED BY:

Signature

IMAN TOHIDIAN

ACCEPTED BY:

MARGIE LICAUCO

**Total:** \$9,000.00

September 15, 2023

Margie Licauco  
**ML Architecture of Imaging**  
2791 Saturn Street Unit A  
Brea, CA 92821

Re: **San Geronio Memorial Hospital – RF Room**  
600 N. Highland Springs Ave. – Banning, CA 92220  
*Revised Electrical Engineering Proposal*

Dear Margie:

OMB Electrical Engineers, Inc. DBA Salas O'Brien Orange County ("Salas O'Brien") is pleased to submit this proposal to provide electrical engineering services for the referenced project. This proposal is based on RFP received August 21, 2023.

Salas O'Brien's electrical engineering services will provide preliminary / design development, construction documents, plan check processing and construction administration for the above-mentioned project. We understand the scope of services to be the following, including but not limited to:

**I. PROJECT DESCRIPTION:**

The project would be a remodel of an existing RF Imaging Room within the hospital to include:

New RF equipment connection to existing power service; replacement of lighting with LED type fixtures; and reuse of existing outlets and wireways in the room.

**II. ADDITIVE ALTERNATE:**

Power connections to new HVAC and exhaust fans on roof.

**III. SERVICES TO BE PROVIDED:**

The scope of the work will include:

- 1) Construction Documents
  - a) Attend field verification meeting to observe existing conditions prior to the start of work.
  - b) Design Development, Drawings and Specifications.
  - c) Construction Documentations and Specifications.
  - d) Compliance with City of Banning regulations.
- 2) Agency Review Processing
  - a) Authority having jurisdiction for building plan check.
  - b) City of Banning Plan check corrections.
- 3) Bidding and Negotiation
  - a) Respond to RFI's during the bidding process.
- 4) Construction Administration
  - a) Submittal and shop drawing review.
  - b) Respond to RFI's
  - c) Review electrical shop drawings.
  - d) Visit job site during construction to observe completed electrical work and prepare punch list.

- 5) Project Close Out Design
  - a) Review Contractor's as-built drawings furnished by the Contractor at completion of project.
  
- 6) Electrical Engineering
  - a) Field verification.
  - b) Lighting plans.
  - c) CEC Title 24 Energy Compliance Calculations, Controls and Documents as required.
  - d) Power plans.
  - e) Low voltage device location plan (phone, data, fire alarm and nurse call performance specifications and location plans) as required.
  - f) Panel schedules, details, diagrams, notes and legends.
  - g) Single line diagrams.
  - h) Electrical equipment schedules, load calculations, and specifications.
  - i) Review submittals and respond to RFI's.
  - j) Construction site visit.
  - k) Punch list will be prepared based on observations.
  
- 7) Work Not Included
  - a) Work resulting from changes by the Owner, Architect, Contractor, and/or other discipline after completion of design and submittal for plan check.
  - b) Incorporate changes to the CAD drawings made during construction, including instruction bulletins, change orders and changed indicated on marked up drawings provided by the Contractor. This can be done as an extra service on lump sum or hourly basis.
  - c) Fire Alarm design or drawings (design / build by GC using the buildings supplier and installer). Performance specifications will be provided.
  - d) Nurse Call system design or drawings (design / build by GC). Performance specifications will be provided as required.
  - e) Security system, audiovisual system, public address system design.
  - f) Information Technology / Information Systems or Communication system design (Rough-in boxes with conduit provided).
  - g) Acoustical and noise attenuation studies, engineering or design.
  - h) Audio Visual system design.
  - i) Specialty lighting design.
  - j) Provision of new panelboards or upgrade of existing electricals service. Existing panelboards shall be reused.
  - k) LEED Commissioning.
  - l) Travel expenses outside the Orange County area (reimbursable expense).
  - m) Meetings, revisions and / or deliverables exceeding those identified in the Basic Services.
  - n) Exterior work on building.
  - o) Cost estimating
  - p) Revit drawings (AutoCAD included).

#### **IV. COMPENSATION**

- 1) The above scope of work for electrical engineering will be provided based on the following fixed fees:

a. Site Survey:	\$ 1,500
b. Design Development:	\$ 2,200
c. Construction Documents:	\$ 5,200
d. Plan Check:	\$ 800
e. Construction Support:	<u>\$ 3,500</u>
<b>Total: Lump Sum:</b>	<b>\$13,200</b>
  
- 2) Additive Alternate (HVAC System): \$ 1,200

3) Compensation for extra services will be invoiced at the following hourly rates:

Principal	\$275
Associate / Supervising Engineer	\$220
Commissioning Engineer	\$210
Project Engineer	\$200
Project Manager	\$190
Senior Designer	\$180
Designer	\$160
Commissioning Specialist	\$150
BIM / Revit	\$130
Drafter	\$120
Clerical	\$100

- 4) Reimbursable expenses are in addition to compensation and include cost of travel including mileage, meals and hotel accommodations, expense of plotting, reproductions, delivery charges of drawings & specifications, and plan check fees. Reimbursable expenses will be invoiced at cost plus 10%. Plotting reproduction will be invoiced at \$0.55 per square foot unless other terms and conditions are negotiated prior to commencement of work. In-house coordination plotting is not a reimbursable expense. Client shall furnish one (1) – half size hard copy set of architectural plans at start of work, and complete consultant sets at the end of each milestone submittal including Schematic, Design Development and Construction Document phases of work. If electronic files are provided in lieu of hard copies, hard copies will be plotted by Salas O'Brien at half size and will be billed as a reimbursable expense.

Please contact our office if you have any questions or require additional information. We appreciate this opportunity to serve your electrical engineering needs for this important project.

Sincerely,



Roy L. Lopez, P.E.  
Principal  
RER: ak // 12308099-R.H09

Approval:

\_\_\_\_\_  
ML Architecture of Imaging

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_



**Saycobuilders.com**

**CA LIC # 977004**

September 21, 2023

Mr. Salvador Sanchez  
Director Facilities / Engineering  
600 N. Highland Springs Ave.  
Banning, CA 92220

**San Gorgonio Memorial Hospital**  
**Fluoroscopy Room 2 Equipment Replacement**

Dear Mr. Sanchez,

We are pleased to submit our construction rough order of magnitude(ROM) for the above referenced project based on the scope of work provided by ML Architecture of Imaging. Our ROM proposal provides budgetary pricing for facility use in planning this project.

Thank you for the opportunity for SAYCO BUILDERS to be your Builder of choice. We look forward to working with you.

**Where Expertise Meets Excellence**

**General Contracting- Design and Construction**

31566 Railroad Canyon Rd Suite 2 #1414 Canyon Lake, CA 92587 PHN: (714) 263-6405 Saycobuilders.com



Saycobuilders.com

CA LIC # 977004

San Geronio Memorial Hospital  
Fluoroscopy Room 2 Equipment Replacement

**Estimated construction duration is 26 weeks**

**Budgetary Cost: \$1,005,689.44**

The project scope includes replacement of the existing Fluoroscopy equipment at the Fluoro Room #2. This includes the necessary construction to remodel the existing space to accommodate the new equipment. Project includes:

- Supervision and Project Management – Normal working hours 6:00AM – 3:00PM
- Remodeling of adjacent patient restroom to make ADA compliant. New flooring and suspended ceiling
- Anchoring of equipment and new Unistrut ceiling support structure for equipment rails
- Casework, as required
- Electrical to support new equipment and lighting
- Nurse call, fire alarm and fire sprinkler adjustments, as required
- Scope at this time does not include upgraded mechanical unit at roof which serves project area. Assumes current air flow is acceptable. Scope allows for air balance of current space to design values and relocation of registers, as required, for ceiling work.
- Air pre-reads and electrical load recordings are not included in budget, but can be done if facility would like contractor assistance.

We appreciate the opportunity to provide you with a budget for our Construction services. If you have any questions please do not hesitate to call.

**Where Expertise Meets Excellence**

**General Contracting- Design and Construction**

31566 Railroad Canyon Rd Suite 2 #1414 Canyon Lake, CA 92587 PHN: (714) 263-6405 Saycobuilders.com

Respectfully Submitted,  
**SAYCO BUILDERS.**

**Brandon Say**  
Brandon Say

Payment terms NET-30

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

This is a legal binding contract, by signing you agree to the terms and conditions listed.

**Where Expertise Meets Excellence**  
**General Contracting- Design and Construction**

31566 Railroad Canyon Rd Suite 2 #1414 Canyon Lake, CA 92587 PHN: (714) 263-6405 Saycobuilders.com



The following is a list of assumptions, conditions and exclusions that apply to the referenced contract. The intent is not exclude any required element, but rather state the understanding Sayco Builders has with our client regarding the scope to be included in this contract.

### QUALIFICATIONS, ASSUMPTIONS & EXCLUSIONS

#### **Consultants:**

Civil

Archaeological  
Hazmat

Landscape  
Interior Design  
Signage and Graphics  
Security  
Civil / Geotechnical

#### **Special Systems:**

Low Voltage Data  
PA Systems  
AV Systems  
CCTV/CATV  
Telephone Systems  
Telephone Data Cabling  
Fire Alarm  
Nurse Call  
Pre-Action Fire Suppression Systems  
Chiller purchase  
Medical Gases  
Fire Sprinkler

#### **Hazmat Remediation:**

Asbestos Abatement and spot Asbestos Abatement  
Soil Remediation  
Mold Remediation

#### **Bonds & Insurance:**

Subcontractors Bond  
Builders Risk Insurance  
Earthquake and Flood  
Insurance deductibles or Excess coverage above \$1,000,000

#### **Fixtures, Furnishings & Equipment:**

Employee Personal Items  
Personal Computers  
Office Equipment  
Storage Systems  
View Boxes

#### **Exclusions**

#### **Miscellaneous:**

Ceremonies  
Guard Service  
Parking Costs  
BMS Network Automation Engine

Mock-ups  
Seismic Upgrade  
Electrical Usage Costs  
Water Usage Costs  
Hidden Conditions  
Keying of hardware  
Signage (non Code)  
Task Lighting  
Window Tinting  
Vibration Testing  
Electromagnetic Testing  
Power Conditioning & UPS  
Generating Equipment  
Re-Mobilization Costs  
Edison Costs (Direct & Indirect)  
  
Delays Caused by Edison or Owner  
Re-design due to equipment changes

#### **Payment Requirements:**

Service charge of 1.5%/month (18%) annual will be added to past due invoices plus attorney fees and collection cost.

### **Where Expertise Meets Excellence**

**General Contracting- Design and Construction**

31566 Railroad Canyon Rd Suite 2 #1414 Canyon Lake, CA 92587 PHN: (714) 263-6405 Saycobuilders.com

**SCHEDULE OF VALUES  
SAYCO BUILDERS**



Project: SGMH Fluoroscopy Room 2 Equipment Replacement

Application NO:

**ROM**

Application Date:

21-Sep-23

HCAI #:

Facility Project #

A ITEM NO:	B DESCRIPTION OF WORK	C ORIGINAL CONTRACT	D APPROVED CHANGES	E REVISED CONTRACT AMOUNT	G WORK COMPLETED		H TOTAL COMPLETED TO DATE	I % (G/C)	I BALANCE TO FINISH (E-H)	J RETAINAGE
					F FROM PREVIOUS APPLICATION (F+G)	G THIS PERIOD				
00700	GENERAL CONDITIONS	64,850.00	0.00	64,850.00	0.00	0.00	0.00	0%	64,850.00	0.00
01313	SUPERVISION & PM	135,200.00	0.00	135,200.00	0.00	0.00	0.00	0%	135,200.00	0.00
01573	SAFETY / FIRST AID	3,700.00	0.00	3,700.00	0.00	0.00	0.00	0%	3,700.00	0.00
01743	GENERAL LABOR	39,280.00	0.00	39,280.00	0.00	0.00	0.00	0%	39,280.00	0.00
01453	GPR SCANNING / TESTING	600.00	0.00	600.00	0.00	0.00	0.00	0%	600.00	0.00
02220	BUILDING DEMOLITION	39,500.00	0.00	39,500.00	0.00	0.00	0.00	0%	39,500.00	0.00
03000	CONCRETE	13,800.00	0.00	13,800.00	0.00	0.00	0.00	0%	13,800.00	0.00
05120	STEEL / UNISTRUT / ANCHORING	74,063.00	0.00	74,063.00	0.00	0.00	0.00	0%	74,063.00	0.00
06100	ROUGH CARPENTRY	19,000.00	0.00	19,000.00	0.00	0.00	0.00	0%	19,000.00	0.00
06400	ARCHITECTURAL WOODWORK	24,250.00	0.00	24,250.00	0.00	0.00	0.00	0%	24,250.00	0.00
07840	FIRE CAULKING	1,200.00	0.00	1,200.00	0.00	0.00	0.00	0%	1,200.00	0.00
09255	METAL FRAMING	43,340.00	0.00	43,340.00	0.00	0.00	0.00	0%	43,340.00	0.00
09500	CEILINGS	41,900.00	0.00	41,900.00	0.00	0.00	0.00	0%	41,900.00	0.00
09600	FINISH FLOORING	33,754.00	0.00	33,754.00	0.00	0.00	0.00	0%	33,754.00	0.00
09900	PAINTING	5,100.00	0.00	5,100.00	0.00	0.00	0.00	0%	5,100.00	0.00
10260	WALL & CORNER GUARDS	3,800.00	0.00	3,800.00	0.00	0.00	0.00	0%	3,800.00	0.00
10400	ID DEVICES / SIGNAGE	1,800.00	0.00	1,800.00	0.00	0.00	0.00	0%	1,800.00	0.00
10800	TOILET ACCESSORIES	1,680.00	0.00	1,680.00	0.00	0.00	0.00	0%	1,680.00	0.00
13400	LEAD SHIELDING / LEAD WINDOWS	34,420.00	0.00	34,420.00	0.00	0.00	0.00	0%	34,420.00	0.00
15300	FIRE SPRINKLERS	26,400.00	0.00	26,400.00	0.00	0.00	0.00	0%	26,400.00	0.00
15400	PLUMBING	59,700.00	0.00	59,700.00	0.00	0.00	0.00	0%	59,700.00	0.00
15700	HVAC	41,500.00	0.00	41,500.00	0.00	0.00	0.00	0%	41,500.00	0.00
16000	ELECTRICAL	154,000.00	0.00	154,000.00	0.00	0.00	0.00	0%	154,000.00	0.00
13850	FIRE ALARM	16,800.00	0.00	16,800.00	0.00	0.00	0.00	0%	16,800.00	0.00
16710	NURSE CALL SYSTEM	18,300.00	0.00	18,300.00	0.00	0.00	0.00	0%	18,300.00	0.00
18000	INSURANCE	17,958.74	0.00	17,958.74	0.00	0.00	0.00	0%	17,958.74	0.00
19050	CONTRACTOR FEE	89,793.70	0.00	89,793.70	0.00	0.00	0.00	0%	89,793.70	0.00
	<b>TOTAL</b>	<b>1,005,689.44</b>	<b>0.00</b>	<b>1,005,689.44</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0%</b>	<b>1,005,689.44</b>	<b>0.00</b>



**Sold to:**

San Gorgonio Memorial Hospital  
600 N Highland Springs Ave  
Banning, CA 92220-3046

**Presented By**

Reneé Gutierrez  
Philips Healthcare a division of Philips North  
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**Email:** renee.gutierrez@philips.com

**Ship to:**

San Gorgonio Memorial Hospital  
600 N Highland Springs Ave  
Banning, CA 92220-3046

**Quote #:** Q-00214109

**Customer #:** 94027010

**Quote Date:** 08/17/23

**Valid Until:** 09/30/23

## Philips DXR Proxi N90 HP (2 Detectors + Ceiling Suspended Monitor)

Dear Valued Customer,

I am pleased to submit the attached proposal for your consideration. Philips Healthcare is transitioning to a new quoting system and you will notice that this quote looks different than the ones you are used to receiving from us.

I would like to point out a specific area of change to you. Promotions are applied to the line item price of individual items, instead of to the total net price as you are used to. As a result the line item prices appear lower than you might expect based on previous quotations. Please note that the list price of the system has not changed and promotion values are subject to availability.

I trust this meets your expectation, however should you have any queries or require further information or clarification, please do not hesitate to contact me using the details shown at the bottom of this letter.

Please note that all necessary initial applications training is included in the offer price. Further application training can be purchased separately by contacting our Customer Care Center.

Orders relating to this proposal should be sent to the address or fax number at the top of this document.

Thank you,

Reneé Gutierrez

This quotation contains confidential and proprietary information of Philips Healthcare, a division of Philips North America LLC ("Philips") and is intended for use only by the customer whose name appears on this quotation. It may not be disclosed to third parties without the prior written consent of Philips.

**IMPORTANT NOTICE:** Health care providers are reminded that if the transactions herein include or involve a loan or discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including but not limited to 42 CFR 1001.952(h).

Philips Healthcare a division of Philips North America LLC  
414 Union Street  
Nashville, Tennessee 37219



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## 1. Quote Summary

Line	Article No.	Description	Qty	Net Price
<b>1</b>	<b>706110</b>	<b>DRF digital radiography and nearby fluoroscopy solution</b>		
1.1	NNAS665	ProxiDiagnost HP	1	\$ 299,367.00
1.2	NRFA119	Seismic Qualification requir.	1	\$ 697.50
1.3	NRFA106	DRF High Performance Room	1	\$ 0.00
1.4	NRFA093	SkyPlate detector tray	1	\$ 10,578.75
1.5	NRDN518	Live Camera Package	1	\$ 6,570.45
1.6	NEDA315	Comfort Move	1	\$ 12,745.65
1.7	NRDN209	Large SkyPlate Set	1	\$ 36,084.00
1.8	NRDN215	SkyPlate Infrastructure Kit	1	\$ 3,282.90
1.9	NRDN238	SkyFlow Plus	1	\$ 6,644.85
1.10	NEDA320	Motorized tilting of the VS vertical stand	1	\$ 3,213.15
1.11	NEDA305	80 kW generator with IQX	1	\$ 30,592.35
1.12	NRFA096	Grid controlled fluoroscopy	1	\$ 22,408.35
1.13	NEDA309	One in-room Monitor	1	\$ 5,105.70
1.14	NEDA317	Ceiling suspension for one in-room monitor	1	\$ 17,753.70
1.15	NDCC472	Dose Reporting in DICOM Structured Report format	1	\$ 2,613.30
1.16	989001001612	Set of CS Ceiling Rails	1	\$ 911.40
1.17	NRDN405	Protector Large Cass. Size Det	1	\$ 1,311.30
1.18	NRDN407	Wireless Detect. Mobile Holder	1	\$ 2,352.90
1.19	NRDN401	SkyPlate cable and holder pack	1	\$ 441.75
1.20	NRDN421	Stretch grip for VS/VM stand	1	\$ 492.90
	<b>Promotion Discount:</b>			\$ -5,000.00
	• SKYFLOW 5K - CAP PROMO			\$ 458,167.90
<b>2</b>	<b>989804850002</b>	<b>Air Shipment kit</b>	<b>1</b>	<b>\$ 1,891.40</b>
<b>Total Section Price:</b>				<b>\$ 460,059.30</b>
				<b>Total Price</b>
Contract Discount				\$ -499,998.60
Promotion Discount				\$ -5,000.00
Additional Discount				\$ -34,862.10
<b>Total Net Price</b>				<b>\$ 460,059.30</b>



**(Optional Items)**

Line	Article No.	Description	Qty	Net Price
<b>1</b>	<b>706110</b>	<b>DRF digital radiography and nearby fluoroscopy solution</b>		
	989801240006	(Opt) TIMS2000SP Philips CombiDiagnostProxiDiagnost	1	\$ 11,525.00
	989801240053	(Opt) TIMS DVI Extender	1	\$ 1,068.00

## 2. Quote Details

Line	Description	Qty
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**1 DRF digital radiography and nearby fluoroscopy solution  
Article No. 706110**

**Promotion Name**

SKYFLOW 5K - CAP PROMO

**Promotion description**

Philips is proud to offer the SkyFlow Competitive Attraction Promotion to customers with a valid trade-in of a competitive DXR system and purchasing a full system with SkyFlow between 7/1/2023 and 12/31/2023. Customer will receive a \$5,000 discount off their system purchase. Purchase order must be received before 12/31/23. Installation and sign-off no later than 6/30/24.

**Introduction**

The versatile ProxiDiagnost N90 digital radiography-fluoroscopy (DRF) room is a compact 2-in-1 powerhouse, with premium Philips imaging innovation, designed to enhance your clinical confidence

**Details**

Philips ProxiDiagnost N90 premium cross-functional system is a true all around performer. Applications include chest, full leg and spine, upper and lower extremities, skull, as well as gastro-intestinal exams, arthrography, venography, lymphography, myelography and Digital Subtraction Angiography (DSA).

[Product Overview](#)

<b>1.1</b>	<b>ProxiDiagnost HP Article No. NNAS665</b>	<b>1</b>
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**ProxiDiagnost HP**

ProxiDiagnost N90 is a nearby controlled (conventional) R/F system for routine radiographic and fluoroscopic examinations like barium and iodine studies. All system controls are at tableside, so in every phase of the examination the patient can get full attention. Due of its small footprint, great accessibility to the tabletop and a slim but robust design, examinations can be performed to all patient types, from newborns to bariatrics. The spring balanced servo assisted detector housing allows easily controlled movements. Thanks to its state-of-the-art wide size dynamic flat detector and advanced image processing, the system is able to acquire high frame rate fluoroscopy at high resolution and provide advanced dose management.

Main benefits at a glance

- Extremely robust table with small footprint, featuring under-table tube, to exam broad patient types, with high patient load capacity of 300 kg (660 lbs)
- High flexibility through tiltable table from 90° to -85° (standard: 90° to -30°)
- Very slim detector over-table housing for easy and comfortable access to the patient during procedures
- Easy and safe patient access to the table, thanks to the possibility to park the over-table detector housing behind the table, completely freeing access to the tabletop
- Ergonomic grip on detector housing for easy positioning and with all main functions at hand



- Servo assisted longitudinal and vertical movement of the over-table detector housing, for exact, fast and effort-free positioning of the X-ray beam in all tilt positions
- Spring balanced and servo assisted compression movements for effortless GI work
- Comfortable work height for the operator
- X-ray shielding for under-table tube operation, for optimal protection of the operator during routine operation
- Covered table mechanics for protection of patient and user as well as an easy system cleaning
- Anti-collision protection for safe movement of the table during tilting and to prevent damage to movable items in the room (like stools, trolleys etc.)
- Compression stop that can be set in various positions for patient safety e.g. myelograms
- Ample detector area for full diagnostic information even with large patients
- Dose reduction thanks to high detector quantum efficiency
- No grid manipulation necessary thanks to the automatic grid insertion/parking mechanism
- Optimized exposure settings through automatic adjustment according to patient thickness (IQX)
- Superb image quality thanks to state-of-the-art detector technology and exclusive dynamic UNIQUE image processing
- Decrease in the number of repeat exposures due to the reduction of overexposed and underexposed images
- Total radiation dose monitoring by an integrated area dose calculator
- Customizable Eleva user interface with two high quality monitors
- State-of-the-art IT security and patient privacy architecture
- Professional serviceability and remote service capabilities

The wide size 43 cm x 43 cm (17 inch x 17 inch) integrated digital flat detector covers all relevant anatomy and offers full diagnostic information. Its Cesium Iodide (CsI) technology provides excellent quantum efficiency (DQE) and helps to reduce the required patient dose. Its ability to acquire both high frame-rate fluoroscopy sequences and high-resolution radiography images provides high flexibility in any circumstances.

An integrated seven-field automatic exposure control chamber ensures optimum image quality at the lowest possible dose even for difficult projections, as well as the automatic adjustment of exposure kV and time parameters to be optimized to patient thickness (IQX).

The Eleva concept increases productivity by adapting the system to the way you work. The system is customizable and performs to the user specification from pre-exam to archive, to support varying workflow patterns (from high throughput exams to time consuming procedures) which increases overall efficiency. It features customizable presets like SpectraBeam RF filter selection, bi-directional RIS coupling automatically activating the appropriate Eleva presets to increase exam efficiency even more.

#### Exclusive Eleva user interface concepts

At the table in examination room

- Controls on over-table detector housing
- Table side operation panel
- Eleva footswitch, for exposure and fluoroscopy control

In the control room



- Eleva workspot and hand switch

The ergonomic controls on detector housing allow operating the system at table side (nearby operation), perform all standard table movements, select main fluoroscopy, detector field size and imaging functions, control collimator, etc. Everything can be selected without leaving the patient.

## Controls on detector housing at a glance

### EasyGrip

- Ergonomic handle for one-hand operation, fitted for left and right handed people
- All system controls available for full attention to the patient
- Integrated dynamic fluorograb button, within reach for instantaneous grabbing of fluoroscopic images and complete runs

Table movement controls (tilting, lateral & longitudinal tabletop moves)

Collimator control

### EasySelect

- Display and control for Eleva settings
- Eleva programming parameters
- Dose levels and pulse rates selected via 10 soft keys for easy adjustment of examination parameters partly even under fluoroscopy

### SmartWindow

- Display with information on the system status
- Guidance for all operational functions of the system.
- Clear, situation dependent, online information for error free handling

Single/serial exposure technique selection

Choice of 4 detector field size

Frame speed selection

More operational functions needed for examinations

The table side operation panel is located close to the foot end of the table. It provides the user a convenient way to move the tabletop with the patient in the right position for e.g. phlebography studies. Longitudinal, lateral and tilting movements can be controlled.

