



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, June 30, 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**
▪ May 26, 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
June 30, 2026

- | | | | |
|-------|--|--------------|--------|
| V. | CEO Monthly Report | C. Bjornberg | verbal |
| VI. | July, August and September Board/Committee Meeting Calendars | S. DiBiasi | B |
| VII. | Quarterly Patient Care Services Report – Informational | | C |
| VIII. | FYE 2027 Operating and Capital Budget - Discussion
<i>(Tenet will solicit and consider input from the Hospital Corporation)</i> | R. Marshall | D |
| IX. | Future Agenda Items | | |
| X. | 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 June 26, 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, June 26, 2026



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

May 26, 2026

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, May 26, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: None

Required Staff: Michele Finney (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 4:06 pm.	
Public Comment	Lanny Swerdlow discussed an article regarding hospitals at risk due to cuts in Medicaid.	
OLD BUSINESS		
Proposed Action - Approve Minutes April 28, 2026, Regular Meeting	Chair Susan DiBiasi asked for any changes or corrections to the minutes of the following meetings: <ul style="list-style-type: none"> • April 28, 2026, Regular Meeting There were none.	The minutes presented for approval will stand correct.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Chair DiBiasi reported that the hospital board is undergoing a transitional phase, maintaining existing bylaws while preparing for future restructuring to align governance with operational realities.	
CEO Monthly Report	Michele Finney reported that Chris Bjornberg will officially begin on June first as the permanent CEO of SGMH. Michele will provide mentorship and aid in orienting him to the MSA and transition documents. Michele also reported that the hospital remains cash flow challenged, prompting a credit line draw. The hospital is pursuing multiple funding streams to stabilize finances and support growth, focusing on state, federal, and tribal grants aligned with strategic priorities. Active contract negotiations with major payors are in progress to secure revenue.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
May, June, and July Board/Committee meeting calendars	Calendars for May, June, and July were included on the board tablets.																					
Proposed Action – Appoint Ad Hoc Nominating Committee	<p>Steve Rutledge’s position on the Hospital Board will become vacant as his second full term is ending. The Board will appoint an Ad Hoc Nominating Committee to fill the vacancy. The committee will include:</p> <ul style="list-style-type: none"> • Ron Rader • Darrell Petersen • Pat Brown <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 716 1255 890"> <tbody> <tr> <td>Brown</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Foreman</td> <td>Yes</td> <td>McDougall</td> <td>Yes</td> </tr> <tr> <td>Petersen</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </tbody> </table>	Brown	Yes	DiBiasi	Yes	Foreman	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Motion carried.		M.S.C., (Stevens/Foreman), the SGMH Board of Directors voted to appoint an Ad Hoc Nominating Committee
Brown	Yes	DiBiasi	Yes																			
Foreman	Yes	McDougall	Yes																			
Petersen	Yes	Rader	Yes																			
Rutledge	Yes	Stevens	Yes																			
Swerdlow	Yes	Motion carried.																				
Future Agenda Items	None.																					
Adjourn	The meeting was adjourned at 4:38 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



July 2026

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 Independence Day Observation! Administration is Closed!	4 
5	6	7	8	9	10	11
12	13	14	15 9:00 am HR Committee Meeting 10:00 am Community Plan- ning	16	17	18
19	20	21	22	23	24	25
26	27	28 2:30 pm Finance Committee 4:00 pm Hospital Board Meeting 4:30 pm Healthcare Dis- trict Board Meeting	29	30	31	



August 2026

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
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	3	4	5
6	7 Labor Day! Administration is Closed!	8	9	10	11	12
13	14	15	16 9:00 am HR Commit- tee Meeting	17	18	19
20	21	22	23	24	25	26
27	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		

TAB C



Quarterly Patient Care Services Report

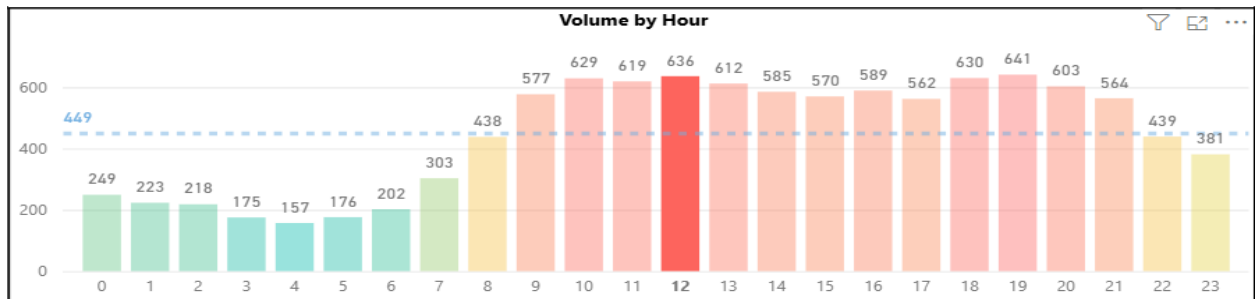
The quarterly patient services report aims to provide a comprehensive overview of the nursing services rendered to patients at SGMH during the months of March 15th-June 15th , 2026.

1. Key Metrics:

- Total number of patients served in ED up until June 15th 2026: 11,037
- Ambulance Traffic: 2715
- Admitted: 987 (11.1% admission rate)

2. Operational Efficiency:

- Acuity & Volume per hour in ED



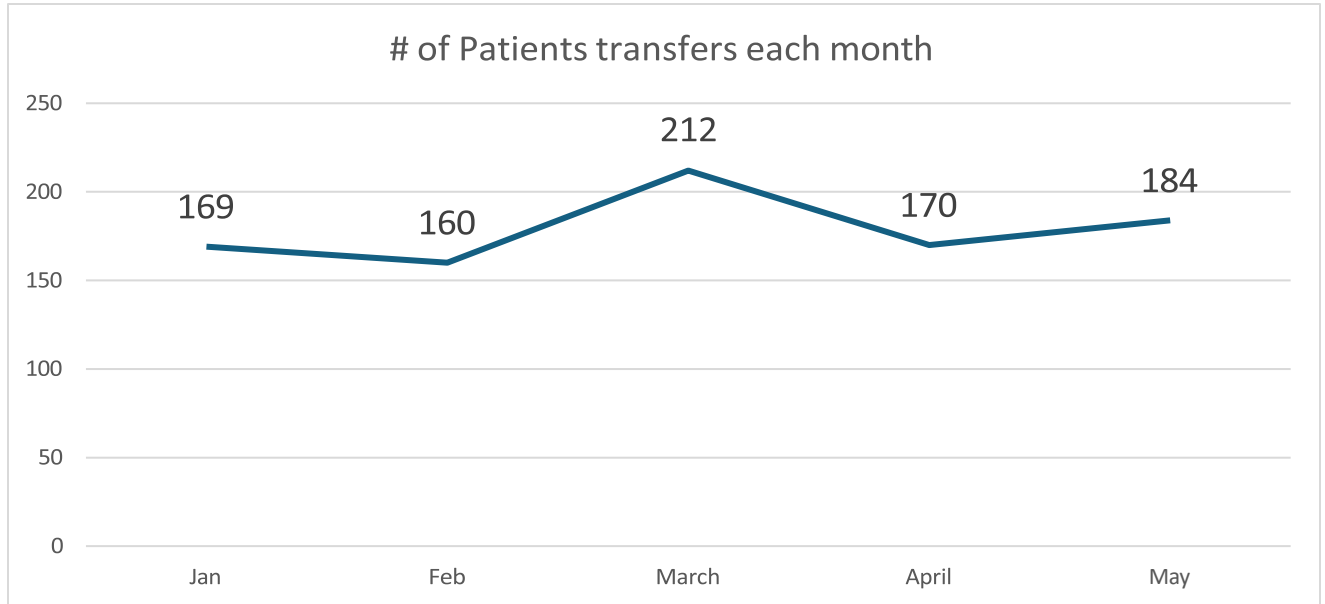
- Ambulance APOD time 80.6% [See attached April \(latest\) REMSA report.](#)
 - Staffing: Nursing turnover increased during the past quarter, with the highest rates occurring in the Emergency Department and Case Management units. This has caused an increase in agency/traveler utilization.
- Operational meetings are ongoing with ED/Hospitalists and Nursing Directors to decrease inpatient discharge times.

3. Transfers:

Year to Date as of May 2026

- Total Transfers: 895 patient transfers recorded for the year as of May 2026
- Top Transfer Categories:

- Psych 154
- Insurance related: 152
- Cardiology: 110
- Pediatrics: 9



2. Patient Experience:

Patient experience remains a key organizational priority and an important indicator of the quality and compassion of care we provide. Nursing leadership continues to focus on communication, responsiveness, bedside engagement, and patient-centered care practices.

Key initiatives supporting patient satisfaction include:

- Leadership rounding on patients
- Nurse leader follow-up on service recovery opportunities
- Bedside shift report
- Purposeful hourly rounding
- Enhanced communication with patients and families

3. Clinical Outcomes:

- March-May Mortality inpatient rate: 2% -----Benchmark 5% (24 out of 36 were DNR patients).
- Adverse events: 0, RCAs-1, Beta Cases- 1

4. Quality and Patient Safety:

Quality:

I am pleased to report that our organization continues to demonstrate its commitment to providing safe, high-quality patient care. Most notably, we have maintained our Leapfrog Hospital Safety Grade of

"A," placing us among the nation's highest-performing hospitals for patient safety and quality outcomes. This achievement reflects the dedication of our nursing staff, physicians, and interdisciplinary teams who consistently prioritize patient safety in every aspect of care delivery.

Patient Safety:

During this reporting period, nursing leadership remained focused on reducing preventable harm and improving reliability across all care settings. Key areas of emphasis included:

- Fall prevention initiatives and bedside safety practices
- Reduction of hospital-acquired infections
- Pressure injury prevention and skin integrity management
- Medication safety and high-alert medication monitoring
- Enhanced patient identification and handoff communication processes

Despite ongoing workforce challenges, our teams have maintained strong compliance with evidence-based practices and continue to demonstrate resilience in delivering safe patient care.

5. Challenges:

- Delayed discharges and placement barriers continue to represent one of the organization's most significant operational and financial challenges.
- Nursing retention remains one of our top strategic priorities. While turnover has increased in select departments, we continue to invest in workforce engagement, leadership development, and professional growth opportunities to build a stable and resilient nursing workforce.

6. Conclusion:

Overall, nursing services have maintained a high standard of quality and patient satisfaction during the reporting period. Efforts will continue to address challenges and capitalize on opportunities for improvement as we prepare for the busy winter season.

