



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, October 4, 2022 – 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

- September 6, 2022, Regular Meeting

A

NEW BUSINESS

IV. Hospital Board Chair Monthly Report

S. DiBiasi

verbal

San Gorgonio Memorial Hospital
 Board of Directors Regular Meeting
 October 4, 2022

- | | | | |
|-------|---|---------------------------------|--------|
| V. | CEO Monthly Report | S. Barron | verbal |
| VI. | October, November, & December Board/Committee Meeting Calendars | S. DiBiasi | B |
| VII. | Foundation monthly report | A. Koblin/
V.Hunter | C |
| VIII. | Committee Reports: | | |
| | <ul style="list-style-type: none"> • Human Resources Committee <ul style="list-style-type: none"> ○ September 16, 2022, regular meeting minutes ○ Reports | R. Rader/
A. Karam | D |
| | <ul style="list-style-type: none"> • Finance Committee <ul style="list-style-type: none"> ○ September 27, 2022, regular meeting minutes * Proposed Action – Approve August 2022 Financial Statement (Unaudited)
 (Approval recommended by Finance Committee 09/27/2022) <ul style="list-style-type: none"> ▪ ROLL CALL ○ * Proposed Action – Recommend approval to the Healthcare District Board <ul style="list-style-type: none"> • Renewal of Supplemental Funding Programs (SFP) and disproportionate Share Hospital (DSH) Agreement with Steve Clark and Associates (SCA) <ul style="list-style-type: none"> ▪ ROLL CALL ○ * Proposed Action – Recommend approval to the Healthcare District Board <ul style="list-style-type: none"> • Resolution No. 2022-11 a resolution of San Gorgonio Memorial Healthcare District authorizing the execution and delivery of a loan and security agreement, promissory note, and certain actions in connection therewith for the California Health Facilities Financing Authority, a non-designated Public Hospital Bridge Loan Program II. <ul style="list-style-type: none"> ▪ ROLL CALL | E. Ngo/
S.Barron | E |
| | | S. Barron | F |
| | | S. Barron | G |
| IX. | Chief of Staff Report
* Proposed Action - Approve Recommendations of the Medical Executive Committee <ul style="list-style-type: none"> ▪ ROLL CALL | S. Khalil, MD
Chief of Staff | H |
| X. | * Proposed Action - Approve Policies and Procedures <ul style="list-style-type: none"> • ROLL CALL | Staff | I |
| XI. | Community Benefit events/Announcements/
and newspaper articles | S. DiBiasi | J |
| XII. | 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; and Evidence Code §1157*)
- Conference with Legal Counsel – Existing Litigation
(*Government Code §54956.9*): *Daniel Navarro, et al. v. San Gorgonio Memorial Hospital, Superior Court, County of Riverside, Case No. CVRI2101033 and Wilbert Wells and Paul Bu v. San Gorgonio Memorial Hospital, Case No. RIC1903057*

XIII. 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

XIV. 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 30, 2022, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors
(*Government Code Section 54954.2*).

Executed at Banning, California, on September 30, 2022



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

September 6, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, September 6, 2022, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Phillip Capobianco, Susan DiBiasi (Chair), Ehren Ngo, Ron Rader, Steve Rutledge (Vice Chair), Randal Stevens, Dennis Tankersley, Siri Welch

Members Absent: Joel Labha, Daniel Heckathorne (CFO)

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Gary Hicks (G.L. Financial), Sherif Khalil, MD (Chief of Staff), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Karan P. Singh, MD (CMO), Angie Brady (ED Director), Valerie Hunter (Foundation Director)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:03 pm.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action - Approve Minutes August 2, 2022, regular meeting.	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the August 2, 2022, regular meeting as included on the board tablets.	The minutes of the August 2, 2022, regular meeting will stand correct as presented.
Proposed Action - Approve Minutes August 9, 2022, regular meeting.	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the August 9, 2022, regular meeting as included on the board tablets.	The minutes of the August 9, 2022, regular meeting will stand correct as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Chair DiBiasi briefly reported that the finance committee has done a great job wrapping up the fiscal year and the audit. She also mentioned that Employee Service Awards will take place on September 15 th from 12p-3p at Tukwet Canyon.	
CEO Monthly Report	Steve Barron briefly mentioned that Dan Heckathorne (CFO), is not present to give the financial report. Steve will give the finance report later in the agenda.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
September, October, & November Board/Committee meeting calendars	Calendars for September, October, & November were included on the board tablets.																					
Patient Care Services Bi-Monthly Report	<p>Chair DiBiasi noted that the Patient Care Services Bi-Monthly report was included as a handout for review.</p> <p>Pat Brown reviewed the Patient Care Services Bi-Monthly Report.</p>																					
Foundation Monthly Report	Foundation Director, Valerie Hunter, gave the Foundation Monthly Report as included on the board tablets.																					
COMMITTEE REPORTS:																						
Finance Committee Proposed Action – Recommend Approval of the July 2022 Financial Statement (Unaudited).	<p>Steve Barron, CEO, reviewed the Executive Summary of the July 2022 Financial report which was included on the board tablet. A copy of the Finance Committee’s August 30, 2022, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the July 2022 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1045 1250 1222"> <tbody> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</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>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </tbody> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		M.S.C., (Rader/Welch), the SGMH Board of Directors approved the July 2022 Financial Statement as presented.
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
Update on Transition from Principal to VOYA	Annah Karam, CHRO, briefly discussed where SGMH is in the transition to VOYA from Principal regarding retirement plans for employees. The transition was delayed. However, we’ve picked back up and we’re ready to complete the transition.																					
Proposed Action – Approve 2023 Associates Health Plan Benefits	<p>The Associates Health Plan Benefits renewal financial overview was included in the board packet. The 2023 Negotiated Anthem/VSP Option includes a total annual premium of \$3,881,099, and Annual Dollar Change of \$143,647, and Annual Percentage Change of 3.8%, and a Wellness Fund of \$25,000. This year, Alliant is offering the Life Balance: Wellbeing Focused Discount Program. This includes resources for stress relief and mental wellbeing, childcare, pet services, and financial wellbeing.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1789 1250 1892"> <tbody> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </tbody> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	M.S.C., (Ngo/Stevens), the SGMH Board of Directors voted to approve the 2023 Associate Health Plan Benefits as presented.								
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			

AGENDA ITEM					ACTION / FOLLOW-UP																				
	Stevens	Yes	Tankersley	Yes																					
	Welch	Yes	Motion carried.																						
<p>Proposed Action – Approve Associate Holiday Gift Cards</p>	<p>Annah Karam noted that every year we present associates with holiday gift cards. The value of those gift cards will be as follows:</p> <p>Full time - \$100.00 Part Time - \$75.00 Per Diem - \$15.00</p> <p>The total dollar amount is \$49,450.00</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 758 1250 932"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</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>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>				Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Rutledge/Tankersley), the SGMH Board of Directors voted to approve Associate Holiday Gift Cards as presented.</p>
Capobianco	Yes	DiBiasi	Yes																						
Labha	Absent	Ngo	Yes																						
Rader	Yes	Rutledge	Yes																						
Stevens	Yes	Tankersley	Yes																						
Welch	Yes	Motion carried.																							
<p>Proposed Action – Recommend approval to the Healthcare District Board of Directors of Resolution No. 2022-08 a resolution approving the form and authorizing the execution and delivery of an indenture of trust, a bond purchase agreement, a limited offering memorandum, and a continuing disclosure certificate in connection with the issuance, sale, and delivery of San Gorgonio Memorial Healthcare District Revenue Bonds, Series 2022 and approving certain other actions.</p>	<p>Gary Hicks, with G.L. Financial, reviewed resolution No. 2022-08, approving the form, and authorizing the execution and delivery of an indenture of trust, a bond purchase agreement, a limited offering memorandum, and a continuing disclosure certificate in connection with the issuance, sale, and delivery of San Gorgonio Memorial Healthcare District Revenue Bonds, Series 2022 and approving certain other actions.</p> <p>It is noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1419 1245 1593"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</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>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>				Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Rader/Stevens), the SGMH board of Directors voted to recommend approval of Resolution No. 2022-08 to the San Gorgonio Memorial Healthcare District as presented.</p>
Capobianco	Yes	DiBiasi	Yes																						
Labha	Absent	Ngo	Yes																						
Rader	Yes	Rutledge	Yes																						
Stevens	Yes	Tankersley	Yes																						
Welch	Yes	Motion carried.																							

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>Proposed Action – Recommend approval to the Healthcare District Board of Directors of Resolution No. 2022-09 a resolution approving the form and authorizing the execution of a first supplement indenture of trust.</p>	<p>Gary Hicks, with G.L. Financial, reviewed resolution No. 2022-09, approving the form, and authorizing the execution of a first supplement indenture of trust.</p> <p>It is noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 537 1247 714"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</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>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Rutledge/Welch), the SGMH board of Directors voted to recommend approval of Resolution No. 2022-09 to the San Gorgonio Memorial Healthcare District as presented.</p>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p>Proposed Action – Recommend approval to the Healthcare District Board of Directors of Resolution No. 2022-10 a resolution directing Riverside County to transfer all voter approved Ad Valorem Property Tax Revenues that are allocable to the District to U.S. Bank Trust Company, National Association, as agent.</p>	<p>Gary Hicks, with G.L. Financial, reviewed resolution No. 2022-10, directing Riverside County to transfer all voter approved Ad Valorem Property Tax Revenues that are allocable to the District to U.S. Bank Trust Company, National Association, as agent.</p> <p>It is noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1050 1247 1226"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</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>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Welch/Stevens), the SGMH board of Directors voted to recommend approval of Resolution No. 2022-10 to the San Gorgonio Memorial Healthcare District as presented.</p>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p>Chief of Staff Report</p> <p>Proposed Action – Approve Recommendations of the Medical Executive Committee</p>	<p>Sherif Khalil, MD, Chief of Staff, briefly reviewed the Medical Executive Committee report as included on the board tablets.</p> <p>Approval Items:</p> <ul style="list-style-type: none"> • 2022 Annual Approval of Policies and Procedures • Pharmacy & Therapeutics Report <ul style="list-style-type: none"> ○ Additions to the Hospital Formulary <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1688 1247 1864"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</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>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Rader/Welch), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</p>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
Proposed Action – Approve Policies and Procedures	<p>There were thirty-six (36) policies and procedures included on the board tablets presented for approval by the Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 436 1247 613"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</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>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		M.S.C., (Welch/Ngo), the SGMH Board of Directors approved the policies and procedures as submitted.
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
Community Benefit events/Announcements/and newspaper articles	<p>Miscellaneous information was included on the board tablets.</p> <p>Ron Rader announced that the Beaumont Chamber of Commerce will hold their monthly Good Morning Beaumont Breakfast featuring guest speaker, Riverside County Sheriff, Chad Bianco.</p>																					
Future Agenda Items	<ul style="list-style-type: none"> Community Health Needs Assessment 																					
Adjourn to Closed Session	<p>Chair, DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> ➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing ➤ Receive Quarterly Infection Control Committee Report ➤ Participate in a telephone conference with Legal Counsel regarding existing litigation. <p>The meeting adjourned to Closed Session at 4:46 pm.</p>																					
Reconvene to Open Session	<p>The meeting adjourned from closed session at 5:55 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"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing ➤ Received Quarterly Infection Control Committee Report ➤ Participated in a telephone conference with Legal Counsel regarding existing litigation. 																					
Adjourn	The meeting was adjourned at 6:03 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 2022

Board of Directors Calendar

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

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

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



SAN GORGONIO
MEMORIAL HOSPITAL

November 2022

Board of Directors Calendar

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

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

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



SAN GORGONIO
MEMORIAL HOSPITAL

December 2022

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26 <i>Christmas Observed ADMIN. CLOSED</i>	27 9:00 am Finance Committee 10:00 am Executive Committee	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 September 2022 Report

Foundation Finances for September 2022

(as of September 28, 2022)

Bank of Hemet Checking Acct:	\$292,274.81	(actual as of <u>9/28/2022</u>)
Bank of Hemet Money Market Acct:	\$128,192.37	(actual as of <u>9/28/2022</u>)
I.E. Community Foundation Acct:	\$93,471.97	<u>Actual for Aug 2022 (Sept 2022 not available)</u>
Total	\$513,939.15	

Foundation Report

- SGMH Foundation has a new president and vice president. The new president is Allen Koblin and the new vice president is Bob Pavlik.
- The Foundation board of directors is reviewing its bylaws to ensure they are current and up to date.
- Reminder: The Foundation's golf tournament is slated for October 2023 at Morongo Golf Club at Tukwet Canyon.
- Fundraising for SGMH'S Auxiliary and the need for new Auxiliary members.

TAB D

REGULAR MEETING OF THE
 SAN GORGONIO MEMORIAL HOSPITAL
 BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
 September 16, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Friday, September 16, 2022, in the Administration Boardroom, 600 N. Highland Springs Avenue, Banning, California.

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

Excused Absence: Joel Labha

Staff Present: Steve Barron (CEO), Pat Brown (CNO/COO), Annah Karam (CHRO), Ariel Whitley (Executive Assistant)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair Ron Rader called the meeting to order at 9:05 am.	
Public Comment	No public was present.	
OLD BUSINESS		
Proposed Action - Approve Minutes: May 18, 2022, Regular Meeting	Chair Rader asked for any changes or corrections to the minutes of the May 18, 2022, regular meeting. There were none.	The minutes of the May 18, 2022, regular meeting was reviewed and will stand as presented.
NEW BUSINESS		
Reports		
A. Employment Activity/Turnover Reports		
1. Employee Activity by Job Class/Turnover Report (05/11/2022)	Annah Karam, Chief Human Resources Officer, reviewed the report "Employee Activity by Job Class/Turnover Report" for the period of 05/11/2022 through 09/12/2022 as included in the Committee packet.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
through 09/12/2022)		
2. Separation Reasons Analysis All Associates (05/11/2022 through 09/12/2022)	<p>Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 05/11/2022 through 09/12/2022 as included in the Committee packet.</p> <p>For this period, there were 60 Voluntary Separations and 5 Involuntary Separations for a total of 65.</p>	
3. Separation Reason Analysis Full and Part Time Associates (05/11/2022 through 09/12/2022)	<p>Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 05/11/2022 through 09/12/2022 as included in the Committee packet.</p> <p>For this period, there were 34 Voluntary Separations and 5 Involuntary Separations for a total of 39.</p>	
4. Separation Reason Analysis Per Diem Associates (05/11/2022 through 09/12/2022)	<p>Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 05/11/2022 through 09/12/2022 as included in the Committee packet.</p> <p>For this period, there were 26 Voluntary Separations and 0 Involuntary Separations for a total of 26.</p>	
5. FTE Vacancy Summary (05/11/2022 through 09/12/2022)	<p>Annah reviewed the “FTE Vacancy Summary” for the period of 05/11/2022 through 09/12/2022 as included in the Committee packet.</p> <p>Annah reported that the Facility Wide vacancy rate as of 09/12/2022 was 21.48%.</p>	
6. RN Vacancy Summary (05/11/2022 through 09/12/2022)	<p>Annah reviewed the “RN Vacancy Summary” for the period of 05/11/2022 through 09/12/2022 as included in the Committee packet.</p> <p>Annah reported that the Overall All RN Vacancy rate as of 09/12/2022 was 20.83%.</p>	
B. Workers Compensation Report		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Workers Compensation Report (08/01/2022 through 08/31/2022)	Annah reviewed the Workers Compensation Reports covering the period of 08/01/2022 through 08/31/2022 as included in the Committee packet.	
Education	Annah reviewed each education article as included in the committee packets: <ul style="list-style-type: none"> • Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payments FAQs • Suicide Prevention Awareness Month 	
Future Agenda items	None.	
Next regular meeting	The next regular Human Resources Committee meeting is scheduled for November 16, 2022.	
Adjournment	The meeting was adjourned at 10:34 am.	

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

A B C D E F G H I J K

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

05/11/2022 THROUGH 09/12/2022

JOB CLASS/FAMILY	CURRENT NEW HIRES	2021 NEW HIRES	YTD NEW HIRES	CURRENT SEPARATIONS	2021 SEPARATIONS	YTD TERMS	ACTIVE ASSOCIATE COUNT	LOA ASSOCIATE COUNT	CURRENT TURNOVER	ANNUALIZED TURNOVER	
	05/11/2022 THROUGH 09/12/2022		01/01/2022 THROUGH 09/12/2022	05/11/2022 THROUGH 09/12/2022		01/01/2022 THROUGH 09/12/2022	AS OF 09/12/2022	AS OF 09/12/2022	AS OF 09/12/2022		
ADMIN/CLERICAL	7	17	15	11	22	15	79	5	13.92%	18.99%	1
ANCILLARY	6	28	10	8	24	14	62	0	12.90%	22.58%	2
CLS	0	7	2	3	8	3	19	0	15.79%	15.79%	3
DIRECTORS/MGRS	0	2	2	0	3	2	27	1	0.00%	7.41%	4
LVN	0	5	1	1	8	4	19	2	5.26%	21.05%	5
OTHER NURSING	5	30	18	10	27	16	73	5	13.70%	21.92%	6
PT	0	3	0	1	3	1	10	0	10.00%	10.00%	7
RAD TECH	1	6	4	2	7	4	35	0	5.71%	11.43%	8
RN	7	59	31	15	51	37	167	4	8.98%	22.16%	9
RT	0	4	0	1	2	1	21	1	4.76%	4.76%	10
SUPPORT SERVICES	10	34	22	13	32	20	84	0	15.48%	23.81%	11
											12
FACILITY TOTAL	36	195	105	65	187	117	596	18	10.91%	19.63%	13
											14
<i>Full Time</i>	22	113	67	31	97	58	401	14	7.73%	14.46%	15
<i>Part Time</i>	2	15	5	8	17	10	49	0	16.33%	20.41%	16
<i>Per Diem</i>	12	67	33	26	73	49	146	4	17.81%	33.56%	17
TOTAL	36	195	105	65	187	117	596	18	10.91%		18

Current Turnover: J22

Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:

Turnover for all Associates

=

4.40%

Turnover for all RNs

=

5.70%

SEPARATION ANALYSIS
ALL ASSOCIATES
05/11/2022 THROUGH 09/12/2022

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

Separation Reason Analysis
FULL AND PART TIME ASSOCIATES
05/11/2022 THROUGH 09/12/2022

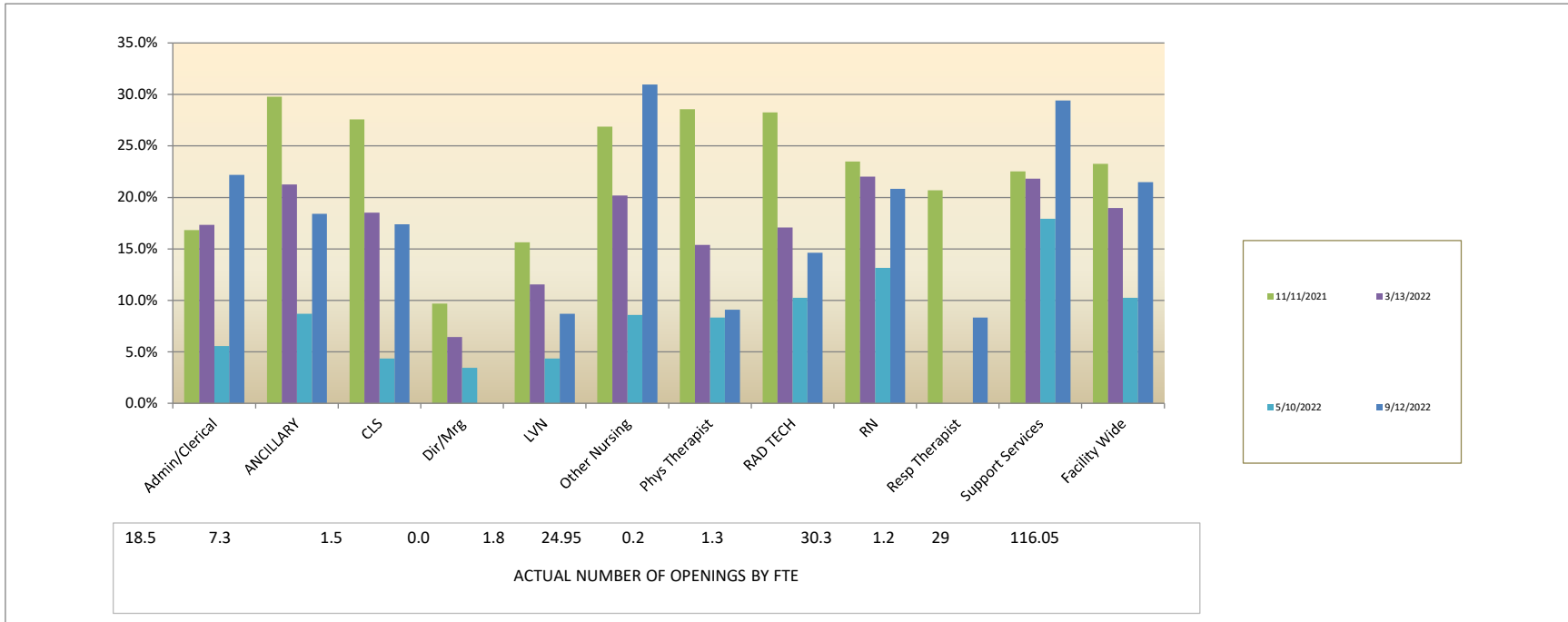
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
<i>Voluntary Separations</i>								
Family/Personal Reasons	23.1%	0	3	2	2	2	0	9
New Job Opportunity	28.2%	0	1	0	6	4	0	11
Job Dissatisfaction	2.6%	0	0	1	0	0	0	1
Relocation	7.7%	0	0	0	1	2	0	3
Medical Reasons	0.0%							0
Did not Return from LOA	10.3%	0	0	0	0	3	1	4
Job Abandonment	2.6%	0	0	0	1	0	0	1
Return to School	5.1%	0	0	1	0	1	0	2
Pay	0.0%							0
Employee Death	5.1%	0	0	0	1	1	0	2
Not Available to Work	0.0%							0
Unknown	0.0%							0
Retirement	2.6%	0	0	0	1	0	0	1
<i>Subtotal, Voluntary Separations</i>	87.2%	0	4	4	12	13	1	34
<i>Involuntary Separations</i>								
Attendance/Tardiness	2.6%	1	0	0	0	0	0	1
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	10.3%	2	1	0	0	1	0	4
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
<i>Subtotal, Involuntary Separations</i>	12.8%	3	1	0	0	1	0	5
Total Separations	100.0%	3	5	4	12	14	1	39

Separation Reason Analysis
Per Diem Associates Only
05/11/2022 THROUGH 09/12/2022

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Family/Personal Reasons	11.5%	0	1	0	1	1	0	3
New Job Opportunity	42.3%	0	5	1	3	1	1	11
Job Dissatisfaction	3.8%	0	0	0	0	1	0	1
Relocation	3.8%	0	0	0	0	0	1	1
Medical Reasons	0.0%							0
Did not Return from LOA	0.0%							0
Job Abandonment	26.9%	0	3	3	1	0	0	7
Return to School	0.0%							0
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	7.7%	0	1	0	0	1	0	2
Unknown	0.0%							0
Retirement	3.8%	0	0	0	0	1	0	1
Subtotal, Voluntary Separations	100.0%	0	10	4	5	5	2	26
Involutary Separations								
Attendance/Tardiness	0.0%							0
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	0.0%							0
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
Subtotal, Involutary Separations	0.0%	0	0	0	0	0	0	0
Total Separations	100.0%	0	10	4	5	5	2	26

FTE Vacancy Summary: 05/11/2022 THROUGH 09/12/2022

	<u>Admin/Clerical</u>	<u>ANCILLARY</u>	<u>CLS</u>	<u>Dir/Mrg</u>	<u>LVN</u>	<u>Other Nursing</u>	<u>Phys Therapist</u>	<u>RAD TECH</u>	<u>RN</u>	<u>Resp Therapist</u>	<u>Support Services</u>	<u>Facility Wide</u>
11/11/2021	16.84%	29.79%	27.59%	9.68%	15.63%	26.88%	28.57%	28.26%	23.50%	20.69%	22.52%	23.26%
3/13/2022	17.35%	21.25%	18.52%	6.45%	11.54%	20.19%	15.38%	17.07%	22.03%	0.00%	21.82%	18.97%
5/10/2022	5.56%	8.70%	4.35%	3.45%	4.35%	8.60%	8.33%	10.26%	13.17%	0.00%	17.92%	10.25%
9/12/2022	22.20%	18.42%	17.39%	0.00%	8.70%	30.97%	9.09%	14.63%	20.83%	8.33%	29.41%	21.48%

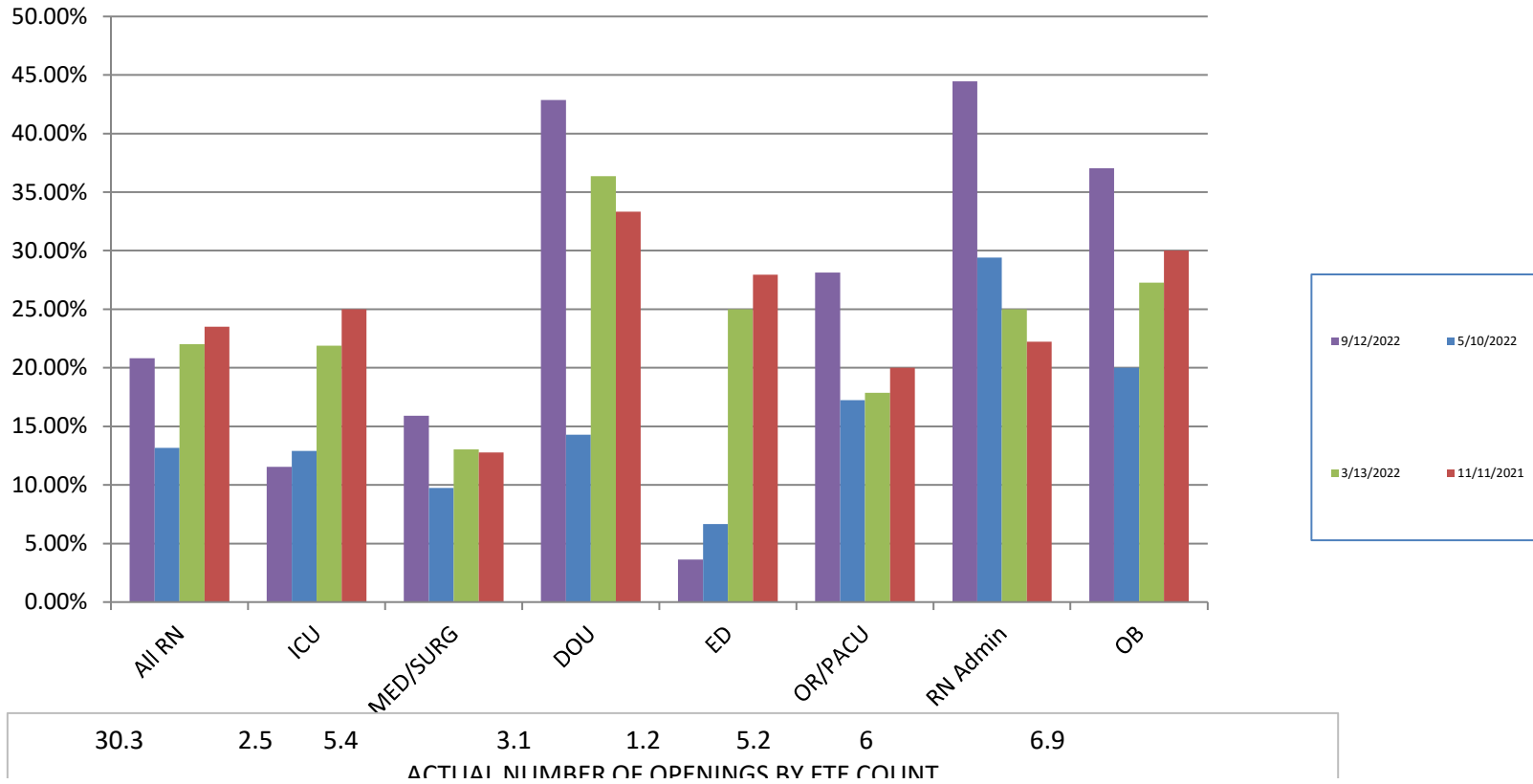


RN FTE Vacancy Summary: 05/11/2022 through 09/12/2022

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

	9/12/2022	5/10/2022	3/13/2022	11/11/2021
All RN	20.83%	13.17%	22.03%	23.50%
ICU	11.54%	12.90%	21.88%	25.00%
MED/SURG	15.91%	9.76%	13.04%	12.77%
DOU	42.86%	14.29%	36.36%	33.33%
ED	3.64%	6.67%	25.00%	27.94%
OR/PACU	28.13%	17.24%	17.86%	20.00%
RN Admin	44.44%	29.41%	25.00%	22.22%
OB	37.04%	20.00%	27.27%	30.00%

