



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, October 27, 2026

4:30 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 Healthcare District to make reasonable arrangements to ensure accessibility to this meeting. [28 CFR 35.02-35.104 ADA Title II].

TAB

I. Call to Order

S. McDougall, Chair

II. Public Comment

A five-minute limitation shall apply to each member of the public who wishes to address the Healthcare District 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 Healthcare District 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.

NOTE: ALL MEMBERS OF THE SAN GORGONIO MEMORIAL HOSPITAL BOARD OF DIRECTORS ARE INVITED PARTICIPANTS AND MAY ADDRESS THE SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT BOARD OF DIRECTORS AT ANY TIME DURING THIS MEETING.

OLD BUSINESS

III. * Proposed Action - Approve Minutes

S. McDougall

- September 29, 2026, Regular Meeting

A

NEW BUSINESS

San Geronio Memorial Healthcare District
Board of Directors Regular Meeting
September 29, 2026

- | | | | |
|-------|--|---------------------------------|---------|
| IV. | Chief of Staff Report
*Proposed Action - Approve Recommendations of the Medical Executive Committee
▪ ROLL CALL | S. Khalil, MD
Chief of Staff | B |
| V. | District Board Chair Monthly Report | S. McDougall | verbal |
| VI. | CEO Monthly Report | C. Bjornberg | verbal |
| VII. | * Proposed Action – Approve the Sale of the Piccolo Express Chemistry Analyzer
▪ ROLL CALL | W. Pendley | C |
| VIII. | *Proposed Action – Approve the Declaration of Surplus Property - Van
▪ ROLL CALL | J. Peleuses | D |
| IX. | *Proposed Action – Approve the Levels of Expenditure Authorization Policy and Procedure
▪ ROLL CALL | J. Peleuses | handout |
| X. | Committee Reports:

• Finance Committee

* Proposed Action – Approve September 2026 Financial Statement (Unaudited)
▪ ROLL CALL | R. Rader/
R. Marshall | E |

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

S. McDougall

- Proposed Action – Approve Medical Staff Credentialing
(*Health & Safety Code §32155; and Evidence Code §1157*)

XI. ADJOURN TO THE CLOSED SESSION OF THE HEALTHCARE DISTRICT BOARD

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

RECONVENE TO OPEN SESSION

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

S. McDougall

XII. General Information

XIII. Future Agenda Items

San Gorgonio Memorial Healthcare District
Board of Directors Regular Meeting
September 29, 2026

XIV. Adjournment

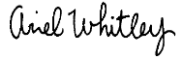
S. McDougall

***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 Healthcare District Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

I certify that on October 23, 2026, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Healthcare District, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors (*Government Code Section 54954.2*).

Executed at Banning, California on October 23, 2026



Ariel Whitley, Executive Assistant

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT
BOARD OF DIRECTORS

September 29, 2026

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, September 29, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Doris Foreman, Shannon McDougall (C), Ron Rader, Lanny Swerdlow

Members Absent: None

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

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair Shannon McDougall called the meeting to order at 4:50 pm.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action - Approve Minutes	Chair McDougall asked for any changes or corrections to the minutes of the following meetings: • August 18, 2026, Special Meeting • August 25, 2026, Regular Meeting • September 11, 2026, Special Meeting • September 24, 2026, Special Meeting On the September 11, 2026, set of minutes, there was an error in the recorded adjournment time. This will be corrected and all minutes will stand approved.	The minutes presented for approval will stand approved after corrected.
NEW BUSINESS		
Chief of Staff Report	No report.	
District Board Chair Monthly Report	No formal report.	
CEO Monthly Report	Chris Bjornberg, CEO, reported that there will be someone on site in the next couple of weeks to assess and discuss the potential FQHC. He will provide a proposal on what it'll take to get it open.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
Proposed Action – Discussion and approval to bypass bid process for EMR selection	Two bids were obtained. Staff said the requirement was two to three bids, and the board had authority to override the process. The board approved the bypass bid process for EMR selection. BOARD MEMBER ROLL CALL: <table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table>	Brown	Yes	Foreman	Yes	McDougall	Yes	Rader	Yes	Swerdlow	Yes	Motion carried.		M.S.C., (Rader/Foreman), the SGMHD Board of Directors voted to approve bypassing the bid process for EMR selection.
Brown	Yes	Foreman	Yes											
McDougall	Yes	Rader	Yes											
Swerdlow	Yes	Motion carried.												
Proposed Action – Approval of New EMR System	Chris Bjornberg reported that two EMR companies were considered and scored. Of the two, Meditech scored higher overall. Meditech scored higher overall (9 vs. 6.9) due to better financial impact (9 vs. 6), user satisfaction (10 vs. 6), and implementation risk (9 vs. 6). Oracle led in functionality breadth (10 vs. 8) and AI/innovation (10 vs. 8). The recommendation to the board is to select Meditech due to better cost, timeline fit, user satisfaction, and adequate functionality, with annual savings. BOARD MEMBER ROLL CALL: <table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table>	Brown	Yes	Foreman	Yes	McDougall	Yes	Rader	Yes	Swerdlow	Yes	Motion carried.		M.S.C., (Swerdlow/Rader), the SGMHD Board of Directors voted to approve the new EMR system as presented.
Brown	Yes	Foreman	Yes											
McDougall	Yes	Rader	Yes											
Swerdlow	Yes	Motion carried.												
Proposed Action – Approve the Amendment to the Altera Agreement	No action was taken. The agreement is with the Hospital and not the District.													
Proposed Action – Approve the 2027 Associates Health Plan Benefits	The hospital has absorbed employee health-plan cost increases for the past eight years. For 2027, it will add employee cost sharing to help balance the increase. PPO members will have the greatest shared-cost increase, though relatively few employees use those plans. Most employees are in the HMO and will see the broadest impact. Employee contributions will remain below California averages. No further discussion was held. BOARD MEMBER ROLL CALL: <table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table>	Brown	Yes	Foreman	Yes	McDougall	Yes	Rader	Yes	Swerdlow	Yes	Motion carried.		M.S.C., (Brown/Foreman), the SGMHD Board of Directors approved the 2027 Health Plan Benefits as presented.
Brown	Yes	Foreman	Yes											
McDougall	Yes	Rader	Yes											
Swerdlow	Yes	Motion carried.												
Proposed Action – Approve the Atellica CI Service Agreement	The board approved a seven-year service agreement for chemistry analyzers. The analyzers had been covered by warranty after installation, and the agreement extends service after the warranty expired. Ryan said the agreement reflected savings from the vendor’s initial submission. BOARD MEMBER ROLL CALL:	M.S.C., (Foreman/Rader), the SGMHD Board of Directors voted to approve the Atellica CI Service Agreement.												

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
	<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table>	Brown	Yes	Foreman	Yes	McDougall	Yes	Rader	Yes	Swerdlow	Yes	Motion carried.		
Brown	Yes	Foreman	Yes											
McDougall	Yes	Rader	Yes											
Swerdlow	Yes	Motion carried.												
Proposed Action – Approve the August 2026 Financial Report	Ryan Marshall, CFO, reviewed the August 2026 Finance Report as included on board tablets. BOARD MEMBER ROLL CALL: <table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table>	Brown	Yes	Foreman	Yes	McDougall	Yes	Rader	Yes	Swerdlow	Yes	Motion carried.		M.S.C., (Swerdlow/Brown), the SGMHD Board of Directors approved the August 2026 Financial Report as presented.
Brown	Yes	Foreman	Yes											
McDougall	Yes	Rader	Yes											
Swerdlow	Yes	Motion carried.												
Proposed Action – Approve Policies and Procedures	There were thirty-nine (39) policies and procedures included on the board tablets presented for approval by the Board. BOARD MEMBER ROLL CALL: <table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table>	Brown	Yes	Foreman	Yes	McDougall	Yes	Rader	Yes	Swerdlow	Yes	Motion carried.		M.S.C., (Rader/Foreman), the SGMHD Board of Directors approved the policies and procedures as submitted.
Brown	Yes	Foreman	Yes											
McDougall	Yes	Rader	Yes											
Swerdlow	Yes	Motion carried.												
Adjourn to Closed Session	Chair McDougall reported the items to be reviewed and discussed and/or acted upon during Closed Session will be: ➤ Proposed Action–Approve Medical Staff Credentialing. ➤ Receive Quarterly Infection Prevention and Control Report The meeting adjourned to Closed Session at 5:36 pm.													
Reconvene to Open Session	The meeting was reconvened to Open Session at 5:48 pm. Chair McDougall reported on the actions taken/information received during closed session as follows: ➤ Approved Medical Staff Credentialing ➤ Received Quarterly Infection Prevention and Control Report													
General Information	• None													
Future Agenda Items	• None													
Adjournment	The meeting was adjourned at 5:50 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 Healthcare District 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.

TAB A

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: October 26, 2026

TO: Chair
Governing Board

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

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

At the Medical Executive Committee meeting held on this date, the following items were approved and recommended for final approval by the Governing Board:

Approval Item(s):

2026 Annual approval of Policies & Procedures

The 2026 Policies and Procedures were reviewed and recommended for approval (See attached). Revisions were made by the respective departments, and all changes have been highlighted for reference.

**SAN GORGONIO MEMORIAL HOSPITAL
2026 ANNUAL APPROVAL
POLICIES & PROCEDURES**

Title	Policy Area	Revised?
Pre-Operative holding area	Surgical Services	Revised
Special Procedures - Location for Bronchoscopy Procedures	Surgical Services	Revised
Special Procedures - Use and Disposal of Cidex OPA Solution	Surgical Services	Revised
Sterile Processing - Cleaning and Decontamination of Surgical Instruments	Surgical Services	Revised
Sterile Processing - Infection Surveillance	Surgical Services	Revised
Sterile Processing - Transport of Sterilized Immediate Use Instruments	Surgical Services	Revised
Surgical Services - Disposal of Anatomical Waste/Specimens	Surgical Services	Revised
Surgical Services - Duties of the Circulating Nurse	Surgical Services	Revised
Surgical Services - Oxygen Safety	Surgical Services	Revised
Surgical Services - Positioning the Patient	Surgical Services	Revised
Surgical Services - Prevention of Retained Surgical Items - Surgical Counts	Surgical Services	Revised
Surgical Services - Sterile Technique & The Sterile Field	Surgical Services	Revised
Surgical Services - Tissue Management	Surgical Services	Revised
Surgical Services - Universal Protocol	Surgical Services	Revised
Surgical Services- Nursing Assessment and Documentation of the Surgical Patient	Surgical Services	Revised
Surgical Services- Pre-operative Assessment for Emergent Non-emergent and Other Invasive Procedures	Surgical Services	Revised



Origination 06/1988
Approved N/A
Effective Upon Approval
Last Revised 08/2026

Policy Area **Surgical Services**

Pre-Operative holding area

Policy:

San Gorgonio Memorial Hospital ~~will provide~~provides guidelines to define the activities performed in the preoperative holding area.

Procedure:

1. ~~Preoperative RN introduces self to patient, this helps reduce anxiety of patient. The nurse also asks the patient his/her name and birth date, and checks the patient's ID bracelet against the patient's Medical record. In the event that the patient is unable to verbalize his/her name/birth date the nurse will validate the patient's identity by verifying the names with the unit nurse, with a family member/guardian or friend and by asking the physician to validate the patient's identity.~~
2. The preoperative holding area is designated primarily for the preparation and short-term holding of patients awaiting surgery or a procedure.
3. The preoperative registered nurse (RN) introduces themselves to the patient and explains the preoperative process to reduce anxiety and promote patient participation. The RN verifies the patient's identity using two patient identifiers, and compares the identifiers with the patient's identification band and medical record. If the patient is unable to participate in identification, the RN follows the hospital's approved alternative identification process and verifies the patient's identity using appropriate sources, such as the identification band, medical record, family member, friend, legal representative.
4. Preoperative Holding RN verifies the procedure by checking:
 - a. Surgery schedule
 - b. Surgical ~~Consent Form~~consent form
 - c. Surgeon's Declaration (Informed Consent, entry on Progress Notes or History and Physical);.

- d. ~~Surgery schedule~~
 - e. Patient's verbal verification ~~including surgeon's name (if possible);~~
5. The patient's chart will be evaluated for completeness and for all required documentation, including:
- a. ~~Surgical Consent Form;~~
 - b. ~~Practitioner's Declaration (Informed Consent Note);~~
 - c. ~~Jewelry Consent if required~~
 - d. ~~Laboratory results UA, Blood analysis, specific lab tests ordered by surgeon;~~
 - e. ~~EKG as required;~~
 - f. ~~History and Physical;~~
 - g. ~~Chest x-ray as required.~~
 - h. ~~Patient profile~~
 - i. ~~Up to date Medication records~~
 - j. ~~Other labs as needed (UDS, COVID, Type and Screen)~~

, but not limited to;

- a. Surgical procedure
 - b. Surgical informed consent form
 - c. History and Physical
 - d. allergies
 - e. Jewelry consent form, if applicable
 - f. blood or blood products consent/or refusal, if applicable
 - g. Laboratory results ordered by surgeon.
 - h. EKG, if required.
 - i. Chest x-ray, if required
 - j. Current Medications
 - k. Other labs as per policy (e.g. Urine Preg)
6. ~~IV placed with awareness of previous surgical history and current surgical procedure site.~~
7. ~~Warming gown placed on patient, heating unit provided~~
8. Any discrepancy between the schedule, consent, medical record, diagnostic information, or patient's understanding must be resolved before the patient proceeds to the procedure area.
9. The RN must perform a pre-operative nursing assessment, while providing privacy.
10. Confirm, nothing by mouth (NPO)
11. Peripheral IV placed access is established as ordered and clinically appropriate.
12. Active warming measures initiated (e.g. Bair hugger, warm blankets)
13. Offer the patient the use of an aromatab

14. ~~The patient may not be moved into the surgical/procedural area without these items.~~ The pre op holding RN completes the "Pre-procedure Checklist" and ~~assures~~ensures patient has all preparations and is ready for surgery.
15. The operative site is marked by the provider performing the surgery, if there is a contralateral site.
16. ~~The~~When hair removal is necessary, electric clippers are used. This should be completed in the pre-operative ~~site~~area before the patient is marked by the surgeon, if there is a contralateral site. The operative site is checked for skin preparation ordered by the surgeon. Clipping hair will be completed in the pre-operative area/before the patient is moved into the surgical/procedural ~~area to prevent loose hair in the operative area. This prevents loose hair in those areas.~~
17. Vital~~Baseline vital~~ signs are ~~taken~~obtained and documented ~~prior to the patient's arrival to the surgical/procedural area~~during the preoperative assessment. The RN ~~sending the patient to surgery documents~~caring for the must document the vital signs on "Pre-~~procedure~~Op Checklist". This provides a baseline reading for the case. Abnormal findings must be reported to the providers.
18. The RN will ensure that all preoperative medications ordered are to be given prior to the patient being taken to the surgical/~~procedural~~procedural area ~~has been given~~ and documented accordingly.
19. Side rails ~~are checked~~will be elevated and remain in place while patient is waiting to be moved to the surgical/~~procedural~~procedural area.
20. In the event that preoperative analgesia is given prior to taking the patient to the surgical/~~procedural~~procedural area, side rails will be up and the patient monitored for side effects as well as effectiveness of the medication.
21. Any lines or catheters ~~in place at arrival~~inserted or present in the pre-op area ~~are~~will be secured. All catheters having a collection bag should be emptied prior to sending the patient to the surgical/~~procedural~~procedural area.
22. When anesthesia is scheduled, the ~~anesthesiologist will~~anesthesia provider must interview the patient prior to the patient being moved into the surgical/~~procedural~~procedural area.
23. A family member, significant other or friend may accompany the patient to the pre-op holding area and remain until after the anesthesia interview. That person will be shown/informed where to wait when the perioperative nurse is ready to move the patient into the surgical/~~procedural~~procedural area.
24. After scheduled cases are completed, the preoperative beds may be used to recover surgical patients.

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director	Pending

Policy & Procedure Committee	Medical Staff Services	
	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	08/2026

COPY



Origination 09/2016
Approved N/A
Effective Upon Approval
Last Revised 09/2026

Policy Area **Surgical Services**

Special Procedures - Location for Bronchoscopy Procedures

POLICY:

San Gorgonio Memorial Hospital ~~will provide~~provides guidelines for the location of bronchoscopy procedures.

PROCEDURE:

1. Patients located in the Intensive Care Unit (ICU) that require an emergent procedure or are hemodynamically unstable will have any required bronchoscopy in the unit at the bedside using a hep filter in indicated.
2. In-patients located in other parts of the hospital that require a negative pressure room for a bronchoscopy, the patient will be moved to and have the procedure performed in a negative pressure room.
 - a. Negative pressure rooms are located in the ICU room #200, #201 and room #213.
 - b. Negative pressure rooms in Med/Surg room #104 and #106.
 - c. ED patients can be done in negative pressure rooms, ED 13 and 14.
3. If the rooms mentioned above are not available, a hepa-filter may be used in a single patient room during the procedure.
4. Negative Pressure Rooms will be terminally cleaned per hospital cleaning policy after use for a Bronchoscopy procedure before being re-opened for normal use.

Approval Signatures

Step Description	Approver	Date
Infection Prevention Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	09/2026

COPY



Origination 02/2015
Approved N/A
Effective Upon Approval
Last Revised 10/2026

Policy Area **Surgical Services**

Special Procedures - Use and Disposal of Cidex OPA Solution

Policy:

San Gorgonio Memorial Hospital ~~will provide~~ provides guidelines for the proper use of Cidex OPA in the high level disinfection (HLD) process to use Cidex OPA when no other options are available for high level disinfection of reusable medical devices.

Procedure:

1. Personal protective equipment (PPE) will be donned before working with Cidex OPA.
2. Equipment will be thoroughly cleaned and dried according to ~~IFU~~ instruction for use (instructions for use) prior to high level disinfection with Cidex OPA.
3. ~~Instructions for use~~ IFU will be followed for Cidex OPA and Cidex OPA test strips.
4. Instruments/equipment being high level disinfected with Cidex OPA will be completely ~~submersed~~ submerged in the solution for the designated disinfection time.
5. Instruments/equipment should not exceed the proper immersion time, unless recommended by the manufacturer, to avoid damage.
6. Instruments/equipment being disinfected for storage will be thoroughly dried before placing in storage.
7. Refer to policies: **Biohazardous Waste Program** for disposal procedures

Quality Control: Solutions

1. A Quality Control (QC) test will be completed on every new bottle of solution of Cidex OPA before initial use.
2. Before each use, a QC and Temperature check will be completed and documented in the Cidex Log.

3. Unopened Cidex OPA will be ~~disceard~~discarded on or before the manufacturer's expiration date.
 1. ~~Opened Cidex OPA bottles will be labeled with the expiration date. (75 days from the date opened - when kept in the original container without use.)~~
 - Opened Cidex OPA bottles will be labeled with the expiration date. (75 days from the date opened - when kept in the original container without use.)
4. ~~A Quality Control (QC) test will be completed on every new bottle of solution of Cidex OPA before initial use.~~
5. A QC failure indicates the bottle cannot be used for high level disinfection and will be discarded immediately.
6. Poured solution will be labeled with a 14 day expiration date and will be discarded, as indicated, on or before the 14 day expiration date.
7. ~~Poured solution will be discard on or before the 14 day expiration date.~~
8. Temperature must be at least 68 degrees Fahrenheit or higher for solution to achieve ~~high level~~minimum effective concentration.
9. ~~Before each use, a QC and Temperature check will be completed and documented in the Cidex Log.~~
10. ~~Personal~~Associates will use a timer to ensure adequate immersion time of 12 minutes has been reached to achieve high level disinfection.
11. Once high level disinfection has been reached, the scope and instruments will be removed from the cidex/equipment OPA container and will be placed inside the sink, immersed with clean water. The channels will be rinsed with sterile water a minimum of three (3) times ~~with fresh water before use~~using a 30 mL syringe.

Quality Control: Test Strips

1. Cidex Test Strips will be used according to manufacturers instructions:
2. Each bottle of test strips will be tested for quality control
 - Only OPA Test strips will used to test Cidex OPA.
 - Unopened test strips will not be used if they have exceeded the expiration date from the manufacturer.
 - Opened test strips will be dated with an expiration date. (90 days from the opened date)
 - QC for test strips will include 3 negative results (1/2 strength Cidex diluted with water) and 3 positive results (full strength Cidex)
 - QC results will be documented in the Cidex log
 - QC on test strips will be done whenever a new bottle is opened ~~and on a monthly basis for opened bottles. If a bottle has not been used for an extended period and is still within its expiration date, a QC check must be performed before use.~~
3. The test strip bottle will be closed after ~~obtaining the~~each use. If the bottle is left open for longer than 30 minutes the entire bottle of test strips ~~needed from the bottle. If the bottle is left open for longer than 30 minutes the entire bottle of test strips~~ must be discard.

Attachments

 [How to use CIDEX OPA solution ASP.jpg](#)

Approval Signatures

Step Description	Approver	Date
Infection Prevention Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	10/2026

COPY



Origination 06/1984
Approved N/A
Effective Upon Approval
Last Revised 08/2026

Policy Area **Surgical Services**

Sterile Processing - Cleaning and Decontamination of Surgical Instruments

Policy:

San Gorgonio Memorial Hospital (SGMH) ~~will ensure~~ maintains standards on how to properly reprocess contaminated instruments ~~are cleaned and decontaminated~~ in a manner following written ~~instruction for~~ Use instruction for use (IFU) rendering them safe for handling.

Procedure:

1. Appropriate Personal Protective Equipment (PPE) is worn by all staff handling contaminated instruments.
2. Instruments are kept as free of gross soil as possible during the surgical procedure with cleaning and decontamination beginning as soon as possible after items have been used.
3. Prior to cleaning, general operating instruments are separated from delicate instruments or those requiring special handling.
4. Pre-treatment of instruments as soon as possible after use is accomplished using either a cold-water rinse with an abundant amount of running tap water or initial cool water soak.
5. External departments will use Humipaks per manufacturer's instructions for use (IFU) to prevent contaminated instruments from drying before processing can begin. See **External Departments - Instrument Transportation/Reprocessing** policy.
6. In a unidirectional manner, soiled instruments are transferred from the OR to the SPD decontamination area.
7. Upon arrival in the decontamination area, contaminated items are removed from the transport container(s), sorted and prepared for cleaning.
 - a. Any instrument identified as needing repair is segregated throughout the decontamination process.

- b. Surgical instruments and other items composed of more than one part or piece are disassembled per ~~IFUs~~IFU to expose all surfaces to the cleaning process with care being taken to ensure that small parts are contained to prevent loss.
8. An initial high pressure water rinse can be utilized to wash away water-soluble proteins present in blood.
9. Cleaning will be accomplished manually, mechanically or by a combination of both methods based on the manufacturer's written IFU. (Mechanical methods may be too hard on delicate instruments ~~—~~ follow IFUs.)
10. Manual cleaning for any designated device is accomplished through soaking in a hospital ~~—~~approved disinfectant and the use of **single-use brushes** appropriate for the item.
 - a. Immersible devices are cleaned ~~under-water~~underwater to minimize aerosolization.
 - b. Items unable to be immersed are cleaned in a manner recommended by the manufacturer that will not produce aerosols, then rinsed and dried.
11. Mechanical cleaning is accomplished through use of the ultrasonic cleaner and/or washer-disinfector following removal of gross soil.
12. Following manual/mechanical cleaning, the device or instrument is thoroughly rinsed with a copious volume of water, ensuring loosened debris and detergents are adequately removed.
13. ~~Upon completion of each cleaning process the device/instrument is visually inspected to detect any visible soil or damage.~~After completing the cleaning process, associates must visually inspect each item carefully to detect any visible soil. Visual inspection alone may not be sufficient for assessing the efficacy of the cleaning process, so associates must use magnification for all instruments. A borescope must be used to identify present soil more readily than the unaided eye for instruments that have channels, lumens, cannulas, suction tubing, power instruments etc.
14. Soiled utensils such as basins and trays will be processed through a washer-disinfector per manufacturer's instructions for use.
15. Following cleaning, instruments undergo chemical disinfection and/or thermal disinfection prior to terminal sterilization.
16. Damaged items are removed from sets/trays and logged in the "Instrument Inspection Log" and replaced by intact, functioning items. The damaged items are sent in for repair/ replacement after disinfection has occurred.

Approval Signatures

Step Description	Approver	Date
Infection Prevention Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/	10/2026

Surg/CM and SW and P&P
Chairperson

Yubitza Castillo: Director of
Surgical Services

08/2026

COPY



Origination 06/1994
Approved N/A
Effective Upon Approval
Last Revised 08/2026

Policy Area **Surgical Services**

Sterile Processing - Infection Surveillance

Policy:

San Gorgonio Memorial Hospital (SGMH) will establish a framework for implementing guidelines and procedures, which Sterile Processing Department (SPD) associates must follow in performing daily sterile processing functions to ensure high quality patient care and protect themselves from contacting bloodborne pathogens or other organisms capable of causing disease.

San Gorgonio Memorial Hospital (SGMH) maintains guidelines and procedures for the sterile processing department (SPD) to help prevent infections and ensure safe, effective processing of surgical instruments.

