



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**
▪ June 30, 2026, Regular Meeting

S. DiBiasi

A

NEW BUSINESS

IV. Hospital Board Chair Monthly Report

S. DiBiasi

verbal

San Gorgonio Memorial Hospital
Board of Directors Regular Meeting
July 28, 2026

- | | | | |
|-------|--|--------------|--------|
| 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 | S. DiBiasi/ | F |
| | ○ Reports | A. Karam | |
| XI. | * Proposed Action – Recommend Approval to the Healthcare District Board of Associate Holiday Gift Cards | A. Karam | G |
| | ▪ ROLL CALL | | |
| XII. | * Proposed Action – Adopt Resolution No. 2026-08 | A. Karam | H |
| | ▪ ROLL CALL | | |
| XIII. | * Proposed Action – Adopt Resolution No. 2026-09 | A. Karam | I |
| | ▪ ROLL CALL | | |
| XIV. | Future Agenda Items | | |
| XV. | ADJOURN | S. DiBiasi | |

***Action Required**

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

Certification of Posting

I certify that on 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, Executive Assistant

TAB A

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



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 Dis- trict Board Meeting	26	27	28	29
30	31					



September 2026

Board of Directors Calendar

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



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 Dis- trict Board Meeting	28	29	30	31

TAB C



Access.
A Phreesia Company

Demo Prepared for SGMH



Rated #1 in Patient Intake Management

April 2026

SUPPORTING HEALTH SYSTEMS LIKE SGMH FOR NEARLY 20 YEARS

Vast footprint



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



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



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



Manage informed consents during
pre-admission testing



**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*

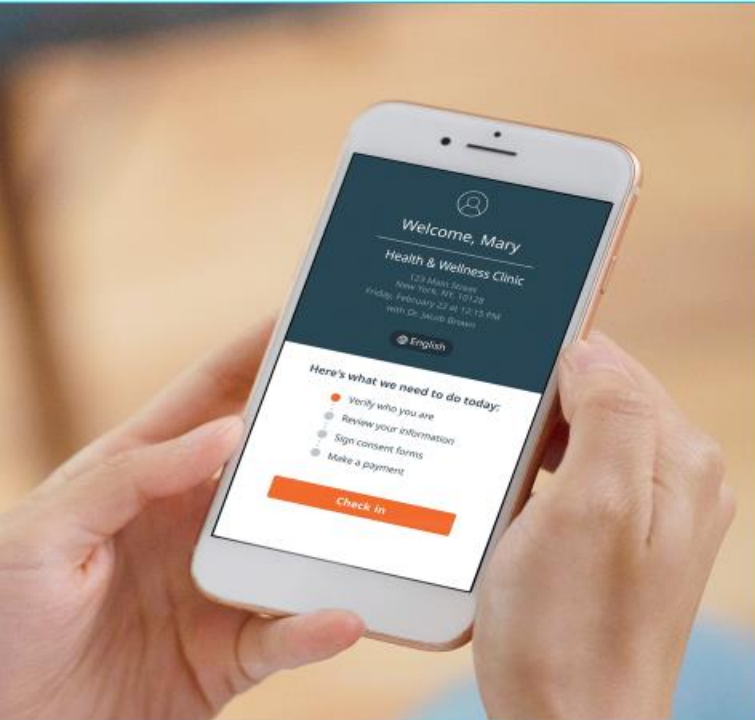
Payment reminders

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 cancellations*	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**

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



STREAMLINING COMMUNICATIONS & INTAKE

Appointment confirm... English

You have the following appointment coming up!

Thursday, June 21st, 2021 11:30am

Park Ave Clinic
Dr. William Smith
432 Park Ave South, New York, NY, 10016

View Map

Please select what you would like to do:

Confirm appointment

Request Telehealth Visit

Re-schedule appointment

Cancel appointment

Text Message
Today 9:15 AM

Hi. This is a reminder for your upcoming appointment tomorrow. No caffeine or nicotine 24 hrs prior to test. Thanks.

Please take a photo of your primary insurance card.

Card FRONT

BlueCross BlueShield
Employee Name: PAYTON DARIUS
Employee ID: JDOE904904945
Phone (908): 987654321
Rx

Card BACK

www.realinsurance.who
1-800-123-4567

Remove images

Back Continue

Add additional points

Using the scale below, rate the intensity of pain you are experiencing

R L L R

L = Left side, R = Right side

0 | | | | 5 6 | | | | 10

No pain Moderate Extreme

Outstanding amount

Balance from 6/1/2022 \$50.00
Balance from 5/1/2022 \$250.00

Total \$465.00

Express checkout

Apple Pay

OR

Choose option

☒ Pay balance in full \$465.00

☐ Select payment plan

☐ Pay partial amount

☐ Pay cash or check in office

☐ Speak to an associate

Choose method

☒ Pay with my card on file •••• 9841

☐ Pay with a different card

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

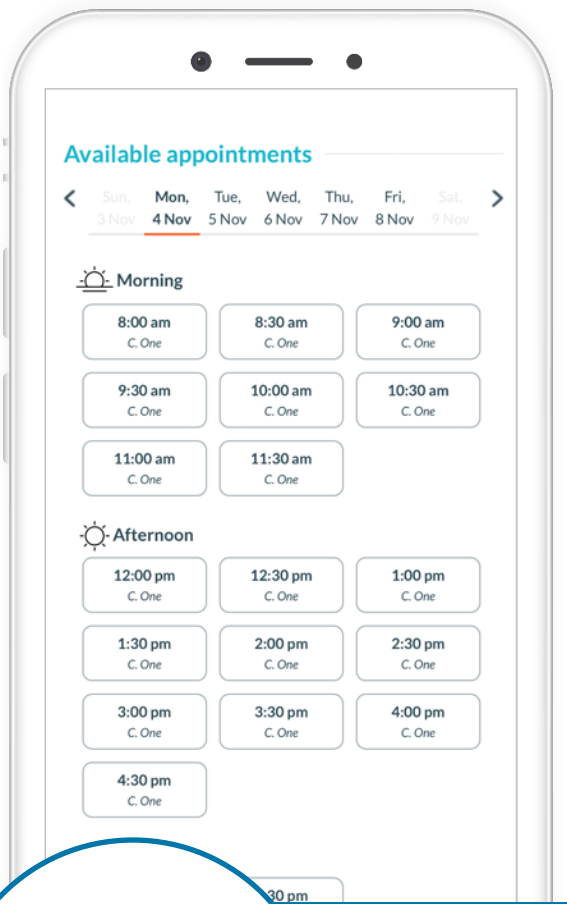
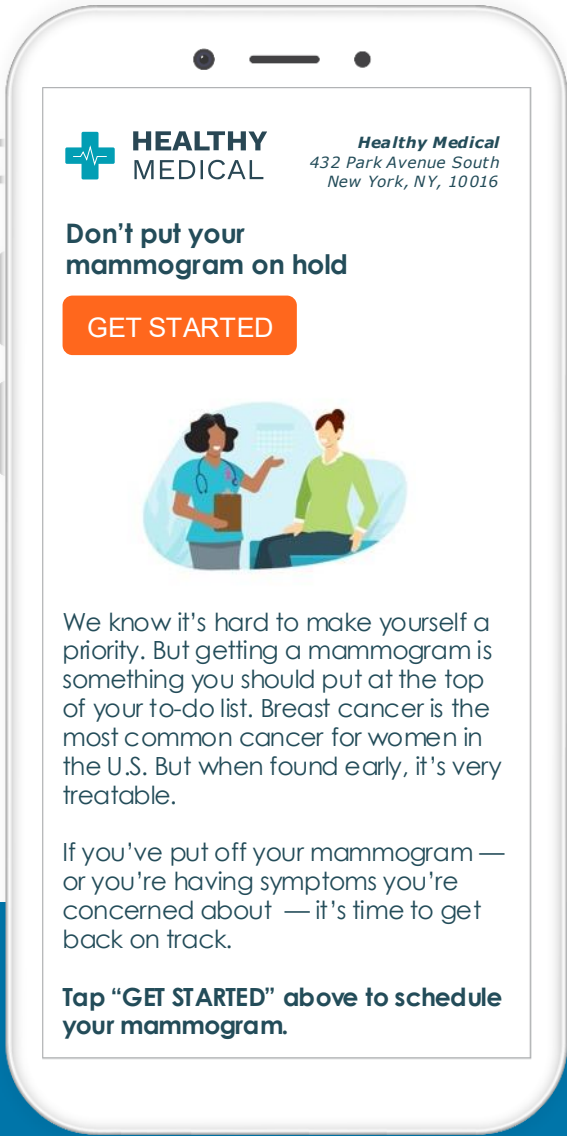
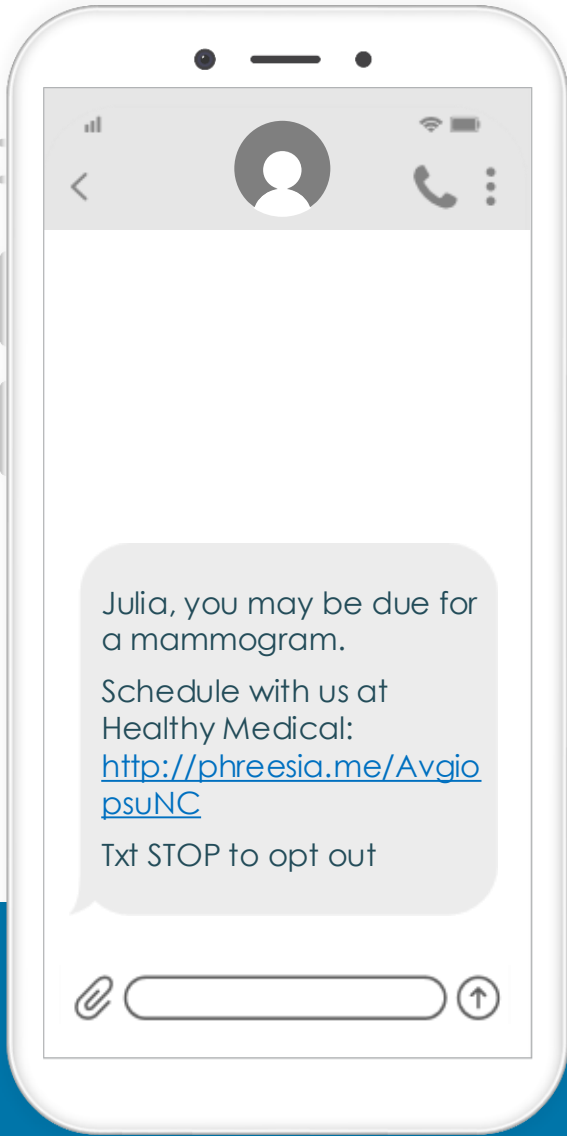
Thank you!

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

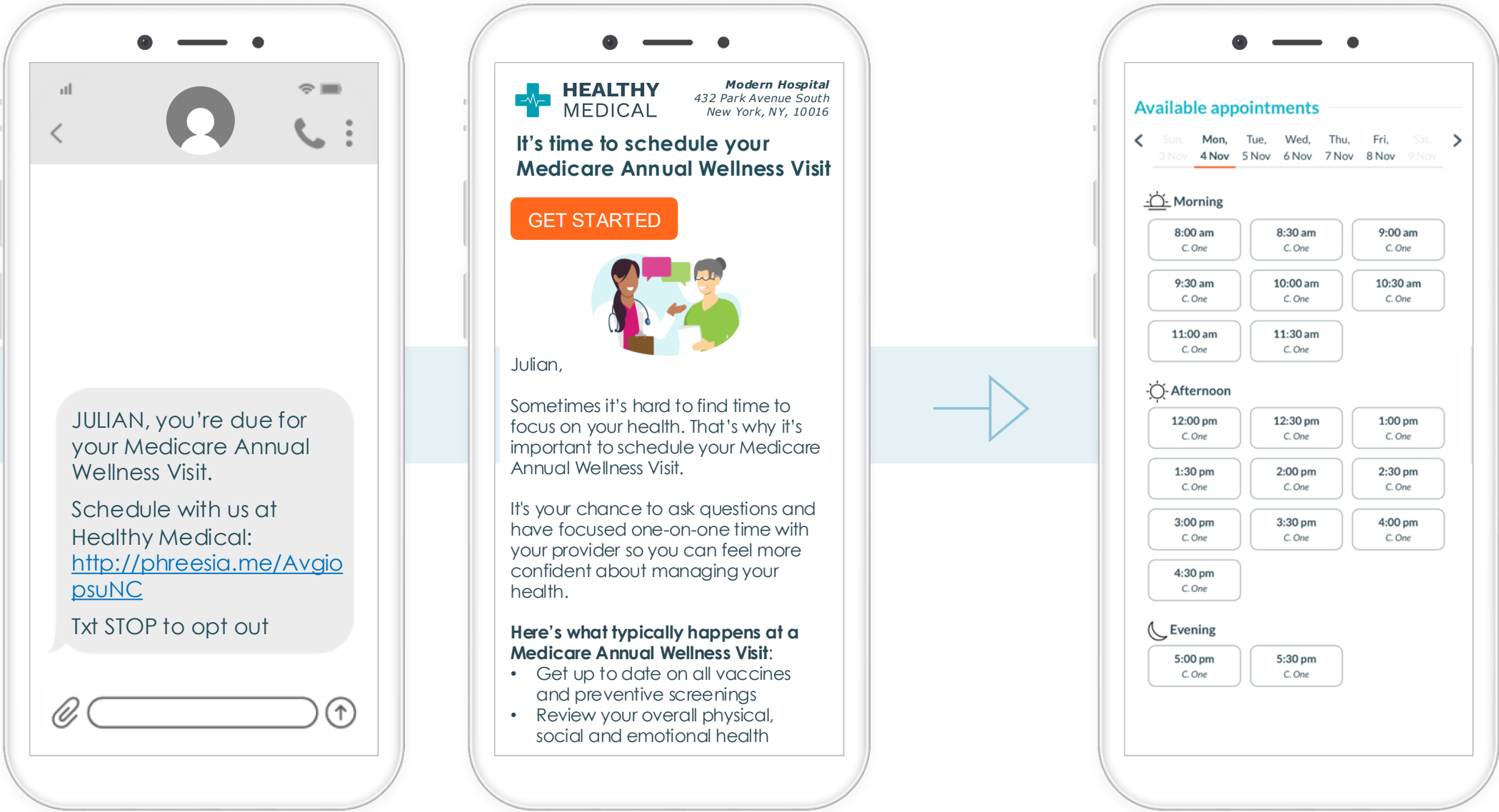


Of the 2,000+ women who were sent this campaign, 45% opened the email.

