SAN GORGONIO MEMORIAL HOSPITAL

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
Tuesday, August 25, 2026
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
- July 28, 2026, Regular Meeting — A

NEW BUSINESS

IV. Hospital Board Chair Monthly Report — S. DiBiasi — verbal

V.	CEO Monthly Report	C. Bjornberg	verbal
VI.	September, October and November Board/Committee Meeting Calendars	S. DiBiasi	B
VII.	Conifer Health Solutions – Presentation	Conifer	C
VIII.	*** Proposed Action – Discussion and possible action on the future of the OB program** • **ROLL CALL**	C. Bjornberg	verbal
IX.	*** Proposed Action – Recommend Approval to the Healthcare District of the Emergency Obstetric/Cesarean Contingency Plan** • **ROLL CALL**	A. Brady	D
X.	*** Proposed Action – Recommend Approval to the Healthcare District of the Addendum #4 to the PSA between San Gorgonio Memorial Hospital, San Gorgonio Memorial Healthcare District and Jasleen Singh, MD, a professional Corporation (Apna)** • **ROLL CALL**	C. Bjornberg	E
XI.	*** Proposed Action – Adopt Resolution No. 2026-11** • **ROLL CALL**	R. Marshall	F
*******	**ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION**	S. DiBiasi	

- Telephone conference with legal counsel – Existing litigation
  (Government Code § 54956.9(d)(1))
  Carol Blackwell v. SGMH, et al. (Case No. CVRI2404790)

XII. **ADJOURN TO THE JOINT CLOSED SESSION OF THE HOSPITAL AND DISTRICT BOARD**

*** 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 OF THE HOSPITAL BOARD

*******	**REPORT ON ACTIONS TAKEN DURING CLOSED SESSION**	S. DiBiasi	
XIII.	Future Agenda Items		
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.

Ariel Whitley

Ariel Whitley, Executive Assistant

San Gorgonio Memorial Hospital
Board of Directors Regular Meeting
August 25, 2026

****

Certification of Posting

I certify that on August 21, 2026, 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*).

Ariel Whitley

Ariel Whitley, Executive Assistant

TAB A

MINUTES: Not Yet Approved by Board

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

July 28, 2026

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, July 28, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Susan DiBiasi (Chair), Doris Foreman, Shannon McDougall, Darrell Petersen, Ron Rader, Steve Rutledge, Randal Stevens, Lanny Swerdlow

Members Absent: Randal Stevens

Required Staff: Chris Bjornberg (CEO), Angie Brady (CNO), John Peleuses (VP Ancillary and Support Services), Ariel Whitley (EA/Director of Comp. and Privacy), Annah Karam (CHRO), Ryan Marshall (CFO)

AGENDA ITEM	DISCUSSION	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 **June 30, 2026, Regular Meeting**	Chair Susan DiBiasi asked for any changes or corrections to the minutes of the following meetings: • June 30, 2026, Regular Meeting There were none.	**The minutes presented for approval will stand correct.**
NEW BUSINESS		
Hospital Board Chair Monthly Report	Susan DiBiasi, Chair, reported that there is a Hospital Board vacancy. Applications have come in and the application period will close at the end of the month.	
CEO Monthly Report	Chris Bjornberg, CEO, reported that leadership is realigning responsibilities for operational sense. Some department directors will report to an executive they did not report to before. Chris also discussed the financial pressure and cash flow risks that the hospital is experiencing. The approved budget aims to shift the organization from an $8-9 million loss to a surplus of around $4-5 million through reworked contracts and savings in supplies, labor, and other areas. Chris also discussed the strategic plan and the steps that will need to be taken to achieve those goals.	
August, September,	Calendars for August, September, and October were included on the board	

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>and October Board/Committee meeting calendars</td><td>tablets.</td><td></td></tr>
<tr><td>Phreesia Overview - Presentation</td><td>A presentation was given on Phreesia, a digital forms and patient intake platform compatible with most EHRs. It offers features such as digital consents, pre-arrival check-in and co-pay collection.</td><td></td></tr>
<tr><td>Foundation Report</td><td>Gala preparations are underway, and the Foundation is pursuing sponsorships. The Foundation is also seeking in-kind donations of asphalt and Conex boxes.</td><td></td></tr>
<tr><td>Quarterly Construction Update</td><td>The seismic compliance plan has been submitted to HCAI. SGMH is awaiting a response. John Cassidy was introduced as the new Facilities/Plant Operations Director.</td><td></td></tr>
<tr><td>HR Committee Report</td><td>The Human Resources Committee Report was included on the tablets. Three action items were presented for approval.</td><td></td></tr>
<tr><td>Proposed Action – Recommend Approval to the Healthcare District Board of Associate Holiday Gift Cards</td><td>Annah Karam reported that every year associates are provided with holiday gift cards. See Tab G for the breakdown.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr><tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Yes</td></tr><tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Absent</td><td>Swerdlow</td><td>Yes</td></tr></table>Motion carried.</td><td>M.S.C., (Petersen/Rader), the SGMH Board of Directors voted to recommend approval of the Associate Holiday Gift Cards to the District Board of Directors.</td></tr>
<tr><td>Proposed Action – Adopt Resolution No. 2026-08</td><td>Resolution No. 2026-08 is a resolution to replace Michele Finney with Chris R. Bjornberg to assume fiduciary responsibilities for the 403(b) plan.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr><tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Yes</td></tr><tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Absent</td><td>Swerdlow</td><td>Yes</td></tr></table>Motion carried.</td><td>M.S.C., (Petersen/Brown), the SGMH Board of Directors voted to adopt Resolution No. 2026-08</td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Proposed Action – Adopt Resolution No. 2026-09</td><td>Resolution No. 2026-09 is a resolution to update the HR Investment Committee to oversee the 403(b) plan.