Procedures:

- No food or drinks allowed in the working areas of SPD.
- Controlled Environment: Access to the SPD shall be limited to:
 - Associates performing the decontamination of equipment or supplies
 - Facilities or surgery aids providing repair or cleaning services
 - Authorized individuals regarding specific performing functions for service/repair
 - Surgery associates

Attire:

- All individuals must either change into surgical attire or don a cover gown, head and shoe covers over street clothes before entering SPD.
- All SPD associates shall wear a standard uniform and Personal Protective Equipment (PPE) provided by the hospital.
- Scrub attire and PPE shall be worn while working in the SPD. Scrub uniforms will be changed daily.

- Hair and facial hair must be clean and contained within a hospital provided disposable head covers.
- Jewelry should either be removed or confined within scrub attire before entering.
- Shoe covers must be worn at all times in the working areas of the surgery department.
- Clothing soiled by blood/body fluids will be changed as soon as possible.

3. ~~Controlled Environment~~Hand Hygiene:

A. ~~Access to the SPD shall be limited to:~~

- ~~Associates performing the decontamination of equipment or supplies.~~
- ~~Facilities or surgery aids providing repair or cleaning services.~~
- ~~Authorized individuals regarding specific performing functions for service/repair.~~
- ~~Surgery associates.~~

B. ~~Attire:~~

1. ~~All SPD associates shall wear a standard uniform and Personal Protective Equipment (PPE) provided by the hospital.~~

- ~~Scrub attire and PPE shall be worn while working in the SPD. Scrub uniforms will be changed daily.~~
- ~~Hair and facial hair must be clean and contained within hospital provided disposable head covers.~~
- ~~Jewelry should either be removed or confined within scrub attire before entering.~~
- ~~Designated hospital shoes may be worn without the use of shoe covers. Shoe covers should be used if shoes are not designated and are worn outside the facility.~~
- ~~Clothing soiled by blood/body fluids will be changed as soon as possible.~~

2. ~~All persons must either change into surgical attire or don a cover gown, head and shoe covers over street clothes before entering SPD.~~

C. ~~Personal Hygiene:~~

1. ~~Proper hand hygiene techniques, are to be practiced after doing any of the following activities: (Refer to **Hand Hygiene** policy for further information).~~

- ~~Eating, smoking, or using restroom facilities.~~
- ~~Handling potentially contaminated supply items or equipment, including external shipping cartons.~~
- ~~After removing PPE used while working in the decontamination area.~~
- ~~Immediately upon coming in contact with blood or body fluids.~~

- Proper hand hygiene techniques are to be practiced after doing any of the following activities: (Refer to **Hand Hygiene** policy for further information).
 - eating, smoking, or using restroom facilities.
 - handling potentially contaminated supply items or equipment, including external shipping cartons.
 - after removing PPE used while working in the decontamination area.
 - immediately upon coming in contact with blood or body fluids.

4. Separation of Processing Areas:

- A. The flow of processing shall be done in a unidirectional manner from contaminated to clean to sterile.
- B. No clean or sterile supplies shall be stored in the decontamination area.

5. Sterile Processing Environmental Requirement :

- ~~A. Within the Sterile Processing area, the air exchange must be~~
 - ~~▪ Negative pressure in the decontamination area~~
 - ~~▪ Positive pressure in the clean supply area.~~
 - ~~▪ Daily pressure tests will be completed by facilities staff. If air systems checked are out of range, Surgical Services staff will be notified, and HEPA filters will be placed in clean OR space(s) until pressure is corrected.~~
- ~~B. To maintain package integrity, relative humidity should not exceed 60%.~~
- ~~C. Supplies shall be stored a minimum of 18 inches National Fire Protection Association (NFPA) from sprinklers or ceiling, at least 12 inches above the floor and 2 inches from exterior walls.~~
- ~~D. No portable fans are allowed in the Sterile Processing/Decontamination areas.~~
- ~~E. All supplies received from the warehouse shall be delivered to the surgery supply storage room.~~
- ~~F. SPD floors shall be mopped daily by the surgery aids. All transport carts and solid metal surfaces shall be wiped down daily with a hospital approved disinfectant solution.~~
- ~~G. Daily terminal cleaning by surgery aids.~~
 - Within the Sterile Processing area, the air exchange must be
 - Negative pressure in the decontamination area
 - Positive pressure in the clean supply area.
 - Daily pressure tests will be completed by facilities associates. If air systems checked are out of range, Surgical Services associates will be notified, and HEPA filters will be placed in clean OR space(s) until pressure is corrected.
 - To maintain package integrity, relative humidity should not exceed 60%.
 - Supplies shall be stored a minimum of 18 inches from sprinklers or ceiling, at least

10 inches above the floor and 2 inches from exterior walls.

- : No portable fans are allowed in the Sterile Processing/Decontamination areas.
- : All supplies received from the warehouse shall be delivered to the surgery supply storage room.
- : SPD floors shall be mopped daily by surgery aids. All transport carts and solid metal surfaces shall be wiped down daily with a hospital-approved disinfectant solution.
- : Daily terminal cleaning by surgery aids.

6. Sterilization Procedures :

- ~~A. Biological integrators shall be processed with all packs or instrument sets to insure proper conditions/parameters have been reached for effective sterilization.~~
- ~~1. Heat/chemical sensitive autoclave tape will be used on all wrapped trays.~~
 - ~~2. At the beginning of each day each autoclave shall be tested for the following functions:~~
 - ~~▪ Bowie-Dick Test Pack, to ensure that the vacuum system in each autoclave is functioning properly~~
 - ~~▪ Attest Biological - brown top, to ensure the pre-vac cycle is properly functioning~~
 - ~~3. Each sterilizer load shall be processed with an Attest Biological indicator load pack to ensure proper conditions have been met for sterilization.~~
 - ~~▪ A computer printout of the run shall be attached to each Sterilization Record for tracking purposes.~~
 - ~~▪ Load stickers indicating load number, sterilizer number and date of sterilization are attached to each item. Documentation of the load number is written on the Sterilization Record for correlation and tracking.~~
 - ~~4. The following parameters will be used for routine sterilization:~~
 - ~~▪ A minimum of 270 degrees F with a jacket pressure of 30 psi.~~
 - ~~▪ a minimum of 4 minutes sterilization time~~
 - ~~▪ 30 minute drying time~~
- ~~B. Biological testing is done with every Pre-Vac and Express load and when a load contains implants (i.e. screws and wires). Documentation of results will be kept on file.~~
- ~~C. As biological testing is completed, the information is to be documented on the Sterilization Record.~~
- ~~D. Biological testing is to be done on autoclaves daily.~~
- : Biological integrators shall be processed with all packs or instrument sets to insure proper conditions/parameters have been reached for effective sterilization.
 - : Heat/chemical sensitive autoclave tape will be used on all wrapped trays.

- At the beginning of each day each autoclave shall be tested for the following functions:
 - Bowie-Dick Test Pack, to ensure that the vacuum system in each autoclave is functioning properly
 - Attest Biological - brown top, to ensure the pre-vac cycle is properly functioning
 - Each sterilizer load shall be processed with an Attest Biological indicator load pack to ensure proper conditions have been met for sterilization.
 - A computer printout of the run shall be attached to each Sterilization Record for tracking purposes.
 - Load stickers indicating load number, sterilizer number and date of sterilization are attached to each item. Documentation of the load and control number is written on the Sterilization Record for correlation and tracking.
 - The following parameters will be used for routine sterilization:
 - A minimum of 270 degrees F with a jacket pressure of 30 psi.
 - a minimum of 4 minutes sterilization time
 - 30 minute drying time
 - Biological testing is done with every Pre-Vac and Express load and when a load contains implants (i.e. screws and wires). Documentation of results will be kept on file.
 - As biological testing is completed, the information is to be documented on the Sterilization Record.
 - Biological testing is to be done on autoclaves daily.

7. San Geronio Memorial Hospital follows manufacturers IFUs as it relates to expiration dates.

- A. ~~All items processed using products (wraps, peel packs) that do NOT present with expiration dates and have been sterilized are considered sterile unless packaging, wraps or indicator tapes are damaged/opened/wet/torn.~~
- B. ~~Items processed using products (wraps, peel packs) that present with documented expiration dates and have been sterilized will be removed from use and reprocessed on or before the nearest product expiration date.~~
- All items processed using products (wraps, peel packs) must have expiration dates; they are considered sterile unless packaging, wraps or indicator tapes are damaged/opened/wet/torn.
- Items processed using products (wraps, peel packs) that present with documented expiration dates and have been sterilized will be removed from use and reprocessed on or before the nearest product expiration date.

Transportation of contaminated to clean supplies will be done in a unidirectional manner to and from the SPD:

- All supplies to and from the Sterile Processing area shall be transported in closed/covered leak-proof containers. There shall be no mixing of clean and contaminated supplies on the same cart.
- All carts after each use shall be wiped down, both inside and outside, with a hospital approved disinfectant for the designated contact time.
- See policy on **External Department - Transportation and Reprocessing** for more details.

~~Staff Precautionary Measures Against Acquisition of Bloodborne Pathogens or other Organisms Capable of Causing Disease~~

Staff precautionary measures against acquisition of Bloodborne pathogens or other organisms capable of causing disease

- Secured sharps containers shall be present and used in the decontamination area of Sterile Processing.
- ~~Employees~~Associates shall wear PPE when handling any contaminated items.
- Should an associate be accidentally stuck with a contaminated needle or sharp, an employee injury report will be filled out, evaluated, and any necessary treatment instituted. (See Needlestick Policy)
- ~~Employees~~Associates will adhere to the "Bloodborne Pathogen Exposure Control Plan" mandated by Occupational Safety and Health Administration (OSHA)

Education and in-service:

- All ~~staff~~associates, at time of hire, will receive information about ~~Standard Precautions~~standard precautions and Blood and Body Fluid Exposure Plan, part of general orientation.
- Complete the ~~Annual Update~~annual update.

Approval Signatures

Step Description	Approver	Date
Infection Prevention Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	08/2026



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Approved N/A
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Last Revised 08/2026

Policy Area **Surgical Services**

Sterile Processing - Transport of Sterilized Immediate Use Instruments

Policy:

San Gorgonio Memorial Hospital ~~will provide~~provides guidelines for the sterile transport of instruments from immediate use steam sterilization ~~to OR(IUSS) to operating room suites.~~

Procedure:

- ~~A. Place opened instruments and an indicator into wire basket insert inside the Flash Pak and place and secure the lid.~~
- ~~B. Place the Flash Pak unit into steam sterilizer.~~
- ~~C. Select the immediate use, pre Vac cycle (pre-set button Cycle number 4 with a 5 minute sterilizer time and a 1 minute dry time) as per manufacturers recommendations for use;~~
- ~~D. When cycle is finished, open door of sterilizer and check printer tape readings for appropriate time and temperature parameters.~~
- ~~E. Carefully transport sealed Flash Pak from sterilizer using heat protective gloves/mittens to transport cart and transport into the OR suite.~~
- ~~F. Carefully remove secured lid and have the scrub person check the indicator for appropriate changes indicating that all internal parameters were met for use.~~
- ~~G. Items may then be removed from Flash Pak, cooled and used as needed.~~
- ~~H. The Flash Pak unit is to be cleaned and dried after each use and then returned to its place by flash sterilizer.~~
- 1. Place opened instruments and a chemical integrator into wire basket insert inside the IUSS container apply and secure the lid.
- 2. Place the IUSS container unit into steam sterilizer.

3. Select the immediate use, pre Vac cycle (pre-set button cycle number four with a five-minute sterilizer time and a one minute dry time) as per manufacture instructions for use.
4. When cycle is finished, open door of sterilizer and check printer tape readings for appropriate time and temperature parameters.
5. Carefully transport sealed IUSS container from sterilizer using heat protective gloves/mittens and place it on the ring stand and then transport it to the OR suite.
6. Circulator will carefully remove secured lid and have the scrub associate check the indicator for appropriate changes indicating that all internal parameters were met for use.
7. Items may then be removed from IUSS container cooled and used as needed.
8. The IUSS container unit is to be cleaned in the washer after use and ensure it is fully dried and then returned to its place by flash sterilizer.
9. Patient information and chemical integrator must be given to the sterile processing technician to document in the IUSS log book.

Approval Signatures

Step Description	Approver	Date
Infection Prevention Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	08/2026



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Policy Area **Surgical Services**

Surgical Services - Disposal of Anatomical Waste/Specimens

Policy:

Policy:

San Gorgonio Memorial Hospital ~~will facilitate and provide guidance~~ provides guidelines on proper disposal of anatomical surgical/procedural specimens not requiring pathological exam.

Procedure:

~~This policy only applies to anatomical specimens that do NOT require pathological exam. See policy: *Specimens that do not Require Pathological Examination, Anatomical Pathology.*~~

Procedure:

- ~~Specimens~~ Anatomical specimens designated as waste will be documented in the surgical/procedural ~~medical~~ electronic healthcare record (EHR) with the following information.
 - ~~Type of tissue~~
 - ~~Sent for Disposal~~
 - Type of tissue
 - Confirmation provider verbally approved specimen to be sent for disposal
- Don appropriate personal protective equipment (PPE) and comply with ~~Standard Precautions~~ standard precautions.
- ~~Place~~ If possible, place anatomical waste in a puncture-proof resistant container. If the anatomical waste is too large for the container, place in a red biohazard bag and place that bag in a second red biohazard bag for containment. Avoid contaminating the outside of the

bag with blood, tissue or body fluids. Do NOT add fixative or formalin to specimens in a puncture resistant container and cover with a tightly fitting lid. Do NOT add fixative or formalin to specimens designated for disposal.

4. ~~Place sealed container in a red, biohazardous bag and close securely. Avoid contaminating the outside of the bag with blood, tissue or body fluids.~~
5. Transport ~~bagged~~ contents to designated ~~freezer in the OB unit soiled utility room~~specimen fridge or biohazard disposal bag.
6. Any carts used for transportation will be cleaned and disinfected with a hospital approved disinfectant before being ~~returned~~returning to Surgical Services.
7. ~~Anatomical waste specimens will be picked up by housekeeping weekly and placed in container specified by the contracted company prior to their weekly pick up for removal and proper disposal.~~

Reference(s):

See policy: **Medical Waste Management for EVS** referencing CA Health and Safety Code 117935 and 117960

Approval Signatures

Step Description	Approver	Date
District Board of Directors	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	08/2026



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Approved N/A
Effective Upon Approval
Last Revised 09/2026

Policy Area **Surgical Services**

Surgical Services - Duties of the Circulating Nurse

Policy:

San Gorgonio Memorial Hospital ~~will provide~~provides a definition of the duties of ~~the perioperative~~a circulating nurse.:

Procedure:

- ~~▪ Arrange sterile and non-sterile supplies.~~
- ~~▪ Check surgical lights for proper function in advance.~~
- ~~▪ Send for patient at appropriate time.~~
- ~~▪ Ensure proper patient identification/procedure~~
- ~~▪ Check medical record for all required documents before starting procedure.~~
- ~~▪ Review and Complete pre-op surgical checklist.~~
- ~~▪ Help open sterile packs and instruments.~~
- ~~▪ Perform and document surgical count -~~
- ~~▪ Receive, greet and identify patient.~~
- ~~▪ Care for patient's valuables, if brought to OR.~~
- ~~▪ Ensure breathing apparatus and suction tubing with yankauer are placed and functioning.~~
- ~~▪ Run anesthesia machine through self test to ensure proper function.~~
- ~~▪ Check supply charts for completeness.~~
- ~~▪ Assist patient in moving or help lift onto operating room table. Do not leave patient alone at any time, unless sufficiently restrained, to prevent accidents.~~
- ~~▪ Remain at patient's side during induction.~~
- ~~▪ Assist anesthesiologist when requested.~~
- ~~▪ Performs and oversees proper patient positioning for individual procedures ensuring~~

- ~~protective measures are applied.~~
- ~~Place dispersive electrocautery pad on patient, be sure the contact is good.~~
 - ~~Prepare operative site and perform surgical skin prep.~~
 - ~~Perform **Time out** verification procedure – see policy: **Universal protocol.**~~
 - ~~Verify COVID-19 status of patient~~
 - Ensures hospital policies and procedures, Title 22 and CMS recommended standards of practice are strictly adhered to in everyday duties, tasks and responsibilities.
 - Demonstrates understanding and promotes an awareness of patient's rights; functions as a patient advocate; ensures the patient is treated with respect and dignity at all times. Maintains strict confidentiality, understands and adheres to HIPAA regulations.
 - Demonstrates and attitude of co-operation and professionalism.
 - Practices and consistently demonstrates competency in adherence to the facility Infection Control and Standard Precautions, Aseptic Technique policies and procedures. Participates in the maintenance of a clean and safe environment. Utilizes personal protective equipment and standard precautions in performance of duties.
 - Function with awareness and application of safety issues and adheres to patient/staff safety policies as identified within the institution related to potential safety hazards, including but not limited to, universal protocol, sharps safety, fire risk and medication administration.
 - Provides information for and participates collaboratively in the development of individualized nursing care plans for all patients. Such a plan of care is updated at the time changes in patient needs/conditions occur. Utilizes SBAR as the form of communication whenever a transfer of care is made.
 - Evaluates patient response to care given by all health care team members, and the effects of systems, environment, and instrumentation on progress of patient toward expected outcomes. Reformulates plan of care based on changing patient needs and evaluation of effectiveness of care provided.
 - Assesses the patient and reviews the patient's medical record for pertinent information that will affect the care of the patient undergoing the invasive procedure. Ensure that information is received/given to other team members as needed.
 - Ensure that the operative consent and other required paperwork is prepared, signed, and witnessed according to hospital policy and procedure.
 - Interviews the patient prior to taking the patient to the procedure area to ensure proper planning has been implemented and all required documentation and equipment supplies are available. Provides education as needed for patients and family about surgical processes.
 - Must be able to function in the circulating role in all surgical specialties including but not limited to: General Surgery, Orthopedics, Obstetrics & Gynecology, Urology, Interventional Radiology and Pain Management.

- Demonstrates and consistently uses sterile technique to prep the surgical site. Demonstrates use of 'surgical conscience' through a willingness to speak-up when sterile items/field have been compromised.
- Implements nursing care and provides for on-going monitoring to protect the patient from any potential injury from positioning, thermal sources, retained items or other procedural/surgical dangers.
- Demonstrates ability to provide for and contribute to patient safety through control of the environment, making appropriate interventions and ensuring patient education. Anticipates/ identifies potential "emergency" situations in an effort to prevent or minimize them.
- Actively participates in the universal protocol/time out procedures to ensure that the correct procedure is performed on the correct person and at the correct site/location.
- Handles and manages specimens in the appropriate manner (Identifying, labeling, and transport).
- Communicating the patient's current status to the appropriate parties throughout the continuum of care, collaborating effectively with other disciplines as appropriate.
- Works closely with the anesthesia provider to ensure adequate tissue perfusion, fluid and electrolyte balance, respiratory, cardiovascular, neurological and musculoskeletal systems remain at or above baseline level functioning throughout the procedure. Assists in patient care related activities including starting IV line, solutions and inserting tubes as directed.
- Performs interventions and provides on-going monitoring to promote normothermia during the perioperative period.
- Proficient with hemodynamic monitoring, normal values and treatments. Excellent assessment skills.
- Proficient with airway management such as jaw thrust maneuvers, oral/nasal airways, suctioning and aspiration avoidance.
- Skills include the ability to competently and safely administer pain management and moderate sedation medications by the specified route as ordered by the physician. Able to recognize and manage complications of moderate sedation.
- Knowledgeable of the effects of medications and recommended doses. Recognizes potential side effects/complications and/or contraindications. Quickly recognizes emergency situations, and institute emergency procedures.
- Is familiar with reversal drugs and their potential complications, demonstrating ability to properly treat those complications.
- Demonstrate proper handling of narcotic medications, performing correct documentation, counts and waste procedures.
- Demonstrates competence in intravenous skills, starting, securing, maintaining and care.

- : Documents nursing care as required on paper forms or electronic medical record accurately, completely, and timely. Updates 'Preference Cards' when changes occur per surgeon/physician or purchasing adjustments
- : Prioritizes/coordinates the needs of the surgical team in terms of securing equipment, supplies, and other forms of support and seeks it appropriately, recognizing own limitations. Use problem-solving and conflict resolution skills to foster effective work relationships with team members.
- : Demonstrates the ability to identify and locate a large variety of surgical instruments and equipment. Uses equipment in a safe and effective manner following manufacturer's instructions for use (IFUs). Is competent to trouble shoot problems with equipment to provide quick resolutions.
- : Assumes emergency response role and participates in a Code Blue, Code Red situation in a competent and professional manner.
- : Serves as a preceptor for new employees in developing O.R. circulator/scrub and endoscopy skills.
- : Required to participate in the after-hours, on-call coverage schedule. The ability to be reached immediately via phone or pager must be maintained at all times during on-call shifts. Must be able to arrive at work within 30 minutes from the time of notice.
- : **Endoscopy Specific**
- : If properly trained, assist with manipulation of scope or other devices used for: biopsies, polypectomy, cauterization/clipping of vessels, foreign body removal, dilatation balloons, injections, banding of varices, sphincterotomy or stent placement; as directed by physician.
- : Participates in overseeing the care and maintenance of endoscopes and other specialized equipment, ensuring an agreed standard of decontamination at all times including accurate records of traceability of all endoscopes and associated equipment.
- : **Organizational Responsibilities**
- : Actively participates in effective customer satisfaction through courteous communications with all hospital contacts; presents a positive image of the institution in all contacts, both inside and outside the facility.
- : Actively participates in hospital wide/departmental performance improvement activities as directed.
- : Maintains established departmental policies and procedures, objectives and safety standards.
- : Performs all tasks in a manner that is cost effective without compromising quality of care.

Scrub Nurse/Technician Assistance:

- Assist with securing the scrub technician's gown and those of the surgical team.

- Count sponges, needles, blades and instruments with scrub nurse/technician before case begins. Before closure of any body cavity, closure of peritoneum and after peritoneum is closed, certify to correctness on operative record -see policy: ***Sponge, Needle & Instrument Count.***
- Furnish sterile solutions/irrigation fluids/medications to the scrub as appropriate for case.
- Assist scrub in moving Mayo and supply tables into position.
- Help position overhead surgical lights and/or surgeon's headlight as needed.
- Receive ends of suction tubing, bovie cord, etc., and connect properly. Move equipment as needed to ensure access without compromising the sterile field.
- Place kick-buckets in convenient positions to receive waste and sponges separately.
- Ensure other equipment/supplies are immediately available if needed.

Surgeon Assistance:

- Assist/ensure surgical site making is completed as necessary.
- Supply platforms if needed by surgical team or place a stool in position if needed; adjust the stool to proper height.
- Place foot-pedals for any equipment to be used within easy reach of the surgeon's foot.
- Obtain x-rays from the PACS system as requested.

During Operation:

- Once all the equipment is in place, properly connected and in working order, when the surgeon is comfortably settled and the scrub has everything needed, the circulating nurse may begin to attend to other required tasks.
- Remain in the room throughout the procedure to supply additional required items to the surgeon and scrub.
- Transfer any additional items needed aseptically to the sterile field. Do not dispense dressings until the wound is closed.
- Furnish appropriate sutures to the scrub.
- Maintain continuous count of added needles, sponges or instruments on the count sheets/ white board.
- Pour warm sterile solutions when needed.
- Adjust surgical lights. Watch sterile field. Do not come too close to the tables or to the sterile team. Whenever lights must be adjusted above the top of the head of the tallest person, notify that person or persons. If it becomes necessary to change positions during the surgical procedure, they will be alert and not bump their heads
- Obtain blood for transfusion if required; check and cross-check blood identification very carefully. (See policy: ***Blood & Blood Products transfusions***)
- Notify and place order if Diagnostic Imaging services are required during the operation.
- Count sponges, needles and instruments before closure has begun.
- Care and label surgical tissue specimens per policy. (See policy: ***Tissue and Microbiological***

Specimens-)

- Keep supplies and equipment in an organized manner for quick access when needed.
- Maintain order and quiet at all times.
- Continually observe progress of case and use critical thinking to anticipate needs; be prepared for possible emergencies.
- Inform Charge Nurse of unusual events; keep him/her informed of progress so the following case time can be adjusted as needed.
- Notify relatives of progress, when requested by surgeon.
- Perform required documentation of the operative procedure in the electronic medical record.
- Ensure documentation is accurate and detailed.

Responsibilities:

- To give direct nursing care and support to the patient, according to needs.
- To supervise/remain immediately available to surgical technologists if assisting the RN Circulator.
- To be concerned at all times with the patient's safety, welfare, dignity and comfort.
- To be a "guardian" of aseptic technique by observing for breaks in technique.
- To ensure that the surgical team is supplied with necessary items to perform the case efficiently.
- To use equipment and supplies safely, efficiently and economically.
- To maintain implant/other log book documentation.
- To maintain accurate documentation in the medical record.
- To direct and coordinate nursing activities within the OR.
- To assist/direct and educate observers, e.g. students, labor coaches.

Post Operative Care of Patient and Room

- When the case has been completed, the circulating nurse ensures the patient's body and gown are clean. He/she covers the patient immediately after the dressing is completed, always respecting privacy.
- Arranges for a gurney or bed to transport the patient from the OR.
- Ensures that there is adequate help to move the patient safely from the table.
- The circulating nurse completes electronic medical record and ensures necessary information/documentation accompanies the patient to the recovery room.
- The surgeon or anesthesiologist and the nurse accompanies the patient to the recovery room. Only when the patient has been safely transported from the OR, report given and responsibility for the care is assumed by other nursing personnel can the circulating nurse turn attention to the next case on the schedule.
- The circulating nurse assists in the removal and disinfection of used supplies and equipment from the OR and begins to prepare it to receive the next patient.