Angela Brady, CNO 06.17.2026



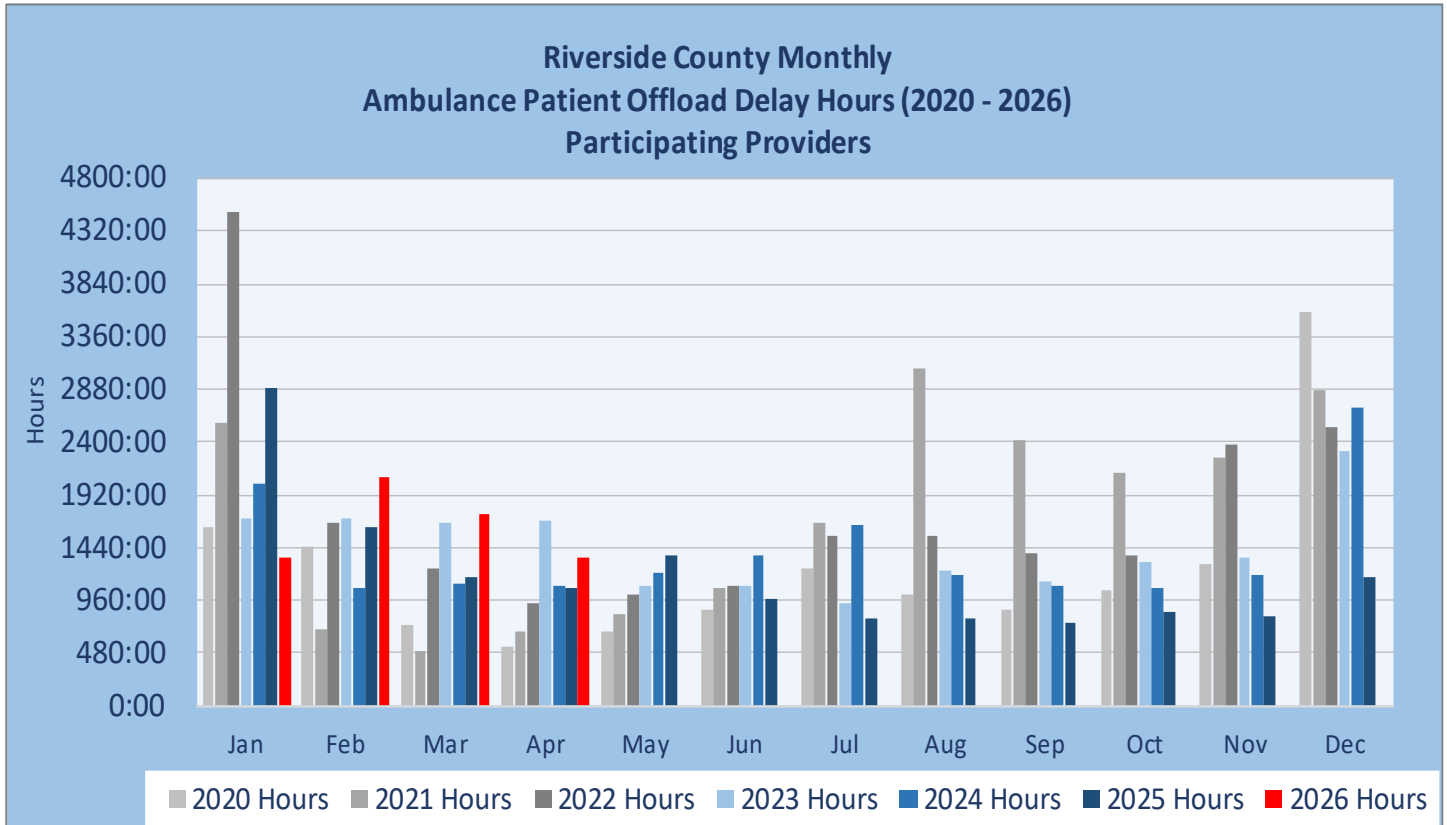
Ambulance Patient Offload Time

April 2026

*Monthly
Report*

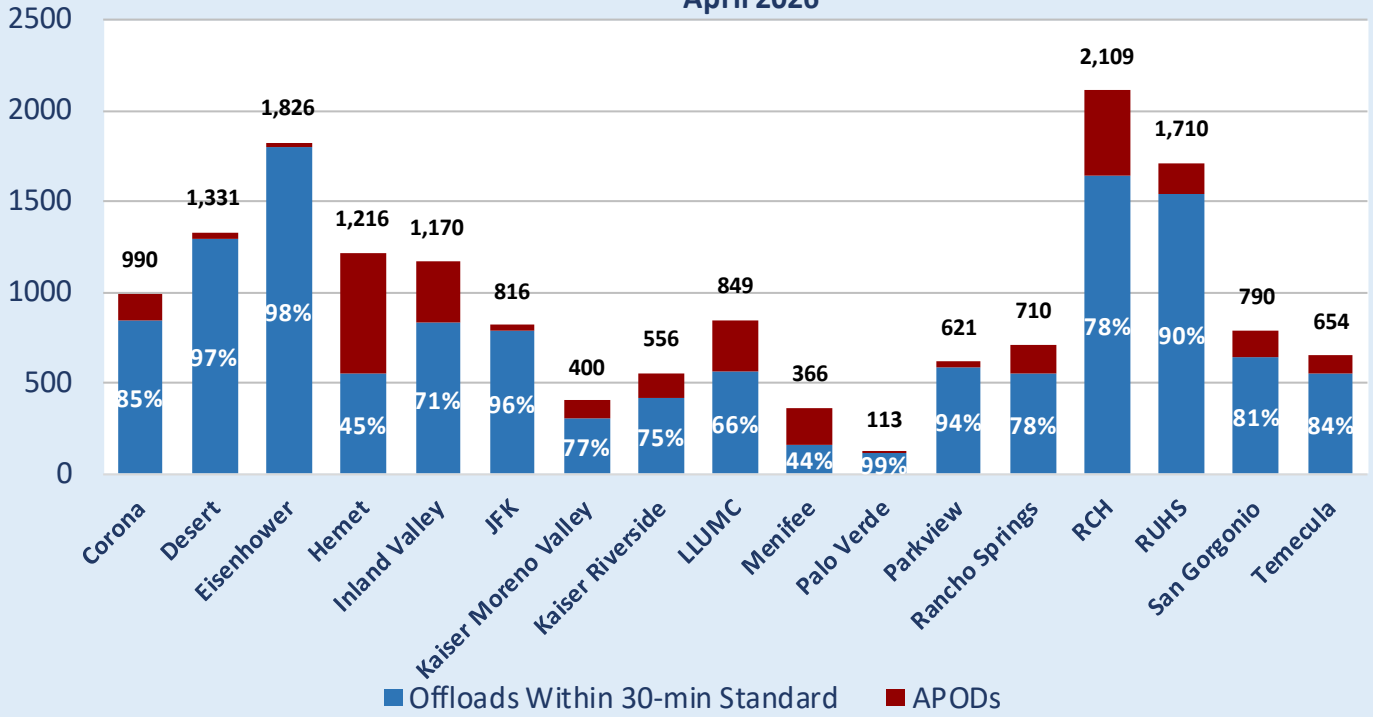
RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

These charts represent total ambulance patient offload times (APOT) and delays (APOD) from hospitals within Riverside County. APOD includes delays greater than 30 minutes, and only the time after the first 30 minutes has passed.

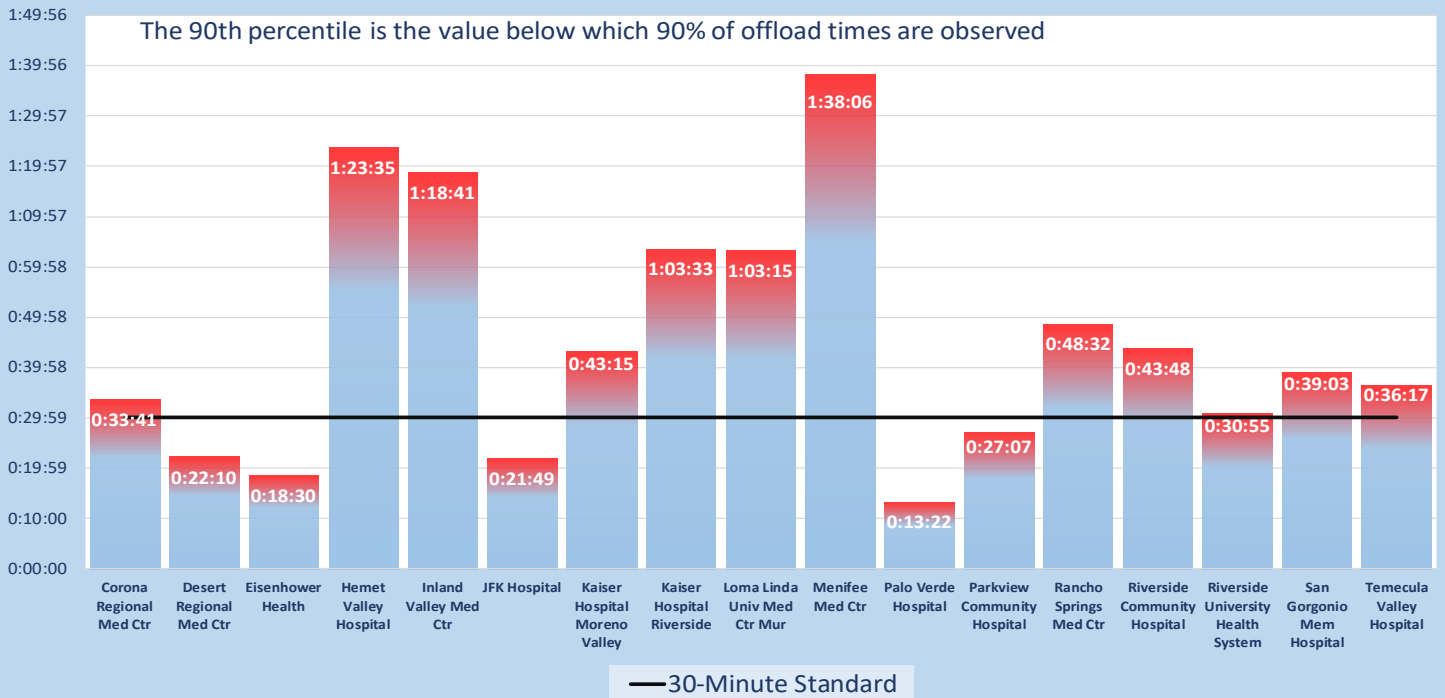


April 2026						
	ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT - 1
Corona Regional Med Ctr	990	316:41:33	35:00:44	144	85.5%	0:33:41
Desert Regional Med Ctr	1,331	299:32:13	3:23:11	36	97.3%	0:22:10
Eisenhower Health	1,826	369:17:51	4:48:30	33	98.2%	0:18:30
Hemet Valley Hospital	1,216	916:50:57	357:28:41	663	45.5%	1:23:35
Inland Valley Med Ctr	1,170	618:32:16	237:03:15	342	70.8%	1:18:41
JFK Hospital	816	152:26:58	10:03:30	30	96.3%	0:21:49
Kaiser Hospital Moreno Valley	400	164:31:04	31:02:00	91	77.3%	0:43:15
Kaiser Hospital Riverside	556	269:09:29	86:28:31	140	74.8%	1:03:33
Loma Linda Univ Med Ctr Mur	849	476:47:03	143:48:53	285	66.4%	1:03:15
Menifee Med Ctr	366	280:05:39	117:41:00	204	44.3%	1:38:06
Palo Verde Hospital	113	14:19:20	0:09:37	1	99.1%	0:13:22
Parkview Community Hospital	621	174:55:11	5:31:53	35	94.4%	0:27:07
Rancho Springs Med Ctr	710	291:36:24	56:56:22	155	78.2%	0:48:32
Riverside Community Hospital	2,109	855:13:35	156:05:21	466	77.9%	0:43:48
Riverside University Health System	1,710	550:50:58	20:04:02	174	89.8%	0:30:55
San Geronio Mem Hospital	790	328:16:53	49:36:31	153	80.6%	0:39:03
Temecula Valley Hospital	654	238:46:43	25:57:08	104	84.1%	0:36:17
Grand Total	16,227	6317:54:07	1341:09:09	3056	81.2%	0:43:44

