



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, September 1, 2020

4:00 PM

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

Meeting Information

Meeting link: <https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=m9fc1f33ce554e288724b017ebd851768>

Meeting number: 126 044 1655

Password: 1234

More ways to join

Join by video system

Dial [1260441655@sangorgoniomemorialhospital-ajd.my.webex.com](tel:1260441655)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 126 044 1655

Password: 1234

Emergency phone number if WebEx tech difficulties

951-846-2846

code: 3376#

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

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

Members of the public who wish to comment on any item on the agenda may submit comments by emailing publiccomment@sgmh.org on or before 1:00 PM on Tuesday, September 1, 2020, which will become part of the board meeting record.

OLD BUSINESS

- III. ***Proposed Action - Approve Minutes** S. DiBiasi A
 • August 4, 2020 regular meeting

NEW BUSINESS

- IV. Hospital Board Chair monthly report S. DiBiasi verbal
- V. September, October, & November Board/Committee meeting calendars S. DiBiasi B
- VI. CEO monthly report S. Barron verbal
- VII. Bi-monthly Patient Care Services report P. Brown C
- VIII. Foundation monthly report (informational) D
- IX. Committee Reports:
 • Finance Committee H. Yonemoto E
 ○ August 25, 2020 meeting minutes
 *** Proposed Action – Approve July 2020 Financial Statement**
 (approval recommended by Finance Committee 08/25/2020)
 ▪ **ROLL CALL**
- X. Chief of Staff Report S. Hildebrand, MD F
 *** Proposed Action - Approve Recommendations of the**
 Medical Executive Committee
 ▪ **ROLL CALL**
- XI. *** Proposed Action - Approve Policies and Procedures** Staff G
 ▪ **ROLL CALL**
- XII. Community Benefit events/Announcements/
 and newspaper articles S. DiBiasi H

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

S. DiBiasi

- Proposed Action – Recommend approval to the Healthcare District Board - Medical Staff Credentialing
(*Health & Safety Code §32155; and Evidence Code §1157*)
- Receive Quarterly Infection Control/Risk Management report
(*Health & Safety Code §32155*)
- Telephone conference with legal counsel – Pending litigation
(*Government Code § 54956.9(d)(1)*)
Desert Anesthesia Consultants, LP v. San Gorgonio Memorial Hospital, et al. (Case No. RIC2000609)

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. Future Agenda Items

XV. ADJOURN

S. DiBiasi

***Action Required**

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

Certification of Posting

I certify that on August 28, 2020, 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 August 28, 2020



Ariel Whitley, Administrative Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

August 4, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, August 4, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this board meeting in person. Board members and members of the public participated via WebEx.

Members Present: Phillip Capobianco III, Susan DiBiasi (Chair), Estelle Lewis, Ehren Ngo, Ron Rader, Steve Rutledge, Lanny Swerdlow, Dennis Tankersley

Absent: None

Required Staff: Steve Barron (CEO), Holly Yonemoto (CBDO), Annah Karam, (CHRO), Pat Brown (CNO), Steven Hildebrand, MD (Chief of Staff), Ariel Whitley (Executive Assistant), Karan Singh, MD (CQO), Margaret Kammer (Controller)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair Susan DiBiasi called the meeting to order at 4:02 pm.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes July 7, 2020 regular meeting.	Chair DiBiasi asked for any changes or corrections to the minutes of the July 7, 2020 regular meeting as included on the board tablets. There were none.	The minutes of the July 7, 2020 regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM		ACTION / FOLLOW-UP																								
Hospital Board Chair monthly report	Chair DiBiasi welcomed Ariel Whitley on as the Executive Assistant to Steve Barron, CEO. She mentioned that there was a retirement celebration for Bobbi Duffy and she was presented a plaque. She served as an Executive Assistant from 2002 to 2020.																									
Proposed Action – Elect new Board Treasurer	<p>Ron Rader was nominated and elected as the Hospital Board Treasurer.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 716 1284 869"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	M.S.C, (Tankersley/Swerdlow), the SGMH Board of Directors approved the election of Ron Rader as Board Treasurer.								
Capobianco	Yes	DiBiasi	Yes																							
Lewis	Yes	Ngo	Yes																							
Rader	Yes	Rutledge	Yes																							
Swerdlow	Yes	Tankersley	Yes																							
Board Chair to appoint members to committee vacancies.	<p>Chair DiBiasi appointed Members to committee vacancies as follows:</p> <table border="1" data-bbox="480 1052 1284 1360"> <thead> <tr> <th>Finance Committee</th> <th>Human Resources Committee</th> <th>Executive Committee</th> <th>Community Planning Committee</th> </tr> </thead> <tbody> <tr> <td>DiBiasi (C)</td> <td>Lewis (C)</td> <td>DiBiasi (P)</td> <td>Swerdlow</td> </tr> <tr> <td>Swerdlow</td> <td>DiBiasi</td> <td>Ngo (VP)</td> <td>Ngo</td> </tr> <tr> <td>Ngo</td> <td>Rader</td> <td>Lewis (S)</td> <td>Rader (C)</td> </tr> <tr> <td>Rader</td> <td>Rutledge</td> <td>Rader (T)</td> <td>Rutledge</td> </tr> <tr> <td></td> <td></td> <td></td> <td>DiBiasi</td> </tr> </tbody> </table> <p>*C = Chair *P = President *VP = Vice President *S = Secretary *T = Treasurer</p>	Finance Committee	Human Resources Committee	Executive Committee	Community Planning Committee	DiBiasi (C)	Lewis (C)	DiBiasi (P)	Swerdlow	Swerdlow	DiBiasi	Ngo (VP)	Ngo	Ngo	Rader	Lewis (S)	Rader (C)	Rader	Rutledge	Rader (T)	Rutledge				DiBiasi	
Finance Committee	Human Resources Committee	Executive Committee	Community Planning Committee																							
DiBiasi (C)	Lewis (C)	DiBiasi (P)	Swerdlow																							
Swerdlow	DiBiasi	Ngo (VP)	Ngo																							
Ngo	Rader	Lewis (S)	Rader (C)																							
Rader	Rutledge	Rader (T)	Rutledge																							
			DiBiasi																							
August, September, and October Board/Committee meeting calendars	Calendars for August, September, and October were included on the board tablets.																									

AGENDA ITEM		ACTION / FOLLOW-UP																
CEO Monthly report	<p>Steve Barron, CEO mentioned that Allscripts will be going live on the 19th of August.</p> <p>He also noted that during this week our census for August is low however our inpatient census is fair.</p> <p>Steve noted that the Cepheid COVID-19 testing machine that was approved by the Healthcare District Board last month will not be purchased because it was unavailable. He mentioned that we will instead purchase a BD MAX system. The BD MAX is a rapid testing machine that can test up to 25 COVID patients a day, at a third of the cost of the Cepheid machine.</p> <p>Steve mentioned that the air quality in the Pass area was poor due to the Apple Fire. As a result of the poor air quality, air filters in the hospital were damaged and will be replaced as soon as the air quality is safe to do so.</p>																	
Foundation monthly report – informational	<p>Chair DiBiasi noted that the written Foundation monthly report was included on the board tablets.</p>																	
COMMITTEE REPORTS:																		
Finance Committee Proposed Action – Recommend Approval of the June 2020 Financial Statement.	<p>Holly Yonemoto, CFO, reviewed the Executive Summary of the June 2020 Financial report which was included on the board tablet. A copy of the Finance Committee’s July 28, 2020 meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the June 2020 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 1503 1281 1654"> <tbody> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </tbody> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	M.S.C., (Rader/Rutledge), the SGMH Board of Directors approved the June 2020 Financial Statement as presented.
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Swerdlow	Yes	Tankersley	Yes															
Chief of Staff Report Proposed Action –	<p>Steven Hildebrand, MD, Chief of Staff briefly reviewed the Medical Executive Committee report as included on the Board Tablets.</p>	M.S.C., (Rader/Lewis), the SGMH Board of																