- He/she oversees/assists the personnel in cleaning the OR: see policy: ***Cleaning of Surgical Procedure Rooms***
 1. Empty linen and wastebaskets
 2. Clean floors and furniture with disinfectant
 3. Clean and prepare operating table
 4. Check all tables and surfaces where sterile or clean supplies may be placed.
 5. Replace/restock supplies used from supply carts.
- The separate activities of the Scrub and Circulating Nurse must be closely coordinated throughout the case if it is to proceed smoothly. Duties of the two positions are listed separately, but it must be understood that their performance is in a spirit of mutual cooperation that will best serve the patient's needs.

Guidelines and Precautions to be Observed in Accordance with Aseptic Technique and Good Patient Care:

1. Promptness extremely important, **do not minimize this fact.** However, never sacrifice aseptic technique for promptness. Organized work facilitates promptness, which then operates hand in hand, with aseptic technique. When work is organized, movements are definite and orderly.
2. Every person working in surgery must develop a "sterile conscience", alert to contamination, no matter how slight.
3. Face a sterile area when passing it! Never squeeze between two sterile areas! Use "back to back" or "front to front" technique when passing sterile field or persons. Sterile areas of one person should only touch sterile areas of another. The same is true of non-sterile areas.
4. Leave margin for safety between sterile and non-sterile areas. Direct line of traffic away from sterile areas.
5. Touch only the outside of the wrapper when opening sterile supplies.
6. When removing articles from autoclave, do not permit them to come in contact with the non-sterile edge of the autoclave or door.
7. Avoid reaching over sterile contents.
8. Keep sterile supplies in an area where they will remain clean and dry.
9. Do not transport or store sterile and non-sterile instruments on the same shelf.
10. When sterile supplies fall to the floor or get wet, they are no longer sterile. Do not store items on the floor, clean supplies that fall to the floor are no longer clean.
11. When transferring medications or supplies of any kind, endure that no loose particles or items contact the sterile field.
12. Use appropriate environmental controls to prevent the spread of microorganisms, such as keeping doors closed, minimizing traffic movement and excluding unnecessary personnel during procedures.

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	09/2026

COPY



Origination 06/1988
Approved N/A
Effective Upon Approval
Last Revised 08/2026

Policy Area Surgical Services
References (2025) AORN Guidelines For Perioperative Practice

Surgical Services - Oxygen Safety

Policy:

~~Surgical Services personnel~~ San Gorgonio Memorial hospital (SGMH) associates will be informed of the basic restrictions and guidelines in providing safety in an oxygen-enriched environment.

~~An Oxygen-enriched environment is defined when the oxygen concentration is greater than 23.5% by volume.~~

Procedure:

- ~~The use of any flammable equipment or solutions in the OR (Operating Room) will only be used with these proper precautions in place.~~ An oxygen-enriched environment is defined when the oxygen concentration is greater than 23.5% by volume.
- The use of flammable anesthetic gases in surgery is not permitted.
 - Anesthetic circuits will be free of leaks.
 - Use the lowest possible oxygen concentration that provides adequate patient oxygen saturation.
 - ~~Place drapes in a manner that allows oxygen and gases to flow freely and prevent accumulation under the drapes.~~
- Within the ~~Surgical Services Department~~ surgical services department, which includes: the Preoperative/~~Holding Area~~ holding area; the Operating Room Suites; Post Anesthesia Care Unit; storage areas and all special procedure rooms:
 - Smoking is NOT permitted
 - Turn off wall O₂ and portable oxygen tanks when not in use.
 - Any equipment or condition necessitating open flame is NOT permitted.

- NO FLAMMABLE gases or liquids permitted.
- Signs will be posted in each of the above areas and individual rooms stating restrictions.
- Portable oxygen tanks must be placed in an appropriate holder.

~~Signs will be posted in each of the above areas and individual rooms stating restrictions.~~

- ~~Due to the presence of an oxygen-enriched environment during surgery where oxygen is in use, special precautions should be taken to avoid situations or substances that may cause a flame to ignite. This may be done by:~~
 - ~~Prevent pooling of skin prep solutions.~~
 - ~~Allow the prep to dry, before draping the patient. Refer to manufacturers IFUs.~~
 - ~~Place the electro-surgical pencil in it's protective holster when not in use.~~
 - ~~Do not place the light cables directly on the drapes when it is in the on position — it will burn a hole in the drapes instantly when it is on. Keep in standby mode whenever possible.~~
 - ~~When using the defibrillator, keep drapes and sponges away from defibrillator pad placement sites~~
 - ~~Turn off wall O2 and portable oxygen tanks when not in use.~~
- ~~OR Personnel will know the location of oxygen/gas shut off valves and fire alarm pulls/ extinguishers.~~

References:

~~"National Fire Protection Agency" Codes.101 2018 Edition. AORN Perioperative Standards and Recommended Practices 2018~~

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	08/2026



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Policy Area Surgical Services
 References (2025) AORN Guidelines For Perioperative Practice

Surgical Services - Positioning the Patient

Policy:

San Gorgonio Memorial Hospital ~~will provide~~ **provides** guidelines for positioning a patient on the operating ~~room~~ **(OR)** table.

Background Information:

~~The position of the patient on the operating room table is determined by the surgeon, operative procedure to be performed, age and size of the patient and type of anesthesia.~~

~~The patient's position is also determined by the assessment of the skin condition, physical limitations, the type and length of the procedure, and the surgeon's preference.~~

Policy:

- ~~• The perioperative nurse's responsibility toward the patient encompasses all phases of perioperative care.~~
- ~~• The perioperative nurse must possess the knowledge, proficiency, and problem-solving and communication skills necessary to competently position the surgical patient.~~
- ~~• The perioperative nurse will be proficient in safely positioning the patient while providing optimal operative exposure.~~
- ~~• An anesthetized patient has a diminished ability to compensate for physiologic changes by motion or operative position; therefore, safety must be the primary concern of those involved in positioning.~~
- ~~• Once the patient is in position, the respiratory, circulatory and musculoskeletal systems will be assessed. Tissue perfusion damage may occur from improper positioning, weight of instruments and members of team leaning on the patient.~~

- ~~Patients will have safety belts when positioned on the OR Table; other securing devices will be used as necessary.~~

Responsibilities:

~~SURGEON / ANESTHESIOLOGIST / PERIOPERATIVE NURSE - IN COLLABORATION~~

Procedure:

- ~~Ensures~~Circulating nurse ensures that the patient is properly identified ~~before and assessed prior to~~ transferring the patient to the operating table, ~~and the surgical site is confirmed.~~
- ~~Determine~~Provider will determine the position desired during the ~~operative~~ procedure. The provider should supervise and assist with positioning when necessary. The anesthesiologist will be consulted regarding adequate allowance to properly ventilate the patient during the procedure. ~~Surgeon should supervise and assist with positioning when necessary.~~
- Circulating nurse will explain to the conscious patients the desired position prior to positioning.
- Requests for special positioning equipment should be submitted at the time the procedure is scheduled.
- The ~~perioperative~~circulating nurse will actively ~~participates~~participate in safe positioning under the direction and in collaboration with the ~~surgeon~~surgical provider and anesthesia ~~care~~ provider.
- Circulating nurse must pay special attention to proper anatomical alignment to avoid any undue strain and tension that could result in postoperative pain, discomfort, or injury.
- The circulating nurse will apply padding, gel rolls, foam, pillows, etc., as needed to prevent patient injuries. Safety belts must be placed after the patient is positioned on the OR Table; other securing devices may be used if necessary.
- ~~Will~~Anesthesiologist and surgical associates must have ~~the~~ knowledge of the operation of the OR Table, adjustments, attachments and positioning devices.
- ~~Use~~When positioning equipment ~~in a safe manner and according with~~ is used, follow the manufacturer's ~~instructions~~instruction for use (IFU).
- ~~Identifies~~Circulating nurse identifies any unique patient considerations that require additional precautions for procedure-specific positioning.
- ~~Assures~~Surgical staff ensures the patient's privacy and avoids any undue exposure of the patient at all times.
- ~~Modifies~~Circulating nurse modifies the OR bed as necessary before transferring the patient.
- Surgical associates must use safe transportation practices to avoid potential hazards. (wheel locks, side rails etc.)
- ~~Use~~Surgical associates must use proper body mechanics when transporting, moving, lifting or positioning the patient. If self-injury is suspected, you must report it immediately to employee health or house supervisor.
- ~~Uses safe transportation practices to avoid potential hazards. (wheel locks, side rails etc.)~~
- ~~Confirms/inspects that the OR table and other positioning equipment is functioning properly,~~

clean, free from hazards and padded. pads should be equal in height. The equipment/items are secured in place appropriately.

- Explains to conscious patients the desired position prior to positioning.
- Pays special attention to proper anatomical alignment to avoid any undue strain and tension that could result in postoperative pain, discomfort, or injury.
- Takes Circulating nurse and the anesthesia provider take special care to prevent the restriction of respiration, circulatory stasis, and pressure on nerves to prevent injury or paralysis.
- Re-assesses the patient's body alignment, tissue perfusion, and skin integrity after positioning is complete.
- Communicate any concerns about intraoperative positioning for continued observation to the postoperative caregiver.
- Document positioning devices used in the EMR electronic healthcare record.
- Submit a Verge The circulating nurse must submit an incident report if any complications are noted so follow-up of procedure and equipment can be completed/reviewed.
- For specific patient positioning, refer to the AORN Guidelines For Perioperative Practice, 2025, e-book, (pg. 729-761) located on the OR office desktop.

Routine Operative Positions:

Below are some of the items that may be used for each listed position. Please refer to Alexander's Care of the Patient in Surgery 16th Edition for more specific information located in the OR Office.

A. Supine / Dorsal Recumbent

EQUIPMENT/SUPPLIES:	LOCATION:
OR Table	OR Suite
Safety Strap/Belt	OR Suite
Padded Arm Boards	OR Suite
Gel Foam Pads	OR Suite/OR Storage

B. Trendelenberg

EQUIPMENT/SUPPLIES:	LOCATION:
OR Table	OR Suite
Shoulder Braces	OR Supply/Storage
Padded Arm Boards	OR Suite
Safety Strap/Belt	OR Suite

C. Reverse Trendelenberg

EQUIPMENT/SUPPLIES:	LOCATION:
OR Table	OR Suite
Padded Arm Boards	OR Suite
Safety Strap/Belt	OR Suite

Padded Foot Board	OR Supply/Storage
TED Hose/Ace Wraps	OR Supply/Storage

D. Lithotomy

EQUIPMENT/SUPPLIES:	LOCATION:
OR Table	OR Suite
Table Stirrup Attachments	OR Suite
Adjustable Stirrups (Cane, Allen, or Full length leg stirrups)	OR Supply/Storage
Safety Strap/Belt	OR Suite

E. Prone (Ventral recumbent or ventral decubitus position)

EQUIPMENT/SUPPLIES:	LOCATION:
OR Table	OR Suite
Padded Arm Boards	OR Suite
Pillows	OR Linin Cart
Padded Headrest	OR Supply/Storage
Foam Pads/Gel Pads	OR Supply/Storage
Shoulder Rolls	OR Supply/Storage

F. Jack Knife (Kraske) is a modification of the prone position.

OR Table	OR Suite
Padded Arm Boards	OR Suite
Pillows	OR Linin Cart

G. Lateral (lateral decubitus, lateral recumbent position)

EQUIPMENT/SUPPLIES:	LOCATION:
OR Table	OR Suite
Padded Arm Boards	OR Suite
Pillows	OR Linin Cart
Sandbags, Kidney Rest	OR Supply/Storage
Bean Bag	OR Supply/Storage
Axillary Roll	OR Supply/Storage
Safety Strap	OR Suite
Montreal Positioner	OR Supply/Storage
Headrest	OR Supply/Storage

H. Lateral Chest Position

I. Lateral position for kidney procedures

EQUIPMENT/SUPPLIES:	LOCATION:
OR Table	OR Suite

Padded Arm Boards	OR Suite
Pillows	OR Linin Cart
Sandbags, Kidney Rest	OR Supply/Storage
Bean Bag	OR Supply/Storage
Axillary Roll	OR Supply/Storage
Safety Strap	OR Suite
Montreal Positioner	OR Supply/Storage
Headrest	OR Supply/Storage

References:

1. "Perioperative Standards and Recommended Practices for Inpatient and Ambulatory Settings". Positioning the Patient in the Perioperative Practice Setting", 2020
2. Alexander's Care of the Patient in Surgery. 16th Edition

Approval Signatures

Step Description

Approver

Date

Medical Executive Committee

Amelia Frazier: Director
Medical Staff Services

Pending

Policy & Procedure Committee

Gayle Freude: Director Med/
Surg/CM and SW and P&P
Chairperson

10/2026

Yubitza Castillo: Director of
Surgical Services

08/2026



Origination 06/1988
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Policy Area Surgical Services
 References (2025) AORN Guidelines For Perioperative Practice

Surgical Services - Prevention of Retained Surgical Items - Surgical Counts

Policy:

San Gorgonio Memorial Hospital ~~will provide a description of the method~~ provides guidelines to systematically and accurately account for items placed on the sterile field for use on a surgical/invasive procedure. ~~The method is to ensure safe practices and high quality of care for the patient undergoing surgical interventions,~~ and prevent unintended retention of foreign bodies.

Procedure:

- ~~Manual counts of radiopaque soft goods, sharps, miscellaneous items, and instruments opened onto the sterile field will be performed in all surgical invasive procedures.~~

Manual counts of radiopaque soft goods, sharps, miscellaneous items, and instruments opened onto the sterile field will be performed in all surgical invasive procedures.

- ~~Instrument counts may be waived for surgical invasive procedures in which accurate instrument counts may not be achievable or practical, including:~~

Instrument counts may be waived for surgical invasive procedures in which accurate instrument counts may not be achievable or practical, including:

- ~~complex procedures involving large numbers of instruments (eg, orthopedic procedures),~~
- complex procedures involving large numbers of instruments (e.g., orthopedic procedures)
- ~~emergency procedures, (eg, C-sections)~~

emergency procedures (e.g., C-sections)

- ~~◦ procedures that require complex instruments with numerous small parts,~~
procedures that require complex instruments with numerous small parts
- ~~◦ procedures where the width and depth of the incision are too small to retain an instrument (eg. long endoscopic instruments provided the case does not turn into an open case).~~

procedures where the width and depth of the incision are too small to retain an instrument (e.g., long endoscopic instruments provided the case does not turn into an open case)

- ~~• Any individual who observes an item dropped from the surgical field will immediately inform the RN circulator and other members of the perioperative team.~~

Any individual who observes an item dropped from the surgical field will immediately inform the re.g.ister nurse (RN) circulator and other members of the perioperative team.

- ~~• Any perioperative team member (eg, anesthesia professional, float RN) who assists the surgical team by opening sterile items onto the sterile field will:~~

- ~~◦ count the items with the scrub person,~~
- ~~◦ add the counted items to the count documentation (eg, count sheet, whiteboard), and~~
- ~~◦ promptly inform the RN circulator of what was added.~~

Any perioperative team member, other than the assigned team (e.g. resource RN, or scrub associate) who assists the surgical team by opening sterile items onto the sterile field will:

1. count the items with the scrub associate
2. add the counted items to the count documentation (e.g., count sheet, white board)
3. promptly inform the RN circulator of what was added

- ~~• A count may be initiated by any member of the perioperative team involved in the counting process at any time.~~

A count may be initiated by an RN circulator and a surgical technician at any time

- ~~• All unnecessary activity and distractions will be curtailed during the counting process.~~

All unnecessary activity and distractions will be minimized during the counting process

- ~~• Counts and events that require a count (eg, relief of scrub person or RN circulator) will not be performed during critical portions of the operative or other invasive procedure.~~

Counts and events that require a count (e.g., relief of scrub associate or RN circulator) will not be performed during critical portions of the operative or other invasive procedure

- ~~• An incident report (verge) will be completed for any incorrect count or adverse event and the risk manager notified.~~

An incident report will be completed for any incorrect count or adverse event and the risk manager notified

Responsibilities:

The RN circulator will:

- ~~actively participate in safety measures to prevent Retained Surgical Items (RSI) during all phases of a surgical invasive procedure~~

Actively participate in safety measures to prevent retained surgical items (RSI) during all phases of a surgical invasive procedure.

- ~~initiate the count, perform count procedures in concert with the perioperative team, place all laps and raytex in the sponge count bag, document count reconciliation activities, and report any count discrepancy.~~

Initiate the count, perform count procedures in concert with the perioperative team, place all laps and raytex in the sponge count bag, document count reconciliation activities, and report any count discrepancy.

- ~~document information pertaining to counts in the medical record~~

document information pertaining to counts in the electronic health care record (EHR).

- ~~each count performed;~~

each count performed

- ~~the types of count performed (eg, needle & sponge or instrument); Initial, first closing and final counts~~

the types of count performed (e.g., needle & sponge or instrument); Initial, first closing and final counts

- ~~note: Actual count numbers are not required to be documented and counts are considered correct unless documented otherwise.~~

note: Actual count numbers are not required to be documented, and counts are considered correct unless documented otherwise

- ~~the names of perioperative personnel performing the count;~~

the names of perioperative personnel performing the count

- ~~surgeon notification of the count results;~~

surgeon notification of the count results

- ~~details about radiopaque sponges or instruments intentionally retained as therapeutic packing per physician, including:~~

details about radiopaque sponges or instruments intentionally retained as therapeutic packing per surgeon, including:

- ~~the number,~~
the number
- ~~the types,~~
the types
- ~~the location,~~
the location
- - ~~unretrieved device fragments left in the wound, including:~~
unretrieved device fragments left in the wound, including:
 - ~~material composition,~~
material composition
 - ~~size,~~
size
 - ~~location (if known), and~~
location (if known)
 - ~~manufacturer;~~
manufacturer
 - ~~actions taken if count discrepancies occur, including all measures taken to recover the missing item or device fragment and any communication regarding the outcome;~~
actions taken if count discrepancies occur, including all measures taken to recover the missing item or device fragment and any communication regarding the outcome
 - ~~a rationale if counts are not performed or completed as prescribed by policy; and~~
a rationale if counts are not performed or completed as prescribed by policy
 - ~~the outcome of actions taken.~~
the outcome of actions taken
 - ~~incident report (verge) will be entered for any count that is not completed per policy.~~
incident report will be entered for any count that is not completed per policy

The scrub ~~person~~associate will:

- ~~maintain an organized sterile field according to the standardized sterile setup for the procedure type;~~
maintain an organized sterile field according to the standardized sterile setup for the procedure type

- ~~confine and contain sharps in the specified area of the sterile field or within a sharps containment device;~~

confine and contain sharps in the specified area of the sterile field or within a sharps containment device

- ~~maintain awareness of the location of soft goods (eg, radiopaque sponges, towels, textiles), miscellaneous items, and instruments on the sterile field during the course of the surgical invasive procedure;~~

maintain awareness of the location of soft goods (e.g., radiopaque sponges, towels, textiles) miscellaneous items, and instruments on the sterile field during the course of the surgical invasive procedure

- ~~know the character and configuration of soft goods, sharps, instruments, and other items that are used by the surgeons and assistants;~~

know the character and configuration of soft goods, sharps, instruments, and other items that are used by the surgeons and assistants

- ~~verify the integrity and completeness of soft goods when they are counted;~~

verify the integrity and completeness of soft goods when they are counted

- ~~ensure that the RN circulator sees surgical items being counted;~~

ensure that the RN circulator sees surgical items being counted

- ~~confirm that instruments or devices that are returned from the operative site are intact.~~

confirm that instruments or devices that are returned from the operative site are intact

- ~~communicate placement of surgical items in the wound to the perioperative team for notation (eg, whiteboard),~~

communicate placement of surgical items in the wound to the perioperative team for notation (e.g., whiteboard)

The surgeon and first assistant will:

- ~~maintain awareness of all soft goods, sharps, instruments, and other items used in the surgical wound during the course of the surgical invasive procedure and~~

maintain awareness of all soft goods, sharps, instruments, and other items used in the surgical wound during the course of the surgical invasive procedure and

- ~~facilitate the count process by:~~

facilitate the count process by:

- using only radiopaque surgical soft goods in the wound;
- acknowledging awareness of the start of the count process;
- removing unneeded soft goods and instrumentation from the surgical field at the initiation of the count process;

- performing a methodical wound exploration when closing counts are initiated;

Procedure Interventions:

General Accounting Practices:

- Counts of sponges, sharps, instruments, and other miscellaneous items will be performed in order from the surgical site to the mayo stand completing the count at the back table.
- All soft goods and sharps will be documented on the ~~white board~~whiteboard for easy viewing for all team members.
- The perioperative RN circulator will retrieve, show the scrub ~~person~~associate, isolate, and include in the final count any counted items either passed off or dropped from the sterile field.
- When a bilateral procedure has been performed, a separate count is done for each side.
- When a multiple stage operation is performed, a separate count is done for each stage.
- The final count will not be considered complete until all items (~~eg~~e.g., sponges, malleable retractors, needle holders, scissors) used in closing the wound are removed from the wound and returned to the scrub ~~person~~associate.
- Any team member may request additional count(s) be completed if there is any uncertainty of the results and the other team members must comply with the request.
- Counted items and linen or waste containers will not be removed from the OR or procedure room until all counts are completed and reconciled.
- All items accounted for will be removed from the room during end-of-procedure cleaning.

Surgical Soft Goods:

- Non-radiopaque sponges used for skin preps will be isolated before ~~beginning~~beginning the operative or other invasive procedure.
- The seal will be maintained on dressing sponges included in custom packs, and dressing sponges will be isolated until the final count is resolved.
- Dressing sponges will be withheld from the sterile field until the final count is completed.
- The following items will be included in the count:
 - ~~A. all radiopaque sponges (eg, 4x4s, 4x8s, laparotomy, cottonoids, kittners);~~
 - ~~B. radiopaque towels/textiles.~~
 - all radiopaque sponges (e.g., laps, raytex, cottonoids, kittners)
 - radiopaque towels/textiles
- Soft goods will be counted:
 - ~~A. before the procedure (eg, initial count);~~
 - ~~B. when new items are added to the field;~~
 - ~~C. before closure of a cavity within a cavity (eg, uterus);~~
 - ~~D. when wound closure begins;~~
 - ~~E. at skin closure at the end of the procedure or at the end of the procedure when counted items are no longer in use (eg, final count); and~~

- ~~F. at the time of permanent relief of either the scrub person or the RN circulator, although direct viewing of all items may not be possible.~~
 - before the procedure (e.g., initial count)
 - when new items are added to the field
 - before closure of a cavity within a cavity (e.g., uterus)
 - when wound closure begins
 - at skin closure at the end of the procedure or at the end of the procedure when counted items are no longer in use (e.g., final count)
 - at the time of permanent relief of either the scrub associate or the RN circulator, although direct viewing of all items may not be possible
- When counting radiopaque sponges,
 - ~~A. break the band and discard it;~~
 - ~~B. separate each sponge;~~
 - ~~C. count audibly restarting at 1 with each new package;~~
 - ~~D. two individuals, one of whom is the RN circulator, will view the actual sponges during the count process;~~
 - ~~E. record each type of sponge separately on the white board (eg, radiopaque 4x4s, laparotomy sponges, large tonsil sponges, small tonsil sponges); and~~
 - ~~F. if an incorrect number of radiopaque sponges or a manufacturing defect is discovered in a package upon initial count,~~
 - ~~G. remove the items from the sterile field and then bag, label, isolate, and exclude these items from the count, or~~
 - ~~H. remove the defective packages from the room if they are discovered before the patient's entry.~~
 - break the band and discard it
 - separate each sponge
 - count audibly restarting at 1 with each new package
 - two individuals, one of whom is the RN circulator, will view the actual sponges during the count process
 - record each type of sponge separately on the whiteboard (e.g., laparotomy sponges, large tonsil sponges, small tonsil sponges); and
 - if an incorrect number of radiopaque sponges or a manufacturing defect is discovered in a package upon initial count remove the items from the sterile field and then bag, label, isolate, and exclude these items from the count, or remove the defective packages from the room if they are discovered before the patient's entry
- During the removal of therapeutic packing with radiopaque sponges,
 - ~~A. document the number and type of radiopaque sponges removed.~~
 - ~~B. isolate the radiopaque sponges removed from the sponges used during the removal~~

procedure;

1. ~~do not include the radiopaque sponges removed from the patient in the soft goods counts for the removal procedure, and consult with the surgeon regarding the need for an intraoperative radiograph.~~

- document the number and type of radiopaque sponges removed
- isolate the radiopaque sponges removed from the sponges used during the removal procedure
 - do not include the radiopaque sponges removed from the patient in the soft goods counts for the removal procedure, and consult with the surgeon regarding the need for an intraoperative radiograph.

