



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
Tuesday, March 7, 2023 – 4:00 PM

Modular C Classroom
600 N. Highland Springs Avenue, Banning, CA 92220

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

Steve Barron will join this meeting via Webex at 169 Pheasant Run, Lake Arrowhead, CA, 92352

Meeting link: <https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=m6abc390b09f781f2ab53b528d8fa1848>

Meeting number: 2551 194 8981

Password: 1234

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.

GENERAL TOPIC

III. Highland Springs Avenue Preliminary Bus Bay Improvement Exhibit

N. Smith A

OLD BUSINESS

- IV. ***Proposed Action - Approve Minutes** S. DiBiasi B
 o February 7, 2023, Regular Meeting

NEW BUSINESS

- V. Hospital Board Chair Monthly Report S. DiBiasi verbal
- VI. CEO Monthly Report S. Barron verbal
- VII. March, April, & May Board/Committee Meeting Calendars S. DiBiasi C
- VIII. Foundation Monthly Report V. Hunter D
- IX. Bi-Monthly Patient Care Services Report A. Brady E
- X. Committee Reports:
- Finance Committee S. DiBiasi/ F
 o February 28, 2023, regular meeting minutes D. Heckathorne
 * **Proposed Action – Approve January 2023 Financial Statement (Unaudited)**
 (Approval recommended by Finance Committee 02/28/2023)
 ▪ **ROLL CALL**
 - * **Proposed Action – Recommend approval to** D. Heckathorne G
 Healthcare District Board to enter a 5-year
 software lease with Premier, Inc for budgeting, financial
 reporting and forecasting system
 ▪ **ROLL CALL**
- XI. Chief of Staff Report S. Khalil, MD H
 * **Proposed Action - Approve Recommendations of the**
 Medical Executive Committee
 ▪ **ROLL CALL**
- XII. * **Proposed Action - Approve Policies and Procedures** Staff I
 • **ROLL CALL**
- XIII. Community Benefit events/Announcements/
 and newspaper articles S. DiBiasi J
- XIV. Future Agenda Items

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

S. DiBiasi

- Proposed Action - Recommend approval to Healthcare District Board - Medical Staff Credentialing
(*Health & Safety Code §32155; and Evidence Code §1157*)
- Receive Quarterly Corporate Compliance Committee Report
(*Health & Safety Code §32155*)

XV. ADJOURN TO CLOSED SESSION

*** The Board will convene to the Open Session portion of the meeting approximately 2 minutes after the conclusion of Closed Session.**

RECONVENE TO OPEN SESSION

***** REPORT ON ACTIONS TAKEN DURING CLOSED SESSION**

S. DiBiasi

XVI. ADJOURN

S. DiBiasi

***Action Required**

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

I certify that on March 3, 2023, 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*).

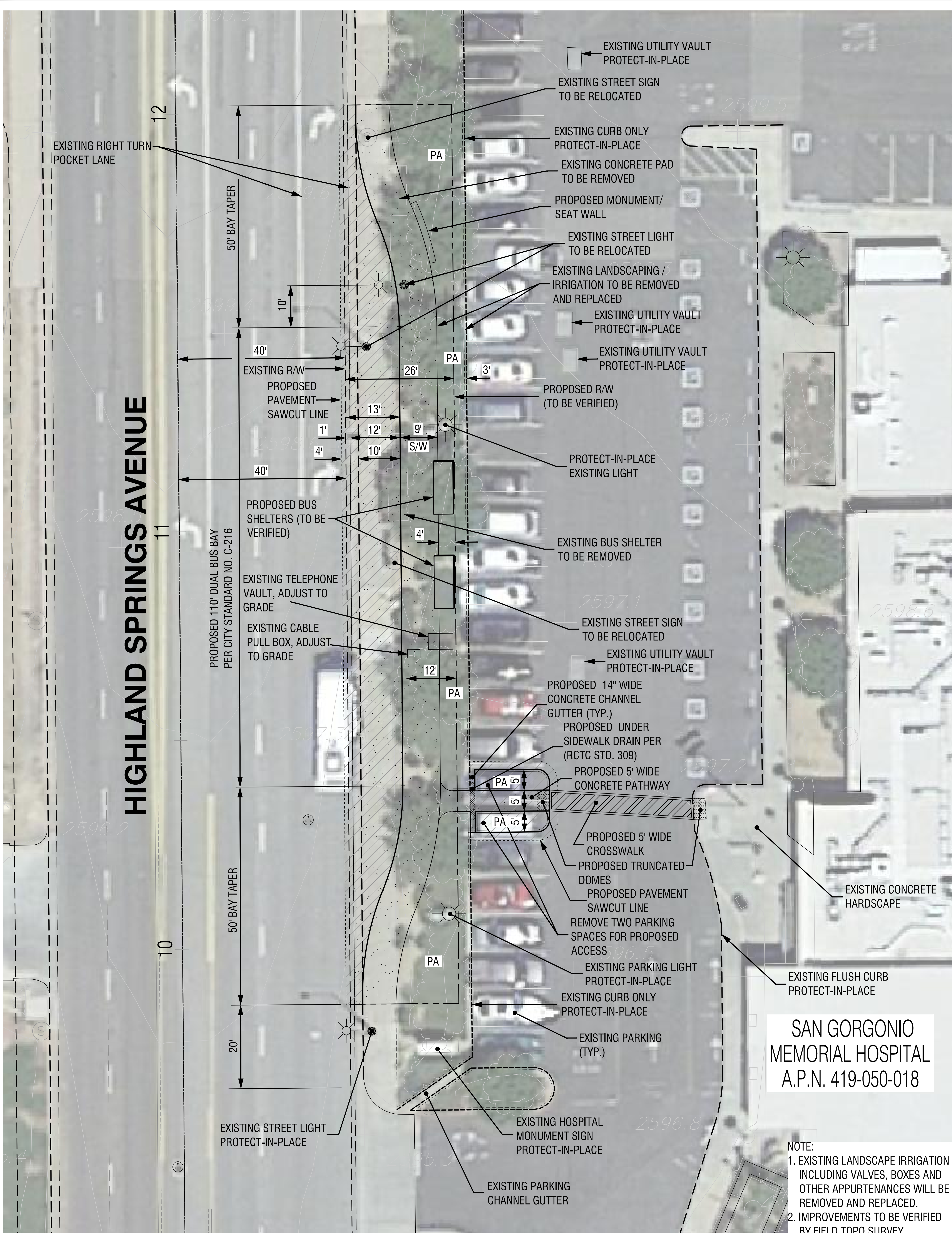
Executed at Banning, California, on March 3, 2023



Ariel Whitley, Executive Assistant

TAB A

HIGHLAND SPRINGS AVENUE



**SAN GORGONIO
MEMORIAL HOSPITAL**
A.P.N. 419-050-018

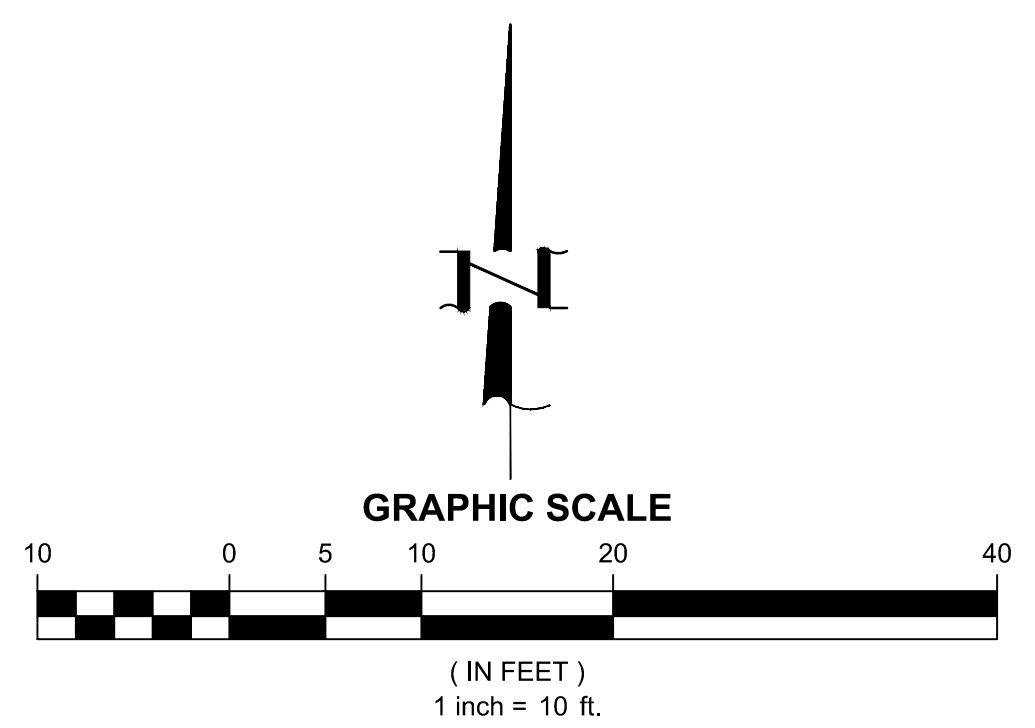
- NOTE:**
1. EXISTING LANDSCAPE IRRIGATION INCLUDING VALVES, BOXES AND OTHER APPURTENANCES WILL BE REMOVED AND REPLACED.
 2. IMPROVEMENTS TO BE VERIFIED BY FIELD TOPO SURVEY.

PREPARED FOR:

tri pointe
HOMES
1250 Corona Pointe Court
Suite 600
Corona, CA 92879
(951) 428-4400

PREPARED BY:

MDS CONSULTING
MORSE 17320 Redhill Avenue
Suite 350
Irvine, CA 92614
Voice: 949-251-8821
SCHULTZ
PLANNERS ENGINEERS SURVEYORS

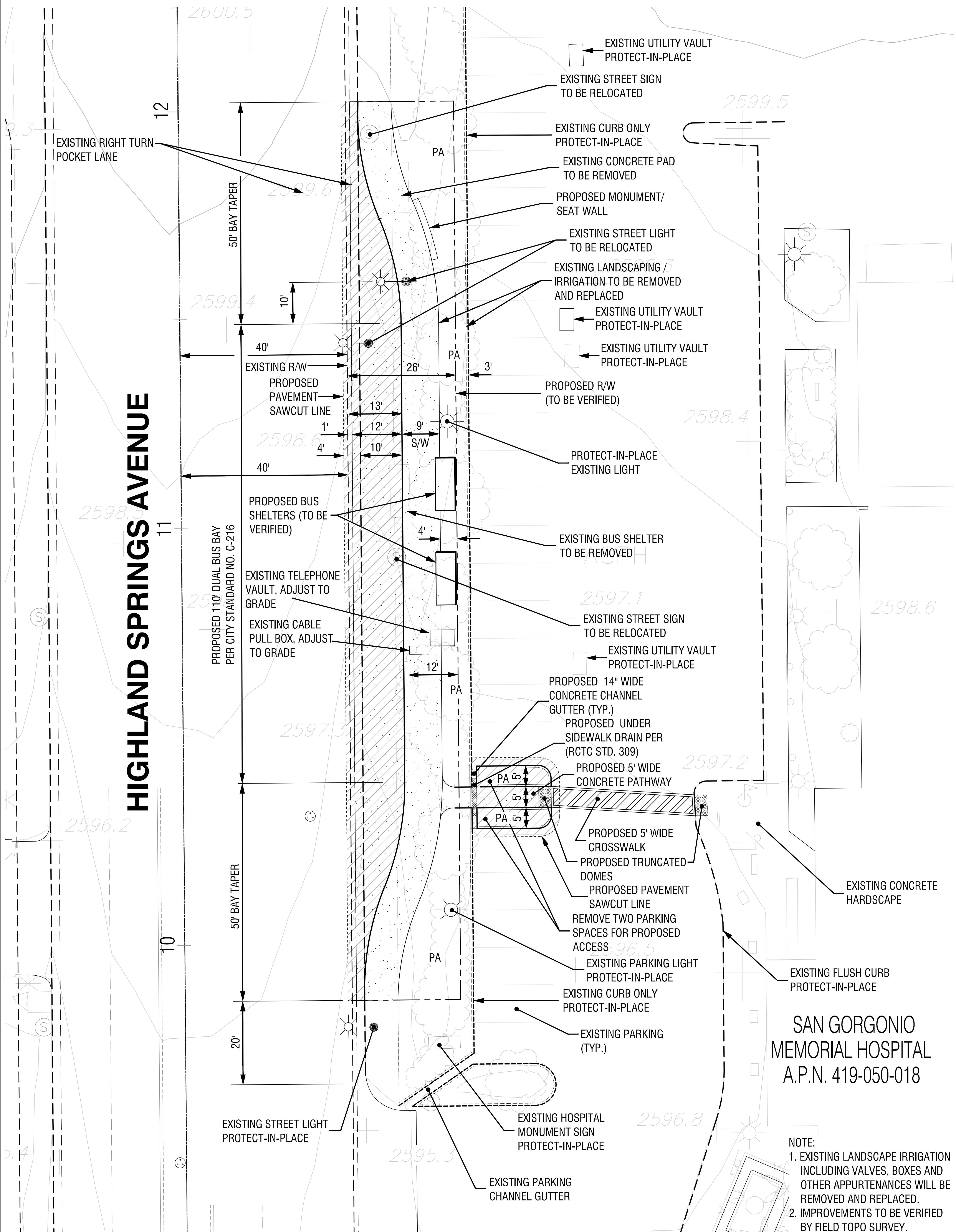


HIGHLAND SPRINGS AVENUE PRELIMINARY BUS BAY IMPROVEMENT EXHIBIT

DATE PREPARED: JUNE 14, 2022
CITY OF BANNING, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
SHEET 1 OF 1

MDS Proj. Date: 1/9/2022 PLANNING Exhibit MDS File: 99460 HSA PRELIMINARY BUS BAY IMPROVEMENT EXHIBIT.dwg
Created: 05/20/2022 07:23:15 AM Author: MDS Plot Scale: 1" = 11' Day Scale: 1" = 120'
Last Edit: 05/20/2022 07:23:15 AM By: Station42a Plot Date: 06/14/2022 7:16:44 AM By: station42a

HIGHLAND SPRINGS AVENUE



**SAN GORGONIO
MEMORIAL HOSPITAL
A.P.N. 419-050-018**

- NOTE:**
- EXISTING LANDSCAPE IRRIGATION INCLUDING VALVES, BOXES AND OTHER APPURTENANCES WILL BE REMOVED AND REPLACED.
 - IMPROVEMENTS TO BE VERIFIED BY FIELD TOPO SURVEY.