The innovative Eleva workspot of ProxiDiagnost N90 lets you experience simplicity like never before. Designed with input from customers, it provides two high quality monitors with a clear and intuitive user interface. The main monitor being touchscreen, it is easy to learn and use and is highly configurable to adapt to particular needs and specific workflows, resulting in high room efficiency.

The high workflow automation possible through the Advanced Eleva concept allows concentrating on patients instead of on the system. The touchscreen user interface, the integrated generator controls, and the automatic setting of exposure parameters based on patient and examination information coming from the RIS, provide quick and easy access to all functions a busy technologist needs to achieve an efficient workflow.

Thanks to Philips outstanding Dynamic UNIQUE (UNified Image QUality Enhancement) advanced multi-resolution image processing, all radiography images and fluoroscopy sequences are always displayed fully processed in real-time. During fluoroscopy runs, Dynamic UNIQUE performs instant de-noising from the first frame onwards, avoiding the need to wait some frames before getting a stable and acceptable de-noising, resulting in time saving. Dynamic UNIQUE provides an optimal contrast harmonization with enhanced details, while the overall impression remains natural, and a comparable image impression between RF and DR images.

An integrated area dose calculator allows radiation dose monitoring for every individual image or sequence as well as cumulated per examination, based on the examination generator and collimator settings.

The system includes the necessary DICOM interoperability services ensuring smooth workflow through standardized patient list management and secure storage of examinations to PACS (Worklist Management, Modality Performed Procedure Step/MPPS, Image Export and Storage Commitment, Print for radiography images).

## Specifications

### Table

- Tilttable from 90° to -30° (optional: 90°/-45°, 90°/-85°)
- Tilting speed: variable from 1°/s to 6°/s
- Tabletop height: 83.3 cm (32.8 inch)
- Tabletop size 200 cm x 80 cm (78.7 inch x 31.5 inch)
- Tabletop attenuation: 0.7 mm Al typical (at 100 kV, 2.7 mm Al HVL)
- Maximum load 300 kg (660 lbs) in horizontal position
- Maximum load 250 kg (550 lbs) in tilting position without any longitudinal or lateral movement of the table plate
- Maximum load 185 kg (407 lbs) in all positions and with all movements
- Maximum tabletop to detector clearance: 60 cm (23.6 inch)
- Longitudinal movement +/- 83 cm (32.7 inch), constant speed of 6 cm/s (2.4 inch/s)
- Lateral movement -10 cm / +9 cm, (-3.9 inch / +3.5 inch), constant speed of 4.2 cm/s (1.7 inch/s)
- Tube focus to tabletop distance adjustment: 51 cm to 65 cm (20 inch to 25.6 inch)
- Source Image Distance (SID) adjustment: 77 cm to 133 cm (30.3 inch to 52.4 inch)

### Detector housing

- Over-table housing with integrated large 43 cm x 43 cm (17 inch x 17 inch) Cesium Iodide (CsI) technology dynamic flat detector
- Motorized oscillating and moveable carbon fiber covered grid
- 7 fields AMPLIMAT measuring chamber with automatic selection of measuring fields
- Compression cone with motorized movement from and into parking position
- Automatic collimation in X- and Y-direction, secondary shutters close to detector entrance
- Removable lead rubber radiation protection

### Eleva workspot

#### Computer

- Based on 3.9 GHz, Intel Core I7 processor
- 16 GB RAM memory
- 1 TB Solid State Disk (SSD)

## Monitors

- Two high quality color LCD monitors, one with touchscreen
- Size: 21.3 inch
- Matrix: 1600 x 1200 pixels (2 Megapixel)
- Pixel pitch: 0.270 mm
- Calibrated luminance: >700 cd/m<sup>2</sup>
- Luminance ratio: >800:1
- Weight: approx. 7 kg (15.4 lbs)
- 100 mm x 100 mm VESA mounting interface
- DICOM calibrated for room environmental illuminance from 0 to 1000 LUX
- DICOM illuminance compensation automatically adjusted for room illuminance

## Comprising

- Fluoroscopy table
- Pair of adjustable handgrips
- Adjustable, removable footrest
- Double footswitch for fluoroscopy and exposure
- Wireless remote control for image navigation on the examination room monitor
- Eleva workspot computer, keyboard and mouse, cables
- Two high quality monitors
- Eleva application and examination database software and licenses
- Eleva dynamic images review software and licenses
- Windows 10 system software and licenses
- Dynamic UNIQUE advanced multi-resolution image processing
- Shutter and Image Verification tool
- Solid Core malware protection software and license
- Dose calculation license
- DICOM Worklist Management software license
- DICOM MPPS software license
- DICOM Image Export and Storage Commitment software license
- DICOM Print for radiography images software license
- Instruction for use
- Quick reference guide
- User documentation

## **CS with Eleva Tube Head**

The Philips ceiling suspension (CS) with the Eleva tube head provides great flexibility in the examination room for radiographic exposures. The ceiling suspended radiography tube allows users to perform a wide range of longitudinal and transverse movements in the room, including vertical stand examinations (if present at site) as well as lateral projections and free exposures using the SkyPlate detector (option). Thanks to a four-part telescopic column and an award-winning control handle the system can be operated with only one hand and easily positioned close to the patient.

Automatic tube tracking and detector alignment provide high projection flexibility plus quick and easy handling. A convenient room height adjustment at installation allows the system to fit almost any room height, to achieve the necessary source-image distance above the table, and to go down to the floor for lower extremity work.

The modern control handle integrated into the Eleva Tube Head that comes with a 12" touch screen allows the user to operate the system directly at the tube head. With this, operating the system is now also possible from inside the exam room and the Eleva Tube Head provides the most common used Eleva functionalities known from the Eleva console. An optional camera displays live images directly at the Eleva Tube Head screen and at the workspot (both optional) and thus further helps to speed up the workflow. The clear 12" touch screen is also offering all relevant patient information.

#### Main benefits at a glance

- High flexibility due to the ability to place the tube almost anywhere in the room
- Very convenient for working with a vertical stand (option), or for free exposures like in a stretcher or a wheelchair
- Ergonomic handle, control buttons and release brake, as well as convenient color-coding of movements
- Wide 30.7 cm (12") full color LCD touch display integrated into the tube head for user control and status information
- Integrated centering laser in the tube head for easy positioning

#### Specifications

##### Ceiling Suspension (CS)

- Four-part aluminum telescopic column with spring counter balanced holder for X-ray tube assembly, adaptable to individual room heights
- Ceiling height at source-image distance 110 cm (44"): 2.65 m to 3.20 m (8 foot 8.3" to 10 foot 5.9")
- Minimum ceiling source distance: 87.1 cm (34.3")
- Possible room height adjustment: 37.5 cm (14.8")
- Lowest tube position: 30 cm (11.8") measured from center of beam to the floor
- Length of rails: base rails 4.3 m (14 foot 1.3"), optional rails extension 2.7 m (8 foot 10.3")
- Longitudinal travel with Comfort Track and Comfort Move: 3.41 m (134.3"), 6.14 m (241.7") with rails extension option
- Transverse travel: 1.49 m (58.7") with short transverse rails, 3.21 m (126.4") with long transverse rails
- Vertical travel:  $\geq 1,650$  mm (65"), max. 1,705 mm (67.1")
- Rotation of focal spot around vertical axis of column:  $360^\circ (\pm 180^\circ)$ , with rotation stop  $+180^\circ/-165^\circ$  and lock position every  $45^\circ$
- Angulations of focal spot around horizontal axis:  $\pm 115^\circ$ , lock positions  $0^\circ$  and  $\pm 90^\circ$

##### Control handle

- Centering device in longitudinal and transversal directions
- Brake/locking controls and central three-axis brake-release at lowest position of handle
- Wide 30.7 cm (12.1") full color LCD touch display and backlit flat control buttons

## Collimator

- Motorized automatic collimation, manual overrule possible, with light field indicator
- Angle of aperture and rotation: 2 x 15°, ±45°, depending on the collimator (see type number plate)
- Timer switch for light field indicator: Programmable, in accordance with IEC 60601-2-54 the timer ensures that the lamp switches off automatically in less than 2 minutes to prevent overheating of the collimator.
- Added filters: 1 mm Al or 1 mm Al + 0.1 mm Cu or 1 mm Al + 0.2 mm Cu or 0.5 mm Cu + 2 mm Al for detector calibration
- Source-image distance measurement tape

## X-ray Tube

- Philips Super Rotalix high power X-ray tube SRO 33100, with dual-focus, rotating anode and ROT 380 assembly
- Two focal spots 0.6 and 1.2
- Maximum power: With focal spot 0.6: 33 kW or With focal spot 1.2: 100 kW
- Anode angle 13°
- Maximum tube voltage 150 kV
- Anode heat storage capacity 220 kJ (300 kHU)
- Assembly heat capacity 1.500 kJ (2.046 kHU)
- Continuous anode input power 190 W
- Minimum anode speed 8,000 to 10,000 revolutions/minute
- Build in filter 2 mm Al (5/64")
- Total filtration minimum 2.5 mm Al (105/1024")
- Double tube overload protection
- Total weight approx. 26 kg

## Comprising

- Four-part telescopic column
- X-ray tube assembly with collimator
- Control handle with buttons and LCD screen
- Rail system
- Installation cables and high voltage cables
- Set of markers for preferred source-image distance
- Philips Comfort Track system motorization

## **Vertical Stand with Fixed Detector**

Philips height-adjustable vertical stand (VS) has a proven and smart design that makes no compromise on robustness, quality and work efficiency, even with challenging patients and difficult examination conditions. It is optimal for X-ray departments specializing in thorax examinations. The motorized tilting option extends the possible application range to extremities, skeletal examinations, and under-table examinations using a trolley.

This vertical stand features a premium, wide size, fixed detector.

## Main benefits at a glance

- Vertical stand mounted on the floor, optimal for chest X-ray and all wall Bucky applications
  - Wide size 43 cm x 43 cm (17 inch x 17 inch) integrated digital flat detector
  - Motorized height adjustment from 30 cm to 180 cm (11.8 inch to 70.9 inch) with two different speeds plus manual operation for precise positioning
  - Customizable pre-defined positions (move-to-position) and numerous other well-planned features significantly reduce the physical demands placed on the technologist
  - Easy patient positioning with counterbalanced large vertical movement range
  - Large and ergonomic patient grips on both left and right sides of the detector for safe and comfortable patient positioning
  - Optional rotatable patient stretch grip on top left or right side of the detector
  - Convenient user interfaces on both left and right sides of the detector, for quick and easy adjustment of movements, collimation, field alignment and orientation, selection of automatic exposure control chambers, and tracking mode
  - Five-field automatic exposure control chamber for optimal image quality and low dose, as well as positioning flexibility
  - Automatic tube height adjustment to detector height (tracking)
  - Automatic collimation for X-ray beam limitation to digital flat detector, according to pre-programmed examination parameters
  - Optional motorized detector tilting (-20° to +90°) to support examination of patients on a stretcher, plus straightforward exams of extremities for seated or standing patients
  - Removable oscillating grid for optimal image quality and low dose
  - Convenient storage for two grids within the detector unit for immediate and safe storage
- The motorized height adjustment from 30 cm to 180 cm (11.8 inch to 70.9 inch) measured at center of detector above the floor, gives a total lift of 150 cm (59 inch) to adjust to a comfortable and safe working height with a choice of two different speeds.

The wide size 43 x 43 cm (17 x 17 inch) integrated detector covers all relevant anatomy and offers full diagnostic information. Its Cesium Iodide (CsI) technology provides excellent quantum efficiency (DQE) and helps to manage the required patient dose.

An integrated five-field automatic exposure control chamber ensures optimum image quality at low dose even for difficult projections, and provides positioning flexibility for various examinations without moving the patient. The removable oscillating grid can be stored conveniently and safely directly in the detector unit.

## Specifications

VS

- Counterbalanced rugged column for motorized and manual vertical movement of the detector
- Vertical movement range: 30 cm to 180 cm (11.8 inch to 70.9 inch), measured at center of detector
- Installation: floor and wall attachment, or floor only (optional)
- Detector unit: 59.6 cm x 57.5 cm (23.4 inch x 22.6 inch)
- Optional tilting: -20° to +90° motorized
- Automatic exposure control (AEC): 5 AEC measuring fields
- Operating: two user interfaces (left and right)

- Removable oscillating grid 40/8/140: 40 lines/cm (100 lines/inch), ratio 8, focus 140 cm (55.1 inch) for use with source-image distance from 119 to 189 cm (47 inch to 74 inch)
- Grid storage: for up to two grids within the detector unit

## Detector

- Wide size 43 cm x 43 cm (17 inch x 17 inch) integrated digital flat detector with Cesium Iodide (CsI) technology
- Active detector area 42.0 cm x 42.5 cm (16.5 inch x 16.7 inch)
- Resolution 8.2 megapixel (2840 x 2874 pixels)
- Pixel pitch 0.148 mm
- Pixel depth 16 bits
- Image resolution: up to 3.4 line pairs per mm

## Comprising

- VS
- Digital flat detector 43 cm x 43 cm (17 inch x 17 inch)
- Default oscillating grid 40/8/140. A different grid can be chosen in order questionnaire. Additional grids are available in accessories
- Software licenses
- Documentation

## **UPS**

Uninterruptible Power Supply (UPS) for the Eleva workspot computer and monitor.

The device provides emergency power to the Eleva workspot in case of electrical network power failure, allowing to bridge time to safely store images and complete the last tasks.

It provides instantaneous protection from input power interruptions by means of an integrated battery and electronic circuitry, allowing to continue working for approximately 60 minutes.

## Specifications

- Allows using the Eleva workspot for approximately 60 minutes after main power interruption
- Typical charging time: approximately 4 hours
- Typical heat emission: 4 W (5 W max) in standby, 86 W (99 W max) in operation
- Dimensions: depth 48.3 cm (19"), width 21 cm (8.3"), height 43.2 cm (17")
- Weight: 25 kg (55 lbs)

## Comprising

- UPS device including holder for vertical positioning, power cable

## **Insulation for Nearby Table**

Electrical insulation kit for the floor plate of a nearby system.

## Comprising

- Insulation plate
- Screws

#### Compatible with

- ProxiDiagnost N90
- EasyDiagnost

#### **Floor Plate for Nearby Table**

Floor plate to be installed in the examination room to mount a nearby table on it. It can be flush-mounted or surface-mounted. Flush-mounted is recommended.

#### Specifications

- Material: steel
- Footprint: approx. L-shape
- Dimensions: footprint width approx. 1195 mm, footprint depth approx. 852 mm
- Thickness: 20 mm
- 6 holes for floor anchoring
- 3 holes, tapped, for table mounting on plate
- 12 holes, tapped, for spacers/shims fixation

#### Comprising

- Floor plate in one piece

#### Compatible with

- ProxiDiagnost N90
- EasyDiagnost

#### **Clinical Education Program for Proxi Diagnost HP**

Handover OnSite Education: Clinical Education Specialists will provide twenty-eight (28) hours of Proxi Diagnost N90 OnSite Education for up to four (4) students, selected by customer, including technologists from night/weekend shifts if necessary. Students should attend all 28 hours. CEU credits may be available if the participant meets the guidelines provided by Philips. Please read guidelines for more information. Depending on your system configuration, the first four (4) hours onsite may be spent configuring new equipment for specific clinical needs, as well as reviewing important safety features and quality procedures. Please read guidelines for more information. NOTE: Site must be patient-ready. Philips personnel are not responsible for actual patient contact or operation of equipment during education sessions except to demonstrate proper equipment operation.

Proxi Diagnost Follow Up Education: Clinical Education Specialist will provide sixteen (16) hours of RF ProxiDiagnost Follow Up OnSite Education for up to four (4) students, selected by customer, including technologist from night/weekend shifts if necessary. CEU credits may be available if the participant meets the guidelines provided by Philips. Note: Site must be patient-ready. Philips personnel are not



responsible for actual patient contact or operation of equipment during education sessions except to demonstrate proper equipment operation.

*Education expires one (1) year from equipment installation date (or purchase date if sold separately).*

## **ProxiDiagnost HP**

### Comprising:

ProxiDiagnost N90

CS with Eleva Tube Head

Vertical Stand with Fixed Detector

Insulation for Nearby Table

Floor Plate for Nearby Table

UPS

XR RF Proxi Diagnost Handover 28h OnSite

XR RF Proxi Diagnost FollowUp 16h OnSite

## 1.2 **Seismic Qualification requir.**

1

### **Article No. NRFA119**

Only for systems sold in California State, USA.

According to the California Building Code (CBC), medical equipment used in Californian hospitals is under the heaviest scrutiny due to essential facilities requirements that the equipment must remain operational following an earthquake. Equipment manufacturers like Philips must obtain seismic certification that the equipment will remain operational after a design level earthquake. A dynamic test, known as a shake test, is performed followed by a report in accordance with the standards of the Office of Statewide Health Planning and Development (OSPHD).

ProxiDiagnost N90 has been tested, qualified and certified according to the seismic requirements of the California Building Code of the Office of Statewide Health Planning and Development.

Note on trolleys and mobile devices:

OSHPD certifications for earthquake conditions are not applicable for movable/mobile equipment, that's why monitor trolleys were not tested accordingly. In case of an earthquake, it cannot be excluded that a trolley topples, possibly causing hazardous situations for patients or staff, as well as damaging the monitor and preventing from further fluoroscopy examinations.

## 1.3 **DRF High Performance Room**

1

### **Article No. NRFA106**

Large dynamic detector, table with SkyPlate wireless detector, ceiling-suspended tube and vertical stand with large fixed detector. Can also be configured with SkyPlate wireless detector in vertical stand, and large fixed detector in table.

Main benefits at a glance

- Perform all kinds of fluoroscopy procedures at table side
- Large 43 x 43 cm (17 x 17") dynamic detector for wide body coverage and acquisitions at up to 30 frames/sec
- Ceiling suspended tube for Bucky work with SkyPlate wireless detector or large fixed detector at table, vertical stand or for free exposures

- All kinds of DRF examinations possible in the room at high throughput, with digital quality and speed, plus the flexibility of a light wireless detector

## 1.4 SkyPlate detector tray Article No. NRFA093

1

SkyPlate tray to insert a SkyPlate wireless detector, to perform radiographic procedures using the ceiling suspension. The SkyPlate detector can also be taken out of the tray to perform free exposures in the room.

Main benefits at a glance

- SkyPlate tray to place a 35 x 43 cm (14 x17 inch) Philips SkyPlate wireless portable detector
- Five-field automatic exposure control chamber for optimal image quality and dose
- Automatic collimation for X-ray beam limitation to the SkyPlate detector, according to pre-programmed examination parameters
- Removable grid for optimal image quality and dose

When inserted in the tray, the SkyPlate detector covers all relevant anatomy with its large detector area of 35 x 43 cm (14 x 17"). Depending on anatomy, SkyPlate can be inserted in portrait or landscape orientation and offers full diagnostic information even with large patients. It is part of the Eleva platform and it defines a new dimension of freedom within the radiography room. Combined with Philips advanced UNIQUE image processing, grid-line correction algorithm and state-of-the-art Cesium Iodide (CsI) technology, it has an excellent quantum efficiency (DQE) and helps to reduce the required patient dose. It provides instant image display with superb image quality on the Eleva workstation for increased diagnostic confidence.

At any time, the SkyPlate can be taken out of the tray to perform free exposures in the room using the ceiling suspended tube, giving high flexibility, even for the most challenging projections. This feature is particularly useful to perform laterals, oblique, weight bearing feet or examinations in bed or wheelchair.

Specifications

- SkyPlate tray
  - Bucky tray unit: 59.6 x 57.5 cm (23.5 inch x 22.6 inch)
  - SkyPlate can be placed in portrait or landscape orientation
  - Automatic exposure control (AEC): five-field automatic exposure control chamber
  - Removable grid, focus 110 cm (43 inch)

Comprising

- Tray for SkyPlate detector
- Five-field automatic exposure control chamber
- Default grid, focus 110 cm (43 inch)

## 1.5 Live Camera Package Article No. NRD518

1

## Details

The Live Camera Package takes the system to the next level. The Eleva Tube Head of the CS is enhanced with a live camera for extended Eleva control right in the exam room. This helps alleviate potential imprecise collimation (as with obese patients) and assists with patient positioning. Time consuming retakes that add unnecessary dose can be reduced. Moreover the Live Camera Package contributes to a fast setup time:

Live images of the collimated anatomy are displayed continuously during the exam, for guidance  
Display of collimated area at the tube head and at the Eleva hotspot helps detect patient movement and supports correct collimation

### Specifications

#### Camera

- o 800 x 600 pixels resolution
- o IR cut filter for natural colors
- o Highly light sensitive for low light environments
- o Low latency for precise positioning

#### Comprising

##### Camera

##### Software licenses

##### Documentation

##### Compatible with

Ceiling suspension with Eleva Tube Head

1.6

## Comfort Move

### Article No. NEDA315

With Philips Comfort Move, relevant parts of the system geometry are motorized to support a fast, smooth and automated workflow within the daily routine in the X-ray room. Built-in safety measures include collision detection, force limitation, break management and dead-man control to position components safely with the patient in the room. Collimation and collimation light are set automatically to further release the user from making manual adjustments for radiographic routine procedure steps with the ceiling suspension.

#### Main benefits at a glance

- Automatic tube height adjustment in vertical direction (tube tracking)
- Automatic tube positioning for upper, centered or lower detector alignment at vertical stand (option)
- Auto-collimation of the tube, depending on the selected examination
- Automatic tube alpha rotation around the horizontal axis by +/- 115 °

For systems with optional vertical stand (VS):

The motorization of the vertical stand makes it easy to set the appropriate detector height according to patient size. The motorized tilting (option) for the VS extends the possible application range to extremities, skeletal examinations, and even under table examinations using a trolley. This capability offers additional workflow enhancements on the system by enabling the upright Bucky unit to be automatically placed in different pre-defined positions as well as individual positions from -20° to +90°. With a single click, tube and detector can be linked to keep the tube centered to the detector while

1

simultaneously setting the correct height of the detector (tube tracking). For specific examinations, the tube can automatically be positioned off-center to align the X-ray beam with the upper or lower border of the detector.

With Philips Comfort Move, Automatic Image Stitching exams (option) can be performed at the VS fully automatically including precise tube rotation and linear detector movements.

Main benefits at a glance

- Automatic tube and detector alignment/centering
- Automatic move-to-position of detector tray into pre-defined positions
- Manual and motorized height adjustment of detector tray, from 30 cm to 180 cm (11.8 inch to 70.9 inch)
- Convenient user interfaces located on both left and right sides of the detector tray, for quick and easy adjustment of movements
- Two different speeds, plus manual operation for precise positioning
- Motorized detector tray tilting (option)

Comprising:

- Motorization of the ceiling suspension column
- Motorization of the tube alpha rotation
- Motorization of VS (if present)
- Software license and documentation

1.7

## **Large SkyPlate Set** **Article No. NRDN209**

1

Philips SkyPlate is the next generation of wireless portable detectors. It is an integrated part of the X-ray system and Eleva platform, and defines a new dimension of flexibility and freedom within the radiography room.

**Main benefits at a glance**

- Effortless to position in everyday clinical practice thanks to light weight
- Easy handling, especially for free exposures, thanks to the detector's cable-free design
- State-of-the-art Cesium Iodide (CsI) detector technology for optimal image quality at low dose
- Robust shell protecting from water drops and dust
- Flexible positioning for lateral or oblique projections
- ISO 4090 compliant dimensions to fit into standard operating room tables
- Sharing license, to use the detector on other compatible Philips X-ray systems

The large SkyPlate covers all relevant anatomy with its large detector size of 35 cm x 43 cm (14 in x 17 in). Depending on anatomy, it can be positioned in different orientations and offers full diagnostic information even with large patients. Combined with Philips advanced UNIQUE 2 image processing, grid-line removal algorithm, and state-of-the-art Cesium Iodide (CsI) technology, it has an excellent detective quantum efficiency (DQE) and helps to reduce the required patient dose. It provides instant image display with superb image quality on the system's Eleva workspot for increased diagnostic confidence.

Thanks to its cable-free design, the SkyPlate allows quick and efficient procedures on the system, with high hygienic standards. Its robust design and rich set of optional dedicated accessories, offers easy handling, as well as safe, quick and comfortable positioning during procedures. Special projections like laterals can easily be performed without moving the patient. Its slim design is optimized for critical environments to reduce the risk of interfering with equipment, cables, tubes and catheters.

The detector features advanced low-power WiFi connection technology and is designed according to IEC 60601-1-2. It is compliant with life supporting devices also designed according to IEC 60601-1-2 and with pacemakers designed according to IEC (EN) 45502-2-1 when keeping indicated distances. The SkyPlate battery can be removed without a special tool and recharged in the battery charging station. Once a battery is empty, a new one can be inserted to immediately continue working with the SkyPlate. SkyPlate sharing allows taking the SkyPlate from one Philips DR and DRF system and using it with another compatible Philips DXR system carrying the SkyPlate Sharing license. Therefore, SkyPlates can be used efficiently wherever needed with the systems of a department, helping to drive down investment costs.