	OPEN POSITIONS	TOTAL STAFF	VACANCY RATE
All RN	45	171	20.83%
ICU	3	23	11.54%
Med Surg	7	37	15.91%
DOU	6	8	42.86%
ER	2	53	3.64%
OR/PACU	9	23	28.13%
RN Adm.	8	10	44.44%
OB	10	17	37.04%





DASHBOARD REPORT

Fiscal Year Basis: July

SUMMARY DATA

FiscalYear	ValuationDate	Values			Count	Open Count
		Total Paid	Total Reserves	Total Incurred		
2015-2016	2022-08-31	841,015	83,409	924,425	40	4
2016-2017	2022-08-31	205,546	-	205,546	27	-
2017-2018	2022-08-31	72,312	-	72,312	18	-
2018-2019	2022-08-31	87,684	7,313	94,997	15	1
2019-2020	2022-08-31	68,021	6,544	74,565	15	2
2020-2021	2022-08-31	206,943	67,614	274,558	22	3
2021-2022	2022-08-31	67,816	60,095	127,911	18	7
2022-2023	2022-08-31	140	10	150	1	-
Grand Total		1,549,478	224,986	1,774,464	156	17

DASHBOARD REPORT

Fiscal Year Basis: July

San Geronio Memorial Hospital

Data as of 8/31/2022

Reporting Period 8/1/2022 - 8/31/2022

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
16000811		Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	171,431	20,485	191,915
20805905		Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	110,454	57,921	168,374
16000026		Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	135,729	21,717	157,446
16001005		Medical Surgical	Burn or Scald - Heat or Cold Exposures -	2016-07-21	Closed	98,814	-	98,814
16000233		Environmental Services	Strain or Injury By	2016-02-20	Closed	93,934	-	93,934
16000357		Medical Surgical	Struck or Injured By	2016-03-16	Open	82,643	10,906	93,549
16000185		Medical Surgical	Fall, Slip or Trip Injury	2016-02-13	Closed	77,289	-	77,289
15000959		Environmental Services	Miscellaneous Causes	2015-07-06	Closed	61,315	-	61,315
15001161		CT/Echotechnology	Strain or Injury By	2015-08-20	Re-Open	27,063	30,301	57,364
15001966		Emergency Department	Cut, Puncture, Scrape Injured by	2015-12-05	Closed	55,952	-	55,952

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	34	21.79%	572,372	32.26%
Medical Surgical	32	20.51%	443,211	24.98%
Dietary	18	11.54%	19,745	1.11%
Emergency Department	17	10.90%	83,991	4.73%
Surgical Services	7	4.49%	203,759	11.48%
Intensive Care Unit (ICU)	7	4.49%	5,706	0.32%
Obstetrics	5	3.21%	214,744	12.10%
Laboratory	5	3.21%	7,777	0.44%
Medical Staff	4	2.56%	14,706	0.83%
Business Office	4	2.56%	27,144	1.53%

SEVERITY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	34	21.79%	572,372	32.26%
Medical Surgical	32	20.51%	443,211	24.98%
Obstetrics	5	3.21%	214,744	12.10%
Surgical Services	7	4.49%	203,759	11.48%
Emergency Department	17	10.90%	83,991	4.73%
CT/Echotechnology	1	0.64%	57,364	3.23%
Security Department	3	1.92%	47,323	2.67%
Nursing Administration	2	1.28%	36,846	2.08%
Business Office	4	2.56%	27,144	1.53%
Dietary	18	11.54%	19,745	1.11%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	44	28.21%	430,314	24.25%
Fall, Slip or Trip Injury	25	16.03%	743,320	41.89%
Struck or Injured By	21	13.46%	189,861	10.70%
Burn or Scald - Heat or Cold Exposures - Contact	16	10.26%	130,989	7.38%
Cut, Puncture, Scrape Injured by	13	8.33%	73,001	4.11%
Exposure	12	7.69%	62,233	3.51%
Caught In, Under or Between	10	6.41%	13,411	0.76%
Rubbed or Abraded By	8	5.13%	43,560	2.45%
Miscellaneous Causes	7	4.49%	87,774	4.95%

SEVERITY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Fall, Slip or Trip Injury	25	16.03%	743,320	41.89%
Strain or Injury By	44	28.21%	430,314	24.25%
Struck or Injured By	21	13.46%	189,861	10.70%
Burn or Scald - Heat or Cold Exposure	16	10.26%	130,989	7.38%
Miscellaneous Causes	7	4.49%	87,774	4.95%
Cut, Puncture, Scrape Injured by	13	8.33%	73,001	4.11%
Exposure	12	7.69%	62,233	3.51%
Rubbed or Abraded By	8	5.13%	43,560	2.45%
Caught In, Under or Between	10	6.41%	13,411	0.76%



Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payments

Frequently Asked Questions (FAQs)

Posted 8/25/2022

Q. Who qualifies for a retention payment?

A. In order to be eligible for a retention payment, workers must be employed at least part-time during the Qualifying Work Period, and be directly employed or contracted by a Qualifying Facility:

- **An acute care hospital** as defined in Health and Safety Code section 1250(a)
- **An acute psychiatric hospital** as defined in Health and Safety Code section 1250(b)
- **A skilled nursing facility** as defined in Health and Safety Code section 1250(c)
- **A health clinic** affiliated, owned, or controlled by a person or entity that owns or operates an acute care hospital as defined above, and operated by a nonprofit corporation that conducts medical research and provides health care to patients through a group of 40 or more physicians and surgeons, who are independent contractors representing not less than 10 board certified specialties, and not less than two-thirds of whom practice on a full-time basis at the clinic, as set forth in Health and Safety Code section 1206(l)
- **A health clinic** directly conducted, maintained, or operated by the federal government that is affiliated, owned, or controlled by a person or entity that owns or operates an acute care hospital as defined above
- **A primary care clinic** as defined by Health and Safety Code section 1204(a) that is directly conducted, maintained, or operated by the State of California or by any of its political subdivisions or districts, or by any city government, and affiliated, owned, or controlled by a person or entity that owns or operates an acute care hospital as defined above
- **A physician organization** that is part of a fully integrated delivery system that also includes a health facility or health system, and a nonprofit health care service plan that provides medical services to enrollees in a specific geographic region of the State through an affiliate hospital system whereby the physician organization and nonprofit health care service plan have an exclusive contract to provide those medical services
- **A public hospital system** comprised of the public hospitals set forth below, and its affiliated governmental health and behavioral health provider entities, including nonhospital settings:



- UC Davis Medical Center, UC Irvine Medical Center, UC San Diego Medical Center, UC San Francisco Medical Center, UCLA Medical Center, Santa Monica/UCLA Medical Center (also known as the Santa Monica-UCLA Medical Center and Orthopedic Hospital), LA County Health System Hospitals, LA County Harbor/UCLA Medical Center, LA County Olive View UCLA Medical Center, LA County Rancho Los Amigos National Rehabilitation Center, LA County University of Southern California Medical Center, Alameda Health System Hospitals (including Highland Hospital and Fairmont and John George Psychiatric facilities, Alameda Hospital, and San Leandro Hospital), Arrowhead Regional Medical Center, Contra Costa Regional Medical Center, Kern Medical Center, Natividad Medical Center, Riverside University Health System-Medical Center, San Francisco General Hospital, San Joaquin General Hospital, San Mateo Medical Center, Santa Clara Valley Medical Center, and Ventura County Medical Center

Q. What is the Qualifying Work Period?

- A. The Qualifying Work Period is a period identified by the Department of Health Care Services (DHCS) that is used to determine whether an eligible employee meets the definition of a part time or full-time employee.

For the purposes of the Hospital and Skilled Nursing Facility COVID-19 Worker retention payment program, the Qualifying Work Period is July 30, 2022 through October 28, 2022.

Q. How are eligible employees identified as part-time or full-time?

- A. To be considered an eligible part-time employee, you must work on-site at a Qualifying Facility for a single Covered Entity or Covered Services Employer and be paid for working at the facility between 100 and 399 hours during the Qualifying Work Period.

To be considered an eligible full-time employee, you must work on-site at a Qualifying Facility for a single Covered Entity or Covered Services Employer and be paid for working at the facility for at least 400 hours during the Qualifying Work Period.

If the employee has taken approved leave during the Qualifying Work Period and the employee would otherwise qualify as a full-time or part-time employee based on hours normally worked on the site of a Qualifying Facility, the single Covered Entity or Covered Services Employer may attest that the employee is considered to be a full-time or part-time employee on the site of a Qualifying Facility by the Covered Entity or Covered Services Employer.



- Q. How are new employees who start working for a Covered Entity or a Covered Services Employer within the Qualifying Work Period treated for purposes of part-time/full-time status?**
- A. New employees who begin working for a Covered Entity or a Covered Services Employer during the Qualifying Work Period may be eligible for a retention payment, even if they did not work the entire 91-day period. The employee must work at least 100 hours to qualify as part-time and 400 hours to qualify as full-time.
- Q. When determining if an eligible employee is considered part-time or full-time status, can hours be combined for those who work at multiple Qualified Facilities?**
- A. Part-time and full-time status is based on total employee hours worked during the Qualifying Work Period for a single Covered Entity or Covered Service Employer at Qualified Facilities. Therefore, you may combine hours worked at multiple facilities under a single employer. However, hours worked under multiple employers cannot be combined.
- Q. Are only employees directly employed by Qualifying Facilities eligible to receive an incentive payment?**
- A. No, employees working at Qualified Facilities for an employer contracted with the facility may also be eligible.
- In addition, physicians who are working at Qualified Facilities through a contract arrangement between the facility and an Independent Practice Association or physician group, may also be eligible to receive incentive payments.
- Q. Do employees who work for facilities other than an acute care hospital and related clinics, psychiatric hospital, or skilled nursing facilities qualify for this retention payment? (e.g., Assisted Living or Intermediate Care Facilities).**
- A. No. The Hospital and Skilled Nursing Facility COVID-19 Worker retention payment program is specifically for employees who work at a Qualifying Facility.
- Q. Who is considered a covered service employee?**
- A. Covered service employees provide onsite services for a covered services entity at a Qualified Facility including, but not limited to: clerical, dietary, environmental services, laundry, security, engineering, facilities management, administrative, or billing services. Eligible covered service employees must meet the minimum number of onsite hours to qualify for a retention payment.



Q. Are Covered Entities and Covered Services Employers required to offer a bonus payment in order for employees to be eligible to receive a retention payment?

A. Although employer bonus payments are not required for employees to be eligible to receive a base retention payment, an employee may be eligible to receive an additional matching retention payment amount if they received a bonus payment from the employer on or after December 1, 2021, or will receive a bonus payment prior to December 31, 2022. A bonus payment is a monetary compensation paid to you by the employer for:

- Hazard or bonus pay as a result of the COVID-19 pandemic
- Bonus pay based on performance or financial targets or a payout resulting from performance sharing programs designed to provide employees with a share in performance gains
- Compensation paid in response to operational needs including, but not limited to, staffing shortages or recruitment needs

Q. How much is the retention payment?

A. For an **eligible full-time employee**, the State payment amount shall be up to \$1,000 plus the amount of matching retention payment paid to the eligible full-time employee by the Covered Entity or Covered Services Employer, up to a maximum State payment of \$1,500.

For an **eligible part-time employee**, the State payment amount shall be up to \$750 plus the amount of matching retention payment paid to the eligible part-time employee by the Covered Entity or Covered Services Employer, up to a maximum State payment of \$1,250.

For an **eligible physician**, the State payment amount shall be up to \$1,000.

DHCS may reduce payment amounts described above subject to *pro rata* reductions based on volume of requests and funding appropriated.

Q. Is an employee still eligible for a retention payment if they no longer work for the same employer when payments are made?

A. Yes. To qualify for a retention payment, employees must have met the qualifications of a part-time employee at a minimum and have worked at the Qualifying Facility during the Qualifying Work Period and on the Date of Record.

Q. What is the Date of Record?

A. The date that an employee must continue to be employed by a Covered Entity or Covered Services Employer in order to be eligible for a retention payment.

The Date of Record has been established by DHCS to be November 28, 2022.



Q. How will DHCS ensure that employers do not include supervisors or managers on the employee list?

A. Employers must submit accurate information and are required to attest to the appropriateness of payments being requested under penalty of perjury.

Q. How do I submit my employee's information?

A. As DHCS develops a system for application and data submission, guidance and updates will be provided through various channels including:

- DHCS Worker retention payment website – DHCS will regularly update this site with the most relevant information, including specific FAQs and submission information for eligible employees
- Worker retention payment listserv WRP@MAILLIST.DHS.CA.GOV
- DHCS Stakeholder Updates
- Collaborative messages from Provider Associations and SEIU

Q. What employee information will be required in the attestation?

A. At a minimum, Covered Entities and Covered Services Employers shall submit to DHCS the following information for each eligible worker by a date specified by DHCS (includes but is not limited to):

- Name of the eligible worker
- Mailing address of the eligible worker
- The total amount of matching retention payments that the Covered Services Employer paid or will pay to the eligible worker
- Total number of hours for which the Covered Services Employer compensated the eligible worker during the Qualifying Work Period
- A list of Covered Entities that are contracted with the Covered Services Employer will need to be provided to DHCS

However, additional information necessary to make payments and ensure the appropriateness of payments will also be required. DHCS will provide more detailed guidance in the coming weeks.

Q. Will Covered Entities and Covered Services Employers that are a part of a large network be allowed to apply systemically rather than by location?

A. Yes. DHCS supports and encourages systemic applications.

Q. When can Covered Entities and Covered Services Employers begin submitting information for eligible employees/workers and their payment amounts?

A. Submission can begin as soon as November 29, 2022. All requests for payment must be submitted no later than 5 p.m. (PST) on December 30, 2022. DHCS encourages early submissions so all applications can be validated prior to the final due date.



- Q. Does DHCS envision a process for eligible workers to receive payment if their employer refuses to submit an attestation for the base retention payment?**
- A. No, DHCS does not intend to make retention payments to individual eligible workers without the attestation from a Covered Entity or Covered Services Employer.
- Q. For Continuing Care Retirement Communities (CCRC) that have a Skilled Nursing Facility (SNF) on the campus, there may be some employees that work in the SNF and other parts of the CCRC. Will they be eligible for the payment if it is unclear how many hours the employee worked specifically in the SNF?**
- A. In determining whether an employee is eligible for a retention payment, only the total hours worked at a Qualifying Facility during the Qualifying Work Period, for a single Covered Entity or Covered Service Employer, shall be considered. For the purposes of this example, only the hours worked at the SNF (Qualifying Facility) shall be considered. It is the Covered Entity or Covered Services Employer's responsibility to account and attest to these hours.
- Q. Will employees be expected to return any excess funds if they receive multiple \$750 base retention payments from part-time employers by mistake?**
- A. Employees should not be paid more than once. Employers should make every effort to avoid requesting multiple retention payments for a single employee. Employees who receive more than one retention payment may return the excess payments to DHCS.
- Q. Will DHCS publish how much each employer received in retention payments and how many eligible employees were part-time/full-time?**
- A. DHCS will track and document payments made to Covered Entities and Covered Services Employers but does not intend to publish information on individual payments for the purposes of the payments made under Labor Code section 1490 et seq.
- Q. What is the expected timeline for payments?**
- A. DHCS anticipates issuing payments to Covered Entities and Covered Services Employers in January 2023.
- Q. What if there is a change in ownership of the skilled nursing facility during the Qualifying Work Period? How will the application and payment process work?**



- A. Eligible employees are entitled to payments. In the event the ownership of a Covered Entity or Covered Services Employer changes during the Qualifying Work Period, it is the responsibility of both the prior and new owner of the Covered Entity or Covered Services Employer to notify DHCS, and to take all actions necessary to ensure that eligible employees receive their retention payments.



Suicide Prevention Awareness Month (SPAM)

If you or someone you know is struggling or in crisis, help is available. **Call** or **text** 988 or chat 988lifeline.org to reach the 988 Suicide & Crisis Lifeline.

Suicidal thoughts, much like mental health conditions, can affect anyone regardless of age, gender or background. In fact, suicide is often the result of an untreated mental health condition. Suicidal thoughts, although common, should not be considered normal and often indicate more serious issues.

September is Suicide Prevention Awareness Month —a time to raise awareness of this stigmatized, and often taboo, topic. We use this month to shift public perception, spread hope and share vital information to people affected by suicide. Our goal is ensuring that individuals, friends and families have access to the resources they need to discuss suicide prevention and to seek help.

Throughout the month of September, NAMI will highlight the “Together for Mental Health,” campaign which encourages people to bring their voices together to advocate for better mental health care, including an effective crisis response system. After years of advocacy and preparation, 988 is now available nationwide as the new number to contact for mental health, substance use and suicide crises — a simple, easy-to-remember way for people to get help. This new number will allow people to quickly connect with support during a crisis, 24/7, no matter where they live.

Ultimately, NAMI wants any person experiencing suicidal thoughts or behaviors to have a number to call, a system to turn to, that would connect them to the treatment and support they need.

Crisis Resources

- If you or someone you know is experiencing a mental health crisis, **call** or **text 988** immediately.
- If you are uncomfortable talking on the phone, you can chat the Suicide & Crisis Lifeline at 988lifeline.org.
- You can also text **NAMI** to **741-741** to be connected to a free, trained crisis counselor on the Crisis Text Line.
- [Know the Warning Signs and Risk Factors of Suicide](#)
- [Being Prepared for a Crisis](#)
- [Read our guide, "Navigating a Mental Health Crisis"](#)
- [What You Need to Know About Youth Suicide](#)
- Need more information, referrals or support? Contact the [NAMI HelpLine](#).

How To Engage With Together For Mental Health

During Suicide Prevention Awareness Month, [please refer to these images and graphics](#) you can use on your website and social media accounts. Use #SuicidePrevention or #Together4MH

While suicide prevention is important to address year-round, Suicide Prevention Awareness Month provides a dedicated time to come together with collective passion and strength to address difficult topic. The truth is, we can all benefit from honest conversations about mental health conditions and suicide, because just one conversation can change a life.

Pre-Order NAMI’s First Book: “You Are Not Alone”

“You Are Not Alone,” NAMI’s first ever book, is here to offer help. Written by Dr. Ken Duckworth with the expertise of a leading psychiatrist and the empathy of a family member affected by mental illness, this comprehensive guide includes stories from over 130 people who have been there — including people with mental illness and caregivers — and understand how challenging it can be to find the help you need, when you need it. Their stories are what makes this book different from your typical mental health guide.

The book covers how to get help, pathways to recovery, the intersection of culture and mental health, and many more important topics to guide any person’s mental health journey. NAMI’s hope is that this guide can help people find that key help and support sooner and make recovery more accessible to those trying to find it.

Pre-order your copy of the book today or for bulk purchases, visit [Porchlight- You Are Not Alone](#).

Share Key Fast Facts

These are only a few of the reasons why it's important to take part in promoting Suicide Prevention Awareness Month. Please use these facts and others, including the "[It's Okay to Talk About Suicide](#)" infographics on our website, to encourage discussions with your community through social media or other forms of outreach.

Individual Impact:

- **79%** of all people who die by suicide are male.
- Although **more women** than men attempt suicide, men are **4x** more likely to die by suicide.
- Suicide is the **2nd leading** cause of death among people aged 10–14 and the 3rd leading cause of death among people aged 15-24 in the U.S.
- Suicide is the **12th leading** cause of death overall in the U.S.
- **46%** of people who die by suicide had a diagnosed mental health condition - but research shows that **90%** may have experienced symptoms of a mental health condition.

Community Impact:

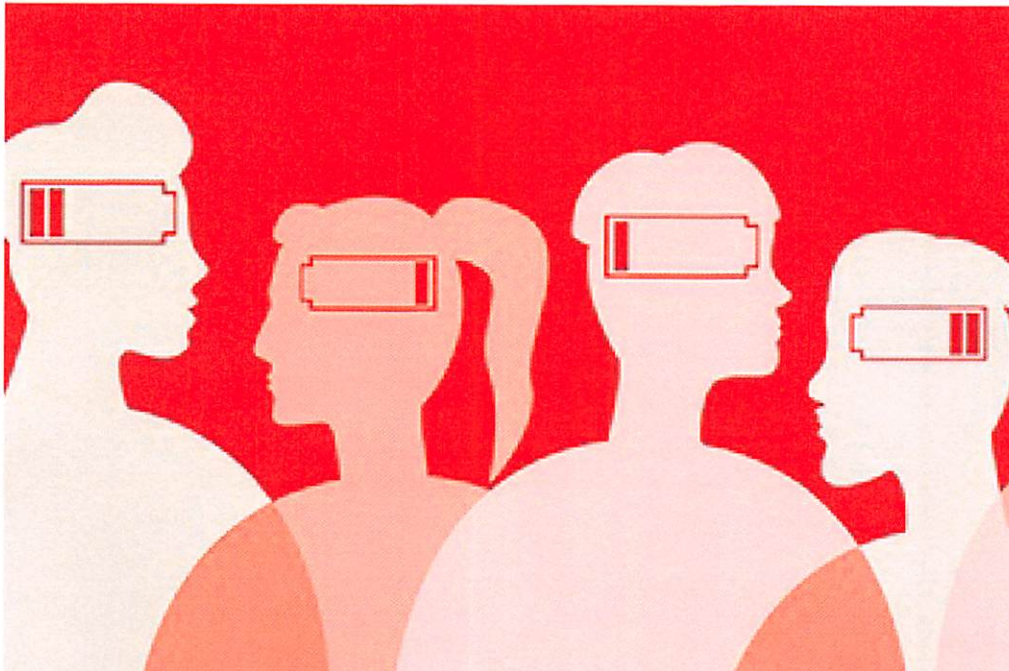
- Annual prevalence of serious thoughts of suicide, by U.S. demographic group:
 - **4.9%** of all adults
 - **11.3%** of young adults aged 18-25
 - **18.8%** of high school students
 - **45%** of LGBTQ youth
- The **highest rates** of suicide in the U.S. are among American Indian/Alaska Natives followed by non-Hispanic whites.
- Lesbian, gay and bisexual youth are **nearly 4x** more likely to attempt suicide than straight youth.
- Transgender adults are **nearly 9x** more likely to attempt suicide than the general population.
- Suicide is the **leading cause** of death for people held in local jails.

Data from CDC, NIMH and other select sources.

Blogs and Personal Stories

Blog

[View All >](#)

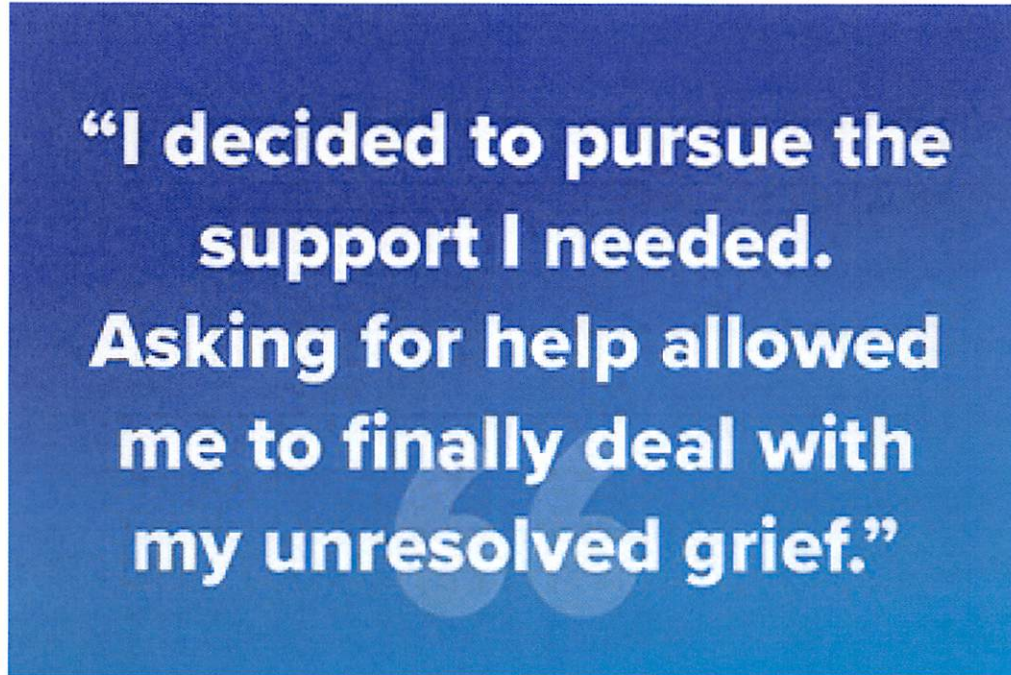


It is important that we assess the state of suicide and...

[Read More >](#)

Personal Stories

[View All >](#)



For a long time, I blamed myself for his death. How did I...

[Read More >](#)

Advocate

Join our movement to advocate for a better mental health care system by signing up for advocacy alerts and **taking action** when opportunities arise in your community.