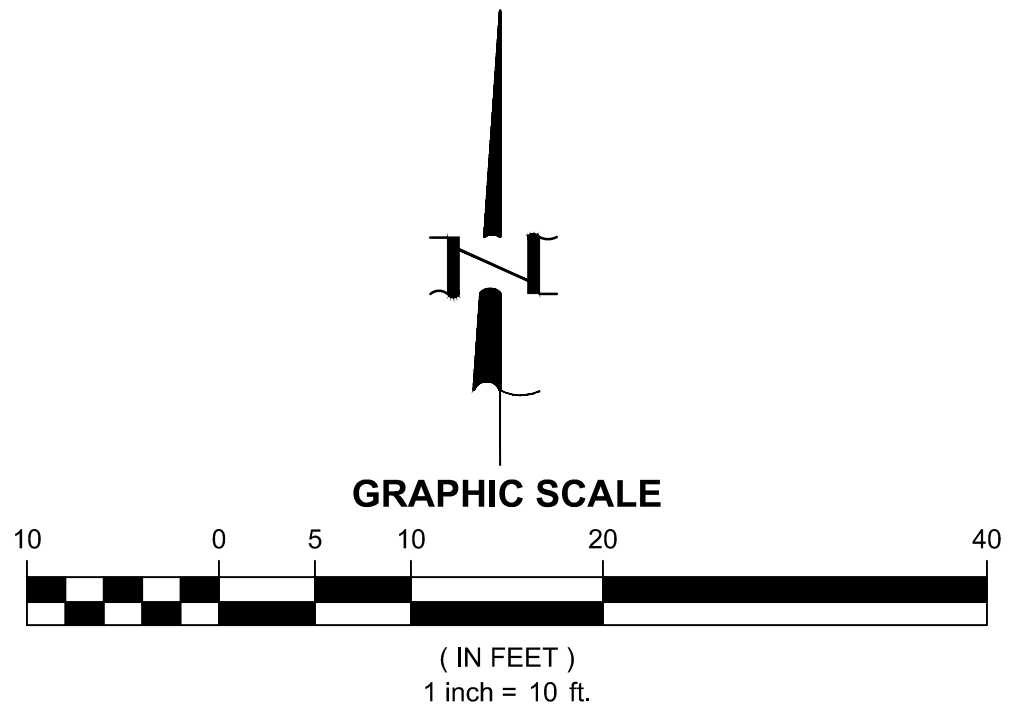
PREPARED FOR:

**tri pointe
HOMES**
1250 Corona Pointe Court
Suite 600
Corona, CA 92879
(951) 428-4400

PREPARED BY:

MDS CONSULTING
MORSE 17320 Redhill Avenue
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SCHULTZ

PLANNERS ENGINEERS SURVEYORS



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DATE PREPARED: JUNE 14, 2022
CITY OF BANNING, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
SHEET 1 OF 1

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Created: 05/20/2022 07:23:15 AM Author: MDS Plot Scale: 1" = 10' Dwg Scale: 1" = 10'
Last Edit: 05/20/2022 07:23:15 AM By: Station42a Plot Date: 06/14/2022 7:15:12 AM By: station42a

TAB B

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

February 7, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, February 7, 2023, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: None

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Sherif Khalil, MD (Chief of Staff), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Angie Brady (CNO), John Peleuses (VP Ancillary and Support Services), Karan P. Singh, MD (CMO), Valerie Hunter (Foundation Director), Sal Sanchez (Director of Plant Operations), Joey Hunter (Direct of Security)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:03 pm.	
Public Comment	No public comment.	
GENERAL TOPIC		
Homeless Survey Presentation	Lanny Swerdlow shared information about his experience volunteering for Riverside County to aid in a homeless count. He brought in the care packages that were handed out to the homeless and showed the contents of the backpacks.	
OLD BUSINESS		
Proposed Action - Approve Minutes January 3, 2023, regular meeting and January 18, 2023, special meeting.	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the January 3, 2023, regular meeting and January 18, 2023, special meeting.	The minutes of the January 3, 2023, regular meeting and January 18, 2023, special meeting will stand correct as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Going to be doing new things with the newsletter – interviewing the board of directors with who? What? Where? When and why?	

AGENDA ITEM		ACTION / FOLLOW-UP																
CEO Monthly Report	Steve reported that Pat Brown is retiring, and Angela Brady will be taking over. We will have a party for her. New org chart. Vp of ancillary services.																	
February, March, and April Board/Committee meeting calendars	Calendars for February, March, and April were included on the board tablets.																	
Foundation Monthly Report	Foundation Director, Valerie Hunter, gave the Foundation Monthly Report as included on the board tablets.																	
Reminder – Annual Completion of FPPC Statement of Economic Interest (Form 700) for 2022	Chair DiBiasi noted that the FPPC Statement of Economic Interest Form 700 for 2022 is due back to Ariel Whitley by March 10, 2023.																	
Appoint Ad Hoc Nomination Committee for Hospital Board Vacancy	Ron Rader, Steve Rutledge, Susan DiBiasi, and Steve Barron will make up the Ad Hoc Nomination Committee.																	
Proposed Action – Approve 2023 Environment of Care Plans	<p>Sal Sanchez briefly reviewed the 2023 Environment of Care Plans as included on the board tablets.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1234 1250 1377"> <tbody> <tr> <td>DiBiasi</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>Rutledge</td> <td>Yes</td> <td>Stevens</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>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	<p>M.S.C., (McDougall/Swerdlow) the SGMH Board of Directors approved the 2023 Environment of Care Plans as presented.</p>
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	Yes															
COMMITTEE REPORTS:																		

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Finance Committee</p> <p>Proposed Action – Recommend Approval of the December 2022 Financial Statement (Unaudited).</p>	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the December 2022 Financial report which was included on the board tablet. A copy of the Finance Committee’s January 31, 2023, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the December 2022 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 573 1255 716"> <tr> <td>DiBiasi</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>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	<p>M.S.C., (Rutledge/Rader), the SGMH Board of Directors approved the November 2022 Financial Statement as presented.</p>
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	Yes															
<p>Proposed Action – Recommend Approval to Hospital Board and Healthcare District Board of Professional Services Agreement with Walter P. Moore to constitute critical and mandatory steps toward obtaining seismic compliance beyond 2030.</p>	<p>Balram Gupta with Walter P. More gave a presentation that detailed the importance of engaging in structural engineering professional services for seismic compliance.</p> <p>San Gorgonio Memorial Healthcare District and Hospital are mandated by the State of California to submit a plan for mitigation of potential damage from a major earthquake by January 1st, 2024. The scope of services covers NPC-3 Evaluation of NPC-2 Buildings.</p> <p>It was noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 1245 1255 1388"> <tr> <td>DiBiasi</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>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	<p>M.S.C. (Rader/McDougall), the SGMH Board of Directors voted to recommend approval of a Professional Services Agreement with Walter P. Moore to constitute critical and mandatory steps toward obtaining seismic compliance beyond 2030 to the Healthcare District Board.</p>
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	Yes															
<p>Informational Report – Robotics DaVinci Surgical Program 9-Months Ended December 31, 2022.</p>	<p>Dan Heckathorne, CFO, gave a summary of the Robotics DaVinci Surgical Program activities for 9 months ended December 31, 2022.</p>																	
<p>Human Resources Committee</p>	<p>At the request of Committee Chair, Ron Rader, Annah Karam, Chief Human Resources Officer, briefly reviewed the reports that were reviewed at the committee meeting and the reports discussed as included on the board tablets. A copy of the Human Resources Committee’s January 18, 2023, meeting minutes were also included on the board tablets.</p>																	

AGENDA ITEM		ACTION / FOLLOW-UP																
Community Planning Committee	Committee Chair, Steve Rutledge, gave the Community Planning Committee report. A copy of the Committee’s January 18, 2023, meeting minutes were also included on the board tablets.																	
Proposed Action – Approve Resolution No. 2023-01 (Change in banking authorized signers)	<p>The San Gorgonio Memorial Hospital Board of Directors voted to adopt Resolution No. 2023-01, a change in banking authorized signers.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 573 1252 716"> <tr> <td>DiBiasi</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>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	M.S.C., (Rader/Rutledge), the SGMH Board of Directors approved Resolution No. 2023-01 as presented.
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	Yes															
Proposed Action – Approve the purchase of technology services with CDW Government	<p>Steve Barron, CEO, gave a summary of the details surrounding CDW Government. A handout was provided.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 919 1252 1062"> <tr> <td>DiBiasi</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>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	M.S.C., (Stevens/Tankersley), the SGMH Board of Directors voted to approve the purchase of technology services with CDW Government as presented.
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	Yes															
Chief of Staff Report Proposed Action – Approve Recommendations of the Medical Executive Committee	<p>Sherif Khalil, MD, Chief of Staff, briefly reviewed the Medical Executive Committee report as included on the board tablets.</p> <p>Approval Items:</p> <ul style="list-style-type: none"> 2023 Annual Approval of Policies and Procedures <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1419 1252 1562"> <tr> <td>DiBiasi</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>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	M.S.C., (Stevens/Swerdlow), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	Yes															
Proposed Action – Approve Policies and Procedures	<p>There were ten (10) policies and procedures included on the board tablets presented for approval by the Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1801 1252 1871"> <tr> <td>DiBiasi</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> </table>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	M.S.C., (Rader/Rutledge), the SGMH Board of Directors approved the policies and procedures as submitted.								
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															

AGENDA ITEM					ACTION / FOLLOW-UP
	Rutledge	Yes	Stevens	Yes	
	Swerdlow	Yes	Tankersley	Yes	
Community Benefit events/Announcements/and newspaper articles	Motion carried. Miscellaneous information was included on the board tablets.				
Future Agenda Items	<ul style="list-style-type: none"> • Leapfrog Score as General Topic • Update on Effects of Lack of Covid Funding 				
Adjourn to Closed Session	<p>Chair, DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> ➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing ➤ Receive Quarterly Environment of Care/Life Safety/Utility Management Report ➤ Receive Emergency Preparedness/Environment Safety Report ➤ Receive Quarterly Performance Improvement Committee Report ➤ Receive Quarterly Corporate Compliance Committee Report <p>The meeting adjourned to Closed Session at 5:57 pm.</p>				
Reconvene to Open Session	<p>The meeting adjourned from closed session at 6:01 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 was tabled to February. ➤ Received Emergency Preparedness/Environment Safety Report ➤ Received Quarterly Performance Improvement Committee Report ➤ Received Quarterly Corporate Compliance Committee Report 				
Adjourn	The meeting was adjourned at 6:01 pm.				

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


Respectfully submitted by Ariel Whitley, Executive Assistant

TAB C



March 2023

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	8	9	10	11
12	13	14	15	16	17  Happy St. Patrick's Day	18
19	20	21	22	23	24	25
26	27	28 9:00 am Finance Committee 10:00 Executive Committee	29	30 <i>National Doctor's Day!</i>	31	

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

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



April 2023

Board of Directors Calendar

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

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

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



May 2023

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	3	4	5	6 <i>National Nurses Week 5/6-5/12</i>
7 <i>National Hospital Week 5/7-5/13.</i>	8	9	10	11	12	13
14 	15	16	17 5:00 pm Measure D Mtg. 5:15 pm Measure A Mtg.	18	19	20
21	22	23	24	25	26	27
28	29	30 9:00 am Finance Committee	31			

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

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

TAB D

SGMH Foundation report for February 2023

Foundation Finances for Feb 2023

(as of 2/28/2022)

Bank of Hemet Checking Acct:	\$302,732.94	(actual as of 2/28/2023)
Bank of Hemet Money Market Acct:	\$128,287.75	(actual as of 2/28/2023)
I.E. Community Foundation Acct:	\$97,408.58	<u>Actual for Jan 2023 (Feb '23 not available)</u>
Total	\$528,429.27	

Foundation Report

- The SGMH Foundation is continuing their golf meetings and the energy of the committee is very positive. New ideas are being introduced and committed to.
- The SGMH Foundation will take over the responsibility of obtaining clothing for the hospital's discharged indigent patients. In addition, the Foundation will work with case management and the ED department, in creating a process to ensure bus tickets are readily available for those patients that are in need of bus service. Chaplains will no longer be responsible for these two things.
- Valerie is continuing cultivating relationships with major donors in support of the Women's Center project.

TAB E



Bi-Monthly Patient Care Services Report

The position of Patient Experience Coordinator has been filled by Ann Lee. She comes with years of experience from Loma Linda University Medical Center. Her role will include rounding with all patients, resolving any complaints or grievances, co-chairing the Patient Experience Committee, and helping the hospital improve its HCAHPS scores.

Katie Phillippi is the new Emergency Department Director. She has been with SGMH for 13 years. She started in Med/Surg and moved to the ED. She has been the charge nurse on dayshift for the last 5 years. Katie is very knowledgeable and will be an asset to the leadership team.

The SCORE survey started on February 27th and will be available to complete for 3 weeks. This survey is done yearly by Beta Healthcare Group, which is our liability and workman's compensation insurance carrier. The aim of the survey is to gain an understanding of how associates feel about the Safety, Communication, Operational Risk, Resiliency/Burnout, and Employee Engagement here at SGMH. Everyone's input is important and valued. Responses are confidential.

Beta Heart conference was on February 23rd and 24th. Heart stands for healing, empathy, accountability, resolution, and trust. Both the Executive Team and front-line staff were able to attend. The domains focused at this workshop were Culture of Safety, which is the foundation of Heart, and Care for the Caregiver. Care for the Caregiver is a robust program providing peer support for members of the healthcare team involved in or affected by patient harm or other traumatic events.

TAB F

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, February 28, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, February 28, 2023, in Classroom B, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Ron Rader, Steve Rutledge

Members Absent: Dennis Tankersley

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

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Susan DiBiasi called the meeting to order at 9:03 am.	
Public Comment	No public present.	
OLD BUSINESS		
Proposed Action - Approve Minutes January 31, 2023, regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the January 31, 2023, regular meeting. There were none.	The minutes of the January 31, 2023, regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
<p>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – January 2023</p>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited January 2023 finance report as included in the committee packets.</p> <p>The month of January resulted in negative \$822K EBIDA compared to budgeted EBIDA loss of \$912K. Adjustments and items of note include:</p> <ul style="list-style-type: none"> • The January Patient Days dropped to 653 compared to 910 in December. • Emergency visits and Surgery cases were below projections. • Labor Costs were under budget by \$417K, partially reflecting the low patient volumes. • Salaries, Benefits, and Contract Labor were over budget by \$114K, which was impacted by \$512K plus benefits, offset by 238K from the State Covid “Matching” Recognition program. • A YTD operating lease adjustment of \$121K was reclassified from Purchased Services Expense to Amortization and Interest Expenses. • A 100K YTD reduction in the Altera fee was made to conform with the contract. <p>It was noted that approval is recommended to the Hospital Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="386 1140 1214 1211"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Absent	<p>M.S.C. (Rutledge/Rader), the SGMH Finance Committee voted to recommend approval of the Unaudited January 2023 Financial report to the Hospital Board of Directors.</p>
DiBiasi	Yes	Rader	Yes							
Rutledge	Yes	Tankersley	Absent							
<p>Proposed Action – Recommend Approval to Hospital Board and Healthcare District Board to enter a 5-year software lease with Premier, Inc., for a budgeting, financial reporting and forecasting system.</p>	<p>The contract calls for a 5-year agreement at a total cost of \$313,880 plus related taxes and travel costs related to installation.</p> <p>It was noted that approval is recommended to the Hospital Board and the Healthcare District Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="386 1577 1214 1648"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Absent	<p>M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the 5-year software lease with Premier, Inc., for a budgeting, financial reporting, and forecasting system to the Hospital Board of Directors and the Healthcare District Board of Directors.</p>
DiBiasi	Yes	Rader	Yes							
Rutledge	Yes	Tankersley	Absent							
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> • Board Vacancies 									

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Next Meeting	The next regular Finance Committee meeting will be held on March 28, 2023 @ 9:00 am.	
Adjournment	The meeting was adjourned 9:59 am.	

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA

Unaudited Financial Statements

for

SEVEN MONTHS ENDING JANUARY 31, 2023

FY 2023

Certification Statement:

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

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

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

CFO

San Geronio Memorial Hospital

Financial Report - Executive Summary

For the Month of January, 2023 and Seven Months Ended January 31, 2023 (Unaudited)

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

The month of January resulted in negative \$822K Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$912K.

YTD – The YTD January results were a negative \$7.16M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$8.01M.

Month – Adjustments and Items of note:

- The January Patient Days dropped to 653 compared to 910 in December.
- Emergency visits and Surgery cases were also below projections.
- Labor Costs were under budget by \$417K, partially reflecting the low patient volumes.
- A YTD operating lease adjustment of \$121K was reclassified from Purchased Services Expense to Amortization and Interest Expenses.
- A \$100K YTD reduction in the Altera (Allscripts) fee was made to conform with the contract.