Riverside County Hospitals Transports, APODs and % Compliance April 2026



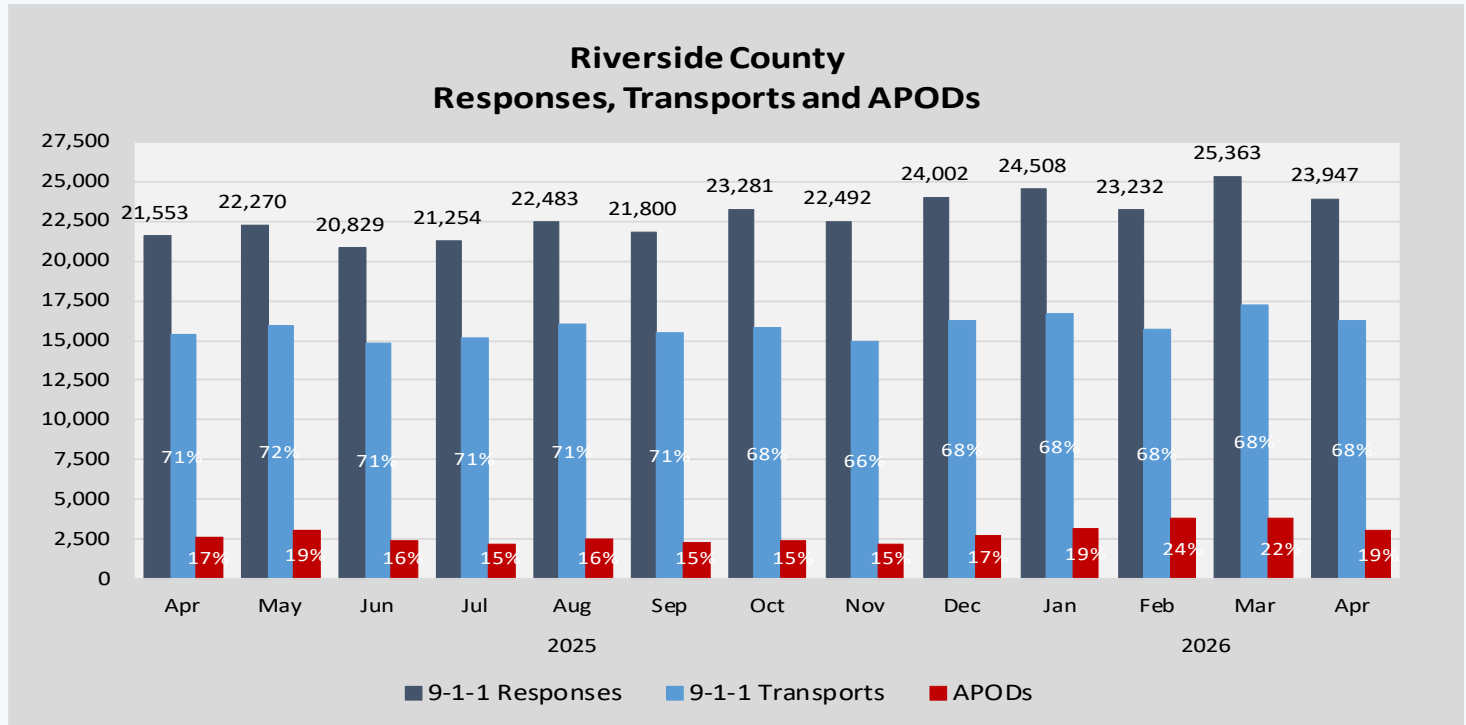
Riverside County Hospitals APOT-1, 90th Percentile April 2026



Data for this report has been collected from ePCRs (electronic patient care records) via FirstWatch® and are available after they have been completed by the provider. There is, therefore, an inherent latency to the availability of these records. Due to this latency, subsequent reports may feature higher aggregate numbers than earlier reports for the same reporting period. The difference is insignificant (averaging less than .07%) and does not impact overall compliance.

APOT AND APOD TRENDS: ROLLING ANNUAL REVIEW

The first chart represents a summary of Riverside County’s total 9-1-1 ambulance (ALS) responses, transports, and total transports resulting in patient offload delay (APOD) for a rolling 12 months compared to the current month.



*Responses include only 9-1-1 ambulance transport unit responses. In May of 2025, the 911 response count query was updated to exclude a subset of fire and non-emergency response records that had been included since approximately August 2024, due to changes in agency unit numbers and NEMSIS 3.5 disposition mapping. This change only applies to response counts and the percentage of total transported - not transport counts or their respective compliance percentages. This update has been applied retroactively to correct previous response counts, so there may be a discrepancy noted in the count of responses in this, and subsequent reports compared to previous reports since August of 2024.

TRANSPORT VOLUME. Transport volume for each hospital over a 12 month period compared to the current month is described below. Each hospital can be categorized as a low to high volume facility relative to all facilities in the county. Hospitals are color coded ranging from low to high based on an average transports of the last 12 months.

Hospital	Transport Volume												Monthly	
	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025	2026	Avg
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Corona Regional Med Ctr	831	826	834	864	906	918	838	787	940	967	879	951	990	887
Desert Regional Med Ctr	1356	1304	1247	1319	1421	1346	1498	1390	1422	1503	1354	1536	1331	1,387
Eisenhower Health	1606	1667	1449	1395	1576	1437	1560	1536	1675	1896	1797	1968	1826	1,645
Hemet Valley Hospital	1203	1312	1157	1097	1359	1259	1263	1172	1200	1241	1040	1122	1216	1,203
Inland Valley Med Ctr	1067	1121	1118	1107	1174	1112	1156	1097	1184	1152	1057	1177	1170	1,130
JFK Hospital	790	710	638	723	744	691	714	679	733	743	724	873	816	737
Kaiser Hospital Moreno Valley	404	378	406	428	426	403	411	367	443	432	408	469	400	413
Kaiser Hospital Riverside	559	595	538	551	597	566	623	534	585	661	578	586	556	579
Loma Linda Univ Med Ctr Mur	794	824	800	833	870	851	854	769	914	845	784	849	849	834
Menifee Med Ctr	337	336	392	363	310	329	321	358	360	375	419	440	366	362
Palo Verde Hospital	125	145	113	136	140	123	120	130	125	123	114	150	113	127
Parkview Community Hospital	712	744	603	652	698	655	690	600	674	713	742	742	621	680
Rancho Springs Med Ctr	581	699	603	649	603	651	598	621	620	715	789	778	710	663
Riverside Comm Hospital	1946	2013	1873	1916	2056	1986	2052	1923	2109	2019	1886	2097	2109	1,999
Riverside Univ Health System	1702	1873	1716	1678	1730	1703	1703	1632	1701	1779	1687	1836	1710	1,727
San Geronio Mem Hospital	770	828	786	877	797	810	809	783	869	904	821	957	790	831
Temecula Valley Hospital	625	601	600	594	620	663	612	571	697	637	630	693	654	631
Riverside County Total	15408	15976	14873	15182	16027	15503	15822	14949	16251	16705	15709	17224	16227	15835

COMPLIANCE. Compliance is a frequency comparison between the total number of transports and those resulting in APOD. The table below shows compliance by hospital for the last 12 months compared to the current month.



APOT % Compliance by Hospital for the last 12 months															
	2025												2026		Average
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
Corona Regional Med Ctr	61%	62%	85%	92%	89%	87%	86%	89%	81%	82%	64%	74%	85%	80%	
Desert Regional Med Ctr	97%	98%	98%	98%	98%	98%	98%	96%	96%	96%	84%	94%	97%	96%	
Eisenhower Health	99%	98%	99%	99%	99%	99%	98%	98%	98%	97%	97%	96%	98%	98%	
Hemet Valley Hospital	63%	62%	55%	52%	55%	57%	59%	53%	52%	48%	48%	43%	45%	53%	
Inland Valley Med Ctr	77%	76%	80%	84%	82%	85%	85%	80%	82%	81%	70%	76%	71%	79%	
JFK Hospital	98%	99%	98%	99%	98%	98%	97%	97%	98%	97%	96%	94%	96%	97%	
Kaiser Hospital Moreno Valley	81%	80%	79%	74%	73%	79%	81%	86%	78%	81%	75%	76%	77%	79%	
Kaiser Hospital Riverside	72%	68%	69%	80%	89%	89%	85%	94%	88%	77%	73%	63%	75%	79%	
Loma Linda Univ Med Ctr Mur	84%	81%	86%	87%	85%	87%	81%	82%	75%	75%	65%	67%	66%	79%	
Menifee Med Ctr	79%	79%	76%	76%	80%	79%	69%	65%	50%	57%	45%	47%	44%	65%	
Palo Verde Hospital	100%	99%	100%	99%	100%	98%	100%	100%	100%	100%	100%	99%	99%	100%	
Parkview Community Hospital	94%	95%	96%	94%	94%	95%	94%	93%	94%	93%	90%	92%	94%	94%	
Rancho Springs Med Ctr	87%	82%	86%	77%	87%	82%	85%	86%	82%	82%	67%	78%	78%	81%	
Riverside Community Hospital	70%	65%	78%	82%	74%	78%	74%	78%	75%	68%	67%	69%	78%	73%	
Riverside University Health System	92%	89%	93%	90%	90%	92%	91%	91%	92%	87%	82%	84%	90%	89%	
San Gorgonio Mem Hospital	79%	73%	76%	79%	77%	78%	80%	83%	77%	73%	80%	80%	81%	78%	
Temecula Valley Hospital	76%	75%	71%	81%	73%	75%	83%	89%	82%	87%	79%	74%	84%	79%	
Riverside County Compliance	83%	81%	84%	85%	84%	85%	85%	85%	83%	81%	76%	78%	81%	82%	

APOT-1. APOT-1 is an Ambulance Patient Offload Time interval measure of the 90th percentile. This metric is a continuous variable measured in hours and minutes then aggregated and reported at the 90th percentile. The table below illustrates APOT-1 by hospital for the last 12 months compared to the current month

