SAN GORGONIO MEMORIAL HOSPITAL

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
Tuesday, July 28, 2026
4:00 PM

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

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

			TAB
I.	Call to Order	S. DiBiasi, Chair	
II.	Public Comment		

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

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

OLD BUSINESS

III.	***Proposed Action - Approve Minutes**	S. DiBiasi	
	▪ June 30, 2026, Regular Meeting		A

NEW BUSINESS

IV.	Hospital Board Chair Monthly Report	S. DiBiasi	verbal

V.	CEO Monthly Report	C. Bjornberg	verbal
VI.	August, September and October Board/Committee Meeting Calendars	S. DiBiasi	B
VII.	Phreesia Overview – Presentation	C. Clark	C
VIII.	Foundation Report	V. Hunter	D
IX.	Quarterly Construction Update	J. Peleuses	E
X.	Committee Reports:		
▪	Human Resources Committee o Reports	S. DiBiasi/ A. Karam	F
XI.	*** Proposed Action – Recommend Approval to the Healthcare District Board of Associate Holiday Gift Cards** ▪ **ROLL CALL**	A. Karam	G
XII.	*** Proposed Action – Adopt Resolution No. 2026-08** ▪ **ROLL CALL**	A. Karam	H
XIII.	*** Proposed Action – Adopt Resolution No. 2026-09** ▪ **ROLL CALL**	A. Karam	I
XIV.	Future Agenda Items		
XV.	**ADJOURN**	S. DiBiasi	

***Action Required**

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

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Certification of Posting

I certify that on July 24, 2026, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors (*Government Code Section 54954.2*).

Executed at Banning, California, July 24, 2026

Ariel Whitley

Ariel Whitley, Executive Assistant

TAB A

MINUTES: Not Yet Approved by Board

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

June 30, 2026

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, June 30, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: Pat Brown, Darrell Petersen

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

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:07 pm.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action - Approve Minutes **May 26, 2026, Regular Meeting**	Chair Susan DiBiasi asked for any changes or corrections to the minutes of the following meetings: • May 26, 2026, Regular Meeting There were none.	**The minutes presented for approval will stand correct.**
NEW BUSINESS		
Hospital Board Chair Monthly Report	Chair DiBiasi thanked Steve Rutledge for his contributions to the board as the Vice Chair. Steve Rutledges second full term ended June 30.	
CEO Monthly Report	Chris Bjornberg, CEO, onboarding and strategic priorities centered on quick-impact initiatives based on the 80/20 rule to tackle the most significant issues rapidly. Chris reported that he engaged with directors to identify top areas for immediate improvement, focusing on market leakage, expense control, and maximizing supplemental payments. Chris identified a need to better support staff, promoted internally by providing tools and resources for their new roles, addressing a known gap in healthcare leadership development. A strategic roadmap for the upcoming year is being developed to provide clear direction aligned with these priorities.	

AGENDA ITEM		ACTION / FOLLOW-UP
August, September, and October Board/Committee meeting calendars	Calendars for August, September, and October were included on the board tablets.	
Quarterly Patient Care Services Report - Informational	The quarterly patient care services report was included on the board tablets as informational.	
FYE 2027 Operating and Capital Budget – Discussion	The board reviewed a detailed 2027 operating and capital budget projecting a net income loss of $8 million this year with a budgeted turnaround to a favorable $4 million next year, reflecting an ambitious but structured financial recovery plan. It is noted that Tenet will solicit and consider input from the Hospital Corporation.	
Future Agenda Items	None.	
Adjourn	The meeting was adjourned at 4:43 pm.	

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

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B

SAN GORGONIO MEMORIAL HOSPITAL

August 2026

Board of Directors Calendar

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

SAN GORGONIO MEMORIAL HOSPITAL

September 2026

Board of Directors Calendar

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

SAN GORGONIO
MEMORIAL HOSPITAL

October 2026

Board of Directors Calendar

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

TAB C

Phreesia | Access. A Phreesia Company

Demo Prepared for SGMH

KLAS CATEGORY LEADER PATIENT INTAKE MANAGEMENT 2019 · BEST IN KLAS PATIENT INTAKE MANAGEMENT 2020 · BEST IN KLAS PATIENT INTAKE MANAGEMENT 2021 · BEST IN KLAS PATIENT INTAKE MANAGEMENT 2022

Rated #1 in Patient Intake Management

April 2026

SUPPORTING HEALTH SYSTEMS LIKE SGMH FOR NEARLY 20 YEARS

Vast footprint

170 MILLION patient check-ins are across **4,300+ clients** powered by Phreesia annually

TRANSLATING TO

visits nationally

Deep product investments

$100M+

Annual R&D budget

- Save time for staff and providers
- Drive revenue
- Engage patients in new ways
- Prioritize privacy, security and infrastructure

Unmatched support

2,000+ Phreesians

here to provide a superior partner relationship, including

- **700+** Product & Engineering
- **250+** Client Success
- **150+** Implementation
- **150+** Support

r2 RISK-BASED 2-YEAR HITRUST CERTIFIED

pci Certified Level 1 Service Provider

AICPA SOC

Publicly traded on the NYSE

PHR LISTED NYSE

QUESTIONS YOU MAY HAVE

What is the staff and patient experience with eForms?

How do we create and edit new eForms?

What other solutions does Phreesia have?

Can we add solutions as we go?

How does Phreesia work with Altera?

SIMPLIFY FORMS MANAGEMENT ACROSS THE CARE JOURNEY

Manage informed consents during pre-admission testing

Capture patient e-signatures on **MRI Screening Questionnaires**

Sign Important Message from Medicare forms at the bedside

Collect patient e-signatures at the **point of registration** and automatically index into EHR

Digitize back-office forms for materials management or claims submission workflows

ENGAGING PATIENTS ACROSS THEIR CARE JOURNEY

Workflows Include:

- Outpatient Physician Visits
- Urgent Care
- Emergency
- Hospital Admissions
- PAT/Surgery
- Ancillary Services

Scheduled Patients

Walk-Ins

A PLATFORM THAT GOES BEYOND DEPARTMENTS AND TEAMS

Forms Management & eSig

- Customizable form library
- Embedded launch in Expanse
- eSignature viewer
- Pre-populated fillable forms
- Multi-step, multi-signature workflows
- Deficiency work queues
- Multilingual & accessibility built into design

Streamline registration

- Contactless check-in
- In-office and telehealth workflows
- Form collection (e.g., consents, financial policies, HIPAA auth)
- ID and insurance card capture
- Demographics
- SOGI data
- Medical, social and family history

Close gaps in care

- Patient Activation Measure® (PAM®)
- Recall emails for delayed or missed care
- Patient-reported outcomes (PROs) and clinical screening tools
- Social determinants of health (SDOH) screenings
- Targeted outreach for preventive care
- Automated vaccine workflows

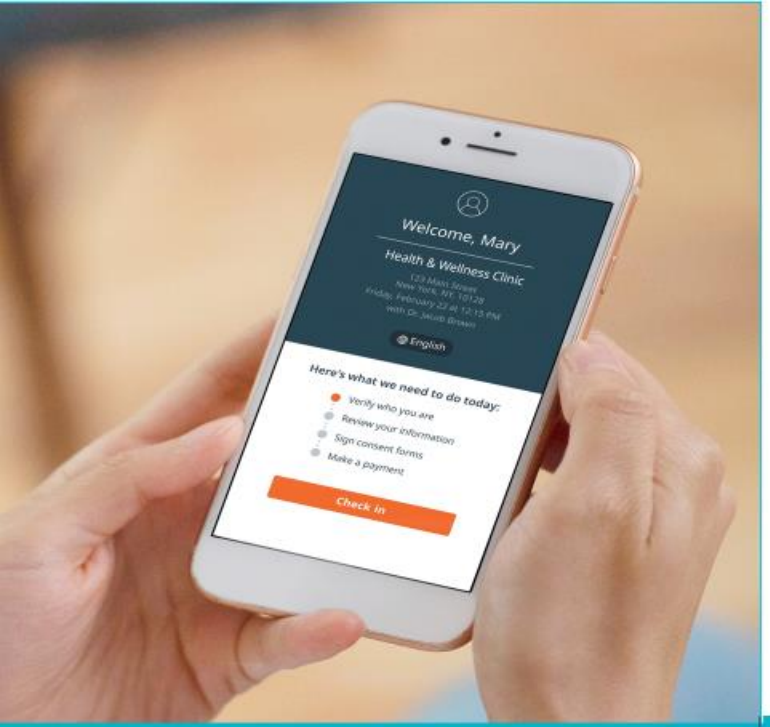
Simplify patient access

- Appointment self-scheduling*
- Online appointment requests
- Secure two-way text messaging
- Appointment reminders
- Auto-fill cancellations*
- Auto-rebook no-shows/bumps*
- Daytime answering service
- After-hours call triaging

Increase revenue

- Automated E&B verification
- AI-driven copay selection
- Online payments
- Apple Pay® and Google Pay™
- Self-service payment plans*
- Card on file*
- Payment reminders
- Merchant processing
- Digital bills*

Apple Pay® is a registered trademark of Apple Inc.
* Available for select host systems



Mobile

Phreesia Pad/PadX

Arrivals

Complete Registration on your smartphone!

Scan the below QR code to register

Point your smartphone camera at the code and open the link when it appears to begin your check in!

QR Code

Dashboard For Staff

APPLICATIONS TO MANAGE THE ENTIRE PATIENT JOURNEY FROM ACCESS TO INTAKE

Access	Registration	Revenue Cycle	Patient Activation	Clinical Support	Connect
Appointment recall	Pre-visit & in-office digital registration	Insurance verification	Broadcast messaging (Text + Email)	End-to-end clinical intake & reconciliation	Online referral tools
Patient self-scheduling	Intake available via mobile, tablet & kiosk	Copay & balance collection	Appointment Reminders	200+ Patient-reported outcome measures	Local referral networks
Auto-fill cancelations*	E-consents	Card on File	Two-way patient chat	SDOH & SOGI collection	Faxing service to process incoming referrals
Auto-rebook no-shows and bumps*	ID & insurance card capture	Apple & Google Pay	Patient education & preventative screening	Pre-admission testing	Two-way provider chat
Daytime & afterhours answering service	QR code self check-in	Automated payment plans	Targeted outreach campaigns	CMS beneficiary notice & HOS screening	Network Liaisons to onboard referring providers
	20+ supported languages	Post-visit reminders & online payments	Satisfaction surveys & reputation management	Bedside registration	Central hub to track all referrals

*Available for select PM systems

Real-time **integration** with leading PMs and EMRs

Enterprise **reporting suite**

Reliable and scalable **platform**

Commitment to **privacy** and **security**

Phreesia

Appendix

Roosevelt General Hospital and Clinics

5 locations | Portales, N.M.

Rural health system saves staff time, avoids claims denials and increases collections with Phreesia's MEDITECH Expanse integration and tools for insurance verification, registration, revenue cycle and more

"With digital intake and payment tools, we have a greater opportunity to collect on balances that are due. This is why I will never leave Phreesia—because it pays for itself."

– Jessica Camacho, Business Office Director, Roosevelt General Hospital

KEY RESULTS

100%

of insured patients' eligibility and benefits automatically checked

2.5K hours

staff time saved when patients check themselves in via Phreesia

Collected 3.9X more

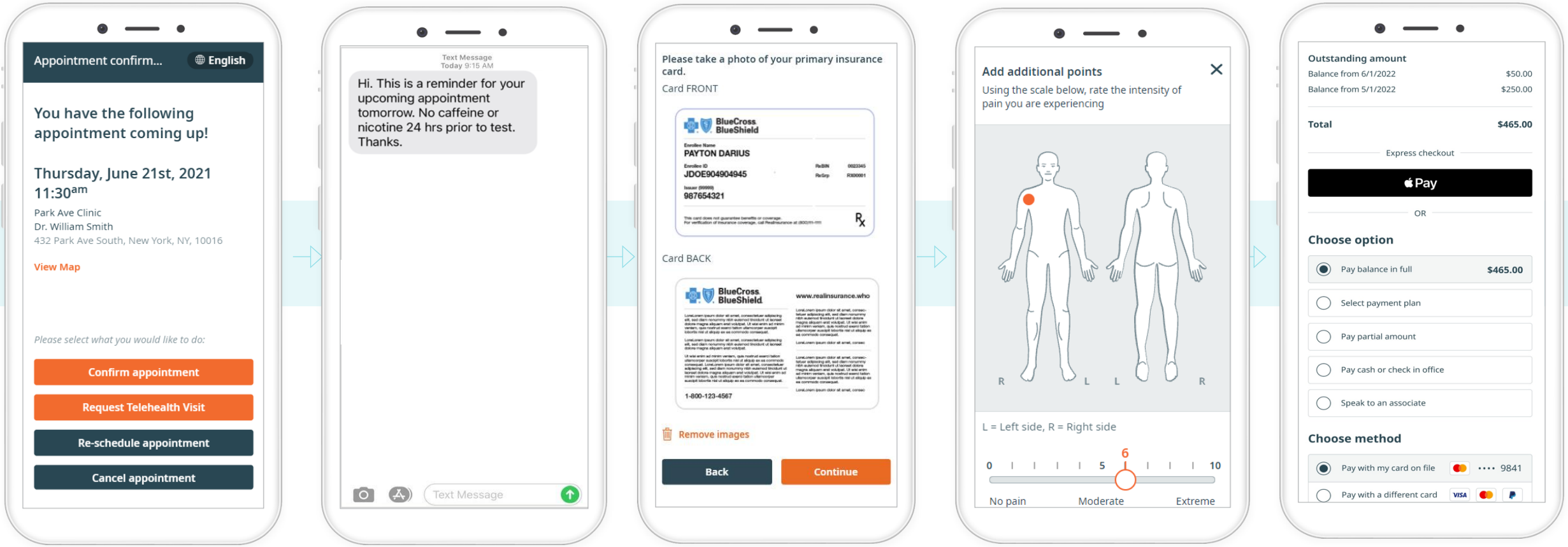
at time of service via self-service check-in compared to staff check-in

82%

of patients use digital self-service check-in

Phreesia

STREAMLINING COMMUNICATIONS & INTAKE



Patient Communications

CLOSING GAPS IN CARE

Harrison County Community Hospital HCCH

It looks like you're due for colon cancer screening

Hi Evan,

Early detection is the best way to protect yourself against colorectal cancer. It's recommended for all adults 50 and older. There are multiple screening options available. Be sure to ask your provider about which screening option is the right one for you.

Ready to schedule? Click below to get started.

REQUEST APPOINTMENT

Harrison County Community Hospital HCCH

Appointment Request Form

Please fill out the details in the form below to submit a new appointment request for Phreesia Online Scheduling

DISCLAIMER: If you are experiencing a medical emergency, please call 9-1-1. This form is for appointment requests only.

Patient Contact Information

First name*

Patient's first name

Middle name

Patient's middle name

Last name*

Patient's last name

Suffix

Patient's suffix

Harrison County Community Hospital HCCH

Appointment Request Form

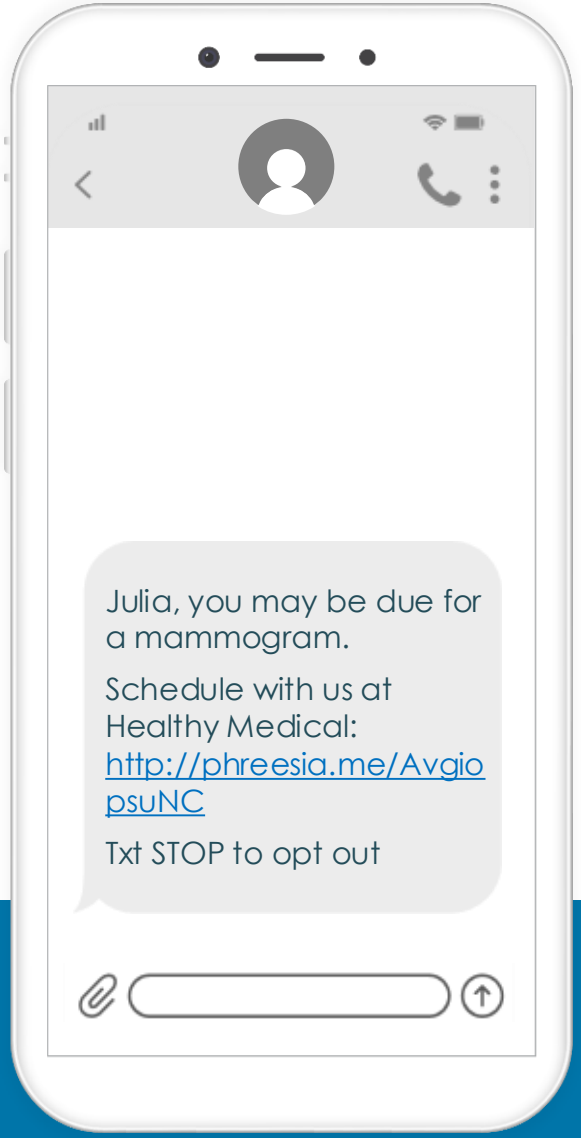
Thank you!

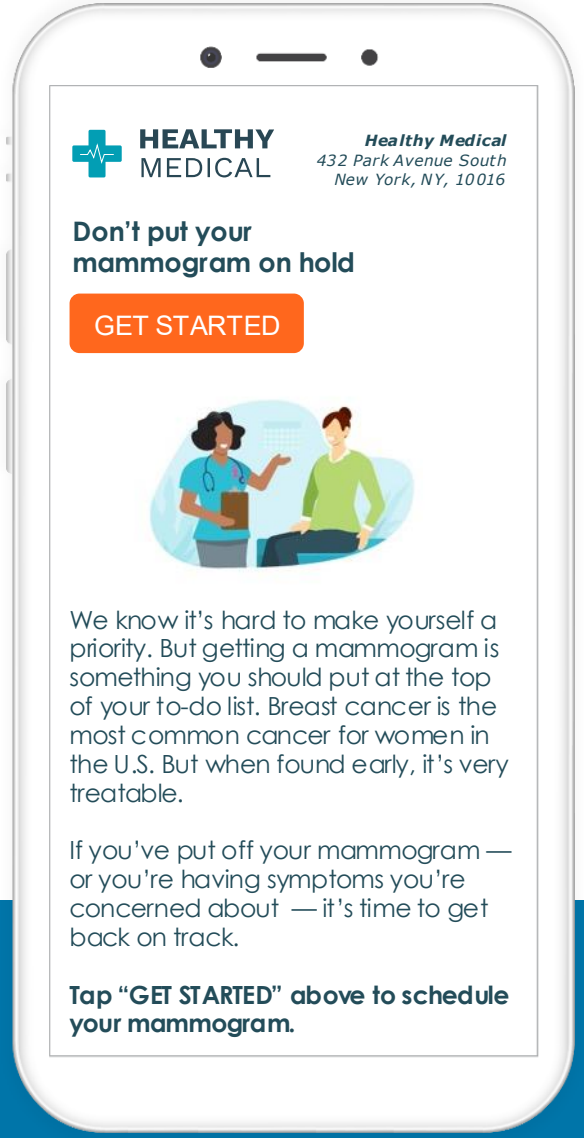
Thank you for submitting your request.

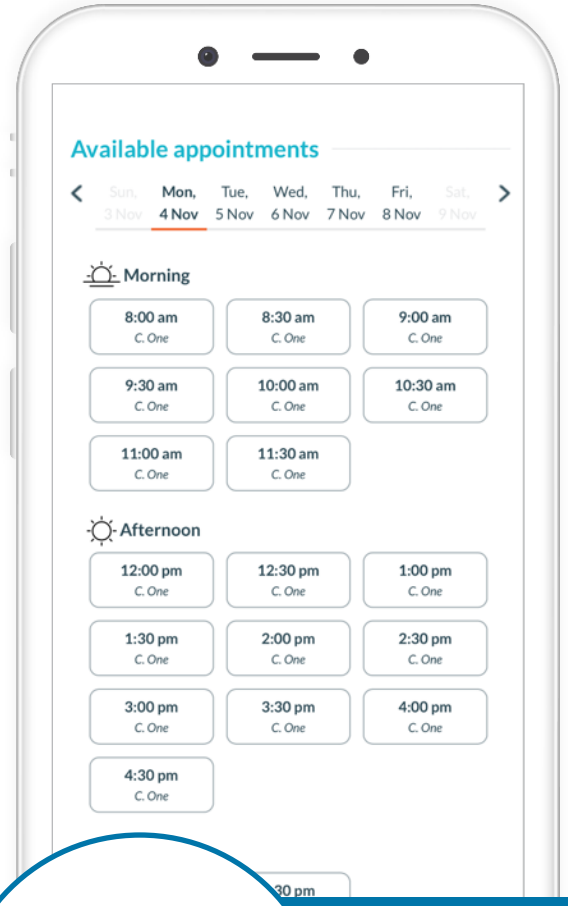
A practice representative will follow up soon to confirm your appointment.

Phreesia

EMAIL AND TEXT MESSAGE OUTREACH NUDGES PATIENTS BETWEEN VISITS



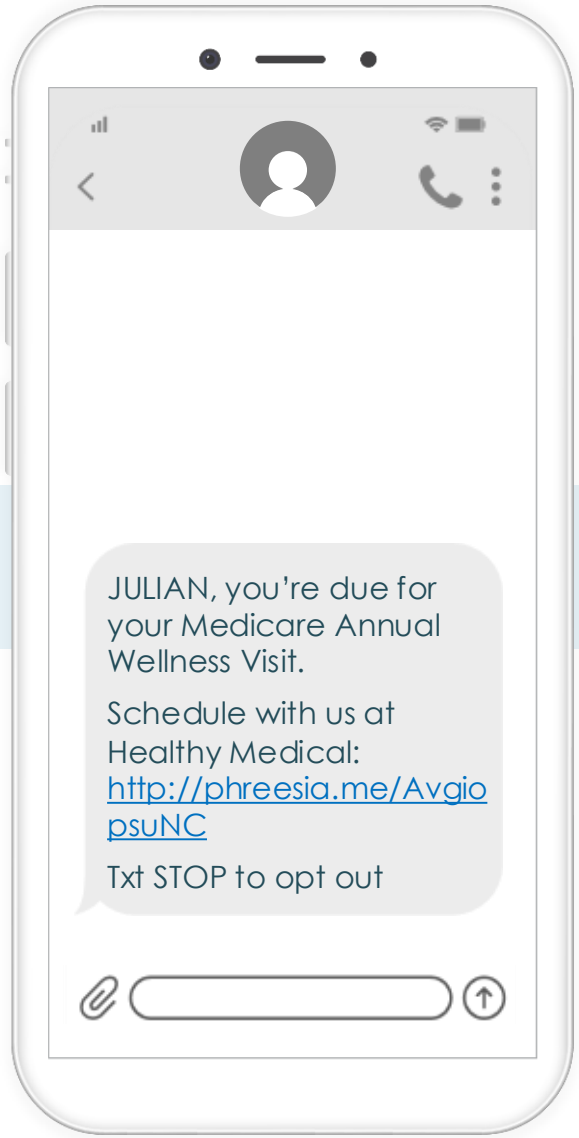


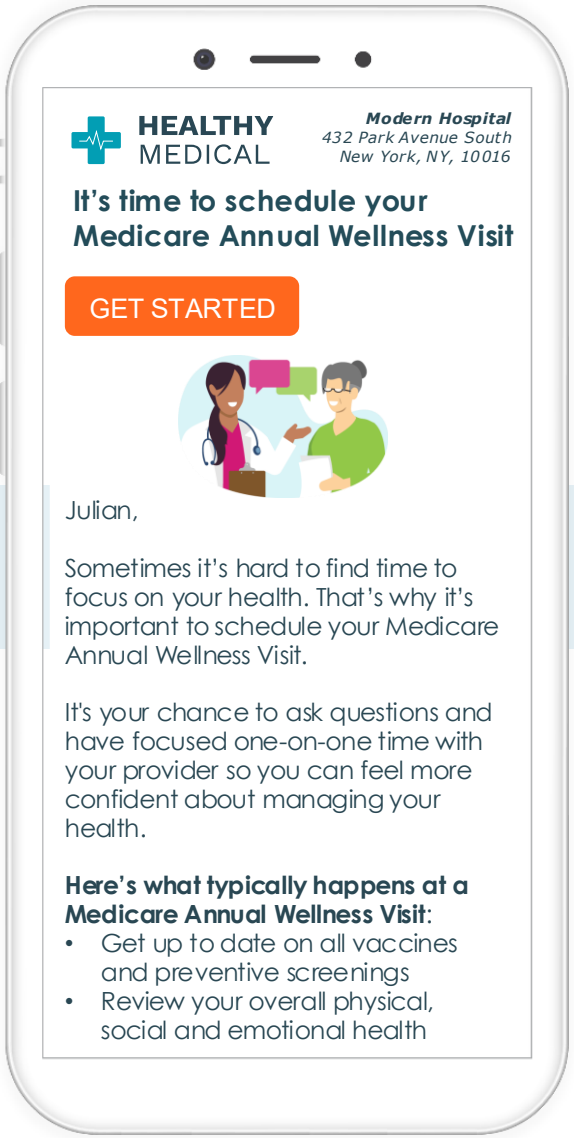


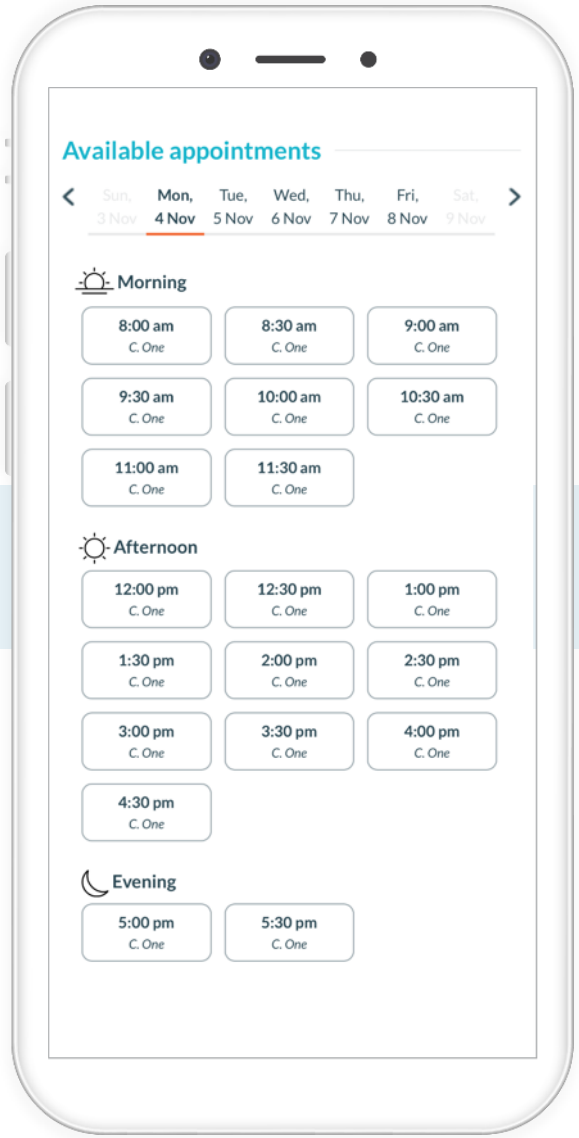
Of the **2,000+** women who were sent this campaign, **45%** opened the email.