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Approve Recommendations of the Medical Executive Committee</p>	<p>Approval Items:</p> <p>Policies & Procedures</p> <ul style="list-style-type: none"> • Clostridium difficile Prevention and Control • Controlled Air Purifying Respirator (CAPR) • Coronavirus Disease 2019 (COVID-19) Risk Assessment & Management Plan • OR – Duties of a Scrub Nurse/Technician • QuickVue Dipstick Strep A Test • Sepsis Identification and Management • Sterile Supplies • Types of Containers Used for Specimen Collection • Legionella Investigation Report • Prone Positioning in Non-Intubated Patients with Hypoxemic Respiratory Failure (New Policy) • Dietary Manual <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 1035 1281 1184"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p>Directors approved the Medical Executive Committee recommended approval items as submitted.</p>
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Swerdlow	Yes	Tankersley	Yes															
<p>Proposed Action – Approve Policies and Procedures</p>	<p>There were twenty-three (23) 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="480 1444 1281 1593"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p>M.S.C., (Lewis/Rutledge), the SGMH Board of Directors approved the policies and procedures as submitted.</p>
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Swerdlow	Yes	Tankersley	Yes															
<p>Community Benefit events/Announcements/and newspaper articles</p>	<p>Miscellaneous information was included on the board tablets.</p> <p>Ron Rader announced that the Beaumont Chamber of Commerce is hosting “Good Morning Beaumont” on Friday, August 14, at the Sand Trap. Sean Thuilliez, Beaumont Police Chief, will be the speaker.</p>																	

AGENDA ITEM		ACTION / FOLLOW-UP
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"> ➤ Proposed Action – Recommend approval to the Healthcare District Board – Medical Staff Credentialing ➤ Receive Quarterly Emergency Preparedness/Environment Safety report ➤ Receive Quarterly Corporate Compliance Committee report <p>The meeting adjourned to Closed Session at 5:02 pm.</p>	
Reconvene to Open Session	<p>The meeting reconvened to Open Session at 5:15 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 Environment of Care/Life Safety/Utility Management report ➤ Received Quarterly Corporate Compliance Committee report 	
Future Agenda Items	None at this time.	
Adjourn	The meeting was adjourned at 5:15 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, Administrative Assistant

TAB B



September 2020

Board of Directors Calendar

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



October 2020

Board of Directors Calendar

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



November 2020

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Daylight Saving Ends (clocks back 1 hour)	2	3 4:00 pm Hospital Board mtg. 6:00 pm Healthcare District Board mtg.	4	5	6	7
8	9	10	11	12	13	14
15	16	17 9:00 am Community Planning Comm.	18 9:00 am HR Committee 5:00 pm Measure D 5:15 pm Measure A	19	20	21
22	23	24 9:00 am Finance Committee	25	26 Thanksgiving Holiday Administration Closed	27	28
29	30					

As of August 20, 2020

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

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

TAB C



CNO REPORT TO THE BOARD

SEPTEMBER 2020

Patient Care Quality and Safety:

Most of our recent patient activity has been centered on providing care and treatment to Covid 19 positive patients, and patients under investigation. However, we are starting to see patients with other health issues returning to the hospital for care. The ED volume is currently 75 – 80% of last year's average and the inpatient census is up a little from this time last year.

As with the rest of the county, we are seeing our Covid numbers go down.

Although we are currently not using the triage tent set up in the ED parking lot, our program flex waiver is good until October, and we will leave it up and see what happens in the fall when flu season starts.

We have modified the ICU/DOU rooms so that all of them can be used as a negative pressure room for isolation and have modified 5 med/surg rooms for a total of 7 on that unit.

The waiver to use our MRI for inpatients ends August 31st... I have applied for another extension, but, as yet, I have not received a reply from CDPH.

With the spike in cases after the July 4th holiday, we cut back on elective procedures and surgeries, but we are now back up to 8 GI cases and 4 elective surgeries per physician.

On April 6th we closed the hospital to visitors. We still remain closed to visitors at this time. Allowances are made for minors, persons who cannot make their own decisions, and compassionate visiting for dying patients.

We continue to have adequate PPE to protect our associates and physicians.

The other major thing that is taking large amounts of time and resources is the Electronic Health Record conversion to Allscripts. The IT team plus multiple associates from almost every department and several physicians have spent hours and days building, validating, testing and training. Go Live is scheduled for 9/1.

Although this is always a painful process, the end product of an integrated patient medical record will be a boon to continuity of care and patient safety.

Recognizing the stress that our associates may be experiencing during these trying times, we have put some things in place to assist those who might need help. In addition to our Employee Assistance Program, Joe Dunn, the BHC director is available 2 afternoons/week for anyone who just wants to talk, vent, decompress or learn some better coping skills. Jean Kielhold, our clinical dietician, is offering help with better nutrition, stress eating and choosing healthy eating habits. Our physical therapy department is offering stress relieving and flexibility exercises 2 times/day Monday through Friday.

We value our associates and know how much they care for others. We hope that they will take advantage of these offerings and also give us more ideas of what we can do to help them take care of themselves.

TAB D

SGMH Foundation Report

August 25, 2020

Foundation Finances as of 7/29/2020

- \$285,458.82 (Bank of Hemet Business checking account) as of 08/25/2020
 - \$127,693.08 (Bank of Hemet Money market account) as of 08/25/2020
 - \$85,146.00 (I.E. Community Foundation as of 07/01/2020)
- \$495,799.61 Total Funds**

Current Bylaws for the Foundation are under review as there may be some changes that were vote on in September 2014 and the current Bylaws do not reflect those changes.

To date the Covid19 Response Fund is \$73,178.00 and these funds are currently allocated for the purchase of the *Instrument BD Max Clinical* as requested by Steve Barron

Valerie is continuing to work on grants for the upcoming Imaging/Stroke center.

George, Valerie and Steve Barron are met with Pardee Development to pitch support for the Imaging/Stroke center, Pardee seems to be ameanable to discuss a partnership. Talks will be on-going over the next few months.

TAB E

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, July 28, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, July 28, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor's Executive Order N-29-20, there was no public location for attending this committee meeting in person. Committee members, staff members, and members of the public participated telephonically.

Members Present: Susan DiBiasi, Lanny Swerdlow, Ehren Ngo

Members Absent: None

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Holly Yonemoto (CFO), Bobbi Duffy (Executive Assistant), Ariel Whitley (Administrative Assistant), Margaret Kammer (Controller)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Hospital Board Chair, Susan DiBiasi, called the meeting to order at 9:02 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes June 30, 2020 regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the June 30, 2020 regular meeting. There were none.	The minutes of the June 30, 2020 regular meeting will stand correct as presented.
NEW BUSINESS		
Proposed Action – Recommend	Holly Yonemoto reviewed the June 2020 finance report as included in the board packets.	M.S.C. (Swerdlow/Ngo),

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
<p>Approval to Hospital Board of Directors - Monthly Financial Report – June 2020</p>	<p>Holly referred committee members to page 2, “San Gorgonio Memorial Hospital Financial Report – Executive Summary.” She noted that June EBIDA was negative due to a reduction in Net Revenue of \$728,675. She also noted that YTD EBIDA had a positive variance of \$126,078 as a result of funding opportunities through governmental sources.</p> <p>She noted that in general, our revenues were down due to COVID-19. Since March 2020, our year-end projected revenue shortfall has totaled \$5,113,065.</p> <p>Holly referred committee members to page 7, “Statement of Revenue and Expense – Current Month.”</p> <p>On line 41, “Total Net Surplus/(Loss)”, the Actual was \$2,107,432 compared to a budgeted \$158,814, reflecting a negative variance of \$1, \$1,948,618. Holly noted that IGT funding was significant for other months as opposed to June.</p> <p>Holly referred committee members to page 8, “Statement of Revenue and Expense – Year-to-Date”.</p> <p>She noted as shown on line 34, “EBIDA”, there was an Actual of \$813,645 versus a Budgeted amount of \$687,566, reflecting a positive variance of \$126,078.</p> <p>Holly referred committee members to page 12, “Gross Days in AR by Payor.”</p> <p>She noted that lines 24 and 25, “Blue Cross and MediCal”, play a large role in Total Gross Days in AR increasing since March 2020. Holly mentioned that she will analyze this increase to determine its root cause as well as ways to correct it.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 1572 1203 1650"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Ngo	Yes	Swerdlow	Yes	Motion carried.		<p>the SGMH Finance Committee voted to recommend approval of the June 2020 Financial report to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Yes							
Swerdlow	Yes	Motion carried.								
<p>Future Agenda Items</p>	<p>None.</p>									
<p>Next Meeting</p>	<p>The next Finance Committee meeting will be held on August 25, 2020.</p>									