## Main specifications

- Type: Digital CsI (Cesium Iodide) flat detector
- Detector size: 35 cm x 43 cm (14 in x 17 in)
- Pixel size: 148 µm
- Weight (incl battery): 2.8 kg (6.2 lb)

## Comprising

- SkyPlate large detector
- 2 exchangeable batteries
- Set of 100 hygienic bags
- SkyPlate Protection Cover
- Software licenses including SkyPlate sharing

## 1.8 SkyPlate Infrastructure Kit Article No. NRDN215

1

The SkyPlate Infrastructure Kit is comprised of a wireless access point, a battery charger and a back-up cable.

Main benefits:

All-in-one kit to set the customer up with the necessary parts for working with the Skyplate State-of-the-art components. The access point enables the wireless transmission of clinical images from the SkyPlate to the access point. The access point is hard wired to the radiography system and images are sent from there to the Eleva work station for review, editing and further distribution. The battery charger is designed to charge up to three batteries simultaneously. The back-up cable enables the transmission of clinical images in the case that there is no wireless transmission between the SkyPlate and the wireless access point possible.

Specifications:

- Wi-Fi access point according to regional requirements for Wi-Fi transmissions.
- SkyPlate battery charger. It offers a 4 bar charge status color indication per battery: 0-25%, 25-50%, 50-75%, 75-100%.

- IP43 compliant
- Dimensions 172 x 322 x 48 mm (12.7 inch x 6.8 inch x 1.9 inch)
- SkyPlate back- up cable

Compatible with

- SkyPlate large 35 cm x 43 cm (14 inch x 17 inch)
- SkyPlate small 24 cm x 30cm (10 inch x 12 inch)

## 1.9 **SkyFlow Plus** **Article No. NRDN238**

1

### **Details**

The SkyFlow functionality is especially suitable for bariatric patients. Once the license is installed at the system, it does not need a single technologist interaction and is automatically applied on images.

Comprising

SkyFlow Plus license  
Documentation

Compatible with  
MobileDiagnost wDR release 2.x  
CombiDiagnost R90  
ProxiDiagnost N90

### **Includes**

To avoid extensive scatter radiation on images, an anti-scatter grid is sometimes used, typically for anatomies such as chest, abdomen, or pelvis. With SkyFlow, Philips presents an innovative and exciting way to enhance image quality for all anatomies where grid was recommended without applying an anti-scatter grid. Such as Abdomen, Chest, Knee, Pelvis, Shoulder.

For customers who are using a grid, SkyFlow Plus can provide an image contrast level close to grid images. This implies that no grid needs to be carried, positioned and aligned. Also, chances for potential re-takes due to grid cut-off or misalignment will be reduced.

Customers who are not using a grid today will see an improved image impression by using the SkyFlow functionality. Even though no grid is applied and dose levels remain unchanged, image quality will improve.

## 1.10 **Motorized tilting of the VS vertical stand** **Article No. NEDA320**

1

The motorized tilting option for vertical stand (VS) brings workflow enhancements on the system by enabling the upright Bucky unit to be automatically placed in different positions.

Main benefits at a glance

- Extends the possible application range to extremities, skeletal examinations, and even under-table examinations using a trolley
- Reduces technologist physical involvement by providing motorized tilting movements
- Tilting by just pressing a move-to-position button or by pressing and holding a dedicated movement button (e.g. vertical movement of the Bucky unit)
- Motorized height adjustment from 30 cm to 180 cm (11.8 inch to 70.9 inch) with two different speeds, plus manual operation for precise positioning
- Convenient user interfaces on both left and right sides of the Bucky unit, for quick and easy adjustment of movements, including motorized tilting

#### Specifications

- Tilt from -20° to +90° horizontal position, via 0° vertical position
- Vertical movement range: 30 cm to 180 cm (11.8 inch to 70.9 inch), measured at center of Bucky unit

#### Comprising

- Tilting mechanism between vertical stand column and Bucky unit
- Electronic controlled motor drive
- Set of cables
- Software license

#### Compatible with

- VS

## 1.11 80 kW generator with IQX Article No. NEDA305

1

The 80 kW generator with IQX is a microprocessor-controlled X-ray generator with sophisticated high-frequency inverter technology. For pulsed fluoroscopy, the unique dose management supports standard Pulse-Controlled Fluoroscopy (PCF) and the advanced option Philips Grid-Controlled Fluoroscopy (GCF) (except for China). Moreover, the generator supports Philips Intelligent Exposure (IQX).

#### Main benefits at a glance

- Designed for a wide range of radiography and fluoroscopy applications
- Wide range of applications possible
- Intelligent Exposure IQX for optimized exposure image quality and automatic dose adjustment, independent of body thickness (in-pulse control)
- Optional Grid Controlled Fluoroscopy (GCF) (except for China) for superb fluoroscopy image quality at low dose with every single pulse
- Small footprint

The generator offers automatic and manual exposure techniques and automatic kV reduction. It includes the IQX feature, which regulates exposure settings during the exposure (in-pulse controlled).

IQX provides excellent, reliable and consistent image quality for digital exposures, both in static and dynamic fluoroscopy studies. IQX controls and adapts the exposure parameters within the X-ray pulse.

The automatic and fast regulation of kV during each exposure leads to crisp image quality for all types of studies, for all patients.

## IQX highlights

- Short exposure times eliminates motion blur
- Exposure times are kept within an application-dependent customizable time range. This ensures that images are correctly exposed and free from motion blur, even with rapidly changing density
- Automatic kV-optimization
- Automatically adjusts the settings, relative to the standard kV-value. Thus the settings are optimized for the actual object density and the needs of the examination.
- Fast, in-pulse adaptation to (changes in) density, kV-adjustment takes place within the first millisecond of the exposure, enabling adaptation to sudden changes in object density (e.g. during dynamic studies)
- Controlling range: customizable from -15 kV relative to a defined start value up to 125 kV

## Specifications

### Exposure output power

- 40 - 125 kV (main beam) for Rad and dynamic exposures on the table
- 40 - 150 kV (second beam with wall Bucky and free exposures)
- 1 - 1100 mA
- 1 ms - 4 s with AEC (Automatic Exposure Control)
- 1 ms - 4 s without AEC

### Manual mode

- Two-factor technique (kV - mAs)
- Three-factor technique (kV - mA - s)

### Automatic mode

- One factor falling load (kV )
- Two factor constant load (kV/mA)
- Automatic kV reduction
- Support of IQX Intelligent exposure

### Fluoroscopy techniques

For enhanced image quality and dose management, the generator supports continuous fluoroscopy and the two pulsed fluoroscopy techniques with in-pulse control PCF and Philips GCF (option, except for China).

### Fluoroscopy output with PCF

- 40 - 125 kV
- 0.2 - 30 mA with continuous fluoroscopy
- 1.5 - 60 mA with pulsed fluoroscopy

### Fluoroscopy output with GCF



- 40 - 110 kV
- 0.2 - 30 mA with continuous fluoroscopy
- 1.5 - 200 mA with pulsed fluoroscopy

Area Dose Calculation and display and fluoroscopy entrance dose rate limitation.

Automatic mains adaptation.

Comprising

- X-ray generator

## 1.12 **Grid controlled fluoroscopy** **Article No. NRFA096**

1

Grid Controlled Fluoroscopy (GCF) is an exclusive Philips technology of pulsed fluoroscopy, providing superb image quality at minimum dose. This is achieved by the use of a grid-switched X-ray tube and the control of X-ray parameters kV, mA and time within each single pulse (in-pulse control).

Main benefits at a glance

- Excellent image quality for fluoroscopy with each single pulse
- Significant dose reduction, therefore recommended for pediatrics
- On the fly selection of three different pulse rates (user programmable between 0.5 to 30 frame per second) and continuous fluoroscopy for maximum user flexibility
- Dedicated and proprietary pediatric settings with a further decreased pulse time and an optimized kV/mA-curve
- GCF lock-in mode to maintain image quality during abrupt variations in absorption e.g. bringing lead gloves in the beam to position a patient
- Adaptive measuring fields maintain a constantly high image quality even when the field of interest is limited by shutters moving in

Specifications

GCF

- Pulse time: 5 to 20 ms
- Pulse frequency: 0.5 to 30 frame per second

X-ray tube

Philips High Performance Super Rotalix Metal high power X-ray tube SRM 2250, with dual-focus, rotating anode and ROT 504 GS assembly.

Main benefits at a glance

- Especially adapted to high throughput environments
- Allows high continuous output thanks to high heat dissipation
- Universal field of application due to optimal focal spot-output ratio
- Support of Philips' exclusive Grid Controlled Fluoroscopy (GCF) pulsed fluoroscopy technology

## Specifications

- Two focal spots 0.5 and 1.0
- Nominal anode input power 20W equivalent
  - with focal spot 0.5: 26 kW
  - with focal spot 1.0: 60 kW
- Nominal radiographic anode input power
  - with focal spot 0.5: 22 kW
  - with focal spot 1.0: 50 kW
- Anode angle 15°
- Nominal tube voltage 125 kV
- Anode heat storage capacity 280 kJ (380 kHU)
- Continuous anode input power 160 W
- Double tube overload protection
- Total weight approx. 27 kg

## Comprising

- Grid Controlled Fluoroscopy generator module and license
- Philips tube SRM 2250 ROT 504 GS

1.13

### **One in-room Monitor**

#### **Article No. NEDA309**

1

Monitor to be placed in examination room.

#### Main benefits at a glance

- Live image feedback for nearby procedures or for the staff in the room
- Wide size, high brightness LCD technology for crystal clear and flicker-free images
- Flat design for low footprint in the examination room
- Lightweight for easy maneuverability

## Specifications

- Type: LCD color monitor IPS
- Diagonal size: 21.3 inch (54 cm)
- Matrix: 1600 x 1200 pixels (2 Megapixel)
- Pixel pitch: 0.270 mm
- Calibrated luminance: >700 cd/m<sup>2</sup>
- Contrast ratio: 1400:1 typical
- Viewing angle: 89 degrees at typical min. contrast ratio of 10:1
- Dimensions: approx. 492 mm x 394 mm (19.4 inch x 15.5 inch)
- Weight: approx. 7 kg (15.4 lbs)
- 100 mm x 100 mm VESA mounting interface
- DICOM calibrated for room environmental illuminance from 0 to 1000 LUX
- DICOM illuminance compensation automatically adjusted for room illuminance

## Comprising

- Monitor

- Cable set, in case a local monitor support is used

## 1.14 **Ceiling suspension for one in-room monitor** **Article No. NEDA317**

1

The ceiling suspension for monitor is a robust, articulated, ceiling mounted support to hold one flat panel monitor and use in the examination room.

Main benefits at a glance

- Floor space saving thanks to the ceiling suspended concept
- Can be moved all around in the examination room depending on needs
- Mounting on ceiling rails plus two articulated arms for maximum positioning freedom
- Five high quality joints for effortless and precise positioning
- Large handle below and on both monitor sides for intuitive movements

Specifications (including monitor)

- Weight: approx. 84 kg (184.8 lbs)

Comprising

- Ceiling carrier rails, articulated arms, supports and joints, mounting parts
- Monitor cable set

## 1.15 **Dose Reporting in DICOM Structured Report format** **Article No. NDCC472**

1

This DICOM service allows exporting patient radiation dose details in the Structured Report DICOM standard format.

Main benefits at a glance

- Standard, modern and comprehensive format for exporting patient radiation exposure information
- Exports dose information on study (accumulated) and exposure levels
- Allows detailed exposure dose monitoring on the PACS or dedicated dose management system

Typically, one dose report is created at the end of each procedure step performed on the system. This dose report collects together all the irradiation events from the procedure step and cumulates all dose values for the procedure step as a whole.

By exporting patient radiation dose in a comprehensive, very detailed and standard format, DICOM Structured Report allows to perform precise dose monitoring and analysis on the PACS or with a dedicated dose management system. This assists institutions to ensure their policies, procedures and protocols are adequate and being followed appropriately in the department. Moreover, it can help determining how changes in techniques and protocols impact radiation dose as well as image quality, to maintain patient doses As Low As Reasonably Achievable (ALARA).

Comprising

- Software license

#### Compatible with

- DigitalDiagnost 3.1 and above
- MobileDiagnost wDR 1.1. and above (Dose Area Product Meter required)
- EasyDiagnost 5.0
- ProGrade Rel 1 and above
- CombiDiagnost R90
- ProxiDiagnost N90

1.16 **Set of CS Ceiling Rails** 1  
**Article No. 989001001612**

For longitudinal carriages of CS monitor ceiling suspension or auxiliary ceiling suspension; length 4.3 M.

#### Comprising:

- 2 CS rails.
- Adjustable end/stops.
- Spacer strips.
- Fixing parts.
- Brake rails.

#### Compatible with:

- CS 2 CS 4.
- Monitor ceiling suspension.
- Rail extension 9890 010 01622.
- Rail for cable carrier 9890 010 02422.

1.17 **Protector Large Cass. Size Det** 1  
**Article No. NRDN405**

The SkyPlate protector has been designed to be placed over the SkyPlate detector on the floor when performing an antero-posterior view during a weight bearing feet examination, allowing to examine patients up to 220 kg (485 lbs).

#### Main benefits at a glance

- Allows performing of weight bearing feet examinations with patients up to 220 kg (485 lbs)
- Easy positioning over the wireless portable detector on the floor
- Convenient handle for positioning and carrying
- Slim and stable design for secure patient examination
- Also compatible with 35 x 43 cm (14 x 17") CR cassettes

#### Specifications

- Attenuation equivalent: less than 1.1 mm (0.04") Al at 100 kV
- Maximum patient weight: 220 kg (485 lbs)

- Dimensions: 51 x 43 x 5 cm (20.1 x 19.9 x 2 inch)
- Weight: 2.9 kg (6.4 lbs)

Comprising

- SkyPlate protector

Compatible with

- SkyPlate large 35 x 43 cm (14 x 17") and CR cassettes 35 x 43 cm (14 x 17")

## 1.18 **Wireless Detect. Mobile Holder** **Article No. NRDN407**

1

The wireless detector mobile holder is designed to take full advantage of the wireless portable detector to perform free exposures in optimal conditions.

Main benefits at a glance

- Mounted on wheels for easy moving and positioning in the room
- Holds the wireless portable detector in a safe and precise position
- Very easy to put the detector in and to take it out
- High detector positioning flexibility
- Can hold the wireless portable detector with or without a grid on it
- Brakes on the wheels for fixed and safe positioning
- Also compatible with 35 x 43 cm (14 x 17") CR cassettes

The mobile holder provides outstanding positioning flexibility for the wireless portable detector. Mounted on wheels, it is easily positioned in the room and all around the patient. With or without a grid on it, the wireless portable detector can be held in various positions depending on projection requirements. The positioning is achieved quickly and easily, thanks to very intuitive use and self-locking joints. Featuring a height adjustable arm with swivel, the detector is safely held and can be lifted, tilted, swiveled or rotated to the best convenience.

Specifications

- Dimensions: length 68 cm (26.8"), width 67 cm (26.4"), height 150.7 cm (59.3")
- Vertical movement range of holder arm: 68 to 128 cm (26.8 to 50.4"), center of large portable detector
- Weight: 53.2 kg (117 lbs)

Comprising

- Mobile detector holder

Compatible with

- Wireless portable detector 35 x 43 cm (14 x 17") and CR cassettes 35 x 43 cm (14 x 17")

## 1.19 **SkyPlate cable and holder pack** **Article No. NRDN401**

1

Users may in some cases want to disable the WiFi connection to the SkyPlate detector on purpose. In order to operate the SkyPlate without WiFi connection the 7m (23') SkyPlate cable can be connected. System communication to the SkyPlate and image data transfer are performed securely also in cases when the WiFi connection is lost.

The wall mountable cable holder was designed to store the SkyPlate cable properly in the X-Ray room.

Comprising

- 7m (23') SkyPlate cable
- Connectors
- Wall mountable holder for the SkyPlate cable

Compatible with

- DigitalDiagnost Rel. 4.1
- ProGrade Rel. 1.1
- Not to be used with previous releases.

1.20 **Stretch grip for VS/VM stand** 1  
**Article No. NRDN421**

The stretch grip for vertical stand improves examination conditions and patient comfort.

Main benefits at a glance

- Allow the patient to comfortably keep his arms overhead or beside the Bucky unit by holding the grip
- Ergonomic U-shape providing different grip heights to adapt to patient size
- Can be inserted at the top left or right side of the Bucky unit, depending on the situation
- Convenient wall mounted holder for immediate and safe storage

Specifications

- Metallic U-shape grip
- Rotatable from -90° to +90° around the vertical axis

Comprising

- Stretch grip
- Storage holder to be wall mounted

Compatible with

- VS and VM vertical stands
- This option is only selectable for BuckyDiagnost when the VS Advanced package is taken

(Opt) **TIMS2000SP Philips CombiDiagnostProxiDiagnost** 1  
**Article No. 989801240006**

TIMS 2000 SP Package

Includes 23" LCD monitor, up to 4 hours standard onsite installation & up to 4 hours onsite training, Video Isolator, Trigger Kit, & TDRS.

The solution for recording & review of modified barium swallow (MBS) studies.

- Windows 10 Pro 64 bit workstation
- High resolution video at 30 frames per second
- Benefits of eliminating DVDs & other removable media
  - Eliminates HIPAA risk
  - Patient data secure & archived
  - Studies available on PACS/ VNA for all authorized users
- Record the entire procedure
- Record from any fluoroscopy or FEES system (or any medical video device!)
- Synced audio
- Instant access (no FF & RW necessary!)
- Remote review & analysis with TDRS (TIMS DICOM

Review Software)

- Stopwatch timer
- Extensive review & analysis tools
- Study timer
- DICOM format for compatibility with all PACS & EMR
- DMWL for automated input of patient information
- DICOM send entire studies or portions of studies
- Archive studies to CD/DVD/USB/Network, with DICOM Viewer included
- Study editing tools
- Custom annotations
- Add audio comments
- Customized workflow
- Comprehensive Support & Maintenance (one year included with purchase)

(Opt) **TIMS DVI Extender**

1

**Article No. 989801240053**

DVI Extension cable for TIMS installation

Line	Description	Qty
2	<b>Air Shipment kit</b> <b>Article No. 989804850002</b> Air Shipment kit	1

## 3. Local Sales Terms and Conditions

Line	Product Code	Contract Name	Contract No.	Billing Plan
1	706110 DRF digital radiography and nearby fluoroscopy solution	Premier Multi-Modality Q3 2023 GB	Premier Multi-Modality Q3 2023 GB	0/80/20
2	989804850002 Air Shipment kit	Premier Multi-Modality Q3 2023 GB	Premier Multi-Modality Q3 2023 GB	0/80/20

Payment Terms US: Net 30 Days

INCO Terms: Carriage and Insurance Paid To Destination

This is a cash price quote, which includes ACH, check, and wire transfer. Any other form of payment will result in different price, which may be higher.

Billing Terms: Are as displayed under the Billing Plan table above. For each item, X/Y/Z milestones are defined as follows (unless an Agreement specifying alternative payment terms has been negotiated between the parties):

X is the percentage invoiced upon signed acceptance of quotation or upon receipt of Customer Purchase Order  
 Y is the percentage invoiced upon delivery of major components to Customer designated location or Philips warehouse.  
 Z is the percentage invoiced upon completion of installation or product available for first patient use, whichever occurs first.

If DEMO Equipment is included in this quotation it is sold under the Contact No. Contract Name/Contract Number ("Contract") of the products/solution included in this quotation.

All amounts in this quote are in USD

Additional Terms US:

The specific Premier Contract # referenced above represents the applicable Premier agreement with Philips containing discounts, fees and any specific terms and conditions applying to any Product identified as part of this quoted Solution. Philips Standard Terms and Conditions of Sale attached to the Quote Solution will also apply to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract







## 4. Signature Page

**Invoice to:**

San Gorgonio Memorial Hospital  
600 N Highland Springs Ave  
Banning, CA 92220-3046

**Ship to:**

San Gorgonio Memorial Hospital  
600 N Highland Springs Ave  
Banning, CA 92220-3046

	Total Price
Total Net Price	\$ 460,059.30

### Acceptance by Parties

Each Quotation solution is issued pursuant to and will reference a specific Contract Name/Contract Number ("Contract") representing an agreement containing discounts, fees and any specific terms and conditions which will apply to that single quoted solution. Any PO for the items herein will be accepted subject to the terms of that Contract. If no Contract is shown, Philips Terms and Conditions of Sale including applicable product warranty or Philips Terms of Service ("Philips Terms") located in the Philips Standard Terms and Conditions of the quotation shall solely apply to the quoted solution.

Each equipment system and/or service listed on purchase order/orders represents a separate and distinct financial transaction. We understand and agree that each transaction is to be individually billed and paid. This quotation contains confidential and proprietary information of Philips Healthcare and is intended for use only by the customer whose name appears on this quotation. It may not be disclosed to third parties without prior written consent of Philips Healthcare.

This quotation provides contract agreement discounts and does not reflect rebates that may be earned by Customer, under separate written rebate agreements, from cumulative volume purchases beyond the individual quantity being ordered under this quote. Customer is reminded that rebates constitute discounts under government laws which are reportable by Customers.

The price above does not include sales tax.

Please fill in the below if applicable:

1. Tax Status: Taxable \_\_\_\_\_ Tax Exempt \_\_\_\_\_  
If Exempt, please indicate the Exemption Certification Number: \_\_\_\_\_, and attach a copy of the certificate.
2. Requested equipment delivery date \_\_\_\_\_
3. If you do not issue formal purchase orders indicate by initialing here: \_\_\_\_\_
4. Our facility does issue formal purchase orders; however, due to our business/system limitation, we cannot issue a formal purchase order until 90 days prior to standard warranty expiration. Initialed: \_\_\_\_\_

**CUSTOMER SIGNATURE**

by its authorized representative

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

**PHILIPS SIGNATURE**

by its authorized representative

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_



## 5. Philips Standard Terms and Conditions

### GENERAL TERMS AND CONDITIONS OF SALE AND SOFTWARE LICENSE ("Conditions of Sale") Rev 21

#### 1. Initial Provisions.

- 1.1 The Products (equipment, service, and software) offered on the quotation by the Philips legal entity identified thereon are subject to these Conditions of Sale.
- 1.2 The purchase prices set out on the quotation excludes all taxes. All taxes on the Products will be borne by the Customer unless Customer provides a tax exemption certification.

#### 2. Quotation, Order and Payment.

- 2.1 Any quotation on the Products will be open for acceptance within the period indicated therein and may be amended or revoked by Philips prior to Customer's acceptance. Any purchase orders shall be subject to Philips' confirmation. Any terms and conditions set forth on the Customer's purchase order or otherwise issued by the Customer shall not apply to the Products.
- 2.2 The prices and payment terms are set out on the quotation. Orders are subject to Philips' ongoing credit review and approval. If the quotation indicates net prices that are each associated with a payment method then Philips will invoice Customer, and Customer will pay the net price that corresponds to the payment method that Customer elected in its purchase order or signed quote. Prior to invoice, Customer may modify the payment method by providing Philips with an amended purchase order that reflects the new payment method and corresponding price.
- 2.3 Interest will apply to any late payments. Customer shall pay interest on any overdue amount not actively disputed paid at the annual rate of twelve percent (12%) which may be billed monthly. If the Customer fails to pay any amounts due or breaches these Conditions of Sale, Philips will be entitled to suspend the performance of its obligations and deduct the unpaid amount from any amounts otherwise owed to Customer by Philips, in addition to any other rights or remedies available to Philips. Philips shall be entitled to recover all costs and expenses, including reasonable attorneys' fees related to the enforcement of its rights or remedies.
- 2.4 Customer has no right to cancel an order, unless such cancellation right is granted to the Customer by mandatory law in which case the Customer shall pay the costs incurred by Philips up to the date of cancellation. In other cases of cancellation, Customer shall pay a 15% cancellation fee.
- 2.5 Philips may make partial or early shipments and Customer will pay such invoice based on the date of invoice for each product in accordance with the payment terms set forth in the quotation.
- 2.6 Payments may be made by check, ACH or wire. Philips does not accept transaction fees for any electronic fund transfers or any other payment method. All check payments over \$50,000 USD must be paid via eCheck or via Philips prepaid FedEx account with tracking to secure against fraud and misappropriation.

#### 3. Philips Security Interest until Full Payment.

- 3.1 Philips is entitled to retain a security interest in the Philips products, until Philips receives full payment.

#### 4. Technical Changes; Obsolescence of the Product.

- 4.1 Philips shall be entitled to make changes to the design or specifications of the Products at any time, provided such change does not adversely affect the performance of the Products.