BOARD MEMBER ROLL CALL:

<table>
<tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr>
<tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Yes</td></tr>
<tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr>
<tr><td>Stevens</td><td>Absent</td><td>Swerdlow</td><td>Yes</td></tr>
</table>
Motion carried.</td><td>M.S.C., (Brown/Petersen), the SGMH Board of Directors voted to adopt Resolution No. 2026-09</td></tr>
<tr><td>Future Agenda Items</td><td>None.</td><td></td></tr>
<tr><td>Adjourn</td><td>The meeting was adjourned at 5:13 pm.</td><td></td></tr>
</table>

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

SAN GORGONIO MEMORIAL HOSPITAL

September 2026

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	*2* *7:30am Beaumont Chamber Breakfast*	*3*	*4*	*5*
6	*7* Labor Day! Administration is Closed!	*8* *7:30am Calimesa Chamber Breakfast*	*9*	*10*	*11* *Habitat for Humanity—Denim & Diamonds Casino Night* *Rec. & Park Foundation Golf Tournament*	*12*
13	*14*	*15*	*16* *7:00am Banning Chamber Breakfast* **9:00 am HR Committee Meeting**	*17* *Calimesa State of the City*	*18*	*19*
20	*21*	*22*	*23*	*24*	*25* *Oktoberfest*	*26* *Oktoberfest*
27 *Oktoberfest*	*28*	*29* **2:30 pm Finance Committee** **4:00 pm Hospital Board Meeting** **4:30 pm Healthcare District Board Meeting**	*30*	*29 cont.* **10:00 am Hospital Board Executive Committee Meeting**		

SAN GORGONIO MEMORIAL HOSPITAL

October 2026

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	*2*	*3*
4	*5*	*6*	*7* *7:30am Beaumont Chamber Breakfast* *Beaumont State of the City*	*8*	*9*	*10*
11	*12*	*13* *7:30am Calimesa Chamber Breakfast*	*14*	*15*	*16*	*17*
18	*19*	*20*	*21* *7:00am Banning Chamber Breakfast*	*22*	*23*	*24* *Pumpkinfest*
25	*26*	*27* **2:30 pm Finance Committee** **4:00 pm Hospital Board Meeting** **4:30 pm Healthcare District Board Meeting**	*28*	*29*	*30*	*31* 

SAN GORGONIO
MEMORIAL HOSPITAL

November 2026

Board of Directors Calendar

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

TAB C

CONIFER
HEALTH SOLUTIONS®

By operators, for operators

Your partner in care.

August 25, 2026

Agenda

San Gorgonio Memorial Hospital | Conifer Health Solutions

- Introductions & Session Overview
- Why Conifer?
- Conifer Overview
- Technology & Business Intelligence
- Governance
- Integration and Implementation Timeline
- Proposal Summary
- Questions & Discussion

Deepali Narula
Chief Operating Officer
Conifer Health Solutions

David Dawson
SVP, Client Success
Conifer Health Solutions

Why Conifer is the right revenue cycle partner for San Gorgonio

- Conifer proposes to assume revenue cycle mid-cycle and accounts receivable management services, integrate ConiferCore technology, and leverage our expertise, best practices, and global delivery model to provide **yield improvement of approximately $1M to $1.5M annually while lowering the cost to collect by 12%.**

- Conifer brings more than **35 years of exclusive healthcare revenue cycle experience**, built by hospital owners and operators who have carried the same margin, mission, and community pressures your Finance Committee and Board weighs every month. We have a **deep understanding of health system culture, operations, and challenges** with subject matter experts that speak the language of your CFO, Case Managers, RCM Ops leaders, Physicians, and Clinical Leaders.

- As experienced revenue cycle operators in the California market for over 35 years, we understand the challenges of managing complex payer mixes, Medicare and Medi-Cal requirements, high labor costs, patient financial assistance obligations, and diverse patient populations. We have **deep expertise in California's reimbursement environment** with established relationships with Medi-Cal and national and regional payers.

- Our **ConiferCore Technology Platform** unifies the entire patient's financial journey into a single, efficient workflow offering a **comprehensive, tailored solution** by combining technology, operational focus, and a scalable infrastructure to drive efficiency and improve performance. This month, we successfully integrated ConiferCore with an Altera system for another client and will leverage that experience to support a similar integration for SGMH.

- We have a **100% cash performance mindset** with a fee structure that aligns our success directly with San Gorgonio's. Deep integration between RCM operations, case management, clinical leaders, and managed care is needed to aggressively pursue the 5% of cash collections that are the toughest to collect.

Unmatched Expertise and Scale

Technology, Automation & Innovation

End-to-End Revenue Cycle Management

Scalable, Global Delivery

By operators, for operators

- Maximize Revenue & Reimbursement
- Improve Yield & Reduce Cost
- Drive Technology-Enabled Results

Prevent downstream challenges upfront

Accelerate Revenue Capture. Support Accurate Documentation. Reinforce a Culture of Integrity.

Strategic Enablers

- 1,700 credentialed coding professionals across the enterprise
- Over 60 credentialed coding quality compliance auditors
- Specialized training for client physicians and clinicians
- Speech recognition for transcription utilizing natural language processing
- Continuous improvement with Lean Six Sigma techniques

Clinical Documentation Integrity

650K+
CDI Records Reviewed

>98%
Query Accuracy

Revenue Integrity

0.7 Days
CDM Requests Turnaround Time

99%
Accuracy

Health Information Management

190M
Documents Imaged

99.8%
Document Imaging Accuracy

Coding & Coding Quality

27M+
Charts Coded

98%
Coding Quality

Stats reflect annual numbers Revenue Integrity includes Charge Capture, Charge Integrity and CDM Health Information Management includes Transcription

Increase cash collections and optimize yield

Improve Patient Experience. Minimize Future Denials. Increase Cash Flow.