22%

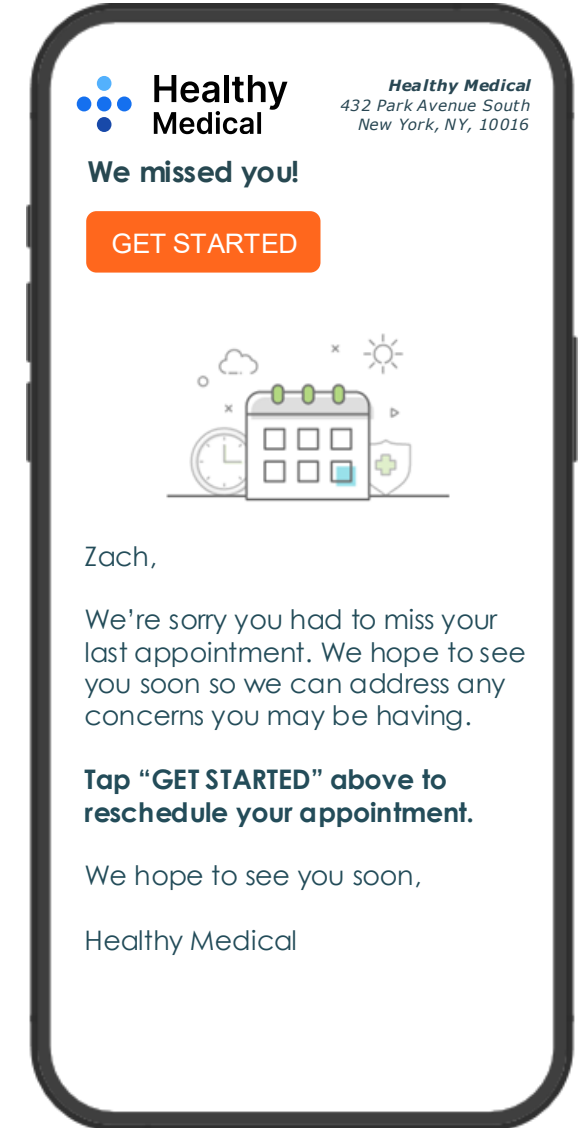
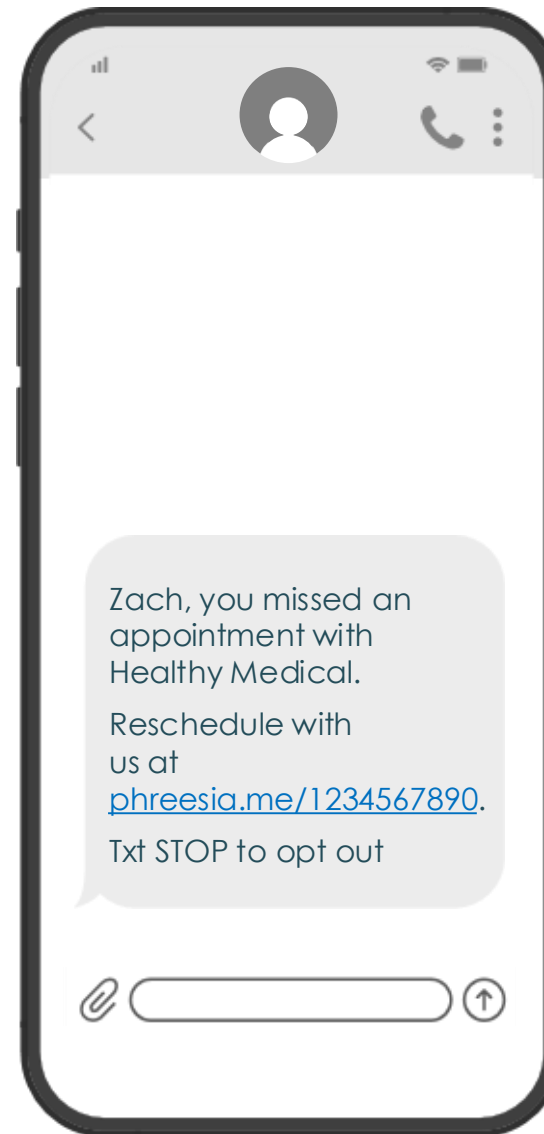
of those women self-scheduled a mammogram.

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

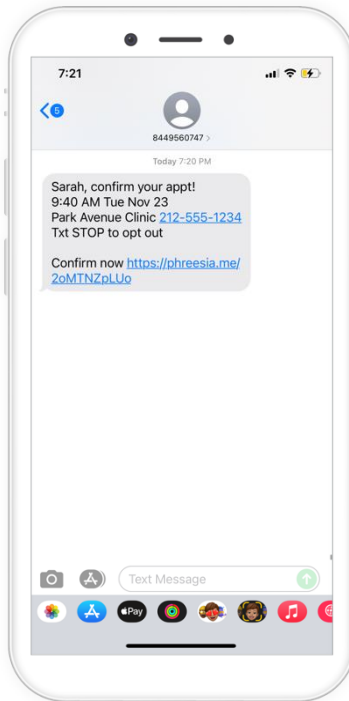


AUTOMATED OUTREACH BEFORE THE VISIT

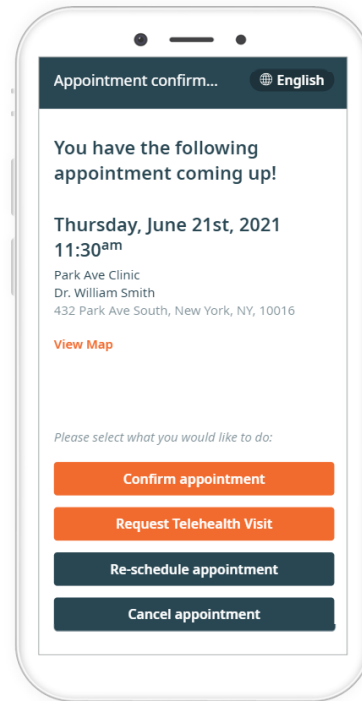
Patient continues to receive outreach if they do not respond to earlier messages, helping you **streamline communications** and send messages **only to those who need them**.



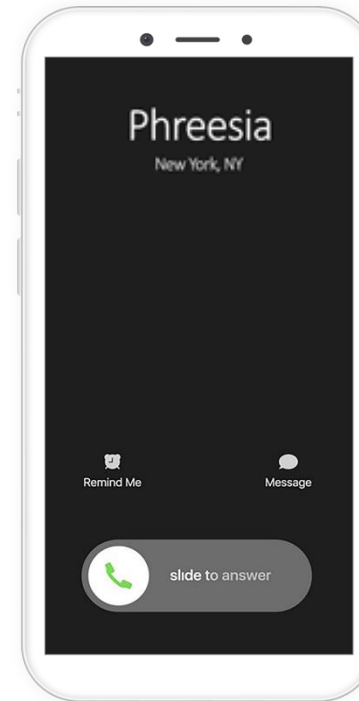
5 days before visit
Initial reminder



2 days before visit
Follow-up reminder

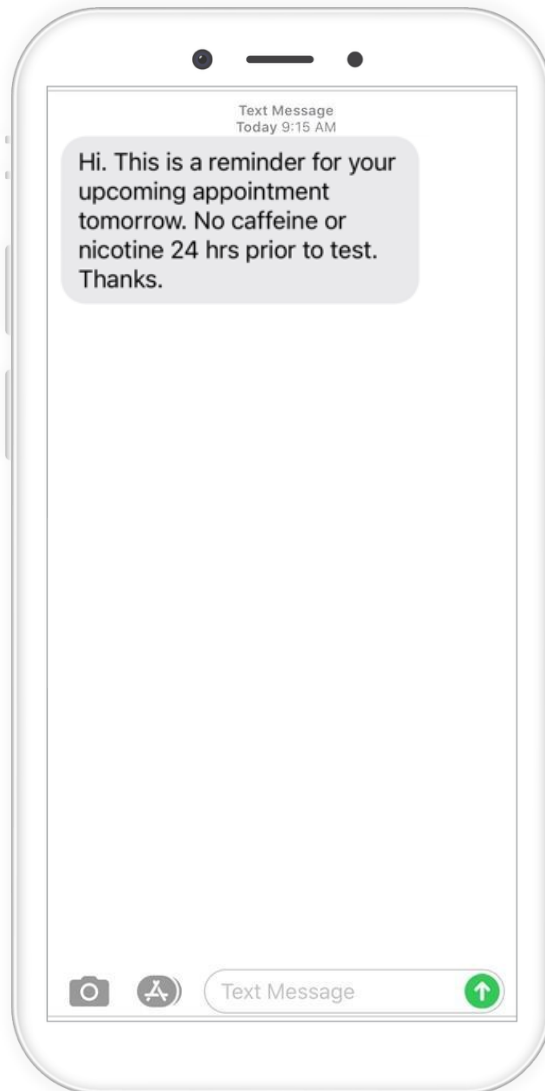


1 day before visit
Follow-up voicemail



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 Messages - Ann Jones

Ann Jones - (212) 555-5555

View in Patient Communications

Send the patient a text message below in regards to their visit.

- Make sure not to include PHI in any messages
- Provide context to help patients understand the purpose of the message
- Please do not send any advertising content

Hi. This is a reminder for your upcoming appointment tomorrow. No caffeine or nicotine 24 hrs. prior to test. Thanks.

114 / 160 characters

Send

Cancel

PATIENT CHAT

Pre-registered 5

Patient Name	DOB	Provider	Appt. ▲
Tom Haverford	01/01/1990	Wright, Celeste	01:00 PM
Madison Riley	09/09/1999	Wright, Celeste	01:20 PM
Ann Jones	01/01/1990	Chapman, Jane	03:30 PM
Michelle Rockem	02/02/2002	Chapman, Jane	04:00 PM
James Kennedy	01/01/1990	Chapman, Jane	05:30 PM

Start Templates

Curbside Reg Hi this is Healthy Family, PC when you arrive for your visit please wait in your car and respond HERE or call 212-555-5555 for further instructions [View all](#)

Hi, this is Healthy Family, PC contacting you about your visit...

0 / 160 characters

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

Patient Messages - Luna Lane

LUNA LANE - (734) 560-4569 [View in Patient Communications](#)

Send the patient a text message below in regards to their visit.

- Make sure not to include PHI in any messages
- Provide context to help patients understand the purpose of the message
- Please do not send any advertising content
- The conversation will expire at 9:00 PM. After expiration messages can no longer be sent or received

Hi this is Healthy Family, PC please complete your registration at least 15 min before your telehealth appt with Cox, Perry. Questions? Respond to this msg Abby Madison, May 20, 2020 12:54 PM ✓

Hi, I'm having trouble accessing the link for my appointment May 20, 2020 8:45 PM [Mark as Read](#)

Reply Templates

[View all](#)

Hi, this is Healthy Family, PC contacting you about your visit...

0 / 160 characters

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

Sliding Fee Scale EN

1st Family Member Name

John

Smith

2nd Family Member Name

Jane

Smith

3rd Family Member Name

First name

Last name

4th Family Member Name

First name

UDS

UDS Data EN

**Required*

Are you an agriculture worker?*

☒ Yes

☐ No

☐ Declined to answer

Please specify the type of agriculture work*

☐ Migrant

☒ Seasonal

☐ Unspecified

Are you currently homeless?*

☐ Yes

☐ No

SDOH Screener

Personal Characteristics EN

**Required*

Are you Hispanic or Latino?*

☒ Yes

☐ No

☐ I choose not to answer this question

Which race(s) are you? Check all that apply.*

Pacific Islander

☐ Asian

☒ Pacific Islander

☐ White

☐ Native Hawaiian

☐ Black/African American

SDOH Resources

Helpful Resources EN



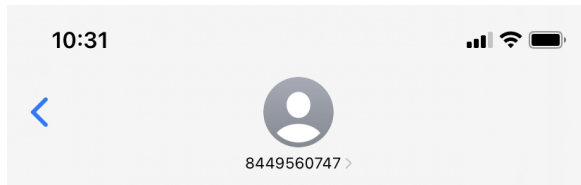
Your health is our priority!

Thank you for answering these questions. It's important to us to understand and help you meet all your needs, even beyond your medical care.

Look out for a text message or email within a few hours of completing your registration. That message will have information to help connect you with resources.

You'll be able to search for resources and services to help address the needs you've identified.