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Adjournment	The meeting was adjourned at 9:41 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,

Minutes respectfully submitted by Ariel Whitley, Administrative Assistant



**SAN GORGONIO
MEMORIAL HOSPITAL**

**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA**

Unaudited Financial Statements

for

ONE MONTH ENDING JULY 31, 2020

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:

Holly Yonemoto

CFO

San Gorgonio Memorial Hospital
Financial Report – Executive Summary
For the month of July 2020 (One month in FY 21)

Profit/Loss (EBIDA) Summary

In the current month, there was a favorable budget variance in Earnings before Interest, Depreciation and Amortization (EBIDA). July EBIDA actual was positive due to Covid 19 additional funding of \$2.8 M from the CARES Act Provider Relief funding. Expenses were over budget primarily due to salaries and wages due to Covid 19 and the related care needs that increase the salaries expense. The resulting Month-to-Date (MTD) EBIDA was a positive \$839,940, which is a \$1,042,110 positive variance as compared to budget. The Year-to-Date (YTD) EBIDA was the same as July since it is the first month of the period. The resulting net surplus after interest and depreciation was \$548,730 which is a positive variance of \$974,257.

COVID 19 Funding Analysis

The updated covid-19 financial impact for SGMH has been mitigated by the CARES Act funding as well as other funding related to the covid-19 impact.

The prior year included the \$5 M from the CARES Act Provider Relief funding and this month another \$2.8M. We are confident in the ability to show loss in revenue and increase in expense related to the Covid 19 impact as well as we are obtaining additional funding through the County of Riverside for Covid 19 related expenses. We have submitted expense funding requests and will be getting confirmation soon of the additional funding amount approved.

Net Patient Revenues (MTD & YTD Favorable \$682,490) The net patient revenue are favorable due to the increased inpatient volume. The emergency department volume is approximately 25% lower than prior years with the increases returning from the last surge. Individuals are not seeking care as readily as prior to Covid 19 which is a concern from the health and care aspects, with the observation of providers that the emergency department patients present sicker making care more intensive. The Covid-19 inpatient census as well as higher acuity patients have increased the Medicare case mix index and have resulted in a slightly higher projected reimbursement. The higher the case mix index the more complex the cases are, there is an improved projected reimbursement and also increased related expenses.

Total Operating Revenues (MTD & YTD favorable \$2.6M). Our current month operating revenue is \$8,180,731 which is \$2.66M higher than the budgeted \$5.5M. The \$2.8M Cares Act funding as well as other governmental funding related to the various programs, contributed to the positive variance. The \$2.8M CARES funding is funding for the purpose of offsetting loss in revenue and increased expenses related to Covid-19. We continue to pursue all funding avenues including the County of Riverside that has received a significant governmental funding due to the Covid 19 crisis and Riverside County being one of the higher counties in the prevalence of Covid 19 positive individuals, which translates to larger governmental funding that is to be distributed to hospitals and other approved recipients. We are going to be receiving notification in the next week on the amount of the expense coverage we will be receiving through the County of Riverside and related funding.

Expenses for the month (unfavorable \$1.6M) Expenses were \$7.3M which was \$1.65M higher than budget with salaries and wages and benefits being the majority at \$1.4M over budget. Covid 19 patient acuity and staffing with related overtime when staff is unavailable is also a factor. Additionally purchased services related to legal fees as well as physician fees and increased supply expenses all had budget overages of an average of \$75-95k each. The higher physician fees expense is likely to be reduced significantly with a new Beaver anesthesia contract when that is implemented and legal fees should be reducing in the coming months due to corporate structure completion.

BALANCE SHEET/CASH FLOW

Cash balance is currently \$10,281,544 due to the Covid 19 funding. The line of credit balance is currently at \$6M and accounts payable is currently at \$5.4M.

Additional notes on funding, several hospital coalitions are lobbying for the Medicare Advance to become a grant. At this time there has been discussion on deferring the payback to January 2021 with efforts continuing to waive the payback. Also the County of Riverside funding and EDA grant funding is in process. The EDA funding would facilitate major capital equipment replacement for aging imaging equipment.

Key patient statistics variances included:

Average Daily Census (ADC) in the month of July was 24.5
Acute Patient Days were 908 vs prior year of 760 days in July
ED visits averaged 86 in July vs. prior year of 120
Total ED Visits was 2674 vs 3716 the year prior

Concluding Summary

Positive takeaways:

- 1) IGT and funding over expected amounts budgeted
- 2) EBIDA month to date is higher than budget due to Covid funding
- 3) Patient volumes seem to be rising on inpatient and about the same for outpatient for the month of July comparative to prior covid-19 impact months

Negative takeaways:

- 1) Slow down third party payments and higher days in AR.
- 2) Higher than expected salaries, physician fees and legal fees – both will be reduced in coming months due to new contract as well as management agreement structure completion.

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
ONE MONTH ENDING JULY 31, 2020

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD					
	07/31/20 ACTUAL	07/31/20 BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE
Revenue:					
[10] Gross Patient Revenues	\$21,134,903	\$20,223,023	\$21,134,903	\$20,223,023	\$911,880
[11] Deductions From Revenue	(16,952,379)	(16,722,989)	(16,952,379)	(16,722,989)	(229,390)
[12] Net Patient Revenues	4,182,524	3,500,034	4,182,524	3,500,034	682,490
[13] Other Operating Revenue	3,998,207	2,020,602	3,998,207	2,020,602	1,977,605
[14] Total Operating Revenues	8,180,732	5,520,637	8,180,732	5,520,637	2,660,095
Expenses:					
[15] Salaries, Benefits & Contract Labor	4,848,057	3,340,361	4,848,057	3,340,361	(1,507,696)
[16] Purchased Serv. & Physician Fees	1,180,998	1,036,172	1,180,998	1,036,172	(144,826)
[17] Supply Expenses	755,284	672,752	755,284	672,752	(82,532)
[18] Other Operating Expenses & Clinic Loss	555,098	673,521	555,098	673,521	118,423
[19] Intergovernmental Transfer Expense	1,353	0	1,353	0	(1,353)
[20] Depreciation & Interest Expense	888,652	906,691	888,652	906,691	18,039
[21] Total Expenses	8,229,443	6,629,497	8,229,443	6,629,497	(1,599,945)
[22] NET OPERATING SURPLUS	(48,711)	(1,108,861)	(48,711)	(1,108,861)	1,060,150
[23] Non-Operating Revenue/(Exp.)	597,442	683,333	597,442	683,333	(85,892)
[24] TOTAL NET SURPLUS (LOSS)	\$548,731	(\$425,528)	\$548,731	(\$425,528)	\$974,258

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
ONE MONTH ENDING JULY 31, 2020

BALANCE SHEET			
Line Ref #		YTD 07/31/2020	Prior FYE 06/30/2020
	ASSETS		
[1]	Current Assets	\$37,296,961	\$36,175,733
[2]	Assets Whose Use is Limited	9,378,131	9,394,161
[3]	Property, Plant & Equipment (Net)	91,247,324	91,678,839
[4]	Other Assets	1,448,016	1,449,675
	Total Unrestricted Assets	139,370,432	138,698,408
[5]	Restricted Assets	0	0
	Total Assets	\$ 139,370,432	\$ 138,698,408
	LIABILITIES AND NET ASSETS		
[6]	Current Liabilities	\$22,531,928	\$22,073,425
[7]	Long-Term Debt	108,198,070	108,213,822
[8]	Other Long-Term Liabilities	0	0
	Total Liabilities	130,729,998	130,287,247
	Net Assets	8,640,434	8,411,161
[9]	Total Liabilities and Net Assets	\$139,370,432	\$138,698,409

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
ONE MONTH ENDING JULY 31, 2020