APOT-1 (90th Percentile) for the last 12 Months-hh:mm														
Hospital	2025												2026	Avg
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	APOT-1
Corona Regional Med Ctr	1:15	1:23	0:36	0:29	0:31	0:35	0:37	0:32	0:42	0:44	1:22	0:54	0:34	0:47
Desert Regional Med Ctr	0:21	0:20	0:20	0:20	0:21	0:20	0:20	0:22	0:21	0:23	0:46	0:25	0:22	0:23
Eisenhower Health	0:18	0:19	0:17	0:17	0:17	0:17	0:18	0:18	0:19	0:21	0:21	0:21	0:19	0:18
Hemet Valley Hospital	1:00	0:58	1:20	1:14	1:02	1:08	1:11	1:16	1:29	1:23	1:38	1:35	1:24	1:16
Inland Valley Med Ctr	1:00	0:59	0:50	0:42	0:42	0:40	0:40	0:49	0:51	0:51	1:24	0:57	1:19	0:54
JFK Hospital	0:18	0:17	0:17	0:17	0:18	0:19	0:20	0:19	0:19	0:19	0:21	0:22	0:22	0:19
Kaiser Hospital Moreno Valley	0:41	0:47	0:47	0:54	0:58	0:42	0:44	0:35	0:50	0:43	0:49	1:00	0:43	0:47
Kaiser Hospital Riverside	0:54	1:07	1:12	0:51	0:32	0:33	0:35	0:26	0:33	0:47	1:01	1:32	1:04	0:51
Loma Linda Univ Med Ctr Mur	0:36	0:42	0:34	0:33	0:33	0:34	0:41	0:40	0:48	0:55	1:25	0:56	1:03	0:46
Menifee Med Ctr	0:48	0:42	0:49	0:50	0:39	0:43	0:54	1:01	1:25	1:02	1:50	1:44	1:38	1:05
Palo Verde Hospital	0:14	0:13	0:13	0:14	0:13	0:17	0:15	0:10	0:18	0:15	0:12	0:14	0:13	0:13
Parkview Community Hospital	0:26	0:26	0:25	0:26	0:27	0:24	0:26	0:28	0:27	0:28	0:31	0:27	0:27	0:26
Rancho Springs Med Ctr	0:37	0:44	0:33	0:53	0:33	0:43	0:36	0:37	0:44	0:38	1:02	0:45	0:49	0:42
Riverside Comm Hospital	0:57	1:05	0:44	0:38	0:44	0:44	0:46	0:43	0:45	0:56	1:01	0:49	0:44	0:48
Riverside Univ Health System	0:29	0:32	0:29	0:31	0:30	0:30	0:30	0:31	0:29	0:33	0:36	0:35	0:31	0:31
San Gorgonio Mem Hospital	0:44	0:46	0:45	0:42	0:40	0:41	0:40	0:39	0:43	0:46	0:43	0:41	0:39	0:42
Temecula Valley Hospital	0:45	0:44	0:53	0:38	0:43	0:44	0:37	0:32	0:37	0:34	0:41	0:47	0:36	0:40
Riverside County Compliance	0:41	0:45	0:39	0:37	0:36	0:37	0:37	0:37	0:41	0:43	0:54	0:46	0:44	0:41

AMBULANCE DIVERSIONS

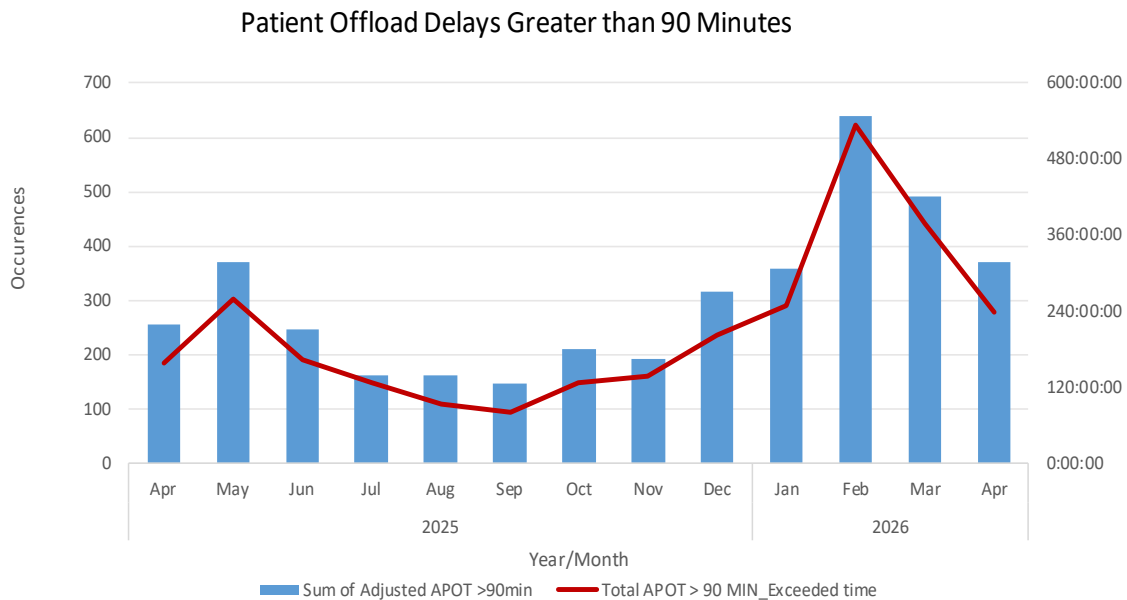
REMSA Policy 6103 describes ground and air ambulance diversions to facilitate safe transport of patients to the closest alternate facility. Ambulance Diversions described here are those activated as a result of unusual circumstances at a facility limiting access to emergency care (*Internal Disaster - INT*) or a temporary outage in Specialty Care services (*STEMI, Stroke, Trauma*). The following tables provide diversion history by count of occurrences and total hours/minutes by facility for a rolling 12 months compared to the current month. *Hospitals not listed had no diversions during this evaluation period.*

Diversions by Count	2025												2026												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr												
INT	1							1		1	1		1	1											
Menifee Valley Medical Center	1							1																	
Riverside Community Hospital										1															
Kaiser Permanente Moreno Valley Medical Center													1												
Loma Linda University Medical Center--Murrieta												1													
Eisenhower Health									1																
Stroke						1																			
Parkview Community Hospital						1																			
Trauma			1			1																			
Inland Valley Medical Center						1																			
Riverside University Health System			1																						
STEMI																									
Total	1		1			2		1		1	1		1	1	9										

Diversions by HH:MM	2025												2026												Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr												
INT	1:28							1:05		0:39	0:02		2:15	18:54											
Menifee Valley Medical Center	1:28							1:05																	
Riverside Community Hospital										0:02															
Kaiser Permanente Moreno Valley Medical Center													18:54												
Loma Linda University Medical Center--Murrieta												2:15													
Eisenhower Health									0:39																
Stroke						3:56																			
Parkview Community Hospital						3:56																			
Trauma			1:40			1:45																			
Inland Valley Medical Center						1:45																			
Riverside University Health System			1:40																						
STEMI																									
Total	1:28	0:00	1:40	0:00	0:00	5:42	1:05	0:00	0:39	0:02	0:00	2:15	18:54												

AMBULANCE REDIRECTION AND SIGNIFICANT APOD (>90 MIN)

REMSA Policy 6104 allows for the redirection of ambulances away from hospitals experiencing significant Ambulance Patient Offload Delays (APOD) to the next most appropriate facility. A significant APOD is defined as a patient remaining on an ambulance gurney for 90 minutes or longer after arrival at the hospital (APOT > 90 min; APOD > 60). While patients held during excessive APODs are generally classified as lower acuity, approximately one-third of the County’s ~600 daily 9-1-1 medical responses are identified at dispatch as critical, requiring immediate medical attention (e.g., cardiac arrest, stroke, traumatic injury). As a result, excessive or multiple APODs within the same service area negatively affect ambulance timeliness and availability in the field, posing a direct risk to 9-1-1 patient safety. Below is the countywide breakdown of APOD occurrences in which ambulances were documented as being held for greater than 90 minutes before transfer of care, shown for the last 12 months compared to the current month.



The table below shows the number of ambulances held for more than 90 minutes and the total hours accumulated after the 90-minute threshold by the facility for the reporting month.

Facility	Total Time APOT>90 min (HR: MM: S)	Total Incidents APOT>90 min
Corona Regional Med Ctr	1:55:32	4
Desert Regional Med Ctr	0:00:00	0
Eisenhower Health	0:00:00	0
Hemet Valley Hospital	72:21:37	99
Inland Valley Med Ctr	54:28:58	91
JFK Hospital	0:23:50	1
Kaiser Hospital Moreno Valley	2:49:39	10
Kaiser Hospital Riverside	18:02:45	25
Loma Linda Univ Med Ctr Mur	35:30:57	43
Menifee Med Ctr	27:54:12	39
Palo Verde Hospital	0:00:00	0
Parkview Community Hospital	0:01:39	1
Rancho Springs Med Ctr	3:46:24	13
Riverside Community Hospital	13:49:49	36
Riverside University Health System	0:00:00	0
San Geronio Mem Hospital	7:03:46	7
Temecula Valley Hospital	0:46:39	2
Grand Total	238:55:47	371

SIGNIFICANT APOD TRENDS (Delays >90 min): Rolling Annual Review

The table below represents a rolling annual review of total ambulances held for more than 90 minutes before transfer of care.

NOTE: Counts do not account for total patient volume, which varies significantly across facilities (see p. 4 for volume). Therefore, a higher count may represent a smaller proportion of delays compared to a facility with a lower count.

APOT>90 min by Hospital for the last 12 months														
Hospital	2025												2026	Monthly Avg
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Corona Regional Med Ctr	45	68	5	0	6	8	11	5	15	30	74	38	4	24
Desert Regional Med Ctr	1	0	0	0	0	0	1	0	0	1	46	3	0	4
Eisenhower Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hemet Valley Hospital	51	46	80	60	54	52	72	74	114	109	118	130	99	81
Inland Valley Med Ctr	36	51	31	21	33	18	31	35	40	47	90	49	91	44
JFK Hospital	0	0	0	0	0	0	0	1	5	0	2	9	1	1
Kaiser Hospital Moreno Valley	8	9	11	11	10	4	8	4	16	8	9	13	10	9
Kaiser Hospital Riverside	19	30	34	23	8	1	5	0	5	24	27	61	25	20
Loma Linda Univ Med Ctr Mur	8	32	9	7	4	9	14	12	23	37	71	38	43	24
Menifee Med Ctr	8	8	10	10	3	6	8	14	32	21	62	59	39	22
Palo Verde Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Parkview Community Hospital	0	0	1	0	0	0	1	1	0	3	0	0	1	1
Rancho Springs Med Ctr	4	14	1	10	0	3	4	3	11	7	33	18	13	9
Riverside Comm Hospital	64	94	44	14	41	40	51	37	36	53	84	51	36	50
Riverside Univ Health System	0	2	1	0	0	0	0	3	2	1	1	0	0	1
San Geronio Mem Hospital	2	10	8	5	1	5	4	1	13	14	8	7	7	7
Temecula Valley Hospital	10	6	13	3	3	2	1	4	6	4	15	15	2	6
Riverside County Total	256	370	248	164	163	148	211	194	318	359	640	491	371	303

The table below displays a rolling annual review by facility of total ambulance delay time (hr:min) beyond 90 minutes.