Strategic Enablers

- 100 dedicated staff focused on product and process automation and innovations to drive value and scale
- Real-time inventory management to optimize right-time, right-touch, exceptions-based accounts resolution
- Seamless integration between onshore and offshore resources
- Deep expertise within regulatory, legal and compliance teams

Billing Integrity

64%
Reduction in Claim Correction Turn-Around Time

100%
Cash Collected

Third-Party Resolution

63M+
Automated Claim Inquiries Processed

250+
Payors on Direct Connect

Denials & Appeals Management

33%
Reduction in AR Cycle Time

294K+
Automated First Level Technical Appeals

Self-Pay/ Bad Debt

12%
Lower Payment Plan Default Rates

40%
Self-Service Adoption for Patient Payments

Note: Stats reflect annual numbers

ConiferCore® Revenue Intelligence Platform

Seamlessly integrates with all EHR's bringing advanced technology, proprietary, and best-in-class solutions

Enhance patient experience & access
(Front-End)

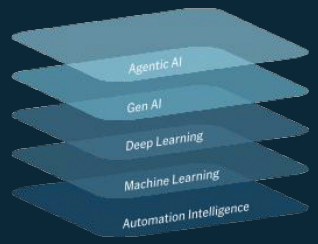
Maximize recovery and reimbursement
(Mid-Cycle)

Improve yield and reduce cost
(Back-End)

Automated Workflow Engine | Advanced Analytics

1M+ Tasks Automated Annually | 3K+ Quality Rules | 2M+ Authorization Rules

- Scheduling
- Pre-Reg & Financial Clearance
- Registration
- Eligibility & Enrollment
- Revenue Integrity
- Clinical Documentation Improvement
- Coding
- Health Information Management
- Claim Submission
- Third Party Resolution
- Denials & Appeals Management
- Self-Pay Bad Debt



Artificial Intelligence Layer

Unifies the revenue cycle value-chain, improving automation and operational speed from patient intake through reimbursement.

- Authorization Automation
- Eligibility & Authorization
- Plan Code Accuracy
- Coverage Detection
- Charity/Government Programs
- Coding QA/ Charge Anomaly
- Payer Direct Connect
- Claim Statusing
- Billing Automation
- Omni-channel Segmentation
- Clinical & Technical Appeals

Technology and automation to protect revenue and drive yield

AI & Advanced Analytics

Anticipate and prevent denials before they impact revenue, leveraging data to uncover root causes and systematically improve yield.

Automation & Digital Tools

Accelerate cash realization by standardizing workflows, reducing manual variation, and prioritizing action with the highest financial impact.

Operational Intelligence

Provide continuous visibility into revenue performance, enabling accountability and faster decision-making tied directly to financial outcomes.

ConiferCore® Business Intelligence enables transparent enterprise performance reporting

- Web-based analytics engine that provides access to best practice KPIs, scorecards and dashboards
- Utilizes A.I. to predict performance outcomes
- Detects anomalies based on supervised predictive models
- Enables operators to proactively address potential issues based on leading versus trailing indicators

A strong governance model ensures alignment of interest

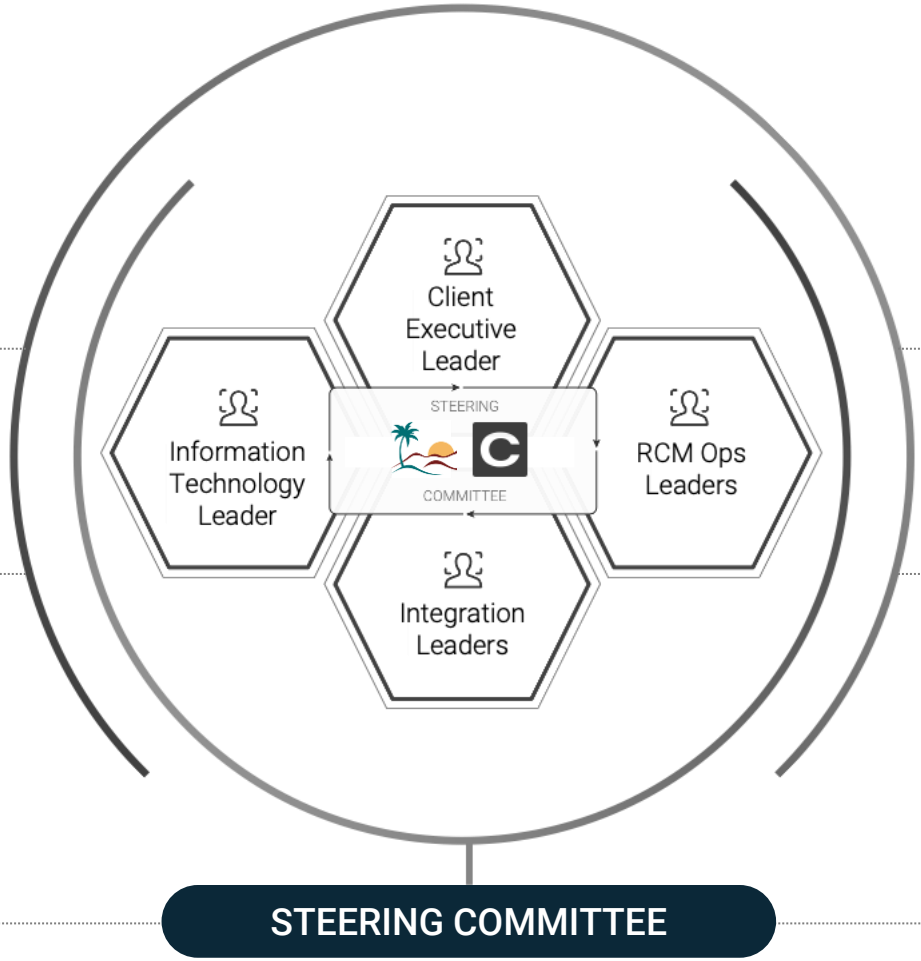
Implementation

Project Manager
Revenue Cycle Operations
IT, Compliance, HR

Integration Leader
Service Line Optimization Leaders
IT, Compliance, Analytics, HR