22% **of those women self-scheduled a mammogram.**

PROMOTE MEDICARE ANNUAL WELLNESS VISITS OUTSIDE OF A VISIT (SMS AND EMAIL)

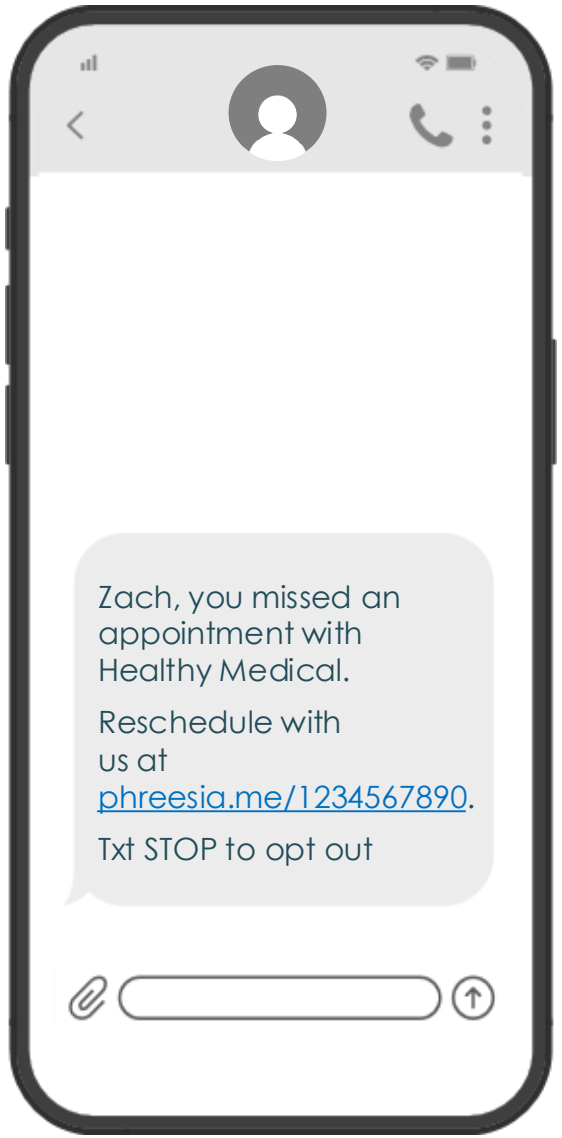


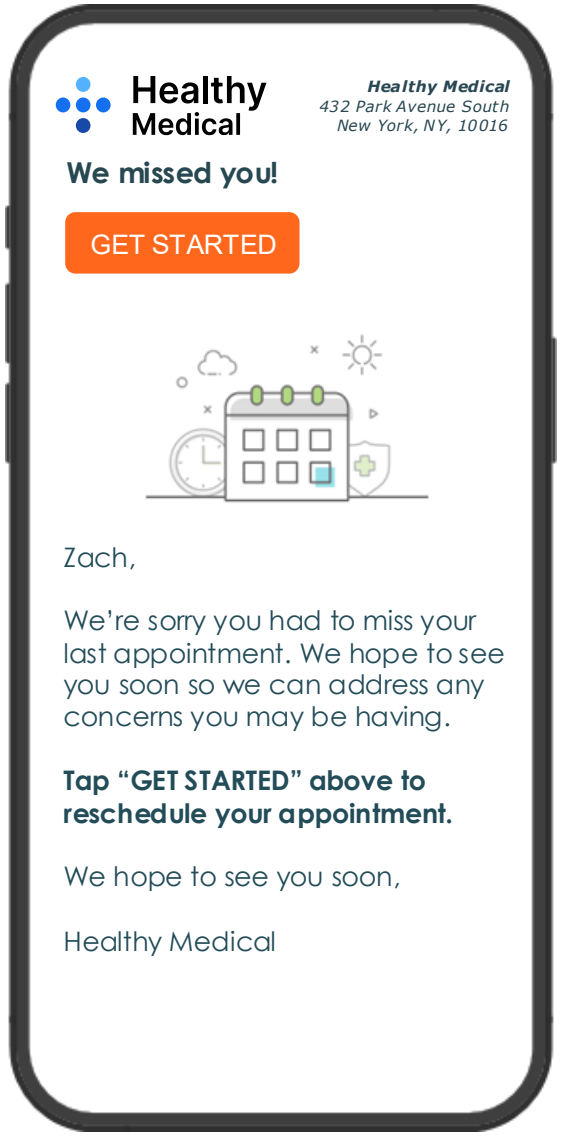




RECALL FOR ROUTINE VISIT

Send patients a text message and/or email requesting they reschedule an appointment





AUTOMATED OUTREACH BEFORE THE VISIT

Patient continues to receive outreach if they do not respond to earlier messages, helping you **streamline communications** and send messages **only to those who need them**.

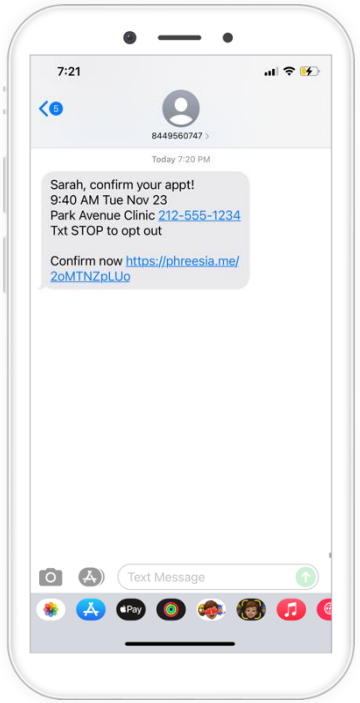
PATIENT

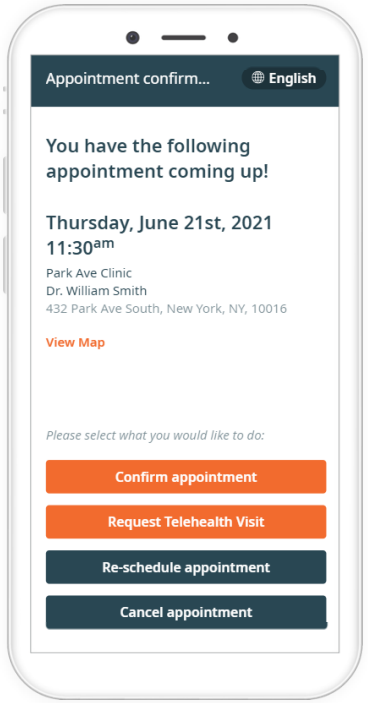
5 days before visit
Initial reminder

2 days before visit
Follow-up reminder

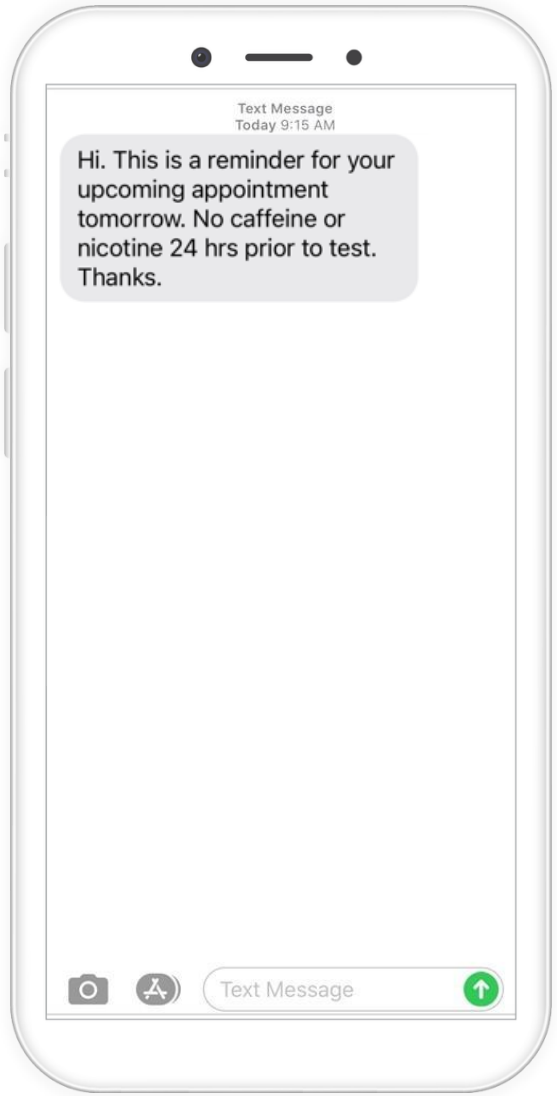
1 day before visit
Follow-up voicemail

Patient arrives for appointment



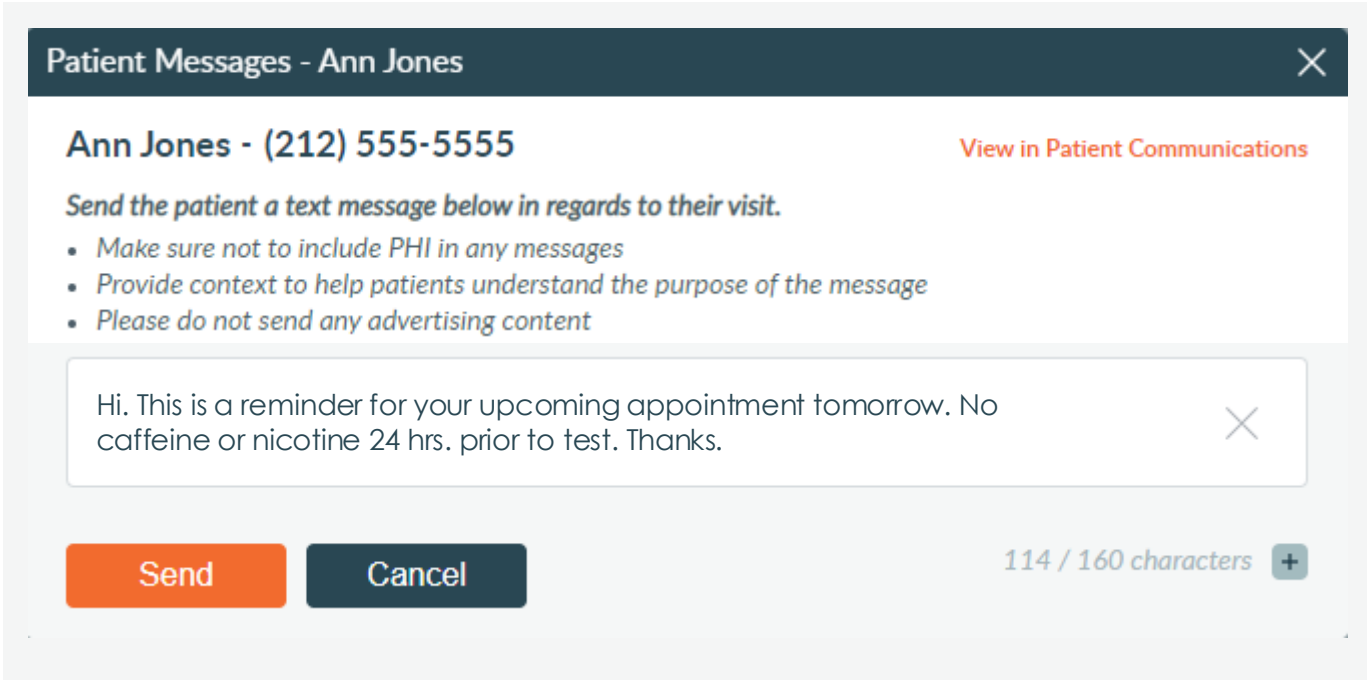


CHAT YOUR PATIENTS FROM THE DASHBOARD

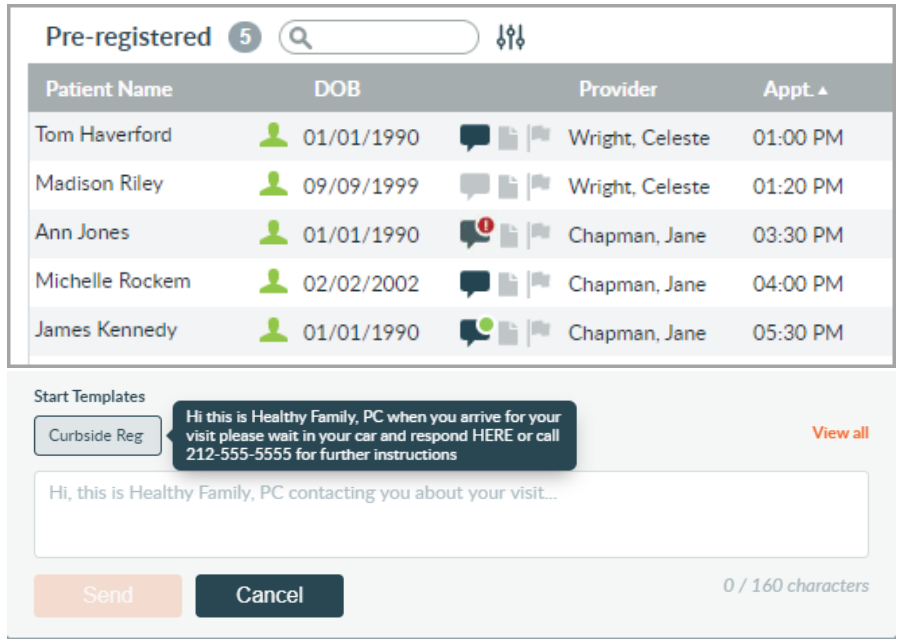


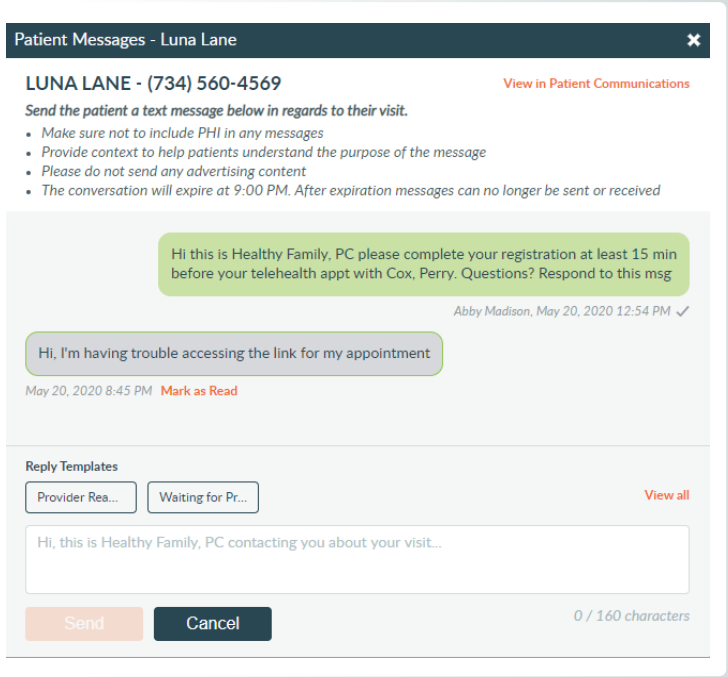
Use two-way chat across your health system to…

- ✔ Provide arrival instructions for in-person visits
- ✔ Remind patients to complete pre-visit registrations
- ✔ Provide specific instructions for upcoming visits
- ✔ Send messages to a group of patients using the Broadcast feature
- ✔ Two-way texting so patients can respond back