Contact Us Main 703-524-7600

Member Services 888-999-6264

HelpLine 800-950-6264

4301 Wilson Blvd., Suite 300 Arlington, VA 22203

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TAB E

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, September 27, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, September 27, 2022, in Classroom B, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Ron Rader, Steve Rutledge, Siri Welch

Members Absent: Ehren Ngo (Chair)

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), Margaret Kammer (Controller), Angela Brady (ED Director)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Susan DiBiasi called the meeting to order at 9:07 am.	
Public Comment	No public present.	
OLD BUSINESS		
Proposed Action - Approve Minutes August 30, 2022, regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the August 30, 2022, regular meeting. There were none.	The minutes of the August 30, 2022, regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – August 2022</p>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited August 2022 finance report as included in the committee packets.</p> <p>The month of August resulted in negative \$873K EBIDA compared to budgeted EBIDA loss of \$1.27M. Adjustments and items of note include:</p> <ul style="list-style-type: none"> • The August Surgery visits remained high again at 166 plus 14 G.I. procedures. • The Emergency visits were also high at 3,593. • Other income included \$258,376 from the American Rescue Plan for Small Rural Hospital Improvement Plan FY 21/22. • Total Operating Expenses were \$499K below budget due to Patient Days. Adjusted Patient Days, Emergency Visits and Surgeries were over budget for the month of August. <p>It was noted that approval is recommended to the Hospital Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 961 1221 1077"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Ngo	Absent	Rader	Yes	Rutledge	Yes	Welch	Yes	Motion carried.		<p>M.S.C. (Rader/Welch), the SGMH Finance Committee voted to recommend approval of the Unaudited August 2022 Financial report to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Absent											
Rader	Yes	Rutledge	Yes											
Welch	Yes	Motion carried.												
<p>Proposed Action – Recommend Approval to Hospital Board and Healthcare District Board of Directors – Renewal of Supplemental Funding Programs (SFP) and Disproportionate Share Hospital (DSH) Agreement with Steve Clark and Associates (SCA)</p>	<p>San Gorgonio Memorial Healthcare District and Hospital have contracted with SCA for many years for the provision of consulting services related to the Supplemental Funding Programs and DSH audits. Daniel Heckathorne, CFO, briefly discussed the renewal of the SFP and DSH agreement with SCA.</p> <p>It was noted that approval is recommended to the Hospital Board and Healthcare District.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 1549 1221 1665"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Ngo	Absent	Rader	Yes	Rutledge	Yes	Welch	Yes	Motion carried.		<p>M.S.C. (Rutledge/Rader), the SGMH Finance Committee voted to recommend approval of the Renewal of Supplemental Funding Programs (SFP) and Disproportionate Share Hospital (DSH) Agreement with Steve Clark and Associates (SCA) to the Hospital Board of Directors and the Healthcare District Board of Directors.</p>
DiBiasi	Yes	Ngo	Absent											
Rader	Yes	Rutledge	Yes											
Welch	Yes	Motion carried.												

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p>Proposed Action – Recommend Approval to Hospital Board and Healthcare District Board of Directors – Resolution No. 2022-11, a resolution of San Geronio Memorial Healthcare District authorizing the execution and delivery of a loan and security agreement, promissory note, and certain actions in connection therewith for the California Health Facilities Financing Authority, a non-designated Public Hospital Bridge Loan Program II.</p>	<p>Due to the State’s shifting the supplemental Funding programs from a fiscal year to a calendar year, many hospitals are still experiencing significant cash shortages resulting from the six months or longer “black-out” periods. The District Hospital Leadership Forum team has again worked with the legislature to enact a loan program for District Hospitals to help “bridge” this gap. \$40M dollars have been designated for District Hospitals to borrow monies against future potential earnings of the Quality Initiative Program (the successor to the PRIME program). SGMH could borrow as much as \$2,720,382. A copy of the resolution and a set of guidelines has been included in the packet.</p> <p>It was noted that approval is recommended to the Hospital Board and Healthcare District Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 915 1219 1031"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Ngo	Absent	Rader	Yes	Rutledge	Yes	Welch	Yes	Motion carried.		<p>M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the Resolution No. 2022-11, a resolution of San Geronio Memorial Healthcare District authorizing the execution and delivery of a loan and security agreement, promissory note, and certain actions in connection therewith for the California Health Facilities Financing Authority, a non-designated Public Hospital Bridge Loan Program II to the Hospital Board of Directors and the Healthcare District Board of Directors.</p>
DiBiasi	Yes	Ngo	Absent											
Rader	Yes	Rutledge	Yes											
Welch	Yes	Motion carried.												
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> • da Vinci Robot Report 													
<p>Next Meeting</p>	<p>The next regular Finance Committee meeting will be held on October 25, 2022.</p>													
<p>Adjournment</p>	<p>The meeting was adjourned 9:56 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.



SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA

Unaudited Financial Statements

for

ONE MONTH ENDING AUGUST 31, 2022

FY 2023

Certification Statement:

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

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

CFO

San Gorgonio Memorial Hospital

Financial Report - Executive Summary

For the Month of August 31, 2022 and Two Months Ended August 31, 2022 (Unaudited)

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

The month of August resulted in negative \$873K Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$1.27M.

YTD – The YTD August results were a negative \$1.66M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$2.25M.

Month – Adjustments and Items of note:

- The August Surgery visits remained high again at 166 plus 14 G.I. procedures.
- The Emergency visits were also high at 3,593.
- Other Income included \$258,376 from the American Rescue plan for Small Rural Hospital Improvement Plan FY 21/22
- Total Operating Expenses were \$499K below budget (see comments below)

August's inpatient average daily census was 22.2. Conversely, Adjusted Patient Days were 9.7% over budget (2,095 vs. 1,909) which includes the Patient Days which were 28% below budget (689 vs. 959). Emergency Visits were 7.8% over budget (3,593 vs. 3,332), and overall Surgeries were over budget by 33% (166 vs. 125).

YTD - Inpatient average daily census was 22.1. Adjusted Patient Days were on budget (3,881 vs. 3,882) and Patient Days were 29.8% below budget (1,369 vs. 1,950). Emergency Visits were 8.5% over budget (7,141 vs. 6,580), and overall Surgeries were over budget by 25% (308 vs. 247).

Patient Revenues (MTD) Negative (YTD) Negative

Month - The Net Patient Revenue in August was \$415K (7.9%) below budget. This is impacted by the low count of Inpatient Days, however this is somewhat negated by the very high Outpatient revenues. Managed care rate increases negotiated a year ago were estimated at \$214K for the month.

YTD – Net Patient Revenues were \$1.09M (10%) below budget. Again, this is impacted by the low count of Inpatient Days, however this is somewhat negated by the very high Outpatient revenues. Managed care rate increases negotiated a year ago are estimated at \$400K combined for the two months.

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

Month – Operating Revenue in August was \$102K below budget. This was impacted by the negative variances in Net Patient Revenues and positive variance in Other Income described above.

YTD - Operating Revenue was \$842K below budget. This was impacted by the negative variances in Net Patient Revenues for the two months and positive variance in Other Income received in August.

Operating Expenses (MTD) Positive & (YTD) Positive

Month - Operating Expenses in August were \$7.0M and were under budget by \$499K. Key items that impacted overall Expenses were as follows: 1) Physician fees were under budget by \$87K due to the actual medical residency costs being charged to Purchased Services, while the Residency budgeted \$83K was included in Physician Fees. (these will be reallocated in future reports); 2) Purchased Services were favorable by \$195K, in spite of the Residency fees being charged here. There were also legal fees being \$89K below budget, coupled with several other departments (Radiology, Dialysis, Plant Services, Human Resources, and Business Office). 3) Supplies were under budget by \$214K, and large favorable variances included Drugs (\$126K), Med Surg & ICU (\$25K), and Surgery prosthetics (\$35K). Several departments' Supply costs exceeded budget (Surgery, Lab, Blood), but these were offset by several other departments' favorable variances; 4) Repairs and Maintenance costs were \$49K over budget, of

which \$48K was attributable to the Plant Operations department; 5) Other Expense was \$46K below budget, primarily in Administrative costs which will come to be later in the year. Note: Some of these large variances may tend to “level” out as the year progresses, i.e., the monthly budget allocations can be somewhat difficult to predict, such as incurrence of legal fees. Also, during the first part of the fiscal year, we attempt to defer any expenditures possible, especially in lower volume months and during the slower time of the year.

YTD – Operating Expenses were \$13.9M and were under budget by \$1.4M. Key items that impacted overall Expenses were as follows: 1) Salaries and Benefits were a combined \$215K under budget which was impacted by the current PTO Flex-Down variance of approximately \$300K in July; 2) Contract Labor was \$56K over budget, impacted by staffing needs in the OB service in July; 3) Physician fees were \$179K under budget as \$167K of the Residency fees were budgeted here but the expenses were allocated to Purchased Services (this also be reallocated in future reports). Even though \$29K of Residency costs were included in Purchased Services, there was a favorable variance of \$408K, as legal fees were \$185K below budget, coupled with several other departments (I/T, Radiology, Administration, H/R, Dialysis, Business Office) and Allscripts/Navigant (\$39K) being lower than expected. 5) Supplies were under budget by \$620K, and large favorable variances included Drugs (\$259K), General Medical Supplies (\$187K), Surgery prostheses (\$65K), Oxygen (\$23K), Non-Medical Supplies (\$55K) and Food (\$23K). Note: Some of these large variances may tend to “level” out as the year progresses, i.e., the monthly budget allocations can be somewhat difficult to predict, such as incurrence of legal fees. Also, during the first part of the fiscal year, we attempt to defer any expenditures possible, especially in lower volume months and during the slower time of the year.

Balance Sheet/Cash Flow

Patient cash collections in August were \$5.78M, up from July (\$4.7M). The Gross A/R Days dropped from 70.3 in July to 65.1 in August.

Cash balances in August were \$8.83M, down from July (\$9.67M) and \$11.3M in June. The Line of Credit balance remained at \$12M in August and Accounts Payable increased to \$11.5M compared to \$9.7M at the end of July. There was a favorable \$513K change (reduction) in the DSH liability resulting from favorable audited DSH results for FY 18/19 which was booked during the year-end audit. Accrued Payroll and Taxes were \$662K higher than the previous month simply due to timing differences in number of accrued payroll days.

Subsequent to August’s closing, the 2022 Revenue Bonds were issued, and the District received \$8.4M which was immediately applied to the Line of Credit, along with other Cash, in order to reduce the \$12M balance to -0- for a 30 day period as required by law.

Concluding Summary

Positive takeaways:

- 1) Total Surgeries were 33% over budget.
- 2) Emergency Visits were 8% over budget
- 3) Adjusted Patient Days were 9.7% over budget
- 4) Other Income of \$258,376 was received from the American Rescue plan for Small Rural Hospital Improvement Plan FY 21/22
- 5) Operating Expenses were under budget.
- 6) EBIDA performance was \$397K better than expected.

Negative takeaways:

- 1) Patient Days are less than expected.

STATISTICS

Inpatient Admissions/Discharges (Monthly Average)	Represents number of patients admitted/discharged into and out of the hospital.
Patient Days (Monthly Average)	Each day a patient stays in the hospital is counted as a patient day. This count is normally done at midnight.
Average Daily Census (Inpatient)	Equals the average number of inpatients in the hospital on any given day or month.
Average Length of Stay (Inpatient)	Represents that average number of days that inpatients stay in the hospital.
Emergency Visits (Monthly Average)	Represents the number of patients who sought services at the emergency room.
Surgery Cases - Excluding G.I. (Monthly Average)	Equals the number of patients who had a surgical procedure(s) performed.
G.I. Cases (Monthly)	Number of patients who had a gastrointestinal exam performed.
Newborn Deliveries (Monthly)	Number of babies delivered.

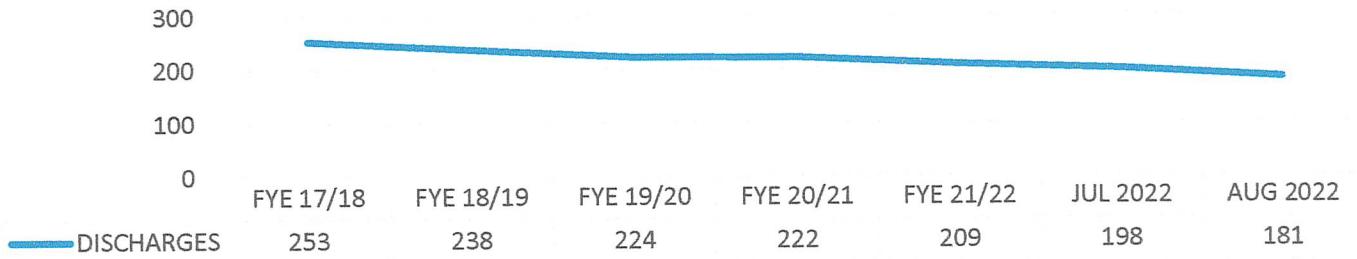
PRODUCTIVITY

Worked FTEs (includes Registry FTEs)	Represents an equivalency of full-time staff worked. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours worked by the number of hours in the respective work period (40, 80, etc.) Example: 340 hours worked in an 80 hour pay period = 4.25 FTE's
Worked FTES per APD	Divides the Total Worked FTE's by the daily average of the Adjusted Patient Days.
Paid FTEs (includes Registry FTEs)	Represents an equivalency of full-time staff paid. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours paid (includes all hours paid consisting of worked hours, PTO hours, sick pay, etc.) by the number of hours in the respective work period (40, 80, etc.) Example: 500 hours paid in an 80 hour pay period = 6.25 FTE's.
Paid FTES per APD	Divides the Total Paid FTE's by the daily average of the Adjusted Patient Days.
ADJUSTED PATIENT DAYS	This is a blend of total patient days stayed in the hospital for a month, plus an equivalency factor (based on average inpatient revenue per patient day) applied to the outpatient revenues in order to account for outpatient workloads.

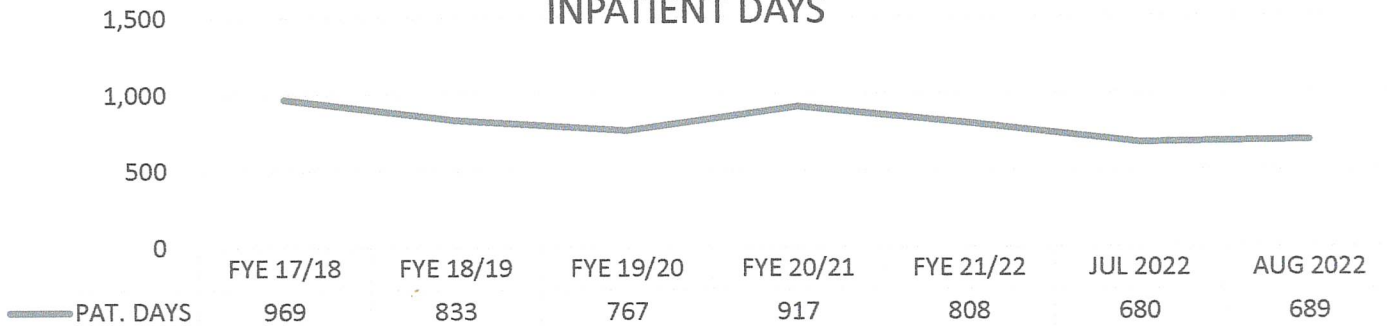
3-17

SAN GORGONIO MEMORIAL HOSPITAL

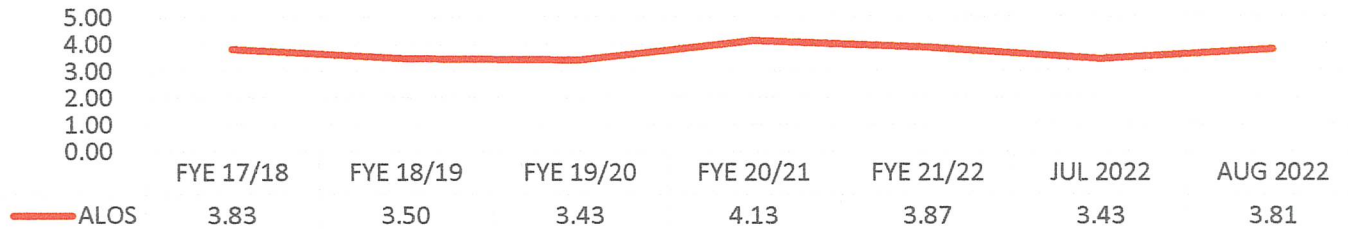
INPATIENT DISCHARGES



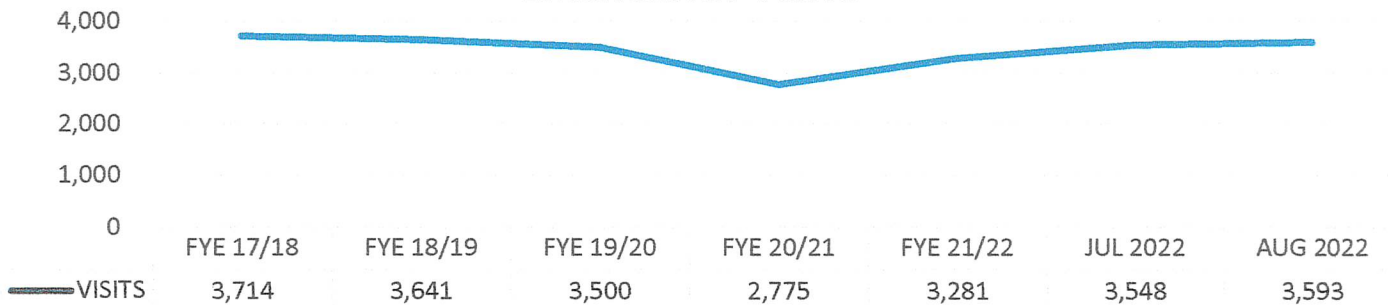
INPATIENT DAYS



AVERAGE LENGTH OF STAY



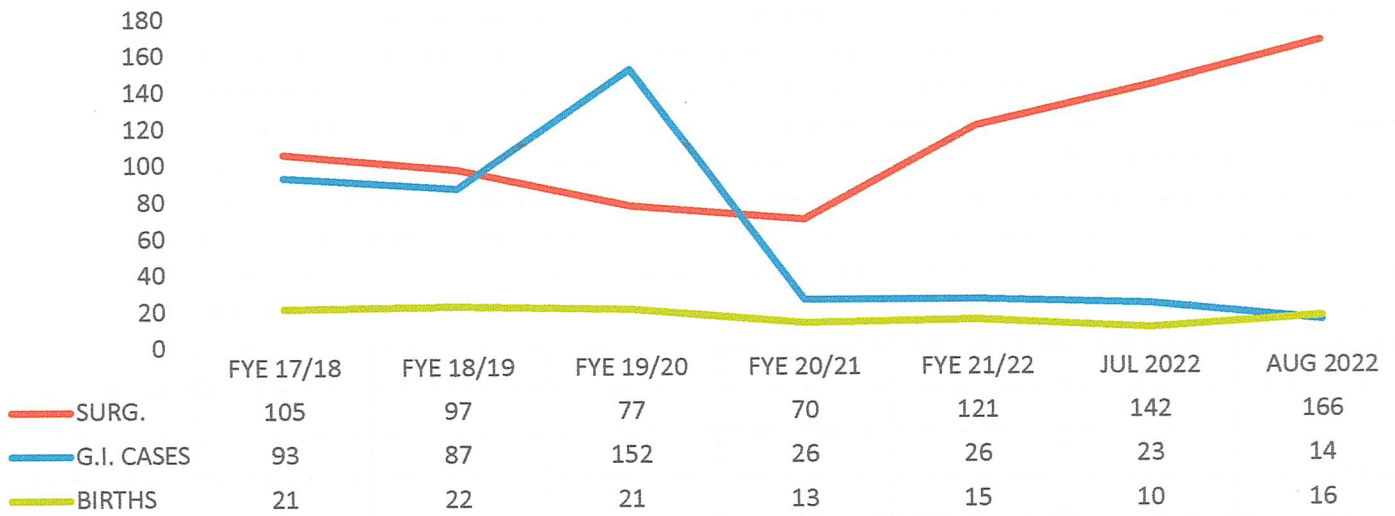
EMERGENCY VISITS



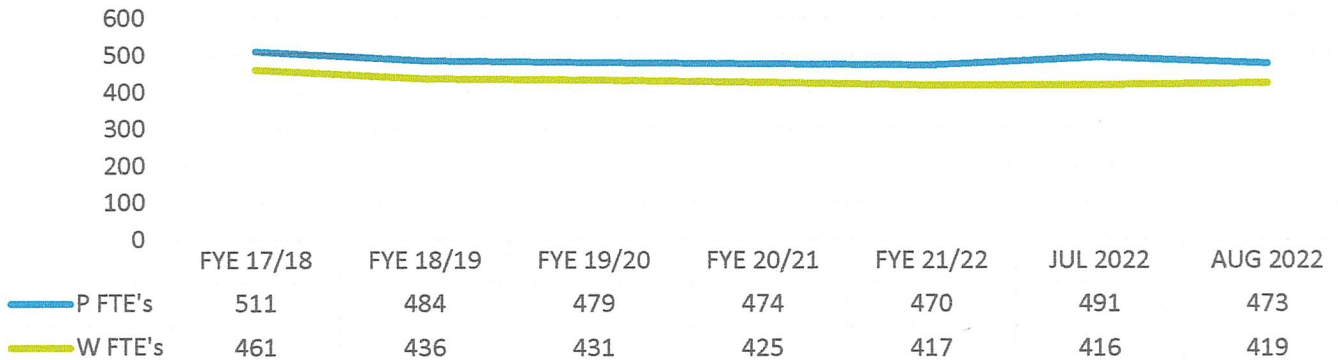
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SAN GORGONIO MEMORIAL HOSPITAL

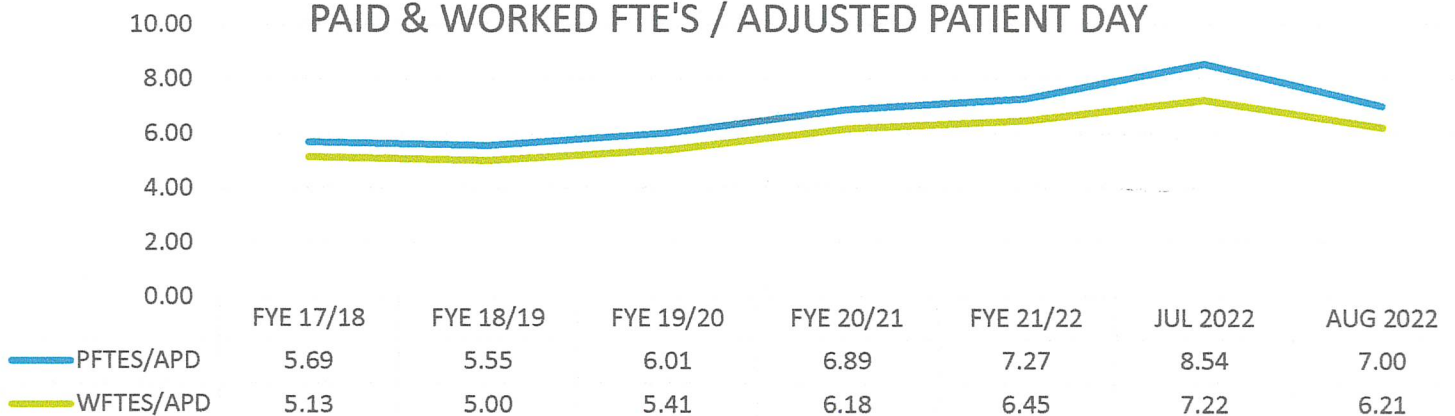
SURGERY CASES, G.I. CASES, N/B DELIVERIES



PAID & WORKED FTE'S



PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



3-C

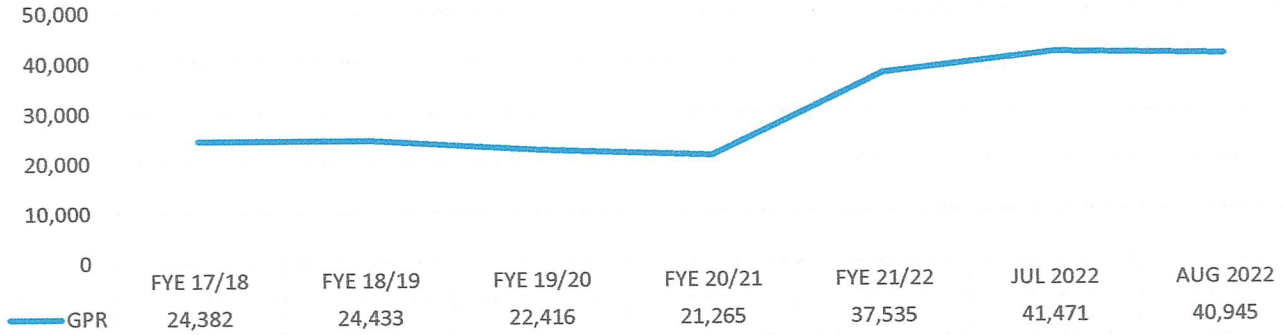
INCOME STATEMENT

Gross Patient Revenue (000's) (Monthly Ave.)	Represents total charges (before discounts and allowances) made for all patient services provided.
Net Patient Revenue (NPR) (000's) (Monthly Ave.)	Equals the sum of all (patient) charges for services provided that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.
NPR as % of Gross	Reflects the percentage of Gross Patient Revenues (charges) that are expected to be collected. Calculated by dividing Net Patient Revenue by the Gross Patient Revenue.
Total Operating Revenue (000's) (Monthly Ave.)	This reflects all Revenues available for payment of Operating Expenses. This includes Net Patient Revenue plus all other forms of miscellaneous Revenues.
Salaries, Wages, Benefits & Contract Labor (000's) (Monthly Ave.)	Represents the total staffing expenses of the Hospital
SWB + Contract Labor as % of Total Operating Revenue	Identifies what portion the Operating Revenues are spent on staffing costs.
Total Operating Expense (TOE) (000's)(Monthly Ave.)	Operating Expense reflects all costs needed to fund the Hospital's business operations.
TOE as % of Total Operating Revenue	Identifies the relationship that Operating Expenses have to the Total Operating Revenues.
EBIDA (000's)(Monthly Average)	Earnings Before Interest, Depreciation, and Amortization. This reflects the difference between Net Operating Revenues and Total Operating Expense. This is a quick measurement of the Hospital's ability to meet its financial obligations and have additional funds for equipment replacement and future growth of the organization.
EBIDA as % of NPR	This measurement is a guage 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.