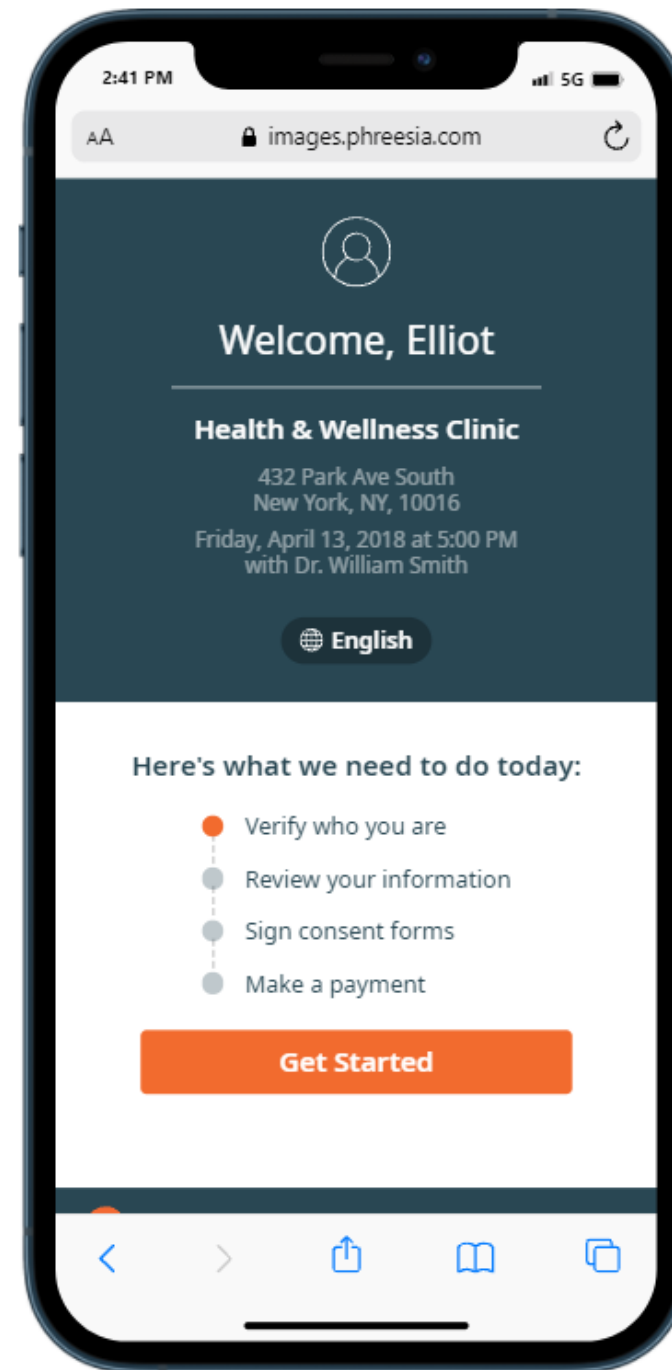
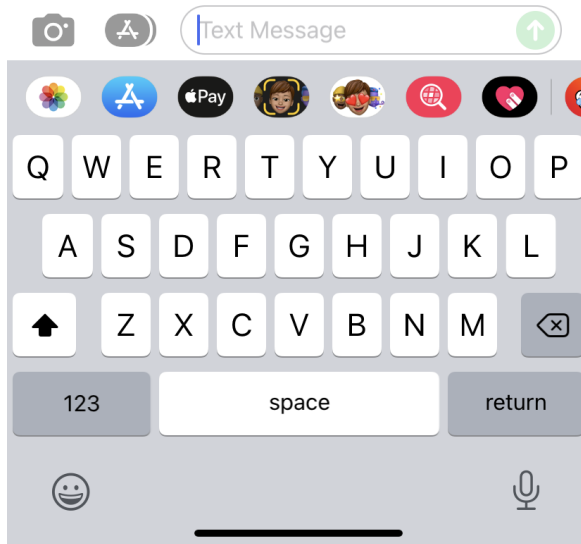
Continue



Text Message
Today 10:31 AM

TEST, time to check in!
Mon Mar 07
BCHP [212-555-1234](tel:212-555-1234)
Txt STOP to opt out

Check in:
<https://phreesia.me/sXxncDCHZQ>



2:41 PM 5G

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

2:41 PM 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

elliott.smith@gmail.com



COLLECT UDS DATA FROM EVERY PATIENT

The image displays four mobile application screens for data collection, each with a dark blue header and a language toggle set to 'EN'.

- UDS Data:** Features a red asterisk and the word 'Required' in the top right. It contains three sections of questions, each with radio button options:
 - Are you an agriculture worker?*** Options: Yes (selected), No, Declined to answer.
 - Please specify the type of agriculture work*** Options: Migrant, Seasonal (selected), Unspecified.
 - Are you currently homeless?*** Options: Yes, No.
- SOGI:** Contains two sections:
 - Gender Identity:** 'Please specify your gender identity below (more than one option may be selected)'. A text input field contains 'Female' with an edit icon.
 - Sexual Orientation:** 'Please select the patient's sexual orientation'. Options: Lesbian, gay or homosexual; Straight or heterosexual (selected); Bisexual; Something Else; Choose not to disclose; Don't know.At the bottom are 'Back' and 'Continue' buttons.
- Smoking Status:** Contains three sections:
 - What is your tobacco smoking status?*** Options: Current smoker (selected), Former smoker, Never smoker, Unknown, Decline to answer.
 - What types of tobacco do you use when you smoke?** A text input field contains 'Cigarettes' with an edit icon.
 - Do you smoke every day?** Options: Yes (selected), No.
 - How many cigarettes per day do you smoke?** A text input field contains '12'.
 - What age did you start smoking?** A text input field contains '19'.
 - Do you or have you ever used a vape or e-** (partially visible).
- Alcohol Use:** Contains two sections:
 - Did you have a drink containing alcohol in the past year?*** Options: Yes (selected), No.
 - How often did you have a drink containing alcohol in the past year?*** Options: Never, Monthly or less, 2 to 4 times a month, 2 to 3 times a week, 4 or more times a week.
 - How many drinks did you have on a typical day when you were drinking in the past year?*** Options: 1 or 2 drinks.

DIGITALLY CAPTURE SLIDING FEE SCALE INFORMATION

Payment Assistance

EN

Please select the size of your family:*

2

Please select the family income threshold*

below \$14,570

\$14,570 - \$21,855

\$21,856 - \$29,140

\$29,141 or more

Continue

Family Members

EN

List all members of your household. List yourself on the first line. (In order be considered your household member, at least 51% of the members support must be provided by you.)

How many family members live in your household?*

1

Family Member Name*

Family Member First and Last Name:

Member One

Gender of Family Member:*

Male

Female

Relationship To Patient*

Employment

EN

Are you employed?

Yes - Full Time

Yes - Part Time

No

Weekly Pay

What is your weekly pay?

200

Biweekly Pay

What is your bi weekly pay?

400

What is the name of your employer?

Employer Test

What is your employer's phone number?

Sliding Fee Scale Certific...

EN

Please read and sign below:*

Scroll to bottom

I, CARRIE TEST, or a member of my household, earns 500 on a

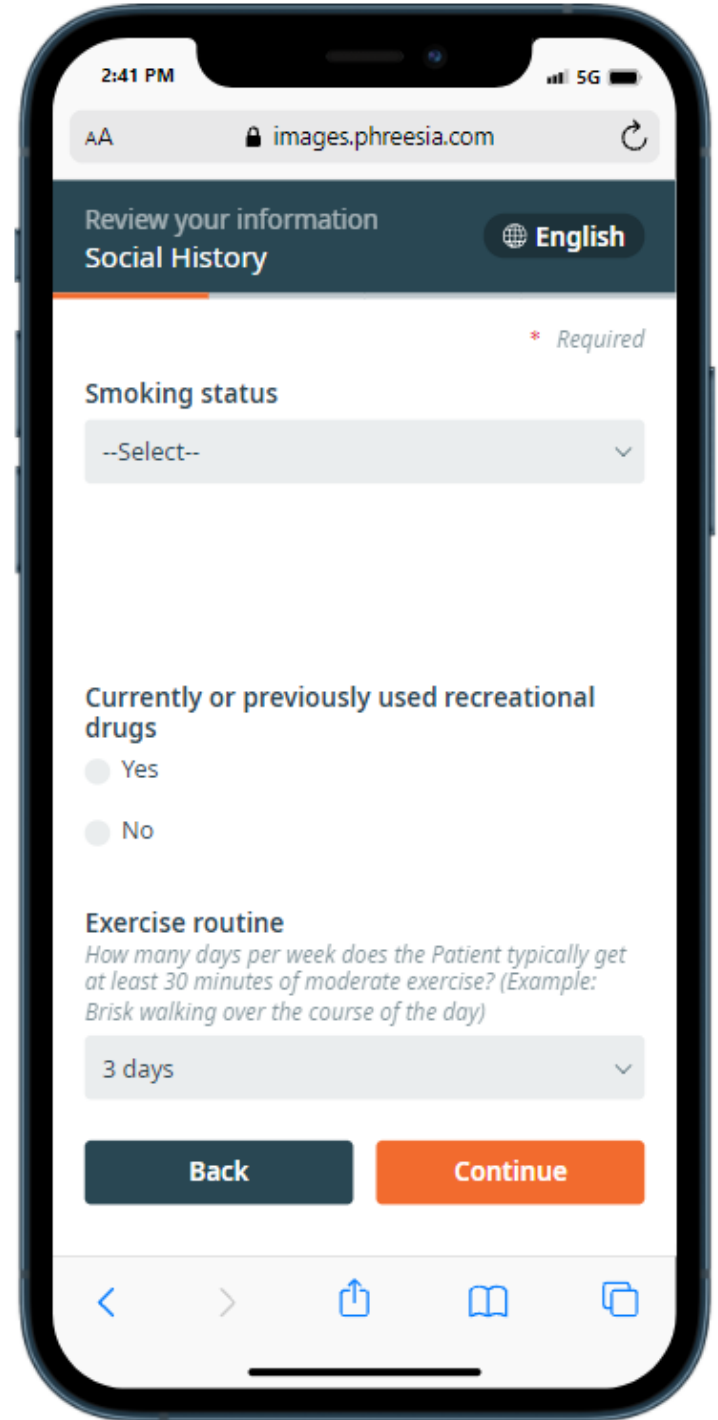
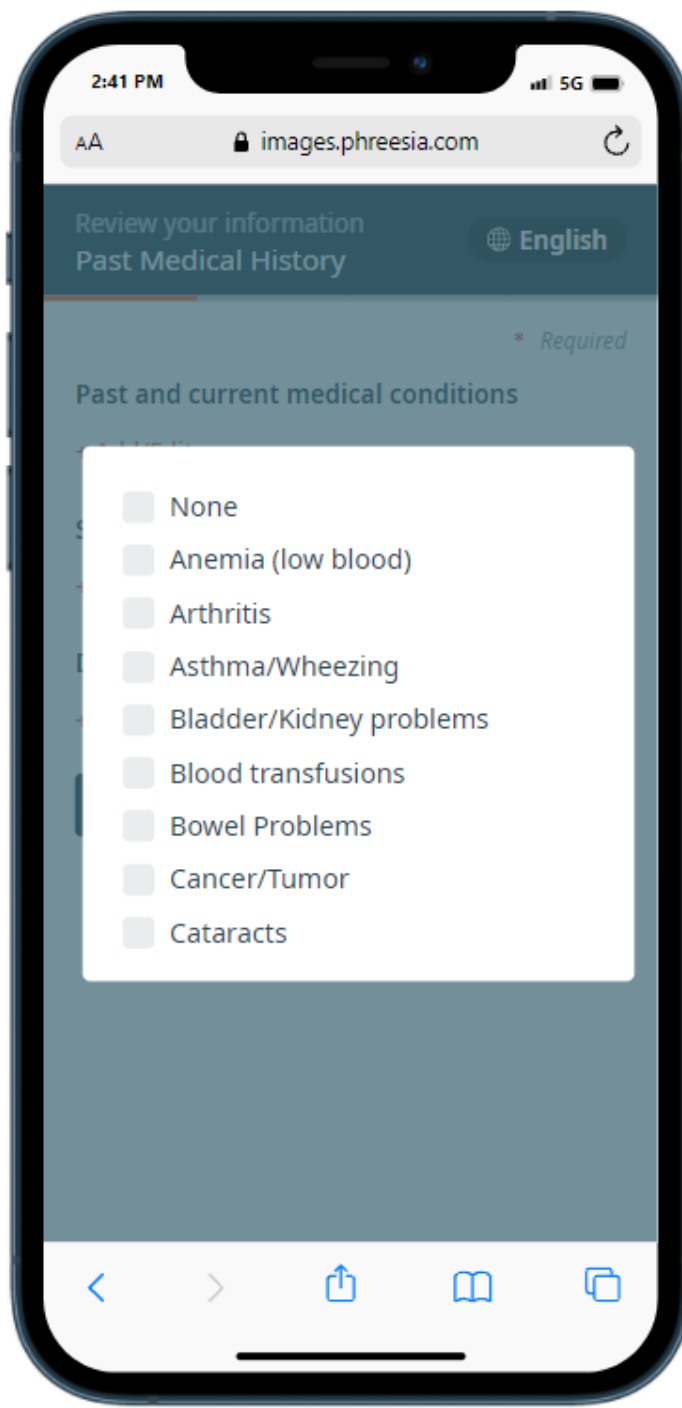
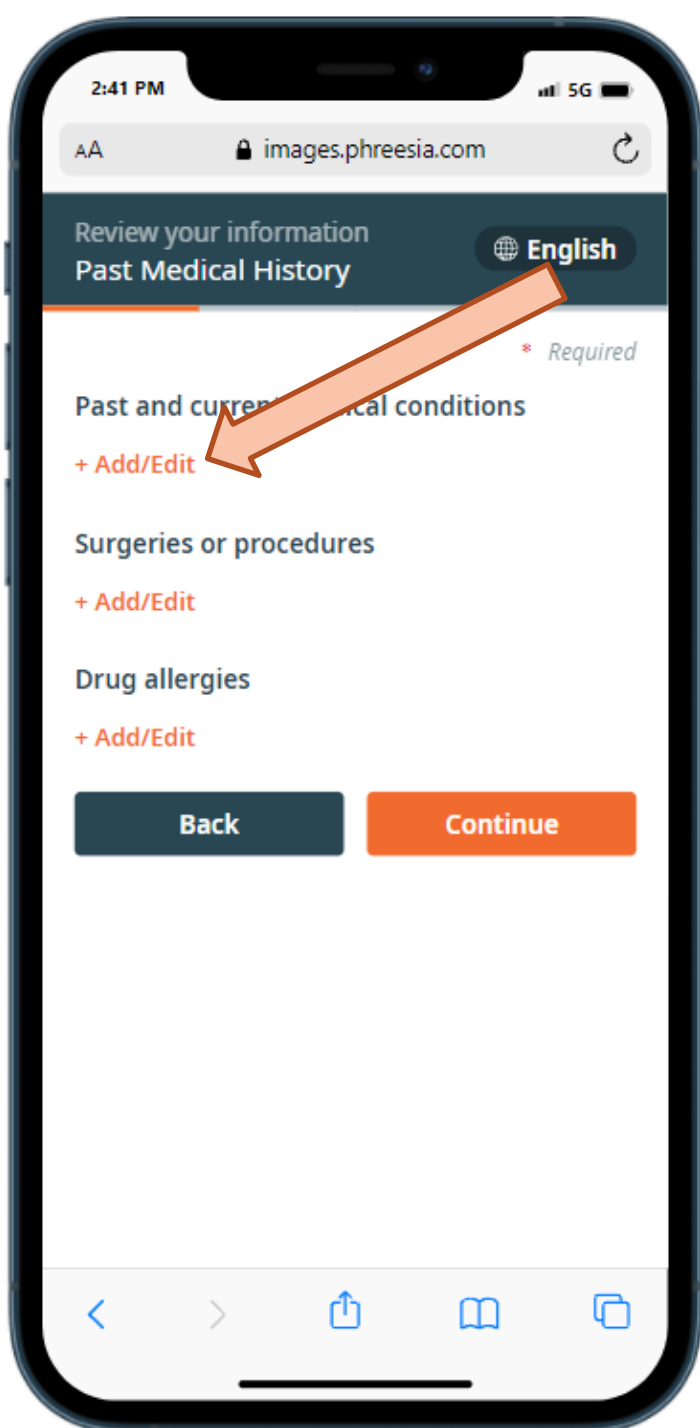
Monthly