Sharps and Other Miscellaneous Items

- ~~Sharps and miscellaneous items will be counted:~~

- A. ~~before the operative or other invasive procedure (eg, initial count),~~
- B. ~~when new items are added to the field,~~
- C. ~~before closure of a cavity within a cavity (eg, uterus),~~
- D. ~~when wound closure begins,~~
- E. ~~at skin closure at the end of the procedure or at the end of the procedure when counted items are no longer in use (eg, final count), and~~
- F. ~~at the time of permanent relief of either the scrub person or the RN circulator.~~

Sharps and miscellaneous items will be counted:

- before the operative or other invasive procedure (e.g., initial count)
- when new items are added to the field
- before closure of a cavity within a cavity (e.g., uterus)
- when wound closure begins
- at skin closure at the end of the procedure or at the end of the procedure when counted items are no longer in use (e.g., final count), and
- at the time of permanent relief of either the scrub person or the RN circulator

- ~~When counting sharps and miscellaneous items:~~

- A. ~~count suture needles according to the amount indicated on the package;~~
- B. ~~the scrub person will verify the number/amount when the package is opened;~~
- C. ~~count audibly, counting the total number and types of needles (eg, hypodermic, suture, spinal);~~
- D. ~~two individuals, one of whom is the RN circulator, will view the actual sharps and miscellaneous items during the count process;~~

- E. ~~record each type of type of needle on the white board (eg, hypodermic, suture, spinal);~~
- F. ~~keep used sharps on the sterile field in a disposable, puncture-resistant container; and~~
- G. ~~if an incorrect number of items or a manufacturing defect is discovered in a package on initial count:~~
 - 1. ~~remove the package and its contents from the sterile field and label, isolate, and exclude these contents from the count, or~~
 - 2. ~~remove the package from the room if it is discovered before the patient's entry.~~

When counting sharps and miscellaneous items:

- count suture needles according to the amount indicated on the package
- the scrub associate will verify the number/amount when the package is opened
- count audibly, counting the total number and types of needles (e.g., hypodermic, suture, spinal)
- two individuals, one of whom is the RN circulator, will view the actual sharps and miscellaneous items during the count process
- record each type of type of needle on the white board (e.g., hypodermic, suture, spinal)
- keep used sharps on the sterile field in a disposable, puncture-resistant container; and check for the integrity and completeness of each suture needle and any other miscellaneous sharps items each time after being used on the patient
- if an incorrect number of items or a manufacturing defect is discovered in a package on initial count:
 - remove the package and its contents from the sterile field and label, isolate, and exclude these contents from the count, or
 - remove the package from the room if it is discovered before the patient's entry

- Include the following items in the count:

- A. ~~all needles, regardless of size (eg, suture, hypodermic, spinal);~~
- B. ~~all sharps (eg, scalpels); and~~
- C. ~~all miscellaneous items, including:~~
 - 1. ~~defogger solution bottle, bottle cap, and associated accessories (eg, wipe, sponge);~~
 - 2. ~~electrosurgery active electrode blades;~~
 - 3. ~~electrosurgery scratch pads;~~

- ~~4. endostaple/other reload cartridges;~~
- ~~5. trocar sealing caps;~~
- ~~6. vessel loops;~~
- ~~7. umbilical and hernia tapes;~~
- ~~8. other small items that may easily be lost/misplaced.~~

Include the following items in the count:

- all needles, regardless of size (e.g., suture, hypodermic, spinal)
- all sharps (e.g., scalpels); and
- all miscellaneous items, including:
 - defogger solution bottle, bottle cap, and associated accessories (e.g., wipe, sponge)
 - electrosurgery active electrode blades
 - electrosurgery scratch pads
 - endostaple/other reload cartridges
 - trocar sealing caps
 - vessel loops
 - other small items that may easily be lost/misplaced

Instruments:

- ~~Instruments will be counted:~~

Instruments will be counted:

- ~~before the procedure (eg, initial count),~~
before the procedure (e.g., initial count)
- ~~when new instruments are added to the field,~~
when new instruments are added to the field
- before closure of a cavity within a cavity (e.g., uterus)
- ~~at wound closure or at the end of the procedure when counted items are no longer in use (eg, final count), and~~
at wound closure or at the end of the procedure when counted items are no longer in use (e.g., final count)
- ~~at the time of permanent relief of either the scrub person or the RN circulator.~~
at the time of permanent relief of either the scrub associate or the RN circulator.
- ~~Record the counted instruments on the preprinted count sheet that comes with each tray.~~

Record the counted instruments on the preprinted count sheet that comes with each tray.

- ~~When counting instruments,~~

When counting instruments:

- ~~count audibly restarting at 1 with each new package or each type of instrument~~
count audibly restarting at 1 with each new package or each type of instrument
- ~~two individuals, one of whom is the RN circulator, will view the actual instruments during the count process.~~

two individuals, one of whom is the RN circulator, will view the actual instruments during the count process

- ~~Individual pieces of assembled instruments (eg, suction tips, wing nuts, blades, sheaths) will be accounted for separately and documented on the count sheet.~~

Individual pieces of assembled instruments (e.g., suction tips, wing nuts, blades, sheaths) will be accounted for separately and documented on the count sheet.

- ~~Count and record on the count sheet additional instruments when they are added to the sterile field.~~

Count and record on the count sheet additional instruments when they are added to the sterile field.

- ~~The scrub person will assess the condition of each item returned from the operative site to verify that the item is intact and immediately notify the OR team when an item may have broken or become separated within the confines of the surgical site.~~

The scrub associate will assess the condition of each item returned from the operative site to verify that the item is intact and immediately notify the OR team when an item may have broken or become separated within the confines of the surgical site.

Count Discrepancy Investigation and Reconciliation:

- ~~If a missing item or device fragment is not recovered, perform intraoperative imaging before the final closure of the wound if the patient's condition permits.~~

If a missing item or device fragment is not recovered, perform intraoperative imaging before the final closure of the wound if the patient's condition permits.

- ~~If the patient's condition is unstable, take a radiograph as soon as possible~~
If the patient's condition is unstable, take a radiograph as soon as possible.

- ~~Perioperative team member responsibilities:~~

Perioperative team member responsibilities: The perioperative RN circulator will:

- inform and receive active verbal acknowledgment from the surgeon and surgical team
- visually inspect the area surrounding the surgical field, including the floor, kick buckets, and linen and waste containers

- perform a re-count of bagged/grouped items
 - ~~The perioperative RN circulator will~~
request radiological support and provide the following information:
 - ~~inform and receive active verbal acknowledgment from the surgeon and surgical team;~~
 - ~~visually inspect the area surrounding the surgical field, including the floor, kick buckets, and linen and trash receptacles;~~
 - ~~perform a re-count of bagged/grouped items~~
 - the surgical site
 - the operation performed
 - a description of the missing surgical item
 - ~~request radiological support and provide the following information:~~
 - ~~the surgical site.~~
 - ~~the operation performed, and~~
 - ~~a description of the missing surgical item,~~
 - ~~the type of radiograph and views needed (eg, intraoperative imaging coverage area includes the surgical site and any views deemed necessary by the surgeon or radiologist),~~
 - ~~the room where the procedure is being performed or where the patient is located,~~
- the type of radiograph and views needed (e.g., intraoperative imaging coverage area includes the surgical site and any views deemed necessary by the surgeon or radiologist)
- the room where the procedure is being performed or where the patient is located
 - Document and do an incident report regarding the retained surgical item

~~The scrub person will:~~

- ~~assist with visual inspection of the area surrounding the sterile field and~~
- ~~visually inspect the sterile field.~~
- ~~The surgeon(s) will:~~
 - ~~suspend closure of the wound if the patient's condition permits,~~
 - ~~perform a methodical wound examination by actively looking for the missing item,~~
 - ~~cooperate in the attainment of radiographs or other modalities as indicated to find the missing item, and~~

- ~~remain in the OR until the item is found or is determined with certainty not to be in the patient.~~
- ~~In the event of a count discrepancy or a device fragment being retained, the surgeon will notify the patient and/or the patient's significant other or caregiver both of the event and the following:~~
 - ~~risks and benefits of retrieving the item, as opposed to leaving it in the wound.~~
 - ~~procedures or treatments that should be avoided, such as magnetic resonance imaging (MRI) examinations in the case of ferrous metallic fragments; and~~
 - ~~potential mechanisms for injury (eg, migration, infection);~~
 - ~~location of the fragment (if known);~~
 - ~~size of the fragment (if known);~~
 - ~~material composition of the item (if known);~~
- The scrub associate will:
 - assist with visual inspection of the area surrounding the sterile field
 - visually inspect the sterile field
- The surgeon(s) will:
 - suspend closure of the wound if the patient's condition permits
 - perform a methodical wound examination by actively looking for the missing item
 - cooperate in the attainment of radiographs or other modalities as indicated to find the missing item
 - remain in the OR until the item is found or is determined with certainty not to be in the patient
 - In the event of a count discrepancy or a device fragment being retained, the surgeon will notify the patient and/or the patient's next of kin both of the event and the following:
 - risks and benefits of retrieving the item, as opposed to leaving it in the wound
 - procedures or treatments that should be avoided, such as magnetic resonance imaging (MRI) examinations in the case of ferrous metallic fragments; and
 - potential mechanisms for injury (e.g., migration, infection)
 - location of the fragment (if known)
 - size of the fragment (if known)
 - material composition of the item (if known)

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	08/2026

COPY



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Policy Area Surgical Services
References AORN Guidelines for Perioperative Practice (2022)

Surgical Services - Sterile Technique & The Sterile Field

Policy:

San Gorgonio Memorial ~~hospital will provide~~ Hospital provides guidance to perioperative ~~personnel~~ associates for preparing, maintaining, and monitoring a sterile field.

Procedure:

Principles include:

1. Only sterile items are used within the sterile field.
2. A sterile barrier must be considered contaminated after it has been penetrated.
3. The edges of a sterile package or container are considered contaminated after it is opened.
4. Gowns considered sterile only in front from shoulder level to table level and the hands and sleeves to 2 inches above the elbow.
5. Only the horizontal surface of a table is considered sterile.
6. Sterile ~~persons~~ associates and items touch only sterile areas. Non-sterile ~~persons~~ associates touch only non-sterile areas.
7. Movement within or around the sterile field must not contaminate the sterile field.
8. All items and areas of doubtful sterility must be considered contaminated.

General Guidelines:

1. ~~Personnel~~ Associates entering the surgical/procedural rooms will wear clean, hospital provided scrub attire. (See policy: *Surgical Services Attire*)
2. Perioperative ~~personnel~~ associates will perform hand hygiene before entering the ~~OR~~ operating room (OR), invasive procedure room, and areas where sterile supplies have been opened.

3. Movements must be definite and orderly. The less movement the less lint and dust is raised in the operating area.
4. Every **person****associate** working in the OR must develop a "sterile conscience", always alert for contamination.
5. Face a sterile area when passing it. Never pass between two sterile areas.
6. Leave a margin of safety between sterile and non-sterile areas.
7. Touch only the outside of the wrapper when opening sterile supplies.
8. Store sterile supplies in clean, dry areas.
9. Keep cupboard doors closed.
10. Keep supply carts covered.
11. Sterile supplies dropped on the floor must be re-sterilized. Clean supplies that fall on the floor are no longer clean.
12. Do not throw dirty drapes or other objects on the floor. Place in hampers or waste containers.
13. Be organized – facilitates orderliness and speed.
14. Be prepared for routine work as well as emergencies.

Surgical Personnel Responsibilities:

1. Creating and maintaining a sterile field in which surgery/invasive procedures can be performed.
2. Isolating the operative suite from the surrounding environment (close the door during procedures).
3. Preventing contamination of the open wound. Most surgical wound infections result from microbial contamination (endogenous or exogenous source) of the wound during surgery.

Procedure:

Gowns and Gloves:

- a. Perioperative **personnel****associates** working within the sterile field, will perform a surgical hand scrub and don a sterile gown and gloves before setting up sterile supplies.
- b. The sterile area of the front of the gown extends from the shoulder to the level of the table.
- c. The sleeves are considered sterile from 2 inches above the elbow to the stockinette cuff.
- d. The stockinette cuff is considered non-sterile and is covered by sterile gloves at all times.
- e. The neckline, shoulders, areas under the arms, and back of the gown are considered non-sterile.
- f. All scrub personnel, gown and glove without touching the outside of the gown and gloves with their bare hands.
- g. Arms are never folded; the axillary region is considered contaminated.
- h. The sterile team keeps hands in sight and at or above waist level.

- i. Don sterile gown/gloves away from the main instrument table.

Gloving Procedure:

Gloving Procedure:

- Carefully remove the towel while avoiding touching any other items.
- Dry fingers, hand and arm of one extremity with one end of the towel. Grasp the dry end of the towel with your dry hand and dry the other hand and arm.
- Grasp the gown carefully in front, touching only the inside. Insert your hands into sleeves, letting the circulating nurse adjust the gown, fasten the neck and inside ties.
- Complete the gowning process by turning your gown closed with the circulating nurse.

Closed Glove Method:

- Keep the cuffs of your gown over your hands.
- Pick up the right glove with your left hand and place it on your right inside wrist, thumb to thumb, fingers pointing down the arm.
- Pull cuff of glove over the end of sleeve cuff and fingers.
- Line up fingers and thumb with those of the glove as you pull gown sleeve and glove onto your hand.
- Do the same with the left glove.
- Inspect gloves for integrity.
- Apply the second pair for additional protection.

Assisted Open Glove Method:

Assisted open glove method:

- A scrubbed team member will pull the gown cuff to the wrist level, leaving the hand exposed.
- The scrubbed team member assists the gloving person by opening the glove and touching only the outer surfaces of the glove with the edges folded over the tips of their fingers to protect against touching the gloving ~~persons~~associate's hand.
- Once the glove is opened with the palm of the glove facing the gloving person, they may insert their hand, taking care not to contaminate the assisting scrubbed person.
- This method is recommended anytime a scrubbed team member must change gloves during an invasive/surgical procedure as cuffs can no longer be considered sterile.
- When the operation and cleanup are finished, always remove dirty gown first, then the gloves. Then the arms and hands are not contaminated and remain clinically clean.

Draping:

- a. Perioperative team ~~members~~associates will place sterile drapes on the patient, furniture, and equipment in the sterile field and will handle them in a manner that prevents contamination.
- b. Unsterile equipment will be covered on the top, bottom, and sides with sterile barrier materials

- before being introduced or positioned over a sterile field.
- c. Sterile drapes will be handled as little as possible.
 - d. Draping materials will be held in a controlled manner that prevents the sterile drape from coming into contact with unsterile surfaces.
 - e. During draping, gloved hands will be shielded by cuffing the drape material over the gloved hands.
 - f. Surgical drapes will be placed in a manner that prevents the front of the surgical gown from contacting an unsterile surface and does not require a scrubbed team member to lean across an unsterile area.
 - g. Sterile drapes will be placed from the surgical site to the peripheral areas.
 - h. The portion of the surgical drape that establishes the sterile field will not be moved after it has been positioned.
 - i. Only the top surface of a sterile, draped table will be considered sterile. Items that fall below the sterile area must be considered contaminated.
 - j. Surgical equipment (eg, tubing, cables) will be secured to the sterile drapes with non-perforating devices.

Sterile ~~field~~Field:

- a. Sterile fields will be prepared in the location designated for use and as close as possible to the time of use.
- b. Only sterile items will come into contact with the sterile field.
 - When opening a sterile package, it is opened from the far side first and the near side last, touching only the outside of the wrapper.
 - All wrapper tails are secured when supplies are presented to the sterile field to avoid contamination.
 - Wrappers are considered sterile to within one inch of the edge. The inner edge of a peel-packaged seal is considered sterile.
 - Sterile items are presented to the scrubbed person and placed securely on the sterile field.
 - Sterile ~~persons~~associates lift contents from packages by reaching down and lifting them straight up, holding elbows high to avoid touching the sides/edges of wrapper or container.
 - Both the circulating nurse and the OR technician/scrub nurse identify any fluids/medications placed on the field. All fluids/medications passed onto the sterile field must be labeled ~~immediatley~~immediately.
 - Solutions are poured to avoid splashing of fluids onto the sterile field and the entire contents of the bottle are poured and any remainder discarded.
 - The ~~Scrub personnel sets~~scrub associates set the basins or medicine glasses to be filled at the edge of the sterile field.
- c. Sterile fields and instrumentation used during procedures that involve both the abdominal and

perineal areas will be kept separate and not be used interchangeably.

- d. Scrubbed team ~~members~~associates will remain close to the sterile field and touch only sterile areas or sterile items.
- e. Scrubbed team ~~members~~associates will keep their hands and arms above waist level at all times.
- f. Scrubbed team ~~members~~associates' arms will not be folded with the hands in the axillary region.
- g. Scrubbed ~~persons stay should~~associates must not leave the room. If it becomes necessary to leave the room, the gown and gloves must be changed.
- h. Scrubbed team ~~members~~associates must avoid changing levels and be seated only when the entire operative or invasive procedure will ~~avoid changing levels and be seated only when the entire operative or invasive procedure will be~~ performed at that level.
- i. When changing position with one another, scrubbed team ~~members~~associates will turn back to back or face to face while maintaining distance from each other, the sterile field, and unsterile areas.
- j. Non-scrubbed personnel will face the sterile field on approach, not walk between sterile fields or scrubbed persons, and maintain a distance of at least 12 inches from the sterile field and scrubbed persons at all times.
- k. Conversations in the presence of a sterile field will be kept to a minimum.
- l. The number and movement of individuals involved in an operative or other invasive procedure will be kept to a minimum.
- m. Before dispensing a sterile item to the sterile field, the non-scrubbed person will check the package integrity and external chemical process indicator.
- n. Personnel must not reach over a sterile field nor allow any unsterile item to contaminate the field.
- o. All cables, tubings, etc., for equipment are secured on the sterile field with a non-perforating device.
- p. Consider items non-sterile if:
 - 1. ~~There is no chemical indicator, or the indicator does not appear to have changed from white to black~~
 - 2. ~~Steraad indicator has not changed from red to yellow.~~
 - 3. ~~The load number is not documented on the label.~~
 - 4. ~~A non-scrubbed person brushes against a sterile item/area.~~
 - 5. ~~A sterile table or articles are found open and left unattended.~~
 - 6. ~~The outer wrapping of a tray/instrument is penetrated/damaged.~~
 - 7. ~~The instrument is dropped off the sterile field.~~
 - 8. ~~The wrapper is moist.~~
 - There is no chemical indicator, or the indicator does not appear to have changed from white to black.

- Sterrad indicator has not changed from purple to green or light green.
- The load number is not documented on the label.
- A non-scrubbed associate brushes against a sterile item/area.
- A sterile table or articles are found open and left unattended.
- The outer wrapping of a tray/instrument is penetrated/damaged.
- The instrument is dropped off the sterile field.
- The wrapper is moist or instrument tray with moisture and wetness inside.

Unguarded sterile fields are considered contaminated.

- a. ~~If organic material (eg, blood, hair, tissue, bone fragments) or other debris (eg, bone cement, grease, mineral deposits) is found on an instrument or item in a sterile set, the entire set will be considered contaminated and perioperative team members will take immediate corrective actions.~~
- b. ~~If an instrument in a sterile set is found assembled or clamped closed, the entire set will be considered contaminated and perioperative team members will take immediate corrective actions.~~
- c. ~~Sterile wound dressing materials are applied before breaking down the sterile field.~~
 - If organic material (eg, blood, hair, tissue, bone fragments) or other debris (eg, bone cement, grease, mineral deposits) is found on an instrument or item in a sterile set, the entire set will be considered contaminated and perioperative team associates will take immediate corrective actions.
 - If an instrument in a sterile set is found assembled or clamped closed, the entire set will be considered contaminated and perioperative team associates will take immediate corrective actions.
 - Sterile wound dressing materials are applied before breaking down the sterile field.

Maintaining Sterile Field:

Pre-procedure:

- a. ~~Sterile fields will be constantly monitored.~~
- b. ~~Once created, a sterile field **will not be left unattended** until the operative or other invasive procedure is completed.~~
- c. ~~When there is an unanticipated delay or during periods of increased activity (eg, patient transfer to the procedure bed), a sterile field that has been prepared and will not be immediately used may be covered with a sterile drape.~~
 - Sterile fields will be constantly monitored.
 - Once created, a sterile field **will not be left unattended** until the operative or other invasive procedure is completed.
 - When there is an unanticipated delay or during periods of increased activity (eg, patient transfer to the procedure bed), a sterile field that has been prepared and will not be

immediately used may be covered with a sterile drape.

- When sterile fields are covered, they must be covered in a manner that allows the cover to be removed without bringing the part of the cover that falls below the sterile field above the sterile field.
- When covering the sterile field, two sterile “cuffed” drapes will be used. The first drape will be placed horizontally over the table with the cuff at, or just beyond the halfway point. The second drape will be placed ~~from~~on the opposite side of the table and the cuff positioned so that it completely covers the cuff of the first drape.
- The drapes will be removed by placing hands within the cuff of the top drape and lifting the drape up and away from the table and toward the person removing the drape. The second drape will be removed from the opposite side in a similar manner.
- Sterile fields that have been covered should not be transported to a different room.

Intra-procedure:

- ~~a. Perioperative personnel will observe for, recognize, and immediately correct breaks in sterile technique when preparing, performing, or assisting with operative or other invasive procedures, and will implement measures to prevent future occurrences.~~
- ~~b. When a break in sterile technique occurs, corrective action will be taken immediately unless the patient's safety is at risk. When the break in sterile technique cannot be corrected immediately, corrective action will be taken as soon as it is safe for the patient.~~

Documentation:

- : Perioperative personnel will observe for, recognize, and immediately correct breaks in sterile technique when preparing, performing, or assisting with operative or other invasive procedures, and will implement measures to prevent future occurrences.
- : When a break in sterile technique occurs, corrective action will be taken immediately unless the patient's safety is at risk. When the break in sterile technique cannot be corrected immediately, corrective action will be taken as soon as it is safe for the patient.

Documentation:

Significant or major breaks in sterile technique that are not immediately corrected will be documented in the medical record and an incident report (verge) will be created.

Traffic in OR suite:

- ~~a. Traffic through the OR suite is kept at a minimum.~~
- ~~b. Doors into the OR suite are kept closed.~~
- ~~c. Non-surgical, hospital personnel will only be permitted within the procedure rooms with permission from the Surgeon/Director/Charge Nurse.~~
- ~~d. Requiring that all persons who work the Surgical Dept. (including Pre- and Post-Operative Areas) wear clean hospital provided surgical attire.~~
- : Traffic through the OR suite is kept at a minimum.

- : Doors into the OR suite are kept closed.
- : Non-surgical, hospital personnel will only be permitted within the procedure rooms with permission from the Surgeon/Director/Charge Nurse.
- : Requiring that all persons who work the Surgical Dept. (including Pre- and Post-Operative Areas) wear clean hospital provided surgical attire.

Cleaning of the Surgical/Procedural Areas:

Cleaning and disinfection will be performed after every surgical/invasive procedure to maintain a safe environment.

Terminal cleaning occurs on a regularly scheduled basis every 24 hours.

(See policy: ***Surgical Services - Cleaning of Surgical/Procedure Rooms***).

Approval Signatures

Step Description	Approver	Date
Infection Prevention Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	08/2026



Origination 02/2015
Approved N/A
Effective Upon Approval
Last Revised 08/2026

Policy Area **Surgical Services**

Surgical Services - Tissue Management

Policy:

San Gorgonio Memorial Hospital ~~will provide a process for~~ provides guidelines for managing tissue delivered to the facility. ~~Tissue will only be accepted by Materials Management, House Supervisors or Surgical Services and will be tracked~~ and monitored ~~throughout the facility~~ until it is used, returned or discarded.

~~Oversight of Tissue Management is assigned to the Director of Surgical Services or designee.~~

Procedure:

- Tissue will only be accepted by Materials Management, House Supervisors or Surgical Services associates.
- Verification of FDA registration and applicable state licensure is performed annually for all suppliers of tissue and /or at the time of initial procurement for new suppliers.
- Acquisition, receipt, storage and issuance of tissues are coordinated following the manufacturer or supplier's written recommendations for transporting, handling, storing and using implanting tissues.

Receipt of tissues:

- At the time of receipt, the packaging is inspected to ensure integrity and verification of appropriate temperature control during transport.
- Tissue received by ~~departments/personnel other than surgical services~~ material management or house supervisor will start a **Tissue Tracking Form** (see attached form).
- Tissue received directly by surgical services ~~staff, tracking documentation~~ associates will be entered directly into the electronic tissue log by the person receiving the tissue. ~~(The same information is listed in the electronic log).~~
- Tissue Tracking Form contains the following information to be completed:

- Personnel name & department accepting shipping container
 - Date & Time of arrival
 - Method of shipping & any tracking numbers or identification information
 - Quality Verification as applicable
 - Within documented expiration dates/times
 - Temperature control measures as applicable
 - Package Integrity
- The Tissue Tracking Form will stay ~~will~~with the shipping container until final disposition.
 - Each movement of the package will be documented on the Tissue Tracking Form with the above information.
 - Only Surgical Services/~~Clinical Lab personnel~~ associates are authorized to remove tissue from shipping containers - excluding tissue that can be stored at ambient temperature.
 - Surgical Service ~~personnel~~associates will label the Tissue Tracking Form with patient sticker/ information at time of disposition.
 - Completed Tissue Tracking Forms will be kept in the Surgical Services Department, until the information can be documented in the tissue log for record keeping.