Project Work Stream Updates
Risk Review
Barrier Removal
Milestone/Timelines Calibration
Vendor Migration

Recurring Work Stream Meetings



Operations

Revenue Cycle Leadership
Hospital CFO
Hospital Operational Owners

Dedicated Client Executive
Dedicated Operational Leaders
IT, Compliance, Analytics, HR

Recurring Governance Meetings

Monthly Revenue Cycle Performance / KPI Review
Optimization Opportunities
Escalations
Denials Prevention
Weekly CFO Touchpoint

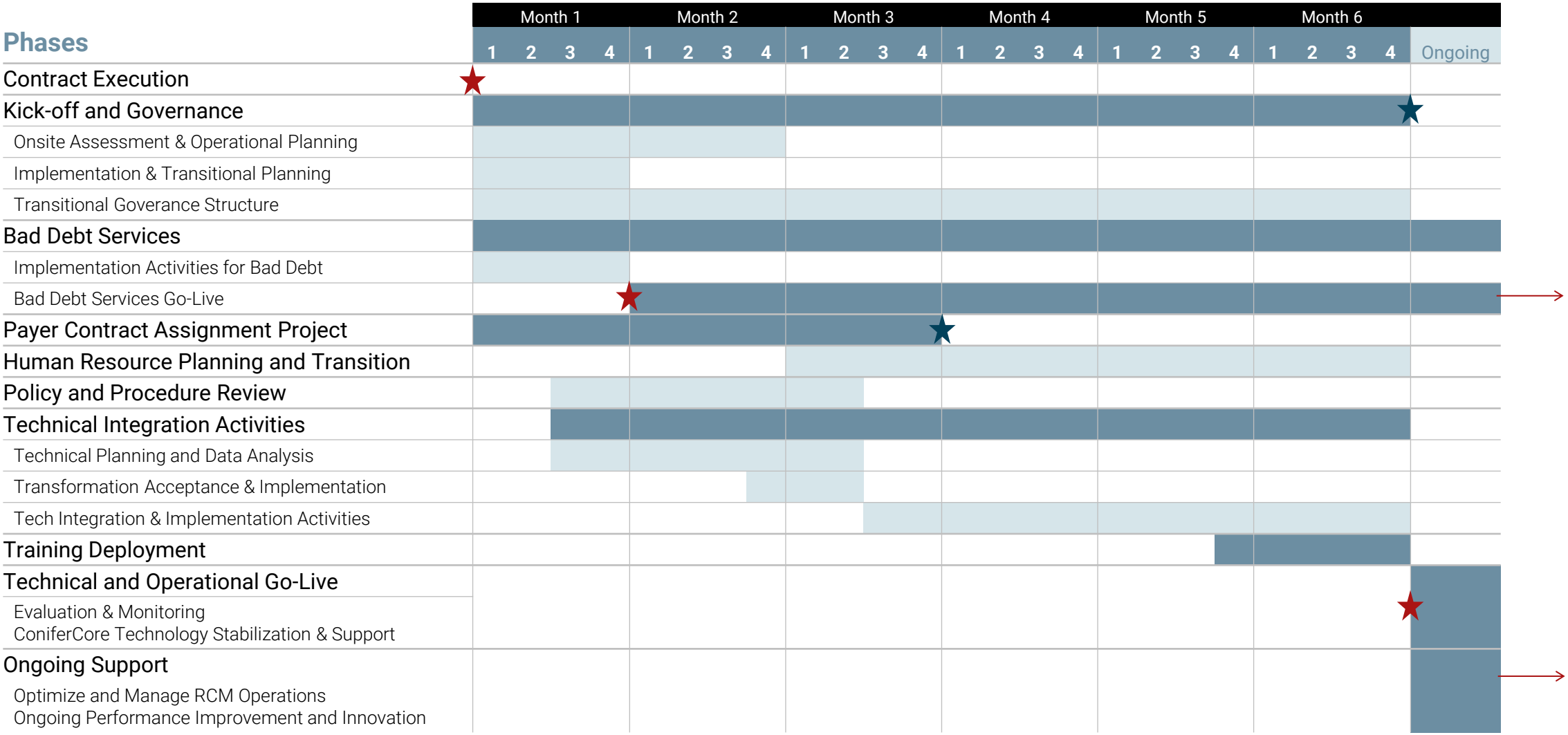
STEERING COMMITTEE

Ensure Strategic Alignment & Goals, Clear Roles and Responsibility Assignment, Review Operational Performance

Client: Senior Executives
Conifer: Senior Executives

Weekly, Monthly, Quarterly and Annually Governance Meetings Cadence

Integration and implementation timeline



Proposal Summary: Phase I

Bad Debt Services

22%

of Cash Collected

Scope of Work

- Bad Debt Collections:
  - Contract & Relationship Management
  - Collection Performance Oversight
  - Quality Assurance & Patient Experience
  - Operational Governance
- Included:
  - Business Insights and Reporting (Daily, Weekly, Monthly)
  - $0 Implementation fee

5-Year Term

Assumptions

- Placement volume remains constant throughout year (~$1.0M monthly/~$12M annually)
- No change in account mix or inventory quality
- Inventory prior to start date remains with current vendor for resolution
- Current vendor recovery performance: 1.27%
- Fee structure aligns with current vendor contract

Final pricing is valid for a period of 120 days from the date of issuance, subject to standard confirmatory due diligence. After this period, prices are subject to review and may be adjusted.