PATIENT CHAT





Send a text message by clicking the Patient Messages icon on the Dashboard

Select from a template or type a new message

Patients can respond

The Patient Messages icon will update to identify incoming messages

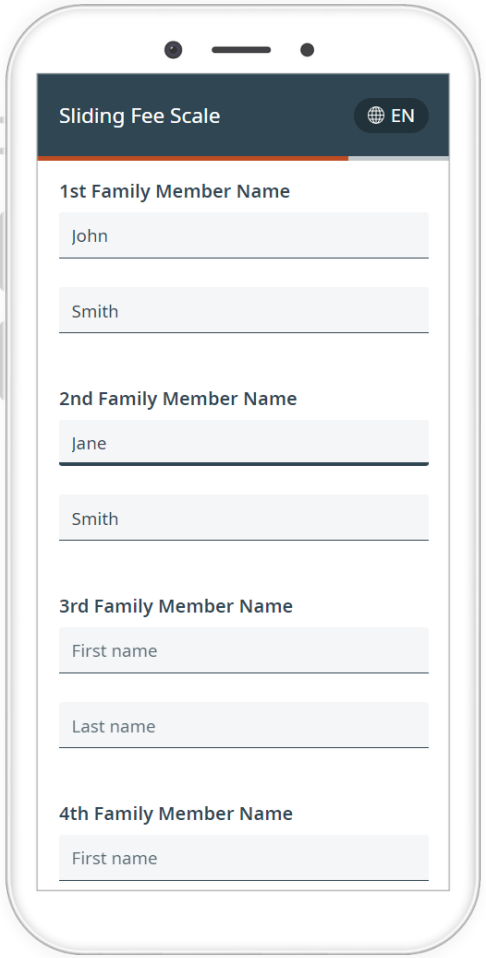
Have a conversation in real-time

Respond to patients and view full chat history

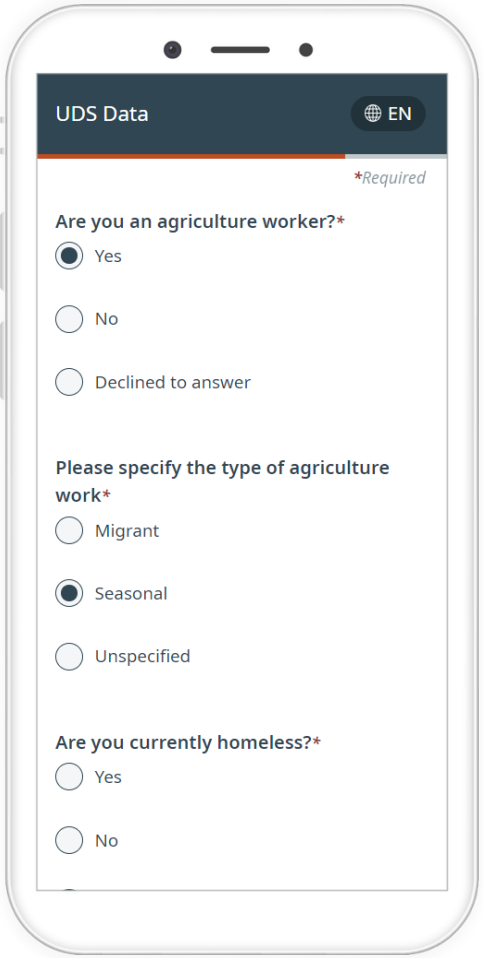
Pre-Visit Check-In

TAILORED PATIENT WORKFLOWS FOR FQHCS

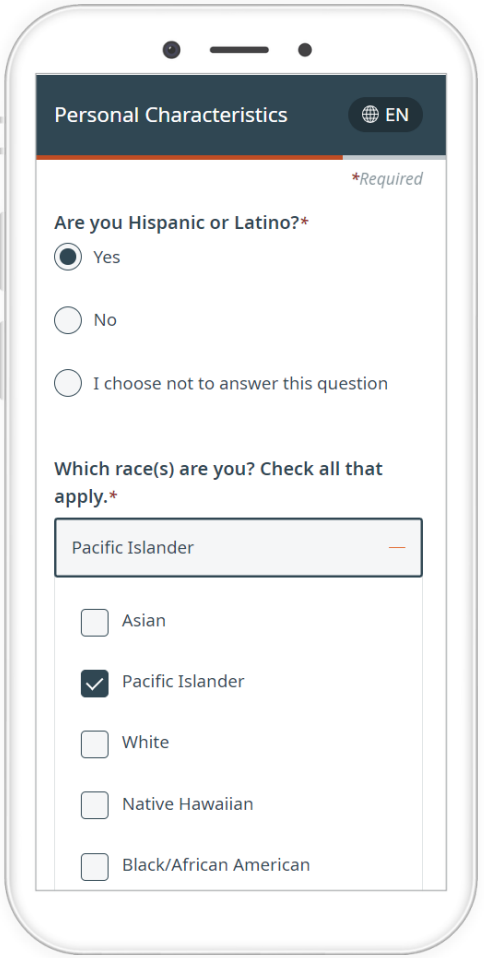
Sliding fee scale



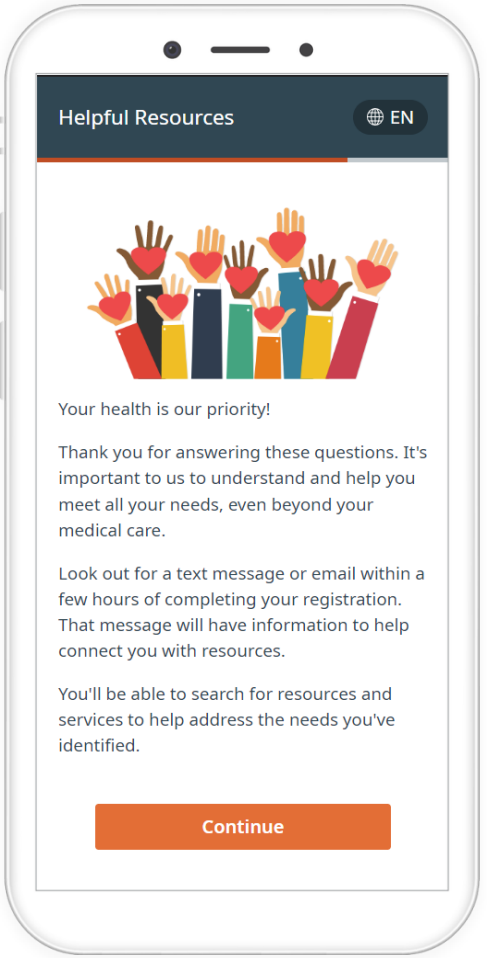
UDS

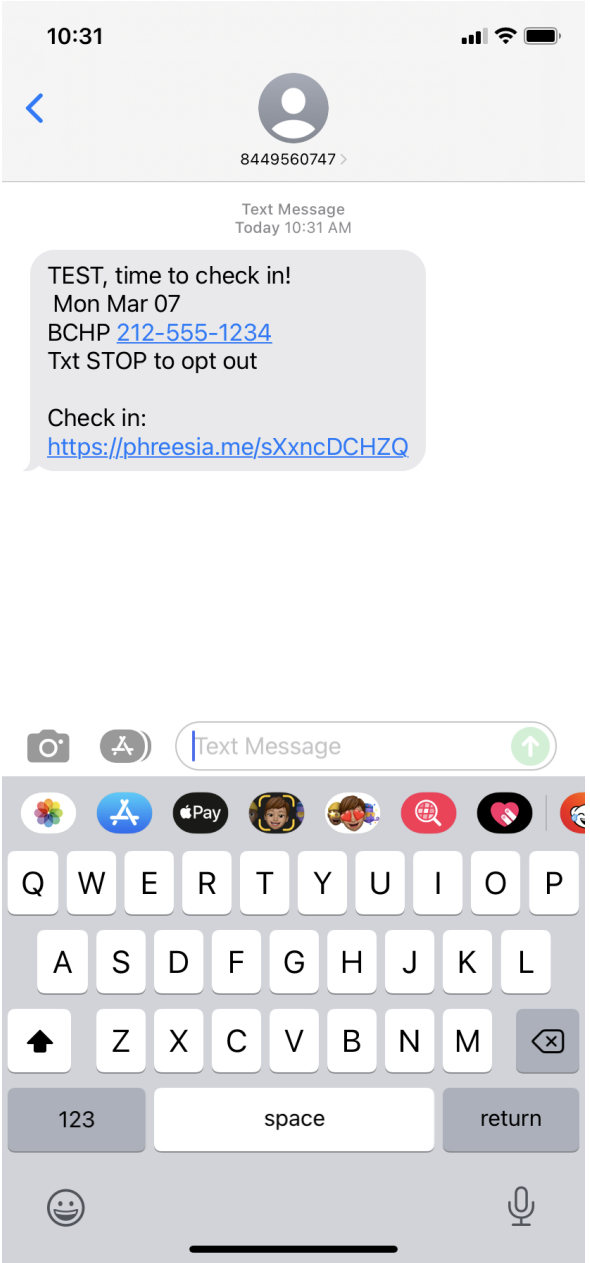


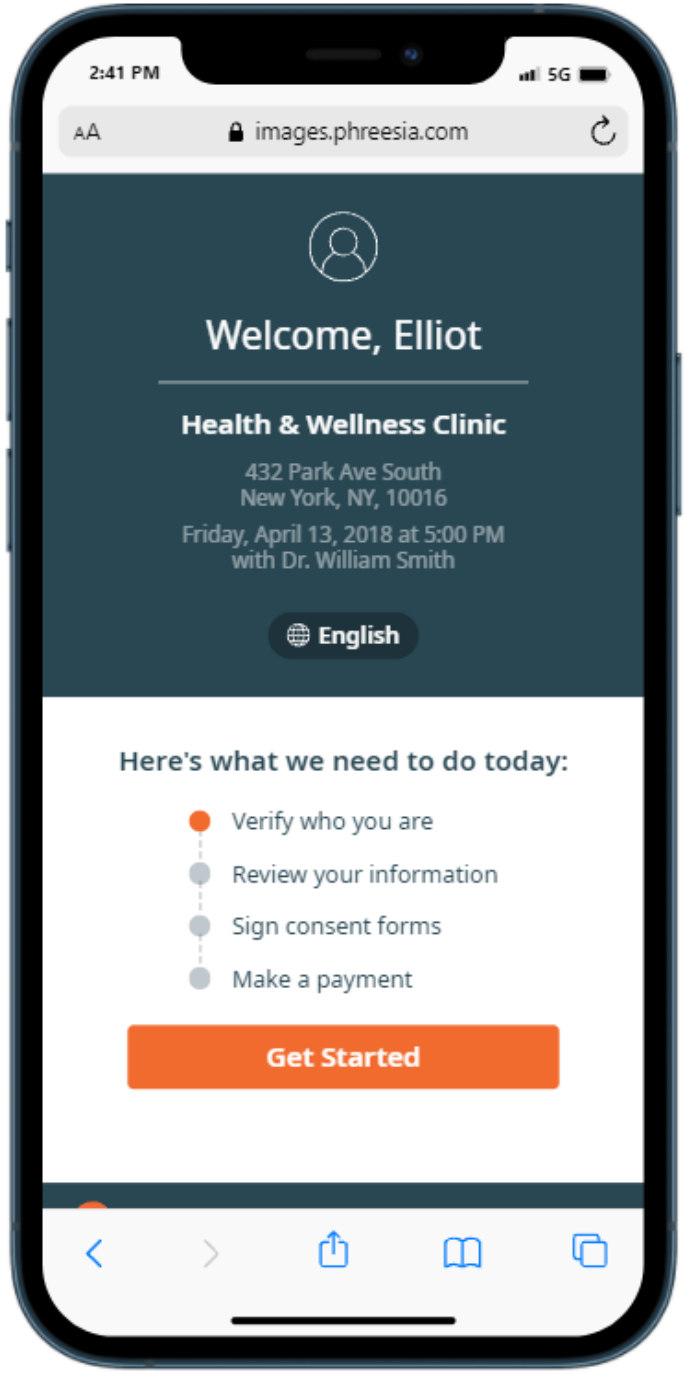
SDOH Screener

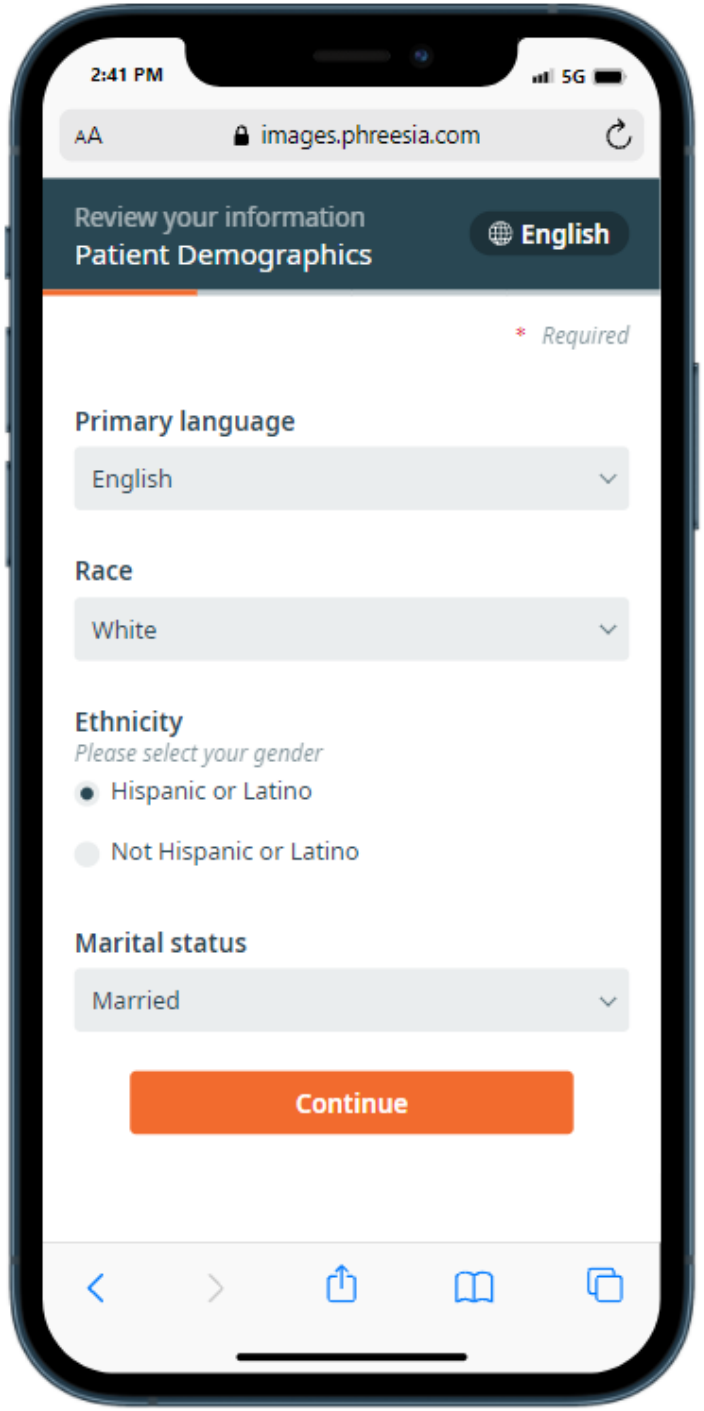


SDOH Resources




10:31
8449560747
Text Message
Today 10:31 AM
TEST, time to check in!
Mon Mar 07
BCHP 212-555-1234
Txt STOP to opt out
Check in:
https://phreesia.me/sXxncDCHZQ
Text Message
Q W E R T Y U I O P
A S D F G H J K L
Z X C V B N M
123
space
return


2:41 PM
5G
AA
images.phreesia.com
Welcome, Elliot
Health & Wellness Clinic
432 Park Ave South
New York, NY, 10016
Friday, April 13, 2018 at 5:00 PM
with Dr. William Smith
English
Here's what we need to do today:
Verify who you are
Review your information
Sign consent forms
Make a payment
Get Started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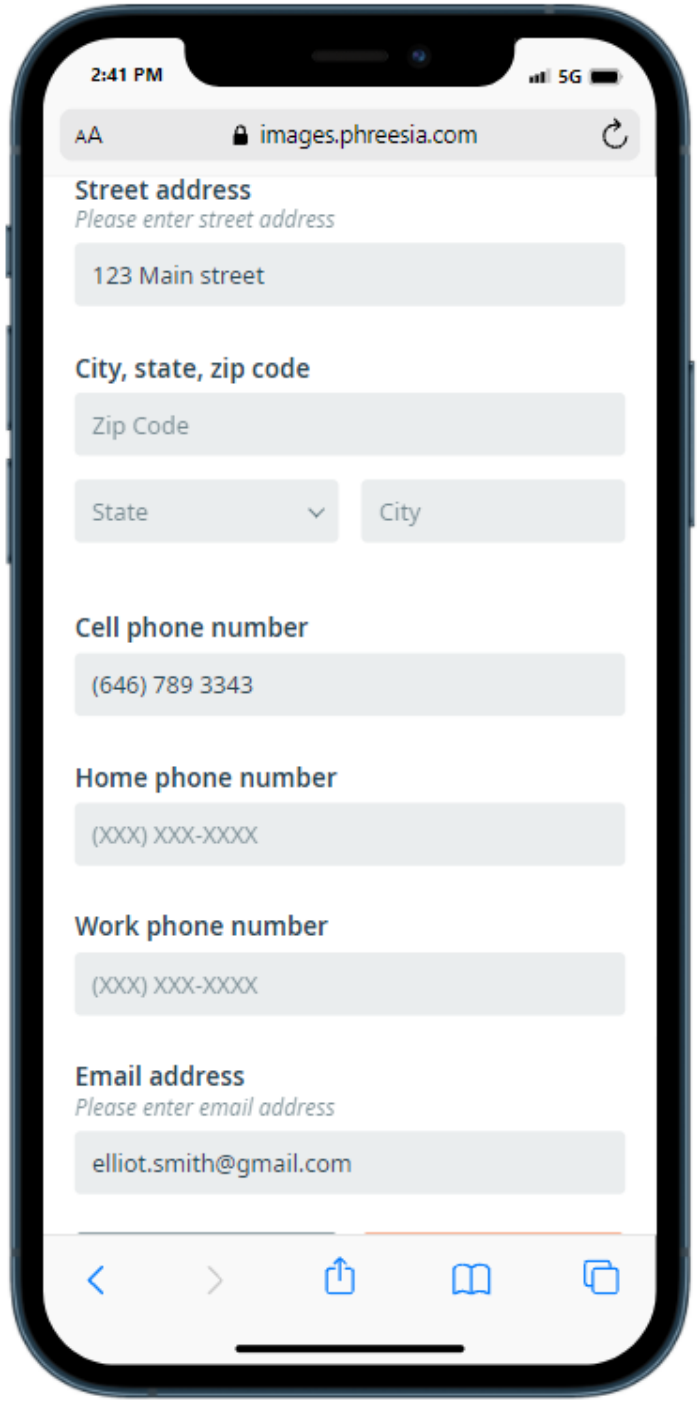
AA
images.phreesia.com
Review your information
Patient Demographics
English
* Required
Primary language
English
Race
White
Ethnicity
Please select your gender
Hispanic or Latino
Not Hispanic or Latino
Marital status
Married
Continue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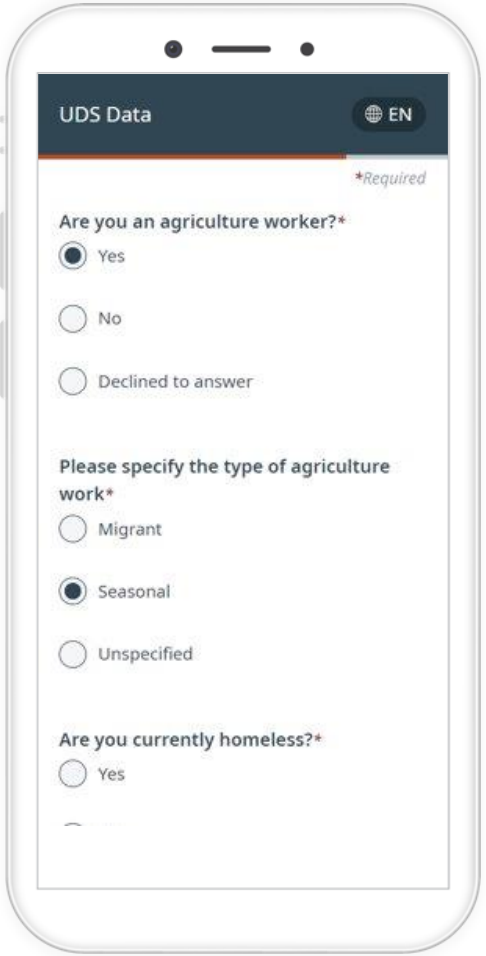
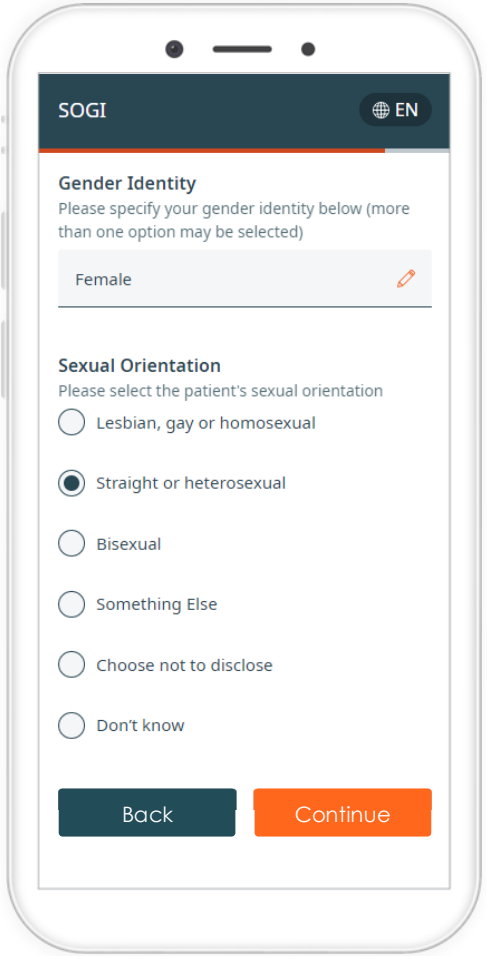
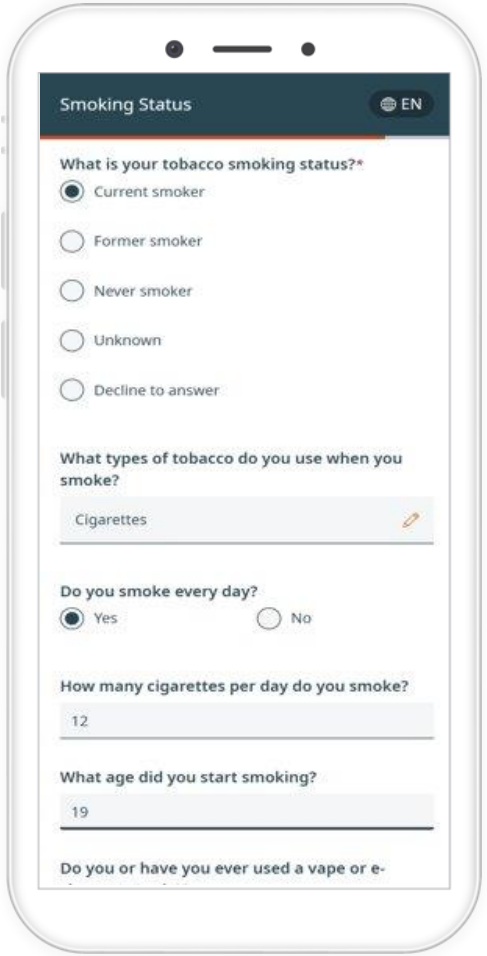
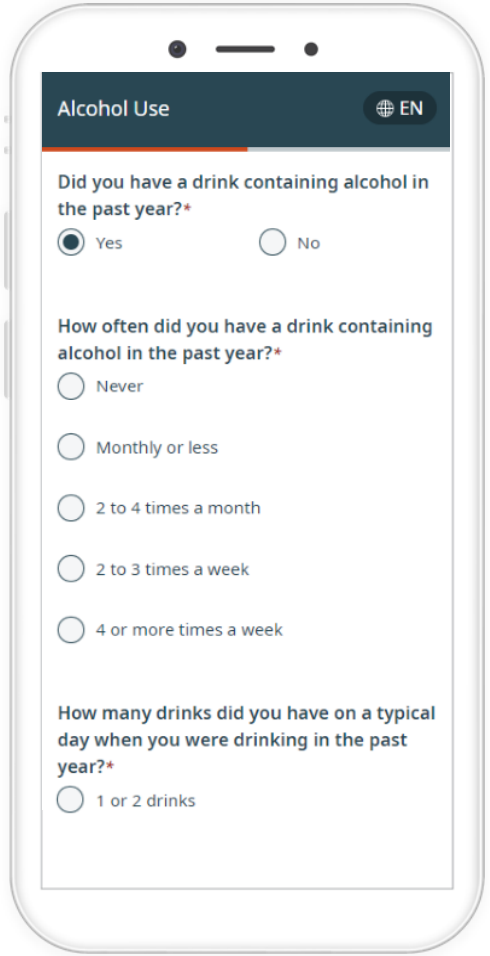
5G
AA
images.phreesia.com
Street address
Please enter street address
123 Main street
City, state, zip code
Zip Code
State
City
Cell phone number
(646) 789 3343
Home phone number
(XXX) XXX-XXXX
Work phone number
(XXX) XXX-XXXX
Email address
Please enter email address
elliot.smith@gmail.com

COLLECT UDS DATA FROM EVERY PATIENT

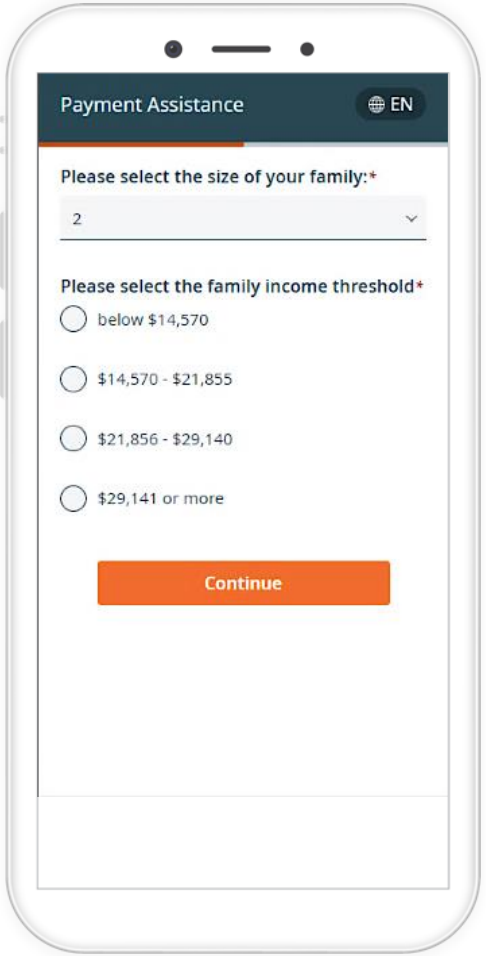


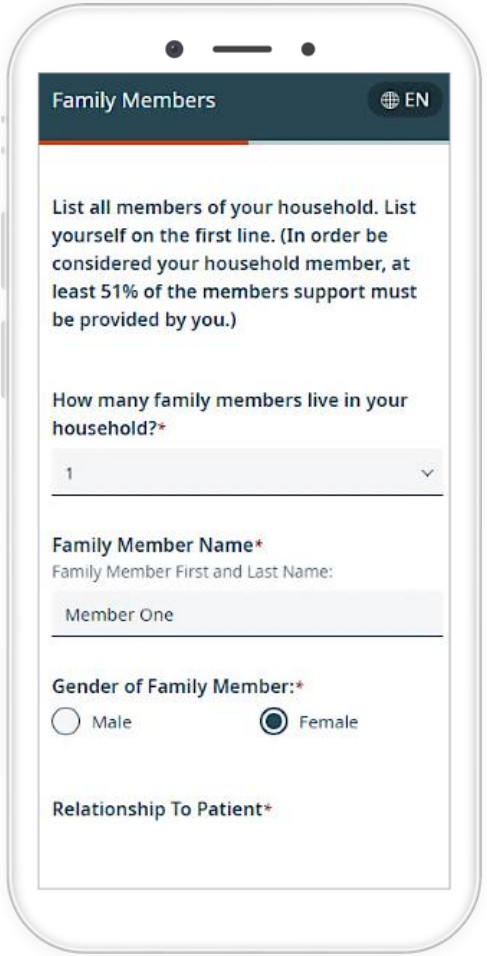


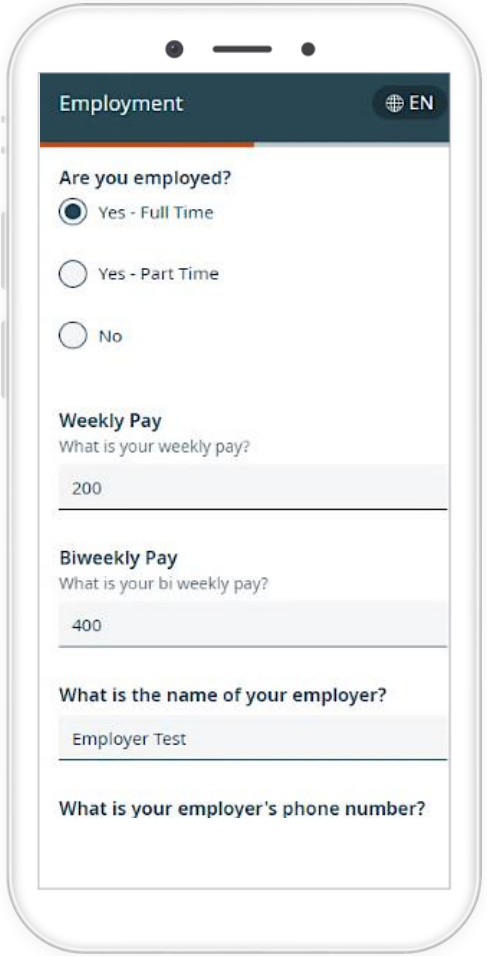


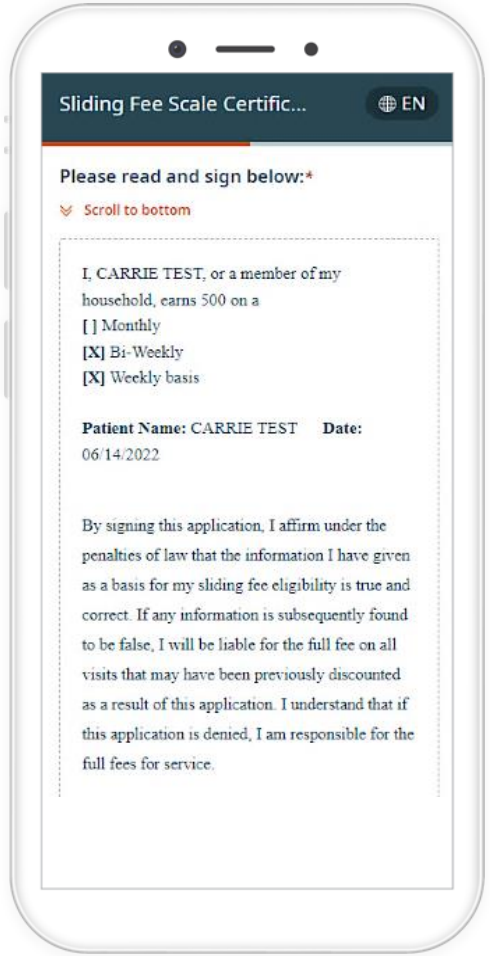


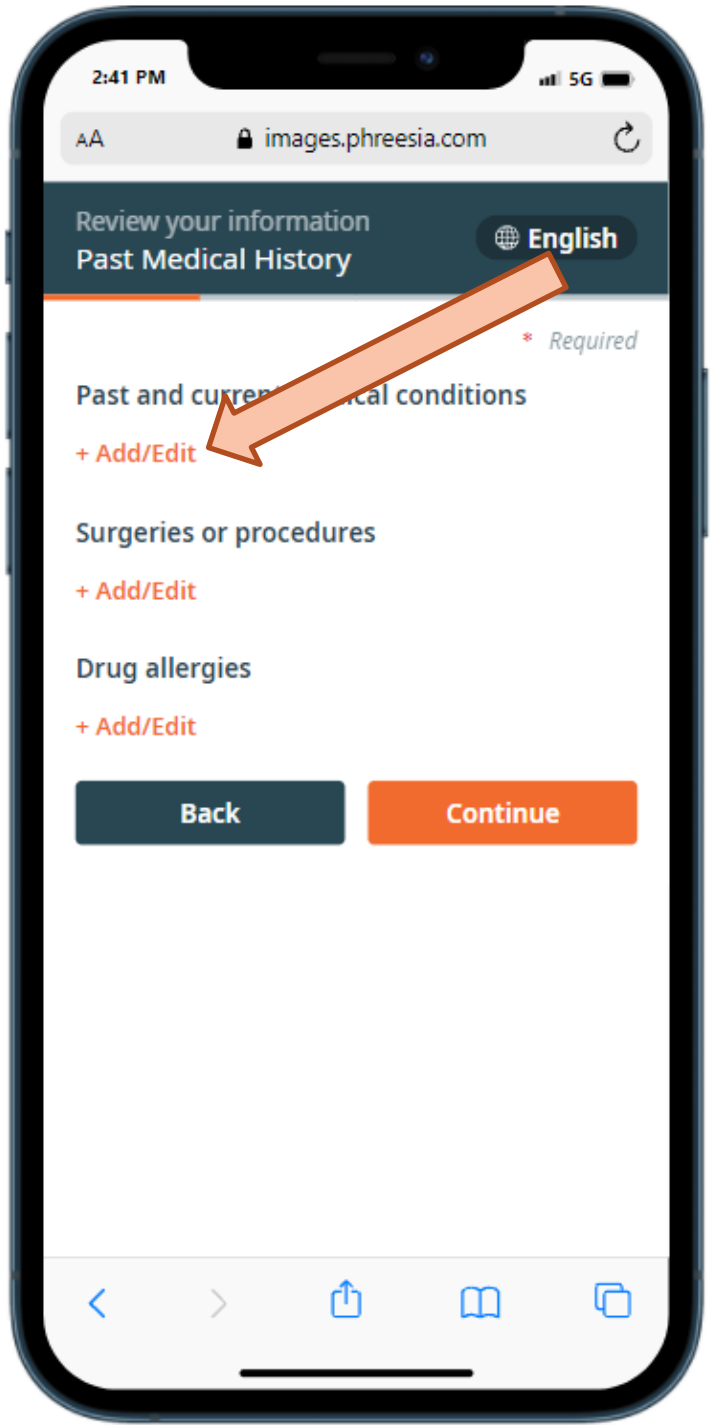
DIGITALLY CAPTURE SLIDING FEE SCALE INFORMATION