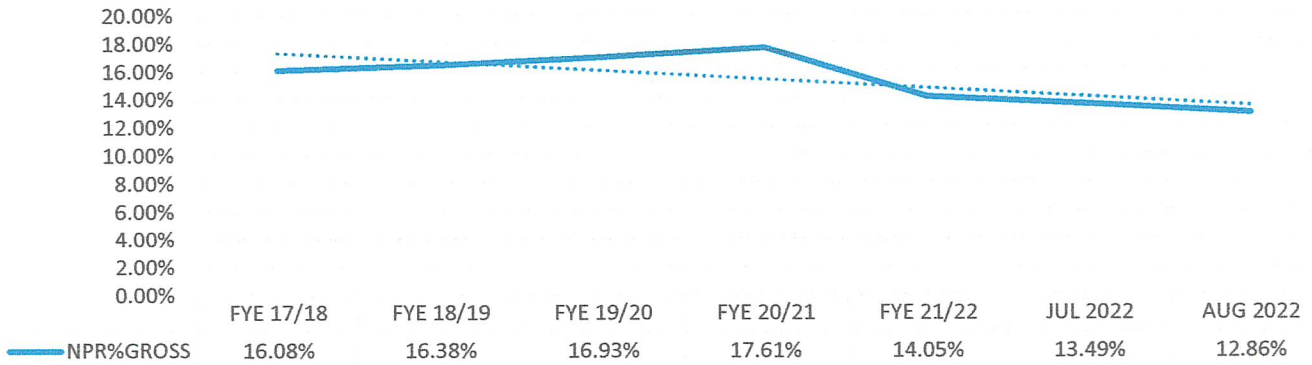
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SAN GORGONIO MEMORIAL HOSPITAL

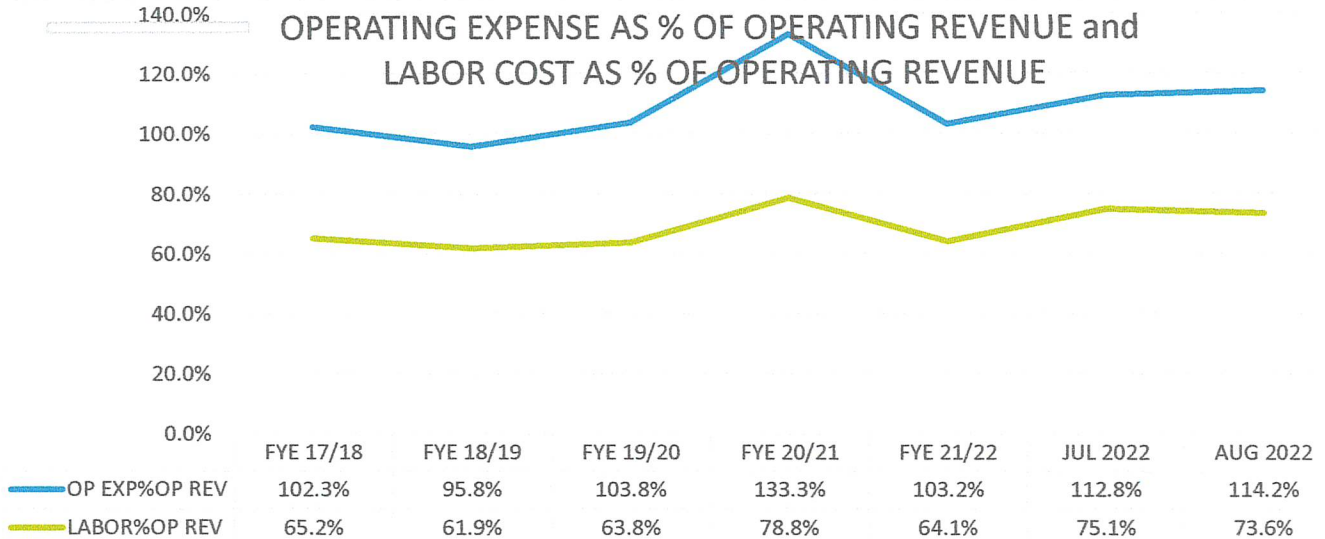
GROSS PATIENT REVENUE



NET PATIENT REVENUE AS % OF GROSS

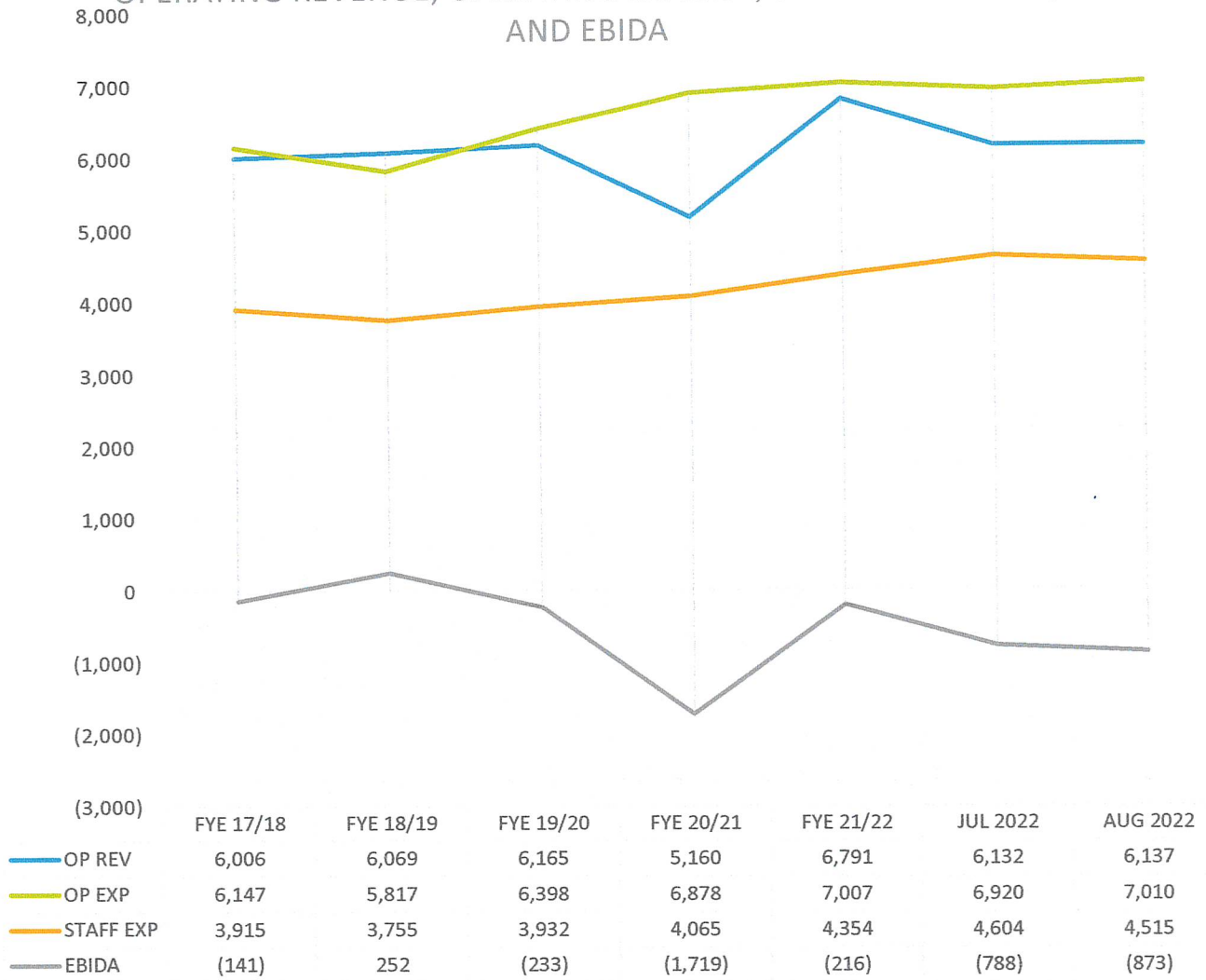


OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE

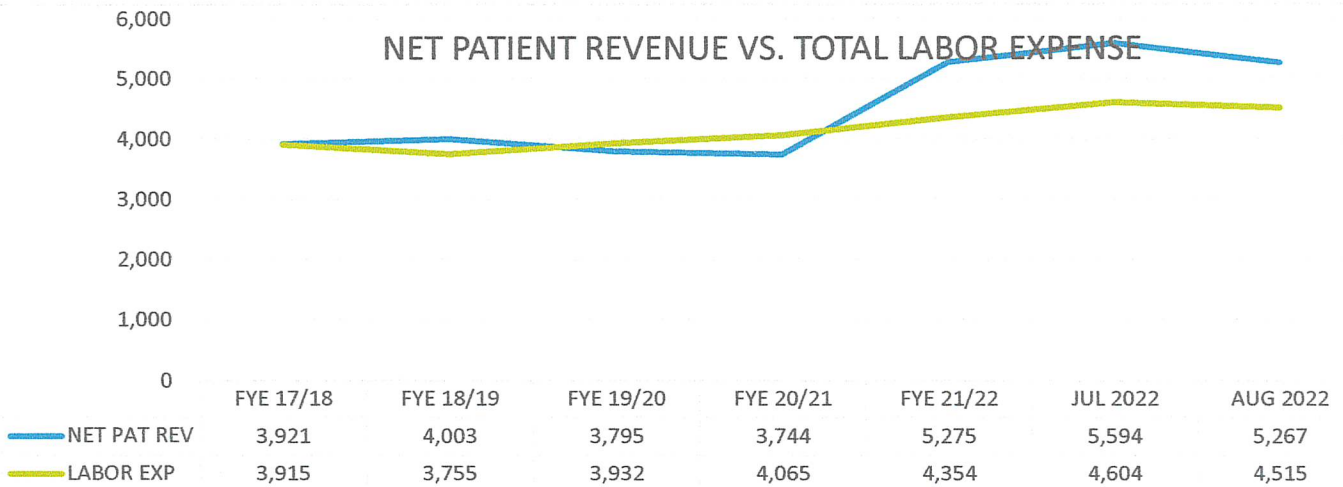


SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA

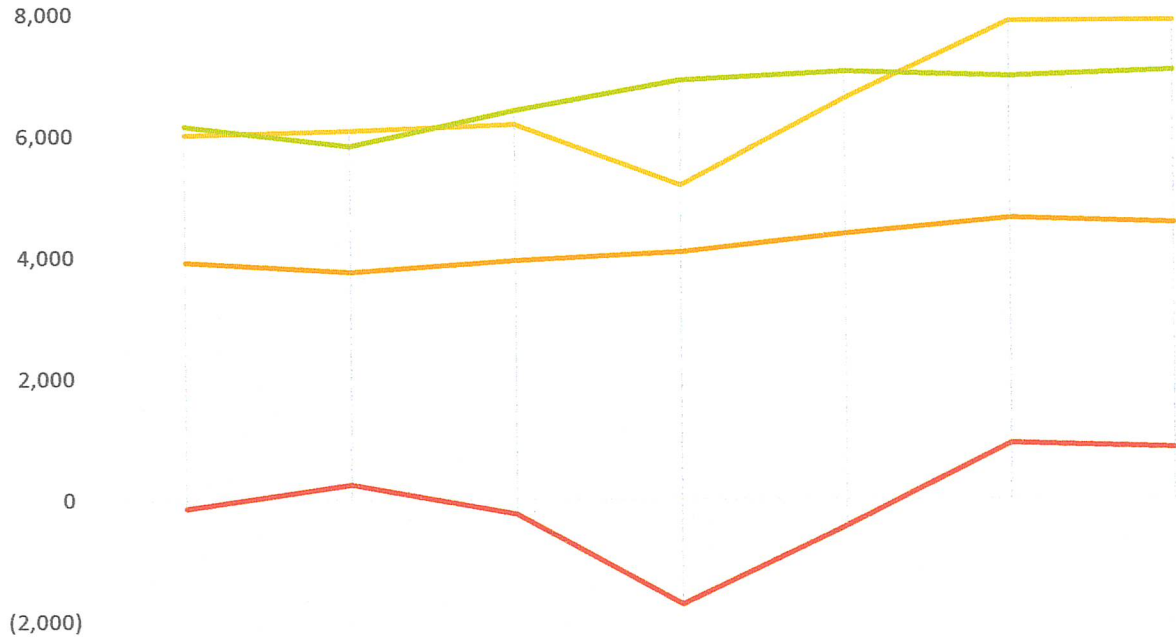


NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE



SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE (NORMALIZED), OPERATING EXPENSE, STAFFING
EXPENSE, AND EBIDA (NORMALIZED)
10,000



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022
REV NORMAL	6,006	6,069	6,165	5,160	6,569	7,831	7,836
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515
EBIDA NORMAL	(141)	252	(233)	(1,719)	(438)	911	826

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SAN GORGONIO HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA

Month-to Month FYE June 30, 2023

Statement of Revenue and Expense

	FYE17/18	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
	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	7/31/2022	8/31/2022	9/30/2022	10/31/2022	11/30/2022	12/31/2022	6/30/2023
Gross Patient Revenue													
Inpatient Revenue	\$ 8,652,325	\$ 7,667,883	\$ 7,401,282	\$ 9,331,371	\$ 16,603,390	\$ 14,624,753	\$ 15,786,344	\$ 13,463,161	\$ -	\$ -	\$ -	\$ -	\$ 29,249,505
Inpatient Psych/Rehab Revenue	0	0	0	0	0	0	-	-	-	-	-	-	53,166,504
Outpatient Revenue	15,730,069	16,765,365	15,067,104	11,933,682	20,932,075	26,583,252	25,684,830	27,481,674	-	-	-	-	-
Long Term Care Revenue	0	0	0	0	0	0	-	-	-	-	-	-	-
Home Health Revenue	0	0	0	0	0	0	-	-	-	-	-	-	-
Total Gross Patient Revenue	24,382,394	24,433,247	22,468,386	21,265,053	37,535,465	41,208,005	41,471,174	40,944,835	0	0	0	0	\$ 82,416,009
Deductions From Revenue													
Discounts and Allowances	(19,635,639)	(19,588,148)	(17,845,730)	(16,635,734)	(31,077,870)	(34,881,597)	(34,966,058)	(34,797,135)	0	0	0	0	(69,763,193)
Bad Debt Expense	(806,002)	(858,023)	(653,280)	(824,395)	(1,045,570)	(848,552)	(883,157)	(813,947)	0	0	0	0	(1,697,104)
GI HMO Discounts	0	0	0	0	0	0	0	0	0	0	0	0	-
Charity Care	(80,410)	(56,168)	(86,517)	(41,362)	(136,947)	(47,357)	(28,117)	(66,596)	0	0	0	0	(94,713)
Total Deductions From Revenue	(20,522,051)	(20,502,339)	(18,585,527)	(17,501,490)	(32,260,387)	(35,777,505)	(35,877,331)	(35,677,679)	0	0	0	0	(71,555,010)
	-84.2%	-83.9%	-82.7%	-82.3%	-85.9%	-86.8%	-86.5%	-87.1%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-86.8%
Net Patient Revenue	3,860,343	3,930,908	3,882,859	3,763,563	5,275,078	5,430,499	5,593,843	5,267,156	0	0	0	0	\$ 10,860,999
Non-Patient Revenues													
IGT/DSH Revenues	1,530,975	1,485,337	1,157,326	869,707	501,407	0	0	0	0	0	0	0	-
Grants & Other Op Revenues	193,507	205,590	750,434	505,190	619,149	302,445	136,873	468,018	0	0	0	0	604,891
Clinic Net Revenues	20,106	22,382	15,743	0	0	0	0	0	0	0	0	0	-
Tax Subsidies Measure D	174,852	196,524	199,469	209,744	233,333	246,994	246,994	246,994	0	0	0	0	493,988
Tax Subsidies Prop 13	105,376	115,388	114,061	142,552	150,000	154,500	154,500	154,500	0	0	0	0	309,000
Tax Subsidies County Suplmtl Funds	16,858	16,159	9,064	16,163	11,789	0	0	0	0	0	0	0	-
Non-Patient Revenues	2,041,675	2,041,381	2,246,097	1,743,355	1,515,677	703,939	538,367	869,512	0	0	0	0	\$ 1,407,879
Total Operating Revenue	5,902,018	5,972,289	6,128,956	5,506,919	6,790,756	6,134,439	6,132,210	6,136,668	0	0	0	0	\$ 12,268,877
Operating Expenses													
Salaries and Wages	3,000,485	2,941,226	3,104,224	3,125,159	3,420,974	3,574,153	3,566,637	3,581,670	0	0	0	0	7,148,307
Fringe Benefits	784,204	702,477	752,708	856,889	834,285	883,510	898,552	868,467	0	0	0	0	1,767,019
Contract Labor	130,625	106,628	59,516	114,886	98,762	101,509	138,575	64,443	0	0	0	0	203,017
Physicians Fees	211,630	246,631	331,858	350,783	330,533	275,799	273,621	277,977	0	0	0	0	551,599
Purchased Services	581,239	513,857	691,337	772,336	888,505	839,020	829,624	848,417	0	0	0	0	1,678,041
Supply Expense	699,167	685,518	751,025	903,883	956,544	793,558	698,214	888,903	0	0	0	0	1,587,117
Utilities	74,205	75,471	80,680	92,287	111,192	101,372	104,925	97,819	0	0	0	0	202,744
Repairs and Maintenance	53,574	58,325	58,592	139,712	79,779	99,433	74,098	124,767	0	0	0	0	198,866
Insurance Expense	86,537	85,267	103,277	110,683	112,745	132,512	137,478	127,547	0	0	0	0	265,025
All Other Operating Expenses	68,153	70,922	160,745	148,752	93,085	75,356	97,102	53,610	0	0	0	0	150,712
IGT Expense	217,249	58,743	109,484	172,366	0	0	0	0	0	0	0	0	-
Leases and Rentals	57,507	76,150	79,233	79,424	81,351	88,651	101,241	76,060	0	0	0	0	177,301
1206 (b) CLINIC	80,927	98,810	94,628	34,096	0	0	0	0	0	0	0	0	-
Total Operating Expenses	6,045,502	5,720,023	6,377,306	6,901,255	7,007,756	6,964,874	6,920,067	7,009,680	0	0	0	0	\$ 13,929,747
EBIDA	(143,485)	252,266	(248,351)	(1,394,337)	(217,001)	(830,435)	(787,858)	(873,012)	0	0	0	0	\$ (1,660,870)
Interest, Depreciation, and Amortization													
Depreciation and Amortization	512,466	497,808	506,497	494,721	504,865	478,247	550,044	406,450	0	0	0	0	956,493
Interest Expense	432,490	418,193	422,094	447,994	409,987	499,758	427,682	571,834	0	0	0	0	999,516
Total Interest, Depr, & Amort.	944,956	916,000	928,591	942,715	914,852	978,005	977,726	978,283	0	0	0	0	1,956,009
Non-Operating Revenue:													
Contributions & Other	14,354	7,745	27,759	7,121	40,068	695,256	1,387,913	2,599	0	0	0	0	1,390,512
Tax Subsidies for GO Bonds - M-A	652,487	692,457	666,966	598,410	613,966	627,353	627,353	627,353	0	0	0	0	1,254,706
Total Non Operating Revenue/(Expense)	666,841	700,202	694,725	605,531	654,034	1,322,609	2,015,266	629,952	0	0	0	0	2,645,218
Total Net Surplus/(Loss)	(421,599)	36,467	(482,217)	(1,731,521)	(477,819)	(485,830)	249,682	(1,221,343)	0	0	0	0	\$ (971,661)
Change in Interest in Foundation	0	0	0	0	0	0	0	0	0	0	0	0	-
Extra-ordinary Loss on Financing	0	0	(689,574)	(650)	0	0	0	0	0	0	0	0	-
Increase/(Decrease in Unrestricted Net	\$ (421,599)	\$ 36,467	\$ (1,171,791)	\$ (1,732,171)	\$ (477,819)	\$ (485,830)	\$ 249,682	\$ (1,221,343)	\$ -	\$ -	\$ -	\$ -	\$ (971,661)
Total Profit Margin	-7.1%	0.6%	-7.9%	-31.4%	-7.0%	-7.9%	4.1%	-19.9%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-7.9%
EBIDA %	-2.4%	4.2%	-4.1%	-25.3%	-3.2%	-13.5%	-12.8%	-14.2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-13.5%

H-3

Note: Variances in the FYE 22/23 monthly columns are explained in the respective monthly financial reports.

Estimated Value of Supplemental Accruals						1,698,896	1,698,896						3,397,793
Estimated EBIDA If Supplementals were Accrued Monthly						911,039	825,885						1,736,923

SAN GORGONIO HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA
5 Year Monthly Averages and 12 Rolling Months Ended 8/31/2022