January's inpatient average daily census was 21.1. Adjusted Patient Days were 25.8% under budget (1,757 vs. 2,367) which includes the Patient Days which were 45% below budget (653 vs. 1,189). Emergency Visits were 8.4% under budget (3,266 vs. 3,564), and overall Surgeries were under budget by 9% (121 vs. 133).

YTD - Inpatient average daily census was 22.5. Adjusted Patient Days were 8.3% under budget (12,869 vs. 14,020) and Patient Days were 31% below budget (4,834 vs. 7,043). Emergency Visits were 8% over budget (25,159 vs. 23,258), and overall Surgeries were 3.6% under budget (839 vs. 870).

Patient Revenues (MTD) Negative (YTD) Negative

Month - Net Patient Revenues in January were \$1.05M (19.2%) below budget. This continues to be impacted by the Deductions from Revenues consisting of the higher-than-expected mix of Outpatient Revenues (compared to Inpatient Revenues), which generally pay about 10% of charges compared to Inpatient Revenues which generally pay about 18% of charges. This also directly relates to the much lower-than-expected count of Inpatient Days. The Residency Program recovery was \$41K and is included in the Deductions from Revenues.

YTD – Net Patient Revenues were \$4.35M (12%) below budget. This is markedly impacted by the Deductions from Revenues consisting of the higher-than-expected mix of Outpatient Revenues (compared to Inpatient Revenues), which generally pay about 10% of charges compared to Inpatient Revenues which generally pay about 18% of charges. This also directly relates to the lower-than-expected Inpatient Days. The Deductions are favorably offset by \$328K Residency Program recovery.

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

Month – Operating Revenue in January was \$823K under budget. This is mostly impacted by the Net Patient Revenues being \$1.05M under budget and the Non-Patient Revenues being \$227K over budget.

YTD - Operating Revenue was \$4.12M below budget. This was impacted by the \$4.35M negative variance in Net Patient Revenues for the seven months and a \$226K positive variance in Other Income.

Operating Expenses (MTD) Positive & (YTD) Positive

Month - Operating Expenses in January were \$7.09M and were under budget by \$913K. Key items that impacted overall Expenses were as follows: 1) Salaries and Wages, Benefits, and Contract Labor were collectively \$471K under budget, however, this included an unfavorable Contract Labor variance of \$119K primarily from Med-Surg and OB; 2) Purchased Services were \$219K below budget which included a) a favorable \$100K YTD adjustment to the Altera (Allscripts) fees, a \$50K reclass of

cybersecurity services to Non-Operating Expense, along with favorable variances in I/T, Administration legal fees, Dialysis, and Plant Operations; 3) Supplies were under budget by \$247K, which can be attributed to a) lower than expected Inpatient Admissions, b) no covid surges, and c) not experiencing the full impact of inflation which is expected to accelerate over the remainder of the year. Large variances included Drugs (\$124K) and general Medical Supplies (\$154K); 4) Other Expense had a negative variance of \$40K which was largely impacted by the annual \$75K licensure payment to the Department of Public Health; 5) Leases and Rentals were \$62K under budget due to a) reclassification of \$121K Shared Imaging operating lease to the Balance Sheet, Interest& Depreciation, and b) recording of \$52K for robotic lease expense which was missed in previous months' reports.

YTD – Operating Expenses were \$49.1M and were under budget by \$4.98M. Key items that impacted overall Expenses were as follows: 1) Salaries, Benefits, and Contract Labor were a combined \$1.44M under budget which was impacted by the PTO Flex-Down variance during the summer months along with the much lower than expected Patient Days workloads; 2) Physician fees were \$341K under budget and a significant portion of the variance relates to the Residency Program (\$207K) and Anesthesia fees (\$66K); 3) Purchased Services showed a favorable variance of \$1.25M due to Allscripts/Navigant (\$659K), I/T (238K) Dialysis (\$159K), along with various other Service Agreements being lower than expected; 4) Supplies were under budget by \$2.05M, which included Drugs (\$1.2M) and General Medical Supplies ((\$718K) and can be attributable to a) much lower than expected Inpatient Admissions, b) no covid surges thus far, and c) not experiencing the full impact of inflation which is expected to accelerate over the remainder of the year. Note: Although there has been success in controlling expenses and there are some significant favorable variances, it is important to remember that there may be some expenses which have not fully materialized in the first 7 months of the year, and this could have some impact on future months' expenses.

Non-Operating Revenue and Expense

Cybersecurity Event – The January books included a reclass of \$50K (that was previously recorded as Purchased Services) into this “Non-Operating” section, and \$71K of new costs were also booked in January related to this event, bringing the current costs to date to \$121K. There is a \$50K insurance deductible for this claim, so expected insurance recoveries of \$71K were also booked as a receivable.

Balance Sheet/Cash Flow

Patient cash collections in January jumped to \$6.03M compared to December's \$4.11M. The Gross A/R Days decreased to 74.1 in January compared to 76.2 in December. A/R collections are still negatively impacted by the I/T system down-time in November, the Christmas holiday time, and complications from the Altera 22.1 E.H.R upgrade in early January.

Cash balances were \$7.98M compared to \$3.83M in December. Additional receipts included \$1.7M for Measure H funds and \$2.6M from the 2023 QIP loan. Accounts Payable basically remained unchanged at \$11.3M, and the Line of Credit balance remained at \$6M. Other items of note included a liability of \$1.17M payable to Medicare for outliers, sequestration, and loss of low volume status (up from \$960K which was “netted” in the December Accounts Receivable balance).

Concluding Summary

Positive takeaways:

- 1) Overall EBIDA was better than expected by \$90K;
- 2) If the prorated expected Supplemental Pay had been accrued through January, the YTD EBIDA (including allowance for payment of operating/software leases) would be \$1.87M.

Negative takeaways: Inpatient Days were significantly below expectations for a “normal” January.

STATISTICS

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

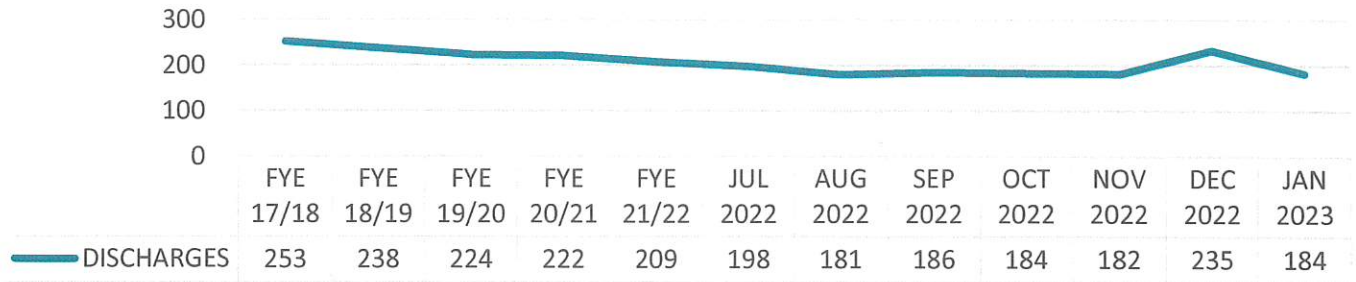
PRODUCTIVITY

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

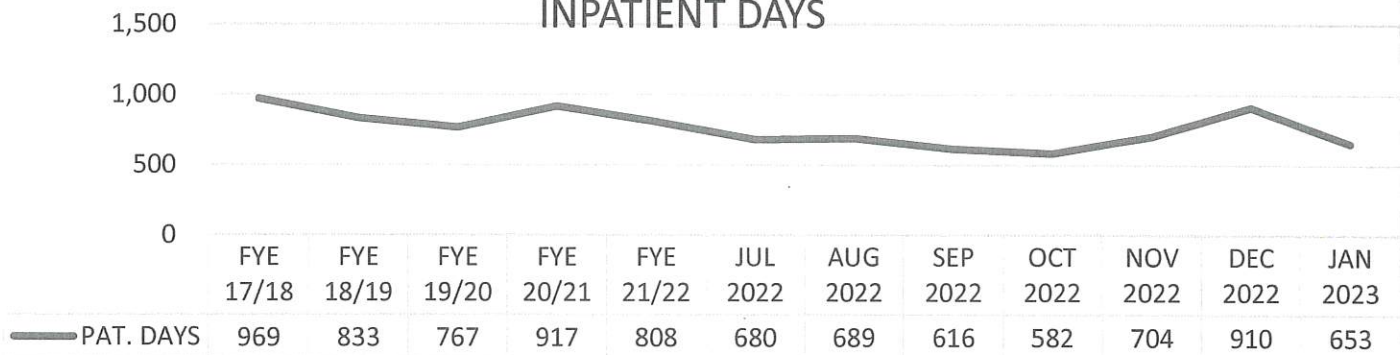
B-A

SAN GORGONIO MEMORIAL HOSPITAL

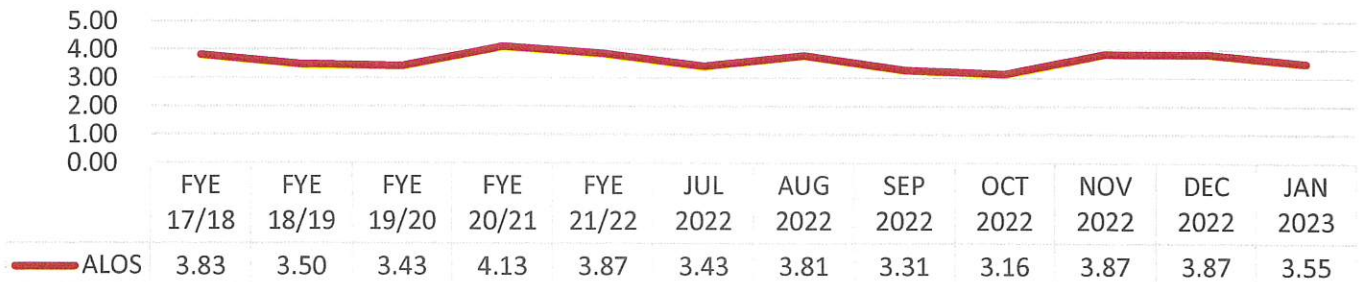
INPATIENT DISCHARGES



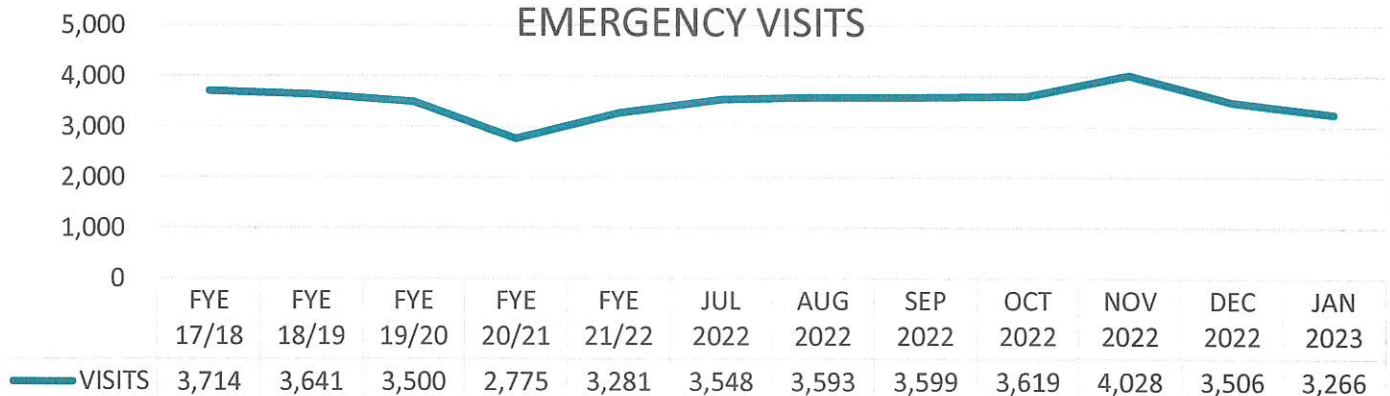
INPATIENT DAYS



AVERAGE LENGTH OF STAY



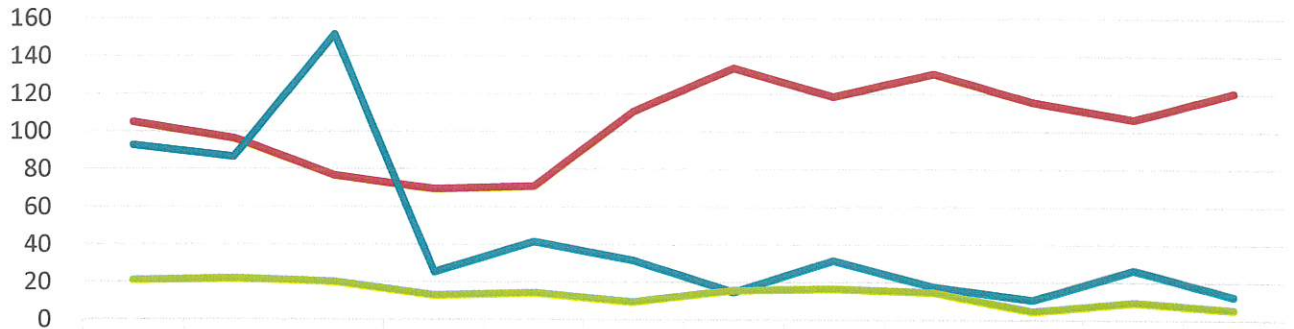
EMERGENCY VISITS



3-B

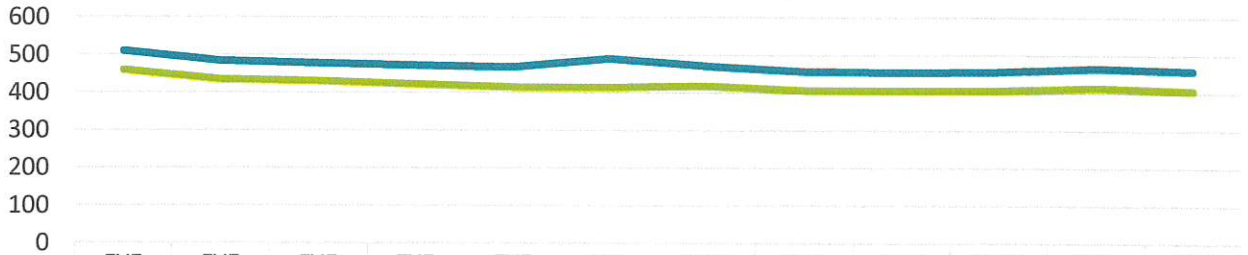
SAN GORGONIO MEMORIAL HOSPITAL

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



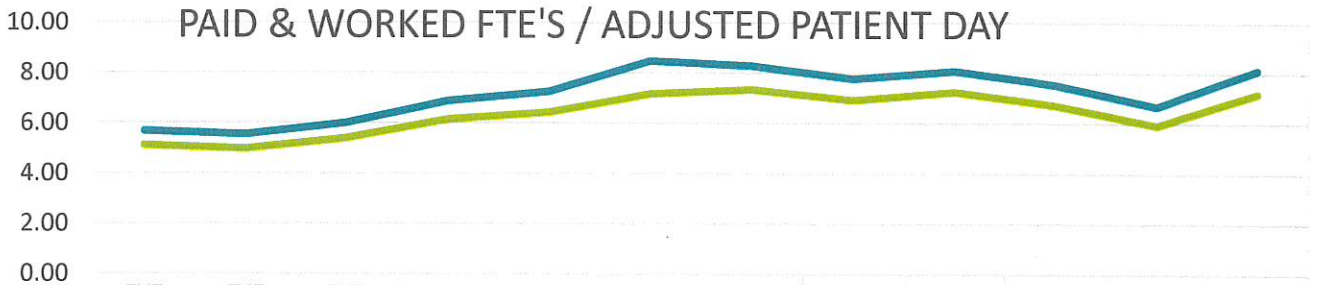
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023
— SURG.	105	97	77	70	71	111	134	119	131	116	107	121
— G.I. CASES	93	87	152	26	42	32	15	32	18	11	27	13
— BIRTHS	21	22	21	13	15	10	16	17	15	5	10	6