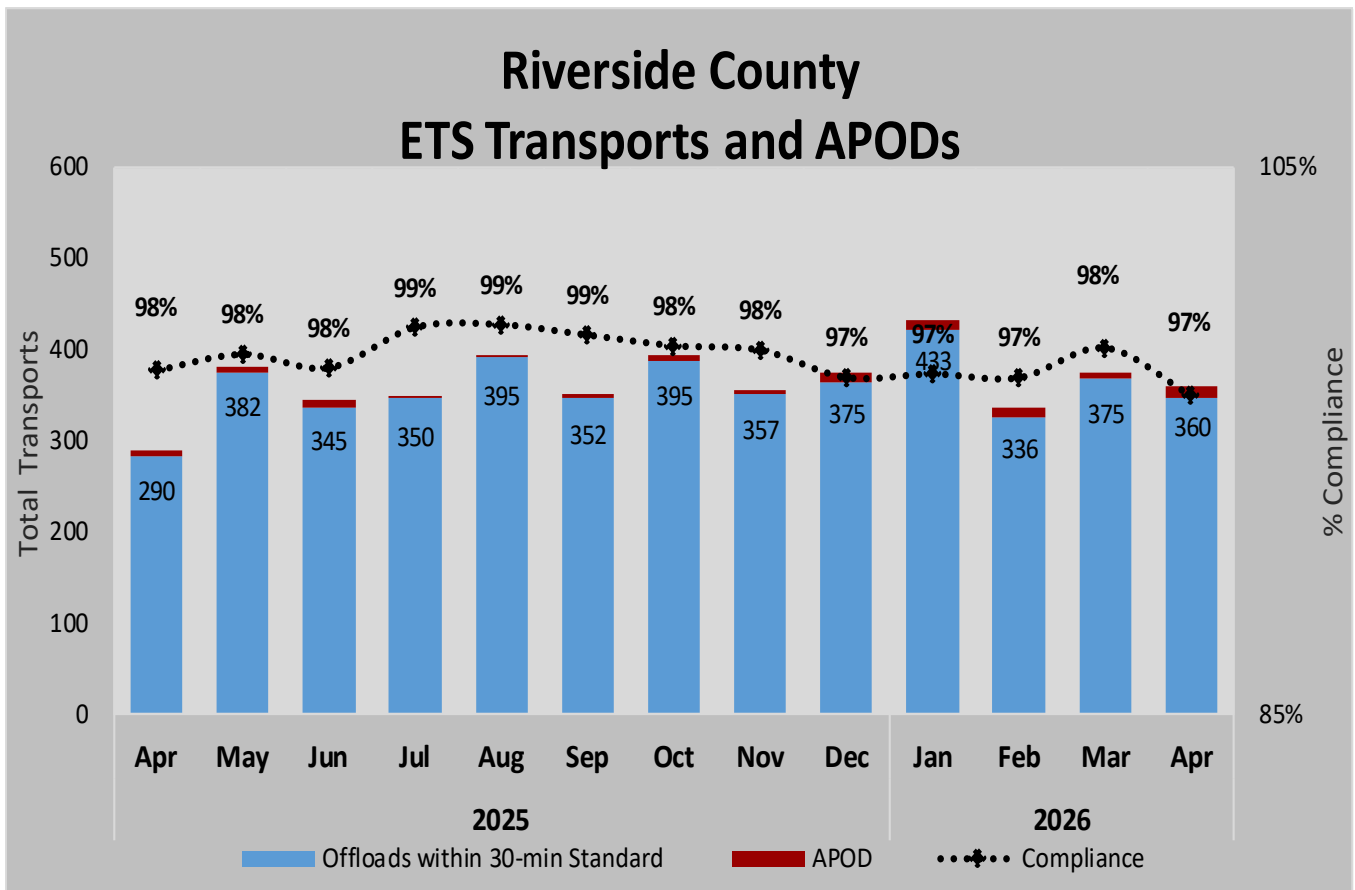
Total exceeded time for APOT>90 min by Hospital for the last 12 months														
Hospital	2025												2026	Monthly Avg
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Corona Regional Med Ctr	3:28	5:57	2:34	0:00	3:13	3:59	6:26	3:57	10:26	18:20	65:11	28:57	1:56	18:06
Desert Regional Med Ctr	0:54	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:51	50:49	0:42	0:00	4:05
Eisenhower Health	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Hemet Valley Hospital	38:00	35:13	78:41	65:09	32:17	36:06	55:08	70:21	91:53	106:56	129:14	118:18	72:22	71:30
Inland Valley Med Ctr	19:16	38:14	12:09	14:40	18:05	5:21	21:07	18:00	19:11	26:17	60:05	35:10	54:29	26:18
JFK Hospital	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:16	1:27	0:00	0:36	3:26	0:24	0:28
Kaiser Hospital Moreno Valley	3:53	4:57	4:14	5:20	7:38	0:25	3:50	0:33	8:49	3:05	5:23	6:52	2:50	4:26
Kaiser Hospital Riverside	12:30	23:35	20:22	12:37	4:44	0:20	4:08	0:00	1:02	11:37	20:10	57:48	18:03	14:22
Loma Linda Univ Med Ctr Mur	4:39	31:36	9:56	9:16	3:29	5:32	5:20	8:54	11:48	35:12	65:04	37:22	35:31	20:16
Menifee Med Ctr	4:01	4:08	6:11	5:33	0:52	4:31	8:02	11:51	18:41	11:50	55:42	47:11	27:54	15:52
Palo Verde Hospital	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Parkview Community Hospital	0:00	0:00	0:14	0:00	0:00	0:00	0:24	0:00	0:00	1:29	0:00	0:00	0:02	0:09
Rancho Springs Med Ctr	2:16	10:59	0:08	4:01	0:00	0:40	2:25	0:59	6:55	4:35	22:39	8:00	3:46	5:11
Riverside Comm Hospital	34:41	48:56	21:58	9:01	21:38	22:45	20:11	19:30	18:36	20:14	49:51	23:39	13:50	24:59
Riverside Univ Health System	0:00	0:42	0:22	0:00	0:00	0:00	0:00	3:31	1:35	0:05	0:05	0:00	0:00	0:29
San Geronio Mem Hospital	1:30	3:03	2:16	1:56	0:13	1:07	1:20	0:05	8:28	9:04	2:04	1:56	7:04	3:05
Temecula Valley Hospital	4:03	1:41	3:49	0:34	0:51	0:20	0:03	0:50	3:33	0:50	7:15	9:02	0:47	2:35
Riverside County Total	159:11	260:00	162:53	128:05	92:59	81:05	128:24	138:46	202:23	250:24	534:06	378:22	238:55	211:58

EMERGENCY TREATMENT SERVICES

Transport to Emergency Treatment Services (ETS) comprises over 3% of overall transport. This is significant enough to impact on the EMS system and, therefore, warrants reporting. However, transport to ETS does not meet the EMSA definitions for APOT (see page 6); therefore, they are not included with the previous APOT aggregates.

April 2026 - Emergency Treatment Services						
	Total Offload			APOD		APOT-1
	Transports to ETS	Time	APOD Hours	APODs	Compliance	
Emergency Treatment Services	360	101:12:54	0:55:59	12	96.7%	0:24:52

The chart below represents Riverside County’s total number of *ETS ambulance transports, patient offload delay (APOD), and percent compliance* for the current month and a rolling 12 months prior.



APOT AND APOD DEFINITIONS

9-1-1 Ambulance Response

For the purpose of reporting patient offload time and delays, only ground transport units responding to 9-1-1 incidents are included in this report. To avoid duplicate response counts, this excludes all records from First Responder Fire agencies also arriving on scene as part of Riverside County's dual 9-1-1 medical response system. Except for ETS transports which are predominantly incoming from local hospitals, this report also excludes interfacility transports and other call types such as air ambulances.

APOT -1 Specifications¹

Criteria: All 911 transports to a hospital emergency department for which the patient arrival and transfer dates and times are "logical and present." Method: Aggregate of all transfer times and reported at the 90th percentile (the value for which 90% of the times are less).

Ambulance Patient Offload Time (APOT)²

The Time interval between the arrival of an 9-1-1 patient at an Emergency Department (ED) and the time that patient is transferred from the ambulance gurney to a bed, chair, or other acceptable location, and the ED assumes responsibility of care.³ The Clock Start (eTimes.11) is the time of patient arrival at the destination (hospital), and the Clock Stop (eTimes.12) is the time patient care is transferred.⁴ REMSA obtains both times from the ePCR.

Ambulance Patient Offload Delay (APOD)³

Any delay in ambulance patient offload time (APOT) that exceeds the local ambulance patient offload time standard of 25/30 minutes (Riverside County EMS Agency applies a 30-minute standard). This shall also be synonymous with "non-standard patient offload time" as referenced in the Health and Safety Code.⁴ If the transfer of care and patient offload from the ambulance gurney exceeds the 30-minute standard, it will be documented and tracked as APOD (the Riverside County ePCR system requires medics to enter an "APOD Reason" when APOT exceeds the 30-minute standard. While the number of APODs documented as non-ED-related is nominal, beginning in Week-1 of 2022, only delays identified as having an ED origin are counted against APOD compliance for a more precise metric).

APOD Compliance

Frequency comparison between the total number of transports and those resulting in APODs with an ED-related origin.

NOTE: *Counts and times are derived from the electronic EMS patient care record system and are intended to represent the care continuum accurately. On rare occasions, an incorrect facility name may be selected by a field medic, resulting in misattributed counts. Identified errors are reported to the provider agency when discovered; however, additional errors, albeit rarely, may be present and identifiable through agency- or hospital-level Continuous Quality Improvement (CQI) processes.*

Furthermore, EMS patient records are not permanently locked after a response; new information may be added, and records may be updated or removed if, for example, records were lost, delayed, or duplicated. Therefore, record counts/times may vary slightly between reports. However, EMS system analytics processes and ePCR validation controls are constantly evolving to minimize these discrepancies.