Bi-Weekly

Weekly basis

Patient Name: CARRIE TEST Date: 06/14/2022

By signing this application, I affirm under the penalties of law that the information I have given as a basis for my sliding fee eligibility is true and correct. If any information is subsequently found to be false, I will be liable for the full fee on all visits that may have been previously discounted as a result of this application. I understand that if this application is denied, I am responsible for the full fees for service.



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.

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 <p>And the list keeps growing!</p> |
|--|---|---|

* Has additional practice licensing requirements

PATIENT-REPORTED OUTCOMES

Review your information

EN

* Required

Over the last 2 weeks, how often have you been bothered by any of the following problems? Trouble falling or staying asleep, or sleeping too much *

Several days

Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling tired or have little energy *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Poor appetite or overeating *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling bad about yourself - or that you are a failure or have let yourself or your family down *

More than half the days

Over the last 2 weeks, how often have you been bothered by any of the following problems? Thoughts that you would be better off dead, or of hurting yourself *

Review your information — PHQ-9

English

* Required

Over the last 2 weeks, how often have you been bothered by any of the following problems? Trouble falling or staying asleep, or sleeping too much *

Several days

Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling tired or have little energy *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Poor appetite or overeating *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling bad about yourself - or that you are a failure or have let yourself or your family down *

More than half the days

Over the last 2 weeks, how often have you been bothered by any of the following problems? Trouble concentrating on things, such as reading the newspaper or watching television *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Thoughts that you would be better off dead, or of hurting yourself *

Nearly every day

How difficult have these problems made it for you to do your work, take care of things at home, or get along

COMPONENTS OF PHREESIA'S SOCIAL DETERMINANTS OF HEALTH SOLUTION

1

Patient completes screening privately before the visit

The screenshot shows a mobile app interface for a health screening. At the top, it says "Review your Information Health Screening" with a language toggle set to "EN". Below this, there is a section titled "Food*" with a note "* Required". The main text asks: "Within the past 12 months, **did you worry that your food would run out** before you got money for more?". At the bottom, there are two radio button options: "Yes" and "No".

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

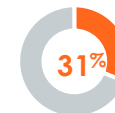
Food

- ➔ 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%



3.7M SDOH screenings collected digitally since 2019

Review your information Health Screening

* Required

Food *

Within the past 12 months, did you worry that your food would run out before you got money to buy more?

☐ Yes ☐ No

Within the past 12 months, did the food you bought just not last and you didn't have money to get more?

☐ Yes ☐ No

Housing and Utilities *

Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?

☐ Yes ☐ No

Are you worried about losing your housing?

☐ Yes ☐ No

Within the past 12 months, have you been

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

Well-Woman Visit EN

Have you had a well-woman visit within the last year?*

☐ Yes ☒ No

☐ Not sure



Well-woman visits are designed to keep you healthy

During this visit, your provider will most likely:

- Review your physical and emotional health
- Do a breast and pelvic exam
- Make sure you're up to date on all routine health screenings
- Work with you to set health goals for the coming year

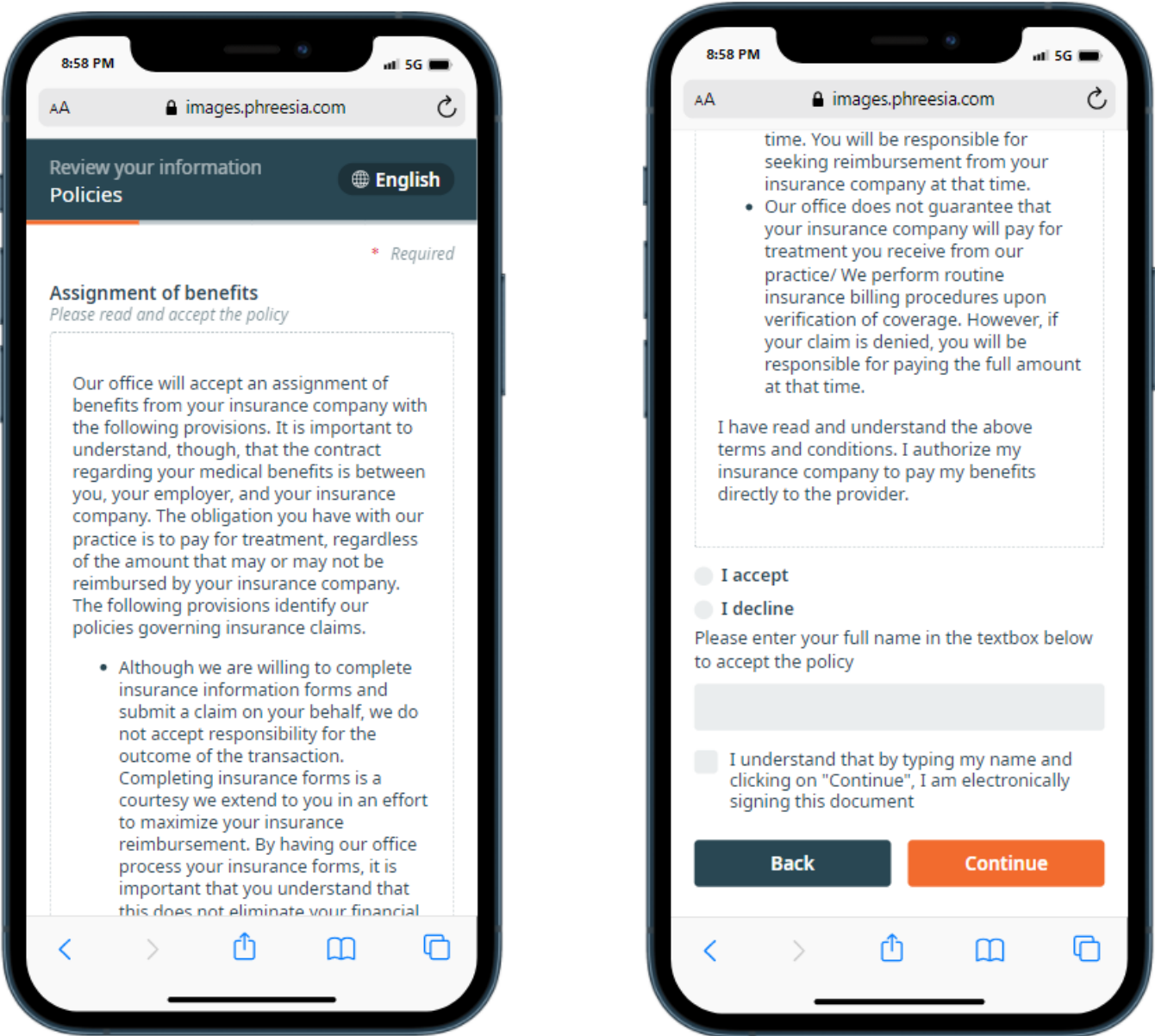
Would you like to schedule your well-woman visit now?

☒ Yes ☐ No

Continue



Patient
self-schedules or
“raises hand”



Rev Cycle

INSURANCE VERIFICATION

8:58 PM

5G

AA images.phreesia.com

Review your information

Insurance card images

English

* Required

Health Insurance Confirmation

Does the patient have health insurance?

☒ Yes

☐ No

Primary Insurance Card *

Please take a photo of the patient's primary insurance card.

+ Add images

Back

Continue

8:58 PM

5G

AA images.phreesia.com

Does the patient have health insurance?

☒ Yes

☐ No

Primary Insurance Card *

Please take a photo of the patient's primary insurance card.

Card FRONT

BlueCross BlueShield

Enrollee Name
PAYTON DARIUS

Enrollee ID
JDOE904904945

Member (955555)
987654321

RoBIN 0023345

RxGrp RX09001

Rx

BlueCross BlueShield

www.realinsurance.who

1-800-123-4567

Card BACK

5:41 PM

5G

AA z3-mob.phreesia.net

Primary Insurance Provider*

AETNA

Other

Policy ID Number*

Enter the Patient's Policy ID. This may be labeled as: ID #, Policy #, Identification No., Member ID or Subscriber ID.

Is the Patient the policy holder?*

☐ Yes

☒ No

☐ I don't know

5:41 PM

5G

AA z3-mob.phreesia.net

Relationship to Policy Holder*

What is the Patient's relationship to the policy holder?

☐ Spouse

☐ Life Partner

☐ Child

☐ Other

Policy Holder's Name*

Policy Holder's Date of Birth*

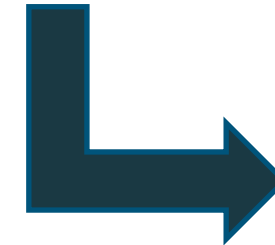
MM/DD/YYYY

Policy Holder's Gender*

☐ Male

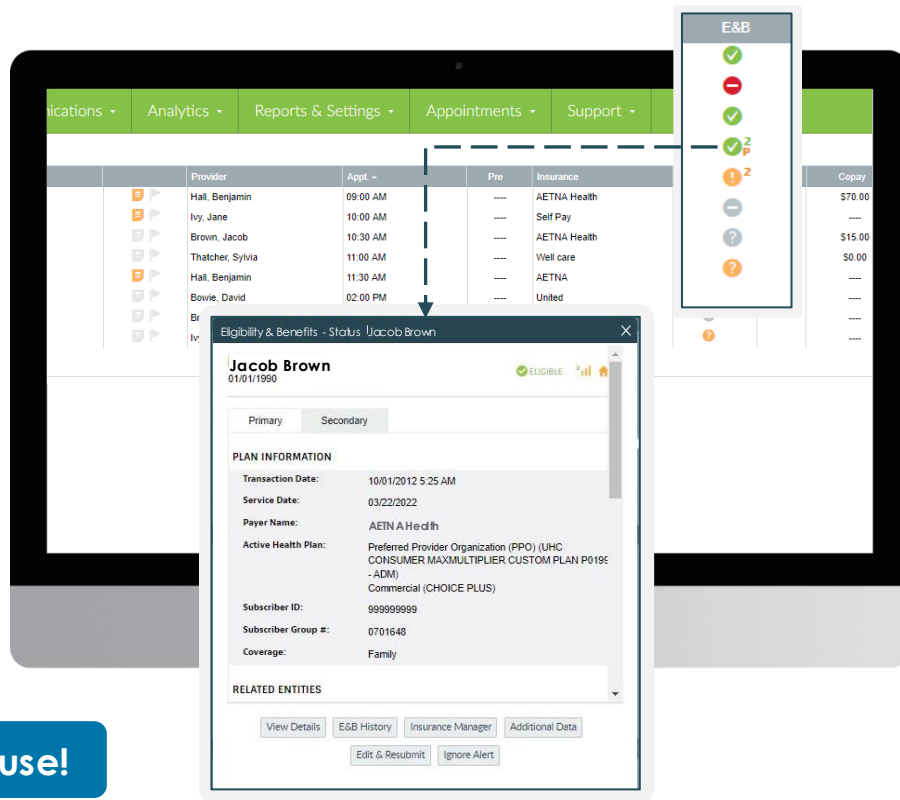
☐ Female

Policy Holder's Social Security Number



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

Sarah Gold
06/24/1984

ELIGIBLE

PLAN INFORMATION

Transaction Date:

05/01/2014 4:31 AM

Service Date:

09/01/2022

Payer Name:

Cigna HealthCare

Active Health Plan:

Open Access Plus - In Network

Subscriber ID:

DEMOSarah

Coverage:

Family

Plan Begin:

01/01/2014

Eligibility Begin:

01/01/2005

BENEFITS

Copayment:

\$20.00

Diagnostic Lab (PCP, Benefit does apply to member's out-of-pocket maximum (Place of Service: Office))

\$30.00

Diagnostic Lab (Specialist, Benefit does apply to member's out-of-pocket maximum (Place of Service: Office))

\$100.00

Emergency Services (Benefit does apply to member's out-of-pocket maximum (Place of Service: Emergency Room – Hospital))

\$20.00

Professional (Physician) Visit - Office (PCP, Benefit does apply to member's out-of-pocket maximum)

\$30.00

Professional (Physician) Visit - Office (Specialist, Benefit does apply to member's out-of-pocket maximum)

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

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

Unlimited verification checks!!