#### 5. Lease and Trade In

- 5.1 If the Customer desires to convert the purchase of any Products to a lease the Customer shall within ninety (90) prior to the delivery of the Products provide all relevant rental documents for review and approval by Philips. The Customer is responsible for converting the transaction to a lease and is required to secure the leasing company's approval of all these Conditions of Sale. No product will be delivered to the Customer until Philips has received copies of the fully executed lease documents and has approved the same. For any lease, if the lease does not fund then: (i) Customer guarantees the payment of all monies due or that may become due under these Conditions of Sale; (ii) Philips may convert the lease back to a purchase and invoice Customer; accordingly, and (iii) Customer will pay all such invoiced amounts per the invoice terms. In the event that there are multiple Products on one quote, the Product with the longest period for converting the transaction to a lease shall prevail.
- 5.2 Philips may provide a rental agreement at its discretion.
- 5.3 In the event Customer will be trading-in equipment ("Trade-In"), the Customer will provide the following:
  - 5.3.1 Customer undertakes to possess good and marketable title to the Trade-In as of the date of the quotation and when Philips takes possession of the Trade-in from Customer's site. In the event Customer is in breach of this undertaking, Customer shall not be entitled to keep a trade-in credit for such Trade-In and shall promptly refund Philips such credited amounts upon receipt of an invoice from Philips.
  - 5.3.2 The trade-in value set forth on Philips quotation is conditioned upon Customer providing Trade-In no later than the date Philips makes the new Product listed on such quotation available for first patient use. Customer shall bear the costs of any reduction in trade-in value arising due to a delay by the Customer causing the trade-in not to occur by the expected date and promptly pay the revised invoice.
  - 5.3.3 In the event Philips receives a Trade-In having a different configuration (including software version) or model number than the Trade-In described on the Philips quotation, Philips reserves the right to adjust the trade in value and revise the invoice accordingly and Customer shall pay such revised invoice promptly upon receipt.

- 5.3.4 Customer undertakes to (i) clean and sanitize all components that may be infected and all biological fluids from the Trade-In; (ii) drain any applicable chiller lines and cap any associated plumbing and (iii) delete all personal data in the Trade-In. Customer agrees to reimburse Philips against any out-of-pocket costs incurred by Philips arising from Customer's breach of its obligations herein.

## **6. Shipment and Delivery Date.**

- 6.1 Philips shall deliver the Products in accordance with the Incoterms set forth on the quotation. If Philips and the Customer agree any other terms of delivery, additional costs shall be for the account of the Customer. Title (subject to Section 3 entitled Philips Security Interest) to any product (excluding software), and risk of loss shall pass to the Customer upon delivery to the shipping carrier. However, Philips shall pay the cost of freight and risk insurance (during transport to destination). Customer shall obtain and pay insurance covering such risks at destination.
- 6.2 Philips will make reasonable efforts to meet delivery dates quoted or acknowledged. Failure to deliver by the specified date will not be a sufficient cause for cancellation nor will Philips be liable for any penalty, loss, or expense due to delay in delivery. If the Customer causes the delay, any reasonable expenses incurred by Philips will be paid for by Customer, including all storage fees, transportation expenses, and related costs. If the delay is more than thirty (30) calendar days, Customer shall pay the 80% installment payment; in the event the equipment was built and resides in a Philips warehouse. For the purposes of clarification, "Delay" in this section shall mean a date later than the Customer agreed delivery date identified via confirmation of the delivery date with Customer prior to releasing the Product for production.

## **7. Installation.**

- 7.1 If Philips has undertaken installation of the Products, the Customer shall be responsible for the following at its sole expense and risk:
- 7.1.1 The provision of adequate and lockable storage for the Products on or near the installation site. Additionally, Customers shall consider the mfg. labeling requirements for environmental and storage conditions. The Customer will repair or replace any lost or damaged item during the storage period.
- 7.1.2 Philips or its (affiliate's) representative shall have access to the installation site without obstacle or hindrance in due time to start the installation work at the scheduled date.
- 7.1.3 The timely execution and completion of the preparatory works, in conformity with Philips' installation requirements. The Customer shall ensure that the prepared site shall comply with all safety, electrical and building codes relevant to the Products and installation thereof.
- 7.1.4 The proper removal and disposal of any hazardous material at the installation site prior to installation by Philips.
- 7.1.5 The timely provision of all visa, entry, exit, residence, work or any other permits and licenses necessary for Philips' or Philips' representatives' personnel and for the import and export of tools, equipment, Products, and materials necessary for the installation works and subsequent testing.
- 7.1.6 The assistance to Philips or Philips' representative for moving the Products from the entrance of the Customer's premises to the installation site. The Customer shall be responsible, at its expense, for rigging, the removal of partitions or other obstacles, and restoration work.
- 7.2 If Products are connected to a computer network, the Customer shall be responsible for network security, including but not limited to, using secure administrative passwords, installing the latest validated security updates of operating software and web browsers, running a Customer firewall as well as maintaining up-to-date drivers, validated anti-virus and anti-spyware software. Unauthorized Updates, as defined in the Product Schedules, may adversely affect the functionality and performance of the Licensed Software.
- 7.3 If any of the above conditions are not complied with, Philips or Philips' representative may interrupt the installation and subsequent testing for reasons not attributable to Philips and the parties shall extend the period for completing the installation. Any additional costs shall be for the Customer's account and Philips shall have no liability for any damage resulting from or in connection with the delayed installation.
- 7.4 Philips shall have no liability for the fitness or adequacy of the premises or the utilities available at the premises for installation or storage of the Products.

## **8. Product Damages and Returns.**

- 8.1 The following shall apply solely to medical consumables:  
The Customer shall notify Philips in writing substantiating its complaints within ten (10) days from its receipt of the Products. If Philips accepts the claim as valid, Philips shall issue a return authorization notice and the Customer shall return the Products. Each returned Product shall be packed in its original packaging.

## **9. Product Warranty.**

- 9.1 In the absence of any specific Product warranty attached to the quotation, the following warranty provisions will apply to the Product.
- 9.2 Hardware Products. Philips warrants to Customer that the Product shall materially comply with its product specification on the quotation and the user documentation accompanying the shipment of such Product for a period of one year from the date of acceptance or first clinical use, whichever occurs first, but under any circumstances, no more than fifteen (15) months from the date of shipment, provided the Product has been subject to proper use and maintenance. Any disposable Product intended for single use supplied by Philips to the Customer will be of good quality until the expiration date applicable to such Product.
- 9.3 Stand-alone Licensed Software Products. Philips warrants that the Stand-alone Licensed Software shall substantially conform to the technical specification for a period of ninety (90) days from the date Philips makes such Stand-alone Licensed Software available to the Customer. "Stand-alone Licensed Software" means Licensed Software sold without a contemporaneous purchase of a server for the Licensed Software.
- 9.4 Service. Philips warrants that all services will be carried out with reasonable care and skill. Philips' sole liability and Customer's sole remedy for breach of this warranty shall be at its option to give credit for or re-perform the services in question. This warranty shall only extend for a period of ninety (90) days after the completion of the services.

- 9.5 Customer shall only be entitled to make Product warranty claim if Philips receives written notice of the defect during the warranty period within ten (10) days from the Customer discovering the defect and, if required the Product or the defective parts shall be returned to an address stated by Philips. Such defective parts shall be the property of Philips after their replacement.
- 9.6 Philips' warranty obligations and Customer's sole remedy for the Product shall be limited, at Philips' option, to the repair or replacement of the Product or any part thereof, in which case the spare parts shall be new or equivalent to new in performance, or to the refund of a pro rata portion of the purchase price paid by the Customer solely after a reasonable cure period is given to Philips.
- 9.7 Philips' warranty obligations shall not apply to any defects resulting from:
- 9.7.1 improper or unsuitable maintenance, configuration or calibration by the Customer or its agents.
  - 9.7.2 use, operation, modification, or maintenance of the Product not in accordance with the Product specification and the applicable written instructions of Philips or performed prior to the completion of Philips' validation process.
  - 9.7.3 abuse, negligence, accident, damages (including damage in transit) caused by the Customer.
  - 9.7.4 improper site preparation, including corrosion to Product caused by Customer.
  - 9.7.5 any damage to the Product or any medical data or other data stored, caused by an external source (including viruses or similar software interference) resulting from the connection of the Product to a Customer network, Customer client devices, a third-party product or use of removable devices.
- 9.8 Philips is not responsible for the warranty for the third-party product provided by Philips to the Customer and Customer shall make any warranty claims directly with such vendors. However, if Philips, under its license agreement or purchase agreement with such third party, has right to warranties and service solutions, Philips shall make reasonable efforts to extend to the Customer the third-party warranty and service solutions for such Products.
- 9.9 During the term of the warranty and any customer service arrangement the Customer shall provide Philips with a dedicated high-speed broadband internet connection suitable to establish a remote connection to the Products in order for Philips to provide remote servicing of the Products by:
- 9.9.1 supporting the installation of a Philips approved router (or a Customer-owned router acceptable for Philips) for connection to the Products and Customer network (which router remains Philips property if provided by Philips and is only provided during the warranty term).
  - 9.9.2 maintaining a secure location for hardware to connect the Products to the Philips Remote Service Data Center (PRSDC).
  - 9.9.3 providing and maintaining a free IP address within the site network to be used to connect the Products to the Customer's network
  - 9.9.4 maintaining the so established connection throughout the applicable period.
  - 9.9.5 facilitating the reconnection to Philips in case any temporary disconnection occurs.
- 9.9.6 If Customer fails to provide the access described in this section and the Product is not connected to the PRSDC (including any temporary disconnection), Customer accepts any related impact on Products availability, additional cost, and speed of resolution.
- 9.9.6 THE WARRANTIES SET FORTH IN THIS CONDITIONS OF SALE AND QUOTATION ARE THE SOLE WARRANTIES MADE BY PHILIPS IN CONNECTION WITH THE PRODUCT, ARE EXPRESSLY IN LIEU OF ANY OTHER WARRANTIES, WHETHER WRITTEN, ORAL, STATUTORY, EXPRESS, OR IMPLIED, INCLUDING ANY WARRANTY OF NON-INFRINGEMENT, QUIET ENJOYMENT, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. PHILIPS EXPRESSLY DISCLAIMS THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. MOREOVER, PHILIPS DOES NOT WARRANT ANY PRODUCT USING THE CLOUD TO BE UNINTERRUPTED OR ERROR FREE.

## **10. Limitation of Liability.**

- 10.1 THE TOTAL LIABILITY OF PHILIPS ARISING UNDER OR IN CONNECTION WITH THE PRODUCT FOR ANY BREACH OF CONTRACTUAL OBLIGATIONS, WARRANTY, NEGLIGENCE, UNLAWFUL ACT OR OTHERWISE IN CONNECTION WITH THE PRODUCT IS LIMITED TO THE ACTUAL PURCHASE PRICE RECEIVED FOR THE PRODUCT THAT GAVE RISE TO THE CLAIM.
- 10.2 PHILIPS SHALL NOT BE LIABLE FOR ANY INDIRECT, PUNITIVE, INCIDENTAL, EXEMPLARY, SPECIAL OR CONSEQUENTIAL DAMAGES AND/OR FOR ANY DAMAGES INCLUDING, LOSS OF DATA, PROFITS, REVENUE, BUSINESS INTERRUPTION OR USE IN CONNECTION WITH OR ARISING OUT OF THESE CONDITIONS OF SALE, REGARDLESS OF WHETHER THEY ARE FORESEEABLE OR NOT AND WHETHER THE CLAIM IS MADE IN TORT (INCLUDING NEGLIGENCE), BREACH OF CONTRACT, AT LAW OR IN EQUITY. NEITHER PHILIPS NOR PHILIPS' SUPPLIERS SHALL BE LIABLE FOR ANY LOSS OR INABILITY TO USE MEDICAL OR OTHER DATA STORED ON OR BY THE PRODUCT.
- 10.3 THE EXCLUSION OF LIABILITY IN THESE CONDITIONS OF SALE SHALL ONLY APPLY TO THE EXTENT ALLOWED UNDER THE APPLICABLE LAW.
- 10.4 FOR US CUSTOMERS, THE FOLLOWING ARE NOT SUBJECT TO THE LIMITATIONS OF LIABILITY UNDER SECTION 10.1:
- 10.4.1 THIRD PARTY CLAIMS FOR DIRECT DAMAGES FOR BODILY INJURY OR DEATH TO THE EXTENT CAUSED BY PHILIPS' NEGLIGENCE OR PROVEN PRODUCT DEFECT.
  - 10.4.2 CLAIMS OF TANGIBLE PROPERTY DAMAGE REPRESENTING THE ACTUAL COST TO REPAIR OR REPLACE PHYSICAL PROPERTY TO THE EXTENT CAUSED BY PHILIPS NEGLIGENCE OR PROVEN PRODUCT DEFECT.
  - 10.4.3 OUT OF POCKET COSTS INCURRED BY CUSTOMER TO PROVIDE PATIENT NOTIFICATIONS, REQUIRED BY LAW, TO THE EXTENT SUCH NOTICES ARE CAUSED BY PHILIPS UNAUTHORIZED DISCLOSURE OF PROTECTED HEALTH INFORMATION.

10.4.4 FINES/PENALTIES LEVIED AGAINST CUSTOMER BY GOVERNMENT AGENCIES CITING PHILIPS' UNAUTHORIZED DISCLOSURE OF PROTECTED HEALTH INFORMATION AS THE BASIS OF THE FINE/PENALTY, ANY SUCH FINES OR PENALTIES SHALL CONSTITUTE DIRECT DAMAGES.

## **11. Infringement of Intellectual Property Rights to the Products.**

- 11.1 Philips will, at its option and expense, defend or settle any suit or proceeding brought against Customer based on any third-party claim that any Product or use thereof for its intended purpose constitutes an infringement of any intellectual property rights in the country where the Product is delivered by Philips.
- 11.2 Customer will promptly give Philips written notice of such claim and the authority, information and assistance needed to defend such claim. Philips shall have the full and exclusive authority to defend and settle such claim. Customer shall not make any admission which might be prejudicial to Philips and shall not enter a settlement without Philips' prior written consent.
- 11.3 If the Product is held to constitute infringement of any intellectual property right and its use by Customer is enjoined, Philips will, at its option and expense, either: (i) procure for Customer the right to continue using the Product; (ii) replace it with an equivalent non-infringing Product; (iii) modify the Product so it becomes non-infringing; or (iv) refund to the Customer a pro rata portion of the Products' purchase price upon the return of the original Products.
- 11.4 Philips will have no duty or obligation under this clause 11 if the infringement is caused by a Product being:
- 11.4.1 supplied in accordance with Customer's design, specifications or instructions and compliance therewith has caused Philips to deviate from its normal course of performance.
  - 11.4.2 modified by Customer or its contractors after delivery.
  - 11.4.3 not updated by Customer in accordance with instructions provided by Philips (e.g. software updates).
  - 11.4.4 combined by Customer or its contractors with devices, software, methods, systems, or processes not furnished hereunder and the third-party claim is based on such modification or combination.
- The above states Philips' sole liability and Customer's exclusive remedy in respect of third-party intellectual property claims.

## **12. Use and exclusivity of Product documents.**

- 12.1 All documents and manuals including technical information related to the Products and its maintenance as delivered by Philips is the proprietary information of Philips, covered by Philips' copyright, and remains the property of Philips, and as such, it shall not be copied, reproduced, transmitted, or disclosed to or used by third parties without the prior written consent of Philips.

## **13. Export Control and Product Resale.**

- 13.1 Customer agrees to comply with relevant export control and sanction laws and regulations, including the UN, EU or US ("Export Laws"), to ensure that the Products are not (i) exported or re-exported directly or indirectly in violation of Export Laws; or (ii) used for any purposes prohibited by the Export Laws, including military end-use, human rights abuses, nuclear, chemical or biological weapons proliferation.
- 13.2 Customer represents that (i) Customer is not located in a country that is subject to a UN, US or EU embargo and trade restriction; and (ii) Customer is not listed on any UN, EU, US export and sanctions list of prohibited or restricted parties.
- 13.3 Philips may suspend its obligation to fulfil any order or subsequent service if the delivery is restricted under Export Laws or an export/import license is not granted by relevant authorities.

## **14. License Software Terms.**

- 14.1 Subject to any usage limitations set forth on the quotation, Philips grants to Customer a non-exclusive, non-transferable license, without the right to grant sub-licenses, to incorporate and use the Licensed Software (as specified on the quotation, whether embedded or stand-alone) in Licensed Products and the permitted use (as referenced in the quotation) in accordance with these Conditions of Sale.
- 14.2 The Licensed Software is licensed and not sold. All intellectual property rights in the Licensed Software shall remain with Philips.
- 14.3 Customer may make one copy of the Licensed Software in machine-readable form solely for backup purposes. Philips reserves the right to charge for backup copies created by Philips. Customer may not reproduce, sell, assign, transfer or sublicense the Licensed Software. Customer shall preserve the confidential nature of the Licensed Software and shall not disclose or transfer any portion of the Licensed Software to any third party.
- 14.4 Customer shall maintain Philips' copyright notice or other proprietary legends on any copies of the Licensed Software. Customer shall not (and shall not allow any third party to) decompile, disassemble, or reverse engineer the Licensed Software.
- 14.5 The Licensed Software may only be used in relation to Licensed Products or systems certified by Philips. If Customer modifies the Licensed Software in any manner, all warranties associated with the Licensed Software and the Products shall become null and void. Customer installation of Philips' issued patches or updates shall not be deemed to be a modification.
- 14.6 Philips and its affiliates shall be free to use any feedback or suggestions for modification or enhancement of the Licensed Software provided by Customer, for the purpose of modifying or enhancing the Licensed Software as well as for licensing such enhancements to third parties.
- 14.7 With respect to any third-party licensed software, the Customer agrees to comply with the terms applicable to such licensed software. Customer shall indemnify Philips for any damage arising from its failure to comply with such terms. If the third-party licensor terminates the third party license, Philips shall be entitled to terminate the third party license with the Customer and make reasonable effort to procure a solution.

## **15. Confidentiality.**

15.1 If any of the parties have access to confidential information of the other party, it shall keep this information confidential. Such information shall only be used if and to the extent that it is necessary to carry out the concerned transactions. This obligation does not extend to public domain information and/or information that is disclosed by operation of law or court order.

## **16. Compliance with Laws and Privacy.**

16.1 Each party shall comply with all laws, rules, and regulations applicable to the party in connection with the performance of its obligations in connection with the transactions contemplated by the quotation, including, but not limited to, those relating to employment practices federal and state anti-discrimination laws (including Title VII of the Civil Rights Act of 1964 as amended, the Rehabilitation Act of 1973 as amended and the Veterans Readjustment ACT of 1972 as amended), E-Verify, FDA, Medicare fraud and abuse, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Health care providers are reminded that if the purchase includes a discount or loan, they must fully and accurately report such discount or loan on cost reports or other applicable claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, as required by federal law (see 42 CFR 1001.952[h]).

16.2 Processing of personal data: In relation to the provision of services, Philips may process information, in any form, that can relate to identified or identifiable individuals, which may qualify as personal data. Philips and/or its affiliates will: a) process any protected health information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) on behalf and by instruction of the Customer, the terms, rights and responsibilities of the Parties for such processing of PHI are set forth in a Business Associate Agreement between the parties and b) process information such as log files or device parameters (which may contain personal data), to provide the services and to enable its compliance with and performance of its task as manufacturer of (medical) devices under the applicable regulations and standards (including but not limited to the performance of vigilance, post market surveillance and clinical evaluation related activities).

16.3 Customer agrees that Philips and/or its affiliates may use any data, other than personal data, generated by a Product and/or otherwise provided by Customer to Philips for Philips' own legitimate business purposes including, but not limited to, for data analytics activities to determine trends of usage and advise on the use of products and services, for research, product and service development and improvement (including the development of new offerings), substantiation of marketing claims and for benchmarking purposes.

## **17. Force Majeure.**

17.1 Each party shall not be liable in respect of the non-performance of any of its obligations to the extent such performance is prevented by any circumstances beyond its reasonable control, including, but not limited to, acts of God, war, civil war, insurrection, fire, flood, labor disputes, epidemics, pandemic, cyber-attack, act of terrorism, governmental regulations and/or similar acts, embargoes, export control sanctions or restrictions, Philips' unavailability regarding any required permits, licenses and/or authorizations, default or force majeure of suppliers or subcontractors.

17.2 If force majeure prevents Philips from fulfilling any order from the Customer or otherwise performing any obligation arising out of the sale, Philips shall not be liable to the Customer for any compensation, reimbursement, or damages.

## **18. Miscellaneous**

18.1 Any newly manufactured Product provided may contain selected remanufactured parts equivalent to new in terms of performance.

18.2 If the Customer becomes insolvent, unable to pay its debts as they fall due, files for bankruptcy or is subject to it, has appointed a recipient, is subject to a late fee on payments (temporary or permanent), or has its assets assigned or frozen, Philips may cancel any unfulfilled obligations or suspend its performance; provided that, however, the Customer's financial obligations to Philips shall remain in full force and effect.

18.3 If any provision of these Conditions of Sale is found to be unlawful, unenforceable, or invalid, in whole or in part, the validity and enforceability of the remaining provisions shall remain in full force and effect. In lieu of any provision deemed to be unlawful, unenforceable, or invalid, in whole or in part, a provision reflecting the original intent of these Conditions of Sale, to the extent permitted by the applicable law, shall be deemed to be a substitute for that provision.

18.4 Notices or other communications shall be given in writing and shall be deemed effective if they are delivered in person or if they are sent by courier or mail to the relevant party.

18.5 The failure by the Customer or Philips at any time to require compliance with any obligation shall not affect the right to require its enforcement at any time thereafter.

18.6 Philips may assign or novate its rights and obligations in whole or in part, to any of its affiliates or may assign any of its accounts receivable to any party without Customer's consent. Customer agrees to execute any documents that may be necessary to complete Philips' assignment or novation. The Customer shall not, without the prior written consent of Philips, transfer or assign any of its rights or obligations

18.7 The Customer's obligations do not depend on any other obligations it may have under any other agreement or arrangement with Philips. The Customer shall not exercise any offset right in the quotation or sale in relation to any other agreement or arrangement with Philips.

- 18.8 These Conditions of Sale shall be governed by the laws of the country or state wherein the Philips legal entity identified in the quotation is situated, and the parties submit to the exclusive jurisdiction of the courts of that country or state, provided that Philips will be entitled to start legal proceedings against the Customer in any other court of competent jurisdiction. The United Nations Convention on Contracts for the International Sale of Goods and the Uniform Computer Information Transactions Act (UCITA), in any form, is expressly excluded.
- 18.9 Customer will report immediately to Philips any event of which Customer becomes aware that suggests that any Products provided by Philips, for any reason:
- 18.9.1 may have caused or contributed to a death or serious injury, or
- 18.9.2 have malfunctioned where such malfunctions would likely cause or contribute to a death or serious injury if the malfunction were to occur again. Additionally, Customer will also report to Philips complaints it receives from its personnel and patients or any other person regarding the identity, quality, performance, reliability, safety, effectiveness, labels, or instructions for use of the Products provided by Philips. Philips shall be solely responsible for submitting any filings or reports to any governmental authorities with respect to the Products provided by Philips hereunder, unless otherwise required by law.
- 18.10 To the extent applicable to your country or state, Philips and Customer shall comply with the Omnibus Reconciliation Act of 1980 (P.L. 96-499) and its implementing regulations (42 CFR, Part 420). Philips agrees that until the expiration of four (4) years after furnishing Products pursuant to these Conditions of Sale, Philips shall make available, upon written request of the Secretary of the Department of Health and Human Services, or upon request of the Comptroller General, or any of their duly authorized representatives, these Conditions of Sale and the books, documents and records of Philips that are necessary to verify the nature and extent of the costs charged to Customer hereunder. Philips further agrees that if Philips carries out any of the duties of these Conditions of Sale through a subcontract with a value or cost of ten-thousand U.S. dollars (\$10,000.00) or more over a twelve (12) month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such Products pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary, or upon request to the Comptroller General, or any of their duly authorized representatives the subcontract, and books and documents and records of such organization that are necessary to verify the nature and extent of such costs. This paragraph relating to the retention and production of documents is included because of possible application of Section 1861(v) (1) (1) of the Social Security Act (42 U.S.C. 1395x (v) (1) (I) (1989)), as amended from time to time to these Conditions of Sale. If Section 1861(v) (1) (1) should be found to be inapplicable, then this paragraph shall be deemed inoperative and without force and effect.
- 18.11 As of the date of the sale of this Product, Philips represents and warrants that Philips, its employees and subcontractors, are not debarred, excluded, suspended or otherwise ineligible to participate in a federal or state health care program, nor have they been convicted of any health care related crime for Products provided under these Conditions of Sale (an "Excluded Provider"). Philips shall promptly notify Customer if it becomes aware that Philips or any of its employees or subcontractors providing Products hereunder have become an Excluded Provider under a federal or state healthcare program, whereupon Customer shall provide Philips with a reasonable opportunity to discuss and attempt to resolve in good faith with Customer any Customer related concerns in relation thereto, and/or will give Philips a reasonable opportunity to dispute its, or its employee's or subcontractor's, designation as an Excluded Provider. In the event that the parties are unable to resolve any such Customer concerns of the applicable party's designation as an Excluded Provider, then Customer may terminate this order by express written notice for Products not yet shipped or rendered prior to a date of exclusion.
- 18.12 To the extent applicable to your country or state, it is Customer's responsibility to notify Philips if any portion of the order is funded under the American Reinvestment and Recovery Act (ARRA). To ensure compliance with the ARRA regulation, Customer shall include a clause stating that the order is funded under ARRA on its purchase order or other document issued by Customer.
- 18.13 To the extent applicable, Customer acknowledges it shall comply with all Medicare, Medicaid or state cost reporting requirements, including discounts afforded to Customer under these Conditions of Sale, for any Products purchased hereunder.