Proposal Summary: Phase II

Mid-Cycle and AR Services

3.20%

% of Collections

Scope of Work

- Mid-Cycle Services:
  - Coding
  - CDM Maintenance
  - CDI
  - HIM Operations and ROI
- AR Services:
  - AR Management
    Claims Submission, Edits, Follow-Up)
  - Self-Pay
    Submission, Patient Statements, Early Out Billing, Follow-Up, Customer Service, Payment Plan Setup and Maintenance
  - Denials Management & Appeals
  - Payment Posting & Reconciliation, Cash Research, Refunds, Credit Balance

5-Year Term

Included

- Business Insights and Reporting (Daily, Weekly, Monthly)
- Hybrid Global Delivery Model
- $0 Implementation fee

Assumptions

- 6-month termination of current vendor after contract execution
- Implement ConiferCore technology platform prior to assuming services
- Rebadging RCM SGMH staff relevant to scope
- Potential to add Patient Access to scope – due diligence underway

Final pricing is valid for a period of 120 days from the date of issuance, subject to standard confirmatory due diligence. After this period, prices are subject to review and may be adjusted.

The right mix.

Innovation.
Discipline.
Talent.

Technology-enabled Solutions

Integrate with your existing systems to prioritize the patient experience and improve financial performance

Intelligent process automation

Transform your business model to boost productivity and reduce operational risk

Global delivery model

Leverage best-cost geographies to increase quality and efficiency while decreasing your cost

Deep domain expertise

Guide your organization to apply best practices that solve problems and create lasting value

CONIFER
HEALTH SOLUTIONS®

By operators, for operators

Your partner in care.

TAB D

SAN GORGONIO MEMORIAL HOSPITAL

Emergency Obstetric / Cesarean Contingency Plan

Absence of Obstetric Physician On-Call Coverage

Effective Date	_____	**Review Date**	_____
Approved By	_____	**Policy Owner**	Risk & Quality / Nursing Administration

1. Purpose

To establish a coordinated process for the evaluation, stabilization, emergency treatment, and transfer of pregnant patients who present to San Gorgonio Memorial Hospital during periods when no obstetric physician is available for on-call coverage.

2. Guiding Principle

When a patient has an emergency medical condition and transfer would create a greater risk to the pregnant patient or unborn child, the hospital will provide all stabilizing treatment within its available capability and capacity while mobilizing the fastest safe pathway to definitive obstetric care.

This plan does not authorize any practitioner to perform a procedure outside the practitioner's education, demonstrated competency, scope of practice, or Medical Staff privileges.

3. Immediate Assessment

- The Emergency Department physician performs the required medical screening examination.
- A qualified registered nurse performs maternal and fetal assessment, including fetal monitoring when clinically appropriate and available.
- The care team determines gestational age, maternal condition, fetal status, stage of labor, imminence of delivery, and whether an obstetric emergency is present.
- Potential emergencies include, but are not limited to, placental abruption, umbilical cord prolapse, uterine rupture, severe fetal bradycardia, severe preeclampsia or eclampsia, maternal hemorrhage, shoulder dystocia, and uterine inversion.

4. Immediate Escalation Triggers

The following findings or circumstances require immediate escalation and activation of the obstetric emergency response process. Staff should not delay escalation while awaiting routine consultation, transfer acceptance, or further administrative deliberation when maternal or fetal safety may be compromised.

Immediate escalation triggers include, but are not limited to:

- Nonreassuring fetal status, including persistent fetal bradycardia, prolonged deceleration, recurrent significant decelerations, or other fetal heart rate findings requiring urgent intervention.

- Significant or rapidly progressing maternal hemorrhage.
- Maternal seizure or suspected eclampsia.
- Umbilical cord prolapse or suspected cord prolapse.
- Suspected uterine rupture.
- Suspected placental abruption with maternal instability, significant bleeding, fetal compromise, or rapidly progressing labor.
- Delivery that is imminent or progressing to the point that transfer before delivery may no longer be medically safe.
- Maternal hemodynamic instability, including significant hypotension, severe hypertension with concerning symptoms, altered mental status, or other evidence of clinical deterioration.
- Maternal respiratory compromise, hypoxia, respiratory distress, or impending respiratory failure.
- Shoulder dystocia or another acute delivery complication requiring immediate intervention.
- Maternal cardiac arrest or another immediately life-threatening maternal condition.
- Suspected sepsis with maternal instability or rapid clinical deterioration.
- Any maternal or fetal condition in which delay in treatment or definitive care may reasonably result in serious harm.
- Inability to secure timely transfer acceptance when the patient has an emergent or time-sensitive obstetric condition.
- Any circumstance in which a qualified staff member believes immediate escalation is necessary to protect the pregnant patient or fetus.

When an immediate escalation trigger is identified, staff shall initiate all feasible stabilization measures within the hospital's capability while simultaneously activating the appropriate emergency response, consultation, transfer, and leadership notification pathways.

Inability to promptly secure acceptance from a receiving facility shall not delay stabilization, emergency intervention within the hospital's capability, EMS activation when clinically indicated, or escalation through the hospital's established transfer chain of command.

Clinical judgment shall prevail. This list is not exhaustive, and staff are expected to escalate whenever the maternal or fetal condition presents an immediate or potentially evolving threat to life or safety.