Storage:

- All tissues are stored per the manufacturer or supplier's written instructions/ recommendations.

Ambient temperature:

- Tissues that are **NOT** contained in an environmentally controlled shipping box will be stored in Operating Room 1.
 - They are stored, secured and continuously monitored until used, returned or discarded.
 - Daily checks of ambient temperature will be recorded by Facilities.

Refrigerated/Frozen Temperature:

- ~~All tissues are stored per the manufacturer or supplier's written instructions/ recommendations.~~ Equipment utilized in the clinical lab for tissue storage such as incubators/ refrigerators/freezers are monitored continuously by clinical laboratory associates.
- ~~Tissues that are **NOT** contained in an environmentally controlled shipping boxes~~ In the event temperature ranges fall outside the parameters required, laboratory associates will be stored in the Clinical Lab-:
 - ~~There they are stored, secured and continuously monitored until used, returned or discarded.~~
 - ~~Microbiological Incubation Device may be used, as appropriate, to maintain and log accurate temperature settings for tissues per MFGs instructions.~~
 - ~~Daily checks and documentation will be recorded.~~

- ~~Equipment utilized in the clinical lab for tissue storage such as incubators/ refrigerators/freezers are monitored continuously.~~
- Document the length of time tissue remained out of range
- Document out of range temperature (above/below)
- Document attempts/actions taken to return to acceptable range
- ~~In the event temperature ranges fall outside the parameters required~~ Notify the surgical services director/charge nurse/materials coordinator so they can follow up with manufacturer and carry out appropriate recommendations (discard, laboratory personal will:
 - ~~Document the length of time tissue remained out of range~~
 - ~~Document out of range temperature (above/below)~~
 - ~~Document attempts/actions taken to return to acceptable range~~
 - ~~Notify the surgical services director/charge nurse/materials coordinator so they can follow up with manufacturer and carry out appropriate recommendations (discard, use with a shortened shelf life date, etc.).~~

use with a shortened shelf life date, etc.).

- Tissues that ~~ARE~~ are contained in an environmentally controlled shipping ~~boxes~~ box will remain inside the sealed container and locked in the PACU storage room or the material's coordinators office until final disposition (used, returned or discarded).
- Daily recordings of storage environments are maintained for a minimum of 10 years beyond the date of distribution, transplantation, disposition, or expiration (whichever is longest).

Tissue Implant Log:

- The log provides sufficient information to ensure the ability to trace tissue from the donor or supplier to the recipient(s) or other final disposition back to the donor or supplier.
- The log provides documentation of the dates, times and staff involved in the receipt, preparation and issuance of tissue.
- Computerized Tissue Implant Log contains the following information:
 - ~~Daily quality verification date/time/initials for tissue stored greater than 24 hours before use/return~~
 - Date/time of receipt
 - Expiration date/time, if applicable
 - ~~Arrived Via / Tracking/Package ID~~
 - Type of tissue
 - Manufacturer/supplier
 - Lot # / Serial #
 - Package integrity
 - Package Temperature, as applicable
 - Quality assurance parameters

- receiving staff
- Storage Location
- Storage Method
- Disposition of tissue
- Issuance date/time
- Issuing staff
- Tissue prepared per IFU
- Disposition/implanting physician
- Patient/recipient medical record # or visit ID #
- Miscellaneous notes as needed

- ~~A. Preparation of the tissue for use/implant is performed per manufacturer/supplier's written recommendations.~~
- ~~B. Information regarding the tissue implanted is documented in the patients/recipient's medical record including the tissue type and any unique identifier(s).~~
- ~~C. Information regarding the tissue wasted is documented in the patients/recipient's medical record. (See policy: *OR-Disposal of Anatomical Waste/Specimens.*)~~
- ~~D. Records regarding the receipt, storage and disposition of tissues are maintained for ten (10) years.~~
- ~~E. Tissue usage cards requested by suppliers are completed and returned.~~
- ~~F. Tissue adverse events, including disease transmission or other complications that are suspected of being directly related to the use of tissue are reported for investigation in an incident report (verge).~~
- ~~G. As soon as a post-transplant infection or other adverse event related to the use of tissue is known the event is reported to the tissue supplier.~~
- ~~H. Any tissue whose integrity may have been compromised or that is reported by the tissue supplier as a suspected cause of infection is sequestered.~~
- ~~I. Tissue recipients are identified and informed of infection risk when donors are subsequently found to have human immunodeficiency virus (HIV), human T-lymphotropic virus-I/II (HTLV-I/II), viral hepatitis, or other infectious agents known to be transmitted through tissue.~~

Preparation of the tissue for use/implant is performed per manufacturer/supplier's written recommendations.

Information regarding the tissue implanted is documented in the patients/recipient's medical record including the tissue type and any unique identifier(s).

Information regarding the tissue wasted is documented in the patients/recipient's medical record. (See policy: *Surgical Services-Disposal of Anatomical Waste/Specimens.*)

Records regarding the verification of FDA registration, licensure, receipt, storage and disposition of tissues are maintained for ten (10) years.

Tissue usage cards requested by suppliers are completed and returned.

Tissue adverse events, including disease transmission or other complications that are suspected of being directly related to the use of tissue are reported for investigation in an incident report.

As soon as a post-transplant infection or other adverse event related to the use of tissue is known the event is reported to the tissue supplier.

Any tissue whose integrity may have been compromised or that is reported by the tissue supplier as a suspected cause of infection is sequestered.

Tissue recipients are identified and informed of infection risk when donors are subsequently found to have human immunodeficiency virus (HIV), human T-lymphotropic virus-I/II (HTLV-I/II), viral hepatitis, or other infectious agents known to be transmitted through tissue.

Attachments

 [Tissue Tracking Form.xlsx](#)

Approval Signatures

Step Description	Approver	Date
Pharmacy & Therapeutics Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
Medical Director Clinical Lab	Mark Beck: Medical Director Clinical Lab	08/2026
	Yubitza Castillo: Director of Surgical Services	08/2026



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 Approved N/A
 Effective Upon Approval
 Last Revised 08/2026

Policy Area Surgical Services
 References (2025) AORN Guidelines For Perioperative Practice

Surgical Services - Universal Protocol

Policy:

San Gorgonio Memorial Hospital ~~will provide a process to assure that~~(SGMH) provides guidelines to ensure the correct operative or invasive procedure is performed on the correct patient, ~~and – when appropriate – on the correct site and/or side. This is an organization-wide policy.~~

Procedure:

PROCEDURE VERIFICATION PROCESS

Pre-procedure verification process

Verification of the correct person, procedure, and site must occur ~~prior to the start of~~at the time the procedure is scheduled, during the preadmission testing assessment, in the pre-operative area, and upon entrance into the procedure or operating room.

- ~~Verify~~Procedure team member must identify the patient by using two patient identifiers (e.g. full name and date of birth) with the patient's name and date of birth with the patient's ID band ~~and Blood Bank armband if giving blood or blood products.~~
- When able, the patient or legal representative, will participate in the identification and site marking process.
- Verify the consent form is completed, signed, witnessed and reflects the proper procedure per ~~physician~~provider orders and History and Physical (H&P).
- Verify the site marking has been completed and reflects the proper ~~are for~~site for the type of procedure ordered.
- Signed procedure consent form.

In addition, a standardized list will be used to assure that all relevant and pertinent information about the patient is available as part of the pre-procedure verification process. As applicable to the procedure, this

information includes, but is not necessarily limited to, ~~the following~~:

- Relevant documentation (~~such as history and physical~~, nursing assessment, and pre-anesthesia/-sedation assessment).
- Correct diagnostic and radiology test results (for example, radiology images and scans, laboratory results, or pathology and biopsy reports) that are properly labeled/displayed.
- Any required blood products, implants, devices and/or special equipment for the procedure.

~~MARKING THE PROCEDURE SITE~~

- **~~When Site Marking is Required~~**
- ~~At a minimum, procedure sites must be marked when there is more than one possible location for the procedure and when performing the procedure in that different location could cause harm to the patient.~~
- **~~Method of Marking the Site~~**
- ~~Except as noted in this policy, the mark is the surgeon's/proceduralist's initials or last name. Adhesive site markers are not to be used as the sole means of marking the site.~~
- **~~Individual Marking the Site~~**
- ~~The site is to be marked by a licensed independent practitioner, who will be directly involved with and present at the time of performing the procedure.~~
- **~~Location of the Site Marking~~**
- ~~Site marking is to occur at or near the procedure site or the incision site. Other non-procedure site(s) should not be marked unless necessary for some other aspect of care.~~

Exceptions / Alternatives to Marking the Site

Procedure site marking

: When and where:

- Site marking occurs prior to the start of any procedures involving incision, puncture, or insertion when there is more than one possible location for the procedure.
- Marking must be visible to the team after all draping is complete.
- The marking takes into consideration laterality (right, left, or bilateral distinction, specific finger/toe) lesion to be treated.
- For cases involving bilateral procedures requiring separate incisions (e.g. knees, feet) mark both sides/sites.

: Who and how:

- The site is to be marked by a licensed independent practitioner, who will be directly involved with and present at the time of performing the procedure.
- Except as noted in this policy, the mark is the provider's initials or last name in a legible and unambiguous manner using a marker sufficiently permanent to remain visible after the patient has been prepped and draped.
- The provider must mark the site with the patient involved, awake, and aware if

possible. To avoid confusion, the provider must state the side/site and point to it with the patient.

- In the case of multiple procedures with multiple providers, each relevant site is marked by each provider.
- If the second provider is not present at the time of case start, the site marking may be delegated to the provider performing the first procedure.

Standard alternatives process to marking the site:

Marking of the operative of an invasive procedure site is not required, and/or an alternative is to be employed for the following:

- Single organ cases (e.g. Cesarean section or cardiac surgery) that carry no site, side, or level distinctions.
- ~~Dental procedures are exempt from the site marking requirement. In lieu of directly marking the teeth, the following will occur:~~
 - A. ~~The operative tooth name(s) and number will be indicated on documentation or the operative tooth (teeth) will be marked on the dental radiographs or dental diagram. The documentation, images, and/or diagrams are to be available in the procedure room, properly oriented, and confirmed before the start of the procedure.~~
- For interventional procedure cases for which the catheter/instrument insertion site is not predetermined (for example, ~~cardiac catheterization, pacemaker~~tunneled catheter insertion).
- For cases in which it is technically or anatomically impossible or impractical to mark the site (mucosal surfaces, perineum, ~~premature infants for whom marking the site would cause a permanent tattoo~~), an alternative method for visually identifying the correct side and site will be used. A temporary, unique wristID band will be placed on the side of the procedure containing the patient's name and a second identifier, and will be used for the intended procedure and site.
- In general, site marking is not required if there is an obvious wound or lesion that is the site of the intended procedure. However, if there are multiple wounds or lesions and only some of them are to be treated, and the decision and direction for which ones are to be treated is determined at some time prior to the procedure itself, then the sites to be treated should be marked as soon as possible after the decision is made.
- ~~Site marking is not required for procedures in which the individual doing the procedure is in continuous attendance with the patient from the time the decision to perform the procedure is made to the time the procedure is actually performed. However, if the person performing the procedure leaves the presence of the patient for any amount of time during that interval, then the site should be marked (before leaving the patient).~~
- If a patient refuses to allow marking of the site, the patient will be provided with information to understand why site marking is appropriate and desirable, and the implications of refusing the site marking. If the patient still refuses to allow the site marking, the refusal is to be noted in the patient's medicalelectronic health care record. A temporary, purple wristID band will be placed on the side of the procedure containing the patient's name and date of birth, and will be used for the intended procedure and site.

TIME OUT (ORAL VERIFICATION) IMMEDIATELY PRIOR TO THE PROCEDURE

Minimum Requirements for the Time Out

Time out (oral verification) immediately prior to the procedure:

The following requirements govern the time out process:

- The time out is to be performed immediately before starting the procedure or making the incision.
- The time out will involve the immediate members of the procedure team who will be participating in the procedure at the start of the procedure.
- The patient care nurse/~~physician (or designee as necessary)~~ shall initiate the time out.
- During the time-out, other activities shall be suspended, to the extent possible without compromising patient safety.
- When two or more procedures are being performed on the same patient, and the person performing the procedure changes, a time-out is performed to confirm each subsequent procedure before it is initiated.
- During the time-out, the team members will verbally acknowledge and agree on the following pre-induction/before incision:
 - A. Correct patient identity-
 - B. Correct site
 - C. ~~COVID-19 Status~~
 - D. The correct procedure to be done
 - E. ~~Monitors on and functioning~~ Procedure consent signed
 - F. Allergies
 - G. ~~Difficult Airway~~
 - H. ~~Risk of >500ml blood loss~~
 - I. ~~Surgical Team Introduction and Role~~
 - J. Antibiotics, if applicable
 - K. ~~Anticipated blood loss~~
 - L. ~~Implants~~
 - M. ~~Sterility confirmed~~
 - N. ~~Imaging displayed~~
 - O. Fire ~~Risk Score~~ risk assessment
 - 1. ~~A fire risk assessment should be completed and communicated to the entire perioperative team before the procedure.~~
 - 2. Fire risk assessment should include
 - a. fuels present
 - b. ignition sources that are present
 - c. potential for the presence of an oxygen enriched environment

- d. ~~specific types of fire extinguisher that is required based on the fuel and involvement of electrical and additional preventive measures that are required as determined by the location of the fire and fuel sources~~

P. Eye on the bovie, if applicable

- ~~The time and members involved will be documented in the patient record.~~
- When site marking is applicable, the mask must be visible to and verified by the provider. All must acknowledge that they see the mark.
- If movement or distraction occurs during the time-out process will re-start from the beginning.
- The circulator must document the time and members in the electronic medical record.
- When the same patient is having more than one procedure performed, the intal time out will include all anticipated procedures (with or without the subsequent providers present). The team will also perform a time out for each subsequent procedure.
- A **Debrief** is required at the end of the surgery verbally acknowledging:
 - A. Name of procedure confirmed
 - B. ~~instrument sponge and needle counts completed~~
 - C. ~~Specimens labled and confirmed~~
 - D. ~~Status of patient after recovery~~
 - E. Count completed and correct
 - F. Specimens labeled and confirmed
 - G. Estimated blood loss
 - H. Complications
 - I. Wound classification
 - J. Key concerns for recovery and patient management.

Disagreement in the Time Out

Disagreement in the Time Out:

Any individual involved in the time out is both encouraged and required to speak up if there is any conflicting or contradictory understanding of the information relayed during the time out. Should this occur, the following steps shall be taken:

- The treatment order, consent form, procedure schedule, and all other relevant information in the patient's record will be reviewed for concurrence.
- If able, the patient will be asked to confirm the intended procedure, side, and site.
- The procedure will not begin until all conflicting or contradictory information has been resolved.

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	08/2026

COPY



Origination 06/1988
Approved N/A
Effective Upon Approval
Last Revised 08/2026

Policy Area **Surgical Services**

Surgical Services- Nursing Assessment and Documentation of the Surgical Patient

Policy:

San Gorgonio Memorial Hospital nursing staff will observe the following guidelines for pre-op assessment. The nurse will collect data about the surgical patient through interviews, physical assessment, and evaluation of records to facilitate and individualize the patient care plan and continuity of care.

1. The patients scheduled for surgery will be assessed by a registered nurse prior to entering the surgical suite. Part of the assessment includes any laboratory, EKGs, Echo's and radiology tests ordered prior to surgery.
2. The patient's individualized needs/problems must be incorporated into the nursing record and the standard of care adjusted according to the identified needs.
3. Assessments may be initiated on Med/Surgical unit, ED, ICU, or the outpatient preoperative holding area and incorporated into the Perioperative Record. Individual patient's needs must be identified on nursing documents.

Responsibilities:

Nurse:

1. Will perform the patient interview using the Pre Admission Interview in the EMR to identify psychosocial and cultural needs of the patient.
2. Will perform a physical assessment of all major systems to identify physical limitations/ considerations of the patient.
3. Will document assessment findings on the Pre-Operative Assessment and Checklist and adjust the standard of care accordingly.
4. Will communicate assessment findings to the Health Care Team for continuity of care.

5. ~~RN Circulator will assess the patient intra-operatively and postoperatively to evaluate the effect of perioperative nursing care on the patient.~~

San Gorgonio Memorial Hospital surgical patients shall be assessed by a registered nurse (RN) for their physical, psychological and social needs. This process involves the collection and analysis of necessary data and making decisions for care based on that data. Reassessment is done to evaluate the care and the outcomes.

Procedure:

Preoperative Assessments:

1. ~~RN introduces self to patient by name and title. This allows patient to meet nurses who will provide care during the perioperative process; RN begins relationship with patient.~~
2. ~~The nurse will review the Pre-Operative Interview. The nurse will interview and assess the patient. The nurse will include the following areas in his/her assessment:~~
 - a. **Skin Condition**
 1. ~~Note any bruises, rashes, and lesions or discoloration of skin.~~
 2. ~~Note skin tone, color and temperature.~~
 3. ~~Ask the patient if he/she has any skin problems/bruises and/or previous incisions. Validate that this information is complete on the nursing database.~~
 - b. **Level of Consciousness/Orientation**
 1. ~~Assess mentation and orientation of the patient.~~
 2. ~~Record any history of neurological deficits or developmental disabilities.~~
 - c. **Sensory Status**
 1. ~~Identify any hearing, visual or tactile deficits.~~
 2. ~~Determine ability to communicate.~~
 3. ~~Identify language barriers.~~
 - d. **Cardiovascular Status**
 1. ~~Note arrhythmias, pulse changes or edema.~~
 2. ~~If an EKG has been completed, note EKG rhythm and rate on form.~~
 3. ~~Notify anesthesiologist of abnormal results.~~
 - e. **Respiratory Status**
 1. ~~Evaluate respiratory rate and rhythm.~~
 2. ~~Note rales or rhonchi on auscultation.~~
 3. ~~If oxygen is in use, document route and flow rate.~~
 4. ~~Review relevant respiratory history.~~

f. Renal Status

1. Note amount of fluid remaining in IV container (if in place prior to surgery).
2. Note color of urine. (Foley catheter collection bag should be emptied prior to sending the patient to surgery if in place prior to surgery.)
3. Dialysis information (access type, date & time last completed and if patient is able to void or not)

g. Identify Physical Limitations

1. Review history of previous surgeries or injuries.
2. Identify internal/external prosthesis or implants.
3. Document amputations.
4. Evaluate range of motion and any limitations.
5. Have patient move all extremities.

h. Knowledge/Anxiety Level

1. Determine patient's understanding of perioperative process and nursing care.
2. Evaluate anxiety level and adjust care accordingly.
3. Provide teaching as necessary.

Procedure:

1. RN identifies additional problems or needs of the patient on the Perioperative Record. The RN should individualize the plan of care to meet the specific needs of the patient.
2. RN determines Nursing Diagnosis/Problem List and identifies on Perioperative Record any additional problems identified. This list is the basis for perioperative care and outcome standards of patient.

Intraoperative Assessment:

1. RN documents patient's condition on the Perioperative Record during the intraoperative period:
 - a. Patient's position
 - b. Use of grounding device
 - c. Electrical equipment used
 - d. Maintenance of safety
 - e. Maintenance of asepsis
 - f. Change in patient's condition
 - g. Type of case
 - h. Any prosthesis implanted or ex-planted
 - i. fire risk score and interventions

- ~~j. time-out performed~~
- ~~k. The name and discipline of all individuals present in the OR suite during the procedure.~~
- ~~2. This provides an accurate method of tracking perioperative care during procedure. Care is altered according to patient's response.~~
- ~~3. An RN monitoring the patient during a procedure where a local anesthetic only is administered will note other physiologic changes and observations on the monitoring tool. (See "RN- Monitoring of the Local Anesthesia" Procedure for further details."~~

Pre-admission testing services (PATs):

- : The PATS RN calls the surgical patients to interview them and acquire the patient's health assessment, psychosocial and cultural needs. They will record their findings on the "Pre-op interview phone call" document in the electronic health care record (EHR).
- : The PATS RN will collect laboratory results, chest x-rays, EKGs, echocardiograms, etc., if ordered by the provider.
- : The PATS RN will communicate assessment findings to the anesthesia provider for further orders.
- : If the anesthesia provider needs additional health information, the PATS RN will communicate with the surgeon's office to acquire such information.

Pre-operative Assessments:

1. Upon admission to the pre-operative area, an initial assessment is performed by the RN.
2. The pre-operative checklist is initiated by the bedside RN.
3. The data obtained in the pre-operative check list and pre-operative assessment includes, but is not limited to:
 - : The proper identification of the patient
 - : The procedure to be performed and the provider performing the procedure
 - : Proper site and side identification and marking as appropriate
 - : allergies
 - : Functional status
 - : Psychological and social status
 - : Any ordered diagnostic test results
 - : History and Physical (H&P) present, written within the past 30 days, and an updated note addressing any changes in the physical condition of the patient or the absence of any physical change is placed on the chart prior to transport to the operating room (OR)
 - : Documentation of informed consent
 - : Blood consent or refusal if appropriate
 - : Glasses, contact lens, dentures, jewelry, hearing aids

- Presence of prostheses or implants
 - IV site, vital signs, pre-operative medication
 - Transport mode
 - Belonging list
4. Assessments may be initiated on Med/Surgical unit, ED, ICU, or the outpatient preoperative holding area and incorporated into the EHR. Individual patient's needs must be identified in nursing documentation.

Intraoperative Assessment:

1. The circulating nurse will validate the pre-operative check list as well as perform their own assessment.
2. The data obtained in the operative assessment should include, but is not limited to:
 - Identification and verification
 - Patient name, identification (ID) Band
 - Informed consent
 - Site
 - Emotional status
 - Orientation (awake, anxious, alert, drowsy, etc)
 - Sensory/communication limitations
 - Limitations: hearing, vision, mobility, etc.
 - Language
 - Risk of infection
 - Risk for injury
 - Allergies
 - Nothing by mouth (NPO) status
 - Skin condition prior to surgery
 - Presence of IV, Foley, Traction, etc.
 - Pregnancy results, if applicable
3. Reassessment is done post-operatively to determine whether the desired outcomes were met. The data obtained in the post-operative assessment should include, but is not limited to:
 - The patient is free from signs and symptoms of injury related to positioning, extraneous objects and equipment.
 - The patient's skin remained smooth, intact, non-reddened, non-irritated and free from bruising.
 - Musculoskeletal functions are maintained.

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	08/2026

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Origination 08/1994
Approved N/A
Effective Upon Approval
Last Revised 09/2026

Policy Area **Surgical Services**

Surgical Services- Pre-operative Assessment for Emergent Non-emergent and Other Invasive Procedures

Policy:

San Gorgonio Memorial Hospital ~~will provide~~ provides guidelines for a pre operative/procedural assessment ~~process~~ for all patients undergoing operative and other invasive procedures.

Definition:

EMERGENT:

~~Emergent~~ An emergent situation is ~~defined as a situation one~~ in which ~~a any~~ delay in ~~the~~ intervention may result in loss of life ~~or~~, permanent loss of function ~~of~~, or significant harm to an organ or body part.

Content and scope of appropriate assessment ~~-~~ emergent

- Patients undergoing emergent operative procedures ~~will have a written comprehensive note in the progress notes regarding~~ must receive an appropriate preoperative assessment based on the urgency and clinical condition of the patient's condition prior to the induction of anesthesia and the start of surgery. The electronic healthcare record must contain either:
 - A comprehensive assessment documented in the progress notes; or
 - A focused history and physical assessment completed prior to induction of anesthesia and initiation of the surgical procedure.
- The medical record shall also contain, but not limited to, the following, as applicable:
 - the ~~indications~~ indication for the procedure;
 - risks and benefits;
 - patient's medical history;
 - anesthetic history;

- ~~drug history,~~recreational use
- current physical status;
- available diagnostic data ~~available,~~
- ~~as well as the~~ patient's need for blood or blood components.

NON-EMERGENT:

~~Non~~A non-emergent situation is ~~defined as a situation~~one in which immediate intervention is not necessary. ~~Total, allowing sufficient time for a comprehensive~~ evaluation of the patient ~~for optimal outcome can be performed without jeopardizing~~and optimization of the patient's condition without jeopardizing the patient's life or the function of an organ or body ~~parts~~part.

Content and scope of appropriate assessment ~~-~~non-emergent

- Patients undergoing non-emergent ~~operative or invasive~~ procedures must have a comprehensive history and physical examination completed and documented prior to the procedure, as clinically appropriate. The assessment shall ~~have~~include, but not limited to:
 - ~~a history and physical examination,~~
 - chief complaint;
 - details of the present illness;
 - relevant past medical, social,~~surgical,~~ and family ~~histories,~~history
 - ~~as well as inventory by body systems.~~
 - recreational drug use
 - review of systems
 - current medications
 - allergies
 - medical, cardiac, etc. clearance as indicated by ~~anesthesiologist~~anesthesia provider
- The ~~medical~~healthcare record shall also contain ~~,~~, but not limited to:
 - the indications for the procedure;
 - risks and benefits;
 - ~~patient's medical history,~~
 - anesthetic history;
 - ~~and drug history,~~
 - ~~current physical status,~~
 - ~~diagnostic data available,~~
 - ~~as well as the~~ patient's need for blood or blood components.
 - Completed laboratory and diagnostic examinations.
- ~~Also required are any indicated and completed laboratory and x-ray examinations.~~All required assessments, diagnostic results, consultations, and clearances must be reviewed and approved by providers prior to the procedure, when applicable, to ensure the patient is

appropriately evaluated and optimized for operative care.