KEY STATISTICS AND RATIOS				
	<i>07/31/20</i>	<i>07/31/19</i>	<i>2020</i>	<i>2019</i>
	ACTUAL	YEAR PRIOR	YR END TOTAL	YR END TOTAL
	FY 21	FY 20	FY 20	FY 19
[1] Total Acute Patient Days	908	760	9,205	9,991
[2] Observation Days	115	118	1,673	2,028
[3] Patient Discharges	241	212	2,689	2,857
[4] Average Acute Length of Stay	3.8	3.6	3.4	3.5
[5] Average Daily Census	24.5	25.7	25.2	27.4
[6] Total Emergency Room Visits	2,674	3,716	39,293	43,687
[7] Average ED Visits Per Month			3,274	3,641
[8] Average ED Visits Per Day	86	120	108	120
[9] Outpatient Visits	2,993	4,432	45,669	51,355
[10] Total Surgeries (incl GI)	94	170	2,589	2,204
[11] Deliveries/Births	12	22	246	268
[12] Deliveries/Births Average Per Month			21	22

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING JULY 31, 2020

	CURRENT MONTH				
	DISTRICT ONLY	COMBINED		Positive	Prior Yr Mo
	Actual 07/31/20	Actual 07/31/20	Budget 07/31/20	(Negative) Variance	Actual 06/30/20
Gross Patient Revenue					
[1] Inpatient Revenue	\$ -	\$ 8,022,975	\$ 6,826,536	\$ 1,196,439	\$ 7,602,063
[2] Inpatient Psych/Rehab Revenue					
[3] Outpatient Revenue		13,111,928	13,396,487	(284,559)	13,937,607
[4] Long Term Care Revenue					
[5] Home Health Revenue					
[6] Total Gross Patient Revenue	\$ -	\$ 21,134,903	\$ 20,223,023	\$ 911,880	\$ 21,539,669
Deductions From Revenue					
[7] Discounts and Allowances	\$ -	\$ (16,221,354)	\$ (16,112,205)	\$ (109,149)	\$ (17,441,232)
[8] Bad Debt Expense	-	(580,722)	(544,471)	(36,251)	(595,948)
[9] Prior Year Settlements	-	-	-	-	-
[10] Charity Care	-	(150,303)	(66,313)	(83,990)	(155,996)
[11] Total Deductions From Revenue	-	(16,952,379)	(16,722,989)	(229,390)	(18,193,176)
[12]		80.21%	-82.69%		84.46%
[13] Net Patient Revenue	\$ -	\$ 4,182,524	\$ 3,500,034	\$ 682,490	\$ 3,346,493
Non Patient Operating Revenues					
[14] IGT/DSH Revenues	\$ -	\$ 3,686,191	\$ 1,398,719	\$ 2,287,473	\$ 573,661
[15] Tax Subsidies Measure D	188,750	188,750	252,717	\$ (63,967)	188,750
[16] Tax Subsidies Prop 13	113,740	113,740	23,333	\$ 90,407	112,500
[17] Tax Subsidies County Supplemental Funds	-	508	208,333	\$ (207,825)	23
[18] Other Operating Revenue	849	-	120,833	\$ (120,833)	773,000
[19] Clinic Net Revenues	9,018	9,018	16,667	\$ (7,649)	(21,816)
Non - Patient Revenue	312,357	3,998,207	2,020,602	1,977,605	1,626,118
Total Operating Revenue	312,357	8,180,731	5,520,637	2,660,095	4,972,611
Operating Expenses					
[20] Salaries and Wages	\$ -	\$ 3,628,047	\$ 2,642,782	\$ (985,265)	\$ 3,161,543
[21] Fringe Benefits	-	1,220,011	697,579	\$ (522,432)	793,541
[22] Contract Labor	-	56,208	82,971	\$ 26,763	51,892
[23] Physicians Fees	-	317,282	241,417	\$ (75,865)	303,660
[24] Purchased Services	769	807,509	711,784	\$ (95,725)	896,397
[25] Supply Expense	-	755,284	672,752	\$ (82,532)	895,005
[26] Utilities	2,002	82,752	81,275	\$ (1,477)	95,364
[27] Repairs and Maintenance	6,432	92,936	55,979	\$ (36,957)	53,140
[28] Insurance Expense	-	108,462	108,123	\$ (339)	174,683
[29] All Other Operating Expenses	521	82,925	253,244	\$ 170,319	209,208
[30] IGT Expense	-	1,353	-	\$ (1,353)	29,528
[31] Leases and Rentals	-	92,806	72,949	\$ (19,857)	107,987
[32] Clinic Expense	80,064	95,216	101,950	(27,813)	99,877
[33] Total Operating Expenses	\$ 89,787	\$ 7,340,791	\$ 5,722,807	\$ (1,652,531)	\$ 6,871,825
[34] EBIDA	\$ 222,570	\$ 839,940	\$ (202,170)	\$ 1,042,110	\$ (1,899,213)
Interest Expense and Depreciation					
[35] Depreciation	\$ 494,658	\$ 494,658	\$ 483,333	\$ 11,325	\$ 558,911
[36] Interest Expense and Amortization	379,351	393,994	423,358	(29,364)	416,590
[37] Total Interest & depreciation	874,009	888,652	906,691	(76,055)	975,500
Non-Operating Revenue:					
[38] Contributions & Other	-	-	16,667	(16,667)	168,652
[39] Tax Subsidies for GO Bonds - M-A	597,442	597,442	666,667	(69,225)	598,629
[40] Total Non Operating Revenue/(Expense)	\$ 597,442	\$ 597,442	\$ 683,333	\$ (85,892)	\$ 767,281
[41] Total Net Surplus/(Loss)	\$ (53,997)	\$ 548,730	\$ (425,528)	\$ 974,257	\$ (2,107,432)
[42] Extra-ordinary loss on Financing					
[43] Increase/(Decrease in Unrestricted Net Assets	\$ (53,997)	\$ 548,730	\$ (425,528)	\$ 974,257	\$ (2,107,432)
[44] Total Profit Margin	-17.29%	6.71%	-7.71%		-42.38%
[45] EBIDA %	71.26%	10.27%	-3.66%		-38.19%

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Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING JULY 31, 2020