Request Additional E&B Data - Multiscreen Testy

REQUEST ADDITIONAL E&B INFORMATION
Select the service type codes from the list below and click submit to request this information. The new transaction will replace any other transactions for this visit to include all necessary codes.

☐ 2 - Surgical
☐ 3 - Consultation

☐ 4 - Diagnostic X-Ray
☐ 5 - Diagnostic Lab

☐ 6 - Radiation Therapy
☐ 8 - Surgical Assistance

☐ 9 - Other Medical
☐ 10 - Blood Changes

☐ 17 - Diagnostic Medical Equipment Purchase
☐ 11 - Ambulatory Service Center Facility

☐ 17 - Pre-Admission Testing
☐ 18 - Double Medical Equipment Rental

☐ 19 - Second Surgical Opinion
☐ 20 - Diagnostic Dental

☐ 24 - Podiatry
☐ 25 - Restorative

☐ 26 - Infusions
☐ 30 - Health Benefit Plan Coverage

☐ 33 - Chiropractic
☐ 34 - Chiropractic Office Visits

☐ 35 - Dental Care
☐ 36 - Dental Exams

Please note, the E&B result will appear in a new window. Please allow pop-ups from this site for easier access.

Submit

Cancel

E&B Transaction History

Manage Insurance Providers
Get Help

Search and filter the results to find specific transactions

New Transaction

Search:
Patient Name
Chart # (Exact Match)
Today | View | Month
10/26/2021 | 10/26/2021
Search

Filter Results:
Insurance
Type
Result
Alert
Location
Provider
Source
Clear Filters
Export List

Patient	DOB	E&B Service Date	E&B Submission Date	Insurance	Type	E&B Result	Alert	Service Type Code	Deductible	Copay	Visit Date	Location	Provider	E&B Source
Jerry Seinfeld	01/01/1980	10/26/2021	10/26/2021 1:43:52 PM	Empire Blue Cross Blue Shield	Primary	Eligible	MCO	30		\$0.00 (PCP)	10/26/2021	Healthy Medical	Anna M. Earl, MD	Visit Change
Elliot Smith	01/01/1980	10/26/2021	10/26/2021 1:13:17 PM	United Healthcare	Primary	Eligible	SP	30		\$2.00 (PCP)	10/26/2021	Suite 315	Anna M. Earl, MD	Visit Change
Alicia Kramer	03/06/2003	10/26/2021	10/26/2021 7:09:06 AM	Medicaid (New York)	Primary	Eligible	MCO	30		\$0.00 (PCP)	10/26/2021	Total Health	Dr. Peter Brooks	Automated
Fred Robinson	05/26/1954	10/26/2021	10/26/2021 7:08:28 AM	United Healthcare	Primary	Eligible	Restrict. PCP	30		\$20.00 (PCP)	10/26/2021	Amnurg	Dr. Amy Tender	Automated
Sam Taylor	04/07/1981	10/26/2021	10/26/2021 7:05:45 AM	Humana	Primary	Eligible	SP	30		\$0.00 (PCP)	10/26/2021	St. Luke's Des Peres Hospital	Dr. Tim Sander	Automated

View: 5
Per Page:
Page: 1 2 3 ... 44 45

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

Phreesia
Payments
Communications
Analytics
Reports & Settings
Appointments
Support
[Test] J-PTST Z2 swong Test

Patient Insurance Manager
View and manage a patient's insurance on file

Chart Number
#0019554655

Patient Name
Steph Test

Date of Birth
05/05/1995

Modify Insurance Information

Insurance Company	Policy ID	Policy Holder	Eligibility Status	Last Verified Date	Insurance Card	Actions
BCBS Regence	DEMOED1127	Mother ELEVEN (Child)	Eligible	09/22/2020	no images available	

Insurance manager - View insurances by the patient and insurance card

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

Unlimited verification checks!!

Edit and Resubmit - Swong Test

PATIENT DEMOGRAPHIC INFORMATION

First Name
Middle Name
Last Name
Suffix

Date of Birth
Gender

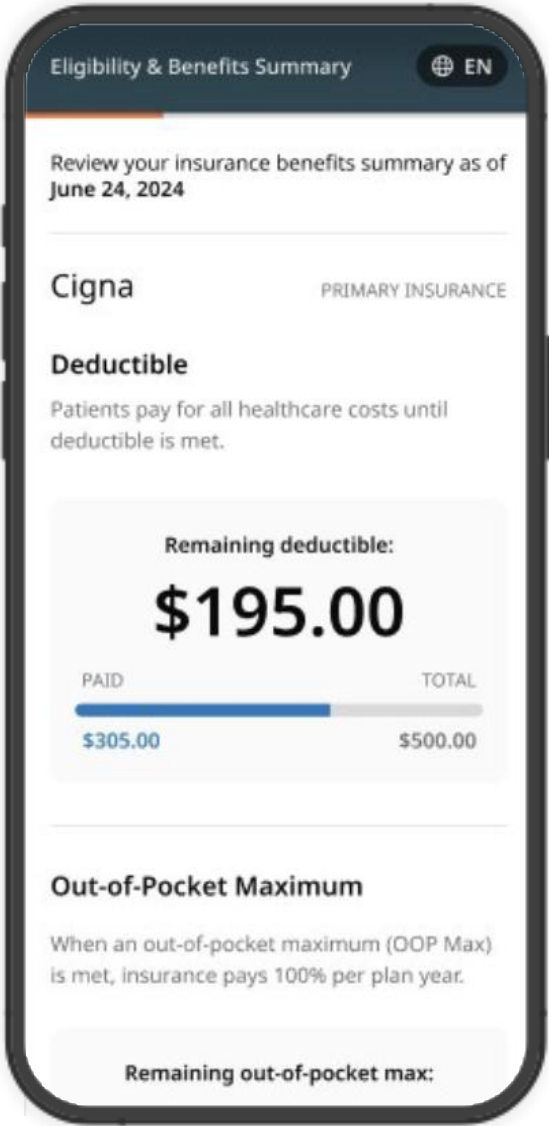
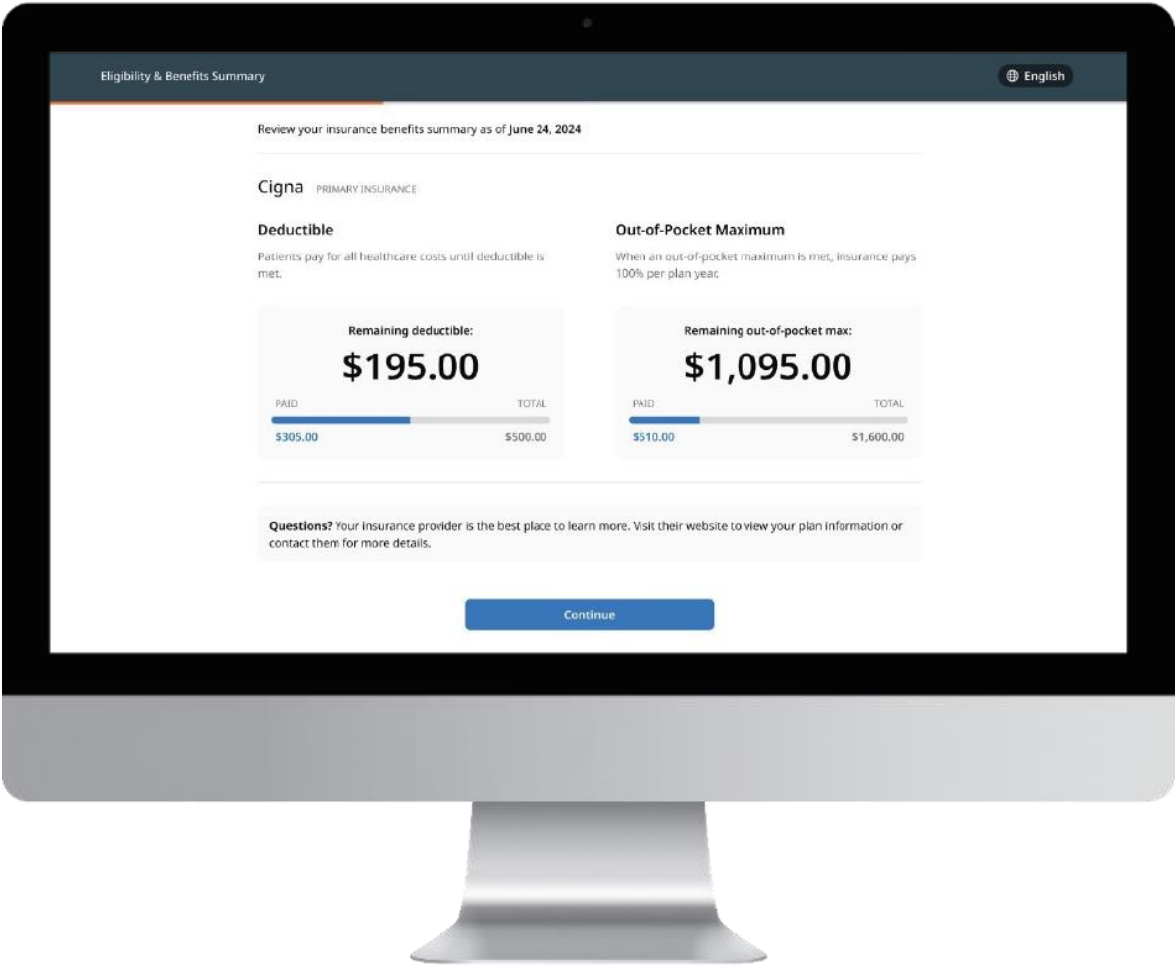
Insurance for this visit:
aPhra Health (California) - PHRA-PH001

Existing Insurance:
aPhra Health (California) - PHRA-PH001
BCBS North Carolina - BCBS00000001
Blue Cross California - BCBS00000001
Specialty:
Self Pay
Add New Insurance

Secondary Insurance (Blue Cross California)

Submit
Cancel

SUPPORT PATIENTS' FINANCIAL AWARENESS BEFORE THEY ARRIVE

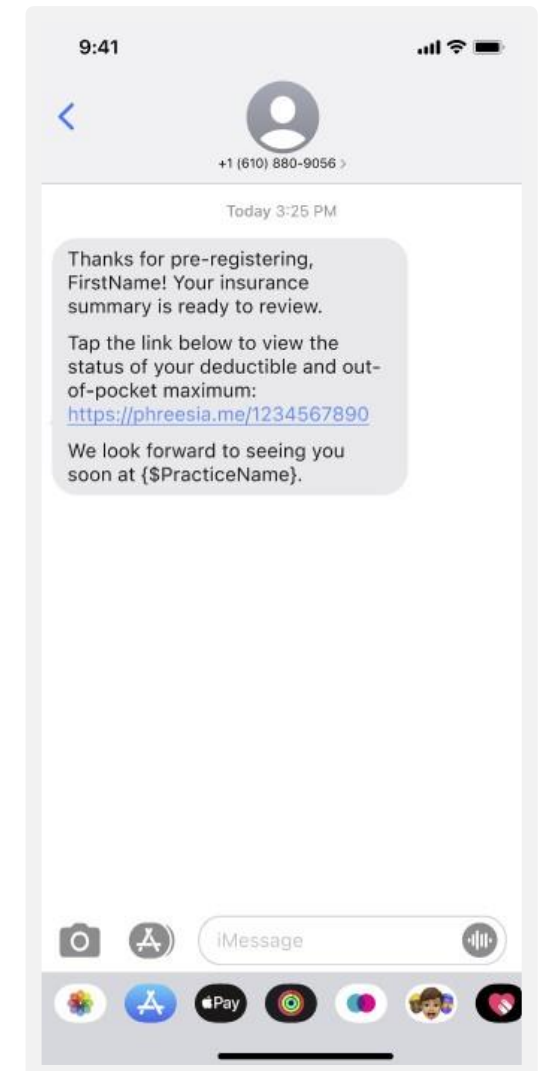
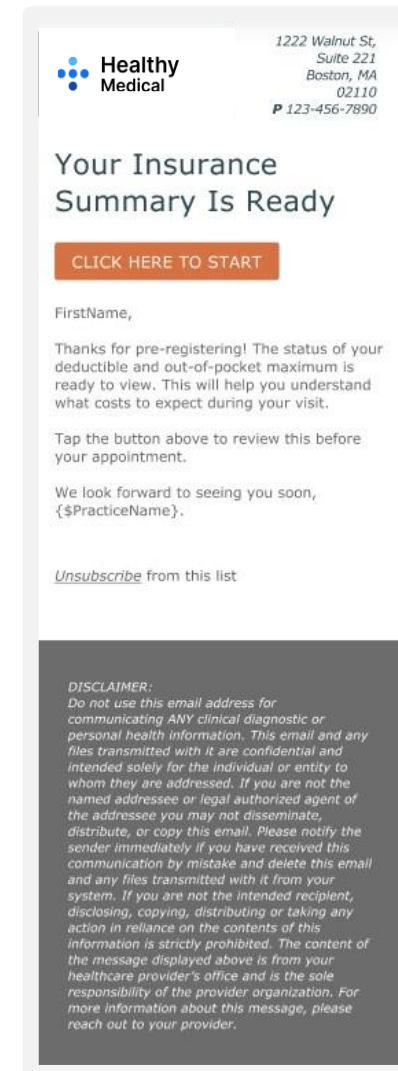