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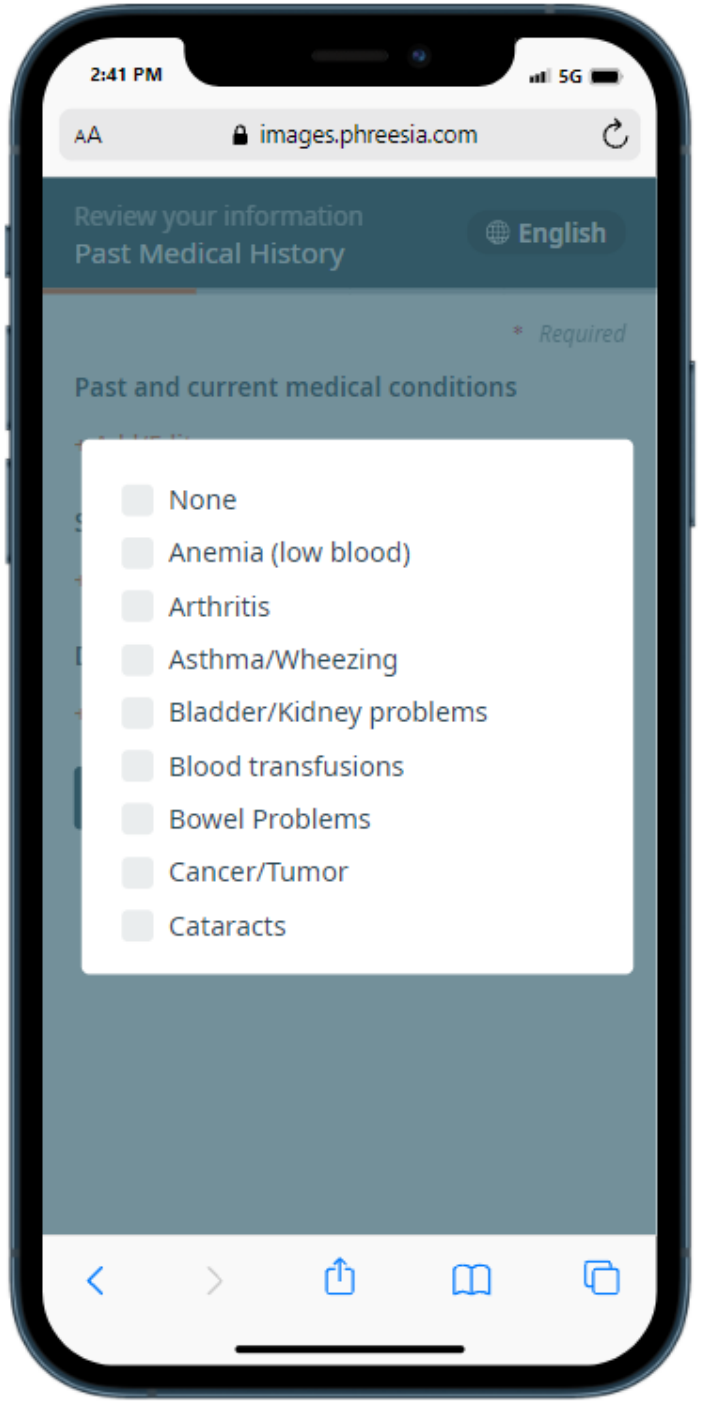
images.phreesia.com
Review your information
Past Medical History
English
* Required
Past and current medical conditions
+ Add/Edit
Surgeries or procedures
+ Add/Edit
Drug allergies
+ Add/Edit
Back
Continue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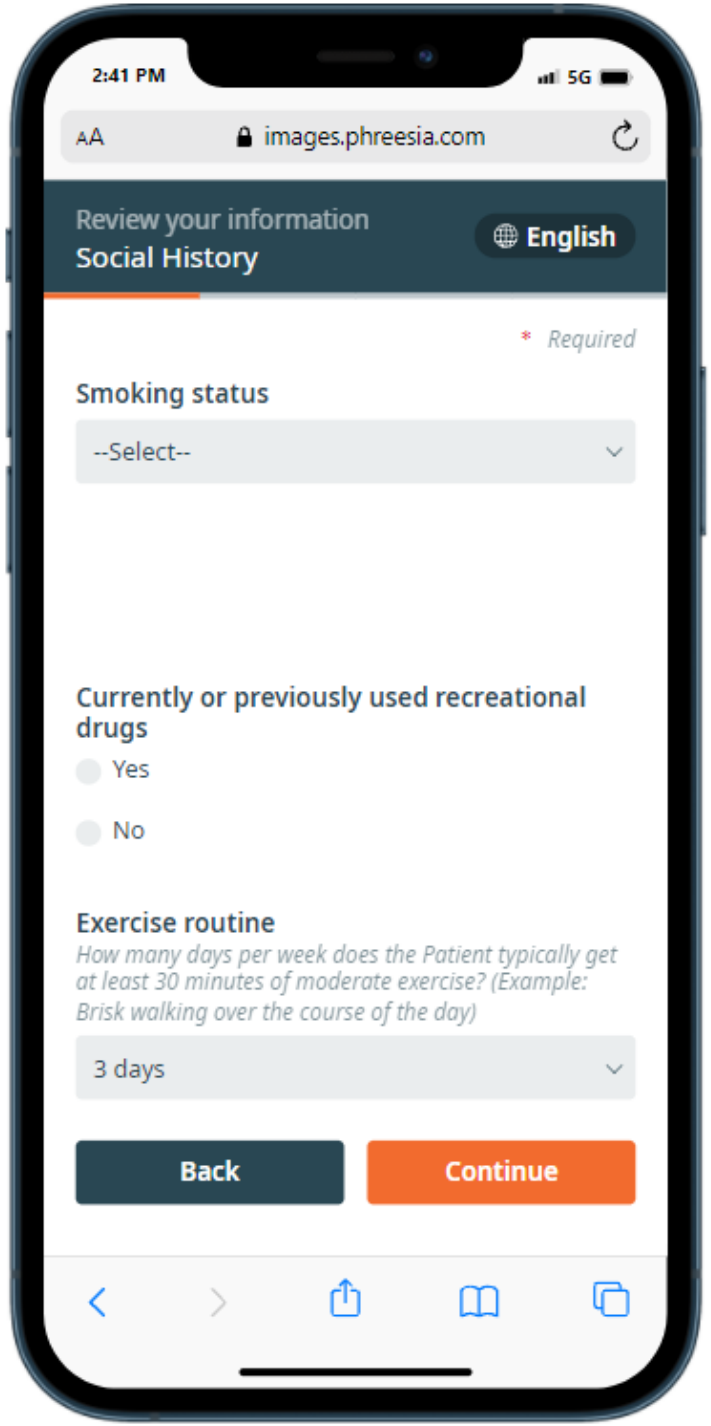
AA
images.phreesia.com
Review your information
Past Medical History
English
* Required
Past and current medical conditions
None
Anemia (low blood)
Arthritis
Asthma/Wheezing
Bladder/Kidney problems
Blood transfusions
Bowel Problems
Cancer/Tumor
Cataracts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AA
images.phreesia.com
Review your information
Social History
English
* Required
Smoking status
--Select--
Currently or previously used recreational drugs
Yes
No
Exercise routine
How many days per week does the Patient typically get at least 30 minutes of moderate exercise? (Example: Brisk walking over the course of the day)
3 days
Back
Continue

PHREESIA'S LIBRARY OF LICENSED PATIENT-REPORTED OUTCOMES AND SCREENING TOOLS

Available through our Enterprise and various Care Pathways applications.
Validated PROs and screening tools **intelligently prompted** with proprietary logic.

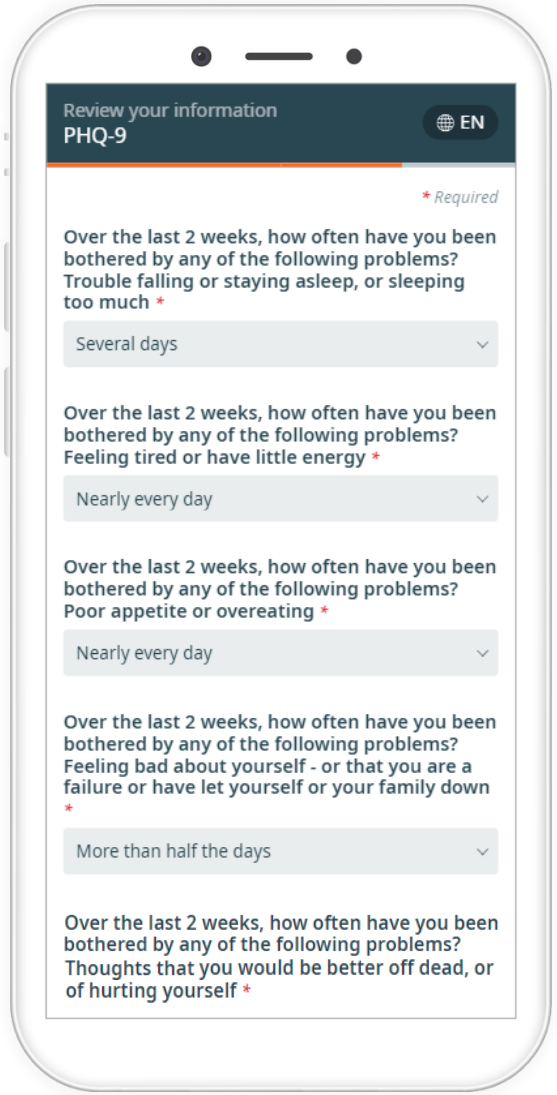
- Adult ADHD Self-Report Scale (ASRS)
- Androgen Deficiency in Aging Males (ADAM)
- Ages & Stages Questionnaires®*
- Asthma Control Test (ACT)12+*
- AUA Symptom Index/International Prostate Symptom Score (IPSS)
- AUDIT/AUDIT-C/US AUDIT-C
- BASDAI (Bath Ankylosing Spondylitis Disease Activity Index)
- Bowel Symptom Questionnaire
- Breast Cancer Risk Assessment
- Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition (Pre-visit and Supplemental Questionnaires)
- CRAFFT (V1, V2.1)
- CUDIT-R (Cannabis Use Disorder Identification Test - Revised)
- DASH/QuickDASH
- DAST-10/DAST-20/DAST-20 Adolescent
- Dell Questionnaire
- Early Childhood Screening Assessment (ECSA and Brief ECSA)
- EAT 26
- Edinburgh Postnatal Depression Scale (EPDS)
- EPIC-26
- Epworth Sleepiness Scale (ESS)*
- FAAM
- GAD-7
- Geriatric Depression Scale (GDS)
- HAQ, HAQ-II
- Healthy Habits Ages 2-9/10+ Questionnaire
- Hearing Handicap Inventory for Adults (HHIA, HHIA-S)
- Hepatitis B/C Screening Module
- HOOS/HOOS-JR/HOOS-PS
- Interstitial Cystitis Problem/Symptom Index (O'Leary-Symptom and Problem Indexes ICSI and ICPI)
- KOOS/KOOS-JR/KOOS-PS
- LASIK Questionnaire
- Lead Exposure Risk Assessment Questionnaire for Children
- M-CHAT/M-CHAT-R
- Mood and Feelings Questionnaire (MFQ)/Short Mood and Feelings Questionnaire (SMFQ)
- Myriad Cancer Risk Assessment (Hereditary Cancer Questionnaire)
- Neck Disability Index (NDI)*
- NM-ASSIST (NIDA Modified Assist)
- Opioid Risk Tool (ORT)
- Osteoporosis Risk Assessment
- Oswestry Disability Index (ODI)*
- Overactive Bladder (OAB)
- Pain Disability Index
- Pain Self-Efficacy Questionnaire (PSEQ)
- Pediatric ACEs Screening and Related Life-events Screener (PEARLS)
- Pediatric Symptom Checklist (PSC-17/PSC-35/PSC-Y)
- Penn Shoulder Score (PSS)
- Peripheral Vascular Health Questionnaire
- PHQ-2/PHQ-9/PHQ-A
- Post Concussion Symptom Scale
- PROMIS®-Global Health
- PROMIS® -29
- Questionnaire for Female Urinary Incontinence Diagnosis (QUID)
- RSI (Reflux Symptom Index)
- SCARED (Parent and Child Versions)
- Screening Checklist for Contraindications to Vaccines for Children and Teens
- SHIM
- SNOT-20/SNOT-22
- SPEED (Standardized Patient Evaluation of Eye Dryness) Questionnaire
- STEADI – Fall Risk Screenings
- SWYC (The Survey of Well-being of Young Children)
- TB Risk Assessment
- Test for Respiratory Control in Kids (TRACK)
- Urodynamics Questionnaire
- Vanderbilt Parent – Initial Visit and Follow-up

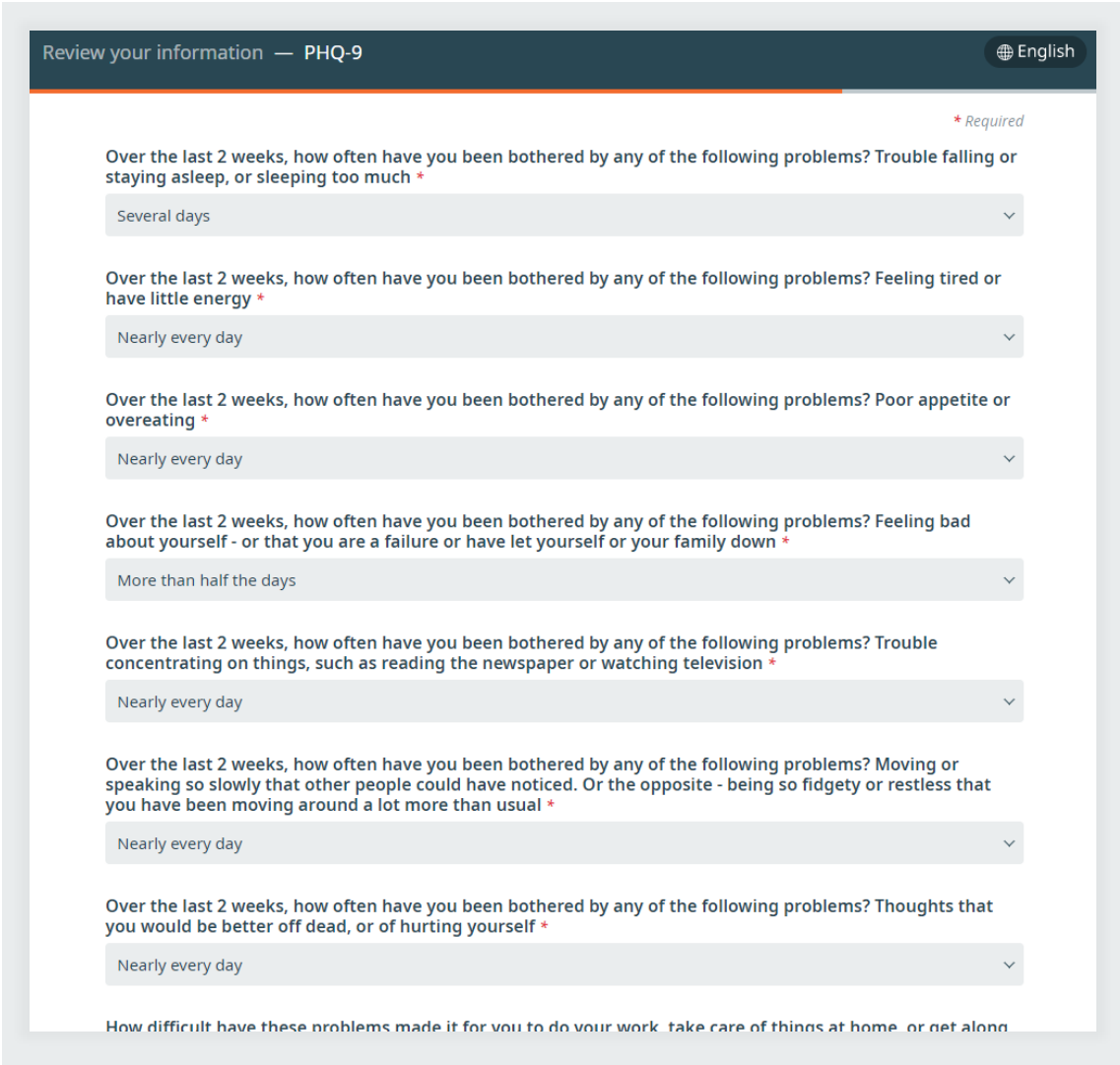
And the list keeps growing!

** Has additional practice licensing requirements*

This list is subject to change and may be subject to additional practice licensing requirements at the discretion of the intellectual property owner and/or Phreesia.

PATIENT-REPORTED OUTCOMES

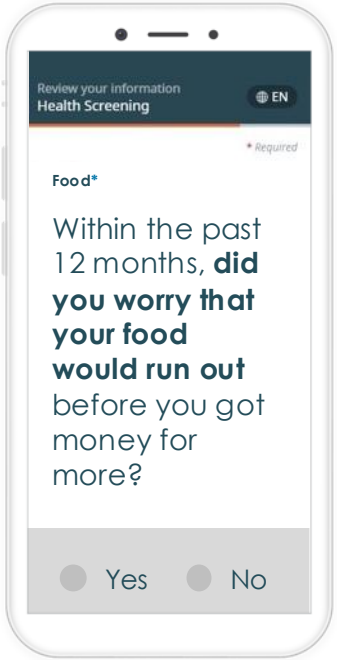




COMPONENTS OF PHREESIA'S SOCIAL DETERMINANTS OF HEALTH SOLUTION

1

Patient completes screening privately before the visit



2

Provider receives results and alerts for identified needs

Phreesia Dashboard alert

Results documented in the EMR chart

3

Patient resource guide is auto-generated

- National School Breakfast and Lunch Program
- SNAP enrollment information
- Food Bank of Central NC

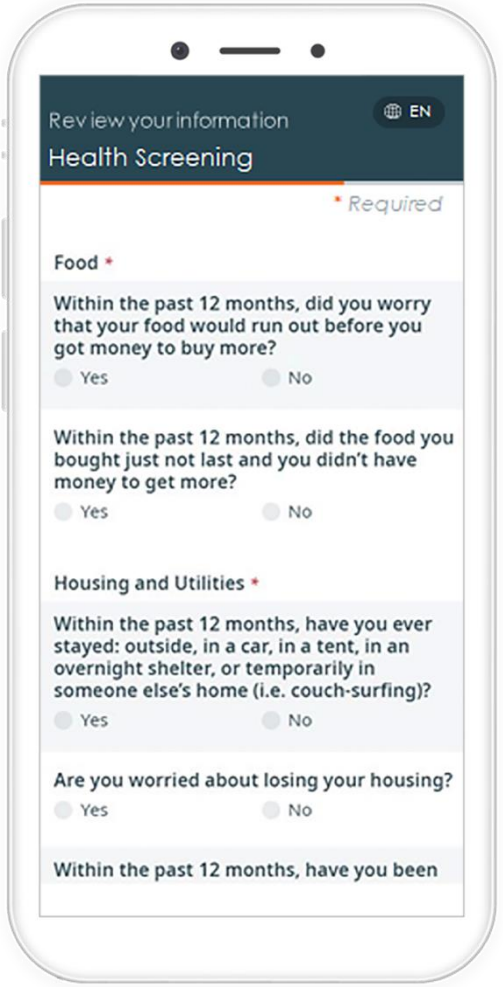
4

Analytics reports with patient- and population-level results

DOMAIN	PERCENT AT RISK
Food	24%
Finances	31%

DIGITAL SCREENING IMPROVES ACCURACY OF SDOH DATA COMPARED TO VERBAL SCREENING

3.7M SDOH screenings collected digitally since 2019



In one FQHC in the Midwest that used digital screening to assess every patient for unmet social needs:

4.9x increase

In number of screenings completed, compared to verbal screening in six months prior

Increase from 22% to 37%

of patients in disclosing social needs compared to verbal screening in six months prior

In another FQHC that used digital screening for SDOH:

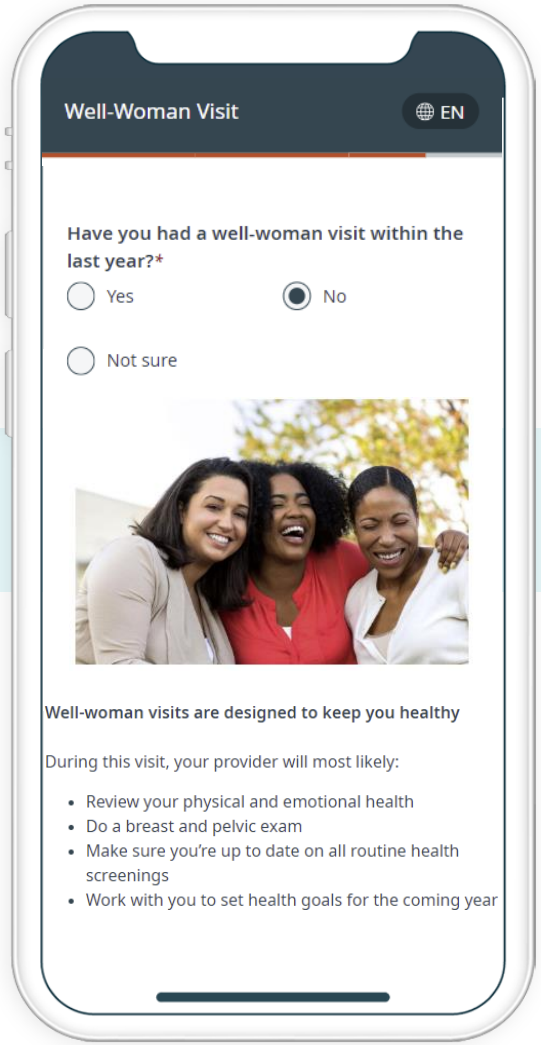
10x increase

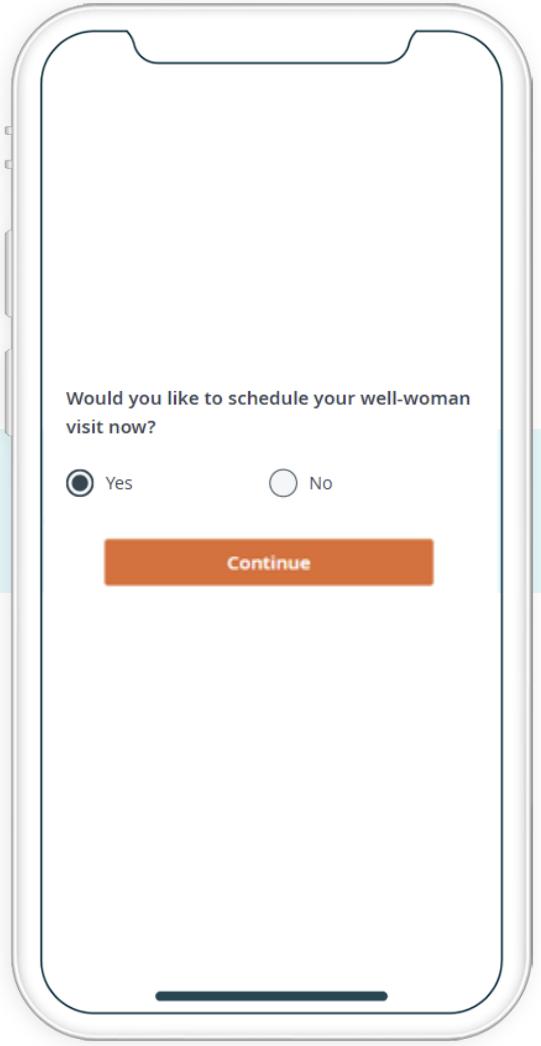
In number of screenings completed, compared to verbal screening three months prior

TARGET THE RIGHT PATIENTS WITH SPECIFIC MESSAGES DURING PATIENT INTAKE – WELL WOMAN ANNUAL

Mobile Intake → Demographics and clinical Info → **Promote Services** → HIPAA auth./consent e-signatures → Copay and balance payment → Checked in

Trigger message for female patients 18 years of age and older

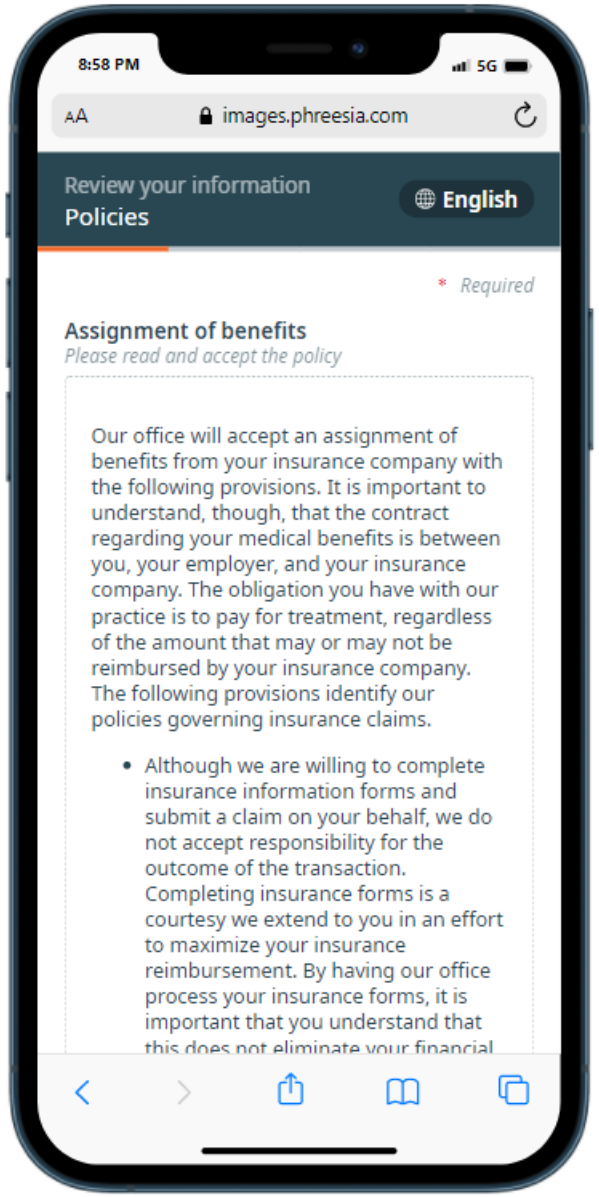




Patient self-schedules or "raises hand"