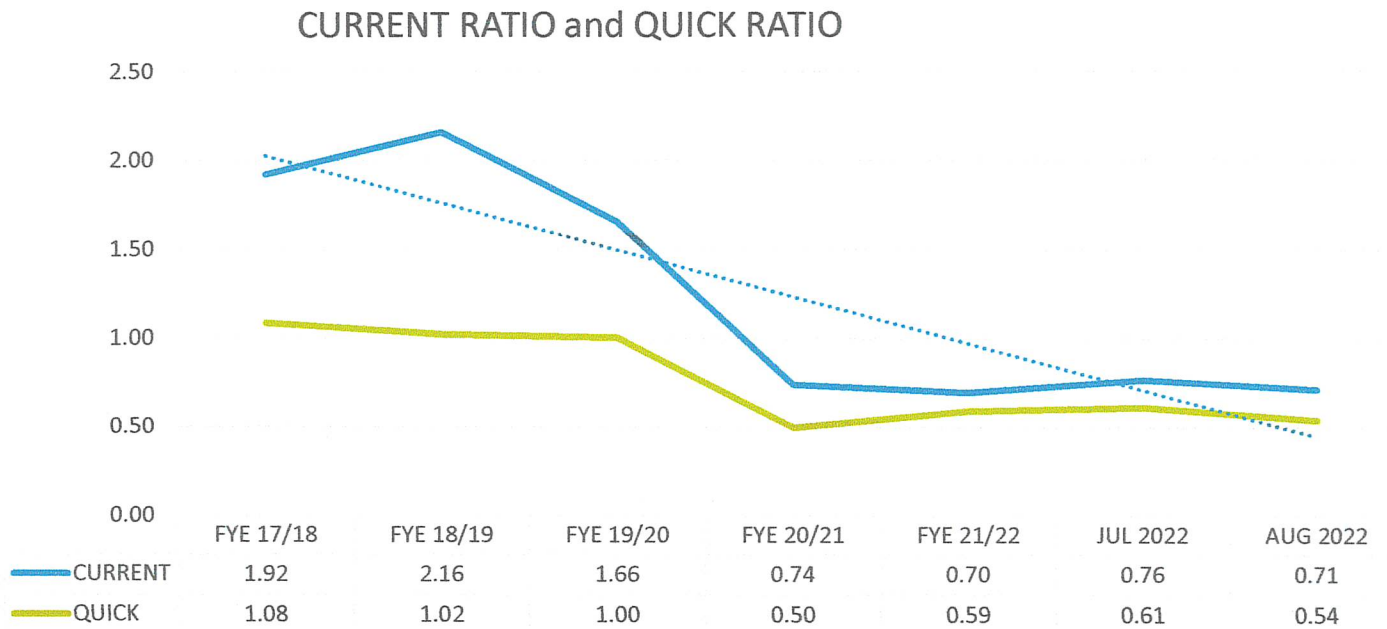
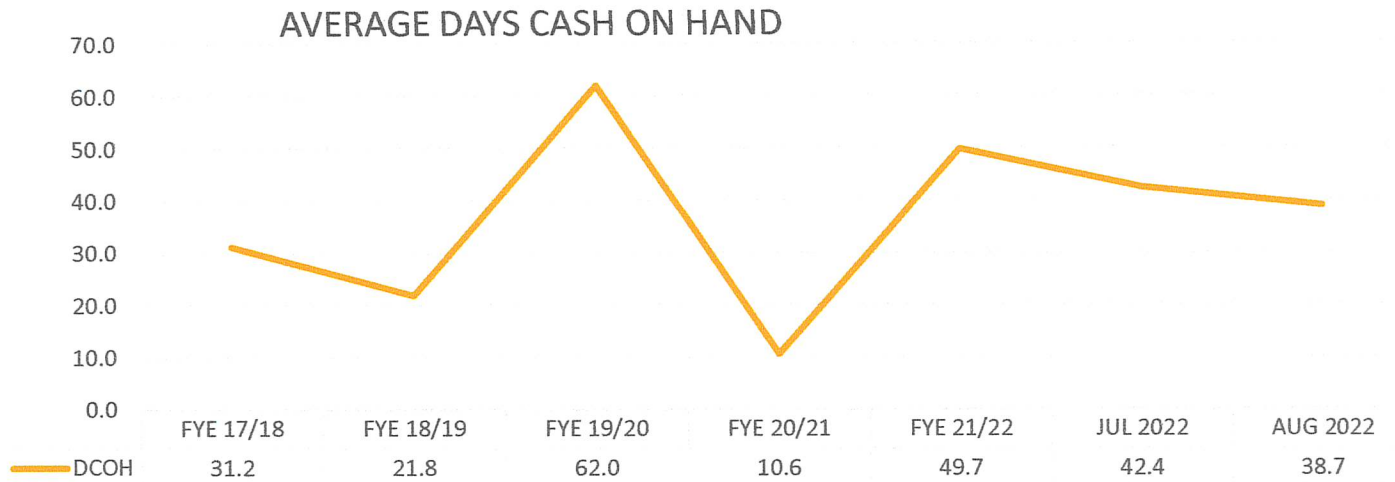
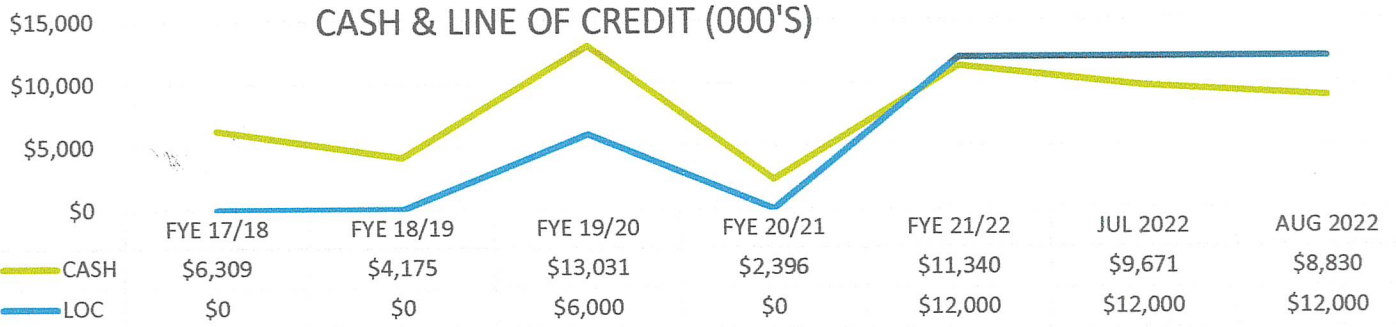
	FYE17/18	FYE18/19	FYE19/20	FYE 20/21	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 22/23	FYE 22/23
	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	9/30/2021	10/31/2021	11/30/2021	12/31/2021	1/31/2022	2/28/2022	3/31/2022	4/30/2022	5/31/2022	6/30/2022	7/31/2022	8/31/2022	
Gross Patient Revenue																		
Inpatient Revenue	\$ 8,652,325	\$ 7,667,883	\$ 7,401,282	\$ 9,331,371	\$ 16,603,390	\$ 18,658,896	\$ 11,148,784	\$ 18,051,448	\$ 17,581,450	\$ 29,180,538	\$ 16,023,727	\$ 14,009,575	\$ 12,985,480	\$ 12,699,299	\$ 13,219,644	\$ 15,786,344	\$ 13,463,161	
Inpatient Psych/Rehab Revenue	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient Revenue	15,730,069	16,765,365	15,067,104	11,933,682	20,932,075	18,326,106	22,586,269	19,318,269	21,397,485	17,754,388	18,699,730	22,781,003	22,348,929	21,153,874	23,646,523	25,684,830	27,481,674	
Long Term Care Revenue	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	
Home Health Revenue	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	
Total Gross Patient Revenue	24,382,394	24,433,247	22,468,386	21,265,053	37,535,465	36,985,002	33,735,053	37,369,717	38,978,936	46,934,926	34,723,457	36,790,578	35,334,409	33,853,172	36,866,167	41,471,174	40,944,835	
Deductions From Revenue																		
Discounts and Allowances	(19,635,639)	(19,588,148)	(17,845,730)	(16,635,734)	(31,077,870)	(30,346,595)	(27,094,682)	(30,704,377)	(31,514,954)	(38,941,080)	(28,951,935)	(29,655,536)	(27,674,758)	(26,569,751)	(33,958,338)	(34,966,058)	(34,797,135)	
Bad Debt Expense	(806,002)	(858,023)	(653,280)	(824,395)	(1,045,570)	(1,509,194)	(1,466,791)	(1,418,564)	(1,744,778)	(1,661,127)	(1,037,242)	(1,207,381)	(1,432,016)	(1,104,585)	2,536,474	(883,157)	(813,947)	
GI HMO Discounts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Charity Care	(80,410)	(56,168)	(86,517)	(41,362)	(136,947)	(29,218)	(142,235)	(97,440)	(23,772)	(177,583)	(29,837)	(22,283)	(25,690)	(887,352)	(59,144)	(28,117)	(66,596)	
Total Deductions From Revenue	(20,522,051)	(20,502,339)	(18,585,527)	(17,501,490)	(32,260,387)	(31,885,008)	(28,703,718)	(32,220,382)	(33,283,504)	(40,779,789)	(30,079,014)	(30,885,200)	(29,132,464)	(28,561,688)	(31,481,009)	(35,877,331)	(35,677,679)	
Net Patient Revenue	3,860,343	3,930,908	3,882,859	3,763,563	5,275,078	5,099,995	5,031,335	5,149,335	5,695,431	6,155,137	4,644,443	5,905,378	6,201,945	5,291,484	5,385,168	5,593,843	5,267,156	
Non-Patient Revenues																		
IGT/DSH Revenues	1,530,975	1,485,337	1,157,326	869,707	501,407	0	0	0	6,016,888	0	0	0	0	-	-	-	-	
Grants & Other Op Revenues	193,507	205,590	750,434	505,190	619,149	308,393	124,989	573,166	51,070	257,227	1,025,766	1,404,234	404,979	1,221,031	1,386,261	136,873	468,018	
Clinic Net Revenues	20,106	22,382	15,743	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Tax Subsidies Measure D	174,852	196,524	199,469	209,744	233,333	233,333	233,333	233,333	233,333	233,333	233,333	233,333	233,333	233,333	233,333	246,994	246,994	
Tax Subsidies Prop 13	105,376	115,388	114,061	142,552	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	154,500	154,500	
Tax Subsidies County Suplmtl Funds	16,858	16,159	9,064	16,163	11,789	0	0	0	0	0	0	0	0	0	141,462	-	-	
Non-Patient Revenues	2,041,675	2,041,381	2,246,097	1,743,355	1,515,677	691,726	508,322	956,499	6,451,291	640,560	1,409,099	1,787,567	788,312	1,604,364	1,911,056	538,367	869,512	
Total Operating Revenue	5,902,018	5,972,289	6,128,956	5,506,919	6,790,756	5,791,721	5,539,658	6,105,833	12,146,722	6,795,697	6,053,542	7,692,944	6,990,257	6,895,848	7,296,214	6,132,210	6,136,668	
Operating Expenses																		
Salaries and Wages	3,000,485	2,941,226	3,104,224	3,125,159	3,420,974	3,119,355	3,609,281	3,731,115	3,541,554	3,869,331	3,024,051	3,508,794	3,443,890	3,522,753	3,245,290	3,566,637	3,581,670	
Fringe Benefits	784,204	702,477	752,708	856,889	834,285	723,743	807,750	806,996	755,181	1,176,353	851,149	828,985	886,002	755,019	834,861	898,552	868,467	
Contract Labor	130,625	106,628	59,516	114,886	98,762	95,749	66,995	62,832	108,418	114,375	(76,550)	145,598	244,817	39,673	138,575	138,575	64,443	
Physicians Fees	211,630	246,631	331,858	350,783	330,533	532,291	316,536	343,587	198,313	298,243	318,078	437,958	497,575	195,777	243,800	273,621	277,977	
Purchased Services	581,239	513,857	691,337	772,336	888,505	812,271	810,404	1,034,039	953,575	877,171	992,328	1,036,315	966,521	912,287	744,090	829,624	848,417	
Supply Expense	699,167	685,518	751,025	903,883	956,544	1,133,627	784,949	1,033,756	1,044,298	931,808	907,500	1,024,948	1,455,590	683,784	559,448	698,214	888,903	
Utilities	74,205	75,471	80,680	92,287	111,192	119,284	159,817	83,919	145,701	135,515	130,260	102,218	114,367	99,273	114,902	104,925	97,819	
Repairs and Maintenance	53,574	58,325	58,592	139,712	79,779	81,746	65,197	89,547	48,900	47,901	58,986	37,984	183,195	73,948	90,516	74,098	124,767	
Insurance Expense	86,537	85,267	103,277	110,683	112,745	115,996	115,996	115,996	129,887	130,590	119,850	122,460	115,996	29,026	120,427	137,478	127,547	
All Other Operating Expenses	68,153	70,922	160,745	93,085	93,085	97,243	122,788	46,020	75,944	154,765	50,537	67,757	75,734	194,597	111,788	97,102	53,610	
IGT Expense	217,249	58,743	109,484	172,366	0	0	0	0	0	0	0	0	0	0	0	0	0	
Leases and Rentals	57,507	76,150	79,233	79,424	81,351	56,259	87,089	81,362	76,968	72,138	51,487	69,694	113,459	112,625	112,284	101,241	76,060	
1206 (b) CLINIC	80,927	98,810	94,628	34,096	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Operating Expenses	6,045,502	5,720,023	6,377,306	6,901,255	7,007,756	6,887,564	6,946,803	7,428,666	7,078,738	7,808,187	6,427,676	7,382,712	8,097,148	6,618,763	6,273,429	6,920,067	7,009,880	
EBIDA	(143,485)	252,266	(248,351)	(1,394,337)	(217,001)	(1,095,843)	(1,407,147)	(1,322,832)	5,067,984	(1,012,491)	(374,133)	310,232	(1,106,891)	277,085	1,022,785	(787,858)	(873,012)	
Interest, Depreciation, and Amortization																		
Depreciation and Amortization	512,466	497,808	506,497	494,721	504,865	504,865	504,865	504,865	504,865	504,865	504,865	504,865	504,865	504,865	504,865	550,044	406,450	
Interest Expense	432,490	418,193	422,094	447,994	409,987	335,467	404,425	421,092	374,425	393,735	591,013	393,056	374,425	452,092	380,300	427,682	571,834	
Total Interest, Depr, & Amort.	944,956	916,000	928,591	942,715	914,852	840,332	909,290	925,957	879,290	898,600	1,095,878	897,921	879,290	956,957	885,165	977,726	978,283	
Non-Operating Revenue:																		
Contributions & Other	14,354	7,745	27,759	7,121	40,068	2,969	1,708	1,695	4,381	963	186,373	9,437	183,295	52,869	4,029	1,387,913	2,599	
Tax Subsidies for GO Bonds - M-A	652,487	692,457	666,966	598,410	613,966	613,966	613,966	613,966	613,966	613,966	613,966	613,966	613,966	613,966	613,966	627,353	627,353	
Total Non Operating Revenue/(Expense)	666,841	700,202	694,725	605,531	654,034	616,935	615,674	615,661	618,347	614,928	800,339	623,403	797,260	666,835	617,995	2,015,266	629,952	
Total Net Surplus/(Loss)	(421,599)	36,467	(482,217)	(1,731,521)	(477,819)	(1,319,240)	(1,700,764)	(1,633,129)	4,807,040	(1,296,162)	(669,672)	35,714	(1,188,921)	(13,037)	755,614	249,682	(1,221,343)	
Change in Interest in Foundation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Extra-ordinary Loss on Financing	0	0	(689,574)	(650)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Increase/(Decrease in Unrestricted Net)	\$ (421,599)	\$ 36,467	\$ (1,171,791)	\$ (1,732,171)	\$ (477,819)	\$ (1,319,240)	\$ (1,700,764)	\$ (1,633,129)	\$ 4,807,040	\$ (1,296,162)	\$ (669,672)	\$ 35,714	\$ (1,188,921)	\$ (13,037)	\$ 755,614	\$ 249,682	\$ (1,221,343)	
Total Profit Margin	-7.1%	0.6%	-7.9%	-31.4%	-7.0%	-22.8%	-30.7%	-26.7%	39.6%	-19.1%	-11.1%							

BALANCE SHEET (Period End)

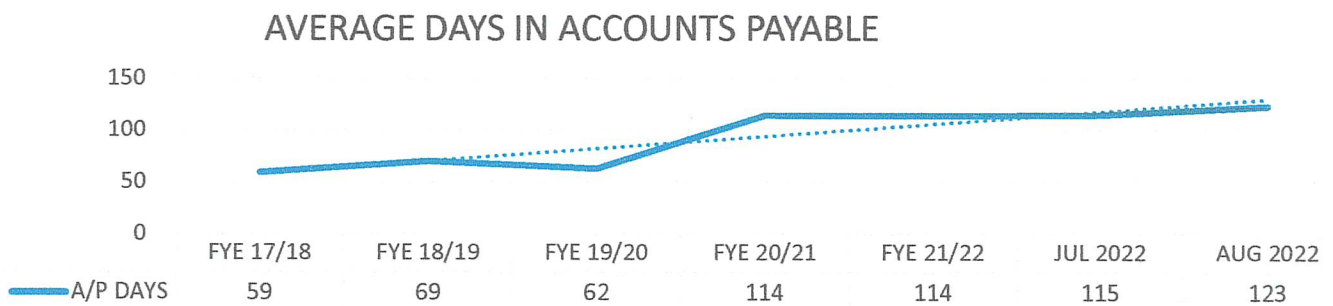
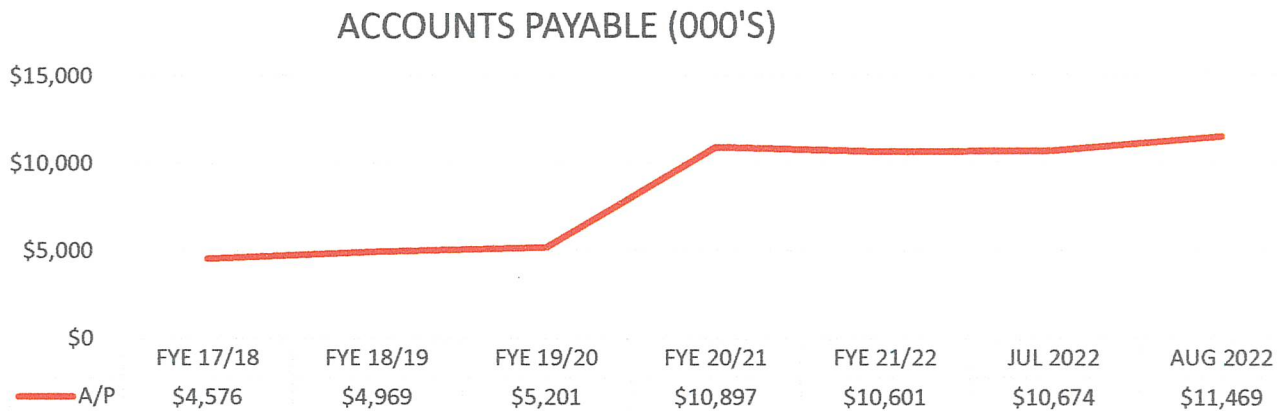
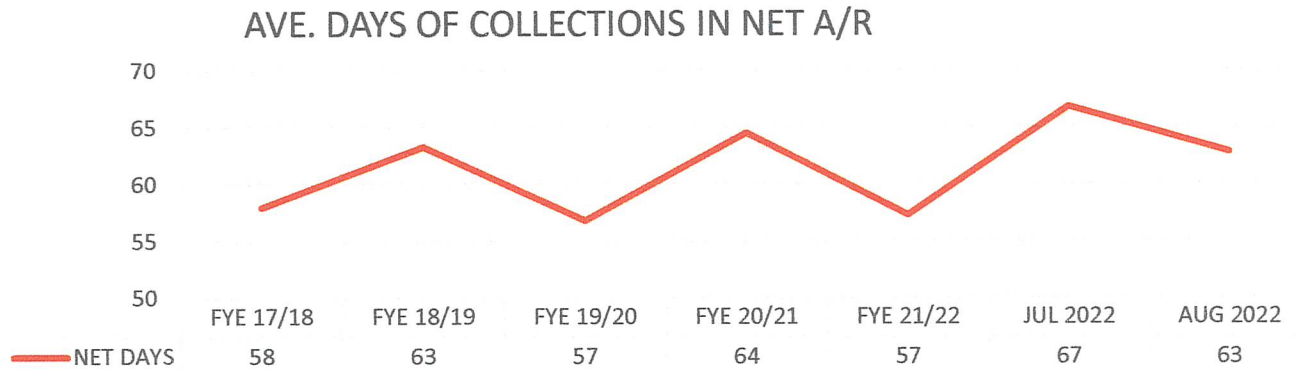
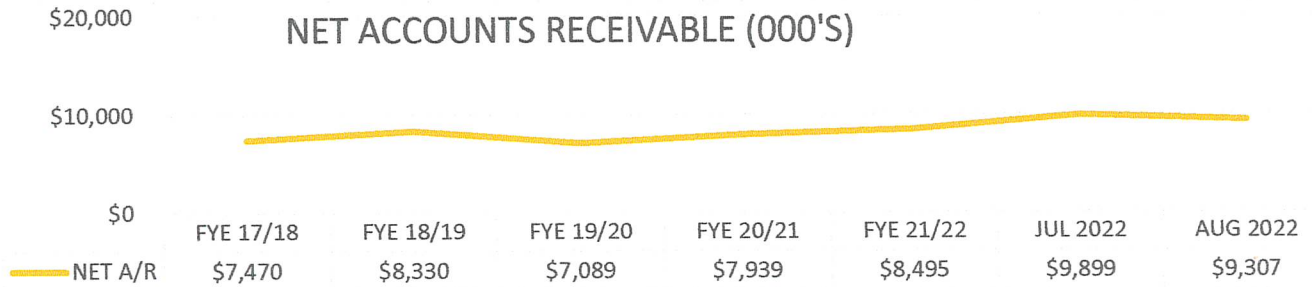
Cash (000's)	Represents all unrestricted cash in the bank at each month-end.
Days Cash on Hand	Calculated by dividing amount of Cash on Hand by the historical average daily amount of cash requirements to cover operating expenses.
Accounts Receivable - Net (000's)	Equals the sum of all (patient) accounts that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.
A/R Days - Net	This measures the average number of days it takes to collect payment of the Net Accounts Receivable. Lower values are desired.
Current Ratio (Current Assets/Current Liabilities)	A measure that illustrates the ability for the hospital to pay its obligations that come due over the course of the next year. The greater the Current Assets as compared to the Current Liabilities, the stronger position the organization is in to pay its upcoming obligations. Desired position is greater than 1:00 to 1:00, preferably at least 1:25 to 1:00 or greater.
Quick Ratio	This measures the Cash + Net Accounts Receivable compared to the Current Liabilities. Desired ratio is greater than 1.00 : 1.00.
Accounts Payable (000's)	Reflects payment obligations of the Hospital as of a point in time. Excludes Loans, Payroll and other Debt obligations. Lower values are desired.
Accounts Payable Days	Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.
Line of Credit Balance (000's)	The amount that is currently borrowed from a lending institution as of a given point in time.

3-5

SAN GORGONIO MEMORIAL HOSPITAL



SAN GORGONIO MEMORIAL HOSPITAL

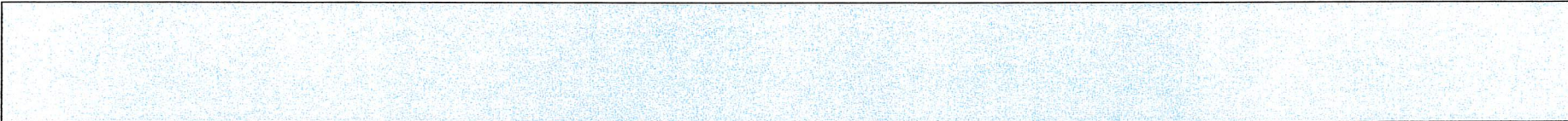


SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
ONE MONTH ENDING AUGUST 31, 2022

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD							
REF LINE#		08/31/22 ACTUAL	08/31/22 BUDGET		YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE
	Revenue:						
[1]	Gross Patient Revenues	\$ 40,944,835	\$ 43,532,749		\$ 82,416,009	\$ 87,779,928	\$ (5,363,919)
[2]	Deductions From Revenue	(35,677,679)	(37,850,758)		(71,555,010)	(75,830,337)	4,275,327
[3]	Net Patient Revenues	5,267,156	5,681,992		10,860,999	11,949,591	(1,088,592)
[4]	IGT Revenue	-	-		-	-	-
[5]	Other Operating Revenue	869,512	557,030		1,407,879	1,161,552	246,327
[6]	Total Operating Revenues	6,136,668	6,239,021		12,268,877	13,111,143	(842,266)
	Expenses:						
[7]	Salaries, Benefits	4,450,137	4,482,096		8,915,326	9,131,063	215,737
	Contract Labor	64,443	71,052		203,017	146,658	(56,360)
	Physicians Fees	277,977	365,231		551,599	730,462	178,863
	Other Purchase Services	848,417	1,042,961		1,678,041	2,085,922	407,882
[8]	Purchased Serv. & Physician Fees	1,190,837	1,479,244		2,432,657	2,963,042	530,385
[9]	Supply Expenses	888,903	1,102,482		1,587,117	2,206,962	619,845
[10]	Other Operating Expenses & Clinic Loss	479,803	536,626		994,647	1,061,184	66,537
[11]	Supplimental and Grant Expense	-	(91,499)		-	-	-
[12]	Total Expenses	\$ 7,009,680	\$ 7,508,950		\$ 13,929,747	\$ 15,362,251	\$ 1,432,504
[13]	EBIDA	\$ (873,012)	\$ (1,269,928)		\$ (1,660,870)	\$ (2,251,108)	\$ 590,239
[14]	Depreciation & Interest Expense	978,283	947,622		1,956,009	1,887,744	(68,265)
[15]	Non-Operating Revenue/(Exp.)	978,283	1,092,982		2,645,218	2,185,963	459,255
[16]	TOTAL NET SURPLUS (LOSS)	\$ (873,012)	\$ (1,124,569)		\$ (971,661)	\$ (1,952,889)	\$ 981,229

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
ONE MONTH ENDING AUGUST 31, 2022

BALANCE SHEET			
		YTD	Prior FYE
		8/31/2022	6/30/2022
ASSETS			
[1]	Current Assets	\$ 24,047,816	\$ 23,401,085
[2]	Assets Whose Use is Limited	7,935,378	12,704,494
[3]	Property, Plant & Equipment (Net)	73,737,172	73,514,801
[4]	Other Assets	609,262	503,000
[5]	Total Unrestricted Assets	106,329,628	110,123,380
[6]	Restricted Assets	0	0
[7]	Total Assets	\$ 106,329,628	\$ 110,123,380
LIABILITIES AND NET ASSETS			
[8]	Current Liabilities	\$33,684,198	\$33,649,575
[9]	Long-Term Debt	102,467,230	105,323,946
[10]	Other Long-Term Liabilities	2,231,628	2,231,626
[11]	Total Liabilities	\$ 138,383,056	\$ 141,205,147
[12]	Net Assets	\$ (32,053,428)	\$ (31,081,767)
[13]	Total Liabilities and Net Assets	\$ 106,329,628	\$ 110,123,380



KEY STATISTICS AND RATIOS					
	07/31/22 ACTUAL	08/31/22 ACTUAL	08/31/22 BUDGET	2023 YTD	2022 YR END TOTAL
	FY 23	FY 23	FY 23	FY 23	FY 22
[1] Total Acute Patient Days	680	689	959	680	9,689
[2] Average Daily Census	21.9	22.2	30.9	21.9	26.5
[3] Average Acute Length of Stay	3.4	3.8	4.1	3.4	3.9
[4] Patient Discharges	198	181	236	198	2,502
[5] Observation Days	228	277	244	228	2,775
[6] Total Emergency Room Visits	3,548	3,593	3,332	3,548	39,374
[7] Average ED Visits Per Day	114	116	107	114	108
[9] Total Surgeries	142	166	125	142	1,446
[10] Deliveries/Births	10	16	12	10	175

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING AUGUST 31, 2022

	DISTRICT ONLY	CURRENT MONTH			
		FY 23	FY 23	Positive	Percentage
		ACTUAL	ACTUAL	(Negative)	
08/31/22	08/31/22	CUR MO BUD	Variance	Variance	
Gross Patient Revenue					
[1] Inpatient Revenue	\$ -	\$ 13,463,161	\$ 20,785,721	\$ (7,322,560)	-54.4%
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-
[3] Outpatient Revenue	-	27,481,674	\$ 22,747,028	4,734,646	17.2%
[4] Long Term Care Revenue	-	-	-	-	-
[5] Home Health Revenue	-	-	-	-	-
[6] Total Gross Patient Revenue	\$ -	\$ 40,944,835	\$ 43,532,749	\$ (2,587,914)	-6.3%
Deductions From Revenue					
[7] Discounts and Allowances	-	(34,797,135)	\$ (36,238,877)	\$ 1,441,741	-4.1%
[8] Bad Debt Expense	-	(813,947)	\$ (1,533,010)	719,063	-88.3%
[9] Prior Year Settlements	-	-	\$ -	-	-
[10] Charity Care	-	(66,596)	\$ (78,871)	12,274	-18.4%
[11] Total Deductions From Revenue	-	(35,677,679)	(37,850,758)	\$ 2,173,079	-6.1%
[12]		-87.1%	-86.9%		
[13] Net Patient Revenue	\$ -	\$ 5,267,156	\$ 5,681,992	\$ (414,835)	-7.9%
Non Patient Operating Revenues					
[14] IGT/DSH Revenues	-	-	\$ -	\$ -	0.0%
[15] Grants & Other Op Revenues	-	468,018	\$ 144,286	323,732	69.2%
[16] Clinic Net Revenues	-	-	\$ -	-	-
[17] Tax Subsidies Measure D	246,994	246,994	\$ 246,994	(0)	0.0%
[18] Tax Subsidies Prop 13	154,500	154,500	\$ 154,500	-	0.0%
[19] Tax Subsidies County Supplemental Funds	-	-	\$ 11,250	(11,250)	0.0%
Non - Patient Revenue	\$ 401,494	\$ 869,512	\$ 557,030	\$ 312,482	35.9%
Total Operating Revenue	\$ 401,494	\$ 6,136,668	\$ 6,239,021	\$ (102,354)	-1.7%
Operating Expenses					
[20] Salaries and Wages	-	3,581,670	3,574,678	\$ (6,992)	-0.2%
[21] Fringe Benefits	-	868,467	907,418	38,951	4.5%
[22] Contract Labor	-	64,443	71,052	6,609	10.3%
[23] Physicians Fees	-	277,977	365,231	87,254	31.4%
[24] Purchased Services	531	848,417	1,042,961	194,544	22.9%
[25] Supply Expense	-	888,903	1,102,482	213,580	24.0%
[26] Utilities	1,863	97,819	137,249	39,430	40.3%
[27] Repairs and Maintenance	9,081	124,767	75,564	(49,204)	-39.4%
[28] Insurance Expense	-	127,547	122,979	(4,568)	-3.6%
[29] All Other Operating Expenses	-	53,610	99,325	45,715	85.3%
[30] Supplemental and Grant Expense	-	-	(91,499)	(91,499)	0.0%
[31] Leases and Rentals	-	76,060	101,511	25,451	33.5%
[32] Clinic Expense	-	-	0	-	0.0%
[33] Total Operating Expenses	\$ 11,475	\$ 7,009,680	\$ 7,508,950	\$ 499,270	7.1%
[34] EBIDA	\$ 390,018	\$ (873,012)	\$ (1,269,928)	\$ 396,916	-45.5%
Interest Expense and Depreciation					
[35] Depreciation	406,450	406,450	514,865	\$ 108,415	26.7%
[36] Interest Expense and Amortization	355,583	571,834	432,757	(139,076)	-24.3%
[37] Total Interest & depreciation	762,032	978,283	947,622	(30,661)	-3.1%
Non-Operating Revenue:					
[38] Contributions & Other	2,030	406,450	466,744	(60,295)	-14.8%
[39] Tax Subsidies for GO Bonds - M-A	627,353	571,834	626,237	(54,404)	-9.5%
[40] Total Non Operating Revenue/(Expense)	629,383	978,283	1,092,982	\$ (114,698)	-11.7%
[41] Total Net Surplus/(Loss)	\$ 257,369	\$ (873,012)	\$ (1,124,569)	\$ 251,557	-28.8%
[42] Extra-ordinary loss on Financing	-	-	-	-	-
[43] Increase/(Decrease in Unrestricted Net Assets	\$ 257,369	\$ (873,012)	\$ (1,124,569)	\$ 251,557	-28.8%
[44] Total Profit Margin	44.98%	-0.19%	-29.42%		
[45] EBIDA %	96.85%	4.02%	-25.40%		