## 19. Product specific terms

Product specific schedules are incorporated herein as they apply to the Products listed in the quotation and their additional terms shall apply solely to the Products specified therein. If any terms set forth in the Product specific schedules conflict with terms set forth in these Conditions of Sale, the terms set forth in the Product specific schedule shall take precedent.

**Schedule 1**  
**Imaging Systems Portfolio (IS) Rev 21**

Product Category	Products
Image Guided Therapy (IGT)	Interventional X-Ray (iXR)
	Mobile C-Arms (Surg)
	Philips Image Guided Therapy Corporation (IGTD)fka Volcano
Imaging Clinical Applications (ICAP)	IntelliSpace Portal (ISP)
Diagnostic Imaging	Digital X-Ray (DXR)
	Computed Tomography (CT)
	Magnetic Resonance (MR)
	OEM Imaging Components (Coils)
	Positron Emission Tomography (PET/CT)
	Advanced Molecular Imaging (SPECT & SPECT/CT)
	Radiation Oncology (PROS)

**1. Payment Terms.**

Unless otherwise specified in the quotation, Philips will invoice Customer and Customer will pay such invoice based on the date of the invoice for each of the products and integration services as follows:

1.1 For Imaging Systems Portfolio:

- 1.1.1 0% of the purchase price shall be due with Customer’s submission of its purchase order.
- 1.1.2 80% of the purchase price shall be due on delivery of the major components of the Product to Customer designated location or Philips warehouse. Product installation will not begin until Customer has paid this portion of the purchase price.
- 1.1.3 20% of the purchase price shall be due net thirty (30) days from the invoice date based on Product(s) availability for first patient use. Available for first patient use means the product has been installed and substantially meets Philips’ systems verification functionality set forth in the installation manual.

**2. Additional Customer Installation Obligations for Magnetic Resonance (MR).**

- 2.1 Customer shall provide any and all site preparation and shall be in compliance with all radio frequency (RF) or magnetic shielding and acoustical suppression and building codes relevant to the Product and its installation and use.
- 2.2 If applicable, Customer's contractor or Customer's architect is required to provide detailed information on the proposed Helium Exhaust Pipe for their MRI system prior to installation to ensure safety specifications are being met.

Required Details include:

- 2.2.1 Architectural drawing or sketch with complete dimensions including lengths, bending radii, bending angles, and pipe diameters for entire Helium Exhaust Pipe run from RF enclosure to discharge location.
- 2.2.2 Completed Helium Exhaust Pipe Verification Checklist (Provided by Local Philips Project Manager)
- 2.2.3 Picture showing the area where the Helium Exhaust Pipe will discharge.

- 2.3 If applicable, Magnets will not be released for delivery unless and until Helium Exhaust Pipe details are provided for verification and have been confirmed to meet all life safety specifications.
- 2.4 Costs of equipment preservation, to ensure a high-quality system, will be passed to the Customer if the installation site is not ready due to delays not caused by Philips. Additionally, climate control costs during and after equipment installation are also the responsibility of the Customer. Preservation of equipment is required to prevent exposing equipment to the negative effects of a non-climate-controlled construction environment, where there is dust or high humidity. Climate control could include costs associated with ensuring a climate- controlled environment. Activities and expenses required for preservation may include time, materials, and transportation to package and seal, and transport the equipment to a controlled environment to prevent dust from entering the equipment. For MR, as may be applicable, this includes the consumption of Helium for life support.

**3. Further use of System Data.**

- 3.1 **Mandatory Data.** Customer acknowledges and agrees that by executing this Agreement and using the Licensed Software, it has agreed that product inventory and crash signature data generated by the Licensed Software shall be delivered into the custody of Philips, or of systems maintained on Philips’ behalf, without notice to Customer. Such data is referred to herein as “Mandatory Data” and such data is described in the Licensed Software’s documentation for each Licensed Software release; the data comprising Mandatory Data is subject to change with each release of upgrades, updates, patches and modifications to the Licensed Software.
- 3.2 Customer agrees that any Mandatory Data will be the property of Philips. Part of the Mandatory Data might constitute (non-sensitive) Personal Data, which is anonymized data or aggregate log files, device parameters and other signals collected from the equipment used by Customer and associated with Customer.







Customer agrees that Philips may use and disclose Mandatory Data for Philips' own business purposes (including, but not limited to, for data analytics activities to determine trends of usage of Philips' or its affiliates' devices and services, to facilitate and advise on continued and sustained use of Philips' or its affiliates' products and services, for product and service development and improvement (including the development of new offerings), substantiation of marketing claims and for benchmarking purposes). In connection with any disclosure of Mandatory Data, Philips will not associate such data with the Personal Data of Customer's patients, consumers, or employees.



**Schedule 1-B**  
**MR Subscription Rev 21**

Product Category	Products
Magnetic Resonance	MRI Software License Packages

**1. Definitions.**

- 1.1. Covered System. The Philips MRI scanner on which the subscription licenses will reside. For existing/installed MRI units, the site number is set forth in the service agreement.
- 1.2. Covered Service Description. Included on the Quotation under NNAN399, describes the Subscription and the applicable fees.
- 1.3. Subscription. Philips grants to Subscriber a time-limited, nonexclusive, nontransferable right to use Subscription Service solely for Subscriber's own internal business purposes, subject to these terms.
- 1.4. Software Version. Introduces major release with significant new features and functionality.
- 1.5. Software Update. Provides minor enhancements or improvements to performance, maintainability and serviceability.
- 1.6. Software Fix. Corrects Product Defect.

**2. Subscription Term.**

- 2.1 The Term of this Subscription is defined in the Quotation under NNAN399 ("Term"), and shall continue unless earlier terminated in accordance with this Agreement.
  - 2.1.1 For new MRI system installations, the Subscription will commence upon completion of installation and availability for first patient use.
  - 2.1.2 For existing/installed MRI systems, the Subscription will commence on the first day of the next calendar month.
- 2.2 The Subscription is non-cancelable by Customer and will remain in effect for the Term specified in this Agreement unless terminated in accordance with Section 6.

**3. Scope of Subscription Service.**

- 3.1. Software Applications. Philips will provide the customer access to all Philips MR software applications, made generally commercially available by Philips, for the MR model/ Covered System listed under the service agreement, that have been released as of the date of execution of the contract that does not require additional hardware.
  - 3.1.1. Some software updates and upgrades may require hardware updates or upgrades. Unless included hereunder, Customer is responsible for any such hardware updates or upgrades.
- 3.2. Annual Updates. On an annual basis during the Subscription Term, Philips will update the Covered System with any new and additional applications, made commercially available by Philips for the Covered System model, as well as any new release of software.
- 3.3 MR Clinical Applications Training. If Customer subscribes to On Demand Clinical Support (ODCS), then, within a reasonable time after Philips installs updates to the application software, Philips will provide Customer with four days (28 hours) of virtual clinical application training. If Customer continues to subscribe to ODCS, then Customer will be entitled to four days (28 hours) of virtual clinical application training during each subsequent contract year.
- 3.3. MR Marketing Support. Philips will provide, annually, additional marketing support (for the new applications) in the form of written support that the customer can use to drive additional referrals. This can come in the form of either a MS Word or MS PowerPoint document.

**4. Fees and Payment.**

- 4.1. Refunds and Cancellation. Fees are: (i) nonrefundable; (ii) not decreased during the Subscription Term based on actual User or data storage usage; and (iii) not cancelable for the Subscription Term.
- 4.2. Subscription Fee.
  - 4.2.1 An annual Subscription Fee is due from the Start Date, payable in advance, according to Customer's choice and the Service Description. Choose one:
    - Quarterly Basis
    - Monthly Basis
    - Yearly Basis
    - One-Time Advance Payment
  - 4.2.2 Fees for Subscription Term renewals or Subscriptions added during a Subscription Term will be: (i) at Philips's current standard price, due beginning



on the Start Date for the Subscription Term; and (ii) charged for the full calendar month in which Subscriptions are added, and coterminous for the remainder of the Subscription Term.

## **5. Subscription Service Requirements.**

- 5.1. Customer must purchase Tech Maximizer (Plus) prior to commencement of the MR Subscription as a condition to purchase MR Subscription solution offering.
- 5.2. Customer must purchase a RightFit Service Agreement prior to commencement of the MR Subscription as a condition to purchase MR Subscription solution offering.
- 5.3. In order to receive virtual clinical education, Customer must purchase On Demand Clinical Support.

## **6. Termination.**

- 6.1. Philips may suspend or terminate Subscription Service with 30 days written notice if Subscriber breaches its obligations including timely payment, or without notice if Philips has a good faith belief that: (i) Subscriber is using Subscription Service for illegal purposes; (ii) the integrity or security of Subscription Service is threatened; (iii) it is necessary to prevent fraud or harm to Philips or Subscriber; (iv) Subscriber has or will breach its confidentiality obligations, infringe Philips' Intellectual Property rights, or assign or transfer its rights or obligations without consent; or (v) it is required by law.
- 6.2. Upon termination (i) Subscriber's right to use Subscription Service ends, (ii) Subscriber will cease using Subscription Service and, at Philips's direction, return or destroy Philips Confidential Information and Documentation, and (iv) Subscriber will immediately pay Philips all Fees due including Fees for the balance of the Subscription Term if Subscription Service is terminated prior to the end of the current Subscription Term.
- 6.3. If Subscriber added this Subscription to a previously installed and operational MRI system, then at the time of termination, all licenses will revert to the version that was in place prior to commencement of the subscription.
- 6.4. This Agreement will terminate automatically upon termination or expiration of all Subscription Terms.

## **7. Installation.**

- 7.1 Philips will install the product during normal working hours, 8:00 AM – 5:00 PM, in the time zone where the Customer is located.

## **8. Post Go-Live Support.**

Subscription Service includes telephone and remote support according to the terms of this Schedule.

- 8.1. Philips 's standard support generally includes: (1) commercially reasonable efforts to resolve problems which cause Application functionality not to perform substantially as described in the Documentation; (2) remote assistance and troubleshooting advice for trained Subscriber personnel to determine cause and address technical problems with Subscription Service; (3) information and status updates for known Application functionality technical issues; and (4) periodic "as available" updates or upgrades to Subscription Service. Support may address but not resolve minor or partial loss of functionality, intermittent problems or minor degradation of operations.
- 8.2. Philips will use commercially reasonable efforts to respond to support requests as soon as possible and may not respond in the same day a request is received. Subscription Service and support may be unavailable due to scheduled downtime, maintenance, or circumstances beyond Philips' reasonable control. Philips may schedule downtime at any time without notice if Philips reasonably determines that not acting immediately could be harmful to Philips or Subscriber.
- 8.3. Philips is not responsible or liable for support or Subscription Service interruption or problems due to: (1) Subscriber systems, information, content, software, scripts, data, files, application programming, web servers or service, materials, equipment, acts or omissions of Subscriber or its agents; (2) virus or hacker attacks; (3) circumstances beyond Philips 's reasonable control; (4) intentional shutdown for emergency intervention or security incidents; (5) Subscriber configuration changes; (6) Subscriber's failure to comply with Philips 's security and upgrade policies; (7) Internet or other connectivity between Subscriber's network and Subscription Service or Philips 's network, or any other network unavailability outside of the Philips network; or (8) training questions or Subscriber's use of Subscription Service; (9) acts or omissions of a party other than Philips.

## **9. Software Versions and Updates.**

- 9.1. If a new software version or update is made generally available by Philips for the Covered System, and the requirements of the Agreement are satisfied, then Philips will upgrade the Covered System application software during the term of the Agreement as follows:
  - 9.1.1. Philips will provide new software versions and updates of software for existing applications made generally commercially available within a reasonable period after their release.
  - 9.1.2. Functionality. Customer is entitled to additional functionality previously purchased or bundled with the software, if available, in the version or update released on or after the start date of the Agreement. Customer acknowledges that certain functionality in current and previous software versions may not be available in future new software versions.
- 9.2. To receive a new software version:
  - 9.2.1. Customer must be in compliance with all terms and conditions of this schedule and the Agreement, including access to the Covered System by Philips personnel and payment ;
  - 9.2.2. Customer must identify one Customer representative, in writing to Philips, that will manage and be responsible for Customer's selection and scheduling of new software version installations under this Schedule; and

9.2.3. The Covered System that will receive the version or update must meet the specifications of the new software version. Customer shall purchase or provide the Covered System hardware or software necessary to meet such specifications.

9.3. Unless specifically included elsewhere in this Agreement, software versions and updates do not include implementation services, virus protection software, security patches, custom interface software, operating system software, or software updates of third party software (e.g. Citrix) or hardware required to use the update or upgrade, unless otherwise covered under a Tech Maximizer service offering purchased for the Covered System. Philips shall have no responsibility to provide software versions or updates for minor software defects that do not impact the intended use of the software or impact patient care.

9.4. Customer may not resell, transfer, or assign the right to such versions, updates, or fixes to any third party. All versions and updates provided to the Covered System under this Schedule are subject to the terms and conditions of this Schedule, the Agreement, and any license terms and conditions included in the purchase of the product from Philips or later provided to Customer.

## **10. Telephone And Remote Support.**

10.1. Telephone Support. Telephone and Remote Support coverage is included with MR Subscription. Technical and Clinical Telephone and Remote Support coverage services are available twenty-four hours per day, seven days per week including Philips recognized holidays.

10.2. Remote Access & Diagnostics. Philips may remotely access the Covered System to perform Services. Customer shall provide Philips remote access to the Covered System. Philips shall not be responsible for delays arising from customer's network or IT infrastructure that does not allow for remote dial into the Covered System

10.3. On-Site Software Resolution Response. Philips primary method for software services is telephone and Philips Remote Services ("PRS"). Philips, at its sole discretion, may provide on-site software support services to resolve software issues that cannot be resolved through Philips' primary resolution method. On-site service is next business day, Monday through Friday 8:00 a.m. to 5:00 p.m. local time, excluding Philips recognized holidays, and includes labor and travel necessary for the delivery of corrective services.

10.4. InCenter Access. Philips will provide Customer access to Philips web based support tool for the system(s) covered under this Agreement.

## **11. Customer Success Management Services.**

11.1. During the term of the Agreement Philips will assign a resource familiar with the Customer account, key stakeholders, and contract coverage to provide the following:

11.1.1. Philips will schedule and deliver a remote coverage and status review meeting annually, at a mutually agreeable date and time. The status meeting will focus on available entitlements and planning. The status review may outline all Covered System service issues resolved during the previous period, and review any open or unresolved issues.

11.1.2. Prior to delivering any new software version, Philips will coordinate with the Customer assigned resource to identify and mitigate dependencies relative to the software upgrade and other service agreement entitlements.

11.1.3. The parties will develop a dependency mitigation plan to address resource needs, hardware needs, operating system requirements, interoperability and other dependencies for the deployment of new software upgrade.

## **12. Clinical Implementation Services.**

12.1. If included in the quotation Philips will provide on-site implementation services for new versions or updates that Customer is entitled to receive under this Agreement, at a time mutually agreed to by Philips and the Customer. Scope, duration and delivery methodology of the clinical support of installation and clinical education will vary by new version, update or fix and will be defined by Philips at Philips sole discretion.

12.2. Go-Live Support. Philips will provide clinical go-live support during the implementation for new version upgrades and updates. Go-live support will be scheduled between 7:00 a.m. – 7:00 p.m. Monday through Friday, relative to the new software version and will be virtual or on-site at Philips' discretion. Customer may request additional go-live support, or go-live support outside of standard hours, at an additional cost.

12.3. Clinical Education. Clinical services will be scheduled between 7:00 a.m. – 7:00 p.m. Monday through Friday, relative to the new software version. Customer may request additional clinical education or clinical education outside of standard hours, at an additional cost.

12.3.1. Clinical Education class size is limited to ten (10) participants;

12.3.2. If applicable, Customer will provide a suitable location for on-site classroom education; and

12.3.3. Customer will provide full and free access and use of the Covered System for training.

12.4. Scheduling. Customer must schedule all Clinical Implementation Services, except Online Education, at least eight (8) weeks prior to the desired date for Philips to deliver the applicable service. If Customer representative does not schedule the Clinical Implementations Services with Philips in accordance with this Schedule, then Philips shall not be obligated to perform such Clinical Services.

12.5. Travel Expenses. Unless otherwise stated in the quotation, Philips' travel expenses for all Clinical Implementation Services delivered at the Customer site are included in the price described in the Agreement.

12.6. Philips will provide the clinical education and product applications training ("Training") that customer has selected from the Philips' course catalog(s) ("Course Catalog(s)").

- 12.7. Clinical Education training and credits will expire upon termination or expiration of the Agreement.
- 12.8. Training does not include (a) maintenance or diagnostic related technical training or (b) clinical applications training on hardware or software not installed or provided by Philips.
- 12.9. Trainee(s) must meet the minimum admission requirements set forth in the course syllabus, must satisfy all prerequisites prior to admission, and may be required to sign or acknowledge Philips safety checklist prior to receiving Training.
- 12.10. Training may be conducted at Philips' training facilities, the Customer location(s) described in this Agreement ("Customer Site(s)"), through on-line or remote training, or at a third-party location determined by Philips.
- 12.11. Direct Course Purchase. Customer may purchase individual courses at then current prices.
- 12.12. PHILIPS MAKES NO WARRANTY THAT ANY TRAINEE WILL PASS ALL OR ANY PORTION OF THE TRAINING COURSES PROVIDED OR THAT THE TRAINING WILL RESULT IN ANY TRAINEE BEING QUALIFIED OR ABLE TO OPERATE THE SYSTEM.

### **13. Customer Responsibilities.**

- 13.1. System Administrator. The Customer shall designate an individual(s) to serve as Customer system administrator ("System Administrator") and an alternate, who will serve as Philips' primary support contacts. These individuals should be familiar with all aspects of training provided by Philips, including end-user and system administrator training. In addition, the System Administrator shall maintain the integrity of the Covered System operation and ensure that proper backup procedures are in place as outlined in the System Installation and Reference Guides.
- 13.2. Remote Access. Customer must provide necessary uninterrupted remote access, required information, and support for the Covered System to connect to Philips Remote Service ("PRS"). PRS is the basis for Services delivered under this Schedule. Customer waives all rights to services and service deliverables under this agreement unless PRS connectivity is enabled and maintained.
- 13.3. Security. The Customer is solely responsible for providing adequate security to prevent unauthorized Covered System access to Philips (or its third party vendors) proprietary and confidential information.
- 13.4. Hardware Revision Levels. The Customer must maintain all associated Covered System hardware, firmware, and middleware at the required revision levels for the software version. To receive software versions and updates, the Customer must maintain all associated hardware to the then-current specification for the software versions and updates.
- 13.5. Data Reconstruction. The Customer shall follow the recommended daily back-up processes as outlined in the Covered System Installation or Reference Guide. Additionally, the Customer is responsible for the reconstruction, restoration, retrieval, or recovery of any lost or altered patient records, files, programs, or data. Philips is not responsible for the reconstruction, restoration, retrieval, or recovery of any lost or altered files, data, or programs.
- 13.6. Intermediate Resolutions. Customer shall implement any intermediate resolutions or workarounds as requested by Philips while Philips seeks a long-term resolution.
- 13.7. Customer shall be solely responsible to perform daily data back-ups for the Covered System and for cybersecurity protection, including malware and anti-virus for the Covered System. This is not included in Philips MR subscription service. Customer shall install and configure anti-virus software pursuant to the Installation manual for the Covered System or risk defects in the Covered Systems function such as performance degradation and slow down. If the defects arise from failure to follow such installation manual, such defects are not covered by this agreement and Philips may require Customer to reconfigure the anti-virus to the recommended settings.

### **14. Service Limitations.**

- 14.1. Software Restoration. If the software fails and the supported application software requires restoration, then Philips will reinstall the application software, database software, and operating system to the revision level that existed prior to the malfunction or failure and Philips will attempt to reinstall the Customer-created data backup. If the Customer-created data backup cannot be used to re-install any data to the Covered System, the Customer will hold sole responsibility for the loss of data. Custom or third-party software, custom database configurations or reports, and Customer-written product interfaces are not included. If a Covered System failure is attributed to hardware not supported under the Agreement, the Customer shall restore the software, operating system, and database software before Philips begins any software restoration efforts.
- 14.2. Non-Philips Software Assistance. Requests for assistance with hardware, operating systems, communications network, third party software, printer configuration, etc., are outside the scope of this Agreement.

### **15. Exclusions.**

- 15.1. In addition to the any exclusions set forth in the Schedule, the following Exclusions apply to MR Subscription.
- 15.2. Any combining of the Covered System with a non-qualified device. A non-qualified device is:
  - 15.2.1. Any product (hardware, firmware, software, or cabling) not supplied by Philips, whether used internal or external to Covered System without Philips' approval. Examples include, software patches, security fixes, and service packs from the operating system, web browser, or database software manufacturer(s);
  - 15.2.2. Any product supplied by Philips that has been modified by the Customer or any third party; and
  - 15.2.3. Any product maintained under this Agreement in which the Customer does not allow Philips to incorporate engineering improvements;
  - 15.2.4. Any product that has reached its "End of Life". "End of Life" means software and or hardware equipment that has surpassed the published end of

support life date by the original equipment manufacturer.

- 15.3. Operating system software issues that manifest themselves in non-performance of another installed application and affect use or performance of the Covered System.
- 15.4. If the Covered System covered by this Schedule is software only, then notwithstanding anything to the contrary in the Agreement or this Schedule, network, hardware and parts are not included in the Services.
- 15.5. Viruses arising from a Customer network, customer client devices such as phones, tablets, laptops and desktops, and/or third party medical devices used by Customer.
- 15.6. Damage caused by fires (including watering systems), floods, and/or use of the Covered System in an environment not meeting the requirements recommended by Philips causing corrosion to the Covered System or other defects to the MR subscription software.

**TAB H**

SPECIAL MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

COMMUNITY PLANNING COMMITTEE  
September 26, 2023

The Special Meeting of the Community Planning Committee of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, September 26, 2023, in Classroom C, in Banning, California

Members Present: Susan DiBiasi, Perry Goldstein, Ron Rader, Steve Rutledge (C), Randal Stevens, Darrell Petersen, Dennis Tankersley

Absent: Shannon McDougall, Lanny Swerdlow

Staff Present: Steve Barron (CEO), Dan Heckathorne (CFO), Ariel Whitley (Executive Assistant), Annah Karam (CHRO), Angela Brady (CNE), Karan P. Singh, MD (CMO), John Peleuses (VP, Ancillary & Support Services), Wipfli, LLP.

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
<b>Call To Order</b>	Susan DiBiasi called the meeting to order at 10:06 am.	
<b>Public Comment</b>	No public comment.	
<b>NEW BUSINESS</b>		
<b>Turnaround Plan Presentation</b>	Megan Hartman and Tammy Staeden with Wipfli, LLP, gave a detailed presentation about the turnaround plan related to the Distressed Hospital Loan.	
<b>Capital Budget List</b>	Steve Barron reviewed the 3-Year Capital Budget and noted the highlighted items in the Description column. The highlighted items indicate the item is past expected life as requested by the Hospital Board of Directors.	
<b>Future Agenda Items</b>	None.	
<b>Next Meeting</b>	The next Community Planning Committee meeting will	



AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
	be held on Wednesday, January 17, 2024, at 10:00 am.	
<b>Adjournment</b>	The meeting was adjourned at 12:02 am.	