PAID & WORKED FTE'S



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023
— P FTE's	511	484	479	474	470	491	473	459	457	458	468	462
— W FTE's	461	436	431	425	417	416	419	409	409	409	416	409

PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023
— PFTES/APD	5.69	5.55	6.01	6.89	7.27	8.49	8.31	7.80	8.11	7.56	6.70	8.15
— WFTES/APD	5.13	5.00	5.41	6.18	6.45	7.18	7.37	6.94	7.27	6.76	5.96	7.22

3-C

INCOME STATEMENT

Gross Patient Revenue (000's) (Monthly Ave.)	Represents total charges (before discounts and allowances) made for all patient services provided.
Net Patient Revenue (NPR) (000's) (Monthly Ave.)	Equals the sum of all (patient) charges for services provided that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.
NPR as % of Gross	Reflects the percentage of Gross Patient Revenues (charges) that are expected to be collected. Calculated by dividing Net Patient Revenue by the Gross Patient Revenue.
Total Operating Revenue (000's) (Monthly Ave.)	This reflects all Revenues available for payment of Operating Expenses. This includes Net Patient Revenue plus all other forms of miscellaneous Revenues.
Salaries, Wages, Benefits & Contract Labor (000's) (Monthly Ave.)	Represents the total staffing expenses of the Hospital
SWB + Contract Labor as % of Total Operating Revenue	Identifies what portion the Operating Revenues are spent on staffing costs.
Total Operating Expense (TOE) (000's)(Monthly Ave.)	Operating Expense reflects all costs needed to fund the Hospital's business operations.
TOE as % of Total Operating Revenue	Identifies the relationship that Operating Expenses have to the Total Operating Revenues.
EBIDA (000's)(Monthly Average)	Earnings Before Interest, Depreciation, and Amortization. This reflects the difference between Net Operating Revenues and Total Operating Expense. This is a quick measurement of the Hospital's ability to meet its financial obligations and have additional funds for equipment replacement and future growth of the organization.
EBIDA as % of NPR	This measurement is a gauge of the surplus (or deficit) of funds available for operations and future growth.
Net Patient Revenue vs. Total Labor Expense	This measurement illustrates that Net Patient Revenues basically only cover Total Labor Expense, and that all of the Other Revenues and Supplemental Incomes are necessary to cover the remaining operational Expenses and EBIDA required to operate the Hospital.
Operating Revenues (Normalized), Expenses, Staffing Expenses, and EBIDA (Normalized)	This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating proportionate Supplemental Revenues and related Expenses into the current month and YTD results.

SAN GORGONIO MEMORIAL HOSPITAL

GROSS PATIENT REVENUE (000's)

50,000
40,000
30,000
20,000
10,000
0

	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023
GPR	24,382	24,433	22,416	21,265	37,535	41,471	40,945	37,279	40,582	37,629	42,252	41,322

NET PATIENT REVENUE AS % OF GROSS

20.00%
18.00%
16.00%
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%

	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023
NPR%GROSS	16.08%	16.38%	16.93%	17.61%	14.05%	13.49%	12.86%	12.74%	12.65%	12.19%	12.46%	13.27%

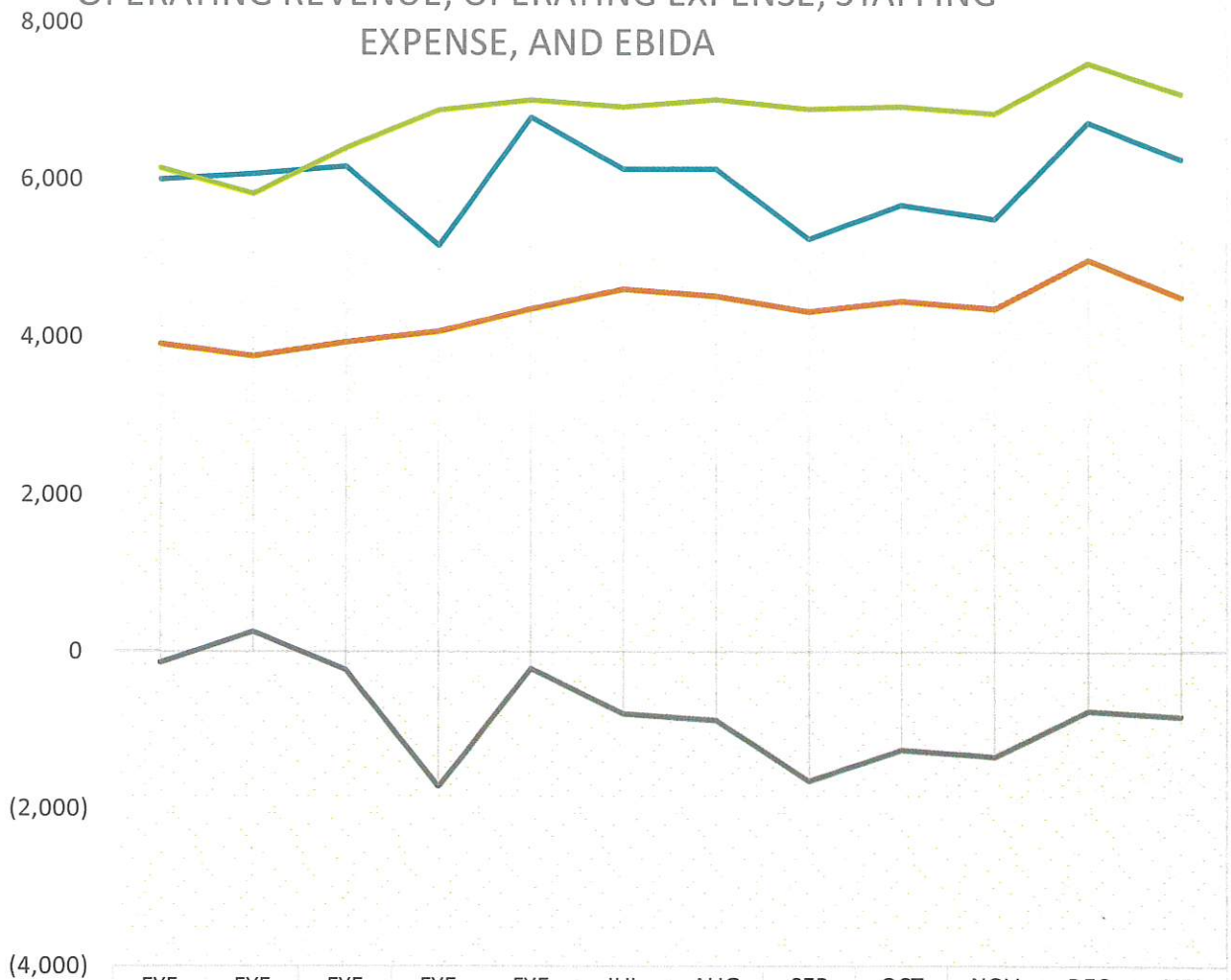
140.0%
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%

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

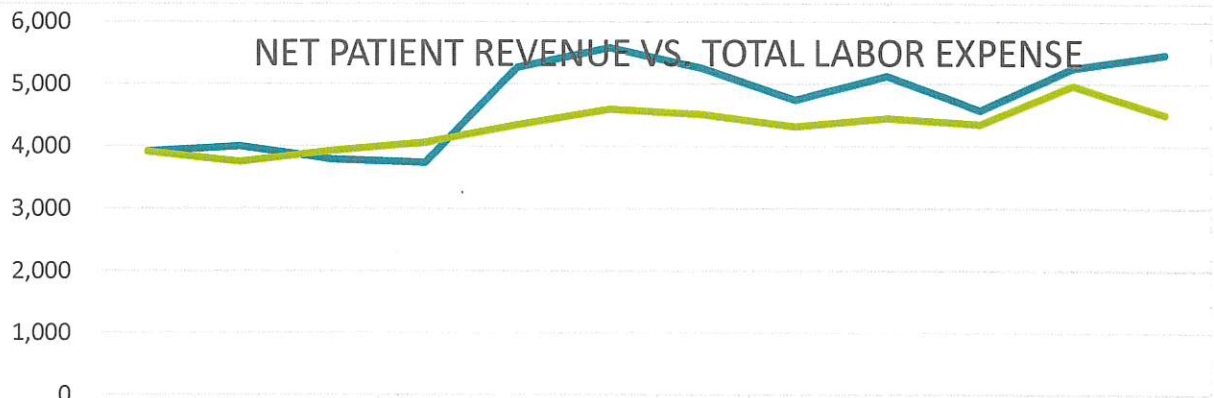
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023
OP EXP%OP REV	102.3%	95.8%	103.8%	133.3%	103.2%	112.8%	114.2%	131.4%	122.0%	124.3%	111.1%	113.1%
LABOR%OP REV	65.2%	61.9%	63.8%	78.8%	64.1%	75.1%	73.6%	82.4%	78.5%	79.3%	74.0%	72.0%

3-E

SAN GORGONIO MEMORIAL HOSPITAL OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023
OP REV	6,006	6,069	6,165	5,160	6,791	6,132	6,137	5,246	5,674	5,499	6,728	6,269
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010	6,893	6,923	6,834	7,475	7,091
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513
EBIDA	(141)	252	(233)	(1,719)	(216)	(788)	(873)	(1,648)	(1,249)	(1,335)	(747)	(822)

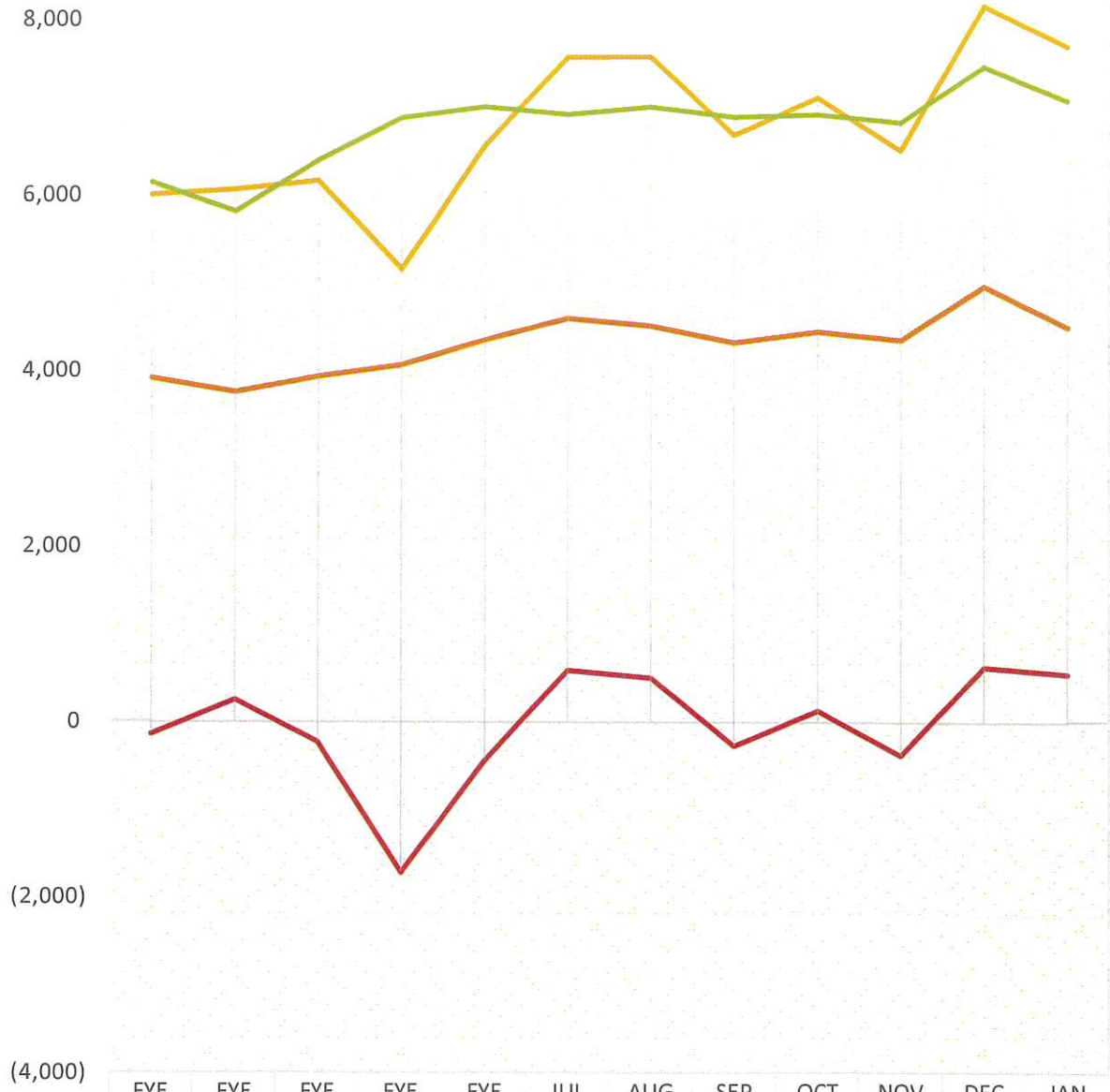


	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,594	5,267	4,751	5,134	4,585	5,266	5,485
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513

3-F

SAN GORGONIO MEMORIAL HOSPITAL

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



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023
REV NORMAL	6,006	6,069	6,165	5,160	6,569	7,574	7,578	6,687	7,116	6,520	8,169	7,711
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010	6,893	6,923	6,834	7,475	7,091
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513
EBIDA NORMAL	(141)	252	(233)	(1,719)	(438)	588	503	(272)	126	(380)	629	554

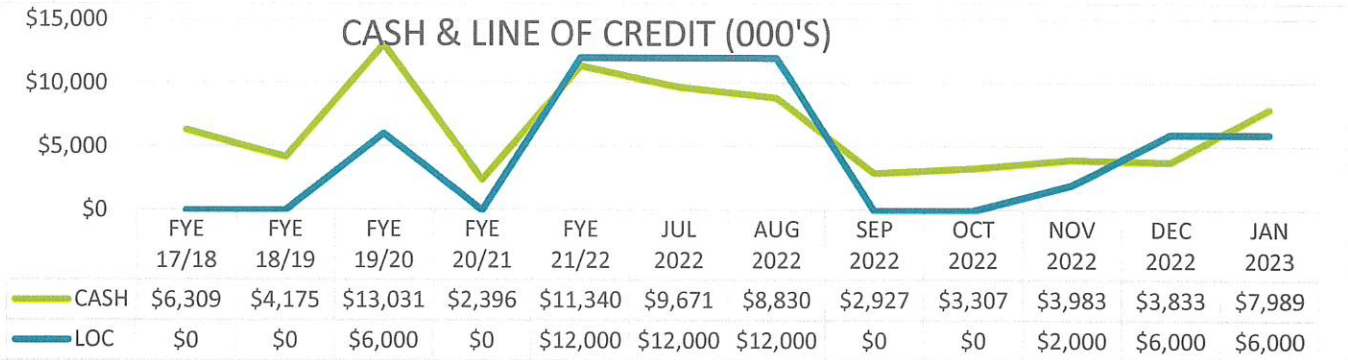
BALANCE SHEET (Period End)