	YEAR-TO-DATE					
	DISTRICT ONLY					PRIOR YR
	YTD ACTUAL 07/31/2020	Actual 07/31/20	Budget 07/31/20	Positive (Negative) Variance	Percentage Variance	07/31/19
Gross Patient Revenue						
[1] Inpatient Revenue	\$ -	\$ 8,022,975	\$ 6,826,536	\$ 1,196,439	15%	\$ 7,007,912
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-	-
[3] Outpatient Revenue	-	13,111,928	13,396,487	\$ (284,559)	-2.17%	16,547,102
[4] Long Term Care Revenue	-	-	-	-	-	-
[5] Home Health Revenue	-	-	-	-	-	-
[6] Total Gross Patient Revenue	\$ -	\$ 21,134,903	20,223,023	\$ 911,880	4.31%	\$ 23,555,013
Deductions From Revenue						
[7] Discounts and Allowances	\$ -	\$ (16,221,354)	\$ (16,112,205)	\$ (109,149)	-0.67%	\$ (18,527,190)
[8] Bad Debt Expense	-	(580,722)	(544,471)	(36,251)	-6.24%	(863,425)
[9] Prior Year Settlements	-	-	-	-	-	-
[10] Charity Care	-	(150,303)	(66,313)	(83,990)	-55.88%	(198,745)
[11] Total Deductions From Revenue	\$ -	\$ (16,952,379)	\$ (16,722,989)	\$ (229,390)	-1.35%	\$ (19,589,359)
[12]		80.21%	82.69%			83.16%
[13] Net Patient Revenue	\$ -	\$ 4,182,524	\$ 3,500,034	\$ 682,490	16.32%	\$ 3,965,654
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	\$ -	\$ 3,686,191	\$ 1,398,719	\$ 2,287,473	62.06%	\$ 1,193,630
[15] Tax Subsidies Measure D	-	188,750	252,717	(63,967)	-33.89%	\$ 190,783
[16] Tax Subsidies Prop 13	9,018	113,740	23,333	90,407	79.49%	\$ 5,546
[17] Tax Subsidies County Supplemental Funds	188,750	508	208,333	(207,825)	0.00%	\$ 188,750
[18] Other Operating Revenue	113,740	-	120,833	(120,833)	0.00%	\$ 112,500
[19] Clinic Net Revenues	849	9,018	16,667	(7,649)	-84.81%	\$ 5,075
Non- Patient Revenue	\$ 312,357	\$ 3,998,207	\$ 2,020,602	\$ 1,977,605	49.46%	\$ 1,696,284
Total Operating Revenue	\$ 312,357	\$ 8,180,731	\$ 5,520,637	\$ 2,660,094	32.52%	5,661,938
Operating Expenses						
[20] Salaries and Wages	\$ -	\$ 3,628,047	\$ 2,642,782	(985,265)	-27.16%	\$ 2,929,086
[21] Fringe Benefits	-	1,220,011	697,579	(522,432)	-42.82%	\$ 613,079
[22] Contract Labor	-	56,208	82,971	26,763	47.62%	\$ 102,917
[23] Physicians Fees	-	317,282	241,417	(75,865)	-23.91%	\$ 349,681
[24] Purchased Services	769	807,509	711,784	(95,725)	-11.85%	\$ 306,213
[25] Supply Expense	-	755,284	672,752	(82,532)	-10.93%	\$ 590,822
[26] Utilities	2,002	82,752	81,275	(1,477)	-1.78%	\$ 92,611
[27] Repairs and Maintenance	6,432	92,936	55,979	(36,957)	-39.77%	\$ 35,536
[28] Insurance Expense	-	108,462	108,123	(339)	-0.31%	\$ 95,532
[29] All Other Operating Expenses	521	82,925	253,244	170,319	205.39%	\$ 110,617
[30] IGT Expense	-	1,353	-	(1,353)	-100.00%	\$ 0
[31] Leases and Rentals	-	92,806	72,949	(19,857)	-21.40%	\$ 57,668
[32] Clinic Expense	80,064	95,216	101,950	6,733	7.07%	\$ 55,996
[33] Total Operating Expenses	\$ 89,787	\$ 7,340,791	\$ 5,722,807	(1,617,984)	-22.04%	5,339,758
[34] EBIDA	\$ 222,570	\$ 839,940	\$ (202,170)	1,042,110	124.07%	322,180
Interest Expense and Depreciation						
[35] Depreciation	\$ 494,658	\$ 494,658	\$ 483,333	\$ (77,964)	-1.30%	\$ 502,454
[36] Interest Expense and Amortization	379,351	393,994	423,358	(373,776)	-7.80%	388,091
[37] Total Interest & depreciation	\$ 874,009	\$ 888,652	\$ 906,691	(451,741)	-4.19%	890,545
Non-Operating Revenue:						
[38] Contributions & Other	-	-	16,667	131,846	65.92%	-
[39] Tax Subsidies for GO Bonds - M-A	597,442	597,442	666,667	(333,648)	-4.17%	598,629
[40] Total Non Operating Revenue/(Expense)	\$ 597,442	\$ 597,442	\$ 683,333	\$ (201,802)	-2.46%	\$ 598,629
[41] Total Net Surplus/(Loss)	\$ (53,997)	\$ 548,730	\$ (425,528)	\$ (527,464)	27.68%	\$ 30,264.15
[42] Extra-ordinary loss on Financing						
[43] Increase/(Decrease in Unrestricted Net Assets)	\$ (53,997)	\$ 548,730	\$ (425,528)	\$ (527,464)	27.68%	\$ 30,264.15
[44] Total Profit Margin	-17.29%	6.71%	-7.1%			0.53%
[45] EBIDA %	71.26%	10.27%	-3.66%			5.69%

Balance Sheet - Assets
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING JULY 31, 2020

		ASSETS				
		DISTRICT ONLY				
		Current Month 07/31/2020	Current Month 07/31/2020	Prior Month 06/30/2020	Positive/ (Negative) Variance	Prior Year End 06/30/2020
Current Assets						
[1]	Cash and Cash Equivalents	\$3,232,424	\$10,281,544	\$12,264,322	(\$1,982,778)	\$12,264,322
[2]	Gross Patient Accounts Receivable	0	\$44,162,169	43,985,931	\$176,238	43,985,931
[3]	Less: Bad Debt and Allowance Reserves	-	(\$36,348,556)	(36,588,966)	\$240,411	(36,588,966)
[4]	Net Patient Accounts Receivable		\$0	7,396,965	(\$7,396,965)	7,396,965
[5]	Taxes Receivable	2,245,859	\$2,073,394	1,154,437	\$918,957	1,154,437
[6]	Other Receivables	5,143	\$925,418	(48,230)	\$973,648	(48,230)
[7]	Inventories	-	\$1,822,903	1,789,074	\$33,828	1,789,074
[8]	Prepaid Expenses	72,875	\$442,696	288,638	\$154,058	288,638
[9]	Due From Third Party Payers	-	\$746,054	690,273	\$55,781	690,273
[10]	Malpractice Receivable	-	\$0	0	\$0	0
[11]	IGT Receivables	-	\$13,191,339	12,640,253	\$551,086	12,640,253
	Total Current Assets	\$ 5,556,301	\$ 37,296,961	\$ 36,175,733	\$ (6,275,736)	\$ 36,175,733
Assets Whose Use is Limited						
[12]	Cash	-		0	0	0
[13]	Investments	-		0	0	0
[14]	Bond Reserve/Debt Retirement Fund	9,190,063	\$9,378,131	9,394,161	0	9,394,161
[15]	Trustee Held Funds			0	0	0
[16]	Funded Depreciation			0	0	0
[17]	Board Designated Funds			0	0	0
[18]	Other Limited Use Assets			0	0	0
	Total Limited Use Assets	\$ 9,190,063	\$ 9,378,131	\$ 9,394,161	\$ (16,030)	\$ 9,394,161
Property, Plant, and Equipment						
[19]	Land and Land Improvements	6,686,845	\$6,686,845	6,686,845	0	6,686,845
[20]	Building and Building Improvements	127,399,218	\$127,399,218	127,399,218	0	127,399,218
[21]	Equipment	26,423,769	\$26,423,769	26,360,626	63,143	26,360,626
[22]	Construction In Progress	8,391,329	\$8,391,329	8,391,329	0	8,391,329
[23]	Capitalized Interest			0	0	0
[24]	Gross Property, Plant, and Equipment	168,901,161	\$168,901,161	168,838,018	63,143	168,838,018
[25]	Less: Accumulated Depreciation	(77,653,837)	(\$77,653,837)	(77,159,178)	(494,658)	(77,159,178)
[26]	Net Property, Plant, and Equipment	\$ 91,247,324	\$ 91,247,324	\$ 91,678,839	\$ (431,515)	\$ 91,678,839
Other Assets						
[27]	Unamortized Loan Costs	1,448,015.57	\$1,448,016	1,449,675	(1,660)	1,449,675
[28]	Assets Held for Future Use			0	0	0
[29]	Investments in Subsidiary/Affiliated Org.	12,849,426.52		0	0	0
[30]	Other			0	0	0
[31]	Total Other Assets	14,297,442	1,448,016	1,449,675	(1,660)	1,449,675
[32]	TOTAL UNRESTRICTED ASSETS	\$ 120,291,130	\$ 139,370,432	\$ 138,698,408	\$ 672,024	\$ 138,698,408
Restricted Assets						
		0	0	0	0	0
[33]	TOTAL ASSETS	\$ 120,291,130	\$ 139,370,432	\$ 138,698,408	\$ 672,024	\$ 138,698,408