5. Emergency Activation and Notifications

The House Supervisor/ Charge Nurse of the department or designee immediately activates the emergency response and notifies the following, as applicable:

- Administrator on Call
- Chief of Staff or designee
- Chief Nursing Officer or designee
- Emergency Department physician and Medical Director
- Anesthesia provider
- Operating Room team
- Blood Bank / Laboratory
- Respiratory Therapy and Pediatrician support personnel
- Receiving hospital transfer center and accepting obstetric service
- Emergency Medical Services

6. Immediate Efforts to Obtain Qualified Obstetric Assistance

- Contact all available obstetric physicians with current privileges who may be able to respond.
- Contact qualified locum tenens or contracted coverage resources, if available.
- Contact other appropriately privileged practitioners with documented obstetric competence, if applicable.
- Request real-time consultation from the receiving obstetrician while transfer or emergency treatment is being coordinated.
- The Emergency Department physician remains responsible for emergency evaluation and stabilization until care is transferred to another qualified practitioner.

7. Transfer Decision

Patient Stable for Transfer	Transfer Not Medically Safe or Delivery Imminent
• Obtain acceptance by the receiving physician and hospital. • Arrange the most appropriate transport level without unnecessary delay. • Provide stabilizing treatment pending transfer. • Complete all required EMTALA documentation, including risks, benefits, acceptance, records, and physician certification when required.	• Continue aggressive maternal and fetal stabilization. • Mobilize all available qualified personnel and resources. • Prepare the Operating Room if an emergency cesarean delivery may be required and qualified personnel are available. • Continue efforts to obtain immediate obstetric consultation and the fastest safe transfer pathway.

8. Emergency Cesarean Delivery

When an emergency cesarean delivery is considered the only potentially life-saving intervention, the responsible physician and hospital leadership must immediately determine whether the hospital has the qualified personnel and resources necessary to proceed.

If qualified and privileged personnel are available: proceed with the emergency intervention according to the responsible physician's clinical judgment and hospital emergency procedures.

If qualified personnel are not available: continue all feasible maternal and fetal resuscitative measures while arranging the fastest medically appropriate transfer. No practitioner is expected or authorized to perform a cesarean delivery solely because the situation is emergent if the practitioner lacks the required competence or privileges.

9. Department-Specific Readiness

Anesthesia

- Respond immediately when activated.
- Prepare airway equipment, emergency medications, and rapid-sequence induction capability.
- Coordinate hemodynamic stabilization and massive transfusion support when indicated.

Blood Bank / Laboratory

- Prioritize emergency laboratory testing.
- Prepare uncrossmatched blood according to policy when clinically indicated.

Neonatal Support

- Prepare neonatal warmer and resuscitation equipment.
- Activate qualified neonatal resuscitation personnel.
- Coordinate neonatal consultation and transfer to a higher level of care when required.

Nursing

- Initiate maternal assessment, fetal monitoring, intravenous access, laboratory collection, and medications as ordered.
- Prepare emergency delivery and Operating Room equipment.
- Maintain a contemporaneous event timeline and support communication with the patient and family.

10. Patient and Representative Communication

When clinically feasible, the patient and/or legally authorized representative shall be kept informed throughout the emergency evaluation, stabilization, and transfer process.

Communication should be timely, clear, compassionate, and appropriate to the urgency of the situation. The responsible physician or qualified member of the care team should explain, as applicable:

- The patient's current maternal and fetal condition.
- The nature and seriousness of the suspected or confirmed obstetric emergency.
- The limitations created by the absence of an on-call obstetric physician.
- The recommended plan of care and the reasons for the recommended interventions.
- The risks and anticipated benefits of available treatment options.
- The risks and anticipated benefits of transfer.
- The potential risks associated with delaying transfer or treatment.
- The name or location of the receiving facility when known.
- The anticipated method and level of transport.
- Known delays in obtaining a receiving physician, hospital acceptance, transportation, or other required resources.
- Actions being taken by the hospital while transfer or consultation is being arranged.
- Available alternative care options, when clinically appropriate.
- Changes in the plan of care when the patient's condition evolves or transfer becomes unsafe.

Patient questions should be addressed whenever circumstances permit. Staff should use language the patient or representative can reasonably understand and obtain interpreter services when needed and when doing so does not delay emergency stabilization.

When immediate intervention is necessary to prevent serious harm and the urgency of the clinical situation does not allow for a full discussion in advance, the care team should provide the explanation as soon as reasonably feasible after the immediate emergency has been addressed.

Communication with the patient or representative shall not delay necessary emergency stabilization, resuscitation, emergency treatment, or activation of transfer resources.

When transfer is recommended, the physician should discuss the risks and benefits of transfer and document the discussion in accordance with EMTALA and hospital policy. If the patient or representative refuses recommended treatment or transfer, the responsible physician shall explain the reasonably foreseeable risks of refusal and document the discussion and patient's decision in the medical record.

11. Documentation Requirements

- Time of arrival, triage findings, and medical screening examination.
- Maternal and fetal assessments and changes in condition.
- All attempts to contact obstetric providers and alternate qualified resources.
- Consultations, recommendations, and the names and times of contacted practitioners.
- Transfer decision, receiving physician and hospital acceptance, mode of transport, and required EMTALA documentation.
- Clinical rationale when transfer was delayed, declined, or determined unsafe.
- Treatments, procedures, medications, blood products, and emergency interventions provided.
- Patient or representative communication, including risks, benefits, and plan of care.
- A complete timeline of significant events and escalation notifications.

12. Post-Event Review

- Conduct an immediate multidisciplinary debrief.
- Submit the event through the hospital event reporting system.
- Complete peer review, quality review, and root cause or apparent cause analysis when indicated.
- Review the event through the appropriate Medical Staff, Quality, and Governing Body channels.
- Identify corrective actions, responsible owners, deadlines, and effectiveness measures.

13. Preparedness Actions During Coverage Gaps

- Communicate coverage status to affected departments, EMS, and receiving facilities as appropriate.
- Confirm daily availability of anesthesia, Operating Room, blood products, neonatal equipment, and transport resources.
- Maintain current transfer agreements and direct contact information for the receiving obstetric service and transfer center.
- Use early recognition and early transfer whenever a patient can be safely transferred before clinical deterioration.
- Conduct drills or tabletop exercises for imminent delivery, hemorrhage, cord prolapse, fetal bradycardia, and emergency transfer.