EDUCATE THROUGH EMAIL AND TEXT MESSAGE IN YOUR EXISTING WORKFLOW

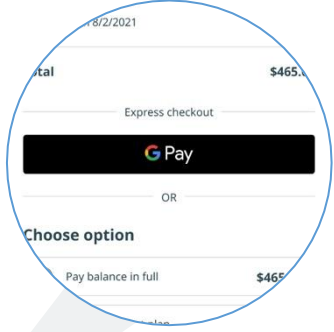
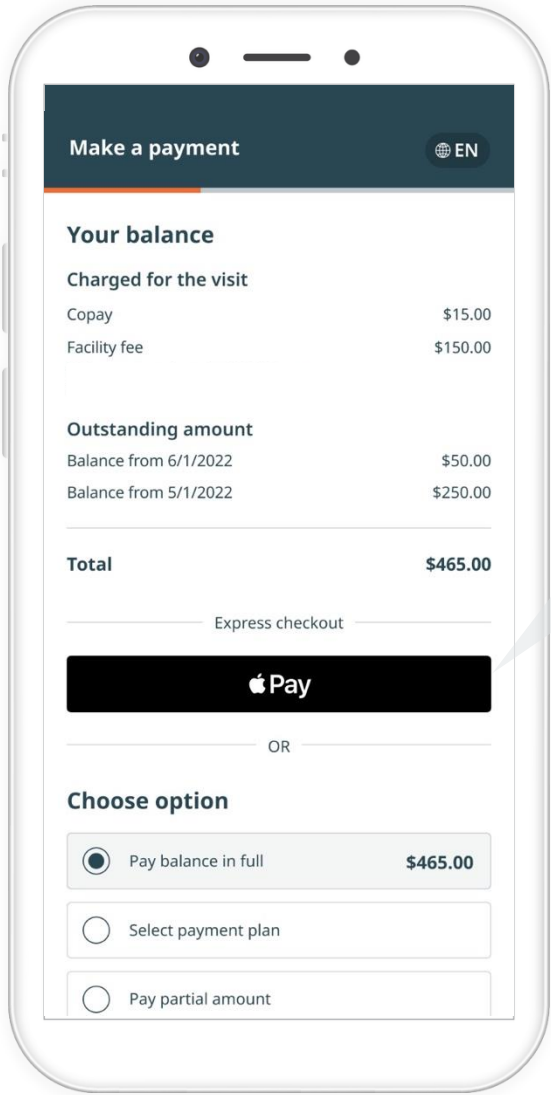
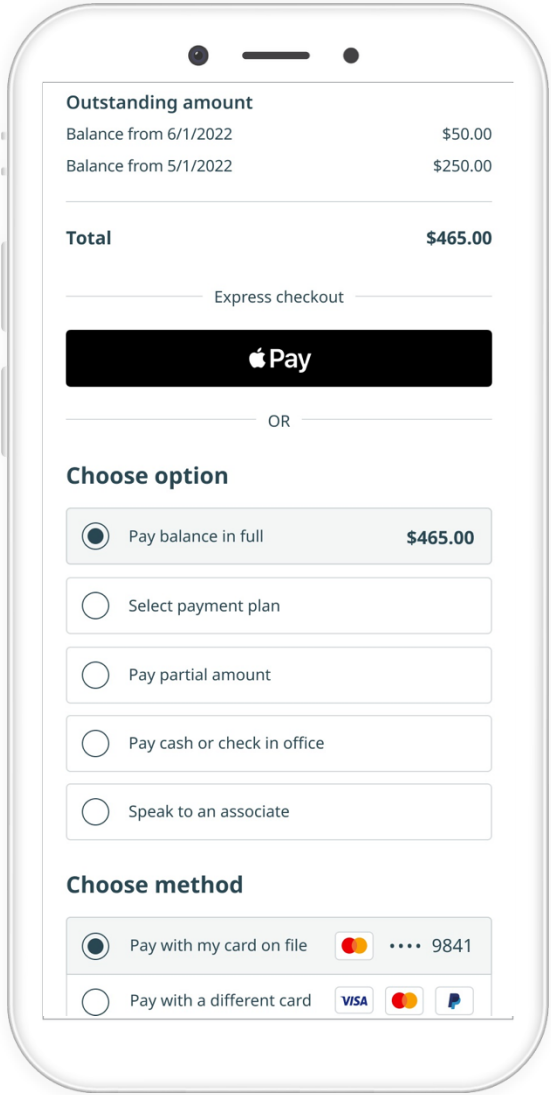
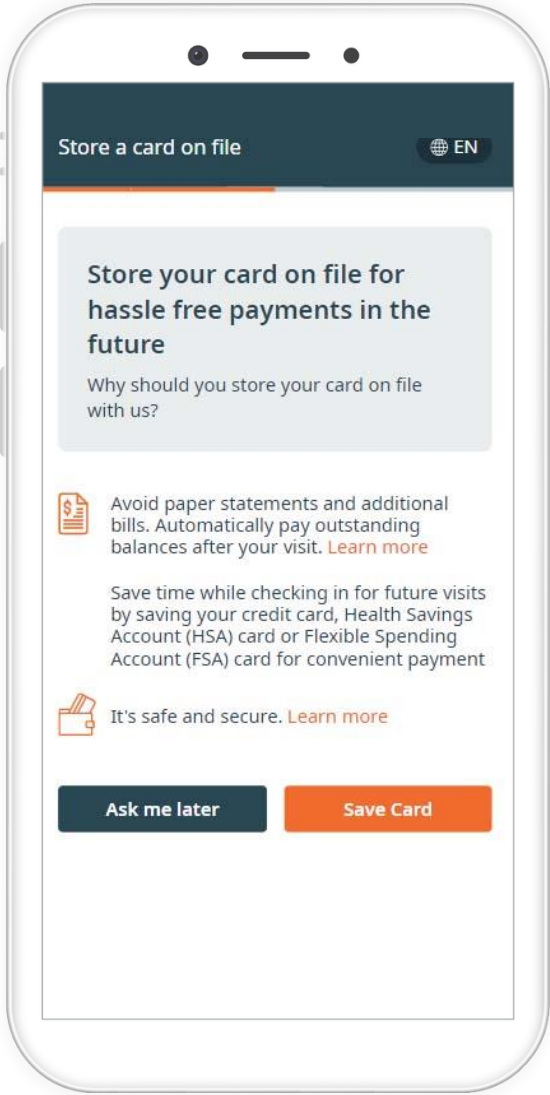
Automated E&B summaries:

- ✓ **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

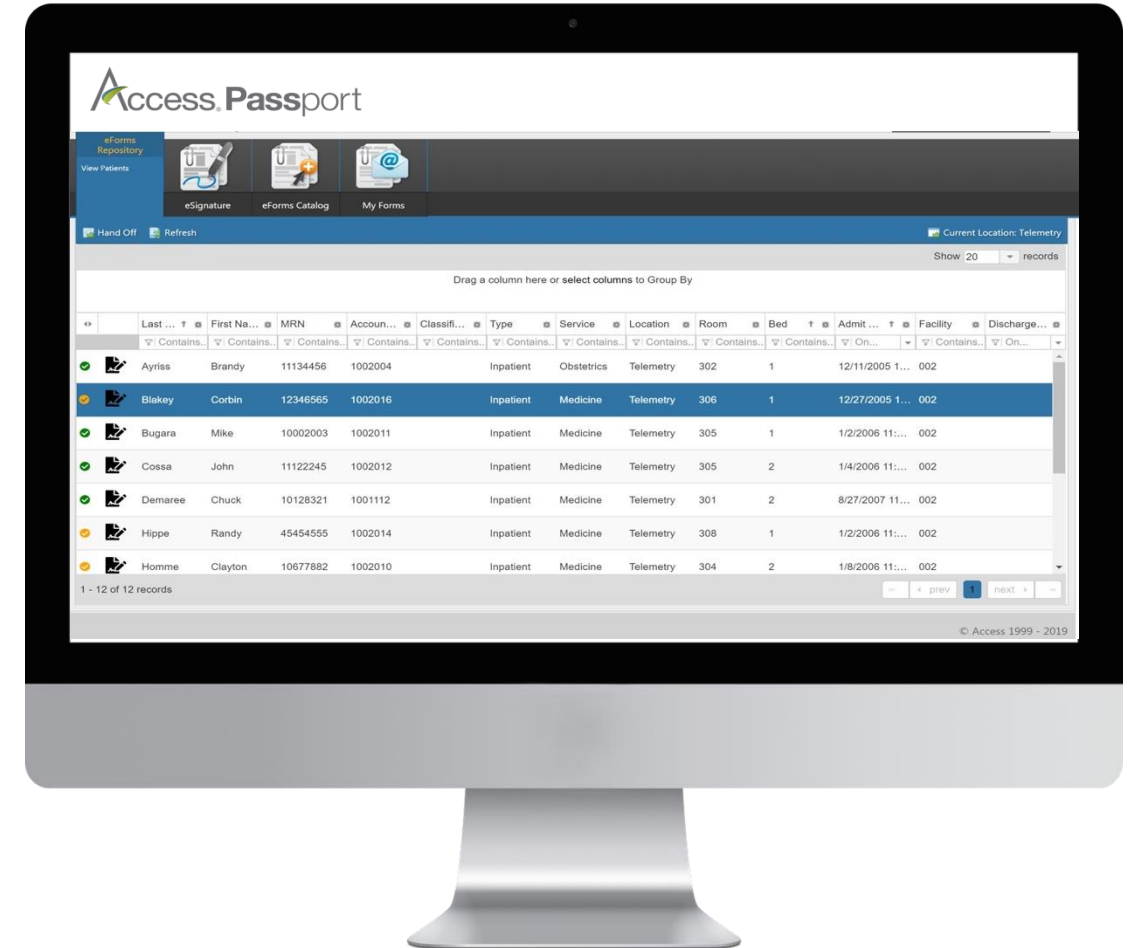


Access eForms

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 forms²

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

²Garonzik-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>

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.

Page 1 of 2 Rev. MMYYYY

(Initial) _____

MINIMIZE OPERATING EXPENSES WITH ACCESS EFORMS

Access.Passport

eForms Repository
View Patients

eSignature eForms Catalog My Forms

Hand Off Refresh

Current Location: Telemetry

Show: 20 records

Drag a column here or select columns to Group By

	Last ...	First Na...	MRN	Accoun...	Classifi...	Type	Service	Location	Room	Bed	Ad
	Contains...	Contains...	Contains...	Contains...	Contains...	Contains...	Contains...	Contains...	Contains...	Contains...	Contains...
	Ayriss	Brandy	11134456	1002004	Inpatient	Obstetrics	Telemetry	302	1	12	
	Blakey	Corbin	12346565	1002016	Inpatient	Medicine	Telemetry	306	1	12	
	Bugara	Mike	10002003	1002011	Inpatient	Medicine	Telemetry	305	1	1/2	
	Cossa	John	11122245	1002012	Inpatient	Medicine	Telemetry	305	2	1/4	
	Demaree	Chuck	10128321	1001112	Inpatient	Medicine	Telemetry	301	2	8/2	
	Hippe	Randy	45454555	1002014	Inpatient	Medicine	Telemetry	308	1	1/2	
	Homme	Clayton	10677882	1002010	Inpatient	Medicine	Telemetry	304	2	1/6	

1 - 12 of 12 records

Automatically fills in e-form fields for the patients you select

LAKESIDE HOSPITAL

ACCOUNT NO. 100016
MED. REC. NO. 123456
NAME Corbin
BIRTHDATE 10/26/1996

Procedural Consent

Form Type: Appendectomy

DATE: 01/31/2019 TIME: 12:50 PM

TO THE PATIENT AND/OR PARENTS: You have the right, as a patient or the parent of a minor patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

Appendix

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures:

Appendectomy (Open vs Laparoscopic)

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) (do) ☒ (do not) ☐ consent to the use of blood and blood products as deemed necessary.

I (we) understand that no warranty or guarantee has been made to me as to result or cure. Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

Bleeding, infection, scarring, damage to bowel, abdominal abscess, bowel obstruction, and need for other procedure
Laparoscopic risk: damage to intra-abdominal structures (e.g., bowel, bladder, blood vessels, or nerves), intra-abdominal abscess and infectious complications, trocar site complications (e.g., hematoma, bleeding, leakage of fluid, or hernia formation), conversion of the procedure to an open procedure, cardiac dysfunction

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

PATIENT/PARENT OR LEGALLY AUTHORIZED REPRESENTATIVE
RELATIONSHIP Self

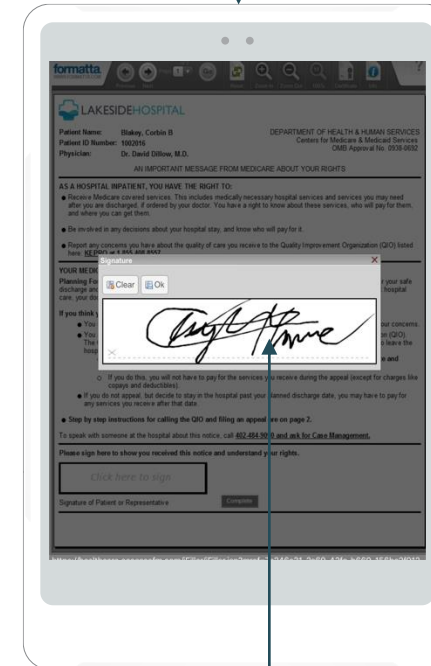
PHYSICIAN

Click here to sign

Options, risks and benefits of the procedure/treatment have been discussed with and accepted by the patient and/or family.

Create Update Complete

Conveniently access e-forms
from any tablet device



Collect signatures
at the **point of need**

THE NEW NORMAL FOR IMPROVING COMPLIANCE



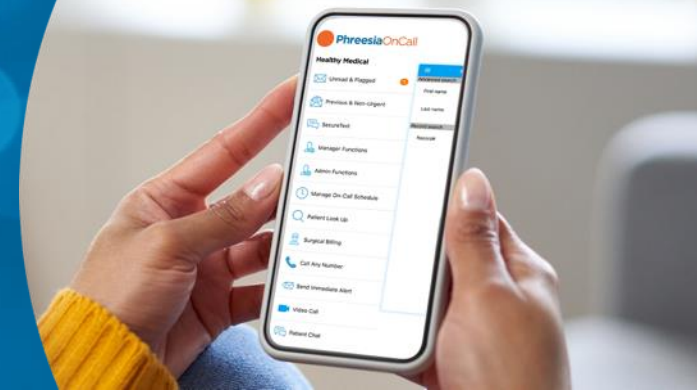
Rely on robust e-forms management processes to mitigate risk and increase security

- ✓ 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

Person places after-hours call

1. **Call forwarded** to PhreesiaOnCall
2. "Press **2** if you're calling from a hospital, **3** if you're calling from a doctor's office or pharmacy, and **4** if you're a patient."