Phreesia

POLICIES


8:58 PM
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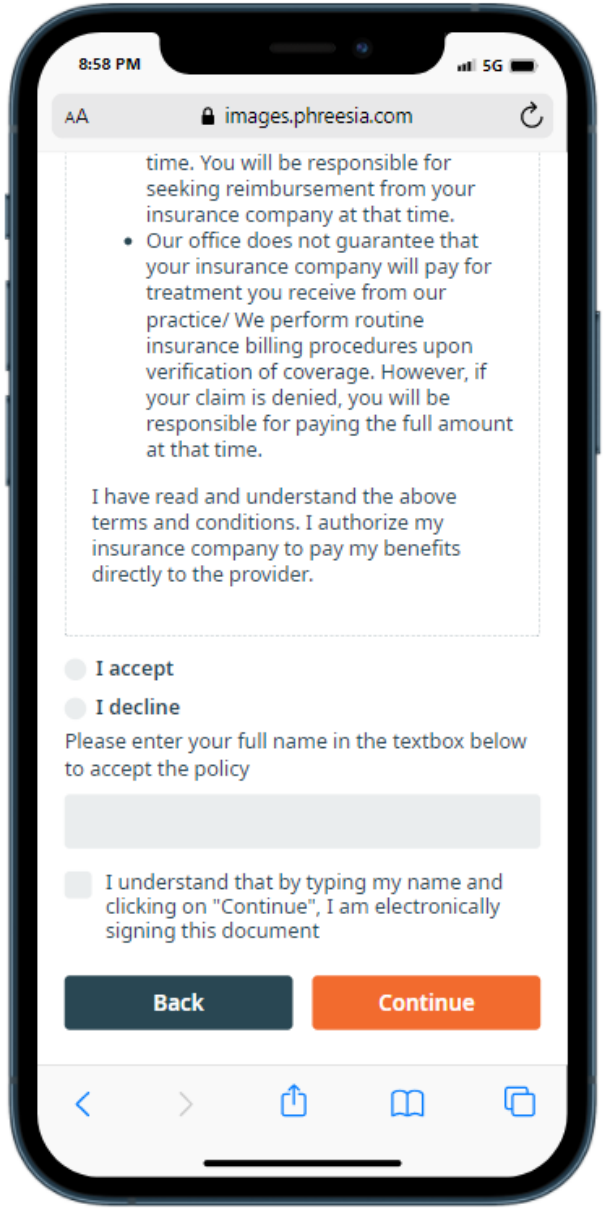
AA
images.phreesia.com
Review your information
Policies
English
* Required
Assignment of benefits
Please read and accept the policy
Our office will accept an assignment of benefits from your insurance company with the following provisions. It is important to understand, though, that the contract regarding your medical benefits is between you, your employer, and your insurance company. The obligation you have with our practice is to pay for treatment, regardless of the amount that may or may not be reimbursed by your insurance company. The following provisions identify our policies governing insurance claims.
• Although we are willing to complete insurance information forms and submit a claim on your behalf, we do not accept responsibility for the outcome of the transaction. Completing insurance forms is a courtesy we extend to you in an effort to maximize your insurance reimbursement. By having our office process your insurance forms, it is important that you understand that this does not eliminate your financial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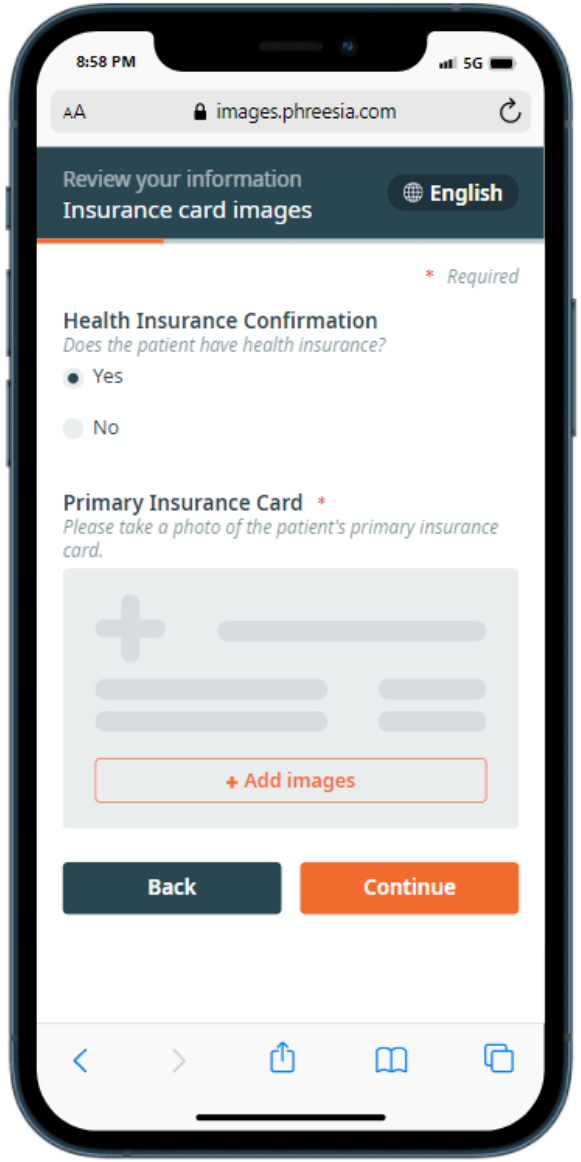
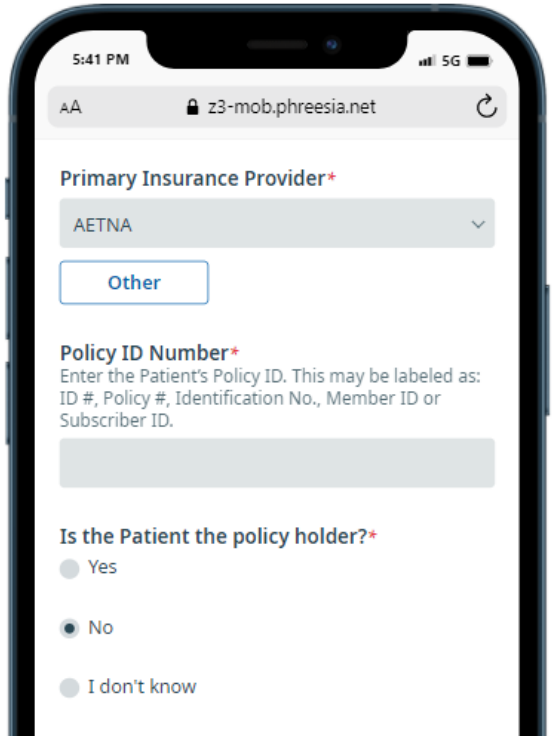
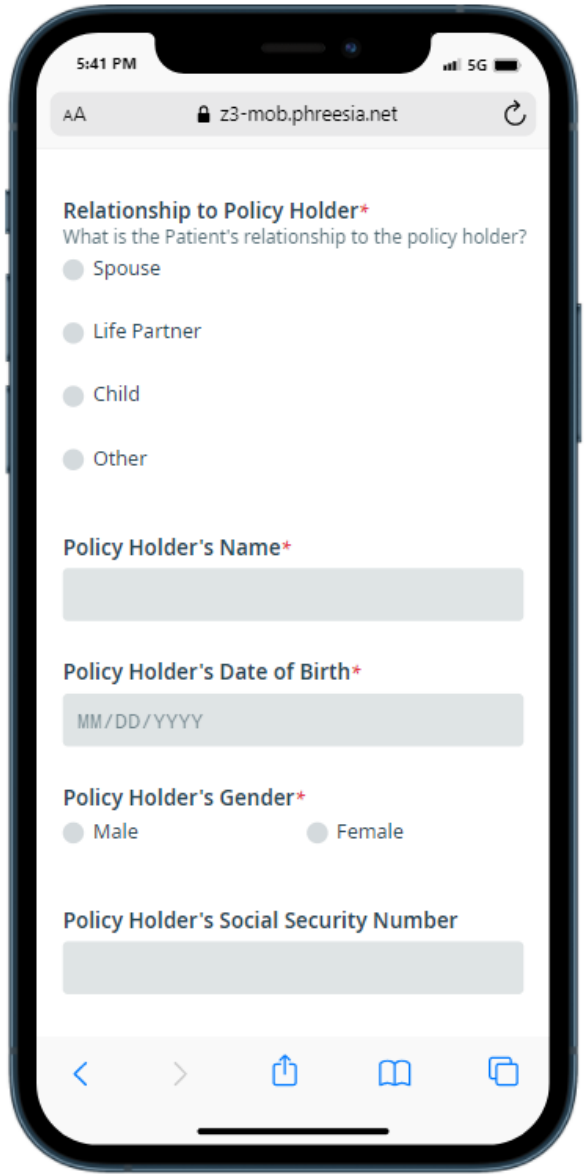
time. You will be responsible for seeking reimbursement from your insurance company at that time.
• Our office does not guarantee that your insurance company will pay for treatment you receive from our practice/ We perform routine insurance billing procedures upon verification of coverage. However, if your claim is denied, you will be responsible for paying the full amount at that time.
I have read and understand the above terms and conditions. I authorize my insurance company to pay my benefits directly to the provider.
I accept
I decline
Please enter your full name in the textbox below to accept the policy
I understand that by typing my name and clicking on "Continue", I am electronically signing this document
Back
Continue

Rev Cycle

INSURANCE VERIFICATION

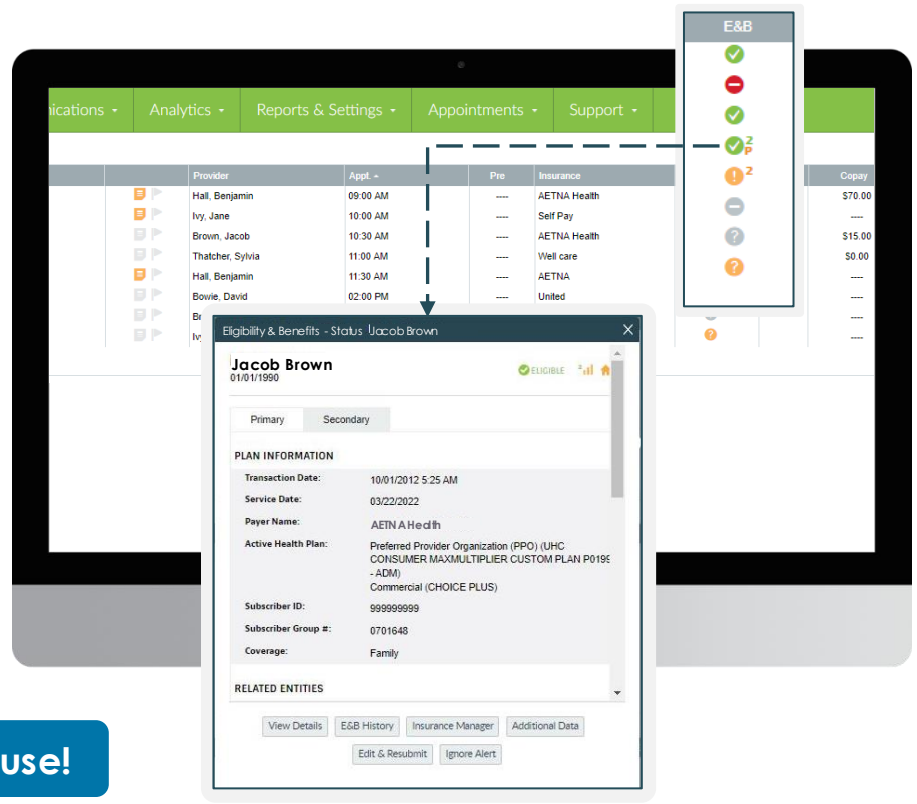






AUTOMATED AND INTEGRATED ELIGIBILITY CHECKS ON US!

1000+ payers



Ease of use!

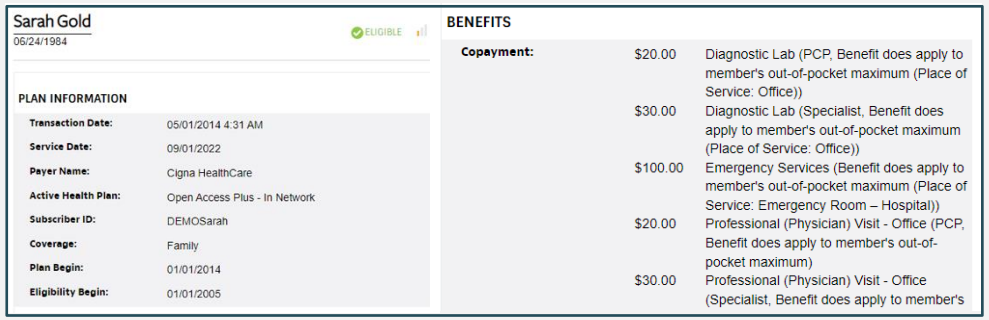
Save staff time and prioritize E&B checks:

- Automated, real-time eligibility resulting in accurate collections and time savings (appointment type and location)
- Most current E&B at time of service (72 hours prior)
- **Unlimited** number of E&B checks
- Alerts helps users prioritize accounts
- Immediate visibility into copay, deductible and out-of-pocket amounts
- Easily traceable 270/271 transactions (audit efficiently)

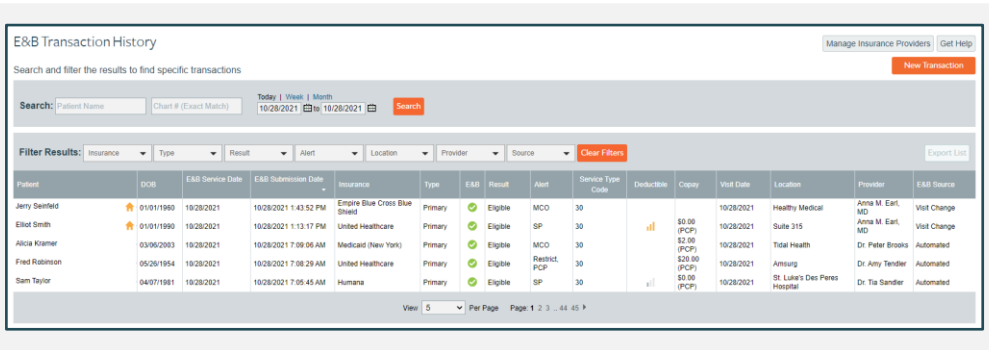
Before every visit, Phreesia automatically runs E&B checks so your staff can:

Know that E&B is accurate	Flag and view patients' primary, secondary and specialty insurance	Determine deductible and copay amounts	Resolve any insurance issues directly from the Phreesia Dashboard

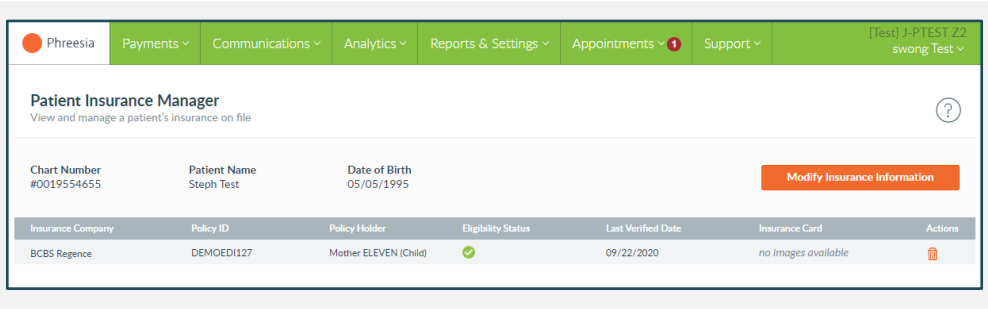
GET THE FULL E&B PICTURE FROM WITHIN THE DASHBOARD



View details - View a full E&B transaction response parsed out into a report



E&B history - View a history of eligibility transactions for the patient



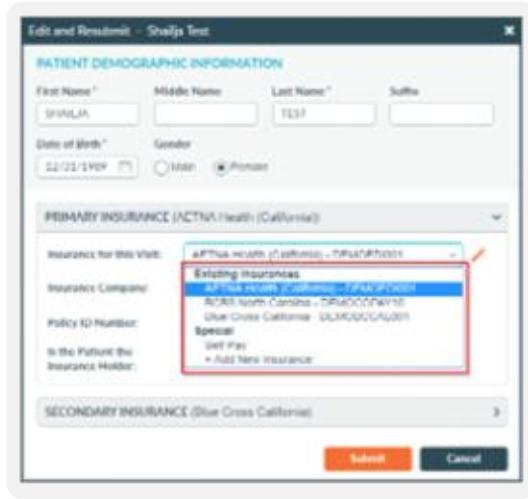
Insurance manager - View insurances by the patient and insurance card

Additional data / Specialty benefits - Run an E&B check with other service type codes (STC) – 193 codes

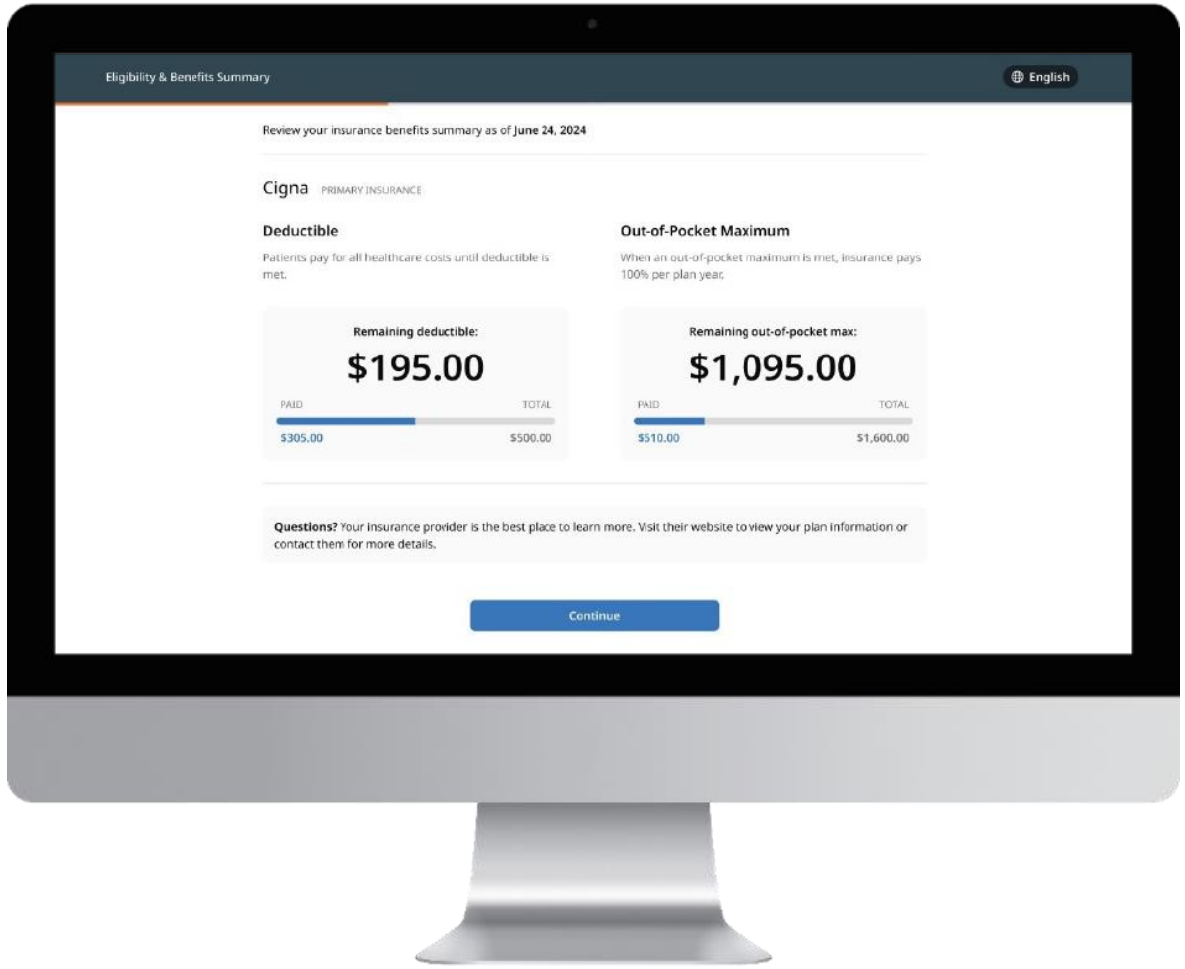
Unlimited verification checks!!

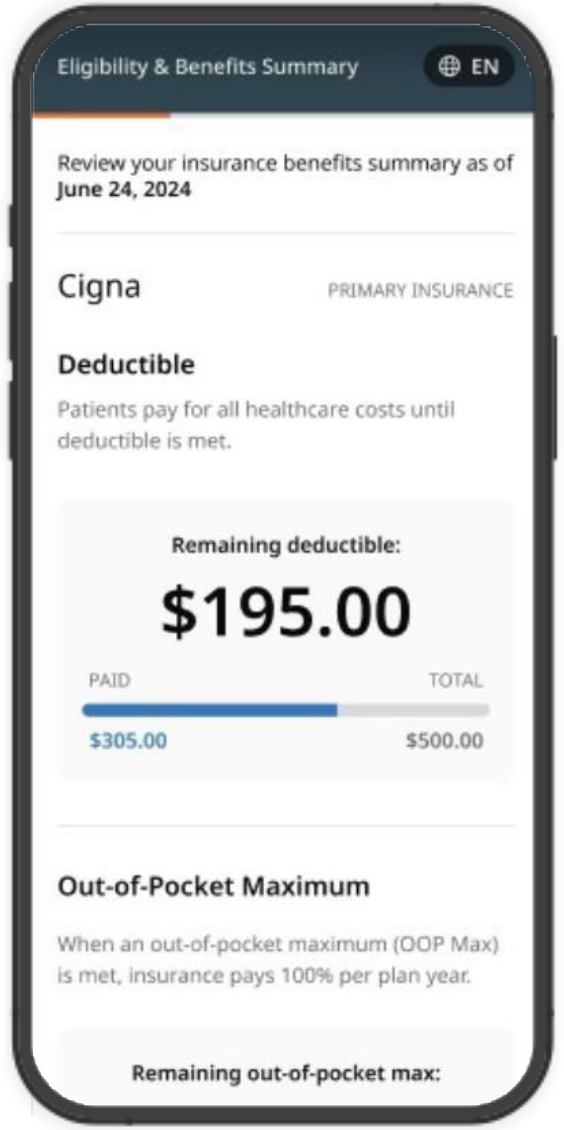
Edit and resubmit 270 - Edit a patient's insurance and re-send the transaction

Unlimited verification checks!



SUPPORT PATIENTS' FINANCIAL AWARENESS BEFORE THEY ARRIVE



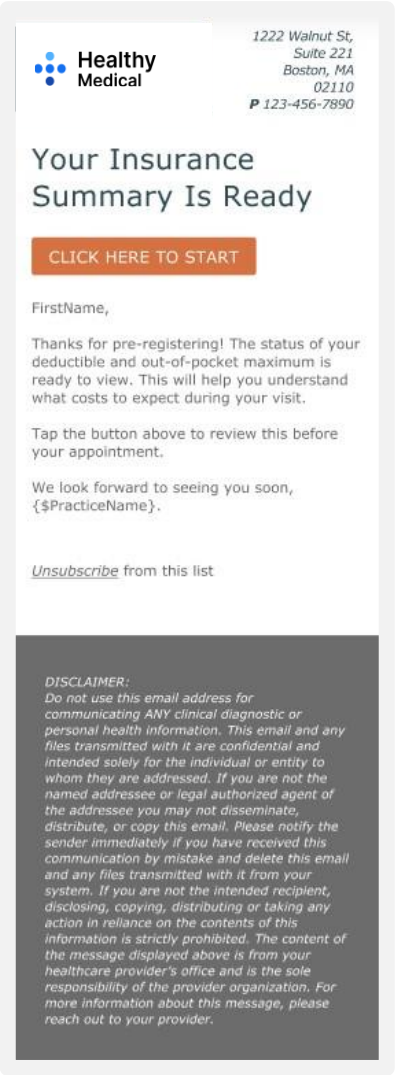


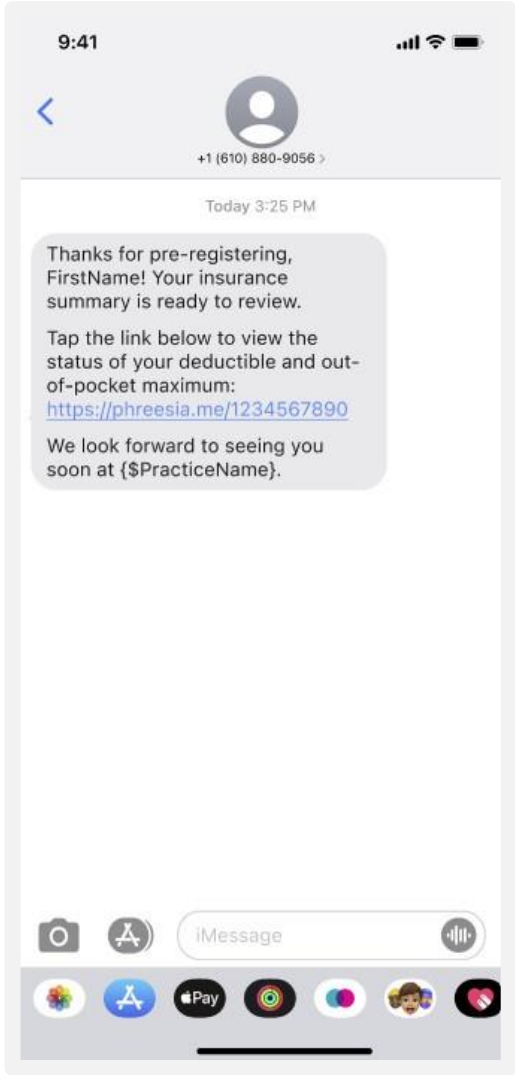
EDUCATE THROUGH EMAIL AND TEXT MESSAGE IN YOUR EXISTING WORKFLOW

Automated E&B summaries:

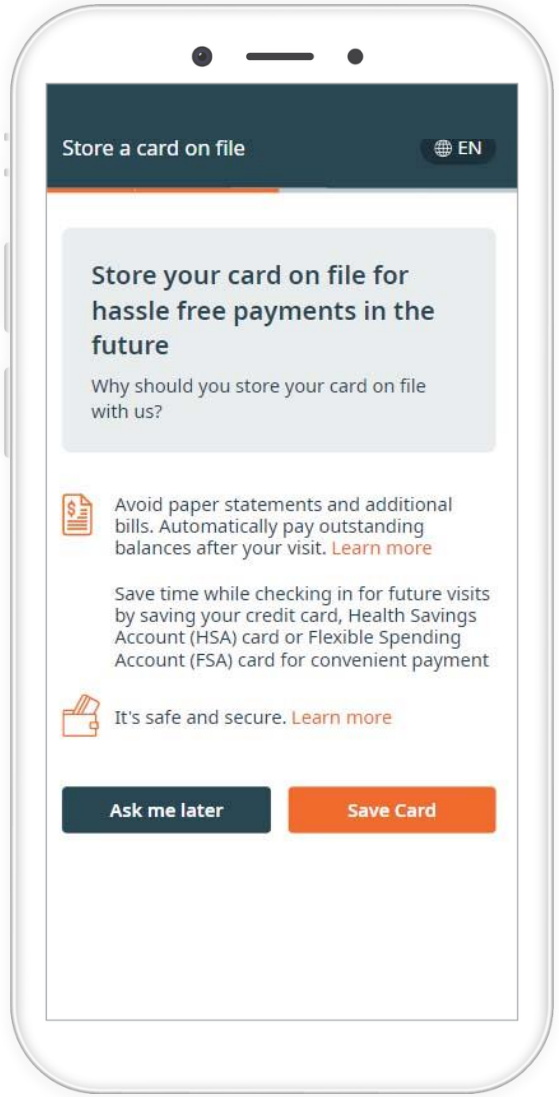
- ✔ **Provide up-to-date details** as patients meet deductibles and out-of-pocket maximums
- ✔ **Direct patients to contact payers** with questions or concerns—not your front desk

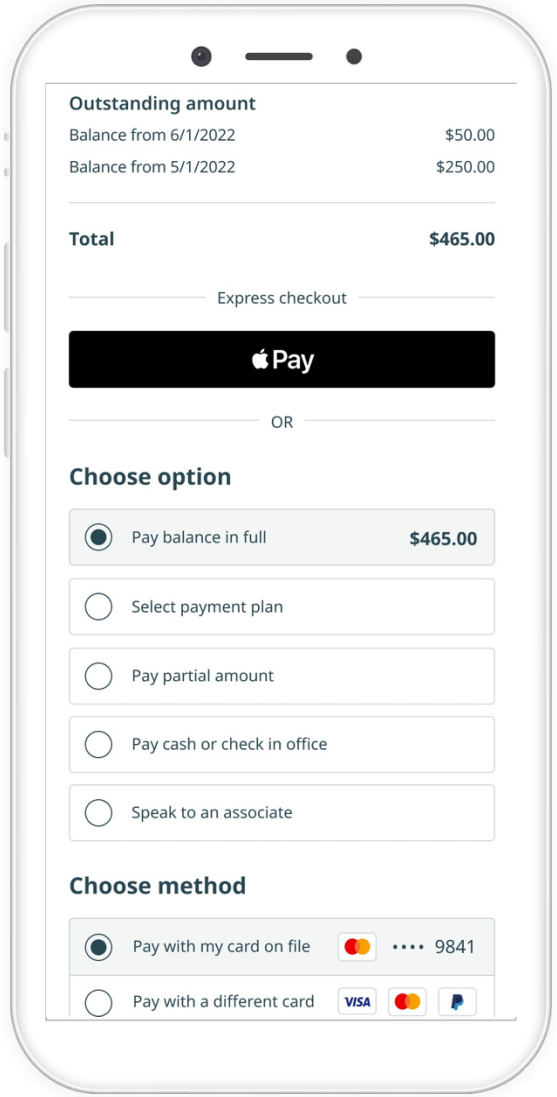
- **Customize your workflow** by location, visit type, provider or insurance type
- **Configure messages** to send between 0-360 minutes after patients complete pre-visit registration

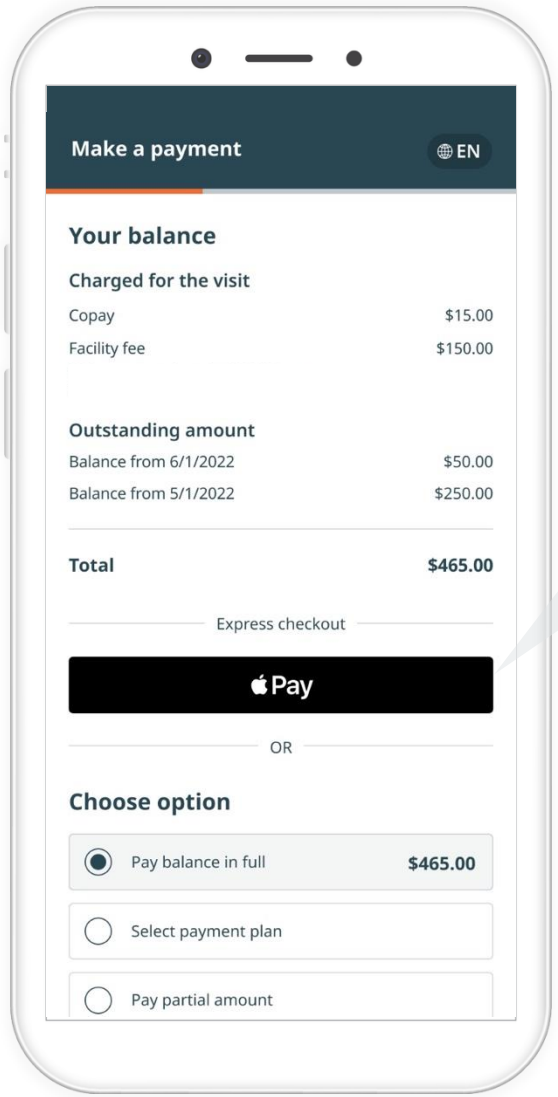


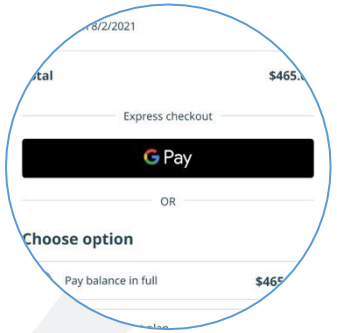


EASY AND CONVENIENT PAYMENT OPTIONS







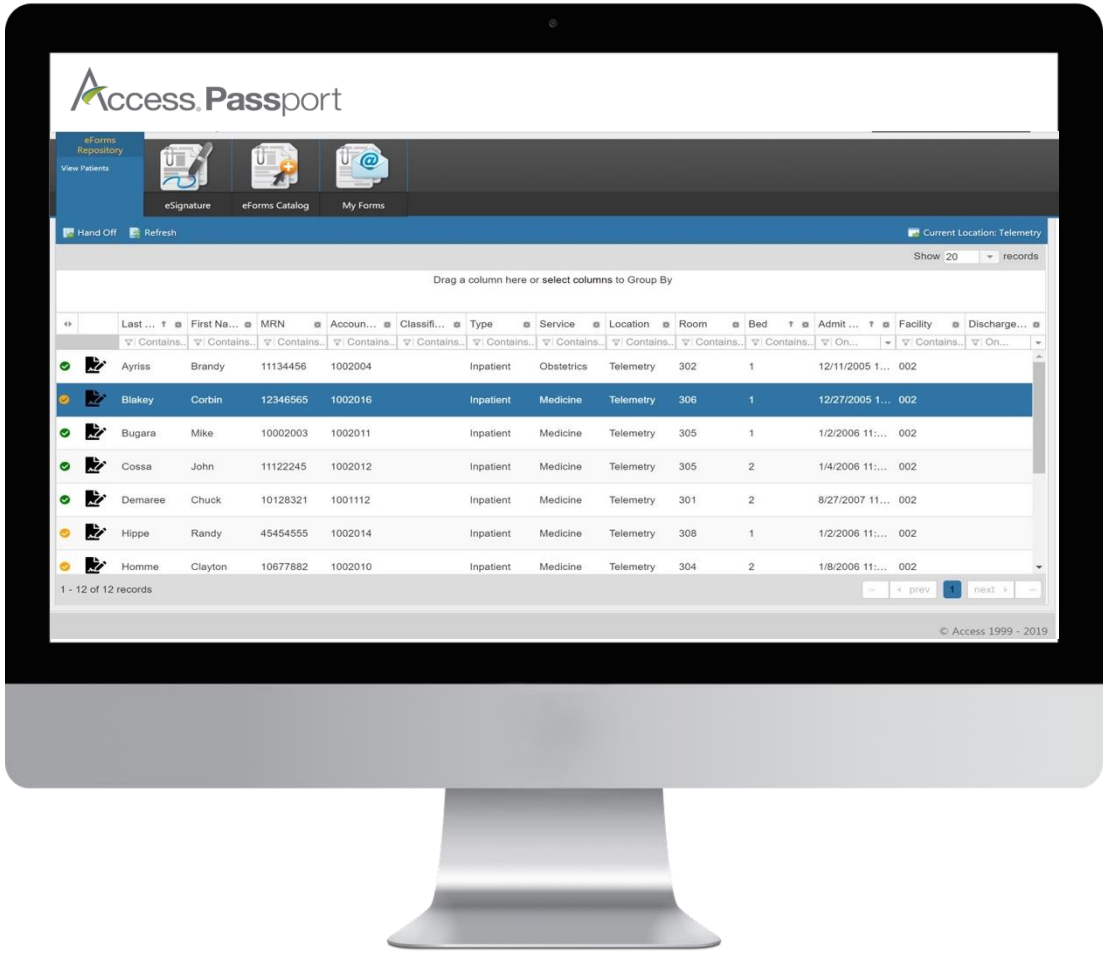


Access eForms

ONE SOLUTION TO CLOSE ALL "PAPER" GAPS

With Access eForms, you can:

- **Access clinical and administrative e-forms from handheld devices** anytime, either through your workstation or by scanning a patient's wristband
- **Capture patient information and signatures** during registration or at the bedside
- **Pre-populate data into e-forms** based on your organization's logic to alleviate burden on staff and patients
- **Easily maintain digital forms** through an e-forms repository
- **Empower your staff** to focus on patients—not paperwork

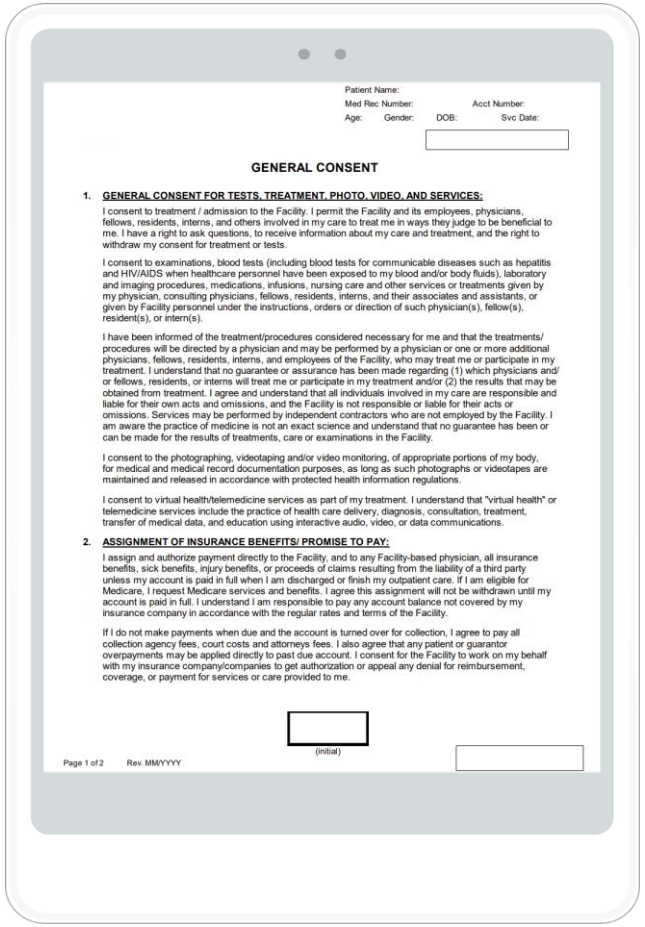


INFORMED CONSENT FORMS: MORE ORGANIZED THAN EVER

In a 2013 study, as many as
two-thirds of patients were missing signed consent forms[2]

Collect consents and keep track of them digitally with Access eForms.

- **Dynamically populate each form** based on procedure, provider, etc.
- **Push forms to provider queue** for counter-signature
- Implement exclusion-based workflows so you can **see who on the floor hasn't signed** an informed consent


Patient Name:
Med Rec Number: Acct Number:
Age: Gender: DOB: Svc Date:

GENERAL CONSENT

1. GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES:

I consent to treatment / admission to the Facility. I permit the Facility and its employees, physicians, fellows, residents, interns, and others involved in my care to treat me in ways they judge to be beneficial to me. I have a right to ask questions, to receive information about my care and treatment, and the right to withdraw my consent for treatment or tests.

I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when healthcare personnel have been exposed to my blood and/or body fluids), laboratory and imaging procedures, medications, infusions, nursing care and other services or treatments given by my physician, consulting physicians, fellows, residents, interns, and their associates and assistants, or given by Facility personnel under the instructions, orders or direction of such physician(s), fellow(s), resident(s), or intern(s).

I have been informed of the treatment/procedures considered necessary for me and that the treatments/ procedures will be directed by a physician and may be performed by a physician or one or more additional physicians, fellows, residents, interns, and employees of the Facility, who may treat me or participate in my treatment. I understand that no guarantee or assurance has been made regarding (1) which physicians and/ or fellows, residents, or interns will treat me or participate in my treatment and/or (2) the results that may be obtained from treatment. I agree and understand that all individuals involved in my care are responsible and liable for their own acts and omissions, and the Facility is not responsible or liable for their acts or omissions. Services may be performed by independent contractors who are not employed by the Facility. I am aware the practice of medicine is not an exact science and understand that no guarantee has been or can be made for the results of treatments, care or examinations in the Facility.

I consent to the photographing, videotaping and/or video monitoring, of appropriate portions of my body, for medical and medical record documentation purposes, as long as such photographs or videotapes are maintained and released in accordance with protected health information regulations.

I consent to virtual health/telemedicine services as part of my treatment. I understand that "virtual health" or telemedicine services include the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

2. ASSIGNMENT OF INSURANCE BENEFITS/ PROMISE TO PAY:

I assign and authorize payment directly to the Facility, and to any Facility-based physician, all insurance benefits, sick benefits, injury benefits, or proceeds of claims resulting from the liability of a third party unless my account is paid in full when I am discharged or finish my outpatient care. If I am eligible for Medicare, I request Medicare services and benefits. I agree this assignment will not be withdrawn until my account is paid in full. I understand I am responsible to pay any account balance not covered by my insurance company in accordance with the regular rates and terms of the Facility.

If I do not make payments when due and the account is turned over for collection, I agree to pay all collection agency fees, court costs and attorneys fees. I also agree that any patient or guarantor overpayments may be applied directly to past due account. I consent for the Facility to work on my behalf with my insurance company/companies to get authorization or appeal any denial for reimbursement, coverage, or payment for services or care provided to me.

(initial)

Page 1 of 2 Rev. MM/YYYY

[2] Garonizik-Wang, Jacqueline, et al. "Missing consent forms in the preoperative area: a single-center assessment of the scope of the problem and its downstream effects," 2013. https://doi.org/10.1001/jamasurg.2013.354

MINIMIZE OPERATING EXPENSES WITH ACCESS EFORMS

THE NEW NORMAL FOR IMPROVING COMPLIANCE

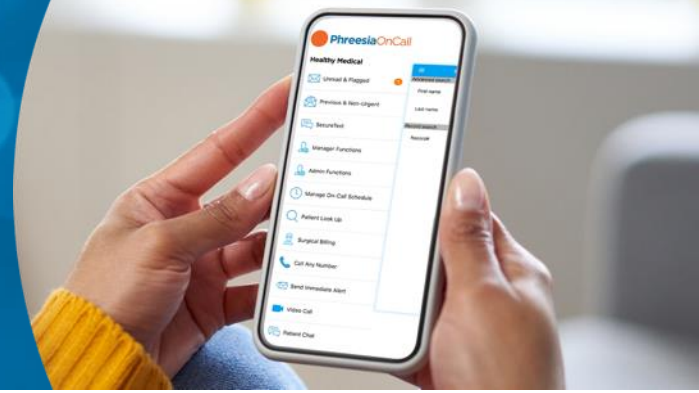
Rely on robust e-forms management processes to mitigate risk and increase security

- Promote accurate and up-to-date informed consent capture that's securely routed to the patient chart
- Capture and display patient information on all floors of your hospital, with immediate availability once the patient arrives
- Reduce the number of form builds and customizations due to policy changes
- Encourage a better experience for staff, patients and providers

Phreesia OnCall

PhreesiaOnCall

Simplify after-hours care coordination with smart, automated call tracking—**at no cost to you.**



Designed by doctors, for doctors.

Manage after-hours coverage and telehealth needs with our HIPAA- and HITECH-compliant, reliable, cloud-based solution. You can:

- Reduce medical liability
- Lower costs
- Improve patient experience and care
- Save time
- Minimize frustration

Never miss a call.

Easily connect with patients via PhreesiaOnCall:

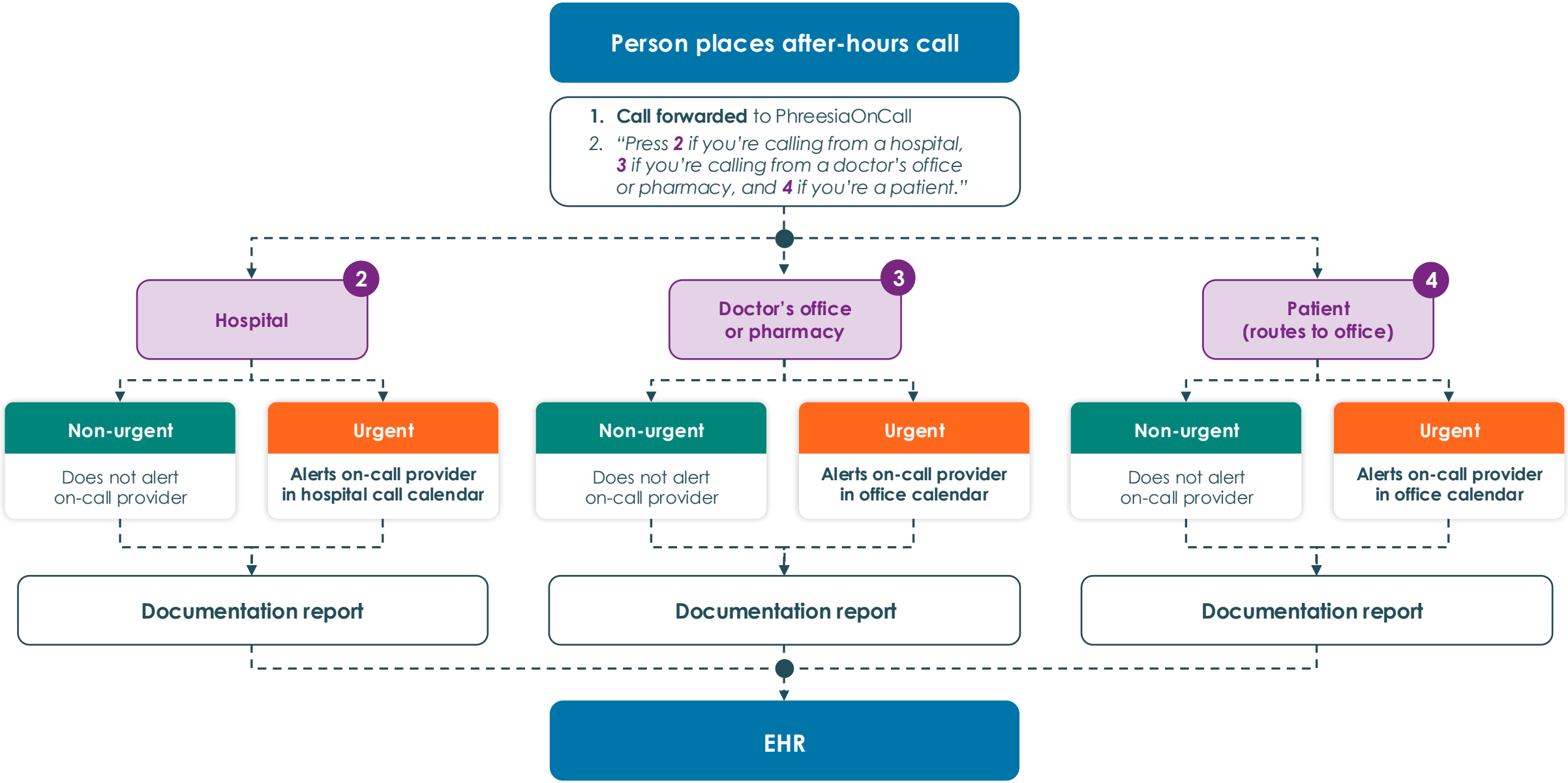
Patient messaging: Communicate quickly with patients from anywhere with HIPAA-compliant text messaging

Telehealth: Turn after-hours calls into telehealth visits without making patients download an app

"Any doctor would tell you that their least favorite thing about their job is being on call. But with PhreesiaOnCall, our providers can set preferred contact methods at any time, even when they're out of cell range … **The freedom that PhreesiaOnCall gives our providers is huge."**

- Drew Krueger, Practice Administrator, Mountain Eye Associates

AFTER-HOURS: HOW IT WORKS

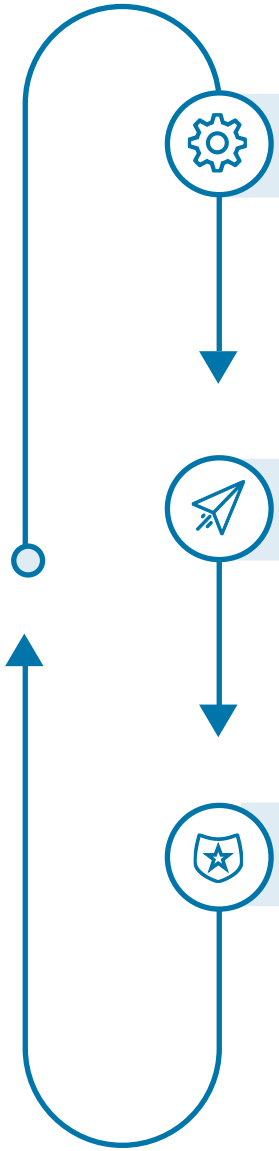


Clinical Content & Gaps in Care Solutions

AUTOMATING HIGH VALUE PATIENT COMMUNICATION

- Automate high-value, time-sensitive patient communication & data collection
- Communicate at the point of care or email / text patients who are between visits
- Close more care gaps, collect more targeted patient information
- Improve patient health & business outcomes

HOW PHREESIA IMPROVES COLLECTION OF PATIENT-REPORTED OUTCOMES (PROS) AND SCREENING TOOLS



Automation

- Reduce administrative burden by targeting the right patients at the right time
- Export results to PM/EHR without manual effort
- Aggregate results for access to analytics to drive patient outcomes

Increase in quality and reimbursement

- More reimbursement potential
- Improve quality measure results
- More data for payer negotiations

Consistency and best practices

- Library of well-established PROs and screening tools and best practice expertise
- Single platform for patient completion of all required practice documents
- Reduced time spent on questionnaires during the face-to-face visit
- Real-time access to results before the exam

PHREESIA'S LIBRARY OF LICENSED PATIENT-REPORTED OUTCOMES AND SCREENING TOOLS

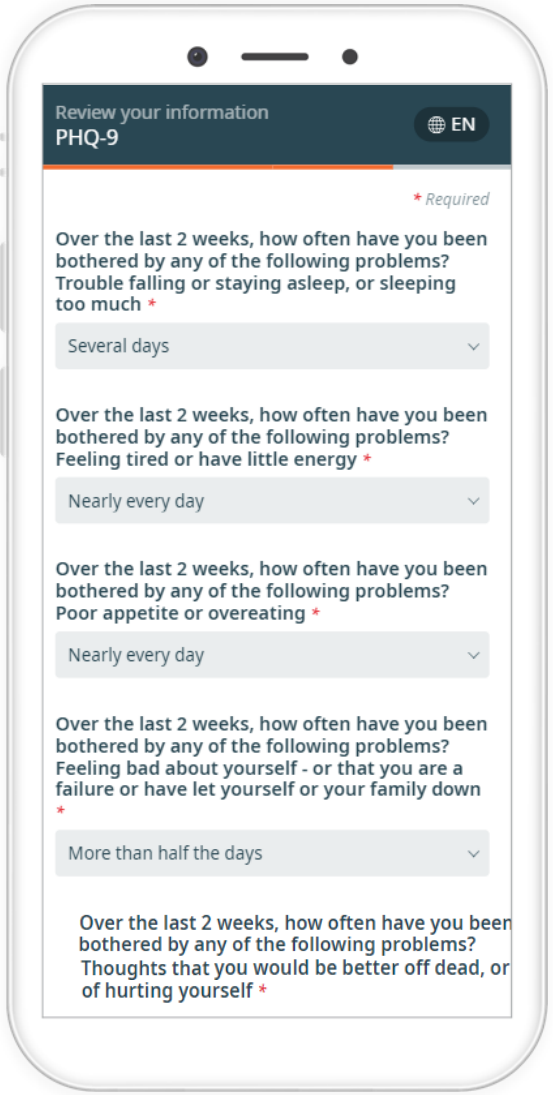
Available through our Enterprise and various Care Pathways applications.
Well-established PROs and screening tools **intelligently prompted** with proprietary logic.