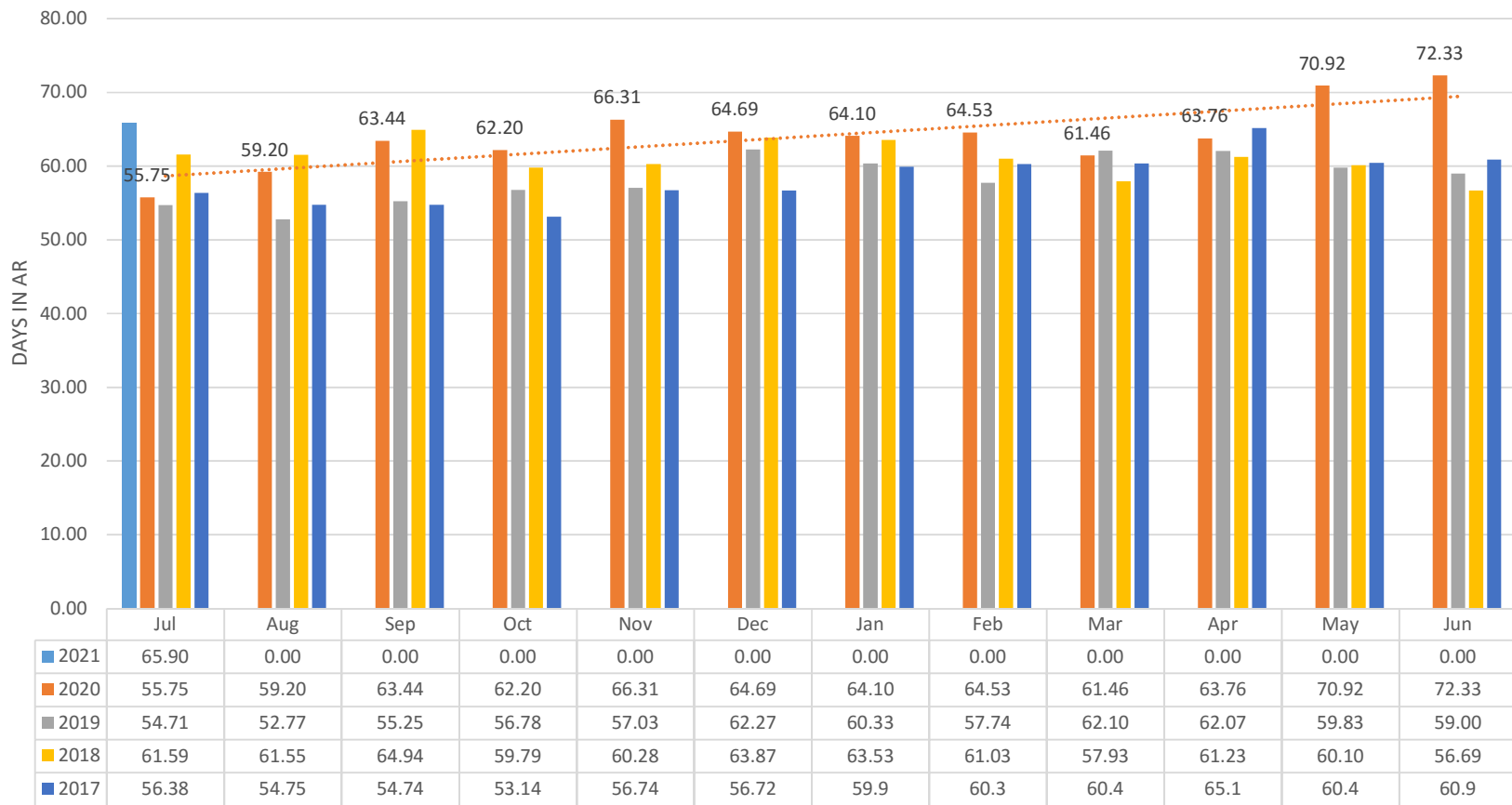
Balance Sheet - Liabilities and Net Assets
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING JULY 31, 2020

	District Only		LIABILITIES AND FUND BALANCE		
	Current Month 06/30/2020	Current Month 07/31/2020	Prior Month 06/30/2020	Positive/ (Negative) Variance	Prior Year End 06/30/2020
Current Liabilities					
[1] Accounts Payable	\$ 332,738	\$ 5,462,229	\$ 4,875,880	\$ (586,349)	\$ 4,875,880
[2] Notes and Loans Payable (Line of Credit)	-	6,000,000	6,000,000	-	6,000,000
[3] Accounts Payable- Construction	-	-	-	-	-
[4] Accrued Payroll Taxes	-	3,735,955	4,146,098	410,143	4,146,098
[5] Accrued Benefits	-	82,692	81,148	(1,544)	81,148
[6] Accrued Benefits Current Portion	-	-	-	-	-
[7] Other Accrued Expenses	-	-	-	-	-
[8] Accrued GO Bond Interest Payable	2,020,229	2,415,454	2,020,229	(395,225)	2,020,229
[9] Stimulus Advance	-	2,577,690	2,577,690	-	2,577,690
[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	-	(77,092)	37,380	114,472	37,380
Total Current Liabilities	\$ 4,687,967	\$ 22,531,928	\$ 22,073,425	\$ (458,503)	\$ 22,073,425
Long Term Debt					
[15] Bonds/Mortgages Payable (net of Cur Portion)	108,213,822	\$108,198,070	108,213,822	\$15,753	108,213,822
[16] Leases Payable (net of current portion)	0	\$0	0	\$0	0
[17] Total Long Term Debt (Net of Current)	\$ 108,213,822	\$ 108,198,070	\$ 108,213,822	\$ 15,753	\$ 108,213,822
Other Long Term Liabilities					
[18] Deferred Revenue	0	0	0	0	0
[19] Accrued Pension Expense (Net of Current)	0	0	0	0	0
[20] Other	0	0	0	0	0
[21] Total Other Long Term Liabilities	0	0	0	0	0
TOTAL LIABILITIES	\$ 112,901,790	\$ 130,729,998	\$ 130,287,247	\$ 442,751	\$ 130,287,247
Net Assets:					
[22] Unrestricted Fund Balance	7,297,586	\$8,091,704	10,844,398	(\$2,752,694)	10,844,398
[23] Temporarily Restricted Fund Balance	0	\$0	0	\$0	0
[24] Restricted Fund Balance	0	\$0	0	\$0	0
[25] Net Revenue/(Expenses)	(105,779)	\$548,730	(2,433,237)	\$2,981,967	(2,433,237)
[26] TOTAL NET ASSETS	\$ 7,191,807	\$ 8,640,434	\$ 8,411,161	\$ 229,273	\$ 8,411,161
[27] TOTAL LIABILITIES AND NET ASSETS	\$ 120,093,596	\$ 139,370,432	\$ 138,698,408	\$ 672,024	\$ 138,698,408

Statement of Cash Flows
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING JULY 31, 2020

		CASH FLOW	
HEALTHCARE SYSTEM CASH FLOW		Current Month 07/31/2020	YTD 07/31/2020
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$10,921,127	\$10,921,127
[2]	Cash: Beginning Balances- DISTRICT	3,500,626	3,500,626
[3]	Cash: Beginning Balances TOTALS	<u>\$14,421,753</u>	<u>\$14,421,753</u>
Receipts			
[4]	Pt Collections	3,714,627	3,714,627
[5]	Tax Subsidies Measure D	0	0
[6]	Tax Subsidies Prop 13	0	0
[7]	Tax Subsidies County Supplemental Funds	0	0
[8]	IGT & other Supplemental (see detail below)	2,583,520	2,583,520
[9]	Draws/(Paydown) of LOC Balances	0	0
[10]	Other Misc Receipts/Transfers	263,485	263,485
	TOTAL RECEIPTS	<u>6,561,632</u>	<u>6,561,632</u>
Disbursements			
[11]	Payroll/ Benefits	4,425,039	4,425,039
[12]	Other Operating Costs	2,971,743	2,971,743
[13]	Capital Spending	0	0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)	42,753	42,753
[15]	Other (increase) in AP /other bal sheet	(586,349)	(586,349)
[16]	TOTAL DISBURSEMENTS	<u>6,853,186</u>	<u>6,853,186</u>
[17]	TOTAL CHANGE in CASH	<u>(291,554)</u>	<u>(291,554)</u>
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$10,629,572	\$10,629,572
[19]	Ending Balances- DISTRICT	3,500,626	3,500,626
[20]	Ending Balances- TOTALS	<u>\$14,130,198</u>	<u>\$14,130,198</u>
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	6,000,000	6,000,000
[22]	LOC Interest Expense Incurred	42,753	42,753

Days in Accounts Receivable
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
ONE MONTH ENDING JULY 31, 2020



2021 2020 2019 2018 2017 Linear (2020)

TAB F

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: August 19, 2020

TO: Susan DiBiasi, Chair
Governing Board

FROM: Steven Hildebrand, M.D., Chairman
Medical Executive Committee

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

Policies & Procedures

Automated External Defibrillator (AED) Check

This policy was written to verify that the Cardiac Science Powerheart G5 is maintained in a ready to use condition (See attached).