14. Approval and Review

This plan should be reviewed and approved through the hospital's established policy process, including Medical Staff leadership, Emergency Services, Anesthesia, Perioperative Services, Nursing Administration, Risk & Quality, executive leadership, and legal counsel, as applicable.

TAB E

Addendum #4

Professional Services Agreement Between
San Gorgonio Memorial Healthcare District,
San Gorgonio Memorial Hospital
and
Jasleen Singh MD a Professional Corporation

This Fourth addendum ("***Fourth Addendum***") is effective as of the date the last signature is attached, by and between:

San Gorgonio Memorial Healthcare District ("***District***")

and,

San Gorgonio Memorial Hospital ("***SGMH***"),

and,

Jasleen Singh, M.D., P.C. (dba Apna Health) ("***Apna***").

District and SGMH are collectively referred to in this Fourth Addendum as the "***Hospital Parties***." Singh MD, a Professional Medical Corporation - Staffing, TIN/EIN 42-2477794 ("***Assignee***" or "***Apna Health-Staffing***"), joins this Fourth Addendum solely for purposes of accepting the assignment and assumption described herein.

This Addendum updates the Professional Services Agreement ("***Agreement***") entered into on December 1, 2024, as previously amended by Addendum #1 dated December 10, 2024, Addendum #2 dated September 15, 2025, and Addendum #3 dated October 3, 2025. For ease of reference, this Addendum shall use the terms as defined in the Agreement unless defined otherwise.

The parties agree to update the scope of services and compensation to reflect temporary OB/GYN emergency call coverage, additional clinic coverage, and insurance-related payment obligations as follows:

1. Role and Scope of Services

Apna, through its OB/GYN providers, shall provide professional services under temporary OB/GYN emergency call coverage and related clinical coverage, including:

1.1. OB/GYN in-house emergency call coverage.
1.2. OB/GYN out-of-hospital backup emergency call coverage.
1.3. Additional clinical coverage as needed by District and/or SGMH.
1.4. Coordination with SGMH medical staff, nursing staff, administration, and Apna OB/GYN providers as reasonably necessary to support the services covered by this Addendum #4.

2. Temporary OB/GYN Emergency Call Coverage and Compensation

For a period of three (3) months commencing on the effective date of this Addendum #4, Apna shall provide OB/GYN emergency call coverage services as needed by District and/or SGMH. Compensation for these specific OB/GYN emergency call duties shall be structured as follows:

2.1. **OB/GYN In-House Call Coverage:** Apna OB/GYN providers shall be compensated at a rate of Four Thousand Five Hundred Dollars ($4,500) per twenty-four (24) hour OB/GYN call shift for in-house emergency coverage.

2.2. **OB/GYN Out-of-Hospital Backup Call Coverage:** Apna OB/GYN providers shall be compensated at a rate of Three Thousand Dollars ($3,000) per twenty-four (24) hour OB/GYN call shift for emergency out-of-hospital backup coverage.

3. Clinic Coverage

For any additional OB/GYN clinical coverage provided by Apna Health-Staffing under this Addendum #4, Apna Health-Staffing shall be compensated at a rate of Two Hundred Fifty-Five Dollars ($255) per hour. OB/GYN Clinic coverage shall be payable for services provided as needed by District and/or SGMH, actually performed by Apna or an Apna OB/GYN provider, and documented in accordance with Apna Health-Staffing's invoice.

4. Malpractice Insurance and Tail Insurance

District and SGMH shall be jointly and severally responsible for the payment obligations described in this Section 4 and are referred to collectively in this Addendum #4 as the "Hospital Parties."

4.1. The Hospital Parties shall pay for or reimburse Apna for the actual, documented cost of professional liability insurance or malpractice insurance for each additional OB/GYN physician or OB/GYN provider brought on by Apna to fulfill services under the Agreement, Addendum #1, Addendum #2, Addendum #3, or this Addendum #4.

4.2. The Hospital Parties shall pay for or reimburse Apna for the actual, documented cost of tail insurance, extended reporting period coverage, prior acts coverage, or substantially equivalent coverage required or reasonably necessary to cover claims arising from services performed by Apna or Apna OB/GYN providers under the Agreement, Addendum #1, Addendum #2, Addendum #3, or this Addendum #4.

4.3. Any tail insurance, extended reporting period coverage, prior acts coverage, or substantially equivalent coverage payable under this Addendum #4 shall apply only to claims arising from services performed by Apna or Apna OB/GYN providers under the Agreement and its Addenda and shall not apply to outside practice, unrelated professional services, moonlighting, private patients, or other services performed outside the scope of the Agreement and its Addenda.

4.4. Apna or Assignee, as applicable under Section 9, shall provide the Hospital Parties with an invoice, carrier quote, premium statement, declaration page, endorsement, proof of payment if already paid by Apna or Assignee, or other reasonable supporting documentation identifying the premium amount, coverage period, coverage limits, covered entity or OB/GYN provider, and the relationship of the coverage to the Agreement and its Addenda. If any insurance invoice includes coverage for both services under the Agreement and unrelated services, Apna or Assignee shall use commercially reasonable efforts to provide a reasonable allocation or supporting explanation of the portion attributable to the Agreement and its Addenda.

4.5. The Hospital Parties may satisfy the payment obligation under this Section by direct payment to the insurance carrier or broker or by reimbursement to Apna or Assignee, as applicable under Section 9, after Apna or Assignee provides the supporting documentation described above. No markup, administrative fee, duplicate payment, or reimbursement for unrelated coverage shall be owed under this Section.