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	Pending
Policy & Procedure Committee	Gayle Freude: Director Med/ Surg/CM and SW and P&P Chairperson	10/2026
	Yubitza Castillo: Director of Surgical Services	09/2026

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TAB B

Piccolo Express Chemistry Analyzer

Recommendation to the District Board to sell the Piccolo Express Chemistry Analyzer.

- The Piccolo Express chemistry analyzer by Abaxis does glomerular filtration rate tests and basic chemistry tests. This analyzer was being used as a point of care analyzer in the ED. Due to the cost of reagents and the almost zero use by the ED, the analyzer was taken out of service last Spring.
- We have two new fully functional chemistry analyzers in lab that can perform all of the tests done by the Piccolo.
- Recently we found an interested buyer offering us \$1000.00.

TAB C

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Item for October 27, 2026, Finance Committee Board Meetings

Subject:

Approval for Declaration of surplus property - van.

Background:

With the closing of the Behavioral Health Clinic, we will no longer have a need for an additional (list below). This vehicle has been completely depreciated. The list below includes the Kelly Blue Book (KBB) value of the vehicle. It is our recommendation to either sell these vehicles for the estimated value as listed or to donate them to an organization such as Kars for Kids or a like not-for-profit organization.

Funding: N/A

Recommended Action:

1. **That the board approves the declaration of these Van as obsolete, and it is not in the best interest of the District to retain this equipment.**

Exhibit: Kelly Blue Book Valuation

Vehicle	Model	Year	VIN	Mileage	KBB Trade-in Value
Chevrolet	Astrovan	2004	1GNDM19X948102183	161696	\$2255 - \$3180

TAB D



**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA**

Unaudited Financial Statements

for

THREE MONTHS ENDING SEPTEMBER 30, 2026

FY 2027

Certification Statement:

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

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

Certified by:

Ryan Marshall

Ryan Marshall

10/16/2026

CFO

	2.58	2.75	OP Factor		2.52	2.74	3.01				2.81	
	Current Month				Year To Date				Prior Year			
	Actual	Budget	Units Var	% Var	Actual	Budget	Units Var	% Var	Month	% Growth	YTD	% Growth
Admissions	252	230	22	9.6%	715	688	27	3.9%	184	37.0%	605	18.2%
Adjusted Admissions	650	633	16	2.6%	1,803	1,888	(85)	-4.5%	554	17.2%	1,702	5.9%
Adjusted Patient Days	2,430	2,212	218	9.9%	7,766	6,609	1,157	17.5%	2,196	10.7%	6,389	21.6%
ALOS	3.74	3.49	(0.25)	-7.1%	4.31	3.50	(0.81)	-23.0%	3.96	5.6%	3.75	-14.8%
Total Surgeries	59	78	(19)	-24.4%	173	245	(72)	-29.4%	89	-33.7%	278	-37.8%
EBIDA	5,233	4,784	449	9.4%	1,786	888	898	101.1%	(1,966)	366.2%	(6,125)	129.2%
Normalized EBIDA [annualized Supplementals]	929	480	449	93.4%	2,382	1,484	898	60.5%	(321)	389.9%	(1,189)	300.4%
Net Operating Margin (%)	38.02%	36.04%	2.0%	5.5%	6.41%	3.38%	3.0%	89.7%	-29.56%	228.6%	-30.32%	121.1%
Normalized operating margin	6.75%	3.62%			8.55%	5.65%			-4.82%		-5.88%	
Net Coll. Rev per Adj. Adm.	9,629	9,188	441	4.8%	10,455	9,201	1,253	13.6%	9,787	-1.6%	10,217	2.3%
Uncollect Exp % Net Pat Rev	16.2%	19.5%	3.3%	17.0%	16.8%	19.5%	2.8%	14.1%	19.0%	15.0%	18.7%	10.2%

NORMALIZING ITEMS EBIDA:
\$2.45M = Rate Range \$11.6M, Other Supp \$15M, P4P/QIP \$2.9M
<\$6.76M> Supplemental DHDP received in month

	2.58	2.75	OP Factor		2.52	2.74			3.01		2.81	
	Current Month				Year To Date				Prior Year			
	Actual	Budget	Units Var	% Var	Actual	Budget	Units Var	% Var	Month	% Growth	YTD	% Growth
Paid FTE/AA												
Paid FTE/APD												
SWB/AA	7,371	7,730	360	4.7%	8,397	7,796	(601)	-7.7%	9,011	18.2%	9,169	8.4%
SWB/APD	1,970	2,212	242	10.9%	1,949	2,226	277	12.5%	2,274	13.4%	2,443	20.2%
Supply Exp per Adj. Adm.	1,337	1,480	144	9.7%	1,428	1,497	69	4.6%	1,954	31.6%	1,873	23.8%
OCE/NCE Per Adj. Adm	4,426	4,202	(225)	-5.3%	4,643	4,163	(480)	-11.5%	4,583	3.4%	4,425	-4.9%
Total Operating Expense Per Adj. Adm	13,134	13,412	278	2.1%	14,468	13,455	(1,013)	-7.5%	15,549	15.5%	15,467	6.5%
Contract Labor	298	231	(68)	-29.4%	1,055	686	(369)	-53.8%	292	-2.1%	841	-25.5%

San Gorgonio Memorial Hospital

Financial Report - Executive Summary – 10/16/26

For the Month and YTD Three Months Ended September 30, 2026 (Unaudited)

Unfavorable Variances Show as (Negatives)

Monthly Profit/Loss (EBIDA) Summary - Negative (comparison to Budget)

INCOME STATEMENT - CURRENT MONTH	September 2025 ACTUAL	September 2026 ACTUAL	VARIANCE September 2026 TO September 2025	PERCENTAGE VARIANCE September 2026 TO September 2025	September 2026 BUDGET	VARIANCE September 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE September 2026 ACTUAL TO BUDGET
NET INCOME	(2,228,571)	5,182,010	7,410,581	332.5%	4,740,348	441,662	-9.3%
EBIDA	(1,966,020)	5,232,960	7,198,980	366.2%	4,784,138	448,822	-9.4%

YTD Profit/Loss (EBIDA) Summary - Positive (comparison to Budget)

INCOME STATEMENT - 3 MONTHS YTD	September 2025 YTD ACTUAL	September 2026 YTD ACTUAL	YTD VARIANCE September 2026 TO September 2025	PERCENTAGE YTD VARIANCE September 2026 TO September 2025	September 2026 YTD BUDGET	VARIANCE September 2026 YTD ACTUAL TO BUDGET	PERCENTAGE YTD VARIANCE September 2026 ACTUAL TO BUDGET
NET INCOME	(6,663,435)	1,750,177	8,413,612	126.3%	559,027	1,191,150	-213.1%
EBIDA	(6,125,119)	1,785,597	7,910,716	129.2%	887,988	897,609	-101.1%

Items of Note:

- Inpatient Days, Adjusted Patient Days, and Outpatient Registrations continue above budget 29%, 11%, and 13% respectively.
- Surgeries and Newborn Deliveries were under budget.
- IEHP & Molina DHDP Supplemental funding received \$6.8M net of IGT.
- Other Items of Note are outlined in the Board Dashboard report.

Monthly Workloads – The following table illustrates the monthly Workload Units:

KEY WORKLOAD UNITS - CURRENT MONTH	September 2025 ACTUAL	September 2026 ACTUAL	PRIOR YEAR VARIANCE	PRIOR YEAR PERCENTAGE VARIANCE	September 2026 BUDGET	VARIANCE TO BUDGET	PER CENTAGE VARIANCE TO BUDGET
TOTAL ACUTE PATIENT DAYS	729	938	209	28.7%	804	134	16.7%
AVERAGE DAILY CENSUS	24.3	31.3	7.0	28.7%	26.8	4.5	16.7%
AVERAGE ACUTE LENGTH OF STAY	3.70	3.71	0.0	0.2%	3.50	0.21	6.1%
PATIENT DISCHARGES	197	253	56	28.4%	230	23	10.0%
ADJUSTED PATIENT DAYS	2,196	2,430	234	10.7%	2,212	218	9.9%
OBSERVATION COUNT	391	254	(137)	-35.0%	392	(138)	-35.2%
TOTAL EMERGENCY ROOM VISITS	3,573	3,578	5	0.1%	3,709	(131)	-3.5%
AVERAGE EMERGENCY VISITS PER DAY	119.1	119.3	0.2	0.1%	123.6	(4)	-3.5%
TOTAL SURGERIES (EXCLUDING G.I.'S)	89	59	(30)	-33.7%	78	(19)	-24.4%
DELIVERIES/BIRTHS	8	4	(4)	-50.0%	14	(10)	-71.4%
OUTPATIENT REGISTRATIONS (EXCLUDING EMERGENCY AND CLINIC)	498	564	66	13.3%	593	(29)	-4.9%
CASE MIX INDEX	1.5518	1.3453	(0.2064)	-13.3%	1.4884	(0.1431)	-9.6%

YTD Workloads – The following table illustrates the YTD Workload Units:

KEY WORKLOAD UNITS - YTD	September 2025 ACTUAL	September 2026 ACTUAL	PRIOR YEAR VARIANCE	PRIOR YEAR PERCENTAGE VARIANCE	September 2026 BUDGET	VARIANCE TO BUDGET	PER CENTAGE VARIANCE TO BUDGET
TOTAL ACUTE PATIENT DAYS	2,266	3,078	812	35.8%	2,411	667	27.7%
AVERAGE DAILY CENSUS	24.6	33.5	8.8	35.8%	26.2	7.3	27.7%
AVERAGE ACUTE LENGTH OF STAY	3.67	4.30	0.6	17.2%	3.50	0.79	22.7%
PATIENT DISCHARGES	618	716	98	15.9%	688	28	4.1%
ADJUSTED PATIENT DAYS	6,389	7,766	1,377	21.6%	6,609	1,157	17.5%
OBSERVATION COUNT	1,217	854	(363)	-29.8%	1,169	(315)	-26.9%
TOTAL EMERGENCY ROOM VISITS	10,756	10,623	(133)	-1.2%	11,065	(442)	-4.0%
AVERAGE EMERGENCY VISITS PER DAY	116.9	115.5	(1.4)	-1.2%	120.3	(5)	-4.0%
TOTAL SURGERIES (EXCLUDING G.I.'S)	278	173	(105)	-37.8%	245	(72)	-29.4%
DELIVERIES/BIRTHS	27	17	(10)	-37.0%	40	(23)	-57.5%
OUTPATIENT REGISTRATIONS (EXCLUDING EMERGENCY AND CLINIC)	1,662	2,015	353	21.2%	1,776	239	13.5%
CASE MIX INDEX	1.3234	1.2909	(0.0325)	-2.5%	1.4884	(0.1975)	-13.3%

Monthly Net Operating Revenues - Positive Variance

INCOME STATEMENT - CURRENT MONTH	September 2025 ACTUAL	September 2026 ACTUAL	VARIANCE September 2026 TO September 2025	PERCENTAGE VARIANCE September 2026 TO September 2025	September 2026 BUDGET	VARIANCE September 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE September 2026 ACTUAL TO BUDGET
NET OPERATING REVENUE	6,651,726	13,763,581	7,111,855	106.9%	13,274,895	488,686	3.7%
NET PATIENT REVENUE	5,424,079	6,254,447	830,368	15.3%	5,816,534	437,913	7.5%
GROSS REVENUE FROM PATIENT SERVICES	46,936,843	49,457,078	2,520,235	5.4%	50,938,725	(1,481,647)	-2.9%
TOTAL INPATIENT REVENUE	15,582,506	19,188,261	3,605,755	23.1%	18,506,683	681,578	3.7%
TOTAL OUTPATIENT REVENUE	31,354,337	30,268,817	(1,085,520)	-3.5%	32,432,042	(2,163,225)	-6.7%
DEDUCTIONS FROM REVENUE	(41,512,764)	(43,202,631)	(1,689,867)	4.1%	(45,122,191)	1,919,560	-4.3%
OTHER OPERATING REVENUE	1,227,647	7,509,134	6,281,487	511.7%	7,458,361	50,773	0.7%

YTD Net Operating Revenues - Positive Variance

INCOME STATEMENT - 3 MONTHS YTD	September 2025 YTD ACTUAL	September 2026 YTD ACTUAL	YTD VARIANCE September 2026 TO September 2025	PERCENTAGE YTD VARIANCE September 2026 TO September 2025	September 2026 YTD BUDGET	VARIANCE September 2026 YTD ACTUAL TO BUDGET	PERCENTAGE VARIANCE YTD September 2026 ACTUAL TO BUDGET
NET OPERATING REVENUE	20,201,113	27,865,399	7,664,286	37.9%	26,284,198	1,581,201	6.0%
NET PATIENT REVENUE	17,389,305	18,845,937	1,456,632	8.4%	17,367,645	1,478,292	8.5%
GROSS REVENUE FROM PATIENT SERVICES	146,468,861	153,190,851	6,721,990	4.6%	152,577,567	613,284	0.4%
TOTAL INPATIENT REVENUE	52,062,597	60,761,665	8,699,068	16.7%	55,614,957	5,146,708	9.3%
TOTAL OUTPATIENT REVENUE	94,406,264	92,429,186	(1,977,078)	-2.1%	96,962,610	(4,533,424)	-4.7%
DEDUCTIONS FROM REVENUE	(129,079,556)	(134,344,914)	(5,265,358)	4.1%	(135,209,922)	865,008	-0.6%
OTHER OPERATING REVENUE	2,811,808	9,019,462	6,207,654	220.8%	8,916,553	102,909	1.2%

Monthly Operating Expenses - Negative Variance

INCOME STATEMENT - CURRENT MONTH	September 2025 ACTUAL	September 2026 ACTUAL	VARIANCE September 2026 TO September 2025	PERCENTAGE VARIANCE September 2026 TO September 2025	September 2026 BUDGET	VARIANCE September 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE September 2026 ACTUAL TO BUDGET
TOTAL OPERATING EXPENSE	8,617,746	8,530,621	87,125	1.0%	8,490,757	(39,864)	-0.5%
TOTAL LABOR EXPENSE	4,994,490	4,787,517	206,973	4.1%	4,893,803	106,286	2.2%
WAGES	3,819,046	3,734,938	84,108	2.2%	3,803,985	69,047	1.8%
EMPLOYEE BENEFITS	883,246	754,291	128,955	14.6%	859,278	104,987	12.2%
CONTRACT LABOR	292,198	298,288	(6,090)	-2.1%	230,540	(67,748)	-29.4%
PHYSICIAN FEES	821,474	829,991	(8,517)	-1.0%	787,508	(42,483)	-5.4%
PURCHASED SERVICES	1,156,139	1,374,157	(218,018)	-18.9%	1,179,204	(194,953)	-16.5%
SUPPLY EXPENSE	1,082,947	868,208	214,739	19.8%	937,116	68,908	7.4%
UTILITIES	118,004	127,665	(9,661)	-8.2%	133,073	5,408	4.1%
REPAIRS AND MAINTENANCE	89,062	86,608	2,454	2.8%	83,054	(3,554)	-4.3%
INSURANCE	150,004	146,719	3,285	2.2%	159,220	12,501	7.9%
OTHER EXPENSES	128,515	277,908	(149,393)	-116.2%	276,597	(1,311)	-0.5%
LEASE AND RENTALS	77,111	31,848	45,263	58.7%	41,182	9,334	22.7%

Monthly Expense Items of Note:

- 1) Total Labor cost \$106K (2.2%) favorable successfully managing 11% higher APD, primarily due to improved benefit costs - \$54K 403B Matching forfeit from Vendor along with lower Group Health.
- 2) Purchased Services (\$194K) over budget primarily (\$103K) Service Agreement/Purchased Serv timing vs. budget monthly spread;
- 3) Physician Fees (\$42K) over budget, largely due to extra fees to cover OB call;
- 4) Supply Expense fav. \$70K reduced OR \$20K, Lab \$20K, Office Supplies \$18K & Pharmacy \$14K;
- 5) Other expenses favorable \$22K across Insurance \$13K & Lease/Rental \$9K.

YTD Operating Expenses - Negative Variance

INCOME STATEMENT - 3 MONTHS YTD	September 2025 YTD ACTUAL	September 2026 YTD ACTUAL	YTD VARIANCE September 2026 TO September 2025	PERCENTAGE YTD VARIANCE September 2026 TO September 2025	September 2026 YTD BUDGET	VARIANCE September 2026 YTD ACTUAL TO BUDGET	PERCENTAGE VARIANCE YTD September 2026 ACTUAL TO BUDGET
TOTAL OPERATING EXPENSE	26,326,232	26,079,802	246,430	0.9%	25,396,210	(683,592)	-2.7%
TOTAL LABOR EXPENSE	15,605,941	15,135,957	469,984	3.0%	14,714,140	(421,817)	-2.9%
WAGES	12,052,958	11,503,935	549,023	4.6%	11,448,145	(55,790)	-0.5%
EMPLOYEE BENEFITS	2,712,293	2,576,805	135,488	5.0%	2,579,686	2,881	0.1%
CONTRACT LABOR	840,690	1,055,217	(214,527)	-25.5%	686,309	(368,908)	-53.8%
PHYSICIAN FEES	2,308,112	2,552,707	(244,595)	-10.6%	2,362,524	(190,183)	-8.0%
PURCHASED SERVICES	3,406,984	3,959,157	(552,173)	-16.2%	3,495,712	(463,445)	-13.3%
SUPPLY EXPENSE	3,188,249	2,573,871	614,378	19.3%	2,824,649	250,778	8.9%
UTILITIES	384,402	373,621	10,781	2.8%	405,757	32,136	7.9%
REPAIRS AND MAINTENANCE	262,096	235,334	26,762	10.2%	248,879	13,545	5.4%
INSURANCE	598,176	636,887	(38,711)	-6.5%	674,389	37,502	5.6%
OTHER EXPENSES	310,400	499,242	(188,842)	-60.8%	546,614	47,372	8.7%
LEASE AND RENTALS	261,872	113,026	148,846	56.8%	123,546	10,520	8.5%

YTD Expense Items of Note

- 1) Labor Expense over budget (\$422K), 2.9% over budget, primarily contract expense for 21.6% higher APD with higher turnover;
- 2) Purchased Services over budget (\$463K) driven by \$230K Allscripts, \$90K Dialysis & \$100K Sept. timing.
- 3) Physician Fees over budget (\$190K) higher OB call coverage & Anesthesia.

Monthly Non-Operating Revenue, Depreciation, & Interest Exp. Positive Variances

INCOME STATEMENT - CURRENT MONTH	September 2025 ACTUAL	September 2026 ACTUAL	VARIANCE September 2026 TO September 2025	PERCENTAGE VARIANCE September 2026 TO September 2025	September 2026 BUDGET	VARIANCE September 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE September 2026 ACTUAL TO BUDGET
NON-OPERATING REVENUE & EXPENSE							
TOTAL NON-OPERATING REVENUE & EXPENSE	739,647	953,698	214,051	28.9%	1,007,810	(54,112)	-5.4%
OTHER NON-OPERATING REVENUE	93,238	110,636	17,398	18.7%	164,748	(54,112)	-32.8%
NON-OPERATING INTEREST INCOME	67,120	54,078	(13,042)	-19.4%	64,470	(10,392)	-16.1%
NON-OPERATING DONATIONS/GAIN ON SALE	26,118	56,558	30,440	116.5%	100,278	(43,720)	-43.6%
NON-OPERATING TAX REVENUE	646,409	661,580	15,171	2.3%	661,580	0	0.0%
EXTRAORDINARY REVENUE	0	181,482	181,482	0.0%	181,482	0	0.0%
		0	0				
TOTAL INTEREST & DEPRECIATION	1,002,198	1,004,648	(2,450)	-0.2%	1,051,600	46,952	4.5%
DEPRECIATION	484,719	463,038	21,681	4.5%	512,863	49,825	9.7%
INTEREST	517,479	541,610	(24,131)	-4.7%	538,737	(2,873)	-0.5%

No significant variances to report while YTD will run \$181K over from July audit CHFFA adjustment .

YTD Non-Operating Revenue, Depreciation, & Interest Expense Positive Variances

INCOME STATEMENT - 3 MONTHS YTD	September 2025 YTD ACTUAL	September 2026 YTD ACTUAL	YTD VARIANCE September 2026 TO September 2025	PERCENTAGE YTD VARIANCE September 2026 TO September 2025	September 2026 YTD BUDGET	VARIANCE YTD ACTUAL TO BUDGET	PERCENTAGE VARIANCE YTD September 2026 ACTUAL TO BUDGET
NON-OPERATING REVENUE & EXPENSE							
TOTAL NON-OPERATING REVENUE & EXPENSE	2,395,046	2,969,117	574,071	24.0%	2,841,948	127,169	4.5%
OTHER NON-OPERATING REVENUE	455,819	439,932	(15,887)	-3.5%	494,244	(54,312)	-11.0%
NON-OPERATING INTEREST INCOME	222,190	192,483	(29,707)	-13.4%	193,410	(927)	-0.5%
NON-OPERATING DONATIONS/GAIN ON SALE	233,629	247,449	13,820	5.9%	300,834	(53,385)	-17.7%
NON-OPERATING TAX REVENUE	1,939,227	1,984,740	45,513	2.3%	1,984,740	0	0.0%
EXTRAORDINARY REVENUE	0	544,445	544,445	0.0%	362,964	181,481	50.0%
		0	0				
TOTAL INTEREST & DEPRECIATION	2,933,362	3,004,537	(71,175)	-2.4%	3,170,909	166,372	5.2%
DEPRECIATION	1,400,617	1,391,769	8,848	0.6%	1,532,637	140,868	9.2%
INTEREST	1,532,745	1,612,768	(80,023)	-5.2%	1,638,272	25,504	1.6%

Balance Sheet/Cash Flow

Monthly Patient cash collections \$6.3M compared to \$7.1 in Aug and \$5.3M in July. DHDP Supplemental funding received \$8.7M offset by previous IGT portion \$6.7M operating revenue utilized to pay down LOC until 11/20 Rate Range IGT. Excess cash covenants require purchasing SLGS at 4% interest vs. 7% LOC interest.

Accounts Payable \$18.1M compared to \$17.4M prior month, driving A/P days 139 up from 136 prior month. The increase is largely due to the facility continued partnership with vendors on additional payment terms requesting net 60-day to meet payroll, November IGT \$3.1M payment & DHS repayment.

Other key changes in the Balance Sheet included:

- Assets - Other Current Assets decreased in Misc. Receivable for the \$3M IGT recognition along with normal Taxes Receivable activity.
- Liabilities – Primary change LOC reduction \$8.5M.

Positive takeaways:

- 1) Workload volumes, i.e. Patient Days, Adjusted Patient Days, and Outpatient Registrations were strong compared to budget and prior year.
- 2) EBIDA exceeded budget by \$449K & normalized Supplementals \$929K current month income.
- 3) Received IRS rejection to 3rd Quarter ERC funds, pending appeal which Think LLC states is taking up to two years
- 4) With Supplemental funding, repaid LOC for 1 month until \$8.5M IGT due in Nov (required due to excess cash bond covenants).

Negative/Challenging takeaways:

- 1) While contract labor has improved from trending, continued to exceed budget by \$68K.
- 2) Physician costs are over budget due to OB coverage requirements pending 12/31-unit closure.