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING AUGUST 31, 2022

		YEAR-TO-DATE				
		DISTRICT ONLY			Positive	
		Actual	Actual	Budget	(Negative)	Percentage
		08/31/22	08/31/22	08/31/22	Variance	Variance
Gross Patient Revenue						
[1]	Inpatient Revenue	\$ -	\$ 29,249,505	\$ 42,285,872	\$ (13,036,366)	-44.6%
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	
[3]	Outpatient Revenue	-	53,166,504	\$ 45,494,056	7,672,447	14.4%
[4]	Long Term Care Revenue	-	-	-	-	
[5]	Home Health Revenue	-	-	-	-	
[6]	Total Gross Patient Revenue	\$ -	\$ 82,416,009	\$ 87,779,928	\$ (5,363,919)	-6.5%
Deductions From Revenue						
[7]	Discounts and Allowances	-	(69,763,193)	\$ (72,601,089)	\$ 2,837,896	4.1%
[8]	Bad Debt Expense	-	(1,697,104)	\$ (3,071,238)	1,374,134	81.0%
[9]	Prior Year Settlements	-	-	\$ -	-	
[10]	Charity Care	-	(94,713)	\$ (158,010)	63,297	66.8%
[11]	Total Deductions From Revenue	-	(71,555,010)	(75,830,337)	\$ 4,275,327	6.0%
[12]			85.9%	-87.9%		
[13]	Net Patient Revenue	\$ -	\$ 10,860,999	\$ 11,949,591	\$ (1,088,592)	-10.0%
Non Patient Operating Revenues						
[14]	IGT/DSH Revenues	-	-	\$ -	\$ -	#DIV/0!
[15]	Grants & Other Op Revenues	-	604,891	\$ 336,064	268,827	44.4%
[16]	Clinic Net Revenues	-	-	\$ -	-	
[17]	Tax Subsidies Measure D	493,988	493,988	\$ 493,988	(0)	0.0%
[18]	Tax Subsidies Prop 13	309,000	309,000	\$ 309,000	-	0.0%
[19]	Tax Subsidies County Supplemental Funds	-	-	\$ 22,500	(22,500)	0.0%
	Non- Patient Revenue	\$ 802,988	\$ 1,407,879	\$ 1,161,552	\$ 246,327	17.5%
	Total Operating Revenue	\$ 802,988	\$ 12,268,877	\$ 13,111,143	\$ (842,266)	-6.9%
Operating Expenses						
[20]	Salaries and Wages	-	7,148,307	\$ 7,304,339	\$ 156,032	2.2%
[21]	Fringe Benefits	-	1,767,019	\$ 1,826,724	59,705	3.4%
[22]	Contract Labor	-	203,017	\$ 146,658	(56,360)	-27.8%
[23]	Physicians Fees	-	551,599	\$ 730,462	178,863	32.4%
[24]	Purchased Services	433	1,678,041	\$ 2,085,922	407,882	24.3%
[25]	Supply Expense	-	1,587,117	\$ 2,206,962	619,845	39.1%
[26]	Utilities	5,177	202,744	\$ 262,429	59,685	29.4%
[27]	Repairs and Maintenance	17,519	198,866	\$ 151,127	(47,738)	-24.0%
[28]	Insurance Expense	-	265,025	\$ 245,958	(19,067)	-7.2%
[29]	All Other Operating Expenses	-	150,712	\$ 198,649	47,937	31.8%
[30]	Supplimental and Grant Expense	-	-	\$ -	-	0.0%
[31]	Leases and Rentals	-	177,301	\$ 203,021	25,720	14.5%
[32]	Clinic Expense	-	-	\$ -	-	0.0%
[33]	Total Operating Expenses	\$ 23,128	\$ 13,929,747	\$ 15,362,251	\$ 1,432,504	10.3%
[34]	EBIDA	\$ 779,859	\$ (1,660,870)	\$ (2,251,108)	\$ 590,239	-35.5%
Interest Expense and Depreciation						
[35]	Depreciation	956,493	956,493	\$ 1,029,730	\$ 73,237	7.7%
[36]	Interest Expense and Amortization	710,866	999,516	\$ 858,014	(141,502)	-14.2%
[37]	Total Interest & depreciation	1,667,359	1,956,009	1,887,744	(68,265)	-3.5%
Non-Operating Revenue:						
[38]	Contributions & Other	1,389,066	1,390,512	\$ 933,489	457,024	32.9%
[39]	Tax Subsidies for GO Bonds - M-A	1,254,706	1,254,706	\$ 1,252,475	2,231	0.2%
[40]	Total Non Operating Revenue/(Expense)	2,643,772	2,645,218	2,185,963	459,255	17.4%
[41]	Total Net Surplus/(Loss)	\$ 1,756,272	\$ (971,661)	\$ (1,952,889)	\$ 981,229	-101.0%
[42]	Extra-ordinary loss on Financing	-	-	-	-	
[43]	Increase/(Decrease in Unrestricted Net Assets)	\$ 1,756,272	\$ (971,661)	\$ (1,952,889)	\$ 981,229	-101.0%
[44]	Total Profit Margin	40.11%	-6.67%	-14.37%		
[45]	EBIDA %	89.50%	-2.85%	-11.33%		

Balance Sheet - Assets

**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING AUGUST 31, 2022**

		ASSETS				
		DISTRICT ONLY				
		Current Month 8/31/2022	Current Month 8/31/2022	Prior Month 7/31/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2022
Current Assets						
[1]	Cash and Cash Equivalents	\$1,819,564	\$8,829,777	\$9,670,986	\$ (841,210)	\$ 11,340,002
[2]	Gross Patient Accounts Receivable	\$0	\$84,150,102	\$85,573,484	\$ (1,423,382)	77,594,807
[3]	Less: Bad Debt and Allowance Reserves	\$0	(\$74,842,891)	(\$75,674,132)	\$ 831,241	(69,099,845)
[4]	Net Patient Accounts Receivable	\$0	\$9,307,211	\$9,899,352	\$ (592,141)	8,494,961
[5]	Taxes Receivable	\$2,903,540	\$2,903,540	\$2,688,710	\$ 214,830	1,178,859
[6]	Other Receivables (includes advances)	\$539,354	\$223,017	\$230,069	\$ (7,052)	738,141
[7]	Inventories	\$0	\$2,675,975	\$2,685,538	\$ (9,563)	2,297,204
[8]	Prepaid Expenses	\$426,169	\$1,440,774	\$1,484,890	\$ (44,116)	1,197,395
[9]	Due From Third Party Payers-DSH	\$0	(\$1,332,477)	(\$1,845,477)	\$ 513,000	(1,845,477)
[10]	Malpractice Receivable	\$0	\$0	\$0	\$ -	-
[11]	Supplimental Receivables	\$0	\$0	\$0	\$ -	-
	Total Current Assets	5,688,628	24,047,816	24,814,068	\$ (736,481)	\$ 23,401,085
Assets Whose Use is Limited						
[12]	Cash					
[13]	Investments					
[14]	Bond Reserve/Debt Retirement Fund	\$7,935,378	\$7,935,378	\$7,614,090	\$ 321,287	12,704,494
[15]	Trustee Held Funds					
[16]	Funded Depreciation					
[17]	Board Designated Funds					
[18]	Other Limited Use Assets					0
	Total Limited Use Assets	7,935,378	7,935,378	7,614,090	\$ (223,324)	\$ 12,704,494
Property, Plant, and Equipment						
[19]	Land and Land Improvements	\$4,828,182	\$4,828,182	\$4,828,182	\$ -	\$ 4,828,182
[20]	Building and Building Improvements	\$129,281,491	\$129,281,491	\$129,281,491	\$ -	129,281,491
[21]	Equipment	\$27,012,768	\$27,012,768	\$27,012,768	\$ -	26,856,789
[22]	Construction In Progress	\$1,789,742	\$1,789,742	\$1,739,392	\$ 50,350	1,694,007
[23]	Capitalized Interest					
[24]	Gross Property, Plant, and Equipment	162,912,183	162,912,183	162,861,833	\$ 50,350	162,660,469
[25]	Less: Accumulated Depreciation	(\$89,175,011)	(\$89,175,011)	(\$89,695,711)	\$ 520,700	(89,145,667)
[26]	Net Property, Plant, and Equipment	73,737,172	73,737,172	73,166,122	\$ (475,050)	\$ 73,514,801
Other Assets						
[27]	Unamortized Loan Costs	\$627,385	\$609,262	\$611,851	\$ (2,589)	\$ 614,440
[28]	Assets Held for Future Use		\$0	\$0	\$ -	485
[29]	Investments in Subsidiary/Affiliated Org.	\$20,159,924	\$0	\$100,600	\$ (100,600)	(111,925)
[30]	Other					
[31]	Total Other Assets	20,787,308	609,262	712,451	\$ (103,189)	\$ 503,000
[32]	TOTAL UNRESTRICTED ASSETS	108,148,486	106,329,628	106,306,732	\$ 22,896	\$ 110,123,381
Restricted Assets						
		0	0	0	0	0
[33]	TOTAL ASSETS	\$108,148,486	\$106,329,628	\$106,306,732	\$ 22,896	\$ 110,123,381

Balance Sheet - Liabilities and Net Assets

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

ONE MONTH ENDING AUGUST 31, 2022

	DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
	Current Month 8/31/2022	Current Month 8/31/2022	Prior Month 7/31/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2022
Current Liabilities					
[1] Accounts Payable	\$ 736,546	\$ 11,469,121	\$ 9,727,416	\$ (1,741,705)	\$ 10,600,622
[2] Notes and Loans Payable (Line of Credit)	-	12,000,000	12,000,000	\$ -	12,000,000
[3] Accounts Payable- Tax advance	-	-	-	\$ -	-
[4] Accrued Payroll Taxes	-	6,368,036	5,706,376	\$ (661,660)	5,597,527
[5] Accrued Benefits	-	-	-	\$ -	-
[6] Accrued Benefits Current Portion	-	-	-	\$ -	-
[7] Other Accrued Expenses	-	-	-	\$ -	-
[8] Accrued GO Bond Interest Payable	889,401	889,401	1,469,127	\$ 579,727	2,526,756
[9] Stimulus Advance	-	-	19,537	\$ 19,537	4,259
[10] Due to Third Party Payers (Settlements)	-	-	-	\$ -	-
[11] Advances From Third Party Payers	-	-	-	\$ -	-
[12] Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	2,335,000	\$ -	2,335,000
[13] Current Portion of LTD (Leases)	-	-	-	\$ -	-
[14] Other Current Liabilities	-	622,641	593,374	-	585,411
Total Current Liabilities	3,960,947	33,684,198	31,850,830	\$ 791,861	33,649,575
Long Term Debt					
[15] Bonds/Mortgages Payable (net of Cur Portion)	103,043,956	\$100,173,882	\$ 100,187,240	\$ 13,358	\$ 103,030,598
[16] Leases Payable (net of current portion)	\$2,293,348	\$2,293,348	\$2,293,348	\$ -	\$2,293,348
[17] Total Long Term Debt (Net of Current)	105,337,304	102,467,230	102,480,588	\$ 313,358	105,323,946
Other Long Term Liabilities					
[18] Deferred Revenue	-	-	-	\$ -	-
[19] Accrued Pension Expense (Net of Current)	-	-	-	\$ -	-
[20] Other-Bridge Loan	0	2,231,628	2,231,628	\$ -	2,231,628
[21] Total Other Long Term Liabilities	0	2,231,628	2,231,628	0	2,231,628
TOTAL LIABILITIES	\$ 109,298,251	\$ 138,383,056	\$ 136,563,046	\$ (1,820,010)	\$ 141,205,148
Net Assets:					
[22] Unrestricted Fund Balance	(2,906,037)	(31,081,767)	\$ (23,779,635)	\$ 7,302,132	\$ (25,347,940)
[23] Temporarily Restricted Fund Balance	-	-	-	-	-
[24] Restricted Fund Balance	-	-	-	-	-
[25] Net Revenue/(Expenses)	1,756,272	(971,661)	(6,476,678)	(5,505,017)	(5,733,827)
[26] TOTAL NET ASSETS	(1,149,765)	(32,053,428)	\$ (30,256,313)	\$ 1,797,115	\$ (31,081,767)
[27] TOTAL LIABILITIES AND NET ASSETS	\$ 108,148,486	\$ 106,329,628	\$ 106,306,733	\$ (22,896)	\$ 110,123,381
	\$ (0)	\$ 0	\$ 0	(\$0) 0	\$ -

Statement of Cash Flows
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING AUGUST 31, 2022

		CASH FLOW	
		Current	
		Month	
		8/31/2022	
		<hr/>	
HEALTHCARE SYSTEM CASH FLOW			
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$	8,182,568
[2]	Cash: Beginning Balances- DISTRICT		1,819,564
[3]	Cash: Beginning Balances TOTALS	\$	<hr/> 10,002,132
Receipts			
[4]	Pt Collections	\$	5,188,332
[5]	Tax Subsidies Measure D/Prop 13		-
[6]	Misc Tax Subsidies		-
[7]	Donations/Grants		-
[8]	IGT & other Supplemental (Net)		258,376
[9]	Draws/(Paydown) of LOC Balances		-
[10]	Other Misc Receipts/Transfers		209,642
	TOTAL RECEIPTS	\$	<hr/> 5,656,350
Disbursements			
[11]	Payroll/ Benefits	\$	4,450,137
[12]	Other Operating Costs		4,120,273
[13]	Capital Spending		0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		
[15]	Other (increase) in AP /other bal sheet		(1,741,705)
[16]	TOTAL DISBURSEMENTS	\$	<hr/> 6,828,705
[17]	TOTAL CHANGE in CASH	\$	<hr/> (1,172,355)
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$	7,010,213
[19]	Ending Balances- DISTRICT		1,819,564
[20]	Ending Balances- TOTALS	\$	<hr/> 8,829,777
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$	12,000,000
			<hr/> \$202,040

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Items for September 27, 2022, Finance Committee and October 4, 2022 Board Meetings

Subject:

Renewal of Supplemental Funding Programs (SFP) and Disproportionate Share Hospital (DSH) Agreement with Steve Clark and Associates (SKA)

San Gorgonio Memorial Healthcare District & Hospital have contracted with SKA for many years for the provision of consulting services related to the Supplemental Funding Programs and DSH audits. As we are all aware, these programs provide millions of dollars to the District/Hospital each year.

SKA is also the consulting firm to the District Hospital Leadership Forum, so their firm is the premier expert on all things related to these programs for District Hospitals.

Key parts of the engagement with SGMHD are the provision of monthly meetings hosted by Sherreta Lane, Nathan Davis, and as needed, Steve Clark with the CFO to review all things specific to the SFP programs, including establishment of timelines, program estimates, along with a general overview of financial matters impacting District Hospitals. This team is also readily available to the CFO and CEO for ad hoc consultative services at any time.

As to the DSH consulting, SKA leads the SGMH finance and I/T team through a lengthy (many months) review process and helps the team meet the stringent DSH qualification audit requirements. There is a significant advantage to have a well-known and respected team led by the SKA consultant (David Vance) as we interact with the State's outside contracted DSH auditors.

SKA is proposing a new consulting methodology, that will generally be more favorable to the District. The only exception would be if the Hospital does not have enough patients to cause it to qualify for DSH funds, in which case, there would be no DSH income for a given year.

SKA is proposing to move away from the current arrangement whereby their fee is 10% of the annual audited and validated DSH award along with a \$3,500/month consulting fee to a flat fee of \$7,500/month. Even for the year when the Hospital's DSH award was slightly over \$550K the equivalent monthly fee was \$8,083/month, so the proposed new fee arrangement is still less costly to the District. In the case where a recent DSH award was over \$1.1M, the average monthly cost to the District equated to about \$12,667/month.

Please note that the DSH audits for Fiscal Years 2020 – 2023 have already commenced, and the 10% fee to SKA will still apply for those years per previous arrangement. The attached matrix outlines the new Agreement:

Fee Schedule

Program Year Work Performed Fee

2019/20 through 2022/23 Medi-Cal DSH 10% Contingency

2023/24 through 2025/26 All Medi-Cal Supplemental (including DSH)

\$7,500/month for each of the 36 months of this Agreement

Recommended Action: To approve the SKA Agreement for current consulting and future DSH years (not already covered under contract) for a period of 3 years at a fee of \$7,500/month.

Copies of the supporting documents are included in the packet.



September 14, 2022

Mr. Dan Heckathorne
Chief Financial Officer
San Gorgonio Memorial Hospital
600 North Highland Springs Avenue
Banning, California 92220

Dear Mr. Heckathorne:

We are pleased to submit this letter for your review and signature (the "*Agreement*"), which sets forth the terms according to which Steve Clark & Associates, Inc., will provide you with certain consulting services. The term of this contract is from October 1, 2022 through September 30, 2025, subject to the termination provisions described in section "5" below. This proposal will provide on-going financial and reimbursement expertise on District Hospital supplemental funding programs, as well as monitor, identify and seek hospital participation in other funding opportunities that may become available. We look forward to working with you in reaching your objectives and ask that you review this letter to ensure that we understand and agree upon the terms governing the provision of our services. For convenience, this letter will refer to Steve Clark & Associates, Inc., as "*Consultant*" and to San Gorgonio Memorial Hospital as "*Client*."

The terms and conditions of our Agreement are as follows:

- 1. Consulting Services.** Consultant agrees to provide the consulting services described on Exhibit A attached hereto. Exhibit A will be referred to as the "*Services*." Consultant further agrees to consult with Client regarding the Services during the term of this Agreement.
- 2. Performance Standards.** Consultant agrees to perform the duties required by this Agreement in good faith, and in a timely manner that Consultant believes to be consistent with the needs of the Client. Consultant is not an agent or employee of Client, and has no fiduciary duty, nor any duty of care, disclosure or inquiry, other than as expressly set forth in this Agreement. Consultant shall be entitled to rely on the completeness and accuracy of all information, documents and materials provided by Client to Consultant in connection with the Services and this Agreement.
- 3. Compensation and Expenses.** In return for the Services provided by Consultant and specified in Exhibit A, work will be billed on a monthly fee basis and/or on contingency according to Exhibit B. Any work performed by Consultant outside the scope of

services described in Exhibit A shall be approved in advance by Client and will be billed on an hourly basis at \$395/hour and are billable in fifteen (15) minute increments for each hour or portion thereof performed by Consultant hereunder. Billable time includes all travel time, both local and out-of-town.

Client agrees to reimburse Consultant for all out-of-pocket costs incurred in the course of performance of the Services hereunder, including, without limitation, reasonable travel and lodging expenses, photocopying, mailing, messenger and delivery services, long distance telephone service, facsimile transmissions, parking, sales and similar taxes, and any other fees advanced by Consultant on behalf of Client.

4. Payment Terms. Consultant agrees to furnish to Client a monthly invoice for services rendered, including a statement of expenses. Client agrees to pay Consultant within thirty (30) days from the date of the invoice, with payment sent to Consultant at the letter-head address set forth above. If Consultant does not receive complete payment within the foregoing time frame, then Client shall be in material breach of this Agreement. In such case, Client agrees (i) that Consultant may immediately and indefinitely discontinue providing the Services hereunder; and, (ii) that all working papers, documents and materials prepared by Consultant for which payment has not been received shall be and remain the sole and exclusive property of Consultant, and shall not be released by Consultant until complete payment of all fees and expenses due hereunder has been received by Consultant. The foregoing remedies shall be in addition to (and not exclusive of) any other remedies to which Consultant may be entitled as a result of Client's breach of this Agreement.

5. Termination. Either party may terminate this Agreement at any time without cause upon the provision of thirty (30) days prior written notice to the other. Following receipt of any notice of termination without cause, Consultant may, but shall not be obligated to, continue to provide the Services to Client pursuant to this Agreement. Either party also may terminate this Agreement immediately as a result of a material breach by the other party, upon the provision of written notice to the other. If this Agreement is terminated by either party, either with or without cause, all fees and expenses due Consultant, up to and including the effective date of the termination, shall be paid immediately to Consultant. Client further agrees, if this Agreement is terminated by either party in accordance with this section, that all work papers, confidential information, literature and any other documentation acquired or developed by Consultant directly related to this Agreement, shall not be provided to Client by Consultant until all fees and expenses have been paid to Consultant.

6. Confidential Information. Client agrees to provide Consultant with all information in its possession or reasonably available to it that is necessary for Consultant to provide the Services. Consultant shall, under all circumstances, have the right to rely,

without independent investigation or verification, on all such information provided by Client to Consultant. Consultant agrees not to disclose any confidential documents or information provided to Consultant by Client pursuant to this Agreement, except: (i) to the directors, officers, employees, subcontractors and legal counsel of Consultant who have a need to know such information for the purpose of assisting Consultant in the performance of this Agreement; and (ii) when required by law to do so, but only if Consultant first notifies Client and affords Client a reasonable opportunity to oppose such disclosure by such means as Client deems necessary or appropriate. Notwithstanding the foregoing, confidential information shall not include any information which (i) is on the date hereof, or hereafter becomes, generally available to the public other than as a result of a disclosure, directly or indirectly, by Consultant; (ii) was available to Consultant on a non-confidential basis prior to its disclosure to Consultant by Client, or its representatives; or (iii) becomes available to Consultant on a non-confidential basis from a source other than Client or its representatives.

7. Representations and Warranties of Client. Client represents and warrants to Consultant that: (i) Client owns or has the legal right to use all patents, copyrights, trademarks, trade names, service marks, service names, and other intangible property or property rights relating to the Services (collectively, the "*Intellectual Property*"); (ii) each item of Intellectual Property may be disclosed to and used by Consultant within the course and scope of performing the Services on behalf of Client; (iii) Client's disclosure or Consultant's use of the Intellectual Property as permitted under this Agreement will not infringe upon, misappropriate, or otherwise conflict with any property rights of third parties; (iv) all information provided by Client shall be complete and accurate in all material respects, and not misleading; and (v) Client shall be solely responsible for the accuracy and completeness of all information provided by Client to Consultant.

8. Disclaimer of Warranties. Client acknowledges that the conduct of its business involves substantial regulatory risks, including but not limited to, risks relating to existing and future federal and state laws affecting governmental reimbursement policies. Client assumes sole responsibility for the assessment and assumption of any and all such risks, and for the compliance of its business and operations with applicable laws. Consultant warrants only that Consultant will perform the Services provided under this Agreement, in a competent manner. Except for the foregoing limited warranty, Consultant makes no warranty, express or implied, and expressly disclaims: (i) any implied warranty of merchantability or fitness for a particular purpose; (ii) any warranty of any assumption or projection; and (iii) any warranty of the results or success of any strategy or recommendation made or otherwise included as part of the Services provided by Consultant to Client.

9. Limitation of Liability. In no event will Consultant be liable to Client, or any third party, for any special damages, including any lost profits, lost savings, or other

incidental or consequential damages, even if Consultant has been advised of the possibility of such damages. Consultant's entire liability and Client's exclusive remedy for any breach of this Agreement by Consultant shall be the replacement of any materials not meeting Consultant's obligations hereunder that are returned by Client to Consultant, or if Consultant is unable to deliver replacement materials, the refund by Consultant of the fees (but not the expenses) paid by Client for the Services.

Consultant will be reimbursed by Client for any expenses or fees incurred, if Consultant is required to provide any government entity with either written or verbal information resulting from either a review or an action brought about by such government entity as it relates to Client.

10. Indemnification. Client agrees to indemnify, defend and hold Consultant harmless from and against any and all liability, loss, damage, claim, cause of action or cost (including, but not limited to, court costs and attorneys' fees) which may result directly or indirectly, from any act, error, or omission of Client, or from any information, documents or materials provided by Client.

11. Proprietary Rights. Subject to Consultant's receipt of complete and timely payment as required by this Agreement, all work products prepared for Client by Consultant shall belong exclusively to Client. All work products prepared by Consultant for others, for itself, or prior to or after the term of this Agreement, shall remain the exclusive property of Consultant.

12. Non-Exclusivity. This Agreement shall be non-exclusive. Consultant may provide consulting services to Consultant's existing clients, and to any other persons or entities that may in the future become clients of Consultant.

13. General Terms. Consultant shall act as an independent contractor and not as an agent or employee of Client and Consultant shall make no representation that it is an agent or employee of Client. Consultant is responsible for all taxes as an independent contractor. Consultant shall not have the authority to bind Client or incur other obligations on behalf of Client, unless Client so directs Consultant in writing. Either party without the written consent of the other party may not assign this Agreement. Consultant, however, may utilize the services of its Associates in providing Client services under this Agreement; however, the Consultant remains responsible for the services under this contract. This Agreement will be retroactive to the date Consultant first performed the Services for Client. California law will govern the interpretation and enforcement of this Agreement, and each party consents to the jurisdiction of the courts of California in any action or proceeding with respect to this Agreement. The prevailing party in any such proceeding shall be entitled to recover its attorneys' fees and costs of suit.

If you are in agreement with the terms of this letter of Agreement, please print out a copy of the Agreement page, sign/date and return one copy to us by e-mail.

Sincerely,



David Vance
Senior Partner

Agree to terms of the September 14, 2022 contract proposal to engage Steve Clark and Associates to provide on-going financial and reimbursement expertise on District Hospital supplemental funding programs and to monitor, identify and seek participation in other funding opportunities from October 1, 2022 through September 30, 2025 as specified in Exhibit A below for San Gorgonio Memorial Hospital and accepted by:

Signed: _____ Date: _____

Title: _____

EXHIBIT A

Financial and Reimbursement Oversight and Improvement Program

- **ESTABLISH REGULAR COMMUNICATION PROCESS TO DISCUSS RELEVANT HOSPITAL FINANCIAL/REIMBURSEMENT ISSUES**
 - Provide regularly scheduled calls with Hospital liaison, along with other affected staff members, to discuss relevant issues specifically impacting the hospital's reimbursement and financial levels. Agendas will be prepared in advance.
 - Ad hoc call with Hospital liaison, and other participating staff members, will also be scheduled on an as-needed basis when circumstances are warranted.
 - Assist client with supplemental funding cash flow projections, timelines, understanding and evaluating changes in funding between program phases or fiscal years, and budgeting as requested.
 - Provide education to new staff as requested by client. Consultant will also provide education/expertise to external entities as requested such as auditors, financial institutions, and/or board of directors.
- **MONITOR AND WORK WITH HOSPITAL STAFF ON COORDINATION AND DATA ANALYSIS RELATED TO ALL APPLICABLE MEDICAL SUPPLEMENTAL PAYMENT PROGRAMS**
 - Review data that affects the hospital's AB 113 funding program to ensure it is being accurately captured and reported to OSHPD before the data files are finalized for use in the AB 113 payment allocations.
 - Evaluate and advise hospital as to 'Rate Range' funding opportunities. Identify all possible rate range room with each Health Plan that may be relevant to the hospital, including within the local County, as well as with adjacent counties from which the hospital serves patients. Also, analyze all the level of funding being distributed to all providers from

which the hospital shares rate range room to determine if the hospital is receiving its “fair share.”