5. Billing and Payment Timing

The Hospital Parties shall remit payment in full upon receipt of invoice from Assignee for amounts arising on or after May 1, 2026, or from Apna for amounts arising before May 1, 2026, and no later than seven (7) business days thereafter. This payment obligation applies to OB/GYN emergency call coverage, clinic coverage provided as needed, and documented insurance-related amounts payable under this Addendum #4. In the event of a good-faith dispute regarding any portion of an invoice, the Hospital Parties shall timely pay all undisputed amounts and the parties shall work cooperatively and in good faith to resolve the disputed portion. Any unpaid, undisputed balances not paid within the required timeframe shall accrue interest at the

maximum legal rate until paid in full. District and SGMH shall be jointly and severally responsible for payment obligations under this Addendum #4.

6. Schedule

Specific dates and times for OB/GYN call coverage and clinic coverage shall be determined based on program needs, SGMH scheduling needs, and Apna OB/GYN provider availability. Apna shall not be obligated to provide a specific OB/GYN call shift unless the call shift is accepted by Apna.

7. Compliance

The parties acknowledge that all compensation and insurance-related payments under this Addendum #4 are intended to reflect fair market value for actual services performed or actual documented insurance costs, are commercially reasonable, and are not determined in a manner that takes into account the volume or value of referrals or other business generated between the parties. Nothing in this Addendum #4 requires either party to make referrals to the other party.

8. General

8.1. Except as expressly modified by this Addendum #4, all other terms, conditions, and provisions of the Agreement, Addendum #1, Addendum #2, and Addendum #3 remain unchanged and in full force and effect.

8.2. In the event of a conflict between this Addendum #4 and the Agreement or prior Addenda, this Addendum #4 shall control solely with respect to the temporary OB/GYN emergency call coverage, OB/GYN clinic coverage, and insurance-related payment obligations described herein.

9. Assignment and Assumption; TIN Change. Effective May 1, 2026, Apna assigns to Singh MD, a Professional Medical Corporation - Staffing, TIN/EIN 42-2477794 ("***Assignee***"), and Assignee accepts and assumes, the Agreement, Addendum #1, Addendum #2, Addendum #3, and this Addendum #4 for professional services, OB/GYN call coverage, clinic coverage, coverage as needed, invoices, payment rights, tax identification/payment records, insurance-related payment rights, duties, and obligations arising on and after the Assignment Effective Date.

9.1. The "***Assignment Effective Date***" shall be May 1, 2026.

9.2. Execution of this Addendum #4 by District and SGMH shall constitute their written approval of the assignment and TIN/EIN change described in this Section, effective as of the Assignment Effective Date.

9.3. Beginning on the Assignment Effective Date, Assignee shall be substituted for Apna as the contracting party for future performance under the Agreement and its Addenda, and references to Apna shall be deemed references to Assignee for matters arising on or after the Assignment Effective Date.

9.4. For all services, OB/GYN call coverage, clinic coverage provided as needed, and insurance-related costs arising on or after the Assignment Effective Date, invoices shall be submitted by Assignee using TIN/EIN 42-2477794. The Hospital Parties shall update their vendor, payee, payment, and tax records immediately upon execution of this Addendum #4 to reflect Assignee as payee for amounts arising on or after the Assignment Effective Date.

9.5. Apna may submit invoices only for services, coverage, and insurance-related amounts incurred before the Assignment Effective Date. Assignee shall submit invoices for services, coverage, and insurance-related amounts incurred on or after the Assignment Effective Date.

9.6. Apna shall remain responsible only for obligations, claims, liabilities, services, and coverage arising before the Assignment Effective Date, unless otherwise expressly agreed in writing. Assignee shall be responsible for obligations, claims, liabilities, services, and coverage arising on or after the Assignment Effective Date. This Section does not modify the compensation rates, scope of services, compliance

obligations, or insurance-related payment obligations stated in this Addendum #4 except to reflect the assignment, assumption, and TIN/EIN change described above.

The parties executing this Addendum represent and warrant that they have read and understood its terms, and that they have the authority to bind their respective entities to the obligations set forth herein.

JASLEEN SINGH MD PC

By: _____

Name _____

Title _____

Date _____

SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT

By: _____

Name _____

Title _____

Date _____

SINGH MD, A PROFESSIONAL MEDICAL CORPORATION - STAFFING

TIN/EIN: 42-2477794

By: _____

Name _____

Title _____

Date _____

SAN GORGONIO MEMORIAL HOSPITAL

By: _____

Name _____

Title _____

Date _____

TAB F

SAN GORGONIO MEMORIAL HOSPITAL
RESOLUTION NO. 2026-11

BE IT RESOLVED, that at a regular board meeting held August 25, 2026 by the Board of Directors of San Gorgonio Memorial Hospital, a California Non-profit Public Benefit Corporation, that Christopher R. Bjornberg, Chief Executive Officer, Ryan J. Marshall, Chief Financial Officer, and Angela Brady, Chief Nursing Officer of the Hospital are authorized to enter into deposit accounts, transfer funds, brokerage, invest, manage cash, deposit service agreements and sign on behalf of the corporate with financial institutions, They may designate from time to time who is authorized to withdraw funds, initiate payment orders and otherwise give instructions on behalf of the Hospital with respect to its deposit and brokerage accounts.

Further, authorizations for the aforementioned activities previously granted to Michelle Finney, former Interim Chief Executive Officer and Daniel R. Heckathorne, Executive Director of Finance are hereby revoked as of September 12, 2026.

Two (2) signatures are required for withdrawal amounts in excess of $10,000.AND BE IT FURTHER RESOLVED that this authorization is in addition to any other authorizations in effect and shall remain in full force until written notice of its revocation is delivered to said financial institutions.

Signed:_____ Date: August 25, 2026
San Gorgonio Memorial Hospital Board Secretary