Behavioral Health Center Random Drug Screens

The purpose of this policy is to collect random drug screens from patients if deemed as an appropriate therapeutic intervention identified upon admission or during the course of treatment (See attached).

Calorie Counts

This policy was written to ensure calorie counts are being completed when ordered by the attending physician or requested by the Dietitian (See attached).

Clozaril (clozapine) Protocol

The purpose of this policy is to use Clozapine for the treatment of schizophrenia and schizoaffective disorders (See attached).

Diet Instructions

This policy was established to give diet instructions to hospital patients and their families when a modified diet is ordered at discharge (See attached).

Dietary Downtime Documentation

This policy outlines procedures implemented when the computer documentation on order entry is not accessible (See attached).

Pelvic Ultrasound

A pelvic ultrasound is a noninvasive diagnostic exam that produces images that allows quick visualization of the female pelvic organs (See attached).

Skin and Wound Care – Dietary

It is the policy of SGMH to insure that adequate nutrition is offered when pressure ulcers are present (See attached).

Annual Approval of Patient Care Contracts

The annual review and approval of Patient Care Contracts is performed in order to execute and monitor all contracts for the purpose of maximizing financial, operational performance and minimizing risks (See attached list).



Origination: N/A
 Approved: N/A
 Last Revised: N/A
 Policy Area: Behavior Health
 References:

Automated External Defibrillator (AED) Check

~~**Purpose: To verify that the Cardiac Science Powerheart G5 is maintained in a ready to use condition**~~

~~**Policy: The Cardiac Science Powerheart G5 check will be performed by a registered nurse to verify the equipment is available and functional on a daily basis**~~

~~**Procedure: Checking the status indicator:**~~

~~1) Check the status indicator daily and record findings on the Daily Cardiac Science Powerheart G5 Log~~

Purpose:

~~2) If the Rescue Ready indicator is green, To verify that the Cardiac Science Powerheart G5 is maintained in a ready for to use. No action required condition~~

~~3) If the Rescue Ready indicator is read and the service indicator is NOT lit, close and reopen the AED lid. If the Rescue Ready indicator returns to green, the Cardiac Science Powerheart G5 is ready for use~~

~~4) If the Rescue Ready indicator is red and the service indicator is lit, the AED requires service at authorized service personnel. Contact Cardiac Science Technical Support of the local representative~~

Policy:

The Cardiac Science Powerheart G5 check will be performed by a registered nurse to verify the equipment is available and functional on a daily basis.

Procedure:

Checking the status indicator:

A. Check the status indicator daily and record findings on the Daily Cardiac Science Powerheart G5 Log

B. If the Rescue Ready indicator is green, the Cardiac Science Powerheart G5 is ready for use. No action required

C. If the Rescue Ready indicator is read and the service indicator is NOT lit, close and reopen the AED lid. If the Rescue Ready indicator returns to green, the Cardiac Science Powerheart G5 is ready for use

D. If the Rescue Ready indicator is red and the service indicator is lit, the AED requires service by authorized service personnel. Contact Cardiac Science Technical Support local representative

Reference(s):

Attachments

[Daily Cardiac Science Powerheart G5 Log](#)

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	pending
Policy and Procedure Committee	Gayle Freude: Nursing Director Med/Surg	08/2020
	Joseph Dunn: Director Behavioral Health Services	08/2020



Origination: 02/1998
Approved: N/A
Last Revised: 07/2020
Policy Area: Behavior Health
References:

Behavioral Health Center Random Drug Screens

Policy:

It is the policy of the Behavioral Health Center to collect random drug screens from patients if deemed as an appropriate therapeutic intervention identified upon admission or during the course of treatment.

Purpose:

The purpose of collecting random drug screens is to promote a safe and therapeutic environment. The random collections of urine drug screens or a blood ETOH level is a way to monitor patient's exposure to mood-altering drugs, interactions with medications, and discourage the use of illicit drugs, and to encourage compliance.

Procedure:

1. Policy will be explained to the patient at the time of admission and consent obtained.
2. No alcohol or unauthorized drugs are permitted in the facility. Staff may request that a blood alcohol or drug screen be done if there is a question about the patient's usage and/or participation in the program
3. ~~Collection of~~ urine drug screen or ~~a~~-blood alcohol level will be ordered by the Medical Director.
~~No alcohol or unauthorized drugs are permitted in the facility. Staff may request that a blood alcohol or drug screen be done if there is a question about the patient's usage and or participation of the program.~~
~~When positive results are reported on urine screens, they are confirmed automatically by an alternate method.~~
4. The patient will be sent to a local laboratory or the registered nurse will collect a urine sample and have it transported at room temperature to San Geronimo Memorial Hospital's laboratory for testing within 2 hours.
5. Positive results will be reported to the Medical Director who will determine appropriate action.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	pending
Policy and Procedure Committee	Gayle Freude: Nursing Director Med/Surg	08/2020
	Joseph Dunn: Director Behavioral Health Services	07/2020

COPY



Origination: 09/1990
Approved: N/A
Last Revised: 07/2010
Policy Area: Dietary
References:

Calorie Counts

Policy:

Calorie counts are to be completed when ordered by the attending physician or requested by the Dietitian.

Procedure:

Calorie count will be ordered by the physician or Dietitian.

Dietary will write "calorie count" on the menu prior to service

After the patient has eaten, the percent of each food item is recorded on the menu by the nursing staff.

The calorie count sheets will be attached to the nursing clip board.

Between meal snacks will be recorded on calorie count sheets by Nursing.

The forms are picked up by the dietitian.

Calorie counts are conducted for three days unless otherwise ordered. The daily form is kept on the bedside charting. The Dietitian calculates total calories and protein.

The Dietitian will then chart the results in the progress notes and in the electronic record.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	pending
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	08/2020
Dietician	Jean Kielhold: Dietician	07/2020
	Lakeisha Hawthorne: Director Food and Nutrition	07/2020



Origination: 08/2019
Approved: N/A
Last Revised: 08/2019
Policy Area: Behavior Health
References:

Clozaril (clozapine) Protocol

Purpose:

Clozapine is used for the treatment of schizophrenia and schizoaffective disorders. It is effective in reducing suicidal ideation and suicidal behaviors as well as other symptoms presented by patients. The side effects of clozapine must be routinely monitored according to a schedule.

Policy:

Patients are assessed daily while in program for side effects and adverse reactions. Patients must do labs (CBC) to monitor Absolute Neutrophil Count (ANC) and for neutropenia, the possible side effects of clozapine. CBCs and clozapine levels are completed per physician order.

Schedule for labs is as follows:

- Weekly CBC for six months: New to clozapine
- Biweekly CBC: after six months
- Every 28 days CBC: After one year

Procedure:

Upon clozapine initiation, labs must be drawn initially and weekly thereafter for six months; then biweekly for another six months. Labs become routine every 28 days after one year of clozapine therapy.

Vital signs are monitored along with labs. Abnormal symptoms must be reported to Dr. immediately.

Labs must be entered into REMS (Clozaril Registry) by designee assigned by ordering physician.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Medicine	Amelia Frazier: Director Medical Staff Services	pending
Pharmacy and Therapeutics	Jose Lopez: Director Pharmacy	08/2020
Policy and Procedure Committee	Gayle Freude: Nursing Director Med/Surg	08/2020
	Joseph Dunn: Director Behavioral Health Services	07/2020

COPY



Origination: 11/1990
Approved: N/A
Last Revised: 07/2010
Policy Area: Dietary
References:

Diet Instructions

Policy:

To give diet instructions to hospital patients and their families when a modified diet is ordered at discharge.

1. The dietitian or RN staff will instruct patients on modified diets as ordered by the physician. The education will be based on the patient's level of understanding.
2. The dietitian will document in the electronic medical record's education tabs.
3. Patients may follow up with a phone consultation with the dietitian or RN or out-patient instruction without an MD prescription. Other community members need an MD prescription for out-patient instruction.
4. The dietitian will provide dietary education on an outpatient basis for patients seen in the ED or when the ED physician has written a prescription.
5. If the computer is not working the Interdisciplinary Education Form will be utilized to hand write documentation of education.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	pending
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	08/2020
Dietician	Jean Kielhold: Dietician	07/2020
	Lakeisha Hawthorne: Director Food and Nutrition	07/2020



Origination: 07/2010
Approved: N/A
Last Revised: 10/2017
Policy Area: *Dietary*
References:

Dietary Downtime Documentation

Purpose:

To have consistent procedures implemented when the computer documentation on order entry is not accessible.