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

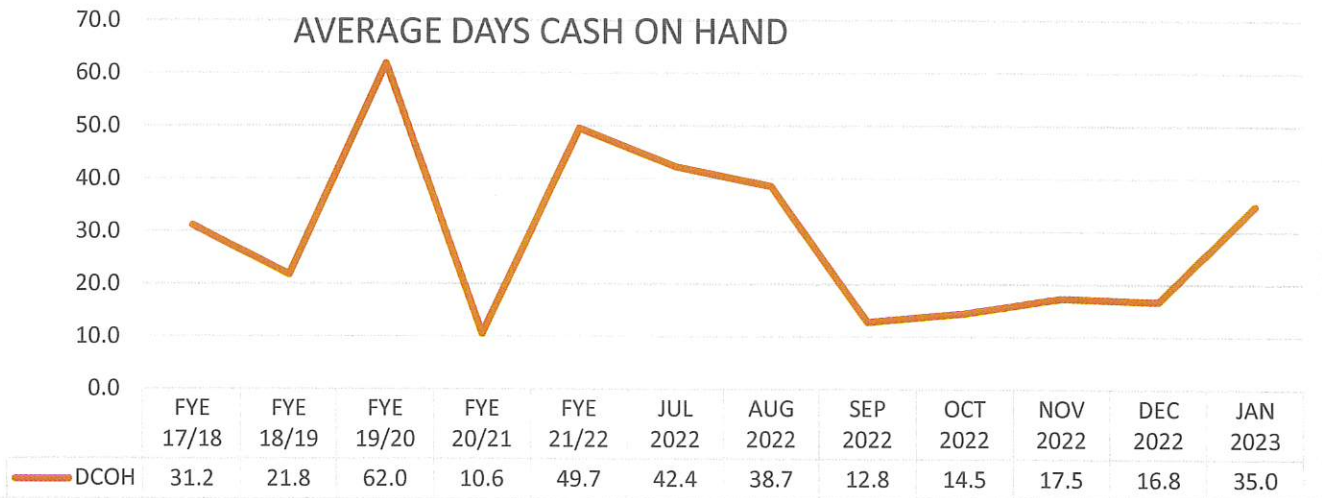
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SAN GORGONIO MEMORIAL HOSPITAL

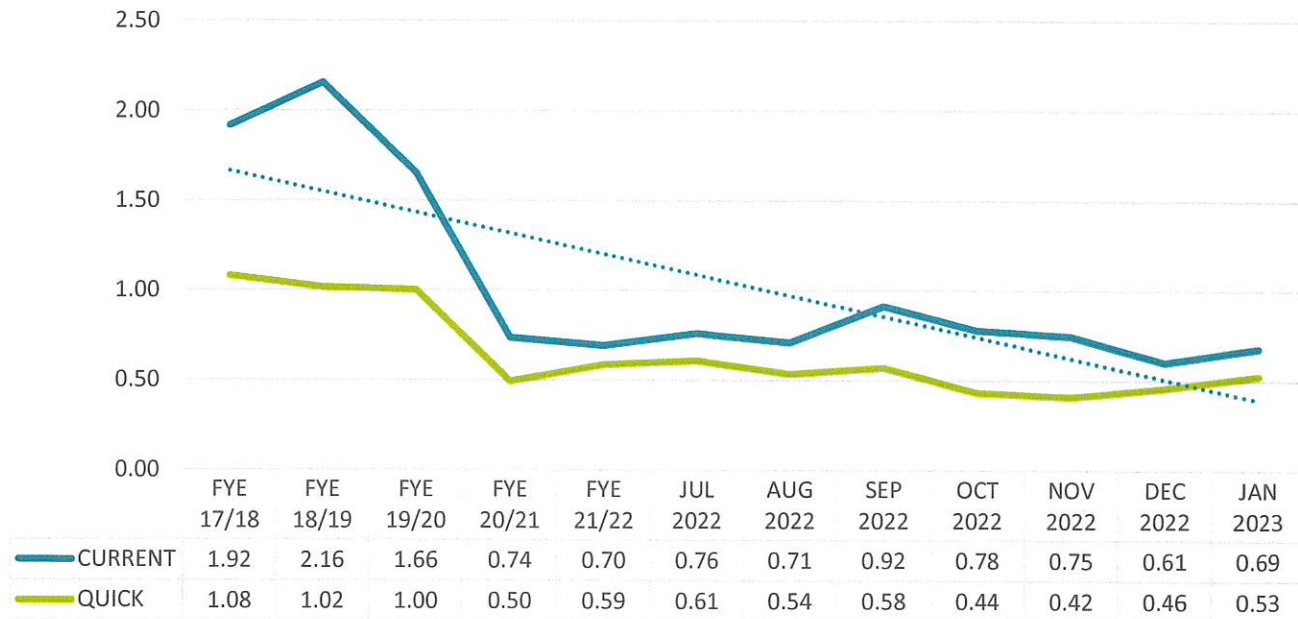
CASH & LINE OF CREDIT (000'S)



AVERAGE DAYS CASH ON HAND



CURRENT RATIO and QUICK RATIO



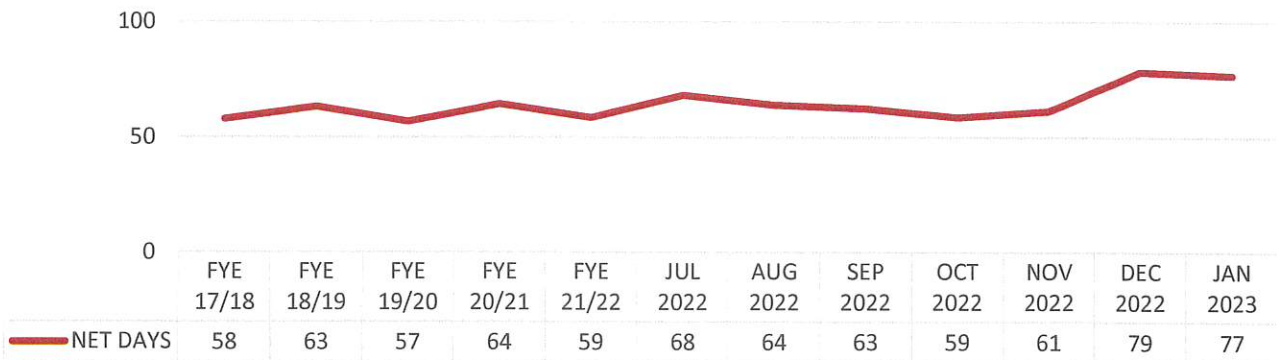
3-K

SAN GORGONIO MEMORIAL HOSPITAL

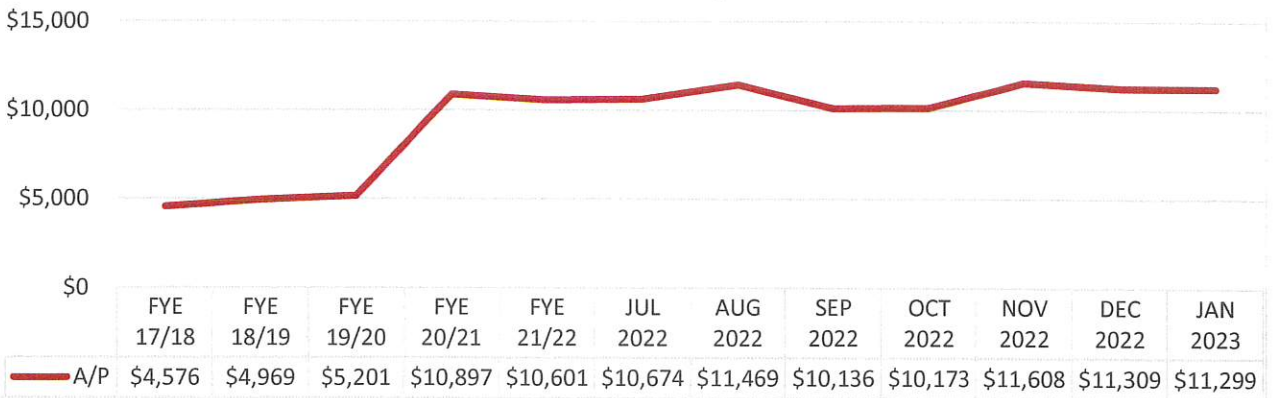
NET ACCOUNTS RECEIVABLE (000'S)



AVE. DAYS OF COLLECTIONS IN NET A/R



ACCOUNTS PAYABLE (000'S)



AVERAGE DAYS IN ACCOUNTS PAYABLE

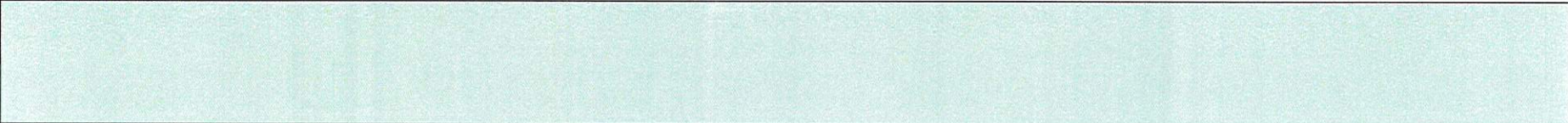


SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
SEVEN MONTHS ENDING JANUARY 31, 2023

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD						
REF LINE#		01/31/23 ACTUAL	01/31/23 BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE
	Revenue:					
[1]	Gross Patient Revenues	\$ 41,322,085	\$ 50,072,515	\$ 281,418,599	\$ 311,970,828	\$ (30,552,229)
[2]	Deductions From Revenue	(35,837,156)	(43,536,939)	(245,050,692)	(271,251,699)	26,201,008
[3]	Net Patient Revenues	5,484,928	6,535,576	36,367,907	40,719,129	(4,351,222)
[4]	IGT Revenue	-	-	-	-	-
[5]	Other Operating Revenue	784,526	557,030	5,602,131	5,376,397	225,734
[6]	Total Operating Revenues	6,269,454	7,092,606	41,970,038	46,095,525	(4,125,488)
	Expenses:					
[7]	Salaries, Benefits	4,313,000	4,849,212	31,110,490	32,648,752	1,538,262
	Contract Labor	199,814	81,072	633,340	534,234	(99,106)
	Physicians Fees	359,584	365,231	2,215,339	2,556,617	341,278
	Other Purchase Services	797,016	1,016,002	5,859,411	7,110,506	1,251,095
[8]	Purchased Serv. & Physician Fees	1,356,414	1,462,304	8,708,090	10,201,357	1,493,268
[9]	Supply Expenses	987,328	1,234,739	5,867,547	7,917,207	2,049,659
[10]	Other Operating Expenses & Clinic Loss	434,431	458,306	3,448,332	3,345,761	(102,571)
[11]	Supplimental and Grant Expense	-	-	-	-	-
[12]	Total Expenses	\$ 7,091,173	\$ 8,004,561	\$ 49,134,459	\$ 54,113,078	\$ 4,978,619
						0
[13]	EBIDA	\$ (821,719)	\$ (911,955)	\$ (7,164,421)	\$ (8,017,553)	\$ 853,131
						0
[14]	Depreciation & Interest Expense	1,153,577	1,111,637	6,899,571	7,374,870	475,299
[15]	Non-Operating Revenue/(Exp.)	578,570	1,092,982	6,049,352	7,650,872	(1,601,520)
[16]	TOTAL NET SURPLUS (LOSS)	\$ (1,396,726)	\$ (930,610)	\$ (8,014,641)	\$ (7,741,551)	\$ (273,090)

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
SEVEN MONTHS ENDING JANUARY 31, 2023

		BALANCE SHEET	
		YTD	Prior FYE
		1/31/2023	6/30/2022
ASSETS			
[1]	Current Assets	\$ 24,769,685	\$ 23,401,085
[2]	Assets Whose Use is Limited	11,763,103	12,704,494
[3]	Property, Plant & Equipment (Net)	75,251,366	73,514,801
[4]	Other Assets	587,094	503,000
[5]	Total Unrestricted Assets	112,371,249	110,123,380
[6]	Restricted Assets	0	0
[7]	Total Assets	\$ 112,371,249	\$ 110,123,380
LIABILITIES AND NET ASSETS			
[8]	Current Liabilities	\$36,072,360	\$33,649,575
[9]	Long-Term Debt	113,184,784	105,323,946
[10]	Other Long-Term Liabilities	4,852,624	2,231,626
[11]	Total Liabilities	\$ 154,109,768	\$ 141,205,147
[12]	Net Assets	\$ (41,738,519)	\$ (31,081,767)
[13]	Total Liabilities and Net Assets	\$ 112,371,249	\$ 110,123,380



KEY STATISTICS AND RATIOS

	12/31/22 ACTUAL	01/31/23 ACTUAL	01/31/23 BUDGET	2023 YTD	2022 YR END TOTAL
	FY 23	FY 23	FY 23	FY 23	FY 22
[1] Total Acute Patient Days	910	653	1,189	4,834	9,689
[2] Average Daily Census	29.4	21.1	38.4	22.5	26.5
[3] Average Acute Length of Stay	3.9	3.5	4.1	3.6	3.9
[4] Patient Discharges	235	184	293	1,350	2,502
[5] Observation Days	302	266	261	1,834	2,775
[6] Total Emergency Room Visits	3,506	3,266	3,564	25,159	39,374
[7] Average ED Visits Per Day	113	105	115	117	108
[9] Total Surgeries (Excluding G.I.'s)	107	121	133	839	855
[10] Deliveries/Births	10	6	12	79	175

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
SEVEN MONTHS ENDING JANUARY 31, 2023

	DISTRICT ONLY ACTUAL 01/31/23	CURRENT MONTH		Positive (Negative) Variance	Percentage Variance
		FY 23 ACTUAL 01/31/23	FY 23 CUR MO BUD 01/31/23		
Gross Patient Revenue					
[1] Inpatient Revenue	\$ -	\$ 15,327,216	\$ 25,745,523	\$ (10,418,307)	-68.0%
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-
[3] Outpatient Revenue	-	25,994,869	\$ 24,326,992	1,667,877	6.4%
[4] Long Term Care Revenue	-	-	-	-	-
[5] Home Health Revenue	-	-	-	-	-
[6] Total Gross Patient Revenue	\$ -	\$ 41,322,085	\$ 50,072,515	\$ (8,750,431)	-21.2%
Deductions From Revenue					
[7] Discounts and Allowances	-	(35,468,343)	\$ (41,682,911)	\$ 6,214,567	-17.5%
[8] Bad Debt Expense	-	(353,998)	\$ (1,763,309)	1,409,311	-398.1%
[9] Prior Year Settlements	-	-	\$ -	-	-
[10] Charity Care	-	(14,815)	\$ (90,719)	75,904	-512.4%
[11] Total Deductions From Revenue	-	(35,837,156)	(43,536,939)	\$ 7,699,782	-21.5%
[12]		86.7%	-86.9%		
[13] Net Patient Revenue	\$ -	\$ 5,484,928	\$ 6,535,576	\$ (1,050,648)	-19.2%
Non Patient Operating Revenues					
[14] IGT/DSH Revenues	-	-	\$ -	\$ -	0.0%
[15] Grants & Other Op Revenues	-	383,032	\$ 144,286	238,746	62.3%
[16] Clinic Net Revenues	-	-	\$ -	-	-
[17] Tax Subsidies Measure D	246,994	246,994	\$ 246,994	(0)	0.0%
[18] Tax Subsidies Prop 13	154,500	154,500	\$ 154,500	-	0.0%
[19] Tax Subsidies County Supplemental Funds	-	-	\$ 11,250	(11,250)	0.0%
Non- Patient Revenue	\$ 401,494	\$ 784,526	\$ 557,030	\$ 227,496	29.0%
Total Operating Revenue	\$ 401,494	\$ 6,269,454	\$ 7,092,606	\$ (823,152)	-13.1%
Operating Expenses					
[20] Salaries and Wages	-	3,389,453	3,915,640	\$ 526,188	15.5%
[21] Fringe Benefits	-	923,548	933,571	10,024	1.1%
[22] Contract Labor	-	199,814	81,072	(118,742)	-59.4%
[23] Physicians Fees	-	359,584	365,231	5,647	1.6%
[24] Purchased Services	8,794	797,016	1,016,002	218,985	27.5%
[25] Supply Expense	-	987,328	1,234,739	247,411	25.1%
[26] Utilities	1,625	96,716	97,492	777	0.8%
[27] Repairs and Maintenance	9,800	83,712	75,564	(8,148)	-9.7%
[28] Insurance Expense	-	114,116	122,979	8,862	7.8%
[29] All Other Operating Expenses	8	139,122	99,325	(39,797)	-28.6%
[30] Supplemental and Grant Expense	-	-	0	-	0.0%
[31] Leases and Rentals	-	765	62,946	62,181	8123.0%
[32] Clinic Expense	-	-	0	-	0.0%
[33] Total Operating Expenses	\$ 20,227	\$ 7,091,173	\$ 8,004,561	\$ 913,388	12.9%
[34] EBIDA	\$ 381,267	\$ (821,719)	\$ (911,955)	\$ 90,236	-11.0%
Interest Expense and Depreciation					
[35] Depreciation	406,450	661,981	625,347	\$ (36,634)	-5.5%
[36] Interest Expense and Amortization	355,547	491,596	486,290	(5,306)	-1.1%
[37] Total Interest & depreciation	761,996	1,153,577	1,111,637	(41,940)	-3.6%
Non-Operating Revenue:					
[38] Contributions & Other	2,030	(48,783)	466,744	(515,528)	1056.8%
[39] Tax Subsidies for GO Bonds - M-A	627,353	627,353	626,237	1,116	0.2%
[40] Total Non Operating Revenue/(Expense)	629,383	578,570	1,092,982	\$ (514,412)	-88.9%
[41] Total Net Surplus/(Loss)	\$ 248,654	\$ (1,396,726)	\$ (930,610)	\$ (466,117)	33.4%
[42] Extra-ordinary loss on Financing	-	-	-	-	-
[43] Increase/(Decrease in Unrestricted Net Assets	\$ 248,654	\$ (1,396,726)	\$ (930,610)	\$ (466,117)	33.4%
[44] Total Profit Margin	61.93%	-22.28%	-13.12%		
[45] EBIDA %	94.96%	-13.11%	-12.86%		