- Review data that affects the hospital’s QIP funding allocation to ensure it is being accurately captured and reported to OSHPD before the data files are finalized for use in the annual QIP payment allocation determinations.
 - Review and modify as necessary data that will be utilized in determining the hospital’s Quality Assurance Fee (HQAF) for each program period. Monitor the IGT and payment cycle such that the facility meets deadlines.
 - Evaluate and revise HCAI and other data used in both the qualification and payment process for Medi-Cal DSH funding, including post review of the CMS DSH Audit. Work directly with HCAI and DHCS staff to ensure accuracy of data and proper interpretation of new or existing legislation.
 - Identify other supplemental funding, interpret the opportunity, and discuss with Client.
 - Analysis of data that will be used in the new DMPH “directed payment” program will not be included in this contract as that will be addressed in a separate engagement letter.
- MONITOR GRANT FUNDING OPPORTUNITIES
 - Research grant opportunities with either State, Federal or private entities to identify possible funding for programs that are either consistent with current hospital programs or potential new ventures for which the hospital has under consideration.

EXHIBIT B

Fee Schedule

<i>Program Year</i>	<i>Work Performed</i>	<i>Fee</i>
2019/20 through 2022/23	Medi-Cal DSH	10% Contingency
2023/24 through 2025/26	All Medi-Cal Supplemental (including DSH)	\$7,500/month for each of the 36 months of this Agreement

As illustrated in the matrix above, Medi-Cal DSH Services shall continue to be paid on a contingency basis of any and all distributions Hospital receives from the disproportionate share hospital program under Section 14166.11 of SB 1100 (formerly the SB 855 program) for program year's 2019/20 through 2022/23. Starting with program year 2023/24 and continuing through program year 2025/26, all Medi-Cal supplemental program Services as described in Exhibit A (including Medi-Cal DSH), shall be paid on a monthly fee basis. All Medi-Cal supplemental program Services described in Exhibit A (excluding Medi-Cal DSH), for program years prior to 2023/24 are included in and covered by the monthly fee.

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Items for September 27, 2022, Finance Committee and October 4, 2022 Board Meetings

Subject:

Non-Designated Hospital Bridge Loan Program II – State Budget Year 2023 - Due to the State’s shifting the Supplemental Funding programs from a fiscal year to a calendar year, many hospitals are still experiencing significant cash shortages resulting from the 6 months or longer “black-out” periods.

The District Hospital Leadership Forum team has again worked with the Legislature to enact a loan program for District Hospitals to help somewhat “bridge” this gap. As such, another \$40M dollars has been designated for District Hospitals to borrow monies against future potential earnings of the Quality Initiative Program (the successor to the PRIME program).

As such, Hospitals are eligible to borrow up to pre-specified amounts, with a Guaranteed Loan Amount of \$1,073,490 for SGMH, and in the event there are unused loan funds amounts remaining after the first round of funding, SGMH could borrow as much as \$2,720,382. The loans are at -0- interest, however they bear a 1.0% administrative fee. The repayment period will be up to 24 months after the loan fundings.

Note: there will be two “rounds” of the loan program – the first application is due October 14, 2022, and depending on the availability of funds, the second-round application will be due March 1, 2023.

For simplification and requirement for only one set of Board approvals, the State Agency administering the loans are permitting both loan requests to be aggregated into one set of loan documents, thus the documents refer to an aggregate amount not to exceed \$2,720,382.

A copy of the Resolution and a set of Guidelines which outline participation requirements are included in the packet. Note – the proposed Loan and Security Agreement along with the Promissory Note documents are not included, however, key terms and conditions that will be in those documents are referenced in the Resolution and Guidelines.

California Health Facilities Financing Authority

Nondesignated Public Hospital Bridge Loan Program II

(Authority and Reference: Items of Appropriation 0977-101-0001,
Section 2.00, Chapter 43, Statutes of 2022)

GUIDELINES

Section 1. Definitions

The following definitions shall apply wherever the terms are used herein.

- (a) “Applicant” means a Nondesignated Public Hospital that meets the eligibility requirements specified in Section 3.
- (b) “Application” means an emailed or online request for a loan under the Program and all other supporting documents, as described in Section 4.
- (c) “Authority” means the California Health Facilities Financing Authority.
- (d) “Executive Director” means the Executive Director of the Authority.
- (e) “Funding Round” means the time period during which Applications may be submitted for consideration of a loan, as specified in Section 5.
- (f) “Loan and Security Agreement” means the Loan and Security Agreement specified in Section 8.
- (g) “Loan Recipient” means a Nondesignated Public Hospital that has been approved to receive a Program loan from the Program.
- (h) “Medi-Cal Checkwrite” means a system operated by the State Department of Health Care Services that processes payments to providers of medical care to Medi-Cal certified eligible beneficiaries.
- (i) “Nondesignated Public Hospital” means a public hospital as defined in Welfare and Institutions Code section 14105.98, subdivision (a), paragraph (25), excluding designated public hospitals, and as listed in Section 3.
- (j) “Program” means the Nondesignated Public Hospital Bridge Loan Program II.
- (k) “Working Capital” means working capital as defined in Government Code section 15432, subdivision (h).

Section 2. Eligibility and Eligible Use of Loan Proceeds

- (a) An Applicant shall be eligible to apply for a Program loan if both of the following conditions are met:
 - 1) The Applicant is a Nondesignated Public Hospital.
 - 2) The loan proceeds shall be used for the sole purpose of Working Capital to support its operations.

Section 3. Guaranteed and Maximum Loan Amounts and Funding Rounds

a) For the first Funding Round, the guaranteed and maximum Program loan amounts for each Nondesignated Public Hospital are as follows:

	Nondesignated Public Hospital	Guaranteed Loan Amount	Maximum Loan Amount
1	Antelope Valley Hospital/Antelope Valley Healthcare District	\$2,811,290	\$7,124,257
2	Bear Valley Community Hospital/Bear Valley Community Healthcare District	\$340,890	\$863,859
3	Eastern Plumas Health Care/Eastern Plumas Health Care District	\$326,030	\$826,214
4	El Camino Hospital/El Camino Health Mountain View Campus	\$1,192,420	\$3,021,800
5	El Centro Regional Medical Center/City of El Centro	\$2,296,310	\$5,819,199
6	Hazel Hawkins Memorial Hospital/San Benito Healthcare District	\$1,252,960	\$3,175,208
7	Jerold Phelps Community Hospital/Southern Humboldt Community Healthcare District	\$511,170	\$1,295,380
8	John C. Fremont Healthcare District	\$551,620	\$1,397,883
9	Kaweah Delta Medical Center/Kaweah Health Medical Center	\$3,993,950	\$10,121,293
10	Kern Valley Healthcare District	\$601,680	\$1,524,754
11	Lompoc Valley Medical Center	\$2,062,100	\$5,225,694
12	Mammoth Hospital/Southern Mono Healthcare District	\$1,083,700	\$2,746,265
13	Marin General Hospital/MarinHealth Medical Center	\$1,384,120	\$3,507,576
14	Mayers Memorial Hospital/Mayers Memorial Hospital District	\$331,320	\$839,613
15	Modoc Medical Center/Last Frontier Healthcare District	\$313,400	\$794,217
16	Mountains Community Hospital/San Bernardino Mountains Community Hospital District	\$770,520	\$1,952,625
17	Northern Inyo Hospital/Northern Inyo Healthcare District	\$497,230	\$1,260,050
18	Oak Valley District Hospital/Oak Valley Hospital District	\$2,045,800	\$5,184,373
19	Palo Verde Hospital/Palo Verde Healthcare District	\$300,000	\$760,247
20	Palomar Pomerado Health/Palomar Health/Palomar Medical Center	\$3,478,510	\$8,815,092
21	Pioneers Memorial Hospital/Pioneers Memorial Healthcare District	\$1,527,340	\$3,870,529
22	Plumas District Hospital/Plumas Hospital District	\$300,000	\$760,247

	Nondesignated Public Hospital	Guaranteed Loan Amount	Maximum Loan Amount
23	Salinas Valley Memorial Hospital/Salinas Valley Memorial Healthcare System	\$2,430,350	\$6,158,879
24	San Geronio Memorial Hospital/San Geronio Memorial Healthcare District	\$1,073,490	\$2,720,382
25	Seneca Healthcare District	\$300,000	\$760,247
26	Sierra View District Hospital/Sierra View Local Health Care District	\$1,472,590	\$3,731,787
27	Sonoma Valley Hospital/Sonoma Valley Healthcare District	\$307,450	\$779,133
28	Southern Inyo Hospital/Southern Inyo Healthcare District	\$300,000	\$760,247
29	Surprise Valley Community Hospital/Surprise Valley Health Care District	\$300,000	\$760,247
30	Tahoe Forest Hospital/Tahoe Valley Hospital District	\$994,330	\$2,519,788
31	Tri-City Medical Center/Tri-City Hospital District	\$2,405,440	\$6,095,752
32	Trinity Hospital/Mountain Communities Healthcare District	\$300,000	\$760,247
33	Washington Hospital-Fremont/Washington Township Healthcare District	\$2,143,990	\$5,433,211
	Total	\$40,000,000	\$101,366,295

b) Loan amounts for the first Funding Round shall be determined as follows:

(1) An Applicant may request a loan up to the amount specified in the column titled Maximum Loan Amount. The Applicant shall only be initially entitled to receive up to the amount as specified in subdivision (a) in the column titled Guaranteed Loan Amount.

(2) If the cumulative sum of the Guaranteed Loan Amounts or any lesser amounts requested from all Applicants that applied in the first Funding Round is less than the \$40,000,000 available for Program funding, Authority staff shall calculate how much in moneys remain to distribute to first Funding Round Applicants that applied for more than their Guaranteed Loan Amount using the following calculation:

(A) Authority staff shall total the first Funding Round amounts requested from Applicants that applied for more than their Guaranteed Loan Amounts. The proportionate share percentage for each Applicant shall be calculated by dividing the individual Guaranteed Loan Amount by the total of all Guaranteed Loan Amounts from those Applicants in the first Funding Round that applied for more than their Guaranteed Loan Amount.

(B) The proportionate share percentage is multiplied by the amount of loan proceeds remaining in the Program to determine the additional funding each Applicant may receive in the first Funding Round.

- c) An Applicant shall not receive more than the Maximum Loan Amount listed above in subdivision (a) during the first Funding Round.
- d) If moneys remain after the first Funding Round, a second Funding Round shall commence, and moneys shall be awarded without regard to previous Maximum Loan Amounts and distributed based on the same proportionate share methodology as used during the first Funding Round in subdivision (b), paragraph (2).
- e) A second Funding Round Applicant's full Guaranteed Amount shall also be considered for the proportionate share percentage calculation and not the actual amount received during the first Funding Round.

Section 4. Loan Application

(a) The Application, CHFFA Form No. CHFFA 12 NDPH II-01, incorporated herein by reference, shall be made available on the Authority's website at www.treasurer.ca.gov/chffa.

(b) Each Application shall include all of the following:

(1) Name and title of the person to be designated by the Applicant's board to sign Program loan documents if financing is approved.

(2) Copy of the current applicable State of California operating license.

(3) A signed Application Agreement that includes all of the following:

(A) Applicant agrees that to the best of its knowledge, the information contained in the Application and the accompanying supplemental materials are true and accurate. The Applicant further understands that misrepresentation may result in the cancellation of the loan and that the Authority is authorized to take additional actions, if needed.

(B) Applicant agrees that all legal disclosure information requested has been disclosed to the best of its ability.

(C) Applicant agrees that loan proceeds shall be used solely for working capital to support operations.

(D) Applicant agrees that it is a Nondesignated Public Hospital as defined in the Program Guidelines approved by the Authority.

(E) If the Applicant does not pay off the loan within 24 months of the executed Loan and Security Agreement, the Applicant agrees to assign all of its rights to 20% of the Medi-Cal Checkwrite payments to the Authority until the full loan amount has been satisfied.

(F) Applicant acknowledges the Authority Loan Fee is 1% of the loan amount is due at closing and will be deducted from loan proceeds.

(c) Authority staff shall determine whether the Application is complete. If Authority staff determines that additional information is needed, Authority staff shall notify the Applicant and request that information. If the Applicant fails to provide the information as requested, the Applicant shall be deemed ineligible for a Program loan.

Section 5. Application Period and Submission Deadlines

(a) Announcements of available funding shall be provided to all eligible Nondesignated Public Hospitals.

(1) The application period for the first Funding Round shall open September 1, 2022. The deadline to submit an application for the first Funding Round is October 14, 2022.

(2) Applicants shall meet all Program loan closing requirements, including the signing of the Loan and Security Agreement and the Promissory Note, for the first Funding Round no later than February 15, 2023. If requirements are not met as of this date, the approval shall be forfeited, and loan proceeds made available for the second Funding Round.

(3) If moneys remain after the first Funding Round, the application period for the second Funding Round shall open March 1, 2023. The deadline date to submit an application for the second Funding Round is March 31, 2023,

(A) If a second Funding Round is required, Eligible Applicants will be notified, and a notice shall be posted on the Authority's website at www.treasurer.ca.gov/chffa.

(4) Applicants shall meet all Program loan closing requirements, including the signing of the Loan and Security Agreement and the Promissory Note, for the second Funding Round no later than June 30, 2023. If requirements are not met as of this date, the approval shall be forfeited.

(A) For the second Funding Round, an Applicant may request an extension of the Program loan closing requirements deadline by submitting a written request to the Executive Director that states the reason(s) that the extension is needed. Each extension request shall be evaluated on a case-by-case basis.

(b) The Application, including supporting documentation, shall be received by the Authority no later than 5:00 p.m. (Pacific Time) on the deadline dates and may be emailed as a Portable Document Format (PDF) attachment to chffa@treasurer.ca.gov or submitted through the online Application on the Authority's website. The Authority is not responsible for transmittal delays or failures of any kind.

Section 6. Application Review

(a) Authority staff shall evaluate and determine Program loans based on the Applicants meeting all the eligibility criteria described in Section 2.

(b) Authority staff shall complete Application reviews no later than 30 calendar days after the deadline date for each Funding Round. Additional information from each Applicant may be requested.

Section 7. Loan Amount and Repayment Terms

(a) The Executive Director or their designee shall be delegated the power to approve Program loans pursuant to the Program Guidelines to the extent there are available loan proceeds for the Program.

(b) The Executive Director or their designee shall establish the repayment period for an approved Program loan, which shall be memorialized in the written Loan and Security Agreement.

(1) The Program loan repayment period shall be a maximum of 24 months from the date of the Loan and Security Agreement.

(2) The Program loan amount shall be repaid in total and discharged within 24 months of the execution date of the Loan and Security Agreement.

(c) Interest shall not be charged for these loans.

(d) Program loans incur a 1% administrative fee, which is due at closing and withheld from the Program loan proceeds.

(e) A penalty shall not be assessed for early repayment of a Program loan.

Section 8. Loan and Security Agreement

(a) Prior to the issuance of each Program loan, the Authority shall require each Loan Recipient to agree to the terms and conditions set forth in the written Loan and Security Agreement, which specify the loan amount, repayment period, covenants, and requirements in the event of the inability to make payments or a default.

(b) The Loan and Security Agreement shall require each Loan Recipient to agree to all of the following:

(1) Defend, indemnify, and hold harmless the Authority and the State, and all officers, trustees, agents, and employees of the same, from and against any and all claims, losses, costs, damages, or liabilities of any kind or nature, whether direct or indirect, arising from or relating to the Program.

(2) If full payment of the Program loan amount is not made within 24 months of the date of the Loan and Security Agreement, 20% of the Nondesignated Public Hospital's respective Medi-Cal Checkwrite payments shall be intercepted and offset at the state level from the Department of Health Care Services until the Program loan amount has been satisfied.

(3) Such other terms and conditions as agreed upon by the Authority and the Nondesignated Public Hospital.

(c) The loan proceeds shall not be released until the Loan and Security Agreement, including the Authority's Medi-Cal Intercept Agreement, have been executed by the Authority and the person designated by the Applicant's board executes Program loan documents.

Resolution No. 2022-11

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

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

WHEREAS, Borrower has determined that it is in its best interest to borrow an aggregate amount not to exceed **\$2,720,382.00** from the California Health Facilities Financing Authority (the “Lender”), such loan to be funded with the proceeds of the Lender's Nondesignated Public Hospital Bridge Loan Program II; and

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

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

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

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

Section 3. The proposed form of Loan and Security Agreement (the “Agreement”), which contains the terms of the loan is hereby approved. The loan shall be in a principal amount not to exceed **\$2,720,382.00**, shall not bear interest, and shall mature 24 months from the date of the executed Loan and Security Agreement between the Borrower and the Lender. Each Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in substantially said form that includes the redirection of up to 20% of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default, with such changes therein as the Authorized Officers may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

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

Date of Adoption: October 4, 2022

SECRETARY'S CERTIFICATE

I, Joel Labha, Secretary of the Board of Directors of San Gorgonio Memorial Healthcare District, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of San Gorgonio Memorial Healthcare District duly and regularly held at the regular meeting place thereof on the 4th day of October, 2022, of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

Ayes:

Noes:

Absent:

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

Secretary

Date: October 4, 2022

TAB F

San Geronio Memorial Hospital and San Geronio Memorial Health Care District

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

Agenda Items for September 27, 2022, Finance Committee and October 4, 2022 Board Meetings

Subject:

Renewal of Supplemental Funding Programs (SFP) and Disproportionate Share Hospital (DSH) Agreement with Steve Clark and Associates (SKA)

San Geronio Memorial Healthcare District & Hospital have contracted with SKA for many years for the provision of consulting services related to the Supplemental Funding Programs and DSH audits. As we are all aware, these programs provide millions of dollars to the District/Hospital each year.

SKA is also the consulting firm to the District Hospital Leadership Forum, so their firm is the premier expert on all things related to these programs for District Hospitals.

Key parts of the engagement with SGMHD are the provision of monthly meetings hosted by Sherreta Lane, Nathan Davis, and as needed, Steve Clark with the CFO to review all things specific to the SFP programs, including establishment of timelines, program estimates, along with a general overview of financial matters impacting District Hospitals. This team is also readily available to the CFO and CEO for ad hoc consultative services at any time.

As to the DSH consulting, SKA leads the SGMH finance and I/T team through a lengthy (many months) review process and helps the team meet the stringent DSH qualification audit requirements. There is a significant advantage to have a well-known and respected team led by the SKA consultant (David Vance) as we interact with the State's outside contracted DSH auditors.

SKA is proposing a new consulting methodology, that will generally be more favorable to the District. The only exception would be if the Hospital does not have enough patients to cause it to qualify for DSH funds, in which case, there would be no DSH income for a given year.

SKA is proposing to move away from the current arrangement whereby their fee is 10% of the annual audited and validated DSH award along with a \$3,500/month consulting fee to a flat fee of \$7,500/month. Even for the year when the Hospital's DSH award was slightly over \$550K the equivalent monthly fee was \$8,083/month, so the proposed new fee arrangement is still less costly to the District. In the case where a recent DSH award was over \$1.1M, the average monthly cost to the District equated to about \$12,667/month.

Please note that the DSH audits for Fiscal Years 2020 – 2023 have already commenced, and the 10% fee to SKA will still apply for those years per previous arrangement. The attached matrix outlines the new Agreement:

Fee Schedule

Program Year Work Performed Fee

2019/20 through 2022/23 Medi-Cal DSH 10% Contingency

2023/24 through 2025/26 All Medi-Cal Supplemental (including DSH)

\$7,500/month for each of the 36 months of this Agreement

Recommended Action: To approve the SKA Agreement for current consulting and future DSH years (not already covered under contract) for a period of 3 years at a fee of \$7,500/month.

Copies of the supporting documents are included in the packet.



September 14, 2022

Mr. Dan Heckathorne
Chief Financial Officer
San Geronio Memorial Hospital
600 North Highland Springs Avenue
Banning, California 92220

Dear Mr. Heckathorne:

We are pleased to submit this letter for your review and signature (the "*Agreement*"), which sets forth the terms according to which Steve Clark & Associates, Inc., will provide you with certain consulting services. The term of this contract is from October 1, 2022 through September 30, 2025, subject to the termination provisions described in section "5" below. This proposal will provide on-going financial and reimbursement expertise on District Hospital supplemental funding programs, as well as monitor, identify and seek hospital participation in other funding opportunities that may become available. We look forward to working with you in reaching your objectives and ask that you review this letter to ensure that we understand and agree upon the terms governing the provision of our services. For convenience, this letter will refer to Steve Clark & Associates, Inc., as "*Consultant*" and to San Geronio Memorial Hospital as "*Client*."

The terms and conditions of our Agreement are as follows:

- 1. Consulting Services.** Consultant agrees to provide the consulting services described on Exhibit A attached hereto. Exhibit A will be referred to as the "*Services*." Consultant further agrees to consult with Client regarding the Services during the term of this Agreement.
- 2. Performance Standards.** Consultant agrees to perform the duties required by this Agreement in good faith, and in a timely manner that Consultant believes to be consistent with the needs of the Client. Consultant is not an agent or employee of Client, and has no fiduciary duty, nor any duty of care, disclosure or inquiry, other than as expressly set forth in this Agreement. Consultant shall be entitled to rely on the completeness and accuracy of all information, documents and materials provided by Client to Consultant in connection with the Services and this Agreement.
- 3. Compensation and Expenses.** In return for the Services provided by Consultant and specified in Exhibit A, work will be billed on a monthly fee basis and/or on contingency according to Exhibit B. Any work performed by Consultant outside the scope of

services described in Exhibit A shall be approved in advance by Client and will be billed on an hourly basis at \$395/hour and are billable in fifteen (15) minute increments for each hour or portion thereof performed by Consultant hereunder. Billable time includes all travel time, both local and out-of-town.

Client agrees to reimburse Consultant for all out-of-pocket costs incurred in the course of performance of the Services hereunder, including, without limitation, reasonable travel and lodging expenses, photocopying, mailing, messenger and delivery services, long distance telephone service, facsimile transmissions, parking, sales and similar taxes, and any other fees advanced by Consultant on behalf of Client.

4. Payment Terms. Consultant agrees to furnish to Client a monthly invoice for services rendered, including a statement of expenses. Client agrees to pay Consultant within thirty (30) days from the date of the invoice, with payment sent to Consultant at the letter-head address set forth above. If Consultant does not receive complete payment within the foregoing time frame, then Client shall be in material breach of this Agreement. In such case, Client agrees (i) that Consultant may immediately and indefinitely discontinue providing the Services hereunder; and, (ii) that all working papers, documents and materials prepared by Consultant for which payment has not been received shall be and remain the sole and exclusive property of Consultant, and shall not be released by Consultant until complete payment of all fees and expenses due hereunder has been received by Consultant. The foregoing remedies shall be in addition to (and not exclusive of) any other remedies to which Consultant may be entitled as a result of Client's breach of this Agreement.

5. Termination. Either party may terminate this Agreement at any time without cause upon the provision of thirty (30) days prior written notice to the other. Following receipt of any notice of termination without cause, Consultant may, but shall not be obligated to, continue to provide the Services to Client pursuant to this Agreement. Either party also may terminate this Agreement immediately as a result of a material breach by the other party, upon the provision of written notice to the other. If this Agreement is terminated by either party, either with or without cause, all fees and expenses due Consultant, up to and including the effective date of the termination, shall be paid immediately to Consultant. Client further agrees, if this Agreement is terminated by either party in accordance with this section, that all work papers, confidential information, literature and any other documentation acquired or developed by Consultant directly related to this Agreement, shall not be provided to Client by Consultant until all fees and expenses have been paid to Consultant.

6. Confidential Information. Client agrees to provide Consultant with all information in its possession or reasonably available to it that is necessary for Consultant to provide the Services. Consultant shall, under all circumstances, have the right to rely,

without independent investigation or verification, on all such information provided by Client to Consultant. Consultant agrees not to disclose any confidential documents or information provided to Consultant by Client pursuant to this Agreement, except: (i) to the directors, officers, employees, subcontractors and legal counsel of Consultant who have a need to know such information for the purpose of assisting Consultant in the performance of this Agreement; and (ii) when required by law to do so, but only if Consultant first notifies Client and affords Client a reasonable opportunity to oppose such disclosure by such means as Client deems necessary or appropriate. Notwithstanding the foregoing, confidential information shall not include any information which (i) is on the date hereof, or hereafter becomes, generally available to the public other than as a result of a disclosure, directly or indirectly, by Consultant; (ii) was available to Consultant on a non-confidential basis prior to its disclosure to Consultant by Client, or its representatives; or (iii) becomes available to Consultant on a non-confidential basis from a source other than Client or its representatives.

7. Representations and Warranties of Client. Client represents and warrants to Consultant that: (i) Client owns or has the legal right to use all patents, copyrights, trademarks, trade names, service marks, service names, and other intangible property or property rights relating to the Services (collectively, the "*Intellectual Property*"); (ii) each item of Intellectual Property may be disclosed to and used by Consultant within the course and scope of performing the Services on behalf of Client; (iii) Client's disclosure or Consultant's use of the Intellectual Property as permitted under this Agreement will not infringe upon, misappropriate, or otherwise conflict with any property rights of third parties; (iv) all information provided by Client shall be complete and accurate in all material respects, and not misleading; and (v) Client shall be solely responsible for the accuracy and completeness of all information provided by Client to Consultant.

8. Disclaimer of Warranties. Client acknowledges that the conduct of its business involves substantial regulatory risks, including but not limited to, risks relating to existing and future federal and state laws affecting governmental reimbursement policies. Client assumes sole responsibility for the assessment and assumption of any and all such risks, and for the compliance of its business and operations with applicable laws. Consultant warrants only that Consultant will perform the Services provided under this Agreement, in a competent manner. Except for the foregoing limited warranty, Consultant makes no warranty, express or implied, and expressly disclaims: (i) any implied warranty of merchantability or fitness for a particular purpose; (ii) any warranty of any assumption or projection; and (iii) any warranty of the results or success of any strategy or recommendation made or otherwise included as part of the Services provided by Consultant to Client.

9. Limitation of Liability. In no event will Consultant be liable to Client, or any third party, for any special damages, including any lost profits, lost savings, or other

incidental or consequential damages, even if Consultant has been advised of the possibility of such damages. Consultant's entire liability and Client's exclusive remedy for any breach of this Agreement by Consultant shall be the replacement of any materials not meeting Consultant's obligations hereunder that are returned by Client to Consultant, or if Consultant is unable to deliver replacement materials, the refund by Consultant of the fees (but not the expenses) paid by Client for the Services.

Consultant will be reimbursed by Client for any expenses or fees incurred, if Consultant is required to provide any government entity with either written or verbal information resulting from either a review or an action brought about by such government entity as it relates to Client.

10. Indemnification. Client agrees to indemnify, defend and hold Consultant harmless from and against any and all liability, loss, damage, claim, cause of action or cost (including, but not limited to, court costs and attorneys' fees) which may result directly or indirectly, from any act, error, or omission of Client, or from any information, documents or materials provided by Client.

11. Proprietary Rights. Subject to Consultant's receipt of complete and timely payment as required by this Agreement, all work products prepared for Client by Consultant shall belong exclusively to Client. All work products prepared by Consultant for others, for itself, or prior to or after the term of this Agreement, shall remain the exclusive property of Consultant.