¹APOT-1 Specifications in Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting, approved by EMS Commission 12/14/2016. https://emsa.ca.gov/wp-content/uploads/sites/71/2017/09/APOT-Methodology_Guidance-2016.pdf

²APOT Specifications in Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting, approved by EMS Commission 12/14/2016. https://emsa.ca.gov/wp-content/uploads/sites/71/2017/09/APOT-Methodology_Guidance-2016.pdf

³Ambulance Patient Offload Delay [REMSA Policy 4109](#)

⁴ Health and Safety Code Division 2.5, Chapter 3, Article 1, Section 1797.120(b)

TAB D

San Gorgonio Memorial Healthcare District Hospital and San Gorgonio Memorial Hospital FYE June 30, 2027 Operating and Capital Budgets

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

Agenda Item for June 30, 2026 Finance Committee and Board Meetings

Subject:

Recommendation for Approval of San Gorgonio Memorial Healthcare District and San Gorgonio Memorial Hospital June 30, 2027 Operating and Capital Budgets

Key Issues:

Each year it is required that the Hospital and District prepare budgets for the upcoming fiscal year.

The FY 2027 Operating and Capital Budget Package is included as an Attachment to this write-up.

Executive Leadership will present this package to the respective Committees and Boards at the meetings listed above.

Recommended Action:

To approve the San Gorgonio Memorial Healthcare District and San Gorgonio Memorial Hospital FYE June 30, 2027 Operating and Capital Budgets as presented.

SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT and HOSPITAL

FYE June 30, 2027 Budget Package

Operating Budget

Assumptions

Workload Indicators

Combined Statement of Revenues and Expenses

Combined Balance Sheet

Combined Cash Flow Statement

District (Only) Statement of Revenues and Expenses

Capital Budget

Prepared: June 23, 2026

SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT AND HOSPITAL

FYE June 30, 2027

Leadership has developed a budget strategy designed to achieve a realistic financial turnaround for fiscal year 2027. Succeeding is essential for operational stability and addressing debt accumulated from deficits in previous years.

Budget Assumptions to address <\$7.9M> 2026 Net Income shortfall with \$4.1M 2027 projection:

Reimbursement:

\$10.4M - Supplemental Funding – San Gorgonio auditors require booking supplemental funding “upon receipt” vs. “accruing”.
FY 2027 Funds are based mostly on historical volumes and reimbursement levels.

- \$8.4 Million District Hospital Directed Payment [DHDP] (DHLF rate improvements & a one-time additional payment)
- \$2.3 Million QIP (did not qualify for 2025 funding)
- \$667K HQAF Direct Grant
- <\$951K> Rate Range

\$1M - Medicare – low volume (qualified 05/26)

\$520K - Manage Care – Blue Cross/Blue Shield/IEHP/Aetna renegotiation contracts

<\$1.1M> - Pain Management/Behavioral Health program changes partial offset in cost reductions

Workloads:

1.5% Inpatient Growth

2.0% Outpatient Growth (Includes Spect CT Nuclear Medicine growth for project completed 5/1/26)

<0.2%> Pain Management (phys. closed office April 26) & Behavioral Health (closed 8/31/26)

Expenses:

\$3.9M Labor Expense:

- \$793K Admin shift to Purchased Services for Management Agreement
- \$1.6M Facility 15% project, lower premium pay practice changes & FTE review
- \$95K Work Comp reduction for performance on 2027 quote
- \$571K Behavioral Health program closure 8/31/26
- \$840K Contract Labor focused on rate reductions, including ADEX \$85 vs. \$100 per hour other vendors

\$1.6M Supply savings from GPO / Office Supply shift to Staples & 15% dept. identified reductions

<\$299K> Professional Fees:

- <\$450K> IP Hospitalists previously no supplemental
- \$226K Ortho Call savings
- \$730K Legal/Consulting Fee savings
- <\$311K> Management Fee
- <\$638K> Tenet Salaries shift from SW&B
- <\$160K> Allscripts/Navigant fees for increased net revenue
- \$304K Facility 15% project

<\$311K> Other Expenses:

- <\$174K> District Election Fees
- <\$276K> IGT fees

<\$2.8M> non-operating revenue & expense:

<\$780K> Non-Operating Donations/Gain on Sale

<\$560K> Spect CT & Ultrasound project <\$1.3M> vs. \$750K Rad equip FY 2027

<\$132K> IT Core project

\$182K Non-Operating Tax Revenue

<\$2.2M> Extraordinary Revenue:

<\$4.2M> ERCP FY 2026 – could be 2027 due to ongoing IRS delays

\$2M CHFFA loan forgiveness

Other notes:

- Management recognizes the importance of addressing employee compensation. The proposed budget does not include funding for salary adjustments. If financial performance exceeds budgeted expectations, leadership intends to re-valuate opportunities as soon as fiscally prudent.
- The budget currently does not include any significant inflation factors.
- No patient charge rate increases are included in FY 2027.

Risks not budgeted:

- OBBA H.R.1 – anticipated to cut \$1 trillion from Medicaid/ACA marketplace subsidies.
- OHCA – CA Health Care Quality and Affordability Act limits statewide per capita health care growth from 3.5% to 3% through 2029.

Opportunities not budgeted:

- Leakage Reduction & Outpatient Growth
- Primary Care/FQHC Strategy
- Revenue Cycle & Supplemental Payment Optimization

Capital and Financing:

Key Required Items: Continued investments in I/T including Switches/Cloud Upgrades, Fire Alarm Upgrade, Sterile Processor Humidification System, Metal Detectors at 3 main entrances, Ventilators, Seismic Compliance Testing (continued), and donated capital for radiology.

Submission to access \$50 billion federal Rural Health Transformation Fund and continue to pursue other Funding and Grants available. Facility leadership & community physicians requested additional support for women's services, pending Morongo Band of Mission Indians.

Majority of Ad Valorem Taxes to be applied toward the Capital Equipment budget.

Debt Service for General Obligation Bonds will be made from Measure A property Taxes.

Tenet \$15M Line of Credit utilized as of May 2026.

Forgiveness budgeted for Distressed Hospital CHFFA loan (\$2.0M) as Extraordinary Income.
Facility meets metric criteria pending decision from CHFFA.

Report Format:

The 2027 Operating Budget was again prepared in the Premier Budget Financial Reporting (BFR) software system. Please note that the BFR system tabulates Totals from the "bottom up" method, in contrast to the "top down" method which are more traditional.

	C	D	E	F	G	H
1	SAN GORGONIO MEMORIAL HEALTH CARE DISTRICT AND HOSPITAL	ACTUAL 2025	FORECAST 2026	BUDGET 2027	VARIANCE 2027 TO 2026	VARIANCE PERCENTAGE
2	WORKLOAD INDICATORS					
3						
4	PATIENT DAYS	9,505	9,815	9,960	145	1.5%
5						
6	AVERAGE DAILY CENSUS	26.04	26.89	27.29	0.40	1.5%
7						
8	INPATIENT ADMISSIONS/DISCHARGES	2,405	2,739	2,780	41	1.5%
9						
10	AVERAGE LENGTH OF STAY	3.95	3.58	3.58	(0.00)	0.0%
11						
12	ADJUSTED PATIENT DAYS	25,056	26,833	26,782	(51)	-0.2%
13						
14	OBSERVATION COUNT	4,511	4,526	4,481	(45)	-1.0%
15						
16	EMERGENCY VISITS	43,427	43,471	44,340	869	2.0%
17						
18	EMERGENCY VISITS PER DAY	119.0	119.1	121.5	2.4	2.0%
19						
20	SURGICAL CASES	1,210	1,064	907	(157)	-14.8%
21						
22	G.I. CASES	283	287	292	5	1.7%
23						
24	NEWBORN DELIVERIES	102	142	142	0	0.0%
25						
26	OUTPATIENT REGISTRATIONS (EXCLUDES EMERGENCY AND CLINICS)	6,086	6,935	7,060	125	1.8%
27						
28	CASE MIX INDEX	1.5911	1.4815	1.4667	(0.0148)	-1.0%
29						
30	PAID FTE'S (INCLUDING CONTRACT FTE'S)	520.4	521.6	505.0	(16.6)	-3.2%
31						
32	PAID FTE'S PER ADJUSTED PATIENT DAY	7.58	7.10	6.88	0.21	3.0%
33						
34	Note: Favorable Variances are Shown as Positive and Unfavorable Variances are Shown as Negative					June 23, 2026
35			Page 5			

	A	B	C	D	E	F
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL					
2	INCOME STATEMENT	ACTUAL 2025	PROJECTED 2026	BUDGET 2027	VARIANCE 2027 TO 2026 (see note)	VARIANCE PER CENTAGE (see note)
3	NET INCOME	(193,728)	(7,953,948)	4,124,215	12,078,163	151.9%
4	EBIDA	(8,891,793)	(10,677,558)	4,647,814	15,325,372	143.5%
5						
6	TOTAL OPERATING REVENUE	97,534,970	97,967,917	108,408,746	10,440,829	10.7%
7	NET PATIENT REVENUE	68,322,964	72,513,632	72,369,129	(144,503)	-0.2%
8	GROSS REVENUE FROM PATIENT SERVICES	551,999,806	610,988,863	612,432,162	1,443,299	0.2%
9	TOTAL INPATIENT REVENUE	209,400,799	223,796,475	227,762,314	3,965,839	1.8%
10	TOTAL OUTPATIENT REVENUE	342,599,007	387,192,388	384,669,848	(2,522,540)	-0.7%
11	DEDUCTIONS FROM REVENUE	(483,676,842)	(538,475,231)	(540,063,033)	(1,587,802)	-0.3%
12	CONTRACTUAL ALLOWANCES	(469,541,891)	(523,118,247)	(524,427,020)	(1,308,773)	-0.3%
13	BAD DEBT EXPENSE	(13,001,970)	(13,489,225)	(13,734,318)	(245,093)	-1.8%
14	CHARITY WRITE OFFS	(1,132,981)	(1,867,759)	(1,901,695)	(33,936)	-1.8%
15						
16	TOTAL OTHER OPERATING REVENUE	29,212,006	25,454,285	36,039,617	10,585,332	41.6%
17	OTHER REVENUE - RATE RANGE	13,986,036	12,565,829	11,614,748	(951,081)	-7.6%
18	OTHER REVENUE - OTHER SUPPLEMENTALS	5,644,791	3,201,256	15,085,901	11,884,645	371.2%
19	OTHER REVENUE - DSH	130,367	201,366	229,712	28,346	14.1%
20	OTHER REVENUE - P4P	1,443,055	1,081,491	681,131	(400,360)	0.0%
21	OTHER REVENUE - OTHER	2,344,940	2,313,934	2,184,133	(129,801)	-5.6%
22	OPERATING TAX REVENUES	5,662,817	6,090,409	6,243,992	153,583	2.5%
23	OPERATING REVENUE TAX REVENUE MH.	2,774,102	2,912,810	2,971,064	58,254	2.0%
24	OTHER REVENUE PROP 13	2,888,715	3,177,599	3,272,928	95,329	3.0%
25	OTHER REVENUE ABX 163	0	0	0	0	0.0%
26						
27	TOTAL OPERATING EXPENSE	106,426,763	108,645,475	103,760,932	4,884,543	4.5%
28	TOTAL LABOR EXPENSE	61,947,936	63,657,314	59,733,443	3,923,871	6.2%
29	EMPLOYEE WAGES & BENEFITS	59,142,058	60,055,062	56,971,191	3,083,871	5.1%
30	WAGES	48,887,610	49,546,634	46,846,085	2,700,549	5.5%
31	EMPLOYEE BENEFITS	10,254,448	10,508,428	10,125,106	383,322	3.6%
32	CONTRACT LABOR	2,805,878	3,602,252	2,762,252	840,000	23.3%
33						
34	PHYSICIAN FEES	8,534,104	9,163,029	9,372,921	(209,892)	-2.3%
35	PURCHASED SERVICES	14,544,658	14,627,245	14,716,591	(89,346)	-0.6%
36	SUPPLIES	13,002,867	12,999,333	11,428,158	1,571,175	12.1%
37	UTILITIES	1,230,887	1,296,466	1,428,363	(131,897)	-10.2%
38	REPAIRS AND MAINTENANCE	1,226,585	1,039,672	971,274	68,398	6.6%
39	INSURANCE	1,735,113	2,105,975	2,115,864	(9,889)	-0.5%
40	OTHER EXPENSES	3,496,948	3,197,009	3,620,340	(423,331)	-13.2%
41	LEASE AND RENTALS	707,665	559,432	373,978	185,454	33.2%
42						
43	TOTAL NON-OPERATING REVENUE & EXPENSE	20,568,290	14,995,991	12,175,834	(2,820,157)	-18.8%
44	OTHER NON-OPERATING REVENUE	4,277,641	3,020,070	2,240,581	(779,489)	-25.8%
45	NON-OPERATING INTEREST INCOME	887,703	773,639	773,639	0	0.0%
46	NON-OPERATING DONATIONS/GAIN ON SALE	3,389,938	2,246,431	1,466,942	(779,489)	-34.7%
47	NON-OPERATING TAX REVENUE	8,944,882	7,756,908	7,938,956	182,048	2.3%
48	EXTRAORDINARY REVENUE (EXPENSE)	7,345,767	4,219,013	1,996,297	(2,222,716)	-52.7%
49						
50	TOTAL INTEREST & DEPRECIATION	11,870,225	12,272,381	12,699,433	(427,052)	-3.5%
51	DEPRECIATION	5,423,605	5,735,719	6,237,690	(501,971)	-8.8%
52	INTEREST & AMORTIZATION	6,446,620	6,536,662	6,461,743	74,919	1.1%
53						
54	Note: Favorable Variances are Shown as Positive and Unfavorable Variances are Shown as Negative					June 23, 2026
55				Page 6		