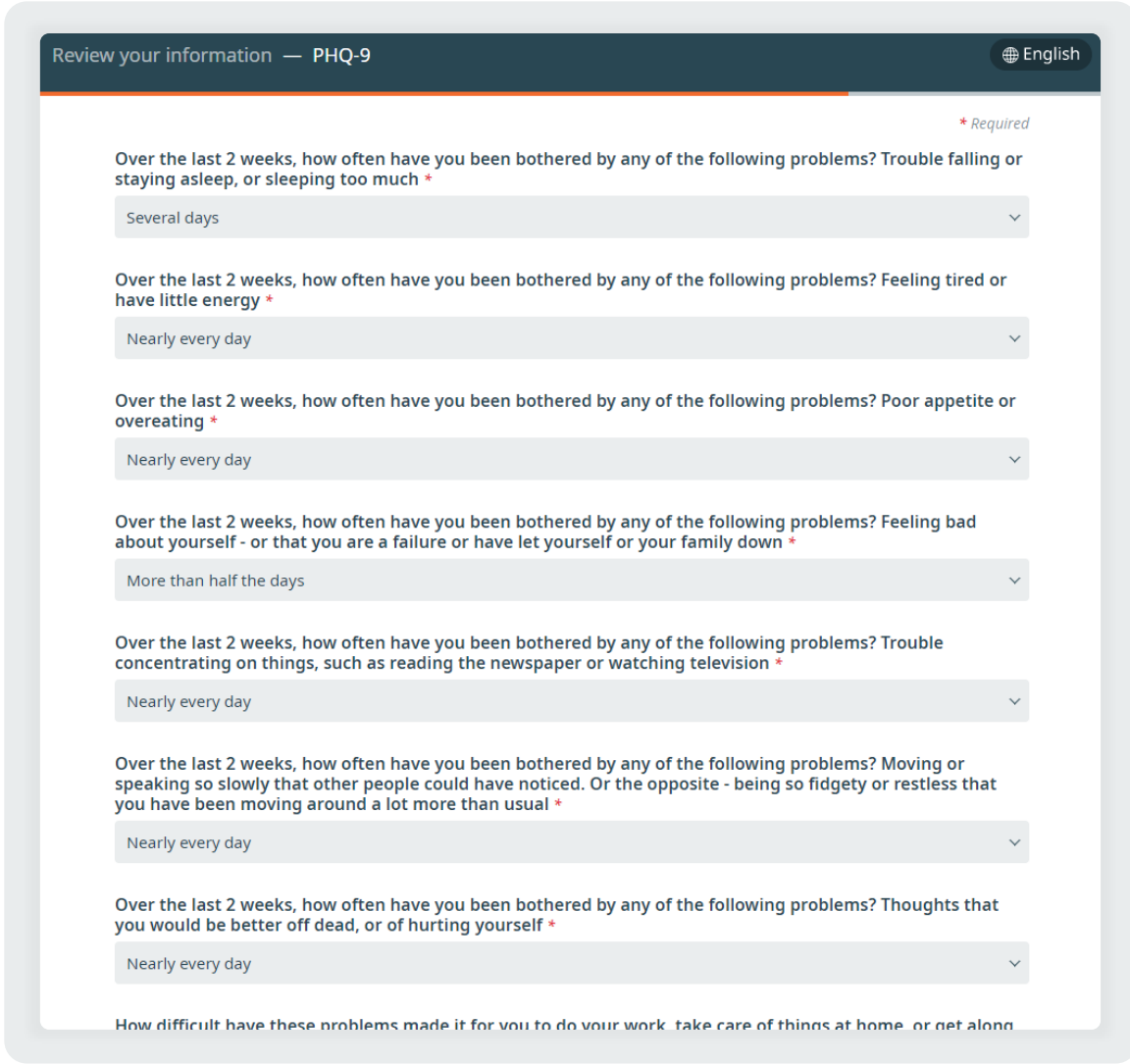
- Adult ADHD Self-Report Scale (ASRS)
- Androgen Deficiency in Aging Males (ADAM)
- Ages & Stages Questionnaires®*
- Asthma Control Test (ACT)12+*
- AUA Symptom Index/International Prostate Symptom Score (IPSS)
- AUDIT/AUDIT-C/US AUDIT-C
- BASDAI (Bath Ankylosing Spondylitis Disease Activity Index)
- Bowel Symptom Questionnaire
- Breast Cancer Risk Assessment
- Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition (Pre-visit and Supplemental Questionnaires)
- CAGE Assessment
- CDC Developmental Milestones Checklist
- CRAFFT (V2.1, +N)
- CUDIT-R (Cannabis Use Disorder Identification Test - Revised)
- DASH/QuickDASH
- DAST-10/DAST-20/DAST-20 Adolescent
- Dell Questionnaire
- Early Childhood Screening Assessment (ECSA and Brief ECSA)
- EAT 26
- Edinburgh Postnatal Depression Scale (EPDS)
- EPIC-26
- Epworth Sleepiness Scale (ESS)
- FAAM
- GAD-7
- Geriatric Depression Scale (GDS)
- HAQ, HAQ-II
- Healthy Habits Questionnaire - Ages 2-9 & 10+
- Hearing Handicap Inventory for Adults (HHIA, HHIA-S)
- Hepatitis B/C Screening Module
- HOOS/HOOS-JR/HOOS-PS
- Interstitial Cystitis Problem/Symptom Index (O'Leary-Symptom and Problem Indexes ICSI and ICPI)
- KOOS/KOOS-JR/KOOS-PS
- LASIK Questionnaire
- Lead Exposure Risk Assessment Questionnaire for Children
- M-CHAT/M-CHAT-R
- Mood and Feelings Questionnaire (MFQ)/Short Mood and Feelings Questionnaire (SMFQ)
- Myriad Cancer Risk Assessment (Hereditary Cancer Questionnaire)
- Neck Disability Index (NDI)
- NM-ASSIST (NIDA Modified Assist)
- Opioid Risk Tool (ORT)
- Osteoporosis Risk Assessment
- Oswestry Disability Index (ODI)
- Overactive Bladder (OAB)
- Pain Disability Index
- Pain Self-Efficacy Questionnaire (PSEQ)
- Pediatric ACEs Screening and Related Life-events Screener (PEARLS)
- Pediatric Symptom Checklist (PSC-17/PSC-35/PSC-Y)
- Penn Shoulder Score (PSS)
- Peripheral Vascular Health Questionnaire
- PHQ-2/PHQ-9/PHQ-A
- Post Concussion Symptom Scale
- PROMIS®-Global Health
- PROMIS® -29
- Questionnaire for Female Urinary Incontinence Diagnosis (QUID)
- RSI (Reflux Symptom Index)
- SCARED (Parent and Child Versions)
- Screening Checklist for Contraindications to Vaccines for Children and Teens
- SHIM
- SNOT-20/SNOT-22
- SPEED (Standardized Patient Evaluation of Eye Dryness) Questionnaire
- STEADI – Fall Risk Screenings
- SWYC (The Survey of Well-being of Young Children)
- TB Risk Assessment
- Test for Respiratory Control in Kids (TRACK)
- Urodynamics Questionnaire
- Vanderbilt Parent – Initial Visit and Follow-up

And the list keeps growing!

** Has additional practice licensing requirements*

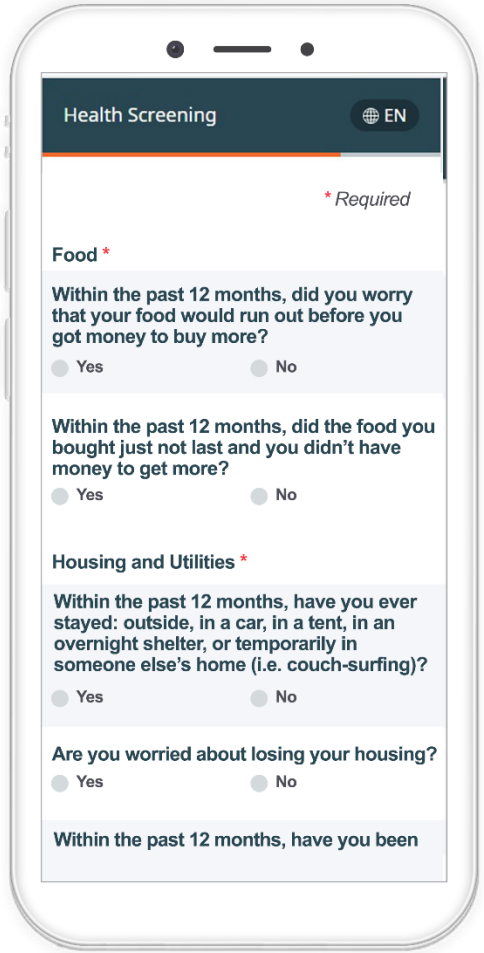
PATIENT-REPORTED OUTCOMES





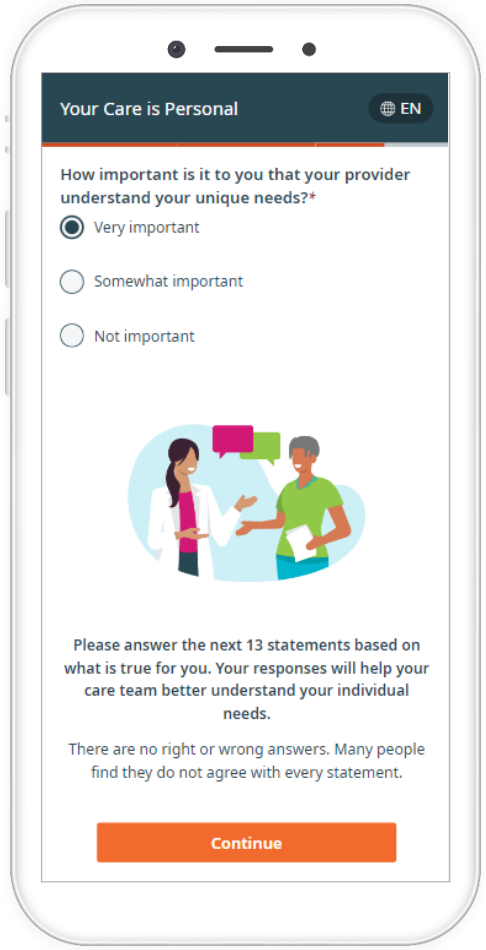
PRIVATELY ASSESS AND ADDRESS PATIENTS' SOCIAL NEEDS

Identify social needs
Administer SDOH screening



+

Assess patient activation
Administer PAM®



- Automatically generate a working list for your care team to connect with **lower-activated** patients
- Automatically send social resource information via email or text message to **higher-activated** patients
- **Understand your patients** and **tailor your resources** more effectively

Appointment Reminders

AUTOMATED OUTREACH BEFORE THE VISIT

Patient continues to receive outreach if they do not respond to earlier messages, helping you **streamline communications** and send messages **only to those who need them**.

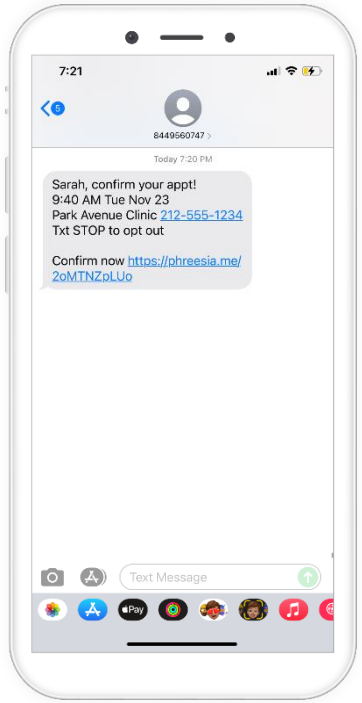
PATIENT

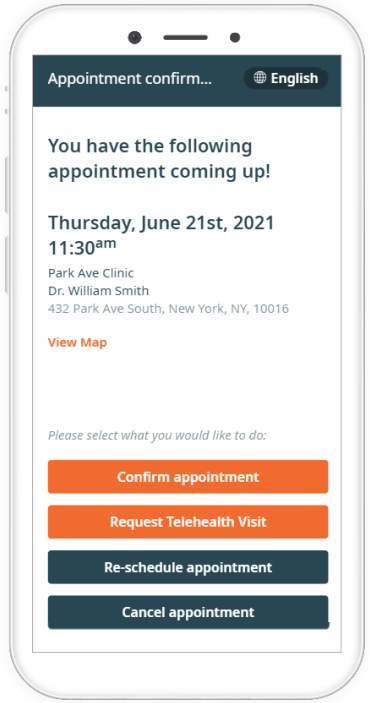
5 days before visit
Initial reminder

2 days before visit
Follow-up reminder

1 day before visit
Follow-up voicemail

Patient arrives for appointment

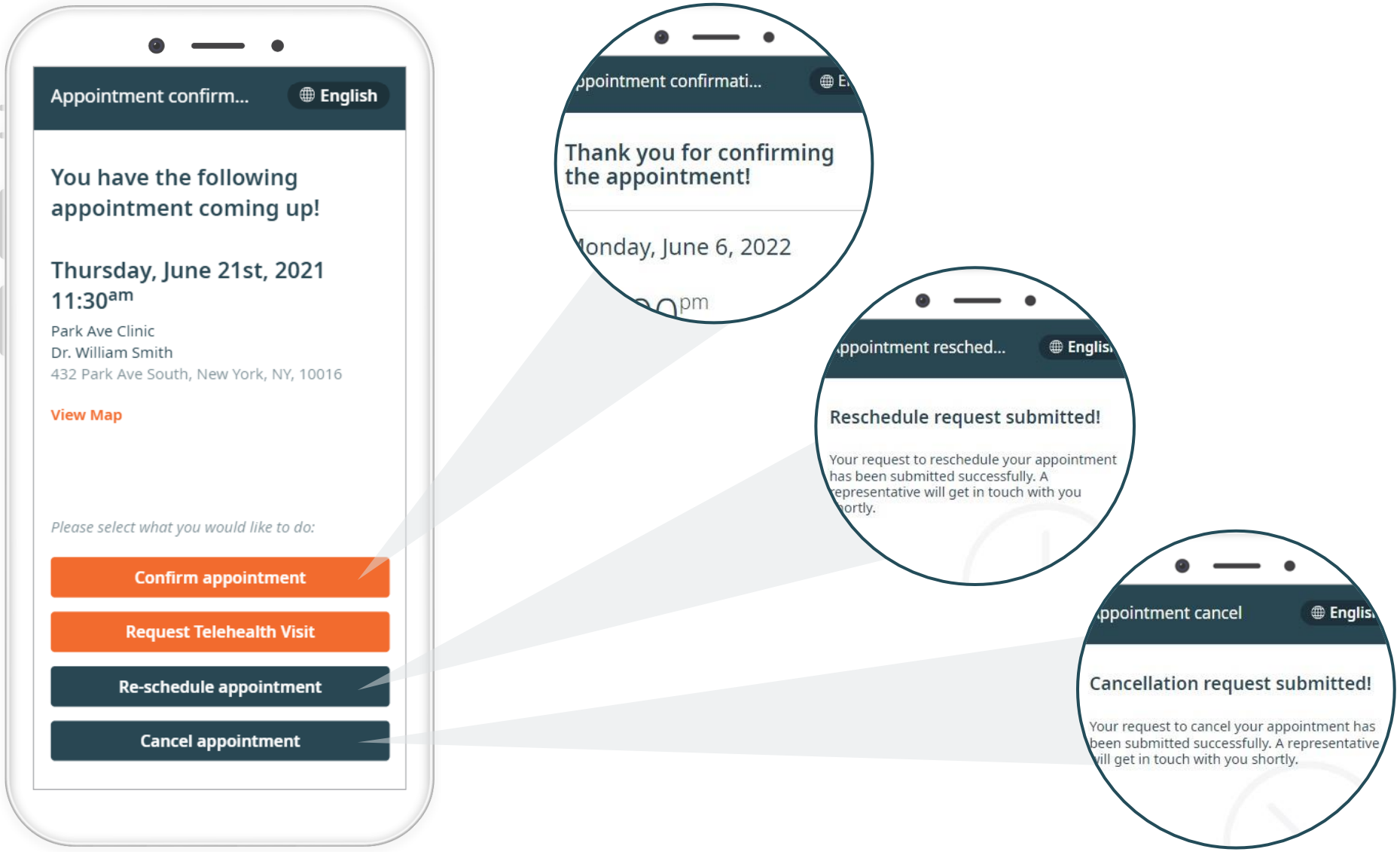




Reduce no-shows

See a 79% reduction in no-show rate within 30 days of launching Phreesia

SIMPLE TOOLS FOR EVERY PATIENT



PHREESIA APPOINTMENTS HUB

- Track all reschedule and cancellation requests
- Easily view unconfirmed appointments
- Assign each patient to a specific staff member
- Keep notes for follow-up and status of each patient
- Access appointments reporting and analytics across the organization

Languages

20 LANGUAGES TO GIVE A VIP EXPERIENCE TO ALL PATIENTS

1. English
2. Spanish
3. Arabic
4. Chinese Simplified
5. Chinese Traditional
6. Creole
7. Farsi (Persian)
8. French
9. German
10. Hindi
11. Italian
12. Japanese
13. Korean
14. Kurdish
15. Polish
16. Portuguese
17. Russian
18. Tagalog
19. Urdu
20. Vietnamese

THANK YOU

Phreesia

JJ Lane
jj.lane@phreesia.com

Rated #1 in Patient Intake Management

TAB D

SGMH Foundation report as of June 30, 2026

Foundation Finances

June 2026

HCN Bank – Checking	$32,116.06
HCN Bank – Money Market Acct.	$131,986.82
HCN Bank – Restricted	$8245.65
Stifel Investment acct (Nov 2025)	$1,129,417.41
Total	$1,301,765.94

Foundation Report

- Invitations to the Gala have been mailed out
- Gala Auction packages, swag bags, and various tasks for the gala are currently being worked on inside the foundation office. (very busy time)
- Foundation Director is working with Morongo's Tribal council's Administration to find a date to meet for a 4th time to discuss a donation.
- Foundation is searching for an alternate source to give an in-kind donation of Asphalt paving and Conex boxes for the hospital.

TAB E

Quarterly Construction Update

Report As of 21 July 2026

July 2026

Project	Start Date	Anticipated Completion Date	Status	Progress
Seismic Retrofit – Material Testing and Conditional Testing Program (MTCAP)	5/29/2024	03/27/2026	Completed	Status Update on pages that follow
Ultrasound Room Relocation	01/23/2026	05/15/2026	Completed	This was added as a change order for the SPECT CT project.

SGMH Building Rating

#	Building Name	SGMH / HCAI Bldg. #	Code Year	Year Built	Current SPC	Current NPC
1	Original Bldg. – OB Addn. – ’64 Addn.	01 / 01389	1949	1950	2	2
2	OR Addition	02 / 01390	1970	1973	2	2
3	Addition (1980)	03 / 01391	1976	1980	4	2
4	OB Addition	04 / 01392	1995	2003	5	4
5	Ambulance Canopy	09 / 02947	2001	2013	5	4
6	Entrance Canopy	08 / 02948	2001	2013	5	4
7	ED / ICU	07 / 05235	2001	2013	5	4
8	Central Plant	06 / 05303	2001	2012	5	4
9	Oxygen Tank & Cooling Tower Yard	06A / 05425	2001	2011	N/A	4
10	Pedestrian Walkway Canopy	11 / 06816	2019	2023	5	4

SPC-4D

SPC-2 buildings are considered 2030 non-compliant and need to be seismically upgraded to SPC-4D, which requires the following steps.

1. Materials Testing & Conditions Assessment Program/Results (MTCAP/MTCAR)

1. **Original Bldg. – OB Addn. – '64 Addn. (01/01389)**
    1. Materials Testing & Conditions Assessment Program (MTCAP) – COMPLETE.
    2. HCAI LA construction project for field implementation of Materials Testing & Conditions Assessment – COMPLETE.
    3. Field implementation of MTCAP – COMPLETE.
    4. Review and approval of test results by HCAI SCU (MTCAR) – Submitted to SCU in April 2026, currently under review.

2. **OR Addn. (02/01390)**
    1. Materials Testing & Conditions Assessment Program (MTCAP) – COMPLETE.
    2. HCAI LA construction project for field implementation of Materials Testing & Conditions Assessment – COMPLETE.
    3. Field implementation of MTCAP – Not started yet.
    4. Review and approval of test results first by us and then by HCAI SCU (MTCAR) – Not started yet.

2. SPC-4D Upgrade Construction Documents (CDs)

1. Building 01/01389: Backcheck is currently under review at SCU.
2. Building 02/01390: Not submitted to SCU yet.

3. Field implementation of Construction Documents (CDs) for SPC-4D

1. Not started yet. Can start after approval of SPC-4D designs by SCU and approval of upgrade CDs by HCAI LA.
2. Architect & MEP engineers would need to be brought on board to address architectural, ADA, and other related items.
3. HCAI deadline for SPC-4D reclassification is 01/01/2030.

NPC-5

NPC-2 buildings are 2030 non-compliant and need to be seismically upgraded first to NPC-3, then to NPC-4D or NPC-4, and then the campus needs to be upgraded to NPC-5. This requires the following steps.

1.NPC-3/4D/4/5 Evaluations (Deadline was 01/01/2024)

1. NPC-3 evaluation was submitted to SCU on 12/21/23 – COMPLETE.
2. Operational Plans were prepared by SGMH (for two buildings only) and was uploaded by us to comply with NPC-4D evaluation requirements. Currently "Open Remarked".
3. NPC-5 Water Rationing Plan (WRP) was submitted. Currently "Open Remarked".

2.NPC-4D/4/5 Upgrade CDs (Deadline for HCAI submittal was 03/01/2026)

1. Walter P Moore submitted upgrade CDs for NPC-4D in February 2026 – Currently under review.
2. NPC-5 upgrade CDs have not been submitted to HCAI. SGMH needs to hire an architect, MEP, and Civil engineer to respond to HCAI & CDPH comments on the Water Rationing Plan and develop NPC-5 upgrade CDs. Walter P Moore would assist with the structural support of tanks.

3.Field implementation of Construction Documents (CDs) for NPC-4D/4/5

1. Pull a permit for NPC-4D/4/5 Upgrade CDs by or before 03/01/2028.
2. Complete field implementation of NPC Upgrade CDs and reclassify the buildings to NPC-5. Fee proposal for CA (construction administration) for NPC upgrades shall be provided later. HCAI deadline is 01/01/2030.
3. Install water, sewage, and fuel tanks to obtain NPC-5 reclassification for each building at the campus. HCAI deadline is 01/01/2030.

Seismic Compliance Plans

Were submitted by SGMH. Currently "Open Remarked".

TAB F

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

01/01/2026 THROUGH 06/30/2026

months included 6.00

12.00

JOB CLASS/FAMILY	CURRENT NEW HIRES 01/01/2026 THROUGH 06/30/2026	2025 NEW HIRES	YTD NEW HIRES 01/01/2026 THROUGH 06/30/2026	CURRENT SEPARATIONS 01/01/2026 THROUGH 06/30/2026	2025 SEPARATIONS	YTD TERMS 01/01/2026 THROUGH 06/30/2026	ACTIVE ASSOCIATE COUNT AS OF 06/30/2026	LOA ASSOCIATE COUNT AS OF 06/30/2026	CURRENT TURNOVER AS OF 06/30/2026	ANNUALIZED TURNOVER	
ADMIN/CLERICAL	5	19	5	12	21	12	81	2	14.81%	29.63%	5
ANCILLARY	11	35	11	8	36	8	85	0	9.41%	18.82%	6
CLS	0	1	0	0	1	0	4	0	0.00%	0.00%	7
DIRECTORS/MGRS	6	2	6	0	4	0	39	0	0.00%	0.00%	8
LVN	0	3	0	0	4	0	13	2	0.00%	0.00%	9
OTHER NURSING	7	22	7	13	20	13	55	7	23.64%	47.27%	10
PT	1	1	1	2	2	2	8	0	25.00%	50.00%	11
RAD TECH	5	8	5	6	10	6	27	2	22.22%	44.44%	12
RN	36	47	36	26	45	26	154	9	16.88%	33.77%	13
RT	3	3	3	1	4	1	23	1	4.35%	8.70%	14
SUPPORT SERVICES	16	52	16	17	40	17	112	5	15.18%	30.36%	15
											16
FACILITY TOTAL	**90**	**193**	**90**	**85**	**187**	**85**	**601**	**28**	14.14%	28.29%	17
											18
Full Time	56	116	56	47	103	47	424	21	11.08%	22.17%	19
Part Time	8	23	8	16	24	16	61	3	26.23%	52.46%	20
Per Diem	26	54	26	22	60	22	116	4	18.97%	37.93%	21
TOTAL	***90***	***193***	***90***	***85***	***187***	***85***	***601***	***28***	14.14%	28.29%	22
											23

TOTAL ASSOCIATES ON PAYROLL = 629 24

	NATIONAL	SGMH
2025 HOSPITAL STAFF TURNOVER RATE =	22.70%	**31.11%**
2025 HOSPITAL STAFF - RN TURNOVER RATE =	27.10%	**29.22%**

Southern California Hospital Association (HASC) Benchmark:		
2025 Annual Turnover Rate for all Associates	11.10%	25
2025 Annual Turnover Rate for all RNs	12.00%	26

2026 NATIONAL HOSPITAL STAFF TURNOVER RATE = 18.30%

2026 NATIONAL HOSPITAL STAFF - RN TURNOVER RATE = 17.60%

Southern California Hospital Association (HASC) Benchmark:		
2026 Turnover Rate for all Associates	11.20%	27
2026 Turnover Rate for all RNs	11.20%	28

Southern California Hospital Association (HASC) Benchmark:		
2026 Turnover for all PER DIEM Associates	30.00%	29

SEPARATION ANALYSIS

ALL ASSOCIATES

01/01/2026 THROUGH 06/30/2026

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	*90 days - 1 year*	*1-2 years*	*3-5 years*	*6-10 years*	*10+ years*	
Involuntary Separations								
Full-Time	10.6%	*1*	*3*	*1*	*2*	*1*	*1*	*9*
Part-Time	2.4%	*1*					*1*	*2*
Per Diem	0.0%							*0*
Subtotal, Involuntary Separations	12.9%	**2**	**3**	**1**	**2**	**1**	**2**	***11***
Voluntary Separations								
Full-Time	44.7%	*6*	*10*	*12*	*2*	*4*	*4*	*38*
Part-Time	16.5%	*4*	*2*	*3*	*4*	*1*		*14*
Per Diem	16.5%	*4*	*2*	*10*	*2*		*4*	*22*
Subtotal, Voluntary Separations	87.1%	**14**	**14**	**25**	**8**	**5**		***74***
Total Separations	**100.0%**	**16**	**17**	**26**	**10**	**6**	**2**	**85**