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
SEVEN MONTHS ENDING JANUARY 31, 2023

	YEAR-TO-DATE				
	DISTRICT ONLY			Positive (Negative) Variance	Percentage Variance
	Actual 01/31/23	Actual 01/31/23	Budget 01/31/23		
Gross Patient Revenue					
[1] Inpatient Revenue	\$ -	\$ 105,911,518	\$ 153,175,072	\$ (47,263,554)	-44.6%
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-
[3] Outpatient Revenue	-	175,507,081	\$ 158,795,756	16,711,324	9.5%
[4] Long Term Care Revenue	-	-	-	-	-
[5] Home Health Revenue	-	-	-	-	-
[6] Total Gross Patient Revenue	\$ -	\$ 281,418,599	\$ 311,970,828	\$ (30,552,229)	-10.9%
Deductions From Revenue					
[7] Discounts and Allowances	-	(238,494,902)	\$ (259,700,399)	\$ 21,205,497	8.9%
[8] Bad Debt Expense	-	(5,886,250)	\$ (10,986,086)	5,099,836	86.6%
[9] Prior Year Settlements	-	-	\$ -	-	-
[10] Charity Care	-	(669,540)	\$ (565,214)	(104,325)	-15.6%
[11] Total Deductions From Revenue	-	(245,050,692)	(271,251,699)	\$ 26,201,008	10.7%
[12]		87.1%	-86.9%		
[13] Net Patient Revenue	\$ -	\$ 36,367,907	\$ 40,719,129	\$ (4,351,222)	-12.0%
Non Patient Operating Revenues					
[14] IGT/DSH Revenues	-	-	\$ -	\$ -	0.0%
[15] Grants & Other Op Revenues	-	2,791,674	\$ 1,682,130	1,109,544	39.7%
[16] Clinic Net Revenues	-	-	\$ -	-	-
[17] Tax Subsidies Measure D	1,728,957	1,728,957	\$ 1,728,957	(0)	0.0%
[18] Tax Subsidies Prop 13	1,081,500	1,081,500	\$ 795,000	286,500	26.5%
[19] Tax Subsidies County Supplemental Funds	-	-	\$ 1,170,310	(1,170,310)	0.0%
Non- Patient Revenue	\$ 2,810,457	\$ 5,602,131	\$ 5,376,397	\$ 225,734	4.0%
Total Operating Revenue	\$ 2,810,457	\$ 41,970,038	\$ 46,095,525	\$ (4,125,488)	-9.8%
Operating Expenses					
[20] Salaries and Wages	-	24,771,093	\$ 26,205,349	\$ 1,434,257	5.8%
[21] Fringe Benefits	-	6,339,397	\$ 6,443,403	104,006	1.6%
[22] Contract Labor	-	633,340	\$ 534,234	(99,106)	-15.6%
[23] Physicians Fees	-	2,215,339	\$ 2,556,617	341,278	15.4%
[24] Purchased Services	149,032	5,859,411	\$ 7,110,506	1,251,095	21.4%
[25] Supply Expense	-	5,867,547	\$ 7,917,207	2,049,659	34.9%
[26] Utilities	14,150	748,592	\$ 820,066	71,474	9.5%
[27] Repairs and Maintenance	69,854	610,397	\$ 528,946	(81,451)	-13.3%
[28] Insurance Expense	-	867,244	\$ 860,852	(6,392)	-0.7%
[29] All Other Operating Expenses	159,379	753,852	\$ 695,273	(58,579)	-7.8%
[30] Supplemental and Grant Expense	-	-	\$ -	-	0.0%
[31] Leases and Rentals	-	468,248	\$ 440,625	(27,623)	-5.9%
[32] Clinic Expense	-	-	\$ -	-	0.0%
[33] Total Operating Expenses	\$ 392,415	\$ 49,134,459	\$ 54,113,078	\$ 4,978,619	10.1%
[34] EBIDA	\$ 2,418,042	\$ (7,164,421)	\$ (8,017,553)	\$ 853,131	-11.9%
Interest Expense and Depreciation					
[35] Depreciation	2,988,742	3,558,248	\$ 4,240,997	\$ 682,749	19.2%
[36] Interest Expense and Amortization	2,647,307	3,341,323	\$ 3,133,873	(207,450)	-6.2%
[37] Total Interest & depreciation	5,636,049	6,899,571	7,374,870	475,299	6.9%
Non-Operating Revenue:					
[38] Contributions & Other	1,398,709	1,657,880	\$ 3,267,210	(1,609,330)	-97.1%
[39] Tax Subsidies for GO Bonds - M-A	4,391,472	4,391,472	\$ 4,383,662	7,810	0.2%
[40] Total Non Operating Revenue/(Expense)	5,790,181	6,049,352	7,650,872	(1,601,520)	-26.5%
[41] Total Net Surplus/(Loss)	\$ 2,572,174	\$ (8,014,641)	\$ (7,741,551)	\$ (273,090)	3.4%
[42] Extra-ordinary loss on Financing	-	-	-	-	-
[43] Increase/(Decrease in Unrestricted Net Assets)	\$ 2,572,174	\$ (8,014,641)	\$ (7,741,551)	\$ (273,090)	3.4%
[44] Total Profit Margin	91.52%	-19.10%	-16.79%		
[45] EBIDA %	86.04%	-17.07%	-17.39%		

Balance Sheet - Assets

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

SEVEN MONTHS ENDING JANUARY 31, 2023

		ASSETS				
		DISTRICT ONLY				
		Current Month 1/31/2023	Current Month 1/31/2023	Prior Month 12/31/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2022
Current Assets						
[1]	Cash and Cash Equivalents	3,457,405	\$7,988,678	\$3,833,449	\$ 4,155,229	\$ 11,340,002
[2]	Gross Patient Accounts Receivable	\$0	\$97,807,725	\$100,229,411	\$ (2,421,686)	77,594,807
[3]	Less: Bad Debt and Allowance Reserves	\$0	(\$86,625,874)	(\$88,818,067)	\$ 2,192,194	(69,099,845)
[4]	Net Patient Accounts Receivable	\$0	\$11,181,852	\$11,411,344	\$ (229,493)	8,494,961
[5]	Taxes Receivable	\$3,403,511	\$3,403,511	\$3,978,247	\$ (574,736)	1,178,859
[6]	Other Receivables (includes advances)	660,465	\$736,402	\$821,304	\$ (84,902)	738,141
[7]	Inventories	\$0	\$2,440,789	\$2,384,635	\$ 56,155	2,297,204
[8]	Prepaid Expenses	126,169	\$1,069,933	\$822,748	\$ 247,185	1,197,395
[9]	Due From Third Party Payers-DSH	\$0	(\$2,051,479)	(\$1,332,477)	\$ (719,002)	(1,845,477)
[10]	Malpractice Receivable	\$0	\$0	\$0	\$ -	-
[11]	Supplimental Receivables	\$0	\$0	(\$0)	\$ 0	-
	Total Current Assets	7,647,550	24,769,685	21,919,249	\$ (736,481)	\$ 23,401,085
Assets Whose Use is Limited						
[12]	Cash					
[13]	Investments					
[14]	Bond Reserve/Debt Retirement Fund	\$11,763,103	\$11,763,103	\$11,732,131	\$ 30,973	12,704,494
[15]	Trustee Held Funds					
[16]	Funded Depreciation					
[17]	Board Designated Funds					
[18]	Other Limited Use Assets					0
	Total Limited Use Assets	11,763,103	11,763,103	11,732,131	\$ (223,324)	\$ 12,704,494
Property, Plant, and Equipment						
[19]	Land and Land Improvements	4,828,182	4,828,182	4,828,182	\$ -	\$ 4,828,182
[20]	Building and Building Improvements	129,281,491	129,281,491	129,281,491	\$ -	129,281,491
[21]	Equipment	27,119,506	29,994,174	29,877,793	\$ 116,381	26,856,789
[22]	Construction In Progress	2,354,778	2,354,778	2,353,203	\$ 1,576	1,694,007
[23]	Capitalized Interest					
[24]	Gross Property, Plant, and Equipment	163,583,958	166,458,626	166,340,669	\$ 117,957	162,660,469
[25]	Less: Accumulated Depreciation	(\$91,207,260)	(\$91,207,260)	(\$90,800,810)	\$ (406,450)	(89,145,667)
[26]	Net Property, Plant, and Equipment	72,376,698	75,251,366	75,539,859	\$ (475,050)	\$ 73,514,801
Other Assets						
[27]	Unamortized Loan Costs	\$627,385	\$587,094	\$589,683	\$ (2,589)	\$ 614,440
[28]	Assets Held for Future Use		\$0	\$0	\$ -	485
[29]	Investments in Subsidiary/Affiliated Org.	\$26,205,242	\$0	\$0	\$ -	(111,925)
[30]	Other					
[31]	Total Other Assets	26,832,626	587,094	589,683	\$ (2,589)	\$ 503,000
[32]	TOTAL UNRESTRICTED ASSETS	118,619,978	112,371,249	109,780,922	\$ 2,590,327	\$ 110,123,381
Restricted Assets						
		0	0	0	0	0
[33]	TOTAL ASSETS	\$118,619,978	\$112,371,249	\$109,780,922	\$ 2,590,327	\$ 110,123,381

Balance Sheet - Liabilities and Net Assets
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
SEVEN MONTHS ENDING JANUARY 31, 2023

	DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
	Current Month 1/31/2023	Current Month 1/31/2023	Prior Month 12/31/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2022
Current Liabilities					
[1] Accounts Payable	\$ 506,662	\$ 11,298,723	\$ 11,309,352	\$ 10,628	\$ 10,600,622
[2] Notes and Loans Payable (Line of Credit)	-	6,000,000	6,000,000	\$ -	12,000,000
[3] Accounts Payable- Tax advance	-	-	-	\$ -	-
[4] Accrued Payroll Taxes	-	6,146,096	5,112,316	\$ (1,033,780)	5,597,527
[5] Accrued Benefits	-	-	-	\$ -	-
[6] Accrued Benefits Current Portion	-	-	-	\$ -	-
[7] Other Accrued Expenses	-	-	-	\$ -	-
[8] Accrued GO Bond Interest Payable	2,550,184	2,550,184	2,183,248	\$ (366,936)	2,526,756
[9] Lease Liabilities	-	3,738,925	3,803,595	\$ 64,670	4,259
[10] Due to Third Party Payers (Settlements)	-	3,417,500	3,417,500	\$ -	-
[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	-	585,931	585,671	(260)	585,411
Total Current Liabilities	5,391,846	36,072,360	34,746,682	\$ (1,325,678)	33,649,575
Long Term Debt					
[15] Bonds/Mortgages Payable (net of Cur Portion)	96,487,744	\$101,432,619	\$ 101,878,428	\$ 445,809	\$ 103,030,598
[16] Leases Payable (net of current portion)	\$11,752,165	\$11,752,165	\$11,765,791	\$ 13,626	\$2,293,348
[17] Total Long Term Debt (Net of Current)	108,239,909	113,184,784	113,644,219	\$ 459,435	105,323,946
Other Long Term Liabilities					
[18] Deferred Revenue	-	-	-	-	-
[19] Accrued Pension Expense (Net of Current)	-	-	-	-	-
[20] Other-Bridge Loan	0	4,852,624	2,231,628	\$ (2,620,996)	2,231,628
[21] Total Other Long Term Liabilities	0	4,852,624	2,231,628	(2,620,996)	2,231,628
TOTAL LIABILITIES	\$ 113,631,755	\$ 154,109,768	\$ 150,622,528	\$ 3,487,240	\$ 141,205,148
Net Assets:					
[22] Unrestricted Fund Balance	2,416,049	(33,723,878)	\$ (33,723,878)	\$ -	\$ (25,347,940)
[23] Temporarily Restricted Fund Balance	-	-	-	-	-
[24] Restricted Fund Balance	-	-	-	-	-
[25] Net Revenue/(Expenses)	2,572,174	(8,014,641)	(7,117,728)	(896,913)	(5,733,827)
[26] TOTAL NET ASSETS	4,988,223	(41,738,519)	\$ (40,841,606)	\$ (896,913)	\$ (31,081,767)
[27] TOTAL LIABILITIES AND NET ASSETS	\$ 118,619,978	\$ 112,371,249	\$ 109,780,922	\$ 2,590,327	\$ 110,123,381
	\$ (0)	\$ (0)	\$ 0	\$ 0	\$ -

Statement of Cash Flows

SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA SEVEN MONTHS ENDING JANUARY 31, 2023

		CASH FLOW	
		Current Month 1/31/2023	
HEALTHCARE SYSTEM CASH FLOW			
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$	376,059
[2]	Cash: Beginning Balances- DISTRICT		3,457,405
[3]	Cash: Beginning Balances TOTALS	\$	3,833,464
Receipts			
[4]	Pt Collections	\$	6,032,937
[5]	Tax Subsidies Measure D/Prop 13		1,436,174
[6]	Misc Tax Subsidies		-
[7]	Donations/Grants		-
[8]	IGT & other Supplemental (Net)		-
[9]	Draws/(Paydown) of LOC Balances		-
[10]	Other Misc Receipts/Transfers		3,004,028
	TOTAL RECEIPTS	\$	10,473,139
Disbursements			
[11]	Payroll/ Benefits	\$	4,313,000
[12]	Other Operating Costs		1,842,906
[13]	Capital Spending		0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		
[15]	Other (increase) in AP /other bal sheet		164,028
[16]	TOTAL DISBURSEMENTS	\$	6,317,925
[17]	TOTAL CHANGE in CASH	\$	4,155,214
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$	4,531,273
[19]	Ending Balances- DISTRICT		3,457,405
[20]	Ending Balances- TOTALS	\$	7,988,678
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$	6,000,000
			\$96,000

TAB G

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Item for February 28, 2023 Finance Committee and March 7, 2023 Board Meetings

Subject:

Recommendation to Enter 5-year Software Lease with Premier, Inc for Budgeting, Financial Reporting, and Forecasting System

San Gorgonio Memorial Healthcare District & Hospital have been using an Excel based worksheet system to perform these functions. This process is quite cumbersome and has very limited budgeting and reporting flexibility. Many hospitals have developed a comprehensive system to accomplish all these features via a proprietary software product. Having a system like this is essential for good budget development and subsequent comparisons to actual outcomes both at a hospital-wide level as well as robust reporting for individual departments.