Hospital

Doctor's office
or pharmacy

Patient
(routes to office)

Non-urgent

Urgent

Does not alert
on-call provider

Alerts on-call provider
in hospital call calendar

Documentation report

Non-urgent

Urgent

Does not alert
on-call provider

Alerts on-call provider
in office calendar

Documentation report

Non-urgent

Urgent

Does not alert
on-call provider

Alerts on-call provider
in office calendar

Documentation report

EHR

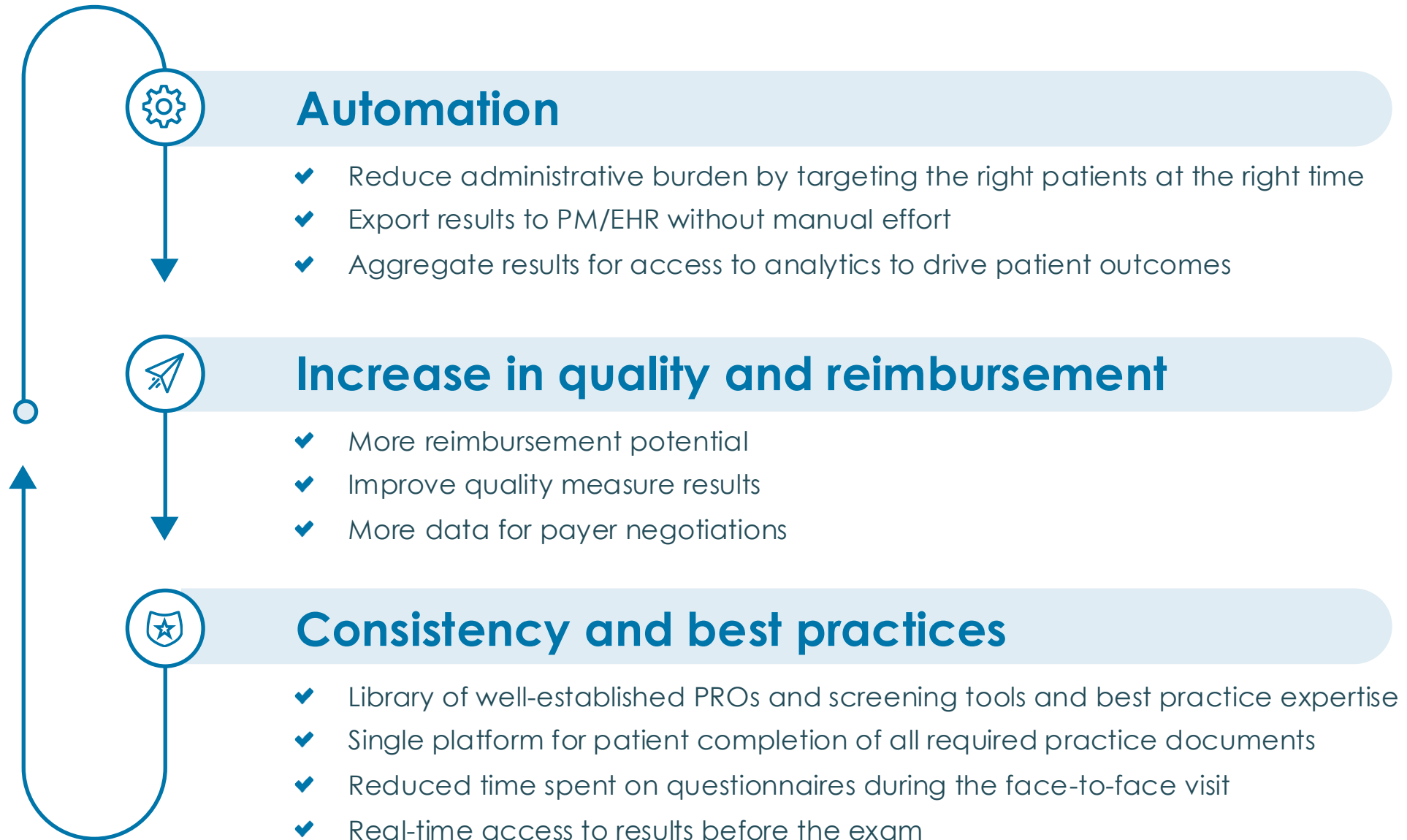
Clinical Content & Gaps in Care Solutions

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



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

Review your information

EN

* Required

Over the last 2 weeks, how often have you been bothered by any of the following problems? Trouble falling or staying asleep, or sleeping too much *

Several days

Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling tired or have little energy *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Poor appetite or overeating *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling bad about yourself - or that you are a failure or have let yourself or your family down *

More than half the days

Over the last 2 weeks, how often have you been bothered by any of the following problems? Thoughts that you would be better off dead, or of hurting yourself *

Review your information — PHQ-9

English

* Required

Over the last 2 weeks, how often have you been bothered by any of the following problems? Trouble falling or staying asleep, or sleeping too much *

Several days

Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling tired or have little energy *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Poor appetite or overeating *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling bad about yourself - or that you are a failure or have let yourself or your family down *

More than half the days

Over the last 2 weeks, how often have you been bothered by any of the following problems? Trouble concentrating on things, such as reading the newspaper or watching television *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual *

Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems? Thoughts that you would be better off dead, or of hurting yourself *

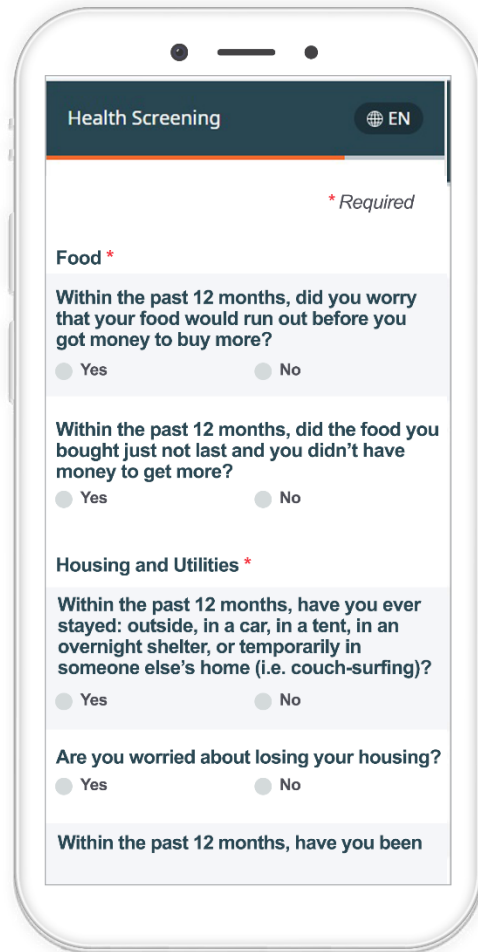
Nearly every day

How difficult have these problems made it for you to do your work, take care of things at home, or get along

PRIVATELY ASSESS AND ADDRESS PATIENTS' SOCIAL NEEDS

Identify social needs

Administer SDOH screening



Health Screening EN

* Required

Food *

Within the past 12 months, did you worry that your food would run out before you got money to buy more?

☐ Yes ☐ No

Within the past 12 months, did the food you bought just not last and you didn't have money to get more?

☐ Yes ☐ No

Housing and Utilities *

Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?

☐ Yes ☐ No

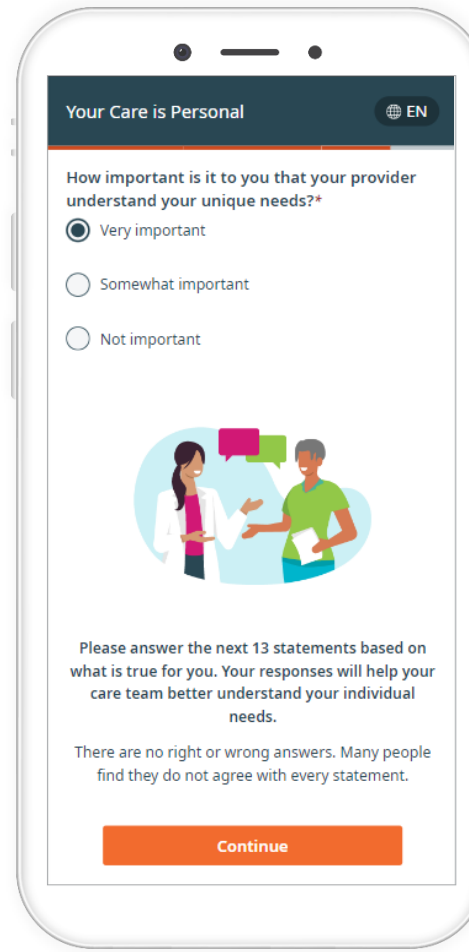
Are you worried about losing your housing?

☐ Yes ☐ No

Within the past 12 months, have you been

Assess patient activation

Administer PAM®



Your Care is Personal EN

How important is it to you that your provider understand your unique needs?*

☒ Very important

☐ Somewhat important

☐ Not important



Please answer the next 13 statements based on what is true for you. Your responses will help your care team better understand your individual needs.

There are no right or wrong answers. Many people find they do not agree with every statement.

Continue



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

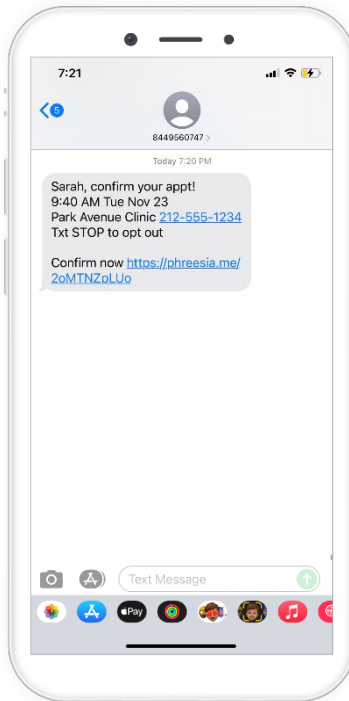
Appointment Reminders

AUTOMATED OUTREACH BEFORE THE VISIT

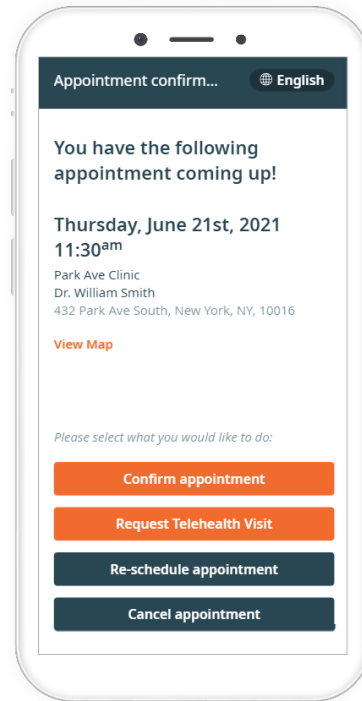
Patient continues to receive outreach if they do not respond to earlier messages, helping you **streamline communications** and send messages **only to those who need them**.