SAN GORGONIO MEMORIAL HOSPITAL

NET ACCOUNTS RECEIVABLE (000'S)

\$20,000

\$10,000

\$0

Accounts Receivable
- Net (000's)

FYE 22/23

FYE 23/24

FYE 24/25

FYE 25/26

26-Jul

26-Aug

26-Sep

\$12,177

\$9,681

\$9,006

\$10,573

\$11,085

\$10,516

\$10,581

AVE. DAYS OF COLLECTIONS IN NET A/R

80

60

40

20

0

A/R Days - Net

FYE 22/23

FYE 23/24

FYE 24/25

FYE 25/26

26-Jul

26-Aug

26-Sep

73

58

51.4

57.5

56.5

53.5

53.7

ACCOUNTS PAYABLE (000'S)

\$20,000

\$10,000

\$0

Accounts Payable
(000's)

FYE 22/23

FYE 23/24

FYE 24/25

FYE 25/26

26-Jul

26-Aug

26-Sep

\$11,279

\$8,181

\$14,642

\$12,069

\$14,664

\$17,424

\$18,107

AVERAGE DAYS IN ACCOUNTS PAYABLE

200

100

0

Accounts
Payable Days

FYE 22/23

FYE 23/24

FYE 24/25

FYE 25/26

26-Jul

26-Aug

26-Sep

121

88

129

101

119

136

139

	A	B	O	AP	BC	BP	BQ	BR	BS
1		SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA					07/31/26	08/31/26	09/30/26
2									
3			FYE 22/23	FYE 23/24	FYE 24/25	FYE 25/26	FYE 26/27	FYE 26/27	FYE 26/27
4			12	12	12	12			
5			MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	JULY	AUG	SEP
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1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL																NOTE: UNFAVORABLE VARIANCES SHOW AS NEGATIVES	
	INCOME STATEMENT - CURRENT MONTH								September 2025 ACTUAL	September 2026 ACTUAL	VARIANCE September 2026 TO September 2025	PERCENTAGE VARIANCE September 2026 TO September 2025		September 2026 BUDGET	VARIANCE September 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE September 2026 ACTUAL TO BUDGET		
2																		
3	NET INCOME								(2,228,571)	5,182,010	7,410,581	332.5%		4,740,348	441,662	-9.3%		
4	EBIDA								(1,966,020)	5,232,960	7,198,980	366.2%		4,784,138	448,822	-9.4%		
5																		
6	NET OPERATING REVENUE								6,651,726	13,763,581	7,111,855	106.9%		13,274,895	488,686	3.7%		
7	NET PATIENT REVENUE								5,424,079	6,254,447	830,368	15.3%		5,816,534	437,913	7.5%		
8	GROSS REVENUE FROM PATIENT SERVICES								46,936,843	49,457,078	2,520,235	5.4%		50,938,725	(1,481,647)	-2.9%		
9	TOTAL INPATIENT REVENUE								15,582,506	19,188,261	3,605,755	23.1%		18,506,683	681,578	3.7%		
10	TOTAL OUTPATIENT REVENUE								31,354,337	30,268,817	(1,085,520)	-3.5%		32,432,042	(2,163,225)	-6.7%		
11	DEDUCTIONS FROM REVENUE								(41,512,764)	(43,202,631)	(1,689,867)	4.1%		(45,122,191)	1,919,560	-4.3%		
12	OTHER OPERATING REVENUE								1,227,647	7,509,134	6,281,487	511.7%		7,458,361	50,773	0.7%		
13	OTHER REVENUE - RATE RANGE								0	0	0	0.0%		0	0	0.0%		
14	OTHER REVENUE - OTHER SUPPLEMENTALS								0	6,753,742	6,753,742	0.0%		6,757,212	(3,470)	-0.1%		
15	OTHER REVENUE - DSH								0	0	0	0.0%		0	0	0.0%		
16	OTHER REVENUE - P4P								438,116	0	(438,116)	-100.0%		0	0	0.0%		
17	OTHER REVENUE - OTHER								255,151	206,722	(48,429)	-19.0%		180,816	25,906	14.3%		
18	OPERATING TAX REVENUES								534,380	548,670	14,290	2.7%		520,333	28,337	5.4%		
19																		
20	TOTAL OPERATING EXPENSE								8,617,746	8,530,621	87,125	1.0%		8,490,757	(39,864)	-0.5%		
21	TOTAL LABOR EXPENSE								4,994,490	4,787,517	206,973	4.1%		4,893,803	106,286	2.2%		
22	WAGES								3,819,046	3,734,938	84,108	2.2%		3,803,985	69,047	1.8%		
23	EMPLOYEE BENEFITS								883,246	754,291	128,955	14.6%		859,278	104,987	12.2%		
24	CONTRACT LABOR								292,198	298,288	(6,090)	-2.1%		230,540	(67,748)	-29.4%		
25	PHYSICIAN FEES								821,474	829,991	(8,517)	-1.0%		787,508	(42,483)	-5.4%		
26	PURCHASED SERVICES								1,156,139	1,374,157	(218,018)	-18.9%		1,179,204	(194,953)	-16.5%		
27	SUPPLY EXPENSE								1,082,947	868,208	214,739	19.8%		937,116	68,908	7.4%		
28	UTILITIES								118,004	127,665	(9,661)	-8.2%		133,073	5,408	4.1%		
29	REPAIRS AND MAINTENANCE								89,062	86,608	2,454	2.8%		83,054	(3,554)	-4.3%		
30	INSURANCE								150,004	146,719	3,285	2.2%		159,220	12,501	7.9%		
31	OTHER EXPENSES								128,515	277,908	(149,393)	-116.2%		276,597	(1,311)	-0.5%		
32	LEASE AND RENTALS								77,111	31,848	45,263	58.7%		41,182	9,334	22.7%		
33																		
34	NON-OPERATING REVENUE & EXPENSE																	
35	TOTAL NON-OPERATING REVENUE & EXPENSE								739,647	953,698	214,051	28.9%		1,007,810	(54,112)	-5.4%		
36	OTHER NON-OPERATING REVENUE								93,238	110,636	17,398	18.7%		164,748	(54,112)	-32.8%		
37	NON-OPERATING INTEREST INCOME								67,120	54,078	(13,042)	-19.4%		64,470	(10,392)	-16.1%		
38	NON-OPERATING DONATIONS/GAIN ON SALE								26,118	56,558	30,440	116.5%		100,278	(43,720)	-43.6%		
39	NON-OPERATING TAX REVENUE								646,409	661,580	15,171	2.3%		661,580	0	0.0%		
40	EXTRAORDINARY REVENUE								0	181,482	181,482	0.0%		181,482	0	0.0%		
41											0							
42	TOTAL INTEREST & DEPRECIATION								1,002,198	1,004,648	(2,450)	-0.2%		1,051,600	46,952	4.5%		
43	DEPRECIATION								484,719	463,038	21,681	4.5%		512,863	49,825	9.7%		
44	INTEREST								517,479	541,610	(24,131)	-4.7%		538,737	(2,873)	-0.5%		
45																		
46	Page 8																	

	A	B	C	D	E	F	G	H	J	K	L	M	N	O	P	Q		
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL																NOTE: UNFAVORABLE VARIANCES SHOW AS NEGATIVES	
	INCOME STATEMENT - 3 MONTHS YTD							September 2025 YTD ACTUAL	September 2026 YTD ACTUAL	YTD VARIANCE September 2026 TO September 2025	PERCENTAGE YTD VARIANCE September 2026 TO September 2025		September 2026 YTD BUDGET	VARIANCE September 2026 YTD ACTUAL TO BUDGET	PERCENTAGE VARIANCE YTD September 2026 ACTUAL TO BUDGET			
2																		
3	NET INCOME							(6,663,435)	1,750,177	8,413,612	126.3%		559,027	1,191,150	-213.1%			
4	EBIDA							(6,125,119)	1,785,597	7,910,716	129.2%		887,988	897,609	-101.1%			
5																		
6	NET OPERATING REVENUE							20,201,113	27,865,399	7,664,286	37.9%		26,284,198	1,581,201	6.0%			
7	NET PATIENT REVENUE							17,389,305	18,845,937	1,456,632	8.4%		17,367,645	1,478,292	8.5%			
8	GROSS REVENUE FROM PATIENT SERVICES							146,468,861	153,190,851	6,721,990	4.6%		152,577,567	613,284	0.4%			
9	TOTAL INPATIENT REVENUE							52,062,597	60,761,665	8,699,068	16.7%		55,614,957	5,146,708	9.3%			
10	TOTAL OUTPATIENT REVENUE							94,406,264	92,429,186	(1,977,078)	-2.1%		96,962,610	(4,533,424)	-4.7%			
11	DEDUCTIONS FROM REVENUE							(129,079,556)	(134,344,914)	(5,265,358)	4.1%		(135,209,922)	865,008	-0.6%			
12	OTHER OPERATING REVENUE							2,811,808	9,019,462	6,207,654	220.8%		8,916,553	102,909	1.2%			
13	OTHER REVENUE - RATE RANGE							0	0	0	0.0%		0	0	0.0%			
14	OTHER REVENUE - OTHER SUPPLEMENTALS							0	6,754,427	6,754,427	0.0%		6,757,212	(2,785)	0.0%			
15	OTHER REVENUE - DSH							47,902	57,427	9,525	19.9%		57,427	0	0.0%			
16	OTHER REVENUE - P4P							438,116	75	(438,041)	-100.0%		0	75	0.0%			
17	OTHER REVENUE - OTHER							722,650	646,535	(76,115)	-10.5%		540,915	105,620	19.5%			
18	OPERATNG TAX REVENUES							1,603,140	1,560,998	(42,142)	-2.6%		1,560,999	(1)	0.0%			
19																		
20	TOTAL OPERATING EXPENSE							26,326,232	26,079,802	246,430	0.9%		25,396,210	(683,592)	-2.7%			
21	TOTAL LABOR EXPENSE							15,605,941	15,135,957	469,984	3.0%		14,714,140	(421,817)	-2.9%			
22	WAGES							12,052,958	11,503,935	549,023	4.6%		11,448,145	(55,790)	-0.5%			
23	EMPLOYEE BENEFITS							2,712,293	2,576,805	135,488	5.0%		2,579,686	2,881	0.1%			
24	CONTRACT LABOR							840,690	1,055,217	(214,527)	-25.5%		686,309	(368,908)	-53.8%			
25	PHYSICIAN FEES							2,308,112	2,552,707	(244,595)	-10.6%		2,362,524	(190,183)	-8.0%			
26	PURCHASED SERVICES							3,406,984	3,959,157	(552,173)	-16.2%		3,495,712	(463,445)	-13.3%			
27	SUPPLY EXPENSE							3,188,249	2,573,871	614,378	19.3%		2,824,649	250,778	8.9%			
28	UTILITIES							384,402	373,621	10,781	2.8%		405,757	32,136	7.9%			
29	REPAIRS AND MAINTENANCE							262,096	235,334	26,762	10.2%		248,879	13,545	5.4%			
30	INSURANCE							598,176	636,887	(38,711)	-6.5%		674,389	37,502	5.6%			
31	OTHER EXPENSES							310,400	499,242	(188,842)	-60.8%		546,614	47,372	8.7%			
32	LEASE AND RENTALS							261,872	113,026	148,846	56.8%		123,546	10,520	8.5%			
33																		
34	NON-OPERATING REVENUE & EXPENSE																	
35	TOTAL NON-OPERATING REVENUE & EXPENSE							2,395,046	2,969,117	574,071	24.0%		2,841,948	127,169	4.5%			
36	OTHER NON-OPERATING REVENUE							455,819	439,932	(15,887)	-3.5%		494,244	(54,312)	-11.0%			
37	NON-OPERATING INTEREST INCOME							222,190	192,483	(29,707)	-13.4%		193,410	(927)	-0.5%			
38	NON-OPERATING DONATIONS/GAIN ON SALE							233,629	247,449	13,820	5.9%		300,834	(53,385)	-17.7%			
39	NON-OPERATING TAX REVENUE							1,939,227	1,984,740	45,513	2.3%		1,984,740	0	0.0%			
40	EXTRAORDINARY REVENUE							0	544,445	544,445	0.0%		362,964	181,481	50.0%			
41										0								
42	TOTAL INTEREST & DEPRECIATION							2,933,362	3,004,537	(71,175)	-2.4%		3,170,909	166,372	5.2%			
43	DEPRECIATION							1,400,617	1,391,769	8,848	0.6%		1,532,637	140,868	9.2%			
44	INTEREST							1,532,745	1,612,768	(80,023)	-5.2%		1,638,272	25,504	1.6%			
45																		
46	Page 9																	

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL (2026 Amounts are Unaudited)												
2	BALANCE SHEET							PY Ending Balance Jun 26 ACT	Jul 26 Act	Aug 26 Act	Sep 26 Act	VARIANCE to Prior Month	
3													
4	** TOTAL ASSETS							106,741,457	107,551,722	105,303,236	102,044,404	(3,258,832)	
5	CURRENT ASSETS							12,812,492	14,052,797	19,178,949	16,419,617	(2,759,332)	
6	CASH & EQUIVALENTS							5,903,129	4,575,692	6,825,146	5,715,739	(1,109,407)	
7	NET PATIENT ACCOUNTS RECEIVABLE							10,573,335	11,085,422	10,515,901	10,580,970	65,069	
8	HOSPITAL ACCOUNTS RECEIVABLE							101,090,171	107,780,275	102,549,972	103,668,390	1,118,418	
9	LESS: DEDUCTIONS AND BAD DEBT ALLOWANCES							(90,516,836)	(96,694,853)	(92,034,071)	(93,087,420)	(1,053,349)	
10	OTHER CURRENT ASSETS							(3,663,972)	(1,608,317)	1,837,902	122,908	(1,714,994)	
11	TAXES RECEIVABLE							471,664	1,611,912	2,335,487	3,545,737	1,210,250	
12	MISC RECEIVABLE							(5,161,996)	(4,801,976)	(2,003,209)	(4,905,275)	(2,902,066)	
13	DUE FROM 3RD PARTIES							(1,193,168)	(1,193,209)	(1,193,250)	(1,213,871)	(20,621)	
14	INVENTORIES							1,887,012	1,917,942	1,953,274	2,035,519	82,245	
15	PREPAID EXPENSES							332,516	857,014	745,600	660,798	(84,802)	
16													
17	ASSETS WHICH USE IS LIMITED							21,213,078	21,214,597	14,370,611	14,408,318	37,707	
18	NET PROPERTY, PLANT, AND EQUIPMENT							71,410,815	70,982,614	70,455,319	69,921,470	(533,849)	
19	PROPERTY, PLANT, AND EQUIPMENT							176,041,676	176,074,738	176,025,606	175,959,601	(66,005)	
20	LAND & LAND IMPROVEMENTS							8,091,366	8,091,366	8,091,366	8,091,366	0	
21	BUILDINGS & BUILDING IMPROVEMENTS							119,440,724	119,440,724	119,440,724	119,440,724	0	
22	FIXED EQUIPMENT							47,070,290	47,101,552	47,048,988	46,982,983	(66,005)	
23	CONSTRUCTION IN PROGRESS							1,439,296	1,441,096	1,444,528	1,444,528	0	
24	LESS: ACCUMULATED DEPRECIATION							(104,630,861)	(105,092,124)	(105,570,287)	(106,038,131)	(467,844)	
25	OTHER ASSETS							1,305,072	1,301,714	1,298,357	1,294,999	(3,358)	
26													
27	TOTAL LIABILITIES & FUND BALANCE							106,741,504	107,551,738	105,303,256	102,044,424	(3,258,832)	
28	TOTAL LIABILITIES							145,422,167	149,226,056	148,652,253	140,002,816	(8,649,437)	
29	CURRENT LIABILITIES							38,353,773	42,209,757	46,481,113	38,065,369	(8,415,744)	
30	ACCOUNTS PAYABLE							11,631,707	14,663,906	17,423,853	18,072,480	648,627	
31	PAYROLL PAYABLES							4,742,514	5,122,804	5,550,741	5,578,913	28,172	
32	SALARIES & WAGES PAYABLE							1,713,662	1,824,804	2,221,814	2,262,477	40,663	
33	PAYROLL TAXES & DEDUCTIONS PAYABLE							0	250,203	328,882	443,478	114,596	
34	ACCRUED PTO & SICK DAYS PAYABLE							3,028,852	3,047,797	3,000,045	2,872,958	(127,087)	
35	LINE OF CREDIT							15,025,311	15,118,956	16,716,681	7,997,510	(8,719,171)	
36	OTHER CURRENT LIABILITIES							6,954,241	7,304,091	6,789,838	6,416,466	(373,372)	
37	ACCRUED INTEREST PAYABLE							1,832,952	2,206,797	618,571	992,415	373,844	
38	OTHER CURRENT LIABILITIES							667,731	643,736	1,382,709	635,493	(747,216)	
39	DEBT - CURRENT							4,453,558	4,453,558	4,788,558	4,788,558	0	
40													
41	LONG TERM LIABILITIES							107,068,394	107,016,299	102,171,140	101,937,447	(233,693)	
42													
43	NET ASSETS							(38,680,663)	(41,674,318)	(43,348,997)	(37,958,392)	5,390,605	
44	NET ASSETS - UNRESTRICTED							(38,680,663)	(41,674,318)	(43,348,997)	(37,958,392)	5,390,605	
45	NET ASSETS - BEGINNING OF PERIOD							(31,286,834)	(39,917,163)	(39,917,164)	(39,917,164)	0	
46	CURRENT YEAR NET GAIN/(LOSS)							(7,393,829)	(1,757,155)	(3,431,833)	1,958,772	5,390,605	
47													
48	** Slight variances due to "rounding"												
49									Page 10				

	B	C	D	E	F	G	H
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL						
2						(UNAUDITED)	(UNAUDITED)
3	Note: These amounts do not include General Obligation Bonds Taxes & Payments					Current Month	Y-T-D
4						9/30/2026	9/30/2026
5	BEGINNING CASH BALANCES						
6	Cash: Beginning Balances- Hospital					\$ 6,782,992	\$ 5,880,784
7	Cash: Beginning Balances- District					\$ 42,154	\$ 22,345
8	Cash: Beginning Balances Totals					\$ 6,825,146	\$ 5,903,129
9							
10	Receipts						
11	Patient Collections					\$ 6,329,950	\$ 18,782,770
12	Tax Subsidies/Measure D/Prop 13					548,670	\$ 1,560,998
13	Misc Tax Subsidies					-	\$ -
14	Donations/Grants/Loans					56,558	\$ 247,449
15	Supplemental Funding (Rate Range, Etc.)					6,753,742	\$ 6,754,502
16	Draws/(Paydown) of LOC Balances					(8,000,000)	\$ (8,000,000)
17	Other Revenues/Receipts/Transfers					206,764	\$ 646,577
18	TOTAL RECEIPTS					\$ 5,895,684	\$ 19,992,296
19							
20	Disbursements						
21	Wages, Benefits, & Contract Labor					\$ 4,787,517	\$ 15,135,957
22	Other Operating Costs					3,743,104	\$ 11,091,008
23	Capital Spending					(66,005)	\$ (152,462)
24	Debt Service Payments (Excl.G/O Bonds)						\$ -
25	Other - Changes in A/P, IGT's, Other Rcvbls, Etc.					(1,459,568)	\$ (5,894,859)
26	TOTAL DISBURSEMENTS					\$ 7,005,049	\$ 20,179,644
27							
28	TOTAL CHANGE in CASH					\$ (1,109,365)	\$ (187,348)
29							
30	ENDING CASH BALANCES						
31	Ending Balances- Hospital					\$ 5,681,532	\$ 5,681,532
32	Ending Balances- District					34,249	34,249
33	Ending Balances- Totals					\$ 5,715,781	\$ 5,715,781
34							
35							
36							
37	LOC Current Balances					\$ 8,500,005	\$ 8,500,005
38	10/16/2026						
39							
40							

	A	B	C	D	E	F	G	H	J	K	L	M	N	O	P
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT														
2	INCOME STATEMENT - CURRENT MONTH								August 2026 BUDGET	August 2026 ACTUAL	BUDGET VARIANCE		YTD August 2026 BUDGET	YTD August 2026 ACTUAL	YTD BUDGET VARIANCE
3	NET INCOME								451,936	432,588	(19,348)		1,164,979	1,414,614	249,635
4	EBIDA								328,706	330,133	1,427		986,355	1,000,831	14,476
5															
6	OTHER OPERATING REVENUE								540,039	562,297	(22,258)		1,620,117	1,606,508	13,609
7	OTHER REVENUE - OTHER								19,706	13,627	(6,079)		59,118	45,510	(13,608)
8	OPERATNG TAX REVENUES								520,333	548,670	28,337		1,560,999	1,560,998	(1)
9	703232 - OPERATING REVENUE TAX REVENUE MH.								247,589	265,959	18,370		742,767	742,765	(2)
10	703533 - OTHER REVENUE PROP 13								272,744	282,711	9,967		818,232	818,233	1
11															
12	TOTAL OPERATING EXPENSE								211,333	232,164	(20,831)		633,762	605,677	28,085
13	TOTAL LABOR EXPENSE								0	0	0		0	0	0
14	PROFESSIONAL FEES								204,488	220,567	16,079		613,464	583,921	(29,543)
15	601922 - CONSULTING FEES								4,084	0	4,084		12,252	0	12,252
16	601923 - LEGAL FEES								35,000	53,966	(18,966)		105,000	84,066	20,934
17	601926 - OTHER CONTRACT SERVICES								0	0	0		0	0	0
18	601962 - GROUND PURCHASED SERVICES								3,510	3,165	345		10,530	10,235	295
19	601966 - OTHER PURCHASED SERVICES								234	434	(200)		702	853	(151)
20	601967 - SERVICE AGREEMENTS								49,937	49,937	0		149,811	149,811	0
21	601969 - PURCHASED SERVICES								111,723	113,065	(1,342)		335,169	338,956	(3,787)
22	SUPPLY EXPENSE								0	0	0		0	0	0
23	OTHER EXPENSES								6,845	11,597	4,752		20,298	21,756	1,458
24	602177 - ELECTRICITY								489	273	216		1,441	809	632
25	602179 - WATER								4,267	11,324	(7,057)		12,590	19,447	(6,857)
26	602470 - FREIGHT SALES TAX								0	0	0		0	0	0
27	602472 - ELECTION FEES								0	0	0		0	0	0
28	602489 - ENTERTAINMENT								0	0	0		0	0	0
29	602490 - OTHER EXPENSES								2,089	0	2,089		6,267	1,500	4,767
30															
31	NON-OPERATING REVENUE & EXPENSE								996,083	942,695	(53,388)		2,806,767	2,937,158	130,391
32	OTHER NON-OPERATING REVENUE								153,021	99,633	(53,388)		459,063	407,973	(51,090)
33	703098 - NON-OPERATING INTEREST INCOME								52,743	43,075	9,668		158,229	160,524	(2,295)
34	903031 - NON-OPERATING DONATIONS/GAIN ON SALE								100,278	56,558	43,720		300,834	247,449	53,385
35															
36	NON-OPERATING TAX REVENUE								661,580	661,580	0		1,984,740	1,984,740	0
37	EXTRAORDINARY REVENUE								181,482	181,482	0		362,964	544,445	181,481
38											0				0
39	TOTAL INTEREST & DEPRECIATION								871,086	840,240	30,846		2,628,143	2,523,375	104,768
40	DEPRECIATION								510,879	463,038	47,841		1,532,637	1,391,769	140,868
41	INTEREST & AMORTIZATION								360,207	377,202	(16,995)		1,095,506	1,131,606	(36,100)
42															
43	Page 12														

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT ONLY (2026 Amounts are Unaudited)												
	BALANCE SHEET								PY Ending Balance Jun 26 ACT	Jul 26 Act	Aug 26 Act	Sep 26 Act	VARIANCE to Prior Month
2													
3													
4	** TOTAL ASSETS								92,792,197	93,577,532	89,945,477	87,744,633	(2,200,844)
5	CURRENT ASSETS								539,199	1,669,381	5,459,701	3,705,448	(1,754,253)
6	CASH & EQUIVALENTS								22,345	37,469	42,154	34,249	(7,905)
7	OTHER CURRENT ASSETS								516,854	1,631,912	5,417,547	3,671,199	(1,746,348)
8	TAXES RECEIVABLE								496,854	1,611,912	2,335,487	3,545,737	1,210,250
9	MISC RECEIVABLE								0	0	3,062,060	105,462	(2,956,598)
10	PREPAID EXPENSES								20,000	20,000	20,000	20,000	0
11													
12	ASSETS WHICH USE IS LIMITED								21,171,969	21,166,573	14,321,521	14,354,766	33,245
13	NET PROPERTY, PLANT, AND EQUIPMENT								70,636,972	70,196,837	69,726,913	69,250,435	(476,478)
14	PROPERTY, PLANT, AND EQUIPMENT								174,076,436	174,091,676	174,095,108	174,081,668	(13,440)
15	LAND & LAND IMPROVEMENTS								8,091,366	8,091,366	8,091,366	8,091,366	0
16	BUILDINGS & BUILDING IMPROVEMENTS								119,440,724	119,440,724	119,440,724	119,440,724	0
17	FIXED EQUIPMENT								45,105,050	45,118,490	45,118,490	45,105,050	(13,440)
18	CONSTRUCTION IN PROGRESS								1,439,296	1,441,096	1,444,528	1,444,528	0
19	LESS: ACCUMULATED DEPRECIATION								(103,439,464)	(103,894,839)	(104,368,195)	(104,831,233)	(463,038)
20	OTHER ASSETS								444,057	544,741	437,342	433,984	(3,358)
21													
22	TOTAL LIABILITIES & FUND BALANCE								92,792,175	93,577,534	89,945,480	87,744,637	(2,200,843)
23	TOTAL LIABILITIES								128,992,331	129,369,611	125,091,680	116,931,517	(8,160,163)
24	CURRENT LIABILITES								22,113,884	22,513,599	23,051,066	15,094,819	(7,956,247)
25	ACCOUNTS PAYABLE								827,374	853,244	1,143,932	1,313,841	169,909
26	LINE OF CREDIT								15,000,000	15,000,000	16,500,005	8,000,005	(8,500,000)
27	OTHER CURRENT LIABILITIES								6,286,510	6,660,355	5,407,129	5,780,973	373,844
28	ACCRUED INTEREST PAYABLE								1,832,952	2,206,797	618,571	992,415	373,844
29	OTHER CURRENT LIABILITIES								0	0	0	0	0
30	DEBT - CURRENT								4,453,558	4,453,558	4,788,558	4,788,558	0
31													
32	LONG TERM LIABILITIES								106,878,447	106,856,012	102,040,614	101,836,698	(203,916)
33													
34	NET ASSETS								(36,200,156)	(35,792,077)	(35,146,200)	(29,186,880)	5,959,320
35	NET ASSETS - UNRESTRICTED								(36,200,156)	(35,792,077)	(35,146,200)	(29,186,880)	5,959,320
36	NET ASSETS - BEGINNING OF PERIOD								(43,670,992)	(36,251,974)	(36,128,226)	(30,601,494)	5,526,732
37	CURRENT YEAR NET GAIN/(LOSS)								7,470,836	459,897	982,026	1,414,614	432,588
38													
39	** Slight variances due to "rounding"												
40										Page 13			