FULL AND PART TIME ASSOCIATES
01/01/2026 THROUGH 06/30/2026

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	*90 days - 1 year*	*1-2 years*	*3-5 years*	*6-10 years*	*10+ years*	
Voluntary Separations								
Did not Return from LOA	3.2%			1	1			***2***
Employee Death	0.0%							***0***
Family/Personal Reasons	17.5%	1	2	5	1	1	1	***11***
Job Abandonment	4.8%	2		1				***3***
Job Dissatisfaction	0.0%							***0***
Medical Reasons	0.0%							***0***
New Job Opportunity	44.4%	5	9	7	2	2	3	***28***
Not Available to Work	1.6%	1						***1***
Pay	0.0%							***0***
Relocation	3.2%	1				1		***2***
Retirement	3.2%				1	1		***2***
Return to School	3.2%		1		1			***2***
Unknown	1.6%			1				***1***
Subtotal, Voluntary Separations	82.5%	**10**	***12***	***15***	***6***	***5***	***4***	***52***
Involuntary Separations								
Attendance/Tardiness	0.0%							***0***
Conduct	11.1%	1	3	1	2			***7***
Death	1.6%						1	***1***
Expired Credentials	0.0%							***0***
Didn't meet scheduling needs	0.0%							***0***
Poor Performance	1.6%	1						***1***
Position Eliminations	3.2%						2	***2***
Temporary Position	0.0%							***0***
Subtotal, Involuntary Separations	17.5%	**2**	***3***	***1***	***2***	***0***	***3***	***11***
Total Separations	**100.0%**	**12**	***15***	***16***	***8***	***5***	***7***	***63***

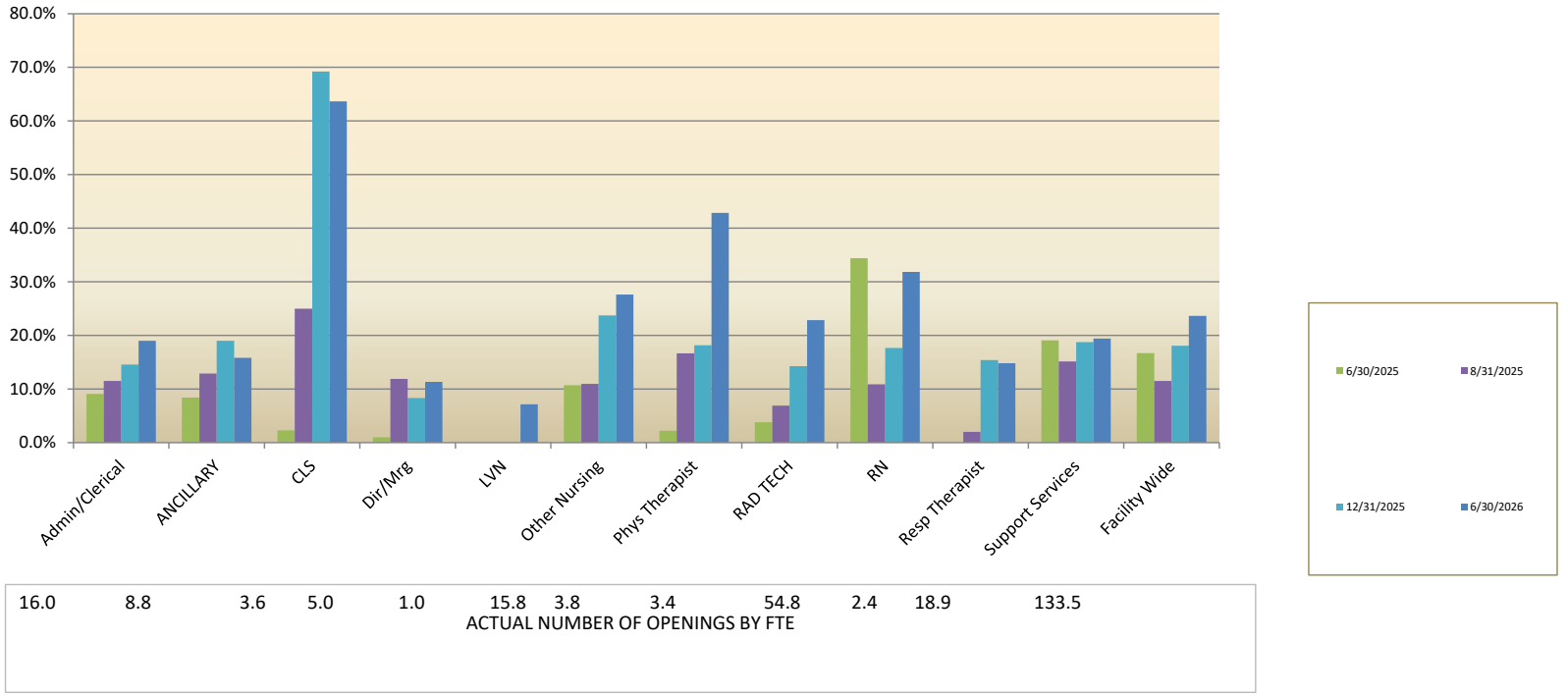
7/12/2026

Separation Reason Analysis

Per Diem Associates Only

01/01/2026 THROUGH 06/30/2026

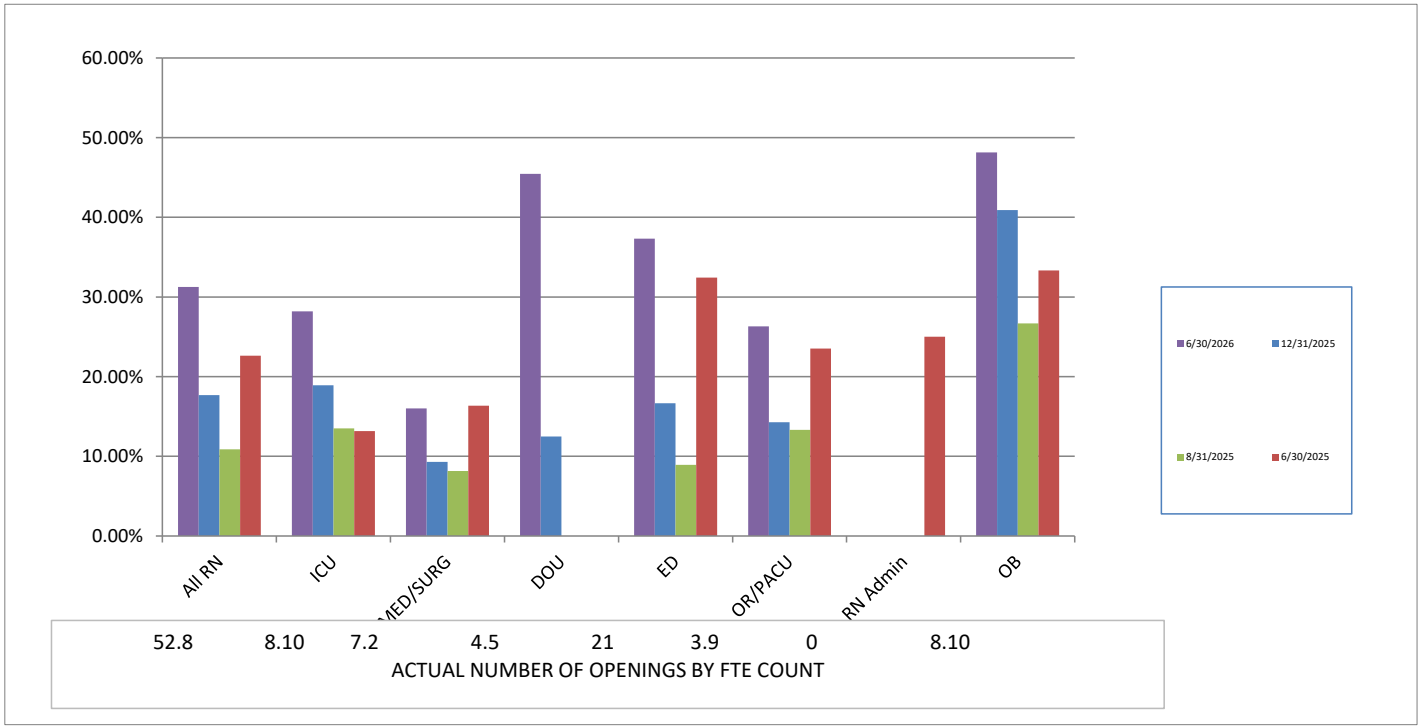
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	*90 days - 1 year*	*1-2 years*	*3-5 years*	*6-10 years*	*10+ years*	
Voluntary Separations								
Did not Return from LOA	0.0%							*0*
Employee Death	0.0%							*0*
Family/Personal Reasons	27.3%	**2**	**1**	**2**			**1**	*6*
Job Abandonment	0.0%							*0*
Job Dissatisfaction	4.5%						**1**	*1*
Medical Reasons	0.0%							*0*
New Job Opportunity	68.2%	**2**	**1**	**8**	**2**		**2**	*15*
Not Available to Work	0.0%							*0*
Pay	0.0%							*0*
Relocation	0.0%							*0*
Retirement	0.0%							*0*
Return to School	0.0%							*0*
Unknown	0.0%							*0*
Subtotal, Voluntary Separations	100.0%	***4***	***2***	***10***	***2***	***0***	***4***	***22***
Involuntary Separations								
Attendance/Tardiness	0.0%							*0*
Conduct	0.0%							*0*
Didn't meet certification deadline	0.0%							*0*
Didn't meet scheduling needs	0.0%							*0*
Poor Performance	0.0%							*0*
Position Eliminations	0.0%							*0*
Temporary Position	0.0%							*0*
Subtotal, Involuntary Separations	0.0%	***0***	***0***	***0***	***0***	***0***	***0***	***0***
Total Separations	**100.0%**	**4**	**2**	**10**	**2**	**0**	**4**	**22**


80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Admin/Clerical
ANCILLARY
CLS
Dir/Mrg
LVN
Other Nursing
Phys Therapist
RAD TECH
RN
Resp Therapist
Support Services
Facility Wide
6/30/2025
8/31/2025
12/31/2025
6/30/2026
16.0
8.8
3.6
5.0
1.0
15.8
3.8
3.4
54.8
2.4
18.9
133.5
ACTUAL NUMBER OF OPENINGS BY FTE

	6/30/2026	12/31/2025	8/31/2025	6/30/2025
All RN	31.25%	17.68%	10.87%	22.64%
ICU	28.21%	18.92%	13.51%	13.16%
MED/SURG	16.00%	9.30%	8.16%	16.36%
DOU	45.45%	12.50%	0.00%	0.00%
ED	37.33%	16.67%	8.93%	32.43%
OR/PACU	26.32%	14.29%	13.33%	23.53%
RN Admin	0.00%	0.00%	0.00%	25.00%
OB	48.15%	40.91%	26.67%	33.33%

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

	OPEN POSITIONS	ACTIVE	VACANCY RATE
All RN	**70**	**154**	31.25%
ICU	**11**	**28**	28.21%
Med Surg	**8**	**42**	16.00%
DOU	**5**	**6**	45.45%
ED	**28**	**47**	37.33%
OR/PACU	**5**	**14**	26.32%
RN Adm.	**0**	**3**	0.00%
OB	**13**	**14**	48.15%



BETA HEALTHCARE GROUP

DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 6/30/2026

Reporting Period 6/1/2026 - 6/30/2026

SUMMARY DATA

		Values				
FiscalYear	ValuationDate	Total Paid	Total Reserves	Total Incurred	Count	Open Count
2015-2016	2026-06-30	848,705	178,133	1,026,838	40	3
2016-2017	2026-06-30	205,546	-	205,546	27	-
2017-2018	2026-06-30	72,312	-	72,312	18	-
2018-2019	2026-06-30	173,115	31,094	204,209	16	1
2019-2020	2026-06-30	68,021	-	68,021	15	-
2020-2021	2026-06-30	591,882	41,019	632,901	22	2
2021-2022	2026-06-30	111,249	65,334	176,584	18	2
2022-2023	2026-06-30	186,330	84,808	271,137	14	3
2023-2024	2026-06-30	667,668	49,171	716,839	30	3
2024-2025	2026-06-30	114,833	22,105	136,938	33	3
2025-2026	2026-06-30	93,632	111,797	205,430	40	12
Grand Total		3,133,294	583,461	3,716,755	273	29

DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 6/30/2026

Reporting Period 6/1/2026 - 6/30/2026

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
20805905	[redacted]	Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	346,038	9,318	355,356
16000026	[redacted]	Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	141,440	92,614	234,053
16000811	[redacted]	Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	173,385	47,840	221,225
24000701	[redacted]	Medical Staff	Miscellaneous Causes	2024-01-11	Closed	176,809	-	176,809
21000657	[redacted]	Environmental Services	Fall, Slip or Trip Injury	2021-03-16	Re-Open	136,426	31,701	168,127
23001495	[redacted]	Laboratory	Fall, Slip or Trip Injury	2023-07-11	Open	140,740	4,197	144,937
19000235	[redacted]	Nursing Administration	Fall, Slip or Trip Injury	2019-02-11	Open	85,628	31,094	116,722
22002677	[redacted]	Medical Surgical	Strain or Injury By	2022-11-20	Open	61,030	38,278	99,308
16001005	[redacted]	Medical Surgical	Burn or Scald - Heat or Cold Exposures -	2016-07-21	Closed	98,814	-	98,814
23001964	[redacted]	Obstetrics	Fall, Slip or Trip Injury	2023-09-03	Open	61,649	35,022	96,671

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Medical Surgical	50	18.32%	759,111	20.42%
Environmental Services	47	17.22%	780,524	21.00%
Emergency Department	44	16.12%	280,516	7.55%
Dietary	25	9.16%	47,162	1.27%
Intensive Care Unit (ICU)	12	4.40%	62,644	1.69%
Surgical Services	11	4.03%	393,823	10.60%
Laboratory	11	4.03%	223,279	6.01%
Security Department	10	3.66%	118,995	3.20%
Obstetrics	7	2.56%	388,370	10.45%
Engineering	6	2.20%	74,858	2.01%

SEVERITY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	47	17.22%	780,524	21.00%
Medical Surgical	50	18.32%	759,111	20.42%
Surgical Services	11	4.03%	393,823	10.60%
Obstetrics	7	2.56%	388,370	10.45%
Emergency Department	44	16.12%	280,516	7.55%
Laboratory	11	4.03%	223,279	6.01%
Medical Staff	6	2.20%	191,528	5.15%
Nursing Administration	5	1.83%	177,710	4.78%
Security Department	10	3.66%	118,995	3.20%
Engineering	6	2.20%	74,858	2.01%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	87	31.87%	885,788	23.83%
Fall, Slip or Trip Injury	40	14.65%	1,814,974	48.83%
Burn or Scald - Heat or Cold Exposures - Contact	36	13.19%	147,517	3.97%
Struck or Injured By	35	12.82%	216,000	5.81%
Cut, Puncture, Scrape Injured by	21	7.69%	80,729	2.17%
Miscellaneous Causes	19	6.96%	373,697	10.05%
Exposure	13	4.76%	62,512	1.68%
Caught In, Under or Between	13	4.76%	10,654	0.29%
Striking Against or Stepping on	7	2.56%	51,042	1.37%
Motor Vehicle	2	0.73%	73,841	1.99%

SEVERITY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Fall, Slip or Trip Injury	40	14.65%	1,814,974	48.83%
Strain or Injury By	87	31.87%	885,788	23.83%
Miscellaneous Causes	19	6.96%	373,697	10.05%
Struck or Injured By	35	12.82%	216,000	5.81%
Burn or Scald - Heat or Cold Exposure	36	13.19%	147,517	3.97%
Cut, Puncture, Scrape Injured by	21	7.69%	80,729	2.17%
Motor Vehicle	2	0.73%	73,841	1.99%
Exposure	13	4.76%	62,512	1.68%
Striking Against or Stepping on	7	2.56%	51,042	1.37%
Caught In, Under or Between	13	4.76%	10,654	0.29%

Open Claims

San Gorgonio Memorial Hospital

Fiscal Year Basis: July

Data as of 6/30/2026

Reporting Period 6/1/2026 - 6/30/2026

							Values				
Loss Date	Claim #	Status	Claimant Name	ClaimantTypeDesc	InjuryCauseGrou	Litigated (1=	Count	Paid	Outstanding	Incurred	Lost Time
2015-08-20	15001161	Re-Open	[redacted]	Future Medical	Strain or Injury By	0	1	27,087	37,679	64,766	0
2016-01-05	16000026	Open		Future Medical	Fall, Slip or Trip Inju	1	1	141,440	92,614	234,053	749
2016-05-31	16000811	Open		Future Medical	Fall, Slip or Trip Inju	1	1	173,385	47,840	221,225	730
2019-02-11	19000235	Open		Future Medical	Fall, Slip or Trip Inju	0	1	85,628	31,094	116,722	0
2020-08-04	20805905	Open		Indemnity	Fall, Slip or Trip Inju	1	1	346,038	9,318	355,356	812
2021-03-16	21000657	Re-Open		Indemnity	Fall, Slip or Trip Inju	1	1	136,426	31,701	168,127	728
2021-08-13	21001795	Open		Future Medical	Strain or Injury By	0	1	33,280	40,127	73,407	70
2022-01-23	22000651	Re-Open		Future Medical	Fall, Slip or Trip Inju	0	1	31,833	25,207	57,040	106
2022-11-20	22002677	Open		Future Medical	Strain or Injury By	0	1	61,030	38,278	99,308	200
2022-12-02	22002737	Open		Future Medical	Strain or Injury By	0	1	8,588	40,616	49,204	11
2023-03-21	23003338	Open		Indemnity	Fall, Slip or Trip Inju	1	1	9,287	5,913	15,200	0
2023-07-11	23001495	Open		Indemnity	Fall, Slip or Trip Inju	1	1	140,740	4,197	144,937	112
2023-09-03	23001964	Open		Future Medical	Fall, Slip or Trip Inju	0	1	61,649	35,022	96,671	154
2024-02-23	24000340	Open		Indemnity	Fall, Slip or Trip Inju	0	1	51,345	9,952	61,297	100
2024-07-22	24001567	Open		Indemnity	Strain or Injury By	0	1	9,276	3,766	13,042	22
2024-09-15	24002020	Open		Future Medical	Strain or Injury By	0	1	10,983	7,636	18,619	65
2024-11-27	24002638	Re-Open		Indemnity	Fall, Slip or Trip Inju	1	1	19,536	10,703	30,239	8
2025-10-23	25002891	Open		Indemnity	Miscellaneous Cause	1	1	4,898	2,352	7,250	0
2026-01-09	26000034	Open		Indemnity	Strain or Injury By	0	1	10,188	6,904	17,092	12
2026-01-13	26000224	Open		Indemnity	Strain or Injury By	0	1	-	9,700	9,700	0
2026-01-27	26000295	Open		Indemnity	Miscellaneous Cause	1	1	-	9,700	9,700	0
2026-02-11	26000379	Open		Indemnity	Motor Vehicle	1	1	33,723	21,034	54,758	140
2026-02-11	26000414	Open		Indemnity	Motor Vehicle	0	1	4,683	14,400	19,084	14
2026-02-15	26000360	Open		Indemnity	Burn or Scald - Heat	0	1	456	5,744	6,200	0
2026-03-24	26000703	Open		Medical	Strain or Injury By	0	1	3,252	298	3,550	0
2026-03-30	26000737	Open		Indemnity	Strain or Injury By	0	1	3,098	8,414	11,512	34
2026-04-03	26000851	Open		Medical	Struck or Injured By	0	1	-	2,550	2,550	0
2026-05-30	26001332	Open		Medical	Burn or Scald - Heat	0	1	-	3,850	3,850	0
2026-06-06	26001393	Open		Indemnity	Fall, Slip or Trip Inju	0	1	4,275	26,852	31,127	28
Grand Total							**29**	**1,412,125**	**583,461**	**1,995,586**	**4,095**

TAB G

2026 HOLIDAY GIFT CARDS
DISTRIBUTION Week of November 9TH, 2026

Dear Members of the Board,

Requesting your approval for the purchase of holiday gift cards for our associates this upcoming holiday season. The amounts indicated below have been included in the Human Resources' budget for this new 2027 Fiscal Year.

Providing these gift cards is a vital way to recognize our team's hard work and maintain high morale.

	QUANTITY	LAST YEAR	VALUE
FULL TIME	450	$75.00	$33,750.00
PART TIME	64	$50.00	$3,200.00
Per Diem	121	$0.00	$0.00
TOTAL	635		$36,950.00

TAB H

SAN GORGONIO MEMORIAL HOSPITAL RESOLUTION
#2026-08

BE IT RESOLVED, by the Board of Directors of San Gorgonio Memorial Hospital, a California Non-profit Public Benefit Corporation, that Michele Finney, former Interim Chief Executive Officer be removed as an Administrator and Signatory of the San Gorgonio Memorial Hospital 403b Plan (VOYA, 403b, Plan ID #664577) effective June 1, 2026, and that Christopher R. Bjornberg, Chief Executive Officer and Randal Stevens, Board Secretary be appointed as Administrators and Signatories of the San Gorgonio Memorial Hospital 403b Plan (VOYA, 403b, Plan ID #664577) effective June 1, 2026.

BE IT RESOLVED, by the Board of Directors of San Gorgonio Memorial Hospital, a California Non-profit Public Benefit Corporation, that Annah Karam, Chief Human Resources Officer remains appointed as an Administrator and Signatory of the San Gorgonio Memorial Hospital 403b Plan (VOYA, 403b, Plan ID #664577).

BE IT KNOWN that only one Administrator signature is required to conduct business on behalf of San Gorgonio Memorial Hospital Tax Sheltered Annuity Plan.

Signed: _____ Date: _____
Randal Stevens, Hospital Board Secretary

Accepted by the Administrator

Signed: _____ Date: _____
Christopher R. Bjornberg, Chief Executive Officer

Accepted by the Administrator:

Signed: _____ Date: _____
Annah Karam, Chief Human Resources Officer

TAB I

RESOLUTION NUMBER 2026-09

RESOLUTION OF THE
SAN GORGONIO MEMORIAL HOSPITAL

The Board of Directors of San Gorgonio Memorial Hospital ("SGMH"), by their signatures below, hereby approve and adopt the following resolutions effective as of June 1, 2026:

WHEREAS SGMH maintains the San Gorgonio Memorial Hospital SGMH 403b Plan 664577 ("Plan");

WHEREAS SGMH is the Named Fiduciary with the authority to administer the Plan; and,

WHEREAS, SGMH has the authority to delegate fiduciary and administrative duties associated with the Plan;

NOW, THEREFORE, IT IS HEREBY RESOLVED, that SGMH hereby creates a committee ("Investment Committee"),

FURTHER RESOLVED, that SGMH hereby adopts, ratifies, and approves the charter ("Investment Committee Charter") attached hereto as Exhibit A;

FURTHER RESOLVED, that SGMH hereby authorizes the Investment Committee, on behalf of SGMH, to take and to do such acts and deeds, to incur such expenses and to execute, acknowledge, file, and deliver all documents as are necessary or appropriate in order to effectuate the purpose and intent set forth in the Investment Committee Charter; and

FURTHER RESOLVED, that SGMH hereby appoints the following individuals to serve as members of the Investment Committee:

Christopher R. Bjornberg

Annah Karam

Joey Hunter

Ann Lee

Ryan Marshall

Dated: July 15, 2026

Susan DiBiasi, Chair Hospital Board of Directors San Gorgonio Memorial Hospital	Randal Stevens, Secretary Hospital Board of Directors San Gorgonio Memorial Hospital

EXHIBIT A

Committee Charter of San Gorgonio Memorial Hospital 403b Plan

I. Purpose:

The purpose of the Committee is to provide investment oversight for the Plan, including policies and practices and the performance of the Plan's investment vehicles. In addition, the Committee has overall responsibility for the operation and administration of the Plan.

II. Committee Membership and Meetings

The Committee shall be composed of individuals appointed by the Board of Directors of San Gorgonio Memorial Hospital ("SGMH"). The Committee shall act pursuant to the authority delegated by the Board of Directors, subject at all times to the right of the Board to withdraw such delegation. The members should be selected based on specific relevant expertise and/or as representatives of SGMH's employees.

The Committee shall consist of no less than three members as the Board may from time to time designate. A majority of the members shall constitute a quorum for any action to be taken by the Committee at a meeting. A majority of the members participating in the meeting may take any action or make any determination at a meeting of the Committee.

Committee members may participate in a meeting by means of a conference call or similar communication method so long as all persons participating in the meeting can hear each other at the same time.

III. Fiduciary Responsibility

The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), including its fiduciary provisions. The Committee and its members are fiduciaries with respect to the Plan to the extent they perform fiduciary functions described in ERISA Section 3(21)(A).

IV. Indemnification

A fiduciary's duty to monitor the Plan's investments is important and failure to satisfy that or other fiduciary duties may trigger significant liability, including the fiduciary's personal liability under ERISA. Recognizing this and to the extent permitted by applicable law, SGMH, by approval of this Committee Charter, has agreed to indemnify and hold harmless Committee members for any alleged breach of fiduciary duty with respect to the Plan, except in the case of the fiduciary's gross negligence or willful misconduct. Indemnification shall include advancements of costs and expenses of defense of any claims to the full extent permitted by law.

IV. Authority and Responsibilities

The Committee's operating authority and responsibilities, as determined by SGMH, include:

- Managing the Plan to ensure regulatory compliance, including required Plan amendments and document retention.
- Selecting and monitoring recordkeeping of the investment institutions offered in the Plan's operations.

- Monitoring for reasonableness and consistency with the Plan's terms any investment product fees and assessments passed through to Plan participants.
- Retaining counsel, consultants, investment advisors, and/or investment managers as needed to advise the Committee.
- Report to the Board of Directors, at least annually, on all significant issues affecting the Plan.
- Establishing, periodically reviewing, and maintaining a written investment policy.
- Reviewing and monitoring investment performance, including the reasonableness of investment fees, against appropriate benchmarks and in accordance with the investment policy.
- Overseeing administration of the Plan in accordance with the Plan's investment policy, including:
    - Selecting an appropriate number and type of investment asset classes and management styles for Plan participants, including for default investment elections.
    - Establishing performance criteria and benchmarks for selected asset classes.
    - Researching, selecting, and removing Plan investments as appropriate for specified asset classes or styles.
    - Reviewing communication methods and materials to ensure that Plan participants receive adequate investment information.
    - Monitoring Plan investment costs.
    - Ensuring the Plan complies with applicable laws, regulations, and the terms of the Plan.

Committee Charter Executed: JULY 15, 2026

Signature	Christopher R. Bjornberg, Chief Executive Officer
Signature	Annah Karam, Chief Human Resources Officer
Signature	Joey Hunter, Director of Safety, Security and Emergency Preparedness
Signature	Ann Lee, Manager of Patient Experience
Signature	Ryan Marshall, Chief Financial Officer