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

**TAB A**

September 26, 2023

# PERSPECTIVE



**CHANGES EVERYTHING.**

**Distressed Hospital Loan Program – Loan Application and Turnaround Plan**

**Presented to: San Geronio Memorial Healthcare District**

**WIPFLI**

# Your Wipfli service team



**Megan Hartman**

Senior Manager, Wipfli  
Facility and Capital Planning

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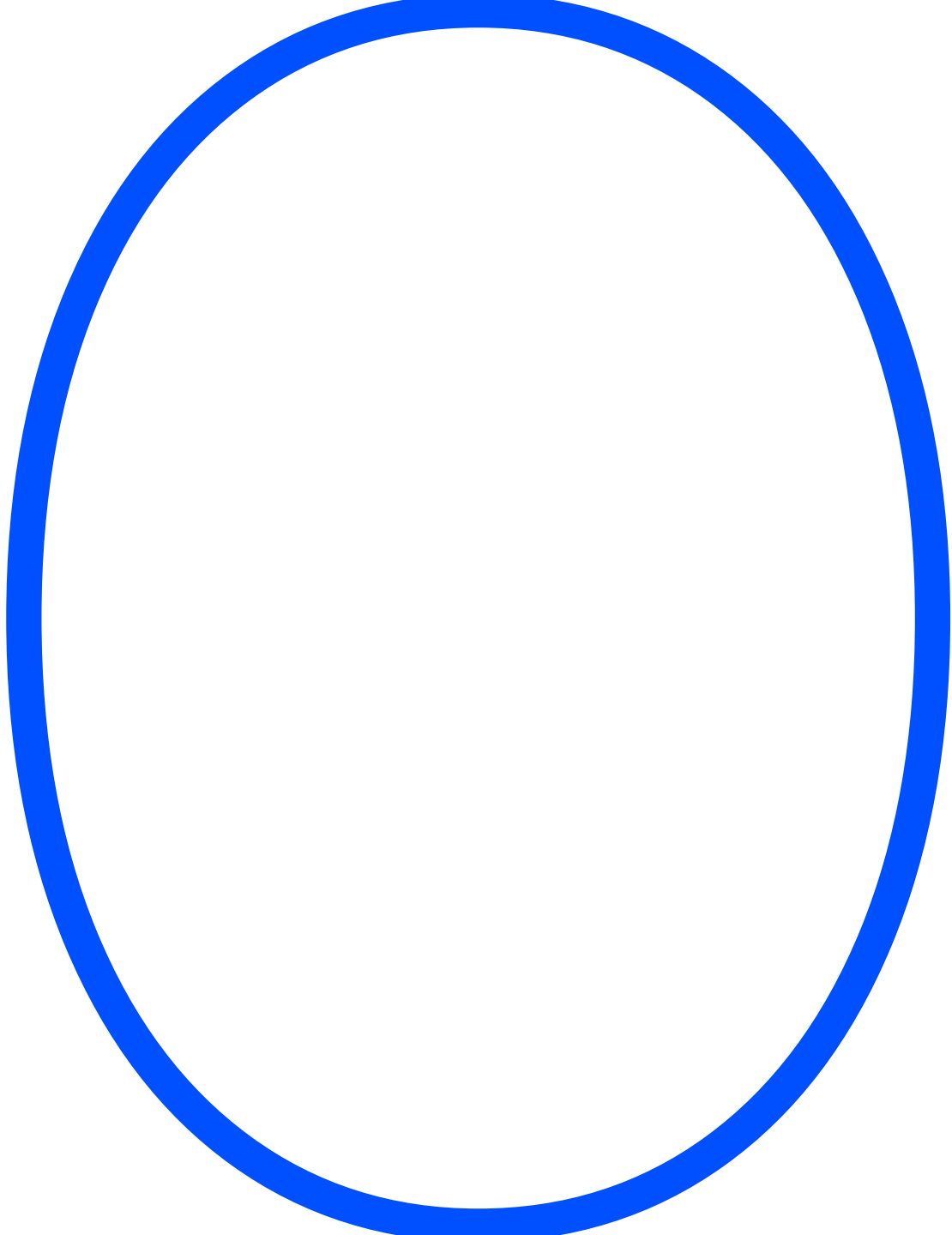
**Tammy Staeden**

Senior Manager, Wipfli  
Facility and Capital Planning

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## Wipfli Healthcare Practice

Wipfli's team of healthcare consultants helps organizations to see an increasingly complex landscape with clarity and confidence. From improved financial operations and regulatory compliance to digital transformation and talent management, our healthcare specialists provide the unique solutions to more than 3,500 hospitals, health systems and clinics.



**Loan  
Application  
Summary**

# **Scope of Services for San Geronio Memorial Healthcare District Distressed Hospital Loan Program Application**

Completion of the loan application for the Distressed Hospital Loan Program to provide necessary interim working capital needs to San Geronio Memorial Hospital.

- The loan application included 5 sections of requested information, including:
  - Applicant information and requested loan amount
  - Current financial standing of the Hospital
  - Community Need
  - Hospital utilization
  - Legal status questionnaire
- Supplemental attachments were requested including:
  - Financial Statements
  - Management/Organization Information
  - Turnaround Plan

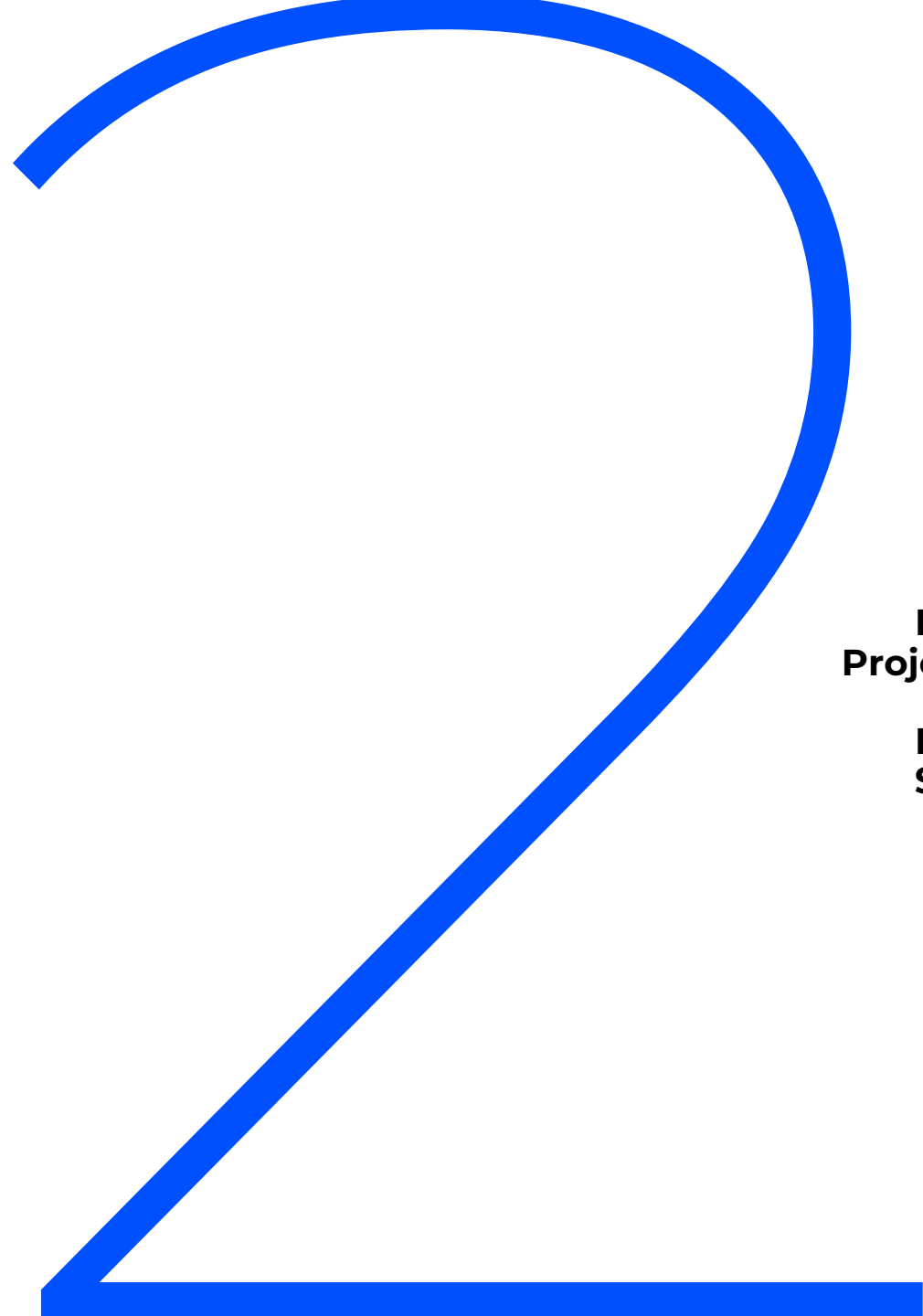
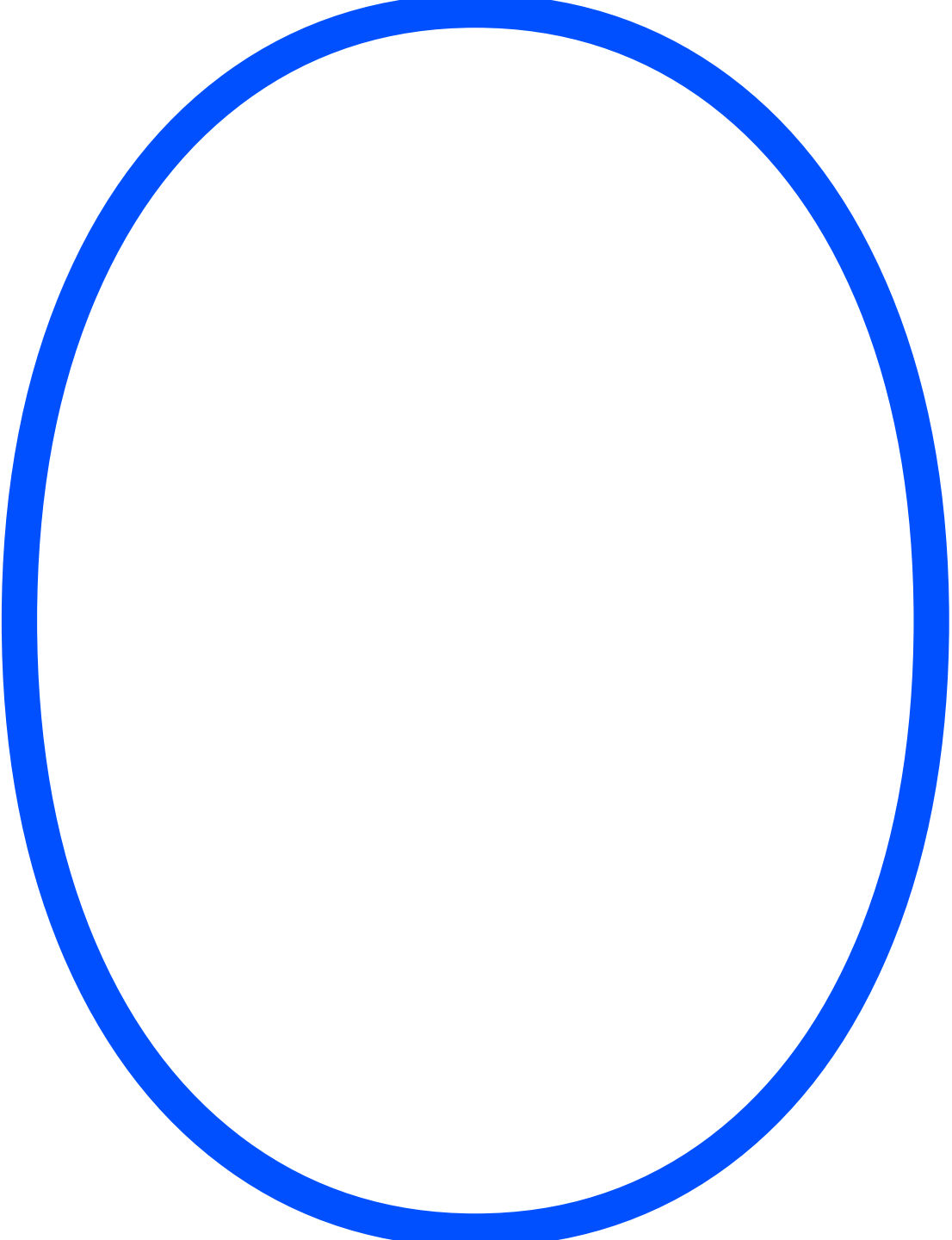
## **Scope of Services for San Geronio Memorial Healthcare District Distressed Hospital Loan Program Application (Continued)**

- Tight turnaround times:
  - State forms available mid June with initial due date of June 30 for initial review to proceed
  - Initial acceptance received mid July with final due date of July 31
- Loan amount requested was \$15 million; Loan amount approved is \$9.8M
- Loan terms include:
  - 0% interest
  - Payable over 72 months, with an initial 18-month grace period (Possibility of forgiveness)
    - Estimated monthly average payment \$181,000; Annually of \$2.16 million
  - Anticipated funding is October 2023
- HCAi loan approvals:
  - 30 applications requesting \$940 million in loan awards
  - 17 applications were approved for a total \$300 million
- Board resolution required to obtain loan proceeds

# Turnaround Plan Requirements

- Turnaround Plan needed to include financial projections detailing the uses of the proposed loan and strategies by management to regain financial viability to continue operations
- Required components of the Turnaround Plan needed to include:
  - Preparation of projected monthly statements of cash flows for San Geronio Memorial Hospital covering a 24-month period from July 1, 2023 through June 30, 2025, which requires the need for projected statements of revenues and expenses, and statements of net position
    - **Two Scenarios including:**
      - Current financial situation
      - Future financial situation incorporating Turnaround Plan and loan proceeds
  - Narrative describing actions being taken or to be taken by leadership to obtain financial viability
  - Description of how actions will affect the revenues and expenses
- Document resulted in 32 pages to tell the story





**Baseline  
Financial  
Projections –  
Current  
Financial  
Situation**

## Basis for Projections – Current Financial Situation

- Prepared monthly financial statement projections for the District (July 2023 through June 2025) based on the following:
  - Utilized budget 2024 as the baseline for the financial projections with the following adjustments:
    - Reallocated the staffing productivity improvements to the turnaround plan
    - Reallocated implementation of Stroke Program to the turnaround plan
  - Starting cash position was based on unaudited June 30, 2023 financial statements
  - Fiscal 2025 assumptions include (from budget 2024):
    - Projected 3% utilization growth
    - 1% overall reimbursement increase
    - Incorporated 3% expense inflation
    - Benefit ratio consistent with budget 2024
    - Applied variable percentages to each expense category
  - Adjusted monthly cash flows based on expected cash receipts and disbursements based on historical trends and discussions with management

# Monthly Cash Flow – July 2023 through June 2024 – Current Financial Situation

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Cash flows from operating activities:												
Receipts from patients, net of IGT transfers	\$ 4,539	\$ 5,542	\$ 5,686	\$ 6,307	\$ 6,204	\$ 6,128	\$ 5,815	\$ (2,018)	\$ 6,432	\$ 20,600	\$ 10,777	\$ 6,719
Receipts from other operating revenue	259	259	259	429	259	672	259	492	259	492	259	456
Taxation for operations	-	-	-	-	-	496	2,174	72	14	176	1,749	238
Payments to employees	(4,398)	(4,745)	(4,588)	(4,856)	(4,524)	(4,802)	(4,811)	(4,714)	(4,905)	(4,734)	(4,796)	(4,393)
Payments to suppliers, contractors, and other	(3,265)	(2,501)	(2,618)	(3,086)	(2,350)	(2,852)	(2,640)	(2,705)	(1,814)	(3,834)	(4,399)	(2,653)
<b>Net cash used in operating activities</b>	<b>(2,865)</b>	<b>(1,445)</b>	<b>(1,261)</b>	<b>(1,206)</b>	<b>(411)</b>	<b>(358)</b>	<b>797</b>	<b>(8,873)</b>	<b>(14)</b>	<b>12,700</b>	<b>3,590</b>	<b>367</b>
Cash flows from investing activities:												
Legal settlement	-	-	-	-	-	(3,418)	-	-	-	-	-	-
Proceeds from line of credit	-	-	-	2,000	2,000	6,000	2,000	-	-	-	-	-
Payments on line of credit	-	(4,000)	-	-	-	-	-	-	-	-	-	-
Payments on QIP loan	-	-	-	-	-	-	-	-	(1,141)	(1,091)	-	-
<b>Net cash used in investing activities</b>	<b>-</b>	<b>(4,000)</b>	<b>-</b>	<b>2,000</b>	<b>2,000</b>	<b>2,582</b>	<b>2,000</b>	<b>-</b>	<b>(1,141)</b>	<b>(1,091)</b>	<b>-</b>	<b>-</b>
Cash flows from financing activities:												
Principal payments on debt	(34)	(3,159)	(34)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)
Proceeds from debt	-	-	-	-	-	-	-	-	-	-	-	-
Principal payments on capital leases	(33)	(33)	(48)	(48)	(49)	(49)	(49)	(49)	(50)	(50)	(50)	(50)
Interest paid	(104)	(2,275)	(84)	(112)	(81)	(81)	(200)	(2,209)	(82)	(339)	(81)	(79)
Purchase of capital assets	-	(450)	(773)	(773)	(773)	(773)	(773)	-	-	(687)	(687)	(687)
Taxation for debt service	-	5,327	-	-	-	-	-	2,127	-	-	-	-
Principal payments on subscription leases	(43)	(24)	(24)	(39)	(25)	(25)	(39)	(6)	(4)	(19)	(4)	(5)
Grants and contributions	-	450	773	773	773	773	773	-	-	-	-	-
<b>Net cash provided by (used in) financing activities</b>	<b>(214)</b>	<b>(164)</b>	<b>(190)</b>	<b>(224)</b>	<b>(180)</b>	<b>(180)</b>	<b>(313)</b>	<b>(162)</b>	<b>(161)</b>	<b>(1,120)</b>	<b>(847)</b>	<b>(846)</b>
Net increase (decrease) in cash and cash equivalents	(3,079)	(5,609)	(1,451)	570	1,409	2,044	2,484	(9,035)	(1,316)	10,489	2,743	(479)
Cash and cash equivalents at beginning of year	30,853	27,774	22,165	20,714	21,284	22,693	24,737	27,221	18,186	16,870	27,359	30,102
<b>Cash and cash equivalents at end of year</b>	<b>27,774</b>	<b>22,165</b>	<b>20,714</b>	<b>\$ 21,284</b>	<b>\$ 22,693</b>	<b>\$ 24,737</b>	<b>\$ 27,221</b>	<b>\$ 18,186</b>	<b>\$ 16,870</b>	<b>\$ 27,359</b>	<b>\$ 30,102</b>	<b>\$ 29,623</b>
Ending Balance:												
Unrestricted	\$ 10,506	\$ 4,897	\$ 3,446	\$ 4,216	\$ 5,625	\$ 7,669	\$ 10,153	\$ 1,118	\$ (198)	\$ 10,291	\$ 13,034	\$ 12,555
Cash and cash equiv - Restricted, net amt avail for debt servic	16,990	16,990	16,990	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790
Cash and cash equiv - Board designated	278	278	278	278	278	278	278	278	278	278	278	278
<b>Ending Balance</b>	<b>\$ 27,774</b>	<b>\$ 22,165</b>	<b>\$ 20,714</b>	<b>\$ 21,284</b>	<b>\$ 22,693</b>	<b>\$ 24,737</b>	<b>\$ 27,221</b>	<b>\$ 18,186</b>	<b>\$ 16,870</b>	<b>\$ 27,359</b>	<b>\$ 30,102</b>	<b>\$ 29,623</b>
<b>Total Unrestricted cash</b>	<b>\$ 10,784</b>	<b>\$ 5,175</b>	<b>\$ 3,724</b>	<b>\$ 4,494</b>	<b>\$ 5,903</b>	<b>\$ 7,947</b>	<b>\$ 10,431</b>	<b>\$ 1,396</b>	<b>\$ 80</b>	<b>\$ 10,569</b>	<b>\$ 13,312</b>	<b>\$ 12,833</b>
<b>Days cash on hand - Unrestricted</b>	<b>45.3</b>	<b>21.4</b>	<b>15.1</b>	<b>19.1</b>	<b>24.2</b>	<b>32.6</b>	<b>40.8</b>	<b>5.6</b>	<b>0.3</b>	<b>40.4</b>	<b>57.3</b>	<b>54.0</b>

# Monthly Cash Flow – July 2024 through June 2025 – Current Financial Situation

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Cash flows from operating activities:												
Receipts from patients, net of IGT transfers	\$ 5,054	\$ 5,585	\$ 5,710	\$ 6,231	\$ 6,214	\$ 6,055	\$ 5,853	\$ (1,943)	\$ 6,843	\$ 20,586	\$ 10,794	\$ 5,733
Receipts from other operating revenue	270	270	270	441	270	684	270	504	270	504	270	505
Taxation for operations	-	-	-	-	-	511	2,239	74	14	181	1,801	245
Payments to employees	(4,793)	(4,895)	(4,734)	(5,011)	(4,668)	(4,955)	(4,964)	(4,670)	(5,255)	(4,884)	(4,949)	(4,613)
Payments to suppliers, contractors, and other	(3,027)	(2,641)	(2,751)	(3,149)	(2,497)	(2,961)	(2,805)	(2,659)	(2,319)	(3,854)	(4,310)	(3,041)
<b>Net cash used in operating activities</b>	<b>(2,496)</b>	<b>(1,681)</b>	<b>(1,505)</b>	<b>(1,488)</b>	<b>(681)</b>	<b>(666)</b>	<b>593</b>	<b>(8,694)</b>	<b>(447)</b>	<b>12,533</b>	<b>3,606</b>	<b>(1,171)</b>
Cash flows from investing activities:												
Legal settlement	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from line of credit	-	-	12,000	-	-	-	-	-	-	-	-	-
Payments on line of credit	-	(12,000)	-	-	-	-	-	-	-	-	-	-
Payments on QIP loan	-	-	-	-	-	-	(2,647)	-	-	-	-	-
<b>Net cash used in investing activities</b>	<b>-</b>	<b>(12,000)</b>	<b>12,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(2,647)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Cash flows from financing activities:												
Principal payments on debt	(25)	(3,460)	(25)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)
Proceeds from debt	-	-	-	-	-	-	-	-	-	-	-	-
Principal payments on capital leases	(51)	(51)	(51)	(51)	(41)	(41)	(41)	(41)	(42)	(42)	(41)	(43)
Interest paid	(408)	(2,274)	(145)	(319)	(134)	(133)	(399)	(2,189)	(133)	(392)	(133)	(132)
Purchase of capital assets	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)
Taxation for debt service	-	5,562	-	-	-	-	-	2,056	-	-	-	-
Principal payments on subscription leases	(19)	(5)	(5)	(20)	(5)	(5)	(20)	(5)	(5)	(20)	(5)	(5)
Grants and contributions	-	-	-	-	-	-	-	117	117	117	-	-
<b>Net cash provided by (used in) financing activities</b>	<b>(645)</b>	<b>(370)</b>	<b>(368)</b>	<b>(559)</b>	<b>(349)</b>	<b>(348)</b>	<b>(629)</b>	<b>(231)</b>	<b>(232)</b>	<b>(506)</b>	<b>(348)</b>	<b>(349)</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>(3,141)</b>	<b>(14,051)</b>	<b>10,127</b>	<b>(2,047)</b>	<b>(1,030)</b>	<b>(1,014)</b>	<b>(2,683)</b>	<b>(8,925)</b>	<b>(679)</b>	<b>12,027</b>	<b>3,258</b>	<b>(1,520)</b>
<b>Cash and cash equivalents at beginning of year</b>	<b>29,623</b>	<b>26,482</b>	<b>12,431</b>	<b>22,558</b>	<b>20,511</b>	<b>19,481</b>	<b>18,467</b>	<b>15,784</b>	<b>6,859</b>	<b>6,180</b>	<b>18,207</b>	<b>21,465</b>
<b>Cash and cash equivalents at end of year</b>	<b>\$ 26,482</b>	<b>\$ 12,431</b>	<b>\$ 22,558</b>	<b>\$ 20,511</b>	<b>\$ 19,481</b>	<b>\$ 18,467</b>	<b>\$ 15,784</b>	<b>\$ 6,859</b>	<b>\$ 6,180</b>	<b>\$ 18,207</b>	<b>\$ 21,465</b>	<b>\$ 19,945</b>
Ending Balance:												
Unrestricted	\$ 9,414	\$ (4,637)	\$ 5,490	\$ 3,443	\$ 2,413	\$ 1,399	\$ (1,284)	\$ (10,209)	\$ (10,888)	\$ 1,139	\$ 4,397	\$ 2,877
Cash and cash equiv - Restricted, net amt avail for debt servic	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790
Cash and cash equiv - Board designated	278	278	278	278	278	278	278	278	278	278	278	278
<b>Ending Balance</b>	<b>\$ 26,482</b>	<b>\$ 12,431</b>	<b>\$ 22,558</b>	<b>\$ 20,511</b>	<b>\$ 19,481</b>	<b>\$ 18,467</b>	<b>\$ 15,784</b>	<b>\$ 6,859</b>	<b>\$ 6,180</b>	<b>\$ 18,207</b>	<b>\$ 21,465</b>	<b>\$ 19,945</b>
<b>Total Unrestricted cash</b>	<b>\$ 9,692</b>	<b>\$ (4,359)</b>	<b>\$ 5,768</b>	<b>\$ 3,721</b>	<b>\$ 2,691</b>	<b>\$ 1,677</b>	<b>\$ (1,006)</b>	<b>\$ (9,931)</b>	<b>\$ (10,610)</b>	<b>\$ 1,417</b>	<b>\$ 4,675</b>	<b>\$ 3,155</b>
<b>Days cash on hand - Unrestricted</b>	<b>39.2</b>	<b>(17.4)</b>	<b>22.5</b>	<b>15.2</b>	<b>10.6</b>	<b>6.6</b>	<b>(3.8)</b>	<b>(36.9)</b>	<b>(37.5)</b>	<b>5.2</b>	<b>19.4</b>	<b>12.8</b>

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**Turnaround  
Plan Details  
and Financial  
Results**

## Turnaround Plan – Key Actions

Turnaround Action	Revenue/Expense Line Items	Profit (Deficit) in Revenue Over Expense Impact		
		2024	2025	2026
Implementation of Stroke Program	Projected operating revenues and expenses associated with the new Stroke program are included in the monthly projected financial statements starting in January of 2024 and will continue throughout the projected period and will be ongoing.	\$ 152,754	\$ 315,072	\$ 324,883
Expansion of Women's Center	Projected operating revenues and expenses for the expansion of Women's Center services are included in the monthly projected financial statements starting in July of 2024 and will continue throughout the projected period and will be ongoing. Due to ramping up the new services, a deficit in revenue over expenses is projected in fiscal 2025. Starting in fiscal 2026, the program is assumed to be ramped up and generate approximately \$317,000 in profits in revenue over expenses. If the DHLP loan isn't approved, the Hospital may need to terminate all services in the Women's Center, which would result in a reduction in supplemental funds in estimated excess of \$1,000,000.	\$ -	\$ (222,497)	\$ 317,781