Process: A Request for Information and Proposal was delivered to five vendors in late October 2022. Numerous phone conversations were held between each vendor and the Hospital CFO to address questions and clarify expectations. Three vendors expressed interest in making a presentation, and two vendors actually followed through with comprehensive proposals and presentations during the 4th week of January. The two vendors which made presentations are both leaders in the hospital industry and are recognized by industry experts.

Recommendation: The proposals were reviewed by the Executive Team, Director of E.R., Controller, and Director of I/T. Subsequent follow-up validations, reference checks, and confirmations were made after the original presentations. After these were completed, it was decided to select Premier, Inc. as the vendor of choice. The product specifications and capabilities appear robust and comprehensive, and the product pricing is competitive. Premier has over 100 hospitals using this software.

Note: Premier, Inc. also has other Decision Support software which will integrate with the Budgeting/Financial Reporting System, including Analytics, Contract Modeling, and Cost Accounting. SGMH does not currently have the staff or financial resources to consider these additional applications.

Details: The contract calls for a 5-year agreement at a total cost of \$313,880 plus related taxes and travel costs related to the installation. An outline of these costs is attached as an Exhibit.

There will also be additional interface costs associated with this project to migrate data elements, both from Altera Suncom and Kronos Dimensions systems. These interfaces are currently being analyzed and are anticipated not to exceed \$75,000 combined.

The program installation is scheduled to commence immediately with the goal of preparing the FY 2024 Budget on this new system.

Recommended Action: To approve acquisition of the Premier, Inc. Budgeting and Financial Reporting Solution as outlined.

Exhibits: System Financial Requirements, Premier Company Overview, Premier Budget, Financial Reporting & Forecasting Exhibit, and Summary of the Premier Solutions for San Gorgonio Memorial Hospital.

DECISION SUPPORT BUDGETING AND FINANCIAL REPORTING ANALYSIS

VENDOR:	Premier Inc.						
INVESTMENT COSTS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	
BUDGETING AND FINANCIAL REPORTING SYSTEM	\$ 62,776	\$ 62,776	\$ 62,776	\$ 62,776	\$ 62,776	\$ 313,880	
I/T SYSTEM ALTERA and KRONOS INTERFACES (ESTIMATED)	\$ 75,000	\$ -	\$ -	\$ -	\$ -	\$ 75,000	
TRAVEL COSTS ASSOCIATED W/ INSTALLATION (ESTIMATED)	\$ 6,000	\$ -	\$ -	\$ -	\$ -	\$ 6,000	
TOTAL PROGRAM COSTS (EXCLUDING TAXES)	\$ 143,776	\$ 62,776	\$ 62,776	\$ 62,776	\$ 62,776	\$ 394,880	

ABOUT PREMIER

Premier, Inc. (NASDAQ: PINC) is a leading healthcare improvement company, uniting an alliance of more than 4,400 U.S. hospitals and health systems and approximately 225,000 other providers and organizations to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, consulting and other services, Premier enables better care and outcomes at a lower cost. Premier maintains clinical, financial and outcomes data on more than 45% of U.S. hospital discharges and receives over two (2) million clinical transactions per day from our members. Premier plays a critical role in the rapidly evolving healthcare industry, collaborating with members to co-develop long-term innovations that reinvent and improve the way care is delivered to patients nationwide. Another thing that makes Premier unique is our business model:

- Approximately 51% of our health system members have equity in our company.
- Five (5) health system members are representatives on our board.
- Approximately 500 Premier employees work daily inside our member health systems across the U.S.
- ALL of the above, results in strategic relationships and aligning priorities.

Headquartered in Charlotte, N.C., Premier is passionate about transforming American healthcare. Named by The Ethisphere® Institute as one of the 2021 World's Most Ethical Companies® for the 15th year in a row, Premier was selected for continuing to “understand the importance of leading, making hard but values-based decisions and its overall commitment to integrity.” Premier’s network is wide and vast. The image below is a small sampling of the health systems we partner with.



PREMIER'S UNIQUE MEMBER MODEL DRIVES INNOVATION



ALIGNMENT

- Significant health system member ownership
- Alliance of ~4,400 hospitals, and 225,000 Non-Acute Sites
- Strategic board alignment
- Premier field force embedded in member health systems

LONG-TERM EXPERIENCE

- Member owner tenure averages ~20 years

CO-INNOVATION

- Co-develop solutions with members
- Committees composed of ~400 individuals, representing ~130 member hospitals
- More than 1,500 hospitals in performance improvement collaboratives

Premier's Unique Member Alignment



Premier has also now topped KLAS' value-based care consulting ranking for a third year. The award was announced recently in the 2022 Best In KLAS: Software & Services Report, which is based on feedback from thousands of healthcare providers that KLAS interviews every year. Premier was previously awarded this Best in KLAS designation in 2016 and 2017. [Premier Inc. Receives 2022 Best in KLAS Award for Value-Based Care Consulting.](#)



Mission

To improve the health of communities.



Vision

Through the collaborative power of the Premier alliance, we will lead the transformation to high-quality, cost-effective healthcare.

Integrity: integrity of the individual, the enterprise and the alliance

Passion for performance: a passion for performance and a bias for action, creating real value for all stakeholders and leading the pace

Innovation: seeking breakthrough opportunities, taking risks and initiating meaningful change

Focus on people: demonstrating respect for all, and mutual commitment to the success of the alliance, our employees, our business partners and the communities we serve

Our award-winning and revolutionary technologies enable our members to collaborate more easily and efficiently. Our goal is to improve our members' quality outcomes, while safely reducing costs. By engaging members and revealing new opportunities, we empower the alliance to improve the performance of healthcare organizations, helping them do what they do best, Heal First™.



Premier is customer-aligned. I believe Premier lives the mission of trying to bring value to their members. Premier is very strong from everybody I interact with.

~ Premier member health system C-suite executive (from Premier's 2020 CEO Satisfaction & Loyalty Survey)



Budget, Financial Reporting & Forecasting

Budget, Financial Reporting & Forecasting

Value-based care requires strategic thinking.

The transition to value-based care and reimbursement is one of, if not *the* greatest business challenges in healthcare today.



**Optimizing
Cross-Structure**



**Maintaining
Quality &
Outcomes**

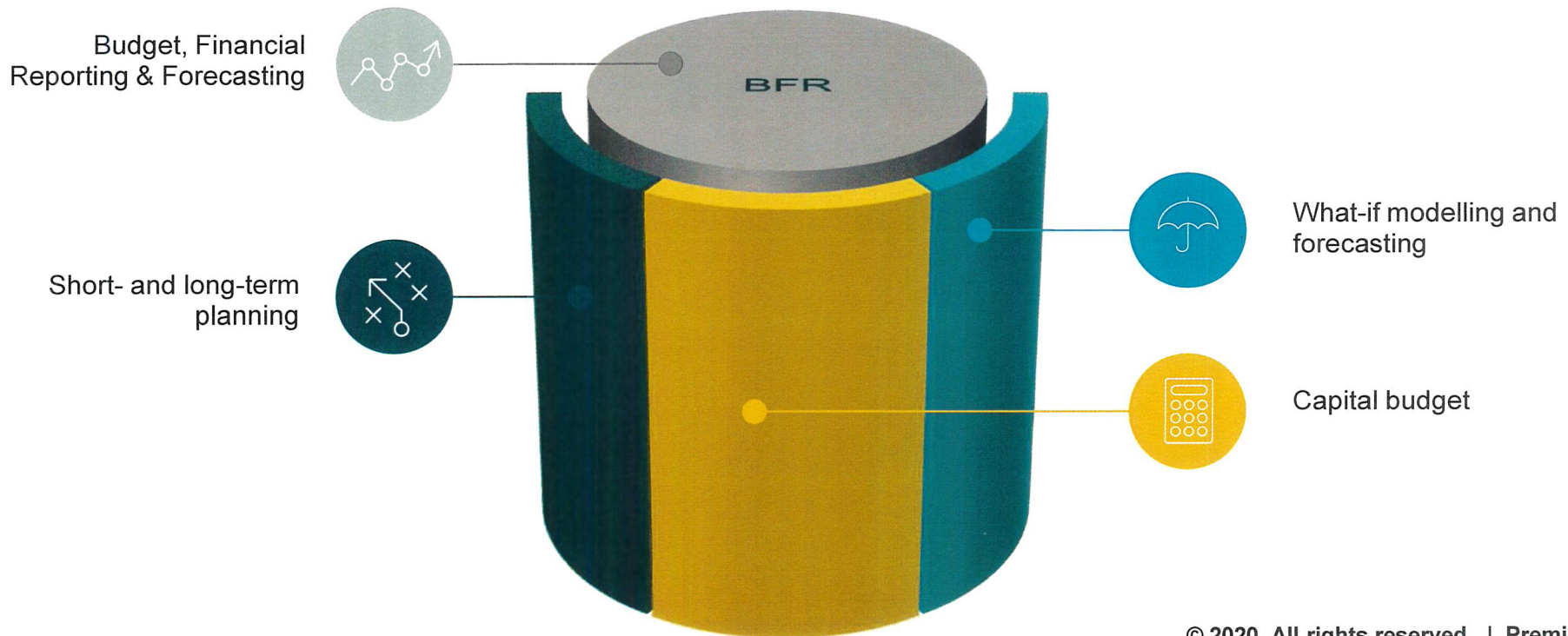


**Maximizing
Value-Based
Care**

Expectations are changing and in order to keep up, health systems need to optimize their cross-structure while still providing the highest level of quality and outcomes.

Budget, Financial Reporting & Forecasting

Budgeting & Financial Reporting offers financial planning and analysis, performance monitoring and reporting tools that provide all levels of your organization's leadership with the information they need to make timely and informed decisions.

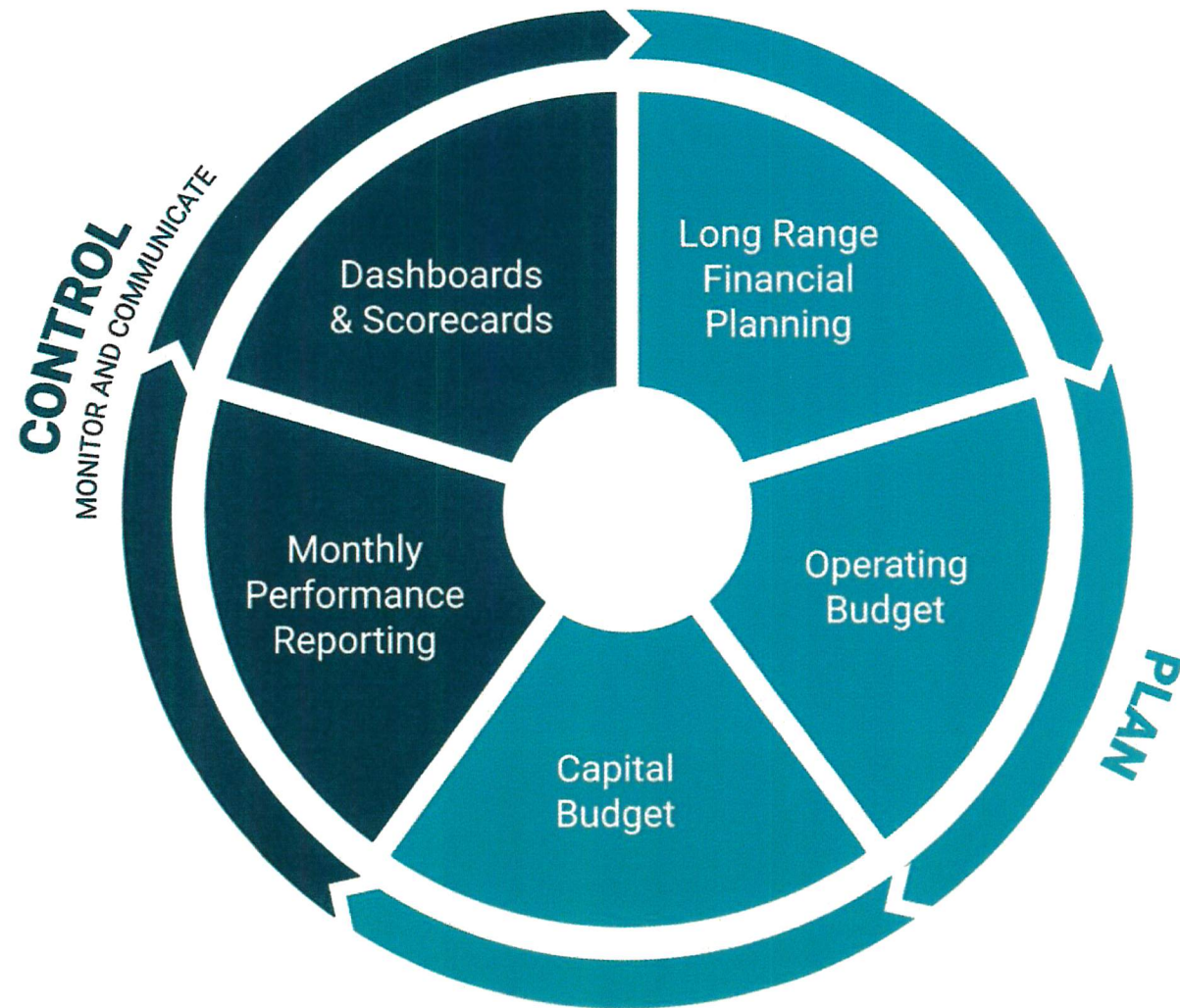


Budget, Financial Reporting & Forecasting

Comprehensive Planning and Monitoring

A strong finance organization incorporates a strategic approach to planning and monitoring

The process becomes a “virtuous circle”



Financial Planning and Analysis Capabilities

Problems we are addressing:

- My budget process is too time consuming and my managers don't feel they have ownership of their numbers
- My department managers do not have access to the source of their variances
- Finance spending too much time budgeting via Excel spreadsheets

Capabilities:

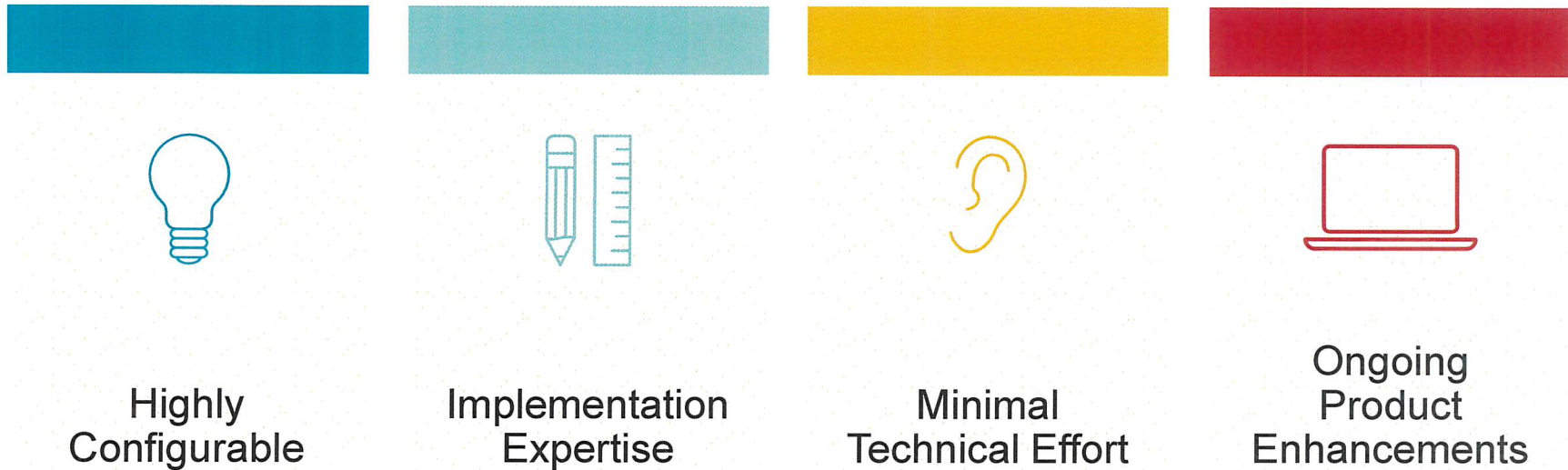
- Budgeting
- Long-range financial planning
- Financial reporting
- Variance reporting alerts (threshold-based)

Value Points:

- Data aggregation creates single source of truth
- Centralized database increases efficiency and reduces errors
- Drill-down visibility into supporting AP/JE/MM details of expense variances
- Streamlined and distributed budgeting process saves time and provides ownership to department managers

Budget, Financial Reporting & Forecasting

Value beyond the implementation of a tool.