	A	B	C	D	E	F	G
1	San Gorgonio Memorial Healthcare District and Hospital						
2	Balance Sheet						
3					Actual	Forecast	Budget 2027
4	Assets				Jun-25	Jun-26	Jun-27
5							
6	Current assets:						
7		Cash and cash equivalents			\$ 7,194,266	\$ 2,967,610	\$ 8,322,079
8		Unrestricted			7,146,971	2,965,178	8,317,636
9		Restricted, Measure D			47,294	2,431	4,443
10		Patient account receivables:					
11		Patient accounts receivable, net			9,005,980	10,280,230	9,329,247
12		Taxes receivable			470,179	(1,248,971)	(1,172,884)
13		Other receivables			5,603,283	(5,045,174)	(5,310,755)
14		Estimated third-party payor settlements			0	217,852	114,460
15		Inventories			2,510,280	2,576,000	2,576,000
16		Prepaid expenses and other			364,122	46,474	27,103
17							
18	Total current assets				25,148,111	9,794,022	13,885,250
19							
20	Noncurrent assets:						
21		Capital assets - Nondepreciable			2,993,539	5,902,883	5,902,883
22		Capital assets - Net of accumulated depreciation			71,988,246	66,243,337	62,005,647
23		Cash and cash equiv - Restricted, net amt avail for debt service			19,512,108	22,278,624	21,653,550
24		Cash and cash equiv - Board designated			32,928	136,402	136,402
25		Beneficial interest in the net assets of SGH Foundation			861,015	861,015	861,015
26							
27	Total noncurrent assets				95,387,836	95,422,261	90,559,497
28							
29	Deferred outflows of resources - loss of bond refunding				484,347	444,061	403,771
30							
31	TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES				121,020,295	105,660,344	104,848,518
32					Page 7		June 23, 2026

	A	B	C	D	E	F	G
34	San Gorgonio Memorial Healthcare District and Hospital				Actual	Forecast	Budget
35					Jun-25	Jun-26	Jun-27
36	Current liabilities:						
37		Accounts payable			14,641,797	9,903,693	10,627,897
38		Accrued salary, payroll taxes, and benefits			4,956,746	4,108,286	3,961,006
39		Estimated third-party payor settlements			1,178,672	1,411,020	1,411,020
40		Accrued Interest			1,902,536	2,136,549	2,051,651
41		Line of Credit			12,000,000	15,000,000	15,000,000
42		Current portion of subscriptions payable			181,360	129,153	124,729
43		Other current liabilities			219,121	210,493	160,493
44		Current portion of refundable advance			0	0	0
45		Current maturities of long-term debt			4,076,037	4,453,558	6,809,058
46		Current portion of leases payable			578,304	587,279	552,920
47		Legal settlement			0	0	0
48	Total current liabilities				39,734,573	37,940,031	40,698,773
49							
50	Long-term liabilities:						
51	Debt borrowings, net of current				111,634,536	106,878,450	97,803,878
52		Obligations under leases payable, less current portion			421,675	82,105	1,527,234
53		Obligations under subscriptions payable, less current portion			516,343	106,457	41,099
54		Other long-term liabilities - QIP				0	
55		Other long-term liabilities			52	28	46
56	Total long-term liabilities				112,572,606	107,067,040	99,372,257
57							
58	Total liabilities				152,307,179	145,007,071	140,071,030
59							
60	Net position:						
61	Net investment in capital assets				(47,155,895)	(47,155,895)	(47,155,895)
62	Restricted, by bond indenture for debt service				16,062,739	15,869,010	7,809,168
63	Unrestricted				(193,729)	(8,059,842)	4,124,215
64	Total net position				(31,286,885)	(39,346,727)	(35,222,512)
65							
66	TOTAL LIABILITIES AND NET POSITION				\$ 121,020,294	\$ 105,660,344	\$ 104,848,518
67					Page 8		June 23, 2026

	A	B	C	D
1	San Geronio Memorial Healthcare District			
2	Forecasted Statement of Cash Flows			
3	June 30 FYE			
4		Actual	Forecast	Budget
5		FYE 2025	FYE 2026	FYE 2027
6				
7	Cash flows from operating activities:			
8	Receipts from and on behalf of patients	69,170,356	71,267,857	73,531,571
9	Receipts (payments) from IGT supplemental funds	21,006,500	17,008,492	27,503,424
10	Receipts from other operating revenue	(5,889,695)	12,962,391	2,449,715
11	Taxation for operations	7,153,390	6,520,036	6,411,689
12	Payments to employees	(58,839,165)	(60,903,523)	(57,118,471)
13	Payments to suppliers, contractors, and other	(42,174,492)	(53,085,216)	(46,096,166)
14				
15	Net cash used in operating activities	(9,573,105)	(6,229,962)	6,681,762
16				
17	Cash flows from investing activities:			
18	Cash received from grants and other non-operating sources	69,065	0	0
19	Legal settlement	0	0	0
20	Beneficial interest in the net assets of SGH Foundation	(5,474)	0	0
21	Deferred outflows of resources - loss of bond refunding	40,291	40,286	40,290
22	Legal settlement	(3,471,561)	0	0
23	Proceeds from line of credit	0	3,000,000	13,000,000
24	Payments on line of credit	0	0	(13,000,000)
25	Proceeds from QIP loan	0	0	0
26	Payments from QIP loan	(2,637,471)	0	0
27				
28	Net cash used in investing activities	(6,005,150)	3,040,286	40,290
29				
30	Cash flows from financing activities:			
31	Principal payments on debt	(4,031,669)	(4,378,565)	(6,719,072)
32	Proceeds from debt	0	0	0
33	Principal payments on capital leases	(729,266)	176,301	1,410,769
34		Page 9		

	A	B	C	D
1	San Geronio Memorial Healthcare District			
2	Forecasted Statement of Cash Flows			
3	June 30 FYE			
4		Actual	Forecast	Budget
5		FYE 2025	FYE 2026	FYE 2027
6				
35	Proceeds from capital leases	0	0	0
36	Interest paid	(6,355,502)	(6,381,078)	(6,482,828)
37	Purchase of capital assets	(4,791,687)	(3,567,738)	(2,000,000)
38	Taxation for debt service	9,062,957	9,046,435	7,695,173
39	Principal payments on subscription leases	259,976	(301,429)	(133,577)
40	Intercompany payable/receivable	2,211	0	0
41	Grants and donations	11,623,408	7,239,083	4,236,878
42				
43	Net cash provided by (used in) financing activities	5,040,428	1,833,009	(1,992,657)
44				
45	Net increase (decrease) in cash and cash equivalents	(10,537,828)	(1,356,667)	4,729,395
46	Cash and cash equivalents at beginning of year	37,277,130	26,739,302	25,382,636
47				
48	Cash and cash equivalents at end of month	26,739,302	25,382,636	30,112,031
49				
50	Increase (decrease) in cash and cash equivalents:			
51	Cash flows from operating activities:			
52	Income (loss) from operations	(14,539,116)	(16,440,748)	(1,589,876)
53	Adjustments to reconcile net income to net cash provided by (used in) operating activities:	0	0	0
54	Depreciation	5,647,324	5,735,719	6,237,690
55	Provision for bad debts	0	0	0
56	Other adjustments	0	0	0
57	Changes in operating assets and liabilities:	0	0	0
58	Patient accounts receivable, net (NEW)	675,443	(1,274,250)	950,983
59	Other receivables	(8,234,635)	10,648,457	265,581
60	Taxes receivable - operating taxes	1,490,572	429,628	167,697
61		Page 10		

	A	B	C	D
1	San Gorgonio Memorial Healthcare District			
2	Forecasted Statement of Cash Flows			
3	June 30 FYE			
4		Actual	Forecast	Budget
5		FYE 2025	FYE 2026	FYE 2027
6				
62	Estimated third-party payor settlements	(25,799)	14,496	103,392
63	Inventories	(434,618)	(65,720)	0
64	Prepaid expenses and other	309,282	317,648	19,371
65	Accounts payable	5,260,691	(4,738,104)	724,204
66	Accrued salary, payroll taxes, and benefits	302,893	(848,460)	(147,280)
67	Other current liabilities	(25,142)	(8,628)	(50,000)
68	Refundable advance	0	0	0
69			0	
70	Total adjustments	4,966,011	10,210,786	8,271,637
71				
72	Net cash provided by (used in) operating activities	(9,573,105)	(6,229,962)	6,681,762
73				
74	Ending Balance:			
75	Unrestricted	7,146,971	2,965,178	8,317,636
76	Restricted, avail for curr debt service	47,294	2,431	4,443
77	Cash and cash equiv - Restricted, net amt avail for debt service	19,512,108	22,278,624	21,653,550
78	Cash and cash equiv - Board designated	32,928	136,402	136,402
79	Ending Balance	26,739,302	25,382,636	30,112,031
80				
81	Total Unrestricted cash	7,179,900	3,101,580	8,454,038
82		Page 11		6/23/2026