## Turnaround Plan – Key Actions (Continued)

Turnaround Action	Revenue/Expense Line Items	Profit (Deficit) in Revenue Over Expense Impact		
		2024	2025	2026
Directed Payments Program	The net cash inflows and outflows associated the Directed Payments Program will be reported as Other supplemental funds within net patient service revenue and are Projected in the months that the cash is paid out or received. Since the program begins during fiscal 2025, only 6 months is captured in that year. In fiscal 2026, a full year of the program will be projected and the net revenues reported will be \$2,200,000.	\$ -	\$ 1,100,000	\$ 2,200,000
Employee Retention Credit	Net receipts for these credits will be recorded as non-operating revenue gains in the months that the cash is received during fiscal 2025. These are one-time credits.	\$ -	\$ 9,232,099	\$ -
Staffing Productivity Improvements	Staffing productivity improvements will be an expense reduction to salary and wages expenses. The reductions are projected to be being in July 2024 and continue throughout the projected 24-month period. A 3% inflation savings is included in fiscal 2025 with these savings to continue after the 24-month projection period.	\$ 825,566	\$ 862,716	\$ 901,538
<b>Total improvement to Profit in revenues over expenses</b>		<b>\$ 978,320</b>	<b>\$ 11,287,390</b>	<b>\$ 3,744,202</b>
<b>Total improvement to Profit in revenues over expenses without one-time revenue credit</b>		<b>\$ 978,320</b>	<b>\$ 2,055,291</b>	<b>\$ 3,744,202</b>

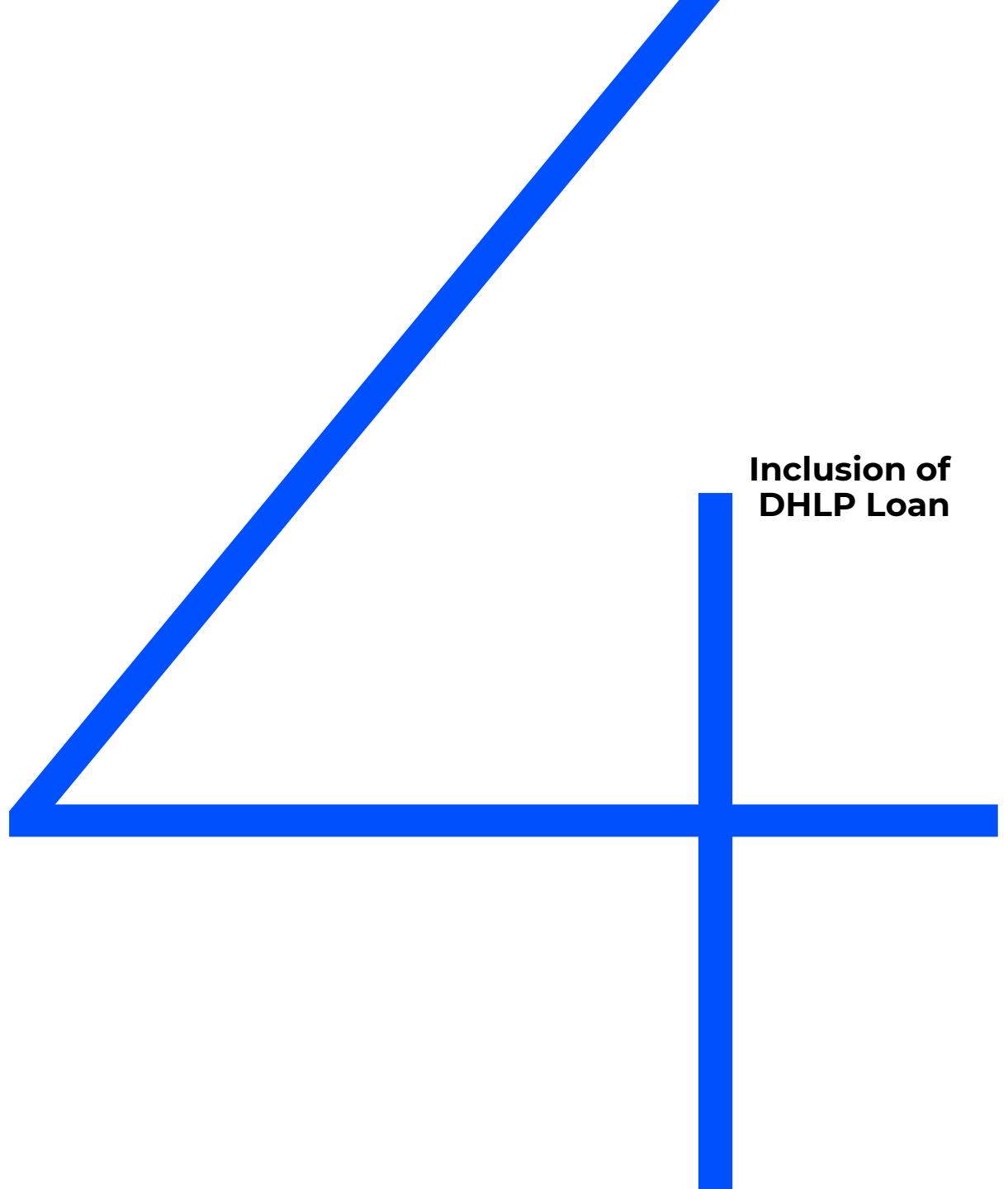
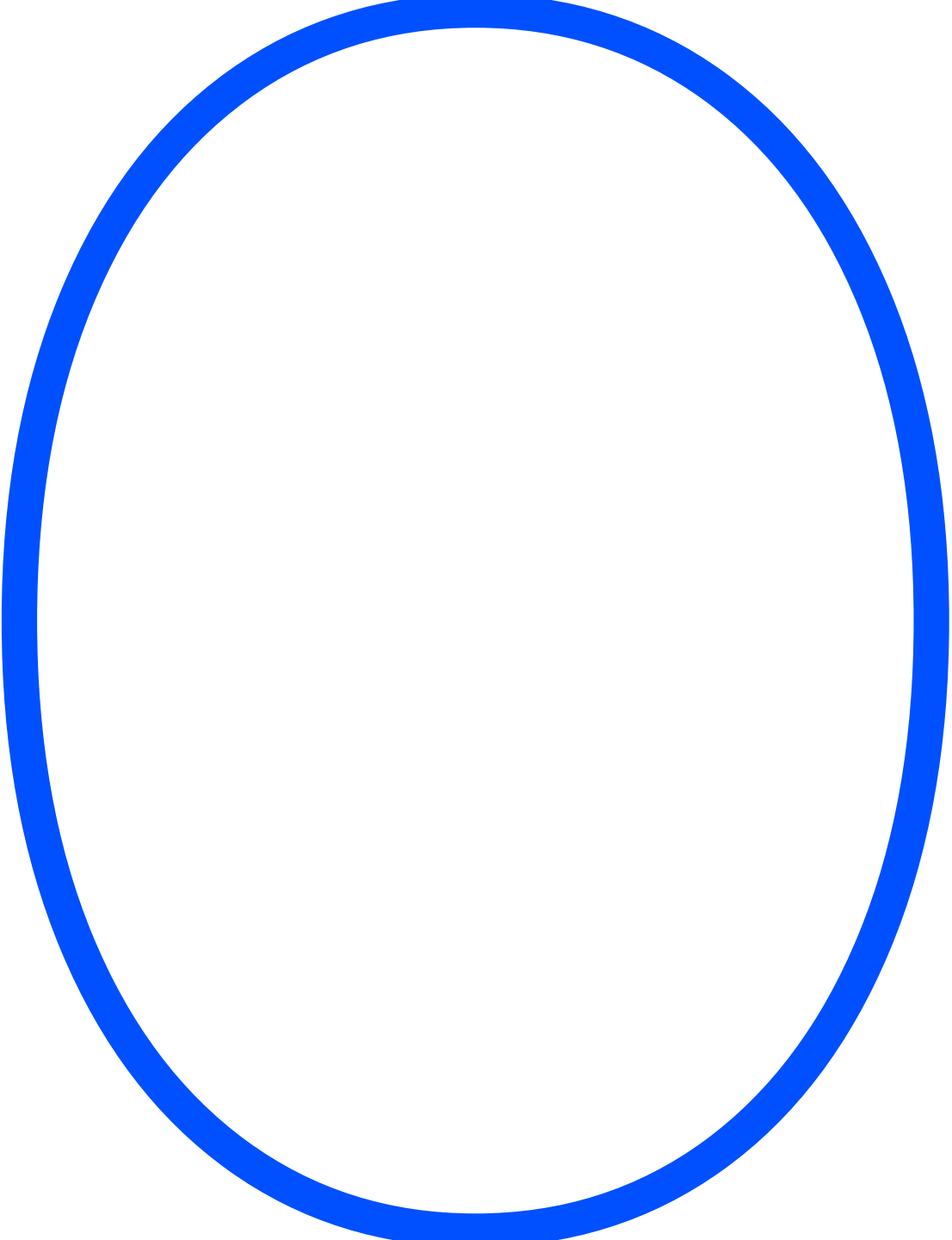
# Monthly Cash Flow – July 2023 through June 2024 – Turnaround Plan

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Cash flows from operating activities:												
Receipts from patients, net of IGT transfers	\$ 4,544	\$ 5,547	\$ 5,692	\$ 6,311	\$ 6,209	\$ 6,132	\$ 5,746	\$ (1,946)	\$ 6,508	\$ 20,671	\$ 10,854	\$ 6,859
Receipts from other operating revenue	259	259	259	429	259	672	259	492	259	492	259	456
Taxation for operations	-	-	-	-	-	496	2,174	72	14	176	1,749	238
Payments to employees	(4,339)	(4,677)	(4,520)	(4,787)	(4,458)	(4,732)	(4,736)	(4,661)	(4,852)	(4,683)	(4,747)	(4,358)
Payments to suppliers, contractors, and other	(3,265)	(2,501)	(2,618)	(3,086)	(2,350)	(2,852)	(2,605)	(2,727)	(1,838)	(3,857)	(4,422)	(2,731)
<b>Net cash used in operating activities</b>	<b>(2,801)</b>	<b>(1,372)</b>	<b>(1,187)</b>	<b>(1,133)</b>	<b>(340)</b>	<b>(284)</b>	<b>838</b>	<b>(8,770)</b>	<b>91</b>	<b>12,799</b>	<b>3,693</b>	<b>464</b>
Cash flows from investing activities:												
Legal settlement	-	-	-	-	-	(3,418)	-	-	-	-	-	-
Proceeds from line of credit	-	-	-	2,000	2,000	6,000	2,000	-	-	-	-	-
Payments on line of credit	-	(4,000)	-	-	-	-	-	-	-	-	-	-
Payments on QIP loan	-	-	-	-	-	-	-	-	(1,141)	(1,091)	-	-
<b>Net cash used in investing activities</b>	<b>-</b>	<b>(4,000)</b>	<b>-</b>	<b>2,000</b>	<b>2,000</b>	<b>2,582</b>	<b>2,000</b>	<b>-</b>	<b>(1,141)</b>	<b>(1,091)</b>	<b>-</b>	<b>-</b>
Cash flows from financing activities:												
Principal payments on debt	(34)	(3,159)	(34)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)
Proceeds from debt	-	-	-	-	-	-	-	-	-	-	-	-
Principal payments on capital leases	(33)	(33)	(48)	(48)	(49)	(49)	(49)	(49)	(50)	(50)	(50)	(50)
Interest paid	(103)	(2,274)	(85)	(112)	(81)	(80)	(200)	(2,208)	(82)	(340)	(81)	(79)
Purchase of capital assets	-	(450)	(773)	(773)	(773)	(773)	(773)	-	-	(687)	(687)	(687)
Taxation for debt service	-	5,327	-	-	-	-	-	2,127	-	-	-	-
Principal payments on subscription leases	(43)	(24)	(24)	(39)	(25)	(25)	(39)	(6)	(4)	(19)	(4)	(5)
Grants and contributions	-	450	773	773	773	773	773	-	-	-	-	-
<b>Net cash provided by (used in) financing activities</b>	<b>(213)</b>	<b>(163)</b>	<b>(191)</b>	<b>(224)</b>	<b>(180)</b>	<b>(179)</b>	<b>(313)</b>	<b>(161)</b>	<b>(161)</b>	<b>(1,121)</b>	<b>(847)</b>	<b>(846)</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>(3,014)</b>	<b>(5,535)</b>	<b>(1,378)</b>	<b>643</b>	<b>1,480</b>	<b>2,119</b>	<b>2,525</b>	<b>(8,931)</b>	<b>(1,211)</b>	<b>10,587</b>	<b>2,846</b>	<b>(382)</b>
<b>Cash and cash equivalents at beginning of year</b>	<b>30,853</b>	<b>27,839</b>	<b>22,304</b>	<b>20,926</b>	<b>21,569</b>	<b>23,049</b>	<b>25,168</b>	<b>27,693</b>	<b>18,762</b>	<b>17,551</b>	<b>28,138</b>	<b>30,984</b>
<b>Cash and cash equivalents at end of year</b>	<b>27,839</b>	<b>22,304</b>	<b>20,926</b>	<b>\$ 21,569</b>	<b>\$ 23,049</b>	<b>\$ 25,168</b>	<b>\$ 27,693</b>	<b>\$ 18,762</b>	<b>\$ 17,551</b>	<b>\$ 28,138</b>	<b>\$ 30,984</b>	<b>\$ 30,602</b>
Ending Balance:												
Unrestricted	\$ 10,571	\$ 5,036	\$ 3,658	\$ 4,501	\$ 5,981	\$ 8,100	\$ 10,625	\$ 1,694	\$ 483	\$ 11,070	\$ 13,916	\$ 13,534
Cash and cash equiv - Restricted, net amt avail for debt servic	16,990	16,990	16,990	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790
Cash and cash equiv - Board designated	278	278	278	278	278	278	278	278	278	278	278	278
<b>Ending Balance</b>	<b>\$ 27,839</b>	<b>\$ 22,304</b>	<b>\$ 20,926</b>	<b>\$ 21,569</b>	<b>\$ 23,049</b>	<b>\$ 25,168</b>	<b>\$ 27,693</b>	<b>\$ 18,762</b>	<b>\$ 17,551</b>	<b>\$ 28,138</b>	<b>\$ 30,984</b>	<b>\$ 30,602</b>
<b>Total Unrestricted cash</b>	<b>\$ 10,849</b>	<b>\$ 5,314</b>	<b>\$ 3,936</b>	<b>\$ 4,779</b>	<b>\$ 6,259</b>	<b>\$ 8,378</b>	<b>\$ 10,903</b>	<b>\$ 1,972</b>	<b>\$ 761</b>	<b>\$ 11,348</b>	<b>\$ 14,194</b>	<b>\$ 13,812</b>
<b>Days cash on hand - Unrestricted</b>	<b>46.0</b>	<b>22.2</b>	<b>16.1</b>	<b>20.5</b>	<b>25.9</b>	<b>34.7</b>	<b>42.8</b>	<b>7.9</b>	<b>2.8</b>	<b>43.5</b>	<b>61.3</b>	<b>58.3</b>



# Monthly Cash Flow – July 2024 through June 2025 – Turnaround Plan

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Cash flows from operating activities:												
Receipts from patients, net of IGT transfers	\$ 5,034	\$ 5,669	\$ 5,815	\$ 6,360	\$ 6,360	\$ 6,229	\$ 6,047	\$ (1,159)	\$ 7,117	\$ 21,329	\$ 11,101	\$ 5,986
Receipts from other operating revenue	273	277	279	452	284	700	290	526	295	532	301	538
Taxation for operations	-	-	-	-	-	511	2,239	74	14	181	1,801	245
Payments to employees	(4,729)	(4,862)	(4,701)	(4,978)	(4,638)	(4,922)	(4,922)	(4,701)	(5,310)	(4,927)	(5,003)	(4,655)
Payments to suppliers, contractors, and other	(2,895)	(2,772)	(2,876)	(3,297)	(2,633)	(3,119)	(2,962)	(2,789)	(2,513)	(4,016)	(4,496)	(3,214)
<b>Net cash used in operating activities</b>	<b>(2,317)</b>	<b>(1,688)</b>	<b>(1,483)</b>	<b>(1,463)</b>	<b>(627)</b>	<b>(601)</b>	<b>692</b>	<b>(8,049)</b>	<b>(397)</b>	<b>13,099</b>	<b>3,704</b>	<b>(1,100)</b>
Cash flows from investing activities:												
Legal settlement	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from line of credit	-	-	12,000	-	-	-	-	-	-	-	-	-
Payments on line of credit	-	(12,000)	-	-	-	-	-	-	-	-	-	-
Payments on QIP loan	-	-	-	-	-	-	(2,647)	-	-	-	-	-
<b>Net cash used in investing activities</b>	<b>-</b>	<b>(12,000)</b>	<b>12,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(2,647)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Cash flows from financing activities:												
Principal payments on debt	(25)	(3,460)	(25)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)
Proceeds from debt	-	-	-	-	-	-	-	-	-	-	-	-
Principal payments on capital leases	(51)	(51)	(51)	(51)	(41)	(41)	(41)	(41)	(42)	(42)	(41)	(43)
Interest paid	(408)	(2,274)	(146)	(321)	(134)	(134)	(398)	(2,190)	(134)	(392)	(133)	(133)
Purchase of capital assets	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)
Taxation for debt service	-	5,562	-	-	-	-	-	2,056	-	-	-	-
Principal payments on subscription leases	(19)	(5)	(5)	(20)	(5)	(5)	(20)	(5)	(5)	(20)	(5)	(5)
Grants and contributions	-	-	3,063	-	-	3,029	-	117	3,257	117	-	-
<b>Net cash provided by (used in) financing activities</b>	<b>(645)</b>	<b>(370)</b>	<b>2,694</b>	<b>(561)</b>	<b>(349)</b>	<b>2,680</b>	<b>(628)</b>	<b>(232)</b>	<b>2,907</b>	<b>(506)</b>	<b>(348)</b>	<b>(350)</b>
Net increase (decrease) in cash and cash equivalents	(2,962)	(14,058)	13,211	(2,024)	(976)	2,079	(2,583)	(8,281)	2,510	12,593	3,356	(1,450)
Cash and cash equivalents at beginning of year	30,602	27,640	13,582	26,793	24,769	23,793	25,872	23,289	15,008	17,518	30,111	33,467
<b>Cash and cash equivalents at end of year</b>	<b>\$ 27,640</b>	<b>\$ 13,582</b>	<b>\$ 26,793</b>	<b>\$ 24,769</b>	<b>\$ 23,793</b>	<b>\$ 25,872</b>	<b>\$ 23,289</b>	<b>\$ 15,008</b>	<b>\$ 17,518</b>	<b>\$ 30,111</b>	<b>\$ 33,467</b>	<b>\$ 32,017</b>
Ending Balance:												
Unrestricted	\$ 10,572	\$ (3,486)	\$ 9,725	\$ 7,701	\$ 6,725	\$ 8,804	\$ 6,221	\$ (2,060)	\$ 450	\$ 13,043	\$ 16,399	\$ 14,949
Cash and cash equiv - Restricted, net amt avail for debt service	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790
Cash and cash equiv - Board designated	278	278	278	278	278	278	278	278	278	278	278	278
<b>Ending Balance</b>	<b>\$ 27,640</b>	<b>\$ 13,582</b>	<b>\$ 26,793</b>	<b>\$ 24,769</b>	<b>\$ 23,793</b>	<b>\$ 25,872</b>	<b>\$ 23,289</b>	<b>\$ 15,008</b>	<b>\$ 17,518</b>	<b>\$ 30,111</b>	<b>\$ 33,467</b>	<b>\$ 32,017</b>
<b>Total Unrestricted cash</b>	<b>\$ 10,850</b>	<b>\$ (3,208)</b>	<b>\$ 10,003</b>	<b>\$ 7,979</b>	<b>\$ 7,003</b>	<b>\$ 9,082</b>	<b>\$ 6,499</b>	<b>\$ (1,782)</b>	<b>\$ 728</b>	<b>\$ 13,321</b>	<b>\$ 16,677</b>	<b>\$ 15,227</b>
<b>Days cash on hand - Unrestricted</b>	<b>43.4</b>	<b>(12.6)</b>	<b>38.5</b>	<b>32.2</b>	<b>27.3</b>	<b>35.4</b>	<b>23.9</b>	<b>(6.4)</b>	<b>2.5</b>	<b>47.8</b>	<b>67.1</b>	<b>59.3</b>



## Distressed Hospital Loan Program Necessity

- The loan proceeds are to be used to support the operations of the Hospital in the interim while new or expanded services are ramping up and new supplemental payment program funds are received over the next two fiscal years.
- Key short-term factors in determining necessity and amount of loan:
  - Declining unrestricted cash between July and September 2023
  - \$3.4M legal settlement in December 2023
  - Repayment of QIP loans in 2024 and 2025
  - Line of credit fully extended to \$12M by January 2024
  - IGT transfer payments in February with receipts in April
  - Repayment of line of credit in August 2025 due to loan requirement
  - New program development costs for stroke program and expansion of Women's services
  - Unexpected cash outlays (ie., not budgeted equipment replacement)

# Monthly Cash Flow – July 2023 through June 2024 – Future Financial Situation (Including Turnaround Plan and \$9.8M Loan)