STATISTICS

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

PRODUCTIVITY

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

BALANCE SHEET (Period End)

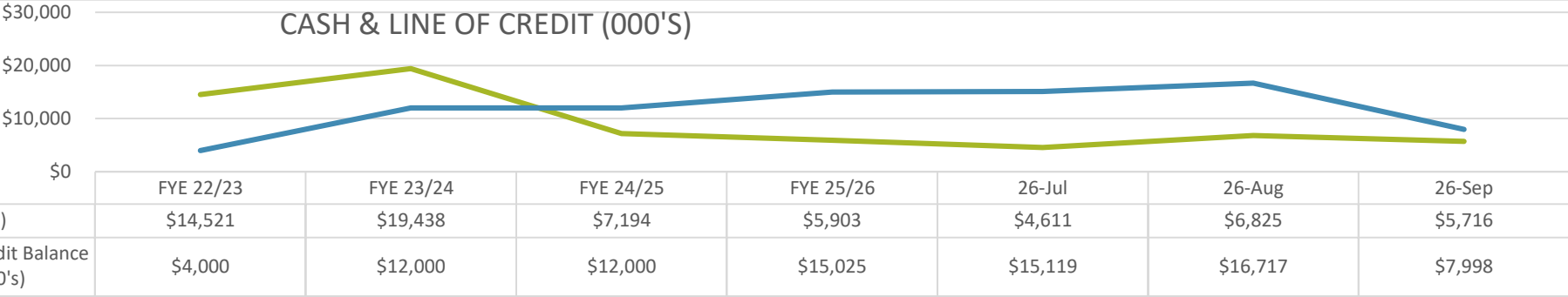
Cash (000's)	Represents all unrestricted cash in the bank at each month-end.
Days Cash on Hand	Calculated by dividing amount of Cash on Hand by the historical average daily amount of cash requirements to cover operating expenses.
Accounts Receivable - Net (000's)	Equals the sum of all (patient) accounts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

INCOME STATEMENT

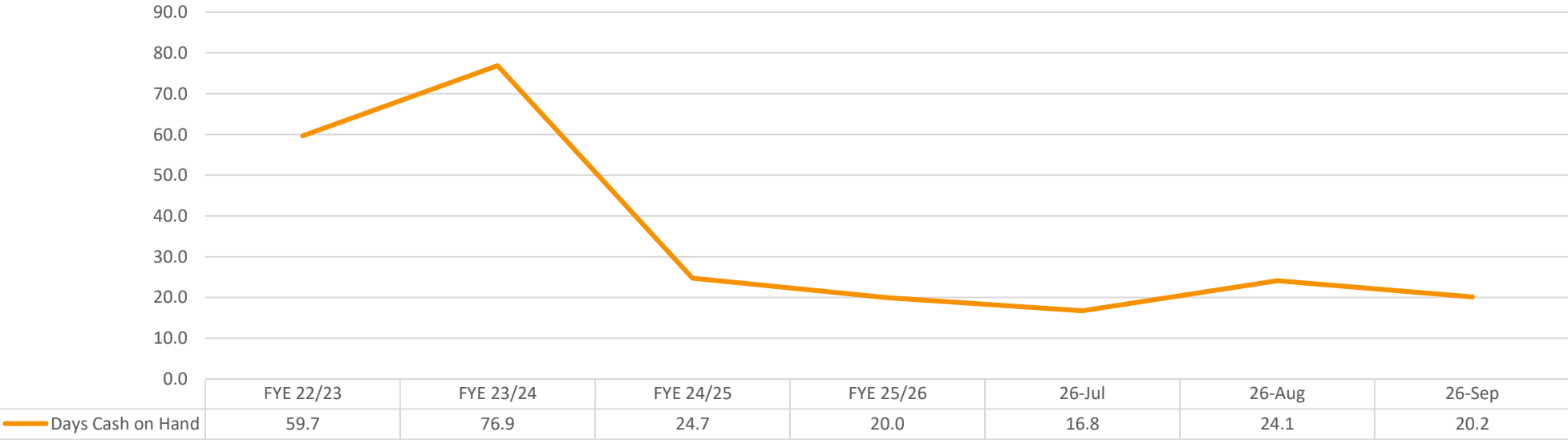
Gross Patient Revenue (000's) (Monthly Ave.)	Represents total charges (before discounts and allowances) made for all patient services provided.
Net Patient Revenue (NPR) (000's) (Monthly Ave.)	Equals the sum of all (patient) charges for services provided that are due to the hospital, less estimated adjustments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

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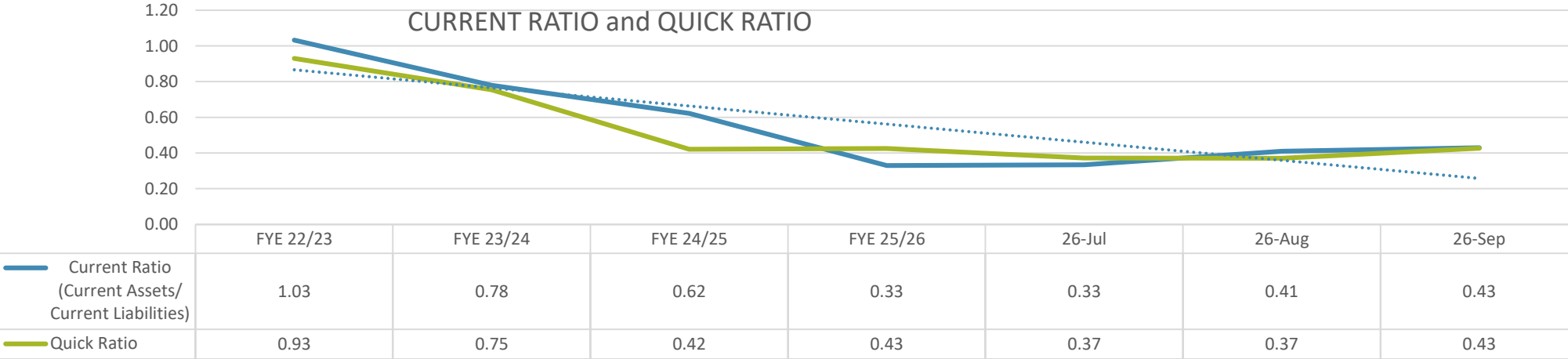
CASH & LINE OF CREDIT (000'S)



AVERAGE DAYS CASH ON HAND

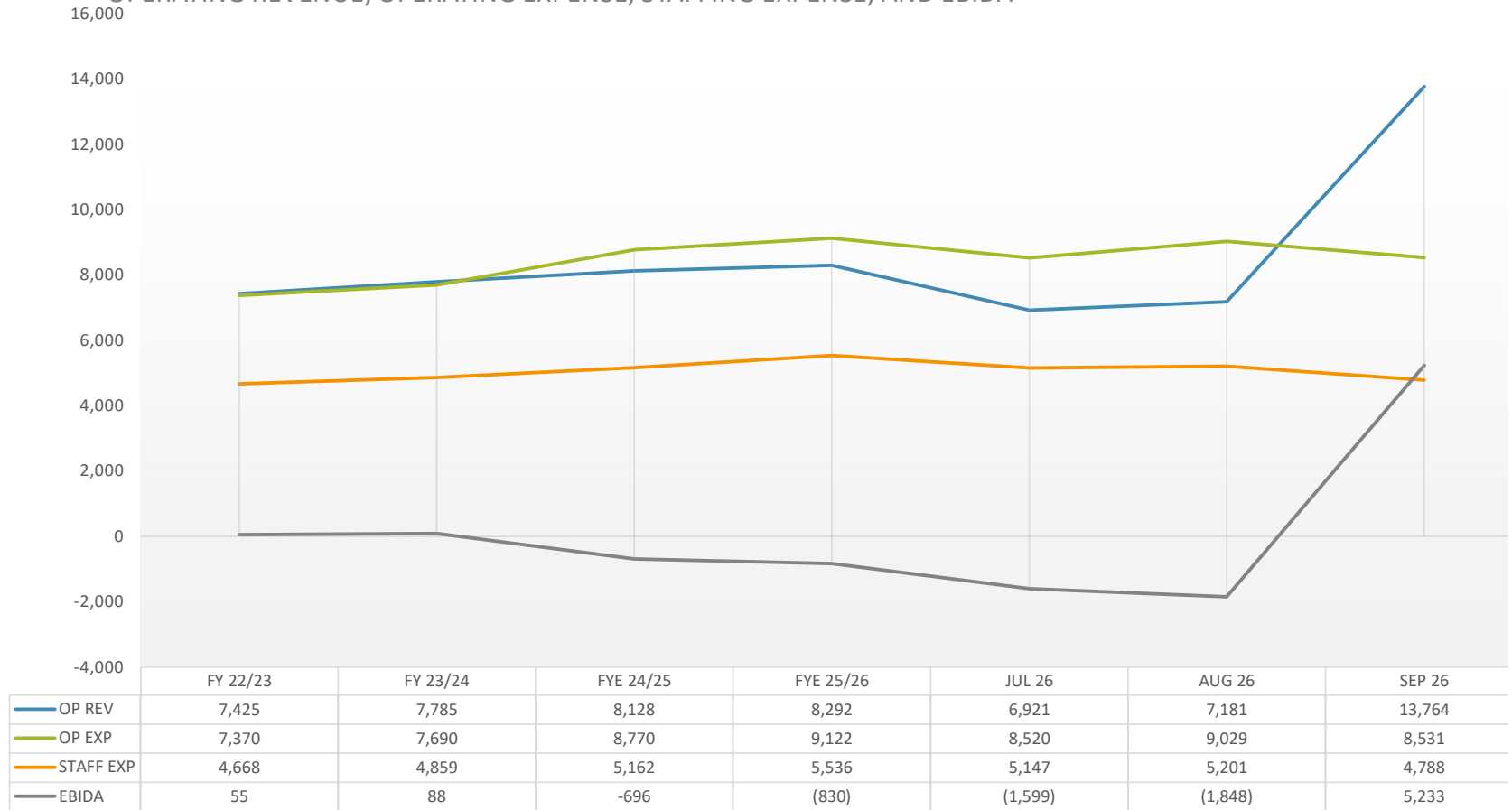


CURRENT RATIO and QUICK RATIO

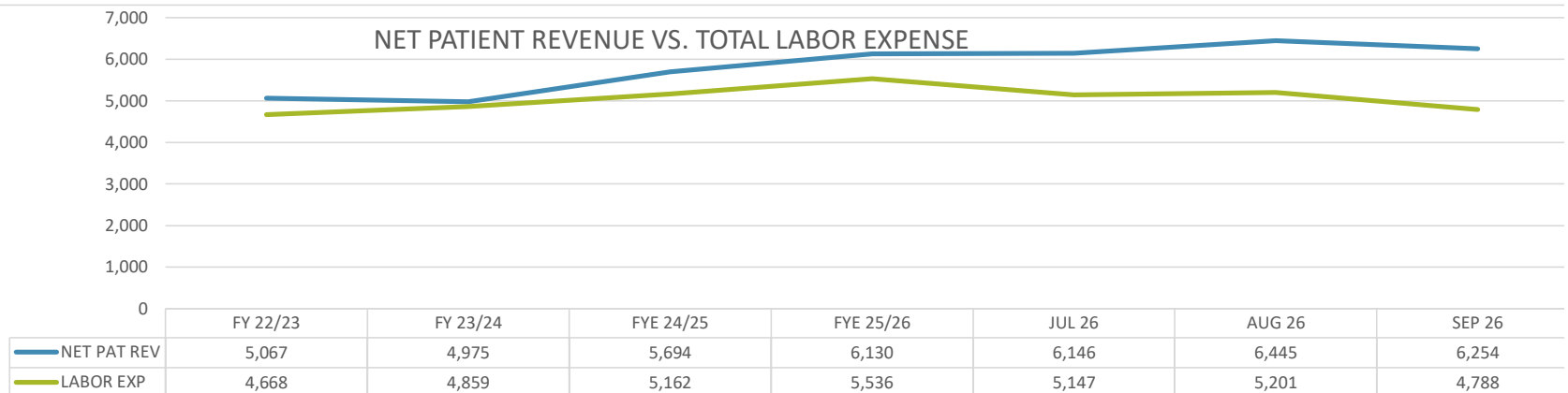


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OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA

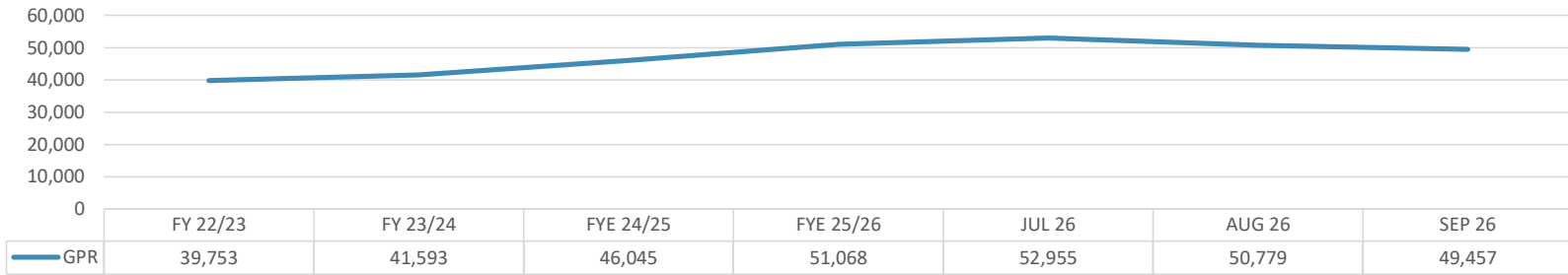


NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE

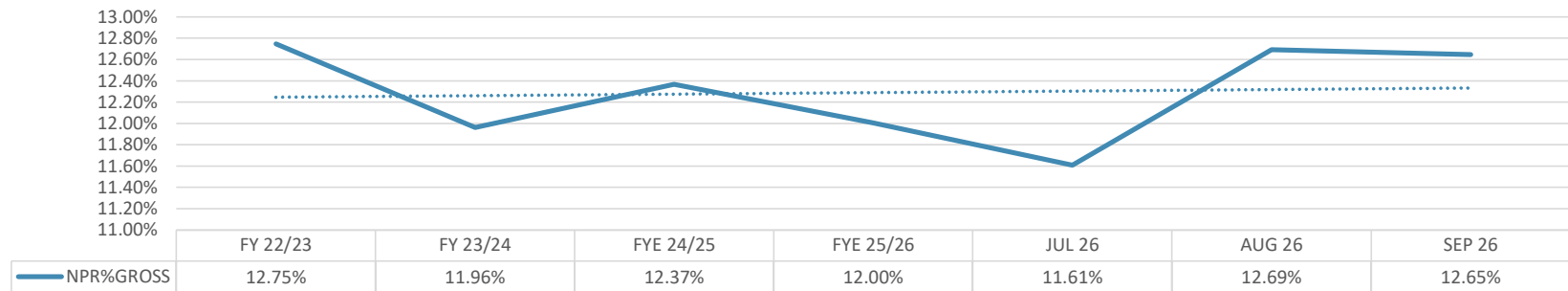


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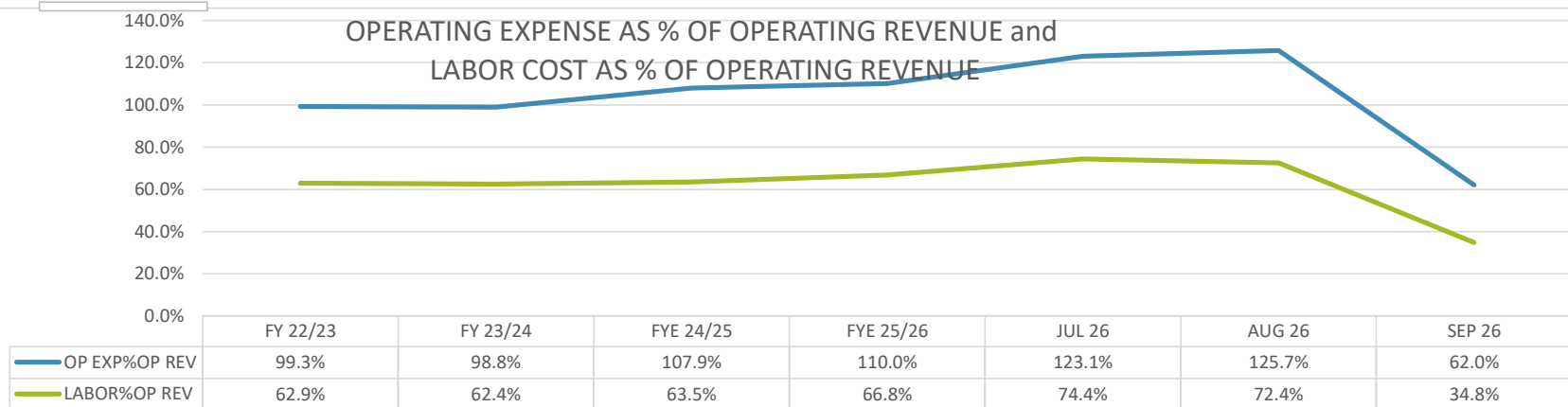
GROSS PATIENT REVENUE (000's)



NET PATIENT REVENUE AS % OF GROSS

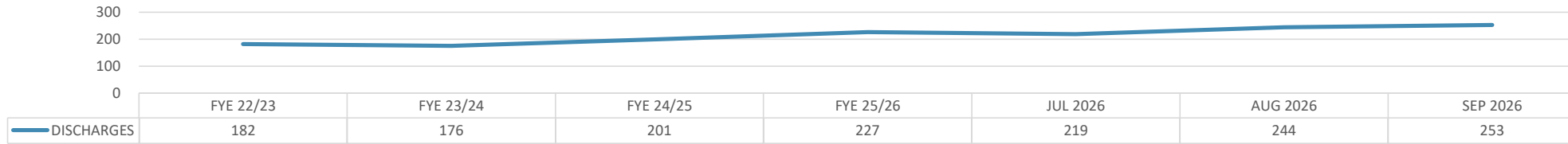


OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE

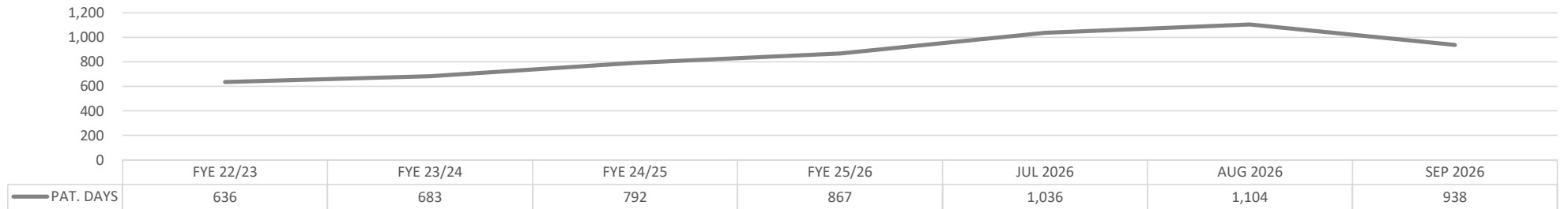


SAN GORGONIO MEMORIAL HOSPITAL

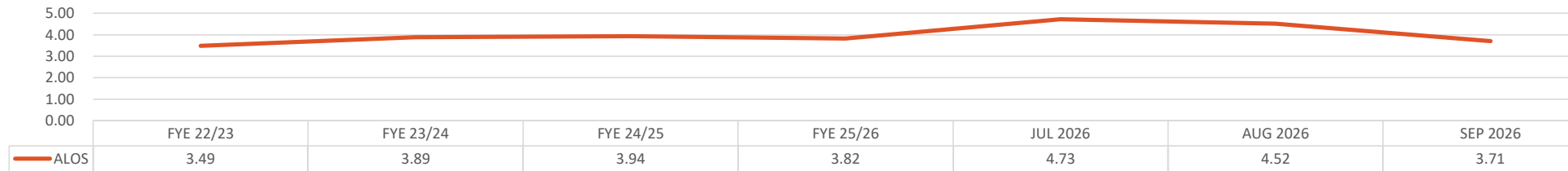
INPATIENT DISCHARGES



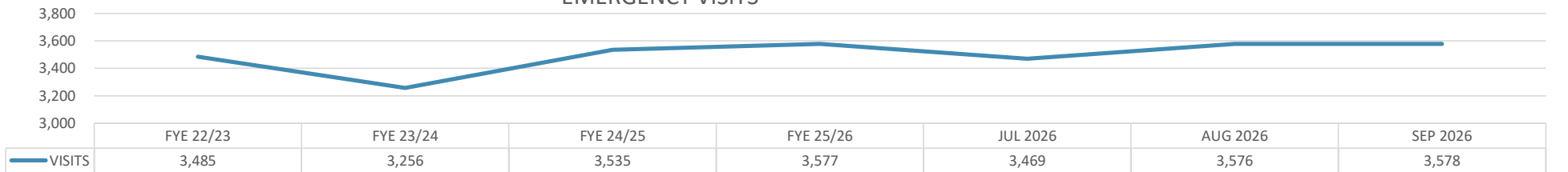
INPATIENT DAYS



AVERAGE LENGTH OF STAY

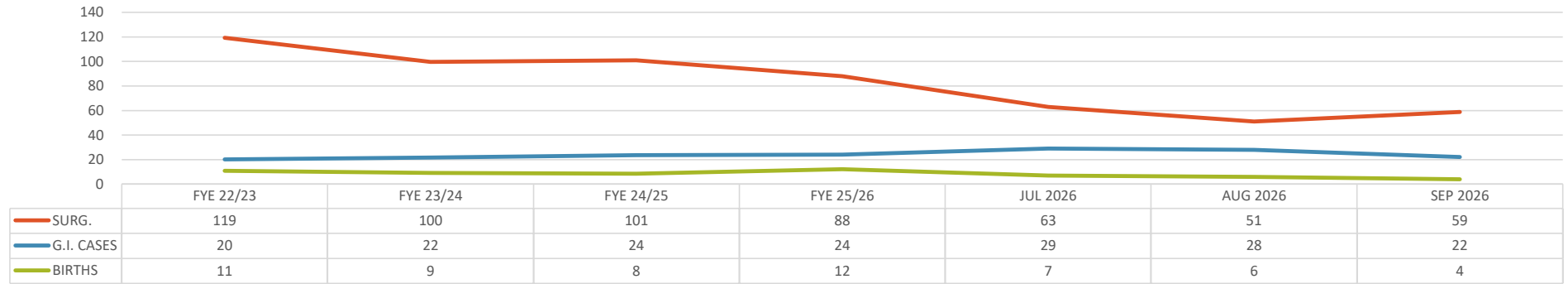


EMERGENCY VISITS

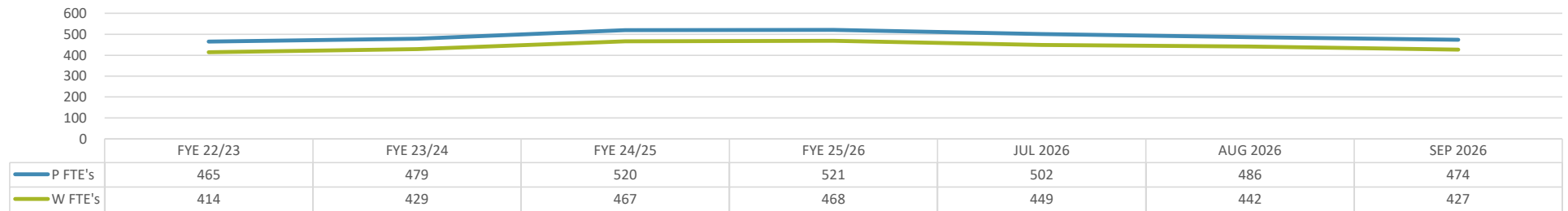


SAN GORGONIO MEMORIAL HOSPITAL

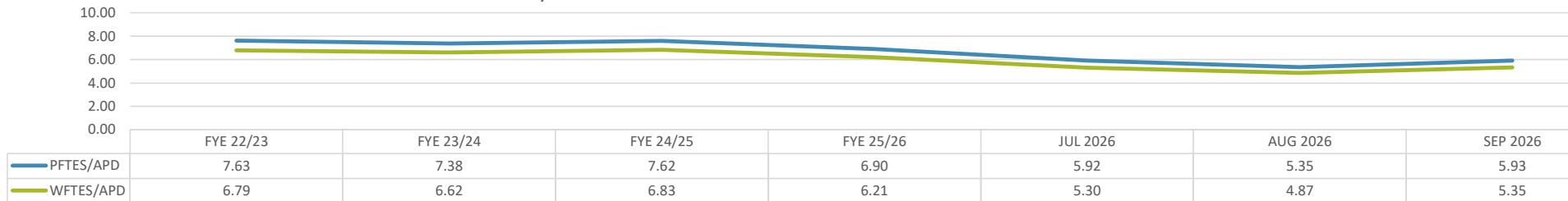
SURGERY CASES, G.I. CASES, N/B DELIVERIES



PAID & WORKED FTE'S



PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



TAB E