Policy:

To provide and orderly transition should the computer system fail to operate.

Procedure:

CHARTING: If the computer is expected to be down for longer than one hour, the RD will fill out a hard copy of the nutritional assessment for new admissions and place it behind the last interdisciplinary progress note. If the nutritional entry is a follow up note, it will be hand written in to the interdisciplinary progress notes.

Patient education will be addressed on the patient interdisciplinary education sheet.

Care plans will be documented on the interdisciplinary care plan hard copy.

If the computer is assessable by the end of the RD shift, a note will be placed in the nutrition section of the electronic chart that refers the reader to the hard chart to view RD assessments or follow up notes.

DIET ORDER ENTRY: The ward clerk will call any diet changes to the kitchen and update the unit's diet list as diet orders are changed. Just prior to each meal the diet clerk will get a copy of the up to date diet list from each unit and insure that the diet orders in the kitchen are up to date.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	pending

Step Description	Approver	Date
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	08/2020
Dietician	Jean Kielhold: Dietician	07/2020
	Lakeisha Hawthorne: Director Food and Nutrition	07/2020

COPY



Current Status: Pending

PolicyStat ID: 8445599



Origination: 10/1999
Approved: N/A
Last Revised: 05/2017
Policy Area: Diagnostic Imaging
References:

Pelvic Ultrasound

Policy:

RULE OUT: Pelvic Pathology

PROBE: 3.5 MHz

ICON: Pelvic

Procedure:

- A. Verify patient identity using the arm band and two patient identifiers.
- B. The bladder should be filled prior to the start of the exam.
- C. Images of the uterus in longitudinal plane which include: cervical os, cul-de-sac, endometrial stripe, body, fundus of uterus with a measurement of the complete uterus.
- D. Three (3) images of the uterus in transverse plane anterior through posterior with measurement of uterus at its mid point.
- E. Two (2) longitudinal images & two (2) transverse images of the ovaries with measurements in each plane.
- F. Measurement of cystic or solid masses or other abnormal structures observed in the transverse/longitudinal planes.
- G. Include adnexal area.
- H. Complete worksheet.
- I. Send images and scan worksheet.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	pending
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	08/2020
	Krystal Chamberlin: Director Diagnostic Imaging	08/2020

COPY



Origination: 05/2005
Approved: N/A
Last Revised: 10/2017
Policy Area: Dietary
References:

Skin and Wound Care-Dietary

Policy:

It is the policy of this facility to insure that adequate nutrition is offered when pressure ulcers are present

Procedure:

If a patient has a stage III or IV (full thickness) pressure ulcer a nutritional consult will be obtained. The Dietitian will complete the nutritional assessment within 48 hours of receipt.

The RD will complete a nutritional assessment and determine if the diet is appropriate and if specific vitamins, minerals, or nutritional products would be beneficial for wound healing. The RD will contact the MD with the recommendations.

COPY

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	pending
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	08/2020
Dietician	Jean Kielhold: Dietician	07/2020
	Lakeisha Hawthorne: Director Food and Nutrition	07/2020

August 2020

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
College of the Desert (Affiliation Agreement)	BHC students
DaVita	Dialysis
Dedicated Biopsy Services	Breast biopsy trailer
DialMed	Respiratory therapy registry
Dick, Arthur L., Inc.	Medical Clinic
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
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
Reis, Mark, MD, Inc.	Professional Services Agreement/Clinic

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 G

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of September 1, 2020

	Title	Policy Area	Owner	Workflow Approval
1	Automated External Defibrillator (AED) Check	Behavior Health	Dunn, Joseph: Director Behavioral Health Services	Ariel Whitley for Hospital Board of Directors
2	Behavioral Health Center Random Drug Screens	Behavior Health	Dunn, Joseph: Director Behavioral Health Services	Ariel Whitley for Hospital Board of Directors
3	Calorie Counts	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
4	Clostridium difficile Prevention and Control	Infection Control	Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
5	Clozaril (clozapine) Protocol	Behavior Health	Dunn, Joseph: Director Behavioral Health Services	Ariel Whitley for Hospital Board of Directors
6	Code Red, Fire	Environment of Care	Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
7	Diet Instructions	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
8	Dietary Downtime Documentation	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
9	Fire Safety Tests	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
10	Fuel Levels	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
11	GENERATOR	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
12	Grease Trap Tank Systems	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
13	Hearing Protection	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
14	Isolation, Negative and Positive Pressure Room Testing	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
15	Lab Accidents	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of September 1, 2020

	Title	Policy Area	Owner	Workflow Approval
16	Medical Gases and Vacuum Systems Testing	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
17	Patient Identification and Armbanding	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
18	Pelvic Ultrasound	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
19	Phlebotomy and Blood Collection	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
20	Plan for the Provision of Patient Care 2020-2021	Administration	Whitley, Ariel: Executive Assistant	Ariel Whitley for Hospital Board of Directors
21	Refrigerator – Medication & Patient Nutrition Center Temperature Inspection & Logs	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
22	Skin and Wound Care-Dietary	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
23	Storage and Retrieval of San Gorgonio Memorial Hospital Foundation's Financials and Donor Records	Foundation	Hunter, Valerie: Director of Foundation	Ariel Whitley for Hospital Board of Directors

TAB H

Nationally Recognized Patient Satisfaction Awards

**SAN GORONIMO
MEMORIAL HOSPITAL**

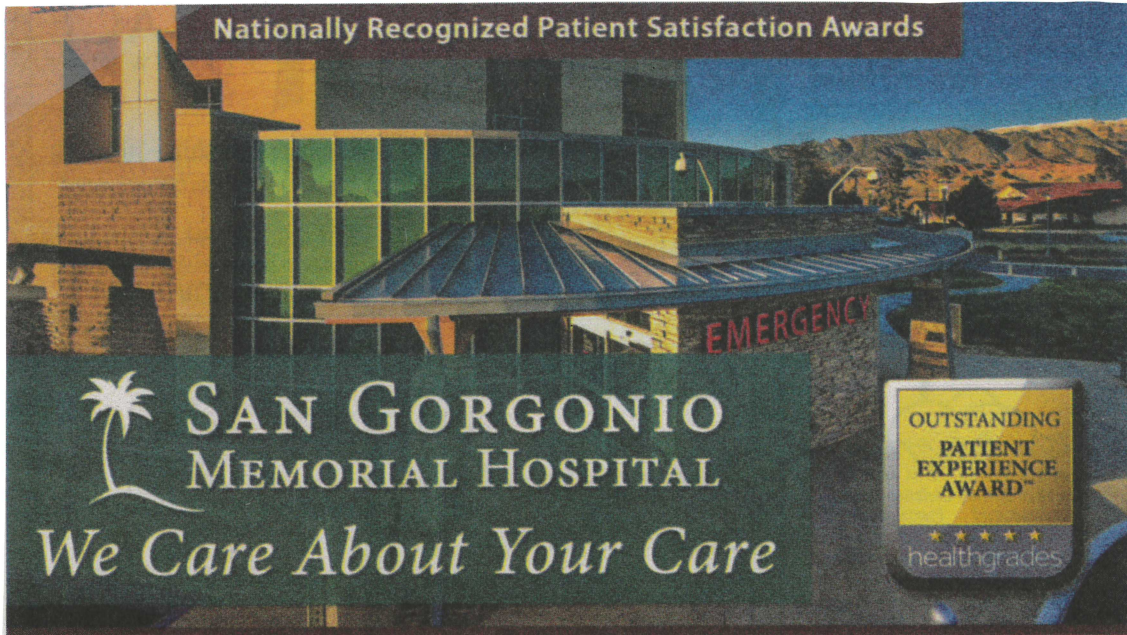
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EXPERIENCE
AWARD™
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healthgrades

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- An expertly trained nursing staff, all certified in advanced cardiac life support & pediatric advanced life support
- State of the art imaging on site, including x-ray, MRI, CT scans, and ultrasounds
- Expert treatment for patients of all ages -- from children to older adults

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