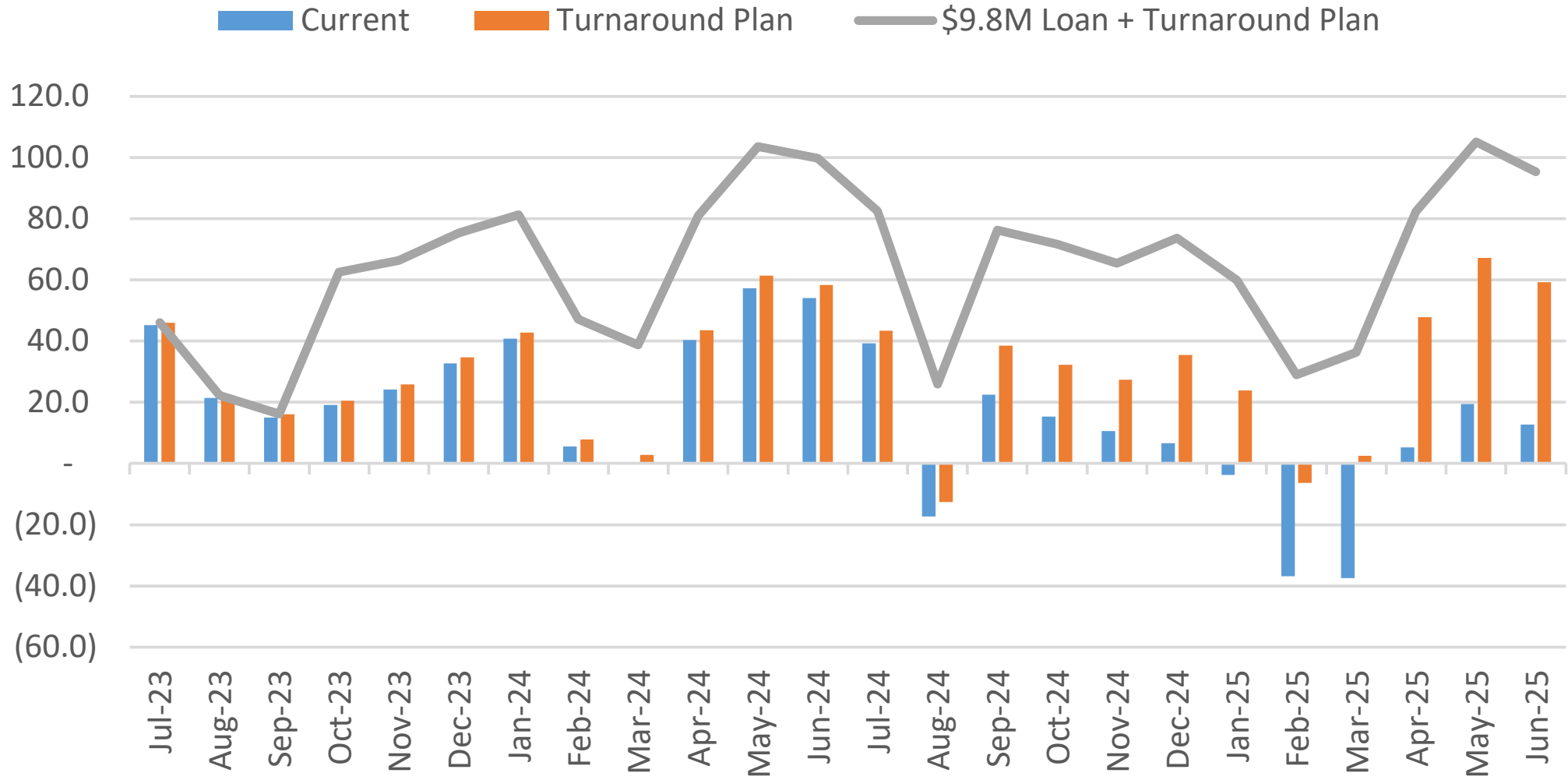
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Cash flows from operating activities:												
Receipts from patients, net of IGT transfers	\$ 4,544	\$ 5,547	\$ 5,692	\$ 6,311	\$ 6,209	\$ 6,132	\$ 5,746	\$ (1,946)	\$ 6,508	\$ 20,671	\$ 10,854	\$ 6,859
Receipts from other operating revenue	259	259	259	429	259	672	259	492	259	492	259	456
Taxation for operations	-	-	-	-	-	496	2,174	72	14	176	1,749	238
Payments to employees	(4,339)	(4,677)	(4,520)	(4,787)	(4,458)	(4,732)	(4,736)	(4,661)	(4,852)	(4,683)	(4,747)	(4,358)
Payments to suppliers, contractors, and other	(3,265)	(2,501)	(2,618)	(3,086)	(2,350)	(2,852)	(2,605)	(2,727)	(1,838)	(3,857)	(4,422)	(2,731)
<b>Net cash used in operating activities</b>	<b>(2,801)</b>	<b>(1,372)</b>	<b>(1,187)</b>	<b>(1,133)</b>	<b>(340)</b>	<b>(284)</b>	<b>838</b>	<b>(8,770)</b>	<b>91</b>	<b>12,799</b>	<b>3,693</b>	<b>464</b>
Cash flows from investing activities:												
Legal settlement	-	-	-	-	-	(3,418)	-	-	-	-	-	-
Proceeds from line of credit	-	-	-	2,000	2,000	6,000	2,000	-	-	-	-	-
Payments on line of credit	-	(4,000)	-	-	-	-	-	-	-	-	-	-
Payments on QIP loan	-	-	-	-	-	-	-	-	(1,141)	(1,091)	-	-
<b>Net cash used in investing activities</b>	<b>-</b>	<b>(4,000)</b>	<b>-</b>	<b>2,000</b>	<b>2,000</b>	<b>2,582</b>	<b>2,000</b>	<b>-</b>	<b>(1,141)</b>	<b>(1,091)</b>	<b>-</b>	<b>-</b>
Cash flows from financing activities:												
Principal payments on debt	(34)	(3,159)	(34)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)
Proceeds from debt	-	-	-	9,800	-	-	-	-	-	-	-	-
Principal payments on capital leases	(33)	(33)	(48)	(48)	(49)	(49)	(49)	(49)	(50)	(50)	(50)	(50)
Interest paid	(103)	(2,274)	(85)	(112)	(81)	(80)	(200)	(2,208)	(82)	(340)	(81)	(79)
Purchase of capital assets	-	(450)	(773)	(773)	(773)	(773)	(773)	-	-	(687)	(687)	(687)
Taxation for debt service	-	5,327	-	-	-	-	-	2,127	-	-	-	-
Principal payments on subscription leases	(43)	(24)	(24)	(39)	(25)	(25)	(39)	(6)	(4)	(19)	(4)	(5)
Grants and contributions	-	450	773	773	773	773	773	-	-	-	-	-
<b>Net cash provided by (used in) financing activities</b>	<b>(213)</b>	<b>(163)</b>	<b>(191)</b>	<b>9,576</b>	<b>(180)</b>	<b>(179)</b>	<b>(313)</b>	<b>(161)</b>	<b>(161)</b>	<b>(1,121)</b>	<b>(847)</b>	<b>(846)</b>
Net increase (decrease) in cash and cash equivalents	(3,014)	(5,535)	(1,378)	10,443	1,480	2,119	2,525	(8,931)	(1,211)	10,587	2,846	(382)
Cash and cash equivalents at beginning of year	30,853	27,839	22,304	20,926	31,369	32,849	34,968	37,493	28,562	27,351	37,938	40,784
<b>Cash and cash equivalents at end of year</b>	<b>27,839</b>	<b>22,304</b>	<b>20,926</b>	<b>\$ 31,369</b>	<b>\$ 32,849</b>	<b>\$ 34,968</b>	<b>\$ 37,493</b>	<b>\$ 28,562</b>	<b>\$ 27,351</b>	<b>\$ 37,938</b>	<b>\$ 40,784</b>	<b>\$ 40,402</b>
Ending Balance:												
Unrestricted	\$ 10,571	\$ 5,036	\$ 3,658	\$ 14,301	\$ 15,781	\$ 17,900	\$ 20,425	\$ 11,494	\$ 10,283	\$ 20,870	\$ 23,716	\$ 23,334
Cash and cash equiv - Restricted, net amt avail for debt serv	16,990	16,990	16,990	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790
Cash and cash equiv - Board designated	278	278	278	278	278	278	278	278	278	278	278	278
<b>Ending Balance</b>	<b>\$ 27,839</b>	<b>\$ 22,304</b>	<b>\$ 20,926</b>	<b>\$ 31,369</b>	<b>\$ 32,849</b>	<b>\$ 34,968</b>	<b>\$ 37,493</b>	<b>\$ 28,562</b>	<b>\$ 27,351</b>	<b>\$ 37,938</b>	<b>\$ 40,784</b>	<b>\$ 40,402</b>
<b>Total Unrestricted cash</b>	<b>\$ 10,849</b>	<b>\$ 5,314</b>	<b>\$ 3,936</b>	<b>\$ 14,579</b>	<b>\$ 16,059</b>	<b>\$ 18,178</b>	<b>\$ 20,703</b>	<b>\$ 11,772</b>	<b>\$ 10,561</b>	<b>\$ 21,148</b>	<b>\$ 23,994</b>	<b>\$ 23,612</b>
<b>Days cash on hand - Unrestricted</b>	<b>46.0</b>	<b>22.2</b>	<b>16.1</b>	<b>62.5</b>	<b>66.4</b>	<b>75.3</b>	<b>81.3</b>	<b>47.1</b>	<b>38.7</b>	<b>81.0</b>	<b>103.6</b>	<b>99.7</b>

# Monthly Cash Flow – July 2024 through June 2025 – Future Financial Situation (Including Turnaround Plan and \$9.8M Loan)

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Cash flows from operating activities:												
Receipts from patients, net of IGT transfers	\$ 5,034	\$ 5,669	\$ 5,815	\$ 6,360	\$ 6,360	\$ 6,229	\$ 6,047	\$ (1,159)	\$ 7,117	\$ 21,329	\$ 11,101	\$ 5,986
Receipts from other operating revenue	273	277	279	452	284	700	290	526	295	532	301	538
Taxation for operations	-	-	-	-	-	511	2,239	74	14	181	1,801	245
Payments to employees	(4,729)	(4,862)	(4,701)	(4,978)	(4,638)	(4,922)	(4,922)	(4,701)	(5,310)	(4,927)	(5,003)	(4,655)
Payments to suppliers, contractors, and other	(2,895)	(2,772)	(2,876)	(3,297)	(2,633)	(3,119)	(2,962)	(2,789)	(2,513)	(4,016)	(4,496)	(3,214)
<b>Net cash used in operating activities</b>	<b>(2,317)</b>	<b>(1,688)</b>	<b>(1,483)</b>	<b>(1,463)</b>	<b>(627)</b>	<b>(601)</b>	<b>692</b>	<b>(8,049)</b>	<b>(397)</b>	<b>13,099</b>	<b>3,704</b>	<b>(1,100)</b>
Cash flows from investing activities:												
Legal settlement	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from line of credit	-	-	12,000	-	-	-	-	-	-	-	-	-
Payments on line of credit	-	(12,000)	-	-	-	-	-	-	-	-	-	-
Payments on QIP loan	-	-	-	-	-	-	(2,647)	-	-	-	-	-
<b>Net cash used in investing activities</b>	<b>-</b>	<b>(12,000)</b>	<b>12,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(2,647)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Cash flows from financing activities:												
Principal payments on debt	(25)	(3,460)	(25)	(27)	(27)	(27)	(27)	(27)	(27)	(209)	(209)	(209)
Proceeds from debt	-	-	-	-	-	-	-	-	-	-	-	-
Principal payments on capital leases	(51)	(51)	(51)	(51)	(41)	(41)	(41)	(41)	(42)	(42)	(41)	(43)
Interest paid	(408)	(2,274)	(146)	(321)	(134)	(134)	(398)	(2,190)	(134)	(391)	(133)	(132)
Purchase of capital assets	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)	(142)
Taxation for debt service	-	5,562	-	-	-	-	-	2,056	-	-	-	-
Principal payments on subscription leases	(19)	(5)	(5)	(20)	(5)	(5)	(20)	(5)	(5)	(20)	(5)	(5)
Grants and contributions	-	-	3,063	-	-	3,029	-	117	3,257	117	-	-
<b>Net cash provided by (used in) financing activities</b>	<b>(645)</b>	<b>(370)</b>	<b>2,694</b>	<b>(561)</b>	<b>(349)</b>	<b>2,680</b>	<b>(628)</b>	<b>(232)</b>	<b>2,907</b>	<b>(687)</b>	<b>(530)</b>	<b>(531)</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>(2,962)</b>	<b>(14,058)</b>	<b>13,211</b>	<b>(2,024)</b>	<b>(976)</b>	<b>2,079</b>	<b>(2,583)</b>	<b>(8,281)</b>	<b>2,510</b>	<b>12,412</b>	<b>3,174</b>	<b>(1,631)</b>
<b>Cash and cash equivalents at beginning of year</b>	<b>40,402</b>	<b>37,440</b>	<b>23,382</b>	<b>36,593</b>	<b>34,569</b>	<b>33,593</b>	<b>35,672</b>	<b>33,089</b>	<b>24,808</b>	<b>27,318</b>	<b>39,730</b>	<b>42,904</b>
<b>Cash and cash equivalents at end of year</b>	<b>\$ 37,440</b>	<b>\$ 23,382</b>	<b>\$ 36,593</b>	<b>\$ 34,569</b>	<b>\$ 33,593</b>	<b>\$ 35,672</b>	<b>\$ 33,089</b>	<b>\$ 24,808</b>	<b>\$ 27,318</b>	<b>\$ 39,730</b>	<b>\$ 42,904</b>	<b>\$ 41,273</b>
Ending Balance:												
Unrestricted	\$ 20,372	\$ 6,314	\$ 19,525	\$ 17,501	\$ 16,525	\$ 18,604	\$ 16,021	\$ 7,740	\$ 10,250	\$ 22,662	\$ 25,836	\$ 24,205
Cash and cash equiv - Restricted, net amt avail for debt serv	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790	16,790
Cash and cash equiv - Board designated	278	278	278	278	278	278	278	278	278	278	278	278
<b>Ending Balance</b>	<b>\$ 37,440</b>	<b>\$ 23,382</b>	<b>\$ 36,593</b>	<b>\$ 34,569</b>	<b>\$ 33,593</b>	<b>\$ 35,672</b>	<b>\$ 33,089</b>	<b>\$ 24,808</b>	<b>\$ 27,318</b>	<b>\$ 39,730</b>	<b>\$ 42,904</b>	<b>\$ 41,273</b>
<b>Total Unrestricted cash</b>	<b>\$ 20,650</b>	<b>\$ 6,592</b>	<b>\$ 19,803</b>	<b>\$ 17,779</b>	<b>\$ 16,803</b>	<b>\$ 18,882</b>	<b>\$ 16,299</b>	<b>\$ 8,018</b>	<b>\$ 10,528</b>	<b>\$ 22,940</b>	<b>\$ 26,114</b>	<b>\$ 24,483</b>
<b>Days cash on hand - Unrestricted</b>	<b>82.5</b>	<b>25.9</b>	<b>76.2</b>	<b>71.7</b>	<b>65.4</b>	<b>73.6</b>	<b>60.0</b>	<b>29.0</b>	<b>36.3</b>	<b>82.3</b>	<b>105.0</b>	<b>95.3</b>

# Overall Conclusion – Cash Position Comparison Summary

## Days Cash on Hand





### **Regarding this engagement and the use of this presentation**

- In the services described herein, Wipfli is not acting as a Municipal Financial Advisor and is not registered in that capacity with the MSRB. Our role is as an independent consultant to assist the management team in their planning process in the design, analysis, and facilitation of their capital projects. The information provided by us is not intended to be and should not be construed as “advice” within the meaning of Section 15B of the Securities Exchange Act of 1934.
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- Wipfli did not perform a preparation, compilation, or examination of the forecasts as a part of this engagement and, as such, does not provide any assurance on the financial information presented herein.

**TAB B**



San Gorgonio Memorial Hospital

3-Year Capital Budget  
 FYE's 2024 - 2026

Highlighted Items past expected life

				FY 2023	Priority	FY 2024	FY 2025	FY 2026
					1 = Highest, 4 = Lowest			
DESCRIPTION	DEPARTMEN	Owner	Notes					
Pharmicetical Dispensing systems	Pharmacy	Lopez		\$ 850,000		\$ -		\$ -
ICU Monitors & Telemetry System	Nursing Units	Brady		\$ 673,000	1-P	\$ 1,178,316		\$ -
Metal Detectors - OB and ER Entrances	Nursing Units	Hunter		\$ 36,170	1	\$ 40,000		
Automatic Transfer Switch	Plant	Sanchez		\$ 150,000	2		\$ 200,000	\$ -
Floor Replacement due Poor Moisture	Plant	Sanchez	Main Hallways		4		\$ 225,000	\$ -
Parking Lot Striping	Plant	Sanchez			4			\$ 75,000
Circulating Pump	Plant	Sanchez		\$ 15,000	4	\$ -		\$ 15,000
Air Curtain Fly Fan x 4	Plant	Sanchez	\$6,300 each	\$ 28,000	4	\$ -		\$ 28,000
Storage containers (3)	Plant	Sanchez	Life Safety Issue		4		\$ 52,000	\$ -
Infant Security System	Plant	Sanchez	OB Upgrade	\$ 40,000		\$ -		\$ -
OR1 Med Gas panel Communication	Plant	Sanchez	Regulatory - panel is not communicating with PBX or Eng = a regulatory issue	\$ 8,000	1	\$ 8,000		
Medcial Gas Control panel replacement	Plant	Sanchez	Replacement malfunctioning unit	\$ 20,000	1	\$ 20,000		\$ 20,000
Sterile Processing Humidification System	Plant	Sanchez	Regulatory	\$ 246,850	1	\$ 250,000		\$ -
Package A/C Units (6each)	Plant	Sanchez	5 units for replacment of aged units		1	\$ 25,000	\$ 50,000	\$ 50,000
Riding Floor Care unit	EVS	Medraano	Efficiency		2	\$ 12,000		
Doppler Ultrasound System	O/R	Goodner			4		\$ 43,575	\$ -
New Scrub Sinks ( & faucet repair)	O/R	Goodner		\$ 29,053	4		\$ 29,053	\$ -
Power Set	O/R	Goodner		\$ -	1-P	\$ 28,000		\$ -
Steam Instrument Sterilizer	O/R	Goodner	Aging Equipment	\$ 121,895	1-P	\$ 325,000		\$ -
Operating Lights	O/R	Goodner	Make OR 3 functional	\$ 141,630	1	\$ 200,000		\$ -
Anesthesia Machines	OR	Goodner	Old Equipment 2 Eavh with monitors					
Surgical Robotic system	OR	Goodner	DaVinci			\$ 1,900,000		
Robotic Table	O/R	Goodner		\$ 97,896	3		\$ 100,000	\$ -
Fracture Table	O/R	Goodner		\$ 112,516	1	\$ 120,000		\$ -
						\$ -		
Mindray Monitors in RC/Doc Area	ED	Phillippi	Included in Pt Monitors		4	\$ -		\$ -
Space IV Pumps (x 5)	ED	Phillippi		\$ 63,750	2	\$ 63,750		\$ -
Visitor Camera System	Security	Hunter		\$ -	4	\$ -		\$ 38,000
Panic Alarm	Security	Hunter	Expansion of Units		3		\$20,000	
Flouroscopy/Rad Room (Room 2)	Imaging	Chamberlin		\$ 1,005,000	2		\$ 1,005,000	\$ -
Rad Room 1	Imaging	Chamberlin			2			\$ 800,000
PAC'S Cube Replacement	Imaging	Chamberlin		\$ 14,319	1	\$ 14,319		\$ -
AI Doc	Imaging	Chamberlin			1	\$ 150,000		
Portable X-Ray Machine	Imaging	Chamberlin		\$ 170,000	2		\$ 130,000	
Hybrid CT/NM Camera (Spect)	Imaging	Chamberlin		\$ 2,000,000	1	\$ 2,000,000		\$ -
Mammograph y w/ Tomo & Stereo	Imaging	Chamberlin		\$ 536,000	4	\$ -		\$ 500,000

San Gorgonio Memorial Hospital

3-Year Capital Budget  
 FYE's 2024 - 2026

Highlighted Items past expected life

				FY 2023	Priority	FY 2024	FY 2025	FY 2026
					1 = Highest, 4 = Lowest			
DESCRIPTION	DEPARTMEN	Owner	Notes					
Disaster Food Replacement			Needed in FY 2026		4			\$ 20,000
Dietary Food Management (Software)	Dietary	Hawthorne		\$ 49,365	4	\$ -		\$ 48,000
IS Upgrades and Server Replacements	I/T	Maja	3PAR -High Priority, Med Surg rooms P	\$ 250,000	1-P	\$ 300,000		\$ -
Hospitalwide Badge Computer Access	I/T	Maja		\$ 151,050	3		\$ 151,000	\$ -
CS-2500 Coagulation Analyzer (Back-up Unit)	Lab	Hazley	Stroke Program	\$ 45,000	1	\$ 44,000		\$ -
Chemistry Analyzers	Lab	Hazley	Aged Equipment		1	\$ 360,000		
Blood Bank Program Upgrade	Lab	Hazley	Software sunsetted		1	\$ 190,000		
CD Image Maker	HIM	Cornwall	Cost savings	\$ -	2	\$ 16,620		\$ -
Panda Infant Warmer	OB	Gunther			3		\$35,000	
Labor Bed	OB	Gunther			3		\$18,750	\$ -
Guest pull-out bed/chairs x 11	OB	Gunther	\$3,850 each		3		\$42,350	
Delivery Room Monitor Carts	OB	Gunther	6 each		3		\$45,000	
Patient Transport Van	Behavioral H.	Maciel	Replacement Van		3	\$ 45,000		\$ -
Flooring for Therapy Rooms	Behavioral H.	Maciel	Replace worn/torn carpet with		2	\$ 10,000		\$ -
Contingency	All	Barron		\$ 413,791	1	\$ 219,805		
<b>Total Requests</b>				\$ 7,268,285		\$ 7,519,810	\$ 2,146,728	\$ 1,594,000
<b>Less Donated Equipment</b>			FY 2022 Projected = (\$831,623)	\$ (5,200,000)		\$ (6,415,000)	\$ -	\$ -
<b>Less Projected Donations</b>				\$ (5,540,931)		\$ (150,000)		
<b>Less Property Taxes for Capital</b>				\$ (1,854,000)		\$ (954,810)		
<b>Requests Over (Under) Funds</b>				\$ (5,326,646)		\$ -	\$ 2,146,728	\$ 1,594,000

**TAB I**

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting October 3, 2023

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
1	Associate and Provider Resignation/ Termination Status Change	HIPAA Security	Whitley, Ariel: Executive Assistant	Ariel Whitley for Hospital Board of Directors
2	Cardiac Rehab Department Management	Cardiac Rehab	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors
3	HIV Antibody Testing	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
4	Isolation, Negative and Positive Pressure Room Testing	Engineering	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
5	Lab Policy and Procedure Review	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
6	Pastoral Care Protocol Minister and Lay Ministers	Chaplain	Whitley, Ariel: Executive Assistant	Ariel Whitley for Hospital Board of Directors
7	Patient Grievance & Complaint Policy	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors
8	Pay Practices for All Differentials and Supplemental Payroll Payments	Payroll	Kammer, Margaret: Controller	Ariel Whitley for Hospital Board of Directors
9	Scope of Care	Cardiac Rehab	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors
10	Use and Disclosure of Protected Health Information for Research	HIPAA Privacy	Whitley, Ariel: Executive Assistant	Ariel Whitley for Hospital Board of Directors

**TAB J**

**SAN GORGONIO MEMORIAL HOSPITAL**

**Medical Staff Services Department**

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

**DATE:** September 20, 2023

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

**FROM:** Raffi Sahagian, M.D., Chairman  
Medical Executive Committee

**SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT**

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

**Approval Item(s):**

**2023 Annual Approval of Policies & Procedures**

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

**SAN GORGONIO MEMORIAL HOSPITAL**  
**2023 ANNUAL APPROVAL OF POLICIES & PROCEDURES**

Title	Step Description	Revised?
Activities Unlicensed Laboratory Personnel May or May Not Perform	Medical Executive Committee	Revised
Autopsies	Medical Executive Committee	Revised
Clinical Duties of the Clinical Laboratory Medical Director	Medical Executive Committee	Revised
Clinical Lab Services for STAT, Timed and Routine Blood Collection	Medical Executive Committee	New
Clinical Lab Specific Precautions	Medical Executive Committee	Revised
Clinical Lab Test Turnaround Times (TAT)	Medical Executive Committee	Revised
Clinical Laboratory Scope of Services	Medical Executive Committee	Revised
Evaluating and Selecting Reference Laboratories	Medical Executive Committee	Revised
Expired Laboratory Reagents, Supplies and Collection Tubes	Medical Executive Committee	Revised
General Specimen Rejection	Medical Executive Committee	Revised
Gram Stains Performed on the 2nd and 3rd Shifts	Medical Executive Committee	Revised
Handling and Transport of Specimens to the Lab	Medical Executive Committee	Revised
Interdepartmental Transfer of Patients	Medical Executive Committee	Revised
Interpretation and Release of Amnisure Test Results	Medical Executive Committee	Revised
Lab - Fasting Tests	Medical Executive Committee	Revised
Laboratory Analyzer Relocation	Medical Executive Committee	Revised
Participation in Graduate Medical Education Programs	Step 1 of 3	New
Patient's Own Medications (Or Home Medication)	Medical Executive Committee	Revised
Pediatric Patients	Medical Executive Committee	Unchanged
Point of Care Testing (POCT) Nitrazine Testing	Medical Executive Committee	Revised
Point of Care Testing (POCT) Visual Urine Dipstick Test	Medical Executive Committee	Revised
Procedure for Outpatient Lab Tests	Medical Executive Committee	Revised
Proper Collection and Handling of Reference Testing Specimens	Medical Executive Committee	Revised
Quality of Clinical Lab Water	Medical Executive Committee	Revised
Quality System Assessment	Medical Executive Committee	Revised
Recapping of Needles	Medical Executive Committee	Revised
Reference Intervals	Medical Executive Committee	Revised
Repeat Testing for Critical Values and Delta Checks	Medical Executive Committee	Revised
Reporting of Results	Medical Executive Committee	Revised

Reporting Quality and/or Patient Safety Concerns	Medical Executive Committee	Revised
Reports for Infection Prevention	Medical Executive Committee	Revised
Restricted Activities in All Technical Work Areas	Medical Executive Committee	Revised
Security of Laboratory Specimens	Medical Executive Committee	Unchanged
Specimen Identification and Accessioning	Medical Executive Committee	Revised
Storage, Preparation, Evaluation and Tracking of Reagents	Medical Executive Committee	Unchanged
Stroke: Certification Participation Requirements	Medical Executive Committee	New
Stroke: Data Collection, Performance & Quality Improvement	Medical Executive Committee	New
Supervisory Review of Laboratory Results	Medical Executive Committee	Unchanged
Timely Reporting of Infectious and Communicable Diseases	Medical Executive Committee	Revised
Urine Collection	Medical Executive Committee	Revised
Whole Blood Glucose Testing Using the Roche® Accucheck Inform II Meter	Medical Executive Committee	Revised



**TAB K**

# Ochoa Bogh helps secure \$9.8 million to maintain hospital access in the county

Senator Rosilicie Ochoa Bogh (R-Yucaipa) recently announced that San Gorgonio Memorial Healthcare District, which operates San Gorgonio Memorial Hospital, received \$9.8 million in desperately needed funding as part of the Distressed Hospital Loan Program created this year by the legislature to provide loans for nonprofit and public hospitals on the brink of collapse.

“Making sure residents in my district receive quality healthcare and hospital services is a priority for me,” said Ochoa Bogh. “Without these desperately needed funds, San Gorgonio Memorial Hospital faced an uncertain future and therefore the patients it serves were at-risk of losing healthcare access. I’m glad I was able to work with the governor’s office to help secure this funding in our first step to help save our hospitals in the long-run.”

Ochoa Bogh and California Senate Republicans have



Photo courtesy of San Gorgonio Memorial Hospital  
San Gorgonio Memorial Hospital

been advocating to save rural hospitals who face an uncertain future. Senate Minority Leader Brian W Jones (R-San Diego) introduced Senate Bill 774, the “Save Our Hospitals” bill that aimed at stopping the California Attorney General from closing more financially distressed rural hospitals. Senate Republicans also wrote a letter to the governor urging him to sign Assembly

Bill 112 that established the Distressed Hospital Loan Program, saying delaying implementing the program would put hospitals and their patients at risk.

*Sen. Rosilicie Ochoa Bogh represents the 23rd Senate District that includes portions of Los Angeles, Riverside and San Bernardino counties.*

This program funded by the Outdoor Equity Grants Program, created through AB 209  
and administered by California State Parks, Office of Grants and Local Services.



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