Average Implementation timeline: 6-8 weeks to initial productive use



This Solution Exhibit (the "Solution Exhibit"), effective as of March 7, 2023, is being entered into by and between Premier Healthcare Solutions, Inc. ("Premier"), and San Gorgonio Memorial Hospital ("Customer") pursuant and subject to the Performance Suite™ Solution Subscription Agreement (as amended, the "Agreement") entered into by the parties as of March 7, 2023. Capitalized terms used but not defined herein shall have the same meanings as set forth in the Agreement.

I. SUMMARY OF THE SOLUTIONS

This Solution Exhibit, together with any Solution Specific Terms attached hereto and made a part hereof, contains the terms and conditions applicable to the Solution(s) identified in the chart below, and each shall be considered a "Solution" as defined in the Agreement.

SOLUTION(S)	SOLUTION SPECIFIC TERMS
- Budgeting and Financial Reporting	Schedule 1

II. TERM

The applicable term for the Solution(s) shall commence as of the Start Date identified below and shall continue until the End Date, identified below (the "Initial Term"). Upon expiration of the applicable Initial Term, Customer's subscription to such Solution(s) shall automatically renew for successive periods equal in length to the Initial Term (each a "Renewal Term", and together with the Initial Term, the "Term"), unless a party delivers written notice to the other party of its intent not to renew the applicable Solution(s) no fewer than ninety (90) days prior to the end of the then current Term.

SOLUTION(S)	START DATE	END DATE	INITIAL TERM
Budgeting and Financial Reporting	3/7/2023	3/6/2028	5 Years

III. FEES

- A. Solution Fees. The fees applicable to the Solution(s) during the Initial Term are identified in Table 1 below. During any Renewal Term, the fees shall increase annually by 3%.
- B. Expenses. Customer shall reimburse Premier for out-of-pocket and travel expenses incurred in connection with the Solutions (the "Premier Expenses"). The Premier Expenses shall be in accordance with the Premier Corporate Travel Policy. Expenses will be invoiced monthly as incurred.

Table 1 Solution(s)	Y1	Y2	Y3	Y4	Y5
	3/7/2023 – 3/6/2024	3/7/2024 – 3/6/2025	3/7/2025 – 3/6/2026	3/7/2026 – 3/6/2027	3/7/2027 – 3/6/2028
Budgeting and Financial Reporting	\$62,776	\$62,776	\$62,776	\$62,776	\$62,776
YEARLY TOTALS	\$62,776	\$62,776	\$62,776	\$62,776	\$62,776

IV. BILLING INFORMATION

Billing Contact Name:	Margaret Kammer, Controller	PO Required:	Yes
Billing Email Address:	mkammer@sgmh.org	PO Number*:	
Billing Address:	600 Highland Springs Ave, Banning, CA 92220	Contact Information for PO:	Robert Perez, Director, Materials Management
Billing Frequency:	Monthly	Travel Receipts Required:	Yes
Payment Terms:	30 Days		

* Purchase Order (PO) to be emailed to Invoiceinquiries@Premierinc.com within 30 days of contract execution. If PO is not provided, invoicing will commence without the PO.

V. AUTHORIZED USERS

Only Authorized Users are permitted to access and use the Solution(s). The term "Authorized Users" means the employees of the following Customer facilities:

Entity Code	Customer Facilities	City, State	CCN
727360	San Gorgonio Memorial Hospital	Banning, CA	050054

SCHEDULE 1**1. Budgeting and Financial Reporting**

- a. **Description of Solution.** Budgeting and Financial Reporting is a financial performance improvement solution that offers flexible budgeting, capital budgeting, long range financial planning, labor management, productivity monitoring, alert-based monitoring along with scorecard and dashboard capabilities. Budgeting and Financial Reporting provides Customer with the ability to build multiple organizational reporting structures, departmental financial reporting vs. fixed and flex budgets, alert driven variance reporting, financial statement drill-down to source detail, labor management/productivity with drill-down to source detail, standard report library (consisting of approximately one-hundred reports), "what-if" modeling, operating budget, capital budget, long term financial planning, dashboards and scorecards
- b. **Implementation On-Site Visits.** Customer will receive four (4) on-site visits which includes the kick-off visit. Additional visits require an additional fee.
- c. **Additional Implementation Related Fees:**
 - If Customer requests additional historical data to be loaded from the same interface beyond the standard "2" years of history, an additional fee will be charged.
 - If Customer requests additional historical or future data be loaded from a different interface from a separate legacy system, an addition fee will be charged.
 - If Customer requests additional entities that need to be interfaced from a different legacy system, have a different chart of accounts or have a different fiscal year, an additional fee will be charged.
- d. **Enhancements.** Customer's subscription to BFR shall include unlimited users, dashboards, financial planning, and migration to the Cloud.
- e. **Ad Hoc Reporting Fee.** If Customer requests Ad Hoc reports to be run by Premier then a fee of \$150 per hour will be charged. The hours charged are defined as the labor hours required to write the queries, audit the data, and complete the requested analysis.
- f. **Statement of Work.** If Customer requests additional assistance pertaining to this Solution Exhibit which is outside the scope of this Solution Exhibit, Premier will review with the Customer the scope of work, identifying the specific requests and requirements and create a "Statement of Work" outlining the scope discussed with the proposed fees.

TAB H

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: February 15, 2023

TO: Susan DiBiasi, Chair
Governing Board

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

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

2023 Annual Approval of Policies & Procedures

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

SAN GORGONIO MEMORIAL HOSPITAL

2023 ANNUAL APPROVAL OF POLICIES & PROCEDURES

Title	Policy Area	Revised?
Diagnostic Imaging Department Cleaning	Diagnostic Imaging	Revised
Diagnostic Imaging Department Safety	Diagnostic Imaging	Revised
Identification of Syringe Contents	Diagnostic Imaging	Revised
Lead Shielding Maintenance	Diagnostic Imaging	Revised
Monitored Interventional Radiology Procedures	Diagnostic Imaging	Revised
Transfer of Hospitalized Patients for Higher Level of Care	Case Management	Revised

TAB I

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting March 7, 2023

	Title	Policy Area	Owner	Workflow Approval
1	ABG Critical Values	Respiratory Therapy	Hudson, Tracie: Director Nursing Resources	Ariel Whitley for Hospital Board of Directors
2	Access, Labeling and Shut Off of the Piped Medical Gas System	Environment of Care	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
3	ALARA Investigation Memo	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
4	Allens Test	Respiratory Therapy	Hudson, Tracie: Director Nursing Resources	Ariel Whitley for Hospital Board of Directors
5	Associate and Providers Disaster Procedures	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
6	Bipap Ventilatory Support System	Respiratory Therapy	Hudson, Tracie: Director Nursing Resources	Ariel Whitley for Hospital Board of Directors
7	Blood Gas Competency Testing	Respiratory Therapy	Hudson, Tracie: Director Nursing Resources	Ariel Whitley for Hospital Board of Directors
8	Blood Gas Machine Method Comparison (Correlation) Studies	Respiratory Therapy	Hudson, Tracie: Director Nursing Resources	Ariel Whitley for Hospital Board of Directors
9	Blood Gas Reference Ranges	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
10	Bomb Threat - Code Yellow	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
11	Cafeteria Menu	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
12	Cleaning and Sterilization of Respiratory Equipment	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
13	Diagnostic Imaging Preventative Maintenance	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
14	Disposable Humidifier	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting March 7, 2023

	Title	Policy Area	Owner	Workflow Approval
15	Dual Relationship	Behavior Health	Maciel, Christian: Director of BHC	Ariel Whitley for Hospital Board of Directors
16	Engineering Department - Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
17	Laboratory Services Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
18	Management of Tracheostomy Tube Problems	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
19	Maternal-Child Health/Obstetrics Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
20	Nebulizer Treatments or Continuous Aerosol Treatments	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
21	Rejected Blood Gas Specimens	Respiratory Therapy	Hudson, Tracie: Director Nursing Resources	Ariel Whitley for Hospital Board of Directors
22	Security Department - Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
23	Tracheal Suction - In Line Suction Catheter	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors

TAB J

WE'RE READY WHEN YOU NEED US

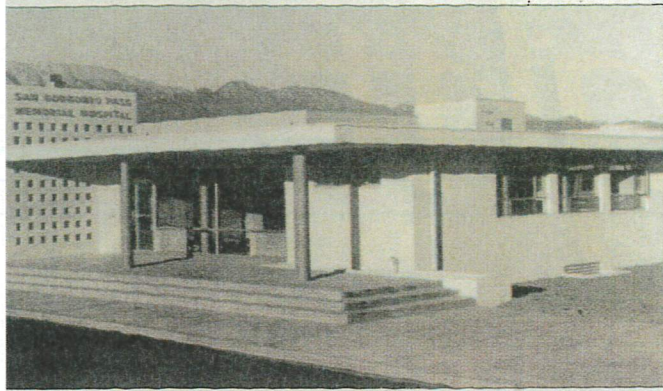


SAN GORGONIO
MEMORIAL HOSPITAL

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

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

San Gorgonio Memorial Hospital – history of healthcare excellence



up of civic-minded
Beaumont citi-
establish a living
veterans who had
ld wars I and II. A
campaign began,
mayors from the
appointed five
ers to form the
Pass Memorial
district Central

were assumed by the newly
formed San Gorgonio Memorial
Hospital Corporation, a nonprofit
public benefits entity. The corpo-
rate board of 13 members, includ-
ing the 5-member district board,
was formed. The San Gorgonio
Memorial Healthcare District
remained as the owner of faciliti-
ties leased to the nonprofit oper-
ating corporation.

dedication of the
Pass Memorial
place on March 4,
0-square-foot hos-
medical and sur-
0 maternity beds.
prior to the open-
tal, a group of 40
formulate plans
dedicated to
al — and the aux-
ed in March 1951.



In 1991 the hospital celebrated
its 40th birthday with a re-dedica-
tion to all who have died in wars
since WWII. The word “Pass” was
dropped from the name, and the
facility became known as San
Gorgonio Memorial Hospital
(SGMH).

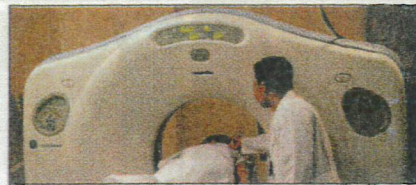
In 1999, the surgical suites and
med/surg rooms were remodeled,
complete with new air condition-
ing units, furniture and wall cov-
erings. Vision '97 began by
expanding the emergency depart-
ment to include two urgent care
rooms and reconfiguring the reg-
istration area. The next year, 16
medical and surgical beds were
relicensed as a transitional care
unit.



The Diagnostic Imaging
Center underwent a complete
remodeling in 2000. New equip-

ment included a digital radi-
ographic/fluoroscope system
with a dual-slice spiral CT scan-
ner, bringing state-of-the-art
equipment to the area.

The 15,000-square-foot
Women’s Center opened in 2003
with 15 patient beds, bringing the
total number of beds at SGMH to
79. The Women’s Center offers
obstetrics and many other gynec-
ological services.



In March 2006, the community
overwhelmingly passed a general
obligation bond for \$108 million
that will fund the construction of
a new emergency department
and intensive care unit, helicop-
ter pad, central plant and other
services.

A 64-slice CT scanner includ-
ing a picture archiving and com-
munication system (PACS) was
installed in January of 2008. This
replaced the 2-slice CT scanner
that was purchased in 2000.

Also, in January 2008, SGMH
installed the first phase of a new
electronic health record (EHR)
system throughout the hospital.
This system gave the capability
such as but not limited to: a voice-
recognition transcription system
in radiology, nursing dictation,
pharmaceutical records to
reduce medication errors, and a
billing process for timely and
accurate billing.

Construction of the much-
needed San Gorgonio Memorial
Hospital helipad began in April
2007. Air ambulance helicopters
previously used Highland
Springs Avenue as a landing area
to deliver and pickup patients in



critical condition. The helipad is
on the east side of the hospital
property near the Emergency
Department. The structure is
about eight feet above ground
and has a spiral walkway, ensur-
ing patients are transported safe-
ly to and from the hospital. The
project was approved by the
Caltrans Aeronautical Division.

SGMH’s first patient was care-
flighted out on Feb. 29, 2008.

The construction began on the
emergency department and
intensive care unit building in
winter 2010 and was finished in
winter 2012. SGMH began to see
patients in the new ED/ICU in
spring 2013. The new ED more
than doubles the number of avail-
able beds — from 10 to 23. The
number of ICU beds nearly
tripled — from 6 to 16. The new
ED has private rooms, and the
ICU, which occupies the second
floor, has rooms large enough for
families to stay overnight.

San Gorgonio Memorial
Hospital continues to expand and
diversify its services to better
meet the needs of its communi-
ties in the ever-changing health-
care environment.

SGMH is well-equipped to con-
tinue to serve a diverse popula-
tion, ranging from those giving
birth to the frail elderly.

Its staff members provide
healthcare for each patient,
addressing and answering
patient’s needs individually as
valued members of the communi-
ty.

SGMH ensures the local avail-
ability of quality, primary, com-
munity healthcare.



o 1981, several
cts increased the
spital to 41,000
hospital offered
are unit, emer-
ment, laboratory,
lear medicine,
7, dietary servic-
g, and purchasing
e. By 1981, there
feasibility study
a 72,000-square-
s needed to han-
ure needs of the
hrough 1990.
on began.
9 years, the inde-
Gorgonio Pass
thcare District
pital through a 5-
l district board.
spital operations



Call For More Information
(951) 845-1121

Since 1951, San Geronio Memorial Hospital has been dedicated providing safe, high-quality, personalized healthcare services.

OUR HIGH-QUALITY HEALTHCARE SERVICES INCLUDE:

- Emergency Services
- Surgical Services
- Robotic Surgery - NEW!
- Cardiology
- Urology
- Pulmonology
- Teleneurology
- Gastroenterology
- Hospitalist Services
- Obstetrics & Gynecology
- Behavioral Health
- Cardiac Rehabilitation
- Clinical Laboratory
- Intensive Care
- Nutritional Services
- Advanced Imaging
- Orthopedic Services
- Physical Therapy
- Social Services

Geriatric Accredited Emergency Department

****Designated Stroke Center - Coming Fall 2023!****



Address : 600 N Highland Springs Ave, Banning, CA 92220
Phone : (951) 845-1121 | Website : www.sgmh.org