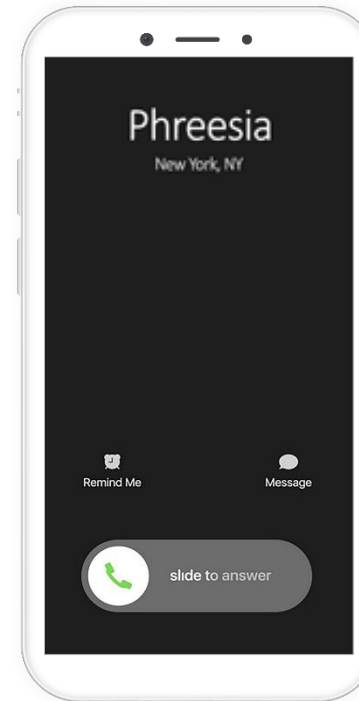
5 days before visit
Initial reminder



2 days before visit
Follow-up reminder



1 day before visit
Follow-up voicemail

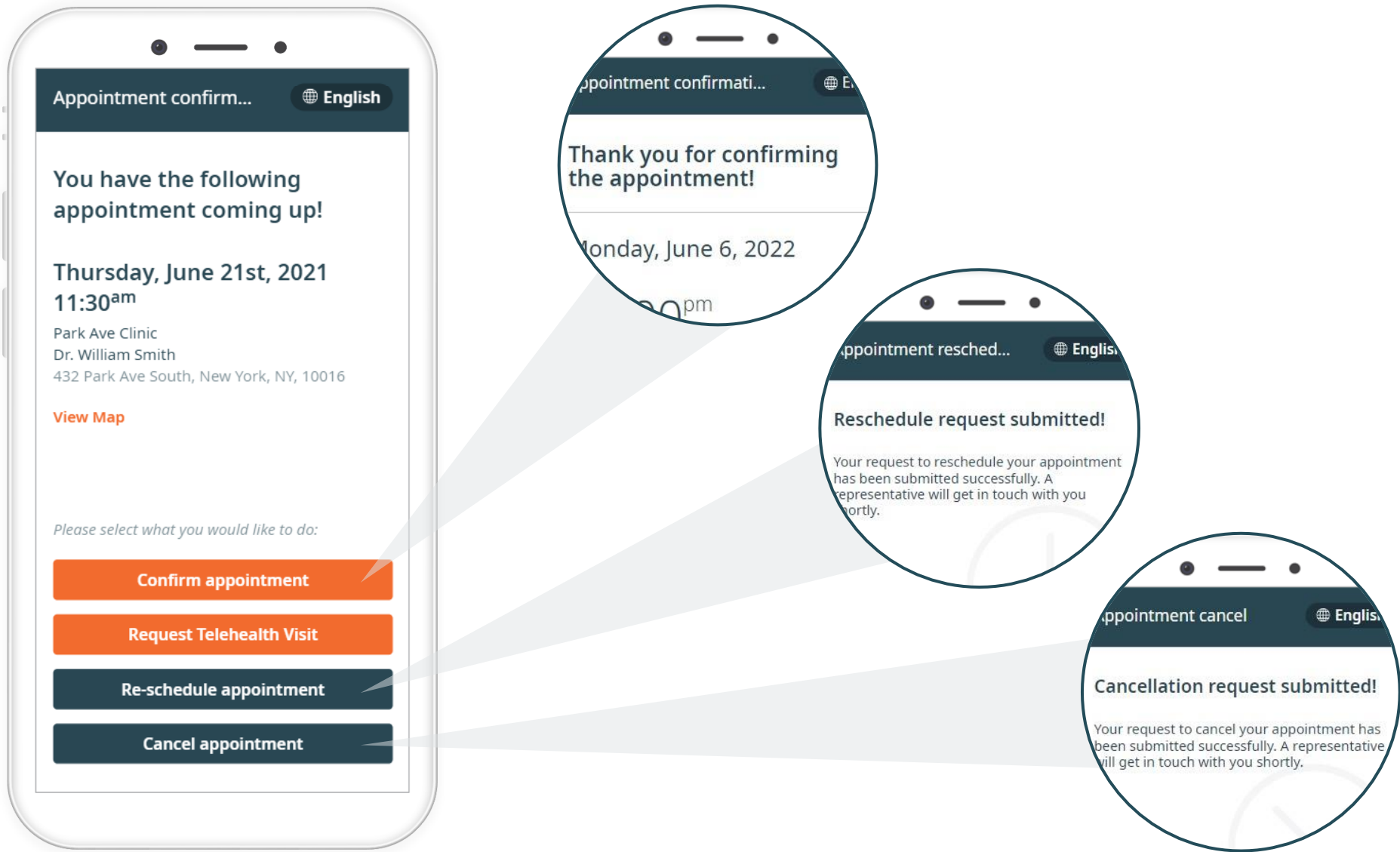


Patient arrives for appointment



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

TOTAL ASSOCIATES ON PAYROLL = 629 24

2025 HOSPITAL STAFF TURNOVER RATE =

NATIONAL	SGMH
22.70%	31.11%

2025 HOSPITAL STAFF - RN TURNOVER RATE =

27.10%	29.22%
--------	--------

2026 NATIONAL HOSPITAL STAFF TURNOVER RATE = 18.30%

2026 NATIONAL HOSPITAL STAFF - RN TURNOVER RATE = 17.60%

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

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

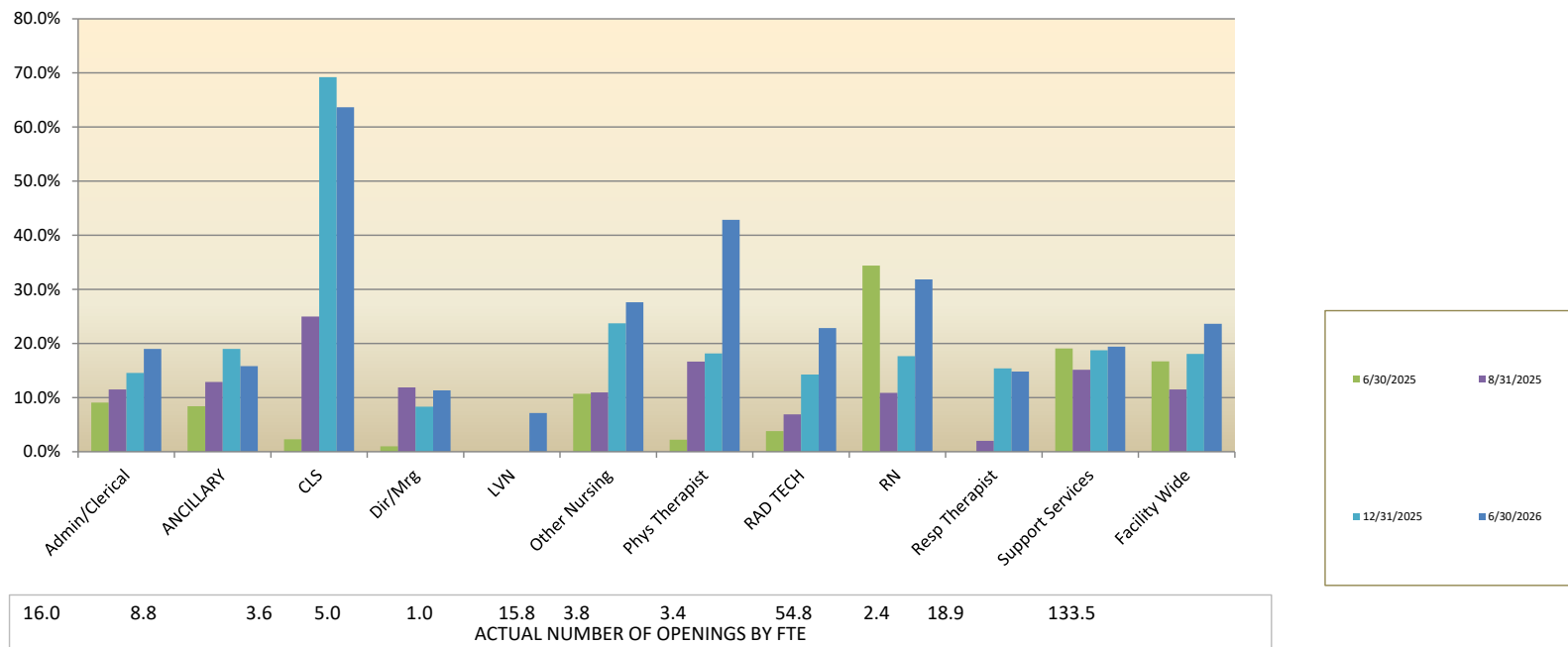
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
Involuntary Separations								
Full-Time	10.6%	1	3	1	2	1	1	9
Part-Time	2.4%	1					1	2
Per Diem	0.0%							0
Subtotal, Involuntary Separations	12.9%	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

Separation Reason Analysis
Per Diem Associates Only
01/01/2026 THROUGH 06/30/2026

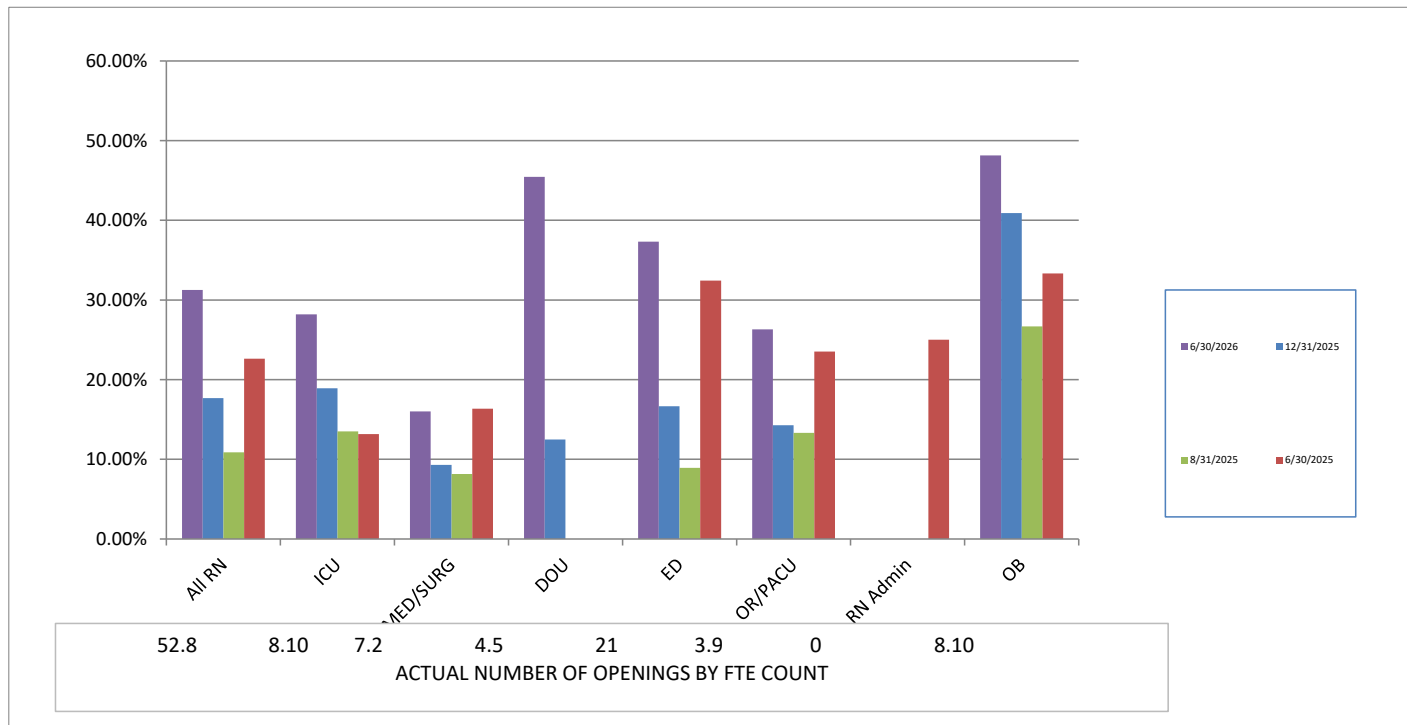
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
<i>Voluntary Separations</i>								
Did not Return from LOA	0.0%							0
Employee Death	0.0%							0
Family/Personal Reasons	27.3%	2	1	2			1	6
Job 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
<i>Subtotal, Voluntary Separations</i>	100.0%	4	2	10	2	0	4	22
<i>Involuntary Separations</i>								
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
<i>Subtotal, Involuntary Separations</i>	0.0%	0	0	0	0	0	0	0
Total Separations	100.0%	4	2	10	2	0	4	22



	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%





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

FREQUENCY BY DEPARTMENT					SEVERITY BY DEPARTMENT				
Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred	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%
Environmental Services	47	17.22%	780,524	21.00%	Medical Surgical	50	18.32%	759,111	20.42%
Emergency Department	44	16.12%	280,516	7.55%	Surgical Services	11	4.03%	393,823	10.60%
Dietary	25	9.16%	47,162	1.27%	Obstetrics	7	2.56%	388,370	10.45%
Intensive Care Unit (ICU)	12	4.40%	62,644	1.69%	Emergency Department	44	16.12%	280,516	7.55%
Surgical Services	11	4.03%	393,823	10.60%	Laboratory	11	4.03%	223,279	6.01%
Laboratory	11	4.03%	223,279	6.01%	Medical Staff	6	2.20%	191,528	5.15%
Security Department	10	3.66%	118,995	3.20%	Nursing Administration	5	1.83%	177,710	4.78%
Obstetrics	7	2.56%	388,370	10.45%	Security Department	10	3.66%	118,995	3.20%
Engineering	6	2.20%	74,858	2.01%	Engineering	6	2.20%	74,858	2.01%
FREQUENCY BY CAUSE					SEVERITY BY CAUSE				
Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred	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%
Fall, Slip or Trip Injury	40	14.65%	1,814,974	48.83%	Strain or Injury By	87	31.87%	885,788	23.83%
Burn or Scald - Heat or Cold Exposures - Contact	36	13.19%	147,517	3.97%	Miscellaneous Causes	19	6.96%	373,697	10.05%
Struck or Injured By	35	12.82%	216,000	5.81%	Struck or Injured By	35	12.82%	216,000	5.81%
Cut, Puncture, Scrape Injured by	21	7.69%	80,729	2.17%	Burn or Scald - Heat or Cold Exposure	36	13.19%	147,517	3.97%
Miscellaneous Causes	19	6.96%	373,697	10.05%	Cut, Puncture, Scrape Injured by	21	7.69%	80,729	2.17%
Exposure	13	4.76%	62,512	1.68%	Motor Vehicle	2	0.73%	73,841	1.99%
Caught In, Under or Between	13	4.76%	10,654	0.29%	Exposure	13	4.76%	62,512	1.68%
Striking Against or Stepping on	7	2.56%	51,042	1.37%	Striking Against or Stepping on	7	2.56%	51,042	1.37%
Motor Vehicle	2	0.73%	73,841	1.99%	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	InjuryCauseGroup	Litigated (1=	Count	Paid	Outstanding	Incurred	Lost Time
2015-08-20	15001161	Re-Open		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 Injur	1	1	141,440	92,614	234,053	749
2016-05-31	16000811	Open		Future Medical	Fall, Slip or Trip Injur	1	1	173,385	47,840	221,225	730
2019-02-11	19000235	Open		Future Medical	Fall, Slip or Trip Injur	0	1	85,628	31,094	116,722	0
2020-08-04	20805905	Open		Indemnity	Fall, Slip or Trip Injur	1	1	346,038	9,318	355,356	812
2021-03-16	21000657	Re-Open		Indemnity	Fall, Slip or Trip Injur	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 Injur	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 Injur	1	1	9,287	5,913	15,200	0
2023-07-11	23001495	Open		Indemnity	Fall, Slip or Trip Injur	1	1	140,740	4,197	144,937	112
2023-09-03	23001964	Open		Future Medical	Fall, Slip or Trip Injur	0	1	61,649	35,022	96,671	154
2024-02-23	24000340	Open		Indemnity	Fall, Slip or Trip Injur	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 Injur	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 Injur	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: _____
Randal Stevens, Hospital Board Secretary

Date: _____

Accepted by the Administrator

Signed: _____
Christopher R. Bjornberg, Chief Executive Officer

Date: _____

Accepted by the Administrator:

Signed: _____
Annah Karam, Chief Human Resources Officer

Date: _____

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