12. Non-Exclusivity. This Agreement shall be non-exclusive. Consultant may provide consulting services to Consultant's existing clients, and to any other persons or entities that may in the future become clients of Consultant.

13. General Terms. Consultant shall act as an independent contractor and not as an agent or employee of Client and Consultant shall make no representation that it is an agent or employee of Client. Consultant is responsible for all taxes as an independent contractor. Consultant shall not have the authority to bind Client or incur other obligations on behalf of Client, unless Client so directs Consultant in writing. Either party without the written consent of the other party may not assign this Agreement. Consultant, however, may utilize the services of its Associates in providing Client services under this Agreement; however, the Consultant remains responsible for the services under this contract. This Agreement will be retroactive to the date Consultant first performed the Services for Client. California law will govern the interpretation and enforcement of this Agreement, and each party consents to the jurisdiction of the courts of California in any action or proceeding with respect to this Agreement. The prevailing party in any such proceeding shall be entitled to recover its attorneys' fees and costs of suit.

If you are in agreement with the terms of this letter of Agreement, please print out a copy of the Agreement page, sign/date and return one copy to us by e-mail.

Sincerely,



David Vance
Senior Partner

Agree to terms of the September 14, 2022 contract proposal to engage Steve Clark and Associates to provide on-going financial and reimbursement expertise on District Hospital supplemental funding programs and to monitor, identify and seek participation in other funding opportunities from October 1, 2022 through September 30, 2025 as specified in Exhibit A below for San Gorgonio Memorial Hospital and accepted by:

Signed: _____ Date: _____

Title: _____

EXHIBIT A

Financial and Reimbursement Oversight and Improvement Program

- **ESTABLISH REGULAR COMMUNICATION PROCESS TO DISCUSS RELEVANT HOSPITAL FINANCIAL/REIMBURSEMENT ISSUES**
 - Provide regularly scheduled calls with Hospital liaison, along with other affected staff members, to discuss relevant issues specifically impacting the hospital's reimbursement and financial levels. Agendas will be prepared in advance.
 - Ad hoc call with Hospital liaison, and other participating staff members, will also be scheduled on an as-needed basis when circumstances are warranted.
 - Assist client with supplemental funding cash flow projections, timelines, understanding and evaluating changes in funding between program phases or fiscal years, and budgeting as requested.
 - Provide education to new staff as requested by client. Consultant will also provide education/expertise to external entities as requested such as auditors, financial institutions, and/or board of directors.

- **MONITOR AND WORK WITH HOSPITAL STAFF ON COORDINATION AND DATA ANALYSIS RELATED TO ALL APPLICABLE MEDICAL SUPPLEMENTAL PAYMENT PROGRAMS**
 - Review data that affects the hospital's AB 113 funding program to ensure it is being accurately captured and reported to OSHPD before the data files are finalized for use in the AB 113 payment allocations.
 - Evaluate and advise hospital as to 'Rate Range' funding opportunities. Identify all possible rate range room with each Health Plan that may be relevant to the hospital, including within the local County, as well as with adjacent counties from which the hospital serves patients. Also, analyze all the level of funding being distributed to all providers from

which the hospital shares rate range room to determine if the hospital is receiving its “fair share.”

- Review data that affects the hospital’s QIP funding allocation to ensure it is being accurately captured and reported to OSHPD before the data files are finalized for use in the annual QIP payment allocation determinations.
 - Review and modify as necessary data that will be utilized in determining the hospital’s Quality Assurance Fee (HQAF) for each program period. Monitor the IGT and payment cycle such that the facility meets deadlines.
 - Evaluate and revise HCAI and other data used in both the qualification and payment process for Medi-Cal DSH funding, including post review of the CMS DSH Audit. Work directly with HCAI and DHCS staff to ensure accuracy of data and proper interpretation of new or existing legislation.
 - Identify other supplemental funding, interpret the opportunity, and discuss with Client.
 - Analysis of data that will be used in the new DMPH “directed payment” program will not be included in this contract as that will be addressed in a separate engagement letter.
- MONITOR GRANT FUNDING OPPORTUNITIES
 - Research grant opportunities with either State, Federal or private entities to identify possible funding for programs that are either consistent with current hospital programs or potential new ventures for which the hospital has under consideration.

EXHIBIT B

Fee Schedule

<i>Program Year</i>	<i>Work Performed</i>	<i>Fee</i>
2019/20 through 2022/23	Medi-Cal DSH	10% Contingency
2023/24 through 2025/26	All Medi-Cal Supplemental (including DSH)	\$7,500/month for each of the 36 months of this Agreement

As illustrated in the matrix above, Medi-Cal DSH Services shall continue to be paid on a contingency basis of any and all distributions Hospital receives from the disproportionate share hospital program under Section 14166.11 of SB 1100 (formerly the SB 855 program) for program year's 2019/20 through 2022/23. Starting with program year 2023/24 and continuing through program year 2025/26, all Medi-Cal supplemental program Services as described in Exhibit A (including Medi-Cal DSH), shall be paid on a monthly fee basis. All Medi-Cal supplemental program Services described in Exhibit A (excluding Medi-Cal DSH), for program years prior to 2023/24 are included in and covered by the monthly fee.

TAB G

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Items for September 27, 2022, Finance Committee and October 4, 2022 Board Meetings

Subject:

Non-Designated Hospital Bridge Loan Program II – State Budget Year 2023 - Due to the State’s shifting the Supplemental Funding programs from a fiscal year to a calendar year, many hospitals are still experiencing significant cash shortages resulting from the 6 months or longer “black-out” periods.

The District Hospital Leadership Forum team has again worked with the Legislature to enact a loan program for District Hospitals to help somewhat “bridge” this gap. As such, another \$40M dollars has been designated for District Hospitals to borrow monies against future potential earnings of the Quality Initiative Program (the successor to the PRIME program).

As such, Hospitals are eligible to borrow up to pre-specified amounts, with a Guaranteed Loan Amount of \$1,073,490 for SGMH, and in the event there are unused loan funds amounts remaining after the first round of funding, SGMH could borrow as much as \$2,720,382. The loans are at -0- interest, however they bear a 1.0% administrative fee. The repayment period will be up to 24 months after the loan fundings.

Note: there will be two “rounds” of the loan program – the first application is due October 14, 2022, and depending on the availability of funds, the second-round application will be due March 1, 2023.

For simplification and requirement for only one set of Board approvals, the State Agency administering the loans are permitting both loan requests to be aggregated into one set of loan documents, thus the documents refer to an aggregate amount not to exceed \$2,720,382.

A copy of the Resolution and a set of Guidelines which outline participation requirements are included in the packet. Note – the proposed Loan and Security Agreement along with the Promissory Note documents are not included, however, key terms and conditions that will be in those documents are referenced in the Resolution and Guidelines.

California Health Facilities Financing Authority

Nondesignated Public Hospital Bridge Loan Program II

(Authority and Reference: Items of Appropriation 0977-101-0001,
Section 2.00, Chapter 43, Statutes of 2022)

GUIDELINES

Section 1. Definitions

The following definitions shall apply wherever the terms are used herein.

- (a) “Applicant” means a Nondesignated Public Hospital that meets the eligibility requirements specified in Section 3.
- (b) “Application” means an emailed or online request for a loan under the Program and all other supporting documents, as described in Section 4.
- (c) “Authority” means the California Health Facilities Financing Authority.
- (d) “Executive Director” means the Executive Director of the Authority.
- (e) “Funding Round” means the time period during which Applications may be submitted for consideration of a loan, as specified in Section 5.
- (f) “Loan and Security Agreement” means the Loan and Security Agreement specified in Section 8.
- (g) “Loan Recipient” means a Nondesignated Public Hospital that has been approved to receive a Program loan from the Program.
- (h) “Medi-Cal Checkwrite” means a system operated by the State Department of Health Care Services that processes payments to providers of medical care to Medi-Cal certified eligible beneficiaries.
- (i) “Nondesignated Public Hospital” means a public hospital as defined in Welfare and Institutions Code section 14105.98, subdivision (a), paragraph (25), excluding designated public hospitals, and as listed in Section 3.
- (j) “Program” means the Nondesignated Public Hospital Bridge Loan Program II.
- (k) “Working Capital” means working capital as defined in Government Code section 15432, subdivision (h).

Section 2. Eligibility and Eligible Use of Loan Proceeds

- (a) An Applicant shall be eligible to apply for a Program loan if both of the following conditions are met:
 - 1) The Applicant is a Nondesignated Public Hospital.
 - 2) The loan proceeds shall be used for the sole purpose of Working Capital to support its operations.

Section 3. Guaranteed and Maximum Loan Amounts and Funding Rounds

a) For the first Funding Round, the guaranteed and maximum Program loan amounts for each Nondesignated Public Hospital are as follows:

	Nondesignated Public Hospital	Guaranteed Loan Amount	Maximum Loan Amount
1	Antelope Valley Hospital/Antelope Valley Healthcare District	\$2,811,290	\$7,124,257
2	Bear Valley Community Hospital/Bear Valley Community Healthcare District	\$340,890	\$863,859
3	Eastern Plumas Health Care/Eastern Plumas Health Care District	\$326,030	\$826,214
4	El Camino Hospital/El Camino Health Mountain View Campus	\$1,192,420	\$3,021,800
5	El Centro Regional Medical Center/City of El Centro	\$2,296,310	\$5,819,199
6	Hazel Hawkins Memorial Hospital/San Benito Healthcare District	\$1,252,960	\$3,175,208
7	Jerold Phelps Community Hospital/Southern Humboldt Community Healthcare District	\$511,170	\$1,295,380
8	John C. Fremont Healthcare District	\$551,620	\$1,397,883
9	Kaweah Delta Medical Center/Kaweah Health Medical Center	\$3,993,950	\$10,121,293
10	Kern Valley Healthcare District	\$601,680	\$1,524,754
11	Lompoc Valley Medical Center	\$2,062,100	\$5,225,694
12	Mammoth Hospital/Southern Mono Healthcare District	\$1,083,700	\$2,746,265
13	Marin General Hospital/MarinHealth Medical Center	\$1,384,120	\$3,507,576
14	Mayers Memorial Hospital/Mayers Memorial Hospital District	\$331,320	\$839,613
15	Modoc Medical Center/Last Frontier Healthcare District	\$313,400	\$794,217
16	Mountains Community Hospital/San Bernardino Mountains Community Hospital District	\$770,520	\$1,952,625
17	Northern Inyo Hospital/Northern Inyo Healthcare District	\$497,230	\$1,260,050
18	Oak Valley District Hospital/Oak Valley Hospital District	\$2,045,800	\$5,184,373
19	Palo Verde Hospital/Palo Verde Healthcare District	\$300,000	\$760,247
20	Palomar Pomerado Health/Palomar Health/Palomar Medical Center	\$3,478,510	\$8,815,092
21	Pioneers Memorial Hospital/Pioneers Memorial Healthcare District	\$1,527,340	\$3,870,529
22	Plumas District Hospital/Plumas Hospital District	\$300,000	\$760,247

	Nondesignated Public Hospital	Guaranteed Loan Amount	Maximum Loan Amount
23	Salinas Valley Memorial Hospital/Salinas Valley Memorial Healthcare System	\$2,430,350	\$6,158,879
24	San Geronio Memorial Hospital/San Geronio Memorial Healthcare District	\$1,073,490	\$2,720,382
25	Seneca Healthcare District	\$300,000	\$760,247
26	Sierra View District Hospital/Sierra View Local Health Care District	\$1,472,590	\$3,731,787
27	Sonoma Valley Hospital/Sonoma Valley Healthcare District	\$307,450	\$779,133
28	Southern Inyo Hospital/Southern Inyo Healthcare District	\$300,000	\$760,247
29	Surprise Valley Community Hospital/Surprise Valley Health Care District	\$300,000	\$760,247
30	Tahoe Forest Hospital/Tahoe Valley Hospital District	\$994,330	\$2,519,788
31	Tri-City Medical Center/Tri-City Hospital District	\$2,405,440	\$6,095,752
32	Trinity Hospital/Mountain Communities Healthcare District	\$300,000	\$760,247
33	Washington Hospital-Fremont/Washington Township Healthcare District	\$2,143,990	\$5,433,211
	Total	\$40,000,000	\$101,366,295

b) Loan amounts for the first Funding Round shall be determined as follows:

(1) An Applicant may request a loan up to the amount specified in the column titled Maximum Loan Amount. The Applicant shall only be initially entitled to receive up to the amount as specified in subdivision (a) in the column titled Guaranteed Loan Amount.

(2) If the cumulative sum of the Guaranteed Loan Amounts or any lesser amounts requested from all Applicants that applied in the first Funding Round is less than the \$40,000,000 available for Program funding, Authority staff shall calculate how much in moneys remain to distribute to first Funding Round Applicants that applied for more than their Guaranteed Loan Amount using the following calculation:

(A) Authority staff shall total the first Funding Round amounts requested from Applicants that applied for more than their Guaranteed Loan Amounts. The proportionate share percentage for each Applicant shall be calculated by dividing the individual Guaranteed Loan Amount by the total of all Guaranteed Loan Amounts from those Applicants in the first Funding Round that applied for more than their Guaranteed Loan Amount.

(B) The proportionate share percentage is multiplied by the amount of loan proceeds remaining in the Program to determine the additional funding each Applicant may receive in the first Funding Round.

- c) An Applicant shall not receive more than the Maximum Loan Amount listed above in subdivision (a) during the first Funding Round.
- d) If moneys remain after the first Funding Round, a second Funding Round shall commence, and moneys shall be awarded without regard to previous Maximum Loan Amounts and distributed based on the same proportionate share methodology as used during the first Funding Round in subdivision (b), paragraph (2).
- e) A second Funding Round Applicant's full Guaranteed Amount shall also be considered for the proportionate share percentage calculation and not the actual amount received during the first Funding Round.

Section 4. Loan Application

(a) The Application, CHFFA Form No. CHFFA 12 NDPH II-01, incorporated herein by reference, shall be made available on the Authority's website at www.treasurer.ca.gov/chffa.

(b) Each Application shall include all of the following:

(1) Name and title of the person to be designated by the Applicant's board to sign Program loan documents if financing is approved.

(2) Copy of the current applicable State of California operating license.

(3) A signed Application Agreement that includes all of the following:

(A) Applicant agrees that to the best of its knowledge, the information contained in the Application and the accompanying supplemental materials are true and accurate. The Applicant further understands that misrepresentation may result in the cancellation of the loan and that the Authority is authorized to take additional actions, if needed.

(B) Applicant agrees that all legal disclosure information requested has been disclosed to the best of its ability.

(C) Applicant agrees that loan proceeds shall be used solely for working capital to support operations.

(D) Applicant agrees that it is a Nondesignated Public Hospital as defined in the Program Guidelines approved by the Authority.

(E) If the Applicant does not pay off the loan within 24 months of the executed Loan and Security Agreement, the Applicant agrees to assign all of its rights to 20% of the Medi-Cal Checkwrite payments to the Authority until the full loan amount has been satisfied.

(F) Applicant acknowledges the Authority Loan Fee is 1% of the loan amount is due at closing and will be deducted from loan proceeds.

(c) Authority staff shall determine whether the Application is complete. If Authority staff determines that additional information is needed, Authority staff shall notify the Applicant and request that information. If the Applicant fails to provide the information as requested, the Applicant shall be deemed ineligible for a Program loan.

Section 5. Application Period and Submission Deadlines

(a) Announcements of available funding shall be provided to all eligible Nondesignated Public Hospitals.

(1) The application period for the first Funding Round shall open September 1, 2022. The deadline to submit an application for the first Funding Round is October 14, 2022.

(2) Applicants shall meet all Program loan closing requirements, including the signing of the Loan and Security Agreement and the Promissory Note, for the first Funding Round no later than February 15, 2023. If requirements are not met as of this date, the approval shall be forfeited, and loan proceeds made available for the second Funding Round.

(3) If moneys remain after the first Funding Round, the application period for the second Funding Round shall open March 1, 2023. The deadline date to submit an application for the second Funding Round is March 31, 2023,

(A) If a second Funding Round is required, Eligible Applicants will be notified, and a notice shall be posted on the Authority's website at www.treasurer.ca.gov/chffa.

(4) Applicants shall meet all Program loan closing requirements, including the signing of the Loan and Security Agreement and the Promissory Note, for the second Funding Round no later than June 30, 2023. If requirements are not met as of this date, the approval shall be forfeited.

(A) For the second Funding Round, an Applicant may request an extension of the Program loan closing requirements deadline by submitting a written request to the Executive Director that states the reason(s) that the extension is needed. Each extension request shall be evaluated on a case-by-case basis.

(b) The Application, including supporting documentation, shall be received by the Authority no later than 5:00 p.m. (Pacific Time) on the deadline dates and may be emailed as a Portable Document Format (PDF) attachment to chffa@treasurer.ca.gov or submitted through the online Application on the Authority's website. The Authority is not responsible for transmittal delays or failures of any kind.

Section 6. Application Review

(a) Authority staff shall evaluate and determine Program loans based on the Applicants meeting all the eligibility criteria described in Section 2.

(b) Authority staff shall complete Application reviews no later than 30 calendar days after the deadline date for each Funding Round. Additional information from each Applicant may be requested.

Section 7. Loan Amount and Repayment Terms

(a) The Executive Director or their designee shall be delegated the power to approve Program loans pursuant to the Program Guidelines to the extent there are available loan proceeds for the Program.

(b) The Executive Director or their designee shall establish the repayment period for an approved Program loan, which shall be memorialized in the written Loan and Security Agreement.

(1) The Program loan repayment period shall be a maximum of 24 months from the date of the Loan and Security Agreement.

(2) The Program loan amount shall be repaid in total and discharged within 24 months of the execution date of the Loan and Security Agreement.

(c) Interest shall not be charged for these loans.

(d) Program loans incur a 1% administrative fee, which is due at closing and withheld from the Program loan proceeds.

(e) A penalty shall not be assessed for early repayment of a Program loan.

Section 8. Loan and Security Agreement

(a) Prior to the issuance of each Program loan, the Authority shall require each Loan Recipient to agree to the terms and conditions set forth in the written Loan and Security Agreement, which specify the loan amount, repayment period, covenants, and requirements in the event of the inability to make payments or a default.

(b) The Loan and Security Agreement shall require each Loan Recipient to agree to all of the following:

(1) Defend, indemnify, and hold harmless the Authority and the State, and all officers, trustees, agents, and employees of the same, from and against any and all claims, losses, costs, damages, or liabilities of any kind or nature, whether direct or indirect, arising from or relating to the Program.

(2) If full payment of the Program loan amount is not made within 24 months of the date of the Loan and Security Agreement, 20% of the Nondesignated Public Hospital's respective Medi-Cal Checkwrite payments shall be intercepted and offset at the state level from the Department of Health Care Services until the Program loan amount has been satisfied.

(3) Such other terms and conditions as agreed upon by the Authority and the Nondesignated Public Hospital.

(c) The loan proceeds shall not be released until the Loan and Security Agreement, including the Authority's Medi-Cal Intercept Agreement, have been executed by the Authority and the person designated by the Applicant's board executes Program loan documents.

Resolution No. 2022-11

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

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

WHEREAS, Borrower has determined that it is in its best interest to borrow an aggregate amount not to exceed **\$2,720,382.00** from the California Health Facilities Financing Authority (the “Lender”), such loan to be funded with the proceeds of the Lender's Nondesignated Public Hospital Bridge Loan Program II; and

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

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

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

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

Section 3. The proposed form of Loan and Security Agreement (the “Agreement”), which contains the terms of the loan is hereby approved. The loan shall be in a principal amount not to exceed **\$2,720,382.00**, shall not bear interest, and shall mature 24 months from the date of the executed Loan and Security Agreement between the Borrower and the Lender. Each Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in substantially said form that includes the redirection of up to 20% of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default, with such changes therein as the Authorized Officers may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

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

Date of Adoption: October 4, 2022

SECRETARY'S CERTIFICATE

I, Joel Labha, Secretary of the Board of Directors of San Gorgonio Memorial Healthcare District, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of San Gorgonio Memorial Healthcare District duly and regularly held at the regular meeting place thereof on the 4th day of October, 2022, of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

Ayes:

Noes:

Absent:

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

Secretary

Date: October 4, 2022

TAB H

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: September 21, 2022

TO: Susan DiBiasi, Chair
Governing Board

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

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

2022 Annual Approval of Policies & Procedures

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

Annual Approval of Patient Care Contracts

A list of Patient Care Contracts was submitted for approval (See attached).

SAN GORGONIO MEMORIAL HOSPITAL
ANNUAL APPROVAL OF POLICIES AND PROCEDURES

Title	Policy Area	Revised?
Activase/Alteplase (t-PA) Protocol -- Use in Acute Ischemic Stroke	Nursing	New
Code Stroke	Nursing	New
CT ABDOMEN/PELVIS Multiphase	Diagnostic Imaging	Revised
CT Head with and Without Intravenous Contrast	Diagnostic Imaging	Revised
CT Head with Intravenous Contrast	Diagnostic Imaging	Revised
CT of Extremities	Diagnostic Imaging	Revised
CT Pelvis with Intravenous Contrast	Diagnostic Imaging	Revised
Diagnostic Imaging - Image and Report Release Documentation	Diagnostic Imaging	Revised
Diagnostic Imaging CT Rectal Contrast Dosing - Gastrografin Per Protocol	Diagnostic Imaging	Revised
Emergency Red Lock	Pharmacy	Revised
Inpatient Admission Changed to Outpatient Status	Case Management	Revised
MRI Uncontrolled Quench Procedure	Diagnostic Imaging	Revised
Pelvic Ultrasound	Diagnostic Imaging	Revised
Ultrasound Amniotic Fluid Index	Diagnostic Imaging	Revised
Ultrasound Special Procedures	Diagnostic Imaging	Revised
Stroke Program	Nursing	Revised

October 2022

Direct Patient Care contracts for approval by the Medical Executive Committee and Hospital Board of Directors

CONTRACT	SERVICE
24-Hour Medical Staffing Services, LLC	Nursing registry
ABEA Neuro Diagnostics, Inc.	EEG services
ADEX Medical Staffing LLC	Nursing registry
Aequor Healthcare Services	Nursing / Occupational Therapist registry
Allied Staffing Agreement	Diagnostic Imaging registry
Associated Health Professionals	Nursing registry
ATC Healthcare Services	Nursing registry
Atlas MedStaff	Nursing registry
Cambridge Hospice	Hospice
Charter Hospice	Hospice
Cintas	Uniform rentals and facility services
College of the Desert (Affiliation Agreement)	BHC students
DaVita	Dialysis
Dedicated Biopsy Services	Breast biopsy trailer
DialMed	Respiratory therapy registry
Eisenhower Medical Center	Clinical laboratory services
ESP Personnel (formerly ReadyLink)	Nursing registry
Highland Springs Surgical Center	Blood bank services
Infant Hearing Screening Specialists Corp.	OB – newborn hearing tests
Inland Empire Home Health and Hospice	Hospice (formerly Ramona VNA)
Inland Empire Occupational Therapy Services	Occupational therapy
Just in Time Staffing	Respiratory therapy registry
Kindred Hospice (formerly Gentiva)	Hospice
Lifesigns	Sign language interpreter services
LifeStream	Blood bank
Medical Solutions	Nursing registry
Mediscan Staffing Services	Radiology staffing registry
Mission Hospice	Hospice
Mission Linen	Uniform rentals and facility services
mKm Resources	Respiratory therapy registry
One Legacy	Organ procurement
Physicians for Healthy Hospitals	Pathology
Platinum Healthcare Staffing	Respiratory Therapy registry
Quest Diagnostics Inc.	Reference Lab service agreement
RehabAbilities	Rehab Services registry

RN Network	Nursing registry
Standard Healthcare	Nursing registry
Symons Ambulance	Ambulance service
TelNet-Rx, Inc.	Pharmacy remote order entry agreement
TRS	Nursing registry
Vitas Innovative Hospice Care	Hospice
VNA Inland Counties	Hospice
West Ways Staffing	Nursing registry
Zimmer Biomet	Surgery

Approved by Medical Executive Committee: Date:

Approved by Hospital Board of Directors: Date:

TAB I

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting of October 4, 2022

	Title	Policy Area	Owner	Workflow Approval
1	End of Life Option Act	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
2	Hand-Off Communication	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
3	Injuries (Visitors and Volunteers)	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
4	Medical Waste Management for Environmental Services (EVS)	Environmental Services	Nutter, Coda: Director Environmental Services	Ariel Whitley for Hospital Board of Directors
5	Nursing Units - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
6	Patient Access Services - Disaster Response Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
7	Plan for the Provision of Patient Care 2022 - 2023	Administration	Whitley, Ariel: Executive Assistant	Ariel Whitley for Hospital Board of Directors
8	Service Animals and Pets	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors

TAB J

WHEN YOU CARE WITH PASSION, YOU HEAL WITH COMPASSION



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

600 N. Highland Springs Ave., Banning, CA
951-845-1121 | www.sgmh.org

Community awareness program another success

By LINDA VIEIRA
Sun Lakes Life

The Community Awareness Group presented an interesting and informative program last week, with special guest Dr. Karan Singh, chief medical officer and medical director of Emergency Services of San Gorgonio Memorial Hospital. Singh described the enormous growth the hospital has experienced in the last five years as it develops staff and services to properly serve our area.

First and foremost, the hospital has striven to recruit and train young, innovative doctors, nurses and hospitalists to provide technology-based care to patients. New staff in neurology, urology, general surgery, orthopedics, vascular surgery and spinal surgery have been added.

In 2019, an average 28 patients per week were transferred to other hospitals for orthopedic, urological and neurological services. As the staff has grown, the necessity to transfer patients has been reduced by 45 percent.

Last year, the hospital started a residency program with the University of Riverside School of Medicine, and a fellowship program, through which doctors can increase



Courtesy photo

Dr. Karan Singh, medical director of San Gorgonio Memorial Hospital, spoke at the meeting of the Community Awareness Group.

their specializations. A Sepsis Center of Excellence and a Geriatric Emergency Department have also been created and accredited.

With the recent \$5.5 million gift from the Morongo Band of Mission Indians, the

hospital is working to create an accredited state-of-the-art Stroke Center, so that ambulances will deliver stroke victims there directly. Equipment and technology are being purchased and installed at this time, with training pro-

grams already in place.

Stroke victims that come to the hospital can be serviced within 2 minutes of arrival through tele-medicine and the Emergency Department. New doctors are being trained on that equipment, and even robotics are being utilized in surgeries.

Also featured at the meeting were Banning Police Chief Matt Hamner and Securtas Director Mike Romero, who gave in-depth updates on current practices that affect

our community. All told, it was a well-received program.

The Community Awareness Group meets in the ballroom on the last Thursday of the month from 1 to 3 p.m. The next meeting will be on Thursday, Sept. 29. The guest speakers will be from Banning Animal Shelter and the city's Animal Control. Don't miss this next informative meeting. For more information, contact Michele Walter at (951) 202-8009.

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



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MEMORIAL HOSPITAL

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