	A	B	C	D	E	F
1	SAN GORGONIO MEMORIAL HEALTHCARE (DISTRICT ONLY)					
2	INCOME STATEMENT	ACTUAL 2025	PROJECTED 2026	BUDGET 2027	VARIANCE 2027 TO 2026 (see note)	VARIANCE PER CENTAGE (see note)
3	NET INCOME	7,577,688	4,374,206	5,215,926	841,720	19.2%
4	EBIDA	4,934,162	4,214,265	3,744,087	(470,178)	-11.2%
5						
6	TOTAL OPERATING REVENUE	5,769,699	6,326,877	6,480,460	153,583	2.4%
7						
8	TOTAL OTHER OPERATING REVENUE	5,769,699	6,326,877	6,480,460	153,583	2.4%
9	OTHER REVENUE - OTHER	106,882	236,468	236,468	0	0.0%
10	OPERATING TAX REVENUES	5,662,817	6,090,409	6,243,992	153,583	2.5%
11	OPERATING REVENUE TAX REVENUE MH.	2,774,102	2,912,810	2,971,064	58,254	2.0%
12	OTHER REVENUE PROP 13	2,888,715	3,177,599	3,272,928	95,329	3.0%
13	OTHER REVENUE ABX 163	0	0	0	0	0.0%
14						
15	TOTAL OPERATING EXPENSE	835,537	2,112,612	2,736,373	(623,761)	-29.5%
16	PURCHASED SERVICES	523,545	2,030,688	2,491,052	(460,364)	-22.7%
17	LEGAL FEES	216,622	834,570	420,000	414,570	49.7%
18	GROUND PURCHASED SERVICES	41,631	42,125	42,125	0	0.0%
19	PURCHASED SERVICES - MANAGEMENT FEE	0	299,622	610,532	(310,910)	-103.8%
20	PURCHASED SERVICES OTHER - INCL EXECS	265,292	880,471	1,418,395	(537,924)	-61.1%
21	OTHER EXPENSES	311,992	81,924	245,321	(163,397)	-199.4%
22	UTILITIES	58,982	56,858	46,310	10,548	18.6%
23	ELECTION FEES	231,926	0	173,945	(173,945)	100.0%
24	OTHER	21,084	25,066	25,066	0	0.0%
25						
26	TOTAL NON-OPERATING REVENUE & EXPENSE	12,779,133	10,636,260	12,035,116	1,398,856	13.2%
27	OTHER NON-OPERATING REVENUE	3,834,251	2,879,352	2,099,863	(779,489)	-27.1%
28	NON-OPERATING INTEREST INCOME	444,313	632,921	632,921	0	0.0%
29	NON-OPERATING DONATIONS/GAIN ON SALE	3,389,938	2,246,431	1,466,942	(779,489)	-34.7%
30	NON-OPERATING TAX REVENUE	8,944,882	7,756,908	7,938,956	182,048	2.3%
31	EXTRAORDINARY REVENUE (EXPENSE)	0	0	1,996,297	1,996,297	0.0%
32						
33	TOTAL INTEREST & DEPRECIATION	10,135,607	10,476,319	10,563,277	(86,958)	-0.8%
34	DEPRECIATION	5,423,605	5,735,719	6,237,690	(501,971)	-8.8%
35	INTEREST & AMORTIZATION	4,712,002	4,740,600	4,325,587	415,013	8.8%
36						
37	Note: Favorable Variances are Shown as Positive and Unfavorable Variances are Shown as Negative					June 23, 2026
38			Page 12			

	A	B	C	D	E	F	G	H	I	J	K	
1	San Gorgonio Memorial Hospital				6/23/2026		FY 2027		FY 2028		FY 2029	
2	3-Year Capital Budget											
	FYE's 2027 - 2029											
3	DESCRIPTION	DEPARTMENT	Owner									
4												
5	Minor Equipment	Admin	Bjornberg			\$	50,000		\$	50,000	\$	50,000
6	Seismic Compliance Testing	Admin	Peleuses						\$	1,000,000		
7	Phone System	Admin							\$	150,000		
8	Nurse Call system	Admin	Brady			\$	400,000					
9												
10	Electrical Bike	Cardiac Rehab	Brady			\$	1,500					
11	Treadmill (2 each)	Cardiac Rehab	Brady			\$	3,000					
12												
13	Café Refrigerator 1985 to be replaced	Dietary	Hawthorne						\$	20,000		
14	Walkin and Freezer	Dietary	Hawthorne								\$	25,000
15	Steamer	Dietary	Hawthorne			\$	30,000					
16												
17	Syngo Dynamics Server update	ECHO	Garewal			\$	43,440					
18	Treadmill system	ECHO	Garewal			\$	35,835					
19												
20	6 Wall Mounts otoscopes for rapid care	ED	Montes			\$	30,000					
21	EKG Machine	ED	Montes			\$	40,000					
22	Tele Transport Monitor hallway	ED	Montes			\$	40,000					
23	Vital Signs x2	ED	Montes			\$	30,000					
24	IV Pumps (\$4K each)	ED	Montes			\$	32,000		\$	16,000	\$	4,000
25	Neuro Wow/Camera (New Vituity x3)	ED	Montes			\$	30,000					
26												
27	Misc. Equip	HIM	Clark			\$	10,000					
28												
29	Wifi Equipment Upgrade	I/T	Maja			\$	150,000					
30	Altera Dragon (40 Licenses) -subscription?	I/T	Maja			\$	55,444		\$	55,444	\$	55,444
31	Firewall Upgrades (support ends 7/26)	I/T	Maja			\$	33,000					
32	Switches/IDF Upgrade	I/T	Maja			\$	445,000					
33	Med-Surg Room Monitors	I/T	Maja			\$	20,000					
34	Uninterruptable Power Supply (UPS) for IDF (expense?)	I/T	Maja			\$	9,000		\$	9,000	\$	9,000
35												
36	ICU Diagnostic US Machine	ICU	Tagliapietra			\$	45,000					
37	ICU EKG Machine	ICU	Tagliapietra			\$	18,000					
38	ICU IV Pumps (\$4K each)	ICU	Tagliapietra			\$	32,000		\$	16,000	\$	4,000
39												
40	Portable X-Ray Machine	Imaging	Chamberlin						\$	145,000		
41												

	A	B	C	D	E	F	G	H	I	J	K
1	San Gorgonio Memorial Hospital										
						6/23/2026					
2	3-Year Capital Budget										
	FYE's 2027 - 2029						FY 2027		FY 2028		FY 2029
3	DESCRIPTION		DEPARTMENT		Owner						
42	Mammography w/ Tomo & Stereo		Imaging		Chamberlin				\$ 850,000		
43	ED Radiology Room		Imaging		Chamberlin		\$ 750,000				
44	2 Ultrasound Units		Imaging		Chamberlin				\$ 300,000		
45											
46	Microbiology Upgrade		Lab		Pendley		\$150,000				
47	Hematology CBC analyzers		Lab		Pendley				\$250,000		
48	Altera BB Interface		Lab		Pendley		\$162,000				
49											
50	Med-Surg Spectralink		M/S		Freude		\$ 5,400				
51	Med-Surg IV Pumps (4 each)		M/S		Freude		\$ 32,000		\$ 16,000		\$ 4,000
52											
53	Doppler Ultrasound System		O/R		Castillo				\$ 50,000		
54	New Scrub Sinks (& faucet repair/expense)		O/R		Castillo						
55	Power Set		O/R		Castillo						\$ 200,000
56	Washer/Sterilizer (end of life)		O/R		Castillo		\$ 207,785				
57	Robotic Table		O/R		Castillo						\$ 100,000
58	Fracture Table/Spinal table		O/R		Castillo				\$ 250,000		
59											
60											
61	Panda Infant Warmer		OB		Castro				\$ 35,000		
62	Labor Bed 2 each)		OB		Castro				\$ 40,000		
63	Guest pull-out bed/chairs x 11		OB		Castro				\$ 43,000		
64	ICU IV Pumps (\$4K each)		OB		Castro		\$ 8,000				
65	Delivery Room Monitor Carts		OB		Castro				\$ 30,000		\$ 15,000
66											
67	IV Hood Replacement		Pharmacy		Lopez		\$ 10,000				
68											
69	Automatic Transfer Switch		Plant		Cassidy		\$ 506,000		\$ 275,000		
70	Floor Replacement due Poor Moisture sealant		Plant		Cassidy		\$ 254,000				
71	Cooling Tower Media		Plant		Cassidy		\$ 72,000		\$ 72,000		
72	ED Lighting		Plant		Cassidy		\$ 22,000				
73	EV Charging Stations		Plant		Cassidy		\$ 71,500		\$ 72,000		
74	Fire Alarm Upgrade		Plant		Cassidy		\$ 248,000				
75	Parking Lot Repairs and Striping (expense)		Plant		Cassidy						
76	Circulating Pump		Plant		Cassidy		\$ 17,000		\$ 17,000		
77	Air Curtain Fly Fan x 4		Plant		Cassidy		\$ 31,000		\$ 31,000		
78	Storage containers (3)		Plant		Cassidy		\$ 83,000				
79	Medcial Gas Control panel replacement /OB		Plant		Cassidy		\$ 36,000				
80	Sterile Processing Humidification System		Plant		Cassidy		\$ 286,000				
81	Package A/C Units (6each)		Plant		Cassidy		\$ 24,200		\$ 25,000		
82											

	A	B	C	D	E	F	G	H	I	J	K
1	San Gorgonio Memorial Hospital				6/23/2026		FY 2027		FY 2028		FY 2029
2	3-Year Capital Budget										
	FYE's 2027 - 2029										
3	DESCRIPTION	DEPARTMENT		Owner							
83	Total Lift Bed	Rehab		Kumaran					\$ 40,000		
84											
85											
86	Vapotherm (4 each)	RT		Caruso			\$ 20,803				
87	Ventilators (3 each)	RT		Caruso			\$ 68,228		\$ 68,228		\$ 68,228
88											
89	Metal Detectors - OB, ER, & Main Entrances	Security		Hunter			\$ 600,000				
91											
92	Total Requests						\$ 5,248,135		\$ 3,925,672		\$ 534,672
93	Less Donated Equipment						\$ (750,000)				
94	Less Donations / Grants						\$ (600,000)				
95	Less Property Tax Proceeds						\$ -				
96	Requests Over (Under) Funds						\$ 3,898,135		\$ 3,925,672		\$ 534,672